

REGIMENTAL DOCUMENTS

NAME

CARLSON

GUSTAVE LEANDER

REGT. NO.

624789

UNIT

151st Bn

H. Q. FILE NO.

*B15
2.7.19*

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DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

M. F. W. 2505
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8 **M**

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DEATH

Category

DISCHARGE

Category

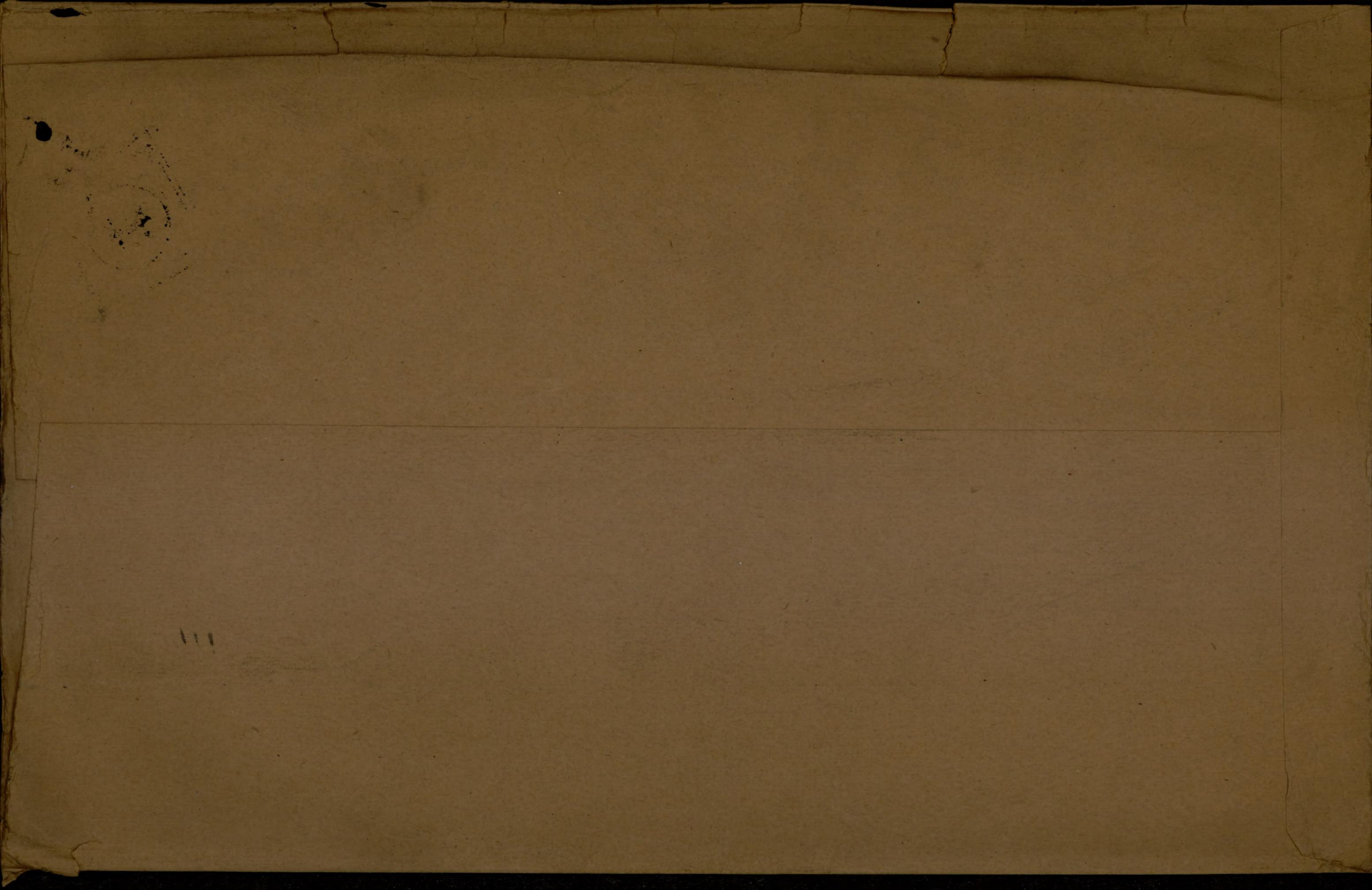
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DESERTION

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1 MFW67
1 MFW3497
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1 Jan card
24-2*

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14-23
8 24
3*

H



ATTESTATION PAPER.

No. 624789

Folio. 24

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION. (ANSWERS.)

- 1. What is your name? *GUSTAV. LEANDER. CARLSON*
- 2. In what Town, Township or Parish, and in what Country were you born? *Espos. Jemtland Sweden*
- 3. What is the name of your next-of kin? *Father J. P. Carlsson*
- 4. What is the address of your next-of-kin? *near town of Broadview Saskatchewan*
- 5. What is the date of your birth? *march 14th 1891*
- 6. What is your Trade or Calling? *carpenter*
- 7. Are you married? *no*
- 8. Are you willing to be vaccinated or re-vaccinated? *yes inoculated*
- 9. Do you now belong to the Active Militia? *no*
- 10. Have you ever served in any Military Force? *no*
- 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*

G. L. Carlsson (Signature of Man.)
J. M. Peterkin (Signature of Witness.)

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *G. L. Carlsson*, 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.

Date *July 13th* 1916. *G. L. Carlsson* (Signature of Recruit)
J. M. Peterkin (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *G. L. Carlsson*, do make Oath, that I will be faithful and bear true Allegiance to His Majesty King George the Fifth, His Heirs and Successors, and that I will as in duty bound honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity, against all enemies, and will observe and obey all orders of His Majesty, His Heirs and Successors, and of all the Generals and Officers set over me. So help me God.

Date *July 13th* 1916. *G. L. Carlsson* (Signature of Recruit)
J. M. Peterkin (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 *Wetaskin* this *13th* day of *February* 1916.

C. Robb (Signature of Justice)

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

J. M. Peterkin (Approving Officer)

Lieut. Commandant Wetaskin

M. F. W. 23.
 200 M.-7-15.
 H. Q. 1772-59-811.

Description of G. L. Carlson on Enlistment.

Apparent Age 28 years — months.
 (To be determined according to the instructions given in the Regulations for Army Medical Services.)

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

Height 5 ft. 6 ins.

Chest measurement { Girth when fully expanded 38 ins.
 Range of expansion 3 ins.

Complexion Dark
 Eyes brown
 Hair Dark brown

weight 160 lbs

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

CERTIFICATE OF MEDICAL EXAMINATION.

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

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

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

Date 9th Feb 1916

Place Metaskovic

H. R. Wark
 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.

G. L. Carlson 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.

Date Feb. 9 1916.

[Signature] (Signature of Officer)

WAR SERVICE BADGE
Class "A" No. 167683

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

THIS IS TO CERTIFY that No. 624789 (Rank) Sergeant

Name (in full) Gustav Leander Curlson enlisted in

the 151st Battalion

CANADIAN EXPEDITIONARY FORCE at Witakeim on the 13th

day of February 19 16

HE served in 8th Battalion in France and England.

Demobilization.

and is now discharged from the service by reason of Demobilization R.O. 1420 (c)

~~Medical Unfitness.~~

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

Age 28

Height 5'6"

Complexion Tan

Eyes Brown

Hair Dark Brown

G. L. Haslam

Signature of Soldier

Marks or Scars

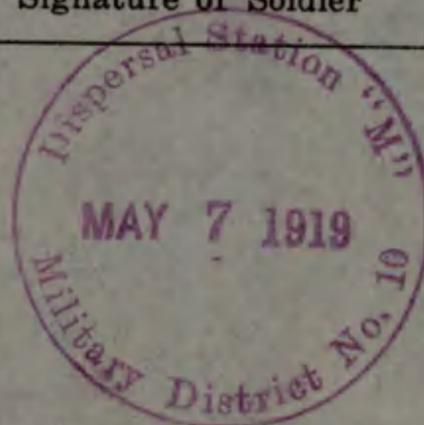
Small scar 1" above umbilicus with no mark
scar 3" medial B. nipple Boil 11 years ago
W. M. Haslam

Issuing Officer

Leut

Rank

Date of Discharge



Date 7 5 19 19

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.

CANADIAN EXPEDITIONARY FORCE
DISCHARGE CERTIFICATE

THIS IS TO CERTIFY THAT NO. _____

(Name in full) _____

Rank _____

CANADIAN EXPEDITIONARY FORCE

Day of _____

19____

HE served in _____

and is now discharged _____

THE DESCRIPTION OF _____

- 1.—That discharge certificate must be carried when wearing uniform.
- 2.—That uniform can be worn only thirty (30) days after discharge, or when duly authorized in writing, and
- 3.—That wearing of uniform renders him liable to usual military discipline, as if on the strength of a unit.

Age _____

Height _____

Complexion _____

Eyes _____

Hair _____

Signature of Soldier _____

Date of Discharge _____

Signature of Officer _____

Place _____

19____

NOTE—As no duplicate of this Certificate will be issued any person holding same is requested to forward it in an undamaged envelope to the Secretary, Military Council, Ottawa, Canada.

MILITARY COUNCIL
OTTAWA, CANADA
1918

ORIGINAL

ORIGINAL

MEDICAL HISTORY SHEET.

Surname GARRISON

Christian Name G. L. LEANDER

W. L. Service Badge No. 4
G. L. Class 1st Lt. 1st Av. 1st Lt. LEANDER

Examined on 9th day of Feb 1916
at Uetaskivui
Birthplace { City or Town Espos. Janitland
County Sweden

Approved by Bernard P. Mooney
for Major B. Wall
Rank Captain M.O.

Apparent age 25 years
Trade or occupation Carpenter
Height 5 Feet 6 Inches
Weight 160 Lbs.
Chest measurement { Minimum 38 inches
Maximum expansion 41 inches
Physical development Good
Small-Pox Marks none

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

Vaccination Marks { Arm / Right / Left
Number 2
When Vaccinated last when child 4 years old
(a) Marks indicating congenital peculiarities or previous disease none

Date.	Result.	VACCINATIONS.
6/28/16	Good	Bernard P. Mooney M.O.
		M.O.
		M.O.

(b) Slight defects but not sufficient to cause rejection

Date.	Result.	ANTI-TYPHOID INOCULATIONS, ETC.
3/6/16	Good	Bernard P. Mooney M.O.
6/22/16	"	Bernard P. Mooney M.O.
9/30/16	"	Bernard P. Mooney M.O.

Enlisted on 13th day of Feb 1916 at Uetaskivui

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	151 st Con.	624789		Feb 13-1916
Transferred to	B.C.F. 11 th Res Bn			13 Oct 1916
	8th Bn.			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.

N. B.—This sheet to be disposed of in accordance with instructions in the Regulations for Army Medical Service, on the man becoming non-effective; the date and cause being stated on next page.

To be made out in duplicate.

H.Q. 54-21-23-53

War Service Badge
Class "A"

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

INSTRUCTIONS.

- (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.....
151ST OVERSEAS BATT., C.E.F.

(2) Regimental Number..... **624789**

(3) Full Name of Soldier..... **Carlson, Gustav Leander.**

(4) Place of Birth..... **Jäntland, Sweden**

(5) Are you married, or not?..... **No**

(6) If married, state,
(a) Full name of your wife..... ✓

(b) Present Postal Address..... ✓

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

(8) Have you any children?..... ✓

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..... *Isak L. Carlson*

(10) Is your Mother alive?..... *yes*
If so, state name and address..... *Marie Carlson*

(11) If your Mother is a widow..... *no*
Are you her sole support, or not?..... *no*

(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.
..... ✓
.....

(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.
..... ✓
.....
.....

(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.
..... ✓

(15) Are you insured?..... *no*
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..... **AUG 8 1916**

..... *[Signature]*
..... Officer Commanding

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 *Henry* 2. Surname *Carlson*
3. Rank *Pvt* 4. Original Unit *197th Bn* 5. Reg. No. *913450*
6. Address, in full, to which future payments of gratuity are to be forwarded
Henry Carlson Gen. Dely Prince Albert Sask.
7. Date of enlistment in the C.E.F. *11th May 1916*
8. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge
9. Relationship of such dependent
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:—
England 11th Bn 6/2/17 to 10/3/17 C. F. C. Sunningdale from 11/3/17 to 8.7.18 Seaford 3rd C. B. 9.7.18 to 7/12/18
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
not applicable
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
England 11th Bn 6/2/17 to 10/3/17 C. F. C. Sunningdale from 11/3/17 to 8.7.18 Seaford 3rd C. B. 9.7.18 to 7/12/18
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*

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? *no*
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?
24. Are you now serving in the C.E.F.? *no* If not, give:—(a) Date of discharge *5th February 19*
 (b) Reason for discharge *Medically unfit, sickness*
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 *no*
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: *J. P. Carlson*

Place of Residence: *Gen. Ady. Prince Albert*

Declared before me at: *Regina*

This *5th* day of *Feb* 19*19*

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

J. P. Stove
 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.

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?

no

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

CR

24. Are you now serving in the C.E.F.? If not, give:—(a) Date of discharge

7.5.19

(b) Reason for discharge

CR

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.

CR

26. Did you at any time serve at the front in an actual theatre of war? If so, give particulars of one unit in which you served at the front, and dates of such service with that unit.

CR

27. (a) Are you receiving treatment from the Department of Soldiers' Civil Re-establishment?

(b) If so, are you in receipt of full pay and allowances from that Department?

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:

J.L. Harrison

Place of Residence:

Wetaskiwin Alberta

Declared before me at:

Milford Camp

This 31st day of

March 1919

Signature of Barrister of the Supreme Court Stipendiary Magistrate, Notary Public, Justice of the Peace, or Commissioner for the Administration of Oaths under P.C. 2767, dated 11th Nov., 1918.

R.W. Fisher Mopis

POST DISCHARGE PAY.

Date paid.	Paid Soldier	Paid Dependent	War Service Gratuity	Net amount due
			<i>420 00</i>	<i>380 00</i>
			<i>70 00</i>	

Certified Correct.

[Signature]

District Paymaster

FORM OF WILL.

Name in full.

I Gustave Leander Carlsson

Regimental Number 624789 serving in the 8th Can. Inf. Battⁿ

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

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

I DEVISE and BEQUEATH all my real estate unto my brother Carl Johann Carlsson of Broadview Saskatch-
ewan

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

absolutely, and my personal estate I bequeath to my said brother whom I hereby appoint as the sole executor of this my will and sole trustee

Fill in Date and Year.

IN WITNESS WHEREOF I have hereunto set my hand this 18th day of October A.D. 1917.

G. L. Carlsson
(Signature)

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

Name of Witness E. J. Thomas.
Address of Witness Winnipeg Manitoba.
Occupation of Witness Barrister-at-Law (Lieut)
Name of Witness J. D. Haney
Address of Witness Winnipeg Manitoba
Occupation of Witness Bank Clerk.

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

FORM OF WILL

REGISTERED,
WILLS-SECTION
24 DEC. 1917
ESTATES, O.M.F.C., LONDON.

CANADIAN ARMY DENTAL CORPS, O.M.F.C. DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) CARLSON GUSTAVE LEANDER

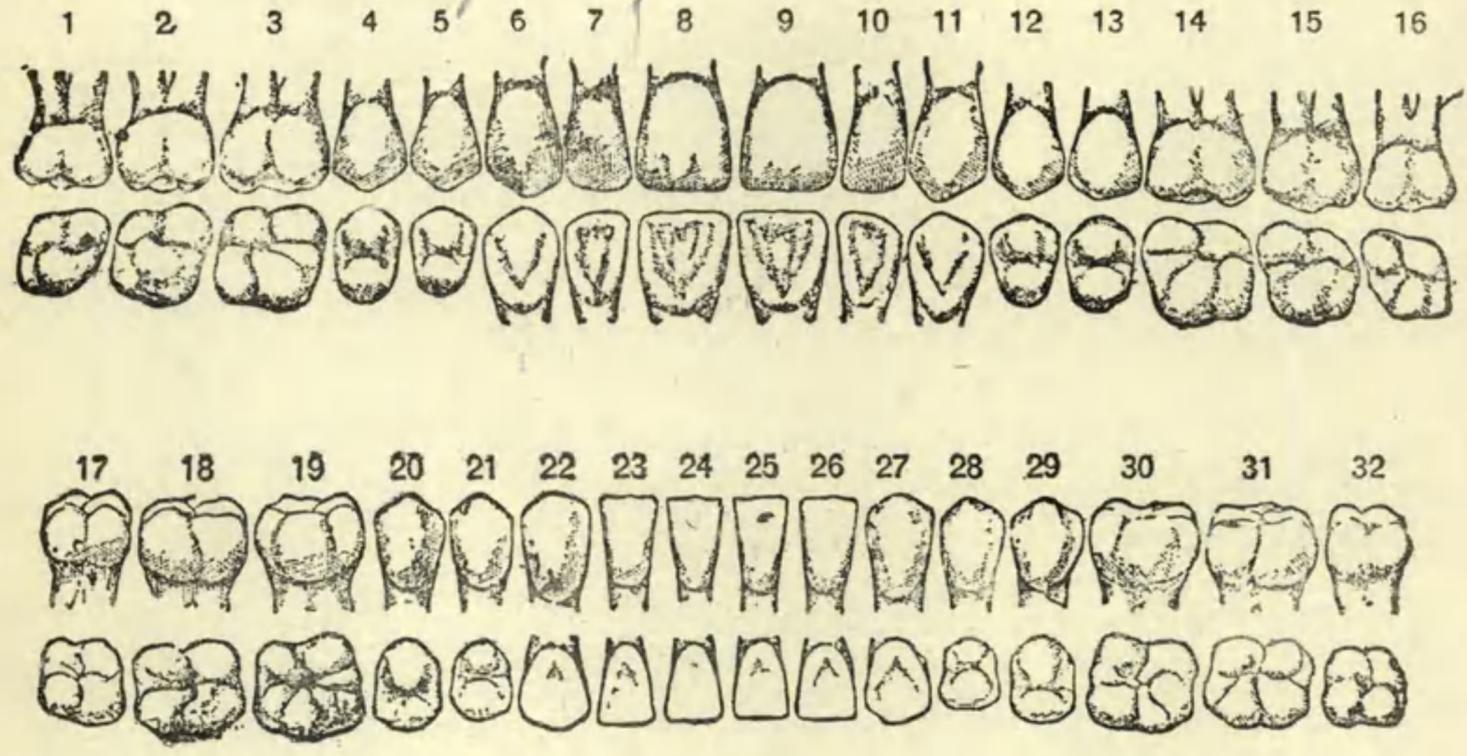
REGIMENT 8th C.I. BN RANK SGT No. 6247890

Date of Examination in England 29/3/19 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

War Service Bridge
CLASS "A" 1950



PRESENT DENTAL REQUIREMENTS

1. FILLINGS 29.
2. EXTRACTIONS
3. CROWNS
4. DENTURES
 - (a) Full Upper
 - (b) Part Upper
 - (c) Full Lower
 - (d) Part Lower

[Handwritten signature]

HAS HE EVER REFUSED DENTAL TREATMENT? Yes

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
- (c) In France Yes

Signature of Dental Officer N. H. Rutherford Capt.

DENTAL CURRICULUM

1900-1901

1. Anatomy and Physiology of the Human Body
2. Dental Anatomy and Physiology
3. Dental Materials
4. Dental Surgery
5. Dental Prosthetics
6. Dental Radiology
7. Dental Hygiene
8. Dental Practice
9. Dental History
10. Dental Law and Ethics

11. Dental Pathology and Bacteriology
12. Dental Therapeutics
13. Dental Administration
14. Dental Research
15. Dental Education
16. Dental Literature
17. Dental Art
18. Dental Economics
19. Dental Social Work
20. Dental Public Health

Prepared by the Faculty of the American Dental College

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

Service Badge
Class "A" N

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. *624789* Rank *Sgt* Surname *Carlson*
(Given name in full)
Gustave Leander
Unit or Corps *8th McCan Inf* Birthplace *Sweden*

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

1. GENERAL DESCRIPTION: *estimated*
Physique *Good* Weight *150* lbs. Height *5 6* ft. Colour of Eyes *Brown*
Nutrition *Good*
Pulse *72 Regular*
Condition of arteries *soft*
Vision Rt. *6/4* Left *6/4*
Hearing (conversational voice) Rt. *20* ft.
Left *20* ft.

Identification marks, scars, or deformities.
(Give cause and date of origin).
Small Scar 1" above Umbilicus
Unknown.
Scar. 3" medial to L. nipple
Boil. 11 yrs ago.

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 *No* Genito Urinary Sytem *No* Cardio-Vascular System *No*
Special Senses *Yes* Integumentary System *No* Respiratory System *No*
Disturbance of mentality *No* Muscular System *Yes* Digestive System *Yes*
Osseous and Joint System *No* 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.

Small swelling abd. wall. 3" above and left of Umbilicus. duration 14 months - no disability. not emerging.

Apr 1918 gas. L. Leg (L). Recovered.

March 1918 gas. (L). Recovered. (Also hypodermatoma)

Aug 1918 - Conjunctivitis Recovered

EXAMINATIONS.

THIS SECTION FOR USE OVERSEAS—

Examined at *Hong Kong withy* (Overseas)

Date *20/3/99*

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 *[Signature]*

(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]

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

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

500M.—9-16

H. Q. 1772-30-920.

Casualty Form—Active Service.

Unit, Regiment or Corps. 157 BATTⁿ C. E. F.

Regimental No. 624989 Rank Cpl Name Carlson Leander Gustav
C. E. F.

Enlisted (a)..... Terms of Service (a)..... Service reckons from (a).....

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

Extended..... Re-engaged..... Qualification (b).....

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
<u>26-4-19</u>	<u>T.O.S. Dispersal Station</u>	<u>20130 Pa 2</u>			
	<u>and Dispersed</u>	<u>4-5-19 — do " 3</u>			
	<u>Wm Saunders</u>	<u>Lieut.</u>			
	<u>for O. C. 10 District Depot.</u>				

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

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				

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				
13.11.16.	C. B. D.	ARRIVED C. B. D.	FRANCE	13.11.16	N. R. D. 13.11.16. PART II ORDERS No. 54. D. 18.11.16.
30.11.16.	C. B. D.	LEFT C. B. D. FOR	Unit	30.11.16	N. R. D.
9.12.16	8 th BN	ARRIVED 8 th BN	FIELD	3.12.16	B. 213 D. 9.12.16.
13.4.17	32 nd Stry	acute gastritis	32 nd Stry	13.4.17	W 3034/257.
21.4.17	8 th Bn	To hospital acid	Field	14.4.17	B 213. obs. 450 of 2/5/17.
1.5.17	C.B.D.	Taken on strength A	C.B.D.	1.5.17	N.R.
17.4.17	42 C.C.S.	Gastritis (acute) adm	42 C.C.S.	13-4-17	} A 36/3505 Obs. 438 of 21-5-17.
8-5-17.	C.B.D.	Left for 1st Ent Bn.	C.D. 22	13-4-17	
19.5.17	8 th Bn	Rejoined Unit	Field.	8-5-17.	W.R.
24/4/17.	1st Con Depot	Fit - To.	do	14.5.17	B 213 obs 444 of 4/6/17.
22-4-17	32 Stry	Gastritis To	3 Red Camp	24/4/17.	W 3034/277 -
22.4.17	1 Con Depot	acid adm.	1 Con Depot	23-4-17	W 3034/276.
21.10.17	8 th Bn	promoted Corporal	Field	22-4-17	" 273
12.1.18	do	granted 14 day leave	Field	1.10.17	K.D. 16/26904. part 0 1409
16-1-18	do		England	5.1.18	B 213. part 0 no 7.
23/2/18	do	JOINED UNIT To house Gas	Field	27/1/18	B 213.
2.3.18.	do	Rejoined Unit.	Field	17/2/18	B 213
10.3.18.	2 C.F.A.	Gastritis adm. & to	6 C.C.S.	23.2.18.	"
15.3.18	6 C.C.S.	N.Y.D	6 C.C.S.	14.3.18.	AD 7888.
23.3.18	do	Inf. of stomach To	4. C.F.A.	15.3.18	D 8162
23.3.18	8 th Bn	To hospital	Field	15.3.18	D 9191
				14.3.18	B 213.

Surname *Carlson* Christian Name or Names *G. L.* Reg. No. *624789*
 Rank *Pt Cpl* Unit *8th Batt. Man.* Co. Troop Batty.
 Hospital Date of Admission

Transferred *32 Stat. Wimeroux* Hosp. *13-4-17*
1 Con Dep Boulogne Hosp. *22.4.17*
6. Cas. Cl. Station. Hosp. *15-3-18.*
2 Can. Field Amb. Hosp. *23-3-18*

Diagnosis *Gastritis Acute alt.*
Rw.

(1) Later Diagnosis (if changed) *N.Y.D. Q11*
 (2) *Gastritis*
 (3)

Additional Diagnosis: if more than one state present
G. S. W. Lt. Leg. Rw.
Conjunctivitis

DISPOSITION Date

DISPOSITION	Date	REMARKS
<i>A 640</i>	<i>Rej. Unit. 14-5-17.</i>	
<i>C.L. 20-4-17</i>	<i>Dis. 27.3.18</i>	
<i>30.4.17 A648</i>	<i>Dis. 27.3.18</i>	
<i>8.6.17 A682</i>	<i>Dis. 27.3.18</i>	
<i>21-3-18 @ 169(2)</i>	<i>Dis. 27.3.18</i>	<i>Dis. 27.3.18</i>
<i>4-4-18 A179</i>	<i>Dis. 27.3.18</i>	<i>Dis. 27.3.18</i>
<i>6.4.18 A181</i>	<i>Dis. 27.3.18</i>	<i>Dis. 27.3.18</i>
<i>15-4-18 A 188(2)</i>	<i>Dis. 27.3.18</i>	<i>Dis. 27.3.18</i>
<i>25.4.18 A 191-3.</i>	<i>Dis. 27.3.18</i>	<i>Dis. 27.3.18</i>
<i>26.4.18 A 198-3.</i>	<i>Dis. 27.3.18</i>	<i>Dis. 27.3.18</i>
<i>8.8.18 @ 286(1)</i>	<i>Dis. 27.3.18</i>	<i>Dis. 27.3.18</i>
<i>8.8.18 @ 286(2)</i>	<i>Dis. 27.3.18</i>	<i>Dis. 27.3.18</i>

A.M.D. 2 Dept.

EPITOME OF HOSPITAL TREATMENT.

	Hospital	Adm.
1.	53 Gen. Baulegne	8-4-18
	10 Com. Depot & Caull.	15-4-18.
2.	14. Can. H. Amb.	31-7-18.
3.		
4.		
5.		
6.		
7.		

G.L.E.

Rank _____ Name **CARLSON. Gustav Leander.** ✓ Reg'l No. **624789** ✓
 Unit **151st Bn.** *If in perm. Corps, What Unit?* Married or Single **Single.** ✓
 Place and Date of Enlistment **Witaskiwin. 13th Febry 1916** Place of Birth **Espas. Jauntland. Sweden.** ✓
 Name and Address, Next-of-Kin **J.L. Carlson.** ✓
 Near Town of Broadview. Saskatchewan. Canada. ✓ Relationship **Father** ✓

Assigned Pay Monthly \$ _____ Payable to _____ Relationship _____

Separation Allowance \$ _____ Payable to _____ Relationship _____

U/E. R.B. No **21255**
 File R.L. **O. R. Can.**
 Category _____

Discharge, Date and Place _____ Reason _____ Character _____

H. W. & V., Ld.—7165-16.

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS. Taken from Official Documents.
Date.	From whom received.				
		Arrived in England S. S. California, IB-IC-I6.			
13.10.16	I5I Bn	Trans. To II Res Bn.	S'cliffe	13,10,16	Pt2 246
16-10-16	11 th Bn	<i>Taken on strength.</i>	" "	13-10-16	<i>PA-116 247</i>
13.11.16	"	<i>S.O.S. to 8th Bn - Officer</i>	"	12.11.16	" 271.
17.11.16	8th. BN	<i>Taken on Strength</i>	Field,	13.11.16.	<i>Pt, 2-O, 57.</i>
20.4.17	"	<i>Adm No 32 Stat Hoop</i>	Worminax	13.4.17	<i>C.L.A.640 Instructor Sgt</i>
20.4.17	"	<i>Transd No 1 Com. Depot</i>	Boulogne	22.4.17	<i>C.L.A.648</i>
8.6.17	"	<i>Rejoined Unit (Reported from Base)</i>		14.5.17	<i>C.L.A.682</i>
7.11.17	"	<i>Promoted Corporal</i>	<i>M5 Field</i>	1.10.17	<i>Pt 11 DO 147</i>
15-4-18	15 Bn <i>16 Bn</i>	<i>Wounded</i>	<i>Cpl -1-</i>	8-4-18	<i>C.L.A. 188.</i>

A.F.B. 103 CHECKED
21 NOV. 1916

W.B.

624789 Carson G. L.

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.				
8-8-18	8th Bn	Wounded	Field	31-7-18	error. 6 LA 286.
29-10-18	8 th Bn	apptd L/Sgt	op. Field	21-10-18	AIO. 136.
	28 3 19	8 BN PROC TO ENGLAND		27 3 19	DIO 30
1-4-19	H. Wing CCC	LOS from 8 Bn	Lt Witley	28-3-19	No 18
	9.4.19*H	wing. ccc 3CS To Canada		26.4.19	D O 35

To loan 26.4.19

56 m-73.

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

To Whom *Mrs A. P. Anderson*
 Address *Esquimaux Alta.*
 Rate *15⁰⁰*

By Whom Assigned *Carlson G. L.*
 Regtl. No. *624789*
 Rank *Pte*
 Corps *151 Bathn. C.E.F.*

OCT 1 1916

PAYMENTS

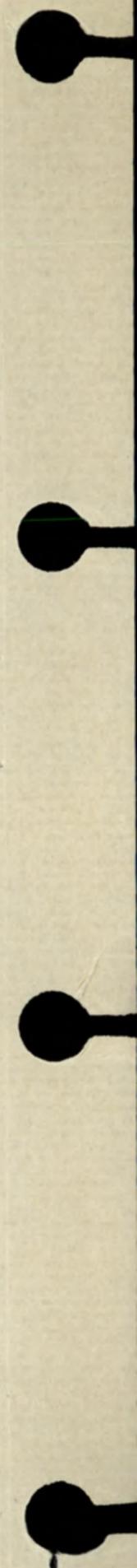
Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				



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Handwritten text, possibly a signature or initials, located in the lower-left quadrant of the page.

Handwritten text, possibly a signature or initials, located in the lower-center of the page.



ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2. *Mrs A. P. Anderson*
(Assignee)

Name of Soldier *Carlson G. L.*
624789 *151 Bath Pte*

PAYMENTS.

L. L. Job 5470—Req. 6888.

Month.	Year.	Cheque No.	Amt.	Remarks
				<i>15⁰⁰</i>
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.		<i>W 26363</i>	<i>15</i>	
Nov.		<i>K 29374</i>	<i>15</i>	
Dec.		<i>Q 36882</i>	<i>15</i>	
Jan.	1917	<i>Q 38789</i>	<i>15</i>	
Feb.		<i>C 43859</i>	<i>15</i>	
March		<i>E 50031</i>	<i>15</i>	
April		<i>R 703</i>	<i>15</i>	
May		<i>Z 7309</i>	<i>15</i>	
June		<i>L 13914</i>	<i>15</i>	
July		<i>D 20812</i>	<i>15</i>	
Aug.		<i>I 27495</i>	<i>15</i>	
Sept.		<i>H 34555</i>	<i>15</i>	
Oct.		<i>N 46733</i>	<i>15</i>	
Nov.		<i>P 53792</i>	<i>15</i>	
Dec.		<i>K 55136</i>	<i>15</i>	
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

just

Ch

WAG

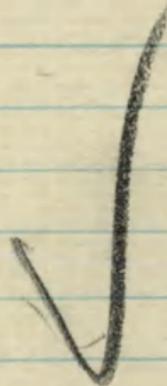
15-⁰⁰
15⁰⁰
15⁰⁰

180

15⁰⁰

D 20812 Remailed 19/17 6L

225⁰⁰



OCT 1 1916

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier _____

PAYMENTS.

Month.	Year.	Cheque No.	Amt.	Remarks.
Aug.	1918			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1919			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1920			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

C 2132

Oct 1/16

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

15.			
-----	--	--	--

PARTICULARS OF SEPARATION ALLOWANCE

No. 624789
 Rank Pte Promoted Y.L. Reverted Y.L. Discharge
 Soldier's Name Y. L. Carlson
 Battalion 151 Batts
 Beneficiary
 Relationship
 Address

PARTICULARS OF ASSIGNMENT

Name Gyrs. A. P. Anderson
 Address Gwynne, Alta.
 Change of Address
 1
 2
 3
 4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
1917					
Dec 31			225	225	
1918					
Jan.	F 64774		15.	15.	e
Feb.	D 91080		15.	15.	✓ H
March	a 109235		15	15	✓ H
April	A 6275		15	15	✓ H
May	f 18144		15	15	✓
June	E 20095		15	15	✓
July	T 29201		15	15	✓
Aug	E 32659		15	15	✓
Sept.	H 47098		15	15	✓
Oct	L 49539		15	15	✓
NOV.	L 49573		15	15	✓
DEC	M 65422		15	15	✓
Jan/19	Q 70128		15	15	✓
FEB	Q 80309		15	15	✓
MAR	F 91836		15	15	✓
APR	I 1040		15	15	✓
May	F 6671		15	15	✓
				480	

2784- G-4

F61773 Case

AUDITED.

...A/c Closed 31-5-19
 Ret'd per 9-5-19
 Date 4-5-19 F. X.
 ...Clerk 9-5-19



M. F. W. 128
 400M-6-17-1772-38-141
 L. L. 2320-M. & D. 198.

Gustav Leander,

Name **CARLSON**, Rank **Cpl.**Reg. No. **624789.**Unit **8th Batt.**Next of Kin **Canada.**

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1918						
15-3	No. 6. C. C. Str.	W. H. Q.		A109		15403.
23-3	No. 2. C. & A.	Wentworth		A179		15911.
27-3	Dis. to Duty	(do)		A171		16096.
8-4	No. 53 G. H. Boulton	4 th Div. L. Reg.		A181	WR 8/4/18	NA 711-3.
15-4	10. Con Dep. Casualty	(do)		A194	WR 4/10/18	NA 887-11.
18-4	Dis. to 5 th Div. Camp.	(do)		A194		898-20
31-7	14. G. F. A. Conductor	Wentworth			WR 35-4-18	34149
3-8	Dis. to Duty	(do)		A250		34271.

Wentworth.

LIST NO.	HOSPITAL	DATE OF ADMISSION	REMARKS
A 640.	32 Ste.umerous	13-4-17	Gastritis Acute:
A 648 -	#1. Cmt. Depot Boulogne -	22-4-17.	" Ac. Str.
A 682.	Rept. from Base Pij Unit	14-5-17	Gastritis
A 169,	Cas de Hat	15-3-18	N.A.P.D. Q.
A 179	N° 2 Can. Fld. Amb.	23-3-18	Gastritis (Man Regt)
A 181	Wsch to duty	27-3-18	" "
A 188	#53 Gen, Boulogne	8-4-18	Gsev L leg
A 197	10 Coms Dep. Paul	15-4-18	" " " "
A 198	Wsch to Base Detail Boulogne	18-4-18	" " " "
A 286	14 Can Fld Amb	31-7-18	Conjunctivitis
A 286	Wsch to duty	3-8-18	" "

NAME

Carlson ^{Gustav} Eander

REGT'L. No.

624789

RANK AND CORPS

Pl. 7th 8th Bn. Form 151st

FOLLOWS

NO.

CABLE

NATURE OF CASUALTY

FOLLOWS

NO.

DATE

No of R.

J. C. Carlson (Father)
(near) Broadview Park

173

5109

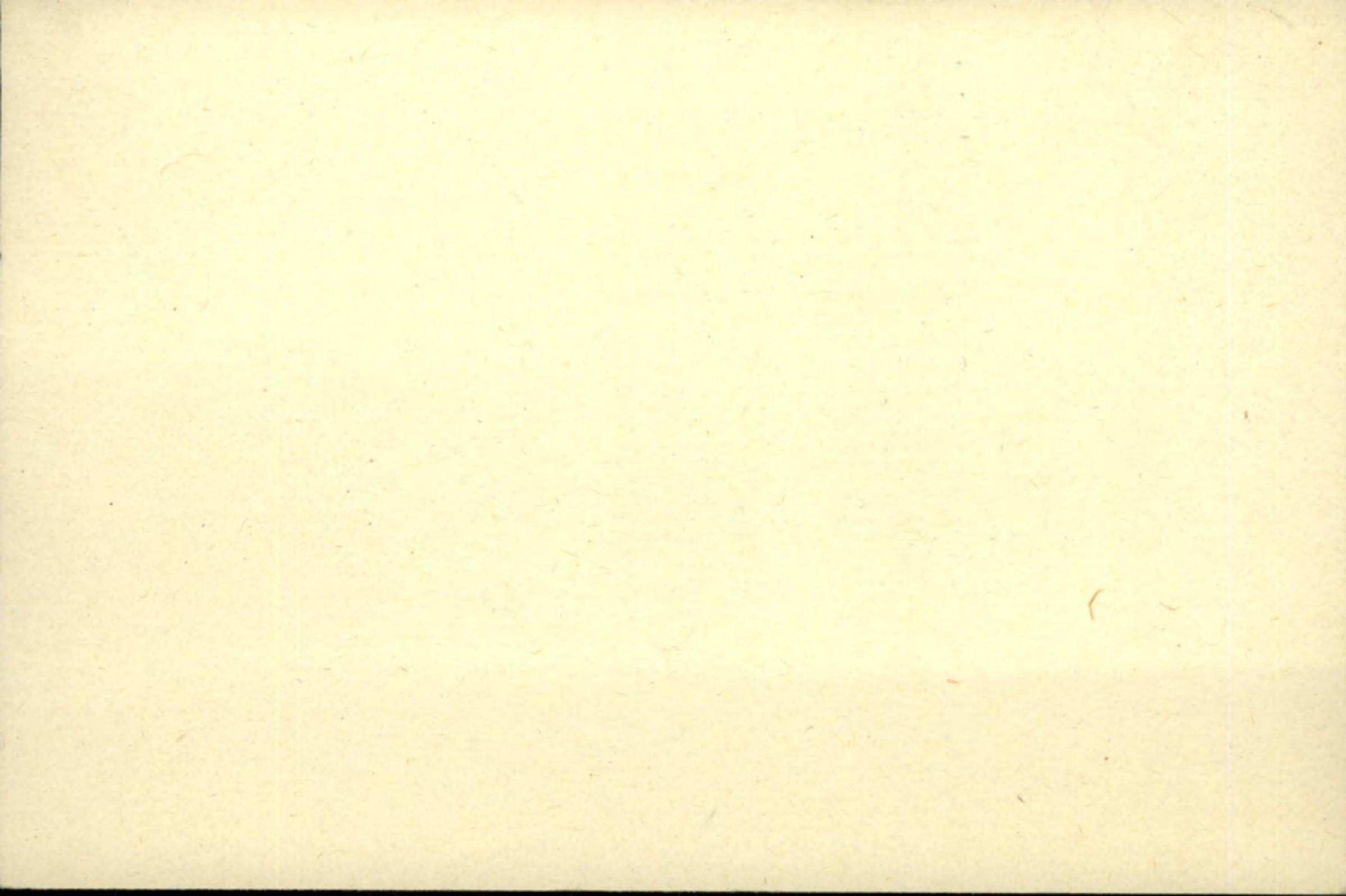
16-4-18

Adm 53 Gen. Hosp. Boulogne Apr
8th 1918 USW. L. Leg V

0288

30-4-18

#5 Rest Camp Boulogne, WSM.



No. 624789 RANK *Plt.*

NAME *Carlson G. L.*

T. O. S. *13/2/16*
Do. 38 of 15/2/16

UNIT *1st Lt - Battalion C. E. F.*

M. D. *13*

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
<i>1916</i>	<i>1916</i>			
<i>Feb. 13</i>	<i>Feb. 29</i>	<input checked="" type="checkbox"/>		
	<i>Mar.</i>	<input checked="" type="checkbox"/>		
	<i>April.</i>	<input checked="" type="checkbox"/>	<i>Wetaskwin Section.</i>	<i>April Pay List.</i>
	<i>May.</i>	<input checked="" type="checkbox"/>		
	<i>June</i>	<input checked="" type="checkbox"/>		
	<i>July.</i>	<input checked="" type="checkbox"/>		
	<i>Aug.</i>	<input checked="" type="checkbox"/>		
	<i>Sept.</i>	<input checked="" type="checkbox"/>		
<i>Oct. 1</i>	<i>Oct. 12.</i>	<i>n.</i>	<i>Trans. to 11th Res^{Br} 13.10.16.</i>	<i>Do 246</i>

UNIT SAILED

OCT 3 1916

MARRIED

SINGLE

Eyes.

WIDOWER

TRADE OR CALLING

Carpenter.

RELIGION

Presbyterian.

DESCRIPTION.

APPARENT AGE

25

YEARS

MONTHS

HEIGHT

5

FEET

6

INCHES

CHEST MEASUREMENT

38

INCHES

EXPANSION

3

INCHES

COMPLEXION

Dark.

EYES

Brown.

HAIR

10. Brown.

DISTINGUISHING MARKS

Nil.

MEDICAL EXAMINATION.

PLACE

Wetaskiwin, Alta.

DATE

Feb. 9th, 1916.

Present Address: - Not stated.

SURNAME. *C. Carlsson,*

10^m CARD NO. ✓

CHRISTIAN NAMES *Gustav Leander*

sd Dr Jewel - 7-5-19
FOLL
Ad 130 - 18-5-19 1000

REGL. No. *624789.* RANK *Pte.*

UNIT *151st*

Bin.

FORMER CORPS *Nil*

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL *Carlsson, J. L.*

RELATIONSHIP TO SOLDIER *Father.*

ADDRESS *(Near) Broadview, Sask.*

COUNTRY OF BIRTH *Sweden, Espas, Jamtland.*

DATE *March 4th, 1891.*

PLACE OF ATTESTATION *Wetaskiwin, Alta.*

DATE *Feb. 13th, 1916*

Sailed From Halifax 23.9.16

Per. J. J. Lakland

Rev. per: 27 3/26

~~DESP. DEC 21 1925
REGN. NO. 19176~~

DESP. FEB 16 40
REGN. NO. 2644

my Number 624789 Rank C/Sgt.

Surname CARLSON

Christian Name Gustav Leander

Units 8th Am. Can. Inf. Theatre of War France

Date of Service 13/11/16

Remarks _____

Latest Address Wetaskiwin, Alta.

Roll No. B Page 19823 Broadview

200m.-6-21.4. Sark.

16/2/40

LIST OF DISCHARGE DOCUMENTS.

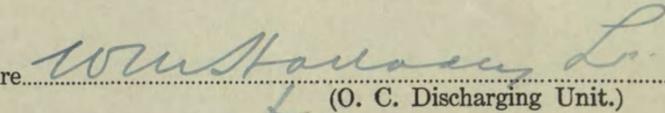
Attestation Paper, Triplicate.....	Militia Form W. 23
or Particulars of Recruit.....	Militia Form W. 133
Field Conduct Sheet.....	Militia Form W. 178 or A.F.B. 122
Casualty Form.....	Militia Form W. 54 or A.F.B. 103
Last Pay Certificate.....	Militia Form W. 44
Certificate that missing documents are unobtainable.....	
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

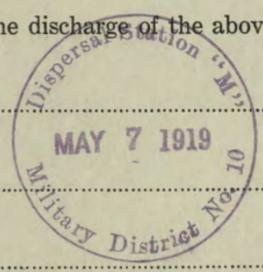
1. Triplicate Attestation Paper (M.F.W. 23), or Particulars of Recruit (M.F.W. 133).
2. Casualty Form (A.F.B. 103).
3. Medical History Sheet (M.F.B. 313 or A.F.B. 178).
4. Proceedings of Med. Board (M.F.B. 227 or M.F.W. 129)
5. Dental Certificate (C.A.D.C. 5009a).
6. Field Conduct Sheet (A.F.B. 122)
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 Statement Q.M.G. Form (D.O.S. 2) and Clothing.
12. Last Pay Certificate (P. 851). *+ Duplicate.*
13. Pay Book (A.B. 61).
14. War Service Gratuity (Form M.F.W. 2595).
15. Sanitary Documents.

Group B
 Checked by No. 15
 Date 24-4-19

SHORT FORM.
 PROCEEDINGS ON DISCHARGE.
 (Demobilization.)

D.A. N
 O.G. 1

1. No. <u>624789</u>	
2. Rank. <u>Sgt</u>	
3. Name. <u>Carlson, Gust Leander</u>	
4. Unit. <u>8th CDN. BATTALION (90th RIFLES)</u>	
5. Date of Discharge <u>7 5 19</u>	Place <u>Winnipeg man</u>
6. Reason for Discharge. <u>Demobilization</u>	
7. Authority. <u>LO 130</u>	
8. Proposed Residence after Discharge <u>Wetaskwin Sask</u>	
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. ? <div style="text-align: right;">  Signature of Soldier. </div>	
10. CONFIRMATION. The discharge of the above named man is hereby confirmed. Place Date <div style="text-align: right;">  Signature (O. C. Discharging Unit.) </div>	



1305

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

AUDITOR *W.S.* PAY MASTER *W.S.*

REGT. NO. *624 789* RANK *Lt* NAME (IN FULL) *Carlton* (BLOCK LETTERS SURNAME FIRST)

ORIGINAL UNIT C.E.F. *151 Bde* IF IN P.F. WHAT UNIT?

PLACE OF ATTESTATION *M. H. Smith* TRANSFERRED TO *24-7-19* DATE *APR 26 1919* AUTHORITY *100130*

DATE OF ATTESTATION *Feb 13 - 16* TRANSFERRED TO

ASSIGNED PAY \$ *1500* DATE EFFECTIVE

PAYABLE TO *Mrs. A. Anderson* RELATIONSHIP *Wife* ANY CHANGE IN ASSIGNEE OR ADDRESS? *24-7-19*

ADDRESS *Swyngna Wetaskwin Broadview Sask Alta.*

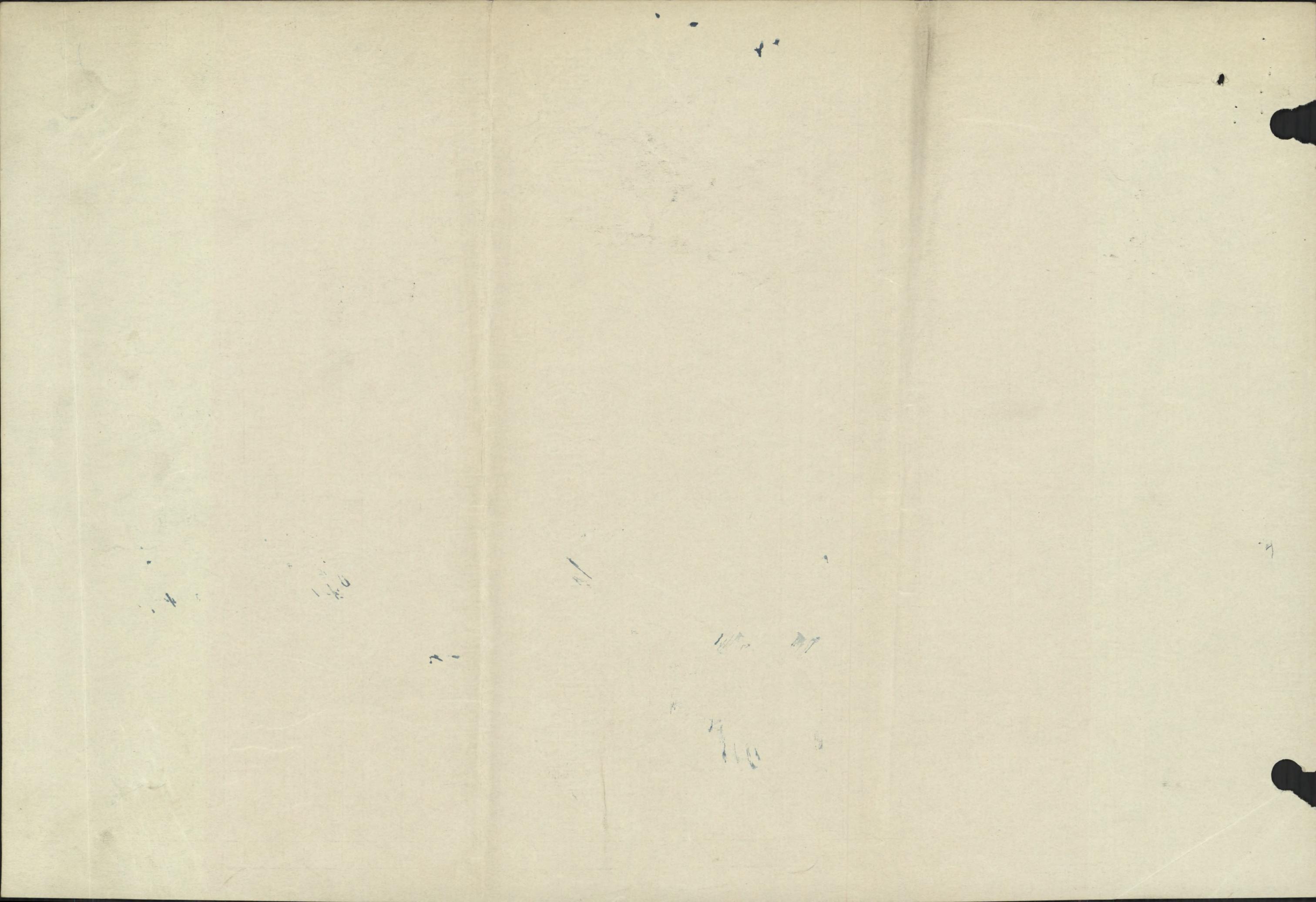
STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE EFFECTIVE

DISCHARGED *M. H. Smith* PLACE *100130* DATE *MAY 7 1919* REASON *2* AUTHORITY *100130* IF ENTITLED TO POST DISCHARGE PAY *Yes*

BALANCE FROM PREVIOUS ACCOUNT

MONTH	PAY AND F.A.		OTHER CREDITS		TOTAL CREDITS		ACQUITTANCE ROLLS			CASH PAYMENTS			ASSIGNED PAY		REGI-MENTAL CHARGE		OTHER CHARGES		TOTAL DEBITS		BALANCE		PARTICULARS OR REMARKS
	NO. OF DAYS	RATE	AMOUNT		S	C.	COL. NO. 1	COL. NO. 2	COL. NO. 3	COL. NO. 1	COL. NO. 2	COL. NO. 3	S	C.	S	C.	S	C.	S	C.	S	C.	
			\$	C.																			
<i>30-4-19</i>					<i>2561</i>	<i>2561</i>				<i>973</i>											<i>2561</i>		<i>BAL. ENG. L. P. C.</i>
<i>1-5-16-5</i>	<i>16</i>	<i>1.30</i>	<i>20.80</i>	<i>35.00</i>	<i>2561</i>	<i>15141.58</i>	<i>215</i>			<i>487</i>			<i>500</i>					<i>1500</i>		<i>15141</i>		<i>2561</i>	<i>With 2561</i>
				<i>W.S.G. S.G.</i>						<i>War Service Gratuity</i>			<i>W.S.G. S.G.</i>								<i>350.00</i>		<i>Independent</i>
<i>183 days at minimum</i>				<i>420.00</i>	<i>420.00</i>								<i>70.00</i>								<i>350.00</i>		<i>1st Payment W.S.G. as above</i>
<i>June 3</i>													<i>757678</i>	<i>70</i>							<i>228.30</i>		<i>183 days of 2nd P</i>
<i>July 4</i>													<i>781554</i>	<i>70</i>							<i>268.30</i>		<i>70 - 2nd payment W.S.G.</i>
													<i>1207028</i>	<i>70</i>							<i>198.30</i>		<i>70 - 3rd</i>
													<i>1231489</i>	<i>70</i>							<i>128.30</i>		<i>70 - 4</i>
													<i>1678292</i>	<i>58.30</i>							<i>58.30</i>		<i>70 - 5</i>
					<i>420</i>								<i>40830</i>		<i>1170</i>				<i>420</i>		<i>420</i>		<i>58.30 6 2nd</i>
													<i>a/c Cleared</i>										

AUDITED
OCT 2 1919
1919



* Strike out whichever inapplicable.

ASSIGNED PAY. ENGLAND or CANADA. SEPARATION ALLOWANCE. ENGLAND or CANADA.

NAME:- **CARLSON, Gustave Alexander.**

EFFECTIVE DATE:- **1/10/16**

EFFECTIVE DATE:-

NUMBER:- **624789.**

AMOUNT:- **\$15.00**

AMOUNT:-

PARTICULARS OF RANK OR APPOINTMENT

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.

AUTHORITY DATE EFFECTIVE RANK OR APPOINTMENT

M. A. P. Andersson,
Swyauar, Alberta.
("Friend") Canada

B.O. 147. 7/11/17 **1/10/17** **Corporal.**
80136-8 Bn 24/1/18 **7/10/18** **app. 2/1/18.**

UNIT AND TRANSFERS

Stopped 1/5/19

ORIGINAL UNIT:- **151st Bn.**

DATE ACCOUNT FIRST OPENED:- **1/10/16**

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

AUTHORITY DATE EFFECTIVE DATE LEDGER SHEET T'S F D UNIT TRANSFERRED TO

DATE OF PAYMENT NUMBER OF A.R. UNIT PAID BY AMOUNT DATE OF PAYMENT NUMBER OF A.R. UNIT PAID BY AMOUNT

AUTHORITY DATE EFFECTIVE DATE LEDGER SHEET T'S F D UNIT TRANSFERRED TO

DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT
14/19	2452	30 Trcs	5 60				
20/19	2544	30 Trcs	5 60				
1/19	10 F		48 67				
L.P.C. Bal.	30/19	25 61	59 87				

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS CE ALL'CE
Capt.	1 10	10		
1/39/2	1 15	15		

PARTICULARS OF RENDERING NON-EFFECTIVE:- **Dist Canada 1/5/19 NR. 6103 4/4/19 B Shott/6 B Shott. M.D. 13 L.P.C. 7 4/19**

MONTH 1918	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
March	Bal forward								72 95		
April	Corporal's Pay	36		C.A.P.				15			
				AR. 22 4/8/18 8th Bn.	0 78						
				AR. 245 21/4/18 C1 Bn.	5 35						
				" 1509 22/4/18 C. Det. B. Bn.	2 68						
		36			9 81			15	84 14		
May	Corporal's Pay	37 20		C.A.P.				15			
				AR. 2502 8/5/18 C. Det. B. Bn.	4 46						
				" 352 11/5/18 C1 Bn.	8 92						
				" 378 17/5/18 20th Cen. Bn.	24 33						
				" 656 30/5/18 C1 Bn.	5 35				63 28		
		37 20			43 06			15			
June	Corporal's Pay	36		C.A.P.				15	84 28		
				AR. 769 1 C. Det. B. Bn. 15/6/18	10 71				73 57		
		36			10 71			15			
July	C.P.	37 20							110 77		
				Cau ap				15	95 77		
				AR. 160 8th Bn 12/7/18	5 35				90 42		
				✓ 71 ✓ 1/7/18	5 35				85 07		
				✓ 310 ✓ 30/7/18	5 35			15	79 72		
		37 20			16 05						
Aug	C.P.	37 20		Cau ap				15	101 92		
				DN. AR. 158 Det. B. Bn. 4/8/18	4 46				97 46		
				" 264 8th Bn 19/8/18	4 46				93 -		
		37 20			8 92			15			
SEP	A.P.	36		Cau ap				15	114 -		
				DN. AR. 417 8th Bn 15-9-18	4 46				109 54		
				" 343 5-9-18	4 46				105 08		
		36		Bal. C.F.	8 92			15			

NUMBER

624789

RANK

L/Sgt.
Sgt.

NAME

CARLSON G.L.

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
1918	Bal. C. F.								105 08		
Oct.	Sgt. Pay	37 20		DRAR 552. 8Bn. 27/10/18	4 66				137 62		
				do 641. do 27/10/18	4 66				132 96		
	Pa. up Cpl. 27/10/18 to 31/10/18 4d. Sgt. 11 days @ 10 d. 136 8Bn. 29/10/18	1 10		Leave as of Oct.				15 -	119 06		
		38 30			9 32			15			
Nov	L/Sgt. Pay	39 -		Cap Nov				15	143 06		
Dec	do	40 30		do Dec.				15 -	168 36		
Jan/19	do	40 30		DRAR 798. 8Bn. 1/11/18	5 60				203 06		
				do 954. do 16/11	19 59				183 47		
				Cap Jan/19				15 -	168 47		
		119 60			25 19			45 -			
Feb.	L/Sgt.	36 40		AR 19177. CPM 29/1/19	24 33				144 14		
				Cap Feb				15	165 54		
				DRAR 1295 M.R.D. 8Bn 21-12-18	5 84				159 70		
				do. LC 180. 8Bn. 29/1/19	97 33				62 37		
				do. 1154. do. 13/12/18	5 60				56 77		
				AR 1528 2Bn. 2 14/1/19	9 33				47 44		
				DRAR 1443. 8Bn. 27/1/19	5 66				41 78		
Mar	L/Sgt R	40 20		Cap				15	67 08		
				DRAR 115 8Bn 1/3/19	5 60				61 48		
		76 70			153 69			30			
Apr	R/Sgt R	39		Cap				15	85 48		
				DRAR 2504. 8Bn. 20. 2. 19	5 60				79 88		
				" 2552 " 14. 3. 19	5 60				74 28		
				" " " 2. 4. 19	48 67				25 61		
				AR 1201. 2Bn. 20. 4. 19	9 73				15 88		
		39			69 60			15			

L.P.C.

J.O.S. 26.4.19 S.L. 56. MAR 2