C.E.F. REGIMENTAL DOCUMENTS

NAME ANDERSON NORMAN REGT. No. 348754 UNIT R.C.H.A. H. Q. FILE No. 9169

CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE
ATTESTATION PAPER (M.F.W. 23, 133 or 51)				
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TRAINING HISTORY SHEET (M.F.W. 113)				
FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)				
REGT. CONDUCT SHEET (M.B.W. 263 or A.F.B. 120)				
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MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)				
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CARDS				
PAY-SHEETS				

NON-EFFECTIVE BY

DEATH

CATEGORY

DISCHARGE

CATEGORY

DEMOB

DESERTION

M.F.W. 2589
20M-4-46 (9113)
H.Q. 1772-39-1377

ORIGINAL

ATTESTATION PAPER.

No. 348754
Folio.

No 3 Div. R.C.H.A.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname? — Anderson
1a. What are your Christian names? — Norman Christopher
1b. What is your present address? — Port Hope
2. In what Town, Township or Parish, and in what Country were you born? — Port Hope
3. What is the name of your next-of kin? — Mrs. Minnie Keeler
4. What is the address of your next-of-kin? — Port Hope Ont. Can
4a. What is the relationship of your next-of-kin? — Mother
5. What is the date of your birth? — 17 Nov. 1896
6. What is your Trade or Calling? — Employee Grain Elevator
7. Are you married? — No.
8. Are you willing to be vaccinated or re-vaccinated and inoculated? — Yes.
9. Do you now belong to the Active Militia? — No.
10. Have you ever served in any Military Force? — 46th Reg 2 yrs.
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.

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

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

N C Anderson (Signature of Recruit)

Date 2/2/16 191 . W R Reeder (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Norman 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.

N C Anderson (Signature of Recruit)

Date 2/2/16 191 . W R Reeder (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 Kingston this 2nd day of February 191 6.

Lt. Col (Signature of Justice)

M. F. W. 23.
400M.—1-15.
H. Q. 1772-39-841.

Description of Norman C. Anderson on Enlistment.

Apparent Age 19 years 3 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height	5 ft 11 ins.
Chest measurement. Girth when fully expanded	37 ins.
Chest measurement. Range of expansion	3 ins.
Complexion	Fair
Eyes	Blue
Hair	Brown

Religious denominations.

Church of England	
Presbyterian	Yes
Methodist	
Baptist or Congregationalist	
Roman Catholic	
Jewish	
Other denominations (Denomination to be stated.)	

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

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

Round scar on right upper 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 Feb 3rd 1916. A. A. Bayce

Place Kingston ont Medical Officer.

*Insert here "fit" or "unfit."

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

CERTIFICATE OF OFFICER COMMANDING UNIT.

Norman C. 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.

(Signature of Officer)
Commanding "C" Battery, R.C.H.A.

Date 2/2/16 191 .

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

THIS IS TO CERTIFY that No. 348734 (Rank) Cpl.

Name (in full) ANDERSON NORMAN enlisted in

the Royal Canadian Horse Artillery

CANADIAN EXPEDITIONARY FORCE at Kingston Ont on the 2nd.

day of Feb. 1916.

HE served in ~~France~~ England.

and is now discharged from the service by reason of Demobilization.
~~Medical Unfitness~~.

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

Age	22	Marks or Scars	
Height	5'-9"		hil.
Complexion	Fair		
Eyes	Blue		
Hair	Brown.		

Col Norman Anderson
Signature of Soldier

L C Kapple Lieut Captain
for O. C. Dispersal Area Station H
Issuing Officer

Rank

Date of Discharge

DISPERSAL AREA STATION H
KINGSTON ONT.
MAR 29 1919
M.D. 3 DISTRICT DEPOT

Date Mch 24th. 1919.

N.B.—As no duplicate of this Certificate will be issued, any person finding same is requested to forward it in an unstamped envelope to the Secretary, Militia Council, Ottawa, Canada.

M.F.B. 39A.
1049-D.P.-300M-11-18.
H.Q. 1772-39-882.

MEDICAL EXAMINATION UPON LEAVING THE SERVICE OF OFFICERS AND OTHER RANKS WHO HAVE NO DISABILITY.

Officers and Other Ranks leaving the service for reasons other than medical unfitness are to be reported on this form. Where there is evidence of any undetermined or progressive disability, this form will not be used, but the case will be referred to a Medical Board for completion of M.F.B. 227.

No 348754 Rank ~~Gnr~~ Gdr Surname Anderson

(Given name in full) Norman L.

Unit or Corps C.R.A. Birthplace Port Hope, Ont.

(Examination of Officer or Other Rank (stripped) to be made by one Medical Officer.)

1. GENERAL DESCRIPTION:

Physique Normal Weight 150 lbs. Height 5 ft. 9 in. Colour of Eyes Blue.

Nutrition Good

Pulse 84

Condition of arteries Normal

Vision Rt. 6/6 Left 6/6

Hearing (conversational voice) Rt. 2/ ft.

Left 2/ ft.

Identification marks, scars, or deformities. (Give cause and date of origin).

SCAR. on R. L E G.

Opinion as to general health and physical condition Good

2. Has Officer or Other Rank ever suffered from, or has he now, any affection of the following systems? (Answer "Yes" or "No") (Subjective evidence may be sufficient in certain cases.)

Nervous System No Genito Urinary System No Cardio-Vascular System No

Special Senses No Integumentary System Yes Respiratory System No

Disturbance of Mentality No Muscular System No Digestive System No

Osseous and Joint System No Any other general condition No

3. If the answer to any part of Section 2 above is "Yes," here give full particulars, with cause and date of origin; and also a description of the present condition.

Impetigo on face
Dermatitis Schor. thighs and under arms, should be placed in Hospital (isolation) Willey for treatment - and dismissed to. He is not fit at present - to proceed on ordinary transport -

(If space is insufficient, continue on back of form.)

Discharged from Hosp. 18-2-19

Aug. Le Bureau Capt. Offr

[OVER]

HEADQUARTERS A.D.M.S. 19 FEB 1919 GUARDIAN TROOPS, WITLEY.

EXAMINATIONS

THIS SECTION FOR USE OVERSEAS—

Examined at Shilling (Overseas)

Date 15.2.19 Signed S.S. Taylor Capt. M.O.

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to or during service.

Signature Lt. W.C. Anderson

(If not satisfied, M.F.B. 227 will be completed by Medical Board.)

THIS SECTION FOR USE IN CANADA—

Examined at .....(Canada)

Date ..... Signed ..... M.O.

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to or during service.

Signature .....

(If not satisfied, M.F.B. 227 will be completed by a Medical Board.)

(This space to be used, if necessary, in connection with Section 3, overleaf, only.)

Forms
I. 1237
11

WEST CLIFF CANADIAN ARMY AND EAR HOSPITAL

Army Form I. 1237.

UK.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
4958	348754	Cpl.	Anderson	Norman Chas.
Year	**Unit.**		**Age.**	**Service.**
1917	C.F.A. Res. C. Bty Sheffield		20	1 yr 3/12 UK.

Station and Date.

Disease Nasal Obstruction

6-7-17 Has had nasal obstruction & breathing even since arrival in the country. Exam: shows hyp mid. turb on both sides Spurs - which was removed under local.

13/7/17 Complains of frontal headaches for 1½ years. Right Antrum

R.V. = 6/6

L.V. = 6/6 + Ishihara

Eyes Conjunctivitis: Zinc Sulph drops 1/20 3 drops to each eye 3 times daily. WWS

19- Nose almost healed.

Menthol Eucalyptus drops in nose T.D.

M.O. Sick to A.

Hal Reb 25:7:17

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

(23205) Wt. W 4234—M 627. 1,000,000. 8/16. C.F.&S. Forms/I. 1237/11.

Station
and Date.

Forms
I. 1237
10

Army Form I. 1237.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
1125.	348754	Gr.	Anderson	Norman C.

Year	Unit.	Age.	Service.
1916. June 7.	CFA 2nd Res	19	4/12.

Station and Date.

Disease

WEST CLIFF CANADIAN EYE AND EAR HOSPITAL, FOLKESTONE.

Recurrent attacks of dacryocystitis & beginning CC mucous membranes slightly retracted

Septum To left causing obstruction
& adenoids to be removed.

Cocl ack to nose twice daily

June 8/16 Adenoids removed under local

Holmes June 15/16

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

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

P.T.O.

Station and Date.

C.A.D.C. 5009A

CANADIAN ARMY DENTAL CORPS, O.M.F.C.

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) ANDERSON R. G.

REGIMENT CRA RANK A/CPL. No. 3484654

Date of Examination in England 13.2.19 | Date of Examination in France

DIRECTIONS TO DENTAL OFFICERS

1. This form will be made out for each individual at the time of Demobilization in England or France.
2. Figures as per chart will be used to designate teeth concerned.
3. In reference to Partial Dentures the numbers of teeth thereon will be stated.

PRESENT DENTAL REQUIREMENTS

1. FILLINGS 10 - 20 - 31 - 28 - 25
2. EXTRACTIONS 14 - 30
3. CROWNS
4. DENTURES
   - (*a*) Full Upper
   - (*b*) Part Upper
   - (*c*) Full Lower
   - (*d*) Part Lower

HAS HE EVER REFUSED DENTAL TREATMENT ? No

HAS HE EVER RECEIVED DENTAL TREATMENT ? (Reply by "*Yes*" where applicable to any or all of *a*, *b* or *c*.)

- (*a*) In Canada
- (*b*) In England Yes
- (*c*) In France

Signature of Dental Officer E. Johnston Capt

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P. 880.

DEPARTMENT OF MILITIA AND DEFENCE.

WAR SERVICE GRATUITY.

A-607

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

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, if soldier discharged in Canada, this Declaration is to be returned to THE DISTRICT PAYMASTER OF THE DISTRICT IN WHICH THE SOLDIER WAS DISCHARGED, or if soldier discharged in England to be returned to Paymaster General O.M.F. of C., 7, Millbank, London, S.W.

1. Christian names NORMAN 2. Surname ANDERSON.

3. Rank Cpl. 4. Original Unit R.C.H.A. 5. Reg. No. 348754

6. Address, in full, to which future payments of gratuity are to be forwarded Port Hope Ont.

7. Date of enlistment in the C.E.F. 2-2-16

8. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge not applicable

9. Relationship of such dependent not applicable

10. Address, in full, of such dependent not applicable

11. Is said dependent now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? not applicable

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:— C.F.A. 12-4-16 - 25-2-19.

13. Were you on the strength for pay and allowances of the Clearing Services Command, having been at any time on duty outside of Canada or the United States? No

14. Were you on active service only in Canada or the United States? If so, give particulars of unit and dates of such service No.

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 3 yrs - 1 month. R.C.H.A. 2nd D.A.C. R.F.A. C.F.A.

16. Were you at the time of enlistment a civil employee of the Dominion Government? If so, state Department No

17. Were you a member of the Permanent Force at the time of enlistment in the C.E.F.? No

5434. Wt. /30P. 250,0.0(8). 2/19. S.O.,F.Rd.

18. Have you had more than one enlistment? If so, give particulars of discharges and re-enlistments, and under what regimental numbers and units. N/O

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

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

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 ho

23. (a) Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England? ho

(b) If so, was such reversion in consequence of misconduct or inefficiency?

24. Are you now serving in the C.E.F.? cNo If not, give:—(a) Date of discharge 29. 3 - 19. (b) Reason for discharge demob.

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 cNo.

26. Did you at any time serve at the front in an actual theatre of war? If so, give particulars of one unit in which you served at the front, and dates of such service with that unit cNo

27. (a) Are you receiving treatment from the Department of Soldiers' Civil Re-establishment?

(b) If so, are you in receipt of full pay and allowances from that Department?

And I make this solemn declaration, conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under oath and in virtue of the Canadian Evidence Act.

Signature of Applicant: Lt. Norman Anderson.

Place of Residence: Porte Hope. Ont.

Declared before me at: Kinmel Park Camp Rhyl.

This 1st day of March 1919.

Signature of Barrister of the Supreme Court Stipendiary Magistrate, Notary Public, Justice of the Peace, or Commissioner for the Administration of Oaths under P.C. 2767, dated 11th Nov., 1918.

C.W. Cormack. Major.

M.D.C: WING 3.

POST DISCHARGE PAY.

Date paid.	Paid Soldier	Paid Dependent	War Service Gratuity	Net amount due
			183	420

Certified Correct

District Paymaster.

CLINICAL CHART.

(To be attached to Case Sheet.)

Army Form B. 181.

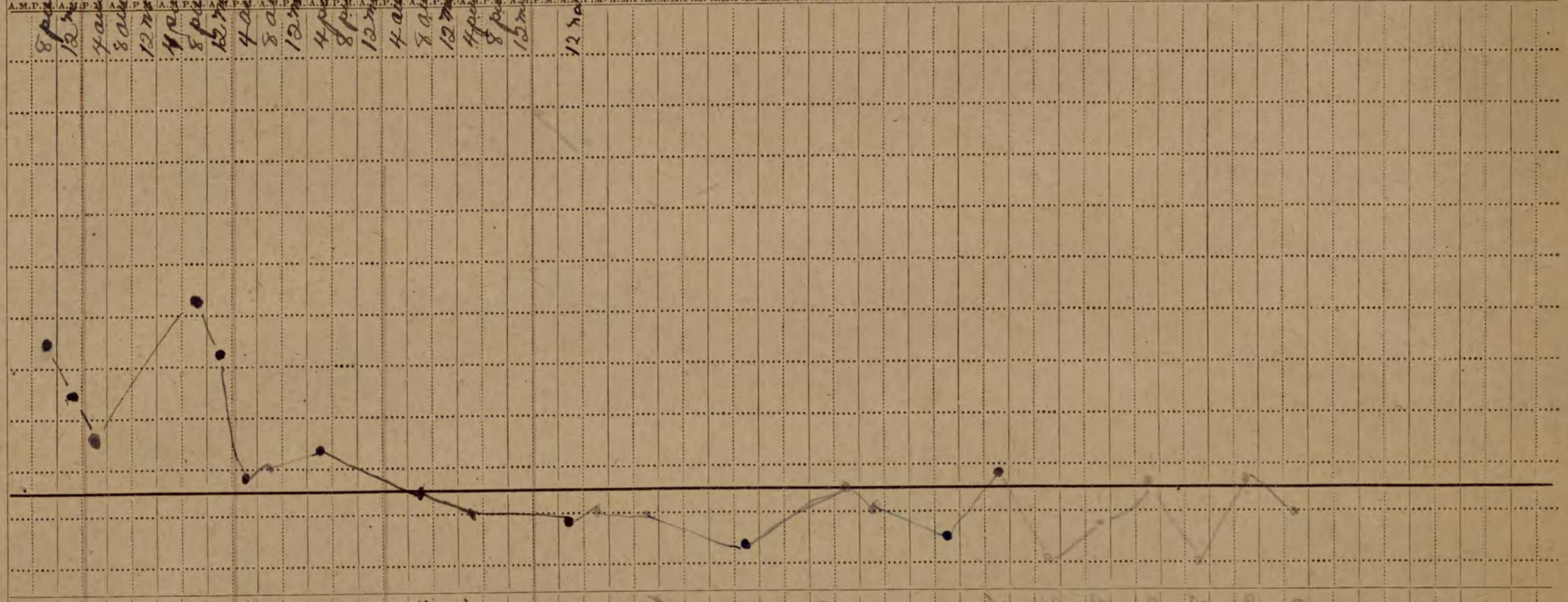
Corps C. F. A. Res Bdg

Military Hospital MOORE BARRACKS, CANADIAN HOSPITAL, SHORNCLIFFE.

No. 348752. Rank and Name Cpl. Anderson. Norman C. Age 20. Service 10/12.

Disease Bronchitis Date of admission Jan. 17. 17. Date of discharge Result For Treatment

Dates of Observation	Jan 17.			18.			19.			20.			21.			24			25	26	27	28				1	2	3						
Days of Disease																																		
Temperature Fahrenheit	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time
Pulse per minute	82	88	80		92	98	74	80	88		74	78		78	72	74		80	80	80	84	88	76	78	80	68	100	70						
Respirations per Minute	24	24	22		22	28	24		24					20				20			20	20	18	18	20	20	20	20						
Motions per 24 Hours																																		



(29342) W6465—M789. 1,000,000. 9-16. D.P.W. A.F.B. 181. (373)

Signature R. S. W. [illegible] In charge of case

Forms
I. 1237
11

Bed. 11

Army Form I. 1237.

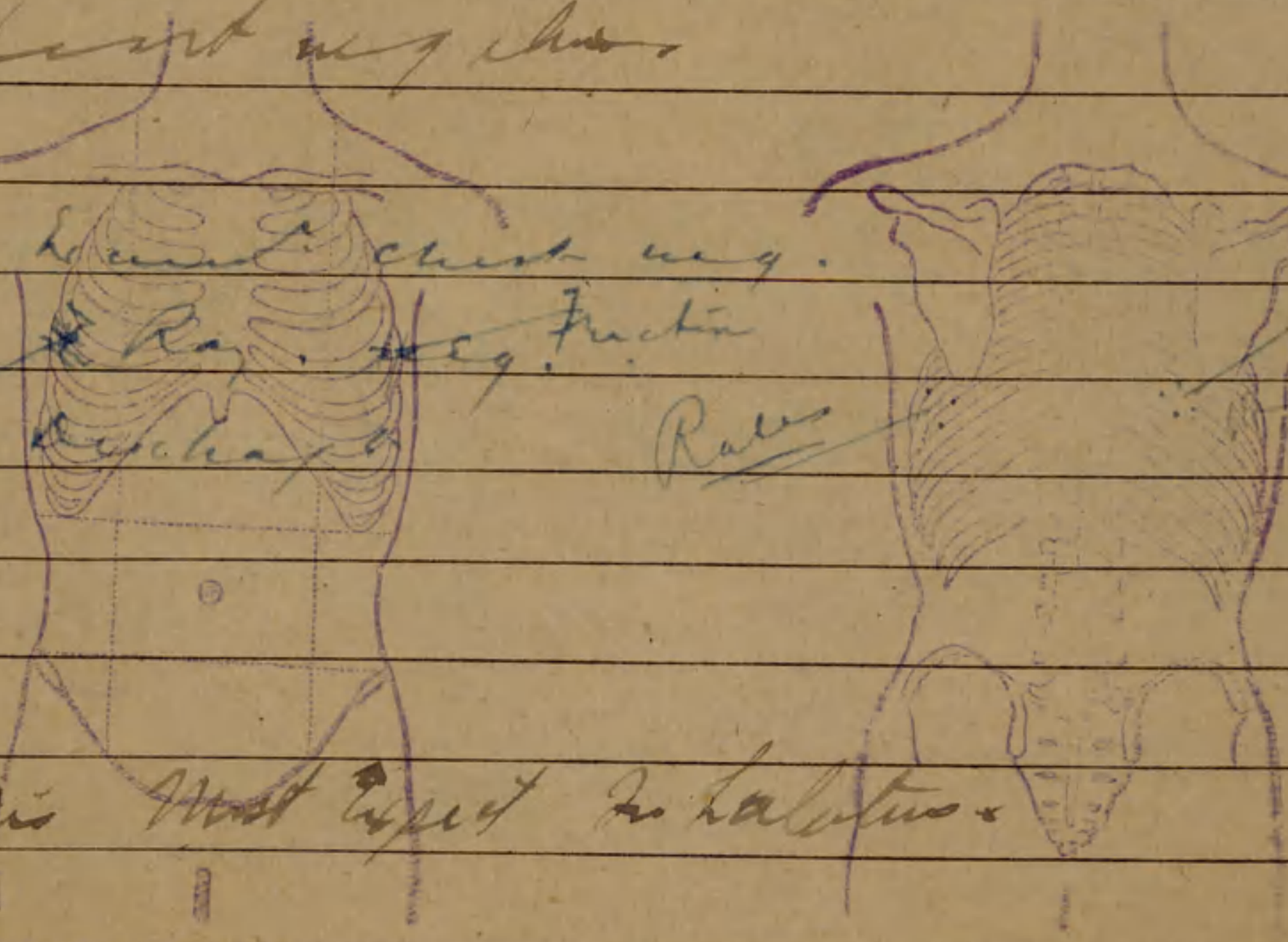
MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
24219	34875	Cpl	Anderson	Norman
Year	**Unit.**		**Age.**	**Service.**
1917	C.F.A. R. Regt 2 Batty		20	1 0/12
17/1/17 **Station and Date.**	**Disease** Bronchitis - to Syphilis			

BUCHE BARRACKS

CANADIAN HOSPITAL SHORNCLIFFE

Complaint	Loss of voice, pain in r. chest
Duration	2 wks.
P.H.	Measles scarlet fever. Denies V.D
F.H.	negative
H.P.I.	Began 2 wks ago with cold in chest
	on thorax. Coughs a good deal
	No haemoptysis. Sputum absent
	a little. No night sweats. No
	loss of wt. Bowels regular.
Physical	Exam.
	Post cervical glands. Throat injected
	Teeth in good shape. Voice husky.
	Lungs fremitus in each apex
	fine moist râles at bases.
	Heart negative.
27-1-17	Examined chest neg.
Fractured	Ray. neg. Fracture
	Rales



Rales over lower fracture.

R. Carbuncle Must Expect to Salute.

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

(23205) Wt.W 4234—M 627. 1,000,000, 8/16. C.F.& S. Forms/I. 1237/11.

P.T.O.

20/2/17 chest negative

Epithelium + post nasal pus
removed from body & nose, pulse
rapid. Throat & nose in pus
3 mins rinse.

Wassermann — + + +

X ray report. Excursions of diaphragm
restricted apices light equally but
poorly. Lung markings not pronounced
& strate

Transferred to Ethelgarth

P. J. Nicholson

Station and Date.

MEDICAL HISTORY SHEET.

Surname Anderson Christian Name Norman C

Examined on 3 day of Feb 1916 at Kingston Ont

Approved by A. A. Boyce

Rank Lieut Can M.O.

Birthplace: City or Town Port Hope; County Ont

Apparent age 19 yrs 3 mos

Trade or occupation Employee grain Co.

Height 5 Feet 11 Inches.

Weight 148 Lbs.

Chest measurement: Minimum 34 inches. Maximum expansion 3 inches.

Physical development Good

Small-Pox Marks

Vaccination Marks: Arm Right. Left. V Number one

When Vaccinated last 2 years ago

(a) Marks indicating congenital peculiarities or previous disease V

(b) Slight defects but not sufficient to cause rejection Two defective teeth

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

Date	Result	Vaccinations.
	3/2/16	A. A. Boyce M.O.
		M.O.
		M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.
	3/2/16	A. A. Boyce M.O.
	16/2/16	A. A. Boyce M.O.
12.8.17	T.A.B. I.C.S.	Dr. Robertson Lt Col M.O.

Enlisted on 2nd day of Feb 1916 at Kingston Ont.

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	C. Bty R.C.H.A.	348754		2-2-16
Transferred to..	21 Bde. C.F.A.			22-6-17

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.
			A.U.T. D.U.T.

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.

50M—8-14.
H. Q. 1772—39—439.

Surname Anderson Christian Name [illegible]

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.
WEST CLIFF CANADIAN EYE AND EAR HOSPITAL, FOLKESTONE.		7	6	16	18	6	16	Nasal obstruction	9	Adenoids – removed under local anaesthesia. Discharged to lines.	Percy G Bell REGISTRAR WEST CLIFF CANADIAN EYE AND EAR HOSPITAL
Moore Barracks Hyd. Shorncliffe	24219	17	1	17	3	3	17	Syphilis	36	Post cervical and epitrochlear. Has a secondary rash. Hist of lues 6 mos ago. Wasserman ++. Dentally fit. Transferred to Etchinghill Hosp. for treatment	R F Wilson Capt CAMC
CANADIAN HOSPITAL, ETCHINGHILL, LYMINGE.		4	3	17	14	3	17	Syphilis	11	Discharged to Duty. Out Patient D iii	B. W. Guyatt Capt. C.A.M.C.
WEST CLIFF CANADIAN EYE AND EAR HOSPITAL, FOLKESTONE.		6	7	17	25	7	17	Nasal obstruction	20	Both middle turbinates removed. Nose healed and breathing is free. Vision normal in each eye. To lines	[illegible]

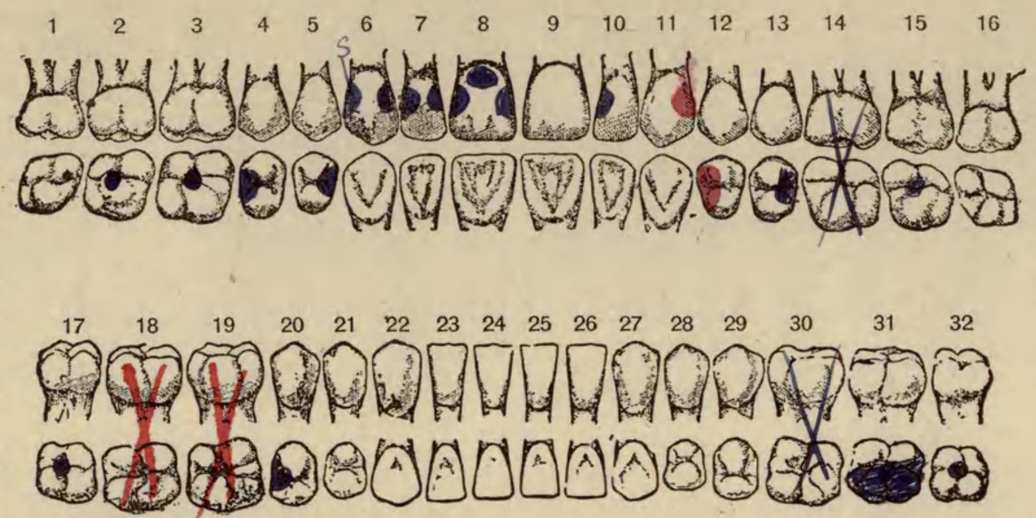
DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS DISTRICT 3.

NAME OF SOLDIER Anderson Norman No. 348754.

REGIMENT R.C.H.A. RANK Cpl.

#360.W.E-20-02-6



INSTRUCTIONS

1. On examination the condition of patient's mouth to be marked on diagram in red ink.
2. On first line of report record of same to be made in red ink.

Only such entries to be made on this sheet as will show:

1. Condition on examination (in red).
2. Condition on leaving Canada.
3. Condition on discharge.

	Date	Amalgam	Temporary Filling (a) G.P. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhœa	Synthetic Porcelain	Extracting	DENTURES U	DENTURES L	DENTURES P	Gold Clasp	Gold Filling	CROWNS Gold	CROWNS Porcelain	Bridge Work	OPERATOR	Military District	REMARKS
Condition on first Examination	2/5/19	1/12		1/11							2/18.19.									E.W. Sisson Capt	3	Ext. 14.30 Caries 5.6.7. 8.15.13.10.4.3.2 32.31.20.17. Prophylaxis left Complete.
	2/5/19	11/2.3.4.6.13.15. 17.20.31.32.					1/31			7/6.7.8.10. 2/14.30.					Prophylaxis					E.W. Sisson Capt	3	

M.F.B. 465.
200M.—6-18.
1772-39-930.

A & D 24219

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

Regtl. No., Rank and Name Cpl. Anderson # 348750 Corps C.F.A. R.B.

Disease Bronchitis Hospital N.B. Can Hosp.

To Officer i/c Laboratory. Ward 14

Please carry out an examination of the accompanying specimen of blood

with special regard to Haemoglobin.

Date 22-2-17 R.S. Wilson Capt

O. i/c Ward.

20.

LABORATORY REPORT.

POSITIVE +++.

(Hamolized

CANADIAN MOBILE LABORATORY 24 FEB. 1917

Date of Examination

C.A. Douglas Capt. C.A.M.C.
No. 2 Canadian Mobile Laboratory,

O. i/c Laboratory.

W 12965—6740 200,000 11/15 H W V (M 875) Forms/W. 3212/1
1439—480 200,000 5/16

POSITIVE

LABORATORY REPORT

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

11

Regtl. No., Rank and Name 348754 Gdl. Anderson, Corps C. F.A.

Disease Bronchitis. Hospital M.B. Cth.

To Officer i/c Laboratory. Ward 14

Please carry out an examination of the accompanying specimen of Sputum

with special regard to T.B.

Date Jan 19th 20 [illegible] Capt

O. i/c Ward.

LABORATORY REPORT.

No T.B. found

Date of Examination 19.1.17. [illegible] Capt

O. i/c Laboratory.

W 12965—6740 200,000 11/15 H W V (M 875) Forms/W. 3212/1
1439—480 200,000 5/16

LABORATORY REPORT

16

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

Regtl. No., Rank and Name 34875 L/Corp Anderson. RE Corps C.F.A. R.B.

Disease Bronchitis Hospital M.B.H.

To Officer i/c Laboratory. Ward 14

Please carry out an examination of the accompanying specimen of Sputum

with special regard to T.B.

Date Jan 29/17 P.D. Anderson Lieut.

O. i/c Ward.

LABORATORY REPORT.

Leo T.B. found.

Date of Examination 29/1/17 R.B. Jenkins Capt.

O. i/c Laboratory.

W 12965—6740 200,000 11/15 H W V (M 875) Forms/W. 3212/1
1439—480 200,000 5/16

LABORATORY REPORT

X. Ray Department,
Moore Barracks, Canadian
Hospital, Record No. 3933.

14/2/17.

M.B.C.H.

Ward 14 Bed 11 A/D No.24219.

#348754 Cpl. Anderson, N.C. C.F.A.

Excursion right diaphragm restricted. Apices light equally, but poorly. Lung markings most pronounced on right side.

S. C. Mills

Capt. C.A.M.C.

O. i/c X. Ray Department,
Moore Barracks, Canadian
Hospital.

A.D. 24219

REQUISITION

DATE Jan 19/17

REG. NUMBER 348754

NAME Gnr. Anderson.

UNIT C.F.A.

WARD 14

DIAGNOSIS Bronchitis.

EXAM. REQUIRED Routine.

MEDICAL OFFICER

REPORT

COULOUR Cdy amt

S.G. 1030

REACTION acid

SUGAR neg.

ALBUMEN neg.

MICROSCOPIC

R B Jenkins
CAPT. C.A.M.C.
Officer I/c Laboratory

(611)—Wt. W1751-1403. 500,000.—5-15.—C. & G. Forms B. 103/1.

Army Form B. 103.

ORIGINAL

Casualty Form—Active Service.

Regiment or Corps "C" Bty. R.C.H.A.

Regimental No. 348754 Rank Gunner Name Anderson, Norman Christopher

Enlisted (a) 2-2-16 Terms of Service (a) War + 6 months Service reckons from (a) 2-2-16

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) Emp Grain Elevator CBM

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.
12-4-16	Drafted from Parade	Transferred to Reserve Brigade C.F.A. Pt. II, 88.-12-4-16			
Drafted	to France to 2nd D.A.C.	Shorncliffe			
21-11-16	O.C.R.B.C.F.A.	Appointed A/Bdr	Shorncliffe	21-11	B.O. Pt. II #299. 21-11-16
7-12-16	O.C. R.B.C.F.A.	Appointed A/Cpl.	S'cliffe	7-12-16	B.O. Pt. II 15
23:6:17	O.C. Res Bde CFA	S.O.S from Res Bde CFA to 2nd Bdge CRA on absorption	S'cliffe	22.6:17	B.O. Pt. II 474
23.6.17	O.C. 2nd Bde CRA	T.O.S 2nd Bde CRA	S'cliffe	22/6/17	B.O. Pt. II 1[illegible]
14.9.17	O.C. 2nd Bde CRA	Reverts to permanent grade of Gunner on ceasing to be employed. effect 12-9-17.	Milford Camp.	14/9/17	B.O. Pt. II 85.
17/11/17	OC.2nd. Bde.CRA.	S.O.S. to Res.Bde.C.F.A.	Witley.	17.11.17	B.O.Pt.11 #149
18.11.17	OC.Res. Bde.CFA.	T.O.S.from 2nd.Bde.C.R.A.	Witley	18.11.17	B.O.Pt.11 #1

H.M.T. MINNEKAHDA EMBARKED 19 MARCH 19 DISEMBARKED 28 MARCH 19

A.E. Delevenne
LIEUT: & ASST: ADJUTANT,
2ND BRIGADE, CANADIAN RESERVE ARTILLERY

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

[P.T.O.

Report		Record of promotions, reductions, transfers, casualties, etc., during active service. as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				
25-7-18	OC. Res Bde. C.F.A.	Appld A/Cpl without pay and allowances whilst specially employed	WITLEY.	25-7-18	B.O. Pt 206
5-2-19	D.O.C., C.R.A.	S.O.S. to M.D. ... Ving Kinmel Park, Rhyl for return to Canada	Witley	25-2-19	B.O.P. 11 56 [illegible] Lieut. for Asst. Adjutant, Canadian Reserve Artillery,
19-3-19	T.O.S.	3 D Discharged	Kingston	19-3-19	H 993.
29-3-19	S.O.S.	3 D Discharged R.O. 1420	Kingston	29-3-19	Ft. S. Order H 993. [illegible] Lieut. O.C. Dispersal Area Station H.

O.C. Dispersal Area Station H.

L. L. Job 88773—M. & D. 6195.

2nd. Contingent

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

M. F. W. 12.
20m.—11-15.
H. Q. 1772-39-819.

To Whom Mrs Minnie Keeler

Address Port Hope Ont.

Rate 20.00 APR 1 1916

By Whom Assigned Anderson N.C.

Regtl. No. 348754

Rank Gr.

Corps C Batty R.C.H.A.

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				

Consolidated Account

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

PAYMENTS.

M. F. W. 12a.
15m.—3-16.
H. Q. 1772-39-819.

Sheet No. 2. Mrs. Minnie. Keeler.

Name of Soldier Anderson. N. C.

348754. 6th Batty RCHA.

L. L. Job 95618—M. & D. 6555.

20.00

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916	[illegible]	20	
May		[illegible]	20	
June		08643	20	
July		84344	20	
Aug.		A11936	20	
Sept.		C15279	20	
Oct.		E19589	20	
Nov.		E24583	20	
Dec.		A35610	20	
Jan.	1917	I 36150	20	
Feb.		I 42504	20	20
March		I 48599	20	20.L.
April		J 241	20	20.E.
May		J 6534	20	
June		J 13143	20	20.E.
July		J 19946	20	
Aug.		J 27042	20	
Sept.		K 33741	20	
Oct.				
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

360.

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.				

R—122.

Rank Name Anderson. Norman Christopher. Reg'l No. 348754

Unit 6th Dft. C. Bty. R.C.H.A. If in perm. Corps, What Unit? Married or Single Single.

Place and Date of Enlistment Kingston 2nd Feb. 1916 Place of Birth Port. Hope.

Name and Address, Next-of-Kin Mrs Minnie Keeler.

Port. Hope. Ontario, Canada. Relationship Mother

Assigned Pay Monthly $ Payable to

Relationship

Separation Allowance $ Payable to

Relationship

Discharge, Date and Place Reason Character

N/E. R.B. No. 1550
File R.B. 1060
Category

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. per SS Olympic		11.4.16	
12.4.16	OC Res Bde	Taken on. Strength.	Shorncliffe	11.4.16	Pt II O. 88. (62
7-6-16	" " "	Adm. Shorncliffe Military Hospital		6-6-16.	Pt II O. 136. (Otitis Media)
16 6 16	CL " "	" Westcliffe. Eye & Ear Hsp	Folkstone.	8.6.16.	No. 200 (adenoids)
17 6 16	" "	Disch'd from Hsp		15 6 16	" 201 & Pt II O 150
21-11-16	OC Res Bde	appt act f Bdr.	S'Cliffe	20.11-16	— 299
7.12.16	"	" " Cpl.	"	5-12-16	— 315
20-1-17.	—"—	Adm Moore Bks Hosp	—"—	18-1-17	—"— 20 CL 359, Bronchitis
10-3-17	CL —"—	" Etchinghill Hosp	—"—	4-3-17	CL 396 & 401 V.D.S.
17-3-17.	—"—	Dis. —"— —"—	—"—	14-3-17	—"— 401 Pt II O 80.
23.6.17	Res Bde	S.O.S. to 2 Res Art	"	22.6.17	Pt II O 174 & 2 Res Art 1 d/ 22.6.17

8

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 Document
12.7.17	Res Bde	To Westcliffe Can Eye Ear Hosp.	Folkestone	7.7.17	C.L. 480 Nasal Obstruction
8.8.17	"	Discharged from "	"	25.7.17	" C. 6. " "
14.9.17	2 Res Art	Reverts to rank of Gunner	Witley	12.9.17	P.F.O. 85
18.11.17	Res Bde	To S from 2 Res Arty	Gun	"	18.11.17 " 1 + 2 Ra P II 149 17/11/17
25.7-18	do	Appt'd A/Cpl. without P. & A.	Gun	"	25.7-18 P II 206
25.2-19	Res C.F.A.	SOS to No 3 Wing Rhyl.	"	"	25.2.19 " 56. & No 3 Wing 51. 28.2-19
		Discharged to Canada			19.3.19 27" H 4" 20
25-3-19	No 3 Wing	S.O.S. to Canada Sailing 27.	"	Rhyl.	" " " P VII-72.

~~349228~~

D.M.S. 1300.

Surname: Anderson. Christian Name or Names: N.C. Reg. No.: 348754.

Rank: ~~Gnr.~~ Appl. Unit: Res Bde. C.F.A. Co. Troop Batty.

Hospital: Date of Admission

Transferred: Westcliff C. Eye & Ear. Hosp. 8.6.16.

o/c Moore Barracks S'Cliffe Hosp. 11.12.16

do do Hosp. 9.12.16

— do — — do — Hosp. 10.1.17.

Can. Conv. Monks Horton 13-1-17.

Diagnosis: Adenoids.

(1) Later Diagnosis (if changed): Broncho pneumonia

(2) Bronchitis ?

(3) Pneumonia.

Additional Diagnosis: if more than one state present

V.D.S.

Nasal obstruction

DISPOSITION: Dis. 15.6.16 Date

REMARKS

C.L. 16.6.16. 200.

17.6.16. 201.

13.12.16 327

14.12.16 328

15-12-16 330

23.1.17 - 359

" 9-2-17 #372

10.3.17 #396

" 15-3-17 #399

17.3.17. 401.

" 12-7-17. #480.

8.8.17. 66. Disch 25.7.17.

"Ser ill 11.12.16"

Regt No not Verf

Disc. 9-3-17

Removed from ser ill 13.12.16

Dis. 14.3.17.

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

R

EPITOME OF HOSPITAL TREATMENT.

Hospital	Adm.
Mock Hos.	
1. to Etchinghill Can	4.3.17
Westcliffe Cgn. C & E. Folkstone	7.7.17.
2.	
3.	
4.	
5.	
6.	
7.	

H. Q. FILE No. 649-

NAME Anderson N. C.

REGT'L. NO. 348754

RANK AND CORPS Gnr. Reserve Brigade C. F. Art.

CABLE		NATURE OF CASUALTY
NO.	DATE	

L. L. Job 86907--M. & D. 16065.

M. F. W. 42—50m.-10-15.
H. Q. 1772—39-893.

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
200	Westcliff Can. Eye + Ear Folkestone	8-6-16	Adenoids.
201	Disch.	15-6-16	Bronchitis
35	Moore Bks. Shorne	10-1-17	
396.	Can Etchinghill Lyminge	4-3-17.	V D S
401.	Can Etchinghill Lyminge	4-3-17	V D S.
401	Discharged	14-3-17	V D S.
480	Westcliff C. E & E. Folkestone	7-7-17	Nasal Obstruction
C 6.	Disch.	25-7-17	" " Can. Artery

R. 149.

Name ANDERSON Norman Christopher *Rank* ~~Gnr.~~ A/Bdr *Reg. No.* 348754

Unit Reserve Brigade, C.F.A.

Next of Kin Canada

Date 1916	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
8-6	West Cliffe Can. Eye & Ear Hosp	Folkestone	Adenoids	200		
15.6.	Discharged.		"	201.		
18-1-17.	Moore Bks Hpl.	Shorncliffe	Bronchts	359.		
4-3-17.	Canadian Hpl.	Etchinghill	syphilis	401.		
14-3.	Discharged		do	401.		
4.7	West. Can Eye & Ear Hpl		Nasal obstruction	400		
25.7	Discharged		do	C.E.		AMS 7002

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

Form D.M.S. 1317.
1202—15m—21/11/16.

MOORE BARRACKS.
CANADIAN HOSPITAL
SHORNCLIFFE

HOSPITAL.

A. & D. No. 24219. Ward 14.

Unit 6 F.A. Res: Bgde: 2 Bty. Sick ~~or Wounded~~.

Regtl. No. 348754. Pl. of Act'n England.

Rank Cpl: Name Anderson Norman C.

Age 20. Religion Pres.

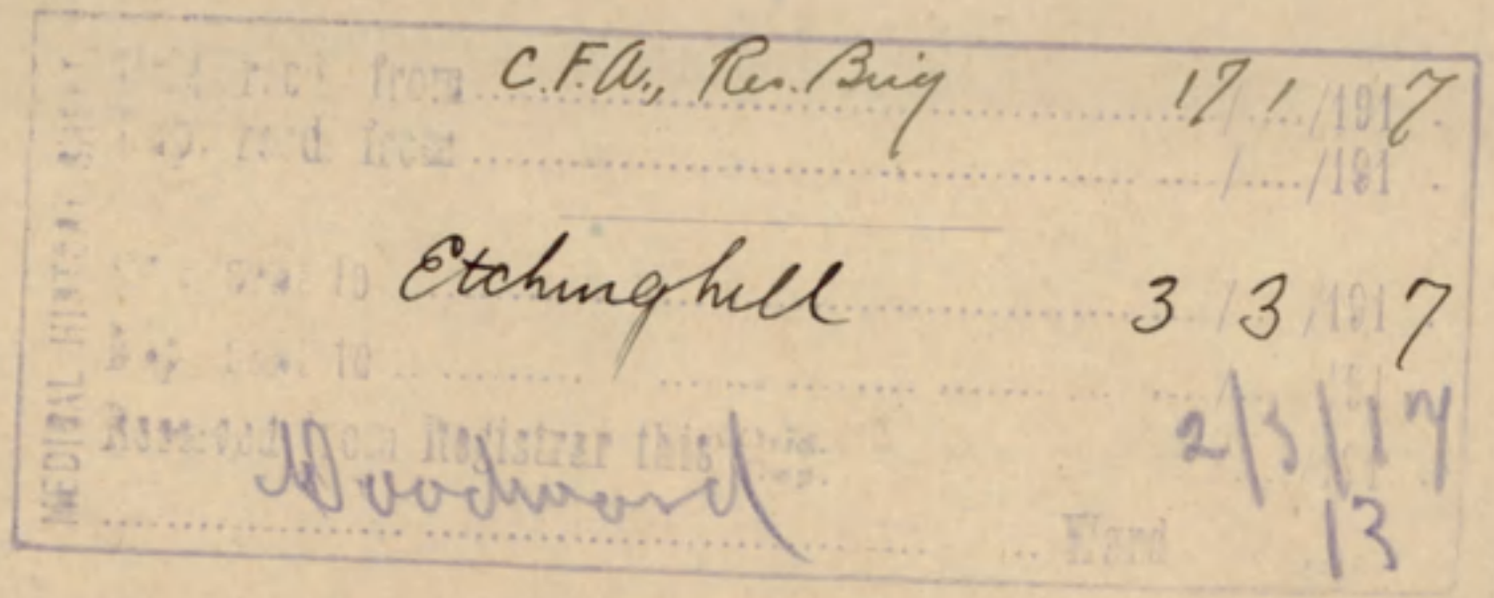
Service Compl'd 10/12 Time with Field Force —

Diagnosis Bronchitis. - Asthma

Admitted 17-1-17. Discharged

Transferred 3-3-17 To Etchingham Kingston.

RECORD FURTHER REMARKS ON BACK. 5-00



MEDICAL HISTORY SHEET

Sent rec'd from C.F.A., Res. Brig 17/1/1917

Dep. rec'd from ..... /.../191

Sent to Etchinghill 3/3/1917

Dep. sent to ..... /.../191

Received from Registrar this Dep. 2/3/17

Woodward

Ward 13

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

A 2633

Date of Assignment Apr. 1, 1916

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

$ 20			

EMV ✓

PARTICULARS OF SEPARATION ALLOWANCE

No. 348754

Rank Gr. Promoted Reverted Discharge

Soldier's Name N. C. Anderson

Battalion C. Batty R.C.H.A.

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name Mrs. Minnie Keeler

Address Port Hope, Ont.

Change of Address

1

2

3

4

0378-18-5

Date	Cheque No.	Amount S/A	Amount A/P	Total		REMARKS
30/9/17			360 ✓	360		
Oct	C 51408		20	20		
Nov	C 52646		20	20	T	
Dec.	F 54969		20	20	M	
Jan	A 54255		20	20	B	
Feb.	B 92484 ✓		20	20		
Mar	G 99719	—	20	20 ✓		
April	H. 7515		20	20		
May	A 12469		20	20		
June	B 15313		20	20 ✓		
July	Y 28295		20	20		
Aug	A 30821		20	20		
Sep.	a. 37513		20	20		
Oct.	A 44156		20	20	M	
Nov	A 52243		20	20	M	
Dec	B 63909		20	20	M	
Jan	B 71531		20	20	M	
Feb.	A 78500		20	20		
MAR	G 84168		20	20		
			720	720		

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

AUDITED.

A/c Closed

Ret'd per Minnekahda

Date 28-3-19 M.F.W.187 1-4-19

Clerk Bombm MO 82598

MO 3

SOLIDATED ACCOUNT

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Date of Assignment

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—172-39-141
L. L. 22830—M. & D. 7668.

NUMBER 348/54 RANK a/c P/L Lt/Sgt NAME ANDERSON Norman b

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
1918									17/3		
Nov	C/S	33		C/A				20			
Dec	"	34 10		412 bRA 15/11/18	487				58 93		
1919	"	34 10		745 " 26/11/18	487						
				CR 348 7/10/18 £1030	487						
				C/A				20			
				1586 CRA 17/12/18	1509						
				C/A				20	29 23		
		101 20			29 20			60			
Feb		38 80						20	40 03		
				2092 .. 30/12	973				30 30		
				3286 . 23/1	997						
				3894 . 6/2	1947						
				2397 KP 5/3	487 end.				40		
		30 80			1440			20			

29.44
.86 a

Soc Can 19/3 £27 4d3

P 820
12474—375M—13-2-18.

* Strike out whichever inapplicable.

ASSIGNED PAY. * ENGLAND or CANADA.	SEPARATION ALLOWANCE. * ENGLAND or CANADA.
EFFECTIVE DATE:- 1/4/16.	EFFECTIVE DATE:-
AMOUNT:- 20°.	AMOUNT:-

NAME, ADDRESS, RELATIONSHIP & AUTHORITY | WHEN PAYEE OF A.P. IS THE SAME AS PAYEE OF S.A. THE WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE.

Minnie Keeler
Port Hope.
Ontario 1/3/19.
Stopped

NAME:- Christopher ANDERSON. NORMAN. C.

NUMBER:- 348754.

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		Gnr.
Z0206. 25/7/18 K. Can.	25/7/18	Lapse without pay

UNIT AND TRANSFERS

ORIGINAL UNIT:- 6th Div. CRA.

DATE ACCOUNT FIRST OPENED:- 1/4/16

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO
			6 RA.
	CAN SEC	MAY	19

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

DATE OF PAYMENT	NUMBER OF A.R	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R	UNIT PAID BY	AMOUNT
23/1	3486	Bordon	9 9				
7/2	3894	CRa	19 47				
			29 46				

DAILY RATES OF PAY AND ALLOWANCES

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

PARTICULARS OF RENDERING NON-EFFECTIVE:- Disch to Canada 28/1/19. 2807. Witley 7/19 to Witley n.d.s. CRBd. 86/16

1918 MONTH	PARTICULARS	CR. 1	CR. 2.	PARTICULARS	DR. 1	DR 2.	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
									1481		
April	Gnr P	33		A/P				20			
				AR 172 9/4 CRa	14 60						
		33		490 23/4 "	2 43				10 78		
					17 03			20			
May	Gnr P	34 10		C.A.P.				20	24 88		
				AR 861 7/5/18 "	4 87						
				" 1356 23/5/18 "	4 87				15 14		
		34 10			9 74			20 -			
June	Gnr P	33 -		C.A.P.				20 -	28 14		
				AR 1630 11/6/18 CRa	4 87						
				AR 2134 25/6/18 "	9 73				13 54	Lapsed	
		33 00			14 60			20 00			
July	Gnr P	34 10		C.A.P.				20 -	27 64		
				AR 2523 CRa 9/7/18	4 87				7 0 34		
				2971 - 23/7/18	2 43				20 34		
		34 10			7 30			20			
Aug	Gnr P	34 10		A.P.				20	34 44		
				AR 3396 CRa 13/8	4 87						
				3803 - 27/8	4 87				24 70		
		34 10			9 74			20			
Sept	Gnr P	33		A.P.				20	37 70		
				AR 4446 CRa 13/9	4 87						
				4854 - 26/9	14 60				18 23	As agreed	
		33			19 47			20			
Oct	Gnr P	34 10		C.P.				20	32 33		
				HQ98 " 7/10/18	9 73						
				5869 " 22/10/18	4 87				17 73		
		34 10			14 60			20	Forward		

MARRIED OR SINGLE Single

PLACE OF BIRTH Port Hope Ont.

NAME AND ADDRESS OF NEXT OF KIN Mrs Minnie Keeler
Port Hope Ont.

RELATIONSHIP OF NEXT OF KIN Mother.

NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF KIN

SEPARATION ALLOWANCE MONTHLY $ EFFECTIVE (DATE)

PAYABLE TO

RELATIONSHIP OF DEPENDANT

CASUALTIES, PROMOTIONS, &c.

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ADMISSIONS TO HOSPITAL, &c.

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

REG'L NO. 348754 RANK NAME Anderson Norman Christopher

IF IN PERMT. CORPS WHAT UNIT | UNIT 6th Drft C Bty

PERMANENT FORCE ALLOWANCES

PLACE OF ATTESTATION Kingston Ont.

DATE OF ATTESTATION Feb 2/16

TRANSFERRED TO	DATE	AUTHORITY

ASSIGNED PAY MONTHLY $ 20.00 DATE EFFECTIVE 1/4/16

PAYABLE TO Minnie Keeler. Port Hope. Ontario. RELATIONSHIP Mother

ASSIGNED PAY MONTHLY $ DATE EFFECTIVE

PAYABLE TO RELATIONSHIP

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

DISCHARGE DATE AND PLACE REASON AND AUTHORITY

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

b

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
1916 Apr 30	30	1.00	30	00	30	10	3	00						1000	43	00		1629 Apr							1217			2000		3217	1083			
May	31		31	-	31		3	10							34	10	1733	May 1852	May					243	243			2000		2486	3007			
June	30		30	-	30		3	00							33	00												2000		2000	3307			
July	31		31	-	31		3	10							34	10	2035	29/6	2212	14/7				487	243			2000		3947	2770			
																			2024	24/6					1217									
Aug	31		31		31		3	10							34	10	2310	31/7	2431	14/8				487	730			2000		3717	2963			
Sept	30		30		30		3	00							33	00	2577	31/8	2728	15/9				1947	487			2000		4434	1829			
Oct	31		31		31		3	10							34	10	2833	29/9	3038	13/10				730	487			2000		3217	2022			
Nov	30		30		30		3	-							33	-	3137	31/10	3344	14/11				487	487			2000		2974	2348	✓	✓ 2348	
Dec	31		31		31		3	10							34	10	3555	30/11	3785	15/12				487	243			2000		2730	3028			
			27	50																														
1917 Jan	31	1.00	31	10											34	10	3909		4124					973	730			20		87 03	27 35			
Feb	28		30	80											30	80												20		20	3815			
Mch	31		34	10											34	10			4942						973	122		20	660	58 34	18 88			Hosp Dtty 4/3/17 – 17/3/17 11 days 30.81
																			4818	14/3					1460	122								
			401	50										10	411	50								58 41	85 17	244		240	660	392 62					

No. 348754. GNR. ANDERSON. NORMAN. CHRISTOPHER.

Can. "Assigned pay 20 Cts"

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.	Acquittance Rolls 1 Date	Acquittance Rolls 2 No.	Acquittance Rolls 2 Date	Acquittance Rolls 3 No.	Acquittance Rolls 3 Date	Acquittance Rolls 4 No.	Acquittance Rolls 4 Date	Cash Payments 1	Cash Payments 2	Cash Payments 3	Cash Payments 4	Assigned Pay	Other Charges	Total Debits	Balance Credit	Balance Debit	Pay Withheld or Deferred	Pay Available for Issue	Remarks
			401	50										10	411 50									58 41	85 17	2 44		240	6 60	392 62					
Apr	30		33	00											33 00													20 00		20 00	31 88				
May	31		34	10											34 10			218 / 289						9 73 / 4 87				20		34 60	31 38				
June	30		33												33	850 / 540	30/5 / 15/5							9 74 / 7 30				20		37 04	27 34				
July	31		34	10											34 10													20		20	41 44				
Aug	31		34	10 / 1 80											34 10	1350 / 1108								4 87 / 2 55				20		27 42	48 12				
Sept	30		33												33	2253 / 1831 / 2046				960	16/7			9 73 / 7 30 / 7 30		2 43		20		46 76	34 36		- -	34 36	
			602	80										10 00	612 80									121 80	85 17	4 87		360	6 60	578 44					

Month	Particulars	CR. 1	CR. 2	Particulars	DR. 1	DR. 2	DR. 3	DR. 4	Balance	Deferred Pay	Sal. Eng.	Month	Particulars	CR. 1	CR. 2	Particulars	DR. 3	DR. 4	Balance	Deferred Pay	Sal. Eng.
		~~34 36~~							34 36										-	27 47 / 34 10 / 61 57 / 46 76 / 14 81	
	Sp.	34 10		A.P.				20				Mar	Sp	34 10		A.P.			20		
				CRa 2572 11-9-17	4 87				43 59	hil						AR 4795 CRa 12 3/8	4 87				
		34 10			4 87			20								" 5090 " 26 3/8	2 43				
Nov.	G.P.	33		AR 3234 CRa 26 10/17	9 73											" 5421 " 12 3	9 73				
				AR 3059 CRa 17 10/17	4 87											" 5731 " 21 3	9 73			14 81	
				AR 2759 CRa 25 9/17	9 73									34 10			26 76 / 26 76		20		
				A.P.				20													
Dec.	Gnr Pay	34 10		Can Ass Pay				20													
				AR 3374. CRa. 13.11.17	4 87 / 29 20				41 49												
1918		67 10			29 20			40													
Jan.	Gnr Pay	34 10		Can Ass Pay				20													
				AR 3567 CRA 27/11/17	4 87																
				" 3702 " 4/12/17	9 73																
				" 3863 " 18/12/17	9 73																
				" 4004 " 27/12/17	9 73				21 53												
		34 10			34 06			20													
Feb.	Gnr Pay	30 80		Can Ass Pay				20													
				AR 4573. CRa. 29/1/18	2 43																
				AR 4300 " 15/1/18	2 43				27 47												
		30 80			4 86			20													

AUDITOR	PAYMASTER
[illegible]	[illegible]

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

M. OR S.

REGT. No. 348754 RANK ~~Capt.~~ Gnr. NAME (IN FULL) ANDERSON, Norman (BLOCK LETTERS SURNAME FIRST)

NEXT OF KIN — RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? NO. — DATE EFFECTIVE

TO WHOM PAID — RELATIONSHIP

ADDRESS

PARTICULARS	EFFECTIVE DATE	AUTHORITY
Norman Anderson		
Port Hope		
Ontario.		

ORIGINAL UNIT C.E.F. R.C.H.A. — IF IN P.F. WHAT UNIT?

PLACE OF ATTESTATION — TRANSFERRED TO — DATE — AUTHORITY

DATE OF ATTESTATION 2-2-16 — TRANSFERRED TO — DATE — AUTHORITY

ASSIGNED PAY $ 20.00 — DATE EFFECTIVE 1-4-16

PAYABLE TO Mrs Minnie Kieler — RELATIONSHIP N.S.

ADDRESS Port Hope, Ontario

ANY CHANGE IN ASSIGNEE OR ADDRESS

a607

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE — EFFECTIVE

DISCHARGED — PLACE Kingston — DATE 29-3-19 — REASON Demob. — AUTHORITY — IF ENTITLED TO POST DISCHARGE PAY

MONTH	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $	C.	OTHER CREDITS $	C.	$	C.	TOTAL CREDITS $	C.	ACQUITTANCE ROLLS COL. NO. 1 NO.	DATE	COL. NO. 2 NO.	DATE	COL. NO. 3 NO.	DATE	CASH PAYMENTS COL. NO. 1 $	C.	COL. NO. 2 $	C.	COL. NO. 3 $	C.	ASSIGNED PAY $	C.	REGIMENTAL CHARGES $	C.	OTHER CHARGES $	C.	$	C.	TOTAL DEBITS $	C.	BALANCE DEBIT $	C.	CREDIT $	C.	208 PARTICULARS OR REMARKS
BALANCE FROM PREVIOUS ACCOUNT																																					Returned per Minnekahda
								86		86																										86	Bal Eng L.P.C.
From 1-3-19					35	00													4	87																	Pay to Est date of Disc
To 3-4-19	34	1.00	37	40	70	00			142	40							4	87	5	00	108	52	20	00							143	26					clothing Alter 1st Pay W.S.G.
																																					Boat money Adv. Train money
																											5	50			5	50	5	50			Dr Bal of pay 5 days on Disc
					W.S.G.	S.A.					War Service Gratuity												W.S.G.	S.A.													
183	days				420				420														70	00													1st Pay W.S.G. as above
																							64	50			5	50			140				280		Apl 28/19 # 323611
																																					Dr Bal as above
																							70								210				210		28/5/19 # 337200
																							70								280				140		30/6/19 940123.
																							70								350				70		28/7/19 # 953782
																							70								420				—		27/8/19 1300348

OK

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

LIST OF DISCHARGE DOCUMENTS.

Attestation Paper, Triplicate	Militia Form W. 23
or Particulars of Recruit	Militia Form W. 133
Field Conduct Sheet	Militia Form W. 178 or A.F.B. 122
Casualty Form	Militia Form W. 54 or A.F.B. 103
Last Pay Certificate	Militia Form W. 44
Certificate that missing documents are unobtainable	
Medical History Sheet	Militia Form B. 313 or A.F.B. 178
Proceedings of Medical Board	M.F.B. 227, A.F.B. 179 or A.F.A. 45
Dental History Sheet	Militia Form B. 465
Medical Report	M. F. W. 129 or D. M. S. 1375
Regimental Conduct Sheet	Militia Form B. 263
Company Conduct Sheet	Militia Form B. 263a

1. Triplicate Attestation Paper (M.F.W. 23), or Particulars of Recruit (M.F.W. 133).
2. Casualty Form (A.F.B. 103).
3. Medical History Sheet (M.F.B. 313 or A.F.B. 178).
4. Proceedings of Med. Board (M.F.B. 227 or M.F.W. 129)
5. Dental Certificate (C.A.D.C. 5009a).
6. Field Conduct Sheet (A.F.B. 122)
7. Proceedings on Discharge (M.F.B. 218a)
8. Discharge Certificate (M.F.W. 39) (Enclosed in special envelope (260M)).
9. Copy of Discharge Certificate (M.F.W. 59a).
10. Dispersal Certificate (D.D. 3).
11. Equipment and Clothing } Statement Q.M.G. Form (D.O.S. 2).
12. Last Pay Certificate (P. 851)
13. Pay Book (P.B. 64).
14. War Service Gratuity (Form M.F.W. 2595).
15. Sundry Documents.

Group 6
Checked by No. 21
SSW
Date 19.3.19

H/12

M.D. 8

SHORT FORM.

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

1. No.	348754		
2 Rank.	Cpl.		
3. Name.	ANDERSON Norman		
4. Unit.	C.R.A. R.C.H.A.		
5 Date of Discharge	29-3.19	Place	Kingston
6 Reason for Discharge	Demob. Mother		
	~~W.S.R. CLASS "A"~~ "no" A III		
7. Authority.	RO. 1420.		
8. Proposed Residence after Discharge	Port Hope		

H.M.T. MINNEKAHDA
EMBARKED 19 MARCH 19
DISEMBARKED 28 MARCH 19

9. CERTIFICATE TO BE SIGNED BY SOLDIER.

I hereby acknowledge that at the undernoted place and date I received my discharge Certificate M. F. ~~W.~~ B. 39 ?

W Anderson

Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place

Date

DISPERSAL AREA STATION H KINGSTON ONT. MAR 29 1919 No. 3 DISTRICT DEPOT

Signature R E Rapple Captain for O. C. Dispersal Area Station H (O. C. Discharging Unit.)

M.F.B. 218a—300M.-11-18—1772-39-113.