REGIMENTAL DOCUMENTS

NAME ANDERSON. Robert REGT. No. UNIT 59th Battr H. Q. FILE No.

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2	MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
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/	CARDS					
	PAY-SHEETS					

W. 2589
25M.—1-23
1772-39-1377

L/Cpl. Boylett
59th Bn C.E.F.
duplicate

card written 1/4/16 m.m.

ATTESTATION PAPER.

No.

Folio. D

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

1. What is your surname? ..... Anderson
1a. What are your Christian names? ..... Robert
1b. What is your present address? ..... Peterboro Ont.
2. In what Town, Township or Parish, and in what Country were you born? ..... Otonabee Ont.
3. What is the name of your next-of-kin? ..... Mary Anderson
4. What is the address of your next-of-kin? ..... 340½ Water St. Peterboro Ont
4a. What is the relationship of your next-of-kin? ..... Mother
5. What is the date of your birth? ..... 2nd April 1882
6. What is your Trade or Calling? ..... Laborer
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? ..... 3 yrs. 34th Field Battery
If so, state particulars of former service.
11. Do you understand the nature and terms of your engagement? ..... Yes
12. Are you willing to be attested to serve in the CANADIAN OVER-SEAS EXPEDITIONARY FORCE? ..... Yes

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Robert 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.

Robert Anderson ..... (Signature of Recruit)

Date Nov. 27 1915 ..... R. E. Chestnut (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Robert 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.

Robert Anderson ..... (Signature of Recruit)

Date Nov. 27 1915 ..... R. E. Chestnut (Signature of Witness)

CERTIFICATE OF MAGISTRATE.

The Recruit above-named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.

The above questions were then read to the Recruit in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said Recruit has made and signed the declaration and taken the oath before me, at Kingston this 30 day of Nov. 1915

..... (Signature of Justice)

M. F. W. 23
200 M—9-15
H. Q. 1772-39-841

Description of Robt. Anderson on Enlistment.

Apparent Age 23 years ..... months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height ..... 5 ft. 7 ins.

Chest measurement:
- Girth when fully expanded ..... 34 ins.
- Range of expansion ..... 3 ins.

Complexion ..... Sallow

Eyes ..... Brown

Hair ..... Dk. Brown

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

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

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

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 declares that he is not subject to fits of any description.

I consider him* Unfit ..... for the **Canadian Over-Seas Expeditionary Force.**

Date Nov 25 ..... 191 5 ..... J. A. Stewart .....

Place Kingston, Ont ..... Capt A.M.C. .....

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.

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

..... (Signature of Officer)

Date 191

MEDICAL HISTORY SHEET.

Surname Anderson *Christian Name* Robt

Examined { on 29 day of Nov 1915
at Kingston, Ont

Approved by Unfit. J. A. Stewart
Rank Capt. A.M.C. M.O

Birthplace { City or Town Colonsby Ont
County

Apparent age 23

Trade or occupation Labourer

Height 5 Feet 7 Inches.

Weight 140 Lbs.

Chest measurement { Minimum 33 inches.
Maximum expansion 3 inches.

Physical development Good

Small-Pox Marks None

Vaccination Marks { Arm Right. Left.
Number None

When Vaccinated last Never

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

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

Hemorrhoids

Date	Fit or Unfit	Examined for Re-engagement,
11/29	Unfit	J. A. Stewart M.O
		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 28th *day of* Nov 1915 *at* Peterboro Ont

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	59th Batt			Nov 28th/15
Transferred to..				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.
Kingston Ont	30/11/15	Hemmorhoids	Recommend his discharge at once from the service

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.
100M.—5-15.
H. Q. 1772-39-439

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				

MCS

1. Attestation paper removed and sent to Sergeant MacKintosh.

Date 22-8-17

(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.
20m.—10-15.
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.

THIRD DIVISIONAL AREA
DEC 15 1915
3.D.44-A-24

MEDICAL HISTORY OF AN INVALID.

1.—Station. Kingston Ont.

2.—Regiment of Corps. 59th.Battalion C.E.F.

3.—Regimental No. and Rank. } NO------ Private.

4.—Name. Robert Anderson.

5.—Age last Birthday. 23 yrs. 2-4-15.

6.—Enlisted { on 27-11-15. at Kingston Ont.

7.—Former Trade or Occupation. } Laborer.

8.—General remarks on his :—

(*a*) Conduct.

(*b*) Habits.

(*c*) Temperance.

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

Date 30-11-15.

9.—Service.	Years.	Days.
	PERIODS.	
	From	To
59th.Battalion C.E.F.	27-11-15.	30-11-15.

10.—Disease or Disability. Hemorrhoids - severe.

11.—Date of origin, cause, present condition and whether the same is the result of service or climate. Previous to enlistment - 5 years ago Do not know; Severe case. Not due to service or climate.

Has it been aggravated by intemperance, vice or misconduct? No.

M. F. B. 227.
20m.—10-15.
H. Q. 1772-39-117.

[OVER]

12.—In gunshot wounds, or other injuries, state how caused ; whether received in action or in Field Service, and at what place, and whether on or off duty. If not received in action, was a Court of Inquiry held ?

No.

13.—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.

No.

14.—If aggravated, though not primarily caused by his service as a soldier, explain how it has been so aggravated.

No.

15.—Is the disability permanent ? If not, state its probable duration. To what extent will it prevent his earning a full livelihood ?

Yes - unless operated upon.
Will not interfere with full livelihood.

16.—Full particulars of medical treatment of case up to date of invaliding.

None. - recruit.

17.—If previously proposed for discharge on medical grounds, state the date, the disability, for which recommended for discharge, and the cause of remand of Corps.

No.

18—State if for discharge on account of unfitness for service.

Yes.

J. A. Stewart
Capt. AMC.
Medical Officer by whom the case is brought forward.

OPINION OF THE MEDICAL BOARD.

(In which it should be stated how far the Board concurs in the above Report.)

The Board having assembled pursuant to order, proceed to examine and report on the present physical condition of No--- Pte.Robert Anderson (recruit) 59th Battalion C.E.F., concurr fully with the above report. Find man unfit for service due to Hemmorhoids, ante-dating enlistment. Recommend his discharge at once from the service since same is not due to service or result of service, and is most likely to give trouble.

Signatures :— R. J. Gardiner Major AMC President.

Station Kingston Ont. R. R. Richardson Capt AMC

Members.

Date 30-11-15. W. E. Bell Capt AMC

Date 16/12/15. R. J. Gardiner Major AMC
Assistant Director of Medical Services.

Approved.

Date

Director of Medical Services.

[OVER]

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.
Settlement 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.

Proceedings on Discharge.

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

No. Nil.

Rank Private.

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

Corps (Squadron, Battery or Company) D. company

Date of Discharge December 1st 1915

Place of Discharge Kingston Ont.

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age 23 years months.
Height 5 feet 7 inches.
Complexion Sallow
Eyes Brown
Hair Dark Brown
Trade Laboror
Intended place of residence. (To be given as fully as practicable.) 340½ Water St. Peterboro Ont.

Descriptive Marks. None

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

Medically Unfit.
Hemorrhoids

N.B.—The causes of discharge must be worded as prescribed in the King's Regulations and be identified with that on the character certificate. If discharged by superior authority, the number and date of the letter to be quoted.

To be in the handwriting of the Commanding Officer, who will himself make identical entries on the character certificate and initial them.

3. Conduct and character while in the service have been, according to the records, etc.

Good.

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

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

Laboror

M. F. B. 218.
5m.—2-15.
H.Q. 1772-39-113.

OVER

carded
EB.
21-12-15.

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) Kingston ..... McLaren Capt

(Date) Dec 1/15 ..... *Commanding* D

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) Kingston ..... Robert Anderson ..... (*Signature of Soldier.*)

(Date) Dec 1/15 ..... W. G. Feuthersten ..... (*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) Kingston ..... (*Signature*) T. H. J. Dawson

(Date) Dec 1/15 ..... Lt. Col. O. C. 59th Bn. C. E. F.

Reservations referred to at Para. 8.

(To be signed by the soldier. When there are none, it is to be so stated, and signed by the soldier.)

(OVER)