

DUPLICATE

M. D. Depot Battalion 1st Depot Battn., W. O. R. Regiment

Regtl. No. 3133894

FWD 1/10/18 maw

PARTICULARS OF RECRUIT
DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class One)

1. Surname ANDERSON
2. Christian name Philemon Ezra
3. Present address RD# 2, Forest, Ont.
4. Military Service Act letter and number 714034 AC
5. Date of birth May 9th, 1897.
6. Place of birth Forest, Lambton Cty. Ont.
7. Married, widower or single Single
8. Religion Presbyterian
9. Trade or calling Farmer
10. Name of next-of-kin William Anderson
11. Relationship of next-of-kin Father
12. Address of next-of-kin RD#2 Forest, Ont.
13. Whether at present a member of the Active Militia Nil
14. Particulars of previous military or naval service, if any Nil
15. Medical Examination under Military Service Act:—
(a) Place London, Ont. (b) Date May 13th 1918 (c) Category A 11

DECLARATION OF RECRUIT

I, Philemon Ezra Anderson, do solemnly declare that the above particulars refer to me, and are true.

May 13th 1918

Philemon Ezra Anderson (Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age 21 yrs. 0 mths.
Height 5 ft. 4 ins.
Chest measurement fully expanded 36 1/2 ins.
range of expansion 33 ins.
Complexion Fair
Eyes Blue
Hair Lt. Brown

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

RIGHT EYE D 20 LEFT EYE D 20
20 20
HEARING R Normal L Normal

John L. Young Lt. Colonel
1st Depot Battalion, W. O. R.
O. C. Depot Bth.

Place LONDON, ONT. Date MAY 13 1918

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 3133894 (Rank) Private.

Name (in full) Philemon Ezra Anderson enlisted in
the

CANADIAN EXPEDITIONARY FORCE at LONDON, ONT. on the thirteenth
day of May 1918

HE served in Canada.

and is now discharged from the service by reason of Demobilization C.E.F., R.O. #1357

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

Age 21 years 8 months

Height 5 feet 4 ins.

Complexion Fair.

Eyes Blue.

Hair L. Brown.

Marks or Scars

Nil.

Philemon Ezra Anderson
Signature of Soldier

[Signature]
Issuing Officer
Major
For O.C. 1st Depot Battalion W. O. R.
Rank

Date of Discharge 17-1-19.

Appointment

Signed at LONDON, ONT. this seventeenth day of January 1919

in Military District No. One.

File Reference No. _____

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.

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

Original

CANADIAN CONTINGENT EXPEDITIONARY FORCE

M. D. 1

Jan 1/19
2/22

LAST PAY CERTIFICATE

No 12

This form to be used for all Ranks (Vide Articles 122, 130 and 141, Financial Instructions, 25715c, C.E.F., 1916).

Regimental No. 3133894 Rank Pte Name ANDERSON, Philemon E
Corps 1ST DEPOT BATTALION who was Discharged
On 17/1/19 191 to
Insert "discharged" or "transferred"

The following is a statement of the account of the above named from 16/1/19 191 to 17/1/19 191 the inclusive date of transfer or discharge.

Dr.	\$		\$	
Bal. dr. from prev. mo.			Bal. Cr. from prev. mo.	
Advances) No.			Regt. Pay. 2. dys. @ \$.1.¢.	2'
by)				
Cheques) No.			Fld. Allow. 2dys. @ \$...¢.10.	20
A.P. and S.A. No.			S.A. x (Monthly)	
Other charges			Other Allices. x.	
Pym't. on trans. or disc. No. 14642	2	20	Other Credits. X.	
Bal. Cr. (to be pd. by new unit)			Bal. Dr. (to be deducted by new unit)	
	2	20		2 20
Total.			Total.	
Kit Clear Not Outfitted			x Give particulars.	

A monthly stoppage of \$. Nil (#) has... (##) been pd. on acct. of A.P. (for mo. of 191...) (and S.A. for mo. of 191...) (to) Assignee (Address)

(#) Insert amount to be assgnd, whether it has been paid or not
(##) Insert "not" if amt. has not been pd. for period of account.

On transfer of an Officer Outfit Allice. of \$....., has been pd. by Paymaster, Military District No.

REMARKS:-
State (1) date of enlistment 13/5/18
(2) if married and if a S.A. Card has been submitted. NO. NO.
(3) cause of discharge. Dem. C. E. authority DO. 17. W. O. R.
(4) authority for transfer

NOTE:-
S.A. and A.P. Card and Index Card (M.F.W. 71) are to accompany the original Last Pay Certificate on transfer.

I have carefully examined this statement of account and find it to be a correct extract from the Paylist of the Unit.

Date Jan 17/19

Place London Ont

J. B. ... Captain
Paymaster 1st Depot, M. D. 1

CAROLINA UNIVERSITY

Faculty of Education

Department of Educational Psychology

EDUCATIONAL PSYCHOLOGY

EDUCATIONAL PSYCHOLOGY

EDUCATIONAL PSYCHOLOGY

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

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

about

No. 3133894 Rank Pte Surname Anderson
(Given name in full)
Chilmon Ezra
 Unit or Corps WOB Birthplace Fouke

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

1. GENERAL DESCRIPTION:

Physique good Weight 131 lbs. Height 5 ft. 4 in. Colour of Eyes Blue
 Nutrition good
 Pulse 80
 Condition of arteries good
 Vision Rt. $\frac{20}{20}$ Left. $\frac{20}{20}$
 Hearing (conversational voice) Rt. 20 ft.
 Left. 20 ft.

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

Nil

Opinion as to general health and physical condition good

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

Nervous System no Genito Urinary System no Cardio-Vascular System no
 Special Senses no Integumentary System no Respiratory System no
 Disturbance of mentality no Muscular System no Digestive System no
 Osseous and Joint System no Any other general condition no

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

Slight flat feet. No no because any trouble in ordinary walking. No disability due to service

EXAMINATIONS.

THIS SECTION FOR USE OVERSEAS—

Examined at.....(Overseas)

Date SignedM.O.

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

Signature

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

THIS SECTION FOR USE IN CANADA—

Examined at.....(Canada)

Date SignedM.O.

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

Signature

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

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

[OVER]

DENTAL HISTORY SHEET

Original

CANADIAN ARMY DENTAL CORPS DISTRICT

NAME OF SOLDIER

Anderson

REGIMENT

W. A. R.

RANK

Cte

No. *3133894*



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.

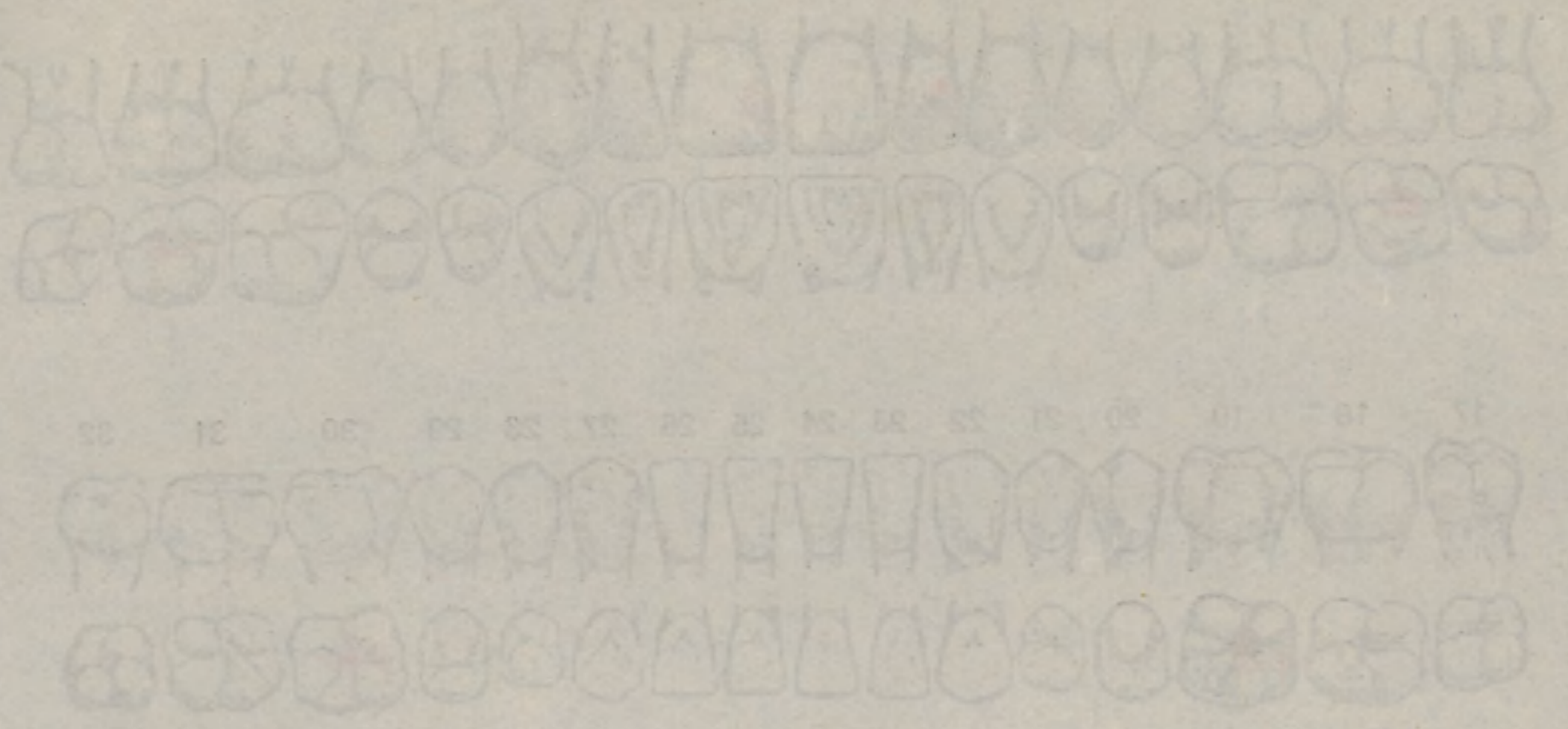
Only such entries to be made on this sheet as will show :

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	Pyrrhoea	Synthetic Porcelain	Extracting	Dentures			Gold Clasp	Gold Filling	Crowns		Bridge Work	OPERATOR	Military Dist.	REMARKS
											U	L	P			Gold	Porcelain				
1918 May 13	4 2								2 7										F. M. Deans 1		Car - 10
Jan 13	15 19 30								10										Mit Hayes		complete 13/6/18
Jan 14																			A. M. Deans 1		Complete on discharge

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 notes 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.



REMARKS

Medical Data

OPERATIONS

Right Jaw

Left Jaw

Other Notes

Left Jaw

1

2

3

4

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21

22

23

24

MADE IN CANADA

ORIGINAL

DEPARTAMENT DE SAIGRE I HIGIENA DENTARIA



MILITARY SERVICE ACT, 1917.

MEDICAL HISTORY SHEET.

IMPORTANT.—If the man's name does not appear upon the schedule of men reporting for service, or if he has not made an application for exemption or a report for service, or, although having made one, he does not know the number, he will be instructed that the copy of this medical history sheet (which will be handed to him) must be attached by him to a report for service or claim for exemption which he may make on application to any Postmaster in Canada, or be sent by him after he has noted upon it the number on the receipt he obtained from the Postmaster to a Registrar or Deputy Registrar under the Military Service Act. In any event the duplicate medical history sheet will be sent by the Medical Board to the District Officer Commanding unless instructions have been given by the latter to forward it direct to a Registrar or Deputy Registrar

- 1. Surname ANDERSON Christian name Phileas Ezra
- 2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule 714034 A
- 3. Consecutive number on schedule of men reporting for service (if he appears on it) _____
- 4. Address (including street and number, if any) RD#2, Forest, Ont.

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 13th day of May 1918 by the undersigned medical board sitting at London, Ont.

- 5. Age as stated 21 Years 0 Months.
- 6. Apparent age 21 Years 0 Months
- 7. Height 5 Feet 4 Inches.
- 8. Weight 131 Pounds.
- 9. Chest measurement { Minimum 33 Ins. Maximum 36 1/2 Ins.
- 10. Complexion Fair { Eyes Blue Hair Lt. Brown
- 11. Physical development Good { Good Fair Poor
- 12. Smallpox marks Nil
- 13. Number of vaccination marks { Right arm Nil Left arm Nil
- 14. When vaccinated last Nil
- 15. Distinctive marks and marks indicating congenital peculiarities or previous disease _____

16. Slight defects but not sufficient to cause rejection 950.
 The man denies having had { Rheumatism Tuberculosis Syphilis } We find no evidence of past { Rheumatism Tuberculosis Syphilis }
 (Strike out disease admitted or suspected.)

We have examined the above named man in accordance with the C. E. F. Regulations for medical examinations, and he is placed in Category

A4

RIGHT EYE D 20 / 20 LEFT EYE D 20 / 20
 HEARING R 217 L 217

W. E. Cartwright Captain President.
S. M. Stewart Lieutenant Member. _____ Member.

Date	Result	VACCINATIONS	Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>5/6/18</u>		M.O.	<u>5/6/18</u>		M.O.
		M.O.			M.O.
		M.O.			M.O.

MAY 13 1918

LONDON, ONT.

Joined _____ day of _____ 1918 at _____

DATE	CORPS	REG'TL NUMBER	HABITS
Joined on enlistment	<u>1st Depot Battn., W. O. R.</u>	<u>3133894</u>	
Transferred to.....			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION	DATE	DISEASE	RESULT
<u>London Ont</u>	<u>16-1-19</u>	<u>W. E. Cartwright Capt</u>	<u>Cat A4</u>
<u>London, Ont.</u>	<u>13/5/18</u>		<u>Pres. Cat.</u>

N. B.—This sheet is 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.

Signature of Man P. Anderson

F

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

M. F. W. 54. (A. F. B. 103.

500M.—9-16

H. Q. 1772-39-9:0.

Casualty Form—Active Service.

Unit, Regiment or Corps. 1st Depot Battn., W. O. R.
 Regimental No. 3133894 Rank Pte Name ANDERSON, Philemon Ezra
 C. E. F. MSA Terms of Service (a) u Service reckons from (a) 13/5/18
 Date of promotion to } Date of appointment } Numerical position on }
 present rank } to lance rank } roll of N. C. Os. }
 Extended. Re-engaged. Qualification (b) Farmer

Report		Rec rd 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				
		London, Ont. Discharged. Demobilization	C.E.F., R.O. #1357	w/e I7-1-19.	
		Last entry made.			

Philemon Ezra Anderson
 Major
 For O.C. 1st Depot Battalion W. O. R.



(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.]

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

*not
no. 1357*

SHORT FORM.
PROCEEDINGS ON DISCHARGE.
(Demobilization.)

Military District No. 1
102-a-25
FEB 11 1919
I.H.D.....

1. No. 3133894	
2 Rank Private.	
3. Name. Philemon Ezra Anderson.	
4. Unit. 1st Depot Battalion W. O. A.	
5 Date of Discharge 17-1-19.	Place LONDON, ONT.
6 Reason for Discharge Demobilization C.E.F., R.O. #1357 w/e 17-1-19 Daily Orders #17 d 17-1-19.	
7. Authority.	
8. Proposed Residence after Discharge RR2 Mt Forest Ont	
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. ? 39 Philemon Ezra Anderson Signature of Soldier.	
10. CONFIRMATION. The discharge of the above named man is hereby confirmed. Place LONDON, ONT. Date 17-1-19. Signature <i>Rodman</i> Major For O.C. 1st (O.C. Discharging Unit.)	

HI

E.R. J
AKB