Re 31/3/19 Re

REGIMENTAL DOCUMENTS

NAME Anderson Peter REGT. NO. 883227 UNIT 18th Bn H. Q. FILE NO. 9244

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2	CASUALTY FORM (M.F.W. 54 or A.F.B. 103) 2					Category
	TRAINING HISTORY SHEET (M.F.W. 113) ~~Sheet~~					
1	FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122) 1					
1	REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120) 1					
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1	MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178) 2					DISCHARGE
2	DENTAL HISTORY SHEET (M.F.B. 465) 2 1					Category
2	MEDICAL REPORT (M.F.B. 227 or A.F.B. 179) 2					Med. unfit
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1	TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2) 1					
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1	AY. 10434					
1	NZR 192					
2	Envelope					
1	AFBH 67					
1	Envelope					
1	Particulars					
1	F. B. 67					

W. 2589
100M-11-18
1772-39-1377

ORIGINAL

ATTESTATION PAPER.

No. 883227

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname?	Anderson
1a. What are your Christian names?	Peter
1b. What is your present address?	Nordegg Alta
2. In what Town, Township or Parish, and in what Country were you born?	Prince Albert, Saskatchewan
3. What is the name of your next-of kin?	Ann Margaret Anderson
4. What is the address of your next-of-kin?	Raymore, Saskatchewan
4a. What is the relationship of your next-of-kin?	Mother
5. What is the date of your birth?	Sept 4 th 1882
6. What is your Trade or Calling?	Cook
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? If so, state particulars of former Service.	No
11. Do you understand the nature and terms of your engagement?	Yes
12. Are you willing to be attested to serve in the Canadian Over-Seas Expeditionary Force?	Yes

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Peter 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.

Peter anderson (Signature of Recruit)

Date May 29th 1916. Serg. Sinclair (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Peter 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.

Peter anderson (Signature of Recruit)

Date May 29 1916. Serg. Sinclair (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 Nordegg this 29th day of May 1916

Stuart Tisdall (Signature of Justice)

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

JANUARY

Description of Peter Anderson on Enlistment.

Apparent Age 33 years 8 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height ..... 5 ft. 7 1/2 ins.

Chest measurement.
- Girth when fully expanded ..... 38 1/2 ins.
- Range of expansion .... 3 1/2 ins.

Complexion ..... Dark

Eyes ..... Brown

Hair ..... Black

Religious denominations.
- Church of England X
- 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).

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 May 29 th 191 6.

Place Nordegg Alta

J. C. Mullaberry M.D.
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.

Peter 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.

C. W. Robinson LT. COL.
O. C. 187th O. BATTALION, C. E. F. (Signature of Officer)

Date May 29 th 191 6

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 883227 (Rank) Private

Name (in full) Peter ANDERSON enlisted in

the One Hundred and Eighty-Seventh (O) Battalion

CANADIAN EXPEDITIONARY FORCE at Nordegg, Alberta on the Twenty-Ninth

day of May 19 16

HE served in ENGLAND

and is now discharged from the service by reason of "Medically unfit"

R.O. 1420 12-12-18.

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

Age	36 Years 5 Months	Marks or Scars	
Height	5 Feet 7 Inches		
Complexion	Dark		
Eyes	Brown		
Hair	Brown		

P Anderson
Signature of Soldier

H.E. White Capt.
Issuing Officer

Rank

Appointment

Date of Discharge February 21st. 1919

Signed at Calgary, Alberta this Twenty-First day of February 19 19

in Military District No. 13

File Reference No. 13D- A 129

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

M. F. W. 39a
200m.—2-18
H.Q. 1772-39-882

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

No. ..... (Rank) ..... Name .....

Unit .....

Address on Discharge .....

Character and Conduct .....

.....

Former Occupation .....

Special Qualifications of Value in Civil Life .....

.....

Medals and Decorations .....

.....

Remarks .....

.....

Signed at ..... this ..... day of 19

.....
Name of Officer

.....
Rank

.....
Appointment

Completed upon demobilization the certificate is to be produced by the soldier when applying for employment. Otherwise the soldier will not be considered for the position called for on the Circulars issued by the Department.

P.878. Extract from Sailing List No. 3 Unit:- A R C

Reg. No.	Rank	Name	Sailed for Canada, Military District No.	Acted on Ledger Ck.
883224	A/C.	ANDERSON. P Canada Not Alta.	9/1/19	

18. Have you had more than one enlistment? If so, give particulars of discharges and re-enlistments, and under what regimental numbers and units. ~~No~~

19. Have you already received any payment of Post Discharge Pay or War Service Gratuity? If so, state amount you and your dependents have already received and by whom paid No

20. Have you been issued with a War Service Badge? If so, what class ? No

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.? No If not, give:—(a) Date of discharge 21-2-19 (b) Reason for discharge Demobilization

25. Are you at present a member of and in receipt of pay and allowances from any Canadian naval or land forces? If so, give unit No

26. Did you at any time serve at the front in an actual theatre of war? If so, give particulars of one unit which you served at the front, and dates of such service with that unit No

27. (a) Are you receiving treatment from the Department of Soldiers' Civil Re-establishment? No

(b) If so, are you in receipt of full pay and allowances from that Department ? No

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

Signature of Applicant: Peter Anderson

Place of Residence: Penitentiary

Declared before me at: Penitentiary

This 31 day of March 19.19

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

Manitoba-Ontario
Insp for the D.M.S.

POST DISCHARGE PAY.

Date paid.	Paid Soldier	Paid Dependent	War Service Gratuity	Net amount due
~~Feb 24th 1919~~	~~$ 58~~	~~$ 22 00~~	350 00	
	Nil		150 00	
			500 00	500 00

Certified Correct.

L. Edwards. Major
District Paymaster.

L.B.L.

GENERAL AUDITOR'S DEPT. AUDITED MAR 3 1919 DISTRICT AUDITOR D. 13

A 493

DEPARTMENT OF MILITIA AND DEFENCE.

WAR SERVICE GRATUITY.

OTTAWA, CANADA.

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

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

A complete reply must be given to every question in this Declaration. There must be no blanks and no dashes. If any questions are not applicable, the words "NOT APPLICABLE" must be written out.

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

1. Christian names Peter 2. Surname Anderson
3. Rank Cpl. 4. Original Unit 187th 5. Reg. No. 883227
6. Address, in full, to which future payments of gratuity are to be forwarded Fernlosh, Alta.
7. Date of enlistment in the C.E.F. 24/5/16 29/5/16. Edmd.
8. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge Mrs A. Mrs Anderson
9. Relationship of such dependent Mother
10. Address, in full, of such dependent Fernlosh, Alta
11. Is said dependent now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? No
12. Were you at any time on the strength for pay and allowances of a unit of the C.E.F. which was out of Canada or the United States when such pay and allowances were issuable? If so, give particulars of one such unit and dates of service overseas with such unit:—
21st Res. Bn. Feb. 1917 to July 1917
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 187th Bn, 21st Res Bn, 2nd C.C.D. Total Service 2 years + 9 months
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

GENERAL AUDITOR'S DEPT.
AUDITED
MAY 5 1919
DISTRICT AUDITOR M. D. No 2

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

Yes. M1 173

Surname..... Christian Name.....

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				

ORIGINAL

883227

MEDICAL HISTORY SHEET

Surname Anderson Christian Name Peter

Examined { on 29 day of May 1916
at Nordegg. Alta

Birthplace { City or Town Prince Albert
County Sask.

Apparent age 24

Trade or occupation Cook.

Height 5' feet 7½ Inches

Weight 165 lbs.

Chest measurement { Minimum 35 inches
Maximum expansion 38½ inches

Physical development O.K.

Small-pox Marks None

Vaccination Marks { Arm Right Left
Number None.

When Vaccinated last

(a) Marks indicating congential peculiarities or previous disease None.

(b) Slight defects but not sufficient to cause rejection None.

Approved by J. C. Shullaberry Lt.

Rank M.O.

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

Date	Result	Vaccinations	
8/11/16		W. Curtis	M.O.
			M.O.
TAB (2) 1-18		SSP	M.O.
2	2-3-18	SSP.	

Date	Result	Anti-Typhoid Inoculations, Etc.	
5/5/16	Good	W. Curtis	M.O.
14/5/16	Good	W Curtis	M.O.
29/1/17		Typhoid	M.O.
Tab 2		19.1.17 L.L.S.	

Enlisted on 29 day of May 1916 at Nordegg Alta

	Corps	Regt'l Number	Habits	Date
Joined on enlistment	187th Batt.	883227		27/5/16
Transferred to	2/1st Reserve			FEB 16 1917
	Alta Reg Depot			5/6/17.

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

Station	Date	Disease	Result
Bramshott Camp, Hants.		Def. Vision	Bij C. C. Cooper Col Insp
2 - APR. 1917	Geo A Russell Capt. C.A.M.C. for Colonel, A.D.M.S. Canadian Troops, Bramshott Camp.		PRESIDENT, MEDICAL BOARD, BRAMSHOTT.
APPROVED.			
2nd C.L.D. Raised 6 B.I.	10/5/18	T.F. Bramshott.	
Bramshott	16.11.18	Def. Vision B.II.	

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

M. F. B. 313.
500M.—3-16.
H. Q. 1772-39-439.

EXAMINATION

BY

STANDING MEDICAL BOARD, BRAMSHOTT.

Form D.M.S. 1348 (Revised).
2075—30m—2/12/16.

152432

EXAMINATION
BY
STANDING MEDICAL BOARD, BRAMSHOTT.

2 — 4 — 1917

No. 883227 Rank Pte Name Anderson Peter.

Local Unit 21st Res Bn 187 Bn. Overseas Unit ~~Overseas~~ Age 35

Examination held in Bramshott area.

DISABILITY. Def Vision

~~Overseas~~—Local.
(scratch one out)

PRESENT CONDITION.

Sph + cyl - R.E. 6/60. L.E 6/30
c glasses — 6/21 — L.E. 6/21

Has been in charge of R.R. section does on construction work — Showed he was useful man on Railway work at front.
— Otherwise fit —

Board recommends : Bij

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

Signatures :

Members { C. E. Coope Cole Lieut-Col. Pres.
{ D. A. Dickson Major
{ H. McFadden Capt.

Approved.

Bramshott 2 - 4 - 1917

for A.D.M.S. and G.O.C.,
Canadian Troops, Bramshott.

CREDITS, ADVANCES, Etc.

Credits, Advances, Forfeitures, Issues on Repayment, etc., since issue of this L.P.C. are to be entered hereunder:

Date	Place	Cheque No. A.R. No. or Other Particulars.	AMOUNT		Signature of Officer Making Payment.
			Dr.	Cr.	
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....

DEMOBILIZATION
PAY DIVISION, M. D. No. 13

CANADIAN EXPEDITIONARY FORCE.

M.F.W. 44.
1188 (D.P.) 250M.-12-18.
1772-39-903.

LAST PAY CERTIFICATE

Regimental No. 883227 Rank Cpl. Name ANDERSON P.
(Surname first)

Unit 187th who was* discharged

On 21.2. 191 9, to

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from 1.1.19 to 21. 2. 191 9 the inclusive date of transfer or discharge.

	Dr.		Cr.	
Bal. Dr. or Cr. from prev. ~~account~~ English L.P.C.	16	26		
Regimental Pay 52 days at $ 1.c.10			57	20
Field Allowance 52 days at $ c. 10			5	20
Separation Allowance 21 days Feb.			21	00
Clothing Allowance			35	00
Post Discharge Pay				
*Other Credits Subs. DO. 24 23.1.19 to 6.2.19 15 days @ 80¢			12	00
Advances A.R. 307 7.2.19	20	00		
Separation Allowance and Assigned Pay Cheque No. A. 3415	21	00		
*Other Charges AP. Jan. paid by Ottawa	15	00		
Balance on transfer or on discharge, cheque No. A. 3416	58	14		
Total	130	40	130	40

*Give particulars.

A monthly stoppage of $ 15.00 (†) has ~~been paid~~ charged (‡) on account of

Assigned Pay for the month of January 191 9
and Separation Allce. for month of Feb. 21st 191 9 (21 days) } (to) Assignee Mrs. A.M. Anderson

(Address) Ferintosh. Alta.

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

ON TRANSFER OF AN OFFICER.

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

REMARKS:—

State (1) date of enlistment ..... married ~~or single~~

(2) Separation Allowance, entitled or not yes (3) Reason for discharge

(4) Authority for discharge or transfer D.D. 13

NOTE.—S.A. & A.P. Card and Index Card (M.F.W. 71) are to accompany Last Pay Certificate on transfer.

I have carefully examined this statement of account and find it to be a correct extract from the Pay Account of the officer or soldier.

Date 20.2.19

Place CALGARY

C. G. Sedcole LIEUT.
DEMOBILIZATION PAY DIVISION, M. D. 13
Paymaster.

N.B.—(A) This form is to be used for all ranks (vide Article 122-130 and 141) Financial Instructions, C.E.F., 1916.
(B) For purposes of transfer it is to be made out in triplicate. Copies will be disposed of in accordance with instructions as laid down in Routine Order No. 1807, dated 12th Nov., 1918. Payment of the balance will not be made and the words "or on discharge cheque No." will be deleted.
(C) For purpose of discharge it is to be made out in duplicate. One copy to accompany discharge papers, and one copy for retention as a record. As payment of the balance will have been made, the words "on transfer or" will be deleted.
(D) If a man on discharge is entitled to Post Discharge Pay, Last Pay Certificates will be made out as in "C" with an additional copy to be forwarded to the District Paymaster.

BT

(9) Is your Father alive ?.....

If so, state name and address .....

(10) Is your Mother alive ?.....Ann Margaret Anderson.....

If so, state name and address.....

.....Prince Albert, Saskatchewan, Canada.....

(11) If your Mother is a widow.....

Are you her sole support, or not ?.....No.....

(12) If sole support of widowed mother, state what amount you have given her per month prior to your enlistment, also reason she has no other support than yourself.

.....

.....

(13) If you have no wife, father, mother or children, state the name and relationship with full postal address of your next of kin, to whom you would desire any communication to be sent concerning you.

.....

.....

.....

(14) If you have a wife, or children, or a widowed mother who depends on you as her sole support, have you applied to the Paymaster of your unit for Separation Allowance ? If not, this must be done.

.....

(15) Are you insured ?.....

If so, in what Company ?.....

Have you made arrangements for payment of your Insurance premium.....

If not, and it is a monthly premium, you can assign the amount in addition to any other assignment you wish to make.

C.W. Robinson
.....
Officer Commanding.

Date..6th October 1916.

To be made out in duplicate. H.Q. 54-21-23-53

PARTICULARS OF FAMILY OF AN OFFICER OR MAN ENLISTED IN C. E. F.

INSTRUCTIONS.

(a) This form is only required for men joining units for Overseas Service and must be completed immediately the man is warned for draft overseas.

(b) Care must be taken to see that a man is allotted his correct Regimental Number. No numbers must be duplicated and once it has been allotted to a man, even if he is subsequently discharged, the same number must never be allotted to another man.

(c) All questions, etc., must be answered.

(d) One copy of the form is to be forwarded by Officer Commanding unit for each Officer and man to Officer Commanding Division or District at least seven days before man leaves his station to proceed overseas, for transmission to Accountant and Paymaster General, Ottawa.

(e) Duplicate copy is to be forwarded direct to Officer in charge of Records, C.E.F. London, immediately after arrival in England.

---

(1) Name of Overseas Unit which Soldier joins 187TH OVERSEAS BATTALION
CANADIAN EXPEDITIONARY FORCE

(2) Regimental Number 883227

(3) Full Name of Soldier Peter Anderson

(4) Place of Birth Prince Albert, Sakatchewan

(5) Are you married, or not ? No.

(6) If married, state,
(a) Full name of your wife

(b) Present Postal Address

(7) Are you a widower ?

(8) Have you any children ?

If so, give number of boys and girls

Also their names and ages

M. F. W. 67.
300M.—5-16.
1772 39-954.

(SEE OTHER SIDE.)

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

M. F. W. 54. (A. F. B. 103.)
350M.—5-16
H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps 187th Battalion

Regimental No. 883227 Rank Private Name Anderson, Peter C. E. F.

Enlisted (*a*) 29-5-16. Terms of Service (*a*) Duration of War. Service reckons from (*a*) 29-5-16

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*) .....

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				
10-1-19		TAKEN ON STRENGTH OF DISTRICT DEPOT 13, PART 2 ORDER NO. 24 W. W. Smyth Lieut. Col. Officer Commanding District Depot No. 13			
21-2-19		DISCHARGED FROM THE SERVICE BY DISTRICT DEPOT NO. 13, PART 2 ORDER NO. D.O. 52 AUTHORITY R.O. 1420 Dated Ottawa 12-12-18 W. W. Smyth Lieut. Col. Officer Commanding District Depot No. 13			

(*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				

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

M. F. W. 54. (A. F. B. 103.)
250M.—1-16.
H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps 187TH OVERSEAS BATT'N. C. E. F.

Regimental No. 883227 Rank Private Name Anderson – Peter

C. E. F.

Enlisted (a) May 29/16 Terms of Service (a) Duration of War Service reckons from (a) May 29 - 1916

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) Re Cook

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 Halifax	Canada	15-12-16	
		Arrived Liverpool	England	28-12-16	
19-2-17	O.C. 187th Bn	Transferred to 21st. Res. Bn.	Witley	16-2-17	P.H.D.O.H.Q. 44 H.Q. London K.O. 271 Dated 20-1-17 J. B. Brown Jr. LT. COL. O. C. 187th O. BATTALION, C. E. F.
22 FEB 1917	D.C. 21st. Res.	T.O.E. from 187th, Bn.	Seaford. 16 FEB 1917		P.H.D.O.H.Q. 44 H.Q. London K.O. 271 Dated 20-1-17 Lieut. & Asst. Adjt. 21st. Reserve Battalion. (Alberta).
4-4-17.	21ST RES. BN.	Posted to Alta: Regtl: Depot.	BRAMSHOTT.	4 APR 17	Pt. II D.O. No. 84. Lieut. & Asst. Adjt. 21st. Reserve Battalion. (Alberta).
4-4-17 4 APR 1917	21ST RES. BN.	Attached to	BRAMSHOTT.	4 APR 17	Pt. II D.O. No. 84. Alta Reg: Depot Pt II 254 3.4.17.
5:6:17	21st Res Bn	Ceases to be attached to 21st Res Bn	Bramshott	5/6/17	Pt II DO 146. Lieut. & Asst. Adjt. 21st. Reserve Battalion. (Alberta).

(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				
15-6-17	Bramshott	On Command to 2nd C.C.D. Hastings with effect 15-6-17.	Hastings	15-6-17	Hqrs Pt for Lt Major O.C. Reinforcement Depot
16-6-17	2nd CCD	Taken on strength of Permanent Cadre of 2nd CCD	Hastings	15-6-17	P.D. 2. Do 108.
22/5/18	2nd CCD	Struck of strength of 2nd C.C.D. and attached from ~~XXXXXX~~ D. A. B. D.	Bramshott.	22/5/18	Pt 2 D.O.#121
15-6-18	2nd C.C.D	Appointed A/Cpl. (with pay)	Bramshott	15-5-18	Pt 2. Do 141
12-12-18	2 CCD.	Ceases to be attached to 2 CCD on proceeding to Buxton for return to Canada.	Bramshott.	12-12-18.	Pt 2 Do. 294. J. Grant Lieut & Asst Adjt.
13/12/18		Attached C.D.D. Buxton for return to Canada, Part II Orde 295 Ceases to be attached C.D.D. Buxton on embarking for Canad J. W. Lock Lt. for Lt Commanding Canadian Discharge D			
28-12-18	CCDD.	20 S from C.C.D.	K.P.C.	28-12-18	Pt II
8-1-19	" "	2y to C.E.F. Canada	" "	8-1-19	Pt II-7 A.C.M. McKenna Lt for OC

13.

C.A.D.C. 2009 A

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

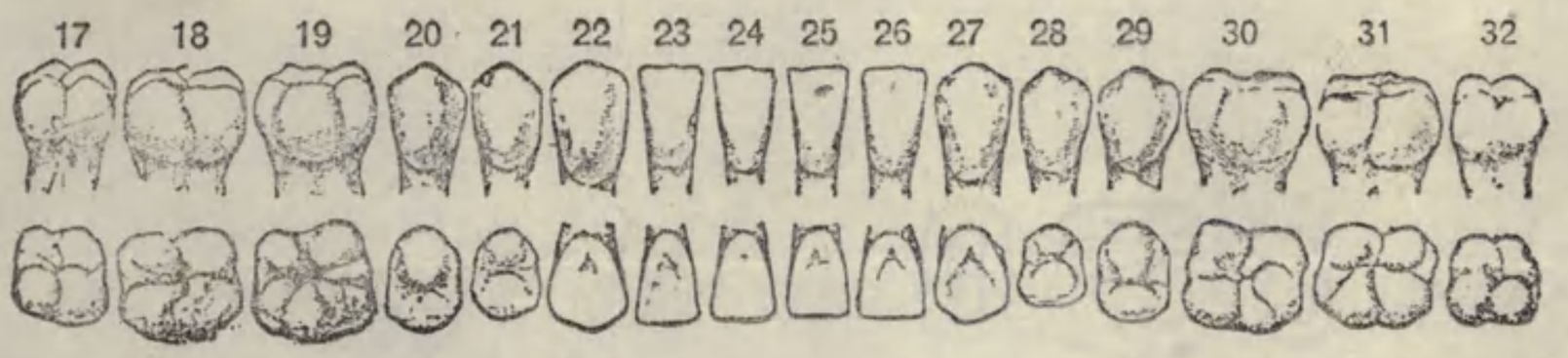
DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) ANDERSON, P.

REGIMENT A.R.D. RANK A/CPL. No. 883227

Date of Examination in England 9'12'18 | 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.

D.D.S. OTTAWA 7 - DEC 918 HEAD

PRESENT DENTAL REQUIREMENTS Nil

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? No

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

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

Signature of Dental Officer F. Moffatt Capt.

8

CANADIAN
MILITARY HOSPITAL
5 MAR 1917
EASTBOURNE, SUSSEX.

C.M.H.E. 19

Pte Underwood
183227
2/1st Res
Seaford

Eye Report.

Canadian Military Hospital,
Eastbourne, Sussex.

March 1917.

Complaint:- Poor vision since childhood

Vision. R.E. 6/60

L.E. 6/30

V. corrected R.E? +2.00sph + 2.00cyl ax 75 = 6/12

L.E. +4.00cyl ax 105 = 6/12

Glasses ordered. Frame F

Clinical condition

Fit as far as eyes are concerned for Class. C with glasses.

Capt. C.A.M.C.

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.
15-6-18	2nd C.C.D.	Appd A/Corpl with pay whilst covering vac. on Estt.	Pte Bramshill	15.5.18	A.F.W. 0.141
13-12-18	A.R.D.	Ceases Term 2CCD A/Cpl & Term CCD Gunner	A/Cpl	& 2CCD 294 9/12/18 12.12.18 DO 316	
30.12.18	B.M.D.	attached	" Rhyl	28.12.18 DO 23.	
24.1.19	A.R.D.	Cease att. & SoS to C.E.F. Canada M.D. 13.	B'shott	9.1.19 DO 19.	

R—122
8,401—50,000— 21-10-16.

JM.

Rank | Name ANDERSON, Peter. | Reg'l No. 883227

Unit 187th Bn. | If in perm. Corps, What Unit? | Married or Single Single.

Place and Date of Enlistment Nordegg. 29th May 1916. | Place of Birth Prince Albert, Saskatchewan,

Name and Address, Next-of-Kin Ann Margaret Anderson.

Raymore, Saskatchewan. | Relationship Mother.

Assigned Pay Monthly $ | Payable to

Relationship

Separation Allowance $ | Payable to

Relationship

N/E. R.B. No. 8696
File R.L. 8696
Cat. CAN.OR

Discharge, Date and Place | Reason | Character

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 S-S Olympic 26*12*16			
19-2-17	a.c. 187th	SOS on T for 6-21st	Shafard	16-2-17	A.F.W. 00. 44
22-2-17	21st Res Bn	To Sou T for for 187th	"	16-2-17	" " " 44
4-4-17	alta Regt.	TOS on P. from 21st Res Bn & will be on cmd to 21st Res Bn	Bishott	4-4-17	21st Res P.B.O. 84 of 4-4-17 P.B. 026
5-6-17	21st Res	Ceases to be attd on rct to dept	—	5-6-17	— 146/A.R. Dept 00 89 2/6-6-17
15.6.17	Alta R.D.	Ceases on str. Dept bo. O. & 2nd C.D.	—	15-6-17	— 98. 1-2. C.D. 105 16/7/17
20-7-17	"	Amended to read SOS to 2nd C.D.		"	— 133
23.5.18	A.R.D.	T.O.S. on trans. from 2nd C.D. will be shn on conv to 2nd C.C.D.	Bramshott	23.5.18	" 140 & 121 2nd C.C.D. 3/22/5/18.

MILITIA AND DEFENCE

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

PAYMENTS.

M. F. W. 11a.
50m.–6-16.
1772—39—818.

P. 24/4 FW

Sheet No. 2. Annie Anderson mother. Name of Soldier Anderson, Peter pte.

L. L. Job 4503.–Req. 6832.

	Month.	Year.	Cheque No.	Amt.	Remarks.
	April	1916			
	May				
	June				
	July				
	Aug.				
	Sept.				
	Oct.				
	Nov.				
	Dec.				
✓	Jan.	1917	N 29376	161	161
✓	Feb.		E30973	20	20
✓	March		~~E34758~~ P35121	~~20~~ 20	20 E34258 Cancelled H Remitt
✓	April		7881	20	20
✓	May		13704	20	20
✓	June		G.6846	40	20
✓	July		F10570	20	20
✓	Aug.		H 12909	20	T
✓	Sept.		G 16726	20.	B 371. ✓
	Oct.			20	
	Nov.				
	Dec.				
	Jan.	1918			
	Feb.				
	March				
	April				
	May				
	June				
	July				

MILITIA AND DEFENCE

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier_____

PAYMENTS.

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

L.-L. Job 5470—M. & D. 6888

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

M. F. W. 12
50m.—7-16
H. Q. 1772-39-316

Mother

To Whom Mrs Annie Anderson
Address Ferintosh
Alta.

Ferintosh

Rate 15.00 Jan-1/17

By Whom Assigned Anderson ~~Cpl~~ P.
Regtl. No. 883229
Rank Pte
Corps 187 Batt

Cable — 1765 — 15/11/17 Rec'd 19/1/17

2112-2-1766 12/3/17

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 Mrs Annie Anderson
(Assignee)

Name of Soldier Anderson. G. P. Pte 883237 187 Batt

L. L. Job 5470—Req. 6888.

$15.00 Jan-1/17

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1917	V37633	15 00	Spec Reg 26/1/17 L. 15
Feb.		422944	15	
March		48389	15	15 L.
April		96317	15	15 E.
May			15	
June		T2926	15	120 15 E.
July		19688	15	S
Aug.		L26787	15	09
Sept.		K33497	15 - Lu 135	
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.				

29-5-16

L. [illegible] Job 4503.—M. & D. 6832

MILITIA AND DEFENCE

M. F. W. 11.
50m.—6-16.
H. Q. 1772-39-818.

SEPARATION ALLOWANCE

Name Annie Anderson,

Address Ferintosh,
Alta.

Relation to Soldier wife, child or mother } widowed mother.

Name of Soldier Anderson, Peter.

Regtl. No. 883227

Rank pte.

Corps 187th. Battn.

To what Corps belonging when called out }

PAYMENTS

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

CONSOLIDATED ACCOUNT 3

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

Chan[illegible]

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. 22320—M. & D. 7593.

Date of Enlistment

2-5-16

MILITIA AND DEFENCE

Separation and Assigned Pay Branch A 2649

OVERSEAS CONTINGENTS

Date of Assignment

Jan 1/17

RATE OF SEPARATION ALLOWANCE

20	1/12/17 25- PC3237	30 1-9-18 Pc. 2753 MO27444	

RATE OF ASSIGNMENT

15			

6L 5-0-6 1 XM

PARTICULARS OF SEPARATION ALLOWANCE

No. 883827

Rank Pte Promoted Reverted Discharge

Soldier's Name Peter Anderson

Battalion 187 Bn

Beneficiary Annie Anderson

Relationship widowed Mother Ferintosh Alta MFW2554 1/8

Address

PARTICULARS OF ASSIGNMENT

Name Mrs Annie Anderson

Address Ferintosh Alta

Change of Address

1

2

3

4

0378-P-3.

MFW2554-Rec 28-10-18.

	Date	Cheque No.	Amount S/A		Amount A/P		Total		REMARKS
	30/9/17		321	✓	135	✓	456	✓	
✓	Oct	C 51427	20		15		35		
✓	Nov	C 52666	20		15		35		T
✓	Dec.	F 54989	20		15		35		M
✓	Jan	A 54281	30		15		45		13
✓	Feb	B 99503	25	✓	15		40		
✓	Mar	G 99736	25		15		40	✓	
✓	April	H 7530	25	X	15		40		
✓	May	A 12484	25		15		40		
✓	June	B 15328	25		15		40	✓	
✓	July	Y 28311	25		15		40	✓	
✓	Aug	A 30838	25	✓	15		40		
✓	Sep.	9 37530	25	✓	15		40		
✓	Oct.	A 44173	25	✓	15		40		M6
✓	Nov	A 52260	25	✓	15		40		M6
✓	Dec.	A 63070	45	✓	15		60		M6
✓	Jan	B 71546	30	✓	15		45		M6
	Feb.		736		375				

Not 7530 7330

A/c Closed 31-1-19

Rec'd per Olympic

17-1-19 22-1-19

M13 Phm 4 Kay 1 M Po 6048

M. F. W. 128
400M.—6-17—172-38-1141
L. L. 22320—M. & D. 7193.

CONSOLIDATED ACCOUNT

LOCAL CARD

*Name ANDERSON Peter Rank Pte. Regtl. No. 883227

Fyle Depot i3.D. A-I29

Original unit 187th. Bn. Present unit 2nd. CTD M. or S. S Age 36 Religion C of E Ref. H.Q.

Port, ship and date of arrival Halifax, Olympic 17-1-19

Next of kin Mrs. W.G. Anderson, mother, Ferntosh, Alta.

Address on leave as above

Address on discharge as above

Transportation issued Yes / No Date Character on discharge

Previous occupation Butcher Date and place of enlistment Nordegg. 24-5-16.

Diagnosis Hypermetropic astigmatism Date of Medical Boards I0-2-I9.

Date.	Remarks	Pt. 2 Order No.
10-1-19	Posted to Casualty Company Calgary 23-1-19	24
	Granted leave with subsistence to 6-2-19	24
21-2-19	Discharged from H.M. Service	52

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

(over)

Date.	Remarks	Pt. 2 Order

M. F. W. 192
150m.—5-18
1772-39-1243

a.f.c.

Number 883227 Rank a/Cpl

Surname ANDERSON

Christian Name Peter

Units 187th Bn Can Inf Theatre of War England

Date of Service 26-12-16

Remarks

Latest Address Ferintosh,

Alta.

Roll No. a Page 4417

200m.-6-21.M.

DESP. NOV 21 1929

REGN. NO. 45004

No. 883227 RANK Pte. NAME Anderson P.

T. O. S. 1-6-16. UNIT 187th Battalion C.E.F.
D.O. 32, 1-6-16.

M. D. 13.

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916 June 1	1916 June 30	✓		
July		✓		
Aug.		✓		
Sept.		✓		
Oct.		✓		
Nov.		✓		
Dec		M.		

Reg. No.	Rank.	Surname	Category.	Dentally Unfit.
883[redacted]7	Pte.	Christian Names (1) Peter	B 1	
18[redacted]2nd		(2)		
		(3)	Date	

Place of Enlistment:	Date of	Taken on from	Religion	Inoculations	Company
Nordegg	24/5/15		C of E	24-4-18	D
Province: Alberta	Age on 35	Date		Vaccination	

On Command	Hospital Hut 29	Permanent Cadre	Employed as
		Date taken on	
Date Proceeding	Date Admitted		

Record of Overseas Service:	Profession or Trade (Civil)
Nil	Cook
Reason for Return:	Transferred or Posted to ..... Date .....

Married or Single Single

Address of Next of Kin Mother

Mrs M. Anderson

Swiftcurrent, Alberta

Canada

LEAVE.

No. of Pass Issued	From.	To.	Free Transportation.
	8-2-18	14-2-18	
	23-8-18	28-8-18	FW

A.G. 10434.

Part 2 Order Entries.

No.	Date	Ref.	No.	Date	Ref.
112	11-5-18	X			
121.	22.5.18	S.D.			
121	22.5.18	A.7			
141.	15.6.18	A4			

TRAINING.

Weeks of Training.

1	2	3	4	5	6	7	8	9	10	11	12	13	14	Over.

Nature of Training	Date passed test
Drill	
Musketry	
Bombing	
Rifle Bombing	
Bayonet Training	
Anti-Gas	
Lewis Gun	
Rapid Wiring	

Special Training Courses, etc.

P. 559
MARRIED OR SINGLE Single

PLACE OF BIRTH Prince Albert, Saskatchewan, Canada

NAME AND ADDRESS OF NEXT OF KIN Ann Margaret Anderson
Printosh, Alberta,
~~Raymore, Saskatchewan~~, Canada.

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. 883227 RANK Private NAME Anderson, Peter

IF IN PERMT. CORPS WHAT UNIT } UNIT 187th O. Batt. C.E.F.

PERMANENT FORCE ALLOWANCES

PLACE OF ATTESTATION Nordegg, Alberta, Canada

DATE OF ATTESTATION 29th May 1916.

TRANSFERRED TO 21st Res. Batt'n DATE 26/3/17 AUTHORITY D.O. 44

TRANSFERRED TO A.R.D. DATE 1.11.17 AUTHORITY

TRANSFERRED TO DATE AUTHORITY

TRANSFERRED TO DATE AUTHORITY

ASSIGNED PAY MONTHLY $ 15.00 DATE EFFECTIVE 1st January, 1917. (A.2.M. Form rendered 29/1/17. Effective 1/1/17)

PAYABLE TO Mrs Ann Margaret Anderson, Printosh, Alberta, Canada 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)

C.1

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
1917																																			Balance from Canada
Jany.														39 50	39 50																39 50			39 50	
Jany	31	100	31	00	31	.10	3	10							34 10			54	29/1/17					7	30			15	00	22	30	51	30	8	30	43	00	
F.A Feby	28	100	30	80											30 80													15	00	15	00	67	10	15	00	52	10	
March	25	100/10	27	50											27 50			3	15	29-3	88	23-1						15	00	15	00	79	60					
26-31														39 50.							H2	13-1															
march	6	"	6	60											6 60			293	15-3		220	26-5			19	47	4	87										
																					135	13-2			4	87	24	33									
apl	30	"	33												33													15		15		36	06			36	06	
May	31	"	34	10											34 10	46	4/4								4	87											
																108	20/5								12	17											
																158	16/-								4	87											
June	30	"	33	—											33 —	201	31/5	207	9/6						14	60	17	03									
July	31	"	34	10											34 10													15		15		38	72			38	72	
Aug	31	"	34	10											34 10													15		15		57	82			57	82	
Sept	30	"	33	—											33 —													15	—	15	—	75	82			75	82	
			300	30										39 50	339 80									36	51	48	67	43	80	135		263	98	75	82			

883224 Pte Anderson Peter

DATE 1917	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
MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR 3	DR 4	BALANCE	DEFER-RED PAY	SER. ALLCE. ENG.																								
Oct		~~75 82~~							75 82																										
	May	34 10							94 92							15																			
		34 10							15																										
Nov	pp.	33		San A.P.																															
Dec	✓	34 10		DmR 351 26 BD 18.7.17				4 87																											
				DmR 397 do 24.6.17				4 86																											
				" 15 do RD 13.6.17				9 73																											
				" 708 - 26 BD 29.8.17				9 97																											
				✓ 669 13/6/17 YCCD				7 54																											
				✓ 611 - 26 BD 28.7.17				5 11																											
				✓ 778 13/9/17 2 CCD				7 54																											
								49 62																											
				Canada Dec				4962								15	82 40																		
1918 Jan	May	67 10														30																		
		34 10		✓ Jan												15																		
				DmR 901 28.9.17 26 BD				9 98																											
				" 1073 3.10.17 "				17 03																											
				" 992 29.10.17 "				7 55																											
				" 927 15.10.17 "				7 54																											
				" 1183 28.11.17 "				5 11	✓																											
		34 10						47 21								15	54 29	✓																	
Feb	P Pay	30 80		ban A.P.												15																			
				Dn. 1338 19.12.17 26 BD.				15 09																											
				AR. 2007 12.2.18 "				14 60																											
				Dn. 1485 10.1.18 "				5 11																											
				" 1641 28.1.18 "				9 97																											
		30 80						44 17								15	25 32																	
Mar	P Pay	34 10		ban A.P.												15																		
				AR 2356 27.2.18 26 BD.				7 55																											
				" 2794 19.3.18 "				19 96																											
		34 10						27 51								15	16 91																	

P 820
12474—375M—13-2-18.

* Strike out whichever inapplicable.

ASSIGNED PAY.	* ~~ENGLAND OR~~ CANADA.	SEPARATION ALLOWANCE.	* ENGLAND OR CANADA.
EFFECTIVE DATE:-	1st January 1917	EFFECTIVE DATE:-	
AMOUNT:-	15/-	AMOUNT:-	

NAME:- ANDERSON Peter

NUMBER:- 883227

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.

Mrs. Ann Margaret Anderson (Mother)
Fernlosh, Alberta, Canada

Stopped Effec 1/1/19

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		Pte.
DO. 141-2 bbD. 15/6/18	15.5.18	a/bfl. with pay

UNIT AND TRANSFERS

ORIGINAL UNIT:- 184 Bn.

DATE ACCOUNT FIRST OPENED - 1.1.14

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO
			Alta. R.D.

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
~~8/10/18~~	~~5061~~	~~B'Shott~~	~~14 84~~				
~~22/10/18~~	~~5445~~		~~7 54~~				
~~12/11/18~~	~~5641~~		~~14 84~~				
~~26/11/18~~	~~6278~~		~~2 67~~				
~~10/12/18~~	~~6527~~		~~9 97~~				

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
	1 -	10		
DO. 141-2 bbD. 15-6-18	1 10	10		
B'Shott 1/12 1039				

PARTICULARS OF RENDERING NON-EFFECTIVE:- Des: Canada 31/12/18 B'Shott 14/12/18 1039 CPE a/Bal 33 94

MONTH 1918	PARTICULARS	CR. 1	CR. 2.	PARTICULARS	DR. 1	DR 2.	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
Mar. 31	Balce Forward								16 91		
Apl.	P. Pay	33		Can. A.P.				15			
				AR 222 11.4.18 2 bbD.	9 97						
				" 393 24.4.18 "	5 11				19 83		
		33			15 08			15			
May	P. Pay	34 10		Can. A.P.				15			
				AR 949 14.5.18 2 bbD.	12 41						
				" 1340 29.5.18 "	9 97				16 55		
		34 10			22 38			15			
June	P. Pay	33		Can. A.P.				15			
				AR 1701 10.6.18 2 bbD.	2 67						
				" 2114 26.6.18 "	5 11				26 77		
		33			7 78			15			
July	P. Pay	34 10		Can. A.P.				15			
	DO. 141-2 bbD. 15.6.18 Underpaid as Cpl 15.5.18 to 31.7.18 = 78d. @ 10c	7 80		AR 2652 11.7.18 2 bbD.	19 71						
				" 2946 26.7.18 "	14 84				19 12		
		41 90			34 55			15			
Aug	P. Pay "	37 20		Can. A.P.				15			
				AR 3408 15.8.18 2 bbD.	9 97						
				" 3635 26.8.18 "	14 60				16 75		
		37 20			24 57			15			
Sept	P. Pay	36 -		Can. A.P.				15			
				AR 4283 12.9.18 "	14 84						
				" 4479 24.9.18 "	5 11				17 80		
		36 -			19 95			15			

NUMBER 883227 RANK Cpl NAME ANDERSON Peter

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
OCT									14 80		
	Cpl Pay	37 20		CAP				15	40 ..		
				AR 1061 11/10 2CCD	14 84						
				5745 24/10 "	7 54				17 62		
		37 20			22 38			15			
NOV		37		BAP				15			
				AR 1641 14/11 2CCD	14 84						
				6278 27/11 "	2 67						
				6521 10/12 "	9 97						
DEC		37 20		C AP				15	33 34		
		74 40			27 48			30			
FEB				AR 6548 23/12 C.C.A. Ruston-L.L.C. end	9 73				23 61		
		—			9 73			—			

AUDITOR | PAYMASTER

M. OR S. M

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

REGT. No. 883227 RANK Cpl NAME (IN FULL) ANDERSON. PETER (BLOCK LETTERS SURNAME FIRST)

NEXT OF KIN — RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? Yes. — DATE EFFECTIVE 1-2-19

TO WHOM PAID Mrs Annie Anderson — RELATIONSHIP Mother

ADDRESS Fernie B.C. Alta.

PARTICULARS	EFFECTIVE DATE	AUTHORITY
P.O. Fernie B.C. Alta.		
Mother Same.		

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

PLACE OF ATTESTATION — TRANSFERRED TO — DATE — AUTHORITY

DATE OF ATTESTATION — TRANSFERRED TO — DATE — AUTHORITY

ASSIGNED PAY $ 15 00 — DATE EFFECTIVE 1-2-19

PAYABLE TO Mrs A M Anderson — RELATIONSHIP Mother — ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS Fernie B.C. Alta.

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE — EFFECTIVE

DISCHARGED — PLACE CALGARY, ALTA. FEB 2 0 1919 — DATE — REASON — AUTHORITY — IF ENTITLED TO POST DISCHARGE PAY

MONTH	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $	AMOUNT C.	OTHER CREDITS $	OTHER CREDITS C.	$	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.	$	C.	TOTAL DEBITS $	TOTAL DEBITS C.	BALANCE DEBIT $	BALANCE DEBIT C.	BALANCE CREDIT $	BALANCE CREDIT C.	PARTICULARS OR REMARKS
BALANCE FROM PREVIOUS ACCOUNT							33	34																												C. 33 34 Eng. Lpl.
31/12/18											6548	23/12/18	Brar	10/1/19	Thurso	16/1/19	9	73	4	87	5	00														
									33	34	Pkg	16/1/19					30	00													49	60	16	26		
1/1/19																																					
											3071	7/1/19					20	00									15	00	16	26							Dr. 15 00 G.P. Paid by Ottawa Jan 1 GRSA 21 00 Jan 31 days 5024 Subsistence 15 days 12 00 23/11/19 - 6/2/19.
21/2/19	52	1 20	62	40	12	00			130	40	372	20/1/18	373	20/1/18							58	14	21	00							130	40					Clothing Allce 35 00
					35 21	00 00																									114	14					DISCHARGED 21/2/19
			62	40	68	-	33	34	163	74							59	73	4	87	63	14	21	-			15	-			163	74					To Demobilization
																																					WAR SERVICE GRATUITY
																																					Certified covering entries on this Ledger have been audited by W. S. G. Date 7/5/19
																	W.S.G.																				
					350		150	00	500	00							70	00													70		180				9 134722 11 12
																	140	-					90	-							230	-	140	-	60	-	9 608792 12-5-19
																	70	-					30	-							100		70	-	30	-	9 871634 635 12-6-19
																	70	-					30	-							100		0		0		9 871788-789 21-6-19
					350	00	150	00	500	00							350	00					150	00							500						

Certified covering entries on this Ledger have been audited by W. S. G. Date 7/5/19

All Payments Due on this Account have been satisfied

Paymaster War Service Gratuity and Pay

173

30M-11-18.—L.L. 50877-M. & D. 9553.

List of Discharge Documents.

Reg. Conduct Sheet,	Militia form B. 263		
Squadron / Battery / Company } Conduct Sheet,	" B. 263a		
or			
Field Conduct Sheet	" W. 178		
Copies of Convictions, by C. P.	in MS.		
Med. Hist. Sheet,	Militia form B. 313		
Casualty Form	" W. 54		
Medical Report for Invalid§	" B. 227		
Dental History Sheet	" B. 465		
Last Pay Certificate	" W. 44		
Duplicate Discharge Certificate	" W. 39A		
‡Form of Will	" W. 82		

§Only if discharged "Medically unfit."

‡Only if man has not been overseas.

Attestation Paper or Particulars of Recruit	Militia Form W. 23 " W. 133
Proceedings on Discharge	" B. 218

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

(a) Proceedings on Discharge.

(b) Attestation.

(c) Medical History Sheet.

Documents not accompanying this form should be crossed out.

I hereby certify that the following documents are unobtainable.

Officer Commanding.

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

This space to be for numbers.

Proceedings on Discharge.

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

No. 883227

Rank Private

Surname ANDERSON

Christian name Peter

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

Corps (Squadron, Battery or Company) 187th. O. Bttn.

Date of discharge February 21st. 1919

Place of discharge Calgary, Alta.

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age 36 years 5 months.
Height 5 feet 7 inches.
Complexion Dark
Eyes Brown
Hair Brown
Trade Cook
Intended place of residence (To be given as fully as practicable.) P.O. Ferintosh, Alberta.

Descriptive marks

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

Authority for discharge R.O. 1420 12-12-18.
13DD- Part 11. DO 52 21-2-19.

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.

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

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

MEDICAL DOCUMENTS FORWARDED TO ~~S.C.R.~~ G.R.B. P. C. —ON— 28-2-19

M. F. B. 218.

200M.—5-18.
H. Q. 1772-39-113.

McB.

(OVER)

31

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

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

6. Medals and Decorations.....

To be copied by the Commanding Officer on to the parchment Discharge Certificate.

7. His account is correctly balanced, and signed by the Officer Commanding his Company, *(Squadron or Battery*, and I have impartially enquired into all matters brought before me in accordance with Regulations.

(Place).....

(Date).....

.....
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, and that I have received my permanent discharge certificate.

(Place) Calgary Pauderson ..... *(Signature of Soldier.)*

(Date) 17.2.19 Jas Beare 6th *(Signature of Witness.)*

When a soldier is absent through illness or any other cause and it is not desirable to forward these proceedings to him for signature, a manuscript copy should be sent for the man to sign, and when returned, should be attached here.

9. **Additional Certificate in the case of a Soldier who takes his discharge on his own request.**

I hereby declare that I do of my own free will request to be discharged from His Majesty's Service.

.....*(Signature of Soldier.)*

10. **Statement of Service.**

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

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

11. **Confirmation of Discharge.**

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

(Place) Calgary, Alberta

(Signature) H.E. White Capt.

(Date) February 21 1919

Officer i/c Discharge Section District Depot M. D. 13

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.)

Pauderson

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

20. It is certified that the invalid

(*a*) Does require treatment. (Give the nature of the condition and of the treatment required and its probable duration.)

No.

(*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.)

Class "E"

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.

J. A. Birch, Capt. C.A.M.C. — *President.*
J. D. Stewart, Capt. C.A.M.C. — Members

PLACE Calgary, Alberta.
DATE February 11th, 1919.

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.....
DATE.....
Members

APPROVED BY J. A. Birch, Captain — *Assistant Director of Medical Services.*
DATE 12. 2. 19

APPROVED BY-
Director-General of Medical Services.
DATE.....

ORIGINAL B. P. C.

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 Calgary, Alta. DATE Feb. 10. 1919

1. 1 (*a*) Unit 187th. Bn (*b*) Regimental No. 883227 (*c*) Rank A/Cpl.

(*d*) Surname Anderson. (*e*) Christian name Peter

(*f*) Home address Ferintosh, Alta

(*g*) Next of Kin Mrs. Ann M. Anderson (*h*) Relationship Mother

(*i*) Address of Next of Kin Ferintosh, Alta

2. Age last birthday 36 Date of birth 4 -9 -1882

3. Enlistment, or Appointment (if an Officer) (*a*) Place Red Deer (*b*) Date 29 -5 -16

4. Personal description:

(*a*) Height 5 7½ (*b*) Weight 158 (stripped) (*c*) Complexion Dark

(*d*) Colour of hair Black (*e*) Colour of eyes Brown (*f*) Identification marks, Scars, etc. Crescent scar, 2 ins. in length six ins. above L. Wrist on flexan surface.

5. Former trade or occupation Carpenter

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	257

	Periods	
	From	To
Canada 187th. Bn	29 -5 -1916	15 -12 -16
England	28 -12 -16	11 -1 -19
France or other theatres of War	Local Casualty	

7. Original disease, or injury Hypermetropic astigmatism.

(*a*) Date of origin Childhood. (*b*) Place of origin Canada

(*c*) Cause Unknown.

M. F. B. 227.
300m.—8-18.
1772-39-117.

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.)

Partial loss of function of both eyes.

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.)

Objective. See specialists report

Subjective. Does not have to wear glasses when working but but cannot do any reading without glasses.

(*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..

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

Condition dates back to childhood. Says that it has become worse since enlistment. Was at kitchen work in army and says the heat affected his eyes so that he had to be given other work.

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*).)

Small pox 16 years ago. Sick 31 days. Faint pox marks marks on face.

(*c*) (Here give a description of wounds, scars and deformities.) Scar on left wrist flexor surface due to bite of dog. bout 18 years ago.

11.—(*a*) Did the disabling condition have its origin before enlistment? Yes.

(*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.)

Says his eyes are worse than on enlistment. Had to wear glasses to read before enlistment. See specialists report.

12. Was the disability caused, or aggravated; (*a*) by intemperance, or improper conduct; or (*b*) by unreasonable refusal to accept treatment? a. No. 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? Permanent. I see specialists report

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

None.

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit?
(If the answer is "yes" state nature of treatment required and probable duration)

No.

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

17. Recommendations. That he be discharged.

A. W. Vabens Lieut.
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 P. 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

P Anderson Rank. Gpr
Signature of invalid examined.

PART III.

Statement of the Soldier

(This is to be completed only in the case of the Soldier taking his Discharge in England.)
(Sections 1, 2, 5, and 6 are to be read to the Soldier.)

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

N/A

P Anderson
Signature of Soldier examined.

Instructions to Medical Officers

Question 1.—State the disability in terms of a diagnosis, that is, a diagnosis of the existing condition as distinguished from the disease or injury which caused it. It should be noted that in medical cases the disability may be the actual disease; for example, Tubercle of Lung, Chronic Bronchitis, Myalgia, Gastric conditions and so forth. (Follow the nomenclature as laid down in the "List of Diseases" of 1915, and amended by A.C.I. No. 1587 of 1917.)

Question 2.—The cause of the disability when known should be stated and care should be taken to establish as correctly as possible the place and date of origin. This is important in view of the relationship of Questions 3 and 4 to Question 5.

Questions 3 and 4.—*NOTE*—By Active Service is meant Service with the Colours in Canada, the United Kingdom or elsewhere during the present war, (since the 4th August, 1914.)

Question 5.—MEDICAL HISTORY.—State concisely the essential points of the history of the case as supported by documentary evidence. If further evidence is considered necessary to complete the Medical History, the same not being supported by documents, this should be obtained by questioning the soldier, but should be distinctly shown as "Patient's Statement." It is considered advisable that these latter statements be grouped apart from the evidence supported by documents available to the Medical Officer.

Extracts should be made from all entries on the Medical History Sheet.

If answers to Nos. 2, 3 or 4 show that the Soldier is suffering from some condition which pre-existed enlistment, it is advisable that these answers be substantiated as far as possible by statements obtained from the Soldier showing history of previous illness or injury.

Question 6.—PRESENT CONDITION.—As this question is primarily intended for the Medical Officer's report, in answering show clearly the condition of the Soldier at the time of examination.

It is directed that the objective and subjective matter be arranged in separate groups. The objective matter is considered to be the more important, in that it consists of a statement of the Medical Officer's actual finding.

Specialists' reports bearing on the PRESENT CONDITION should be attached.

In addition to description of the disability, a report on "all systems" is required in order that the whole when completed may be a true pen portrait of the Soldier's condition.

The Medical Officer in charge of the case will fill out pages 1 and 2 of this Form. The original must be wholly in the handwriting of the Medical Officer. The copies may be typewritten but must be signed by the Medical Officer who must be responsible that these are true copies of the original.

Finally the O. C. Hospital or S. M. O. or an Officer delegated for such duty by the A. D. M. S., is required to sign a certificate at the bottom of page 2, which reads as follows :—

"I have satisfied myself of the general accuracy of this report and concur therewith, except.....none....."

This is a most important part of the paper and one to which the attention of the Officers concerned should be frequently drawn as it is by such strict supervision that the accuracy and good results of Medical Board work can be assured.

ENTRIES OF RECATEGORIZATION

Date	Station	Category	Signature of M. O.	Date	Station	Category	Signature of M. O.

PART I.

A.F.B. 179 Canada (Revised 1918). 40266 10/8/18 D. 343

Reserved for M.H.C.

Regt. No. 53227 Rank pte Surname ANDERSON Christian Name PETER

Unit or Corps—(a)-Overseas from United Kingdom No (b) in United Kingdom 21st Res

Born at—Town Prince Albert County or Province Sask Country Canada

Date of Birth—Day 4th Month Sept Year 1882 Age 36 yrs 2 months

Joined at Red Deer Alta Date May 29 1916

Former trade or occupation Contractor

Permanent Marks or any peculiarity that will serve for future identification :—

Crescent Scar 2 inches in length six inches above left wrist on palmar aspect

Height—feet 5 inches 7½ Colour of eyes Brown

Signature of Soldier (*for identification purposes*) P Anderson

Medical Report

Read carefully the instructions on last page of this form.

1. DISABILITY.

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

Disabilities Group (*a*) DEFECTIVE VISION

Disabilities Group (*b*) NIL

Disabilities Group (*c*) NIL

2. CAUSE OF DISABILITY

		Place of origin.	Date of origin.
(*i.*) As to Group (*a*) above.	UNKNOWN	CANADA	CHILDHOOD
(*ii.*) As to Group (*b*) above.	NIL	na	na
(*iii.*) As to Group (*c*) above.	NIL	na	na

3. Is the disability due to disease contracted or injuries received prior to Active Service ?

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

(*ii.*) As to Group (*b*) above ? na If yes, has Active Service aggravated it ? na

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

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

(*i.*) As to Group (*a*) above ? No

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

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

PART I. (continued).

5. MEDICAL HISTORY.

Has been in Hospital twice each time for Eyes. Has no other complaint that mentioned in "Particulars of Injuries" Has consulted Eye Specialist for refraction of eyes from Cerebral Hood and it is not mentioned in Specialist report. No entries in Pay Book except for defective vision

6. PRESENT CONDITION.

General Condition Good. Has no other complaint: Eyes took quite normal Eye Specialist report—

Without Spectacles R.E. 6/60 } "Should be
L.E. 6/30 } permanently unfit for military service"

With Spectacles R.E. 6/21 } "Otherwise fit"
L.E. 6/21 }

Cardio vascular, Digestive & Respiratory Systems negative.

7. OPERATION. (i.) Was one performed? No (ii.) If so, state what. N/A

(iii.) Was one advised and declined? N/A

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

8. (i.) Is there loss or decay of teeth attributable to Active Service? Unknown

(ii.) If so, describe. N/A

9. DO YOU RECOMMEND:—

(a) Fit for duty? (state category) Yes B II

(b) Invalid to Canada? N/A

(c) Discharge from the Service as permanently unfit? N/A

Date of Report 16th November 1918

Signed C. H. Maynes Capt
Officer in medical charge of case.

Station Bramshott Camp

I have satisfied myself of the general accuracy of the above Report,

and concur therein *except

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

Dated at Bramshott Station, on 16th November 1918

*Delete if inapplicable.

PART III.

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

10. Is the disability fully described in Part I. (1)? If not, describe it. Yes

11. Is the cause of the disability fully described in Part I. (2)? If not, describe it. Yes

12. From the medical information now adduced, was the disability caused or aggravated by:—

(a) Negligence of the Soldier { Caused? No / Aggravated? No

(b) Misconduct of the Soldier { Caused? No / Aggravated? No

13. THE ENTIRE DISABILITY.—Without regard to his regular occupation, to what extent is his capacity lessened at present for earning a full livelihood in the general market for untrained labour?
(Estimate at none, 5%, 10%, 15%, 20%, etc.) None.

14. THE DISABILITY DUE TO SERVICE.—*(See Part I. (3)). Aggravation on Active Service of a disability existing previous to joining is to be included in this estimate.)*
What part of the entire disability estimated next above (13) is due to causes arising during Active Service?
(Estimate at none, 1/10, 2/10, 3/10, etc., or all.) None

15. Permanency of the Disability due to Service estimated next above in (14). N/A
(i.) Is it permanent?
(ii.) If not permanent, what is its probable minimum duration (*in months*)? N/A

16. If an operation was advised and declined, do you consider the refusal to have been unreasonable? N/A

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

18. REMARKS:— Boy's Regimental No. 9083

19. RECOMMENDATION:—

(a) Fit for duty? (state category) Yes B II

(b) Invalid to Canada? No

(c) Discharge from Service as permanently unfit? No

Date of Board 16.11.18.

Signatures of the Board: President. / Lt Colonel / W H Wilson Capt Canada

Station Bramshott

Approved J. N. Bridges Colonel, A.D.M.S. Canadian Troops, Bramshott Camp A.D.M.S.

Dated at Bramshott Station 16th November 1918