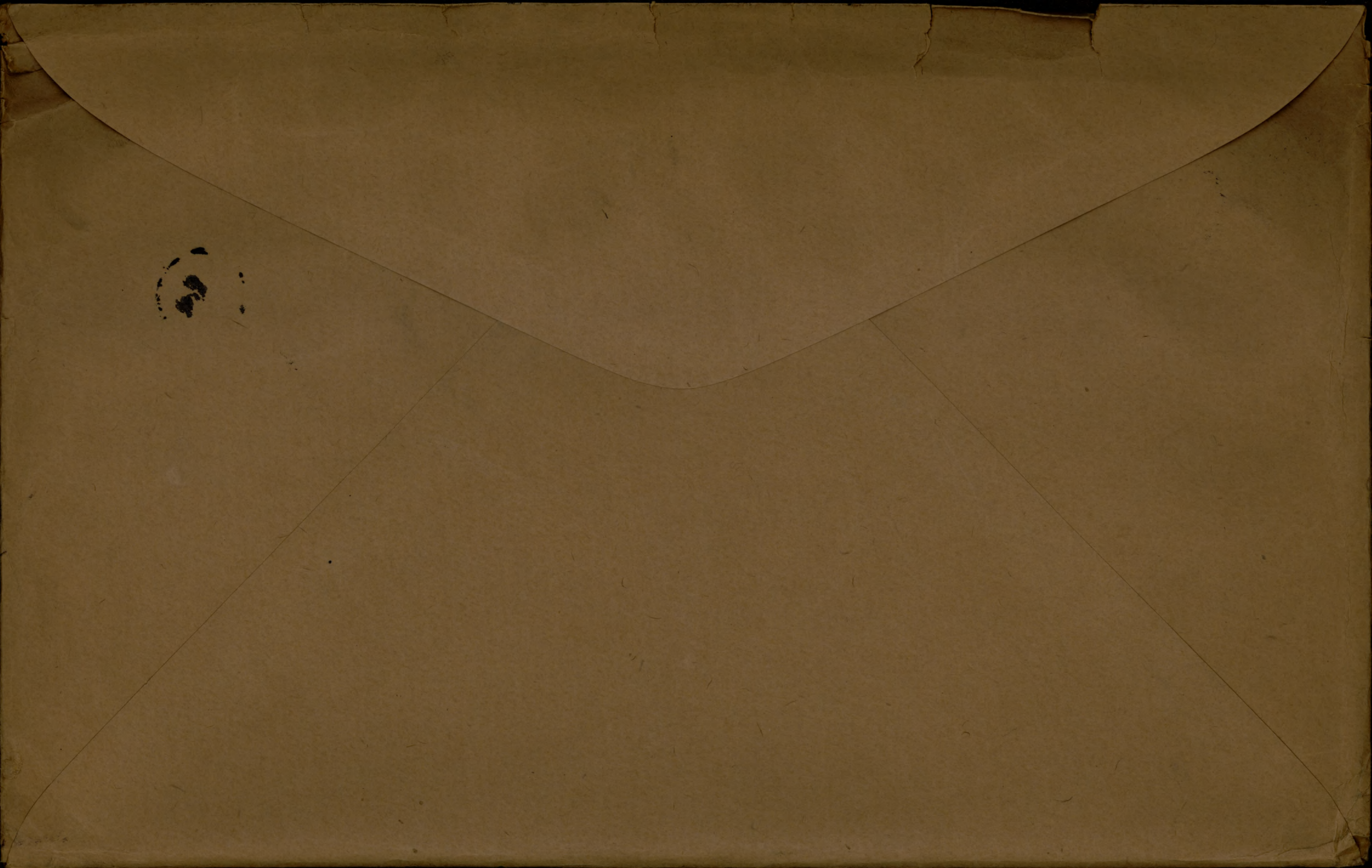


REGIMENTAL DOCUMENTS

NAME ANDERSON ROBERT REGT. NO. 102973 UNIT C7C H. Q. FILE NO. 9310

CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
4 1 S ATTESTATION PAPER (M.F.W. 23, 133, or 51)		<div style="border: 1px solid black; border-radius: 50%; width: 40px; height: 40px; display: flex; align-items: center; justify-content: center; margin: 0 auto;">M</div> <div style="border: 1px solid black; width: 60px; height: 60px; display: flex; align-items: center; justify-content: center; margin: 10px auto;"> <div style="border: 1px solid black; border-radius: 50%; width: 40px; height: 40px; display: flex; align-items: center; justify-content: center;">H</div> </div>			DEATH
CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category
TRAINING HISTORY SHEET (M.F.W. 113)					
1 FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
1 REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)					
1 COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					
3 MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
DENTAL HISTORY SHEET (M.F.B. 465)					Category
3 MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					<i>Denob</i>
MEDICAL EXAMINATION (M.F.W. 129)					
1 TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)					
PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)					
DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)					DESERTION
1 LAST PAY CERTIFICATE (M.F.W. 44)					
1 PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					
PARTICULARS OF CHARACTER (A.F.W. 3226)					
COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
1 cas exp 1 P 11 C.D.C. 500912 Paysheets					

5-29
3429
29-30



102973
ATTESTATION PAPER

No. _____
 Folio. _____

CANADIAN OVER-SEAS EXPEDITIONARY FORCE

ORIGINAL

QUESTIONS TO BE PUT BEFORE ATTESTATION.

- | | (ANSWERS) |
|--|---|
| 1. What is your name?..... | <i>Robert Anderson</i> |
| 2. In what Town, Township, or Parish, and in what Country were you born?..... | <i>Hurlford, Ayrshire, Scotland</i> |
| 3. What is the name of your next-of-kin?..... | <i>Mrs Robert Anderson</i> |
| 4. What is the address of your next-of-kin?..... | <i>Galston Rd. Hurlford, Ayrshire</i> |
| 5. What is the date of your birth?..... | <i>14th May 1891. Scotland</i> |
| 6. What is your trade or calling?..... | <i>Miner</i> |
| 7. Are you married?..... | <i>Yes.</i> |
| 8. Are you willing to be vaccinated or re-vaccinated?..... | <i>Yes. RA</i> |
| 9. Do you now belong to the Active Militia?..... | <i>no yes or no</i> |
| 10. Have you ever served in any Military Force?.....
<small>If so, state particulars of former Service.</small> | <i>no.</i> |
| 11. Do you understand the nature and terms of your engagement?..... | <i>Yes.</i> |
| 12. Are you willing to be attested to serve in the CANADIAN OVER-SEAS EXPEDITIONARY FORCE?..... | <i>Yes.</i> |

Robert Anderson (Signature of Man.)
J. F. [unclear] (Signature of Witness.)

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *Robert Anderson*, do solemnly declare that the above answers made by me to the above questions are true, and that I am willing to fulfil the engagements by me now made, and I hereby engage and agree to serve in the **Canadian Over-Seas Expeditionary Force**, and to be attached to any arm of the service therein, for the term of one year, or during the war now existing between Great Britain and Germany should that war last longer than one year, and for six months after the termination of that war provided His Majesty should so long require my services, or until legally discharged.

Date *Sept. 1st* 191*5*. *Robert Anderson* (Signature of Recruit.)
J. F. [unclear] (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.

Date *Sept. 1st* 191*5*. *Robert Anderson* (Signature of Recruit.)
[unclear] Capt (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 *Merrill B. C.* this *First* day of *September* 191*5*
[Signature] (Signature of Justice.)
 In and for the Province of British Columbia
[Signature] (Approving Officer.)
 I certify that the above is a true copy of the Attestation of the above-named Recruit.

DESCRIPTION OF Robert Anderson ON ENLISTMENT.

Apparent Age 24 years 11 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

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

None

(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.)

Height 5 ft. 6 1/2 ins.

Chest measurement { Girth when fully expanded 38 ins.
 Range of expansion 3 ins.

Complexion Fair

Eyes Gray

Hair Fair

No previous service

None

Religious Denominations { Church of England
 Presbyterian Presbyterian
 Methodist
 Baptist or Congregationalist
 Other Protestants
(Denomination to be stated.)
 Roman Catholic
 Jewish

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 September 5th 1915

[Signature]

Place Merrett B.C.

[Signature]

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

Robert 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.

Date Myself 1915

[Signature] MAJOR.
 For Officer Commanding (Incapacitated) (Signature of Officer.)

DUPLICATE.

For use of A.P. and S.A. Branch, Ottawa.

P. 851 A.

LAST PAY CERTIFICATE.

Military District.....

Dispersal Area.....

No. 103973 Rank Pte Name Andrew Knight Unit 20th Bn. Canadian Infantry

Nominated for embarkation to Canada: Date 20/3/19 21/3/19 22/3/19 # 2020

CREDIT.

BALANCE FORWARD
as at 31/1/19 191

EARNINGS:—

From 1/2/19 to 28/3/19

56 days at \$ 12

..... days at \$

..... days at \$

ANY OTHER CREDIT:—

Interest on Deferred Pay.....

"VICTORY" WAR LOAN

Amount Subscribed - \$

Amount Paid -

Balance due -

I hereby Certify that I am satisfied that the balance of my account as shown on this statement is correct.

(Signature of Soldier.)

BALANCE DEBIT

\$ ¢

45 96

61 60

Red

107 56

DEBIT.

CASH PAYMENTS:—

Date	A.R. No.	Paying Unit	Amount
<u>21-12-18</u>	<u>651</u>	<u>2 Co</u>	<u>7.46</u>
<u>7-1-19</u>	<u>641</u>	<u>1</u>	<u>3.73</u>
<u>2-2-19</u>	<u>7273</u>	<u>1/2 Co</u>	<u>8.96</u>
<u>8-2-19</u>	<u>7728</u>	<u>1</u>	<u>9.93</u>
<u>4-3-19</u>	<u>34221</u>	<u>1</u>	<u>14.60</u>
<u>10-3-19</u>	<u>1229</u>	<u>1</u>	<u>17.03</u>

62 38

OTHER CHARGES:—

WAR LOAN INSTALMENTS CHARGED:—

ASSIGNED PAY for period

from 1/2/19 to 31/3/19 at \$ 15 22
per month in favour of:—

Name Mr. G. Anderson

Address 121 St. Paul St. London

Relationship Wife

SEPARATION ALLOWANCE, if any, in favour

of same party as Assignment at \$ per month

BALANCE CREDIT

13 28

107 56

BALANCE GIVEN IS SUBJECT TO ANY CHARGES AND/OR CREDITS ENDORSED ON THE REVERSE HEREOF.

THESE PAYMENTS TO DEPENDENTS:— (Strike out whichever inapplicable.)

Have been stopped. Effective 1/4/19 191..... and will only be re-opened on receipt of instructions from P.M.G., Ottawa, or Military District Paymaster, Canada.

or

Being a Canadian payment, cancellation or otherwise of future payments will be dealt with by Ottawa.

COMPILED BY.....

CHECKED BY.....

Date 27-3-19 191.....

CERTIFIED CORRECT.....
Capt.
Lieut.

FOR BRIG/DIR GENERAL
PAYMASTER GENERAL, O.M.F.C.

Regimental No. 102973 Region

Surname Anderson Christian Names Robert

TABLE I.—General Table.

Birthplace { Parish Hurlford, Ayrshire County Scotland
Examined { on 3rd day of September 1915 at Sperritt B.C.
Declared Age 24 years 120 days
Trade or Occupation Miner
Height 5 feet 6 1/2 inches Weight ... lbs.
Colour of Hair Fair Complexion Fair
Eyes Gray
Chest Measurement { Girth when fully expanded 38 inches Range of expansion 3 inches
Physical development
Vaccination Marks { Arm, RIGHT LEFT Number
When Vaccinated
Vision { R.E.-V = L.E.-V = With Glasses { R L
Identification Marks, such as Tattoo, Moles, Scars, etc.:-

Defects or Ailments:

Examined and found—

- Fit for Grade { I. II. III. IV.
(Strike out those which do not apply.)

Sgd. Signature B.A. Leibel Chairman of Medical Board.

Re-examined for posting at

On ... day of ... 191...
Enlisted { at ... on ... day of ... 19...

Table with 2 columns: Corps, Regtl. No.
Joined on enlistment
Transferred to

TABLE III.—Boards, Courts of Enquiry, Vaccination, Inoculations, etc.; Examinations for Field or Foreign Service; Extension, Re-engagement, or Prolongation of Service, Issue or Surgical Appliances, Particulars of Dental Treatment, etc.

Table with 2 columns: Date, Brief details and Signature.

Special Remarks: state if a discharged Soldier

TABLE IV.—Service Table.

Table with 3 columns: Station or Troopship, Date of arrival or embarkation, Date of Departure or disembarkation.

Became non-effective by ... 191...
(Signature)
(Rank)

CANADIAN ARMY DENTAL CORPS, O.M.F.C. DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

DIRECTIONS TO DENTAL OFFICERS

NAME OF SOLDIER (Block Letters) ANDERSON. R.

REGIMENT 676 RANK Pte. No. 102973

Date of Examination in England 4-2-19 Date of Examination in France _____

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



PRESENT DENTAL REQUIREMENTS

1. FILLINGS none

2. EXTRACTIONS none

3. CROWNS none

4. DENTURES

(a) Full Upper

(b) Part Upper

(c) Full Lower

(d) Part Lower 18, 19, 20, 28, 29, 30, 31.

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

(b) In England yes

(c) In France

Signature of Dental Officer J.H. Reid Capt.

ANDERSON R

1871 11 20 23 30 21
No.

W. K. ...

CERTIFIED CORRECT.

31 AUG. 1916

CAN. RECORDS, LONDON.

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

Casualty Form—Active Service.

67th BATTALION C.E.F.

M. F. W. 54.

150M. 10-15.
H.Q. 1772-39-920.

Unit, Regiment or Corps

Regimental No. 102973

Rank

Private

Name

Robert Anderson

C. E. F.

Enlisted (a) 29/9/15

Terms of Service (a) Duration of War

Service reckons from (a) 29/9/15

Date of promotion to present rank

Date of appointment to lance rank

Numerical position on roll of N. C. Co.

Extended

Re-engaged

Qualification (b)

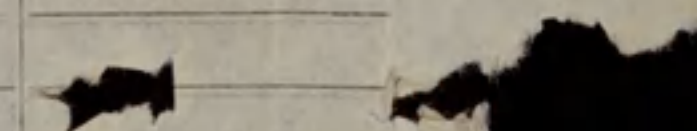
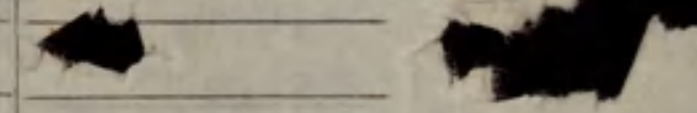
Field Entrenching (Miner)

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				
		Embarked Canada Debarke England	Halifax Liverpool	1/4/16 11/4/16	
		PROCEEDED OVERSEAS WITH 67th PIONEER BATT.		AUG 10 1916 13	MAJOR AND ADJUTANT.
		Disembarked.	Havre.	14.8.16.	N.R.
7.4.17.	213.	acc to No 2 Forest camp.	Field	1.4.17.	W.C.S. 134
		Transferred 54 th Bn 1-5-17.	P. II.	D. 63	d/18-5-17.
		J.O.S. 54 Bn.	Field	2.5.17.	P.110. 80 of 24-5-17.
11-8-17.	54 Bn.	att 2 nd Forestry Coy.	do	31-7-17	B213. Dec 168. K.9.18-911.
18-10-17.	200 capt.		do	18-10-17	N.R. 132
27-10-17.	2 nd Forestry Coy.	Granted 10 days Leave	do	22-10-17	B213. D.O. 157
10-11-17.	do	Home	do	4-11-17	B213.
25-11-17	CCRC	Left for Unit	do	29-11-17	MR/45.
15-12-17.	2 nd Forestry Coy.	Subs Dist	do	10-12-17	B213.
10-12-17	12 C.F.A.	Inc without of (acc) & adm 12 C.F.A.		11-12-17	A36 a. 4302.
22-12-17	do			22-12-17	A36 a. 5002.

(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, Shoing Smith, etc., etc., also special qualifications in technical Corps duties.

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				
22.12.17	2nd For Co. Lt.	Rejoined Unit	Field	22.12.17.	B213.
25.4.18	No 2 Coy. C.F.C.	Transferred to No 2 Coy. Can Forestry Corps.	do	24.5.18	B213. N.O 121/O'neal/5571 (M.S.4K). d/13.3.18. Command 25.5.18 K.E 28215. P.110.52 d/8.6.18.
25/5/18	2 Coy CFC	1st 2 Coy CFC on transfer from 54 Bn		25/5/18	B213 P.H. 1 d/5/6/18
8/6/18	2 Coy CFC	In Command to A.D. of F. Paris Plage.		2/6/18	B213.
27/7/18	Do	Rejoined from Command		22/7/18	B213
2.11.18	no	Granted 14 days leave to U.K.		28-10-18	B213 P.H. 0 29 Nov 1918
23/11/18	Do	Rydt Unit.		20/11/18	B213.
28-1-19		O.C. Cdn. S.O.S. for demobilisation to C.F.C. Conc. Cmp. Le Havre	Depot Sunningdale,	28-1-19	N/R. Pt. 2.0/8.
3-2-19		O.S. O.F.S. T.O.S. Base Depot, C.F.C. Sunningdale from C.F.C. France.		29-1-19	Lieut. for Lt. Col A.A.C. Cdn. Sect. G.H.Q. Pt. 11.D.0 34
	B.D.C.F.C.	S.O.S. BASE DEPOT C.F.C. SUNNINGDALE			Pt. 11
		DISCHARGED IN ENGLAND, K.R. & O. PAR. 392, SEC. XXV.			Shaw Handy
		<i>R. H. H. G. J. n</i> Captain Officer Commanding No. 2 Canadian Discharge Depot			

Place	Date of offence	Rank	Cases of Drunkenness	Offence	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	Remarks



No. 102973 Name *Anderson R.* Sqn., Batty, or Company } *A.* Corps *67th Batt. (Pioneer) C.B.* Date of enlistment } *20/9/15* G.C. Badges } Service or Proficiency Pay }
 Date of last entry in Company Conduct Sheet } *2/12/15* No. and date of last drunk } *1. 2/12/15* Period not reckoning towards freedom from extra fine } Sheet No. *one* Signature O.C. Company, etc. } *S.D. Ammon Major* Character *Good*

Place	Date of offence	Rank	Cases of Drunkenness	Offence	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	Remarks
				<i>Transferred to 54th Bn 2/3/17.</i>	<i>Auth. Comd. 67th Bn</i>				
				<i>Trans. to No 2 Coy, Cdn Forestry Corps 24.5.18 (Auth. W.O. Letter 12/ Overseas / 5511 (M.S. 4. K.) dated 13.3.18)</i>					
				DISCHARGED IN ENGLAND, K. R. & O. PAP. 892, SERO, XXV.				<i>Lieut. & Capt. Adj. for 54th Bn</i>	
				<i>No. 2 Canadian Discharge Depot.</i>					

Army Form B. 122

War Service Gratitude

ASSIGNED PAY and/or SEPARATION ALLOWANCE

Payable to ANDERSON Robert. 102973
Address Woodside Brookedholm by Kilmarnock Scotland

Name Mrs. Jane Anderson (wife)
From Canada: No. _____ Rank _____ Unit _____

Rank	Authority	Unit

ASSIGNED PAY

Authority	Dol.	Effect

Month	Cheque No.	Gratuity Assigned Pay	Payments Amount Separation Alloc.	Balance Total A.P. and S.A.	REMARKS
DEC. 191					
JAN. Mar 27	1396		14 7 8	14 7 8	Gratuity
FEB.	1861		6 3 3		S.A.
MARCH Apl 24		123 5 9		102 14 10	
APRIL " 24	6633		11 11	102 2 11	20 P.M.G. for Dr Bal 29 ^o
MAY " 29	9205		13 15 9		Gratuity less " " "
JUNE " 29	9206		6 3 3	82 3 11	S.A.
JULY May 26	21503		14 14 8		
AUG. " 26	21504		6 3 3	61 13 0	
SEPT. June 25	33470		14 14 8		
OCT. 25	33471		6 3 3	41 2 1	
NOV. July 23	57023		14 14 8		5 Instal
DEC. 23	57024		6 3 3	20 11 2	5
JAN. Aug 21	82615		14 7 8		Final Graty
FEB. 21	82616		6 3 6		Ha Final
MAR.					
APRIL		123 5 9	123 5 9		
MAY					
JUNE					
JULY					
AUG.					

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1

1954

100
100
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28-9-15

MILITIA AND DEFENCE

M. F. W. 349
10/15/15
H. Q. 1772-1-13.

SEPARATION ALLOWANCE

Name *Janet S. Anderson*

Name of Soldier *Anderson Robt.*

Address *Galston Rd.
Hulford, Ayrshire
Scot*

Regtl. No.

Rank *Plt*

Corps *67th Batta*

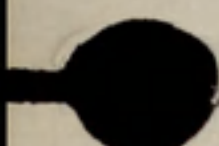
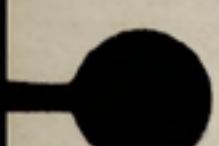
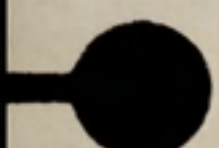
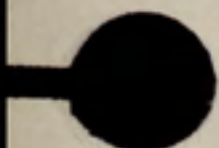
Relation to Soldier }
wife, child or mother } *Wife*

To what Corps belonging }
when called out }

PAYMENTS

ENGLISH

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			<i>Duplicate sent to England for payment</i>
Sept.				
Oct.				
Nov.				
Dec.	1915			
Jan.				
Feb.				
March				
Apl.				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.	1916			
Jan.				
Feb.				
March				



1

Handwritten text in red ink, possibly a signature or date, located in the lower right quadrant of the page.

2nd. Contingent

0503

MILITIA AND DEFENCE
ASSIGNED PAY
OVERSEAS CONTINGENTS

Duplicate

To Whom *Mrs Janet. S. Anderson*
Address *Galston Rd. Hurlford
Ayrshire Scotland*

By Whom Assigned *Anderson Robert.*

Regtl. No. *102973*

Rank *Pte*

Corps *1 Co 67 Batt.*

Rate *\$16.00* *APR 1 1916*

Best Paid

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			<div data-bbox="2085 929 2579 1270" style="border: 1px solid black; padding: 5px;"> <p>RECEIVED FROM</p> <p>MAY 10 1916</p> <p>OTTAWA.</p> </div>
Sept.				
Oct.				
Nov.				
Dec.				
Jan.				
Feb.				
Marc				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				

RECEIVING SEPARATION ALLOWANCE \$ *20*
EFFECTIVE *Sept 1915*
RELATIONSHIP *Wife* 1915

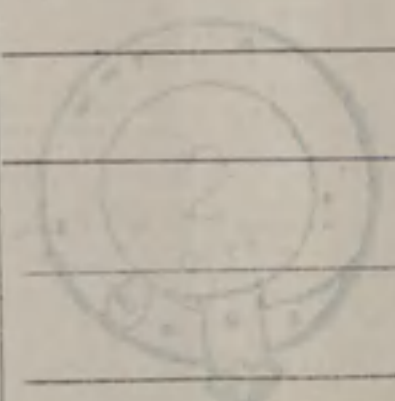
ASSIGNED PAY.

By whom assigned *Anderson, Robert.*

Regtl. No. *102973, Ptes. 1.60 67th Batt.*

Month	Year	Cheque No.	ASSIGNED PAY		SEPARATION Pay Sheet ALLOWANCE		REMARKS.
			Amt.				
Jan.	1916						
Feb.							
March							
Apl.							
May.		<i>49645</i>	<i>32</i>	<i>-</i>			<i>2 months Apr + May.</i>
June		<i>154040</i>	<i>16</i>	<i>-</i>			
July		<i>86080</i>	<i>16</i>	<i>-</i>			
Aug.		<i>118582</i>	<i>16</i>	<i>-</i>	<i>X</i>		
Sept.		<i>152046</i>	<i>16</i>	<i>-</i>	<i>X</i>		
Oct		<i>188083</i>	<i>16</i>	<i>-</i>	<i>X</i>		
Nov		<i>225086</i>	<i>16</i>	<i>-</i>	<i>X</i>		
Dec.		<i>265597</i>	<i>16</i>	<i>-</i>	<i>X</i>		
Jan.	1917	<i>307102</i>	<i>16</i>	<i>-</i>	<i>X</i>	<i>322</i>	
Feb.		<i>347604</i>	<i>16</i>	<i>-</i>	<i>X</i>	<i>20</i>	
March		<i>390611</i>	<i>16</i>	<i>-</i>	<i>X</i>	<i>20</i>	
Apl.			<i>192</i>			<i>362</i>	
May							
June							
July							
Aug.							
Sept.							
Oct.							
Nov.							
Dec.							

128⁰⁰ ✓



Total Separation Allowance paid to end of January, 1917

AD SA check OK 31st Mar 1917 E.P. Greenwood

28-9-15

Duplicate Folio No. 1089.

M. F. W. 11.
10m.-9-15.
H. Q. 1772-1-13.

MILITIA AND DEFENCE

7861

SEPARATION ALLOWANCE

Name Janet S. Anderson
Address Galston Rd
Hurlford, Ayrshire
Scot

Name of Soldier Anderson Robt.
Regtl. No. 102973
Rank Pte
Corps 67th Bathn
To what Corps belonging }
when called out }

Relation to Soldier }
wife, child or mother } WIFE

PAYMENTS

\$16 1/6/16

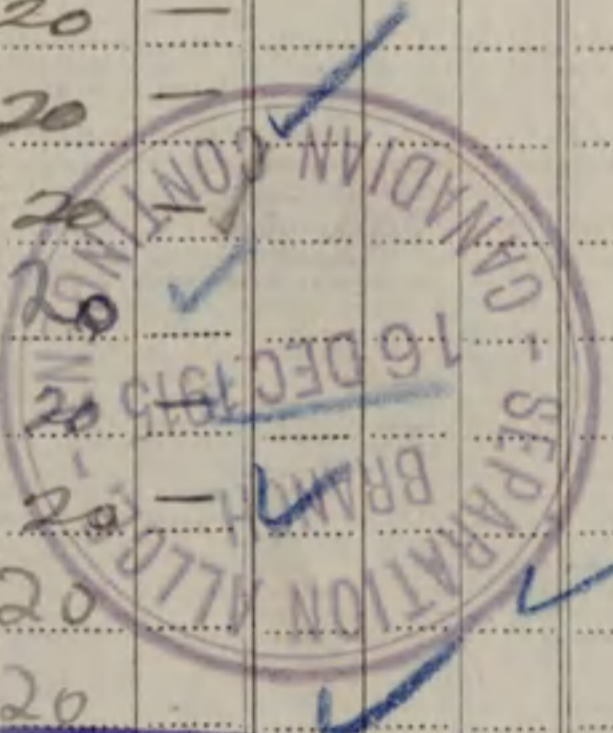
P.O. Hurlford

Mon'h	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			Marriage Certificate Produced 22 DEC. 1915 Married 1-8-14
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
Apl.				
May				
June				
July				
Aug.				
Sept.		3. 14603	60	cc 182820-32 ✓ cc 294958/970-
Oct.				
Nov.				
Dec.				
Jan.	1916		60	
Feb.				
March			60	
			122	

SEPARATION ALLOWANCE.

Name of Dependant *W^{fe} Janet S. Anderson* Name of Soldier *Anderson Robt.*
 Relation to Soldier *wife* Regtl. No. *102973.*
 1 *Galslow R^d* Rank *Plt*
Hulford. Corps *67th Batt^{le}*
 P.O. *Weymouth.* P.O. To what Corps belonging
 2 P.O. when called out
 P.O. P.O.

Month.	Year.	Cheque No. or Postal Draft Book No.	Amount. s c.	Amount. £ s. d.	Date.	REMARKS.
		Brought Forward ...	122			
Apl.	1916	B. 11314	20 00			✓
May		B. 9418.	20 -			✓
June		B. 17379.	20 -			✓
July		B. 26648	20 -			
Aug.		B. 35203	20 -			
Sept.		B. 44655	20 -			
Oct.		B. 54260	20 -			
Nov.		B. 66106	20 -			
Dec.		B. 77178	20 -			
Jan.	1917	B. 88186	20 -			
Feb.			322.			Total Separation Allowance
Mar.						paid to end of January, 1917.
Apl.						
May						
June						
July						
Aug.						
Sept.						
		Carried Forward ...				



Total Separation Allowance paid to end of January, 1917.

Auth
ENTERED

CHECKED

2nd. Contingent

0503

MILITIA AND DEFENCE
ASSIGNED PAY
OVERSEAS CONTINGENTS

Duplicate

To Whom *Mrs Janet. S. Anderson*

By Whom Assigned *Anderson Robert.*

Address *Galston Rd. Hurlford
Ayrshire Scotland*

Regtl. No. *102973*

Rank *Pte*

Corps *1 Co - 67 Batt.*

Rate *\$16⁰⁰* *APR 1 1916*

Best Paid

PAYMENTS

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

RECEIVING SEPARATION ALLOWANCE \$ *20*
EFFECTIVE *Sept 1915*
RELATIONSHIP *Wife*

RECEIVED FROM
MAY 10 1916
OTTAWA.

ASSIGNED PAY.

By whom assigned

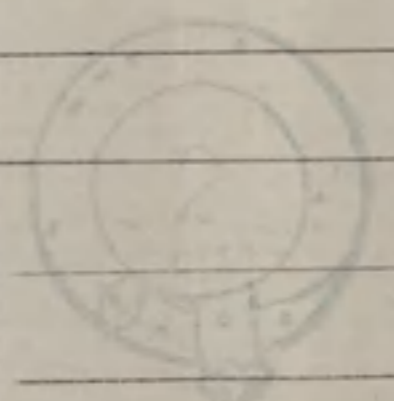
Anderson, Robert.

Regtl. No.

102973, Ptes. 160 67th Batt.

Month	Year	Cheque No.	ASSIGNED PAY		SEPARATION ALLOWANCE		REMARKS.
			Amt.		Pay Sheet		
Jan.	1916						
Feb.							
March							
Apl.							
May.		<i>49645</i>	<i>32</i>				<i>2 months Apr + May.</i>
June		<i>54040</i>	<i>16</i>				
July		<i>86080</i>	<i>16</i>				
Aug.		<i>118582</i>	<i>16</i>				
Sept.		<i>152086</i>	<i>16</i>				
Oct		<i>188083</i>	<i>16</i>				
Nov		<i>225086</i>	<i>16</i>				
Dec.		<i>265597</i>	<i>16</i>				
Jan.	1917	<i>307102</i>	<i>16</i>		<i>322</i>		
Feb.		<i>347604</i>	<i>16</i>		<i>20</i>		
March		<i>390611</i>	<i>16</i>		<i>20</i>		
Apl.			<i>192</i>		<i>362</i>		
May							
June							
July							
Aug.							
Sept.							
Oct.							
Nov.							
Dec.							

128⁰⁰ ✓



Total Separation Allowance paid to end of January, 1917

ADSA check OK 31st Dec 1917 J.P. Greenwood

A.G.R.

Rank Name ANDERSON, Robert.

Reg'l No. 102973.

Unit 67th Bn. If in perm. Corps, What Unit?

Married or Single Married

Place and Date of Enlistment Merritt, B.C., Canada, 1st September, 1915.

Place of Birth Hurlford, Ayrshire, Scotland.

Name and Address, Next-of-Kin Mrs Robert Anderson, Galston Road, Hurlford, Ayrshire, Scotland.

Relationship

Assigned Pay Monthly \$ Payable to

Relationship

Separation Allowance \$ Payable to

Relationship

N/E R.S. No 11575
File R.L. 23-A-314
Category England OR

Discharge, Date and Place Reason Character

Report.		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.
Date.	From whom received.				
1. 8-16	67th Bn.	Arrived in England On Command from shore trenching course attached to 67th Bn.	SS. Olympic	12 APR 1916	auth so 29-4-16
9. 5-16	✓	Returned to duty from Field Entrenching Course	Boston L.	30.4.16	Para 228 Para 155
12. 8. 16	✓	Proceeded Overseas	Branshall	6.5.16	736 A.F.B. 103 ed. 16.8.16 R.L.C.
18-5-17	✓	Ass. to 54 Bn	Field	13-3-10	Pt. 2. D. O. 75 54 Bn. O.D. 2080 d 24-5-17 O.D. 63.
17 12 17	BC Regt adn, no 12 Can field Amb.			11.12.17	CL. 9 91 Ine W.L. post acc #2 Co. C.F.C. P.S. 1 d 5 6/18
3-6-18	54 Bn	Ass to 702 C.F.C.	Field	24 5 18	920 52 T.O.S. 29/1/19 14/4/19
SOS to BDCFC, 28 1. 19					
2 Cov DO. 4 1. 20 1. 19					
TOS BDCFC S. DALE		Entered in error.			
BDCFC DO 34, d 3 19					

Eng OR
CFC

BC

102973 Anderson R

Report.		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.
Date.	From whom received.				
27-3-19	BIOCAC.	On Com ^{2nd} to CDD London pending discharge in Eng.	S' dale	26-3-19	10086
12-4-19	" "	Leave on Com. & S.O.S. B.D.C.H. on being discharged in the British Isles under K.R. & O. Para. 392. sec. 25	"	28-3-19	" 102 Letter to F. M. G. 24/4/19

Name

Anderson

Enl. Sept 1/15

Date of Embarkation for England

1-4-16.

Proceeded to France.

13-8-16.

Returned to England.

28-1-19

Demob.

Date returned to Canada.

S.O.S. in Eng.

P.R. 2855.

over
total
20/11/23

Cas. sheet.

10-12-17. Inc. wd. L. foot (acc.) To duty

22-12-17

SURNAME

CHRISTIAN NAME OR NAMES

REG. NO.

ANDERSON .

R.

102973.

RANK

UNIT

Co.

TROOP

BATTY.

Pte.

B.C. 54.

HOSPITAL

DATE OF ADMISSION

12. C. F. Amb.

11-12-17.

1.

HOSP.

2.

HOSP.

3.

HOSP.

4.

HOSP.

DIAGNOSIS

Inc. Wd. Lt. Foot. Acc. Ho

1.

2.

3.

DISPOSITION

Dis to Duty - 22.12.17 DATE

C.L. 18-12-17. A91.

REMARKS

~~17.1.18 A/114-2~~

A.M.D. 2 DEPT.

Beh. of D.G.M.S. O.M.F.C. London.

EPITOME OF HOSPITAL TREATMENT

HOSPITAL

ADM.

1.

2.

3.

4.

5.

6.

7.

R

Number *102973*

Rank *Pte*

12

Surname *ANDERSON*

Christian Name *Robert*

Units *67th Can. Pns Bn* Theatre of War *France*

Date of Service *13.8.16*

Remarks

Latest Address ~~*Woodside*~~ *But 18*
~~*Croskellon*~~ *Mountain Park*
~~*Hilmarnock*~~ *Alth'*

Roll No.

M.F.W. 192
150M-6-18.
1772-39-1243

B. Page 20267
200m. - 6-21...

Scotland

name first.

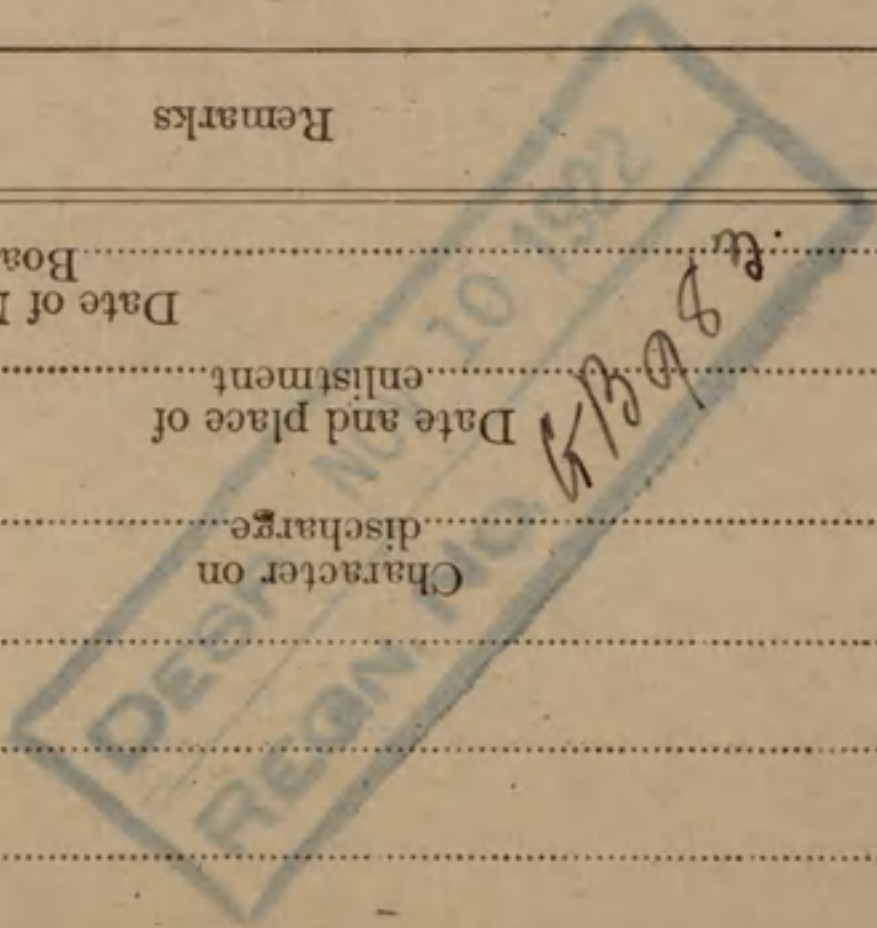
(over)

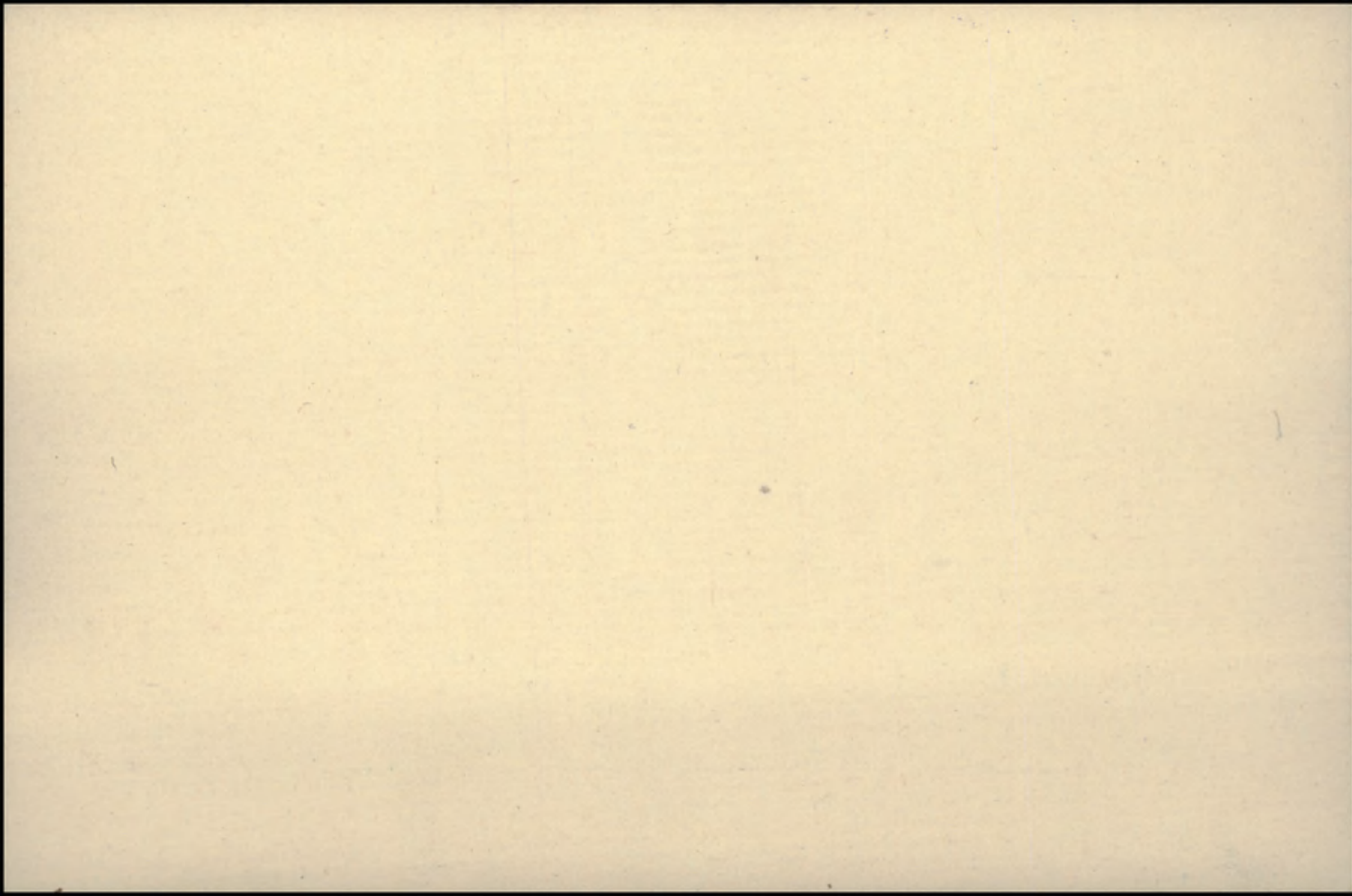
Pt. 2 Order No.	Remarks

Character on discharge

Date and place of enlistment

Date of Medical Boards





No 102973 RANK

Plt

NAME

Anderson, R

T. O. S. 28-9-15

UNIT

67th Battalion

Do 61 Oct-1915

M. D. 11

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1915	1915-			
sept-28	Oct-31	✓		
	nov	✓	Forfeit. 2 days pay	nov pay lost.
	Dec	✓		
1916	1916			
	Jan	✓		
	Feb	✓		
	Mar	✓		
	Apr	✓		

UNIT SAILED

APR 21 1916

MARRIED

yes.

SINGLE

WIDOWER

TRADE OR CALLING

Miner

RELIGION

Presbyterian

DESCRIPTION.

APPARENT AGE

24

YEARS

4

MONTHS

HEIGHT

5

FEET

6 1/2

INCHES

CHEST MEASUREMENT

38

INCHES

EXPANSION

3

INCHES

COMPLEXION

Fair

EYES

Grey

HAIR

Fair

DISTINGUISHING MARKS

MEDICAL EXAMINATION.

PLACE

Victoria, B.C.

DATE

Sept: 29, 1915.

SURNAME.

Anderson.

CARD NO.

2691x

CHRISTIAN NAMES

Robert.

Soldier's 10-4-19

FOLL

Do 102 of 12-4-19

REGL. No.

102973.

RANK

Pte.

of S. Base Sp. 6.7.6.

UNIT

67th.

Batt.

FORMER CORPS

Nil.

NEXT OF KIN.

NAMES IN FULL

Anderson, Mrs. Robert.

CHANGE OF ADDRESS

RELATIONSHIP TO SOLDIER

Not stated.

ADDRESS

*Galston Rd. Hurlford,
Ayr, Scotland.*

COUNTRY OF BIRTH

Scotland. Hurlford, Ayr.

DATE

May 14, 1891

PLACE OF ATTESTATION

Victoria, B. C.

DATE

Sept: 29, 1915

Sailed from Halifax



per SS Olympic 1/4/16

LIST No.

HOSPITAL

DATE OF
ADMISSION

REMARKS

W 91-1	12 Can 2nd Amb	11-12-17	Inc wd L; Foot acc.
U 114	Disch to duty	22-12-17	" " " " "

NAME *Anderson, Robert*

REGT'L No. 102973
H. Q. FILE No. 649.

RANK AND CORPS *Pte. 54th Bn Home 67*

FOLLOWS
No. *12*
FOLLOWS

CABLE

NO.

DATE

NATURE OF CASUALTY

17-1
M6529. 18-12-17

Adm. to #12 Ad Amb. Dec. 11th /17
Incised wound foot acc ✓

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 Robert 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:—

R. 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....."

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.

Reserved for M.H.C.

Regt. No. 102 973 Rank PTE Surname ANDERSON Christian Name ROBERT
Unit or Corps (a) Overseas from United Kingdom 67th Bⁿ C.F.C. (b) in United Kingdom C.F.C.
Born at—Town HURLFORD County or Province AYRSHIRE Country SCOTLAND
Date of Birth—Day 14th Month MAY Year 1892 Age 26 yrs 9 months
Joined at VICTORIA B.C. CAN Date SEPT 1st 1915
Former trade or occupation MINEIR

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

Nav. Sec. I L ARM.

Height—feet 5 inches 6. Color of eyes BLUE
Signature of Soldier (for identification purposes) Robert 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)

NEURASTHENIA

Disabilities Group (b)

NI

Disabilities Group (c)

NI

2. CAUSE OF DISABILITY.

		Place of origin.	Date of origin.
(i) As to Group (a) above.	<u>ACTIVE SERVICE CONDITIONS</u>	<u>FRANCE</u>	<u>FALL 1916</u>
(ii) As to Group (b) above.	<u>N.A.</u>		
(iii) As to Group (c) above.	<u>NA</u>		

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

(i) As to Group (a) above? NO If yes, has Active Service aggravated it? NA
(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? YES
(ii) As to Group (b) above? NA
(iii) As to Group (c) above? NA

5. MEDICAL HISTORY.

Man states that he has had no serious illness previous to enlisting. States that his present disability started in France during fall of 1916 while in the line.

Enlisted Sept 28th 1915 Civil occupation miner to England April 1916. To France Aug 1916.

Returned to England for demobilisation 28/1/19.

M.H.S. No entries of Hospitals or boards.

Man states that he never had to report sick during his whole stay in France.

6. PRESENT CONDITION.

Subjective complains of general nervousness.

Objective Man 26 yrs old sergeant + hearing normal. Slight tremor of fingers present when asked to place hands in front of him.

Pulse at rest 105 Heart reacts well to exercise.

Respiratory digestive genito-urinary and other systems negative to disease. Moderate degree of neurasthenia present patient states that his condition is due to active service.

7. OPERATION. (i.) Was one performed? NO (ii.) If so, state what. NA (iii.) Was one advised and declined? NO.

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? NO (ii.) If so, describe. NA

9. DO YOU RECOMMEND:— (a) Fit for duty? YES B II (b) Invalid to Canada? NA (c) Discharge from the Service as permanently unfit? NA.

Date of Report Feb 5th 1919 Station Sunningdale Signed J. W. Harper Capt R.A.M.C. Officer in medical charge of case.

I have satisfied myself of the general accuracy of the above Report, and concur therein *except Robin Hosbital (Officer i/c Hospital) Strike out one (S.M.O. Brigade) of these

Dated at Station, on 1919 Delete if inapplicable.

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

10. Is the disability fully described in Part I. (1)? (a) Yes (b) D.A.H.

11. Is the cause of the disability fully described in Part I. (2)? (a) Yes (b) Unknown - Date of origin unknown, place unknown.

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.)

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.)

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

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

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

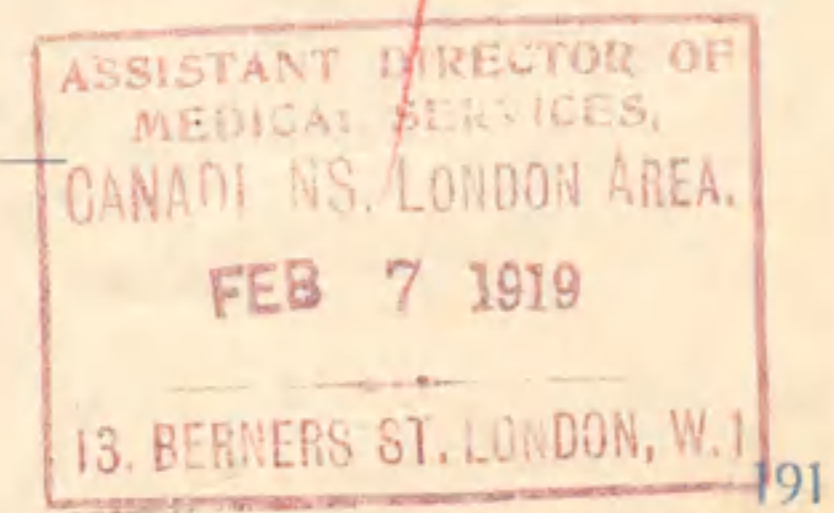
18. REMARKS:—Add in part one question sep. Pulse rate 105. There is a long pause & extra systole about every minute. Response to effort below normal after fifteen seconds strenuous exercise pulse returned to normal (105) in eight minutes. Condition otherwise as described in Part one Auth. A.C. tel 9083-11.11.18

19. RECOMMENDATION:— (a) Fit for duty? (state category) B (two) (b) Invalid to Canada? no (c) Discharge from Service as permanently unfit? no

Date of Board 5.2.19 Station Sunningdale Berks Signatures of the Board J. W. Sutherland Capt R.A.M.C. President A. H. Newman Capt

Approved J. J. Downham Major, O.A.M.S. A.D.M.S.

Dated at Major, O.A.M.S. for A.D.M.S., Canadians, London Area.



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.

BOARD CONCURS.

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.) | Yes. B11. |
| (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.) | No. |

20. It is certified that the invalid

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

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

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

Boarded for Discharge in U.K. Auth. A.G. Letter Administrative Order 84. dated 27-1-18.

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

PLACE Summingdale, Berks. *J. H. ...* President.
W. ... Members
 DATE 6-3-18.

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.

PLACE _____ President.
 _____ Members
 DATE _____

APPROVED BY *J. J. ...* ASSISTANT DIRECTOR OF MEDICAL SERVICES, CANADIAN ARMY, LONDON, ENGLAND.
 DATE MAR 10 1919
 For A.D.M.S., Canadians, London Area.
 13, BERNERS ST. LONDON, W.1

THIS FORM WILL BE USED FOR ALL RANKS
 MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

- 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.
- 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."
- 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.
- Special care is required in answering question 9. Read the questions carefully. All questions must be answered.
- If space provided under any section is insufficient add another sheet. Such sheets must be initialled by the Medical Board.
- A note will be made of attached papers by the Medical Board under the section "Opinion of Medical Board."
- Under no circumstances may information other than that in sections 7, 8, 9 and 10 be communicated to the invalid, directly or indirectly.
- 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 SUMMINGDALE, BERKS. DATE 5-3-19.

1. 1 (a) Unit C.F.C. (b) Regimental No. 102973 (c) Rank PTE.
 (d) Surname ANDERSON (e) Christian name ROBERT.
 (f) Home address CROOKED HOUL, HURLEFORD, AYRSHIRE.
 (g) Next of Kin MRS ROBERT ANDERSON. (h) Relationship WIFE.
 (i) Address of Next of Kin SAME AS IN (f).
 2. Age last birthday 26. Date of birth 14-5-1892.
 3. Enlistment, or Appointment (if an Officer) (a) Place VICTORIA, B.C. (b) Date 1-9-16.
 4. Personal description:
 (a) Height 5'6" (b) Weight 138 (c) Complexion DARK.
 (d) Colour of hair BROWN. (e) Colour of eyes BLUE. (f) Identification marks, Scars, etc. NONE.
 5. Former trade or occupation MINER.

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
	<u>3</u>	<u>159.</u>

	PERIODS	
	From	To
Canada	<u>28-9-15.</u>	<u>1-4-16.</u>
England	<u>1-4-16.</u>	<u>13-8-16.</u>
France or other theatres of War	<u>3-2-19.</u>	<u>13-8-16.</u>
	<u>13-8-16.</u>	<u>3-2-19.</u>

7. Original disease, or injury NEURASTHENIA.
 (a) Date of origin OCT. 1916. (b) Place of origin FRANCE.
 (c) Cause CONDITIONS OF SERVICE.

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.)

(NEURASTHENIA) EASILY EXCITED. CANNOT CONTROL HIMSELF. PALPITATION.

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:- Man appears to be easily excited. Reflexes are exaggerated but equal. Has marked tremor of fingers and tongue. Pulse on standing is 120, on lying down rate is 108 after slight exercise rate is 150; returns to 108 in 8 minutes. Sounds are O.K. also rhythm; No murmurs. Sleeps well. Memory good.

SUBJECTIVE:- Easily excited. Has general nervousness.

(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. Genito-Urinary System..... No. (If pulse rate is abnormal, B. P. will be taken.) (Albumen and Sugar will be excluded.) Special Senses..... No. Respiratory System..... No. Integumentary System..... No. Disturbances of Mentality..... No. Digestive System..... No. Muscular System..... No. Osseous and Joint Systems..... No. Any other general condition..... No.

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

MAN'S STATEMENT:- He was perfectly alright until Oct. 5th 1916. He was subjected to heavy shell fire. He lost control of himself and since then has been very nervous. He states he is better now than a year ago.

DOCUMENTARY:- No history of hospitalization; never paraded sick.

10.—(b) (If 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).)

an. wound slight of right big toe C.F.A. 3 days.

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

Vacc. scar large on left arm.

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

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

N.A.

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? One year.

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..... N.A.

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 Robert 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

Robert Anderson Rank. Signature of invalid examined.

LIST OF DISCHARGE DOCUMENTS.

Attestation Paper, Triplicate..... Militia Form W. 23
 or Particulars of Recruit..... Militia Form W. 133
 Field Conduct Sheet..... Militia Form W. 178 or A.F.B. 122
 Casualty Form..... Militia Form W. 54 or A.F.B. 103
 Last Pay Certificate..... Militia Form W. 44
 Certificate that missing documents are unobtainable.....
 Medical History Sheet..... Militia Form B. 313 or A.F.B. 178
 Proceedings of Medical Board..... M.F.B. 227, A.F.B. 179 or A.F.A. 45
 Dental History Sheet..... Militia Form B. 465
 Medical Report..... M. F. W. 129 or D. M. S. 1375
 Regimental Conduct Sheet..... Militia Form B. 263
 Company Conduct Sheet..... Militia Form B. 263a

SHORT FORM.
 PROCEEDINGS ON DISCHARGE.
 (Demobilization.)

a-314-
1-6-40

1. No.	<i>102973</i>	
2. Rank.	<i>PTE</i>	
3. Name.	<i>Anderson Robert</i>	
4. Unit.	<i>BFC.</i>	
5. Date of Discharge	<i>28/3/19.</i>	Place <i>2nd LOD</i>
6. Reason for Discharge	<p><i>K. R. & O. Para. 392 Sec. XXV</i> <i>(Being Demobilized in England-C.R.O. 5222) -</i></p>	
7. Authority.	<i>D.B. 2-A-1426/21-3-19</i>	DISCHARGED K.R. & O. 392 XXV
8. Proposed Residence after Discharge	<p><i>Woodside</i> <i>Crookholm, Kilmarlock</i></p>	
9.	<p>CERTIFICATE TO BE SIGNED BY SOLDIER.</p> <p>I hereby acknowledge that at the undernoted place and date I received my discharge Certificate</p> <p>M. F. W. <i>a 2B 2079</i></p> <p><i>Robert Anderson</i> Signature of Soldier.</p>	
10.	<p>CONFIRMATION.</p> <p>The discharge of the above named man is hereby confirmed.</p> <p>Place.....</p> <p>Date..... <i>28/3/19.</i></p> <p><i>R. Mutt</i> Signature (O. C. Discharging Unit.)</p>	

MARRIED SINGLE *M.*
 PLACE OF BIRTH *Hurlford, Ayrshire Scot.*
 NAME AND ADDRESS OF NEXT OF KIN *Mrs Robert Anderson
Galston Road, Hurlford Ayrshire Scot.*
 RELATIONSHIP OF NEXT OF KIN
 NAME AND ADDRESS OF NEXT OF KIN
 RELATIONSHIP OF NEXT OF KIN
 SEPARATION ALLOWANCE MONTHLY \$~~25.00~~ *25.00* EFFECTIVE (DATE) *362⁰⁰ Mch 31/17*
 PAYABLE TO *Mrs Anderson Galston Road Hurlford
Ayrshire Scotland*
 RELATIONSHIP OF DEPENDANT *NP 5A checked forms correct Mch 31/17 E.P.G.*

CASUALTIES, PROMOTIONS, &c		
PARTICULARS	EFFECTIVE DATE	AUTHORITY

ADMISSIONS TO HOSPITAL, &c			
DATE ADMITTED	DATE DISCHARGED	V. OR A.	NAME OF HOSPITAL

REG'L. No. *102973* RANK *Pvt.* NAME *Anderson Robert.*
 IF IN PERM. CORPS WHAT UNIT *67th B'n.* TRANSFERRED TO *546. I. B.* DATE *11/6/17* AUTHORITY *5061 11/6/17*
 PERMANENT FORCE ALLOWANCES TRANSFERRED TO DATE AUTHORITY
 PLACE OF ATTESTATION *Merritt, B. C. Can.* TRANSFERRED TO DATE AUTHORITY
 DATE OF ATTESTATION *1st Sept 1918* TRANSFERRED TO DATE AUTHORITY
 ASSIGNED PAY MONTHLY \$ *16⁰⁰* DATE EFFECTIVE *2nd April*
 PAYABLE TO *Mrs. J. Anderson, Galston Road, Hurlford, Ayrshire, Scot.* RELATIONSHIP *wife*
 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)

DATE	PAY				FIELD ALLOWANCE				WORKING OR SPECIAL PAY				ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS				CASH PAYMENTS				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS			
	NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE	AMOUNT					1	2	3	4	1	2	3	4				CREDIT	DEBIT						
			\$	c.			\$	c.			\$	c.																				NO.	DATE	NO.
<i>1916</i>																																		<i>C. I. Balance from bands</i>
			<i>790</i>				<i>790</i>																											
<i>Apr 30</i>	<i>30</i>	<i>1.00</i>	<i>30</i>	<i>30</i>	<i>10</i>	<i>3</i>						<i>33</i>		<i>7 15 76</i>	<i>48 26 76</i>		<i>460</i>	<i>730</i>				<i>16</i>		<i>3790</i>	<i>3</i>									
<i>1-3/5</i>	<i>31</i>	<i>1.00</i>	<i>31</i>	<i>31</i>	<i>10</i>	<i>3</i>						<i>34 10</i>		<i>63 24 45</i>	<i>113 18 45</i>		<i>730</i>	<i>730</i>				<i>16</i>		<i>3060</i>	<i>650</i>									
<i>1/30/6</i>	<i>30</i>	<i>1.00</i>	<i>30</i>	<i>30</i>	<i>10</i>	<i>3 10</i>						<i>33</i>		<i>211</i>	<i>12/6</i>			<i>730</i>				<i>16</i>		<i>2330</i>	<i>1620</i>									
<i>1-31-7</i>	<i>31</i>	<i>1.00</i>	<i>31</i>	<i>31</i>	<i>10</i>	<i>3 10</i>						<i>34 10</i>		<i>269 27 6</i>	<i>301 15 4</i>		<i>730</i>	<i>730</i>				<i>16</i>		<i>3060</i>	<i>1970</i>									
<i>1-31-8</i>	<i>31</i>		<i>31</i>	<i>31</i>		<i>3 10</i>						<i>34 10</i>		<i>348 29 4</i>	<i>440 12 8</i>		<i>486</i>	<i>146</i>				<i>16</i>		<i>2232</i>	<i>3148</i>									
<i>1-30-9</i>	<i>30</i>		<i>30</i>	<i>30</i>		<i>3</i>						<i>33</i>		<i>480 22 8</i>	<i>525 6 9</i>		<i>262</i>	<i>262</i>				<i>16</i>		<i>2124</i>	<i>4324</i>									
<i>1-31-10</i>	<i>31</i>	<i>1.00</i>	<i>31</i>	<i>31</i>	<i>10</i>	<i>3 10</i>						<i>34 10</i>		<i>617 11 10</i>	<i>666 19 10</i>		<i>262</i>	<i>262</i>				<i>16</i>		<i>2385</i>	<i>5349</i>									
<i>1-30-11</i>	<i>30</i>		<i>30</i>	<i>30</i>		<i>3</i>						<i>33</i>		<i>753</i>	<i>6 11</i>			<i>262</i>				<i>16</i>		<i>1862</i>	<i>6787</i>									
<i>1-31-12</i>	<i>31</i>		<i>31</i>	<i>31</i>		<i>-3 10</i>						<i>34 10</i>		<i>848 19 11</i>	<i>873 7 12</i>		<i>261</i>	<i>1134</i>				<i>16</i>		<i>2995</i>	<i>7202</i>									
<i>1-31-1</i>	<i>31</i>	<i>1.00</i>	<i>31</i>			<i>27 50</i>						<i>34 10</i>		<i>925 20 10</i>	<i>1021 10</i>		<i>261</i>	<i>262</i>				<i>16</i>		<i>3123</i>	<i>9489</i>									
<i>Feb 28</i>			<i>34 50</i>									<i>34 50</i>					<i>261</i>	<i>5248</i>				<i>16</i>		<i>2124</i>	<i>9445</i>	<i>Nil</i>					<i>9445</i>			
<i>Mch 31/17</i>	<i>31</i>		<i>30 80</i>									<i>262</i>		<i>1102 25 1</i>	<i>1177 3 2</i>		<i>262</i>	<i>262</i>				<i>16</i>		<i>362 00</i>	<i>9445</i>									
			<i>34 10</i>			<i>362⁰⁰</i>						<i>34 10</i>		<i>1226 2 1/2</i>	<i>1317 2 4 3</i>		<i>262</i>	<i>262</i>				<i>16</i>		<i>7008</i>	<i>5847</i>						<i>5847</i>			
<i>Carried Forward</i>			<i>409 40</i>			<i>362 -</i>						<i>771 40</i>					<i>52 37</i>	<i>60 33</i>				<i>16</i>		<i>712 93</i>		<i>Nil</i>								

Strike out whichever inapplicable.

ASSIGNED PAY.	ENGLAND or CANADA.	SEPARATION ALLOWANCE.	ENGLAND or CANADA.	NAME: ANDERSON Robert.
EFFECTIVE DATE: 1/4/16.		EFFECTIVE DATE: 4/4/16. 1/9/18		NUMBER: 102973.
AMOUNT: 16⁰⁰		AMOUNT: 25⁰⁰ 30⁰⁰		PARTICULARS OF RANK OR APPOINTMENT

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.	AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
Mrs J Anderson. Galston Rd. Hurlford. Ayrshire Scot. Wife NR	Same.			Pte.

UNIT AND TRANSFERS			
ORIGINAL UNIT: 64th Bn.	DATE ACCOUNT FIRST OPENED: 1/4/16.		
AUTHORITY	DATE EFFECTIVE	DATE CLOSED SHEET T'S'D	UNIT TRANSFERRED TO
1. 5/6/18	1/6/18.		54th Bn. No. 2 Co. C. F. C.

DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT
20/3/19	10639	22025	17 00				

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS UPON CLEARANCE OF VOUCHERS, ENTRIES WILL BE CANCELLED BY INSERTION OF DATE CHARGED IN RED INK

MONTH 1918.	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
March	Bal Fwd								61 00	nil	
Apr.	Pte Pay	33 -		A45210. £8-8-6			16				25
				A.R. 32. 7/4/18. 2 nd For Party.	3 57						
				" 82 21/4/18. " "	4 46				70 57		
May.	P.P.	33 -		Ch A64810. £8-8-6.	8 03		16				25
		34 10		S.R. 5082. 1/5/18. Ch. 5157 £6-0-0	29 20		16 -				25 -
				A.R. 136. 5/5/18. 2 nd For Party.	3 57						
				" 161. 19/5/18. " "	4 46				51 44		
June	P.P.	34 10		Ch B. 56216 £8-8-6.	37 23		16 -				25 -
		32 -		AR 4757 CGBD 23.6.18.	4 46						25 -
				DN 205 C7C 4.6.18.	3 57						
				" 6338 O.S.B. 15.6.18.	4 46				55 95		
July		33		Ch B91817 £8-8-6	12 49		16				25
		34 10		AR 5725 CGBD 7.7.18.	4 46						25
				DNAR 7692 OSB. 29.6.18.	3 57						
				" 9460 " 16.7.18.	4 46				61 56		25
Aug		34 10		C70418 £8-8-6	12 49		16				25
		34 10		AR 352 2 Coy 5.8.18.	3 57						
				" 385 " 18.8.18	3 57				72 52		25
Sept		34 10			7 14		16				25
		33		D0447 £8-8-6			16				25
				AR 412 No 2 Co C7C 1/9/18	3 57						
				AR 440 " 15/9/18	3 57				82 38		25
Oct		33			7 14		16				25
		34 10		D68257 £8-8-6	3 73		16				25
				AR 478 No 2 Co 20/10/18	3 73						
				AR 512 " 20 20/10/18	3 73						
				AR 539 " 20 26/10/18	9 83						
				CP Anderson 28/10/18 54443	7 87				582		
					7 46						

Stopped 1/4/19

*Overpaid S.A. 29/3/19-31/3/19.
3 days \$2.90 all 11*

also agreed 30-9-18 P850

Discharged in England 29/3/19. DB 28/2/19. to #2 CDD. London.

NUMBER 102973

RANK

NAME ANDERSON R.

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
3110				B7					582		
Nov				adpca							
see PP				adj Sept 1001 2627057 £11.10.2			16				40
Jan				283254 £9.9.1			16				30
				AR581 norCo 29/11/18	1306						
				235452 £9.9.1			16		4596		30
					1306		48				100
Feb				AR631 norCo 2/12/18	746						
Mar				AR661 ✓ 7/1/19	373						
				F92049 9-9-1 Feb			16				30
				AR6773 B25 3/2/19	973						
				AR7742 ✓ 8/2/19	973						
				G22842 Mar 9-9-0	3065		16				30
				AR89231 B25 4/3/19	1460						
				Overcredit pay from 2/2/19 to 2/3/19 30/1/19	45 25	3 50					
				AR10639 B25 25/3/19	1723				1328		
					6228	330	32				60
Apr.				Spec Remit 77617. In full Settled	1328						
					1328						

1/4/19.
 England 28/3/19
 27/3/19
 Cr BAL 1328
 27/3/19
 AUTH D.B. 28/3/19 25.10.19 27/3/19.

Ed Hanley