REGIMENTAL DOCUMENTS

NAME ANDERSON. Raymond. Edward. REGT. No. 341940 UNIT 41st Batty. C.F.A. H. Q. FILE No. 1267

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5	MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
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W. 2589
25M.—1-23
1772-39-1377

Original

ATTESTATION PAPER.

No. ~~Duplicate~~ 341970

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? Raymond Edward
1b. What is your present address? Hotel Gilroy - Niagara Falls. N.Y.
2. In what Town, Township or Parish, and in what Country were you born? Cleveland, Ohio
3. What is the name of your next-of kin? J.H. Anderson
4. What is the address of your next-of-kin? 7100 - Hauge Ave. Cleveland Ohio
4a. What is the relationship of your next-of-kin? Uncle
5. What is the date of your birth? June 5 - 1897
6. What is your Trade or Calling? Tailor.
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. Yes. Organized Militia - U.S.A.
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, Raymond Edward 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.

x Raymond E. Anderson (Signature of Recruit)

Date August 23 1918. J O Baker (Signature of Witness)
Sgt 71st Battery C F A

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Raymond Edward 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.

x Raymond E. Anderson (Signature of Recruit)

Date August 23 1918. J O Baker (Signature of Witness)
Sgt 71st Battery C F A

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 Niagara Falls this 24 day of Aug 1916

W Seymour (Signature of Justice)
A Commissioner J.P.

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

Description of Raymond Edward Anderson on Enlistment.

Apparent Age 19 years 2 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5 ft. 5½ ins.

Chest measurement:
- Girth when fully expanded 31 ins.
- Range of expansion 2 ins.

Complexion Fair

Eyes Blue

Hair Light

Religious denominations:
- Church of England
- Presbyterian
- Methodist
- Baptist or Congregationalist
- Roman Catholic ✓
- Jewish
- Other denominations Lutheran
  (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 Aug 23rd 1916

Place Niagara Falls 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.

Raymond Edward 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.

G. B. Pullen Lieut (Signature of Officer)

Date August 23rd, 1916.

No Card
R 464

MEDICAL HISTORY SHEET

Surname Anderson Christian Name Raymond Edward

Examined { on ..... day of ..... 191 ..... / at .....

Birthplace { City or Town Cleveland / County Ohio

Apparent age 19

Trade or occupation Tailor

Height 5 feet 5½ Inches

Weight 120 lbs.

Chest measurement { Minimum ..... inches / Maximum expansion ..... inches

Physical development .....

Small-pox Marks None

Vaccination Marks { Arm ~~Right~~ Left / Number One

When Vaccinated last At 4 yrs of age

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

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

Approved by .....

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	
			M.O.
			M.O.
			M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.	
			M.O.
			M.O.
			M.O.

Enlisted on 23 *day of* August 1916 *at* Niagara Ontario

	Corps	Regt'l Number	Habits	Date
Joined on enlistment	71st Battery	341970		
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 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.

Surname Anderson Christian Name Raymond Edward

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				

MEDICAL HISTORY SHEET.

Surname Anderson *Christian Name* R

Examined { on ..... day of ..... 191 ..... / at .....

Birthplace { City or Town ..... / County .....

Apparent age 19

Trade or occupation .....

Height 5 Feet 7 Inches.

Weight ..... Lbs.

Chest measurement { Minimum 30 inches. / Maximum expansion 32½ inches.

Physical development Poor

Small-Pox Marks .....

Vaccination Marks { Arm Right. Left. / Number .....

When Vaccinated last .....

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

(*b*) Slight defects but not sufficient to cause rejection .....

Approved by .....

Rank ..... M.O.

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.
5/10/16		H. A. Culham M.O.
		M.O.
		M.O.

Date.	Result.	Anti-Typhoid Inoculations, Etc.
30/9/16	T.A.B.1	H. A. Culham M.O.
5/10/16	T.A.B.2	H. A. Culham M.O.
		M.O.

Enlisted on ..... *day of* ..... *191* ..... *at* .....

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	91st Batty A Brig.	341970		
Transferred to				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.
Petawawa	Oct. 6/16	Flat feet 950	discharged medically unfit

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.

400M.—1-16.
H. Q. 1772-39-439.

341970

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				

CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

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

Regimental No. 341970 Rank Gunner Name Anderson Raymond H.

Corps 71st. Battery C.F.A. who was* discharged as medically unfit

On October 17th.1916. 191..., to

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from Oct. 1. 1916. 191..., to Oct. 21st.1916. 191..., the inclusive date of transfer or discharge.

Dr.	$	c	Cr.	$	c
Bal. Dr. from prev. month			Bal. Cr. from prev. month	26	10
Advances by Cheques No. 402	26	00	Regt'l Pay 21 days at $ 1 c 00	21	00
Advances by Cheques No. Laundry		63	Field Allow. 21 days at $ 10 c	2	10
Assigned Pay No. Regt. Chgs.		75	Other Allowances*		
Other Charges* Clothing holdback	10	00	Other Credits*		
Payment on transfer or discharge No.	11	82			
Balance Cr. (to be paid by the new unit)			Bal. Dr. (to be deducted by new unit)		
Total	49	20	Total	49	20

*Give Particulars.

A monthly stoppage of $ 11 (†) has ..... (‡) been paid on account of Assigned Pay for the month of ..... 191... to (Assignee) .....

(Address) .....

(†) 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 August 25rd.1916.

(2) if married and if a Separation Allowance Card has been submitted No.

(3) cause of discharge and authority Pwa. 26-A. dated Oct. 8th.1916.

If discharged from the Contingent, state if Stop Payment advice for Assigned Pay has been forwarded, and date .....

I have carefully examined this statement of account and find it to be a correct extract from the Pay-list of the unit.

Date Oct. 17th.1916.

Place Petawawa Camp, Ont.

W. B. Burgoyne Capt
Paymaster

N.B.—For purposes of transfer this form is to be made out in quadruplicate. One copy to Paymaster of new unit; one to District Paymaster; one to accompany the pay-list at the end of the month, and; one for retention as a record.

For purposes of discharge it is to be made out in triplicate. One copy to accompany discharge papers; one copy to accompany pay-list at the end of the month, and; one for retention as a record.

M. F. W. 44.

200M.—6-16.
H. Q. 1772-39-903

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 71st OVERSEAS BATTERY

Regimental No. 341970 Rank Gnr. Name Anderson, Raymond Edward
C. E. F.

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				

MCS

1. Attestation paper removed and sent to Sergeant MacKintosh.

Date..22.....8.....17.....

No. 341970 Rank Gnr. Name Anderson. Raymond. Edw

T. O. S. 24-8-16
D.O.92 7 24-8-16

Unit 71st Battery. C.F.A.

M. D. 2

PAID FROM 1916	PAID TO 1916	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
Aug. 24	Aug. 31	—		
Sept				
Oct. 1	Oct. 21	n.	In quarantine	Sept. Paylist.
		—	Discharged. "Med. Unfit" 21-10-16	D.O. not stated. Oct. Paylist
			a/c closed by payment. S.	

(At Station or Hospital where finally disposed of.)

Station and Hospital } ..... Arrived from } .....

Date .....

If admitted.	If under treatment.		Disease.	How fully disposed of.	Date of Discharge, &c.
Index No.	From	From			
Date					

Summary of Causes of invaliding, or remarks as to remand to Regiment, Station or Depôt.

.....

Date of final Medical Board or decision. } .....

Administrative Medical Officer.

Militia Form B. 227.

150 m—5-16.
H. Q. 1772—39—117.

DETAILED MEDICAL HISTORY OF INVALID.

Station

Corps

Regimental No. Rank

Name

Disability

Date

Hospital or Station transferred to for final disposal. }

Date of final disposal }

How finally disposed of }

The original Report is invariably to accompany the discharge documents of invalids.

MEDICAL HISTORY OF AN INVALID.

1. Station. Petawawa Camp.
2. Regiment or Corps. "A"Detail, "C"Brigade
3. Regimental No. and Rank. Gr. 341970
4. Name. Anderson, R.
5. Age last Birthday. 19
6. Enlisted on Aug. 24/16. at Niagara Falls.
7. Former Trade or Occupation. Mill worker Date. Oct. 6/16.
8. General remarks on his :—
   (a) Conduct. Good.
   (b) Habits. Good.
   (c) Temperance. Temperate.

   (For this purpose the Company defaulter sheets will be obtained from the man's Commanding Officer.)

DEPT. MILITIA & DEFENCE
OCT 26 1916
H.Q. 649-a-2339
CANADA

9. Service. Years. Days. 43

	PERIODS.	
	From.	To.
"A"Detail "C"Brigade, C.E.F.	Aug. 24/16.	Oct. 6a/16.

10. (a) Disease or disability. Flat foot 950
    (b) Date of origin. Childhood.
    (c) Place of origin. Niagara FAlls.
    (d) Cause. Improper shoes.

11. Present Condition. (Most Important). (To include full description of present disabling condition or conditions.) Feet approximate the ground along the entire inner border. Patient complains of pain on standing or rising on toes.

12. (a) Is the disability the result of service or climate? No.
    (b) Has it been aggravated by intemperance, vice or misconduct? No.

M. F. B. 227.

150 M—5-16.
1772-39-117.

1½

Carded 23-10-16

13. (a) For purpose of Identification. (Here a full description of wounds, scars, deformities, etc., is to be given.)

Scar on left foot, blue eyes, light brown hair 5' 7" height.

(b) In case of wounds, or other injuries, state whether sustained on or off duty. If not received in action, was a Court of Inquiry held?

Not applicable.

(c) In the event of the disability being attributed to exposure on duty, state clearly the nature of such exposure, and whether it was exceptional or otherwise.

Not applicable.

14. Treatment None.

15. If the disabling condition had its origin before enlistment, has it been aggravated by service, and to what extent?

No.

16. What is the probable durati n of the disability or of each disabling condition, if more than one contributes?

Permanent.

17. To what extent will it prevent his earning a full livelihood in the general labour market? Please state in fractions.

One twelfth.

18. State if for discharge on account of unfitness for Service.

Yes.

W Bargent
Capt AMC

Medical Officer by whom the case is brought forward.

OPINION OF THE MEDICAL BOARD.

Does the Board concur with the preceding report? If not, give differing opinion.

10. Yes.

11. Yes.

12. Yes.

15. Yes.

16. Yes.

17. Yes.

18 Is he unfit for Military Service.

Yes.

Recommendations:

The Board recommends that this man be discharged from the service.

Signatures:—

H. A. Culham President.
Capt. AMC.

W Bargent Capt AMC
M J Moher Capt AMC
Members.

Station. Petawawa Camp.

Date. Oct. 6/16.

Date. Oct 7/16

R S Gardner Lt Col
Asst. Director of Medical Services.

Approved.

Date. 1 11/16

Oscar H Cannon Capt
for Director-General of Medical Services.

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.

DEPT. MILITIA & DEFENCE
OCT 21 1916
H.Q. CANADA

Proceedings on Discharge.

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

No. 341970

Rank Gunner

Name ~~Anderarson~~ Anderson Raymond Edward
NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.

Corps (Squadron, Battery or Company) 71st.Battery C.F.A..

Date of Discharge October 21st1916.

Place of Discharge Petewawa Camp

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age 19 years 4 months.
Height 5 feet 7 inches.
Complexion
Eyes Blue
Hair Red
Trade Tailor
Intended place of residence (To be given as fully as practicable.) Detroit U.S.A..

Descriptive Marks

H

Scar top of left fo ot.

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

medically unfi t Class 1.

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.

Very Good Very 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.)

Tailor.

M. F. B. 218.

50m.—3-16.
H. Q. 1772-39-113.

(OVER)

Carded 23-11-16

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..... Nil.

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) Petewawa Camp ..... H B Burgoyne. Capt.

(Date) October 18th.1916 ..... *Commanding* 71st. Battery C.F.A.

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) PetewawaCamp Raymond E. Anderson (*Signature of Soldier.*)

(Date) October 18th.1916. J. R. Watson (*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 59 days.

11. **Confirmation of Discharge.**

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

(Place) Petewawa Camp

(Date) October 18th.1916.

(*Signature*) H B Burgoyne, Capt
O.C. 71st Battery. C.F.A.

Jno. Odell Lt Col
A. Bde

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.)

clothing allowance to be paid on return of uniform.

Raymond E. Anderson

(OVER)