REGIMENTAL DOCUMENTS

NAME ANDERSON. Robert. Mc. J. REGT. No. 1036193 UNIT 2 38th Battn. H. Q. FILE No.

	CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
3	ATTESTATION PAPER (M.F.W. 23, 133 or 51)					DEATH
/	CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					CATEGORY
/	~~TRAINING HISTORY SHEET (M.F.W. 113)~~ Record sheet.					
/	FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
/	REGT. CONDUCT SHEET (M.B.W. 263 or A.F.B. 120)					
/	COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					
	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)					
	MEDICAL EXAMINATION (M.F.W. 129)					
	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)					
2	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)					
3	CARDS					
Yes	PAY-SHEETS					
1	MFW. 125					
1	MFW. 67.					

W. 2589
25M—1-23
1772-30-1377

Art.

Myst.

238th. BATTALION C. E. F. 3290

ORIGINAL

238th. BATTALION C. E. F.

ATTESTATION PAPER.

238th Battn.

No. 1036193

2

Folio. A.1.

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 MacFarlane
1b. What is your present address?	29 Bolton Ave., Toronto, Canada.
2. In what Town, Township or Parish, and in what Country were you born?	Dundee, Scotland
3. What is the name of your next-of kin?	Lillie Anderson
4. What is the address of your next-of-kin?	29 Bolton Ave., Toronto, Canada.
4a. What is the relationship of your next-of-kin?	Wife
5. What is the date of your birth?	Oct. 21st, 1884
6. What is your Trade or Calling?	Wood Machinist
7. Are you married?	Married
8. Are you willing to be vaccinated or re-vaccinated and inoculated?	Yes
9. Do you now belong to the Active Militia?	No
10. Have you ever served in any Military Force? If so, state particulars of former Service.	No
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 MacFarlane 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.

Robt Anderson (Signature of Recruit)

Date July 3rd, 1916 191 . C.M.M.G. Reorn (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Robert MacFarlane 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.

Robt Anderson (Signature of Recruit)

Date July 3rd, 1916 191 . C.M.M.G. Reorn (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 Toronto, Canada this 3rd day of July 1916. 191 .

(Signature of Justice)

M F. W. 23
750M—3-16
H. Q. 1772-39-241

3198

Description of Robert MacFarlane Anderson on Enlistment.

Apparent Age 31 years 9 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height	5 ft 7 ins.	
Chest measurement. Girth when fully expanded	39½ ins.	
Chest measurement. Range of expansion	4½ ins.	
Complexion	Medium	
Eyes	gray	
Hair	brown	

Religious denominations.
- Church of England
- Presbyterian Presby.
- 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).

Scars over face from measles

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 July 3rd, 1916 191 .

Place Toronto, Canada.

James Thompson
Medical Officer.
Toronto Recruiting Depot.

*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 MacFarlane 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)
Major
238th. Can. Forestry Battalion, C. E. F.

Date July 3rd 1916.

3990

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 1053103 (Rank) Pte.

Name (in full) ANDERSON R OBERT MACFARLANE enlisted in

the 236th Bn.

CANADIAN EXPEDITIONARY FORCE at Toronto Ont. on the 3rd

day of July 19 16

HE served in England

and is now discharged from the service by reason of Unfit for general service

THE DESCRIPTION OF THIS SOLDIER on the DATE below is as follows :—

Age 33

Height 5' 7"

Complexion Medium

Eyes Grey

Hair Brown

Marks or Scars Vacc scar on right arm. Scar over face and right side of body

R. M. Anderson.
Signature of Soldier

L R Robson Lieut
Issuing Officer

Captain,
For Lieut.-Colonel,
Rank
O.C. No. 2 District Depot.
Appointment

Date of Discharge Aug 16th 1918

Signed at Toronto Ont. this 16th day of Aug 19 18

in Military District No. #2

File Reference No.

N.B.—As no duplicate of this Certificate will be issued, any person finding same is requested to forward it in an unstamped envelope to the Secretary, Militia Council, Ottawa, Canada.

M. F. W. 39a
200m.—2-18.
H.Q. 1772-39-882

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

No. 1056198 (Rank) Pte. Name ANDERSON ROBERT MACFARLANE

Unit 238th Bn.

Address on Discharge 29 Bolton Ave Toronto Ont.

Character and Conduct Very Good

Former Occupation Wood Machinist

Special Qualifications of Value in Civil Life

Medals and Decorations Nil

Remarks Nil

Signed at Toronto Ont. this 16th day of Aug 19 18

A.R. Robson Lieut
Name of Officer

Captain,
Rank
For Lieut.-Colonel,
O.C. No. 2 District Depot.
Appointment

N.B.

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. 1036193 Rank Pte. Name ANDERSON, R.M.

Corps No.2 District Depot who was* Discharged

On Aug. 16, 1918 191....., to Med. Unfit

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from June 1, 1918 191...., to Aug. 16, 1918 191...., the inclusive date of transfer or discharge.

Dr.	$	c.	Cr.	$	c.
Bal. Dr. from prev. month L.P.C. 4947	36	28	Bal. Cr. from prev. month		
Advances by Cheques No. Clothing 5010	30		Regt'l Pay 77 days at $ 1 10 c	77	
No. 5071	35	00	Field Allow. days at $ c	7	70
Assigned Pay and Sep'n Allce. No.	12	90	Separation Allowances* (Monthly)	12	90
Other charges 5012	30	42	Other Allowances* Subs.	12	00
Payment on transfer or discharge No.			Other Credits* Clothing	35	00
Balance Cr. (to be paid by the new unit)			Bal. Dr. (to be deducted by new unit)		
Total	144	60	Total	144	60

*Give particulars.

A monthly stoppage of $ 15.00 (†) has (‡) been paid on account of Assigned

{Pay for the month of July 1918 191....
and Sep'n Allce. for month of to Aug 16, 18 191....} (to) Assignee Mrs. L. Anderson, 89 Bolton Ave., Toronto.

(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 .....

(2) if married and if a Separation Allowance Card has been submitted Yes. pd to Aug. 16

(3) cause of discharge Med. Unfit authority D.O. 117

(4) authority for transfer .....

NOTE.—Separation Allowance and Assigned pay Card and Index Card (M. F. W. 71) are to accompany the original Last Pay Certificate on transfer.

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

Date Aug. 12, 1918 Malcolm J. Cochrane Capt.

Place Toronto, Ont. Paymaster, No. 2 District Depot.
Paymaster.

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

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

If a man on discharge is entitled to three months' Post Discharge Pay, Last Pay certificate will be made out in quadruplicate. The original Last Pay Certificate will be forwarded with other documents to Paymaster Post Discharge Pay and triplicate, with his discharge documents.

M. F. W. 44.

100M.—1-18.
H. Q. 1772-3-903.

0378-R-88

37036

DEPARTMENT OF MILITIA AND DEFENCE.

FILE as numbered above is charged to you since ..... Please attach this letter and take necessary action.

..... F. R.

WAR SERVICE GRATUITY.

OTTAWA, CANADA.

Declaration required of Officers, Warrant Officers and Men who claim War Service Gratuity under Order-in-Council (P.C. 3165), dated 21st December, 1918.

If the applicant will enquire at the local Branch of the Canadian Patriotic Fund he will be informed if there is an official who will take this Declaration free of charge.

A complete reply must be given to every question in this Declaration. There must be no blanks and no dashes. If any questions are not applicable, the words "NOT APPLICABLE" must be written out.

On completion this Declaration is to be returned to THE DISTRICT PAYMASTER OF THE DISTRICT IN WHICH THE SOLDIER WAS DISCHARGED.

1. Christian Names Robert McFarlane 2. Surname Anderson
3. Rank Pte 4. Original Unit 238th Batt 5. Reg. No. 1036193
6. Address, in full, to which future payments of gratuity are to be forwarded Mrs. L. Anderson 29 Bolton Ave, Toronto
7. Date of enlistment in the C.E.F. 3rd July 1916
8. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge Lily Anderson
9. Relationship of such dependent Wife
10. Address, in full, of such dependent 29 Bolton Ave. Toronto Ont.
11. Is said dependent now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier ? No
12. Were you at any time on the strength for pay and allowances of a unit of the C.E.F. which was out of Canada or the United States when such pay and allowances were issuable? If so, give particulars of one such unit and dates of service overseas with such unit:— 238th Bn Sept 1916 to June 1918
13. Were you on the strength for pay and allowances of the Clearing Services Command, having been at any time on duty outside of Canada or the United States ? No
14. Were you on active service only in Canada or the United States ? If so, give particulars of unit and dates of such service Not Applicable
15. Give total length of time which you served on active service, whether in Canada or Overseas, setting out particulars of units on whose strength you served 2 years 7 months 13 days 238th Batt Forestry Corps
16. Were you at the time of enlistment a civil employee of the Dominion Government? If so, state Department No
17. Were you a member of the Permanent Force at the time of enlistment in the C.E.F.? No

M.F.W. 2595.
1772—39—1389.
1160—D.P.—250M-12-18.

18. Have you had more than one enlistment? If so, give particulars of discharges and re-enlistments, and under what regimental numbers and units ..... Not Applicable .....

19. Have you already received any payment of Post Discharge Pay or War Service Gratuity? If so, state amount you and your dependents have already received and by whom paid ..... 124 Dollars ..... M.D. #2 .....

20. Have you been issued with a War Service Badge? If so, what class? ..... B .....

21. Have you, during the present war, served in the Imperial Forces? ..... No .....

22. Are you entitled to receive, or have you received any gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled ..... Not Applicable .....

23. (a) Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England? ..... No .....
(b) If so, was such reversion in consequence of misconduct or inefficiency? ..... Not Applicable

24. Are you now serving in the C.E.F. ..... No ..... If not, give:—(a) Date of discharge ..... 16th Aug. 1918 ..... (b) Reason for discharge ..... Unfit for General Service .....

25. Are you at present a member of and in receipt of pay and allowances from any Canadian naval or land forces? If so, give unit ..... Not Applicable .....

26. Did you at any time serve at the front in an actual theatre of war? If so, give particulars of one unit which you served at the front, and dates of such service with that unit ..... Not Applicable ..... Service in England .....

27. (a) Are you receiving treatment from the Department of Soldiers' Civil Re-establishment? ..... No
(b) If so, are you in receipt of full pay and allowances from that Department? ..... No .....

And I make this solemn declaration, conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under oath and in virtue of the Canadian Evidence Act.

Signature of Applicant: Robert McFarlane Anderson

Place of Residence: 29 Bolton Ave.

Declared before me at: Toronto

This 10th day of June 1919

Signature of Barrister of the Supreme Court Stipendiary Magistrate, Notary Public, Justice of the Peace, or Commissioner for the Administration of Oaths.

Prescription

POST DISCHARGE PAY.

Date paid	Paid Soldier	Paid Dependent	War Service Gratuity	Net amount due
16-8-18	$8.00			
16-9-18	3.00	25.00		
16-10-18	34.10	25.00		
		$175.10		

Certified Correct.

CAPTAIN
PAYMASTER, MILITARY DISTRICT NO. 2

District Paymaster.

no payment

E C

238th. BATTALION C. E. F.

To be made out in duplicate.

I.Q. 54-21-20-53

PARTICULARS OF FAMILY OF AN OFFICER OR MAN ENLISTED IN C. E. F.

INSTRUCTIONS.

(a) This form is only required for men joining units for Overseas Service and must be completed immediately the man is warned for draft overseas.

(b) Care must be taken to see that a man is allotted his correct Regimental Number. No numbers must be duplicated and once it has been allotted to a man, even if he is subsequently discharged, the same number must never be allotted to another man.

(c) All questions, etc., must be answered.

(d) One copy of the form is to be forwarded by Officer Commanding unit for each Officer and man to Officer Commanding Division or District at least seven days before man leaves his station to proceed overseas, for transmission to Accountant and Paymaster General, Ottawa.

(e) Duplicate copy is to be forwarded direct to Officer in charge of Records, C.E.F. London, immediately after arrival in England.

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(1) Name of Overseas Unit which Soldier joins 238th Batt.

(2) Regimental Number 1036193.

(3) Full Name of Soldier Robert Macfarlane Anderson

(4) Place of Birth Dundee, Scotland.

(5) Are you married, or not? Married

(6) If married, state,
(a) Full name of your wife Lily Elizabeth Anderson.

(b) Present Postal Address 29 Bolton Avenue
Toronto, Ontario.

(7) Are you a widower? No

(8) Have you any children? Yes.

If so, give number of boys and girls One (1) Boy

Also their names and ages Lloyd Macfarlane Anderson
Aged six (6) months

M. F. W. 67.

300M.—5-16.
1772-33-964.

(SEE OTHER SIDE.)

(9) Is your Father alive ?..... Yes.....

If so, state name and address David Rodger Anderson 40. Church Street. Dundee. Scotland.

(10) Is your Mother alive ?..... No .....

If so, state name and address.....

.....

(11) If your Mother is a widow.....

Are you her sole support, or not ?.....

(12) If sole support of widowed mother, state what amount you have given her per month prior to your enlistment, also reason she has no other support than yourself.

.....

.....

(13) If you have no wife, father, mother or children, state the name and relationship with full postal address of your next of kin, to whom you would desire any communication to be sent concerning you.

.....

.....

.....

(14) If you have a wife, or children, or a widowed mother who depends on you as her sole support, have you applied to the Paymaster of your unit for Separation Allowance ? If not, this must be done.

..... Yes .....

(15) Are you insured ?..... Yes .....

If so, in what Company ?..... Metropolitan .....

Have you made arrangements for payment of your Insurance premium..... Yes .....

If not, and it is a monthly premium, you can assign the amount in addition to any other assignment you wish to make.

F. Campbell
..... *Officer Commanding.*

Date..... Aug. 16 .....

*PARTICULARS MARKED THUS TO BE OBTAINED FROM SOLDIER AND CHECKED FROM DOCUMENTS.

CONFIDENTIAL INFORMATION

CATEGORY

Report No. 20750		No. of M. H. C. File	No. of Local File	No. of H. Q. File
Unit	Surname Anderson Christian Name Robert M.			
M.D. No. 2	Permanent Address 29 Bolton Ave. Toronto.			

No.* 1036193 Rank Pte. Original Unit 238th Service Unit* 238th

Age* 33 Height 5 ft. 8 ins. Complexion Med Eyes Grey Hair Brown Conduct

Date of enlistment 3/7/16 Where enlisted Toronto Where seen service* England.

Ship returned by Oue T. Date of arrival JUL 3 1918 Port of arrival Halifax.

Birthplace* Scotland Religion Presb.

Present disease or disability Defective vision R.Eye. Pain and defective motion L.Arm. Aching feet

Cause or origin Virteous opacities R.Eye.

Condition in detail which prevents the soldier from earning a full livelihood

General condition fairly good. Marked defect of right eye - Right: 1/60 - Left 6/24, not improved. Virteous Opacities of right eye; Specialist's report: Both feet are flat. The left arm is markedly deformed.- not able to extend or flex the arm - there is loss of power. The wrist shows old scar as well the elbow, Marked muscular atrophy of left arm. The hand grip is weak. He says he has never had any use of left arm.

A. General Service.
B. Service abroad, not general.
C. Service in Canada.
D. Treatment.

E. 1. Discharge, no pensionable disability.
E. 2. Waiting Reclassification.
E. 3. Discharge with claim for pension.

Degree of Incapacity—Eng. Board. NA Canadian Board

Is disability due to or aggravated by Service? Aggravted by service

Probable duration of incapacity

Does it render him unfit for Military Service?

Is further treatment or use of appliances recommended, if so, which?

Destination to which transportation issued Toronto Ont.

Members of Board L.H. Roberts Capt. R.B. Barker Capt.

Place London. Date 11-5-18 19

INFORMATION TO BE FURNISHED BY SOLDIER

DEPENDENTS	NAME	AGE	WHERE—IF EMPLOYED	WAGES	STATE OF HEALTH
Wife	Wife	30			Good
Children 1					
2	1 Boy	2			
3					
4					
5					

Name and address next of kin Wife Mrs Lillie Anderson. abandd.

Notification of return to be sent to

Occupation prior to enlistment Wood Mechanist And for how long followed always

Regular trade or occupation do.

Do you consider that your disability will prevent you from following your previous occupation. Yes.

Average earnings previous to enlistment $ 25 00 weekly. Any other income

Name and address of last employer Canada Furniture Co Toronto Ont

Rent per month $18 00 If owner of or purchasing property, amount due and annual payment $ $

Taxes — If Homestead or Farm, where located —

If carrying life or accident insurance, annual premium $ — Name of Society Metropolitan

If work should not be available at old occupation, name preference. undecided

I declare that the above statement is correct.

References Alone Ups

Witness H L Frahn

Date JUL 5 1918 Place Quebec. Signature R. M. F. Anderson.

Remarks by Interviewer :

Last Pay Cert. Cr., $ Dr., $ Amount paid at Depot H.Q., $ L.P.C. leaving Depot, $

Amount forwarded to H.Q. Unit, $ Credit Clothing allowances, $

PENSION—Class..... Amount per year, $..... Period granted for..... Dating from.....

First payment date.....

Form I.S.C. No. 5c.

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS DISTRICT 2

NAME OF SOLDIER Anderson R. [illegible] No. 142361 93

REGIMENT [illegible] RANK [illegible]

INSTRUCTIONS

1. On examination the condition of patient's mouth to be marked on diagram in red ink.
2. On first line of report record of same to be made in red ink.

Only such entries to be made on this sheet as will show :

1. Condition on examination (in red).
2. Condition on leaving Canada.
3. Condition on discharge.

	Date	Amalgam	Temporary Filling (a) G.P. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhœa	Synthetic Porcelain	Extracting	Dentures U	Dentures L	Dentures P	Gold Clasp	Gold Filling	Crowns Gold	Crowns Porcelain	Bridge Work	OPERATOR	Military Dist.	REMARKS
Condition on first Examination			No previous history.																			
Discharge exam. at #2 Can. Co. 24/7/18			dentally fit																	H.H. Temple Capt.		

FOR DOCUMENTS

F.B. 465 M.—2-18. 1772-39-900.

DENTAL HISTORY SHEET

M.S. 1348 (Revised). 3998

113597 E.

EXAMINATION
BY
STANDING MEDICAL BOARD, BRAMSHOTT.

Nov. 24th 1916.

No. 1036195 Rank Pte Name Anderson R Mac

Local Unit 238 Bn. Overseas Unit Age 32.

Examination held at Bramshott, Hants.

DISABILITY. Flat feet.

Overseas—Local.
(scratch one out)

PRESENT CONDITION.

This man had no disability from his flat feet - Has taken all route marches - never had to fall out.

Board recommends:

1. Fit for Duty. Yes. Class A (T.)
2. Fit for duty after ..... weeks physical training.
3. Fit for Base duty ..... weeks.
4. Fit for Permanent Base Duty.
5. Discharge.

Signatures:

Members { C E Corp. Clerk Pres.
R A Dickson Major
H Fraser Capt

Approved.

Bramshott Nov 25th 1916. A D Stewart Major

for A.D.M.S.
Canadian Troops, Bramshott.

3990

238th. BATTALION C. E. F

1036193

MEDICAL HISTORY SHEET

Surname Anderson Christian Name Robert Rae Farlane

Examined { on 3rd day of July 1916 191
at Toronto, Canada.

Birthplace { City or Town Dundee
County Scotland

Apparent age 31 yrs 9 mos.

Trade or occupation Wood Machinist

Height 5 feet 7 Inches

Weight 148½ lbs.

Chest measurement { Minimum 35 inches
Maximum expansion 39½ inches

Physical development Good

Small-pox Marks nil

Vaccination Marks { Arm Right 1 Left
Number 1

When Vaccinated last infancy

(a) Marks indicating congential peculiarities or previous disease nil

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

Approved by James Simpson Capt

Rank Toronto Recruiting Depot. M.O.

Date	Fit or Unfit	Examined for Re-Engagement	
			M.O.
			M.O.
			M.O.
			M.O.
			M.O.
			M.O.

Date	Result	Vaccinations	
8/10/16		Jamieson	M.O.
			M.O.
			M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.	
7/9/16		Jamieson	M.O.
14/9/16		Jamieson	M.O.
8/10/16		Jamieson	M.O.
2.2.18		Jamieson	M.O.

Enlisted on 3rd day of July 1916 191 at Toronto, Canada.

	Corps	Regt'l Number	Habits	Date
Joined on enlistment	238th Battn. C.E.F.	1036193		
Transferred to	CANADIAN FORESTRY CORPS. CANADIAN FORESTRY CORPS.			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

Bramshott Camp. Hants.

Station	Date	Disease	Result
25 NOV 1916 APPROVED Bramshott Lemmingdale	24-11-16 A.D.M.S. 1st Can. Div. 13-5-18	Flat foot Imp Eczema Defective vision Ankylosed elbow Flat foot	Fit. Class. A (1) C.R. Cooper C.F. Capt & Adjutant MEDICAL BOARD PRESIDENT
Park School. Toronto July 24/18		(1) Weak left arm (2) Defective vision	"B3" Major. A.M.C Pres. Stand. Med. Bd.

N.B.—This sheet to be disposed of in accordance with instructions in the Regulations for Army Medical Servcie, on the man becoming non-effective; the date and cause being stated on next page.

M. F. B. 313.
500M.—3-16.
H. Q. 1772-39-139.

Surname Anderson Christian Name Robert MacFarlane

3990

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				
1st N.G.H. Newcastle-Tyne		18	2	18	25	3	18	Chronic Epididymitis & T.B.	35	Ang Hospital. 27-2-18.	J. W Leech Lieut RAMC

3990

R—122

LTR Rank Name ANDERSON, Robert MacFarlane / Reg'l No. 1036193 /

Unit 238th, Bn. / If in perm. Corps, What Unit? } Married or Single Married. /

Place and Date of Enlistment Toronto, Canada, July, 3rd, 1916. / Place of Birth Dundee, Scotland. /

Name and Address, Next-of-Kin Lillie Anderson. /

29 Bolton Ave, Toronto, Canada, / Relationship Wife. /

Assigned Pay Monthly $ Payable to

Relationship

Separation Allowance $ Payable to

Relationship

Discharge, Date and Place Reason Character

N/E. R.B. No 2312
File H.L.
Category Can. O.R.

H. W. & V., Ld.—7165-16.

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 S.S. Scandinavian 22.9.16			
		2*12*16 238 B'n Attd. C F C for D-D-R&Q W'ley 23*11*16 Pt1.DO 161			
		4.12.16. C F C T.O.S 23.11.16-Auth, Pt. II, DO-II.			
8-12-16.	238. Bn #2 dist. C.F.C.	D.O.161 Amended to read. SOS. on transfer to C.F.C.	M'Ley.	23.11.16	Pt II DO.167.
2.5.17	"	On strength (17 Coy)	Carlisle	1-5-17	" 2.
3.7.17	"	Appt. A/ Corpl	"	30.6.17	" 54
10/11/17	52 Dist. C.F.C.	Appointed Pte. A.M.S.	Eglt	25.9.17	" 136.
14.3.18	"	Reverts to perm. Grade "Pte" on posting to Base Depot.	Eglt A.M.S.	12.3.18	" 10.
"	"	S.O.S. to Base Depot.	Pte	12.3.18	" 10.

3990

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.
28/3/18	BD.C.F.C.	Attached from 5th Dist. for D.D.P.R.V.& A.	Folkestone	S/dale 26.3.18	Pte 075.
29/3/18	"	Ceases to be attached V is T.O.S. from 5th Dist.	Ht	" 12.3.18	" 76.
24.5.18	—"—	On Com. C.D.D. Bupton pending embarkation to Canada for disposal by A.G.	"	" 24/5/18	" 124.
8.6.18	—"—	Pte 075 d/28/3/18 is deleted.		"	" 137
"	—"—	Pte 076 d/29/3/18 "Ceases to be att." is deleted.			
29/6/18	"—	Ceases on Com C.D.D & S.O.S. on embarkation to Canada for disposal by A.G.	"	" 22/6/18	" 155.

Park School

MEDICAL CASE SHEET ([redacted] HALMOLOGY)

3995 MILITARY HOSP[redacted]

MILITARY WARDS
TORONTO GENERAL HOSPITAL
Eye Clinic
JULY 22nd, 1918

DATE

NAME Anderson, R.M. RANK Pte. NUMBER 1036193 UNIT #2 D.D. AGE 33

HISTORY Injury when child -

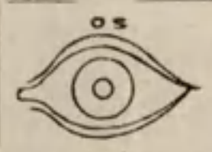
SYMPTOMS Poor vision O D

GLASSES WORN Dark unspec -

OBJECTIVE EXAMINATION

EXTERNAL APPEARANCE

OD +.50 +.50 +.5 - Lower lid drawn down. Nose bridge sunken -

OS  ——

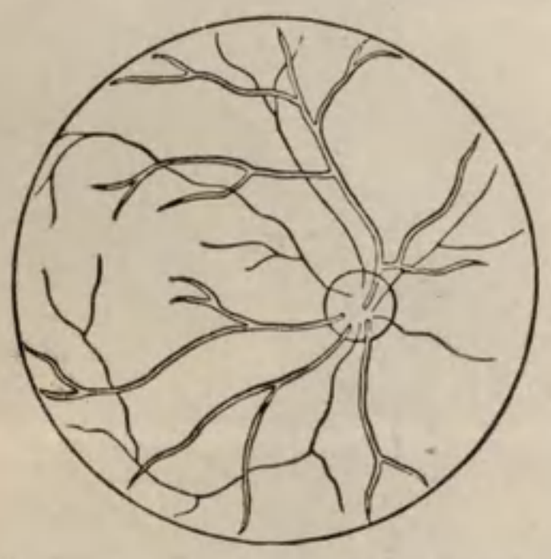
RETINOSCOPY AND OPHTHALMOMETER

OD

OS

OPHTHALMOSCOPE

	FUNDUS	LENS	CORNEA
OD	—	cl.	cl
OS	n	cl	cl



FIELDS

L. Ax Myopic astig OD and amblyopia ex anopsia

MUSCLE BALANCE

Not det. do service

TENSION

Disability - 25%

SUBJECTIVE EXAMINATION

TRIAL CASE

		BEFORE	SPH.	CYL.	AX.	V	AFTER
OD	V	1/60	Dark	unspec			
OS	V	6/5				V	

P.P. P.R. A. ACC. PRESBYOPIA

GLASSES PRESCRIBED

OD

OS

TREATMENT:- Nil

M. F. W. 144
10M.—3-18
1772-39-1173

F. A. Aylesworth
Opthalmic Surgeon. T.G.H.

Army Form B. 103. 3990 Regimental Number 1036193

Casualty Form—Active Service.

Regiment or Corps 238th Battalion, C.E.F.

Rank Pte Surname Anderson Christian Name Robert MacFarlane

Religion ..... Age on Enlistment ..... years ..... months.

Enlisted (*a*) 3-7-16 Terms of Service (*a*) D of W Service reckons from (*a*) 3-7-16

Date of promotion to present rank ..... Date of appointment to lance rank .....

Extended { ..... } Re-engaged { ..... } Qualification (*b*) Wood Machinist

or Corps Trade and Rate .....

..... Signature of Officer.

Report: Date	Report: From whom received	Record of promotions, reductions, transfers, casualties, &c., 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 of Casualty	Date of Casualty	Remarks Taken from Army Form B. 213, Army Form A. 36, or other official documents
		Embarked	Halifax, N.S.	11.9.16.	
		Disembarked	Liverpool.	22.9.16.	
18.12.16	O.C. 238th Bn.	S.O.S. 238th Bn. to C.F.C.	Witley	2.12.16	D.O.No. 161 Capt. & Adj. 238th Bn
5.12.16	D. of T.O.	T.O.S. Can. Forestry Corps	London	3.12.16	D.O.No.12 Lt. & Asst Adj. C.F.C.
3-7-17	OC No 2 Dist C F C	Appointed A/Corporal	Carlisle	30-6-17	D.O. 42 No 2 Dist.
13/11/17	O.C. No. 52. Dist C. F. C.	appointed A/cpl.	Carlisle	25-9-17	D.O. 136 Lieut. & Adjutant, for O.C. District No. 52 Canadian Forestry Corps.

(*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

(*b*) Signaller, Shoeing-Smith, &c.

[P.T.O.

[M1101] W6135/M768 1000m 9/16s 153 G & S Forms/B 103/4. E./354.

3990

Report		Record of promotions, reductions, transfers, casualties, &c., 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 of Casualty	Date of Casualty	Remarks Taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
14-3-18	O.C. No 52 Dist C.F.C	S.O.S No 52 Dist C.F.C at 115 Coy proceeding to Base Depot	Carlisle Sunningdale	12-3-18	P.H. D.O. No 10 Capt Wadgt. for O.C. No 52 Dist C.F.C
14-3-18	do.	Reverts to permanent grade (Pte)	Carlisle	12-3-18	Pt. II. DO No. 10
14-3-18	O.C. C.F.C. T.O.S. Base Depot, C.F.C. Sunningdale		12-3-18	Pt 11 D.O.	76
25 MAY 1918	TAKEN ON STRENGTH C.D.D. BUXTON Pt. 11 ORDER NO. 123.				
22 JUN 1918	EMBARKED FOR CANADA FROM LIVERPOOL				
				S. Lock, Lieut. for Commanding	Canadian Lieut.-Col. Discharge Depot.
6 7/8	a/c	T.O.S. No 2 District Depot, Part II, D.O. No 88			
		D.S. #2 D.D. Aug 16th 1918 Pt11 #117			
		J.R. Robson Lieut Captain, For Lieut.-Colonel, O.C. No. 2 District Depot.			

(160345). Wt. No. W8304/M2107. 34,813.
4,500,000. 9/17. P. & P., Ltd. 1777.

3998

MORNING SICK REPORT*
MEDICAL INSPECTION REPORT*

Army Form B 256

Unit B H C

Squadron, battery, or company B

Station and date Sunning dale April 24th 1918

Regtl. No.	Rank and Name (Christian name in full; Surname first; M under name if married).	Completed Years of Age.	Completed Years of Service.	Religion.	If for duty†	Whether a defaulter.	Lines or barracks.	Room.	Disease.	Disposal. Medical Officer's remarks and signature.
103613	Cpl Anderson R	33		CD 1/60 QSO/24	Waterproof Boots for eyes				Eye Test	Report on Categorization

This Sgt. says he is receiving his ~~discharge~~, in which case I will not give him Glasses

Lenses & Prisms right eye

[illegible] Coulter Capt CAMC

[illegible] Captain, Medical Officer Base Depot, C.E.F. [illegible]

† State nature of duty for which warned. In the case of men for medical inspection, the reason, such as, "Soldiers for trial by Court-Martial," or "joining the station," &c., should be stated against their names.

* Strike out whichever is not applicable.

Orderly N.C.O.

To be Discharged from Hospital to-morrow.

Unit.	Squadron, battery, or company.	Regtl. No.	Rank and Name.	

M. F. W. 41a.
120m. 1-18
1772-39-1213

English L.P.C. No. A-171

Name Anderson, Robert McFarland

Regt'l No. 1036193 Rank Private File Numbers P.M. 25-73.

Former Units C.F.C. Original Unit 238th Battalion.

Date of arrival in Canada 3-7-18 Boat Empress of Britain Port of Disembarkation Halifax

Rates of Pay:—Regt'l. 1.00 Field .10 Date of arrival in M.D. 2

Separation Allowance. Date paid to 31-7-18 Rate $25.00 If continued by Chief Paymaster, England no

Assigned Pay. Date paid to 31-7-18 Rate $15.00 If continued by Chief Paymaster, England no

Name and address of Beneficiary Mrs. Lillie Anderson (Wife) 29 Bolton Ave, Toronto.

Pay claimed on English L.P.C. to 31-5-18 to be paid by new Unit from 1-6-18.

Name of new Unit No. 2 District Depot Date L.P.C. forwarded to new Unit 6/9/18

A/P chargedon English L.P.C. to 31-5-18.

L.L. 34682—M. & D. 8645.

CKM 11-7-18.
M.P.C. 5.8.18

Credit Balance shown on English L.P.C.	OTHER CREDITS DUE	TOTAL CREDITS	Charges to be made on account of advances since English L.P.C. made out — On Boat — ~~At Ch. Depot~~ A-P.	OTHER CHARGES	TOTAL DEBITS	BALANCE TO NEW UNIT — Credit	BALANCE TO NEW UNIT — Debit	REMARKS
$ c.	$ c.	$ c.	$ c.	$ c.	$ c.	$ c.	$ c.	
38 19		38 19						
				487				AR 2885
				1460				AR 3324.
			500					AR 3
			2000					AR 29.
			3000					June & July — 18.
Debit Balance		3628			7447			
		7447			7447		3628	

M. F. W. 41a.
120m. 1-18
1772-39-1213

English L.P.C. No.....

Name.....

Regt'l No.....Rank.....File Numbers { .....
.....

Former Units.....Original Unit.....

Date of arrival in Canada.....Boat.....Port of Disembarkation.....

Rates of Pay:—Regt'l.....Field..... Date of arrival in M.D.....

Separation Allowance. Date paid to.....Rate.....If continued by Chief Paymaster, England
.....

Assigned Pay. Date paid to.....Rate.....If continued by Chief Paymaster, England
.....

Name and address of Beneficiary { .....
.....

Pay claimed on English L.P.C. to.....to be paid by new Unit from.....

Name of new Unit.....Date L.P.C. forwarded to new Unit.....

Credit Balance shown on English L.P.C.		OTHER CREDITS DUE		TOTAL CREDITS		Charges to be made on account of advances since English L.P.C. made out				OTHER CHARGES		TOTAL DEBITS		BALANCE TO NEW UNIT				REMARKS
						On Boat		At Cl. Depot &c.						Credit		Debit		
$	c.	$	c.	$	c.	$	c.	$	c.	$	c.	$	c.	$	c.	$	c.	

M. F. W. 41
100M-1-18.
1772-39-889.

Name Pte. R. M. Anderson

Regimental No. 1036193

Unit 238th Bn.

Date of enlistment

Place of "

Married (yes or no) Yes.

Amount of pay assigned monthly $15.00 pd to 31-7-18

To whom payable Mrs Lillie Anderson
29 Bolton Ave., Toronto

Name and address of next-of-kin

Date and place discharged SA. paid to 31-7-18

Reason for discharge

Character on discharge

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	Remarks, Casualties, etc.
June 1 1918	Aug 16	77	1-	77-	77	.10	7 70			4947		30-		36 28		T.O.S. D.O. 82.
								12 90		5011			12 90			Out July 6-20 D.O. 82.
								12 00	10 60	5070		35-				Rec'd D.O. 117 - P.D. P
								38 00	144 60	5072		30 42				35.00 Clothing — 12.60 A/a.
																Aug P.L.

M. F. W. 41
100M-1-18.
1772-39-889.

Name.....

Regimental No.

Name and address of next-of-kin

Unit

Date of enlistment

Place of "

Married (yes or no)

Date and place discharged

Amount of pay assigned monthly $

Reason for discharge

To whom payable

Character on discharge

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

File No. 0378 R88 - 30/7/19

WAR SERVICE GRATUITY.

Register No. A584

Reg. No. 10361/93 Pte. 23rd Bn.

Name Anderson Robert Jr.

Address 378 Logan Ave Toronto Ont

Pay Soldier $ 224.90

Thibault.
Neville.
WHChamberlin
Clerk

Dependent Mrs Lily Elizabeth Anderson (Wife) same

Address

Pay Dependent $ 100.00

Days 153 Rate 100.00 Due 500.00

Less P.D.P. credited 175.10

Less further Dr. Bal. or overpayment.

Net 324.90

RW104 11 11/19

Date	Ck. Order	Ck. No.	Amount		Remarks.	Date	Ck. Order	Ck. No.	Amount.	
1					14-8-19.	12-8-19	8664	499243.	100	00
2 12-8-19.	8663.	499242	140	00	14-8-19.	2				
3 12/9/19	17435	516181	84	90	2/9/19	3				
4						4				
5						5				
6						6				

495-D.P.-100M-6-19 (10248).

GEN'L AUDITOR
Posting checked by
Date 12/8/19

POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

Name Anderson, R.M.
Surname Christian Name

Regimental Number 1036193 Rank Pte.

Unit #2. Dis. Depot.

Original Unit

District where paid M.D 2.

Date of Discharge

P. D. P. Filing Number 1-649-2.

Address (in full) 29 Bolton Ave., Toronto, Ont.

Rates:—Regimental pay $ per diem: Field Allowance $ per diem. Separation Allowance $ per month.

L. L. 22573—M. & D. 8009.

Total Credits 91 days	FIRST PAYMENT			SECOND PAYMENT			FINAL PAYMENT			Balance Over-payments to be Recovered	Total Amount Paid
	Cheque No. A	Date	Amount 30 days	Cheque No. B	Date	Amount 30 days	Cheque No. C	Date	Amount 31 days		
175 10	10642	16-8-18	58 00	10065	16-9-18	33 00	7384	16-10-18	34 10	50 00	125 10
50 00	11535	16.9.18	25 00	10848	16.10.18	25 00					50 00

M. F. W. 127.
50M—6 17.
1772-30-1140.

Remarks: Paid to Dependent. See P.L. #704.

L-L. 5470—M. & D. 6888

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

M. F. W. 12
50m.—7-16
H.Q. 1772-39-819

To Whom Lillie Anderson (wife)

Address 29 Bolton Ave., Toronto, Ont.,

By Whom Assigned Anderson R. M. F.

Regtl. No. 1036193

Rank Pte

Corps 238 Bn "E" Co

Rate 20.00

SEP 1- 1916

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				

Consolidated Account

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier_____

PAYMENTS.

Month.	Year.	Cheque No.	Amt.	Remarks.
Aug.	1918			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1919			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1920			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

M. F. W. 12a.
50m.—7-16
1772—39—819.

Sheet No. 2 Lillie Anderson (wife) Name of Soldier Ste Anderson R. M. F.
(Assignee)

PAYMENTS. #1036193 Pte 238 Bn E Co

L. L. Job 5470—Req. 6888.

20.00

SEP 1 - 1916

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May				
June				
July				
Aug.				
Sept.		M 21722	20 —	
Oct.		E 19610	20 —	
Nov.		E 24584	20	
Dec.		A 35030	20	
Jan.	1917	I 36187	20	
Feb.		I 42544	20	20
March		I 48640	20	20
April		J 282	20	20
May		J 6577	20	
June		J 43186	20	20
July		J 19995	20	
Aug.		L 27091	20	
Sept.		L 33788	20 —	260.
Oct.				
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

3/7/16

L- I[illegible]b 310—M. & D. 6574.

MILITIA AND DEFENCE

M. F. W. 11.
50m.—4-16.
H. Q. 1772-39-818.

SEPARATION ALLOWANCE

Name Lillie Anderson

Address 29 Bolton Ave
Toronto
Ont

Relation to Soldier wife, child or mother } wife

Name of Soldier Anderson Robert Mac F

Regtl. No. 1036193

Rank Pte

Corps 238th Bn

To what Corps belonging when called out }

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
Apl.				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				

CONSOLIDATED ACCOUNT 3

MILITIA AND DEFENCE

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier _____

PAYMENTS.

Month.	Year.	Cheque No.	Amt.	Remarks.
Aug.	1918			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1919			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1920			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				

MILITIA AND DEFENCE

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

PAYMENTS.

M. F. W. 11a.
50m.—4-16.
1772—39—818.

Sheet No. 2. Lillie Anderson wife

Name of Soldier Anderson Robt. Mac. J

L. L. Job 310.—Req. 6574.

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May				
June				
July		M11111	18	18
Aug.		X14527	20	20
Sept.		E14633	20	
Oct.		E17971	20	20
Nov.		E21024	20	20
Dec.		E24509	20	20
Jan.	1917	E27968	20	20
Feb.		E30986	20	20
March		E34271	20	20
April		793	20	20
May		H3716	20	20
June		G.6858.	20	20
July		F10582	20	20
Aug.		H 128921	20	T
Sept.		J 16738.	20	B 298. ✓
Oct.			20	
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

*Name Anderson, R.M. Rank Pte. Regtl. No. 1036193

Original unit 238 CFBn. Present unit C.F. Bn. M. or S. M Age 34 Religion Pres. Fyle Depot Ref. H.Q.

Port, ship, and date of arrival 6-7-18

Next of kin wife Lily Anderson

Address on leave 29 Bolton Ave. Toronto Ont.

Address on discharge Same

Transportation issued Yes / No Date Character on discharge Very Good

Previous occupation Mavhinist Date and place of enlistment 3-7-16 Toronto, Ont.

Diagnosis Weak L. arm, Def. vision Rt. Date of Medical Boards 20-7-18

Date.	Remarks.	Pt. 2 Order No.
6-7-18	T.O.S. of this Depot and Posted to Cas. Co. Leave to 20-7-18	82
16-8-18	S.O.S. DISCHARGED "UNFIT FOR GENERAL SERVICE" (3 mos. PDP & cloth'g all'ce)	117

*—Name will be given in full; surname first.

(over)

Date.	Remarks.	Pt. 2 Order [redacted]

M.F.W. 192.
60M-3-18 (D.P.) 353.
1772-39-1243.

Date of Enlistment

3-7-16

MILITIA AND DEFENCE

Separation and Assigned Pay Branch A

OVERSEAS CONTINGENTS

2704

Date of Assignment

Sept 1-1916

RATE OF SEPARATION ALLOWANCE

20	1/12/17 25 PC 3257		

RATE OF ASSIGNMENT

~~20~~	1/1/18 25	15-00	

1/5/18

1/1/17 1/1/18

PARTICULARS OF SEPARATION ALLOWANCE

No. 1036193

Rank ~~Pte~~ Promoted a/2 M.S Reverted Discharge

Soldier's Name Robt Wm F. Anderson

Battalion 238th Batt. "E" Coy

Beneficiary Lillie Anderson

Relationship wife

Address

PARTICULARS OF ASSIGNMENT

Name Lillie Anderson (Wife)

Address 29 Bolton Ave Toronto Ont

Change of Address

1

2

3

4

Date		Cheque No.	Amount S/A		Amount A/P		Total		
30/9/17			298	✓	260	✓	558	✓	
Oct.	C	51479	20		20		40		
Nov	C	52716	20		20		40	T	
Dec.	F	55037	20		20		40	M	
~~June~~	~~A~~	~~54330~~	~~30~~		~~20~~		~~50~~	B	
~~Jan~~	~~B~~	~~70732~~	~~30~~		~~36~~		~~66~~	BB	
March	U	78019	55	+	50	+	105		
March	G	99788	25		25		50	✓	
April	H	7581	25		25		50		
11/5/18 May	H	4978	25		15		40	50	
June	B	15380	25		15		40		
July	Y	28361	25		15		40		
			$538.00		$465.00		$1003.00		

REMARKS 0378-R-77

① 2 M 18/12/17 a.P.D 27/12/17
30th Dec to adjust 25th future

File 0 378 R-163

MRO 1 Ballen 10/5/18

a54330 Cancelled 2 M effective 1/5/18

B70732 Can 3/1/18 reduced A P flow

to adjust S.A+A.P. Jany Feby ~~March~~ mailed 4/3/18 $25.00 to $15.00

MRO 1A new 2/3/18

24 o/d 10/5/18

A/c Closed 31-7-18

Ret'd per Empress of Britain

Date 9-7-18 E.X. 10.7-18

Clerk Jno Baron

MRO 214 10/7/18 J Baron

M. F. W. 128
400M.—6-17—1772-39-1141
L. L. 22320—M. & D. 7493.

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Date of Assignment

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank Promoted Reverted Discharge

Soldier's Name

Battalion

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name

Address

Change of Address

1

2

3

4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS

M. F. W. 128
400M.—6-17—1772-39-1141
L. L. 22320—M. & D. 1933.

Number 1036193 Rank a/C.Q.M.S.

Surname ANDERSON

Christian Name Robert MacFarlane

Units C.F.C. Theatre of War England.

Date of Service 22-9-16.

Remarks 378 Logan ave

Latest Address ~~29 Bolton~~ Ave. Toronto Ont.

Roll No. A Page 4284

200m.-6-21.M.

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

.....

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

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

ne person to be notified of arrival.....

.....

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

..... Railway.....

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

ination.....

DESP NOV 20 1922 REGN. NO. C 12[illegible]

No. 1036193 RANK Pte, NAME Anderson, Robt. M.

T. O. S. 3-7-16. 29.0.28 UNIT 238th. Battalion (Forestry)
of 10-7-16

M. D. 3

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916 July 3	1916 July 31	[illegible]		
Sept.	Aug. made			

UNIT SAILED
SEP 11 1916

SURNAME. Andersson

CHRISTIAN NAMES Robert MacFarlane

REGL. NO. 1036193 RANK Pte

UNIT ~~238th~~ No. 2 D.D. Bn

FORMER CORPS Nil

CARD NO.

S.S.D. to 16-8-18-2

FOLL.

U.F.B. DO. 114. 12-8-18

NEXT OF KIN.

NAMES IN FULL Anderson Mrs Lillie

RELATIONSHIP TO SOLDIER Wife

ADDRESS 29 Bolton Ave, Toronto, Ont.

CHANGE OF ADDRESS

COUNTRY OF BIRTH Scotland Dundee DATE Oct-21st-1884

PLACE OF ATTESTATION Toronto, Ont. DATE July 3rd 1916

Sailed from Halifax Jan 1st "Scandinavian"

11-9-16. 634/3 R/C. 3-11-18. 185/2

L. L. 94504. M. & D. 6512.

M. F. W. 22. 250M.—8-16. H. Q. 1772-39-339.

MARRIED Yes SINGLE WIDOWER

TRADE OR CALLING Wood Machinist- RELIGION Presbyterian

DESCRIPTION.

APPARENT AGE 31 YEARS 9 MONTHS

HEIGHT 5 FEET 4 INCHES

CHEST MEASUREMENT 39 1/2 INCHES EXPANSION 4 1/2 INCHES

COMPLEXION Medium EYES Grey HAIR Brown

DISTINGUISHING MARKS Scar over face from measles

MEDICAL EXAMINATION. PLACE Toronto Ont. DATE July 3rd 1916

Present Address 29 Bolton Ave, Toronto, Ont.

Date of Enlistment

3-7-16

MILITIA AND DEFENCE

Separation and Assigned Pay Branch A

OVERSEAS CONTINGENTS

2704

Date of Assignment

Sept 1-1916

RATE OF SEPARATION ALLOWANCE

20	1/12/17 25 PC 3257		

RATE OF ASSIGNMENT

~~20~~	1/1/18 25	15.00	

1/5/18

1/2/a 23 p 445

PARTICULARS OF SEPARATION ALLOWANCE

No. 1036193

Rank ~~Pte~~ Promoted a/2 M.S Reverted Discharge

Soldier's Name Robert Sgt F. Anderson

Battalion 238th Batt. "E" Coy

Beneficiary Lillie Anderson

Relationship wife

Address

PARTICULARS OF ASSIGNMENT

Name Lillie Anderson (Wife)

Address 29 Bolton Ave Toronto Ont

Change of Address

1

2

3

4

Date		Cheque No.	Amount S/A		Amount A/P		Total		
30/9/17			298	✓	260	✓	558	✓	
Oct.	C	51479	20		20		40		
Nov	C	52716	20		20		40	T	
Dec.	F	55037	20		20		40	M	
~~June~~	~~A~~	~~54330~~	~~30~~		~~20~~		~~50~~	B	
~~Jan~~	B	~~70732~~	~~30~~		~~36~~		~~66~~	BB	
March	U	78019	55	+	50	+	105		
March	C	99788	25		25		50	✓	
April	A	7581	25		25		50		
11/5/18 May	H	4978	25		15		40	50	
June	B	15380	25		15		40	✓	
July	Y	28361	25		15		40		
			$538.00		$465.00		$1003.00		

REMARKS 0378-R-77

① 2 M 18/12/17 a.P.D 27/12/17
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to adjust SA+AP Jany Febry ~~March~~ mailed 4/3/18

MRO 1B raw 2/3/18

MRO 1 Ballot 10/5/18
2 M effective 1/5/18
reduced A P & Allow
$25.00 $15.00

24 o/d 10/5/18

31-7-18

A/c Closed

Ret'd per Empress of Britain

Date 9-7-18 F.X. 10-7-18

Clerk Jno Baron

MRO 214
10-7-18 J Baron

M. F. W. 128
400m.—6-17—1772-39-1141
L. L. 22320—M. & D. 7493.

Date of Enlistment

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RATE OF ASSIGNMENT

PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank Promoted Reverted Discharge

Soldier's Name

Battalion

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name

Address

Change of Address

1

2

3

4

	Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS

M. F. W. 128
400M.—6-17—1772-39-1141
L. L. 22820—M. & D. 1483.

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.

3990

This space to be for numbers

Proceedings on Discharge.

26/9/39

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

M.B.

No. 1036193

Rank Pte.

Surname ANDERSON ROBERT MCFARLAND

Christian Name

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

Corps (Squadron, Battery or Company) 238th Bn (#2 D.D.)

Date of Discharge 6

Place of Discharge TORONTO, ONT.

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age 33 years months.

Height 5 feet 7 inches.

Complexion Medium

Eyes Grey

Hair Brown

Trade Wood Machinist

Intended place of residence (To be given as fully as practicable.) 29 Bolton Ave Toronto Ont.

Descriptive Marks

Vacc scar on right arm. Scar over face and side of body

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

Unfit for gneral service

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

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

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

Very good

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

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

Wood Machinist

M. F. B. 218.

100M.—1-17.
H. Q. 1772-39-113.

(OVER)

WO Comp 307

5. He is in possession of the following number of G. C. Badges:

Nil

No reference to G. C. Badges is to be made on either the discharge or character certificate.

6. Medals and Decorations..... Nil

To be copied by the Commanding Officer on to the parchment Discharge Certificate.

7. His account is correctly balanced, and signed by the Officer Commanding his Company. (*Squadron or Battery*), and I have impartially enquired into all matters brought before me in accordance with Regulations.

(Place) TORONTO, ONT. ..... W.R. Robson Lieut

(Date) AUG 16 1918 ..... *Commanding* .....

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)..... R M Anderson *(Signature of Soldier.)*

(Date)..... 16 ..... W.R. Robson Lieut *(Signature of Witness.)*

When a soldier is absent through illness or any other cause and it is not desirable to forward these proceedings to him for signature, a manuscript copy should be sent for the man to sign, and when returned, should be attached here.

9. **Additional Certificate in the case of a Soldier who takes his discharge on his own request.**

I hereby declare that I do of my own free will request to be discharged from His Majesty's Service.

..... *(Signature of Soldier.)*

10. **Statement of Service.**

Service toward Engagement to.....(the date to which the Record of Service is completed)..... 2 years 44 days.

Total... 2 years 44 days.

11. **Confirmation of Discharge.**

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

(Place).....

(Signature) ..... W.R. Robson Lieut

(Date) ..... 6 .....

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 R. M. Anderson

(OVER)

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. (79).
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 depot 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, dispatch, 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.

I. T. 8.7.18

Army Form B. 268.

(2)

Proceedings on Discharge.

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

No. 1036193 Army Rank Pte.

Name C Anderson Robert M.
(The name must agree strictly with that on enlistment, unless changed subsequently by authority.)

Corps C. F. C.

Battalion, Battery, Company, Depôt, &c. C. F. C.
(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.)

1.

Age 33 years — months
Height 5' feet 8 inches
Chest measurement { girth when fully expanded — ins. / range of expansion — ins.
Complexion —
Eyes —
Hair —
Trade Wood Machinist
Intended place of residence (To be given as fully as practicable) Toronto. (2)

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~~ Rtd in consequence of Auth. A. 9 Para 709 5-1-22 5.4.18 B3

(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 :—

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

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.

Initials of Commanding Officer.

Army Form B. 2088 has been issued to* —

D. D. & L., London, E.C.
A868g) Wt. W7727/M2626 500,000 9/17 Sch. 33 Forms B. 268 4t

* 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?

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

6. Campaigns, Medals and Decorations

Local Gunette.

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)_____ _____

(Date)_____ *Commanding*_____*Battn.*_____*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*)_____ _____(*Signature of Soldier.*)

(*Date*)_____ _____(***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_____(the date to which the record of service is completed)_____years_____days.

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

_____

Total ..._____ „ _____ „

11. *Confirmation of discharge.*

The discharge of the above-named man is hereby confirmed for (date)

(Place)_____

Signature_____

(Date)_____

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.)

_____

3990

OPINION OF THE MEDICAL BOARD—(*Continued*).

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

That he be placed in Category "C3"

Before signing the President of the Medical Board will read the certificate signed by the soldier, to the soldier, and if no change is indicated will initial the certificate.

W. McLean Major. *President.*

PLACE Park School.Toronto. T.C.Routley Capt.

DATE July 24th.1918 } Members.

APPROVED BY

J.P.Christian Capt. *Assistant Director of Medical Services.*

DATE 31/7/18

APPROVED BY

Director-General of Medical Services.

DATE

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 soldier to accept treatment appear to be unreasonable, or should he decline to sign this statement the Board of medical officers should so state.

President.

PLACE } Members.

DATE

3990 N.O.K. Mrs. Lilly Anderson. (Wife) 29 Bolton.Ave. Toronto.

Examined by Dr.Simpson July 3rd.1916 Toronto

MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

1. 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.
2. 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 soldier 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."
3. In answering the questions, Medical Officers will carefully obtain and record the soldier'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 soldier concerned, from witnesses, or from documents.
4. Special care is required in answering question 13. Please read the questions carefully. All questions must be answered.
5. If space provided under any sections is insufficient use blank space, page 4 or add another sheet. Such entries or sheets must be initialled by the Medical Board.
6. A note will be made of attached papers by the Medical Board under the section "Opinion of Medical Board."
7. Under no circumstances may information other than that in sections 8, 9 and 10 be communicated to the soldier, directly or indirectly.
8. 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 Park School.Bks DATE July 20th.1918

1. 1 (a) Unit #2 District Depot (b) Regimental No. 1036193 (c) Rank Pte

(d) Surname ANDERSON (e) Christian name Robert Macfarlane

2. Age last birthday 33 Date of birth Oct 21st. 1884

3. Enlisted at Toronto on July 3rd.1918

4. Personal description:—

(a) Height 5' 7" (b) Weight 158 (stripped) (c) Complexion Medium

(d) Colour of hair Brown (e) Colour of eyes Grey (f) Identification marks

2 Vaccination scars right arm. Scar over face and on right side of body

5. Address after discharge (for the use of the Board of Pension Commissioners)

29 Bolton.Ave. Toronto.

6. Former trade or occupation Wood Machinest

7. (a) Service	Years	Days
	2	17

	Periods	
	From	To
238th Battalion. #2 District Depot	July 3rd.1916 July 6th.1918	July 6th.1918 To date

(b) Has he been overseas? England 8. Original disease or disability (1) Painful weak left arm. (2) Defective vision.

(a) Date of origin (1) (2) pre enlistment (b) Place of origin (1) (2) Scotland

(c) Cause* (1) Unknown but there was a sore on elbow when 3 years of age following black measles. (2) Unknown

(d) Present disease or disability (1) Weak left arm. (2) Defective vision.rt.

9. Present condition (a) (Important to be a full description of the present disabling condition or conditions only.) "History" must be recorded in Section 10.

[After describing all abnormalities, anatomical and functional, contributing to present disability (see section 11) state whether such disability is directly due to (*a*) weakness, (*b*) loss (complete or partial) of any organ or member of its functions, or (*c*) to the necessity for rest of the body or of some of its parts.]

(1) Subjective;- Left arm feels weak and numb. Unable to lift heavy objects. Slight dull aching pain in arm after using arm as in lifting.

Condition remains the same. (See page 2) Es.

M. F. B. 227.
300M.—2-18.
1772—39—117.

OPHT

3990

9. Present condition.—(*Continued.*)

Objective:- There is atrophy of muscles of left arm. Some atrophy of deltoid mostly disuse. Measurements upper arm left, through middle of Biceps 9", right 12". Left arm 5" below bend of elbow 9½", right 12½". Left arm ankylosed. fibrous, at an angle of 35°. Very slight movement. Supination and pronation lost. Loss of Strength 50%.
(2) Objective:- See specialist's report attached.

Objective:- See specialist's report attached.

Inaapapeax Incapacity due to (1) moderate degree of partial loss of function of left arm (2) and defective vision.

(b) Are the following systems normal? If not, briefly state abnormality

Nervous yes Digestive yes Respiratory yes Cardiac yes

Genito-Urinary yes Skin, Middle Ear, Eye or any other part yes, except for eyes (3)

Urinalysis. Acid. Specific gravity 1038, Albumen negative sugar negative

10. History: (*a*) of Condition referred to in "a" section 9.

(2) Left arm has been ankylosed since subject was 5 years of age, and has not changed in memory of subject. Condition followed black measles.
(2) Right eye was affected following black measles.

(*b*) Here give a description of wounds, scars, deformities, and signs and symptoms of abnormal conditions present and not included in answer 8. This section cannot be completed without stripping the soldier and subjecting him to a thorough physical examination.

2 vaccination scar right arm. 2ro scars left elbow, 1 on back of left hand, adherent. 3 scars left leg. 3 scars on face. These scars from a condition following black measles at 5 years of age.
Moderate degree flat foot right, and slight bulgings on inner arch bilaterally
Occasional pains in right leg and in damp weather. No disability

11. If the disabling condition had its origin before enlistment, has it been aggravated on service?

(1) (2) No

12. Was the disability caused or aggravated by negligence, by vice or by misconduct, or by unreasonable refusal to accept treatment?

(1) (2) 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?

(1) Permanent (2) Permanent

14. Treatment (Case reports, general or special, should be secured and attached where possible).

(1) (2) None

3990

OPINION OF THE MEDICAL BOARD

14. (*Continued*).

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.)

(1) (2) No

16. Can the former trade or occupation be resumed? yes
(If not, briefly state why.)

17. Recommendations For Category "CE"

Victor P. Fleming 2nd R.
Medical Officer by whom the case is brought forward.

STATEMENT OF THE SOLDIER.

(Sections 8, 9 and 10 are to be read to the soldier and either "satisfied" or "not satisfied" struck out.)

I, the undersigned R. McF. 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 W.P. Mack

R. McF. Anderson
Signature of soldier examined.

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 criticized.

We concur

19. Is the soldier fit for
(a) General service, (Category A) (Yes or No) No
(b) Service abroad, not general service, (" B) (Yes or No) No
(c) Home service, (Canada only), (" C) (Yes or No) Yes
(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 soldier
(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).

3990

PART III

Proceedings of the Pensions and Claims Board on the Soldier mentioned in Part I.

The Pensions and Claims Board, Canadian Expeditionary Force, assembled at

on the day of 191

Members of the Board :—

The Board having considered the evidence of the soldier marginally named, together with the documents submitted, recommend :—

		Caused?
13. Was the disability caused or aggravated by—	(a) Negligence of the Soldier	
	(b) Misconduct of the Soldier	

Dated at this day of 191

Signatures of the Board

President.

Signatures of the Board

Station

3990

PART I

Form (D.M.S. 1312). A.F.B. 179 Canada (Revised). 3737. 50M.

Reserved for M.H.C.

Regt. No. 1036193 Rank Private Surname Anderson Christian Name Hubert Wm. F

Unit or Corps—(a) Overseas from United Kingdom C. F. C. (b) In United Kingdom C. F. C.

Born at—Town Dundee County or Province Forfarshire Country Scotland

Date of Birth Day 21st Month October Year 1885 Age 33 yrs. 6 months.

Joined at Toronto Ont. Canada Date 3rd July. 1916

Former Trade or Occupation Wood Machinist

Permanent marks or peculiarities that will serve for future identification :—

Height—feet 5 inches 4 Colour of eyes Blue

Signature of Soldier (*for identification purposes*). H. F. Anderson

Medical Report.

The answers to the questions below are to be filled in by the Officer in medical charge of the case. He will carefully discriminate between the soldier's unsupported statements and the evidence as recorded in the medical or other military documents bearing on the case. He will plainly state the existence of any of the disability prior to the soldier joining for the present war.

1. DISABILITY (*State the actual disabling conditions as distinguished from the diseases or injuries from which they resultedly. Follow the official nomenclature as far as possible.*)

Group the disabilities, placing those resulting from separate causes in separate groups.

Disabilities Group (*a*) DEFECTIVE Vision Right Eye

Disabilities Group (*b*) PAIN and ~~Loss~~ DEFECTIVE Motion LEFT arm

Disabilities Group (*c*). ACHING FEET

2. CAUSE OF DISABILITY. (*Follow the official nomenclature in stating the disease or injury.*)

	Disease or injury to which the disability is due.	Place of origin.	Date of origin.
(*i.*) As to Group (*a*) above.	VITREOUS OPACITIES RIGHT EYE	Scotland	previous to enlistment
(*ii.*) As to Group (*b*) above.	OLD INJURY	Scotland	previous to enlistment
(*iii.*) As to Group (*c*) above.	FLAT FEET	Canada	previous to enlistment

NOTE.—By Active Service is meant Service with the Colours in Canada, United Kingdom, or elsewhere during the present war (since August 4th, 1914).

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

(*i.*) As to Group (*a*) above? yes If yes, has Active Service aggravated it? yes

(*ii.*) As to Group (*b*) above? yes If yes, has Active Service aggravated it? yes

(*iii.*) As to Group (*c*) above? yes If yes, has Active Service aggravated it? yes

4. Is the disability due to disease contracted or injuries received while on Active Service—

(*i.*) As to Group (*a*) above? no

(*ii.*) As to Group (*b*) above? no

(*iii.*) As to Group (*c*) above? no G.A.R.

PART I. *(continued).* 3990

5. If a cause of disability was an injury received on Active Service, was it received—

(i.) While on duty? } not applicable
(ii.) While off duty?
(iii.) Was a Court of Inquiry held? (iv.) Where? (v.) When?
(vi.) Opinion of the Court?

6. HISTORY OF THE CASE. *(State concisely the essential points of the history, noting the entries made on the Medical History Sheet and other records).*

Enlisted July 3/16. as an infant in Scotland he had the disability I right eye - and also the disability I left arm. He has never had produce I the left arm. He also had flat feet previous to enlistment which have grown worse on duty in England.

7. PRESENT CONDITION. *(Give previous and present weight if likely to indicate progress of disability.)*

General condition fairly good. Marked defect I right eye - Right 6/60 - left 6/24 not improved by lenses. Opacities I right eye specialists report. Both feet are flat. The left arm is markedly deformed - not able to extend or flex the arm - there is loss I power - the wrist shows old scar over the elbow. Marked muscular atrophy I left arm. The hand appears weak. He says he has never had any use I left arm.

8. OPERATION. (i.) Was one performed? } I left arm. The hand appears weak. He says he has never had any use I left arm.
(ii.) If so, state what. No
(iii.) Was one advised and declined?

NOTE.—Loss of teeth on or immediately after Active Service should be attributed thereto unless there is evidence to the contrary.

9. (i.) Is there loss or decay of teeth attributable to Active Service? no
(ii.) If so, describe.

10. DO YOU RECOMMEND:—

(a) Fit for duty? B iii not likely to be raised in category within six months
(b) Fit for base duty?
(c) Invalid to Canada?
(d) Discharge from the Service as permanently unfit?

Date of Report..... May 9 1918 Signed..... Lt. H. Roberts Capt. Can. A.M.C.
Officer in medical charge of case.
Station..... C.F.C. Base depot

I have satisfied myself of the general accuracy of the above Report, and concur therein *except
R. Barker Capt RAMC
Officer i/c / S.M.O. Hospital / Brigade — Strike out one of these.
Dated at London Station, on May 11 1918
* Delete if inapplicable.

PART II. 3991

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

Clear and decisive answers are to be given to all questions. Such terms as "may," "perhaps," "probable," "possibly," are not to be employed. Disability due to causes arising on Active Service is to be clearly shown in order that the Pensions Authorities may deal with the case properly.

11. Is the disability fully indicated in Part I. (1)?
If not, indicate it. Yes

12. Is the cause of the disability fully indicated in Part I. (2)?
If not, indicate it. Yes

13. Was the disability caused or aggravated by— (a) Negligence of the Soldier { Caused? No / Aggravated? } (b) Misconduct of the Soldier { Caused? No / Aggravated? }

14. 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, 10%, 20%, 30%, 40%, 50%, 60%, 70%, 80%, 90%, or 100%.)

15. THE PENSIONABLE DISABILITY.—*see Part I. (3). Aggravation on Active Service of a disability existing previous to joining is to be included in the estimate).*
What part of the entire disability estimated next above in (14) is due to causes arising during Active Service?
(Estimate at none, 1/5, 2/5, 3/5, 4/5, or all.)

16. Permanency of the Pensionable Disability estimated next above in (15).
(i.) Is it permanent?
(ii.) If not permanent, what is its probable minimum duration *(in months)*?

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

18. Remarks. Patient eyes described in question seven left arm - elbow ankylosed with forearm at angle of 35° no pronation or supination. Considerable atrophy of muscles of arm. grip weak. feet flat. No tenderness pain only after marching second distance. Can walk five miles. Pulse 90 at rest. after slight exertion (walking floor 10 times) 114. No murmurs heard.

19. Recommendation:—(a) Fit for duty?
(b) Fit for base duty? B/three / not likely to be raised within six months
(c) Invalid to Canada?
(d) Discharge from service as permanently unfit?

Classification for the Military Hospitals Commission.

Date of Board May 13, 1918
Station Summerdale
Approved ..... Major, C.A.M.C.
for A.D.M.S. Canadians, London Area.
Dated at ..... Station

Signatures of the Board. Colonel Harvie (President.) Capt. RAMC. Capt. Roberts C.A.M.C.

A.D.M.S. CANADIANS, LONDON AREA, LONDON.
17 MAY 1918
MAY 1918 191

Proceedings of the Pensions and Claims Board on the Soldier mentioned in Part I.

The Pensions and Claims Board, Canadian Expeditionary Force, assembled at

on the day of 191

Members of the Board :—

The Board having considered the evidence of the soldier marginally named, together with the documents submitted, recommend :—

Dated at this day of 191

Date of Board

Signatures of the Board

Station

President.

Approved

Dated at A.D.M.S. Station

Form (D.M.S. 1312). A.F.B. 179 Canada (Revised). 3737. 50M.

Reserved for M.H.C.

Regt. No. 1036193 Rank Pte Surname Anderson Christian Name Robert Mc F.

Unit or Corps—(a) Overseas from United Kingdom C.F.C. (b) In United Kingdom C.F.C.

Born at—Town Dundee County or Province Forfarshire Country Scot land

Date of Birth—Day 21st Month October Year 1885 Age 33 yrs. 6 months.

Joined at Toronto Ont. Canada Date 3rd July 1916

Former Trade or Occupation Wood Machinist Machinist

Permanent marks or peculiarities that will serve for future identification :—

Height—feet 5 inches 7 Colour of eyes Blue

Signature of Soldier *(for identification purposes)* R. McF. Anderson

Medical Report.

The answers to the questions below are to be filled in by the Officer in medical charge of the case. He will carefully discriminate between the soldier's unsupported statements and the evidence as recorded in the medical or other military documents bearing on the case. He will plainly state the existence of any of the disability prior to the soldier joining for the present war.

1. DISABILITY (*State the actual disabling conditions as distinguished from the diseases or injuries from which they resulted*). *(Follow the official nomenclature as far as possible.)*

Group the disabilities, placing those resulting from separate causes in separate groups.

Disabilities Group (*a*) Defective version right eye

Disabilities Group (*b*) Pain and defective ~~version~~ motion of left arm.

Disabilities Group (*c*). Aching feet.

2. CAUSE OF DISABILITY. (*Follow the official nomenclature in stating the disease or injury.*)

	Disease or injury to which the disability is due.	Place of origin.	Date of origin.
(*i.*) As to Group (*a*) above.	Vitreous Opacities right eye	Scotland	Previous to Enlistment
(*ii.*) As to Group (*b*) above.	Old Injury	Scotland	Previous to Enlistment
(*iii.*) As to Group (*c*) above.	Flat feet	Canada	Previous to Enlistment

NOTE.—By Active Service is meant Service with the Colours in Canada, United Kingdom, or elsewhere during the present war (since August 4th, 1914).

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

(*i.*) As to Group (*a*) above ? yes If yes, has Active Service aggravated it ? yes

(*ii.*) As to Group (*b*) above ? yes If yes, has Active Service aggravated it ? yes

(*iii.*) As to Group (*c*) above ? yes If yes, has Active Service aggravated it ? yes

4. Is the disability due to disease contracted or injuries received while on Active Service—

(*i.*) As to Group (*a*) above ? No

(*ii.*) As to Group (*b*) above ? No

(*iii.*) As to Group (*c*) above ? No

PART I. *(continued).*

5. If a cause of disability was an injury received on Active Service, was it received—

(*i.*) While on duty? Not (*ii.*) While off duty?

(*iii.*) Was a Court of Inquiry held? (*iv.*) Where? (*v.*) When?

(*vi.*) Opinion of the Court? APPLICABLE

6. HISTORY OF THE CASE. *(State concisely the essential points of the history, noting the entries made on the Medical History Sheet and other records).*

Enlisted July 3/1916. As an infant in Scotland he had the deformity disability of right eye, and also the disability of left arm. He has never had good use of the left arm. He also had flat feet previous to enlistment which have grown worse on duty in England.

7. PRESENT CONDITION. *(Give previous and present weight if likely to indicate progress of disability.)*

General condition fairly good. Marked defect of right eye- right 1/60. Left 6/24, not improved. Vitreous Opacities of right eye, Specialists report. Both feet are flat. The left arm is markedly deformed, not able to extend or flex the arm, there is loss of power. The wrist shows old scar as well the elbow. Marked muscular atrophy of left arm. The hand grip is weak. He says he has never had any use of left arm.

8. OPERATION. (*i.*) Was one performed?

(*ii.*) If so, state what. No

(*iii.*) Was one advised and declined?

NOTE.—Loss of teeth on or immediately after Active Service should be attributed thereto unless there is evidence to the contrary.

9. (*i.*) Is there loss or decay of teeth attributable to Active Service? No

(*ii.*) If so, describe.

10. DO YOU RECOMMEND:—

(*a*) Fit for duty? B.III Not likely to be raised within six months in category.

(*b*) Fit for base duty?

(*c*) Invalid to Canada?

(*d*) Discharge from the Service as permanently unfit?

Date of Report May 9th 1918 191 Signed L.H.Roberts Capt C.A.M.C.

Officer in medical charge of case.

Station C.F.C. Base Depot

I have satisfied myself of the general accuracy of the above Report, and concur therein *except

R.B.Barker Capt C.A.M.C. (Officer i/c Hospital / S.M.O. Brigade) Strike out one of these.

Dated at London Station, on May 11th 191 8

* Delete if inapplicable.

PART II.

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

☞ *Clear and decisive answers are to be given to all questions. Such terms as "may," "perhaps," "probably," "possibly," are not to be employed. Disability due to causes arising on Active Service is to be clearly shown in order that the Pensions Authorities may deal with the case properly.*

11. Is the disability fully indicated in Part I. (1)?

If not, indicate it. Yes

12. Is the cause of the disability fully indicated in Part I. (2)?

If not, indicate it. Yes

13. Was the disability caused or aggravated by— (*a*) Negligence of the Soldier { Caused? No / Aggravated? } (*b*) Misconduct of the Soldier { Caused? No / Aggravated? }

14. 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,* 10%, 20%, 30%, 40%, 50%, 60%, 70%, 80%, 90%, *or* 100%.)

NOT

15. THE PENSIONABLE DISABILITY.—*see Part I.* (3). *Aggravation on Active Service of a disability existing previous to joining is to be included in the estimate).*
What part of the entire disability estimated next above in (14) is due to causes arising during Active Service?
(*Estimate at none,* $\frac{1}{5}$, $\frac{2}{5}$, $\frac{3}{5}$, $\frac{4}{5}$, *or all.*)

16. Permanency of the Pensionable Disability estimated next above in (15).

(*i.*) Is it permanent?

(*ii.*) If not permanent, what is its probable minimum duration (*in months*)?

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

18. Remarks.

Patient eyes as described in question 7. Left arm- elbow ankylosed with forearm at angle of 35d. Nopronation or supination. Considerable atrophy of muscles of arm. Grip weak, feet flat. no tenderness pain only after marching some distance. Can walk 5 miles. Pulse 90 at rest. After slight exertion(touching floor 10 times) 114. No Murmers heard.

19. Recommendation :—(*a*) Fit for duty?

(*b*) Fit for base duty? B(three) not likely to be raised within six months.

(*c*) Invalid to Canada?

(*d*) Discharge from service as permanently unfit?

Classification for the Military Hospitals Commission.

Date of Board May 13th 1918

Signatures of the Board. *President.* C?A. McDiarmid Major C.A.M.C.

J.E.McCorvie Capt C.A.M.C.

Station Sunningdale

Approved

Major, C.A.M.C. Station

Dated for A.D.M.S., Canadians, London Area

A.D.M.S. CANADIANS. LONDON AREA. LONDON.

17 MAY 1918 191

0378-1-88

a 584

DEPARTMENT OF MILITIA AND DEFENCE.

WAR SERVICE GRATUITY.

P.C. 25-1-19 EH

OTTAWA, CANADA.

Declaration required of Officers, Warrant Officers and Men who claim War Service Gratuity under Orders-in-Council (P.C. 3165), dated 21st December, 1918, as amended by P.C. 285, dated 8th February 1919, and P.C. 1168, dated 23rd June 1919.

If the applicant will enquire at the local Branch of the Canadian Patriotic Fund he will be informed if there is an official who will take this Declaration free of charge.

A complete reply must be given to every question in this Declaration. There must be no blanks and no dashes. If any questions are not applicable, the words "NOT APPLICABLE" must be written in.

On completion this Declaration is to be returned to THE ASSISTANT DIRECTOR PAY SERVICES OF THE DISTRICT IN WHICH THE SOLDIER WAS DISCHARGED.

1. Reg. No. 1006193 2. Rank ~~C.S.M.~~ Pte 3. Original C.E.F. Unit 238th Batt.

4. Christian Names Robert McFarland 5. Surname Anderson

6. Address, in full, to which future payments of gratuity are to be forwarded

378 Logan Ave.
Toronto

7. Give the following particulars of service with Pay and Allowances for each enlistment which you have had in the Naval or Land Forces of Canada or the British Empire on or since the 4th August, 1914. Answer in the following order in space allotted.

	Regt. No.	Rank on Enlistment.	Unit. (State whether Active Militia, Permanent Force, C.E.F. or Naval. If R.A.F. state Wing.)
		CANADIAN SERVICE.	
1st Enl.	238th	Private	C.E.F.
2nd Enl.			
3rd Enl.			
4th Enl.			
		IMPERIAL SERVICE.	
Imp. Enl.			

	Date of Enlistment.	Date of Discharge.	Rank on Discharge.	Unit from which discharged	Place of Discharge.	Reason for Discharge.
		CANADIAN SERVICE.				
1st Enl.	3rd July 1916	16th Aug. 1918				
2nd Enl.						
3rd Enl.						
4th Enl.						
		IMPERIAL SERVICE.				
Imp. Enl.						

M. F. W. 2595 (b)
494-D.P.-100M-6-19.
1772-39-1389.

8. (a) Did you revert overseas to a rank lower than the temporary substantive rank held by you on your arrival in England? No. (b) If so, give date and ranks and state if such reversion was in consequence of misconduct or inefficiency Not applicable

9. Were you at any time on the strength for pay and allowances of a unit of the C.E.F. which was out of Canada or the United States when such pay and allowances were issuable? If so, give particulars of one such unit and dates of service overseas with such unit: Canadian Forestry Corps September 1916 to July 1918

10. Were you on the strength for pay and allowances of the Clearing Services Command, having been at any time on duty outside of Canada or the United States? No.

11. Have you been issued with a War Service Badge? If so, give number and class 632754 "B"

12. Are you at present a member of and in receipt of pay and allowances from any Canadian Naval or Land Forces? If so, give unit No.

13. Have you already received any payment of Post Discharge Pay or War Service Gratuity? If so, state amount you and your dependents have already received, from where paid, and on what dates Post discharge Pay $99
Dependents allowance $75

14. Are you entitled to receive, or have you received any payment in the nature of Post Discharge Gratuity from the Imperial Forces? If so, state amount received, or to which you are entitled No.

15. Were you at the time of enlistment a civil employee of the Dominion or a Provincial Government? If so, state what Government, what Department, and whether civil pay was issued on your account while you were on active service No.

16. (a) Are you receiving treatment from the Department of Soldiers' Civil Re-Establishment? No.
(b) If so, are you in receipt of full pay and allowances from that Department? No.

17. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge Lily Elizabeth Anderson

18. Relationship of such dependent Wife

19. Present address, in full, of such dependent 378 Logan Ave. Toronto

20. Is said dependent now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? If so, give his regimental number, rank, unit and full name No

REMARKS

And I make this solemn declaration, conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under oath and by virtue of the Canada Evidence Act.

Signature of applicant: Robert McFarlane Anderson

Place of Residence: 378 Logan Ave Toronto

Declared before me at:

This 2nd day of July 19 19

Signature of Barrister of the Supreme Court, Stipendiary Magistrate, Notary Public, Justice of the Peace, or Commissioner for the Adminstration of Oaths. Geo Crapthorne JP

NOTICE.—If the dependent has not forwarded a Statutory Declaration to Ottawa, in connection with Separation Allowance, it will be necessary to forward one with this application. These are for wife, M.F.W. 148, mother, M.F.W. 147, and guardian, M.F.W. 149, and may be obtained from the Assistant Directors Pay Service, or the Patriotic Fund. Guardian forms must be completed by the present guardian.

Space below this line to be used only by the Assistant Directors Pay Service.

POST DISCHARGE PAY.

Dates paid.	Amounts paid soldier.	Amount paid dependent.
16-8-18	58.00	
16-9-18	33.00	25.00
16-10-18	34.10	25.00
	$175.10	

No overpayments

REMARKS

Certified correct A Beaudrault Lt

Assistant Director Pay Services, Mil. Dist. No. 2

Date

MARRIED OR SINGLE M.

PLACE OF BIRTH Dundee Scotland

NAME AND ADDRESS OF NEXT OF KIN Lily Anderson

29 Bolton Ave Toronto Ont Can

RELATIONSHIP OF NEXT OF KIN Wife

NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF KIN

SEPARATION ALLOWANCE MONTHLY $ EFFECTIVE (DATE)

PAYABLE TO

RELATIONSHIP OF DEPENDANT

CASUALTIES, PROMOTIONS, &c.

PARTICULARS	EFFECTIVE DATE	AUTHORITY
Appt. a/Cpl	23/9/17	50 36 D 17/11/17
Reverts to Pte	12/3/18	50 10 14/3/18

ADMISSIONS TO HOSPITAL, &c.

DATE ADMITTED	DATE DISCHARGED	V. OR A.	NAME OF HOSPITAL

REG'L. No. 1036193 RANK ~~A/Cpl~~ Pte NAME Anderson Robert McFarlane

IF IN PERMT. CORPS WHAT UNIT | UNIT 238 Batt | TRANSFERRED TO | DATE | AUTHORITY

PERMANENT FORCE ALLOWANCES | TRANSFERRED TO | DATE | AUTHORITY

PLACE OF ATTESTATION Toronto | TRANSFERRED TO | DATE | AUTHORITY

DATE OF ATTESTATION 3-7-16 | TRANSFERRED TO | DATE | AUTHORITY

ASSIGNED PAY MONTHLY $ ~~35.00~~ 15.00 DATE EFFECTIVE ~~Dec 1st 16~~ ~~Sept 1st 16~~ 14-5-18

PAYABLE TO Lily Anderson 29 Bolton Ave Toronto Ont Can RELATIONSHIP Wife

ASSIGNED PAY MONTHLY $ DATE EFFECTIVE

PAYABLE TO RELATIONSHIP

STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) Stopped EFFECTIVE 1/6/18 REASON

DISCHARGE DATE AND PLACE 31/5/18 REASON AND AUTHORITY Discharge. — A.G. 5-1-22. M 5/18 Disposal

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

OCT 2 1918

DATE	PAY No. OF DAYS	PAY RATE	PAY AMOUNT $	PAY AMOUNT c.	FIELD ALLOWANCE No. OF DAYS	FIELD ALLOWANCE RATE	FIELD ALLOWANCE AMOUNT $	FIELD ALLOWANCE AMOUNT c.	WORKING OR SPECIAL PAY No. OF DAYS	WORKING OR SPECIAL PAY RATE	WORKING OR SPECIAL PAY AMOUNT $	WORKING OR SPECIAL PAY AMOUNT c.	ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS 1 No.	1 DATE	2 No.	2 DATE	3 No.	3 DATE	4 No.	4 DATE	CASH PAYMENTS 1	2	3	4	ASSIGNED PAY C	OTHER CHARGES	TOTAL DEBITS	BALANCE CREDIT	BALANCE DEBIT	PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
Sept 1														10	10 00															10 00					Brought forward from Canada Sheets
Sept 1-30	30	1 00	30	00	30	10	3	00							33 00	32	29/9/16																		
Oct 1-31	31	1 00	31	00	31	10	3	10							34 10					121	30/10/16			12 16											
Nov 1-30	30	1 00	30	00	30	10	3	00							33 00	185	15/11/16																		
Dec 1-31	31	1	31		31	10	3	10							34 10	209	30/11/16																		
1917 Jan	31	1 20 1 10	34	10											34 10	315 999	14/12 27/1																		
Feb	28	1 00 1 10	30	80											30 80	909	24/1																		
Mch	31		34	10											34 10	1810	17/2	1949	17/3					12 17	12 17										
Apr	30		33												33 246 20																				
May	31		34	10											34 10	6	18/4							12 16											
June	30		33	00											33 00																				
July	31	20	34 ~~34~~	20										3 00	40 ~~34~~ 20																				
Aug	31		37	20											37 20	222 106	13/6 14/15							12 17 12 17											
			407	70										13	420 70									94 89	24 33			240		359 22					

appointed A/Cpl 20/4/16 D.O.50 3-4-16

~~60 M.~~ Pte

1036193. ~~Pte~~ Anderson R. McG. ~~25.00~~ effective 1/12/17 a/p

DATE	PAY: No. of Days	PAY: Rate	PAY: Amount $	PAY: Amount c.	FIELD ALLOWANCE: No. of Days	FIELD ALLOWANCE: Rate	FIELD ALLOWANCE: Amount $	FIELD ALLOWANCE: Amount c.	WORKING OR SPECIAL PAY: No. of Days	WORKING OR SPECIAL PAY: Rate	WORKING OR SPECIAL PAY: Amount $	WORKING OR SPECIAL PAY: Amount c.	ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS 1: No.	1: Date	2: No.	2: Date	3: No.	3: Date	4: No.	4: Date	CASH PAYMENTS 1	2	3	4	ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE: Credit	BALANCE: Debit	PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
1917			40	70										13	420 70								94 89	24 33			240		359 22	6 48				
Sept	30	1.20	36	-											30 94 48	328	14/1/19						14 60				20 -		34 60	62 88	✓			
			443	70										13	456 70								109 49	24 33			260		393 82					

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED PAY	SER. ALLOWE. ENG.
		~~62 88~~							62 88		
Oct	C. Pay	37 20		a/c ban.				20			
				5th 14/1/17 115th Bay	14 60				65 48		
		37 20			14 60			20			
	37 days R.P. under 25/9/17 to 31/10/17 difference 7 50 cents per day for 37 days	18 50		a/c ban ~~Ban~~ Nov				20			
Nov 1 Dec 31	C.A.M.S. Pay	103 70		a.R. 614 13/10/17 C.F.C. Thurstonfield	14 60						
				D.N.A.R. 443 13/8/17 1-2 Dists C.F.C.	14 60						
				a/c ban Dec				25	113 48		
		133 20			29 20			45			
		122 20			29 20			45	113 48		
Jan.	C.A.M.S. Pay	52 70		C.A.P.				25			
				a.R. 690 5/11/17 52 dist C.F.C.	- 34 07						
				a.R. 618 17/1/17 52 dist C.F.C.	- 34 07			25	73 04		
		52 70			68 14						
Feb	C.A.M.S. Pay	47 60		C.A.P.				25			
				a.R. 1145 115 Co 22/1/18	29 20			25	66 44		
		47 60			29 20						
Mch.	1-11-11 days @ 1.70	18 70		C.A.P.				25	82 14		
	12-31-20 days @ 1.40	22 00						25			
		~~40 70~~									
		40 70						25			

Carried to Journal to Large Ledger Record

P 820
12474—375M—13-2-18.

* Strike out whichever inapplicable.

187

ASSIGNED PAY * ~~ENGLAND~~ OR CANADA.	SEPARATION ALLOWANCE. * ENGLAND OR CANADA.
EFFECTIVE DATE:- ~~1-5-18.~~ 1-12-17	EFFECTIVE DATE:-
AMOUNT:- ~~25 00~~ 15 00	AMOUNT:-

NAME: ANDERSON Robert McFarland
NUMBER:- 103193

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.

Lily Anderson (wife)
291 Bolton ave
Toronto Ont Can
Stopped Eff 1/6/18
Jets

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		Pte

UNIT AND TRANSFERS

OCT 22 1918

ORIGINAL UNIT:- 238th Bn.

DATE ACCOUNT FIRST OPENED - 1-9-16

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO
			C to Eng
	1/6/18	19/6/18	Non Eff A/F

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

DATE OF PAYMENT	NUMBER OF A.R	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R	UNIT PAID BY	AMOUNT
~~15 5 18~~	~~B671~~	~~Buxton. C.D.C.~~ 31/6/18	~~9 73~~				
~~23 5 18~~	~~B767~~	" " "	~~9 73~~				
			19 48				

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
	1 00	10		

PARTICULARS OF RENDERING NON-EFFECTIVE 31/5/18 Dis/c. to Canada. Authy A.G. 5-1-22 - 24/5/18

MONTH	PARTICULARS	CR 1	CR 2.	PARTICULARS	DR 1	DR 2.	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
31/3/18	Bal Fowd								82 14	✓	
apr	P P	33		C a Pay April				25			
				aRB1, BD 3/4/18	34 07						
				aRB156 BD 12/4/18	4 87						
				aRB371 BD 26/4/18.	9 73				41 47		
		33			48 67			25			
May	P Pay	34 10		C a P				15			
				o/c 29 DC 104 in July/17		2 90			57 67		
				aRB679 BD 16/5/18	9 73						
				aRB767 - 24/5/18	9 73						
				aR 2885 CDD Buxton 29/5/18 ERC endorsed	4 87				33 34		£71
		34 10			74 33	2 90		15	3		
July				A.R. 3324 CDD Buxton 7/6/18 (Endorsed)	14 60						
				DM Bal. to Can.	33 34				14 60		
					47 94						
Sept	CA. 7875 LPB Bal.		14 60								
			14 60								

28/5/18 1/6/18
Canada 24/5/18
28/5/18
38 19 LPB 28/5/18
Adj. 5-1-22. 24/5/18

Checked