

724207

**I.D. number**  
**No. d'identification**

ANDERSON

**Surname**  
**Nom de famille**

WILLIAM JOHN

**Given names**  
**Prénoms**

DEC'D 29-5-70

**PERSONNEL RECORDS CENTRE**  
**CENTRE DES DOCUMENTS DU**  
**PERSONNEL**

OPEN  
ATIP

**Location**  
**Lieu**

172

REGIMENTAL DOCUMENTS

NAME ANDERSON, WILLIAM JOHN REGT. NO. 724207 UNIT 109<sup>th</sup> Bn H. Q. FILE NO. 9720

**CONTENTS**

DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

M. F. W. 2505  
REFERENCE

NON-EFFECTIVE BY

DEATH

Category

DISCHARGE

Category

*Med. Discharge*

DESERTION

38

- 1 ATTESTATION PAPER (M.F.W. 23, 133, or 51)
- 1 CASUALTY FORM (M.F.W. 54 or A.F.B. 103)
- 1 TRAINING HISTORY SHEET (M.F.W. 113) *Record sheet*
- 1 FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)
- 1 REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)
- 1 COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)
- 3 MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)
- 1 DENTAL HISTORY SHEET (M.F.B. 465)
- 1 MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)
- 1 MEDICAL EXAMINATION (M.F.W. 129)
- 1 TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)
- 1 PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)
- 1 DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)
- 1 LAST PAY CERTIFICATE (M.F.W. 44)
- 1 PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)
- 1 PARTICULARS OF CHARACTER (A.F.W. 3226)
- 1 COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 394)
- 1 *97191 3997*
- 1 *97191 192*
- 1 *97191 67*
- 1 *186132*
- 1 *603*
- 1 *5009*
- 3 *1237*
- 1 *3172*
- 1 *3118*
- 1 *Cas card*
- 1 *0000*



*Handwritten signature in blue ink, possibly 'W. J. Anderson'.*

*7-20*  
*18-30*  
*26-2*  
*1*

# CASUALTIES

SHORT FORM.  
PROCEEDINGS ON DISCHARGE.  
(Demobilization.)

E.G.

War Service Badge, \_\_\_\_\_  
Class \_\_\_\_\_  
No. 3888 Issued \_\_\_\_\_



1. No. #724207

2. Rank Pte.

3. Name ANDERSON, William, John

4. Unit 109th Battalion (#2 D.D.)

5. Date of Discharge AUG 16 1919 Place TORONTO, ONT.

6. Reason for Discharge.....  
"MEDICALLY UNFIT"



7. Authority (#2 D.D. PART 11 DAILY ORDER #226)

8. Proposed Residence after Discharge.....  
Dorset, Ont.

9. CERTIFICATE TO BE SIGNED BY SOLDIER.  
I hereby acknowledge that at the undernoted place and date I received my discharge Certificate  
M. F. W. ?.....

William John Anderson  
Signature of Soldier.

10. CONFIRMATION.  
The discharge of the above named man is hereby confirmed.

No. 2 DISTRICT DEPOT  
TORONTO, ONT.  
AUG 16 1919  
TORONTO

Place.....  
Date.....

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

KEP  
17.2.20

LIST OF DISCHARGE DOCUMENTS.

Attestation Paper, Triplicate.....	Militia Form W. 23
or Particulars of Recruit.....	Militia Form W. 133
Field Conduct Sheet.....	Militia Form W. 178 or A.F.B. 122
Casualty Form.....	Militia Form W. 54 or A.F.B. 103
Last Pay Certificate.....	Militia Form W. 44
Certificate that missing documents are unobtainable.....	
Medical History Sheet.....	Militia Form B. 313 or A.F.B. 178
Proceedings of Medical Board.....	M.F.B. 227, A.F.B. 179 or A.F.A. 45
Dental History Sheet.....	Militia Form B. 465
Medical Report.....	M. F. W. 129 or D. M. S. 1375
Regimental Conduct Sheet.....	Militia Form B. 263
Company Conduct Sheet .....	Militia Form B. 263a



Handwritten initials or signature in the bottom right corner.

July 30

277

Sgt Anderson

HOSPITAL

REQUISITION FOR TREATMENT OR EXAMINATION.

Date 5. 8. 19.

Reg'tal No. 724207 Rank Pte Name Anderson Unit 2 9 9

Bed 16 Ward E 3

Injury or disease G. S. W. left forearm Part affected

Treatment or Exam Sterec X-Ray Region  
left elbow -  
Fracture ulna about mid shaft  
Pain relieved -  
Non union of ulna -  
issue  
Carr

Report Fragment about 1 1/2 long on one  
side by 1/2 on other broken out of ulna  
about 4" below elbow joint - lower 1/2 end  
of fragment well united - upper  
approximated to bone but not firmly  
united

J. G. Stone  
Capt.

Signed

DEPARTMENT OF VETERANS AFFAIRS  
MINISTÈRE DES AFFAIRES DES ANCIENS COMBATTANTS

DEATH NOTIFICATION  
AVIS DE DÉCÈS

TO:  
À:

DATE ... JUNE 8, 1970 .....

NAME ANDERSON WILLIAM JOHN  
NOM .....

Service No. 724207 WW1  
Matricule N° .....

CPC No. 169298  
CCP N° .....

WVA No.

AAC N° 52537 .....

Information Received from:

Information reçue de: ..... GPC TORONTO, ONT. MAY 29, 1970 .....

Date of Death

Date du Décès MAY 15, 1970 .....

Place

Endroit ..... NOT STATED .....

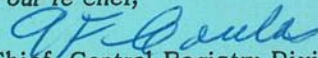
Distribution: WSR-DASG

VI - ASS

~~DOXED~~

HO - BC

Pour le chef,



for Chief, Central Registry Division.

Dépôt central des dossiers.

Number

424207

Rank

Cte

Surname

ANDERSON

Christian Name

William John

Units

20th Reg C Inf

Theatre of War

France

Date of Service

7 6-10-16

Remarks

Latest Address

~~Dorset C. D., Ont~~

105 Andrew St Oshawa Service Ont

Roll No.

200m.-6-21.

B. Page 20271

DEST  
NOV 9 1965  
REGN. NO. 613837



# CANADIAN EXPEDITIONARY FORCE

## Discharge Certificate

War Service Badge.

Class A

No. 2888 issued

E.G.

This is to Certify that No. 724207 (Rank) Pte.

Name (in full) ANDERSON, William, John enlisted in

the 109th Battalion

CANADIAN EXPEDITIONARY FORCE at Minden on the 15th.

day of March 1919

HE served in ENGLAND & FRANCE

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

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

Age 33 Yrs. Marks or Scars

Height 5' 6" Vacc. scars left arm.

Complexion Dark C.S.M., LEFT ARM, 30-8-19

Eyes Brown GOLD STRIPE ON R.

Hair Black

W. J. Anderson  
Signature of Soldier

H. Sergeant Coy  
For Issuing Officer  
O.C. No. 2 District Depot,  
Rank

Date of Discharge 16th August 1919

Appointment

Signed at Toronto, Ont. this 16th. day of August 1919

in Military District No. 22.

File Reference No. \_\_\_\_\_

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

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

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

Unit .....

Address on Discharge .....

Character and Conduct .....

Former Occupation .....

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

Medals and Decorations .....

Remarks .....

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

Name of Officer .....

Rank .....

Appointment .....

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

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

MAR 15 1916

D.

# ATTESTATION PAPER.

No. 724907

109th OVERSEAS BATTALION, C. E. F.

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

**ORIGINAL**

## QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname? ..... *Anderson*
- 1a. What are your Christian names? ..... *William John*
- 1b. What is your present address? ..... *Darseth Ont*
2. In what Town, Township or Parish, and in what Country were you born? ..... *Simcoe County Ont. Canada*
3. What is the name of your next-of-kin? ..... *Mrs. Flora Anderson*
4. What is the address of your next-of-kin? ..... *Darseth Ont. Canada*
- 4a. What is the relationship of your next-of-kin? ..... *wife*
5. What is the date of your birth? ..... *Oct 22 1885*
6. What is your Trade or Calling? ..... *labourer*
7. Are you married? ..... *yes*
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? ..... *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*

## DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *William J. 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.

*Wm. J. Anderson* (Signature of Recruit)

Date *MAR 15 1916* 191 . *Arnold R. Jensen* (Signature of Witness)

## OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *William J. 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.

*Wm. J. Anderson* (Signature of Recruit)

Date *MAR 15 1916* 191 . *Arnold R. Jensen* (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 *Darseth* this *21* day of *March* 191*6*

*J. J. Cassidy* (Signature of Justice)

Description of *Wm John Anderson* on Enlistment.

Apparent Age... *30* 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* ft. *6* ins.

*scars on 2nd & 3rd fingers of left hand*

Chest measurement { Girth when fully expanded ..... *33* ins.  
 Range of expansion ..... *3* ins.

Complexion ..... *Dark*

Eyes ..... *Brown*

Hair ..... *Black*

Religious denominations. { Church of England .....  
 Presbyterian .....  
 Methodist ..... *Yes*  
 Baptist or Congregationalist .....  
 Roman Catholic .....  
 Jewish .....  
 Other denominations .....  
 (Denomination to be stated.)

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 .

..... *J. M. ...* ..... Capt.

Place ..... *Dart Out.* .....

..... 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.

..... *William John 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.

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

Date ..... *MAR 15 1916* ..... 191 .

A.G.R.

Rank \_\_\_\_\_ Name ANDERSON, William John / Reg'l No. 724207 /  
 Unit 109th Bn. / If in perm. Corps, }  
 What Unit? } Dorset, / Married or Single Married /  
 Place and Date of Enlistment 15th March, 1916. / Place of Birth Simcoe Co., Ont.,  
Dorset, Ont., Canada. / Relationship Wife. /

Assigned Pay Monthly \$ \_\_\_\_\_ Payable to \_\_\_\_\_ Relationship \_\_\_\_\_  
 Separation Allowance \$ \_\_\_\_\_ Payable to \_\_\_\_\_ Relationship \_\_\_\_\_

N/E. R.B. 27306  
 File R.I. CAN. MU  
 Category \_\_\_\_\_

Discharge, Date and Place \_\_\_\_\_ Reason \_\_\_\_\_ Character \_\_\_\_\_

H. W. & V., Ltd. - 7163-16.



Report.	Record of promotions, reductions, transfers, casualties, etc., during active service.	Place.	Date.	REMARKS. Taken from Official Documents.
Date.	From whom received.			
<u>6</u>	<u>Arrived in England per H. M. T. 2810</u>		<u>31-7-16</u>	
<u>5-10-16</u>	<u>109<sup>th</sup> Bn S.O.S. to 20<sup>th</sup> Batta</u>	<u>Braunschweig</u>	<u>5-10-16</u>	<u>Pt II. 50.279</u>
<u>11-10-16</u>	<u>20<sup>th</sup> Bn T.O.S. from 109<sup>th</sup> Bn</u>	<u>Field</u>	<u>6-10-16</u>	<u>Pt 55.</u>
<u>3-6-18</u>	<u>awarded 1<sup>st</sup> C. Badge</u>	<u>He</u>	<u>15-3-18</u>	<u>49</u>
<u>2-9-18</u>	<u>Wounded</u>		<u>27-8-18</u>	<u>G.R.A. 308</u>
<u>9-9-18</u>	<u>T.O.S. from 20 Bn</u>		<u>1-9-18</u>	<u>Pt 250 / 20 Bn Pt 250/13-9-18</u>
<u>1912/16</u>	<u>In Comm. 600. Butler</u>		<u>13/12/18</u>	<u>Pt 5357</u>
<u>29-5-19</u>	<u>Invt. to Canada</u>	<u>Epsom</u>	<u>23-5-19</u>	<u>B531, S.I. 501, MD2</u>
<u>3.6.19</u>	<u>ICORD inv. &amp; SGS TO</u>	<u>CAN</u>	<u>23.5.19</u>	<u>Pt -114 SL-501</u>



CERTIFIED PARTICULARS AGREE WITH DOCUMENTS  
O.C. Casualty Company  
Major

DEPARTMENT OF MILITIA AND DEFENCE.

DISCHARGED

WAR SERVICE GRATUITY.

OTTAWA, CANADA.

Declaration required of Officers, Warrant Officers and Men who claim War Service Gratuity under Order-in-Council (P.C. 3165), dated 21st December, 1918.

If the applicant will enquire at the local Branch of the Canadian Patriotic Fund he will be informed if there is an official who will take this Declaration free of charge.

A complete reply must be given to every question in this Declaration. There must be no blanks and no dashes. If any questions are not applicable, the words "NOT APPLICABLE" must be written out.

On completion this Declaration is to be returned to THE DISTRICT PAYMASTER OF THE DISTRICT IN WHICH THE SOLDIER WAS DISCHARGED.

1. Christian Names *William John* 2. Surname *Anderson*
3. Rank *Pte* 4. Original Unit *109th Batt* 5. Reg. No. *724207*
6. Address, in full, to which future payments of gratuity are to be forwarded  
*Dorset, 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 *Yes Mrs. L. Anderson*
9. Relationship of such dependent *Wife*
10. Present address, in full, of such dependent *Dorset, Ont*
11. Is said dependent now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? *No*
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 20-7-16  
Returned 3-1-19 with 109th Batt.*
13. Were you on the strength for pay and allowances of the Clearing Services Command, having been at any time on duty outside of Canada or the United States? *No*
14. Were you on active service only in Canada or the United States? If so, give particulars of units and dates of such service *No*
15. Give total length of time which you served on active service, whether in Canada or Overseas, setting out particulars of units on whose strength you served *3 Yrs. 5 Mons. 1 dy.*  
*109th 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*

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 .....
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 .....
- 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  
*16th August 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 Served in France from 1-10-16 until 1-9-18 with 20th Batt.* .....
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: *W. J. Anderson*

Place of Residence: *Oshawa, Ont*

Declared before me at: *Toronto, Ont*

This *13* day of *Aug* 19*19*

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

*J. R. Toward* Major  
 O. C. Casualty Company, No. 2 D. D.

**POST DISCHARGE PAY.**

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

Certified Correct.

District Paymaster.



No. 724207 Name *Anderson, William John* Sgt., Batty.,  
of Company

*"D"* Corps *109th Bn. C.E.F.*

Date of enlistment } *16/3/16*

G.C. Badges } *one. 15.7.19* Service or Proficiency Pay } *nil*

Date of last entry in Company Conduct Sheet } *nil*

No. and date of last drunk } *nil*

Period not reckoning towards freedom from extra fine } *nil*

Sheet No. *one*

Signature O.C. Company, etc. } *aw. Gray*

Character } *good*

*O.C. "D" Co., 109th Bn., C.E.F.*

Place	Date of offence	Rank	Cases of Drunkenness	Offence	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	Remarks
<i>Transferred to 20th Battalion</i>				<i>OCT 5 1916</i>					
				<i>joined 20th Bn in hospital 22.10.16</i>		<i>capt</i>		<i>AW. B. Galt</i>	<i>CAPTAIN, ADJUTANT, 109TH BATTALION CAN. INFANTRY.</i>
				<i>awarded G.C. Badge 15.3.18.</i>	<i>So. 395.</i>	<i>awarded</i>			
				<i>Struck off 1.9.18. Invalided.</i>	<i>wounded.</i>			<i>AW. B. Galt</i>	<i>O.C. "D" COY., 20TH CANADIAN BATTALION</i>

Army Form B. 122



# CANADIAN EXPEDITIONARY FORCE.

M.F.W. 44.  
1188 (D.P.) 250M.-12-18.  
1772-39-908.

## LAST PAY CERTIFICATE

Regimental No. 724207 Rank Pte Name Anderson W. J.  
(Surname first)  
 Unit #2 D.D. who was\* Discharged  
 On 16.8 1919, to.....  
\*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from 1.8.19 to 16.8.19 191...  
 the inclusive date of transfer or discharge.

	Dr.	Cr.
Bal. Dr. or Cr. from prev. month .....		
Regimental Pay..... <u>16</u> days at \$..... <u>1.00</u>		17.60
Field Allowance..... days at \$..... <u>c.</u>		15.50
Separation Allowance .....		3.50
Clothing Allowance .....		1.00
Post Discharge Pay .....		
*Other Credits .....		
Advances .....	1245.48	
Separation Allowance and Assigned Pay Cheque No. ....	1247.30	45.50
*Other Charges .....		
Balance on transfer or on discharge, cheque No. ....	1247.29	112.60
Total .....		<u>1681.00</u> <u>1681.00</u>

\*Give particulars.



Ward B upper 4 Cav. Gen. Hospital. No. of Bed \_\_\_\_\_ Date \_\_\_\_\_

Regl. No.	Rank and Name.	Corps.	Part to be X-Rayed.
724 207	Plt. Anderson	20 Cav.	Rt Forearm (middle third)

SHORT HISTORY OF CASE.

(To be completed by M.O. i/c case.)

G. S. W. R. Forearm.

Fracture ulna 27.8.18.

For position  
Suggestio?

REPORT ON RESULT OF X-RAY EXAMINATION.

(To be completed by Radiographer.)

No. of Plate 5391.

Old fracture, middle of <sup>Left</sup> R.  
ulna. There appears to be rather  
weak union in good position.  
One very small loose fragment.

Signature of M.O. W. M. Baugh

Date 13.3.19.

Signature of Radiographer Capt. Royle

Date 14/3/19

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

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

# Casualty Form—Active Service.

109th OVERSEAS BATTALION, C. E. F.

Unit, Regiment or Corps

Regimental No. *424204*

Rank *Pte*

Name *Anderson William John*

C. E. F.

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) *Laborer*

CERTIFIED CORRECT.

Report Date	From whom received	Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 38, 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. 38, or other official documents.
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*Embarked Canada*  
*Disembarked England*  
Transferred for Overseas Service with *20th* Battalion *20th* *5 1916*

6/10/16	C B Dep	Arrd & taken on strength	20th Bn	6/10/16	NR Pt 2
do	do	Left for	do	20/10/16	NR
27/10/16	20th Bn	Joined	do	23/10/16	B213
5-8-17	2d Coy Bn	Employed (Staff)	2d Coy Bn		
24-9-17	20th Bn	Transf to	CCRC	24-9-17	B213
8 DEC 17		GRANTED 14 DAYS LEAVE		29-11-17	
29 DEC 17		Ret 2 CCRC from leave		14-12-17	
19.3.18	2 CCRC	Staff A. left for	20th Bn	19.3.18	NR
23.3.18	20th Bn	Transf from CCRC			B213
25.5.18	"	Awarded G.C. Badge	"	15.3.18	B213. Pt # 49
27.8.18	12. Htdy	Adm 12 Htdy	12 Htdy	27.8.17	N. 1784
28.8.18	8 CFB	Adm 8 CFB	8 CFB		A 36
29.8.18	12 Htdy	To 23 A.T.	23 A.T.	29.8.18	N. 2044
30.8.18	20 Gen	Adm 20 Gen	20 Gen	30.8.18	N 4661
1.9.18		Transf to England		1.9.18	H. 5381

*D.O. Pt. II. No. 279* Capt.

ADJUTANT  
109th Overseas Battalion, C. E. F.

*W. G. Aseling* CAPTAIN  
16-16708

109th BATTALION CAN. INFANTRY.  
Part II Ord. 91. d

(a) In the case of a man who has re-engaged for, or enlisted into Section D. Army Reserve, particulars of such re-engagement or enlistment will be entered.  
(b) 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				
1-9-18	20 Gen	Inv (Wad) & posted to 1st Cent Ont. Regl Depot, Witley per AT Newhaven 1-9-18			W3085 - 5903. Pt. 2 No. 83d/13-9-18.
			<i>Whogau</i> Major Canadian		for Lt.-Col., A. A. G. Section. G. H. O. 3rd Echelon B. E. F.
9.9.18	BOARD	TOS from 20th Bn Witley		1.9.18	D.O. 250  <i>Power</i> Capt FOR LT: COL: I/O RECORDS, C.O.M.F 158 <i>Power</i> Lieut. For O.C. No. 2 District Depot
23-5-19					T.O.S. N. 2 District Depot, Part II, D.O. No. ....  Dis. #2 D.D. 16th August 1919 Pt. 11 D.O.#226 <i>Power</i> Lieut. For O. C. No. 2 District Depot.

JUN 23 1919

WHITBY MILITARY HOSPITAL

This is to certify that the marginally noted man is  
free from Venereal and other infectious diseases.

724207

Pte Anderson H.A.

*Phillips Capt*

Medical Officer,

Whitby Military Hospital, Whitby Ont.



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 BN., C.E.F.

(2) Regimental Number 224207

(3) Full Name of Soldier William John Anderson

(4) Place of Birth Colwallis Ontario

(5) Are you married, or not? Yes

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

(b) Present Postal Address Dorset - Ontario

(7) Are you a widower? No

(8) Have you any children? Yes

If so, give number of boys and girls Three Girls

Also their names and ages

Florence Stella Anderson 4 yrs. 6 mos.  
Centred's Henrietta Anderson 3 yrs. 1 mos  
Agnes Lesla Anderson 9 mos

(9) Is your Father alive?.....  
If so, state name and address..... *Yes. Mrs. A. Anderson. Dorset-*

(10) Is your Mother alive?.....  
If so, state name and address..... *Yes Lydia Anderson Dorset-*

(11) If your Mother is a widow.....  
Are you her sole support, or not?.....

(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.

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

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

(15) Are you insured?..... *Yes No*  
If so, in what Company?.....  
Have you made arrangements for payment of your Insurance premium.....

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

Date..... **JUL 1 1 1916**

*[Signature]* Lt. Col.  
O. C. 106th Overseas Battalion, C. E. F.,  
*Officer Commanding*

GSW - 0

Fract. C. - 2

Severe - 1

Upper - 8

Ulna - 3

Removal of Sequestra

1

*Meth  
S.*

CASE HISTORY SHEET.

St. Andrews Hospital. Toronto Station.  
 No. 724207 Rank PT. Name Anderson W. J. Age 33  
 Unit #2 W.K. Completed years of service 0 1/2 0 1/2 1 3/4 } Where and how long  
 Date of admission 2-5-19 Date of discharge 13-8-19  
 Diagnosis G.S.W. L. Forearm. Place of origin 27-8-18 France

CONDITION ON ADMISSION AND PROGRESS OF CASE

26.6.19. Transferred from Whitty 23.6.19.

History: brief  
G.S.W. on left forearm in 27 Aug. 1918 fracturing ulna at about its middle and lacerating stream considerably. Wound healed but non-union of ulna resulted.

Present condition:  
Non-union of ulna, also extensive scars on medial and lateral surface of forearm but not interfering with movements of muscles or articulation. Patient has 75% inflation & inspiration & complete flexion and extension and grip about 50% but lifting power only about 25% of normal. Lateral chest no pain.  
Systemic atheries are apparently normal.

8.7.19. Receiving message - Hy. S. S. Report

FAMILY HISTORY

(Tuberculosis, mental or nervous diseases.)

23.7.19. To see General Officer  
25.7.19. In see Doc. Officer.  
5.8.19. V-Ray Report

TREATMENT

(Especially any specific or special form.)

massage - neck - C.  
8.8.19. White Document & Ray report  
& Massage over wound

CONDITION ON DISCHARGE

(and disposal made of case.)

Bound on 227

Date 7.8.19 S. Bull Com  
 Medical Officer i/c case.

*59.472*

Aug. 27, 1918 GSW left forearm midway between elbow and wrist internal surface fracturing ulna - no union of fracture yet Scar 6" long slightly adherent Anterior external surface also scar, 4" long anterior surface middle of forearm slightly adherent. Has had 3 operations removing dead bone.

MOVEMENTS :- Wrist - Flexion  $45^{\circ}$  )  
 Extension  $45^{\circ}$  ) Amplitude  $90^{\circ}$   
 Thumb and fingers - extension - normal

	Flexion				
	Thumb	Index	Middle	Ring	Little
Pron.	N	80	95	85	80
Med.	N	90	80	85	45
Dist.	N	35	10	0	20

Abd. and Add. normal

Opposition of thumb - normal

ANAESTHESIA; Tactile over distal half dorsal surface of Mid. Ring and little fingers and ulna area of palmar surface  
 Strength of grip about 50% of normal

DIAGNOSIS :- Non-union of fracture, limitation of movement of fingers due to splinting

TREATMENT :- Local hydro, Massage and Gymnasium.

- DEPARTMENT OF EAR, NOSE AND THROAT -



Name Anderson, Wm Date June 27/19 Unit 44<sup>th</sup> Battery

Age 26 Enlisted Jan. 1916

In or Out Patient for Chronic Rhinitis

Diagnosis Chronic Rhinitis + Otitis Media

History Deafness both ears - O.K. in restaurant - noted 12: France with battery - occasionally tinnitus - & aching - since 1918 spring - never any discharge

RIGHT

LEFT

Ext. Eacies.....		
Nasal Septum.....		
Inf. Turbs.....	+++	++
Mid. Turbs.....		
Nas. Pharynx.....		
Pharynx.....	congested - chronic	
Tonsils.....	++	++
Teeth.....		
Accessory Sinuses.....		
Larynx.....		
Ext. Aud. Canal.....	clear	
Memb. Tymp.....	Normal	Normal Retr.
Mastoid.....		
X-Ray.....		

R..... 12 feet..... normal

Hearing. H. C.V. v. C256 Air Bone C512 Wet

L..... 12 feet..... normal

Treatment and Progress

Suggest Inflation

Monday.

Goodbye.

B/4 Bed 4. B.H.

MEDICAL CASE SHEET.\*

No. in Admission and Discharge Book. <i>M.O.J. 8249</i> Year.	Regimental No.	Rank.	Surname.	Christian Name.
	724207	Pvt	Anderson	W.J. <i>LB</i>
	Unit.		Age.	Service.
	20 Cass		33	34 mos

Station and Date. *12-3-19*

Disease *G. S. W. L. Arm & frac ulna*

OCCUPATION *Farmer*

NEXT OF KIN *Mother Mrs. L. Anderson*

ENLISTED *March 15, 1916*

ENLAND *July 31, 1916*

FRASCR *Oct 1, 1916*

WOUNDED *Aug 27, 1918*

HOSPITALS # *8 C. F. A.*

# *42 C. C. S.*

# *20 Gen. Hosp.*

OPERATIONS

*30.8.18. Wound excised*

REMARKS

SUMMARY OF F.M.C. & H.V.C.

*F.M.C. 30.8.18. "Large lacerated and entrance wounds excised. Muscles and damaged muscle removed. Ulna shattered. No apparent injury to nerves or vessels. Flouin packs."*

PRESENT CONDITION

\* The first and last entries will be signed, and transfers from one Medical Officer to another, attested by their signatures. (A 1014) W3081/P/1296 3,450m 7/18 Drayton Mill Forms/I. 1237/14 (E. 3420) [P. T. O.]

Station  
and Date.

Broad scar 4" long over anterior aspect  
of ulna border of left forearm. Linear  
scar 3" long over posterior aspect at same  
level.

Old fracture of ulna apparently united in  
good position.

Some limitation of flexion of fingers - left can be  
approximated to wrist in  $\frac{1}{4}$ " of palm of hand  
due to involvement of extensor tendons in scar tissue.

Numbness of dorsal aspect of middle and  
ring fingers terminal + middle phalanges.  
Thenar atrophy. Hand cold.

Partial median lesion.

Has had 6 weeks massage.

21-3-19.

### Electrical Reactions

#### Left arm

Musculo spiral group all respond to Faradism  
Ulnar - group all respond to Faradism  
Median - group all respond to Faradism.

The median responses are quite as brisk as the  
others. No Reaction of Degeneration present.

EP Lewis M.D.

24.3.19

Small sequestrum removed from ulna  
under novocain.

Recommended for I. to C.

W. M. B. L. S.  
L. M. L. S.



MEDICAL CASE SHEET.\*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
55	724207	Pte	Anderson	W J
Year. 1919	Unit. 20 Can Batt		Age. 33	Service.
Station and Date.	Disease <i>Gsw Lc Forearm - Fract-ulna,</i>			
<i>Epsom 30-1-10</i>	<i>no duty + Dressings Two large scars - left forearm - one healed - the other nearly healed portion of ulna poor - some loss of muscle tissue. Grip is very poor</i>			
<i>3-2-19</i>	<i>massage no duty + Dressings</i>			
<i>10.2.19</i>	<i>CO. Massage no duty + Dressings</i>			
<i>17 2.19</i>	<i>CO. Mass. Flex finger joints no duty</i>			
<i>24.2.19</i>	<i>was reopened</i>			
<i>11/6/19 27/2/19 Epsom</i>	<i>Wounded</i>	<i>has opened up</i>	<i>Amis</i>	<i>Franklin Amis Hawville Special Gaspard Burtin Mackenzie Capt. Cullis</i>



No. 724207. RANK *Plt.*

NAME *Anderson, W. J.*

T. O. S. 15-3-16.  
(S.O. 119 of 7-9-16)

UNIT

*109<sup>th</sup> Battalion.*

M. D. *23.*

			PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
PAID FROM	PAID TO	SIG. OR REC'T	PARTICULARS	AUTHORITY
<i>1916. Mar. 15.</i>	<i>1916. April 30.</i>	<i>✓ ✓ ✓ ✓</i>		

UNIT SAILED  
JUL 23 1916

SURNAME.

Anderson

CARD NO. ✓

CHRISTIAN NAMES

William John

Los. 16-8-19  
FOLL. m h

REGL. NO.

724207

RANK

Pte.

DD 226 14/8/19  
200

UNIT

109<sup>th</sup>

Bre

FORMER CORPS

Nil

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Anderson Mrs. Flora

RELATIONSHIP TO SOLDIER

Wife

ADDRESS

~~Dorset~~ Ont.

Bracebridge,

encl. 18-12-18 m

COUNTRY OF BIRTH

Canada Sincere. Co DATE Oct 22<sup>nd</sup> 1886.

PLACE OF ATTESTATION

Dorset. Ont.

DATE

Mar. 21<sup>st</sup> 1916

Sailed from Halifax, Per. S.S. "Olympic." 23-7-16 488  
PIC 2-6-19. 340 / 8 Pte.

MARRIED

*Yes*

SINGLE

WIDOWER

TRADE OR CALLING

*Labourer*

RELIGION

*Methodist*

DESCRIPTION.

APPARENT AGE

*30* YEARS

MONTHS

HEIGHT

*5* FEET

*6* INCHES

CHEST MEASUREMENT

*33* INCHES

EXPANSION

*3* INCHES

COMPLEXION

*Dark*

EYES

*Brown*

HAIR

*Black*

DISTINGUISHING MARKS

*Scars on 2<sup>nd</sup> and 3<sup>rd</sup> fingers  
of left hand.*

MEDICAL EXAMINATION.

PLACE

*Sporet, Ont.*

DATE

*Mar 15<sup>th</sup> 1916*

NAME

Anderson, William John

REGT'L. No.

724207

RANK AND CORPS

Pvt. 20<sup>th</sup> Bn Form 107<sup>th</sup> Bn

H. Q. FILE NO. 649

FOLLOWS

NO.

FOLLOWS

CABLE

NO.

DATE

NATURE OF CASUALTY

NO.	DATE	NATURE OF CASUALTY
W.K. Mrs. Clara Anderson (wife) 80498 <sup>496</sup>	4-9-18	Dorset Ont Adm. 12 Stat. H. St. Pol. Aug 27 <sup>th</sup> / 18. Wdd. S. Arm ✓

LIST No.

HOSPITAL

DATE OF  
ADMISSION

REMARKS

1308.	12 <sup>th</sup> St. Pol.	27.8.18	wd. L. arm
B311	1 <sup>st</sup> West Ken: Liverpool	19-18	gw. " "
B439	Mil Com: West Ken	30-1-19	Gsw " "
B474	1 <sup>st</sup> West Ken: Basingstoke	12.3.19	.....
B510	Mil Com: West Ken	29.4.19	.....
B53	Invalided to Gen	23-5-19	" " " "
			SL. 501- M D 2

William John

Name ANDERSON Rank Pte Reg. No. 724207Unit 20th BuNext of Kin Canada

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1918						
27.8	12 S.H. Ave	L.S.A. / Army		1308	1498	5656/10
1.9	14 W. H. Liverpool	do		1311		2537/4
30.1.19	Mil. (Com). H. Epsom	do		1343	1.11.19	6012
12.3.19	No. 4 Can. G. H. Basingstoke	do		13.474		8542
29.4.19	Mil (Com) H. Epsom	do		13.570		10243
23.5.19	Invaleded to Canada					
	<del>(501-2)</del>			<del>13.571</del>		9090





AT.....  
 A. & D. No. *M5T8249* PL. OF ACTION *France*  
 RANK *Pvt.* REG. No. *724207* UNIT *20<sup>th</sup> Co. Can* SICK OR WOUNDED  
 NAME *Anderson W J* AGE *33* RELIGION *Meth*  
 PLACE IN HOSPITAL *Bw*  
 DIAGNOSIS *GSW to arm & fracture*  
 ADMITTED *12. 3. 19* FROM *M 626 Epsom*  
 DISCHARGED..... TO.....  
 TRANSFERRED *28 APR 1919* *Mild Epsom*  
 SERVICE AT HOME *11 months* IN FIELD *23 months*  
 RESULTS *J to C*



LEDGER No. 2284

SERIAL No. 69.473. 37

REG. No. 724207 NAME Anderson R J.

RANK Pte CORPS 20th Pm. AGE 33 SERVICE C 4/12 G 2/12 F 23/12

HOSPITALS

DATE OF ADMISSION

1 Military

Whitby

4. 6. 19

DIAGNOSIS

of 9/11 Left Arm.

Do

TRANSFERRED TO

St Andrews Mil 25-6-19

DISPOSITION

Dis to Unit 13-8-19

CATEGORY

M.F.W. 2553.

1126-D.P.-50M-12-18.

1772-89-1332.

P.T.O.

REMARKS:

L

SURNAME

CHRISTIAN NAME OR NAMES

REG. NO.

Anderson W. J.

RANK

UNIT

Co.

TROOP

BATTY.

724207

HOSPITAL

20 Bn. 180

DATE OF ADMISSION

1.

12 Stat. M. Pol.

HOSP.

27.8.18

2.

1 W. G. Liverpool

HOSP.

1-9-18

3.

Woodcote Pk Epsom

HOSP.

30-1-19

4.

4 Ban. Gen. Basingstoke

HOSP.

12.3.19

DIAGNOSIS

1.

G.S.W. Wd St. Arm. a.s.

2.

3.

Invalided to Canada 23.5.19

DISPOSITION

DATE

Ch 2 9. 18 0308-5

REMARKS

5-9-18 B. 311

5-2-19 B. 430

18-3-19 B. 474

2-5-19 B. 510

29-5-19 B. 531

A. M. D. 2 Dept.

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

EPITOME OF HOSPITAL TREATMENT

HOSPITAL

ADM.

1. *Mil. Co. Woodcot Park* *29-4-19.*

2.

3.

4.

5.

6.

7.

A.T. Serum }  
Dose and Date } 1st

500

27.8.18.

2nd

FIELD AMBULANCE NOTES.

Morphia }  
Dose and time }

Date of wound or }  
onset of illness }

Religion

Meth.

*EV* S Army Form W. 3118.  
FIELD MEDICAL CARD.

No. *124207* Rank *Pte.*

Name *ANDERSON, W.J.*

Unit *20th Cdn Bn. 2nd Cdn Div*

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

No. of F.A. *No. 8 Canadian Field Ambulance*

Date of admission *27.8.18.*

F.A. diagnosis

*S.W. Arm. Lt.*

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

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

*Injured 15 D*

Base Hospital diagnosis (alterations or additional)

*Fract Ulna*



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

No. of C.C.S. *43*

Date of entry *27/8/18*

Serial no *42198*

No. of Hospital *20th*

Date of entry *30/8/18*

*Large laceration to R.W.S. exposed  
terminal damage muscles  
removed. Vena shattered.  
No apparent injury to nerves  
or mind. Flaying packs*

*J. Strachan  
Capt.*

*30/8/18 - not at present suitable for  
suture.*

*For Evac B.*

*J. Strachan  
Capt.*

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

L.  
 \*Name ANDERSON, William John Rank Pte. Regtl. No. 724207  
 Original unit 20th. Bn Present unit 1st. G.O.R. M. or S. Age 33 Religion Meth Fyle Depot \_\_\_\_\_  
 Port, ship, and date of arrival Megantic Quebec 2-6-19 Ref. H.Q. \_\_\_\_\_  
 Next of kin Wife F. Anderson Simcoe Ont.,  
 Address on leave same  
 Address on discharge Dorset, P.O. Ont.  
 Transportation issued Yes \_\_\_\_\_ No \_\_\_\_\_ Date \_\_\_\_\_ Character on discharge \_\_\_\_\_  
 Previous occupation Labourer Date and place of enlistment Dorset Ont., March 15th. 1916  
 Diagnosis G.S.W. Left Arm Date of Medical Boards 8-8-19.

T. Date.	Remarks.	Pt. 2 Order No.
23-5-19	Posted to Hos. Sec. 2-6-19 Granted Leave with	
	Sub. 4-6-19 to 18-6-19	158
	Clearing Depot to W.M.H. 4-6-19	161
	W.M.H. to St. Andrews 25-6-19.	H.S. 178.

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

Date

Remarks.

Pt. 2 Order No.

13-8-19

HOS. SECT. TO CAS. CO. EX. CAMP.

225

16-8-19

S.O.S. Dis. (Med. Unfit) (183 days W.S.G.)

226

MEDICAL CASE SHEET.\*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
	724204	Pte	Anderson	W J
Year	Unit.		Age.	Service.
1919	20 <sup>th</sup> Canadians		33.	29/12

Station and Date.	Disease
	Shell wud left arm (fract ulna)

AUX. MIL. HOSPITAL,  
TRANKERS, BIRKENHEAD.

Transferred Canad. Prov. Hospital,  
Woodside Park,  
Epsom.  
R. S. Blair

Station  
and Date.

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 Toronto DATE 8. 8. 19

1. 1 (a) Unit # 2 D.I. (b) Regimental No. 724207 (c) Rank Pte.  
 (d) Surname ANDERSON (e) Christian name William John  
 (f) Home address Dorset Court  
 (g) Next of Kin Mrs Florence Anderson (h) Relationship Wife  
 (i) Address of Next of Kin Dorset Court

2. Age last birthday 33 Date of birth Oct. 22<sup>nd</sup> 1885

3. Enlistment, or Appointment (if an Officer) (a) Place Windsor (b) Date Mar. 15 1916

4. Personal description:  
 (a) Height 5' 6" (b) Weight 115 lbs (c) Complexion Dark  
(stripped)

(d) Colour of hair Black (e) Colour of eyes Brown (f) Identification marks, Scars, etc. Two scars  
Tips of middle & ring fingers, left - Broad scar 6" long over anterior  
aspect ulnar border left forearm - 4" scar posterior aspect at same level

5. Former trade or occupation FARMER

6. Service (The information should be secured from personal documents, but if documents are not available the invalid's statement may be taken and note must be made to that effect. Periods of service in Canada, England, France or elsewhere should be noted).	Years	Days
	3 4/12	20

	PERIODS	
	From	To
Canada	Mar. 15 1916	July 20 1916
England	July 20 1916	Oct 1 1916
France or other theatres of War	Oct 1 1916	Sept 1 1918
<u>Hospital</u>	Sept 1 1918	Aug 8 1919

7. Original disease, or injury Compound fracture left  
Ulna

(a) Date of origin Aug 27 1918 (b) Place of origin Arras  
 (c) Cause G. I. S. W.

15-3-16

MILITIA AND DEFENCE

## SEPARATION ALLOWANCE

M. F. W. 11.  
50m.—4-16.  
H. Q. 1772-39-818.Name *Flora Anderson*

Name of Soldier

*Anderson W. John*

Address

*Dorset  
out*Regtl. No. *724207*

Rank

*Plt*

Corps

*109th Batt*

Relation to Soldier

wife, child or mother

} *Wife*

To what Corps belonging

when called out

## PAYMENTS

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



MILITIA AND DEFENCE  
SEPARATION ALLOWANCE

M. F. W. 11a.  
50m.-4-16.  
1772-39-818.

OVERSEAS CONTINGENTS

Sheet No. 2.

L. L. Job 310.-Req. 6574.

*Flora Anderson*

Wife  
PAYMENTS.

724207

Name of Soldier

*P. 24<sup>th</sup> 17*  
*Anderson Wm John*  
*F. Rte*

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May		O 5300	50 -	50
June		D 2,63	20	20
July		L 10279	20	20
Aug.		A 11976	20	20
Sept.		E 14683	20	20
Oct.		G 18020	20	20
Nov.		F 21069	20	20
Dec.		E 28554	20	20
Jan.	1917	F 28022	20	20
Feb.		E 31038	20	20
March		E 34323	20	20
April		J 144	20	20
May		K 3768	20	20
June		L 6908	20	20
July		F 10635	20	20
Aug.		H 12991	20	T
Sept.		G 16788	20	B 370. ✓
Oct.			20	m
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				



MILITIA AND DEFENCE  
**SEPARATION ALLOWANCE**  
 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.				

*Sgt. W. J. Andersson  
 44 St. Bath  
 Wife Evelyn Andersson  
 Sheet sent to Eng.  
 30/10/14 O.M.Q.*

MILITIA AND DEFENCE  
**ASSIGNED PAY**  
 OVERSEAS CONTINGENTS

To Whom Mrs. Flora Anderson  
 Address Lorset. Ont

*Wife*  
 By Whom Assigned Anderson W. J.

Regtl. No. 724207

Rank Pte.

Corps 109 Bn

Rate \$15.00

**AUG 1 1916**

**AUG 1 1916**

20" Co

**PAYMENTS**

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

MILITIA AND DEFENCE  
**ASSIGNED PAY**

M. F. W. 12a.  
 50m.-4-16.  
 1772-39-819.

Sheet No. 2. Mrs. Flora Anderson  
 L. L. Job 310.—Req. 6574.

OVERSEAS CONTINGENTS

*Wife*  
 PAYMENTS.

Name of Soldier Anderson W. J.  
 724207 8<sup>te</sup> 109 Br.

Month.	Year.	Cheque No.	Amt.	Remarks.
				AUG 11 1916
				AUG 1 1916
April	1916			
May				
June				
July				
Aug.		815081	15	
Sept.		F16114	15	
Oct.		F20427	15	
Nov.		F25062	15	
Dec.		B33202	15	
Jan.	1917	27765	15	
Feb.		g 42675	15	15
March		g 49008	15	15-L (JW)
April		K71	15	15-L
May		K6207	15	15-L
June		K12834	15	15-B
July		K19821	15	15
Aug.		M29381	15	
Sept.		L33745	15	210. ✓
Oct.				
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

\$15<sup>00</sup>

*just.*

*see*

*B*

*1917*

MILITIA AND DEFENCE  
**ASSIGNED PAY**  
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

**PAYMENTS.**

Name of Soldier \_\_\_\_\_

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.				

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

15-3-16

Separation and Assigned Pay Branch

A

2800

Aug 1/16

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

20	1/12/17 25	30	
----	---------------	----	--

PC 3257 1-9-18  
PC 2753  
NO 27500

RATE OF ASSIGNMENT

15			
----	--	--	--

PARTICULARS OF SEPARATION ALLOWANCE

No. **724207**  
 Rank **Pte** Promoted Reverted Discharge  
 Soldier's Name **W. J. Anderson**  
 Battalion **109 Bn.**  
 Beneficiary **Mrs Flora Anderson**  
 Relationship **Wife** MFW 2554 28/18  
 Address

PARTICULARS OF ASSIGNMENT

Name **Mrs Flora Anderson (wife)**  
 Address **Dorset Court**  
 Change of Address  
 1 **Bracebridge Court. 18-11-18**  
 2  
 3  
 4

Date	Cheque No.	Amount S/A	Amount A/P	Total
30/9/17		370	210	580
Oct	C 51573	20	15	35
Nov	C 52810	20	15	35
Dec.	F 55128	20	15	35
Jan	A 54419	30	15	45
Feb.	B 92648	25	15	40
Mar	G 99880	25	15	40
April	H 7672	25	15	40
May	A 12632	25	15	40
June	B 15474	25	15	40
July	Y 28455	25	15	40
Aug	A 30982	25	15	40
Sep	G 37687	25	15	40
Oct.	A 44328	25	15	40
Nov	A 52412	25	15	40
Dec.	A 63122	45	15	60
Jan	B 71681	30	15	45
Feb.	H 78635	30	15	45
MAR	D 84293	30	15	45
APR	G 1774	30	15	45
MAY	H 6680	30	15	45
	H 9705	30	15	45
		935	525	

0379-10-162. REMARKS

MFW 2554 - Rec 18-11-18 No 22954-15-11-18

M. F. W. 128  
400mc-6-17-1772-38-141  
L. L. 22320-M. & D. 7938.

AUDITED.

A/c closed  
 Ret'd per **Megantic** No 116900  
 Date **3-6-19** M.F.W. 187 **11-6-19**  
 Clerk **B am km MS. ?**



Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

--	--	--	--

PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

No. \_\_\_\_\_  
 Rank Promoted Reverted Discharge  
 Soldier's Name \_\_\_\_\_  
 Battalion \_\_\_\_\_  
 Beneficiary \_\_\_\_\_  
 Relationship \_\_\_\_\_  
 Address \_\_\_\_\_

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.C. - 6-17-1772-38-141  
 L. L. 22520 - M. & D. 1458.

\* Strike out whichever inapplicable.

ASSIGNED PAY	<del>ENGLAND</del> * CANADA.	SEPARATION ALLOWANCE.	ENGLAND OR * CANADA.
EFFECTIVE DATE:-	1.8.16	EFFECTIVE DATE:-	
AMOUNT:-	1500	AMOUNT:-	

NAME:- *ANDERSON, William John.*

NUMBER:- *724207.*

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.

*Flora Anderson. (Wife)*  
*Dorset, Ont.*

*Stopped effective 1/5/19*

PARTICULARS OF RANK OR APPOINTMENT		
AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		<i>Private.</i>

UNIT AND TRANSFERS			
AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'S'D	UNIT TRANSFERRED TO
			<i>109 Bamm.</i>
			<i>DATE ACCOUNT FIRST OPENED - 1.8.16</i>
			<i>20 Bamm.</i>
			<i>10250. 9/9/18 19.15</i>
			<i>100RD</i>

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
<i>1/4/19</i>	<i>135</i>	<i>B. Atoké</i>	<i>487</i>				
<i>15/4/19</i>	<i>1445</i>	<i>"</i>	<i>4867</i>				
			<i>5354</i>				

DAILY RATES OF PAY AND ALLOWANCES				
AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
	<i>1 00</i>	<i>10</i>		

PARTICULARS OF RENDERING NON-EFFECTIVE: *Dr. to (Ac. 1/5/19 Auth. Dorset, Ont. N.R.A. 112 1/4/19 Dorset, Ont. (M.D.) L.P.C. Bal. 6 85. 47*

MONTH	PARTICULARS	CR 1	CR 2	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
<i>1918</i>									<i>5200</i>		
<i>mch 31</i>	<i>Bal. Fwd.</i>										
<i>apl.</i>	<i>P Pay.</i>	<i>33</i>		<i>Canada</i>				<i>15</i>			
				<i>Ar. 42. 11/4. 20km</i>	<i>446</i>						
				<i>107. 23/4. "</i>	<i>357</i>				<i>61 97</i>		
		<i>33</i>			<i>803</i>			<i>15</i>			
<i>may</i>	<i>do</i>	<i>3410</i>		<i>Canada</i>				<i>15</i>			
				<i>Ar. 172. 23/5. 20km</i>	<i>446</i>				<i>76 61</i>		
		<i>3410</i>			<i>2446</i>			<i>15</i>			
<i>June</i>	<i>do</i>	<i>33</i>		<i>Cap</i>				<i>15</i>			
				<i>Ar. 242. 12/6. 20km</i>	<i>803</i>						
		<i>33</i>		<i>307. 30/6. "</i>	<i>357</i>			<i>15</i>	<i>83 01</i>		
		<i>3410</i>		<i>Cap.</i>	<i>1160</i>			<i>15</i>	<i>102 11</i>		
<i>July</i>	<i>do.</i>	<i>3410</i>		<i>Ar. 464. 12/7. 20km</i>	<i>446</i>				<i>97 65</i>		
				<i>567. 25/7. 4 bsb.</i>	<i>357</i>			<i>15</i>	<i>94 08</i>		
		<i>3410</i>		<i>Cap.</i>	<i>803</i>			<i>15</i>	<i>113 18</i>		
<i>Aug</i>	<i>do.</i>	<i>3410</i>		<i>Ar. 693. 20/8. "</i>	<i>357</i>				<i>109 61</i>		
		<i>3410</i>			<i>357</i>			<i>15</i>			
<i>Sept</i>	<i>do</i>	<i>33</i>		<i>Cap</i>				<i>15</i>	<i>127 61</i>		
				<i>Ar. 33209 17/9 B 28396</i>	<i>973</i>				<i>117 88</i>		
		<i>33</i>			<i>973</i>			<i>15</i>			
		<i>3410</i>		<i>Cap.</i>				<i>15</i>			

*Compiled by J. Davis*

*effective 1/5/19*

UNIT AND TRANSFERS

ORIGINAL UNIT:- *109 Bamm*  
 DATE ACCOUNT FIRST OPENED:- *1.8.16*

AUTHORITY: *20 Bamm*  
 DATE EFFECTIVE: *10250. 9/9/18 1.9.18*  
 DATE LEDGER SHEET T'S P'D: *10250*  
 UNIT TRANSFERRED TO: *10250*

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
<i>14/19</i>	<i>135</i>	<i>B'stote</i>	<i>487</i>				
<i>15/19</i>	<i>1445</i>	<i>"</i>	<i>4867</i>				
			<i>5354</i>				

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
	<i>100</i>	<i>10</i>		

PARTICULARS OF RENDERING NON-EFFECTIVE

*Ar. to Ca. 1/5/19 Auth. Disruptive N.R.A 112 1/4/19 Disruptive (M.D.) L.P.C. Bal. 6 85. 47*

MONTH 1918	PARTICULARS	CR 1	CR 2	PARTICULARS	DR 1	DR 2	DR 3	DR 4	BALANCE	DEFERRED	SEPARATION
<i>mch 31</i>	<i>Bal. Fwd.</i>								<i>5200</i>		
<i>apl</i>	<i>P. Pay</i>	<i>33</i>		<i>Canal Pay</i>				<i>15</i>			
				<i>Ar. 42. 11/4. 20bn</i>	<i>446</i>						
				<i>107. 23/4. "</i>	<i>357</i>			<i>15</i>	<i>6197</i>		
<i>may</i>	<i>do</i>	<i>33</i>		<i>Canal Pay</i>	<i>803</i>			<i>15</i>			
		<i>34/10</i>		<i>Ar. 172. 23/5. 20bn</i>	<i>446</i>			<i>15</i>	<i>7661</i>		
<i>June</i>	<i>do</i>	<i>33</i>		<i>bal</i>	<i>803</i>			<i>15</i>			
		<i>34/10</i>		<i>Ar. 242. 12/6. 20bn</i>	<i>357</i>				<i>8301</i>		
				<i>307. 30/6. "</i>	<i>1160</i>			<i>15</i>	<i>10211</i>		
<i>July</i>	<i>do</i>	<i>33</i>		<i>bal</i>				<i>15</i>			
		<i>34/10</i>		<i>Ar. 464. 12/7. 20bn</i>	<i>446</i>				<i>9765</i>		
				<i>567. 25/7. 4 bsb.</i>	<i>357</i>			<i>15</i>	<i>9408</i>		
<i>Aug</i>	<i>do</i>	<i>33</i>		<i>bal</i>	<i>803</i>			<i>15</i>	<i>11318</i>		
		<i>34/10</i>		<i>Ar. 693. 20/8. "</i>	<i>357</i>				<i>10961</i>		
<i>Sept</i>	<i>do</i>	<i>33</i>		<i>bal</i>				<i>15</i>	<i>12761</i>		
		<i>34/10</i>		<i>Ar 33209 17/9 B 28396</i>	<i>973</i>				<i>11788</i>		
<i>Oct</i>	<i>P. Pay</i>	<i>33</i>		<i>bal</i>	<i>973</i>			<i>15</i>			
		<i>34/10</i>		<i>SR 43772. 6/10/18. J. Sandgate</i>	<i>2433</i>			<i>15</i>	<i>11265</i>		
<i>Nov/Dec 1918</i>	<i>P. Pay</i>	<i>67</i>		<i>Ar 330. 5/11/18. #56 G. Hosp.</i>	<i>487</i>						
<i>Jan 1919</i>	<i>P. Pay</i>	<i>34</i>		<i>bal</i>				<i>30</i>			
		<i>10</i>		<i>Ar P/3420. 22/11/18. do.</i>	<i>487</i>						
				<i>Ar P/4310. 2/12/18. #5 do.</i>	<i>973</i>						
				<i>bal (Jan)</i>				<i>15</i>			
		<i>101</i>	<i>20</i>		<i>1947</i>			<i>45</i>	<i>14938</i>		

*Completed by J. Davis*



NUMBER 424 207 RANK Pte. NAME ANDERSON. W. J.

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
Sept	P Pay	30 60		Followed sp Rem 90 64068 30/1/18	24 33				149 38		
	400 Cr Note 3131-CK No 58497 30/1/18		24 33	AR 7051-30/1-6646 pdom 973							
	returned & cancelled 8/1/19			AR 6476 10/1/19 No 5 Grat Hon 39 20							
Oct	P Pay	34 10		6477 7/1/19 "	9 73						
				CAP Feb				15			
				AR 189 1/3/19 Pdom 4 87	4 87						
				a 201823 a 10/1/19 Grat Hon Jan 4 87	4 87						
				CAP Mar				15			
				AR 16747 7-3-19 No 4 Grat	4 87						
		64 90	24 33		87 60			30	121 01		
Apr	P Pay	33 -		C.A.P. Apr				15	96 68 CRN		
				AR 1445 1/4 No 4 Grat Hon 48 67	48 67				139 01		
				135-1/4-4066 Id. 487	487				53 54		
				2-12/5- Epsom (L.P.C. endorsed) 487	487				85 47	60 Paid	
				3169-8/5- Epsom (L.P.C.) 58 47	58 47						
				3886-14/5- Epsom (L.P.C.) 24 33	24 33						
				1650-19/5- Epsom (L.P.C.) 24 33	24 33				7.61		
		33 -			131 40			15			

S.O.S. to Canada 23/5  
SL 507

Cape  
O. Pay

6490 24.83

33 -

Cap Men  
AR 16747 7-3-19 No. 1. 487

8760

15

121.01  
20.14 CRN

C.A.P. Cape

15

139.01

AR 1445 1/4 No. 4. 4867

135 - 1/4 - 4.0 Gld. 487

2 - 1/5 Epsom 487

(L.P.C. endorsed) 487

3169 - 8/5 Epsom 5841

(L.P.C.) 2433

3886 - 14/5 Epsom 2433

(L.P.C.) 2433

1650 - 19/5 Epsom 2433

(L.P.C.) 2433

33 -

13140

15

7.61

88.47 6. Pal

S.O.S. to Canada 23/5  
SL 507

MARRIED OR SINGLE *Married*  
 PLACE OF BIRTH *Lincoln Co. Ont*  
 NAME AND ADDRESS OF NEXT OF KIN *Flora Anderson*  
*Dorset Ont*  
 RELATIONSHIP OF NEXT OF KIN *Wife*  
 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	

ADMISSIONS TO HOSPITAL, &c.			
DATE ADMITTED	DATE DISCHARGED	V. OR A.	NAME OF HOSP.

DATE	PAY			FIELD ALLOWANCE			WORKING OR SPECIAL PAY			ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE RECEIPTS								
	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
<i>July 31</i>											<i>13 70</i>	<i>13 70</i>									
<i>Aug 31</i>	<i>31</i>	<i>1.00</i>	<i>31</i>	<i>31</i>	<i>10</i>	<i>310</i>						<i>34 10</i>	<i>27</i>	<i>9/16/16</i>							
<i>Sep 30</i>	<i>30</i>		<i>30</i>			<i>3</i>						<i>33</i>	<i>58</i>	<i>31-8-16 90</i>	<i>15/9/16</i>						
<i>Oct 1-5</i>	<i>5</i>		<i>5</i>			<i>50</i>						<i>5 50</i>									
<i>Oct 31</i>	<i>26</i>	<i>10.00</i>	<i>2600</i>	<i>26</i>	<i>10</i>	<i>260</i>						<i>28 60</i>						<i>7333</i>	<i>129</i>		
<i>Nov 30</i>	<i>1</i>	<i>30</i>	<i>30</i>	<i>30</i>	<i>10</i>	<i>3</i>						<i>33</i>	<i>1345</i>	<i>31/10/16</i>							
<i>Dec 31</i>	<i>1</i>	<i>31</i>	<i>31</i>	<i>31</i>	<i>10</i>	<i>310</i>						<i>34 10</i>	<i>1397</i>	<i>22/11</i>							
<i>1917</i>			<i>15 30</i>			<i>15 30</i>															
<i>Jan 31</i>	<i>1</i>	<i>10</i>	<i>34 10</i>										<i>34 10</i>	<i>1480</i>	<i>16/12</i>	<i>1537</i>	<i>16/12</i>	<i>1610</i>	<i>6/1</i>		
<i>Feb 28</i>	<i>1</i>	<i>10</i>	<i>30 80</i>									<i>30 80</i>	<i>1682</i>	<i>24/1</i>	<i>1741</i>	<i>6/1</i>					
<i>mch 31</i>	<i>31</i>		<i>34 10</i>								<i>13 70</i>	<i>246 90</i>	<i>1820</i>	<i>27/1</i>					<i>874 24</i> <i>1504 16</i>		
<i>Apr 30</i>	<i>1</i>	<i>10</i>	<i>33</i>									<i>33</i>									
<i>May 31</i>	<i>31</i>		<i>34 10</i>									<i>34 10</i>									
			<i>334 40</i>									<i>13 70</i>	<i>348 10</i>								

OPTIONAL &c.
EFFECTIVE DATE
AUTHORITY

REG'L. No. *724207* RANK *Pte* NAME *Anderson William John*

IF IN PERMT. CORPS | UNIT *109<sup>th</sup> Bn* TRANSFERRED TO *20<sup>th</sup> Bn* DATE *5/10/16* AUTHORITY *80279*

WHAT UNIT

PERMANENT FORCE ALLOWANCES TRANSFERRED TO DATE AUTHORITY

PLACE OF ATTESTATION *Dorset* TRANSFERRED TO DATE AUTHORITY

DATE OF ATTESTATION *Mar 15<sup>th</sup>/16* TRANSFERRED TO DATE AUTHORITY

ASSIGNED PAY MONTHLY \$ *15.00* DATE EFFECTIVE *Aug 1/16*

PAYABLE TO *Flora Anderson Dorset Ont* RELATIONSHIP *wife*

HOSPITAL &c.
NAME OF HOSPITAL

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)

QUITTANCE ROLLS		
2	3	4
No.	No.	No.
DATE	DATE	DATE

QUITTANCE ROLLS				CASH PAYMENTS				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
No.	DATE	No.	DATE	1	2	3	4				CREDIT	DEBIT			

80.279 Transf 20<sup>th</sup> Bn 5/10/16

7333 17/10/16  
129 8/19/16

874 24-3 6<sup>th</sup> A.  
1504 16-3 1<sup>st</sup> C.M.R.

724207 Pte Anderson W.J.

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		NO.	DATE	NO.	DATE	NO.	DATE	1	2	3
			\$	C.						\$	C.									
			334	40					1370	34810					4669	1254	1933			
June 30	1 <sup>00</sup> / <sub>100</sub>	33								33							268			
July 31			34	10						34							268			
Aug 31			34	10						34							268			
Sept 30			33	00						33							268			
			468	60					1370	48230					4669	1254	4326			

MONTH PARTICULARS		CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFER. PAY	SEP. ALLGE. ENGL.	MONTH PARTICULARS	CR. 1
1917	Sept 30 Balance								169 81			Mar Bud Forward	34 10
	Oct P pay	34 10						15					
				2047.23/8. c.c.sch.	268								34 10
				1800 8/8 do	535			15	180 88				
	Nov P.P.	34 10			803			15					
		33		AR 561 26/9 c.c.sch.	4 46								
				" 617 10/10 "	4 46								
				" 228 31/10 2-82TR.	3 57								
				CP. 17938. 29/11/17	146 00								
				20326. 3/12/17	487								
	Dec P.P.	34 10						15					
				CP. 25308. 11/12/17	487			30	497 5				
	1918	67 10			168 23			15					
	Jan do	34 10											
				AR 413. 20/11. 2dweerc	13 38								
				495. 28/11 "	7 14								
				719. 23/12 "	3 57			15	44 76				
	Feb P.P.	34 10		Can a.P.	240 9			15					
		30 80											
				AR 847-7/1. 2dweerc	4 46								
				936. 20/11 do	3 57								
				AR 782 6/11. 2do	3 57								
				AR. 1110. 9/11. do	4 46			15	44 50				
	Mar do	30 80		Can a.P.	160 6			15					
		34 10											
				AR 1114. 22/11. 2dweerc	3 57								
		34 10		Can Forward	3 57			15					

CASH PAYMENTS			ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
2	3	4				CREDIT	DEBIT			
254	19 33		150.		228 56	119 54				
	222 2000 2000		15.		28 21	124 33				
			15.		15	143 43				
	2 68		15		17 68	159 85				
	268 268 268		15.		23 04	169 81				
254	43 26		210		312 49					

ARS	CR.1	CR.2	PARTICULARS	DR.1	DR.2	DR.3	DR.4	BALANCE	DEFER. PAY	SER. ALLGE. ENG.
			ward 34 10	3 57			15.	44 50		
			A.R. 1373 8/3 2590000	4 46				34 10 78 60 26 60		
			" 1470 20/3 20000	3 57				52 00		
			34 10	11 60			15			



"MAGANTIC" 3.6.19

A. 1946

No. 2 DISTRICT DEPOT

AUDITOR PAYMASTER

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

REGT. NO. 724207

RANK Pte

NAME (IN FULL)

ANDERSON, W.J.

16

PARTICULARS	EFFECTIVE DATE	AUTHORITY	ORIGINAL UNIT C.E.F.	IF IN P.F. WHAT UNIT?	(BLOCK LETTERS SURNAME FIRST)
			PLACE OF ATTESTATION	TRANSFERRED TO	DATE AUTHORITY
			20th. Bu.	PO Depot, Ont	
			DATE OF ATTESTATION	TRANSFERRED TO	DATE AUTHORITY
			15-3-16		
			ASSIGNED PAY \$	DATE EFFECTIVE	
			1500	1/1/19	
			PAYABLE TO	RELATIONSHIP	ANY CHANGE IN ASSIGNEE OR ADDRESS
			Same		
			ADDRESS		
			STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE	EFFECTIVE	
			DISCHARGED	PLACE	DATE
				TORONTO, ONT.	AUG 16 1919
				REASON	AUTHORITY
				DM-U.	Do. 226
					IF ENTITLED TO POST DISCHARGE PAY
					183

ACQUITTANCE ROLLS			CASH PAYMENTS			ASSIGNED PAY	REGI-MENTAL CHARGES	OTHER CHARGES	TOTAL DEBITS	BALANCE		PARTICULARS OR REMARKS	
COL. NO. 1	COL. NO. 2	COL. NO. 3	COL. NO. 1	COL. NO. 2	COL. NO. 3					DEBIT	CREDIT		
NO.	DATE	NO.	DATE	NO.	DATE	\$	C.	\$	C.	\$	C.	\$	C.
AR 2						487							
AR 3169						2433							
AR 3880						2433							
AR 1650						2433							
Advance						2000							
Boat						487							
Train						500							
									13773	5226			
9565						2684		5226	7910				
123268	121482	99297	93227	10		910		45	6410				
124729	124730	113158	113159	10		11260		4550	16810				
W.S.G.S.A.													
						16819		70	30	100	350	150	
AR 133			9/9/19			1349162		1349163	70	30	200	280	
AR 160			Oct 10			135845		135845	70	30	300	910	90
AR 185			Nov 10			1365596		1365597	70	30	400	140	60
AR 215			Dec 15			1707717		1707718	70	30	500	70	30
AR 238			Jan 13			1718754		1718755	70	30	600		

T.O.S. 23579 D. 158  
SUBS. 4/6 196 158

Er. Bal. H.C.

EXP.

May - June 19

W.S.G. PAID IN FULL  
J. M. Moore CAPTAIN  
FOR PAYMENT OF WAR SERVICE GRATUITY

1st W. S. G. Paid by #2 D.D.

420 + 180 = 600



# CANADIAN ARMY DENTAL CORPS, O.M.F.C. DENTAL CERTIFICATE FOR DEMOBILIZATION

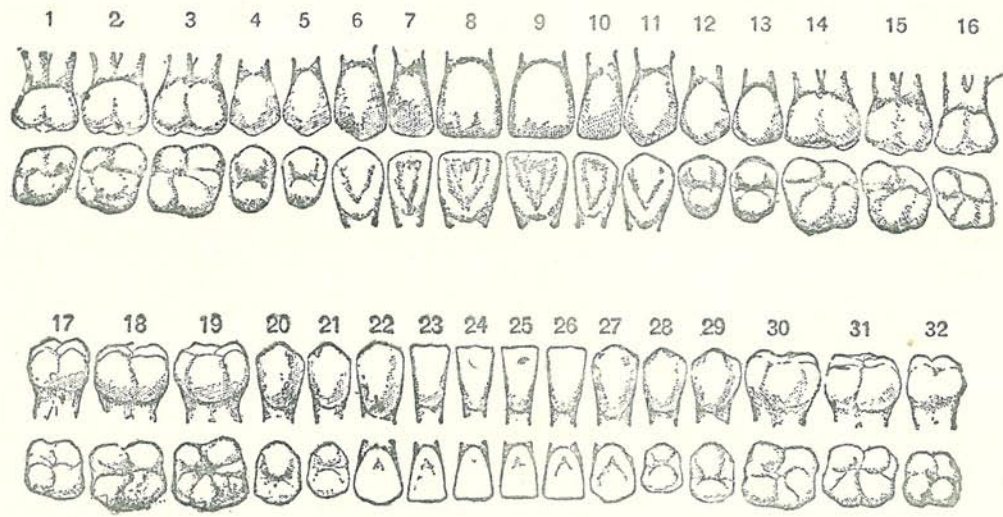
Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) A N D E R S O N W. J.  
REGIMENT 20th Bn. C.A.F. RANK PL-1 No. 734207

Date of Examination in England 20/4/19 Date of Examination in France \_\_\_\_\_

### DIRECTIONS TO DENTAL OFFICERS

1. This form will be made out for each individual at the time of Demobilization in England or France.
2. Figures as per chart will be used to designate teeth concerned.
3. In reference to Partial Dentures the numbers of teeth thereon will be stated



### PRESENT DENTAL REQUIREMENTS

1. FILLINGS \_\_\_\_\_
2. EXTRACTIONS 29
3. CROWNS \_\_\_\_\_
4. DENTURES
  - (a) Full Upper \_\_\_\_\_
  - (b) Part Upper - 5 teeth
  - (c) Full Lower \_\_\_\_\_
  - (d) Part Lower - 9 teeth

HAS HE EVER REFUSED DENTAL TREATMENT? No

HAS HE EVER RECEIVED DENTAL TREATMENT? (Reply by "Yes" where applicable to any or all of a, b or c.)  
(a) In Canada yes  
(b) In England -  
(c) In France -

Signature of Dental Officer A. Cowan  
Capt

# DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS DISTRICT

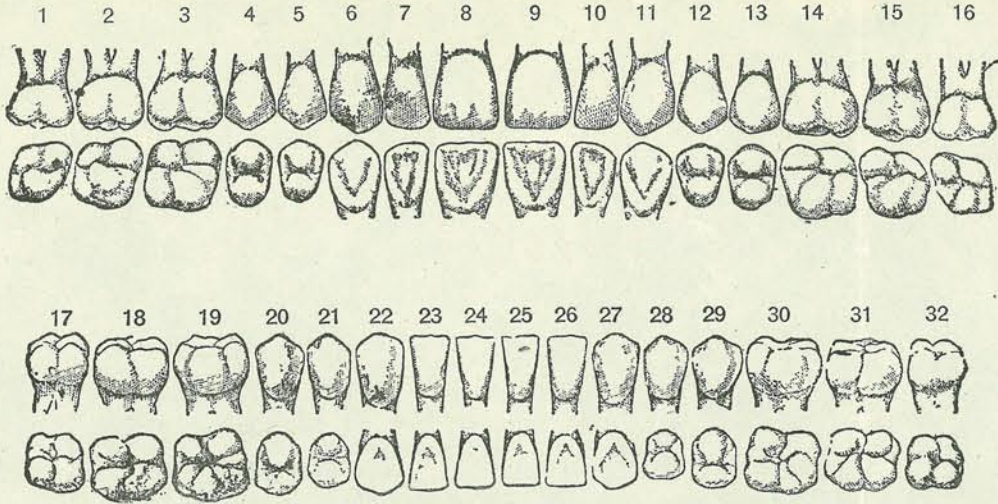
2

NAME OF SOLDIER *Anderson W.*

RANK *Plt*

No. *724207*

REGIMENT



## INSTRUCTIONS

- On examination the condition of patient's mouth to be marked on diagram in red ink.
- 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:

- Condition on examination (in red).
- Condition on leaving Canada.
- Condition on discharge.

Condition on first Examination	Date	Amalgam	Temporary Filling (a) G. P. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhoes	Synthetic Porcelain	Extracting	DENTURES			Gold Clasp	Gold Filling	CROWNS		Bridge Work	OPERATOR	Military District	REMARKS
												U	L	P			Gold	Porcelain				
	<i>aug 8/14</i>																					
																				<i>McInally Capt</i>		<i>Discharge Examination at St. Andrews Hospital } Requires fillings extraction partial upper &amp; lower</i>

5454

ORIGINAL  
724207  
ORIGINAL  
MEDICAL HISTORY SHEET.

Surname Anderson Christian Name William John

Examined { on 15 day of March 1916  
 { at Munden  
 Birthplace { City or Town Top Madanta  
 { County Simcoe

Approved by J McCulloch Capt  
 Medical Officer  
 Rank 109th Overseas Battalion, M.O. F.

Apparent age 30 years  
 Trade or occupation Farmer  
 Height 5 Feet 6 Inches  
 Weight 135 Lbs.  
 Chest measurement { Minimum 30 inches  
 { Maximum expansion 33 inches

Date.	Fit or Unfit.	EXAMINED FOR RE-ENGAGEMENT.
		<u>5 SEP 1918</u>
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Physical development Good  
 Small-Pox Marks None  
 Vaccination Marks { Arm Right None Left One  
 { Number One

Date.	Result.	VACCINATIONS.
<u>1-4-16</u>	<u>Good</u>	<u>J McCulloch</u>
		M.O.
		M.O.
		M.O.

When Vaccinated last April 1st 1916  
 (a) Marks indicating congenital peculiarities or previous disease None

Date.	Result.	ANTI-TYPHOID INOCULATIONS, ETC.
<u>15/6/16</u>	<u>Good</u>	<u>J McCulloch</u>
<u>21/6/16</u>	<u>"</u>	<u>J McCulloch</u>
<u>24/6/16</u>	<u>"</u>	<u>J McCulloch</u>
<u>27/6/16</u>	<u>"</u>	<u>J McCulloch</u>
		M.O.
		M.O.
		M.O.

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

Enlisted on 15 day of March 1916 at Munden

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>109th Bn. C.E.F.</u>	<u>724207</u>		<u>15-3-16</u>
Transferred to	<u>21st Bn</u>			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
<u>Barrington</u>	<u>1-4-19</u>	<u>old fract ulna</u>	<u>etc</u>
<u>St. Andrews Toronto</u>	<u>-11-8-19</u>	<u>old fract. ulna (L)</u>	<u>Discharged as unfit</u>

CANADIAN

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 *Anderson* Christian Name *William John*

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				
AUX. MIL. HOSPITAL, TRAMMERE, IRKENHEAD.											
Aff. 15 <sup>th</sup> W. & N. Liverpool		2	9	18	29	1	19	150	skull w/d am (lt) fract. ulna	Trans: to Ban. Bowl. Hospital, Woodcote Park, Epsom R. Blair	
26 C. H. Epsom		29	4	19	6	3	19	37	Wound L. of spine Transfer to Granville Special Hospital Buxton	W. H. King Capt. C. C. C.	
1 Canadian Gen. Hospital, Gasingstoke.		12	3	19	28	4	19	47	Small separation removed 24.3.19. X-ray report: 14.3.19. Old fracture middle of left ulna. There appears to be rather weak union in good position. One very small loose fragment. "Cap. A. H. Rodger" "No. R. D. in left median nerve." Cap. E. P. Lewis	W. H. King Capt. C. C. C.	
1 Canadian Gen. Hospital, Gasingstoke.		23	5	19					ES of upper Comp Fract. L. ulna	There is a fracture of C6 vertebra middle of N. ulna with non-union W. H. King Capt. C. C. C.	

JUN 19 1919



# CASE HISTORY SHEET.



No. Whitby 724207 Rank Pvt. Name Anderson W. J. Age 33  
 Unit..... Completed years of service } 4/12 2/12 1/12 }  
Where and how long  
 Date of admission JUN 18 1919 Date of discharge.....  
 Diagnosis..... Place of origin.....

CONDITION ON ADMISSION AND PROGRESS OF CASE 18-6-19 fracture

19/6/19. There is a fracture of middle  
of left ulna with non-union of  
fragments.  
Wound has been healed up since 1st of April 1919.  
transferred to St. andrews  
RJ.

FAMILY HISTORY  
 (Tuberculosis, mental or nervous diseases.)

TREATMENT  
 (Especially any specific or special form.)

CONDITION ON DISCHARGE  
 (and disposal made of case.)

Date..... Medical Officer i/c case.

Injury:- Aug. 27, 1918 GSW left forearm midway between elbow and wrist internal surface fracturing ulna - no union of fracture yet Scar 6" long slightly adherent Anterior external surface also scar, 4" long anterior surface middle of forearm slightly adherent. Has had 3 operations removing dead bone.

MOVEMENTS :- Wrist - Flexion  $45^{\circ}$  )  
Extension  $45^{\circ}$  ) Amplitude  $90^{\circ}$

Thumb and fingers - extension - normal

	Flexion				
	Thumb	Index	Middle	Ring	Little
Pron.	N	80	95	85	80
Med.	N	90	80	85	45
Dist.	N	35	10	0	20

Abd. and Add. normal

Opposition of thumb - normal

ANAESTHESIA; Tactile over distal half dorsal surface of Mid. Ring and little fingers and ulna area of palmar surface  
Strength of grip about 50% of normal

DIAGNOSIS :- Non-union of fracture, limitation of movement of fingers due to splinting

TREATMENT :- Local hydro, Massage and Gymnasium.

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 Toronto DATE 8. 8. 19

1. 1 (a) Unit # 2 Div. (b) Regimental No. 724207 (c) Rank Pte.  
 (d) Surname ANDERSON (e) Christian name William John  
 (f) Home address Dorset Court  
 (g) Next of Kin Mrs Florence Anderson (h) Relationship wife  
 (i) Address of Next of Kin Dorset Court
2. Age last birthday 33 Date of birth Oct. 22<sup>nd</sup> 1885
3. Enlistment, or Appointment (if an Officer) (a) Place Mindon (b) Date Mar. 15 1916
4. Personal description:  
 (a) Height 5' 6" (b) Weight 115 lbs (c) Complexion Dark  
(stripped)  
 (d) Colour of hair Black (e) Colour of eyes Brown (f) Identification marks, Scars, etc. Two scars  
Tips of middle & ring fingers left - Broad scar 6" long over anterior  
aspect ulnar border left forearm - 4" scar posterior aspect at same level
5. Former trade or occupation FARMER

6. Service (The information should be secured from personal documents, but if documents are not available the invalid's statement may be taken and note must be made to that effect. Periods of service in Canada, England, France or elsewhere should be noted).	Years	Days
	3 4/12	20

	PERIODS	
	From	To
Canada	Mar. 15 1916	July 20 1916
England	July 20 1916	Oct. 1 1916
France or other theatres of War	Oct. 1 1916	Sept. 1 1918
<u>Hospital</u>	Sept. 1 1918	Aug. 8 1919

7. Original disease, or injury Compound fracture left  
ulna
- (a) Date of origin Aug. 27 1918 (b) Place of origin Aras  
 (c) Cause G. I. W.



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.)

moderate weakness and partial loss of function of left forearm.

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 Broad scar 6" long over anterior aspect ulna border left forearm, and 4" scar posterior aspect at same level. Both scars are slightly adheant.

Movement Wrist Flexion +50° Extension +5° Amplitude 90°  
Thumb & fingers - Extension - normal Flexion

	Thumb	Index	Middle	Ring	Little
Pass	N.	5.0	9.5	7.5	8.0
Mer	N.	90°	80°	85°	45°
Dist	N.	3.5	7.0	6.0	2.0

Abd & ext. normal - Opposition of thumb normal Strength of grip 50% normal - X-Ray report 5.8.19 by Capt. Fragment about 1 1/2" long on one side by 1/2" on other end cut by ulna about 4" below elbow joint - lower end of fragment well united - approx. to bone but not firmly united.

Subjective Weakness in left forearm & hand

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

Special Senses *no* Respiratory System *no* Integumentary System *no*

Disturbances of Mentality *no* Digestive System *no* Muscular System *no*

Osseous and Joint Systems *no* Any other general condition *no*

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

Operation 30.8.18 = 12. Plating, Hays brace  
 Wounded muscle cut away - ulna found  
 No nerves or muscles apparently injured  
 24.3.19 at 4<sup>th</sup> Can Gen. Base  
 Sequestrum removed

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).)

*nil*

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

*Broad scar 6" long over anterior aspect ulnar border left forearm and 4" scar posterior aspect at same level. Nail slightly adheant*

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.)

*n.a.*

12. Was the disability caused, or aggravated; (a) by intemperance, or improper conduct; or (b) by unreasonable refusal to accept treatment? *a + 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? *one year*

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

*massage by Dr. Steiner*

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

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

17. Recommendations *that he be discharged as medically unfit*

*W. J. Anderson*  
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..... 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.....

*[Handwritten signature]*

*W. J. Anderson* Rank.  
Signature of invalid examined.

OPINION THE MEDICAL BOARD

18. Does the Board concur with the preceding report? If not, give differing opinions, with reasons, quoting the number of the answer criticised.

.....  
.....  
*We concur*  
.....  
.....

19. Is the invalid fit for

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

20. It is certified that the invalid

(a) ~~Does require treatment.~~ (Give the nature of the condition and of the treatment required and its probable duration.)

- (b) Does not require treatment.
- (c) Should pass under his own control.
- (d) ~~Should not pass under his own control.~~  
(Strike out condition not applicable.)

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

*for service*  
*as medically unfit*

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 *St. Andrews Hosp.*

*[Signature]*  
.....  
.....

President.

DATE *11-8-19*

*[Signature]*  
.....  
.....

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.



PLACE.....

DATE.....

APPROVED BY *[Signature]* CAPT.  
FOR A. D. M. S. M. D. 2

APPROVED BY.....

Assistant Director of Medical Services.

Director-General of Medical Services.

DATE.....

DATE.....