

REGIMENTAL DOCUMENTS



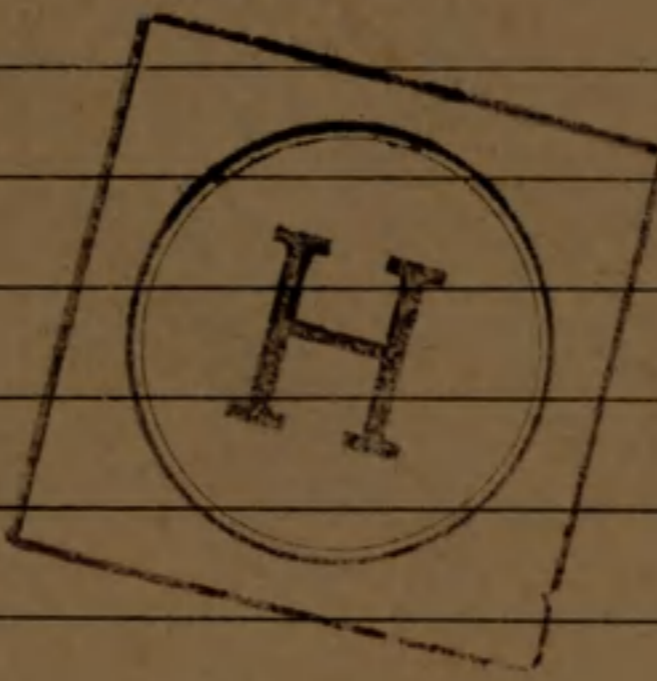
NAME *ANDERSON - BLOSS - HENRY*

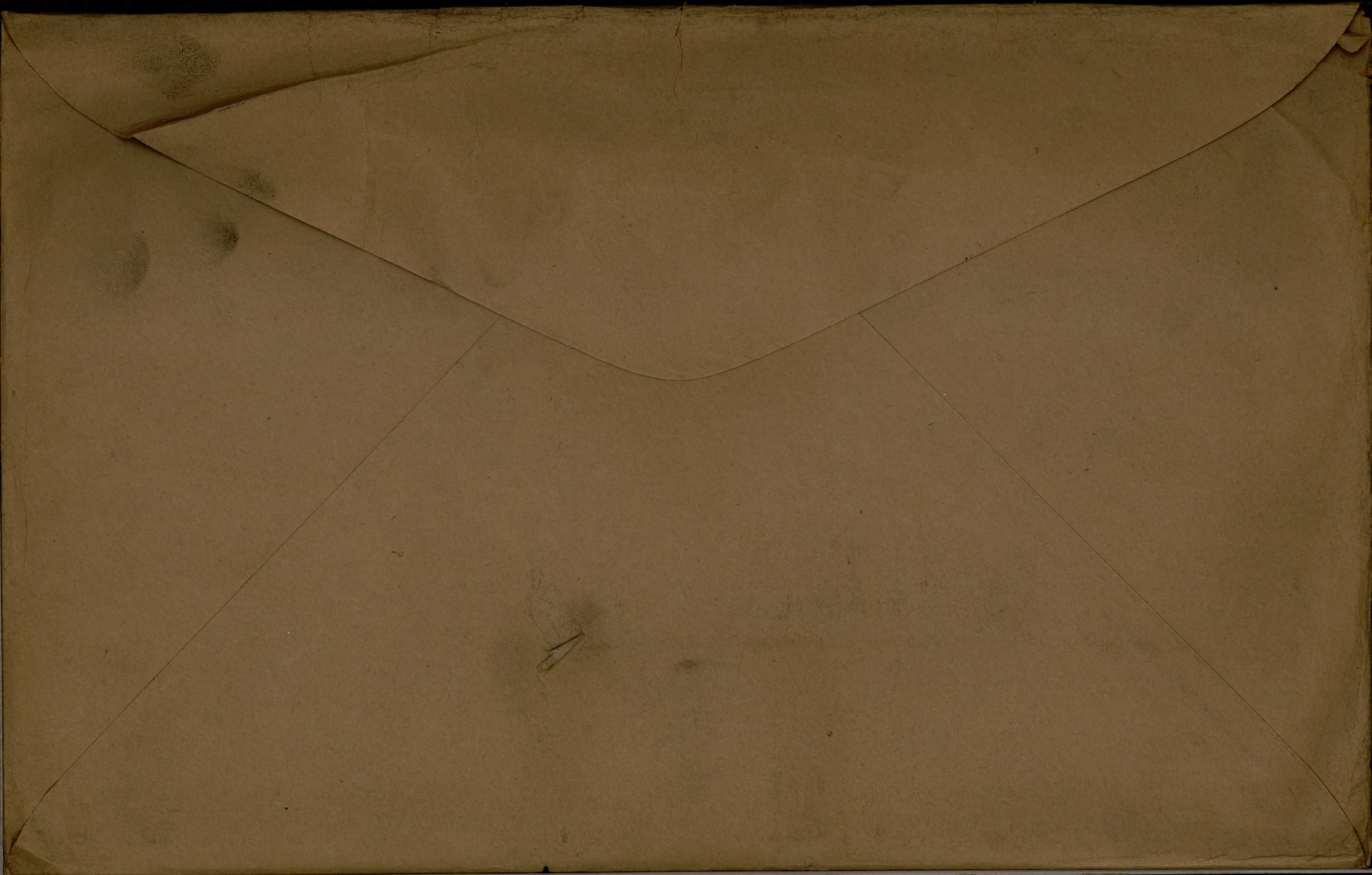
Pt
REGT. NO. *124776*

UNIT *18th*

H. Q. FILE NO.

1948

 CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
<i>3</i> ATTESTATION PAPER (M.F.W. 23, 133, or 51)					DEATH
<i>2</i> CASUALTY FORM (M.F.W. 54 or A.F.B. 103)			Category		
TRAINING HISTORY SHEET (M.F.W. 113)					
<i>1</i> FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
<i>1</i> REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)					
COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					
<i>3</i> MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
<i>1</i> DENTAL HISTORY SHEET (M.F.B. 465)			Category		
<i>3</i> MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)			<i>29 204</i>		
MEDICAL EXAMINATION (M.F.W. 129)					
TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)					
PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)					
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<i>1</i> PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					
PARTICULARS OF CHARACTER (A.F.W. 3226)					
<i>1</i> COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
<i>2</i> <i>CD 3</i>					
<i>2</i> <i>mine</i>					
<i>1</i> <i>Cas. card</i>					
<i>1</i> <i>Support</i>					
<i>1</i> <i>pay card</i>					<i>25 28</i>
<i>1</i> <i>pay sheet</i>					<i>27-28</i>
<i>1</i> <i>pay sheet</i>					<i>2</i>



ATTESTATION PAPER.

No. _____

Folio. 124736

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.



QUESTIONS TO BE PUT BEFORE ATTESTATION. (ANSWERS.)

- 1. What is your surname? Anderson.
- 1a. What are your Christian names? Bloss Henry.
- 1b. What is your present address? 188 Napier Street, Sarnia, Ontario.
- 2. In what Town, Township or Parish, and in what Country were you born? Oilsprings, Lambton County, Can.
- 3. What is the name of your next-of-kin? Frank Anderson.
- 4. What is the address of your next-of-kin? 188 Napier Street, Sarnia, Ontario.
- 4a. What is the relationship of your next-of-kin? Father.
- 5. What is the date of your birth? January 4th 1898.
- 6. What is your Trade or Calling? Driver.
- 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? No.
- 10. Have you ever served in any Military Force? No.
If so, state particulars of former Service.
- 11. Do you understand the nature and terms of your engagement? Yes.
- 12. Are you willing to be attested to serve in the }
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? } Yes.

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, B. H. 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.

Bloss Henry Anderson (Signature of Recruit)

Date April 5th 191 6. H. F. Bensford (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, B. H. 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.

Bloss Henry Anderson (Signature of Recruit)

Date April 5th 191 6. H. F. Bensford (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 London, Ont. this 5th day of April, 191 6.

[Signature] (Signature of Justice)

Description of Bloss Henry Anderson on Enlistment.

Apparent Age.....18.....yearsmonths.
 (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.....4.....ins.

Chest measurement { Girth when fully expanded.....33.....ins.
 Range of expansion.....3.....ins.

Complexion.....~~Dark~~.....Fair.....

Eyes.....Blue.....

Hair.....Light.....

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

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.....April 17th.....1916.

F. H. Healy
 Capt.
 Medical Officer.

Place.....London, Ont......

*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.

B. H. 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.....April 17th.....1916.

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

WAR SERVICE BADGE

CLASS "A" No.

THIS IS TO CERTIFY that No. 124376 (Rank) Private

Name (in full) Bloss Henry Anderson enlisted in

the 70th Overseas Battalion

CANADIAN EXPEDITIONARY FORCE at London on the 5th

day of April 1916

HE served in England and France in 18 Battr

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

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

Age 31 years

Height 5 feet 4 inches

Complexion Fair

Eyes Blue

Hair Light

Marks or Scars Nil

Signature of Soldier.

Date of Discharge

H. W. Macguyver
Issuing Officer.

O.C. Dispersal Area Sta. K.

Rank

DISCHARGE SECTION
MAY 24 1919
No. 1 District Depot

Date..... 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.

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

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

500M.—9-16

H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps.

Regimental No. 124736 Rank Pte Name Anderson Bloss Henry
C. E. F.

Enlisted (a) 5/4/16 Terms of Service (a) DofW Service reckons from (a) 5/4/16

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) Driver

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
		<p>TOS No 1 Dist. Depot Displ. Stn. K 13-5-19 SOS Dispersed 24, 5, 19 D.O. No. 148</p> <p><i>W. R. Macfay</i></p> <p>H.Q. Dispersal Area Sta. K.</p>			

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

W.S.B. CLASS. A

Army Form B. 103.

Casualty Form—Active Service.

Regiment or Corps 70th Bn. C.E.F. Regimental Number 124736

Rank Pte Surname Anderson Christian Name Bloss - Harry Henry

Religion Ch of E. Age on Enlistment 18 years months.

Enlisted (a) 5-4-16 Terms of Service (a) 2. of War Service reckons from (a) 5-4-16

Date of promotion to present rank Date of appointment to lance rank

CERTIFIED CORRECT

19 AUG. 1916

Extended Re-engaged Qualification (b) none
or Corps Trade and Rate Quincy

CAN. RECORDS, LONDON.

Signature of Officer i/c Records.

Date	Report From whom received	Record of promotions, reductions, transfers, casualties, &c., 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 of Casualty	Date of Casualty	Remarks Taken from Army Form B. 213, Army Form A. 36, or other official documents
		<u>S. S. Lapland</u> Embarked ...	<u>Halifax</u>	<u>26-4-16</u>	
		Disembarked...	<u>Liverpool</u>	<u>5-5-16</u>	
<u>10.7.16</u>	<u>D.O. 172</u>	<u>Transfd. to 39th Bn</u>	<u>W. Sandling</u>		<u>W. Pray Cottley</u>
<u>10-8-16</u>	<u>39th Bn.</u>	<u>Drafted to 18th Bn.</u>	<u>France</u>		
<u>12-8-16</u>	<u>Can Base</u>	<u>Arr from 39th Can Res</u>	<u>Can Base</u>	<u>12.8.16</u>	<u>Nom Roll</u>
		<u>Bn. England.</u>	<u>Depot</u>		<u>Pt II Ord -34</u>
					<u>31815</u>
<u>23-9-16</u>	<u>18th Bn</u>	<u>Joined unit</u>	<u>In the Fld</u>	<u>17.9.16</u>	<u>B. 213</u>
<u>15-9-17</u>	<u>18th Bn.</u>	<u>Granted 10 days leave to Paris</u>		<u>11-9-17</u>	<u>B. 213.</u> <u>Pt. II Ord. 68, 30/9/17</u>

(a) In the case of a man who has re-engaged for, or enlisted into Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.
(b) Signaller, Shoeing-smith, &c.

OVER

[P.T.O.]

124736 Pte. Anderson B.H.

Report		Record of promotions, reductions, transfers, casualties, &c., 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 of Casualty	Date of Casualty	Remarks Taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
17-10-17	6 C.E.S.	Syphilis Adm.	6 C.E.S.	17-10-17	A. 36 (bat. A. 6441)
20-10-17	do	do Trans. to	9 Amb. Train	20-10-17	do (bat. A. 6915)
21-10-17	51 Gen.	V.D.G. Adm.	No 51 Gen.	21-10-17	W. 3034 (bat. A. 7343)
26-10-17	do	Scabies, slt. Trans. to	other hospital	26-10-17	do (bat. A. 8605)
30-10-17	2 Can. I.B. Dep.	Class A. Adm.	2 Can. I.B. Dep.	30-10-17	Non. Roll.
26-10-17	20 Gen.	Scabies Adm.	20 Gen	26-10-17	W. 3034 (bat. A. 8692)
29-10-17	do	do Dischgd. to	Base Details	29-10-17	do (bat. B. 126)
8-11-17	2 Can. I.B. Dep.	Proceeded to Can. Corps Reinf. Camp		8-11-17	Non. Roll
do	Can Corps Reinf. Camp	Arr. at Can. Corps Reinf. Camp	In the Fld.	8-11-17	do
13/11/17	do	Left. fr. 18th Bn.	do	14/11/17	do
24-11-17	18 Bn	Rejoined 18th Can Bn	In the Fld	20.11.17	B. 213
20-7-18	18 Bn.	Granted 8 days leave to Paris		19-7-18	B. 213. Pt. II Ord. 65, 27/7/18.
23.11.18	18 Bn.	Granted 14 days leave to h.K.		20.11.18	B. 213 Pt. II Ord 121 d/4.12.18
21/12/18	do	Rejoined from leave		17.12.18	B. 213.
4 AVR 1919	L. E. Camp	Proceeded To England		4 AVR 1919	N. R. Pt. II No.
1-19	P. W. W. W.				Lieut.

FOR O.G. TO O.C.F. P. T. II ORDER No. DATED 25-19 FOR O.G. WITLEY Canadian Section

CANADIAN GENERAL LABORATORY.

PARTICULARS OF CASE FOR WHICH WASSERMANN TEST IS REQUIRED.

The particulars below are required for statistical purposes and future reference. Unless these are furnished the test will not be carried out.

Name Anderson B.H. Regtl. No. 124726 Rank Pvt.
Unit 15th Bn Date of first Sore 12-10-17 If T. Pallidum found Secondaries,
if any..... Other Symptoms.....
Treatment, if any..... Arsenical none Mercury none
Previous Wassermann, date none Result.....
Station and Date Witley 9-2-19

*Heartstiff
and 15th Bn*

Result of Wassermann (Original) Quarter System.

Date..... Serial No..... Result.....

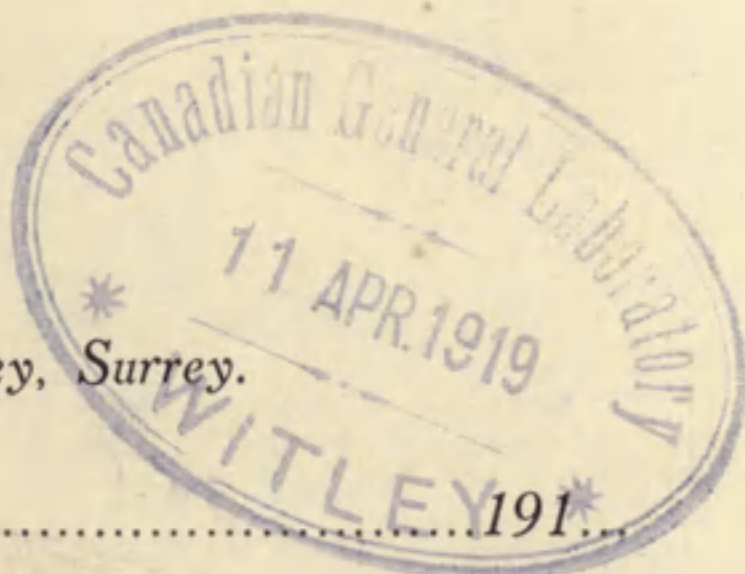
WASSERMANN

NEGATIVE

W. M. ...
Major,

Officer Commanding,

Canadian General Laboratory.



Witley, Surrey.

CANADIAN GENERAL LABORATORY

STATEMENT OF CASE FOR WHICH INVESTIGATION IS REQUIRED

The undersigned hereby certifies that the following is a true and correct copy of the original report and that the same is true and correct as far as the facts stated therein are concerned.

W. H. [unclear]
[unclear]

[Signature]

[Signature]

DO NOT WRITE
IN THESE SPACES

[Faint text]

No. 23

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

DIRECTIONS TO
DENTAL OFFICERS

NAME OF SOLDIER (Block letters) ANDERSON B. H.

REGIMENT 18th Battalion RANK Pte No. 124736

Date of Examination in England 7-4-19 Date of Examination in France _____

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



PRESENT DENTAL REQUIREMENTS

1. FILLINGS 5. 18. 29. 30. 31

2. EXTRACTIONS

3. CROWNS

4. DENTURES

- (a) Full Upper
- (b) Part Upper
- (c) Full Lower
- (d) Part Lower

CONTENTS COPIED
C. A. D. C., M. D. No. 1.

1536

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
- (c) In France Yes

Signature of Dental Officer Ernie [Signature] Capt

CANADIAN ARMY DENTAL CORPS (C.A.D.C.)
DENTAL CERTIFICATE FOR IMMOBILIZATION

INSTRUCTIONS TO
THE DENTIST

1. This form is to be filled out by the dentist who has examined the patient and is to be submitted to the commanding officer of the dental unit.

2. The dentist should indicate the nature of the dental condition and the treatment required.

3. The dentist should indicate the date of the examination and the date of the immobilization.

4. The dentist should indicate the name of the patient and the name of the dental unit.

5. The dentist should indicate the name of the commanding officer of the dental unit.

6. The dentist should indicate the name of the dental unit.

7. The dentist should indicate the name of the dental unit.

8. The dentist should indicate the name of the dental unit.

9. The dentist should indicate the name of the dental unit.

10. The dentist should indicate the name of the dental unit.

NAME OF PATIENT
SERIAL NUMBER

DATE OF EXAMINATION
DATE OF IMMOBILIZATION

COPIES COPIED
C.A.D.C. No. 1

ORIGINAL MEDICAL HISTORY SHEET

124736

23

DEPLY ROYAL CANADIAN ARTILLERY

Surname **ANDERSON** Christian Name **ROSS HENRY**

Examined on 17 day of April 1916
 at LONDON
 Birthplace { City or Town Oil Springs
 County Lambton

Approved by J. L. Cheely
 Rank Captain M.O.

Apparent age 18
 Trade or occupation Driver
 Height 5 Feet 4 Inches
 Weight 125 Lbs.
 Chest measurement { Minimum 30 inches
 Maximum expansion 33 inches
 Physical development Fair
 Small-Pox Marks nil

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT,

Vaccination Marks { Arm Right Left
 Number Nil

Date	Result	VACCINATIONS.

When Vaccinated last
 (a) Marks indicating congenital peculiarities or previous disease

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>June 1911</u>	<u>T.M.B.</u>	<u>R.K. 23-1</u>

(b) Slight defects but not sufficient to cause rejection
Very slight variocelle

Enlisted on 5th day of April 1916 at London Ont.

CORPS.	REG'TL NUMBER.	HABITS.	DATE.
<u>70th Co. Bn. C.E.F.</u>	<u>124736</u>	<u>Good</u>	<u>17-4-16.</u>
Transferred to 39th Battalion C.E.F. 10-7-16, D.O. 172, S.O. 2. <u>18 TH 3444</u>			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
<u>Wully</u>	<u>15-4-19</u>	<u>V.A.S.</u>	<u>Discharged</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 EXPEDITIONARY FORCE.

MEDICAL REGISTRAR,
RECORD OFFICE.

CHARGE SHEET FOR MEDICAL HISTORY SHEETS.

Registered No. 1 2 4 7 3 6 Name A N D E R S O N B. Henry Unit 70th Battalion C.E.F.

DATE			SENT TO	WANTED BY	Date received	Filed by	NOTES	Entered by
Sent	Request	Casualty List						
218 11.7.16			Orig. with 70th Bn. C.E.F.					

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.				
9-4-19	Pwecc	SOS from 18 th Bn Witley	Witley	5-4-19	PI-1 Do 2.
		60-K-		15-5-19	
13 5	19-P Wing	SOS To Canada	Witley	13 5 19	DO 28

100

A.G.R.

Rank Name ANDERSON, Bloss Henry ✓ Reg'l No. 124736 ✓
 Unit 70th Bn. If in perm. Corps, } Married or Single Single. ✓
 What Unit? }
 Place and Date of Enlistment London, Ont., 5th April, 1916. ✓ Place of Birth Oilsprings, Lambton Co., Canada. ✓
 Name and Address, Next-of-Kin Frank Anderson, ✓ Relationship Father. ✓
 188 Napier Street, Sarnia, Ontario. ✓

Assigned Pay Monthly \$ Payable to Relationship

Separation Allowance \$ Payable to Relationship

7533
 File No.
 CAN. OR

Discharge, Date and Place Reason Character

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS. Taken from Official Documents.
Date.	From whom received.				
		<i>Arrived in England</i>	<i>S. S. Lapland</i>	<i>5 MAY 1916</i>	
<i>10.7.16</i>	<i>MC 70th</i>	<i>4d to 39th Bn</i>	<i>Shorncliffe</i>	<i>6.7.16</i>	<i>PI 100.172</i>
<i>11.7.16</i>	<i>" 39th</i>	<i>Taken on strength.</i>	<i>W Sandling</i>	<i>6.7.16</i>	<i>" " 163.</i>
<i>10.8.16</i>	<i>"</i>	<i>Asst to reinforce 18th Bn</i>	<i>France</i>	<i>10.8.16</i>	<i>--- 189</i>
<i>31.8.16</i>	<i>O.C. 18th</i>	<i>T.O.O. from 39th</i>	<i>Field</i>	<i>12.8.16</i>	<i>" " 34</i>
<i>23.10.17</i>	<i>W.O.R.</i>	<i>No 6 C.L.S.</i>	<i>"</i>	<i>17.10.17</i>	<i>R.L.A. 44 vps</i>
<i>30.10.17</i>	<i>"</i>	<i>No. 51. Gen. Hoop.</i>	<i>Etaples</i>	<i>21.10.17</i>	<i>--- 50.</i>
<i>3.11.17</i>	<i>"</i>	<i>No. 20. Gen. "</i>	<i>Camiers</i>	<i>26.10.17</i>	<i>--- 54 Scobis</i>
<i>7.11.17</i>	<i>"</i>	<i>Dis. No. 20 Gen. Hoop.</i>	<i>"</i>	<i>29.10.17</i>	<i>--- 57 "</i>

MM

A.F.B. 103 CHECKED

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

To Whom *J Anderson*
 Address *158 Napier St.
 Sarnia.
 Ont.*
 Rate *7/5⁰⁰*

(Father)

MAY 1 1916

By Whom Assigned *Anderson B.F.*
 Regtl. No. *124736*
 Rank *Pte*
 Corps *70th Battery*
also

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				

Consolidated Account

81

1
100

21

31

41

51

100

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

M. F. W. 12a.
 50m.-4-16.
 1772-39-319.

Sheet No. 2.

L. L. Job 310.—Req. 6574.

J. Anderson

Name of Soldier

Anderson B. H.

PAYMENTS.

124736. Ptv. 70th Battalion

MAY 1 1916

Month.	Year.	Cheque No.	Amt.	Remarks.
				<i>\$15.00</i>
April	1916			
May		<i>T 4400</i>	<i>15</i>	
June		<i>O 3571</i>	<i>15</i>	
July		<i>68368</i>	<i>15</i>	
Aug.		<i>A-11790</i>	<i>15</i>	
Sept.		<i>O 15705</i>	<i>15</i>	
Oct.		<i>E 19401</i>	<i>15</i>	
Nov.		<i>E 24378</i>	<i>15</i>	
Dec.		<i>A 34830</i>	<i>15</i>	
Jan.	1917	<i>H 35734</i>	<i>15</i>	
Feb.		<i>H 41678</i>	<i>15</i>	<i>15 (JW)</i>
March		<i>H 47694</i>	<i>15</i>	<i>15 L</i>
April		<i>I 262</i>	<i>15</i>	<i>15 L</i>
May		<i>I 6316</i>	<i>15</i>	
June		<i>I 12885</i>	<i>15</i>	<i>15 W</i>
July		<i>I 19821</i>	<i>15</i>	<i>15</i>
Aug.		<i>K 26964</i>	<i>15</i>	<i>15</i>
Sept.		<i>J 34329</i>	<i>15</i>	<i>15</i>
Oct.				<i>25.5</i>
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.	1919			
Jan.				
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.		1920		
Dec.				
Jan.				
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

2285

May 1/1916

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

15			
----	--	--	--

PARTICULARS OF SEPARATION ALLOWANCE

No. 124736
 Rank Pte Promoted Reverted Discharge
 Soldier's Name B. H. Anderson,
 Battalion 70th Bn
 Beneficiary
 Relationship
 Address

PARTICULARS OF ASSIGNMENT

Name F Anderson (Father)
 Address 188 Napier St - Sarnia Ont.
 Change of Address
 1
 2
 3
 4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
Sept 30/15			255	255	
Oct	C. 57099		15	15	
Nov	D 52259		15	15	Pro
Dec	C 60602		15	15	Pro
Jan/18	C 65625		15	15	m
Feb	C 92187		15	15	
March	A 99409		15	15	✓
April	H 7193		15	15	
May	A 12131		15	15	
June	B 14994		15	15	✓
July	Y 27968		15	15	
Aug	A 30489		15	15	
Sept	A 37169		15	15	
Oct	A 43808		15	15	
NOV	G 51896		15	15	
DEC	B 63668		15	15	
JAN 1916	B 71216		15	15	
FEB	A 78230		15	15	
MAR	D 83927		15	15	
APR	G 1474		15	15	
MAY	H 6442		15	15	
			555	555	

0371-13-24

AUDITED.

A/c Closed

Ret'd per

Date

Clerk

Carone 111534
 22519 M.F.W. 187 28-5-19
P. O. Smith M.A. 1



M. F. W. 128
 400M.-6-17-1772-88-1141
 L. L. 23320-M. & D. 1933.

8 via 10
 8/2/15

SURNAME

CHRISTIAN NAME OR NAMES

REG. NO.

Anderson

B. H.

124736

RANK

UNIT

Co.

TROOP

BATTY.

Pte

W. O.

18.

HOSPITAL

DATE OF ADMISSION

6 Cas. Cl. Str.

17-10-17

1.

No 51 Gen. Hospital
20 Gen. Carriers

HOSP. 21. 10. 17.

26. 10. 17

2.

HOSP.

3.

HOSP.

4.

HOSP.

DIAGNOSIS

~~V. D. S. J.~~

1.

~~V. D. S. J.~~

2.

X Seabies, N. V.

3.

DISPOSITION

A 44 (1) X

Sick. 29. 10. 17. DATE

REMARKS

C.L. 24-10-17

31. 10. 17 ASD. ✓

5. 11. 17 ASD

Confirmation of diag. boreeddiag X
Examination 9. 11. 17

8. 11. 17 ASD (2)

A.M.D. 2 DEPT.

Boh. of D.G.M.S. G.M.F.C. London

EPITOME OF HOSPITAL TREATMENT

HOSPITAL

ADM.

1.

2.

3.

4.

5.

6.

7.

Name:- Anderson, B. H.

#124736. Pte.

Unit:- 18th Bu. W.O.R.

Awarded:- M.M.

Auth:- L.G.#31142.

24-1-19.

noted
nw

NAME

G. O.

Page

Rank

Corps

Refers to

LIST NO.

HOSPITAL

DATE OF
ADMISSION

REMARKS

A 44.	No 6 Cas. Cl. Statu.	17-10-17	V.D.G.
A 50.	51 Gen Staples	21-10-17	" "
A 54	20 Gen Hosp. Camiers	26-10-17	Scabies
A 54 2	Dischärge d.	29-10-17	" "

No. 124736 RANK *Pte*

NAME *Anderson B.* #

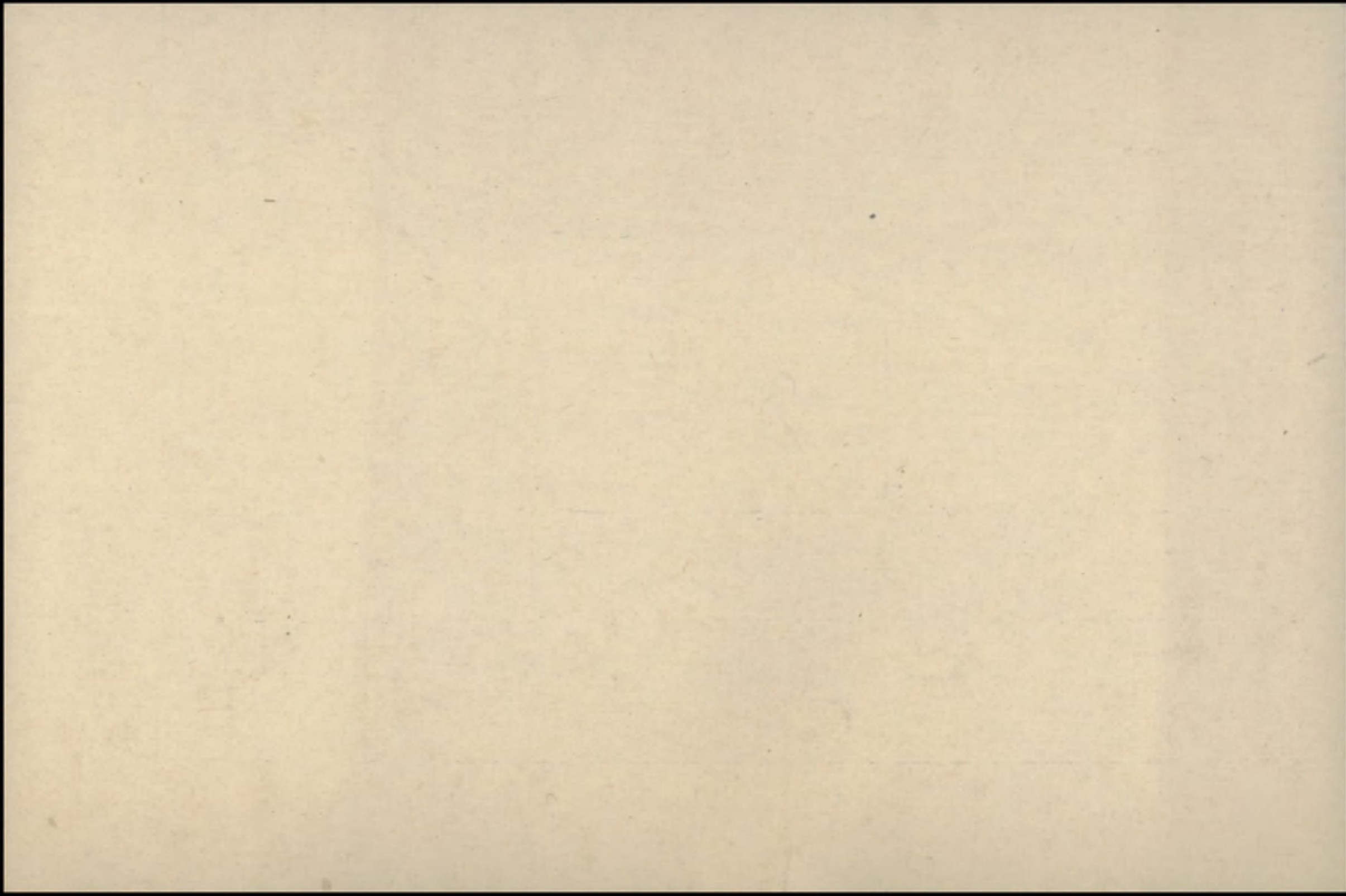
T. O. S. 5-4-16. DO 93
18-4-16.

UNIT *70th Battalion.*

M. D. / -

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
<i>1916 Apr. 5</i>	<i>1916 Apr. 30. May</i>	<i>n. n,</i>		

**UNIT SAILED
APR 24 1916**



LIST OF DISCHARGE DOCUMENTS.

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

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

Group B
 Checked by No. 10
 Date MAY 5 1919

G 23

D.A.K
 O.G. 23

SHORT FORM.

WAR SERVICE BADGE PROCEEDINGS ON DISCHARGE
 CLASS "A" No. 261185 (Demobilization.)



1. No.	<u>124736</u>	
2. Rank.	<u>Pte</u>	
3. Name.	<u>Anderson, Bloss Henry</u>	
4. Unit.	<u>18th Bn.</u>	
5. Date of Discharge	<u>MAY 24 1919</u>	Place <u>London LONDON, ONT</u>
6. Reason for Discharge	<u>Demobilization</u>	
7. Authority.	<u>R.O. Sgt</u>	
8. Proposed Residence after Discharge	<u>193 Napier St Larnia Ontario</u>	
9.	CERTIFICATE TO BE SIGNED BY SOLDIER. I hereby acknowledge that at the undernoted place and date I received my discharge Certificate M. F. W. ?..... <u>Pte B.H. Anderson</u> Signature of Soldier.	
10.	CONFIRMATION. The discharge of the above named man is hereby confirmed. Place <u>LONDON, ONT.</u> Date <u>MAY 24 1919</u> Signature <u>N.W. Macgregor</u> (O. C. Discharging Unit.)	

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.

although there is an entry of "Syphilis" in this man's G. F. B. 103 certificate, was no doubt some of the cause of penis work

19. Is the invalid fit for

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

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.)

R.Y.C. with Reg. 219083 11-11-18

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

PLACE *Witley* *Wm Ecclestone President*
 DATE *21/4/19* *H. H. Mackenzie Capt* Members

TO BE COMPLETED WHEN TREATMENT IS REFUSED

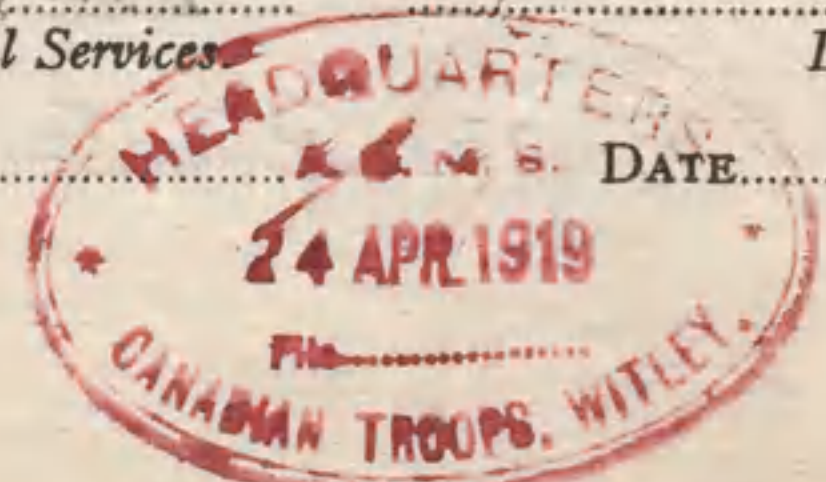
I, the undersigned, understand the nature of the treatment which it is recommended that I should undergo and refuse to accept it.

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

President

PLACE DATE Members

APPROVED BY Assistant Director of Medical Services APPROVED BY Director-General of Medical Services



THIS FORM WILL BE USED FOR ALL RANKS
MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

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

STATION *Witley* DATE *21-4-19*

1. 1 (a) Unit *18th Btn* (b) Regimental No. *124736* (c) Rank *Rt Lt*
 (d) Surname *ANDERSON* (e) Christian name *Bliss Henry*
 (f) Home address *185 Napier St Sarnia*
 (g) Next of Kin *Frank Anderson* (h) Relationship *Father*
 (i) Address of Next of Kin *185 Napier St Sarnia*

2. Age last birthday *21* Date of birth *8-1-1898*

3. Enlistment, or Appointment (if an Officer) (a) Place *London* (b) Date *5-4-16*

4. Personal description:
 (a) Height *5' 4"* (b) Weight *148* (c) Complexion *Light*
 (d) Colour of hair *Light* (e) Colour of eyes *Blue* (f) Identification marks, Scars, etc. *Small*
bruises marks left-angle nose

5. Former trade or occupation *Turner*

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
	<i>3</i>	<i>17</i>

	PERIODS	
	From	To
Canada	<i>5-4-16</i>	<i>26-4-16</i>
England	<i>26-4-16</i>	<i>12-8-16</i>
France or other theatres of War	<i>12-8-16</i>	<i>4-4-19</i>

7. Original disease, or injury *V.D.S. 222*

(a) Date of origin *11.9.17* (b) Place of origin *Paris*
 (c) Cause *Infection*

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.)

(U. D. S.) Symptoms nil

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.)

V. D. S. Wasserman negative 9.4.19
Subjective Symptoms nil
P. Williams Capt. CMC

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

Nervous System.....no..... Cardio-Vascular System.....no..... Genito-Urinary System.....no
(If pulse rate is abnormal, B. P. will be taken.) (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..... urine normal

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

In Paris Sept-1917 contracted V.D.S.(?) was admitted 5-19-18. 21.10.17 and 5 days later was transferred to no 20 G. H. with scabies. Did not have any arsenical or mercury treatment at all. no stoppage of pay. apparently a changed diagnosis eliminated venereal question all together.

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).)

nil except scabies

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

small burn on nose left angle nose.

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.)

not app.

12. Was the disability caused, or aggravated; (a) by intemperance, or improper conduct; or (b) by unreasonable refusal to accept treatment? (a) no (in my opinion) (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? Cured

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

nil except for scabies

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit? (If the answer is "yes" state nature of treatment required and probable duration)

P.C. 47 dated 20.1.19 not app.

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

17. Recommendations.....

M. A. Oulton Capt. CMC
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, Blass 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 having been sent to a venereal hospital where I did not have anything but scabies.

124736 Pte. B. H. Anderson. Rank.
Signature of invalid examined.

MARRIED OR SINGLE *Single*
 PLACE OF BIRTH *Lambton Co. Ont.*
 NAME AND ADDRESS OF NEXT OF KIN *Mrs. F. Anderson*
188 Napier St. Sarnia. Ont. Canada
 RELATIONSHIP OF NEXT OF KIN *Father*
 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

REG'L No. *124736* RANK *Private* NAME *Anderson B. H. (Bloss Henry)*
 IF IN PERM. CORPS WHAT UNIT UNIT *70th. O. S. Battalion* TRANSFERRED TO *39th. Batta* DATE *11/7/16* AUTHORITY *52172 10/3/16*
 PERMANENT FORCE ALLOWANCES TRANSFERRED TO *18th Bn.* DATE *21-9-16* AUTHORITY *570189 10-8-16*
 PLACE OF ATTESTATION *Sarnia Ont.* TRANSFERRED TO DATE AUTHORITY
 DATE OF ATTESTATION *5. April 1916* TRANSFERRED TO DATE AUTHORITY
 ASSIGNED PAY MONTHLY \$ *15.00* DATE EFFECTIVE *May 1st 1916*
 PAYABLE TO *F. Anderson. 188 Napier St. Sarnia. Ontario.* RELATIONSHIP *Father*
 ASSIGNED PAY MONTHLY \$ DATE EFFECTIVE
 PAYABLE TO RELATIONSHIP
 STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) EFFECTIVE REASON
 DISCHARGE DATE AND PLACE REASON AND AUTHORITY
 ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)
 ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

ADMISSIONS TO HOSPITAL, &c.

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

DATE	PAY				FIELD ALLOWANCE				WORKING OR SPECIAL PAY				ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS				CASH PAYMENTS				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
	NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE	AMOUNT					1	2	3	4	1	2	3	4				CREDIT	DEBIT			
			\$	c.			\$	c.			\$	c.																			
1916																															
Jan 31																															
May 31	100		31 00		31	10		3 10													15 00		34 46	28 24							
June 1-30	30	100	30 00		30	10		3 00													15 00		34 46	26 78							
July 1-10	10	100	10 00		10	10		1 00													15 00		15 00	22 78							
21/31	21		21		21			2 10															5 11	40 77							
Aug 31								2 10														93	34 53	44 24					<i>Draw on repayment of 4005 10/7/16</i>		
Sep 1-20	20		20		20			2													15		10 56	51 34					<i>Draw to 18th Bn 21-9-16 570189 10/8/16</i>		
" 10			10		10			1															13 45	51							
Oct 31					31			3 10															16 95	68 15					<i>Sup. Dist. Bgs. 21. 8. 16</i>		
Nov 30	100		30 00		30	100		3 00													15		22 85	78 30							
Dec 31	100		31 00		31	100		3 10													15		26 34	86 06							
Jan 31	100		31 00		31	100		3 10													15		20 24	99 92							
Feb 28	100		30 80																		15		20 23	110 49							
			334 40																		150	93	252 51	110 49							

Checked *C. Stewart*
 Checked *J. Fouchier*

C.I.

124736

McC

Anderson B.A.

Dr 15th

DATE	PAY		FIELD ALLOWANCE		WORKING OR SPECIAL PAY		ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS				CASH PAYMENTS				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS		
	NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE				AMOUNT		1	2	3	4	1	2				3	4				CREDIT	DEBIT
			\$	C.						\$	C.																
March 31	10	34	10					28 60	363 00					60 23	28 06	13 29		150	93	252 51	110 49						
April 30	10	33	-					34 10		1879 11/3				2 62	1 5 23			15		25 44	119 12						
May 31		34	10					33 -		1981 1/3					2 62			15		17 62	134 50						
June 30		33						34 10		58 27/4				2 62				15		17 62	150 98						
July 31		34	10					33		109 14/5	100 5/6			2 68	1 5 35			15		28 03	160 95						
Aug 31		34	10					34 10										15		15 -	180 05						
Sept. 30		33	00					34 10		228 19/6				2 68				15		17 68	196 47		196 47				
								33 00		298 8-9	586 8-9			2 68	8 03			15		51 58	174 89						
										404 30/7	561 6-9			17 84	2 68			15									

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	ENTER-RED. PAY	SEP-ALICE. ENG.
1917									177 89		
Oct.	3 days at \$10	34 10		Can. A.P.					15		
				AR 589 10/9 18 An.	107 06				89 93		
Nov. 30		34 10		Can. A.P.	107 06				15		
		33 -		AR 661 7/10	4 46						
				AR 641 2/9	2 68						
Dec. 1918		34 10			7 14				15 119 89		
Jan 31		34 10			30				15		
				AR 890 10/11 22 B.D.	4 46						
				AR 810 26/11 18 B.D.	12 49						
				AR 287 12 923	3 57						
				AR 865 2/12	4 46				15 114 01		
Feb 28		34 10		Can. A.P.	24 98				15		
		30 80									
				AR 1022 29/1 18	8 03						
				AR 1065 5/2	4 46						
				AR 1104 8/2	4 46				15 112 86		
Mar		30 80		Can. A.P.	16 95				15		
				AR 1158 24/2 18	3 57						
				AR 1171 7/3	4 46						
				AR 1225 18/3	3 57				120 36		
					11 60				15		
					11 60						

* Strike out whichever inapplicable.

ASSIGNED PAY	ENGLAND CANADA.	SEPARATION ALLOWANCE.	ENGLAND OR CANADA.				
EFFECTIVE DATE:-	1-5-16.	EFFECTIVE DATE:-					
AMOUNT:-	15.	AMOUNT:-					
NAME, ADDRESS, RELATIONSHIP & AUTHORITY		WHEN PAYEE OF A.P. IS THE SAME AS PAYEE OF S.A. THE WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE.					
Mr. F. Anderson (Father) 188 Napier St., Sarnia, Ont.							
PARTICULARS OF RANK OR APPOINTMENT							
AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT					
		Pte.					
UNIT AND TRANSFERS							
ORIGINAL UNIT:- 70 Bn.							
DATE ACCOUNT FIRST OPENED - 1-5-16.							
AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'S'D	UNIT TRANSFERRED TO				
			18 Bn.				
	1-6-19		ban. Sect.				
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
10/1/19		J.H.	6/9	1/6			
8/4/19	208	L.N.-0-0	72				
DAILY RATES OF PAY AND ALLOWANCES							
AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE	ALL'CE		
	1		10				

B1-10-0 29-11-18

PARTICULARS OF RENDERING NON-EFFECTIVE *Transferred to Canada 1/5/19 M.R. B. 6726. B. Shott 12/1/19 M.D. 1. J.P.C. \$35.95 Debit*

MONTH	PARTICULARS	CR 1	CR 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
31-3-18	Bal. Ford.								120 36		
Apl 30	PP	33		Cap				15			
				AR 7. 7-4-18 18 Bn.	4 46						
				60 17-4	3 57				130 33		
					8 03			15			
May 31	PP	33		Cap				15			
		34 10		AR 125 16-5-18	4 46				144 97		
					4 46			15			
June 30	PP	33		Cap				15			
				AR 186 4-6-18	8 03						
				239 22-6-	3 57				151 37		
					11 60			15			
July 31	PP	33		Cap				15			
		34 10		AR 2762. 22-7-18. Details Paris.	4 46						
				1898 19-7-18 3rd HQ Ech.	4 46						
				372 9-7 18 Bn	4 46						
				478 21-7.	8 92						
				2899 24-7. Details Paris	3 569						
				3074 26-7.	3 569						
				3301 29-7.	22 31				14 33		
					156 14			15			
Aug 31	PP	33		Cap.				15			
		34 10		600 19-8 18 Bn	3 57				29 86		
					3 57			15			
Sept 30	"	33		Cap				15			
				720 6/9	3 57				44 29		
				843 26/9	3 57				40 62		
					7 14			15	40 72		
Oct 31		33		leav.				15			
		34 10		949 14/10/18	3 73						
				1204 26/10	3 73				52 36		
					7 46			15			

with amount 29/18

NUMBER 124736

RANK Pte.

NAME ANDERSON

B. H.

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
Nov. 30		33		cap				15	5236		
				60 72998 29/1/18.	730				15356		
				60 550 29/1/18 18 hr.	466				12298		
				- 327 29/1/18	5840						
				- 410 14/11	373						
Dec. 31.		34 10		cap.	7407			15			
				- 8746 14/12/18 66 hr.	389						
Jan		34 10		CAP	7798			15	3058		
		101 20			7798			15	7548		
Feb.		30 80		CAP				15	7481		
				60 1750 24/1/18 15 hr.	389						
				- 2512 27/1/19	377						
				- 3175 26/1/19	373						
				- 3637 19/1/19	373						
Mar.		34 10		CAP	1512			15			
				- 3782 16/1/19	1866						
				- 4177 24/2	373						
				- 4630 9/3	365						
				- 5478 19/3	4116						
		6490			365				2067		
Apr.		33		CAP	4481			30			
				208 7/4/19 P.W. 666	73			15			
				1409 24/4 End	487						
				- 2150 9/5 End	973				4893		
		33			8760			15			
				JOK B4005	162				5055		
				5056 6/19 51.60 WOK MD 1							

1067
 33
 53.67
 15
 162
 73
 8962
 5367
 3595
 D. J. J. J.
 12-4-19