AB 18/6/18

Name Anderson Milton Cyrus.

Regt. No. 154310 Rank Pte

Corps 1st Pion.

Med unfit

R. O. No.....

H. Q. No.....

Proceedings of Court of Inquiry or on men reported Missing on Active Service.....

Attestation Papers..... 1 2

Declaration of change of name.....

Authority for special enlistments.....

Documents of re-enlisted men.....

Regimental Conduct Sheet.....

Compulsory Stoppages.....

Casualty Forms..... 2

Proceedings on discharge..... 2

Corps History Sheet.....

Date and No. of Deposit Receipt for Purchase Money and Amount.....

Parchment Certificate.....

Medical Report for Invalids..... 8

Medical History Sheet..... 2

Proceedings of Regt. Court Martial.....

Copies of Convictions by Civil Power.....

Company Conduct Sheet.....

Clothing Transfer Certificate.....

Inventory of Kit.....

Last Pay Certificate..... 1

A.F.B. 122 2

D.O.S 2— 1

F.R.O. 60641 1

1 Ca. Card

Index Card.....

Casualty Card.....

Non-Effective Card.....

Part II Order Card.....

Change of Address Card.....

Honour & Award Card.....

Deceased - 10-7-56

8-29
23-29.
31 30
3.

M. F. W. 62.
100m.—6-17.
H. Q. 1772—39—935.

ORIGINAL

# ATTESTATION PAPER.

No. 154310

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

## QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

1. What is your name? ..... Milton Cyrus Anderson.
2. In what Town, Township or Parish, and in what Country were you born? ..... Kinloss, Bruce Co. Ont.
3. What is the name of your next-of-kin? ..... Mrs M. C. Anderson. (wife)
4. What is the address of your next-of-kin? ..... 916 3rd ave, Seattle, Wash U.S.A.
5. What is the date of your birth? ..... Sept 19. 1877
6. What is your Trade or Calling? ..... Bridge builder.
7. Are you married? ..... yes 38
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? .. 3 yrs in Volunteers.
    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

M C Anderson (Signature of Man).

R. J. Hicks (Signature of Witness).

## DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Milton C 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.

M. C. Anderson (Signature of Recruit)

Date Sept 30 1915 R. J. Hicks (Signature of Witness)

## OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Milton C 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. C. Anderson (Signature of Recruit)

Date Sept 30 1915. R. J. Hicks (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 Vancouver this 30 day of September 1915.

W. H. Hayward (Signature of Justice)

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

[illegible] (Approving Officer)

M. F. W. 23.
200 M.—5-15.
H. Q. 1772-39-841.

Major

# Description of Anderson - Milton Cyrus. on Enlistment.

Apparent Age 38 years 1 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

| | |
|---|---|
| Height | 5 ft. 8 ins. |
| Chest measurement. Girth when fully expanded | 35 ins. |
| Chest measurement. Range of expansion | 3" ins. |
| Complexion | dark. |
| Eyes | brown |
| Hair | dark. |
| Religious denominations. Church of England | — |
| Presbyterian | — |
| Wesleyan | Yes |
| 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 rt shin & rt knee.
scar on rt lower part leg.

## 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 29 1915 L A Moore Capt
Medical Officer.

Place Vancouver B.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.

Milton Cyrus 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.

A E Hodgetts Lt. Col.
(Signature of Officer)
Commanding 1st Canadian Pioneers C.E.F.

Date Nov 15th 1915

& . 6045 (*Revised*).

# PROCEEDINGS OF A MEDICAL BOARD.

Dated at.....Folkestone,...August..24th.,.....1916.

No.....154310.....Rank.....Pte.....Name.....Anderson.....

Local Unit.....C.P.T.D.....Overseas Unit.....1st..Pioneers.....Age.....41.....

Examination held at.....

DISABILITY.
Overseas—Local...
(scratch one out)

Deafness

PRESENT CONDITION.

Three mos.' full duty in France. Had some trouble with his ears as a child, but discharged commenced as a child. Has had dizzy spells and headache. Has loud mitral murmur, is thin.

BOARD RECOMMENDS:—

1. Fit for Duty.....
2. Fit for duty after.....weeks' physical training.
3. Fit for Temporary Base Duty.....weeks.
4. Fit for Permanent Base Duty.....Yes.....
5. Discharge.....

Signatures:—

Members { (Sgnd) W. H. Harvie, Capt. .....President.
R. Howey, Capt. .....
.....

APPROVED

Dated at.....Aug 31st.....1916. .....

For A.D.M.S.

Army Form W. 3212. (in books of 100.)

Regtl. No., Rank and Name 15430 Pte Lindeison Corps Canc

Disease Influenza Hospital Smith

To Officer i/c Laboratory. Ward N.

Please carry out an examination of the accompanying specimen of Blood

with special regard to Examination

Date 5-7-17

O. i/c Ward.

## LABORATORY REPORT.

POSITIVE +++,

Date of Examination 8 AUG 1917

CANADIAN MOBILE LABORATORY FOLKESTONE.

W. Adams Capt CAMC
O.C.
No. 2 Canadian Mobile Laboratory,
FOLKESTONE.
O/c Laboratory.

W9915 -M1029 200,000 11/16 HWV(M1276) Forms/W3212/2

13-1-3.

WEST CLIFF CANADIAN EYE & EAR HOSPITAL.

FO KESTONE. Sept 15 ....1917.

SPECIAL REPORT ON EYES.

N●...15.4.3.10.....

RANK...Pte.....

NAME...Anderson MC

UNIT...A. 1st Can Pioneers

FROM: OFFICER CO MANDING.

TO...O.C.....S. M. the Shorncliffe

RIGHT VISION : 6/9

LEFT VISION: 6/9

REMARKS:

Sub-conjunctival haemorrhage

HE IS fit. FIT FOR OVERSEAS SERVICE. GLASSES HAVE not .....BEEN ORDERED. CONDITION WAS. not ..... PRESENT PREVIOUS TO ENLISTMENT AND IS ..... CAUSED BY SERVICE.

RECOMMEND PATIENT FOR CATEGORY.....A.1.....

J. A Stewart Capt

FOR O.C. WEST CLIFF CANADIAN EYE & EAR HOSPITAL. CAPTAIN.C.A.M.C.

V.

3

13-1-0.

OP.

5-3-17.

From: O.C., West Cliff Canadian Eye & Ear Hospital.

To: O.C., Military Hospital, Shorncliffe.

Pte. Anderson
No. 154310, M.C.
1st C. Pioneers
Att. SMH Staff

The marginally named man had chronic suppuration of left ear when first reporting for treatment August, 1916.

Test for his hearing is as follows:

| RIGHT | HEARING | LEFT |
|---|---|---|
| 20ft | VOICE | 5ft |
| | SCHWABACH | Shortened |
| | WEBER | To left |
| Plus | RINNE | Minus |
| 2048 | UPPER LIMIT | 2048 |
| 32 | LOWER LIMIT | 32 |

There is marked thickening of the drum membrane of the left ear with attic suppuration.

This condition was present some ~~xxxx~~ years before enlistment and has been somewhat aggravated by trench duty.

He is fit for Category "C".

W G G Coulter Captain, C.A.M.C.

for O.C., West Cliff Canadian Eye & Ear Hospital

C.A.U/M.

13-7-c.

WEST CLIFF CANADIAN EYE AND EAR
AUG 17 1918
HOSPITAL, FOLKESTONE, KENT.

From:O.C. West Cliff Canadian Eye & Ear Hospital.

To. O.C. C.C.A.C.

| RIGHT | HEARING | LEFT |
|---|---|---|
| 25 ft. | VOICE | Contact. |
| | SCHWABACH | S. |
| | RINNE | Minus |
| | UPPER LIMIT ) | |
| | LOWER " ) | No forks. |

Pte Anderson.M.C.
154310.
1st C.P.

This man's right ear is practicallt normal. Left,almost complete destruction of the drum with discharge of pus from the attic. The prognosis for this condition recovering is not good,but inasmuch as the right ear is practically normal, would consider him fit for base duty.

J J Mackenzie Captain
C.A.M.C.
for O.C. West Cliff Canadian Eye & Ear Hospital.

M/V.

L. L. 20497—M. & D. 7908

M. F. W. 42—50M.—5-17.
H. Q. 1772-39-898.

NAME Anderson Miller Gus

RANK AND CORPS Pte 1st Can Inf

CABLE

NO. DATE

NATURE OF CASUALTY

REGT'L NO. 154310

H.Q. FILE NO. 649.

FOLLOWS NO. FOLLOWS

| LIST No | HOSPITAL | DATE OF ADMISSION | REMARKS |
|---|---|---|---|
| A 1. | #14 Stat. Wimereux | 10-3-16 | Contact measles |
| A 65 | #8 C.F. Amb. | 30-5-16 | Otitis media |
| A 77 (2) | D.C. 1st Can. Bn. rep. Ref. to duty | 16-6-16 | " " |
| A 92 | #1 Convl. Hosp. Boulogne | 7-7-16 | Sick. |
| A 93. | Can. Base Depot | 11-7-16 | " |
| A 96 | #7 Can. Stat. Havre | 13-7-16 | ~~Inf. mid ear~~. Perfor. ear drum shell. as per list A 102. |
| A 111 | Disch. to Duty | 3-8-16. | Inf. Mid. Ear. |
| A 112 | Can. Base Depot | 4-8-16 | Per. Ear Drum Shell. |
| Z 70 | Mil Shorncliffe | 28-2-17 | Otitis Media |
| Z 77. | Discharged | 28-2-17 | Otitis Media |
| 7 2 | Can Etchinghill Lyminge | 14-8-17 | V. D. 2. (C A M C) |

| LIST NO. | HOSPITAL | DATE OF ADMISSION | REMARKS |
|---|---|---|---|
| 84 | Cam Pettemoffe Canning Rest | 24-8-16 | R. A. S. |

No 154310

NAME Anderson, Milton Cyrus

RANK AND CORPS Pnr. 1st Pioneer Batt.

H. Q. FILE No. 649-

FOLLOWS No. 532xx

FOLLOWS

| CABLE No. | CABLE DATE | NATURE OF CASUALTY |
|---|---|---|
| M/10383 | 27-7-16 | Adm. to 17 stat. Hosp July 13th 1916 (Perforated eardrum shell) |

L. L. Job 90581—M. & D. 6314.

M F. W. 42—50M—1-16.
H. Q. 17?2-39-893.

10-3-16 under
27-3-16 observation

---

30-5-16 Ctilo media
16-6-16

---

7-7-16 Ctilos
3-8-16 media
4-8-16
28-2-17

---

14-8-17 42
24-8-17

Name Anderson Enl. 30-9-15.

Date of Embarkation for England 23-11-15.

Proceeded to France. 8-3-16 Returned to England. 14-8-16

Classfd. C

Date returned to Canada. 27-2-18

Chk'd 16-2-27 (over)

P.R. 2855. Conduct Sheet - No Entries

Carshalton.

30-5-16 - Otitis Media
13-6-16 - Chronic Mastoiditis - To duty 16-6-16
26-6-16 - " "
3-7-16 - Perf. Ear Drum (scald) - To duty 3-8-16
14-8-16 - Classed "C" - Neurasthenia
— To Emg. 14-8-16.

Canadian Hospital,
Etchinghill Lyminge
29 AUG 1917 .....1917.

To :- Officer Commanding,

.....C.A.M.C.....

TO BE RETAINRD BY PATIENT.

No..154310....

Name Pte. Anderson

Dates.....

.....Aug. 29.....

.....Sept. 4.....

.....Sept. 11.....

.....Sept. 18.....

.....Sept. 25.....

The marginally named is at present not infectious
To complete his cure it is essential that he report here for further treatment on the marginally named dates, and on the Monday or Thursday following the last date for a Blood Test. To efficiently and safely give the remaining 606 treatment, patientf should have 24 hours Light Duty after each injection. If reaction is severe 48 hours. If seven days after his Blood Test he is not recalled by us his Wasserman can be marked "NEGATIVE". In case the marginally named reports to another Hospital for completion of treatment, A.F.I.1238 will be forwarded on application to this Hospital.

J. G. Greene Capt C.A.M.C.
for Officer Commanding
Canadian Hospital,
Etchinghill.

Canadian Hospital,
Etchinghill Lyminge

.....1917.

To :- Officer Commanding,

.....

TO BE RETAINED BY [illegible]

No.....

Name.....

Dates.....

.....

.....

.....

.....

.....

The marginally named is no present not infectious
To complete his cure, it is essential that
he report here for further treatment on the
marginally named dates, and on the Monday or
Thursday following [illegible] for a Blood
Test. To [illegible] give the
remaining 606 [illegible] should have
24 hours Light [illegible] reaction. If
reaction is [illegible] seven days
after his Blood Test [illegible] by us
his Casserman [illegible]
In case the marginally named reports to
another Hospital for completion of treatment
A.F.I.1238 will be forwarded on application to
this Hospital.

Capt C.A.M.C.
for Officer Commanding
Canadian Hospital,
Etchinghill.

Number 154310 Rank Pt. Name Anderson M.C

Service Unit 1st Pioneers Reserve Unit CPTD

Former Occupation Brokerage Date-Med.Board ~~[illegible]~~ 24-8-16

FINDING:- Fit for former occupation? _____

Unfit for former occupation? _____

SUITABLE FOR:- ~~3 [illegible]~~ P. B. duty

Clerk _____

Stenographer _____

Hut Orderly _____

Cook _____

Fatigue Man _____

_____

Batman _____

Working Battn. _____

Orderly _____

Police Shorn. Mil Hosp.

School of Stenography _____

Slickman Lieut.

5-3-17

From:- O.C.West Cliffe Canadian Eye & Ear Hospital

To:- O.C. Military Hospital, Shorncliffe.

The marginally named man had chronic supperation of left ear when first reporting for treatment August I9I6.

Test fot his hearing is as follows.

| RIGHT. | HEARING | LEFT. |
|---|---|---|
| 20ft. | Voice | 5 Feet. |
| | SCHWABACH. | Shortened. |
| | WEBER. | To left. |
| Plus. | Rinne. | Minus. |
| 2048. | Upper Limit. | 2048. |
| 32. | Lower " | 32. |

There is a marked thickening of the drum membrane of the left ear with attic supperation

This condition was present some years before enlistment and has been some what aggravated by trench duty.

He is fit for category "C".

W.G.G.Coulter.Capt.C.A.M.C.

for O.C.West Cliffe Canadian Eye & Ear Hospital.

C.A.D.C.5009-10M.
49[illegible]0-8-17.

154310.

Anderson. M.C.

C.A.M.C.

# DENTAL CERTIFICATE.

The following Certificates will be attached to the Medical History Sheets of all Other Ranks being returned to Canada for disposal.

| Date of Examination. | Present Dental Condition. | In case of loss or decay of teeth. Is the loss due to wounds, injury or disease directly attributed to Active Service? | Has he ever declined Dental Treatment. | Recommendation. |
|---|---|---|---|---|
| 21-2-18 | Fit | | | |

33

[illegible]
Capt. C.A.D.C.

| | | | | |
|---|---|---|---|---|
| | | | | |
| | | | | |

13-1-0.

OP.

5-3-17.

From: O.C., West Cliff Canadian Eye & Ear Hospital.

To: O.C., Military Hospital, Shorncliffe.

Pte. Anderson
No. 154310, M.C.
1st C. Pioneers
Att. SMH Staff

The marginally named man had chronic suppuration of left ear when first reporting for treatment August, 1916.

Test for his hearing is as follows:

| RIGHT | HEARING | LEFT |
|---|---|---|
| 20ft | VOICE | 5ft |
| | SCHWABACH | Shortened |
| | WEBER | To left |
| Plus | RINNE | Minus |
| 2048 | UPPER LIMIT | 2048 |
| 32 | LOWER LIMIT | 32 |

There is marked thickening of the drum membranne of the left ear with attic suppuration.

This condition was present some ~~years~~ years before enlistment and has been somewhat aggravated by trench duty.

He is fit for Category "C".

W. J. Houlton Captain, C.A.M.C.
for O.C., West Cliff Canadian Eye & Ear Hospital.

COU/M.

Canadian Hospital,
Etchinghill, Lyminge.

Date 16 OCT. 1917

To:- Officer Commanding.

Shorncliffe Mil. Hospital

TO BE RETAINED BY PATIENT

No. 154310

Name Pte. Anderson

Dates Oct. 16 ✓ OK

Oct. 23 ✓ 6/5

Oct. 30 ✓ OK

Nov. 6 ✓ OK

The marginally named is at present not infectious. To complete his cure it is essential that that he report here for further treatment on the marginally noted dates, and on the following Monday or Thursday following the last date, for a Blood Test.

To efficiently and safely give the remaining 606 treatment, patient should have 24 hours light duty after each injection. If reaction is severe 48 hours. If seven days after his Blood Test he is not recalled his WASSERMANN can be marked "NEGATIVE".

In case the marginally named reports to another Hospital for the completion of treatment, A.F.I.1238 will be forwarded on application to this Hospital.

CANADIAN TREA... 24 OCT. 1917 ETCHINGHILL

CANADIAN HOSPITAL TREATMENT 16 OCT. 1917 ROOM ETCHINGHILL, LYMINGE

CANADIAN HOSPITAL ETCHINGHILL LYMINGE 31 OCT. 1917 ROOM

Capt. C.A.M.C.
for Officer Commanding.
Canadian Hospital,
Etchinghill.

24

Army Form I. 1239.

FORM to be used (1) when a Soldier is placed under Medical Surveillance for Venereal Disease. (2) for furnishing information between Medical Officers when cases are transferred from one Station to another.

| Corps | Company | Regimental No. | Rank and Name | * Date on which case originally came under treatment |
|---|---|---|---|---|
| 154310 | | | | |
| Pte Anderson | | | | |

The marginally named man has had sufficient Salvarsen. Would advise his being placed on K.I.grs.10 Tid. increase grs.5 each day until grs.40 are given.Tid. Continue for three months unless symptems of Iodism develop, in that case drop to an amount that will be tolorated.

REMARKS

To report for H.G.injections once weekly commencing:-

19.11.17

To Mob

Station and date PMH

Captain. C.A.M.C.

The Officer who places the man under surveillance will prepare this form in duplicate. One copy will be forwarded to the Officer Commanding, and the other to the Medical Officer who will have the surveillance of the man. When any circumstances arise likely to interfere with the regular attendance of men on the continued treatment list, such as transfer to another station, musketry courses, imprisonment, and especially furlough, their Commanding Officer will apprise the Medical Officer of the fact.

* When cases are transferred Medical Officers will be careful to insert the date on which the case was first placed on a syphilis register, irrespective of the number of registers the case may have passed through.

(9 15 1) W13094—271 30,000 H W V(P 970/2) Forms/I. 1239/6
5004—2308 60,000 6/15

20

Army Form I. 1239.

FORM to be used (1) when a Soldier is placed under Medical Surveillance for Venereal Disease. (2) for furnishing information between Medical Officers when cases are transferred from one Station to another.

| Corps | Company | Regimental No. | Rank and Name | * Date on which case originally came under treatment |
|---|---|---|---|---|
| 154310 Pte Anderson | | | | |

The marginally named man has had sufficient Salvarsen. Would advise his being placed on K.I. grs.10 Tid. increase grs.5 each day until grs.40 are given. Tid. Continue for three months unless symptoms of Iodism develop. In that case drop to an amount that will be tolorated.

REMARKS

To report for H.G. injections once weekly commencing :- 19. 11. 17

To O.C.

Station and date Thorneliffe M.A. Geo Scott

Captain. C.A.M.C.

The Officer who places the man under surveillance will prepare this form in duplicate. One copy will be forwarded to the Officer Commanding, and the other to the Medical Officer who will have the surveillance of the man. When any circumstances arise likely to interfere with the regular attendance of men on the continued treatment list, such as transfer to another station, musketry courses, imprisonment, and especially furlough, their Commanding Officer will apprise the Medical Officer of the fact.

* When cases are transferred Medical Officers will be careful to insert the date on which the case was first placed on a syphilis register, irrespective of the number of registers the case may have passed through.

(9 15 1) W13094—271 30,000 H W V(P 970/2) Forms/I. 1239/6
5004—2308 60,000 6/15

21

92431.—W6490/1535.—2,000,000—J. J. K. & Co., Ltd.—Forms B. 103/1.

(2)

Army Form B. 103.

# Casualty Form—Active Service.

Regiment or Corps Att from C.C.A.C. to Mil. Hosp. Shorncliffe

Regimental No. 154310 Rank Pte. Name Anderson (M.C.) Milton Cyrus.

Enlisted (a) 30/9/15 Terms of Service (a) Dur of War Service reckons from (a) 30/9/15

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

Extended ____ Re-engaged ____ Qualification (b) Bridge Builder

| Report: Date | Report: From whom received | Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case. | Place | Date | Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents. |
|---|---|---|---|---|---|
| | | Embarked | Montreal | 23rd Nov. 1915 | |
| | | Disembarked | Plymouth | 2nd Dec 1915. | |
| 27-8-16. | ~~CCAC.~~ MHS. Folkestone. | Attached for P.B.Duty Military Hospital, | Shorncliffe. | 25-8-16. | Part 11. D.O. 72. |
| 14-6-17 | Mil. Hosp Shorn | Ceases to be Attached on return to Can Rly. Troops. | Shorncliffe | 9-6-17. | Pt. 2. D.O. 164 |
| 14-6-17 | MHS. | T.O.S. from C.A.M.C.D. | Shorncliffe | 9-6-17 | Pt. 2 D.O. 164 |
| 20 7 17 | M. H. Shorn | S o S to transfer to C.A.M.C.D. | Shorncliffe | 1.7.17 | Part II DO 200 |
| 20 7 17 | MHS. | attached Mil Hosp Shorncliffe from C A M C Depot | Shorncliffe | 1.7.17 | Part II DO 200 |
| 26.9.17. | No 9. C.G.H. Shorn. | T.O.S. from Camc Depot on ceasing to be att. to Military Hosp. | Shorncliffe | 24/9/17 | Part II D.O. 3. |
| 21/2/18 | No 9 C.G.H. Scliffe | S o S to Camcd on return to Canada | Scliffe | 19/2/18 | Part 2 Do. 52 |

(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.

O.C. No. 9 Canadian General Hospital

| 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 | | | | |
| 20/2/18 | CAMCD | T.O.S. from No 9 C.G.H. | S'cliffe | 19/2/18 | P/II 51 |
| 24 FEB 1918 | do | On Command 1st CDD. Buxton for R.T.C. | do | 23 FEB 1918 | P/II 55 11 Eg Sutherland Sheet CAPT. ASST. ADJ. FOR O.C. C.A.M.C. |
| 30/4/18 | New Westminster, B.C. | S. OFF S. No 11 CASUALTY UNIT DISCHARGED | New Westminster, B.C. | 30-4-18 | PART II. ORDER NO. 13 |
| | | | for | | L. A. Elliott Capt. O.C. Casualty Company, No. XI, District Depot |

92431.—W6490/1535.—2,000,000—J. J. K. & Co., Ltd.—Forms B. 103/1.

OCA 2371

**Army Form B. 103.**

## Casualty Form—Active Service.

Shorncliffe Military

Regiment or Corps 1st Canadian Pioneers

Regimental No. 154310 Rank Pioneer Name Anderson, Milton Cyrus

Enlisted (a) 30 Sep. '15 Terms of Service (a) Duration of War Service reckons from (a)

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: Date | Report: From whom received | Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case. | Place | Date | Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents. |
|---|---|---|---|---|---|
| | | EMBARKED FOR FRANCE Landed in France Boulogne 9.3.16 | | 8/3/16 | Auxiliary + Troopers 13890 8/3/16 |
| 10/3/16 | O.C.No.14 Stat.Hos. | Contact Measles, | Admtd.No.14 Stat. | H.10/3/16 | W.3034 |
| 27/3/16 | -do- | ---do--- | Admtd. --do-- | 10/3/16 | |
| | | | Dicd.Base Dtls. Boulogne | 27/3/16 | W.3034 No.361 |
| 3/4/16 | O.C.C.B.D. Havre | Taken on strength | C.B.D.Havre | 3/4/16 | 101/BD/3/270 D.C.S.15 |
| [illegible]/4/16 | -do- | Rejoining Unit | Field | 5/4/16 | 101/BD/3/273 D.C.S.18 |
| 9/4/16 | O.C.Unit | Returned to Duty | -do- | 8/4/16 | A.F.B213 D.C.S.21 |
| 3/6/16 | O.C. No 8. C.F.A. 3 D.R.S. | Otitis media | Adm No 8 C.F.A | 30/5/16 | A 36 D.C.S. 65. |
| 17/6/16 | O.C. Unit | Returned to Duty. | Field | 16/6/16 | A.F.B.213. D.C.S. 77. |
| 18/6/16 | O.C. No 2 C.F.A. | Chr. mastoditis | Adm No 2 C.F.A. | 13/6/16 | } A.36 D.C.S. 79. |
| | | | Disd To Duty. | 14/6/16 | |
| 18/6/16 | O.C. 10 C.F.A. | -do- | Adm No 10 C.F.A | 13/6/16 | } A.36 D.C.S. 82. |
| | | | Lfd No 1 D.R.S. | 13/6/16 | |
| 11/[illegible]/16 | O.C. C.B.D. | Taken on Strength (TB) | Havre | 11/7/16 | Nom Roll D.C.S. 91. |
| 7/7/16 | O.C. No 1 C.D. | Sick. | Adm No 1 Con Dpt | 7/7/16 | W.3034 #361. |

(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.

6-SEP.1916

OVER.

CERTIFIED CORRECT. Canadian Record Office, Westminster House, Millbank, S.W.

| 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 | | | | |
| 7/7/16 | O.C. 25 Gen | Otitis media | Ifd hos 1 Con Pk. | 7/7/16 | W. 3034 # 278. |
| 9/7/16 | O.C. 1 b.f.a. | bhr. mastoiditis | Adm hos 1 b.f.a. | 26/6/16 | |
| | | | Ifd. ban bdg Sta | 3/7/16 | } A. 36 D.C.S. 93. |
| 6/7/16. | O.C. 25 Gen | Otitis media | Adm hos 25 Gen | 6/7/16 | W. 3034. # 277. |
| 14/7/16 | O.C. C.B.D. | Struck off strength (TB) | To hos 7 Stat. N. | 14/7/16 | from Roll, D.C.S. 94. |
| 2/7/16 | O.C. 2 b.f.a. | bhr. mastoiditis | Adm hos 2 b.f.a. | 26/6/16 | |
| | | | Ifd. hos 1 b.f.a. | 30/6/16 | } A. 36 D.C.S. 95. |
| 13/7/16 | O.C. hos Stat. | Infl. middle ear. Perfor. Ear Drum Shell | Adm hos 7 Con Stat | 13/7/16. | W. 3034 # 24. |
| 8/7/16. | O.C. C.B.D. | Fit | Disd Base Details | 8/7/16 | W. 3034 # 362. |
| 8/7/16 | O.C. 3 C.C.C.S. | Perfor. Ear Drum (Shell) | Adm hos 3 C.C.C.S. | 3/7/16 | |
| | | | Ifd A.T. hos. 1. | 5/7/16. | } A. 36 D.C.S. 98. |
| 4/8/16 | O.C. C.B.D. | Taken on Strength (TB) | Harre | 4/8/16. | from Roll D.C.S. 108. |
| 3/8/16 | O.C. 7 Can. St. | Inf. Mid. Ear. | Disd To Duty | 3/8/16 | W. 3034 # 45. |
| 10/8/16 | O.C. C.B.D. | Neurasthenia, Class. C. | Ifd to England | 14/8/16. | A.A.G. London file 617 d/- 7/8/16 Pt II No 22 4/2 |
| | | | | | LIEUT. FOR LT-COL. A.A.G. 86 |
| 7/4/17 | C.R.T. Dept | 2 on Strength & attached to C.A.M.C. Hospital Stonehouse | Pinxbeck | 7/4/17 | P.# 10 |
| 4/8/17 | C.R.T. Dept | 2 off Strength To C.A.M.C. Dept | Pinxbeck | 9/7/17 | P.# DO 205 Sidney Stanley Lt ADJUTANT. DEPOT CAN. RLY. TROOPS |
| 12/6/4 | Canada. | T.S. on transfer from Can. Ry. Troops Petawawa to Canada. | Liverpool | 9/6/4 | A.G. 5 16 D.R. Fletcher Lieut |

163

13 - 1 - O.

WEST CLIFF CANADIAN EYE & EAR HOSPITAL.

FOLKESTONE ..Sept 1..... 1917.

SPECIAL REPORT ON EARS

NO. 154310 RANK Pte

NAME Anderson M.C.

IN OR OUT PATIENT Out

UNIT 1st C. Pioneers.

FROM: OFFICER COMMANDING

TO: D.G.S. M.H.

NOSE:

PHARYNX:

LARYNX

NASO-PHARYNX:

| EARS | RIGHT | HEARING | LEFT |
|---|---|---|---|
| | 2 ft | VOICE | 4 ft |
| | Normal | SCHWABACH | + |
| | — | WEBER | → |
| | + | RINNE | Reversed |
| | 2048 | UPPER LIMIT | 2048 |
| | 32 | LOWER LIMIT | 64 |

REMARKS: Chronic Suppurative otitis media with supero-posterior perforation of drum, offensive smell & discharge apparently from middle ear. Some necrosis of post. wall of Mid. Ear: Not

He is ..... fit for overseas service. Condition was present previous to enlistment and has ..... been caused by service.

Would recommend patient for Category C III .

A. Matthew C.A.M.C.

for O.C., West Cliff Canadian Eye & Ear Hospital.

M.

4

SPECIALISTS REPORT ON

NO. 154310 PTE. M. C. ANDERSON.

Mem. & Tym. Right O.K.

Left Old, dry, round perforation. Shrapnel membrane leading into the attic. Rest of membrane opague, land marks obliterated. Moves some with seigels.

Mouth & Facues & Nares O.K.

| R. | | L. |
|---|---|---|
| + | C-1 | + |
| + | C | + |
| + | C1 | + |
| + | C2 | + |
| + | C3 | + |
| + | C4 | + |
| | Weber | → |
| +5 | B.C. | +10 |
| +— | A.C. | —35 |
| Positive | Rinne | Negative |
| 20 ft. | Watch | contact |
| normal | (whisper voice) | Nil |
| 20 ft. | (conversational Voice) | 2 ft. |

Findings.

1. Chr. Ot. Med. (left)
2. Not due to service but possibly aggravated.
3. Treatment - yes.
4. Permanent

This man gives some symptoms of dizziness which I think is due to his ear. I eblieve he also has some cardiac condition, so think he sould be sent up for an examination to settle the cause of vertigo and weakness.

(signed) E. H. Saunders,

Capt. C.A.M.C.

5

## 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 it is essential that the Members of the Pensions and Claims Board 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 pensions vary according to whether the disability is attributed to wounds or injuries received or illness contracted, (1) in the presence of the enemy, (2) on active service. It is therefore essential when assigning the cause of the disability to differentiate between them (*see* Article 591 to 598 of the Canadian Pay and Allowance Regulations as amended G.O., 57, May 1st, 1915).

(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.

20. (*a*) State whether the disability is the result of injuries received or illness contracted, (1) in the presence of the enemy, (2) on active service.

(*b*) If due to one of these causes, to what specific condition do the Board attribute it ?

21. Has the disability been aggravated by

(*a*) Intemperance ?

(*b*) Misconduct ?

22. Is the disability permanent ?

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

*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 ?

*In defining the extent of his inability to earn a livelihood, estimate it at* $\frac{1}{4}$, $\frac{1}{2}$, $\frac{3}{4}$, *or total incapacity.*

25. If an operation was advised and declined, was the refusal unreasonable ?

26. Do the Board recommend

(*a*) Fit for duty ?

(*b*) Fit for light duty ?

(*c*) Invalided to Canada ?

(*d*) Discharge as permanently unfit

OFFICE OF THE
STANDING MEDICAL BOARD.
FOLKESTONE
(19, Westbourne Gardens).

Signatures :—

_____ President.

Station _____ _____ } Members.

Date _____ _____ }

---

Approved.

Station _____ _____

Date _____ Administrative Medical Officer.

41

PENSIONS AND CLAIMS BOARD, Canadian Expeditionary Force, assembled at Folkestone, Kent, England, on the day of 191

## Members of Board.

LIEUT.-COL. SIR H. MONTAGU ALLAN, C.V.O., *President.*
LIEUT.-COL. W. GRANT MORDEN.
MAJOR JOHN L. TODD, C.A.M.C.
MAJOR MAURICE ALEXANDER, *Legal Adviser.*

## Proceedings.

*The Board having considered the evidence of the man marginally noted, and the documents submitted, hereto attached, which form part of these Presents, marked*

_____ *President.*
Lt.-Col.

_____
Lt.-Col.

_____
Major.

_____
Major.

SPECIALISTS REPORT ON

NO. 154310 PTE. M. C. ANDERSON.

Mem. & Tym. Right O.K.

Left Old, dry, round perforation. Shrapnel membrane leading into the attic. Rest of membrane opague, land marks obliterated. Moves some with seigels.

Mouth & Facues & Nares O.K.

| R. | | L. |
|---|---|---|
| + | C-1 | + |
| + | C | + |
| + | C1 | + |
| + | C2 | + |
| + | C3 | + |
| + | C4 | + |
| | Weber | ⟶ |
| +5 | B.C. | +10 |
| + — | A.C. | —35 |
| Positive | Rinne | Negative |
| 20 ft. | Watch | contact |
| normal | (whisper voice) | Nil |
| 20 ft. | (conversational | 2 ft. |
| | Voice) | |

Findings.

1. Chr. Ot. Med. (left)
2. Not due to service but possibly aggravated.
3. Treatment - yes.
4. Permanent

This man gives some symptoms of dizziness which I think is due to his ear. I eblieve he also has some cardiac condition, so think he sould be sent up for an examination to settle the cause of vertigo and weakness.

(signed) E. H. Saunders,

Capt. C.A.M.C.

Address reply to:—
DISTRICT PAYMASTER M. D. NO. 11
VICTORIA, B. C.
and mark letter For "C" SECTION

20935/417

WAR SERVICE GRATUITY
FEB 3 1919
C. E. F., M. D. XI

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 Milton Cyrus 2. Surname Anderson
3. Rank Private 4. Original Unit 1st Can Pioneers 5. Reg. No. 154310
6. Address, in full, to which future payments of gratuity are to be forwarded
Milton C. Anderson
(Nesika Apts) 2021 - 4th Ave. Seattle, Wash.
7. Date of enlistment in the C.E.F. ~~Oct~~ Sept 30th 1915
8. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge (Mrs) Anna Anderson
9. Relationship of such dependent wife
10. Address, in full, of such dependent 2021 - 4th Ave
Seattle Wash.
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:—
after returning from France to England was transfered to C.A.M.C. Can't recall dates
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? not applicable
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 Two years & seven months - (31 months) with 1st Can Pioneers & C.A.M.C.
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.? not applicable

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 ..... no .....

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 ..... Three months Post dis' Pay. for April June & July.

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? ..... not applicable

24. Are you now serving in the C.E.F. ..... no ..... If not, give:—(a) Date of discharge April 30th 1918 ..... (b) Reason for discharge ..... Medically unfit (K.R.O. (C.M.) 1910: 322 (9) Auth D.D. X1 Gen 183 of 19-4-18

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 ..... no .....

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 ..... yes .....
with 1st Canadian Pioneer Batt from March 10-16 to August — 16

27. (a) Are you receiving treatment from the Department of Soldiers' Civil Re-establishment? ..... no
(b) If so, are you in receipt of full pay and allowances from that Department? ..... no .....

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: Milton Cyrus Anderson

Place of Residence: 2021 - 4th Ave Seattle Wash

Declared before me at: Seattle, Washington

This 1st day of February 1919.

Signature of Barrister of the Supreme Court Stipendiary Magistrate, Notary Public, Justice of the Peace, or Commissioner for the Administration of Oaths.

W D Lambuth
Notary Public in and for the State of Washington, residing at Seattle.

## POST DISCHARGE PAY.

| Date paid | Paid Soldier | Paid Dependent | War Service Gratuity | Net amount due |
|---|---|---|---|---|
| 1918 April 30 | | | | |
| May 30 | 100.10 | 75-2 | | |
| June 30 | | | | |

Certified Correct.

District Paymaster.

FOR DIST. PAYMASTER M. D. 11
POST DISCHARGE PAY SECTION

# CANADIAN CONTINGENT EXPEDITIONARY FORCE

M. D. 11

No. 44

## 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. 154310 Rank Pte. Name Anderson M.C.

Corps C.A.M.C. (1st. Pnr. Bn.) No. XI CASUALTY UNIT who was* Discharged

On 30/4/18 191....., to .....

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from 21/2/18 191...., to 30/4/18 191...., the inclusive date of transfer or discharge.

| Dr. | $ | c. | Cr. | $ | c. |
|---|---|---|---|---|---|
| Bal. Dr. from prev. month Cash | 10 | 00 | Bal. Cr. from prev. month | | |
| Advances by Cheques No. L.P.C. | 24 | 13 | Regt'l Pay 69 days at $ 1 c | 69 | 00 |
| Advances by Cheques No. A Post discharge Pay | 58 | 00 | Field Allow. 69 days at $ 10 c | 6 | 90 |
| Assigned Pay and Sep'n Allce. No. | 40 | 00 | Separation Allowances* (Monthly) | 25 | 00 |
| Other charges R.C. | | 25 | Other Allowances* 14 dys Subs. | 11 | 20 |
| Payment on transfer or discharge No. | 45 | 72 | Other Credits* Clothing Allow. | 8 | 00 |
| Balance Cr. (to be paid by the new unit) | | | Bal. Dr. (to be deducted by new unit) | 58 | 00 |
| Total | 178 | 10 | Total | 178 | 10 |

*Give particulars.

A monthly stoppage of $ 15.00 (†) has Paid (‡) been paid on account of Assigned

{Pay for the month of 30/4/18 191....
and Sep'n Allce. for month of 30/4/18 191....} (to) Assignee Mrs A. Anderson

(Address) 1402 5th. Ave. Seattle. Wash.

(†) 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 30/9/15 Vancouver.

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

(3) cause of discharge Medically Unfit. authority F.K.R. & O. for C.M.

(4) authority for transfer 1910--322 (9).

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 30/4/18

Place NEW WESTMINSTER

R. Leslie
Captain *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.—1-18.
H. Q. 1772-39-903.

O.O.A.

ORIGINAL CANADIAN

154310

# MEDICAL HISTORY SHEET.

Surname Anderson Christian Name Hilton Cyrus

Examined { on 28 day of Sept 191 5
at Vancouver B.C.

Approved by J H Moore Capt
Rank M.O

Birthplace { City or Town Kinloss
County Bruce Co Ontario.

Apparent age 38 yrs 1 mos.

Trade or occupation Bridge builder.

Height 5 Feet 8 Inches.

Weight 140 Lbs.

Chest measurement { Minimum 32 inches.
Maximum expansion 35 inches.

Physical development average.

Small-Pox Marks

Vaccination Marks { Arm Right. Left.
Number

When Vaccinated last as a child.

(a) Marks indicating congenital peculiarities or previous disease

(b) Slight defects but not sufficient to cause rejection

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

| Date | Result | Vaccinations. |
|---|---|---|
| 11.1.16 | + | J H M M.O. |
| | | M.O. |
| | | M.O. |

| Date | Result | Anti-Typhoid Inoculations, Etc. |
|---|---|---|
| 27/10/15 | x | J H M M.O. |
| 5/11/15 | x | J H M M.O. |
| 13/11/15 | x | J H M M.O. |
| 15/12/16 | x | [illegible] |
| 13/2/18 | T.AB | W H Simard |

Enlisted on day of 191 at

| | Corps. | Regt'l Number. | Habits. | Date. |
|---|---|---|---|---|
| Joined on enlistment | | | | |
| Transferred to.. ..... | 1st Pnr. Bn. | 154310 | | |

## EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

| Station. | Date. | Disease. | Result. |
|---|---|---|---|
| | 3-11-17 | | Cat: B 4th Unit |

20 AUG 1918

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.
150M.—8-15.
H. Q. 1772-39-439.

Surname Anderson Christian Name Milton Lyman

154310

| STATION. | Date of Arrival at the Station. | Dates of Admission into Hospital. Day | Month | Year | Discharge from Hospital. Day | Month | Year | 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. |
|---|---|---|---|---|---|---|---|---|---|---|---|
| No 8 Can Fld Amb | | 30 | 5 | 16 | 16 | 6 | 16 | Otitis Media | 17. | Returned to Duty | A 65-77. |
| No 7 C. St Hosp Havre. | | 13 | 7 | 16 | 3 | 8 | 16 | Inf mid ear | 21. | Dis to duty | A 96-111 |
| Shoreleff Mil Hpl | | 13 | 8 | 17 | 13 | 8 | 17 | N.Y.D. | | Trans to Etchinghill | J.H. Kerr Lt |
| CANADIAN HOSPITAL, ETCHINGHILL, LYMINGE, | | 13 | 8 | 17 | 23 | 8 | 17 | Syphilis Chancre Extragenital | 11 | Disch'd to Unit as Out Patient Primary infection contracted prior to enlistment | A.O. Kerr Lt Capt. C.A.M.C. |

VES

Rank Pte. Name ANDERSON Milton Cyrus Reg'l No. 154310 R—122.

Unit 1st Pioneer Bn If in perm. Corps, What Unit? Married or Single Married

Place and Date of Enlistment Vancouver, 30 Sept.1915. Place of Birth Bruce Co. Ont.

Name and Address, Next-of-Kin Mrs M.C.Anderson

916, 3rd Ave, Seattle, Wash, U.S.A. Relationship Wife

Assigned Pay Monthly $ Payable to

Relationship

Separation Allowance $ Payable to

Relationship 65

Discharge, Date and Place Reason Character Pte

N/E. R.B. No 2491
File R.L.
Category OR Can

| Report Date | Report From whom received | Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case. | Place | Date | REMARKS Taken from Official Documents |
|---|---|---|---|---|---|
| | | Arrived in England | 30 NOV 1915 | | |
| 9/3/16 | O.C. 1st Pioneers | Embarked for France. | 9 MAR 1916 | | Pt II D.O. #69 |
| 18.3.16. | —"— | Contact Measles. #14 Staty Hosp. | Wimereux. | 10.3.16. | CLa 1. |
| 4.4.16 | —"— | Disc. to Base Det. | Boulogne. | 27.3.16 | CLa 8. |
| 13.6.16. | —"— | Otitis Media. #8 Can. Fld. Amb. | France. | 30.5.16. | CLa 64. |
| 27.6.16. | —"— | Returned to Duty. | —"— | 16.6.16. | CLa 77. |
| 17.7.16 | —"— | Admn. No. 1 Conv. Depot | Boulogne | 7.7.16 | CL. A 92. "Sick" |
| 18-7-16 | —"— | To Can. Base Depot | Rouelles | 11-7-16 | C. L. A 93 |
| 21.7.16. | —"— | Inf. Mid. Ear. #7 Can. Sta. Hosp. | Havre. | 13.7.16. | CLa 96. Perfor. Ear Drum. Shell. CLa 102. |
| 14.8.16. | —"— | Discharged to Duty. | France | 3.8.16. | CLa 111. |
| 15.8.16. | —"— | To Can. Base Dep. | —— | 4.8.16. | CLa 112. |

| Report Date | Report From whom received | Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case. | Place | Date | REMARKS Taken from Official Documents |
|---|---|---|---|---|---|
| 16.8.16. | C.C.A.C. | Taken on Strength. | Folkestone | 15.8.16. | 91.II - 337. E.V.C. |
| 21-8.16 | 1st Pnr. Bn | Classified 'C' & Trans CCAC | Field | 14.8.16 | Pt II O 22. |
| 28.8.16 | ccac. | On command to S'Cliffe Mil H. | Folkestne | 25.8.16 | " " 360. |
| 27.8.16 | S Mil H. | Att for PBD from CCAC | Shorncliffe | " | " 72. |
| 28-2-17 | — " — | Adm. S. Mil. Hosp. | — " — | 27-2-17 | " 59 & C.L. 270 Otitis Media |
| 17-3-17 | Do. | Disch. Do | Do. | 28-2-17 | C.L. 277 & Pt II D.O. 75. |
| 7.4.17 | CRT. | TOS. from CCAC and on com. to Shorn. Mil Hos | Purfleet. | 10.3-17 | Pt II O. 86. |
| 14-6-17 | Mil Hosp. | Ceases to be Att on return to his Regt | Dep. Shorncliffe | 9-6-17 | — 164. |
| " | " | TOS. from CAMCD. | " | 9-6-17 | — 164 |
| 12-6-17 | CAMCD. | TOS from Can Rep Tps o posted to Mil Hosp S'Cliffe | W'hanger | 9-6-17 | — 165. (Depot. S.R.D. Pt II Do. 205 d/4.8.17) |
| 12.7.17 | CAMCD. | TOS & of comm S'cliffe Mil Hosp. | " | 1.7.17 | — 193. S M Hosp Pt II 200 7 20/7/17 |
| 17-8-17 | CAMC Eng. | Admt Can Hosp. Etch. | | 14-8-17 | CL 77 VDS. |
| 31-8-17 | Do. | Disch. Do. | Lyminge | 24-8-17 | C.L. 84. VAS. |
| 24.9.17 | Do. | Ceases On Com. & S.O.S. on posting to 9. C Gen Hos. S'cliffe | W'hanger | 24.9-17 | Pt 2 O. 267. & 3. 9 C.G. Ho. d/26/9/17. |
| 21-2-18 | #9 C Gen Hosp | S.O.S. to C.A.M.C. Dep | Shorncliffe | 19-2-18 | Pt II D.O. 52. / CAMCD. Pt II D.O. 51 d/20/2/18 |
| 24.2-18 | CAMCD. | On Comm to 1st CCD Buxton | do | 23-2-18 | — 55 |
| 15.3.18 | do | S.O.S to Canada for dis by OG. | do | 27-2-18 | — 74. |

MILITIA AND DEFENCE

# SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

M. F. W. 11a.
60m.—12-15.
1772—39—818.

P. ASW 24/4/1

Sheet No. 2. Anna Anderson Wife PAYMENTS.

Name of Soldier Anderson Milton C. Pte

L. L. Job 89002.—Req. 6213.

| Month. | Year. | Cheque No. | Amt. 120 | Remarks. |
|---|---|---|---|---|
| April | 1916 | H94 | 20 | 20 |
| May | | J4347 | 20 | 20 |
| June | | D 2098 | 20 | 20 |
| July 8 | | L 10214 | 20 | 20 |
| Aug. | 16 | A 11912 | 20 | 20 |
| Sept. | | 4 14712 | 20 | 20 |
| Oct. | | E.17950 | 20 | 20 |
| Nov. | | E21004 | 20 | 20 |
| Dec. | | E24489 | 20 | 20 |
| Jan. | 1917 | E27948 | 20 | 20 |
| Feb. | | E30965 | 20 | 20 |
| March | | E34290 | 20 | 20 |
| April F1406 | | ~~F70~~ | ~~20~~ 20 | 20 RE-WRITE F 70 Cancl H. |
| May | | F3693 | 20 | 20 |
| June 27 (J) | | G6835 | 20 | 20 New address – |
| July | | F10559 | 20 | 20 |
| Aug. | | H 12898 | 20 | T |
| Sept. | | G 16715 | 20 | B 480. |
| Oct. | | | 20 | M |
| Nov. | | | | |
| Dec. | | | | |
| Jan. | 1918 | | | |
| Feb. | | | | |
| March | | | | |
| April | | | | |
| May | | | | |
| June | | | | |
| July | | | | |

MILITIA AND DEFENCE

# SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier.....

## PAYMENTS.

| Month. | Year. | Cheque No. | Amt. | Remarks. |
|---|---|---|---|---|
| Aug. | 1918 | | | |
| Sept. | | | | |
| Oct. | | | | |
| Nov. | | | | |
| Dec. | | | | |
| Jan. | 1919 | | | |
| Feb. | | | | |
| March | | | | |
| April | | | | |
| May | | | | |
| June | | | | |
| July | | | | |
| Aug. | | | | |
| Sept. | | | | |
| Oct. | | | | |
| Nov. | | | | |
| Dec. | | | | |
| Jan. | 1920 | | | |
| Feb. | | | | |
| March | | | | |
| April | | | | |
| May | | | | |
| June | | | | |
| July | | | | |
| Aug. | | | | |
| Sept. | | | | |
| Oct. | | | | |
| Nov. | | | | |

L. L. JOB. 85506 M. & D. 5997.

30-9-15

MILITIA AND DEFENCE

# SEPARATION ALLOWANCE

C

M. F. W. 11.
10m.—9-15.
H. Q. 1772-1-13.

72

Name Mrs. Anna Anderson

Address ~~916 3rd Ave.~~

~~Seattle Wash.~~ U.S.A.

~~643 Webster St.~~

~~San Francisco, Cal.~~

~~Con Delivery~~

~~Seattle Wash~~

~~1402 5th Ave~~

Relation to Soldier wife, child or mother } Wife

apl #7

~~643 Webster St~~

~~San Francisco. Cal~~

Name of Soldier Anderson, Milton C.

Regtl. No. 154310

Rank Pte

Corps 1st Can. Pion'rs

To what Corps belonging when called out } U.S.A.

## PAYMENTS

| Month | Year | Cheque No. | Amt. | REMARKS |
|---|---|---|---|---|
| 4/9/1781 | | | | |
| Aug. | 1914 | | | |
| Sept. | 1402 - 5 ave | | | |
| Oct. | Seattle Wash | | | |
| Nov. | USA. | | | |
| Dec. | | | | |
| Jan. | 1915 | | | |
| Feb. | | | | |
| March | | | | |
| Apl. | | | | |
| May | | | | |
| June | | | | |
| July | | | | |
| Aug. | | | | |
| Sept. | | | | |
| Oct. | | 07523 | 20. | 20 |
| Nov. | | 015162 | 20 | 20 |
| Dec. | | E22889 | 20 | 20 |
| Jan. | 1916 | E25470 | 20 | 20 |
| Feb. | | F27337 | 20 | 20 |
| March | | G30265 | 20 - | 20 120. |

CONSOLIDATED ACCOUNT 3

MILITIA AND DEFENCE

Wife **ASSIGNED PAY**

OVERSEAS CONTINGENTS

M. F. W. 12a.
60m.—12-15.
1772—39—819.

Sheet No. 2. Mrs. Anna Anderson. PAYMENTS. Name of Soldier Anderson. M.C.

Pte. B. Co. 1st C. P.

L. L. Job 89002.—Req. 6213.

| Month. | Year. | Cheque No. | Amt. | | Remarks. |
|---|---|---|---|---|---|
| | | | 75 | $15.00 | |
| April | 1916 | J 568 | 15 | | |
| May | | K 3756 | 15. | | |
| June | | L 6972 | 15 | | |
| July | | A 7507 | 15 | | |
| Aug. | | A 11933 | 15 | | |
| Sept. | | C 15275 | 15 | | |
| Oct. | | E 19584 | 15 | | |
| Nov. | | E 27558 | 15 | | |
| Dec. | | C 35005 | 15 | | |
| Jan. | 1917 | I 36145 | 15 | | |
| Feb. | | I 42500 | 15 | 15 | |
| March | | I 48594 | 15 | 15 | |
| April | | J 235 | 15 | 15.6. | |
| May | | J 6528 | 15 | | |
| June | | J 13137 | 15 | 15.6 | |
| July | | J 19940 | 15 | | |
| Aug. | | L 27037 | 15 | | |
| Sept. | | K 33737 | 15 | 345. | |
| Oct. | | | | | |
| Nov. | | | | | |
| Dec. | | | | | |
| Jan. | 1918 | | | | |
| Feb. | | | | | |
| March | | | | | |
| April | | | | | |
| May | | | | | |
| June | | | | | |
| July | | | | | |

1402 - 5th Ave Seattle Wash U.S.A.

MILITIA AND DEFENCE

# ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier.....

## PAYMENTS.

| Month. | Year. | Cheque No. | Amt. | Remarks. |
|---|---|---|---|---|
| Aug. | 1918 | | | |
| Sept. | | | | |
| Oct. | | | | |
| Nov. | | | | |
| Dec. | | | | |
| Jan. | 1919 | | | |
| Feb. | | | | |
| March | | | | |
| April | | | | |
| May | | | | |
| June | | | | |
| July | | | | |
| Aug. | | | | |
| Sept. | | | | |
| Oct. | | | | |
| Nov. | | | | |
| Dec. | | | | |
| Jan. | 1920 | | | |
| Feb. | | | | |
| March | | | | |
| April | | | | |
| May | | | | |
| June | | | | |
| July | | | | |
| Aug. | | | | |
| Sept. | | | | |
| Oct. | | | | |
| Nov. | | | | |

L. L. JOB. 85506 M. & D. 5997.

M. F. W. 12.
20m.—9-15.
H. Q. 1772-39-819.

2nd Contingent wife

MILITIA AND DEFENCE

# ASSIGNED PAY

## OVERSEAS CONTINGENTS

To Whom Mrs. Anna Anderson

17/8/16 Address ~~916 — 3rd Avenue~~ ~~643 Webster St San Francisco Cal~~ 1402 5th Ave Seattle ~~Seattle Washington USA~~ U.S.A. ~~Gen. Del. Seattle U.S.A.~~

Rate $15.00

By Whom Assigned Anderson M. C.

Regtl. No. 154310

Rank Pte

Corps B Coy. 1st Can Pioneers C.E.F.

NOV 1 - 1915

## PAYMENTS

| Month | Year | Cheque No. | Amt. | REMARKS |
|---|---|---|---|---|
| Aug. | 1914 | | | Address:- ~~643 Webster St. Cpt. 7. San Francisco California U.S.A.~~ 1402-5th Ave Seattle Wash U.S.A. |
| Sept. | | | | |
| Oct. | | | | |
| Nov. | | | | |
| Dec. | | | | |
| Jan. | 1915 | | | |
| Feb. | | | | |
| March | | | | |
| April | | | | |
| May | | | | |
| June | | | | |
| July | | | | |
| Aug. | | | | |
| Sept. | | | | |
| Oct. | | | | |
| Nov. | | | | |
| Dec. | | Y16681 | 30 | Consolidated Account |
| Jan. | 1916 | S10896 | 15 | |
| Feb. | | W13149 | 15 | |
| March | | X13417 | 15 | 75. |

# POST DISCHARGE PAY OFFICE

20935/417

Three months pay and allowances after discharge.

Name Anderson, M. C.
Surname Christian Name

Regimental Number 154310 Rank Pte.

Unit XI C.A.S.F.

Original Unit

District where paid M.D. #11.

Date of Discharge

P. D. P. Filing Number 3-235-11

Address (in full) Hotel Georgian Seattle - Wash.

Rates:—Regimental pay $ 1.11 per diem: Field Allowance $ .10 per diem. Separation Allowance $ 25.00 per month.

L. L. 46038—M. & D. 9245.

| Total Credits 91 days | FIRST PAYMENT Cheque No. A | Date | Amount 30 days | SECOND PAYMENT Cheque No. B | Date | Amount 30 days | FINAL PAYMENT Cheque No. C | Date | Amount 31 days | Balance Over-payments to be Recovered | Total Amount Paid |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 175.10 | 3016 | 30 5/18 | 58 00 | 2914 | 30 6/18 | 59 10 | | | | 58 00 | 117 10 |
| 1784 1st G | 36199 | 12/3/19 | 70 00 | | | | | | | | |
| " " G | 36200 | 12/3/19 | 30 00 | | | | | | | | |
| 1567a 2nd G | 34163 | 12.3.19 | 70 00 | | | | | | | | |

M. F. W. 127.
25M.—8-18.
1772-39-1140.

Remarks: $58.00 Advance on P.D.P. by Cos. Paymaster.

Dec'n No 20935/417 W. S. G. File No 0367 M-2

Award ..... days at $ 70 per day $ 500.00

S. A. ..... months at $ 30 per mo. $ ..... $ 175.10

Less P. D. P. Credited $ 324.90

Less further debit balance $ .....

Net due paid as below 324.90

TO SOLDIER TO DEPENDENT

| | Ag. No | Ch No | Amount | Ag. No | Ch No | Amount |
|---|---|---|---|---|---|---|
| 1 | 1783 | 36199 | 70 00 | 1783 | 36200 | 30 00 |
| 2 | 1560a | 34163 | 70 00 | ~~5964~~ | 508096 | 30 00 |
| 3 | 1431B | 412274 | 34 90 | 2323B | 440220 ~~412275~~ | 30 00 |
| 4 | | | | 1300C | 464923 | 30 00 |
| 5 | | | | | 485729 | 30 00 |
| 6 | | | | | | |
| | Total | | 174 90 | Total | | 150 00 |

12-3-19

8-4-19

Acc no file Ref for G.A. 28/19

19.4.19

~~8-4-19~~

23.5.19

GEN'L AUDITOR

Posting checked by G. A. Holbrook

Date 23/9/19

Mrs Anna Anderson

Nesika Apts.

2021 4th ave

Seattle Wash

508096

P—56

Rank Pte. Name. ANDERSON Milton Cyrus 9 Gen Reg'l No. 154310

Unit 1st Pioneer Bn If in perm. Corps, What Unit? Married or Single Married

Place and Date of Enlistment Vancouver, 30 Sept.1915. Place of Birth Bruce Co. Ont.

Name and Address, Next-of-Kin Mrs M.C.Anderson

916, 3rd Ave, Seattle, Wash, U.S.A. Relationship Wife

Assigned Pay Monthly $ 15.00 1/11/15 Payable to Anna Anderson 916-3rd Avenue, Seattle Wash. U.S.A.

Relationship

Separation Allowance $ Payable to

Relationship SEP 14 1918

Discharge, Date and Place Reason Character

| 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 | Balance | Remarks, Casualties, etc |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1/12/15 | 31/12/15 | 31 | 1.00 | 31 | 31 | .10 | 3 10 | 10 | 44 10 | | | 9 73 | 15 | | 24 73 | 19 37 | Bal. from last. |
| Jan | | 31 | . | 31 . | 31 | . | 3 10 | | 34 10 | | | 19 47 | 15 | | 34 47 | 19 00 | |
| 2/2/16 | 29/2/16 | 29 | 1.00 | 29 | 29 | .10 | 2 90 | | 31 90 | | | 24 34 | 15 . | | 39 34 | 11 56 | |
| 1/3/16 | 31/3/16 | 31 | 1.00 | 31 - | 31 | .10 | 3 10 | | 34 10 | | | 87 | 15 - | | 15 87 | 29 79 | J.10. R |
| | | | | 122 . \ | | | 12 20\10 . \ | | 144 20\ | | | 54 41\60 . \ | | | 114 41\ | | |

Checked J.10 Ross

BALANCE TRANSFERRED TO NEW LEDGER.

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

D.M.S. 1300.

Surname: Anderson
Christian Name or Names: M C
Reg. No.: 154310

Rank: Pnr Pte
Unit: (1st Pioneer Battn)
Co.:
Troop: C. a M. C
Batty: Eng

Hospital:
Date of Admission:

Transferred 14 Stat Wimereux Hosp. 10-3-16
8 Can F. Amb. Hosp. 30.5.16.
1 Can Dep. B'logne Hosp. 4.4.16
#7 Can. Stat. Havre. Hosp. 13.7.16.

Diagnosis: Contact Measles
(1) Otitis media.
Later Diagnosis (if changed)
(2) Inf Middle Ear. perfor.
(3) Ear Drum (Shell)

Additional Diagnoses: If more than one state present
Otitis media
O.D.S. It.

DISPOSITION: Dis. to Base Det. Boulogne. Date 27.3.16.
Retd to duty. 16.6.16.
O.C. 1 P. Bat. repts.

REMARKS
Can Base Depot. 11.4.16
Dis. to duty. 3.8.16.
C. B. Dep. 4.8.16.
Dis 28.2.17
Disch 24.8.17

CL 18.3.16 A1
" ~~4.3.~~
" 4.4.16. a8
" 13.6.16. A65.
" 27.6.16. A77.2.
" 18.7.16. a93
" 21.7.16 A96.
" 28.7.16 a102 note
14.8.16. A111.
15.8.16. A112.
8.3.17. 270.
28.3.17 277

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

over

# EPITOME OF HOSPITAL TREATMENT.

| | Hospital | Adm. |
|---|---|---|
| 1. | Mpl Hosp. Thorncliffe | 28.2.17. |
| | Etchinghill b. Rule. | 14.8.17. |
| 2. | | |
| 3. | | |
| 4. | | |
| 5. | | |
| 6. | | |
| 7. | | |

Ch 17.8.17. 72.
– 31-8-17 #84 2

R. 149.

Melton Cynes

*Name* ANDERSON ~~M.C.~~ *Rank* Pnr. *Reg. No.* 154810

*Unit* 1st. Pioneer Battalion.

*Next of Kin* U.S.A.

| Date | Movement | Place | Casualty | List No. | Notified N/K O. | W.O. List |
|---|---|---|---|---|---|---|
| 10.3.16 | No 14 Sty Hsp | Wimereux | Contact Measles | A1 | | |
| Mar 27 | Dis to Base Det | | do | A8 | | |
| May 30 | No 8 Can Fld Amb | | Otitis Med | A65 | | |
| June 16 | O.C. Rpts Ret to Duty | | do | A77 | | |
| July 7 | No 1 Can Depot | Boulogne | Sick I | A92 | | |
| 11.7.16 | Can Base Depot | Boulogne | do. | A95 | | |
| July 13 | No 7 Can Sty Hsp | Havre | Inf. Med. Ear | A96 | | |
| | Read Casualty As | Perfor. Ear Drum. Shell. | | A102. | | M 10383. |
| Aug. 3. | DISCHARGED. to Duty. | | do | A111. | | |
| " 4. | CAN BASE DEPOT. | | do | A112. | | |

~~[illegible] Mil Hsp~~ ~~S'cliffe~~ ~~Otitis Mean~~ ~~B280~~

| Date | Movement | Place | Casualty | List No. | Notified N/K O. | W.O. List |
|---|---|---|---|---|---|---|
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No. 154310 RANK Pte - NAME Anderson M. C.

T. O. S. UNIT 1st Can. Pioneers. 1 Battalion

M. D. 10

| PAID FROM | PAID TO | SIG. OR REC'T | PROMOTIONS, TRANSFERS, DISCHARGES, ETC. | |
|---|---|---|---|---|
| | | | PARTICULARS | AUTHORITY |
| 1915 | 1915 | | | |
| Oct. 1 mov. | Oct. 31 | V. | | |

CS

Hll

Number 154310 Rank Pte

Surname ANDERSON

Christian Name Milton Cyrus

Units 1st Co Pur Bn Theatre of War France

Date of Service 9-3-16

Remarks

Latest Address 2021 - 4th Ave
Seattle Wash.
U.S.A.

Roll No. B. Page 20599

200m.-6-21.

# GRATUITY (IMPERIAL)

| | | |
|---|---|---|
| CHRISTIAN NAME | SURNAME | REG. NO. |
| SCHEDULE NO. | LINE NO. | |
| UNIT RETIRED OR DISCHARGED FROM | | |
| PLACE OF RETIREMENT OR DISCHARGE | | |
| DATE RECEIVED FROM OTTAWA | | IMPERIAL DEPOT NO. |
| DATE RECEIVED FROM REG. DEPOT. | | DATE FORWARDED TO OTTAWA |

DESP. NOV 3 1922
REGN. NO. 1866

868—D.P.—40M-1-12-19.

FORM R. 149.
7106—250m—7/2/17.

*Name* ANDERSON.Milton Cyrus *Rank* Pte. *Reg. No.* 154310

*Unit* C.A.M.C. MLTY.HSP.SHORNCLIFFE.

*Next of Kin* U.S.A.

| Date 1917. | Movement | Place | Casualty | List No. | Notified N/K O. | W.O. List |
|---|---|---|---|---|---|---|
| 28-2. | Mlty.Hsp.Shorncliffe. | | Otitis Media. | 270 | | FR |
| Feb.28 | Discharged:- | Do | Do. | 2787 | | |
| 14-8 | CAN. HOSP. ETCHINGHILL | | V.D.S. | 42 | | |
| 24-8 | Discharged:- | | Do. | 84 | | |

| Date | | Movement | Place | Casualty | List No. | Notified N/K O. | | W.O. List |
|---|---|---|---|---|---|---|---|---|
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(649-a-1483)

CARD NO. gas 1795

SURNAME. Anderson

CHRISTIAN NAMES Milton Cyrus

REGL. NO. 154310 RANK Pte

UNIT 1st Pioneer Batt

FORMER CORPS

II
S.O.S. Dis. 30-4-18
Auth. Part II- 23 of 10-5-18

CHANGE OF ADDRESS

NAM

RELA

ADDI

Anderson Mrs. M. C.
Wife
1402 Fifth Ave, Seattle Wash.

S.A.A.P. 8-9-17.

COUNTRY OF BIRTH Canada Knaloss, Bruce DATE

PLACE OF ATTESTATION Vancouver B.C. DATE Sept 30th 1915

O/S 20/11/15 264/2

R/C 16-3-18 4/18 II

L. L. 6945. M. & D. 6994.

M. F. W. 22. 100M.—8-16. H. Q. 1772-39-339.

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

| LIST No | HOSPITAL | DATE OF ADMISSION | REMARKS |
|---|---|---|---|
| A8. | #14 Stat. Wimereux<br>Disch. to Base Details,<br>Boulogne. | 27-3-16 | Com. measles |

Milton Cyrus

REGT'L NO 154310

NAME Anderson, C.

H. Q. FILE No. 649-

RANK AND CORPS Pvt. 1st. Pnr. Bn.

FOLLOWS NO.

FOLLOWS

CABLE

| No. | Date |
|---|---|
| | |

NATURE OF CASUALTY

L. L. Job 90581—M. & D. 6314.

M F. W. 42—50M—1-16.
H. Q. 17-2-39-853.

Date of Enlistment 30-9-15

MILITIA AND DEFENCE

# Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Date of Assignment Nov. 1, 1915

RATE OF SEPARATION ALLOWANCE

| | | | |
|---|---|---|---|
| 20. | 1/12/17 25 | | |

PC 3257

RATE OF ASSIGNMENT

| | | | |
|---|---|---|---|
| $ 15 | | | |

1V1a23 HMP

## PARTICULARS OF SEPARATION ALLOWANCE

No. 154310

Rank Pte. Promoted Reverted Discharge

Soldier's Name M. C. Anderson

Battalion B. Coy. 1st. Can. Pioneers C.E.F.

Beneficiary Mrs. Anna Anderson,

Relationship Wife

Address

## PARTICULARS OF ASSIGNMENT

Name Mrs. Anna Anderson (wife)

Address ~~643 Webster St. Apt. 7, San Francisco, California, U.S.A.~~

Change of Address

1 1402-5th Ave Seattle Wash U.S.A.

2

3

4

| Date | Cheque No. | Amount S/A | Amount A/P | Total | |
|---|---|---|---|---|---|
| 30/9/17 | | 480 | 345 | 825 | |
| Oct | C 51403 | 20 | 15 | 35 | |
| Nov | C 52641 | 20 | 15 | 35 | T |
| Dec | F 54965 | 20 | 15 | 35 | M |
| Jan | A 54251 | 30 | 15 | 45 | B |
| Feb | B 92479 | 25 | 15 | 40 | |
| Mar | G 99714 | 25 | 15 | 40 | |
| Cf | | 620.00 | ~~345~~ 435.00 | | |

REMARKS

A/c Closed 31/3/18

Ret'd per Orpington

Date 21/3/18 F.X. 23/3/18

Clerk Jno Baron

MRO 2B destroy 23/3/18

M. F. W. 128
400M.—6-17—1772-39-1141
L. L. 22320—M. & D. 7993.

CONSOLIDATED ACCOUNT

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

# Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

| | | | |
|---|---|---|---|
| | | | |

RATE OF ASSIGNMENT

| | | | |
|---|---|---|---|
| | | | |

## PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank  Promoted  Reverted  Discharge

Soldier's Name

Battalion

Beneficiary

Relationship

Address

## PARTICULARS OF ASSIGNMENT

Name

Address

Change of Address

1

2

3

4

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

M. F. W. 128
400M.—6-17—1772-38-1141
L. L. 22330—M. & D. 7993.

# 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.

M

# Proceedings on Discharge.

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

No. 154310

Rank Pte

Name Anderson, Milton Cyrus

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

Corps (Squadron, Battery or Company) No. XI. CASUALTY UNIT

Date of Discharge April 30, 1918

Place of Discharge NEW WESTMINSTER, B. C.

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age 43 years 7 months.
Height 5 feet 8½ inches.
Complexion Dark
Eyes Brown
Hair Brown Grey
Trade Broker
Intended place of residence (To be given as fully as practicable.) ~~140 of 5th Avenue~~ Hotel Georgian Fourth Ave. Seattle Wash. ~~Seattle U.S.A.~~

Descriptive Marks
Vacc 2 left arm.

Deceased 10-7-56

2. The above-named man is discharged in consequence of under K.R.&O. for CM 1910 Para 322(9)
Medically Unfit

Auth DD #11 - Gen-1 & Gen 183 of 19 4/18

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

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

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

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.)

Broker

KCD 1-3-20

M. F. B. 218.

100m.—6-16.
H. Q. 1772-39-113

(OVER)

W. S. G. Comp
18/2/19 I.B.

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 ..... France (5) months

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) NEW WESTMINSTER, B. C.

(Date) April 30 1918 *Commanding* Raider Capt

For O. C. No. 11 Casualty Unit

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) NEW WESTMINSTER, B. C. M. C. Anderson *(Signature of Soldier.)*

(Date) April 30, 1918 Dft Duncan R.J. *(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) 2 years 213 days.

Total 2 years 213 days.

11. **Confirmation of Discharge.**

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

(Place) NEW WESTMINSTER, B. C.

(Date) April 30, 1918

*(Signature)* Raider Capt.

For O. C. No. 11 Casualty Unit.

**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.)

no reservations

M. C. Anderson

(OVER)

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 depot 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, dispatch, 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.

This space to be left blank for the Chelsea Number.

Army Form B. 268.

B

# Proceedings on Discharge.

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

No. 154310 Army Rank Pte.

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

Corps C.A.M.C.D.

Battalion, Battery, Company, Depôt, &c. 1st Pioneers
(If attached to the Regular Establishment of the Special Reserve or Permanent Staff of the Territorial Force, &c., or to General Staff of the Army, it should be so stated.)

Date of discharge

Place of discharge

1. *Description at the time of discharge.*

Age 43 years months
Height 5 feet 8½ inches
Chest measurement { girth when fully expanded ins. / range of expansion ins.
Complexion
Eyes
Hair
Trade Timber Broker
Intended place of residence (To be given as fully as practicable) Vancouver B.C.

Descriptive marks. Scar R. Leg. accidental (11)

(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.)

Returned to Canada-Authority Medical Board of Officers.
Held at Shorncliffe Date 20-2-1918
Category B.3.

certificate. If discharged by superior authority, the No. and date of the

To be filled in on the soldier quitting the Colours.

3. Military character :—

4. 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*

* Strike out if not applicable.

D. D. & L., London, E.C.
A4502 Wt. W17176 M291 500,000 2/16 Sch. 33
Forms B. 268 40

[OVER.

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 (it 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 depot 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).

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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, dispatch, 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.

This space to be left blank for the Chelsea Number.

Army Form B. 268.

B

# Proceedings on Discharge.

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

No. 154310 Army Rank Pte.

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

Corps C.A.-M.C.D.

Battalion, Battery, Company, Depôt, &c. 1st Pioneers
(If attached to the Regular Establishment of the Special Reserve or Permanent Staff of the Territorial Force, &c., or to General Staff of the Army, it should be so stated.)

Date of discharge

Place of discharge

1. *Description at the time of discharge.*

Age 42 years months
Height 5 feet 8½ inches
Chest measurement { girth when fully expanded ins. / range of expansion ins.
Complexion
Eyes
Hair
Trade Timber Broker
Intended place of residence (To be given as fully as practicable) Vancouver B.C.

Descriptive marks. Scar R. Leg. accident. (11)

(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

(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 :—

4. 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*

* Strike out if not applicable.

D. D. & L., London, E.C.
A4502 Wt. W17176 M291 500,000 2/16 Sch.3) Forms B. 268 40

[OVER.

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).

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

Classification for service, or proficiency pay... ... ... ... ... ... Class_____

6. Campaigns, Medals and Decorations — France 3 mths.

Certificate of education ....._____

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

(Place)_____ _____

(Date)_____ *Commanding*_____*Battn.*_____*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.

(*Place*)_____ _____(*Signature of Soldier.*)

(*Date*)_____ _____(*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)

(Place)_____

*Signature*_____

(Date)_____

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.)

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

| Date | Brief details, and signature |
|---|---|
| Aug 24–1916 | Dyspnoea & weakness — Permanent base duty<br>P. Hovey Capt<br>Brandon Boro |
| 24 AUG 1916 | Permanent Base Duty. — |
| Feb 20/18 | Category B III with right to be retained 6 months A.W.B. Birch Lieut Cane |
| | PRESIDENT, STANDING MEDICAL BOARD.<br>F B Wilson |

**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 |
|---|---|---|---|---|---|
| | | | | | |

C.C.A.C.

France
002 237

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 337 16/8/16

*Surname* Anderson *Christian Name* M. C.

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 .

| Joined on Enlistment ... | Corps | Regtl. No. |
|---|---|---|
| | 1st Prion. | 154310 |
| Transferred to ... ... | | |

Became non-effective by _____

28

on _____ day of _____ 191 .

(*Signature*) _____

(*Rank*) _____

(8 82 62) W 2869—1662 20,000 5/15 H W V(R) Forms/B. 178 [P.T.O.

## TO BE COMPLETED WHEN TREATMENT IS REFUSED

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

Witness A R Langley Signed M C Anderson

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.

## INSTRUCTIONS

1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of pages 1 and 2 of this Form. The President of the Board of Medical Officers is responsible for the proper completion of the space, of page 3, reserved for recording the Proceedings of a Board of Medical Officers.
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. If a complete answer to any question requires more space than that reserved for it, the answer may be continued on the blank space on this page.
5. The nomenclature of diseases to be followed is that 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 and Sons.

(Wife) Anna Anderson, 1402 5th Ave. Seattle, Wash.

(Medical Officers will please read this Form carefully before using it. See instructions, page 4.)

FORM TO BE USED FOR WARRANT OFFICERS, N.C.O'S, AND MEN

# MEDICAL HISTORY OF AN INVALID

No. M1, C/c STATION New Westminster, B.C. DATE Apr. 2, 1918

1. (a) Unit 1st Pioneers (b) Regimental No. 154310 (c) Rank Pte.
   (d) Surname Anderson (e) Christian name Cyrus Milton
2. Age last birthday 43 Date of birth Sep. 19, 1874
3. Enlisted at Vancouver, B.C. on Sep. 29, 1915
4. Personal description :—
   (a) Height 5' 8½" (b) Weight 130 (stripped) (c) Complexion Dark
   (d) Colour of hair brown gray (e) Colour of eyes brown (f) Identification marks Vacc. 2 left.
5. Address after discharge (for the use of the Board of Pension Commissioners.) 1402 5th Ave. Seattle, Wash.
6. Former trade or occupation Broker
7. (a) Service

| | Years | Days |
|---|---|---|
| | 2 6/12 | 28 |

| | Periods | |
|---|---|---|
| | From | To |
| Canada | Sep. 29, 1915 | Nov. 29, 1915 |
| England | Nov. 29, 1916 | Mar. 9, 1916 |
| France | Mar. 9, 1916 | Aug. 14, 1916 |
| England | Aug. 14, 1916 | Mar. 17, 1918 |
| Canada | Mar. 17, 1918 | Present |

   (b) Has he been Overseas? Yes
8. Present disease or disability (use authorized nomenclature if possible) 1. V.D.H. 2. Defective Hearing
   (a) Date of origin 1. 1895 2. Not known (b) Place of origin 1. U.S.A. 2. U.S.A.
   (c) Cause* 1 & 2 Unknown *(Here include original disease or injury)
9. Present condition. (Important, to be a full description of the present disabling condition or conditions).

Heart regular, rate 112, enlarged to nipple line, apex beat 2½ in. below nipple. There is a mitral systolic murmur. Complains of dyspnoea, palpitation dizziness and weakness from walking fast, running, heavy lifting or climbing stairs. He requires to rest after walking ½ mile to a mile. Is generally nervous. Complains of insomnia and hands tremble Lungs normal. 2. See specialists report. Incapacity due to partial loss of function of heart and ears. We consider his refusal to accept treatment to be unreasonable.

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

M. F. B. 227.
15 M -6-17.
1772-39-117.

26

10. History ;

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

Vacc. 2 left.

11. To what extent, state in percentages, is capacity to earn a livelihood in the untrained labour market reduced ? If there is more than one disabling condition, estimate the incapacity due to each, and that due to all combined.

12. Did the disability arise on or off duty ? 1 & 2 Before enlistment

13. Was a Court of Inquiry held ? No

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

Yes..... No.....

(If the answer is in the affirmative, state in percentages, to what extent the soldier is incapacitated by that aggravation.)

15. Was the disability caused or aggravated by negligence, by vice or by misconduct, or by unreasonable refusal to accept treatment ? 1 & 2 Refuses treatment

(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.)

16. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one ? 1 & 2 Permanent

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

Treatment in Hospitals in England

18. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit ?

1 & 2 Yes

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

20. Recommendations

Discharge Class E. Medically unfit.

Medical Board.

*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.)

I, the undersigned M L Anderson have heard the description of my disability read, and am satisfied (or not satisfied) with it. (If dissatisfied, statement should follow.) I complain in addition of

M L Anderson

*Signature of soldier examined.*



## OPINION OF THE MEDICAL BOARD

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

Concurs

22. Is the soldier fit for

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

23. It is certified that the soldier

(a) Does require treatment. Rest for Heart, operation for ear.
(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).

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

Discharge Class E. Medically unfit.

B Lavell Major *President.*
W W Kennedy Capt *Members.*
J F Long Capt

STATION New Westminster, B. C.

DATE Apr. 2, 1918.

APPROVED BY

J Armitage Capt
*Assistant Director of Medical Services.*

DATE

APPROVED BY

25

DATE

*Director-General of Medical Services.*

## TO BE COMPLETED WHEN TREATMENT IS REFUSED

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

Witness ..... Signed M C Anderson

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.

## INSTRUCTIONS

1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of pages 1 and 2 of this Form. The President of the Board of Medical Officers is responsible for the proper completion of the space, of page 3, reserved for recording the Proceedings of a Board of Medical Officers.
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. If a complete answer to any question requires more space than that reserved for it, the answer may be continued on the blank space on this page.
5. The nomenclature of diseases to be followed is that 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 and Sons.

(Wife) Anna Anderson, 1402 5th Ave. Seattle, Wash.

(Medical Officers will please read this Form carefully before using it. See instructions, page 4.)

FORM TO BE USED FOR WARRANT OFFICERS, N.C.O'S, AND MEN

# MEDICAL HISTORY OF AN INVALID

No. X1, C/c STATION New Westminster, B.C. DATE Apr. 2, 1918

1. (a) Unit 1st Pioneers (b) Regimental No. 154310 (c) Rank Pte.
   (d) Surname Anderson (e) Christian name Cyrus Milton
2. Age last birthday 43 Date of birth Sep. 19, 1874
3. Enlisted at Vancouver, B.C. on Sep. 29, 1915
4. Personal description :—
   (a) Height 5' 8½" (b) Weight 130 (stripped) (c) Complexion Dark
   (d) Colour of hair brown gray (e) Colour of eyes brown (f) Identification marks Vacc. 2 left.
5. Address after discharge (for the use of the Board of Pension Commissioners.) 1402 5th Ave. Seattle, Wash.
6. Former trade or occupation Broker
7. (a) Service

| | Years | Days |
|---|---|---|
| | 2 6/12 | 28 |

| | Periods | |
|---|---|---|
| | From | To |
| Canada | Sep. 29, 1915 | Nov. 29, 1915 |
| England | Nov. 29, 1916 | Mar. 9, 1916 |
| France | Mar. 9, 1916 | Aug. 14, 1916 |
| England | Aug. 14, 1916 | Mar. 17, 1918 |
| Canada | Mar. 17, 1918 | Present |

   (b) Has he been Overseas? Yes
8. Present disease or disability (use authorized nomenclature if possible) 1. V.D.H. 2. Defective Hearing
   (a) Date of origin 1. 1895 2. Not known (b) Place of origin 1. U.S.A. 2. U.S.A.
   (c) Cause* 1 & 2 Unknown
   *(Here include original disease or injury)
9. Present condition. (Important, to be a full description of the present disabling condition or conditions).

Heart regular, rate 112, enlarged to nipple line, apex beat 2½ in. below nipple. There is a mitral systolic murmur. Complains of dyspnoea. Palpitation dizziness and weakness from walking fast, running, heavy lifting or climbing stairs. He requirs to rest after walking ½ mile to a mile. Is generally nervous. Complains of insomnia and hands tremble Lungs normal. 2. See specialists report. Incapacity due to partial loss of function of heart and ears. We consider his refusal to accept treatment to be unreasonable.

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

M. F. B. 227.
15m.-6-17.
.772-39-117.

10. History ;

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

Vacc. 2 left.

11. To what extent, state in percentages, is capacity to earn a livelihood in the untrained labour market reduced? If there is more than one disabling condition, estimate the incapacity due to each, and that due to all combined.

12. Did the disability arise on or off duty? 1 & 2 Before enlistment

13. Was a Court of Inquiry held? No

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

Yes..... No.....

(If the answer is in the affirmative, state in percentages, to what extent the soldier is incapacitated by that aggravation.)

15. Was the disability caused or aggravated by negligence, by vice or by misconduct, or by unreasonable refusal to accept treatment? 1 & 2 Refuses treatment

(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.)

16. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one? 1 & 2 Permanent

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

Treatment in Hospitals in England

18. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit?

1 & 2 Yes

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

20. Recommendations

Discharge Class E. Medically unfit.

Medical Board.

*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.)

I, the undersigned M C Anderson have heard the description of my disability read, and am satisfied (or not satisfied) with it. (If dissatisfied, statement should follow.) I complain in addition of

M C Anderson

*Signature of soldier examined.*



## OPINION OF THE MEDICAL BOARD

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

Concurs

22. Is the soldier fit for

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

23. It is certified that the soldier

(a) Does require treatment. Rest for Heart, operation for ear.
(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).

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

Discharge Class E. Medically unfit.

W B Cameron Capt *President.*
W W Kennedy Capt
B E Lang Capt *Members.*

STATION New Westminster, B. C.

DATE Apr. 2, 1918.

APPROVED BY

DATE

J A Urquhart Capt
*Assistant Director of Medical Services.*

APPROVED BY

DATE 17/4/18

*Director-General of Medical Services.*

MARRIED OR SINGLE M.

PLACE OF BIRTH Bruce Co. Ont.

NAME AND ADDRESS OF NEXT OF KIN Mrs. M. C. Anderson.
916 - 3rd Ave. Seattle, Wn. U.S.A.

RELATIONSHIP OF NEXT OF KIN Wife

NAME AND ADDRESS OF NEXT OF KIN

1. L.P.C. issued, Date. . . . . 20/2/18.
2. Authority. . . . . A.G.3. 1807. 7/5/18 . . .
3. Discharged to. . . . . Class A.
4. Pay Book verified. . . . . 28/3/18 ✓ . . . .
5. Balance shown on L.P.C. . . . . 24 66 ✓ . . . .
6. Balance shown in Ledger Sheet. . . . . 69 36 . . . .
7. Full particulars of entries making difference between 5 and 6 if any.

| No. | Date. | Unit & Particulars of entry. | Amount Debit | Amount Credit |
|---|---|---|---|---|
| 1227 | 4/4/16 | 26 Pioneer Bn. | | 4 8 ✓ |
| 225 | 4/4/16 | 5 " " | | 1 ✓ |
| 391 | 24/4/16 | 2 " " | | 48 ✓ |
| 1455 | 19/5/16 | 1 " " | | 48 ✓ |
| | | | 48 66 ✓ | |

Net Difference £ 48 66 ✓

8. Assigned Pay cancelled. A.F.W. Forms rendered. . . . . 25/2/18
or
9. Separation Allowance and Assigned Pay continued to dependent in England. and transferred to Accounts Branch for payment. . . . . .

Certified correct. . . . . .
Officer i/c Group.

J. R. Adams

| Year | | | | | | | |
|---|---|---|---|---|---|---|---|
| 1917 | 31 | | 31 | | 31 | | 30 |
| Jany | 31 | 100 | 34 | 70 | | | |
| | | | 470 | 80 | | | |

## CASUALTIES, PROMOTIONS, &c.

| PARTICULARS | EFFECTIVE DATE | AUTHORITY |
|---|---|---|
| | | |

## ADMISSIONS TO HOSPITAL, &c.

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

D.S. 20.60

REG'L. No. 154310 RANK Pioneer NAME Anderson, Milton Cyrus

IF IN PERMT. CORPS WHAT UNIT | UNIT 1. Pioneer Bn. TRANSFERRED TO 6.6 a 6 DATE 16.8.16 AUTHORITY 30020

PERMANENT FORCE ALLOWANCES TRANSFERRED TO Shorn M.H. DATE 11.5.17 AUTHORITY

PLACE OF ATTESTATION Vancouver, B.C. TRANSFERRED TO ~~Courtenay~~ DATE 1/1/17 AUTHORITY 9/R

DATE OF ATTESTATION 30 Sept. 1915 TRANSFERRED TO ~~Shorn~~ To 9 Can Gen Hosp W.G. DATE 1/3/18 AUTHORITY

ASSIGNED PAY MONTHLY $ 15.00 DATE EFFECTIVE 1/1/15.

PAYABLE TO Anna Anderson, ~~916 3rd Ave~~ 1402 5th Ave Seattle, Wash. Co. S.A. RELATIONSHIP auth. A.879 14/17

ASSIGNED PAY MONTHLY $ DATE EFFECTIVE

PAYABLE TO RELATIONSHIP

STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) Stopped EFFECTIVE 1/3/18 REASON Dis to Can

DISCHARGE DATE AND PLACE Dis to Can. 20/2/18 REASON AND AUTHORITY A.G.3. 1807. 7/5/18

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

SEP 14 1918

| ...NED ...ITS | OTHER CREDITS | TOTAL CREDITS | ACQUITTANCE ROLLS 1 No. | 1 Date | 2 No. | 2 Date | 3 No. | 3 Date | 4 No. | 4 Date | CASH PAYMENTS 1 | 2 | 3 | 4 | ASSIGNED PAY | OTHER CHARGES | TOTAL DEBITS | BALANCE Credit | BALANCE Debit | PAY WITHHELD OR DEFERRED | PAY AVAILABLE FOR ISSUE | REMARKS |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | 144 20 | | | | | | | | | | | | | 54 41 | 60 00 | | 114 41 | 29 49 | | | |
| | | 33 . | XX | 29/4/16 | 426 | 29/4/16 | | | | | | 262 | | | | 15 00 | | 14 62 | 45 14 | | | |
| | | 34 10 | 481 | 13/5/16 | 541 | 31/5/16 | O.B.P. | 12.99 | 1/6/16 | | 255 | 256 | 436 | | | 15 .. | | 24 47 | 54 80. | | | |
| | | 32 - | | | 575 | 1/8/16 | | | | | | 256 | | | | 15 - | | 17 56 | 70 24 | | | |
| | | 34 10 | 639 | 28/8/16 | | | | | | | 256 | | | | | 15 - | | 17 56 | 86 78 | | | |
| | | 16 50 | | | | | | | | | | | | | | 15 - | | 15 - | 88 28. | | | |
| | | 17 60 | | | | | | | | | | | | | | | | | 105 88 | | | |
| | | 33 — | | | | | O.M.W. 1718 6/9 | | | | | | 973 | | | 15 - | | 24 73 | 114 15 | | | |
| | | 34 10 | | | | | C.B.R. 5334 13/8 | | | | | | 698 | | | | | | | | | |
| | | | | | | | " 4718 20/7 | | | | | | 436 | | | | | | | | | |
| | | | | | | | " 5358 16/8 | | | | | | 523 | | | 15 | | 41 30 | 106 95 | | | |
| | | | | | | | S.M.H. 1938 2/9 | | | | | | 973 | | | | | | | | | |
| | | | | | | | Sask 4758 19/9 | | | | | | 487 | | | | | | | | | |
| | | 33 — | | | | | " 2398 31/10 | | | | | | 487 | | | 15 - | | 24 74 | 115 21 | | | |
| | | 34 10 | | | | | S.M.H. 2664 14/11 | | | | | | 487 | | | | | | | | | |
| | | | | | | | " 2456 6/11 | | | | | | 1947 | | | 180 | | | | | | |
| | | | | | | | " 2850 30/11 | | | | | | 973 | | | 15 . | | 49 07 | 100 24 | | | |
| | | | | | | | Sham 3626 15/1 | | | | | | 487 | | | | | | | | | |
| | | 34 10 | | | | | S.M.H. 2158 11/10 | | | | | | 2920 | | | | | | | | | |
| | | | | | | | " 3782 15/12 | | | | | | 487 | | | 15 . | | 63 67 | 70 67 | | | |
| | | | | | | | " 3950 28/12 | | | | | | 973 | | | | | | | | | |
| 10 - | | 480 80 | | | | | | | | | 5 11 7 | 74 | 1328 | 7 | 54 41 | 210 | | 410 13 | | | | |

Small Ledger Sheet.

D.B. 20.60

MARRIED OR SINGLE M.

PLACE OF BIRTH Bruce Co. Ont.

NAME AND ADDRESS OF NEXT OF KIN Mrs. M. C. Anderson. 916 - 3rd Ave. Seattle, Wn. U.S.A.

RELATIONSHIP OF NEXT OF KIN Wife

NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF KIN

SEPARATION ALLOWANCE MONTHLY $ EFFECTIVE (DATE)

PAYABLE TO

RELATIONSHIP OF DEPENDANT

**CASUALTIES, PROMOTIONS, &c.**

| PARTICULARS | EFFECTIVE DATE | AUTHORITY |
|---|---|---|
| | | |

**ADMISSIONS TO HOSPITAL, &c.**

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

REG'L. NO. 154310 RANK Pioneer NAME Anderson, Milton Cyrus

IF IN PERMT. CORPS WHAT UNIT UNIT 1 Pioneer Bn.

PERMANENT FORCE ALLOWANCES

PLACE OF ATTESTATION Vancouver, B.C.

DATE OF ATTESTATION 30 Sept. 1915

TRANSFERRED TO 6 & 6 DATE 16.8.16 AUTHORITY 30020

TRANSFERRED TO ~~5 Bn~~ M.H. DATE 11.8.17 AUTHORITY

TRANSFERRED TO ~~Con. Depot~~ To 9th Can. Mtge DATE 1/11/17 AUTHORITY

TRANSFERRED TO Can. M.H. G. DATE 1/2/18 AUTHORITY

ASSIGNED PAY MONTHLY $ 15.00 DATE EFFECTIVE 1/1/15

PAYABLE TO Anna Anderson, ~~916 3rd Ave~~ 1402 5th Ave Seattle Wash. U.S.A. RELATIONSHIP wife. A.879 1/11/17

ASSIGNED PAY MONTHLY $ DATE EFFECTIVE

PAYABLE TO RELATIONSHIP

STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) ~~Nov 1918~~ EFFECTIVE 1/2/18

DISCHARGE DATE AND PLACE Dis to Can. 2/2/18 REASON AND AUTHORITY A93. 1807 7/2/18

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

SEP 14 1918

| DATE | PAY No. of Days | PAY Rate | PAY Amount $ | PAY Amount c. | FIELD ALLOWANCE No. of Days | FIELD ALLOWANCE Rate | FIELD ALLOWANCE Amount $ | FIELD ALLOWANCE Amount c. | WORKING OR SPECIAL PAY No. of Days | WORKING OR SPECIAL PAY Rate | WORKING OR SPECIAL PAY Amount $ | WORKING OR SPECIAL PAY Amount c. | ASSIGNED PAY CREDITS | OTHER CREDITS | TOTAL CREDITS | ACQUITTANCE ROLLS 1 No. | 1 Date | 2 No. | 2 Date | 3 No. | 3 Date | 4 No. | 4 Date | CASH PAYMENTS 1 | 2 | 3 | 4 | ASSIGNED PAY | OTHER CHARGES | TOTAL DEBITS | BALANCE Credit | BALANCE Debit | PAY WITHHELD OR DEFERRED | PAY AVAILABLE FOR ISSUE | REMARKS |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 31/3/16 | | | 1 22 | | | | 12 26 | | | | | | | 10 | 14 4 20 | | | | | | | | | | | | 54 41 | 60 00 | 114 41 | 29 49 | | | | | |
| April-30 | 30 | 1 00 | 30 | 00 | 30 | .10 | 3 | 00 | | | | | | | 33 - | | 28/4/16 | 426 | 29/4/16 | | | | | | | | | | 15 00 | 17 62 | 45 14 | | | | |
| May 1-31 | 31 | " | 31 | " | 31 | " | 3 | 10 | | | | | | | 34 10 | 481 | 15/5/16 | 541 | 31/5/16 | O.M.D. 1299 | 1/6/16 | | | 255 | 2 56 | 436 | | | 16 " | 24 47 | 54 80. | | | | |
| June 1-30 | 30 | - | 30 | - | 30 | - | 3 | - | | | | | | | 32 - | | | 575 | 1/6/16 | | | | | | 2 56 | | | | 15 - | 17 56 | 70 24 | | | | |
| July 1-31 | 31 | " | 31 | " | 31 | " | 3 | 10 | | | | | | | 34 10 | 639 | 28/6/16 | | | | | | | 256 | | | | | 15 - | 17 56 | 86 78 | | | | |
| Aug | 15 | " | 15 | " | 15 | | 1 | 50 | | | | | | | 16 50 | | | | | | | | | | | | | | 15 - | 15 - | 88 28 | | | | |
| 16-31 | 16 | | 16 | | 16 | | 1 | 60 | | | | | | | 17 60 | | | | | | | | | | | | | | | | 105 88 | | | |
| Sept. 1-30 | 30 | " | 30 | " | 30 | " | 3 | 00 | | | | | | | 33 — | | | | | O.M.N. 1718 6/9 | | | | | | 9 73 | | | 15 - | 24 73 | 104 15 | | | | |
| Oct. 1-31 | 31 | | 31 | | 31 | | 3 | 10 | | | | | | | 34 10 | | | | | C.B.R. 5334 13/8 " 4718 24/7 " 5358 16/8 | | | | | | 6 98 4 36 5 23 9 73 | | | 15 | 41 30 | 106 95 | | | | |
| Nov. 1-30 | 30 | | 30 | | 30 | | 3 | - | | | | | | | 33 — | | | | | S.M.H. 19352 7/9 | | | | | | 4 87 | | | 15 - | 24 74 | 115 21 | | | | |
| Dec. | 31 | " | 31 | " | 31 | " | 3 | 10 | | | | | | | 34 10 | | | | | S.M.H. 2664 " 21456 " 2850 Shorn 3626 S.M.H. 2658 " 3782 " 3950 | 14/11 6/11 30/11 18/1 11/2 15/12 26/12 | | | | | | 4 87 19 47 9 73 4 87 29 26 4 87 9 70 | | | 15 15 - 15. | 49 07 | 100 24 | | | | |
| 1917 Jany | 31 | 10 100 | 34 | 10 | | | | | | | | | | | 34 10 | | | | | | | | | | | | | | | | | | | | |
| | | | 470 | 80 | | | | | | | | | | 10 - | 480 80 | | | | | | | | | 5 11 7 74 | 13 28 7 | 54 41 | 210 | | | 410 13 | | | | | |

Small Ledger Sheet.

154310 Pioneer Anderson. M. C

| DATE | PAY No. of Days | PAY Rate | PAY Amount $ | PAY Amount c. | FIELD ALLOWANCE No. of Days | FIELD ALLOWANCE Rate | FIELD ALLOWANCE Amount $ | FIELD ALLOWANCE Amount c. | WORKING OR SPECIAL PAY No. of Days | WORKING OR SPECIAL PAY Rate | WORKING OR SPECIAL PAY Amount $ | WORKING OR SPECIAL PAY Amount c. | ASSIGNED PAY CREDITS | OTHER CREDITS | TOTAL CREDITS | ACQUITTANCE ROLLS 1 No. | 1 Date | 2 No. | 2 Date | 3 No. | 3 Date | 4 No. | 4 Date |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | 470 | 80 | | | | | | | | | | 10 | 480 | 80 | | | | | | | |
| Feb | 28 | 1/100 | 30 | 80 | | | | | | | | | | | 30 | 80 | | | | | | | |
| Mar | 31 | 1/100 | 34 | 10 | | | | | | | | | | | 34 | 10 | | | | | | | |
| Apl | 30 | 1/100 | 33 | 00 | | | | | | | | | | | 33 | 00 | | | | | | | |
| May | 30 | 1/100 | 33 | 00 | | | | | | | | | | | 33 | 00 | | | | | | | |
| 4 31 31 | 1 | | 1 | 10 | | | | | | | | | | | 1 | 10 | | | | | | | |
| June | 30 | 1/100 | 33 | | | | | | | | | | | | 33 | | | | | | | | |
| July | 31 | | 34 | 10 | | | | | | | | | | | 34 | 10 | | | | | | | |
| Aug | 31 | | 34 | 10 | | | | | | | | | | | 34 | 10 | | | | | | | |
| Sept | 30 | | 33 | | | | | | | | | | | | 33 | | | | | | | | |
| | | | 737 | 00 | | | | | | | | | | 10 00 | 747 | 00 | | | | | | | |

| CASH PAYMENTS 1 | 2 | 3 | 4 | ASSIGNED PAY | OTHER CHARGES | TOTAL DEBITS | BALANCE Credit | BALANCE Debit | PAY WITHHELD OR DEFERRED | PAY AVAILABLE FOR ISSUE | REMARKS |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 5 11 7 74 | 132 87 | 54 41 | | 210 - | | 410 13 | 70 67 | | | | |
| | 14 60 | | | 15 - | | 29 60 | 71 87 | | | | |
| | 9 73 4 87 | | | 15 | | 29 60 | 76 37 | | | | |
| | 9 73 | | | 15 | | 24 73 | 84 64 | | | | |
| | | | | 15 | | 15 | 102 64 | | | | |
| | | | | — | | — | 103 74 | | | | |
| | 9 73 9 73 | | | 15 | | 34 46 | 102 28 | | | | |
| | | | | 15 | | 15 | 121 38 | | | | |
| | 14 60 | | | 15 | | 29 60 | 125 88 | | | | |
| | 9 74 | | | 15 | | 24 74 | 134 14 | | | | |
| 5 11 7 74 | 215 60 | 54 41 | | 330 | | 612 86 | | | | | |

| MONTH | PARTICULARS | GR 1 | GR 2 | PARTICULARS | DR 1 | DR 2 | DR 3 | DR 4 | BALANCE | DEFER RED. PAY | SEP. ALLCE. ENG. |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | 134 14 | | |
| Dec | P/P | 34 10 | | M Hosp'l Chelsea 757 24/4/17 | 9 73 | | | | 15 143 51 | | |
| | | 34 10 | | | 9 73 | | | | 15 | | |
| Nov | P/P | 33 00 | | AR 90 9th Lon Hosp 11-10-17 | 9 73 | | | | 15 | | |
| Dec | P/P | 34 10 | | " 121 " " " 25-10-17 | 9 73 | | | | | | |
| | | | | " 14 " " " 12-11-17 | 9 73 | | | | | | |
| | | | | " 62 " " " 24/11/17 | 9 73 | | | | | | |
| | | | | " 1004 " " " 11/12/17 | 9 73 | | | | | | |
| | | | | Con AR 1198 " " 25/12/17 | 9 73 | | | | | | |
| | | | | " 19 " " " 24/12/17 | 9 73 | | | | | | |
| | | | | " 14-20 " " " 10/12/17 | 14 60 | | | | | | |
| | | | | " 33 " " " 10/12/17 | 9 73 | | | | | | |
| | | | | | | | | | 15 | | |
| | | | | Con AR 219 Lon Hosp 10/12/17 | 9 73 | | | | | | |
| | | | | AR 193 " " " 26/11/17 | 9 73 | | | | | | |
| | | | | Con AR 586 " " " 12/12/17 | 9 73 | | | | | | |
| | | | | " 785 Ethel Yates 14/12/17 | 1 22 | | | | 57 76 | | |
| | | 67 10 | | | 122 85 | | | | 30 | | |

| MONTH | PARTICULARS | GR 1 | GR 2 | PARTICULARS | DR 1 | DR 2 | DR 3 | DR 4 | BALANCE | DEFER RED. PAY | SEP. ALLCE. ENG. |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 1918 | | | | | | | | | | | |
| Jan | P/P | 34 10 | | ab 270 Gpl G. Hosp 18/1 | 14 60 | | | | 13 62 26 | | |
| | | 34 10 | | | 14 60 | | | | 15 60 26 | | |
| Feb | 1/20 | 22 | | " 529 " " 11/1 | 9 73 | | | | 15 | | |
| | | | | " 391 " " 24/1 | 9 73 | | | | 8 26 | | |
| | | | | " 22 " " 4/12 | 24 33 | | | | 5 79 | | |
| | | 22 | | | 43 79 | | | | 25 47 | | |
| Mar | | | | DN AR 488 9th G.H. 12-2-18 | 4 87 | | | | | | |
| | | | | | 4 87 | | | | 20 60 | | |
| June | | | | Sailing Balance 6/27 2-18 (96) | 20 60 | | | | | | |
| | | | | | 20 60 | | | | | | |

91. 86
20. 60
62. 26

7560

A 3 M. FORM REN'D ~~S.C.~~ EFFEC. 1-3-18
DISCHARGED TO ~~Records~~ DATE 20-2-18
PAY BOOK VERIFIED 21-2-18
BAL 20.60 L.P.C. REN'D 21-2-18
MTHY. A.G. 3 1807-7-2-18

Checked J. Adams

AUDITOR GD | PAYMASTER

PROMOTIONS, REDUCTIONS AND REVERSIONS AFFECTING DAILY RATE OF PAY AND ALLOWANCES

M. OR S. | REGT. No. 154310 | RANK | NAME (IN FULL) Anderson, M. C.

NEXT OF KIN | RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? | DATE EFFECTIVE

TO WHOM PAID | RELATIONSHIP

ADDRESS

| PARTICULARS | EFFECTIVE DATE | AUTHORITY |
|---|---|---|
| | | |

ORIGINAL UNIT C.E.F. | IF IN P.F. WHAT UNIT? | (BLOCK LETTERS SURNAME FIRST)

PLACE OF ATTESTATION | TRANSFERRED TO | DATE | AUTHORITY

DATE OF ATTESTATION | TRANSFERRED TO | DATE | AUTHORITY

ASSIGNED PAY $ | DATE EFFECTIVE

PAYABLE TO | RELATIONSHIP | ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE | EFFECTIVE

DISCHARGED | PLACE Vancouver | DATE 30.11.18. | REASON | AUTHORITY G.O. 23. | IF ENTITLED TO POST DISCHARGE PAY

| MONTH | PAY AND F.A. NO. OF DAYS | PAY AND F.A. RATE | PAY AND F.A. AMOUNT $ | PAY AND F.A. AMOUNT C. | OTHER CREDITS $ | OTHER CREDITS C. | | | TOTAL CREDITS $ | TOTAL CREDITS C. | ACQUITTANCE ROLLS COL. NO. 1 | ACQUITTANCE ROLLS COL. NO. 1 DATE | ACQUITTANCE ROLLS COL. NO. 2 | ACQUITTANCE ROLLS COL. NO. 2 DATE | ACQUITTANCE ROLLS COL. NO. 3 | ACQUITTANCE ROLLS COL. NO. 3 DATE | CASH PAYMENTS COL. NO. 1 $ | CASH PAYMENTS COL. NO. 1 C. | CASH PAYMENTS COL. NO. 2 $ | CASH PAYMENTS COL. NO. 2 C. | CASH PAYMENTS COL. NO. 3 $ | CASH PAYMENTS COL. NO. 3 C. | ASSIGNED PAY $ | ASSIGNED PAY C. | REGIMENTAL CHARGES $ | REGIMENTAL CHARGES C. | OTHER CHARGES $ | OTHER CHARGES C. | | | TOTAL DEBITS $ | TOTAL DEBITS C. | BALANCE DEBIT $ | BALANCE DEBIT C. | BALANCE CREDIT $ | BALANCE CREDIT C. | PARTICULARS OR REMARKS |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| BALANCE FROM PREVIOUS ACCOUNT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | D.O. 173, Clothing allce. (Add'l) 29 00 |
| | | | | | 29. | | | | 29. | | 31.6.19 | | | | | | 27. | | | | | | | | | | | | | | | | 29. | | | | | |

Certified that all payments have been made on this account for which covering authority has been received to date.

Lieut.,
Paymaster, Demobilization Pay
M.D. No. 11

100M-1-19.—L. L. 53962-M. & D. 9723.
M. F. W. 2596.
1772-39-1390.

**PENSIONS AND CLAIMS BOARD,** Canadian Expeditionary Force, assembled at Folkestone, Kent, England, on the day of 191

**Members of Board.**

LIEUT.-COL. SIR H. MONTAGU ALLAN, C.V.O., *President.*
LIEUT.-COL. W. GRANT MORDEN.
MAJOR JOHN L. TODD, C.A.M.C.
MAJOR MAURICE ALEXANDER, *Legal Adviser.*

**Proceedings.**

*The Board having considered the evidence of the man marginally noted, and the documents submitted, hereto attached, which form part of these Presents, marked*

_____ *President.*
Lt.-Col.

_____
Lt.-Col.

_____
Major.

_____
Major.

D.M.S. 1312.
Army Form B. 179.
Canada.

# Medical Report on an Invalid.

Station C.C.A.C., FOLKESTONE.

Date August 23rd, 1916

C.F.F.R.

1. Unit. 1st.C.Pioneer Battalion.
2. Regimental No. 154310
3. Rank Pte.
4. Name Anderson, Milton Cyrus
5. Age last birthday 41 years.
6. Enlisted { on Sept.30th.1915. / at Vancouver.
7. Former Trade or Occupation { Broker.

8. Disability.
Defective Hearing.

## 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. Indefinite, but was when a child.

10. Place of origin of disability. Canada.

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

As a child he had scarlet fever and later on was often troubled with quinsey. Hearing often when got a cold or a sore throat, would be blunted.
Nine or ten years ago he had his right knee and right leg injured as result of an automobile accident.
He landed in England Dec.2nd.1915 and carried on so he went to France March 9th.1916 and went to Wimmereaux from which sent to Boulogne for 18 days as a measles contact.
He was sent to the front end of March and did duty until June 3rd. 1916 when reported sick with discharge from left ear and with weak spells and headaches & was sent to Poperinghe Hospital.
He reported sick again at Poperinghe June 14th.1916 but after day's treatment returned to unit where did duty until July 3rd.1916 when as result of weak spells and pains in head he was sent to A.D.M.S. who sent him to No.25 General Hospital, Boulogne and Conval.Camp and Base at Le Havre where boarded and sent to Specialist's re operation which was decided would not be of any special avail, so he was sent to C.C.A.C.August 15th.1916.

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

(*b*) If you consider it to have been caused by wounds received or illness contracted (1) in the presence of the enemy (2) on active service, explain the specific conditions to which you attribute it. (*See notes on page 3*).

Not applicable.

1. Not applicable.
2. Not applicable, though shelling and exposure and dampness may have aggravated this previous condition.

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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.*

General appearance tall, spare, getting grey, but good average.
Lungs, Abd. Weight normal.
Heart has Systolic Murmur but he informs me some years before enlistment he had Venereal Disease.
Scars of old accident healed, but he says at times they interfere with heavy marching.
Hearing is deficient in Left ear which is discharging.
Right ear normal as per Specialist's Report attached.

He complains of feeling weak at times and of pains in head.
Present condition is practically on a par with that of enlistment, but he is unfit for active service at front as shell concussion and exposure would be harmful.

14. If the disability is an injury, was caused

(*a*) In action? No. Previous condition somewhat aggravated.

(*b*) On field service? No. ditto.

(*c*) On duty? No. ditto.

(*d*) Off duty? No.

15. Was a Court of Inquiry held on the injury? He says No.

If so—(*a*) When? (*b*) Where? (*c*) Opinion? Not applicable.

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

17. If not, was an operation advised and declined? Not applicable.

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 applicable.

19. Do you recommend

(*a*) Fit for duty? No.

(*b*) Fit for light duty? Yes - Base.

(*c*) Invalided to Canada? No.

(*d*) Discharge as permanently unfit? No.

A H Hough Capt CAMC
Officer in medical charge of case.

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

Station _____ _____
Officer in charge of Hospital.

Date _____

* 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 it is essential that the Members of the Pensions and Claims Board 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 pensions vary according to whether the disability is attributed to wounds or injuries received or illness contracted, (1) in the presence of the enemy, (2) on active service. It is therefore essential when assigning the cause of the disability to differentiate between them (*see* Article 591 to 598 of the Canadian Pay and Allowance Regulations as amended G.O., 57, May 1st, 1915).

(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.

20. (*a*) State whether the disability is the result of injuries received or illness contracted, (1) in the presence of the enemy, (2) on active service.

(*b*) If due to one of these causes, to what specific condition do the Board attribute it?

21. Has the disability been aggravated by

(*a*) Intemperance?

(*b*) Misconduct?

22. Is the disability permanent?

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

*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?

*In defining the extent of his inability to earn a livelihood, estimate it at* $\frac{1}{4}$, $\frac{1}{2}$, $\frac{3}{4}$, *or total incapacity.*

25. If an operation was advised and declined, was the refusal unreasonable?

26. Do the Board recommend

(*a*) Fit for duty?

(*b*) Fit for light duty?

(*c*) Invalided to Canada?

(*d*) Discharge as permanently unfit

OFFICE OF STANDING MEDICAL BOARD. FOLKESTONE (Shorncliffe Garrison).

Signatures:—

_____ President.

Station _____ _____ } Members.

Date _____ _____ }

Approved.

Station _____ _____
Administrative Medical Officer.

Date _____

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PART I. (*continued*).

5. If a cause of disability was an injury received on Active Service, was it received—

not applicable

(*i.*) While on duty? (*ii.*) While off duty?

(*iii.*) Was a Court of Inquiry held? (*iv.*) Where? (*v.*) When?

(*vi.*) Opinion of the Court?

6. HISTORY OF THE CASE. (*State concisely the essential points of the history, noting the entries made on the Medical History Sheet and other records.*)

April 1916 at Zillebeke Belgium. Had splendid hearing until after severe bombardment- noticed small amount of blood left ear. Deafness had gradually increased since then. Since April 1916 patient has had fainting spells, is extremely nervous and is suffering from neurasthenia.

7. PRESENT CONDITION. (*Give previous and present weight if likely to indicate progress of disability.*)

Present condition fair, has lost about 15 lbs. Appetite good. Is extremely nervous, very poor sleeper. Left ear very dificient in hearing test. Has perforation left drum with offensive discharge from middle ear left. Neurasthenia marked. Other systems apparently normal.

8. OPERATION. (*i.*) Was one performed? no

(*ii.*) If so, state what.

(*iii.*) Was one advised and declined?

*NOTE.—Loss of teeth on or immediately after Active Service should be attributed thereto unless there is evidence to the contrary.*

9. (*i.*) Is there loss or decay of teeth attributable to Active Service? no

(*ii.*) If so, describe.

10. DO YOU RECOMMEND:—

(*a*) Fit for duty? no

(*b*) Fit for base duty? yes, Caty. Biii

(*c*) Invalid to Canada? no

(*d*) Discharge from the Service as permanently unfit? no

Date of Report 16 Feb 1918 Signed Rgtl staff Capt CAMC

Officer in medical charge of case.

Station Shorncliffe

I have satisfied myself of the general accuracy of the above report, and concur therein *except

Officer i/c Hospital / ~~S.M.O. Brigade~~ } Strike out one of these.

Dated at Shorncliffe 18 FEB 1918 Station, on 191

* Delete if inapplicable.

PART II.

## Proceedings of a Medical Board on the Soldier mentioned in Part I.

☞ *Clear and decisive answers are to be given to all questions. Such terms as "may," "perhaps," "probably," "possibly," are not to be employed. Disability due to causes arising on Active Service is to be clearly shown in order that the Pensions Authorities may deal with the case properly.*

11. Is the disability fully indicated in Part I. (1)? yes

If not, indicate it.

12. Is the cause of the disability, fully indicated in Part I. (2)? yes

If not, indicate it.

13. Was the disability caused or aggravated by— (*a*) Negligence of the Soldier { Caused? no / Aggravated? no } (*b*) Misconduct of the Soldier { Caused? no / Aggravated? no }

14. THE ENTIRE DISABILITY.—Without regard to his regular occupation, to what extent is his capacity lessened at present for earning a full livelihood in the general market for untrained labour?
(*Estimate at none*, 10%, 20%, 30%, 40%, 50%, 60%, 70%, 80%, 90%, *or* 100%.)

not applicable

15. THE PENSIONABLE DISABILITY—(*see Part I. (3). Aggravation on Active Service of a disability existing previous to joining is to be included in the estimate*).
What part of the entire disability estimated next above in (14) is due to causes arising during Active Service? (*Estimate at none*, ⅕, ⅖, ⅗, ⅘, *or all.*)

not applicable

16. Permanency of the Pensionable Disability estimated next above in (15).
(*i.*) Is it permanent?

not applicable

(*ii.*) If not permanent, what is its probable minimum duration (*in months*)?

17. If an operation was advised and declined, do you consider the refusal to have been unreasonable? not declined

18. Remarks.

Category Biii

19. Recommendation:—(*a*) Fit for duty? no

(*b*) Fit for base duty? yes. Caty. B iii, unlikely to be raised before a year.

(*c*) Invalid to Canada? no

(*d*) Discharge from service as permanently unfit? no

Classification for the Military Hospitals Commission.

Date of Board 20 FEB 1918

Station Shorncliffe

Signatures of the Board: H. Malone Capt & Lieut Colonel President. A.W. Brodie Lieut Colonel

Approved W Burlton Hall A.D.M.S.

Dated at Shorncliffe FOR A.D.M.S. CANADIANS, SHORNCLIFFE Station 19 FEB 1918 191

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PART III.

## Proceedings of the Pensions and Claims Board on the Soldier mentioned in Part I.

The Pensions and Claims Board, Canadian Expeditionary Force, assembled at

on the day of 191

Members of the Board:—

The Board having considered the evidence of the soldier marginally named, together with the documents submitted, recommend:—

Dated at this day of 191

Date of Board

Signature of the Board

Station

*President.*

*Signatures of the Board*

PART I. A.F.B. 179 Canada (Revised).

Reserved for M.H.C.

Regt. No. 154310 Rank Pte Surname Anderson Christian Name Milton.C

Unit or Corps—(*a*) Overseas from United Kingdom 1.Can.Pioneers (*b*) In United Kingdom CAMC

Born at—Town Kinross County or Province Bruce County Country Ontario.

Date of Birth—Day 19 Month September Year 1874 Age 43 yrs. 5 months.

Joined at Vancouver Date 30.9.15

Former Trade or Occupation timber estimator and broker

Permanent marks or peculiarities that will serve for future identification:—
Scar (old) eight knee
Brown scar right lower leg
Vaccination scar left upper arm

Height—feet 5 inches 8½ Colour of eyes brown

Signature of Soldier (*for identification purposes*) Milton C Anderson

## Medical Report.

☛ *The answers to the questions below are to be filled in by the Officer in medical charge of the case. He will carefully discriminate between the soldier's unsupported statements and the evidence as recorded in the medical or other military documents bearing on the case. He will plainly state the existence of any of the disability prior to the soldier joining for the present war.*

1. DISABILITY (*State the actual disabling conditions as distinguished from the diseases or injuries from which they resulted*). (*Follow the official nomenclature as far as possible.*)

Group the disabilities, placing those resulting from separate causes in separate groups.

| | |
|---|---|
| Disabilities Group (*a*). | Deafness |
| Disabilities Group (*b*). | Neurasthenia |
| Disabilities Group (*c*). | |

2. CAUSE OF DISABILITY. (*Follow the official nomenclature in stating the disease or injury.*)

| | Disease or injury to which the disability is due. | Place of origin. | Date of origin. |
|---|---|---|---|
| (*i.*) As to Group (*a*) above. | Chronic supp.Otitis-media | Zillebeke Belgium | April 1916 |
| (*ii.*) As to Group (*b*) above. | General service conditions | " | " |
| (*iii.*) As to Group (*c*) above. | | | |

*NOTE.—By Active Service is meant Service with the Colours in Canada, United Kingdom, or elsewhere during the present war (since August 4th, 1914).*

3. Is the disability due to disease contracted or injuries received prior to Active Service? no

(*i.*) As to Group (*a*) above? no If yes, has Active Service aggravated it?

(*ii.*) As to Group (*b*) above? no If yes, has Active Service aggravated it?

(*iii.*) As to Group (*c*) above? If yes, has Active Service aggravated it?

4. Is the disability due to disease contracted or injuries received while on Active Service—

(*i.*) As to Group (*a*) above? yes

(*ii.*) As to Group (*b*) above? yes

(*iii.*) As to Group (*c*) above?

Canadian Hospital,
Etchinghill Lyminge.
29 AUG 1917
.....1917.

To :- Officer Commanding,
.....C.A.M.C.....

TO BE RETAINED BY MEDICAL OFFICER. UNIT.

No. 154310
Name Pte. Anderson

| Dates |
|---|
| ..... |
| ..... Aug. 29 ..... |
| ..... Sept. 4 ..... |
| ..... Sept. 11 ..... |
| ..... Sept. 18 ..... |
| ..... Sept. 25 ..... |

The marginally named is at present not infectious. To complete his cure it is essential that that he report here for further treatment on the marginally mentioned dates, and on the Monday or Thursday following the last date, for a Blood Test.

To efficiently and safely give the remaining 606 treatment, patient should have 24 hours Light Duty after each injection. If reaction is severe 48 hours. If seven days after his Blood Test he is not recalled by us, his "Wasserman can be marked "NEGATIVE"

In case the marginally named reports to another Hospital for completion of treatment, A.F.I.1238 will be forwarded on application to this Hospital,

J J Jones Capt C.A.M.C.
for Officer Commanding,
Canadian Hospital,
Etchinghill.

CANADIAN HOSPITAL
TREATMENT
29 AUG. 1917
ROOM
ETCHINGHILL, LYMINGE

From:-O.C.West Cliffe Canadian Eye & Ear Hospital.

17-8-15

To:- O.C. C.C.A.C.

---

| Right. | Hearing | Left. |
|---|---|---|
| 25 feet. | Voice. | contact. |
| | Schwabach. | S. |
| | Rinnie. | Minus. |
| | Upper Limit. ) | |
| | Lower. " ) | No Forks. |

Pte Anderson M.C. This man's right ear is practally normal. Left, almost complete distruction of the drum with discharge of pus from the attic. The prognosis for this condition recovering is not good, but inasmuch as the right ear is practically normal,would consider him fit for base duty.

for O.C.West Cliffe Canadian Eye & Ear Hospital.