C.E.F. REGIMENTAL DOCUMENTS

NAME ANDERSON CHARLES ANDERSON REGT. No. LIEUT UNIT 2 C.M.R. H. Q. FILE No. 8012

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REGT. CONDUCT SHEET (M.B.W. 263 or A.F.B. 120)				
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MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 173)				
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NON-EFFECTIVE BY

DEATH

CATEGORY

DISCHARGE

CATEGORY MED UNFIT

DESERTION

52

2-3

Deceased

H

H

H.Q. 377

1445

1878

ATTESTATION PAPER.

No. 3415

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

Charles Anderson Anderson. alias:

	(ANSWERS).
1. What is your name?	Charles Anderson Krauss
2. In what Town, Township or Parish, and in what Country were you born?	Toronto Ont.
3. What is the name of your next-of-kin?	Charlotte Krauss (Mother)
4. What is the address of your next-of-kin?	527 2nd St. Medicine Hat
5. What is the date of your birth?	March 15th 1881
6. What is your Trade or Calling?	Insurance Agent
7. Are you married?	No
8. Are you willing to be vaccinated or re-vaccinated?	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.	Yes.
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.

C. A. Krauss (Signature of Man).

H. N. Oakes Capt. (Signature of Witness).

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Charles Anderson Krauss, do solemnly declare that the above answers made by me to the above questions 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.

C. A. Krauss (Signature of Recruit)

Date Dec 29 1914. H. N. Oakes Capt (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Charles Anderson Krauss, 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.

C. A. Krauss (Signature of Recruit)

Date Dec 29th 1914. H. N. Oakes Capt (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 Medicine Hat this 29 day of Dec 1914.

H. N. Oakes J. P. (Signature of Justice)

I certify that the above is a true copy of the Attestation of the above-named Recruit.

H. N. Oakes Capt (Approving Officer)

200 M.—8-14.
H.Q. 1772-1-13.

32nd C.M.R.

1878

Description of Charles Anderson Krauss on Enlistment.

Apparent Age 33 years 9 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height ✓ ft. 9 ins.

Chest measurement.
- Girth when fully expanded 39 1/2 ins.
- Range of expansion 3 1/2 ins.

Complexion dark

Eyes brown

Hair dark brown

Religious denominations.
- Church of England
- Presbyterian ✗
- Wesleyan
- Baptist or Congregationalist
- Other Protestants (Denomination to be stated.)
- Roman Catholic
- Jewish

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 Dec 21st 1914. D Bby Capt

Place Valcartier Rest Camp

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.

Charles Anderson Krauss 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.

F Wilson (Signature of Officer)
Lieut. Col.

Date Dec 29th 1914.

Alteration to be made on Back
Rec. Off's Book 9-A-320

H.Q.S. 108 334 345

ATTESTATION PAPER.

No. ~~445~~ 108318

Folio. 3045

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

1. What is your name?	Charles Anderson Kraus (Anderson. Rec)
2. In what Town, Township or Parish, and in what Country were you born?	Toronto Ontario
3. What is the name of your next-of-kin?	Charlotte Krauss
4. What is the address of your next-of-kin?	527 - 2nd St. S.E. Medicine Hat
5. What is the date of your birth?	March 15th 1881
6. What is your Trade or Calling?	Insurance Agent
7. Are you married?	No
8. Are you willing to be vaccinated or re-vaccinated?	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.	Yes
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

C. A. Kraus (Signature of Man).

H. N. Oakes Capt. (Signature of Witness).

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Charles Anderson Kraus, do solemnly declare that the above answers made by me to the above questions 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.

C. A. Kraus (Signature of Recruit)

Date Dec 29th 1914. H. N. Oakes Capt (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Charles Anderson Kraus, 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.

C. A. Kraus (Signature of Recruit)

Dec 29th 1914. H. N. Oakes Capt (Signature of Witness)

CERTIFICATE OF MAGISTRATE.

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

ns were then read to the Recruit in my presence.

t he understands each question, and that his answer to each question has been

he said Recruit has made and signed the declaration and taken the oath

this 29th day of Dec 1914.

H. N. Oakes J.P. (Signature of Justice)

Description of Charles Anderson Kraus on Enlistment.

Apparent Age 33 years 9 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height ..... 5 ft. 9 ins.

Chest measurement.
- Girth when fully expanded ..... 39 1/2 ins.
- Range of expansion ..... 3 1/2 ins.

Complexion dark

Eyes brown

Hair dark brown

Religious denominations.
- Church of England .....
- Presbyterian X
- Wesleyan .....
- Baptist or Congregationalist .....
- Other Protestants ..... (Denomination to be stated.)
- Roman Catholic .....
- Jewish .....

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 Dec 27 1914. Hare

Place Melbourne Hospital Capt

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

Charles Anderson Kra

inspected by me this day, and his Name, Age, Date of Att

been recorded, I certify that I am satisfied with the co

D.M.S. 1381. (Please see previous board papers) 1878

MEDICAL REPORT ON THE CASE OF

1. Rank and Name **Capt. C.A.Anderson,**

2. Corps **2nd, C.M.R.** 3. Age **34** 4. Service **3.3/12yrs.**

5. Disability **S.W.Ankle, L.**

6. Date of Origin **9-11-16** 7. Place of Origin **France.** 8. Date of Admission **Re- 14-9-17.**

A. Wounds.

9. (a) Situation and condition of entrance wound) **See below (e)**

(b) Situation and condition of exit wound) **do**

(c) Nature of projectile. Whether lodged, passed through, or extracted) **do**

(d) Nature and date of operation (if any)) **do**

B. Injuries or Disease.

(e) History and particulars

Foments to stump 17-9-17. Stump painted with iodine. 24-9-17. Operation under gas and ether, edges of wound and granulating surface excised edges undermined and approximated silk stay sutures put in and S.W.G. drain the length of wound. S.W.G. sutures to skin. 30-9-17. Sutures out, foments to stump, small drain removed. Stump - healing well. 11-10-17. Stump has slight discharge lessening daily. 31-12-17. Stump healed, slight tenderness over tip of fibula. No swelling. 13-2-18. Incision made in ~~outer~~ center of popliteal space. Popliteal nerve exposed and 1½" resected including a portion of internal and external popliteal nerves. 5-3-18. Examination:- Wound clean stump end. No tenderness in pressure. Complains of pain at lower extermity of stump external surface "wagging" in character. Has been receiving massage. This may be discontinued, can practically fully extend and flex the leg. Was using artificial limb till just before last operation. Should now get it again and could go to a convalescent hospital now.

10. Complications

11. Present condition (if X-rayed, result to be stated)

(Attached) Letter accompanying from Surgeon at Roehampton, recommends one months treatment.

12. Date on which he will be fit to attend Medical Board, 86, Strand) **6-3-18.**

13. Date on which he will be fit to travel to his home **6-3-18.**

14. Address to which proceeding

I.O.D.E. CANADIAN RED CROSS HOSPITAL
FOR OFFICERS
6 MAR 1918
No 1 HYDE PARK PLACE

Signature of M.O. Arthur.
Major C.A.M.C.
Capt

1878

CANADIAN EXPEDITIONARY FORCE

D.V.-13-40.
H.C.

Certificate of Service

ISSUED TO OFFICERS AND NURSING SISTERS

This is to Certify that (Rank) Captain

(Name in full) Charles Anderson ANDERSON

Enlisted in 3rd Battalion, C.M.R. as No 3015 (Private)

CANADIAN EXPEDITIONARY FORCE, on the Twenty-Ninth

day of December 191 4 AND WAS APPOINTED to COMMISSIONED RANK

in 1st Battalion, Canadian Mounted Rifles

CANADIAN EXPEDITIONARY FORCE on the Thirtieth day

of January 191 6

He SERVED in CANADA, England and France with the 3rd Bn.Can. Mounted Rifles., 2nd Battalion.,C.M.R., 1st Battalion, C.M.R., General List., British Columbia Regt'al Depot., 1st C.O.R.D., Can. Machine Gun Depot., and D.D. No 13.

and was STRUCK OFF THE STRENGTH on the First day

of July 9 191 by reason of being Medically unfit

Dated at Ottawa, this twentieth day

of January 191 1920.
Wounded-13-10-16.

Holleruth
23-1-22

A. Cleaveley Lieut.

for Director of Personal Services.

M. F. W. 2618a
30m.—4-19.
1772-39-1428.

K.C.S.
14/2/20
H.K.

Pour -

Capt. D.A.D.M.S 13

15-1-19

1878

MEDICAL REPORT ON THE CASE OF

1. Rank and Name **Capt. Anderson, C.**

2. Corps **2nd C.M.R.** 3. Age **34** 4. Service **1.11/12 yrs.**

5. Disability **S.W. Ankle, L.**

6. Date of Origin **11-10-16** 7. Place of Origin **Courcelette.** 8. Date of Admission **7-1-17.**

A. Wounds.

9. (*a*) Situation and condition of entrance wound — **See below (e)**

(*b*) Situation and condition of exit wound — **do**

(*c*) Nature of projectile. Whether lodged, passed through, or extracted — **do**

(*d*) Nature and date of operation (if any) — **do**

B. Injuries or Disease.

(*e*) History and particulars

11-10-16 Wounded at Courcelette, shell wound ankle left. Entrance external malleolus penetrating joint and F.B. becoming embedded in Tibia. Sent to 4th General Hospital(London) where after chronic injective proc ess leg was amputated through upper 1/3.
Transferred to I.O.D.E. Hospital, and 15-1-17 secondary amputation — granulating wd. excised,no bone removed and large fat graft from Lt. buttock sutured in over exposed raw stump.
Some slough separated from this and adhesive corset applied to stump. This gradually closed in but the granulations were unhealthy.
28-6-17 Wd. excised, flaps undermined and area swabbed thoroughly with P.C.A. and sutured together.
1-7-17 Some infection and sutures out. Wd. has been strapped since that time and is now granulating in well.

10. Complications

11. Present condition (if X-rayed, result to be stated)

11-8-17. It is thought this Officer will be benffited by a month at the Sea-side where he can get dressing (Clovelly).

12. Date on which he will be fit to attend Medical Board, 86, Strand — **11-8-17**

13. Date on which he will be fit to travel to his home — **do.**

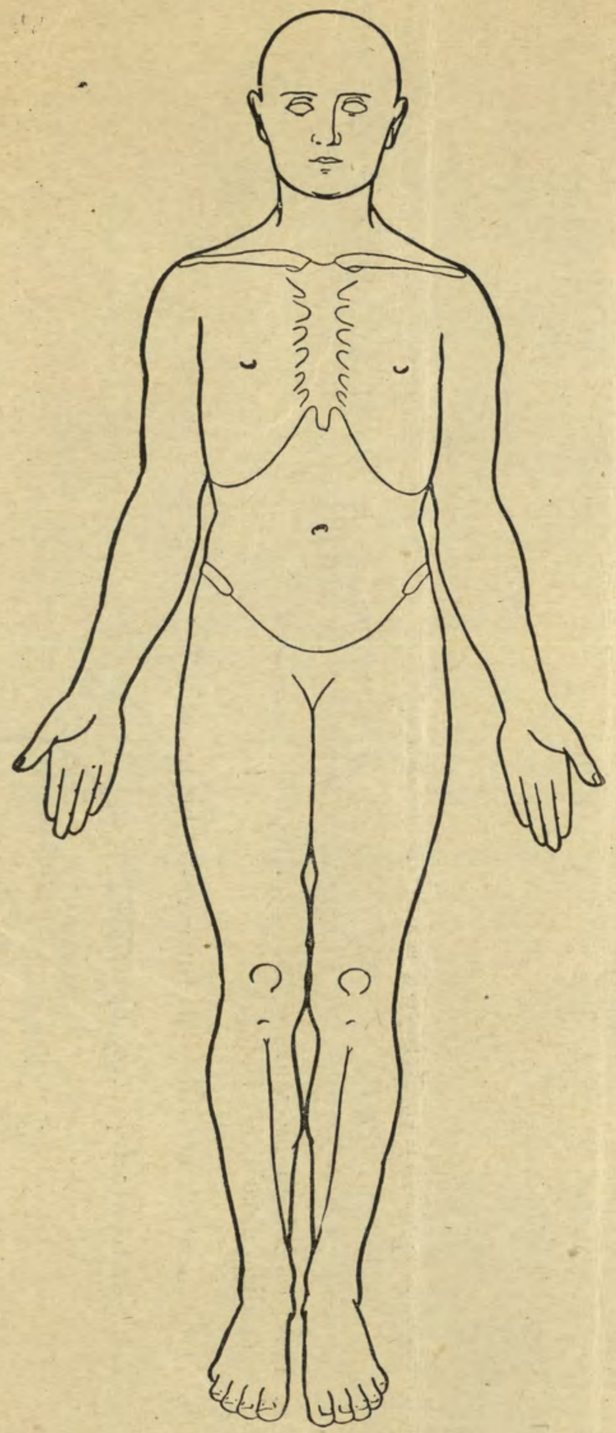
14. Address to which proceeding

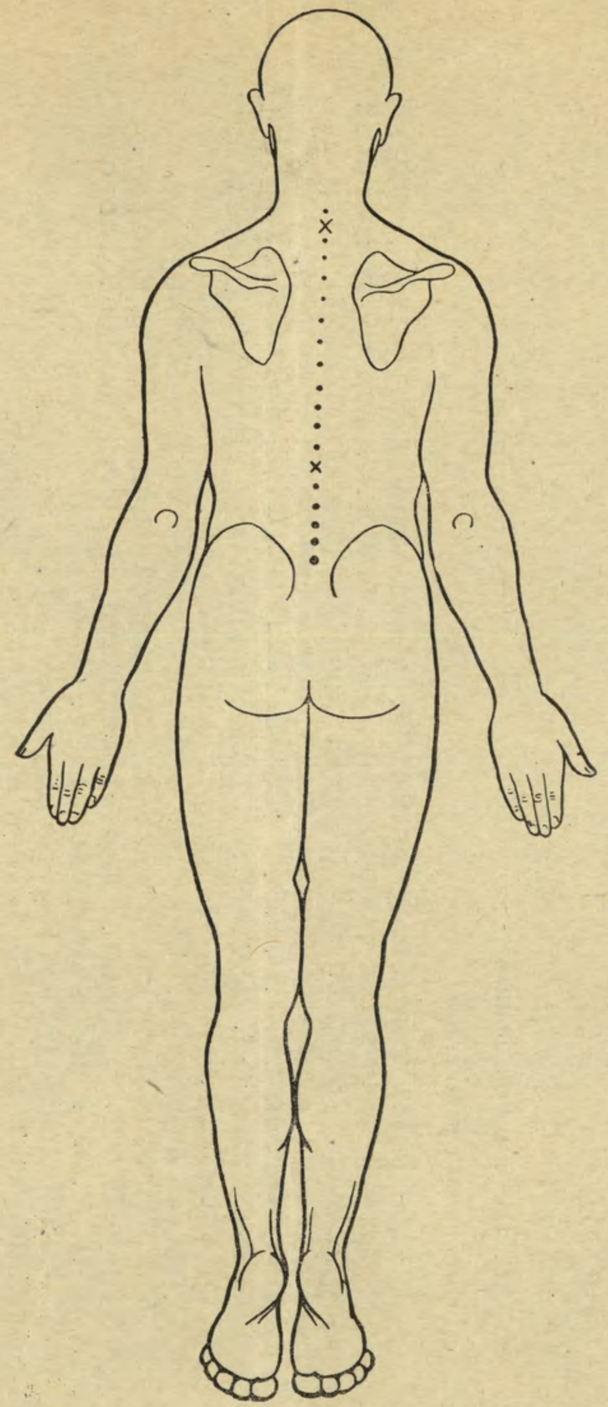
DAUGHTERS OF THE EMPIRE
CANADIAN
RED CROSS HOSPITAL
11 AUG. 1917
FOR OFFICERS
No 1, HYDE PARK PLACE

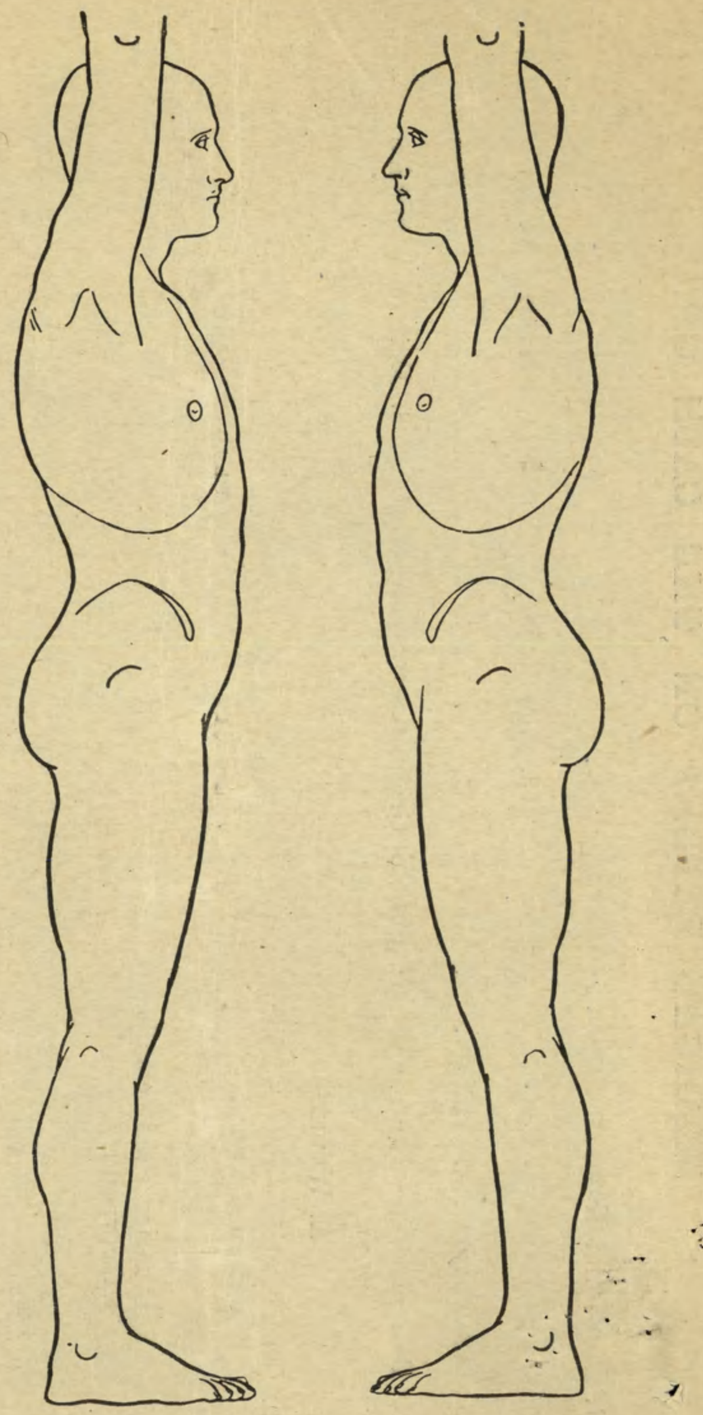
Signature of M.O.

Major, C.A.M.C.

D.M.S. 1381.







(1048) Wt W11188/M152 100,000 12/16 J. P. & Co., Ltd. Forms A. 45A 14.

1898

Army Form A. 45A

8 K 7

Confidential.

To be used in cases of wounds or injuries received in action.

(For instructions for preparing this report see back of form.)

PROCEEDINGS OF A MEDICAL BOARD assembled by order of A.D.M.S. LONDON AREA.

for the purpose of examining and reporting on the present state of a wound or injury sustained by CAPT. G.A. ANDERSON. 2nd. C.M.R.

at (Place of injury) COURCELETTE. on the (Date of injury) 11-10-16

The Board find this Officer sustained a wound at above place on above date.

Hospitals:- 9th Fld. Amb & C.C.S. Contay 11-10-16. 2nd.Red Cross 13-10-16. 4th London General 20-11-16. I.O.D.E. 8-1-17

He had a shell wound left ankle; it became septic, was amputated at upper 1/3 at 4th London General. The wound became unhealthy and was excised, grafting was done. The wound is now healing slowly. Requires some dressing.

The opinion of the Board upon the questions below is as follows:—

	Replies		
	As to first wound	As to second wound (if any)	As to third wound (if any)
1.—Has the officer lost an eye or a limb; or has he permanently lost the use of an eye or a limb; or is the injury equivalent to the loss of a limb, and permanent, or likely to be permanent? (Articles 639 to 644 of the Royal Warrant for Pay, &c.)	Yes.		
2.—If the case does not come under the category 1:— (a) Was the injury, in the first instance, very severe in character? (b) Are its effects still very severe?	-		
3.—If the case is classified under category 2, are the effects of the injury permanent, or likely to be permanent? (Article 646.)	-		
4.—Injuries that do not come under the above categories should be classified here, making use of the following terms:—*severe* or *slight* and *permanent* or *not permanent*, as the case may be.	-		
5.—For what period, calculated from the date of the wound or injury, is it probable that the officer will be incapacitated for military duty by such wound or injury?	15 months.		

I concur in the findings of the Board of Medical Officers here recorded.
Captain, D.A.D.M.S. for D.M.S. Canadians,

Signatures: S.H. McCoy, Major., CAMC.
A.W. Park, Capt., CAMC.
F.E. Rogers, Capt., CAMC.

Station 13, Berners Street.

B.M. Date 11-8-17.

[P.T.O.

INSTRUCTIONS to be observed by the Medical Board preparing the Report.

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1. On the occasion of an officer's first appearance before a medical board, the circumstances under which the wound or injury was sustained will be fully detailed.

2. If the injuries be more than one, they should be numbered and described separately; and should it be considered that, though only "severe" or "slight" in themselves, they represent together the equivalent of a single "very severe" injury, such an opinion may be expressed in the columns provided for that purpose.

3. **The board will not express any opinion, either to the Officer examined, or in their report, as to whether he is entitled to compensation, or as to the amount of it, nor will it inform the Officer how the wound or injury has been classified.**

4. **If an Officer makes any enquiry as to wound gratuity he should be told by the board that he should make application in writing to the Secretary of the War Office.**

1878 8K7

CONFIDENTIAL. Army Form A. 45.

PROCEEDINGS OF A MEDICAL BOARD

assembled at 13, Berners Street. on 11-8-17.

by order of A.D.M.S. LONDON AREA.

for the purpose of examining and reporting upon the present state of health of

(Rank and Name) CAPT. C.A. ANDERSON. (Corps) 2nd. C.M.R.

Age 35. Service 32/12 Disability S.W. L.LEG (AMPUTATION)

Date of commencement of leave granted for present disability 11-8-17.

Date on which placed on half-pay for present disability

The Board having assembled pursuant to order, and having read the instructions on the back of the form, proceed to examine the above-named officer and find that

he sustained a wound and is in condition described in A.F. A.45a. this date.

The Board recommend.

The Board will classify the officer under one of the following categories, the probable period of unfitness for the higher categories being stated.

1. Fit for General Service — No. 6 weeks.
2. Fit for service in a Garrison or Labour Battalion abroad. *No officer likely to be fit for general service within six months should be classed in this category* — -
3. Fit for Home Service — No. 6 weeks.
4. Fit for Light Duty at Home — No. 6 weeks.
5. Requiring indoor hospital treatment—
   (*a.*) In an Officers' Hospital — -
   (*b.*) In an Officers' Convalescent Hospital — -
6. (*a.*) Fit for light duty at a Command Depôt — -
   (*b.*) Fit for treatment only at a Command Depôt — -
7. In very special cases such as tuberculosis leave not exceeding six months may be recommended by Medical Boards for special treatment, the Board giving detailed reasons for any such recommendation — -
8. Was the disability contracted in the service? — Yes.
9. Was it contracted under circumstances over which he had no control? — Yes.
10. Was it caused by military service? — Yes.
11. If caused by military service, to what specific military conditions is it attributed? — Shell.
12. If the disability was not caused by military service, was it aggravated thereby, and if so, by what specific military conditions?

I concur in the findings of the Board of Medical Officers' here recorded.
Captain, D.A.D.M.S.
for D.M.S.
Canadians,

Officer's Address: I.O.D.E. Hospital. 1, Hyde Park Place. S.W.

Signatures: S.H. McCoy, Major., CAMC. President.
A.W. Mark, Capt., CAMC. } Members.
F.E. Rogers, Cpt., CAMC. }

B.C.

B.M.

[P.T.O.

INSTRUCTIONS.

1. On the occasion of an Officer's first appearance before a Medical Board for his present disability, the circumstances under which the disability was contracted will be fully detailed; whenever possible a statement of the case by his medical attendant will also be attached.

2. In recording the proceedings of subsequent Boards, the progress of the individual since his last appearance will be clearly and concisely stated so as to ensure a continuous medical history of the case being available.

3. Enteric Fever, Dysentery, Malaria, etc., contracted when on service abroad, in countries where there is a special liability to the disease, are to be regarded as caused by military service.

(2541.) Wt. W16848/G9255. 500,000. 3/17. P.P.Ltd. **Est. No. 1069.**

1858

CONFIDENTIAL. Army Form A. 45.

MEDICAL BOARD REPORT ON A DISABLED OFFICER.

(ALSO TO BE USED FOR DISABLED NURSES.)

Station 13 BERNERS ST. W.1.

Date 6-3-18.

1. Rank and Name CAPT. ANDERSOM (Charles Anderson)
2. Unit 2nd C.M.R.
3. Age 34 4. Total Service 39 mos. War Service { (*a*) at home 6 mos. (*b*) abroad 32 "(14 mos France)
5. Address MOORE COURT, SIDMOUTH. DEVON.

STATEMENT OF CASE.

NOTE.—In answering the following questions the Board will carefully discriminate between the officer's statements and evidence recorded in his medical documents. When possible, a statement by his medical attendant should be attached.

6. Disability S.W.L. ANKLE AMPUTATION
7. Date of origin of disability 8-10-16.
8. Place of origin of disability COURCELETTE.
9. Give concisely the essential facts bearing on the history of the disability (personal and family history, etc.) :—

NOTE.—Boards subsequent to the first should record here the progress of the case since the officer's last appearance.

He comes from the I.O.D.E. The Med reports states the wound is clean & healed. He was first boarded 11-8-17. Readmitted I.O.D.E. 14-9-17. He had shell wound left ankle ; it became septic, was amputated at the upper third of the leg. The wound became unhealthy and was excised & grafting was done.

13-2-18 he was operated on, and the internal & external popliteal nerves were resected.

OPINION OF THE MEDICAL BOARD.

NOTES.—(i.) The Board will on no account inform the officer of its opinion on any of the following questions.
(ii.) Clear and decisive answers should be filled in by the Board to enable the Ministry of Pensions to come to a reliable decision on the officer's claim to pension, etc.
(iii.) Expressions such as "may," "might," "probably," should be avoided, if possible.
(iv.) When there is more than one disability the replies will distinguish between them.

10. Was the disability contracted (*a*) before entering the service ? No
(*b*) in the service ? Yes
11. Was it attributable to military service ? Yes
If so, to what specific military conditions is it attributed ? Shell wound.

I concur in the findings of the Board of Medical Officers here recorded.
Captain, D.A.D.M.S. for Canadians, D.M.S.

[Enteric Fever, Dysentery, Malaria, &c., contracted on service in countries where there is a special liability to the disease are to be regarded as attributable to military service.]

12. If not attributable to, was it aggravated by, military service ? N.A.
If so, by what specific military conditions ?
13. Is it attributable to, or aggravated by, the officer's own negligence or misconduct ? If so, in what way, and to what extent ? N.A.

[P.T.O.

1878

14. What is the officer's present condition ? General condition is good. Left leg is amputated at the point of election in upper third. The stump is now well healed, but owing to the recent operation it is not yet ready for fitting with an artificial leg. He should have massage & firm bandaging. In a month's time he should be ready for Roehampton, at it will be at least two months before he is fit for (C.11) duty

RECOMMENDED "ONE MONTH'S LEAVE (SIDMOUTH)

15. To what degree is the officer disabled at the present time ? N.A.
(Degrees of disablement should be expressed in the following percentages—100, 80, 70, 60, 50, 40, 20, under 20, or nil.)

16. Is the disability permanent ? No

17. If not permanent, how soon is re-examination recommended ? One months.

18. Is it necessary that the officer should be re-examined by the same Board ? ~~Massage~~ No

19. What treatment is the officer receiving, and where, and from whom ? Massage I.O.D.E.

20. Is the officer in need of special medical treatment of any kind, and, if so, of what nature ? Yes

Massage & Bandaging.

21. Does the officer require the constant attendance of another person ? No

22. Officers will be classified by the Medical Board under one of the following categories, the probable period of unfitness for the higher categories being stated. Explanation of these categories is in para. 5 of A.C.I. 1677/1917. In case of nurses, omit B. and (i) and (ii) of E.

A.—Fit for general service. .....No - ~~six months.~~ permanently
B.—Fit for service in a garrison or labour unit abroad. .....No - six months.
C.—Fit for home service :—
(i) Active duty with troops. .....No - four months.
(ii) Sedentary employment only. .....No - two months.
D.—For admission to a command depot.
E.—Requiring indoor hospital treatment :—
(i) In an officers' military or auxiliary convalescent hospital.
(ii) In an officers' hospital.
F.—Permanently unfit for any further military service.

ONE R

23. In the case of officers suffering from neurasthenia found permanently unfit, has A.C.I. 1289 of 1917 been complied with ? N.A.

J. W. McINTOSH CAPT. CAMC. President.

G.H. WILSON MAJ. CAMC.
J. H. M.BELL MAJ. CAMC. } Members

NH

(14436.) Wt. W. 2070—P.P. 313. 500m. 11/17. S. O.

8. a-611. 1878

CONFIDENTIAL. Army Form A. 45.

MEDICAL BOARD REPORT ON A DISABLED OFFICER.

(ALSO TO BE USED FOR DISABLED NURSES.)

Station GRANVILLE CANADIAN SPECIAL HOSPITAL, Buxton.

Date 30th August 1918.

1. Rank and Name Lieut. Anderson C.A.

2. Unit 2ND C.M.R. CANADIANS.

3. Age 36 4. Total Service 44/12. War Service { (a) at home 6 months. (b) abroad 38/12. England France.

5. Address Granville Canadian Special Hospital, BUXTON.

STATEMENT OF CASE.

NOTE.—In answering the following questions the Board will carefully discriminate between the officer's statements and evidence recorded in his medical documents. When possible, a statement by his medical attendant should be attached.

6. Disability Amputation Left Leg.

7. Date of origin of disability 10th October 1916.

8. Place of origin of disability Courcelette.

9. Give concisely the essential facts bearing on the history of the disability (personal and family history, etc.) :—

NOTE.—Boards subsequent to the first should record here the progress of the case since the officer's last appearance.

While on active duty was wounded by shell. Through field ambulance - 9 C.C.S. - 2 British Red Cross, 4th London General, I.O.D.E., G.C.S.H., Leg amputated 22nd November 1916. 2nd dary amputation Feb. '17. I.O.D.E. Graft operation - Feb. 17th I.O.D.E. Other operations for closing flaps and finally nerve bulb sciatic removed February 1918.

OPINION OF THE MEDICAL BOARD.

I concur in the findings of the Board of Medical Officers here recorded.

Major, D.A.D.M.S. For D.M.S. Canadian Contingent.

NOTES.-(i) **The Board will on no account inform the officer of its opinion on any of the following questions.**

(ii.) Clear and decisive answers should be filled in by the Board to enable the Ministry of Pensions to come to a reliable decision on the officer's claim to pension, etc.

(iii.) Expressions such as "may," "might," "probably" should be avoided, if possible.

(iv.) When there is more than one disability the replies will distinguish between them.

10. Was the disability contracted (a) before entering the service? NO.

(b) in the service? YES.

11. Was it attributable to military service? YES.

If so, to what specific military conditions is it attributed?

S.W. on active duty in front line.

[Enteric Fever, Dysentery, Malaria, &c., contracted on service in countries where there is a special liability to the disease are to be regarded as attributable to military service.]

12. If not attributable to, was it aggravated by, military service? Not applicable.

If so, by what specific military condi ?

13. Is it attributable to, or aggravated by, the officer's own negligence or misconduct? If so, in what way, and to what extent? NO.

[P.T.O.

1878.

14. What is the officer's present condition? General condition - Good.

Heart and Lungs - Normal. Left leg - amputation below knee 4 inch stump, well covered. No nerve bulb. No ulcer. Full range of hip and knee joints. Fitted with Rowley leg. Good fit. Can walk very actively. No pressure points. The Board recommends I. to C. Walking Case. This Officer is very active.

15. To what degree is the officer disabled at the present time? Thirty to forty per cent.

(Degrees of disablement should be expressed in the following percentages—100, 80, 70, 60, 50, 40, 30, 20, under 20, or nil.)

16. Is the disability permanent? YES.

17. If not permanent, how soon is re-examination recommended? N.A. months.

18. Is it necessary that the officer should be re-examined by the same Board? NO.

19. What treatment is the officer receiving, and where, and from whom?

Gymnasium and Massage.

20. Is the officer in need of special medical treatment of any kind, and, if so, of what nature?

Continue above for a time.

21. Does the officer require the constant attendance of another person? NO.

22. Officers will be classified by the Medical Board under one of the following categories, the probable period of unfitness for the higher categories being stated. Explanation of these categories is in para. 5 of A.C.I. 158/1918. In case of nurses, omit B. and (i) and (ii) of E.

A.—Fit for general service NO. Six mos.

B.—Fit for service in a garrison or labour unit abroad NO. Six mos.

C.—Fit for home service:—

(i) Active duty with troops NO. Six mos.

(ii) Sedentary employment only No - six months.

D.—For admission to a command depot Not applicable.

E.—Requiring indoor hospital treatment:—

(i) In an officers' military or auxiliary convalescent hospital

(ii) In an officers' hospital Yes - Invalid to Canada.

F.—Permanently unfit for any further military service Not Applicable.

23. In the case of officers suffering from neurasthenia found permanently unfit, has A.C.I. 307 of 1918 been complied with? Not Applicable.

F.H. MacKay, Major, C.A.M.C. President.

W.G. Turner, Major, C.A.M.C.

Percy P. Hartt, Capt., C.A.M.C. Members.

343. W3035/1166. 29. 6. 18. Wh. P. [illegible] E.3410.

1878

CONFIDENTIAL. Army Form A. 45.

MEDICAL BOARD REPORT ON A DISABLED OFFICER.

(ALSO TO BE USED FOR DISABLED NURSES.)

Station CCOH Cleadstock Hall Derby.

Date 20.10.18

1. Rank and Name CAPT. ANDERSON. CHARLES ANDERSON.

2. Unit 2 C.M.R Transferred to M.G.D Seaford.

3. Age 36. 4. Total Service 4 6. Service { (a) at home 6 (b) abroad 4 France.

5. Address M.G.D Seaford.

STATEMENT OF CASE.

NOTE.—In answering the following questions the Board will carefully discriminate between the officer's statements and evidence recorded in his medical documents. When possible, a statement by his medical attendant should be attached.

6. Disability AMPUTATION. L LEG.

7. Date of origin of disability 8.10.16

8. Place of origin of disability France.

9. Give concisely the essential facts bearing on the history of the disability (personal and family history, etc.) :—

NOTE.—Boards subsequent to the first should record here the progress of the case since the officer's last appearance.

Has been fitted with satisfactory artificial leg. + boarded at C.C.S.H Buxton 30.8.18 as an I.S.C Case. A.G. Dept. has asked for another board, that this officer may be employed in England No authority for this as yet from D.G.M.S To C.C.O.H 18.10.18 Authority arrived 21.10.18 (Copy. A.G. 16. 8-a-611) 15.10.18

I concur in the findings of the Board of Medical Officers here recorded.

Major R.A.M.C. D.A.D.M.S. For D.M.S. Canadian Contingent.

OPINION OF THE MEDICAL BOARD.

NOTES.-(i) **The Board will on no account inform the officer of its opinion on any of the following questions.**

(ii.) Clear and decisive answers should be filled in by the Board to enable the Ministry of Pensions to come to a reliable decision on the officer's claim to pension, etc.

(iii.) Expressions such as "may," "might," "probably" should be avoided, if possible.

(iv.) When there is more than one disability the replies will distinguish between them.

10. Was the disability contracted (a) before entering the service? No

(b) in the service? Yes.

11. Was it attributable to military service? Yes.

If so, to what specific military conditions is it attributed? Shell wound

[Enteric Fever, Dysentery, Malaria, &c., contracted on service in countries where there is a special liability to the disease are to be regarded as attributable to military service.]

12. If not attributable to, was it aggravated by, military service? N.a.

If so, by what specific military conditions? N.a.

13. Is it attributable to, or aggravated by, the officer's own negligence or misconduct? If so, in what way, and to what extent? No

[P.T.O.

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14. What is the officer's present condition? Good Heart & lungs sound
food nutrition Only disability seems to be
from amputation of his left leg. He is fitted
with a Rowley leg. which works & fits
Excellently. There are no pressure points
The stump is well covered & he can walk
very actively.

15. To what degree is the officer disabled at the present time? —

(Degrees of disablement should be expressed in the following percentages—100, 80, 70, 60, 50, 40, 30, 20, under 20, or nil.)

16. Is the disability permanent? Yes

17. If not permanent, how soon is re-examination recommended? — months.

18. Is it necessary that the officer should be re-examined by the same Board? No

19. What treatment is the officer receiving, and where, and from whom? —

20. Is the officer in need of special medical treatment of any kind, and, if so, of what nature? No

21. Does the officer require the constant attendance of another person? No

22. Officers will be classified by the Medical Board under one of the following categories, the probable period of unfitness for the higher categories being stated. Explanation of these categories is in para. 5 of A.C.I. 158/1918. In case of nurses, omit B. and (i) and (ii) of E.

A.—Fit for general service — No perm.

B.—Fit for service in a garrison or labour unit abroad — No perm.

C.—Fit for home service:—

(i) Active duty with troops — No perm.

(ii) Sedentary employment only — Yes.

D.—For admission to a command depot —

E.—Requiring indoor hospital treatment:—

(i) In an officers' military or auxiliary convalescent hospital —

(ii) In an officers' hospital — No.

F.—Permanently unfit for any further military service —

23. In the case of officers suffering from neurasthenia found permanently unfit, has A.C.I. 307 of 1918 been complied with? —

A C Ranken Lt. Col. Chmn. President.

Wm Shuter Maj.
R C Whitehouse Capt. } Members.

343. W3035/1166. 49. 6. 18. Wh. P. 350,000 E.3410.

Forms
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Army Form I. 1237.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
Can 7. 185		Capt	C. C. Anderson	C OFFICERS.
Year 1916	Unit. 2 C. M. R		Age.	Service.

Station and Date.

Disease G.S.W. - left ankle

Place of Injury Contalmaison

Date of Injury Oct. 11th 1916

G.S.W. to

Shell Shock or Neurasthenia

Nature of Injury G.S.W. left ankle. Entrance at anterior part of joint. Exit at posterior surface of tibia. Bullet lodged in tibia - Passing thro' anterior surface. Superficial about 2" above malleolus

Burial

Tremor

X-Ray Report

Reflexes

Fracture Removed the wound. Injection of Iodine

Insomnia

Foreign bodies

Dreams

Probable date of leaving Hospital.

20/11/16	Admitted with very septic large wound of left ankle - There was a large plug of gauze removed & considerable pus. Joint was involved. General nervous condition very bad. Cpl urinary trouble. Nil found urine.
22/11/16	Leg not improving - Amputation necessary - Given Morphia gr ¼ for pain only if absolutely needed for. 28/ dressed under Chloroform
24/11/16	Continuous Saline irrigation started. Chloroform anaesthetic given
28/11/16	Dressing under anaesthetic. Wound cleaner - Temperature falling 30/11/16 Dressing anaesthetic Wound much cleaner

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

W 5600 -2621. 2,000,000. 7/15. D & S.

P.T.O.

1878

Station and Date.	
2/12/16	Market general improvement - Ground cleaner. Streets condition markedly improved. Eating food stalls were
12/12/16	Improving
23/12/16	Open chair for short time. Ground heavily
2/1/17	Much better.
7/1/17	For transfer.

17 JAN 1917

DUPLICATE

TEMPORARY

Army Form B. 178

To be used (*a*) for recruits enlisting direct into the Regular Army, and (*b*) for men of the Territorial Force when they are admitted to Hospital. Army Form B. 178[A] to be used for Special Reserve recruits and Special Reservists enlisting into the Regular Army.

MEDICAL HISTORY OF

Surname Anderson. *Christian Name* R. A

TABLE I.—General Table.

Birthplace { Parish Toronto. / County Ontario

Examined { on 29 day of December. 191 4 / at Medicine Hat.

Declared Age 33 years days.

Trade or Occupation Ins Agent.

Height 5 feet 9 inches

Weight lbs.

Chest Measurement { Girth when fully Expanded 39½ inches / Range of Expansion inches

Physical Development

Vaccination Marks { Arm — RIGHT. | LEFT. / Number

When Vaccinated 14-6-15.

Vision { R.E.—V = / L.E —V =

(*a*) Marks indicating congenital peculiarities or previous disease—

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

Approved by H. Orr.

Rank Captain.

Medical Officer.

Enlisted { at Medicine Hat. / on 29th day of December 191 5.

	Corps.	Regtl. No.
Joined on enlistment	2nd Can. Intd. Rifs. 3rd C.M.R.R.	Captain.
Transferred to		

Became non-effective by

on day of 191...

(*Signature*)

(*Rank*)

TABLE III.—Boards; Courts of Enquiry, Vaccination, Inoculations, etc.; Examinations for Field or Foreign Service, Extension, Re-engagement, or Prolongation of Service; Issue of Surgical Appliances; Particulars of Dental Treatment, etc.

Date.	Brief Details and Signature
11-8-17	S.W.L. Leg Amb. Surg. Capt.
2/2 12/2 22-2-15	Inoculation anti-typhoid.
14-6-15	Vaccination

TABLE IV.—Service Table.

Station or Troopship.	Date of arrival or embarkation.	Date of departure or disembarkation.

Y 8714. Wt. W 8827/M945. 300m. 10/16. Drayton Mill. (529)

TABLE II.—Only for admissions to Hospital or to the Sick List in case of Warrant Officers treated in quarters.

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number of days in Hospital	Remarks bearing on the cause, nature, or treatment of the case, likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet	Signature of Medical Officer
	Day	Month	Year	Day	Month	Year				
4th London General Hospital, R.A.M.C.T.	20	11	16	7	1	17.	G.S.W. left ankle	48	Pt. was wounded 11/Oct/16. Entrance wd exterior part of Malleolus penetrating joint chipping articular surface of astragalus & becoming embedded in Tibia & passing through anterior surface & upwards about an inch. F.B removed through entrance wound 14/10/16. 20/11/16 Admitted here with very septic wound of left Ankle. There was a large plug of gauze removed & considerable pus. Joint involved - General & nervous condition very bad. - He complains of urinary trouble - nil found. 22/11/16 Leg not improving - Amputation - Wound dressed under anaesthetic 23/11/16 Continuous saline irrigation started, -. Chloroform & anaesthetic given 28/11/16 Wound much cleaner. General condition much improved. Transferred to Daughters of Empire Hosp. 1 Hyde Park Place W.	I a Shillito Capt for Major, R.A.M.C. Registrar 4th London Gen. Hospitals.
I.O.D.E. CANADIAN RED + HOSPITAL No. 1, HYDE PARK PLACE, LONDON, W. 2.	7	1	17.	11	8	17.	S.W. Ankle L.	197	Admitted 2nd L. Further Hospital Treatment Discharged to Board.	Major, C.A.M.C.

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Army Form I. 1237.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.

Year

Regimental No. | Rank. | Surname. | Christian Name.

Capt. Lt. Krauss C. A.

Unit. | Age. | Service.

2 Can. M. R.

Station and Date.

Disease

Sd'd ashore left on the 11th Oct.
Suffered wound of left foot and malaria
Admitted and malaria
Re-admitted for G.S. wound
from Salonica

30/10/18 11 a

℞ Hexamin gr XV
tr nucis vom ℥ss VIII
acid hydrochlor dil ℥XV
aq ad ℥ij
Tabs

Omnocton gr ss
hyoscine hydrobrom gr 1/100
at night.

30/10/18 11 a

Sodii bromidi XV
aq ad ℥ij
tabs
ter die.

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

(J 3521.) Wt. W 5606—2621. 2,000,000. 7/15. D & S

P.T.O.

Station and Date.	

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Army Form I. 1237.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
		Capt	Anderson	C. A.

Year	Unit.	Age.	Service.
1918	2nd Canadian Int Rifles	35	4 7/12 1 4/12

Station and Date.	Disease SW Lt Ankle - Amp foot -
G.C.S.H. Buxton 8-7-18	Wounded 8-10-16 Concelette - Had shell wound left ankle, it became septic, was amputated at appr third of leg - wound became unhealthy was excised & grafting was done. On the 13-2-18 the external & internal popliteal nerves were resected. Present Condition Left Stump - A.G.E. 180 - A G F. 5-0 for movement in knee - patella free - very little thickening of joint - Stump forms two tender points - Scar under internal from mid popliteal space to crest of tibia - Large External flap - Quadri - ceps flabby
12-7-18	Treatment Massage & faradism left thigh & leg an amputation Exercises - Major Jones for CMC

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

(44502) Wt.W 11203—M 1150. 1,450,000. 6/12 16. C.F.& S. Forms/I. 1237/12. (E239) P.T.O.

Station and Date.	MEDICAL CASE SHEET.

CONFIDENTIAL. Army Form A. 45.

PROCEEDINGS OF A MEDICAL BOARD

assembled at 13. Berners Street. on 11-8-17.

by order of A.D.M.S. LONDON AREA.

for the purpose of examining and reporting upon the present state of health of

(Rank and Name) CAPT. C.A. ANDERSON. (Corps) 2nd. C.M.R.

Age 35. Service 32/12 Disability S.W. L.LEG (AMPUTATION)

Date of commencement of leave granted for present disability 11-8-17.

Date on which placed on half-pay for present disability .....

The Board having assembled pursuant to order, and having read the instructions on the back of the form, proceed to examine the above-named officer and find that

he sustained a wound and is in condition described in A.F. A.45a. this date.

The Board recommend.

The Board will classify the officer under one of the following categories, the probable period of unfitness for the higher categories being stated.

1. Fit for General Service ..... No. 6 weeks.
2. Fit for service in a Garrison or Labour Battalion abroad. *No officer likely to be fit for general service within six months should be classed in this category* ..... -
3. Fit for Home Service ..... No. 6 weeks.
4. Fit for Light Duty at Home ..... No. 6 weeks.
5. Requiring indoor hospital treatment—
   (*a.*) In an Officers' Hospital ..... -
   (*b.*) In an Officers' Convalescent Hospital ..... -
6. (*a.*) Fit for light duty at a Command Depôt ..... -
   (*b.*) Fit for treatment only at a Command Depôt ..... -
7. In very special cases such as tuberculosis leave not exceeding six months may be recommended by Medical Boards for special treatment, the Board giving detailed reasons for any such recommendation ..... -
8. Was the disability contracted in the service? ..... Yes.
9. Was it contracted under circumstances over which he had no control? ..... Yes.
10. Was it caused by military service? ..... Yes.
11. If caused by military service, to what specific military conditions is it attributed? ..... Shell.
12. If the disability was not caused by military service, was it aggravated thereby, and if so, by what specific military conditions? .....

I concur in the findings of the Board of Medical Officers here recorded.
Captain, D.A.D.M.S. for D.M.S. Canadians.

Officer's Address: I.O.D.E. Hospital. 1, Hyde Park Place. S.W. .....

Signatures: S.H. McCoy, Major., CAMC. President.
A.W. Hark, Capt., CAMC. Members.
T.E. Rogers, Capt., CAMC. Members.

B.M.

[P.T.O.

INSTRUCTIONS.

1. On the occasion of an Officer's first appearance before a Medical Board for his present disability, the circumstances under which the disability was contracted will be fully detailed; whenever possible a statement of the case by his medical attendant will also be attached.

2. In recording the proceedings of subsequent Boards, the progress of the individual since his last appearance will be clearly and concisely stated so as to ensure a continuous medical history of the case being available.

3. Enteric Fever, Dysentery, Malaria, etc., contracted when on service abroad, in countries where there is a special liability to the disease, are to be regarded as caused by military service.

(2541.) Wt. W16848/G9255. 500,000. 3/17. P.P.Ltd. **Est. No. 1069.**

(1048) Wt. W11188/M152 100,000 12/16 J. P. & Co., Ltd. Forms A. 45A 14

Army Form A. 45A

Confidential.

To be used in cases of wounds or injuries received in action.

(For instructions for preparing this report see back of form.)

PROCEEDINGS OF A MEDICAL BOARD assembled by order of A.D.M.S. LONDON AREA.

for the purpose of examining and reporting on the present state of a wound or injury sustained by CAPT. G.A. ANDERSON. 2nd. C.M.R.

at (Place of injury) COURCELETTE. on the (Date of injury) 11-10-16

The Board find this Officer sustained a wound at above place on above date.

Hospitals:- 9th Fld. Amb & C.C.S. Contay 11-10-16. 2nd.Red Cross 13-10-16. 4th London General 20-11-16. I.O.D.E. 8-1-17

He had a shell wound left ankle; it became septic, was amputated at upper 1/3 at 4th London General. The wound became unhealthy and was excised, grafting was done. The wound is now healing slowly.

Requires some dressing.

The opinion of the Board upon the questions below is as follows:—

	Replies		
	As to first wound	As to second wound (if any)	As to third wound (if any)
1.—Has the officer lost an eye or a limb; or has he permanently lost the use of an eye or a limb; or is the injury equivalent to the loss of a limb, and permanent, or likely to be permanent? (Articles 639 to 644 of the Royal Warrant for Pay, &c.)	Yes.		
2.—If the case does not come under the category 1:— (a) Was the injury, in the first instance, very severe in character? (b) Are its effects still very severe?	-		
3.—If the case is classified under category 2, are the effects of the injury permanent, or likely to be permanent? (Article 646.)	-		
4.—Injuries that do not come under the above categories should be classified here, making use of the following terms:—*severe* or *slight* and *permanent* or *not permanent*, as the case may be.	-		
5.—For what period, calculated from the date of the wound or injury, is it probable that the officer will be incapacitated for military duty by such wound or injury?	16 months.		

I concur in the findings of the Board of Medical Officers here recorded.
Captain, D.A.D.M.S. for Canadians, D.M.S.

Signatures S.H. McCoy, Major., CAMC.
A.W. Park, Capt., CAMC.
F.E. Rogers, Capt., CAMC.

Station 13, Berners Street.

B.M. Date 11-8-17.

[P.T.O.

INSTRUCTIONS to be observed by the Medical Board preparing the Report.

---

1. On the occasion of an officer's first appearance before a medical board, the circumstances under which the wound or injury was sustained will be fully detailed.

2. If the injuries be more than one, they should be numbered and described separately; and should it be considered that, though only "severe" or "slight" in themselves, they represent together the equivalent of a single "very severe" injury, such an opinion may be expressed in the columns provided for that purpose.

3. **The board will not express any opinion, either to the Officer examined, or in their report, as to whether he is entitled to compensation, or as to the amount of it, nor will it inform the Officer how the wound or injury has been classified.**

4. **If an Officer makes any enquiry as to wound gratuity he should be told by the board that he should make application in writing to the Secretary of the War Office.**

CONFIDENTIAL. Army Form A. 45.

MEDICAL BOARD REPORT ON A DISABLED OFFICER.

(ALSO TO BE USED FOR DISABLED NURSES.) HOSPITAL, Buxton.

Station GRENVILLE CANADIAN SPECIAL

Date 30th August 1918.

1. Rank and Name Lieut. Anderson C.A.

2. Unit 2ND C.M.R. CANADIANS.

3. Age 36 4. Total Service 44/12. War Service { (a) at home 6 months. (b) abroad 38/12. England France.

5. Address Granville Canadian Special Hospital, BUXTON.

STATEMENT OF CASE.

NOTE.—In answering the following questions the Board will carefully discriminate between the officer's statements and evidence recorded in his medical documents. When possible, a statement by his medical attendant should be attached.

6. Disability Amputation Left Leg.

7. Date of origin of disability 10th October 1916.

8. Place of origin of disability Courcelette.

9. Give concisely the essential facts bearing on the history of the disability (personal and family history, etc.) :—

NOTE.—Boards subsequent to the first should record here the progress of the case since the officer's last appearance.

While on active duty was wounded by shell. Through field ambulance - 9 C.C.S. - 2 British Red Cross, 4th London General, I.O.D.E., C.C.S.H., Leg amputated 22nd November 1916. 2nd dary amputation Feb. '17. I.O.D.E. Graft operation - Feb. 17th I.O.D.E. Other operations for closing flaps and finally nerve bulb sciatic removed February 1918.

I concur in the findings of the Board of Medical Officers here recorded.

Major, D.A.D.M.S. For D.M.S. Canadian Contingents.

OPINION OF THE MEDICAL BOARD.

NOTES.-(i) **The Board will on no account inform the officer of its opinion on any of the following questions.**

(ii.) Clear and decisive answers should be filled in by the Board to enable the Ministry of Pensions to come to a reliable decision on the officer's claim to pension, etc.

(iii.) Expressions such as "may," "might," "probably" should be avoided, if possible.

(iv.) When there is more than one disability the replies will distinguish between them.

10. Was the disability contracted (a) before entering the service? NO.

(b) in the service? YES.

11. Was it attributable to military service? YES.

If so, to what specific military conditions is it attributed?

O.W. on active duty in front line.

[Enteric Fever, Dysentery, Malaria, &c., contracted on service in countries where there is a special liability to the disease are to be regarded as attributable to military service.]

12. If not attributable to, was it aggravated by, military service? Not applicable.

If so, by what specific military condi ?

13. Is it attributable to, or aggravated by, the officer's own negligence or misconduct? If so, in what way, and to what extent? NO.

[P.T.O.

14. What is the officer's present condition? General condition - Good.

Heart and Lungs - Normal. Left leg - amputation below knee 4 inch stump, well covered. No nerve bulb. No ulcer. Full range of hip and knee joints. Fitted with Rowley leg. Good fit. Can walk very actively. No pressure points. The Board recommends I. to C. Walking Case. This Officer is very active.

15. To what degree is the officer disabled at the present time? Thirty to forty per cent.
(Degrees of disablement should be expressed in the following percentages—100, 80, 70, 60, 50, 40, 30, 20, under 20, or nil.)

16. Is the disability permanent? YES.

17. If not permanent, how soon is re-examination recommended? N.A. months.

18. Is it necessary that the officer should be re-examined by the same Board? NO.

19. What treatment is the officer receiving, and where, and from whom?

Gymnasium and Massage.

20. Is the officer in need of special medical treatment of any kind, and, if so, of what nature?

Continue above for a time.

21. Does the officer require the constant attendance of another person? NO.

22. Officers will be classified by the Medical Board under one of the following categories, the probable period of unfitness for the higher categories being stated. Explanation of these categories is in para. 5 of A.C.I. 158/1918. In case of nurses, omit B. and (i) and (ii) of E.

A.—Fit for general service NO. Six mos.

B.—Fit for service in a garrison or labour unit abroad NO. Six mos.

C.—Fit for home service:—

(i) Active duty with troops NO. Six mos.

(ii) Sedentary employment only No - six months.

D.—For admission to a command depot Not applicable.

E.—Requiring indoor hospital treatment:—

(i) In an officers' military or auxiliary convalescent hospital

(ii) In an officers' hospital Yes - Invalid to Canada.

F.—Permanently unfit for any further military service Not Applicable.

23. In the case of officers suffering from neurasthenia found permanently unfit, has A.C.I. 307 of 1918 been complied with? Not Applicable.

F.H. McKay, Major, C.M.C. President.

W.G. Turner, Major, C.M.C.

Percy P. Hurtt, Capt., C.M.C. } Members.

343. W3035/1166. 29. 6. 18. Wh. P. [illegible] E.3418.

42013 THE MORTIMER SYSTEMS.
OTTAWA, CANADA

N8

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

2nd Contingent

C. A. Anderson

To Whom Mrs. Charlotte ~~Franss~~ Krauss

Address ~~522~~ 137 1st. Street S. W.
Medicine Hat. Alta.

By Whom Assigned ~~Franss~~ Krauss Chas. A.

Regtl. No.

Rank ~~R. C. M. S.~~ Capt ~~Lieut 24/8/15~~

Corps 3rd. C. M. R. R. H. Q Staff

Rate ~~$~~ 25 00

JUN 1 - 1915

2500

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
Apl.				
May				
June		S211	25 00	
July		T1506	25 -	
Aug.		U3370	25 -	
Sept.		L1371	25 -	
Oct.		L2391	25 00	
Nov.		O8472	25 -	
Dec.		P10405	25 -	
Jan.	1916	Q12938	25 -	
Feb.		R13351	25 -	
March		W13915	25	

CONSOLIDATED ACCOUNT 6

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

M. F. W. 12a.
60m.—12-15.
1772—39—819.

Sheet No. 2.

L. L. Job 89002.—Req. 6213.

Mrs. Charlotte Krauss

Anderson

PAYMENTS.

Name of Soldier Krauss, Chas. A.

~~R. 2 M. S.~~ 3rd C. M. R. (H. 2. S)

$25.00 Capt Remarks. ~~Lieut 28/11~~

Month.	Year.	Cheque No.	Amt.	
April	1916	X1184	25	
May		Y4229	25	
June		27825	25	
July		P10877	25	
Aug.		3132246	25	
Sept.		019049	~~25~~ 25	Cancelled N.D.D.
Oct.		N20961	25	
Nov.		U28699	25	
Dec.		H33023	25	
Jan.	1917	039368	25	
Feb.		045374	25	
March		S51361	25	25 R
April		J1894	25	25 W.
May		G9412	25	
June		F15587	25	Ba
July		G22660	25	W.
Aug.		Q29874	25	
Sept.		137144	25	D
Oct.		Q42378	25	
Nov.		S50487	25	
Dec.		Y55956	25	
Jan.	1918			$75.00 ad.
Feb.				
March				
April				
May				
June				
July				

8th Bat.

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier .....

PAYMENTS.

Month.	Year.	Cheque No.	Amt.	Remarks.
Aug.	1918			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1919			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1920			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				

MILITIA AND DEFENCE

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

PAYMENTS.

M. F. W. 11a.
60m.—12-15.
1772—39—818.

Sheet No. 2. Mrs. Charlotte A Krauss

Name of Soldier Krauss Anderson C. A.

L. L. Job 89002.—Req. 6213.

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916	N1754	25	25
May		N5767	25	25
June		U46000	25	25
July		Q10136	25	25
Aug.		G 12671	25	25
Sept.		S16966	25	25
Oct. 13		H19399	25	25
Nov. 10		O23092	76	76 Lady Dank
Dec. 10		O25977	30	30
Jan. 10	1917	129082	30	30
Feb.		~~T32254~~	~~30~~	30 ~~T32254 cancelled~~ Remitt
March		P37015 O33553	30	30 T. 351448 Cancelled Remitt
April		~~T351448~~	~~30~~ 30	30 Adj rank. Capt. 6/10/16 auth Sgt O'Brien
May		P1395 Posted in Error A3035	30	mailed 8-4-17
June		B5958 T 4619	1073	1073 per letter R.O. 23 3/17 R.6263/17 T4619 Can RE-WRITE
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

Mackay

MILITIA AND DEFENCE

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier.....

PAYMENTS.

Month.	Year.	Cheque No.	Amt.	Remarks.
Aug.	1918			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1919			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1920			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				

38391 THE MORTIMER SYSTEMS,
OTTAWA, CANADA

29-12-14

Name changed. C.P.M. 11/4/17
also ruling Stroud Bnch 28/4/17
RSJ

MILITIA AND DEFENCE

SEPARATION ALLOWANCE

Anderson C.A.

Name Mrs Charlotte ~~Anderson~~ ~~Francis~~ Krauss

Address 137 ~~227~~ First St. S.W.
Medicine Hat.
Alta.

Relation to Soldier / wife, child or mother: Widowed mother.

Name of Soldier ~~Krauss~~ ~~C.A.~~

Regtl. No. ~~Lieut 30/1/16~~ Capt 13/1/16

Rank ~~Reg. Q.M. Sgt.~~ 30/12/14
~~Trans to Pay I 31/1/16 - 30 Dec 6/4/16~~

Corps ~~3rd Bn. Rifle Regt.~~
Transferred To 1st Cmr 30/1/16 Rank 22/7/16

To what Corps belonging when called out: ~~Capt. 6/10/16~~ Capt.

Sam

PAYMENTS

	Month	Year	Cheque No.	Amt.	REMARKS
	Aug.	1914			
	Sept.				
	Oct.				
	Nov.				
	Dec.				
	Jan.	1915			
	Feb.		E46 11	51	51
	March		d. 278	25	25
	Apl.		J 914	25	25
	May		I 4280	25 —	25
	June		F 9512	25 —	25
	July		G12400	25	25
	Aug.		M3261	25	25
	Sept.		J 15679	25	25
	Oct.		L 6044	25	25
	Nov.		L 9118	25 —	25
	Dec.		D 12307	25	25
	Jan.	1916	H 23606	25	25
	Feb.		M 11937	25 —	25
	March		N 26072	25	25

Anderson

KRAUSS' MILITIA AND DEFENCE

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

PAYMENTS.

M. F. W. 11a.
50m.–6-16.
1772–39–818.

Sheet No. 2. Mrs Charlotte Krauss wid-Mother Name of Soldier Anderson C. A.

L. L. Job 4503.–Req. 6832.

Month.	Year.	Cheque No.	Amt.	Remarks.
			376	Capt.
April	1916	N 1754	25	
May		N 5767	25	
June		U 4600	25	
July		Q 10136	25	
Aug.		C 12671	25	
Sept.		S 16966	25	
Oct.		H 19399	25	
Nov.		O 23092	76	adj. Rank: Capt. 6-10-16 Auth
Dec.		O 25977	30	Lt. O'Brien per Letter R.O. 23 3/17 R.6. 26 3/17
Jan.	1917	T 29082	30	
Feb.		~~T 32254~~	~~30~~	T 32254 Cancelled
		Q 33553	30	
March		~~T 35448~~	~~30~~	T 35448 Cancelled
		P 37015	30	
April		~~U 1395~~	~~30~~	U 1395 Cancelled
		A 30355	30	
May		~~T 4619~~	~~3~~	T 4619 Cancelled
		B 59578	107	
June		F 7416	40	40
July		E 10472	40	40
Aug.		G 13503	40	40
Sept		F 17457	40	40
Oct.			40	1044
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

MILITIA AND DEFENCE

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier_____

PAYMENTS.

Month.	Year.	Cheque No.	Amt.	Remarks.
Aug.	1918			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1919			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1920			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				

L. L. Job 45[illegible] M. & D. 633.

29-12-14

MILITIA AND DEFENCE

SEPARATION ALLOWANCE

M. F. W. 11.
50m.—6-16.
H. Q. 1772-39-818.

203

Name Mrs Charlotte Krauss

Address 137 First St., S. W.
Medicine Hat
Alta.

Relation to Soldier / wife, child or mother: Mid-Mother.

Name of Soldier Anderson C. A.

Regtl. No. Asst. Capt. 6-10-16 (P.M.S. Lower)
~~Lieut 30-1-16 (P.M.L. 12-9-16)~~

Rank ~~Reg. Q.M. Sgt.~~

Corps ~~3rd Mt. Rifles~~ Trans to 1st C.M.R. 30-1-16

To what Corps belonging / when called out (P.M.L. 22-7-16)

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
				Capt.
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.		E 4611	51	
March		I 270	25	
Apl.		J 914	25	
May		I 4280	25	
June		F 9512	25	
July		G 12400	25	
Aug.		M 3261	25	
Sept.		F 15679	25	
Oct.		L 6044	25	
Nov.		L 9118	25	
Dec.		O 12207	25	
Jan.	1916	H 23606	25	
Feb.		M 22937	25	
March		N 26072	25	376

CONSOLIDATED 4 ACCOUNT

M. F. W. 41
100m-1-18.
1772-39-889.

Capt Name Anderson, Chas Anderson

Regimental No.

Unit 3rd C.M.R.
C.M.G.C.

Date of enlistment

Place of "

Married (yes or no)

Amount of pay assigned monthly $

To whom payable

DEC 7 1918
OLYMPIC
DEC 14 1918
Pub Exp

Name and address of next-of-kin

137 - 1st St. W., Medicine Hat, Alta.

Date and place discharged Transp to C.E.F.

Reason for discharge M.D. 3

Character on discharge

1 L. P. Cleared 30/11/18
C.P.

Date		PAY			Field Allowance			Other Credits	Total Credits	Voucher		Cash Payments	Assigned Pay	Other Charges	Total Debits	Remarks, Casualties, etc.
From	To	No. of Days	Rate	Amount	No. of Days	Rate	Amount			No.	Date					

L. P. C. No.

M. F. W. 41
100M-1-18.
1772-39-889.

Name.....

Regimental No.

Name and address of next-of-kin

Unit

Date of enlistment

Place of "

Married (yes or no)

Date and place discharged

Amount of pay assigned monthly $

Reason for discharge

To whom payable

Character on discharge

Date		PAY			Field Allowance			Other Credits	Total Credits	Voucher		Cash Payments	Assigned Pay	Other Charges	Total Debits	Remarks, Casualties, etc.
From	To	No. of Days	Rate	Amount	No. of Days	Rate	Amount			No.	Date					

NR Ont - eff 1-1-15 S.A 9/c

13

E Inf

E Inf

Assignment as at
April 1st. 1916

Name changed 21.7.17 Anderson

~~Krauss~~ Joint - 6A. 2 bdrs.

A2 M 1-9/18 40

~~25~~

Mrs C. Krauss ~~527~~ 137 - 1st Street
Medicine Hat. Alta

$ 40 Payment Stopped A. 3 M Form

Rtd to Canada
1 December 1918.

Date		PAY			Field Allowance			Other Credits	Total Credits	Voucher		Cash Payments	Assigned pay	Other Charges	Total Debits	Balance	Remarks, Casualties, etc.
From	To	No. of Days	Rate	Amount	Amount	Rate	No. of Days			Nr	Date						

Rank Name Reg'l No.

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

Place and Date of Enlistment Place of Birth

Name and Address, Next-of-Kin

Relationship

Assigned Pay Monthly $ Payable to

Relationship

Separation Allowance Payable to

Relationship

Discharge, Date and Place Reason Character

Date		PAY			Field Allowance			Other Credits	Total Credits	Voucher		Cash Payments	Assigned pay	Other Charges	Total Debits	Balance	Remarks, Casualties, etc
From	To	No. of Days	Rate	Amount	No. of Days	Rate	Amount			No.	Date						

(9178)—Wt. W12165—2146.—1,250,000.—2-15.—C. & G. Forms B. 103/1.

Army Form B. 103.

CERTIFIED CORRECT
16 DEC 1916
CANADIAN RECORD OFFICE

Casualty Form—Active Service.

Regiment or Corps 3rd C. M. R. REGT.

Regimental No. 108318 Rank ~~Regt Sergt Maj~~ Lieut Capt Name Chas. Anderson

Enlisted (a) 29. 12. 14 Terms of Service (a) For War Service reckons from (a) 29/12/14

Date of promotion to present rank ~~30.12.14~~ Lieut 30/6/1916 Capt 7/6/16 Date of appointment to lance rank — Numerical position on roll of N.C.Os. 2

Extended — Re-engaged 7/11/16 Qualification (b) —

Report: Date	Report: From whom received	Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
5.12.15	Unit	Landed in France	In the field	22.9.15 / 27.11.15	B 213
25.12.15	D.A.A.G.	"	"	27.11.15	Pt. II orders # 13
/15	War Office	Tsfd to 2nd Bn. C.M.R. on reorganisation.	Field	2/1/16	121/Overseas/1322, S.O.2
	"	Taken on strength 2nd Bn. C.M.R.	"	3/1/16	"
29/1/16.	OC. Unit. D.A.A.G. Can Sec.	Returned from Command Appointed Temporary Lieut 30/1/16, and posted to 1st Bn. C.M.R.	Unit. Field	9/2/16. 30/1/16.	B.213. List of Appts. Coms. & Rewards, 67/3, 29/1/16.

e 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.
ler, Shoeing Smith, etc., etc., also special qualifications in technical Corps duties.

[P.T.O.

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.
3.2.16.	A.A.G.	2/5 to 2nd Bn C.M.R.	Field	3.2.16	Auth A.G. A/1186/304. dd/29.1.16 A.A.G. Con 2nd S.A.S. School D.S. 2295. dd/1/2/16. FE 14 31/3/16.
1.2.16	AA.G.	Taken on strength of Battn on tsfr from 1st Bn.C.M.R.	Field	3.2.16	do
29.4.16	OC.Unit	O/Com. 2nd Army Sniping School		29.4.16	B.213 DCS 155.
6.5.16	"	Rej. unit from comm.	Unit.	5.5.16	B.213 DCS.158.
27/5/16	"	On Course Corps Lewis Gun School		28/5/16	B213 - DCS 171
17/6/16	"	Ret from Command	Unit	10/6/16	B213 - DCS 182.
1/7/16	"	On Course Bde M.G. Co.		12/6/16	B213 - DCS ~~190~~ 189.
8/7/16	"	Ret from Command	Unit	7/7/16	" " 193.
30/9/16	"	Granted leave 24/9/16 - 3/10/16			B213 - Pt 2 Ord 55 -
14/10/16	"	Ret from leave		8/10/16	B213.
12/10/16	G.H.Q	Wounded Concelette		12/10/16	List 772 - DCS
14/10/16	2 B.R.C.Hpl	Adm - Shrapnel (L)		14/10/16	W 3034
15/10/16	1 G.H.	Adm to Hpl "	BGS	12/10/16	A 36 (1149A) DGS
28/10/16	G.H.Q	App of Captain		6/10/16	List approved C.16 - Pt 2 Ords 74-16
19/11/16	2 B.R.C.Hpl	Hpl to Eng Shrapnel	H.S. Davis Castle	19/11/16	W 3083 (1962) Pt 2 Ord 72 - 25

Lieut. for Lt.-Col.,
Canadian Section, G. H. Q.

1878

Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B. 213, Army Form A. 36, or other official documents
Date.	From whom received				
23.5.17	B.C.R.D.	S.O.S. B.C.R.D.	Seaford	22.5.17	D.O. 75
21.8.17	"	Boarded No Service 6 Weeks leave	"	21.8.17	
28.11.17	"	Re-Adm. Hospital	"	11.9.17	D.O. 257. C.L. 781
					W. Lawrence Lt. For O.C. B.C. REGL. DEPOT.
16-3-18	B.C.R.D	Boarded unfit for any service for 1 month. Due back 6-4-18	Seaford.	6-3-18	#65. H.G. Mason Capt
10.5.18	" "	S.O.S on transfer to 1st C.O. Regt	" "	18.2.18	For O.C. B.C. REGL. DEPOT. #113 C.R.O. 3991. 8/5/18. Les Jarvis Lt For O.C. B.C. REGL. DEPOT.
16.5.18	1st C.O.R.D.	T.O.S on transfer from B.C. Regt. to Lennox Hospital.	Witley	18.2.18	A.F.B.D.O. 134
20.7.18	Lon. Gazette	Relinquishes 2/Lieut's Commn.	Witley	12.4.18.	L.G. 20.7.18. W.R. Foster ..... LIEUT. OFFICER i/c RECORDS,
29.9.18.	1st C.O.R.D.	S.O.S on transfer to Com. Machine Gun Depot.	Witley	29.8.18	A.F.B.D. 264 T. Wilkinson ..... LIEUT. OFFICER i/c RECORDS,
8.12.18	TAKEN ON STRENGTH OF DISTRICT DEPOT 13, PART 2 ORDER NO. 251				Lumsden Major Lieut. Col. Officer Commanding District Depot No. 13
1.7.19	Struck off the Strength D.D.O. #185 Auth A.O. #2088 dated 23.7.19				Lumsden Major per A.A.G. A.D. 13

CERTIFIED CORRECT
DEC. 1916
CANADIAN RECORD OFFICE

Army Form B. 103. Anderson. C.A. 1878 8-K-1. Regimental Number 46611 (a)

Casualty Form—Active Service.

Regiment or Corps Prob. R.

Rank a/Capt. Surname ~~Kragiss~~ anderson Christian Name Charles Anderson

Religion _____ Age on Enlistment _____ years _____ months.

Enlisted (a) 29/12/14 Terms of Service (a) _____ Service reckons from (a) _____

Date of promotion to present rank 6/10/16 LON GAZ 17/10/16 Date of appointment to lance rank _____

Extended { _____ } Re-engaged { _____ } Qualification (b) _____

or Corps Trade and Rate _____

_____ Signature of Officer i/c Records.

Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
		Embarked ...			
		Disembarked ...			
26.11.16	O.C.C.T.D	TAKEN ON STRENGTH & POSTED TO GEN. LIST		20/11/16	D.O. 6 Inf
		J S Bennians MAJOR, FOR OOC., I/c RECORDS, O.E.F.			
21-5-17.	A.G.Can.Bl.	Transferred to British Columbia Regiment and posted to 11th. R.D. Seaford 21-5-17 G.R.O. 715			

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

FOR DIRECTOR OF PERSONAL SERVICE O.E.F.

[P.T.O.

(4 27 29) W 15012—5156 100,000 12/15 H W V(P 1977) Forms/B. 103/3

NAME Anderson. Chas. Anderson

REGT'L. No. —

RANK AND CORPS Lieut. 1st C.O.R.D.

H. Q. FILE No. 649

FOLLOWS

No.

FOLLOWS

CABLE

NO.	DATE

NATURE OF CASUALTY

L. L. 31493. M. & D. 8476.

M. F. W. 42—100M.—23-11-17.
H. Q. 1772-39-893.

LIST NO.	HOSPITAL	DATE OF ADMISSION	REMARKS
1031-2	Granville C. Spec. Buxton	9-7-18	GSW. l. ankle. Foot. amp.
1121.	Canadian Officers. Matlock Bath	9-10-18	" " " " "
1149-5-	Disch.	25-10-18	" " " " "

Surname Anderson

Christian names Charles Anderson

Regtl. No. ..... Rank Capt.

Unit 3rd C. M. R. ~~C. M. F. C.~~

H. Q. .....

M. D. No. 13

T. O. S. ..... 19 .....

D. O. Pt. II ..... of .....

S. O. S. 1-7- 19 19

Reason Demob

Auth. RO 2088-23.7.19 W.P. 13

Next of kin Anderson Mrs. Relationship mother

Address 137 1st W. Medicine Hat, Alta

Also notify: .....

BORN—Place ..... Date .....

ATTESTED—Place ..... Date .....

O/S .....

R/C 24-12-18 232 3

W. 22—100M 7-18. 1772-39-839.

Date of Enlistment

29/12/14

Remd. Ct.

Separation and Assigned Pay Branch **A** 2299

OVERSEAS CONTINGENTS

Date of Assignment

June 1/15

RATE OF SEPARATION ALLOWANCE

~~44~~	~~30.00~~	~~40 1/9/18~~	

T.B. 2753

RATE OF ASSIGNMENT

~~25~~	40		14

1-10-18 1 M. on Ft. C 0372-C

PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank ~~Capt~~ Promoted Capt Reverted 19-11-16 Lieut. Discharge

Soldier's Name C. A. Anderson.

Battalion 1st C. M. R.

Beneficiary Mrs. Charlotte Krauss.

Relationship Wid. Mother MFW 2554 29/7/18

Address 137 First St. S. W. Medicine Hat Alta.

PARTICULARS OF ASSIGNMENT

Name Mrs. Charlotte Krauss

Address 137 ~~First St.~~ S.W. Medicine Hat Alta

Change of Address

1 ~~210 7th Ave Lili Kingsmill~~

2 ~~43 Stafford apts Cowper St~~ Ottawa Ont.

3

4 624 Spadina Ave. Toronto Ont.

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
					0372-C-14 File 10352 — 6 — 1
Sept 30/17		1044	Dec. 775	1044	C.S. 2049 ex dup pay for #1044 cancelled by MRO 18241 - 15-10-18
Oct	C 51111	40		40	27/11/18 reverted to ~~Capt~~ Lieut 2353 - 21-11-18 MRO IC. New 21/5/18
Nov.	D 52271	40		40	120 P.L.9-K 132. PMG 8518. auth letter from C.P.M
Dec	C 60614	40		40	By SA of Rank $40.00 per month 1-12-16 to 31-5-18
Jan/18	C 65637	40	25	40	M $184.00 refund requested 14/6/18 MRO Ballen 14-6-18
Feb.	D 73828		25	25	A.C.O - 11604 for $ 30 to adjust AP for Oct + Nov.
March	K 94453		25	25	(1366) $145 ( ) to adj. Feb. March + April
3/4/18	April G 1811	120	25	145	Acc B.63676 for $55 mailed 30-5-18 Can. Exp. Co 2796
29/5/18	May J 1647	40	25	65	SA Suspended auth MCR. 14-6-18
24/6/18	June J 1371		25	25	8723 Credit slip 1023 $60.00 June+July SA 30-7-18 JB
	July I 27981	60	25 ✓	25	Pay SA $20.00 until O/P recovered.
	~~Aug A 30502~~	~~20~~	~~25~~	~~45~~	auth P.C. AB 2-8-18 MRO 251 } J Baron
	~~Sept A 37182~~	~~20~~	~~25~~	~~45~~	Credit slip 1368 for bag and sup $ 26-9-18
	~~Oct B 43820~~	~~20~~	~~25~~	~~45~~	A 30502 Remailed 28/9/18 per tracer 6917 to L.
	Oct 12-16	70	75	145	A 11609 A.C.O for $ 70 to adj from 19-11-16 to 12-4-18 fy. 0372-C-14
	Nov G 51907	30	25	55	A 30502 + A 37182 returned and Cancelled Sl. 7225
	Nov M 6273		30	30	A 43820 returned and cancelled on h.l. 2755
	Nov M 6496	70		70	A.C.O 4417 Granting $30 + AP Aug Sept. Oct year
	Dec. O 151	70	40	110	to above assgnt from the Offic 16-10-18
					Balance of over payment $ 10 of 1-10 to 30-9-18
					to be recoded to "suspense Account"
					per ruling P.O.B. 2 2-9-18 Sd. [illegible]
					0372-C-14
					52971 11604 for + 30 to adjust from fm 1-10-16 to 31-11-16

JAN 1918

A/c Closed

Ret'd per Olympic MR. 13.

Date 14-12-18

Bombay MRO

M.F.W. 128
400M—6-17—177-28-1141
L. L. 22320—M. & D. 1683.

CONSOLIDATED ACCOUNT

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Date of Assignment

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank Promoted Reverted Discharge

Soldier's Name

Battalion

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name

Address

Change of Address

1

2

3

4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS

M. F. W. 128
400M.—6-17—1772-39-1141
L. L. 22320—M. & D. 7663.

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Date of Assignment June 1, 1915

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

25-			

E

Fill away

PARTICULARS OF SEPARATION ALLOWANCE

No. C.A. Anderson

Rank Capt. Promoted Reverted Discharge

Soldier's Name Chas A. Krauss C.A. Anderson

Battalion 3rd. C M R H.Q. Staff.

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name Mrs Charlotte Krauss

Address 137 - 1st St. S.W Medicine Hat, Alta.

Change of Address

1

2

3

4

Date 1917	Cheque No.	Amount S/A	Amount A/P	Total		REMARKS
Dec 31			775	775		MRO 2B destroy 3/5/8
1918 Jan	68729 T		25	25	ER	M.R.O. 2B Noted 3/4/18 4/4/18
Feb	73828 T		25-	25-		Closed Acc Consolidated
Mar	94453 K		25	25		Sheets in Current

M. F. W. 128
400 M.—6-17—177-39-1141
L. L. 22320—M. & D. 5993.

A STENCIL HAS BEEN MADE FOR THIS ACCOUNT

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank Promoted Reverted Discharge

Soldier's Name

Battalion

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name

Address

Change of Address

1

2

3

4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS

M. F. W. 128
400M.—6-17—1772-39-1141
L. L. 22520—M. & D. 7893.

1878

4

OPINION OF THE MEDICAL BOARD

18. Does the Board concur with the preceding report? If not, give differing opinions, number of the answer criticised.

Yes.

19. Is the invalid fit for

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

20. It is certified that the invalid
(*a*) Does require treatment. (Give the nature of the condition and of the treatment required and its probable duration.)

No.

(*b*) Does not require treatment.
(*c*) Should pass under his own control.
(*d*) Should not pass under his own control.
(Strike out condition not applicable.)

21. It is recommended that the invalid be discharged. (When not for discharge add special recommendation.)

Yes

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

R.C. Boley Capt. C.A.M.C. *President.*

J.A. Burel Capt. C.A.M.C. } Members

PLACE ~~XXXXXXX~~ Calgary

DATE June 25th, 1919.

TO BE COMPLETED WHEN TREATMENT IS REFUSED

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

Witness..... Signed.....

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

President

PLACE.....

DATE..... } Members

APPROVED BY J.A. Burel Major C.A.M.C. *Assistant Director of Medical Services.*

DATE 7.6.19

APPROVED BY Jas. W. Mackay C.M.G. *Director-General of Medical Services*

DATE 11/7/19

1878

THIS FORM WILL BE USED FOR ALL RANKS

MEDICAL HISTORY OF AN INVALID

ORIGINAL

RECEIVED B.P.C. JUL 8 1919

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

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

STATION Calgary, D.D. #13 DATE Jun. 25-1919

1. 1 (*a*) Unit 3rd C.M.R. (*b*) Regimental No. ------ (*c*) Rank Capt.

(*d*) Surname ANDERSON (*e*) Christian name Charles Anderson

(*f*) Home address 137-1st St. W. Medicine Hat, Alberta

(*g*) Next of Kin Mrs. Charlotte Krauss, (*h*) Relationship Mother

(*i*) Address of Next of Kin 137- 1st St. W. Medicine Hat, Alberta.

2. Age last birthday 37 Date of birth March, 15-1882

3. Enlistment, or Appointment (if an Officer) (*a*) Place Medicine Hat, Alta (*b*) Date Dec. 29-1914

4. Personal description:

(*a*) Height 5'9½" (*b*) Weight 160 (stripped) (*c*) Complexion Dark

(*d*) Colour of hair Brown (*e*) Colour of eyes Brown (*f*) Identification marks, Scars, etc. Artificial leg (left).

5. Former trade or occupation Insurance Agent

6. Service (The information should be secured from personal documents, but if documents are not available the invalid's statement may be taken and note must be made to that effect. Periods of service in Canada, England, France or elsewhere should be noted).	Years	Days
	4	188

	Periods	
	From	To
Canada	Dec. 29-1914	June 9-1915
England	June 19-1915	Sept. 19-1915
France or other theatres of War	Sept. 19-1915	Nov. 20-1916.

7. Original disease, or injury G.S.W. of lt. ankle

(*a*) Date of origin Oct. 10-1916 (*b*) Place of origin Courcelette

(*c*) Cause G.S.W.

B.P.C. FOLIO FALSE DOCKET 2

M. F. B. 227.
40UM.—11-18.
1773-39-117.

1878

8. Present disability— (Here state the exact nature of the disability resulting from the disabling conditions: e.g. (*a*) Weakness—slight, moderate, marked, etc; (*b*) Loss, complete or partial, of an organ or member, or of its functions; (*c*) Necessity for rest of the body, or of some of its parts, therapeutic reasons; (*d*) Any other restrictions in choice of occupation.)

Loss of lt. leg below the knee.

9. Present condition—(*a*) (Before completing this section the invalid should be stripped, and subjected to a thorough physical examination. Important, to be a full description of the present disabling condition, or conditions only. "History" must be recorded in Section 10. Describe all abnormalities, anatomical and functional, contributing to present disability; objective findings to be stated first, then subjective findings.)

Well nourished and healthy looking. Left leg is amputated 2½" below the knee. Stump is in excellent condition; well healed and gives no inconvenience whatever. Artificial leg is very satisfactory.

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

Nervous System no Cardio-Vascular System (If pulse rate is abnormal, B. P. will be taken.) no Genito-Urinary System (Albumen and Sugar will be excluded.) no

Special Senses no Respiratory System no Integumentary System yes

Disturbances of Mentality no Digestive System no Muscular System no

Osseous and Joint Systems no Any other general condition no

Chilblains of toes of rt, foot contracted on service but does not give much inconvenience.

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

G.S.W. causing compound fracture of bones of lt. ankle. There was infection requiring amputation 8" below the knee. Again went septic requiring amputation 5½" below the knee joint. Present condition shown in 9a.

1878

complete history, as obtained from invalid, with dates of origin, of any affection from which the invalid, has suffered either prior tment, and not included in Section 10 (*a*).)

e.

iption of wounds, scars and deformities.

Amputation of lt.leg only.

11.—(*a*) Did the disabling condition have its origin before enlistment? No.

(*b*) If so, has it been aggravated by Service? (If aggravated, give a description, as far as it is possible to do so, of the disabling condition at time of enlistment.)

12. Was the disability caused, or aggravated; (*a*) by intemperance, or improper conduct; or (*b*) by unreasonable refusal to accept treatment? No.
The regimental documents will be referred to.
(If the answer is in the affirmative, state in percentages, to what extent the patient is incapacitated by that causation or aggravation. In answering this question, conduct sheets should be considered. If treatment has been refused, the circumstances surrounding the refusal should be described on page 4.)

13. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one? Permanent

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

1. Treatment of fracture with amputation of leg subsequently.
In hospital 2 years and two weeks.

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

No.

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

17. Recommendations

For discharge.

R A Robinson Capt A.M.S.
Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

(Sections 7, 8, 9 and 10 are to be read to the invalid and either "satisfied" or "not satisfied" struck out).

I, the undersigned Charles Anderson have heard the description of my disability and present condition read, and am satisfied (or not satisfied) with it. (If dissatisfied, statement should follow.)

I complain in addition of

Chas. Anderson Capt Rank.
Signature of invalid examined.

B. P. C. FOLIO
RELEASE DOCKET

1898

Table III.—Boards; Courts of Inquiry, Vaccination, Inoculations, etc. Examinations for Field or Foreign Service, Extension, Re-engagement, or Prolongation of Service; Issue of Surgical Appliances; Particulars of Dental Treatment, etc.

Date	Brief details, and signature
2/2 12/2 22/2/15	Inoculation Anti Typhoid
11-8-17	SW Leg. Amp. Instructions Regarding
14/6/15	Vaccination.
London 6-3-18	Sur. Leg. Amp. Instructions Regarding
30/8/18	Amputation left leg.
	D.A.C. Granville C.S.H. G.B. Turner
21. 10. 18	Reboarded + board of 6. 3. 18 Cancelled
	Cat. C ii perm.
	A. Strathdee Capt

Table IV.—Service Table.

Station or Troopship	Date of arrival or embarkation	Date of departure or disembarkation	Station or Troopship	Date of arrival or embarkation	Date of departure or disembarkation

ORIGINAL. 22-3-13 8 K 7 P.

Army Form B. 178.

To be used for recruits enlisting direct into the Regular Army only. Army Form B. 178A to be used for Special Reserve recruits and Special Reservists enlisting into the Regular Army.

1898

Krauss

MEDICAL HISTORY of

Surname ~~Krauss~~ Anderson. Christian Name Chas Anderson

Table I.—General Table.

23 NOV 1916

Birthplace ... Parish Toronto County Ontario

Examined ... ... on 29 day of December 191~~4~~

at Medicine Hat

Declared Age ... ... 33 years days.

Trade or Occupation ... Ins Agent

28 AUG 1917

Height ... ... 5 feet, 9 inches.

Weight ... ... lbs.

Chest Measurement. Girth when fully Expanded. 39½ inches.

Range of Expansion. inches.

Physical Development ...

Vaccination Marks	Right	Left
Arm ...		
Number ...		

When Vaccinated 14/6/15

Vision ... ... R.E.—V=

L.E.—V=

(a) Marks indicating congenital peculiarities or previous disease ... (a)

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

Approved by (*Signature*) A. Orr.

(*Rank*) Capt

Medical Officer.

Enlisted ... ... at Medicine Hat

on 29 day of December 191~~4~~.

Joined on Enlistment ... Corps. 3 C.M.R.C. Regtl. No. ~~100376~~ Capt.

Transferred to ... ...

Became non-effective by ...

on day of 191 .

(*Signature*)

(*Rank*)

The Medical History sheets of all men recruited must be returned by the Officer commanding them to the Record Office when they leave England.

CANADIAN

(7278.) Wt. 2869—1662. 200M. 5/15. J. T. & S., Ltd. Forms B. 178.

P.T.O.

1878

1878

Table II.—Only for Admissions to Hospital or to the Sick List in the case of Warrant Officers treated in quarters.

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number of days in Hospital	Remarks bearing on the cause, nature, or treatment of the case, likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet.	Signature of Medical Officer
	Day	Month	Year	Day	Month	Year				
4th London General Hosp: Denmark Hill	20	11	16	7	1	17	G.S.W. left ankle	48.	Pt: was wounded 11 Oct: 16. Entrance wnd. exterior part of maleolus, penetrating joint, chipping articular surface of astragalus & becoming embedded in Tibia, & passing through anterior surface & upwards about an inch.— F. Body. removed through entrance wound. 14/10/16 2/11/16. Admitted here with very septic wound of Rt ankle there was a large plug of gauze removed & considerable pus. joint involved. — General & nervous condition very bad. He complains of urinary trouble — nil found. 3/11/16 Leg not improving — Amputation found dressed. under anaesthetic 7/11/16 Continuous saline irrigation started — chloroform & anaesthetic given. 13/11/16 Wound much cleaner. General condition much improved. Transferred to Daughters of Empire Hosp: 1. Hyde Park Pl.	Wm. H. Diggs CAPTAIN, R.A.M.C. (T.), ~~Assist.~~ Registrar, Major, 4th London General Hospital.
I.O.D.E. CANADIAN RED + HOSPITAL, No. 1, HYDE PARK PLACE, LONDON, W. 2.	7	1	17	11	8	17.	S.W. Ankle L.	~~97.~~	admitted I.O.D.E. further Hospital treatment W. discharged for Board. Duplicate Medical History Sheet posted to here.	W Bunny Major, C.A.M.C.
I.O.D.E. CANADIAN RED + HOSPITAL, No. 1, HYDE PARK PLACE, LONDON, W. 2.	10	9	17.	6	3	18.	S.W. Ankle. L.	174.	Re-admitted to I.O.D.E. Hospital, Operation 2+9-17. Edges of wound & granulating surface excised. Edges undermined & approximated. 13-2-18. Sutures removed. 28-3-18. Wd. Healed. 6-3-18 For Board.	Assistant Capt. C.A.M.C.
I.O.D.E. CANADIAN RED + HOSPITAL, No. 1, HYDE PARK PLACE, LONDON, W. (Perkins Bull Annex)	4	5	18	8	7	18	S.W. Ankle. L.	65.	Admitted to Perkins Bull Hospital, while waiting for limb at Roehampton. Transferred to Granville Can. Special Hospital, Buxton.	Major, C.A.M.C.
Granville Can. Spec. Hosp Buxton Derbyshire	8	7	18	18	10	18	S.W. Ankle Lft: Amputation Lg.	103	Stump soundly healed — Operation obviously good result — Bowley Aspecial Lg — Good fit — General health Good — Board 2 low	Cdn Chief Capt Corps
Mattock Bath	21	10	18	25	10	18	do	4	Condition as immediately above.	Hamilton Capt

1878

11-4-32

(6429) W.8466/P1968 1,000.000 1/19 Mc A & W Ltd (E4374)

Army Form W3997.

Regtl. No..... Rank Capt

Name Charles A. Anderson
(Christian Names in full) (Surname)

Unit 3rd Regt. or Corps Battalion

Date of { Discharge* / Disembodiment* / Transfer to the Reserve* } .....191.....

* Strike out whichever inapplicable.

3-1-58

Deceased

COVER

FOR

DISCHARGE DOCUMENTS.

NOTE.—In every case where A.F Z.22 is included among the documents the letter Z is to be stamped in the space provided below.

10-6-52
AS

WAR SERVICE RECORD
Class A.

No. 1

D.A.

Regtl Number. 11364 Rank Pte.

Name ~~WHALE~~ (Surname) WILLIAM (Christian name in full.)

Regt or Corps C & R

Unit 4th Batn

Original Unit 4th Batn

Category A

Occupational Group Buckhand 17

Next of Kin Father

Religion C of E

Place of Residence Hamelton

Documents	Date
Trip Attestation Paper	26-3-19.
Casuality Form (A.F.W..	27-3-19
Medical History Sheet	1. 27-3-19
Proceedings of Medical Board	27-3-19
Dental Board Certificate(C.A.D.C.5039)	27-3-19
Field Conduct Sheet(A.F.B.122)	1-4-19
Proceedings on Discharge(M.F.B.3128)	28-3-19
Discharge Certificate(M.F.B.39)	28-3-19
Copy of Discharge Certificate(M.F.B.39a)	28-3-19
Special Envelope	28-3-19
Q.M.G. Form(D.O.S.2)	2-4-19
Last Pay Certificate(P.C.51)	8-4-19
Pay Book(A.B.64. OLYMPIC SOUTHAMPTON 15747	8-4-19
War Service Gratuity(P.C.C.	27/3/19
Disposal Certificate(C.D.C)	27/3/19

AUDITOR | PAYMASTER

M. OR S. Married

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

REGT. No. RANK Capt NAME (IN FULL) ANDERSON. G.A.

(BLOCK LETTERS SURNAME FIRST)

NEXT OF KIN — RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? Yes. — DATE EFFECTIVE

TO WHOM PAID Mrs Charlotte Krauss — RELATIONSHIP widowed mother

ADDRESS 137. 1st Street S.W. Medicine Hat. Alta

PARTICULARS	EFFECTIVE DATE	AUTHORITY
137-1st St. Sw. Medicine Hat		
Sa. Same.		

ORIGINAL UNIT C.E.F. 3. C.M.R.'s — IF IN P.F. WHAT UNIT?

PLACE OF ATTESTATION — TRANSFERRED TO — DATE — AUTHORITY

DATE OF ATTESTATION — TRANSFERRED TO — DATE — AUTHORITY

ASSIGNED PAY $ 40.00 — DATE EFFECTIVE 1.2.19

PAYABLE TO Mrs Charlotte Krauss — RELATIONSHIP Widowed Mother

ADDRESS 137. 1st Street S.W. Medicine Hat. Alta

ANY CHANGE IN ASSIGNEE OR ADDRESS

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE — EFFECTIVE

DISCHARGED — PLACE Medicine Hat. — DATE 1-7-19 — REASON Demob. — AUTHORITY D.O.R. 18 — IF ENTITLED TO POST DISCHARGE PAY

MONTH	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $	AMOUNT C.	OTHER CREDITS $	OTHER CREDITS C.	$	C.	TOTAL CREDITS $	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.	BALANCE CREDIT $	C.	PARTICULARS OR REMARKS
BALANCE FROM PREVIOUS ACCOUNT																												20	40								
1-2-19		4.00																																			D.O. 32. Recovery Sub 10/- to 31/- 12 Days
1-1-19	28		112		40	00			152				19/1	3/3			51	60					80								170						40 to La Ferby
1/2-31/1/19	31		124		40	60	8		272	30	484	8/3	577	24/3	600	1/3	47	60			144	70	80								272	30					Subsistence from 1/19 to 31-1-19 $52.70
C/31																																					Subsistence from 1/19 to 31-1-19 $52.70
1/1/19-30/1/19	30	"	120		40		7		218						21	24/1/19					138		80								218						1500 Pay. 31/1/19
					5																															1500 Pay. 31/1/19
31/1/19-31/1/19	31		124		52	70	40	00	216	70					44	22/5/19					136	70	80	00							216	70					Separation Allowance $ 40 Mar. 1 to 31-1-19
1/2/19-30/2/19	30	4.00	120		51		40		211						67	23/6/19					131		80								211						32 Subsistence 30 days 1 to 28-2-19 $51.00
																																				Separation Allowance $ 40 Feb. 1 to 28-2-19
1-7-19	1		4		1	70	1		6	70											5	70	1								6	70					32 Subsistence 31 days 1 to 31-5-19 $52.70
																																					Separation Allowance $ 40 Mar. 1 to 31-5-19
			60	40	37	70	96	00	107	70											60	77	40	00					20	40	107	70					32 Subsistence 30 days 1 to 30-6-19 $51.00
																																					32 Subsistence 1 day July 1/19 $1.70
																																					Separation Allowance $ 1.00 July 1/19

MONTH	PAY AND F.A.				OTHER CREDITS				TOTAL CREDITS		ACQUITTANCE ROLLS						CASH PAYMENTS						ASSIGNED PAY		REGIMENTAL CHARGES		OTHER CHARGES				TOTAL DEBITS		BALANCE				PARTICULARS OR REMARKS
	NO. OF DAYS	RATE	AMOUNT								COL. NO. 1		COL. NO. 2		COL. NO. 3		COL. NO. 1		COL. NO. 2		COL. NO. 3										DEBIT		CREDIT		
			$	C.	$	C.	$	C.	$	C.	NO.	DATE	NO.	DATE	NO.	DATE	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	

P.-15

UNIT 2nd C. M. R.

NAME Krauss C. A. Lieut

ASSIGNED PAY:— ~~Daily~~ from. 1st Feby 1916.

MONTHLY AMOUNT 25.00

TO WHOM PAYABLE Mrs. Charlotte Krauss. 527 1st St. Medicine Hat. Alta

DATE OF APPOINTMENT 30/1/6 3rd D. R.O. No. 61. 9/3/6.

MARRIED (YES OR NO)

NEXT OF KIN:— NAME

ADDRESS

DATE NON-EFFECTIVE AND CAUSE

BANK IN WHICH PAY & ALLOWANCES DEPOSITED Bank of Montreal 9 Waterloo Place. SW.

1915-16

PERIOD From	PERIOD To	No. of Days	Regtl. Rate	PAY Amount of Regimental	PAY Command	PAY Adjutant	PAY Cr. from Prev. Account	PAY Total Pay	Rate of Field Allowance	ALLOWANCES Amount of Field Allowance	ALLOWANCES P. F. Allowance	ALLOWANCES Messing	ALLOWANCES Subsistence	ALLOWANCES Total	Total Pay and Allowances	Assigned Pay	Sundry Deductions	Net P. A.	Paid in Cash	Deposited in Bank	Carried Forward	REMARKS
30-1 1916.	29-2.	31.	2.	62				62	60.	1860		31		4960	111 60	25						From Lt 30/1/16 3rd DRO No 61. 9/3/16 to Vr 3271.
"	"						113 12.	113 12.							113 12.							Assgd pay $25 pm from 1 Feby 16. Yr Cert (Sub 5232.
																				19972.		To Bal on Yr Cert. to No. 3275
1/3	31/3	31	2	62				62		1860		31		4960	111 60	25			17 44			Pay Ldr Adm Pay. AR 4559 Mem's List (No. 6363)
"	"																		17 44			Pay Ldr " " AR 3998 Mem's List (No. 6364)
"	"																		34 87			Pay Ldr Adm Pay. AR 4076 0318 Mem's List (No. 6376)
"	"																28 50					Pay Ldr Pay. AR 4076 0318 Mem's List (No. 6376)
"	"																		87 20		150 57	Adm Pay. Field 20/6 (No. 7242) PAAVE

SUNDRY PAYMENTS

DATE	CHEQUE NO.	PARTICULARS	AMOUNT $	AMOUNT c.	AMOUNT £	AMOUNT s.	AMOUNT d.	REMARKS

P—15.

ASSIGNED PAY.

UNIT. NAME OF | DATE | AUTHORITY: 2. 6th M.R.

RANK. Lieut | DATE | AUTHORITY

NAME. 9 K 132 C Anderson

Beneficiary Mrs 6. Krauss

Address 527 1st Street
Medicine Hat. Alta.

Amount. $ 25 00

Separation Allowance issued. Yes or No.....

Name ~~Krauss~~

Initials 6. a.

Bank of Montreal

1916-17

DATE 1916	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialled by P.M. in every case	INITIALS
1.4	Bal. fwd. from March.			150 57		150 57		
24.4	A.P. Can.				25.			
25.4	Pay april (R)		108			67 57		
May 24	Pay May (R)		111 60					
" 24	A.P. Can				25			
		Bank		19 03		0		
June 19	A.P. Canada				25.			
20	Pay June (R)		108.					
22	Ado Br. Ado Fld 21/16.			17 44				
26	Bank			65 56		0		
July 19	A.P. Can				25.			
	Adoanusfld 8/16 @ 17 07/100 v.814. 1/16 @ 17 03/100 v.665. 17 44/100 v.666. 9 9/16 (Ado Br)			51 51				
21	Pay July (R)		111 60					
26	Bank			35 09		0		
Aug 18	Pay Aug (R)		111 60					
24	A.P. Can				25.			
28	Bank			86 60		0		
Sept. 19	Pay Sept. (R)		108					
23	A.P. Can.				25			
26	Bank			83		0		
Oct. 19	Pay Oct. (R)		111 60					
23	A.P. Can				25.			
26	Bank			86 60		0		
Nov 23	A Pay Canada				25			
" 24	Pay Bank R		108					
" 26	Bank			83 -		0		

Forward

P—15.

ASSIGNED PAY.

Beneficiary Mrs. S. Krauss

Address 527 1st Street.
Medicine Hat.

Amount. $ 25.00 Atlanta

Separation Allowance issued. Yes or No.

UNIT.

NAME OF | DATE | AUTHORITY

2. C.M.R.

RANK.

Lieut. Continued
Capt.

DATE | AUTHORITY

(Change of name eff 1/2/17 (S.)
Anderson Anderson.

II

NAME.

Name Anderson

Initials S.A. C.A.

Bank of Montreal.

1916-17

DATE 1916	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialled by P.M. in every case	INITIALS
Dec 1	Bal'ford					0		
" 5	Adjustmt A.A. Lt. to Capt. 6/16 to 30/11 Bank			64 40				
" 11	A.P. Canada				25 -			
" 13	Pay Dec R		147 35					
" 14	Capt's rates 6/16-30/11.	15974	64 40					
" 15	Bank			122 25		0		
1917								
Jan. 17	A.P. Can.				25			
24	Pay Jan (R)		147 25					
25	Bank	19289		122 25		0	Trans fr Cheq 19 to 13 - 15/2/17	
Feb. 20	Pay Feb. (R)		100 80					
21	A.P. Can.				25			
24	Bank	21931		75 80		0		
Mch 9	Pay Mch & Bal. Feb P.A. cash	22118		32 20				
12	A.P. Can.				25			
	Feb P.A. Cr. wrongly taken in error to Mch. Must be taken into Feb Pay Mch		32 20					
			147 25					
23	Bank	24818		122 25		0		

P.-15

G. B. & S.

UNIT

NAME

DATE OF APP

MARRIED (YE

NEXT OF KIN

ASSIGNED PAY:—

MONTHLY AMOUNT

TO WHOM PAYABLE

DATE NON-EF

AND

BANK IN WHICH PAY & ALLOWANCES DEPOSITED

PERIOD		No. of Days	Regtl. Rate	PAY					Rate of Field Allowance	ALLOWANCES					A
From	To			Amount of Regimental	Command	Adjutant	Cr. from Prev. Account	TOTAL PAY		Amount of Field Allowance	P. F. Allowance	Messing	Subsistence	TOTAL	

SUNDRY PAYMENTS

DATE	CHEQUE No.	PARTICULARS

FORM P. 15
5986–25M–19/1/17

ASSIGNED PAY.	UNIT. NAME OF	DATE	AUTHORITY	RANK.	DATE	AUTHORITY	NAME.
Beneficiary	2nd Bank			Capt.			Name Anderson
Address Canada							Initials C.A.
							Bank of Montreal
Amount. $ 25							
Separation Allowance issued. Yes or No.....							

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialled by P.M. in every case.	INITIALS
1917								
Apl	Overdraft		142 50					
16	A Plan				25			
27	Bank	3009		117 50		~		
May 16	A Plan				25			
19	Pay May (R)		147 25					
23	Bank	5932		122 25		~		
June 12	A Plan				25			
	June Pay (R)		142 50					
21	Bank	7976		117 50		~		
July	July Pay (R)		147 25					
16	A Plan				25			
24	Bank	19804		122 25		~		
Aug 13	A Plan				25			
18	August Pay (R)		147 25					
24	Bank	17020		122 25		~		
Sept 19	Sept. Pay (R)		142 50					
13	A Plan				25			
22	Bank	21610		117 50		~		
Oct 12	A Plan				25			
18	Oct Pay R.		147 25					
23	Bank	26282		122 25		~		
20	Sick leave allce 11 8/17 - 14 9/17	7351					20-11-17 17 50	
Nov 16	Nov. Pay R.		142 50					
	A. P. Plan				25	/		
22	Bank	30553		117 50		~		
2								

Forwd

FORM P.15
5986–25M–19/1/17

ASSIGNED PAY.

UNIT. NAME OF | DATE | AUTHORITY

2 b. M. R. | Pay 3.00 | F. d. 0.75 | M. 1.00

RANK. | DATE | AUTHORITY

Capt.

NAME.

Beneficiary

Address

Amount. $ 25. Can.

Separation Allowance issued. Yes or No.....

Name Anderson

Initials b. a.

Bank of M.

DATE 1917	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialled by P.M. in every case.	INITIALS
Dec 10	A. P. Can Dec Pay R.				25			
		Bank	147 25					
1918 Jan 8	A. P. Can Jan Pay R.	32995		122 25				
					25			
		Bank	147 25					
Feb 11	A. P. Can Feb. Pay R.	39354		122 25				
					25			
		Bank	133					
		40953		108				
March 11	Mch Pay R. A. P. Can.		147 25					
		Bank			25			
25		42598		122 25				

FORM P. 15. 12519—16M—1-3-18 H.W.V.Ld.—3717-18.

ASSIGNED PAY. | UNIT. NAME OF | RATE OF P. AND A. | RANK. | DATE | AUTHORITY | NAME.

Beneficiary
Address
Amount. $ 40. Can.
Separation Allowance issued. Yes or No.....

1 6.O.K. | Pay $ 3 | F.A. 0.$2.75 | Messing 1. | Lieut. T/Capt | 12 4/18 | 29.456.31/365 | Name Anderson | Initials G. A. | Bank of Montreal.

addit. outfit allce 1 8/18

DATE 1918	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialed by P.M. in every case.	INITIALS
Nov 6	In paym of R/D. ch. 308002 26 10/18 for £20. cashed by cashier to P.M.G. Cash.	11361		97 33				
14	Adjt. to Capt rates 12/4-31/10/18	Vo 13768	233 45				Rec'd to Can L.O. 6 to 30 11/18	
	Bank	11723		136 12			F to N.E. Ledger	
20	Adv. P & A.	" 12001		122 50			P & A to cease 30 11/18	
22	a.P. can				40		Vo 19757.	
	Pay R & A.F.A. 12 1/18		162 50				Transf. fr L 17-12 8/19	
	Bank							

FORM P. 15. 12519—16M—1-3-18 H.W.V.Ld.—3717-18.

13.

ASSIGNED PAY. | **UNIT.** NAME OF | RATE OF P. AND A. | **RANK.** DATE | AUTHORITY | **NAME.**

Beneficiary — B.C.R. — Pay 3 2 — Capt. — Name Anderson

Address — 1.C.O.R. — F.A. ~~2 25~~ 60 — Relinq. Transf. 19/16 — O.R.O. 3054 — Initials C.A.

40 1/10/18 — Messing 1. — of Capt. 6726. — 12/4/18 — Bank of Montreal

Amount. $ 25. can. — Lieut.

Separation Allowance issued. Yes or No.....

100% Add. Outfit a. 1/8/18

1918-19

DATE 1918	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialed by P.M. in every case.	INITIALS
			108					
Apl 18	Apl Pay R.		~~142 50~~					
	A.F. can.				25			
22	Off. diff. betw. Capt + Lts rates 19/16 - 31/3/18	C6 1048		57270			Show as OverDraft.	
24	Bank	1173		83		57270		
May	May Pay R.		111 60					
13	A.F. can.				25			
24	Bank	2551		8660		57270		
June	June Pay R.		108				Recover $50.00 June. C	
12	A.F. can.				25			
19	To receive diffce betw. Capt + Lts rates 30/16 - 11/4/18 only	C6 3836	585 35				Letter Fr. dtd 5 11/6/18 on file.	
22	Bank	4047		95 65				
July 12	A.F. can				25			
	July Pay R.		111 60					
24	Bank	5568		8660				
Aug	Aug Pay R.		111 60					
9	A.F. can.				25			
24	Bank	7235		8660				
Sep 10	A.F. can.				25			
	Sep. Pay R.		108					
24	Bank	9103		83				
Oct 10	Adj. C+A.	" 9956		8660			Refer to can.	
	A.F. can.				40		L.J. to 31/7/18	
	Oct Pay R.		111 60			15	5 folios N.C. Ledger.	
31.	Add. Outfit allce. 1-8-18.		100	85			29/10/18 Dep Asst Receiver	
	Bank.	10930		~~100~~				

Over.