



4 18448
A 18448
62

△
ATTESTATION PAPER.

No.

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

1. What is your name? *Robert Anderson*
2. In what Town, Township or Parish, and in what Country were you born? *Dundee Scotland*
3. What is the name of your next-of-kin? *(Brother) James Anderson*
4. What is the address of your next-of-kin? *Mux St Montreal*
5. What is the date of your birth? *18 July 1877*
6. What is your Trade or Calling? *Labourer*
7. Are you married? *Widower*
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? *Scots Guards 1 Year*
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*

R. Anderson (Signature of Man).

George Weble (Signature of Witness).

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *Robert 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.

R. Anderson (Signature of Recruit)

Date *15 March* 191

George Weble (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *Robert 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 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, of all the Generals and Officers set over me. So help me God.

R. Anderson (Signature of Recruit)

Date *15 March 1915*

George Weble (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 *16* day of *March* 191

W. A. Burchall (Signature of Justice)

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

J. W. Beaumont (Approving Officer)

Description of Robert Anderson on Enlistment.

Apparent Age 38 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. 9 1/2 ins.
 Chest measurement { Girth when fully expanded 38 1/2 ins.
 Range of expansion 2 1/2 ins.
 Complexion fair
 Eyes Blue
 Hair Brown

No marks

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

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 March 15 1917

Place MONTREAL

H. B. Berger
 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.

Robert 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.

H. S. Beattie (Signature of Officer)

Date 191 .

Rank *Bte* Name **ANDERSON Robert** Reg'l No. **A 18448**
 Unit **42nd Bn.** If in perm. Corps, }
 What Unit? } Married or Single **Widower**
 Place and Date of Enlistment **Montreal, P.Q. 15th Mar. 1915.** Place of Birth **Dundee, Scotland.**
 Name and Address, Next-of-Kin **James Anderson, Knox Street, St. Charles, Montreal.**
P.Q. Relationship **Brother.**

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						
1915 July	July 31	31	1 ⁰⁰	31.00	31	1 ⁰	3.10		34.10			116.60			116.60	19.50	
Aug 1	Aug 31	31	1 ⁰⁰	31.00	31	1 ⁰	3.10		34.10			48.67			48.67	4.93	
Sept 1	Sept 30	30	1 ⁰⁰	30.00	30	1 ⁰	3.00		33.00			36.50			36.50	1.43	
Oct 1	Oct 31	31	1 ⁰⁰	31.00	31	1 ⁰	3.10		34.10			5.24			5.24	30.29	
Nov 1	Nov 30	30	1	30	30	1 ⁰	3		33			11.60			11.60	9.69	blo: Refused.
Dec 1	Dec 31	31	1 ⁰⁰	31.00	31	1 ⁰	3.10	10.00	44.10			7.85			7.85	87.94	
Jan 1	31	31	1 ⁰⁰	31.00	31	1 ⁰	3.10		34.10			5.23			5.23	116.81	
Feb 1	29	29	1 ⁰⁰	29.00	29	1 ⁰	2.90		31.90			2.62			2.62	146.09	
Mar 1	31	31	1	31.00	31	1 ⁰	3.10		34.10			7.85			7.85	172.34	
				275.00			27.50	10.00	312.50			140.16			140.16		

sch. No. 240 2.62.
 Cash found in effects *H. R.*

Statement of
 AUG 8 1916
 Account rendered

Follow up for settlement see large sheet

Rank _____ Name **ANDERSON Robert** Reg'l No. **A 18448**
 Unit **42nd Bn.** If in perm. Corps, }
 What Unit? } Married or Single **Widower**
 Place and Date of Enlistment **Montreal, P.Q. 15th Mar. 1915.** Place of Birth **Dundee, Scotland.**
 Name and Address, Next-of-Kin **James Anderson, Knox Street, Pt. St Charles, Montreal.**
P.Q. Relationship **Brother.**

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

Discharge, Date and Place Reason Character

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</i>	<i>England</i>	<i>6-15</i>	
<i>21.7.15</i>	<i>O.G. 42nd</i>	<i>Discharged from hospital</i>	<i>Shorncliffe</i>	<i>15.7.15</i>	<i>Pt. II orders #133/15</i>
		<i>Embarked for France</i>	<i>Alkerton</i>	<i>9.10.15</i>	
<i>26.4.16</i>	<i>CL A142</i>	<i>OC Batt reports:-- "Killed in Action"</i>	<i>Field</i>	<i>16.4.16</i>	<i>ON C.L.A. 142.</i>
<i>30-4-16.</i>	<i>O.G. 42.</i>	<i>" " "</i>	<i>" "</i>	<i>16-4-16</i>	<i>Pb. II. 18</i>



Casualty Form—Active Service.

Regiment or Corps 42nd Batt. C.C.F.

Regimental No. ⁴¹⁸⁴⁴⁸~~418448~~ Rank Private Name Anderson P.

Enlisted (a) 6 Mar. 1915 Terms of Service (a) dur. of war + 6 months Service reckons from (a) enlistment

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				

<u>Oct 12/15</u>	<u>Co 42nd</u>	DISEMBARKE D BOULOC NE			<u>N.R.</u>
<u>Feb 10/15</u>	<u>Co 42nd</u>	<u>Only Combat Post</u>	<u>Remund</u>	<u>6-2-16</u>	<u>B213-95</u>
<u>Mar 10/16</u>	<u>Co 42nd</u>	<u>Returned to duty</u>	<u>unit</u>	<u>2-3-16</u>	<u>B213-112</u>
<u>April 20/16</u>	<u>Co 42nd</u>	<u>Killed in action near trench c/7, vicinity of Hooge area East of Ypres.</u>	<u>In the field</u>	<u>16-4-16</u>	<u>137 INF/42/23 Part II Order No 18. d/30/4/16</u>
		<u>Witnesses: 418925 Pte Pat James.</u>			
		<u>418757 Pte Percy S.</u>			

[Signature] 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, 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				

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.

2.

3.

4.

5.

6.

7.

Surname

Christian Name or Names

Reg. No.

Anderson.

R.

418448

Rank

Unit

Co.

Troop

Batty.

Pte

42nd Battⁿ

Hospital

Date of Admission

Transferred

Hosp.

Hosp.

Hosp.

Hosp.

Diagnosis

(1)
Later Diagnosis (if changed)

(2)

(3)

Additional Diagnoses: If more than one state present

DISPOSITION

Date

Killed in Action. 16.4.16

REMARKS

Cl. 26.4.16 #A142 -> O.C. Battⁿ reports.

A.M.D. 2 DEPT.

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

Handwritten mark

Surname

Christian Name or Names

Reg No.

Anderson R.

18448

Rank

Unit

Co.

Troop

Batty.

Pte.

H2nd Batt.

Hospital

Date of Admission

Transferred

Shorncliffe Military

Hosp.

10.7.15

Hosp.

Hosp.

Hosp.

Diagnosis

Injured Foot.

(1)

Later Diagnosis (if changed)

(2)

(3)

Additional Diagnoses, if more than one state present

DISPOSITION

Date

REMARKS

W.H.R. 16.7.15

W.H.R.

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.

No. 18448

RANK

A/L/cpl

NAME

Anderson, R.

T. O. S. 16-3-15

UNIT

42nd Bn

DO 29 163-15

M. D. *4*

PAID FROM		PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
				PARTICULARS	AUTHORITY
<i>1915</i>	<i>1915</i>				
<i>Mar 16</i>	<i>Mar 31</i>		<i>✓</i>		
	<i>Apr</i>		<i>✓</i>		
	<i>May</i>		<i>✓</i>		
	<i>June</i>		<i>as</i>		

**UNIT SAILED
JUN 10 1915**



REGT'L NO 418448

NAME Anderson Robert

H. Q. FILE NO. 649-

RANK AND CORPS Pte. 42nd Batt.

FOLLOWS
No. 543X
FOLLOWS

CABLE

NATURE OF CASUALTY

No. DATE

No.	DATE	NATURE OF CASUALTY
M5701	25-4-16	Killed in action April 15th '16. ✓
B20900	30-4-16	" " " April 16th 1916
	Rouen	

LIST No

HOSPITAL

DATE OF
ADMISSION

REMARKS

A142.

D. C. Bn. reports

16-4-16

Killed in action.

HOSPITALS**DATE****DIAGNOSIS**

M. F. W. 2553.
75M.—9-19.
1772-39-1332.

MOORE BARRACKS, CANADIAN HOSPITAL, SHORNCLIFFE.

ADMITTING CARD.

Regt. No. 18448. A. & D. No. 1693.
Rank Plt
Name Anderson Robt
Corps L2 Bm. C. Co. Service 4/12
Religion C.S. Age 39.
M. H. Rec'd 27.6.15 M. H. Requested M. H. Ret'd 9.7.15.
Disease ~~Knees~~ Injured foot.
Admitted 26 June 1915.
Discharged 10.7.15
Place in Hospital Ward 11.
Transferred Bevan Home.
Results

REMARKS:

Name Anderson, R. Rank Private.

Reg. No. 418448.

Unit 42nd Battalion.

Next of Kin CANADA.

Date 1916.	Movement	Place	Casualty	List No.	Notified N/K J.	W.O. List
16-4.	O.C. Battalion Reports:- <u>KILLED IN ACTION.</u>			A. <u>142</u>	M. <u>5701</u>	5/5/16.
<p><u>Burial Report.</u> D.C.S. 134 dated 30th May. Mennin Road S. Ypres. Cross Elected.</p>						

Anderson, Pte. Robt, 418448, 649A-859 ✓
42nd Ben Quebec Regt. H.A.F.

Subs. } Brother, James Anderson
Decorations } 77 Bay St. 3998
Pte. St. Charles.

Clipp for 14/15 Star. St. 42nd 13th Montreal. 1-9

Rpt. Ditto,

Serial No 76437 Scrol Desp. JAN 4 1920 Reqn. No. 77447
Plague Desp. JAN 13 1922 Reqn. No. 16373

Rpt. Nil

919

48 (2)



87
418448

Number

418448

Rank

Pvt

Surname

ANDERSON

Christian Name

Robert

Units

42nd Bn C Inf

Theatre of War

France

Date of Service

9.10.15

III

Remarks

(B) James Anderson,

Latest Address

*77 Ryde St.,
Ste. St. Charles
Montreal, P.Q.*

Roll No.

M.F.W. 192

150M-6-18.

1772-39-1242

200m.-6-21....

Page 20188

W

ate.....

Character on
discharge.....

Date and place of
enlistment.....

Date of Medical
Boards.....

Remarks -

Pt. 2 Order No.

urname first.

(over)

651192
261139

1922

[Handwritten signature]

Mo card C.R. 482

MEDICAL HISTORY SHEET.

Surname Anderson

Christian Name Robert

Examined { on 15 day of March 1915
 at Matruh

Approved by A. A. Mackay

Birthplace { City or Town Dunfermline
 County Scotland

Rank _____ M.O.

Apparent age 38 yrs. 8 mos.

Trade or occupation Labourer

Height 5 Feet 9 1/2 Inches

Weight 143 Lbs.

Chest measurement { Minimum 36 inches
 Maximum expansion 22 1/2 inches

Physical development Good

Small-Pox Marks no

Vaccination Marks { Arm Right Left
 Number 4

When Vaccinated last 1900

(a) Marks indicating congenital peculiarities or previous disease no

(b) Slight defects but not sufficient to cause rejection no

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

Date	Result	VACCINATIONS.
<u>14/7/15</u>		<u>A. Mackay, Capt</u> M.O.
		M.O.
		M.O.

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>3/5/15</u>		<u>500 millions A. Mackay</u> M.O.
<u>13/5/15</u>		<u>1000 Do A. Mackay</u> M.O.
<u>26/5/15</u>		<u>1000 Do A. Mackay</u> M.O.

Enlisted on _____ day of MAR 16 1915 1915 at Matruh

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>42 Batt. G.E.F.</u>	<u>18448</u>		<u>MAR 16 1915</u>
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.

Surname *Anderson* Christian Name *Robert*

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				
<i>Handliff</i>		<i>25</i>	<i>6</i>	<i>15</i>	<i>9</i>	<i>7</i>	<i>15</i>	<i>Injury to Rt foot</i>	<i>14</i>	<i>Transferred to Bevan Hospital Winn</i>	<i>David Mag</i>
<i>Bevan Hospital</i>		<i>9</i>	<i>7</i>	<i>15</i>	<i>15</i>	<i>7</i>	<i>15</i>	<i>injury to rt foot</i>	<i>6</i>	<i>Good recovery</i>	<i>J. E. O. Madbury</i>

10/1/15

