

REGIMENTAL DOCUMENTS

NAME ANDERSON, William Carson REGT. No. 65020 UNIT 24th Batta H. Q. FILE No. 9691

CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
3 ATTESTATION PAPER (M.F.W. 23, 133 or 51)		M			DEATH
/ CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					CATEGORY
/ TRAINING HISTORY SHEET (M.F.W. 113) <i>Record sheet</i>					
/ FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
/ REGT. CONDUCT SHEET (M.B.W. 263 or A.F.B. 120)					
/ COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					
MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
DENTAL HISTORY SHEET (M.F.B. 465)					CATEGORY
MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					
MEDICAL EXAMINATION (M.F.W. 129)					
TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)					
PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)					
DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)					DESERTION
LAST PAY CERTIFICATE (M.F.W. 44)					
/ PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					
PARTICULARS OF CHARACTER (A.F.W. 3226)					
COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
5 CARDS					
<i>yes</i> PAY-SHEETS					
					5-30
					34-30
					21-20
					<u>20</u>

Name ANDERSON Rank PRIVATE Reg. No. 65020

Unit 24TH. BATTALION

Q. 25. A. 432

CANADA

Next of Kin

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
17-5	No. 2. Can. Div. Rest. Stn.	Dermatis	Face <i>it</i>	A236		
22-5	To Duty		do	A238.		
10-6	O.C. Bn. Rep.	<u>KILLED IN ACTION</u>		A248/8449/20-6		

No. 546 RANK Pte.
65020 Mar. Paylist.

NAME Anderson W. C.

T. O. S. 23-11-14 UNIT 24th. Battalion
Nov. Paylist.

M. D. 4

			PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
PAID FROM	PAID TO	SIG. OR REC'T	PARTICULARS	AUTHORITY
1914 23 Nov.	1914 30 Nov.	✓		
1915 Dec.		✓		
1915 Jan.	1915	✓		
1915 Feb.		✓		
1915 Mar.		✓		
1915 Apr.		✓		
1915 May.		✓		

UNIT SAILED
MAY 1 1 1915

NAME

*Anderson William Larson*REG'TL No. *65820*

RANK AND CORPS

Pte. 24th. Bn. (2nd Can. Div.)

CABLE

NATURE OF CASUALTY

NO.

DATE

*m 8449 20-6-16**B20900 21-6-16**Rouen**Killed in action June 10th 1916*
" " " " " "

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
A. 236	No. 2 Can. Div Rest Stat.	17-5-16	Dermatitis Face.
A 238 ⁽²⁾	To duty	22-5-16	" "
A 248 ⁽¹⁾	O.C. Bn. rep.		Killed in action 10-6-16

DUPLICATE

To be used for recruits enlisting direct into the Regular Army only. Army Form B. 178^A to be used for Special Reserve recruits and Special Reservists enlisting into the Regular Army.

24th Batt. I.E.

MEDICAL HISTORY of

Surname ANDERSON Christian Name William Carson

TABLE I.—GENERAL TABLE.

Birthplace .. Parish Montreal County Quebec

Examined { on 23rd day of Nov. 1914.
at Montreal

Declared Age 29 years .. days.

Trade or Occupation

Height 5 feet 3 inches

Weight lbs

Chest { Girth when fully Expanded 35 inches

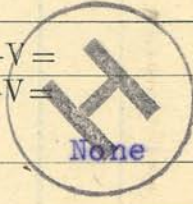
Measurement { Range of Expansion 2 inches

Physical Development

Vaccination Marks { Arm .. Right Left
Number 3

When Vaccinated

Vision { R.E.—V=
L.E.—V=



(a) Marks indicating congenital peculiarities or previous disease

(b) Slight defects but not sufficient to cause rejection

Approved by .. (Signature) H.W. Lockhart,
(Rank) Lieut. A.M.C.

Medical Officer.

Enlisted { at Montreal
on 23rd day of Nov. 1914.

Joined on Enlistment	Corps.	Regtl. No.
Transferred to	<u>24th Battn. C.E.F.</u>	<u>65020.</u>

Became non-effective by
on .. day of .. 191 ..

(Signature)
(Rank)

I certify the foregoing to be a true copy of an original entry on a Medical History Sheet of this man.
[Signature] C.A.M.C.
for the Officer in Charge of Records
Canadian Contingents.

Table II.—Only for Admissions to Hospital or to the Sick

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number of days in Hospital	Remarks
	Day	Month	Year	Day	Month	Year			
No. 2 Can. Div. R. Stn.	17	5	16	22	5	16	Dermatitis Face	5	

List In the case of Warrant Officers treated in quarters.

marks bearing on the cause, nature, or treatment of the case, likely to be of interest or of future use. In case of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet.

Signature of Medical Officer

To duty

A236-238

Rank _____ Name **ANDERSON William Carson.**

Reg'l No. 65020.

Unit **24th Bn.** If in perm. Corps, }
What Unit? }Married or Single **Single**Place and Date of Enlistment **Montreal. Que. 23rd Nov. 1914.** Place of Birth **Montreal. Que.**Name and Address, Next-of-Kin **Helen C. Anderson. 13. Butler Ave. Montreal.**Relationship **Sister.**

Assigned Pay Monthly \$ _____ Payable to _____

Relationship _____

Separation Allowance \$ _____ Payable to _____

Relationship _____

Discharge, Date and Place _____

Reason _____

Character _____

R139-48

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				
		Arrived in England per S.S. Cameronia		20.5.15	
<i>19.9.15.</i>		<i>Embarked for France.</i>	<i>Holkstone</i>	<i>15.9.15</i>	<i>Emb. Rep. 288.</i>
<i>6.6.16</i>	<i>24th Bu.</i>	<i>Adv 2 Cav. Div. Post. Station</i>	<i>France</i>	<i>17.5.16</i>	<i>C.L.A 236 "Demittibi fac"</i>
<i>8.6.16</i>	<i>"</i>	<i>Sec 2 " " " to duty in field</i>		<i>22.5.16</i>	<i>" A. 238 " "</i>
<i>20.6.16</i>	<i>"</i>	<i>% Bu reports Killed in Action</i>	<i>"</i>	<i>10.6.16</i>	<i>" 248: ON</i>
<i>21.6.16</i>	<i>"</i>	<i>Killed in Action</i>	<i>"</i>	<i>"</i>	<i>Pt. II- 25-</i>

*WFI. 2*REMARKS
Taken from Official Documents

Rank *Pte*

Name **ANDERSON William Carson.**

Reg'l No. **65020.**

Unit **24th Bn.**

If in perm. Corps,
What Unit?

Married or Single **Single**

Place and Date of Enlistment **Montreal. Que. 23rd Nov. 1914.** Place of Birth **Montreal. Que.**

Name and Address, Next-of-Kin **Helen C Anderson, 13. Butler Ave. Montreal.**

Relationship **Sister.**

Assigned Pay Monthly \$ Payable to

Relationship

Separation Allowance \$ Payable to

Relationship



Discharge, Date and Place

Reason

Character

Date		PAY			Field Allowance			Other Credits	Total Credits	Voucher		Cash Payments	Assigned pay	Other Charges	Total Debits	Balance	Remarks, Casualties, etc.	
From	To	No. of Days	Rate	Amount	No. of Days	Rate	Amount			No.	Date							
1 June	30 June	20	1 ⁰⁰	30	30	10	3		33			27 50			27 50	5 50		
1 July	31 July	31		31	31		3 10		34 10			32 50			32 50	7 10		
		Adjustment of Exchange						1 60	1 60							8 70		
1 Aug	31 Aug	31	1 ⁰⁰	31	31	10	3 10		34 10			38 93			38 93	3 87		
1 Sep	30 Sep	30		30	30		3		33			5 35			5 35	31 52		
1 Oct	31 Oct	31		31	31		3 10		34 10			2 61			2 61	63 01		
1 Nov	30 Nov	30		30	30		3		33			5 29			5 29	90 72		
1 Dec. 1916	31 Dec	31		31	31		3 10		34 10			16 83			16 83	107 99		
1 Jan	31 Jan	31		31	31		3 10		34 10			5 23			5 23	136 86		
1 Feb	29 Feb	29		29	29		2 90		31 90			2 61			2 61	166 15		
1 March	31 Mar	31		31	31		3 10		34 10		Feb 90/a	2 61			5 23	195 02		
									305 -	30 50	1 60	337 10	142 08		142 08			

Statement of
MAY 12 1917
Account rendered

Used
285 \$
R

Checked *Ab*

Carried forward to
Large Ledger

MARRIED OR SINGLE *S.*
 PLACE OF BIRTH *Montreal, Que*
 NAME AND ADDRESS OF NEXT OF KIN *Helen, G. Anderson*
13. Butler Ave. Montreal
 RELATIONSHIP OF NEXT OF KIN *sister*
 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	AUTH.
<i>Killed in Action</i>	<i>10.6.16</i>	<i>bkd</i>

ADMISSIONS TO HOSPITAL, &c.

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

COMPILED BY *Shult*
 CHECKED BY

DATE	PAY		FIELD ALLOWANCE		WORKING OR SPECIAL PAY		ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS							
	NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE				AMOUNT		1		2		3	
			\$	C.						\$	C.	NO.	DATE	NO.	DATE	NO.	DATE
1916 March									337 10								
Apr 1-30	30	100	30		30	10	3		33 00	952 5/4/16	1023 26/5/16						
May 1-31	31	-	31	-	31	"	3 10		34 10	1074 3/5	1152 27/5						
June 1-30	30	"	30	-	30	"	3 00		33 00	114 10/5	1194 7/6						
July 1-31	31	"	31	-	31	"	3 10		34 10								
Aug 1-31	31	-	31	-	31	-	3 10		34 10								
Spt. 1-30	30	.	30	.	30	.	3 -		33 -								
Oct 1-31	31	-	31	-	31	-	3 10		34 10								
Nov 1-30	30		30		30		3 00		33								
Checked <i>Deke</i> Dec									605 50								
U.S. March 1917									85								
June 19									85								

Statement of
 MAY 12 1917
 MAY 2 1917
 Account rendered

Cash found in

NS, &c.
 EFFECTIVE DATE
 AUTHORITY
 b.l.b. b.l.a. 248 70.6.16

REG'L No. 65020 RANK *Pt* NAME *Anderson - William Carson*
 IF IN PERMT. CORPS } UNIT *74 Batt* TRANSFERRED TO *N.E.B.* DATE *11-6-16* AUTHORITY *GRA 248 70.6.16*
 WHAT UNIT }
 PERMANENT FORCE ALLOWANCES TRANSFERRED TO DATE AUTHORITY
 PLACE OF ATTESTATION *Montreal* TRANSFERRED TO DATE AUTHORITY
 DATE OF ATTESTATION *23 Nov 1914* TRANSFERRED TO DATE AUTHORITY



ASSIGNED PAY MONTHLY \$ *Nil* DATE EFFECTIVE
 PAYABLE TO RELATIONSHIP
 ASSIGNED PAY MONTHLY \$ DATE EFFECTIVE
 PAYABLE TO RELATIONSHIP
 STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) EFFECTIVE REASON
 DISCHARGE DATE AND PLACE REASON AND AUTHORITY
 ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE) *11. 6. 16* Entered on N.E. Card Index *AM*
 ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE) Checked by *W. Smeif*

STANCE ROLLS
 3 4
 DATE NO. DATE NO. DATE

CASH PAYMENTS					ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
1	2	3	4	CREDIT				DEBIT				
							142 08	195 02				
	2 61	2 62					5 23	222 79				
	2 56						7 67	249 22				
	2 56	2 55										
		2 55					2 55	279 67				
								313 77				
								347 87				
								380 84				
								414 97				
								447 97				
							190 30	190 30	257 67	180 00		
							347 83		257 67			
									258 52			
									258 52			

Balance transferred to N.E. Branch

overpaid 173 days.
 11-6-16 to 30-11-1916
 Trans N.E.B. 2-1-1917
 Effective 11-6-1916
 With C.O.E. Feb 25. 14/2/16
 To Ottawa for settlement 11/6/17

Small Street

ATTESTATION PAPER.

No. 846

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

1. What is your name?..... *William Barrow Anderson*
 2. In what Town, Township or Parish, and in what Country were you born?..... *Montreal, P. Q.*
 3. What is the name of your next-of-kin?..... *Helena B. Anderson (Sister)*
 4. What is the address of your next-of-kin?..... *13 Butler Ave, Montreal*
 5. What is the date of your birth?..... *Nov 23rd 1885*
 6. What is your Trade or Calling?..... *clerk*
 7. Are you married?..... *No.*
 8. Are you willing to be vaccinated or re-vaccinated?..... *Yes.*
 9. Do you now belong to the Active Militia?..... *No.*
 10. Have you ever served in any Military Force?..... *No.*
If so, state particulars of former Service.
 11. Do you understand the nature and terms of your engagement?..... *Yes.*
 12. Are you willing to be attested to serve in the CANADIAN OVER-SEAS EXPEDITIONARY FORCE?..... *Yes.*
- William C. Anderson* (Signature of Man).
W. Doig (Signature of Witness).

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

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

Date *Nov 23* 1914. *William C. Anderson* (Signature of Recruit). *W. Doig* (Signature of Witness).

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *Wm Barrow Anderson*, do make Oath, that I will be faithful and bear true Allegiance to His Majesty King George the Fifth, His Heirs and Successors, and that I will as in duty bound honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity, against all enemies, and will observe and obey all orders of His Majesty, His Heirs and Successors, and of all the Generals and Officers set over me. So help me God.

Date *Nov 23* 1914. *William C. Anderson* (Signature of Recruit). *W. Doig* (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 *November* this *23rd* day of *November* 1914.

W. Doig (Signature of Justice)

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

..... (Approving Officer)

Description of *Wth Larson Anderson* on Enlistment.

Apparent Age *29* 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. *3* ins.

Chest measurement { Girth when fully expanded *35* ins.
 Range of expansion *2* ins.

Complexion *Dark.*

Eyes *Grey.*

Hair *Brown.*

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

3 Vaccination marks on left arm.

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 *Montreal. 23/11/* 1914.

Place *Montreal.*

H. W. E. [Signature]
 Medical Officer.

*Insert here "fit" or "unfit."

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

CERTIFICATE OF OFFICER COMMANDING UNIT.

..... 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.

Signed: J. A. Gunn Lt. Col. (Signature of Officer)

Certified true copy,

Date 1914.

for Colonel i/c Records, C.E.F.

mk.

6-3-20

Ed

Army Form B. 103.
CERTIFIED CORRECT.
Canadian Record Office,
Westminster House,
7, Millbank S.W.

Casualty Form—Active Service.

Regiment or Corps 24th B'n. V. B., C.E.F.

Regimental No. 65020 Rank Pte. Name Anderson W. C.

Enlisted (a) 23.11.14. Terms of Service (a) _____ Service reckons from (a) _____

Date of promotion to } _____ Date of appointment } _____ Numerical position on } _____
present rank } to lance rank } 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. 33, 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				
16.9.15	24 th Coln		Disembarked Boulogne	16.9.15	NR
19.5.16	" "	Eczema	Not stated	14.5.16	B213
20.5.16	2nd Comd DPs	Dermatitis face.	157. 2nd Comd DPs.	17.5.16	a36
20.5.16	5 CFA	" "	158 5 CFA	14.5.16	a36
20.5.16	" "	" "	158 DPs.	14.5.16	a36
27.5.16	2 Com DPs.	So duty	159 In the Field	22.5.16	a36
26.5.16	24 th Coln	Filled in action	162 " "	22.5.16	B213
12.6.16	" "	" "	164 " "	10.6.16	17.137/156. Part II Orders 21/6/16

M. Lockhart

Lieutenant
for Lt Col. A. A. G.

(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, Shoing 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. 33, 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				

File in Officers' or Other Ranks'
envelope attached to Regimental
Documents.

Reg.No.....65020.....

Rank.....Pte.....

Name.....Anderson, William Carson

Medical Documents forwarded to B.P.C. on
M.F.W. 2505, Ref. B.P.C.....366...13/7/18.....

Medical History Sheet(MFW. 313)/or (AFB. 178).....

Dental " " (MFB. 465).....

Medical Report on Invalid (MFB.227) or (AFB.179).....

Medical Board Proceeding (MFB. 380).....

" " " (on discharge)(MFB.227).....

Medical examination on leaving service (MFW.129).....

Examination Standing Medical Board (DMS.1323).....

Miscellaneous.....

EBM.

Doc. 14.

2000-7/18.

W. M. C.
Clerk's Initials.

NO card 92482

MEDICAL HISTORY SHEET.

Surname *Anderson*
Anderson

Christian Name *William Carson*

Examined on *23rd* day of *Nov* 191*4*
at *Montreal*

Approved by *Signed for*
H.W. Lochhart

Birthplace { City or Town *Montreal*
County *Quebec*

Rank *Lieut and*

Apparent age *29*

Trade or occupation

Height *5* Feet *9* Inches

Weight _____ Lbs.

Chest measurement { Minimum *33* inches

{ Maximum expansion *32* inches

Physical development

Small-Pox Marks

Vaccination Marks { Arm Right Left
Number *9*

When Vaccinated last

(a) Marks indicating congenital peculiarities or previous disease *none*

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

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

Date	Result	VACCINATIONS.
<i>Feb 8</i>		<i>Dr. Paucy Capt M.O.</i>
		M.O.
		M.O.

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<i>Dec 14/14</i>		<i>Capt + mb</i>
<i>14</i>		<i>do</i>
		M.O.
		M.O.

Enlisted on *23rd* day of *November* 191*4* at *Montreal*

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<i>24th Batt. C.E.F.</i>	<i>65020</i>		<i>Nov. 23/15</i>
Transferred to.. ..				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.

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

65020 ✓

Surname

Christian Name or Names

Reg. No.

Anderson, W. G.

65020.

Rank

Unit

Co.

Troop

Batty.

Pfc.
Hospital24th Batt

Date of Admission

Transferred

#2 Cav Div Post State

Hosp.

17.5.16

Hosp.

Hosp.

Hosp.

Diagnosis

Dermatitis Face.

(1)

Later Diagnosis (if changed)

(2)

(3)

Killed in action 10.6.16.

Additional Diagnosis: if more than one state present

(O.C. Batt repts)

DISPOSITION

Yaduty. 22.5.16.

Date

6.6.16 1236.
 7 8.6.16. A2382.
 " 20.6.16. A2481.

REMARKS

A.M.D. 2 DEPT.
 Bch. of D.G.M.S. O.M.F.C. London.

AR
 B

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.

2.

3.

4.

5.

6.

7.

W
ANDERSON, *W. CARSON* PTE.

W
#65020,

Passed to H.A.Q.
649-A-1205.

6 leg. for 1914-15 Star - Pte. 24 ^{MP} 24 ¹³² ^{MP} ¹³²

H.A.Q.

4003

MEDALS & DECORATIONS

The Administratrix, Mrs. S. Adrian,
c/o H.B. Hutcheson, Esq.,
Notary Public, 179 St. James St.,
Montreal, P.Q.

PLAQUES.

Serial No. 764385
The brother, James Anderson, Esq.,
212 St. Josephs Boulevard,
Montreal, P.Q.

C OF S.

H
WS
NIL.

Re 3. 23-3-21
JAN 4 1971
Scroll Desp. Reqn. No. 71453 *B115*

JAN 17 1971
Plaque Desp. Reqn. No. 4057 *m*

NAME

REG. NO.

FILE NO

DATE IN

DATE OUT

P. A. OR B.F.

DATE
REQUIRED

REMARKS

Placque setd 7-2-22