

NAME

Mc **ANDERSON** *WE*

REGT. NO.

246110

UNIT

207

H. Q. FILE NO.

CONTENTS

DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

M. F. W. 2505
REFERENCE

NON-EFFECTIVE BY

1 **S** ARRESTATION PAPER (M.F.W. 23, 133, or 51) *3*

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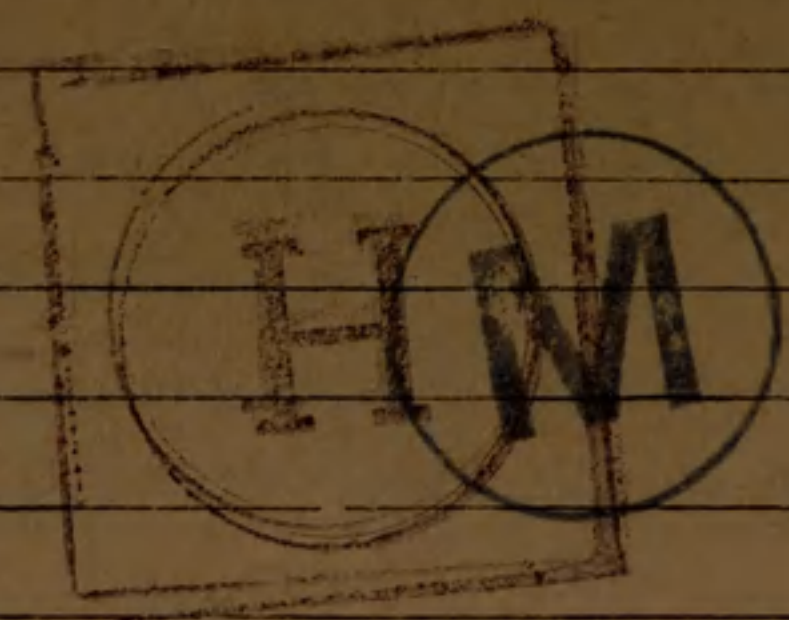
DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)

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PARTICULARS OF CHARACTER (A.F.W. 3226)

1 COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)



DEATH

Category

DISCHARGE

Category

Remost

DESERTION

3-29
15-29
17-29
3

REGIMENTAL DOCUMENTS

175

207. Drummer EOR

Original
No. 246140
Folio. 3

ATTESTATION PAPER.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION. (ANSWERS.)

- 1: What is your surname? Anderson
- 1a. What are your Christian names? Wesley, Clarence
- 1b. What is your present address? 12. Adelaide St- Ottawa
- 2. In what Town, Township or Parish, and in what Country were you born? Ottawa
- 3. What is the name of your next-of-kin? Mr. S. F. Anderson
- 4. What is the address of your next-of-kin? 12. Adelaide St- Ottawa
- 4a. What is the relationship of your next-of-kin? Father
- 5. What is the date of your birth? 6th May 1896
- 6. What is your Trade or Calling? Window Dresser
- 7. Are you married? no
- 8. Are you willing to be vaccinated or re-vaccinated and inoculated? W. Anderson 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

St. J. H. H.

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Wesley C. 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.

Date April 15th 1916 W. Anderson (Signature of Recruit)
J. M. Ahoney (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Wesley C. 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.

Date April 15th 1916 W. Anderson (Signature of Recruit)
J. M. Ahoney (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 Ottawa this 15th day of April 1916
C. S. Burtch (Signature of Justice)

JUSTICE OF THE PEACE
FOR CARLETON COUNTY

Description of Wesley C. Anderson on Enlistment.

Apparent Age 21 years months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

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.)

Height 5 ft. 4 1/2 ins.

Chest measurement { Girth when fully expanded 35 ins.
 Range of expansion 4 ins.

Complexion Fair

Eyes Blue

Hair S. Brown

Religious denominations.
 Church of England X X
 Presbyterian
 Methodist
 Baptist or Congregationalist
 Roman Catholic
 Jewish
 Other denominations
(Denomination to be stated.)

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 April 15th 1916.

Place Ottawa

J. C. Mackay
 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.

Anderson Wesley C 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.

Date April 15th 1916

J. H. [Signature]
 Adjutant (Signature of Officer)
 With. Ottawa Carleton Battalion

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

War Service Badge Class. *A*
231114 Issued

THIS IS TO CERTIFY that No. *246140* (Rank) *Pte*

Name (in full) *Anderson Wesley Clarence* enlisted in
the *207th Bn.* *E.O.R.*

CANADIAN EXPEDITIONARY FORCE at *Ottawa* on the *15*
day of *April* 19*16*.

HE served in *38th Can Inf Bn. France*

and is now discharged from the service by reason of *Demobilization.*
Medical Unfitness

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

Age *24*
Height *5' 5"*
Complexion *Fair*
Eyes *Blue*
Hair *Fair*

Marks or Scars *Scar on bridge of nose.*

Wesley B. Anderson
Signature of Soldier

J. J. Anderson
Issuing Officer

Date of Discharge



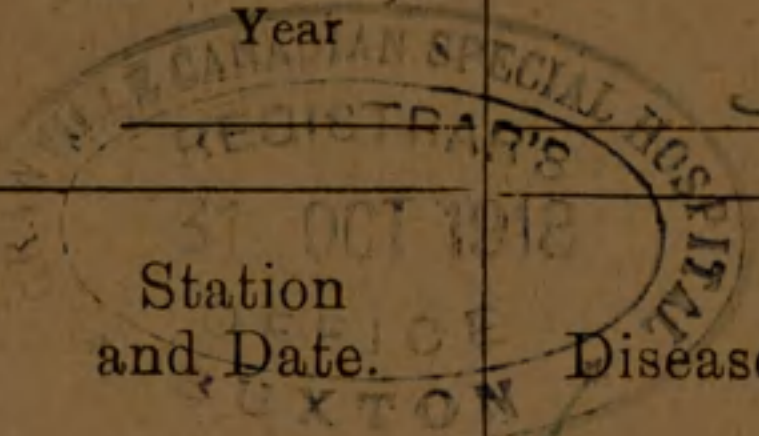
Capt
Rank

Date *March 15* 19*19*

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.

MEDICAL CASE SHEET.*

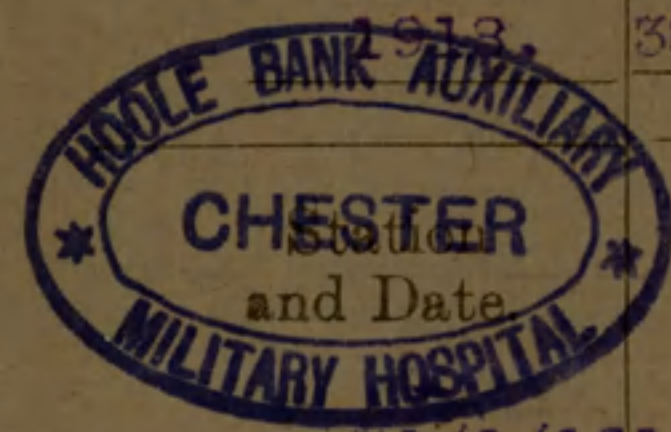
No. in Admission and Discharge Book.	Regimental No.	Rank	Surname.	Christian Name.
A 224	246140	Pte	Anderson	W.
Year	Unit		Age	Service.
1918	C. A. M. B.		23	29 12
Station and Date.	Disease			
	Influenza. ✓			
31.10.18. ✓	Admitted to Kensington. No signs of influenza. Complaint of pain in chest. Percussion + auscultation reveals no. sign of trouble. Temp + pulse normal.			
3.11.18.	To have with expect. sed. 3i + 10. pe Calmed gr ⁱⁱ - mg 804 - 350. No. Thomas ^{capt} Pulse + temp. normal. No. pain or other symptoms complained of. To be up + about.			
5.11.18	To be discharged to duty. Category B ⁱⁱ as before recommended. No. Thomas Capt.			



* The first and last entries will be signed, and transfers from one Medical Officer to another, attested by their signatures.
 (6365) W2944/P438 2,950,000 1/18 McA & W Ltd Forms/I. 1237/13 (E 2349)

Serial No. FC.T.270 MEDICAL CASE SHEET.*

MIL. CNV. HP.
WOODCOCK PK.
EPSON.
Year 1918.



Regimental No. Rank. Surname. Christian Name.
246140. Pte. Anderson, Wesley C.,

Unit. Age. Service.
38th. Canadians, 4th. Div., 12th. Bgde., "B" Co. 22 yrs. 1 yr. 7 mos.,

How Contracted:-
Service in the Field 15 mos. (1)
Other Service (2)
Not on Service (2)

Disease Debility. ✓

31/1/1918. Admitted from an Ambulance Train at 4 a.m.

Religion. C.E.

Next of Kin. Mrs. Mary Anderson, (Mother) 12, Adelaide St., Ottawa, Canada.

Date of Onset of Illness. 17/1/1918. Lens front. Place.
Station and hospitals where treatment given. No. 11, Can. F. A.
No. 18, C.C.S., & 2nd. Can. Sta. Hospital.

31/1/1918. History-Condition on admission etc.
Had been ailing since about Dec. 16/1917.
On admission complained of pains in back & limbs. Sallow and emaciated in appearance. Temp. Normal. Slight cough. No expectoration.

Treatment: Rest in bed. Light diet. Syr. Hypophosphites, t.i.d.

Feb. 12/1918. Out of bed. General diet. Improving daily.

Mar. 23/1918. Convalescent. For transfer to Canadian Convalescent Hospital.

PROGRESS NOTES.

Made steady progress. All symptoms have now subsided.

F. Hunt, M.B.

Station
and Date.

PROGRESS NOTES.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
	246140	Pte	Anderson	W. L.
Year	Unit.	Age.	Service.	
1918	38 th Batta			
Station and Date	Disease			
	General Debility ✓			
<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: auto;"> Convalescent Hospital, Woodcote Park, Epsom. </div>	16 MAR 1918	Looks fairly well, has lost very little. Heart normal. Complains of pains in chest at times has slight cough with expectoration.		
		2 of 5.		
		W. K. Blackadar. CAPT: C.A.M. "11" DIVISION.		
	18 MAR 1918	N.S. co.		
	25 MAR 1918	N.S. about the same. Fortunate.		
	2 APR 1918	N.S. sup. slowly. R.G. Pte		
	8 APR 1918	N.S. Improving slowly. co.		
	15 APR 1918	N.S. Improving Pte F ⁵ .		
	22 APR 1918	N.S. Still complaining, Irritability on chest. Leo.		
	29 APR 1918	N.S. Complains of chest. About same Pte F ⁷ .		
7 MAY 1918	N.S. About same co.			
15 MAY 1918	N.S. Empyema Board			
27/5/18	By S.M.B. Chest is clear. Fit for Di			
		W. K. Blackadar W. K. Blackadar		

*The first and last entries will be signed, and transfers from one Medical Officer to another; attested by their signatures.
 (41502) Wt.W 11203—M 1150. 1,450,000. 6/12.16. C.F.&S. Forms/I. 1237/12. (E239) P.T.O.

DUPLICATE.

DUPLICATE.

To be made out in duplicate.

H.Q. 54-21-23-53

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.

207th. OTTAWA, CARLETON BATTALION

(1) Name of Overseas Unit which Soldier joins.....

(2) Regimental Number 246140

(3) Full Name of Soldier Anderson Wesley B.

(4) Place of Birth..... Ottawa, Ont.

(5) Are you married, or not? No

(6) If married, state,
(a) Full name of your wife..... Nil

(b) Present Postal Address..... Nil

(7) Are you a widower? No

(8) Have you any children? Nil

If so, give number of boys and girls..... Nil

Also their names and ages..... Nil

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

If so, state name and address.....**Samuel Anderson, 12 Adelaide-st., Ottawa.**

(10) Is your Mother alive?.....**Yes**.....

If so, state name and address.....**Mary Anderson, 12 Adelaide-st., Ottawa.**

(11) If your Mother is a widow.....**No**.....

Are you her sole support, or not?.....**No**.....

(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.

.....**Nil**.....

(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.

.....**Samuel Anderson, 12 Adelaide-st., Ottawa, Ont.**.....

(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.

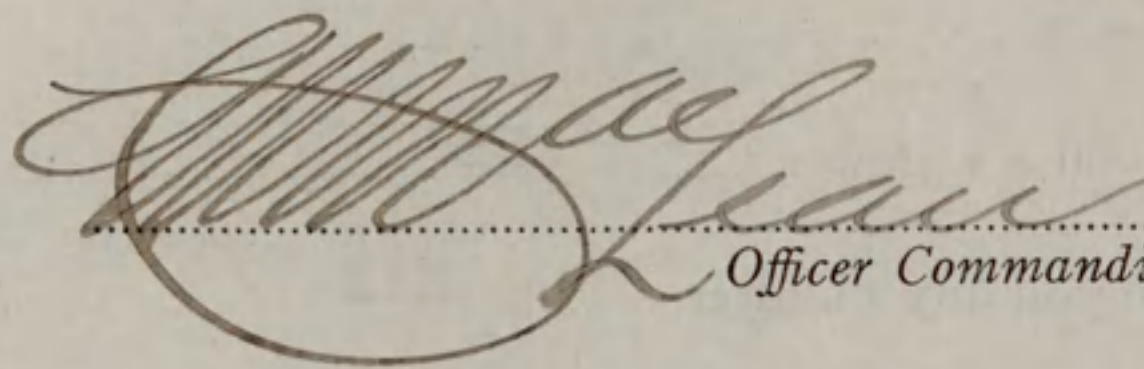
.....**Nil**.....

(15) Are you insured?.....**No**.....

If so, in what Company?.....**Nil**.....

Have you made arrangements for payment of your Insurance premium.....**Nil**.....

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


.....**Samuel Lean**.....
Officer Commanding.

Date.....**28th November, 1916.**

ORIGINAL MEDICAL HISTORY SHEET.

Original

Surname Anderson Christian Name Wesley 70

Examined on 15th day of April 1916
 at Ottawa Ont
 Birthplace { City or Town Ottawa, Ont
 County _____

Approved by J. C. Dauby
 Rank Surgeon M.O.

Apparent age 21
 Trade or occupation Window Dresser
 Height 5 Feet 4 1/2 Inches.
 Weight 130 Lbs.
 Chest measurement { Minimum 35 inches.
 Maximum expansion 4 inches.
 Physical development good
 Small-Pox Marks _____

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT,	
<u>2/5/18</u>	<u>Fit</u>	<u>Blaharne</u>	<u>2 FEB 1918</u> M.O.
			M.O.
			M.O.
			M.O.
			M.O.
			M.O.

Vaccination Marks { Arm Right 1 Left _____
 Number one
 When Vaccinated last 1905

Date	Result	VACCINATIONS	
<u>26/1/17</u>	<u>good</u>	<u>J. C. Dauby</u>	M.O.
<u>26/4/17</u>	<u>any</u>	<u>J. C. Dauby</u>	M.O.
			M.O.

(a) Marks indicating congenital peculiarities or previous disease nil
 (b) Slight defects but not sufficient to cause rejection nil

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.	
<u>1916</u>			
<u>July 3</u>	<u>Good</u>	<u>J. C. Dauby</u>	M.O.
<u>" 16</u>	<u>"</u>	<u>J. C. Dauby</u>	M.O.
<u>" 17</u>	<u>"</u>	<u>J. C. Dauby</u>	M.O.

Enlisted on 15 day of April 1916 at Ottawa, Ont

	CORPS.	REGT'L NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>207th</u>	<u>246140</u>		
Transferred to..	<u>7th RESERVE BATTALION.</u>	<u>246140</u>		<u>10-6-17</u>
	<u>38th Bn</u>	<u>came</u>		

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
<u>3rd C.E.D. Seaford.</u>	<u>4-7-18.</u>	<u>Bronchitis, Chronic</u>	<u>BT</u> <i>Capt. C.M.C.</i>
<u>CANADIAN HOSPITAL, ETCHINGHILL, LYMINGE.</u>	<u>19-7-19.</u>	<u>Bronchitis</u>	<u>awo Bagnall</u> <i>major came</i>


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

CANADIAN

C.

Christian Name *Wesley*

Surname *Anderson*

STATION.	Date of Arrival at the Station.	DATES OF						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.
		Admission into Hospital.			Discharge from Hospital.						
		Day	Month	Year	Day	Month	Year				
<i>Maawa</i>		24	10	1916	30	10	16	<i>Gonorrhoea</i>	6	✓	
Barnwell Military Hospital. CAMBRIDGE.		21	6	17.	9	8	17.	<i>Gonorrhoea.</i>	49.	✓	<i>Sherrin Capt</i>
		31	1	18	15	3	18	<i>Debility</i>		✓	<i>W. Brett MB</i>
<i>W. A. Epsom.</i>		15	3	18				<i>Gen. Debility (conval)</i>	12 78		
Granville Can. Spec. Hosp Nuxton Derbyshire		31	10	18	5	11	18	<i>Influenza suspect.</i>	6	✓	<i>Beaumont CAPT. G.M. DIVISION.</i>
Granville Can. Spec. Hosp Nuxton Derbyshire		1	12	18	5	12	18	<i>Gonorrhoea</i>	5	✓	<i>W. Thoms Capt</i>

31 MAY 1918

TAB 17.4.18. 565.

12 78 Admission: - Looks fairly well, has lost very little. Heart normal. Complaint of pain in chest at times. Has slight cough with coughing fits at times. 13/5/18 Has had some P.T. and is showing some improvement. Still coughing. Recd for Emp. Bd. 22/5/18 S.M.B. find chest clear. fit for graduated physical training Cat 2.

To be transferred to Esher for treatment
W. Thoms Capt

CANADIAN ARMY DENTAL CORPS, O.M.F.C. DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Black Letters) ANDERSON W.C.

REGIMENT CAMC RANK Pte No. 246140

Date of Examination in England 4-3-19 | Date of Examination in France _____

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.



PRESENT DENTAL REQUIREMENTS

1. FILLINGS

2. EXTRACTIONS

3. CROWNS

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
- (c) In France

Signature of Dental Officer

[Handwritten Signature]

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

M. F. W. 12.
 25m-4-17.
 H. Q. 1772-39-819.

To Whom *Mrs W. J. Kissick*
 Address *472 Lewis St.,
 Ottawa*

By Whom Assigned *Anderson, W.C.*
 Regtl. No. *246140*
 Rank *Pte*
 Corps *207th Btw.*

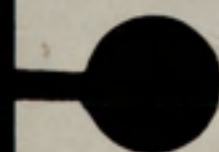
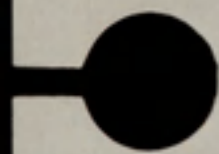
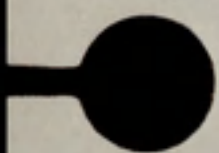
Rate *\$20-*

JUN 1 1917

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				





ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2...
(Assignee)

Mrs W. J. Kissick

Name of Soldier

Anderson. W.

PAYMENTS.

246140 - Pte - 207th Bta.

L. L. Job 1927-M. & D. 7814.

Month.	Year.	Cheque No.	Amt.	Remarks.
				<i>#20 - JUN 1 1917</i>
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1917			
Feb.				
March				
April				
May				
June		<i>W 217 21</i>	<i>20</i>	
July		<i>J 23630</i>	<i>20</i>	<i>c</i>
Aug.		<i>B 28420</i>	<i>20</i>	<i>B</i>
Sept.		<i>X 33499</i>	<i>20</i>	<i>D 80.</i>
Oct.				
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

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.				

LTR

Rank Name ANDERSON, Wesley C. *Edrence*
207th Bn. to East. Ont, Regt. If in perm. Corps, }
Unit What Unit? }

Reg'l No. 246140

Married or Single Single.

Place and Date of Enlistment Ottawa, April 15th, 1916.

Place of Birth Ottawa.

Name and Address, Next-of-Kin Mr S. F. Anderson

12 Adelaide St, Ottawa.

Relationship

Father.

Assigned Pay Monthly \$

Payable to

Relationship

Separation Allowance \$

Payable to

Relationship

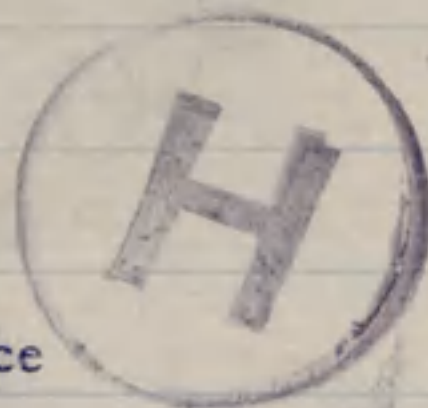
Discharge, Date and Place

Reason

Character

H. W. & V., Ltd.—9546-16.

N/E. R.B. No. **6326**
File R.L. **OR CAN**
Category



C.A.M.C

one

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.				
					ARRIVED IN ENGLAND 9/6 17 S/S OLYMPIC.
14.6.17	7th Res Bn	Taken on Strength	Seaford	10.6.17	Pl. II 142.
20.6.17	✓	Adm Bde Ven Hosp		16.6.17	147.
22.6.17	✓	Hd Barnwell Mil Hosp		21.6.17	149. + Ct. 62.
10.8.17	✓	Hd Barnwell Mil Hosp		9.8.17	Pl. 90 V.D.C.
11.11.17	✓	Posted to 38th Bn. of Seap.		10.11.17	Pl. II 272 & Pl. II 107d 19.11.17
4.2.18	E.O.R.D.	Posted from 38th Bn.	Seaford	31.1.18	Pl. II 305 & Pl. II 100d 9.2.18
4-6-18	✓	On com. to 3rd C.C.D		31-5-18	14493000 Pl. II 305 5/18
18-7-18	✓	Retains on com. to 3rd C.C.D S.O.S. to 6th M.C. S. Cliffe		14-7-18	1827 17/7 18
17.7.18	6 Ambld	T.O.S from 3rd C.C.D	S. Cliffe	17.7.18	199

EOR

6

A & B checked 13/11/18

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.				
1-8-18	6AMB	1st Lt G. S. Hop	Buxton Pt. S'cliffe	1-8-18	PTID. 23. G. S. Hop KID. 114 d/9/18
10-12-18	G. S. Hop	SOS to Cambridge and att'd from Cambridge	" Buxton	10-12-18	- 139. Cambridge KID. 201 d/30-12-18
21-12-18	"	leases to be attached	" "	22-12-18	- 142 Cambridge KID. 10 d/13-1-19
18-3-19	# 3 Ind Bty	T.O.S from 6AMB	" Rhyl	14-3-19	- 66 + AMCCC. DO. 63. 15/3/19
Ordering no 33. date 23-3-19. Dispara. G. G. Roll 17.					
26-3-19	# 3 Ind Bty	SOS to Canada	Rhyl	23-3-19	- 73

Casualty Form—Active Service.

Regiment or Corps Came

Rank 246140 Surname Anderson Christian Name Wesley Clarence

Religion _____ Age on Enlistment _____ years _____ months.

Enlisted (a) 15-4-16 Terms of Service (a) Open Service reckons from (a) 15-4-16

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

Extended { _____ } Re-engaged { _____ } Qualification (b) Window Dresser
or Corps Trade and Rate _____

Shute _____ Signature of Officer.

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				
		Embarked ...			
		Disembarked ...			
<u>18-7-18</u>	<u>Came Res D</u>	<u>Taken on Strength</u>	<u>Seliff</u>	<u>17-7-18</u>	<u>Res 129</u>
<u>8-8-18</u>	<u>G.C.S.H.</u>	<u>S.O.S. from G.A. No 6 Res D</u>	<u>Bushon</u>	<u>1-8-18</u>	<u>Res DO. 114</u>
<u>5-11-18</u>	<u>"</u>	<u>Adm G.C.S.H. Influenza</u>	<u>✓</u>	<u>31-10-18</u>	<u>Res DO. 133</u>
<u>18-11-18</u>	<u>"</u>	<u>Disch to Duty. B2</u>	<u>"</u>	<u>5-11-18</u>	<u>Res DO. 136</u>
<u>10-12-18</u>	<u>"</u>	<u>S.O.S. to Came Cas Board</u>			
		<u>Attd from Came Cas Coy for Lt. Bushon</u>		<u>10-12-18</u>	<u>Res DO. 139</u>
<u>10-12-18</u>	<u>"</u>	<u>Adm G.C.S.H. F.A.G.</u>	<u>✓</u>	<u>1-12-18</u>	<u>Res DO. 139</u>
<u>31-12-18</u>	<u>"</u>	<u>Cases to be attd from Came ecc</u>	<u>"</u>	<u>22-12-18</u>	<u>Res DO 142</u>
					<u>Major Came</u>

(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) Signaller, Shoing-Smith, &c.

Casualty Form—Active Service.

Regiment or Corps *207th Batt. C.F.A.*

Rank *Pte* Surname *Anderson* Christian Name *Wesley Clarence*

Religion _____ Age on Enlistment _____ years _____ months.

Enlisted (a) *15/4/16* Terms of Service (a) *20yrs* Service reckons from (a) *15/4/16*

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

Extended { } Re-engaged { } Qualification (b) _____
or Corps Trade and Rate _____

Signature of Officer.

CERTIFIED CORRECT
16 NOV 1917
G.W. BULLOCK LONDON

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				
			Embarked <i>Halifax</i>	<i>28/5/17</i>	
			Disembarked <i>Liverpool</i>	<i>10/6/17</i>	
<i>14/6/17</i>	<i>16 7th Res Bde</i>	<i>TS from Canada</i>	<i>Seaforth</i>	<i>11/6/17</i>	
		<i>S. L. S. Harrison</i>	<i>Seaforth</i>	<i>11/6/17</i>	
					LIEUT. & ASST. ADJT. 7th RESERVE BATTALION.
<i>11-11-17</i>				<i>11-11-17</i>	<i>NR R98366 P.D. 6</i>
<i>14-11-17</i>				<i>14-11-17</i>	<i>NR/A 3815</i>
<i>17-11-17</i>				<i>17-11-17</i>	<i>NR 4088341</i>
<i>24-11-17</i>	<i>38 Baltr</i>	<i>Joined Unit</i>		<i>23-11-17</i>	<i>B213</i>
<i>18.1.18</i>	<i>11 C.F.A.</i>	<i>P.U.O.</i>	<i>rem</i>	<i>11 C.F.A.</i>	<i>18.1.18. Q36-6418.</i>
<i>"</i>	<i>12 "</i>	<i>"</i>		<i>12 "</i>	<i>" 6516</i>
<i>19.1.18</i>	<i>11 "</i>	<i>"</i>	<i>admt to</i>	<i>12 "</i>	<i>" 6515</i>
<i>20.1.18</i>	<i>4 "</i>	<i>Debility Genl</i>	<i>admt to</i>	<i>13 C.F.S.</i>	<i>20.1.18 " 6517</i>
<i>18.1.18</i>	<i>18 C.F.S.</i>	<i>"</i>	<i>admt to</i>	<i>18 "</i>	<i>" 6518</i>
<i>19.1.18</i>	<i>12 C.F.A.</i>	<i>P.U.O.</i>	<i>to</i>	<i>4 "</i>	<i>19.1.18 " 6523</i>

(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) Signaller, Shoeing-Smith, &c.

246140.
Anderson 100

Class A

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				
23. 1. 18	18 CCS	Gen's Debility	to 37 A.T.	23. 1. 18	A36-6754
19. 1. 18	4 C.F.A.	P.U.O.	4 C.F.A.	19. 1. 18	6678
22. 1. 18	2 Can Staty	Debility	2 Can Staty	22. 1. 18	W-826
30. 1. 18	do	do	to England	30. 1. 18	D 581
30. 1. 18	do	Inval'd Sick and posted to E. Ont. Reg Depot.	'U.S. Cambria'	30. 1. 18	W 3083/4785 DO 10 th 9/2/18
<p><i>J. Anderson</i> Lieut. for Lt Col i/c Records, 5 m 7 C BN. PART II B. D. NO. 166. 17-7-18 Capt J. M. Hammond 2nd Canadian Trench Company Depot</p>					
17/7/18	DISCHARGED FROM 3 RD C. C. U.	Seaford	TO EORD		
18/7/18	EORD	Seaford		17/7/18	W 100 182
<p>Seaford to be in command at Field Seaford as SO of EORD on transfer to C.M.C. Depot Shorncliffe</p>					
<p>for Officer Commanding, East Ont. Reg'l Depot.</p>					

Surname **Anderson** Christian Name or Names **W.** Reg. No. **246140**
 Rank **Pte** Unit **7th Res Bn** Co. **38 E.O.** Troop **E.O.** Batty. **40**
 Hospital **Barnwell Mil.** Date of Admission **22-6-17**
came (Grand Busch)

Transferred **#11 Can Fla. Ame.** Hosp. **18.1.18**
18. Cas. Cl. Station. Hosp. **20.1.18.**
2 Lau stat Outreau Hosp. **22.1.18**

Diagnosis **VDG** *h* ✓
 (1) **P. W. O.**
 Later Diagnosis (if changed)
 (2) **Debility. General. b. Ser.** ✓
 (3)
 Additional Diagnosis: if more than one state present
Influenza ✓
V. D. G. A. ✓

DISPOSITION Date

DISPOSITION	REMARKS
C.L. 27-6-17 62	
" 10-8-17. 90	Dis. 9-8-17.
22.1.18 W 119 -1	Dis. 31. 5. 18
25-1-18. @122 ①	Dis. 5. 11. 18
31. 1. 18. a 127.	Dis 22. 2. 19
1. 2. 18 B 127	
19. 3. 18 B 166 ②	
6. 6. 18 B 231 ③	
4. 11. 18 c 360.	
15. 11. 18 b 368. ②	
4-12-18 b 386-2	
10-12-18. C 391	
1. 3. 19 b 456/2.	

A.M.D. 2 DEPT.

Bohr of D.O.M.S. O.M.F.C. London

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

- | | | |
|----|-----------------------|----------|
| 1. | Chester War. Chester. | 31.1.18. |
| | Mil Comd. Epsom. | 16.3.18. |
| 2. | Granville Spei Buxton | 1.11.18. |
| | Granville Buxton | 2-12-18 |
| 3. | C. H. Ettringhill | 6-12-18 |
| 4. | | |
| 5. | | |
| 6. | | |
| 7. | | |

Em W. A. ✓

Number 246140 ✓

Rank

Pte ~~B~~ ✓

Surname ANDERSON ✓

Christian Name

Wesley Colarney ✓

Units

38 Bn Can Coy ✓

Theatre of War

France ✓

Date of Service

11/11/17 ✓

Remarks

Latest Address

12 Adelaide St ✓

Ottawa Ont

Roll No.

10m.-8-21.M.

B. Page 20600

Received British War
@ Victory Medals

16/10/22

Wesley C. Anderson

Name *Anderson.* *Weeley Clarence*
 Rank *Pte*
 Unit ~~*50th Bn.*~~ *Camp. (400th)*
 Next of Kin *Canada*

Reg. No. 246140

PR

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1918						
18-1	<i>11 C.P.A.</i>	<i>P.U.O.</i>		<i>211</i>		<i>12065</i>
20-1	<i>18. C.C.S.</i>	<i>Gen. Debility</i>	<i>✓</i>	<i>222</i>		<i>12337</i>
22-1	<i>2 C.S.H. Outreau</i>	<i>Do</i>	<i>(Sev)</i>	<i>227</i>		<i>18833</i>
31-1	<i>Chester W.H. Chester</i>	<i>Do</i>		<i>327</i>		<i>11609</i>
16-3	<i>mil. (con.) H. Woodcote Pk.</i>	<i>Do</i>		<i>366</i>		<i>14546</i>
31-5	<i>Discharged.</i>	<i>Do</i>		<i>371</i>		<i>5486</i>
1-11-18	<i>G.B.S.H. Busch</i>	<i>Influenza</i>		<i>e360</i>		<i>138</i>
5-11-18	<i>Dis</i>	<i>"</i>		<i>e36A</i>		<i>9306</i>
2-12-18	<i>G. C. S. H. Buxton</i>	<i>20</i>	<i>✓</i>	<i>386</i>		<i>2335</i>
6-12-18	<i>Stakinghell</i>	<i>"</i>	<i>✓</i>	<i>391</i>		<i>2644</i>
22-2-19	<i>Discharged.</i>	<i>"</i>		<i>C. 426</i>		<i>2029</i>

Granville Can. Spl. Hospital,

HOSPITAL.

**A. & D.
CARD**

AT

Buxton

A. & D. No.

A 259

PL. OF ACTION

RANK

Pvt

REG. No.

246140

UNIT

C. A. M. C.

SICK OR WOUNDED

NAME

Anderson W. C.

AGE

23

RELIGION

C. of E.

PLACE IN HOSPITAL

"K"

DIAGNOSIS

V. D. G.

ADMITTED

12-1918

FROM

G. C. S. H. staff Buxton

DISCHARGED

5-12-18

TO

TRANSFERRED

Can. Spec. Hosp. Etchingham

SERVICE AT HOME

32/12

IN FIELD

RESULTS

5 days

(See Document Card for M.H. Sheet and other Documents.)

Granville Can. Spl. Hospital, HOSPITAL.



AT Buxton

A. & D. No. A 224 PL. OF ACTION

RANK Pvt REG. No. 246140 UNIT C. R. M. C. SICK OR WOUNDED

NAME Anderson-W AGE 23 RELIGION EpE

PLACE IN HOSPITAL R.

DIAGNOSIS Influenza ✓

ADMITTED 31 OCT 1918 ✓ FROM G. C. S. H. Buxton

DISCHARGED 5-11-18 ✓ TO " "

TRANSFERRED

SERVICE AT HOME 29/12 IN FIELD -

RESULTS

6 days

(See Document Card for M.H. Sheet and other Documents.)

No. 246140 RANK

Pte

NAME Anderson, Wesley, C

T. O. S. 15-4-16

UNIT

207th Battalion - C. E 7

Do 40. 17-4-16

M. D. 3

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916	1916			
Apr 15	Apr 30	✓		
May		✓		
June		✓		
July		✓		
Aug		✓		
Sept		✓		
Oct		✓		
Nov		✓		
Dec		✓		
1917	1917			
Jan		✓		
Feb		✓		
Mar		✓		
Apr		✓		

(over)

May ✓
June 1 June 10 us

UNIT SAILED

JUN 2 1917

NAME

Anderson W. C.

REGT'L No. 246140

H. Q. FILE No. 649.

RANK AND CORPS

Pte 7th Can Res Bn

FOLLOWS

No.

CABLE

NATURE OF CASUALTY

NO.

DATE

FOLLOWS

LIST NO.	HOSPITAL	DATE OF ADMISSION	REMARKS
62	Barnwell Mil Cambridge	22-6-17	U. W. G. ✓ ✓
90	misc.	9-8-17	" " "
A122.	#18 bas. blg. Stat	20-1-18	Stability, general
A119.	#11 Can. Fld Amb.	18-1-18	P.U.O. ✓
A127.	#2 Can. Stat. Outreau	22-1-18	Stability Gen (Sec)
B127.	Chester War: Chester	31-1-18	" " ✓
B166.	E. War Mil. Conv: west of Epsom	16-3-18	" " ✓
B231.	Disc	31-5-18	" " ✓
C360.	Grand. Can spec: Buxton	7-11-18	Influenza ✓
C368.	Disc.	5-11-18	" ✓
C391.	E. Grand. Can spec: " Can: Etchinghill	6-12-18	20 ✓
C436.	Disc	22-2-19	20 ✓

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

A

2756 June 1-17.

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

20			
----	--	--	--

emr.

PARTICULARS OF SEPARATION ALLOWANCE

No. **246 140**

Rank **plc.** Promoted Reverted Discharge

Soldier's Name **W. C. Anderson.**

Battalion **207- Bathn.**

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name **Mrs. W. J. Kussick**

Address **472 Lewis St, Ottawa.**

Change of Address

1

2

3

4

Date	Cheque No.	Amount S/A	Amount A/P	Total
30/9/17			80 ✓	80
Oct	C 51536		20	20
Nov	C 52770		20	20
Dec.	F 55091		20	20
Jan	A 54382		20	20
Feb.	B 92611 ✓		20	20
Mar.	G 99842		20	20
April	A 7633		20	20
May	A 12590		20	20
June	B 15432		20	20
July	Y 28413		20	20
Aug	A 30941		20	20
Sept.	A 37644		20	20
Oct.	A 44285		20	20
Nov	A 52370		20	20
Dec.	B 63989		20	20
Jan	B 71649		20	20
Feb.	A 78603		20	20
MAR	B 84263		20	20
APR			440	440

0379-11-167

REMARKS

M. F. W. 128.
40M. 6-7-1772-31-1141
L. L. 22320-M. & D. 1903.

AUDITED.

A/c Closed

Ret'd per **Camp & Britain** **MNO 3**

Date **31-3-19** **6-4-19** **MNO 82667**

Clerk **B. W. Kussick**



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 criticised.

Yes-

19. Is the invalid fit for

- | | | |
|--|--------------|--------------|
| (a) General service, | (Category A) | (Yes or No.) |
| (b) Service abroad, not general service, | (" B) | (Yes or No.) |
| (c) Home service (Canada only), | (" C) | (Yes or No.) |
| (d) Temporarily unfit. | (" D) | (Yes or No.) |
| (e) Unfit for service in Categories A, B and C | (" E) | (Yes or No.) |
- yes. B & C*

20. It is certified that the invalid

(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.)

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

Yes

Before signing the President of the Medical Board will read the statement signed by the invalid and differing opinions regarding Sections 7, 8, 9 and 10, as recorded in Section 18, to the invalid and if no change is indicated, will initial the statement. If, as a result of differing opinions regarding Sections 7, 8, 9 and 10 only, recorded in Section 18, the invalid is dissatisfied with the statement previously made, remarks of the Medical Board will be added here.

PLACE *St. Catharines*
 DATE *18/2/19*

E. D. Lambell Major President.
W. Bagnall Major *Cam* Members

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

APPROVED BY *B. Barron* APPROVED BY _____
Assistant Director of Medical Services. Director-General of Medical Services.
 DATE *20-2-19* DATE _____

THIS FORM WILL BE USED FOR ALL RANKS
 MEDICAL HISTORY OF AN INVALID

W.O. 17-A-29

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

- 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.
- 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 invalid 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."
- In answering the questions, Medical Officers will carefully obtain and record the invalid'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 invalid concerned, from witnesses, or from documents, Regimental or otherwise.
- Special care is required in answering question 9. Read the questions carefully. All questions must be answered.
- If space provided under any section is insufficient add another sheet. Such sheets must be initialled by the Medical Board.
- A note will be made of attached papers by the Medical Board under the section "Opinion of Medical Board."
- Under no circumstances may information other than that in sections 7, 8, 9 and 10 be communicated to the invalid, directly or indirectly.
- 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 *Can Hosp. Etobicoke* DATE *Feb. 18/19*

1. 1 (a) Unit *C.C.M.C.* (b) Regimental No. *246140* (c) Rank *P.O.*
 (d) Surname *ANDERSON* (e) Christian name *WESLEY CLARENCE*
 (f) Home address *12 Adelaide St. Ottawa, Ontario, Can.*
 (g) Next of Kin *Mrs. Mary Anderson* (h) Relationship *Mother*
 (i) Address of Next of Kin *12 Adelaide St., Ottawa, Canada*
 2. Age last birthday *23 yrs.* Date of birth *May 6th 1895*
 3. Enlistment, or Appointment (if an Officer) (a) Place *Ottawa, Canada* (b) Date *Apr 15th 1916*
 4. Personal description:
 (a) Height *5ft 4 1/2 in* (b) Weight *117 lbs* (c) Complexion *Fair*
(stripped)
 (d) Colour of hair *Light* (e) Colour of eyes *Blue* (f) Identification marks, Scars, etc. *X shaped scar ridge on nose*
 5. Former trade or occupation *Window dresser*

6. Service (The information should be secured from personal documents, but if documents are not available the invalid's statement may be taken and note must be made to that effect. Periods of service in Canada, England, France or elsewhere should be noted).	Years	Days
	<i>Two</i>	<i>309</i>

	PERIODS	
	From	To
Canada	<i>April 15, 1916</i>	<i>June 2nd 1917</i>
England	<i>June 2nd 1917</i>	<i>Nov. 9th 1917</i>
France or other theatres of War	<i>Nov. 9th 1917</i>	<i>Jan. 31st 1918</i> <i>invalid.</i>

7. Original disease, or injury *Bronchitis*
 (a) Date of origin *December 1917* (b) Place of origin *FRANCE*
 (c) Cause *Effluvia & infection*

8. Present disability— (Here state the exact nature of the disability resulting from the disabling conditions: e.g. (a) Weakness—slight, moderate, marked, etc.; (b) Loss, complete or partial, of an organ or member, or of its functions; (c) Necessity for rest of the body, or of some of its parts for therapeutic reasons; (d) Any other restrictions in choice of occupation.)

Slight chronic Bronchitis ✓

WEAKNESS BOTH LUNGS ✓

9. Present condition—(a) (Before completing this section the invalid should be stripped, and subjected to a thorough physical examination. Important, to be a full description of the present disabling condition, or conditions only. "History" must be recorded in Section 10. Describe all abnormalities, anatomical and functional, contributing to present disability; objective findings to be stated first, then subjective findings.)

Objective: man is well nourished and developed, and looks age as stated. Chest expansion 2 1/2 ins. No emphysematous changes present. Breath sounds are harsher than normal over both upper lung fields. No apparent abnormal percussion sounds. No rales present. X

Subjective: Persistent cough and expectoration worse in the morning, always worse during damp weather.

(b) Has the invalid now any affection of the following systems, not described in Section 9 (a) above? (Answer Yes or No,—if the answer to any part is Yes, give a brief description of the present condition.)

Nervous System no Cardio-Vascular System no Genito-Urinary System no (If pulse rate is abnormal, B. P. will be taken.) (Albumen and Sugar will be excluded.) Special Senses no Respiratory System no Integumentary System no Disturbances of Mentality no Digestive System no Muscular System no Osseous and Joint Systems no Any other general condition no

*10. (a) History (of the condition referred to in Section 9 (a).)

Man states he was treated in France for five days in Dec. 1917 for Bronchitis. Invalided to England Jan. 31st 1918 and treated at Ampthill Hoag Hospital until 10/3/18 for General Debility, then transferred to M.C.H. Exeter until May 31st 18.

10.—(b) (Here give a complete history, as obtained from invalid, with dates of origin of any affection from which the invalid, has suffered either prior to or since enlistment, and not included in Section 10 (a).)

Enlistment Ottawa, Can. 24/10/16 to 30/10/16 V.D.S. Barnwell Mil. Camp Bridge 2/6/17 to 9/8/17 V.D.S. Barnwell Hoag Hospital 3/10/18 to 5/11/18 Barnwell " " 1/12/18 to 5/12/18 V.D.S. Car. Hoag Hospital 5/12/18 to 20/2/19 V.D.S. and is now being discharged.

(c) (Here give a description of wounds, scars, and deformities.)

X Shrapnel scar bridge of nose.

11.—(a) Did the disabling condition have its origin before enlistment? no

(b) If so, has it been aggravated by Service? (If aggravated, give a description, as far as it is possible to do so, of the disabling causation at time of enlistment.) n/a

12. Was the disability caused, or aggravated; (a) by intemperance, or improper conduct; or (b) by unreasonable refusal to accept treatment? 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? Permanent

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

nil

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) no

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

17. Recommendations.

That he be discharged

Reported and true. Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

(Sections 7, 8, 9 and 10 are to be read to the invalid and either "satisfied" or "not satisfied" struck out).

I, the undersigned, 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

Pte W. C. Anderson Rank. Signature of invalid examined.

W.C.A.

LIST OF DISCHARGE DOCUMENTS.

Attestation Paper, Triplicate..... Militia Form W. 23-
 or Particulars of Recruit..... Militia Form W. 133
 Field Conduct Sheet..... Militia Form W. 178 or A.F.B. 122
 Casualty Form..... Militia Form W. 54 or A.F.B. 103
 Last Pay Certificate..... Militia Form W. 44
 Certificate that missing documents are unobtainable.....
 Medical History Sheet..... 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

1. Triplicate Attestation Paper (M.F.W. 23), or Particulars of Recruit (M.F.W. 133).
2. Casualty Form (A.F.B. 103).
3. Medical History Sheet (M.F.B. 313 or A.F.B. 178).
4. Proceedings of Med. Board (M.F.B. 227 or M.F.W. 129)
5. Dental Certificate (C.A.D.C. 5009a).
6. Field Conduct Sheet (A.F.B. 122)
7. Proceedings on Discharge (M.F.B. 218a)
8. Discharge Certificate (M.F.W. 39) (Enclosed in special envelope (260M)).
9. Copy of Discharge Certificate (M.F.W. 39a).
10. Dispersal Certificate (C.D. 3).
11. Equipment Statement Q.M.G. Form (D.O.S. 2), and Clothing)
12. Last Pay Certificate (L. 851).
13. Pay Book (A.B. 64).
14. War Service Gratuity (Form M.F.W. 2595).
15. Sanitary Documents.

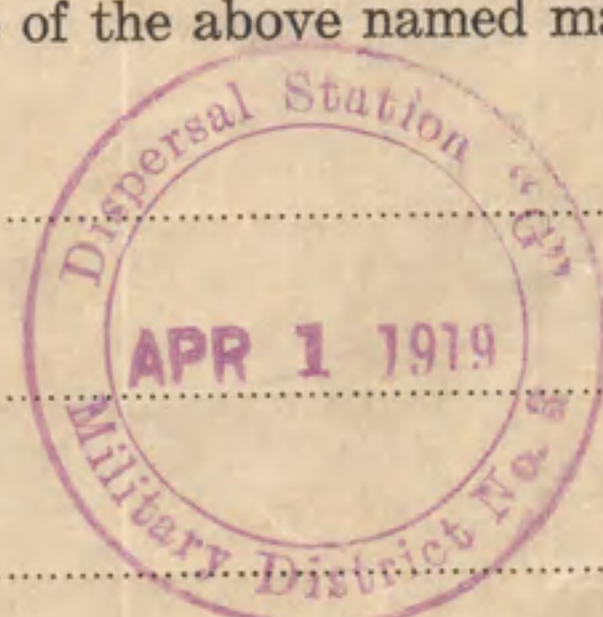
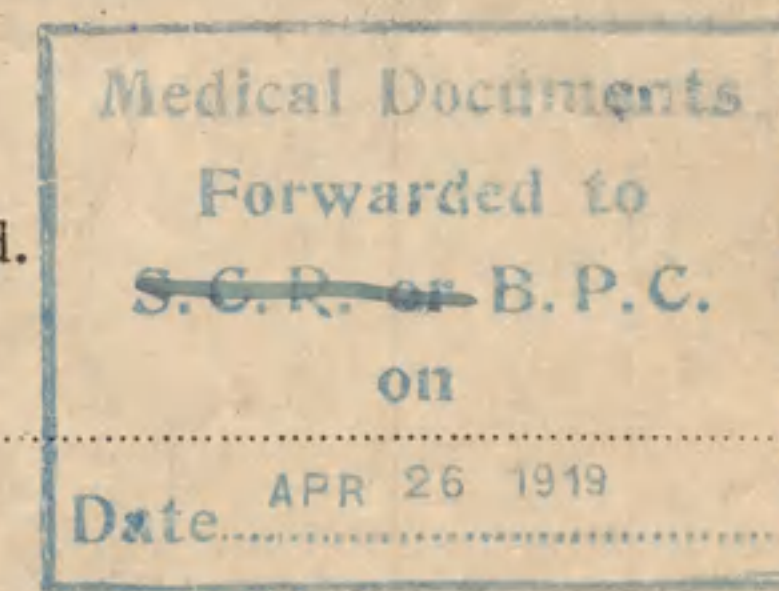
Group a
 Checked by No. 21
S.S. 31
 Date 20-3-19

G/3

SHORT FORM.
 PROCEEDINGS ON DISCHARGE.
 (Demobilization.)

M.D. 8

War Service Badge Class. A

1. No.	<u>246140</u>	
2. Rank.	<u>Pte.</u>	
3. Name.	<u>ANDERSON Wesley C.</u>	
4. Unit.	<u>C.A.M.C. 2.7th Bn.</u>	
5. Date of Discharge	<u>1-4-19</u>	Place <u>Alhambra</u>
6. Reason for Discharge.	<u>Demob. further</u>	
War Service Badge Class "A" No. <u>BII</u>		
7. Authority.	<u>R.O. 1420</u>	
8. Proposed Residence after Discharge.	<u>Alhambra</u>	
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. ? <u>39</u> <u>H.M.T.S. IMPRESS OF BRITAIN.</u> <u>LMLFIELD 25-3-1919</u> <u>W.C. Anderson</u> Signature of Soldier.		
10. CONFIRMATION. The discharge of the above named man is hereby confirmed. Place..... Date.....   Signature <u>W.C. Anderson</u> (O. C. Discharging Unit.) For O. C. Dispersal Area Station G.		

* Strike out whichever inapplicable.

ASSIGNED PAY	ENGLAND OR CANADA.	SEPARATION ALLOWANCE.	ENGLAND OR CANADA.
EFFECTIVE DATE:- 1/6/17		EFFECTIVE DATE:-	
AMOUNT:- 20 ⁰⁰		AMOUNT:-	

NAME:- *ANDERSON Chesley Clarence*
NUMBER:- *246140*

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.

Mrs. St. J. Kissick
472 Lewis St. Ottawa, Ont
Friend
Stopped Eff 1/4/19

PARTICULARS OF RANK OR APPOINTMENT		
AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		<i>Pte.</i>

UNIT AND TRANSFERS

ORIGINAL UNIT:- *207 Bn*
DATE ACCOUNT FIRST OPENED:- *11/6/17*

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'S F'D	UNIT TRANSFERRED TO
<i>20.149</i>	<i>18/7/18</i>	<i>1/8/18</i>	<i>21/8/18 CORD.</i>
	<i>1.6.19</i>	<i>17.6.19</i>	<i>Canada</i>

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
	<i>2049</i>	<i>House Stoppages 74 days</i>	<i>44.40</i>				
<i>4/3/19</i>	<i>4281</i>	<i>CAMC B</i>	<i>9.75</i>				
			<i>54.13</i>				

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS CE ALL'CE
	<i>1.00</i>	<i>10</i>		

22063 52 22069 42

PARTICULARS OF RENDERING NON-EFFECTIVE:- *Transferred to Cam 3/5/19 MR 94168 Schff 73/9 Schff md 7103*

MONTH 1918	PARTICULARS	CR 1	CR 2	PARTICULARS	DR 1	DR 2	DR 3	DR 4	BALANCE	DEFERRED	SEPARATION
<i>Mar 31</i>	<i>Bal. Forward</i>								<i>35.45</i>		
<i>Apr.</i>	<i>P.P.</i>	<i>33</i>		<i>AR 4967 Epsom 17/4/18</i>	<i>4.87</i>			<i>20</i>	<i>43.58</i>		
<i>May</i>	<i>✓</i>	<i>34.10</i>		<i>✓ 452 ✓ 7/5/18</i>	<i>4.87</i>			<i>20</i>			
				<i>✓ 5334 ✓ 17/5/18</i>	<i>4.87</i>						
				<i>✓ 6002 ✓ 31/5/18</i>	<i>4.867</i>				<i>73</i>		
<i>June</i>	<i>✓</i>	<i>34.10</i>		<i>C.A.P.</i>	<i>58.41</i>			<i>20</i>			
	<i>20.149 1/8 3 CCD. St. 12 days 31/5/18 to 11/6/18</i>	<i>8.76</i>		<i>AR. 2174 3 CCD. 16/6/18</i>	<i>2.43</i>						
				<i>2412 " 28/6/18</i>	<i>2.43</i>				<i>16.17</i>		
<i>July</i>	<i>P.P.</i>	<i>34.10</i>		<i>C.A.P.</i>	<i>4.86</i>			<i>20</i>			
				<i>AR. 3027 - 3 CCD - 16/7/18</i>	<i>2.43</i>						
				<i>DR AR. 1522 Camc 26/7/18</i>	<i>2.55</i>				<i>25.29</i>		
<i>Aug.</i>	<i>PP</i>	<i>34.10</i>		<i>C.A.P.</i>	<i>4.98</i>			<i>20</i>			
				<i>B.4005 1/8/18 Camc A1</i>	<i>5.78</i>				<i>39.39</i>		
				<i>AR 941 15/8/18 Granville A3</i>	<i>4.87</i>				<i>33.61</i>		
				<i>1032 29/8/18 do A9</i>	<i>4.87</i>				<i>28.74</i>		
		<i>34.10</i>			<i>15.32</i>			<i>20</i>	<i>23.87</i>		
<i>Sep</i>	<i>P.P.</i>	<i>33</i>						<i>20</i>	<i>36.87</i>		
				<i>AR 1090 14/9 Granville A1</i>	<i>7.30</i>				<i>29.57</i>		
				<i>1204 28/9 do A12</i>	<i>7.30</i>				<i>22.27 mil</i>		
		<i>33</i>			<i>14.60</i>			<i>20</i>	<i>36.37</i>		
<i>Oct</i>	<i>PP</i>	<i>34.10</i>		<i>AR 1302 15/10 do A12</i>	<i>7.30</i>			<i>20</i>	<i>29.07</i>		
				<i>1348 29/10 do 36</i>	<i>7.30</i>				<i>21.77</i>		
	<i>Mid</i>	<i>34.10</i>			<i>14.60</i>			<i>20</i>			

COMPILED BY *ant Bal*
CHECKED BY *Boyd*

NUMBER 246140

RANK *Pl*

NAME ANDERSON, Wesley Clarence

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
	<i>Oct Bal p</i>								2177	<i>nil</i>	
	<i>Nov p p</i>	33						20	3477		
				<i>11/11 5.000 26</i>	730				2747		
				<i>1579 28/11 "</i>	31	730			2019		
	<i>Dec</i>	3410						20	3427		
				<i>12/12 13/12 61</i>	243				3184		
	<i>Jan</i>	3410						20	4594		
1919		10/20				1703		60			
Feb	<i>P.P.</i>	3080						20	5674		
				<i>3343 11/1 do 19</i>	243				5431		
				<i>3915 13/21 do 91</i>	243				5188		
				<i>4072 22/1 CAMCO 98</i>	243				4945		
	<i>MAR PAY</i>	3410						20	6355		
				<i>1/25 12/18 - 16 2 19/74</i>							
				<i>(26) 20 49. CAMCO 272 M.</i>		4440			1915		
				<i>4281 4/3 CAMCO 121</i>	993				942		
				<i>3499 20/3 Kimm 173</i>	973				31		
		6490				2654440		70			

Sailed for cam 2339 M07 S L 33

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

M. OR S. REGT. NO. 246140 RANK Pte. NAME (IN FULL) ANDERSON, Wesley Clarence
 ORIGINAL UNIT C.E.F. 207 Battalion IF IN P.F. WHAT UNIT? (BLOCK LETTERS SURNAME FIRST)
 ADDRESS: 472 Lewis St., Ottawa, Ont.
 DATE OF ATTESTATION: 15-4-16
 ASSIGNED PAY \$ 20.00 DATE EFFECTIVE: 1-6-17
 TO WHOM PAID: Mrs W. G. Kessick Friend
 ADDRESS: 472 Lewis St., Ottawa, Ont.
 DISCHARGED: Ottawa PLACE DATE 1-4-19 REASON Demob. AUTHORITY IF ENTITLED TO POST DISCHARGE PAY

Q-609

MONTH	PAY AND F.A.		OTHER CREDITS		TOTAL CREDITS		ACQUITTANCE ROLLS			CASH PAYMENTS			ASSIGNED PAY		REGI-MENTAL CHARGES		OTHER CHARGES		TOTAL DEBITS		BALANCE		PARTICULARS OR REMARKS	
	NO. OF DAYS	RATE	\$	C.	\$	C.	COL. NO. 1	COL. NO. 2	COL. NO. 3	COL. NO. 1	COL. NO. 2	COL. NO. 3	\$	C.	\$	C.	\$	C.	\$	C.	\$	C.		\$
April	7	1.10	7 70		35 00					48 7	9 73	82 52	20 00					6 60		122 12			9 42	Returned Bal. per Eng L. P. C. Clothing Allow. and 1st Payment W. S. G. Pay to estimate date of discharge. A loan in England. Post Money, Train Money. Overpaid 6 days on discharge.
153 days					350								70 00							70			293 40	st. Pay. W.S.G. as above May 1/19 # 322161 Bal. as above. 3/17/19 # 358527 940468 July 2/19 3/7/19 # 958001
					13 40								83 40							153 40			210	
					363 40								70							223 40			140	
													70							293 40			70	
													70							363 40				

M-6