









*Original*

# ATTESTATION PAPER.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

No.

Folio.

*Original  
10/4/1915*

## QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

1. What is your surname? ..... *Auderson*
- 1a. What are your Christian names? ..... *Bernard*
- 1b. What is your present address? ..... *St. Andrews P.O.*
2. In what Town, Township or Parish, and in what Country were you born? ..... *Manitoba.*
3. What is the name of your next-of-kin? ..... *D. B. Auderson*
4. What is the address of your next-of-kin? ..... *7th St. St. Andrews P.O.*
- 4a. What is the relationship of your next-of-kin? ..... *Father*
5. What is the date of your birth? ..... *24th Dec. 1896*
6. What is your Trade or Calling? ..... *Labourer*
7. Are you married? ..... *no*
8. Are you willing to be vaccinated or re-vaccinated and inoculated? ..... *Yes*
9. Do you now belong to the Active Militia? ..... *Yes*
10. Have you ever served in any Military Force? ..... *no*  
If so, state particulars of former service.
11. Do you understand the nature and terms of your engagement? ..... *Yes*
12. Are you willing to be attested to serve in the }  
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? } ..... *Yes*

## DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *Auderson Bernard*, 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.

Date *Nov 15* 191*5* *Bernard Auderson* (Signature of Recruit)  
*W. B. B. B.* (Signature of Witness)

## OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *Bernard Auderson*, 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 *Nov 15* 191*5* *Bernard Auderson* (Signature of Recruit)  
*W. B. B. B.* (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 *Lethbridge* this *22nd* day of *November* 191*5*.

*G. A. Rose* (Signature of Justice)



# Description of Bernard Anderson on Enlistment.

Apparent Age... 19... 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. 8 ins.

Chest measurement. { Girth when fully expanded... 35 1/2 ins.  
 Range of expansion... 31 1/2 ins.

Complexion... Clear

Eyes... Black

Hair... Black

Religious denominations

- Church of England...
- Presbyterian.....
- Methodist.....
- Baptist or Congregationalist.....
- Roman Catholic.....
- Jewish.....
- Other Denominations.....  
(Denomination to be stated)

None.

## 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 declares that he is not subject to fits of any description.

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

Date... Nov 19 1915.

Place... Seelick

*[Signature]*  
 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.

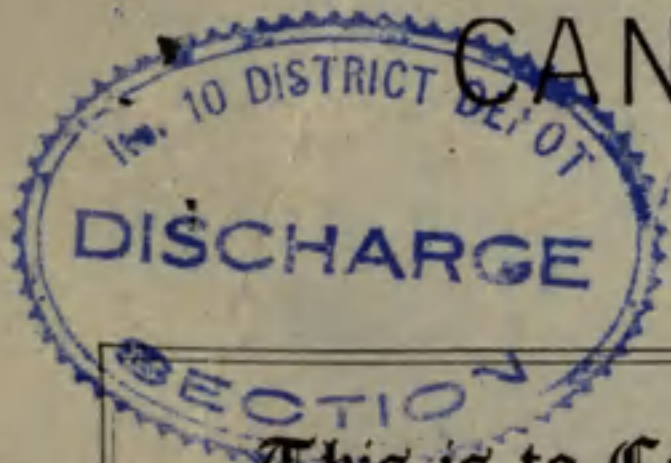
Bernard Anderson... having been finally approved and inspected by me this day, and his Name, Age, Date of Attestation, and every prescribed particular having been recorded, I certify that I am satisfied with the correctness of this Attestation.

*[Signature]* (Signature of Officer)

Date... 22<sup>nd</sup> Nov 1915

**108th OVERSEAS BATTALION**





# CANADIAN EXPEDITIONARY FORCE

## Discharge Certificate

10238

This is to Certify that No. 721004 (Rank) Pte

Name (in full) Bernard Anderson enlisted in

the 10<sup>th</sup> 1/3 Batt.

CANADIAN EXPEDITIONARY FORCE at Selkirk on the 19<sup>th</sup>

day of Nov. 1915

HE served in France and Belgium with 43<sup>rd</sup> Batt. 15 Mon.

*Demobilization R.O. 1420 (c)*

and is now discharged from the service by reason of

★ C. O. 36 - 439 D. O. 42 ★

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

Age 22 years.

Marks or Scars

Height 5-8"

Scar on Left-Knee

Complexion Clear

Eyes Black

Hair Black

B. Anderson

Signature of Soldier

A. Forbes

*Lt. Col.*  
Issuing Officer  
Officer Commanding No. 10 District Depot

Rank

Date of Discharge 15. 2. 19

Appointment

Signed at Winnipeg this 15<sup>th</sup> day of February 1919

in Military District No. 10

File Reference No. 44-a. 580

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

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

Unit .....

Address on Discharge .....

Character and Conduct .....

Former Occupation .....

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

Medals and Decorations .....

Remarks .....

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

.....  
Name of Officer

.....  
Rank

.....  
Appointment

On demobilization the  
particulars called for on  
the back of this cer-  
tificate will not be com-  
pleted.



P. 878.

Extract from Sailing List No. .... 3 .....

Unit. -

*112 Res Bn*

Reg. No.

Rank

Name

Sailed for Canada,

Military District No. .... *10* .....

*721004*

*Pte*

*ANDERSON - B*

*Canada*

*Canada Section*

*9-1-19*

Acted on

Ledger Ck.



Forms  
I. 1237  
12

MEDICAL CASE SHEET.\*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
	721004	Pte.	Anderson,	B.
Year	Unit.	Age.	Service.	
1918	43rd Can. Battn.			
Station and Date.	Disease			
8 - JUN 1918	Gas - 5/3/18 States he was in bed 2 weeks Heart and Lungs show as Abnormally. Family well developed R. 4. & 7.11			
4 JUN 1918	R.G. absent. <i>J. Harrington Major</i>			
1 JUN 1918				
21 Jun 18	R.G. General.			
5 JUL 1918	No Inspections			
12 JUL 1918	P. 5. 2.			
15 JUL 1918	Continued			
18 JUL 1918	Off. P. 5. 4. 11. Sgt. H. N. S.			
22 JUL 1918	General examination good, has no complaints - fit. <i>H.</i>			
	<i>J. B. Black</i> CAPT. G.A.M.C. "H" DIVISION.			

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



Station  
and Date.



**ORIGINAL**  
**MEDICAL HISTORY SHEET**

4220  
721004

Surname Anderson Christian Name Bernard

Examined { on 19 day of Nov 1915  
at Seeluck  
Birthplace { City or Town St Andrew's  
County Manitoba

Approved by [Signature] Rank \_\_\_\_\_ M.O.  
72

Apparent age 19  
Trade or occupation Labourer  
Height 5 feet 8 Inches  
Weight 137 lbs.  
Chest measurement { Minimum 31 inches  
Maximum expansion 35 1/2 inches  
Physical development Good  
Small-pox Marks None

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT	M.O.
22.7.18	D.I.	<u>[Signature]</u>	18 APR 1918
			M.O.
			M.O.
			M.O.
			M.O.
			M.O.
			M.O.

Vaccination Marks { Arm Right No Left No  
Number None

Date	Result	VACCINATIONS	M.O.
28/3/16	PO	<u>[Signature]</u>	M.O.
16.6.18	TAB 2	<u>[Signature]</u>	M.O.
29.6.18	2	<u>[Signature]</u>	M.O.

When Vaccinated last Never Vaccinated  
(a) Marks indicating congenital peculiarities or previous disease None

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.	M.O.
4/5/16	T/2	<u>[Signature]</u>	M.O.
15/5/16	T/2	<u>[Signature]</u>	M.O.
18/10/10	TAB 2	<u>[Signature]</u>	M.O.

(b) Slight defects but not sufficient to cause rejection None

Enlisted on 19 day of Nov 1915 at Seeluck

	CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment	<u>108th</u>	<u>721004</u>		<u>Nov 19/15</u>
Transferred to	<u>43rd Batta.</u>			<u>5th Jan/17</u>

**EXAMINED OR DISCHARGED BY A MEDICAL BOARD**

STATION	DATE	DISEASE	RESULT
<u>3rd C.C.D. Seaford</u>	<u>15-10-18</u>	<u>Fit for Duty</u>	<u>Attn. G. M. P. D. W. L. Major, C.C.M.</u>

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.

**CANADIAN**







CANADIAN ARMY DENTAL CORPS, O.M.F.C. M.D. 10  
DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) Anderson B.  
REGIMENT 43rd Batt. RANK Pte. No. 721004  
Date of Examination in England 12/12/18. Date of Examination in France \_\_\_\_\_

DIRECTIONS TO DENTAL OFFICERS

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



PRESENT DENTAL REQUIREMENTS

1. FILLINGS 18
2. EXTRACTIONS
3. CROWNS
4. DENTURES
  - (a) Full Upper
  - (b) Part Upper
  - (c) Full Lower
  - (d) Part Lower

HAS HE EVER REFUSED DENTAL TREATMENT?

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

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

Minuel Park  
N Wales

Signature of Dental Officer

W. Kennedy  
Dent C.A.D.C.



M.D. 10

Anderson

3rd Batt.

B. 1/12

1/12

1/12

1/12



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... 108th O.S. Batten

(2) Regimental Number... 721004

(3) Full Name of Soldier... Bernard Anderson

(4) Place of Birth... Manitoba

(5) Are you married, or not? ... Not

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

(b) Present Postal Address... St Andrews P. Office

(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?.....

If so, state name and address.....

Yes  
David Babette Anderson, St Andrews P. Office

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

If so, state name and address.....

Yes  
Margaret Anderson  
St Andrews P. Office

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

Are you her sole support, or not?.....

-  
-

(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?.....

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.

No  
-

Date.....

Aug 15<sup>th</sup> 1946

St Nelson Forwarding  
for Officer Commanding.

108th OVERSEAS BATTALION



LAST PAY CERTIFICATE

Reg'l. No. **721014** Rank **Pvt.** Name **Anderson, B.-108th, Bn.**  
 Corps, No. 10 District Depot, MD 10, who was **Discharged**  
 on **Feb. 15th.,** 1919, to.....

The following is a statement of account of above named from  
**Jan. 1st. 1919.** to **Feb. 15th.,** 1919, inclusive date of  
 Transfer or Discharge.

**M.D. 10**  
**NO. 30**

DR.	CR.
Bal. Dr. from prev. month. <b>41.33</b>	Bal. Cr. fr. prev. mth. ....
Advances) No. ....	Reg. Pay <b>46</b> Dys <b>1.00</b> <b>46.00</b>
by )	
Cheques) No. ....	Fld. All. <b>46</b> Dys <b>.10</b> <b>4.60</b>
Assgd. Pay & S. A. <b>7.00</b>	S. A. Monthly \$.....
Other Charges.....	L. L. Subs-D. O. <b>27</b> <b>11.20</b>
Pay't. on Trans. or Dis. <b>48.47</b>	Other Allces.....
Bal. Cr. (to be pd. by new unit).....	<b>Civ. Clothing.</b> <b>35.00</b>
	Other Credits.....
	Bal. Dr. (to be ded- ucted by New Unit) .....
<b>TOTAL</b> ..... <b>96.80</b>	<b>TOTAL</b> ..... <b>96.80</b>

A monthly stoppage of \$ **15.00** has.....been paid on  
 acc't. of Assigned Pay  
 for month of **29 February 15th. 1919)**  
 & Sep. Allce. for mo. of **11. 1919)** To Assignee **Mrs. D. B. Anderson,**  
**St. Andrews, Man.**

**REMARKS: Entitled to 183 days W.S.G.**

- State (1) date of enlistment.....  
 (2) if married & if Sep. Card has been submitted..... **No.**  
 (3) Cause of Discharge **Demobilisation** Auth. **D.O. 42-**  
 (4) Authority for Transfer.....

I have carefully examined this statement of account and find  
 it to be correct extract from the payroll of the unit.

DATE **Feb. 15th.,** 1919.

PLACE **Winnipeg, Man.**

*W. Gabriel* Paymaster.  
 District Depot, M.D. 10.

Made up by **J.B.**  
 Checked By **D.B.**



Faint, illegible text, possibly bleed-through from the reverse side of the page. The text is mostly centered and spans most of the page's width. There are some faint markings and a small dark spot near the top right corner.

*W. J. ...*

*...*



A19

*19*

DEPARTMENT OF MILITIA AND DEFENCE.

WAR SERVICE GRATUITY.

*11/16*

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 *Bernard* ..... 2. Surname *Anderson* .....
3. Rank *Private* ..... 4. Original Unit *108 Bn.* ..... 5. Reg. No. *721004* .....
6. Address, in full, to which future payments of gratuity are to be forwarded .....  
*St Andrews P.O.*  
*Manitoba*
7. Date of enlistment in the C.E.F. .... *19. 11. 1915* .....
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 ..... *not applicable* .....
10. Address, in full, of such dependent .....  
.....
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:—  
*108 Bn. 25 9. 1916 till 4. 1 1917* .....
13. Were you on the strength for pay and allowances of the Clearing Services Command, having been at any time on duty outside of Canada or the United States? .... *no* .....
14. Were you on active service only in Canada or the United States? If so, give particulars of unit and dates of such service ..... *no* .....
15. Give total length of time which you served on active service, whether in Canada or Overseas, setting out particulars of units on whose strength you served .... *3 years 3 months.*  
*108 Bn. 19. 11. 1915 till 4. 1 1917. 43 Bn.*  
*4. 1 1917 till 12. 4. 1918 hospital 12. 4 1918 till 15. 2. 1919*
16. Were you at the time of enlistment a civil employee of the Dominion Government? If so, state Department ..... *no* .....
17. Were you a member of the Permanent Force at the time of enlistment in the C.E.F.? .... *no* .....



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 .....  
 ..... *\$140 00 M D 10* .....
20. Have you been issued with a War Service Badge? If so, what class? ..... *A* .....
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* .....
24. Are you now serving in the C.E.F.? ..... *no* ..... If not, give:—(a) Date of discharge  
*15 2 1919* ..... (b) Reason for discharge .....  
 ..... *Demobilization* .....
25. Are you at present a member of and in receipt of pay and allowances from any Canadian naval or land forces? If so, give unit ..... *no* .....
26. Did you at any time serve at the front in an actual theatre of war? If so, give particulars of one unit which you served at the front, and dates of such service with that unit .....  
*43 BATT 4 1 1917 till 12 4 1918* .....
27. (a) Are you receiving treatment from the Department of Soldiers' Civil Re-establishment? ..... *No* .....
- (b) If so, are you in receipt of full pay and allowances from that Department? ..... *No* .....

And I make this solemn declaration, conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under oath and in virtue of the Canadian Evidence Act.

Signature of Applicant: *B. Anderson*

Place of Residence: *St Andrews P. 6*

Declared before me at: *Ampey* *Manitoba*

This *29* day of *3* 19*19*.

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

*William Richardson*  
 COMMISSIONER IN B. R.

**POST DISCHARGE PAY.**

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

Certified Correct.

District Paymaster.



I certify that the dates of service shown hereon are correct according to official records in our possession.

DEPARTMENT OF MILITIA AND DEFENCE.

NO. 10  
DISTRICT DEPOT

FEB 15 1919

DISCHARGE SECTION  
M.D. 10. WINNIPEG

*W. S. ...*  
For Officer Commanding

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 *Bernard* ..... 2. Surname *Anderson*
3. Rank *Pte.* ..... 4. Original Unit *108<sup>th</sup> Bn* ..... 5. Reg. No. *721004* .....
6. Address, in full, to which future payments of gratuity are to be forwarded .....  
*St. Andrews P.O.*  
*Manitoba*
7. Date of enlistment in the C.E.F. .... *19. 11. 15* .....
8. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge .....  
*Mrs Margaret Anderson*
9. Relationship of such dependent .....  
*Mother*
10. Address, in full, of such dependent .....  
*St. Andrews P.O.*  
*Man*
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:—  
*France. 43<sup>rd</sup> Bn. 6. 1. 17 to 12. 4. 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 .....  
*No*
15. Give total length of time which you served on active service, whether in Canada or Overseas, setting out particulars of units on whose strength you served .....  
*Canada (108<sup>th</sup>) 19. 11. 15 to England (43<sup>rd</sup>) 25. 9. 16 to France (43<sup>rd</sup>) 6. 1. 17 to England (11<sup>th</sup> Res.) 12. 4. 18 to Canada (105<sup>th</sup>) 11. 1. 19 to Dis 15. 2. 19.*
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?

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.? *No* If not, give:—(a) Date of discharge

*15. 2. 19* (b) Reason for discharge

*Demobilization R.O. 1420 (d)*

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

*France 43rd Bn. 6. 1. 17 to 12. 4. 18*

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? *Not applicable*

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: *B. C. Anderson*

Place of Residence: *St. Andrew P.O. Manitoba*

Declared before me at: *Winnipeg*

This *15<sup>th</sup>* day of *February* 19*19*

Signature of Barrister of the Supreme Court Stipendiary Magistrate, Notary Public, Justice of the Peace, or Commissioner for the Administration of Oaths. *E. J. Blado Lt. Com. in B.R.*

POST DISCHARGE PAY.				
Date paid.	Paid Soldier	Paid Dependent	War Service Gratuity	Net amount due
				<i>\$42.90</i>

Certified Correct.  
District Paymaster.



No.

St. Olympic St. Andrews.

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

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. 721004 Rank Plc Surname Anderson  
(Given name in full)  
B B R  
 Unit or Corps 108. 43. 11. 10AD Birthplace St. Andrews Men.

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

1. GENERAL DESCRIPTION:

Physique Good. Weight 127 lbs. Height 57 ft. in. Colour of Eyes Grey  
 Nutrition Well nourished.  
 Pulse 80. After exertion 88.  
 Condition of arteries Good.  
 Vision Rt. 20/40 Left 20/40  
 Hearing (conversational voice) Rt. 20 ft.  
 Left 20 ft.

Identification marks, scars, or deformities.  
 (Give cause and date of origin).  
Scar on left knee over knee cap.  
1 vaccination mark left arm.  
(28. 3-16)

Opinion as to general health and physical condition both 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 No. Integumentary System Yes. Respiratory System No.  
 Disturbance of mentality No. Muscular System No. Digestive System No.  
 Osseous and Joint System No. Any other general condition Yes -

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.

scabies - May. 1917. Good Recovery - no disability  
Measles - childhood - no after effects.



# EXAMINATIONS.

## THIS SECTION FOR USE OVERSEAS—

Examined at ..... (Overseas)

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 SECTION FOR USE IN CANADA—

Examined at *Winnipeg, Man.* ..... (Canada)

Date *Feb 7 / 1919* ..... Signed *W. C. Murray Capt.* ..... 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 *B. Anderson* .....

(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]



**Medical Examination upon leaving the Service**  
**of an Officer fit for general service or a Soldier fit for duty.**

Officers leaving the Service upon being found unfit for general service by a Medical Board, and Soldiers leaving the Service upon being found otherwise than fit for duty by a Medical Board, are not to be reported on this Form.

Rank P/1 Name Anderson Surname Bernard  
 Unit or Corps 11 Res (If a soldier) Regtl. No. 721004  
 Born at St. Andrews Mani. on, date 29 Dec 1886  
 Signature (for identification) B. Anderson

The examination is to be made jointly by two Medical Officers.

1. **PHYSIQUE**—Any deformity, maiming or lameness? If so, describe. no

Weight 137 lbs.

Height 5 ft. 7 ins.

2. **NUTRITION AND DIATHESIS?** good

After searching inquiry and thorough examination is any evidence found of disease or impairment of the parts indicated below? If so, describe.

3. **NERVOUS SYSTEM?** no

4. **RESPIRATORY SYSTEM.** no

5. **HEART?**

Abnormal Sounds? no

Abnormal Size? no

Pulse Rate? 64

Intermittence or irregularity? no

6. **ARTERIES.**—Any hardening? no

7. **DIGESTIVE SYSTEM?** no

8. **GENITO-URINARY SYSTEM?** no

Urinalysis—s.g.? 1.020 Reaction? acid Albumen? no Sugar? no

9. **SKIN, MIDDLE EAR, EYE**  
or any other part? no

10. Is there any evidence of impairment of health or physical condition not mentioned above? If so, describe. no

11. Opinion as to the health and physical condition of the one examined? good

Examined at Kumal Park Camp Signed W. Stephen Best M.O.

Date 22 12 18 Signed S. W. D. [unclear] M.O.

If any disease or impairment of health or physical condition is discovered, this report should be sent at once to the O.C. concerned for the Officer or Soldier to be sent before a Medical Board for regular boarding.



Medical Examination report for the service

of [unclear] in the general [unclear] of the [unclear] on the date

[Faint handwritten notes, possibly including a name]

1. PHYSICAL  
[Faint handwritten notes]

2. NUTRITION AND WEIGHT

3. NERVOUS SYSTEM

4. RESPIRATORY SYSTEM

5. HEART

6. BLOOD

7. URINE

8. VISION

9. HEARING

10. SENSES

11. MENTAL

12. SKIN

13. GONORRHOEA

14. SYPHILIS

15. TUBERCULOSIS

16. OTHER

17. SUMMARY

18. RECOMMENDATIONS

[Faint handwritten notes at the bottom of the page]



LTR

Rank *Pte* Name ANDERSON, Bernard ✓ Reg'l No. 721004 ✓  
 Unit 108th, Bn. ✓ If in perm. Corps, }  
 What Unit? } Married or Single Single. ✓  
 Place and Date of Enlistment Selkirk, Nov, 15th, 1915. ✓ Place of Birth Manitoba, ✓  
 Name and Address, Next-of-Kin D.B. Anderson. ✓

*S.O* St Andrews, ✓ *Manitoba, Can.* Relationship Father. ✓

Assigned Pay Monthly \$ Payable to Relationship

Separation Allowance \$ Payable to Relationship

N/E. R.B. No. *15177*  
 File R.L.  
 Category *OR CAN*

Discharge, Date and Place Reason Character  
 H. W. & V., Ltd.—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 ON OLYMPIC 25 9 16				
5:1:17	% 108 <sup>th</sup> Bn S.O.S on t/s to 43 <sup>rd</sup> Bn	Seaford	5:1:17	Pt. II 100. 5.
13.1.17.	OC 43 <sup>rd</sup> Taken on strength.	Field.	6.1.17	" 4
4.3.18.	" Awarded I. S. S. Badge.	"	15.11.17	" 21.
12.3.18	" Wounded.	"	6.3.18	S. L. A. 111. Shell gas.
20-4-18	M.R.D. TOS from 43 <sup>rd</sup> Bn in hosp. S.	Pte Seiffie	13-4-18	Pt. II 0.110. 43 <sup>rd</sup> Bn. Pt. II 0.41d/24-4-18
1-8-18	— — — On Com to 3 <sup>rd</sup> C.C.D.	Pte Seaford	29-7-18	Pt. II 0.213
24-10-18.	11 <sup>th</sup> Res TOS from M.R.D. rptd from 3 <sup>rd</sup> C.C.D	He — —	24-10-18	M.R.D. Pt. II 0.299d/26-10-18. Pt. II 0.251. 3 <sup>rd</sup> C.C.D. Pt. II 0.251d/24-10-18
6-1-19	M.D. 10 Attd for all purposes	Pte Rhyl	11-12-18	Pt. II 0.5. M.D. 10. AD. O. 10. 11/1/19
20-1-19	11 <sup>th</sup> Res. S.O.S. to C.E. F. Canada. M.D. 10.	Pte Seaford	9-1-19	Pt. II 17

A.F.B. 103 CHECKED  
 10 JAN 1917







MILITIA AND DEFENCE  
**ASSIGNED PAY**  
 OVERSEAS CONTINGENTS

To Whom *Mrs. J. P. Anderson*

By Whom Assigned *Anderson. J. P.*

Address *St. Andrews  
 Man*

Regtl. No. *# 721004*

Rank *Pte*  
 Corps *108<sup>th</sup> O-S Battalion*

Rate *\$15<sup>00</sup>*

SEP 1 - 1916

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			<i>Consolidated Account</i>
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				



cl e

h h

h h



*Wm B Anderson*

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

M. F. W. 12a.

50m-6-16.  
1772-39-819.

Sheet No. 2.

L. L. Job 4503. - Req. 6832.

PAYMENTS.

# Name of Soldier *Anderson, Wm B*  
*721004 Pte 108th B Battr*

Month.	Year.	Cheque No.	Amt.	Remarks.
				<i>\$15<sup>00</sup></i>
April	1916			
May				
June				
July				
Aug.				
Sept.		<i>M 70599</i>	<i>15</i>	
Oct.		<i>E 19396</i>	<i>15</i>	
Nov.		<i>E 24374</i>	<i>15</i>	
Dec.		<i>A 34826</i>	<i>15</i>	
Jan.	1917	<i>H 35730</i>	<i>15</i>	
Feb.		<i>H 41674</i>	<i>15</i>	<i>15 (Jul)</i>
March		<i>H 47690</i>	<i>15</i>	<i>15-L</i>
April		<i>I 258</i>	<i>15</i>	<i>15-L</i>
May		<i>I 6311</i>	<i>15</i>	
June		<i>I 12880</i>	<i>15</i>	<i>15 W.</i>
July		<i>I 19816</i>	<i>15</i>	<i>15</i>
Aug.		<i>K 26959</i>	<i>15</i>	<i>15</i>
Sept.		<i>J 34324</i>	<i>15</i>	<i>15</i>
Oct.				<i>195</i>
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				



MILITIA AND DEFENCE  
**ASSIGNED PAY**  
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

**PAYMENTS.**

Name of Soldier \_\_\_\_\_

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

# A

2277

Sep 1/1916

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

15			
----	--	--	--

## PARTICULARS OF SEPARATION ALLOWANCE

No. #721004  
 Rank *Pte* Promoted Reverted Discharge  
 Soldier's Name *B Anderson*  
 Battalion *108th Q S Bn*  
 Beneficiary  
 Relationship  
 Address *St Andrews Man*

## PARTICULARS OF ASSIGNMENT

Name *Mrs B. Anderson,*  
 Address *St Andrews Man*  
 Change of Address  
 1  
 2  
 3  
 4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
Sept 30/14			193	193	
Oct	C 57091		15	15	
Nov	D 52251		15	15	<i>Pro</i>
Dec	C 60594		15	15	<i>Pro</i>
Jan 18	C 65617		15	15	<i>M</i>
Feb	B 92174		15	15	
March	G 99402		15	15	✓
April	H 7186		15	15	
May	A 12123		15	15	
June	B 14985		15	15	✓
July	Y 27961		15	15	✓
Aug	A 30482		15	15	
Sep	A 37163		15	15	
Oct	A 43801		15	15	
NOV	G 51889		15	15	
DEC	B 63661		15	15	
JAN 1915	B 71211		15	15	
			435		

M. F. W. 128  
 400M-6-17-1772-38-1141  
 L. L. 22320-M. & D. 1433.

A/c Closed

Ret'd per.....

Date.....

*olympic*

17-1-19 M.F.W. 187 22-1-19

*Banks*

MO. 10  
MO 62538









\*Name Anderson Bernard, Rank Pte. Regtl. No. 721004.

Original unit 108th Present unit 11 M. or S. Age 19 Religion  Fyle Depot  Ref. H.Q.

Port, ship, and date of arrival 11-1-19. S.S. "Olympie" Halifax. 17-1-19.

Next of kin Father, Mr. D.B. Anderson, St. Andrews, P.O. Man.

Address on leave

Address on discharge

Transportation issued Yes  No  Date  Character on discharge

Previous occupation Labourer. Date and place of enlistment 15-11-19 Selkirk, Man.

Diagnosis  Date of Medical Boards  *W* *J M M 10*

Date.	Remarks	Pt. 2 Order No.
11-1-19.	T.O.S. #10 D.D. & Posted to Cas. Coy.	D.O. 27 Para 224
	14 days Landing Leave with Subs.	

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







SURNAME

CHRISTIAN NAME OR NAMES

REG. No.

Anderson B.

721004

RANK

UNIT

Co.

TROOP

BATTY.

Pt.

43. Man

HOSPITAL

DATE OF ADMISSION

1. 6. Cas. City Station HOSP. 6.3.18

2. 7. Can. Gen. Etaples HOSP. 9-9-18.

3. 5. Com. Dep. Cayeux HOSP. 19-3-18  
6. " " Etaples. HOSP. 18-3-18

4. 2. Stationary. Abbeville. HOSP. 22.3.18.

DIAGNOSIS

1.

2.

3.

Steel Gas <sup>aw</sup> Scabies  
Seborrhoea. Rash

DISPOSITION

DATE

Ch. 12.3.18 a 161.3.

Miss. 29-7-18.  
REMARKS

19-3-18 a 167-2.

25-3-18 a 175-3

3.4-18 a 178

6.4.18 a 1813

17.4.18 B 190.

12.6.18 B 208

21.6-18-B 246

3.8.18 10282

note - Re. Ch B. 238, Miss. g.  
now changed to Seborrhoea

A.M.D. 2 DEPT.

Bch. of D.G.M.S. O.M.F.C. London.



EPITOME OF HOSPITAL TREATMENT

HOSPITAL

ADM.

1.	25 General - Harddlat	29.3.18
	1. western Gen. Liverpool.	13.4.18
2.	Woodcote PK.	8.6.18
3.		
4.		
5.		
6.		
7.		



No. 721004 RANK Pte

NAME Anderson B.

T.O.S. 20/11/15  
(D.O.) of 9/12/15

UNIT 108th. Battalion

M. D. 10

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1915- Nov. 20	1915- Nov. 30	✓		
	Dec.	✓		
1916	1916			
Jan.		✓		
Feb.		✓		
Mar.		✓		
Apr.		✓		
May		✓		
June		✓		
July		✓		
Aug.		✓		
Sept.		✓		
			awr 28-6-16 2ft 1 day pay.	BO 1580 of H-7-16.

UNIT SAILED  
SEP 18 1916







# REMEDIAL TREATMENT GYMNASIUM,

Leave this  
Blank.

Military, Convalescent Hospital, Epsom.

Regt. No. 721004 Rank Pl Name Anderson B.  
Unit 143rd Cav Age 20 Adm. 10-6-18  
Division 2 Hut 72 Date of Disch. 12/7/18.

## DISABILITY.

Date.

6th Ind  
1918

gas poisoning

## CLASS.

Physical (open weeks).  
Gym 2/18

Hours of  
Attendance,

a.m. 900

p.m. 330

## MACHINES.

## REMARKS.

Shock of breath after  
short walk. Pulse  
about 90. Feels fairly  
well.



Leave this  
Blank.

PROGRESS, Notes. 2/6/18 Gen. class.  
12/7/18 P.T. 2

DISPOSITION. P.T. 2

*[Handwritten Signature]*

Capt.

Officer i/c Gymnasium.



REGT'L. No. 721004.

NAME

Anderson

H. Q. FILE No. 649

RANK AND CORPS

Pte.

43<sup>rd</sup> Bn. Form 10

FOLLOWS

No.

Bn.

CABLE

No.

DATE

NATURE OF CASUALTY

FOLLOWS

189.  
7671

13-3-18.

C.

Adm & Cas Rep Stat Mar 6<sup>th</sup> 1918.  
Shell Gas. ✓



LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
A 161.	# Cas. Cl. Statn.	6-3-18	Shell Gas
A 167.	7 Can Gen: Staples	9-3-18	" "
A 175 <sup>3</sup>	6 Cono Dep. Staples	18-3-18	" "
A 175 <sup>3</sup>	5 Cono Dep. Fayens	19-3-18	" " (Man Regt)
A 178.	# 2 Stat: Abbeville	22-3-18.	" "
A 181.	25 Gen: Hardelet	29-3-18.	Scabies Shell Gas
B 190.	1 <sup>st</sup> West Gen: Livripod	13-4-18.	Shell Gas.
B 238.	Mil. Con: W Cote H. Epson.	8-6-18	<del>" " Scabies</del>
B 282.	Discharged	23-7-18	Seborrhea, as per B246 "



Name **ANDERSON, Bernard.** Rank **Pfc.** Reg. No. **721004**  
 Unit **43rd Batt.**  
 Next of Kin **Canada.**

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1918						
6-3	No 6. C. C. Sh.	Shell Gas		A161	H 21	14823
9-3	No 7. C. G. H.	Staples	(do)	A164		HA 308/4
18-3	No 6. Con Dep	Staples	do.	A175		HA 432/4
19-3	No 5. Con Dep	Cayent	do.		HA 432	
22-3	No 2. Stry.	Stp. Utterville	do.	A175		HA 442/4
29-3	25. G. H.	Harvelot	Scamies	A181		HA 540/7
13-4	1st West G. H.	L'pool (over)	(Shell Gas) do.	A190		16350



Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1918.						
8-6	Mil C. H. Epsom.		Scabies (Shell Gas)	13238		19411
	Casualty changed to Seborrhoea.				W.R. 26-7-18	95.
10-8	Will proceed to 3rd Command, Seaford, Route set up 29-7-18.					
29-7	Dis		(do)	13282		7046.
	See also letter 17/8/18					



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 108<sup>th</sup> Bn Battalion  
 Regimental No. 721004<sup>v</sup> Rank Pte Name Anderson Bernard  
 Enlisted (a) 22-11-15 Terms of Service (a) Period of war Service reckons from (a) 22-11-15  
 Date of promotion to present rank } Date of appointment to lance rank } Numerical position on roll of N. C. Os. }  
 Extended ..... Re-engaged ..... Qualification (b) (Labourer) Cat. A.

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				

CERTIFIED CORRECT,  
 15 JAN. 1917  
 CAN. RECORDS, LONDON.

		Embarked Canada	Halifax	18/9/16	
		Disembarked England	Singapore	25/9/16	

Jan. 17	108 <sup>th</sup>	Transferred to 43 <sup>rd</sup> Battalion.	Seaford	5-1-17	B. Q. 5 Pt II
---------	-------------------	--	---------	--------	---------------

1<sup>st</sup> Lt. G. H. Smith  
 Capt. 108<sup>th</sup> Battalion C.S.

O. C. B. D.	Landed in France	Taken on strength	43rd Cdn. Bn.	6.1.17	Nom. Roll d/	6.1.17
— do —	Left for	3 <sup>rd</sup> Ent. Bn.	" "	7.1.17	Nom. Roll d/	7.1.17
O. C. Bn.	Arrived	" "	" "	10.1.17	" d/	10.1.17
20.1.17	3 <sup>rd</sup> Ent. Bn.	left for	43 <sup>rd</sup> Cdn. Bn.		NR	
26.1.17	43 <sup>rd</sup> Bn.	admitted	" "		B 213	21.1.17

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



721004 Anderson 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				
25.11.17	43 <sup>th</sup> M	Leave of Absence to	UK	30.11.17 to	4.12.17 5213 M-II 114 d/6/12/17
9.12.17	"	rejoined	Milit	6.12.17	"
17.2.18	"	Awarded 1 Good Conduct Badge		15.11.17	" M-II 21 d/4.3.18.
6.3.18	"	6. Steel W.	ad	6.3.18	D.6398
6.3.18	9. CFA.	"	to	6.3.18	D.6397
9.3.18	6. Ccs.	"	to	16. A.T.	9.3.18. 26777
9.3.18	7. Con. Dep.	"	ad	7. Con. Dep.	9.3.18. D.7152
18.3.18	"	"	"	"	D.8274
18.3.18	6. Con. Dep.	"	ad	6. Con. Dep.	18.3.18. D.8457
19.3.18	"	"	to	5	19.3.18. D.8440
"	5. Con. Dep.	"	Adm	5	" D.8917
22.3.18	2. Stat	Scabies	Adm	"	22.3.18 D.8936
"	5. Con. Dep.	"	to	2. Stat	" D.9303
29.3.18	2. Stat	"	to	39 A.T. Hoop Baulagne	29.3.18 6.168.
"	25. You	"	Adm	"	29.3.18 6.963
12.4.18	do	Schorrhaen	to	England	12.4.18 6.4400
"	W. Jan Bruydel	"	"	"	" W.3083/5169
		9 Posted To Man Regtl. Depot Shorncliffe			M-II 41 d/24.4.18.

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











## List of Discharge Documents.

Reg. Conduct Sheet,	Militia form B. 263	Attestation Paper	Militia Form W. 23
Squadron Battery Company	} Conduct Sheet, " B. 263a	or	
			Particulars of Recruit
Field Conduct Sheet	" W. 178	Proceedings on Discharge	" B. 218
Copies of Convictions, by C. P.		In the case of recruits who are rejected on final approval, the discharge documents will consist of	
Med. Hist. Sheet,	Militia form B. 313	<p>(a) Proceedings on Discharge.</p> <p>(b) Attestation.</p> <p>(c) Medical History Sheet.</p>	
Casualty Form	" W. 54		
Medical Report for Invalid§	" B. 227		
Dental History Sheet	" B. 465		
Last Pay Certificate	" W. 44		
Duplicate Discharge Certificate	" W. 39A		
‡Form of Will	" W. 82		

Documents not accompanying this form should be crossed out.

*I hereby certify that the following documents are unobtainable.*

*Officer Commanding.*

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

This space to be for numbers.

## Proceedings on Discharge.

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

No.	721004	
Rank	Private.	
Surname.....	Anderson.	
Christian name.....	Bernard.	
<small>NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.</small>		
Corps (Squadron, Battery or Company)	108th Batt.	
Date of discharge	15-2-19.	
Place of discharge	Winnipeg.	
<b>1. DESCRIPTION AT THE TIME OF DISCHARGE.</b>		
		Descriptive marks
Age..... <sup>32</sup> .....years.....months.		
Height..... <sup>5</sup> .....feet..... <sup>8</sup> .....inches.		
Complexion Clear		
Eyes Black		Scar on left knee.
Hair Black		
Trade Farmer		
Intended place of residence	St Andrews, Manitoba	
<small>(To be given as fully as practicable.)</small>		
<b>2. The above-named man is discharged in consequence of</b>		
Demobilization R.O. 1420 (c)		
★ C.O. 36 - 439 D.O. 42 ★		
Authority for discharge.....		
<small>N.B.—The cause of discharge must be worded as prescribed in the King's Regulations and be identified with that on the character certificate. If discharged by superior authority, the number and date of the letter to be quoted.</small>		
<b>3. Conduct and character while in the service have been, according to the records, etc.</b>		
<small>N.B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldiers and the Officer Commanding his Squadron, Battery or Company.</small>		
<b>4. Special qualifications for employment in civil life. (Vide para. 332, K. R. &amp; O., Canada.)</b>		

M. F. B. 218.

200M.—5-18.  
H. Q. 1772-39-113.

(OVER)

B.B.  
114-319



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

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

6. Medals and Decorations.....

To be copied by the Commanding Officer on to the parchment Discharge Certificate.

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

(Place).....

(Date).....

Commanding.....

8. Certificate to be signed by the Soldier on Discharge

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

(Place) Winnipeg. B. Anderson (Signature of Soldier.)

(Date) 15-2-19. May St. (Signature of Witness.)

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

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

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

..... (Signature of Soldier.)

10. Statement of Service.

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

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

11. Confirmation of Discharge.

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

(Place) Winnipeg.

(Signature) A. Forbes Lt. Col.

(Date) 15-2-19.

O.C. No 10 District Depot.

Reservations referred to at Para. 8.

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

List of Discharge Documents  
*None*

B. Anderson











ASSIGNED PAY.	ENGLAND OR CANADA.	SEPARATION ALLOWANCE.	ENGLAND OR CANADA.	NAME: <b>ANDERSON B.</b>
EFFECTIVE DATE: <b>1-9-16</b>		EFFECTIVE DATE: -		NUMBER: <b>421004</b>
AMOUNT: <b>\$15<sup>00</sup></b>		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
<b>Ms B Anderson</b>				DATE EFFECTIVE
<b>St Andrews</b>				RANK OR APPOINTMENT
<b>Man Canada</b>				<b>Private</b>
UNIT AND TRANSFERS				
ORIGINAL UNIT: <b>108<sup>th</sup> Bn</b>				
DATE ACCOUNT FIRST OPENED: <b>1-10-16</b>				
AUTHORITY		DATE EFFECTIVE	DATE LEDGER SHEET T'S'D	UNIT TRANSFERRED TO
		<b>110.</b>	<b>1.5.18.</b>	<b>31.5.18.</b>
				<b>43<sup>rd</sup> Bn.</b>
				<b>MRS</b>

*Stopped off 1/1/19.*

DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT
<del>8/1/18</del>	<del>2492</del>	<del>11 Res.</del>	<del>9 73</del>				
<del>25/10/18</del>	<del>2778</del>	<del>11 Res.</del>	<del>43 80</del>				
<del>7/12/18</del>	<del>2865</del>	<del>11 Res.</del>	<del>14 60</del>				
			<b>68 13</b>				

*Changed*

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
	<b>1 00</b>	<b>- 10</b>		

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
	<b>Maha Bal Fwd</b>								<b>60 51</b>		<b>nil</b>
	<b>Apr P Pay</b>	<b>33</b>		<b>Can A P</b>				<b>15</b>			
				<b>C.P Has Rem 3312 20.4.18</b>	<b>9 73</b>	<b>5</b>					
		<b>33</b>			<b>9 73</b>			<b>15</b>	<b>68 78</b>		
	<b>May P Pay</b>	<b>34 10</b>		<b>b.a.p.</b>				<b>15</b>			
				<b>A.F.O. 1823 3/5/18 1W &amp; 4p Liverpool</b>	<b>85</b>						
				<b>" " 10/5/18 " "</b>	<b>85</b>						
				<b>" " 17/5/18 " "</b>	<b>85</b>						
		<b>34 10</b>		<b>AR 8650-7664-20/5/18 " "</b>	<b>9 73</b>				<b>45 60</b>		
					<b>12 28</b>			<b>15</b>			
	<b>JUN</b>	<b>33</b>		<b>b.a.p.</b>				<b>15</b>			
				<b>AR 3581 10/6/18 BBH Epsom</b>	<b>9 73</b>						
				<b>A.F.O 1823-45139-24/5/18 Liverpool</b>	<b>85</b>						
		<b>33</b>		<b>" " 6391-30/5/18 " "</b>	<b>85</b>				<b>82 17</b>		
					<b>11 43</b>			<b>15</b>			
	<b>JUL</b>	<b>34 10</b>		<b>b.a.p.</b>				<b>15</b>			
				<b>AR 3356 10/7/18 BBH Epsom</b>	<b>4 87</b>						
				<b>" 5503 29/7/18 " "</b>	<b>4 86 7</b>				<b>4 77 3</b>		
		<b>34 10</b>			<b>53 54</b>			<b>15</b>			
	<b>AUG</b>	<b>8 76</b>		<b>b.a.p.</b>				<b>15</b>			
	<b>8 F 29/7/18 to 10/8/18-12 days Eps 2965 B 180</b>										
	<b>Pte Pay</b>	<b>34 10</b>		<b>" 4326 16/8/18 3 66 10</b>	<b>9 73</b>						
				<b>" 5074 29/8/18 " "</b>	<b>14 60</b>				<b>5 12 6</b>		
		<b>42 86</b>			<b>24 93</b>			<b>15</b>			
	<b>SEP</b>	<b>33</b>		<b>b.a.p.</b>				<b>15</b>			
				<b>" 5736 12/9/18 " "</b>	<b>9 73</b>						
		<b>33</b>		<b>" 5875 23/9/18 " "</b>	<b>9 73</b>				<b>49 80</b>		<b>at agreed</b>
					<b>19 46</b>			<b>15</b>			
				<b>forward</b>							

*L.P.C Bal. 83.27*  
*led Bal. 91.40*



NUMBER	RANK	NAME		MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
					Blec Hrs								49 80		
001	P.P.				Cap	34	10					15			
					AR 688			15/10	3CCD	9 73					
					1088			23/10	-	14 87			54 30		
						34	10					15			
Nov.	P.P.				Cap	33						15	72 30		
					AR 997			9/11	11 Re	9 73					
					2728			27/11	"	43 80					
Dec.	✓				2865			7/12	"	14 60		15	93 27		
						607	10					30			
					AR 521			Enduced on L-P-C. RHYL 23-12-18		9 73			13 54		

6813  
1460



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

REGT. No. 72104 RANK Pte NAME (IN FULL) Anderson, B  
ORIGINAL UNIT C.E.F. 108 Tbn IF IN P.F. WHAT UNIT?                      (BLOCK LETTERS SURNAME FIRST)

NEXT OF KIN	RELATIONSHIP	PARTICULARS	EFFECTIVE DATE	AUTHORITY	PLACE OF ATTESTATION	TRANSFERRED TO	DATE	AUTHORITY
ADDRESS					DATE OF ATTESTATION	TRANSFERRED TO	DATE	AUTHORITY
IS SEPARATION ALLOWANCE PAID?	DATE EFFECTIVE				ASSIGNED PAY \$	DATE EFFECTIVE		
TO WHOM PAID	RELATIONSHIP				PAYABLE TO	RELATIONSHIP	ANY CHANGE IN ASSIGNEE OR ADDRESS	
ADDRESS					ADDRESS			
					STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE	PLACE	DATE	REASON
					DISCHARGED			

BALANCE FROM PREVIOUS ACCOUNT

MONTH	PAY AND F.A.		OTHER CREDITS		TOTAL CREDITS		ACQUITTANCE ROLLS			CASH PAYMENTS			ASSIGNED PAY		REGIMENTAL CHARGES		OTHER CHARGES		TOTAL DEBITS		BALANCE		PARTICULARS OR REMARKS		
	NO. OF DAYS	RATE	AMOUNT		CREDITS		COL. NO. 1	COL. NO. 2	COL. NO. 3	COL. NO. 1	COL. NO. 2	COL. NO. 3	\$	C.	\$	C.	\$	C.	\$	C.	\$	C.		\$	C.
			\$	C.	\$	C.	\$	C.	\$	C.	\$	C.													
11/19/15	46	10	50	60	35	-																			Trans. 7-11-33 for pay on 1-1-19 A.P. 1-2-19 256.
11/16/12	46	10	50	60	11	20							48	47	7	-				41	33				Trans. 10-1-19 U.U. 27 for 35-00-00-00-00 I.P.C. ford.
			50	60	46	20							48	47	7	-			82	66	138	13	41	33	



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

M. OR S. \_\_\_\_\_ REGT. No. *421004* RANK *Pte* NAME (IN FULL) *Anderson Bernard*

15

108<sup>th</sup> Bn.

19-11-15.

*St. Andrews Man*

*wp9* *15/19*

*A-19*

BALANCE FROM PREVIOUS ACCOUNT

MONTH	PAY AND F.A.		OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS			CASH PAYMENTS			ASSIGNED PAY	REGI-MENTAL CHARGES	OTHER CHARGES	TOTAL DEBITS	BALANCE		PARTICULARS OR REMARKS
	NO. OF DAYS	RATE			AMOUNT	COL. NO. 1	COL. NO. 2	COL. NO. 3	COL. NO. 1	COL. NO. 2					COL. NO. 3	DEBIT	
<i>1919</i>																	
<i>July 18</i>	<i>183</i>			<i>420 00</i>				<i>5340 40 00</i>								<i>350 00</i>	<i>70-1st Payment WP9</i>
<i>Arch 13</i>								<i>124644 70 -</i>								<i>280 -</i>	<i>70-2nd</i>
<i>Apr. 11</i>								<i>133002 70 -</i>								<i>210 -</i>	<i>70-3rd</i>
<i>May 11</i>								<i>56489 70 -</i>								<i>140 -</i>	<i>70-4th</i>
<i>June 11</i>								<i>761321 70 -</i>								<i>70 -</i>	<i>70-5th</i>
<i>July 11</i>								<i>785113 70 X</i>									<i>70-6th</i>
				<i>420 -</i>				<i>420 -</i>					<i>420 -</i>				
<i>acc closed.</i>																	

**AUDITED**  
 JUL 11 1919  
 Audit Clerk