2383486	ANDERSON	JAMES
I.D. number **No. d'identification**	**Surname** **Nom de famille**	**Given names** **Prénoms**

PERSONNEL RECORDS CENTRE
CENTRE DES DOCUMENTS DU PERSONNEL

PERSONNEL RECORDS ENVELOPE
ENVELOPPE DES DOSSIERS DU PERSONNEL

Location
Lieu 155

"CONTENTS CONFIDENTIAL"
"CONTENU CONFIDENTIEL"

ARC-1048 (r. 87/05)

REGIMENTAL DOCUMENTS

NAME ANDERSON JAMES REGT. NO. 2383486 UNIT H. Q. FILE NO. 8639

S

CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
ATTESTATION PAPER (M.F.W. 23, 133, or 51) 3					DEATH
CASUALTY FORM (M.F.W. 54 or A.F.B. 103) 1					Category
~~TRAINING HISTORY SHEET (M.F.W. 113)~~ Dr Sheet					Killed in action
FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122) 1					1-10-18
REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)					
COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121) 1					
MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178) 2					DISCHARGE
DENTAL HISTORY SHEET (M.F.B. 465) 1					Category
MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					
MEDICAL EXAMINATION (M.F.W. 129)					
TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)					
PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)					
DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)					DESERTION
LAST PAY CERTIFICATE (M.F.W. 44)					
PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268) 1					
PARTICULARS OF CHARACTER (A.F.W. 3226)					
COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
2X Cas Card Dayheets					
2 copy & Dry cell					10-28
R1 R2					25-28
					29-28
					1

16

H

Box 55

M.X 22 11/8/80

W. 2589
100M-11-18
1772-9-1377

10 M. D. 1st Depot Battalion Manitoba Regiment

Regtl. No. 2383486

PARTICULARS OF RECRUIT

DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class 1)

ORIGINAL

1. Surname: Anderson
2. Christian name: James
3. Present address: Stratton P.O. Ontario Canada.
4. Military Service Act letter and number: 69613
5. Date of birth: May 12th 1884
6. Place of birth (town, township or county and country): Drew Ontario Canada.
7. Married, widower or single: Single
8. Religion: C of E.
9. Trade or calling: Farmer
10. Name of next-of-kin: Mary Anderson
11. Relationship of next-of-kin: Mother
12. Address of next-of-kin: Roserey P.O. Saskatchewan Canada. NRR
13. Whether at present a member of the Active Militia: NO.
14. Particulars of previous military or naval service, if any: None.
15. Medical Examination under Military Service Act:—

(a) Place Rainey River Ontario Canada (b) Date ~~January-1~~ 15th Nov. 1917 (c) Category All

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DECLARATION OF RECRUIT

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

James Anderson (Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age 33 yrs. 6 mths.

Height 5 ft. 7½ ins.

Chest measurement: fully expanded 38 ins.; range of expansion 2½ ins.

Complexion: Dark

Eyes: Blue

Hair: Black

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

H D Cuttan Major

O. C. "H" Coy. 1st. Depot. Battalion, Manitoba Regiment.

O. C. 1st Depot Btln. Manitoba Regt.

Place Port Arthur Ontario Canada Date January 14th 1918.

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

FORM OF WILL

I, James Anderson. (Name in full)

Regimental Number 2383486 serving in "H" Coy. 1st. Depot Battalion. Man. Regt.

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

I ~~devise~~ bequeath my real estate unto

My Mother, Mary Anderson.
Roseray, Saskatchewan.
and in case of my mother's death
to
My Sister, Myrtle Anderson,
Roseray, Saskatchewan.

Name and Address of person or persons to whom it is to go.

absolutely, and my personal estate I bequeath to

My Mother, Mary Anderson.
Roseray, Saskatchewan.
and in case of my mother's death
to
My sister, Myrtle Anderson,
Roseray, Saskatchewan.

Name and Address of person or persons to receive personal estate* (*See note*).

NOTE

This space for the appointment of Executor if necessary.

IMPORTANT NOTE

This must be signed and Dated by THE SOLDIER HIMSELF.

this 11 day of February A.D. 191

James Anderson. Signature of Soldier.

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

I hereby certify that this document is a true copy of an original document now in possesion of this office.
AUG 11 1919
Director Military Estates

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 Pte. A. V. Shackleton.

Address of Witness "H" Coy. Port Arthur, Ont.

Occupation of Witness 1st. Depot Battalion, Manitoba Regiment.

Signature of Second Witness R. C. McKissock, Sergt.

Address of Witness "H" Coy. Port Arthur, Ont.

Occupation of Witness 1st. Depot Battalion, Manitoba Regiment.

M. F. W. 82.
300M.-12-16.
1772-39-983.

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 #3 Draft ~~"E" Company~~, 1st Depot Battalion, Manitoba Regiment.

Regimental No. 2387486 Rank Private Name Anderson, James.

Enlisted (a) 14-1-18 Terms of Service (a) ~~Period of War~~ Duration. C. E. F. Service reckons from (a) 14-1-18

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

Civil----------Farmer.

Extended ..... Re-engaged ..... Qualification (b) Military-------None.

Report: Date	Report: From whom received	Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
		EMBARKED SS "ORETIA"	HALIFAX, NS.	19-2-18	
		DISEMBARKED—LIVERPOOL		4-3-18	
6-3-18	O. O.	~~11th. TOS 11th C.R.Bn.~~ on arrival in England.	Dibgate	~~1-3-18~~	~~Pt.11.Bn.O.55~~
		8-8-18 O.C.11th SOS on proceeding O/S to 16th Battalion.	Seaford	21-8-18	Pt.11.Bn.O.196
25.8.18	P.E.O.	TOS 16 Bn		22.8.18	No.86
26.8.18	CCRC	Joined CAN. CORPS REINF. CAMP		26.8.18	0315
30.8.18		LEFT FOR UNIT		30.8.18	
21 AUG 1918	0CBn	JOINED UNIT		30 AUG 1918	
3.10.18	0CBn.	Wounded		1.10.18	B.M.F.
17 OCT 1918		KILLED IN ACTION		-1 OCT 1918	P.E.O. 128/18

LIEUT.
FOR LT COL.
A.A.G.

(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.

CERTIFIED CORRECT. 29 AUG. 1918 CAN. RECORDS LONDON

CAN. CORPS REINF. CAMP

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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				

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.					

Form R 122.
10287—65M—28-7-17.

LTR Rank Name ANDERSON, James Reg'l No. 238.3486

Unit 3rd Dft Ist Bn Man Regt If in perm. Corps, What Unit? Married or Single Single.

Place and Date of Enlistment Port Arthur, Jan. 14th, 1918. Place of Birth Drew Ontario

Name and Address, Next-of-Kin Mary Anderson

Roserey P.O. Saskatchewan Canada Relationship Mother.

Assigned Pay Monthly $ Payable to

Relationship

Separation Allowance $ Payable to

Relationship

Discharge, Date and Place Reason Character

N/E. R.B. No 13497
File R.L. 25A 2024
Category K.A.

Report. Date.	Report. From whom received.	Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS Taken from Official Documents.
		Arrived in England		4-3-18	S/S CRETIC
6-3-18	11th Res	Taken on Strength	Pte Seliffe	4-3-18	Pt II O. 55.
21-8-18	— "	SOS to 16th Bn. Opens.	Pte Seaford	21-8-18	Pt II O. 196. 16th Bn Pt II O. 86 d/25 8/18.
22-10-18	16th Bn	Killed in Action	Pte Field	1-10-18	Pt II O. 122.

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Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank Promoted Reverted Discharge

Soldier's Name

Battalion

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name

Address

Change of Address

1

2

3

4

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

M. F. W. 128.
4'OM. 6-7—172-39-1141
L. L. 22320—M. & D. 7693.

Date of Enlistment Auth N.R.

MILITIA AND DEFENCE

Separation and Assigned Pay Branch A

OVERSEAS CONTINGENTS

2505

Date of Assignment 1/2/18

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

20 00/xx			

Enr.

PARTICULARS OF SEPARATION ALLOWANCE

No. 2383486

Rank Private Promoted Reverted Discharge

Soldier's Name James. Anderson

Battalion 1st Depot Battn Man. Regt. "H." Coy.

Beneficiary Mrs. Mary Anderson

Relationship

Address Rosery, Sask.

PARTICULARS OF ASSIGNMENT

Name

Address

Change of Address

1 MRS.MARY ANDERSON, ROSERY, SASK. 20 20.00

2 % 2383486 PTE JAMES ANDERSON TWENTY DOLLARS

3

4

Date 1918		Cheque No.	Amount S/A	Amount A/P	Total	
Feby	G	95125		20 -	20 -	
March	G	99607		20	20 ✓	
April	H	7397		20	20	
May	A	12347		20	20	
June	B	15198		20	20 ✓	
July	Y	28175		20	20 ✓	
Aug	A	30697		20	20	
Sep.	A	37383		20	20.	
Oct	U	44024		20	20	a

REMARKS 28/2/18

KILLED IN ACTION / DIED OF WOUNDS DATE 1-10-18

C. L. No 548 DATE 30-10-18

M.R.O. 22313 TO DESTROY RENDERED 5-11-18

B. P. C. FORM 1 & C. F. X. COMPLETED ON FILE 0376-J-195

CLERK EBB DATE 5-11-18

27/2/18 H. J. Martin

M. F. W. 123.
400M. 6-7—1172-39-1141
L. L. 22320—M. & D. 7993.

com Number 2383486. Rank Pte.

Surname ANDERSON.

Christian Name James.

Units 16th Bn Can Inf. Theatre of War France.

Date of Service 21-8-18. D

Remarks (M) Mrs. Mary Anderson,

Latest Address ~~Rosera~~ R. ~~Sask~~

Roll No. B Page 19827

200m.-6-21.M.

Bhartiya 19.2.23.

DESP. JAN 26 1923
No. 15960

NAME REG. NO. FILE NO.

DATE IN	DATE OUT	P.A. OR B.F.	DATE REQUIRED	REMARKS

ANDERSON, James, Pte. No. 2383486, H.Q.649-A-9391.

M

MEDAL, (Mother) Mrs. Mary ANDERSON,
Roseray, Sask.

& Decorations

PLAQUES (Mother) As above.

Serial No 791667

C. of S. (Mother) As above.

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MAR 16 1922
Scroll Desp. Regn. No. 2.28904

AUG 8 - 1921
Plaque Desp. Regn. No. P1478

P. 559.

MARRIED OR SINGLE Single

PLACE OF BIRTH Drow, Ontario

NAME AND ADDRESS OF NEXT OF KIN Mary Anderson.
Rosery, Sask:- Canada.

RELATIONSHIP OF NEXT OF KIN Mother.

NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF KIN

SEPARATION ALLOWANCE MONTHLY $ EFFECTIVE (DATE)

PAYABLE TO

RELATIONSHIP OF DEPENDANT

CASUALTIES, PROMOTIONS, &c.

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ADMISSIONS TO HOSPITAL, &c.

DATE ADMITTED	DATE DISCHARGED	V. OR A.	NAME OF HOSPITAL

REG'L. NO. 2383486 RANK Private NAME ANDERSON. James

IF IN PERMT. CORPS WHAT UNIT 1st Depot Bn Man Regt (Port Arthur Detachment) UNIT TRANSFERRED TO 11TH RESERVE BATTALION DATE Mar. 6th/18 AUTHORITY B.O. 55.

PERMANENT FORCE ALLOWANCES TRANSFERRED TO DATE AUTHORITY

PLACE OF ATTESTATION Port Arthur, Ont. TRANSFERRED TO DATE AUTHORITY

DATE OF ATTESTATION 14/1/18. TRANSFERRED TO DATE AUTHORITY

ASSIGNED PAY MONTHLY $ 20.00 DATE EFFECTIVE Febry: 1st 1918.

PAYABLE TO Mrs Mary Anderson, Rosery P.O. Sask: Can. RELATIONSHIP Mother

ASSIGNED PAY MONTHLY $ DATE EFFECTIVE

PAYABLE TO RELATIONSHIP

STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) EFFECTIVE REASON

DISCHARGE DATE AND PLACE REASON AND AUTHORITY

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

DATE	PAY No. of Days	PAY Rate	PAY Amount $	PAY Amount c.	FIELD ALLOWANCE No. of Days	FIELD ALLOWANCE Rate	FIELD ALLOWANCE Amount $	FIELD ALLOWANCE Amount c.	WORKING OR SPECIAL PAY No. of Days	WORKING OR SPECIAL PAY Rate	WORKING OR SPECIAL PAY Amount $	WORKING OR SPECIAL PAY Amount c.	ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS 1 No	1 Date	2 No.	2 Date	3 No.	3 Date	4 No.	4 Date	CASH PAYMENTS 1	2	3	4	ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE Credit	BALANCE Debit	PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
MONTH	PARTICULARS				DR. 1	DR. 2	PARTICULARS							DR. 1	DR. 2	DR. 3	DR. 4	BALANCE																	
1918 Feb 12	Balance from Canada.																	13	20	✓															
13.2.18 Feb 31.3.18	Mch. Pk Pay.				51.70												40																		
					51.70												40	20	03	✓															

P 820
12474--375H—13-2-18.

* Strike out whichever inapplicable.

ASSIGNED PAY.	* ~~ENGLAND~~ OR CANADA.	SEPARATION ALLOWANCE.	* ENGLAND OR CANADA.
EFFECTIVE DATE:- 1.2.18.		EFFECTIVE DATE:-	
AMOUNT:- $20 00. stopped off 1/11/18.		AMOUNT:-	

NAME:- ANDERSON. James.

NUMBER:- 2383486

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.

Mrs. Mary. Anderson.
Rosery. P.O.
Sask.
Mother. Can.

K. in a. 1/10/18 Ca. 305 30/10/18.

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		Private

UNIT AND TRANSFERS

ORIGINAL UNIT:- 1st Depot Bt. Man Reg. Pr Arthur Det.

DATE ACCOUNT FIRST OPENED:- 1. 3. 18.

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO
			11th Res
86	1/9/18	20/9/18	16 Bn

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

DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
	1/	10.		

PARTICULARS OF RENDERING NON-EFFECTIVE:-

MONTH 1918	PARTICULARS	CR. 1	CR. 2.	PARTICULARS	DR. 1	DR. 2.	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
Mch	Balce fwd.								20 03	—	
apl.	C.P.	33		C.a.P.				20			
				a.R 92 13/4/18 11 Res	4 87						
				" 5. 29/4/18 "	7 30				20 86		
		33			12 17			20			
May.	P Pay	34 10		C.a.P.				20			
				aR 115 3/5/18 11 Res	14 60						
				" 602 29/5/18 "	2 43				14 93		
		34 10			17 03			20			
JUN	"	33		C.a.P.				20			
				aR 793 15/6/18 "	4 87						
				" 962 28/6/18 "	4 87				21 19		
		33			9 74			20			
JUL	"	34 10		C.a.P.				20			
		~~34 10~~		" 1200 12/7/18 "	7 30						
				" 1279 20/7/18 "	9 73				18 26		
		34 10			17 03			20			
AUG	"	34 10		C.a.P.				20			
				" 1538 13/8/18 "	4 87						
				" 1657 20/8/18 "	4 87				22 62		
		34 10			9 74			20			
Sept	P Pay	33		C.A.P.				20			
				AR 484 16 Bn 6.9.18	3 57				32 05		
		33			3 57			20			
Oct.	" "	34 10		C.A.P.				20	46 15		
		34 10		NON EFFECTIVE ACCT.				20			
				Stat Rend 1/2/19							
				K. in C. Bal 46 15							

MILITARY SERVICE ACT, 1917.

MEDICAL HISTORY SHEET.

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

1. Surname Anderson Christian name James
2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule 696137 T.C.
3. Consecutive number on schedule of men reporting for service (if he appears on it) 40
4. Address (including street and number, if any) Stratton Post Office, Ontario, Canada.

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 15 day of November 1917, by the undersigned medical board sitting at Rainy River, Ontario, Canada.

5. Age as stated 33 Years 6 Months. 6. Apparent age Years Months
7. Height 5 Feet 7½ Inches. 8. Weight 144 Pounds.
9. Chest measurement { Minimum 35½ Ins. Maximum 38 Ins. 10. Complexion Ruddy { Eyes Blue Hair Black
11. Physical development { Good Fair Poor 12. Smallpox marks Nil
13. Number of vaccination marks { Right arm Left arm One 14. When vaccinated last Childhood
15. Distinctive marks and marks indicating congenital peculiarities or previous disease Scar Left Breast
16. Slight defects but not sufficient to cause rejection

The man denies having had { Rheumatism Tuberculosis Syphilis We find no evidence of past { Rheumatism Tuberculosis Syphilis
(Strike out disease admitted or suspected.)

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

17. (a) Vision R. 20/20 L. 20/20 (b) Hearing. R. Normal L. Normal

Sgt. A. J. Shiltson Capt. President.
Sgt. R. N. Burns. Member. Sgt. E. Bottomley Member.

Date	Result	Vaccinations		Date	Result	Anti-Typhoid Inoculations, Etc.	
2-2-18		Gr Brown	M.O.	19-1-18		Gr Brown	M.O.
			M.O.	26-1-18		Gr Brown	M.O.
			M.O.	2-2-18		Gr Brown	M.O.

Joined 14 day of Jan 1918 at Port Arthur

	Corps	Reg'tl Number	Habits	Date
Joined on enlistment	1st Depot Batt. MR	2383486		14-1-18
Transferred to	11th Res Bn 16th Bn.			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station	Date	Disease	Result

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

M. F. B. 313.
300M.—10-17.
1772-39-439.

Signature of Man.

ORIGINAL NOV 24 1917

M.S.A. 15.

MILITARY SERVICE ACT, 1917.

MEDICAL HISTORY SHEET.

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

Ord. to Schedule by No. 6 40

1. Surname Anderson. Christian name James.
2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule 696137 T.C.
3. Consecutive number on schedule of men reporting for service (if he appears on it) 40
4. Address (including street and number, if any) Stratton. Ont.

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 15th day of November 1917, by the undersigned medical board sitting at Rainy River Ont

5. Age as stated 33 Years 6 Months 6. Apparent age Years Months
7. Height 5 Feet 7½ Inches. 8. Weight 144 Pounds.
9. Chest measurement { Minimum 35½ Ins. Maximum 38 Ins. 10. Complexion Ruddy { Eyes Blue Hair Blk
11. Physical development { Good Fair Poor 12. Smallpox marks Nil.
13. Number of vaccination marks { Right arm Left arm One 14. When vaccinated last Childhood.
15. Distinctive marks and marks indicating congenital peculiarities or previous disease Scar L. breast.
16. Slight defects but not sufficient to cause rejection

The man denies having had { Rheumatism Tuberculosis Syphilis We find no evidence of past { Rheumatism Tuberculosis Syphilis
(Strike out disease admitted or suspected.)

We have examined the above named man in accordance with the C. E. F. Regulations for medical examinations, and he is placed in Category A2

R. 20-20 L. 20-20 H. R. Normal L. do

A J Shilton Capt. President.
R N Burns Member. E Bottomley Member.

Date	Result	Vaccinations		Date	Result	Anti-Typhoid Inoculations, Etc.	
2-2-18		Gr Brown	M.O.	19-1-18		Gr Brown	M.O.
2nd 1	12/8/18	JBG	M.O.	26-1-18		Gr Brown	M.O.
			M.O.	2-2-18		Gr Brown	M.O.

Joined 14 day of Jan 1918 at Port Arthur

	Corps	Reg'tl Number	Habits	Date
Joined on enlistment	1st Depot Batt. MR	2383486		14-1-18
Transferred to	11th Res Bn 16th Bn			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station	Date	Disease	Result

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

Signature of Man James Anderson

Farmer

Ontario.

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

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital			Dates of Discharge from Hospital.			DISEASE.	Number of days in Hospital.	Remarks on nature of the disease; how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer.
		Day	Month	Year	Day	Month	Year				
Ears ~~Eyes~~ examined at Westcliffe R Ear 21. L Ear 10 Ft. 14 4/8 F A McNeil Capt Cum Recomm Cont A.											

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

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