

REGIMENTAL DOCUMENTS

784

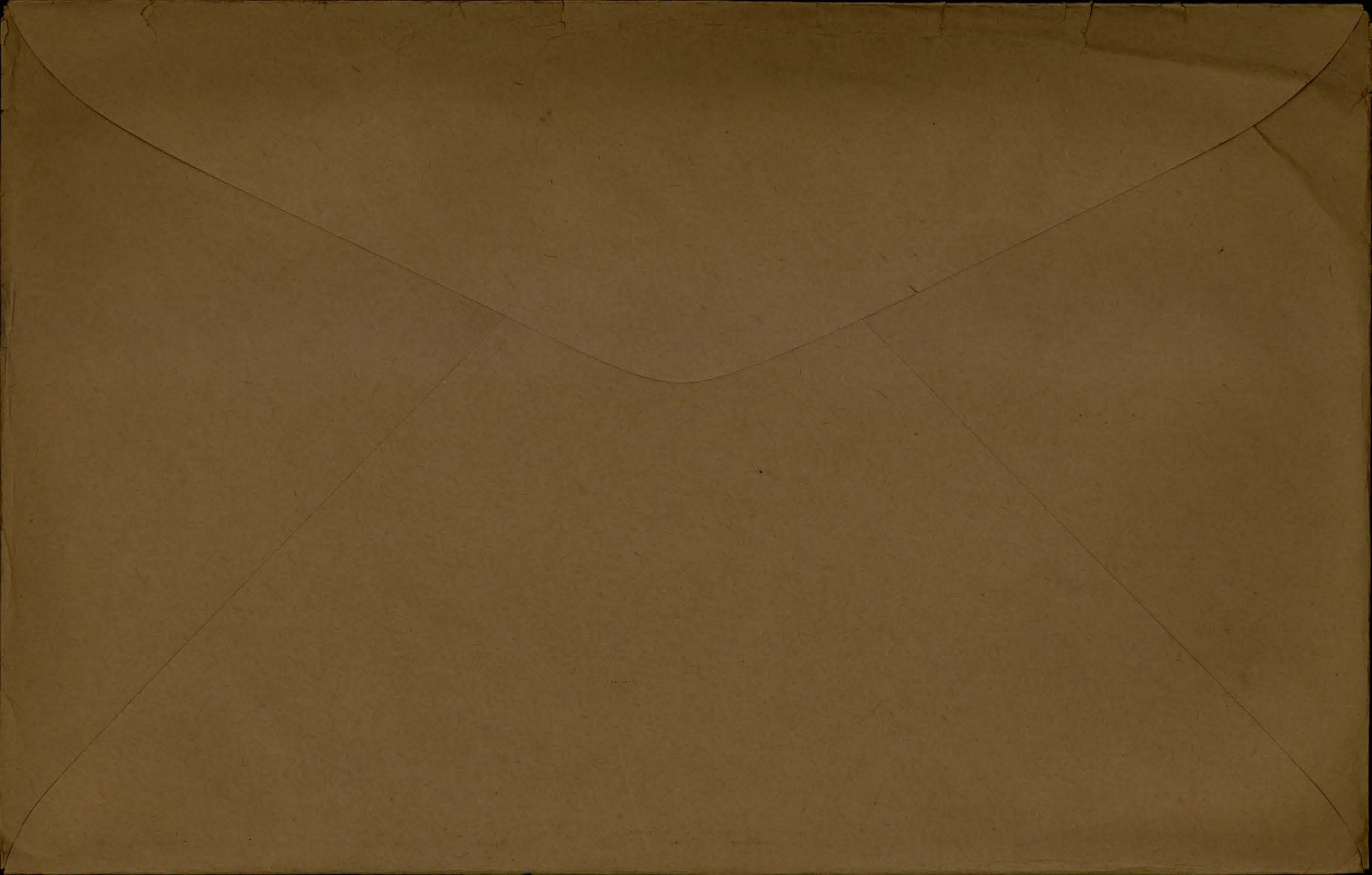
(H)

NAME ANDERSON. Archibald Graeme REGT. NO. 2341392 UNIT Com Serge Wty H. Q. FILE NO. \_\_\_\_\_

CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
2 ATTESTATION PAPER (M.F.W. 23, 133, or 51)					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)					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)					
1 Will					
1 M.F.W. 67					
Pay sheets					
4 Min Cards					

(H)







*Date of birth April 6/1899 South of*

TRIPPLICATE

ATTESTATION PAPER.

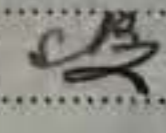
No. 2341392

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname? ..... Anderson
- 1a. What are your Christian names? ..... Graeme Archibald
- 1b. What is your present address? ..... 453 Strathcona Ave., Westmount.
2. In what Town, Township or Parish, and in what Country were you born? ..... Westmount, Que.
3. What is the name of your next-of-kin? ..... Robert D. Anderson
4. What is the address of your next-of-kin? ..... 453 Strathcona Ave., Westmount, Que.
- 4a. What is the relationship of your next-of-kin? ..... Father
5. What is the date of your birth? ..... April 6th, 1899
6. What is your Trade or Calling? ..... Student, Westmount High School
7. Are you married? ..... No
8. Are you willing to be vaccinated or re-vaccinated and inoculated? ..... Yes
9. Do you now belong to the Active Militia? ..... ~~Yes~~ McGill COTC 
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
13. Have you ever been discharged from any Branch of His Majesty's Forces as medically unfit? ..... No
14. If so, what was the nature of the disability? ..... --
15. Have you ever offered to serve in any Branch of His Majesty's Forces and been rejected? ..... No
16. If so, what was the reason? ..... --

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

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

*G. Anderson* (Signature of Recruit)

Date MAY 15 1917 191 . *G. W. Bouke* (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Graeme Archibald 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.

*G. Anderson* (Signature of Recruit)

Date MAY 15 1917 191 . *G. W. Bouke* (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 Montreal this ..... day of MAY 15 1917 191 .

*Stephen Bunt...* (Signature of Justice)



Description of Graeme Archibald Anderson on Enlistment.

Apparent Age 18 years 1 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 8 ins.

Chest measurement { Girth when fully expanded 35 1/2 ins.  
 Range of expansion 3 1/2 ins.

Complexion Medium

Eyes Blue

Hair Fair

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

Eyesight R. D. = 30  
 " L. D. = 30  
 Hearing R. Ear O.K.  
 " L. " O.K.

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\*.....for the **Canadian Over-Seas Expeditionary Force.**

Date.....191.....

Place.....

\*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:—

..... Medical Officer.

Declared **FIT** by MEDICAL BOARD  
 MOBILIZATION CENTRE, M. D. #4

*L. J. Sweeney* Capt. A.M.C.  
 for President, M. D.

CERTIFICATE OF OFFICER COMMANDING UNIT.

S/O Graeme Archibald Anderson.....having been finally approved and inspected by me this day, and his Name, Age, Date of Attestation, and every prescribed particular having been recorded, I certify that I am satisfied with the correctness of this Attestation.

*Shoppert Bruntar* (Signature of Officer)

Date MAY 15 1917.....191.....





2341392

Sgt. Henderson N.C.

183731

536.

31072

CANADIAN RESERVE - ARTILLERY

20

Perforated sheet for Will from Pay Book of Reg.

No. 2341392

Name Archibald Inasmuch Anderson

Unit C Battery C.R.A.

Military Will

In the event of my death I give the whole of my property and effects to my father, Mr. Albert Dickson Anderson, 453 St. Athelina Avenue Westmount, P.Q.

Signature A. Anderson

Rank and Regt. Gunner C Battery C.R.A.

Date July 31, 1917

ESTATES BRANCH

NOV 9 1918

MILITIA DEPT.

23 OCT 1918

CANADIAN.



DAVIDAR (mirrored text)



REGISTERED,  
WILLS-SECTION  
5 MAR. 1918  
ESTATES, O.M.F.C., LONDON.

mf

13/2/20

ms



ATTESTATION PAPER.

No. 2341392

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- |   |                                      |
|---|--------------------------------------|
| 1. What is your surname?  | Anderson                             |
| 1a. What are your Christian names?  | Graeme Archibald                     |
| 1b. What is your present address?   | 453 Strathcona Ave., Westmount.      |
| 2. In what Town, Township or Parish, and in what Country were you born?                                       | Westmount, Que.                      |
| 3. What is the name of your next-of-kin?  | Robert D. Anderson                   |
| 4. What is the address of your next-of-kin?   | 453 Strathcona Ave., Westmount, Que. |
| 4a. What is the relationship of your next-of-kin?   | Father                               |
| 5. What is the date of your birth?  | April 6th, 1899                      |
| 6. What is your Trade or Calling?   | Student, Westmount High School       |
| 7. Are you married?   | No                                   |
| 8. Are you willing to be vaccinated or re-vaccinated and inoculated?  | Yes                                  |
| 9. Do you now belong to the Active Militia?   | No McGill COTC                       |
| 10. Have you ever served in any Military Force?<br><small>If so, state particulars of former Service.</small> | No                                   |
| 11. Do you understand the nature and terms of your engagement?  | Yes                                  |
| 12. Are you willing to be attested to serve in the }<br>CANADIAN OVER-SEAS EXPEDITIONARY FORCE? }             | Yes                                  |
| 13. Have you ever been discharged from any Branch of His Majesty's Forces as medically unfit?                 | No                                   |
| 14. If so, what was the nature of the disability?   | --                                   |
| 15. Have you ever offered to serve in any Branch of His Majesty's Forces and been rejected?                   | No                                   |
| 16. If so, what was the reason?   | --                                   |

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

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

*G. A. Anderson* (Signature of Recruit)

Date: <sup>CS</sup> MAY 15 1917 1917 . *G. W. Bourke* (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, <sup>CS</sup> Graeme Archibald 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.

*G. A. Anderson* (Signature of Recruit)

Date: <sup>CS</sup> MAY 15 1917 1917 . *G. W. Bourke* (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 *Westmount* this <sup>CS</sup> MAY 15 1917 day of 1917 .

*Stephen Bourke* (Signature of Justice)



(2) (1)

## Description of Graeme Archibald Anderson on Enlistment.

Apparent Age 18 years 1 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 7 ins.

Chest measurement: { Girth when fully expanded 37 1/2 ins.  
 Range of expansion 3 1/2 ins.

Complexion Medium

Eyes Blue

Hair Fair

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

Eyesight R. D. = 30" " "  
 " L. D. = 30" " "  
 Hearing R. Ear O.K. " "  
 " L. " O.K. " "

### 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\*.....for the **Canadian Over-Seas Expeditionary Force.**

Date.....191 .....

Place.....

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:—

Declared **FIT** by MEDICAL BOARD  
 MOBILIZATION CENTRE, M. D. M.  
*S. J. Sweeney* Capt. S.M.B.  
 President, S. M. B.

### CERTIFICATE OF OFFICER COMMANDING UNIT.

Graeme Archibald Anderson.....having been finally approved and inspected by me this day, and his Name, Age, Date of Attestation, and every prescribed particular having been recorded, I certify that I am satisfied with the correctness of this Attestation.

MAY 15 1917

Date.....191 .....

*Chapman* (Signature of Officer)  
 Bank



# MEDICAL HISTORY SHEET

Surname Anderson Christian Name Graeme Archibald



Examined { on 7th day of May 1917 Approved by  
 { at Montreal

Birthplace { City or Town Westmount, Rank \_\_\_\_\_ M.O.  
 { County P. Quebec

Apparent age 18 years 1 month

Trade or occupation Student

Height 5 feet 8 Inches

Weight 125 lbs.

Chest measurement { Minimum 32 inches M.O.  
 { Maximum expansion 35 1/2 inches M.O.

Physical development Good M.O.

Small-pox Marks none M.O.

Vaccination Marks { Arm Right Left  
 { Number \_\_\_\_\_

When Vaccinated last 1912 M.O.

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

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

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT
		Declared <b>FIT</b> by MEDICAL BOARD MOBILIZATION CENTRE, M. D. #4 M.O.
		<i>S. J. Sweeney, Capt. A.M.C. President, S. M. C.</i> M.O.

Date	Result	VACCINATIONS
27.7.17		<i>N.O. Thomas, Lieut. M.O.</i>

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
MAY 19 1917		<i>J. A. Fairie, Capt. M.O.</i>
JUN 1 1917		<i>J. A. Fairie, Capt. M.O.</i>
JUN 7 1917		<i>R. Fraser, Capt. M.O.</i>

Enlisted on \_\_\_\_\_ day of Montreal 1917 at MAY 15 1917

	CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment	<b>Siege Artillery Draft</b> <b>McGill University</b>	<b>2341392</b>		
Transferred to	<u>2nd Bde CFA</u> <u>CFA 078</u>			<u>5-7-17</u>

## EXAMINED OR DISCHARGED BY A MEDICAL BOARD

STATION	DATE	DISEASE	RESULT
			INSPECTING MEDICAL BOARD FIT <i>M. J. ...</i> MONTREAL, P. Q.

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.







# FORM OF WILL

I, Archibald James Anderson (Name in full)

Regimental Number 2341392 serving in SIEGE ARTILLERY DRAFT, MCGILL UNIVERSITY CANADIAN EXPEDITIONARY FORCE

of the Canadian Expeditionary Force, do hereby revoke all former Wills by me made and declare this to be my last Will.

I devise all my real estate unto

.....  
.....  
.....

Name and Address  
of person or  
persons to whom  
it is to go.

absolutely, and my personal estate I bequeath to

Archibald James Anderson  
.....  
.....  
.....

Name and Address  
of person or  
persons to receive  
personal estate\*  
(See note).

### NOTE

This space for the  
appointment of  
Executor if  
necessary.

### IMPORTANT NOTE

This must be signed  
and Dated by  
THE SOLDIER  
HIMSELF.

this 15 day of June A.D. 1917

Archibald James Anderson

Signature of Soldier.

\*N.B. Personal estate includes pay, effects, money in bank, insurance policy, in fact everything except real estate.

Signed and acknowledged by the Testator as and for his last Will in the presence of us both present at the same time, who in his presence, at his request, and in the presence of each other have hereunto subscribed our names as Witnesses.

Signature of First Witness.....

Address of Witness.....

THE TWO  
WITNESSES

Occupation of Witness.....

MUST  
SIGN HERE

Signature of Second Witness.....

Address of Witness.....

Occupation of Witness.....



THE UNIVERSITY OF MICHIGAN  
LIBRARY

1911

1911

1911

FORM OF MILE







DEWILAT HISOLOKX SHEBI

CHINDOVI VINO DEKATI COSTE

1988 1988

REVERSE SIDE OF THE DOCUMENT (mirrored text)

THE END OF THE LINE



Place	Date of offence	Rank	Cases of Drunkenness	Offence	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	Remarks
With 8:17 pm				Drifted Court					
With 6:10:00 pm				Drifted Court					
With 20/5/18				Drifted Court					

No. 2341342  
 Name: Anderson  
 Sqn., Batty., or Company: [unclear]  
 Corps: [unclear]  
 Date of enlistment: 1805.17  
 G.C. Badges: [unclear]  
 Service or Proficiency Pay: [unclear]  
 Character: [unclear]  
 Date of last entry in Company Conduct Sheet: [unclear]  
 No. and date of last drunk: [unclear]  
 Period not reckoning towards freedom from extra fine: [unclear]  
 Sheet No. [unclear]  
 Signature O.C. Company, etc.: [unclear]

N.F.







MILITIA AND DEFENCE  
ASSIGNED PAY  
OVERSEAS CONTINGENTS

M. F. W. 12.  
25m-4-17.  
H. Q. 1772-39-819.

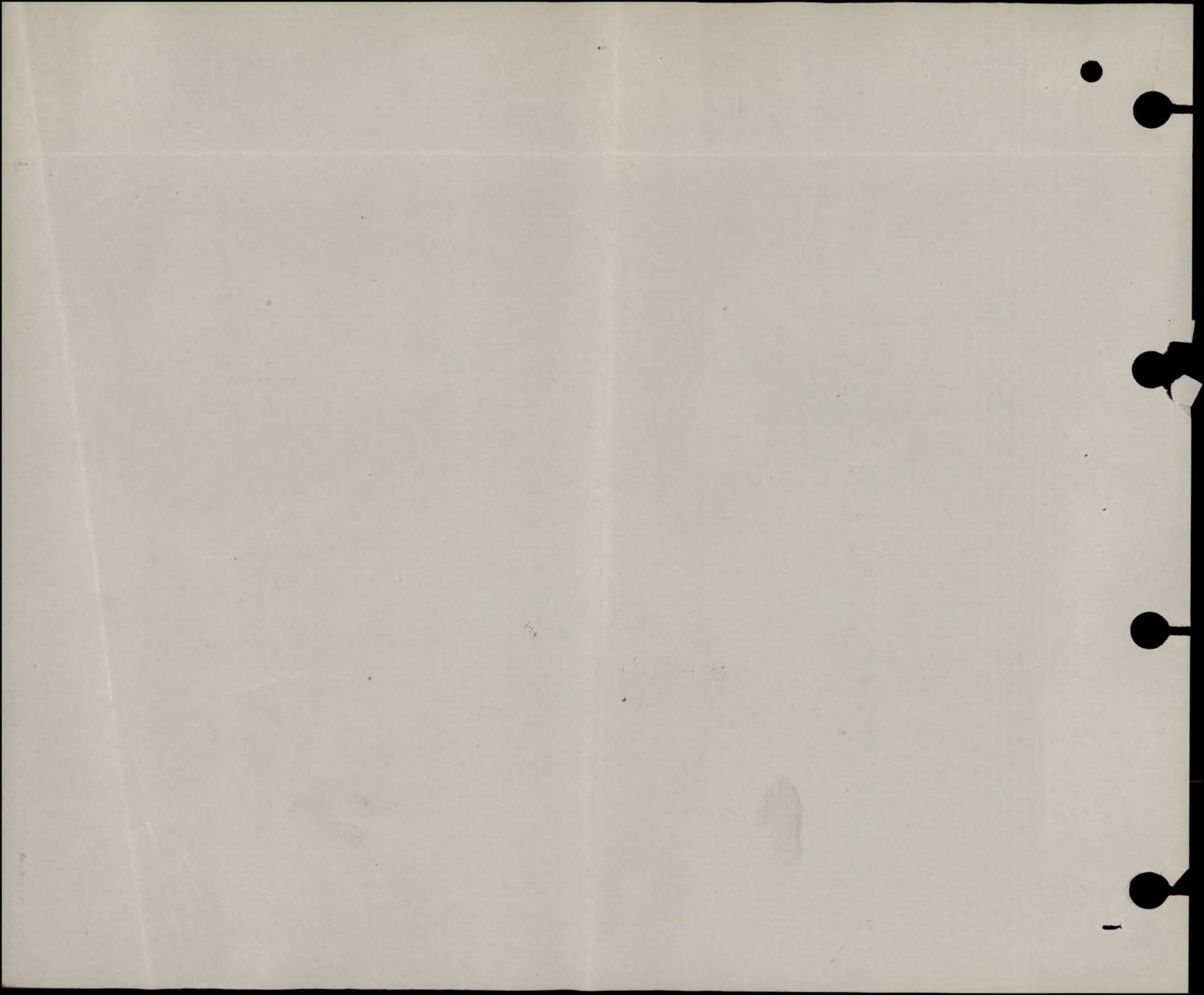
To Whom Robert D. Anderson By Whom Assigned Anderson A.G.  
Address 453 Stratcona Ave Regtl. No. 2341392  
Westmount Rank Gv  
Que Corps Siege Art  
Rate 1800 JUL 1 1917 Mc Gill Univ

## 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				









*Inv: 135 Batt.*

LTR Rank Name ANDERSON, ~~Exe~~ Archibald Graeme Reg'l No. 2341392  
 Unit Dft. McGill Siege Battery If in perm. Corps, }  
 What Unit? } Married or Single Single.  
 Place and Date of Enlistment Montreal. May 15th, 1917. Place of Birth Westmount Que.  
 Name and Address, Next-of-Kin Robert D. Anderson

453 Strathcona Ave, Westmount, Quebec. - Relationship Father.

Assigned Pay Monthly \$ Payable to

Relationship

Separation Allowance \$ Payable to

Relationship

N/E. R.B. No. 513H  
 File No. 25-A-1659  
 Category K.A.

Discharge, Date and Place Reason Character

H. W. V., Ld.-9546-16.

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 5 7 17 S/S JUSTICIA.
7-7-17	2 Res Arty T O S from CAN.		Shorncliffe	5-7-17	Pt. 2 O-16
21-8-17	13 S Batt JOS from 2 Res art		"	20-8-17	<i>Cancelled P/O Co of 24/17</i> 1/2 Res Art Co of 24/17
18-11-17	Res Bde T O S from 2 Res art		Witley	18-11-17	+ 2 RA Co of 17/17
29-5-18	do S.O.S. Overseas		sig.	28-5-18	Pt 149 + Pt 73 of 1/18 Pool
5-6-18	Arty Pool Killed in Action		Field	31-5-18	Pt 75







Date of birth *Apr 6/1899* Unit *not to be sent overseas until 19 years of age*

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

M. F. W. 54. (A. F. B. 103.)  
500M.—9-16  
H. Q. 1772-39-920.

# Casualty Form—Active Service.

SIEGE ARTILLERY DRAFT, MCGILL UNIVERSITY  
CANADIAN EXPEDITIONARY FORCE

Sheet 1

Unit, Regiment or Corps .....

Regimental No. *2341392* Rank *Gunner* Name *Archibald Graeme Anderson*  
C. E. F.

Enlisted (a) *MAY 15 1917* Terms of Service (a) *War* Service reckons from (a) *May 15<sup>th</sup> 1917*

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) *Student*

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 "Justicia"	Halifax	Jun. 23/17.	
		Disembarked	Liverpool	July 5/17. ✓	
<i>8 JUL 1917</i>	<i>2<sup>nd</sup> CRA</i>	<i>S.O.S. 2<sup>nd</sup> Res. Bde CRA</i>	<i>S'CLIFFE</i>	<i>5 JUL 1917</i>	<i>B.O. Pt 16</i>
<i>21.5.17</i>	<i>OC 2<sup>nd</sup> Bde CRA</i>	<i>S.O.S. to 13<sup>th</sup> Can. Siege</i>	<i>Schliffe</i>	<i>20.5.17</i>	<i>B.O. Pt II 61.</i>
	<i>OC 2<sup>nd</sup> Bde CRA</i>	<i>Granted leave from</i>	<i>S' Cliffe</i>		<i>Free warrant issued</i>
<i>17.11.17</i>	<i>OC. 2nd. Bde. CRA.</i>	<i>S.O.S. to Res. Bde. C.F.A.</i>	<i>Witley</i>	<i>17.11.17</i>	<i>B.O. Pt. 11 #149</i>
<i>18.11.17</i>	<i>OC. Res. Bde. CFA.</i>	<i>T.O.S. from 2nd. Bde. C.R.A.</i>	<i>Witley</i>	<i>18.11.17</i>	<i>B.O. Pt. 11 #1</i>
<i>30.5.18</i> <i>29.</i>	<i>Res. Bde 62a.</i>	<i>S.O.S. to 62a France</i>	<i>Witley</i>	<i>28.5.18</i>	<i>B.O. Pt 150 149</i>

(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.

LIEUT. & ASST. ADJUTANT.  
RESERVE BRIGADE, CANADIAN FIELD ARTILLERY.

[P.T.O.]



Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
<del> </del>					



*Temporary* Replacing Original

Regimental Number *2341392*

**Casualty Form - Active Service.**

Regiment or Corps *Can - Army - Pool*

*Sheet 2*

Rank *Sig* Surname *Anderson* Christian Name *A. O.*

Religion ..... Age on Enlistment ..... years ..... months

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

Date of promotion to present rank ..... Date of appointment to lance rank .....

Extended { ..... } Re-engaged { ..... } Qualification (b) .....  
or Corps Trade and rate .....

Occupation ..... Signature of Officer .....

Report		Record of promotions, reductions, transfers, casualties, &c. 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 of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A. 36, or other official documents.
Date	From whom received				
		Embarked ... Disembarked ...			
<i>29-5-18</i>	<i>C.S. B. Depot</i>	<i>Ar'd. Reinf. T. on S. Can. Army Pool.</i>	<i>C.S. B. Depot</i>	<i>29-5-18</i>	<i>NR (674) Part II 0.73 d/1-6-18</i>
<i>2-6-18</i>	<i>do</i>	<i>Killed in Action</i>	<i>C.S. B. Depot</i>	<i>31-5-18</i>	<i>C.S. 32/55 R.T. 18-246 Part II 75 d/5-6-18</i>

*Wm B. Maxwell*  
*1st Lt. Col. Adj.*







SURNAME T. 511 CHRISTIAN NAME OR NAMES

REG. NO.

ANDERSON

A.G.

HOSPITAL

2341392

RANK

UNIT

Co.

TROOP

BATTY.

~~Capt.~~ Sig.  
HOSPITAL

CA. RB.

Pool.

DATE OF ADMISSION

Mil. Isol Aldershot.

26-1-18

Mil. Isol. Aldershot.

HOSP.

6.3.18

2.

HOSP

3.

HOSP.

4.

HOSP.

DIAGNOSIS

1

N.Y.D. "Q"

2.

~~Rubella~~ Rubella.

Mumps. R

3 R. F. B. Killed in action 31-5-18 R ✓

DISPOSITION

Dis 4.2.18  
DATE

CL. 29-1-18 C153

REMARKS

5.2.18 C159

19-2-18 C171(a)

Note. Diag for C.L. C159  
was stated to be Rubella.

13.3.18 G1901-1

27.3.18 C702

10-6-18 A 264

Disc. 75.3.18

A.M.D. 2 DEPT.

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



EPITOME OF HOSPITAL TREATMENT

HOSPITAL

ADM.

1.

2.

3.

4.

5.

6.

7.



Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

## Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Jul 1-17

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

18.			
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## PARTICULARS OF SEPARATION ALLOWANCE

No. 2341092.

Rank gnv. Promoted Reverted Discharge

Soldier's Name A. G. Anderson

Battalion Siege arty. Mc Gill Univ.

Beneficiary

Relationship

Address

## PARTICULARS OF ASSIGNMENT

Name Robert D. Anderson

Address 453 Strathcona Ave.  
Westmount Change of Address Que.

1

2

3

4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
Sept 30/17			54	54	
Oct	C 51060		18	18	
Nov	D 52223		18	18	
Dec	C 60568		18	18	
Jan 1/18	C 65594		18	18	
Feb	C 92147		<del>18</del>	<del>18</del>	B 92147 cancelled by Aud. General
Feb	C 95103		18	18	
March	C 99377		18	18	
April	H 7158		18	18	
May	a 12095		18	18	
June	B 14960		18	18	
			216 <sup>00</sup>	216 <sup>00</sup>	

REMARKS 0371-A-114

C.F. 4<sup>th</sup> 216<sup>00</sup> to June 30/18  
Acct closed June 30/18

ensions Notified Date	June 24/18
Wounded in Action	
Wounds	Date May 31/18
C. L. 20616/June 2/18	Clerk J. Rothwell
Date Noted	June 24 1918

B 92147 cancelled by Aud. General 18<sup>00</sup> PaidMRO 2<sup>d</sup> Ren 24/6/18 L.L.







ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2

*Robert D Anderson*  
(Assignee)

Name of Soldier

*Anderson A. G.*  
*Sgt*

PAYMENTS.

*Gr 2341392*  
*1800*

L. L. Job 19227—M. & D. 7814.

Month.	Year.	Cheque No.	Amt.	Remarks.
	1916			<i>JUL 1 1917</i>
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1917			
Feb.				
March				
April				
May				
June				
July		<i>F27712</i>	<i>18</i>	
Aug.		<i>B 28362</i>	<i>18</i>	<i>lu</i>
Sept.		<i>X 33454</i>	<i>18</i>	<i>54</i>
Oct.				
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				



MILITIA AND DEFENCE  
**ASSIGNED PAY**  
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

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

**PAYMENTS.**

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







LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
C 153.	Mil. Isol: Aldershot	26-1-18.	M. Y. H.
C 159	" " Disc	4-2-18.	<del>Jan</del> Q Rubella as per list C 171
C 190.	Mil. Isol: Aldershot	6-3-18.	Mumps
C 202	Disc	25-3-18	/
A 264	Rep from Base	31-5-18	Killed in action











No. 23 41392 RANK *Gm.*

NAME *Anderson. Arch. Greene*

T. O. S. 16-5-17. UNIT *Seige. Artillery. draft (Mc. Hill)*  
DO 270 of 16-5-17

M. D. 4.

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1917	1917.			
<i>May 10 1917</i>	<i>431</i>	<i>L</i>		
<i>June</i>		<i>L</i>		







✓ ✓ ✓  
ANDERSON,

Sig

Archibald  
Grasman

A. G. No. 2341392

✓ 649-A-7939

C. Art. Pool.

✓  
m

MEDALS AND DECORATIONS.

Father, Robt. Anderson,

6. Murray Ave.

~~453 Stratheons Ave~~

7-12-20. File 649-A, 7939. Westmount, P. Q.

P. & S.

Father, as above

(Serial no. 779409.)

C. OF S.

Mother, Mrs. M. Anderson,  
as above

Scroll Desp.

FEB 11 1921

Reqn. No. 279007

Plaque Desp.

SEP 21 1921

Reqn. No. 8016

keep 26 / 20 C 1999

JAS 30.1.20  
W.P.S.



m



ASSIGNED PAY. *Canada*  
CANADA.

SEPARATION ALLOWANCE. ENGLAND OR CANADA.

NAME: *ANDERSON, ARCHIBALD, G.*

EFFECTIVE DATE: *1/7/17.*

EFFECTIVE DATE: -

NUMBER: *2341392.*

AMOUNT: *18.00*

AMOUNT: -

PARTICULARS OF RANK OR APPOINTMENT

NAME, ADDRESS, RELATIONSHIP & AUTHORITY { WHEN PAYEE OF A.P. IS THE SAME AS PAYEE OF S.A. THE WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE.

*Robt. S. Anderson.  
953. Strathcona Ave.  
Westmount. P.Q.*

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		<i>Gen</i>

UNIT AND TRANSFERS

ORIGINAL UNIT: *Det M. S. B. Army*

DATE ACCOUNT FIRST OPENED: *1/7/17*

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'S'FO	UNIT TRANSFERRED TO
	<i>5/7/17</i>		<i>CRA.</i>
	<i>1/6/18</i>	<i>19/6/18</i>	<i>M. E. J.</i>

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS { UPON CLEARANCE OF VOUCHERS, ENTRIES WILL BE CANCELLED BY INSERTION OF DATE CHARGED IN RED INK

DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
	<i>1-</i>	<i>10</i>		

PARTICULARS OF RENDERING NON-EFFECTIVE: *Killed in Action. 31/5/18. C.R.A. 2644 dt. 10/6/18*

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
<i>Apr</i>	<i>Gen Pay</i>	<i>33</i>		<i>CRP</i>				<i>18</i>	<i>110.52</i>		
				<i>AR 157 9/4 C.R.A.</i>	<i>9.73</i>				<i>78.52</i>		
				<i>608 24/4 ✓</i>	<i>9.73</i>				<i>37.95</i>		
<i>May</i>	<i>Gen Pay</i>	<i>33</i>		<i>Cap.</i>	<i>19.46</i>			<i>18</i>	<i>36.81</i>		
		<i>34.10</i>		<i>AR 835 7/5/18 C.R.A.</i>	<i>9.73</i>				<i>36.06</i>		
				<i>AR 1301 23/5/18 C.R.A.</i>	<i>9.73</i>				<i>57.16</i>		
				<i>24005 3824 22/5/18 C.R.A.</i>	<i>59</i>				<i>37.11</i>		
<i>June</i>	<i>Cash in Effects received from C.R.A. as per Sch. #9</i>		<i>13.29</i>		<i>20.05</i>			<i>18</i>	<i>45.40</i>		
<i>Nov.</i>			<i>13.29</i>	<i>2039446 M.A.S. of C. Bab. Trans. to Canada</i>	<i>27.40</i>				<i>18.00</i>		
					<i>27.40</i>						

NON-EFFECTIVE ACT.

Supply Statement Balance 207349 C. 18.00  
 APC Paid 1-10-18 Cr Bal 27.40

as checked  
 22-7-18  
 J. K. Kewin  
 W.E.J.







NO. 2341392. ENR. ANDERSON. ARCHIBALD. GRAEME.

Law Assigned pay 18<sup>00</sup> 1

DATE	PAY		FIELD ALLOWANCE		WORKING OR SPECIAL PAY		ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS				CASH PAYMENTS				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS		
	NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE				AMOUNT		1	2	3	4	1	2				3	4				CREDIT	DEBIT
			\$	C.						\$	C.	NO.	DATE	NO.	DATE	NO.	DATE				NO.	DATE					
1918	MONTH PARTICULARS		CR. 1	CR. 2	PARTICULARS		DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEP. PAY	SER. ALICE PAY														
	Jan Br fund.	34 10					14 75			18	44 34																
					AR 3974 18/1/17 bha.		9 73																				
					" 3805 8/2/17 "		4 87				31 09																
	Feb Gm Pay	34 10			loan AP		29 35			18																	
		30 80			AR 4343 CRA 16/1/18		4 87			18	39 07																
		30 80					4 87			18	34 20																
	Mar Sp	34 10			as					18	40 64																
					AR 4859 CRA 13/3/18		9 73																				
					" 5785 - 27/3/18		4 87				40 52			To new sheet.													
		34 10					14 60			18																	