C.E.F. REGIMENTAL DOCUMENTS

NAME ANDERSON GILBERT MC KENZIE REGT. No. 153121 UNIT 43 BN H. Q. FILE No. 8464

CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE
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FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)				
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. 178)				
DENTAL HISTORY SHEET (M.F.B. 465)				
MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)				
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CARDS				
PAY-SHEETS				

NON-EFFECTIVE BY

DEATH

CATEGORY

DISCHARGE

CATEGORY DEMOB.

DESERTION

H

H

402035

M.F.W. 2589
20M-4-46 (9113)
H.Q. 1772-39-1377

A 276.

Original

ATTESTATION PAPER.

No. 153121

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

1. What is your name? ..... Gilbert Mc Kenzie Anderson.
2. In what Town, Township or Parish, and in what Country were you born? ..... DunkeldPerthshire Scot.
3. What is the name of your next-of-kin? ..... Mrs J Anderson (Wife)
4. What is the address of your next-of-kin? ..... 182 Pacific Ave Wpg.
5. What is the date of your birth? 19/5/1888
6. What is your Trade or Calling? ..... Fitter
7. Are you married? ..... Yes
8. Are you willing to be vaccinated or re-vaccinated? ..... Yes
9. Do you now belong to the Active Militia? ..... 79th C.H. of C.
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

gilbert Mc Kanderson (Signature of Man).

Thomas b halmers (Signature of Witness).

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Gilber Mc K Anderson., 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.

gilbert Mc K anderson (Signature of Recruit)

Date 24/6/15. 191 . Thomas b halmers (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Gilbert Mc K. 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.

gilbert Mc K anderson (Signature of Recruit)

Date 24/6/15. 191 . Thomas b halmers (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 Winnipeg this 24th day of June 191 5

(Signature of Justice)

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

Lt-Col (Approving Officer)

M. F. W. 23.
200 M.—5-15.
H.Q. 1772-89-841.

J 43rd Bn

Description of Gilbert Mc K Anderson. on Enlistment.

Apparent Age 27 years 1 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height		5 ft. 4 ins.
Chest measurement.	Girth when fully expanded	35 ins.
	Range of expansion	3 ins.
Complexion		Dark.
Eyes		Blue
Hair		Black.
Religious denominations.	Church of England	
	Presbyterian	Yes
	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 24/6/15. 191 . V. Meadham Capt.

Place Winnipeg .....

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.

Gilbert Mc K 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.

Lt-Col (Signature of Officer)

Date 24/6/15. 191 .

No. 10 DISTRICT
DISCHARGE
SECTION

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 153121 (Rank) Private

Name (in full) Gilbert McKenzie ANDERSON enlisted in

the 43. Battalion C.E.F.

CANADIAN EXPEDITIONARY FORCE at Winnipeg Manitoba on the 24th

day of June. 1916.

HE served in France & Belgium with 43rd & Can Lab. Batt. 2 Years 10 Months

and is now discharged from the service by reason of

☆ C.O. 65 - 786 D.O.77 ☆ Demobilization R.O. 1420 (c)

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

Age 30. Years

Height 5 - 4

Complexion Dark.

Eyes Blue.

Hair Black.

G. McAnderson

Signature of Soldier

Marks or Scars

A.W. Forbes Major

Issuing Officer

Officer Commanding No. 10 District Depot

Rank

Appointment

Date of Discharge 20 - 3 - 19

Signed at Winnipeg this 20th day of March 1919

in Military District No. 10

File Reference No. 44 A 657 675

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

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

WAR SERVICE BADGE

CLASS "A" NO. 75091 ISSUED

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.

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	Militia Form W. 23	
or		
Particulars of Recruit	"	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.

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.)

G. Mc Anderson None

Station and Date.

9320

Forms
I. 1237
10

Army Form I. 1237.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
9320	15-3121	Pte	Anderson	G.
Year	Unit.		Age.	Service.
1916	43rd Battn		27	2/12

Station and Date.

Disease Injury to Lead

In. R.C.H.
Shorncliffe
Jan 1st

Present Complaint
Sore nose all over body

Past History - neg

Present Illness
Went on a store to buy Handkerchief
when he came out was
struck by an Automobile
This happened on Hyde about
8.30 or 9 P.M.
Patient had had a few glasses
of beer. Does not remember
circumstances very well.

Phys Exam
Slight abrasion near right
ear. Some tenderness on
region of left kidney.

A. Burch Capt

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

(J 8521.) Wt. W 5600 -2621. 2,000,000. 7/15. D & S. P.T.O.

Surname..... Christian Name.....

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital. Day	Month	Year	Dates of Discharge from Hospital. Day	Month	Year	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.

MEDICAL HISTORY SHEET.

Surname Anderson *Christian Name* Gilbert McKenzie

Examined { on 24th day of June 1915
at Winnipeg

Approved by F. T. Cadham

Birthplace { City or Town Dunkeld
County Perthshire Scot.

Rank Captain M.O

Apparent age 27 yrs. 1 month

Trade or occupation Fitter

Height 5 Feet 4 Inches.

Weight Lbs.

Chest measurement { Minimum 35 inches.
Maximum expansion 3 inches

Physical development

Small-Pox Marks

Vaccination Marks { Arm Right. Left.
Number

When Vaccinated last

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

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

Date	Fit or Unfit	Examined for Re-engagement,
		M.O.
		M.O.
		M O
		M.O.
		M.O.
		M.O.

Date	Result	Vaccinations.
9/12/15		M.O.
		M.O.
		M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.
4/8/15		F.T.CADHAM M.O.
18/8/15		F.T.CADHAM M.O.
31/8/15		F.T.CADHAM M.O.

Enlisted on 24th *day of* June 1915 *at* Winnipeg

	Corps	Regt'l Number.	Habits.	Date.
Joined on enlistment	79th C.H.of C.	153121		24/6/15
Transferred to..				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.
Con. Base, Etaples.	16-XII-18	Flat feet. Injured in Curtailment	B. [illegible]

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.

100M.—5-15.
H. Q. 1772-39-439

NOT TO BE SENT OUT

18. Have you had more than one enlistment? If so, give particulars of discharges and re-enlistments, and under what regimental numbers and units ..... Nil

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 ? ..... Nil

21. Have you, during the present war, served in the Imperial Forces ? ..... Nil

22. Are you entitled 'o 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 .....

..... Not applicable

23. (a) Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England? ..... Nil

(b) If so, was such reversion in consequence of misconduct or inefficiency? ..... Not applicable

24. Are you now serving in the C.E.F. ..... Nil ..... If not, give:—(a) Date of discharge ..... 20 : 3 - 19 ..... (b) Reason for discharge .....

Demobilization R.O. 1420 (c)

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 ..... Nil .....

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.....

..... 1st Can. Labour Battal. 23 - 8 - 17 to 17. 12. 18

27. (a) Are you receiving treatment from the Department of Soldiers' Civil Re-establishment? ..... Nil

(b) If so, are you in receipt of full pay and allowances from that Department? ..... Not applicable

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: G. McC. Anderson

Place of Residence: Winnipeg - Manitoba

Declared before me at: Winnipeg

This 20th day of March 19.19 E. Chisholm W-

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

Com. in B.R.

POST DISCHARGE PAY.

Date paid	Paid Soldier	Paid Dependenc	War Service Gratuity	Net amount due
				$ 600.00

Certified Correct.

District Paymaster.

I certify that the entries of service given hereon are correct as far as official records in our possession.

Yeldwood Lt.
For Officer Commanding

NO. 10
DISTRICT DEPOT
MAR 1919
DISCHARGE SECTION
M.D. 10. WINNIPEG

DEPARTMENT OF MILITIA AND DEFENCE.

WAR SERVICE GRATUITY.

OTTAWA, CANADA.

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

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

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

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

1. Christian Names Gilbert McKay 2. Surname ANDERSON

3. Rank Private 4. Original Unit 43 Battalion 5. Reg. No. 153121

6. Address, in full, to which future payments of gratuity are to be forwarded
182 Pacific Avenue
Winnipeg Manitoba

7. Date of enlistment in the C.E.F. 24-6-15

8. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge Mrs Mary Elizabeth Anderson

9. Relationship of such dependent Wife

10. Address, in full, of such dependent 182 Pacific Avenue
Winnipeg Manitoba

11. Is said dependent now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier ? No

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:—
No

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 43rd Battalion 24-6-15 to England 18-10-15 to 11th Res 18-10-15 to 20-2-16 to 23-8-17 to 17-12-18 to M.D. 10 1-2-19 to 20-3-19

16. Were you at the time of enlistment a civil employee of the Dominion Government? If so, state Department No

17. Were you a member of the Permanent Force at the time of enlistment in the C.E.F.? No

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

Army Form B. 117.

Report on Wounds or other Injuries, received otherwise than in Action.

114
Gen. No.
4269.

13 STATIONARY HOSPITAL
No.
Date
C.A.M.C.

Certificate of Medical Officer.

Canca Dw: Baths.

No. 153/121 Pte Anderson. G. 43 Canadian a11 3rd

was admitted to hospital on the 23-8-16

from ~~Gun~~ Incised wound L. eyelid (accident)

†Here insert "trivial" or "serious."

The disability is of a † trivial nature, and in all probability

‡Here insert "will" or "will not."

‡ will not interfere with his future efficiency as a soldier.

*Here insert "claims" or "does not claim."

*He does not claim that he was in the performance of military duty at the time of the accident.

(If the soldier makes no claim that he was on duty at the time, the certificate below should be signed by him.)

Station Boulogne

Date 25. 8. 16

Meredith Major R.A.M.C.

Medical Officer in Charge.

Certificate to be signed by soldier.

I, Gilbert Anderson. 153121. 43rd Canadian att. 3rd Div. Baths hereby declare that the injury sustained by me on the 13th August 1916 did not occur while I was in the performance of military duty.

A.M.S. OFFICE AT THE FRONT
120/356.
2-SEP.1916
CANADIAN

Gilbert Anderson *Soldier's Signature.*

Station Boulogne.

Date 27. 8. 16

Meredith Major R.A.M.C. *Signature of Medical Officer.*

Certificate of Commanding Officer.

(This certificate will be completed only in cases of trivial injury where the soldier claims to have been injured while on duty.)

†Here insert "occurred" or "did not occur."

I certify that the injury to the above-named soldier † DID NOT OCCUR while he was in the performance of military duty.

‡If on duty, state
(*a*) The date of the injury.
(*b*) The place where it occurred.
(*c*) The nature of the duty.
(*d*) Whether the soldier was in any way to blame.

‡

No

The soldier has been so informed.

Station POPERINGHE

Date 31/8/16

C.A. Breckenridge Lieut

Commanding 3rd Can Divl Baths

This Army Form will be attached to the Medical History Sheet, on which it will be recorded whether the soldier was on duty, and whether he was to blame.

(92261) W 3725—1772 300,000 6/15 J J K & Co. Form/B. 117

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) Winnipeg Manitoba G. McAnderson *(Signature of Soldier.)*

(Date) 20-3-19 H Halmshaw Cpl. *(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) Winnipeg.

(Signature) Jpr Forbes Major.

(Date) 20-3-19.

O.C. No 10 District Depot.

This space to be for numbers.

WAR SERVICE BADGE

CLASS "A." NO. 75091 ISSUED

Proceedings on Discharge.

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

MEDICAL DOCUMENTS FORWARDED TO ~~S. C. R. or~~ P. B. C. on APR 1 1919

No.	153121
Rank	Private.
Surname	Anderson.
Christian name NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.	Gilbert McKenzie.
Corps (Squadron, Battery or Company)	43rd Batt.
Date of discharge	20-3-19.
Place of discharge	Winnipeg.

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age 30 years ..... months.
Height 5 feet 4 inches.
Complexion Dark.
Eyes Blue.
Hair Black.
Trade Farmer.
Intended place of residence (To be given as fully as practicable.) 182 Pacific Ave., Winnipeg Manitoba

Descriptive marks

M.

Nil.

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

Demobilization R.O. 1420 (c)

☆ C.O. 65 - 786 D.O. 77 ☆

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.
K.R.D. 23/6/20

(OVER)

C.A.D.C. 5009 A

CANADIAN ARMY DENTAL CORPS, O.M.F.C. M.D. 10

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) ANDERSON C. M.

REGIMENT 3rd Inf. Workshop RANK Pte No. 153121

Date of Examination in England | 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
2. EXTRACTIONS /
3. CROWNS
4. DENTURES
   - (*a*) Full Upper
   - (*b*) Part Upper – 2 3, 12, 14,
   - (*c*) Full Lower
   - (*d*) Part Lower – 18, 19, 30, 31,

HAS HE EVER REFUSED DENTAL TREATMENT ?

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

- (*a*) In Canada
- (*b*) In England No.
- (*c*) In France

CANADIAN ARMY DENTAL CORPS RECEIVED JAN 1919 KINMEL PARK CAMP, RHYL

Signature of Dental Officer W Kennedy Lieut.

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				
19-8-16	15 Coys	Admission to Cyclist Bn	15 Coys	16-8-16	A 36 C.S. 155 of 9-9-16.
8-9-16	13 Stat Hosp.	Cuts Eyelids (acc)	Base Details	8-9-16.	W3034
31-8-16	10 B.F.A.	Eye treatment	10 Bty Amt	15-8-16	A 36 C.S. 140 of 18/9/16.
11-9-16	O.C. 15 D	Taken on Strength	Headquarters	18-8-16	
28-11-16	do	Cl'd "P.B." and attd Composite Coy.	Class "T.B"	11-9-16	O.R. 3.
26-12-16	Med Board	Reclassified "PB"	Can Corps	8-10-16.	NR C.S. 330/Bty/43 11-II 73 d/9/12/16.
1-2-17	"	" "	Reinforce	26-12-16	Can Sec file 8757
27-2-17 - 2-3-17	"	" "	Can Corps Area	1-2-17	Can Sec file 9467
4-7/4/17.	"	" " (Dash)	" " "	2-3-17	" " " 9925
16-6-17	9 Coy Can Corps.	Leave of Absence 15-6-17 to Flat per classified PB rejoined	" " "	4-7/4/17	" " " KE 11335.
16-5-17	Med Board		Can Corps area	25-6-17	B 213 11-II 59 d/27-3-17.
30/6/17	C.C. Comp Coy	Flat per Classified "PB"	Reconstruction Coy.	12-16-5-17	NR Can Sec file 12806
19-23-6-17	Med Board	Ceases to be attd to on Transfer to Can Corps Area and Employment Coy	Can Corps area	26-6-17	B 213 C.S. 251 of 18-7-17.
11-8-17	Age 45 69/147/4		Can Corps Reinforcement Area & Can Corps Area Employment Coy	19-23-6-17	NR. Can Sec file 14060
18-8-17	Can Corps A 69/4			22-8-17	ref Can Sec KA 12771 & 9 Coy Can Corps B 213 of 25-8-17 11-II 79 of 1-9-17.
25-8-17	O.C. 7th Emp. Co.	Taken on Strength 7th Can. (Area) EMployment Co.	Field	23-8-17	B213 Pt.11 O. No. 1 dated 10-9-17
6-8-17	Age.	Re-classified "P.B" Medical Board.		16-8-17	NR 11.I.16-1[illegible]78
24-2-18	9 Coy Can Corps	attd Can Army Corps	Fd.	9-2-18	B213
23-3-18	do	Ceases to attd on Return to	Unit	23-3-18	B213
23-6-18	A.F.D.	Classified B1 Flat Fab	Fd	25-6-18	W339/583 RII 044 d/=11-7-18

92431.—W6490/1535.—2,000,000—J. J. K. & Co., Ltd.—Forms B. 103/1.

Army Form B. 103.

Canadian Record Office, Westminster House, 7, Millbank, S.W.

Casualty Form—Active Service.

Regiment or Corps 43rd Battn. C.E.F.

Regimental No. 153121. Rank Pte. Name Anderson Gilbert, McKenzie

Enlisted (a) 24/6/15 Terms of Service (a) Mobilization Service reckons from (a) 24/x6/15

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: Date	Report: From whom received	Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
		Embarked for Overseas Service with 43rd.Battn 20/2/16.			

Cow Grossie + Mayr

EMBARKED FOR FRANCE. 20 2 16

23.7.16	9 C.F. Amb.	Tachycardia Adm.	9 C.F. Amb.	16.7.16	13144 CY. 1844 QcMG. 2. A 36 DCS 109 of 30.7.16.
30.7.16	do	do	disch'd	24.7.16	A 36 CS 123 of 18/8.
23.8.16	13 Stat. Hosp.	Cut L. Eyelid Slt (acc) Adm	Duty	23.8.16	W3034.532.
19.8.16	8 C.F. Amb.	Eye treatment to	13 Stat. 3 D.R.S.	15.8.16	A 36 CS. 132 of 4/9/16.
25.8.16	13 Stat. Hosp.	Soldier does not claim that he was in performance of military duty at time of the accident		23.8.16	} A.S.B. 117 (ref Cdn Sec KI 120/356)

(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.

Anderson, P. McK. 153121.

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				
3.8.18.	1st Can. Inf. Works Bn.	Joined for duty	Flda	31.7.18.	B.213.
		~~S.O.S. of 1st Cdn. Inf. Wks. Bn. on~~		~~13-9-18 D.O.~~	26.9.18
		~~Transfer to 3rd Cdn Inf. Works Coy~~			
		~~T.O.S. of 3rd Cdn. Inf. Works Coy.~~		~~14-9-18 D.O.~~	d/ 27.9.18
		~~(Authy. War Office 121/Overseas/5940.~~	~~(S.D. 2)~~	d/27-8-18.	
		~~& O.B./1139/3 d/5-9-18.~~	Ref. Cdn. Sec., ~~K.~~	R, ~~25995~~	
17/12/18	64 B D	Trans to England &			
		posted to Emt Depot Witley		17/12/18	M.K. 17
		*Discharged 20-3-19, *			
		⇒C. O. 65/786 D. O. 77⇐			
6.12.18	Emt Depot	Pro Cpl to be	Witley	Canadian 5.1.19	D.O. 4
		Major			
		T. O. S. of No. 10 District Depot, Part 2 Order No. 210 Para 12			
		O. C. No. 10 District Depot			
		Embarked S.S. Carmania Liverpool 1/20, 1/21			
M.D.10		Attchd to b.b.b Kinmel Park		8-1-19	RH 11 of 8.
M.D.10		Records to be attached bbbb		3 2-19	RH 11 D/o 33
		transferred to b.b.7.			
		b.b.11 Essex Rt.			
		for O.C. M.D. 10 Kinmel Park			

Major
Officer Commanding No. 10 District Depot

Lieut. for Lt.-Col., A. A. G.
Section, G. H. Q. 3rd Echelon, B. E. F.

OFFICER i/c RECORDS, ...LIEUT.

1-2-19 Lt.-Col. i/c Records

Sheet-2

Army Form B. 103.

Regimental Number 153121

Casualty Form – Active Service.

Regiment or Corps Cdn. Labour Pool.

Rank Pte. Surname Anderson Christian Name G. McK.

Religion ..... Age on Enlistment ..... years ..... months

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

Date of promotion to present rank ..... Date of appointment to lance rank .....

Extended { ..... / ..... } Re-engaged { ..... / ..... } Qualification (b) ..... or Corps Trade and rate .....

Occupation ..... Signature of Officer

Report: Date	Report: From whom received	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.
		Embarked ...			
		Disembarked ...			
6-7-18	Lbr Cmdt.	SOS. 7th Area Emp Coy on trans. to Lab. Pool	Field	8.7-18	P.6.7—25502/5. P2O. 44/18.
	AAG.	Tou S Can Lab Pool from 7 A.E. Co.		9.7.18.	Pt II° 100 12/7/18
10 7/18	C.G.B.D. Pool. C.C.	Arrd from 7 C A E. Coy		8 7/18	NR 78
31 7/18	C.C.L.R.P.	To 1st Inf Wks Bn		31 7/18	NR 96
15 7/18	A.A.G.	Trfd to 1st Cdn Inf Wks Bn & S.O.S. Cdn Labor Pool		31 7/18	PTO 121-12 8/18
✓	✓	S.O.S. 1st Cdn. Inf. Works Bn from Cdn. Labour Pool		1.8.18.	KR 19480 Pt 2 O/4 E 17 8/18.

(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.

W. 8635—M2733 2000m 9/17 (35611) C. P. & S., Ltd., Form B./103 E/1807.

P.T.O.

R—122.

Rank | Name ANDERSON, Gilbert McKenzie | Reg'l No. 153121

Unit 79th C.H. of C. to 43rd Bn. | If in perm. Corps, What Unit? | Married or Single Married.

Place and Date of Enlistment Winnipeg, 24th June, 1915. | Place of Birth Dunkeld, Perthshire, Scotland.

Name and Address, Next-of-Kin Mrs. J. Anderson,

182, Pacific Avenue, Winnipeg. | Relationship Wife.

Assigned Pay Monthly $ | Payable to

Relationship

Separation Allowance $ | Payable to

Relationship

Discharge, Date and Place | Reason | Character

N/E. R.B. No 6580
File R.L.
Category OR. Can

Lab. Bit.

Report Date	Report From whom received	Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place	Date	REMARKS Taken from Official Documents
5-11-15	O.C. 43rd	Arrived in England.	E. Sandling	4-11-15	Pt II O# 48.
13-1-16	C.D 43rd	Adm to Moore Bks Hos	Shorncliffe	2-1-16	Cas List 77 Concussion ~~Injury to knee~~
24-1-16	H.Q	Paid as laid down in A 852 R.W for the pay of the Army		24-1-16	Sp D O 24-1-16
		Embarked for France.		20-2-16	Nom Roll
2-9-16	OC 43	Adm No 13 Staty Hosp.	Boulogne	23-8-16	CLA 137. 87 Cut Left Eyelid Acc Slght.
19-9-16	"	Disch to Base Details. No 13 Staty Hosp.	"	8-9-16	" 150 87 Cut Eyelid Accidental
9-12-16	"	Classified P.B. & attached to Composite Coy Can Corps.	Field	8-10-16	Pt II 73.
17-1-17 6-12-16	CACHQ	Class P.B. & attached to Can Corps Comp Co	"	8 ~~11~~-10-16	" 7 ~~80~~.
1-9-17	43rd Bn	leaves to be attchd C.C.C.C on being S.O.S to Cdn Corps Area 7th Cdn Area Employment Coy	"	22-8-17	" 79. 4th C. Area E. Co Pt II O 1/10-9-17

Misc Bit.

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				
11.7.18	7th Can Area Emp Co	SOS to Can Labour Pool	Field Pte	8.7.18	Pt II 44 Can. Labour Pool Pt II 100/12.7.18
12.8.18	Can Labour Pool	SOS to 1st Can Inf Works Bn	Field	31.7.18	Pt II 121. 1st Can Inf Wks Bn DO. 46/17.8.18
26 9 18	1CIwBSOSto3CIWC 13, 9, 1 Pt O*59 &3CIwC*Pt*O 1, 27 9'18				
6-1-19	3C W Coy	SOS on tfr to Gen Dep	Pte Field	16-12-18	DO 1 DO 2 D/3-1-19 Gen Dep.
3-3-19	Gen Depot	SOS to C E F. Canada	" Witley	1-2-19	-51 MD 10 Vol 24-(13)

EPITOME OF HOSPITAL TREATMENT.

	Hospital	Adm.
1.		
2.		
3.		
4.		
5.		
6.		
7.		

D.M.S. 1300.

Surname	Christian Name or Names		Reg. No.
Anderson	G.	McK.	153121.

Rank	Unit	Co.	Troop	Batty.
Pte	43rd Battn			

Hospital — Date of Admission

Transferred Moore Barracks Shorncliffe — Hosp. 2-1-16

13 Staty. Bogne — Hosp. 23.8.16.

Hosp.

Hosp.

Diagnosis Injury to Knee.

(1) Abrasion of scalp. Concussion.

Later Diagnosis (if changed)

(2) Cut L. eyelid, acc.

(3)

Additional Diagnoses: If more than one state present

DISPOSITION — Date

Dis to Base Details 8.9.16

REMARKS

C.L.B. 1-16 #77.

10.2.16. 94

2.9.16. A137.

19.9.16 D150[2]

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

10m

Date.	Remarks.	Pt. 2 Order No.

M.F.W. 192
150M—6-18.
1772-39-1243.

*Name Anderson, Gilbert McKenzie Rank Pte. Regtl. No. 153121

43rd Bn

Original unit 79th CHorC. Present unit M. or S. / Age 30 Religion Pres. Fyle Depot Ref. H.Q.

Port, ship, and date of arrival 1-2-19 S.S. Carmania. Arrived 8-2-19

Next of kin Mrs. J. Anderson (Wife) 182 Pacific Ave., Winnipeg, Man.

Address on leave

Address on discharge

Transportation issued Yes / No Date Character on discharge

Previous occupation Fitter Date and place of enlistment June 24th 1915 Winnipeg, Man.

Diagnosis Date of Medical Boards FEB [illegible] 1919 AK 24

Date.	Remarks	Pt. 2 Order No.
1-2-19	T.O.S. #10 D.D. and Posted to Cas. Coy D.O.	5082.
	14 days landing leave with Subs.	

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

(over)

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

R. 149.

Name Anderson, Gilbert McKenzie. *Rank* Private. *Reg. No.* 153121.

Unit 43rd. Battalion.

Next of Kin CANADA.

Date 1916.	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
23-8.	No.13.Stny Hosp,	Boulogne.	Cut Left Eyelid.Acc.	A. 137		
8-9	Disc to Base Details		do	A/150/2		

No. 3635 Rank Pte Name Anderson Gilbert McK.
153121 July paylist

T.O.S. 24-6-15 Unit 79th Cameron Highlanders, Detachment
D.O.I of 24-6-15

M. D. 10

PAID FROM	PAID TO	SIG OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1915	1915			
June 24	June 30	✓		
July		✓		
Aug		✓	Forfeit 2 days' pay a.W.E. 2-8-15	D.O. 6 of 8-8-15
Sept		✓	Transfd to 43 Battn. C.E.F. 6-10-15	D.O. 15 of 10-10-15
Oct		✓	To overseas 6-10-15	Est. payliest

REMARKS:

183 Pacific Rd. WPS

MOORE BARRACKS, CANADIAN HOSPITAL, SHORNCLIFFE.

ADMITTING CARD.

Regt. No. 153121 A. & D. No.

Rank Pte

Name Anderson G

Corps 43rd Batt. 1 Coy.

Religion Pres Age 27

M. H. Rec'd M. H. Requested M. H. Ret'd

Disease Injury to Head

Admitted 1/4/16

Discharged

Place in Hospital 3

Transferred

Results

6/12 Winnipeg 20 Dec. 11.00

P.T.O.

Rank Pte Name ANDERSON, Gilbert McKenzie Reg'l No. 153121

Unit 79th C.H. of C. to 43rd Bn. If in perm. Corps, What Unit? Married or Single Married.

Place and Date of Enlistment Winnipeg, 24th June, 1915. Place of Birth Dunkeld, Perthshire, Scotland.

Name and Address, Next-of-Kin Mrs. J. Anderson,
182, Pacific Avenue, Winnipeg. Relationship Wife.

Assigned Pay Monthly $ 15 Payable to Mrs Mary E. Anderson 18 Pacific Ave Winnipeg
Relationship

Separation Allowance $ Payable to
Relationship

Discharge, Date and Place Reason Character

Date From	Date To	PAY No. of Days	PAY Rate	PAY Amount	Field Allowance No. of Days	Field Allowance Rate	Field Allowance Amount	Other Credits	Total Credits	Voucher No.	Voucher Date	Cash Payments	Assigned pay	Other Charges	Total Debits	Balance	Remarks, Casualties, etc.
Nov 1/30		30	1.00	30	30	.10	3	27 60	60 60			17 04	30		47 04	13 56	15.00 a pay for Oct a from Oct
Dec 1/31		31	"	31	31	"	3 10		34 10			26 77	15		41 77	5 89	
Jan 1/31		31	"	31	31	"	3 10		34 10			19 46	15		34 46	5 53	
Feby 1/29		29	"	29	29	"	2 90		31 90			5 05	15		20 05	17 38	
Mar 1/31		31	"	31	31	"	3 10		34 10			5 24	15		20 24	31 24	
		152			152		15 20	27 60	144 80			73 56 90			163 56		

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						

MILITIA AND DEFENCE

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

PAYMENTS.

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

L. L. Job 89002.—Req. 6213.

Sheet No. 2 Mary E. Anderson Wife

Name of Soldier Anderson Gilbert Wm K. Pte

Month.	Year.	Cheque No.	Amt.	Remarks.
			184	
April	1916	A 55	20	20
May		24311	20	20
June		D 2036	20	20
July		L 10152	20	20
Aug.		A 11846	20	20
Sept.		A 14640	20	20
Oct.		D 17682	20	20
Nov.		D 20822	20	20
Dec.		D 24820	20	20
Jan.	1917	D 28302	20	20
Feb.		D 31121	20	20
March		D 34200	20	20
April		E 261	20	20
May		E 3714	20	1464 20
June		A 7478	20	20
July		E 10523	20	20
Aug.		G 12661	20	D
Sept.		F 17603	20	B 544. ✓
Oct.			20	120
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	308 26 282			
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1920			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				

L. L. Job 85095—M. & D. 5953.

M. F. W. 12.
20m.—9-15.
H. Q. 1772-39-819.

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

To Whom Mrs Mary E. Anderson (Wife)

Address 182 ~~782~~ ~~184~~ Pacific Ave Winnipeg Man,

Rate $15.00 1st Oct. 1915, Auth. from Roll 3rd. dft. RAB.

By Whom Assigned Anderson G. McK.

Regtl. No. 153121

Rank Pte

Corps 79th Battn

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			Consolidated Acct
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.		U 6642	15	
Nov.		L 4472	15	
Dec.		M 10515	15	
Jan.	1916	O 62304	15	
Feb.		P 14232	15	
March		U 15029	15	90

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

PAYMENTS.

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

Sheet No. 2. Mrs. Mary E. Anderson Wife

Name of Soldier Anderson G.McK.

153121 3d Ft. 79th N.C.

L. L. Job 89002.—Req. 6213.

$15.00

Month.	Year.	Cheque No.	Amt.	Remarks.
			90	
April	1916	J 5441	15 —	
May		K 3729	15 =	
June		L 6945	15 —	
July		A 7482	15	
Aug.		C 11862	15	
Sept.		C 15187	15	
Oct.		E 19474	15	
Nov.		E 24450	15	
Dec.		A 34899	15	
Jan.	1917	I 36006	15	
Feb.		I 42360	15	
March		I 48454	15	
April		J 91	15	15 E.
May		J 6381	15	15 E J 6381 Remailed 14/6/17 b.L
June		J 12993	15	15 E
July		J 19768	15	
Aug.		L 24868	15	
Sept.		K 33576	15 —	Ln 360.
Oct.				
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

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.				

24-6-'15

250

MILITIA AND DEFENCE

SEPARATION ALLOWANCE

Name Mrs Mary E. Anderson

Address 182 Pacific Ave Winnipeg Man

Relation to Soldier wife, child or mother } Wife

Name of Soldier Anderson Gilbert McK.

Regtl. No.

Rank Pte

Corps 79th Cameron Highlanders

To what Corps belonging when called out }

PAYMENTS

42229 M. CO.

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
Apl.				
May				
June				
July				
Aug.		N3662	44.	44
Sept.		E15887	20 —	20
Oct.		E18326	20 —	20
Nov.		J15138	20	20
Dec.		E22866	20	20
Jan.	1916	E25443	20	20
Feb.		F27305	20	20
March		30230	20	20 184

CONSOLIDATED ACCOUNT 4

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. 22320—M. & D. 7993.

Date of Enlistment 24-6-15

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

A 2434

Date of Assignment Oct 1st 1915

RATE OF SEPARATION ALLOWANCE

~~20~~	~~25~~	30 1-9-18	

PC3250 P.62753 M.O. 50712.

RATE OF ASSIGNMENT

15-			

5 6 a 1 x

PARTICULARS OF SEPARATION ALLOWANCE

No. 153121

Rank Pte Promoted Reverted Discharge

Soldier's Name G. McK. Anderson

Battalion 79th Btn

Beneficiary Mrs Mary E. Anderson

Relationship Wife MFW 2554 29 7/18

Address

PARTICULARS OF ASSIGNMENT

Name Mrs Mary E. Anderson (Wife

Address 182 Pacific Ave, Winnipeg, Man

Change of Address

1

2

3

4

Date	Cheque No.	Amount S/A	Amount A/P	Total	
30/9/17		544 ✓	360 ✓	904 ✓	
Oct	C 51233	20	15	35	
Nov	C 52470	20	15	35	T
Dec	F 54796	20	15	35	m
Jan	A 54083	30	15	45	B
Feb	B 92308	25	15	40	
March	G 99538	25	15	40 ✓	
April	H 7327	25	15	40	
May	A 12275	25	15	40	
June	B 15131	25	15	40	
July	Y 28108	25	15	40 ✓	
Aug	A 31631	25	15	40	
Sep	A 37314	25	15	40	
Oct	A 43952	25	15	40	a
NOV	G 52040	25	15	40	
DEC	G 62996	45	15	60	
JAN 1919	B 71345	30	15	45	
FEB	A 78338	30	15	45	
		989	615		

REMARKS 0374-G-28

2554 OK. 23-11-18

A/c Closed

Ret'd per Carmanca

Date 8-2-19 M.F.W. 187 13-2-19

MO. 10 Donk MO 67897

M. F. W. 128
400M.—6-17—1772-39-1141
L. L. 22320—M. & D. 7993.

CONSOLIDATED ACCOUNT

(2466) Wt. W. 2280—PP1182 5-18 J.F.W. (E3277)

Sa 1-2-19. Ar 8-2-19
S. S. CARMANIA

Army Form W3997.

10

Regtl. No. 153121 Rank Pte

8/9/37

Name Anderson Gilbert McKenzie
(Christian Names in full) (Surname)

Unit General Regt. or Corps 79th Perm Highlanders Winnipeg
(3rd Infty WKs)

N/K Wife

Dis - B - I

Medical Board held at Etaple 15.12.18

Embarked S.S Carmania
Liverpool Feb,1 1919

Farmer

Winnipeg Man

COVER

FOR

DISCHARGE DOCUMENTS.

Debarked S.S Carmania
Halifax Feb,9 1919

France 2 years 10 mo

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

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

153121 G.C.

ORIGINAL.

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. 178A to be used for Special Reserve recruits and Special Reservists enlisting into the Regular Army.

MEDICAL HISTORY of

Surname ANDERSON *Christian Name* Gilbert Mc Kenzie

TABLE I.—GENERAL TABLE.

Birthplace ... Parish Dunkeld County Perthshire Scotland

Examined ... ... on 24th day of June 1915, at Winnipeg

Declared Age ... ... 27 years 1 mt days.

Trade or Occupation ... Fitter

Height ... ... 5 feet 4 inches.

Weight ... ... lbs.

Chest Measurement: Girth when fully Expanded 35 inches. Range of Expansion 3 inches.

Physical Development ...

Vaccination Marks: Arm ... Right Left; Number

When Vaccinated ... ...

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*) F. Headham

(*Rank*) Capt

Medical Officer.

Enlisted ... ... at Winnipeg on 24th day of June 1915.

Joined on Enlistment ... Corps. 43rd Bahn Regtl. No. 153121

Transferred to ... ...

Became non-effective by ...

on day of 191 .

(*Signature*)

(*Rank*)

This Medical History Sheet has been compared with the Corresponding Attestation Paper, and entries made in red have been taken from the Attestation Paper.

H. Kennedy Capt

Lieut.-Col. In Charge of Records, Canadian Contingent.

The Medical History Sheets of all men proceeding overseas, must be returned by the Officer commanding their unit to the Record Office when they leave England.

Lieut.-Col. In Charge of Records, Canadian Contingent.

(5442.) W. 13920/M39. 400M. 12/15. C. P. Ltd.

Forms B 178 / 39

P.T.O.

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				
Moore Barracks Shorncliffe	1	1	16	6	1	16	Injury to head	5	Discharged to duty	Duplicate Medical History posted to here. Medical Registrar Record Office. CAPT C.A.M.C.

PART III.

Statement of the Soldier

(This is to be completed only in the case of the Soldier taking his Discharge in England.)
(Sections 1, 2, 5, and 6 are to be read to the Soldier.)

I, the undersigned.....have heard the description of my disability read, and am satisfied (or not satisfied) with it. (If dissatisfied, statement should follow.) I complain in addition of :—

.....
Signature of Soldier examined.

Instructions to Medical Officers

Question 1.—State the disability in terms of a diagnosis, that is, a diagnosis of the existing condition as distinguished from the disease or injury which caused it. It should be noted that in medical cases the disability may be the actual disease; for example, Tubercle of Lung, Chronic Bronchitis, Myalgia, Gastric conditions and so forth. (Follow the nomenclature as laid down in the "List of Diseases" of 1915, and amended by A. C. I. No. 1587 of 1917.)

Question 2.—The cause of the disability when known should be stated and care should be taken to establish as correctly as possible the place and date of origin. This is important in view of the relationship of Questions 3 and 4 to Question 5.

Questions 3 and 4.—*NOTE*—By Active Service is meant Service with the Colours in Canada, the United Kingdom or elsewhere during the present war, (since the 4th August, 1914.)

Question 5.—MEDICAL HISTORY.—State concisely the essential points of the history of the case as supported by documentary evidence. If further evidence is considered necessary to complete the Medical History, the same not being supported by documents, this should be obtained by questioning the soldier, but should be distinctly shown as "Patient's Statement." It is considered advisable that these latter statements be grouped apart from the evidence supported by documents available to the Medical Officer.

Extracts should be made from all entries on the Medical History Sheet.

If answers to Nos. 2, 3 or 4 show that the Soldier is suffering from some condition which pre-existed enlistment, it is advisable that these answers be substantiated as far as possible by statements obtained from the Soldier showing history of previous illness or injury.

Question 6.—PRESENT CONDITION.—As this question is primarily intended for the Medical Officer's report, in answering show clearly the condition of the Soldier at the time of examination.

It is directed that the objective and subjective matter be arranged in separate groups. The objective matter is considered to be the more important, in that it consists of a statement of the Medical Officer's actual finding.

Specialists' reports bearing on the PRESENT CONDITION should be attached.

In addition to description of the disability, a report on "all systems" is required in order that the whole when completed may be a true pen portrait of the Soldier's condition.

The Medical Officer in charge of the case will fill out pages 1 and 2 of this Form. The original must be wholly in the handwriting of the Medical Officer. The copies may be typewritten but must be signed by the Medical Officer who must be responsible that these are true copies of the original.

Finally the O. C. Hospital or S. M. O. or an Officer delegated for such duty by the A. D. M. S., is required to sign a certificate at the bottom of page 2, which reads as follows :—

"I have satisfied myself of the general accuracy of this report and concur therewith, except....."

This is a most important part of the paper and one to which the attention of the Officers concerned should be frequently drawn as it is by such strict supervision that the accuracy and good results of Medical Board work can be assured.

ENTRIES OF RECATEGORIZATION

Date	Station	Category	Signature of M. O.	Date	Station	Category	Signature of M. O.
		3					

PART I. A.F.B. 179 Canada (Revised 1918). 100m. 16/11/18 D.499

Reserved for M.H.C.

Regt. No. 153121 Rank Pte Surname ANDERSON Christian Name GILBERT.

Unit or Corps (a) Overseas from United Kingdom 3rd Inf. Wks Coy. (b) in United Kingdom Can. Gen. Depot

Born at—Town Dunkeld County or Province Perthshire Country Scotland.

Date of Birth—Day 19 Month May Year 1888 Age 30 yrs. 6 months.

Joined at Winnipeg Canada Date 24 June 1915

Former trade or occupation Farmer

Permanent Marks or any peculiarity that will serve for future identification :—

Scar outer canthus L eye.

Height—feet 5 inches 3 1/4 Colour of eyes Blue

Signature of Soldier (for identification purposes) Gilbert Anderson

Medical Report

Read carefully the instructions on last page of this form.

1. DISABILITY.

Group the disabilities, placing those resulting from separate causes in separate groups.

Disabilities Group (a)	FLAT FEET.
Disabilities Group (b)	—
Disabilities Group (c)	—

2. CAUSE OF DISABILITY

		Place of origin.	Date of origin.
(i.) As to Group (a) above.	MILITARY TRAINING.	ENGLAND	NOV 1916
(ii.) As to Group (b) above.	—	—	—
(iii.) As to Group (c) above.	—	—	—

3. Is the disability due to disease contracted or injuries received prior to Active Service ?

(i.) As to Group (a) above ? No If yes, has Active Service aggravated it ? —

(ii.) As to Group (b) above ? — If yes, has Active Service aggravated it ? —

(iii.) As to Group (c) above ? — If yes, has Active Service aggravated it ? —

4. Is the disability due to disease contracted or injuries received while on Active Service ?

(i.) As to Group (a) above ? Yes

(ii.) As to Group (b) above ? —

(iii.) As to Group (c) above ? —

PART I. (continued)

5. MEDICAL HISTORY. He states "that he was on hospital always for 3 months in 1910 at Bologne to France man. with typhoid fever. He has no other illness prior to enlistment. He was struck by a motor car in Hythe June 1916 and has his head injured and was in hospital 5 days. He had an accident in the baths at Popperinghe in August 1916 injuring the left eye. He was in hospital at No 13 Stat. Boulogne for 5 weeks. He then had a board at the base and was marked B.B. (Havre Sept 1916) and sent to a labour company.
He has had trouble with flat feet ever since beginning training in England on route marches. On marching ½ mile with pack both feet become painful in the instep. He has often been excused duty and given light duty for this reason."
M.H.S Etaples. Moore Bks Shorncliffe 1-1-16 to 6-1-16 Injury Head. Disch to Duty

6. PRESENT CONDITION.

Height 5' 3¼" Weight 121 lbs.

Respiratory System — normal

Cardiac " — normal

Nervous " — normal

Alimentary " — normal

Urinary Organs — Sp. 1014 acid. albumen nil Sugar nil

See. S. — Both feet markedly flat. Painful arches on raising upon toes.

Gaping inner canthus Lt. eye owing to injury of lower lid. allows tears to escape on cheek.

General condn — good. healthy appearance mod size.

7. OPERATION. (i.) Was one performed? no (ii.) If so, state what. —

(iii.) Was one advised and declined? no

NOTE.—Loss of teeth on or immediately after Active Service should be attributed thereto, unless there is evidence to the contrary.

8. (i.) Is there loss or decay of teeth attributable to Active Service? yes.

(ii.) If so, describe. Seven extractions

9. DO YOU RECOMMEND:—

(a) Fit for duty? (state category) yes B II (b) Invalid to Canada? no

(c) Discharge from the Service as permanently unfit? no.

Date of Report 15 Dec 1918

Station Can Base Etaples

Signed C.S.Hurd Capt RAMC
Officer in medical charge of case.

I have satisfied myself of the general accuracy of the above Report, and concur therein *except Not in hospital {Officer i/c Hospital / S.M.O. Brigade} Strike out one of these*

Dated at ..... Station, on ..... 191.....

*Delete if inapplicable.

PART II.

Proceedings of a Medical Board on the Soldier mentioned in Part I.

10. Is the disability fully described in Part I. (1)? no
If not, describe it. Gaping inner canthus Lt. Eye

11. Is the cause of the disability fully described in Part I. (2)?
If not, describe it. accidental injury

12. From the medical information now adduced, was the disability caused or aggravated by:—
(a) Negligence of the Soldier — Caused? no; Aggravated? no
(b) Misconduct of the Soldier — Caused? no; Aggravated? no

13. THE ENTIRE DISABILITY.—Without regard to his regular occupation, to what extent is his capacity lessened at present for earning a full livelihood in the general market for untrained labour?
(*Estimate at none, 5%, 10%, 15%, 20%, etc.*) 15%

14. THE DISABILITY DUE TO SERVICE.—(*See Part I. (3). Aggravation on Active Service of a disability existing previous to joining is to be included in this estimate.*)
What part of the entire disability estimated next above (13) is due to causes arising during Active Service?
(*Estimate at none, 1/10, 2/10, 3/10, etc., or all.*) 3/10

15. Permanency of the Disability due to Service estimated next above in (14).
(i.) Is it permanent? yes.
(ii.) If not permanent, what is its probable minimum duration (*in months*)? —

16. If an operation was advised and declined, do you consider the refusal to have been unreasonable? n. a.

17. Can the former trade or occupation be resumed? yes

18. REMARKS:—
The Board considers that the flat feet are not due to active service. Injury to left eyelid caused whilst on active service - Tear duct injured - a permanent disability

O.G. 1-6083 — 11-11-18

19. RECOMMENDATION:—
(a) Fit for duty? (state category) yes B I (b) Invalid to Canada? no
(c) Discharge from Service as permanently unfit? no

Date of Board 16-XII-18

Station Canadian Base Etaples

Signatures of the Board: R Bonnycastle Capt - President. H Garner Major RAMC

Approved [illegible] A.D.M.S.

Dated at Station 191

OPINION OF THE MEDICAL BOARD

18. Does the Board concur with the preceding report? If not, give differing opinions, with reasons, quoting the 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.)

Arch foot plates. Permanent.

(*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.)

D.category until fitted with arch plates then categorized "c" 2

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.

E. B. Staples Capt
W. Grant Capt

President.

PLACE Winnipeg, Man.

DATE March 5, 1919

} Members

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

for *Assistant Director of Medical Services.*

MAR 12 1919

DATE.....

APPROVED BY

Director-General of Medical Services.

DATE.....

SSCarmania

657

ORIGINAL

THIS FORM WILL BE USED FOR ALL RANKS

MEDICAL HISTORY OF AN INVALID

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 Winnipeg, Man. M.D#10 DATE March 5, 1919

1. 1 (*a*) Unit 4Res./10DD (*b*) Regimental No. 153121 (*c*) Rank Pte.

(*d*) Surname ANDERSON (*e*) Christian name Gilbert McKenzie

(*f*) Home address 182 Pacific Ave., Winnipeg, Man.

(*g*) Next of Kin Mrs. M.E. Anderson (*h*) Relationship Wife

(*i*) Address of Next of Kin 182 Pacific Ave., Winnipeg, Man.

2. Age last birthday 30 Date of birth May 19, 1888

3. Enlistment, or Appointment (if an Officer) (*a*) Place Winnipeg, Man. (*b*) Date June 24/ 1915

4. Personal description:

(*a*) Height 5' 2½" (*b*) Weight 125 (stripped) (*c*) Complexion Fair

(*d*) Colour of hair D.Brown (*e*) Colour of eyes Brown (*f*) Identification marks, Scars, etc. See 10 (c)

5. Former trade or occupation FARMER

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
	3	259

C. E. F.

MILITARY DISTRICT 10 WINNIPEG, MAN. MAR 13 1919 10 M.D.

	Periods	
	From	To
Canada	June 24, 1915	Oct. 6, 1915
	Feb. 1, 1919	March 5, 1919
England	Oct. 6, 1915	Feb. 18, 1916
	Dec. 18, 1918	Feb. 1, 1919
France or other theatres of War	Feb. 18, 1916	Dec. 18, 1918.

7. Original disease, or injury (1) Flat feet . (2) Occlusion of left lachrymal duct.

(*a*) Date of origin (1) About Jan. 1, 1916 (2) In Aug. 23, 1916 (*b*) Place of origin (1) England (2) France.

(*c*) Cause (1) STRAIN OF MARCHING WITH PACK.

(2) ACCIDENTAL FALL IN WHICH HIS FACE STRUCK A STONE.

M. F. B. 227.
300M.—8-18.
1772-39-117.

EC

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 for therapeutic reasons; (d) Any other restrictions in choice of occupation.)

(1) Inability to walk with proper ease.

(2) Inability of tears to find proper outlet with consequent liability of eye to become irritated with dust, wind, etc.

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.)

(1) Antero-posterior arches of both feet obliterated. Man cannot stand on tip toe or stand on the outside margins of feet. Complains of pain on walking or on standing for a time e.g. standing at attention for ten minutes. Was very painful especially for the left foot. Has been on light duty most of the time while on active service. Can walk a mile at his own gait. Would have to fall out of route march in 200 yards.

(2) Complete occlusion of left lachrymal duct(see Ophthalmic report attached) Inner half of lower lid slightly everted and swollen. Region of inner ~~canthus~~. canthus generally has slightly inflamed appearance. Appearance is wet.

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

Special Senses No Respiratory System No Integumentary System No

Disturbances of Mentality No Digestive System No Muscular System No

Osseous and Joint Systems Except as above stated in(1) Any other general condition No

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

(1) States that feet started to bother him while in training in England, since then as the docket shows he has been several times boarded and assigned to P.B. duty.

(2) On Aug. 23,1916 man fell and inner canthus was injured. He was given surgical dressings and it healed with occlusion of tear duct on that side. It has intermittently given trouble when dirt entered eye or in windy weather.

10.—(b) (Here give a complete history, as obtained from invalid, with dates of origin, of any affection from which the invalid, has suffered either prior to or since enlistment, and not included in Section 10 (a).)

Previous to enlistment- typhoid in 1912.

During enlistment- None

(c) (Here give a description of wounds, scars and deformities.

Enlarged and thickened rim of lower left eyelid, papilla very prominent

11.—(a) Did the disabling condition have its origin before enlistment? 1-2 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.)

1-2 Not applicable.

12. Was the disability caused, or aggravated; (a) by intemperance, or improper conduct; or (b) by unreasonable refusal to accept treatment? (a) 1-NO NO (2) No No (b) 1-No 2-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? 1-2 Permanent.

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

1- Rest and plaster bandages.

2- Surgical treatment.

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit? 1-Yes
(If the answer is "yes" state nature of treatment required and probable duration)

fitting with proper foot plates, (2) No.

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

17. Recommendations

THAT HE BE FITTED WITH PROPER ARCH FOOT PLATES.

W Grant Capt
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 G. M.C 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

G Mc Anderson Rank.
Signature of invalid examined.

MARRIED OR SINGLE Married.

PLACE OF BIRTH Dunkeld, Perthshire, Scotland

NAME AND ADDRESS OF NEXT OF KIN Mrs. J. Anderson.
182 Pacific Avenue Winnipeg.

RELATIONSHIP OF NEXT OF KIN Wife

NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF KIN

SEPARATION ALLOWANCE MONTHLY $ EFFECTIVE (DATE)

PAYABLE TO

RELATIONSHIP OF DEPENDANT

CASUALTIES, PROMOTIONS, &c.

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ADMISSIONS TO HOSPITAL, &c.

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

REG'L. No. 153121 RANK Pte NAME Anderson, Gilbert McKenzie

IF IN PERMT. CORPS WHAT UNIT UNIT 43rd. TRANSFERRED TO 1st Can. Res. Bn. DATE 1/5/17. AUTHORITY Com. Roll

PERMANENT FORCE ALLOWANCES TRANSFERRED TO DATE AUTHORITY

PLACE OF ATTESTATION Winnipeg. TRANSFERRED TO DATE AUTHORITY

DATE OF ATTESTATION June 24th 1915. TRANSFERRED TO DATE AUTHORITY

ASSIGNED PAY MONTHLY $ 15.00. DATE EFFECTIVE

PAYABLE TO Mrs Mary E. Anderson. 18 Pacific Ave., Winnipeg. RELATIONSHIP Wife

ASSIGNED PAY MONTHLY $ DATE EFFECTIVE

PAYABLE TO RELATIONSHIP

STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) EFFECTIVE REASON

DISCHARGE DATE AND PLACE REASON AND AUTHORITY

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

2-C1

DATE	PAY No. OF DAYS	PAY RATE	PAY AMOUNT $	PAY AMOUNT C.	FIELD ALLOWANCE No. OF DAYS	FIELD ALLOWANCE RATE	FIELD ALLOWANCE AMOUNT $	FIELD ALLOWANCE AMOUNT C.	WORKING OR SPECIAL PAY No. OF DAYS	WORKING OR SPECIAL PAY RATE	WORKING OR SPECIAL PAY AMOUNT $	WORKING OR SPECIAL PAY AMOUNT C.	ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS 1 No.	1 Date	2 No.	2 Date	3 No.	3 Date	4 No.	4 Date	CASH PAYMENTS 1	2	3	4	ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE CREDIT	BALANCE DEBIT	PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
April			152				15	20						27 60	194 80											73 56	90		163 56	31 24				
1-30	30	1.00	30		30	1.00	3								33												15		15	49 24				
May																																			
1-31	31		31		31		3	10							34 10	304	3rd R.S.S. 14/4/16							2 62				15		15	68 34				
June																323	25/4/16							2 62											
1-30	30		30		30		3								33	419	13/5/16							2 55											
																489	26/5/16							2 56				15		25 35	75 99				
July.																574	24/6/16							2 55											
1-31	31	-	31		31	-	3	10							34 10	648	9/7/16							2 56				15		20 11	89 98				
Aug.																723	2447.							2 62				15		18 62	106 46				
1-31	"	"	31		"	"	3	10							34 10	650	(317)							3 48											
Sep																795	11/8							2 62				15		21 10	118 36				
1-30	30		30		30		3								33	6525	17-9							6 48											
Oct																6634	25-9							4 36				15		35 93	116 53				
1-31	31		31		31		3	10							34 10	7121	4-10	CBD						4 36											
																7231	11-10							5 23											
																1458	27-9	17-11						11 34											
Nov																1376	6-10	25-10																	
1-30	30		30		30		3								33									2 62				15		28 96	1 30 57				
Dec	31		31		31		3	10							34 10	1751	27-11	24-11						2 62				15		17 62	137 05			137 05	
			427	70			42	70																											
			469	70										27 60	497 30									6169	73 56	225		360 25	137 05					

153121. Pte Anderson G. McK. Alay. 15th Lanc.

DATE 1917	PAY No. of Days	PAY Rate	PAY Amount $	PAY Amount c.	FIELD ALLOWANCE No. of Days	FIELD ALLOWANCE Rate	FIELD ALLOWANCE Amount $	FIELD ALLOWANCE Amount c.	WORKING OR SPECIAL PAY No. of Days	WORKING OR SPECIAL PAY Rate	WORKING OR SPECIAL PAY Amount $	WORKING OR SPECIAL PAY Amount c.	ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS 1 No.	1 Date	2 No.	2 Date	3 No.	3 Date	4 No.	4 Date	CASH PAYMENTS 1	2	3	4	ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE Credit	BALANCE Debit	PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
			46	90										27 60	49730					2135 3-7-17				61	69	73	56	225		360 25	137 05			137 05	
Jan.	31	100 10	34	10											34 10					1895 15-11-16				2	62										
																								2	61			15		20 23	150 92			150 92	
Feb	28	"	28	80											28 80					2700 3 Fanuel 17/17				2	62			15		17 62	164 10		Nil		
																				2409 37A 29/11/17				2	61										
																				1787 CCA 23/11/17				2	61										
Mar	31	"	34	10											34 10					1628 " "				2	62			15		28 95	164 25				
																				2208 CCC 23/11/17				3	49										
April	30	"	33	00											33 00					1927 " 8-3-17				2	62			15 00		17 62	184 63				
																				80 Bal. 7/17															
May	31	"	34	10											34 10									2	67	✓	48	66	15		15	202 73		Nil		
																								2	68										
June	30		32	00											32 00					566 CCC 12/5 68 M 24/6				2	62	✓	72	00	15		144 63	92 10				
																				762 " 28/6 " 24/6															
																				233 " 24/6 " 15/8/17															
July	31		34	10											34 10													15		15 00	111 20				
Aug	31		34	10											34 10													15		15 00	130 30				
																				15856 C.B.C. 14/9/17				2	67										
Sept	30		33												33					728 " " 11/6				2	68			15		23 03	140 27		Nil.		
																				550 528 " 3/8										6 97 33					
			110	00										27 60	137 60									102	1	195	77	360		654 33					

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR 3	DR 4	BALANCE
	Bal Brot.	140 27							140 27 Nil
Oct.	P. Pay.	34 10		DN. 1634. 12/3/17. C.C.C.C.		4 46			
				DN. 2209. 10/5/17 66. Leg 60.		2 65			
				AM. 10/29. C 148. 3rd. Cashier Spt 4.	14/17	48 67			
		34 10				55 81			15 10 35 56
Nov.	"	33		2703 # 7 66 2-10-17		3 14			
Dec	"	34 10		109 1st Div. RE 13-10-17		3 57			
				5533 H.Q. Div. S.C. 19-9-17		3 57			
						14 28			15
		67 10				14 28			15 12 6 38
1918 Jany.	9	34 10		507. C.C.H.Q.S.S. 15-12-17		4 46			
				653. 27th Bn 18-9-17		2 68			
				2006 4 Sigs. 20/8/17.		3 57			
				AR 7 - C.C.H.Q. - 1/12/17		4 46			
		34 10		Cash		15 17			15 130 31

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR 3	DR 4	BALANCE
				Bal Fd.					130 31
	Yeley P.P.	30 80		AR. 1157. C.C.C.C. 27-18.		4 46			
				1528 do 14-1-18		5 35			
				#337 C.C.S.C. 2-2-18		4 46			
				761. C.C.T.C. 17-11-17		12 49			
				Cash					15
				AR. 1214 2nd Div. Sig. Coy 7-9-17		3 56			115 79
		30 80				30 32			15
	March P.P.	34 10		Cash					15
				AR. 1908. C.C.C.C. 17-2-18		4 46			
				3398 do 25-2-18		82 73			
				C.R. 234. 1-3-18		9 73			
				" 1371. 4-3-18		19 47			
				AR. 2145. C.C.C.C. 25-2-18		10 71			
				" 16. O.C.B. 8-11-17.		12 49			
				" 677. C.C.T.C. 2-11-17		4 46			9 16
		34 10				114 05			15

P 820
12474—375M—13-2-18.

* Strike out whichever inapplicable.

ASSIGNED PAY.	* ~~ENGLAND~~ OR CANADA.	SEPARATION ALLOWANCE.	* ENGLAND OR CANADA.
EFFECTIVE DATE:–		EFFECTIVE DATE:–	
AMOUNT:– $15.00		AMOUNT:–	

NAME:– ANDERSON. Gilbert McKenzie.

NUMBER:– 153121.

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 Mary E. Anderson. Wife.
183 Pacific Ave.
Winnipeg
Stopped Effec 1.2.19

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		Private.

UNIT AND TRANSFERS

ORIGINAL UNIT:– 43rd Bn

DATE ACCOUNT FIRST OPENED:– 1-4-16.

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO
			7th Area Emb Co
100 9/3/18	1/8/18	20/8/18	Lab Pool.
46. 17/8/18	1/8/18	20/8/18	1 C.G.W.Bn

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
9.12.18	Without	A.S.C.B.J. see Cancel Notation £2	9 13				
24.12.18	3615	Witley. £10.	48 69				
						1 Hy Bn Total £	93 69

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALLCE
	1 –	10		
£ 35.79				

Rec'd a/c Wages Rolls 1st & 2nd Q. Witley 5.1.19. Cr to 31/12/18 Rec'd a/c Pay & Allce

PARTICULARS OF RENDERING NON-EFFECTIVE:

MONTH 1918	PARTICULARS	CR. 1	CR. 2.	PARTICULARS	DR. 1	DR 2.	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
31 March	Balance Forward								9 16		
April	P.P.	33 –		C.A.P.				15			
				A.R. 574. CCHQ. 16-4-18.	2 68						
				" 89 do. 2-4-18	2 68						
				~~" 440. 1st+2nd Tram Co. 19-4-18~~					3 48		
		33 –			5 36			15			
May.	P. P.	34 10		C.A.P.				15			
				A.R. 916. CCHQ. 3-5-18	2 68				19 90		
		34 10			2 68			15			
June	P.P.	33 –		C.A.P.				15			
				A.R. 439. Tram Coy CE. 5-6-18	3 57						
				D.N. 370. - do - 20-5-18	2 68						
				A.R. 528. - do - 18.6.18	4 46				27 19		
		33			10 71			15			
July.	P.P.	34 10		C.A.P.				15			
				A.R. 624. Tram Coy C.E. 1-7-18	3 57				38 26		
				" 827 - do - 16-7-18	4 46						
					8 03						
		34 10			8 03			15			
Aug	P P	34 10		C.A.P.				15	57 36		
				BN. 486. 1 C.G.W.B 12-8-18	3 57				53 79		
				A.R. 1359. 4 D. Sig Co 5-8-18	3 57				50 22		
				Dy. 560. 1 C.G.W.B 31-8-18	3 57				46 65		
		34 10			10 71			15			
Sep	P P	33		C.A.P.				15	64 65		
				A.R. 614 15/9/18 1st. C.G.W.B.	3 57				61 08		
				A.R. 34 30/9/18 C.G.W.	4 46				56 62	Fixed 27 54	
		33			8 03			15			
			4 0 4 6								

NUMBER 153121 RANK Pte NAME Anderson. G. Mc.

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
	Forward								56 67	a greed 1.2.19	
Oct	P.P.	34 10		cap				15 -	75 72		
				aR 225 6 h G ✓ 31.10.18	8 39				67 33		
		34 10			8 39			15			
Nov	"	33		cap				15	83 33		
				aR 444 6 L G ✓ 21.11.18	16 79				68 54		
				212 3 C D HQ ✓ 11.12.18	3 73				64 81		
				766 6 G B D ✓ 16.12.18	4 66				60 15		
Dec	"	34 10		Cap				15	79 25		
Jan	✓	34 10		Cap.				15 -	98 35		
				Dec 7024 6 G D 13.12.18	4 66				93 69		
		101 70			29 84			45 -			
				a P 94195 30.12.18	9 73				83 96		
				aR 599 Rhul 16.1.19	9 73				74 23		
				1068 " 28.1.19	9 73				64 50		
		- -		Dec 36154 Res 21.12.18	48 67				15 83		
					77 86			— -			

SOS to Canada 1/2/19. SL 10 4 Res

AUDITOR | PAYMASTER

1024.

M. ~~or S.~~

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

REGT. No. 153121 RANK Pte NAME (IN FULL) Anderson. G. M.K.

(BLOCK LETTERS SURNAME FIRST)

NEXT OF KIN — RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? Yes — DATE EFFECTIVE 1/3/19

TO WHOM PAID Mrs M E Anderson — RELATIONSHIP wife

ADDRESS 182 Pacific Ave Winnipeg

PARTICULARS	EFFECTIVE DATE	AUTHORITY

20

ORIGINAL UNIT C.E.F. 79th Batt — IF IN P.F. WHAT UNIT?

PLACE OF ATTESTATION — TRANSFERRED TO — DATE — AUTHORITY

DATE OF ATTESTATION — TRANSFERRED TO — DATE — AUTHORITY

ASSIGNED PAY $ 15.00 — DATE EFFECTIVE 1/3/19

PAYABLE TO — RELATIONSHIP wife — ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS 182 Pacific Ave. City

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE — EFFECTIVE

DISCHARGED — PLACE Mtl — DATE 20/3/19 — REASON D — AUTHORITY D077 — IF ENTITLED TO POST DISCHARGE PAY

183 Days W Sq.

MONTH	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $	AMOUNT C.	OTHER CREDITS $	OTHER CREDITS C.			TOTAL CREDITS $	TOTAL CREDITS C.	ACQUITTANCE ROLLS COL. NO. 1 NO.	COL. NO. 1 DATE	COL. NO. 2 NO.	COL. NO. 2 DATE	COL. NO. 3 NO.	COL. NO. 3 DATE	CASH PAYMENTS COL. NO. 1 $	COL. NO. 1 C.	COL. NO. 2 $	COL. NO. 2 C.	COL. NO. 3 $	COL. NO. 3 C.	ASSIGNED PAY $	ASSIGNED PAY C.	REGIMENTAL CHARGES $	REGIMENTAL CHARGES C.	OTHER CHARGES $	OTHER CHARGES C.			TOTAL DEBITS $	TOTAL DEBITS C.	BALANCE DEBIT $	BALANCE DEBIT C.	BALANCE CREDIT $	BALANCE CREDIT C.	PARTICULARS OR REMARKS
BALANCE FROM PREVIOUS ACCOUNT																													34	38							Dr 34 38 1/3/19
1/3/19 28/2	28	1.10	30	80	11	20			42	-			18815				7	62½											34	38			42				Cr Balance 1/3/19 21 d.a.
1/3 Mar 28/3	20		22	-	20 35	-			77	-			24357		24358		47	-	20	-			10	-							77	-					Cr Balance 1/3/19 20 d.a. 77
			57	80	6	20			140								50		20	-									4	34			4				
1919																																						
Mar 20	183								600				136550	70																							70 - 1st Payment W Sq.
													12655						30	-																	30 - 1st " " da.
apl 20													552[illegible]	70																							70 - 2nd " "
													45						30	-															500 -		30 - 2nd " " da.
May 13																															4	66			400 -		30 - 2nd " " da.
" 20													57105	8					70																395	34	Cash advance as per Militia C.P.C. 11/3/19 file A 271
													05	9					30																			70 - 3rd Payt. W Sq.
June 20													7684	71					70	"															295	34	30 - " " " da.
													47	2					30	"																	70 - 4th " "
July 20													79376	6					70	"															195	34	30 - " " " da.
													767						95	"																	75 - 5th " "
																																			95	34	30 - " " " da.
											Cheq	20	12[illegible]310	-			65	34																			65 34 Total
													311						30																			30 SF
									600				4115	34			180												4	66			420		600		

AUDITED AUG 19 1919

Audit Clerk

M.O. 19

180M—1-19.—L. L. 83843—6 & D. 9725.
M. F. W. 2596.
1272-50-180.

a/c closed.