REGIMENTAL DOCUMENTS

NAME ANDERSON. Maurice James REGT. No. 910065 UNIT 196th Battn H. Q. FILE No. 9122

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W. 2589
25M.—1-23
1772-39-1377

Original

ATTESTATION PAPER.

No. 910065

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname? Anderson
1a. What are your Christian names? Maurice James.
1b. What is your present address? Carnduff. Sask. Canada.
2. In what Town, Township or Parish, and in what Country were you born? Oak Lake. Manitoba Canada.
3. What is the name of your next-of kin? Robert Alexander Anderson
4. What is the address of your next-of-kin? Carnduff. Sask Canada.
4a. What is the relationship of your next-of-kin? Father.
5. What is the date of your birth? 1st March 1895
6. What is your Trade or Calling? Farmer + Student in Agriculture
7. Are you married? No.
8. Are you willing to be vaccinated or re-vaccinated and inoculated? Yes.
9. Do you now belong to the Active Militia? Yes
10. Have you ever served in any Military Force? If so, state particulars of former Service. Man. Univ. C.O.T.C. X
11. Do you understand the nature and terms of your engagement? Yes
12. Are you willing to be attested to serve in the CANADIAN OVER-SEAS EXPEDITIONARY FORCE? Yes

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Maurice James Anderson, do solemnly declare that the above are answers made by me to the above questions and that they are true, and that I am willing to fulfil the engagements by me now made, and I hereby engage and agree to serve in the **Canadian Over-Seas Expeditionary Force,** and to be attached to any arm of the service therein, for the term of one year, or during the war now existing between Great Britain and Germany should that war last longer than one year, and for six months after the termination of that war provided His Majesty should so long require my services, or until legally discharged.

M. J. Anderson (Signature of Recruit)

Date Mar 9 1916 G W Hurden (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Maurice James 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.

M. J. Anderson (Signature of Recruit)

Date Mar 9 1916. G W Hurden (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 St Vital Manitoba this 9th day of March 1916

G W Hurden (Signature of Justice)

M. F. W. 23.
600M.—2-16.
H. Q. 1772-39-841.

Description of Maurice James Anderson on Enlistment.

Apparent Age 21 years — months.

(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Weight	128
Height	5 ft. 5 ins.
Chest measurement. Girth when fully expanded	36½ ins.
Chest measurement. Range of expansion	5 ins.
Complexion	fair
Eyes	grey
Hair	fair
Religious denominations. Church of England	
Presbyterian	
Methodist	
Baptist or Congregationalist	X
Roman Catholic	
Jewish	
Other denominations (Denomination to be stated.)	

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).

CERTIFICATE OF MEDICAL EXAMINATION.

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

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

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

Date March 8 1916

Place Winnipeg

Ross Mitchell
Medical Officer.
Capt C. A. M. C.

*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.

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

W. R. Wilson (Signature of Officer)
Capt. COMD'G Man CO.
196th. OVERSEAS BATTALION, C. E. F.

Date 11/3/16 191 .

Duplicate

MEDICAL HISTORY SHEET.

Surname Anderson *Christian Name* Maurice James

Examined { on 8 day of March 1916
at Winnipeg Man.

Birthplace { City or Town Oakfake
County Man, Canada

Apparent age 21

Trade or occupation Student & Farmer

Height 5 Feet 5 Inches.

Weight 128 Lbs.

Chest measurement { Minimum 31½ inches.
Maximum expansion 5 inches.

Physical development Good.

Small-Pox Marks None.

Vaccination Marks { Arm Right. Left. X
Number 1

When Vaccinated last 4 Yrs. ago

(*a*) Marks indicating congenital peculiarities or previous disease Nil

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

Approved by Ross Mitchell

Rank Capt. C.A.M.C. M.O.

Date.	Fit or Unfit.	Examined for Re-engagement.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Date.	Result.	Vaccinations.
		M.O.
		M.O.
		M.O.

Date.	Result.	Anti-Typhoid Inoculations, Etc.
June 22	Good	J. W. Walker Capt. M.O.
July 22	"	J. W. Walker Capt. M.O.
" 10	None	J. W. Walker Capt. M.O.

Enlisted on 9th *day of* March 1916 *at* Hospital Man

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	196th. OVERSEAS BATTALION,	C. E. F. 910065		
Transferred to				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.

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

M. F. B. 313.

400M.—1-16.
H. Q. 1772-39-439.

Surname Anderson Christian Name Munro

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

No Card
Original

MEDICAL HISTORY SHEET.

Surname Anderson *Christian Name* Maurice James

Examined { on 8 day of March 1916
at Winnipeg, Man

Birthplace { City or Town Oak Lake
County Man Can

Apparent age 21

Trade or occupation Student

Height ~~18~~ 5 Feet 5 Inches.

Weight 128 Lbs.

Chest measurement { Minimum 31½ inches.
Maximum expansion 5 inches.

Physical development good.

Small-Pox Marks none.

Vaccination Marks { Arm Right. Left. x
Number 1

When Vaccinated last 4 yrs ago.

(*a*) Marks indicating congenital peculiarities or previous disease Nil

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

Approved by Ross Mitchell

Rank Capt C.A.M.C. M.O.

Date.	Fit or Unfit.	Examined for Re-engagement.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Date.	Result.	Vaccinations.
		M.O.
		M.O.
		M.O.

Date.	Result.	Anti-Typhoid Inoculations, Etc.
June 22	Good	Thwaite Capt M.O.
July 2nd	"	Thwaite Capt M.O.
" 10	None	Thwaite Capt M.O.

Enlisted on 9th *day of* March 191 6 *at* St Vital Man

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	196th. OVERSEAS BATTALION, C. E. F.	910065		
Transferred to				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.

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

M. F. B. 313.

400M.—1-16.
H. Q. 1772-39-439.

Surname Anderson Christian Name Maurice A

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

CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

This form to be used for all Ranks (Vide Article 71, Financial Instructions C.E.F., 1914).

Regimental No. (L) 910065 Rank Private Name Maurice J. Anderson

Corps 196th Overseas Bn. C.E.F. who was * discharged

On Oct. 14th 1916 1915, to

* Insert "discharged" or "transferred."

The following is a statement of the account of the above-named to date of transfer or discharge inclusive :—

	Dr.	$	c.		Cr.	$	c.
From 1/10/16 To 14/10/16	Bal. Dr. from previous month			From 1/10/16 To 14/10/16	Regimental pay 14 days at $ 1	14	
	Total payments during period from				Field allowance 14 " $ 10	1	40
					Other allowances		
	Assigned Pay				Other Credits (give particulars) credit from Sept.	62	10
	Other Charges (give particulars) 31 days @ $1.10 B.O. # 126	34	10				
	Bal. Cr. on discharge or transfer	43	40		Bal. Dr. on discharge or transfer		
	Total	77	50		Total	77	50

The amount shewn as Balance Cr. due on discharge or transfer has †-----been----- paid.

Monthly stoppage on account of assignment of pay is nil, and has been charged in Pay-list for month of

† Insert "been" or "not been" as case may be

REMARKS:—

State (1) date of enlistment March 9th 1916

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

(3) cause of discharge and authority special case A.A.G. # C.M. 121-511

If discharged from the Contingent, state if Stop Payment advice for Assigned Pay has been forwarded, and date no assigned pay

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

Date Oct. 14th 1916

Place Camp Hughes, Man.

Arthur Anderson Capt.

Paymaster.

M. F. W. 44.

20 M—1-16.
H. Q. 1772-39-903.

CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

This form to be used for all Ranks (Vide Article 71, Financial Instructions C.E.E., 1914).

Regimental No.....Rank.....Name.....

Corps.....who was*.....

On.....1915, to.....

** Insert "discharged" or "transferred."*

The following is a statement of the account of the above-named to date of transfer or discharge, namely:—

Dr.	$ c	Cr.	$ c
Bal. Dr. from previous month		Regimental pay days at $	
Total payments during period from.....		Field allowance " $	
		Other allowances	
Assigned Pay		Other Credits (give particulars)	
Other Charges (give particulars)			
Bal. Cr. on discharge or transfer		Bal. Dr. on discharge or transfer	
TOTAL		TOTAL	

The amount shewn as Balance Cr. due on discharge or transfer has †.....paid.

Monthly stoppage on account of assignment of pay is.....and has been charged in Pay-list for month of.....

† Insert "been" or "not been" as case may be

REMARKS:—

State (1) date of enlistment.....

(2) if married and if a Separation Allowance Card has been submitted.....

(3) cause of discharge and authority.....

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

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

Date.....

Place.....

M. P. W. 44.
300—1-14
R. G. PATERSON

No. 910065 RANK Pte NAME Anderson M. J.

T.O.S. 9-3-16 UNIT 196th Battalion
D.O. 17, 13-3-16.

M.D. 10.

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916 mar. 9	1916 mar. 31	✓		
apr.		✓		
May		✓		
June		✓		
July		✓		
Aug.		✓		
Sep.		✓		
Oct. 1	Oct. 14	✓	Discharged Special case 14-10-16	D.O. 129 of 16-10-16.
			a/c closed by payments	

List of Discharge Documents.

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

*Only if discharged "Medically unfit."

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

(a) Proceedings on Discharge.

(b) Attestation.

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

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

This space to be for numbers.

Proceedings on Discharge.

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

No. 910065

Rank Private

Name Maurice James ANDERSON

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

Corps (Squadron, Battery or Company) "A" Coy. 196th (W.U.) O's Battn.,CEF.

Date of Discharge October 14th 1916.

Place of Discharge Camp Hughes, Manitoba.

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age 21 years 7 months.
Height 5 feet 5 inches.
Complexion Fair
Eyes Grey
Hair Fair
Trade Farmer & Student in Agriculture.
Intended place of residence (To be given as fully as practicable.) Carnduff, Sask, Canada.

Descriptive Marks

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

Special Case

(Auth. A.A.G. No. C.H. 121-511)

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 all official entries on the character certificate and initial them.

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

Exemplary.

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

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

—

M. F. B. 218.

50m.—3-16.
H. Q. 1772-39-113.

(OVER)

Checked 2-11-16

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) Camp Hughes, Man. D. V. MacKay Capt

(Date) 13. 10. 16 *Commanding* 196th O/S Bn

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) Camp Hughes, Man. M. J. Anderson (*Signature of Soldier.*)

(Date) S. A. Rayner (*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.

M. J. Anderson (*Signature of Soldier.*)

10. **Statement of Service.**

Service toward Engagement to.....(the date to which the Record of Service is completed) 0 years 220 days.

Total 0 years 220 days.

11. **Confirmation of Discharge.**

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

(Place) Camp Hughes, Man.

(Date) 13. 10. 16 (*Signature*) D. V. MacKay Capt

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.)

There are no reservations under Para 8.

M. J. Anderson

(OVER)