REGIMENTAL DOCUMENTS

NAME Anderson William REGT. NO. 269 UNIT 21st H. Q. FILE NO. 9661

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| Pay Cd | | | | | 14-12 |
| | | | | | 14-12 |
| | | | | | 5-13 |

C H

W 2589
100M-11-18
1772 35 1377

Declared med. unfit. by board held Kingston 2/6/15. Inflammatory Rheumatism

Case 32 D. letter 12/5/15. HQ. Co. A. 73

4563

# ATTESTATION PAPER.

No. 269

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

## QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

1. What is your name? ..... William Anderson
2. In what Town, Township or Parish, and in what Country were you born? ..... Hiawatha, Ont. Canada.
3. What is the name of your next-of-kin? ..... Mrs. Mary Paudash
4. What is the address of your next-of-kin? ..... Hiawatha Ont.
5. What is the date of your birth? ..... 11 Mar. 1884
6. What is your Trade or Calling? ..... Laborer
7. Are you married? ..... no
8. Are you willing to be vaccinated or re-vaccinated? ..... yes
9. Do you now belong to the Active Militia? ..... Yes
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

(Sgd.) William Anderson (Signature of Man).

Sgt. F. J. L. Jones (Signature of Witness).

## DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, William Anderson, do solemnly declare that the above answers made by me to the above questions 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.

Sgt. William Anderson (Signature of Recruit)

Date Nov 5 1914. Sgt. F. J. L. Jones (Signature of Witness)

## OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, William 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.

Sgt. William Anderson (Signature of Recruit)

Date Nov 5 1914. Sgt. F. J. L. Jones (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 Kingston this 5 day of Nov 1914.

W. P. Hughes (Signature of Justice)

I certify that the above is a true copy of the Attestation of the above-named Recruit.

W. P. Hughes (Approving Officer)

200 M.—8-14.
H.Q. 1772-1-13.

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# Description of William Anderson on Enlistment.

Apparent Age 30 years 8 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5 ft. 6 ins.

Chest measurement: Girth when fully expanded 38 ins.
Range of expansion 4 ins.

Complexion Dark

Eyes Brown

Hair Black

Religious denominations:
- Church of England
- Presbyterian
- Wesleyan Yes
- Baptist or Congregationalist
- Other Protestants (Denomination to be stated.)
- Roman Catholic
- Jewish

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).

Mole right abdomen

## 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 5/11/ 1914.

Place Kingston

W Spankie
Capt. R.A.M.C.
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.

William 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.

W B Hughes (Signature of Officer)

Date Nov 30 1914.

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# MEDICAL HISTORY SHEET.

269

Surname Anderson Christian Name William

Examined on 5th day of Nov. 1914 at Kingston

Approved by J. Spark Capt. R.A.M.C. M.O.

Birthplace City or Town Hiawatha County Northumberland

Apparent age 30 yrs 8 mths

Trade or occupation Labourer

Height 5 Feet 6 Inches.

Weight Lbs.

Chest measurement Minimum 34 inches. Maximum expansion 37 inches.

Physical development Good.

Small-Pox Marks None

Vaccination Marks Arm Right. Left. ✓ Number 2

When Vaccinated last Childhood

(a) Marks indicating congenital peculiarities or previous disease

(b) Slight defects but not sufficient to cause rejection Slight flat feet.

| Date | Fit or Unfit | Examined for Re-engagement, |
|---|---|---|
| | | M.O. |
| | | M.O. |
| | | M.O. |
| | | M.O. |
| | | M.O. |
| | | M.O. |

THIRD DIVISIONAL AREA MAY 12 1915 S.D. 43-3-227

| Date | Result | Vaccinations. |
|---|---|---|
| 6/1/15 | | F. Etherington Maj. A.M.C. M.O. |
| | | M.O. |
| | | M.O. |

| Date | Result | Anti-Typhoid Inoculations, Etc. |
|---|---|---|
| 11/11/14 | | F. Etherington Maj. A.M.C. M.O. |
| 21/11/14 | | F. Etherington Maj. A.M.C. M.O. |
| | | M.O. |

Enlisted on day of 191 at

| | Corps. | Regt'l Number. | Habits. | Date. |
|---|---|---|---|---|
| Joined on enlistment | | | | |
| Transferred to.. ..... | Discharged 1/4/15 | | | |

## EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

| Station. | Date. | Disease. | Result. |
|---|---|---|---|
| | | | |

B. P. C. FOLIO FALSE DATE

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.

M. F. B. 313.

50M—8-14.
H. Q. 1772—39—439.

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

| STATION. | Date of Arrival at the Station. | Dates of Admission into Hospital. | | | Dates of Discharge from Hospital. | | | DISEASE. | Number of days in Hospital. | Remarks on nature of the disease: how induced: if mild or severe: if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations. | Signature of Medical Officer. |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Day | Month | Year | Day | Month | Year | | | | |
| Kingston | | 28 | 1 | 15 | 6 | 2 | 15 | Rheumatism | 9 | Recovered | R Gardiner Captain |
| " | | 22 | 2 | 15 | | | | Rheumatism | | | |

45563

Original Not Available

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

M. F. W. 54. (A. F. B. 103.
500M.—9-16
H. Q. 1772-39-9?0.

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# Casualty Form—Active Service.

Unit, Regiment or Corps 21 st. Bn.

Regimental No. 269 Rank Pte. Name Anderson William

Enlisted (a) 5-11-14 Terms of Service (a) C. E. F. D. of W. Service reckons from (a) 5-11-14

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) .....

| 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 | | | | |
| 30-3-15 | 21st. Bn. | S. O. S. "Med. Unfit" | Kingston | 1-4-15 | Pt. II Order # 118. |

O. C. Sangmann

For D of W.

(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 | | | | |
| | | | | | |

ANDERSON, William Pte. 269 21st Bn.

60-A-73

Medals Nil. Canada only

Cross Mother;-Mrs Mary J. Paudash
R.R.#2
Keene Ont.

DESP. SEP 12 38
REGN. NO. 349

4563

REG. No. 269. NAME (SURNAME FIRST) Anderson John

RANK Pte. CORPS 21 Batt.

AGE 30. SERVICE

NAME OF HOSPITAL Queen St. Military PLACE Kingston, Ont.

DATE OF ADMISSION 28-1-15.

DISEASE Rheumatism

DISCHARGE

OPERATION

DISCHARGED TO DUTY

TRANSFERRED TO Kingston General Hospital 6-2-15. over

DISCHARGED BY MEDICAL BOARD

100M—9-17—H.Q. 1211-8-30.

REMARKS Readmitted Queens Mil. 22-2-15 4563

Diag Rheumatism. Dis. 24.2.15

No. 269 RANK Pte NAME Anderson W.

T. O. S. UNIT 21st Battalion (2nd O/S Contingent)

M. D. 9

| PAID FROM | PAID TO | SIG. OR REC'T | PROMOTIONS, TRANSFERS, DISCHARGES, ETC. | |
|---|---|---|---|---|
| | | | PARTICULARS | AUTHORITY |
| 1914 | 1914 | | | |
| Nov 11 | Nov 30 | ✓ | | |
| Dec | | ✓ | | |
| 1915 Jan | 1915 | ✓ | | |
| Feb | | O.S. | | |
| Mar | | ✓ | Discharged 1-4-15: Mzd. unfit. | D.O. 118 of 30-3-15. |
| | | | | UNIT SAILED MAY 20 1915 |
| | | | a/c closed by payment (S). | |

4563

(*At Station or Hospital where finally disposed of.*)

Station and Hospital } ..... Arrived from } .....

Date.....

| If Admitted. | If under treatment. | | Disease. | How finally disposed of. | Date of Discharge, &c. |
|---|---|---|---|---|---|
| Index No. | From | From | | | |
| Date | | | | | |

Summary of causes of invaliding, or remarks as to remand to Regiment, Station or Depôt.

Date of final Medical Board or decision }

.....
*Administrative Medical Officer.*

Militia Form B. 227.
2m-4-11.
(H. Q. 1772—39-117.

**DETAILED MEDICAL HISTORY OF INVALID.**

Station

Corps

Regimental No. Rank

Name

Disability

Date

Hospital or Station transferred to for final disposal. }

Date of final Disposal. }

How finally disposed of }

The original Report is invariably to accompany the discharge documents of invalids.

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THIRD DIVISIONAL AREA
MAY 12 1915
S.D. 443-222

# MEDICAL HISTORY OF AN INVALID.

1.—Station. Kingston. Ont.

2.—Regiment or Corps. 21st Battalion.

3.—Regimental No. and Rank. } 269. Private.

4.—Name. William Anderson.

5. Age last Birthday. 30 years.

6.—Enlisted { on 19. 10. 14. at Cobourg. Ont.

7.—Former Trade or Occupation. } Labouror.

8.—General remarks on his :—

(*a*) Conduct.

(*b*) Habits.

(*c*) Temperance.

(*For this purpose the Company defaulter sheets will be obtained from the man's Commanding Officer.*)

Date. May 1st 1915

| 9.—Service. | Years. | Days. |
|---|---|---|
| | PERIODS. From | To |
| 2nd Bat. C.E.F. | 19/10/14. | |

10.—Disease or Disability. Inflammatory Rheumatism.

11.—Date of origin, cause, present condition, and whether the same is the result of service or climate. 22/2/15. cause Diplococcus Rheumaticus. practically recovered, — probably due to service and climate. — Has a medium degree mitral regurgitant murmur at present time.

Has it been aggravated by intemperance, vice or misconduct? no.

Mil. Form B. 227.
2m-4.11.
H. Q. 1772—39—117.

[OVER]

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12.—In gunshot wounds, or other injuries, state how caused; whether received in action or in Field Service, and at what place, and whether on or off duty. If not received in action, was a Court of Inquiry held?

✓

13.—In the event of the disability being attributed to exposure on duty, state clearly the nature of such exposure, and whether it was exceptional or otherwise.

Disability, — no previous history of Rheumatism, — exposure not exceptional, — winter weather

14.—If aggravated, though not primarily caused by his service as a soldier, explain how it has been so aggravated.

✓

15. Is the disability permanent? If not, state its probable duration. To what extent will it prevent his earning a full livelihood?

Slight heart lesion permanent, otherwise he has recovered; should not interfere with his earning a full livelihood

16.—Full particulars of medical treatment of case up to date of invaliding.

Admitted 22/2/15
Treatment, — rest in bed
salicylates
Diet.

4563

17.—If previously proposed for discharge on medical grounds, state the date, the disability for which recommended for discharge, and the cause of remand to Corps.

18.—State if for discharge on account of unfitness for service.

yes

J. Parks
Capt AMC
*Medical Officer by whom the case is brought forward.*

## OPINION OF THE MEDICAL BOARD.

*(In which it should be stated how far the Board concurs in above Report.)*

The board having assembled pursuant to order proceed to examine Pte No 269. William Anderson 21st Batn C.E.F. concurs with the above report, finds the disability to be the result of service, but not sufficient to interfere with his earning a full livelihood, but that he is unfit for active service now and so recommends his discharge in present condition.

Signatures:— [signature] May AMS *President.*

Station. Kingston Ont — S. J. Keyes Capt AMC *Members.*

Date. May 3rd/15. — R. B. Richardson Lieut AMC

**Approved.**

Date 7/5/15 — R. Gardiner Capt AMC
*Administrative Medical Officer.*

Date ..... *Director General Medical Services.*

[OVER]

4563

7-8-31

(6429) W 8466/P1968 1,000,000 1/19 Mc A & W Ltd (E 4374)

Army Form W3997.

Regtl. No. 269 Rank

Name William Anderson
(Christian Names in full) (Surname)

Unit 21st Regt. or Corps Battalion

Date of { Discharge* / Disembodiment* / Transfer to the Reserve* } 191

* Strike out whichever inapplicable.

Deceased 3 July. 1938.
60-A-73.

# COVER

FOR

# DISCHARGE DOCUMENTS.

**NOTE.—In every case where A.F Z.22 is included among the documents the letter Z is to be stamped in the space provided below.**

66,

~~PAR SERVICE DOC.~~
CLASS "B" NO. .....

D "B" 6

REGT NUMBER 523057 ..... RANK PTE.

NAME JOHNSTON ..... ROY MARSHALL
(Surname) ~~(Christian Name in full)~~

REGT? OR CORPS C.A.M.C.

UNIT 1st Field Ambulance

ORIGINAL UNIT C.A.M.C.

CATEGORY A.

OCCUPATIONAL GROUP 1

NEXT OF KIN Wife

RELIGION Baptist

PLACE OF RESIDENCE Debourne - Alta.

DOCUMENTS

PAY BOOK AND L.A.C'S ATTACHED ✓

SPECIAL ENVELOPE WITH ORIGINAL DISCH. CERT. ENCLOSED ✓

PROCEEDINGS OF DISCHARGE ✓

COPY OF DISCHARGE CERTIFICATE ✓

ATTESTATION PAPERS ✓

CAPACITY FORM ✓

MEDICAL HISTORY SHEET ✓

PROCEEDINGS OF MEDICAL BOARD ✓

DENTAL CERTIFICATE ✓

FIELD CONDUCT SHEET ✓

DISPERSAL CERTIFICATE (ORIGINAL) ✓

EQUIPMENT & CLOTHING STATEMENT (D.O.S. 2) ✓

PAR SERVICE GRATUITY (D 180) ✓

SUNDRY DOCUMENTS ✓

OLYMPIC
SOUTHAMPTON
15.4.19