REGIMENTAL DOCUMENTS

NAME ANDERSON PAUL REGT. NO. 637015 (2nd Int. 220336) UNIT 2nd Can Inf Bn H. Q. FILE NO. 9217

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PUBLIC ARCHIVES RECORDS CENTRE

Recruit

80th OVERSEAS BATTALION, C.E.F.

Original

ATTESTATION PAPER

No. 220336

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS)

1. What is your name? — William Paul Anderson
2. In what Town, Township, or Parish, and in what Country were you born? — Trenton, Ont.
3. What is the name of your next-of-kin? — Samuel James Anderson (Father)
4. What is the address of your next-of-kin? — Trenton, Ont.
5. What is the date of your birth? — March 23rd. 1898.
6. What is your trade or calling? — Baker
7. Are you married? — No.
8. Are you willing to be vaccinated or re-vaccinated? — I inoculated W P A — Yes.
9. Do you now belong to the Active Militia? — No.
10. Have you ever served in any Military Force? — No.
    If so, state particulars of former Service.
11. Do you understand the nature and terms of your engagement? — Yes.
12. Are you willing to be attested to serve in the CANADIAN OVER-SEAS EXPEDITIONARY FORCE? — Yes.

W P A Anderson (Signature of Man.)

Lawrence S. Vair (Signature of Witness.)

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, William Paul 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.

W P A Anderson (Signature of Recruit.)

Date December 27th. 1915 Lawrence S. Vair (Signature of Witness.)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, William Paul 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.

W P A Anderson (Signature of Recruit.)

Date December 28th 1915 Lawrence S. Vair (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 Picton this 28th day of December 1915.

Levi Williams (Signature of Justice.)

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

E F Stubbs (Approving Officer.)

M. F. W. 23.
200 M.—3-15.
H.Q. 1772-89-841.

DESCRIPTION OF W P Anderson ON ENLISTMENT.

Apparent Age 18 years ..... months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height		5 ft. 7 ins.
Chest measurement	Girth when fully expanded	35 ins.
	Range of expansion	3 ins.
Complexion		muddy
Eyes		brown
Hair		brown
Religious Denominations	Church of England	
	Presbyterian	X
	Methodist	
	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.)

Cut scar in right groin.

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 Dec 27 1915 .....

Place Pictou ..... C A Publow Capt
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

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

W B Ritchie Lt. Colonel (Signature of Officer.)

Date DEC 30 1915 191 O.C. 80th OVERSEAS BATTALION, C.E.F.

CANADIAN EXPEDITIONARY FORCE

War Service Badge
Class "A" No. 248303

DISCHARGE CERTIFICATE

THIS IS TO CERTIFY that No. 637015 (Rank) Pte.

Name (in full) ANDERSON Paul enlisted in

the 155th. Cdn. Bn.

CANADIAN EXPEDITIONARY FORCE at Trenton, Ont on the 6th

day of April 1916

HE served in England and France 2nd Battalion,

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 21 years

Height 5 ft. 7 in.

Complexion Fair

Eyes Blue

Hair Light Brown

J S Anderson
Signature of Soldier

Marks or Scars Round scar on left chest.

G.G. Newlands Lt
Captain
Issuing Officer
for O. C. Dispersal Area Station H

Rank

Date of Discharge

DISPERSAL AREA STATION H. KINGSTON ONT. APR 24 1919 NO. 3 DISTRICT DEPOT

Date 19

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.

P. 880.

DEPARTMENT OF MILITIA AND DEFENCE.

WAR SERVICE GRATUITY.

A 613

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 Paul 2. Surname ANDERSON

3. Rank Pte 4. Original Unit 155th Bn 5. Reg. No. 637015

6. Address, in full, to which future payments of gratuity are to be forwarded Bank of Montreal Trenton Ont Can

7. Date of enlistment in the C.E.F. 6th April 1916

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:—

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?

14. Were you on active service only in Canada or the United States? If so, give particulars of unit and dates of such service

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 2 years 11 months 9 month with 155th Bn 1 month with 154th Bn 2 months 156th Bn trans to 2nd Bn

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. 250,000(3). 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. Yes
enlisted in 80th Bn 27-7-15 No 220336
Discharged under age

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 No

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 No

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

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

24. Are you now serving in the C.E.F.? If not, give:—(a) Date of discharge 24-4-19 (b) Reason for discharge

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

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 Yes
2 Can Inf 20-5-17. to 26-8-17.

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?

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: P Anderson.

Place of Residence: Trenton. Ont. Canada

Declared before me at: Bramshott Hants

This 22nd 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.

POST DISCHARGE PAY.

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

Certified Correct.

District Paymaster

No. 10131

ONTARIO
REGISTRAR GENERAL

PROVINCE OF ONTARIO
DOMINION OF CANADA

This is to Certify that the following Return of Birth was made to

THE REGISTRAR GENERAL OF THE PROVINCE OF ONTARIO,

by the Registrar of the Division of Trenton in the County of Hastings for the year A.D. 1899 and is now duly on record in the Books of this department and is a true copy of the same.

Name	Paul Anderson
Sex	M.
Date of Birth	23 March 1899
Name of Father	Samuel Anderson
Maiden Name of Mother	Jennie Maybe
Residence of Father	Trenton
Occupation of Father	Labourer
Name of Physician in attendance	Dr. J. F. Farley
Name of Person making Return	Samuel Anderson
Address of Person making Return	Trenton
Date of Registration	15 April 1899
Name of Division Registrar signing Return	Geo. H. Gordon
REMARKS	

This Certificate is granted under Section 7, Chap. 49. R.S.O., 1914, entitled the Vital Statistics Act.

J. W. S. McCullough
Deputy Registrar General.

Date of issue Feb. 7th, 1916

Parliament Buildings,
Toronto.

No card 220336

MEDICAL HISTORY SHEET.

Surname Anderson *Christian Name* William Paul

Examined { on 3rd day of Dec. 1915.
at Picton Ont.

Approved by C A Pinhey

Rank Capt. M.O.

Birthplace { City or Town Linton Ont.
County Hastings

Apparent age 18

Trade or occupation Baker

Height 5 Feet 4 Inches.

Weight 145. Lbs.

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

Physical development Good

Small-Pox Marks None

Vaccination Marks { Arm Right. 0 Left. 0
Number None

When Vaccinated last 0

(*a*) Marks indicating congenital peculiarities or previous disease 0. None

(*b*) Slight defects but not sufficient to cause rejection Eyesight not perfect. But passable

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

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

Date	Result	Anti-Typhoid Inoculations, Etc.
10/2/16	Good	H H Alger Lt Col. M.O.
		M.O.
		M.O.

Enlisted on 3rd *day of* December *1915 at* Picton Ont.

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	88th B/o Battalion C.E.F.	220336	Good.	
Transferred to..				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.

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

M. F. B. 313.

50M—8-14.
H. Q. 1772—39—439.

Surname Lindeman Christian Name William Paul

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

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS DISTRICT 3.

NAME OF SOLDIER Anderson P. No. 637015.

REGIMENT 2nd Bn. RANK Pte.

36 abc-20-A 7-3

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	1919																					
July 21.		1/3.																1/1		R. A. Strathern	3.	
" 22		1/3.																		R. A. Strathern	3.	
																						completed

This is to certify that I am satisfied with dental treatment received.

P. Anderson

M.F.B. 465.
150M—6-18.
772-39-950.

637015

Recruit A II

[illegible] OVERSEAS BATTALION C.E.F.

ORIGINAL

MEDICAL HISTORY SHEET.

Surname Anderson **Christian Name** Paul

Examined on 6 day of April 1916
at Trenton Ont

Birthplace City or Town Trenton
County Hastings

Apparent age 18

Trade or occupation Baker

Height 5 Feet 7 3/4 Inches.

Weight 160 Lbs.

Chest measurement Minimum 34 inches.
Maximum expansion 36 inches.

Physical development Good.

Small-Pox Marks nil

Vaccination Marks Arm Right. Left.
Number ✓ ✓

When Vaccinated last nil

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

(b) Slight defects but not sufficient to cause rejection nil

Approved by
Lieut.
Rank M.O.

29 AUG 1917

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

Date. 1916	Result.	Vaccinations.
Sept. 11	S.	C.A. Publow M.O.
		M.O.

Date. 1916	Result.	Anti-Typhoid Inoculations, Etc.
July 4	S.	C.A. Publow M.O.
" 24	"	C.A. Publow M.O.
Aug. 1	"	C.A. Publow M.O.

Inoculated 29/8/16 with T.A.B.

Enlisted on 6 day of April 1916 at Trenton

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	155th Batt	637015		6/4/16
Transferred to	15-4 Bn.			8/12/16
	156th Coy. 2nd Bn			6/1/17
	Proceeded for overseas with 2nd Bn			MAY 23 1917
	6th Res Bn			2-10-17
	2nd Bn.			11-4-18.

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.
Bramshott	27-3-19	I Myalgia 4T Thorax II Bronchites.	D II C.O. Mills

CANADA

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.
200m—11-15.
H. Q. 1772 39-479.

Surname Anderson Christian Name Cancel

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital. Day	Month	Year	Dates of 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.
Lamyfield ONTARIO MILITARY HOSPITAL ORPINGTON, KENT.		14	7	16	14	7	16	Scabies	1	Duplicate Medical History Sheet posted to here.	
		26	8	17	2	10	17	G.S.W. Chest	37	Wound healed. No complications. - Small piece of metal present but does not cause inconvenience	J. H. Patterson Lieut. R.A.M.C.

Forms
I. 1237
12

duty
2.10.14

Army Form I. 1237.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
2T2840	6370	Pte	Anderson	P. 19
Year 1917	Unit. 2nd Lans.		Age. 19.	Service. 18/12.

Station and Date.

ONEALIO MILITARY HOSPITAL
ORPINGTON, KENT.
26 AUG 1917

Disease Gsw Lt Side

West 6 France May 1917.

Wounded on Lens front 18-8-17 Shrapnel in left side and slightly gassed. — 6 # 2 Gen. T. Ant. — 6 # 18 C.C.I. and inoculated same day — 6 # 22 Sch. Hosp. Cannes 22-8-17. Adm. O.M.H. 26-8-17.

Exam. on admission shows small penetrating wound left mid-axillary line — level of sixth intercostal space. Slightly septic. — No history of patient spitting blood.

Progress and Treatment.

28-8-17	A.T.S. — 1000 units.
30-8-17	Improvement.
10/9/17	wound much improved — clean & granulating
20/9/17	Wound healed.
30/9/17	To Invalided & Duty. Patterson Lieut. R.A.M.C.

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

(44502) Wt.W 11203—M 1150. 1,450,000. 6/12 16. C.F.& S. Forms/I. 1237/12. (E239) P.T.O.

Station and Date.	

CLINICAL CHART.

(To be attached to Case Sheet.)

Army Form B. 181

Corps 2nd Canr. Military Hospital

No. 637015 Rank and Name Pte. Anderson P. Age 19 Service 18/12

Disease G.S.W. R. Side Date of admission 26 AUG Date of discharge 2-10-17 Result Furlough & Base

Dates of Observation	Aug 26	27	28	29	30	31	Sept 1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
Days of Disease																														
Temperature Fahrenheit	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.
Pulse per Minute	80	76	72																											
Respirations per Minute																														
Motions per 24 hours																														

normal.

(6201) Wt. W. 11421/M1165 2,000,000 12/16 McA & W Ltd. A.F.B. 181 (E. 735)

Signature [illegible] In charge of case.

Recruit

Original

155th OVERSEAS BATTALION C.E.F.

ATTESTATION PAPER.

No. 637015

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname?	Paul Anderson
1a. What are your Christian names?	Anderson Paul
1b. What is your present address?	Trenton
2. In what Town, Township or Parish, and in what Country were you born?	Hastings
3. What is the name of your next-of kin?	~~mother / Father~~ Samuel Anderson,
4. What is the address of your next-of-kin?	Trenton, Ont Canada
4a. What is the relationship of your next-of-kin?	~~mother~~ Father S. J. G. adjutant
5. What is the date of your birth?	22 march 1898
6. What is your Trade or Calling?	Baker
7. Are you married?	~~Yes~~ No
8. Are you willing to be vaccinated or re-vaccinated and ~~inoculated~~ P.H.?	Yes
9. Do you now belong to the Active Militia?	No
10. Have you ever served in any Military Force? If so, state particulars of former Service.	So th Batt C.E.F.
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, Anderson Paul, 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.

Paul Anderson (Signature of Recruit)

Date apr 6th 1916. R D Weller (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Anderson Paul, 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.

Paul anderson (Signature of Recruit)

Date apr. 6/16 191 . R Dweller (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 Trenton, Ont. this 6th day of April 1916.

H W Foster (Signature of Justice)

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

Description of Paul Anderson on Enlistment.

Apparent Age 18 years ..... months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height		5 ft. 7 3/4 ins.
Chest measurement.	Girth when fully expanded	36 ins.
	Range of expansion	3 ins.
Complexion		Fair
Eyes		Blue
Hair		Light Brown
Religious denominations.	Church of England	Yes
	Presbyterian	
	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).

Scar on front of upper part of the leg near the Groin
Scar on left Knee Cap

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 Apr. 6 1916 ..... D. L. Brown Lieut
Place Trenton 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.

Paul 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.

M. K. Adams Lieut. Col. (Signature of Officer)
Commanding 155th Overseas Battalion.

Date APR 7 1916 191 .

No. 12 C.C.H.

To:- O.C. 2nd. Bn.

Pl.No. 5483 25.3.19.

No. 637015
Pte Anderson, P.
2nd. Bn.

Injury:- Chest.

Screen examination of chest is negative Diaphragm incursion seems normal and lungs clear.

[illegible]

rear

10,000 bks.—John Rissen, Ltd.—3067/2/17—Forms W 3172/3.

Army Form W. 3172.
(In pads of 50.)

D. M. Hospital.

Ward 25 No. of Bed 19 Date Aug. 26-17

Regl. No.	Rank and Name	Corps	Part to be X-Rayed
637016	Pte. Anderson E	2nd Can.	Left ~~Shoulder~~ Thorax.

SHORT HISTORY OF CASE.
(To be completed by M.O. i/c case.)

1st Brigade
1st Division

Wounded in Action
France 18-8-17 Shrapnel
in left side - to C.C.S. -
1st 22 Gen. Hosp. Camiers.
22-8-17. Adm. D. M. H.
26-8-17.

Signature of M.O. [illegible]
Date Aug. 28/17

REPORT ON RESULT OF X-RAY EXAMINATION.
(To be completed by Radiographer.)

No. of Plate L 990 10 x 8 A.P.

Fragments particle of metal in the axilla external to the 8th rib

Signature of Radiographer C. Gilchrist Capt.
Date Aug 29/17

N. -

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

W. S. B. CLASS. A.

Army Form B. 103.

Casualty Form—Active Service.

Regiment or Corps 155th Overseas Battalion C E.F.

Regimental No. 637015 Rank Private Name Paul Anderson

Enlisted (a) 6/4/16 Terms of Service (a) Duration of war Service reckons from (a) 6/4/16

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) Baker

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 Arrived	Canada. England	18/10/16 28/10/16	
8/12/16	155th Bn	Transferred to 154th Bn	Bramshott	8/12/16	D.O.Pt.II.#344 H. Nutman Major For O.C. 155th Bn C.I.
8/12/16	154th Bn	Taken on strength	Bramshott	9/12/16	D.O.Pt.II.#269
28/1/17.	154th.	Transferred to 156th B'N. Witley, 28/1/17.			Part II Order #28 E. J. MacDonald Lieut. Assistant Adjutant, for O.C., 154th B'N.
28-1-17	O.C. 156 Bn	Taken on Strength	Witley	28-1-17	Part II D.O. No 29
~~19-5-17~~ 23-5-17	O.C. 156th Bn	Trans. 2nd Bn. Overseas	Witley	23-5-17	D.O. Part II No 142 J. Fleming Capt adjutant 156th Depot Bn

P.T.O.

(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				
25-5-17	C.B.D.	Taken on strength of 2nd Bn	France	24-5-17	N.R.
25.5.17.	C. B. D.	ARRIVED C. B. D.	FRANCE	25.5.17.	N. R. D ✓ PART II ORDERS No 56. D 5-6-17.
25.6.17	C. B. D.	LEFT C. B. D. FOR	2nd	25.6.17	N. R. D
30.6.17.	C.B.D.	ARRIVED 2nd BN.	FIELD	27.6.17.	B. 213 DCS 467.
25.8.17	do	To Hosp wounded	do	18.8.17	B213 + 487.
21.8.17	22 Genl	G S W Lt Side adm	22 Genl	21.8.17	W3034/8195. ✓
26.8.17	do.	Invalided Wounded Posted to Eastern Ontario Regtl: Depot, Seaford.	Per H/S Pieter de Coninck	26.8.17	W3083/3836. Pt II Ord 89 d/18-9-17 Lieut. Chas. B. Mafwell for Lt. Col. A.A.G
29.9.17.	E.O.R.D.	To S. from 2nd Bn.	Seaford	26.8.17	Pt. II 175. ✓ O K Myers LIEUT: FOR LT: COL: I/C RECORDS, C.O.M.F.
4/10/17.	C.C. 6th Res	T.O.S. 6th Res is posting from E.O.R.D.	Seaford	2-10-17.	Pt. II 234. & 207 of E.O.R.D. d/5-10-17 ✓ J. Comiteville L.

CERTIFIED CORRECT
23 APR 1918
CANADIAN RECORDS, LONDON.

APR 11 1919 O.C. 6TH CAN. RES. BN. DRAFTED TRANSFERRED TO 2nd Bn Seaford. APR 11 1919 PART II No. 86

GENGER I/C RECORDS 6TH CAN. RES. BN.

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

M. F. W. 54.
150M. 10-15.
H.Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps C. E. F.

Regimental No. 220336 Rank Pte Name Anderson, William Paul.

Enlisted (*a*)..... Terms of Service (*a*)..... 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		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				

(*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				

Army Form B. 103. Regimental Number 637075

Casualty Form—Active Service.

Regiment or Corps 2nd Can. Bn.

Rank ~~Pte~~ Pte Surname ANDERSON Christian Name Paul

Religion ..... Age on Enlistment ..... years ..... months

Enlisted (*a*) 6/11/16 Terms of Service (*a*) D. of W. Service reckons from (*a*) 6/11/16

Date of promotion to present rank ..... Date of appointment to lance rank .....

Extended { ..... / ..... } Re-engaged { ..... / ..... } Qualification (*b*) .....

or Corps Trade and rate .....

Occupation Baker ..... Signature of Officer

Report		Record of promotions, reductions, transfers, casualties, &c., 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 of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents.
Date	From whom received				
		Embarked ...			
		Disembarked ...			
11-11-18	~~C. B. D.~~	ARRIVED C. B. D. FRANCE	11-11-18	N. R. D.	
				PART II ORDERS No 35 D 19-11-18	
14-11-18	C. B. D.	LEFT C. B. D. FOR CORPS	14-11-18	N. R. D.	
15-11-18	O.C....BN	ARRIVED CORPS ~~BN.~~ FIELD	15-11-18	B. 213 D	
	27-11-18	2nd Bn	Joined	2nd Bn	B 20-11-18 B 213.
	31-8-18	3 Aus Gen	A to Engrs L. Adm	3 Aus Gen	31-8-18 A 2913.
	30-8-18	2 C.L.A.	do Adm-tn	C.C.R.	30-8-18 A 8767
	11-9-18	42 C.C.R.	do Adm 31st	29 A.T.	31-8-18 A 8428.
	11-9-18	3 Aus Gen	do To	5 Con Dep	11-9-18 A 9219
	11-9-18	5 Con Dep	do Adm	5 Con Dep	11-9-18 A 1007

(*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*) Signaller, Shoeing-Smith, &c.

W. 8635—M2733 2000m 9/17 (35611) C. P. & S., Ltd., Form B./103 E/1807. P.T.O.

Report		Record of promotions, reductions, transfers, casualties, &c., 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 of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents.
Date	From whom received				
11-10-18	C.R.B.D.	T.O.S. A	C.R.B.D.	11-10-18	NK/4174
16-10-18	C.R.B.D.	Dest to and Arr at	C.C.R.C.	16-10-18	NK/Diary/A 1650.
18-10-18	C.C.R.C.	To 2 Bn	Field.	18-10-18	NK/Diary
10-10-18	5 Can Dep.	To	C.R.B.D.	10-10-18	L.9309
26-10-18	2 Bn	From Hosp.	Field.	23-10-18	B 213.
	Witley Camp.	Proceeded to England.	20	MAR 1919	N.K. Pt.2 O.No. d/.....
					C.A. Hewett LT. FOR A.A.G.
12-4-19	SOS - - OMF?	PROCEEDED TO CANADA			Pt 12.
	OLYMPIC SOUTHAMPTON				

W.P. Cully Capt. D.S. Silcox Capt
2nd Canadian Infantry Batn
Adjutant
Embarkation Officer

15/4-19 T. O. S. 2nd Discharged 24-4-19 Kingston Ont Pt. 2 Order 116

A.L. Money Major
O. C. Dispersal Area Station #1

C.A.D.C. 5009A

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

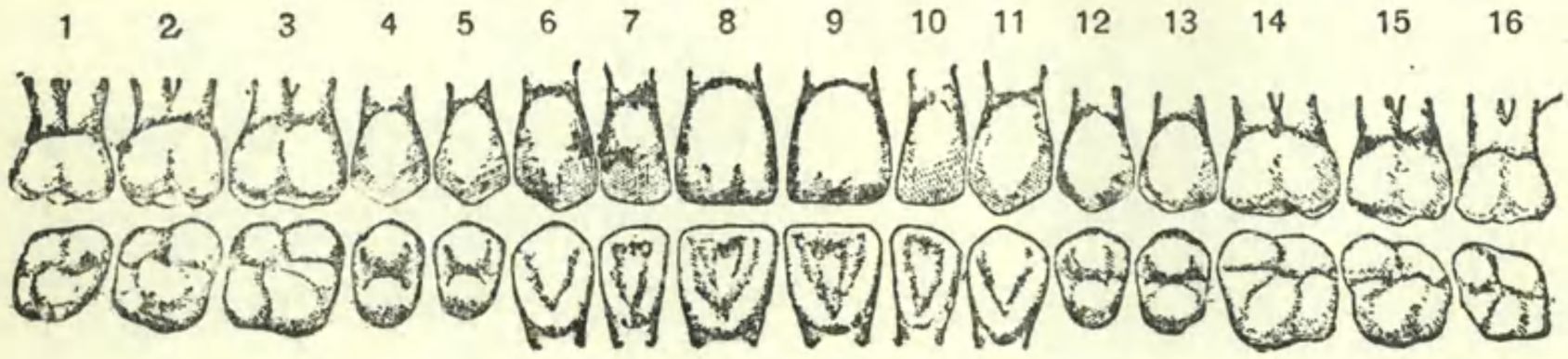
DENTAL CERTIFICATE FOR DEMOBILIZATION

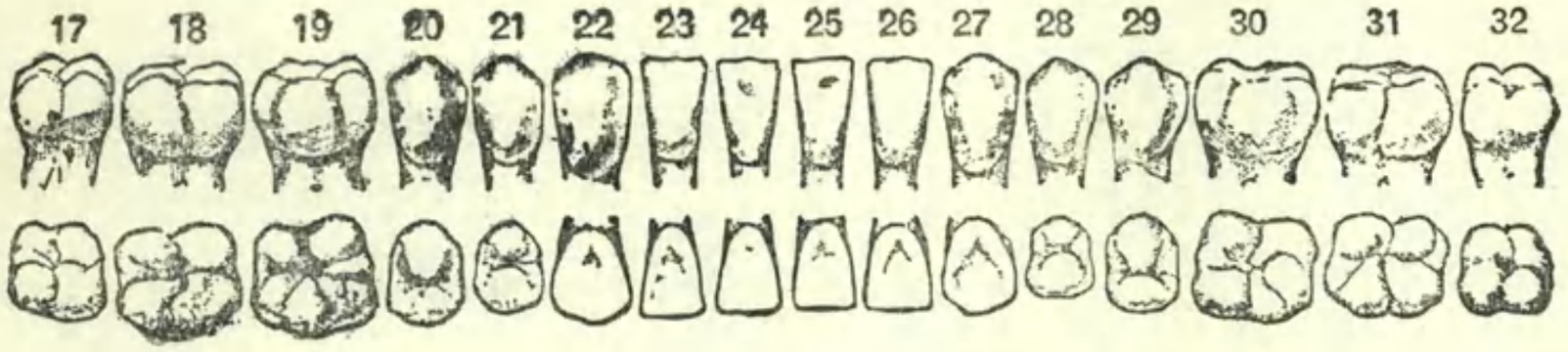
Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) ANDERSON P.

REGIMENT 2nd Batt RANK Pte No. 637015

Date of Examination in England 23/3/19 | 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.

11 H

PRESENT DENTAL REQUIREMENTS

1. FILLINGS
2. EXTRACTIONS
3. CROWNS
4. DENTURES
   - (*a*) Full Upper
   - (*b*) Part Upper
   - (*c*) Full Lower
   - (*d*) Part Lower

HAS HE EVER REFUSED DENTAL TREATMENT ?

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

SHAMLEY CAMP - HANTS.

Signature of Dental Officer R.H. Alejoe Capt

ANDERSON

R—122
8,401—50,000—21-10-16.

LTR

Rank | Name ANDERSON, Paul | Reg'l No. 637015

Unit 155th, Bn. | If in perm. Corps, What Unit? | Married or Single Single.

Place and Date of Enlistment Trenton, Ont, April 6th, 1916. | Place of Birth Hastings.

Name and Address, Next-of-Kin SAMUEL ANDERSON

Trenton, Ontario, Canada, | Relationship ~~Mother &~~ Father.

Assigned Pay Monthly $ | Payable to | Relationship

Separation Allowance $ | Payable to | Relationship

Discharge, Date and Place | Reason | Character

Att. A.G. No. 11848
File No.
Category Can. Or.

Report. Date.	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.
8/12/16	Pte 155th	L.O.S. on trans 154th Bn	Bramshott	8/12/16	P.R. D.O. # 344
8/12/16	Pte 154th	J.O.S. fm trans fr 155th Bn	Bramshott	8/12/16	P.R. D.O. 269.
28.1.17.	Pte. 154th	S.O.S. on trans to 156th.	Witley	28-1-17	P.R. D.O. 28.
29/1/17.	156th	J.O.S. on Trans from 154th Bn	"	28.1.17	—"— 29.
23.5.17.	"	S.O.S. to 2nd Bn.	"	23.5.17	—"— 142 & 56. 2nd Bn.
24.8.17	2" Bn.	Adm. No. 18 Cas. Clg. Stn.	Field	18.8.17	C.L. A738 F.S.W. Rt. Side
30.8.17	"	Adm. Ontario Mil Hosp.	Orpington	26.8.17	C.L. B. 423 " " "
3.9.17	E.O.R.D.	To S. from 2" Bn.	Seaford	26.8.17	P.R. II 175 & P.R. II 894 2" Bn 11.9.17
4.10.17	E.O.R.	Dis. Ontario Mil. Hosp.	Orpington	2.10.17	C.L. B 28

ARRIVED IN ENGLAND, S.S. NORTHLAND 23. 10. 16.

M.F.B. 163 CHECKED
4 JUN 1917

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.
4.10.17	6th Res Bn.	Posted from E.O.R.D.	Seaford	2.10.17	Rt. A.F.B. 234 & Rt. 20765-10.17 E.O.R.D.
11-4-18	-	S.O.S. to 2nd. Bn Pioneers	-	11-4-18	- -86 Rt 42nd pt 235 D 19/4/18
		"Wounded"	Pte - Field	31-8-18	H-a 28549-1 D 82-9-18 S.W. Engrs L.
25-3-19	2nd Bn	proceeded to Eng. 49 - H - 130	" "	21-3-19 14-4-19	-18.
17-4-19	Bonycce	sos to Canada	Bchott	14-4-19	42

I.F.B. (S) CHECKED 19 APR 1918

L-L. Job 5470—M. & D. 6888

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

M. F. W. 12
50m.—7-16
H. Q. 1772-39-819

To Whom S. J. Anderson,

Address Trenton, Ont.

By Whom Assigned Anderson, P.

Regtl. No. 614116 633015

Rank Pte.

Corps 155th Batt'n.

Rate 20.00

NOV 1 1916

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.
50m.—7-16
1772—39—819.

Sheet No. 2. S. J. Anderson (637015)
(Assignee)

Name of Soldier Anderson, P.

614116 pte. 15 5 ch-Bn.

I. L. Job 5470—Req. 6888.

Month.	Year.	Cheque No.	Amt.	Remarks.
				20. NOV 1 1916
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.		A 33520	20	
Dec.		V 34997	20	
Jan.	1917	I 36158	20.	
Feb.		I 42513	20	20. (JW)
March		I 48608	20	20. L.
April		J 250	20	20. E.
May		J 6543	20	
June		J 13152	20	20. E.
July		J 19957	20	S
Aug.		L 27054	20	B
Sept.		K 33752	20	220.
Oct.				
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

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.				

C

SURNAME. Andersons

CHRISTIAN NAMES Paul

REGL. No. 637015 RANK Pte

UNIT 155th Batt

FORMER CORPS 5 Months 80th Batt

4 CARD NO.

So S 24-4-19. Pond C

FOLL.

Do 116 C 26-4-19. 32.

NEXT OF KIN.

NAMES IN FULL Anderson, Mr & Mrs

RELATIONSHIP TO SOLDIER Mother & Father

ADDRESS Trenton Ont

CHANGE OF ADDRESS

COUNTRY OF BIRTH Canada, Trenton Co. Hastings DATE March 23rd 1898

PLACE OF ATTESTATION Trenton DATE April 6th 1916

Sailed from Halifax per S.S. Northland 17-10-16.

M C 21-4-19 307 Pte

114

L. L. 94504. M. & D. 6512. M. F. W. 22. 250M.—2-16. H. Q. 1772-39-339.

MARRIED SINGLE yes WIDOWER

TRADE OR CALLING Baker RELIGION Church of England

DESCRIPTION.

APPARENT AGE 18 YEARS MONTHS

HEIGHT 5 FEET 7 3/4 INCHES

CHEST MEASUREMENT 36 INCHES EXPANSION 3 INCHES

COMPLEXION Fair EYES Blue HAIR Lt. Brown

DISTINGUISHING MARKS Scar on front of the upper part of the leg near the groin. Scar on left knee cap.

MEDICAL EXAMINATION. PLACE Trenton Ont. DATE April 6th. 1916

No 637015 RANK Pte NAME Anderson, P.

T.O.S. 6-4-16, UNIT 155th Battalion.
Dl. 107 of 7-4-16

M. D. 3

PAID FROM	PAID TO	SIG. OR REC'T
1916.	1916.	
Apr 6	apr 30	L
	may	L
	June	L.
	July	L.
	August	L.
	September	L
	October	L

PROMOTIONS, TRANSFERS, DISCHARGES, ETC.

PARTICULARS	AUTHORITY
	UNIT SAILED OCT 17 1916

a.t.e.

Fell

Number 637015 Rank Pte.

Surname ANDERSON

Christian Name Paul

Units 2nd Bn Can Inf Theatre of War France.

Date of Service 24-5-17

Remarks

Latest Address Trenton, Ont.

Bot 105-6 Water Trenton Ont

Roll No. B. Page 20598

200m.-6-21.M.

REGN. NO. 0741
NOV 10 1961

No. 220 336 RANK Pte NAME Anderson W. F.

T.O.S. 30-12-15 UNIT 50th Battalion
D.O.104. 31-12-15.

M. D. U

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1915	1915.			
Dec 30	Dec. 31	O. K.		
1916	Jan. 1916			
Feb. 1	Feb. 16	O. K.	Discharged (M.R.) 16-2-16.	D.O.43. 19-2-16.
			a/c closed by payment. O.K.	

UNIT SAILED
MAY 16 1916

NAME Anderson. Paul

REGT'L. No. 637015

H. Q. FILE No. 649

RANK AND CORPS Pte. 2nd Bn. Norm 155th (Bn)

FOLLOWS No.

FOLLOWS

CABLE NO.	DATE	NATURE OF CASUALTY
128-6 M6942	26-8-17	Admt 18th Bas. Clg. Stat. aug 18-8-17 G. S.W. Side.
N.O.K: Mr & Mrs Anderson (Mother & Father) Trenton Ont.		
31 Q554	23-9-18	Adm 5 Can Dep Cayeux Sept 11th/18. G.S.W. Hand. Knee

L. L. 18950—M. & D. 7789

M. F. W. 42—30M.—4-17.
H. Q. 1772-39-893.

LIST NO.	HOSPITAL	DATE OF ADMISSION	REMARKS
a738"	18. C. C. S.	18-8-17	GSW. Rt Side.
B423	Ont. Mil Orpington	26-8-17	" " " " " 25-9-17
B28	Discharged	2-10-17	" " "
d323.	3 Aust Gen. Abbeville	31-8.18	GSW. Hand & L Knee
d323.	5 Conv Depot, Cayeux	11-9-18	" " " " " " "
A356(3)	Discharged	10.10.18	GSW. Hand & L. Knee

Form R. 149.
7106—250m—7/2/17.

Name ANDERSON Paul *Rank* Pte. *Reg. No.* 637015

Unit 2nd Battn

Next of Kin Canada Samuel Anderson, Trenton, Ont.

Date 1917	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
18-8	18. C.C.S.	GSW Rt Side.	M.738 M.5942	24-8		
26-8-17	Ont M.H. Orpington		Do.	B423		
2-10-17	Discharged		Do			526
31-8-18	3 Can Gen. H. Abbeville	GSW Hand & Knee				
11-9	5 C. Dep. Camiers		Do.			
10-10	Disch. to B. Dep.		Do	A356		

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

FORM D.M.S. 1300.
8137—50m—28/2/17.

Surname: Anderson | Christian Name or Names: P. | Reg. No.: 637615

Rank: Pte | Unit: 2nd Batt. E.O. | Co. | Troop: 36 D. | Batty.

Hospital | Date of Admission

Transferred 18 Cas. Cl. Stn. Hosp. 18-8-17

Ont. Mil. Orpington Hosp. 26-8-17

3 Aust Gen Boche. abbeville Hosp. 31.8.18.

5 bons. Dep Boulogne Hosp. 11.9.18.

Diagnosis: G.S.W. R. side & Lr. Knee Rt

(1) Later Diagnosis (if changed) ~~Double Fractures~~

(2)

(3)

Additional Diagnosis: if more than one state present

DISPOSITION

A 738

C.L. 24-8-17

" 30-8-17 B.423.

5-10-17 B28.

19.9.18 A323-2

28.10.18 A356-3.

Date

Dis 2-10-17

D 10.10.18.

REMARKS

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

EPITOME OF HOSPITAL TREATMENT.

	Hospital	Adm.
1.		
2.		
3.		
4.		
5.		
6.		
7.		

16

Anderson P 25

ONTARIO MILITARY HOSPITAL

Ward No. 25

Plate No. L C 990 A.P.

Name Anderson. P. Pte.

Regt'l. No. 637015

Unit 2nd. Can. Bn.

Brigade 1st.

Division 1st.

Part Lt. Chest.
View posterior.
Date 29-8-17

Report Mimute particles of metal in the region axilla external of the 8th. rib.

obbg

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch A

OVERSEAS CONTINGENTS

2647

Date of Assignment Nov. 1, 1916.

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

~~$ 20~~	$15.00		

1/7/18

PARTICULARS OF SEPARATION ALLOWANCE

No. 614116 (~~637015~~).

Rank Pte. Promoted Reverted Discharge

Soldier's Name P. Anderson.

Battalion 155th. Bn.

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name S. J. Anderson (Father)

Address Ilderton, Ont.

Change of Address

1

2

3

4

Date	Cheque No.	Amount S/A	Amount A/P	Total		REMARKS 0378-P.20
30/9/17			2-20 ✓	2-20		2M. effective 1/7/18 reduces AP. from $20.00 to $15.00 Lemoi
Oct	C 51420		20	20		MRO atter LA201. 8/7/18 JBaron
Nov	C 52659		20	20	T	XACO 113-15.7-18 JB
Dec.	F 54982		20	20	M	
Jan	A 54274		20	20	B	
Feb	B 92497 ✓		20	20		
Mar	G 99731 —		20	20 ✓		
April	A. 7528		20	20		
May	A 12482		20	20		
June	B 15326		20	20 ✓		
July	J 5318		15	15		113
Aug	A 30836		15	15		
Sep.	A ~~37528~~		15	15		
Oct.	A 44141		15	15	M6	
Nov.	A 52258		15	15	M6	
Dec.	B 63919		15	15	M6	
Jan	B 71545		15	15	M6	
Feb.	A 78514		15	15		
MAR	D 84481		15	15		
APR	L 16886		15	15		
MAY			550	550		

AUDITED.

A/c Closed 30-4-19

Ret'd per M.F.W.18 29-4-19 (In D3)

Date 21-4-19

Clerk

In R.O.

47329

CONSOLIDATED ACCOUNT

M. F. W. 128
400M—6-17—177-39-1141
L. L. 22520—M. & D. 7883.

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—1772-39-1141
L. L. 22330—M. & D. 1693.

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.	In the case of recruits who are rejected on final approval, the discharge documents will consist of
Med. Hist. Sheet, Militia Form B. 313	(a) Proceedings on Discharge.
Medical Report for Invalid* " B. 227.	(b) Attestation.
Statement of Man's Account on Transfer and Last Pay Certificate, " D. 877.	(c) Medical History Sheet (in the event of such having been prepared.)
*Only if discharged "Medically unfit."	

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.

5/5/16

Proceedings on Discharge.

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

No. 220336

Rank Private

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

Corps (Squadron, Battery or Company) 80th OVERSEAS BATTALION, C.E.F.

Date of Discharge 16/2/16,

Place of Discharge Picton

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age 18 years ..... months.
Height 5 feet 7 inches.
Complexion Ruddy
Eyes brown
Hair brown
Trade Baker
Intended place of residence (To be given as fully as practicable.) Trenton Ontario

Descriptive Marks

Cut scar in right groin.

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

Under age)
(Birth certificate attached)

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.)

Laborer

M. F. B. 218.
25m.—11-15.
H. Q. 1772-39-113.

(OVER)

carried 6-3-16

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

None

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

6. Medals and Decorations..... None

To be copied by the Command-ing 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) Picton, W G Ketchuson

Lt. Colonel

(Date) 16-2-16. O.C. 80th OVERSEAS BATTALION, C.E.F.

Commanding

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

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

(Place) Picton, W P anderson *(Signature of Soldier.)*

(Date) 16-2-16 E M Jeakins Capt. *(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.

W P anderson *(Signature of Soldier.)*

10. **Statement of Service.**

Service toward Engagement to.....(the date to which the Record of Service is completed).....years 5 1 days.

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

11. **Confirmation of Discharge.**

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

(Place) Picton.

(Signature) W G Ketchuson

Lt. Colonel

(Date) 16-2-16 O.C. 80th OVERSEAS BATTALION, C.E.F.

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

W P anderson

(OVER)

OPINION OF THE MEDICAL BOARD

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

yes.

19. Is the invalid fit for

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

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

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

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

R.T.C. authority A.G. 9083 of 11-11-18.

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

L. A. Richmond Maj. *President.*

PLACE Brantford — Members

DATE 27-3-19. — C. W. Mill. Capt

TO BE COMPLETED WHEN TREATMENT IS REFUSED

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

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

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

President

PLACE..... Members

DATE.....

APPROVED BY — *Assistant Director of Medical Services.*

DATE 27.3.19.

APPROVED BY — *Director-General of Medical Services.*

DATE.....

THIS FORM WILL BE USED FOR ALL RANKS

MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

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

STATION Brantford DATE 27/3/19

1. 1 (a) Unit 1st Can. Inf. Bde. (b) Regimental No. 637015 (c) Rank Pte.
(d) Surname ANDERSON (e) Christian name Paul
(f) Home address Trenton Ont.
(g) Next of Kin Mr. Samuel James Anderson (h) Relationship Father
(i) Address of Next of Kin Trenton Ont.
2. Age last birthday 21 Date of birth 23rd March 1897
3. Enlistment, or Appointment (if an Officer) (a) Place Trenton Ont. (b) Date 6/4/16
4. Personal description:
(a) Height 5'7" Canada (b) Weight 160 Canada (stripped) (c) Complexion Fair
(d) Colour of hair Light (e) Colour of eyes Brown (f) Identification marks, Scars, etc. Round scar chest left

5. Former trade or occupation Baker

6. Service (The information should be secured from personal documents, but if documents are not available the invalid's statement may be taken and note must be made to that effect. Periods of service in Canada, England, France or elsewhere should be noted).	Years	Days
	2	350

	Periods	
	From	To
Canada	6-4-16	18-10-16
England 21-8-17 - 11-4-18	18-10-16	23-5-17
France or other theatres of War 11-4-18 present	23-5-17	~~26-3-19~~ 26-8-17

7. Original disease, or injury 1 Laceration of tunic 2 Acute Bronchitis left thorax

(a) Date of origin 1 18-8-17 2 1917 (b) Place of origin 1 France 2 France

(c) Cause 1 G.S.W. Thorax left 2 Infection

M. F. B. 227.
400M.—11-18.
1772-30-117.

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

~~Caution~~ Nil

1 Myalgia L. Thorax (Old G.S.W.)

2 (Bronchitis Chr.) Dyspnoea and Cough

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

1 Objective:- Small circular scar about 9th int mid axillary line left thorax, punctate - non-adherent.
Xray Rekort:- "Screen examination chest negative. Diaphragm incisions seem normal and lungs clear."
Dated 25-3-19 Signed Capt Inglis
Subjective:- Complains of pain about site of wound usually when carrying pack, occasionally without it.

2 Objective:- Examination shows numbers of scattered mute rales all over left lower lobe front and back. Otherwise negative.
Subjective:- Complains of frequent attacks of cough, shortness of breath, slight sensation pain across chest. Most frequent in wet weather.

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

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

Special Senses No — Respiratory System No — Integumentary System No

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

Osseous and Joint Systems No — Any other general condition No

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

1 Documentary:- N.Z.E.F. "26-8-17 G.S.W. Chest"
Man's Statement:- Wounded by shrapnel left thorax. On recovery had pain about site of wound as described in 9(a). Has remained about the same since.

2 Documentary - Nil
Mans Statement:- In 1917 before being wounded first noticed attacks of Bronchitis, since then attacks have been worse and have occurred more frequently.

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

Infectious Diseases Childhood } No disability
Nil. Syphilis & Gonorrhoea }

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

Small scar L. side thorax

11.—(a) Did the disabling condition have its origin before enlistment? 1 No 2 No

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

1 N.A. 2 N.A.

12. Was the disability caused, or aggravated; (a) by intemperance, or improper conduct; or (b) by unreasonable refusal to accept treatment? 1 + 2 (a+b) No

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

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

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

1 Usual hospital treatment Xray Report (attached)
2 Nil

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit? No
(If the answer is "yes" state nature of treatment required and probable duration)

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

17. Recommendations None

L.C. Patrick Lt-Col
Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

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

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

~~I complain in addition of~~

C.V.M.

Anderson P. Pte. Rank.
Signature of invalid examined.

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.M.C. 5003a).
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. 39a).
10. Dispersal Certificate (A.F.B. 203).
11. Equipment and Clothing } Statement (Q.M.G. Form (D.O.S. 2).
12. Last Pay Certificate (P.851). 4 dup.
13. Pay Book (A.B.64).
14. War Service Gratuity (Form M.F.W. 2595).
15. Sundry Documents.

Stamp 13

Checked by No. 1

Date 7-4-19

War Service Badge
Class "A" No. 276303

6858

6858

Oa H
09. 12
5/5/36

SHORT FORM.

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

BPC 13485-0

1. No. 637015
2. Rank. Pte
3. Name. ANDERSON. Paul
4. Unit. 2nd Can Bn
5. Date of Discharge 24-4-19. Place Kingston, Ont.
6. Reason for Discharge Demobilization

H

7. Authority. P.C. 1420
8. Proposed Residence after Discharge Trenton, Ontario

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.

P Anderson.
Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

DISPERSAL STATION H. KINGSTON ONT. APR 24 1919 No. 3 DISTRICT DEPOT

Medical Documents Forwarded to ~~S.C.R. or~~ B.P.C. on

Date MAY 6 1919

Place

Date

G. F. Rowland
Captain
Signature for O. C. Dispersal Area Station H.
(O. C. Discharging Unit.)

M.F.B. 218a—300M.-11-18—1772-39-113.

R.C. comp.
5/6/19 sent

P. 559.
MARRIED OR SINGLE Single

PLACE OF BIRTH Trenton, Ontario

NAME AND ADDRESS OF NEXT OF KIN Mrs S J Anderson
Trenton, Ontario
Father

RELATIONSHIP OF NEXT OF KIN

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 637015 RANK Private NAME Anderson P.

IF IN PERMT. CORPS WHAT UNIT | UNIT 155th Bn, TRANSFERRED TO 15th Bn DATE 8/12/16 AUTHORITY [illegible]

PERMANENT FORCE ALLOWANCES TRANSFERRED TO 156th Bn. DATE 29-1-17 AUTHORITY P.H.O. 28

PLACE OF ATTESTATION Trenton, Ontario TRANSFERRED TO 2nd Bn DATE 11/8 AUTHORITY Can. R.O. 735

DATE OF ATTESTATION April 6th 1916 TRANSFERRED TO C.O.R.D DATE 1/11/17 AUTHORITY A.R.

ASSIGNED PAY MONTHLY $20 00 DATE EFFECTIVE November 15th 1916

PAYABLE TO Mrs S J Anderson, Trenton, Ontario RELATIONSHIP Father

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)

C.J.

DATE 1916	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
														19 10	19 10															19 10				Er. from Canada
Nov.	30	1 00	30	00	30	10	3	00							33 00	13	8/11/16	54	30/11/16					1947	730			20 00		46 77	533		533		
Dec. 1-7	7	1 00	7	00	7	10		70							7 70													20 00		20 00		697			
8-31	24	1 25	24	00	24	10		240							2640	104	15/12/16	155	21/1/17					24 H.	24 H.					48 8	1455		1400	55	
1917 Jan. 1-28	28	1 25	28	00	28	10		280							3080													20000		21000	2535				
29-31	3	1 00	3	00	3	10		30							330																2865		2000	865	
Ja. Bt. Fd				920				920																										
Feb 1-28	28	1 00	30	80											3080													4000		4000	3945		2000	1945	
Mar	31	10	34	10											3410													20		2000	5355				
Apr	30	1 00 10	33	00											3300									2 H3				20	770	2770	5885				7 days F.P. #2. B.O. 100. 11/4
May	31	1 00 70	34	10											3410	87	26/4							29 20				20		5893	3402				
June	30	1 00	33												33	28	3/5/17							4 30				20		3217	3485				
July	31	1 00 70	34	10											3410	206	30/5							487				20		2000	4895				
Aug	10	1 00	11												11	143	17/5							730				20		20	3995				
			311	30										19 10	330 40									7301	974			200	770	29045					

637015 Pte. Anderson P. Asc Pay $20

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
Brot forward			311	30										19 10	330 40									73 01	974			200	770	290 45	29 95				
Aug 11	100														23 10	485	5/7													2 68		60 37			
31	10		23	10																				2 68										
Sept 30			33												33	644	6/8							2 68		2 68		20		32 50	60 87			
																558	22/7			477	25/8			2 68										
																				819	6/10													

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFER. PAY	SER. ALLCE. ENG.
Sept 30	Balance	~~60 87~~							60 87		
	Granted with Furlough 2-10 to 12-10-17. BO 23H 4/10/17 6 Res	7 30		car fare				20			
Oct 31	100	3H 10		48293 adv 732 29/8 Dept	4 87				77 40		
	10	41 40			41 87			20			
Nov.	R. R.	33		C.P.R. fare				20			
				A.R. 756 6th Res 15-10-17.	4 84						
				A.R. 991 " 24.10.17	38 93						
Dec	R. R.	34 10		A.R. 787 C.M.H. 26-9-17.	4 87			20	55 83		
1918		64 10			48 64			40			
Jan	"	34 10						20			
				A.R. 745. 21-12-17. 6 Res	3 90						
				A.R. 915. 6-12-17. 6 Res	4 87						
				A.R. 967 19-12-17 "	9 73						
				A.R. 798 2-10-17 C.M.H.	48 67						
				" 1997 10-12-17. B.T. & B.	9 73						
		34 10			76 90			20	6 97		
Feb	-	30 80		A.R. 1027 10-1-18 6 Res.	2 43			20			
		30 80		" 1123 31-1-18 "	2 43				1 03		
					4 86			20			
March		34 10		✓ 1214 6 Res 12/2/18	2 43			20			
				A.R. 880 ✓ 2/2/18	5 09						
				A.R. 1419 ✓ 7/3/18	2 43						
				✓ 1630 ✓ 21/3/18	19 47				16 35		
		34 10			29 47			20			

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFER. PAY	SER. ALLCE. ENG.

REMARKS

P 820
12474—375M—13-2-18.

* Strike out whichever inapplicable.

ASSIGNED PAY * ~~ENGLAND OR~~ CANADA.	SEPARATION ALLOWANCE. * ENGLAND OR CANADA.
EFFECTIVE DATE:- 1/11/16 1/7/18	EFFECTIVE DATE:-
AMOUNT:- ~~20 00~~ 15 00	AMOUNT:-

NAME:- ANDERSON P.

NUMBER:- 637015

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		Pte.

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.

Mr. S. J. Anderson
Trenton, Ontario
Father.
Stopped effec 1.4.19

UNIT AND TRANSFERS

ORIGINAL UNIT:- 155 Bn.

DATE ACCOUNT FIRST OPENED:- 1/11/16

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO
			CORD.
35 1/4/18	1/5/18	21/5/18	2nd Bn
			Canada

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
24/3/19	1236	B'shott Z 5/L	~~24 33~~				

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
	1 00	10		

PARTICULARS OF RENDERING NON-EFFECTIVE:- Des to Canada effec 1-4-19 Ref R R B 8446 NI D 3 Transhott to Brantshott 29/3/19 Ledger Bal 2.4.9 L P C 8 2 21

MONTH 1918	PARTICULARS	CR 1	CR 2.	PARTICULARS	DR. 1	DR 2.	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
Mar 31	Bal Forward								16 35		
Apr	P.P.	33		AR 68-6 Res — 10/4/18	2 43			20			
				DAR 148-6 RB. 20/4/18	4 46				10 24		
		33			6 89			20			
May.	P.P.	34 10		C. a P.				20 -			
				aR 140 9/5. 2 Bn	4 46						
				" 88 28/4 ✓	1 78						
				aR 203 20/5 ✓	3 57				5 95		
		34 10			9 81			20			
June	do	33		C a P				20 -			
				a/123 4/6 ✓	4 46						
				395 15/6 1st Bn	3 57				98		58.18 2
		33			8 03			20			
July	"	34 10		C. A. P.				15.			
				56. 2.7.18. "	4 46						
				226 2.4.18 1 Bde	3 57				10 09		
		34 10			8 03			15			
Aug.	"	34 10		C a P.				15			
				277. 14.8.18. "	2 57				25 62		
		34 10		5112 16.9.18 D. 45	3 57			15			
Sept	"	33		C a P.	1 78			15	41 84		
Oct	"	33 34 10		a P.	1 71			15			
				aR 2915. 17/10. C & BD	4 46						
				" 1023. 24/10. 2nd Bde Bn	3 73						
				" 16909. 25/9 OSB	1 87						
				" 18118 5/10 ✓	3 73						
✓				" 2688. 18/10 Bde HQ D ✓	3 73				40 22		
		34 10			17 72			15			

NUMBER 637015 RANK NAME Anderson. P

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
	B/F										
Nov	P. a	33		ap					43 25		
				ar 1108. 4/11. 2nd Bn	3 73			15			
				" 1354 17/11 "	3 73						
				" 1570A 5/12 "	14 93						
Dec	✓	34 10		ap	39			15			
Jan	✓	34 10		AP				15	46 03		
		101 20			2 39			45	77 03		
Feb	✓	30 80		ar 1810. 23/12 2 Bn	3 89						
				" 2111. 14/1/19 ✓	3 73						
				" 2372 24/1 " ✓	12 06						
				✓ 2554. 4/2 ✓	13 06						
				✓ 5325. 19/2 Brussels	17 22						
				✓ 2885 15/2 2 Bn	3 73						
Mar.	✓	34 10		b.a.p. Feb Mar.				30			
				2960 16/2 ✓	9 33						
				ar. 3253. 3/3/19. ✓	3 73						
				✓ 8289. 8/3/19. Brussels	9 13						
				✓ 3369. 7/3/19. 2 Bn.	9 33						
		64 90		✓ 3483. 12/3/19 ✓	3 73				21 49		
					90 44			30 -			
				ar. 1136. 21/3/19. Bivouac Cec.	24 33				2 84		
					24 33						
				S.O.S. Canada 14.4-19					S.L. 49 E&R.		

Attached 29/3/19

14: 93
30 93
Tr. 93
90 44
3' 1.49
24 33
2 84

116-99

AUDITOR | PAYMASTER

M. OR S.

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

REGT. No. 637015 RANK Pte NAME (IN FULL) ANDERSON, Paul (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
Paul Anderson, Bank of Montreal Trenton, Ontario Canada		

ORIGINAL UNIT C.E.F. 153rd Bn — IF IN P.F. WHAT UNIT?

PLACE OF ATTESTATION — TRANSFERRED TO — DATE — AUTHORITY

DATE OF ATTESTATION 6th April 1916 — TRANSFERRED TO — DATE — AUTHORITY

ASSIGNED PAY $ 15.00 — DATE EFFECTIVE 1-11-16

PAYABLE TO S.J. Anderson — RELATIONSHIP Father — ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS Trenton Ontario — EFFECTIVE

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE

DISCHARGED — PLACE Kingston — DATE 24-4-19 — REASON Demob. — AUTHORITY — IF ENTITLED TO POST DISCHARGE PAY

C. 613

MONTH	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $	AMOUNT C.	OTHER CREDITS $	OTHER CREDITS C.			TOTAL CREDITS $	TOTAL CREDITS C.	ACQUITTANCE ROLLS COL. NO. 1 NO.	COL. NO. 1 DATE	COL. NO. 2 NO.	COL. NO. 2 DATE	COL. NO. 3 NO.	COL. NO. 3 DATE	CASH PAYMENTS COL. NO. 1 $	COL. NO. 1 C.	COL. NO. 2 $	COL. NO. 2 C.	COL. NO. 3 $	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.
BALANCE FROM PREVIOUS ACCOUNT																																					
																																	2	84	2	84	
April	29	1.10	31	90	35 00 70 00				136	90							487	50	109	19	15	00									134	06				
																												5	50			5	50	5	50		

WSG S.A. — War Service Gratuity WSG S.A.

183 dys at Minimum 42 00