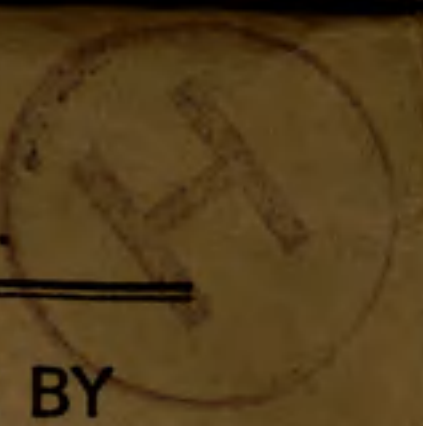


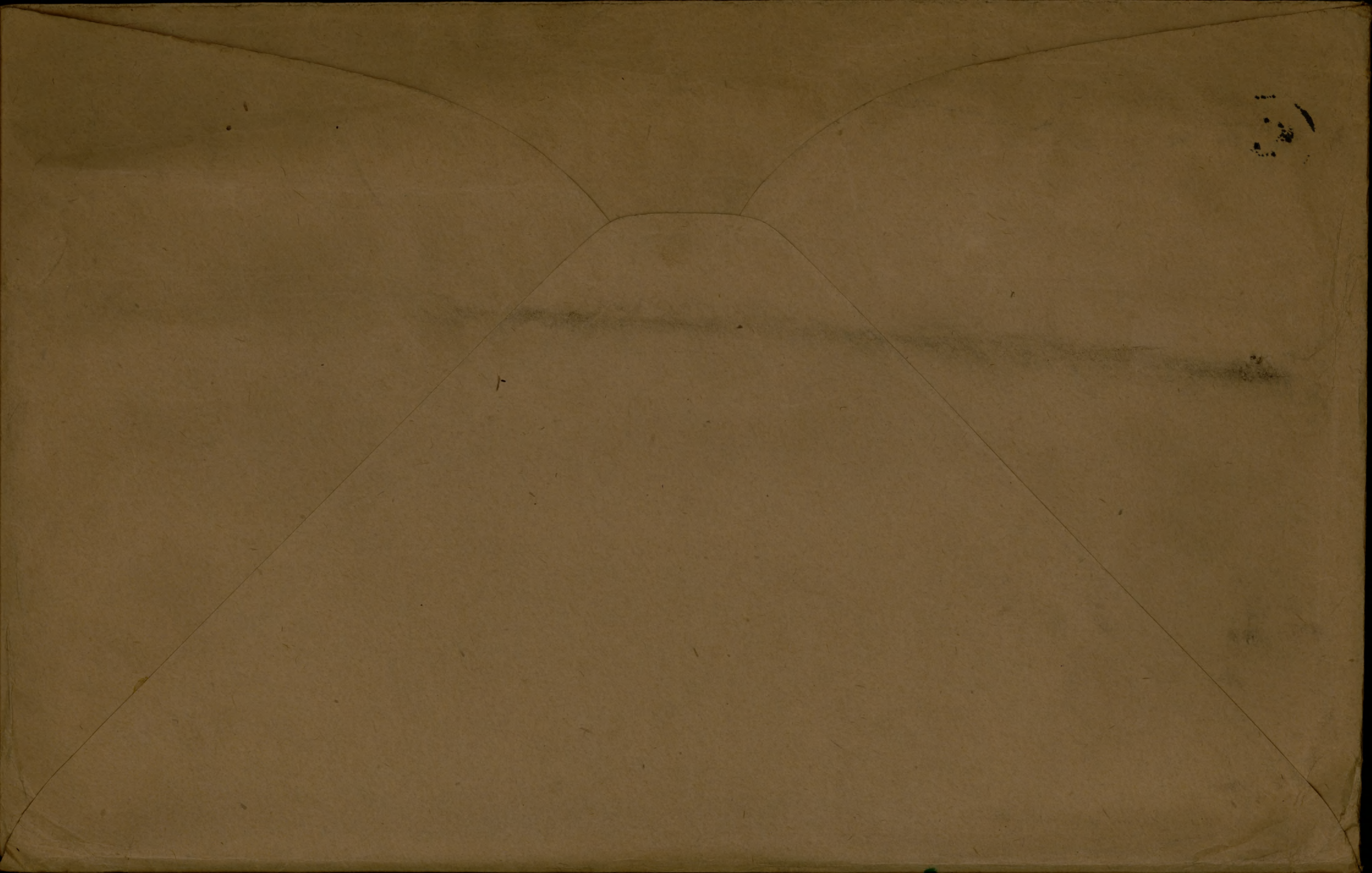
*officer* REGIMENTAL DOCUMENTS

NAME ANDERSON, Ross. Hilliard REGT. No. Major UNIT 109<sup>th</sup> Batten H. Q. FILE No. 9383



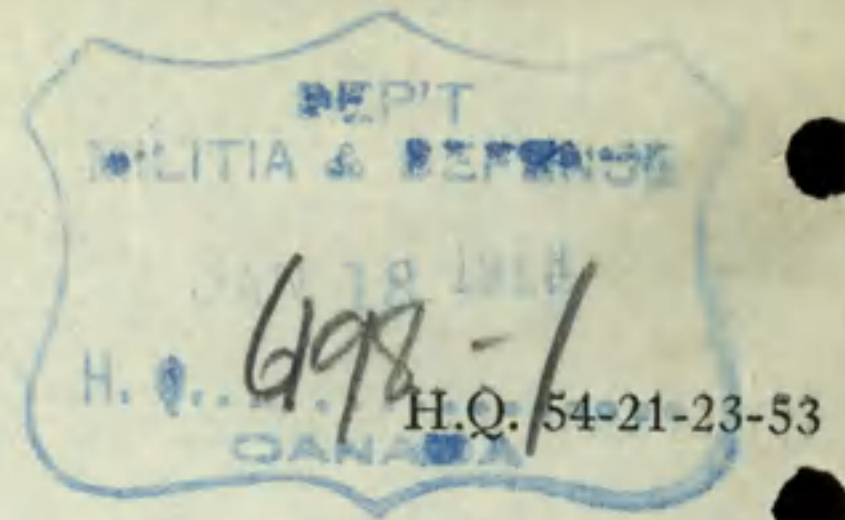
	CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
4	ATTESTATION PAPER (M.F.W. 23, 133 or 51)		M			DEATH
2	CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					CATEGORY
	TRAINING HISTORY SHEET (M.F.W. 113)					
	FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
	REGT. CONDUCT SHEET (M.B.W. 263 or A.F.B. 120)					
	COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					
2	MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)		H			DISCHARGE
	DENTAL HISTORY SHEET (M.F.B. 465)					CATEGORY
2	MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					
2	MEDICAL EXAMINATION (M.F.W. 129)					
	TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)					
	PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)					
	DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)					DESERTION
	LAST PAY CERTIFICATE (M.F.W. 44)					
	PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					
	PARTICULARS OF CHARACTER (A.F.W. 3226)					
1	COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
5	CARDS					
<i>Yes.</i>	PAY-SHEETS				1	
1	M.F.W. 125				9. 11	
					9. 11	
					5-12	
					1	







To be made out in duplicate.



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 Bn*

(2) Regimental Number.....  
*Ross*

(3) Full Name of Soldier.....  
*Ross Hilliard Anderson*

(4) Place of Birth.....  
*Haliburton Co.*

(5) Are you married, or not?.....  
*Yes.*

(6) If married, state,  
 (a) Full name of your wife.....  
*Edith Gertrude Anderson*

(b) Present Postal Address.....  
*Lindsay Ont*

(7) Are you a widower?.....

(8) Have you any children?.....  
*Two*

If so, give number of boys and girls.....  
*Two Boys*

Also their names and ages.....  
*Jack Albert 24 years*  
*Archie Duncan 2 1/2*



(9) Is your Father alive? no  
If so, state name and address .....

(10) Is your Mother alive? yes.  
If so, state name and address .....

Mrs. Anderson Long Hill.

(11) If your Mother is a widow? yes  
Are you her sole support, or not? no

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

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

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

(15) Are you insured? yes  
If so, in what Company? Great West, Sun  
Have you made arrangements for payment of your Insurance premium? yes  
If not, and it is a monthly premium, you can assign the amount in addition to any other assignment you wish to make.

Date July 20/6

RH Anderson  
for Officer Commanding.



4056 E

MEDICAL CASE SHEET.\*

No. in Admission and Discharge Book. C 146. Year 1917.	Regimental No.	Rank.	Surname.	Christian Name.
	Unit.	Age.	Service.	
		Major	Anderson	R.
	Canadian Trench Corps		35	

Station and Date.	Disease
14. 3. 17.	

Diets general.

R Sodii bromidi gr XV  
~~chloridum~~ gr V  
 29 15/4 2d 3/3  
 14/5 16/3 1/4 4 4

992

\*The first and last entries will be signed, and transfers from one Medical Officer to another, attested by their signatures.



Station  
and Date.



4058

MEDICAL CASE SHEET.\*

E



No. in Admission and Discharge Book. C 146. Year 1917	Regimental No.	Rank.	Surname.	Christian Name.
	Unit.		Age.	

Major Anderson  
Canadian Forestry Corps 35

Station and Date.  
No 2 Red Cross Hospital

Disease

Major Anderson was admitted here on the 14<sup>th</sup> March 1917 with a history of self inflicted wounding of his neck on the previous day. No record of delusions or other certain evidence of lunacy was obtainable nor was there a history of definite alcoholic excess. His condition was :-

a, wounds, Several cuts  
deeper have been  
made through skin only  
and responsible, on each side of neck  
at level of thyroid  
cartilage - the cuts were  
such as would be made  
by a razor

b, mental, Patient was very  
depressed and spoke  
as if he had no desire  
or expectation to live.

c, Physical There was a moderate  
degree of muscular tremor  
in limbs - a somewhat  
furred tongue - slight tenderness  
at end of sternum - no other  
physical signs of disease.

\*The first and last entries will be signed, and transfers from one Medical Officer to another, attested by their signatures.



Station  
and Date.

E 4056

The condition was suggestive of the border line of delirium tremens but this diagnosis could not definitely be made.

There was no evidence of the recent consumption of alcohol.

Since admission patient's general condition has steadily improved. The wounds are sufficiently healed to require no dressing.

The tremor and the digestive disturbance have gone.

The mental condition is much more cheerful.

I am of opinion that a further period of observation is advisable, however, and that rest from duties in circumstances which permit of open air recreation is necessary. ~~Therefore~~ He is now fit for transfer to England if that course is decided upon.



Unit 109th Batt. Rank Major Name R. Anderson 4058

**OFFICERS' DECLARATION PAPER.**

CANADIAN OVER-SEAS EXPEDITIONARY FORCE

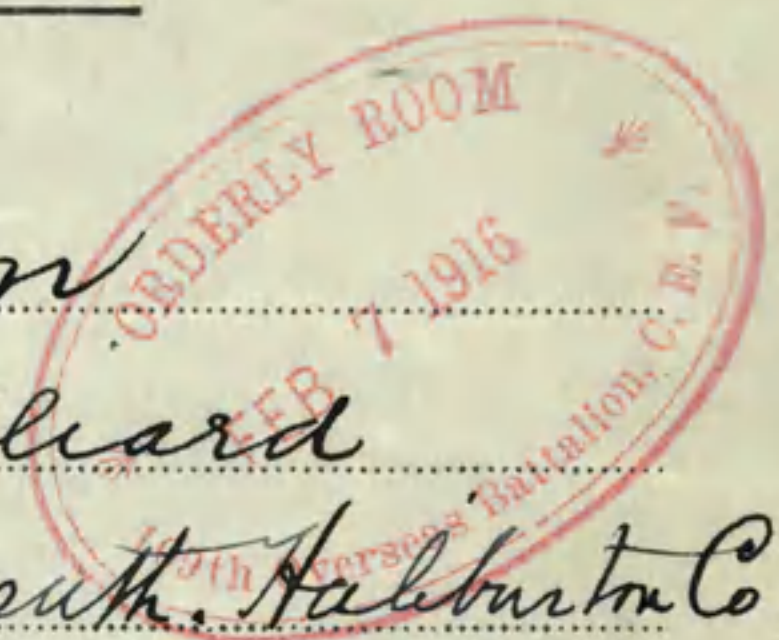
**ORIGINAL**

A

QUESTIONS TO BE ANSWERED BY OFFICER.

(ANSWERS.)

1. (a) What is your Surname? Anderson
- (b) What are your Christian Names? Ross Hilliard
2. (a) Where were you born? (State place and country) St. Monmouth, Haliburton Co.
- (b) What is your present address? Lindsay Ont.
3. What is the date of your birth? Dec 18, 1884.
4. What is (a) the name of your next-of-kin? Edith Gertrude Anderson
- (b) the address of your next-of-kin? Box 767, Lindsay.
- (c) the relationship of your next-of-kin? Wife
5. What is your profession or occupation? General Merchant and Lumberman.
6. What is your religion? Presbyterian
7. Are you willing to be vaccinated or re-vaccinated and inoculated? Yes.
8. To what Unit of the Active Militia do you belong? 45th Victoria Regt.
9. State particulars of any former Military Service. 10 years 45th Regt.
10. Are you willing to serve in the  
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? Yes.



The undersigned hereby declares that the above answers made by him to the above questions are true.

R. Anderson (Signature of Officer.)

CERTIFICATE OF MEDICAL EXAMINATION.

I have examined the above-named Officer in accordance with the Regulations for Army Medical Services.

I consider him\* fit for the CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

Date Apr 20 1916

Place Lindsay

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

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



ORIGINAL

LETTERS TO BE ANSWERED

*Handwritten notes and signatures, including the name "John W. ..."*

CERTIFICATE OF MEDICAL EXAMINATION

*Form fields for name, date, and other details.*



AFB45

DATE 31-7-17

4056

CONFIDENTIAL

Army Form

PROCEEDINGS OF A MEDICAL BOARD

assembled at Murray Lodge on 31/7

by order of A. O. M.S. LONDON AREA

for the purpose of examining and reporting upon the present state of health of  
(Rank and Name) Major R. H. ANDERSON (Corps) Can For. Cn

Age 32 Service 11 yrs Disability NERVOUSNESS

Date of commencement of leave granted for present disability —

Date on which placed on half-pay for present disability —

The Board having assembled pursuant to order, and having read the instruction the back of the form, proceed to examine the above-named officer and find that

This officer was in charge of a couple of saw mills abt. 6  
miles north of Rouen and had been in France 14 mos. during which time he  
depressed & suffered from insomnia & anorexia. On March 13<sup>th</sup> /  
a little party in French field and had a couple of "ships" which caused  
to feel "shipwreck" and then he says he remembers nothing till he  
woke in the hospital. M.C.S. says several cuts thro' skin only, on  
side of neck at level of thyroid cartilage the cuts were such as would  
be made by a razor in a half hearted attempt at suicidal cut thro'  
throat. Board held in Rouen May 5<sup>th</sup> /17 and they found 1) He is a  
suffering from nervous debility - 2) He was insane at the time he wounded himself  
3) He is now sane. Arrived at Murray Lodge Palace 9<sup>th</sup>

The Board will classify the officer under one of the following categories, the period of unfitness for the higher categories being stated.

- 1. Fit for General Service no three months
- 2. Fit for service in a Garrison or Labour Battalion abroad. No officer likely to be fit for general service within six months should be classed in this category no three months
- 3. Fit for Home Service no three months
- 4. Fit for Light Duty at Home no three months
- 5. Requiring indoor hospital treatment—
  - (a.) In an Officers' Hospital no three months
  - (b.) In an Officers' Convalescent Hospital no three months
- 6. (a.) Fit for light duty at a Command Depot no three months
- (b.) Fit for treatment only at a Command Depot no three months
- 7. In very special cases such as tuberculosis leave not exceeding six months may be recommended by Medical Boards for special treatment, the Board giving detailed reasons for any such recommendation no three months
- 8. Was the disability contracted in the service? yes
- 9. Was it contracted under circumstances over which he had no control? yes
- 10. Was it caused by military service? yes
- 11. If caused by military service, to what specific military conditions is it attributed? not app
- 12. If the disability was not caused by military service, was it aggravated thereby, and if so, by what specific military conditions? yes by active strain

hospital was transferred to June 27/17 - during this time no further hallucinations depression good sleep wt. 143 (stature) Physical at the sweat for there is some of the hands The board considered the highly not used of the officer should be to Canada

Officer's Address Murray Lodge London W-8

Signatures [Signature]  
[Signature]  
[Signature]

Can address: Murray Palace

I concur with the Board's decision here recorded

DEC 13 1917

H.G. [Signature]



INSTRUCTIONS.

---

1. On the occasion of an Officer's first appearance before a Medical Board for his present disability, the circumstances under which the disability was contracted will be fully detailed; whenever possible a statement of the case by his medical attendant will also be attached.

2. In recording the proceedings of subsequent Boards, the progress of the individual since his last appearance will be clearly and concisely stated so as to ensure a continuous medical history of the case being available.

3. Enteric Fever, Dysentery, Malaria, etc., contracted when on service abroad, in countries where there is a special liability to the disease, are to be regarded as caused by military service.



# MEDICAL HISTORY SHEET.

*Duplicate*  
6198-1

Surname Anderson Christian Name Ross Hilliard

Examined { on 20 day of April 1916  
at Sunday  
Birthplace { City or Town Wormouth  
County Haliburton Ont.

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

Apparent age 31 years  
Trade or occupation Merchant  
Height 5 Feet 10 Inches.  
Weight 140 Lbs.  
Chest measurement { Minimum 32 inches.  
Maximum expansion 35 inches.  
Physical development Good  
Small-Pox Marks None

Date.	Fit or Unfit.	EXAMINED FOR RE-ENGAGEMENT.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Vaccination Marks { Arm Right None Left Two  
Number Two

Date.	Result.	VACCINATIONS.
5-2-16	Nil	J. McCulloch M.O.
15-4-16	Nil	J. McCulloch M.O.
		M.O.

When Vaccinated last February 5<sup>th</sup> 1916  
(a) Marks indicating congenital peculiarities or previous disease None

Date.	Result.	ANTI-TYPHOID INOCULATIONS, ETC.
4-6-16	Good	J. McCulloch M.O.
10-6-16	"	J. McCulloch M.O.
20-6-16	"	J. McCulloch M.O.

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

Enlisted on 20 day of April 1916 at Sunday

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>109<sup>th</sup> Bn C.E.F.</u>	<u>Major</u>		<u>20.4.16.</u>
Transferred to				

## EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
Kingston General Hospital	Nov. 23rd.	1. Mental Confusion 2. Gastritis	Should be placed in Category <u>2</u>

*D/ A.D.M.S. Mil. District No. 1*  
*For A.D.M.S. Mil. District No. 1*  
*24-11-17*  
*51*



Surname *Anderson* Christian Name *Mrs. William*

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				
King. General Hospital	Nov. 24th. 24	11.	1917				1. Mental Confusion 2. Gastritis.		Struck off the Strength of the C.E.F. from Nov. 29th and Post-Discharge Pay will be dated from that date.		

*[Signature]* Major, A.M.C.  
D/ A.D.M.S. Mil. District No. 5  
For A.D.M.S. Mil. District No. 3

JAN 19 1918

4/2 1918



# CLINICAL CHART.

Army Form B. 181.

Corps Canadian Forestry Corps.

(To be attached to Case Sheet.)

Military Hospital No 2. B. R. C. S.

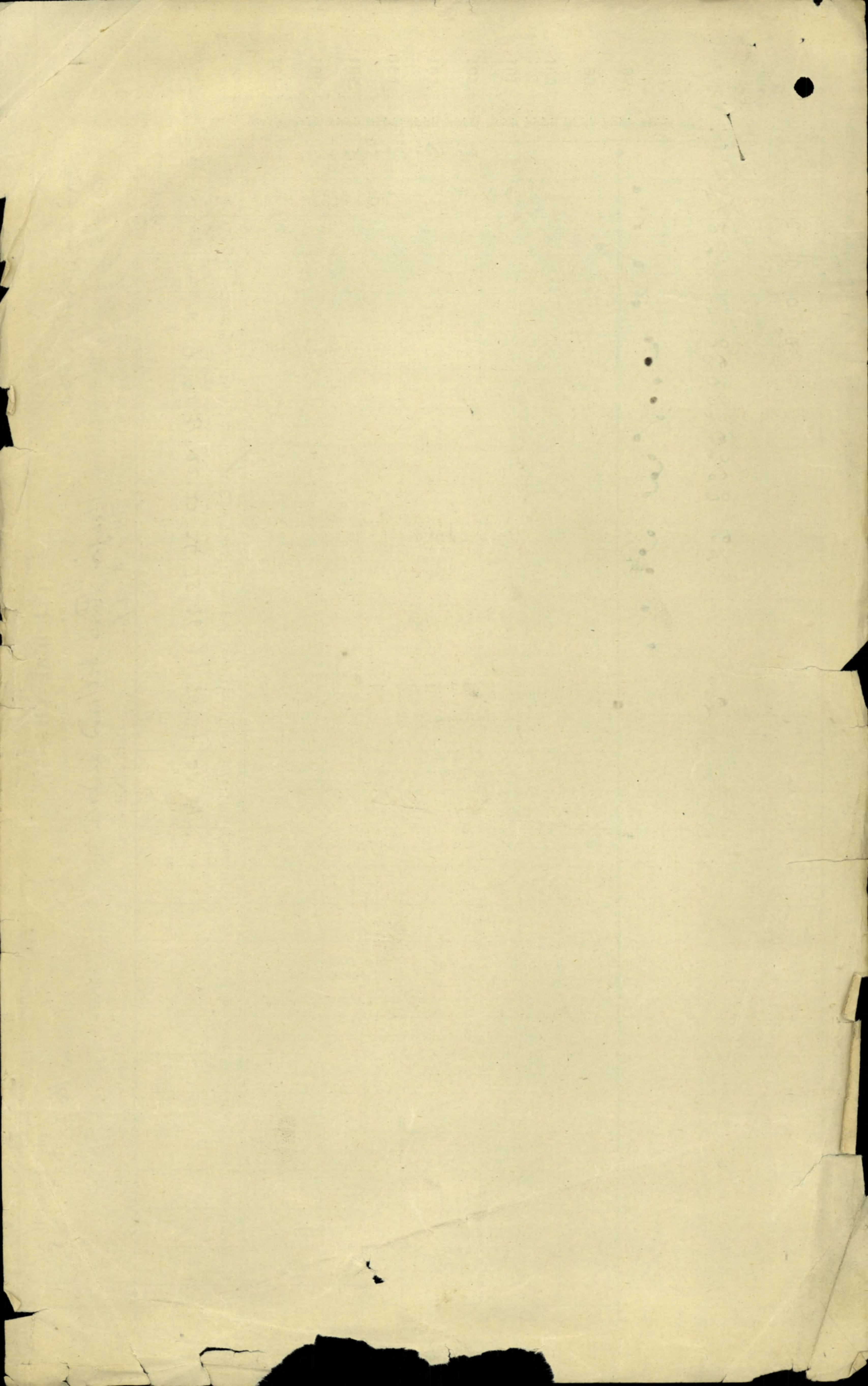
No. \_\_\_\_\_ Rank and Name Major Ross Hilliard Anderson Age \_\_\_\_\_ Service \_\_\_\_\_

Disease \_\_\_\_\_ Date of admission 14. 3. 17. Date of discharge \_\_\_\_\_ Result \_\_\_\_\_

Dates of Observation	<u>March</u>																													
	Days of Disease																													
Temperature Fahrenheit	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.
107° 106° 105° 104° 103° 102° 101° 100° 99° 98° 97°																														
Pulse per Minute	76	84	80	80	76	76	64	60	68	60	70	68	68	68	60	60	68	72	68											64
Respirations per Minute	20																													
Motions per 24 h	0	10	0	0	0																									

Signature \_\_\_\_\_ In charge of case.







28.48. - 2-8.

1 THIS IS TO CERTIFY that (Rank) Major

2 (Name in full) Ross Hilliard ANDERSON

3 Enlisted in the 109<sup>th</sup> o/s Battr

4 CANADIAN EXPEDITIONARY FORCE, on the \_\_\_\_\_

5 day of \_\_\_\_\_ 191\_\_\_\_\_ AND WAS APPOINTED TO COMMISSIONED RANK

6 in the 109<sup>th</sup>

7 CANADIAN EXPEDITIONARY FORCE on the Twentieth day

8 of April 1916

9 He SERVED in CANADA England & France

with the 109<sup>th</sup> o/s 14<sup>th</sup> Coy. B. F. C.

& 24<sup>th</sup> Coy. C. F. C.

10 and was STRUCK OFF THE STRENGTH on the Second day

11 of January 1918 by reason of Medical Unfit

12 Dated at Ottawa, this \_\_\_\_\_ day

13 of \_\_\_\_\_ 191\_\_\_\_\_

14



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4056

# CANADIAN EXPEDITIONARY FORCE

## Certificate of Service

H.M.-2-3.  
C.E.

ISSUED TO OFFICERS AND NURSING SISTERS

This is to Certify that (Rank)..... Major

(Name in full)..... Ross Willard Johnson

Enlisted in..... the 109th Battalion

CANADIAN EXPEDITIONARY FORCE, on the.....

day of..... 191..... AND WAS APPOINTED to COMMISSIONED RANK

in..... the 109th Battalion

CANADIAN EXPEDITIONARY FORCE on the..... twentieth..... day

of..... April..... 191.....

He SERVED in CANADA,..... England and France with the 109th

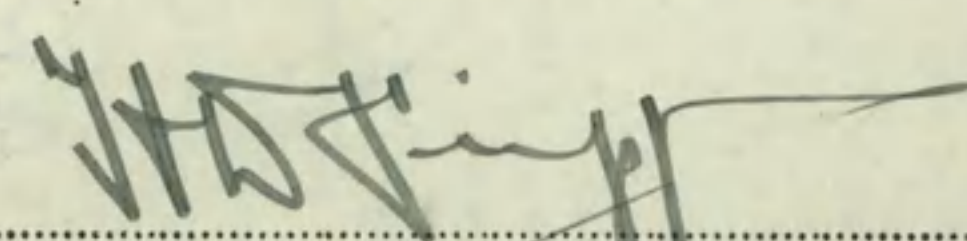
Battalion, 14th Company, C.E.C. and 24th Company, C.E.C.

and was STRUCK OFF THE STRENGTH on the..... second..... day

of..... January..... 191..... by reason of..... being medically unfit.

Dated at Ottawa, this..... fifteenth..... day

of..... August..... 191.....

  
.....  
Director of Personal Services.



CANADIAN EXPEDITIONARY FORCE

Certificate of Service

ISSUED TO OFFICERS AND NURSING SISTERS

This is to certify that (Name)

(Name in full)

Entered in

CANADIAN EXPEDITIONARY FORCE on the

day of AND WAS APPOINTED TO THE RANK

in

CANADIAN EXPEDITIONARY FORCE on the

day of

HE SERVED IN CANADA

and was STRUCK OFF THE STRENGTH on the

day of by reason of

Disability

at

*[Handwritten signature]*



CERTIFIED CORRECT

8 MAR. 1917

CANADIAN RECORD OFFICE

24

4056

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

M. F. W. 54. (A. F. B. 103.)

250M.—1-16.  
H. Q. 1772-39-20.

# Casualty Form—Active Service.

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

Regimental No. 7/Capt. Rank ~~Major~~ Name Anderson Ross Hilliard

Enlisted (a) ~~24/4/16~~ Terms of Service (a) O. of War Service reckons from (a) ~~20/4/16~~ 23/7/16

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		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				
		Embarked Canada	Halifax	24.7.16.	
		Disembarked England	Liverpool	31.7.16.	
23.2.17	D. of T.O.	T.O.S. Can. Forestry Corps on trans. from 109th Bn. (Auth) A.G. 4A2-8-F-69-11-2-17	London	15.2.17	Pt. II D.O. No. 47 Lt. & Asst Adj. C.F.C.
1.3.17	D. of T.O.	S.O.S. to Can. Forestry Corps France	London	19.2.17	D.O. Pt. II No. 52 Lt. & Asst Adj. C.F.C.
23/2/17	L.R.	Taken as strength 24 <sup>th</sup> Co. C.F.C. as arrival in France	Field	23/2/17	Part 2. order 1. 18/3/17
11/3/17	24 <sup>th</sup> Co	Transferred to 14 <sup>th</sup> Co. C.F.C.	do	4/3/17	Part 2. order #14 = 26/3/17
18/3/17	14 <sup>th</sup> Co	Transfer to 14 <sup>th</sup> Co. Cancelled		—	B. 213. Part 2. order #5 3/3/17
14/3/17	2 Br Red Y	Injured wound throat slight.	Self inflicted	14.3.17	W 3034 adls #2 B.R. Cross
16/4/17	Ldu. Gaz.	From Can. Inf. Bn. to be Temporary Captain C.F.C.	Field	20/1/17	Suppl. #30021. Part 2. order #11

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

[P.T.O.]

5/17



4056

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				
23-5-17	2 Red X Nos	Injured 1st Resk. (S.1) & Disability	Yrf to 9 comb Train to Eng.	23-5-17	W 3024
23.5.17.	Mrs Essonibo	Sick - to England & posted detached to C.F.C. Depot. Sunningdale - England		23.5.17	W3083/A5674. Part 2. Order No. 15 dt 8/6/17
29-6-17.	C.F.C.	T.O.S. Base Depot, CFC, Sunningdale		23-5-17	Pt. 11. D.O. 54. Lt. & A/Adj. C.F.C.
26-10-17	oc. eye	S.O.S. Base Depot C.F.C. in Brit. Isles on return to Canada.	S/dale	14-9-17	Gt. II. D.O. No. 156 Lawler capt. for OC, C.F.C.

*M. L. Coatsworth*  
 Lieut. for Lt.-Col., A. A. G.  
 Canadian Section, G. H. Q. 3rd Echelon, B. E. F.



ET.

Rank and Name ANDERSON, Ross Hilliard

Major.

25-8-16

Regimental No. *1 Capt*

Name and Address of Next-of-Kin Wife.

Unit 109th Battn.

Edith Gertrude Anderson

Date of enlistment

Box 767, Lindsay, Ontario, Canada

Place of birth Monmouth Twp, Haliburton Co., Canada.

Married (Yes or No) Yes

Date and place of discharge

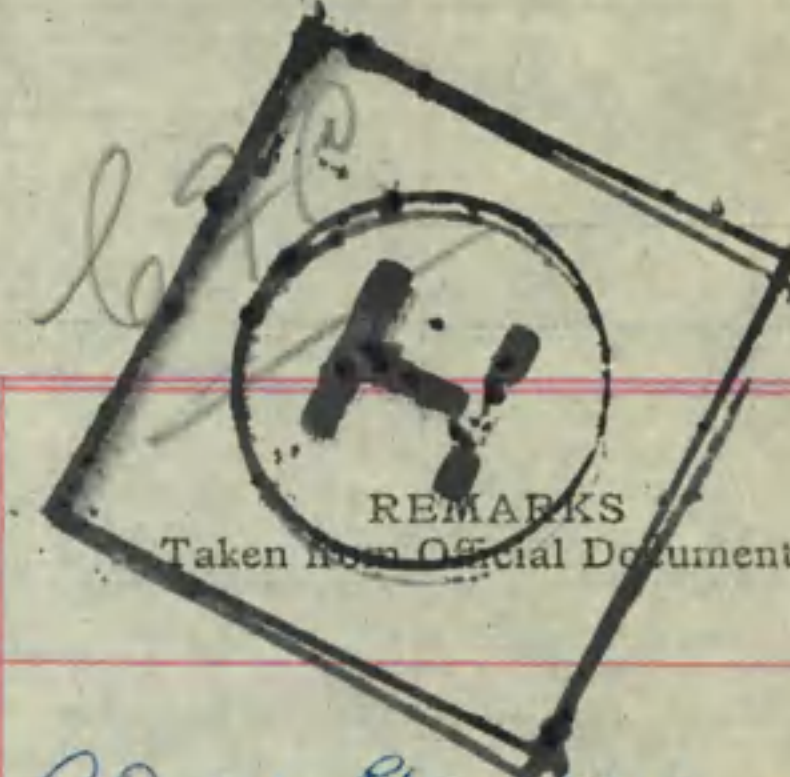
If in Permanent Force

Reason for discharge

Character on discharge

Promotions or appointments

LE 1 CANAD 23-1-16



*can to me*

*109  
129  
129  
129*

Report		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place	Date	REMARKS Taken from Official Documents
Date	From whom received				
7-1-17	<i>of Witby</i>	<i>Attd to 125<sup>th</sup> Bn. for duty</i>		30.12.16	<i>R.O. 64. Pt II ord 125. 128<sup>th</sup> Bn</i>
18-2-17	<i>5<sup>th</sup> Div.</i>	<i>S.O.S. on transfer to Can. F. Corps.</i>		15-2-17	<i>R.O. 728. Pt II 051</i>
1-3-17	<i>Can. F. Corps</i>	<i>S.O.S. of Corps in England to Corps in France</i>		19-2-17	<i>Pt II 052</i>
19-3-17	<i>24<sup>th</sup> Coy C.F.C.</i>	<i>Disembarked at Havre</i>		23-2-17	<i>Pt II ord 1</i>
17-3-17	<i>C.R.O.</i>	<i>Adm. 2. Red. Cross. Hp. Rouen.</i>		14-3-17	<i>C.L. 626. (Incised. Wd. throat. (SS))</i>
26-3-17	<i>4<sup>th</sup> Coy C.F.C.</i>	<i>Transf to 14<sup>th</sup> Coy C.F.C. Corps.</i>		3-3-17	<i>Pt II 053 (24<sup>th</sup> Coy C.F.C.)</i>
16-4-17	<i>WO</i>	<i>To be temp Capt. Can. F. Corps from Can. Gen. Staff</i>		20-1-17	<i>Pt II 054</i>
8-6-17	<i>24<sup>th</sup> Coy C.F.C.</i>	<i>Trans (sick) &amp; detached to Depot C.F.C.</i>		23-5-17	<i>Pt II ord. 15</i>
29-5-17	<i>C.R.O. Base Dep</i>	<i>adm. 10 Palace Green Hosp. Researches</i>		24-5-17	<i>C.L. 686. Incised wd. neck. (SD) &amp; Debility</i>
29-6-17	<i>C.F.C.</i>	<i>S.O.S. on adm to Hosp.</i>		14-9-17	<i>C.L. 494</i>
28-9-17	<i>H.Q. C.E.F.</i>	<i>S.O.S. O.M.F.C. on being invalided to Canada on the Recmd. of a Medical Bd.</i>		23-5-17	<i>Pt II 054</i>
				14-9-17	<i>R.O. 2559.</i>

4703

A.F.B. 108,  
191 JUN. 1917  
A.F.B. 108,  
27 NOV. 1917



Rank and Name

Regimental No.

Unit

REMARKS  
Taken from Official Documents

Date of enlistment

Place of birth

Married (Yes or No)

II in Regimental Force

Promotions or appointments

Report

Record of promotions

from whom received

Date received

Date

Place

Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.

From whom received

Report

Date





Fill in only.—Unit, Number, Rank and Name. 4056

M. F. W. 54. (A. F. B. 10s.)

500M.—9-16  
H. Q. 1772-39-920.

# Casualty Form—Active Service.

Unit, Regiment or Corps. 109<sup>th</sup> Bn.

Regimental No. .... Rank Major Name Anderson Ross *et*  
C. E. F.

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				
28-9-17	M.H.Q. Ottawa	T.O.S. C.E.F. in Canada <del>on General Demobilization</del> <u>Y. M T</u>	M.D. No. <sup>2</sup>	14-9-17	C.E.F. R.O. No. 267-17
8-1-18	M.H.Q. Ottawa	S.O.S. C.E.F. in Canada <del>on General Demobilization</del> <u>Med Unfil.</u>	M.D. No. <sup>2</sup>	2-1-18	C.E.F. R.O. No. <del>19-18</del> P.O. 19 - 8/1/18.

*W. H. White*  
for Director Personal Services

(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.]



CASUALTY REPORT

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				











# POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

31888-636  
98  
378-R-3

Name **Anderson, Ross Hilliard**  
Surname Christian Name

Regimental Number \_\_\_\_\_ Rank **Capt.** Address (in full) **Box 767,**  
Unit **Forestry Corps** **Lindsay, Ont.**

Original Unit \_\_\_\_\_

District where paid **Ottawa**

Date of Discharge **2-1-18**

P. D. P. Filing Number **2A16**

Rates:—Regimental pay \$ **3.00** per diem: Field Allowance \$ **.75** per diem. Separation Allowance \$ **40.00** per month.

L. L. 22573—M. & D. 8009.

Total Credits 91 days	FIRST PAYMENT			SECOND PAYMENT			FINAL PAYMENT			Balance Over-payments to be Recovered	Total Amount Paid
	Cheque No. A	Date	Amount 30 days	Cheque No. B	Date	Amount 30 days	Cheque No. C	Date	Amount 31 days		
461 25	6910	4/3/18	152.50	6601	5/4/18	152.50	6364	6/15/18	73.59	82.66	378.59

M. F. W. 127.  
60M-6 17.  
1772 39-1140.

Remarks:



Dad'n No. ....	<u>W. S. G.</u>	File No. ....
Award ..... days at \$ ..... per day \$		
S. A. .... months at \$ ..... per mo. \$ ..... \$		
	Less P. D. P. Credited	\$ .....
		\$
	Less further debit balance	\$ .....
Net due paid as below		

TO SOLDIER TO DEPENDENT						
O	Ag. No	Ch. No	Cou	No	Ch No	Amount
1						
2						
3						
4						
5						
6						
					Total	





# POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

92

Name

Surname

Christian Name

Regimental Number

Rank

Address (in full)

Unit

Original Unit

District where paid

Date of Discharge

P. D. P. Filing Number

Rates:—Regimental pay \$ \_\_\_\_\_ per diem; Field Allowance \$ \_\_\_\_\_ per diem. Separation Allowance \$ \_\_\_\_\_ per month.

L.L. 53961—M. & D. 9721

Total Credits 91 days	FIRST PAYMENT			SECOND PAYMENT			FINAL PAYMENT			Balance Overpayments to be Recovered	Total Amount Paid
	Cheque No. A	Date	Amount 30 days	Cheque No. B	Date	Amount 30 days	Cheque No. C	Date	Amount 31 days		

M. F. W. 127  
300M-1-19  
1772-39-1140

Remarks:



File No. 0378-R-112.

**WAR SERVICE GRATUITY.**

Register No. 31888-636.

Reg. No. — Maj.  
Name Ross Anderson.  
Address Box 767 Lindsay  
Ont.

Dependent Mrs. M. G. Anderson. (Wife)  
Address Same.

Pay Soldier \$ 303.75  
Harrison  
May.  
Clerk J. M. Chaulin.

Pay Dependent \$ 250.00  
153 Rate 15.00 per day.  
Days 153 Rate 50.00 Due 1015.00  
Less P.D.P. credited 461.25  
Less further Dr. Bal. ✓  
or overpayment.  
Net 533.75

Review  
12-11-19

Date	Ck. Order	Ck. No.	Amount	Remarks	Date	Ck. Order	Ck. No.	Amount.
<u>23-8-19</u>	<u>12803</u>	<u>500854</u>	<u>303 75</u>	<u>27/8/19</u>				
				<u>27/8/19</u>	<u>23-8-19</u>	<u>12804</u>	<u>500855</u>	<u>150 00</u>
								<u>50 00</u>
					<u>16/9/19</u>	<u>26457</u>	<u>521280</u>	<u>50 00</u>

GEN'L AUDITOR  
Posting checked by  
[Signature]  
Date 22/9/19



Name Anderson *Capt. Roy A. Alliard*

M. F. W. 41  
1 OM-7-16  
1772-39 889.

6198-1

Regimental No. \_\_\_\_\_  
Unit Forestry Corps.

Name and address of next-of-kin  
Lindsay, Ont.

Date of enlistment S. O. 2 1/18

L. O. M. F. to L. C. F. 14 9/17

Place of " \_\_\_\_\_

Married (yes or no) 50<sup>00</sup> Stopped 31 12/17

Date and place discharged Further Medical Treatment

Amount of pay assigned monthly \$ 50<sup>00</sup> Stopped 30 9/17

Reason for discharge

To whom payable  
Uruguay 14 9/17 Ar. 25 9/17

Character on discharge

Pub. Expense

2 L.P.B. Dr. 75<sup>00</sup> 31-8-17  
Ch. and office

Job 5351-M. & D. 6880.

Date		PAY		Field Allowance		Other Credits	Total Credits	Voucher No.	Date	Cash Payments	Assigned Pay	Other Charges	Total Debits	Remarks, Casualties, etc.
From	To	No. of Days	Rate	Amount	No. of Days	Rate	Amount							
1 9/17	13 9/17	(13)					1300					7500		* Debit Bal. Accounted for.
1 9/17	2 1/18	124	3 <sup>00</sup>	372 00	124	75	93 00	1260	424 5 18 1/2	514 10	5000	7500	* Messing in England Sept 26 9/17 to 2 1/18 = 99 days Pay of Debit to 170 from 100 to 2 1/18 = 63 days @ 20 <sup>00</sup>	
				372 00			93 00			514 10	5000	7500	639 10	
										514 10	5000	7500	639 10	
							82 66						82 66	Recognized by P.D.P. March 1918
													82 66	S.O. 2-1-18
							82 66						82 66	* S/a overpaid at Major's rate 20 4/17 to 21 12/17 @ 10 <sup>00</sup> monthly Rendered by B. D. P. 30 1/18 25 00
													82 66	* overcharge Sep allow at major's rate from 20 4/17 to 31-12-17 @ 10 <sup>00</sup> monthly deducted from P.D.P.

(S/a Paid at Major's Rates)

4 Feb 16 1918

Pat Dr Library  
received at 10 15 43 20  
amount







*25-11-15 1111.5 (mut 3/4/16)*

MILITIA AND DEFENCE

*24/17*  
M. F. W. 11.  
20m.—11-15.  
H. Q. 1772-39-818.

SEPARATION ALLOWANCE

Name *Mrs R.H. Anderson*  
Address *31 Bond St  
Lindsay  
out*  
Relation to Soldier }  
wife, child or mother } *Wife*

Name of Soldier *Anderson R.H.*  
Regtl. No. *Captain 207/17*  
Rank *Major*  
Corps *109th Battalion*  
To what Corps belonging }  
when called out }

*104*  
*6. pm.*  
*0378-7-26*  
*9/8/17*

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			<p><i>Reverted to previous to France - Entitled to Major rate Ruling O.S. Feb 0378-226 R27 5/10/17</i></p>
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
Apl.				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.		<i>16</i>		
Dec.				
Jan.	1916			
Feb.		<i>K22867</i>	<i>160</i>	
March		<i>23069</i>	<i>90 - 160 250</i>	





1/2  
1/2

1/2  
1/2

or

or



SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

*Wife*  
PAYMENTS.

Name of Soldier

*P. 1915 24<sup>th</sup>*  
Anderson R.H.

M. F. W. 11a.  
60m.-12-15.  
1772-39-818.

Sheet No. 2.

R. H. Anderson

L.L. Job 89002.-Req. 6213.

*Major*

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916	<del>H 99</del>	<del>50</del>	50
May		J 4352	50	50 ✓
June		K 2115	50	50
July		L 10231	50	50
Aug.		M 11929	50	50
Sept.		N 14641	50	50
Oct.		O 17980	50	50
Nov.		P 21033	50	50
Dec.		Q 24518	50	50
Jan.	1917	R 27978	50	50
Feb.	10	S 30996	50	50
March	10	T 34281	50	50
April	10	U 103	50	50
May	10	V 3726	50	50
June	10	W 6867	50	50
July	10	X 10592	50	50
Aug.		<del>H 12930</del>	<del>50</del>	<del>T H 12930 cancelled</del>
Sept.		Y 16747	15	B 1065 ✓
Oct.			40	m adjust account - rank
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

*Cap*

*950*



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.				



MILITIA AND DEFENCE  
**ASSIGNED PAY**  
 OVERSEAS CONTINGENTS

*R.H.*  
*HM-7-7-17-*  
*Auth by of*  
*Form Board of*  
*Review*

To Whom *Mrs H. R. Anderson*  
 Address *Lindsay*  
*Ont.*

By Whom Assigned *H. R. Anderson*  
 Regtl. No. \_\_\_\_\_  
 Rank *Major Capt.*  
 Corps *109 Battr.*

Rate *50.00* *1 Sept 16*

*25m. 176m. H.L. 2696*

**PAYMENTS**

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

*Consolidated Account*





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MILITIA AND DEFENCE

M. F. W. 12a.  
50m.-6-16.  
1772-39-819.

*Mrs* **R.H.** **ASSIGNED PAY**  
*H.R. Anderson* OVERSEAS CONTINGENTS  
**PAYMENTS.**

**R.H.**  
Name of Soldier *Major H. R. Anderson*

Sheet No. 2.

L. L. Job 4503. - Req. 6832.

Month.	Year.	Cheque No.	Amt.	Remarks
				50. <sup>00</sup> 1 Sept 16
April	1916			
May				
June				
July				
Aug.				
Sept.		20746	50	
Oct.		E 19510	50	
Nov.		E 24484	50	
Dec.		A 34933	50	
Jan.	1917	I 36046	50	
Feb.		I 42398	50	50 (Jul)
March		I 48492	50	50 L
April		J 28	50	50 C
May		J 419	50	
June		C 13032	50	50 E
July		19810	50	s
Aug.		L 26906	50	B
Sept.		K 33782	50	lu 650.
Oct.				
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

*obs*

50  
130  
15  
50  
50



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.				



Anderson. R. H.

Major. Can. For. Cps.

No. 2. Red Cross Hosp Rouen. 14-3-17.

H.S.to No.10 Palace Green Hosp. 24-5-17

Incised wd. throat. (.S.I.).  
& Debility

Discharged:-14-9-17

C.L. 17-3-17. 626.

29-5-17 686-2.

3-10-17 794-2.

R



Surname

Christian Name

Reg. N .

ANDERSON

R. H.

Rank

Unit

Major

Can. Forr. Corps

MEDICAL BOARD held at

Date

Serial No:

(1) No. 2 Red X Hos. Rouen

3-4-17

Other Medical Boards at

Date

Serial No.

(2) London Area

31-7-17.

(3)

(4)

(5)

Condition found by Board

Nervous debility

Disposition Recommended

(1) Unfit any service. Transferred to Eng. for Obs.

(2) Unfit any Service 3 Months.

(3)

(4)

(5)

PENSIONS & CLAIMS BOARD held at

Date.....

Disposition

To Canada per H.S. "Araguaya" V.L'pool. 14-9-17

Remarks

A.M.D. 2 DEPT.

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



\*Name ANDERSON, R. H. Rank MAJOR Regtl. No. Unit "C"

Original unit C.F.A. Present unit \_\_\_\_\_ M. or S. \_\_\_\_\_ Age \_\_\_\_\_ Religion \_\_\_\_\_ Fyle Depot \_\_\_\_\_ Ref. H.Q. \_\_\_\_\_

Port, ship, and date of arrival \_\_\_\_\_

Next of kin \_\_\_\_\_

Address on leave \_\_\_\_\_

Address on discharge \_\_\_\_\_

Transportation issued Yes No Date \_\_\_\_\_ Character on discharge \_\_\_\_\_

Previous occupation \_\_\_\_\_ Date and place of enlistment \_\_\_\_\_

Diagnosis \_\_\_\_\_ Date of Medical Boards \_\_\_\_\_

Date	Remarks	Pt. 2 Order No.
27-9-17	Attached for P.&A. and Treatment	#328
29-11-17	Struck off Strength	20.

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







Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

1-11-15

# Separation and Assigned Pay Branch

Sept 1/16

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

50			
----	--	--	--

RATE OF ASSIGNMENT

50			
----	--	--	--

620129  
HST

## PARTICULARS OF SEPARATION ALLOWANCE

No. *Capt*  
 Rank *Major* Promoted Reverted *20/17* Discharge  
 Soldier's Name *R. H. Anderson*  
 Battalion *109th Batty*  
 Beneficiary *Mrs R. H. Anderson*  
 Relationship *wife*  
 Address *31 Bond St. Lindsay, Ont.*

## PARTICULARS OF ASSIGNMENT

Name *Mrs R. H. Anderson*  
 Address *Lindsay, Ont 31 Bond St*  
 Change of Address  
 1  
 2  
 3  
 4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
30/9/17		1065 ✓	650 ✓	1715 ✓	<p>REMARKS 0278-R-112.</p> <p><i>5-1469 Cancelled w</i></p> <p><i>To adjust etc A.P. Com stopped 1/10/17 - 1/16/17 - 3/15/17</i></p> <p><i>"Transferred to Canada - further Medical treatment"</i></p> <p><i>Dr. Norm rendered 5-11-17. Dr. Safar</i></p> <p><i>Old ledger sheets show S/A paid at Major rate to 5/17/17 - no remittance in Aug - only \$1500 in Sept. and no payments since. Mail spec. Cheque R.S.J. 19/17/17</i></p> <p><i>Y. X. A.P. #650.00 7AP. 10-1-18.</i></p> <p><i>3-1-18. S.A. #1300.00</i></p> <p><i>S.A. acct. closed 31-12-17, as per CPB on file 6198-1. 7AP. 10-1-18</i></p>
<i>Oct</i>	<del>57469</del>	<del>135</del>	<del>50</del>	<del>185</del>	
<i>DEC 1918</i>	<del>53665</del>	<del>235</del>		<del>235</del>	
<i>Jan</i>	<del>70728</del>	<del>50</del>		<del>50</del>	
		XX		70728 XX	







Name **ANDERSON,** Rank **Major**

Reg. No. *9 34 3410*

Unit **Ross Hilliard  
Can. Forestry Corps**

Next of Kin **Canada**

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
14-3-17.2	Red Cross Hosp.	Rouen	Incised Wd. Throat S.I. 626	<i>M319</i>		
<i>24.5.17</i>	<i>Palace Green Hos</i>			<i>Debit 686</i>		
<i>14 9/17</i>	<i>Discharged</i>			<i>794 R 10-17</i>		







SURNAME. *Anderson.*CHRISTIAN NAMES *Ross, Hilliard.**8881010 2-1-18 3*

REGL. NO.

RANK

*Sr. Major. Temp Capt*UNIT *109th. Can. Forestry Corps*

Bn.

FORMER CORPS *45th. Vict. Regt. (10 yrs.)*

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL *Anderson, Mrs. Edith, Gertrude*

RELATIONSHIP TO SOLDIER

*Wife.*

ADDRESS

*Box 767. Lindsay, Ont.*COUNTRY OF BIRTH *Canada, Monmouth Sp.* DATE *Dec. 18th. 1884.*

PLACE OF ATTESTATION

*Sailed from Halifax, P.E.I.*Emb. R/C. DATE *14-9-17 Major 131*  
*S.S. "Olympic" 23-7-16. 488**Auth for Trans Cable. M 319-16-3-17**Major*



Temp Capt 20-1-17 with Turners R.O. 20-4-17.  
Returned to Canada per ~~St. Araguaya~~ <sup>Further med. treat.</sup> 14-9-17.

MARRIED *yes.* SINGLE WIDOWER (5350.)

TRADE OR CALLING *General Merchant.* RELIGION *Presbyterian.*

DESCRIPTION.

APPARENT AGE	YEARS	MONTHS	
HEIGHT	FEET	INCHES	
CHEST MEASUREMENT	INCHES	EXPANSION	INCHES
COMPLEXION	EYES	HAIR	
DISTINGUISHING MARKS			

MEDICAL EXAMINATION. PLACE *Lindsay, Ont.* DATE *Apr. 20th. 1916.*

*Present address: Lindsay, Ont.*



~~B~~  
~~X~~

Number ..... Rank **MAJOR** .....

Surname **ANDERSON** .....

Christian Name **ROSS HILLIARD** .....

Unit ..... Theatre of War **FRANCE** .....

Date of Service **23.7.16. 19.2.17. 14.9.17.**

Remarks **82 Peel St** .....

Latest Address **Lindsay P.O.  
Ont** .....

Roll No. **B Page 5223**



92045129 2017

AUG 11 1921



REGT'L No

4056

NAME

Anderson Ross Hilliard

H. Q. FILE No. 649-

RANK AND CORPS

Major

Can Forestry Corps

FOLLOWS

No.

109th Bn

FOLLOWS

CABLE

No.

DATE

NATURE OF CASUALTY

form

M319

16-3-14

Admitted to Two Red Cross.  
Hosp. Rouen. March 14th 1914  
Incised wounded Throat self  
inflicted ✓

5350

22-9-17

Sailed from Liverpool for Canada  
per the H. S. Aragony on 17th Sept 17  
Further Medical Treatment



4056

LIST No	HOSPITAL	DATE OF ADMISSION	REMARKS
620 <sup>111</sup>	2 Red. Cross. Women.	14-3-17	Incised Wd. Throat
686 <sup>(21)</sup>	10 Palace Green. E.H.S.	24-5-17	neckld.
494 <sup>3</sup>	Discharged	14-9-17	" "
328.	M. H. L. Kington.	27-9-17	Att. "L" unit for P.A. and treatment

Substituted

D



No.

RANK

Major.

NAME

Anderson. T. H.

T. O. S.

UNIT

109th. Battalion

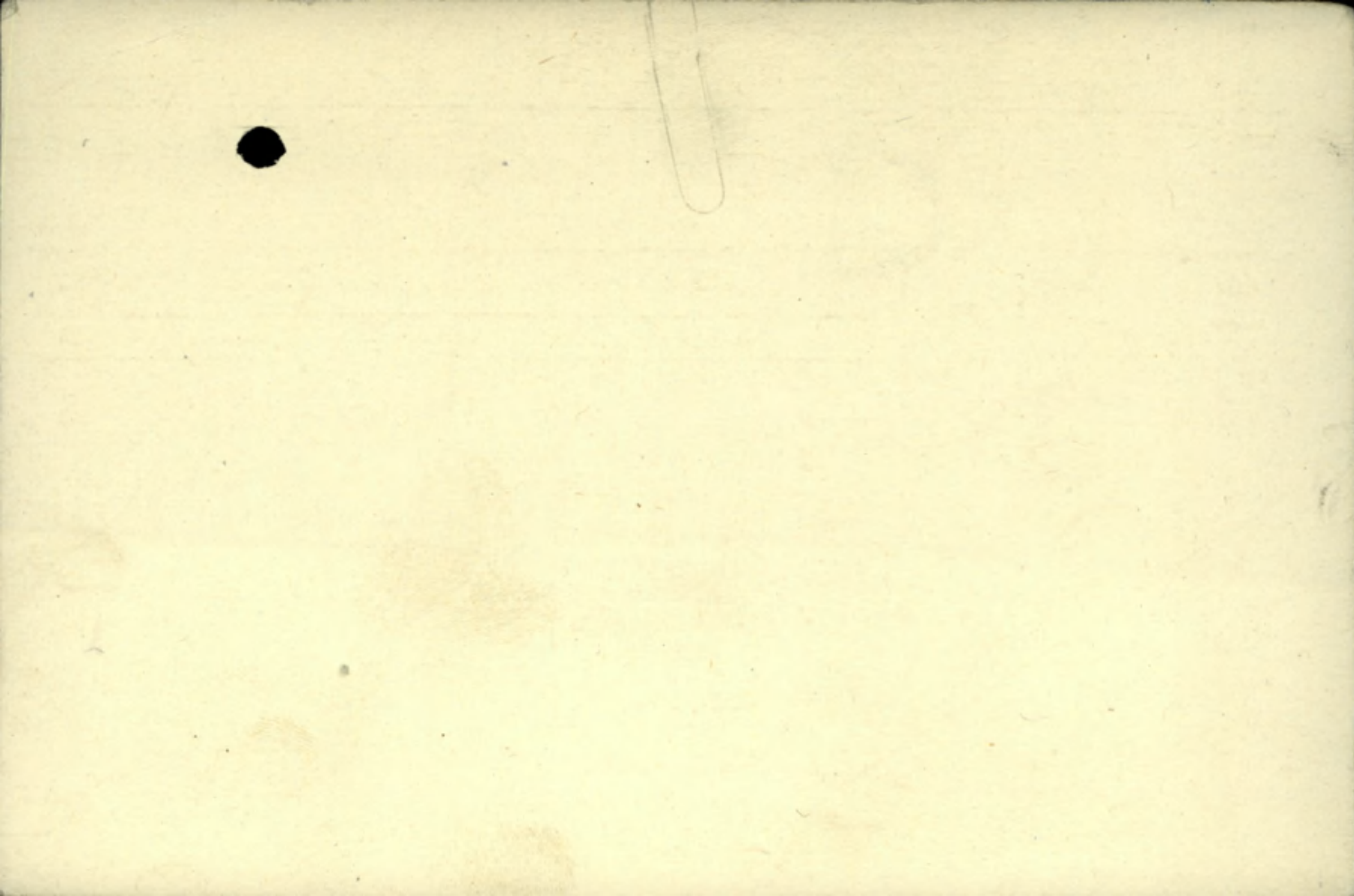
Transferred from 93rd Bn.  
D. V. S. 29-11-15.

M. D. 13

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1915 Nov 25	1915. Nov 30	✓		
	Dec.	✓		
1916	Jan. 1916	✓		
	Feb.	✓		
	Mar.	✓		
	April	✓		
	May	✓		
	June	✓		
	July	✓		

UNIT SAILED  
JUL 23 1916







No

RANK

Major

NAME

Anderson R.

N.

T. O. S. 22-5-15 (01/622-5-15) UNIT 45<sup>th</sup> Victoria Regt  
 Can O.S. Contingent

M. D. 3

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1915 May 22	1915 May 31	L		
	June	L		
	July	L		
	Augt.	L		
	Sept.	L		
Oct 1	Oct 11	L	Shown as Major from Lt. Col 12-10-15	DO 99,2-10-15-
Oct 12	Oct 31	L		







No.

RANK

Lieut. Col.

NAME

Anderson R. H.

T. O. S. 1-11-15-

D.O.# 12-12-11-15. ✓

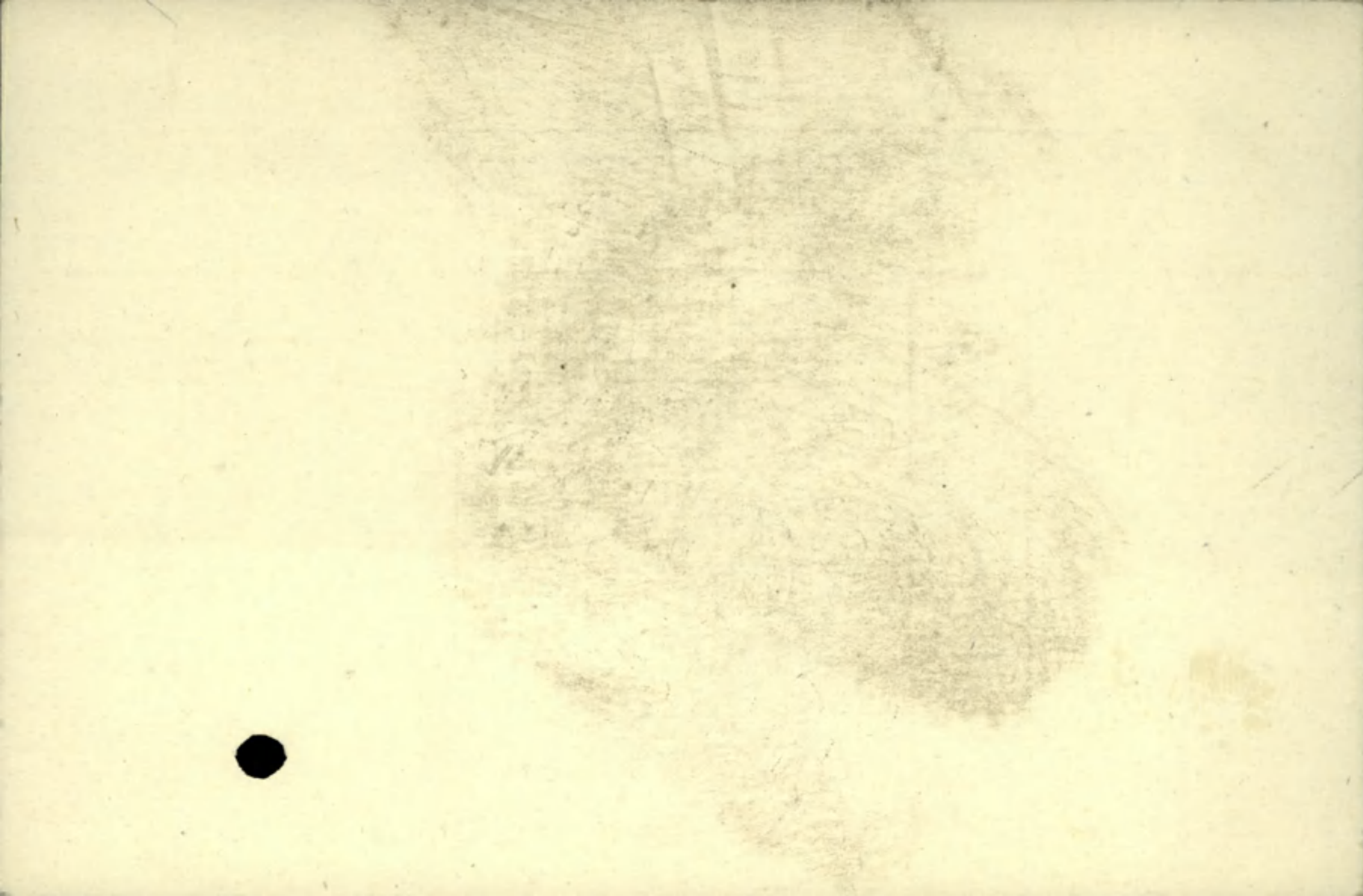
UNIT

93rd Battalion C. I. F.

M. D. 3

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1915- Nov. 1	1915- Nov. 24	u.	Transf. to 109th Co. Bn. 24-11-15-	D.O.# 29-29-11-15.







MP. 2

(2468) Wt. W. 2290-PP1182 6-19 J.F.W. (E3277)

Army Form W3997.

S S Olympic.

Regtl. No. 3035639 Rank Sa 111 C Ar 17 1 19

Name Roy DILLON  
(Christian Names in full)

Unit C.A.R.D. Regt. C.F.A.  
or  
Corps

Category B3 Next of Kin Mother

REASON FOR RETURN

Medical Board held at Bordon.....1918

Intended place of Residence Toronto Ontario

Gleik

**COVER**

FOR

**DISCHARGE DOCUMENTS.**

CAMPAIGNS MEDALS and DECORATIONS.....

Bill

3



Major Anderson Ross H

571/38



I

4056

OPINION OF THE MEDICAL BOARD—(Continued)

21. It is recommended that the officer be retired. (When not for retirement add special recommendation).

Nature of illness from which officer suffered renders him unfit for service. Should be placed in Category "E".

Before signing the President of the Medical Board will read the statement signed by the officer, and differing opinions regarding sections 8, 9 and 10 only as recorded in section 18 to the officer, and if no change is indicated will initial the statement. If as a result of differing opinions regarding sections 8, 9 and 10 only recorded in section 18 the officer is dissatisfied with statement previously made, remarks of the Medical Board will be added here.

F.B. Woodman President

G.J. Weatherhead, Capt. AMC. Members

PLACE Kingston, Ont.

DATE November 29th, 1917.

APPROVED BY V.D. Goodwill, Maj. Director-General of Medical Services.

DATE Dec. 4/17. 21/1/18.

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 officer to accept treatment appear to be unreasonable, or should he (or she) decline to sign this statement the Board of medical officers should so state.

President

Members

PLACE DATE

Filed

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 officer to the "Statement," page 3.
3. In answering the questions, Medical Officers will carefully obtain and record the soldier's statements concerning his condition.
4. If space provided under any sections is insufficient use blank space, page 4 or add another sheet.
5. A note will be made of attached papers by the Medical Board under the section "Opinion of Medical Board."
6. Under no circumstances may information other than that in sections 8, 9 and 10 be communicated to the soldier, directly or indirectly.
7. 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 Kingston, Ont. DATE 23/11/17.

- 1. (a) Unit Forrestry Corps. 14th Company. (b) Rank Major. (c) Surname Anderson. (d) Christian name Ross.
2. Age last birthday 32. Date of birth Dec. 18/84.
3. Date of appointment to the C.E.F. (for officers of the C.E.F.) Nov. 1st, 1915. Date of reporting for duty (for officers of the Active Militia attached to Units, for duty, or at Annual Training) Nov. 1st, 1915.
4. Personal description: (a) Height 5. 11 1/2. (b) Weight (stripped) 145. (c) Complexion Ruddy. (d) Colour of hair Brownish Red. (e) Colour of eyes Grey. (f) Scars or tattoo marks Tat to Masonic emblem, left forearm.
5. Address after retirement (for use of the Board of Pension Commissioners) Lindsay, Ont.
6. Former trade or occupation General Merchant.

Table with 3 columns: Service, YEARS, DAYS. Rows include 93rd Battalion, 10th Battalion, and 14th Forestry Corps with their respective service periods.

- 8. Original disease or injury 1. Mental Confusion. 2. Gastritis. (a) Date of origin March 14th, 1917. (b) Place of origin France. (c) Cause Unknown. (d) Present disability (1) Weakness, slight, moderate, marked, etc. (2) Loss complete or partial of an organ or member or of its functions.

Checked D.M. A.R.



9. Present condition (a) (Imp... be a full description of the present disabling condition or conditions only.) "History" must be recorded in Section 10.

Officer was 3 weeks in France in charge of 2 saw mills when he became nervous. He was treated in Red Cross Hospital at Boulogne and while there he had a well marked mental episode which he terms a delirium. During this time he had auditory Hallucinations thinking that he heard voices and he remembers practically nothing of the attack which lasted 4 days. During attack he made a cut on right side of throat with safety razor, a scar still remains. He was in Hospitals in England and France from March until October 1917.

(b) Are the following systems normal? If not, briefly state abnormality. Nervous Digestive Respiratory Circulatory. Genito-Urinary Skin, Middle Ear, Eye or any other part.

(present condition) Contd. During illness he lost 24 lbs. in weight His hands shook and body trembled. He had no appetite and vomited a great deal. Vomited matter showed traces of blood and he also passed blood by his bowels. Had pain in left Hypochondriac region At time of examination officer is from 10 to 15 lbs. under weight but states that he feels well. He is xxxxx (Contd. below)

History: (a) of Condition referred to in "a" section 9.

Slightly nervous but quite clear mentally. He is well oriented memory is good has no false perceptions and his narrative is coherent and well knit. Slight tremor of outstretched fingers. Knee jerks

(b) Here give a complete history as secured from the officer with dates of origin of any affection or injury from which the officer has suffered either prior to or since enlistment and not included in 10 (a). Diminished eye reflexes normal. Physical examination negative.

(c) Here give a description of wounds, scars, deformities, and signs and symptoms of abnormal conditions present and not included in answer 8. This section cannot be completed without stripping the officer and subjecting to a thorough physical examination.

what extent, state in percentages, is incapacity to earn a livelihood in the untrained labour market reduced? If there is more than one disabling condition, estimate the incapacity due to each and that due to all combined. Same as on enlistment.

11. If the disabling condition had its origin before enlistment, has it been aggravated on service? (If so give a description as far as it is possible to do so, of the disabling condition at time of enlistment.) Has slight attacks before but t. is attack arose on service.

12. Was the disability caused or aggravated by negligence, by vice or by misconduct, or by unreasonable refusal to accept treatment? No.

(If the answer is in the affirmative, state in percentages, to what extent the officer is incapacitated by that causation or aggravation. If treatment has been refused, the circumstances surrounding the refusal should be described on page 4.)

What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one? 1. Recovered. 2. recovered.

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

Hospitals France and England.

14. (Continued).

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) Yes. No.

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

17. Recommendations. For That on account of nature of illness that he be placed in Category "E" for discharge.

J.F. Sparks Medical officer by whom the case is brought forward.

STATEMENT OF THE OFFICER

(Sections 8, 9 and 10 are to be read to the officer 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 have not withheld any information concerning any affection from which I suffered either prior to or during service. I complain in addition of

R.H. Anderson, Major. Signature of officer examined.

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 criticized.

YES.

19. Is the soldier fit for

- (a) General service, (b) Service abroad, not general service, (c) Home service (Canada only), (d) Temporarily unfit, (e) Unfit for service in Categories A, B and C

Table with 5 columns: Category (A-E), Yes or No, Yes, No. Row A: Yes, No. Row B: Yes, No. Row C: Yes, No. Row D: Yes, No. Row E: Yes, No.

20. It is certified that the soldier

(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 pass under his own control. (Strike out condition not applicable).



21. It is recommended that the officer be retired. (When not for retirement add special recommendation).

Further period of rest.

Before signing the President of the Medical Board will read the statement signed by the officer, and differing opinions regarding sections 8, 9 and 10 only as recorded in section 18 to the officer, and if no change is indicated will initial the statement. If as a result of differing opinions regarding sections 8, 9 and 10 only recorded in section 18 the officer is dissatisfied with statement previously made, remarks of the Medical Board will be added here.

R.C. Cairns, Capt. President.

PLACE Quebec, Que.

A. Haig, Capt.

Members

DATE 25/9/17.

F. J. Caughlin, Lt.

APPROVED BY

APPROVED BY

W.M. Carrick, Maj. Assistant Director of Medical Services.

Director-General of Medical Services.

DATE 25/9/17.

DATE

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 officer to accept treatment appear to be unreasonable, or should he (or she) decline to sign this statement the Board of medical officers should so state.

President.

PLACE

Members

DATE

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 officer 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 soldier'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 soldier concerned, from witnesses, or from documents.
4. If space provided under any sections is insufficient use blank space, page 4 or add another sheet. Such entries or sheets must be initialed by the Medical Board.
5. A note will be made of attached papers by the Medical Board under the section "Opinion of Medical Board."
6. Under no circumstances may information other than that in sections 8, 9 and 10 be communicated to the soldier, directly or indirectly.
7. 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 Quebec, Que. DATE 25/9/17.

- 1. (a) Unit Can. For. Corp. (b) Rank Major
(c) Surname Anderson (d) Christian name Ross Hillard.
2. Age last birthday 32 Date of birth Dec. 18, 1884
3. Date of appointment to the C.E.F. (for officers of the C.E.F.) Nov. 1, 1915
Date of reporting for duty (for officers of the Active Militia attached to Units, for duty, or at Annual Training) Nov. 1, 1915.
4. Personal description:
(a) Height 5' 11 1/2" (b) Weight (stripped) 145
(c) Complexion Reddish (d) Colour of hair Brown
(e) Colour of eyes Blue (f) Scars or tattoo marks Scar Right Side of neck.
5. Address after retirement (for use of the Board of Pension Commissioners) Lindsay, Ont.
6. Former trade or occupation Merchant.

Table with 2 columns: YEARS, DAYS. Row 1: 11, 11. Row 2: Canadian Militia, 1906, Nov. 1/15. Row 3: C.E.F., Nov. 1/15, Sept. 1917.

- 7. Service (The information should be secured from personal documents, but if documents are not available the officer'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.)
8. Original disease or injury Nervousness.
(a) Date of origin March 14th/17. (b) Place of origin Rouen, France.
(c) Cause Not apparent, supposed to have followed after a couple of slips.
(a) Present disability (1) Weakness, slight, moderate, marked, etc. (2) Loss complete or partial of an organ or member or of its functions. Define the latter. (3) Necessity for rest of the body or some of its parts for therapeutic reasons, the exact nature of the resultant disability is to be stated as distinguished from the disabling condition noted in Section 9.) Nervousness.



9. Present condition (a) (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.)

This man has greatly improved has no tremor of hands at present  
Heart's action somewhat accelerated pulse 96. Sweats a great  
deal under arms but not a general sweating.

(b) Are the following systems normal? If not, briefly state abnormality  
Nervous..... Digestive..... Respiratory..... Circulatory.....  
(If pulse rate abnormal B.P. will be taken.)  
Genito-Urinary..... Skin, Middle Ear, Eye or any other part.....  
(Albumen and sugar will be excluded.)

10. History: (a) of Condition referred to in "a" section 9.)  
To what ~~xxxx~~ extent, state in percentages, is incapacity to earn  
a livelihood in the untrained labour market reduced? If there is  
more than one disabling condition, estimate the incapacity due to each  
and that due to all combined. Answer-- 20%  
(b) Here give a complete history as secured from the officer with dates of origin of any affection or injury from which the officer has suffered either prior to or since enlistment  
and not included in 10 (a).

(c) Here give a description of wounds, scars, deformities, and signs and symptoms of abnormal conditions present and not included in answer 8.  
This section cannot be completed without stripping the officer and subjecting to a thorough physical examination.  
"as a small scar about 1 1/2" in length on neck about 1 1/2" below R.  
angle of jaw. Has tattoo on L. arm, square and compass. Eating and  
sleeping well.

11. If the disabling condition had its origin before enlistment, has it been aggravated on service? (If so give a description  
as far as it is possible to do so, of the disabling condition at time of enlistment.)

12. Was the disability caused or aggravated by negligence, by vice or by misconduct, or by unreasonable refusal to  
accept treatment?..... No.....  
Personal documents will be referred to.  
(If the answer is in the affirmative, state in percentages, to what extent the officer is incapacitated by that causation or aggravation. 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?..... 3 months.....

14. Treatment (Case reports, general or special, should be secured and attached where possible.)  
Hospital treatment. He says sedatives as Bromides and Chloral and  
~~xxxx~~ some stomach medicine.

14. (Continued).  
.....  
.....  
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? In 3 months.  
If not, briefly state why  
17. Recommendations Rest.

A. Haig, Capt.  
Medical officer by whom the case is brought forward.

STATEMENT OF THE OFFICER

(Sections 8, 9 and 10 are to be read to the officer and either "satisfied" or "not satisfied" struck out.

I, the undersigned, R.H. 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 have not withheld any information concerning any affection from which I suffered either prior to or during

service. I complain in addition of.....

R.H. Anderson, Major.  
Signature of officer examined.

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 criticized.  
.....  
.....  
Yes.

19. Is the soldier 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) ~~Fit for service in Categories A, B and C~~ " E Yes or No.

20. It is certified that the soldier  
(a) ~~Does not 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).



H 4056

OPINION OF THE MEDICAL BOARD—(Continued)

21. It is recommended that the officer be retired. (When not for retirement add special recommendation).

Leave be extended to one month.

Before signing the President of the Medical Board will read the statement signed by the officer, and differing opinions regarding sections 8, 9 and 10 only as recorded in section 18 to the officer, and if no change is indicated will initial the statement. If as a result of differing opinions regarding sections 8, 9 and 10 only recorded in section 18 the officer is dissatisfied with statement previously made, remarks of the Medical Board will be added here.

G. Stewart Cameron, Major. President.

J. H. Eastwood, Major. Member

PLACE Peterboro

DATE Oct. 12/17.

APPROVED BY

APPROVED BY

Assistant Director of Medical Services.

Director-General of Medical Services.

DATE Nov. 20, 1917.

DATE

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 officer to accept treatment appear to be unreasonable, or should he (or she) decline to sign this statement the Board of medical officers should so state.

PLACE

DATE

Members

4056

FORM TO BE USED FOR OFFICERS

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 officer 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 soldier'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 soldier concerned, from witnesses, or from documents.
4. If space provided under any sections is insufficient use blank space, page 4 or add another sheet. Such entries or sheets must be initialed by the Medical Board.
5. A note will be made of attached papers by the Medical Board under the section "Opinion of Medical Board."
6. Under no circumstances may information other than that in sections 8, 9 and 10 be communicated to the soldier, directly or indirectly.
7. 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 Peterboro, Ont. DATE Oct. 11/17.

- 1. (a) Unit Canadian Forestry Corps. (b) Rank Major
(c) Surname Anderson (d) Christian name Ross Hillard
2. Age last birthday 32 Date of birth 18th Dec. 1884
3. Date of appointment to the C.E.F. (for officers of the C.E.F.) Nov. 1st, 1915.
Date of reporting for duty (for officers of the Active Militia attached to Units, for duty, or at Annual Training) Nov. 1st, 1915.
4. Personal description:
(a) Height 5' 11" (b) Weight (stripped) 143
(c) Complexion Ruddy (d) Colour of hair Brown
(e) Colour of eyes Blue (f) Scars or tattoo marks Tattoo L. Forearm.
5. Address after retirement (for use of the Board of Pension Commissioners)
6. Former trade or occupation Merchant.

7. Service (The information should be secured from personal documents, but if documents are not available the officer'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.)

Table with 2 columns: From, To. Row 1: Can. Forestry Corps., Nov. 1/1915., Present.

- 8. Original disease or injury Nervous Debility.
(a) Date of origin France (b) Place of origin March 1917.
(c) Cause Over Work

(1) Present disability (1) Weakness, slight, moderate, marked, etc. (2) Loss complete or partial of an organ or member or of its functions. Define the latter. (3) Necessity for rest of the body or some of its parts for therapeutic reasons, the exact nature of the resultant disability is to be stated as distinguished from the disabling condition noted in Section 9.)

Nervous Debility



H 4056

9. Present condition (a) (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.)

Wt. much increased. Temp. Pulse and resp. normal. Digestive System  
much improved. All other systems normal excepting the nervous  
system, which is still somewhat unstable.

(b) Are the following systems normal? If not, briefly state abnormality.  
Nervous..... Digestive..... Respiratory..... Circulatory.....  
(If pulse rate abnormal B.P. will be taken.)

Genito-Urinary..... Skin, Middle Ear, Eye or any other part.....  
(Albumen and sugar will be excluded.)

10. History: (a) of Condition referred to in "a" section 9.)

To what extent, state in percentages, is incapacity to earn a livelihood in the general labour market reduced? If there is more than one disabling condition, estimate the incapacity due to each and

(b) Here give a complete history as secured from the officer with dates of origin of any affection or injury from which the officer has suffered either prior to or since enlistment and not included in 10 (a).  
that due to all combined.--Answer -- 25%

(c) Here give a description of wounds, scars, deformities, and signs and symptoms of abnormal conditions present and not included in answer 8. This section cannot be completed without stripping the officer and subjecting to a thorough physical examination.

11. If the disabling condition had its origin before enlistment, has it been aggravated on service? (If so give a description as far as it is possible to do so, of the disabling condition at time of enlistment.)

Before enlistment. Has been aggravated 25%

12. Was the disability caused or aggravated by negligence, by vice or by misconduct, or by unreasonable refusal to accept treatment? No.  
Personal documents will be referred to.  
(If the answer is in the affirmative, state in percentages, to what extent the officer is incapacitated by that causation or aggravation. 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 more than one? 1 month

14. Treatment (Case reports, general or special, should be secured and attached where possible.)  
In Hospitals in France and England.

4056

H H

14. (Continued).

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? Yes  
(If not, briefly state why)

17. Recommendations Leave extended to one month.

G. Stewart, Cameron, Major.  
Medical officer by whom the case is brought forward.

STATEMENT OF THE OFFICER

(Sections 8, 9 and 10 are to be read to the officer and either "satisfied" or "not satisfied" struck out.  
I, the undersigned, R.H. 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 have not withheld any information concerning any affection from which I suffered either prior to or during service. I complain in addition of

R.H. Anderson, Major.  
Signature of officer examined.

OPINION OF THE MEDICAL BOARD

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

YES

19. Is the soldier 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 soldier

(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).



ASSIGNED PAY.

UNIT.

RANK.

NAME.

Beneficiary Mrs. R. H. Anderson  
 Address Canada  
 Amount. \$50. 1/9/16  
 Separation Allowance issued. Yes or No.....

NAME OF UNIT: 109<sup>th</sup> Bn.  
 DATE  
 AUTHORITY

RANK: Major  
 DATE: 31-7-16  
 AUTHORITY: From Canada  
 D.R.O.#1225 C.I.D.  
 d/7-8-16.

Name Anderson  
 Initials R.H.  
 Bank of Montreal.

1916-17

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialed by P.M. in every case.	INITIALS.
1916	Aug 16 Bank			80				
	18 By bal from Can		80					
	Pay Aug Evens from 31 <sup>st</sup> 16		187					
	25 Bank	1408		187				
	Sept 19 Pay Sept R		180					
	22 A.P. Can				50			
	25 Bank			130				
	Oct 20 Pay Oct R		186					
	23 A.P. Can				50			
	25 Bank			136				
	Nov 23 a. p. can.				50			
	24 Pay Nov. R.		180					
	27 Bank			130				
	Dec 15 Pay Dec R		186					
	15 A.P. Can.				50			
	15 Bank			136				
1917	Jan 19 a. p. Can.				50			
	24 Pay Jan. (R)		186					
	27 Bank	19288		136				
	Feb. 20 Pay Feb. (R)		168					
	21 a. p. Can.				50			
	24 Bank	21931		118				
	Mar 13 Pay Mar R		186					
	17 A.P. Can				50			
	25 Bank	24818		136				



ASSIGNED PAY.

UNIT.

RANK.

NAME.

NAME OF DATE AUTHORITY

DATE AUTHORITY

Beneficiary

Address *Canada*

Amount. \$ *50*

Separation Allowance issued. Yes or No.....

*128<sup>th</sup> B<sup>n</sup>*  
*Forestry Corps*

*Agos*  
*Captain*

*3/7/16* *Frankford*  
*20<sup>th</sup> 17* *540.125 CTS*  
*7/8/16* *H. G. 3582*  
*2/16<sup>th</sup> 17*

Name *Anderson*  
Initials *A. G.*  
Bank *of Montreal*

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialed by P.M. in every case.	INITIALS
<i>1917</i>								
<i>16</i>	<i>at Can</i>							
<i>27</i>	<i>Bank</i>	<i>3009</i>		<i>130</i>				
<i>May 16</i>	<i>at Can</i>				<i>50</i>			
<i>17</i>	<i>Overpaid diff. between Major's &amp; Capt's rates 20<sup>th</sup> 17 - 30<sup>th</sup> 17</i>	<i>10785</i>		<i>126 75</i>			<i>She was overdraft until further instructions</i>	
	<i>May pay (R) - @ Capt's rates</i>	<i>103460</i>	<i>147 75</i>					
<i>23</i>	<i>Bank</i>	<i>5932</i>		<i>97 25</i>		<i>126 25</i>	<i>Trans. from ledger 13 to ledger 26 - 8<sup>th</sup> 17</i>	
<i>Jan 20</i>	<i>Pay Jan</i>		<i>142 50</i>					
<i>15</i>	<i>at Can</i>				<i>50</i>			
<i>23</i>	<i>Bank</i>	<i>7999</i>		<i>92 50</i>		<i>126 25</i>		
<i>July 18</i>	<i>at Canada</i>				<i>50</i>			
<i>19</i>	<i>Pay July 18</i>		<i>147 25</i>				<i>Reduce \$126.25 at rate of 875 from tree liquidated B. 27<sup>th</sup> 17</i>	
<i>73</i>	<i>Bank</i>	<i>13029</i>		<i>71 25</i>		<i>100.25</i>		
<i>Aug 10</i>	<i>Bal Aug P &amp; A</i>	<i>Bank</i>	<i>13636</i>	<i>72 -</i>				
<i>14</i>	<i>at Canada</i>				<i>50</i>		<i>Rtd to Canada</i>	
<i>17</i>	<i>Pay Aug 14</i>		<i>147 25</i>			<i>75 -</i>	<i>L.P. 6 31<sup>st</sup> 17</i>	
<i>Sep 17</i>	<i>at Can</i>				<i>50</i>		<i>T. J. E. Ledger</i>	
<i>20</i>	<i>at pay sup. Engd but not paid 20<sup>th</sup> 17</i>		<i>50 -</i>			<i>75 -</i>	<i>Trans from ledger 26 to ledger 12. 4-10-17</i>	
<i>Nov 28</i>	<i>Dr. Bal. Recovered by Ottawa V. 283</i>		<i>75 -</i>				<i>20<sup>th</sup> 17 L.P. 6 31<sup>st</sup> 17</i>	

1917-18

NOV 1917