REGIMENTAL DOCUMENTS

NAME ANDERSON THEODORE REGT. NO. 3259624 UNIT H.H. No 7 H. Q. FILE NO.

	CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
1	ATTESTATION PAPER (M.F.W. 23, 133, or 51) 3	10 4/19				DEATH
2	CASUALTY FORM (M.F.W. 54 or A.F.B. 103) 2					Category
1	TRAINING HISTORY SHEET (M.F.W. 113) Record Sheet					
1	FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)	28.4.19				
	REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)					
	COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					
1	MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
1	DENTAL HISTORY SHEET (M.F.B. 465)					Category
	MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					
1	MEDICAL EXAMINATION (M.F.W. 129)					Demob.
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	LAST PAY CERTIFICATE (M.F.W. 44)					
2	PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					
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1	COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
1	m Sw 192					
1	C. A. pl. C. 5009A.					
1	A. F. B 179					
1	R 4 D 6045					
1	Pay Sheet					

Original

ATTESTATION PAPER.

No. 325 9624

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname? — Anderson,
1a. What are your Christian names? — Theodore
1b. What is your present address? — RR#2, Sussex, Kings Co., NB.
2. In what Town, Township or Parish, and in what Country were you born? — Sussex, NB.
3. What is the name of your next-of kin? — Sylvester Anderson
4. What is the address of your next-of-kin? — RR#2, Sussex, Kings Co NB
4a. What is the relationship of your next-of-kin? — Father
5. What is the date of your birth? — March 18, 1898
6. What is your Trade or Calling? — Farmer
7. Are you married? — No
8. Are you willing to be vaccinated or re-vaccinated and inoculated? — Yes
9. Do you now belong to the Active Militia? — No
10. Have you ever served in any Military Force? — No
If so, state particulars of former Service.
11. Do you understand the nature and terms of your engagement? — Yes
12. Are you willing to be attested to serve in the CANADIAN OVER-SEAS EXPEDITIONARY FORCE? — Yes
13. Have you ever been discharged from any Branch of His Majesty's Forces as medically unfit? — No
14. If so, what was the nature of the disability? — Nil
15. Have you ever offered to serve in any Branch of His Majesty's Forces and been rejected? — No
16. If so, what was the reason? — Nil

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Theodore 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.

Theodore Anderson (Signature of Recruit)

Date 28-5 1918. B A Burden Lt (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Theodore 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.

Theodore Anderson (Signature of Recruit)

Date 28-5 1918. B A Burden Lt (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 Sussex NB this 28 day of May 1918.

B A Burden Lt (Signature of Justice)

M. F. W. 23.
750 M.—1-17.
H. Q. 1772-39-841.

N.B.—ATTENTION IS DRAWN TO THE FACT THAT ANY PERSON MAKING A FALSE ANSWER TO ANY OF THE ABOVE QUESTIONS IS LIABLE TO A PENALTY OF SIX MONTHS' IMPRISONMENT.

Description of Theodore Anderson on Enlistment.

Apparent Age 19 years 2 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5 ft. 10¾ ins.

Chest measurement: Girth when fully expanded 38 ins.; Range of expansion 36 ins.

Complexion Medium

Eyes Brown

Hair D Brown

Religious denominations:
- Church of England
- Presbyterian
- Methodist
- Baptist or Congregationalist — Baptist
- 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).

NIL

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 May 5 1918.

Place Sussex N B

W A Reddick Capt
Medical Officer.

*Insert here "fit" or "unfit."

NOTE.—Should the Medical Officer consider the Recruit unfit, he will fill in the foregoing Certificate only in the case of those who have been attested, and will briefly state below the cause of unfitness:—

CERTIFICATE OF OFFICER COMMANDING UNIT.

Theodore 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.

G R Barnes Lt.-Col. (Signature of Officer)
For O. C. 1st Depot Battalion
New Brunswick Regiment

Date 28th May 1918.

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 3259625 (Rank) SAPPER

Name (in full) ANDERSON Theodore enlisted in

the CAN RY. Troops. SUSSEX, N.B.

CANADIAN EXPEDITIONARY FORCE at SUSSEX, N.B. on the 28th May, 1918

day of 19

HE served in CANADA, ENGLAND, FRANCE.

and is now discharged from the service by reason of DEMOBLIZATION, Authority

R.O. 1420

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

Age	20 years 11 months.	Marks or Scars	
Height	5ft. 10 1/4 inches.		
Complexion	Medium		
Eyes	Brown		NIL
Hair	D/Brown		

Theodore Anderson
Signature of Soldier

R. A. Magee Capt. O. C.
Issuing Officer
DISPERSAL STATION ST. JOHN, N. B. FOR
O. C. DISTRICT DEPOT #7
Rank

Date of Discharge 18-3-19

Appointment

Signed at ST.JOHN,N.B. ST. JOHN, N.B. this 18th day of March 19 19

in Military District No. No.7.

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. ..... (Rank) ..... Name .....

Unit .....

Address on Discharge .....

Character and Conduct .....

.....

Former Occupation .....

Special Qualifications of Value in Civil Life .....

.....

Medals and Decorations .....

.....

Remarks .....

.....

1.—That discharge carried with it certificate (30) days' uniform security, which may be worn after discharged in uniform only.

2.—That uniform can be worn only during authorized duties of military nature.

3.—That the military uniform must be treated as if on the military strength.

On demobilization for on particulars called for on the back of this certificate will not be completed.

Signed at ..... this ..... day of 19

.....
Name of Officer

.....
Rank

.....
Appointment

CLASS A
WAR SERVICE BADGE
NO. 79514 Issued

C.A.D.C. 5009A

CANADIAN ARMY DENTAL CORPS, O.M.F.C.

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

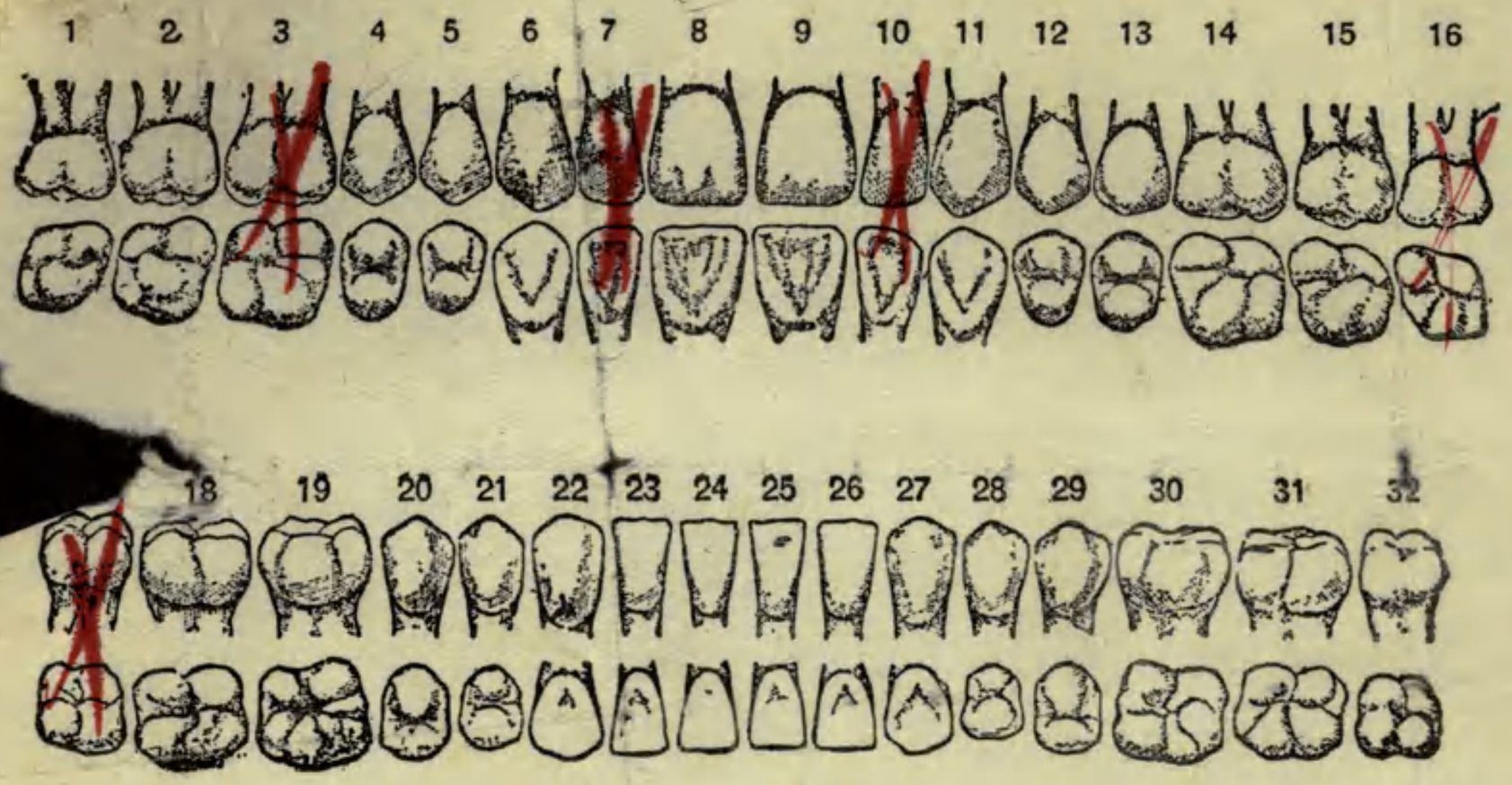
DIRECTIONS TO DENTAL OFFICERS

1. This form will be made out for each individual at the time of Demobilization in England or France.
2. Figures as per chart will be used to designate teeth concerned.
3. In reference to Partial Dentures the numbers of teeth thereon will be stated.

NAME OF SOLDIER (Block Letters) ANDERSON. T.

REGIMENT N.B. R.D. RANK SAP. No. 3257624

Date of Examination in England 30/1/12. Date of Examination in France



PRESENT DENTAL REQUIREMENTS

1. FILLINGS 19. 31 Mar 17-19 Examined for discharge incomplete
2. EXTRACTIONS 30 Nil K G Williamson
3. CROWNS Theodore Sanderson
4. DENTURES
   (a) Full Upper
   (b) Part Upper
   (c) Full Lower
   (d) Part Lower

HAS HE EVER REFUSED DENTAL TREATMENT? No.

HAS HE EVER RECEIVED DENTAL TREATMENT? (Reply by "Yes" where applicable to any or all of *a*, *b* or *c*.)

(a) In Canada
(b) In England Nil.
(c) In France

Signature of Dental Officer K Berry

Form R. & O. 6045
1238-180M-29/11/18.

PROCEEDINGS OF A MEDICAL BOARD.

Dated at Purfleet Aug 19th 1918 1916.

No. 3259624 Rank Gnr. Name ANDERSON T.

Local Unit CRTP Overseas Unit NONE. Age 19

Examination held at Purfleet Essex.

DISABILITY.
Overseas—Local.
(scratch one out)

DEFECTIVE VISION

PRESENT CONDITION.

Vision OD - Counts fingers only
OS - 6/6
Other systems normal

BOARD RECOMMENDS:—

1. Fit for Duty.....
2. Fit for duty after.....weeks' physical training.
3. Fit for Temporary Base Duty.....weeks.
4. Fit for Permanent Base Duty.....
5. Discharge.....

BT

Signatures:—

Members
Alderman R Capt Caine ..... President.
E H Crouch Capt Caine .....
.....

APPROVED

Dated at.....1916.

For A.D.M.S.

PROCEEDINGS OF A MEDICAL BOARD.

Dated at ..... 19..

No. ..... Rank ..... Name .....

Local Unit ..... Overseas Unit ..... Age .....

Examination held at .....

DISABILITY.
Question — Local
(see instructions only)

PRESENT CONDITION.

BOARD RECOMMENDS:—

1. Fit for Duty .....

2. Fit for duty after ..... weeks' physical training

3. Fit for Temporary Base Duty ..... weeks

4. Fit for Permanent Base Duty .....

5. Discharge .....

Signatures:—

..... President

..... Members

.....

APPROVED

Dated at 1916

For A.D.M.S.

History Sheet

DENTAL HISTORY SHEET

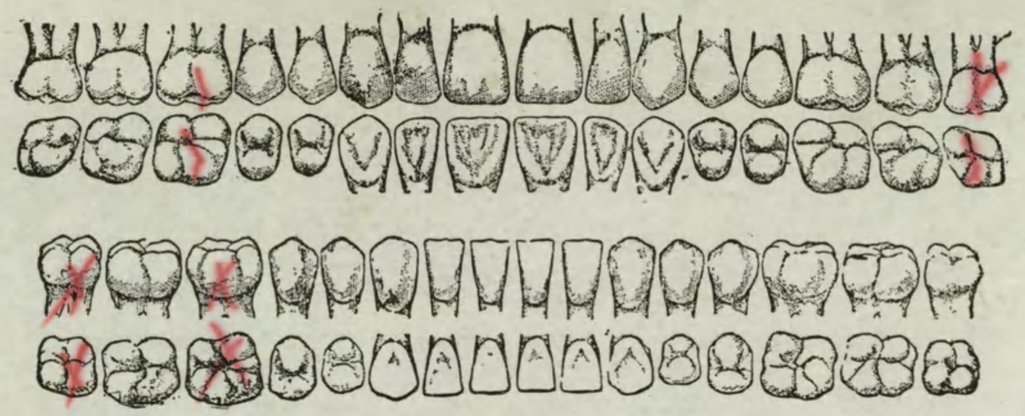
CANADIAN ARMY DENTAL CORPS

DIVISION 7

NAME OF SOLDIER Anderson Thos Pte

REGIMENT Byng Conscts RANK

No. 3958624



DATE	No.	Fillings: Amal.	Fillings: Phosp.	Fillings: G. Per.	Fillings: Cement	Extracted	Anesthetic	Treated	Crowns	Cleaned	As 2° 3	Pulp Removed	Put Pulp	Artificial Teeth	OPERATOR	REMARKS
July 5 1918						3/16 17.19									W J Wilkes Capt	30

M. F. B. 465
100m.—7-16.
1772-39-950

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

Date 1944

Name

Rank

Unit

Regt. No.

Complaint

Place

Operation

Dr.

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. 359634 Rank Spr. Surname ANDERSON (Given name in full) Theodore

Unit or Corps D.D. #7 Dispersal Sta. C Birthplace Russell N.B.

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

1. GENERAL DESCRIPTION:

Physique Good Weight 160 lbs. Height 5 ft. 10½ in. Colour of Eyes Brown

Nutrition Good

Pulse Normal

Condition of arteries Normal

Vision Rt. 20/200 Left 20/20

Hearing (conversational voice) Rt. 15 ft.

Left 15 ft.

Identification marks, scars, or deformities. (Give cause and date of origin). Crescentic scar 1st phalanx 1st finger of left hand.

Opinion as to general health and physical condition 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 Sytem No Cardio-Vascular System No

Special Senses Yes 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.

Defective right eye, existing prior to enlistment and not aggravated by service.

(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 St John N.B. (Canada)

Date March 17/19 Signed G. W. Stevenson Lt Colonel 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 Theodore 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.

DEPARTMENT OF MILITIA AND DEFENCE.

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 ..Theodore..... 2. Surname ..Anderson....

3. Rank ..Spr..... 4. Original Unit ..C.R.T.,.... 5. Reg. No. 3259624

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

7. Date of enlistment in the C.E.F. ..May 28/1918..... mb

8. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge ..Nil.....

9. Relationship of such dependent ..Nil.....

10. Address, in full, of such dependent ..Nil.....
.....

11. Is said dependent now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier ? ..Nil.....

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:—
..C.R.T. Aug 1, 1918 - to Jan. 11, 1919
.....

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 ..No.....
.....
.....

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 ..May 28, 1918 -.....
..to March 19, 1919 C.R.T.....
.....

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 ... No ...

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 ... No ...

20. Have you been issued with a War Service Badge? If so, what class? ... Yes "A" Class

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 ... Nil ...

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? ... Nil ...

24. Are you now serving in the C.E.F. ... No ... If not, give:—(a) Date of discharge ... March 18, 1919 ... (b) Reason for discharge ... Demobilization ...

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 ... No ...

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 ... Yes ...

27. (a) Are you receiving treatment from the Department of Soldiers' Civil Re-establishment? ... Nil
(b) If so, are you in receipt of full pay and allowances from that Department? ... Nil ...

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: Theadore Anderson

Place of Residence:

Declared before me at: St John N B Sussex

This 18th day of March 1919

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

POST DISCHARGE PAY.

Date paid	Paid Soldier	Paid Dependent	War Service Gratuity	Net amount due

Certified Correct.

District Paymaster.

3259624 Volunteer. B. Bailey

M.S.A. 15.

18 OCT 19

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 Andrews Christian name Theodore

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) Sussex N.B.

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 27 day of May 1917, by the undersigned medical board sitting at St John N.B.

5. Age as stated 19 Years 2 Months. 6. Apparent age 19 Years — Months

7. Height 5 Feet 10 3/4 Inches. 8. Weight 137 Pounds.

9. Chest measurement { Minimum 36 Ins. / Maximum 38 Ins. } 10. Complexion Med. { Eyes Brown / Hair D. Brown }

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

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

15. Distinctive marks and marks indicating congenital peculiarities or previous disease Internal Squint R Eye Enlarged Tonsils

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.)

Reps R 20/30 L 20/30

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

F. Dunlop Lt Col RCE Inspector ..... President.

F. Dunlop Capt ..... Member. ..... Member.

Date	Result	Vaccinations	Date	Result	Anti-Typhoid Inoculations, Etc.
28/5/18		F. Dunlop Lt M.O.	28/5/18 5/6/18		F. Dunlop Lt M.O.
		M.O.	15/6/18		T. A. Smithwaite M.O.
		M.O.			M.O.

Joined 27 day of May 1918 at St John

	Corps	Reg'tl Number	Habits	Date
Joined on enlistment		3259624		
Transferred to.....	1 CRT	1st DEPOT BATTALION, 1st REGIMENT.		

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station	Date	Disease	Result
Sussex N.B.	July 3/18		B2 C. Lougheed Lt BT Adjutant R.C.E.
Purfleet Eng	19.8.18	Defective Vision	B1
Reform	1/2/19	do.	B1

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.

Signature of Man

Surname Adnam Christian Name Andrew

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				

Form R 122.
10287—65M—28-7-17.

KR

Rank | Name ANDERSON, Thedore. | Reg'l No. 3259624

Unit 65th Dft. C. R. T. C. R. T. | If in perm. Corps, What Unit? | Married or Single Single.

Place and Date of Enlistment Sussex N.B. 28th May 1918 | Place of Birth Sussex N.B.

Name and Address, Next-of-Kin Sylvester Anderson.

RR No.2 Sussex, Kings Co. N.B. | Relationship Father.

Assigned Pay Monthly $ | Payable to | Relationship

Separation Allowance $ | Payable to | Relationship

Discharge, Date and Place | Reason | Character

N/E. R.B. No. 8636
File R.L.
Delegate Can OR

R.B. 103 CHECKED 16 OCT. 1919

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		15-8-18	S/S IXION
16-8-18	O.R.D.	Taken on strength on Arrival England	Sfr. Purfleet	15.8.18.	pt II 226
9.10.18	"	S.O.S. prov. O'seas to 1st C.R.D.	" "	9.10.18	pt II 280 1st C.R.D. pt II 96 29/10/18.
20-1-19	1st Bn C.R.D	Posted to C.R.D. Witley	" Field	20-1-19	-1- 4
27-1-19	A.R.D.	S.O.S. from 1st C.R.D.	" Ripon	19-1-19	" 19
3-2-19	A.R.D.	leaves Att to 15th Res Bn &	" Ripon	3-2-19	-1- 25
~~27-1-19~~	A.R.D.	S.O.S. to A.R.D. No 7 Rhyl	" "	" " "	25- MD 7 P II 35 d/4-2-19.
20-2-19	MD 7	S.O.S. to Canada	" Rhyl	20-2-19	-51

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS Taken from Official Documents.	
Date.	From whom received.					

V. C. B. CLASS A. No. .....

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

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

B1 13.9.18

Casualty Form—Active Service.

55th Dft. C.R.T. to C.R.T.D. ~~1st DEPOT BATTALION, N. B. REGIMENT~~

Unit, Regiment or Corps .....

Regimental No. 225-9624 Rank Pte Name Anderson Theodore

Enlisted (a) 28/5/18 Terms of Service (a) C. E. F. Duration of war Service reckons from (a) 28/5/18

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				
		Embarked Disembarked	Halifax Liverpool	2-8-18 15-8-18	S/S IXION
16-8-18	C.R.T. Depot.	Taken on strength on arrival from Canada.	Purfleet.	15-8-18	Part 2 D.O.226.
9-10-18	C.R.T. Depot.	S.O.S. on proceeding overseas to the 1st Bttn. C.R.T.	Purfleet.	9-10-18	Part 2 D.O.260 Lieut. for O.C. Canadian Railway Troops Depot.
22-10-18	1 CRT	JOS as Rein	CBBD	10-10-18	Pro 96 NR a788
12-10-18	CBBD	Left for	1 CRT	12-10-18	NR D1424
19-10-18	1 CRT	Joined	—	13-10-18	B213
13-1-19	C.B.D.	Leave to Eng struck to C.R.T.D. writing for Wellington.		14-1-19	NR. 100. 4 of 1919.

Lieut. for Lt.-Col., A. A. G.
Canadian Section, G. H. Q. 3rd Echelon, B. E. F.

CERTIFIED CORRECT. 1 OCT 1918 F. EVANS, LONDON.

LAPLAND FEB 0 1919

(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.

3259624 Pte Anderson J

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				
27-1-19	ahD (CRT)	Tos and posted to Depot Group	Rifon	14.1.19	DO 19
3.2.19		SOS to MD no 7		3.2.19	R. E. Cyfreley LT. O.I/c RECORDS ALBERTA REGIMENTAL DEPOT.
4-2-19	CRGD	Attached C.C.C. Kinmel Park for return to Canada. Part II Orders No. 31 Ceases to be attached C.C.C. Kinmel Park on embarking for Canada. Part II Orders No: 51 For Commanding M.D. 1 Wing. Kinmel Park Camp.			
20-2-19	MD 7		Stuart Lieut		
5' 3' 19	OVERSEAS	T O S D. D. NO 7 . F'TON N. B		FEB 20 1919	
		S O S D. D. NO 7 ST JOHN N. B.			A. Burdon Lt. Adjt. DISPERSAL STATION, ST. JOHN, N. B. FOR O. C., DISTRICT DEPOT No. 7

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

M. F. W. 54. (A. F. B. 103.
500M.—9-16
H. Q. 1772-39-9-20.

Casualty Form—Active Service.

Unit, Regiment or Corps 1st "D" Bn. M.B.P.

Regimental No. 3259624 Rank Pte Name Andersoie Theodore

Enlisted (a) 28-5-18 Terms of Service (a) C. E. F. Dur. Service reckons from (a) 28-5-18

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				
20-2-19	Eng.	TAKEN ON STRENGTH PART II. ORDER No. Part II B.	District Depot No. 7. R. W. Slemen Lieut. & Asst. Adjt. For O. C. District Depot No. 7.		
18-3-19	Dis. H.Qs.	STRUCK OFF STRENGTH PART II. ORDER No. 79 Part II B.	District Depot No. 7. R. W. Slemen Lieut. & Asst. Adjt. For O. C. District Depot No. 7.		

(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				

Specialist's Report.

Eye Ear Nose Throat.

Date.....1918.

Unit.....No.....Rank.....Name.....

Pte. Anderson T.

Disability or Disabling Condition
(To be filled in by Specialist).

Deficient vision Right eye.
History of Case:-

Right eye has been deflected internally since 3 years of age. Unaided vision in it is 10/200. Left eye 20/15.

Refraction:-

Probable Duration:-

Recommendation:-

Permanent.

In Specialist's opinion was this condition due to, or aggravated by Active Service?

Not caused nor aggravated by Military Service.

Signature of Specialist. [illegible] MD

This form to be made out in duplicate by

Specialist.

Standing Medical Board, Form No. 1.

REPORT OF OPHTHALMIC SURGEON MILITARY HOSPITAL R.I.P.O.N. / /18
(To be attached to A.F.B 178)

NAME Anderson T. NO. 325624 RANK 1st Cl. Pte.

R. Hand movements ~~6/~~ R. 30/1/19

VISION. Corrected With L. 6/6. ~~6/6~~

RETINOSCOPY (at on.) motro L.

Remarks Cal Bi.

Convergent Strabismus
Partial amblyopia or anopsia R.E.
Present before enlistment and not
due to service

Newbold C. Jones
Capt Cam C

Date of Enlistment 28/5/18.

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

A. 6038

Date of Assignment 1 Aug. 1918.

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

15.00			

PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank Promoted Reverted Discharge

Soldier's Name

Battalion 1st Depot Bn. N.B. Regt. Dft 55

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name

Address

Change of Address

1 SYLVESTER ANDERSON,
R.R.#2,
SUSSEX,N.B. 15 15.00
% 3259624 PTE.THEODORE ANDERSON
FIFTEEN DOLLARS

2

3

4

Date	Cheque No.	Amount S/A	Amount A/P	Total		REMARKS
Aug 4	35751		15	15		
Sep. 6	37619.		15	15		
Oct.	A 44261		15	15		
Nov	A 52347		15	15		
Dec.	B 63973		15	15		
Jan	B 71629		15	15		
Feb.	A 78582		15	15		
MAR	84242.		15	15		
	6		120	120		

A/c Closed

Ret'd per Lo apl and

Date 1-3-19 M.F.W.187 6-3-19

Clerk Bambrick

mo 75524 mo. 7

AUDITED.

CANADIAN
ASSIGNED PAY AUDITED
W. Rinke
AUDIT CLERK
DATE 19/5/19

AUTHORITY FOR NEW ACC'T. N.R. M.D. 7. B.2 M. Shipley. 26/8/18.

M. F. W. 128.
400M.—5-17—1772 39-1141
L. L. 22820—M. & D. 7993.

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.
4000—5-17—1772 39-1141
L. L. 22929—M. & D. 7993.

Local

*Name Anderson Theodore Rank Spr Regtl. No. 3 2 5 9 6 2 4

Fyle Depot

Original unit C.R.T. Present unit D.C.D.D.D.7 M. or S. Age 19 Religion Bpt Ref. H.Q.

Port, ship and date of arrival Halifax Lapland 2-3-19

Next of kin Father Lyndestor Anderson R.R.#2 Sussex Kings Co NB

Address on leave as above

Address on discharge as above

Transportation issued Yes No Date Character on discharge

Previous occupation Farmer Date and place of enlistment Sussex 28-5-18

Diagnosis Date of Medical Boards

Date	Remarks	Pt. 2 Order No
10-2-19	To Dispersal Station 1-3-19	#67
	Leave from 2-3-19 to 16-3-19	
18-3-19	Discharged K.R.S.	79

*—Name will be given in full ; surname first

(over)

Date.	Remarks	Pt. 2 Order No.

M. F. W. 192

150m.—5-18

1772-39-1243

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

M.D. No.....

NUMBER	RANK	SURNAME	INITIALS
.....	.....	.....	.....

Full postal address..... (Street) ..... (City or Town) ..... (Province)

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

Address.....

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

..... Railway.....

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

Their destination.....

(Sgd.).....

Number 325 96 24 Rank Gr.

Surname ANDERSON

Christian Name Theodore

Units 1st C. R. G. Theatre of War France

Date of Service 10/10/18

Remarks

Latest Address Sussex N. B.

Roll No.

200m.-6-21.

Page 20179

Dental Examination on Discharge

File No.....

Rank Spr. Name Anderson T. Regt. No. 3259624

Date of enlistment 28-5-18 Service, where France

If any dental treatment in army, where Nil.

Discharge examination at S. John N.B. Date 17-3-19

Treatment to be received Fillings 19-31

Extract, 30

At..... Examined by R. G. Williamson

Above treatment completed by..... Date.....

Completed History Sheet File No.....

M. F. W. 2572
100m-8-18
1772-39-1359

OTHER SIDE FOR REMARKS

List of Discharge Documents.

Reg. Conduct Sheet,	Militia form B. 263	Attestation Paper or Particulars of Recruit	Militia Form W. 23 " W. 133
Squadron / Battery / Company } Conduct Sheet, or Field Conduct Sheet	" B. 263a " W. 178	Proceedings on Discharge	" B. 218
Copies of Convictions, by C. P.	in MS.		
Med. Hist. Sheet,	Militia form B. 313		
Casualty Form	" W. 54		
Medical Report for Invalid§	" B. 227		
Dental History Sheet	" B. 465		
Last Pay Certificate	" W. 44		
Duplicate Discharge Certificate	" W. 39A		
‡Form of Will	" W. 82		

§Only if discharged "Medically unfit."

‡Only if man has not been overseas.

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.

Documents not accompanying this form should be crossed out.

I hereby certify that the following documents are unobtainable.

Officer Commanding.

N.B.—In the case of a man discharged by purchase, the date and number of Deposit Receipt with amount of same is to be noted hereon.

This space to be for numbers.

CLASS A
WAR SERVICE BADGE
NO. 79514 Issued

Proceedings on Discharge.

17.3.42

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

No. 3259624

Rank Sapper

Surname ANDERSON

Christian name Theodore

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

Corps (Squadron, Battery or Company) D. D. No. 7

Date of discharge 18/3/19

Place of discharge St. John, N.B.

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age 20 years ..... months.
Height 5 feet 10 1/4 inches.
Complexion Medium
Eyes Brown
Hair D. Brown
Trade Farmer
Intended place of residence (To be given as fully as practicable.)

Descriptive marks: NIL.

2. The above-named man is discharged in consequence of Demobilization R.O. 1420 Authority.

Authority for discharge .....

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.

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.)

M. F. B. 218.

200M.—5-18.
H. Q. 1772-39-113.

(OVER)

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

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

6. Medals and Decorations.....

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

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

(Place) ST. JOHN, N.B.

(Date).....

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, and that I have received my permanent discharge certificate.

(Place) St John N.B. Theodore Anderson *(Signature of Soldier.)*

(Date) 18-3-19 [illegible] *(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).....years.....days.

Total.....years.....days.

11. **Confirmation of Discharge.**

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

(Place) ST. JOHN, N.B.

(Date) 18.3.19

(Signature) Lt Maj. Capt.

DISPERSAL STATION, ST. JOHN, N. B. FOR O. C. DISTRICT DEPOT #7

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.)

None.

Theodore Anderson

M.D. No. 7

M. or S.

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

AUDITOR | PAYMASTER

REGT. No. 3259624 RANK Pte. NAME (IN FULL) Anderson, Theodore, (BLOCK LETTERS SURNAME FIRST)

Sussex N.B.

NEXT OF KIN | RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? Nil. | DATE EFFECTIVE

TO WHOM PAID | RELATIONSHIP

ADDRESS

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ORIGINAL UNIT C.E.F. 1st D. Bn. N.B.R. | IF IN P.F. WHAT UNIT? | Laplanel 1-3-19

PLACE OF ATTESTATION | TRANSFERRED TO | DATE | AUTHORITY

DATE OF ATTESTATION 28/5/18 | TRANSFERRED TO | DATE | AUTHORITY 595

ASSIGNED PAY $ 15.00 | DATE EFFECTIVE No. 7 D.D. 1-4-19

PAYABLE TO S. Anderson | RELATIONSHIP Father | ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS R.R. #2, Sussex, N.B.

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE | EFFECTIVE

DISCHARGED St John N.B. | PLACE | DATE 18-3-19 | REASON Demob | AUTHORITY | IF ENTITLED TO POST DISCHARGE PAY

MONTH	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $	C.	OTHER CREDITS $	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.			TOTAL DEBITS $	C.	BALANCE DEBIT $	C.	CREDIT $	C.	PARTICULARS OR REMARKS
BALANCE FROM PREVIOUS ACCOUNT																																						255067
Jan.							13	91	13	91																									13	91	Ex Bal brought to P.L. 31-1-19
Feb.	28	1.10	30	80					30	80	K	P	b	S	b	S	4	87	4	87	30	00							15	00			59	74	15	03			A.P. paid by Ottawa
Mar	18	1.10	19	80	35	00	11	20	66	00	45	15					105	97											15	00			120	97	70	00			A.P. paid by Ottawa
																																						Balance carried forward
			Dbs.																										Dbs						Soldier			
92 days @ 1/10			210						210																				70				70		140			1st payment as above
																													70				70		70			CK 297240 79/4/19
																													70				70					CK 299266 at 44 7/1/19
W			210	00					210	00																			210	00			210	00	0		0	

WAR SERVICE GRATUITY.

30M-11-18.—L.L. 50877-M. & D. 9553.

Statement of the Soldier

(This is to be completed only in the case of the Soldier taking his Discharge in England.)
(Sections 1, 2, 5, and 6 are to be read to the Soldier.)

I, the undersigned Theodore Anderson have heard the description of my disability read, and am satisfied (or ~~not satisfied~~) with it. (~~If dissatisfied, statement should follow.~~) ~~I complain in addition of:—~~

Theodore Anderson
Signature of Soldier examined.

Instructions to Medical Officers

Question 1.—State the disability in terms of a diagnosis, that is, a diagnosis of the existing condition as distinguished from the disease or injury which caused it. It should be noted that in medical cases the disability may be the actual disease; for example, Tubercle of Lung, Chronic Bronchitis, Myalgia, Gastric conditions and so forth. (Follow the nomenclature as laid down in the "List of Diseases" of 1915, and amended by A. C. I. No. 1587 of 1917.)

Question 2.—The cause of the disability when known should be stated and care should be taken to establish as correctly as possible the place and date of origin. This is important in view of the relationship of Questions 3 and 4 to Question 5.

Questions 3 and 4.—*NOTE*—By Active Service is meant Service with the Colours in Canada, the United Kingdom or elsewhere during the present war, (since the 4th August, 1914.)

Question 5.—MEDICAL HISTORY.—State concisely the essential points of the history of the case as supported by documentary evidence. If further evidence is considered necessary to complete the Medical History, the same not being supported by documents, this should be obtained by questioning the soldier, but should be distinctly shown as "Patient's Statement." It is considered advisable that these latter statements be grouped apart from the evidence supported by documents available to the Medical Officer.

Extracts should be made from all entries on the Medical History Sheet.

If answers to Nos. 2, 3 or 4 show that the Soldier is suffering from some condition which pre-existed enlistment, it is advisable that these answers be substantiated as far as possible by statements obtained from the Soldier showing history of previous illness or injury.

Question 6.—PRESENT CONDITION.—As this question is primarily intended for the Medical Officer's report, in answering show clearly the condition of the Soldier at the time of examination.

It is directed that the objective and subjective matter be arranged in separate groups. The objective matter is considered to be the more important, in that it consists of a statement of the Medical Officer's actual finding.

Specialists' reports bearing on the PRESENT CONDITION should be attached.

In addition to description of the disability, a report on "all systems" is required in order that the whole when completed may be a true pen portrait of the Soldier's condition.

The Medical Officer in charge of the case will fill out pages 1 and 2 of this Form. The original must be wholly in the handwriting of the Medical Officer. The copies may be typewritten but must be signed by the Medical Officer who must be responsible that these are true copies of the original.

Finally the O. C. Hospital or S. M. O. or an Officer delegated for such duty by the A. D. M. S., is required to sign a certificate at the bottom of page 2, which reads as follows :—

"I have satisfied myself of the general accuracy of this report and concur therewith, except.....

This is a most important part of the paper and one to which the attention of the Officers concerned should be frequently drawn as it is by such strict supervision that the accuracy and good results of Medical Board work can be assured.

ENTRIES OF RECATEGORIZATION

Date	Station	Category	Signature of M. O.	Date	Station	Category	Signature of M. O.

A.F.B. 179 Canada (Revised 1918). 40266 10/8/18 T D.543

Reserved for M.H.C.

Regt. No. 225964 Rank Pte. Surname ANDERSON Christian Name Theodore

Unit or Corps—(*a*) Overseas from United Kingdom 1st C.R.T. (*b*) in United Kingdom 1st C.R.T.

Born at—Town Jersey County or Province New B. Country Canada

Date of Birth—Day 4th Month April Year 1898 Age 20 yrs. 10 months.

Joined at St. John N.B. Date May 27 - 1918

Former trade or occupation Farmer

Permanent Marks or any peculiarity that will serve for future identification :—
Semi circular scar. Index finger Left Hand.

Height—feet 5 inches 11 Colour of eyes Brown

Signature of Soldier (*for identification purposes*) Theodore Anderson

Medical Report

☞ *Read carefully the instructions on last page of this form.*

1. DISABILITY.

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

Disabilities Group (*a*)	INEFFECTIVE VISION
Disabilities Group (*b*)	na
Disabilities Group (*c*)	na

2. CAUSE OF DISABILITY

		Place of origin.	Date of origin.
(*i.*) As to Group (*a*) above.	unknown	Jersey N.B.	Childhood
(*ii.*) As to Group (*b*) above.	na		
(*iii.*) As to Group (*c*) above.	na		

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 ? na

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

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

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

(*i.*) As to Group (*a*) above ? na

(*ii.*) As to Group (*b*) above ? na

(*iii.*) As to Group (*c*) above ? na

5. MEDICAL HISTORY. Since childhood he has not been able to see very out of Right Eye. not aggravated on Service

6. PRESENT CONDITION. He can see daylight through Right Eye. Cannot see objects.

Specialist Report

Jan 30-1919, R. E. Hand movements
corrected R. E.
L. E. 6/6
Convergent strabismus - Partial amblyopia et anopsia R. E. Present before enlistment and not due to Service.
Cardio - vascular - Respiratory - Digestive - Nervous G. U. systems normal.

7. OPERATION. (i.) Was one performed? no (ii.) If so, state what. na

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

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

8. (i.) Is there loss or decay of teeth attributable to Active Service? na.

(ii.) If so, describe. na

9. DO YOU RECOMMEND:— (b) Invalid to Canada? no

(a) Fit for duty? (state category) B1. not likely to improve (c) Discharge from the Service as permanently unfit? no

Date of Report Feb 1st 1919 Signed Officer in medical charge of case.

Station Rupert

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

Motor Hospital (Officer i/c Hospital / S.M.O. Brigade) Strike out one of these

Dated at Station, on 191

*Delete if inapplicable.

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

10. Is the disability fully described in Part I. (1)? If not, describe it.

11. Is the cause of the disability fully described in Part I. (2)? If not, describe it. yes

12. From the medical information now adduced, was the disability caused or aggravated by:— (a) Negligence of the Soldier { Caused? no / Aggravated? no } (b) Misconduct of the Soldier { Caused? no / Aggravated? no }

13. 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, 5%, 10%, 15%, 20%, etc.)*

14. THE DISABILITY DUE TO SERVICE.—*(See Part I. (3). Aggravation on Active Service of a disability existing previous to joining is to be included in this estimate.)* What part of the entire disability estimated next above (13) is due to causes arising during Active Service? *(Estimate at none, 1/10, 2/10, 3/10, etc., or all.)*

15. Permanency of the Disability due to Service estimated next above in (14).

(i.) Is it permanent?

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

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

17. Can the former trade or occupation be resumed?

18. REMARKS:— Board under authority A. G. telegram 9093 dated 11/11/18

19. RECOMMENDATION:— (b) Invalid to Canada? no

(a) Fit for duty? (state category) B1 (c) Discharge from Service as permanently unfit? no

Date of Board 1/2/19 President.

Signatures of the Board

Station Rupert

J. W. Seamark Major A.D.M.S.

Approved for Col A.D.M.S.

Dated at Rupert Station 1/2/ 1919

P 820
12474—375M—13-2-18.

* Strike out whichever inapplicable.

ASSIGNED PAY.	* ~~ENGLAND or~~ CANADA.	SEPARATION ALLOWANCE.	* ENGLAND OR CANADA.
EFFECTIVE DATE:-	1-8-18	EFFECTIVE DATE:-	
AMOUNT:-	15 00	AMOUNT:-	

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.

Sylvester Anderson
(Father)
R. R. #2. Sussex
N. B.

Stopped 1-2-19

NAME:- ANDERSON. Theodore
NUMBER:- 3259624.

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
L.R.C. Can	1-8-18	Pte

UNIT AND TRANSFERS

ORIGINAL UNIT:- Dfl. ~~HB~~ 55 1st D. Bn N.B.R.

DATE ACCOUNT FIRST OPENED:- 1-8-18.

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO
			CRT Depot

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
11.1.19	7447	Field	933			31.1.19 C.B.Bde L.S.	67 04
21.1	8183	"	~~43 80~~			L.R.C.	13 91
			53 13				

DAILY RATES OF PAY AND ALLOWANCES

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

PARTICULARS OF RENDERING NON-EFFECTIVE: Dist to Canada 31.1.19 MR 3375 Ripon 26.1.19 Ripon MD 7.

MONTH 1918	PARTICULARS	CR. 1	CR. 2.	PARTICULARS	DR. 1	DR 2.	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
July 31	Bal from Canada.								25 75		
Aug	Pte Pay	34 10		Cap.				15 -			
		34 10						15	44 85		
Sept		33 -		Cap				15			
				aR 1682 4-9-18 CRT	38 93 -						
				Q 4005 356 23-8-18 ✓	1 56 -						
				✓ 2265 25-9-18 ✓	40 49 7 30 -						
		33 -			47 79			15	15 06		
Oct		34 10		Cap.				15	34 16		
				1927 36 28-10 1CRT	9 33 -				24 83		
		34 10			9 33			15			
Nov		33 -		Cap.				15	42 83		
				✓ 961 28 26-11 ✓	4 66 -				38 17		
Dec.		34 10		Cap.				15	57 27		
				✓ 1141 60 22.12 ✓	9 33				47 94		
Jan		34 10		Cap.				15	67 04		
		101 20			13 99			45			
				aR 1242 9 13.1 ✓	9 33 -				57 71		
				✓ 8183 37 22.1 2CRT	43 80 -				13 91		
				✓ 999 70. 13.2. Fund. ✓	4 87 -				9 04		
					58 00						
				S.O.S. 20-2-19 SL 17							

CANADIAN
ASSIGNED PAY AUDITED
E.S. Bradley
AUDIT CLERK
DATE 19/3/19