REGIMENTAL DOCUMENTS

NAME ANDERSON ROBERT JACK REGT. NO. 475752 UNIT 11 H. Q. FILE NO.

	CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
	ATTESTATION PAPER (M.F.W. 23, 133, or 51)					DEATH
1	CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category
	TRAINING HISTORY SHEET (M.F.W. 113)					
	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
	MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					Commission
	MEDICAL EXAMINATION (M.F.W. 129)					Sick Leave
	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
	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	R. 122					
1	Payscale					

W. 2589
100M-11-18
1772-39-1377

ATTESTATION PAPER

No. McG. 1094

Folio. 475752

CANADIAN OVER-SEAS EXPEDITIONARY FORCE

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS)

1. What is your name? Robert Jack Anderson
2. In what Town, Township, or Parish, and in what Country were you born? Glasgow, Scotland.
3. What is the name of your next-of-kin? James W. Anderson (Father)
4. What is the address of your next-of-kin? 1 Melrose St, Glasgow West
5. What is the date of your birth? 24th April 1887
6. What is your trade or calling? Engineer
7. Are you married? No
8. Are you willing to be vaccinated or re-vaccinated? Yes.
9. Do you now belong to the Active Militia? No
10. Have you ever served in any Military Force? No
    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.

Robert J. Anderson (Signature of Man.)

(Signature of Witness.)

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Robert Jack 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.

Robert J. Anderson (Signature of Recruit.)

Date 16th August 1915. (Signature of Witness.)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Robert Jack 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 J. Anderson (Signature of Recruit.)

Date 16th August 1915. (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 Montreal this 16th day of August 1915.

Robert Blackie (Signature of Justice.)

I certify that the above is a true copy of the Attestation of the above-named Recruit.

(Approving Officer.)

M. F. W. 23.
200 M.—3-15.
H.Q. 1772-39-841.

3rd UNIVERSITY CO. C.E.F.

DESCRIPTION OF Robert Jack Anderson ON ENLISTMENT.

Apparent Age 28 years 4 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5 ft. 6·6 ins.

Chest measurement:
- Girth when fully expanded 37·3 ins.
- Range of expansion 4½ ins.

Complexion Fair

Eyes Blue.

Hair Brown

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

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.)

Slight baldness.

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 28th August 1915.

Place Montreal

T. S. Harvey
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 Jack 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.

(Signature of Officer.)

Date AUG 24 1915 191 .

3rd UNIVERSITY CO. C.E.F.

MEDICAL HISTORY SHEET.

Surname Anderson *Christian Name* Robert Jack

Examined { on 28th day of July 1915
at Montreal

Approved by F. W. Harvey

Rank Lieut Amb. M.O

Birthplace { City or Town Glasgow
County Scotland

Apparent age 28 years

Trade or occupation Engineer

Height 5' Feet 5" 6 Inches.

Weight 143 Lbs.

Chest measurement { Minimum 33 1/4 inches.
Maximum expansion 37 3/4 inches.

Physical development Good.

Small-Pox Marks

Vaccination Marks { Arm Right. Left. ✓
Number 1

When Vaccinated last 8 years

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

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

AUG 17 1915

AUG 27 1915

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.
Sept 22/15		R Gibson M.O.
		M.O.
		M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.
1915	✓	F. W. Harvey M.O.
1915		F. W. Harvey M.O.
		M.O.

Enlisted on 10th *day of* August 1915 *at* Montreal

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	1st University Coy C.E.F.	~~Mc.E. 1094~~ 475752		
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.

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				

92431.—W6490/1535.—2,000,000—J. J. K. & Co., Ltd.—Forms B. 103/1.

Army Form B. 103.

11th Bn
NL

Casualty Form—Active Service.

Regiment or Corps P. P. C. L. I

Regimental No. 475752 Rank Pte. Name Anderson R. J

Enlisted (a) 10/8/15 Terms of Service (a) the War Service reckons from (a) 10/8/15

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				
		Original at Records as per instructions			

A. C. Carpenter
LIEUT.-COLONEL.
COMMANDING 11th BATTALION, C. E. F.

(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. 1213, 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				

R—122.

Rank Name ANDERSON Robert Jack Reg'l No. 475752

Unit No 3 Un.Coy.-11th BN. If in perm. Corps, What Unit? Married or Single Single.

Place and Date of Enlistment Montreal. 10th August. 1915 Place of Birth Glasgow.Scotland.

Name and Address, Next-of-Kin James W.Anderson, 1,Melrose Street,Glasgow,West.

Relationship Father

Assigned Pay Monthly $ Payable to

Relationship

Separation Allowance $ Payable to

Relationship

Discharge, Date and Place Reason Character

N/E R B No 1
File R.L.
Category Com. Imp.

Report Date	Report From whom received	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
		Arrived in England.			14 SEP 1915
	H.Q.	Appointed to Com. in 4/1st F.d. Coy. ~~Div.~~ Div. Engineers. Discharged.		30.12.15.	A.F.B. 268.
13.1.16.	O.C. 11th B.	Struck off strength being appt'd to Com.		30.12.15	P.II.O. 11.

475752

Anderson RJ

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					

Number 475752 Rank Pte

Surname ANDERSON

Christian Name Robert Jack

Units 11th Bn Cam Inf Theatre of War England

S.O.S. Comm Imp army 30-12-15.

Late of Service with 11th Bn Pt II D.O. 11. d/ 13-1-16.

Remarks War Office Roll #2 Page 175

W.O. N/W 1783 d/ 5/3/20

Latest Address

Roll No. A. Page 5052.

200m.-6-21.

(This form to be filled in by all ranks on voyage to Canada.)

D.....

R	RANK	SURNAME	INITIALS	UNIT
.....	.....	.....	.....	.....

al address.....
(Street) (City or Town) (Province)

one person to be notified of arrival.....

.....

Station in Military District to which a furlough warrant is required.....

..... Railway.....

d, is your wife on board.....Number of children on board.....

tination.....

(Sgd.).....

6048-1

CARD NO. 2715.

SURNAME. Anderson

CHRISTIAN NAMES Robert, Jack

REGL. NO. ~~475752~~ RANK ~~Pte~~ Lieut.

UNIT ~~P. P. C. L. I. (R. D)~~ 3rd Univ. Co. Com Imp Army

FORMER CORPS Nil

SDS 30-12-15 - Imp. Com. 16-25.3 5.6.18. 24.

NEXT OF KIN.

NAMES IN FULL Anderson, James W.

RELATIONSHIP TO SOLDIER father

ADDRESS 1 - Melrose St.
Glasgow
Scot.

CHANGE OF ADDRESS

COUNTRY OF BIRTH Scotland, Glasgow DATE

PLACE OF ATTESTATION Montreal, DATE Aug. 10th 1915

o|o 4-9-15 183/1

L. L. 90589.—M. & D. 6312. M. F. W. 22. 100m.—1-16. H. Q. 1772-39-839.

App Lieut 30-12-15 with Pt II 11 of 31-1-16.

MARRIED SINGLE Yes WIDOWER

TRADE OR CALLING RELIGION

DESCRIPTION.

APPARENT AGE YEARS MONTHS

HEIGHT FEET INCHES

CHEST MEASUREMENT INCHES EXPANSION INCHES

COMPLEXION EYES HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION. PLACE DATE

P—56

Rank [illegible] Name ANDERSON Robert Jack Reg'l No. 475752

Unit No 3 Un.Coy.-11th BN. If in perm. Corps, What Unit? Married or Single Single.

Place and Date of Enlistment Montreal. 10th August. 1915 Place of Birth Glasgow.Scotland.

Name and Address, Next-of-Kin James W.Anderson, 1,Melrose Street,Glasgow,West.

Relationship Father

Assigned Pay Monthly $ Payable to

Relationship

Separation Allowance $ Payable to Army List April 1916 Col 826c

Relationship Commission

Discharge, Date and Place Disch to England for Com 30/12/15 Reason H.P. 64/138. 12/Jan/16 Character

Date From	Date To	PAY No. of Days	PAY Rate	PAY Amount	Field Allowance No. of Days	Field Allowance Rate	Field Allowance Amount	Other Credits	Total Credits	Voucher No.	Voucher Date	Cash Payments	Assigned pay	Other Charges	Total Debits	Balance	Remarks, Casualties, etc.
Sept 1	30	30	1.00	30	30	.10	3	10	43	477 / 443	- / -	17 03 / 14 60			31 63	11 37	
Oct 1	31	31	1.00	31	31	.10	3 10		34 10	580	-	14 60			14 60	30 87	
Nov 1	30	30	1.00	30	30	.10	3		33	662 / 695	- / -	14 60 / 19 47			34 07	29 80	
Dec 1	31	31	1.00	31	31	.10	3 10		34 10	743 / 775 / 853 / 959	- / - / - / 30/12/15	4 87 / 19 47 / 19 46 / 19 47		x 1 10	64 37	.47	L.P. Issued to 30.12.15 x 1 Day Dec.
N.E. May 1916								-47	-47						-47	nil	1/11 acc^d H.Q. P.M.'S. D.P.R. May 1916.

Copy of Ledger sheet balance Dr. 47 - 4 O.P.M. Sandgate 22/4/16 64/138.

Date		PAY			Field Allowance			Other Credits	Total Credits	Voucher		Cash Payments	Assigned pay	Other Charges	Total Debits	Balance	Remarks, Casualties, etc.
From	To	No. of Days	Rate	Amount	No. of Days	Rate	Amount			No.	Date						

LIST OF DISCHARGE DOCUMENTS.

1. Proceedings on discharge. (Army Form B. 268.)
2. Proceedings on transfer to reserve (if any). (Army Form B. 2056.)
3. Duplicate attestation.
4. Army Form B. 97 (if any).
5. Declaration of change of name (if any).
6. Re-engagement paper (if any). (Army Form B. 136.)
7. Authority for continuance, or extension, of service (if any). (Army Form B. 221.)
8. Court of Inquiry on an injury (if any) (Army Form A. 2.)
9. Regimental conduct sheet. (Army Form B. 120.)
10. Company conduct sheet. (Army Form B. 121.)
11. Copies of convictions by Civil Power (if any).
12. Medical history sheet. (Army Form B. 178.)
13. Medical report on invalid (if any). (Army Form B. 179.)
14. Copy of receipt for purchase money (if any).
15. Attestation of fraudulently enlisted man for corps in which he has not been held to serve (if any).
16. Detailed statement of former service allowed to reckon towards pension (if any).
17. Copy of 3rd page attestation (in the case of men from abroad entitled to deferred pay who go to Netley or the discharge depôt for discharge).
18. Descriptive return (Army Form D. 400), where required. See section 11 on second page.
19. Active service casualty form. (Army Form B. 103.)
20. Employment sheet. (Army Form B. 2066.)

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

1. Duplicate attestation. (On third page the date and cause of discharge will be entered and signed by the competent military authority.)
2. Medical history sheet (if any). (Army Form B 178.)

Instructions as to the preparation, despatch, and custody, of discharge documents.

1. When a soldier is to be discharged, the documents retained with the duplicate attestation will be placed inside this form. Should any of the documents be missing, an explanation of the deficiency, signed by the commanding officer, must be substituted for the missing document. The officer in charge of records will then extract from the original attestation, any documents required to complete the list of discharge documents enumerated in the margin, which will then be placed in this form in the sequence given.

2. When men are discharged from the colours at home as medically unfit, or with claims to pension, Army Form B. 268 will be sent confirmed, together with the duplicate attestation and documents retained therein to the officer in charge of records 10 days in advance of the date for discharge in the case of invalids, and 14 days in other cases. This officer will then extract from the original attestation any documents required to complete the list of discharge documents enumerated in the margin, place them in this form, and after carefully checking the duplicate attestation with the original forward the whole to the Secretary, Royal Hospital, Chelsea. When such men are discharged abroad, the same procedure will be adopted as above, with the exception that the discharge documents will be sent to the officer in charge of records immediately after discharge takes place (except in the case of men who are granted gratuities on discharge from local battalions or companies, Royal Artillery).

3. When soldiers are sent home from abroad for discharge, the documents retained with the duplicate attestation will be placed inside this form and sent home with the men for transmission to the officer who carries out the discharge, together with the following additional forms :—

(a) Discharge certificate (Army Form B. 2079 or Army Form B. 264).
(b) Character certificate (Army Form B. 2067) if entitled.
(c) Copy company conduct sheet (Army Form B. 121) when required under King's Regulations.

The duplicate attestation and documents retained therein will be sent to the officer in charge of records, who will extract from the original attestation any documents required to complete the list of discharge documents enumerated in the margin and place them in this form.

4. The discharge documents of re-enlisted pensioners, on re-discharge, will be sent to the officer in charge of records, who will extract from the original attestation any documents required to complete the list of discharge documents enumerated in the margin, place them inside this form, and forward the whole to the Secretary, Royal Hospital, Chelsea, irrespective of the cause of discharge.

5. The original and duplicate attestations of recruits who are rejected before, or on, final approval will be retained by the approving officer for one year, when they will be destroyed.

6. In all other cases the discharge documents will be sent, directly the discharge is carried out, to the officer in charge of records of the unit concerned.

7. Postage need not be paid, and receipts are not required, in the case of documents sent to Chelsea or to the War Office.

8. When the discharge documents of men not entitled to pension are sent to the officer who will have final charge of them, they are to be accompanied by Army Form B. 279, and that officer will, if they are found to be correct, sign and return Army Form B. 279. Should any document be missing, he must at once apply for it.

9. The officers having final charge of the discharge documents will arrange them according to regimental numbers, and enter the names in the alphabetical index, Army Book No. 129.

This space to be left blank for the Chelsea Number.

Army Form B. 268.

M

Proceedings on Discharge.

(When forwarded for confirmation the documents named on page 4 should be enclosed.)

No. 475752. Army Rank PRIVATE.

Name ANDERSON ROBERT JACK
(The name must agree strictly with that on enlistment, unless changed subsequently by authority.)

Corps PRINCESS PATRICIA'S CANADIAN LIGHT INFANTRY.

Battalion, Battery, Company, Depôt, &c. 11th. Reserve Battalion, Shorncliffe.
(If attached to the Regular Establishment of the Special Reserve or Permanent Staff of the Territorial Force, &c., or to General Staff of the Army, it should be so stated.)

Date of discharge 30th. December 1915.

Place of discharge Shorncliffe.

1. *Description at the time of discharge.*

Age 28 years 8 months
Height 5 feet 6½ inches
Chest measurement { girth when fully expanded 37 ins. / range of expansion 3 ins.
Complexion Fresh.
Eyes Blue.
Hair Fair.
Trade Constructional Engineer.
Intended place of residence (To be given as fully as practicable) 1 Melrose Street, GLASGOW. West. Scotland.

Descriptive marks.

(The measurements and description should be carefully taken on the day the man leaves his unit, but in the case of men sent home from abroad for discharge, the age and intended place of residence should be left blank to be filled in by the Officer who confirms the discharge at home.)

2. The above-named man is discharged in consequence of having been APPOINTED TO A COMMISSION - 4/1st. Field Co. Div. Engineers. (Auth. W.O.letter 9/Engineers/4623/D (A.G.2B.) 15/12/15.

(The cause of discharge must be worded as prescribed in the King's Regulations and be identical with that on the discharge certificate. If discharged by superior authority, the No. and date of the letter to be quoted.)

To be filled in on the soldier quitting the Colours.

3. Military character :— Very Good.

4. Character awarded in accordance with King's Regulations :—

VERY GOOD.

Certified that the above is an accurate copy of the character given by me on Army Form B. 2067* and that Army Form D. 489 was awarded in this case.

Lt. Col.
Initials of Commanding Officer.
Comdg. 11th. Res. Bn. C.E.F.

Army Form B. 2088 has been issued to*

Wt. W. 13141/283 430,000 3/15 M.&C. Ld.

*Strike out if not applicable.

[OVER.

5. He is in possession of the following number of G.C. badges (if the man is a N.C.O. and enlisted prior to 1st July, 1881, the number he would have been entitled to had he not been promoted should be stated).

Is it probable that he will be entitled to another good conduct badge before the confirmation of these proceedings? NIL

Classification for service, or proficiency pay ... ... Class _____

6. Campaigns, Medals and Decorations NIL

Certificate of education .....

7. His accounts are correctly balanced, and I have impartially inquired into all matters brought before me in accordance with Regulations.

(Place) SHORNCLIFFE. Lt.-Col.

(Date) 30th. December 1915. Commanding 11th. Res. Bn. C.E.F.

Commanding _____ *Batln.* _____ *Regiment.*

8. *Certificate to be signed by the soldier on discharge.*

I hereby acknowledge that I have received all my pay and allowances (including clothing allowance), and all just demands up to the present date, subject to the reservations of the claims noted on the 3rd page.

(*Place*) Shorncliffe Robert J. Anderson. (*Signature of Soldier.*)

(*Date*) 30th December 1915 (*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 at 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 towards engagement to 30/12/15 (the date to which the record of service is completed) 0 years 143 days.

Further service " " _____ (the date of confirmation of discharge) ... ... _____ " _____ "

Total ... 0 " 143 "

11. *Confirmation of discharge.*

The discharge of the above-named man is hereby confirmed for 30/12/15. (date)

(Place) SHORNCLIFFE.

Signature Lt.Col.

(Date) 30th. December 1915. Commanding 11th. Res.Bn. C.E.F.

Commanding officers (or the Paymaster, if at Netley) will issue to every discharged soldier whose claim to pension, either on account of service or disability, is to be brought under the consideration of the Chelsea Board, a memorandum for his guidance on Army Form D. 401, and will at the same time transmit to the Secretary, Royal Hospital, Chelsea, a descriptive return of the man on Army Form D. 400.

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.

I have not received all my pay etc. but agree that same may be forwarded to me at address given on page 1.

Robert J. Anderson.

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

Date	Brief details, and signature

Table IV.—Service Table.

Station or Troopship	Date of arrival or embarkation	Date of departure or disembarkation	Station or Troopship	Date of arrival or embarkation	Date of departure or disembarkation

Army Form B. 178.

To be used for recruits enlisting direct into the Regular Army only. Army Form B. 178A to be used for Special Reserve recruits and Special Reservists enlisting into the Regular Army.

MEDICAL HISTORY of

Surname Anderson *Christian Name* Robert Jack

Table I.—GENERAL TABLE.

Birthplace ... Parish _____ County _____

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

Declared Age ... ... _____ years _____ days.

Trade or Occupation ... _____

Height ... ... _____ feet, _____ inches.

Weight ... ... _____ lbs.

Chest Measurement. { Girth when fully Expanded. _____ inches. / Range of Expansion. _____ inches.

Physical Development ... _____

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

When Vaccinated ... ... _____

Vision ... ... { R.E.—V= _____ / L.E.—V= _____

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

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

Approved by (*Signature*) _____

(*Rank*) _____

Medical Officer.

Enlisted ... ... { at _____ / on _____ day of _____ 191 .

Joined on Enlistment ... { Corps. _____ Regtl. No. _____

Transferred to ... ... { Corps. _____ Regtl. No. _____

Became non-effective by ... _____

on _____ day of A.E. Carpenter 191 .

(*Signature*) _____ LIEUT.-COLONEL,

(*Rank*) _____ COMMANDING 11th BATTALION, C. E. F.

(7278.) Wt. 2869—1662. 200M. 5/15. J. T. & S., Ltd.

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

Date	Brief details, and signature	
22.9.15.	Vaccination	R. Gibson
17.8.15	Inoculation	F.W. Harvey.
27.8.15.	do	do.

Table IV.—Service Table.

Station or Troopship	Date of arrival or embarkation	Date of departure or disembarkation	Station or Troopship	Date of arrival or embarkation	Date of departure or disembarkation

I certify the foregoing to be a true copy of an original entry on a Medical History Sheet of this man.

..... C.A.M.C.
for the Officer in Charge of Records
Canadian Contingents.

475752

DUPLICATE.

ARMY FORM B. 178.

To be used (a) for recruits enlisting direct into the Regular Army, and (b) for men of the Territorial Force when they are admitted to Hospital. Army Form B. 178A to be used for Special Reserve recruits and Special Reservists enlisting into the Regular Army.

MEDICAL HISTORY of

Surname ANDERSON *Christian Name* Robert Jack

TABLE I.—GENERAL TABLE.

Birthplace ... Parish Glasgow County Scotland

Examined ... ... on 28th day of July 1915, at Montreal

Declared Age ... ... 28 years ____ days.

Trade or Occupation ... Engineer

Height ... ... 5 feet 5.6 inches.

Weight ... ... 143 lbs.

Chest Measurement: Girth when fully Expanded 37¾ inches. Range of Expansion 4½ inches.

Physical Development ... Good

Vaccination Marks: Arm ... Right ____ Left ____ Number ____ 1

When Vaccinated ... ... 8 years

Vision ... ... R.E.—V= L.E.—V=

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

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

Approved by (*Signature*) F.W. Harvey,
(*Rank*) Lieut.
Medical Officer.

Enlisted ... ... at Montreal on 10th day of August 1915.

Joined on Enlistment ... Corps. 3rd University Co.C.E.F. Regtl. No.

Transferred to ... ... 11th. Batt.

Became non-effective by ...

This Medical History Sheet has been compared with the Corresponding Attestation Paper, and entries made in red have been taken from the Attestation Paper.

on ____ day of ____ 191 .

(*Signature*) [signature]
(*Rank*) Lieut.-Col.
In Charge of Records,
Canadian Contingent.

(4887.) W. 9597/1588. 500M. 9/15. C. P., LTD. Forms B. 178 / 39

P.T.O.