

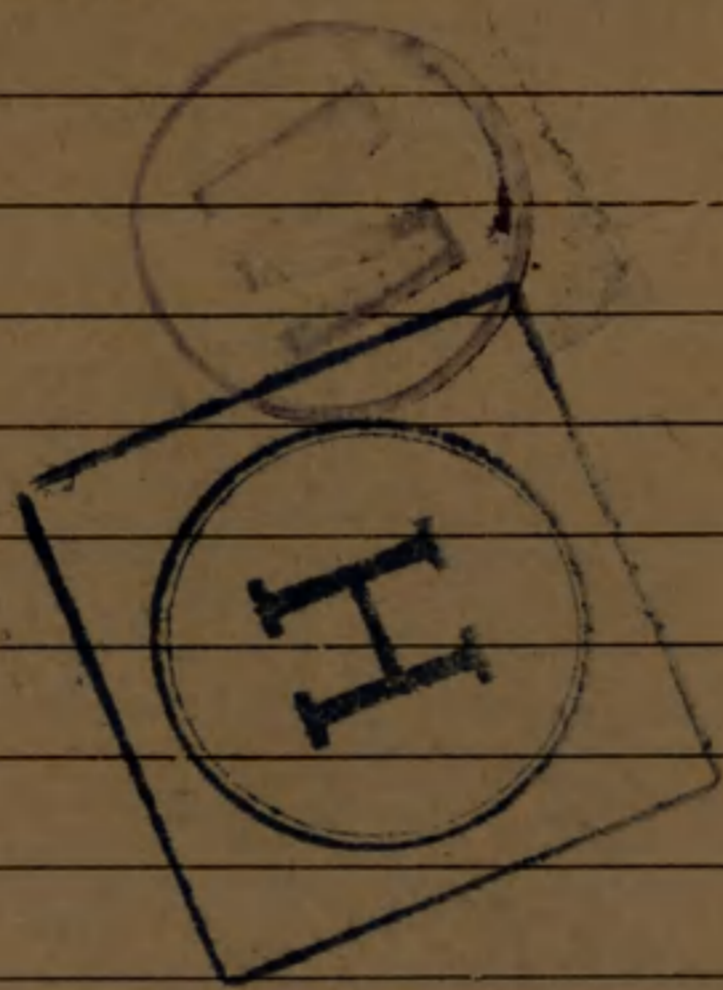
REGIMENTAL DOCUMENTS

488.5.19

NAME CARLSON CARL JOHN REGT. NO. 2138239 UNIT 7 B H. Q. FILE NO. _____

8

CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
ATTESTATION PAPER (M.F.W. 23, 133, or 51)				07164	DEATH Category
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.F.B. 263 or A.F.B. 120)					
/ COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					
2 MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE Category
DENTAL HISTORY SHEET (M.F.B. 465)					Demob.
MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					
/ MEDICAL EXAMINATION (M.F.W. 129)					
/ TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)					
PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)					
DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)					DESERTION
LAST PAY CERTIFICATE (M.F.W. 44)					
/ PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					
PARTICULARS OF CHARACTER (A.F.W. 3226)					
/ COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
1 C.A.B. 5009					
1 No. 7 W 67					
1 Form 6 B3					
1 R 122					





Original

11 M. D. 2nd Depot Battalion B.C. Regiment

2nd DEPOT BATT. B.C. REGT.

Regtl. No. 2138239

PARTICULARS OF RECRUIT
DRAFTED UNDER MILITARY SERVICE ACT, 1917

P-110

(Class 1)

1. Surname..... Carlson, Jr.

2. Christian name..... Carl John

3. Present address..... Coltren, B.C., Canada.

4. Military Service Act letter and number..... 146258

5. Date of birth..... 16th Sept., 1891.

6. Place of birth..... Fuske, Norway.
(town, township or county and country)

7. Married, widower or single..... Single

8. Religion..... Presbyterian

9. Trade or calling..... Miner

10. Name of next-of-kin..... Carl John Carlson

11. Relationship of next-of-kin..... Father

12. Address of next-of-kin..... Coltren, B.C., Canada.

13. Whether at present a member of the Active Militia..... No

14. Particulars of previous military or naval service, if any..... None

15. Medical Examination under Military Service Act:—
(a) Place..... Grand Forks, B.C. (b) Date..... 13th Oct., 17. (c) Category..... A 2

SUFFICIENT ADDRESS

DECLARATION OF RECRUIT

I, Carl John Carlson, do solemnly declare that the above particulars refer to me, and are true.

Carl John Carlson (Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age..... 26 yrs..... mths.

Height..... 5 ft..... 7 ins.

Chest measurement } fully expanded..... 38 ins.
range of expansion..... 2 ins.

Complexion..... Fair

Eyes..... Blue

Hair..... Fair

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

Scar between the eyes.

W. J. Major
O. C. 2nd Depot Btl. B. C. Regt.

Place..... Victoria, B.C. Date..... Jan. 26th., 1918.

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

War Service Badge
Class "A" No. 174838

THIS IS TO CERTIFY that No. 2138239 (Rank) Private

Name (in full) Carl John Carlson enlisted in
the 2nd Depot Batty B.C. Regt
CANADIAN EXPEDITIONARY FORCE at Victoria B.C. on the Jan 26th
day of January 1918

HE served in 4th Can. Inf. Batty

and is now discharged from the service by reason of Demobilization.
Medical Unfitness.

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

Age <u>27</u>	Marks or Scars <u>Scar between the eyes</u>
Height <u>5ft 7"</u>	
Complexion <u>Fair</u>	
Eyes <u>Blue</u>	
Hair <u>Fair</u>	

C. J. Carlson
Signature of Soldier

Alfred Roberts
Issuing Officer

Major
Rank

Date of Discharge April 25 1919

Date April 25 1919

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.

SURNAME.

M.S.A.
Carlson

11³" CARD NO. ✓

CHRISTIAN NAMES

Carl John

S.O.S. Rec 25/4/19
Membr. FOLL
W.O. 118 28/4/19 #111

REGL. No.

2138239

RANK

Pte.

UNIT

B.C. Regt. 2nd Depo. Bn.

FORMER CORPS

Nil.

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Carlson, Carl John (Sr.)

RELATIONSHIP TO SOLDIER

Father

ADDRESS

Coltern, B.C.

COUNTRY OF BIRTH

Norway Luske

DATE

Sept. 16th 1891

PLACE OF ATTESTATION

Victoria, B.C.

DATE

Jan. 26th 1918

015.9-4-18.

1147/2.



R/C 19/4/19 305 pte.
51

MARRIED

SINGLE

WIDOWER

TRADE OR CALLING

RELIGION

DESCRIPTION.

APPARENT AGE

YEARS

MONTHS

HEIGHT

FEET

INCHES

CHEST MEASUREMENT

INCHES

EXPANSION

INCHES

COMPLEXION

EYES

HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION. PLACE

DATE

Mm!

Number 2138239 Rec no P10
Rank

B

Surname CARLSON

Christian Name Carl John

Units 7th Bn Can Div Theatre of War France

Date of Service 15-8-18

Remarks

Latest Address Greenwood, B.C.,
(G.P.O.)

Roll no. B Page 19833

200m.-6-21...

(THIS FORM TO BE FILLED IN BY AN OFFICER ON VOYAGE TO CANADA.)

RANK

SURNAME

INITIALS

UNIT

Home address.....
(Street)
(City or Town)

(Province)

One person to be notified of arrival.....

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

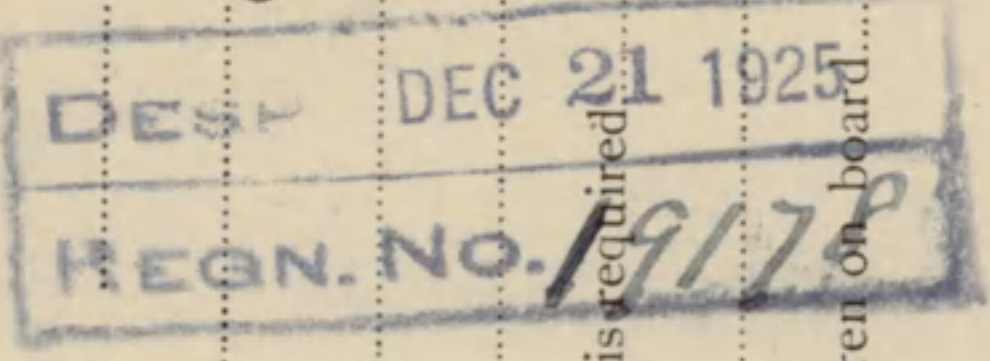
Railway.....

Number of children on board.....

Number of children on board.....

Destination.....

(Sgd.).....



W. S. B. CLASS. A.

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

M. F. W. 54. (A. F. B. 103.
350M.—5-16-
H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps 6th Bn 2nd DEPOT BATT. B.C. REGT.

Regimental No. 2138239 Rank Pte. Name Carl John CARLSON Jr.
C. E. F.

Enlisted (a) 26-1-18 Terms of Service (a) WofW Service reckons from (a) 26-1-18

Date of promotion to present rank } Date of appointment to lance rank } Numerical position on roll of N. C. Os. }

Extended War Service Badge Class "A" Re-engaged No Qualification (b) Miner

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				
		Taken on strength	Victoria, B.C.	26-1-18	P.2.O. #29 29-1-18
		2nd Depot Batt. B.C. Regt.			
		31-3-18 O/C 2nd D.B. BCR	Left - No. 6 Draft	31-3-18	P.2.O. 91 1-4-18
		Embarked Canada	Halifax	9.4.18	
		Disembarked England	Liverpool	19.4.18 ✓	
23.4.18	1st Res. Bn	TAKEN ON STRENGTH OF 1st CAN. RES. BATTN.	Seaford.	20.4.18 ✓	Pt 11 DO 97
23 APR 1918	1st Res Bn	on command segregation camp.	Seaford	20 APR 1918	M 2 DO 97
4/5/18	1st Res Bn	Returned from command	Seaford	4/5/18	M 2 D.O. 107.
AUG 16 1918	1st Res Bn	PROCEEDED ON DRAFT TO 7 th BATT Seaford		AUG 15 1918	M 2 DO 197.
					J. R. Mackayolds 4 th Lt Captain, Adjutant, 1st Canadian Reserve Battalion.

no record

CERTIFIED CORRECT.
20 AUG 1918
CAN. RESERVE BATTN. LONDON.

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

Casualty Report - Form 213

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				
	CABQ	ON STRENGTH 7 TH BATTN CAN	BASE DEPOT	16-8-18	Re 110. 93
	"	To CAN. CORPS REINF. CAMP		23-8-18	WR
6 SEP 1918	CCRC	Am. CAN. CORPS REINF. CAMP		"	"
	"	LEFT FOR UNIT		6 SEP 1918	WR
7 SEP 1918	Unit	JOINED UNIT		6 SEP 1918	B213
27-2-19	"	Sentenced to forfeit 7 days pay, 25/2/19 for "absent without leave from 1300 hours 20/2/19 to 1600 hours 22/2/19. Forfeits 3 days pay under P & A Regs.		25/2/19	B2069. P & A orders 24
	Emb. Camp.	Proceeded to England.		25/3/19	N.R. Pt. 2 O.No. d/.....
	505	on proceeding to Canada	Part II Order # 24 6 6 6 H. Wing	Apr 10/19	G. J. Skelton LIEUT. FOR LI-COL. A. A. G.

ARMY OF CANADA
 Disembarked 13th Nov 1918
 No. 9, Conducting Staff

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

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

350M.—5-16

H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps *2nd Depot. Battr.*

Regimental No. *2138239* Rank *Pvt* Name *Carlson Carl John*

C. E. F.

Enlisted (a) *26-1-18* Terms of Service (a) *sign* Service reckons from (a) *26-1-18*

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) *civil miner*

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				
		<p><i>T. O. S, No 11 D, D, IO APR 19</i></p> <p><i>S, O, S. C, E, F Apr 25-19 T Area</i></p> <p><i>No 11 dd DO 118 Apr. 28-19</i></p>			<p><i>M. Andrews</i></p> <p><i>For O.C. District Depot</i></p>

(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.

DENTAL CERTIFICATE FOR DEMOBILIZATION

DENTAL OFFICERS

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) CARLSON *Carl John*

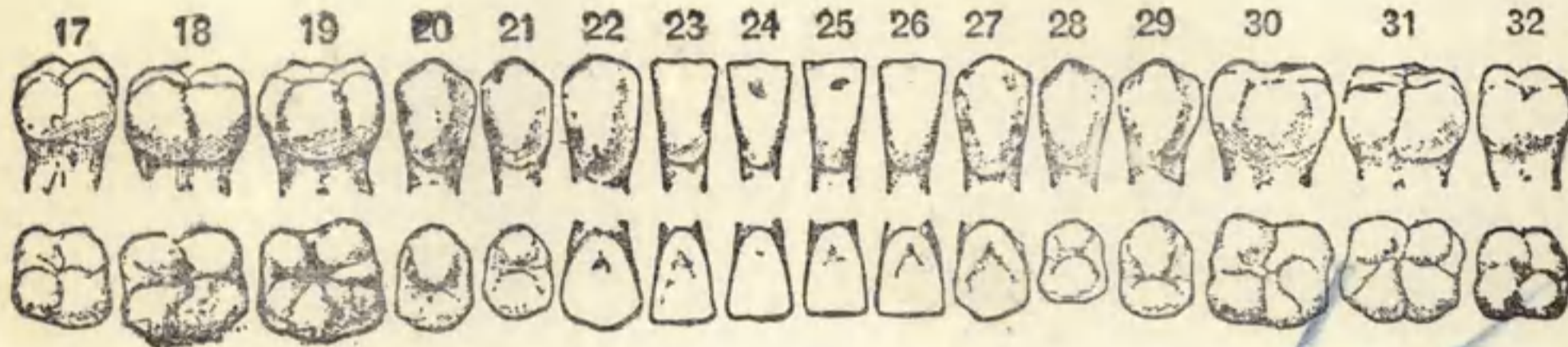
REGIMENT 4th Can. Inf Bn RANK Private No. 2138239

Date of Examination in England 27/3/19 Date of Examination in France _____

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

DENTAL TREATMENT NOT REQUIRED

- (a) Full Upper
- (b) Part Upper 1, 2, 3, 4, 5, 10, 12, 14, 15,
- (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 Yes
- (c) In France

Signature of Dental Officer W. H. Rutherford Capt.

Mr. [unclear] [unclear]
[unclear] [unclear] [unclear]
[unclear] [unclear] [unclear]

[unclear]

Signature of [unclear]
[unclear]

No. 2 Coy.

Original

To be made out in duplicate.

H.Q. 54-21-23-53

2nd DEPOT BATT. B.C. REGT.

PARTICULARS OF FAMILY OF AN OFFICER OR MAN ENLISTED IN C. E. F.

INSTRUCTIONS.

War Service Badge
Class "A" No.

- (a) This form is only required for men joining units for Overseas Service and must be completed immediately the man is warned for draft overseas.
- (b) Care must be taken to see that a man is allotted his correct Regimental Number. No numbers must be duplicated and once it has been allotted to a man, even if he is subsequently discharged, the same number must never be allotted to another man.
- (c) All questions, etc., must be answered.
- (d) One copy of the form is to be forwarded by Officer Commanding unit for each Officer and man to Officer Commanding Division or District at least seven days before man leaves his station to proceed overseas, for transmission to Accountant and Paymaster General, Ottawa.
- (e) Duplicate copy is to be forwarded direct to Officer in charge of Records, C.E.F. London, immediately after arrival in England.

(1) Name of Overseas Unit which Soldier joins... *2nd Depot Batt. B.C. Regt.*

(2) Regimental Number... *2138239*

(3) Full Name of Soldier... *Carl John Carlson, Jr*

(4) Place of Birth... *Huske, Norway.*

(5) Are you married, or not? ... *Single.*

(6) If married, state,
(a) Full name of your wife... *Not applic.*

(b) Present Postal Address... *Not applic.*

(7) Are you a widower? ... *No*

(8) Have you any children? ... *Not applic.*

If so, give number of boys and girls.....

Also their names and ages.....



(9) Is your Father alive? *yes*.....

If so, state name and address *Carl John Carlson, Coltern, B.C.*

(10) Is your Mother alive? *yes*.....

If so, state name and address *Susan Carlson, Coltern, B.C.
Canada*

(11) If your Mother is a widow.....

Are you her sole support, or not? *Not Applicable*

(12) If sole support of widowed mother, state what amount you have given her per month prior to your enlistment, also reason she has no other support than yourself.

Not applicable

(13) If you have no wife, father, mother or children, state the name and relationship with full postal address of your next of kin, to whom you would desire any communication to be sent concerning you.

Not applicable

(14) If you have a wife, or children, or a widowed mother who depends on you as her sole support, have you applied to the Paymaster of your unit for Separation Allowance? If not, this must be done.

Not applicable

15) Are you insured?.....

If so, in what Company?.....

Have you made arrangements for payment of your Insurance premium.....

If not, and it is a monthly premium, you can assign the amount in addition to any other assignment you wish to make.

Date.....

FEB 12 1918

M. C. H. Guise Major
2nd Depot Batta. B. C. Regt.
Officer Commanding.
for O. O. absent on duty

MEDICAL EXAMINATION UPON LEAVING THE SERVICE OF OFFICERS AND OTHER RANKS WHO HAVE NO DISABILITY.

War Service Badge
Class 3 No.

Officers and Other Ranks leaving the service for reasons other than medical unfitness are to be reported on this form. Where there is evidence of any undetermined or progressive disability, this form will not be used, but the case will be referred to a Medical Board for completion of M.F.B. 227.

No. 2138239 Rank Private Surname CARLSON
(Given name in full)
Carl John
Unit or Corps 7th Cav Inf Bn Birthplace Norway

(Examination of Officer or Other Rank (stripped) to be made by one Medical Officer).

1. GENERAL DESCRIPTION:

Physique Good Weight 145 lbs. Height 5 ft. 8 in. Colour of Eyes Blue
Nutrition Good
Pulse 75
Condition of arteries Good
Vision Rt. Yes Left Yes
Hearing (conversational voice) Rt. Yes ft.
Left Yes ft.

Identification marks, scars, or deformities.
(Give cause and date of origin).
No history given - see over

Opinion as to general health and physical condition... Good

2. Has Officer or Other Rank ever suffered from, or has he now, any affection of the following systems? (Answer "Yes" or "No"). (Subjective evidence may be sufficient in certain cases.)

Nervous System Yes Genito Urinary Sytem No Cardio-Vascular System Yes
Special Senses Yes Integumentary System No Respiratory System Yes
Disturbance of mentality No Muscular System Yes Digestive System Yes
Osseous and Joint System Yes Any other general condition No

3. If the answer to any part of Section 2 above is "Yes," here give full particulars, with cause and date of origin; and also a description of the present condition.

Nil

EXAMINATIONS.

War Service Badge
Class "A" No.

THIS SECTION FOR USE OVERSEAS—

Examined at Amoy (Overseas)

Date 28 3 17

Signed [Signature] M.O.

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to or during service.

Signature Carl Carlson

(If not satisfied, M.F.B. 227 will be completed by Medical Board.)

THIS SECTION FOR USE IN CANADA—

Examined at (Canada)

Date

Signed M.O.

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to, or during service.

Signature

(If not satisfied, M.F.B. 227 will be completed by Medical Board.)

(This space to be used, if necessary, in connection with Section 3, overleaf, only.)

[OVER]

[Handwritten signature]

MEDICAL HISTORY SHEET.

Original
2138239

IMPORTANT.—If the man's name does not appear upon the schedule of men reporting for service, or if he has not made an application for exemption or a report for service, or, although having made one, he does not know the number, he will be instructed that the copy of this medical history sheet (which will be handed to him) must be attached by him to a report for service or claim for exemption which he may make on application to any Postmaster in Canada, or be sent by him after he has noted upon it the number on the receipt he obtained from the Postmaster to a Registrar or Deputy Registrar under the Military Service Act. In any event the duplicate medical history sheet will be sent by the Medical Board to the District Officer Commanding unless instructions have been given by the latter to forward it direct to a Registrar or Deputy Registrar

1. Surname Carlson Christian name Carl
2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule.....
3. Consecutive number on schedule of men reporting for service (if he appears on it)..... #146258
4. Address (including street and number, if any)..... Greenwood War Service Badge Class "A" No.....

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 13 day of October 1917, by the undersigned medical board sitting at Gardiner

5. Age as stated 26 Years 1 Months 6. Apparent age 26 Years 0 Months
7. Height 5 Feet 7 Inches single 8. Weight 145 Pounds.

9. Chest measurement { Minimum 36 Ins. 10. Complexion Fair { Eyes Blue
Maximum 38 Ins. Hair Fair

11. Physical development Good { Good Fair Poor 12. Smallpox marks Nil

13. Number of vaccination marks { Right arm Nil 14. When vaccinated last Infancy
Left arm Three

15. Distinctive marks and marks indicating congenital peculiarities or previous disease
Scar between the eyes

16. Slight defects but not sufficient to cause rejection Nil
The man denies having had { Rheumatism Tuberculosis Syphilis We find no evidence of past { Rheumatism Tuberculosis Syphilis
(Strike out disease admitted or suspected.)

We have examined the above named man in accordance with the C. E. F. Regulations for medical examinations, and he is placed in Category A2

None
Woin R 20/20
L 20/20
Hearing R L N

Macdonnell President.
Cumkings Member.

Date	Result	VACCINATIONS	Date	Result	ANTI-TYPHOID INJECTIONS, ETC.
12/2/18		JOH Hunter M.O.	2-18	G	JOH Hunter M.O.
		M.O.	9/2-18	G	JOH Hunter M.O.
		M.O.	30/8-18	G	JOH Hunter M.O.

Joined 26 day of 11/18 191 at Victoria, B.C.

	CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment	<u>2nd Depot Batt. B.C. Regt.</u>	<u>2138239</u>		<u>26-1-18</u>
Transferred to.....	<u>7th Pm Coy</u>			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION	DATE	DISEASE	RESULT
<u>Medical Board</u>			

Signature of Man Carl Carlson

TLH Rank **Carlson, Carl John, Jr.** Name **Reg'l No. 2138239**
 Unit **6th Dft. 2nd Bn B.C.** If in perm. Corps, }
 What Unit? } **Married or Single Single**
 Place and Date of Enlistment **Victoria, B.C. Jan. 26th. 1918** Place of Birth **Fuske, Norway**
 Name and Address, Next-of-Kin **Carl John Carlson,**

Coltren, B.C. Canada

Relationship **Father**

Assigned Pay Monthly \$

Payable to

Separation Allowance \$

Payable to

Relationship

Relationship

N/E R.B. No. **16075**
 File R.L.
 Category **O & G 11**

Discharge, Date and Place

Reason

Character

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS Taken from Official Documents.
Date.	From whom received.				
		Arrived in England		19-4-18	S/S TUNISIAN
23-4-18	12 Res	Sos	Seaford	20-4-18	Pr 097
16-8-18	'	Sos to 7th Bn Opens	✓ Pte	15-8-18	Pr 0197 + 95 a 25-8-18
25-8-18	7th Bn	Sos to 29 Bn	✓ Pte	16-8-18	Pr 095 into in error Re
19-3-19	"	Proc to Eng	Field	15-3-19	" 27
		TOS from 7 BATTN 16:3:19			
		H WING C.C.C.D.O. 14. d. 28 3-19			
		H WING, CCC.D.O:24.28,4,19			
		SOS, TO CAN, 10.4.19			

A.F.B. 103 CHECKED
20 AUG. 1918

45-T, 10-4-19

* Strike out, whichever inapplicable.

ASSIGNED PAY	ENGLAND or CANADA.	SEPARATION ALLOWANCE.	ENGLAND or CANADA.
EFFECTIVE DATE:-	EFFECTIVE DATE:-		
AMOUNT:-	AMOUNT:-		

NAME:- *Carl John CARLSON*

NUMBER:- *2138239*

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
<i>Can 106</i>		<i>P/O</i>

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.

UNIT AND TRANSFERS

ORIGINAL UNIT:- *2nd Depot Bn. B.C. Regt*

DATE ACCOUNT FIRST OPENED:- *1/4/18*

AUTHORITY	DATE EFFECTIVE	DATE LEGGER SHEET T'S'D	UNIT TRANSFERRED TO
<i>D.O. 11 9/1</i>	<i>23/4/18</i>		<i>1st Regt Bn. B.C. Regt</i>
		<i>20.9.18</i>	<i>7 Bn. 2</i>

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

DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT
<i>13/1/19</i>	<i>6271</i>	<i>7th Bn</i>	<i>166</i>	<i>31/3/19</i>	<i>4915</i>	<i>L.P.C. Bldg</i>	<i>169 27</i>
<i>19/3/19</i>	<i>11443</i>	<i>1st C.C.C.</i>	<i>70</i>	<i>18/6/18</i>	<i>4775</i>	<i>1868 rendered</i>	<i>3 30</i>
<i>25/2/19</i>	<i>7049</i>	<i>7049 2nd Infantry</i>	<i>170</i>			<i>5/2/20</i>	

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS CE ALL'CE
<i>Can 106</i>	<i>1</i>	<i>20</i>		

PARTICULARS OF RENDERING NON-EFFECTIVE:- *Transfer Canada 31/3/19 L.P.C. Bldg 4915 2nd 1/4/19 1st Regt Bn. B.C. Regt 11*

MONTH	PARTICULARS	CR 1	CR 2	PARTICULARS	DR 1	DR 2	DR 3	DR 4	BALANCE	DEFERRED	SEPARATION
<i>3/13/18</i>	<i>Balance from Canada</i>								<i>10 00</i>		
<i>May</i>	<i>pp. Apr.</i>	<i>33</i>		<i>AR. 563 1 Res Bn. 7.5.18</i>	<i>487</i>				<i>33 30</i>	<i>30</i>	
	<i>" May</i>	<i>31/10</i>		<i>" 951 " " 13.5.18</i>	<i>38 93</i>						
<i>June</i>	<i>" "</i>	<i>5/10</i>		<i>" 1139 " " 12.6.18</i>	<i>43 80</i>						
		<i>33</i>		<i>" 1763 " " 27.6.18</i>	<i>9 73</i>				<i>51 70</i>	<i>45</i>	
<i>July</i>	<i>pp.</i>	<i>31/10</i>		<i>" 2222 " " 16.7.18</i>	<i>14 60</i>				<i>61 16</i>	<i>60</i>	
		<i>31/10</i>		<i>" 2136 " " 9.7.18</i>	<i>487</i>						
<i>Aug</i>	<i>pp.</i>	<i>31/10</i>		<i>" 2604 " " 7.8.18</i>	<i>21 34</i>						
		<i>31/10</i>		<i>" 2719 " " 16.8.18</i>	<i>730</i>				<i>83 39</i>	<i>75</i>	
<i>Sept.</i>	<i>pp.</i>	<i>31/10</i>		<i>AR. 544. 14/9/18. 2 C.C.C.</i>	<i>487</i>						
		<i>33</i>		<i>" 1249. 2/9/18. 1 C.C.C.</i>	<i>3 59</i>				<i>109 25</i>	<i>90</i>	
<i>Oct</i>	<i>pp.</i>	<i>31/10</i>		<i>AR. 778 30.10.18 7 Bn</i>	<i>7 14</i>						
		<i>31/10</i>		<i>AR. 931 30.10.18</i>	<i>3 73</i>				<i>135 89</i>		
<i>Nov</i>	<i>pp.</i>	<i>31/10</i>		<i>AR. 1167 10.11.18 7 Bn</i>	<i>7 46</i>						
		<i>33</i>		<i>AR. 1457 19/11/18</i>	<i>3 73</i>						
				<i>AR. 1682 1.12.18</i>	<i>3 73</i>						
<i>Dec</i>	<i>pp.</i>	<i>31/10</i>		<i>AR. 1440 16.12.18 7 Bn</i>	<i>3 73</i>						
		<i>31/10</i>			<i>6 49</i>				<i>219 41</i>		
<i>Jan</i>	<i>pp.</i>	<i>31/10</i>		<i>AR. 1453 22.12.18 7 Bn</i>	<i>17 55</i>						
		<i>10/1/20</i>		<i>AR. 2143 1.1.19</i>	<i>3 73</i>				<i>212 27</i>		
				<i>AR. 2819 15.1.19</i>	<i>3 73</i>				<i>209 15</i>		
					<i>13 99</i>				<i>205 49</i>		

NUMBER	RANK	NAME	MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
				Pre funds				1399				20547		
				AR 2655 1.2.19 7 Br				373				20169		
				AR 3021 17.2.19 "				1306				18863		
			September P.P.		6490							25353		
				AR 3209 4.3.19 7 Br				313				24980		
				Int on Dep'ty to 31/3/19	483							25463		
				AR 6271 13.3.19 ✓				460				24997		
				AR 15 20/1/19 100 22/2/19 (100)								23809		
				AR 24 10.3.19 7 Br (100)								16597		
				AR 1443 19.3.19 7 Br				73						
					6973			11219	11					
			July	7 Days Pt Pay 25/2/19					770			15827		

S.O.S. 10-4-19 MP 4 SL 45

Carmania 18/4/19

AUDITOR *211* PAYMASTER *[Signature]*

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

REGT. No. *2138239* RANK *Pte* NAME (IN FULL) *CARLSON, C. J.*

IF IN P.F. WHAT UNIT? (BLOCK LETTERS SURNAME FIRST)

RELATIONSHIP: *English L. PC adj to* EFFECTIVE DATE: *31/3/19*

PLACE OF ATTESTATION: *bil* TRANSFERRED TO: DATE: AUTHORITY:

DATE OF ATTESTATION: TRANSFERRED TO: DATE: AUTHORITY:

IS SEPARATION ALLOWANCE PAID? *no* DATE EFFECTIVE: ASSIGNED PAY \$: DATE EFFECTIVE:

TO WHOM PAID: RELATIONSHIP: ANY CHANGE IN ASSIGNEE OR ADDRESS:

ADDRESS: *990 Greenwood B6*

STOP PAYMENT FORM RENDERED, DATE: EFFECTIVE:

DISCHARGED: PLACE: DATE: *25.4.19* REASON: AUTHORITY: IF ENTITLED TO POST DISCHARGE PAY:

MONTH	PAY AND F.A.		OTHER CREDITS		TOTAL CREDITS		ACQUITTANCE ROLLS			CASH PAYMENTS			ASSIGNED PAY	REGIMENTAL CHARGES	OTHER CHARGES	TOTAL DEBITS		BALANCE		PARTICULARS OR REMARKS		
	NO. OF DAYS	RATE	AMOUNT	CREDITS	CREDITS	COL. NO. 1	COL. NO. 2	COL. NO. 3	COL. NO. 1	COL. NO. 2	COL. NO. 3	DEBITS				DEBIT	CREDIT	DEBIT	CREDIT			
BALANCE FROM PREVIOUS ACCOUNT																						
<i>31/3/19</i>		<i>110</i>																				<i>169 27</i>
<i>20/4/19</i>	<i>30</i>	<i>10 33</i>																				<i>169 27</i>
																						<i>307 27 70 00</i>
																						<i>5 50 75 50</i>
																						<i>5 50</i>
																						<i>75 50</i>
																						<i>204 50</i>
																						<i>64 50 140 00</i>
																						<i>70 70</i>
																						<i>70 70</i>
																						<i>280 00</i>
																						<i>280 00</i>
																						<i>330 330 330</i>
																						<i>330 330</i>

I certify that all payments of War Service Gratuity have been made on this account according to the period of Service shown on the M.F.W. 2595 received.

[Signature]
 Officer i/c War Service Gratuity
 M.D. No. 11

LIST OF DISCHARGE DOCUMENTS.

Attestation Paper, Triplicate.....	Militia Form W. 23
or Particulars of Recruit.....	Militia Form W. 133
Field Conduct Sheet.....	Militia Form W. 178 or A.F.B. 122
Casualty Form.....	Militia Form W. 54 or A.F.B. 103
Last Pay Certificate.....	Militia Form W. 44
Certificate that missing documents are unobtainable.....	
Medical History Sheet.....	Militia Form B. 313 or A.F.B. 178
Proceedings of Medical Board.....	M.F.B. 227, A.F.B. 179 or A.F.A. 45
Dental History Sheet.....	Militia Form B. 465
Medical Report.....	M. F. W. 129 or D. M. S. 1375
Regimental Conduct Sheet.....	Militia Form B. 263
Company Conduct Sheet.....	Militia Form B. 263a

1. Triplicate Attestation Paper (M.F.W. 23), or Particulars of Recruit (M.F.W. 133).
2. Casualty Form (A.F.B. 103).
3. Medical History Sheet (M.F.B. 313 or A.F.B. 178).
4. Proceedings of Med. Board (M.F.B. 227 or M.F.W. 129)
5. Dental Certificate (C.A.D.C. 5009a).
6. Field Conduct Sheet (A.F.B. 122)
7. Proceedings on Discharge (M.F.B. 218a)
8. Discharge Certificate (M.F.W. 39) (Enclosed in special envelope (260M)).
9. Copy of Discharge Certificate (M.F.W. 39a).
10. Dispersal Certificate (C.D.3).
11. Equipment and Clothing Statement M.G. Form (D.O.S. 2).
12. Last Pay Certificate (P. 851). *1 duplicate*
13. Pay Book (A.B. 64).
14. War Service Gratuity (Form M.F.W. 2595).
15. Sundry Documents.

Group B
 Checked by No. [Signature]
 Date 2/14/19

P.A. = Vancouver, B.C. T
 O.G. = 18

SHORT FORM.
 PROCEEDINGS ON DISCHARGE.
 (Demobilization.)

1. No.	2138239	
2. Rank.	Private	
3. Name.	CARLSON - Carl, John,	
4. Unit.	7th Canadian Infantry Battalion	
5. Date of Discharge	25/4/19	Place Vancouver B.C.
6. Reason for Discharge	Demobilisation	
7. Authority.	NO 11 GU DO 118 Apr. 28-1919	
8. Proposed Residence after Discharge	Greenwood B.C. 7th Batta	
9. CERTIFICATE TO BE SIGNED BY SOLDIER.		
I hereby acknowledge that at the undernoted place and date I received my discharge Certificate		
M. F. W. No.	39	
C. J. Carlson		Signature of Soldier.
10. CONFIRMATION.		
The discharge of the above named man is hereby confirmed.		
Place		
Date		
[Signature]		(O. C. Discharging Unit.)

