REGIMENTAL DOCUMENTS

NAME ANDERSON. Robert REGT. No. 542009 UNIT Div Cyc. Depot H. Q. FILE No.

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W. 2589
25M.—1-23
1772-39-1377

Original

ATTESTATION PAPER.

No. 542009

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?	Robert
1b. What is your present address?	422 Queen St Ottawa. Ont.,
2. In what Town, Township or Parish, and in what Country were you born?	Ottawa. Ont.,
3. What is the name of your next-of kin?	Mrs Frances D Anderson
4. What is the address of your next-of-kin?	422 Queen St. Ottawa. Ont.,
4a. What is the relationship of your next-of-kin?	Mother
5. What is the date of your birth?	Oct 12th. 1889
6. What is your Trade or Calling?	Rancher
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?	Yes
10. Have you ever served in any Military Force? If so, state particulars of former Service.	3 years. G.G.F.G.
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.

R. T. Anderson (Signature of Recruit)

Date April 8th 1916. R. G. Leary (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.

R. T. Anderson (Signature of Recruit)

Date April 8th 1916. R. G. Leary (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 Ottawa this eighth day of April 1916.

C. S. McKinnon (Signature of Justice)

A Commissioner

M. F. W. 23.
100M.—1-15.
H. Q. 1772-39-841

Description of Robert Anderson. on Enlistment.

Apparent Age 26 years 6 months.

(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5 ft. 9¾ ins.

Chest measurement: Girth when fully expanded 38 ins.

Range of expansion 5 ins.

Complexion Fair

Eyes Blue

Hair Brown

Religious denominations:

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

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

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

CERTIFICATE OF MEDICAL EXAMINATION.

I have examined the above-named Recruit and find that he does not present any of the causes of rejection specified in the Regulations for Army Medical Services.

He can see at the required distance with either eye; his heart and lungs are healthy; he has the free use of his joints and limbs, and he declares that he is not subject to fits of any description.

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

Date April 8th 1916.

Place Ottawa. Ont.,

J. C. Easley
Major
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.

C. B. McKinnon (Signature of Officer)
Lieut.

Date April 13 1916.

Ste Card, C.R. 464,

Original.

MEDICAL HISTORY SHEET.

Surname Anderson *Christian Name* Robert

Examined on 8 day of April 1916 at Ottawa. Ont.,

Approved by J C Boeckey Lieut. Rank M.O.

Birthplace City or Town Ottawa. County Ont.

Apparent age 26

Trade or occupation Rancher

Height 5 Feet 9¾ Inches.

Weight 158 Lbs.

Chest measurement Minimum 33 inches. Maximum expansion 38 inches.

Physical development Good

Small-Pox Marks None

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

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 8 *day of* April *191* 6 *at* Ottawa. Ont.,

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	3rd Div Cyclist Platoon	542009		
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 Service, on the man becoming non-effective; the date and cause being stated on next page.

M. F. B. 313.

200M—11-15.
H. Q. 1772 39-439.

Surname Anderson Christian Name Robert

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital. Day	Month	Year	Discharge from Hospital. Day	Month	Year	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.
Niagara Camp Hospital.		19	7	16				G.C.		Transferred to Base 19-7-16	
Base Hospital Toronto		19	7	16	19	8	16	Gonorrhoea	32.	~~Cd~~ Cured Smear negative urine clear	A E McDonald

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. 542009 Rank Private Name Anderson, Robert

Corps Divisional Cyclist Depot who was* Discharged

On September 30th, 1916, to "To take out a Commission in the Active Militia".

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from Sept. 1st., 1916, to Sept. 30th, 1916, the inclusive date of transfer or discharge.

Dr.	$	c	Cr.	$	c
Bal. Dr. from prev. month			Bal. Cr. from prev. month	50	20
Advances by Cheques No. 4097	50	00	Regt'l Pay 13 days @ 1.10	14	30
Advances by Cheques No.			Regt'l Pay 17 days at $ 1.00	17	00
Assigned Pay No.			Field Allow. 30 days at $ c 10	3	00
Other Charges*			Other Allowances*		
Payment on transfer or discharge No. 4408	34	50	Other Credits*		
Balance Cr. (to be paid by the new unit)			Bal. Dr. (to be deducted by new unit)		
Total	84	50	Total	84	50

*Give Particulars.

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

Nil.

(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 April 8, 1916.

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

(3) cause of discharge and authority "To take out a Commission in the Active Militia". Niagara Camp Orders, Sept.27/16. Administrative Staff, No. 2.

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 Sept. 30, 1916.

Place Niagara Camp, Ont.

Capt.
O. C. Divisional Cyclist Depot
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.

CYCLIST DEPOT

Unit, Regiment or Corps

Regimental No. 542009 Rank Cpl Name Anderson, Robert
C. E. F.

Enlisted (a) 8/4/16 Terms of Service (a) WAR & 6 mos.after Service reckons from (a) 8/4/16.

Date of promotion to present rank. } Date of appointment to lance rank } Numerical position on roll of N. C. Os. }

Extended Re-engaged Qualification (b) Rancher.

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				

Reg. No. 542009 Name Anderson.-

Rank Cpl. Corps D.C.C. Age 26 Service -

Ledger No. Serial No. -

HOSPITALS	DATE	DIAGNOSIS
Niagara Cas. Niagara	8-7-16	Bronchitis
Dis-to Duty	10-7-16	
Ad Kapuskasing M.D. 2	19-7-16	G.C.
tr to Base Toronto	19-7-16	"
Dis-to Duty	11-9-16	

P. T. O.

HOSPITALS	DATE	DIAGNOSIS

F. W. 2553.
5M.—9-19.
2-39-1332.

No. 542009 RANK Lce/Corpl. Corpl. Pte. NAME Anderson Robt.

T. O. S. 1/5/16 UNIT Div. Cyclists Depot.
D.O. 127 of 10/5/16.

M. D. 2

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916	1916		Prom. Corpl. 13/5/16	D.O. 180 of 13/5/16.
May 1	May 31	✓		
June		✓		
July.		✓		
Aug.		✓	Reverts to ranks own request - 14/9/16.	D.O 254 of 14/9/16
Sept.		✓	Dischgd 30/9/16 to take commission in Active Militia	D.O. 267 of 27/9/16.

a/c closed by payment. S.

No. 542009 RANK Pte (Lo Cpl) NAME Anderson, Robert

T. O. S. 8.4.16 UNIT 3rd Div. Cyclist Platoon
D.O. 15 of 12.4.16

M. D. 3

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916 April 8	1916 April 30.	✓	From Lo/Cpl 13.4.16. Govt. Pleasure. 1st month	D.O. 16 of 13.4.16 D.O. PER #15

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.		
Med. Hist. Sheet,	Militia Form B. 313		
Medical Report for Invalid*	" B. 227.		
Statement of Man's Account on Transfer and Last Pay Certificate,	" D. 877.		

*Only if discharged "Medically unfit."

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

(a) Proceedings on Discharge.

(b) Attestation.

(c) Medical History Sheet (in the event of such having been prepared.)

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. 542009

Rank Private

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

Corps (Squadron, Battery or Company) Divisional Cyclist Depot.

Date of Discharge September 30, 1916.

Place of Discharge Niagara Camp, Ont.

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age 26 years 11 months.
Height 5 feet 9 3/4 inches.
Complexion Fair
Eyes Blue
Hair Brown
Trade Rancher
Intended place of residence (To be given as fully as practicable.) 422 Queen St., Ottawa, Ont.

Descriptive Marks

Nil.

2. The above-named man is discharged in consequence of "To take out a Commission in the Active Militia."
Niagara Camp Orders Sept 27, 1916
Administrative Staff. No. 2.

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.

Good. Lieut. Capt.

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.)

Rancher Lieut. Capt.

M. F. B. 218.
15m.—10-15.
H. Q. 1772-39-113.

(OVER)

Noted 21-4-17

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) Niagara Camp Ont. W. A. K. Jr. Capt.

(Date) Sept. 30, 1916 *Commanding* COMMANDING CYCLIST DEPOT

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) Niagara Camp Ont. R. F. Anderson (*Signature of Soldier.*)

(Date) Sept 30, 1916, H. W. McIntosh Sgt (*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.

R. F. Anderson (*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) Niagara Camp Ont. (*Signature*) W. A. K. Jr. Capt.

(Date) Sept 30, 1916 COMMANDING CYCLIST DEPOT

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.)

Nil

(OVER)