REGIMENTAL DOCUMENTS

NAME ANDERSON. LORNE. Pte REGT. NO. 6766 UNIT #2 D.D. 1st Battn H. Q. FILE NO. 9074

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1	REGT. CONDUCT SHEET (M.B.W. 263 or A.F.B. 120)				
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	Pay Bk.				

NON-EFFECTIVE BY

DEATH

Category H

DISCHARGE

Category

Med Unfit

DESERTION

H402034

W. 2505
100M-11-19
1772-39-1377

ATTESTATION PAPER.

No. 6766

Folio. 1638

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

1. What is your name? ..... #6766 ..... Lorne Anderson
2. In what Town, Township or Parish, and in what Country were you born? ..... Canada
3. What is the name of your next-of-kin? ..... Miss Anderson
4. What is the address of your next-of-kin? ..... Claremont Post
5. What is the date of your birth? ..... May 27th 1892
6. What is your Trade or Calling? ..... Labourer
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? .. No
    If so, state particulars of former Service.
11. Do you understand the nature and terms of your engagement? ..... Yes
12. Are you willing to be attested to serve in the CANADIAN OVER-SEAS EXPEDITIONARY FORCE? ..... Yes

L Anderson (Signature of Man).

W.P. Thwaites (Signature of Witness).

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Lorne 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.

L Anderson (Signature of Recruit)

Date Sept 22 1914. W.P. Thwaites (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Lorne 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.

L. Anderson (Signature of Recruit)

Date Sept 22 1914. W.P. Thwaites (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 entered as replied to, and the said Recruit has made and signed the declaration and taken the oath before me, at Val Cartier this 22 day of Sept 1914.

Fulton (Signature of Justice)

EXHIBIT D

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

[illegible] Lt.-Col. (Approving Officer)

D.S. PENSION & CLAIMS BOARD

Description of Lorne Anderson on Enlistment.

Apparent Age 22 years 4 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5 ft. 9½ ins.

Chest measurement: Girth when fully expanded 39 ins.; Range of expansion 3 ins.

Complexion Dark

Eyes Blue

Hair Brown

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

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

(Should the Medical Officer be of opinion that the recruit has served before, he will, unless the man acknowledges to any previous service, attach a slip to that effect, for the information of the Approving Officer).

Scar on left side

CERTIFICATE OF MEDICAL EXAMINATION.

I have examined the above-named Recruit and find that he does not present any of the causes of rejection specified in the Regulations for Army Medical Services.

He can see at the required distance with either eye; his heart and lungs are healthy; he has the free use of his joints and limbs, and he declares that he is not subject to fits of any description.

I consider him* fit for the Canadian Over-Seas Expeditionary Force.

Date Sept 22, 1914. D E Culver

Place Valcartier Capt CAMC

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.

Lorne Anderson having been finally approved and inspected by me this day, and his Name, Age, Date of Attestation, and every prescribed particular have been recorded, I certify that I am satisfied with the correctness of this Attestation.

[illegible] Lt Col (Signature)
O.C. 12th Bn

Date Sept 22 1914.

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 6766 (Rank) Pte

Name (in full) Anderson Lorne. enlisted in

the 1st Bn

CANADIAN EXPEDITIONARY FORCE at Parry Sound Ont. on the 28nd

day of Sept. 1914.

HE served in England And France

and is now discharged from the service by reason of

Hysterical Deafness

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

Age 20 Years 11 Months

Height 5' 9½"

Complexion Dark

Eyes Blue

Hair Brown

Marks or Scars Scar Left Side Abdomen

Vaccination Scars Left Arm

L. Anderson
Signature of Soldier

H S Beemer Captain
Issuing Officer
For Lieut.-Col.
O.C. No. 2 Dist.
Rank

Appointment

Date of Discharge July 26th 1916.

Signed at Toronto Ont. this 26th day of July 19 16

in Military District No. 2

File Reference No.

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. 6766 (Rank) Pte Name Anderson Lorne

Unit 1st Bn

Address on Discharge Parry Sound Ont.

Character and Conduct Good

Former Occupation Foreman On Railrood

Special Qualifications of Value in Civil Life

Medals and Decorations Nil

Remarks

Signed at Toronto Ont. this 25th day of July 19 18.

H S Bellamy

Name of Officer

Captain,
For Lieut.-Colonel,
O.C. No. 2 District Depot.

Rank

Appointment

UNIT 1st Batt. Regimental No. 6766

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ATTESTATION PAPER.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

DEPT. OF MILITIA & DEFENCE
DEC 12 1917
H.Q. CANADA

QUESTIONS TO BE PUT BEFORE ATTESTATION.

	(ANSWERS)
1. What is your name?	(Sgt.) Lorne Anderson
2. In what Town, Township or Parish, and in what Country were you born?	Canada.
3. What is the name of your next-of-kin?	Miss Anderson.
4. What is the address of your next-of-kin?	Clermont Ont.
5. What is the date of your birth?	May 27 — 1892
6. What is your Trade or Calling?	Laborer
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.

(Sgt.) L. Anderson (Signature of Man).

(Sgt.) W. J. Thwaites (Signature of Witness).

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, ..., 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.

(Sgt.) L. Anderson (Signature of Recruit).

Date Sept. 22 1915 (Sgt.) W. J. Thwaites (Signature of Witness).

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Lorne 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.

(Sgt.) L. Anderson (Signature of Recruit).

Date Sept 22 1915 (Sgt.) W. J. Thwaites (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 Valcartier this 22 day of Sept. 1915.

(Sgt.) D. W. Hill (Signature of Justice).

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

(S. & D.) D. W. Hill Lt. Col. (Approving Officer).
O.C. 1st Batt.

L7549 12-7-15 2,500.

Description of (Sgt.) Lorne Anderson on Enlistment.

Apparent Age 22 years 4 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. 9½ ins.	
Chest measurement. Girth when fully expanded	39 ins.	
Chest measurement. Range of expansion	3 ins.	
Complexion	Dark.	
Eyes	Blue	
Hair	Brown.	
Religious denominations. Church of England	✓	
Presbyterian		
Wesleyan		
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 Sept 22 1915 (Sgt.) D.E. Robertson

Place Valcartier (Sgt.) Capt. C.A.M.C.
Medical Officer.

* Insert here "fit" or "unfit."

NOTE.—Should the Medical Officer consider the Recruit unfit, he will fill in the foregoing Certificate only in the case of those who have been attested, and will briefly state below the cause of unfitness:—

CERTIFICATE OF OFFICER COMMANDING UNIT.

.....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.

(Sgt) L. W. Hill Lt Col (Signature of Officer).
O.C. 1st Batt.

Date Sept 12 1915.

PARTICULARS OF DISCHARGE.

1. *Name* Anderson Lorne

2. *Regimental Number* 6766 3. *Rank* Private

4. *Corps* 36th Res Battalion form. 1st Bn.

5. *Date of Discharge* October 29th 1915

6. *Place of Discharge* Quebec P. Q

7. *Place to which transport given.* (*Give street address where possible.*)

Parry Sound Ont. W/R. Miss Anderson Claremont Ont.

Place of Enlistment Valcartier Sept. 22nd, 1914

8. *Description at time of Discharge* :—

Age 23 *years* 2 *months.* *Descriptive marks*

Height 5 *feet* 8 *inches.* 2 Vacc Lt arm

Complexion Fresh

Eyes Grey

Hair Brown

Trade Labourer and gang foreman

9. *The above named man is discharged in consequence of*

Medical Unfitness

(*If medically unfit, state nature of disease or disability.*) Not stated

10. *To what extent will it prevent his earning a full livelihood?*

Not stated

11. *Character*

Not stated

Date Jan. 21st, 1918

JT

amc

.....
i/c Records.

Lieut.
for Director of Records.

M. F. W. 60
100M.—8-16.
H. Q. 1772-39-928

PARTICULARS OF DISCHARGE.

AMT.

CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

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

Regimental No. 6766 Rank Pte. Name L.Anglerson

Corps Depot. who was* Discharged

On July 25.1918. 191....., to .....

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from July 1.1918. 191...., to July 25.1918. 191...., the inclusive date of transfer or discharge.

Dr.	$	c.	Cr.	$	c.
Bal. Dr. from prev. month 25/7/18			Bal. Cr. from prev. month		
Advances by Cheques No.			Regt'l Pay 25 days at $ 1. c	25	.00
Assigned Pay and Sep'n Allce. No. 3527	27	.50	Field Allow. 25 days at $ .10 c	2	.50
Other charges			Separation Allowances* (Monthly)		
Payment on transfer or discharge No.			Other Allowances*		
Balance Cr. (to be paid by the new unit)			Other Credits*		
			Bal. Dr. (to be deducted by new unit)		
Total	27	.50	Total	27	.50

*Give particulars.

A monthly stoppage of $.....(†) has.....(‡) been paid on account of Assigned {Pay for the month of.....191.... / and Sep'n Allce. for month of .....191....} (to) Assignee.....

(Address) .....

.....

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

On Transfer of an Officer

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

REMARKS:—

State (1) date of enlistment Rattested

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

(3) cause of discharge..... authority D.O. 00

(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 25/7/18

Place Toronto. W. Ross Cameron Capt.

Paymaster.

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.

100M.—12-17.
H. Q. 1772-39-903.

Forms
I. 1237
10

Army Form I. 1237.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
	4766	Pte	Anderson	Louis
Year. 1915	Unit. 1st Canadian		Age. 23	Service. 1 1/12

Station and Date. 27th Aug.

Disease Gonorrh- now Init Rigmg - slight sore throat not heard.

location of service at front

F. H.

P.H. negative

Antityphiod. yes. Antitetanic

Present complaint. was gassed 8th 23 1915 June 5th, came to 14 Gen Hos. Boulogne - went back to front was sent to 23rd General Hospital. on July 28 1915. went to Can. Conv. 19 August 1915

Physical Examination.

Eyes

Mouth & Throat.

Chest. Heart action too fast and erratic some mitral trouble but little. Shortness of breath swelling of ankles & hands.

Abdomen.

Miscellaneous.

* The first and last entries will be signed, and transfers from one Medical Officer to another, attested by their signatures.

(8065.) W 2445–1448. 250M. 5/15. J. T. & S., Ltd.

P.T.O.

Station and Date.	

Forms
I. 1237
10

Indexed

80452

Army Form I. 1237.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
Year	6766	Pte.	Anderson	Lorne.
	Unit.		Age.	Service.
	1st Bn. (36th Res);		23.	one year.

Station and Date.

Disease Rheumatism, Heart Trouble, Shrap. wds. L. Side & L. Hand.

Monks Horton. 20/9/15.

Flat Feet.

June 5th, Bethune.

Had some pains in joints at Bethune. He could not drill or march on account of dizziness and pains in both knees and ankles.

Boulogne 3 wks. In bed only 3 days, thence to Le Havre L.Duty.

He recd. 2 slight shrap. wds. at Ypres in Apl. 23rd but did not go off duty with them. Retd. to duty from the base and after 6 days in the trenches had to report sick again to No. 2 Gen. Hosp.

Board was held - opinion unfit for active service. Etaples 3 wks. Eastbourne Hosp.

Heart very rapid - diffuse impulse over cardiac area - sounds are noisy but no murmurs or organic lesions found.

Borders normal; complains of pains behind L. knee also on R. knee; cannot walk far; gets short of breath; has palpitation and dizzy spells on exertions. Knees are not swollen; feet are quite flat, but can be improved. Slight flesh wds. in L. Hand and side healed and causing no disability.

Home Service 3 months.

*The first and last entries will be signed, and transfers from one Medical Officer to another, attested by their signatures.

(J 3521.) Wt. W 5606—2621. 2,000,000. 7/15. D & S.

P.T.O.

Station and Date.	

2 Encl.

This space to be for numbers.

NO. 2 MILITARY DISTRICT JUN 8 1918 34 An. 109
Canadian Overseas Expeditionary Force VB

Proceedings on Discharge.

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

No.	6766
Rank	PRIVATE
Name NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.	ANDERSON, LORNE
Corps (Squadron, Battery or Company)	#2 District Depot 1st Bn
Date of Discharge	July 25th 1918.
Place of Discharge	Toronto, Ont.

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age....26.....years.....10.....months.
Height.....5..... feet.....9 1/2.....inches.
Complexion Dark
Eyes Blue
Hair Brown
Trade Fireman on railroad.
Intended place of residence (To be given as fully as practicable.) Parry Sound, Ont.

Descriptive Marks

Scar on left side of abdomen.
Vacc Scars Left Arm

2. The above-named man is discharged in consequence of

Physical unfitness.

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.

Good

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.)

Fireman on Railroad

M. F. B. 218.

100m.—6-16.
H. Q. 1772-39-113

(OVER)

W. S. G. Comp
19/2/19 d. Bn

G.D
12.1.60

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

Nil.

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

6. Medals and Decorations..... Nil.

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)..... Toronto Ont. .....

(Date)..... July 25th 1918. .....

Commanding ..... Captain, For Lieut.-Colonel, O.C. No. 2 District Depot

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)..... Toron o Ont. L. Anderson .....*(Signature of Soldier.)*

(Date)..... July 25th 1918. H S Bellerum .....*(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) 3 years 59 days.

Total 3 years 59 days.

11. **Confirmation of Discharge.**

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

(Place)..... Toronto Ont. .....

(Date)..... July 25th 1918. .....

(Signature) ..... H S Bellerum Captain, For Lieut.-Colonel, O.C. No. 2 District Depot

Forms
I. 1237
10

53263

Army Form I. 1237.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
	6766	Pte	Anderson	L.
Year.	Unit.		Age.	Service.
	1 Bt. Canadian Regt.		23	1 1/12

Station and Date.

Disease Gassed. D.A.H. Chronic Enteritis low grade.

Location of Service at Front. Ypres

F.H. nil.

P.H. nil. Stockman

Antityphoid. April 1915 Antitetanum. no

Present Complaint. Was Gassed April 23 at Ypres. Have had trouble ever since.

Physical examination. Int

Eyes.

Mouth & Throat.

Chest. Heart action irregular no valvular murmurs.

Abdomen. Intestine rather sluggish though not distended

Micellanious. Rhin Conf 1 no more Sal Sal. 1 3 T.D.D.

14/8 Noted mitral regurgitation quiet M.O.

* The first and last entries will be signed, and transfers from one Medical Officer to another, attested by their signatures.

(8065.) W 2445–1448. 250M. 5/15. J. T. & S., Ltd.

P.T.O.

Station and Date.	

(8915)—Wt. W4862—540. 600,000.—9-14.—G. A. T. & S., Ltd. Forms B. 103/1.

364. 15-11 1303

Army Form B. 103.

MILITARY DEPT. DEC 12 1917 CANADA

Casualty Form—Active Service.

Regiment or Corps 1st Canadian Battalion

Regimental No. 6766 Rank Pte Name Anderson L. ✓

Enlisted (a) 22/9/14 Terms of Service (a) Duration of War Service reckons from (a) 22 SEP 1914

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				
6-6-15	3 Can Fd Amb.	Rheumatism	3.C.F.A.	4-6-15	A-36
10-6-15	4.C.C.S	Rheu. Fever.	10 Train	10-6-15	A-36.
12-6-15	14 Gen	D.A.H. Myalgia	no1 Con Camp	11-6-15	W3034.
27-6-15	3 C.B.D.	Admission	3 C.B.D.	27-6-15	S.M 2703.
27-6-15	3 C.B.D.	Transfer.	Tolnik	27-6-15	K7-1-5
11-7-15	2.C.F.A	Acute Disease	2a Sanitary Section	7-7-15	A-36.
7-7-15	1st Bn	Evacuated Sick	not given	6-7-15	Info for Part II Orders.
28-7-15	23 Gen	Passed.	23 Gen	28-7-15	W3034
25-7-15	A.D.M.S	Evacuated as Permanently Unfit			Non Roll K4-1-31
31-7-15	3.C.C.S	D.A.H.	no 1 S.A.T.	27-7-15	A-36.
1-8-15	3 C.F.A	Transfer.	3 C.C.S.	26-7-15	A-36.

(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				
18-8-15	23 Gen	Gassed	Con Camp	18-8-15	W3034
26-8-15	23 Gen	D. A. H.	23 Gen	26-8-15	W3034
2-9-15	H.S. Brighton	Admission	H.S. Brighton	2-9-15	W3083. — A-36.
28-9-15	36 Bn	T. O. S.	Shorncliffe	23-9-15	Part O. 157
19-10-15	D.A.D.G.	Recommended Invalided to Can for Med. Observn. & final Disposition of his case.	"	13-10-15	A.F.A.2. Finding Pension Board
20-10-15	O.C. 36 Bn	D.O.S. on proc. to Canada per S.S. Corsican (D.A.D.M.S.)	Embarking	15-10-15	Part Do 169

APR 18 1918

Taken on Strength
W. 2. District Depot.

Lt. S.C. Mastin Capt.
for Colonel i/c Records, O.M.F.C.

Capt.
Hospital Representative.
WHITBY MILITARY HOSPITAL

CAPT.
OFFICER i/c RECORDS
CANADIAN SECTION G. H. Q.

E

Name Anderson Ote L. (X)

M. F. W. 41.
5m.-6-15.
1772-39-889.

38

649 a 469

Regimental No. 6766

Unit 36th Battaln (1st Bn.)

Date of enlistment

Place of " Taken on Strength MHCC "D" 18-2-16
S.O.S. " " 25-7-16

Married (yes or no)

Amount of pay assigned monthly $ no.

~~To whom payable~~ Sep. all.

no.

Corsican 25-10-15

Name and address of ~~next-of-kin~~ Home
Parry Sound, Ont.

Date and place discharged D.D. Quebec. 29-10-15 / 26-1-16

Reason for discharge Medically unfit Temp 3 Mths

Character on discharge No record of u- enlisting 30/11/18
P.C.15 notifies that this may be pd. up to 26-1-16

L. [illegible] b 82314. M. & D. 5786-25-6-15-5000.

Date From	Date To	PAY No. of Days	PAY Rate	PAY Amount	Field Allowance No. of Days	Field Allowance Rate	Field Allowance Amount	Other Credits	Total Credits	Voucher No.	Voucher Date	Cash Payments	Assigned Pay	Other Charges	Total Debits	Remarks, Casualties, etc.	38 ck no.
	15/10/15							254 45 Subs.								T.O.C. Eng.	
16/10/15	26/1/16	103	1.00	103 00	103	.10	10 30	67 50	435 25			235 25		235 25		D.D. Que. pd. + Cr. Bal.	
	25/11/15							200 00				100 00		100 00		H.Q. pd. + Cr. Bal.	226
								100 00				100 00		100 00			
									435 25						435 25		

no card 21/11/18
minute to Hong K 23/11/18
AR is checked
Voucher
B Ledger Sheet
Eng " "

Pensioned 107/134
from 27/1/16 P.C. No. [illegible]
from 26-7-18 = $300 per. annum

E. mil

Name.....

Regimental No.

Name and address of next-of-kin

Unit

Date of enlistment

Place of "

Married (yes or no)

Date and place discharged

Amount of pay assigned monthly $

Reason for discharge

To whom payable

Character on discharge

Date		PAY			Field Allowance			Other Credits	Total Credits	Voucher		Cash Payments	Assigned Pay	Other Charges	Total Debits	Remarks, Casualties, etc.
From	To	No. of Days	Rate	Amount	No. of Days	Rate	Amount			No.	Date					

29247 THE MORTIMER SYSTEMS
OTTAWA, CANADA

NAME ANDERSON, Lorne.

Regimental No. 6766.

Unit 1st Battalion.

Date of enlistment 22 Sept. 1914.

Place of " Valcartier

Married (yes or no) no.

Amount of pay assigned monthly $ nil

To whom payable —

Name and address of next-of-kin
Miss Anderson
Claremont. Ontario.

Date and place discharged Oct 15 Canada

Reason for discharge

Character on discharge H.P. 12.17 Oct 5

PAY OFFICE, I.E. BRANCH
JAN 21 1918
CANADIAN CONTINGENT

Date From	Date To	PAY No. of Days	PAY Rate	PAY Amount	Field Allowance No. of Days	Field Allowance Rate	Field Allowance Amount	Other Credits	Total Credits	Voucher No.	Voucher Date	Cash Payments	Assigned pay	Other Charges	Total Debits	Remarks, Casualties, etc.
Sept 22	Oct 31	40	1.00	40 -	40	10c	4		44			40			40 -	✓
Nov 1	Nov 30	30	1	30	30	10	3	4	37 -			35			35	✓
Dec 1-31		31	1	31	31	10	3 10	2 -	36 10			32 50			32 50	✓
Jan 15. 1-31		31	1	31	31	10	3 10	36 60	37 70 -			12 50			12 50	✓
Feby 1-28		28	1	28	28	10	2 80	25 20	66 . -			4 50		3 30.	7 80	3 days pay. 22/1/15.
Mar 1-31		31	1	31	31	10	3 10	58 20	92 30 -			6			6	Error in extension - $10.
Apl 1	30	30	1	30	30	10	3 -	86 30	119 30 -			3			3 -	Dr in May pay sheet.
May 1	May 31	31	1	31	31	10	3 10	116 30	150 40 -			4	10		14 -	$10. Error in extension Oct Pay sheet
June 1	June 30	30	1	30	30	10	3	133 40	166 40 -			3			3	
July 1	July 31	31	1	31	31	10	3 10	163 40	194 50 -			9			9	#1.0.S.B.-881. $5 G.H.Q. 1/16 #3 Jan. 30. 15/1.
								188 50				152 50				
								407	Excess Adjust O.S.B. 1169							
Aug 1-31		31	1	31	31	10	3 10	192 54	226 64	No. 1 H.P. 7/16		925			925	
Sept 1-30		30	1	30	30	10	3	217 42	250 42	" 867		274			274	Yprd. $36 42 B/F 30/9.
Oct 1	15	15	1	15	15	10	1 50	247 68	264 19 -			973			973	H.P. 12/17 Oct 5. dis to Canada. $2.00
									254 45							
									254 45				254 45	254 45		Cable paid overseas

N.E. Branch J.C.b

254 40 transferred to Dect Yprs Regt. Gd Cable to Can Disco

Date		PAY			Field Allowance			Other Credits	Total Credits	Voucher		Cash Payments	Assigned pay	Other Charges	Total Debits	Remarks, Casualties, etc.
From	To	No. of Days	Rate	Amount	No. of Days	Rate	Amount			No.	Date					

1211

POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

210541/420.

377-L-2.

Name Anderson, Lorne
Surname Christian Name

Regimental Number 6766 Rank Pte.

Unit 36th Bn.

Original Unit

District where paid Ottawa

Date of Discharge 26.1.16

P. D. P. Filing Number 3-A-4.

Address (in full) 216 St. Helens Ave.
Toronto, Ont.

Rates:—Regimental pay $ 1.00 per diem: Field Allowance $ .10 per diem. Separation Allowance $ per month.

L. L. 22573—M. & D. 8009.

Total Credits 91 days	FIRST PAYMENT			SECOND PAYMENT			FINAL PAYMENT			Balance Over-payments to be Recovered	Total Amount Paid
	Cheque No. A	Date	Amount 30 days	Cheque No. B	Date	Amount 30 days	Cheque No. C	Date	Amount 31 days		
100 10	1053	19/7/17	33 00	714	20/8/17	33 00	709	18/9/17	34 10		100 10
2493 1st	G 405315	4-4-19	70 00								
2172 2nd	S 403312	2-4-19	70 00								

M. F. W. 127.
50M—6 17.
1772 39-1140.

Remarks:

Disch'n No 210544/20 W. S. G. File No 037-L-27

Award ..... days at $ 70 per day $

S. A. ..... months at $ .... per mo. $..... $ 280.00

Less P. D. P. Credited $ 100.10

$ 179.90

Less further debit balance $ ....

Net due paid as below 179.90

TO SOLDIER UNDER PENALTY

O	Ag. No	Ch No	Amount		Ab No	Amount
1	2495	405315	70 00	M		
2	2172a	403312	70 00	M		
3	2338B	440191	39.90	M		
4						
5						
	T---		179.90	Total		

4-3-19
2-3-19
19-4-19

GEN'L AUDITOR
Posting checked by
.....
Date 14-7-19

Parry Sound
Ont.

M. F. W. 41
100M-1-18.
1772-39-889.

Name Pte L. Anderson

Regimental No. 6766

Unit Hostec

Date of enlistment

Place of "

Married (yes or no) No

Amount of pay assigned monthly $

To whom payable

LPC

Name and address of next-of-kin

Date and place discharged

Reason for discharge

Character on discharge

Date		PAY			Field Allowance			Other Credits	Total Credits	Voucher		Cash Payments	Assigned Pay	Other Charges	Total Debits	Remarks, Casualties, etc.
From	To	No. of Days	Rate	Amount	No. of Days	Rate	Amount			No.	Date					
June 5	30	26	1	26	26	10	260	44	033	24313		33				305 0059
⑤ July 1		25	25	1	25	25	10	250	✓ 2750	3527		2750				~~[illegible]~~ AWL DO 78 cancel do 9. dis DO 98 (reattested)

M. F. W. 41
100M-1-18.
1772-39-889.

Name.....

Regimental No.

Unit

Date of enlistment

Place of "

Married (yes or no)

Amount of pay assigned monthly $

To whom payable

Name and address of next-of-kin

Date and place discharged

Reason for discharge

Character on discharge

Date		PAY			Field Allowance			Other Credits	Total Credits	Voucher		Cash Payments	Assigned Pay	Other Charges	Total Debits	Remarks, Casualties, etc.
From	To	No. of Days	Rate	Amount	No. of Days	Rate	Amount			No.	Date					

M. F. W. 41
100M-1-18.
1772-39-889.

Name Pte Anderson L.

Regimental No. 6766

Unit

Date of enlistment

Place of "

Married (yes or no)

Amount of pay assigned monthly $

To whom payable

Name and address of next-of-kin

Scattered Awaiting Nd. Bd. DDS-6

Date and place discharged

Reason for discharge Trans'd to Cas.

Character on discharge DDS

Date From	Date To	PAY No. of Days	PAY Rate	PAY Amount	Field Allowance No. of Days	Field Allowance Rate	Field Allowance Amount	Other Credits	Total Credits	Voucher No.	Voucher Date	Cash Payments	Assigned Pay	Other Charges	Total Debits	Remarks, Casualties, etc.
Feb 18	Mar 31	42	1	42	42	10	4 20			611	41 41	78	BPL	2 20		B.P.L. 2826. AWL Mar 4-5 7 to 2 dys P.B. F P L.
Feb 18	Mar 31	42	1	42	42	10	4 20		46 20	666	13 2	spad 22		41 78 2 20	46 20	T.W.P.L.
Apr 1	30	30	1	30 —	30	10	3 —		67	519	5 —					
									33 —	70	900	28 — wh.		33 —		A.P.L.
May 1	31	31	1	31 —	31	10	3 10		34 10	770	12	33 — D.H.		1 10		A.W.L 7 to 1 dy RA.
														34 10		M.P.L.
June 1	4	4	1	4 —	4	10	40		4 40					Cas Bal 4 40		J.P.L.

M. F. W. 41
100M-1-18.
1772-39-389.

Name .....

Regimental No.

Name and address of next-of-kin

Unit

Date of enlistment

Place of "

Married (yes or no)

Date and place discharged

Amount of pay assigned monthly $

Reason for discharge

To whom payable

Character on discharge

Date		PAY			Field Allowance			Other Credits	Total Credits	Voucher		Cash Payments	Assigned Pay	Other Charges	Total Debits	Remarks, Casualties, etc.
From	To	No. of Days	Rate	Amount	No. of Days	Rate	Amount			No.	Date					

D.M.S. 1500.

Surname	Christian Name or Names	Reg. No.
Anderson.	L.	6766.

Rank	Unit	Co.	Troop	Batty.
Pte.	1st Batt			

Hospital	Date of Admission
3rd C.F.Amb.	
14 Gen H.Boulogne.	4-6-15.
to 1 Conv Camp	11-6-15.
Transferred 2.C.F. Amb.	Hosp. 7-7-15.
23 Gen. Etaples. 28.4.15. (26-8-15.)	Hosp. 18.8.15
to Conv Camp. Wish Rock Hosp. Eastbourne	Hosp. 2-9-15.
Monks Horton.	Hosp. 13-9-15.

(over)

Diagnosis (26.8.15.)

(1) D.A.H. Myalgia.

Later Diagnosis (if changed) Gastric. 28.7.15.

(2) Aoctie Disease.

(3)

Additional Diagnoses: If more than one state present

DISPOSITION To Sanatary Section 8-7-15. Date

Discharged 23-9-15.

		REMARKS
CL.	16-6-15 88	
"	19-6-15 91	
"	23-7-15 119	
"	4.8.15. 128.	
"	10-9-15 159.	
"	16-9-15 164	
"	25-9-15 171	
"	23.8.15. 145. 2.	
"	2.9.15. 153.	

A.M.D. 2 DEPT.
Bch. of D.G.M.S. O.M.F.C. London.

EPITOME OF HOSPITAL TREATMENT.

	Hospital	Adm.
1.	Cas. Cl. Stn. to 23 Gen Etaples.	26.8.16.
2.		
3.		
4.		
5.		
6.		
7.		

Medical Board.

Monks Horton. 22-9-16.

Rheumatism heart trouble; Shrap; wounds L, side & L, hand; flat feet.

Three months 'Home Service!

D.M.S. recommends invaliding to Canada for disposal by Militia Authorities there.

Pensions & Claims. Folkestone. 13-10-16.

Tobe invalided to Canada for Medical observation and final disposition of his case.

*Name L ANDERSON, Lorne Rank Pte Regtl. No. 6766

Original unit Present unit 1st M. or S. Age 25 Religion Presb. Fyle Depot Ref. H.Q.

Port, ship, and date of arrival

Next of kin Sister Same address

Address on leave

Address on discharge Parry Sound, Ont.

Transportation issued Yes / No Date Character on discharge Good

Previous occupation Labourer Date and place of enlistment 22 Sept. 1914 Valcartier

Diagnosis V.D.H. Date of Medical Boards no record

Whitby.

Date.	Remarks	Pt. 2 Order No.
14-5-18	AWL fr. M.n 8-5-18 ~~fr~~ to 6.30p.m. 9-5-18. For. 1dys. P&A	by R.W.
	No Passes for 3 weeks.	27
25.5.18	From Whitby to B.M.C.H. as from 21.5.18	38.
8-6-18	B.M.C.H. to Cas. as from 4-6-18 (Awaiting Dis.)	52

*—Name will be given in full; surname first.

(over)

Date.	Remarks.	Pt. 2 Order No.
4-6-18	Trans. from Hosp. Sect. (BRANT) TO CAS. CO. CC.DO. 59	HQ.DO. 87
W.W.L from 30.6.18.	L.B. DO 76.	
Insolence to an Officer during Tay Parade 15.7.18.	Admonished	
25-7-18	S.O.S. DISCHARGED "PHYS.UNFIT." (NO P.D.P.) "re-attested cases) 98	
W.W.L from 25.7.18.	Cancelled. 27.7.18	

M.F.W. 192.
60M.—3-18 (D.P. 353).
1772-39-1243.

Copied for VB

NO. 6766.

F I N D I N G.

Oct. 13th. '15.

The Board having considered the evidence of Pte. Lorne Anderson, NO. 6766, 1st. Batn. and the documents submitted, hereto attached and marked A. B. C. which form part of these Presents :

Recommends :-

1. That this man be invalided to Canada for Medical observation and the final disposition of his case.

H. Montagu Allan. Lt. Col. President.

J. L. Todd. Major. C.A.M.C.

Maurice Alexander. Major. C.A.P.C.

mm

No. 6766.

Oct. 14th. '18.

B I R K I N S.

The Board having considered the evidence of Pte. Doris Anderson, No. 6766, Int. Birkins, and the documents submitted, hereto attached and marked A. B. C. which form part of these Issues :

Recommends :-

1. That this man be Invalided to Canada for Medical observation and the final disposition of his case.

H. Morgan Allen. Lt. Col.
President.

J. L. Todd. Major.
C.A.M.C.

Maurice Alexander. Major.
C.A.M.C.

MARRIED SINGLE WIDOWER

TRADE OR CALLING RELIGION

DESCRIPTION.

APPARENT AGE YEARS MONTHS

HEIGHT FEET INCHES

CHEST MEASUREMENT INCHES EXPANSION INCHES

COMPLEXION EYES HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION. PLACE DATE

649-A-469

CARD NO. #2

Sol. 25-718
FOLL.
Doc. 202

SURNAME. Anderson

CHRISTIAN NAMES Lorne

REGL. No. 6766 RANK Pte

UNIT M.H.C.C. "D. unit"

FORMER CORPS 16 Mos. 36. Bn & 1st Bn

NEXT OF KIN.

NAMES IN FULL Anderson Idella

RELATIONSHIP TO SOLDIER sister

ADDRESS Parry Sound, Ont.

CHANGE OF ADDRESS

COUNTRY OF BIRTH Canada, Centreville Ont- DATE May 27th 1883

PLACE OF ATTESTATION Toronto Ont- DATE Feb. 18th 1918

L. L. 26989 M. & D. 8191.

M. F. W. 22. 100M.—8-17. H. Q. 1772-39-339.

G 3519 Reff

JUL 20 1921

649-H-469

Number 4766 Rank Private

Surname ANDERSON

Christian Names Lorne

Unit 1st Bn Can Inf Theatre of War France

Dates of Service 17.10.14 11.2.15 15.10.15

Remarks

Latest Address Parry Sound
Ontario

Roll No. B7 B page 417

See Card.

NAME Anderson, L.

H. Q. FILE No. 649-

REGT'L. No. 6766

RANK AND CORPS Pte. 1st. Batt.

CABLE	
NO.	DATE

NATURE OF CASUALTY

Canada VB 191

L. L. Job 83225 —M. & D. 5812.

M. F. W. 42—50m 7-15.
H. Q. 1772—39-893.

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
164	Can. Cond., Monks Horton	13/9/15	Wd. R. Hand.
171.	Discharged.	———	D. a. H.

NAME Anderson Lorne

H. Q. FILE No. 649-

REGT'L. No. 6766

RANK AND CORPS Pte. 1st Batt. See card 2.

CABLE

NO. | DATE

NATURE OF CASUALTY

NO. 531.

FOLL.

L. L. Job 83225 —M. & D. 5812.

M. F. W. 42—50m-7-15.
H. Q. 1772—39-893.

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
88.	No. 3. Can. Field Amb-	4/6/15	Rheumatism.
91.	No. 14. Gen. Hosp. Boulogne. Do No 1. Conval. Camp.	11/6/15	D.A.H. Myalgia
119	No 2 Can. Fld. Ambul. Do Sanitary Section	7/7/15	Aortic. Disease
129	No. 23 Gen. Etaples	28/7/15	Gassed.
145	No. 23 Gen. Etaples to Convr. camp	18-8-15	Gassed —
15B	No. 23 Gen., Etaples	26-8-15	D.A.H.
15H	Can. C.S. To No. 23 Gen. Etaples	26-8-15	D.A.H.
159	Wisl Rock. Hosp	[redacted]-9-15	D.A.H.

REMARKS:

On June 5 at Bethune - some pains in joints. Could not march more than
one day of dizziness + pain in knees + ankles. Boulogne 3 wks. In
bed 3 days - thence to Havre 2 duty. 2 slight shrapnel at
Ypres on April 23/15, not off duty. Ret to duty from base; after
6 days in trenches had to report sick again. Board held unfit for
active service. Etaples 3 wks, thence Canadian Hospital.
Hospital. No murmurs nor organic lesions. No hypertrophy.
Pains behind knee, slight ton R side. Palpitation + dizziness on
exertion. Feet are flat, but cause no disability - very slight.

CANADIAN CONVALESCENT HOSPITAL, MONKS HORTON.

ADMISSION CARD.

Regt. No. 6766 A. & D. No. 2-1081

Rank Pte.

Name Anderson. Lorne.

Corps 1st. Bn.

Religion Pres. Age 23

Disease D.A. Heart.

Admitted 13-9-15 2nd. Gen. Hosp. Brighton.

Discharged 23/9/15

Place in Hospital D - 13

M. H. Rec'd M. H. Requested M. H. Ret'd

Transferred

Results Boarded Sept 22/15 Homeservice 3 months

Shannon 8319-15

P.T.O.

REMARKS

41446

REG. NO. 6766 NAME (SURNAME FIRST) Anderson Lonie /8

RANK Pte CORPS #2 C.D.

AGE 25 SERVICE R C 2/12 E 7/12 F 7/12

Mid whitley
NAME OF HOSPITAL Burlington Mil PLACE Burlington

21-3-18
DATE OF ADMISSION 21-5-18

V.D.H. V. D. H. Impetigo

DISEASE

DISCHARGE 21-6-18

OPERATION

DISCHARGED TO DUTY ?

to Spadina 5

TRANSFERRED TO

DISCHARGED BY MEDICAL BOARD

100M—9-17—H.Q. 1211-8-30.

SURNAME. Anderson. (649-H-469)

CARD NO.

S.O.S. Dis. 29/10/15 #5

CHRISTIAN NAMES Lorne.

REGL. No. 6766 RANK Pte.

UNIT 1st. Bn.

FORMER CORPS Nil.

NEXT OF KIN.

NAMES IN FULL Anderson. Miss.

RELATIONSHIP TO SOLDIER not stated,

ADDRESS Claremont. Ont.

CHANGE OF ADDRESS

COUNTRY OF BIRTH Canada. DATE May 27th 1892.

PLACE OF ATTESTATION Valcartier. P.Q. DATE Sept 22, 1914.

o/s 4-10-14.

L. L. 6045. M. & D. 6994.

9/6 M. E. W. 23. 100M. 8-15. H. Q. 1771-39-339.

25/10/15

ME.

From Quebec per S.S. "Laurentic" 4-10-14

MARRIED SINGLE Yes WIDOWER

TRADE OR CALLING Labourer RELIGION Presbyterian

DESCRIPTION.

APPARENT AGE 22. YEARS 7. MONTHS

HEIGHT 5. FEET 9½ INCHES

CHEST MEASUREMENT 39. INCHES EXPANSION 3. INCHES

COMPLEXION Dark. EYES Blue. HAIR Brown.

DISTINGUISHING MARKS Scar on lt side

MEDICAL EXAMINATION. PLACE Valcartier, P.Q. DATE Sept. 22. 1914

Present Address, not stated.

No. 6766 RANK Pte. NAME Anderson, L.

T. O. S. UNIT 23rd Regt. Northern Pioneers. (Active Service Mob:)

M. D. 2.

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1914	1914.			
Aug 13th	Aug 20th	✓		
Aug 22	Sept 21	✓	on 1st Bn paylist.	Oct. paylist.
Sept 22	Oct 31	✓		

UNIT SAILED
OCT 3 1914

No. 6766 Rank Pte. (86 Bn.) Name Anderson L.

T. O. S. Unit Discharge Depot (Quebec.)

M. D. 5.

Paid From	Paid To	Sig. or Rec't	Promotions, Transfers, Discharges, etc.	
			Particulars	Authority
1915. Oct. 16.	1916. Jan. 26.	✓		

Name Anderson L. *Rank* Pte. *Reg. No.*6766

Unit 1st Battalion

Next of Kin Canada

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
			88-91-119-129-145-154-159			
13-9-15	Can. Con. Hosp.	Monks Horton	Gassed & D.A.H.			
23-9-15	Discharged	Do	Do	164 1721		

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS DISTRICT 10B

NAME OF SOLDIER Graduate No. 43366

REGIMENT 1 St Battn RANK

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.

	Date	Amalgam	Temporary Filling (a) G. P. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhea	Synthetic Porcelain	Extracting	Dentures U	Dentures L	Dentures P	Gold Clasp	Gold Filling	Crowns Gold	Crowns Porcelain	Bridge Work	OPERATOR	Military Dist.	REMARKS
Condition on first Examination	22/5/18	3				1 to be filled										3				Maclachlan		
	30/8/18	3																				complete

M.F.B. 465.
50m.—2-18.
1779-39-950.

A2171 Wt. W774/836 250,000 4/15 D. D. & L. Sch. 2

Forms A. 2 38

COPY.

Army Form A. 2.

PROCEEDINGS of a* Pension & Claims Board

*N.B. — The Form being applicable to any Board of Officers, or Committee, or Court of Inquiry, this blank to be filled in accordingly.

assembled at Folkestone, Kent, England

The proceedings should be signed by each Officer composing the Board, etc.

on the 16th day of October, 1915

by order of G.O.C. R.O. 2541, September, 21st, 1915

for the purpose of Pensions & Claims

PRESIDENT.

Lt. Col. Sir H. Montegu Allen.

MEMBERS.

Lt. Col. F. Grant Morden.
Major J. L. Todd. C.A.M.C.
Major Maurice Alexander

IN ATTENDANCE.

Lt. Col. Sir H. Montegu Allan.
Major. J. Todd. C.A.M.C.
Major Maurice Alexander.

The Board having assembled pursuant to order, proceed to take evidence

No. 6766,
Pte. L. Anderson,
1st Bn.

Canada
VB

Name LORNE ANDERSON

having been duly sworn states as follows:- My

Regimental No is:- 6766. Rank. Private. Unit. 1st Bn (36th Res)

Date of Birth? May 27th 1892

Place of Birth? Centerville. Canada.

Your former occupation or calling previous to enlistment? Laborer & Gang Foreman.

Place of Attestation? Parry Sound. Ont.

Date of Attestation? August 30th 1914.

Are you married or single? Single.

Have you a widowed mother dependent on you for support? No.

What was the condition of your health at the time of your enlistment? Good.

Where and when did your disability originate? Bethune. June 5th 1915.

Is your disability the result of wounds or injuries or illness contracted in action or in the presence of the enemy? In action. Rheumatism Heart trouble. Shrapnel wounds left side & flat f

What is your present condition of health? Not Good.

What work if any are you fit for? None at present.

What is your present address? 36th Res. Batt. West San(

Do you wish your discharge in Canada? In Canada.

L. Anderson

41134

Rank and Name ANDERSON, Lorne

Regimental No. 6766

Unit 1st Battalion

Date of enlistment 22 September, 1914.

Place of birth Valcartier

Married (Yes or No) No.

If in Permanent Force

Promotions or appointments

Name and Address of Next-of-kin

Miss Anderson
Claremont, Ont..

Date and place of discharge

Reason for discharge

Character on discharge

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-'15	C.D 88.	Rheumatism.	3rd Can Fild Amb	14-6-15.	
19-6-'15	C.D 96	D.A.H. Myalgia	No 14 Gen Hosp Boulogne	11-6-15.	Disch'd to No 1 Conv Camp.
30-6-15	O.C. 1st No 3 Gen Base Depot	Joined Unit.	In France.	28-6-15	
23-7-'15.	C.D.119/1st	Re Aortic Dis.	No 2 Can Fld Ambulance	7-7-'15.	To Sanitary Section.
4-8-'15.	C.D.129/1st	No 23 Gen'l Hosp.	Etaples	28-7-15	
23-8-15	O.C. Hosp.	To Conv. Camp		18-8-15	Can. sick 145
3/9/15	Can. Cyc Dn	To 23 Gen Hosp.	Etaples	26/8/15	" " 154 (A.A.)
10/9/15	W.O.	Adm. Wish Rock Hosp.	Eastbourne	2/9/15	" " 159 "
16/9/15	L/L 164	W. R. Lond.	Can. Con. Hosp. Monks. Horton	13/9/15	
25/9/15.	L/L. 171	Discharged from Hosp.	Monks. Horton	23/9/15	

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				
11/9/15	O.C. 1st	Invalided to England.		2/9/15	Part II Orders 29.
28/9/15	" 36th	Taken on Strength	Shorncliffe	23/9/15	do 150.
19.10.15	D.A.A.G.	Recomd. Invald. to Canada for further Med. Observation & final Disposition of his case.	"	13.10.15	A.F.A 2. Finding of Pensions Board.
20.10.15	O/C. 36th	Struck off Strength - proceeded to Canada per S.S. Corsican (Disch. Med. Un)	do. Sandling	15.10.15	P. II. 169.

649-A-469

21054
420

DEPARTMENT OF MILITIA AND DEFENCE.

WAR SERVICE GRATUITY.

OTTAWA, CANADA.

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

If the applicant will enquire at the local Branch of the Canadian Patriotic Fund he will be informed if there is an official who will take this Declaration free of charge.

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 this Declaration is to be returned to THE DISTRICT PAYMASTER OF THE DISTRICT IN WHICH THE SOLDIER WAS DISCHARGED.

1. Christian Names ...Lorne..... 2. Surname ..Anderson.....
3. Rank ...Pte..... 4. Original Unit ..1st Batt..... 5. Reg. No. 6766
6. Address, in full, to which future payments of gratuity are to be forwarded .....
..... Lorne Anderson .....
..... Parry Sound Ont. .....
7. Date of enlistment in the C.E.F. ..22nd September 1914.....
8. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge ..... Not Applicable
9. Relationship of such dependent .....
10. Address, in full, of such dependent .....
.....
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:—
.....5 months with 1st Batt overseas.....
in England. 7 months with 1st Batt in France.
From Sept 1914 to 29 Oct 1915
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 ? ...No.....
14. Were you on active service only in Canada or the United States ? If so, give particulars of unit and dates of such service ..... Not Applicable
.....
.....
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 ..discharged on 29th of...
October 1915 called up for further treatment Jan. 1918...
discharged on the July 25th 1918) served with the 1st Batt. in France.
16. Were you at the time of enlistment a civil employee of the Dominion Government? If so, state Department ..... Not applicable .....
17. Were you a member of the Permanent Force at the time of enlistment in the C.E.F.? .....

M.F.W. 2595.
1772—39—1389.
1160—D.P.—250M-12-18.

18. Have you had more than one enlistment? If so, give particulars of discharges and re-enlistments, and under what regimental numbers and units ..... Not applicable

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 ..... Received three months post discharge pay. M.D. No 2.

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

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 ..... Not applicable

23. (a) Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England? ..... No.

(b) If so, was such reversion in consequence of misconduct or inefficiency? ..... No.

24. Are you now serving in the C.E.F. ..... No. ..... If not, give:—(a) Date of discharge ..... (b) Reason for discharge ..... M. Physical unfitness.

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 ..... Not Applicable

26. Did you at any time serve at the front in an actual theatre of war? If so, give particulars of one unit which you served at the front, and dates of such service with that unit ..... Served with 1st Batt at 2nd Battle of Ypres. ~~June~~ April 1915

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: Horne. Anderson.

Place of Residence: Parry Sound Ont.

Declared before me at: Toronto

This 14th day of January 19.19

Signature of Barrister of the Supreme Court Stipendiary Magistrate, Notary Public, Justice of the Peace, or Commissioner f. the Administration of Oaths. [illegible] J.P.

POST DISCHARGE PAY.

Date paid	Paid Soldier	Paid Dependent	War Service Gratuity	Net amount due
P D P paid by Ottawa				

Certified Correct.

District Paymaster.

List of Discharge Documents.

Reg. Conduct Sheet,	Militia form	B. 263.	
Squadron / Battery / Company } Conduct Sheet,	"	B. 263a.	
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."

Attestation Paper,	Militia Form	B. 235.
Proceedings on Discharge	"	B. 218.

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.

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

L. Anderson

(OVER)

OPINION OF THE MEDICAL BOARD—(*Continued*).

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

discharge, physically unfit.

Before signing the President of the Medical Board will read the certificate signed by the soldier, to the soldier, and if no change is indicated will initial the certificate.

H. B. Osborne Capt. A.M.C. *President.*

F.W. Overholt Capt A.M.C. } *Members.*

PLACE Brant Military Hospital Burlington, Ont.

DATE June 4th. 1918

APPROVED BY

J.R. Christian Capt. *Assistant Director of Medical Services.*

DATE 18/6/18

APPROVED BY

Director-General of Medical Services.

DATE

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 soldier 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.*

(2) OBJECTIVE SIGNS

Pulse rate at rest 104, Resp. rate 24. After exertion going up 30 stairs and back Pulse rate 160, Resp. 40. After five minutes rest Pulse Rate 108 Resp. 28. Pulse is good in tension, slightly irregular, artery walls not palpable. Heart border just within the nipple line. Apex beat 3½" from midline in 5th. interspace. Is rapid in rate, sounds are roughened but no murmurs were heard during rest. After exertion a soft systolic murmur can be heard in pulmonic area, not propagated.

Disability is due to partial loss of function of heart and arthritis

ress. Parry Sound, Ont.
Next of kin. Isabella Anderson, sister, Parry Sound.

Med. Exam. by Robertson Capt. Valcartier.

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 soldier 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 soldier'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 soldier concerned, from witnesses, or from documents.
4. Special care is required in answering question 13. Please read the questions carefully. All questions must be answered.
5. If space provided under any sections is insufficient use blank space, page 4 or add another sheet. Such entries or 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 8, 9 and 10 be communicated to the soldier, 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 Brant Military Hosp. DATE June 1st. 1918

1. (a) Unit #2 D.D. (b) Regimental No. 6766 (c) Rank Pte.

(d) Surname ANDERSON (e) Christian name LORNE

2. Age last birthday 26 Date of birth 27th. May 1892

3. Enlisted at Parry Sound on 22nd. Sept 1914

4. Personal description:—

(a) Height 5'9½" (b) Weight 138 (stripped) (c) Complexion dark

(d) Colour of hair Brown (e) Colour of eyes Blue (f) Identification marks

Scar on left side of abdomen.

5. Address after discharge (for the use of the Board of Pension Commissioners)

Parry Sound, Ont.

6. Former trade or occupation Fireman on railroad.

7. (a) Service	Years	Days
	3	255

	Periods	
	From	To
1st. Battn.	22nd. Sept. 1914	30th. Sept. 1915
#36 Res. Bn.	30th. Sept. 1915	29th. Oct. 1915
~~Reattested for treatment, #2 D.D.~~	28th. Feb. 1918	date

(b) Has he been overseas? yes, France 1 year 8. Original disease or disability (1) Arthritis

(2) Disordered action of heart.

(a) Date of origin (1) May 30./15 (2) May 30./15 (b) Place of origin (1) & (2) Festubert, France

(c) Cause* (1) & (2) Exposure while in the trenches.

(d) Present disease or disability (1) Arhtritis (2) Disordered action of the heart

9. Present condition (a) (Important to be a full description of the present disabling condition or conditions only.) "History" must be recorded in Section 10.

[After describing all abnormalities, anatomical and functional, contributing to present disability (see section 11) state whether such disability is directly due to (*a*) weakness, (*b*) loss (complete or partial) of any organ or member of its functions, or (*c*) to the necessity for rest of the body or of some of its parts.]

SUBJECTIVE SYMPTOMS Severe pain in knee joints around ankles, in arch of foot and in the shoulders, worst in wet weather and in Spring and Fall of the year. Stiffness after walking ½ a mile and after standing for any lenght of time.

M. F. B. 227.
300M.—2-18.
1772—39—117.

9. Present condition.—(*Continued.*)

(1) OBJECTIVE SIGNS No tenderness, swelling in joints at present. no redness. no,limitation of movements to-day in any joint.

(2)SUBJECTIVE SYMPTOMS Dyspnoea after going upstairs or walking more than ½ mile,dizziness after slight exertion. Palpitation of heart after exertion (see back page)

(b) Are the following systems normal ? If not, briefly state abnormality

Nervous yes Digestive yes Respiratory yes Cardiac noted above

Genito-Urinary yes Skin, Middle Ear, Eye or any other part yes

Wassermann Neg. March 30th. 1918

10. History: (*a*) of Condition referred to in "a" section 9.

About May 1915 patient did not feel up to mark for two weeks before he reported sick suffering from dyspnoea, palpitation, great stiffness of legs. Was in hospital for a weeks then sent back. In a week he was invalided again and

(*b*) Here give a description of wounds, scars, deformities, and signs and symptoms of abnormal conditions present and not included in answer 8. This section cannot be completed without stripping the soldier and subjecting him to a thorough physical examination.

was under treatment for 1 month before he improved. Sonce then has improved slightly until the present.

11. If the disabling condition had its origin before enlistment, has it been aggravated on service ?

not applicable

12. Was the disability caused or aggravated by negligence, by vice or by misconduct, or by unreasonable refusal to accept treatment ? 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 ? Impossible to tell

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

Medical treatmnt two weeks in France behind the lines. 2 weeks rest Camp. month Etaples, Medical treatment Eastbourne 2 weeks. Medical Treatment Can. Conv Hop Monk's Horton for 3 weeks. Sent to Canada and discharged.

OPINION OF THE MEDICAL BOARD

14. (*Continued*).

Reattested Feb 22nd. 1918 and sent to Spadina for 1 month. Whitby 2½ months for rest.

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, with limitations
(If not, briefly state why.)

17. Recommendations Recommende that he be placed in Category "E" for discharge,

L. Wagner Lt
Medical Officer by whom the case is brought forward.

STATEMENT OF THE SOLDIER.

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

I, the undersigned Lorne 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

L. B. O.
Lorne Anderson
Signature of soldier 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 criticized.

we concur

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

20. It is certified that the soldier
(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).

(On leaving Corps or Station where invalided.)

Transfer { Date _____ / Station _____ }
or
Embarkation { Date _____ / Port _____ }

Name of { Conveyance _____ / Vessel _____ / Officer in medical charge _____ }

Brief remarks on case during transit, and state on transfer for final disposal.

Re-transferred { Date _____ / Hospital or Station _____ } _____ Officer in medical charge.

(At Station or Hospital where finally disposed of.)

Station and Hospital _____

Arrived from _____ Date _____

If admitted	If under treatment		Disease	How finally disposed of	Date of Discharge, &c.
Date	From	To			

Detailed statement as to condition on discharge and whether discharged as an invalid, to corps, to station, or to depôt. In cases of discharge from the service it should be stated whether the answers to questions 22, 23 and 24 are concurred in.

Date of final Medical Board, or decision }

_____
Administrative Medical Officer.

Army Form B. 179.

MEDICAL REPORT ON AN INVALID.

Station
Corps
Regimental No.
Rank
Name
Disability
Date

Hospital or Station transferred to for final disposal }
Date of final disposal }
How finally disposed of }

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

(23) 88579. Wt. 1836 475M 5-15 W B & L

Forms B. 179. 34

Army Form B. 179.

Medical Report on an Invalid.

COPY.

Station Monks Horton. Kent

Date Sept 20th 1915

1. Unit 1st Battn. 36 Res:
2. Regimental No. 6766
3. Rank Pte
4. Name Anderson, Lorne
5. Age last birthday 23 2
6. Enlisted { on Aug: 30th 1914 / at Parry Sound Ont }
7. Former Trade or Occupation { Labourer and Gang Foreman }

8. Disability.

Rheumatism Heart trouble, Shrapnel wounds left side and left hand, flat feet.

Statement of Case.

Note.—The answers to the following questions are to be filled in by the Officer in medical charge of the case. In answering them he will carefully discriminate between the man's unsupported statements and evidence recorded in his military and medical documents. He will also carefully distinguish cases entirely due to venereal disease.

9. Date of origin of disability. June 5th 1915.

10. Place of origin of disability. Bethune

11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case.

Had some pains joints, at Bethune on June 5th 1915. He could not drill or march on account of dizziness and pains in both knees and ankles, taken to Boulogne 3 weeks in bad only 3 days thence to La Hovre doing light duty. He received 2 slight shrapnel wounds at Ypres in April 23rd. but did not go off duty with them. Returned to duty from the Base and after 6 days in the trenches had to report sick again to No. 2 Gen: Hos. Board was held opinion unfit for active service. Thence to Rest Camp a week. Thence American Hos. Etaples 3 weeks thence to Eastbourne a week thence to Monks Horton act.

12. (*a*) Give your opinion as to the causation of the disability.

(*b*) If you consider it to have been caused by active service, climate, or ordinary military service, explain the specific conditions to which you attribute it (*See notes on page 3*).

EXHIBIT A
Active service and climate
Shrapnel and exposure
PENSION & CLAIMS BOARD.

13. What is his present condition?

Weight should be given in all cases when it is likely to afford evidence of the progress of the disability.

Heart very rapid diffuse impulse over cardiac area sounds are noisy but no murmers or organic lesions found. Borders normal complains of pains behind left knee also on right knee cannot walk for gets short of breath has palpitation a dizzy spells on exertions. Knees are not swollen, feel are quite flat but can be improved, slight flesh wounds in left hand and side healed and causing no disability.

14. If the disability is an injury, was it caused

(*a*) In action? Yes.

(*b*) On field service? Yes

(*c*) On duty? Yes.

(*d*) Off duty? No

15. Was a Court of Inquiry held on the injury? Not applicable.

If so—(*a*) When?

(*b*) Where?

(*c*) Opinion?

16. Was an operation performed? If so, what? No.

17. If not, was an operation advised and declined? No

18. *In case of loss or decay of teeth.* Is the loss of teeth the result of wounds, injury or disease, directly* attributable to active service? Not applic able.

19. Do you recommend

(*a*) Discharge as permanently unfit, or Yes

(*b*) Change to England? No.

T.L. Towers Capt.
Officer in medical charge of case.

I have satisfied myself of the general accuracy of this report, and concur therewith, *except*†

Station Monks Horton, Kent. John McCoombe, Capt.
Officer in charge of Hospital.

Date Sept. 20th 1915

* Loss of teeth on, or immediately after, active service, should be attributed thereto, unless there is evidence that it is due to some other cause.

† Delete this word if no exceptions are to be made.

Opinion of the Medical Board.

NOTES.—(i.) Clear and decisive answers to the following questions are to be carefully filled in by the Board, as, in the event of the man being invalided, it is essential that the Commissioners of Chelsea Hospital should be in possession of the most reliable information to **enable them to decide upon the man's claim to pension.**

(ii.) Expressions such as "may," "might," "probably," &c., should be avoided.

(iii.) The rates of pension vary directly according to whether the disability is attributed to (*a*) active service, (*b*) climate, or (*c*) ordinary military service. It is therefore essential when assigning the cause of the disability to differentiate between them (*see* Articles 1162 and 1165, Pay Warrant, 1913).

(iv.) In answering question 20 the Board should be careful to discriminate between disease resulting from military conditions and disease to which the soldier would have been equally liable in civil life.

(v.) A disability is to be regarded as due to climate when it is caused by military service abroad in climates where there is a special liability to contract the disease.

20. (*a*) State whether the disability is the result of (i.) active service, (ii.) climate, or (iii) ordinary military service. (1) Yes. (2) No. (3) No.

(*b*) If due to one of these causes, to what specific conditions do the Board attribute it? Exposure and strain.

21. Has the disability been aggravated by

(*a*) Intemperance? No.

(*b*) Misconduct? No.

22. Is the disability permanent? No.

23. If not permanent, what is its probable minimum duration? three months.

To be stated in months.

24. To what extent is his capacity for earning a full livelihood in the general labour market lessened at present? Total

In defining the extent of his inability to earn a livelihood, estimate it at ¼, ½, ¾, *or total incapacity.*

25. If an operation was advised and declined, was the refusal unreasonable? Not applicable.

26. Do the Board recommend

(*a*) Discharge as permanently unfit, or No.

(*b*) Change to England? ~~XXXXXXXXXX~~ Home Service, 3 months.

Signatures :—

A.S Munro, Major C.A.M.C. President.

H.L. Burris Major
A.J. Gibson. } Members.

Station Monks Horton, Kent.

Date Sept. 22nd 1915.

Approved.

Capy. C.A.M.C.

Station Shorncliffe

T.T. Kirkby
Administrative Medical Officer.

Date 23rd 9 1915

I concur, but recommend that this patient be invalided to Canada, with his discharge documents for subsequent disposal by the Militia Authorities.

9.11.15

Captain, C.A.M.C.
For D.M.S.
Canadian Contingents.

PROGRESS NOTES

SECTION F

All Progress Notes must be signed and dated

Date

WARNED FOR TRANSFER TO WHITBY ON.....

MAR 2 1918 WHITBY MILITARY HOSPITAL

Nil

Upon 5th no tangible evidence now of heart disability.
Rate 80 during Exam.
120 after 2 flights of stairs, rapidly.
90 Standing within 3 minutes standing.

has assisted tonsils: Give him sore gland on right side at times: would be better out in view of rheumatism joints: Give him no disability for long periods:
Sent here for rest & vaccine sick.
has not attained ambition of high grade mentality.
needs encouragement.

H.S.Hutchison

16.5.18 Condition much same as above.
Pulse 104 sitting. To see Capt. Hume re tonsils.

H.S.H.

16.5.18 Has been seen by Capt. Hume who reports throat & nose negative.

H.S.H.

Form 1. 1-M 11-17 M.P.

MILITARY CONVALESCENT HOSPITAL

SPADINA MILITARY HOSPITAL TORONTO

SECTION A.

Date of admission to Hospital Feb 22-18

Name ANDERSON. Lorn Age 24 ~~Married or~~ Single

Home Address Parry Sound

Enlisted on / at

Town or City Province Ont.

Unit 1st Bn Rank and No. Pte 6766 Previous Conduct

Diagnosis and Recommendations of previous Boards

Complaint if any, regarding pay

V.D.H

Complaint reported to .....

By .....

Date.....

The above to be filled in by office when patient is admitted to hospital.

REPORT OF ADMITTING OFFICER

SECTION B.

DATE of admission to treatment FEB 22 1918

WEIGHT Present / Best

HEIGHT

CLASSIFICATION OF CASE

Indicate primary class by XX secondary by X

1. MEDICAL
   a. Cardiac
   b. Pulmonary
   c. Gas
   d. Nervous
   e. Gastro Intestinal
   f. Rheumatic
   g. Miscellaneous
2. SURGICAL
3. ORTHOPEDIC
4. SPECIAL
5. DENTAL
6. LABORATORY EXAMINATIONS REQUIRED
   a. Wasserman WASSERMAN NEG. MAR 30 1918
   b. Blood
   c. Urine
   d. Sputum
7. PROVISIONAL FINAL BOARD

GENERAL STATEMENT REGARDING CONDITION, COMPLAINT OR DISABILITY

Admitted Instrons O.C."D"Unit
Feb 22-1918
Reattested EFF. Feb 18-1918.

George

Signature of Admitting Officer

REPORT OF MEDICAL OFFICER

SECTION C.

CAPT. A. A. FLETCHER, M.O.

Date

Special questions for Soldiers' Aid Commission

1. Dagnosis

2. Degree of Disability (expressed by fraction)
   Permanent or otherwise

3. Can former occupation be resumed?
   If not, what class of work could be undertaken?

4. What military duty could he perform?

The above questions, Section C., are to be filled in by Officer in charge of case, but not until case is ready for discharge.

REPORT OF MEDICAL OFFICER
SECTION D.

Date MAR 1 1918

1. COMPLAINT
1) Shortness of breath on exertion.
2) Pain in ankles & Knees

DATE OF ORIGIN & CAUSE OF DISABILITY
1) ~~Sept~~ June 1915 —
2) December 1914 —

2. PREVIOUS HISTORY
No history of present complaint before enlistment. Has had tonsilitis.
unmarried

Civil occup — Labourer.

Give short history of illnesses and mention if any physical disability or disease, having a bearing on present condition ante-dated enlistment

3. PERSONAL HISTORY

Alcohol, Tobacco, Tea and Coffee, Narcotics, etc. State amounts.
Denies use of alcohol
Smoke 1-2 cgts a day
Denies use of alcohol

Venereal Infection
Denies V.T.

Did patient reach England or France or remain in Canada?
France. ~~Feb~~ 7 month

4. PRESENT ILLNESS

If "Gassed" what kind? Duration of exposure. What were immediate effects?

If wounds or injury how caused?

While on Salisbury Plains Dec 1914 had occasional pain in ankles & knees but did not go sick. In June 1915 joint became more & slightly swollen & went sick for 3 weeks. and at the time he found he was getting short of breath more easily.

Is condition due to service or climate? If not, was it aggravated by them? How?

Invalided to England Sept 1915 and to Canada Oct 1915

On or off duty?

Discharged from service Oct 1915 — Last Reunion 4/18

In action or in field service?

If due to exposure on duty, what was nature?

Previous treatment and results. Where treated?

During last two years has done about six months work - munition work, driving iron freight &c. and has always been compelled to stop on account of shortness of breath.

Has pain in ankles & knees on

PHYSICAL EXAMINATION
SECTION E.

Date MAR 1 1918

Heart. enlarged ~~transverse~~

	3	2½
2.	4	3½
	5	4¼

2° Pulmonic sound loud ~~Diastolic~~. ~~apex~~ Systolic impulse increased. Soft systolic murmur best heard over pulmonic area.

Chest clear.

Complains of slight tenderness along outer side of left knee.

S B P 135 D B P 90

Pulse lying — 84
after going up & down stairs — 108.
after 1 min. 90.

Mar 5/18
Agree with the above. There is also at times present in mitral area a triple rhythm (i.e. lub dup ups — lub dup ups, 3rd sound close to 2nd) There is also in 4th left interospace a to & fro pericardial friction heard at times only lying. Not heard standing. No Broadbent sign.

Treatment recommended Recommend vocational work at Whitby Jno

Transfer to Whitby. JSHughes
Has appetite. Recommend light diet.

21/3/18. Complains of shortness of breath. Dizziness on slight exertion. To report to Dr. Hutchinson on Friday. SSS

26/3/18 Has had severe headache yesterday. Feeling better to-day. No headache. Sun cough. Rx Mist. Expect 3 i t.i.d. SSS.

Probable minimum duration treatment?

Where may treatment be most satisfactorily carried out?

In your opinion is this man sufficiently recovered to return to the colors at an early date?

Does his physical condition warrant his undertaking with benefit some employment, thus supporting himself partially or entirely?

Is he likely to make further improvement under treatment in the Military Convalescent Hospital or tributary institutions?

If his case is stationary, would it be better to arrange for ultimate disposition at the present time?

Signature of Medical Officer.

Table III.—Boards; Courts of Inquiry, Vaccination, Inoculations, etc.; Examinations for Field or Foreign Service, Extension, Re-engagement, or Prolongation of Service; Issue of Surgical Appliances; Particulars of Dental Treatment, etc.

Date	Brief details, and signature.
Monks Horton Sept 22-15	Board recommends Home Service three months A Adams Major Canc President

Table IV.—Service Table.

Station or Troopship	Date of arrival or embarkation	Date of departure or disembarkation	Station or Troopship	Date of arrival or embarkation	Date of departure or disembarkation
	A				

Duplicate A. 68. 22-A-60

Army Form B. 178.

To be used for recruits enlisting direct into the Regular Army only. Army Form B. 178A to be used for Special Reserve recruits and Special Reservists enlisting into the Regular Army.

MEDICAL HISTORY of

Surname Anderson *Christian Name* Lorne

TABLE I.—GENERAL TABLE.

Birthplace ... Parish _____ County _____

Examined ... ... on _____ day of _____ 191 .
at _____

Declared Age ... ... _____ years _____ days.

Trade or Occupation ... _____

Height ... ... _____ feet, _____ inches.

Weight ... ... _____ lbs.

Chest Measurement — Girth when fully Expanded. _____ inches.
Range of Expansion _____ inches.

Physical Development ... _____

Vaccination Marks — Arm ... Right _____ Left _____
Number _____

When Vaccinated ... ... _____

Vision ... ... R.E.—V= _____
L.E.—V= _____

(*a*) Marks indicating congenital peculiarities or previous disease ... (*a*) _____

(*b*) Slight defects but not sufficient to cause rejection ... ... (*b*) _____

Approved by (*Signature*) _____
(*Rank*) _____ *Medical Officer.*

Enlisted ... ... at _____
on _____ day of _____ 191 .

Corps.	Regtl. No.
1st Bn. 36 Res Bn	6766

Joined on Enlistment ...

Transferred to ... ...

Became non-effective by _____

on _____ day of _____ 191 .

(*Signature*) _____
(*Rank*) _____

EXHIBIT B

PENSION & CLAIMS BOARD.

(1908) Wt. W2869—1662. 200000. 6/15. Sir J. C. & S. P.T.O.

Table II.—Only for Admissions to Hospital or to the Sick List in the Case of Warrant Officers treated in quarters.

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number of Days in Hospital	Remarks bearing on the cause, nature, or treatment of the case, likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet.	Signature of Medical Officer.
	Day	Month	Year	Day	Month	Year				
Can. Conv. Hosp. Monks Horton	13	9	15.				Rheumatism, heart trouble, Shrap. Wds L. side & L. hand. Flat feet.		Sept 20/15 Had pains in joints at Salisbury Plains. When at Bekhme, on June 5/15, had to report sick, on account of dizziness & pains in both Knees & ancles. Boulogne 3 wks. Had rec'd 2 slight Shrap. Wds on April 23rd but did not go off duty with them. Board held at No 2 Gen Ho. opinion "unfit for active service". — American Ho. Etaples 3 wks. — Eastbourne 1 wk. Heart very rapid, diffuse impulse over cardeal area, sounds are noisy, but no murmurs or organic lesions found. Borders normal. Complains of pain in Knees. Has palpetation & dizzy spells. feet quite flat, but can be improved. wounds cause no disability	Arg. Hunter Capt

LIST OF DISCHARGE DOCUMENTS.

1. Proceedings on discharge (Army Form B. 268)
2. Proceedings on transfer to reserve (if any) (Army Form B. 2056)
3. Duplicate attestation
4. Army Form B. 97 (if any)
5. Declaration of change of name (if any)
6. Re-engagement paper (if any) (Army Form B. 136)
7. Authority for continuance, or extension, of service (if any) (Army Form B. 221)
8. Court of Inquiry on an injury (if any) (Army Form A. 2)
9. Regimental conduct sheet (Army Form B. 120)
10. Company conduct sheet (Army Form B. 121)
11. Copies of convictions by Civil Power (if any)
12. Medical history sheet (Army Form B. 178)
13. Medical report on invalid (if any) (Army Form B. 179)
14. Copy of receipt for purchase money (if any)
15. Attestation of fraudulently enlisted man for corps in which he has not been held to serve (if any)
16. Detailed statement of former service allowed to reckon towards pension (if any)
17. Copy of 3rd page attestation (in the case of men from abroad entitled to deferred pay who go to Netley or the discharge depôt for discharge)
18. Descriptive return (Army Form D. 400), where required
    See section 11 on second page
19. Active service casualty form (Army Form B. 103)
20. Employment sheet (Army Form B. 2066)

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

1. Duplicate attestation. (On third page the date and cause of discharge will be entered and signed by the competent military authority)
2. Medical history sheet (if any) (Army Form B. 178)

Instructions as to the preparation, despatch, and custody, of discharge documents.

1. When a soldier is to be discharged, the documents retained with the duplicate attestation will be placed inside this form. Should any of the documents be missing, an explanation of the deficiency, signed by the commanding officer, must be substituted for the missing document. The Officer in charge of records will then extract from the original attestation, any documents required to complete the list of discharge documents enumerated in the margin, which will then be placed in this form in the sequence given.

2. When men are discharged from the colours at home as medically unfit, or with claims to pension, Army Form B. 268 will be sent confirmed, together with the duplicate attestation and documents retained therein to the officer in charge of records 10 days in advance of the date for discharge in the case of invalids, and 14 days in other cases. This officer will then extract from the original attestation any documents required to complete the list of discharge documents enumerated in the margin, place them in this form, and after carefully checking the duplicate attestation with the original forward the whole to the Secretary, Royal Hospital, Chelsea. When such men are discharged abroad, the same procedure will be adopted as above, with the exception that the discharge documents will be sent to the officer in charge of records immediately after discharge takes place (except in the case of men who are granted gratuities on discharge from local battalions or companies, Royal Artillery).

3. When soldiers are sent home from abroad for discharge, the documents retained with the duplicate attestation will be placed inside this form and sent home with the men for transmission to the officer who carries out the discharge together with the following additional forms :—

(a) Discharge certificate (Army Form B. 2079 or Army Form B. 264).
(b) Character certificate (Army Form B. 2067) if entitled.
(c) Copy company conduct sheet (Army Form B. 121) when required under King's Regulations.

The duplicate attestation and documents retained therein will be sent to the officer in charge of records, who will extract from the original attestation any documents required to complete the list of discharge documents enumerated in the margin and place them in this form.

4. The discharge documents of re-enlisted pensioners, on re-discharge, will be sent to the officer in charge of records, who will extract from the original attestation any documents required to complete the list of discharge documents enumerated in the margin, place them inside this form, and forward the whole to the Secretary, Royal Hospital, Chelsea, irrespective of the cause of discharge.

5. The original and duplicate attestations of recruits who are rejected before, or on, final approval will be retained by the approving officer for one year, when they will be destroyed.

6. In all other cases the discharge documents will be sent, directly the discharge is carried out, to the officer in charge of records of the unit concerned.

7. Postage need not be paid, and receipts are not required, in the case of documents sent to Chelsea or to the War Office.

8. When the discharge documents of men not entitled to pension are sent to the officer who will have final charge of them, they are to be accompanied by Army Form B. 279, and that officer will, if they are found to be correct, sign and return Army Form B. 279. Should any document be missing, he must at once apply for it.

9. The officers having final charge of the discharge documents will arrange them according to regimental numbers, and enter the names in the alphabetical index, Army Book No. 129.

DEPT. MILITIA & DEFENCE CENTRAL REGISTRY RECEIVED NOV 1 - 1915

CENTRAL REGISTRY REFERENCE No. H22-A-60 - 6 OCT. 1915 HEADQUARTERS, CANADIAN TRAINING DIVISION.

11-1. Capt Ball

Army Form B. 268.

230.25

This space to be left blank for the Chelsea Number.

648-0-469

Proceedings on Discharge.

(When forwarded for confirmation the documents named on page 4 should be enclosed.)

No. 6766 Army Rank Private

Name Lorne Anderson
(The name must agree strictly with that on enlistment, unless changed subsequently by authority.)

Corps 36th. (Res) Battalion C.E.F.

Battalion, Battery, Company, Depôt, &c.
(If attached to the Regular Establishment of the Special Reserve or Permanent Staff of the Territorial Force, the Record Office, or General Staff of the Army, it should be so stated.)

DISCHARGE DEPOT OCT 29 1915 QUEBEC

Date of discharge

Place of discharge

1. *Description at the time of discharge.*

Age 23 years 2 months
Height 5 feet 8 inches
Chest measurement { girth when fully expanded 38 ins. / range of expansion ins.
Complexion Fresh
Eyes Grey
Hair Brown
Trade Labourer and gang Foreman
Intended place of residence (To be given as fully as practicable)

Descriptive marks.

2 Vaccination marks on left Arm.

(The measurements and description should be carefully taken on the day the man leaves his unit, but in the case of men sent home from abroad for discharge, the age and intended place of residence should be left blank to be filled in by the Officer who confirms the discharge at home.)

2. The above-named man is discharged in consequence of having been found medically unfit for further Service.

(The cause of discharge must be worded as prescribed in the King's Regulations and be identical with that on the discharge certificate. If discharged by superior authority, the No. and date of the letter to be quoted.)

To be filled in on the soldier quitting the Colours.

3. Military character :—

Character awarded in accordance with King's Regulations :—

Certified that the above is an accurate copy of the character given by me on Army Form B. 2067* and that Army Form D. 489 was awarded in this case.

Initials of Commanding Officer.

Army Form B. 2088 has been issued to*

A1933 Wt. W. 13141/283 70,000 3/15 D. D. & L. Sch. 39 Forms B. 268 39

* Strike out if not applicable.

[OVER.

Disc. Sec. 21.1.16.

5. He is in possession of the following number of G.C. badges (if the man is a N.C.O. and enlisted prior to 1st July, 1881, the number he would have been entitled to had he not been promoted should be stated). Nil

Is it probable that he will be entitled to another good conduct badge before the confirmation of these proceedings? Nil

Classification for service, or proficiency pay... ... ... Class Nil

6. Campaigns, Medals and Decorations

Certificate of education ..... Nil

7. His accounts are correctly balanced, and I have impartially inquired into all matters brought before me in accordance with Regulations.

(Place) Sandling West — Arthur Ashton Major

(Date) _____ Commanding 36th Res. Battn. C.E.F. Regiment.

8. *Certificate to be signed by the soldier on discharge.*

I hereby acknowledge that I have received all my pay and allowances (including clothing allowance), and all just demands up to the present date, subject to the reservations of the claims noted on the 3rd page.

DISCHARGE DEPOT OCT 29 1915 QUEBEC

(Place) Sandling West — L. Anderson (*Signature of Soldier.*)

(Date) _____ A Bean. (*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 at 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 towards engagement to _____ (the date to which the record of service is completed) _____ years _____ days.

Further service „ „ _____ (the date of confirmation of discharge) ... ... _____ „ _____ „

Total ... _____ „ _____ „

11. *Confirmation of discharge.*

The discharge of the above-named man is hereby confirmed for (date)

DISCHARGE DEPOT OCT 29 1915 QUEBEC

(Place) _____

(Date) _____ *Signature* J. Wharton

Major R. C. A.

C. C. Discharge Depot

Commanding officers (or the Paymaster, if at Netley) will issue to every discharged soldier whose claim to pension, either on account of service or disability, is to be brought under the consideration of the Chelsea Board, a memorandum for his guidance on Army Form D. 401, and will at the same time transmit to the Secretary, Royal Hospital, Chelsea, a descriptive return of the man on Army Form D. 400.

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.)

_____

Nil

L. Anderson

(On leaving Corps or Station where invalided.)

Transfer { Date _____ / Station _____ }
or
Embarkation { Date _____ / Port _____ }

Name of { Conveyance _____ / Vessel _____ / Officer in medical charge _____ }

Brief remarks on case during transit, and state on transfer for final disposal.

Re-transferred { Date _____ / Hospital or Station _____ } _____ Officer in medical charge.

(At Station or Hospital where finally disposed of.)

Station and Hospital _____

Arrived from _____ Date _____

If admitted	If under treatment		Disease	How finally disposed of	Date of Discharge, &c.
Date	From	To			

Detailed statement as to condition on discharge and whether discharged as an invalid, to corps, to station, or to depôt. In cases of discharge from the service it should be stated whether the answers to questions 22, 23 and 24 are concurred in.

Date of final Medical Board, or decision

Administrative Medical Officer.

Army Form B. 179.

MEDICAL REPORT ON AN INVALID.

Station
Corps
Regimental No.
Rank
Name
Disability
Date

Hospital or Station transferred to for final disposal
Date of final disposal
How finally disposed of

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

Forms B. 179. 34

(88579) Wt. 1836 475M 5-15 W B & L

22-A-60

Army Form B. 179.

Medical Report on an Invalid.

Station MONKS HORTON, KENT.

Date Sept. 20/15

1. Unit 1st. Ba t. 36. th. Res.
2. Regimental No. 6766
3. Rank Pte.
4. Name Anderson, Lorne.
5. Age last birthday 23 2
6. Enlisted { on Aug. 30th. 1914 / at Parry Sound Ont.
7. Former Trade or Occupation { Labourer and Gang Forema

8. Disability.

Rheumatism Heart trouble, Shrapnel wounds left side and left hand, flat feet

Statement of Case.

Note.—The answers to the following questions are to be filled in by the Officer in medical charge of the case. In answering them he will carefully discriminate between the man's unsupported statements and evidence recorded in his military and medical documents. He will also carefully distinguish cases entirely due to venereal disease.

9. Date of origin of disability. June 5th. 1915

10. Place of origin of disability. Bethune

11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case.

Bethune

Had some pains joints, at ~~Salisbury Plains~~ on June 5/15 He could not drill or march on account of dizziness and pains in both knees and ankles, taken to Boulogne 3 weeks in bed only 3 days, thence to La Havre doing light duty. He received 2 slight shrapnel wounds at Ypres in April 23rd. but did not go off duty with them. Returned to duty from the Base and after 6 days in the trenches had to report sick again to No. 2 Gen. Hosp. board was held opinion unfit for active service ~~sinks~~ Thence to Rest Camp a week Thence American Hosp. Etaples 3 weeks thence to Eastbuurne a week thence to Monks Horton act

12. (*a*) Give your opinion as to the causation of the disability.

(*b*) If you consider it to have been caused by active service, climate, or ordinary military service, explain the specific conditions to which you attribute it (*See notes on page* 3).

Active service and climate

Shrapnel and exposure

EXHIBIT A

PENSION & CLAIMS BOARD.

22-A-60

13. What is his present condition?

Weight should be given in all cases when it is likely to afford evidence of the progress of the disability.

Heart very rapid diffuse impulse over cardiac area sounds are noisy but no mumers or organic lesions found. Borders normal complains of pains behind left knee also on right knee cannot walk far gets short of breath has palpitation a dizzy spells on exertions. knees are not swollen, feet are quite flat but can be improved. slight flesh wounds in left hand and side healed and causing no diability

14. If the disability is an injury, was it caused

(*a*) In action? Yes

(*b*) On field service? Yes

(*c*) On duty? Yes

(*d*) Off duty? No

15. Was a Court of Inquiry held on the injury? Not applicable

If so—(*a*) When?

(*b*) Where?

(*c*) Opinion?

16. Was an operation performed? If so, what? No

17. If not, was an operation advised and declined? No

18. *In case of loss or decay of teeth.* Is the loss of teeth the result of wounds, injury or disease, directly* attributable to active service? Not appli cable

19. Do you recommend

(*a*) Discharge as permanently unfit, or Yes
(*b*) Change to England? No

Th Towers Capt.

Officer in medical charge of case.

I have satisfied myself of the general accuracy of this report, and concur therewith, except†

Station MONKS HORTON, KENT.

Date Sept 20/15.

Officer in charge of Hospital.

* Loss of teeth on, or immediately after, active service, should be attributed thereto, unless there is evidence that it is due to some other cause.

† Delete this word if no exceptions are to be made.

Opinion of the Medical Board.

NOTES.—(i.) Clear and decisive answers to the following questions are to be carefully filled in by the Board, as, in the event of the man being invalided, it is essential that the Commissioners of Chelsea Hospital should be in possession of the most reliable information to enable them to decide upon the man's claim to pension.

(ii.) Expressions such as "may," "might," "probably," &c., should be avoided.

(iii.) The rates of pension vary directly according to whether the disability is attributed to (*a*) active service, (*b*) climate, or (*c*) ordinary military service. It is therefore essential when assigning the cause of the disability to differentiate between them (*see* Articles 1162 and 1165, Pay Warrant, 1913).

(iv.) In answering question 20 the Board should be careful to discriminate between disease resulting from military conditions and disease to which the soldier would have been equally liable in civil life.

(v.) A disability is to be regarded as due to climate when it is caused by military service abroad in climates where there is a special liability to contract the disease.

20. (*a*) State whether the disability is the result of (i.) active service, (ii.) climate, or (iii) ordinary military serviee. (1) Yes (2) No. (3) No.

(*b*) If due to one of these causes, to what specific conditions do the Board attribute it? Exposure & Strain.

21. Has the disability been aggravated by

(*a*) Intemperance? No.

(*b*) Misconduct? No.

22. Is the disability permanent? No.

23. If not permanent, what is its probable minimum duration? three months.

To be stated in months.

24. To what extent is his capacity for earning a full livelihood in the general labour market lessened at present? Total.

In defining the extent of his inability to earn a livelihood, estimate it at ¼, ½, ¾, or total incapacity.

25. If an operation was advised and declined, was the refusal unreasonable? Not applicable

26. Do the Board recommend

(*a*) Discharge as permanently unfit, or No
(*b*) ~~Change to England~~? Home Service 3 months.

I concur, but recommend that this patient be invalided to Canada, with his documents for subsequent discharge by the Militia Authorities.

C. Mallard.
Captain, C.A.M.C.
for D.M.S.
Canadian Contingent.

24.9.15

Signatures:—

A Burris Major Canc President.

A L Burris Major

A J Gibson Capt Canc Members.

Station MONKS HORTON, KENT.

Date Sept 22. 1915

Approved.

Station Shorncliffe Kirkby

Date 23 9.7.15

Captain A/D.A.A.G.
for Brigadier-General,
Comdg. Can. Train. Div., Shorncliffe.

HEADQUARTERS CANADIANS. DARLEY

Administrative Medical Officer.

26SEP1916

Capt. A/D.A.D.M.S.
Canadian Training Division, Shorncliffe.

CANADIAN CONTINGENT

(On leaving Corps or Station where invalided.)

Transfer { Date _____ / Station _____ } or Embarkation { Date _____ / Port _____ }

Name of { Conveyance _____ / Vessel _____ / Officer in medical charge _____ }

Brief remarks on case during transit, and state on transfer for final disposal.

Re-transferred { Date _____ / Hospital or Station _____ } _____ Officer in medical charge.

(At Station or Hospital where finally disposed of.)

Station and Hospital _____

Arrived from _____ Date _____

If admitted	If under treatment		Disease	How finally disposed of	Date of Discharge, &c.
Date	From	To			

Detailed statement as to condition on discharge and whether discharged as an invalid, to corps, to station, or to depôt. In cases of discharge from the service it should be stated whether the answers to questions 22, 23 and 24 are concurred in.

Date of final Medical Board, or decision _____

Administrative Medical Officer.

Army Form B. 179.

MEDICAL REPORT ON AN INVALID.

Station _____

Corps _____

Regimental No. _____

Rank _____

Name _____

Disability _____

Date _____

Hospital or Station transferred to for final disposal _____

Date of final disposal _____

How finally disposed of _____

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

(xs) (88579) Wt. 1336 475M 5-15 W B & L

Forms B. 179. 34

239

Army Form B. 179.

Medical Report on an Invalid.

Station MONKS HORTON, KENT.

Date Sept. 20/15

1. Unit 1st. Batt. 36. th. Res.
2. Regimental No. 6766
3. Rank Pte.
4. Name Anderson, Lorne.
5. Age last birthday 23 2
6. Enlisted { on Aug. 30th. 1914 / at Parry Sound Ont.
7. Former Trade or Occupation { Labourer and Gang Foreman

8. **Disability.**

Rheumatism Heart trouble, Shrapnel wounds left side and left hand, flat feet

Statement of Case.

Note.—The answers to the following questions are to be filled in by the Officer in medical charge of the case. In answering them he will carefully discriminate between the man's unsupported statements and evidence recorded in his military and medical documents. He will also carefully distinguish cases entirely due to venereal disease.

9. Date of origin of disability. June 5th. 1915

10. Place of origin of disability. Bethune

11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case.

Had some pains joints, at Bethune ~~at Salisbury Plains on June 5/15~~ He could not drill or march on account of dizziness and pains in both knees and ankles, taken to Boulogne 3 weeks, in bed only 3 days, thence to La Havre doing light duty. He received 2 slight shrapnel wounds atv Ypres in April 23rd. but did not go off duty with them. Returned to duty from the Base and after 6 days in the trenches had to report sick again to No. 2 Gen. Hosp. board was held opinion unfit for active service ~~xxxxx~~ Thence to Rest Camp a week Thence American Hosp. Etaples 3 weeks thence to Eastbourne a week thence to Monks Horton act

12. (*a*) Give your opinion as to the causation of the disability. Active service and climate

(*b*) If you consider it to have been caused by active service, climate, or ordinary military service, explain the specific conditions to which you attribute it (*See notes on page* 3). Shrapnel and exposure

13. What is his present condition?

Weight should be given in all cases when it is likely to afford evidence of the progress of the disability.

Heart very rapid diffuse impulse over cardiac area sounds are noisy but no mumers or organic lesions found. Borders normal. compl ins of pains behind left knee also on right knee cannot walk far gets short of breath has palpitation a dizzy spells on exertions. knees are not swollen, feet are quite flat but can be improved. slight flesh wounds in left hand and side healed and causing no diability

R.C. FEB 12 1916

14. If the disability is an injury, was it caused

(*a*) In action? Yes

(*b*) On field service? Yes

(*c*) On duty? Yes

(*d*) Off duty? No

15. Was a Court of Inquiry held on the injury? Not applicable

If so—(*a*) When?

(*b*) Where?

(*c*) Opinion?

16. Was an operation performed? If so, what? No

17. If not, was an operation advised and declined? No

18. *In case of loss or decay of teeth.* Is the loss of teeth the result of wounds, injury or disease, directly* attributable to active service? Not appli cable

19. Do you recommend

(*a*) Discharge as permanently unfit, or Yes

(*b*) Change to England? No

T.L. Towers Capt.

Officer in medical charge of case.

I have satisfied myself of the general accuracy of this report, and concur therewith, *except*†

Station MONKS HORTON, KENT.

Date Sept 20/15.

Officer in charge of Hospital.

* Loss of teeth on, or immediately after, active service, should be attributed thereto, unless there is evidence that it is due to some other cause.

† Delete this word if no exceptions are to be made.

Opinion of the Medical Board.

NOTES.—(i.) Clear and decisive answers to the following questions are to be carefully filled in by the Board, as, in the event of the man being invalided, it is essential that the Commissioners of Chelsea Hospital should be in possession of the most reliable information to enable them to decide upon the man's claim to pension.

(ii.) Expressions such as "may," "might," "probably," &c., should be avoided.

(iii.) The rates of pension vary directly according to whether the disability is attributed to (*a*) active service, (*b*) climate, or (*c*) ordinary military service. It is therefore essential when assigning the cause of the disability to differentiate between them (*see* Articles 1162 and 1165, Pay Warrant, 1913).

(iv.) In answering question 20 the Board should be careful to discriminate between disease resulting from military conditions and disease to which the soldier would have been equally liable in civil life.

(v.) A disability is to be regarded as due to climate when it is caused by military service abroad in climates where there is a special liability to contract the disease.

20. (*a*) State whether the disability is the result of (i.) active service, (ii.) climate, or (iii) ordinary military service. (1.) yes (2) no (3) no

(*b*) If due to one of these causes, to what specific conditions do the Board attribute it? Exposure & Strain.

21. Has the disability been aggravated by

(*a*) Intemperance? no

(*b*) Misconduct? no

22. Is the disability permanent? no

23. If not permanent, what is its probable minimum duration? 3 mos

To be stated in months.

24. To what extent is his capacity for earning a full livelihood in the general labour market lessened at present? Total

In defining the extent of his inability to earn a livelihood, estimate it at ¼, ½, ¾, or total incapacity.

25. If an operation was advised and declined, was the refusal unreasonable? Not applicable

26. Do the Board recommend

(*a*) Discharge as permanently unfit, or Home Service no

(*b*) ~~Change to England~~? three months

I concur, but recommend that this patient be invalided to Canada, with his discharge documents for subsequent disposal by the Militia Authorities.

C.M.

Captain, C.A.M.C.
for D.M.S.
Canadian Contingent.

24. 9. 15.

Signatures:—

A Shrapnel Cane President.

H.L. Burris Major CAMC

A.J. Gibson Capt CAMC Members.

Station MONKS HORTON, KENT.

Date Sept 22 1915

Approved.

Station Shorncliffe

Date 23. 9. 15.

G.S. Bowlby

Administrative Medical Officer.
Capt. A/D.A.D.M.S.
Canadian Training Division, Shorncliffe.