REGIMENTAL DOCUMENTS

NAME ANDERSON, ROBITA REGT. NO. Nursing Sister UNIT C.A.N.C. H. Q. FILE NO.

	CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
2	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)					
	FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
	REGT. CONDUCT SHEET (M.F.B. 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)					Demob.
/	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)					
	PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					
	PARTICULARS OF CHARACTER (A.F.W. 3226)					
	COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
1	In 71 W2591					
1	In 71 W71					
	PC					
	Pay sheet					

W. 2589
100M-11-18
17-2 39-1377

Unit C.A.M.C. *Rank* N.Sister *Name* ANDERSON Robita

OFFICERS' DECLARATION PAPER

CANADIAN OVER-SEAS EXPEDITIONARY FORCE

QUESTIONS TO BE ANSWERED BY OFFICER

[ANSWERS]

1. (*a*) What is your Surname ? Anderson
   (*b*) What are your Christian Names ? Robita
2. (*a*) Where were you born ? (State place and country) Dominion, Cape Breton, N.S.
   (*b*) What is your present address ? 290 Robie Street, Halifax, N.S.
3. What is the date of your birth ? 3rd., July, 1894
4. What is (*a*) the name of your next-of-kin ? Robert Dale Anderson
   (*b*) the address of your next-of-kin ? 11 Louisburg Street, Halifax, N.S.
   (*c*) the relationship of your next-of-kin ? Father
5. What is your profession or occupation ? Graduate Nurse
6. What is your religion ? Methodist
7. Are you willing to be vaccinated or re-vaccinated and inoculated ? Yes.
8. To what Unit of the Active Militia do you belong ? A.M.C., Details
9. State particulars of any former Military Service 2 months
10. Are you willing to serve in the

CANADIAN OVER-SEAS EXPEDITIONARY FORCE ? Yes.

The undersigned hereby declares that the above answers made by him to the above questions are true.

Robita Anderson (*Signature of Officer*)

Taken on strength (place) Halifax, N.S.

(date) 25-7-18.

Lt-Col.,
(*Signature of Commanding Officer.*)

CERTIFICATE OF MEDICAL EXAMINATION

A

~~I~~ We have examined the above-named ~~Officer~~ 25. in accordance with the Regulations for Army Medical Services.

~~I~~ We consider ~~him~~ he* fit for the CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

Date ~~25/7/18~~ May 21 1918 191

Place Halifax 25

Lt-Col.
Medical Officer.

*Insert here "fit" or "unfit

M. F. W. 51
100m.—4-16.
H. Q. 1772. 39-917

M. F. W. 129.

50m.—10-17.
1772—39—1142.

Medical Examination upon leaving the Service

of an Officer fit for general service or a Soldier fit for duty.

☞ Officers leaving the Service upon being found unfit for general service by a Medical Board, and Soldiers leaving the Service upon being found otherwise than fit for duty by a Medical Board, are not to be reported on this Form.

Rank Nursing Sister Name Robita Surname Anderson

Unit of Corps C.A.M.C. (If a soldier) Regtl. No.

Born at Dominion Cape Breton on, (date) July 3rd 1894.

Signature (for identification) Robita Anderson

The examination is to be made jointly by two Medical Officers.

1. PHYSIQUE—Any deformity, maiming or lameness? If so, describe.

Weight 168 lbs. Colour of eyes Light Brown

Height 5 ft. 5 in. Identification Marks Scar on palm of left hand.

2. NUTRITION AND DIATHESIS?

Good

After searching enquiry and thorough examination is any evidence found of disease or impairment of the parts indicated below? If so, describe.

3. NERVOUS SYSTEM? Is there a history of previous disability?

Normal

4. RESPIRATORY SYSTEM? Is there a history of lung trouble?

Normal

5. HEART?

Abnormal Sounds? None

Abnormal Size? Normal

Pulse Rate? 68 Intermittence or Irregularity? regular Muscular Tone? good

6. ARTERIES.—(a) Any hardening or nodulation?

(b) Blood Pressure. syst. 128 Dias. 68

7. DIGESTIVE SYSTEM? (Condition of teeth and tonsils to be included).

Normal

8. GENITO-URINARY SYSTEM?

Urinalysis—S.G.? 1017 Reaction? acid Albumen? none Sugar? none

9. SKIN, MIDDLE EAR, EYE or any other part?

Normal

10. Is there any evidence of impairment of health or physical condition not mentioned above? If so, describe.

No

11. Opinion as to the health and physical condition of the one examined?

First Class "A"

Examined at Halifax Signed. [illegible] M. O.

Date Nov. 22., 1918 Signed. [illegible] M. O.

Robita Anderson
Signature note of Soldier.

If any disease or impairment of health or physical condition is discovered or complained of by the soldier examined, this report should be sent at once to the O. C. concerned for the Officer or Soldier to be sent before a Medical Board for regular boarding

Appointment to C.A.M.C., C.E.F. 21-5-18

M. F. W. 129.

50m.—10-17.
1772—39—1142.

Medical Examination upon leaving the Service

of an Officer fit for general service or a Soldier fit for duty.

☞ Officers leaving the Service upon being found unfit for general service by a Medical Board, and Soldiers leaving the Service upon being found otherwise than fit for duty by a Medical Board, are not to be reported on this Form.

Rank Nursing Sister Name Robita Surname Anderson

Unit of Corps C.A.M.C. (If a soldier) Regtl. No.

Born at Dominion Cape Breton on, (date) July 3rd 1894

Signature (for identification) Robita Anderson

The examination is to be made jointly by two Medical Officers.

1. PHYSIQUE—Any deformity, maiming or lameness? If so, describe.

Weight 148 lbs. Colour of eyes Bright Brown

Height 5 ft. 5 in. Identification Marks Scar on palm of left hand.

2. NUTRITION AND DIATHESIS? Good

After searching enquiry and thorough examination is any evidence found of disease or impairment of the parts indicated below? If so, describe.

3. NERVOUS SYSTEM? Is there a history of previous disability? Normal

4. RESPIRATORY SYSTEM? Is there a history of lung trouble? Normal

5. HEART?

Abnormal Sounds? none

Abnormal Size? normal

Pulse Rate? 68 Intermittence or Irregularity? Regular Muscular Tone? Good

6. ARTERIES.—(a) Any hardening or nodulation? no

(b) Blood Pressure. Syst 128. Dias 68.

7. DIGESTIVE SYSTEM? (Condition of teeth and tonsils to be included). Normal

8. GENITO-URINARY SYSTEM?

Urinalysis—S.G.? 1017 Reaction? acid Albumen? none Sugar? none

9. SKIN, MIDDLE EAR, EYE or any other part? Normal

10. Is there any evidence of impairment of health or physical condition not mentioned above? If so, describe. No

11. Opinion as to the health and physical condition of the one examined? Fit for Class A

Examined at Halifax Signed. [illegible] M. O.

Date Nov 22 1918 Signed. [illegible] M. O

Robita Anderson
Signature note of Soldier.

If any disease or impairment of health or physical condition is discovered or complained of by the soldier examined, this report should be sent at once to the O. C. concerned for the Officer or Soldier to be sent before a Medical Board for regular boarding

Appointment in Class A, 21.5.18.

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

DISTRICT

NAME OF SOLDIER Roberta Anderson

REGIMENT Cane

RANK n/s

No.

M.F.B. 465
150M--10-18
1772-39-950

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 from the Service.

	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	Prophylaxis	OPERATOR	Military District	REMARKS	
Condition on first Examination 20-11-18			4 3c		10							19 31										Capt. McMedim	6.	Cavities	
																								Extractions	Ok.

MEDICAL EXAMINATION UPON LEAVING THE SERVICE OF OFFICERS AND OTHER RANKS WHO HAVE NO DISABILITY.

Officers and Other Ranks leaving the service for reasons other than medical unfitness are to be reported on this form. Where there is evidence of any undetermined or progressive disability, this form will not be used, but the case will be referred to a Medical Board for completion of M.F.B. 227.

No.....Rank Nursing Sister Surname Anderson Roberta
(Give name in full)

Unit or Corps C.A.M.C. Birthplace Dominion Cape Breton

(Examination of Officer or Other Rank (stripped) to be made by one Medical Officer.)

1. GENERAL DESCRIPTION:

Physique Large Weight 168 lbs. Height 5 ft. 5 in. Colour of Eyes Grey.

Nutrition Good

Pulse 72

Condition of arteries Normal

Vision Rt. 6/6 Left 6/6

Hearing (conversational voice) Rt. Normal ft.

Left Normal ft.

Identification marks, scars, or deformities.
(Give cause and date of origin.)
Scar. Hypothenar eminence Left hand.

Opinion as to general health and physical condition Very Good

2. Has Officer or Other Rank ever suffered from, or has he now, any affection of the following systems? (Answer "Yes" or "No"). (Subjective evidence may be sufficient in certain cases.)

Nervous System No. Genito Urinary System No. Cardio-Vascular System No.

Special Senses No. Integumentary System No. Respiratory System No.

Disturbance of mentality No. Muscular System No. Digestive System No.

Osseous and Joint System No. Any other general condition No

3. If the answer to any part of Section 2 above is "Yes," here give full particulars, with cause and date of origin; and also a description of the present condition.

(If space is insufficient, continue on back of form.)

[OVER]

EXAMINATIONS.

THIS SECTION FOR USE OVERSEAS—

Examined at.....(Overseas)

Date ..... Signed .....M.O.

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to or during service.

Signature .....

(If not satisfied, M.F.B. 227 will be completed by Medical Board.)

THIS SECTION FOR USE IN CANADA—

Examined at..Halifax..N.S.(Canada)

Date ....June..11th..1919..... Signed ....G. W. Grant Capt....M.O.

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to or during service.

Signature ...Robert Anderson

(If not satisfied, M.F.B. 227 will be completed by Medical Board.)

(This space to be used, if necessary, in connection with Section 3, overleaf, only.)

[OVER]

M.F.W. 129.
1033 (D.P.) 500M-11-18.
1772-39-1142.

A

MEDICAL HISTORY SHEET

Surname ANDERSON *Christian Name* ROBETTA

Examined { on 25th., day of July 1918 / at Halifax, N.S.

Birthplace { City or Town Dominion / County Cape Breton, N.S.

Apparent age 24

Trade or occupation Graduate Nurse

Height 5 feet 5 Inches

Weight 167 lbs.

Chest measurement { Minimum 33 inches / Maximum expansion 3 inches

Physical development Godd

Small-pox Marks Nil

Vaccination Marks { Arm Right Left / Number Nil One

When Vaccinated last 1908

(*a*) Marks indicating congential peculiarities or previous disease Varicose veins right leg.

(*b*) Slight defects but not sufficient to cause rejection Scar palm of left hand

Approved by L Bailey Capt

Rank Capt M.O.

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

Date	Result	Vaccinations	
7/8/18		L Bailey Capt	M.O.
			M.O.
			M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.	
24/7/18		L Bailey Capt	M.O.
31/7/18		L Bailey Capt	M.O.
7/8/18		L Bailey Capt	M.O.

Enlisted on 25th., *day of* July *191* 8 *at* Halifax, N.S.

	Corps	Regt'l Number	Habits	Date
Joined on enlistment	C.A.M.C.			
Transferred to	C.E.F.	Nil		25-7-18

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

Station	Date	Disease	Result

N.B.—This sheet to be disposed of in accordance with instructions in the Regulations for Army Medical 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. 1772-39-439.

Surname ANDERSON Christian Name Robita

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				
Halifax	25-7-18										

CANADIAN EXPEDITIONARY FORCE

W.W 6-34.
JAN.

Certificate of Service

ISSUED TO OFFICERS AND NURSING SISTERS

This is to Certify that (Rank) Nursing-Sister.

(Name in full) Robita ANDERSON.

Enlisted in the Canadian Army Medical Corps.

CANADIAN EXPEDITIONARY FORCE, on the XXXXXXXXXXXXXXXXXXXXXXXXXXXX

day of XXXXXXXXXXXXXXXXXXXXXXXXXXXX 191 AND WAS APPOINTED to COMMISSIONED RANK

in the Canadian Army Medical Corps.

CANADIAN EXPEDITIONARY FORCE on the Twenty-Fifth. day

of July 191 8

He SERVED in CANADA, With the C.A.M.C.T.Depot # 6 Camphill

and Subsidiaries Halifax, N.S.

and was STRUCK OFF THE STRENGTH on the Nineteenth. day

of June 191 9 by reason of General Demobilization.

Dated at Ottawa, this Fifth. day

of December 191 9.

For J. Lt. Lieut.

Director of Personal Services.

M. F. W. 2618a.
30m.—4-19.
1772-39-1428.

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

M. F. W. 54. (A. F. B. 103.
350M.—5-16
H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps C.A.M.C.

Regimental No. ——— Rank Sister Name Anderson Robita

Enlisted (a) 25-7-18 Terms of Service (a) C. E. F. D. of War Service reckons from (a) 25-7-18

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

Extended ..... Re-engaged ..... Qualification (b) Graduate Nurse

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
28-5-19	CAMC	T.O.S."CAMC on receiving an appointment as Nursing Sister in C.E.F.	Halifax,N.S.	21-5-18	CAMC C.O.#429&436 of 1918
16-1-19	CAMC	S.O.S."CAMC"TRANING DEPOT on transfer to CAMP HILL & SUBSIDIARIES.	Do.	1-10-18	ADMS D.O.P2#16 d/16-1-19 Major for Lt.-Colonel, O.C.CAMC TRAINING DEPOT,M.D.6.
16-1-19	CAMC	T.O.S."CAMP HILL & SUB"	Do.	1-10-19	ADMS D.O.P2#16 d/16-1-19
16-6-19	CAMC	S.O.S."CAMC"& CAMP HILL & SUBSIDIARIES on DEMOBILIZATION. CAMC C.O.#594 d/14-6-19	Do.	19-6-19	C.H.&SUB.D.O.P2#77 d/16-6-19 Lt.-Colonel, O.C.CAMP HILL & SUBSIDIARIES.

(a) In the case of a man who has re-engaged for, or enlisted into Section D. Army Reserve, particulars of such re-engagement or enlistment will be entered.
(b) e.g. Signaller, Shoeing Smith, etc., etc, also special qualifications in technical Corps duties.

[P.T.O.

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				

No. Rank N/S Name Anderson Robita

T. O. S. Unit Army medical Corps Gr Depot Details

M. D. 6

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1918	1918			
May 21	June 30	"	at Camp Hill Hosp.	DO 158 of 14-6-18.

PROCEEDINGS OF AN OFFICER OR NURSING SISTER
STRUCK OFF STRENGTH
OF THE
CANADIAN EXPEDITIONARY FORCE

1. RANK Nursing Sister
2. NAME Anderson Robita
3. UNIT C.A.M.C.
4. DATE STRUCK OFF STRENGTH 19-6-19 PLACE Halifax, N.S.
5. REASON Demobilization

authy. PO 2047 AQ 392-1-112
6. AUTHORITY PO 1328. Pte. 6W-43-a-151
7. PROPOSED RESIDENCE 101 Preston St Halifax N.S.

This folder should contain the following documents:

1. Declaration Paper, M. F. W. 51, or Attestation Paper, M. F. W. 23.
2. Casualty Form, A. F. B. 103 or M. F. W. 54.
3. Medical History Sheet, M. F. B. 313 or A. F. B. 178.
4. Proceedings of Medical Boards, A. F. A. 179 or M. F. B. 227.
5. Medical Report M. F. W. 129.
6. Dental History Sheet, M. F. B. 465.
7. Last Pay Certificate, M. F. W. 44.
8. Certificate as to Missing Documents.

sheet 3
NR 34.

M. F. W. 2591.
2m.—2-19.
1772-39-1380.

AUDITOR | PAYMASTER

PROMOTIONS, REDUCTIONS AND REVERSIONS AFFECTING DAILY RATE OF PAY AND ALLOWANCES

M. OR S. Single | REGT. No. | RANK N/S. | NAME (IN FULL) Anderson ~~Robita~~ Robita (BLOCK LETTERS SURNAME FIRST)

NEXT OF KIN Rob't. T. Anderson | RELATIONSHIP Father

ADDRESS 11 Louisburg St, Hfx N.S.

IS SEPARATION ALLOWANCE PAID? | DATE EFFECTIVE

TO WHOM PAID | RELATIONSHIP

ADDRESS

PARTICULARS	EFFECTIVE DATE	AUTHORITY
2.00 Reg. Pay		
1.00 Field "		
1.20 Subs.		

ORIGINAL UNIT C.E.F. CAMC | IF IN P.F. WHAT UNIT?

PLACE OF ATTESTATION Halifax N.S. | TRANSFERRED TO | DATE | AUTHORITY

DATE OF ATTESTATION 21/5/18 | TRANSFERRED TO | DATE | AUTHORITY

409

ASSIGNED PAY $ Nil | DATE EFFECTIVE

PAYABLE TO | RELATIONSHIP

ADDRESS

ANY CHANGE IN ASSIGNEE OR ADDRESS: 101 Preston St City

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE | EFFECTIVE

DISCHARGED PLACE Halifax, N.S. | DATE 19/6/19 | REASON Demob. | AUTHORITY 6D43-A-151 | IF ENTITLED TO POST DISCHARGE PAY Yes.

BALANCE FROM PREVIOUS ACCOUNT

MONTH	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $	C.	OTHER CREDITS $	C.	$	C.	TOTAL CREDITS $	C.	ACQUITTANCE ROLLS COL. NO. 1 NO.	DATE	COL. NO. 2 NO.	DATE	COL. NO. 3 NO.	DATE	CASH PAYMENTS COL. NO. 1 $	C.	COL. NO. 2 $	C.	COL. NO. 3 $	C.	ASSIGNED PAY $	C.	REGIMENTAL CHARGES $	C.	OTHER CHARGES $	C.	$	C.	TOTAL DEBITS $	C.	BALANCE DEBIT $	C.	CREDIT $	C.	PARTICULARS OR REMARKS
Mar.	31	1 2	93	—	52	70			145	70					643						138	90					6	80			145	70					admitted C.H. 5-3-19 out Patient 9-3-19 D.O. 71
April	30	3.00	90	00	51	00			141	00					26						141	00									141	00					51.00 Subs.
May	31	3.00	93		52	70			145	70					49						145	70									145	70					
June	19	3.00	57	00	93 / 32	00 / 30			182	30					65	6/19					182	30									182	30					SOS D.O. 77 C.H. 1st pay F.W.S.G.
31 days					93	00			93	00											93	00									93	—					

W.S.G. Payments Completed

H A Allum Lt

30M-11-18.—L.L. 50877-M. & D. 9553.