REGIMENTAL DOCUMENTS

NAME Anderson Earl REGT. NO. 1048420 UNIT 242nd Bn H. Q. FILE NO.

	CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
	ATTESTATION PAPER (M.F.W. 23, 133, or 51)					DEATH
2	CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category
	TRAINING HISTORY SHEET (M.F.W. 113)					
1	FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
1	REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)					
1	COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					
2	MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
1	DENTAL HISTORY SHEET (M.F.B. 465)					Category
	MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					Demob
1	MEDICAL EXAMINATION (M.F.W. 129)					
1	TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)					
	PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)					
	DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)					DESERTION
1	LAST PAY CERTIFICATE (M.F.W. 44)					
1	PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					
	PARTICULARS OF CHARACTER (A.F.W. 3225)					
1	COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
1	NFW 192					
1	DMS 1375					
1	NFB 313					
1	" 288					
1	CABC 5009a					
1	BPC 167					
1	Pl. Stg					
	RTU					
	Pay and					
1	Will					
	Payslips					

5-27
19-27
31-2-8
1

W. 2389
100M-11-18
1772-39-1377

242[illegible]. BATTALION C. E. F. ORIGINAL

ATTESTATION PAPER.

No. 1048420

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname?	Anderson.
1a. What are your Christian names?	Carl.
1b. What is your present address?	Golden, B.C.
2. In what Town, Township or Parish, and in what Country were you born?	Mora, Sweden.
3. What is the name of your next-of kin?	G. A. Karesson.
4. What is the address of your next-of-kin?	Utmedland, Mora, Dalarna, Sweden.
4a. What is the relationship of your next-of-kin?	Father.
5. What is the date of your birth?	May 25th/91.
6. What is your Trade or Calling?	Woodman.
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? If so, state particulars of former Service.	No.
11. Do you understand the nature and terms of your engagement?	Yes.
12. Are you willing to be attested to serve in the CANADIAN OVER-SEAS EXPEDITIONARY FORCE?	Yes.

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Carl 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.

Carl Anderson (Signature of Recruit)

Date Sept 11th/16. 191 . Robt James Cullen (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Carl 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.

Carl Anderson (Signature of Recruit)

Date Sept 11th/16. 191 . Robt James Cullen (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 Golden, B.C. this 11th day of Sept/16. 191 .

W W Bradley (Signature of Justice)

M. F. W. 23
750M—8-16
H. Q. 1772-29-841

Description of Carl Anderson on Enlistment.

Apparent Age 25 years 4 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5 ft. 5 ins.

Chest measurement: Girth when fully expanded 35½ ins.
Range of expansion 4 ins.

Complexion Dark

Eyes Gray

Hair Brown

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

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

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

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 September 11th 1916. Paul Ewart

Place Golden, B.C. Medical Officer.

*Insert here "fit" or "unfit."

NOTE.—Should the Medical Officer consider the Recruit unfit, he will fill in the foregoing Certificate only in the case of those who have been attested, and will briefly state below the cause of unfitness:—

CERTIFICATE OF OFFICER COMMANDING UNIT.

Carl 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.

J. R. White (Signature of Officer)
Major, Can. Forestry Battalion, C. E. F.

Date 11 September 1916.

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 1048420 (Rank) Private

Name (in full) CARL ANDERSON enlisted in

the 242nd Can. Forestry Battalion

CANADIAN EXPEDITIONARY FORCE at Golden, B.C. on the eleventh

day of September 196.

HE served in CANADA, ENGLAND AND FRANCE

and is now discharged from the service by reason of Demobilization

Authority R.O. 1420 (c)

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

Age	27 years, 10 months	Marks or Scars	Tattoo: Indian on right forearm.
Height	5 feet, 6 inches		
Complexion	Dark		
Eyes	Grey		
Hair	Brown		

Carl Anderson
Signature of Soldier

W. W. Cunnelly
Issuing Officer

MAJOR
Rank

Date of Discharge MARCH 7, 1919.

O.C. DISTRICT DEPOT NO. 7.
Appointment

Signed at Fredericton, N.B. this 7th day of March 19.

in Military District No. 7.

File Reference No. D.D.7. 86-A-129.

N.B.—As no duplicate of this Certificate will be issued, any person finding same is requested to forward it in an unstamped envelope to the Secretary, Militia Council, Ottawa, Canada.

M. F. W. 39a.
250m—6-18.
H. Q. 1772-39-882.

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

WAR SERVICE BADGE

Class "A" No. 78327 issued

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

Unit .....

Address on Discharge .....

Character and Conduct .....

.....

Former Occupation .....

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

.....

Medals and Decorations .....

.....

Remarks .....

.....

On demobilization the particulars called for on the back of this certificate will not be completed.

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

.....

Name of Officer

.....

Rank

.....

Appointment

(A) Report: Date.	(A) Report: From whom received.	(B) Authority of Part II. of Orders	(C) Record of promotions, appointments, reductions, casualties, transfers, postings, &c. All acting as well as substantive promotions to be shown, for method of entry of which see A.C.I. 1816 of 1917. Corps and unit to which transferred and posted to be invariably named.	(D) Place of casualty	(E) Date of promotion, reduction, reversion, casualty, &c.	(F) Remarks, and initials and rank of an officer
22-1-19	C.C.C.		Attached C.C.C. Kinmel Park for return to Canada. Part II Orders No. 22. Ceases to be attached C.C.C. Kinmel Park on embarking for Canada. Part II Order No. 35			
4-2-19	MD 7.		A. Gunaway for O/C Commanding MD 7 Wing, Kinmel Park Camp. Lieut.			
10.2.19.			Embarked for Canada R.M.S. Royal George Sailing No. 10.		H. P. Scott Capt. Adjt. No. 14 C.T.C.S.	
10-2-19	England		TAKEN ON STRENGTH D.D. #7 Fitou NB. PART II. ORDER No. 53 R. Murdoch For O. C. District Depot No. 7.			
7-3-19			"DISCHARGED" FROM HIS MAJESTY'S SERVICE Auth R.O. 1420 (C) D.S.O. #55 (7-3-19) Fitou NB 7-3-19			Lieut. O. C. Discharge Section For O. C. District Depot No. 7.

Nothing to be written in this margin.

Army Form B. 103 (II.) to be gummed on here if required.

Nothing to be written in this margin.

W1889—PP1150 1M 5/18 G.W.P.Co.(3490)

SERVICE AND CASUALTY FORM (Part I).

Army Form B. 103—I.
Part I.

(1)*Substantative rank

*Acting rank
*[To be entered in pencil to facilitate alteration.]

(2) Regiment or Corps

(3) Regtl. No.

(4) Surname

(5) Christian Names

(6) Army Form, number of, Attestation Form or Record of Service paper

(7) Whether of British or of Alien origin [*vide* A.C.I. 578 of 1918]

(8) Date of birth as stated on enlistment

(9) (*a*)

(10) Enlistment (*b*)

(11) Engagement (*c*)

(12) Service reckons from (*date*)

(13) Special conditions (if any) of enlistment (*d*)

(14) Any subsequent variations (if any) of conditions of service

(Authority) (*date*)

Initials and Rank of an Officer.

(15) Category	Date	Medical Authority	Initials and Rank of an Officer

(16) (Record of Occupation in Civil life (*vide* Army Order 93 of 1917)

Industrial Group No.

Trade or Calling

Married or Single

Particulars of Trade Test

Occupation Cards despatched on (*date*)

Second Occupation Card despatched on (*date*)

(17) Next of Kin

(18) Demobilizer (*f*)

(19) Pivotal-man (*f*)

(20) Qualifications (*g*)

(Place)

(Date)

or (21) Corps trade and rate

(Signature of Posting Officer

(22) Extended

(23) Re-engaged

(24) Miscellaneous entries:—

NOTES.—[a] Here enter particulars of any subsequent claim as to actual age after verification by birth certificate [*vide* A.C.I. 470 of 1918. [b] Whether direct or voluntary enlistment or called up under the Military Service Acts. [c] Whether for specified term of years or for duration of the war. [d] Whether "for Home Service only," or "not to be transferred without the soldier's consent, &c. [e] If to be retained on Home Service, period, if specified, to be stated, also authority, and on what grounds. [f] Required for demobilization purposes. [g] Signaller, Shoeing-smith, &c.

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 242nd. BATTALION C. E. F.

Regimental No. 1048420 Rank Pte. Name Anderson Earl

Enlisted (a) 11/9/16 Terms of Service (a) Dom. W. C. E. F. Service reckons from (a) 11/9/16

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) Woodman

Report: Date	Report: From whom received	Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
		EMBARKED AT Halifax S.S. Mauretania		23/11/16	
		EMBARKED AT Liverpool		NOV 30 1916	
	242nd	Transferred to Canadian Forestry Corps, France	Witley	JAN 31 1917	Part II Order 31 Fredmore Adjutant 242nd. Battalion C. E. F.
		D Embarked	Havre	4/2/17	
27.10.17	OC 22 Coy	Granted 10 days leave	Field	25.10.17	B213 Pt II O 40 a/6.11.17
10.11.17	do	Reported from leave	"	4.11.17	" " 42 a/22.11.17
23.3.18		To command Boulogne		20.3.18	"
1.5.18	OC 5 Dist	off Command Boulogne		28.3.18	File 17/16
14.9.18.	OC 22 Co.	Granted 14 days Leave	to UK.	9.9.18	B213 Pt II O 38 a/27.9.18
"	"	Awarded Good Conduct Badge		11.9.18	do do
5.10.18	"	Reported from Leave	to UK.	27.9.18	B213

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

[P.T.O.

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
21-12-18	O & 22 Coy	Granted permission to Marry		18-12-18	B213 Pt II 1-1919
7-1-19	O i/c Records Havre	S.O.S. on transfer to C.F.C. Depot. Seaford. Eng.	Base	7-1-19	nR Pt 30-1 Pt II O 2 1/1919
		C A Hewett for	Lieut major D.A.A.G.		
10/1/19	O C 11th	T.O.S. on reporting from France Posted to C.F.C. Coy. Seaford		8/1/19	Pt II Bn O-9
21-1-19	"	SOS ~~On Com~~ to Kinnel Park for return to Canada M.O 7	Seaford	21-1-19	" " " " 18
					A Philip Lt. For ADJT. 5th Res. Btn. (MAN.)

M. F. B. 440.
200m.-7-20. M.

MILITIA AND DEFENCE

In reply please quote

No.....

Ottawa, Sept. 14/20.

From:

The Adjutant-General,
Canadian Militia.

To: Carl Anderson,

Golden B.C.

Sir:

Enclosed herewith please find Military Will executed by you while in the C.E.F., and returned, the same being your own property.

D. C. Macgregor

Lieut.,
for Lt.-Col.,
Director of Records,
for Adjutant-General.

1-9-20.
IB.

A.D.C. 5009A

CANADIAN ARMY DENTAL CORPS, O.M.F.C.

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

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.

NAME OF SOLDIER (Block Letters) ANDERSON. P. M.D.7

REGIMENT C. F. C. RANK Pte No. 1048430

Date of Examination in England 23-1-19 | Date of Examination in France

PRESENT DENTAL REQUIREMENTS

1. FILLINGS
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
- (c) In France Yes

Signature of Dental Officer H C Goodhand Capt

DEPARTMENT OF MILITIA AND DEFENCE.

WAR SERVICE GRATUITY.

OTTAWA, CANADA.

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

If the applicant will enquire at the local Branch of the Canadian Patriotic Fund he will be informed if there is an official who will take this Declaration free of charge.

A complete reply must be given to every question in this Declaration. There must be no blanks and no dashes. If any questions are not applicable, the words "NOT APPLICABLE" must be written out.

On completion this Declaration is to be returned to THE DISTRICT PAYMASTER OF THE DISTRICT IN WHICH THE SOLDIER WAS DISCHARGED.

1. Christian Names ....Earl.... 2. Surname ....Anderson....

3. Rank ....Pte.... 4. Original Unit ....242.... 5. Reg. No. 1048420

6. Address, in full, to which future payments of gratuity are to be forwarded ....
Imperial Bank
Golden B. C.

7. Date of enlistment in the C.E.F. Sept. 11-1916

8. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge ....No....

9. Relationship of such dependent ....N.A....

10. Address, in full, of such dependent ....N.A....

11. Is said dependent now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? ....N.A....

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:—
Yes. 242nd. from 24th Nov 1916 until (~~Jan~~) Feb. 20th 1919

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 ....N.A....

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 2 yrs 6 Mo. 2 mo in Canada with 242 (in England 3 mo (22nd Co. C) with 242nd in France 2 years with 22nd Co. C.F.C. Remainder of period returning to Can.

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....

M.F.W. 2595.
1772—39—1389.
1160—D.P.—250M-12-18.

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~~ Yes. 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 7 8th March 1917. ..... (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 .....
Yes. 2 yrs. with C. F. C. 22nd Co. from Jan 1917 Jan. 1919. .....

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: C. Anderson

Place of Residence: Golden British Columbia. (East Kootenay Co).

Declared before me at: Fredericton

This 8th day of March 1919.

Signature of Barrister of the Supreme Court Stipendiary Magistrate, Notary Public, Justice of the Peace, or Commissioner for the Administration of Oaths. H. Ward McCully Capt in Com for Stat. Dec.

POST DISCHARGE PAY.

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

Certified Correct.

District Paymaster.

*PARTICULARS MARKED THUS TO BE OBTAINED FROM SOLDIER AND CHECKED FROM DOCUMENTS.

CONFIDENTIAL INFORMATION

Ex 9-A-11923

CATEGORY

Report No.

Unit

M.D. No.

Surname	Christian Name	No. of M. H. C. File	No. of Local File	No. of H. Q. File
ANDERSON	C.		MAY 10 1920	

Permanent Address Folden, B.C.

No.* 1048430 Rank Pte. Original Unit Service Unit*

Age* Height ft. ins. Complexion Eyes Hair Conduct

Date of enlistment Where enlisted Where seen service*

Ship returned by R.G. Date of arrival 20-2-19 Port of arrival Hfx.

Birthplace* Religion

Present disease or disability Cause or origin

Condition in detail which prevents the soldier from earning a full livelihood

E. 1. Discharge, no pensionable disability.
E. 2. Waiting Reclassification.
E. 3. Discharge with claim for pension.

Degree of Incapacity—Eng. Board. Canadian Board

Is disability due to or aggravated by Service?

Probable duration of incapacity

Does it render him unfit for Military Service?

Is further treatment or use of appliances recommended, if so, which?

Destination to which transportation issued

Members of Board

Place Date 19

INFORMATION TO BE FURNISHED BY SOLDIER

DEPENDENTS	NAME	AGE	WHERE—IF EMPLOYED	WAGES	STATE OF HEALTH
Wife					
Children 1					
2					
3					
4					
5					

Name and address next of kin Father, C.E.Pearson, Sweden.

Notification of return to be sent to

Occupation prior to enlistment And for how long followed

Regular trade or occupation Farmer.

Do you consider that your disability will prevent you from following your previous occupation.

Average earnings previous to enlistment Any other income

Name and address of last employer

Rent per month If owner of or purchasing property, amount due and annual payment $ $

Taxes If Homestead or Farm, where located

If carrying life or accident insurance, annual premium $ Name of Society

If work should not be available at old occupation, name preference. do

I declare that the above statement is correct.

References

Witness E.R.G.

Date Place Signature C. Anderson

Remarks by Interviewer:

Last Pay Cert. Cr., $ Dr., $ Amount paid at Depot H.Q., $ L.P.C. leaving Depot, $

Amount forwarded to H.Q. Unit, $ Credit Clothing allowances, $

PENSION—Class..... Amount per year, $..... Period granted for..... Dating from.....

First payment da.....

Form I.S.C. No. 5c.

A. General Service.
B. Service abroad, not general.
C. Service in Canada.
D. Treatment.

Form L.S.C. No. 2c

Last payment on account of PENSION—Class ..... Amount per week $ ..... Period granted for ..... Dating from .....

Last Pay Cert. Cr.* $ | Dr.* $ | Amount paid at Depot H.Q.* $ | L.P.C. issued Depot* $

Amount forwarded to H.Q. Unit* $ | Credit Clothing allowance* $

Remarks by Interviewer:

Date ..... Place ..... Signature .....

Witness

Interference

If work should not be available at old occupation, name preference.

I declare that the above statement is correct.

If carrying life or accident insurance, annual premium $ | Name of Society

If Homestead or Farm, where located

Taxes

Rent per month | If owner of or purchasing property, amount due and annual payment $ | $

Name and address of last employer

Average earnings previous to enlistment | Any other income

Do you consider that your disability will prevent you from following your previous occupation

Regular trade or occupation

Occupation prior to enlistment | And for how long followed

Notification of return to be sent to

Name and address next of kin

DEPENDENTS	NAME	AGE	WHERE—IF EMPLOYED	WAGES	STATE OF HEALTH
Wife					
Children 1					
2					
3					
4					
5					

INFORMATION TO BE FURNISHED BY SOLDIER

Member of Board ..... Date 19

Place .....

Condition in detail which prevents the soldier from earning a full livelihood

Degree of incapacity—Ent. Board ..... Canadian Board

Is disability due to or aggravated by service?

Probable duration of incapacity

Does it render him unfit for Military Service?

Is further treatment or use of appliances recommended, if so, which?

Disposition of claim for pension.

E. 3. E. 4. E. 5. E. 7. Discharge with claim for pension. Medical Board recommendation. Ineligible, no pensionable disability.

Report No. ..... Unit ..... M.D. No. .....

Surname ..... Christian Names ..... Permanent Address .....

No. of H.O. File | No. of Local File | No. of M.H.C. File

Rank ..... Original Unit ..... Service Units* .....

No.* ..... Rank ..... Corps ..... Original Unit ..... Service Units* .....

Age* ..... Height ..... ft. ..... in. Complexion ..... Eyes ..... Hair ..... Complexion .....

Date of enlistment ..... Where enlisted ..... Where been serving* .....

Held rank of ..... Date of arrival ..... Port of arrival .....

Birthplace ..... Religion .....

Present disease or disability ..... Cause of origin .....

*PARTICULARS MARKED THUS TO BE OBTAINED FROM SOLDIER AND CHECKED FROM DOCUMENTS.

CONFIDENTIAL INFORMATION

CATEGORY

A. B.

R—122
8,401—50,000—21-10-16.

E.T. Rank Name ANDERSON, Carl Reg'l No. 1048420

Unit 242nd Battn If in perm. Corps, What Unit? Married or Single Single.

Place and Date of Enlistment Golden. Sept 11th 1916. Place of Birth Mora. Sweden.

Name and Address, Next-of-Kin C.A. Parson.

Utmedland, Mora. Dalarne. Sweden, Relationship Father.

Assigned Pay Monthly $ Payable to

Relationship

Separation Allowance $ Payable to

Relationship

N/E. R.B. No. 18677
File R.L.
Category C.F.C. & B

Discharge, Date and Place Reason Character

Report. Date.	Report. From whom received.	Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS Taken from Official Documents.
		Arrived In England	30*11*16	S.S. Mauretania	A.F.B. 103 CHECKED 10 FEB 1917
31-1-17	242nd Bn	S.O.S. to C.F.C. France	Witley	31-1-17	Pt. II No 31
26-2-17	22nd C.F.C.	T.O.S. from 242 Bn.	Field	4-2-17	" " 2
27.9.18	-/-	Awarded L.G.C. Badge	Ste	11.9.18	" 38
SOS to C F C. Depot Seaford 7 1 19			TOS CFCBD Seaford 8 1 19		
21	3rd CFC-Pt	2.O:2 d:10-1-19	11 Res Bn-Pt.	11.O:9	d10-1-19
6.1.19	22nd Coy C.F.C. 11 Res	Granted permission to marry	Field	6.7.17	Pt II O 3
21.1.19	C.F.C. Personnel	S.O.S. to Kinmel Pk	S'ford	21.1.19	" 18
10.2.19	7 M.D.W.	S.O.S. to Canada	Rhyl.	10-2-19	— 41

(T.O.S. 7 MDC Rhyl. Pt II No 22 d/22-1-19)
O.O.S. to S.O.S. 9-7/19.

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.					

Golden B.C.

34820

FORM OF WILL.

I, Carl. Anderson (Name in full)

Regimental Number 1048420 serving in 242 Battalion

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

I bequeath all my real estate unto

None	Name and Address of person or persons to whom it is to go.

absolutely, and my personal estate I bequeath to

C. A. Pearson Uttmedland Nord Sweden	Name and Address of person or persons to receive personal estate* *(See note).*

IMPORTANT NOTE
This must be Signed and Dated by THE SOLDIER HIMSELF.

this 27 day of Sept. A. D. 1916

Carl Anderson Signature of Soldier.

*N.B.—Personal estate includes pay, effects, money in bank, insurance policy, in fact everything except real estate.

Signed and acknowledged by the Testator as and for his last Will in the presence of us both present at the same time, who in his presence, at his request, and in the presence of each other have hereunto subscribed our names as Witnesses.

THE TWO WITNESSES MUST SIGN HERE

Signature of First Witness J. B. McCullough

Address of Witness Port Haney B.C.

Occupation of Witness Accountant

Address ~~Signature~~ of Second Witness Adele Barron, Vancouver. B.C.

Signature ~~Address~~ of Witness Alexander Kidd

Occupation of Witness Hotel Clerk

M. F. W. 82
300M-5-16.
1772-39-983.

DUPLICATE

To be made out in duplicate. H.Q. 54-21-23-53

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 B.C. Coy 242nd Forestry Regt. C.E.F.

(2) Regimental Number 1048420

(3) Full Name of Soldier Carl Anderson

(4) Place of Birth Mora, Sweden

(5) Are you married, or not? No

(6) If married, state,

(a) Full name of your wife

(b) Present Postal Address

(7) Are you a widower?

(8) Have you any children?

If so, give number of boys and girls

Also their names and ages

M.F.W. 67
300M.—5-16.
1772-39-954

(SEE OTHER SIDE.)

(9) Is your Father alive? Yes

If so, state name and address C. A. Persson
Utmedland. Mora, Delarne, Sweden.

(10) Is your Mother alive? —

If so, state name and address

(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.

G. A. Persson
Utmedland Mora
Delarne Sweden

(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.

J. G. McCuaig Major
Officer Commanding.
242nd. BATTALION C. E. F.

Date Oct 17 1916

M.F.W. 44.
1183 (D.P.) 250M.-12-18.
1772-39-903.

CANADIAN EXPEDITIONARY FORCE.

LAST PAY CERTIFICATE

Regimental No. 1048420 Rank Pte Name Anderson Carl
(Surname first)

Unit ..... who was* Disc

On 7-3-19 191....., to .....
*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from 1-3-19 to 7-3-19 191... the inclusive date of transfer or discharge.

	Dr.	Cr.
Bal. Dr. or Cr. from prev. month		395.30
Regimental Pay 7 days at $ 1.00 c		7.00
Field Allowance 7 days at $ .10 c		.70
Separation Allowance		
Clothing Allowance		35.00
Post Discharge Pay		70.00
*Other Credits		
Advances		
Separation Allowance and Assigned Pay Cheque No.		
*Other Charges		
Balance on transfer or on discharge, cheque No. 9833	508.00	
Total	508.00	508.00

*Give particulars.

A monthly stoppage of $ Nil (†) has ..... (‡) been paid on account of

Assigned Pay for the month of ..... 191.....
and Separation Allce. for month of ..... 191..... } (to) Assignee .....

(Address) .....

(†) Insert amount to be assigned, whether it has been paid or not. (‡) Insert "not" if amount has not been paid for period of account.

ON TRANSFER OF AN OFFICER.

Outfit Allowance of $..... has been paid by Paymaster, Military District No. .....

REMARKS:—

State (1) date of enlistment ..... married or single .....

(2) Separation Allowance, entitled or not ..... no ..... (3) Reason for discharge R.O. 129

(4) Authority for discharge or transfer W.O. #7.

NOTE.—S.A. & A.P. Card and Index Card (M.F.W. 71) are to accompany Last Pay Certificate on transfer.

I have carefully examined this statement of account and find it to be a correct extract from the Pay Account of the officer or soldier.

Date 6-3-19

Place St. John

C. A. Burnett Captain
Paymaster District Depot No. 6
Paymaster.

N.B.—(A) This form is to be used for all ranks (vide Article 122-130 and 141) Financial Instructions, C.E.F., 1916.
(B) For purposes of transfer it is to be made out in triplicate. Copies will be disposed of in accordance with instructions as laid down in Routine Order No. 1307, dated 12th Nov., 1918. Payment of the balance will not be made and the words "or on discharge cheque No." will be deleted.
(C) For purpose of discharge it is to be made out in duplicate. One copy to accompany discharge papers, and one copy for retention as a record. As payment of the balance will have been made, the words "on transfer or" will be deleted.
(D) If a man on discharge is entitled to Post Discharge Pay, Last Pay Certificates will be made out as in "C" with an additional copy to be forwarded to the District Paymaster.

CREDITS, ADVANCES, Etc.

Credits, Advances, Forfeitures, Issues on Repayment, etc., since issue of this L.P.C. are to be entered hereunder:

Date	Place	Cheque No. A.R. No. or Other Particulars.	AMOUNT		Signature of Officer Making Payment.
			Dr.	Cr.	
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....
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.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....

CASE HISTORY SHEET.

New Brunswick Military Hospital Hospital. FREDERICTON, N. B. Station.

No. 1048420 Rank Private Name Anderson C. Age 27

Unit D.D. #7 Completed years of service Where and how long } C. 3/12 E. 2/12 L. 25/12

Date of admission 25. 2. 19 Date of discharge

Diagnosis Laryngitis Place of origin

CONDITION ON ADMISSION AND PROGRESS OF CASE

Voice, squeaky & husky. – had to talk loud.
no pain or difficulty

Vocal cords slightly inflamed.

FAMILY HISTORY

(Tuberculosis, mental or nervous diseases.)

TREATMENT Applications of argyrol. 25%

(Especially any specific or special form.)

CONDITION ON DISCHARGE, recovered.

(and disposal made of case.)

Date

W. Lumsdale Capt
Medical Officer i/c case.

M. F. B. 313a.
200M.–5-18.
1772-39-439.

E 38274

CASE HISTORY SHEET.

New Brunswick Military Hospital Hospital. FREDERICTON, N. B. Station.

No. 048420 Rank Private Name Anderson C. Age 27

Unit D.D #7 Completed years of service Where and how long } C. 3/12 E. 2/12 F. 25/12

Date of admission 25. 2. 19 Date of discharge

Diagnosis Laryngitis Place of origin

CONDITION ON ADMISSION AND PROGRESS OF CASE

Voice squeaky & hushy. had to talk low
no pain or distress

Vocal cord slightly inflamed

FAMILY HISTORY

(Tuberculosis, mental or nervous diseases.)

TREATMENT

(Especially any specific or special form.)

Application of argyrol 25 %

CONDITION ON DISCHARGE, Recovered.

(and disposal made of case.)

Date 4. 3. 19

E. Louville Capt
Medical Officer i/c case.

M. F. B. 313a.
200M.—5-18.
1772-39-139.

D.M.S. 1375.

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 Pte. Name Carl Surname Anderson.

Unit or Corps 11th Res. C.E. Corps. (If a soldier) Regtl. No. 1048420.

Born at Mora Sweden. on, date 25 May 1891

Signature (for identification) Carl Anderson

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

1. PHYSIQUE—Any deformity, maiming or lameness? If so, describe.

Weight
145 lbs. est.
Height
5 ft. 6½ 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?

normal

4. RESPIRATORY SYSTEM.

normal

5. HEART?

Abnormal Sounds? no

Abnormal Size? no

Pulse Rate? 100 Intermittence or irregularity? no

6. ARTERIES.—Any hardening?

no

7. DIGESTIVE SYSTEM?

normal

8. GENITO-URINARY SYSTEM?

Urinalysis—S.G.? 1022 Reaction? acid Albumen? neg Sugar? neg.

9. SKIN, MIDDLE EAR, EYE or any other part?

normal

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 Seaford Signed D. S. MacLennan Capt. C.A.M.C. M.O.

Date Jan 16/19 Signed [illegible] 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 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. 1048420 Rank Pte Surname Anderson (Given name in full) CARL

Unit or Corps D.D.M.T. 242nd Bat^n Birthplace Sweden

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

1. GENERAL DESCRIPTION:

Physique Good Weight 126 lbs. Height 5 ft. 6 in. Colour of Eyes Blue

Nutrition Good

Pulse 75

Condition of arteries Normal

Vision Rt. 20/20 Left 20/20

Hearing (conversational voice) Rt. 20 ft.

Left 20 ft.

Identification marks, scars, or deformities. (Give cause and date of origin).
Tattoo - Indian on Right forearm.

Opinion as to general health and physical condition Good

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

Nervous System No Genito Urinary System No Cardio-Vascular System No

Special Senses No Integumentary System No Respiratory System Yes

Disturbance of mentality No Muscular System No Digestive System No

Osseous and Joint System No Any other general condition No

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

Yes - Had laryngitis but now better
No disability & none claimed -

(If space is insufficient, continue on back of form.)

[OVER]

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 Fredericton N.B. (Canada)

Date 5-3-19 Signed [illegible] 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 Earl Anderson Pte.

(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]

M.F.W. 129.
1033 (D.P.) 500M-11-18.
1772-39-1142.

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

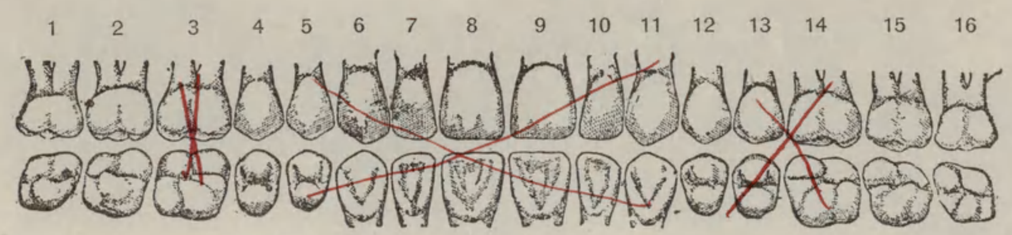
District 7

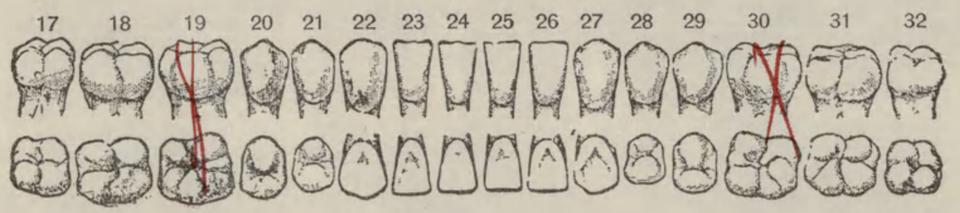
No. 104820

Name of Soldier Anderson C. Le

Rank Pte

Regiment 242





INSTRUCTIONS

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

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

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

	Date	Amalgam	Temporary Filling (a) G.P. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhœa	Synthetic Porcelain	Extracting	DENTURES U	DENTURES L	DENTURES P	Gold Clasp	Gold Filling	CROWNS Gold	CROWNS Porcelain	Bridge Work	OPERATOR	Military District	REMARKS
Condition on first Examination	5/3/14										12 5-11 13.14.19 30.3	1		1						H.R. Dawson Capt.	7	2. 2 2.23.24, 27-28

Exmd for discharge C Anderson

M.F.B. 465.
150M—6-18.
772-39-950.

MEDICAL HISTORY SHEET

DUPLICATE

Surname Anderson *Christian Name* Carl

Examined { on 11th day of September 191 6
at Golden, B.C.

Birthplace { City or Town Mora
County Sweden

Apparent age 25

Trade or occupation Woodsman

Height 5 feet 5 Inches

Weight lbs.

Chest measurement { Minimum 31½ inches
Maximum expansion 35½ inches

Physical development Good

Small-pox Marks None

Vaccination Marks { Arm Right Left 3
Number 3

When Vaccinated last in infancy

(*a*) Marks indicating congential peculiarities or previous disease

(*b*) Slight defects but not sufficient to cause rejection

Approved by Paul Ewart

Rank Civil Practitioner M.O.

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

Date	Result	Vaccinations	
11/1/16		T.A. Goodeliud Capt acc c	
			M.O.
			M.O.
			M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.	
		TYPHOID + PARATYPHOID VACCINE	
5/10/16		G. L. Vance Capt Ame	M.O.
17/10/16		T.A. Goodeliud Capt acc c	M.O.
25/10/16		T.A. Goodeliud Captain acc c	M.O.

Enlisted on 11th *day of* September *1916 at* Golden .B.C.

	Corps	Regt'l Number	Habits	Date
Joined on enlistment				
Transferred to	242nd Batt.	1048420		

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

Station	Date	Disease	Result
Montreal	2/10/16		fit for duty

M J Hebert — Capt., C. A. M. C.
M. O. 242nd BTTN.

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

M. F. B. 313.
500M.—3-16.
H. Q. 1772-39-439.

Surname Anderson Christian Name Carl

STATION	Date of Arrival at the Station	Dates of Admission into Hospital			Dates of Discharge from Hospital			DISEASE	Number of days in Hospital	Remarks on nature of the disease; how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer
		Day	Month	Year	Day	Month	Year				
MONTREAL											

ORIGINAL ORIGINAL

MEDICAL HISTORY SHEET

Surname Anderson Christian Name Carl

Examined on 11th day of September 191 6 at Golden, B.C.

Approved by Paul Ewart

Rank Civil Practitioner M.O.

Birthplace City or Town Mora County Sweden

Apparent age 25

Trade or occupation Woodsman

Height 5 feet 5 Inches

Weight lbs.

Chest measurement Minimum 31½ inches Maximum expansion 35½ inches

Physical development Good

Small-pox Marks None

Vaccination Marks Arm Right Left 3 Number 3

When Vaccinated last in infancy

(a) Marks indicating congential peculiarities or previous disease

(b) Slight defects but not sufficient to cause rejection

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

Date	Result	Vaccinations	
1/11/16	+	S G Baldwin Capt AMC	M.O.
			M.O.
			M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.	
		TYPHOID + PARATYPHOID VACCINE	
5/10/16		G B Paine Capt AMC	M.O.
17/10/16		M Barlowsdebert Capt	M.O.
25/10/16		S G Baldwin Capt AMC	M.O.

Enlisted on 11th day of September 191 6 at Golden, B.C.

	Corps	Regt'l Number	Habits	Date
Joined on enlistment	242nd Batt.	1048420		
Transferred to				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

Station	Date	Disease	Result
Montreal	2/10/16		fit for duty
Ft Ex RB	25/2/19	Lumbago Dis	E B Cooloverton Major J B Morrison Capt Commdg M Barlowsdebert Capt., C. A. M. C. M. O. 242nd BTTN.

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

M. F. B. 313.
500M.—3-16.
H. Q. 1772-38-439.

B4

Surname Anderson Christian Name Carl

STATION	Date of Arrival at the Station	Dates of Admission into Hospital			Dates of Discharge from Hospital			DISEASE	Number of days in Hospital	Remarks on nature of the disease; how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer
		Day	Month	Year	Day	Month	Year				
MONTREAL N.B.M. Hospital Fredericton		25	2	19	4	3	19	Laryngitis	8	fully recovered	E. J. Connell Capt.

LOCAL

*Name ANDERSON Carl Rank Pte. Regtl. No. 1048420

Fyle Depot 86-A-129

Original unit 242nd Bn. Present unit C.F.C.- M. or S. Age 26 Religion Luth. Ref. H.Q.

Port, ship and date of arrival Halifax, Royal George 20-2-19.

Next of kin Father, C.A.Payson, Utmedland, Mora, Dalarne, Sweden.

Address on leave

Address on discharge

Transportation issued Yes No Date Character on discharge

Previous occupation Woodman Date and place of enlistment 11-9-16 Golden, B.C.

Diagnosis Date of Medical Boards

Date. T.O.S.	Remarks.	Pt. 2 Order No.
10-2-19.	Casualty Coy. 20-2-19. Leave 21-2-19 to 7-3-19.	#53
26-2-19	To Hospital Section (25-2-19)	CO 57.
4. 3. 19	Casualty Co.	63.
MAR 7 1919	To Discharge	CO 66

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

(over)

Date	Remarks	Pt. 2 Order No.
7-3-19	Dis. H. In. S. Fitton A. B. D S.O #55	7-3-19

M. F. W. 192
150m.—5-18
1772-39-1243

O. H. M. S.

(26) 1048-420

RETURNED TO

RETURNED TO

Mrs. C. Anderson

971

208

FREE

Supt. Insp. General O. Insp. S.

NOT CALLED FOR

17

GOLDEN
P.O.
AM
SEP 18
20

M.JAW & CALR.P.O.
SEP 18
20
No 3

C.&V.R.P.O.
SEP 18
20

GOLDEN
PM
SEP 19
20
P.O.

OTTAWA·CANADA
11
NO 1
20
B

OTTAWA·CANADA
11
NO 1
20
B

OTTAWA·CANADA
11
NO 1
20
B

No. 104840 Rank Pte Name Anderson C

T. O. S. 11-9-16 Unit 242nd Battalion CEF

AD 40 15-9-16.

M. D. 4

Paid From	Paid To	Sig. or Rec't	Promotions, Transfers, Discharges, etc.	
			Particulars	Authority
1916	1916			
Sept 11	Sept 30	N		
Oct		"		
Nov		"		

UNIT SAILED

NOV 23 1916

LEDGER NO. 103 SERIAL NO. E 38274

REG. NO. 1048420 NAME Anderson, C.

RANK Pte CORPS Ib. Ib. 7 AGE 27 SERVICE C. 3/12 E. 2/12 F 25/12.

HOSPITALS		DATE OF ADMISSION
1 H. B. Mil	Fredericton	25-2-19.
2		
3		

DIAGNOSIS Laryngitis

TRANSFERRED TO

DISPOSITION 4-3-19. CATEGORY

M.F.W. 2553.
1126-D.P.-50M-12-18.
1772-39-1332.

P.T.O.

REMARKS:

Number 1048420 Rank Pte - B

Surname ANDERSON

Christian Name Carl

Units C.F.C. Theatre of War France

Date of Service 31-1-17

Remarks

Latest Address Golden P.O.
B.C.

Roll No. B. Page 20778

200m.-6-21.

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

129-a

SHORT FORM.

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

1. No. 1074420 Category A3

2 Rank. Pte.

3. Name. ANDERSON Carl

4. Unit. 242nd Bn. C.F.C. C.F.C.

5 Date of Discharge | Place

6 Reason for Discharge

Service in France 26/12

Next of Kin Father

7. Authority.

8. Proposed Residence after Discharge

Occupation Farmer

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.?

Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

DISTRICT DEPOT
DISPATCH
MAR 11 1919
File No.

Place

Date

Signature (O. C. Discharging Unit.)

M.F.B. 218a—300M.-11-18—1772-39-113.

List of Discharge Documents.

Reg. Conduct Sheet,	Militia form	B. 263
Squadron / Battery / Company } Conduct Sheet,	"	B. 263a
or Field Conduct Sheet	"	W. 178
Copies of Convictions, by C. P.		in MS.
Med. Hist. Sheet,	Militia form	B. 313
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

§Only if discharged "Medically unfit."

‡Only if man has not been overseas.

Attestation Paper or Particulars of Recruit	Militia Form	W. 23
	"	W. 133
Proceedings on Discharge	"	B. 218

In the case of recruits who are rejected on final approval, the discharge documents will consist of

(a) Proceedings on Discharge.

(b) Attestation.

(c) Medical History Sheet.

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.

WAR SERVICE BADGE

Class "A" No 78327 issued

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.)

B.

No. 1048420

Rank Private

Surname ANDERSON

Christian name CARL

NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.

Corps (Squadron, Battery or Company) District Depot No. 7 "B"

Date of discharge March 7, 1919.

Place of discharge Fredericton, N. B.

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age 27 years 10 months.

Height 5 feet 6 inches.

Complexion Dark

Eyes Grey

Hair Brown

Trade Woodsman

Intended place of residence (To be given as fully as practicable.) Golden, B.C.

Descriptive marks

Tattoo: Indian on right forearm.

2. The above-named man is discharged in consequence of Demobilization

Authority for discharge R.O. 1420 (c)

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.

To be in the handwriting of the Commanding Officer, who will himself make identical entries on the character certificate and initial them.

3. Conduct and character while in the service have been, according to the records, etc.

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.

4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)

M. F. B. 218.

200M.—5-18.
H. Q. 1772-39-113.

(OVER)

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).....Fredericton, N. B. C Anderson *(Signature of Soldier.)*

(Date).....March 6, 1919. W. R. Hobbs *(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).....Fredericton, N. B.

(Signature) W. Maxwell Major
O.C. DISTRICT DEPOT NO. 7.

(Date).....March 7, 1919.

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.)

None
C Anderson

M.D. No. 7

AUDITOR | PAYMASTER

1

M. OR S.

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

Imperial Bank, Golden, B.C.

REGT. No. 1048420 RANK Pte NAME (IN FULL) Anderson, Carl. (BLOCK LETTERS SURNAME FIRST)

NEXT OF KIN | RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? nil | DATE EFFECTIVE

TO WHOM PAID | RELATIONSHIP

ADDRESS

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ORIGINAL UNIT C.E.F. | IF IN P.F. WHAT UNIT? Royal George

PLACE OF ATTESTATION | TRANSFERRED TO | DATE 20-2-19 | AUTHORITY

DATE OF ATTESTATION 11/9/16 | TRANSFERRED TO | DATE | AUTHORITY 2595

ASSIGNED PAY $ nil | DATE EFFECTIVE

PAYABLE TO | RELATIONSHIP | ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE | EFFECTIVE

DISCHARGED PLACE Fredericton DATE 7-3-19 REASON Demob. AUTHORITY G.O. 66 IF ENTITLED TO POST DISCHARGE PAY

MONTH	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $	C.	OTHER CREDITS $	C.		C.	TOTAL CREDITS $	C.	ACQUITTANCE ROLLS COL. NO. 1 NO.	DATE	COL. NO. 2 NO.	DATE	COL. NO. 3 NO.	DATE	CASH PAYMENTS COL. NO. 1 $	C.	COL. NO. 2 $	C.	COL. NO. 3 $	C.	ASSIGNED PAY $	C.	REGIMENTAL CHARGES $	C.	OTHER CHARGES $	C.		C.	TOTAL DEBITS $	C.	BALANCE DEBIT $	C.	CREDIT $	C.	PARTICULARS OR REMARKS
BALANCE FROM PREVIOUS ACCOUNT																																					T.O.S. D.O. 531
Jan.							422	90	422	90	Kimmel																								422	90	Cr. Bal Eng. S.P.C. 31-1-19
Feb.	28	1.10	30	80	11	20			42	00	G. B.	L. S.					9	73	5	00											69	60			395	30	Def. Pay 5 3.90 12
																	4	87	50	00																	Sub. 21-2-19 to 7-3-19 D.O. 53
																																					Cr. Bal 28-2-19
Mar.	7	1.10	7	70	35	00			42	70	12	6					508	00													508	00	70	00			
					Adls																						Adls.					Soldier				
153 days @ 1/-					350				350																		70				70		280				
																											70				70		210				Ck 39516 A/R 7.7.19
																											70				70		140				Ck 39777 A/R 36 7/6/19
																											70				70		70				Ck 63 7/6/19
																											70				70						Ck 105450 A/R 88 7/8/19
																															Non-Effective						
			350	00					350	00																	350	00			350	00	0		0		

WAR SERVICE GRATUITY.

30M-11-18.—L.L. 50877-M. & D. 9553.

P. 559.

MARRIED OR SINGLE S

PLACE OF BIRTH Mora, Sweden.

NAME AND ADDRESS OF NEXT OF KIN C. A. Person.
Utmedland, Mora, Dalerna, Sweden.

RELATIONSHIP OF NEXT OF KIN Friend.

NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF KIN

SEPARATION ALLOWANCE MONTHLY $ EFFECTIVE (DATE)

PAYABLE TO

RELATIONSHIP OF DEPENDANT

CASUALTIES, PROMOTIONS, &c.

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ADMISSIONS TO HOSPITAL, &c.

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

REG'L. NO 1048430 RANK Private NAME Anderson, Carl. 106

IF IN PERMT. CORPS WHAT UNIT | UNIT 72nd Bn TRANSFERED TO C.F.C. France DATE 21/6/17 AUTHORITY

PERMANENT FORCE ALLOWANCES TRANSFERED TO DATE AUTHORITY

PLACE OF ATTESTATION Vancouver, B.C. TRANSFERED TO DATE AUTHORITY

DATE OF ATTESTATION Sept. 11/1916 TRANSFERED TO DATE AUTHORITY

ASSIGNED PAY MONTHLY $ DATE EFFECTIVE

PAYABLE TO RELATIONSHIP

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 TRANSFERED TO NON-EFFECTIVE BRANCH (DATE)

ACCOUNT TRANSFERED TO OFFICERS' PAY BRANCH (DATE) C.I.

DATE	PAY No. of Days	PAY Rate	PAY Amount $	PAY Amount c.	FIELD ALLOWANCE No. of Days	FIELD ALLOWANCE Rate	FIELD ALLOWANCE Amount $	FIELD ALLOWANCE Amount c.	WORKING OR SPECIAL PAY No. of Days	WORKING OR SPECIAL PAY Rate	WORKING OR SPECIAL PAY Amount $	WORKING OR SPECIAL PAY Amount c.	ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS 1 No	1 Date	2 No.	2 Date	3 No.	3 Date	4 No.	4 Date	CASH PAYMENTS 1	2	3	4	ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE Credit	BALANCE Debit	PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
														33 -	33 00																33 00					Bal. from Canada
Dec 16															34 10	36	15/12/16													29 20	37 90				
1 Jan 31	31	1 00 7 00	31	3 00 10	31	10	3	10																											
1917 J. 31	31	1 10	34	10											34 10																72 -				
Feb	28		30	80											30 80	#		117	9/2							3 48V				3 48	99 32				
March	31		34	10											34 10	154	23/1	301 221	28/3 13/3	1825	8/3			3 49V	3 49V 3 49V	4 36V				14 83	118 59	-	60 50		
															33																151 59				
Apr	30		33												34 10	61	14/4	144	29/4					3 49V	3 49V					6 98	178 71				Transfd. C.F.C. France 21/6/17
May	31		34	10											22 -																200 71				
June 1-20	20		22	-											11 -																211 71				
21-30	10		11	5											34 10																245 81				
July	31		34	10											34 10	10 166 33 97	18.5 23.6 30.5 9.6							3 57V 3 57V 3 57V 3 57V						14 28	265 63				
Aug.	31		34	10											33 -																298 63				
Sept	30		33	-																															
			334	40										33 -	367 40									50 46	13 95	4 36				68 77					

106
104820 Pte. ANDERSON Cat.

Date 1917	Pay No. of Days	Pay Rate	Pay Amount $	Pay Amount c.	Field Allowance No. of Days	Field Allowance Rate	Field Allowance Amount $	Field Allowance Amount c.	Working or Special Pay No. of Days	Working or Special Pay Rate	Working or Special Pay Amount $	Working or Special Pay Amount c.	Assigned Pay Credits	Other Credits	Total Credits	Acquittance Rolls 1 No.	1 Date	2 No.	2 Date	3 No.	3 Date	4 No.	4 Date	Cash Payments 1	2	3	4	Assigned Pay	Other Charges	Total Debits	Balance Credit	Balance Debit	Pay Withheld or Deferred	Pay Available for Issue	Remarks
MONTH	PARTICULARS				CR. 1	CR. 2	PARTICULARS							DR. 1	DR. 2	DR. 3	DR. 4	BALANCE																	
Sept.																		29863																	
Oct.					~~29863~~																														
	P Pay				3410		a/R 520 24-8-17 22Coy C F C							3 57																					
							" 412 11-8-17 do							3 57																					
							" 334 22Coy C.F.C. 26-7-17							3 57				32202																	
					3410									1071																					
Nov	P Pay				3300		~~bal a/c~~																												
							aR 783 " " 24-9-17							3 57																					
							" 393 22CoCFCR 11-10-17							3 57																					
							" 686 " " " 18 9 17							3 57																					
							" 1073 Jura Sq 31-10-17							107 07								180													
Dec	P Pay				3410													27134																	
1918					6710									11778																					
Jan							AR 1116 22CoCFC 14-11-17							3 57																					
	R Pay				3410		" 1274 " " 25-11-17							12 49																					
							" 1448 " " 18.12.17							7 14																					
							DN AR 232 — " 9-7-17							3 57				27867	2.10																
					3410									2677																					
Feby	P Pay				3080		" 1652 " " 5 1 18							3 57																					
							" 1741 " " 21-1-18							3 57				30233																	
					3080									714																					
Mch	R Pay				3410		aR 1917-June-14/2/18							714																					
							" 2186 " 15-3-18							3 57																					
							" 2307 " " 21-3-18							7 14																					
							" 2743 22Co.R 26.3.18							4 46				31412	2.40																
					3410									2231																					

P 820
12474—375M—13-2-18.

* Strike out whichever inapplicable.

ASSIGNED PAY.	* ENGLAND OR CANADA.	SEPARATION ALLOWANCE.	* ENGLAND OR CANADA.
EFFECTIVE DATE:–		EFFECTIVE DATE:–	
AMOUNT:–		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.

Permission to marry 21/12/18 WO 1 6/1/19 22 Co

NAME:- ANDERSON Carl 275

NUMBER:- 1048420

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		Pte

UNIT AND TRANSFERS

ORIGINAL UNIT:- 242nd Bn

DATE ACCOUNT FIRST OPENED:- 1-12-16

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO
			C7C France

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
~~31.12.16~~		~~Witley~~ chgd July 1918	~~4 87~~				
~~1.1.18~~		✓	~~19 47~~				
~~11/1/19~~	334	11 Res	~~38 94~~				
			58 40				

afcapried 30/4/18 P850

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
	1 –	– 10		

PARTICULARS OF RENDERING NON-EFFECTIVE:- Discharged Canada 3/1/19 C7C NRC 2016 15/1/19 MD 7

MONTH 1918	PARTICULARS	CR. 1	CR. 2.	PARTICULARS	DR. 1	DR 2.	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
Mch	Bal. fwd								314 12	240	
April	PP	33		AR44 5 Dist 8-4-18	3 57						
				✓ 138 Jura 24-4-18.	3 57				339 98	255	
May	✓	33 34 10			7 14						
				AR 320 ✓ 9.5.18	3 57						
				✓ 430 ✓ 20.5.18.	3 57				366 94	270	
June	✓	34 10 33		✓ 574 ✓ 9.6.18.	7 14 3 57						
				✓ 762 ✓ 25.6.18.	3 57				392 80	285	
July	✓	33 34 10		✓ 112 242nd Bn 15.1.18.	7 14 19 47						
				✓ 957 Jura 15.7.18.	3 57						
				✓ 1144 ✓ 25.7.18.	3 57						
				DN ✓ 75 242 4.1.19	4 87				395 42	300	
Aug	✓	34 10 34 10		AR 1265 5 dist 10.8.18	31 48 3 57						
				✓ 1602 ✓ 25.8.18.	3 57				422 38	315	
		34 10			7 14						
Sept	–	33 –		AR 1682 ✓ 5 dis 11-9-18	3 57						
				AR 1680 ✓ do	3 57						
				AR 3901 ✓ 7-9-18	97 33						
				CP London 36239 20-9-18	14 60				336 31	330	
		33			119 07						
Oct		34 10		AR 2102 ✓ 5 dis 12/10/18	3 73						
				AR 2354 ✓ 26/10/18	3 73				362 95	345	
		34 10			7 46						
Nov	✓			AR 2552 5 Dis 11-11-18	3 73						360
Dec	✓	67 10		AR 2771 ✓ 25-11-18	13 06						375
				AR 2987 ✓ 18/12/18	7 46						
Jan	–	34 10							439 90	390	
		10 20			21 25						
	~~Interest on Def Pay~~	21 90							461 85		

CANADIAN
ASSIGNED PAY AUDITED
no assignment
A. P. Ullett
AUDIT CLERK
DATE 20.5.19.

NUMBER 1048420 RANK NAME ANDERSON. C.

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
31/1/19	Fowd								43990		
	Int m def Pay	21 93		AR 3304 11 Res 11/1/19	38 93						
				AR 50 Kimmel 28/1/19 L Pl Eng	9 73				41317		
		21 93			48 66						
					48 66						

A.3 M. FORM REN'D ..... EFFEC. 31/1/19
DISCHARGED TO Canada DATE 20/4/19
PAY BOOK VERIFIED 20/4/19
BA... L.P.C. REN'D 20/4/19
AUTHY. OTC NR 2016 5/4/19

COMPILED BY N. Ferguson
CHECKED BY J. P. Williams

AR 50 Dr 9.73 contd c/ 413.17 HB

SOS to Canada 15/2/19 auth SH 10 C 7C