
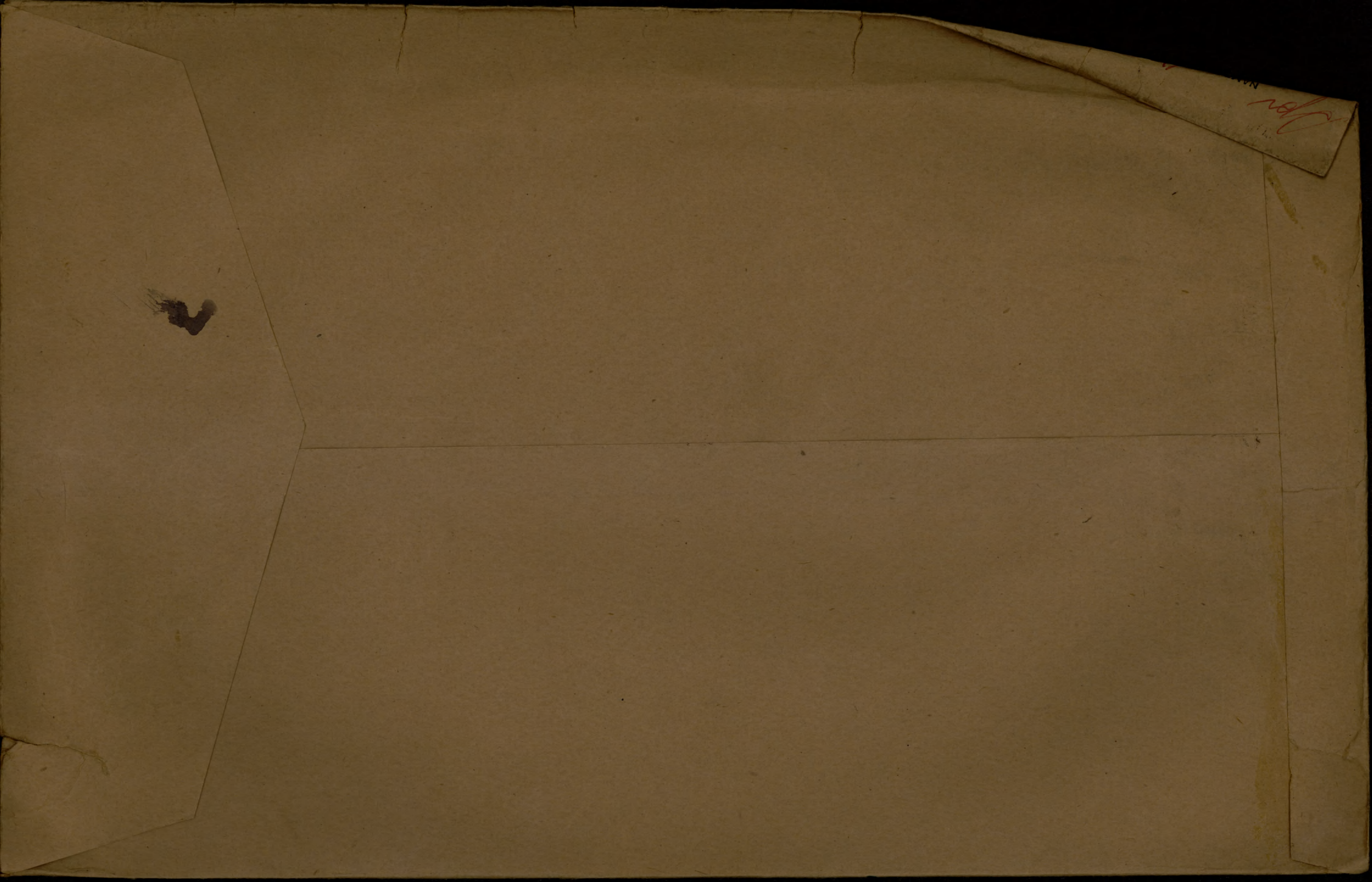


REGIMENTAL DOCUMENTS

NAME *ANDERSON CARL AXEL* REGT. NO. *2736103* UNIT *12 Engineers* H. Q. FILE NO. *1976*

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)	<i>M 26 4</i>				DEATH
CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category
TRAINING HISTORY SHEET (M.F.W. 113)					
FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)					
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)					
1 MEDICAL EXAMINATION (M.F.W. 129)					<i>Remob</i>
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
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. 3226)					
1 COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
<i>msw 122</i>					
<i>msb 313A</i>					
<i>Paysheet</i>					
					<i>14.27</i>
					<i>27.28</i>
					<i>33.28</i>



Douglas Helwigson
1328

PARTICULARS OF RECRUIT

DRAFTED UNDER MILITARY SERVICE ACT, 1917 ORIGINAL.

(Class ONE)

1. Surname Anderson
2. Christian name Carl Axel
3. Present address No. 1, Fire Hall, Saskatoon, Saskatchewan, Canada.
4. Military Service Act letter and number L.C. 427767
(If man is defaulter, i.e., has not registered under Proclamation, this fact should be stated, together with date of apprehension, or surrender)
5. Date of birth January 5th., 1894
6. Place of birth T ~~Stockholm~~ ^{Stockholm} Stockholm, Sweden.
(town, township or county and country)
7. Married, widower or single Single
8. Religion Lutheran
9. Trade or calling Electrician
10. Name of next-of-kin Johan Anderson
11. Relationship of next-of-kin Father
12. Address of next-of-kin 6 Høkstigen, Duvbo, Sweden
13. Whether at present a member of the Active Militia No
14. Particulars of previous military or naval service, if any None
15. Medical Examination under Military Service Act :—
(a) Place Saskatoon, Sask. (b) Date Sept. 21st., 1918 (c) Category A 2

DECLARATION OF RECRUIT

I, Carl ~~Helwigson~~ Axel Anderson, do solemnly declare that the above particulars refer to me, and are true.

Carl Axel Anderson (Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age 24 yrs. 9 mths.

Height 5 ft. 6 ins.

Chest measurement } fully expanded 37 ins.
range of expansion 5 ins.

Complexion Fair

Eyes Blue

Hair Fair

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

[Signature]
O. C. [Signature] Depot Btin.
Regt. [Signature]
O.C. NO. 12 ENGINEERS' DEPOT
CAPTAIN C.E.

Place Regina, Sask. Date October 10th., 1918.

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 2736103 (Rank) SAPPER

Name (in full) ANDERSON CARL AXEL enlisted in

the NO 12 ENGINEERS DEPOT

CANADIAN EXPEDITIONARY FORCE at REGINA SASK on the 10th

day of OCTOBER 1918.

HE served in NO 12 ENGINEERS DEPOT

and is now discharged from the service by reason of DEMOBILIZATION.

AUTHORITY G.H.Q. R.O. 1328

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

Age 25 Yrs 3 Months

Height 5 Ft 6 In

Complexion FAIR

Eyes BLUE

Hair FAIR

C. A. Anderson

Signature of Soldier

Marks or Scars

" N I L "

Issuing Officer

Hubertson

Rank

CAPTAIN C.

Date of Discharge 4-4-19

Appointment

NO 12 Engineers' Depot

Signed at REGINA SASK this 4th day of APRIL 19 19

in Military District No. 12

File Reference No. _____

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

CANADIAN EXPEDITIONARY FORCE
Discharge Certificate

No. (Rank) Name

Unit

Address on Discharge

Character and Conduct

Former Occupation

Special Qualifications of Value in Civil Life

Medals and Decorations

Remarks

Signed at this day of 19

.....
Name of Officer

.....
Rank

.....
Appointment

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

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

500M.—9-16

H. Q. 1772-30-020.

Casualty Form—Active Service.

Unit, Regiment or Corps. *#12 Engineers Depot*

Regimental No. *2736103* Rank *Sapper* Name *Anderson, Carl, Alex.*
C. E. F.

Enlisted (a) *10/10/18* Terms of Service (a) *M S A* Service reckons from (a) *10-10-18*

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) *Nil Nil Civilian Electrician*

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				
<i>4/4/19</i>		<i>Discharged. Demobilization Authority G. H. A. R. C. 1328 dated 18-11-18</i>	<i>Regina Sarko</i>	<i>4/4/19</i>	<i>D. O # 95 Para 2 5-4-19.</i>

Anderson

or

CAPTAIN G.A.
O.C. NO. 12 Engineers' Depot

(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. [P.T.O.]

CASE HISTORY SHEET.

1 mil Hosp Regina

No. 2736103 Rank Sp1 Name Anderson C. R. Age 24

Unit Engineer Depot Completed years of service 100% Where and how long Canada

Date of admission 16-10-18 Date of discharge 30-10-18

Diagnosis Influenza Place of origin Regina Sask.

CONDITION ON ADMISSION AND PROGRESS OF CASE

Admitted I.P.R. 107-108-24
Complaining of headache, ears deaf,
coughing.

20/10/18 - Feeling fairly well, - cough & slight expectoration

22/10/18 - Feeling fair

25/10/18 - Now recovered

30/10/18

FAMILY HISTORY

(Tuberculosis, mental or nervous diseases.) Negative

TREATMENT

Rest in bed, sulphurine, 2 Shell's jar, C and D spray,
Aspirin & Strich sulph 1/2 1/40

CONDITION ON DISCHARGE

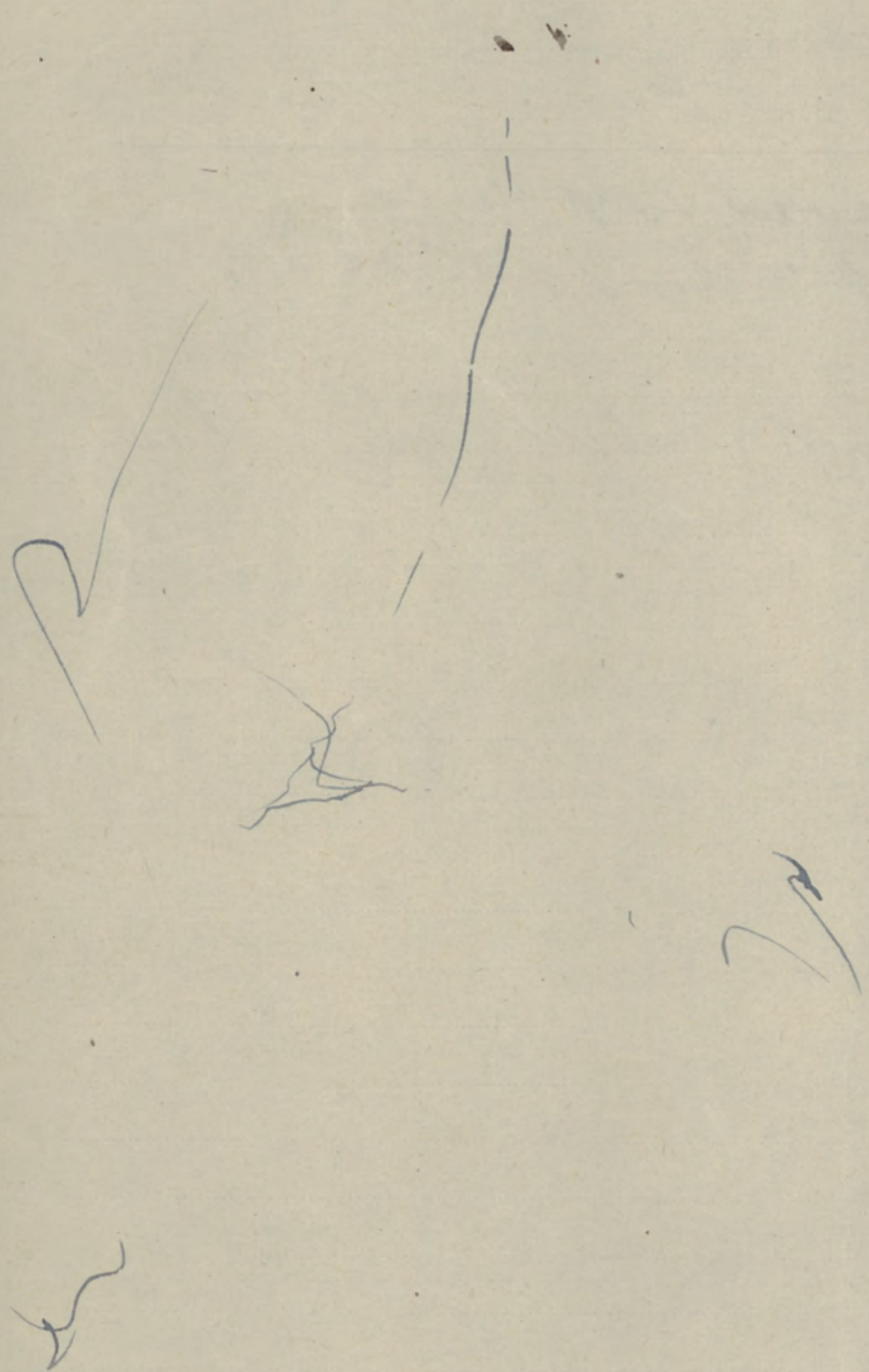
All systems normal = Interrupted Return

Date 29/10/18

W. H. Hare Lt Col
Medical Officer i/c case.

A11919

CASE HISTORY SHEET



CASE HISTORY SHEET.

Duplicate

Military Isolation Hospital. Station.
No. *2736103* Rank *Sp4* Name *Anderson C. G.* Age *24*
Unit *Engineers Depot* Completed years of service *1* Where and how long *Week Canada*
Date of admission *16/10/18* Date of discharge *20-10-18*
Diagnosis *Influenza* Place of origin *Regina, Sask.*

CONDITION ON ADMISSION AND PROGRESS OF CASE. *Admitted J.P.A. 102³ 108-24*

Complaining of headache, legs weak, coughing.
20-10-18 Feeling fairly well - cough slight expectation
22/10/18 Feeling fine.
26-10-18
29-10-18 Now recovered.

FAMILY HISTORY
(Tuberculosis, mental or nervous diseases.)

TREATMENT *Rest in bed purgative, Dobell's Gargle of lay.*
(Especially any specific or special form.) *Inf. gr. vii Styrch dulph. gr. 40 Carb IV*

CONDITION ON DISCHARGE, *All symptoms normal Uninterrupted Recovery*
(and disposal made of case.)

Date *29-10-18*
W. H. H. Capt. C. G. M. P.
Medical Officer i/c case.

M. H. H.
CAPTAIN
No. 12 Engineers' Depot

10/10/04

3

General Medical Board
REGINA, SASK.

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

THIS SECTION FOR USE OVERSEAS

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. 2736103 Rank Sapper Surname ANDERSON
(Given name in full)

Unit or Corps 12 Engineers Depot Birthplace Stockholm Sweden

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

1. GENERAL DESCRIPTION:

Physique Good Weight 143 lbs. Height 5 ft. 6 in. Colour of Eyes Blue
Nutrition Good
Pulse Good
Condition of arteries Good
Vision Rt. 6/6 Left 6/6
Hearing (conversational voice) Rt. 21 ft.
Left 21 ft.

Identification marks, scars, or deformities.
(Give cause and date of origin).
nil

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 Genito Urinary System Cardio-Vascular System
Special Senses Integumentary System Respiratory System
Disturbance of mentality Muscular System Digestive System
Osseous and Joint System Any other general condition

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.

M. Anderson
CAPTAIN C.E.
12 ENGINEERS' DEPOT

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 *Regina* (Canada)

Date *Apr. 3. 1918* Signed *[Signature]* M.O.

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to, or during service.

Signature *B. A. Andersson*

(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]

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

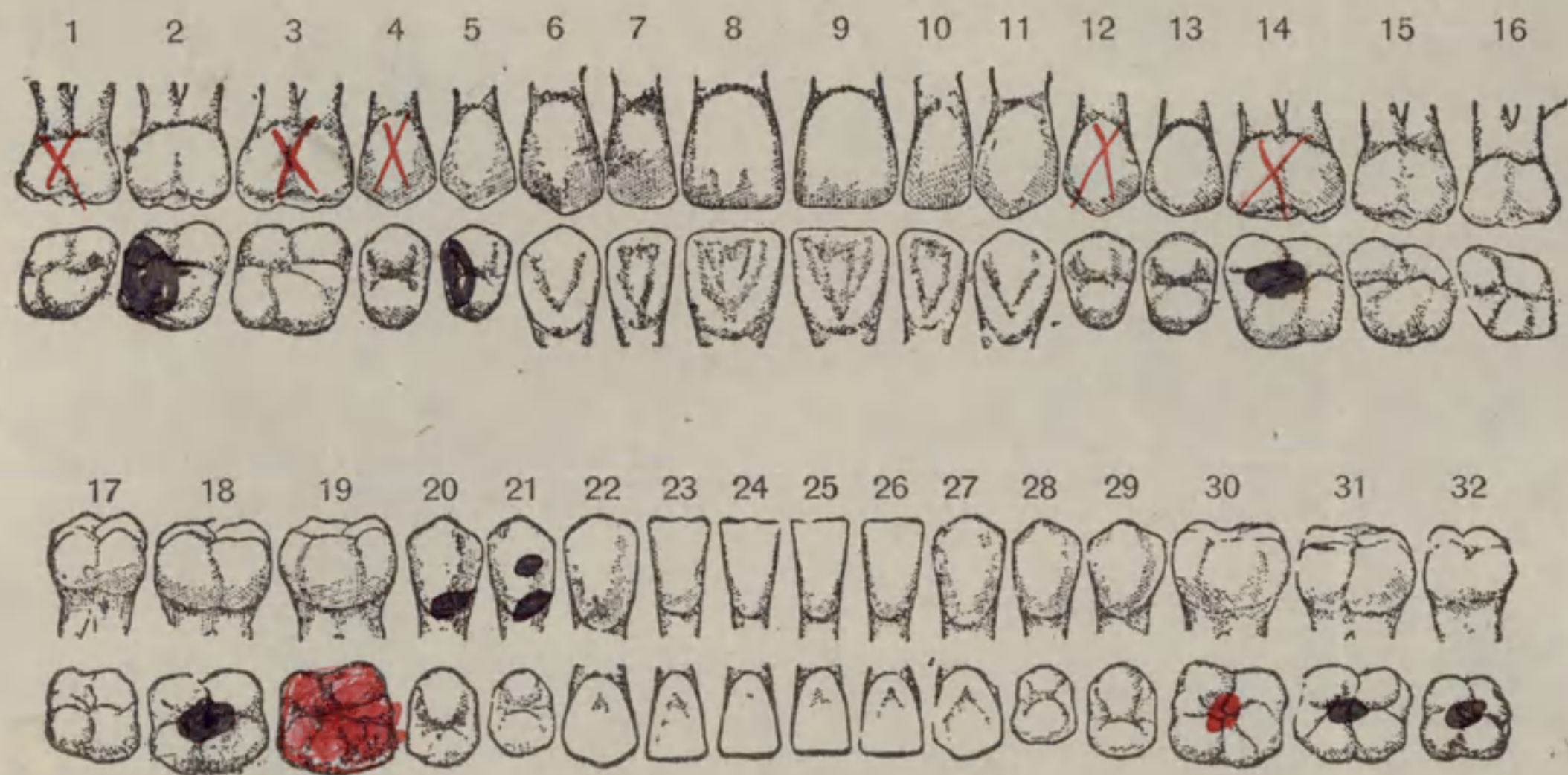
DISTRICT *12*

NAME OF SOLDIER *Anderson C.A.*

REGIMENT *Eng*

RANK *Sapper*

No. *2736123*



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.

Condition on first Examination	Date	Amalgam Temporary Filling (a) G. P. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhoecia	Synthetic Porcelain	Extracting	DENTURES			Gold Clasp	Gold Filling	CROWNS		Bridge Work	OPERATOR	Military District	REMARKS	
											U	L	P			Gold	Porcelain					
	<i>1918</i>																					
	<i>Nov 13</i>	<i>1930</i>																				<i>cap 2 6:15-18-20-21</i>
	<i>Nov 13</i>									<i>3-1-3-4</i>												<i>Nov 1.3-4-12-14</i>
	<i>Dec 17</i>	<i>1932</i>								<i>1-3-4</i> <i>12-14</i>												<i>complete</i>

Anderson
CAPTAIN C.A.
C.O.C. NO. 12 Engineers' Depot

MILITARY SERVICE ACT, 1917.

1st Depot Bldg

MEDICAL HISTORY SHEET

IMPORTANT.—If the man's name does not appear upon the schedule of men reporting for service, or if he has not made an application for exemption or a report for service, or, although having made one, he does not know the number, he will be instructed that the copy of this medical history sheet (which will be handed to him) must be attached by him to a report for service or claim for exemption which he may make on application to any Postmaster in Canada, or be sent by him after he has noted upon it the number on the receipt he obtained from the Postmaster to a Registrar or Deputy Registrar under the Military Service Act. In any event the duplicate medical history sheet will be sent by the Medical Board to the District Officer Commanding unless instructions have been given by the latter to forward it direct to a Registrar or Deputy Registrar.

1. Surname Anderson Christian name Carl Axel

2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule.....

3. Consecutive number on schedule of men reporting for service (if he appears on it).....

4. Address (including street and number, if any)..... No 1 Fire Hall Saskatoon

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 21 day of September 1918 by the undersigned medical board sitting at Saskatoon

5. Age as stated 24 Years 9 Months. 6. Apparent age 24 Years 9 Months

7. Height 5 Feet 6 Inches. 8. Weight 148 Pounds.

9. Chest measurement { Minimum 32 Ins. Maximum 37 Ins. 10. Complexion Fair { Eyes Blue Hair Fair

11. Physical development Good { Good Fair Poor 12. Smallpox marks None

13. Number of vaccination marks { Right arm 4 Left arm — 14. When vaccinated last Childhood

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

16. Slight defects but not sufficient to cause rejection.....

The man denies having had { Rheumatism Tuberculosis Syphilis We find no evidence of past { Rheumatism Tuberculosis Syphilis (Strike out disease admitted or suspected.)

We have examined the above named man in accordance with the C. E. F. Regulations for medical examinations, and he is placed in Category A²

W. L. Langford Member. W. L. Langford President. W. L. Langford Member.

Table with columns: Date, Result, VACCINATIONS, Date, Result, ANTI-TYPHOID INOCULATIONS, ETC. Rows show M.O. results.

Joined 10th day of October, 1918 at Regina, Sask.

Table with columns: CORPS, REG'TL NUMBER, HABITS, DATE. Row: 12 Engineering Depot, 2736103.

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Table with columns: STATION, DATE, DISEASE, RESULT. Includes signature of Captain G. W. 12 Engineers' Dept.

N. B.—This sheet is 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.

Signature of Man

MILITARY SERVICE ACT, 1917.

1st Depot
Bd

MEDICAL HISTORY SHEET.

IMPORTANT.—If the man's name does not appear upon the schedule of men reporting for service, or if he has not made an application for exemption or a report for service, or, although having made one, he does not know the number, he will be instructed that the copy of this medical history sheet (which will be handed to him) must be attached by him to a report for service or claim for exemption which he may make on application to any Postmaster in Canada, or be sent by him after he has noted upon it the number on the receipt he obtained from the Postmaster to a Registrar or Deputy Registrar under the Military Service Act. In any event the duplicate medical history sheet will be sent by the Medical Board to the District Officer Commanding unless instructions have been given by the latter to forward it direct to a Registrar or Deputy Registrar.

1. Surname Anderson Christian name Carl Axel

2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule.....

3. Consecutive number on schedule of men reporting for service (if he appears on it).....

4. Address (including street and number, if any)..... No 1 Fire Hall Saskatoon

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 21 day of September 1918 by the undersigned medical board sitting at Saskatoon

5. Age as stated 24 Years 9 Months. 6. Apparent age 24 Years 9 Months

7. Height 5 Feet 6 Inches. 8. Weight 148 Pounds.

9. Chest measurement { Minimum 32 Ins. Maximum 37 Ins. 10. Complexion Fair { Eyes Blue Hair Fair

11. Physical development. Good { Good Fair Poor 12. Smallpox marks None

13. Number of vaccination marks { Right arm 4 Left arm 14. When vaccinated last Childhood

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

16. Slight defects but not sufficient to cause rejection.....

The man denies having had { Rheumatism Tuberculosis Syphilis We find no evidence of past { Rheumatism Tuberculosis Syphilis (Strike out disease admitted or suspected.)

We have examined the above named man in accordance with the C. E. F. Regulations for medical examinations, and he is placed in Category A2

Signature of Man Carl Axel Anderson

07 29/20
05 20/15
RE 2 of
LE 2 of

Carl Axel Anderson President.
W. Langford Member.

Date	Result	VACCINATIONS	Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
		M.O.			M.O.
		M.O.			M.O.
		M.O.			M.O.

Joined 10th day of October, 1918 at Regina, Sask.

	CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment	<u>12 Engineering Depot</u>	<u>2736103</u>		
Transferred to.....				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION	DATE	DISEASE	RESULT
<u>Regina S.</u>	<u>11/12/18</u>	<u>None</u>	<u>Fit for active service</u>
<u>Regina S.</u>	<u>3. IV. 19-129</u>	<u>None</u>	<u>Fit for active service</u>

N.B.—This sheet is 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.

LEDGER NO. 5928

SERIAL NO. A 11919

REG. NUMBER 2736103 NAME Andersen CA V

RANK Spv CORPS 12 Eng^m Dep

AGE 24 SERVICE 1/52

NAME OF HOSPITAL ? Military PLACE Regina

DATE OF ADMISSION 16/10/18

DISEASE Influenza

TRANSFERRED TO OTHER HOSPITALS

OPERATION

DISCHARGED TO 30/10/18 IN CATEGORY

REMARKS:.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

CASUALTIES, &C.

NATURE E.G. ABSENCE, PROMOTION, &C.	PART II. D. O.		REMARKS IF IN HOSPITAL, NOTE NAME, &C.
	No.	DATE	
Ad Hosp,	25-35	Oct. 17-18	Influenza
Dis, Hosp,	30-10	18	St Andrews Hall
On leave Rev,	1-11-18 39-73	Oct 31-18	
To " 7-11-18,	39-75	" 31-18	Dis Hosp, (29-10-18)
Off Leave 7-11-18	46-99	7-11-18	
Leave Rev 24-12-18	93-191	24-12-18	
Off Leave 30-12-18		30-12-18	
Transferred	14-32	14-1-19	Effect 13-1-19
Discharged	95-2	5-4-19	Demobilisation
		Address	I. Fire Hall Saskatoon

Subscribed
CAPTAIN
 D.O. NO. 12 Engineers Depot

M. F. W. 71—500M.—6 18.
1772—39—96L.

NAME **Anderson Carl Axel**

REGIMENTAL NO. **2736103**

RANK **Sapper**

ENLISTED AT **Regina Sask**

PROMOTIONS, &c.
AND DATE

DATE **October 10- 1918**

IF SERVED PREVIOUSLY, STATE UNIT, &c.

None

MARRIED, WIDOWER, OR SINGLE

Single

NEXT OF KIN

Hohan Anderson

RELATIONSHIP

Father

ADDRESS OF

6 Hokstigen Duvbo Sweden

ASSIGNMENT OF PAY \$

C.

TO

ADDRESS

SEPARATION ALLOWANCE, ENTITLED OR NOT

DATE APPLICATION FORWARDED TO DIVISIONAL PAYMASTER

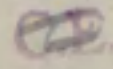
IN WHOSE FAVOUR

Regina Sask. Oct. 30th 1918.

To the hospital representatives

2736103 Ser.
Anderson. C.M.
12th Eng Depot.

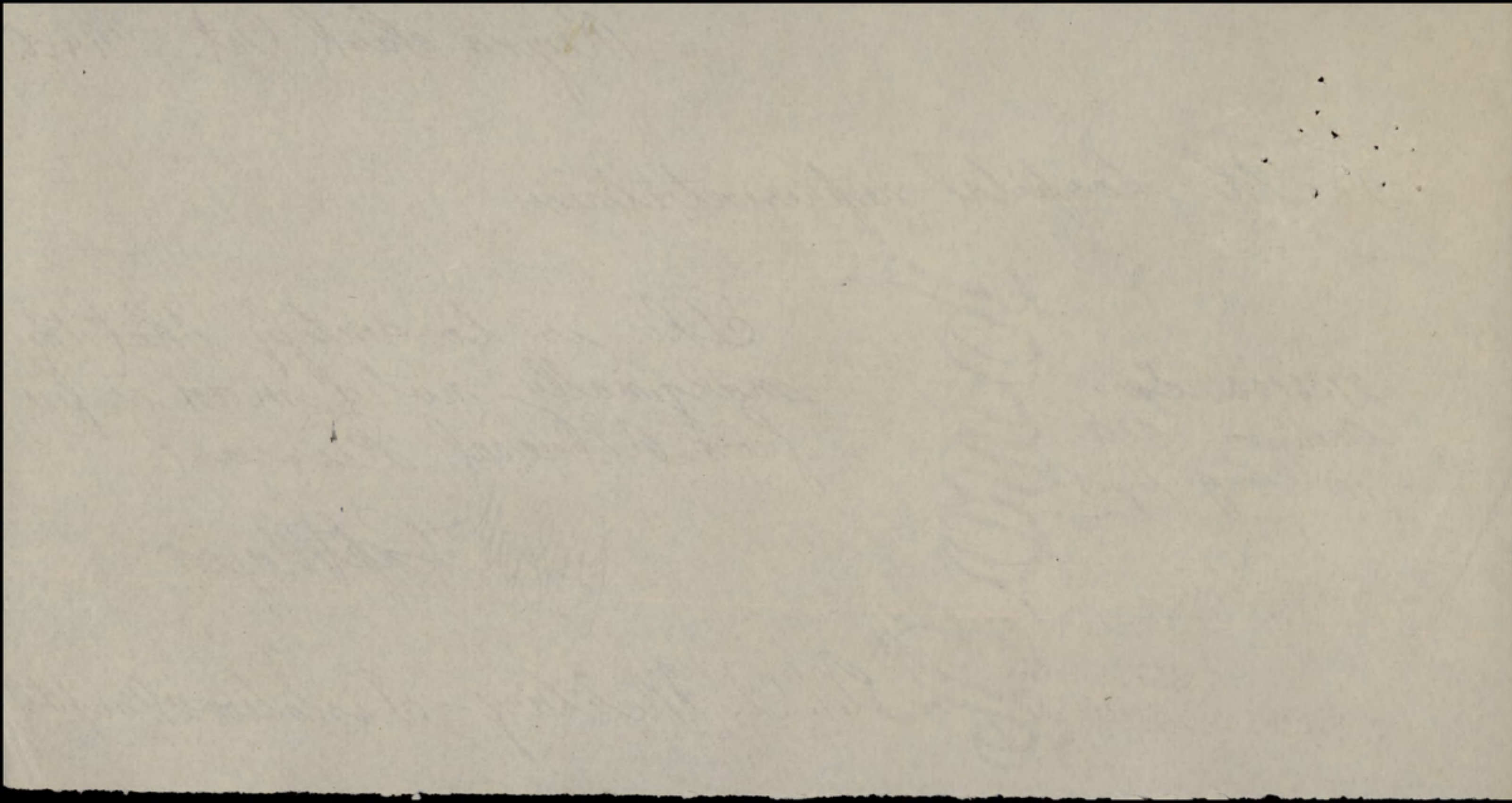
Anderson

CAPTAIN 
O.C. NO. 12 Engineers' Depot

This is to certify that the
marginally noted man is free
from Venereal Disease.

R. B. Smith
Capt Major

W. O. Military Isolation Hospital



List of Discharge Documents.

Reg. Conduct Sheet,	Militia form B. 263	Attestation Paper	Militia Form W. 23
Squadron Battery } Company }	Conduct Sheet,	or Particulars of Recruit	" W. 133
	" B. 263a	Proceedings on Discharge	" B. 218
or Field Conduct Sheet	" W. 128		
Copies of Convictions, by C. P.	in MS.	In the case of recruits who are rejected on final approval, the discharge documents will consist of	
Med. Hist. Sheet,	Militia form B. 303		
Casualty Form	" W. 103		
Medical Report for Invalids	" B. 227		
Dental History Sheet	" B. 465		
Last Pay Certificate	" W. 44	(a) Proceedings on Discharge.	
Duplicate Discharge Certificate	" W. 39A	(b) Attestation.	
‡Form of Will	" W. 82	(c) Medical History Sheet.	

~~§Only if discharged "Medically unfit."~~

‡Only if man has not been overseas.

Documents not accompanying this form should be crossed out.

I hereby certify that the following documents are unobtainable.

Officer Commanding.

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

This space to be for numbers.

Proceedings on Discharge.

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

No.	2736103
Rank	S apper
Surname	Anderson
Christian name	Carl Axel
NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.	
Corps (Squadron, Battery or Company)	No 12 Engineers Depot
Date of discharge	April 4th 1919. D.O. 94 Para 2.
Place of discharge	Regina Sask
1. DESCRIPTION AT THE TIME OF DISCHARGE.	
Age.....	28 years..... 3 months.
Height.....	5 feet..... 6 inches.
Complexion	Fair
Eyes	Blue
Hair	Fair
Trade	electrician
Intended place of residence	No 1 Fire Hall Saskatoon Sask
(To be given as fully as practicable.)	
2. The above-named man is discharged in consequence of	
DEMobilization	
Authority for discharge..... Authority G.H.Q.R.O.1328 Date 18-11-18	
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.	
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.

W. Anderson
CAPTAIN
OC. NO. 12 Engineers Depot (OVER)

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

" N I L "

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

6. Medals and Decorations.....

" N I L "

To be copied by the Commanding Officer on to the purchase 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) Regina Sask

(Date) 4-4-19

Commanding

CAPTAIN
O.C. NO. 12 Engineers' Depot

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) Regina Sask

E. A. Anderson (Signature of Soldier.)

(Date) 4-4-19

E. W. Johnson (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.

E. A. Anderson (Signature of Soldier.)

10. Statement of Service.

Service toward Engagement to.... (the date to which the Record of Service is completed) 0 years.....days.

Total 6 Months years.....days.

11. Confirmation of Discharge.

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

(Place) Regina Sask

(Signature)

E. A. Anderson

CAPTAIN GE.

(Date) 4-4-19.

O.C. NO. 12 Engineers' Depot

Reservations referred to at Para. 8.

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

File A-257

AUDITOR *[Signature]* PAYMASTER *[Signature]*

M. OR S. *Sergeant*

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

REGT. No. *2736103* RANK *Plt.*

NAME (IN FULL) *Anderson, Carl Axel*
(BLOCK LETTERS SURNAME FIRST)

NEXT OF KIN <i>John Anderson</i>	RELATIONSHIP <i>Father</i>	PARTICULARS <i>Subs. granted 27-1-19</i>	EFFECTIVE DATE <i>27-1-19</i>	AUTHORITY <i>8034/75</i>	ORIGINAL UNIT C.E.F. <i>12 Engineers Depot</i>	IF IN P.F. WHAT UNIT? <i>12 Eng. Depot</i>	DATE <i>14-1-19</i>	AUTHORITY <i>D.O. 14/44</i>
ADDRESS <i>6 Hobstign</i>	RELATIONSHIP <i>Swedish</i>				PLACE OF ATTESTATION <i>Regina Sask</i>	TRANSFERRED TO <i>12 Eng. Depot</i>	DATE <i>14-1-19</i>	AUTHORITY <i>D.O. 14/44</i>
IS SEPARATION ALLOWANCE PAID? <i>No</i>	DATE EFFECTIVE				DATE OF ATTESTATION <i>Oct 10th 1918</i>	TRANSFERRED TO	DATE	AUTHORITY
TO WHOM PAID	RELATIONSHIP				ASSIGNED PAY \$ <i>None</i>	DATE EFFECTIVE		
ADDRESS					PAYABLE TO	RELATIONSHIP	ANY CHANGE IN ASSIGNEE OR ADDRESS	
					ADDRESS			
					STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE	EFFECTIVE		
					DISCHARGED	PLACE <i>Regina</i>	DATE <i>4-19</i>	REASON <i>Demobilization</i>
								AUTHORITY <i>449 R.O. 1328</i>
								IF ENTITLED TO POST DISCHARGE PAY <i>No</i>

MONTH <i>1-1-19</i> <i>1919</i>	PAY AND F.A.		OTHER CREDITS		CASH PAYMENTS		ACQUITTANCE ROLLS			CASH PAYMENTS			ASSIGNED PAY		REGIMENTAL CHARGES		OTHER CHARGES		TOTAL DEBITS		BALANCE		PARTICULARS OR REMARKS <i>Category "A2"</i>
	NO. OF DAYS	RATE	AMOUNT		CREDITS		COL. NO. 1 COL. NO. 2 COL. NO. 3			COL. NO. 1 COL. NO. 2 COL. NO. 3			PAY	CHARGES	CHARGES	DEBITS	CREDITS	DEBIT	CREDIT				
			\$	C.	\$	C.	NO.	DATE	NO.	DATE	NO.	DATE								\$	C.	\$	
<i>January</i>	<i>1st</i>				<i>10 25</i>	<i>10 25</i>																	
	<i>31</i>	<i>1¹⁰</i>	<i>34 10</i>	<i>4 50</i>	<i>38 60</i>	<i>48 85</i>	<i>3 15</i>		<i>10 30</i>		<i>9 20</i>	<i>110 00</i>		<i>4 50</i>					<i>38 85</i>		<i>10 00</i>		
<i>Feb.</i>	<i>28</i>	<i>1¹⁰</i>	<i>30 80</i>	<i>22 40</i>	<i>10 00</i>	<i>60 20</i>			<i>7 27</i>		<i>23 5</i>		<i>33 20</i>										<i>Subs effect 27-1-19 8034/75</i>
<i>"</i>				<i>7 00</i>	<i>70 20</i>	<i>70 20</i>	<i>1 14</i>		<i>7 27</i>		<i>20 00</i>		<i>7 00</i>						<i>60 20</i>		<i>10 00</i>		
<i>March</i>	<i>31</i>	<i>1¹⁰</i>	<i>34 10</i>	<i>24 80</i>	<i>58 90</i>	<i>68 75</i>	<i>4 14</i>		<i>9 28</i>		<i>7 00</i>		<i>38 90</i>						<i>58 90</i>		<i>10 00</i>		
	<i>4</i>	<i>1¹⁰</i>	<i>4 40</i>	<i>3 20</i>	<i>42 60</i>	<i>47 40</i>			<i>11 28</i>		<i>7 75</i>		<i>52 60</i>						<i>47 40</i>				<i>\$1.00 working pay</i>
<i>April</i>	<i>5</i>	<i>1¹⁰</i>	<i>5 50</i>	<i>1 00</i>	<i>57 60</i>	<i>57 60</i>			<i>1 14</i>		<i>1 00</i>		<i>52 60</i>						<i>52 60</i>		<i>1 00</i>		<i>35.00 from bla. Allow.</i>
			<i>103 40</i>	<i>80 90</i>	<i>35 00</i>	<i>219 30</i>					<i>50 00</i>		<i>169 30</i>						<i>219 30</i>				