REGIMENTAL DOCUMENTS

NAME ANDERSON. William Melvin REGT. No. 3236125 UNIT 2nd Battn. C. G. Bgd. H. Q. FILE No. 9750

	CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
3	ATTESTATION PAPER (M.F.W. 23, 133 or 51)					DEATH
/	CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					CATEGORY
/	TRAINING HISTORY SHEET (M.F.W. 113)					
/	FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
	REGT. CONDUCT SHEET (M.B.W. 263 or A.F.B. 120)					
	COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					
/	MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
/	DENTAL HISTORY SHEET (M.F.B. 465)					CATEGORY
	MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					
	MEDICAL EXAMINATION (M.F.W. 129)					
	TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)					
	PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)					
	DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)					DESERTION
/	LAST PAY CERTIFICATE (M.F.W. 44)					
	PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					
	PARTICULARS OF CHARACTER (A.F.W. 3226)					
/	COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
4	CARDS					
Yes	PAY-SHEETS					

C

H

W. 2589
25M.—1-28
1772-39-1377

11. M. D. 1st Depot Battalion B6 Regiment

Regtl. No. 2022983

PARTICULARS OF RECRUIT.

DRAFTED UNDER MILITARY SERVICE ACT, 1917.

(Class 1.)

1. Surname Anderson.
2. Christian name William Melvin.
3. Present address Lotus Hotel, Vancouver, B.C. Canada
4. Military Service Act letter and number 307549.
5. Date of birth
6. Place of birth
   (town, township or county and country)
7. Married, widower or single
8. Religion
9. Trade or calling
10. Name of next-of-kin
11. Relationship of next-of-kin
12. Address of next-of-kin
13. Whether at present a member of the Active Militia
14. Particulars of previous military or naval service, if any
15. Medical Examination under Military Service Act:—

    (a) Place Vancouver B6 (b) Date Jan. 31st 1918 (c) Category A.

Enlistment cancelled
AGH

DECLARATION OF RECRUIT

I, William Melvin Anderson, do solemnly declare that the above particulars refer to me, and are true.

(Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age 32 yrs. mths.

Height 5 ft. 7½ ins.

Chest measurement: fully expanded ins.; range of expansion 2½ ins.

Complexion Medium.

Eyes Brown.

Hair Brown.

Distinctive marks, and marks indicating congential peculiarities or previous disease.

Operation scar right side of abdomen.
Tip of left thumb missing.

Lt. Col.

O. C. 1st Depot Btln.

B6 Regt.

Place Vancouver B6 Date May 2nd 1918

M. F. W. 133.
500 M.—8-17.
1772—39—1158.

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

M.S.A.

This is to Certify that No. 3236125 (Rank) Private

Name (in full) ANDERSON, William Melvin enlisted in

the 2nd. Battalion Canadian Garrison Regiment

CANADIAN EXPEDITIONARY FORCE at Toronto, Ont. on the 3rd.

day of July 19 18

HE served in Canada

and is now discharged from the service by reason of

"General Demobilization"

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

Age 32 years 9 months

Height 5 feet 9 inches

Complexion Dark

Eyes Grey

Hair Black

Marks or Scars Nil.

W. M. Anderson
Signature of Soldier

H. C. Good Major
Issuing Officer

for O. C. 2nd Bn. Canadian Garrison Regt.

Rank

Appointment

Date of Discharge December 19th, 1918

Signed at TORONTO this 19th day of December 19 18

in Military District No. 2

File Reference No.

N.B.—As no duplicate of this Certificate will be issued, any person finding same is requested to forward it in an unstamped envelope to the Secretary, Militia Council, Ottawa, Canada.

M. F. W. 39a.
250m —6-18.
H. Q. 1772-39-882.

ON DEMOBILIZATION THE PARTICULARS CALLED FOR ON THE BACK OF THIS CERTIFICATE WILL NOT BE COMPLETED.

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

No. ..... (Rank) ..... Name .....

Unit 2nd BN. CANADIAN GARRISON REGIMENT

Address on Discharge .....

Character and Conduct .....

.....

Former Occupation .....

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

.....

Medals and Decorations .....

.....

Remarks .....

.....

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

.....
Name of Officer

.....
Rank

.....
Appointment

MILITARY SERVICE ACT, 1917.

MEDICAL HISTORY SHEET.

M.S.A.

IMPORTANT.—If the man's name does not appear upon the schedule of men reporting for service, or if he has not made an application for exemption or a report for service, or, although having made one, he does not know the number, he will be instructed that the copy of this medical history sheet (which will be handed to him) must be attached by him to a report for service or claim for exemption which he may make on application to any Postmaster in Canada, or be sent by him after he has noted upon it the number on the receipt he obtained from the Postmaster to a Registrar or Deputy Registrar under the Military Service Act. In any event the duplicate medical history sheet will be sent by the Medical Board to the District Officer Commanding unless instructions have been given by the latter to forward it direct to a Registrar or Deputy Registrar.

1. Surname ANDERSON: Christian name William Melvin:

2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule 307549

3. Consecutive number on schedule of men reporting for service (if he appears on it) .....

4. Address (including street and number, if any) Sundridge: Ontario:

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

5. Age as stated 32 Years 6 Months. 6. Apparent age ..... Years ..... Months

7. Height 5 Feet 9 Inches. 8. Weight ..... Pounds.

9. Chest measurement { Minimum ..... Ins. / Maximum ..... Ins. } 10. Complexion Dark { Eyes Grey. / Hair Black.

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

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

15. Distinctive marks and marks indicating congenital peculiarities or previous disease .....

16. Slight defects but not sufficient to cause rejection .....

The man denies having had { Rheumatism / Tuberculosis / Syphilis } We find no evidence of past { Rheumatism / Tuberculosis / Syphilis }

(Strike out disease admitted or suspected.)

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

17.
(a) Vision R. ..... L. .....
(b) Hearing. R. ..... L. .....

Signature of Man

..... *President.*

..... *Member.* ..... *Member.*

Date	Result	VACCINATIONS	Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
		M.O.			M.O.
		M.O.			M.O.
		M.O.			M.O.

Joined 3rd *day of* July 1918 *at* Toronto Ont.

	CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment	2nd Bn. C. G. R.	3236125		
Transferred to.....				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION	DATE	DISEASE	RESULT

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

M. F. B. 313.
300M.—10-17.
1772-39-430.

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

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

M.F.B. 465.
150M—6-18.
1772-39-950.

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

M.S.A.

NAME OF SOLDIER Anderson William, Wilson

DISTRICT M.N. #2

REGIMENT 2nd C.G.R. RANK Private No. 3236125

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.

	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
Condition on first Examination																						

DISCHARGE EXAM.
CASUALTY Co. # 2 D.D. } Certificate issued for
Date Jan 17/19

Not entitled to treatment

Owl Canning Capt
Ahr

M.S.A. 15.

MILITARY SERVICE ACT, 1917.

MEDICAL HISTORY SHEET.

IMPORTANT.—If the man's name does not appear upon the schedule of men reporting for service, or if he has not made an application for exemption or a report for service, or, although having made one, he does not know the number, he will be instructed that the copy of this medical history sheet (which will be handed to him) must be attached by him to a report for service or claim for exemption which he may make on application to any Postmaster in Canada, or be sent by him after he has noted upon it the number on the receipt he obtained from the Postmaster to a Registrar or Deputy Registrar under the Military Service Act. In an[illegible]vent the duplicate medical history sheet will be sent by the Medical Board to the District Officer Commanding unless instructions have bee[illegible]iven by the latter to forward it direct to a Registrar or Deputy Registrar.

Powell-P 15/79

1. Surname ANDERSON. Christian name WILLIAM MELVIN.

2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule 307549

3. Consecutive number on schedule of men reporting for service (if he appears on it) 487 T

4. Address (including street and number, if any) Lotus Hotel, Vancouver, B.C.

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 31st. day of January 1918 by the undersigned medical board sitting at VANCOUVER, B.C.

Ckd. to Schedule by ... No. 6

5. Age as stated 32 Years 0 Months. 6. Apparent age 32 Years ... Months

7. Height 5 Feet 7½ Inches. 8. Weight 159 Pounds.

9. Chest measurement { Minimum 35½ Ins. / Maximum 38 Ins. 10. Complexion medium { Eyes brown / Hair brown

11. Physical development good { Good / Fair / Poor 12. Smallpox marks 0

13. Number of vaccination marks { Right arm 0 / Left arm 0 14. When vaccinated last childhood

15. Distinctive marks and marks indicating congenital peculiarities or previous disease Operation scar right side of abdomen. Tip of left thumb missing.

16. Slight defects but not sufficient to cause rejection

The man denies having had { ~~Rheumatism~~ / Tuberculosis / Syphilis (Strike out disease admitted or suspected.) We find no evidence of past { Rheumatism / Tuberculosis / Syphilis

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

Enlistment cancelled JGS

States not previously examined.

L. Bullock Capt. President.

G. Murphy Capt. Member. W. F. Mackay Capt. Member.

Date	Result	Vaccinations	Date	Result	Anti-Typhoid Inoculations, Etc.
		M.O.			M.O.
		M.O.			M.O.
		M.O.			M.O.

Joined ... *day of* ... *191* ... *at* ...

	Corps	Reg'tl Number	Habits	Date
Joined on enlistment		2022983		
Transferred to ...				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station	Date	Disease	Result

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

VISION: Right 20/20 Left 20/20 Hearing: Normal. R.L.

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

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

M. D. 2

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

CANADIAN EXPEDITIONARY FORCE.

LAST PAY CERTIFICATE

No. 57

Regimental No. 3236175 Rank Pte Name Anderson, W. M.
(Surname first)

Unit 2nd C. G. R. who was* discharged

On 18-12-18 191....., to .....

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from L. W. P. to 18-12-18 191... the inclusive date of transfer or discharge.

	Dr.		Cr.	
Bal. Dr. or Cr. from prev. month			7	20
Regimental Pay ... days at $ ... c.			–	–
Field Allowance ... days at $ ... c.			–	–
Separation Allowance				
Clothing Allowance			35	
Post Discharge Pay				
*Other Credits				
Advances				
Separation Allowance and Assigned Pay Cheque No.				
*Other Charges				
Balance ~~on transfer or~~ on discharge, cheque No. 31970	37	20		
Total	37	20	37	20

*Give particulars.

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

Assigned Pay for the month of.....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 3-7-18 married or single S

(2) Separation Allowance, entitled or not Not (3) Reason for discharge Demobilization

(4) Authority for discharge ~~or transfer~~ D.O. 171

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 18-1-19

Place Ex. Camp Toronto

Captain Capt.
Paymaster.

Paymaster, 2nd Bn. Canadian Garrison Regt.

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 purposes of discharge it is to be made out in duplicate. One copy to accompany discharge papers, and one copy for retention as a record. 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 Certificate will be made out as in "C" with an additional copy to be forwarded to the District Paymaster.

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		Signature of Officer Making Payment.
			Dr.	Cr.	
.....	.....	.....	....	....	.....
.....	.....	.....	....	....	.....
.....	.....	.....	....	....	.....
.....	.....	.....	....	....	.....
.....	.....	.....	....	....	.....
.....	.....	.....	....	....	.....
.....	.....	.....	....	....	.....
.....	.....	.....	....	....	.....
.....	.....	.....	....	....	.....
.....	.....	.....	....	....	.....

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

M. F. W. 54. (A. F. B. 103.)
350M.—5[illegible]
H. Q. 1772-3[illegible]-320.

Casualty Form—Active Service.

M.S.A.

Unit, Regiment or Corps 2nd BN. CANADIAN GARRISON REGIMENT

Regimental No. D3236125 Rank Pte. C. E. F. Name ANDERSON, William Melvin

Enlisted (a) 3-7-18 Terms of Service (a) D of W & 6 months Service reckons from (a) 3-7-18

Date of promotion to present rank ..... Date of appointment to lance rank ..... Numerical position on roll of N. C. Os. .....

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

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
18/12/18	2nd. Bn. C.G.R.	discharged Gen Dem. R?O. #1328	Toronto	18/12/18 ~~19~~/12/18	Part 2 D.O. #171

C. P. Stocking Lieut

O.I.C. Records, 2nd Bn. Canadian Garrison Regiment

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

[P.T.O.

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				

Original not available

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

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

Casualty Form—Active Service.

Unit, Regiment or Corps 1st Depot Bn B.C. Regt.

Regimental No. 2022983 Rank Pte. Name Anderson, William M

Enlisted (a) 2-5-18 Terms of Service (a) C. E. F. DofW Service reckons from (a) 2.5.18

Date of promotion to present rank ..... Date of appointment to lance rank ..... Numerical position on roll of N. C. Os. .....

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

Report: Date	Report: From whom received	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
1-5-18	1/B.C. Regt.	Taken on Strength	Vancouver B.C	2/5/18	Pt. II D.O. # 121
27-11-18	" " "	Ref. D.O. # 121 (Strength Increased) re Pte. Anderson W. M. is hereby deleted (trans. to Ont. Regr. Letter 26/11/18	Vancouver		Pt. II D.O. # 331

Enlistment cancelled

JJS

[signature]

Capt. for DofR

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

[P.T.O.

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				

M. F. W. 71—500M.—5 18.
1772—39—961.

NAME Anderson. William Melvin

REGIMENTAL NO. 3236125

RANK Pte.

ENLISTED AT

PROMOTIONS, &c. AND DATE

DATE

IF SERVED PREVIOUSLY, STATE UNIT, &c.

MARRIED, WIDOWER, OR SINGLE M.

NEXT OF KIN Mrs. Violet Anderson RELATIONSHIP Wife

ADDRESS OF Sundridge Ont.

ASSIGNMENT OF PAY $ C. TO

ADDRESS

SEPARATION ALLOWANCE, ENTITLED OR NOT

DATE APPLICATION FORWARDED TO DIVISIONAL PAYMASTER

IN WHOSE FAVOUR

CASUALTIES, &c.

NATURE E.G. ABSENCE, PROMOTION, &c.	PART II. D. O.		REMARKS IF IN HOSPITAL, NOTE NAME, &c.
	No.	Date	
T. O. S.	4	4- 7- I8	
S. O. S.	I7I	I8-I2-I8	Disch. Effec I9-I2-I8

N. NAME. Anderson Wm Melvin. B.C. Regt 1st Dpo Bn.

RANK. Pte

No. 20 22983.

CORPS.

REC. FILE. M.D. Hd

T.O.S. Mdg. 18

H.Q. FILE. Cancelled. D.O. Part II No. 21

ENLISTMENT, PLACE.

DATE. Auth:- DO331 of 27-11-18. 1D/Br Bn

DISCHARGE, PLACE,

DATE.

REASON.

ADDRESS ON DISCHARGE.

E.O.R.

DOCUMENTS.

L. L 20196—M. & D. 7908—100m.

CHARGED OUT			RETURNED		CHARGED OUT			RETURNED	
TO	DATE	BY	RECEIVED BY	DATE	TO	DATE	BY	RECEIVED BY	DATE

List of Discharge Documents.

Reg. Conduct Sheet, Militia form B. 263.	Attestation Paper, Militia Form B. 235.
Squadron / Battery / Company } Conduct Sheet, " B. 263a.	Proceedings on Discharge " B. 218.
Copies of Convictions, by C. P. in MS.	In the case of recruits who are rejected on final approval, the discharge documents will consist of (a) Proceedings on Discharge. (b) Attestation. (c) Medical History Sheet (in the event of such having been prepared.)
Med. Hist. Sheet, Militia Form B. 313	
Medical Report for Invalid* " B. 227.	
Statement of Man's Account on Transfer and Last Pay Certificate, " D. 877.	
*Only if discharged "Medically unfit."	

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

This space to be for numbers

M.S.A.

Proceedings on Discharge.

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

H

No. 3236125

Rank Private

Surname ANDERSON

Christian Name William Melvin

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

Corps (Squadron, Battery or Company) 2nd BN. CANADIAN GARRISON REGIMENT

Date of Discharge December 18th 1918.

Place of Discharge TORONTO

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age 32 years 9 months.
Height 5 feet 9 inches.
Complexion Dark
Eyes Grey
Hair Black
Trade Farmer
Intended place of residence (To be given as fully as practicable.) Sundridge Ont.

Descriptive Marks: NIL.

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

"General Demobilization"

Routine Order #1328

N.B.—The cause of discharge must be worded as prescribed in the King's Regulations and be identified with that on the character certificate. If discharged by superior authority, the number and date of the letter to be quoted.

To be in the handwriting of the Commanding Officer, who will himself make all medical entries on the character certificate and initial them.

3. Conduct and character while in the service have been, according to the records, etc.

N.B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldiers and the Officer Commanding his Squadron, Battery or Company.

4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)

M. F. B. 218.
100M.—1-17.
H. Q. 1772-39-113.

(OVER)

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

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

6. Medals and Decorations.....

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

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

(Place) TORONTO ..... H C Good ..... Major

for O. C. 2nd Bn., Canadian Garrison Regt.

(Date)..... *Commanding* .....

8. **Certificate to be signed by the Soldier on Discharge**

I hereby acknowledge that I received all my Pay, Allowances and Clothing, and all just demands, up to the present date, subject to the reservations of the claims noted on the third page.

(Place) TORONTO ..... W. M. Anderson ..... (*Signature of Soldier.*)

(Date) ~~DEC 2 1 1918~~ DEC 2 1 1918 ..... L. Allen L. ..... (*Signature of Witness.*)

When a soldier is absent through illness or any other cause and it is not desirable to forward these proceedings to him for signature, a manuscript copy should be sent for the man to sign, and when returned, should be attached here.

9. **Additional Certificate in the case of a Soldier who takes his discharge on his own request.**

I hereby declare that I do of my own free will request to be discharged from His Majesty's Service.

..... (*Signature of Soldier.*)

10. **Statement of Service.**

Service toward Engagement to.....(the date to which the Record of Service is completed).....years.....days.

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

11. **Confirmation of Discharge.**

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

(Place) TORONTO

DEC 2 1 1918 (*Signature*) H C Good ..... Major

(Date) ..... for O. C. 2nd Bn., Canadian Garrison Regt.

Reservations referred to at Para. 8.

(To be signed by the soldier. When there are none, it is to be so stated, and signed by the soldier.)

W. M. Anderson

(OVER)

AUDITOR JRh | PAYMASTER

M. OR S.

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

REGT. No. 3236125. RANK Pte. NAME (IN FULL) ANDERSON, W. M.
(BLOCK LETTERS, SURNAME FIRST)

NEXT OF KIN | RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? | DATE EFFECTIVE

TO WHOM PAID | RELATIONSHIP

ADDRESS

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ORIGINAL UNIT C.E.F. | IF IN P.F. WHAT UNIT?

PLACE OF ATTESTATION | TRANSFERRED TO | DATE | AUTHORITY

DATE OF ATTESTATION 3-7-18. | TRANSFERRED TO | DATE | AUTHORITY

ASSIGNED PAY, $ | DATE EFFECTIVE

PAYABLE TO | RELATIONSHIP | ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE | EFFECTIVE

DISCHARGED PLACE Toronto | DATE 18-12-18 | REASON Demob. | AUTHORITY D.O. 171. | IF ENTITLED TO POST DISCHARGE PAY No

MONTH 1919	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	Jan.	–	–	–	35		2	20	37	20					31970						37	20									37	20					D.O. 1145. R.U.S.P. Indef.
																																					D.O. 171. Discha 18/12/18. Demob. LPC
					35		2	20	37	20											37	20									37	20					ACCOUNT CLOSED. NOT SIGNED. RESPONSIBLE OFFICER S.O.S. PRIOR TO G.O. CIRCULAR No. 102 (LOCAL 120). JRh

ASST. DIRECTOR PAY SERVICES, M.D. No. 2.

80m.-11-18. L. L. 51777. M. & D. 9585.