REGIMENTAL DOCUMENTS

NAME ANDERSON SEVERIN REGT. NO. 321075 UNIT 1st Hpo A.P. H. Q. FILE NO. 9436

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3	ATTESTATION PAPER (M.F.W. 23, 133, or 51)	M 10/4/19				DEATH
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	FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
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2	MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178) 2					DISCHARGE
1	DENTAL HISTORY SHEET (M.F.B. 465)					Category
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2	Miss. Cas					

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

DUPLICATE

Kw 13 M. D. 1st. Depot Battalion Alta Regiment

Regtl. No 3210756

PARTICULARS OF RECRUIT

DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class 1)

Cond. 17/9/18 D.K.

1. Surname: Anderson
2. Christian name: Severin
3. Present address: PO Millicent, Alta.
4. Military Service Act letter and number: 348643MC
5. Date of birth: 23rd. April 1896
6. Place of birth (town, township or county and country): Norway does not know further details
7. Married, widower or single: single
8. Religion: Methodist
9. Trade or calling: Farmer
10. Name of next-of-kin: Otilia Anderson
11. Relationship of next-of-kin: mother
12. Address of next-of-kin: Millicent P.O. Alta.
13. Whether at present a member of the Active Militia: No
14. Particulars of previous military or naval service, if any: No
15. Medical Examination under Military Service Act:—

(a) Place: Calgary Alta. (b) Date: 16-5-18 (c) Category: C3

DECLARATION OF RECRUIT

I, Severin Anderson, do solemnly declare that the above particulars refer to me, and are true.

Severin Anderson (Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age: 21 yrs. 1 mths.

Height: 5 ft. 11½ ins.

Chest measurement: fully expanded: 37 ins.; range of expansion: 3 ins.

Complexion: Fair

Eyes: Blue

Hair: Light

Distinctive marks, and marks indicating congential peculiarities or previous disease: Scar on little finger left hand

Lt. Col.
Commanding 1st Depot Batt'n, Alta. Reg't

O. C. Depot Btln.

Regt.

Place: Calgary, Alta. Date: 16-5-18

M. F. W. 133.
500 M.—8-17.
1772—39—1158.

MILITARY SERVICE ACT, 1917.

MEDICAL HISTORY SHEET.

IMPORTANT.—If the man's name does not appear upon the schedule of men reporting for service, or if he has not made an application for exemption or a report for service, or, although having made one, he does not know the number, he will be instructed that the copy of this medical history sheet (which will be handed to him) must be attached by him to a report for service or claim for exemption which he may make on application to any Postmaster in Canada, or be sent by him after he has noted upon it the number on the receipt he obtained from the Postmaster to a Registrar or Deputy Registrar under the Military Service Act. In any event the duplicate medical history sheet will be sent by the Medical Board to the District Officer Commanding unless instructions have been given by the latter to forward it direct to a Registrar or Deputy Registrar

1. Surname Anderson Christian name Severin

2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule .....

3. Consecutive number on schedule of men reporting for service (if he appears on it) .....

4. Address (including street and number, if any) Millicent Alta.

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 16 day of May 1918 1917, by the undersigned medical board sitting at CALGARY, ALTA.

5. Age as stated 21 Years 1 Months. 6. Apparent age ..... Years ..... Months

7. Height 5 Feet 11½ Inches. 8. Weight ..... Pounds.

9. Chest measurement { Minimum ..... Ins. Maximum 38 Ins. } 10. Complexion ..... { Eyes Blue Hair Light }

11. Physical development ..... { Good / Fair / Poor } 12. Smallpox marks .....

13. Number of vaccination marks { Right arm ..... Left arm ..... } 14. When vaccinated last .....

15. Distinctive marks and marks indicating congenital peculiarities or previous disease
Scar on little finger Left hand

16. Slight defects but not sufficient to cause rejection .....

The man denies having had { Rheumatism / Tuberculosis / Syphilis } We find no evidence of past { Rheumatism / Tuberculosis / Syphilis }
(Strike out disease admitted or suspected.)

We have examined the above named man in accordance with the C. E. F. Regulations for medical examinations, and he is placed in Category [C3]

17.
(a) Vision R. ..... L. .....
(b) Hearing. R. ..... L. .....

Signature of Man Anderson Severin

..... *President.*

..... *Member.* ..... *Member.*

Date	Result	VACCINATIONS	Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
		M.O.			M.O.
		M.O.			M.O.
		M.O.			M.O.

Certified a true and correct copy According to records
Capt.
Officer i/c Records 1st Depot Batt'n, Alberta Reg't

Joined 16 *day of* May *191* 8 *at* CALGARY, ALTA.

	CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment	1st DEPOT BATT. ALBERTA REG'T.	3210756		16-5-18
Transferred to.....				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION	DATE	DISEASE	RESULT

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

M. F. B. 313.
300M.—10-17.
1772-39-439.

Surname ..... Christian Name .....

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital			Dates of Discharge from Hospital.			DISEASE.	Number of days in Hospital.	Remarks on nature of the disease; how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer.
		Day	Month	Year	Day	Month	Year				

M.S.A. 15.

1st Depot Batt Class. 1.

MILITARY SERVICE ACT, 1917.

MEDICAL HISTORY SHEET.

IMPORTANT.—If the man's name does not appear upon the schedule of men reporting for service, or if he has not made an application for exemption or a report for service, or, although having made one, he does not know the number, he will be instructed that the copy of this medical history sheet (which will be handed to him) must be attached by him to a report for service or claim for exemption which he may make on application to any Postmaster in Canada, or be sent by him after he has noted upon it the number on the receipt he obtained from the Postmaster to a Registrar or Deputy Registrar under the Military Service Act. In any event the duplicate medical history sheet will be sent by the Medical Board to the District Officer Commanding unless instructions have been given by the latter to forward it direct to a Registrar or Deputy Registrar.

1. Surname Anderson Christian name Severin

2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule

3. Consecutive number on schedule of men reporting for service (if he appears on it)

4. Address (including street and number, if any) Millicent Alta.

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 16th day of May 1918. 1917, by the undersigned medical board sitting at CALGARY

5. Age as stated 21 Years 1 Months. 6. Apparent age 21 Years Months

7. Height 5 Feet 11½ Inches. 8. Weight 140 Pounds.

9. Chest measurement { Minimum 32 Ins. Maximum 36 Ins. 10. Complexion Fair { Eyes Blue Hair Fair

11. Physical development Good { Good Fair Poor 12. Smallpox marks nil

13. Number of vaccination marks { Right arm nil Left arm Three 14. When vaccinated last Child.

15. Distinctive marks and marks indicating congenital peculiarities or previous disease nil

16. Slight defects but not sufficient to cause rejection ~~[illegible]~~ V.D.H. good compensation

The man denies having had { Rheumatism Tuberculosis Syphilis We find no evidence of past { Rheumatism Tuberculosis Syphilis

(Strike out disease admitted or suspected.)

We have examined the above named man in accordance with the C. E. F. Regulations for medical examinations, and he is placed in Category A II

Vision R. D. 20 L. D. 20

Hearing RT. OK LFT. OK

G. R. Lamont President.

CAPTAIN C. A. M. C.

E. E. Anderson Member. CAPTAIN C. A. M. C.

D. F. McRae Member. CAPTAIN C. A. M. C.

Signature of Man E. Anderson

Date	Result	Vaccinations	Date	Result	Anti-Typhoid Inoculations, Etc.
		M.O.			M.O.
		M.O.			M.O.
		M.O.			M.O.

Joined ..... *day of* ..... *191* ..... *at* .....

	Corps	Reg'tl Number	Habits	Date
Joined on enlistment				
Transferred to.....				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station	Date	Disease	Result

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

Surname ..... Christian Name .....

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital			Dates of Discharge from Hospital.			DISEASE.	Number of days in Hospital.	Remarks on nature of the disease; how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer.
		Day	Month	Year	Day	Month	Year				

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. 3210756 Rank Pte Name Anderson S.

Corps 1st Depot Battln Alta Regt who was* S.O.S.

On 16. 5. 18 191...., to .....

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from May Pay List 191....

to .....191...., the inclusive date of transfer or discharge.

Dr.	$	c.	Cr.	$	c.
Bal. Dr. from prev. month	Nil		Balance Cr. from prev. month	Nil	
Advances by Cheques No.			Regt'l. Pay ....days at $....c.		
Advances by Cheques No.			Field Allow. ....days at $....c.		
Assigned Pay and Sep'n Allce. No.			Separation Allowance* (Monthly)		
Other charges			Other Allowances*		
Payment on transfer or discharge No.			Other Credits*		
Bal. Cr. (to be paid by the new unit)			Bal. Dr. (to be deducted by new unit)		
Total	Nil		Total	Nil	

*Give particulars.

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

Pay for the month of.....191...
and Sep'n Allce. for month of.....191... (to) Assignee Nil

(Address) .....

(†) Insert amount to be assigned, whether it has been paid or not.
(‡) Insert "not" if amount has not been paid for period of account.

On Transfer of an Officer.

Out Allowance of $.....has been paid by Paymaster, Military District No.....

REMARKS:—

State (1) date of enlistment 16. 5. 18.

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

(3) cause of discharge C.L.A. until Class C.III. is called authority D.O. 137.

(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 16. 5. 18.

Place Calgary. Alta. Captn.

Paymaster.

1st Depot Battln. Alta Regt.

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

H.Q. 1772-39-903.
100M-9-18. D.P. 874.

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

M. F. W. 54. (A. F. B. 103.)
250M.—1-16.
H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps 1st. Depot Batt. AR

Regimental No. 3210756 Rank pte Name Anderson, Severin

Enlisted (a) 16-5-18 Terms of Service (a) C. E. F. duration of war Service reckons from (a) 16-5-18

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) farmer

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				
14-9-18		Struck off strength on return to Registrars records.	Calgary.	14-8-18	Part 2 D.O.226

A. S. Foster
Lieut. & Adjt.
1st Depot Batt'n Alta. Reg.

(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				

H. Q.

M. D. No. 13

Surname Anderson

T. O. S. May 16 1918

Christian names Severin

D. O. Pt. II 138 of 18-5-18

Regtl. No. 3210756 Rank Cte

S. O. S. Dis 14-9 1918

Unit Alta Regt 1st Dpt Bn

Reason R to R

Auth. DO 226 - 14-8-18 1/a R

Next of kin Anderson Mrs Otilie

Relationship Mother

Address Mullicent, Alta

Also notify:

BORN—Place Norway

Date April 23rd 1896

ATTESTED—Place Calgary, Alta

Date May 16th 1918

O/S

R/C

W. 22—50M.-3-19. 1772-39-839

Complexion Fair. Eyes Blue Hair Light

LIST OF DISCHARGE DOCUMENTS.

Attestation Paper, Triplicate	Militia Form W. 23
or Particulars of Recruit 2 ✓	Militia Form W. 133
Field Conduct Sheet	Militia Form W. 178 or A.F.B. 122
Casualty Form 1 ✓	Militia Form W. 54 or A.F.B. 103
Last Pay Certificate 1 ✓	Militia Form W. 44
Certificate that missing documents are unobtainable	
Medical History Sheet 2 ✓	Militia Form B. 313 or A.F.B. 178
Proceedings of Medical Board	M.F.B. 227, A.F.B. 179 or A.F.A. 45
Dental History Sheet	Militia Form B. 465
Medical Report	M. F. W. 129 or D. M. S. 1375
Regimental Conduct Sheet	Militia Form B. 263
Company Conduct Sheet	Militia Form B. 263a

C.L.A. Certificate. 1 ✓ .....M.F.W. 160

Training History Sheet. .....M.F.W. 113.

Form of Will. ✗

SHORT FORM.

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

1. No. 3210756

2 Rank. Private.

3. Name. Anderson, Severn.

4. Unit. 1st Depot Battn.Alta. Regt.

5 Date of Discharge | Place Calgary, Alta.

6 Reason for Discharge

Demobilization, Struck off strength on return to Registrars records. 14-9-18. Daily Order 226 of 14-8-18

7. Authority. P.C. 3051 of 11-12-18.

8. Proposed Residence after Discharge

9. CERTIFICATE TO BE SIGNED BY SOLDIER.

I hereby acknowledge that at the undernoted place and date I received my discharge Certificate

M. F. W.?

Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place Calgary, Alta.

Date February 21, 1919

Signature Capt. M.S.A. D.O.

(O. C. Discharging Unit.)

M.F.B. 218a—300M.-11-18—1772-39-113.