C.E.F. REGIMENTAL DOCUMENTS

NAME ANDERSON, ARTHUR REGT. No. 427266 UNIT 46 BN. H. Q. FILE No. 7886

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CASUALTY FORM (M.F.W. 54 or A.F.B. 103)				
TRAINING HISTORY SHEET (M.F.W. 113)				
FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)				
REGT. CONDUCT SHEET (M.B.W. 263 or A.F.B. 120)				
COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)				
MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)				
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MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)				
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H

NON-EFFECTIVE BY DEATH

CATEGORY

DISCHARGE

CATEGORY

MED. UNFIT

DESERTION

M.F.W. 2589
20M-4-46 (9113)
H.Q. 1772-39-1377

ATTESTATION PAPER

No. 41 27266

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS)

1. What is your name? — Arthur Anderson
2. In what Town, Township, or Parish, and in what Country were you born? — Yellow Grass Sask Canada
3. What is the name of your next-of-kin? — William Anderson
4. What is the address of your next-of-kin? — Neptune Sask Canada
5. What is the date of your birth? — 8th November 1888
6. What is your trade or calling? — Labourer
7. Are you married? — No
8. Are you willing to be vaccinated or re-vaccinated? — Yes
9. Do you now belong to the Active Militia? — No
10. Have you ever served in any Military Force? — No
    If so, state particulars of former Service.
11. Do you understand the nature and terms of your engagement? — Yes
12. Are you willing to be attested to serve in the CANADIAN OVER-SEAS EXPEDITIONARY FORCE? — Yes

Arthur Anderson (Signature of Man.)

Corpl C Brisbois (Signature of Witness.)

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Arthur 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.

Arthur Anderson (Signature of Recruit.)

Date May 22nd 1915 Corpl C Brisbois (Signature of Witness.)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Arthur 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.

Arthur Anderson (Signature of Recruit.)

Date May 22nd 1915 Corpl C Brisbois (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 Weyburn this 22nd day of May 1915

[illegible] (Signature of Justice.)

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

Herbert Lovell (Approving Officer.)

Lieut. Col.

Cmdg. 46th. Battalion, C. E. F.

M. F. W. 23.
200 M.—3-15.
H.Q. 1772-89-841.

DESCRIPTION OF Arthur Anderson ON ENLISTMENT.

Apparent Age 26 years 6 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height	5 ft. 8 ins.
Chest measurement — Girth when fully expanded	37 ins.
Chest measurement — Range of expansion	2 ins.
Complexion	Fresh
Eyes	Blue
Hair	Fair
Religious Denominations — Church of England	
Presbyterian	Yes
Methodist	
Baptist or Congregationalist	
Other Protestants (Denomination to be stated.)	
Roman Catholic	
Jewish	

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.)

Small scar over left great toe

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 May 22nd 1915 Manuckle

Place Weyburn Sask Captain

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

Arthur 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.

A Simpson (Signature of Officer.)

Date May 22nd 1915

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 42726 (Rank) Private

Name (in full) Arthur Anderson enlisted in

the 46th. Battalion

CANADIAN EXPEDITIONARY FORCE at Weyburn on the 22nd.

day of May 19 15.

HE served in France Twenty Six (26) Months with the 13th. Battalion.

and is now discharged from the service by reason of being Physically Unfit: Wounds.

Entitled to wear One Gold Casualty Stripe: 8-8-18 And Four Blue Service Chevrons Also Military Medal London Gazette #30573 d/26-4-18.

THE DESCRIPTION OF THIS SOLDIER on the DATE below is as follows :—

Age	30 years	Marks or Scars	
Height	5 feet 8 inches		G.S.W. Rt. Hand
Complexion	Fresh		
Eyes	Blue		
Hair	Fair		

A Anderson
Signature of Soldier

A. G. Brackenridge Major
Issuing Officer

Lt.Col.,
Rank

Date of Discharge 25-2-19

O.C. #12 District Depot.
Appointment

Signed at Regina this 25th day of February 19 19

in Military District No. 12

File Reference No. 114-A-12 D.D.

N.B.—As no duplicate of this Certificate will be issued, any person finding same is requested to forward it in an unstamped envelope to the Secretary, Militia Council, Ottawa, Canada.

M. F. W. 39a
200m.—2-18
H.Q. 1772-39-882

A. No 678.68
War Service Badge, Class
issued
B. No 452 21 ~~08~~

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

No. ..... (Rank) ..... Name .....

Unit .....

Address on Discharge .....

Character and Conduct .....

.....

Former Occupation .....

Special Qualifications of Value in Civil Life .....

.....

Medals and Decorations .....

.....

Remarks .....

.....

Signed at ..... this ..... day of 19

.....
Name of Officer

.....
Rank

.....
Appointment

On demobilization the particulars called for on the back of this certificate will not be completed.

Discharge Section
FEB 25 1919
NO. 12 DISTRICT DEPOT

Forms
I. 1237
12

31.12.18 Discharged 15

Army Form I. 1237.

16. Can Gren 19 Rep.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
2HT7027.	427266	pte.	Anderson	A

Year	Unit.	Age.	Service.
1918	13 Cdn.	25	3y 6m

Station and Date.	
	Disease G.S.W. finger 3rd phalanx 1st finger Rt Hand.
	Bde. 3
	Div 1
	Nat. Canadian
	Enlisted at Weyman Sask on 22/5/15
	Went to France. 14/6/16
	Trained in Eng. 1/10/15.
	Wounded at Amiens on 8/8/18.
	1st Can F.A. 750 metres A.T. 8/8/18.
8/8/18.	transferred to 5 C.C.S A.T. 16/8/18 Dan
	dents. - 29/8/18 500 metres.
9/8/18.	transferred to A.D.M.S 1st Div. - Disp.
	gunshot Wound over proc. interphalangeal
	joint index finger
11/8/18.	transferred to Manor War Hosp.
	Leeds W.d. - not healed.
23/8/18.	transferred to Epsom Hosp
3/9/18.	transferred to Out Pt Dept.
	Present Disability
	Lacerated wound on the dorsal
	surface of middle finger at joint of
	2nd and second phalanx, swollen and
	considerably discharge. fracture of 1st phalanx
	at distal end.

*The first and last entries will be signed, and transfers from one Medical Officer to another, attested by their signatures.

(44502) Wt. W 11203—M 1159. 1,450,000. 6/12/16. C.F.& S. Forms/I. 1237/12. (H238)

P.T.O.

Station and Date.	
2/9/18.	X. Ray R Hand 27 11. 18. Ring finger Partial ankylosis - Commencing fracture of the 1st phalanx of 2nd finger at the distal end
21/10/18	To Kingswood MASSEY-HARRIS CONVALESCENT HOSPITAL, "KINGSWOOD", DULWICH, LONDON, S.E. 21-10-1918 R A Rawes
26-11-18	L. S. & 2nd fingers - Wound of index finger of left hand - Wound healed. Fractured area - Condition generally good - Stiffness index finger - does not enter into grip -
2.12.18	Transfer to Orpington for Disch Category - B2. Admitted O.M.H. Present Condition Ankylosis of middle phalangeal joint of index finger right hand with some deformity. Weakness of flexor & extensor muscles of this finger. To be recategorized as B2. W Howard Batten Sr.
31 12 18	To C. C. D W Howard Batten Sr.

Forms
I. 1237
12

27

Army Form I. 1237.

MEDICAL CASE SHEET.*

1/13

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
	H27866	A/C	Anderson	A

Year	Unit.	Age.	Service.
	13th Bn	38.	3 yrs

Station and Date.

28 AUG 1918

Disease G.S.W. fract 3rd phalanx 1st finger Rthand
Wide wd, not sealed.
Transfer to Base Marina as A&P

Capt. C.A.M.C.
No. 1 Division

A Base shows DAB

* The first and last entries will be signed, and transfers from one Medical Officer to another, attested by their signatures.

(6365) W2944/P438 2,950,000 1/18 McA & W Ltd Forms/I. 1237/13 (E 2349)

[P.T.O.

Station and Date.	

TABLE II.—Only for admissions to Hospital or to the Sick List in Case of Warrant Officers treated in quarters.

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number of days in Hospital	Remarks bearing on the cause, nature, or treatment of the case, likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet.	Signature of Medical Officer
	Day	Month	Year	Day	Month	Year				
GRAYLINGWELL WAR HOSPITAL CHICHESTER	11	8	18	27	8	18	G.S.W. R. Index	14	Entered Shallow and jnl open. healing	Appt de MRCM
mc Hepcom	27	8	18	28	8	18	G.S.W. fore 3rd phalanx & Shaft 1st finger R hand	2	Wide wound, not healed Granulations Transfer to Basingstoke	D Bruce Capt
MANOR WAR HOSPITAL EPSOM	28	8	18	2	SEP	1918			A.T.S. 500 Transferred to Orpington. Splint	pp Commandant Capt.
Ont. Mil. Hosp. Orpington	3	9	18	21	10	18	G.S.W. Index.		G.S.W. Lacerated wound on dorsal surface of index finger at joint of 1st & 2nd phalanx. Fracture of 1st Phalanx at distal end Transferred to Kingswood.	R.O. Shenton
H Con Genl.	2	12	18	31	12	18	G.S.W. R. Index.	29	Ankylosis of middle phalangeal joint of index finger R. Hand. with some deformity. Weakness of flexors & extensor muscles of this Do be Recat. B ii	W Howard Capt RAMC

Temporary

Regional No.....

MEDICAL HISTORY of—

A.F. B.178

Regimental No.....

Region.....

Surname.....Anderson.....

Christian Names.....Archibald.....

TABLE I.—General Table.

Birthplace { Parish..... / County .....

Examined { on.....day of.....191 , / at.....

Declared Age .....years.....days.

Trade or Occupation.....

Height.....feet.....inches. Weight.....lbs.

Colour of Hair.....Complexion.....

„ Eyes .....

Chest Measurement { Girth when fully expanded ..... inches. / Range of expansion ..... inches.

Physical Development .....

Vaccination Marks { Arm, RIGHT ____ LEFT ____ / Number ....

When Vaccinated .....

Vision { R.E.—V = ... / L.E.—V = ... } With Glasses { R..... / L..... }

Identification Marks, such as Tattoo, Moles, Scars, etc :—

.....

.....

Defects or Ailments :—

.....

.....

Examined and found—

Fit for Grade { I. / II. / III. / IV. }

(Strike out those which do not apply.)

Signature .....

Chairman of Medical Board.

Re-examined for posting at.....

On.....day of.....191.....

Enlisted { at..... / on.....day of.....191..... }

	Corps	Regtl. No.
Joined on enlistment	15th Canadian	42266
Transferred to		

TABLE III.—Boards, Courts of Enquiry, Vaccination, Inoculations, etc.; Examinations for Field or Foreign Service; Extension, Re-engagement, or Prolongation of Service, Issue of Surgical Appliances, Particulars of Dental Treatment, etc.

Date	Brief details and Signature

ORIGINAL

MEDICAL HISTORY SHEET.

T.F. 26004

Surname Anderson *Christian Name* Arthur

Examined { on 22 day of May 1915
at Weyburn Sask.

Birthplace { City or Town Gallow Grass
County Sask. Canada

Apparent age 26 yrs 6 mos

Trade or occupation Labourer

Height 5 Feet 8 Inches.

Weight ..... Lbs.

Chest measurement { Minimum 35 inches.
Maximum expansion 2 inches.

Physical development .....

Small-Pox Marks .....

Vaccination Marks { Arm Right. Left.
Number .....

When Vaccinated last .....

(*a*) Marks indicating congenital peculiarities or previous disease .....

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

Approved by [signature]

Rank Capt M.O

Date	Fit or Unfit	Examined for Re-engagement,
		27 AUG 1918 M.O
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Date	Result	Vaccinations.
24/2/15		C.E.L. M.O.
		M.O.
		M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.
29/7/15		B. M.O.
9/8/15		B. Boosters M.O.
14/8/15		M.O.

Enlisted on 22 *day of* May 1915 *at* Weyburn Sask

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	6 Battn	427266	Good.	May 22/15
Transferred to..				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.
No. 18 CANADIAN GENERAL (ONTARIO) HOSPITAL ORPINGTON, KENT.	6 DEC 1919	G.S.W. L. Hand	B ii Lieut. Capt. C. Regina, Sask. Feb. 21. 1879 do E [illegible] Capt

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.

M. F. B. 313.

100M.—5-15.
H. Q. 1772-39-439

NATIONAL ECONOMY. FASTEN Envelope by gumming this Label across Flap. OPEN by cutting Label instead of tearing Envelope.

NATIONAL ECONOMY. FASTEN Envelope by gumming this Label across Flap. OPEN by cutting Label instead of tearing Envelope.

Surname Anderson Christian Name

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital. Day	Month	Year	Dates of Discharge from Hospital. Day	Month	Year	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.
No.11. Can.Fld.Amb		23	5	17	26	5	17	Scabies.		Rejoined Unit.	A.689 - A.693. WW
Military Convalescent Hospital, EPSOM. Surrey.		27	8	18	28	8	18	GSW rt.hand c frac, 3rd phalanx 1st finger	1	Wide wound not healed. Unsuitable case for this convalescent Hospital. Transfer to Manor (C of L) War Hospital, for active treatment.	Captain C.A.M.C. Registrar.
No 16 Can Gen		3	9	18	21	10	18	G.S.W. Rt. hand. Fracture 3rd phalanx.		Fracture 1st Phalanx Index. Lacerated wound dorsal surface. Rt Hand Lacerations. Sutured	R.C.A.M.C.
16 Can. Gen.		2	12	18				G.S.W. R. Index.		Ankylosis of middle phalangeal joint of index finger R. hand. with some deformity. Weakness of flexor & extensor muscles of this To be taken 3 ii	W.H. Ward Batten Lt.

CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

This form to be used for all Ranks (Vide Articles 122, 130 and 141, Financial Instructions, 25715c, C.E.F., 1916).

Regimental No. 424266 Rank Pte Name Anderson A

Corps 12 Dist Depot who was* Discharged

On 25/2/19 191...., to

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from 1/2/19 191...

to 25/2/19 191...., the inclusive date of transfer or discharge.

Dr.	$	c	Cr.	$	c
Bal. Dr. from prev. month			Balance Cr. from prev. month (Jan P.L. & P.D.)	592	45
Advances by Cheques No.			Regt'l. Pay 25 days at $ 1 c	25	
Advances by Cheques No.			Field Allow. 25 days at $ c 10	2	50
Assigned Pay and Sep'n All'ce No.			Separation Allowances* (Monthly)		
Other charges			Other Allowances* Clo allce	35	
Payment on transfer or discharge No. 297	736	95	Other Credits*		
Balance Cr. (to be paid by the new unit)			Bal. Dr. (to be deducted by new unit)	70	
Total	736	95	Total	736	95

*Give particulars. 1 at $D 70.00 adv

A monthly stoppage of $ Nil (†) has (‡) been paid on account of Assigned

{ Pay for the month of 191....
and Sep'n All'ce. for month of 191.... } (to) Assignee

(Address)

(†) Insert amount to be assigned, whether it has been paid or not.
(‡) Insert "not" if amount has not been paid for period of account.

On Transfer of an Officer

Outfit Allowance of $ has been paid by Paymaster, Military District No.

REMARKS:—

State (1) date of enlistment

(2) if married and if a Separation Allowance Card has been submitted Nil

(3) cause of discharge authority D.O. 55

(4) authority for transfer

NOTE.—Separation Allowance and Assigned Pay Card and Index Card (M.F.W. 71) are to accompany the original Last Pay Certificate on transfer.

I have carefully ~~examined~~ this statement of account and find it to be a correct extract from the Pay List of the Unit.

Date Tegma 25/2/19.

Place ~~Ty~~ ~~25~~ James Mitchell Capt.

Paymaster.

N.B.—For purposes of transfer this form is to be made out in quadruplicate. Original copy to paymaster of new unit, duplicate to District Paymaster; triplicate to accompany the pay list at the end of the month and quadruplicate for retention as a record.

For purposes of discharge it is to be made out in triplicate. Original copy to accompany discharge papers; duplicate to accompany pay list at the end of the month, and triplicate for retention as a record.

If a man on discharge is entitled to three months' Post Discharge Pay, Last Pay certificate will be made out in quadruplicate. The original Last Pay Certificate will be forwarded with other documents to Paymaster Post Discharge Pay and triplicate, with his discharge documents.

M. F. W. 44.

H.Q. 1772-39-903.
100M-9-18. D.P. 874.

CANADIAN CONTINGENT EXPEDITIONARY FORCE

PAY CERTIFICATE

C.A.D.C. 5009 A

12.

CANADIAN ARMY DENTAL CORPS, O.M.F.C.

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) Anderson A.

REGIMENT B. C. R. D. RANK Pte. No. 427266

Date of Examination in England 9.1.19. Date of Examination in France

DIRECTIONS TO DENTAL OFFICERS

1. This form will be made out for each individual at the time of Demobilization in England or France.
2. Figures as per chart will be used to designate teeth concerned.
3. In reference to Partial Dentures the numbers of teeth thereon will be stated.

PRESENT DENTAL REQUIREMENTS

1. FILLINGS
2. EXTRACTIONS
3. CROWNS
4. DENTURES
   - (*a*) Full Upper
   - (*b*) Part Upper
   - (*c*) Full Lower
   - (*d*) Part Lower

HAS HE EVER REFUSED DENTAL TREATMENT ? No.

HAS HE EVER RECEIVED DENTAL TREATMENT ? (Reply by "*Yes*" where applicable to any or all of *a*, *b* or *c*.)

- (*a*) In Canada
- (*b*) In England No
- (*c*) In France

Signature of Dental Officer H Curran Capt

Army Form B. 103—II.
Part II.

(SERVICE AND CASUALTY FORM Part II).

Regiment or Corps _____ Regimental Number 427266.

*Substantative Rank _____ Surname ANDERSON Christian Names Arthur

*Acting Rank _____

(* To be entered in pencil to facilitate alteration.)

(A) Report: Date.	(A) Report: From whom received	(B) Authority of Part II. of Orders	(C) Record of promotions, appointments, reductions, casualties, transfers, postings, &c. All acting as well as substantive promotions to be shown, for method of entry of which see A.C.I. 1816 of 1917. Corps and unit to which transferred and posted to be invariably named.	(D) Place of casualty	(E) Date of promotion, reduction, reversion, casualty, &c.	(F) Remarks, and initials and rank of an officer
28.8.18	Q.R.D.	D.O. 209.	T.O.S from 13th Bn	B'shott	10.8.18	
9.1.19			Attached C.D.D. Buxton for return to Canada, Part 11 Order No. 7. Ceases to be attached C.D.D. Buxton on embarking for Canada. D.C.Huslelow Lt. for Lt. Col. Commanding Canadian Discharge Depot.			
24 Jan 1919			Embarked Liverpool R.M.S. Grampian			

To be folded on this line.

Nothing to be written in this margin.

W1889—PP1150 500,000 5/18 G.W.P.Co.(3490)

(A) Report: Date.	(A) Report: From whom received.	(B) Authority of Part II. of Orders	(C) Record of promotions, appointments, reductions, casualties, transfers, postings, &c. All acting as well as substantive promotions to be shown, for method of entry of which see A.C.I. 1816 of 1917. Corps and unit to which transferred and posted to be invariably named.	(D) Place of casualty	(E) Date of promotion, reduction, reversion, casualty, &c.	(F) Remarks, and initials and rank of an officer
	D.D.O. Part II	O.S. No. 12 DISTRICT DEPOT	REGINA			
6.2.19	38.241	From Clearing Dept.			24-2-19	Capt. O.C. Casualty Company, No. 12 District Depot
24.2.19	Cas. Coy.	DDO 55.354	Discharged Ill & Wounds	Regina	25.2.19	Lieut. & A/Adjt. No. 12 District Depot

Nothing to be written in this margin.

92431.—W6490/1535.—2,000,000—J. J. K. & Co., Ltd.—Forms B. 103/1.

CERTIFIED CORRECT.
Canadian Record Office,
Westminster House,
7 Millbank, S.W.

Army Form B. 103.

Casualty Form—Active Service.

Regiment or Corps 46th Battalion C.E.F. C.R.

Regimental No. 427266 Rank Pte Name Anderson Arthur

Enlisted (a) 22-5-15 Terms of Service (a) D of W Service reckons from (a) 22-5-15

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) Grenade Thrower. (Labourer)

Report: Date	Report: From whom received	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.
		Embarked, Halifax, Canada Disembarked, Devonport, England, 30.Octr.1915.	21.Octr.1915.		
		Proceeded overseas for service with 13th Batt		10/6/16	E. Hodgie Lieut LIEUT: COLONEL COMDG: 46th BATTN: CANADIAN INFANTRY.
	O C. C. B. D.	Landed in France Taken on strength 13th Can. Bn.		17/6/16	Nom. Roll d/ Pt II D.O 26 d/ 30/6/16
18/6/16	- do -	Left for Unit		18/6/16	Nom. Roll d/
23/6/16	O. C. 13th Bn.	Arrived Unit for duty		19/6/16	B. 213 d/
13/10/16	13/Bn	Missing	Field	8/10/16	B213 Dec 424 31/10/16 Pt II Ord 10/11/16
28/12/16	13/Bn.	Previously reported Missing now reported safe and re taken on strength 13/Bn		8/10/16	Letter K.I. 121/882 Pt II Ord. 2, 4/1/17

(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

427266 Pte A Anderson M.M.

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				
27/5/17.	3. C.F.A.	Scabies. to	11. C.F.A.	23/5/17.	a.36 D.C.S. 497. 11-6-17.
2/6/17	11 C.H.Amb	Scabies Qam	11 C.H.Amb	23/5/17	A36 D.C.S. 510. 25/7/17
		Duc to duty		26/5/17	
2/6/17	13/Bn	Rejoined 13/Bn	Field.	26/5/17	B213 D.C.S. 499. 18/6/17
23/6/17	13/Bn	To 1st Army Rest Camp		20/6/17	B213
7/7/17		Rejoined 13/Bn	Field	4/7/17	B213
8/9/17	13/Bn	Granted 10 days leave to Paris		3/9/17	B213 Dated 90
22/9/17		Returned from leave -		14/9/17	B213
12/3/18	L.G.	Awarded the Military Medal			L.G. 30573. 26/4/18 A.H.Q. 048
8/8/18	1 C.F.A.	Shrapnel & to C.C.S.		8/8/18	A6817
9/8/18	5 Can Gen	G.S.W. ~~thh~~	5 Gen	9/8/18	G7583
10/8/18	H.S. Guildford Castle	Invalided to England and Posted to 1st Quebec Regt. Depot.	Branchett	10/8/18	W30832/5727
					A.H.Q. 94 17/8/18

for Lt.-Col., A. A. G.
Canadian Section, G. H. Q. 3rd Echelon, B.E.F.

R—122.

Rank | Name ANDERSON, Arthur | Reg'l No. 427266

Unit 46th Bn. | If in perm. Corps, What Unit? | Married or Single Single

Place and Date of Enlistment Weyburn, May 22nd 1915. | Place of Birth Yellow Grass, Sask, Canada

Name and Address, Next-of-Kin William Anderson, Neptune, Sask, Canada | Relationship

QMR
M
O/S
Pte

Assigned Pay Monthly $ | Payable to | Relationship

Separation Allowance $ | Payable to | Relationship

Discharge, Date and Place | Reason | Character

N/E R.G. No. 19450
File R.L.
Category R CANADA

Report Date	Report From whom received	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
c		S.S. Lapland Arrived in England.		2 11/15	
24-12-15	Adjt 46th Batt	Admitted Hospital {Scabies}	No 1 Bgde Hosp	24-12-15	Pt II Order 42 letter 8/6/16
22-6-16	" "	Proceeded overseas for service with 13th Bn		16-6-16	Pt II Do 148. Auth 10th Bde
30.6.16	Pte 13th	Taken on Strength	Field	17.6.16	" 26
7.11.16	13th.	Reported Missing		8.10.16.	Cas. Rept A504
16.11.16	Pte 13th	Reported Missing		8.10.16	Pt II O 70.
4.1.17	"	Prev. "Missing" now rept safe. and T. O.S. from date struck off		8.10.16	Pt II O 2.
13.1.17	"	Prev. Missing now rept from Base with unit		8.10.16	Ch. A060

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				
16.6.17	13 Bn	Adm. to 1st Can Field Amb.	Field	23.5.17	6 LA 689. Scabies
21.6.17	----	Rejtd from Base. Rejoined Unit.	----	26.5.17	6 LA 693. ----
26.11.18	----	Awarded Military Medal.	----		DO # 48
14.8.18	Que	Wounded.	----	9.8.18.	C.L.a. 291
17-8-18	13th Bn	Invalided to England (wounded)			DO #2092/18.8.18 QRO
		and posted to QRD.	----	10.8.18.	DO 94
2.1.19	Q.R.O.	On Com.d C.O.D.	Dakota	31.12.18	" 1
17.2.19	" "	SOS to CBT Canada	Ft. Ripon	20.1.19	" 37.

Rank Private Name ANDERSON, Arthur Reg'l No. 427266

Unit 46th Bn. If in perm. Corps, What Unit? Married or Single Single

Place and Date of Enlistment Weyburn, May 22nd 1915. Place of Birth Yellow Grass, Sask, Canada

Name and Address, Next-of-Kin William Anderson, Neptune, Sask, Canada Relationship

Assigned Pay Monthly $ Payable to

Relationship

Separation Allowance $ Payable to

Relationship

Discharge, Date and Place Reason Character

Date From	Date To	PAY No. of Days	PAY Rate	PAY Amount	Field Allowance No. of Days	Field Allowance Rate	Field Allowance Amount	Other Credits	Total Credits	Voucher No.	Voucher Date	Cash Payments	Assigned pay	Other Charges	Total Debits	Balance	Remarks, Casualties, etc.
1915 Nov 21	30th	30	1	30	30	10	3		33			31 63			31 63	1 37	
Dec 1	31	31	1	31	31	10	3 10	1 34	35 44			14 03			14 03	18 44	
1916 Jan 1	31	31	1	31	31	10	3 10	18 44	52 54			36 50			36 50	16 04	
Feb	29	29	1	29	29	10	2 90	16 04	47 94			17 03			17 03	30 91	
Mar 1	31	31	1	31	31	10	3 10	30 91	~~34 10~~ 65 01			19 46			19 46	45 55	
				152			15 20		167 20						121 65	45 55	

BALANCE TRANSFERRED TO NEW LEDGER.

Checked H Naylor

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						

Rolf

Ward No. 22.
No. 16 Can. Gen. (Ont.) Hospital.

Plate No. R I/927. A.P.
Date 2-9-18.

Name Anderson A. Pte.
Regl. No. 427266.
Unit 13th Can. Bn.
Bde. 3d.
Div. 1st.
Part Ring Finger (Rt.)
View Posterior.

REPORT: Comminuted fracture of 1st Phalanx of 2d Finger at the distal end.

To ward 6-9-18.

880. CS 186. W.503/P.36. 20,000 Pads. 10/17. N.P.A. Ltd. E. 1955.

Army Form W. 3172.
(In pads of 50.)

O.M. Hospital.

Ward 22 No. of Bed 32 Date Sep 3, 1918

Regt. No.	Rank and Name.	Corps.	Part to be X-Rayed.
HLJ166	Pte Anderson A	13 Edn.	Fingers

Short History of Case.
(To be completed by M.O. i/c case.)

G.S.W.R.

Rec: Sep 8th/18

Ref: Hans' War Hos Epsom

Bde. 3rd

Signature of M.O. W. A. Sudlow Capt

Date Sept 3, 1918

Report on Result of X-Ray Examination.
(To be completed by Radiographer.)

No. of Plate R 927 4½ x 3½ as

Comminuted fracture of the 1st Phalanx of the 2nd Finger at the Distal end.

Signature of Radiographer C Wilkinson Capt

Date Sep 3/18

*Name ANDERSON. A. Rank Pte. Regtl. No. 427266

Fyle Depot

Original unit ..... Present unit 46th Bn. M. or S. Age ..... Religion ..... Ref. H.Q. .....

Port, ship and date of arrival Grampian. 222-19

Next of kin .....

Address on leave Ogema, Sask.

Address on discharge .....

Transportation issued Yes / No Date ..... Character on discharge .....

Previous occupation Laborer. Date and place of enlistment Weyburn, 22-5-15

Diagnosis ..... Date of Medical Boards .....

Date.	Remarks.	Pt. 2 Order No.
24-1-19	T.O.S. and posted to Casualty Coy from 6-2-19	38/241
	Granted leave from 7-2-19 to 21-2-19 inc.,	
	Entitled to wear 4 Blue Chevrons.	

*—Name will be given in full ; surname first.

(over)

Date.	Remarks	Pt. 2 Order No.
24-2-19.	Posted from Cas. Coy. to Discharge Section.	55-355.
25-2-19.	Disch. from H.M.S. M.U.Wounds.	55-354.

M. F. W. 192
150m.—5-18
1772-39-1243

D.M.S. 1300.

Surname	Christian Name or Names	Reg. No.
Anderson	A.	427266

Rank	Unit	Co.	Troop	Batty.
Pte.	13th. Bn.	Que.		

Hospital — Date of Admission

11 Can. Fld. Amb. — 23-5-17

Transferred 5th Gen. Rouen — Hosp. 9-8-18

Graylingwell War — Hosp. 12-8-18

Woodcote Park. Epsom. — Hosp. 28.8.18.

Manor C.B. L'don W.H. Epsom. — Hosp. 29-8-18

16 C.H. Orpington — 3-9-18

Diagnosis Scabies Rw.

(1) Later Diagnosis (if changed) G.S.W. Wrist. R. Extremities a.f.

(2) G.S.W. R. Hand Rt. Index.

(3)

Additional Diagnosis: if more than one state present

DISPOSITION

C.L. 13-1-17 @ 560

— 16-6-17 @ 689.

21. 6. 17. a 693.

11-8-18 @ 291-3

24-8-18 B301

30.8.18 B 308 (2)

31-8-18 B/307-2.

" 5-9-18 B 311 (4)

6-1-19 B413 (2)

Rej unfit 26.5.17
Date

REMARKS

Prev. rep'd. Missing Now rep'd from Base "With Unit." 8-10-16

Disc. — 31-12-18

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

EPITOME OF HOSPITAL TREATMENT.

	Hospital	Adm.
1.		
2.		
3.		
4.		
5.		
6.		
7.		

Form R. 149.

Name ANDERSON.Arthur *Rank* Pte *Reg. No.* 427266

Unit 13th Bn.

Next of Kin CANADA

S.O.S. to Canada 4.10.19

Date 1918	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
9-8	No.5.G.H.Rouen.		GSW.Upp Extr R Flesh	A.		3135-2
12-8	Graylingwell W.H.Chichester		G.S.W. R. Hand	B	30/11/18	23808
22-8	Mil Conv Stp. W.H.	Epsom	do	B306		25114
29-8	Manor Co Lon War	do	do Rt Index	B307		25275
3-9	16.Gen. Ontario Orph Hon		do. 4th Finger 3rd			25676
31-12-18	Discharged		do	B413		859
10-1-19	Can Dis Det Buxton			Orph A. 165		

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List

R. 149.

23-a-811

Name ANDERSON *Rank* *Reg. No.*

Arthur rte. 427266

Unit 13th.Battn.

Next of Kin Canada

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
8-10-16			MISSING	A504		7-11 04329
	Pres. Rept. Missing from Rept. from Base With Unit. 8.10.16.			a560.		13-1 07544
23-5-17	Rl. C. F.A.		Scabies.	A685		
26 5	Rept. Rejoined Unit		do	A693		

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List

H. Q. Reference

No. 427266 Rank PRIVET Unit 13. BATT

Surname ANDERSON

Christian names ARTHUR

Kindly forward Medals, to which I am entitled by reason of my service in FRANCE (Theatre of War)

with 13 BATT (Unit with which served in Theatre of War)

No.

Street

Town Ogema Sask

County Canada. Anderson A. M. M. (Signature)

(WRITE IN BLOCK LETTERS AND IN INK)

O.H.M.S.

POSTAGE
FREE

SECRETARY, MILITIA COUNCIL,

DIRECTOR OF RECORDS,

OTTAWA, ONT.

200M-10-20

REGT'L NO 427266

NAME Anderson Arthur

H. Q. FILE No. 649-

RANK AND CORPS Pte. 13th Bn (Form. 76th)

FOLLOWS NO.

FOLLOWS

CABLE No.	CABLE DATE	NATURE OF CASUALTY
04329	7-11-16	Reported missing Oct. 8th 1916 C
0,7544	12-1-17	Prev. Rept missing now not missing. Oct. 8th 1916. C
~~B 1/K 16-3~~		William Anderson (B.N.S.) Minkals, Minnesota U.S.A.
A254	16-8-18	Adm. 5 Gen. H. Lond. Aug. 9th/18 Gsw upper extremities

L. L. Job 90581—M. & D. 6314.

M. F. W. 42—50M—1-16.
H. Q. 17/2-39-853.

LIST No	HOSPITAL	DATE OF ADMISSION	REMARKS
A.504(2)	Rep. from Base	8-10-16	Missing
A 5-80	Prev rep missing		
	now rep from base with unit	8-10-16	
A689	#11 C. F Amb.	23-5-17	Scabies
A693.	Rep. from base	26-5-17	" Rej. unit.
A291	5 Gen: Rouen	7-8-18	Gsw upper R. Extrem
B301.	Graylingwell War: Chichester	12-8-18.	" " R. Hand
B306	Nile Gen: Woolton Epsom	28-8-18	" " " " "
B307	Manor Co of Lond War: Epsom	29-8-18	" " " " Index
B311	16 Can Gen: Orpington	3-9-18	" " " 4th Finger R
B413.	Disc.	31-12-18	" " " R Hand. " "

RS bm

Number 427266 Rank Pte.

Surname ANDERSON

Christian Name Arthur

Unit 13th Bn. Can Inf Theatre of War France

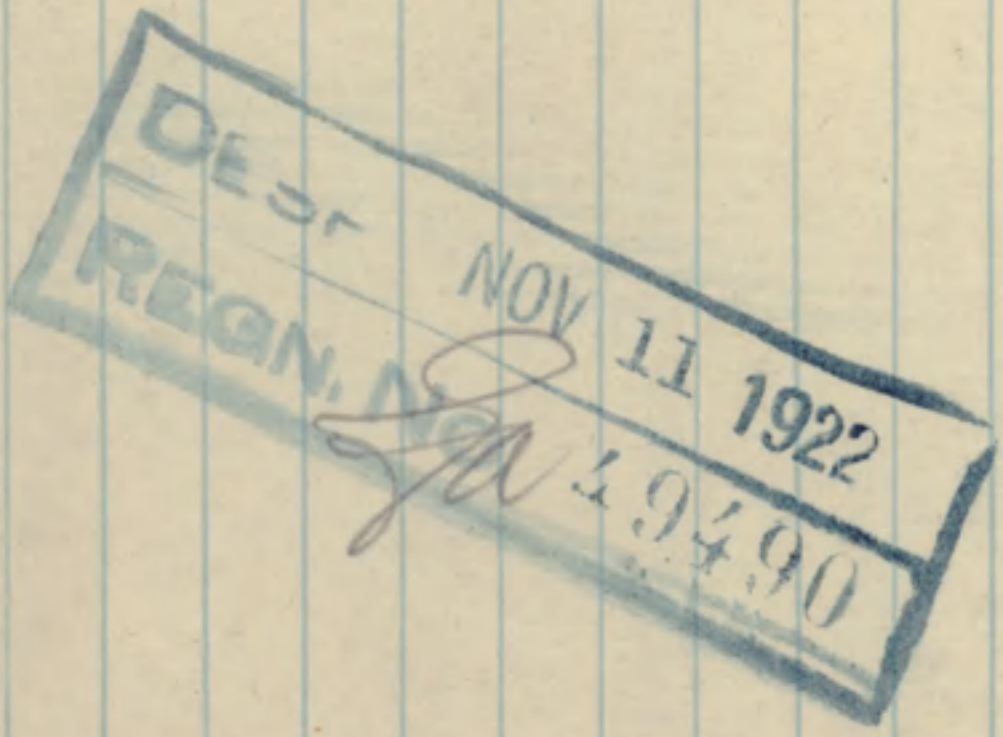
Date of Service 16-6-16.

Remarks

Latest Address

Roll No. B. Page 20124 M.S.

200m.-6-21.


NOV 11 1922
49490

28233

Application for *(a)* KING'S CERTIFICATE ON DISCHARGE. yy171
" " *(b)* KING'S 2nd CERTIFICATE ON DISCHARGE.
(Strike out *(b)* unless entitled to both). 1106,019

I, late No. 427266 Rank Pte.

Surname ANDERSON

Christian names (in full) Arthur

Hereby make application for the above award.

The following is a permanent address where the Certificate may be mailed.

No.....

Street.....

Place Ohema, Sask.

Province .....

To be completed in ink.

(WRITE PLAINLY)

TO BE LEFT BLANK.

13 it Bn.
M. U. Wdo. cat E
25.2.19
France
Sil. 3-3-20
S.

24-3-20

O. H. M. S.

POSTAGE FREE.

28214

To

SECRETARY, MILITIA COUNCIL,

DIRECTOR OF RECORDS,

MILITIA HEADQUARTERS,

OTTAWA. ONT.

M.F.W. 2632.
50m.—10-19.
1772—39—1443.

Date of Enlistment 22.5.15.

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

a 5891

Date of Assignment 1st Nov-18

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

15.00			

PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank Promoted Reverted Discharge

Soldier's Name

Battalion 46th Batt.

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name

Address

Change of Address

1 MRS.C.C.LYNDS,
2 OGEMA,
SASK. 15 15.00
3 % 427266 PTE A.ANDERSON
FIFTEEN DOLLARS
4

Date	Cheque No.	Amount S/A	Amount A/P	Total
NOV	4 51821		15	15
DEC	16 63628		15	15
JAN 1919	15 71149		15	15
FEB	1 78171		15	15
			60	60

Typ 0.371.a.111. REMARKS N.R. 46

CANADIAN
ASSIGNED PAY AUDITED
AUDIT CLERK
DATE 20-5-19

A/c Closed
Ret'd per Gramophone
Date 2-2-19 M.F.W.187 5-2-19
Mch 12 Bonus 1M O 67851

AUTHORITY FOR NEW ACC'T. A.2.76 10.9.18 F. Short 11.18

M. F. W. 128.
4'Om. 6-17—4772-39-1141
L. L. 22320—M. & D. 1933.

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Date of Assignment

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank Promoted Reverted Discharge

Soldier's Name

Battalion

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

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. 6-17—1729-3141
L. L. 2330—M. & D. 1933.

AUTHORITY FOR NEW ACC'T. .....

DEPARTMENT OF MILITIA AND DEFENCE.

WAR SERVICE GRATUITY.

OTTAWA, CANADA.

Declaration required of Officers, Warrant Officers and Men who claim War Service Gratuity under Order-in-Council (P.C. 3165), dated 21st December, 1918.

If the applicant will enquire at the local Branch of the Canadian Patriotic Fund he will be informed if there is an official who will take this Declaration free of charge.

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 DISTRICT PAYMASTER OF THE DISTRICT IN WHICH THE SOLDIER WAS DISCHARGED.

1. Christian Names Archie 2. Surname Anderson
3. Rank Pte 4. Original Unit 46th Batt'n 5. Reg. No. 427266
6. Address, in full, to which future payments of gratuity are to be forwarded
Archie Anderson
Ogema
7. Date of enlistment in the C.E.F. May 22nd 1915 Sask,
8. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge Not Applicable
9. Relationship of such dependent Not Applicable
10. Address, in full, of such dependent Not Applicable
11. Is said dependent now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier ? No
12. Were you at any time on the strength for pay and allowances of a unit of the C.E.F. which was out of Canada or the United States when such pay and allowances were issuable? If so, give particulars of one such unit and dates of service overseas with such unit:—
With 46th Batt'n May 22nd 1915 to June 15 1916
13. Were you on the strength for pay and allowances of the Clearing Services Command, having been at any time on duty outside of Canada or the United States ? No
14. Were you on active service only in Canada or the United States ? If so, give particulars of unit and dates of such service No
15. Give total length of time which you served on active service, whether in Canada or Overseas, setting out particulars of units on whose strength you served With 46th Batt'n from 22nd May 1915 to June 15th 1916 — Transferred to 13th Batt'n June 16th 1916 to August 8th 1918 — to Hospital, Aug 8th 1918 to Dec 31st 1918 — to C.D.D. Jan 1 - 1919 to Jan 24th - 1919
16. Were you at the time of enlistment a civil employee of the Dominion Government? If so, state Department No
17. Were you a member of the Permanent Force at the time of enlistment in the C.E.F.? No

M.F.W. 2595.
1772—39—1389.
1160—D.P.—250M-12-18.

18. Have you had more than one enlistment? If so, give particulars of discharges and re-enlistments, and under what regimental numbers and units ..... No

19. 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

20. Have you been issued with a War Service Badge? If so, what class ? ..... No

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

22. 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

23. (a) 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? ..... No

24. Are you now serving in the C.E.F. ..... No If not, give:—(a) Date of discharge 25-2-19 (b) Reason for discharge Demobilization

25. Are you at present a member of and in receipt of pay and allowances from any Canadian naval or land forces? If so, give unit ..... No

26. Did you at any time serve at the front in an actual theatre of war? If so, give particulars of one unit which you served at the front, and dates of such service with that unit.....
13th Batt'n June 16th 1916 to August 8th 1918

27. (a) Are you receiving treatment from the Department of Soldiers' Civil Re-establishment? ..... No
(b) If so, are you in receipt of full pay and allowances from that Department? ..... 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 and in virtue of the Canadian Evidence Act.

Signature of Applicant: A Anderson

Place of Residence: Ogema Sask

Declared before me at: Regina Sask

This 26th day of Feb 19...19

Signature of Barrister of the Supreme Court Stipendiary Magistrate, Notary Public, Justice of the Peace, or Commissioner f. the Administration of Oaths.

E Bellows

A Commissioner for Oaths in and for the Province of Saskatchewan. My Commission expires Dec. 31, 1921

POST DISCHARGE PAY.

Date paid	Paid Soldier	Paid Dependent	War Service Gratuity	Net amount due

Certified Correct.

District Paymaster.

OPINION OF THE MEDICAL BOARD

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

Yes

19. Is the invalid fit for

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

20. It is certified that the invalid
(*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.)

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

Yes E

Before signing the President of the Medical Board will read the statement signed by the invalid and differing opinions regarding Sections 7, 8, 9 and 10, as recorded in Section 18, to the invalid and if no change is indicated, will initial the statement. If, as a result of differing opinions regarding Sections 7, 8, 9 and 10 only, recorded in Section 18, the invalid is dissatisfied with the statement previously made, remarks of the Medical Board will be added here.

PLACE Regina, Sask. — D Bruce Ogs *President.*
DATE Feb. 21, 1919. — John J. White, Capt. } Members

TO BE COMPLETED WHEN TREATMENT IS REFUSED

I, the undersigned.....understand the nature of the treatment which it is recommended that I should undergo and refuse to accept it.

Witness..... Signed.....

Should the refusal of the invalid to accept treatment appear to be unreasonable, or should he decline to sign this statement the Board of medical officers should so state.

President.

PLACE.....
DATE..... } Members

APPROVED BY — *Assistant Director of Medical Services.*
DATE 22-2-19

APPROVED BY — *Director-General of Medical Services.*
DATE.....

13-A-108

D. M. S. FEB 22 1919 D. 12.

THIS FORM WILL BE USED FOR ALL RANKS

MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" issued by the B.P.C. and instructions issued by Militia H.Q., Ottawa, will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of Sections 1 to 17 of this Form and will obtain the signature of the invalid to the "Statement," page 3. The President of the Board of Medical Officers is responsible for the proper completion of sections reserved for recording the "Opinion of the Medical Board."
3. In answering the questions, Medical Officers will carefully obtain and record the invalid's statements concerning his condition. They will distinguish observations made by themselves from hearsay. They will distinctly state the authority for statements not resulting from their personal observation; it must be made clear whether such statements are obtained from the invalid concerned, from witnesses, or from documents, Regimental or otherwise.
4. Special care is required in answering question 9. Read the questions carefully. All questions must be answered.
5. If space provided under any section is insufficient add another sheet. Such sheets must be initialled by the Medical Board.
6. A note will be made of attached papers by the Medical Board under the section "Opinion of Medical Board."
7. Under no circumstances may information other than that in sections 7, 8, 9 and 10 be communicated to the invalid, directly or indirectly.
8. The nomenclature of diseases must be followed, if possible, as described in "List of Diseases" printed in the order in which they appear in the Annual Report on the Health of the Army, published in London (1915), by Messrs. Harrison & Sons.

STATION Regina Sask DATE Feb 21st 1919

1. 1 (*a*) Unit 12th Bn Lake 46th Bgde (*b*) Regimental No. 427266 (*c*) Rank Pte
(*d*) Surname ANDERSON (*e*) Christian name ARTHUR
(*f*) Home address Ogema Sask
(*g*) Next of Kin Wm C C Lynds (*h*) Relationship Sister
(*i*) Address of Next of Kin Ogema Sask
2. Age last birthday 29 years Date of birth Nov 8th 1889
3. Enlistment, or Appointment (if an Officer) (*a*) Place Weyburn Sask (*b*) Date May 22 1915
4. Personal description:
(*a*) Height 5 Feet 8 (*b*) Weight 136 (stripped) (*c*) Complexion Fresh
(*d*) Colour of hair Brown (*e*) Colour of eyes Blue (*f*) Identification marks, Scars, etc. G.S.W. Index finger of Right Hand
5. Former trade or occupation Engineer

6. Service (The information should be secured from personal documents, but if documents are not available the invalid's statement may be taken and note must be made to that effect. Periods of service in Canada, England, France or elsewhere should be noted).	Years	Days
	3	276

	Periods					
	From			To		
Canada	22	5	15	1	11	15
England	1	11	15	17	6	16
France or other theatres of War	17	6	16	21	2	19

7. Original disease, or injury G.S.W. Index finger Right hand.
(*a*) Date of origin 8 Aug. 1918 (*b*) Place of origin Amiens, France
(*c*) Cause Shrapnel, while in action

M. F. B. 227.
300M.—8-18.
1772-39-117.

8. Present disability— (Here state the exact nature of the disability resulting from the disabling conditions: e.g. (*a*) Weakness—slight, moderate, marked, etc; (*b*) Loss, complete or partial, of an organ or member, or of its functions; (*c*) Necessity for rest of the body, or of some of its parts, for therapeutic reasons; (*d*) Any other restrictions in choice of occupation.)

Ankylosis r.h. index finger between proximal and middle phalanges.

9. Present condition—(*a*) (Before completing this section the invalid should be stripped, and subjected to a thorough physical examination. Important, to be a full description of the present disabling condition, or conditions only. "History" must be recorded in Section 10. Describe all abnormalities, anatomical and functional, contributing to present disability; objective findings to be stated first, then subjective findings.)

Obj. Man's general physical condition is good. The right index finger carries a scar in region of articulation between middle and proximal phalanges. The distal phalanx has no active motion, passive motion of 10°. Middle phalanx is ankylosed at 50° from the straight. The proximal phalanx is normal in every way. There is no pain in finger. Can use his second finger for writing. See yellow form attached. Gripping power of right hand is reduced by loss of the index finger power.

(*b*) Has the invalid now any affection of the following systems, not described in Section 9 (*a*) above?
(Answer Yes or No.—if the answer to any part is Yes, give a brief description of the present condition.)

Nervous System. No. Cardio-Vascular System. No. (If pulse rate is abnormal, B. P. will be taken.) Genito-Urinary System. No. (Albumen and Sugar will be excluded.)

Special Senses. No. Respiratory System. No. Integumentary System. No.

Disturbances of Mentality. No. Digestive System. No. Muscular System. No.

Osseous and Joint Systems. No. Any other general condition. None.

10. (*a*) History (of the condition referred to in Section 9 (*a*).)

Vaccinated C.C.S. to Mil. Conv. Epsom to 16 Can. Coy. Total hospital Treatment 4 months. Boarded Dec. 15, 1918 In France for 26 months.

10.—(*b*) (Here give a complete history, as obtained from invalid, with dates of origin, of any affection from which the invalid has suffered either prior to or since enlistment, and not included in Section 10 (*a*).)

23/5/17 Scabies — cured

(*c*) (Here give a description of wounds, scars and deformities.

N.A.

11.—(*a*) Did the disabling condition have its origin before enlistment? No

(*b*) If so, has it been aggravated by Service? (If aggravated, give a description, as far as it is possible to do so, of the disabling condition at time of enlistment.)

N.A.

12. Was the disability caused, or aggravated; (*a*) by intemperance, or improper conduct; or (*b*) by unreasonable refusal to accept treatment? No

The regimental documents will be referred to.
(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.)

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

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

N.A.

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit? No
(If the answer is "yes" state nature of treatment required and probable duration)

16. Can the former trade or occupation be resumed? Yes
(If not, briefly state why)

17. Recommendations. Discharge

Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

(Sections 7, 8, 9 and 10 are to be read to the invalid and either "satisfied" or "not satisfied" struck out).

I, the undersigned A. Anderson have heard the description of my disability and present condition read, and am satisfied (~~or not satisfied~~) with it. (If dissatisfied, statement should follow.)

I complain in addition of. Nil

G. Anderson Rank.
Signature of invalid examined.

PART III.

Statement of the Soldier

(This is to be completed only in the case of the Soldier taking his Discharge in England.)
(Sections 1, 2, 5, and 6 are to be read to the Soldier.)

I, the undersigned 427266 Pte. Anderson A, 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 :—

.....

.....

.....

PART I. (continued).

5. MEDICAL HISTORY.

FMC states: wounded at Amiens 5/8/18. 2nd C.F.A. : 2nd C.C.S. 6/8/18.
Admitted No. 2 Stationary Hospital 7/8/18 suffering from G.S.W. Right hand.
Transferred to Hospital: 23/8/18.
Complains of stiffness of right hand at joint of index finger.
Patient states - Cannot fully extend index finger at first & second joints.
Scar of wound on 1st phalangeal joint - index finger at distal end.
X-Ray - 2/9/18 - Comminuted fracture of 1st phalanx and head of index finger at distal end.

6. PRESENT CONDITION.

Subjective symptoms: Unable to close joint of 1st and 2nd phalanges of index finger right hand. No pain on exertion.

Objective signs: Ankylosis with one inch flexed deformity of middle phalangeal joint of index finger right hand. Irregular scar healed at point of tenderness of flexor & extensor muscles of this finger.

All the systems normal.

7. OPERATION. (i.) Was one performed? No. (ii.) If so, state what.

(iii.) Was one advised and declined? No.

NOTE.—Loss of teeth on or immediately after Active Service should be attributed thereto, unless there is evidence to the contrary.

8. (i.) Is there loss or decay of teeth attributable to Active Service? No

(ii.) If so, describe.

9. DO YOU RECOMMEND:—

(a) Fit for duty? (state category) B1

(b) Invalid to Canada? No

(c) Discharge from the Service as permanently unfit? No

Date of Report 15th December 191 8

Station #16 C.G.H. Orpington

Signed [illegible] Officer in medical charge of case.

I have satisfied myself of the general accuracy of the above Report, and concur therein [illegible]

[illegible] Officer i/c Hospital / S.M.O. Brigade (Strike out one of these)

Dated at No. 16 CANADIAN GENERAL (ONTARIO) HOSPITAL ORPINGTON, KENT. Station, on 16 DEC 1918 191

*Delete if inapplicable.

PART II.

Proceedings of a Medical Board on the Soldier mentioned in Part I.

10. Is the disability fully described in Part I. (1)? If not, describe it. Yes

11. Is the cause of the disability fully described in Part I. (2)? If not, describe it. Yes

12. From the medical information now adduced, was the disability caused or aggravated by:— (a) Negligence of the Soldier { Caused? No / Aggravated? } (b) Misconduct of the Soldier { Caused? No / Aggravated? }

13. THE ENTIRE DISABILITY.—Without regard to his regular occupation, to what extent is his capacity lessened at present for earning a full livelihood in the general market for untrained labour? *(Estimate at none, 5%, 10%, 15%, 20% etc.)* 5% Five percent

14. THE DISABILITY DUE TO SERVICE.—*(See Part I. (3).* *Aggravation on Active Service of a disability existing previous to joining is to be included in this estimate.)*
What part of the entire disability estimated next above (13) is due to causes arising during Active Service? *(Estimate at none, 1/10, 2/10, 3/10, etc., or all.)* all

15. Permanency of the Disability due to Service estimated next above in (14).
(i.) Is it permanent? Yes
(ii.) If not permanent, what is its probable minimum duration *(in months)*? Not applicable

16. If an operation was advised and declined, do you consider the refusal to have been unreasonable? Not applicable

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

18. REMARKS:—

19. RECOMMENDATION:—
(a) Fit for duty? (state category) B2
(b) Invalid to Canada? No
(c) Discharge from Service as permanently unfit? No

Date of Board 16 DEC 1918

Signatures of the Board: A. Morton Capt RAMC President. W. Postlethwaite Capt RAMC. M. J. Kennedy Capt RAMC

Station No. 16 CANADIAN GENERAL (ONTARIO) HOSPITAL ORPINGTON, KENT.

Approved [illegible] A.D.M.S.

Dated at [illegible] Major, R.A.M.C. for A.D.M.S., Canadians, London Area. Station 13 BERNERS ST. LONDON, W.1 191

CANADIANS (LONDON AREA) DEC 18 1918

P 820
12474—375M—13-2-18.

* Strike out whichever inapplicable.

ASSIGNED PAY	* ~~ENGLAND~~ OR CANADA.	SEPARATION ALLOWANCE.	* ENGLAND OR CANADA.
EFFECTIVE DATE:-	1.11.18 Stop off 1/2/19	EFFECTIVE DATE:-	
AMOUNT:-	~~1/50~~ 50 L.P.6.	AMOUNT:-	

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

Mrs. C.C. Lynds
Ogema Sask. (Sister)

Awarded "MM" Dorts. 13 Bn. 26.X.18.

NAME:- ANDERSON. Arthur.

NUMBER:- 427266.

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		Pte.

UNIT AND TRANSFERS

ORIGINAL UNIT:- 46th Bn.

DATE ACCOUNT FIRST OPENED:-

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO
			13th Bn.
209 28-8-18	1-9-18	20-9-18	~~C.R.D.~~
	1-3-19	21-3-19	C.R.D. Canada Base

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

DATE OF PAYMENT	NUMBER OF A.R	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R	UNIT PAID BY	AMOUNT
~~5/12/18~~	~~1035~~	~~Gen Rem~~	~~50.~~	~~S.T.~~ 31/12		~~to 10/1/19 Auth P.686~~	~~7 30~~
~~30/12/18~~	~~10215~~	~~Orpington.~~	~~4867~~				
			9867.				

Ser Bal per L.P.6 # 677.05. 31/1/19.

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
	1 00	- 10		

PARTICULARS OF RENDERING NON-EFFECTIVE:- Dis to Can 31/1/19. Auth Orp 18 B/50. 31/12 L.P.6. Comp 4/1/19.

MONTH	PARTICULARS	CR 1	CR 2.	PARTICULARS	DR. 1	DR 2.	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
Mar. 31.	Bal. Forward.								548 12	405 -	
Apl.	P.P.	33		—					581 12		
				A.R.1. 13th Bn. 8.4.18	4 46				576 66	420 -	
		33 -			4 46						
May	P.P.	34 10							610 76		
				AR 151. 13th Bn. 9.5.18	8 03				602 73		
				AR 228 " 19.5.18	3 57				599 16	435 -	
		34 10			11 60						
June.	P. Pay	33 -		AR 279. 13th Bn. 2.6.18	4 46				632 16		
				" 346 " 18.6.18	3 57				624 13	450 -	
		33.			8 03						
July	P. Pay.	34 10							658 23		
				AR 70. 8.1. 3rd Regts. 3.7.18	4 46					465.	
				" 149. 13th Bn 16.7.18	3 57				650 20		
		34 10			8 03						
Aug.	P.P.	34 10							684 30		
				AR 25323 24.8.18	9 73				674 57	480 -	
		34 10			9 73						
Sept	"	33 -		Gen Rem 632 #16 Gl. 19.9.18	4867				658 90		
				AR 4918 " 11.9.18	487				654 03	495	
		33			53 54				54		
Oct	PP	34 10		—	—				688 13		
				AR 6012. " 9-10-18	4 87				683 26	510	
		34 10			4 87						

CANADIAN
ASSIGNED PAY AUDITED
to 31/1/19
AUDIT CLERK
DATE 27/5/19

1918 NUMBER 427266 RANK Pte. NAME ANDERSON A.

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
	B/F wd								68326	510	
Nov	PP	33		a/c				15	70126		
				14/aR.7454 16 CGH. 7-11-18	487				69639		
				48/aR 8717 " 4-12-18	973				68666	515	
Dec	"	3410		L/P				15	70576		
				78/aR.1035 Algoma Sask 5-12-18	5000				65576		
									19 10		
Jan	"	3410		L/P				15.	67486	510	
	Ent on Def Pay to 31/1/19	4356							71842		
		14476			6460			45			
				6/aR 10215 16 CGH. 31-12-18	1487				66945		
SF 31-12-18 to 10-1-19									67705		
Do 2 CDD. 3-1-19.	10 days	430							66732		
				63/aR 9090 CDD Base 14-1-19	973						
		730			3840			~			

L P 6.

SOS. 24-1-19. Sl q. SRD.

647 05

MARRIED OR SINGLE S

PLACE OF BIRTH Yellow Grass Sask.

NAME AND ADDRESS OF NEXT OF KIN William Anderson
Keptune Sask. Canada

RELATIONSHIP OF NEXT OF KIN

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
Prov. Rep. Missing from Base now with Unit	8/10/16	Otta. 5-10-17

ADMISSIONS TO HOSPITAL, &c.

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

REG'L. No. 427366 RANK Pte NAME Anderson Arthur

IF IN PERMT. CORPS | WHAT UNIT UNIT 46th Batt. TRANSFERRED TO 13 Batt DATE 1/7/16 AUTHORITY B6 168. 24/9/16

PERMANENT FORCE ALLOWANCES TRANSFERRED TO DATE AUTHORITY

PLACE OF ATTESTATION Weyburn TRANSFERRED TO DATE AUTHORITY

DATE OF ATTESTATION May 22nd 1915 TRANSFERRED TO DATE AUTHORITY

ASSIGNED PAY MONTHLY $ DATE EFFECTIVE

PAYABLE TO RELATIONSHIP

ASSIGNED PAY MONTHLY $ DATE EFFECTIVE

PAYABLE TO RELATIONSHIP

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

DISCHARGE DATE AND PLACE REASON AND AUTHORITY

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

H.9

DATE 1916	PAY No. of Days	PAY Rate	PAY Amount $	PAY Amount c.	FIELD ALLOWANCE No. of Days	FIELD ALLOWANCE Rate	FIELD ALLOWANCE Amount $	FIELD ALLOWANCE Amount c.	WORKING OR SPECIAL PAY No. of Days	WORKING OR SPECIAL PAY Rate	WORKING OR SPECIAL PAY Amount $	WORKING OR SPECIAL PAY Amount c.	ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS 1 No.	1 Date	2 No.	2 Date	3 No.	3 Date	4 No.	4 Date	CASH PAYMENTS 1	2	3	4	ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE Credit	BALANCE Debit	PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
Mar			152	..			15	20							167	20														121 65	121 65	45 55				
1-30/4/16	30	1.00	30		30	10	3								33		470 15/4/16	572	30/4/16					730	973					1703	61 52				
May 1/31	31		31		31		3	10							34	10	556. 13/5/16.	604.	30/5/16					973	974					1947	76 15				
June 1/30	30		30		30		3								33			659.	17/6/16.						487.					487	104 28				
July 1/31	31	-	31		31	-	3	10							34	10		1141	3/7						262					262	135 76				
Aug 1/31	31		31		31		3	10							34	10	1443 24/7	1495	15/8					262	262					524	164 62				
Sept	30		30		30		3	00							33	-	1534 22/9	1587	17/9					262	262					524	192 38				
Oct	31		31		31		3	10							34	10	1641 27/10 1693 27/9							262 261						522	234 76				
Nov	30		30		30	-	3	-							33	-	1698 4/11 1680 30/10							262 262						523	247 03				
Dec	31		31		31		3	10							34	10	1766 2/12 1737 16/11			1C 256.	1790 11/12			1133 261		262				1656	266 57				
1917			15 20 / 24 50				15 20 / 24 50																												
Jan	31	1.00	31	10											34	10	1795 34/12	1840	11/1					261	262					523	299 14				
			503	80											503	80								1127	1382	262			121 65	2083 6				

Checked H.H. Taylor

#427266 Robt. Anderson. A.

DATE	PAY No. of Days	PAY Rate	PAY Amount $	PAY Amount c.	FIELD ALLOWANCE No. of Days	FIELD ALLOWANCE Rate	FIELD ALLOWANCE Amount $	FIELD ALLOWANCE Amount c.	WORKING OR SPECIAL PAY No. of Days	WORKING OR SPECIAL PAY Rate	WORKING OR SPECIAL PAY Amount $	WORKING OR SPECIAL PAY Amount c.	ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS
B. F.			503	80											503 80
1/28 Feb	28	1/-	30	80											30 80
March 31	31	1/-	34	10											34 10
Apl	30	1/-	33												33
May	31		34	10											34 10
June	30	"	33												33
July	31	"	34	10											34 10
Aug	31		34	10											34 10
Sep.	20		33												33
Total			770	..											770 ..

ACQUITTANCE ROLLS 1 No.	1 Date	2 No.	2 Date	3 No.	3 Date	4 No.	4 Date
1583	25/1/17						
1978	17/2/17						
		12	4/3/17				
99	25/1						
199	17/5						
155	5/5						
299	20/6						
247	14/6						
560	19						
521	18/5						
376	18/7						
257	18/7	432	5/8				

CASH PAYMENTS 1	2	3	4	ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS
149 27	34 82	262			121 65	208 36
262						2 62
523	262					10 47
	262					2 62
261						261
2 68						
3 57						6 25
267						
268						5 35
		535				5 35
107 06						
3 57						
268		268				11 86 7
268						
187 32	45 36	7 97			121 65	362 30

BALANCE Credit	BALANCE Debit	PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
295 44				
323 62				
347 75				
377 63				
409 12				
435 87				
464 62				
493 37		300		
407 70				

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED PAY	SER. ALLCE. ENG.
		~~107 70~~ A									
Oct	P.P. & A.	34 10							407 70		315
	P.P. Nov.	33		13 Rft. A.R. 743	2/10.	4 46			441 80		330
	" Dec.	34 10		do " 787	17/10.	3 57					
				" " 637	19/9	2 68					
				" " 868	11/11	4 46			493 73		360
1918		67 10				15 17					
Jan	P.P.	34 10		AR 920. 13 Bn	27.12.17.	8 03					
				" 956 " "	6.1.18.	8 92					
				" 1000 " "	13.1.18.	3 57			507 31		375
		34 10				20 52					
Feb	P.P.	30 80		AR. 1058. 13. Bn.	8/18	4 46.					
				" 1109. "	21/1/18.	3 57.					
				" 1171 "	1 2/18.	4 46.			525 62		390
		30 80				12 49			556 15		
Mar.	P.P.	34 10		A.R. 120H "	18 2/18.	3 57			~~521 05~~		
				" 1242. "	15 3/18.	4 46.			551 62		
									~~516 09~~ c		
				" 1287 "	22 3/18.	3 57			548 17		
		34 10				11 66			~~543 02~~ c.		405

File — A.146. Grenfell, 2/2/19

AUDITOR | PAYMASTER

M. OR S.

PROMOTIONS, REDUCTIONS AND REVERSIONS AFFECTING DAILY RATE OF PAY AND ALLOWANCES

REGT. No. 427266 RANK Pte NAME (IN FULL) ANDERSON. A.

(BLOCK LETTERS SURNAME FIRST)

NEXT OF KIN — RELATIONSHIP

ADDRESS Ogema Sask

IS SEPARATION ALLOWANCE PAID? — DATE EFFECTIVE

TO WHOM PAID — RELATIONSHIP

ADDRESS Nil

PARTICULARS	EFFECTIVE DATE	AUTHORITY
To 5 24		
Ex Tor 2 2		D.O 38
Discharged	25/2/19	D.O 55

ORIGINAL UNIT C.E.F. 46th Bn — IF IN P.F. WHAT UNIT?

PLACE OF ATTESTATION — TRANSFERRED TO — DATE — AUTHORITY

DATE OF ATTESTATION 22/5/15 — TRANSFERRED TO — DATE — AUTHORITY

ASSIGNED PAY $ 15.00 — DATE EFFECTIVE 1/3/19

PAYABLE TO Mrs E Lynds — RELATIONSHIP Sister — ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS Ogema Sask

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE — EFFECTIVE

DISCHARGED — PLACE Regina — DATE 25/2/19 — REASON M.U. — AUTHORITY D.O 55 — IF ENTITLED TO POST DISCHARGE PAY

MONTH	PAY AND F.A. NO. OF DAYS	PAY AND F.A. RATE	PAY AND F.A. AMOUNT $	PAY AND F.A. AMOUNT C.	OTHER CREDITS $	OTHER CREDITS C.	TOTAL CREDITS $	TOTAL CREDITS C.	ACQUITTANCE ROLLS COL. NO. 1	ACQUITTANCE ROLLS COL. NO. 2	ACQUITTANCE ROLLS COL. NO. 3	CASH PAYMENTS COL. NO. 1 $	CASH PAYMENTS COL. NO. 1 C.	CASH PAYMENTS COL. NO. 2 $	CASH PAYMENTS COL. NO. 2 C.	CASH PAYMENTS COL. NO. 3 $	CASH PAYMENTS COL. NO. 3 C.	ASSIGNED PAY $	ASSIGNED PAY C.	REGIMENTAL CHARGES $	REGIMENTAL CHARGES C.	OTHER CHARGES $	OTHER CHARGES C.	TOTAL DEBITS $	TOTAL DEBITS C.	BALANCE DEBIT $	BALANCE DEBIT C.	BALANCE CREDIT $	BALANCE CREDIT C.	PARTICULARS OR REMARKS
BALANCE FROM PREVIOUS ACCOUNT 31/1/19					644 05	677 05	644 05																							
1/2 25/2	25	1/10	27 50		121 35	592 45	77 50	66 95		Ex Route		69 60				736 95	197	Feb 15 -						84 60				592 45		Cr 592 45 2 P.O. Subs 12 22 Subs all 35 22 D.O 70 55
			24 50	24 05			451 55					69 60				736 95		16 00						821 55		70 00				Debit 25/2 D.O 55
																														Mrs Mitchell CAPTAIN For ASST. DIRECTOR OF PAY SERVICES MILITARY DISTRICT No. 12

List of Discharge Documents.

Reg. Conduct Sheet,	Militia form B. 263		
Squadron / Battery / Company } Conduct Sheet,	" B. 263a		
or			
Field Conduct Sheet	" W. 178		
Copies of Convictions, by C. P.	in MS.		
Med. Hist. Sheet,	Militia form B. 313		
Casualty Form	" W. 54		
Medical Report for Invalid§	" B. 227		
Dental History Sheet	" B. 465		
Last Pay Certificate	" W. 44		
Duplicate Discharge Certificate	" W. 39A		
‡Form of Will	" W. 82		

§Only if discharged "Medically unfit."

‡Only if man has not been overseas.

Attestation Paper or Particulars of Recruit	Militia Form W. 23 " W. 133
Proceedings on Discharge	" B. 218

In the case of recruits who are rejected on final approval, the discharge documents will consist of

(a) Proceedings on Discharge.

(b) Attestation.

(c) Medical History Sheet.

Documents not accompanying this form should be crossed out.

I hereby certify that the following documents are unobtainable.

Officer Commanding.

N.B.—In the case of a man discharged by purchase, the date and number of Deposit Receipt with amount of same is to be noted hereon.

8-2-55

This space to be for numbers.

A. No. 62868

War Service Badge, Class issued

B. No. 452 21/24

13-A-108

Military District No. 12 MAR 17 1919 B. Regina, Sask.

Proceedings on Discharge.

(When forwarded for confirmation these proceedings should be accompanied by the documents specified on fourth page.)

No. 427266

Rank Pte

Surname Anderson

Christian name Arthur

NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.

Corps (Squadron, Battery or Company) 46th Bn

Date of discharge 25/2/19

Place of discharge Regina

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age 30 years months.

Height 5 feet 8 inches.

Complexion fresh

Eyes blue

Hair fair

Trade Labourer

Intended place of residence (To be given as fully as practicable.) Ogma Sask

Descriptive marks

G.S.W. r hand

2. The above-named man is discharged in consequence of

M. H. wounds

Authority for discharge A.O. 55-354.

N.B.—The cause of discharge must be worded as prescribed in the King's Regulations and be identified with that on the character certificate. If discharged by superior authority, the number and date of the letter to be quoted.

To be in the handwriting of the Commanding Officer, who will himself make identical entries on the character certificate and initial them.

3. Conduct and character while in the service have been, according to the records, etc.

V

N.B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldiers and the Officer Commanding his Squadron, Battery or Company.

4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)

KCO. 3.3.20 S.

M. F. B. 218.

200M.—5-18.

H. Q. 1772-39-113.

Cap 27-2

Medical Documents forwarded to ~~S. C. R. O.~~ B. P. C. on MAR 3 1919

(OVER)

5. He is in possession of the following number of G. C. Badges

No reference to G. C. Badges is to be made on either the discharge or character certificate.

6. Medals and Decorations..... To be copied by the Commanding Officer on to the parchment Discharge Certificate.

7. His account is correctly balanced, and signed by the Officer Commanding his Company, *(Squadron or Battery,* and I have impartially enquired into all matters brought before me in accordance with Regulations.

(Place).....

(Date)..... *Commanding*.....

8. **Certificate to be signed by the Soldier on Discharge**

I hereby acknowledge that I received all my Pay, Allowances and Clothing, and all just demands, up to the present date, subject to the reservations of the claims noted on the third page, and that I have received my permanent discharge certificate.

(Place) Regina G Anderson ..... *(Signature of Soldier.)*

(Date) 25/2/19 J. Gabb ..... *(Signature of Witness.)*

When a soldier is absent through illness or any other cause and it is not desirable to forward these proceedings to him for signature, a manuscript copy should be sent for the man to sign, and when returned, should be attached here.

9. **Additional Certificate in the case of a Soldier who takes his discharge on his own request.**

I hereby declare that I do of my own free will request to be discharged from His Majesty's Service.

..... *(Signature of Soldier.)*

10. **Statement of Service.**

Service toward Engagement to.... (the date to which the Record of Service is completed).....years.....days.

Total.....years.....days.

11. **Confirmation of Discharge.**

The discharge of the above-named man is hereby confirmed.

(Place) Regina

(Date) 25.2.19

(Signature) A Braithwaite Major

Officer Commanding

No. 12 District Depot

Reservations referred to at Para. 8.

(To be signed by the soldier. When there are none, it is to be so stated, and signed by the soldier.)

I hereby certify that there are no reservations.

G Anderson