REGIMENTAL DOCUMENTS

NAME ANDERSON. Louis REGT. No. 1049293 UNIT C. F. C. H. Q. FILE No. 9054

	CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
3	ATTESTATION PAPER (M.F.W. 23, 133 or 51)					DEATH
2	CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					CATEGORY
1	~~TRAINING HISTORY SHEET (M.F.W. 113)~~ Record Sheet.					
1	FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
1	REGT. CONDUCT SHEET (M.B.W. 263 or A.F.B. 120)					
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2	MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
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4	CARDS					
Yes	PAY-SHEETS					
1	MFW. 67					
1	MFW. 125					
						8-29
						23-29
						31-30
						2.

W. 2589
25M.—1-23
1772-39-1377

199TH BATTALION C.E.F.
IRISH CANADIAN RANGERS

242nd BATTALION C.E.F.

Originally 2nd Forestry Battalion "D"

ORIGINAL

ATTESTATION PAPER.

No. 104293

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?	Louis,
1b. What is your present address?	Salmon Arm, B.C.
2. In what Town, Township or Parish, and in what Country were you born?	Umea, Sweden.
3. What is the name of your next-of kin?	Mrs W. Anderson,
4. What is the address of your next-of-kin?	319 West Dravis St, Seattle, Wash, U.S.A.
4a. What is the relationship of your next-of-kin?	Sister
5. What is the date of your birth?	26th September 1882.
6. What is your Trade or Calling?	Logger.
7. Are you married?	No.
8. Are you willing to be vaccinated or re-vaccinated and inoculated?	Yes.
9. Do you now belong to the Active Militia?	No
10. Have you ever served in any Military Force? If so, state particulars of former Service.	Yes. Infantry: Sweden.
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.

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Louis 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.

Louis Anderson (Signature of Recruit)

Date OCT 14 1916 191 . H. Wright Sergt. (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Louis 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.

Louis Anderson (Signature of Recruit)

Date OCT 14 1916 191 . H. Wright Sergt. (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 Kamloops B.C. this 14th day of October 1916

J. L. Robinson (Signature of Justice)

L.P.

M. F. W. 23
750M—5-16
H. Q. 1772-89-341

Description of Anderson Louis on Enlistment.

Apparent Age 34 years ..... months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

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).

Height ..... 5' ft. 4½ ins.

Chest measurement { Girth when fully expanded ..... 35 ins.
Range of expansion .... 1 ins.

Complexion fair
Eyes blue.
Hair brown

Religious denominations.
Church of England —
Presbyterian —
Methodist —
Baptist or Congregationalist —
Roman Catholic —
Jewish —
Other denominations (Denomination to be stated.) Lutheran.

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 October 14th 1916. J S Burris.

Place Kamloops BC. .....
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.

Louis 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 B Donnelly, Major for (Signature of Officer)
242nd. Can. Forestry Battalion, C. E. F. Lt. Col.

Date 14.10. 1916.

District Depot M.D. XI
JUN 5 1918
Discharge Section

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 1049293 (Rank) Private

Name (in full) Louis Anderson enlisted in

the 142nd Battalion

CANADIAN EXPEDITIONARY FORCE at Kamloops B.C. on the 14th

day of October 1916

HE served in France with the 2nd C.M.Rs

and is now discharged from the service by reason of having been found Medically unfit for further Service K.R.O. Can: 1917. 377. 10

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

Age	46 Years	Marks or Scars	1 Vacc: mark
Height	5 ft. 4 1/2		right Arm.
Complexion	Fair		
Eyes	Blue		
Hair	Brown		

L Anderson
Signature of Soldier

H.B. Andrews
Issuing Officer

Captain
Rank

Date of Discharge 5th June 1918

O.C. Discharge Sec. D.D. XI
Appointment

Signed at Victoria B.C. this 5th day of June 1918

in Military District No. XI

File Reference No. D.D. A. 2448

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

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

No. 1049293 (Rank) Private Name L. Anderson

Unit 242nd Battalion

Address on Discharge Salmon Arm B. C.

Character and Conduct Very good.

Former Occupation Farmer

Special Qualifications of Value in Civil Life

Medals and Decorations

Remarks European War France 4 Months

Signed at Victoria B. C. this 5th day of June 19 18

H. L. Anderson
Name of Officer

Captain
Rank

O. C. Discharge Sec. D.D. X I
Appointment

DEPARTMENT OF MILITIA AND DEFENCE.

25401/509

WAR SERVICE SECTION
FEB 17 1919
C. E. F., M. D. XI

WAR SERVICE GRATUITY.

District Paymaster
M. D. 11

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 Louis 2. Surname Anderson
3. Rank Private 4. Original Unit 242nd Batt. 5. Reg. No. 1049293
6. Address, in full, to which future payments of gratuity are to be forwarded
Louis Anderson
Sicamous B.C.
7. Date of enlistment in the C.E.F. the 14th day of October 1916
8. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge None
9. Relationship of such dependent None
10. Address, in full, of such dependent not applicable
11. Is said dependent now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? 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:—
Left Canada on Dec 22nd 1916 with 199 Batt serving with 2nd C. M. R. and other Batt until discharged June 5th 1918.
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 Served overseas.
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 From Oct. 14th 1916 to June 5th 1918, enlisted with 242 Batt. Transferred to 199th Batt and 2nd C. M. R.
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.

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

19. Have you already received any payment of Post Discharge Pay or War Service Gratuity? If so, state amount you and your dependents have already received and by whom paid ... Received $100.00 Post Discharge pay

20. Have you been issued with a War Service Badge? If so, what class ? Class A and B.

21. Have you, during the present war, served in the Imperial Forces ? No.

22. Are you entitled to receive, or have you received any gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled ... No.

23. (a) Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England ? No.
(b) If so, was such reversion in consequence of misconduct or inefficiency? No.

24. Are you now serving in the C.E.F.? No. If not, give:—(a) Date of discharge June 5th 1918 (b) Reason for discharge Sickness

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

26. Did you at any time serve at the front in an actual theatre of war? If so, give particulars of one unit which you served at the front, and dates of such service with that unit ... Was with 2nd C.M.R. from Sept 16th 1917 until Jan 7th 1918.

27. (a) Are you receiving treatment from the Department of Soldiers' Civil Re-establishment? No.
(b) If so, are you in receipt of full pay and allowances from that Department ? No.

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

Signature of Applicant: Louis Anderson

Place of Residence: Sicamous B.C

Declared before me at: Sicamous

This 11th day of February 19.19

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

POST DISCHARGE PAY.

Date paid.	Paid Soldier	Paid Dependent	War Service Gratuity	Net amount due
June 5				
1918 July 5	100.00			
Aug 6				

Certified Correct.

H.D. Patterson Lt

District Paymaster.

FOR DIST. PAYMASTER M.D. 11
POST DISCHARGE PAY SECTION

Form R 122.
2353—100M—9-12-16.

E.T.

Rank Pte Name ANDERSON, Louis / Reg'l No. 1049293 /

Unit 199th Battn. / If in perm. Corps / What Unit? / Married or Single Single /

Place and Date of Enlistment Kamloops. Oct.14th.1916. / Place of Birth Umea. / Sweden. /

Name and Address, Next-of-Kin Mrs W.Anderson. / 319.West Dravis St. Seattle.Washington. U.S.A. / Relationship Sister. /

Assigned Pay Monthly $ Payable to

Relationship

Separation Allowance $ Payable to

Relationship

N/E. R.B. No. 2061
File R.L.
Category Can. R.

Discharge, Date and Place Reason Character

H. W. V., Ld.—9546-16.

Report. Date.	From whom received.	Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS Taken from Official Documents.
		Arrived in England		26 DEC 1916	
10.5.17	23rd Res	T.O.S. from 199 Bn	Shoreham	10.5.17	Pte II Dd 127. to 199 Bn Pte II Dd 130 a 10.5.17
30.6.17	---	S.O.S on Trans to 16 Res Bn	Seaford	30.6.17	Pte II Dd 178. to 16 Res Bn Dd 175.
19-9-17	16 Res	Lo S to 2 Can R.	" Pte	19-9-17	Pte II 253 to 2 Can R a Dd 10 sds 27
13.11.17	2 Can R.	S.O.S. To ban Labour Pool	Field "	24-10-17	Pte II 124 to CLP 2 dy 15.11.17
11.1.18	Can Lab Pool	Invalided Sick and posted to B.C. Regt depot	"	6-1-18	— 5 to BCRD. Pte II 234 28 1/18
28-3-18	BCRD.	S.O.S to ban. For. bn. Barnstaple. Seaford	"	1-4-18	— 75.
"	BC.C.F.C.	Having reported from 43 C.C.F.C. is attached for rations.	Dale "	27.3.18	— 75.
5.4.18	"	Ceases to be attached X			
		is T.O.S from BCRD.	" "	1.4.18	— 82.

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.						
12.4.18	A.D.C.F.C.	On Com. C.D.D. Buxton	Sdale	Ste	12.4.18	A.F.W. 088.	
3.5.18	"	Ceases on com C.D.D Buxton					
		T.S.O. on embarkation to					
		Canada for disposal by A.G.	"	"	24.4.18	" 106.	

2448

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

DISTRICT 11

NAME OF SOLDIER Anderson, J. R.

RANK

REGIMENT

No. 1049223

JUL -4 1918 MILITIA HEADQUARTERS CANADA

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 Dist.	REMARKS
Condition on first Examination	June 3										6 1.18.19. 30.31.32 4 14.16.17.									Capt. Hutchins	11	4 extractions & four fillings required.
	13.																			Capt. Hutchins	11	

M.F.B. 465
200M-1-18
1772-39

I

4/1/18
425

ORIGINAL

MEDICAL HISTORY SHEET

Surname Anderson Christian Name Louis

Examined on 14th day of Oct 1916 at Kamloops

Birthplace City or Town Umea

County Sweden

14 JAN 1918

Apparent age 34

Trade or occupation Laborer

Height 5 feet 4½ Inches

Weight 145 lbs.

Chest measurement Minimum 34 inches

Maximum expansion 1 inches

Physical development good.

Small-pox Marks none

Vaccination Marks Arm Right Left

Number 0 0

When Vaccinated last in childhood

(a) Marks indicating congential peculiarities or previous disease —

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

Approved by J S Burris

Rank Prov Lieut M.O.

Date	Fit or Unfit	Examined for Re-Engagement
	/	11 JAN 1918 M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Date	Result	Vaccinations
Dec 1916	J.B.B.	M.O.
		M.O.
		M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.
		M.O.
		M.O.
		M.O.

MAY 17 1917

J P Braune M.O.

Enlisted on 14th day of Oct 1916 at Kamloops B.C.

	Corps	Regt'l Number	Habits	Date
Joined on enlistment	242nd Batt.	1049293		
Transferred to	199TH BATTALION C.E.F. IRISH CANADIAN RANGERS			

242nd BATTALION C.E.F.
16th. C.R. Bat.
2nd Bn. R.

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

Station	Date	Disease	Result
VANCOUVER	OCT 19 1916		Fit for Duty Capt Callbeck G Burrows Capt Can B'n unlikely to be raised in Calgary under six Months A.H. Cameron Lt. Smith Major
Epsom	11-3-18.	Myalgia - Debility. Dyspepsia	

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

M. F. B. 313.
500M.—3-16.
H. Q. 1772-39-139.

J.M.C

Surname Anderson Christian Name Lovell

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
MONTREAL Royal Victoria Hos.	8	11	16	29	11	16	Dacryocystitis	28	Cured. Tear duct removed	D Mac Cullum
(Queen Mary's Military Hospital) WHALLEY, Lancs.	7	1	18	22	1	18	Debility.	16	No Temp. Tongue clean. Appetite good. No physical signs in chest. Heart normal. Transfered to Con. Hosp. Woodcote Park Epsom	R W Holmes Lt Col RAMC
M.C.H Epsom	22	1	18	22 MAR		1918	Lumbago.	60	On admission. Pain in Back old standing worse in damp weather and aggravated by bending or lifting. General treatment Massage. 12/2/18. Feeling much improved. but does not appear ruddy enough for trench warfare.	J A Corbett Capt RAMC
District Depot, XI VICTORIA, B. C.	30	4	18	5	6	18	Myalgia	46	Being Physically Unfit for Further Service Under K. R. & O., Can. 1917-377 (X) Auth.. Med. Board (App. A. D. M. S. of 30-5-18)	

District Depot M.D. XI JUN 22 1918 Discharge Section

M.D. 11
No. 19

CANADIAN CONTINGENT EXPEDITIONARY FORCE

No. 11 District Depot
C.E.F.

LAST PAY CERTIFICATE

199th Bn

This form to be used for all Ranks (Vide Articles 122, 130 and 141, Financial Instructions, 25715c, C.E.F., 1916).

Regimental No. 1049293 Rank Pte Name Anderson L

Corps No XI Dis Depot C E F who was* discharged

On 5-6-18, to

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from 1-6-18, to 5-6-18, the inclusive date of transfer or discharge.

Dr.	$	c.	Cr.	$	c.
Bal. Dr. from prev. month			Bal. Cr. from prev. month		
Advances by Cheques No.			Regt'l Pay 5 days at $ 1.00 c	5	
Advances by Cheques No.			Field Allow. 5 days at $ .10 c		50
Assigned Pay and Sep'n Allce. No.			Separation Allowances* (Monthly)		
Other charges			Other Allowances* Clothing	8	
Payment on ~~transfer or~~ discharge No. 5405	13	50	Other Credits*		
Balance Cr. (to be paid by the new unit)			Bal. Dr. (to be deducted by new unit)		
Total	13	50	Total	13	50

*Give particulars.

CHECKED BY

A monthly stoppage of $ ..... (†) has ..... (‡) been paid on account of Assigned Pay for the month of ..... 191... and Sep'n Allce. for month of ..... 191... (to) Assignee .....

(Address) .....

.....

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

On Transfer of an Officer

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

REMARKS:—

State (1) date of enlistment 14-10-15

(2) if married and if a Separation Allowance ~~Card~~ has been ~~submitted~~ Pd to 5/6/18

(3) cause of discharge ..... authority DO 50 No 11 D D C E F

(4) authority for transfer .....

NOTE.—Separation Allowance and Assigned pay Card and Index Card (M. F. W. 71) are to accompany the original Last Pay Certificate on transfer.

I have carefully examined this statement of account and find it to be a correct extract from the Pay-list of the unit.

Date 7-6-18

Place Victoria BC

H. E. Braddock Capt.
Paymaster.

Paymaster District Depot M.D. 11

N.B.—For purposes of transfer this form is to be made out in quadruplicate. Original copy to paymaster of new unit; duplicate to District Paymaster; triplicate to accompany the pay-list at the end of the month, and quadruplicate for retention as a record.

For purposes of discharge it is to be made out in triplicate. Original copy to accompany discharge papers; duplicate to accompany pay-list at the end of the month, and triplicate for retention as a record.

If a man on discharge is entitled to three months' Post Discharge Pay, Last Pay certificate will be made out in quadruplicate. The original Last Pay Certificate will be forwarded with other documents to Paymaster Post Discharge Pay and triplicate, with his discharge documents.

M. F. W. 44.

300M.—2-18.
H. Q. 1772-39-903.

To be made out in duplicate.

H.Q. 54-21-23-53

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

INSTRUCTIONS.

(a) This form is only required for men joining units for Overseas Service and must be completed immediately the man is warned for draft overseas.

(b) Care must be taken to see that a man is allotted his correct Regimental Number. No numbers must be duplicated and once it has been allotted to a man, even if he is subsequently discharged, the same number must never be allotted to another man.

(c) All questions, etc., must be answered.

(d) One copy of the form is to be forwarded by Officer Commanding unit for each Officer and man to Officer Commanding Division or District at least seven days before man leaves his station to proceed overseas, for transmission to Accountant and Paymaster General, Ottawa.

(e) Duplicate copy is to be forwarded direct to Officer in charge of Records, C.E.F. London, immediately after arrival in England.

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(1) Name of Overseas Unit which Soldier joins 242nd O. Batt. C. E. F.

199TH BATTALION C.E.F.
IRISH CANADIAN RANGERS

(2) Regimental Number 1049293

(3) Full Name of Soldier Anderson Louis

(4) Place of Birth Kinea Sweden

(5) Are you married, or not ? No

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

(b) Present Postal Address

(7) Are you a widower ?

(8) Have you any children ?

If so, give number of boys and girls

Also their names and ages

M. F. W. 67.

300M.—5-16.
1772-39-954.

(SEE OTHER SIDE.)

(9) Is your Father alive ? No

If so, state name and address

(10) Is your Mother alive ? No

If so, state name and address

(11) If your Mother is a widow

Are you her sole support, or not ?

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

(13) If you have no wife, father, mother or children, state the name and relationship with full postal address of your next of kin, to whom you would desire any communication to be sent concerning you.

Mrs W. Anderson Sister

319 - W. Davis St,

Seattle, U.S.A.

(14) If you have a wife, or children, or a widowed mother who depends on you as her sole support, have you applied to the Paymaster of your unit for Separation Allowance ? If not, this must be done.

(15) Are you insured ? No

If so, in what Company ?

Have you made arrangements for payment of your Insurance premium

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

J. B. White
Officer Commanding.

242nd. BATTALION C.E.F.

Date 11/10/16

Salmon Arm. B. C. MD 11

Form P. 85.

1918—60M—29-11-16.

123871

FORM OF WILL.

Name in full.

I Louis Anderson

Regimental Number 1049293 serving in 199th Bn

of the Canadian Expeditionary Force do hereby revoke all former Wills made by me and declare this to be my last Will.

Name & Address of person or persons to whom it is to go.

I DEVISE and BEQUEATH all my real estate unto my sister Mrs Augusta Anderson wife of Walfred Anderson 319 West Hraves St Seattle Wash. U.S.A

absolutely, and my personal estate I bequeath to my sister Mrs Augusta Anderson wife of Walfred Anderson 319 West Hraves St Seattle Wash USA

Name & Address of persons or person to receive personal estate (see Note 1.)

Fill in Date and Year.

IN WITNESS WHEREOF I have hereunto set my hand this eight day of March A.D. 1917.

Louis Anderson
(*Signature*)

Signed by the said Testator as his last Will and Testament, the same having been read over and explained to him, in the presence of us both present at the same time who at his request and in his presence and in the presence of each other have subscribed our names as witnesses.

Name of Witness L. Cullman

Address of Witness 700 Manchester St Winn

Occupation of Witness Soldier

Name of Witness Thos. R. Beeson.

Address of Witness 634 Warsaw Ave Winnipeg

Occupation of Witness Soldier

N.B.—Personal Estate includes pay, effects, money in Bank, insurance policy, in fact everything except real Estate.

138402

20

Perforated sheet for Will from Pay Book of Reg.

No. 1049293.

Name Louis Anderson

Unit 16th Can Res Bn.

Military Will

In the event of my death I bequeath all my personal property & effects to my sister Mrs W. Anderson 319 Dreaves Street Seattle Wash. U.S.A.

Signature Louis Anderson

Rank and Regt. Pte 16th Can Res Batn

Date July 17 1917.

✓

Will of .....No. 1049293.....Name Anderson L.....Rank Private

.....Unit.....

Removed by me fo m his Active Service Pay Book.

Thomas Acraman Captain

Paymaster 16th Can. Reserve Bn.

Salmon Arm
B.C.

Army Form B. 103. Regimental Number 104293

Casualty Form—Active Service.

Regiment or Corps 19th Battalion C.E.F.

Rank Lt Surname Anderson Christian Name Lorne

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

Enlisted (*a*) 14/10/17 Terms of Service (*a*) D.F.W. Service reckons from (*a*) 14.10.17

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		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B.213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents.
Date	From whom received				
		Embarked ...			
		Disembarked ..			
28-1-18	B.C.R.D.	To S from can. Lab. Pool	Seaford	6-1-18	Pte. T.J.
					A D Lucas Lieut. for Lt Col i/c Records, C.E.F.
28-3-18	B.C.R.D.	S.O.S. on transfer to the Can. For. Corps.	Seaford	1-4-18	Pte T.D.O. 75
					W Williams Capt & for O.C. B.C. REGL. DEPOT.
5.4.18		O.C. C.F.C. T.O.S. Base Depot, C.F.C. Sunningdale	1.4.18	Pt.11.D.O.	82

(*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—M2. 3 2000m 9/17 (35611) C. P. & S., Ltd., Form B./103 E/1807. P.T.O.

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				
13 APR 1918		TAKEN ON STRENGTH C.D.D. BUXTON Pt. 11 ORDER No. 87			
		EMBARKED FOR CANADA FROM LIVERPOOL			
					Lieut.-Col. Commanding Canadian Discharge Depôt.
20.4.18	Overseas	(T. O. S. District Depot, M. D. XI.	Victoria, B. C.	8.5.18	D. O. Part 11, 21/109 1918)
JUN 1 1918		Posted to Discharge Section			
		Discharged as -			
		Being Physically Unfit for Further Service			
5-6-18		Under K. R. & O., Can. 1917-377 I			
		Auth. Med. Board			
		(App. A. D. M. S. of 30-5-18)		5-6-18	W.O. 50-296 D. of 6-6-18.
					H. B. Andrews Capt. O.C. Discharge Section, District Depot., XI

JSB.

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

M. F. W. 54. (A. F. B. 193[illegible]
350M.—5-16
H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps 24th (194th Bn.) C. E. F.

Regimental No. 104923 Rank Pte. Name Anderson, Louis.

Enlisted (a) 14/10/16 Terms of Service (a) D.S. 4 Years. Service reckons from (a) 14-10-16

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) .....

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 Montreal	Montreal	16-12-16	S.S. Olympic
		Disembarked	England	28-12-16	
10-5-17	O.C. 199th	Transferred to the 23rd Reserve Bn. Shoreham.	Witley	10-5-17.	D.O. Part II 130/17.
					Capt. & Adjt. 199th Bn. C.E.F. FOR LIEUT. COL. O.C. 199TH BN. C.E.F.
10.5.17.	23rd R. Bn.	Taken on strength.	Shoreham	[illegible]	[illegible]
30/6/17	23rd R. Bn.	Transfered to 16th Res Bn Seaford.	Shoreham	30/6/17	D.P.II 0 178 W.H. Chalmers Lieut. for O.C. 23rd. Res. Battn.
3/7/17.	16th Res Bn.	Taken on strength.	Seaford	1/7/17.	Pt. 2 D.O. 175
SEP 19 1917	16th Res Bn	Transferred for Overseas Service with 2nd 6th R. Bn.	Seaford.	SEP 19 1917	253 W.E. Lyn. Lieut. Asst. Adjt. 16th. Canadian Reserve Bn.

CERTIFIED CORRECT 25 SEP 1917 CANADIAN RECORD OFFICE LONDON

(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.

1049293 Pte Anderson L.

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				
21.9.17.	3 C.B.D.	Taken on strength 2 C.M.R.	C.B.D.	19.9.17.	M.R. 299. Pt II 104 25/9/17.
2.10.17	"	Classified "P.B" "owing to Myalgia"	3 C.B.D.	2.10.17	W3339-152 Pt II 109 d/ 9.10.17
11.10.17	"	Reclassified P.B.	"	11.10.17	W.3339 - 165.
25.10.17	"	Trans to "P.B" pool, Can. General Base Dep (Orderly) B2.	Etaples	25.10.17.	M.R. 186.
25.10.17	6 C.B.D	Dos. of Can Labor Pool	6 C.B.D	25.10.17	M.R 236
24.10.17.	3.C.B.D.	Medically Boarded & Class. B.2	3 C.B.D.	24.10.17	W3339 - 188
1.11.17	6 C.B.D	Class. B2. (Age & Myalgia)	6 C.B.D	1.11.17.	" -205.
25.10.17	A.G.	Transferred to Canadian Labor Pool.	Lucs	24.10.17.	Lucs M.R. 16276 & 6 C.B.D. Nom Roll 25.10.17 Pt. II 124 13/11/17.
	A.G.	T.O.S. CANADIAN LABOUR POOL, from 2nd C.M.R		25.10.17	M.R. 16276. Pt II Ord. No 2 d/- 14/11/17
4.1.18	S Gen.	Debility. adm. S Gen.		4.1.18	W3034. C5760.
6.1.18	do.	Invalided sick per Amb. Tpt. St. Andrew & posted to B.C. Regt. Depot, Seaford.		6.1.18	W3083. 4670. Pt. 20. No. 5 d/. 14/1/18.

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

A.D.C.5009-10M.
24-30-8-17. //

#1049293

DENTAL CERTIFICATE.

Pte Pedersen. L. The following Certificates will be attached to the Medical History Sheets of all Other Ranks being returned to Canada for disposal.

E J C

Date of Examination.	Present Dental Condition.	In case of loss or decay of teeth. Is the loss due to wounds, injury or disease directly attributed to Active Service?	Has he ever declined Dental Treatment.	Recommendation.
13/4/18	1 fill 1 R x P.T. Clear			At Public Expense F. A. Gunn Capt. A.D.D.

DELTA'S CERTIFICATE

Date of Termination

Dental Certificate

Cause of Decay

Teeth

Upper Teeth being retained to Cancel the Artificial

Lower Teeth being retained to Cancel the Artificial

The loss due to wounds, injury or disease directly attributed to Active Service

DEAS

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

Name Pte Anderson L.

1

Regimental No. 1049293

Unit B.C.R.D. (199th Bn)

Date of enlistment 14.10.15

Place of "

Married (yes or no) no

Amount of pay assigned monthly $

To whom payable

Name and address of next-of-kin Salmon Arm BC

I for. P. 1/5/18. D.O.34.

Date and place discharged D.O. 50 Discl 5.6.18

Reason for discharge

Character on discharge

GR

	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	Remarks, Casualties, etc.
May	4/5/18	31	31	1.00	31	31	10	3.10	17.19	21.39			7.13.29			7.13.29	
June	1	5	5		5	5		.50	8	13.50			13.50			13.50	

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

Name .....

Regimental No.

Unit

Date of enlistment

Place of "

Married (yes or no)

Amount of pay assigned monthly $

To whom payable

Name and address of next-of-kin

Date and place discharged

Reason for discharge

Character on discharge

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

25401/507

POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

Name Anderson, Louis.
Surname Christian Name

Regimental Number 1049293 Rank Pte.

Unit 242nd Bn.

Original Unit

District where paid M. D. #11.

Date of Discharge

P. D. P. Filing Number 6-244-11.

Address (in full) Salmon Arm, BC.

Rates:—Regimental pay $ 1.00 per diem: Field Allowance $ .10 per diem. Separation Allowance $ ——— per month.

L. L. 46038—M. & D. 9245.

	Total Credits 91 days		FIRST PAYMENT Cheque No. A	Date	Amount 30 days	SECOND PAYMENT Cheque No. B	Date	Amount 30 days	FINAL PAYMENT Cheque No. C	Date	Amount 31 days	Balance Over-payments to be Recovered	Total Amount Paid
	100	10	3165	5-6-18	33 =	3056	5-7-18	33 =	2475	6-8-18	33 88	22	99 88
	1931	1st	G37143	13/3/19	70 00								

M. F. W. 127.
25M.—8-18.
1772-39-1140.

Remarks: Issue on Repayment #67, C. F. C. 3-4-18., .22

3/4/19

Duc'n No 35401/509 W. S. B. C. File No 0377-L-15

Award ..... days at $ 20 per day $ 380 00

S. A. ..... months at $ ..... per mo. $ ..... $

Less P. D. P. Credited $ 100 10

$

Less further debit balance Not due paid as below $ 179 90

TO SOLDIER UNDERPENT DEBIT

O	Ag. No	Ch. No	Amount	No	Ch. No	Remarks
1	1931	37143	20 00	11		
2	1659	35792	38 00	11		
3	1512B	41797	39 90	11		
4						
5						
6						
	Total			Total		

13/3/19
13/3/19.
6/4/19

GEN'L AUDITOR
Posting checked by
D. Walpin
Date 4.-7.-19

Sol.

Steamers, B.C.

FORM D.M.S. 1300.

SURNAME	CHRISTIAN NAME OR NAMES	REG. NO.
ANDERSON	L.	1049293.

RANK	UNIT	CO.	TROOP	BATTY.
Pte.		Misc(2CMR)(CLP)		

HOSPITAL	DATE OF ADMISSION
8 Gen. Rouen.	4-1-18.
1. Queen Mary's Mil. Whalley Lane Mil Conv. Epsom.	HOSP. 7.1.18. 23.1.18
2.	HOSP
3.	HOSP.
4.	HOSP.

DIAGNOSIS

1 Debility. & mild

2-

3

DISPOSITION

Dis, 22-3-18 DATE

REMARKS

CL. 15-1-18 A110.

23.1.18 B119.

25.1.18 B121(3)

" 9-4-18 B182 (2)

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

EPITOME OF HOSPITAL TREATMENT

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

REGT'L. No. 1049293.

NAME Anderson L.

H. Q. FILE No 649

RANK AND CORPS Pte. B.C. Reg. (C.E.F.)

CABLE	
No.	Date

NATURE OF CASUALTY

FOLLOWS

No.

FOLLOWS

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

M. F. W. 42—100M.—28-11-17.
H. Q. 1772-39-893.

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
A 110.	#8 Gen. Rouen	4-1-18	Debility
B 121.	Q. Queen Mary's Mil: w Kelly Lancs. Mil, Conv: w Cote Pk. Epsom.	23-1-18	" Mild
B 119.	Queen Mary's Mil: w Kelly Lancs.	7-1-18	" "
B* 183.	Disc & Mil. Conv: w Cote Pk. Epsom.	22-3-18	" "

Reg. No. 1049293 Name Anderson L

Rank Pte Corps 242 Bn Age 34 Service

Ledger No. Serial No.

HOSPITALS	DATE	DIAGNOSIS
Royal Victoria	3.11.16	Dermatitis
Mil Comp Rey	30.11.16	

P. T. O.

HOSPITALS	DATE	DIAGNOSIS

M. F. W. 2553.
75M.—9-19.
1772-39-1332.

Form R. 149.

Louis

1049293

Name ANDERSON Rank Pte Reg. No.

Unit ~~Ca Lab Pool~~ (2nd C.M.R)

Next of Kin U.S.A.

Date 1918		Movement	Place	Casualty	List No.	Notified N/K O.		W.O. List
4th	1.	S.S. Hospital Rouen		Debility. Mild	A110			15203
JAN.	7.	Queen Mary's M.H. Wheatley Yorks	= do =	B	140			10116
"	23	M.C.H. Epsom		do	B	121		11131
22.3.18.		Discharged.		do	B	152	24	4006

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

No 1049293 RANK Pte. NAME Anderson L

T. O. S. UNIT Composite Regiment or Battalion

M. D. 4

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916 Nov. 21	1916 Nov. 30	R	Att. from 242nd O/p Bn.	D.O. 279 J. 21-11-16

No. 1049293 RANK Pte NAME Anderson L.

T. O. S. UNIT 199th Battalion

Trans. from 242nd Bn. 6-12-16.
(DO 254 of 7-12-16)

(Irish Canadian Rangers) M. D. 4

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916 Dec. 7	1916 Dec. 31	M.	Forfeits 2 days pay.	DO 257 of 11-12-16.

UNIT SAILED
DEC 15 1916

No. 10 49293 RANK Pte NAME Anderson - L

T. O. S. 14-10-16 UNIT 242nd Battalion C E F
DB/9 24-10-16

M. D. 4

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916	1916			
Sept 14	Oct 31	"		
	Nov	"		

UNIT SAILED
NOV 23 1916

PART III.

Proceedings of the Pensions and Claims Board on the Soldier mentioned in Part I.

The Pensions and Claims Board, Canadian Expeditionary Force, assembled at

on the day of 191

Members of the Board:—

The Board having considered the evidence of the soldier marginally named, together with the documents submitted, recommend:—

Dated at this day of 191

Signatures of the Board

President.

PART I. A.F.B. 179 Canada (Revised).

Reserved for M.H.C.

Regt. No. 1049293 Rank Pte. Surname ANDERSON. Christian Name Louis.

Unit or Corps—(a) Overseas from United Kingdom C. F. C. (b) In United Kingdom C.F.C. Res.

Born at—Town UMEA. County or Province SAVAR Country SWEDEN.

Date of Birth—Day 26. Month SEPTEMBER Year 1872 Age 45 yrs 5 months.

Joined at KAMLOOPS B.C. Date Oct. 14th. 1916

Former Trade or Occupation LABOURER.

Permanent marks or peculiarities that will serve for future identification:—

irregular scar over Rt. Eye.
scar Rt. side upper lip.

Height—feet 5 inches 4 1/2 Colour of eyes Blue

Signature of Soldier (*for identification purposes*) L. Anderson

Medical Report.

☞ *The answers to the questions below are to be filled in by the Officer in medical charge of the case. He will carefully discriminate between the soldier's unsupported statements and the evidence as recorded in the medical or other military documents bearing on the case. He will plainly state the existence of any of the disability prior to the soldier joining for the present war.*

1. DISABILITY (*State the actual disabling conditions as distinguished from the diseases or injuries from which they resulted*). (*Follow the official nomenclature as far as possible.*)

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

Disabilities Group (*a*). PAIN IN BACK.

Disabilities Group (*b*). GENERAL WEAKNESS

Disabilities Group (*c*). LACHRYMATION Lt. EYE.

2. CAUSE OF DISABILITY. (*Follow the official nomenclature in stating the disease or injury.*)

	Disease or injury to which the disability is due.	Place of origin.	Date of origin.
(*i.*) As to Group (*a*) above.	MYALGIA	CANADA	PRIOR TO 1914.
(*ii.*) As to Group (*b*) above.	DEBILITY	CANADA	PRIOR TO 1914.
(*iii.*) As to Group (*c*) above.	DACRYOCYSTITIS	CANADA	PRIOR TO ENLISTMT.

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

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

(*i.*) As to Group (*a*) above? yes If yes, has Active Service aggravated it? yes

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

(*iii.*) As to Group (*c*) above? yes If yes, has Active Service aggravated it? no

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

(*i.*) As to Group (*a*) above? no

(*ii.*) As to Group (*b*) above? no

(*iii.*) As to Group (*c*) above? no

PART I. (*continued*).

5. If a cause of disability was an injury received on Active Service, was it received—

(*i.*) While on duty? N.A. (*ii.*) While off duty? N.A.

(*iii.*) Was a Court of Inquiry held? N.A. (*iv.*) Where? N.A. (*v.*) When? N.A.

(*vi.*) Opinion of the Court? N.A.

6. HISTORY OF THE CASE. (*State concisely the essential points of the history, noting the entries made on the Medical History Sheet and other records.*) For several years back patient has had a weak back – pain in damp weather & stiff after heavy exertion. While in France this became worse & for that he was sent back from Chateau Neuf 18.12.17. He has not been well strong for a number years – did not work a full day prior to enlistment. This has become more marked also.
He had the eye injured in sept. 1914 – blocking of tear duct followed – after dilating it became inflamed & he had an ulcer. This is same now.
Royal Victoria Hosp. 30.11.16. Dacryocystitis
Wfally 22.1.18 – Debility

7. PRESENT CONDITION. (*Give previous and present weight if likely to indicate progress of disability.*)
Patient is forty four years of age & looks fifty – fairly well nourished & just fairly well developed. He appears tired & walks with stooped shoulders. Has difficulty in stooping & pick up anything or in lifting anything. He is only able for light duty. Heart sounds fair – no tenderness in back.
Tears run down face from left eye – especially in wind. Duct closed & inflamed & scar tissue.
Other systems normal

8. OPERATION. (*i.*) Was one performed? yes – one
(*ii.*) If so, state what. – Removal of tear duct. Rt –
(*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.

9. (*i.*) Is there loss or decay of teeth attributable to Active Service? yes.
(*ii.*) If so, describe. Denfit.

10. DO YOU RECOMMEND:—
(*a*) Fit for duty? No
(*b*) Fit for base duty? yes B III but likely to be raised in Category with six months
(*c*) Invalid to Canada? No
(*d*) Discharge from the Service as permanently unfit? No

Date of Report 20. 2. 18. 191 Signed J.H. Carpenter Capt.
Officer in medical charge of case.
Station M.C.H. Epsom.

I have satisfied myself of the general accuracy of the above Report, and concur therein *except

J. Johnston. Capt. for Officer i/c Hospital / S.M.O. Brigade } Strike out one of these.
M.C.H. Epsom Station, on 2 MAR 1918 191

Dated at

* Delete if inapplicable.

PART II.

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

Clear and decisive answers are to be given to all questions. Such terms as "may," "perhaps," "probably," "possibly," are not to be employed. Disability due to causes arising on Active Service is to be clearly shown in order that the Pensions Authorities may deal with the case properly.

11. Is the disability fully indicated in Part I. (1)? yes
If not, indicate it.

12. Is the cause of the disability, fully indicated in Part I. (2)? yes
If not, indicate it.

13. 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 }

14. 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*, 10%, 20%, 30%, 40%, 50%, 60%, 70%, 80%, 90%, *or* 100%.)
n.a.

15. THE PENSIONABLE DISABILITY—(*see Part I. (5). Aggravation on Active Service of a disability existing previous to joining is to be included in the estimate*).
What part of the entire disability estimated next above in (14) is due to causes arising during Active Service? (*Estimate at none*, $\frac{1}{5}$, $\frac{2}{5}$, $\frac{3}{5}$, $\frac{4}{5}$, *or all.*)
n.a.

16. Permanency of the Pensionable Disability estimated next above in (15).
(*i.*) Is it permanent? n.a.
(*ii.*) If not permanent, what is its probable minimum duration (*in months*)? n.a.

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

18. Remarks.

19. Recommendation:—(*a*) Fit for duty?
(*b*) Fit for base duty? yes. B III unlikely to be raised in Category within six months.
(*c*) Invalid to Canada?
(*d*) Discharge from service as permanently unfit?

Classification for the Military Hospitals Commission.

Date of Board 11/3/18. Signatures of the Board: A.K. Cameron-Smith Major President. H. Wallace Capt

Station Epsom.

A.D.M.S. CANADIANS, LONDON AREA, LONDON.

Approved A Major, C.A.M.C. A.D.M.S.

Dated at A.D.M.S. Canadians, London Area. Station 15 MAR 1918 191

OPINION OF THE MEDICAL BOARD—(*Continued*).

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

Discharge Catogory "E"
medically unfit

Before signing the President of the Medical Board will read the certificate signed by the soldier, to the soldier, and if no change is indicated will initial the certificate.

W D Lawrence Lieut-Col *President.*
W W Simmons Capt
D E Laing Capt *Members.*

PLACE New Westminster, B.C.

DATE May 22, 1918.

APPROVED BY

Laing Capt
For *Assistant Director of Medical Services.*

DATE MAY 30 1918

APPROVED BY

A. M. C.
M. D. 11
Director-General of Medical Services.

DATE

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 soldier 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.

sister Mrs. Anderson 210 Prance St. Seattle Wash no card

MEDICAL HISTORY OF AN INVALID

No X1/C.C. 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 soldier 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 soldier'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 soldier concerned, from witnesses, or from documents.
4. Special care is required in answering question 13. Please read the questions carefully. All questions must be answered.
5. If space provided under any sections is insufficient use blank space, page 4 or add another sheet. Such entries or 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 8, 9 and 10 be communicated to the soldier, 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 New Westminster, B.C. DATE May 22, 1918

1. 1 (a) Unit 199th Btn (b) Regimental No. 1049293 (c) Rank pte

(d) Surname Anderson (e) Christian name Louis

2. Age last birthday 46 Date of birth Sept 26, 1871

3. Enlisted at Kamloops. on Oct 14, 1916

4. Personal description:—

(a) Height 5' 4 1/2" (b) Weight 126# (stripped) (c) Complexion fair

(d) Colour of hair brown (e) Colour of eyes blue (f) Identification marks

vacc l right

5. Address after discharge (for the use of the Board of Pension Commissioners)

Salmon Arm, B.C.

6. Former trade or occupation farmer

7. (a) Service

				Years	Days
				1 7/12	8
Canada	Oct 14, 1916	Periods	Dec 28, 1916		
England	Dec 28	From	1916 Sept	To	1917
France	Sept		1917 Jan		1918
England	Jan		1918 May		1918
Canada	May		1918 present		

(b) Has he been overseas? Yes 8. Original disease or disability

Myalgia, debility, dacrocystitis L.

(a) Date of origin Dec 1917 (b) Place of origin France

(c) Cause* Exposure

(d) Present disease or disability Myalgia

9. Present condition (a) (Important to be a full description of the present disabling condition or conditions only.) "History" must be recorded in Section 10.

[After describing all abnormalities, anatomical and functional, contributing to present disability (see section 11) state whether such disability is directly due to (a) weakness, (b) loss (complete or partial) of any organ or member of its functions, or (c) to the necessity for rest of the body or of some of its parts.]

Complains of pain in lumbar muscles. Sometimes when he stoops over he can not straighten up again. It is worse in wet weather. No objective symptoms. Can walk fr two or three miles.

M. F. B. 227.
300M.—2-18.
1772—39—117.

9. Present condition.—(*Continued.*)

Incapacity due to myalgia. Has had no attacks since leaving England.

(b) Are the following systems normal? If not, briefly state abnormality

Nervous Yes Digestive Yes Respiratory Yes Cardiac Yes

Genito-Urinary Yes Skin, Middle Ear, Eye or any other part as noted

10. History: (*a*) of Condition referred to in "a" section 9.

First attack Dec 1917, laid up for 18 days in France, then 14 days in England, then convalescent hospital. At forestry base 14 days could not do the work. Dacrocystitis present before enlistment

(*b*) Here give a description of wounds, scars, deformities, and signs and symptoms of abnormal conditions present and not included in answer 8. This section cannot be completed without stripping the soldier and subjecting him to a thorough physical examination.

condition is the same as then

11. If the disabling condition had its origin before enlistment, has it been aggravated on service? N.App.

12. Was the disability caused or aggravated by negligence, by vice or by misconduct, or by unreasonable refusal to accept treatment? No

The regimental documents will be referred to.

(If the answer is in the affirmative, state in percentages, to what extent the patient is incapacitated by that causation or aggravation. In answering this question, conduct sheets should be considered. If treatment has been refused, the circumstances surrounding the refusal should be described on page 4.)

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

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

Hospitals in England and France

OPINION OF THE MEDICAL BOARD

14. (*Continued*).

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

-No-

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

17. Recommendations

Discharge Category "E"

medically unfit

Medical Board

Medical Officer by whom the case is brought forward.

STATEMENT OF THE SOLDIER.

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

I, the undersigned, L 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

V.E.D.C.

L Anderson
Signature of soldier examined.

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 criticized.

-Concurs-

19. Is the soldier 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 soldier

(a) ~~Does require treatment.~~ (Give the nature of the condition and of the treatment required and its probable duration).

(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).

LIST OF DISCHARGE DOCUMENTS.

1. Proceedings on discharge. (Army Form B. 268.)
2. Proceedings on transfer to reserve (if any). (Army Form B. 2056.)
3. Duplicate attestation.
4. Army Form B. 97 (if any).
5. Declaration of change of name (if any).
6. Re-engagement paper (if any). Army Form B. 136).
7. Authority for continuance, or extension, of service (if any). Army Form B. 221.)
8. Court of Inquiry on an injury (if any) (Army Form A 2.)
9. Regimental conduct sheet. (Army Form B. 120).
10. Company conduct sheet. (Army Form B. 121.)
11. Copies of convictions by Civil Power (if any).
12. Medical history sheet. (Army Form B. 178).
13. Medical report on invalid (if any). (Army Form B. 179).
14. Copy of receipt for purchase money (if any).
15. Attestation of fraudulently enlisted man for corps in which he has not been held to serve (if any).
16. Detailed statement of former service allowed to reckon towards pension (if any).
17. Copy of 3rd page attestation (in the case of men from abroad entitled to deferred pay who go to Netley or the discharge depot for discharge).
18. Descriptive return (Army Form D. 400), where required. See section 11 on second page.
19. Active service casualty form. (Army Form B. 103).
20. Employment sheet. (Army Form B. 2066).

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

1. Duplicate attestation. (On third page the date and cause of discharge will be entered and signed by the competent military authority).
2. Medical history sheet (if any). (Army Form B. 178).

Instructions as to the preparation, dispatch, and custody, of discharge documents.

1. When a soldier is to be discharged, the documents retained with the duplicate attestation will be placed inside this form. Should any of the documents be missing, an explanation of the deficiency, signed by the commanding officer, must be substituted for the missing document. The officer in charge of records will then extract from the original attestation, any documents required to complete the list of discharge documents enumerated in the margin, which will then be placed in this form in the sequence given.

2. When men are discharged from the colours at home as medically unfit, or with claims to pension, Army Form B. 268 will be sent confirmed, together with the duplicate attestation and documents retained therein to the officer in charge of records 10 days in advance of the date for discharge in the case of invalids, and 14 days in other cases. This officer will then extract from the original attestation any documents required to complete the list of discharge documents enumerated in the margin, place them in this form, and after carefully checking the duplicate attestation with the original forward the whole to the Secretary, Royal Hospital, Chelsea. When such men are discharged abroad, the same procedure will be adopted as above, with the exception that the discharge documents will be sent to the officer in charge of records immediately after discharge takes place (except in the case of men who are granted gratuities on discharge from local battalions or companies, Royal Artillery.

3. When soldiers are sent home from abroad for discharge, the documents retained with the duplicate attestation will be placed inside this form and sent home with the men for transmission to the officer who carries out the discharge, together with the following additional forms :—

(a) Discharge certificate (Army Form B. 2079 or Army Form B. 264).
(b) Character Certificate (Army Form B. 2067) if entitled.
(c) Copy company conduct sheet (Army Form B. 121) when required under King's Regulations.

The duplicate attestation and documents retained therein will be sent to the officer in charge of records, who will extract from the original attestation any documents required to complete the list of discharge documents enumerated in the margin and place them in this form.

4. The discharge documents of re-enlisted pensioners, on re-discharge, will be sent to the officer in charge of records, who will extract from the original attestation any documents required to complete the list of discharge documents enumerated in the margin, place them inside this form, and forward the whole to the Secretary, Royal Hospital, Chelsea, irrespective of the cause of discharge.

5. The original and duplicate attestations of recruits who are rejected before, or on, final approval will be retained by the approving officer for one year, when they will be destroyed.

6. In all other cases the discharge documents will be sent, directly the discharge is carried out, to the officer in charge of records of the unit concerned.

7. Postage need not be paid, and receipts are not required, in the case of documents sent to Chelsea or to the War Office,

8. When the discharge documents of men not entitled to pension are sent to the officer who will have final charge of them, they are to be accompanied by Army Form B. 279, and that officer will, if they are found to be correct, sign and return Army Form B. 279. Should any document be missing, he must at once apply for it.

9. The officers having final charge of the discharge documents will arrange them according to regimental numbers, and enter the names in the alphabetical index, Army Book No. 129.

This space to be left blank for the Chelsea Number.

Army Form B. 268.

Proceedings on Discharge.

(When forwarded for confirmation the documents named on page 4 should be enclosed.)

No. 104293. Army Rank Pte

Name Anderson ~~Louis~~ Louis.
(The name must agree strictly with that on enlistment, unless changed subsequently by authority.)

Corps C.F.C.

Battalion, Battery, Company, Depôt, &c. 242nd ~~196th~~ Batt.
(If attached to the Regular Establishment of the Special Reserve or Permanent Staff of the Territorial Force, &c., or to General Staff of the Army, it should be so stated.)

Date of discharge 5th June 1919.

Place of discharge Victoria B.C.

1. *Description at the time of discharge.*

Age 46 ~~45~~ years — months
Height 5 feet 8½ inches
Chest measurement { girth when fully expanded ____ ins. / range of expansion ____ ins.
Complexion Fair
Eyes Blue
Hair Brown
Trade Farmer
Intended place of residence (To be given as fully as practicable) Salmon Arm. B.C.

Descriptive marks.

~~Scar on forehead~~
~~upper lip~~
Pock Mark right Arm.

(The measurements and description should be carefully taken on the day the man leaves his unit, but in the case of men sent home from abroad for discharge, the age and intended place of residence should be left blank to be filled in by the Officer who confirms the discharge at home.)

2. The above-named man is discharged, in consequence of Returned Medical Board
Being Physically Unfit for Further Service
Under K. R. & O., Can. 1914 Appdx 11 3/18
Auth. Med. Board
(App. A. D. M. S. of May 30th 1919

(The cause of discharge must be worded as prescribed in the King's Regulations and be identical with that on the discharge certificate. If discharged by superior authority, the No. and date of the letter to be quoted.)

To be filled in on the soldier quitting the Colours.

3. Military character :—

4. Character awarded in accordance with King's Regulations :—

Very good.

Certified that the above is an accurate copy of the character given by me on Army Form B. 2067* and that Army Form D. 489 was awarded in this case.

Initials of Commanding Officer.

Army Form B. 2088 has been issued to* O. C. Discharge Section, District Depot, M.D. 11

* Strike out if not applicable.

D. D. & L., London, E.C. (A8689) Wt. W7717/M2626 500,000 9/17 Sch. 39 Forms B. 268 4t

D.S.A. Comp 7-3-19

[OVER.

5. He is in possession of the following number of G.C. badges (if the man is a N.C.O. and enlisted prior to 1st July, 1881, the number he would have been entitled to had he not been promoted should be stated).

Is it probable that he will be entitled to another good conduct badge before the confirmation of these proceedings?

Classification for service, or proficiency pay... ... ... Class _____

6. **Campaigns, Medals and Decorations** — H Monthan Travers

Certificate of education .....

7. His accounts are correctly balanced, and I have impartially inquired into all matters brought before me in accordance with Regulations.

(Place) District Depot M. D. XI JUN 5 1918 Discharge Section

(Date) _____

H.B. Andrews. Capt.
O. C. Discharge Section, District Depot, XI
Commanding _____ *Battn.* _____ *Regiment.*

8. *Certificate to be signed by the soldier on discharge.*

I hereby acknowledge that I have received all my pay and allowances (including clothing allowance), and all just demands up to the present date, subject to the reservations of the claims noted on the 3rd page.

(Place) District Depot M. D. XI JUN 5 1918 Discharge Section

(Date) _____

L Anderson *(Signature of Soldier.)*

Jas Bowers *(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 at 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 towards engagement to 5-6-18 (the date to which the record of service is completed) 1 years 235 days.

Further service " " _____ (the date of confirmation of discharge) ... ... _____ " _____ "

Total ... 1 " 235 "

11. *Confirmation of discharge.*

The discharge of the above-named man is hereby confirmed for 5th June 1918 (date)

(Place) _____

(Date) _____ District Depot M. D. XI JUN 5 1918 Discharge Section

Signature H.B. Andrews. Capt.
O. C. Discharge Section, District Depot, XI

Commanding officers (or the Paymaster if at Netley) will issue to every discharged soldier whose claim to pension, either on account of service or disability, is to be brought under the consideration of the Chelsea Board, a memorandum for his guidance on Army Form D. 401, and will at the same time transmit to the Secretary, Royal Hospital Chelsea, a descriptive return of the man on Army Form D. 400.

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.)

None

L Anderson

AUDITOR: SMI. | PAYMASTER: L.

M. OR S.

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

REGT. No. 1049293 RANK Pte NAME (IN FULL) ANDERSON, L.

NEXT OF KIN: W. D. Anderson — RELATIONSHIP

ADDRESS: 319 Graves St, Seattle Wash

IS SEPARATION ALLOWANCE PAID? — DATE EFFECTIVE

TO WHOM PAID — RELATIONSHIP

ADDRESS

PARTICULARS	EFFECTIVE DATE	AUTHORITY

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

PLACE OF ATTESTATION — TRANSFERRED TO — DATE — AUTHORITY

DATE OF ATTESTATION — TRANSFERRED TO — DATE — AUTHORITY

ASSIGNED PAY $ — DATE EFFECTIVE

PAYABLE TO — RELATIONSHIP — ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS: Anglemont B.C. via Drotch Hill B.C. — Salmon Arm B.C.

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE: 7/8/20 — EFFECTIVE

DISCHARGED — PLACE — DATE: 3-6-18 — REASON — AUTHORITY — IF ENTITLED TO POST DISCHARGE PAY

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																																					QM Charge 3-4-18 chgd in error.
					2	68			2	68	S5545524	15-12-19							2	68											2	68	SMI.				P.M.C. 18307 8.12.19
					2	68			2	68																									Bal.	2	68	O/C 2.68 Cheque #5545524 returned through Mail and paid in Toronto Branch #128 Bk of Montreal 16/2/20.
									5	36	S.55.3370 8.6.20																				2	68	Amt'd				
																															5	36					

Certified that all payments have been made on this account for which covering authority has been received to date.
Lieut.,
Paymaster, Demobilization Pay
M.D. No. 11

Adjustment Account M.D. 11

Certified that all payments have been made on this account for which covering authority has been received to date.
Paymaster, Demobilization Pay
M.D. No. 11

H. E. Tuffley Capt.

200M-3-19.—L. L. 58788-H. & D. 9935.
M. F. W. 2596.
1772-39-1390.

P. 559.

MARRIED OR SINGLE: Single

PLACE OF BIRTH: Umea, Sweden

NAME AND ADDRESS OF NEXT OF KIN: Mrs. W. Anderson

69. West Davis St. Seattle Wash. U.S.A.

RELATIONSHIP OF NEXT OF KIN: Sister

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. 10F9293 RANK Private NAME Anderson L.

IF IN PERMT. CORPS WHAT UNIT } UNIT 199th Bn

PERMANENT FORCE ALLOWANCES

PLACE OF ATTESTATION Kamloops B.C.

DATE OF ATTESTATION October 14th 1916

TRANSFERRED TO 23rd Res Bn DATE 22.5.17 AUTHORITY P.O. 127

TRANSFERRED TO Lab Roc DATE 1.1.18 AUTHORITY 24 Can R Rifles 31/10/17 W/11/17

TRANSFERRED TO BGRD DATE 1-2-18 AUTHORITY 23 28/18

TRANSFERRED TO DATE AUTHORITY

ASSIGNED PAY MONTHLY $ DATE EFFECTIVE

PAYABLE TO RELATIONSHIP

ASSIGNED PAY MONTHLY $ DATE EFFECTIVE

PAYABLE TO RELATIONSHIP

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

DISCHARGE DATE AND PLACE 30/4/18 Canada REASON AND AUTHORITY A.F.a. 1807. Disposal

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

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
Jan 1.														44 90	44 90															44 90	~~44 90~~			Sal. from Canada
Jan	31	1.00/10	34	10											34 10															79		15 00		
Feb	28		30	80											30 80															109 80				
Mar	31		34	10											34 10	33 78	3/1 15/11							4 86 4 87	68 13 4 87					82 73	61 17		45		Q40005 – 10/3/17.
apl.	30		33	.											33 .																71	71 93 46			
May 1-21	21		23	10											23 10	69 15	24/4 4/4							1703 1216						29 19 87 37				To 23 Res. 22.5.17
22.31	10		11	.											11 .															98 37				
June	30		33												33									9 53	9 30					14 03	114 34	90 50 89		
July	31		34	10											34 10	492	56/6							9 73						9 73	138 71			
Aug	31		34	10											34 10										9 73					9 73	163 08			
Sep.	30		33	.											33 .																196 08			
			300	30										44 90	346 40									68 38	90 03				71 149 17				

1049293.

1049293 · Pte Anderson L.

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
MONTH PARTICULARS	CR. 1	CR. 2	PARTICULARS										DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED PAY	SER. ALLCE. ENG.																
MONTH PARTICULARS	CR. 1	CR. 2	PARTICULARS										DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED PAY	SER. ALLCE. ENG.																
Bal.																																		
																	196 08																	
Oct 31. Pte Pay	34	10					MAR 597. 16 Res. 14/9.						19	47			310 71	310																
	34	10											19	47																				
Nov. P. pay	33	-					DM 309. 16 Res.						14/7/17.	9	73																				
Dec. P. pay	34	10					5 MAR 192. 16 Res.						30/8/17.	7	30																				
							5 MAR 427. " "						15/8/17.	9	74																				
							" " 338. " "						28/7/17.	7	30																				
							" " 577 " "						16/9/17	4	87																				
							" 414 3.16220.						31/10/17	4	46																				
							" 421 "						25/10/17.	8	92																				
							" 392 "						21/10/17	4	46																				
														56	78		271 03	310																
1918 Jany P. P.	67	10													68																				
	34	10					64005 654 1/9/17 16 Can Rgt Bn																														
							AR 4421 CG Bn						17. " 17	8	92																				
							DN AR 4012	"					31 10 17	4	46																				
	34	10					✓ 4292	✓					10 " 17	4	46																				
														18	52		236 61	255																
Feb: P. Pay	30	80					5 MAR 178 Rgt Bn						19.11.17	4	46																				
							" 154 "						19.11.17	7	68																				
							" 197 "						23.11.17	4	46																				
	30	80												11	60		455 81	370																
March P. Pay	34	10					AR 11404 Edson						24/1/18	4	87																				
Int. on Dep. 31/12/18	6	56					" 5883 "						31/1/18	9	73		281 87																	
	30	66					" 17379 "						31/3/18	48	67																				
														63	27		737 68																	

CANADIAN
ASSIGNED PAY AUDITED
AUDIT CLERK
DATE 11/19 .....

4/1

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:–	AMOUNT:–

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

NAME:– ANDERSON L

NUMBER:– 1047893

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		Pte.

UNIT AND TRANSFERS

ORIGINAL UNIT:– 199 Bttn.

DATE ACCOUNT FIRST OPENED – 1/1/17

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO
	1/7/18		B.b.k.D

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
				20/11/19		Pte 24 24/7	

DAILY RATES OF PAY AND ALLOWANCES

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

PARTICULARS OF RENDERING NON-EFFECTIVE:– 30/4/18 direct to Canada A.F. 3a 1807.

MONTH	PARTICULARS	CR. 1	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
March 31st									353 80		
April P.P.		33		Q 4005 #67 6/8/0 3/4/18	1 88				319 80		
					1 87						
					1 87				256 86		
					9 96 4 87				251 34		
					4 87 248 60				2 77		
					248 60						
					10 10				2 67		

Supplementary L.P.C. Issued 30/5/18
Balance $ 353.80

P.830-25M-21-2-18.

LAST PAY CERTIFICATE. PARTICULARS.

1. L.P.C. Issued, date 30/4/18 — 2. Authority A.F. 3a 1807 &
3. Discharged to Canada — 4. Pay Book Verified 15/4/18
5. Balance shown on L.P.A. $ 253.79 — 6. Balc. shown on Ledger Sheet $ 314 87
7. Full particulars of entries making difference between 5 and 6 if any:–

No.	Date	Unit and Particulars of Entry	Amount Debit	Amount Credit
17379	22.3.18	Expenses £1 10 0 0	18 67	
B1.	3.2.18	Base 6.3.6. £1 0 0	4 66	
67.	2/4/18	Engaged [illegible] 14 days.	2 66	
B109	11.2.18	(As advised) £1 0 0	4 67	
			61 08	

8. Ass'd Pay Cancelled A3M forms rendered .....
or
9. Sep. Allce. and Assd. Pay continued to dependent in England and transf'd to Acc'ts Br. for payment .....

Certified Correct.

Officer i/c Group "2"

CANADIAN
ASSIGNED PAY AUDITED
AUDIT CLERK
DATE 16/5/18

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

NAME:– ANDERSON L

NUMBER:– 1049893

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		Pte:

UNIT AND TRANSFERS

ORIGINAL UNIT:– 199 Bttn:

DATE ACCOUNT FIRST OPENED – 1/1/17

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO
	1/7/18		B.b.b.D

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
				20/11/19		Pte 24	

DAILY RATES OF PAY AND ALLOWANCES

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

PARTICULARS OF RENDERING NON-EFFECTIVE:– 30/4/18 direct/s to Canada N.S. 3a 1807.

MONTH	PARTICULARS	CR. 1	CR. 2.	PARTICULARS	DR. 1	DR 2.	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
March 31st									353 80		
April P.P.		33		R4005 #67 b.f.b.b 31/4/18	4 88				31 80		
				D&Aq.Bn b.f.b.b.D. 31/4/18	4 87						
				" b109 " 11/4/18	4 87				356 54		
		33		a/R1467 16/4/18 C.D.D. Burton	9 96 4 87				251 37		
May											
June				D/m Sailing #18 25/4/18	248 60				2 77		
					248 60						
Aug				D/m Sailing #18 25/4/18	10 10				2 67		

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CANADIAN
ASSIGNED PAY AUDITED
AUDIT CLERK
DATE 16/12 .....

NUMBER RANK NAME

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION