REGIMENTAL DOCUMENTS

NAME ANDERSON. Lionel. John REGT. No. 2383718 UNIT 1st Depot Battn H. Q. FILE No. 9072

	CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
3	ATTESTATION PAPER (M.F.W. 23, 133 or 51)					DEATH
/	CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					CATEGORY
/	TRAINING HISTORY SHEET (M.F.W. 113)					
/	FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
	REGT. CONDUCT SHEET (M.B.W. 263 or A.F.B. 120)					
	COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					
	MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
	DENTAL HISTORY SHEET (M.F.B. 465)					CATEGORY
2	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
2	LAST PAY CERTIFICATE (M.F.W. 44)					
/	PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					
	PARTICULARS OF CHARACTER (A.F.W. 3226)					
/	COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
4	CARDS					
	PAY-SHEETS					
2	MFW. 67.					
						13 - 29
						20 - 29
						28 - 30
						2

W. 2589
25M.—1-23
1772-39-1377

ORIGINAL

10 M. D. 1st. Depot Battalion Manitoba. Regiment

Regtl. No. 2383718

PARTICULARS OF RECRUIT

DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class 1)

1. Surname Anderson,
2. Christian name Lionel John,
3. Present address 735 So.Franklin Street, Fort William, Ontario,Canada.
4. Military Service Act letter and number 696175 T.C.
5. Date of birth January 22nd. 1897.
6. Place of birth Guelph, Ontario, Canada.
   (town, township or county and country)
7. Married, widower or single Single.
8. Religion Methodist,
9. Trade or calling Farmer.
10. Name of next-of-kin Anderson, Alex.
11. Relationship of next-of-kin Father.
12. Address of next-of-kin 735 So.Franklin Street, Fort William, Ontario.Canada.
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 Rainy River, (b) Date Nov. 12th. (c) Category A.11.

DECLARATION OF RECRUIT

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

Lionel John Anderson (Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age 21 yrs. - mths.

Height 6 ft. 1 ins.

Chest measurement: fully expanded 40 ins.; range of expansion 2½ ins.

Complexion Ruddy.

Eyes Blue.

Hair Brown.

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

Scar back of left Hand and Shin.

H. B. Rutan Major

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

Regt.

Place Port Arthur, Ont. Date March 22nd. 1918.

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

Discharged demobilization lower category than B. 160328 Dec 7/18 160295 Effective 18-12-18

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

10834

DISTRICT ADJUTANT'S OFFICE
M. D. 10

This is to Certify that No. 2383718 (Rank) Private

Name (in full) Lionel John Anderson enlisted in

the 1st Depot Battalion Manitoba Regiment

CANADIAN EXPEDITIONARY FORCE at Port Arthur Winnipeg Canada on the 22nd

day of March 1918

HE served in Canada (1st Depot Battalion Manitoba Regt)

and is now discharged from the service by reason of demobilization, Lower Category

Item B. (R.O. 1328 Sec 7 b. (G.O. 295 of 16-12-18)

THE DESCRIPTION OF THIS SOLDIER on the DATE below is as follows:—

Age	21 years 11 months	Marks or Scars	Scar back of left hand and shin
Height	5 feet 1 inch		
Complexion	Ruddy		
Eyes	Blue		
Hair	Brown		

Lionel John Anderson
Signature of Soldier

ORDERLY ROOM
JAN 8 1919
1st DEPOT BATTALION,
MANITOBA REGIMENT

W. R. Good Major for
Issuing Officer
Commanding, 1st Depot Battalion Manitoba Regiment
Rank
Appointment

Date of Discharge December 18th 1918

Signed at Winnipeg Canada this 18th day of December 1918

in Military District No. Ten

File Reference No. 10 MD 44-A-402

R. J. Goldstone Capt.
District Casualty Officer,
Military District No. 10

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.

M. F. W. 39a
200m.—2-18.
H.Q. 1772-39-882

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

No. ..... (Rank) ..... Name .....

Unit .....

Address on Discharge .....

Character and Conduct .....

.....

Former Occupation .....

Special Qualifications of Value in Civil Life .....

.....

Medals and Decorations .....

.....

Remarks .....

.....

On demobilization the particulars called for on the back of this certificate will not be completed.

Signed at ..... this ..... day of 19

.....

Name of Officer

.....

Rank

.....

Appointment

TRIPLICATE

CANADIAN CONTINGENT EXPEDITIONARY FORCE

M. D. 10
No. 29

LAST PAY CERTIFICATE

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

Regimental No 2383718 Rank Pte. Name Anderson L J

Corps I D B M who was* struck off strength

On 18.12.18 191...., to

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from 1.12.18 191...., to 18.12.18 191...., the inclusive date of transfer or discharge.

Dr.	$	c.	Cr.	$	c.
Bal. Dr. from prev. month			Balance Cr. from prev. month	93	50
Advances by Cheques No. 10458	5	00	Regt'l. Pay 18 days at $ 1 c.	18	00
Advances by Cheques No. 9718	83	50	Field Allow. 18 days at $ c. 10	1	80
Assigned Pay and Sep'n Allce. No			Separation Allowances* (Monthly)		
Other charges			Other Allowances* clothing	35	00
Payment on transfer or discharge No. 10904	59	80	Other Credits*		
Balance Cr. (to be paid by the new unit)			Bal. Dr. (to be deducted by new unit)		
Total	148	30	Total	148	30

*Give particulars.

A monthly stoppage of $ 15.00 (†) has not (‡) been paid on account of Assigned Pay for the month of December 1918 and Sep'n Allce. for month of nil 191... (to) Assignee Mrs A Anderson (M)

(Address) 735 St Franklin St
Ft William Ont.

(†) 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.

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

REMARKS:—

State (1) date of enlistment 22.3.18

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

(3) cause of discharge low category authority B O 351

(4) authority for transfer

NOTE.—Separation Allowance and Assigned Pay Card and Index Card (M.F.W. 71) are to accompany the original Last Pay Certificate on transfer.

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

Date January 7th. 1919
Place Winnipeg Man.

1st. DEPOT BATTALION, MANITOBA REGT.

Paymaster Capt.

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

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

If a man on discharge is entitled to three months' Post Discharge Pay, Last Pay certificate will be made out in quadruplicate. The original Last Pay Certificate will be forwarded with other documents to Paymaster Post Discharge Pay and triplicate, with his discharge documents.

M. F. W. 44.

H.Q. 1772-39-903.
100M-9-18. D.P. 874.

CASE HISTORY SHEET.

MAN. MIL. HOS.
TUXEDO PARK.

Hospital. Winnipeg Station.

No. 238 3718 Rank Private Name Anderson L. J. Age 21

Unit 1st Depot Completed years of service Where and how long } C 8/12

Date of admission 27/11/18 Date of discharge Dec 2nd 1918

Diagnosis ~~Suspect T.B. Lungs~~ N.A.D. Place of origin Port Arthur

CONDITION ON ADMISSION AND PROGRESS OF CASE

27/11/18 - Admitted to Ward D for report on ~~gutter~~ X ray examination of thoraxes of Lungs; Sputum analysis, and physical examination of Lungs.

Exam of Chest. - Breath sounds of left apex appears to be more prolonged than right (especially expiration) No other abnormality detected.

26/11/18. X ray report received
"Diaphragms are normal in shape & position.
Marked increase in the heart shadows.
Collection of opaque areas in upper part of both lungs
Pronounced peri bronchial markings in lower part of Rt lung
In my opinion there is evidence of a mild T.B. process in apices of both lungs." Capt McMillan per W.G.C.

28/11/18. Sputum. Negative for T.B.

FAMILY HISTORY

(Tuberculosis, mental or nervous diseases.)

TREATMENT

(Especially any specific or special form.)

CONDITION ON DISCHARGE,

(and disposal made of case.) Admitted for examination
Returned to Standing Med Board

Date 29/11/18.

W G Campbell
Medical Officer i/c case.

M. F. B. 313a.
50M.—3-18.
1772—39-439.

C42892

(9) Is your Father alive? Yes.

If so, state name and address Anderson, Alex, 735 So. Franklin Street, Fort William, Ontario.

(10) Is your Mother alive? Yes.

If so, state name and address Anderson, Maurice, 735 So. Franklin Street, Fort William, Ontario.

(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? 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.

H D Antram Major
O. C. "H" Coy. 1st. Depot. Battalion,
Manitoba Regiment.
Officer Commanding.

Date March 22nd. 1918.

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 1st. Depot Battalion, Manitoba Regiment.

(2) Regimental Number 2383718

(3) Full Name of Soldier Anderson, Lionel John,

(4) Place of Birth Guelph, 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

M. F. W. 67.

500M.—9-16.
1772-39-954.

(SEE OTHER SIDE.)

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.

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Also their names and ages

M. F. W. 67.

500M.—9-16.
1772-39-954.

(SEE OTHER SIDE.)

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If so, state name and address Anderson, Alex, 735 So. Franklin Street, Fort William, Ontario.

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If so, state name and address Anderson, Maurice, 735 So. Franklin Street, Fort William, Ontario,

(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? 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.

H A Rutherford Major
O. C. "H" Coy. 1st. Depot. Battalion,
Manitoba Regiment.
Officer Commanding.

Date March 22nd. 1918.

MEDICAL CASE-HISTORY SHEET.

Hospital: General — Station: Port Arthur

No. 23837/18 — Rank: Private — Name: Anderson L. J. — Age: 21

Unit: "H" Coy 12th Depot Bat. M.R. — Service: 2½ months

Date of Admission: 4/6/18 — Date of Discharge: 10/6/18

Diagnosis: Tonsitis.

Date of Origin: 4/6/18 — Place of Origin: Port Arthur.

Cause of Illness or Injury:

Exposure to cold and wet.

History of Present Illness or Injury.
(Is Illness or Injury result of Service?)

Result of service.

History of previous attacks.

Condition on Admission.

Temp; 100. Pulse 80. Resp; 18.
Tonsils red and Painful, swollen. pain on deglution, tongue coate bowells constipated, aching pains in head back and limbs.

Treatment.

Rest in Bed, Antiseptic spray to throat, calomel for constipation. Aspirin 5 gr every four hours for pain.

RECEIVED. JUN 2 1918 A.D.M.S.M.D.-10

Condition on Discharge from Hospital.

Fully recovered and returned to duty 10/6/18.

JUN 30 1918

Date.....

G. W. Brown major
Medical Officer i/c Case.

M. F. B. 313a.
30M—9-16.
39-139.

29784.

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

M. F. W. 54. (A. F. B. 103.)
250M.—1-16.
H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps 1st Depot Battalion, M.R.

Regimental No. 2383718 Rank Private Name Anderson, Lionel John

C. E. F.

Enlisted (a) 22-3-18 Terms of Service (a) M.S.A. Service reckons from (a) 22-3-18

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) Civil: Farmer Military: Nil

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				
16.12.18	AAG.	Discharged, demobilization lower category than B. RO 1328 Sec 7. b.	Winnipeg	18.12.18	G.O. 295 of 16.12.18.

W. R. Wood ..... Major for
Commanding, 1st Depot Battalion Manitoba Regiment

(a) In the case of a man who has re-engaged for, or enlisted into Section D. Army Reserve, particulars of such re-engagement or enlistment will be entered.
(b) e.g. Signaller, Shoeing Smith, etc., etc., also special qualifications in technical Corps duties.

[P.T.O.

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				

2383718 Anderson Lionel
No. Name John
Sqn., Batty., or Company H Corps 1st. Depot Battn. MR
Date of enlistment 22-3-18
G.C. Badges
Service or Proficiency Pay
Date of last entry in Company Conduct Sheet
No. and date of last drunk
Period not reckoning towards freedom from extra fine
Sheet No. One
Signature O.C. Company, etc. W. B. Bertram
Character O.C. "H" Coy. 1st. Depot. Battalion, Manitoba Regiment. Major

Place	Date of offence	Rank	Cases of drunkenness	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	Remarks
				Transferred to Draft 81	3-7-18	Certified correct			

W. B. Bertram Major
O/C "H" Coy. 1st Depot Battalion
Manitoba Regiment

Discharged demobilization lower category than B. R.O. 1328 Sec 7 C.
C.O. 295 of 16-12-18 Effective 18-12-18

W. B. Wood Major for
Commanding, 1st Depot Battalion Manitoba Regiment

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

(P.T.O.

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

M. F. W. 71.—500M.—5-16.
1772—39—961.

AP

NAME Anderson, Lionel John.

REGIMENTAL NO. 2383718

RANK Private.

ENLISTED AT Port Arthur, Ont.

PROMOTIONS, &c, AND DATE

DATE March 22nd. 1918.

IF SERVED PREVIOUSLY, STATE UNIT, &c. No.

MARRIED, WIDOWER, OR SINGLE Single.

NEXT OF KIN Anderson, Alex.

RELATIONSHIP Father.

ADDRESS OF 735 So. Franklin Street, Fort William, Ontario.

ASSIGNMENT OF PAY $ 15.00 C. TO Mrs. Alex Anderson (m

ADDRESS 735 S. Franklin St Fort William Ontario

SEPARATION ALLOWANCE, ENTITLED OR NOT Not

DATE APPLICATION FORWARDED TO DIVISIONAL PAYMASTER

IN WHOSE FAVOUR Methodist Parrace

Bosu

CASUALTIES, &c.

NATURE E.G. ABSENCE, PROMOTION, &c.	PART II, D. O.		REMARKS IF IN HOSPITAL, NOTE NAME &c.
	NO	DATE	
Admitted to Hosp	337	28.11.18	Discd to 25.11.18
S.O.S. Low Category	351	17.12.18	Eff 18.12.18

S.
A.

Separation Allowance and Assigned Pay

CANADIAN EXPEDITIONARY FORCE

A.
P.

1. Name in full (Surname first) Anderson Lionel John
2. Rank and Regimental Number 2383718 Pte
3. No. of Battalion or Corps
4. Date of Enlistment 22-3-18
5. Full name of Wife ..... or

   Widowed Mother ..... or

   Children's Guardian .....
6. Address .....
7. State ages of Children : Girls under 17 ..... Boys under 16 .....
8. With whom do your Children reside? .....
9. Amount of Assigned Pay 15.00 10. Name of Assignee Mrs Alex Anderson, (M)
11. Address 735 South Franklin St, Fort William Ontario

1ST DEPOT BATT'N MANITOBA REGT
WINNIPEG, MAN

12. From what date is Assigned Pay effective? 1-7-18

13. Date of Marriage?

14. Date Marriage Certificate examined by Paymaster

15. Have you made a previous Claim for Separation Allowance? Give particulars

16. Is Separation Allowance being paid on your Account to any person?

17. Were you at the time of enlistment an employee of the Local or Dominion Government? In what capacity, and in what place?

18. Will you be in receipt of a salary as such, while serving? If so paid, how much per month?

19. Name of Corps prior to enlistment in the C.E.F.

I hereby certify that the above is a true statement.

L. J. Anderson
Name of Soldier.

Signature of officer forwarding this application, [illegible] Major

1ST DEPOT BATT'N MANITOBA REG'T
WINNIPEG, MAN.

O/C "H" Coy. 1st Depot [illegible]
Manitoba Regiment

Unit

Date

S. A. Paid by From To

Paid by From To

M.F.W. 130.—200M.—4-18. 1772-39-1147

196 - 653 - 87.

REG. NO. 2383718 NAME (SURNAME FIRST) Anderson L. J. 6 29784. ~~C. 42882~~

RANK Pte. CORPS "H" Co. 1st. Dep. Bn. M. R. 46

AGE 21. SERVICE 2½ months

NAME OF HOSPITAL General PLACE Port Arthur

DATE OF ADMISSION 4-6-18 1916

DISEASE Tonsilitis

DISCHARGE 10-6-18

OPERATION

DISCHARGED TO DUTY Yes

TRANSFERRED TO

DISCHARGED BY MEDICAL BOARD Over

100M—9-17—H.Q. 1211-8-30.

2

REMARKS Re. Admitted to Manitoba Mil
Tuxedo Park Winnipeg 22-11-18 with
T. B. ~~suspect~~ Sutg 2 12.18

C 622
10/2/19

List of Discharge Documents.

Reg. Conduct Sheet,	Militia form B. 263.	Attestation Paper,	Militia Form B. 235.
Squadron / Battery / Company } Conduct Sheet,	" B. 263a.	Proceedings on Discharge	" B. 218.
Copies of Convictions, by C. P.	in MS.		
Med. Hist. Sheet,	Militia Form B. 313		
Medical Report for Invalid*	" B. 227.		
Statement of Man's Account on Transfer and Last Pay Certificate,	" D. 877.		

*Only if discharged "Medically unfit."

In the case of recruits who are rejected on final approval, the discharge documents will consist of

(a) Proceedings on Discharge.

(b) Attestation.

(c) Medical History Sheet (in the event of such having been prepared.)

N. B.—In the case of a man discharged by purchase, the date and number of Deposit Receipt with amount of same is to be noted hereon.

This space to be for numbers.

H

Proceedings on Discharge.

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

DEPT. MILITIA & DEFENCE FEB -9 1919 H.Q. CANADA

MEDICAL DOCUMENTS FORWARDED TO S. R. O. P. B. C. on FEB 6 1919

No. 2383718. 2383718

Rank Private.

Name ANDERSON? Lionel John,

NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.

Corps (Squadron, Battery or Company) 1st Depot Battalion Manitoba Regiment.

Date of Discharge December 18th 1918.

Place of Discharge Winnipeg Manitoba Canada.

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age 21 years 11 months.
Height 6 feet 1 inches.
Complexion Ruddy
Eyes Blue
Hair Brown
Trade Farmer
Intended place of residence (To be given as fully as practicable.) 735 South Franklin Street, Fort William Ontario,

Descriptive Marks

2. The above-named man is discharged in consequence of demobilization, being in a category lower than "B"

R.O. 1328
(C.O. 295 of 16-12-18.)

N.B.—The cause of discharge must be worded as prescribed in the King's Regulations and be identified with that on the character certificate. If discharged by superior authority, the number and date of the letter to be quoted.

To be in the handwriting of the Commanding Officer, who will himself make identical entries on the character certificate and initial them.

3. Conduct and character while in the service have been, according to the records, etc.

N. B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldier and the Officer Commanding his Squadron, Battery or Company:

4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)

M. F. B. 218.
50m.—3-16.
H. Q. 1772-39-113.

(OVER)

5. He is in possession of the following number of G. C. Badges:

No reference to G. C. Badges is to be made on either the discharge or character certificate.

6. Medals and Decorations.....

To be copied by the Commanding Officer on to the parchment Discharge Certificate.

7. His account is correctly balanced, and signed by the Officer Commanding his Company. (*Squadron or Battery*), and I have impartially enquired into all matters brought before me in accordance with Regulations.

(Place).....

(Date)..... *Commanding* .....

8. **Certificate to be signed by the Soldier on Discharge**

I hereby acknowledge that I received all my Pay, Allowances and Clothing, and all just demands, up to the present date, subject to the reservations of the claims noted on the third page.

(Place) Winnipeg Lionel John Anderson *(Signature of Soldier.)*

(Date) 18/12/18. A Kanikes *(Signature of Witness.)*

When a soldier is absent through illness or any other cause and it is not desirable to forward these proceedings to him for signature, a manuscript copy should be sent for the man to sign, and when returned, should be attached here.

9. **Additional Certificate in the case of a Soldier who takes his discharge on his own request.**

I hereby declare that I do of my own free will request to be discharged from His Majesty's Service.

.....*(Signature of Soldier.)*

10. **Statement of Service.**

Service toward Engagement to.....(the date to which the Record of Service is completed).....years.....days.

Total.....years.....days.

11. **Confirmation of Discharge.**

The discharge of the above-named man is hereby confirmed.

(Place) Winnipeg Canada.

(Date) December 18th 1918.

(Signature) W R Wood. Major for Commanding, 1st Depot Battalion Manitoba Regiment

Reservations referred to at Para. 8.

(To be signed by the soldier. When there are none, it is to be so stated, and signed by the soldier.)

None.

Lionel John Anderson

(OVER)

OPINION OF THE MEDICAL BOARD

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

The opin ion of this Medical Board is that the above named man be discharged as being medically unfit in view of the Specialists' reports and X-Ray, also out-door life of former occupation would be beneficial in case of any lesion of lungs.

19. Is the invalid fit for

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

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

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

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

As medically unfit.

Before signing the President of the Medical Board will read the statement signed by the invalid and differing opinions regarding Sections 7, 8, 9 and 10, as recorded in Section 18, to the invalid and if no change is indicated, will initial the statement. If, as a result of differing opinions regarding Sections 7, 8, 9 and 10 only, recorded in Section 18, the invalid is dissatisfied with the statement previously made, remarks of the Medical Board will be added here.

L. B. Stewart Capt *President.*

PLACE Winnipeg, Man.

DATE Dec. 6th, 1918.

J. Grant Capt } Members

TO BE COMPLETED WHEN TREATMENT IS REFUSED

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

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

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

President.

PLACE .....

DATE .....

} Members

APPROVED BY

E. Shurrebeck. Capt A.M.C.
Assistant Director of Medical Services.

DATE DEC 9 1918

APPROVED BY

Director-General of Medical Services.

DATE .....

THIS FORM WILL BE USED FOR ALL RANKS

MEDICAL HISTORY OF AN INVALID

No. .....

Ass't Director Medical Services DEC 6 1918 M.B.P.O. Mily. Dist. No. 10, Winnipeg

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

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

STATION Winnipeg, Man. DATE Dec. 6th. 1918

1. 1 (*a*) Unit 1st D.B.M.R (*b*) Regimental No. 2283718 (*c*) Rank Pte

(*d*) Surname ANDERSON (*e*) Christian name Lionel John

(*f*) Home address 735 South Franklin St., Ft William, Ont.

(*g*) Next of Kin Sarah Anderson (*h*) Relationship Mother

(*i*) Address of Next of Kin 735 South Franklin St., Ft. William, Ont.

2. Age last birthday 21 Date of birth Jan 22/1897

3. Enlistment, or Appointment (if an Officer) (*a*) Place Fort William (*b*) Date March 22/18

4. Personal description:

(*a*) Height 6ft. 1" (*b*) Weight 184 (stripped) (*c*) Complexion Fair

(*d*) Colour of hair Brown (*e*) Colour of eyes Blue (*f*) Identification marks, Scars, etc. Scar back left hand, scar on right chin. vacc one on left.

5. Former trade or occupation Farmer

6. Service (The information should be secured from personal documents, but if documents are not available the invalid's statement may be taken and note must be made to that effect. Periods of service in Canada, England, France or elsewhere should be noted).	Years	Days

	Periods From	Periods To
Canada 8 months	March 22/18	Dec 6th, 1918
England		
France or other theatres of War		

7. Original disease, or injury INFLUENZA

(*a*) Date of origin July 1918 (*b*) Place of origin Port Arthur

(*c*) Cause Infection

M. F. B. 227. MD.

300M.—8-18.
1772-39-117.

8. Present disability— (Here state the exact nature of the disability resulting from the disabling conditions: e.g. (*a*) Weakness—slight, moderate, marked, etc; (*b*) Loss, complete or partial, of an organ or member, or of its functions; (*c*) Necessity for rest of the body, or of some of its parts, for therapeutic reasons; (*d*) Any other restrictions in choice of occupation.)

NO DISABILITY.

9. Present condition—(*a*) (Before completing this section the invalid should be stripped, and subjected to a thorough physical examination. Important, to be a full description of the present disabling condition, or conditions only. "History" must be recorded in Section 10. Describe all abnormalities, anatomical and functional, contributing to present disability; objective findings to be stated first, then subjective findings.)

No disability, no cough or expectoration. Chest sounds normal. See attached Specialist's report and X-Ray.

(*b*) Has the invalid now any affection of the following systems, not described in Section 9 (*a*) above?
(Answer Yes or No.—if the answer to any part is Yes, give a brief description of the present condition.)

Nervous System No — Cardio-Vascular System No (If pulse rate is abnormal, B. P. will be taken.) — Genito-Urinary System No (Albumen and Sugar will be excluded.)

Special Senses No — Respiratory System No — Integumentary System No

Disturbances of Mentality No — Digestive System No — Muscular System No

Osseous and Joint Systems No — Any other general condition No

10. (*a*) History (of the condition referred to in Section 9 (*a*).)

Not applicable.

10.—(*b*) (Here give a complete history, as obtained from invalid, with dates of origin, of any affection from which the invalid, has suffered either prior to or since enlistment, and not included in Section 10 (*a*).)

Influenza 1912. Has had some cough and expectoration occasionally since (X) influenza March and July 1918. Smyptoms of last attack cleared in about a fortnight. Lost 16 lbs in weight. Sent to Ninette Sanitorium - Measles 1913. Has had several attacks of tonsilitis - last attck March 31/18. Small-pox 1918.

Omission 10 b --- X that date, but all symptoms cleared up in Aug. 1918. JGS

(*c*) (Here give a description of wounds, scars, and deformities.)

See Sec. 4.F.

11.—(*a*) Did the disabling condition have its origin before enlistment? No disability

(*b*) If so, has it been aggravated by Service? (If aggravated, give a description, as far as it is possible to do so, of the disabling condition at time of enlistment.)

Not applicable

12. Was the disability caused, or aggravated; (*a*) by intemperance, or improper conduct; or (*b*) by unreasonable refusal to accept treatment? Not applicable.

The regimental documents will be referred to.

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

13. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one? Not applicable.

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

Hospital - Port Arthur for tonsillectomy

Manitoba Sanatorium - 5 months.

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

No

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

17. Recommendations Fit for Home Service (Canada) category C-2 on account of previous history.

F. C. Sherwood Capt.
Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

(Sections 7, 8, 9 and 10 are to be read to the invalid and either "satisfied" or "not satisfied" struck out).

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

I complain in addition of

JGS

Pte L. J. Anderson Rank.
Signature of invalid examined.

OPINION OF THE MEDICAL BOARD

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

Yes

19. Is the invalid fit for

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

20. It is certified that the invalid

(*a*) Does require treatment. (Give the nature of the condition and of the treatment required and its probable duration.)

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

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

Before signing the President of the Medical Board will read the statement signed by the invalid and differing opinions regarding Sections 7, 8, 9 and 10, as recorded in Section 18, to the invalid and if no change is indicated, will initial the statement. If, as a result of differing opinions regarding Sections 7, 8, 9 and 10 only, recorded in Section 18, the invalid is dissatisfied with the statement previously made, remarks of the Medical Board will be added here.

D A Stewart *President.*

PLACE Ninette, Man. Capt., C.A.M.C.

Wm Leslie M.B. } Members

DATE Nov. 19th, 1918 J S Thomson Capt

TO BE COMPLETED WHEN TREATMENT IS REFUSED

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

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

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

President.

PLACE..... } Members

DATE.....

APPROVED BY APPROVED BY

Assistant Director of Medical Services. *Director-General of Medical Services.*

DATE..... DATE.....

THIS FORM WILL BE USED FOR ALL RANKS

MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

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

STATION Manitoba Sanatorium DATE Nov.19,1918

1. 1 (*a*) Unit 1st D.B.,M.R. (*b*) Regimental No. 2385718 (*c*) Rank Pte.

(*d*) Surname Anderson (*e*) Christian name Lionel John

(*f*) Home address 735 South Franklin Street, Fort William

(*g*) Next of Kin Sarah Anderson (*h*) Relationship Mother

(*i*) Address of Next of Kin 735 South Franklin Street, Fort William

2. Age last birthday 21 Date of birth January 22nd,897

3. Enlistment, or Appointment (if an Officer) (*a*) Place Fort William (*b*) Date March 22,1918

4. Personal description:

(*a*) Height 6' 1" (*b*) Weight 190 lbs. (stripped) (*c*) Complexion Fair

(*d*) Colour of hair Brown (*e*) Colour of eyes Blue (*f*) Identification marks, Scars, etc. Scar back of left hand. Scar on right chin

5. Former trade or occupation Farmer

6. Service (The information should be secured from personal documents, but if documents are not available the invalid's statement may be taken and note must be made to that effect. Periods of service in Canada, England, France or elsewhere should be noted).	Years	Days

	Periods From	Periods To
Canada 8 months	March 22nd,1918	November 19,1918
England		
France or other theatres of War		

7. Original disease, or injury Influenza

(*a*) Date of origin July 1918 (*b*) Place of origin Port Arthur

(*c*) Cause Infection

M. F. B. 227.

300M.—8-18.
1772-39-117.

8. Present disability— (Here state the exact nature of the disability resulting from the disabling conditions: e.g. (*a*) Weakness—slight, moderate, marked, etc; (*b*) Loss, complete or partial, of an organ or member, or of its functions; (*c*) Necessity for rest of the body, or of some of its parts for therapeutic reasons; (*d*) Any other restrictions in choice of occupation.)

Nil

9. Present condition—(*a*) (Before completing this section the invalid should be stripped, and subjected to a thorough physical examination. Important, to be a full description of the present disabling condition, or conditions only. "History" must be recorded in Section 10. Describe all abnormalities, anatomical and functional, contributing to present disability; objective findings to be stated first, then subjective findings.)

Very healthy looking young man. Has no cough; no expectoration. Weight up to normal (191 lbs.) No complaints. Chest sounds normal

(*b*) Has the invalid now any affection of the following systems, not described in Section 9 (*a*) above? (Answer Yes or No.—if the answer to any part is Yes, give a brief description of the present condition.)

Nervous System Normal Cardio-Vascular System Normal (If pulse rate is abnormal, B. P. will be taken.) Genito-Urinary System Normal (Albumen and Sugar will be excluded.)

Special Senses Normal Respiratory System Normal Integumentary System Normal

Disturbances of Mentality None Digestive System Normal Muscular System Normal

Osseous and Joint Systems Normal Any other general condition None

10. (*a*) History (of the condition referred to in Section 9 (*a*).) Ordinary Grippe April 1912. Has had some cough and expectoration occasionally since and several attacks of Tonsilitis. Measles 1915. Enlisted March 22, 1915 apparently in good health. Symptoms of Influenza came on acutely March 31st, disappeared in a week, but sore throat continued. Sent to Hospital at Port Arthur for Tonsilectomy. In Hospital 7 days. Cough and expectoration tired feeling etc. persisted. In Hospital in July. Temperature 100 to 101. Loss of 18 Lbs Symptoms cleared in two weeks.

Admitted Sanatorium, Winnetta Aug. 23, 1915. While at Sanatorium was infected by Small Pox from letters. Had very mild course.

10.—(*b*) (Here give a complete history, as obtained from invalid, with dates of origin, of any affection from which the invalid, has suffered either prior to or since enlistment, and not included in Section 10 (*a*).)

(*c*) (Here give a description of wounds, scar, and deformities.)

Scar on back of left hand. Scar on right chin.

11.—(*a*) Did the disabling condition have its origin before enlistment? No

(*b*) If so, has it been aggravated by Service? (If aggravated, give a description, as far as it is possible to do so, of the disabling condition at time of enlistment.)

12. Was the disability caused, or aggravated; (*a*) by intemperance, or improper conduct; or (*b*) by unreasonable refusal to accept treatment? (a) No (b) No

The regimental documents will be referred to.

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

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

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

Hospital, Port Arthur 7 days.

Manitoba Sanatorium 3 months

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit? No

(If the answer is "yes" state nature of treatment required and probable duration)

16. Can the former trade or occupation be resumed? Yes

(If not, briefly state why)

17. Recommendations Discharge from the Army

Wm Leslie M.B.

Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

(Sections 7, 8, 9 and 10 are to be read to the invalid and either "satisfied" or "not satisfied" struck out).

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

I complain in addition of

Pte L. J. Anderson Rank.

Signature of invalid examined.