C.E.F. REGIMENTAL DOCUMENTS

NAME ANDERSON, ALEXANDER REGT. No. 511706 UNIT 4 C.D.T. H. Q. FILE No. 7756

CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
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FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
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MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
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M.F.W. 2589
20M-4-46 (9113)
H.Q. 1772-39-1377

No. 8 Coy. 3rd Divisional Train C. E. F.

ORIGINAL

ATTESTATION PAPER.

No. 511706

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

Pte

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname?	Anderson
1a. What are your Christian names?	Alexander
1b. What is your present address?	Blairy Institution
2. In what Town, Township or Parish, and in what Country were you born?	Dundee Scotland
3. What is the name of your next-of kin?	Riddie Bella
4. What is the address of your next-of-kin?	13 Eliza St Dundee Scotland
4a. What is the relationship of your next-of-kin?	Sister I L
5. What is the date of your birth?	21st July 1880
6. What is your Trade or Calling?	Stableman
7. Are you married?	No
8. Are you willing to be vaccinated or re-vaccinated and inoculated?	A A Yes
9. Do you now belong to the Active Militia?	No
10. Have you ever served in any Military Force? If so, state particulars of former Service.	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

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Alexander Anderson, do solemnly declare that the above are answers made by me to the above questions and that they 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.

Alexander Anderson (Signature of Recruit)

Date 18th Jan 1916 (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Alexander 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.

Alexander Anderson (Signature of Recruit)

Date 18th Jan 1916 (Signature of Witness)

CERTIFICATE OF MAGISTRATE.

The Recruit above-named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.

The above questions were then read to the Recruit in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said Recruit has made and signed the declaration and taken the oath before me, at Montreal this 19th day of Jany 1916.

E. A. Gould J.P. (Signature of Justice)

M. F. W. 23.
100M.—1-15.
H. Q. 1772-39-841.

Description of Alexander Anderson on Enlistment.

Apparent Age 35 years 5 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height	5 ft 3½ ins.
Chest measurement — Girth when fully expanded	36½ ins.
Chest measurement — Range of expansion	3½ ins.
Complexion	Fair
Eyes	Blue
Hair	Fair
Religious denominations — Church of England	
Presbyterian	✓
Methodist	
Baptist or Congregationalist	
Roman Catholic	
Jewish	
Other denominations (Denomination to be stated.)	

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).

Scar on left leg

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 18th January 1916. E J Lullee

Place Montreal Que. Capt. A.M.C.

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.

Alexander 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.

Chas Church Capt (Signature of Officer)

Date Jan 27 1916.

War Service Badge
Class A, No. 92560

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

THIS IS TO CERTIFY that No. 511706 (Rank) Dvr.

Name (in full) ANDERSON Alexander enlisted in

the 3rd Can. Div Train

CANADIAN EXPEDITIONARY FORCE at Montreal on the 18th

day of January 1916

HE served in 4th Div Train (France)

and is now discharged from the service by reason of Demobilization. medically unfit for General Service

~~Medical Unfitness~~.

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

Age 39

Height 5 ft 3½

Complexion fair

Eyes blue

Hair fair

A/t Anderson

Signature of Soldier.

Marks or Scars Nil.

Major

O.C. Dispersal Station "B"

Issuing Officer.

Date of Discharge JUN 31 1919

Dispersal Station "B" Military District No. 6

Rank

Date JUN 13 1919 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.

M.F.B. 39A.

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.

R—122

RVG

Rank

Name ANDERSON. Alexander

Reg'l No. 511706

Unit No 3 Coy, 3rd Div Train

If in perm. Corps, What Unit?

Married or Single Single

Place and Date of Enlistment Montreal, Jan 18th 1916

Place of Birth Dundee, Scotland

Name and Address, Next-of-Kin Kiddie Bella,

13, Eliza Street, Dundee, Scotland

Relationship Sister

Assigned Pay Monthly $

Payable to

Relationship

Separation Allowance $

Payable to

Relationship

Discharge, Date and Place

Reason

Character

N/E. R.B. No. 6762
File R.L.
Category O 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		Arrived in England	12 MAR 1916		S.S. Scandinavian
15-5-16	Adj 3rd Div Tr.	S.O.S. on transfer to C.A.S.C. T.S. #2.	Bramshott	15-5-16	Pt II S.O. #63
16.5.16	CASC 2°2	Taken on Strength	"	16.5.16	" 116 A.F.B. 103
19.7.16	do	S.O.S. on trans to 4th Div Train	"	19.7.16	" 170 14 AUG 1916
20.7.16	4th Div Tr	T.O.S. from CASC #2	—	19.7.16	" " 10
12-8-16	4th Div Tr.	Embarked for France.		12-8-16	Pt II DO 30
17.5.19	a	Proc to England	Rte	Le Havre 10.5.19	DO 40
		Proc to Canada		6.6.19.	83-B-51.
27.5.19	J Wing	TOS	"	Witley 12.5.19	-19
6.6.19	—	SOS to Can	"	" 6.6.19	-25

511706 Anderson Alexander

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.					

ORIGINAL

ORIGINAL

No. 3 Cov. 3rd Divisional Train C. E. F.

MEDICAL HISTORY SHEET.

4D7

Surname anderson *Christian Name* alexander

Examined { on 18th day of Jan 1916
at Montreal

Approved by E. J. Chittick

Birthplace { City or Town Dundee
County Scotland

Rank Capt. A.H.C. M.O.

Apparent age 33 years 5 months

Trade or occupation Stablemen

Height 5 Feet 3 ½ Inches.

Weight 121 Lbs.

Chest measurement { Minimum 33 inches.
Maximum expansion 36 ½ inches.

Physical development Good

Small-Pox Marks No

Vaccination Marks { Arm Right. Left.
Number — 2

When Vaccinated last as a boy

(a) Marks indicating congenital peculiarities or previous disease

(b) Slight defects but not sufficient to cause rejection
Small cutaneous pile
Had piles before
Refer dental corps.

Date.	Fit or Unfit.	Examined for Re-engagement.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Date.	Result.	Vaccinations.
1916		
Jan. 19		Across corpsane M.O.
		M.O.
		M.O.

Date.	Result.	Anti-Typhoid Inoculations, Etc.
1916		
Jan. 19		500 m Across corpsane M.O.
Jan 29		1000 m Across corpsane M.O.
Feb 7		1000 m Across corpsane M.O.
30/7/16	Para	Effic

Enlisted on 19th *day of* January 1916 *at* Montreal. Que.

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	No. 3 Cov. 3rd Divisional Train C. E. F.			
Transferred to	6.A.S.C. Training Depot Thorncliffe. Bramshott	511706.	No. 4 Cov. 4th Divisional Train C. E. F.	April 17 1916 MAY 1 1916

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.
Witley	14-5-19	Chr. Bronchitis	B/ A.H. Naylor Capt RAMC

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.

200M—11-15.
H. Q. 1772 39-19.

Surname Donaldson Christian Name Alexander

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.

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

DISTRICT 4

NAME OF SOLDIER Anderson, A.

REGIMENT 4th Co 4th Div Ctr RANK Dvr No. 511706

M.F.B. 465
150M--10-18
1772-39-950

INSTRUCTIONS

X to be extracted
M are missing

1. On examination the condition of patient's mouth to be marked on diagram in red ink.
2. On first line of report, record of same to be made in red ink.

Only such entries to be made on this sheet as will show:

1. Condition on examination (in red).
2. Condition on leaving Canada.
3. Condition on discharge from the Service.

	Date 1920	Amalgam	Temporary Filling (a) G. P. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhœa	Synthetic Porcelain	Extracting	DENTURES U	DENTURES L	DENTURES P	Gold Clasp	Gold Filling	CROWNS Gold	CROWNS Porcelain	Bridge Work	Prophylaxis	OPERATOR	Military District	REMARKS
Condition on first Examination	June 14th																				[illegible]		Cavities / Extractions 75 Ex 10 [illegible]
	24	Impression & bite taken																					
	June 29th	Full upper denture. Part lower denture																					

Certified that my dental treatment has been satisfactorily completed.

Alex Anderson

Date June 29th/20 Sig. of patient

P. 880.

DEPARTMENT OF MILITIA AND DEFENCE.

WAR SERVICE GRATUITY.

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

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, if soldier discharged in Canada, this Declaration is to be returned to THE DISTRICT PAYMASTER OF THE DISTRICT IN WHICH THE SOLDIER WAS DISCHARGED, or if soldier discharged in England to be returned to Paymaster General O.M.F. of C., 7, Millbank, London, S.W.

1. Christian names Alexander 2. Surname ANDERSON.

3. Rank Driver 4. Original Unit 3rd Div. Train 5. Reg. No. 5 11706

6. Address, in full, to which future payments of gratuity are to be forwarded

Ch. ~~City & District Saving Bank Notre Dame St. W. Montreal~~

A-

7. Date of enlistment in the C.E.F. 18th Jan 16

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? not applicable

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:—

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?

14. Were you on active service only in Canada or the United States? If so, give particulars of unit and dates of such service

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 3 years 4 Months
3rd Div Train Canada, 4th Div Train England.
4th Div Train France

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

5434. Wt. /30P. 250,0.0(8). 2/19. S.O.,F.Rd.

18. Have you had more than one enlistment? If so, give particulars of discharges and re-enlistments and under what regimental numbers and units. not applicable

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? not applicable

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? not applicable

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

DEMOBILIZATION
JUN 21 1919

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

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

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: Alex[r] Anderson

Place of Residence: General Post Office Montreal (to be left till called for)

Declared before me at: Witley Surry. England.

This 12th day of May 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.

"Questions 7, 8, 13-14-22-24-25-26 and 27 are unanswered"

R. W. Marshall major
for D.C. 4th Can. Div. Train

POST DISCHARGE PAY.

Date paid.	Paid Soldier	Paid Dependent	War Service Gratuity	Net amount due
			183 days	420.00
			less WSG	70
				$350.00

Certified Correct

District Paymaster.

AA

CERTIFIED CORRECT.
19 AUG 1916
CAN. RECORDS, LONDON.

W.S.B. Class A.

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

M. F. W. 54.
150M. 10-15.
H.Q. 1772-39-920.

Casualty Form—Active Service.

W.S.B. class "A"

Unit, Regiment or Corps No. 3 Cov. 3rd Divisional Train C. E. F.

Regimental No. 511706 Rank ~~Private~~ A/Cpl C. E. F. Name Anderson, Alexander

Enlisted (a) 18 Jany 16. Terms of Service (a) ..... Service reckons from (a) 18-1-16

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

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

Report: 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.
19-7-16	Base Hos Transferred	Henderson Ferguson left Reg't. to 4th Div Train. Embkd. for service Overseas Aug. 12 1916	Date of Embarkation March 2nd St John. Disembarkation March 19th Plymouth. for Base.	19-7-16	Hampstead. R. Laird ..... Capt. Adj. Fourth Divisional Train C. E. F.
11/1/17	Unit.	Sentenced to Forfeit 14 days Pay. for when on active service disobedience of orders in that he went on convoy without a rifle.		10/1/17 5/1/17	B2069 Part II and No 5 of 19/1/17
5-1-18.	—11—	Granted Leave —	England.	31-12-17.	B.213A. P II O. 7. 26/1/18
26-1-18.	—11—	Rejoined from leave.	Reed.	19.1.18.	" "
1-7-18.	12. F.A.	S/R.U.O.	Adm	1-7-18.	A4865
2-7-18.	Do	Do To 4 C.C.C.S.		2-7-18.	A4897.
6-7-18.	A.C.D. Train	Adm. to 12th Can Fd. Amb.		1-7-18	B213.

(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				
7.7.18.	4CCCS.	R.U.O.	Adm	2.7.18.	A 5267.
13.7.18.	O.C. 4 Train	Rejoined from Hosp.		10.7.18.	B213
13.7-18	4CCCS.	R.U.O. To	Duty	10.7.18	A 5668.
14-12-18	4th Train	Granted 14 days Leave	To U.K.	13-12-18	B213a Gt II O 95 d/1918
11-1-19	Do	Rejoined from Leave		4-1-19	B213a
18-1-19	Do	Awarded 1 Good Conduct Badge		10-1-19	B213a Gt II O 11 d/1919

Emb. Camp. Proceeded to England

MAY 10 1919

E.M.T. OLYMPIC No. 99
D.S.M.P.N. JUN 1919
MBKD H.FX JUN 12

J. Johnston Capt & Lt
Lieut. for Lt Col. A. A. G.
Canadian Section, C. H. Q. - 3rd, Ech.

S.O.S. "J" Wing, Canadian Corps Camp, Witley,
on proceeding to Canada 6 June 1919, D.O. No.

J. E. Duckett Lt.
for Officer Commanding.

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 No. 1 Coy 3rd Div. Train

Regimental No. 511706 Rank Dr. Name Anderson Alexander
C. E. F.

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

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

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

Report: 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
6/6/19		T. O. S. No. 6 D. D. from 9/5 and posted Disp. Sta. B. Hfx			D.O. 168
21/6/19		S. O. S. on Discharge			" 168

.....Lieut.
Officer i/c Records No. 1 D. D.

(*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				

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

Form R. 149.

Alexander

Name ANDERSON Rank Dr Reg. No. 511706

Unit CASC. 4th D.Tr.

Next of Kin Kiddie Bella. 13 Eliza St. Dundee. Scotland.

Date 1918		Movement	Place	Casualty	List No.	Notified N/K O.		W.O. List
1	7	12 C.F.A.		P.U.O.	A 207			32644
2	7	4. C.C.C. Stn		—	A 264			33031
10	7	Dischd to Duty		—	A 264			33405

NAME Anderson. A.

REGT'L NO. 511706

H. Q. FILE NO. 649.

RANK AND CORPS Pvt. 16. A. S. 16.

FOLLOWS NO.

FOLLOWS

CABLE NO.	CABLE DATE	NATURE OF CASUALTY

L. L. 26438. M. & D. 8207.

M. F. W. 42—50M.—8-17.
H. Q. 1772-39-893.

LIST NO.	HOSPITAL	DATE OF ADMISSION	REMARKS
A257.	12 Can. Fld Amb	1-7-18	P. W. O.
A264	H Cas. Cly Stn	6-7-18	" " "
A269	Disc.	10-7-18	" " "

DESP NOV 11 1922
REGN. NO. GV20426.

Number 511706 Rank pte

Surname ANDERSON

Christian Name Alexander

Units C.A.S.C. Theatre of War France

Date of Service 12-8-16.

Remarks

Latest Address N.S. 29-8-21

Roll No. B. Page 20119.

200m.-6-21.M.

D M S. 1300 50M-21-'1 17.

SURNAME	CHRISTIAN NAME OR NAMES	REG. NO.
Anderson.	A.	511706.

RANK	UNIT	CO.	TROOP	BATTY.
Dvr.	6. A. S. 6.		4 DT.	

HOSPITAL — DATE OF ADMISSION

1. 12. 6. F. Amb — 1. 7. 18.
H. C. C. Pla. — HOSP. 2-7-18

2. HOSP.

3. HOSP.

4. HOSP.

DIAGNOSIS

1. Pyo. ab.

2.

3.

DISPOSITION — DATE

D.L. 6.7.18 a/257. — Dio 10.7.18

REMARKS

15-7-18 a/2647.

20-7-18 a/269.

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

EPITOME OF HOSPITAL TREATMENT

	HOSPITAL	ADM.
1.		
2.		
3.		
4.		
5.		
6.		
7.		

FILE No. 571706 VOL.

SUBJECT Anderson, Alexr

CHARGED TO	PER	DATE	CHARGED TO	PER	DATE
Dock	I	1-2-26	S		

THIS CHARGE-OUT AND ABSENT CARD **MUST NOT** LEAVE THE REGISTRY.

FILE No. VOL.

SUBJECT

CHARGED TO	PER	DATE	CHARGED TO	PER	DATE

THIS CHARGE-OUT AND ABSENT CARD **MUST NOT** LEAVE THE REGISTRY

N. D. FORM O.S.S. 5.
13435—50M—10-24.

L. L. Job 710—M. & D. 6574.

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

M. F. W. 12.
50m.—4-16.
H. Q. 1772-39-819.

336

EMW

To Whom Mrs M. A. Anderson

Address ~~1665 Pembroke St~~ 1109 Kings Road Victoria B.C. 13/9/16

Rate $15.00 May 1/16 P.C. 148

By Whom Assigned A. Anderson

Regtl. No. 511706.

Rank Pte

Corps #3 Co 3rd Div Train C.A.S.C.

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				

Dup acct
Shuts cancelled
9BB 12/3/17.
Duplicate acct

RVG

Rank Pte. Name ANDERSON. Alexander Reg'l No. 511706

Unit No 3 Coy, 3rd Div Train If in perm. Corps, What Unit? Married or Single Single

Place and Date of Enlistment Montreal, Jan 18th 1916 Place of Birth Dundee, Scotland

Name and Address, Next-of-Kin Kiddie Bella,

13, Eliza Street, Dundee, Scotland Relationship Sister

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.
1916																	
March 1	31	31	1.00	31 -	31	10	3 10	5 -	39 10			17 03	—		17 03	22 07	$5.00 clothing

BALANCE TRANSFERRED TO NEW LEDGER.

Checked WRD

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						

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

M. F. W. 12a.
50m.—4-16.
1772—39—850.

337

Sheet No. 2. Mrs M. A. Anderson wife

Name of Soldier Pte. A. Anderson

PAYMENTS.

3rd Dinfrain 511706.

L. L. Job 310.—Req. 6574.

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May		T4391	15	
June		08554	15	
July		68351	15	AK suspended pending further particulars MS 24/7/16
Aug.				
Sept.				
Oct.				Dup acct
Nov.				Sheets cancelled
Dec.				
Jan.	1917			Overpayment Recovered
Feb.				on ~~payment~~ act of Pte. A. Anderson
March				511212. GBB. 12/3/17
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

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.				

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. 3000).
6. Field Conduct Sheet (M.F.B. 122).
7. Proceedings on Discharge (M.F.B. 218a).
8. Discharge Certificate (M.F.W. 30).
9. Certificate of Identity (C.R.S.).
10. Statement (Statement Q.M.G. Form (D.G.S. & A. Circular).
11. Casualty Form (M.F.W. 2000).
12. Last Pay Certificate (P.351). 6 Dup
13. Pay Book (A.B.64).
14. War Service Gratuity (Form M.F.W. 2000).
15. Sundry Documents.

Group B

Checked by No. 15

Date 6.6.1919

1700

War Service Badge
Class A, No. 325604

1706 1445

SHORT FORM.

Occupation Group 23

Discharge Unit B

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

2-7-46

H.M.T. OLYMPIC 16-6-46

EMBKD S'M'P'N JUNE 5

ISEMBKD H'FX JUN 12

1. No. 511706
2. Rank. Driver
3. Name. Anderson Alexander
4. Unit. 4th Can Div Train
5. Date of Discharge 21-6-19 Place Halifax.
6. Reason for Discharge DEMOBILIZATION. 21/2/2 1132
7. Authority. R.O. 1420
8. Proposed Residence after Discharge C/O. ~~c/o City & District Bank~~ ~~Notre Dame St West~~ Montreal. Que

9. CERTIFICATE TO BE SIGNED BY SOLDIER.

I hereby acknowledge that at the undermoted place and date I received my discharge Certificate

M. F. W.? Discharge

A Anderson Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

HALIFAX, N.S. JUN 1 31919

Place

Date

Signature K. L. Camp 15/12/19 Major O. C. Dispersal Station "B" (O. C. Discharging Unit.)

M.F.B. 218a—300M.-11-18—1772-39-113.

E. R. J.

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.~~) P7 yes
(*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.~~)

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.)

boarded for RT Claus AS Tel 9083 4-11-19

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.

E W Smith Capt RAMC — *President.*

PLACE Witley — } Members
DATE 14-5-19 — W R Maylor Capt RAMC

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

APPROVED BY ~~Brunker~~ Lt-Col — APPROVED BY
Assistant Director of Medical Services. — *Director-General of Medical Services.*

DATE..... DATE.....

CANADIAN HEADQUARTERS CANADIAN CORPS CAMP 14 MAY 1919 WITLEY SECTION.

Original

THIS FORM WILL BE USED FOR ALL RANKS

MEDICAL HISTORY OF AN INVALID

U32 4 DT

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." 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 Witley Camp Surrey DATE 12.5.19.

1. 1 (*a*) Unit 4 D.T. J Wing (*b*) Regimental No. 511706 (*c*) Rank Dvr
(*d*) Surname ANDERSON (*e*) Christian name Alexander
(*f*) Home address Montreal P.O. Que
(*g*) Next of Kin Mrs B Kiddie (*h*) Relationship Sister
(*i*) Address of Next of Kin 34 Catherine St Dundee Scotland
2. Age last birthday 39 Date of birth July 21-1879
3. Enlistment, or Appointment (if an Officer) (*a*) Place Montreal (*b*) Date 19.1.16.
4. Personal description:
(*a*) Height 5' 3½" (*b*) Weight 128 (stripped) (*c*) Complexion fair
(*d*) Colour of hair fair (*e*) Colour of eyes blue (*f*) Identification marks, Scars, etc. Nil
5. Former trade or occupation Stable man

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	115

	Periods	
	From	To
Canada	19.1.16.	2.3.16.
England	13.3.16.	12.8.16.
France or other theatres of War	12.8.16.	12.5.19.

7. Original disease, or injury BRONCHITIS - CHRONIC
(*a*) Date of origin Sept 1916 (*b*) Place of origin France
(*c*) Cause Adverse Service Conditions

M. F. B. 227.
400M.—11-18.
3772-39-117.

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.)

Partial loss of function lungs.
(Chronic Bronchitis)

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- Chest well developed - Expansion fair
Supra and infra clavicular notches not
not depressed - No area of dullness
Few scattered rales both chests -
Expiration somewhat prolonged - Chest
slightly emphysematous.

Subj- Invalid complains of cough - much worse
in the morning - Expectoration slight - whitish
frothy mucous - Describes cough as wheezing.
(age 39) No pain or distress -

(*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 n.d. Cardio-Vascular System n.d. (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 no

Urine normal

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

While on active service in France in Sept
1916 was sleeping in wagons and as
weather was rainy was wet most of time - Cough
developed and has persisted - (Never gassed)

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*).)

P.U.O - 1-7-18 Moderately
Inflammation of lungs. 26 years ago.

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

nil

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.)

(b) n.a

12. Was the disability caused, or aggravated; (*a*) by intemperance, or improper conduct; or (*b*) by unreasonable refusal to accept treatment? (a) no. (b) 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? 12 - 24 months

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

Nil

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

R A Brodie Capt
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 511706 Pte 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

511706 Pte A Anderson Rank.
Signature of invalid examined.

DUPLICATE

H Q 54-21-23-53
4 D 31-3-47

CIRCULAR No. 38.

Particulars of Family of an Officer or Man Enlisted in C. E. F.

TO BE MADE OUT IN DUPLICATE

INSTRUCTIONS.

(a) One copy of the form is to be forwarded by Officer Commanding unit for each man to Officer Commanding Division or District, at least seven days before man leaves his station to proceed Overseas.

(b) 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 *No. 3 Coy. 3rd Divisional Train C. E. F.*

(2.) Regimental Number 511706

(3.) Full Name of Soldier Alexander Anderson

(4.) Place of Birth Dundee Scotland

(5.) Are you Married? No

(6.) (a) Full Name of your Wife /

(b) Present Postal Address of Wife /

(7.) Are you a Widower? No

(8.) Have you any Children? No

Number of Boys? Girls?

Names and Ages

(9.) Is your Father Alive? No

Name and Address /

(10.) Is your Mother Alive? Yes

Name and Address 13 Eliza St., Dundee, Scotland

(11.) If your Mother is a Widow

Are you her sole support No

CIRCULAR No. 38.—*Continued.*

(12.) If sole support of Widowed Mother, state what amount you have given her per Month prior to your enlistment.....

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 concerning you to be sent.....

..... Mrs. Harry Kiddie of 13 Eliza Street Dundee, Scotland is my sister to whom I would want any word of me sent

(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.....

In what Company?.....

Have you made arrangements for payment of your Insurance Premium?.....

.....

If it is a Monthly Premium, you can assign the amount in addition to any other assignment you wish to make.....

.....

Chris Church Capt

Officer Commanding.

No. 8 Coy. 3rd Divisional Train C. E. F.

AUDITOR | PAYMASTER

Olympic 12.6.19

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

REGT. No. 511706 RANK Pte. NAME (IN FULL) Anderson A.

M. OR S.

NEXT OF KIN | RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? | DATE EFFECTIVE

TO WHOM PAID Nil | RELATIONSHIP

ADDRESS

PARTICULARS	EFFECTIVE DATE	AUTHORITY
Tons	6-6-19	Leo. 168

ORIGINAL UNIT C.E.F. C.A.S.C. | IF IN P.F. WHAT UNIT? | (BLOCK LETTERS SURNAME FIRST)

PLACE OF ATTESTATION | TRANSFERRED TO | DATE | AUTHORITY

1299 Joseph Ave 454

DATE OF ATTESTATION | TRANSFERRED TO | DATE | AUTHORITY

Verdun Montreal Que 12/8/19

ASSIGNED PAY $ 15.00 | DATE EFFECTIVE 1.7.19

PAYABLE TO Mrs H Kiddie | RELATIONSHIP | ANY CHANGE IN ASSIGNEE OR ADDRESS Stopped by Eng.

ADDRESS 34 Katharine St. Dundee Scot | G.P.O. Montreal Que.

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE | EFFECTIVE

DISCHARGED | PLACE Jex | DATE JUN 21 1919 | REASON Demob | AUTHORITY Leo. 190 | IF ENTITLED TO POST DISCHARGE PAY

E.R.P.C.

MONTH	PAY AND F.A. No. OF DAYS	RATE	AMOUNT $ C.	OTHER CREDITS $ C.	TOTAL CREDITS $ C.	ACQUITTANCE ROLLS COL. No. 1 No. DATE	COL. No. 2 No. DATE	COL. No. 3 No. DATE	CASH PAYMENTS COL. No. 1 $ C.	COL. No. 2 $ C.	COL. No. 3 $ C.	ASSIGNED PAY $ C.	REGIMENTAL CHARGES $ C.	OTHER CHARGES $ C.	$ C.	TOTAL DEBITS $ C.	BALANCE DEBIT $ C.	CREDIT $ C.	PARTICULARS OR REMARKS
BALANCE FROM PREVIOUS ACCOUNT																			Cr Bal Cloth Allce
31.5.19				322 71															Cr W.S.G.
				35 00															adv Boat Col 1.2
21.6.19	21	1.10	23 10	20 00	450 81				4 87	5 00	416 61			24 33		450 81			Bal Dis Col 3
																			adv Eng
183 days				420 00	420 00							70 00							1st Pam't W.S.G.
												70					280		892697 24.7.19
												70					210		1126641 22/8/19
												70					140		1492483 19/9/19
												70					70		1514245 20-10-19
												70				420 00	nil		1777523 20/11/19
				420-	420-							420-				420-			

WAR SERVICE GRATUITY W.S.G. S.A.

Payments W.S.G. Completed

H A Allum Lt

JUL 22 1919

200M-3-19.—L. L. 58786-M. & D. 9985.
M. F. W. 2596.
1772-39-1390.

MARRIED OR SINGLE S.

PLACE OF BIRTH Dundee. Scotland.

NAME AND ADDRESS OF NEXT OF KIN Kiddie Bella.

13. Eliza. Street. Dundee. Scotland.

RELATIONSHIP OF NEXT OF KIN sister.

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

ADMISSIONS TO HOSPITAL, &c.

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

REG'L. NO. 511706. RANK Pte. NAME Anderson. Alexander.

IF IN PERMT. CORPS WHAT UNIT — UNIT 3.D.W. Train Bramshott

TRANSFERRED TO C.A.S.C.T.D. Bramshott. DATE 11-5-16 AUTHORITY D.O. 63, 15.5.16

PERMANENT FORCE ALLOWANCES

TRANSFERRED TO 4th Dw T. DATE 31-7-16 AUTHORITY 20170

PLACE OF ATTESTATION Montreal.

TRANSFERRED TO DATE AUTHORITY

DATE OF ATTESTATION 18-1-16

TRANSFERRED TO DATE AUTHORITY

~~Compulsory allowance adjusted in error~~

ASSIGNED PAY MONTHLY $ ~~15.00~~ DATE EFFECTIVE 1-5-16

PAYABLE TO ~~Mrs. M A Anderson 1665 Pembroke Victoria B.C.~~ Mrs. M A Anderson. 1669. Kings Road. Victoria B.C. RELATIONSHIP ~~Wife~~ A 11644 1/4/18

ASSIGNED PAY MONTHLY $ 15.00 DATE EFFECTIVE 1/3/18

PAYABLE TO M/S. H. Kiddie, 34 Catherine St. Dundee Scotland RELATIONSHIP Sister

STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) 2-4-17. EFFECTIVE 1-~~5~~4-16 REASON Compulsory assig. in error.

DISCHARGE DATE AND PLACE

REASON AND AUTHORITY

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

	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	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
March	31			31	-			3	10						5-	39 10											17 03			17 03	32 07				01
April	30	30	1	30	-	30	10	3	-							33 -	57	15d	69	27d				730	730					14 60	H 47				
May	10	10	1	10	-	10	10	1	-							11 -																51	H7			
	11-31	21	"	21	-	21	"	2	10							23 10			189	21d	90	12d			973	730		15		32 03	42 54				
June	1-30	30		30		30		3	00							33			205	15/6					730			15		22 30	53 24				
Checked A.W.W. July	1-31	31		31		31		3	10							34 10	226	30/6	247	14/7				973	1160			15		39 33	48 01 XX XX				
Aug	1-31	31		31	-	31		3	10							34 10	35	29.7.16						1160				15		29 60	12 51				40 error in bal. fwd. to Aug. Sheets. See. Sept. balance.
Sept	1-30	30		30	-	30		3	-						Composite Co C A C 1020 28.2.16	33 -	86	23.8.16						261		261		15		20 22	40 - 25 29				
Oct	1-31	31		31	-	31		3	10							34 10	213	3.10	286	17.10				267	261			15		20 23	79 16				
Nov	1-30	30		30	-	30		3	-						O.S.B. 1046 13.9.16	33 -			341	6.11.16					267	698		15		24 60	87 56				
Dec	1-31	31		31	-	31		3	10							34 10	Mem 2.11.16							261				15		17 61	104 05	30			
				30	60			30	60								522 10.12.16							1133											
Jan	1-31	31	100	34	10											34 10	537 19.12.16							262				15	15 40	46 97	91 18				Forfeit 14 days Pay. D05 9.1.17
			10														637 4.1.17							267											
Feb	1-28	28		30	80											30 80	717 18-1							261				15		20 22	101 75				
																	790 1-2							267											
				401	50										5-	406 50								627	4416	1689		150	15 40	3047 5	101 75				

511706 Pte. Anderson. A. Assig. Pay. 15.00

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	Acquittance Rolls 1 No.	Acquittance Rolls 1 Date	Acquittance Rolls 2 No.	Acquittance Rolls 2 Date	Acquittance Rolls 3 No.	Acquittance Rolls 3 Date	Acquittance Rolls 4 No.	Acquittance Rolls 4 Date	Cash Payments 1	Cash Payments 2	Cash Payments 3	Cash Payments 4	Assigned Pay	Other Charges	Total Debits	Balance Credit	Balance Debit	Pay Withheld or Deferred	Pay Available for Issue	Remarks
Twd			401	50										5	406 50									61 27	44 16	16 89		150 -	15 40	304 75	101 75				
Mch	31	1.10	34	10									150 -		184 10	844	22/2	976 / 919	23/3 / 8/3			War Loan £9-10-0 5/3/17		2 61	2 62 / 2 62		46 23	- -		54 08	231 77		195 00		A.P. (comp) charged in error. $150.00 refund.
April	30	1.10	33	00											33 00	27	9/4							2 61						2 61	262 16				
May	31	"	34	10											34 10	129	22/4	214	6-5					2 62	2 68					5 30	290 96				
June	30		33	-											33 -	307	17/5/17					RR 45. 30/5/17		2 68			24 34			27 02	296 94				
July	31		34	10											34 10																331 04				
Aug	31		34	10											34 10	491 / 411	20/6 / 6/6	575	5/7					2 68 / 2 67	2 68					8 03	357 11		270 -	87 11	
Sept	30		33	-											33 -	715 / 641	3/8 / 23/7	791	18/8					2 68 / 5 35	2 68					10 71	379 40		285		

Month	Particulars	Cr. 1	Cr. 2	Particulars	Dr. 1	Dr. 2	Dr. 3	Dr. 4	Balance	Deferred Pay	Sep. Allce. Eng.
Oct.		~~379 40~~							379 40	300.	
	P.P.	34 10		4th D.T. AR. 866. 5/9.	2 67				410 83	300.	
Nov	P.P.	34 10 / 33 00.		AR 971. 4 D.T. 7/10/17.	2 67 / 4 46						
				AR. 925 " " 18/9/17.	2 68.						
				AR 1009. " " 22/10/17.	3 57						
Dec.	P.P.	34.10		AR 1060 " " 4.11.17.	3 57.				463 65	330.	
1918 Jan	" "	67 10 / 34 10.			14 28						
				AR 1082 4 D.T. 19.11.17	13 38.						
				AR 1217 " 19.12.17	3 57						
				" 1156 " 6/12/17.	4 46						
				C.P. 78697. 15/1/18 £5-0-0.	24 33				452 01	345.	
Feb	P.P.	34 10 / 30 80		AR 1333. 1/2/18. 4 D.T.	45 74 / 4 46				30 80 / 48 28 / 107 14		
				DN 1318. 21/1/18. do.	3 57						
				DN 1225. 1/1/18 do	8 03 / 1 78						
				DN 2456. 1/1/18 do.	97 33				375 67		
Mch	P.P.	30 80 / 34 10		D. 504.40 x 3-7-8. (an)	107 14		15		19 10 / 394 77		
				AR 1447. 19/2/18. 4 D.T.	3 57						
				AR 1371. 5/3/18 do (19)	4 46						
		34 10		AR 1686. 20/3/18 do (26)	3 57		15		383 17	360.00	
					11 60						

P 820
12474—375M—13-2-18.

* Strike out whichever inapplicable.

ASSIGNED PAY.	* ENGLAND OR ~~CANADA.~~	SEPARATION ALLOWANCE.	* ENGLAND OR CANADA.
EFFECTIVE DATE:- ~~1/5/16~~	1/5/16	EFFECTIVE DATE:-	
AMOUNT:- 13 00		AMOUNT:-	

NAME:- ANDERSON. alexander E
NUMBER:- 511706.

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. H. Kiddie Sister~~
~~34 Katherine St.~~
~~Dundee Scotland~~
~~Stopt 1-7-19~~

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		Pte.

UNIT AND TRANSFERS

ORIGINAL UNIT:- 3rd Div Train Bshott.
DATE ACCOUNT FIRST OPENED:- 1/3/1916.

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO
DO 170.	31/7/16		4th Div Train

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
15/5	~~476~~	"J."	~~300~~			Ledger.	395 71
						Et.	73 00
						L&C.	322 71

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS:CE ALL:CE
Bn.	1 00	10	4	4

PARTICULARS OF RENDERING NON-EFFECTIVE: ~~31/5/19 mno 9 9179 Bisott - 19/5/19 Bshott - mno 4~~

MONTH 1918	PARTICULARS	CR. 1	CR. 2.	PARTICULARS	DR. 1	DR 2.	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
March 31	Bal Dowd.								383 17	360	
April	PP.	33		A5243. £3-1-8.			15		401 17		
				AR 1. 5/4/18. 4 D.T. ②	446				396 71		
				AR 74. 20/4/18 do ⑩	357				393 14		
		33			803		15				
May	P.P.	34 10							427 24		
	✓			A9647. £3-1-8.			15		412 24		
				AR 134. 5/5/18. 4 D.T. ⑤	446				407 78		
				AR 197. 22/5/18. do. ⑥	357				404 21		
		34 10			803		15				
June	PP	33							437 21		
				CK. B30045 £3-1-8.			15		422 21		
				AR 31. 12/6/18. London ②	2433				397 88		
				AR 252. 4/6/18. 4 D.T. ②	446				393 42		
				329. 22/6/18 " 6	357				389 85		
		33			3236		15				
July	PP	34 10							423 95		
				CK. B99247. £3-1-8.			15		408 95		
				AR 416. 3/7/18. 4 D.T. ①	446				404 49		
				AR 493. 12/7/18. do ④	357				400 92	360	
		34 10			803		15				
Aug	PP	34 10							435 02		
				CK. 646645 £3-1-8			15		420 02		
				AR 576. 2/8/18. 4 D.T. train 2	357				416 45		
				AR 663. 19/8/18 ✓ 6	357				412 88	360	
		34 10			714		15				
Sep.	P.P.	33							445 88		
				CK. B144445 £3-1-8			15		430 88		
		33		Forward			15				

100/10

NUMBER S11706. RANK Pte. NAME ANDERSON A. 1

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
Sept.	Forward.	33					15		430 88		
				AR 773. 9/9/18. 4 C.D. Train 3	3 57				427 31		
				AR 874. 22/9/18 ✓ 15	3 57				423 74		Acct Agrees 6/12/18 C.D.O.
		33			7 14		15				
Oct	P.P.	34/10		C.R. A55547 £3-1-8			15		442 64	360	
		34/10					15				
Nov	P.P.	33-		C.R. A92644 £3-1-8			15		460 64		
				AR 1113. 5/11/18 ✓ 5	3 73				457 11		
				AR 960. 20/10/18 ✓ 5	7 46				449 65		
				E 52841. £3-1-8			15		434 65		
				A.R. 1235 20/11/18 4 C.D. 32	13 06				421 59		
Dec	P.P.	34/10							455 69	360	
				AR. 1495 5/12/18 ✓ 55	3 73				451 96		
				AR. 452 10/12/18 ✓ 59	97 33				354 63		
Jan	P.P.	34/10		A9r4r £3-1-8			15		372 73		
		101 20			12 53		45				
Feb	P.P.	30 80		A91640 £3-1-8			15		388 53	360 00	
				1787 8/1/19 4.C.D. 18	3 73				384 80		
				1960 20/1/19 ✓ 46	3 73				381 07		
				Rem. 100-73827 8/r 85	24 33				356 74		
				2146 5/r ✓ 83	3 73				353 01		
Mar	P.P.	34 10		A11038 £3-1-8			15		372 11		
				2300 21/2 ✓ 109	3 73				368 38		
				2458 5/3 ✓ 137	3 65				364 73		
				2648 16/3 ✓ 149	21 90				342 83		
		44 90			64 80		30				
Apr	P.P.	B		A45045 £3-1-8			15		360 83		
				90 3/4 ✓ 17	3 49				357 34		
				Posted to a. and p. 5/4/212							
				~~450 15/4 Cheque 27~~	~~26 16~~				331 18		
				170 19/4 4 D.O. 31	3 49				327 69		
				288 28/4 ✓ 51	3 49				324 20		
May	P.P.	34 10		A76433 £3-1-8			15		345 30		
				— 34 June £3-1-8			15		328 30		
	Ind on A.P.	41 25							269 55	36 00	
				4767 14/5 J. 81	73 00				322 71		
		108 35			83 47		45				
				5335 29/5 J. 7	24 33				298 38		
					24 33						
				Jno. 53 6/6/19							