



FIRST NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 2161 Name Samuel Anderson Corps C. of E.

Questions to be put to the Recruit before Enlistment.

- | | |
|--|---|
| 1. What is your name? | 1. <u>Samuel Anderson</u> |
| 2. What is your full Address? | 2. <u>Summerside Bay of Islands</u> |
| 3. Are you a British Subject? | 3. <u>Yes</u> |
| 4. What is your age? | 4. <u>21</u> Years <u>6</u> Months |
| 5. What is your Trade or Calling? | 5. <u>Fisherman</u> |
| 6. Are you Married? | 6. <u>No</u> |
| 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? | 7. <u>No</u> |
| 8. Are you willing to be vaccinated or re-vaccinated? | 8. <u>Yes</u> |
| 9. Are you willing to be enlisted for General Service? | 9. <u>Yes</u> |
| 10. Did you receive a Notice, and do you understand its meaning, and who gave it to you?.... | 10. { Name |
| | { Corps |
| 11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? | 11. <u>Yes</u> |

I, Samuel 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 made.

Samuel Anderson SIGNATURE OF RECRUIT.

..... Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Samuel 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, according to the conditions of my service.

CERTIFICATE OF MAGISTRATE OR ATTESTING OFFICER.

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..... on this..... day of..... 191

Signature of Attesting Officer

†CERTIFICATE OF APPROVING OFFICER.

I certify that this Attestation of the above-named Recruit is correct, and properly filled up, and that the required forms appear to have been complied with. I accordingly approve, and appoint him to the.....

If enlisted by special authority, such will be attached to the original attestation.

Date..... 191
Place..... } Approving Officer.

† The signature of the Approving Officer is to be affixed in the presence of the Recruit.
‡ Here insert the "Corps" for which the Recruit has been enlisted.

* If so, Recruit is to be asked the particulars of his former service, and to produce, if possible, his Certificate of Discharge and Certificate of Character, which should be returned to him conspicuously endorsed in red ink, as follows, viz:—(Name).....re-enlisted in the (Regiment).....on the (Date).....

DESCRIPTIVE REPORT ON ENLISTMENT

Applicable to all ranks. To correspond with entries on the Medical History Sheet.

Name Daniel Anderson

Apparent age: 21 years 6 months. Height 5 feet 6 1/2 inches

Chest Measurement { Girth when fully expanded 37 1/2 inches
Range of expansion 4 1/2 inches

Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin John Anderson
Sumner, Bay of Islands | Relationship Son

Particulars as to Marriage

(a) Christian and Surname of Woman to whom married, and whether spinster or widow. (b) Place and date of marriage.
(c) Present address. (d) Initials of Officer verifying entry.

(a)	(b)	(c)	(d)

Particulars as to Children

Christian Names	Date and Place of Birth

STATEMENT OF THE SERVICES

Corps in which served	Rgt. or Depot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Fay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards limited engagement reckons from _____									
Joined at _____ on _____									
Total Service forfeited as above.....									

Total Service towards Engagement to _____ [date of discharge] _____ years _____ days

“ “ Pensions “ [“ “] “ “ “



FIRST NEWFOUNDLAND REGIMENT 4161

ATTESTATION OF

No. 4161 Name Daniel Anderson Corps C. of E.

Questions to be put to the Recruit before Enlistment.

- 1. What is your name? 1. Daniel Anderson
- 2. What is your full Address? } 2. Lummers Bay of St. John's
- 3. Are you a British Subject? ✓ 3. Yes
- 4. What is your age? 4. 21 Years 6 Months
- 5. What is your Trade or Calling? 5. Fisherman
- 6. Are you Married? 6. No
- 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? } 7. No
- 8. Are you willing to be vaccinated or re-vaccinated? } 8. Yes
- 9. Are you willing to be enlisted for General Service? } 9. Yes
- 10. Did you receive a Notice, and do you understand its meaning, and who gave it to you?..... } 10. { Name
Corps
- 11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? } 11. Yes

I, Daniel 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 made.

9.27.11-17 Daniel Anderson SIGNATURE OF RECRUIT.
Robert Cook Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Daniel 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, according to the conditions of my service.

CERTIFICATE OF MAGISTRATE OR ATTESTING OFFICER.

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
on this 27th day of Nov 1917
Signature of Attesting Officer W. J. [Signature]

†CERTIFICATE OF APPROVING OFFICER.

I certify that this Attestation of the above-named Recruit is correct, and properly filled up, and that the required forms appear to have been complied with. I accordingly approve, and appoint him to the
If enlisted by special authority, such will be attached to the original attestation.
Date Nov. 27th 1917 }
Place St. John's } Approving Officer.

† The signature of the Approving Officer is to be affixed in the presence of the Recruit.
‡ Here insert the "Corps" for which the Recruit has been enlisted.

* If so, Recruit is to be asked the particulars of his former service, and to produce, if possible, his Certificate of Discharge and Certificate of Character, which should be returned to him conspicuously endorsed in red ink, as follows, viz:—(Name).....re-enlisted in the (Regiment).....on the (Date).....

DESCRIPTIVE REPORT ON ENLISTMENT

Applicable to all ranks. To correspond with entries on the Medical History Sheet.

Name Daniel Anderson
 Apparent age 21 years 6 months. Height 5' feet 6 1/2 inches
 Chest Measurement { Girth when fully expanded 37 1/2 inches
 Range of expansion 4 1/2 inches
 Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin John Anderson
Seaside Bay of Islands | Relationship Father

Particulars as to Marriage

(a) Christian and Surname of Woman to whom married, and whether spinster or widow. (b) Place and date of marriage.
 (c) Present address. (d) Initials of Officer verifying entry.

(a)	(b)	(c)	(d)

Particulars as to Children

Christian Names	Date and Place of Birth

STATEMENT OF THE SERVICES

Corps in which served	Rgt. or Depot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards limited engagement reckons from <u>27-11-17</u>									
Joined at <u>St. John's</u> on <u>November 27-17</u>									
<u>Discharged St. John's July 2/1918</u>									
<u>Embarked St. John's St. Norvel to Halifax N.S. 29-18</u>									
<u>Admitted Military Hospital Caswell St. Halifax N.S. while en route to U.K.</u>									
<u>Returns from Halifax and reported for duty at Headquarters on Nov 1-6-18</u>									
<u>Discharged Medically Dept 2-7-18</u>									
<u>St. Halifax only</u>									
Total Service forfeited as above.....									

Total Service towards Engagement to 2-7-18 (date of discharge) _____ years 218 days
 Pensions " " " " " " " " " " " "

Proceedings on Discharge.

(When forwarded for confirmation the documents named on page 4 should be enclosed.)

No. <u>4161</u>	Army Rank <u>Private</u>
Name <u>Daniel Anderson</u> <small>(The name must agree strictly with that on enlistment, unless changed subsequently by authority.)</small>	
Corps <u>The Royal Newfoundland Regt.</u>	
Battalion, Battery, Company, Depôt, &c. <small>(If attached to the Regular Establishment of the Special Reserve or Permanent Staff of the Territorial Force, &c., or to General Staff of the Army, it should be so stated.)</small>	
Date of discharge <u>July 2nd 1918</u>	
Place of discharge <u>St. John's, Nfld.</u>	
1. <u>Description at the time of discharge.</u>	
Age <u>21</u> years <u>6</u> months Height <u>5</u> feet <u>6</u> inches Chest measurement { girth when fully expanded _____ ins. range of expansion _____ ins. Complexion <u>fair</u> Eyes <u>blue</u> Hair <u>light</u> Trade <u>Fisherman</u> Intended place of residence (To be given as fully as practicable) <u>Summerhouse Bay, Nfld.</u>	Descriptive marks. <u>burn scar right side of face</u>
2. The above-named man is discharged in consequence of <u>being no longer physically fit for war service</u>	
<small>(The cause of discharge must be worded as prescribed in the King's Regulations and be identical with that on the discharge certificate. If discharged by superior authority, the No. and date of the letter to be quoted.)</small>	
3. Military character:— <hr/>	
4. Character awarded in accordance with King's Regulations:— <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	
<small>(The cause of discharge must be worded as prescribed in the King's Regulations and be identical with that on the discharge certificate. If discharged by superior authority, the No. and date of the letter to be quoted.)</small>	
Certified that the above is an accurate copy of the character given by me on Army Form B. 2067* and that Army Form D. 489 was awarded in this case.	
_____ Initials of Commanding Officer.	

To be filled in on the soldier quitting the Colours.

Army Form B. 2068 has been issued to*

Initials of Commanding Officer.

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B. 121.
39.

Regiment of 1st Newfoundland

Number of Signatures One
Signature of O. C. Company [Signature]

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.	<u>Anderson D.</u>	Age on	<u>21</u> years <u>6</u> months	<u>Fisherman</u>	
Joined		Date	Place and Date of Enlistment } <u>St. John's</u> <u>27-11-17</u>	Religion	
Joined		Date		<u>C. of E.</u>	
Joined		Date	Period of } with Colours <u>213</u> years. with Reserve <u>365</u> years.	Place of Birth	
Joined		Date			

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
<u>St. John's Bnf.</u>	<u>8-1-18</u>	<u>Plt.</u>		<u>Found on leave 4 hours 51.</u> <u>at 8.15 PM when under</u> <u>quarantine for hours.</u>	<u>W. Madonay</u> <u>H. Henry R.R.</u>	<u>7 Days L.P.</u>	<u>18-1-18</u>	<u>St. J. Garty Major.</u>	<u>[Signature]</u>
				<u>Discharged Medically unfit</u> <u>St. John's, 2 7/8</u>					

To be carried over

COPY

pot
416

January 23rd, 1919

Officer Commanding,
Discharge Depot
Headquarters

SIR:

Referring to your letter of January 21st., I beg
to report as follows:

4161 Pte. Danl. Anderson
discharged July 2, 1918
1910 " John Gibbenhuck
discharged July 19, 1918
5799 " J. Clarke
discharged Nov. 30, 1918.

.....

I have etc.

(sgnd) J. M. Howley

Capt. etc.

GIVEN BOND

UNRECORDED

June 19th, 1918

From Officer Commanding,
Depot

To Paymaster and Officer i/c Records,
Militia Department

3111 Pte. P. Murphy
4161 " D. Anderson
3409 " G.A. Hiscock

The marginally noted men have been recommended for discharge as permanently unfit by Medical Board held on Tuesday, June 18th. Their accounts are not on Company Pay Sheets.

I am sending them herewith for your attention and necessary action, please.

GIVEN BOND

UNRECORDED

MAY 9th.1918.

From C.C.
Depot.

To D.O.C.
Newfoundland.

Sir:-

4161.Pte. D.Anderson.

The marginally noted man embarked
for Overseas January 29th.1918.and entered Hospital
in Halifax on February 4th.1918,suffering from an
affectice Groin.

I HAVE THE HONOUR TO BE

SIR:-

YOUR OBEДИENT SERVANT.



DEPARTMENT OF MILITIA

ST. JOHN'S May 7, 1918.
NEWFOUNDLAND

Sir:-

Pte. D. Anderson.

I enclose communication from the above named soldier, kindly note regimental number and advise what draft he left here with, and the cause of his disability.

I have the honour to be,

Sir,

Your obedient servant,

Major.

District Officer Commanding.

Newfoundland.

O.D. Depot,

City.

ENCLOSURE.

C.R.

4161

Extract from Daily Orders part 11, Depot St. John's dated Jan. 25th. 1919.

4161 Pte. Danl. Anderson

Having been found medically unfit is discharged from July
2nd., 1918.

May 10, 1918.

District Casualty Officer,
Military District No..6.#4161 Pte. D. Anderson.

Sir:-

Will you advise me the present position of the above soldier, who was sent to hospital in Halifax, ex Newfoundland Draft on February 4th 1918.

I shall also be glad if you will send me a report on all Newfoundland invalided soldiers in your district, and their present position. It is suggested that in cases where Newfoundland soldiers are found unfit and likely to be unfit for several months for general service, but are considered fit for discharge from hospital, and to travel, that arrangements be made for their return to St. John's, Newfoundland.

In cases where men are fit for general service, it is suggested that they be attached to casualty unit or such other unit as may be most convenient for your purpose until the arrival of the next draft of Newfoundland reinforcements. It is hoped that arrangements will be made whereby such reinforcements will go forward to the United Kingdom at regular intervals.

I have the honour to be,

Sir,

Your obedient servant,


Major.

District Officer Commanding.

Newfoundland.



C.R. 4161

THE ROYAL NEWFOUNDLAND REGIMENT
HEADQUARTERS

St. John's, Newfoundland,

MAY 9th. 1918. 191

From O.C.
DEPOT.

TO D O.C.
Newfoundland.

Sir;-

4161. Pte. D. Anderson.

The marginally noted man embarked for Overseas on January 29th. 1918, and entered Hospital in Halifax on February 4th. 1918, suffering from an affective Groin.

I have the honour to be

Sir-;

Your obedient servant.

Write over slip

At May 10, 18

Geo L. Bartley MAJOR
Commanding Depot,
The Royal Newfoundland Regiment,
St. John's, Nfld.

GOVERNMENT HOUSE.

ST. JOHN'S, N. F.

4 May 1918.

Acting Minister of Militia.

For necessary action.

WITH THE

PRIVATE SECRETARY'S

COMPLIMENTS.

H.N.
S

Wellington, British
Herald, 23
April 24th/98

C. Alexander Harris

Please Sir I want
to know if you can get
transferred back to my own unit
I am not fit for overseas
and I would like to get back
I would be able to go to
work on farms or to do
sea home service I had a medical
exam board and was turned
down so yours truly
John D. Anderson

C.R. 4161

May 7, 18.

Sir:-

Pte. D. Anderson.

I enclose communication from the above named soldier, kindly note regimental number and advise what draft he left here with, and the cause of his disability.

I have the honour to be,

Sir,

Your obedient servant,

Major.

District Officer Commanding.

Newfoundland.

O.D. Depot,

City.

ENCLOSURE.

C.R. 4161

Counter No.

Form No. 17

NEWFOUNDLAND POSTAL TELEGRAPHS.



Cable Connection with all the World

All Messages Sent are Subject to the Following Conditions:

The Management may decline to forward the Message, though it has been received for transmission; but in case of so doing shall refund to the Sender the amount paid for its transmission.

In case the Message shall never reach its destination by reason of any neglect or default of the N. P. T. or its Servants whilst the Message remains under the control of the N. P. T., they will refund the amount paid by the Sender for such Message.

The N. P. T. shall not be liable to make compensation beyond the amount refunded as above for any loss, injury, or damage arising or resulting from the non-transmission or non-delivery of the Message, or delay or error in the transmission or delivery thereof, howsoever such transmission, non-delivery, delay, or error shall have occurred.

The control of the N. P. T. over the Message shall be deemed to have entirely ceased for the purposes of these Conditions at any point where, in the course of the transit of the Message to its destination, it may be entrusted by the N. P. T. (and the N. P. T. shall have full power so to entrust the Message) for further transmission by or through any system, service, or line of Telegraph belonging to or worked by any administration or authority not controlled by the N. P. T. exclusively, although worked as part of or in connection with the Telegraphic system or service of the N. P. T.

I request that the following Telegram may be forwarded according to the foregoing Conditions, by which I agree to abide.

(NOT TRANSMITTED)

Signature of Sender

Address

Militia Dept.

Line Number	Rcd	By	Sent	by	Check

Dated April 19, 1918.

To 4161 Pte. Daniel Anderson, Royal Mtd. Regt. Wellington Barracks,
Halifax, N.S.

Have telegraphed district casualty officer to advance you twenty dollars.

district Officer Commanding.

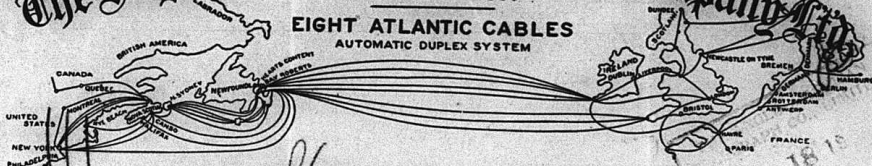
Military

The Anglo-American Telegraph Company

C.R. 4167

ESTABLISHED 1866

EIGHT ATLANTIC CABLES
AUTOMATIC DUPLEX SYSTEM



IN DIRECT COMMUNICATION WITH ALL PARTS OF THE WORLD.

APR 18 18
ST. JOHN'S
NEWFOUNDLAND

26 Col Halifax N S 18
No. Wds.
3ex Major J. L. Carty
TO Commanding Officer of 1st Rfd
Headquarters

NIGHT-LETTER

Please send me a months wages I am here and want it in the worst kind of a way
oblige yours truly

N. No. 161 Pte D Anderson
Wellington Barracks
Halifax

~~for your attention~~
~~Please call attention~~

PLEASE HAND YOUR REPLY DIRECT TO THIS OFFICE.

Depot The Royal Newfoundland Ass't Adjutant
St. John's, Nfld.

C.R. 4161

April 13, 1918.

**From: District Officer Commanding.
Newfoundland**

**To: District Casualty Officer,
H.D.No. 6,
Halifax, N.S.**

#4161 Pte. Daniel Anderson.

I enclose cheque for \$20.00 covering advance to this soldier as authorised in my telegram of 16th inst.

Will you please advise me what final disposition is made of this soldier.

Major.
District Officer Commanding.
Newfoundland.

ENCLOSURE.

C.R. 4161

Counter No. _____

NEWFOUNDLAND POSTAL TELEGRAPHS.



Cable Connection with all the World

All Messages Sent are Subject to the Following Conditions:

The Management may decline to forward the Message, though it has been received for transmission; but in case of so doing shall refund to the Sender the amount paid for its transmission.

In case the Message shall never reach its destination by reason of any neglect or default of the N. P. T. or its Servants whilst the Message remains under the control of the N. P. T., they will refund the amount paid by the Sender for such Message.

The N. P. T. shall not be liable to make compensation beyond the amount refunded as above for any loss, injury, or damage arising or resulting from the non-transmission or non-delivery of the Message, or delay or error in the transmission or delivery thereof, howsoever such transmission, non-delivery, delay, or error shall have occurred.

The control of the N. P. T. over the Message shall be deemed to have entirely ceased for the purposes of these Conditions at any point where, in the course of the transit of the Message to its destination, it may be entrusted by the N. P. T. (and the N. P. T. shall have full power so to entrust the Message) for further transmission by or through any system, service, or line of Telegraph belonging to or worked by any administration or authority not controlled by the N. P. T. exclusively, although worked as part of or in connection with the Telegraphic system or service of the N. P. T.

I request that the following Telegram may be forwarded according to the foregoing Conditions, by which I agree to abide.

(NOT TRANSMITTED)

Signature of Sender _____ Address Militia Dept.

Line Number	Rcd	By	Sent	by	Check

Dated April 16, 1918

To District Casualty Officer M.D.No. 6, Halifax N.S.

Your telegram 355 Pte. Daniel Anderson please advance soldier \$20 account pay are mailing you cheque today.

District Officer Commanding.

Military



CR 4161

CANADIAN PACIFIC R.Y. CO.'S TELEGRAPH TELEGRAM

FORM T. D. 28

CABLE CONNECTIONS TO ALL PARTS OF THE WORLD

J. McMILLAN, Manager Telegraphs, Montreal.

Sent No.	Sent By	Rec'd By	Time Sent	Time Filed	Check

Send the following Message, subject to the terms printed on the back hereof which are hereby agreed to:

Halifax, N.S., April 15th, 1918.

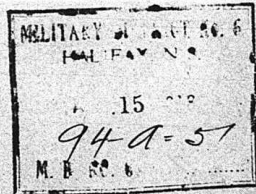
The District Officer Commanding,
St. Johns, Newfoundland.

355. Your telegram this date Private Daniel Anderson attached this District Casualty Unit awaiting Medical Board as to fitness for Overseas .

Confirmation,

District Casualty Officer.

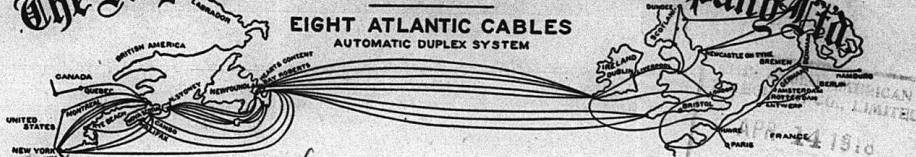
Major, D.C.O.,
M.D. No. 6.



The Anglo-American Telegraph Company Ltd.

ESTABLISHED 1866

EIGHT ATLANTIC CABLES
AUTOMATIC DUPLEX SYSTEM



IN DIRECT COMMUNICATION WITH ALL PARTS OF THE WORLD.

No.
Wds.

to come Halifax N.S. 14

TO } O C First Newfoundland Post office

NIGHT-LETTER

Wire me a months wages
immediately I need it in
the worst way.

H161 Private Daniel Anderson
Wellington Barracks
Halifax N.S.

PLEASE HAND YOUR REPLY DIRECT TO THIS OFFICE.



C.R. 4161

THE ROYAL NEWFOUNDLAND REGIMENT

HEADQUARTERS

ST. JOHN'S, NEWFOUNDLAND.

April 15th. 1918.

From Assistant Adjutant,
Depot.

To Officer Commanding,
Depot.



Attestment received for 50 for WAB

Reference to 4161 Pte. Daniel Anderson this man was sent to Hospital at Halifax on February 4th. 1918 from Draft which was xleaving for Overseas.

C. J. [Signature]
Ass't Adjutant
Depot The Royal Newfoundland Regiment
St. John's, Nfld.

NEWFOUNDLAND POSTAL TELEGRAPHS.

C.R.

4161
Counter No. _____



Cable Connection with all the World

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I request that the following Telegram may be forwarded according to the foregoing Conditions, by which I agree to abide.

(NOT TRANSMITTED)

Signature of Sender _____ Address **Militia Department.**

Line Number _____	Rcd _____	By _____	Sent _____	by _____	Check _____
-------------------	-----------	----------	------------	----------	-------------

Dated **April 15, 1918.**

To **District Casualty Officer, M.D.No. 6, Halifax N.S.**

4161 Pte. Daniel Anderson telegraphs for money what is present position of this soldier.

District Officer Commanding.

Military.

NEWFOUNDLAND POSTAL TELEGRAPHS.



Cable Connection with all the World

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I request that the following Telegram may be forwarded according to the foregoing Conditions, by which I agree to abide.

(NOT TRANSMITTED)

Signature of Sender _____ Address Dept of Militia

Line Number	Rcd	By	Sent	by	Check

Dated **Feb. 6th, 1918.**

To **John Anderson, Summerside, Bay of Islds.**
Regret to inform you that ~~Edward Bennett, London,~~

~~officially reports~~

No. 4161, Private Daniel Anderson in hospital, Halifax suffering from abscess.

Upon receipt of further information I shall immediately wire you and trust that next report will be of his convalescence.

J.R. Bennett,

Acting Minister of Militia.

C.R. 4161

Extract from Nominal Roll Draftt "H" Company embarked
S.S. "Florizel" Jan. 29th, 1918.

4161 Pte. Anderson D.

4161

C.R.

Extract from Daily Orders Part 11 Unit The Royal Wfld.
Regt., St. John's, Nov. 26th, 1917.

4161 Pte. D. Anderson.

Attested for General Service with the Wfld. Regt. with
effect from Nov. 27th, 1917.



Descriptive Return of a Soldier Discharged on Account of Disability

INSTRUCTIONS—This form is to be completed in the case of every discharged soldier whose claim to pension on account of disability, is to be submitted for the consideration of the Pensions and Disabilities Board.

This section should be completed in the Hospital at which a man is attending at the time of his examination by a Medical Board, or, if the man is not in Hospital, by the Medical Officer of the Unit or Command Depot. The Soldier should be given a full opportunity of examining it, as, if awarded a pension, his subsequent identification depends on his confirming this declaration. The "Rank," "Station," and "Date" should be in his own handwriting.

The form will then be attached to the Proceedings of the man's Medical Board and will be forwarded to the O. i/c Records together with the remainder of the man's documents.

Changes occurring in the description subsequent to the date of admission to pension should be noted in red ink.

Name in full *Daniel Anderson*

Regiment from which discharged *1st. Newfoundland*

Regimental number *4161*

Intended address *Bay of Island*

Height on discharge *5* Feet *6"*

Color of hair on discharge *Light*

Complexion *fair*

Color of eyes *Blue*

Descriptive Marks *1 mark right side of face scawled*

Figure on discharge *medium*

Christian name of Father *John Emanuel*

Christian name of Mother *Bell*

Wife's maiden name in full

Date and place of marriage

Christian names of children

Place and date of soldier's birth. *Summerside Bay of Island. May 20 1897*

Nature and locality of civil employment required *Fisherman*

I declare that I am the soldier referred to above and that all the particulars contained in the above statement are, to the best of my knowledge, correct

(Soldier's signature in full)

Daniel Anderson

(Rank) *Pvt.*

Station *St Johns*

Date *June 14/18*

I certify that the above named soldier signed the foregoing declaration in my presence, and that the above description and details are, to the best of my knowledge correct.

W. J. Burden

Medical Officer i/c Hospital.
Unit, or Command Depot.

Station *St Johns*

Date *June 14, 18*



Department of Militia, Newfoundland.
 Medical Department.

Medical Report on an Invalid.

NOTES:—

- (a) This report is solely concerned with Pensions.
- (b) A single copy only is required.
- (c) "Aggravated" being now a technical term, carrying right to pension, discrimination in its use is essential.
- (d) Be as brief as possible compatible with lucidity.
- (e) Avoid dubiety—"perhaps" "possibly" "might" and the like.
- (f) Only sufficient clinical data need be given to establish the degree of disability and assist the Board in arriving at a decision.

Statement of Case

Station *St. Johns N.F.*
 Date *June 14. 18.*

- 1. Unit *1st. Newfoundland*
- 2. Regimental No. *4161*
- 3. Rank. *Pte*
- 4. Name. *Anderson Daniel*
- 5. Age last birthday. *31*
- 6. Enlisted on *Nov. 1917.*
- 7. Former trade or occupation *at St. Johns N.F. Groverian*
- 8. Disability

Abscess of Groin.

9. History: *Was left off draft at Halifax January 28/18
 with infected leg & abscess Groin.
 Was treated at Muller's Hosp. Cogswell St. Halifax
 28*

10. What is his present condition?

(This is the important question. Be brief—the clearer the case the less need be written. Read note f above.)

Scar of operation below the eye healed - no trouble with the

11. Was sanatorium operation advised and refused?

12. Do you recommend discharge as permanently unfit?

no *nothin' for medical board*

Signature

W. B. Borden

Rank or Qualification

Col. M. W.

Remarks if any by Officer i/c Hospital.

Place

Signature

Date

Rank

Opinion of the Medical Board.

In para. 13, the President should write "may" or "cannot" at x Erase inapplicable words.

13. For pension purposes, the disability x *may* be considered as aggravated by: due to

(a) Service during this war. (b) Climate. (c) Ordinary Military Service

14. Does the Board concur in preceding report? (see Sect. 10) If not give differing opinion and additional findings.

Blind left eye. Poor sight right eye. Nausea & complaints of the scar when walking. Came on from infected toe

15. At present his capacity for earning a full livelihood in the general labor market is lessened by:— (Here the president should write in Total, 4-5, 3-5, 2-5, 1-5).

Remarks if any:—

less than 20%

16. Is the disability permanent? *ye*

17. Has the disability been aggravated by

(a) Intemperance *no* (b) Misconduct *no*

18. The refusal of operation sanatorium is:— (a) Reasonable. (b) Unreasonable.

Remarks if any:—

19. If fit subject for Hospital do you recommend admittance to

(General Hospital, Naval and Military Convalescent Hospital, Jensen Tuberculosis Camp. *no*)

20. We recommend discharge from retention in the Army

permanently unfit

Remarks if any:—

Signatures.

W. B. Borden
President
W. B. Borden
President

Place

Date

APPROVED

Station

Date



Chas. Macpherson
Administrative Medical Officer. *Major*
Dr. M. S. NEWFOUNDLAND



(Medical Officers will please read this Form carefully before using it. See instructions, page 4.)

M. D. NO. 6 FORM TO BE USED FOR WARRANT OFFICERS, N.C.O.'S AND MEN

MEDICAL HISTORY OF AN INVALID

STATION Halifax N.S. DATE May 9/18

1. (a) Unit 1st Nfld Regt (b) Regimental No. 4161 (c) Rank Pte.
(d) Surname Anderson (e) Christian name Daniel
2. Age last birthday 20 Date of birth May 20/97
3. Enlisted at St John's on Nov 27/17

4. Personal description —
(a) Height 5' 5 3/4 (b) Weight 150 (c) Complexion medium
(d) Colour of hair Brown (e) Colour of eyes Blue (f) Identification marks
Large scar (scald) right side of head.

5. Address after discharge (for the use of the Board of Pension Commissioners)
Summerside, Boy of Islands, Nfld

6. Former trade or occupation Fisherman

7. (a) Service

<u>1st Nfld Regt.</u>	From	MILITARY DISTRICT NO. 6 HALIFAX N. S. MAY 14 1918 <u>59 A 364</u>
	<u>Nov 27/17</u>	

(b) Has he been overseas? no.

8. Present disease or disability (use authorized nomenclature if possible)
Defective Vision
(a) Date of origin childhood (b) Place of origin Boy of Islands
(c) Cause myopic astigmatism
(Here include original disease or injury)

If further space is needed for this or other answer, use page 4

9. Present condition. (Important to be a full description of the present disabling condition or conditions.)
Vision Right Eye 20 Left 10 condition
due to myopic astigmatism as per
Specialist's report.

STATEMENT OF THE SOLDIER

[After describing all abnormalities, anatomical and functional, contributing to present incapacity (see section 1) state whether such incapacity is directly due to (a) weakness, (b) loss (complete or partial) of an organ or member or of its functions, or (c) to the necessity for rest of the body or of some of its parts.]

10. History:

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

Scar on inner side of left thigh

11. What is the extent (state in percentages) of the disability in earning a livelihood in the untrained labour market? If there is more than one disabling condition, estimate the disability, due to each, and that due to all combined.

12. Did the disability arise on or off duty? na.

13. Was a Court of Inquiry held?

14. If the disabling condition had its origin before enlistment, has it been aggravated on service? no

If the answer is in the affirmative, state in percentages, to what extent the soldier is incapacitated by that aggravation.

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

(If the answer is in the affirmative, state in percentages, to what extent the patient is incapacitated by that cessation or aggravation. In answering this question, conduct sheets should be considered. If treatment has been refused, the circumstances surrounding the refusal should be described on page 1.)

16. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one? permanent.

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

none

18. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit?

no

19. Can the former trade or occupation be resumed? yes.

20. Recommendations. I recommend that no 4161 Pte W Anderson be placed in Category B1 and he be fitted with glasses.

J. Murdoch Cox
Medical Officer by whom the case is brought forward.

STATEMENT OF THE SOLDIER.

(Sections 8, 9 and 10 are to be read to the soldier.)

I, the undersigned, Daniel Anderson have heard the description of my disability read, and am satisfied (~~or dissatisfied~~) with it. (If dissatisfied, statement should follow.) I complain in addition of

Daniel Anderson
Signature of soldier examined.

OPINION OF THE MEDICAL BOARD

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

yes

22. Is the soldier fit for

- | | | |
|---|--------------------------|------------|
| (a) General service, | (Category A) (Yes or No) | <u>no</u> |
| (b) Service abroad, not general service, | (" B) (Yes or No) | <u>yes</u> |
| (c) Home service, (Canada only), | (" C) (Yes or No) | <u>yes</u> |
| (d) Temporarily unfit, | (" D) (Yes or No) | <u>no</u> |
| (e) Unfit for service in Categories A, B and C, | (" E) (Yes or No) | <u>no</u> |

23. It is certified that the soldier

(a) ~~Does require treatment.~~ (Give the nature of the condition and of the treatment required and its probable duration.)

(b) Does not require treatment.

(c) ~~Should pass under his own control.~~

(d) Should not pass under his own control.

(Strike out condition not applicable.)

24. It is recommended that the soldier be ~~discharged.~~ (When not for discharge add special recommendation.)

That # 4161 Pte D. Anderson be placed in Category B1

H. J. ... President
R. L. ... Members

STATION.....

DATE.....

APPROVED BY.....

DATE.....

APPROVED BY.....

DATE.....



Director-General of Medical Services.

(Medical Officers will please read this Form carefully before using it. See instructions, page 4.)

FORM TO BE USED FOR WARRANT OFFICERS, N.C.O'S AND MEN

MEDICAL HISTORY OF AN INVALID

STATION Salifax, B.S. DATE Nov. 9th 1918.

1. (a) Unit 1st Hfld Regt. (b) Regimental No. 4161. (c) Rank ...
(d) Surname Anderson. (e) Christian name Daniel.

2. Age last birthday 20. Date of birth Nov. 20th 1897.

3. Enlisted at St. John. on Nov. 27th 1917.

4. Personal description —

(a) Height 5' 5.3/4" (b) Weight 150. (c) Complexion Medium.

(d) Colour of hair Brown. (e) Colour of eyes Blue. (f) Identification marks

Large scar (scald) right side of head.

5. Address after discharge (for the use of the Board of Pension Commissioners)

Summerside Bay of Islands. Hfld.

6. Former trade or occupation Fisherman.

7. (a) Service

Years Days

	PERIODS	
	From	To
<u>1st. Hfld. Regt.</u>	<u>Nov. 27th 1917</u>	<u>1917</u>

(b) Has he been overseas? No.

8. Present disease or disability (use authorized nomenclature if possible)

Defective Vision.

(a) Date of origin Childhood. (b) Place of origin Bay of Islands.

(c) Cause* Myopic Astigmatism.

*Here include original disease or injury

If further space is needed for this or other answer, use page 4

9. Present condition. (Important to be a full description of the present disabling condition or conditions.)

Vision right eye 20/80. Left 10/800 condition due to
Myopic Astigmatism as per specialist's Report.

[After describing all abnormalities, anatomical and functional, contributing to present incapacity (see section 11) state whether such incapacity is directly due to (a) weakness, (b) loss (complete or partial) of an organ or member or of its functions, or (c) to the necessity for rest of the body or of some of its parts.]

10. History:

How give a description of wounds, scars, deformities, and signs and symptoms of abnormal conditions present and not included in answer. This section cannot be completed without stripping the soldier and subjecting him to a thorough physical examination.

Scar on inner side of left thigh.

11. What is the extent (state in percentages) of the disability in earning a livelihood in the untrained labour market? If there is more than one disabling condition, estimate the disability, due to each, and that due to all combined.

12. Did the disability arise on or off duty? N.A.

13. Was a Court of Inquiry held? No.

14. If the disabling condition had its origin before enlistment, has it been aggravated on service? No.

If the answer is in the affirmative, state in percentages, to what extent the soldier is incapacitated by that aggravation.

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

(If the answer is in the affirmative, state in percentages, to what extent the patient is incapacitated by that occasion or aggravation. In answering this question, conduct sheets should be considered. If treatment has been refused, the circumstances surrounding the refusal should be described on page 4.)

16. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one? Permanent.

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

None.

18. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit?

No.

19. Can the former trade or occupation be resumed? Yes.

20. Recommendations. I recommend that No 4161 Pte. D. Anderson

be placed in Category B-2 and be fitted with glasses.

J. Murdoch
Medical Officer by whom the case is brought forward.

STATEMENT OF THE SOLDIER.

(Sections 8, 9 and 10 are to be read to the soldier.)

I, the undersigned Denial Anderson, have heard the description of my disability read, and am satisfied (or not satisfied) with it. (If dissatisfied, statement should follow.) I complain in addition of

Denial Anderson
Signature of soldier examined.

OPINION OF THE MEDICAL BOARD

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

Yes.

22. Is the soldier fit for

(a) General service,	(Category A) (Yes or No)	<u>No.</u>
(b) Service abroad, not general service,	(" B) (Yes or No)	<u>Yes.</u>
(c) Home service, (Canada only),	(" C) (Yes or No)	<u>No.</u>
(d) Temporarily unfit,	(" D) (Yes or No)	<u>No.</u>
(e) Unfit for service in Categories A, B and C,	(" E) (Yes or No)	<u>No.</u>

23. It is certified that the soldier

(a) ~~Does not require treatment.~~ (Give the nature of the condition and of the treatment required and its probable duration).

(b) Does not require treatment.

(c) ~~Should not pass under his own control.~~

(d) Should not pass under his own control.

(Strike out condition not applicable).

24. It is recommended that the soldier be discharged. (When not for discharge add special recommendation).

That No 4161 Pte. D. Anderson be placed in Category B-2.

A. Chaffee President

R. F. D. Brown Members.

STATION.....

DATE.....

APPROVED BY

DATE 13.8.18.

APPROVED BY

DATE.....

APPROVAL
Edith M. M. M.
Assistant Director of Medical Services.

Director-General of Medical Services.

(Medical Officers will please read this Form carefully before using it. See instructions, page 4.)

FORM TO BE USED FOR WARRANT OFFICERS, N.C.O'S AND MEN

MEDICAL HISTORY OF AN INVALID

STATION Halifax, N.S. DATE May. 9th 1918.

1. (a) Unit 1st. Nfld. Regt. (b) Regimental No. 4161. (c) Rank ts.
(d) Surname Anderson. (e) Christian name Deniel.

2. Age last birthday 20. Date of birth May. 20th 1897.

3. Enlisted at St. John. on Nov. 27th 1917.

4. Personal description:—

(a) Height 5' 5.3/4" (b) Weight 150. (c) Complexion Medium.

(d) Colour of hair Brown. (e) Colour of eyes Blue. (f) Identification marks

Large scar (scald) right side of head.

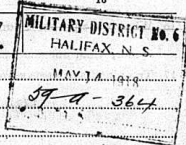
5. Address after discharge (for the use of the Board of Pension Commissioners)

Summerside Bay of Islands. Nfld.

6. Former trade or occupation Fisherman.

7. (a) Service

	PERIODS	
	From	To
<u>1st. Nfld. Regt.</u>	<u>Nov. 27th 1917.</u>	<u>9th. 1918.</u>



(b) Has he been overseas? No.

8. Present disease or disability (use authorized nomenclature if possible)

Defective Vision.

(a) Date of origin Childhood. (b) Place of origin Bay of Islands.

(c) Cause Myopic Astigmatism.

(Here include original disease or injury)

If further space is needed for this or other answer, use page 4

9. Present condition. (Important, to be a full description of the present disabling condition or conditions).

Vision right eye 20/80. Left 10/200 condition due to

Myopic Astigmatism as per specialist's reports.

[After describing all abnormalities, anatomical and functional, contributing to present incapacity (see section 11) state whether such incapacity is directly due to (a) weakness, (b) loss (complete or partial) of an organ or member or of its functions, or (c) to the necessity for rest of the body or of some of its parts.]

10. History :

Here give a description of wounds, scars, deformities and signs and symptoms of abnormal conditions present and not included in answer 4. This section cannot be completed without stripping the soldier and subjecting him to a thorough physical examination.

Scars on inner side of left thigh.

11. What is the extent (state in percentages) of the disability in earning a livelihood in the untrained labour market? If there is more than one disabling condition, estimate the disability, due to each, and that due to all combined.

12. Did the disability arise on or off duty? N.A.

13. Was a Court of Inquiry held?

14. If the disabling condition had its origin before enlistment, has it been aggravated on service? No.

If the answer is in the affirmative, state in percentages, to what extent the soldier is incapacitated by that aggravation.

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

If the answer is in the affirmative, state in percentages, to what extent the patient is incapacitated by that causation or aggravation. In answering this question, conflict should be considered. If treatment has been refused, the circumstances surrounding the refusal should be described on page 4.

16. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one? Permanent.

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

None.

18. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit?

No.

19. Can the former trade or occupation be resumed? Yes.

20. Recommendations I recommend that No 4161 Pts. D. Anderson

be placed in Category B-2 and be fitted with glasses.

J. M. Wendol
Medical Officer by whom the case is brought forward.

STATEMENT OF THE SOLDIER.

(Sections 8, 9 and 10 are to be read to the soldier.)

I, the undersigned, Daniel Anderson, have heard the description of my disability read, and am satisfied (or not satisfied) with it. (If dissatisfied, statement should follow.) I complain in addition of

Daniel Anderson
Signature of soldier examined.

OPINION OF THE MEDICAL BOARD

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

Yes.

22. Is the soldier fit for

- | | | |
|---|---------------------------|-------------|
| (a) General service, | (Category A) (Yes or No). | <u>No.</u> |
| (b) Service abroad, not general service, | (" B) (Yes or No). | <u>Yes.</u> |
| (c) Home service, (Canada only), | (" C) (Yes or No). | <u>No.</u> |
| (d) Temporarily unfit, | (" D) (Yes or No). | <u>No.</u> |
| (e) Unfit for service in Categories A, B and C, | (" E) (Yes or No). | <u>No.</u> |

23. It is certified that the soldier

(a) ~~Does require treatment.~~ (Give the nature of the condition and of the treatment required and its probable duration.)

(b) ~~Does not require treatment.~~

(c) ~~Should pass under his own control.~~

(d) Should not pass under his own control.

(Strike out condition not applicable).

24. It is recommended that the soldier be discharged. (When not for discharge add special recommendation.)

That #4161 Pts. D. Anderson be placed in Category B-2.

H. Huffer President
R. F. Johnson Members.

STATION.....

DATE.....

APPROVED BY

DATE 12-5-18

APPROVED BY

DATE.....



Director-General of Medical Services.

(Medical Officers will please read this Form carefully before using it. See instructions, page 4.)

FORM TO BE USED FOR WARRANT OFFICERS, N.C.O'S AND MEN

MEDICAL HISTORY OF AN INVALID

STATION Halifax, N.S. DATE May. 9th 1918.

1. (a) Unit 1st Hfld Regt. (b) Regimental No. 4161a (c) Rank Sta.
(d) Surname Anderson. (e) Christian name Denial.

2. Age last birthday 20. Date of birth May. 20th 1897.

3. Enlisted at St John. on Nov. 27th 1917.

4. Personal description:—

(a) Height 5' 5.3/4" (b) Weight 150. (c) Complexion Medium.
(stripped)

(d) Colour of hair Brown. (e) Colour of eyes Blue. (f) Identification marks

Large scar (scold) right side of head.

5. Address after discharge (for the use of the Board of Pension Commissioners)

Summerside Bay of Islands. Hfld.

6. Former trade or occupation Fisherman.

7. (a) Service

Years Days

Period	10.6
From	HALIFAX, N.S.
To	MAY 17 1918
M. D. No.	59-4-364

1st. Hfld. Regt.

Nov. 27th 1917

(b) Has he been overseas? No.

8. Present disease or disability (use authorized nomenclature if possible)

Defective Vision.

(a) Date of origin Childhood. (b) Place of origin Bay of Islands.

(c) Cause* Myopic Astigmatism.
(Here include original disease or injury)

If further space is needed for this or other answer, use page 4

9. Present condition. (Important to be a full description of the present disabling condition or conditions).

Vision right eye 20/80. Left 10/200 condition due to

Myopic Astigmatism as per specialist's report.

STATEMENT OF THE SOLDIER

(After describing all abnormalities, anatomical and functional, contributing to present incapacity (see section 1) state whether such incapacity is directly due to (a) weakness, (b) loss (complete or partial) of an organ or member or of its functions, or (c) to the necessity for rest of the body or of some of its parts.)

M. F. B.: 227.

7596-19-17.
1772-39-117.

10. History :

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

Scar on inner side of left thigh.

11. What is the extent (state in percentages) of the disability in earning a livelihood in the untrained labour market? If there is more than one disabling condition, estimate the disability, due to each, and that due to all combined.

12. Did the disability arise on or off duty? N.A.

13. Was a Court of Inquiry held?

14. If the disabling condition had its origin before enlistment, has it been aggravated on service? No.

If the answer is in the affirmative, state in percentages, to what extent the soldier is incapacitated by that aggravation.

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

(If the answer is in the affirmative, state in percentages, to what extent the patient is incapacitated by that causation or aggravation. In answering this question, conduct sheets should be considered. If treatment has been refused, the circumstances surrounding the refusal should be described on page 4.)

16. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one? Permanent.

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

None.

18. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit?

No.

19. Can the former trade or occupation be resumed? Yes.

20. Recommendations I recommend that No 4161 Pte. D. Anderson

be placed in Category B-2 and be fitted with glasses.

J. W. Murdoch
Medical Officer by whom the case is brought forward.

STATEMENT OF THE SOLDIER.

(Sections 8, 9 and 10 are to be read to the soldier.)

I, the undersigned, Daniel Anderson, have heard the description of my disability read, and am satisfied (or not satisfied) with it. (If dissatisfied, statement should follow.) I complain in addition of

Daniel Anderson

Signature of soldier examined.

OPINION OF THE MEDICAL BOARD

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

Yes.

22. Is the soldier fit for

- | | | |
|---|---------------------------|-------------|
| (a) General service, | (Category A) (Yes or No). | <u>No.</u> |
| (b) Service abroad, not general service, | (" B) (Yes or No). | <u>Yes.</u> |
| (c) Home service, (Canada only), | (" C) (Yes or No). | <u>No.</u> |
| (d) Temporarily unfit, | (" D) (Yes or No). | <u>No.</u> |
| (e) Unfit for service in Categories A, B and C, | (" E) (Yes or No). | <u>No.</u> |

23. It is certified that the soldier

(a) ~~Does not require treatment.~~ (Give the nature of the condition and of the treatment required and its probable duration.)

(b) Does not require treatment.

(c) ~~Should not be considered for control.~~

(d) Should not pass under his own control.

(Strike out condition not applicable.)

24. It is recommended that the soldier be discharged. (When not for discharge add special recommendation.)

That No 4161 Pte. D. Anderson be placed in Category B-2.

H. J. Hoffman President
R. F. Osborne Members.

STATION.....

DATE.....

APPROVED BY

DATE 12.5.48

APPROVED BY

DATE.....



COPI.

SPECIALIST'S REPORT.

R.V. 20/80.

L.V. 10/200.

Condition due to myopic astigmatism in each
eye.

(Sgd.) S.J.Machennan.

Anderson, L

4/61

Ray sept.

CERTIFICATE TO BE SIGNED BY THE SOLDIER ON DATE OF DISCHARGE.

I hereby acknowledge that I have received all my pay and allowances,
(including Clothing allowance), and all just demands up to the
present date.

Date July 9th 1918 Sig. of Soldier John Daniel Anderson

Place 31 John St N York Sig. of Witness Mrs J Hackett

No 4161

Name Anderson Deane

5/1/18

Date	Particulars	Ch.No.	Dr.	Cr.	Bal.
1918 Feb 28	Pay Pay 28 days @ 1 ¹⁰ / ₁₀₀			30 80	30 80
Mar 31	" " 31 " 1 ¹⁰ / ₁₀₀			34 10	64 90
Apr 30	" " 30 " 1 ¹⁰ / ₁₀₀			33 00	97 90
May 31	" " 31 " 1 ¹⁰ / ₁₀₀			34 10	132 00
June 30	" " 30 " 1 ¹⁰ / ₁₀₀			33 00	165 00
July 2	" " 2 " 1 ¹⁰ / ₁₀₀			2 20	167 20
	Ronus		12 70	13 70	180 90
	clothing		25 00	25 00	205 90
	To Pay	5702	20 00		185 90
May 21	" "	6926	20 00		165 90
	Pay at Halifax	7792	20 00		145 90
June 15	To Pay	7710	15 00		130 90
Feb 28	" Allotment		14 00		116 90
Mar 31	" "		15 50		100 40
Apr 30	" "		15 00		85 40
May 31	" "		15 50		70 90
June 30	" "		15 00		55 90
30	To Pay		15 00		40 90
July 3	To Pay	2	10 90		
Per Deane's Authority					
- Nil -					
			205 90	205 90	

PAY LEDGER R 2/1
 Date 12-1-21 by all

815 Alvany Beth

April 15th., 1919

#4161 Pte. Daniel Anderson,

Summerville,

Bay of Islands.

Dear Sir:-

Referring to your application for "War Service
Gratuity," I beg to state that you are not entitled to same,
as you have not served in the Royal Newfoundland Regiment
Twelve months (12), and you have not been Overseas.

Yours truly

Captain
Paymaster & O.i/c Records

ml

DEPARTMENT OF MILITIA.
WAR SERVICE GRATUITY.

St. John's, Newfoundland.

Declaration required of Officers and men of the Royal Newfoundland Regiment, who claims War Service Gratuity under Order-in-Council dated January 20th. 1919.

A complete reply must be given to every question in this Declaration There must be no blanks and no dashes, if any questions are not applicable, the words "NOT APPLICABLE" must be written out.

On completion this Declaration is to be returned to THE OFFICER I/C RECORDS, PAY & RECORD OFFICE, ST. JOHN'S.

Christian Name *Anderton* S. Surname *Daniel*

3. Rank *Private* 4. Regt. No. *H. 161*

5. Address in full to which future payments of gratuity are to be forwarded *Summer Side, Bay of Islands, Nfld.*

6. Date of enlistment in the Regiment. *Nov 24th 1917*

7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge.
not applicable

8. Relationship of such dependents *not applicable*

9. Address in full of such dependents.
not applicable

10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? *not applicable*

11. Were you on active service only in Nfld. If so, give dates and particulars of such service.
not applicable

12. Give total length of time which you served on active service, whether in Nfld. or Overseas.
105 days
7 1/2

13. Have you had more than one enlistment? If so, give particulars of discharge and re-enlistments, and under what regimental numbers.

No

14. Have you already received any payment of Post Discharge pay or War Service Gratuity? If so, state amount you and your dependents have already received and by whom paid.

No

15. Have you been issued with a War Service Badge?

yes

16. Have you, during the present war, served in the Imperial Forces?

No

17. Are you entitled to receive, or have you received any Gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled.

No

18. Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England?

No

(b) If so, was such reversion in consequence of Misconduct or inefficiency?

not applicable

19. Are you now serving in the Res? If not give - (a) date of discharge

July 2nd '18

(b) Reason for discharge

Disability

20. Did you at any time serve at the front in an actual theatre of War? If so give particulars of places, and dates of such service.

No

21. (a) Are you receiving treatment from the Civil Re-Establishment Com. (b) If so are you in receipt of full pay and allowances from that Committee.

No

And I make this solemn declaration, conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under Oath.

Signature of Applicant: *Daniel Anderson*
 Place of Residence: *Swimmer Bay of Islands*
 Declared before me at: *Burling Head Island*
 This ~~10th~~ *10th* day of *April* 19*19*

Signature of Barrister of the
 Supreme Court, Stipendiary Magis-
 trate, Notary Public, Justice of the
 Peace, or Commissioner of affidavits.

A. J. Fitzgerald
Shed Magistrate

POST DISCHARGE PAY.			War Service Gratuity	Net amount due
Date paid	Paid Soldier	Paid Dependent		
.....	<i>Nil</i>
.....
.....
Certified Correct.				Paymaster.

July 5th.1918.

Private D. Anderson,

Summerside,

Bay of Islands.

Dear Sir,-

I beg to enclose herewith two cheques, No. 8294, for \$15.00, and No.2. for \$40.90, being the balance of pay due you to the date of discharge, also a Certificate of Pay. I also enclose Certificate of Discharge, date July 2nd.1918, together with special form, which kindly sign and return to this Office.

Yours faithfully,

Capt. & Paymaster &
Officer i/c Records.

Encl. 5.

J/H

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EIGHT ATLANTIC CABLES
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17 Col Halifax N S 16

No.
Wds.

5 ex
Major J J Carty
1st Regt Regt

TO:

Please sir send me twenty
dollars to Halifax oblige

Yours truly. District Casualty Unit
Halifax,

Daniel Anderson
4161 Private.

Capt. Howley

For your attention please
to Carty-

May 29th. 1918.

Private Daniel Anderson,
C/o District Casualty Unit,
Halifax, N.S.

Dear Sir,-

I enclose herewith cheque for \$20.00, being
the amount due you on account of pay. ~

Yours truly,

Capt.
Paymaster & C. I/G Records.

April 18th, 1918.

From: District Officer Commanding,
Newfoundland.

To: District Casualty Officer,
M.D.No. 6,
Halifax, N.S.

#4161 Pte. Daniel Anderson. *W.B.K.*

I enclose cheque for \$20.00 covering advance to this soldier as authorised in my telegram of 16th inst.

Will you please advise me what final disposition is made of this soldier.

Major.
District Officer Commanding,
Newfoundland.

ENCLOSURE

1918 - 1019

DEPARTMENT OF MILITIA.
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$40.⁹⁰

July 3rd 1918

Received from the First Newfoundland Regiment
the sum of Forty Dollars.

on account
balance of Pay.

Cheque mailed 5/8/18

Ch. No. <u>2</u>	Initials <u>JS</u>
Pay Ledger <u>136</u>	Initials <u>JS</u>
Gen. Ledger	Initials <u>JS</u>

Regtl. No. _____ Rank _____

[Handwritten initials]

No. 4161

Rank Pte

Name D. Anderson

1917-1918

DEPARTMENT OF MILITIA.
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$15.⁰⁰

July 30th 1918

Received from the First Newfoundland Regiment
the sum of Fifteen _____ Dollars.

on account
balance of Pay. to 30/6/18

Ch. No. 8294	Initials JA
136	WJ
Pay Ledger	Initials
Gen. Ledger	Initials

Regtl. No. _____ Rank _____

No. 4161

Rank Pte

Name D. Anderson

DEPARTMENT OF MILITIA.
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$15.⁰⁰

June 15 1918

Received from the First Newfoundland Regiment
the sum of Fifteen Dollars.
on account of Pay.
balance

[Handwritten initials]

W. Anderson

Ch. No. <u>7710</u>	Initials <u>[Handwritten]</u>
Pay Ledger <u>[Handwritten]</u>	Initials <u>[Handwritten]</u>
Gen. Ledger <u>[Handwritten]</u>	Initials <u>[Handwritten]</u>

Regtl. No. Rank

No. 4461

Rank Pte

Name D. Anderson

DEPARTMENT OF MILITIA.
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$20⁰⁰/₁₀₀

Apr 16th 1918

Received from the First Newfoundland Regiment
the sum of Twenty _____⁰⁰/₁₀₀ Dollars.
on account of Pay.
~~balance~~

Daniel Anderson

Ch. No. 5902	Initials. EW
Pay Ledger 136	Initials. EW
Gen. Ledger	Initials. EW

Regtl. No. 4161

Rank Pte

[Handwritten signature]

No. _____

Rank _____

Name District Casualty Officer

W.D. No. 6. Halifax

of P. O. Anderson

DEPARTMENT OF MILITIA.
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$20.⁰⁰

May 21st 1918

Received from the First Newfoundland Regiment
the sum of Twenty ⁰⁰ Dollars.
on account of Pay.
balance

Ch. No. <u>6926</u>	Initials <u>ew</u>
Pay Ledger <u>136</u>	Initials <u>ew</u>
Gen. Ledger <u>136</u>	Initials <u>ew</u>

Regtl. No. 238

Rank

No. 4161

Rank Pte.

Name Daniel Anderson

D. Anderson

C.R. 4161

P. R. O.

Reg. No. *H/161* Rank *Pte* Name *Anderson D*
Attested..... Address *Summerside. Bury of I.*
Allotment..... Allottee *B Co*
Date of Allotment..... Returned from Overseas *3-6-18*
Embarked for Overseas..... Cause *From Halifax -*

19/6/18 Reg Discharge P.M.
20-6-18 Sent to Pappashe for disposal.
22/6/18 Trans to B. Co from A & B Co while awaiting
discharge

2-7-18. DISCHARGED - MEDICALLY UNFIT *bas 15*

Fold Here

ON HIS MAJESTY'S SERVICE

To the Officer in Charge of Records,

Royal Nfld. Regt.

Dept. of Militia,

ST. JOHN'S, Nfld.

Fold Here

OCT

1921.

The accompanying ~~Victory Medal~~ and/or British War Medal
is/are forwarded herewith to

Daniel Anderson

in respect of his service as No. 4161 Rank Pte.

Name D. Anderson

Royal Nfld. Regt.

~~Nfld. Forestry Corps~~

Receipt of the same should be acknowledged hereon.

Received

medal.
October 22th 1921.

Signature

Daniel Anderson.

Date

October 22th 1921

Address

Irish Town. Bay of St. John's
Nfld.

[P.T.O.]

DEPARTMENT OF VETERANS AFFAIRS
War Service Records

To Copy for H.O. FILE

Attention of

NAME ANDERSON, Daniel.

DEC 27 1962

Referred to

Checked to

SERVICE NUMBER 4161 ROY W.L. REGT. No. 261125
W.V.A. No. 59461

Ottawa Ont
Date Dec 26/62

NAVY
ARMY X
R.C.A.F.

The DEPARTMENT has received information from

S.P.M.E. St. John's Newfoundland, Nov 16/62

(State authority and source of information of death)

regarding the death of the above mentioned veteran.

Particulars are as follows:

Date of Death Sept 26/62

Cause of Death

Place of Death Western Memorial Hospital

Name and Address of next of kin (if known)

Copies to: W.S.R.

V. I.

RAW

EC

H.O.

} Destroy form if advice of death already received.

for
Chief, Central Registry