

REGIMENTAL DOCUMENTS

NAME *ANDERSON. William*

REGT. No. *442605*

UNIT *54<sup>th</sup> Batta*

H. Q. FILE No.

*9613*



CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
<i>3</i> 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)					<i>Killed in action</i>
FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					<i>9-8-17.</i>
/ REGT. CONDUCT SHEET (M.B.W. 263 or A.F.B. 120)					<i>M.Y. 13-2-20.</i>
/ 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)					
<i>6</i> CARDS					
<i>Yes</i> PAY-SHEETS					
<i>1</i> A.F.B. 117.					
<i>1</i> Will					
					<i>13-30</i>
					<i>34-30</i>
					<i>32-2</i>
					<i>4</i>

Rank **Pte.** Name **ANDERSON, William.**

Reg'l No. **442605**

A-56

Unit **54th Bn.** If in perm. Corps, What Unit?

Married or Single **Single**

Place and Date of Enlistment **Vernon Camp, 15th May 1915.**

Place of Birth **Lochgelly, Fifeshire,**

Name and Address, Next-of-Kin **William Anderson, 16 Eighth St.,  
Bowhill, Cardenden, Fifeshire, Scotland**

**Scotland.**

Relationship **Father**

Assigned Pay Monthly \$ Payable to

Relationship

Separation Allowance \$ Payable to

Relationship *Entered on N.E. Card Index*

Discharge, Date and Place **Kinross 21<sup>st</sup> 8/17** Reason

Character **W. J. Millotson**



Date		PAY			Field Allowance			Other Credits	Total Credits	Voucher		Cash Payments	Assigned pay	Other Charges	Total Debits	Balance	Remarks, Casualties, etc
From	To	No. of Days	Rate	Amount	No. of Days	Rate	Amount			No.	Date						
<b>1915</b>																	
Dec 1	31	31	1	31	31	10	310		3410			3407			3407	03	
Jan 1	31	31	1	31	31	10	310		3410			973			973	2410	
Feb 1	29	29	1	29	29	10	290		3190							5630	
March 1	31	31	1	31	31	10	310		3410			730			4137	4903	

*Carried forward to Large Ledger sheet*

Statement of  
JAN 10 1918  
Account rendered

Statement of 122

1220

13420

8517

8517 4903



MARRIED OR SINGLE

8.

PLACE OF BIRTH

Lochgelly Fifeshire Scot

NAME AND ADDRESS OF NEXT OF KIN

William Anderson

16. Eighth St, Bowhill Cardenden. Fifeshire

RELATIONSHIP OF NEXT OF KIN

NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF KIN

SEPARATION ALLOWANCE MONTHLY \$

EFFECTIVE (DATE)

PAYABLE TO

RELATIONSHIP OF DEPENDANT

CASUALTIES, PROMOTIONS, &c.

PARTICULARS	EFFECTIVE DATE	AUTHORITY
Prom. 4. Cpl.	1.7.16	B.O. 180.
Reverts to ranks.	20/7/16	180.201
<i>Killed in action</i>	9.8.17	Cha 28.

ADMISSIONS TO HOSPITAL, &c.

DATE ADMITTED	DATE DISCHARGED	V. OR A.	NAME OF HOSPITAL

DATE	PAY				FIELD ALLOWANCE				WORKING OR SPECIAL PAY				ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS					
	NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE	AMOUNT					1		2		3	
			\$	c.			\$	c.			\$	c.				No.	DATE	No.	DATE	No.	DATE
1916																					
			122				1220								134 20						
Apr/30	30	1	30		30	10	3							33	387	15/4/16	14/1	30/4/16			
May/31	31		31		31		3 10							34 10	472	19/5	520	31/5			
June/30	30		30		30		3							33							
July	31	1.05	3255		31		3 10							35 65	639	20/6/16	694	15/7/16			
13.8.16	31	1.	31		31		3 10							34 10	742	3/7					
Sept.	30		30		30		3							33	791	24/7	842	4/9			
Oct.	31		31		31		3 10							34 10	895	16/9					
Nov.	30		30		30		3							33	947	11/10					
Dec	31		31		31		3 10							34 10							
			3970				3970														
1917																					
Jan.	31	1.10	3410											34 10							
1-20																					
Feb.	20		22											22 00							
			494 35											494 35							

Statement of  
 JAN 10 1918  
 Account rendered

16. 11th P. M. B. Co.  
 20-10-16  
 20. 11th P. M. B. Co.  
 1-11-16  
 11th P. M. B.  
 24 18/11  
 11th P. M. B.  
 30 4/1

REG. DATE	AUTHORITY
7-16	B0180.
4/16	B0.201 20/4/16
8-17	Cha 287. 2/8/17

REG'L. No. 442606 RANK *Pte* NAME *Anderson, William*

IF IN PERMT. CORPS } UNIT *54<sup>th</sup> Batt.* TRANSFERRED TO *J.M. Batty* DATE *2-2-17* AUTHORITY *[Signature]*

PERMANENT FORCE ALLOWANCES TRANSFERRED TO *[Signature]* DATE *21-2-17* AUTHORITY

PLACE OF ATTESTATION *Vernon Bl.* TRANSFERRED TO *Pay II Co* DATE *1-9-17* AUTHORITY *Cha 287. 2/8/17*

DATE OF ATTESTATION *15<sup>th</sup> May 1915* TRANSFERRED TO DATE AUTHORITY

ASSIGNED PAY MONTHLY \$ DATE EFFECTIVE

PAYABLE TO RELATIONSHIP

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)



Entered on N.E. Card Index *[Signature]*  
 Checked by *[Signature]*

*K.I.A 9.8.17. Cha 287. 21.8.17.*

DEDUCTIONS ROLLS					CASH PAYMENTS				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
2	3	4	1	2	3	4	CREDIT	DEBIT								
DATE	No.	DATE	No.	DATE												
							8517			8517	4903					
<i>30/4/16</i>					730	973				1703	65					
<i>3/5</i>					730	973				1703	8207					
											11507					
<i>15/7/16</i>					973					2493	12579					<i>Dec. 12 days @ 54 diff in pay</i>
					730	730			60							<i>20-7-16 - 31-7-16 B0.201 20/4/16</i>
					974					974	15015					
<i>4/9</i>					762	561				523	17792					
					261					523	20679					
					262					524	23455		180		5455	
<i>16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31</i>							262			262	26603		180		8603	
							1657			1657	18356		195		8856	
										-	30556		210		9556	<i>Trans J.M. Batty. 2-2-17</i>
																<i>C.P.M. Min. 4-1-17.</i>
					4922	2937	2443	8517		60	18879					

*Carried forward*

Small Ledger Sheets

442605

Anderson W

DATE	PAY		FIELD ALLOWANCE		WORKING OR SPECIAL PAY		ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS				CASH PAYMENTS				
	NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE				AMOUNT		1	2	3	4	1	2	3
			\$	C.						\$	C.	NO.	DATE	NO.	DATE	NO.	DATE	NO.
Jan			494	35					494 35					49 22	29 37	24 43	8	
Feb 21	8	1 <sup>00</sup> / <sub>10</sub>	880					880										
			503	15				503 15						49 22	29 37	54 43	8	
Mar	31		34	10				34 10								523		
																262		
Apr	30		33					33 00										
May	31		34	10				34 10										
June	30		33					33 00	274 2/51					2 68			7 85	
July	31		34	10				34 10										
Aug	31		34	10				34 10										
Sept	-		-	-				-										
								705 55										

MONTH	PARTICULARS	CR.1	CR.2	PARTICULARS	DR.1	DR.2	DR.3	DR.4	BALANCE	DEFER. PAY	SER. ALLGE. ENG.
Oct	Balance								447 10		
	ad 555			57 <sup>4</sup> 2/17					266		
	481			17/6/17					576		
	640			11 <sup>th</sup> 6 <sup>th</sup> 9 <sup>th</sup> 17 <sup>th</sup>					536		
	197			57 <sup>4</sup> 5 <sup>th</sup> 17					267		
									16 06		
Nov	Int on Deft pay								431 04		
	31-7-17								11 87		
									442 91		K. 24.1.18
									16 06		
Jan/18				765					268		
Feb/18				52					268		
				3702d. 1/2/18					268		
				12/6/18					268		
									442 91		
									2 68		

MONTH	PARTICULARS	CR.1	CR.2	PARTICULARS	DR.1	DR.2	DR.3	DR.4	BALANCE	DEFER. PAY	SER. ALLGE. ENG.
June	Post fund								268		
Aug	Int on Debt								268		
									Nil		
									cash		
									Pran Ch		

WP

PAYMENTS		ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
3	4				CREDIT	DEBIT			
7. 2443	85 17.		Leo	188 79	305 56		210	95 56	
2443	85 17		60	188 79	314 36		210	104 36	
523				1046	338 00		225	113 00	
262					371 00		240	131 00	
					405 10				
785				10 53	427 57				
	48 67.			48 67.	413 -				
					447 10.		300	147 10	
				258 45	447 10				

Kin A Trans Sept. 17.  
 K.I.A. 9.8.17. & Ra 287. 21.8.17.  
 Trans to Pay II L. 1.9.17.

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. 178<sup>A</sup> to be used for Special Reserve recruits and Special Reservists enlisting into the Regular Army.

**MEDICAL HISTORY of**

Surname A N D E R S O N Christian Name William.

TABLE I.—GENERAL TABLE.

Birthplace ... Parish Lockgelly County Fifeshire Scotland.

Examined... { on 23rd day of June 1915  
at Vernon B.C.

Declared Age ... 22 years 6 months      days.

Trade or occupation ... Miner

Height ... 5 feet 8 inches.

Weight ...      lbs.

Chest Measurement { Girth when fully Expanded 33 inches.

{ Range of Expansion 4 inches.

Physical Development ...

Vaccination { Arm ... Right 2 Left  
Marks { Number ... 2

When Vaccinated ...

Vision ... { R.E.—V=      
L.E.—V=    

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

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

Approved by (Signature) J.H.Hamilton.  
(Rank) Capt.

Medical Officer.

Enlisted ... { at Vernon B.C.  
on 15th day of May 1915

Corps.	Regtl. No.
<u>54th Bn B.Coy</u>	<u>4 4 2 6 0 5</u>

Became non-effective by

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

on      day of      191  

(Signature) J. Hamilton

(Rank) Lieut.-Col.  
In Charge of Records.

The Medical History Sheets of all men proceeding overseas, must be returned by the Officer commanding their unit to the Record Office when they leave England.

*W. Hamilton*

Lieut.-Col.  
In Charge of Records,  
Canadian Contingent.









ORIGINAL  
MEDICAL HISTORY SHEET.

Surname Anderson Christian Name William

Examined	on <u>23</u> day of <u>June</u> 191 <u>5</u>	Approved by <u>Maureeney</u>	
	at <u>Vernon B Co</u>	Rank <u>Caplan</u> M.O.	
Birthplace	City or Town <u>Lockgelly</u>	Date	Fit or Unfit
	County <u>Highland Scotland</u>		
Apparent age <u>22 yrs 6 mo</u>			M.O.
Trade or occupation <u>miner</u>			M.O.
Height <u>5</u> Feet <u>6</u> Inches			M.O.
Weight _____ Lbs.			M.O.
Chest measurement	Minimum <u>33</u> inches		M.O.
	Maximum expansion <u>4</u> inches		M.O.
Physical development _____			M.O.
Small-Pox Marks _____			M.O.
Vaccination Marks	Arm Right <u>2</u> Left _____	Date	Result
	Number <u>2</u>		VACCINATIONS
When Vaccinated last _____	<u>7/8/15</u>	<u>PS</u>	<u>PS</u> M.O.
(a) Marks indicating congenital peculiarities or previous disease _____			M.O.
			M.O.
(b) Slight defects but not sufficient to cause rejection _____	Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
	<u>7/8/15</u>	<u>PS</u>	<u>PS</u> M.O.
	<u>17/8/15</u>	<u>PS</u>	<u>PS</u> M.O.
	<u>4/9/15</u>	<u>PS</u>	<u>PS</u> M.O.
	<u>20.9.16</u>	<u>PS</u>	<u>PS</u> M.O.

Enlisted on 15 day of May 1915 at Vernon B Co

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>B. Coy</u>	<u>442605</u>		<u>15/5/15</u>
Transferred to.. ..	<u>5th B Co</u>			

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.

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

STATION.	Date of Arrival at the Station.	DATES OF						DISEASE.	Number of days in Hospital.	Remarks on nature of the disease : how induced: if mild or severe: if completely recovered from: whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer.
		Admission into Hospital.			Discharge from Hospital.						
		Day	Month	Year	Day	Month	Year				
No.12.Can.Fld.Amb.		16	11	16	16	11	16	S.W.Left hand.	To Duty	Duplicate Medical History Sheet posted to here. <i>Mo</i>	A88-A88,
No.11.Can Fld Amb.		20	2	17	23	2	17	S.W. Wrist & Hip	To Duty	Duplicate Medical History Sheet posted to here. <i>Mo</i>	A 162.A 164. EP
Wounded.		31	5	17	20	6	17	Wd.Lt.Arm. acc	R.F.B. to Duty.		A235-A257. GH.

13

## Casualty Form—Active Service.

13  
CR  
R234

Regiment or Corps 54 Hootenay Battrn C. & I.

Regimental No. 442605 Rank Pte Name Anderson, William

Enlisted (a) 15/5/15 Terms of Service (a) Pte. Service reckons from (a) 15/5/15

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

Extended \_\_\_\_\_ Re-engaged \_\_\_\_\_ Qualification (i) (miner)

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				
<b>1915</b>					
Nov 22		Embarked Halifax, Canada "H.M.T. Saxonia"		22.11.15	/
Dec 1		Arrived Plymouth, England.		1.12.15	/
1916					
June 29		Promoted to rank of lance corporal	Bramshott	1.7.16.	B.O. 180 Part II
		Reverts to ranks.	Bramshott	20.7.16	B.O. 201 Part II 20.7.16.
		proceeded for service overseas		13/8/16	R. Vander Pyk for of 5th Bn
7.10.16	Of unit	<b>Disembarked. France</b> To HQ J. M. Barry	<b>Hayre.</b> Field	14.8.16	N.R.
24-2-17	136 FA	S.W. A. West 9 Sigs	ldm 136 FA	20-2-17	B 213 J. C. S. 34 d/16.10.16 (with HQ 11 Inf Bde. S. C. 64 d/12.16 NS 101/1128.
24-2-17	116 FA.	do.	ldm do	20-2-17	{ 136 Ills 101 d/6.2-17
			So 116 FA.	20-2-17	{ 136 Ills 103 d/9-2-17
19-3	54 Bn	Rejoined unit	Field	23-2-17	letter HQ 1108/512 d/24-3-17

(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) e.g., Signaller, Shoeing Smith, etc., etc., also special qualifications in technical Corps duties.

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				
24-3-17	541 Br	Evac. Wounded	Field	11-2-17	B213 <i>115 of 2-11-1917</i>
do	do	Iron. Hospital	do	23-2-17	do.
1-6-17.	11. J.M.B.	accidentally wounded (skin & muscles of left arm) when practicing with Rifle grenades.	Field	31-5-17.	B117. N.T. 16-896.
9-6-17.	54 Br.	Evac wounded (acc)	do	31-5-17.	B213. Dec. 149.
23-6-17.	do	Rejoined Unit	do	20-6-17.	B213. Dec. 154.
11-8-1917.	11th T.M.B.	KILLED IN ACTION.	Field	9-8-17.	B.213. D.C.S. 167 $\frac{1}{2}$ P.2 O. 107, d/- 17-8-17.

*Wm. B. Chaffin*

Lieutenant,  
For Lieut-Col. A.A.G.

M. Y.

13-2-20.

H. G.



REGT'L NO 442605

H. Q. FILE NO. 649-

NAME

Anderson William

RANK AND CORPS

Pte. 54th Bn.

FOLLOWS

No.

FOLLOWS

CABLE

No.

DATE

Sgt.

NATURE OF CASUALTY

No.	DATE	NATURE OF CASUALTY
Q 6275	12-12-16	Adm. to No. 12 Fld. Amb. Nov. 16th 1916 lssw. hand ✓
M 75	13-3-17	Adm. to No. 11 Fld. Amb. Feb. 20th 1917. lssw. wrist, hip ✓
M 5563	13-6-17	Reported wounded May 31st 1917 - W. accid - arm ✓
M 5920 <sup>262</sup>	22-8-17	Killed in action Aug. 9th 1917 ✓
B2090 a	17-8-17	" " " " " "
	Rosen	(Rec'd 5-10-17)

LIST No	HOSPITAL	DATE OF ADMISSION	REMARKS
a 88	# 12 C. 7. Amb.	16-11-16	S.w. l. hand.
a 88	To duty	16-11-16	S.w. l. hand.
a 162	No 11 Can Fld. Amb	28-2-17	Sw. Wrist & Hip
a 164	To Duty	33-2-17	Sw. Wrist & Hip
a 235	Rep. from base	31-5-17	wounded "W" l. arm. acc.
a 257	Rep from Base To Duty	20-6-17	l. arm acci.
a 287.	" " "	9-8-17	killed in action.

No. 042605 RANK Pte

NAME Anderson Wm.

T. O. S. 15-5-15 UNIT 54th Battalion C. E. M.  
 Do# 15-7 15-5-15 (Ferne Detachment)

M. D. 11

			PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
PAID FROM	PAID TO	SIG. OR REC'T	PARTICULARS	AUTHORITY
1915	1915			
May 15	May 31	✓		
June		✓		
July		✓		
Aug.		✓		
Sept.		✓		
Oct.		✓		
Nov.		✓		

UNIT SAILED  
 NOV 22 1915

No 42605 RANK Pte

NAME Anderson Wm.

T. O. S. 15-5-15 UNIT 5th Battalion C. E. F.

Do# 15 of 15-5-15 Fernie Detachment

M. D. 11

PAID		SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
FROM	TO		PARTICULARS	AUTHORITY
1915	1915			
May 15	May 31	L		
June		L		
July		L		
Aug.		L		
Sept.		L		
Oct.		L		
Nov.		L		

UNIT SAILED

NOV 22 1915

Name ANDERSON, William <sup>Amb.</sup> Pte.

Reg. No. 442605

Unit 54th Bat t.

25-A-1315

Scotland.

Next of Kin William Anderson. 16 Eight St. Bowhill. Fifeshire

Date	Movement	Place	Casualty	List No.	Notified N/K O	W.O. List	
1916					12-12		
16-11	No. 12 .C.F.A.		SW L Hand.	A88.	06275.	13-12	
16-11	To Duty.		Do	A88	12/12		
1917.							
20-2	11. Can. Field. Amb.	SW. Wrist	Hip.	A162	M75	13-3	
23-2	To Duty -	Do		A164			
1917.							
31-5.	Reported from Base "W" L. Arm Ace A235 M5563 <del>12-6</del>						
20-6.	To Duty.		(---do---)	A257.			
9-8-17	Rep. from Base.	"Killed in Action"				A287	



Surname *Anderson* Christian Name or Names *W.* Reg. No. *442,605-*  
 Rank \_\_\_\_\_ Unit *54th* Co. *Batt.* Troop \_\_\_\_\_ Batty \_\_\_\_\_  
 Hospital # *12. Can. Field Ambulance.* Date of Admission *16.11.16.*  
*11. " " " " 20.2.17.*  
 Transferred \_\_\_\_\_ Hosp. \_\_\_\_\_

Hosp. \_\_\_\_\_

Hosp. \_\_\_\_\_

Hosp. \_\_\_\_\_

## Diagnosis

- (1) *S. W. L. Hand.*  
 Later Diagnosis (if changed)  
 (2) *SW. Cervic. & Hip.*  
 (3) *Wd. St arm acc. Jt*

Additional Diagnosis: if more than one state present

*R. F. B.*  
*Killed in Action, 9-8-17. SR*  
*To duty 16.11.16*

## DISPOSITION

*To Duty 23-2-17* Date

## REMARKS

*Wd 21.5.17*  
*To duty 20.6.17*

A.M.D. 2 DEPT.

Bch. of D.G.M.S. O.M.F.C. London.

*b.L 13 12.16A88*  
 " *13 3.14A162.*  
 - *15-3-17@164*  
 " *14.6.17A236*  
 " *12.7.17A257*  
 " *21.8.17 A 287.*

*W*  
*R*

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm

1.

2.

3.

4.

5.

6.

7.



16752

54th BATTALION, C.E.F.

- 20 -

Perforated sheet for Will from Pay Book of Reg.  
No. 442605.

Name Pte. Wm Anderson.

Unit 54th Kootenay Batt<sup>n</sup> C.E.F.

Military Will.

In the event of my Death  
I give all my money and  
other property owing me by  
the Canadian Government  
to my Father.

Mr Wm Anderson  
No 16 + 8th Street.  
Bowhill. Gardenden.  
Fifeshire  
Scotland.

Signature Pte. Wm Anderson.

Rank and Regt. 54th Kootenay Batt<sup>n</sup> C.E.F.

Date 29th March 1916.

54<sup>th</sup> Batt.  
Bina  
9-8-17.  
I from L  
25-9-17.

442605 Pte. Wm. Anderson

54th Canadians

13905

# ATTESTATION PAPER.

No. *A42608*

Folio.

## CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

### QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

1. What is your name?..... *William Anderson*
  2. In what Town, Township or Parish, and in what Country were you born?..... *Lochgelly, Fifeshire - Scotland*
  3. What is the name of your next-of-kin?..... *William Anderson (Father)*
  4. What is the address of your next-of-kin?..... *16 Eighth Street, Bowhill, Cardenden, Fifeshire, Scotland*
  5. What is the date of your birth?..... *14th June 1893*
  6. What is your Trade or Calling?..... *Miner*
  7. Are you married?..... *No - Single*
  8. Are you willing to be vaccinated or re-vaccinated?..... *Yes*
  9. Do you now belong to the Active Militia?..... *No*
  10. Have you ever served in any Military Force?.. *No*  
If so, state particulars of former Service.
  11. Do you understand the nature and terms of your engagement?..... *Yes*
  12. Are you willing to be attested to serve in the CANADIAN OVER-SEAS EXPEDITIONARY FORCE?} *Yes*
- William Anderson*.....(Signature of Man).  
*Charles Bost*.....(Signature of Witness).

### DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *William Anderson*, do solemnly declare that the above answers made by me to the above questions are true, and that I am willing to fulfil the engagements by me now made, and I hereby engage and agree to serve in the Canadian Over-Seas Expeditionary Force, and to be attached to any arm of the service therein, for the term of one year, or during the war now existing between Great Britain and Germany should that war last longer than one year, and for six months after the termination of that war provided His Majesty should so long require my services, or until legally discharged.

Date *15th May* 191*5* *William Anderson*.....(Signature of Recruit)  
*Charles Bost*.....(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.

Date *15th May* 191*5* *William Anderson*.....(Signature of Recruit)  
*Charles Bost*.....(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 *Vernon Camp* this *17* day of *Augt* 191*5*

*W.F. Waleman J.P.*.....(Signature of Justice)  
A Justice of the Peace in and for

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

*W.F. Waleman*.....(Approving Officer)  
Province of British Columbia

Description of William Anderson on Enlistment.

Apparent Age 22 years ..... months.  
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

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

(Should the Medical Officer be of opinion that the recruit has served before, he will, unless the man acknowledges to any previous service, attach a slip to that effect, for the information of the Approving Officer).

Height ..... 5 8 ft. .... ins.

*Two vaccination marks.*

Chest measurement { Girth when fully expanded ..... 37 ins.  
Range of expansion ..... 4 ins.

*Sword heart & flag tattooed right arm*

Complexion ..... Fair

Eyes ..... Hazel

Hair ..... Auburn

Religious denominations. { Church of England .....  
Presbyterian ..... 4/40  
Wesleyan .....  
Baptist or Congregationalist .....  
Other Protestants .....  
(Denomination to be stated.)  
Roman Catholic .....  
Jewish .....

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 28 June 1915

*[Signature]*

Place Vernon B.C.

Medical Officer.

\*Insert here "fit" or "unfit."

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

CERTIFICATE OF OFFICER COMMANDING UNIT.

Wm. 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.

G. H. B. K. Hall ..... (Signature of Officer)

Date 21 Augt 1915

LIEUT. COL.  
54TH O. S. KOOTENAY BATT. C. E. F.

# Report on Wounds or other Injuries, received otherwise than in Action.

114  
Gen. No.  
4269.

## Certificate of Medical Officer.

No. 442605 Pte Anderson W-11th Cdn TMB

was admitted to hospital on the 31st day of May 17 suffering from Wound of skin & muscles of left arm.

The disability is of a † trivial nature, and in all probability

† will not interfere with his future efficiency as a soldier.

† Here insert "trivial" or "serious."

† Here insert "will" or "will not."

\* He claims that he was in the performance of military duty at the time of the accident.

\* Here insert "claims" or "does not claim."

(If the soldier makes no claim that he was on duty at the time, the certificate below should be signed by him.)

Station In the Field Dan McKellan

Date May 31. 17. Medical Officer in Charge. Capt



## Certificate to be signed by soldier.

I, \_\_\_\_\_ hereby declare that the injury sustained by me on the \_\_\_\_\_ did not occur while I was in the performance of military duty.

{ Soldier's Signature.

Station \_\_\_\_\_

{ Signature of Medical Officer.

Date \_\_\_\_\_

## Certificate of Commanding Officer.

(This certificate will be completed only in cases of trivial injury where the soldier claims to have been injured while on duty.)

I certify that the injury to the above-named soldier † occurred while he was in the performance of military duty.

† Here insert "occurred" or "did not occur."

† May, 31st 1917.

Barthowal Woods.

Practising with Rifle Grenades.

Pte Anderson was not in any way to blame.

If on duty, state (a) The date of the injury. (b) The place where it occurred. (c) The nature of the duty. (d) Whether the soldier was in any way to blame.

The soldier has been so informed.

Station Barthowal Wood.

A. Black, Lieut.

Date 1-6-17.

Commanding 11th Canadian R.Y.M.Bty

This Army Form will be attached to the Medical History Sheet, on which it will be recorded whether the soldier was on duty, and whether he was to blame.

Rank **Pte.** Name **ANDERSON, William.** Reg'l No. **442605**  
 Unit **54th Bn.** If in perm. Corps, What Unit? **Single** Married or Single **Single**  
 Place and Date of Enlistment **Vernon Camp, 15th May 1915.** Place of Birth **Lochgelly, Fifeshire, Scotland.**  
 Name and Address, Next-of-Kin **William Anderson, 16 Eighth St., Bowhill, Cardenden, Fifeshire, Scotland** Relationship **Father**

Assigned Pay Monthly \$ Payable to

Separation Allowance \$ Payable to



Relationship

Relationship

N/E. R.B. No. **5526**  
 File R.L. **25-a-1315**  
 Category **K.A.**

13/9/17

Discharge, Date and Place Reason Character



Report		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place	Date	REMARKS Taken from Official Documents
Date	From whom received				
		<i>Arrived in England</i>			<b>2 DEC 1915</b>
5.6.16.	Adj. 54 <sup>th</sup> Bn	<i>Granted furlough.</i>	<i>Bramshott.</i>	<i>3<sup>6</sup>/<sub>16</sub> - 9<sup>6</sup>/<sub>16</sub></i>	<i>Part II D.O. 156.</i>
29.6.16.	" "	<i>To be Lt/Cpl</i>	"	<i>1.7.16</i>	<i>" " 180.</i>
20.7.16.	" "	<i>Reverts to the Ranks at his own request.</i>	"	<i>20.7.16</i>	<i>" " 201 A.F.B. 103 checked 224 21.8.16 C.H.B</i>
<b>12.8.16</b>	<b>..</b>	<b>Proceeded Overseas</b>	<b>..</b>	<b>13-8-16</b>	<b>Pt. 2. D. O. After Order</b>
13-12-16	"	<i>Adm. no 12 Can. F. Aub.</i>	<i>In the Field</i>	<i>16.11.16</i>	<i>Sw. L. Hand. Dec. A88.</i>
13-12-16	"	<i>Dis to Duty</i>	"	<i>16.11.16</i>	<i>✓ Dec A88.</i>
13-3-17.	"	<i>Adm. no 11. Can F. Aub.</i>	"	<i>20.2.17</i>	<i>Sw. Wrist &amp; Hip Ch A162.</i>
15-3-17	-1-	<i>To duty.</i>	✓	<i>23.2.17</i>	<i>" " Ch. A164.</i>
12-6-17	✓	<i>Rptd from Base Wounded</i>	✓	<i>31.5.17</i>	<i>Ch A 235.</i>

442605.

ANDERSON. WILLIAM.

Report		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place	Date	REMARKS Taken from Official Documents
Date	From whom received				
13-6-17	54 <sup>th</sup> Bn.	Reported wounded	Field	31-5-17	6 <sup>th</sup> Lt 235 W <sup>th</sup> L. Arm. Acc.
12-7-17	✓	Go Duty	✓	20-6-17	" 257 "
17-8-17	✓	Killed in Action	✓	9-8-17	P1 I do 1074 C.I.A. 2874-21 <sup>st</sup> 17

✓ ANDERSON, W.<sup>m</sup> Pte. #442605-54th.Bn. 649-A-5364 ✓ C

M

Medals & Decorations. FATHER - Wm. Anderson,  
16, 8th. Street,  
Bowhill, Cardenden,  
Fife, Scotland.

P. & S. " (AS ABOVE)

42

*Serial No 771954*

C. OF S. MOTHER - Mrs. Agnes Anderson,  
(AS ABOVE)

Scroll Desp. 24-7-21 Reqn. No. 2-13417

Plague Desp. OCT 12 1921 Reqn. No. P 11500

*Resp 28 / 20 (2185)*

*WBB*