

REGIMENTAL DOCUMENTS

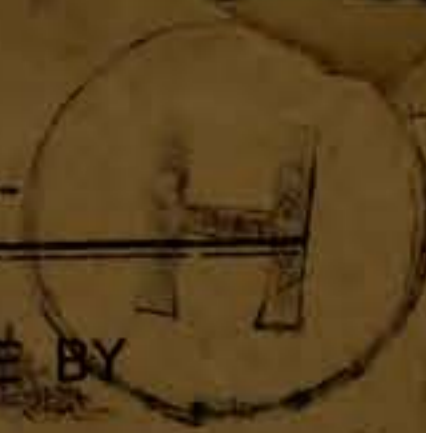
8746

NAME **ANDERSON, JAMES JOSEPH**

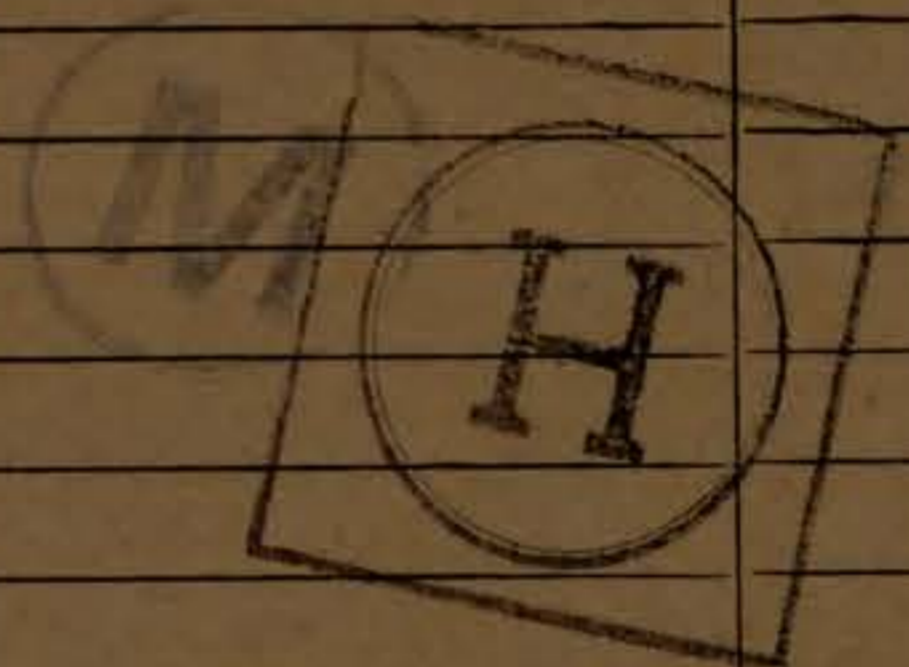
REGT. NO. **919255**

UNIT **19th Bn**

H. Q. FILE NO.



CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
1 S ATTESTATION PAPER (M.F.W. 23, 133, or 51)					DEATH
CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category
TRAINING HISTORY SHEET (M.F.W. 113)					
1 FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
1 REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)					
2 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)					
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 B. 149					
2 2854					
1 1020					
1 1020					
1 1020					
1 1020					
1 1020					
1 1020					
1 1020					



Box #
402028

1-28
2528
27-29

INDIAN FORCES
CENTRE
JACKET

155

No 1
copy

1917 PATRIOTIC C.E.F.
CANADIAN RANGERS

Original

APP 6
No. 919235

ATTESTATION PAPER.

No.

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?..... JAMES JOSEPH
- 1b. What is your present address?..... 12 St. Sacrement St. Montreal
2. In what Town, Township or Parish, and in what Country were you born?..... Montreal.
3. What is the name of your next-of-kin?..... James John Anderson
4. What is the address of your next-of-kin?..... 10 Caroline St., Longueuil.
- 4a. What is the relationship of your next-of-kin?..... Father.
5. What is the date of your birth?..... August 11, 1895.
6. What is your Trade or Calling?..... Printer.
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?..... 5th Regt. I.C.R.
10. Have you ever served in any Military Force?..... As above
If so, state particulars of former Service.
11. Do you understand the nature and terms of your engagement?..... Yes.
12. Are you willing to be attested to serve in the }
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? } Yes.

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, James Joseph 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.

Date April 6 1916 J. J. Anderson (Signature of Recruit)
[Witness Signature] (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, James Joseph 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 April 6th 1916 J. J. Anderson (Signature of Recruit)
[Witness Signature] (Signature of Witness)

CERTIFICATE OF MAGISTRATE.

The Recruit above-named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.

The above questions were then read to the Recruit in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said Recruit has made and signed the declaration and taken the oath

before me, at Montreal this 6th day of April 1916.

[Magistrate Signature] (Signature of Justice)

Description of James Joseph Anderson on Enlistment.

Apparent Age 20 years 8 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Distinctive marks, and marks indicating congenital peculiarities or previous disease.

(Should the Medical Officer be of opinion that the recruit has served before, he will, unless the man acknowledges to any previous service, attach a slip to that effect, for the information of the Approving Officer.)

Height 5 ft. 6 1/4 ins.

Chest measurement { Girth when fully expanded 37 ins.
 Range of expansion 3 ins.

Complexion Fair

Eyes Blue

Hair Fair

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

CERTIFICATE OF MEDICAL EXAMINATION.

I have examined the above-named Recruit and find that he does not present any of the causes of rejection specified in the Regulations for Army Medical Services.

He can see at the required distance with either eye; his heart and lungs are healthy; he has the free use of his joints and limbs, and he declares that he is not subject to fits of any description.

I consider him* fit for the **Canadian Over-Seas Expeditionary Force.**

Date Apr 6 1916 Atwood

Place Montreal Atwood
 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.

James Joseph 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.

W. O'Brien Major (Signature of Officer)

Date April 6 1916

17220 ✓
No card

FORM OF WILL.

123869

Name in full.

I James J. Anderson

Regimental Number 919235 serving in 199th Batt.

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

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

I DEVISE and BEQUEATH all my real estate unto

~~_____~~
~~_____~~
~~_____~~

absolutely, and my personal estate I bequeath to

Name & Address of persons or person to receive personal estate (see Note 1.)

Mr. John James Anderson
10 Caroline Street
Longueuil
P. Q.

Fill in Date and Year.

IN WITNESS WHEREOF I have hereunto set my hand this 28th day of February A.D. 1917.

James J. Anderson (Signature)

Signed by the said Testator as his last Will and Testament, the same having been read over and explained to him, in the presence of us both present at the same time who at his request and in his presence and in the presence of each other have subscribed our names as witnesses.

Name of Witness Francis James Burdseyz
Address of Witness 47nd House Bishops St. Longueuil
Occupation of Witness Clerk
Name of Witness Charles E. O'Connor
Address of Witness St. Mary's Hall, Bdg. Laros. Eng.
Occupation of Witness Draughtman

ESTATES BRANCH

NOV 6 1917

MILITIA DEPT.

N.B.—Personal Estate includes pay, effects, money in Bank, insurance policy, in fact everything except real Estate.

17220

FORM OF WILL.

Name in full.

I James J. Anderson

Regimental Number 919235 serving in 199th Batt.

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

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

I DEVISE and BEQUEATH all my real estate unto

~~.....~~
~~.....~~
~~.....~~
~~.....~~

absolutely, and my personal estate I bequeath to

Name & Address of persons or person to receive personal estate (see Note 1.)

Mr. John James Anderson

10 Caroline Street

Longuenial

P.Q.

Fill in Date and Year.

IN WITNESS WHEREOF I have hereunto set my hand this 8th

day of February A.D. 1917.

James J Anderson Eng.
(Signature)

*The original will was
delivered to the
Registrar of Wills*

Signed by the said Testator as his last Will and Testament, the same having been read over and explained to him, in the presence of us both present at the same time who at his request and in his presence and in the presence of each other have subscribed our names as witnesses.

Certified as a true copy of the original will of

Name of Witness Francis James Birdseye

Address of Witness Hfrd House Bishops Stortford Eng

Occupation of Witness Clerk.

Name of Witness Charles E. O'Connor.

for Lt.-Col. i/c Estates.

Address of Witness St. Mary's Place . Bury Lancs. Eng.

Occupation of Witness Draughtsman.

N.B.—Personal Estate includes pay, effects, money in Bank, insurance policy, in fact everything except real Estate.

NOTE. J.J. Anderson. Pte. 919235. 14th. Battalion.

Killed-in-Action. Died. 12-9-17.

(BAC). Transferred. 2-10-17.

FORM OF WILL

I, James Anderson

do hereby declare that I am of sound mind and memory

and that I am not under any duress, coercion, or undue influence

of any person, and that I understand the nature and extent of the property I own

and the consequences of the execution of this my last will and testament

in full and final discharge of all my debts and liabilities

to the following persons, to have full power

to execute and deliver

in full

of the same, and to do all such things as may be necessary or proper to carry out the intent and purpose of this my last will and testament

as hereinafter expressed

James Anderson

Witness my hand and seal this 1st day of January, 1911

at the County of _____ State of _____

James Anderson

James Anderson

James Anderson

James Anderson

Witness my hand and seal this 1st day of January, 1911

at the County of _____ State of _____

James Anderson

ORIGINAL

MEDICAL HISTORY SHEET.

Surname Anderson Christian Name James Joseph

Examined { on 6th day of April 1916
at Montreal

Approved by A. MacIndrick
Rank Warrant M.O.

Birthplace { City or Town Montreal
County Canada

Apparent age 20 yrs. 8 mos.

Trade or occupation Printer

Height 5 Feet 6 1/4 Inches

Weight 126 Lbs.

Chest measurement { Minimum 34 inches

{ Maximum expansion 37 inches

Physical development Good

Small-Pox Marks None

Vaccination Marks { Arm Right Left
Number 2

When Vaccinated last Childhood

(a) Marks indicating congenital peculiarities or previous disease None

(b) Slight defects but not sufficient to cause rejection

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

Date.	Result.	VACCINATIONS.
<u>22/11/16</u>	<u>OK</u>	<u>J.P. Braum</u>
		M.O.
		M.O.
		M.O.

Date.	Result.	ANTI-TYPHOID INOCULATIONS, ETC.
<u>8-7-16</u>	<u>Good</u>	<u>J.P. Braum</u> <u>Captain</u>
<u>24-7-16</u>	<u>Good</u>	
<u>11-8-16</u>	<u>Good</u>	
<u>15-5-17</u>	<u>IART</u>	<u>me</u>
		M.O.
		M.O.
		M.O.

Enlisted on 6th day of April 1916 at Montreal

	CORPS.	REG'TL NUMBER.	HABIT.	DATE.
Joined on enlistment		<u>919235</u>		
Transferred to				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD. **PASSED MED. BOARD**

STATION.	DATE.	DISEASE.	RESULT.
<u>Montreal</u>	<u>28/10/16</u>	<u>fit</u>	<u>Passed by Medical Board</u> <u>L. G. Godechaud Capt. M.C.</u>

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.

MEDICAL HISTORY SHEET.

Surname Anderson Christian Name James Joseph

Examined { on 6th day of April 1916
 at Montreal
 Birthplace { City or Town Montreal
 County Canada

Approved by [Signature]
 Rank Stano M.O.

Apparent age 20 yrs. 5 mos.
 Trade or occupation Printer
 Height 5 Feet 6 1/4 Inches.
 Weight 126 Lbs.
 Chest measurement { Minimum 34 inches.
 Maximum expansion 37 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 Left
 Number 2
 When Vaccinated last Childhood

Date.	Result.	VACCINATIONS.
<u>22/11/16</u>		<u>J. D. Goodfellow</u> M.O.
		M.O.
		M.O.

(a) Marks indicating congenital peculiarities or previous disease None

(b) Slight defects but not sufficient to cause rejection

Date.	Result.	ANTI-TYPHOID INOCULATIONS, ETC.
<u>8-7-16</u>		<u>J. D. Goodfellow</u> M.O.
<u>24-7-16</u>	<u>Good</u>	<u>J. D. Goodfellow</u> M.O.
<u>11-9-16</u>		<u>J. D. Goodfellow</u> M.O.

Enlisted on 6th day of April 1916 at Montreal

	CORPS.	REG'TL. NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>193rd BATTALION C.E.F.</u>	<u>919235</u>		
Transferred to	<u>1st CANADIAN RANGERS</u>			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
<u>Montreal P.Q.</u>	<u>25/10/16</u>	<u>F i -</u>	<u>PASSED MED. BOARD</u> <u>[Signature]</u> Capt. A. M. C.

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.

Name in full.

I **James J. Anderson**

Regimental Number **919235** serving in **199th Batt.**

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

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

I DEVISE and BEQUEATH all my real estate unto

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

absolutely, and my personal estate I bequeath to

Name & Address of persons or person to receive personal estate (see Note 1.)

Mr. John James Anderson

10 Caroline Street

Longuenial

P.Q.

Fill in Date and Year.

IN WITNESS WHEREOF I have hereunto set my hand this **8th** day of **February** A.D. 191 **7**.

James J Anderson Eng.
(Signature)

Signed by the said Testator as his last Will and Testament, the same having been read over and explained to him, in the presence of us both present at the same time who at his request and in his presence and in the presence of each other have subscribed our names as witnesses.

Name of Witness **Francis James Birdseye**

Address of Witness **84rd House Bishops Stratford Eng**

Occupation of Witness **Clerk.**

Name of Witness **Charles. E. O'Connor.**

Address of Witness **St. Mary's Place .Bury Lanes. Eng.**

Occupation of Witness **Draughtsman.**

N.B.—Personal Estate includes pay, effects, money in Bank, insurance policy, in fact everything except real Estate.

NOTE.

J.J. Anderson. Pte. 919235. 14th. Battalion.

Killed-in-Action. Died. 12-9-17.

Transferred. 2-10-17.

(BAC).

FORM OF WILL

I, _____ of the County of _____ State of _____ do hereby certify that the within and foregoing is a true and correct copy of the original of the within and foregoing will of _____ deceased, as the same appears from the records of the _____ Court of _____ County, State of _____ and that the same is a true and correct copy of the original of the within and foregoing will of _____ deceased, as the same appears from the records of the _____ Court of _____ County, State of _____

Witness my hand and seal of office this _____ day of _____ 19____ at _____ City, State of _____

Notary Public for the State of _____

Subscribed and sworn to before me this _____ day of _____ 19____ at _____ City, State of _____

Notary Public for the State of _____

FORM OF WILL

I, James J. Anderson (Name in full)

Regimental Number 919235 serving in 199th. Batt.

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

and bequeath
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

Mr. John James Anderson
10 Caroline Street,
Longueuil
P.Q.

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

NOTE
This space for the
appointment of
Executor if
necessary.

IN WITNESS WHEREOF I have hereunto set my hand

IMPORTANT NOTE this 28th day of February A.D. 1917

This must be signed
and Dated by
THE SOLDIER
HIMSELF.

James J. Anderson Signature of Soldier. Eng.

*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 Francis James Birdseye

Address of Witness 12nd House Bishops Stortford Eng.

THE TWO WITNESSES Occupation of Witness Clerk

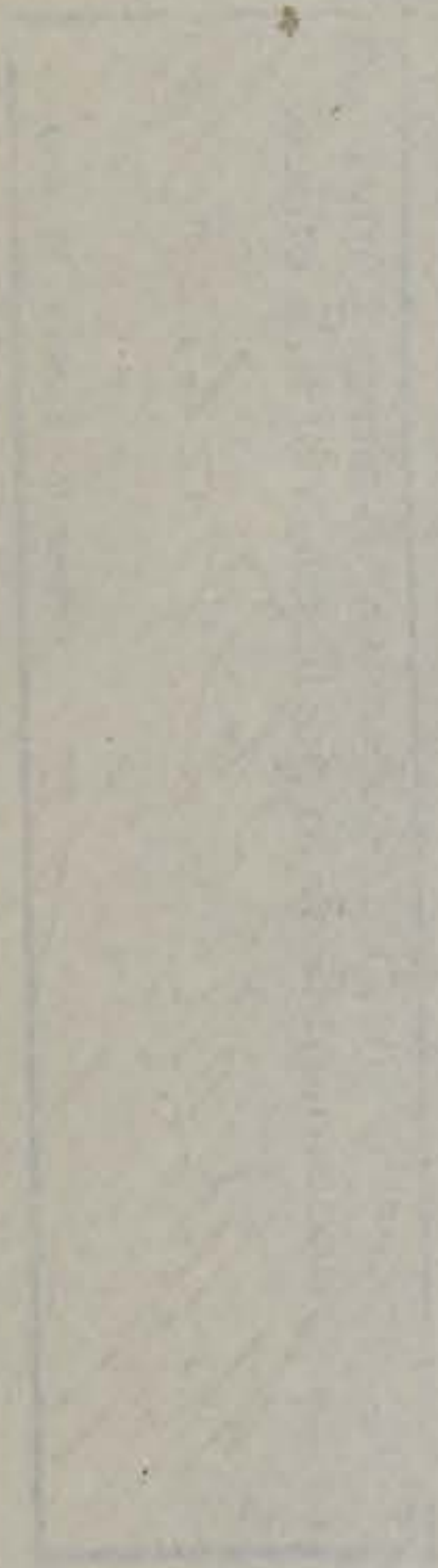
MUST SIGN HERE Signature of Second Witness Charles E. O'Connor

Address of Witness St. Mary's Place Bury Lanes. Eng.

Occupation of Witness Draughtsman.

By Wills & Mortgages
11-3-18 for Officer 1/6 Estates, M. & D.
I hereby certify that this document is a true copy of an original document now in possession of this office.

FORM OF WILL



I, [Name] of the County of [County] State of [State] do hereby certify that the foregoing is a true and correct copy of the original of the will of [Name] as the same appears from the records of the probate court of the County of [County] State of [State] this [Date] 19[Year].

Witness my hand and the seal of the said court this [Date] 19[Year] at [City] in the County of [County] State of [State].

[Signature]
Clerk of the Probate Court

[Signature]
Notary Public

[Signature]
Witness

[Signature]
Witness

[Signature]
Witness

[Signature]
Witness

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

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

Casualty Form—Active Service.

250M.—1-16,
H. Q. 1772-39-920.

Unit, Regiment or Corps 199th Battalion. C. E. F.

Regimental No. 919235 Rank Private Name ANDERSON. James, Joseph.

Enlisted (a) 6/4/16 Terms of Service (a) sofa. + 6 mos Service reckons from (a) 6/4/16

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) Printer

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				
		<i>Embarked Disembarked</i>	<i>Canada England</i>	<i>16.12.16 28.12.16</i>	<i>S.S. Olympic</i>
<i>10-4-17</i>	<i>O.C. 199th</i>	Transferred to the 23rd Reserve Bn. Shoreham.	Witley	<i>10-4-17.</i>	D.O. Part II 130/17 ✓ <i>Stewart Evans</i> CAPT. & ADJT. FOR LIEUT. COL. O. G. 199TH BN. C. E. F.
<i>10.5.17 ✓</i>	<i>23rd, R. Bn</i>	Taken on strength	Shoreham	<i>10.5.17.</i>	<i>127.</i>
<i>23.5.17 ✓</i>	<i>23rd, R. Bn</i>	Posted to 14th Bn.	Shoreham	<i>23.5.17.</i>	<i>127.</i>
			<i>W.A. Chalmer</i>		<i>Great Col O.C. 23rd Indian Bn. C. E. F.</i>

CORRECT
 JUN 1917
 LEB. M.P.
 CAN. RECORDS LONDON

(a) In the case of a man who has re-engaged for, or enlisted into Section D. Army Reserve, particulars of such re-engagement or enlistment will be entered.
 (b) e.g. Signaller, Shoeing Smith, etc., etc., also special qualifications in technical Corps duties. [P.T.O.]

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213 Army Form A. 36, or other official documents.	
Date	From whom received					
	C. B. D.	ARRIVED C. B. D.	FRANCE	24/9/17	N. R. D. 24/9/17	
	C. B. D.	LEFT C. B. D. FOR	1 st Ent. Am	9/9/17	PART-II ORDERS No 24 D 30/9/17	
	O. C. BN	ARRIVED 1 st Ent. BN.	FIELD	17/6/17	N. R. D. 327. B. 213 D NR. 73.	
30.6.17	Unit	Joined Unit	-	24.6.17	B. 213.	454
1.9.17	do	killed	do	25.8.17	do.	469.
26.8.17	168. A.	Shell Gas W.	1 b. J. A.	25.8.17		
			3 b. J. A.	16.8.17	Asst 6762.	
6.9.17	3 b. J. A.	do	3 b. J. A.	26.8.17		
			23 b. J. A.	6.9.17	Asst 6128.	
4.9.17	7 b. J. A.	helpd	7 b. J. A.	9.9.17	W 3034/5798.	
6.9.17	do	berbero Spinal Fever.	do	6.9.17	do/5709.	
7.9.17	23 b. J. A.	P.M.O.(3c) berbero S.M.	23 b. J. A.	6.9.17		
			7 b. J. A.	6.9.17	Asst 5715.	
18.9.17	7 b. J. A.	berbero Spinal Fever.	7 b. J. A.	18.9.17	W 3034/8430.	
2.10.17	do	Died of berbero Spinal Fever	do	12.9.17	Wire M.H. 809. pl II 0.95-1917	

Joseph H. Th...
lieut for
260109.

E.T.

Rank *Plt* Name **ANDERSON, James Joseph.** Reg'l No. 919235
 Unit 199th Battn. *If in perm. Corps* } Married or Single *Single.*
 What Unit? }
 Place and Date of Enlistment *Montreal. April 6th. 1916.* Place of Birth *Montreal.*
 Name and Address, Next-of-Kin *James John Anderson.*
10. Caroline St. Longueuil. Quebec. Canada. Relationship *Father.*

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

N/E. R.B. No. *9044*
 File R.L. *25-A1388*
 Category *Died*



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.				
		<i>Arrived in England</i>			
		<i>26 DEC 1916</i>			
<i>10.5.17</i>	<i>23rd Res.</i>	<i>T.O.S. from 199th Bn</i>	<i>Shoreham</i>	<i>10.5.17</i>	<i>Pt DO 127</i>
<i>23.5.17</i>	<i>—</i>	<i>S.O.S. on Trans to 14th Bn</i>	<i>Field</i>	<i>22.5.17</i>	<i>Pt DO 140. + 14th Bn</i>
<i>1.9.17</i>	<i>14 Bn.</i>	<i>Adm. 3 ban Field Amb.</i>	<i>—</i>	<i>26.8.17</i>	<i>bldg 749. w Gas Shell.</i>
<i>11.9.17</i>	<i>1st Gen.</i>	<i>Trans to General Hosp.</i>	<i>St Omer</i>	<i>6.9.17</i>	<i>bldg 7. NYD.</i>
		<i>"Dangerously Ill"</i>	<i>St.</i>		
<i>15.9.17</i>	<i>—</i>	<i>7 General Hospital</i>			
		<i>"Died"</i>	<i>St Omer</i>	<i>12.9.17</i>	<i>Also Pt DO 95-5-10-17.</i>
					<i>bldg 11. bldg 10 Spinal Cord</i>

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

M. F. W. 12a.
 50m.—7-16
 1772—39—819.

Sheet No. 2. *J. J. Anderson*
 (Assignee)

L. L. Job 5470—Reg. 6888.

PAYMENTS.

Name of Soldier *Anderson James Joseph*
919235 Pte 199 Bn

Month.	Year.	Cheque No.	Am't.	Remarks.
				<i>20⁰⁰ from Oct 1/17</i>
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1917	<i>936626</i>	<i>40</i>	
Feb.		<i>142470</i>	<i>20</i>	
March		<i>148562</i>	<i>20</i>	<i>20.6.</i>
April		<i>2201</i>	<i>20</i>	<i>20.8.</i>
May		<i>6495</i>	<i>20</i>	
June		<i>513105</i>	<i>20</i>	<i>20.6.</i>
July		<i>919958</i>	<i>20</i>	<i>57 St. Laurent St Longueuil Que 11/17</i>
Aug.		<i>L26959</i>	<i>20</i>	<i>B 200⁰⁰ E/F 4 30/9/17 JAGelling 26-9-17</i>
Sept.		<i>K33718</i>	<i>20</i>	<i>in 2.00. R/o Close Cas 30/9/17 JAG Do</i>
Oct.		<i>2242725</i>	<i>20</i>	<i>mailed 19/10/17</i>
Nov.			<i>220</i>	
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

6

10

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.				

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

Mrs. Mr. (Name Recd)

To Whom *J. J. Anderson*
 Address *10 Caroline St*
7 St. Laurent St
Longueuil, 11-7-17
Que

By Whom Assigned *Anderson James, Joseph*
 Regtl. No. *919235*
 Rank *Pte*
 Corps *199 Bn. C*

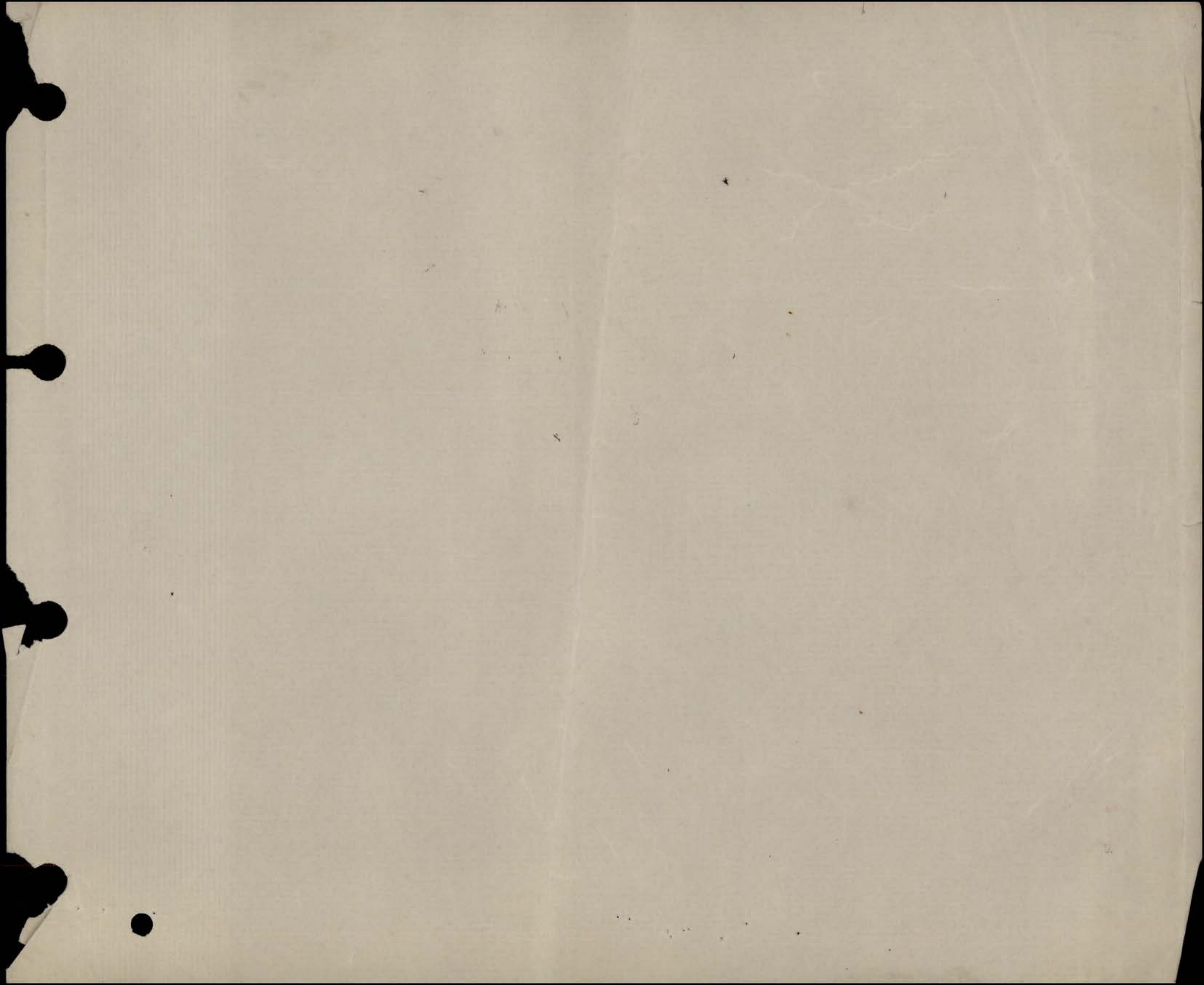
Rate *\$ 15.00*
from Oct 1/17 P.C. 2375
DEC 1 1916

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			<div data-bbox="1607 997 2425 1349" data-label="Text"> <p>Pensions Notified Date... <i>26-9-17</i> Killed in Action } Died of Wounds } Date... <i>12-9-17</i> Missing } C. L. <i>17/9/17</i> } Date Noted... <i>26-9-17</i></p> </div>
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				

Consolidated

Account



SURNAME

CHRISTIAN NAME OR NAMES

REG. NO.

ANDERSON.

J.J.

919235
(L/''

RANK

UNIT

Co.

TROOP

BATTY.

Pte.

14th. Bn.

1st Que Reg.

HOSPITAL

3. C.F. Amb.

DATE OF ADMISSION

26-8-17.

1. 7th Gen. Hos. St. Omer. HOSP. 6.9.17

2. HOSP

3. HOSP.

4. HOSP.

DIAGNOSIS

W.G. Gas. Shl. No

1

N.Y.D.O.

2

Cerebral Spinal Fever.

3

Died 12-9-17 Ⓡ

DISPOSITION

DATE

C.L. 1-9-17. A749

REMARKS

11.9.17. a.m. (+)
15.9.17. A.M.D. e. Report's San. Ill. 6.9.17

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.

page 4

Name **ANDERSON** Rank **James Joseph** Reg. No. **919235**
 Unit **14th. Bn.** Pte. **RA 25-A-1288**
 Next of Kin **Canada.**

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1917.						
26-8	3 C.F.A.	"W" Gas Sh.	A752		31-8	m5988
6-9	No. 4. Gen. Dep. St. Engr.	No. 4. B.	P. 49901.		4.	m638
12-9	Died	barbed wire	Engr.			
	P. 80896.					

NAME Anderson James Joseph

REGT'L No. 919235-

H. Q. FILE No. 649.

RANK AND CORPS Pte. 74th Bn (From 129th Bn)

FOLLOWS
No.

CABLE

No.

DATE

"C"

NATURE OF CASUALTY

FOLLOWS

M. 5988
14-3

1-9-17

Adm. no 3 Fld. Amb. Dep. Aug. 26th
1917, (Gas poisoning)

M. 6038
13-6

11.9.17

Dang. ill. 7 Gen Hosp Sept 6th 1917

M. 6062
12-5

15-9-17

Died 7 Gen. Hosp. St Omer Sept. 12th
1917. Cerebro Spinal Meningitis

B 20909.

Rouen 5-10-17

Died of sickness (Cerebro Spinal Fever
no. 7 Gen. Hosp France 12-9-17
Rec'd 23-11-17

LIST No.

HOSPITAL

DATE OF
ADMISSION

REMARKS

A 749 ⁽¹¹⁾	#3 C. F. Amb.	26-8-17	"10" Gas. shell
A 7 ⁽¹⁴⁾	O. C. # 7 Gen. St. Emer.	6-9-17	H. y. H. Lang. ill
A 11 ⁽¹¹⁾	rep. " " " " "	12-9-17	Mild Cerebro spinal fever

No. 919235 RANK Pte

NAME Anderson J. J.

T. O. S. 6-4-16

UNIT 199th Battalion

(0045 of 6-4-16)

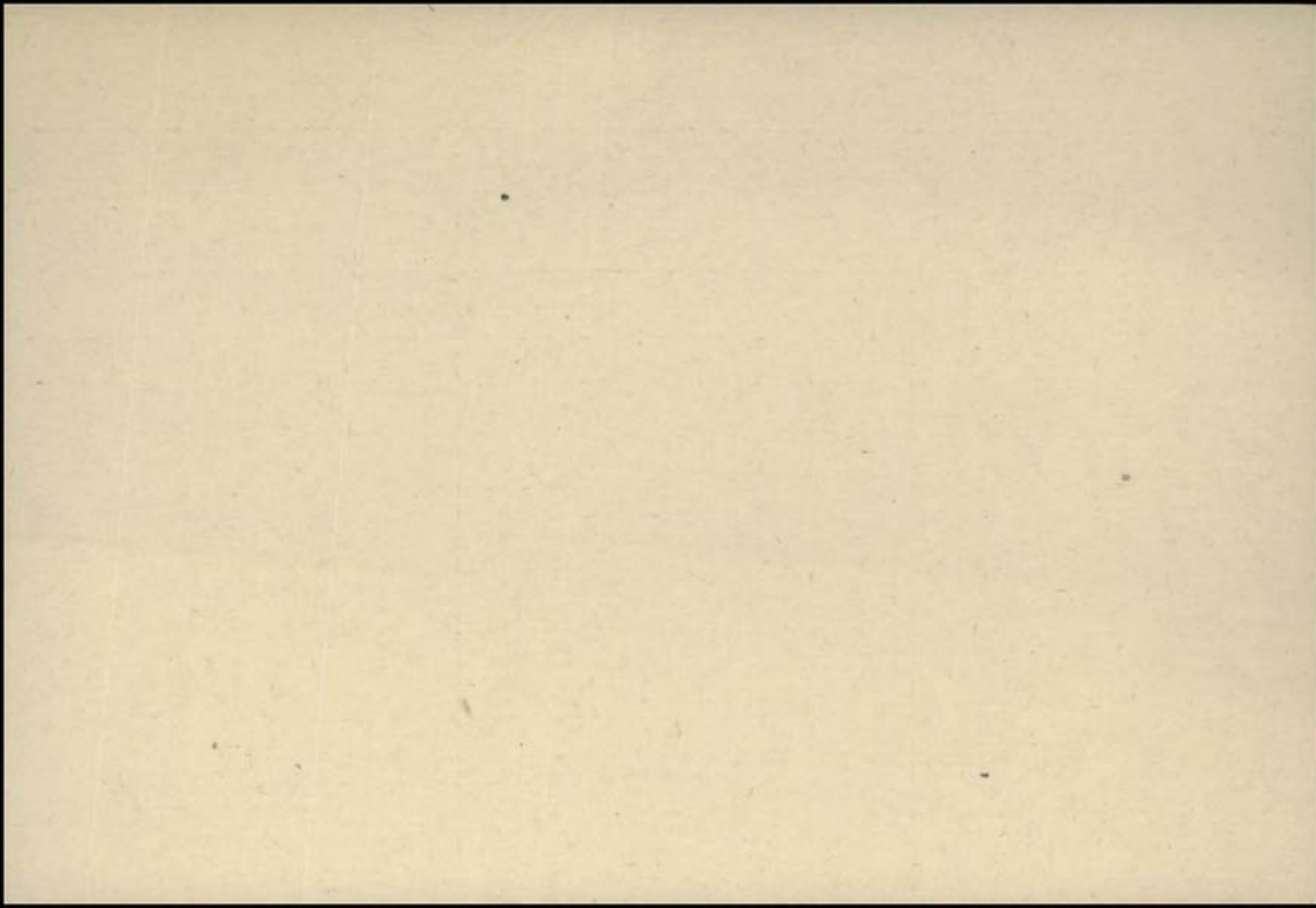
(Irish Canadian Rangers)

M. D. 4

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916 April 6	1916 April 30	✓	Forfeits 1 day pay (also from para)	Do 48 of 10-4-16
May		✓		
June		✓		
July		✓		
Aug.		✓		
Sept.		✓	Forfeits 2 days pay.	Do 188 of 20-9-16.
Oct.		✓	Forfeits 4 days pay.	Do 210 of 17-10-16.
Nov.		✓	Forfeits 5 days pay.	Do 253 of 5-12-16.
Dec.		✓	Forfeits 7 days pay.	Do 253 of 5-12-16.

UNIT SAILED

DEC 15 1916



Intelig. for 1914-15 Star

ANDERSON, Pte. James J. - #919235-14th. Bn. 649-A-5406

745

MEDALS &
DECORATIONS.

John J. Anderson, Esq.
7a St. Laurent St.,
Longueuil, P.Q.

FATHER

M ✓

P. & S.

AS ABOVE

Serial No 764373

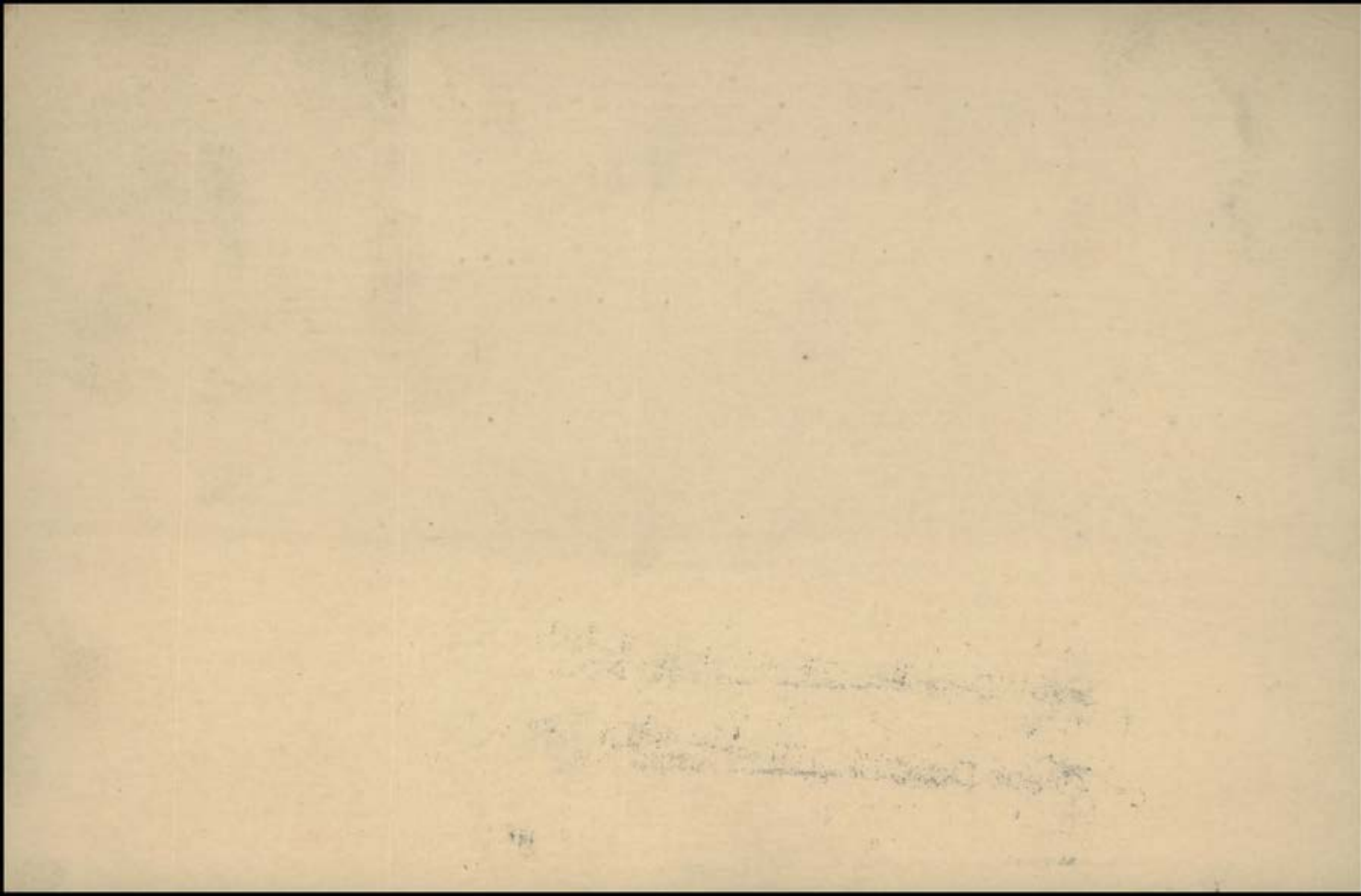
C. OF S.

NIL

Scroll Desp. ~~JAN 4 1921~~ Reqn. No. 77445
Plaque Desp. ~~SEP 10 1921~~ Reqn. No. 86070

ES

WBB



Number

919,235-

Rank

PTE

Surname

ANDERSON

Christian Name

James Joseph

Units

14th Bn Can Inf

Theatre of War

France

Date of Service

22-5-77

Remarks

(B) John J. Anderson, Esq

Latest Address

7A St. Laurent St,
Longueuil, P.Q.

Roll No.

13 Page 19824

Mon

Wed

B

D

(This form to be filled in by all ranks on voyage to Canada.)

.....
RANK SURNAME INITIALS UNIT
.....

al address.....
(Street) (City or Town) (Province)

one person to be notified of arrival.....

Station in Military District to which a furlough warrant is required.....

..... Railway.....

ed, is your wife on board..... Number of children on board.....

stination.....

(Sgd.).....

DEPT. OF MILITARY AFFAIRS
REG. NO. 15965
MAY 20 1923

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

Dec. 1, 1916

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

<i>\$20.00</i>			
----------------	--	--	--

*Warr
HSM*

PARTICULARS OF SEPARATION ALLOWANCE

No. *919235*
 Rank *Pte.* Promoted Reverted Discharge
 Soldier's Name *James, Joseph Anderson*
 Battalion *199th Battrn.*
 Beneficiary
 Relationship
 Address

PARTICULARS OF ASSIGNMENT

Name *Mrs J. J. Anderson*
 Address ~~*10 Caroline St.*~~
 Change of Address *Quebec*
 1 *7th Laurent St*
 2
 3
 4

Date	Cheque No.	Amount S/A	Amount A/P	Total
<i>30/9/17</i>			<i>200</i>	<i>200</i>
<i>Oct.</i>	<i>42725 U</i>	<i>20</i>	<i>20</i>	<i>20</i>

REMARKS
<i>Deed 12/17</i>
<i>W/C closed Cas 30/9/17</i>
<i>Pensions Notified 26/9/17</i>

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

--	--	--	--

PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

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

Name	
Address	Change of Address
	1
	2
	3
	4

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

M. F. W. 128
 400M-617-1772-89-141
 L. L. 22320-M. & D. 7493.

P. 589.
MARRIED OR SINGLE

Single

PLACE OF BIRTH

Montreal.

NAME AND ADDRESS OF NEXT OF KIN

*M. J. J. Anderson
10 Caroline St. Longueuil P.Q.*

RELATIONSHIP OF NEXT OF KIN

Father

NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF KIN

SEPARATION ALLOWANCE MONTHLY \$

EFFECTIVE (DATE)

PAYABLE TO

RELATIONSHIP OF DEPENDANT

CASUALTIES, PROMOTIONS, &c.

PARTICULARS	EFFECTIVE DATE	AUTHORITY
<i>Dead</i>	<i>12-9-17</i>	<i>Ch. A. 11 14/9/17</i>

ADMISSIONS TO HOSPITAL, &c.

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

REG'L. No.

919435

RANK

Private

NAME

Anderson J.J.

IF IN PERM. CORPS
WHAT UNIT

UNIT *199th Bn.*

TRANSFERRED TO

23 Res. Bn

DATE *22-5-17* AUTHORITY *20.127.*

PERMANENT FORCE ALLOWANCES

TRANSFERRED TO

14 Bn

DATE *21-8-17* AUTHORITY *140-2357*

PLACE OF ATTESTATION

Montreal P.Q.

TRANSFERRED TO

Pay II "L"

DATE *1-10-17* AUTHORITY *Ch. A. 11 14/9/17*

DATE OF ATTESTATION

6th April 1916.

TRANSFERRED TO

DATE AUTHORITY

ASSIGNED PAY MONTHLY \$

DATE EFFECTIVE

1st January 1917.

PAYABLE TO

Mrs J. J. Anderson, 10 Caroline St. Longueuil P.Q.

RELATIONSHIP

Mother

ASSIGNED PAY MONTHLY \$

DATE EFFECTIVE

PAYABLE TO

STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE)

24-9-17 EFFECTIVE *1-10-17*

REASON *Dead 12/9/17 Ch. A. 11 14/9/17*

DISCHARGE DATE AND PLACE

REASON AND AUTHORITY *Entered on N.S. Card Index*

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

Checked by *J.M. Black*

OCV
O
C
V
JAN 18 1918

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 \$	C.	No. OF DAYS	RATE	AMOUNT \$	C.	No. OF DAYS	RATE	AMOUNT \$	C.				1	2	3	4	1	2	3	4				CREDIT	DEBIT						
<i>1917.</i>																																		
<i>Jan 1.</i>																																<i>Sub. from Canada</i>		
<i>Jan 31</i>	<i>1st</i>		<i>34</i>	<i>10</i>											<i>34</i>																			
<i>Feb 28</i>			<i>30</i>	<i>80</i>											<i>30</i>																			
<i>Mar 31</i>			<i>34</i>	<i>10</i>											<i>34</i>																			
<i>Apr 30</i>			<i>33</i>												<i>33</i>																			
<i>May 1-21</i>	<i>21</i>		<i>23</i>	<i>10</i>											<i>23</i>																			
<i>22-31</i>	<i>10</i>		<i>11</i>												<i>11</i>																			
<i>June 30</i>			<i>33</i>												<i>33</i>																			
<i>July 31</i>			<i>34</i>	<i>10</i>											<i>34</i>																			
<i>Aug 20</i>			<i>12</i>												<i>12</i>																			
<i>" 11</i>			<i>12</i>	<i>10</i>											<i>12</i>																			
<i>Sept 30</i>			<i>33</i>	<i>00</i>											<i>33</i>																			
			<i>300</i>	<i>30</i>											<i>300</i>																			

Checked M. Hunt

*A.P. lat^t with C.F.X. Chg^o 200⁰⁰ 1/2/16 - 30/9/17
M. Hunt*

41.80

PAY BOOK CHECKED.
Date 20-2-18
By *R. L. ...*
41.80

919235. Pte Anderson J. J.

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.																

MONTH PARTICULARS 2 PARTICULARS 2 END OF PERIOD 2 DEFERRED SUP. PAY ENG. 2

Oct ~~59.65~~ 59.65

AR 478 14th 10th 48th x 2.68

" 413 " " 20.7.17 x 2.68

" 247 " " 9.6.17 x 2.68

" 363 " " 15.7.17 x 2.67 107 11

Nov 61 1469 DD 9 1/2 446

547 14 DD 7/8/17 2.68 7 14

41.80

Balance transferred to N. E. Branch 41.80

Logan's for det Vol 478 No 29/10.d 28/2/18 41.80