REGIMENTAL DOCUMENTS

NAME Anderson, Fredolph REGT. NO. 2246097 UNIT Fort Depot H. Q. FILE NO.

S	CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
1	ATTESTATION PAPER (M.F.W. 23, 133, or 51)					DEATH
2	CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category
	TRAINING HISTORY SHEET (M.F.W. 113)					
1	FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
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2	MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
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1	DMS 1375					
1	NFW 192					
1	" 2571					
1	M.F.W. 67					
1	[illegible]					
1	Cap card					
1	[illegible]					16-27
1	[illegible]					24-27
	Paysheets					30-28
						1

W 2589
100M-11-18
1772-39-1377

FORESTRY DEPOT M. D. 5.

ATTESTATION PAPER.

No. 2246097

Folio. Original

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname? ... Anderson,
1a. What are your Christian names? ... Fredolf
1b. What is your present address? ... 14 Studly St, New Bedford Mass,
2. In what Town, Township or Parish, and in what Country were you born? ... Mundale, Sweden,
3. What is the name of your next-of kin? ... Susana Anderson,
4. What is the address of your next-of-kin? ... 14 Studly St, New Bedford Mass,
4a. What is the relationship of your next-of-kin? ... Wife,
5. What is the date of your birth? ... 14th, December 1888
6. What is your Trade or Calling? ... Carpenter and Woodsman,
7. Are you married? ... Yes,
8. Are you willing to be vaccinated or re-vaccinated and inoculated? ... Yes,
9. Do you now belong to the Active Militia? ... No,
10. Have you ever served in any Military Force? ... No,
If so, state particulars of former Service.
11. Do you understand the nature and terms of your engagement? ... Yes
12. Are you willing to be attested to serve in the Canadian Over-Seas Expeditionary Force? ... Yes
13. Have you ever been discharged from any Branch of His Majesty's Forces as medically unfit? ... No,
14. If so, what was the nature of the disability? ... Nil,
15. Have you ever offered to serve in any Branch of His Majesty's Forces and been rejected? ... No,
16. If so, what was the reason? ... Nil,

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Fredolf Anderson, ..., do solemnly declare that the above are answers made by me to the above questions and that they are true, and that I am willing to fulfil the engagements by me now made, and I hereby engage and agree to serve in the **Canadian Over-Seas Expeditionary Force,** and to be attached to any arm of the service therein, for the term of one year, or during the war now existing between Great Britain and Germany should that war last longer than one year, and for six months after the termination of that war provided His Majesty should so long require my services, or until legally discharged.

Fredolf Anderson (Signature of Recruit)

Date 10th, January, 1918, 191 . [signature] (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Fredolf Anderson, ..., do make Oath, that I will be faithful and bear true Allegiance to His Majesty **King George the Fifth,** His Heirs and Successors, and that I will as in duty bound honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity, against all enemies, and will observe and obey all orders of His Majesty, His Heirs and Successors, and of all the Generals and Officers set over me. So help me God.

Fredolf Anderson (Signature of Recruit)

Date 11th January, 1918 191 . [signature] (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 Levis P.Q. this 11th day of January, 1918.

[signature] Captain

ADJUTANT, FORESTRY DEPOT M. D. No. 5. (Signature of Justice)

M. F. W. 23.
750 M.—1-17.
H. Q. 1772-39-841.

N.B.—ATTENTION IS DRAWN TO THE FACT THAT ANY PERSON MAKING A FALSE ANSWER TO ANY OF THE ABOVE QUESTIONS IS LIABLE TO A PENALTY OF SIX MONTHS' IMPRISONMENT.

Description of Fredolf Anderson, on Enlistment.

Apparent Age 29 years ..... months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height		5 ft. 8 ins.
Chest measurement.	Girth when fully expanded	33 ins.
	Range of expansion	2 ins.
Complexion		Fair,
Eyes		Brown,
Hair		D. Brown,
Religious denominations.	Church of England	
	Presbyterian	
	Methodist	
	Baptist or ~~Congregationalist~~	Bapt,
	Roman Catholic	
	Jewish	
	Other denominations (Denomination to be stated.)	

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

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

B II

Tatoo marks on both arms

D20 Both eyes

Hearing slight reduction

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 11th January, 1918. H. Laurie Capt,

Place Levis Armoury, P.Q. C.A.M.C.
Medical Officer.

*Insert here "fit" or "unfit."

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

.....

.....

.....

.....

CERTIFICATE OF OFFICER COMMANDING UNIT.

Fredolf Anderson, having been finally approved and inspected by me this day, and his Name, Age, Date of Attestation, and every prescribed particular having been recorded, I certify that I am satisfied with the correctness of this Attestation.

H. R. Stevens Capt. (Signature of Officer)
O.C. Forestry Depot, M.D. No, 5,

Date 11th January 1918, 191 .

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 2246097 (Rank) Private.

Name (in full) ANDERSON Fredolf. enlisted in

the Forestry Depot M.D. 5.

CANADIAN EXPEDITIONARY FORCE at Levis, Que. on the 11th.

day of January 19 18.

HE served in ENGLAND

and is now discharged from the service by reason of Demobilization

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

Age 30 years 3 months

Height 5 feet 6½ inches

Complexion Fair

Eyes Brown

Hair Dark brown

Marks or Scars Tattoo left hand and arms.

F. Anderson
Signature of Soldier

H B Fisher Lieutenant.
Issuing Officer
Officer I/c Discharge District Depot No. 4.

March 13th, 1919.
Date of Discharge

Rank

Appointment

Signed at Montreal, Que. this 13th. day of March 19.

in Military District No. 4

File Reference No. DD4 19-A-228

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.

GJ.

M. F. W. 39a
200m.—2-18.
H.Q. 1772-39-882

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

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

Unit .....

Address on Discharge .....

Character and Conduct .....

.....

Former Occupation .....

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

.....

Medals and Decorations .....

.....

Remarks .....

.....

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

.....

Name of Officer

.....

Rank

.....

Appointment

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

To be made out in duplicate.

FORESTRY DEPOT M. D. 5.

H.Q. 54-21-23-53

Duplicate

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..... Forestry Depot, M.D. No.5,

(2) Regimental Number 2246097

(3) Full Name of Soldier..... Frödolf Anderson,

(4) Place of Birt ..... Mundale, Sweden,

(5) Are you married, or not ? ..... Married,

(6) If married, state,
(a) Full name of your wife..... Susana Anderson,

(b) Present Postal Address..... 14 Studly St, New Bedford Mass,

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

(8) Have you any children ?..... No,

If so, give number of boys and girls..... ---

Also their names and ages..... ---

M. F. W. 67.

500M.—9-16.
1772-39-954.

(SEE OTHER SIDE.)

(9) Is your Father alive ?..... No. .....

If so, state name and address ..... Dead. .....

(10) Is your Mother alive ?..... No. .....

If so, state name and address..... Dead. .....

.....

(11) If your Mother is a widow..... ---- .....

Are you her sole support, or not ?..... ---- .....

(12) If sole support of widowed mother, state what amount you have given her per month prior to your enlistment, also reason she has no other support than yourself.

..... 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.

..... This Has been done. .....

(15) Are you insured ?..... Yes. .....

If so, in what Company ?.. Metroplitan, and Prudential Ins, Coys .....

Have you made arrangements for payment of your Insurance premium..... Yes. .....

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

- W. R. Swins Capt.
Officer Commanding.

Date..... 11th Janaury 1918 Forestry Depot, M.D. No,5,

M.F.W. 44
154 (D.P.) 150M-2-19.
1772-39-903.

CANADIAN EXPEDITIONARY FORCE.

LAST PAY CERTIFICATE

Regimental No. 2246097 Rank. Pte Name. Anderson Fredolf
(Surname first)

Unit C.F.C. who was* discharged

On 12-3-19 191....., to.....
*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from 1-3-19 to 13-2-19 191...
the inclusive date of transfer or discharge.

Dr. L P&C

	Dr.	Cr.
Bal. Dr. or Cr. from prev. month	40 00	
Regimental Pay 40 days at $ 1.00 c		40 00
Field Allowance 40 days at $ .10 c		4 00
Separation Allowance		12 00
Clothing Allowance		35 00
Post Discharge Pay		100 00
*Other Credits Subs D.O. 55		12 00
Advances		
Separation Allowance and Assigned Pay Cheque No. 23779	18 00	
*Other Charges 1st mo W.S.S.A. 23779	30 00	
Balance on transfer or on discharge, cheque No. 24496	114 72	
Total	203 00	203 00

*Give particulars.

A monthly stoppage of $ 15 (†) has (‡) been paid on account of

Assigned Pay for the month of to dis 12-3 191.....
and Separation Allce. for month of to dis 12-3 191.....

(to) Assignee Mrs Anderson

(Address) 14 Study St New Bedford Mass- U.S.A.

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

ON TRANSFER OF AN OFFICER.

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

REMARKS:—

State (1) date of enlistment 11-1/ 18 married or single.....

(2) Separation Allowance, entitled or not Yes (3) Reason for discharge.....

(4) Authority for discharge or transfer D.D.4-19 A 238

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

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

Date .....

Place .....

CAPTAIN-PAYMASTER

Paymaster.

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

CREDITS, ADVANCES, Etc.

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

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

Form D M S. 1394
5M-10-10-17.

PROCEEDINGS OF A MEDICAL BOARD.

Dated at Seaming dale 8/3 1918.

No. 2246097 Rank Private Name ANDERSON Fredolf

Local Unit C.F.C. Overseas Unit Age 29

Examination held at Smiths Lawn

DISABILITY.
Overseas-Local
(scratch one out).

PRESENT CONDITION.

BOARD RECOMMENDS:-

1. Fit for Duty .....
2. Fit for duty after ..... weeks' physical training.
3. Fit for Temporary Base Duty ..... weeks
4. Fit for Permanent Base Duty .....
5. Discharge .....

Signatures:-

Members (..... President.

APPROVED

Dated ..... 191 . ..... For A.D.M.S.

B 7 ?

D.M S. 1375.

Medical Examination upon leaving the Service

of an Officer fit for general service or a Soldier fit for duty.

☛ *Officers leaving the Service upon being found unfit for general service by a Medical Board, and Soldiers leaving the Service upon being found otherwise than fit for duty by a Medical Board, are not to be reported on this Form.*

Rank PRIVATE. Name FREDOLF Surname ANDERSON

Unit or Corps C.F.C. (If a soldier) Regtl. No. 2246097

Born at MUNDAL. SWEDEN on, date 10th DECEMBER 1868

Signature (for identification) Fredolf Anderson

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

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

Weight 128 lbs.

Height 5 ft. 6½ ins.

normal

2. NUTRITION AND DIATHESIS? normal

After searching inquiry and thorough examination is any evidence found of disease or impairment of the parts indicated below? If so, describe.

3. NERVOUS SYSTEM? normal

4. RESPIRATORY SYSTEM. normal

5. HEART?

Abnormal Sounds? nil normal

Abnormal Size? nil

Pulse Rate? 72 Intermittence or irregularity? nil

6. ARTERIES.—Any hardening? nil

7. DIGESTIVE SYSTEM? normal

8. GENITO-URINARY SYSTEM? normal

Urinalysis—S.G.? 1015 Reaction? acid Albumen? nil Sugar? nil

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

10. Is there any evidence of impairment of health or physical condition not mentioned above? If so, describe. normal

11. Opinion as to the health and physical condition of the one examined? normal

Examined at Lumsden Signed E C Brecbourght M.O.

Date Jan 10/17 Signed W Howard Butler M.O

☛ *If any disease or impairment of health or physical condition is discovered, this report should be sent at once to the O.C. concerned for the Officer or Soldier to be sent before a Medical Board for regular boarding.*

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

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

No. 224607 Rank pte Surname Anderson
(Given name in full) Ralph

Unit or Corps D D 4 Birthplace Inverness

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

1. **GENERAL DESCRIPTION:**

Physique good Weight ....lbs. Height ....ft.....in. Colour of Eyes.....

Nutrition good

Pulse 76

Condition of arteries normal

Vision Rt. 20/ Left 20/

Hearing (conversational voice) Rt. 21 ft.

Left 21 ft.

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

scar left hand & arm

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.

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

[OVER]

EXAMINATIONS.

THIS SECTION FOR USE OVERSEAS—

Examined at ..... (Overseas)

Date ..... Signed .....M.O.

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

Signature .....

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

THIS SECTION FOR USE IN CANADA—

Examined at Montreal (Canada)

Date 8/3/15 Signed A. E. Thison M.O.

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

Signature Fredolf Anderson

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

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

[OVER]

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

C.A.D.C. 5009A

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

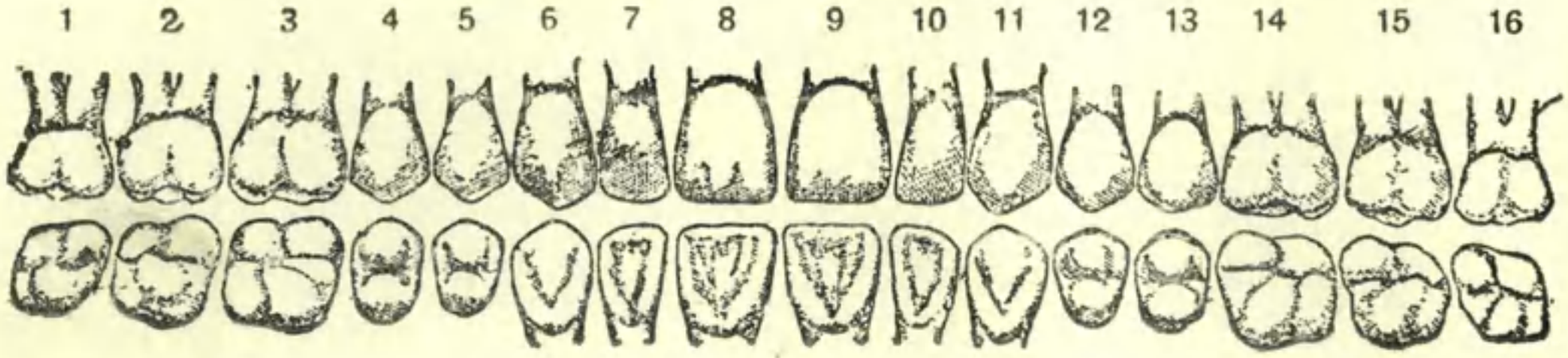
DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) ANDERSON J

REGIMENT C.F.C. RANK Pte. No. 2246097

Date of Examination in England 24/1/19. | 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 15. 4.
2. EXTRACTIONS none
3. CROWNS none
4. DENTURES
   - (a) Full Upper
   - (b) Part Upper
   - (c) Full Lower
   - (d) Part Lower

   } none

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 R Jamieson Capt

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

DISTRICT 4

NAME OF SOLDIER Anderson

REGIMENT C of C

RANK

No. 224609

M.F.B. 465
150M-10-18
1772-39-950

INSTRUCTIONS

X to be extracted
M are missing

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

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

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

	Date		Amalgam	Temporary Filling (a) G. P. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhœa	Synthetic Porcelain	Extracting	DENTURES U	DENTURES L	DENTURES P	Gold Clasp	Gold Filling	CROWNS Gold	CROWNS Porcelain	Bridge Work	Prophylaxis	OPERATOR	Military District	REMARKS
Condition on first Examination	1919																							Cavities
Sort	Nov	6																				R Simpson		Extractions for discharge

RAILWAY CONSTRUCTION & FORESTRY D FORESTRY DEPOT M. D. 5. 2246 1/2 C 7

MEDICAL HISTORY SHEET

Surname Anderson, Christian Name Fredolf, Original

Examined on 11th day of January 191 8 at Levis Armoury, P.Q.

Birthplace City or Town Mundale County Sweden,

Apparent age 29

Trade or occupation Carpenter,

Height 5 feet 6½ Inches

Weight 128 lbs.

Chest measurement Minimum 33 inches Maximum expansion 35 inches

Physical development

Small-pox Marks

Vaccination Marks Arm Right Left Number 1

When Vaccinated last 10-1-18

(a) Marks indicating congential peculiarities or previous disease

(b) Slight defects but not sufficient to cause rejection

Vision D10 Both. Eyes
Hearing - Slight deafness

Approved by F. Macrae Capt

B II

Rank C.A.M.C M.O.

Date	Fit or Unfit	Examined for Re-Engagement	
11/3/18	A	J. Macrae Capt C.A.M.C	M.O.
			M.O.
			M.O.
			M.O.
			M.O.
			M.O.

Date	Result	Vaccinations	
10-1-18		F. Macrae	M.O.
			M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.	
12-1-18		F. Macrae	M.O.
19/1/18	10K.	Ford.	M.O.
26/1/18	O.K.	Ford	M.O.

Enlisted on 10th day of January 1918 191 at Levis Armoury, P.Q.

	Corps	Regt'l Number	Habits	Date
Joined on enlistment	Forestry Depot, M.D. No,5,	~~2246095~~		10-1-18
Transferred to	R. C. & F. Depot, Brockville, Ont.	2246097 ~~2246095~~		JAN 15 1918

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

Station	Date	Disease	Result
Brockville	12-2-18	A II	Eft Williams for Pres SMB.
Lansdowne	10/1/19	Sent	a2 EC Rusborough
Montreal	8/3/15	mic	A 2

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

M. F. B. 313.

300M.—1-17.
H. Q. 1772-39-439.

Surname Anderson Christian Name Rudolf

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

Form R 122.
8750—15M—25-4-17.

TW. Rank Name ANDERSON.Fredolf. Reg'l No. 2246097.

Unit No 6 For Dft Brockville If in perm. Corps, What Unit? Married or Single Married.

Place and Date of Enlistment Levis.P.Q. 10th Jan.1918. Place of Birth Mundale.Sweden.

Name and Address, Next-of-Kin Susana Anderson.
14 Studly St.New Bedford Mass.U.S.A.

Relationship Wife.

Assigned Pay Monthly $ Payable to

Relationship

Separation Allowance $ Payable to

Relationship

R.E. R.B. No. ~~14812~~ 6387
File R.L.
Category Lewis P

Discharge, Date and Place Reason Character

H. W. V., Ld.—11319-1".

Report. Date.	From whom received.	Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS Taken from Official Documents.
	C	Arrived in England		4-3-18	S/S MEGANTIC
6.3.18	B.D.C.F.C.	T.O.S. from Canada	Pte	S'dale	4.3.18 Part II 056
18.5.18	"	S.O.S to 53 Batt	"	"	18/5/18 " 119. (53 Batt C.F.C. O.R. 32d 24/5/18)
12.9.18	5~~4~~ Batt C.F.C.	T.O.S. from 53 Batt	"	Alton	29/8/18 " 40 (53 Batt. C.F.C. O.R. 37d 6.9.18.
31.12.18	—" —	S.O.S. to Base Depot.	"	"	27/12/18 " 57. (B.D.C.F.C. O.R. II 309d 30/12/18.
31-1-19	B.D.C.F.C.	S.O.S. to C.C. Rhyl 4T5	"	S'dale	30-1-19 Part II No 31.
17-2-19	4T5 M.D.C.W.	S.O.S " C.E.F. Canada.	"	RHYL.	10-2-19 " " " 42

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.					

DEPARTMENT OF MILITIA AND DEFENCE.

WAR SERVICE GRATUITY.

OTTAWA, CANADA.

A-1227

MILITARY DISTRICT No. 4 MAR 14 1919 M.D. 4

Pay Office M.D. 4 MAR 14 1919 MONTREAL.

OFFICE APR 11 1919 Military District No. 4

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

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

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

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

1. Christian names Fredolf 2. Surname Anderson
3. Rank Pte 4. Original Unit C F C 5. Reg. No. 2246097
6. Address, in full, to which future payments of gratuity are to be forwarded 14 Studley St New Bedford Mass U S A
7. Date of enlistment in the C.E.F. 11th June 1918
8. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge Mrs F Anderson
9. Relationship of such dependent Wife
10. Address, in full, of such dependent 14 Studley St. New Bedford Mass U S A
11. Is said dependent now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier ? N.O
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:— England March 1918 — Feb 1919 C F C
13. Were you on the strength for pay and allowances of the Clearing Services Command, having been at any time on duty outside of Canada or the United States ? No
14. Were you on active service only in Canada or the United States ? If so, give particulars of unit and dates of such service Not applicable
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 yr 3/12 yrs
Canada Jany 1918 — March 1918 C F C
England March 1918 — Feb 1919 C F C
16. Were you at the time of enlistment a civil employee of the Dominion Government? If so, state Department N.
17. Were you a member of the Permanent Force at the time of enlistment in the C.E.F.? No

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

18. Have you had more than one enlistment? If so, give particulars of discharges and re-enlistments, and under what regimental numbers and units ..... No .....

19. Have you already received any payment of Post Discharge Pay or War Service Gratuity? If so, state amount you and your dependents have already received and by whom paid ..... One months Gratuity with discharge .....

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 ? ..... No .....

24. Are you now serving in the C.E.F.? ..... No ..... If not, give:—(a) Date of discharge March 13th 1919 ..... (b) Reason for discharge ..... demob. .....

25. Are you at present a member of and in receipt of pay and allowances from any Canadian naval or land forces? If so, give unit ..... No .....

26. Did you at any time serve at the front in an actual theatre of war? If so, give particulars of one unit which you served at the front, and dates of such service with that unit ..... No .....

27. (a) Are you receiving treatment from the Department of Soldiers' Civil Re-establishment? ..... No .....

(b) If so, are you in receipt of full pay and allowances from that Department ? ..... No .....

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

Signature of Applicant: Fredolf Anderson

Place of Residence: 14 Study St. New Bedford Mass U S A

Declared before me at: Montreal

This 13th day of March 19..19

Signature of Barrister of the Supreme Court Stipendiary Magistrate, Notary Public, Justice of the Peace, or Commissioner for the Administration of Oaths.

Robert Black

Commissioner of the Superior Court for the District of Montreal,

POST DISCHARGE PAY.

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

Certified Correct.

District Paymaster.

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

M. F. W. 54. (A. F. B. 103.
350M.—5-16
H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps. Forestry Depot, M.D. No,5,

Regimental No. 2246097 Rank Private Name Fredolf Anderson,

Enlisted (a) 10-1)18 Terms of Service (a) C.E.F. C.E.F. P.O.W. Service reckons from (a) 10-1-18

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

Extended ..... Re-engaged ..... Qualification (b) Military Mil Carpenter,

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
Transferred to		R. C. & F. Depot, Brockville, Ont.	JAN 15 1918		
		Embarked H.M.T. Megantic	Halifax	20-2-18	
		Dis "	Liverpool	4-3-18	
6-3-18	O.C.C.F.C.	T.O.S. BASE DEPOT C.F.C. SUNNINGDALE 4-3-18 PT. II. DO. NO 56. on draft from Canada ..... C.F.C.			
18.5.18	Do	S.O.S BASE DEPOT C.F.C. SUNNINGDALE 18.5.18 PT. II. DO. NO 119. on posting to Dist 53 (Co 125) [signature] Maj for O.C. C.F.C.			
24.5.18	Dist. 53	T.O.S. at Coy. 125 from B.D.	Egham	19.5.18	Pt 2 D.O. 22
6-9.18	"	S.O.S. on posting to 54 Dist.	" 74 Mt Edward	28.8.18	Pt II D.O 37. [illegible] & Adj. Dist 53. C.F.C.
12-9-18	Dist 54	T.O.S. Dist 54 Coy 125 on posting from Dist 53	Southampton	29-8-18	Pt II D.O. 40 Dist 54.
31.12.18	Do	S.O.S. Dist. 54 at coy 125 on posting to Base Depot.	Do [signature]	27.12.18	Pt. II D.O 57 " "

Lieut, & Adjt,
For O.C. No 54 District,
CANADIAN FORESTRY CORPS.

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

[P.T.O.

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
30-12-18.		C.C. C.F.C. T.O.S. Base Depot, C.F.C. Sunningdale 27.12.18 Pt. 11 D.O. 309 from 54 Dist 125 Co			[signature] Lt. & A/Adjt. For D.C. Base Depot, Canadian Forestry Corps.
30.1.19	B.D.C.F.C.	T.O.S. BASE DEPOT C.F.C. SUNNINGDALE 30.1.19 Pt. II D.O. 30 transfer ~~on posting to~~ C. C. Rhyl M.D.4 [signature] Lt. for O.C. B.D.C.F.C.			
		30/1/19 T.O.S. G.C.C. Kinmel Park for return to Canada Part II Order No.			
		8/2/19 S.O.S. G.C.C. Kinmel Park on Embarking for Canada Part II Order No			[signature] Lieut. Officer I/c Records No. 4 M.D. Concentration Wing
10-2-19.		Embarked for Canada Sailing 10. R.M.S. Royal George.			[signature] Capt. Adjt., No. 14, C.T.C.S.

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

M. F. W. 54. (A. F. B. 103.
500M.—9-16
H. Q. 1772-39-9-0.

Casualty Form—Active Service.

Unit, Regiment or Corps Forestry Depot # 0 M.S.

Regimental No. 2246097 Rank Pte. Name Anderson. J.
C. E. F.

Enlisted (*a*)..... Terms of Service (*a*)..... Service reckons from (*a*).....

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*)..... .....

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				
14/3/19	S.O.S.	Ducat Cat a.	D.D.#4	13/3/19	D.O. 73

Lieutenant,
Officer i/c Discharge Section, District Depot No. 4.

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

[P.T.O.

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				

*Name ANDERSON, Fredolf Rank Pte Regtl. No 2246097

Fyle Depot 19-A-228

Original unit C.F.C. #5 Present unit D.D.No.4 M. or X Age 30 Religion Bapt. Ref. H.Q

Port, ship, and date of arrival Halifax, N.S. "ROYAL GEORGE" 20-2-19.

Next of kin (W) S.Anderson, 14 Studley St., New Bedford, Mass. U.S.A.

Address on leave

Address on discharge

Transportation issued Yes / No Date Character on discharge

Previous occupation Carpenter Date and place of enlistment 11-1-18 Levis Army, Que

Diagnosis Date of Medical Boards

Date.	Remarks	Pt. 2 Order No.
24-2-19	T.O.S. from O/S 10-2-19. Posted to Cas.Coy 22-2-19.	
	Fur W/S to 8-3-19.	55-1.

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

(over)

Date.	Remarks.	Pt. 2 Order No.
15-3-19	SOS discharge R.O. 1420. Para. C. demob. effect 13-3-19 Cat. "A"	74

M.F.W. 192
150M—6-18.
1772-39-1243.

D.M.S. 1300-50M-21-11-17.

SURNAME	CHRISTIAN NAME OR NAMES	REG. NO.
ANDERSON.	F.	2246097.

RANK	UNIT	CO.	TROOP	BATTY.
Pte.	Forr. 53D.			

HOSPITAL — DATE OF ADMISSION

Bedford Mil. — 18-7-18.

1. ..... HOSP. .....

2. ..... OSP. .....

3. ..... HOSP. .....

4. ..... HOSP. .....

DIAGNOSIS

1. Influ'za. Rw.

2.

3.

DISPOSITION

C.I. 24-7-18. C270.
25.7.18. C2710

Dio. 20.7.18 DATE

REMARKS

A.M.D. 2 DEPT.
Bch. of D.G.M.S. O.M.F.C. London.

EPITOME OF HOSPITAL TREATMENT

HOSPITAL	ADM.
1.	
2.	
3.	
4.	
5.	
6.	
7.	

(160345). Wt. No. W8304/M2107. 34,813.
4,500,000. 9/17. P. & P., Ltd. 1777.

MORNING SICK REPORT
MEDICAL INSPECTION REPORT*

Army Form B 286

Unit C. F. C. Base Depot

Squadron, battery, or company "C. A." Cy

Station and date 4/4 1918

Regtl. No.	Rank and Name (Christian name in full; Surname first; M under name if married).	Completed Years of Age.	Completed Years of Service.	Religion.	If for duty†	Whether a defaulter.	Lines or barracks.	Room.	Disease.	Disposal. Medical Officer's remarks and signature.
2246097.	Pte Anderson F.	R. ear voice 25 ft.							Ear Report	L.
	AT for ears	L. " " 25 ft.							Tinnitus	W.D.

Both M.T. show some dullness
No perforations or discharge
W. G. Coulter
Capt. Amb

L. H. Robert
Captain,
Medical Officer
Base Depot, C. F. C., Sunningdale.

† State nature of duty for which warned. In the case of men for medical inspection, the reason, such as, "Soldiers for trial by Court-Martial," or "joining the station," &c., should be stated against their names.

* Strike out whichever is not applicable.

Orderly
N.C.O.

To be Discharged from Hospital to-morrow.

Unit.	Squadron, battery, or company.	Regtl. No.	Rank and Name.	

No. 2246097 RANK Pte. NAME Anderson, Fredolf

T. O. S. 10-1-18 UNIT Forestry Depot.
d.d. 12 of 12-1-18.

M. D. 5

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1918 Jan. 10	1918. Jan. 31	M.	Tmsfd. to Brockville 14-1-18	d.d. 14 of 14-1-18.

Form R. 149.

Fredolf.

Name ANDERSON Rank Pte Reg. No. 2246097

Unit C.F.C. 53 Dist.

Next of Kin U.S.A.

Date 1918		Movement	Place	Casualty	List No.	Notified N/K O.		W.O. List
18	7	Mil. H. Bedford	Influenza	C	270			21753.
22	7	Disc^d	do	C	271			6792

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List

REGT'L No. 2246097.

NAME Anderson, T.

H. Q. FILE No. 649.

RANK AND CORPS Pte. (5320) Canadian Corps.

FOLLOWS

NO.

FOLLOWS

CABLE		NATURE OF CASUALTY
NO.	DATE	

L. L. 26438. M. & D. 8207.

M. F. W. 42—50M.—8-17.
H. Q. 1772-39-893.

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
C270.	Mil: Bedford	18-7-18	Influenza
C271.	Disc.	22-7-18	"

Date of Enlistment

10-1-18.

MILITIA AND DEFENCE

Separation and Assigned Pay Branch A

OVERSEAS CONTINGENTS

2383

Date of Assignment

Feb 1-18

RATE OF SEPARATION ALLOWANCE

~~25.00~~	30 1-9-18		

P.6 2753
M.O. 45896.

RATE OF ASSIGNMENT

15.00			

Enlisted 10.1.18

PARTICULARS OF SEPARATION ALLOWANCE

No. 2246097

Rank Pte Promoted Reverted Discharge

Soldier's Name Fredolf Anderson

Battalion For. Dpo M.D. #3 #6 Dft Brockville

Beneficiary

Relationship MFW 2554 29/8

Address

PARTICULARS OF ASSIGNMENT

(wife)

Name Mrs Susannah Anderson,

Address 14 Studley Street,

Change of Address New Bedford. Mass. USA

1

2

3

4

2254-UK. 26/8/18.

REMARKS 0374. 7. 9

	Date	Cheque No.	Amount S/A	Amount A/P	Total		
26/3/18	Mar 1918	U 84650		30 +	30	R	+ O/d 25/3/18
	April	H 7285		15	15		S.A. from 10/1/18 auth. DPM.L. MD#3 28-3-18 J Baron
19/4/18	April	G 5039	93.		93.	.1.	.1. O/d 17/4/18 adj 10-1-18 to 30-4-18 MRO1 Ballet 17/4/18
17/5/18	May	H 6664	25	15	40	4781 R	(2nd order) MRO1B. allen 8/5/18
	June	Z 17465	25	15	40	R 8762	
	July	Z 18143	25	15	40		
	Aug	Z 30105	25	15	40		
	Sept	Z 43177	25	15	40		
	Oct	Z 57638	25	15	40		
	Nov	Z 72161	25	15	40		
	DEC	Z 87278	45	15	60		
	JAN 1919	Z 103059	30	15	45		
	FEB	Z 116974	30	15	45		
			373	195			

AUTHORITY FOR NEW ACC'T. R.A.F. 42.0. R. Armstrong 15.3.18

M. F. W. 128
400M.—6-17—177-39-1141
L. L. 22520—M. & D. 1433.

A/c Closed

Ret'd per ..... Fy. George.

Date 20-2-19 ..... M.F.W.187 25-2-19

M071449 Bombm. MD 4

CANADIAN ASSIGNED PAY ACCITED

D.P. Wells

AUDIT CLERK

DATE ..... 20-5-19 .....

M.R.O. 1a

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—1772-39-141
L. L. 22820—M. & D. 1493.

List of Discharge Documents.

Reg. Conduct Sheet,	Militia form	B. 263
Squadron / Battery / Company } Conduct Sheet,	"	B. 263a
or Field Conduct Sheet	"	W. 178
Copies of Convictions, by C. P.		in MS.
Med. Hist. Sheet,	Militia form	B. 313
Casualty Form	"	W. 54
Medical Report for Invalid§	"	B. 227
Dental History Sheet	"	B. 465
Last Pay Certificate	"	W. 44
Duplicate Discharge Certificate	"	W. 39A
‡Form of Will	"	W. 82

§Only if discharged "Medically unfit."

‡Only if man has not been overseas.

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

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

(a) Proceedings on Discharge.

(b) Attestation.

(c) Medical History Sheet.

Documents not accompanying this form should be crossed out.

I hereby certify that the following documents are unobtainable.

Officer Commanding.

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

This space to be for numbers. 73

Proceedings on Discharge.

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

No. 2246097

Rank Pte.

Surname ANDERSON

Christian name Fredolf

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

Corps (Squadron, Battery or Company) Forestry Depot M.D. 5.

Date of discharge March 13, 1919.

Place of discharge Montreal, Que.

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age	30 years 3 months.
Height	5 feet 6½ inches.
Complexion	Fair
Eyes	Brown
Hair	Dark brown
Trade	Carpenter
Intended place of residence (To be given as fully as practicable.)	14 Studly St. New Bedford, Mass. USA.

Descriptive marks

Tatoo left hand and arms.

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

R.O.1420 Para (C) Cat. A. Demob.

Authority for discharge.....

N.B.—The cause of discharge must be worded as prescribed in the King's Regulations and be identified with that on the character certificate. If discharged by superior authority, the number and date of the letter to be quoted.

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

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

N.B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldiers and the Officer Commanding his Squadron, Battery or Company.

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

M. F. B. 218.

200M.—5-18.
H. Q. 1772-39-113.

(OVER)

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

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

6. Medals and Decorations.....

To be copied by the Commanding Officer on to the parchment Discharge Certificate.

7. His account is correctly balanced, and signed by the Officer Commanding his Company, *(Squadron or Battery,* and I have impartially enquired into all matters brought before me in accordance with Regulations.

(Place).....

(Date).....

.....

Commanding.....

8. **Certificate to be signed by the Soldier on Discharge**

I hereby acknowledge that I received all my Pay, Allowances and Clothing, and all just demands, up to the present date, subject to the reservations of the claims noted on the third page, and that I have received my permanent discharge certificate.

(Place) Montreal, Que. F Anderson *(Signature of Soldier.)*

(Date) March 13, 1919. S. M. Sadler *(Signature of Witness.)*

When a soldier is absent through illness or any other cause and it is not desirable to forward these proceedings to him for signature, a manuscript copy should be sent for the man to sign, and when returned, should be attached here.

9. **Additional Certificate in the case of a Soldier who takes his discharge on his own request.**

I hereby declare that I do of my own free will request to be discharged from His Majesty's Service.

.....*(Signature of Soldier.)*

10. **Statement of Service.**

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

Total.....years.....days.

11. **Confirmation of Discharge.**

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

(Place) Montreal, Que.

(Signature) H. J. Fisher *Lieutenant,*
Officer i/c Discharge Section, District Depot No. 4.

(Date) March 13, 1919.

Reservations referred to at Para. 8.

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

NO RESERVATIONS

F. Anderson

AUDITOR G.F. | PAYMASTER an

M. OR S.

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

REGT. No. 2246094 RANK Pte NAME (IN FULL) ANDERSON Fredolf

NEXT OF KIN | RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? 30.00 | DATE EFFECTIVE 1-3-19

TO WHOM PAID As. A.P. | RELATIONSHIP

ADDRESS Mrs. F. Anderson Same add

PARTICULARS	EFFECTIVE DATE	AUTHORITY
T.O.S.	10/2/19	
Cas. Co.	22/2/19	gtd.
L w/o to	8/3/19	D.O. 55/1

ORIGINAL UNIT C.E.F. C.F.C. | IF IN P.F. WHAT UNIT? | (BLOCK LETTERS, SURNAME FIRST)

PLACE OF ATTESTATION Levis | TRANSFERRED TO | DATE | AUTHORITY

DATE OF ATTESTATION 11-1-18 | TRANSFERRED TO | DATE | AUTHORITY

ASSIGNED PAY, $ 15.00/100 | DATE EFFECTIVE 1-3-19

PAYABLE TO Mrs. S. Anderson | RELATIONSHIP | ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS #14 Studly St. New Bedford - Mass - U.S.A.

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE | EFFECTIVE

DISCHARGED | PLACE Montreal | DATE ~~12-3-19~~ 13/3/19 | REASON D.D.4-19-A-228 | AUTHORITY D.O. 73/1A. | IF ENTITLED TO POST DISCHARGE PAY

MONTH 1919	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $ C.	OTHER CREDITS $ C.	Prev. a/c $ C.	TOTAL CREDITS $ C.	ACQUITTANCE ROLLS COL. NO. 1 NO. DATE	COL. NO. 2 NO. DATE	COL. NO. 3 NO. DATE	CASH PAYMENTS COL. NO. 1 $ C.	COL. NO. 2 $ C.	COL. NO. 3 $ C.	ASSIGNED PAY $ C.	REGIMENTAL CHARGES $ C.	OTHER CHARGES $ C.	$ C.	TOTAL DEBITS $ C.	BALANCE DEBIT $ C.	CREDIT $ C.	PARTICULARS OR REMARKS
Balance from previous account																				
Feb.				5 60		5 60													5 60	
from Mar 1-2-19 to 12-3-19	40	1.10	44 00	35 00 / 6 40		85 40 / ~~91 00~~	23779 11-3-19 / 24496 11-3-19						6 00		40 28		46 28			Dr. L.P.C. 31-1-19 6.40 subs. to 8/3/18 D.O. 55/1
			S.A.	12 00		12 00	23779 11-3-19 / 23779 11-3-19			114 72 / ~~114 72~~							114 72	70 00	W.S.G.	
										~~30 00~~			12 00				12 00			
						103 00				30 00							30 00	30 00	W.S.G. S.A.	
																	203 00			
			Other Credits	W.S.C.	S.A. Total					War Service Gratuity				Other Charges	W.S.G.	S.A. Total		Soldier	Balance Dependant	
				280 00	120 00	400 00									70 00	30 00	100 00	210 00	90 00	
22.4.19															70 00	30 00	100 00	140 00	60 00	291389 291390
12/5/19															40 00	30 00	100 00	40 00	30 00	301019 301020
12.6.19															70	30	100			305402 305403
																	400			
			1 10			1 10	1+17 5-5-19			1 10							1 10			#1.10 D.O. 73/1A shows date of Disch 13-3-19 Cr #1.10
						401 10											401 10			

Fanuel

T

60m.-11-18 L. L. 51777. M. & D. 9585.

FORM P. 569
8245-150M.-7/3/17

142

MARRIED OR SINGLE Married

PLACE OF BIRTH Mundale. Sweden.

NAME OF NEXT OF KIN Mrs. Susana. Anderson. RELATIONSHIP Wife

ADDRESS 14. Studly. Street
New Bedford. Mass. U.S.A.

NAME OF NEXT OF KIN RELATIONSHIP

ADDRESS

APPOINTMENTS.
PROMOTIONS AND REVERSIONS.

PARTICULARS	EFFECTIVE DATE	AUTHORITY

DATE ADMITTED	ADMISSIONS DATE DISCH'D	V. OR A.	TO HOSPITAL, &C. NAME OF HOSPITAL.

REG'L. NO. 2246097. RANK Private NAME ANDERSON. Fredolf.

PLACE OF ATTESTATION Levis P.Q. DATE OF ATTESTATION 10/1/18. ORIGINAL UNIT C.F.C. Eng

PRESENT UNIT C.F.C.

ASSIGNED PAY

(1)
PER MONTH $15.00 DATE EFFECTIVE 1/2/18 AUTHY.
PAYABLE TO Mrs. Susana. Anderson.
14. Studly Street
New Bedford. Mass. USA RELATIONSHIP Wife.

(2)
PER MONTH $ DATE EFFECTIVE AUTHY.
PAYABLE TO
RELATIONSHIP

(3)
PER MONTH $ DATE EFFECTIVE AUTHY.
PAYABLE TO
RELATIONSHIP

(4)
PER MONTH $ DATE EFFECTIVE AUTHY.
PAYABLE TO
RELATIONSHIP

(1)
STOPPED EFFECTIVE
CAUSE
DATE A3M FORMS REND.

(2)
STOPPED EFFECTIVE
CAUSE
DATE A3M FORMS REND.

(3)
STOPPED EFFECTIVE
CAUSE
DATE A3M FORMS REND.

(4)
STOPPED EFFECTIVE
CAUSE
DATE A3M FORMS REND.

PARTICULARS OF TRANSFERS

TO UNIT	EFFECTIVE DATE	AUTHORITY

DISCHARGE DATE AND PLACE
REASON AND AUTHORITY

ACCOUNT TRANSFERRED TO N.E. BRANCH (DATE)
ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

SEPARATION ALLOWANCE.

SEPARATION ALLOWANCE MONTHLY $ EFFECTIVE (DATE) STOPPED EFFECTIVE (DATE)
PAYABLE TO REASON
RELATIONSHIP AUTHORITY
AUTHORITY FOR ISSUE REMARKS

SEPARATION ALLOWANCE MONTHLY $ EFFECTIVE DATE STOPPED EFFECTIVE (DATE)
PAYABLE TO REASON
RELATIONSHIP AUTHORITY
AUTHORITY FOR ISSUE REMARKS
NEW PAYBOOK ISSUED NEW PAYBOOK ISSUED

PERIOD FROM	PERIOD TO	PAY AND FIELD ALLOWANCE No. OF DAYS	RATE	$ c.	WORKING PAY No. OF DAYS	RATE	$ c.	SEPARATION ALLOWANCE $ c.	ASSIGNED PAY CREDITS $ c.	ANY OTHER CREDITS $ c.	TOTAL CREDITS $ c.	SEPARATION ALLOWANCE $ c.	CASH PAYMENTS DURING THE MONTH 1 $ c.	2 $ c.	3 $ c.	4 $ c.	ASSIGNED PAY $ c.	OTHER CHARGES $ c.	TOTAL DEBITS $ c.	BALANCE CARRIED FORWARD CREDIT $ c.	DEBIT $ c.	NUMBER OF ACQUITTANCE ROLLS 1	2	NUMBER OF S.A. AND A.P. CHEQUE	REMARKS. ALL CASUALTIES, PROMOTIONS, &C., TO BE NOTED. ALSO PARTICULARS OF "OTHER CREDITS" OR "OTHER CHARGES"
MONTH	PARTICULARS			CR. 1	CR. 2		PARTICULARS			DR. 1	DR. 2	DR. 3 DR. 4	BALANCE	DEFER-RED. PAY	SER. ALLCE. ENG.										
FEB 15 1918					BALANCE FROM CANADA								16 85							~~16 85~~					
16/2/18 to 31/3/18	RP 44 dep			4840			CAP Feb + Mar					30													
							aRB1569 BD 14/3/18.			2433															
							aRB1826 do 23/3/18			487			605												
				4840						2920		30													
										2920		30													

P 820
12474—375M—13-2-18.

* Strike out whichever inapplicable.

ASSIGNED PAY	* ~~ENGLAND~~ OR CANADA.	SEPARATION ALLOWANCE.	* ENGLAND OR CANADA.
EFFECTIVE DATE:- 1-2-18		EFFECTIVE DATE:-	
AMOUNT:- 15⁰⁰		AMOUNT:-	

NAME, ADDRESS, RELATIONSHIP & AUTHORITY | WHEN PAYEE OF A.P. IS THE SAME AS PAYEE OF S.A. THE WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE.

Mrs Susanna Anderson (wife)
14 Sturdy St.
New Bedford Mass. USA.
stopped 1/2/19.

W.

NAME:- ANDERSON Fredrf. 287
NUMBER:- 2246097.

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		Pte.

UNIT AND TRANSFERS

ORIGINAL UNIT:- C7CDft.
DATE ACCOUNT FIRST OPENED 16/2/18

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO
			C7CEng

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS | UPON CLEARANCE OF VOUCHERS, ENTRIES WILL BE CANCELLED BY INSERTION OF DATE CHARGED IN RED INK

DATE OF PAYMENT	NUMBER OF A.R	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R	UNIT PAID BY	AMOUNT
~~9/1/19~~	~~6107~~	~~B250 no 2~~	~~973~~				
~~22/1/19~~	~~6656~~	~~" 72~~	~~973~~				
						a/c agreed 30/9/18 P850	

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
	1 00	10		

PARTICULARS OF RENDERING NON-EFFECTIVE:- Disch to Canada "E" 31/1/19 auth C7CAR 818 22/1/19 MD4

MONTH	PARTICULARS	CR 1	CR 2.	PARTICULARS	DR. 1	DR 2.	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
31/3/18	Bal Forwd								603	✓	
apr	P.P.	33		Cap				15			
				ARB50 BD 10/4/18	487						
				ARB295 do 24/4/18	973				945		
		33			1460			15			
May	PP	34 10		Cap				15			
				ARB587 BD 14/5/18	973				1882		
		34 10			973			15			
June	PP	33		Cap				15			
				ARE765 125 Co 6/6/18	1460				2227		
		33			1460			15			
July	PP	34 10		Cap				15			
				ARE1117 125 Co 6/7/18	1703				2429		
		34 10			1703			15			
aug	-	34 10		Cap				15			
				ARE1463 125 Co 7/8/18	1703						
				Q4005 no 318 C7CRmq. 20/4/18	288				2346		
		34 10			1991			15			
Sept	-	33		Cap				15			
				ARS1116 125 Co 5/9/18	1703				2445		
		33			1703			15			
Oct		34 10		Cap				15			
				ARS1669 125 Co 4/10/18	1703				2652		
		34 10			1703			15			
Nov	-			Cap				15			
Dec	-	67 10		ARS2015 125 Co 5/11/18	2920						
Jan		34 10		Cap ARS2321 ✓ 5/12/18	1947			15	3405		
		101 20		Cap	4867			45			

CANADIAN
ASSIGNED PAY AUDITED
20/3/19
J Thomson
AUDIT CLERK
DATE 20/3/19

NUMBER 2246097 RANK NAME ANDERSON F.

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
31/1/19	Fwd								34 05		
				ARB607 BD 9/1/19	9 73						
				ARB6656 ✓ 22/1/19	9 73				14 59		
					19 46						
					19 46						

A 3 M. FORM 1... Stopped 1/2/19
DISCHARGED TO Canada EFFC... DATE 31/1/19
PAY BOOK VERIFIED 31/1/19
CASUAL 14.59 L.P.C. REN... 31/1/19
AUTH. ACR 818 31/1/19

COMPILED BY W J Baughman
CHECKED BY

105 to Canada. 10/2/19 auth SL 10 C FC