REGIMENTAL DOCUMENTS

NAME ANDERSON. JOHN. JAMES REGT. NO. 2700645 UNIT 6th C. G. R. H. Q. FILE NO. 8946

	CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
2	ATTESTATION PAPER (M.F.W. 23, 133, or 51) 3					DEATH
1	CASUALTY FORM (M.F.W. 54 or A.F.B. 103) 1					Category
1	~~TRAINING HISTORY SHEET (M.F.W. 113)~~ A sheet					
1	FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122) 1					
	REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120) 1					
	COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121) 1					
1	MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178) 2					DISCHARGE
1	DENTAL HISTORY SHEET (M.F.B. 465) 1					Category
	MEDICAL REPORT (M.F.B. 227 or A.F.B. 179) 1					Demob.
1	MEDICAL EXAMINATION (M.F.W. 129) 1					
1	TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2) 1					
	PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)					
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W. 2539
100M-11-18
1772-39-1377

6th, Batt, Can. Garrison Regt, C.E.F. ORIGINAL

ATTESTATION PAPER.

No. 2700645

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname? — Anderson
1a. What are your Christian names? — John James
1b. What is your present address? — Halifax N.S.
2. In what Town, Township or Parish, and in what Country were you born? — Westville Pictou Co.
3. What is the name of your next-of kin? — Mrs Catherine Anderson
4. What is the address of your next-of-kin? — 3 Almon Place, Hfx
4a. What is the relationship of your next-of-kin? — Wife
5. What is the date of your birth? — October 9th 1882
6. What is your Trade or Calling? — Miner
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? — Yes Composite Bn.
10. Have you ever served in any Naval or Military Force? — Yes Composite Bn 3 yrs.
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? — ~~Yes~~ No.
14. If so, what was the nature of the disability? — ~~Medical unfit~~ Nil
15. Have you ever offered to serve in any Branch of His Majesty's Forces and been rejected? — Yes
16. If so, what was the reason? — Medically unfit.

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, John James 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.

John J. Anderson (Signature of Recruit)

Date November 6th 1918. Capt [illegible] (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, John James 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.

John J. Anderson (Signature of Recruit)

Date November 6th 1918 Capt [illegible] (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 Halifax N.S. this 6th day of November 1918.

[illegible] (Signature of Justice)

to Sec Lieut Army Pay Corps

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.

Service reckons from 2-2-16.

Description of Anderson. J. J. on Enlistment.

Apparent Age 32 years 4 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5 ft. 6¼ ins.

Chest measurement: Girth when fully expanded 37 ins.; Range of expansion 3 ins.

Complexion fair

Eyes brown.

Hair brown.

Religious denominations:
- Church of England ✓
- Presbyterian ✓
- Methodist ✓
- Baptist or Congregationalist ✓
- Roman Catholic R.C.
- 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).

Nil

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 Nov. 20th 1918.

Place Halifax N.S.

E. K. MacLellan
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:—

Loss of Terminal Phalanx R. Index finger

CERTIFICATE OF OFFICER COMMANDING UNIT.

J. J. 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.

J. W. Grant Major for (Signature of Officer)

Date NOV 27 1918 191 .

LT. COL.
O. C. 6th. Batt Canadian Garrison Regt. C. E. F.

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 2400645 (Rank) Private

Name (in full) John James Anderson enlisted in

the 6th Canadian Garrison Regiment Battalion

CANADIAN EXPEDITIONARY FORCE at Halifax NS on the Eighth

day of November 19 18

HE served in Canada.

and is now discharged from the service by reason of Demobilization

H.Q. F68-8-1

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

Age	36 9/12 yrs	Marks or Scars	
Height	5' 6 1/2"		
Complexion	Fair		
Eyes	Brown		
Hair	Brown		

J. J. Anderson
Signature of Soldier

G L Mott
Issuing Officer

Major
Rank

O. C. 6th ~~Bn~~ Canadian Garrison Regt. C. E. F.
Appointment

Date of Discharge JUL 21 1919

Signed at Halifax NS this 21 day of July 1919

in Military District No. 6.

File Reference No.

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

M. F. W. 39a.
250m —6-18.
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

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

.....

Name of Officer

.....

Rank

.....

Appointment

MILITARY SERVICE ACT, 1917.

MEDICAL HISTORY SHEET.

1. Surname Anderson Christian name John James

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

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

4. Address (including street and number if any) Westville ~~MX~~ Pictou Co. N.S.

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the ..... day of ..... 19....., by the undersigned medical board sitting at .....

5. Age as stated 32 Years 4 Months. 6. Apparent age ..... Years ..... Month

7. Height 5 Feet 6¼ Inches. 8. Weight 151 Pounds.

9. Chest measurement { Minimum 34 Ins. / Maximum 37 Ins. } 10. Complexion fair { Eyes blue / Hair brown }

11. Physical development good { Good / Fair / Poor } 12. Smallpox marks none

13. Number of vaccination marks { Right arm 1 / Left arm ..... } 14. When vaccinated last Child

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

Scar thalang right index amputated

16. Slight defects but not sufficient to cause rejection

The man denies having had { Rheumatism, Tuberculosis, Nervous or Mental disorder. Epilepsy Syphilis, Asthma. } We find no evidence of past { Rheumatism Tuberculosis, Nervous or Mental disorder. Epilepsy Syphilis Asthma }

(Strike out disease admitted or suspected)

We have examined the above named man in accordance with the C. E. F. Regulations for medical examinations, and he is placed in Category A 11

17.
(a) Vision. R. 20 L. 20
(b) Hearing. R. normal L. normal

Signature of Man

..... President.

..... Member. H P McGrath Capt Member.

Date	Result	Vaccinations	Date	Result	Anti-Typhoid Inoculations, Etc.
		M. O.	5.7.19.	1 AB /	Jas Mundock M. O.
		M. O.			M. O.
		M. O.			M. O.

Joined 2nd. *day of* February *19*16 *at* Halifax, N.S.

	Corps	Reg'tl Number	Habits	Date
Joined on enlistment	~~Comp. Batt'n.~~ H. Lis	~~1447~~ 2700645		~~2-2-16.~~ 9-11-18
Transferred to	6th C&R			

If raised in category, record category in a square. The M. O. will initial and date.

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station	Date	Disease	Result
Halifax	5.11.18	—	A2 Ex. marchent Capt Cmdg

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

M. F. B. 313.
300M.—4-18.
1772-39-439.

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

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				

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

NAME OF SOLDIER Anderson J. J.

REGIMENT 6th C. G. R. RANK Bte.

DISTRICT M.D. 6.

No. 1447. 2700643

M.F.B. 465.
200M.—6-18.
1772-39-950.

INSTRUCTIONS

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

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

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

	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	OPERATOR	Military District	REMARKS
Condition on first Examination																							

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. 270645 Rank Pte Surname Anderson
(Give name in full)
John James

Unit or Corps 6th C.M.R. Birthplace Wilsville U.S.

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

1. **GENERAL DESCRIPTION:**

Physique good Weight 163 lbs. Height 5 ft. 6½ in. Colour of Eyes Brown

Nutrition good

Pulse 70

Condition of arteries good

Vision Rt. 20/20 Left 20/20

Hearing (conversational voice) Rt. 25 ft.

Left 25 ft.

Identification marks, scars, or deformities.
(Give cause and date of origin.)
Terminal phalanx rt middle finger missing

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 Halifax.....(Canada)

Date July 21st 1918..... Signed R. T. Brown Capt Lieut.....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 J. J. 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. 133.
1033 (D.P.) 500M-11-18.
1772-39-1142.

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.

2700645 Unit, Regiment or Corps Comp Unit att 6th C. G. R.

Regimental No. ~~1447~~ Rank Pte. Name Anderson J. J.

Enlisted (a) 2-2-16 Terms of Service (a) C. E. F. Duration of Wars Service reckons from (a) 2-2-16

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) (Miner)

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
		Struck off Strength Composite Unit 8-11-18 on transfer to 6th Batt C. G. R.	Halifax N. S.	8-11-18	Edwin McKay Capt O. C. Comp. Unit
		Taken on strength of 6th Batt C. G. R. 9-11-18	Halifax N. S.	9-11-18	Edwin McKay Capt O. C. H. Dep

S.O.S. 6th C.G.R. C.E.F., HALIFAX, N.S. 21. 7. 19
DEMOBILIZATION H.Q. 868-8-1
S.O.S. D.O. Pt. 11 No. 203 JULY 22. 19

A. H. Mackay Capt ~~LIEUT.~~
OFFICER i/c RECORDS 6th. C.G.R. C. E. F.

(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				

H. Q.

M. D. No. 6

Surname Anderson

T. O. S. Nov 27th 1918

Christian names John James

D. O. Pt. II 211 of 27-11-18

Regtl. No. 27 0 0 6 4 3 Rank Pte

S. O. S. Dis 21.7 1919

Unit Can Gar Regt (6th Bn)

Reason Demob

Auth. DO 203 of 22.7-19 6th Del. C. G. R.

Next of kin Anderson Mrs Catherine

Relationship Wife

Address 3 Almon Place Halifax N.S.

Also notify:

BORN—Place Canada Westville N.S. Date Oct 9th 1882

ATTESTED—Place Halifax N.S. Date Nov. 6th 1918

O/S

R/C

W. 22—100M-7-18. 1772-39-839.

C ~~A~~ ~~H~~

M. F. W. 71—500M.—6-18.
1772—39—961.

6th, Batt, Can. Garrison Regt. C.E.F.

NAME Anderson,

REGIMENTAL NO. 2700645

RANK John James Pte.

ENLISTED AT Halifax

PROMOTIONS, &c. AND DATE

DATE 27.11.18

IF SERVED PREVIOUSLY, STATE UNIT, &c. Comp. Unit

MARRIED, WIDOWER, OR SINGLE Married

NEXT OF KIN Mrs Catherine Anderson

RELATIONSHIP wife

ADDRESS OF 3 Almon Place, Halifax, N.S.

ASSIGNMENT OF PAY $ Trade or Calling C. TO Miner

ADDRESS Category A II

SEPARATION ALLOWANCE, ENTITLED OR NOT Date of Birth 9-10-1882

DATE APPLICATION FORWARDED TO DIVISIONAL PAYMASTER Height 5-6½

IN WHOSE FAVOUR Religion R. C.

Comp. Fair Eyes Brown Hair Brown

CASUALTIES, &c.

NATURE E.G. ABSENCE, PROMOTION, &c.	PART II. D. O.		REMARKS IF IN HOSPITAL, NOTE NAME, &c.
	No.	DATE	
Trans A 3-1-19	3	3-1-19	
" C.C. 11.2.19	B.O. 461	11.2.19	
S.O.S. 21-7-19 Demobd	203	22-7-19	H.2.868-8-1.

List of Discharge Documents.

Reg. Conduct Sheet,	Militia form B. 263	Attestation Paper or Particulars of Recruit	Militia Form W. 23 " W. 133
Squadron / Battery / Company } Conduct Sheet, or Field Conduct Sheet	" B. 263a " W. 178	Proceedings on Discharge	" B. 218
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.

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.

129

Proceedings on Discharge.

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

No. 2400645

Rank Private

Surname Anderson

Christian name John James

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

Corps (Squadron, Battery or Company) 6th, Can. Garrison Regt. C.E.F.

Date of discharge JUL 21 1919

Place of discharge Halifax N.S.

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age 36 years 9 months.

Height 5 feet 6¼ inches.

Complexion Fair

Eyes Brown

Hair Brown

Trade Miner

Intended place of residence (To be given as fully as practicable.) 10 Creighton St Halifax N.S

Descriptive marks

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

Authority for discharge A.C.I. 865-8-1

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) Halifax NS. J. J. Anderson *(Signature of Soldier.)*

(Date) JUL 2 1 1919 E Snook ACSM *(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) Halifax NS.

(Signature) G L Mott

Major

(Date) JUL 2 1 1919

O. C. 6th Dist Canadian Garrison Regt. C. E. F.

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.)

M. OR S.

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

AUDITOR | PAYMASTER

REGT. No. 2700625 RANK Pte NAME (IN FULL) Anderson J. James (BLOCK LETTERS SURNAME FIRST)

NEXT OF KIN: Katherine Anderson wife — RELATIONSHIP
ADDRESS: 3 Almon Place, Halifax
IS SEPARATION ALLOWANCE PAID? yes — DATE EFFECTIVE

TO WHOM PAID: Katherine Anderson — RELATIONSHIP
ADDRESS: 3 Almon Place, Halifax

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ORIGINAL UNIT C.E.F.: Comps. Bn
IF IN P.F. WHAT UNIT?
PLACE OF ATTESTATION: Halifax — TRANSFERRED TO: 6 D.B.D.E.R. — DATE 1/5/18 — AUTHORITY
DATE OF ATTESTATION: 2/2/16 — TRANSFERRED TO — DATE — AUTHORITY
ASSIGNED PAY $ 15.00 — DATE EFFECTIVE
PAYABLE TO: Katherine Anderson — RELATIONSHIP
ADDRESS
ANY CHANGE IN ASSIGNEE OR ADDRESS: 10 Creighton St. Halifax
STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE — EFFECTIVE
DISCHARGED — PLACE Halifax — DATE 21/4/19 — REASON Demobilization — AUTHORITY D.O. 2036/22-7-19 P.O. 1328 — IF ENTITLED TO POST DISCHARGE PAY

MONTH	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $	AMOUNT C.	OTHER CREDITS $	OTHER CREDITS C.	$	C.	TOTAL CREDITS $	TOTAL CREDITS C.	ACQUITTANCE ROLLS COL. NO. 1 NO.	DATE	COL. NO. 2 NO.	DATE	COL. NO. 3 NO.	DATE	CASH PAYMENTS COL. NO. 1 $	C.	COL. NO. 2 $	C.	COL. NO. 3 $	C.	ASSIGNED PAY $	C.	REGIMENTAL CHARGES $	C.	OTHER CHARGES $	C.	$	C.	TOTAL DEBITS $	C.	BALANCE DEBIT $	C.	BALANCE CREDIT $	C.	PARTICULARS OR REMARKS
BALANCE FROM PREVIOUS ACCOUNT	30	1.10	33	–			10	20	43	20	15	15/4	26	29/4			10	–	8				45	–	25						63	25			9	95	Lt. L.C. 85 AR 21
							30																														
May	31	1.10	34	10	9	95	30		74	05	34	12/3	44	29/5			10		8	80			45	–	25						67	05			10	–	Br P.O.
June	30	1.10	33		10	–	30		73		49	9/6	63	25/6			10	–	7	85			45	–	15						63	–			10	–	
July	21	1.10	2	10	21	00					77	12/7					10	–	46	58	31	–			1	52											C.M.V. 1st – 0536 Allce. Xco. Allce. –
1 21/4/19	21	1.00	21	00	35	00	10	00	89	10					82	18/7/19			38	58	21	00									89	10					
					100		30		100	–	83	22/7					70	–			30	–									100	–					1st Payment W.S.G.
92 days					210	00	90	00	300	00											70	00	3	00									140		60		1st Payment W.S.G.
																					70		30										70		30		112 (1/2) / 4 vr 5/11
																					70		30										Nil		Nil		14 924 85 19/9/19
			210	–	90	–	300	–													210	–	90	–							300	–					

All payments W.S. Granted
S.T. Allum Lt

100M-1-19.—L. L. 53962—M. & D. 9723.
M. F. W. 2596.
1772-39-1390.