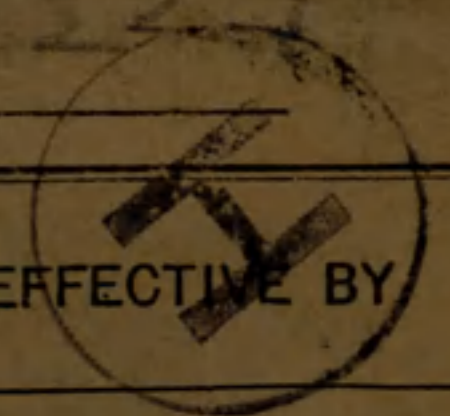


NAME *ANDERSON, E MANUEL*

PT REGT. NO. *209048* UNIT *29*

H O FILE NO



CONTENTS

DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

M. F. W. 2505
REFERENCE

NON-EFFECTIVE BY

DEATH

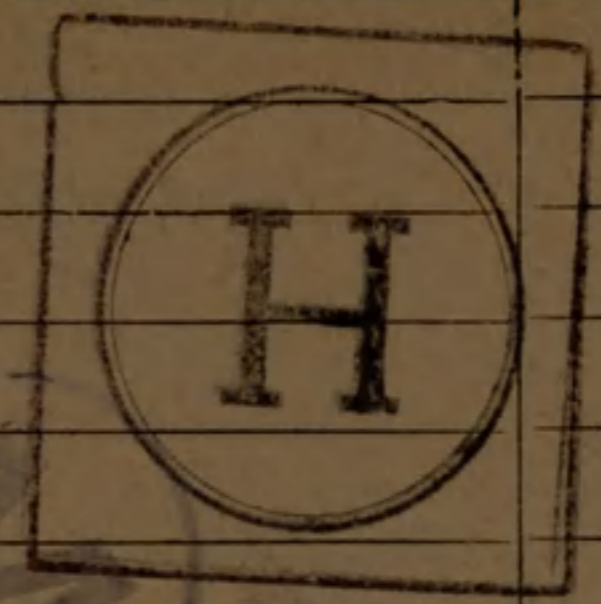
Category

DISCHARGE

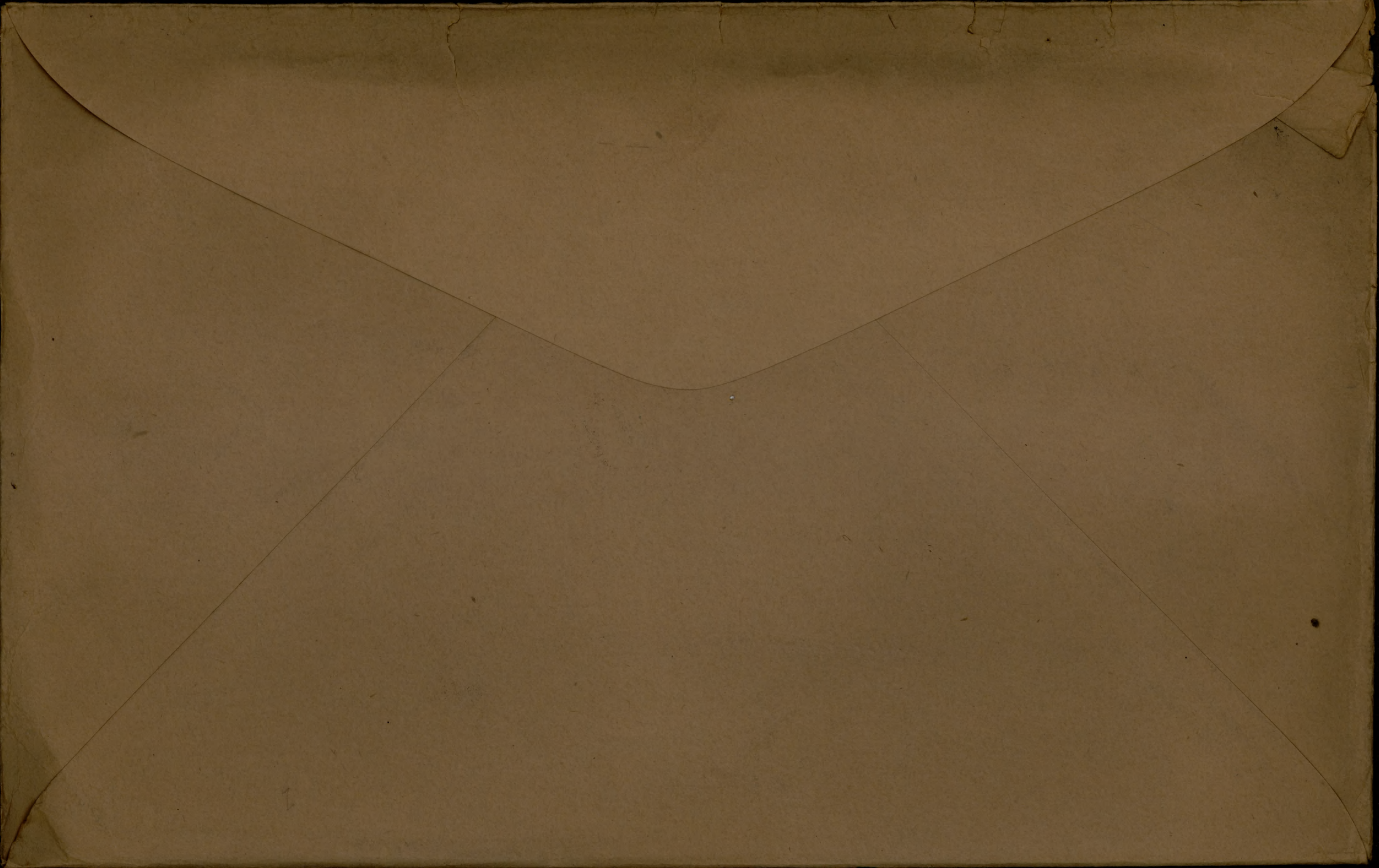
Category

Demob

DESERTION



- 1 ATTESTATION PAPER (M.F.W. 23, 133, or 51) *4*
- 1 CASUALTY FORM (M.F.W. 54 or A.F.B. 103) *1*
- 1 TRAINING HISTORY SHEET (M.F.W. 113) *Disput*
- 1 FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122) *1*
- 1 REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120) *1*
- 1 COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121) *1*
- 2 MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178) *2*
- 1 DENTAL HISTORY SHEET (M.F.B. 465) *1*
- 1 MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)
- 1 MEDICAL EXAMINATION (M.F.W. 129) *1*
- 1 TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2) *1*
- 1 PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)
- 1 DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)
- 1 LAST PAY CERTIFICATE (M.F.W. 44)
- 1 PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268) *1*
- 1 PARTICULARS OF CHARACTER (A.F.W. 3226)
- 1 COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)
- 1* *CADC 5009A*
- 1* *CD 3 pay sheets*
- 1* *9/7/67*
- 1* *Misc*



11 M. D. 1st Depot Battalion B.C. Regiment

1st Depot Batta. B.C. Regt. C.E.A. Regtl. No. 2020408

PARTICULARS OF RECRUIT
DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class 1)

- 1. Surname Anderson
2. Christian name Emanuel
3. Present address General Delivery, Chase, B.C.
4. Military Service Act letter and number
5. Date of birth July 14th 1891
6. Place of birth Jemton, Sweden
7. Married, widower or single Single
8. Religion Presbyterian
9. Trade or calling Farm-hand
10. Name of next-of-kin Emil Anderson
11. Relationship of next-of-kin Brother
12. Address of next-of-kin General Delivery, Chase, B.C.
13. Whether at present a member of the Active Militia No
14. Particulars of previous military or naval service, if any None
15. Medical Examination under Military Service Act:—
(a) Place Kamloops, B.C. (b) Date Nov. 20th 1917 (c) Category A2

DECLARATION OF RECRUIT

I, Emanuel Anderson, do solemnly declare that the above particulars refer to me, and are true.

Emanuel Anderson (Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age 26 yrs mths.
Height 5 ft 6 1/4 ins.
Chest measurement fully expanded 36 ins. range of expansion 2 ins.
Complexion Fair
Eyes Grey
Hair Brown
Distinctive marks, and marks indicating congenial peculiarities or previous disease. Nil

H. M. ... Lt-Col.
O.C. 1st Depot Btl. B.C. Regt.

Place Vancouver, B.C. Date Nov. 21st 1917

CANADIAN EXPEDITIONARY FORCE

WAR SERVICE BADGE

DISCHARGE CERTIFICATE CLASS "A" No. 305428

THIS IS TO CERTIFY that No. 2020408 (Rank) PTE

Name (in full) ANDERSON, EMANUEL enlisted in

the 1st DEPOT BATTALION

CANADIAN EXPEDITIONARY FORCE at VANCOUVER on the 21st

day of NOV. 1917

HE served in 29th BATTALION in France

Demobilization.

and is now discharged from the service by reason of

Medical Unfitness

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

Age 28

Marks or Scars

Height 5ft 6 1/4 in

NIL

Complexion FAIR

Eyes GRAY

Hair BROWN

E. Anderson

Signature of Soldier.

M. Andrews

Issuing Officer.

Date of Discharge

Capt.

Rank

May 24th 1919.

Date May 24th 1919

N.B.- AS NO DUPLICATE OF THIS CERTIFICATE WILL BE ISSUED, ANY PERSON FINDING SAME IS REQUESTED TO FORWARD IT IN AN UNSTAMPED ENVELOPE TO THE SECRETARY, MILITIA COUNCIL, OTTAWA, CANADA.

MILITARY SERVICE ACT, 1917.

Original

MEDICAL HISTORY SHEET.

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

ANDERSON Christian name EMANUEL

- 1. Surname ANDERSON Christian name EMANUEL
2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule.
3. Consecutive number on schedule of men reporting for service (if he appears on it)
4. Address (including street and number, if any) Chase B.C. Farm Hand.

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 20th day of November 1917, by the Kamloops B.C. undersigned medical board sitting at

- 5. Age as stated 26 Years 26 Months
6. Apparent age 26 Years 26 Months
7. Height 5 Feet 6 1/2 Inches
8. Weight 129 Pounds
9. Chest measurement { Minimum 34 Ins. Maximum 36 Ins.
10. Complexion Fair
11. Physical development Good
12. Smallpox marks
13. Number of vaccination marks { Right arm Left arm
14. When vaccinated last
15. Distinctive marks and marks indicating congenital peculiarities or previous disease

16. Slight defects but not sufficient to cause rejection
The man denies having had { Rheumatism Tuberculosis Syphilis We find no evidence of past { Rheumatism Tuberculosis Syphilis (Strike out disease admitted or suspected.)

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

A2

VISION: Right 20/20 Left 20/20
Hearing Normal

J.R. Block Capt Comm President.

MOBILIZATION BOARD

W.A. Culiball Member.

Member.

Member.

Table with columns: Date, Result, VACCINATIONS, Date, Result, ANTI-TYPHOID INOCULATIONS, ETC. Includes handwritten entries for 5/1/18 and 19/1/18.

Joined 2nd day of Nov 1917 at Vancouver B.C.

Table with columns: CORPS, REG'TL NUMBER, HABITS, DATE. Includes handwritten entries for 16th Canadian Reserve Battalion and date 27/Nov 1917.

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Table with columns: STATION, DATE, DISEASE, RESULT. Includes handwritten entry for Vancouver, Nov 26 1917.

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

Signature of Man Emanuel Anderson

30

PARTICULARS OF FAMILY OF AN OFFICER OR MAN ENLISTED IN C. E. F.

INSTRUCTIONS.

- (a) This form is only required for men joining units for Overseas Service and must be completed immediately the man is warned for draft overseas.
- (b) Care must be taken to see that a man is allotted his correct Regimental Number. No numbers must be duplicated and once it has been allotted to a man, even if he is subsequently discharged, the same number must never be allotted to another man.
- (c) All questions, etc., must be answered.
- (d) One copy of the form is to be forwarded by Officer Commanding unit for each Officer and man to Officer Commanding Division or District at least seven days before man leaves his station to proceed overseas, for transmission to Accountant and Paymaster General, Ottawa.
- (e) Duplicate copy is to be forwarded direct to Officer in charge of Records, C.E.F. London, immediately after arrival in England.

(1) Name of Overseas Unit which Soldier joins..... 1st Depot Battalion, B. C. Regt. C. E. F.
VANCOUVER, B. C.

(2) Regimental Number..... 2020408

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

(4) Place of Birth..... Jemton Sweden

(5) Are you married, or not?..... No

(6) If married, state,
 (a) Full name of your wife..... NOT APPLICABLE
 (b) Present Postal Address..... NOT APPLICABLE

(7) Are you a widower?..... No

(8) Have you any children?..... NOT APPLICABLE
 If so, give number of boys and girls..... NOT APPLICABLE
 Also their names and ages..... NOT APPLICABLE

(9) Is your Father alive? *Yes Eric Anderson*
If so, state name and address *Genl Selvy Guston N. BT Län Sweden*

(10) Is your Mother alive? *Yes Erika Anderson*
If so, state name and address *same as above*

(11) If your Mother is a widow? *No*
Are you her sole support, or not? **NOT APPLICABLE**

(12) If sole support of widowed mother, state what amount you have given her per month prior to your enlistment, also reason she has no other support than yourself.
NOT APPLICABLE

(13) If you have no wife, father, mother or children, state the name and relationship with full postal address of your next of kin, to whom you would desire any communication to be sent concerning you.
NOT APPLICABLE

(14) If you have a wife, or children, or a widowed mother who depends on you as her sole support, have you applied to the Paymaster of your unit for Separation Allowance? If not, this must be done.
No **NOT APPLICABLE**

(15) Are you insured? *No*
If so, in what Company? **NOT APPLICABLE**
Have you made arrangements for payment of your Insurance premium? **NOT APPLICABLE**

If not, and it is a monthly premium, you can assign the amount in addition to any other assignment you wish to make.

W Beaton Lt Col
Officer Commanding.

Date *VAN, B. C.*
NOV 27 1917

1st Depot Battalion, B. C. Regt. C. E. F.
VANCOUVER, B. C.

Service 1 year WAR SERVICE GRATUITY.

15207

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

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

On completion, if soldier discharged in Canada, this Declaration is to be returned to THE DISTRICT PAYMASTER OF THE DISTRICT IN WHICH THE SOLDIER WAS DISCHARGED, or if soldier discharged in England to be returned to Paymaster General O.M.F. of C., 7, Millbank, London, S.W.

1. Christian names Emanuel 2. Surname Anderson
3. Rank Pte 4. Original Unit B. C. Reg 5. Reg. No. 2020408
6. Address, in full, to which future payments of gratuity are to be forwarded.....
General Post Office - Chase B. C.
7. Date of enlistment in the C.E.F. Nov 21, 1917
8. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge. no
9. Relationship of such dependent. Not applicable
10. Address, in full, of such dependent. Not applicable
11. Is said dependent now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? Not applicable
12. Were you at any time on the strength for pay and allowances of a unit of the C.E.F. which was out of Canada or the United States when such pay and allowances were issuable? If so, give particulars of one such unit and dates of service overseas with such unit:—
13. Were you on the strength for pay and allowances of the Clearing Services Command, having been at any time on duty outside of Canada or the United States?
14. Were you on active service only in Canada or the United States? If so, give particulars of unit and dates of such service.
15. Give total length of time which you served on active service, whether in Canada or Overseas, setting out particulars of units on whose strength you served. 1 year & 5 months 7 months B. C. Reg. 2 1/2 months 29th Yauc B. C.
16. Were you at the time of enlistment a civil employee of the Dominion Government? If so, state Department. no
17. Were you a member of the Permanent Force at the time of enlistment in the C.E.F.? Not applicable

15207

18. Have you had more than one enlistment? If so, give particulars of discharges and re-enlistments, and under what regimental numbers and units. *No*
19. Have you already received any payment of Post Discharge Pay or War Service Gratuity? If so, state amount you and your dependents have already received and by whom paid. *Not applicable*
20. Have you been issued with a War Service Badge? If so what class? *No*
21. Have you, during the present war, served in the Imperial Forces? *No*
22. Are you entitled to receive, or have you received any gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled. *No*
23. (a) Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England? *No*
- (b) If so, was such reversion in consequence of misconduct or inefficiency? *Not applicable*
24. Are you now serving in the C.E.F.? If not, give:—(a) Date of discharge
(b) Reason for discharge.
25. Are you at present a member of and in receipt of pay and allowances from any Canadian naval or land forces? If so, give unit.
26. Did you at any time serve at the front in an actual theatre of war? If so, give particulars of one unit in which you served at the front, and dates of such service with that unit.
27. (a) Are you receiving treatment from the Department of Soldiers' Civil Re-establishment?
(b) If so, are you in receipt of full pay and allowances from that Department?

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

Signature of Applicant: *Emanuel Anderson* ✓

Place of Residence: *Chase P.C.*

Declared before me at: *Witley Camp*

This *twelfth* day of *April* 19*19*

Signature of Barrister of the Supreme Court Stipendiary Magistrate, Notary Public, Justice of the Peace, or Commissioner for the Administration of Oaths under P.C. 2767, dated 11th Nov., 1918.

✓
"QUESTIONS 12-13-14-20-24-25
26 & 27 ARE UNANSWERED"

W. H. ...

POST DISCHARGE PAY.

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

Certified Correct.

District Paymaster.

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

Officers and Other Ranks leaving the service for reasons other than medical unfitness are to be reported on this form. Where there is evidence of any undetermined or progressive disability, this form will not be used, but the case will be referred to a Medical Board for completion of M.F.B. 227.

No. 2020408 Rank Pte. Surname ANDERSON Emanuel
(Give name in full)

Unit or Corps 29th Gen Battn Birthplace Farholm, Sweden

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

1. GENERAL DESCRIPTION:

Physique good Weight 129 lbs. Height 5'6 in. Colour of Eyes blue
 Nutrition good
 Pulse 72 regular
 Condition of arteries soft
 Vision Rt. 9/12 Left 9/12
 Hearing (conversational voice) Rt. 21 ft.
 Left 21 ft.

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

Opinion as to general health and physical condition good

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

Nervous System no Genito Urinary System no Cardio-Vascular System no
 Special Senses no Integumentary System no Respiratory System no
 Disturbance of mentality no Muscular System no Digestive System no
 Osseous and Joint System no Any other general condition no

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

EXAMINATIONS.

THIS SECTION FOR USE OVERSEAS—

Examined at Witley (Overseas)

Date 14.4.19 Signed C. Bank M.O.
capt

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

Signature E. Anderson

(If not satisfied, M.F.B. 227 will be completed by Medical Board.)

THIS SECTION FOR USE IN CANADA—

Examined at.....(Canada)

Date SignedM.O.

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

Signature

(If not satisfied, M.F.B. 227 will be completed by Medical Board.)

(This space to be used, if necessary, in connection with Section 3, overleaf, only.)

JB

[OVER]

LTR

Rank _____ Name ANDERSON, Emanuel Reg'l No. 2020408
 Unit _____ If in perm. Corps, }
 4th Dft, 1st Dep Bn B. C. Regt 10 16th Res Bn } What Unit?
 Married or Single Single.
 Place and Date of Enlistment Vancouver, Nov, 20th, 1917. Place of Birth Jemton, Sweden.
 Name and Address, Next-of-Kin Emil Anderson
 Gen. Del. Chase, B.C. Relationship Brother.

Assigned Pay Monthly \$ _____ Payable to _____

Separation Allowance \$ _____ Payable to _____

N/E. R.B. No. 20644
 File R.L. _____
 Category C.F.C. 20

Discharge, Date and Place _____ Reason _____ Character _____

H. W. V., Ld.-11319-17.

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS Taken from Official Documents.
Date.	From whom received.				
		Arrived in England		31-12-17	S/S Missanabie
2-1-18	16th Res Bn	S/S on arrival in England	See CHUK	1-1-18	Pro. 2.
15-2-18	"	S/S to 1st Res. Bn.	A.F.B. 4000	15-2-18	— 469 1st Res Bn Pro 39 D/N 1/19
11-4-18	12th Res	S/S to 29th Bn	21 APR 1918	11-4-18	Pro 087 29th Bn Pro 35 D/15 1/18
		29 BATT DO 20 D. 13, 4, 19			
		PROC TO, ENG 10, 4, 19			
		M WING, CCC. DO: 2. D, 12, 4, 19			
		TCS. 11. 4. 19			
10-5-19	M Wing bbl	S/S to Canada	Witley	10-5-19	Pro 30

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) ANDERSON E
REGIMENT 29th BATTN RANK PTE No. 2020408

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

DIRECTIONS TO DENTAL OFFICERS

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



PRESENT DENTAL REQUIREMENTS

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

See

FOR A, D, B, H, M, D, NO. 11

HAS HE EVER REFUSED DENTAL TREATMENT? No

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

- (a) In Canada
- (b) In England Yes
- (c) In France

Signature of Dental Officer *[Signature]*

THE UNIVERSITY OF CHICAGO
DEPARTMENT OF CHEMISTRY

AMERICAN
1944
1010000

AMERICAN
1010000

AMERICAN
1010000

AMERICAN
1010000

AMERICAN
1010000

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

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

500M.—9-16
H. Q. 1772-30-9-0.

Casualty Form—Active Service.

Unit, Regiment or Corps ^{4th Draft} 1st Depot Bn 26th Regiment

Regimental No. 2020408 ✓ Rank. Pte Name. Anderson Emanuel

Enlisted (a) 20/11/1917 Terms of Service (a) C. E. F. 6-6-7-1917 Service reckons from (a) 20/11/1917

Date of promotion to present rank } Date of appointment to lance rank } Numerical position on roll of N. C. Os. }

Extended. Re-engaged. Qualification (b) Civil: Farm Hand Military

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
		Embarked	John A. B. B-12-17		
		Disembarked ✓	Glasgow	3/12/17	
2 - JAN 1918	16th Reg Bn	Embarked for France Taken on strength ✓	Leaford	1 - JAN 1918	M 200. 2.
15/2/18	16th Res Bn	Posted to 1st Res Bn ✓	Leaford	15/2/18	M 200. 46.
15/2/18	1st Res Bn	TAKEN ON STRENGTH OF 1st CAN. RES. BATTN. ✓	Leaford	15/2/18	M 200. 39.
4. 18	1st Res.	PROCEEDED ON DRAFT TO... 9th BATT ✓		11.4.18	Pt II 87. M
14.4.18	2 CND	An. Reinf + LOS 29th Bn	France	12.4.18	D 35 dt 15-4-18
16-4-19	CERC	Left for CERC ✓		14.4.18	W.
10-6-18		Left for 24th Bn ✓		16-4-18	
				10-6-18	W.

CERTIFIED CORRECT
4.25 APR 1918
CAN. RECORDS DIVISION

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

Army Form - Active Service

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
15-6-18	OC 29	Am. 29th Bn	FD	11-6-18	B. 213
8-3-19	"	Wanted leave to UK, 3-3-19 to		17-3-19	SD 14 dt. 19/3/19
22-3-19	Do	Returned from leave		19-3-19	B213
		Proceeded to England			N/R DO.
					<p>inward</p> <p>Captain</p> <p>In H. C. B. A. A. G.</p> <p>Canadian Section</p>
					<p>S.O.S. OF O.M.F.C. ON PROCEEDING TO CANADA</p> <p>for discharge D.O.(30) 10-5-19.</p> <p><i>A. D. Martin</i> LIEUT.</p> <p>FOR OFFICER COMMANDING,</p> <p>"M" WING, C.C.G.</p> <p>* T.O.S, No 11 D, D, 10 MAY 19</p> <p>S, O, S, C, E, F May 24-19 T Area</p> <p>No 11 dd DO 148 May. 28-19</p> <p><i>Sgt O. Jones</i> Lieut.</p> <p>Asst. Adjutant, District Depot, M. D. XI</p>

Hastings Park,
Vancouver, B.C.,
1919.

MAY 24 1919

This is to certify that the physical
condition of the within named man has not changed
since date of Overseas Board herewith attached.

Capt., C.A.M.C.

W. L. L. L. L.

MAY 24 1919

W. B. Taylor

LIST OF DISCHARGE DOCUMENTS.

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

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

Group.....
 Checked by No.
 Date..... 7 MAY 1919

SHORT FORM.
 PROCEEDINGS ON DISCHARGE.
 (Demobilization.)

W.S.B. Class A.
No. 1
D.A. T.
O.G. 1.

1. No. <i>202048</i>	WAR SERVICE BADGE CLASS 4A 305428
2. Rank. <i>PLB</i>	M
3. Name. <i>ANDERSON EMANUEL</i>	H
4. Unit. <i>29th BATTALION</i>	
5. Date of Discharge <i>May 24th</i>	Place <i>Vancouver B.C.</i>
6. Reason for Discharge <i>DEMobilisation.</i>	
7. Authority. <i>No 11 dd DO 148 May. 28-1919</i>	
8. Proposed Residence after Discharge <i>General Kelowna Chase, B.C.</i>	
<p>9. CERTIFICATE TO BE SIGNED BY SOLDIER.</p> <p>I hereby acknowledge that at the undernoted place and date I received my discharge Certificate</p> <p>M. F. W. ? <i>39</i></p> <p style="text-align: right;"><i>E. Anderson</i> Signature of Soldier.</p>	
<p>10. CONFIRMATION.</p> <p>The discharge of the above named man is hereby confirmed.</p> <p>Place.....</p> <p>Date.....</p> <p style="text-align: center;">Dispersal Station MAY 24 1919 Military District No. 11</p> <p style="text-align: right;"><i>H.A. Anderson Capt.</i> (O. C. Discharging Unit.) <i>S. B. Bond</i> 4. 11. 1920</p>	

* Strike out whichever inapplicable.

ASSIGNED PAY.	ENGLAND OR CANADA.	SEPARATION ALLOWANCE.	ENGLAND OR CANADA.	NAME:- ANDERSON Emmanuel		
EFFECTIVE DATE:-		EFFECTIVE DATE:-		NUMBER:- 8070408		
AMOUNT:-		AMOUNT:-		PARTICULARS OF RANK OR APPOINTMENT		
NAME, ADDRESS, RELATIONSHIP & AUTHORITY { WHEN PAYEE OF A.P. IS THE SAME AS PAYEE OF S.A. THE WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE.				AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
				UNIT AND TRANSFERS		
				ORIGINAL UNIT:- 1 Depot Bn.		
				DATE ACCOUNT FIRST OPENED - 1/15/17		
				AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'S'F'D
					1/15/17	12.6.18
					1/6/18	20/6/18
						79 Bn.
						Canada Sect

DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT
2nd 14	101	29 Bn	365			L.P.C Bally	22032
14th	422	Witley	4867				
			5732				

DAILY RATES OF PAY AND ALLOWANCES				
AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
	1	10		

PARTICULARS OF RENDERING NON-EFFECTIVE:- **Trans K Ban 30th 79 NR 6988 17th 79 Witley 6 B'shott MD 11**

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
1918									67 54	60	
2/3/18	balance bk forward										
April	P. Pay	33		Apr 159 1 Dep Bn 11/4/18	4 21						
				" 227 79 Bn 24/4/18	3 57				92 10	75	
May	P. P.	33 - 34 10		Apr 403. 16/5/18. c.c.x.c.	4 46				121 74	90	
					4 46						
June	L. Pay	33		Apr 662 17/6/18 66 R.B	3 57						
				* 6809 22/6/18 1st M. Camp	3 57				247 60	105	
		33			7 14						
July	P.P.	34 10		Apr 240- 29 Bn. 1/7/18.	3 57						
				Apr 152- ✓ 18/7/18	16						
				Apr 288- ✓ 13/7/18	4 46						
				Apr 343- ✓ 27/7/18	3 57				169 94	120	
		24 10			11 76						
Aug	P. P.	34 10							204. 04	135	
		34 10									
Sep.	P. P.	32		Apr 479- 29 Bn. 31/8/18	7 14						
				Apr 914- 6 P. Bn. 15/9/18	3 57						
				Apr 1142- 29 Bn. 26/9/18	3 57				222 76	150	Europe
		33			14 28						
Oct.	M. P. + a.	34 10		Apr 1609 17/10 6th B. B.	3 73						
				Apr 2330 29/10 29 Bn	3 73				249 40	165	
		34 10			7 46						
Nov	P. P.	33		Apr 2747 14/11 29 Bn	3 73						
Dec	"	34 10		" 3551 76/11 ✓	13 06				299 74		
Jan	"	34 10		" 3864 18/12 ✓	6 49				327 32	210	
		101 20			23 28						

NUMBER 2020408 RANK

PP

NAME ANDERSON, E

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
Jan	Balance Forward								327 32	210	
				AR 4201 14-1-19 29bu	503						
				" 5051 27-1-19 "	373						
				✓ 5285 14-2-19 ✓	373						
Feb	PP	6490							379 73		
				donk. 43649 3/3/19 C.A.P.C	121 67				758 06		
				✓ 47676 12 ³ / ₁₄ ✓	973				248 33		
				✓ 49513 14 ³ / ₁₉ ✓	1460				233 73		
				AR 6851 21 ³ / ₁₉ 29bu	265				230 08		
		6490			167 14						
Apr	PP	33							263 08	755	
	Int on Def Pay	956							272 64		
				AR 101 2-4-19 29bu	365				268 99		
				472 14-4-19 ✓	4867				220 32		
				1629 4-5-19 ✓	973				210 59		
		4256			62 05						

S.O.S. to Canada 10⁵/₁₉ MD " SL 6 " 8 CR

Olympic 165/19
 PROMOTIONS, REDUCTIONS AND REVERSIONS AFFECTING
 DAILY RATE OF PAY AND ALLOWANCES

REGT. NO. *2020408* RANK *1st Lt* NAME (IN FULL) *ANDERSON, E.*

M. OR S. _____

IS SEPARATION ALLOWANCE PAID? *No* DATE EFFECTIVE _____

TO WHOM PAID _____ RELATIONSHIP _____

ADDRESS _____

RELATIONSHIP _____

PARTICULARS *Employed L.P.C. ad to* EFFECTIVE DATE *30/4/19* AUTHORITY _____

ORIGINAL UNIT C.E.F. _____

IF IN P.F. WHAT UNIT? _____ (BLOCK LETTERS SURNAME FIRST)

PLACE OF ATTESTATION _____ TRANSFERRED TO _____ DATE _____ AUTHORITY _____

DATE OF ATTESTATION _____ TRANSFERRED TO _____ DATE _____ AUTHORITY _____

ASSIGNED PAY \$ *ditto* DATE EFFECTIVE _____

PAYABLE TO _____ RELATIONSHIP *G.P.O. Chas B.C.* ANY CHANGE IN ASSIGNEE OR ADDRESS _____

ADDRESS _____

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE _____ EFFECTIVE _____

DISCHARGED *1st Lt* PLACE *X1* DATE *24/5/19* REASON _____ AUTHORITY _____

IF ENTITLED TO POST DISCHARGE PAY *yes*

BALANCE FROM PREVIOUS ACCOUNT

MONTH	PAY AND F.A.		OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS			CASH PAYMENTS			ASSIGNED PAY	REGI-MENTAL CHARGES	OTHER CHARGES	TOTAL DEBITS		BALANCE		PARTICULARS OR REMARKS
	NO. OF DAYS	RATE			AMOUNT	COL. NO. 1	COL. NO. 2	COL. NO. 3	COL. NO. 1	COL. NO. 2				COL. NO. 3	DEBIT	CREDIT	DEBIT	
<i>30/4/19</i>	<i>119</i>			<i>220 32</i>													<i>220 32</i>	
<i>30/5/19</i>	<i>30</i>	<i>110</i>	<i>33 00</i>	<i>35 00</i>	<i>68 00</i>	<i>CK</i>		<i>9 73</i>	<i>4 87</i>	<i>5 00</i>			<i>6 60</i>	<i>19 60</i>	<i>338 72</i>	<i>70 00</i>	<i>200 72</i>	<i>35th Ar clothing</i>
													<i>6 60</i>	<i>6 60</i>	<i>76 60</i>		<i>6th Ar clothing 6 days (a.o.p.)</i>	
	<i>122</i>	<i>days</i>		<i>280</i>	<i>280</i>								<i>76 60</i>	<i>76 60</i>	<i>20 340</i>			
							<i>June 20</i>	<i>809 505</i>	<i>63 40</i>					<i>63 40</i>	<i>140</i>			
							<i>July 24</i>	<i>825 707</i>	<i>70</i>	<i>3m</i>				<i>70</i>	<i>70</i>			
							<i>Aug 14</i>	<i>114 80 24</i>	<i>70</i>	<i>7</i>				<i>70</i>	<i>70</i>			
				<i>280</i>										<i>280</i>				

Certified that all payments have been made on this account for which covering authority has been received.

[Signature]
 Lieut.,
 Paymaster, Demobilization Pay
 M.D. No. 11

War Service Gratuity
 Service *1* years *1* months

[Signature]
 Officer in Charge War Service Gratuity
 M.D. No. 11