REGIMENTAL DOCUMENTS

NAME ANDERSON. William REGT. No. 292224 UNIT 22nd Battn H. Q. FILE No. 9667

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	M.X. 9-2-21.					

W. 2589
25M.—1-23
X772-39-1377

E. P.
24-1-18.

225th OVERSEAS BATTALION C. E. F.

QUINTRIPLICATE

ATTESTATION PAPER.

No. 292224

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

106th. WINNIPEG LIGHT INFANTRY

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? ..... Greenway, Man., Canada.
2. In what Town, Township or Parish, and in what Country were you born? ..... Croydon, Surrey, England.
3. What is the name of your next-of kin? ..... Sarah Anderson.
4. What is the address of your next-of-kin? ..... Orchard Cottage, ~~Centington~~ Warlingham, Surrey, Eng.
4a. What is the relationship of your next-of-kin? ..... Mother.
5. What is the date of your birth? ..... February 25th, 1873
6. What is your Trade or Calling? ..... Farmer.
7. Are you married? ..... No.
8. Are you willing to be vaccinated or re-vaccinated and inoculated? ..... Yes.
9. Do you now belong to the Active Militia? ..... No.
10. Have you ever served in any Military Force? If so, state particulars of former Service. ..... Yes; 1st V. B. The Queens R.R.S.
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 March 1st, 191 6 Pte Gerolamy J. M. (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 March 1st, 191 6 Pte Gerolamy J. M. (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 Baldur this 7th day of March 191 6

Christian Johnson (Signature of Justice)

M. F. W. 23.
600M.—2-16.
H. Q. 1772-39-841.

Description of Anderson. William on Enlistment.

Apparent Age 43 years ..... months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height ..... 5 ft. 9 ins.

Chest measurement.
- Girth when fully expanded ..... 35½ ins.
- Range of expansion ..... 2½ ins.

Complexion Ruddy.

Eyes Bluish.

Hair Dark brown.

Religious denominations.
- Church of England X
- Presbyterian
- 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).

CERTIFICATE OF MEDICAL EXAMINATION.

I have examined the above-named Recruit and find that he does not present any of the causes of rejection specified in the Regulations for Army Medical Services.

He can see at the required distance with either eye; his heart and lungs are healthy; he has the free use of his joints and limbs, and he declares that he is not subject to fits of any description.

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

Date March 6th, 1916.

Place Baldur, Man.

Medical Officer.

*Insert here "fit" or "unfit."

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

CERTIFICATE OF OFFICER COMMANDING UNIT.

William Anderson having been finally approved and inspected by me this day, and his Name, Age, Date of Attestation, and every prescribed particular having been recorded, I certify that I am satisfied with the correctness of this Attestation.

(Signature of Officer)
LIEUT. COL.
222nd. OVERSEAS BATTALION, C.E.F.

Date March 9th, 1916.

(9) Is your Father alive? No

If so, state name and address

(10) Is your Mother alive? Yes.

If so, state name and address Sarah Anderson,

Orchard Cottage, Warlingham, Surrey, England

(11) If your Mother is a widow Yes.

Are you her sole support, or not? No.

(12) If sole support of widowed mother, state what amount you have given her per month prior to your enlistment, also reason she has no other support than yourself.

Nothing.

(13) If you have no wife, father, mother or children, state the name and relationship with full postal address of your next of kin, to whom you would desire any communication to be sent concerning you.

(14) If you have a wife, or children, or a widowed mother who depends on you as her sole support, have you applied to the Paymaster of your unit for Separation Allowance? If not, this must be done.

(15) Are you insured? Yes.

If so, in what Company? Gt West Life Assn. Coy, Winnipeg.

Have you made arrangements for payment of your Insurance premium This will be done

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

J. Lightfoot
Officer Commanding.

Date OCT 4 1916

LIEUT. COL.
222nd. OVERSEAS BATTALION, C.E.F.

To be made out in duplicate. H.Q. 54-21-23-53

PARTICULARS OF FAMILY OF AN OFFICER OR MAN ENLISTED IN C. E. F.

INSTRUCTIONS.

(a) This form is only required for men joining units for Overseas Service and must be completed immediately the man is warned for draft overseas.

(b) Care must be taken to see that a man is allotted his correct Regimental Number. No numbers must be duplicated and once it has been allotted to a man, even if he is subsequently discharged, the same number must never be allotted to another man.

(c) All questions, etc., must be answered.

(d) One copy of the form is to be forwarded by Officer Commanding unit for each Officer and man to Officer Commanding Division or District at least seven days before man leaves his station to proceed overseas, for transmission to Accountant and Paymaster General, Ottawa.

(e) Duplicate copy is to be forwarded direct to Officer in charge of Records, C.E.F. London, immediately after arrival in England.

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(1) Name of Overseas Unit which Soldier joins 222nd Overseas Battalion.

(2) Regimental Number 292224

(3) Full Name of Soldier Anderson, William

(4) Place of Birth Croydon, Surrey, England.

(5) Are you married, or not ? No

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

(b) Present Postal Address

(7) Are you a widower ? No

(8) Have you any children ? No.

If so, give number of boys and girls

Also their names and ages

M. F. W. 67
200M.—2-16
1772-39-954

(SEE OTHER SIDE.)

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

Division 10

Name of Soldier Anderson W.

Regiment A Co. 222 Rank Pte.

No. 393524

M. [illegible] 465
100[illegible] 16.
1772-39-950

Re[illegible] of mouth
[illegible]ntation.
Bl[illegible]ons performed
[illegible] D. C.
R. [illegible] filling
A. [illegible] gam filling
C. [illegible] Cement filling
G. F. — Gold filling
G. B. — Gold Bridge
G. C. — Gold crown
P. C. — Porcelain crown
A. A. — Acute abcess
P. — Pyorrhea
X. — Extractions
F. L. — Full Lower
F. U. — Full Upper
P. L. — Partial Lower
P. U. — Partial Upper

DATE	No.	Fillings: Amal.	Phosp.	G. Per.	Cement	Extracted	Anesthetic	Treated	Crowns	Cleaned	As 2° 3	Pulp Removed	Put Pulp	Artificial Teeth	OPERATOR	REMARKS
1916 Oct 4															Steele	P. P.

DIGITAL HISTORY SHEET
KANSAS ARMY DEVIAT COSTS PROJECT

222nd OVERSEAS BATTALION C. E. F.

no card CR 486

ORIGINAL

292224

MEDICAL HISTORY SHEET.

Surname Anderson Christian Name William

Examined on ~~13~~ 7th day of March 1916 at Baldur

Birthplace City or Town Croydon Surry County Surry. England

Apparent age 43

Trade or occupation Farmer

Height 5 Feet 9 Inches.

Weight 141 Lbs.

Chest measurement Minimum 33 inches. Maximum expansion 35½ inches.

Physical development Very Good

Small-Pox Marks None

Vaccination Marks Arm ~~Right.~~ Left. Number 3

When Vaccinated last When a child

(a) Marks indicating congenital peculiarities or previous disease

(b) Slight defects but not sufficient to cause rejection

Had a fracture on nose
left slight deformity

Approved by [signature]

Rank M.O.

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

Date.	Result.	Vaccinations.
26/9/16	–	L. Thirley M.O.
2/10/16	–	L. Th M.O.
		M.O.

Date.	Result.	Anti-Typhoid Inoculations, Etc.
4/7/16	OK	L. Thirley M.O.
14/7/16	"	L. Th M.O.
22/7/16	"	L. Th M.O.

Enlisted on 7th day of March 1916 at ~~Winn~~ Baldur

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	222nd. Overseas Batt. C.E.F.	292224		6 : 3 : 16
Transferred to				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.

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

M. F. B. 313.

200M—11-15.
H. Q. 1772 39-479.

Surname Anderson Christian Name William

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

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				

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

M. F. W. 54. (A. F. B. 103.)
250M.—1-16.
H. Q. 1772-89-920.

Casualty Form—Active Service.

Unit, Regiment or Corps 222nd. Overseas Batt. C.E.F.

Regimental No. 292224 Rank Pte Name Anderson, William

Enlisted (a) March 1st 1916 Terms of Service (a) C. E. F. Service reckons from (a) March 4th 1916.

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) (Civil) Farmer.

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				
Oct. 1916.	222nd.	S.O.S. "Med. Unfit."	Shorncliffe Camp	25-10-16.	Authy October Payhist.

(a) In the case of a man who has re-engaged for, or enlisted into Section D. Army Reserve, particulars of such re-engagement or enlistment will be entered.
(b) *e.g.* Signaller, Shoeing Smith, etc., etc., also special qualifications in technical Corps duties.

[P.T.O.

M 45398 FEB 16 1921

1076

SOS 25-10-16. M.U. MD 10.

Anderson, W., Pte. 292224 222nd Bn. 649-A-2666

Med. & Dec. (Mother) Mrs. Sarah Anderson.
The Curatage Castin,
Attleborough,
Norfolk, England.

P. & S. (") Address as above.

Mem. Cross. " " " ",

a S.R.

47937

Canada only

4

No. 292224. RANK Pte NAME Anderson William

T. O. S. 7-3-16 UNIT 222nd Battalion (Balder)
D.O. 90 of 8-3-16

M. D. 10

PAID FROM	PAID TO	SIG OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916 Mar. 7	1916 Mar. 31	✓		
Apr.		"		
May		"		
June 1	June 11	"		
June 12	June 30	"		
July		"		
Aug		"		
Sept.		"		
Oct 1	Oct 25	"	Discharged 25-10-16 M.U. 90122 of 10-10	
			To closed by Payments	

(At Station or Hospital where finally disposed of.)

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

Date .....

If admitted.	If under treatment.		Disease.	How fully disposed of.	Date of Discharge, &c.
Index No.	From	From			
Date					
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....

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

Date of final Medical Board or decision. }

Administrative Medical Officer.

Militia Form B. 227.
150 m—5-16.
H. Q. 1772—39—117.

DETAILED MEDICAL HISTORY OF INVALID.

Station

Corps

Regimental No. Rank

Name

Disability

Date

Hospital or Station transferred to for final disposal. }

Date of final disposal }

How finally disposed of }

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

MEDICAL HISTORY OF AN INVALID.

MILITIA & DEFENCE CANADA
CENTRAL
NOV 29 1916
H.Q. 649-A-2666

1. Station. Camp Hughes, Man
2. Regiment or Corps. 222nd.O.S. Batta'n.
3. Regimental No. and Rank. 292224 Private
4. Name. Anderson, W.
5. Age last Birthday. 43 years
6. Enlisted on March 1st.1916.
   at Baldur, Man. Can.
7. Former Trade or Occupation. Farmer. Date. October 9th.1916.

8. General remarks on his :—
   (a) Conduct. Good.
   (b) Habits. Good
   (c) Temperance. Good

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

9. Service. 7 months. Years. Days.

	PERIODS.	
	From.	To.

10. (a) Disease or disability. Varicose veins - left leg.
    (b) Date of origin.
    (c) Place of origin.
    (d) Cause.

11. Present Condition. (Most Important). Varicose vein - left leg.
    (To include full description of present disabling condition or conditions.)

12. (a) Is the disability the result of service or climate? no
    (b) Has it been aggravated by intemperance, vice or misconduct? no

3

Noted 1-12-16 M. M.

M. F. B. 227.
150 M—5-16.
1772-39-117.

13. (a) For purpose of Identification. (Here a full description of wounds, scars, deformities, etc., is to be given.) Broken nose.

Scar on left side of next

(b) In case of wounds, or other injuries, state whether sustained on or off duty. If not received in action, was a Court of Inquiry held? Not applicable

(c) In the event of the disability being attributed to exposure on duty, state clearly the nature of such exposure, and whether it was exceptional or otherwise. Not applicable

14. Treatment None.

15. If the disabling condition had its origin before enlistment, has it been aggravated by service, and to what extent? No.

16. What is the probable durati n of the disability or of each disabling condition, if more than one contributes? Permanent.

17. To what extent will it prevent his earning a full livelihood in the general labour market? Please state in fractions. Nil.

18. State if for discharge on account of unfitness for Service. Yes.

L. T. Ainley Capt.

M.O. 222nd.O.S. Battalion.

Medical Officer by whom the case is brought forward.

OPINION OF THE MEDICAL BOARD.

Does the Board concur with the preceding report? If not, give differing opinion.

10. Yes.

11. Yes.

12. Yes.

15. Yes.

16. Yes.

17. Yes.

18 Is he unfit for Military Service. Yes.

Recommendations: That he be discharged from the C. E. F. as medically unfit.

Signatures :—

T. M. Morrison Capt. President.

Station. Camp Hughes, Man.,

Date. October 17th, 1916.

H. Hoppinger Capt. Carme Members.

D. C. Lukenhead Capt. M.C.

Date.

Approved.

Date. 6/12/16

Ken Simpson Colonel A. D. M. S. Camp Hughes

Asst. Director of Medical Services.

D. J. McKay Capt. for al Director-General of Medical Services.

A B NOV 8 1920

R.C. NOV 8

NOV 6 1920

Memorandum for

ESTATES H. Q.

George Anderson, Esq.,
Grenfell,
Sask.

DEPT. MILITIA & DEFENCE
NOV -8 1920
H.Q. CANADA

649-A-2666.

MILITARY ESTATES DIRECTORATE,

DEPARTMENT OF MILITIA AND DEFENCE,

OTTAWA, ONTARIO.

October 25th, 1920 191

With reference to the estate of the late Pte. W. Anderson,

No. 292224, Battalion C.E.F.

will you be good enough to furnish on the inside of this form the requisite information regarding the relatives of the late Soldier.

The particulars required are to be carefully filled in and the declaration should then be signed **in the presence of a Clergyman, Magistrate or Commissioner for Oaths,** who should be asked to complete and sign the Certificate.

This information is needed for the purpose of record.

After Completion this form should be returned to the above address.

R W B Sandford

Director of ~~Military Estates.~~ Records

M.F.W. 2620.
436-D.P.-20M-5-19.
1772-39-1430.

STATEMENT OF THE NAMES, AGES AND ADDRESSES, OR DATES OF DEATH, OF ALL THE RELATIVES THAT THE SOLDIER EVER HAD IN EACH OF THE DEGREES SPECIFIED BELOW:—

RELATIONSHIP. DEGREE OF	RELATIVES REQUIRED TO BE ACCOUNTED FOR	APPLICANT'S STATEMENT. NAME IN FULL OF ANY RELATIVE (IF ANY) IN EACH DEGREE INQUIRED FOR.	AGE	ADDRESS IN FULL OF EACH SURVIVING RELATIVE OPPOSITE HIS OR HER NAME, AND DATE OF DEATH OF EACH DECEASED RELATIVE.
	WIDOW OF THE SOLDIER.			
1	CHILDREN OF THE SOLDIER AND DATES OF THEIR BIRTHS			

NOTE.—If the late Soldier left surviving him: 1, a widow; 2, a widow, child, or children; 3, children only, this form need not be completed any further, other than the signature and necessary declaration.

2	FATHER OF THE SOLDIER.	John Corbet Anderson	AGE. 80	Died Jan 4th 1907
3	MOTHER OF THE SOLDIER.	Sarah Anderson	76	The Curatage, Caston Attleborough Norfolk, England
4	BROTHERS. (Full blood.)	Arthur Anderson	55	39 Huntly Rd Sherwood Surry England
		Corbet Anderson		Died 1884
		George Anderson	47	Grenfell Sask. Canada.
		Walter Anderson	45	Croindene Wallington Surry England
		Edward Anderson	43	The Curatage Caston Attleborough Norfolk England
		John Anderson	41	Grenfell Sask. Canada
5	BROTHERS. (Half blood.)			
6	SISTERS. (Full blood.)	Frances Hart	53	1 Wellington Rd W Croydon Surry England
7	SISTERS. (Half blood.)			

8	NAMES of brothers or sisters (whether of the full or the half-blood), of the soldier who are dead, and the date of death of each.	NAMES AND AGES OF THEIR CHILDREN (IF ANY)	AGE.	ADDRESS OF THEIR CHILDREN.

NOTE.—If there is not sufficient room to fully complete this form, continue on the last page.

IF NO RELATIVES IN THE DEGREES ABOVE ARE NOW LIVING, THE FOLLOWING PARTICULARS SHOULD BE GIVEN:—

		NAMES OF THOSE LIVING.	AGE.	ADDRESS IN FULL.
9	GRAND-PARENTS OF THE SOLDIER.			
10	UNCLES AND AUNTS BY BLOOD OF THE SOLDIER (NOT UNCLES AND AUNTS BY MARRIAGE)		AGE.	

*Insert degree of relationship, for example:— "Widow." "Father." "Brother."

DECLARATION.

I hereby declare that the above particulars are correct, that the particulars given in this statement are a true and complete statement of all the relatives that the late Soldier ever had in the degrees inquired for, and that I am the * Brother of the deceased.

N.B.—To be signed in full in the presence of a Minister, Magistrate or Commissioner for Oaths.

George Anderson — Signature of Applicant

H Coy. J.P.

*See above.

CERTIFICATE.

I hereby certify that, to the best of my knowledge and belief George Anderson (Name of Applicant) is the * Brother of the Soldier above described, and I believe the above Declaration and the Statement of Relatives opposite made by the Applicant and **signed in my presence** to be complete and correct.

Dated at Grenfell this 2nd of November 191~~20~~

Signature of Minister, Magistrate or Commissioner for Oaths. H Coy Qualification Justice of the Peace

Address Grenfell Saskatchewan

NOTE.—Before granting the above Certificate, care should be taken to see that the Applicant gives particulars concerning the death of any relative stated by him or her to have died, and that the full name and address of each surviving relative enquired after is stated in its proper place in the statement opposite.