REGIMENTAL DOCUMENTS

NAME Anderson William REGT. NO. 22531 UNIT Depot Regt C/R H. Q. FILE NO.

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W. 2589
100M-11-18

G.G.B.G. Card G.F. 15/4/16.

5

DUPLICATE

225 314

ATTESTATION PAPER.

No.

Depot Regiment, Canadian Mounted Rifles.

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?	William
1b. What is your present address?	165 Jarvis St. Toronto, Ont.
2. In what Town, Township or Parish, and in what Country were you born?	Glasgow, Scotland
3. What is the name of your next-of-kin?	James Anderson
4. What is the address of your next-of-kin?	Crossfield, Union St. Motherwell, Lanarkshire, Scot.
4a. What is the relationship of your next-of-kin?	Father
5. What is the date of your birth?	29th December, 1884.
6. What is your Trade or Calling?	Pattern maker
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? If so, state particulars of former service.	No
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

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, William 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.

William Anderson (Signature of Recruit)

Date 13th October 1915. A P Malone (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.

William Anderson (Signature of Recruit)

Date 13th October 1915. A P Malone (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 Toronto this 13th day of October 1915.

(Signature of Justice)

M. F. W. 23
200 M—9-15
H. Q. 1772-39-841

Description of William Anderson on Enlistment.

Apparent Age 30 years 9 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height		5 ft. 6½ ins.
Chest measurement.	Girth when fully expanded	37 ins.
	Range of expansion	2½ ins.
Complexion	Medium	
Eyes	Blue	
Hair	Lt Brown	

Religious denominations

Church of England	
Presbyterian	Pres.
Methodist	
Baptist or Congregationalist	
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.)

2 fingers off right hand
2nd and 3rd off at 1st joint
Scar on left knee

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 declares that he is not subject to fits of any description.

I consider him* fit for the **Canadian Over-Seas Expeditionary Force.**

Date 13th October 1915. 191 . A. H. Rolph

Place Toronto Lieut.
Medical Officer.

* Insert here "fit" or "unfit."

Toronto Recruiting Depot

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. Lol Brouse Maj (Signature of Officer)

Date Nov. 4 1915.

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

War Service Badge, Class A No. 265297

EC

This is to Certify that No. #225314 (Rank) SGT

Name (in full) ANDERSON, William enlisted in

the Canadian Mounted Rifles.

CANADIAN EXPEDITIONARY FORCE at Toronto, Ont. on the 13th

day of October 15 19

HE served in ENGLAND & FRANCE

and is now discharged from the service by reason of "MEDICALLY UNFIT"

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

Age 34 Yrs.

Height 5' 7"

Complexion Fair

Eyes Blue

Hair Brown

Marks or Scars Vacc. scars left arm.
Linear scar inner side of leg & outer side of leg from G.S.W. wounds.
G.S.W. RIGHT LEG 10-11-18
GOLD STRIPE ONE 1

Signature of Soldier
Wm Anderson Sgt

Date of Discharge 21st October 1919

W. O. Sargent Capt
Issuing Officer
O.C. No. 2 District Depot.
Rank

Appointment

Signed at Toronto, Ontario. this 21st. day of October 19

in Military District No. #2

File Reference No.

No. 2 DISTRICT DEPOT
OCT 21 1919

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.
250m.—6-18.
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 .....

.....

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

.....

Name of Officer

.....

Rank

.....

Appointment

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

Uniform is not to be worn after expiration of one month from date of discharge except by special permission of G. O. C. district.

CASE HISTORY SHEET.

Hosp. SPADINA MILITary Hospital. Station.

No. 225314 Rank Sgt Name ANDERSON, Wm. Age 34

Unit #2 D.D. Completed years of service (Where and how long) C. 5/12 E. 1 yr. F. 2-3/12

Date of admission 1-6-19 Date of discharge

Diagnosis Fract. rt. leg Place of origin

CONDITION ON ADMISSION AND PROGRESS OF CASE Adm. from Clearing Depot

JUN 2 - 1919 Landsy furlough recommended for R.

Typhoid Fever 1908

Ends of middle and ring fingers

accidently severed 1907

G.S.W. right leg 10-11-18 incomplete fract., tibia and complete fract., fibula F.B. removed No 1. C.C.S. 11-11-18 by counter incision over fibula. 26. General Hosp. Etaples 12-11-18 dressing splints and 2nd Wind. Gen. Hospital, Manchester 21-11-18 Splints 15 Can. Gen. Hosp. 19-2-19

Scar tissue and sinus removed inner side leg. 21-2-19.

Objective - Scar outer and inner sides middle right leg the inner one being unhealed slight redness tibia region of injury Ankle and foot slightly oedematous. Small area anaesthesia dorsum right foot

Subjective - Wound inner side right leg slight sore Leg weak and fatigued is unable to bear his weight on that leg. Says there is no feeling dorsum right foot Marked weakness right leg and unhealed wound Necessity for bread right leg Atrophy of muscles right leg

FAMILY HISTORY (Tuberculosis, mental or nervous diseases)

TREATMENT (Especially any specific or special form)

JUN 18 1919 Wounds unhealed. not much fully on dorsum of foot. Swells on walking. No deformity - nor loss of movement. by self weak. G.A.R.

Early Discharge?

CONDITION ON DISCHARGE, (and disposal made of case.)

Date

Medical Officer i/c case.

Copy for 227 with 14-3-19 Sydney

M. F. B. 413a.
100M.—6 18.
1772—39-439.

JUN 25 1919

Complains of pain & weakness in ankle & foot. R. leg. Pain about the centre of the shin after walking. Pain over upper end of Tibia, inner side of knee at times. Circumference of L. leg over calf muscles 14½" L. leg. 13½".
Can raise or turn R. foot. Cannot raise or turn L. foot.
Area of dorsum of R. foot. & inner border.
Slight sensation on touching it.
R. ~~foot and~~ Ankle slightly swollen at night. discoloration in the morning.
The wound was given by shrapnel during the 3rd week of March 1918.
Rec. to fit to Brant House for further treatment & massage & exercise.

J.G.R.

JUN 30 1919

Transfer to Brant House

R. J. Manson Capt.
Capt. C.A.M.C. & Registrar.
for O.C. Spadina Military Hospital

CASUALTY SHEET. C. 5

BRANT MILITARY HOSPITAL Burlington Station.

No. 225314 Rank Sgt Name Anderson Wm Age 34

Unit 2DD Completed years of service Where and how long } C 5/12 E 1 yr. F 2 3/12

Date of admission 30.6.19 Date of discharge Oct 16 1919

Diagnosis GSW. Fract. Rt. Leg, Tibia & Fibula Place of origin Mons.

CONDITION ON ADMISSION AND PROGRESS OF CASE Nov 1918 - GSW rt knee leg fract. both bones. Hospital since. Complains - weakness rt leg. Loss of sensation dorsum rt foot. Pull aching pain in muscles rt leg on walking 2 miles Find - 8" scar vertical adherent not tender inner aspect rt leg at the middle. Scar 4" vertical adherent outer aspect rt leg. Bones good alignment no deformity no shortening. Area anaesthesia dorsum rt foot. Movements Knee & ankle normal Power dorsi flexion rt ankle reduced 30 %. Calf slight limp.
7/7/19. Receiving massage condition says as on entry
10/7/19 - Examination Rt leg. - sent to Specialist
16/7/19 - Power dorsi flexion improving
21/7/19 - More improvement
29/7/19 - Power dorsi flexion reduced only 10 %
11/8/19 - ~~Ready for Board~~
25/9/19 - has had further gym work + massage - very much improved.
22/9/19 - For Board
6.10.19 Complains of having had internal semi-lunar cartilage dislocated ~~after~~ two years

FAMILY HISTORY Neg. - go. does general health trouble at times since.
(Tuberculosis, mental or nervous diseases.) X Ray & Negative. No bone pathology and Cartilages not Visualized Signed L.R. Hall
14.10.19 Boarded for discharge medically unfit.

TREATMENT Massage.
(Especially any specific or special form.)

CONDITION ON DISCHARGE, Improved.
(and disposal made of case.)

Date

H.S. Parlee Capt CAMC
Medical Officer i/c case.

M. F. B. 313a.
100M.—6-18.
1772—39-139.

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

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital. Day	Month	Year	Dates of Discharge from Hospital. Day	Month	Year	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.
3 Gen Hosp	Ham	28	9	16	29	10	16	N.Y.D.		Bi & Resp	A343 A359
2nd WESTERN GENERAL HOSPITAL MANCHESTER.		21.	11.	18	19.	2.	19.	G.S.W. Rt Leg.	91.	Sore.	
TAPLOW BUCKS		19	2	19	16	4	19	G.S.W. right leg	28	F.B. removed. Splints for comp. fracture fibula & incomplete fract. tibia. Splints removed leg together with sca tissue removed. Wd. nearly healed Leg very weak. Boarded for invaliding to Canada	W.H. Robbins Capt
										Trans. to No. 5, Can. Gen. Hospital Kirkdale	
NO. 5 CANADIAN GENERAL HOSPITAL LIVERPOOL.		16	APR	1918	22	MAY	1918	do.		wds healed. Extends ft & leg prods. To Canada.	W. Dixon Major R.A.M.C.
"ARAGUAYA."		21	5	19	31	5	19	do		do	T.S. Tupper, capt A.M.C.
Shadina Hosp.		1	6	19	30	6	19	"	29	Rec. massage & R.E.	Geo A Russell Capt.
Brant Mil Hosp.		30	6	19	16	10	19	do	109	Wrist ankylosed - loss of supination of right hand. Dorsiflexion wrist 30° to - Palmar flexion wrist 10° to - 4.10.19 Boarded for discharge unfit. 7.7.19 Skull bone depressed on right front.	A Sparks Capt.

TAPLOW BUCKS
15 CANADIAN CONVALESCENT HOSPITAL
CLIVEDEN
BUCKS
CANADIAN MILITARY HOSPITAL
BRANCH OF 15 CANADIAN GENERAL HOSPITAL
CLIVEDEN
BUCKS
FOR OFFICER COMMANDING
CAPT. R.A.M.C. (T.F.)
WESTERN GENERAL HOSPITAL

ORIGINAL

MEDICAL HISTORY SHEET.

No. 225314

Surname Anderson *Christian Name* William

Examined { on 13th day of October 1915 191
at Toronto

Birthplace { City or Town Glasgow
County Scotland

Apparent age 30 Years. 9 months

Trade or occupation Pattern Maker

Height 5 Feet 6½ Inches.

Weight 139 Lbs.

Chest measurement { Minimum 34½ inches.
Maximum expansion 37 inches.

Physical development Good

Small-Pox Marks Nil

Vaccination Marks { Arm Right. 1 Left.
Number 1

When Vaccinated last 1884

(*a*) Marks indicating congenital peculiarities or previous disease nil

(*b*) Slight defects but not sufficient to cause rejection nil

Approved by A. H. Rolph

Rank Lieut. M.O.

Toronto Recruiting Depot

Date	Fit or Unfit	Examined for Re-engagement,
		23 NOV 1918 M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Date	Result	Vaccinations.
25/9/16		F. W. Harris Lieut.
		M.O.
		M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.
17/9/16		F. W. Harris Lieut.
21/9/16		F. W. Harris Lieut. M.O.
26/9/16		F. W. Harris Lieut. M.O.

Enlisted on 13th *day of* October 1915 *191 at* Toronto

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	G.G.B.G.			
Transferred to..	A Depot C.M.R. 2nd Depot	225.314		3 Nov. 1915
Transferred to..	18 Bn			27/9/16.

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.
Niagara Camp.	18-3-19.	G.S.W. Right Leg.	Invalided to Canada
Brant Military Hospital Burlington	14-10-19	Partial Loss of. 1-Power of Locomotion 2-Function of Nervous System Right Leg & Foot	S.E. Burch Maj. Dis. in my writing A. Hamilton Maj.

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.

Major A.A.M.C. Pres. S.M.B.

M. F. B. 313.

150M.—8-15.
H. Q. 1772-39-439.

CANCELLED

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.

WE CONCUR.

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.~~)

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.)

AS MEDICALLY UNFIT FOR SERVICE.

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.

BRANT MILITARY HOSPITAL

PLACE.....

DATE OCT 16 1919

A. Hamilton Dr. Smith ..... *President.*

W. A. Greene Capt. ..... } Members

DATE.....

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.

.....*President.*

PLACE..... } Members

DATE.....

APPROVED BY

APPROVED
OCT 18 1919
.....CAPT.
FOR A. D. M. S. M. D. 2

Assistant Director of Medical Services.

DATE.....

APPROVED BY

.....
Director-General of Medical Services.

DATE.....

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*).)

Typhoid Fever in 1908. 3 months ill. Good recovery.

Terminal phalanges middle and ring fingers severed in 1907.

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

Two lineal scars right leg. (outer and inner sides)

11.—(*a*) Did the disabling condition have its origin before enlistment? NO. 1. & 2.

(*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 condition at time of enlistment.)

N.A. (1 & 2)

12. Was the disability caused, or aggravated; (*a*) by intemperance, or improper conduct; or (*b*) by unreasonable refusal to accept treatment? No. (1 & 2)

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 (1 & 2)

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

F.B. removed at 1 C.C.S. 11-11-18. 26 General Hospital 12-11-18 to 2-11-18. Manchester General 21-11-18 to 19-2-19. 16 General Taplow 19-2-19 to 14-3-19. No.5 Kirkdale 14-3-19 to 2-5-19. Spadina Military 15-6-19 to 30-6-19. Brant Military. 30-6-19 to 14-10-19. Gym. work and massage.

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit? NO.
(If the answer is "yes" state nature of treatment required and probable duration)

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

17. Recommendations. DISCHARGE AS MEDICALLY UNFIT FOR FURTHER SERVICE.

a/Paterson Capt. & Adjt. 8

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 Wm. ANDERSON. have heard the description of my disability and present condition read, and am satisfied (or ~~not satisfied~~) with it. (If dissatisfied, statement should follow.)

14-3-19 A.M.S.

I complain in addition of

Wm Anderson Rank. Sgt.
Signature of invalid examined.

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.)

1. PARTIAL LOSS OF POWER OF LOCOMOTION.)
2. PARTIAL LOSS OF FUNCTION NERVOUS SYSTEM.) RIGHT LEG AND RIGHT FOOT.

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 SYMPTOMS: Well nourished, good physique. Heart, lungs and digestive systems normal. Has loss of sensation along outer side dorsum right foot. Dorsi flexion of foot reduced 10%. Walks with slight limp. No atrophy of muscles. Bones in good alignment. No shortening. X-Ray report right knee "negative, no bone pathology and cartilages not visualized.

(1) SUBJECTIVE SYMPTOMS: Patient states that ankle of right foot feels weak. Cannot walk without limp. If walking much has pains along bones around site of fracture. (2) Also complains of pain at inner side of knee joint which he thinks is from an old dislocation of cartilage or as result of a twist to knee in 1917. This he states has given him trouble off and on since but has had no actual dislocation. Right foot feels colder than left.

(*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 (If pulse rate is abnormal, B. P. will be taken.) NO — Genito-Urinary System (Albumen and Sugar will be excluded.) NO

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

No albumen, no sugar.

No haemorrhoids, varicocele, varicose veins or hernia.

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

G.S.W. right leg 10-11-18 with incomplete fracture tibia and compound fracture fibula. F.B. removed No.1 C.C.S. 11-11-18 by counter incision over fibula. 26 General Hosp. 12-11-18. dressings & splints. Scar tissue and sinus removed inner side of leg 24-2-19. at 15 General Hosp. 19-2-19 Boarded 14-3-19. Invalided to Canada 1-6-19. Spadina 15-6-19 to 30-6-19. Transferred to Brant 30-6-19. On admission had weakness right leg and loss of sensation dorsum right foot. Movements knee and ankle normal. Power dorsi flexion reduced 30%. Walking with slight limp. Unable to bear weight on foot.

THIS FORM WILL BE USED FOR ALL RANKS

MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

Military Hospital Group. OCT 1919

1. 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.
2. 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."
3. 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.
4. Special care is required in answering question 9. Read the questions carefully. All questions must be answered.
5. If space provided under any section is insufficient add another sheet. Such sheets must be initialled by the Medical Board.
6. A note will be made of attached papers by the Medical Board under the section "Opinion of Medical Board."
7. Under no circumstances may information other than that in sections 7, 8, 9 and 10 be communicated to the invalid, directly or indirectly.
8. 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.

BRANT MILITARY HOSPITAL. M.D.#2.
STATION Burlington, Ontario DATE OCT 16 1919

1. 1 (*a*) Unit #2 D.D. (*b*) Regimental No. 225314 (*c*) Rank Sgt.

(*d*) Surname ANDERSON, (M.M.) (*e*) Christian name William.

(*f*) Home address 522 East Briston St., Germantown, Philadelphia, U.S.A.

(*g*) Next of Kin James Anderson. (*h*) Relationship Father.

(*i*) Address of Next of Kin Crossfield Union St., Motherell, Scotland.

2. Age last birthday 34 Date of birth Dec. 19th, 1884.

3. Enlistment, or Appointment (if an Officer) (*a*) Place Toronto. (*b*) Date Oct. 13, 1915.

4. Personal description:

(*a*) Height 5' 7" (*b*) Weight 150 (stripped) (*c*) Complexion Fair

(*d*) Colour of hair Brown (*e*) Colour of eyes Blue (*f*) Identification marks, Scars, etc. Linear scar 7 inches inner side of leg. 2nd scar 5 inches outer side of leg. from G.S. wounds.

5. Former trade or occupation Pattern maker.

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
	4	5

	Periods	
	From	To
Canada	13-10-15.	1-4-16.
England	1-4-16.	15-9-16.
France or other theatres of War	15-9-16.	21-11-18.
England & Canada.	2-11-18	to 14-10-19.

7. Original disease, or injury

G.S.W.RIGHT LEG.. FRACTURE TIBIA AND FIBULA.

(*a*) Date of origin Nov. 10,1918. (*b*) Place of origin France.

(*c*) Cause Battle casualty.

M. F. B. 227.
300M.—8-18.
1772-39-117.

Anderson, W. 225314.

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.
9-11-16	18th B'n	Adm. No 39 Gen Hosp	Hare	1-11-16	C.L.A 361. N.Y.D. Slt.
18.1.17	18th	Discharged to Reinforcements	Harfleur	11.1.17	C.L.A 413 (V.D.S.)
18-3-17	do	Leaves to be Attd H.Q 1st Can Div Engr. on return to 2nd Can Inf. Bde	Field	4-3-17	P.W.O. 18
19-4-17	do	Attd to H Qrs 1st Can Div Engr.		22-1-17	— 27
4-6-17	do	No 51 Gen Hospl.	Etaples	24-5-17	C.L.A 524
26-6-17	do	Discharged to Base, Details		17-6-17	" 542
27.5.18	"	S.O.S. to 2 Bn M.G.C.	Field Fce	30.4.18	D.O 46 & 48 a/2nd Lieut 29-5-18 Buckd96
9-7-18	2nd M.G.C.	pro Cpl with pay	do	1-5-18	pto 64
12.10.18	2nd M.G.Bn.	Promoted Sgt.	Field.	14.8.18	A.F.W. D.O 102.
19.11.18	2 Bn. M.G.C.	Wounded.	Field.	12-11-18	C.L. A 374.
2		M. M.			
26.11.18	M.G.C.	To 1st from 2 Bn. M.G.C.	Seaford	21.11.18	A.F.W. D.O 269. 2nd M.G.C. D.O 18 d/28-11-18.
27.5.19	M.G.C.	Invalided to Canada S.S. Kirkdale	Fce	21.5.19	C.R. B. 525 Embkd. D.O 191 d/7 6/19
9.8.19	2nd Bn M.M.G.C.	Awarded Mil. Medal	—	—	A.O. 12.

KF

R—122

Rank Name ANDERSON William Reg'l No. 225314

Unit Dft.Depot Regt.C.M.R. If in perm. Corps, What Unit? Married or Single Single

Place and Date of Enlistment Toronto,Oct.13th,1915. Place of Birth Glasgow,Scotland.

Name and Address, Next-of-Kin James Anderson,
Crossfield, Union St. Motherwell, Lanarkshire, Scotland. Relationship Father.

Assigned Pay Monthly $ Payable to Relationship

Separation Allowance $ Payable to Relationship

Discharge, Date and Place Reason Character

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.
13.4.16	D/C C.C.D.	Taken on strength	Ht. Oclyffe	12.4.16	P.S.H.L.O. 107
6.7.16	L.S.H.R.R.	Taken on strength.	"	12.6.16	" 25
12.7.16	D/C L.S.H.R.R.	To be act/L./Cpl.	"	12.7.16.	" 31.
17.8.16.	D/C C.C.D.	S off S to L.S.H.R.R.	"	12.6.16	P.H.O. 168.
21.9.16	D/C L.S.H.R.R.	Reverts to Pte at own request on Transfer to 11th Res Bn	"	19.9.16	P.H.O. 102.
20.9.16	"	S off S to 11th R.B.	"	17.9.16	" " " 101
18.9.16.	11th B.	Taken on strength.	"	17.9.16	" 223
27.9.16	18th Bn	T.O.S. Proc to 18th B. O/seas	Field	27.9.16	" 231.
10.11.16				28.9.16	P.O. II.O. 53
18.10.16	18	No 39 Genl Hosp.	Havre	28.9.16	Cas List A 343 n 7 & 10
7.10.16	"	Discharged to Reinfts I	Havre	29.10.16	" " 359 "

W.O.

14

CLINICAL CHART.

(To be pasted into Case Book opposite Patient's Case.)

Capt Russell

Corps C. M. G. C. Hospital Station Spadina Military

No. 225314 Rank and Name Sgt. Anderson W. Age 34 Service 5/12 12/12 2 3/12

Disease Fractured Left leg. Date of Admission 16/6/19 Date of Discharge 30/6/19 Result — Case Book A 480 Folio

Dates of Observation	June					18		19		20		21		22																			
Days of Disease	1																																
Temperature Fahrenheit	TIME a.m.	p.m.	TIME a.m.	p.m.	TIME a.m.	p.m.	TIME a.m.	p.m.	TIME a.m.	p.m.	TIME a.m.	p.m.	TIME a.m.	p.m.	TIME a.m.	p.m.	TIME a.m.	p.m.	TIME a.m.	p.m.	TIME a.m.	p.m.	TIME a.m.	p.m.	TIME a.m.	p.m.	TIME a.m.	p.m.	TIME a.m.	p.m.	TIME a.m.	p.m.	TIME a.m.	p.m.
107°																																	
106°																																	
105°																																	
104°																																	
103°																																	
102°																																	
101°																																	
100°																																	
99°																																	
98°																																	
97°																																	
Pulse per Minute		84				80				96		92		78		88																	
Respirations per Minute		20				20				20		20		20		20																	
Motions																																	

Admission

On Pass

Returned from pass

M. F. B. 288.

50M—11-16.
H. Q. 1772-39-513.

Signature Geo A Russell Capt In charge of case.

A 1571 R

18. Have you had more t[redacted]ne enlistment? If so, give particulars of d[redacted]ges 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? ..... Class "A" .....

21. Have you, during the present war, served in the Imperial Forces? ..... No .....

22. Are you entitled to received, 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 ..... No .....

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? ..... No .....

24. Are you now serving in the C.E.F. ..~~Yes~~ NO .... If not, give:—(a) Date of discharge 21st Oct. 1919 .....(b) Reason for discharge .....

"MEDICALLY UNFIT" .....

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 ..#2 District Depot .....

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 .....

France ..... Sept. ..... 1916 ..... to ..... } 18th Batt.

..... Nov. ..... 1918 ..... }

27. (a) Are you receiving treatment from the Department of Soldiers' Civil Re-establishment? ..... No

(b) If so, are you in receipt of full pay and allowances from that Department? ..... No ....

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: Wm Anderson Sgt

Place of Residence: 522 East Brigston St., Germantown Philadelphia U.S.A

Declared before me at: Toronto. Ont.

This 17th day of Oct 19 19.

Signature of Barrister of the Supreme Court Stipendiary Magistrate, Notary Public, Justice of the Peace, or Commissioner of the Administration of Oaths.

H. M. Tennant Major
Comm. by order P.C.

POST DISCHARGE PAY.

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

Certified Correct.

District Paymaster.

CERTIFIED PARTICULARS AGREE WITH DOCUMENTS ... O.C. Casualty Company, No. ... D. ... Major

O.F.S.C.R.

DISCHARGED

[redacted]TMENT OF MILITIA AND DE[redacted]CE.

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 ... William ... 2. Surname Anderson

3. Rank ... Sgt ... 4. Original Unit ... C.M.R. ... 5. Reg. No 225314

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

c/o Dominion Bank

cor. King & Yonge Toronto

7. Date of enlistment in the C.E.F. Oct. 13th 1915

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 N.A.

10. Present address, in full, of such dependent N.A.

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

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:—

Yes 4th Canada Apr. 1916

returned June 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 units 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 3 Yrs. 11 Mons. 17 dys.)

C.M.R. #2 D.D

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.
122—D.P.—250M-2-19.

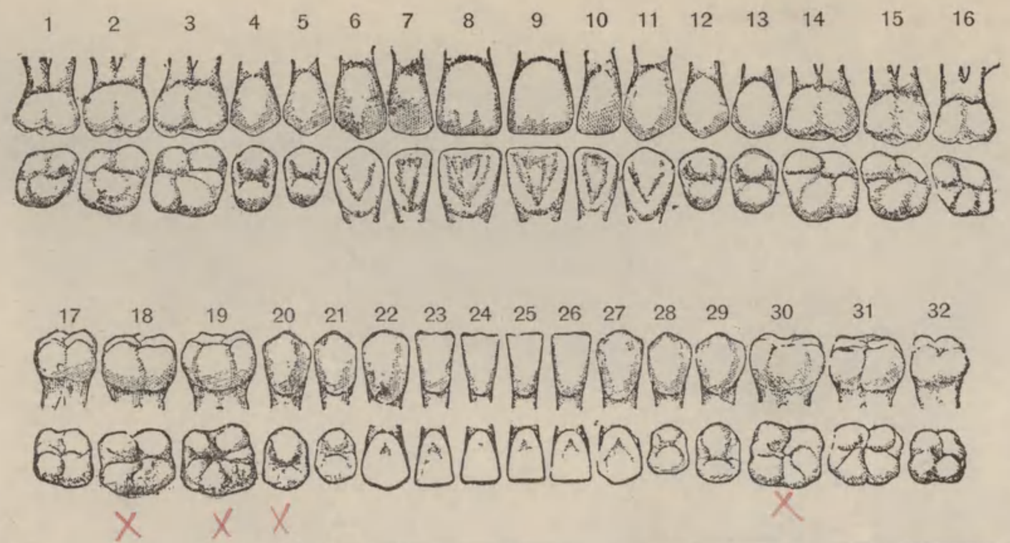
DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS DISTRICT 2 D.D.

NAME OF SOLDIER Anderson, Wm No. 225314

REGIMENT C.M.R.C. RANK Sgt.

M.F.B. 465.
150M.—1-18.
1774-39-650.



INSTRUCTIONS

1. On examination the condition of patient's mouth to be marked on diagram in red ink.
2. On first line of report record of same to be made in red ink.

Only such entries to be made on this sheet as will show:

1. Condition on examination (in red).
2. Condition on leaving Canada.
3. Condition on discharge.

Condition on first Examination	Date	Amalgam	Temporary Filling (a) G.P. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhœa	Synthetic Porcelain	Extracting	DENTURES U	DENTURES L	DENTURES P	Gold Clasp	Gold Filling	CROWNS Gold	CROWNS Porcelain	Bridge Work	OPERATOR	Military District	REMARKS
July 2/19																				Granger		Good
Discharge examination at Brant Military Hosp. Oct 15/19 J.W. Granger Capt.																						

C.A.D.C. 5009A

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) ANDERSON. W.

REGIMENT 2nd Bn 96 RANK Sgt No. 225314

Date of Examination in England Ap. 21. 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 L. D. Steele CAPT. CADC

Forms
1237.
14

Army Form I. 1237.

(8)

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
	225314	Pte Sgt	ANDERSON.	W

Year.	Unit.	Age.	Service.
1919	2nd C.M.G.C.	34	3½

T15-5-3

Station and Date. 19 FEB 19 TAPLOW

Disease G.S.W. Rt Leg. Comm fract Fibula

Prev. Hist Typhoid Fever 1908 3 mos. Camp

Present History

Enlisted Oct 13 1915 Toronto

England Apr 10th 1916.

France Sept 1916.

Present Illness

G S W. R. Leg Nov 10 th. 1918 Nurses.

C.C.S. Fracture Fibula Splint. Cliff Excised

Rt Ileum. Dressings

Transfred England Manch Roy Infirm Manchester

" Taplow Feb 12. 1919

Present Condition

Scar 6" long parallel Tub upper 1/3 healed 1 month

Scar 8" long Ant. Surface leg, center. Several

Areas along scar not healed. Slight discharge

Swelling foot Ankle joint Free. Toes joint

free. except 1st Toe limitation of movement

Knee Joint Free.

24-2-19 Scar inner side leg. to be excised Then

Wasserman ordered. Scar

Scar tissue and sinus inner side

right leg excised

Wasserman negative

14-3-19 Wound nearly healed.

Boarded for invaliding to Canada.

Transferred to Kirkdale W S H Robertson Capt

* The first and last entries will be signed, and transfers from one Medical Officer to another, attested by their signatures.

(A 1014) W3081/P/1296 3,450m 7/18 Drayton Mill Forms/I 1237/14 (E. 3420)

[P.T.O.

Station and Date.	
Nos Can. Gen Hosp. Liverpool. 26-4-19	Extract of letter from Sgt. Stokes it is supposed wds. breaks. I to Canada. H C Bifen Sergt Can

Station and Date.	
Transfer Office	

Medical Officer: R A Mountain

Whether U.K. or Expeditionary Force: France
(If latter, state which).

Army Form I. 1237.

Forms I. 1237 '12

MEDICAL CASE SHEET.*

Ward: A 10 Pres

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
4C2837	225314	Sgt	Anderson	William
Year.	**Unit.**		**Age.**	**Service.**
1918	2 Can M G Corps.	No 3 Coy	34	3 1/2 2 3/12

Station and Date.

2nd WESTERN GENERAL HOSPITAL
DUDLE AVENUE, MANCHESTER.
21-11-18

Disease G.S.W. R leg ? Fract fibula.
Date of Onset 9 18

~~Transfer Class.~~

19-2-19 Trans to No 15. Canad Gen. Hosp. Taplow.

Next of kin: Father.
Brosofield
Union St.
Motherwell
Scotland.

Antitetanus Inocn.	
Units.	Date.
1500 units	20-11-18
600 "	27-11-18

* 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)

[P.T.O.

CREDITS, ADVANCES, Etc.

Credits, Advances, Forfeitures, Issues on Repayment, etc., since issue of this L.P.C. are to be entered hereunder:

Date	Place	Cheque No. A.R. No. or Other Particulars.	AMOUNT Dr.	AMOUNT Cr.	Signature of Officer Making Payment.
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....

M.F.W. 44.
1133 (D.P.) 250M.-12-18.
1772-39-903.

CANADIAN EXPEDITIONARY FORCE.

LAST PAY CERTIFICATE

Regimental No. 225314 Rank Sgt. Name Andesson W.
(Surname first)

Unit #2 District Depot who was* Discharged

On 21.10. 191[9], to ~~S.C.R. Out patients~~

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from 1.10.19 to 21.10.19 191... the inclusive date of transfer or discharge.

	Dr.	Cr.
Bal. Dr. or Cr. from prev. month		
Regimental Pay 21 days at $ 1 c 50		31 50
Field Allowance ..... days at $ c		
Separation Allowance		
Clothing Allowance		35
Post Discharge Pay		20
*Other Credits		
Advances 166083	15	
Separation Allowance and Assigned Pay Cheque No.		
*Other Charges		
Balance on transfer or on discharge, cheque No. 166483	121 50	
Total	136 50	136 50

*Give particulars.

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

Assigned Pay for the month of Nil 191.....
and Separation Allce. for month of ..... 191.....

(to) Assignee .....

(Address) .....

(†) Insert amount to be assigned, whether it has been paid or not.

(‡) Insert "not" if amount has not been paid for period of account.

ON TRANSFER OF AN OFFICER.

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

REMARKS:—

State (1) date of enlistment ..... married or single S

(2) Separation Allowance, entitled or not No (3) Reason for discharge M. to.

(4) Authority for discharge or transfer D.O. 291

NOTE.—S.A. & A.P. Card and Index Card (M.F.W. 71) are to accompany Last Pay Certificate on transfer.

I have carefully examined this statement of account and find it to be a correct extract from the Pay Account of the officer or soldier.

Date 20.10.19

Place Toronto.

Paymaster.

N.B.—(A) This form is to be used for all ranks (vide Article 122-130 and 141) Financial Instructions, C.E.F., 1916.

(B) For purposes of transfer it is to be made out in triplicate. Copies will be disposed of in accordance with instructions as laid down in Routine Order No. 1307, dated 12th Nov., 1918. Payment of the balance will not be made and the words "or on discharge cheque No." will be deleted.

(C) For purpose of discharge it is to be made out in duplicate. One copy to accompany discharge papers, and one copy for retention as a record. As payment of the balance will have been made, the words "on transfer or" will be deleted.

(D) If a man on discharge is entitled to Post Discharge Pay, Last Pay Certificates will be made out as in "C" with an additional copy to be forwarded to the District Paymaster.

MEDICAL CASE SHEET (EAR, NOSE AND THROAT)

MILITARY HOSPITAL, 5.8.19.
DATE

NAME ANDERSON RANK Sgt. NUMBER 225 31H UNIT #2 D.D. AGE

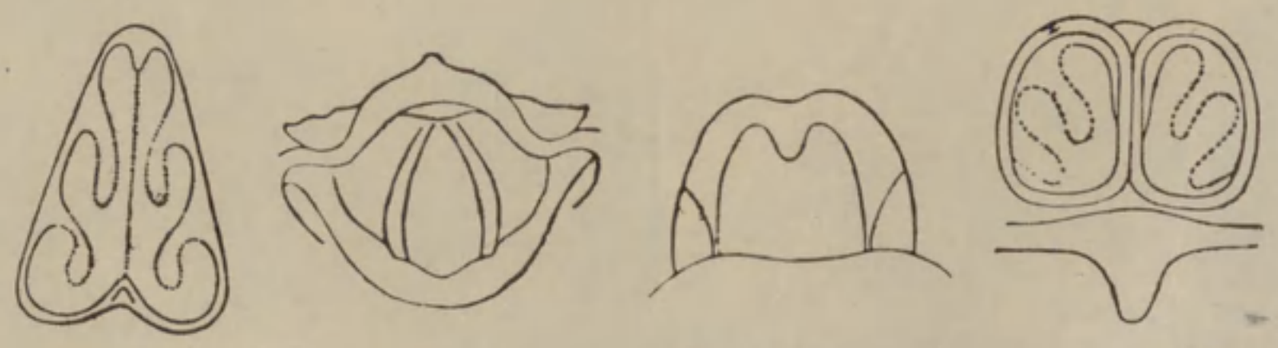
GENERAL HISTORY Pain in left ear for three weeks.

TEMP. PULSE DIGEST. LUNGS COUGH

ACCESS. SIN.

POST NASAL DISCH. VOICE

RIGHT	IMPAIRED HEARING	LEFT
	TINNITUS	
	DISCHARGE	
	PAIN	
	VERTIGO	

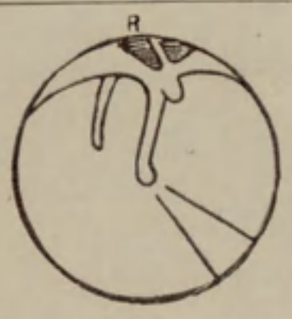


BEFORE	AFTER		BEFORE	AFTER
	21 ft.	VOICE C.V.	21 ft.	
		ACOUMETER		
		TONE LIMITS UPPER		
		TONE LIMITS LOWER		
		BONE CONDUCTION		
		SIEGLE		
		SCHWABACH		
		EUST. TUBE		
		WEBER		
		LABYRINTH		
		MEATUS inflamed &		
		MASTOIDS		
		DIATHESIS		
		PARACUSIS		
		DIAGNOSIS		
	Ext. Otitis Left.			
		PROGNOSIS		

TREATMENT AND SUBSEQUENT HISTORY:

S.V.R. drops 90% in left ear T.I.D. Dry wipes -

Moorehouse Capt MC



M. F. W. 143.
15M.—C18.
1772-39-1172.

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				
MAY 30 1919 MAY 21 1919		T.O.S. No. 2 District Depot,	Part II, D.O. No. 122		
			A.M. Turner Major, O.C. Hospital Section, No.2 District Depot.		
		S.O.S. DIS.#2 D.D. 21st. Oct. 1919 Pt. II D O.#291 294			
		Blundell For O.C. No. 2 District Depot.			
9.8.19	2 Bn. C.M.Y.C.	Awd. M.M. Auth. L.G. 31430 d/3.7.19. A.D.12.	O.C. Company Lo. Lo. d/R.		

Army Form B. 103. Regimental Number 225314

Casualty Form—Active Service.

Regiment or Corps 2nd Bn Chas C

Rank ..... Surname Anderson Christian Name William

Religion ..... Age on Enlistment .....years .....months

Enlisted (*a*) ..... Terms of Service (*a*) ..... Service reckons from (*a*) .....

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

Extended { ..... / ..... } Re-engaged { ..... / ..... } Qualification (*b*).....

or Corps Trade and Rate.....

Occupation .... 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...			
20.11.18	26. Gen'l H. Hrs. Hd & posted to Can Machine Gun HS Brighton	Corps Depot Seaford.		20.11.18	3083 Jas 6514
		A B Johnson Capt. for Lt Col. a a g Can Seet			
26.11.18	Bulgo	Struck off strength	Seaford	21.11.18	Lpo x 69
		[illegible] Capt			

FOR LT. COL. I/C RECORDS, C.O.M.D.

(*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.

W.13863—M1477 1000m 1/17 (27612) S P & Co, Ltd. Forms B./103/4 E./354.

[P.T.O.

Army Form B. 103.

Regimental Number 22531

Casualty Form—Active Service.

Regiment or Corps 10th Battalion, C.E.F.

Rank Pte. Surname ANDERSON Christian Name William

Religion ..... Age on Enlistment ..... years .....months

Enlisted (*a*) 13-10-1915 Terms of Service (*a*) War Service reckons from (*a*) .....

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

Extended ..... Re-engaged ..... Qualification (*b*).....

~~Details~~ Sheet No. 2 ..... or Corps Trade and Rate.....

Occupation .... 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..			
10-3-17	H.Q., 1st Can Div. Eng.	Ceases to be attached to H.Q., 1st. Can. Div. Eng. on return to 2nd. Can. Ent. Bn.		4-3-17	B.213. Pt II Order 16, 10/3/17.
26-5-17	4 C.F.A.	Primary Syphilis (recurrent)	Adm. 4 C.F.A.	24-5-17	A 36. Des. 298.
27-5-17	7 Convl. Depr.	V.D.S.	Trans. to No. 51 Gen.	27-5-17	W. 3034.
do	No. 51 Gen.	V.D.S. (2ct)	Adm. No. 51 Gen.	27-5-17	do.
19-6-17	2 C.I.B. Depr.	Class T.B.	Adm 2 C.I.B. Depr.	19-6-17	Nom. Roll.
17-6-17	No. 51 Gen.	Stopped 50¢ per diem forfeits Fld. Allowce. of 10¢ per diem for 21 days in hospital, from 27/5/17 to 17/6/17.			A.F.O. 1643 (Can Sect. No. 4328) Pt. II Order 46, 30/6/17.

(*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.

W. 11814—M1188 100000m 1/17 (27227) S.D.&Co.,Ltd. Forms B./103/4 E./354.

OVER

P.T.O.

225314 Pte. Anderson W.

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				
23-8-17	2 Can. I.B. Dep.	Proceeded to 2nd. Can. Entrenchg. Bn.		23-8-17	Nom. Roll.
25-8-17	2 Can. Ent. Bn.	Arrived at 2nd. Can. Ent. Bn.	In the Fld.	25-8-17	do
8-9-17	18th Bn.	Rejoined 18th Can. Bn.	do	1-9-17	B.213 Dcs. 315.
22-12-17	18th Bn.	Granted 14 days leave to	England	19-12-17	B.213 Pt. II Ord. 97. 28/12/17.
21-4-18	2 Bn. Can M.G.C.	Attached to 2nd Bn. Can M.G.Corps	In the Fld	13.4.18	B.213
14-5-18	2 Can Div	TRANSFD TO 2nd BN. CAN M.G. CORPS & S.O.S. OF 18 CAN. BN (Auth: War Office Letter 121/Overseas/5392 (S.D.2), d/5.5.18, and A.G., Canadians, No. 7-1-177, d/2.5.18)		30-4-18	(Can. Sect. No. 27417/1) Pt. II Ord. 46, 29/5/18.
1	do	T.D.S. 2nd BN. C.M.G. CORPS 18th Bn.		1-5-18	Pt II Ord 48 d 29-5-18
29-6-18	Unit	Prom. Cpl. ~~paid to complete Est~~		1-5-18	B213 Pt II Ord. 64 d 9-7-18
5-10-18	do.	Prom. Sgt. vice #17716 Sgt Bourgette (to England)		14-8-18	B213 Ry 0 102 d/11-10-18
16-11-18	Dc unit	Evac Dotlhosp. Frd.		11-11-18	B.213
10-11-18	6. Can. F.A.	S. W. Leg. R. To	6. Can. F.A. C.C.S.	10-11-18 10-11-18	q. 36. In 65-97
12-11-18	26. Genl	— " — adm	26. Genl	12-11-18	W 3034 In 6569
20-11-18	26. "	— " — To	England	20-11-18	W 3034 In 7204

225314 Pte. Anderson W.

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				
28-9-16	Can Base Depot	Arr from 11th Can. Res Bn England & taken on strength of 18 Can Bn.	Can Base Depot	28.9.16	Nom Roll Pt II Ord 53 d-10.11.16
28-9-16	No. 3q Gen.	N.Y.D. slt. Adm.	No. 3q Gen.	28-9-16	W 3034.
29-10-16	do	V.D.S.C. Disch'gd. to C.B. Depot	29-10-16	do.	
30-10-16	Can Base Dep.	Class A. Adm.	Can Base Dep.	30-10-16	Nom. Roll.
1-11-16	No. 3q Gen.	N.Y.D. slt. Adm.	No. 3q Gen.	1-11-16	W 3034.
11-1-17	do	V.D.S. Discharged to Base Depot	11-1-17	do.	
29-10-16	No. 3q Gen	Stopped 50¢ per diem forfeits of 10¢ per diem for 31 days in hospital, from 28/9/16 to 29/10/16.	Fld. Allowce.		AF.O. 16 & 3 (Can. Sect. No. 155q) Pt. II Order 55, 30/11/16.
11-1-17	do	Stopped 50¢ per diem forfeits of 10¢ per diem for 71 days in hospital, from 1/11/16 to 11/1/17.	Fld. Allowce.		AF.O. 16 & 3 (Can. Sect. No. 222A) Pt. II Order 3, 24/1/17.
12-1-17	Can Base Dep.	Class A. Adm.	Can. Base Dep.	12-1-17	Nom. Roll.
19-1-17	2 Can Ent Bn.	Arrived at 2nd. Can. Entrench. Bn.		19-1-17	do.
28-1-17	HQ. 1st Can Div. Engs.	attached to H.Q., 1st Can. Div. Engs.	In the Fld.	22-1-17	B. 213. ~~Pte~~ DCS. 26-9, 12/2/17. Pt. II Order 27, 19/4/17.

OVER

~~Records~~ Sheet No. 1

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

M. F. W. 54.
150M. 10-15.
H.Q. 1772-39-920.

Casualty Form—Active Service.

✓ Unit, Regiment or Corps 1 Mtd Rfs RR

Regimental No. 225-314 Rank Cpl. Pte C. E. F. Name Anderson W^m

Enlisted (a) 13-10-15 ✓ Terms of Service (a) War Service reckons from (a) 13-10-15

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				
		Embarked Canada		29-3-16	
		Disembarked England		11-4-16	S.S. Olympic
		TAken on strength CCD	Shorncliffe	12-4-16	CCD Pt 2 No 104, 13-4-16
		do LSHRR	do	12-6-16	LSHRR Pt TWO No 25 D 6.7.16
12.7.16		Promoted to rank of Lance Corporal by Reg. Order #31			
		Transferred to 11th Reserve Battalion			H.E. Wetherell Lt.
18-9-16	O.C. 11th	Taken on strength 11th Bn	Shorncliffe	17-9-16	Pt. II. B.O. 223
27-9-16	O.C. 11th Bn.	Trans. to 18th Batt.	Overseas	27-9-16	Pt. II. B.O. 231
21.9.16	C^o LSHRR	Reverts to Pte on own request on transfer to 11th Bn.	S'cliffe	19.9.16	Pt II O. 102

Captain & Adjutant,
11th (Res.) Battalion.

L. Beecroft Lieut.
for Colonel i/c Records, C.E.F.

CERTIFIED CORRECT. 30 OCT 1918 CAN. RECORDS, LONDON.

(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.

OVER

[P.T.O.

BRANT MILITARY HOSPITAL

REQUISITION FOR TREATMENT OR EXAMINATION. Date 8-10-19.

Reg'tal No 225314 Rank Sgt. Name ANDERSON? William. Unit #2 D.D.

Bed Ward C. 5.

Injury or disease Loose Cartilage. Part affected Right knee.

Treatment or Exam.

For condition of internal semilunar.

Report Negative - No bone pathology and cartilages not vizualized.

(Signed) L. R. H.

Signed A.S.PORTER. CAPT. C.A.M.C.

M. F. W. 2509.

50M.—4-18.
1772—39—1276.

7397

A.T. Serum
Dose and date } 1st 1500 10/11/18

2nd

FIELD AMBULANCE NOTES.

Morphia
Dose and time }

Date of wound or
onset of illness }

Religion Pres

34 - 3 1/12 - Army Form W. 3118.

FIELD MEDICAL CARD.

No. 22531H Rank Sgt.
Name ANDERSON, W.
Unit 2 Bn C M G C. (3) 28 Bn

Battle Casualty ~~Accidentally Wounded.~~ ~~"Sick"~~
(Strike out description which does not apply).

No. of F.A. No. 6 CANADIAN FIELD AMBULANCE.
Date of admission 10/11/18.
F.A. diagnosis Gun Shot Wound Left Leg (R)
Fracture
Capt & A Med Off

Additional F.A. Notes to be written on back of card.

C.C.S. diagnosis (if altered from above)

Base Hospital diagnosis (alterations or additional)

W3159/M2063. 1,750M. 6-17. M. & H., Ltd. (M65413).

Date of entry and medical unit admitting must be recorded immediately on admission. Brief clinical notes to be added later and signed by M.O.

CANADIAN CASUAL
No
Date
C.A.R.M.C.

No. of C.C.S.

Date of entry 11-11-18.

F.B. Wound from lg. by Crusher incision to region of fibula- which is shattered. Tumour [illegible] Morphia gr ¼ Post. tibial artery & vein ruptured - ligated Excision - Dress & splint

W Ferris Capt

No. of Hospital 26 Gen

Date of entry 12-11-18

Limb not clean, outer infected.

15.xi.18 H Surgeon. RAMC. (T.F.)

This F.M. Card must not be destroyed, and it must be transmitted with the patient if he is evacuated to U.K. Temperature charts or additional clinical notes may be sent with it, either in the same or in another envelope attached to the patient.

Mil. Bk. 85
500—6-18.
772—61—73.

MEDICAL CERTIFICATE BOOK.

MEDICAL TRANSFER CERTIFICATE.

(To accompany a Man Transferred from one Hospital to another.)

Extract from Admission and Discharge Book of Spadina Military *Hospital at* Toronto *Date*.....

No. of Case	Regiment or Corps	Troop or Company	Regt. No.	RANK AND NAME Surname first. If Married, write "M" under name	Completed Years of: Age last birthday	Canada	Overseas	DATES: Admitted into Hospital	Transferred	Religion	DISEASE (a) Primary (b) Secondary (c) Operations	NAME HOSPITAL TRANSFERRED TO
A 4 80	2. D.D. 6th M.G. Coy	1	225314	Sgt. Anderson William Singh	34	5 1/2	3 yrs 3 1/2	1/6/19	30/6/19	Pres	Fract. R. Leg	Brant Gen. H. Burlington

State here briefly reasons for Transfer, and note any particulars of Case for information of Medical Officer.

for Treatment

R J Brooke
Capt. C.A.M.C. & Registrar
for O.C. Spadina Military Hospital

.....*Medical Officer in Charge.*

Date	Remarks.	Pt. 2 Order No.
17-10-19	B.M.H. to Cas. Co. H.S.	289
21-10-19	S.O.S.Dos.Med.Unfit(to take further OUT patient	
	treatment with the Dept. of S.O.R. 183 days W.S.G)	291
	Amended to Read Medically unfit entitled	
	to 183 days W.S.G.	294

M.F.W. 192.
233-D.P.-200M-3-19.
1772-39-1243.

*Name ANDERSON, William Rank Sgt. Regtl. No. 225314

Original unit ____ Present unit C.M.R. M. or S. Age 34 Religion Pres. Fyle Depot ____ Ref. H.Q. ____

Port, ship, and date of arrival Araguaya

Next of kin Father James Anderson Grossfield Union St. Motherwell Lanarkshire Scotland

Address on leave Same

Address on discharge 522 East Brisbon St., Germantown, Phil. USA.

Transportation issued Yes / No Date 21-10-19 Character on discharge ____

Previous occupation Pattern Maker Date and place of enlistment Toronto 13th. Oct. 1915

Diagnosis GSW RIGHT LEG (FRACT.TIBIA & FIBULA) Date of Medical Boards 16-10-19

T.O.S. Date.	Remarks.	Pt. 2 Order No.
30-5-19	posted to HOSP SECT. 1-6-19	
	leave with subs from 2-6-19 to 16-6-19.	155.
	Clearing Depot to S.M.H. 1-6-19	H.S. 155
	S.M.H. to Brant House 30-6-19.	184.

*—Name will be given in full; surname first.

[OVER]

EPITOME OF HOSPITAL TREATMENT.

	Hospital	Adm.
1.	15 Can. G. Dalhousie.	20-2-19.
2.	5th Can. Gen. Kirkdale	17-4-19.
3.		
4.		
5.		
6.		
7.		

D.M.S. 1300.

Surname	Christian Name or Names	Reg. No.
Anderson	W.	225314

Rank	Unit	Co.	Troop	Batty.
~~Pte.~~ Capt	18 Batt. M.G. (2 Bn)			

Hospital — Date of Admission

39 Gen Hosp. — 28-9-16.

Transferred 39 Gen Havre. — Hosp. 1.11.16.

51 Gen Etaples. — Hosp. 27.5.17

26 G. Etaples. — Hosp. 12-11-18.

2. W.G. Manchester. — Hosp. 21-11-18.

Diagnosis

(1) V.D.S.C. S(L

Later Diagnosis (if changed)

(2) V.D.S.G.L

(3) G.S.W. Rt. Leg Rw. Frac. Fibula add.

Additional Diagnosis: if more than one state present

Invalided to Canada, 21.5.19.

DISPOSITION	Date	REMARKS
C.L. 18-10-16 — A343		Dis. to Reinf. Havre 29.10.16
7.11.16 #a/359		" " " 11-1-17
9.11.16. a/361		Dis. to B. Det. 17.6.17.
C.L. 18-1-17 A413.		
4.6.17. A524.		
26.6.17 a542.		
19-11-18 A/3794-3.		
22.11.18 B574.		
24.2.1919. 449/2		
24.4.19 B498		
27.5.19. B525.		

A.M.D. 2. DEPT.
Bch. of D.G.M.S. C.E.F.

PATHOLOGICAL LABORATORY. Lab No. 2730a

Date 26.2.19 Ward Alex. 2 Bed

Name Anderson Regtl. No. 225714 Unit 2.M.G.C.

Report of an examination of Blood

Wasserman Reaction :- Negative

C Darby Capt.
Pathologist. C.A.M.C.

Wt. W.6220/M 2828 900,000 8/17. P.N. & Co. (E1656) Forms B/122/4.

Place	Date of offence	Rank	Cases of Drunkenness	Offence	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	Remarks

No. 225319 Name Anderson | Sqn., Batty., or Company } No 8 Coy 2nd Bn | Corps C M G C | Date of Enlistment } | G.C. Badges } | Service or Proficiency Pay }

Date of last entry in Company Conduct Sheet } | No. and date of last drunk } | Period not reckoning towards freedom from extra fine } | Sheet No. | Signature O.C. Company, etc. } | Character

Place	Date of offence	Rank	Cases of Drunkenness	Offence	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	Remarks
		Cpl		To proceed as					
		Sgt.		Invalided (wounded) to England 20.11.18. and posted to Can. M.G.C. Depot SHARCOT.					
						Lieut. Assist Adjt. 2nd Battalion Canadian M.G. Corps.			

Army Form E. 122

P.T.O.

No 225-314 Rank Pte. Name Anderson. Wm.

T. O. S. from Toronto Base Bn. 1/11/15; D.O.C. of 1/11/15 Unit Canadian Mounted Rifles, 2nd Depot Battalion,

M. D. 2

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1915	1915			
Nov. 1	Nov. 30	✓		
	Dec	✓	Appt. Corpl. 3/12/15	D.O. 26 of 6/12/15.
	1916 Jan.	✓		
	Feb.	✓	1st Overseas Draft.	D.O 78 of 1/4/16

Form R. 149.

WILLIAM.

Name ANDERSON, Rank SGT. Reg. No. 225314

Unit 2ND BN., C.M.G. CORPS.

Next of Kin JAMES ANDERSON, CROSSFIELD, UNION ST., MOTHERWELL, LANARKSHIRE, SCOTLAND.

Date 1918	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
12 X	26 G.H. to Kaplan	57 C. Lg. Rly		B374	150	5623-5
21-11-18.	2. W.L. Manchester	"		B374		9411 16.04
20.2.19	15 C.G.H. Kaplan	do Irac	Influenza	B446		7436
17-4-19.	5 C.G.H. Kirkdale	do		B446		9962
21-5-19.	Demob to Canada	do		B342 5		8998
	L.L. 503 in D					

Date	Movement	Place	Casualty	List No.	Notified N/K O.		W.O. List

R. 149.

Name ANDERSON, William *Rank* Pte. *Reg. No.* 225314

Unit 18th Bn.

Next of Kin James Anderson, Crossfield; Union St., Motherwell, Lanarkshire, Scotland

Date 1916	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
28-9	39 G.H. Havre		N.Y.D. slt	A343		
29-10	Disch to Reinforcements Havre		V.D.S.C.	A359		
1-11	39 G.H. Havre		N.Y.D. slt	A361		
11-1	Disch. to Reinf.	Harfleur	V.D.S.	A413		
27-5.17	No.51.Gen.Hosp.	Etaples	do	A524		
17-6.	Base Det.		do	A542.		

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List

Reg. No. 225314 Name Anderson W.

Rank Sgt Corps 1 Bde (2nd C.M.G.) Age 34 Service C 5/12 E 1 year 2 7/12

Ledger No. 522 Serial No. 27571-39

HOSPITALS	DATE	DIAGNOSIS
Spadina Mil Toronto	1-6-19	G.S.W. Rt Leg Tibia & Fibula
From Brant Mil Burlington	30-6-19	
To 16 16 # 2 for ulis	16-10-19	

P. T. O.

HOSPITALS	DATE	DIAGNOSIS

M. F. W. 2553.
50M-6-19.
1772—39-1332.

SURNAME. Anderson, III-III. L.G. 31430-3-7-19

CHRISTIAN NAMES William

REGL. No. 225314. RANK Corp

UNIT Depot Regt. C. M. R. (1st. R.D.)

FORMER CORPS Nil.

CARD No. m.D.4

SOS Dis 16-10-19
D.O. 291 Sp. 18-10-19
M.U. 2.D.D.

NEXT OF KIN.

NAMES IN FULL Anderson, James

RELATIONSHIP TO SOLDIER Father.

ADDRESS Crossfield, Union St, Motherwell, Lanarkshire, Scot.

CHANGE OF ADDRESS

COUNTRY OF BIRTH Scotland, Glasgow DATE Dec, 19th 1884.

PLACE OF ATTESTATION Toronto, Ont. DATE Oct, 13th 1915.

S/S 2-4-16 356/1

RL. 8-1-19, 995/6 Sgt.

MARRIED SINGLE yes WIDOWER

TRADE OR CALLING Pattern Maker RELIGION Presbyterian

DESCRIPTION.

APPARENT AGE 30 YEARS 9. MONTHS

HEIGHT 5' FEET 6 1/2 INCHES

CHEST MEASUREMENT 37 INCHES EXPANSION 2 1/2 INCHES

COMPLEXION Medium EYES Blue HAIR Lt. Brown

DISTINGUISHING MARKS 2 fingers off right hand, 2nd and 3rd off 1st joint. Scar on left Knee.

MEDICAL EXAMINATION. PLACE Toronto, Ont. DATE Oct, 13th 1915.

Number 225314 Rank Sgt

Surname ANDERSON

Christian Name William

Units 18th Bn C Inf Theatre of War France

Date of Service 28.9.16

Remarks

Latest Address ~~522 East Brunton St.~~ 561 Bathurst Toronto Ont
~~Germantown~~ Philadelphia Penn USA

Roll No.

200m.-6-21.M. Page 20200

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

O.....

ER	RANK	SURNAME	INITIALS	UNIT
.....	.....	.....	.....	.....

tal address.....
(Street) (City or Town) (Province)

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

.....

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

..... Railway.....

d, is your wife on board.....Number of children on board.....

stination.....

(Sgd.).....

0 GSW

1 Fracture

1 Severe

9 Lower

3 Jebrat Febula

0 FB Removed

0 Sequestra Removed

1

NAME Anderson. W.

RANK 225314. Sgt.

UNIT 2nd Bn. L.N. Lancs.

AWARD M.M.

AUTH L.G. 31430. 3-7-19.

H. Q. FILE No. 649-

NAME Anderson William

REGT'L. NO. 225314

RANK AND CORPS. ~~Pte.~~ Sgt. (18th Bn) 2nd M.G. Co. Trans Dpo. Regt. "D"

CABLE NO.	DATE	NATURE OF CASUALTY
Q 7 10/50.	21-11-18	G.S.W. R. Leg. Adm. 26 Gen. H. Etaples
H.L. 3374	19-11-18	Nov. 12th/18. G.S.W. R. Leg. S

L. L. Job 86907--M. & D. 16065.

M. F. W. 42—50m.-10-15.
H. Q. 1772—39-893.

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
A 343	#39 General, Havre	28-9-16	N. Y. D.
A. 359	Disc. to Reinforcements Havre	29-10-16	(U. S. A. C.)
A. 361	#1039 Gen. Havre	1-11-16	N. Y. D. Sl:
A H13	Disc to Reinf Harfleur.	11-1-17.	U. S. A.
A 524	#51 Gen Etaples.	27-5-17	" " "
A 542	Disch to base details	17-6-17	U. S. A.
B 314	2nd West. Gen: Manchester	21-11-18.	Gen. R. Ley
B 4 4 9	" Camden Town	20. 2. 19	. . . . . do Tubby
B 4 98	" Camden Kirkdale	11. 4. 19	. . . . . " "
B 525	Invalided to Canada	21-5-19	" "

Brant Military Hospital,
Burlington, Ontario.

#225314, Sgt. ANDERSON, Wm.

Date: OCT 16 1919

This is to certify that thia man has this day been examined and found to be free from Infectious Venereal, and Parasitic PDisease.

A. S. Parlow Capt.

Medical Officer.

Exr under W. only

L. L. Job 95618—M. & D. 6555.

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

M. F. W. 12.
15m.—3-16.
H. Q. 1772-39-819.

469

To Whom James Anderson

Address Crossfield, Union St.
Motherwell
Scotland

Rate * 15 APR 1 1916

By Whom Assigned Anderson, Lt Col

Regtl. No. 225314

Rank

Corps Depot R. C. M. R. C97.

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			Duplicate Sent to Exr.
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				

ASSIGNED PAY.

By whom assigned Anderson J Wm.

Regtl. No. 225311 Spr. Dep Reg. C.M.R. Reinf. 66 D.

Month	Year	Cheque No.	Amt.	Pay Sheet	REMARKS.
Jan.	1916				
Feb.					
March					
Apl.					
May.		49644	30		2 months Apl & May $30
June		54066	15		
July		86076	15		
Aug.		118577	15		
Sept.		158079	15		
Oct		188077	15		
Nov	120.00	225079	15		
Dec.		265588	15		
Jan.	1917	307093	15		
Feb.		347594	15		Checked & found correct 31.3.17
March		390600	15		H. Mackeman Sergt 18 Bde.
Apl.			180		
May					
June					
July					
Aug.					
Sept.					
Oct.					
Nov.					
Dec.					

L. L. Job 95618—M. & D. 6555.

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

"Duplicate"

M. F. W. 12.
15m.—3-16.
H. Q. 1772-39-819.

0493

To Whom James Anderson

Address Crossfield Union St.
Motherwell
Scotland

Rate 15/-

APR 1 1916

By Whom Assigned Anderson, Wm

Regtl. No. 225314

Rank Tpr

Corps Dep. Reg. CMR CEF
Reinf C.C.D.

Paid 1/4.

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				

RECEIVED FROM
MAY 10 1916
OTTAWA.

Army Form W. 3172.
(In pads of 50.)

No 15 Can Gen Hospital.

Ward Alex 2 No. of Bed _____ Date 24-2-19

Regtl. No.	Rank and Name	Corps	Part to be X-Rayed
225214	Sgt Anderson W.	2nd CMR	Middle 1/3 leg.

SHORT HISTORY OF CASE.
(To be completed by M.O. i/c case)

Mons 10-11-18
GSW. leg. - comm
fract fibula

Signature of M.O. [illegible]

Date 24-2-19

REPORT ON RESULT OF X-RAY EXAMINATION.
(To be completed by Radiographer.)

No. of Plate 8361

Oblique fracture of fibula + incomplete fracture of tibia, middle third - Some periosteal callus formed - Alignment good - Exostosis present on inner side of tibial head - Sequestra present a one tiny particle of metal.

Signature of Radiographer [illegible]

Date 1916

(9 38 40) W 8290—3262 100,000 8/15 H W V(M 163) Forms/W. 3172/1
15134—116 300,000 1/16

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

} Invalid to Canada

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.)

Yes. Electro massage for weakness & atrophy (right) of 1st leg for 3 months

(*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.)

D.M.S. R.D.J.

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

to be Invalided to Canada

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.

MEDICAL BOARD
13 MAR 1919
CHESS RED

Place Aldershot — A. E. Buck. Maj. CAMC — President.

Date 18-3-19. — R D Jenkins Capt CAMC — } 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.

.....President

Place..... } Members

Date.....

APPROVED BY — A. Callum — *Assistant Director of Medical Services.*

Date.....Major, O.A.M.C. for A.D.M.S., Canadians, London Area.

APPROVED BY — *Director-General of Medical Services.*

ASSISTANT DIRECTOR OF MEDICAL SERVICES, CANADIAN OVERSEAS MILITARY HEADQUARTERS
APR 24 1919
13, BERNERS ST. LONDON, W.1

DIRECT
SHORT

THIS FORM WILL BE USED FOR ALL RANKS

MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

1. 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.
2. 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."
3. 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.
4. Special care is required in answering question 9. Read the questions carefully. All questions must be answered.
5. If space provided under any section is insufficient add another sheet. Such sheets must be initialled by the Medical Board.
6. A note will be made of attached papers by the Medical Board under the section "Opinion of Medical Board."
7. Under no circumstances may information other than that in sections 7, 8, 9 and 10 be communicated to the invalid, directly or indirectly.
8. 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 Shaplow — Date Mch. 14th 1919

1. 1 (*a*) Unit 2nd C.M.G.C. (*b*) Regimental No. 225314 (*c*) Rank Sgt.

(*d*) Surname ANDERSON (*e*) Christian name WILLIAM

(*f*) Home address Crossfield, Union St. Motherwell Scotland

(*g*) Next of Kin James Anderson (*h*) Relationship Father

(*i*) Address of Next of Kin Crossfield, Union St. Motherwell Scotland

2. Age last birthday 34 Date of birth Jan 19th 1885

3. Enlistment, or Appointment (if an Officer) (*a*) Place Toronto (*b*) Date Oct 13th 1915

4. Personal description:

(*a*) Height 5 — 6½ (*b*) Weight 139 (stripped) (*c*) Complexion medium

(*d*) Colour of hair Lt Brown (*e*) Colour of eyes blue (*f*) Identification marks, Scars, etc. Ends of middle and ring fingers right hand missing

5. Former trade or occupation Pattern Maker

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
	3	152

	Periods From	Periods To
Canada	Oct 13th 1915	Apr 3rd 1916
England	Apr 10th 1916	Sept. 1916
	Nov 21st 1918	Mch. 14th 1919
France or other theatres of War	Sept 1916	Nov. 21st 1918

7. Original disease, or injury WOUND MIDDLE ⅓ RIGHT LEG, WITH FRACTURE FIBULA AND INCOMPLETE FRACTURE TIBIA

(*a*) Date of origin 10—11—18 (*b*) Place of origin Mons

(*c*) Cause SHELL FRAGMENT

M. F. B. 227.
400M.—11-18.
1772-39-117.

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.)

MARKED WEAKNESS RIGHT LEG AND UNHEALED WOUND. NECESSITY FOR REST RIGHT LEG. (ATROPHY OF MUSCLES R. LEG).

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 Scars outer and inner sides middle right leg, the inner one being unhealed. Slight enlargement tibia region of injury. Ankle and foot slightly swollen. Small area anesthesia dorsum right foot.

Subjective Wound inner side right leg slightly sore. Leg weak and patient is unable to bear his weight on that leg. Says there is no feeling dorsum right foot.

(*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 (If pulse rate is abnormal, B. P. will be taken.) Genito-Urinary System no (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*).)

G.S.W. right leg 10-11-18. Incomplete fracture tibia and complete fracture fibula. F.B. removed No. 1 C.C.S. 11-11-18 4 counter incisions over fibula. 26 General Hospital Etaples 12-11-18 Dressings & splints 2nd. Western General Hospital Manchester 21-11-18. Splints 15 Con. Gen. Hosp. 19-2-19. Scar tissue and Sinus removed inner side leg. 24-2-19.

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*).)

Typhoid fever 1908
Ends of middle and ring fingers accidently severed 1907.

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

Two lineal scars right leg (outer and inner sides)

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 condition at time of enlistment.)

not applicable

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? 3 months

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

F.B. removed by counter incisions over fibula. Wound drained. Splints. Sinus inner side right leg as well as scar tissue removed.

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)

Yes Rest and massage.

16. Can the former trade or occupation be resumed? yes after 3 months
(If not, briefly state why)

17. Recommendations. Invalid to Canada

W. H. Robbins Capt.
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 William Anderson 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~~

Wm Anderson Sgt. Rank.
Signature of invalid examined.

Table III.—Boards; Courts of Inquiry, Vaccination, Inoculations, etc.; Examinations for Field or Foreign Service, Extension, Re-engagement, or Prolongation of Service; Issue of Surgical Appliances; Particulars of Dental Treatment, etc.

Date.	Brief details, and signature.
25/1/16	Vaccinations — H.W. Martin. Lieut.
17/1/16	Inoculations — " " "
21/1/16	" " — " " "
26/1/16	" " — " " "

Table IV.—Service Table.

Station or Troopship.	Date of arrival or embarkation.	Date of departure or disembarkation.	Station or Troopship.	Date of arrival or embarkation.	Date of departure or disembarkation.

DUPLICATE.

ARMY FORM B. 178.

To be used *(a)* for recruits enlisting direct into the Regular Army, and *(b)* for men of the Territorial Force when they are admitted to Hospital. Army Form B. 178A to be used for Special Reserve recruits and Special Reservists enlisting into the Regular Army.

MEDICAL HISTORY of

Surname ANDERSON *Christian Name* William

TABLE I.—GENERAL TABLE.

Birthplace ... Parish Glasgow, County Scotland

Examined ... ... on 13th day of October 1915, at Toronto

Declared Age ... ... 30 years 9 months days.

Trade or Occupation ... Pattern Maker

Height ... ... 5 feet 6½ inches.

Weight ... ... 139 lbs.

Chest Measurement — Girth when fully Expanded: 37 inches. Range of Expansion: 3½ inches.

Physical Development ... Good

Vaccination Marks — Arm ... Right: Left: Number: 1 -

When Vaccinated 1884

Vision ... ... R.E.—V=

L.E.—V=

(a) Marks indicating congenital peculiarities or previous disease ... ... (a) Nil

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

Approved by (*Signature*) A.H. Rolph.

(*Rank*) Lieut.

Medical Officer.

Enlisted ... ... at Toronto on 13th day of October 1915.

Joined on Enlistment ... Corps: G.G.B.G. Regtl. No.: 225314

Transferred to ... ... A. Squadron C.M.R. 2nd 11th Bn Can. Depot 18th Bn

Became non-effective by ...

on day of 191 ,

This Medical History Sheet has been compared with the Corresponding Attestation Paper, and entries made in red have been taken from the Attestation Paper.

(*Signature*)

(*Rank*)

(1116) 250M 1/16 N.P.A. Ltd. Forms B. 178 39

H. Ramsay Bell Lieut.-Col. In Charge of Records, Canadian Contingent.

P.T.O.

Table II.—Only for Admissions to Hospital or to the Sick List in the case of Warrant Officers treated in quarters.

Name of Hospital.	Admitted to Hospital.			Discharged from Hospital.			Disease.	Number of Days in Hospital.	Remarks bearing on the cause, nature, or treatment of the case, likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet.	Signature of Medical Officer.
	Day.	Month.	Year.	Day.	Month.	Year.				
39 Gen Hr. Harn	28	9	16	29	10	16	R. G. D		Rt b Rmf. A343 A359	

LIST OF DISCHARGE DOCUMENTS.

1. Proceedings on discharge. (Army Form B. 268.)
2. Proceedings on transfer to reserve (if any). (Army Form B. 2056.)
3. Duplicate attestation.
4. Army Form B. 97 (if any).
5. Declaration of change of name (if any).
6. Re-engagement paper (if any). Army Form B. 136).
7. Authority for continuance, or extension, of service (if any). Army Form B. 221.)
8. Court of Inquiry on an injury (if any) (Army Form A 2.)
9. Regimental conduct sheet. (Army Form B. 120).
10. Company conduct sheet. (Army Form B. 121.)
11. Copies of convictions by Civil Power (if any).
12. Medical history sheet. (Army Form B. 178).
13. Medical report on invalid (if any). (Army Form B. 179).
14. Copy of receipt for purchase money (if any).
15. Attestation of fraudulently enlisted man for corps in which he has not been held to serve (if any).
16. Detailed statement of former service allowed to reckon towards pension (if any).
17. Copy of 3rd page attestation (in the case of men from abroad entitled to deferred pay who go to Netley or the discharge depot for discharge).
18. Descriptive return (Army Form D. 400), where required. See section 11 on second page.
19. Active service casualty form. (Army Form B. 103).
20. Employment sheet. (Army Form B. 2066).

In the case of recruits who are rejected before, or on, final approval, the discharge documents will consist of—

1. Duplicate attestation. (On third page the date and cause of discharge will be entered and signed by the competent military authority).
2. Medical history sheet (if any). (Army Form B. 178).

Instructions as to the preparation, dispatch, and custody, of discharge documents.

1. When a soldier is to be discharged, the documents retained with the duplicate attestation will be placed inside this form. Should any of the documents be missing, an explanation of the deficiency, signed by the commanding officer, must be substituted for the missing document. The officer in charge of records will then extract from the original attestation, any documents required to complete the list of discharge documents enumerated in the margin, which will then be placed in this form in the sequence given.

2. When men are discharged from the colours at home as medically unfit, or with claims to pension, Army Form B. 268 will be sent confirmed, together with the duplicate attestation and documents retained therein to the officer in charge of records 10 days in advance of the date for discharge in the case of invalids, and 14 days in other cases. This officer will then extract from the original attestation any documents required to complete the list of discharge documents enumerated in the margin, place them in this form, and after carefully checking the duplicate attestation with the original forward the whole to the Secretary, Royal Hospital, Chelsea. When such men are discharged abroad, the same procedure will be adopted as above, with the exception that the discharge documents will be sent to the officer in charge of records immediately after discharge takes place (except in the case of men who are granted gratuities on discharge from local battalions or companies, Royal Artillery,

3. When soldiers are sent home from abroad for discharge, the documents retained with the duplicate attestation will be placed inside this form and sent home with the men for transmission to the officer who carries out the discharge, together with the following additional forms :—

(a) Discharge certificate (Army Form B. 2079 or Army Form B. 264).
(b) Character Certificate (Army Form B. 2067) if entitled.
(c) Copy company conduct sheet (Army Form B. 121) when required under King's Regulations.

The duplicate attestation and documents retained therein will be sent to the officer in charge of records, who will extract from the original attestation any documents required to complete the list of discharge documents enumerated in the margin and place them in this form.

4. The discharge documents of re-enlisted pensioners, on re-discharge, will be sent to the officer in charge of records, who will extract from the original attestation any documents required to complete the list of discharge documents enumerated in the margin, place them inside this form, and forward the whole to the Secretary, Royal Hospital, Chelsea, irrespective of the cause of discharge.

5. The original and duplicate attestations of recruits who are rejected before, or on, final approval will be retained by the approving officer for one year, when they will be destroyed.

6. In all other cases the discharge documents will be sent, directly the discharge is carried out, to the officer in charge of records of the unit concerned.

7. Postage need not be paid, and receipts are not required, in the case of documents sent to Chelsea or to the War Office,

8. When the discharge documents of men not entitled to pension are sent to the officer who will have final charge of them, they are to be accompanied by Army Form B. 279, and that officer will, if they are found to be correct, sign and return Army Form B. 279. Should any document be missing, he must at once apply for it.

9. The officers having final charge of the discharge documents will arrange them according to regimental numbers, and enter the names in the alphabetical index, Army Book No. 129.

Toronto

This space to be left blank for the Chelsea Number.

519

Army Form B. 268.

Proceedings on Discharge. 2

(When forwarded for confirmation the documents named on page 4 should be enclosed.)

No. 225314 Army Rank SGT.

Name ANDERSON W.
(The name must agree strictly with that on enlistment, unless changed subsequently by authority.)

Corps C.M.G.C.

Battalion, Battery, Company, Depôt, &c. 2ND C.M.G.C.
(If attached to the Regular Establishment of the Special Reserve or Permanent Staff of the Territorial Force, &c., or to General Staff of the Army, it should be so stated.)

Date of discharge

Place of discharge

1. *Description at the time of discharge.*

Age years months
Height feet inches
Chest measurement { girth when fully expanded ins. / range of expansion ins.
Complexion
Eyes
Hair
Trade
Intended place of residence (To be given as fully as practicable)

Descriptive marks.

(The measurements and description should be carefully taken on the day the man leaves his unit, but in the case of men sent home from abroad for discharge, the age and intended place of residence should be left blank to be filled in by the Officer who confirms the discharge at home.)

2. The above-named man is discharged in consequence of

(The cause of discharge must be worded as prescribed in the King's Regulations and be identical with that on the discharge certificate. If discharged by superior authority, the No. and date of the letter to be quoted.)

To be filled in on the soldier quitting the Colours.

3. Military character :—

4. Character awarded in accordance with King's Regulations :—

Certified that the above is an accurate copy of the character given by me on Army Form B. 2067* and that Army Form D. 489 was awarded in this case.

Initials of Commanding Officer.

Army Form B. 2088 has been issued to*

* Strike out if not applicable.

D. D. & L., London, E.C.
A4308 Wt. W17176 M291 500,000 8/16 Sch. 31 Forms B. 268 40

[OVER.

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

CASUALTIES

War Service Badge
Class A
No. 285297
Issued.

SHORT FORM.

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

1. No. #225314
2. Rank SGT.
3. Name ANDERSON, William.
4. Unit Depot Regiment Canadian Mounted Rifles (#2 D.D.)
5. Date of Discharge OCT 21 1919 Place TORONTO, ONT.
6. Reason for Discharge "MEDICALLY UNFIT"
7. Authority (#2 D.D. Part 11 Daily Order #291 24/4.
8. Proposed Residence after Discharge 522 East Brinton St., Germantown, Philadelphia, U.S.A.

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. ?

Wm Anderson Sgt
Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place TORONTO, ONT.
Date OCT 21 1919

No. 2 DISTRICT DEPOT
OCT 21 1919
TORONTO.

H Sargent Capt
Signature
For (O. C. Discharging Unit.)
O.C. No. 2 District Depot.

M.F.B. 218a—50M -2-19 —1772-39-113.

MARRIED OR SINGLE S.

PLACE OF BIRTH Glasgow, Scot.

NAME AND ADDRESS OF NEXT OF KIN Jas Anderson
Motherwell Scotland

RELATIONSHIP OF NEXT OF KIN Father

NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF KIN

SEPARATION ALLOWANCE MONTHLY $ EFFECTIVE (DATE)

PAYABLE TO

RELATIONSHIP OF DEPENDANT

A.P. checked & found correct 31.3.17
Jake Lesman P.S.Sgt.

CASUALTIES, PROMOTIONS, &c.

PARTICULARS	EFFECTIVE DATE	AUTHORITY
Reverted to Ranks	17/9/16	R.O. 162

ADMISSIONS TO HOSPITAL, &c.

DATE ADMITTED	DATE DISCHARGED	V. OR A.	NAME OF HOSPITAL
28/9/16	29/10/16	V.	
27/5/17	7/6/17	V.	

REG'L NO. 225314 RANK Spr. NAME Anderson Wm.

IF IN PERMT. CORPS WHAT UNIT — UNIT 10th C.M.R. Draft TRANSFERRED TO C.C.D. DATE AUTHORITY

PERMANENT FORCE ALLOWANCES

PLACE OF ATTESTATION Toronto. TRANSFERRED TO 11th Res. Bn. DATE 17/9/16. AUTHORITY R.O. 101

DATE OF ATTESTATION 13/10/15 TRANSFERRED TO 18th Bn. DATE 11.10.16 AUTHORITY B.O. 231. 27/9/16

TRANSFERRED TO DATE AUTHORITY

ASSIGNED PAY MONTHLY $ 15 00/100 DATE EFFECTIVE 1/4/16.

PAYABLE TO Jas Anderson, Crossfield Union St. Motherwell, Scotland RELATIONSHIP Father

ASSIGNED PAY MONTHLY $ DATE EFFECTIVE

PAYABLE TO RELATIONSHIP

STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) EFFECTIVE REASON

DISCHARGE DATE AND PLACE REASON AND AUTHORITY

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

C.1.

DATE 1916	PAY No. OF DAYS	PAY RATE	PAY AMOUNT $	PAY AMOUNT c.	FIELD ALLOWANCE No. OF DAYS	FIELD ALLOWANCE RATE	FIELD ALLOWANCE AMOUNT $	FIELD ALLOWANCE AMOUNT c.	WORKING OR SPECIAL PAY No. OF DAYS	WORKING OR SPECIAL PAY RATE	WORKING OR SPECIAL PAY AMOUNT $	WORKING OR SPECIAL PAY AMOUNT c.	ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS 1 No.	1 Date	2 No.	2 Date	3 No.	3 Date	4 No.	4 Date	CASH PAYMENTS 1	2	3	4	ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE CREDIT	BALANCE DEBIT	PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
														10	10.																10 00				Bal L.P.C. from Canada
April	30	1.10	33.		30	10	3.								36 00	1179	14/4/16							973.				15.		24 73	21 27			
																1322	18/5/16							487										
May	31	1.10	34 10		31		3 10								34 20	1301	5/6/16	1407	30/7/16					973.	973.			15.		39 33	19 14			
June.	30	1.10	30 0		30		3 00								33 00			1579	15.6.11						487.			15.		19 87	32 27			
															40 20	1622	7/7/16							484										made 6 pds beginning June. 30 days @ 40 = 3
July	31	1.10	34 10		31		3 10							3	~~42 14~~	1571	30/8	1728	15/7					484	484			15		29 61	42 86			
Aug	31		34 10		31		3 10								34 20	1892	31/7	1955	15/8					484	973.			15.		29 60	50 46.			To 11th Res. Bn 17/9/16 R.O. 101 Reverts to Ranks 17/9/16 R.O. 162
Sep.	16	1.10	1760		16	10	160								1920	2171	31/8							487				15.		1987	69 79			
17.30	14	.	14	.	14	.	1 40								1540																65 19			R.O. 005 #297 27/9
Oct. 1.10	10	.	10	.	10	.	1.								11.	2336	23/9							973		973		15.	93	35 39	40 80			To 18 Bn 4/10/16 B.O. 231. 27/9/16
11. 31	21		21		21		2 10								23 10															63 90			
Nov	30	1.10	30		30	10	3 00								33 00											262		15.	1920	36 82	60 08			Allowed 31.5.0 to 28.9.16 & 29/10/16 R.O. 55 30/11
Dec.	31	1.10	31		21	10	2 10								24 10													15		15	79 18			
			27	50																								15						
			316	40										13	329 49									53 54	29 20	12 35		135	20 13	250 22	79 18			

Checked M.O'Ward

Checked Stoneleigh

225314 Pte Anderson Wm AP 15.00

DATE	PAY No. of Days	PAY Rate	PAY Amount $	PAY Amount c.	FIELD ALLOWANCE No. of Days	FIELD ALLOWANCE Rate	FIELD ALLOWANCE Amount $	FIELD ALLOWANCE Amount c.	WORKING OR SPECIAL PAY No. of Days	WORKING OR SPECIAL PAY Rate	WORKING OR SPECIAL PAY Amount $	WORKING OR SPECIAL PAY Amount c.	ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS 1 No.	1 Date	2 No.	2 Date	3 No.	3 Date	4 No.	4 Date	CASH PAYMENTS 1	2	3	4	ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE Credit	BALANCE Debit	PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
Bal Fd			316	40										13	329	49								53	54	29	20	12	35	135	20	13	250	22	79	18		
Jan	31	1.0	34	10									(120)		154	10														43	20	43	20	190	08		a/P from 1.4.16. to 30.11.16 chgd in each a/P and to 16.4.17. 71.70 Removal C60 1.11.17. 11.1.17
Feby	28	1.10	30	80											20	80					499	2 Indemnity	44/				2	62	(120)							
																					1777	Recalled	17/				6	97	15			144	54	76	29		a/P credited in error in Jan'y a/c for Jan'y
Mch	31	1.10	34	10											34	10			1888	19/3	4/8	2 Ent	2/3			2	62	2	61	15						
																			1898	7/3	864	"	9/3			5	23	2	62	15			43	08	69	31	✓	
April	30		33	-											33	-			15	4/4			494509			2	62	*		180						
May	31		34	10											34	10	67	27/4					511361	262						15			17	62	82	69	
June	30		33	-											33	-	118	14/5					A 51510	268	✓					15	12	60	30	28	101	89	Stpd 8 D. 5.7/5. - 7/6
July	31		34	10											34	10							A84778							15			15	-	120	99	
Aug	31		34	10											34	10							141807							15			15	-	140	09	
Sept	30		33	00											33	00			373	6/9	193	21 Bn					446			15			35	52	137	57	140 09
																					163	✓					446									
																					272	✓					446									
																					837	✓	19467			268	446			15						
																								584	29	35	16	01								

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED PAY	SERVICE ALLCE. ENG.
1917		~~187 87~~							137 57		
Oct.	31 days at 1/-	34 10		229697 £3-1-8			15				
				a/c 1853 24/8 G.B.D. Chg.	4 46						
				" 1115 17/9 2 LBD.	4 46						
				" 613 29/9 18 Bn.	2 68				145 07		
		34 10			11 60		15				
Nov.	30 "	33 -		36008 £3-1-8			15				
				a/c 670 7/10 "	4 46						
Dec.	31	34 10		C 6606 £3-1-8			15				
				723 29/10 18 Bn.	3 57						
				3010 5/10 RE.	1 78						
		67 10			9 81		30		177 36		
Jan 31	✓	34 10		49295 £3-1-8			15				
				QR 722-2384 18/7/17 18 Bn.	97 33						
				" 778 19/11 ✓	4 46						
				" 819 26/11 ✓	12 49						
				" 858 19/12 ✓	4 46						
		34 10			118 74		15		72 72		

MONTH 1918	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED PAY	SERVICE ALLCE. ENG.
	Bal. Bt. Frd.								72 72		
Feb 28.	PP.	30 80		D5007 £3-1-8			15				
				· 977 26/1/18. 2CCRC.	3 57						
				· 978 12/1/18 18Bn.	4 46						
				· 1031 29/1 ✓	3 57						
				· 1074 5/2 ✓	4 46				72 46		
		30 80			16 06		15				
Mch				D46409 £3-1-8			15				
		34 10		· 1129 21/2/18 ✓	3 57						
				· 1180 7/3 ✓	4 46						
				· 1235 15/3 ✓	3 57				79 96		
		34 10			11 60		15				

P 820
12474—375M—13-2-18.

* Strike out whichever inapplicable.

ASSIGNED PAY * ENGLAND OR ~~CANADA.~~	SEPARATION ALLOWANCE. * ENGLAND OR CANADA.
EFFECTIVE DATE:- 1-4-16.	EFFECTIVE DATE:-
AMOUNT:- 15.	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.

Mr Jas. Anderson, (Father)
Crossfield, Union St, Motherwell, Scot.

Stoppage 1-6-19

NAME:- ANDERSON William R
NUMBER:- 225314 E

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
C.F. 64. 2nd M.G.Bn.	1 5/18.	~~Pte (74)~~ 6/Nil
2nd M.G.Bn. D.O.64. 9-7-18		
2nd mg Bn. O/O 102 12-10-18.	14-8-18.	Sgt.

UNIT AND TRANSFERS

ORIGINAL UNIT:- 10 C.M.R.

DATE ACCOUNT FIRST OPENED - 1-4-16.

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO
			18 Bn.
48. 29-5-18.	1-6-18	19-6-18	2 C mg Bn.

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 X	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R	UNIT PAID BY	AMOUNT
rr-3-19	6609	Toplow	~~44 67~~				
Sgt.	rr-3-19	12 days	~~8 96~~ 39 91			L.D.B. Credit	261 84
						L.P.&B. Credit	221 93

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
	1 10	10		
	1 35 -	15		

PARTICULARS OF RENDERING NON-EFFECTIVE:- 1-5-19 NR Toplow 77 Invalided Toplow Bucks 10-4-19 M24

MONTH	PARTICULARS	CR 1	CR 2.	PARTICULARS	DR. 1	DR 2.	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
31-3-18	Bal Fwd								79 96		
Apl.	30 PP	33		a43809 £ 3-1-8			15 00				
				AR 17 7-4-18 18 Bn	4 46						
				- 110 21-4 ✓	3 57				89 93		
May	31 - PP	33 34 10		a67404 £3-1-8	8 03		15 15				
				AR 165. 10-5-18 2 C mg Bn.	3 57				105 46		
June		34 10			3 57		15				
	P.P.	33 -		B40036			15				
				AR 388. 3 6/18 Fd amb 2 Div	8 03				115 43		
		33 ·		C 14838	8 03		15 15		158 73		
July	"	34 10		332. 2nd M.G.Bn. 4/7	8 03						
	~~Leave Pay 16 31 61 days @ 12 00~~			458 " 19-7-18	5 35						
	Supplementary Pay 1-5-18 to 31-7-18 92 at 10	9 20									
		43 30			13 38		15		130 35		
August.	C.P.	37 20		C.53844			15				
				AR. 616. 1-8-18. 2nd mg Bn	3 57						
				" 736 19-8-18 "	3 57				145 41		
Sept.	C.P.	37 20 36 -		C. 92043.	7 14		15 - 15 -				
				" 1105. 20-9-18. "	3 57				162 84		
Oct.	C.P.	36 - 37 20		C. 36040	3 57		15 - 15 -				
"	Paid as Cpl 14-8-18 - 31-10-18 79 days @ 30 ~~Pte~~ be Sgt.	23 70							208 74		
Nov.	S.P.	60 90 45 -		C. 15040	- -		15 - 15 -				
				" 1568. 2-11-18. 2 mg Bn.	11 19						
				C. 74738. £3-1-8.			15 -				
Jan.	✓ Dec. ✓ Jan.	93 -		7. 20237 Jan £3-1-8			15 -		290 55		Ps 17 19/5.
		138 -			11 19		45 -				

COMPILED BY M.K. Miller
CHECKED BY A

NUMBER RANK NAME

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
Jan	1919.			Bal. for 1d					790 55		
				Rm. 64151 3.1.19. Ch A 59461	48 67						
				7.65035 3.1.8			15 -				
				AR. C. 5749. 24.2.19. C.G Stoop no 15.	4 87						
				G. 30632 £ 3.1.8			15 -				
Mch.	S.P. Fch + mch.	88 50		Rm. 461 Ch. No 68312. 19/3.19	48 67				746 84		
		88 50			102 21		30.				
April	✓	45 -		a 49426. £ 3.1.8.			15 -				
				a 49427 May £ 3.1.8			15 -				
				AR c 6669 22.3.19 15 C & H.	48 67 ✓						
				" 1215 22.4.19 End) Liverpool	4 87						
				" 2303 6.5.19 (End) "	4 87						
				" 3410 19.5.19 "	9 73				193 70		
		45 -			68 14		30				
17 Days. S.P.		8 76							202 46		

S.6.S. 21.6.19. m.D-2. A.L. 503.

Sheet #2

AUDITOR | PAYMASTER

M. OR S.

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

REGT. No. 225314 RANK Sgt. NAME (IN FULL) W. Anderson (BLOCK LETTERS SURNAME FIRST)

NEXT OF KIN — RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? No — DATE EFFECTIVE

TO WHOM PAID — RELATIONSHIP

ADDRESS

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ORIGINAL UNIT C.E.F. 2-6.M.g.Bn — IF IN P.F. WHAT UNIT?

PLACE OF ATTESTATION

DATE OF ATTESTATION

ASSIGNED PAY $

PAYABLE TO

ADDRESS

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE

DISCHARGED — PLACE — DATE 21-10-19 — REASON — AUTHORITY Do 291 — IF ENTITLED TO POST DISCHARGE PAY 183

TRANSFERRED TO Dominion Bank — DATE — AUTHORITY

TRANSFERRED TO King + Yonge City — DATE — AUTHORITY

DATE EFFECTIVE

RELATIONSHIP | ANY CHANGE IN ASSIGNEE OR ADDRESS

EFFECTIVE

MONTH	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $	C.	OTHER CREDITS $	C.	$	C.	TOTAL CREDITS $	C.	ACQUITTANCE ROLLS COL. NO. 1 NO.	DATE	COL. NO. 2 NO.	DATE	COL. NO. 3 NO.	DATE	CASH PAYMENTS COL. NO. 1 $	C.	COL. NO. 2 $	C.	COL. NO. 3 $	C.	ASSIGNED PAY $	C.	REGIMENTAL CHARGES $	C.	OTHER CHARGES $	C.	$	C.	TOTAL DEBITS $	C.	BALANCE DEBIT $	C.	CREDIT $	C.	PARTICULARS OR REMARKS
BALANCE FROM PREVIOUS ACCOUNT			420	✓					420	- ✓											Brot	Forward					140	-				140	- ✓	280	- ✓			
																	A Rec															210	✓	210	✓			
																	AR 243					Jan 19					720	46	70	✓		280	✓	140	✓			
																		Feb 16					AR 67					723	471	70	✓		350	✓	70	✓			
																		Mar 1					AR 279					724	639	70	✓		420	✓					
			420	✓					420	✓																			420	✓		420	✓ adj				

"ARAGUAYA" 30.5.19 Sheet #1 1709

No. 2 DISTRICT DEPOT

AUDITOR | PAYMASTER

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

M. OR S.

REGT. No. 225314 RANK Sgt NAME (IN FULL) ANDERSON, W.

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. 2 Bn M.G. Bde — IF IN P.F. WHAT UNIT? c/o Don. Bank. King & Yonge Sts. Toronto Ont.

PLACE OF ATTESTATION — TRANSFERRED TO — DATE — AUTHORITY

DATE OF ATTESTATION 13-10-15 — TRANSFERRED TO — DATE — AUTHORITY

ASSIGNED PAY $ 15- closed 31-5-19 by England — DATE EFFECTIVE

PAYABLE TO Mrs Anderson Father — RELATIONSHIP — ANY CHANGE IN ASSIGNER OR ADDRESS

ADDRESS Lyons Field Junction St Moosejaw Sask

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE — EFFECTIVE 1-6-19

DISCHARGED PLACE Toronto ont Depot — DATE 21/10/19. — REASON Mu — AUTHORITY DO 291 — IF ENTITLED TO POST DISCHARGE PAY 183

T.O.S. 20/5/19 ... D.O. 15.5.19 ... SUBS. ... 2/6/19 – 16/6/19 20.155

MONTH	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $	AMOUNT C.	OTHER CREDITS $	OTHER CREDITS C.	$	C.	TOTAL CREDITS $	TOTAL CREDITS C.	ACQUITTANCE ROLLS COL. NO. 1 NO.	DATE	COL. NO. 2 NO.	DATE	COL. NO. 3 NO.	DATE	CASH PAYMENTS COL. NO. 1 $	C.	COL. NO. 2 $	C.	COL. NO. 3 $	C.	ASSIGNED PAY $	C.	REGIMENTAL CHARGES $	C.	OTHER CHARGES $	C.	$	C.	TOTAL DEBITS $	C.	BALANCE DEBIT $	C.	BALANCE CREDIT $	C.	PARTICULARS OR REMARKS
BALANCE FROM PREVIOUS ACCOUNT																																					
30/4/19							221	93	221	93																							221	93			Balance Brought
	150								221	93			1213				487																		
													2303				487																		
													3410.				973																		
																	500																		
													Portland Me.				5000																		