REGIMENTAL DOCUMENTS

NAME Pte Anderson, Henry Shaw REGT. NO. 724106 UNIT 109th Bn H. Q. FILE NO. 8572

CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
4 ATTESTATION PAPER (M.F.W. 23, 133, or 51)					DEATH
3 CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category
1 ~~TRAINING HISTORY SHEET (M.F.W. 112)~~ Record Shab.					
1 FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)					
COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					
2 MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
DENTAL HISTORY SHEET (M.F.B. 465)					Category
2 MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					Med. unfit
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
1 LAST PAY CERTIFICATE (M.F.W. 44)					
1 PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					
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1 COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
1 SAC 132					
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11 Cards.					
Pay Sheets.					7.28.
					18-29
					17-29
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			402037		

15

MAR 15 1916

ATTESTATION PAPER.

No. 721106.

Folio.

ORIGINAL

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname? ..... Anderson
1a. What are your Christian names? ..... Henry Shaw
1b. What is your present address? ..... 90 King St. E. Lindsay,
2. In what Town, Township or Parish, and in what Country were you born? ..... Orillia, Ont. Canada.
3. What is the name of your next-of kin? ..... Peter Anderson
4. What is the address of your next-of-kin? ..... 90 King St. E. Lindsay Ont. Canada.
4a. What is the relationship of your next-of-kin? ..... Father
5. What is the date of your birth? ..... 15th February, 1896
6. What is your Trade or Calling? ..... Mechanic.
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. ..... 1 yr. 45th Regiment.
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, Henry S. 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.

Henry Shaw Anderson (Signature of Recruit)

Date MAR 15 1916 191 . [signature] (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Henry S. 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.

Henry Shaw Anderson (Signature of Recruit)

Date MAR 15 1916 191 . [signature] (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 Lindsay this MAR 15 1916 day of 191 .

[signature] (Signature of Justice)

M. F. W. 23.
200 M.—11-15.
H. Q. 1772-39-841.

Description of Henry Shaw Anderson on Enlistment.

Apparent Age 20 years 1 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5 ft. 6 ins.

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

Complexion Dark.

Eyes Blue.

Hair Dark Brown

Religious denominations:
- Church of England C of E.
- 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).

Scar on left knee cap.
Slight scar on left elbow
Slight scar over right eye

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 MAR 15 1916 191 .

Place Lindsay

J. McCulloch Capt.
Medical Officer.
109th Overseas Battalion, C. E. F.

*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.

Henry Shaw 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.

Lt. Col. (Signature of Officer)
O.C. 109th Overseas Battalion, C. E. F.

Date MAR 15 1916 191 .

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 724106. (Rank) Pte.

Name (in full) ANDERSON Henry Shaw. enlisted in

the 109th. Bn.

CANADIAN EXPEDITIONARY FORCE at Lindsay, Ont. on the 15th.

day of March. 19 16.

HE served in England and 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	22.	Marks or Scars	Vacc. scars onlleft Arm.
Height	5' 6"		G.S.W. left Elbow.26-7-18.
Complexion	Dark		Gold Stripe One.---------1.
Eyes	Grey		
Hair	D.Brown		

Pte H.S. Anderson
Signature of Soldier

J.R. Robson Lieut
Issuing Officer

Rank

O. C. Discharge Sections,
No. 2 District Depot
Appointment

Date of Discharge Feb.22nd.1919.

Signed at Toronto, Ont. this 22nd. day of Feb. 19 19

in Military District No. 2.

File Reference No.

No. 2
FEB 22 1919
DISTRICT DEPOT

R.I.

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.

War Service Badge.
Class A
No 85333 Issued Feb. 22. 19[illegible]
War Service Badge.
Class B
No. C.54579 Issued Feb. 22. 1919.

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

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

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

P.878.

Extract D.O. No. 104 Unit:- CORD Date:-

Reg. No.	Rank	Name	
724106	Pte	Canada ANDERSON H	Struck off Strength of O.M.F. of C. on transfer to C.E.F. Canada. MD 2 4.1.19

Acted on

Ledger Ck.

D..... T..... C..... Passed to..... Rec'd. by.....

War Service Badge.
Class A
No. 85333 issued Feb. 22. 1919
War Service Badge.
Class B
No. C.54579 issued Feb. 22. 1919.

Copied for VB

This space to be for numbers.

Proceedings on Discharge.

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

R.L.

No. 724106.

Rank Pte.

Surname ANDERSON

Christian name Henry Shaw.

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

Corps (Squadron, Battery or Company) 109th. Bn. (#2.D.D.)

Date of discharge Feb.22nd.1919.

Place of discharge Toronto, Ont.

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age 22. years months.
Height 5' feet 6" inches.
Complexion Dark
Eyes Grey
Hair D.Brown
Trade Mechanic.
Intended place of residence (To be given as fully as practicable.) 50 Queen St. Linsday. Ont.

Descriptive marks
Vacc. scars on left Arm.
G.S.W. left Elbow. 26-7-18.

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

" Medically Unfit."

Authority for discharge #2.D.D. Feb.22nd.1919. Pt.11# 51.

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 identical 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.)

Fld. Conduct missing.
Ref. 2 D.D. 24-abn-97.
11/3/19.

M. F. B. 218.

200M.—5-18.
H. Q. 1772-39-113.

(OVER)

12 EP 23-1-20

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).....

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

O. C. Discharge Sections, No. 2 District Depot

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, and that I have received my permanent discharge certificate.

(Place) TORONTO, ONT. Henry Shaw Anderson ..... *(Signature of Soldier.)*

(Date) FEB 22 1919 H. F. Harvey Lt ..... *(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, ONT.

(Date) FEB 22 1919

(Signature) H. F. Harvey Lt

O. C. Discharge Sections, No. 2 District Depot

R—122

A.F.R.

Rank | Name ANDERSON, Henry Shaw | Reg'l No. 724106

Unit 109th Bn. | If in perm. Corps, What Unit? | Married or Single Single.

Place and Date of Enlistment Lindsay, 15th March, 1916. | Place of Birth Orillia, Ont., Canada.

Name and Address, Next-of-Kin Peter Anderson, 90 King St. E. Lindsay, Ont., Canada. | Relationship Father.

Assigned Pay Monthly $ | Payable to | Relationship

Separation Allowance $ | Payable to | Relationship

Discharge, Date and Place | Reason | Character

N/E. R.B. No. 4393
File R.L.
Category OR. Can

H. W. & V., Ld.—7165-16.

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.
		Arrived in England per H. M. T. 2810 31-7-16			
28.11.16	O.C. 109th	S.O.S. on Trans to 20th Bn	Witley	28.11.16	Pt II. D.O. 333
12.12.16	20th Bn	Taken on strength.	field	29.11.16	" 75
29-5-17	20 Bn	Attch to 4 Bde J.M. Batty	Field	17-5-17	-39
30 6 17	20 Bn	4. Can Field Amb	Field	14 6 17	ch a/547. Impetigo
"	"	12 Can F. Amb	"		ch a/547 "
17-7-17	20	Returned to Unit	do	22 6 17	Ch a 556 "
17-8-17	"	5. Can Field Amb.	"	30-7-17	Ch 1580
26-9-17	"	10. Can Field amb.	"	5-8-17	C.L. A.R.
26-9-17	"	10 Can Field Amb.	"	21-9-17	C.L. A.R.

Price card

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.
					+4 TMB 3d/16.11.17
14-11-17	20 Bn.	S.O.S. to 4. C.T.M.B.	Pte	Field 1-11-17	Pt 1080
5-9-18	Mesl BL	Wounded	Pte	—	24:8:18 BL 4308.
9-9-18	4th CLTMBy	Included Wounded + SOS to Gen Depot	Pte	—	29-8-18 Pts 20. 24. Gen Depot PO 242 D/11-10-18
~~10-12-18~~	~~Gen Depot~~	~~TOS from 4th CLTMB.~~	~~Pte~~	~~Witley~~	~~20-8-18 Pt D 93.~~ Cancelled DO 306 D/26 12/18
2					
21-1-19	Gen Depot	Ceases Con CDD, & SOS to Canada	"	Witley 3-1-19	Pt 017.

724106. IV

ORIGINAL

724106

ORIGINAL

MEDICAL HISTORY SHEET.

Copied for VB

Surname Anderson *Christian Name* Henry Shaw

Examined on 15th day of March 1916 at Lindsay

Birthplace City or Town Millra County Ontario

Apparent age 20 years

Trade or occupation Mechanic

Height 5 Feet 6 Inches.

Weight 140 Lbs.

Chest measurement Minimum 33 inches. Maximum expansion 35½ inches.

Physical development Good

Small-Pox Marks None.

Vaccination Marks Arm Right. None Left. One Number One

When Vaccinated last March 20th 1916

(*a*) Marks indicating congenital peculiarities or previous disease None.

(*b*) Slight defects but not sufficient to cause rejection None.

Approved by J McCulloch Capt. Medical Officer

Rank 109th Overseas Battalion, C.E.F. M.O.

Date.	Fit or Unfit.	Examined for Re-engagement.
		2 SEP 1918 M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Date.	Result.	Vaccinations.
20.3.16	Good	J McCulloch M.O.
		M.O.
		M.O.

Date.	Result.	Anti-Typhoid Inoculations, Etc.
28.11.16	2nd ½	A.S.H.
18.4.16	Good	J McCulloch M.O.
25.4.16	Good	J McCulloch M.O.
2.5.16	Good	J McCulloch M.O.
13.6.17	2nd	Rh. 6.42.18

Enlisted on 15th *day of* March 191 6 *at* Lindsay

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	109th Bn C.E.F. 20th. Bn	724106.		15.3.16
Transferred to				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.
Epsom	3-12-18	Partial Ankylosis, Elbow	B III J J Macdonald Maj
Ex Camp Dorchester	Feb 17th 19	Joint R. Patient Ankylosis left elbow joint	C III J J Giles

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.

400M.—1-16.
H. Q. 1772-39-439.

CANADIAN

Surname Anderson Christian Name Kinsey Howard

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.
Hartshorn Hosp. Epsom		29	8	18	20	11	18	G.S.W. Arm L		Through & through wound above L Elbow. Rec'd per Convalescent Hosp.	W. Thomson Surgeon
Mr. C.H. Epsom.		20-11-18.			13 DEC 1918			G.S.W. left elbow (frac humerus.)	24	On adm - Healed unable to straighten arm beyond angle of 145° massage. Board Bn	A.G. Kennedy Lieut CAMC
Base Hospital, Toronto		31	1	19	15	2	19	Scabies.	15	Typical Scabies Cured.	J. Dalton McCarthy Capt

Forms
I. 1237
12

Army Form I. 1237.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
	724506	Pte.	Anderson	N.S.

Year	Unit.	Age.	Service.
MCW EPSOM	20th Bn		

Station and Date.	Disease
21 NOV 1918	G.S.W. Left Elbow (frac. humerus) 26/8/18.
Mars	Wound healed – Unable to straighten arm beyond angle of 145°. Medical Board – Massage. A.E. Kennedy Lieut Colonel.
3.12.18	Boarded B III
Pendleton	1110 Orthopaedic Hospital
D	TAB/2 28.11.18.

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

(6365) W2944/P138 2,950,000 1/18 McA & W Ltd Forms/I. 1237/13 (E 2349)

[P.T.O.

Station and Date.	

[illegible]RY SHEET.

..... Station.

No. 724106 Rank Pte. Name Anderson H. S. Age 22

Unit 2/Bas Bo 4 Completed years of service Where and how long } 27/12 O.S. 4/12 Can

Date of admission JAN 31 1919 Date of discharge ~~Jan~~ Feb. 15th 19.

Diagnosis Scabies Place of origin Dec 29/18 England.

CONDITION ON ADMISSION AND PROGRESS OF CASE

Showing fresh scattered papules about arms abdomen & legs.

FAMILY HISTORY

(Tuberculosis, mental or nervous diseases.)

TREATMENT

(Especially any specific or special form.) Routine Scabies

CONDITION ON DISCHARGE,

(and disposal made of case.) Scabies all gone. Patient complains of no inconvenience for several days.

Date Feb. 15th

[illegible]
Medical Officer i/c case.

M. F. B. 313a.
100M.—6 18.
1772—39-439.

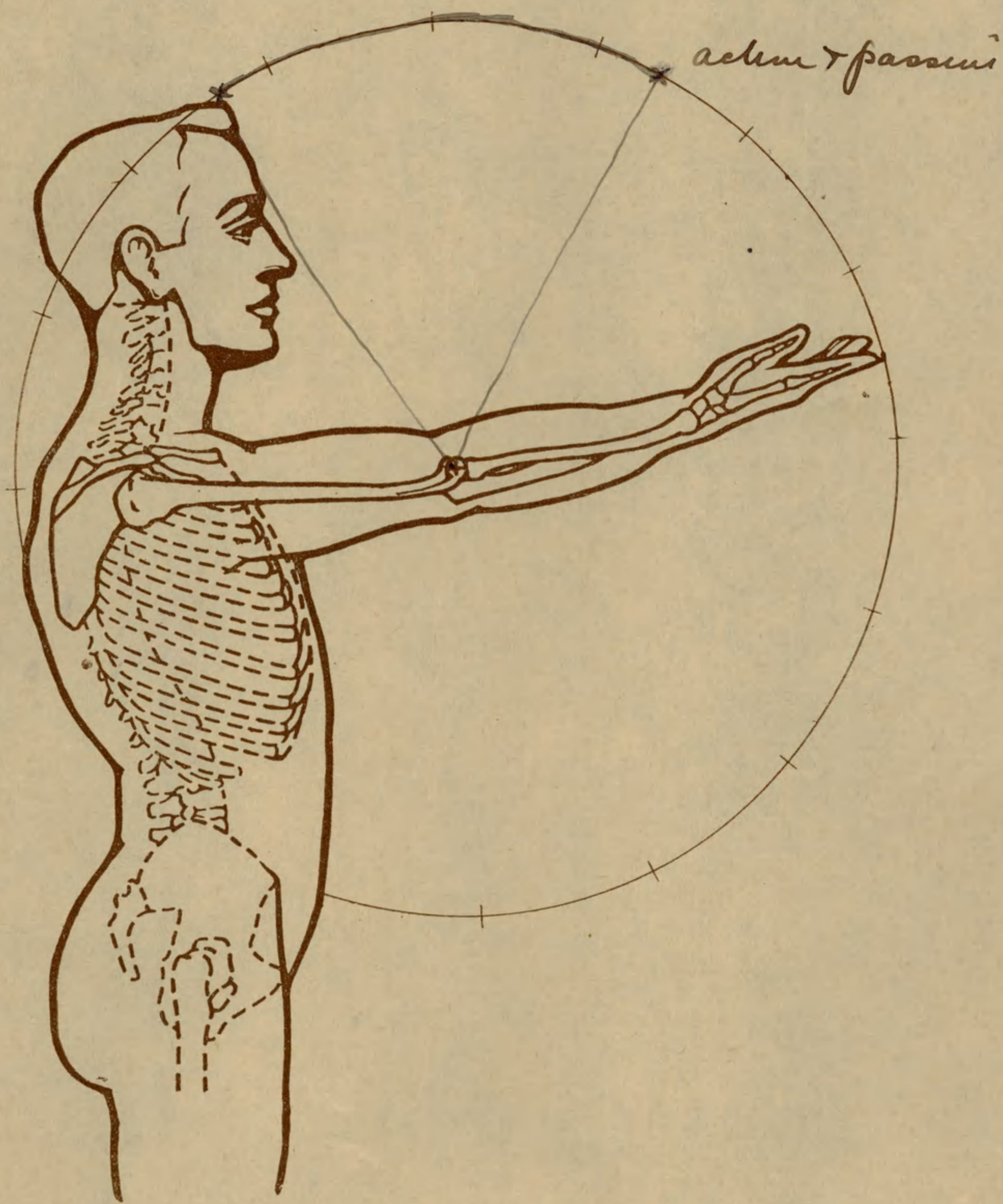
23621

THE BOARD OF PENSION COMMISSIONERS FOR CANADA

FLEXION AND EXTENSION AT THE ELBOW

Name ANDERSON Given names Henry Shaw

Reg't. No. 724106 Rank Pte Unit #2 D.D.



Although the limb shown is the right, for purposes for which the diagram is to be used it may be considered as either right or left. It is important that it shall be noted in every case, however, whether the diagram refers to the right or left limb.

Mark with ink on the circumference of the circle in the diagram the point of extreme flexion, and also extreme extension (active). Join these points with an ink line following the circumference of the circle—it will then indicate the full extent of active movement.

If it is considered desirable to indicate Passive movement also, use another diagram in the same way, stating that it shows passive movement.

Each sub-division of the circle represents 22½ degrees or ¼ of a right angle.

B.P.C. Form 800 A.

Diagram No. 6.

5M.—12-18.

Feb 17th 19

DISCHARGED

A

DEPARTMENT OF MILITIA AND DEFENCE.

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 ...Henry..... 2. Surname .....Anderson.....

3. Rank ....Private... 4. Original Unit .....109th Batt.... 5. Reg. No. ....724106..

6. Address, in full, to which future payments of gratuity are to be forwarded ...50 Queens St., Lindsay, Ont.

7. Date of enlistment in the C.E.F. .....15-3-16.....

8. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge .....Not applicable.....

9. Relationship of such dependent .....Not applicable.....

10. Address, in full, of such dependent .....Not applicable.....

11. Is said dependent now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier ? .....Not applicable

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. left Canada with 109th Batt. 24-7-16

Returned to Canada 15-1-19

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 unit and dates of such service .....Not applicable.....

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 .....2 yrs 11 mos. 7 days.

109th. Bn. 20th. Bn.

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.
1160—D.P.—250M-12-18.

18. Have you had more than one enlistment? If so, give particulars of discharges 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 ? ..... No .....

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

22. Are you entitled to receive, 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? .....

24. Are you now serving in the C.E.F. ..... No. ..... If not, give:—(a) Date of discharge ..... Feb. 22nd. 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 ..... No .....

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 ..... Yes .....
..20th...Batt... .from20-11-16...till...26-8-18... .(France.....

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: H. S. Anderson

Place of Residence: 50 Queens St., Lindsay, Ont.

Declared before me at: Park School Barracks, Toronto

This 15th day of February 19..19

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

J. S. Rutherford Lieut. C.A.

POST DISCHARGE PAY.

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

Certified Correct.

District Paymaster.

CLINICAL CHART.

Corps 2/Cas Co Exhib Hospital Station Base

No. 724106 Rank and Name Pte Anderson H. S. Age 22 Service 27/12 08. 4/12 Can

Disease Scabies Date of Admission JAN 31 1919 Date of Discharge Feb 15th Result Cured Serial No. A. & D. Book

Dates of Observation																															
Days of Disease																															
Temperature Fahrenheit	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME			
	a.m. p.m.	a.m. p.m.	a.m. p.m.	a.m. p.m.	a.m. p.m.	a.m. p.m.	a.m. p.m.	a.m. p.m.	a.m. p.m.	a.m. p.m.	a.m. p.m.	a.m. p.m.	a.m. p.m.	a.m. p.m.	a.m. p.m.	a.m. p.m.	a.m. p.m.	a.m. p.m.	a.m. p.m.	a.m. p.m.	a.m. p.m.	a.m. p.m.	a.m. p.m.	a.m. p.m.	a.m. p.m.	a.m. p.m.	a.m. p.m.	a.m. p.m.	a.m. p.m.	a	
107° .8 .6 .4 .2																															
106° .8 .6 .4 .2																															
105° .8 .6 .4 .2																															
104° .8 .6 .4 .2																															
103° .8 .6 .4 .2																															
102° .8 .6 .4 .2																															
101° .8 .6 .4 .2																															
100° .8 .6 .4 .2																															
99° .8 .6 .4 .2																															
98° .8 .6 .4 .2																															
97° .8 .6 .4 .2																															
.8 .6																															
Pulse per Minute																															
Respirations per Minute																															
Motions																															

CASE HISTO

Hospital.

M. F. B. 288.

50M—4-18.
H. Q. 1772-39-513.

Signature H R Conn Capt In charge of case.

M.F.W. 44.
1188 (D.P.) 250M.-12-18.
1772-39-903.

CANADIAN EXPEDITIONARY FORCE.

LAST PAY CERTIFICATE

Regimental No. 724106 Rank Pte Name Anderson H.S.
(Surname first)

No. 2 District Depot
FEB 22 1919

Unit ..... who was* DISCHARGED

On ..... 191....., to .....
*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from Feb 1 to .....191... the inclusive date of transfer or discharge.

	Dr.	Cr.
Bal. Dr. or Cr. from prev. month		
Regimental Pay 22 days at $ 1 c		22 00
Field Allowance 22 days at $ 10 c		2 20
Separation Allowance		
Clothing Allowance		35 00
~~Post Discharge Pay~~ W.P.		70 00
*Other Credits		
Advances 20811	5 00	
Separation Allowance and Assigned Pay Cheque No.		
*Other Charges		
Balance on transfer or on discharge, cheque No. 22940	124 20	
Total	129 20	129 20

*Give particulars.

A monthly stoppage of $ 15 (†) has .....(‡) been paid on account of

Assigned Pay for the month of January 1919
and Separation Allce. for month of .....191.....

(to) Assignee Mrs P. Anderson

(Address) Lindsay Ont

(†) 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.....

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

(4) Authority for discharge or transfer DO 51

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.

FEB 21 1919
Date .....

TORONTO, ONT.
Place .....

Malcolm Hockenson CAPT.
PAYMASTER, No. 2 DISTRICT
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.

PARK SCHOOL

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.	

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

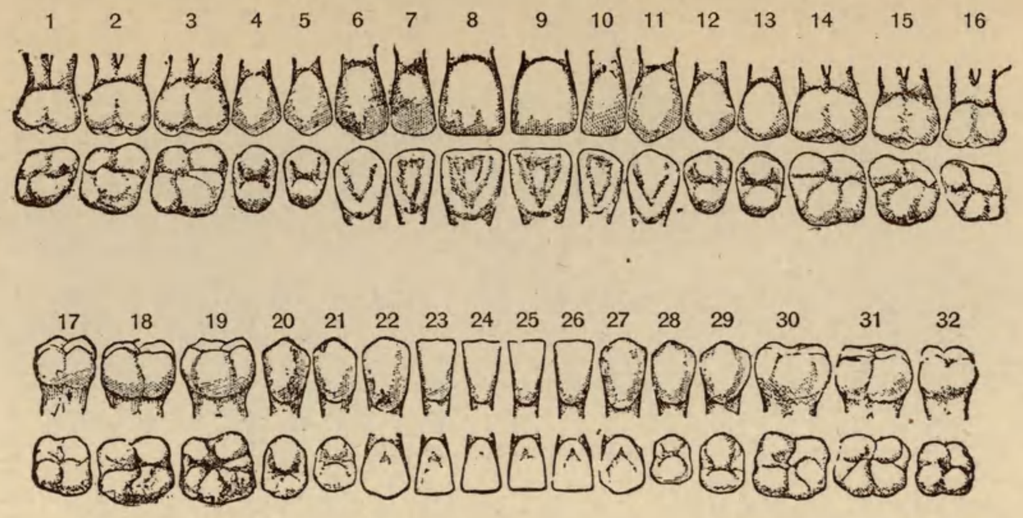
District 2

Name of Soldier Anderson Henry S.

Rank Pte

No. 724106

Regiment



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. At Exhibition Camp Date FEB 17 1919					Certificate issued for								Filling										
																					Da Semple Major		

M.F.B. 465.
200m.—6-18.
1772-39-950.

Ottawa, Nov 19 1920

From:

The Adjutant-General,
Canadian Militia.

To: 724106, T. S. Anderson
50 Queen St
Lindsay
Ont

Sir:

Enclosed herewith please find Military Will executed by you while in the C.E.F., and returned, the same being your own property.

Lieut., for Lt.-Col.,
Director of Records,
for Adjutant-General.

D-1a.
EBM.

DUPLICATE

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.

---

(1) Name of Overseas Unit which Soldier joins 109th OVERSEAS BATTALION, C. E. F.

(2) Regimental Number 724106

(3) Full Name of Soldier Henry Shaw Anderson,

(4) Place of Birth Orilla, Ont.

(5) Are you married, or not? No.

(6) If married, state,
(a) Full name of your wife No.

(b) Present Postal Address Nil.

(7) Are you a widower? Nil.

(8) Have you any children? Nil.

If so, give number of boys and girls Nil.

Also their names and ages Nil.

M. F. W. 67.

200M.—3-16.
1772-39-954.

(SEE OTHER SIDE.)

(9) Is your Father alive? Yes. Peter Anderson,

If so, state name and address Lindsay, Ont.

(10) Is your Mother alive? Yes. Caroline Anderson,

If so, state name and address Lindsay, Ont.

(11) If your Mother is a widow No.

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.

Nil.

(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.

Nil.

(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.

Nil.

(15) Are you insured? No.

If so, in what Company? Nil.

Have you made arrangements for payment of your Insurance premium Nil.

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

Lt. Col.
O.C. 10th Overseas Battalion, C. E. F.
Officer Commanding.

Date June 30th. 1916.

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.)

List of Discharge Documents.

Reg. Conduct Sheet,	Militia form	B. 263
Squadron / Battery / Company } Conduct Sheet,	"	B. 263a
or		
Field Conduct Sheet	"	W. 178
Copies of Convictions, by C. P.		in MS.
Med. Hist. Sheet,	Militia form	B. 313
Casualty Form	"	W. 54
Medical Report for Invalid§	"	B. 227
Dental History Sheet	"	B. 465
Last Pay Certificate	"	W. 44
Duplicate Discharge Certificate	"	W. 39A
‡Form of Will	"	W. 82

§Only if discharged "Medically unfit."

‡Only if man has not been overseas.

Attestation Paper	Militia Form	W. 23
or		
Particulars of Recruit	"	W. 133
Proceedings on Discharge	"	B. 218

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.

Documents not accompanying this form should be crossed out.

I hereby certify that the following documents are unobtainable.

Officer Commanding.

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.

L. L. J. 810—M. & D. 6574.

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

M. F. W. 12.
50m.—4-16.
H. Q. 1772-39-819.

To Whom Mrs. P. Anderson

Address Lindsay Ont

Rate $15.00

AUG 1 1916

AUG 1 1916

By Whom Assigned Anderson H. S.

Regtl. No. 724106

Rank Pte

Corps 109 Bn "A" Co.

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			Consolidated Account.
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

PAYMENTS.

M. F. W. 12a.
50m.—4-16.
1772—39—819.

Sheet No. 2 Mrs. P. Anderson

L. L. Job 310.—Req. 6574.

Name of Soldier Anderson H. S.
724106 Pte 109 Bn

$15.00

JAUG 1 1916
AUG 1 1916

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May				
June				
July				
Aug.		J15069	15	
Sept.		G15211	15	
Oct.		E19512	15	
Nov.		E24486	15	
Dec.		A34935	15	
Jan.	1917	I36048	15	
Feb.		I42400	15	15
March		I48494	15	15
April		J130	15	15
May		J6424	15	
June		J13034	15	15
July		J19812	15	
Aug.	B25390	~~L26908~~	~~15~~ 15	L 26908 Cancelled
Sept.		K33632	15	210.
Oct.				
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier _____

PAYMENTS.

Month.	Year.	Cheque No.	Amt.		Remarks.
Aug.	1918				
Sept.					
Oct.					
Nov.					
Dec.					
Jan.	1919				
Feb.					
March					
April					
May					
June					
July					
Aug.					
Sept.					
Oct.					
Nov.					
Dec.					
Jan.	1920				
Feb.					
March					
April					
May					
June					
July					
Aug.					
Sept.					
Oct.					
Nov.					

C.A.D.C. 5009 A

2.

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

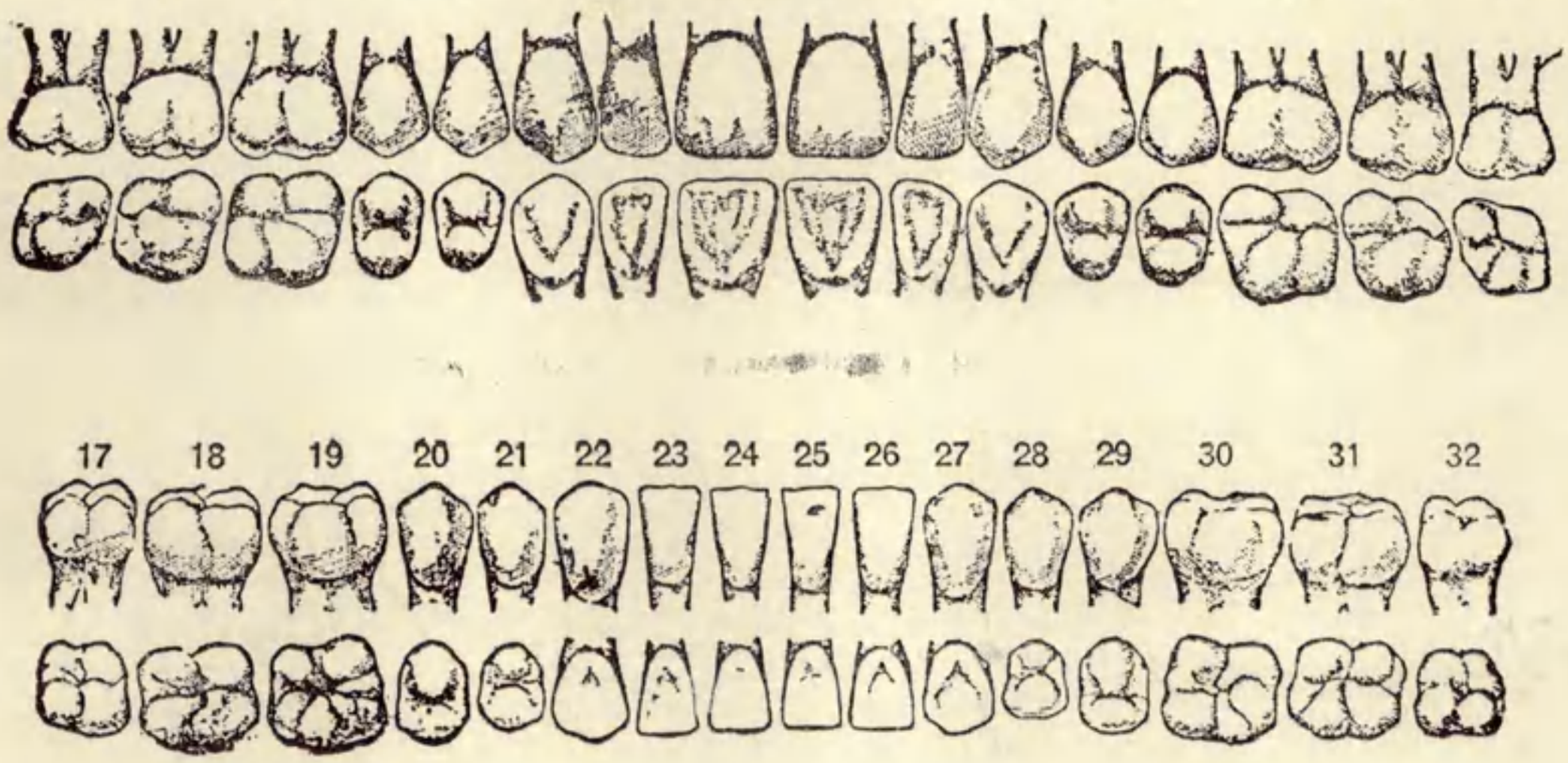
DIRECTIONS TO DENTAL OFFICERS

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.

NAME OF SOLDIER (Block Letters) Anderson H.S.

REGIMENT 1st C. O. R. S. RANK Pte. No. 724106.

Date of Examination in England 27-12-18 | Date of Examination in France



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? Yes.

HAS HE EVER RECEIVED DENTAL TREATMENT? (Reply by "*Yes*" where applicable to any or all of *a*, *b* or *c*.)

(*a*) In Canada — Nil

(*b*) In England — Nil

(*c*) In France — Nil

Signature of Dental Officer H Gwan
capt

92431.—W6490/1535.—2,000,000—J. J. K. & Co., Ltd.—Forms B. 103/1.

Temporary.

Army Form B. 103.

Casualty Form—Active Service.

Regiment or Corps 109th Bn

Regimental No. 124106 Rank Pte Name Anderson. H.S.

Enlisted (a) _____ Terms of Service (a) _____ Service reckons from (a) _____

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				
27-12-18		Attached C.D.D. Buxton for return to Canada, Part 11 Order No. 306 Ceases to be attached C.D.D. Buxton on embarking for Canada. Cathcart Capt. Lt. for Lt. Col. Commanding Canadian Discharge Depot.			
8 JAN 1919		Sailing 104 "SCOTIAN" "SCOTIAN"		14 JAN 1919	
JAN 31 1919		T. O. S. No. 2 DISTRICT DEPOT, TORONTO		1919 PART II D. O. 20	
		Dis. #2.D.D. Feb.22nd.1919, Pt.11# 51.			Lieut. For O. C. No. 2 District Depot

O. C. Discharge Section,
No. 2 District Depot

(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				

Army Form B. 103 (II.) to be gummed on here if required.

Nothing to be written in this margin.

W1889—P?1150 1M 5/18 G.W.P.Co.(3490)

SERVICE AND CASUALTY FORM (Part I).

(1) *Substantative rank *Acting rank [To be entered in pencil to facilitate alteration.]	(2) Regiment or Corps	(3) Regtl. No.
(4) Surname		
(5) Christain Names		
(6) Army Form, number of, Attestation Form or Record of Service paper		
(7) Whether of British or of Alien origin [*vide* A.C.I. 578 of 1918]		
(8) Date of birth as stated on enlistment		
(9) (*a*)		

(10) Enlistment (*b*) (11) Engagement (*c*)

(12) Service reckons from (*date*) (13) Special conditions (if any) of enlistment (*d*)

(14) Any subsequent variations (if any) of conditions of service

(Authority) (*date*)

Initials and Rank of an Officer.

(15) Category	Date	Medical Authority	Initials and Rank of an Officer

(16) (Record of Occupation in Civil life (*vide* Army Order 93 of 1917)

Industrial Group No.

Trade or Calling

Married or Single

Particulars of Trade Test

Occupation Cards despatched on (*date*)

Second Occupation Card despatched on (*date*)

(17) Next of Kin

(18) Demobilizer (*f*) (Place) (Signature of Posting Officer

(19) Pivotal-man (*f*) (Date)

(20) Qualifications (*g*) *or* (21) Corps trade and rate

(22) Extended { (23) Re-engaged {

(24) Miscellaneous entries:—

NOTES.—[a] Here enter particulars of any subsequent claim as to actual age after verification by birth certificate [*vide* A.C.I. 470 of 1918. [b] Whether direct or voluntary enlistment or called up under the Military Service Acts. [c] Whether for specified term of years or for duration of the war. [d] Whether "for Home Service only," or "not to be transferred without the soldier's consent, &c. [e] If to be retained on Home Service, period, if specified, to be stated, also authority, and on what grounds. [f] Required for demobilization purposes. [g] Signaller, Shoeing-smith, &c.

2nd Sheet

(A) Report		(B)	(C)	(D)	(E)	(F)
Date.	From whom received	Authority of Part II. of Orders	Record of promotions, appointments, reductions, casualties, transfers, postings, &c. All acting as well as substantive promotions to be shown, for method of entry of which see A.C.I. 1816 of 1917. Corps and unit to which transferred and posted to be invariably named.	Place of casualty	Date of promotion, reduction, reversion, casualty, &c.	Remarks, and initials and rank of an officer
11-10-18	Genl Depot	DO 242	T of S for 4th C.L.T.M. Bty	Schlfle	30-8-18	

Copied for VB

Adam Lieut.

for ~~Colonel~~ Major i/c Records, OMFC

Nothing to be written in this margin.

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

M. F. W. 54.
160M. 10-15.
H.Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps 109th OVERSEAS BATTALION, C. E. F.

Regimental No. 72410 Rank Cte. Name Anderson Henry Shaw

Enlisted (a) 15.3.16 Terms of Service (a) D of W. Service reckons from (a) 15.3.16.

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.
		Embarked Canada	Halifax	24.7.16	
		Disembarked England	Liverpool	31.7.16	
					A W Aselting Capt. ADJUTANT 109th Overseas Battalion, C.E.F.
28-11-16	O.C. 109th	Proceeded overseas for service with 20th	Witley	28-11-16	
27/11/16	~~Witley~~ O.C. 109th	~~Transf'd to~~ 20th Bn.	~~Overseas~~	~~27-11-16~~; D.O. Pt.11. 333-~~28-11-16.~~ 28-11-16.	A W Aselting CAPTAIN, ADJUTANT, 109TH BATTALION CAN. INFANTRY.
29/11/16	CBDepot	Arrived taken on 20 Bn	C.B.Depot	29/11/16 NR	
do	do	Left for Unit	Field	1/12/16 NR	
8/12/16	20thBn	Arrived Unit	do	4/12/16 B213	
19.5.17	— —	RA 4 Bde T.M. Batty	do	17.5.17 — —	Pt 2 39d 29.5.17.
17.6.17	4 C F A.	Empty admit hospital	1 C F A.	14.6.17 B36.	(B.O.)
23.6.17	— —	— — admn 14/6. Discha Batty	/	22.6.17 — —	(B.O.)

CERTIFIED CORRECT. 14 DEC. 1916 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.

[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				
30.6.17.	20 Bn	Rejd from Hosp.	T.M. Batty	22/6/17	B213. (204)
2.8.17.	5 C.F.A.	D.C.S. legs adm 28/7	Engd 5 C.F.A.	30-7-17	A 36. (1178)
29.7.17.	4 — " —	— " — adm	4 C.F.A.	28-7-17	A 36. (1020)
1.8.17	5 — " —	— " — adm	5 — " —	30-7-17	A 36. 1832.
5-8-17.	5 C.F.A.	— " — adm 30/7	Sent 10 C.F.A.	5-8-17	A 36. 1707.
— " —	10 — " —	— " — adm	— " —	— " —	— " — 3940.
21-9-17	10 — " —	— " — Discharged duty		21-9-17	— " — A.120.
22-9-17	4 T.M.	From Hosp. to duty	4 T.M.	— " —	B213. DCA 321.
3/11/17	"	Transfd to 4th Edn. L.T.M.B. + S.O.S. 20th Bn.		1/11/17	B213. Pl. II ord 80 d/ 14/11/17
3/11/17	"	T.O.S. 4th Edn. L.T.M. Batty on transfer from 20th Bn		2/11/17	B213. Pl. II ord 8 d/16/11/17
5/1/18	"	Granted 14 days leave	Eng.	6/1/18	B213. Pl. 2 d/17/1/18.
2-2-18.	"	Returned from leave	"	25-1/18	"
28/1/18	3 Left A.	Gonorrhoea adm	3 Left A.	26/1/18	A36/D65
27/1/18	6 C.C.S.	Do adm	6 C.C.S.	27/1/18	" / D399
2-2-18	57 Gen	V.D.S. " To	57 Genl	2-2-18	W3054/ D1682.
9.5.18.	do.	Forfeits 3 a 50 per diem	C.B.D.	9.5.18	N.R. 8/11
		whilst in hospital 2-2-18 to	57 Genl.	9.5.18.	O16 Pt 2 PFII O. 15.
		9-5-18 (97 days)			
19/5/18	B.B.B.D.	Left for unit	Field	19-5-18	N.R.
1-6-18	4th B L.T.M.B	Rejoined Battery	"	24-5-18	B213
16.8.18.	8 C.G.A.	G.S.W. arm L. To	C.C.S.	16.8.18.	H3274
31.8.18.	47 C.C.S.	— do — To	12 Stat	16.8.18	H3291.
29.8.18.	7 Can Gen	G.S.W. arm L. To England	"Ville de Lyon"	29.8.18.	W3083/5870. Pt 10 n/1918
		Posted L. Gen Dep Shorncliffe			

Whogan Major
for Senior Med. Off. R.A.G.
Edn Sec. 28.9.1918

EPITOME OF HOSPITAL TREATMENT.

	Hospital	Adm.
	3 C. L. Ambulance.	26-1-18
1.	27 C. C. Stn.	27-1-18
	7 G. Etaples	27.8.18
2.	~~[illegible]~~	9.8.18
	E.C.H. Woodcote Epsom	22-11-18
3.		
4.		
5.		
6.		
7.		

Copied for VB

FORM D.M.S. 1300.
8137—50m—28/2/17.

Surname	Christian Name or Names	Reg. No.
Anderson	H. S.	724106

Rank	Unit	Co.	Troop	Batty.
Pte.	20th Bn. L.C.D. (H.C.L.I.M.B.Y. (Misc Units)			

Hospital — Date of Admission

Transferred 4 Can Fld Amb — Hosp. 14. 6. 17
12. " " " — Hosp. 14. 6. 17.
5 Con " " — Hosp. 30-7-17
10 " " " — Hosp. 5. 8. 17.
51 General E Staples. — Hosp. 2. 2. 18.

Diagnosis

(1) Impetigo Rw.
Later Diagnosis (if changed) G.C.T. Legs. Ito
(2)
(3) V hl G. Ito
Additional Diagnosis: if more than one state present G.S.W.L. Arm
G.S.W.L. Arm — Trac. Hemiceus. Rw

DISPOSITION		REMARKS	Date
		R.T.B. Rej: Unit	
CP 30. 6. 17.	a/347	Ho to duty	22.6.17
" 16. 7. 17	A 556.		21.9.17.
- 17-8-17	A.580	Dis 9. 5. 18.	
27. 9. 17.	a 21. (2).		
13. 2. 18	A 135.	Dis. 13. 12. 18	
20. 5. 18.	A 216		
24-6-18	a/245	Same Diseh: entry as a/216.	
5-9. 18	a 308		
29/11/18	~~B 180~~		
20. 12. 18	B 198		

520./M.2849. 10,000 Pads. 8/17. A. J. W. & Co., Ltd. E.1631.

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

Horton War Hospital. C/from

T. No. of Bed Date 16.9.18.

Regt. No.	Rank and Name.	Corps.	Part to be X-Rayed.
4.48.06.	Pte Anderson H.S.	4th Can Inf Bde F. Mtr.	Left Elbow.

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

S.S.W.
? Fracture

Signature of M.O. [illegible]
Date 16.9.18

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

No. of Plate 9539

Butter shaped fracture posterior surface lower end of Humerus - into joint

Signature of Radiographer DG
Date 17.9.18

Date.	Remarks.	Pt. 2 Order No.
FEB 15 1919	Hospital Section to C. C.P.S.	48
22-2-19	SOS DISCH. MED. UNFIT (ENTITLED TO 153 days WSG)	51

M.F.W. 192
150M—6-18.
1772-39-1243.

*Name L ANDERS N HENRY SHAW Rank Pte. Regtl. No. 724106

Fyle Depot

Origin unit Present unit 109th Bn M. or S. S Age 24 Religion C.E. Ref. H.Q.

Port, ship, and date of arrival Scotian St John 15-1-19

Next of kin FATHER PETER ANDERSON 90 King St. Lindsay. Ont.

Address on leave same.

Address on discharge 50 Queen St. Lindsay.

Transportation issued Yes No Date Lindsay. 22-2-19. Character on discharge /

Previous occupation Machinist Date and place enlistment Lindsay. Ontario, March 15-16

Diagnosis G.S W. of left elbow joint Date of Medical Boards 17-2-19.

Date. T.O.S.	Remarks	Pt. 2 Order No.
3-1-19	Posted to Cas. Co. (Ex. Camp) 15-1-19.	
	Leave & Subs. from 16-1-19 to 30-1-19	20
31-1-19	Posted to Hosp. Sect. (Base)	32

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

(over)

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
B198.	Disc E Mil Com: Epsom	13-1-19	Gsw. L. Arm. Proc Humerus

NAME Anderson, H. S. REGT. No. 724106

RANK AND UNIT Pte 4 Coy. 2 M.B.

NEXT OF KIN

Copied for VB

CABLE	
No.	DATE

NATURE OF CASUALTY

M. F. W. 42—100M.—8-18.
H.Q. 1772-39-893.

REMARKS:

LEDGER NO. 629 SERIAL NO. 23621

REG. NUMBER 774104 NAME Anderson H.S.

Copied for VB

RANK Pte CORPS 2 D D

AGE 22 SERVICE 2 3/12 O/S 4/12 C

NAME OF HOSPITAL Base PLACE Toronto

DATE OF ADMISSION 31-1-19

DISEASE Scabies

TRANSFERRED TO OTHER HOSPITALS

OPERATION

DISCHARGED TO Duty 15. 2. 19 IN CATEGORY B3

M. F. W. 2553.
50m.—6-18.
1772-39-1332.

P. T. O.

No. 724106 RANK Pte NAME Anderson W. S.

T. O. S. 15-3-16. UNIT 109th Battalion
D.O.106.23-3-16

M. D. 3

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916	1916.			
Mar 15	Mar 31	✓		
April		✓		
May		✓		
June		✓		
July		✓		

UNIT SAILED
JUL 23 1916

a.m.m.

Number 724106 Rank Pte

Surname ANDERSON

Christian Name Henry Shaw

Units 20 Can Sqn Theatre of War France

Date of Service 29-11-16

Remarks 163 Sherbrooke St Toronto

Latest Address ~~50 Queen St.~~ ~~Lindsay, Ont~~

Roll No. R.B. Page 20209

200m.-6-21.

MARRIED SINGLE yes WIDOWER

TRADE OR CALLING mechanic RELIGION Church of England

DESCRIPTION.

APPARENT AGE 20 YEARS 1 MONTHS

HEIGHT 5 FEET 6 INCHES

CHEST MEASUREMENT 35½ INCHES EXPANSION 2½ INCHES

COMPLEXION dark EYES blue HAIR dk. brown

DISTINGUISHING MARKS scar on left knee cap slight scar on left elbow. slight scar over rt. eye.

MEDICAL EXAMINATION. PLACE Lindsay Ont. DATE Mar. 15th 1916

Present Address:

C

2. CARD NO.

SURNAME. Anderson

CHRISTIAN NAMES Henry Shaw

REGL. No. 724106 RANK Pte

UNIT 109th Batt.

FORMER CORPS Lys. 45th Regt.

Dis 22-2-19 2 mu.
DO. 5-17 ~~FOLL~~ 2-19 #2 DD

NEXT OF KIN.

NAMES IN FULL Anderson, Peter

RELATIONSHIP TO SOLDIER father

ADDRESS 90 King St., Lindsay. Ont.

CHANGE OF ADDRESS

COUNTRY OF BIRTH Canada, Orillia, Ont. DATE Feb. 15th 1896

PLACE OF ATTESTATION Lindsay. Ont. DATE Mar. 15th 1916

Sailed from Halifax. Per. S.S. "Olympic" 23-7-16.

R/C 15-1-19 252 2 (Pte)

L. L. 9404. M. & D. 6512. M. & W. 22. 250M. 2-16. H. Q. 1772-39-339.

LIST NO.	HOSPITAL	DATE OF ADMISSION	REMARKS
a547	#4 C.F. Amb.	14-6-17	Impetigo.
a547	#12 C.F. Amb.	14-6-17	"
a556.	Rep. from base	22-6-17	" Ret. to unit
a580	5 Cav Fld Amb.	30-7-17	I.C.T. Leg
a21	10 " " " "	5-8-17	" " " " (1st Cent Ont)
a21	Disc to Duty	21-9-17	" " " "
a135.	1 Mus Gen: Etapes	2-2-18.	V.D.G.
a21	Disc.	9-5-18	" " "
a245.	3 Cav. Fd. Amb	26-1-18	V.D.G
a245.	6 Cav Fd. Ambs	27-1-18	" " "
a245.	Disc	9-5-18	" " "
a308.	7 Cav Gen: Etapes	27-8-18.	G.S.W. L. arm
B180.	Norton Co. of Lond War: Epsom	20-8-18	G.S.W. L. Arm & Fract Humerus
B180	Mil Cas " " Wrotham	21-11-18	" " "

NAME Anderson, Henry S. Law

REGT'L No. 724106

H. Q. FILE No. 649.

Copied for VB

RANK AND CORPS Pte. (20th Bn.) 4 Can Lt. 2. M Bty

FOLLOWS No.

Pom 109th Bn

FOLLOWS

CABLE NO.	CABLE DATE	NATURE OF CASUALTY
N of K Peter Anderson (father) 10 King St, Lindsay, Ont.		
B 296.	9-9-18	Adm 7 Can. Gen. H. Le Treport Aug 27th/18 GSW L. Arm

L. L. 20497—M. & D. 7908

M. F. W. 42—50M.—5-17.
H. Q. 17,2-39-8.3.

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

FORM R. 149.
7106—250m—7/2/17.

Henry Shaw

Name ANDERSON *Rank* Pte. *Reg. No.* 724106

Unit 20th Bn.

Next of Kin Canada.

Date 1917.	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
14-6	4 C.F.A.		Impetigo.	A547		
14-6	12 C.F.A.		do	A547		
22-6.	Returned to Duty		do	A556		
30-7-17	No.5.Can.F.Amb		ICT Legs.	A580		
5.8.17	No 10 Can Fld Amb (3681)		ICT Leg	A21		
21.9.17	To Duty					

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

Form R. 149.

Henry Shaw

Name ANDERSON Rank Tfr Reg. No. 724106

Unit 4. C. L. T M Bty

Next of Kin Canada

Date 1918	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
2. 2	Sl. Gen Hosp Etaples		V. D. G	A135	✓	19295
9. 5	DISCHARGED		do	A215		1226/19
				M.	1296	
27.8.18	Pte T.C.E.H. Staples E.S.W.arm.L.			B.198		3714/B.
30-8.	Horton (Co. of London) W.H. Epson.		"	B. 198		12526/1.
21-11.	Pte (Lon) Horton Epson		" fracture humerus	B. 198		1618.
13-12	Discharged " "		do	B 198		344

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Date of Assignment

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank Promoted Reverted Discharge

Soldier's Name

Battalion

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name

Address

Change of Address

1

2

3

4

Date	Cheque No.	Amount S/A	Amount A/P	Total		REMARKS

M. F. W. 128
400M.—6-17—1772-39-1141
L. L. 22520—M. & D. 7893.

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch A

OVERSEAS CONTINGENTS

2484

Date of Assignment aug 1/16

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

15			

PARTICULARS OF SEPARATION ALLOWANCE

No. 724106

Rank Pte Promoted Reverted Discharge

Soldier's Name H. S. Anderson

Battalion 109th Bttn "A" Co

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name Mrs. P. Anderson

Address Lindsay Ont

Change of Address

1

2

3

4

0375-H-35

Date	Cheque No.		Amount S/A	Amount A/P	Total		REMARKS
30/9/17				210 ✓	210		
Oct	51280	C		15	15		
Nov	52516	C		15	15	T	
Dec 1918	54841	F		15	15	m	
Jan	54128	A		15	15	B	
Feb.	92351	B ✓		15	15		
Mar	99582	G		15	15	✓	
April	7374	A		15	15		
May	12324	A		15	15		
June	15178	B		15	15	✓	
July	28156	Y		15	15		
Aug	30679	A		15	15		
Sep.	37364	A.		15	15		
Oct.	44004	A		15	15	a	
NOV	52091	a		15	15		
DEC	63805	B		15	15		
JAN 1919	71342	B		15	15		
				450			

A/c Closed

Ret'd per SCOTIAN

Date 15-1-19 F.X. 18-1-19 MO 62514

Clerk Bomm MD 2

M. F. W. 128
400M.—6-17—1772-39-1141
L. L. 22320—M. & D. 7993.

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 except lines on diagnosis should be marked both active and passive.

Sect. #17 should read "C3" owing partial ankylosis and of left joint elbow and weakening of left arm and hand.

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.)	yes
(d) Temporarily unfit.	(" D)	(Yes or No.)	no
(e) Unfit for service in Categories A, B and C	(" E)	(Yes or No.)	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.)

Placed in category C3 and returned to duty.

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.

PLACE: Exhibition Camp, Toront, Ont. — President.

DATE: February 17th.1919. — 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 — Assistant Director of Medical Services. — DATE FEB 19 1919

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

APPROVED
R. B. Richardson Capt.
FOR A. D. M. S. M. D. 2

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: Exhibition Camp. DATE: Feb. 17th.19191

1. 1 (a) Unit: # 2 D. Depot. (b) Regimental No. 724106 (c) Rank: Pte.

(d) Surname: ANDERSON. (e) Christian name: Henry S.

(f) Home address: 50 Queen St., Linsday, Ont.

(g) Next of Kin: Mother (h) Relationship: Mother

(i) Address of Next of Kin: 50 Queen St., Linsday, Ont.

2. Age last birthday: 22 Date of birth: Feb. 15th.1896

3. Enlistment, or Appointment (if an Officer) (a) Place: Lissday, Ont. (b) Date: Mar.15th.1916

4. Personal description:

(a) Height: 5 ft. 6 in. (b) Weight (stripped): 158½ (c) Complexion: Dark

(d) Colour of hair: D. Brown. (e) Colour of eyes: Grey. (f) Identification marks, Scars, etc.: Nil.

5. Former trade or occupation: Mechanic.

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
	2	333

20th. Battalion.

	Periods From	Periods To
Canada	March 15th.1916	July 24th. 1916
England	July 24th.1916	Nov. 28th.1916
England and Canada.	Nov. 28th.1916	Aug. 26th.1918
France or other theatres of War	Aug. 26th.1918	To Date.

7. Original disease or injury: G.S.W. of left elbow joint.

(a) Date of origin: Aug. 26th. 1918 (b) Place of origin: Arras.

(c) Cause: Stress of service

M. F. B. 227.

300M.—8-18.
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.)

Partial loss of function of elbow joint (left) (ankylosis).

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: There is a scar 2" long and ¾" wide, across left elbow joint posteriorly. It is not tender, but is adherent. There is marked ankylosis of the joint with limitation both of extension and flexion. A.S.E. is 140°. A.C.F. is 50°. Other movements are normal. Grip 2/3 normal

SUBJECTIVE SIGNS: Can only lift half as much weight with left arm as with the right. Occasionally, twice daily to one week intervals has a twinge in tend~~erness~~ one, as lower end of humerus anteriorly which lasts a few minutes. ~~Grip of left hand is only 2/3 that of right.~~

(*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

No hernia, haemorrhoids, varicose veins, varicocele, nor goitre.

Urine negative for albumen and sugar.

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

Was wounded by machine-gun bullet in left elbow August 26th, 1918, at Arras. The lower end of humerus was fractured with extension into the joint as shown by X-Ray. (Had elbow in a splint about one month. Has massage for three months. There was some improvement during first two weeks, but has noticed none since.)

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*).)

Base Hospital Toronto, 31-1-19 to 15-2-19. Scabies (cured).
Hospital - 2 months, effects of gas - cured.

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

Nil.

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? A and B 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? Permanent.

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

In hospital 5 months.

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)

No.

16. Can the former trade or occupation be resumed? No. Would not be acceptable to any company.
(If not, briefly state why)

17. Recommendations.

That he be placed in category "E" and be discharged.

R. W. Young
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 H.S. 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

H S Anderson Rank.
Signature of invalid examined.

AUDITOR	PAYMASTER

Supplementary

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

REGT. No. 724106 RANK Pte. NAME (IN FULL) Anderson, Henry Shaw. (BLOCK LETTERS SURNAME FIRST)

M. OR S.

NEXT OF KIN — RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? — DATE EFFECTIVE

TO WHOM ~~PAID~~ — RELATIONSHIP

Mrs. Florence Maud Anderson

ADDRESS

108 Amelia St.

London

Ont.

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ORIGINAL UNIT C.E.F. 109th — IF IN P.F. WHAT UNIT? — DATE — AUTHORITY

PLACE OF ATTESTATION London. Ont — TRANSFERRED TO — DATE — AUTHORITY

DATE OF ATTESTATION 15-3-16 — 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 London — DATE 22.2.19 — REASON M/U — AUTHORITY — IF ENTITLED TO POST DISCHARGE PAY

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 20/6/21					65.00				65.00												65.00												65.00					Charge No. 3193305-1 21/4
																																						L.A. 18.12.18 - to 22.2.19
																																						Auth. DPAB ruling 14.6.21
																																						A.P. Fee 0375.A/103

190M-1-19.—L. L. 53962-M. & D. 9723.

M. F. W. 2596.

1770-00-1900

Married or Single: Single

Place of Birth: Orillia

Name and Address of Next of Kin: Peter Anderson, Lindsay Ont

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

Casualties, Promotions, &c.

Particulars	Effective Date	Authority

Admissions to Hospital, &c.

Date Admitted	Date Discharged	V. or A.	Name of Hospital

Reg'l. No. 724106 Rank: Pte Name: Anderson Henry Shaw

If in Perm't. Corps What Unit: Unit 109th Btn

Permanent Force Allowances

Place of Attestation: Lindsay Ont

Date of Attestation: Mar 15th/16

Transferred to	20th Bn	Date 1-1-17	Authority D.O. 33 28-11-16
Transferred to	4th 62nd Mtr Btty	Date 1/1/18	Authority Bo.3-16/1/18
Transferred to		Date	Authority
Transferred to		Date	Authority

Assigned Pay Monthly $15.00 Date Effective Aug 1/16

Payable to Mrs P. Anderson, Lindsay Ont Relationship Mother

Assigned Pay Monthly $ Date Effective

Payable to Relationship

Stop-Payment Form (Assigned Pay) Rendered (Date) Stopped Effective 1-1-19 Reason Dis & Can

Discharge Date and Place Can 31-12-18 Reason and Authority Epsom 7/2/18 17/2/18 Invalided

Account transferred to Non-Effective Branch (Date)

Account transferred to Officers' Pay Branch (Date)

CS

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 C	Other Charges	Total Debits	Balance Credit	Balance Debit	Pay Withheld or Deferred	Pay Available for Issue	Remarks
July 31														21 40	21 40									Bal. from Canada							2 40				
Aug 31	31	1.00	31		31	10	3 10								34 10	6	9/8/16							973				15		24 73	30 77				
Sept	30		30				3								33	39	31-8-16	70	15.9.16					487	730			15	374 32	31 23	32 54				Issued on repayment P4005-51. 24/10/16
Oct	31		31		31		3 10								34 10	111	30/9/16	150	15/10/16					973	730			15		32 03	34 61				— — — — 39-24/10/16
Nov	30		30		30		3								33	179	31/10/16							244				15	613 134	24 91	42 70				P4005-169. 17/10/16. P4005-150. 31/10/16
Dec	31		31		31		3 10								34 10	267 227	30.11.16 14.12.16							243 730				15	136 61	26 70	50 10				P4005-303. 25-11-16 P4005-314. 18-11-16 D.O. 33. 28-11-16 Tfd to 20th Bn eff 1-1-17
1917			1530				1530																												
Jan	31	1.10	34 10												34 10	1493 1566	16/12/16 18/12/16	1625	6/1/16					174 523	523			15		27 20	57 –				
Feb	28	1.10	30 80 233 20											21 40	30 80 254 60			1699	4/2						262			15		17 62	70 18				
Mch	31		34 10												34 10	1827	17/3/17	1887	17/3					262	523			15		22 85	81 43				
Apl	30	1.10	33												33													15		15	99 43				
May	31		34 10												34 10	15 30	30/4 17/4							261 262				15		20 23	119 30				
June	30		33												33	150	21/5							268				15		17 68	128 62				
			367 40											21 40	388 80									54	27 68			165	13 50	260 18	128 62				

724106 Pte Anderson H.S.

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
			367	40										21 40	388 80									54 00	27 68			165	13 50	260 18	128 62				
July	31	1.00/10	34	10											34 16													15		15 00	147 72				
Aug	31		34	10											34 10	236	8/6							5 35				15		20 35	161 47				
			435	60										21 40	457 00									49 35				195		295 53					
Sept	30		33												33													15		15	179 47				
			468	60										21 40	490 00									54 35	27 68			210	13 50	310 53					

Month 1917	Particulars	Cr. 1	Cr. 2	Particulars	Dr. 1	Dr. 2	Dr. 3	Dr. 4	Balance	Deferred Pay	Ger Allge. Eng.
Sept 30	Balance	~~179 47~~							179 47		
Oct.	P. pay	34 10					15				
				AR 562. 30/8. 28 Bn.	268				195 89		
Nov	P.P.	34 10			268		15				
		33 00					15				
				AR 729 30-9-17 20 Bn	8 03						
Dec.	P Pay	34 10					15				
				DnAR 387. 9/7. 20th	8 03						
				AR 926. 21/11 "	446				212 47		
1918		67 10			2052		30				
Jan	P.P.	34 10		A.P.			15				
				C.P. 61676. 6/1/18.	126	53					
				DN. 4005 - AR 863 - 20th Bn. 31.10.17.	3	57					
				AR. 1013 - 20th Bn. 30.12.17.	20	52			80 95		
Feb	P.P.	34 10			150	62	15				
		30 80		A.Pay			15			10/1/18	
				C.P. 61609. 11.1.18	38	93					
				C.P. 77370. 16.1.18	9	73			48 09		
		30 80			48	66	15				
Mar	A.P.	34 10		A.Pay			15				
				DN. AR. 796. 20th Bn. 17.10.17.	4	46					
				" 1075 " 20.1.18	8	92			53 81		
		34 10			13	38	15				

Month	Particulars	Cr. 1	Cr. 2	Particulars	Dr. 1	Dr. 2	Dr. 3	Dr. 4	Balance	Deferred Pay	Ger Allge. Eng.

P 820
12474—375M—13-2-18.

* Strike out whichever inapplicable.

ASSIGNED PAY	* ~~ENGLAND or~~ CANADA.	SEPARATION ALLOWANCE.	* ENGLAND OR CANADA.
EFFECTIVE DATE:–	~~1.8.16~~ Geo Apd 1/1/19.	EFFECTIVE DATE:–	
AMOUNT:–	~~15.–~~	AMOUNT:–	

NAME:– ANDERSON Henry Shaw

NUMBER:– 724106

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.

Mrs. P. Anderson (Mother)
Lindsay Ont.

New A.S.P.B. No 74944 issued 12/9/18

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		Private

UNIT AND TRANSFERS

ORIGINAL UNIT:– 109th Bn.

DATE ACCOUNT FIRST OPENED:– 1.8.16

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO
			4th C.L.T.M. Bty

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	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R	UNIT PAID BY	AMOUNT
5/10/18	3235	Epsom 1-0-0	4 87				
5/12/18	586	" 2-0-0	9 73	S.T.	13/-23	3/12/18 - 10 days	7 30
13/12/18	6196	" 10-0-0	48 67				
"	24005/24	" 0-2-0	49				

Comp 18/12/18. L.P.C. Cr Bal. 31/12/18 £ ~~62~~ 62 61

DAILY RATES OF PAY AND ALLOWANCES

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

PARTICULARS OF RENDERING NON-EFFECTIVE:– Dis to Can 31/12/18 Epsom 7218. 13/12/18 Invalided

	MONTH 1918	PARTICULARS	CR 1	CR 2.	PARTICULARS	DR. 1	DR 2.	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
Hosp. 31 (5)	Mar 31	Bal. Fwd.								53 81	✓	
Hosp 30 (5)	April	P.P.	33		A. Pay.				15	71 81	✓	
			33						15			
	May	"	34 10		A. Pay.				15			
					Hosp. 5 Epsom 2.2.18 - 9.5.18 97 days at 60° Bo 15. 20.5.18		58 20			32 71	✓	
			34 10				58 20		15			
	June	P.P.	33		A. Pay.				15	50 71	✓	
					AR 431 - 54th Bn. 25.5.18.	8 92						
					D.A. AR 2836 - Epsom - 19.5.18.	4 46				37 43	✓	
					AR. 260 - 20 Bn. 12.6.18.	4 46				32 87	✓	
			33			17 84			15			
	July	P.P.	34 10		A. Pay.				15			
					AR 423 - 18 Bn. 11.7.18	4 46				47 51	✓	
					AR. 583 - 4th C.I. Bn. 26.7.18.	3 57				43 94	✓	
			34 10			8 03			15			
	Aug	P.P.	34 10		A. Pay.				15	63 04	✓	
					AR. 652 - 4th C.I.B. 20.8.18.	3 57				59 47	✓	
			34 10			3 57			15			
	Sept	P.P.	33		A. Pay				15		✓	
					AR. 3129 - Epsom - 17.9.18.	9 73				67 74	✓	
			33			9 73			15			
	Oct	P.P.	34 10		A. Pay				15			
					A.R. 1543 - Epsom. 8.10.18.	4 87				81 97	✓	
			34 10			4 87			15			
	Nov	P.P.	33		A. Pay.				15	99 97	✓	
	Dec	PP	34 10		Can				15	119 07		
					AR. 3235 - Epsom. 5.11.18.	4 87				114 20	✓	
					AR. 586. " 5.12.18.	9 73				104 47		
					AR. 6196. " 12.12.18.	48 67				55 80	✓	
					Carried Forward	63 27			30			

1918 NUMBER 724106 RANK Private NAME ANDERSON H. S.

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
Dec	B/F	67 10		B/F	63 27			30	55 80	✓	
				Q4005. II 24. Epsom. 12.12.18.	49				55 31		
		67 10			63 76			30			
				AR.7183 Buxton. 31-12-18. (Con & PC)	9 73				45 58		
					9 73						

5 5 31
9 73
45 5 8

"SCOTIAN" 15-1-19

No. 2 DISTRICT DEPOT

A 431

AUDITOR | PAYMASTER

M. OR S.

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

REGT. No. 724106 RANK Pte NAME (IN FULL) ANDERSON, H.S. (BLOCK LETTERS, SURNAME FIRST)

22.

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. 4th C.L.I. | IF IN P.F. WHAT UNIT? 58 Queens St. Lindsay, Ont.

PLACE OF ATTESTATION | TRANSFERRED TO | DATE | AUTHORITY

DATE OF ATTESTATION 15-3-16 | TRANSFERRED TO | DATE | AUTHORITY

ASSIGNED PAY $ 15.00 | DATE EFFECTIVE 1.2.19

PAYABLE TO Mrs. P. Anderson, (mother) | RELATIONSHIP | ANY CHANGE IN ASSIGNEE OR ADDRESS Dep'ts W.S.G. Mrs. Florence M. Anderson wife 104 Amelia St. Toronto

ADDRESS Lindsay, Ontario.

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE | EFFECTIVE

DISCHARGED PLACE Toronto DATE 22/2/19 REASON M.U. AUTHORITY DO 51 IF ENTITLED TO POST DISCHARGE PAY 153 dys

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																																					
31.12.18		$1.10					62	61																													
									62	61			31/12/18				9	73																			
													6/1/19				4	87																			
													13/1/19				5	00																			
													13/1/19				30	00																			
																							15	00													
																													6	46	0		1	99			a.P. Jan. '19.
to 31-1-19 1.1.19	31	1.10	34	10	12				46	10	18489						44	11									1	99					46	10			T.O.S. 34/48 D.O. 20 SUBS. 16/1. TO 30/1. D.O. 20
Feb 1.-22	22	1.10	24	20	35		70	-	129	20	20811	22940					5	00					124	20									129	20			
			W.S.G.				W.S.G.																W.S.G.										W.S.G.				
					350				350																												
																	Feb. 22.						70										70	-			
																	Mch 19. 207945						70										140				
																	Apr. 19 245440						70	-									210	-	140	-	
																	May 16 344629						70	-									280	-	70	-	a
																	17/6/19 641350						70										350				
									350	-													350	-									350	-			
6/7/21 Dep't			W.S.G.		150	00			150	00													150	00									150	00			
					500	00			500	00													500	00									500	00			

1st W.S.G. Paid by #2 D.D. A207945 mailed 20/3/19

W.S.G. PAID IN FULL

CAPTAIN FOR PAYMASTER WAR SERVICE GRATUITY

Clg W.D.-G 1925231.

60m.-11-18. L. L. 61777. M. & D. 9585.

Statement of the Soldier

(This is to be completed only in the case of the Soldier taking his ~~Discharge in England~~.)
(Sections 1, 2, 5, and 6 are to be read to the Soldier.)

I, the undersigned.....have heard the description of my disability read, and am satisfied (or not satisfied) with it. (If dissatisfied, statement should follow.) I complain in addition of :—

.....

.....

.....
Signature of Soldier examined.

Instructions to Medical Officers

Question 1.—State the disability in terms of a diagnosis, that is, a diagnosis of the existing condition as distinguished from the disease or injury which caused it. It should be noted that in medical cases the disability may be the actual disease; for example, Tubercle of Lung, Chronic Bronchitis, Myalgia, Gastric conditions and so forth. (Follow the nomenclature as laid down in the "List of Diseases" of 1915, and amended by A.C. I. No. 1587 of 1917.)

Question 2.—The cause of the disability when known should be stated and care should be taken to establish as correctly as possible the place and date of origin. This is important in view of the relationship of Questions 3 and 4 to Question 5.

Questions 3 and 4.—*NOTE*—By Active Service is meant Service with the Colours in Canada, the United Kingdom or elsewhere during the present war, (since the 4th August, 1914.)

Question 5.—MEDICAL HISTORY.—State concisely the essential points of the history of the case as supported by documentary evidence. If further evidence is considered necessary to complete the Medical History, the same not being supported by documents, this should be obtained by questioning the soldier, but should be distinctly shown as "Patient's Statement." It is considered advisable that these latter statements be grouped apart from the evidence supported by documents available to the Medical Officer.

Extracts should be made from all entries on the Medical History Sheet.

If answers to Nos. 2, 3 or 4 show that the Soldier is suffering from some condition which pre-existed enlistment, it is advisable that these answers be substantiated as far as possible by statements obtained from the Soldier showing history of previous illness or injury.

Question 6.—PRESENT CONDITION.—As this question is primarily intended for the Medical Officer's report, in answering show clearly the condition of the Soldier at the time of examination.

It is directed that the objective and subjective matter be arranged in separate groups. The objective matter is considered to be the more important, in that it consists of a statement of the Medical Officer's actual finding.

Specialists' reports bearing on the PRESENT CONDITION should be attached.

In addition to description of the disability, a report on "all systems" is required in order that the whole when completed may be a true pen portrait of the Soldier's condition.

The Medical Officer in charge of the case will fill out pages 1 and 2 of this Form. The original must be wholly in the handwriting of the Medical Officer. The copies may be typewritten but must be signed by the Medical Officer who must be responsible that these are true copies of the original.

Finally the O. C. Hospital or S. M. O. or an Officer delegated for such duty by the A. D. M. S. is required to sign a certificate at the bottom of page 2, which reads as follows :—

"I have satisfied myself of the general accuracy of this report and concur therewith, except.....

This is a most important part of the paper and one to which the attention of the Officers concerned should be frequently drawn as it is by such strict supervision that the accuracy and good results of Medical Board work can be assured.

ENTRIES OF RECATEGORIZATION

Date	Station	Category	Signature of M. O.	Date	Station	Category	Signature of M. O.

A.F.B. 179 Canada (Revised 1918). 40266 10/8/18 D. 343

Reserved for M.H.C.

Regt. No. 124106 Rank Pte Surname Anderson Christian Names Henry Shaw

Unit or Corps—(a) Overseas from United Kingdom 20th Batt (b) in United Kingdom 12th Res

Born at—Town Orillia County or Province Ontario Country Canada

Date of Birth—Day 15th Month Febuary Year 1896 Age 22 yrs. 10 months.

Joined at Lindsey Ont. Date March 15th 1916

Former trade or occupation Machinist

Permanent Marks or any peculiarity that will serve for future identification :—

Buller wd. Lefr Elbow.
Vaccination mark Lefr arm.

Height—feet 5 inches 6 Colour of eyes Grey

Signature of Soldier (*for identification purposes*) H. S. Anderson

Medical Report

☞ *Read carefully the instructions on last page of this form.*

1. DISABILITY.

Group the disabilities, placing those resulting from separate causes in separate groups.

Disabilities Group (*a*) PARTIAL ANKYLOSIS ELBOW JOINT (LEFT)

Disabilities Group (*b*) N.A.

Disabilities Group (*c*)

2. CAUSE OF DISABILITY

		Place of origin.	Date of origin.
(*i.*) As to Group (*a*) above.	G. S. W.	FRANCE.	Aug 9th
(*ii.*) As to Group (*b*) above.	N.A	N.A	N.A
(*iii.*) As to Group (*c*) above.	N.A	N.A	N.A.

3. Is the disability due to disease contracted or injuries received prior to Active Service ?

(*i.*) As to Group (*a*) above ? No If yes, has Active Service aggravated it ? No

(*ii.*) As to Group (*b*) above ? No If yes, has Active Service aggravated it ? No

(*iii.*) As to Group (*c*) above ? No If yes, has Active Service aggravated it ? No

4. Is the disability due to disease contracted or injuries received while on Active Service ?

(*i.*) As to Group (*a*) above ? Yes

(*ii.*) As to Group (*b*) above ? No

(*iii.*) As to Group (*c*) above ? No.

PART I. (continued).

5. MEDICAL HISTORY. Patient's tale was hit on elbow. Walked off line. Evacuated to England then Canada. Discharged. Joined Army in good health. Fit & efficient. Fell down 26/8/44. Was seen 26/8/44. Was sitting in Nov 43 that left elbow. R.A.P. Left to elbow joint. Swelling of Left elbow. X-Ray Epsom 16/9/44. Fracture posterior surface lower end of humerus with joint involvement. Sent to Epsom. Elbow fair. Bone healing. Epsom 20/11/44 fair. Elbow fair. Bone healing. Bolton War Emer. 29/8/44. Epsom. 20/11/44 fair.

Bullet Wd. Left Elbow.
Vaccination Mark Left Arm.

6. PRESENT CONDITION. Subjective: unable to bend elbow joint properly.
Objective: Fairly well nourished, fairly well developed. General condition good, scar three inches long, on posterior surface of elbow healed, fair adhesion outwards to olecranon process. No tender points, slight enlargement of joint. Extension limited about 25°, flexion about 50°. Pronation & supination of forearm normal. Other systems normal.

7. OPERATION. (i.) Was one performed? Yes. (ii.) If so, state what. Wd. opened & packed Bone.
(iii.) Was one advised and declined? No.

NOTE.—Loss of teeth on or immediately after Active Service should be attributed thereto, unless there is evidence to the contrary.

8. (i.) Is there loss or decay of teeth attributable to Active Service? No
(ii.) If so, describe. Nil

9. DO YOU RECOMMEND:—
(a) Fit for duty? (state category) B111
(b) Invalid to Canada? No
(c) Discharge from the Service as permanently unfit? No

Date of Report Dec 3rd 1944 Signed J. Moody Capt
Officer in medical charge of case.
Station Epsom Surrey

I have satisfied myself of the general accuracy of the above Report, and concur therein *~~except~~ R. Johnston Capt (Officer i/c Hospital / S.M.O. Brigade) Strike out one of these
Dated at Epsom Station, on 3 Dec 1944 191

*Delete if inapplicable.

PART II.

Proceedings of a Medical Board on the Soldier mentioned in Part I.

10. Is the disability fully described in Part I. (1)? If not, describe it. Yes

11. Is the cause of the disability fully described in Part I. (2)? If not, describe it. Yes.

12. From the medical information now adduced, was the disability caused or aggravated by:— (a) Negligence of the Soldier { Caused? Aggravated? } No (b) Misconduct of the Soldier { Caused? Aggravated? } No.

13. THE ENTIRE DISABILITY.—Without regard to his regular occupation, to what extent is his capacity lessened at present for earning a full livelihood in the general market for untrained labour? *(Estimate at none, 5%, 10%, 15%, 20%, etc.)* Twenty Per Cent.

14. THE DISABILITY DUE TO SERVICE.—*(See Part I. (3). Aggravation on Active Service of a disability existing previous to joining is to be included in this estimate.)* What part of the entire disability estimated next above (13) is due to causes arising during Active Service? *(Estimate at none, 1/10, 2/10, 3/10, etc., or all.)* All

15. Permanency of the Disability due to Service estimated next above in (14).
(i.) Is it permanent? No
(ii.) If not permanent, what is its probable minimum duration *(in months)*? Eight Months

16. If an operation was advised and declined, do you consider the refusal to have been unreasonable? No

17. Can the former trade or occupation be resumed? Yes

18. REMARKS:— Authority A.C.I. 2083 11/44

19. RECOMMENDATION:—
(a) Fit for duty? (state category) B111
(b) Invalid to Canada? No
(c) Discharge from Service as permanently unfit? No

Date of Board Dec. 3rd 1944 Signatures of the Board { J. MacJarmid Major President. J. Moody Capt

Station Epsom

Approved R. Johnston Capt A.D.M.S.
Dated at Epsom Station for A.D.M.S. Canadians, London Area 191

ASSISTANT DIRECTOR OF MEDICAL SERVICES, CANADIANS, LONDON AREA. DEC 7 1944 13, BERNERS ST, LONDON, W.1