REGIMENTAL DOCUMENTS

NAME ANDERSON. Ole G. REGT. No. 790593 UNIT 47th Battn H. Q. FILE No.

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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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W. 2589
85M.—1-23
1772-39-1377

47th

C. Coy.

131st OVERSEAS BATTALION

Original

ATTESTATION PAPER.

No. 790593.

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?	Ole Ole Gutterm
1b. What is your present address?	Hampton Rooms, Powell St. Vancouver B.C.
2. In what Town, Township or Parish, and in what Country were you born?	Kongswaenger, Norway
3. What is the name of your next-of kin?	Andrew Anderson
4. What is the address of your next-of-kin?	Kongswaenger, Norway
4a. What is the relationship of your next-of-kin?	Father
5. What is the date of your birth?	17th January 1890
6. What is your Trade or Calling?	Labourer
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?	Yes — 104th Regt
10. Have you ever served in any Military Force? If so, state particulars of former Service.	No
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

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DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Ole Gutterm 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.

Ole Gutterm Anderson (Signature of Recruit)

Date 11th February 1916. G.A. Cattimore (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Ole Gutterm 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.

O. G. Anderson (Signature of Recruit)

Date 11th February 1916. G.A. Cattimore (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 NEW WESTMINSTER, B. C. this 11th day of February 1916.

B. J. Walker (Signature of Justice)

A. F. W. 23.
100M.—1-16.
H. Q. 1772-39-841

Description of Ole Gutterom Anderson on Enlistment.

Apparent Age 26 years ..... months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height	5 ft. 7 ins.	
Chest measurement. Girth when fully expanded	41 ins.	
Chest measurement. Range of expansion	4½ ins.	
Complexion	Fair	
Eyes	Grey	
Hair	Light	
Religious denominations. Church of England		
Presbyterian		
Methodist		
Baptist or Congregationalist		
Roman Catholic		
Jewish		
Other denominations (Denomination to be stated.)	Lutheran	

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).

1 design of Tattoo on each arm
4 on R forearm & 3 on Left forearm V Star on back R hand

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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 FEB 11th 1916 191 . J. H. Mennie

Place NEW WESTMINSTER, B. C. Cap't C.A.M.C.

Medical Officer.

*Insert here "fit" or "unfit."

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

CERTIFICATE OF OFFICER COMMANDING UNIT.

Ole Gutterom 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.

L. Cunningham Major (Signature of Officer)

Date February 24th 1916

For O.C. 131 Batt C.E.F.
Absent on duty

37

Duty. C iii

Proceedings of Medical Board at Discharge Depot,
QUEBEC, Que.

DEPT MILITIA & DEFENCE AUG 20 1917 CANADA

649-A-5-209 H.Q.

No. 7905-93. Rank Pte. Name and Corps of disabled Soldier:— Anderson Alexander 131st. to 49th

Previous civilian occupation:— Laborer.

Cause of Disability:—
Loss of all fingers left hand except thumb. G.S.W.

Condition, in detail, which prevents the soldier earning a full livelihood:—
He sustained a G.S.W. on 29th march on left arm, the middle finger is amputated at 1st interphalangeal joint, the others at metacarpophalangeal joints; the thumb is O.K. he has a small shrapnel wound on upper part of st arm, healed & sound, also on middle of left thigh, healed & sound, these cause no disability. All the movements of the wrist are free; the wounds of the hand are healed & sound.
Well nourished - Heart, lungs & other organs normal - no other disability -

OPINION OF THE BOARD.

Degree of incapacity. (Please state in fractions)
45%.

Probable duration of incapacity:—
permanent.

Does it render him permanently unfit for Military Service?
no.

Would operation, Special treatment, or use of appliances, etc., lessen incapacity?
no.

Signature:— E A Robertson Capt ..... President.

Station:— Quebec. W H Taylor Capt ..... Members
Rennie Capt. .....

Date 17-8-17.

APPROVED.

Date Aug 17/17 W W Carruthers Major ..... Asst. Director Medical Services.

Date Aug 22 1917 Harry Watson Capt ..... for Director General Medical Service.

2

R188

CV 7/6/17

MEDICAL HISTORY SHEET.

ORIGINAL

ORIGINAL!

Surname Anderson *Christian Name* Ole Gulbrand

Examined { on ..... day of FEB 11th 1916 191
at NEW WESTMINSTER, B. C.

Birthplace { City or Town Hongsvyngen
County Norway

Apparent age 26 Jan. 17th

Trade or occupation Laborer

Height 5 Feet 7 Inches.

Weight 165 Lbs.

Chest measurement { Minimum 36½ inches.
Maximum expansion 41 inches.

Physical development Good

Small-Pox Marks —

Vaccination Marks { Arm Right. Left. L
Number 3

When Vaccinated last as a child

(*a*) Marks indicating congenital peculiarities or previous disease One design of tattoos on each arm 41 on R. forearm & 7 on left forearm + star on back R. hand

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

Approved by G.B. Macumber

Rank Cap't C.A.M.C. M.O

Date	Fit or Unfit	Examined for Re-engagement, 18 APR 1917
		M.O
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Date	Result	Vaccinations.
10/3/16	+	G.B. Macumber M.O.
		M.O.
		M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.
14/8/16		G.B. Macumber M.O.
23/8/16		M.O.
31/8/16		M.O.

Enlisted on ..... *day of* FEB 11th 1916 *191* ..... *at* NEW WESTMINSTER, B. C.

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	131st Batt. C.E.F.	790593	Good	FEB 11th 1916
Transferred to..	47th. Bn			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.
NEW WESTMINSTER, B.C.	JUN 1 - 1916		PASSED BY BOARD Fit G.B. Macumber Capt C.A.M.C.
VERNON, B. C.	OCT 6 1916		A.D.M.S. recommends Surgical Fit M. Rogers Capt C.A.M.C. W. S. Christie Capt C.A.M.C.
Epsom A.D.M.S. CANADIANS, LONDON AREA, LONDON.	June 22/17	Lon fingers Lt Hand.	I to C. N.L. Power Maj' Approved: W Fmacdonell Captain C.A.M.C., for A.D.M.S. Canadians London Area.

29 JUN 1917

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

M. F. B. 313.

150M.—8-15.
H. Q. 1772-39-439.

CANADIAN

Surname Anderson Christian Name Ole Gutterin

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.
ST. LUKES WAR HOSPITAL HALIFAX		10	4	17	7	6	17	Stiff left knee	57	amp. all fingers left hand thumb & wrist stiches.	John A Adams
M.C. Hosp Epsom.		7	6	17				do		14/6/17. All wounds are healed and limitation of movement is due to disease only and will be corrected by Massage and Exercise. Urine Analysis Negative. Heart not enlarged — sounds accentuated Radials thickened S.B.P 110 D.B.P 86 —	S.K.A. Hamilton Capt
Military Hospital	21	7	17	1	8	17	— do —			No change	J. Shepherd Capt RAMC.

BPC 32589 CR478

MEDICAL HISTORY SHEET.

DUPLICATE

DUPLICATE SUTTON

Surname Anderson Christian Name Ole Suttorn

Examined { on ..... day of FEB 11th 1916 191
at NEW WESTMINSTER, B. C.

Approved by G. H. Chamberlain

Rank Cap't C.A.M.C. M.O

Birthplace { City or Town Kongsvyngen
County Norway

Apparent age 26. Jan. 17th

Trade or occupation Laborer

Height 5 Feet 7 Inches.

Weight 165 Lbs.

Chest measurement { Minimum 36½ inches.
Maximum expansion 41 inches.

Physical development Good

Small-Pox Marks —

Vaccination Marks { Arm Right. Left. L
Number 3

When Vaccinated last as a child

(a) Marks indicating congenital peculiarities or previous disease One design of tattoos on each arm 4 on R. forearm + 7 on left forearm + star on back R. hand.

(b) Slight defects but not sufficient to cause rejection

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

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Date	Result	Vaccinations.
17/3/16	+	G. H. Chamberlain M.O.
		M.O.
		M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.
14/8/16		G. H. Chamberlain M.O.
23/8/16		M.O.
31/8/16		M.O.

Enlisted on FEB 11th 1916 day of 191 at NEW WESTMINSTER, B. C.

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	131st Batt. C.E.F.	790593	good	FEB 11th 1916
Transferred to..	47th Bn			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.
NEW WESTMINSTER, B. C.	JUN 1 - 1916		PASSED BY BOARD Lt Col [illegible] Maj Capt [illegible] Capt [illegible] Lt [illegible] Capt [illegible]
VERNON, B. C.	OCT 6. 1916		

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

M. F. B. 313.
150M.—8-15.
H. Q. 1772-39-439.

Surname Anderson Christian Name Ole Luttorn

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.

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.....

(2) Regimental Number 790593

(3) Full Name of Soldier..... Anderson, Ole Gutterm

(4) Place of Birth..... Norway

(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 ? ..... no

(8) Have you any children ?..... no

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

Also their names and ages.....

M. F. W. 67.

200M.—3-16.
I772-39-954.

(SEE OTHER SIDE.)

(9) Is your Father alive ? yes

If so, state name and address Andrew Anderson, Norway

(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 ?

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(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.

(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. W. Carpenter
Officer Commanding.
LIEUT.-COL.
COMMANDING 131ST WESTMINSTER BATT. C. E. F.

OCT 4 - 1916

Date

CANADIAN CONTINGENT EXPEDITIONARY FORCE

M. D. 1[illegible]

LAST PAY CERTIFICATE

No. 21

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

Regimental No. ~~[illegible]~~ 790593 Rank Pte Name Anderson, O. G. (131st Bn.)

Corps XI Special Service Co. who was* Discharged

On 2 - 4 - 1918, to 4 - 4 -

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from 1 - 4 - 1918, to 2 - 4 - 1918, the inclusive date of transfer or discharge.

Dr.	$	c	Cr.	$	c
Bal. Dr. from prev. month			Bal. Cr. from prev. month	33	85
Advances by Cheques No.			Regt'l Pay 2 days at $ 1 c	2	
Advances by Cheques No.			Field Allow. 2 days at $ c 10		20
Assigned Pay No.			Other Allowances* Clothing	8	
Other Charges*					
Payment on transfer or discharge No. 1457	77	05	Other Credits*		
Balance Cr. (to be paid by the new unit)			Bal. Dr. (to be deducted by new unit)	33	
Total	77	05	Total	77	05

*Give Particulars.

A monthly stoppage of $ Nil (†) has ..... (‡) been paid on account of Assigned Pay for the month of ..... 191... to (Assignee) .....

(Address) 2 Months P. D. P. paid

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

On Transfer of an Officer.

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

REMARKS:—

State (1) date of enlistment 11. 2. 16

(2) if married and if a Separation Allowance Card has been submitted No

(3) cause of discharge and authority D.C.O. 11 M.D. 34. A - 170

If discharged from the Contingent, state if Stop Payment advice for Assigned Pay has been forwarded, and date .....

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

Date 9th April 1918

Place Vancouver B.C

James Thurlow Lt. & Adj.
for O.C. No. XI Special Service Co'y. C.E.F.

Paymaster

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

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

M. F. W. 44.

150M.—1-17.
H. Q. 1772-39-903.

CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

AMENDED

M.D. 11 No. 47 1
DEPT MILITIA & DEFENCE
SEP 25 1917
CANADA
649-9-32 99

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

Regimental No. 790593 Rank Pte Name Anderson O. C

Corps 11th Bn C.C. R who was* discharged

On April 2nd 191 8., to

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from April 1st 191 8., to April 2nd 191 8, the inclusive date of transfer or discharge.

Dr.	$	c.	Cr.	$	c.
Bal. Dr. from prev. month			Bal. Cr. from prev. month	33	85
Advances by Cheques No			Regt'l Pay 2 days at $ 1 c	2	
Advances by Cheques No 3870	27		Field Allow. 2 days at $ c 10		20
Assigned Pay and Sep'n Allce. No			Separation Allowances* (Monthly)		
Other charges			Other Allowances* Clothing	8	
Payment on transfer or discharge No 1457	44	05	Other Credits*	27	
	33			33	
Balance Cr. (to be paid by the new unit)			Bal. Dr. (to be deducted by new unit)		
Total	104	05	Total	104	05

*Give particulars.

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

{Pay for the month of Nil 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 11-2-16

(2) if married and if a Separation Allowance Card has been submitted No

(3) cause of discharge authority D.C.O. 11. M.D. 34-A-170

(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 Sept 12 18

Place Vancouver. B. C

D'Armandville Capt

Paymaster.

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.

100M.—1-18.
H. Q. 1772-39-903.

203-26-9-19

R. C. SEP 26 191

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 .....
3 months Post Discharge pay
from Districts Paymaster Victoria B.C.

20. Have you been issued with a War Service Badge? If so, what class ? ..A:.. No. 252844

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 ? .....

24. Are you now serving in the C.E.F.? ..No..... If not, give:—(a) Date of discharge ..2.....April 1918..... (b) Reason for discharge ..Wounds...
..... 4 Finger lost on left Hand.

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 ....H.L.I. 4th Batt
from Dec 1st 1916 to 29th Mar 1917.....

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: Alc. Guthorm Anderson

Place of Residence: Major Title Kerresdale B.C.

Declared before me at:

This 19th day of January 1919.

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

J C Raney
Justice of the Peace
Kerrisdale B.C.

POST DISCHARGE PAY.

Date paid.	Paid Soldier	Paid Dependent	War Service Gratuity	Net amount due
Apr 2/18			350.00/100	249.90/100
May 2/18	100.10			
June 2/18				

Certified Correct.

2 years

District Paymaster

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

WAR SERVICE GRATUITY
JAN 18 1919
C. E. F., M. D. XI

DEPARTMENT OF MILITIA AND DEFENCE.

WAR SERVICE GRATUITY. 12202/243

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 Ole Guttorm 2. Surname Anderson
3. Rank Pte 4. Original Unit 131 Batt. 5. Reg. No. 790593
6. Address, in full, to which future payments of gratuity are to be forwarded c/o Major Tite Kerresdale B. C.
7. Date of enlistment in the C.E.F. 11th February 1916
8. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge Nil
9. Relationship of such dependent —
10. Address, in full, of such dependent —
11. Is said dependent now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? No
12. Were you at any time on the strength for pay and allowances of a unit of the C.E.F. which was out of Canada or the United States when such pay and allowances were issuable? If so, give particulars of one such unit and dates of service overseas with such unit:— No — See P.26a
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 No
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 131 from 11th Feb. 1916 to Nov. 1st 1916) Transf. to H.7th Batt Nov. 1st 1906 To 2 ~~Apr~~ April 1918
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.

HJB

CONFIDENTIAL INFORMATION

Report No.	Class / Category	No. of M.H.C. File	No. of Local File	No. of H.Q. File
8127 J.	Duty. C.111. ANDERSON. Ole. G. Paul St. Vancouver e. T., B.C.		MAY -7 1920	

No. 79 0593 Rank Pte. Original Unit 131st. Present Unit 47th.

Age 27½ Height 5 ft. 7 ins. Complexion Light Eyes Grey Hair L.Brown Character Good.

Date of enlistment 11-2-16 Where enlisted N. Westminster. Where seen service France.

Ship returned by HMHS.H.1 Date of arrival 2-8-17 Port of arrival Halifax.

Birthplace Norway. Religion Methodist.

Name and address next of kin Father. A. Anderson. Koingswinger Norway.

Notification of return to be sent to N.A.

Cause of disability Loss of all fingers left hand except thumb. G.S.W.

649-a-5209

Condition which prevents the soldier from earning a full livelihood

He sustained a GSW on 29th. March in left arm. The index finger is amputated at first interphalangeal joint. The others at metacarpa-phalangeal joints. The thumb is O.K. He has a small shrapnel wound on upper part of rt. arm, healed and sound. Also on middle of left thigh. Healed and sound. This causes no disability. All the movements of the wrist are free. The wounds of the hand are healed and sound. Well nourished. Heart, lungs and other organs normal No other disability.

Degree of incapacity (Please state in fractions) Eng. Board 40% Canadian Board 45%

Probable duration of incapacity Permanent.

Is final disability likely to prevent return to previous occupation?

Recommendation of Canadian Board Duty.

Destination to which transportation issued Vancouver B.C.

Members of Board E.A.ROBERTSON.CAPT. M. F. COGLON. CAPT. R. TASSE.CAPT. W.M.CARRICK.MJR.

INFORMATION TO BE FURNISHED BY SOLDIER

DEPENDENTS	NAME	AGE	WHERE—IF EMPLOYED	WAGES	STATE OF HEALTH
Wife					
Children 1					
2					
3					
4					
5					

Occupation prior to enlistment Lumberman.

Regular trade or profession do

Average earnings previous to enlistment $60.mo. & Board Any other income?

Name and address of last employer Gilbert Bros. New Westminster B.C.

Rent per month - If purchasing property amount due and annual payment, $

Taxes - If Homestead, when is patent due? -

If carrying life or accident insurance, annual premium -

If in receipt of sick benefits or other insurance—name of society - Amt. per mo. $

If unable to follow previous occupation, name preference

At what age soldier left school? 15 What grade, standard, &c., was he in? fairly educated.

Has he taken any Technical or Continuation Classes, if so what?

Whether given Vocational Training while in Hospital in England. If so, what subjects?

References Last emp.

Witness J.Mc Donnell.

Date Quebec 12-8-17.

I declare that the above statement is correct.

Signature Anderson O. G.

Recommendation by Interviewer as to classes likely to be of use, and general remarks:

For office of V. Counsellor.

Last Pay Cert. Cr., $ Dr., $ Amount paid at Depot H. Q., $ L. P. C. leaving Depot, $

Amount forwarded to H. Q. Unit, $ Credit Clothing allowances, $

Transf'd to Unit—Date Transf'd Class 1—Date Transf'd Class 3—Date

PENSION—Class..... Amount per year, $..... Period granted for..... Dating from.....

First payment date.....

Form No. 5c.

CLASS 3.—Men having a permanent disability which would not be benefitted by further medical treatment (such disability due to or aggravated by service) and whose cases will immediately be considered by the Pensions Board with a view to pension.

CLASS 2.—Men whose condition may be benefitted by urther medical treatment or rest in a Convalescent Home, Hospital or Sanatorium. If deemed advisable, in some cases, the medical officer in charge of the Convalescent Home, Hospital or Sanatorium may grant these men leave to return to their own homes and families for a definite period

CLASS 1.—Men fori mmediate discharge without a pension.
(a) Unfit for overseas service but capable to take up their previous civilian occupation.
(b) Disability not the result of service or involving claims as the result of or aggravation by service.

CONFIDENTIAL INFORMATION

Report No. | Class ... Category ...

M.H.C. File No. ... | Naval File No. ... | H.Q. File No. ...

MAY 12 1920

No. ... Rank ... Original Unit ... Present Unit ...

Age ... Height ... ft. ... ins. Complexion ... Eyes ... Hair ... Character ...

Date of enlistment ... Where enlisted ... Where seen service ...

Ship returned by ... Date of arrival ... Port of arrival ...

Birthplace ... Religion ...

Name and address next of kin

Notification of return to be sent to

Cause of disability

Condition which prevents the soldier from earning a full livelihood

Class 1.—Man not immediately discharge without a pension. (a) Until permanent disability due to wounds or disease has been established by medical treatment. (b) Disability not the result of service but existing prior to enlistment. Class 2.—Man in a Convalescent Home, Hospital or Sanatorium by order of Canadian Pension Board. Class 3.—Man not requiring medical treatment but unable to follow his former occupation. Class 4.—Man totally disabled by wounds or disease and unable for a definite period but may regain health by treatment or by time. Class 5.—Man totally disabled by wounds or disease and unable to follow any occupation. Class 6.—Man totally disabled by wounds or disease and requiring constant attendance.

Degree of incapacity (Please state in fractions) Eng. Board ... Canadian Board

Probable duration of incapacity

Is final disability likely to prevent return to previous occupation?

Recommendation of Canadian Board

Destination to which transportation issued

Members of Board

INFORMATION TO BE FURNISHED BY SOLDIER

DEPENDENTS	NAME	AGE	WHERE—IF EMPLOYED	WAGES	STATE OF HEALTH
Wife					
Children 1					
2					
3					
4					
5					

Occupation prior to enlistment

Regular trade or profession

Average earnings previous to enlistment ... Any other income?

Name and address of last employer

Rent per month — If purchasing property amount due and annual payment, $

Taxes — If Homestead, when is patent due? —

If carrying life or accident insurance, annual premium —

If in receipt of sick benefits or other insurance—name of society —

If unable to follow previous occupation name preference

At what age soldier left school? ... What grade, standard &c., was he in?

Has he taken any Technical or Continuation Classes, if so what?

Whether given Vocational Training while in Hospital in England. If so, what subjects

References

Witness ... I declare that the above statement is correct.

Date ... Signature ...

Recommendation by Interviewer as to classes likely to be of use, and general remarks:

Last Pay Cert. Cr. $ ... Dr. $ ... Amount paid at Depot H. Q. $ ... L. P. C. leaving Depot $ ...

Amount forwarded to H. Q. Unit. $ ... Credit Clothing allowance $ ...

Transf'd to Unit ... Transf'd Class 1—Date ... Transf'd Class 3—Date ...

PENSION—Class ... Amount per year, $ ... Period granted for ... Dating from ...

First payment date ...

Form No. 8...

T. Councillor

CONFIDENTIAL INFORMATION

Report No. 3127 | Class Duty | Category C III

J

Anderson D.C.L.
Paul St.
Vancouver B.C.

No. of M. H.C. File	No. of Local File	No. of H. Q. File

DEPT. MILITIA & DEFENCE
AUG 20 1917
H.Q. CANADA

No. 790593 Rank Pte. Original Unit 131 Present Unit 47

Age 27½ Height 5 ft. 7 ins. Complexion Light Eyes Grey Hair LBrown Character Good.

Date of enlistment 11-2-16 Where enlisted New Westminster, B.C. Where seen service France

Ship returned by H.M. HS41 Date of arrival AUG 2 1917 Port of arrival HALIFAX, N.S.

Birthplace Norway Religion Methodist

Name and address next of kin Father, A. Anderson, Konigswinger, Norway.

Notification of return to be sent to not necessary

Cause of disability Loss of all fingers left hand except thumb G.S.W.

Condition which prevents the soldier from earning a full livelihood

Degree of incapacity (Please state in fractions) Eng. Board 40% Canadian Board 45%

Probable duration of incapacity Permanent.

Recommendation of Canadian Board Duty.

Destination to which transportation issued Vancouver, B.C.

Members of Board

INFORMATION TO BE FURNISHED BY SOLDIER

DEPENDENTS	NAME	AGE	WHERE—IF EMPLOYED	WAGES	STATE OF HEALTH
Wife					
Children 1					
2					
3					
4					
5					

Occupation prior to enlistment Lumberman

Regular trade or profession

Average earnings previous to enlistment $50 p.m. Any other income

Name and address of last employer Gilbert Bros New Westminster B.C.

Rent per month ——— If purchasing property amount due and annual payment, $ ——— $ ———

Taxes ——— If Homestead, when is patent due? ———

If carrying life or accident insurance, annual premium ———

If in receipt of sick benefits or other insurance—name of society ——— Amt. per mo. $

If unable to follow previous occupation, name preference

At what age soldier left school? 15 What grade, standard, &c., was he in? Fairly educated

Has he taken any Technical or Continuation classes, if so what?

Whether given Vocational Training while in Hospital in England. If so, what subjects? ———

References Last employers. Med Dunell.

Witness

I declare that the above statement is correct.

Date QUEBEC AUG 12 1917 Signature Anderson D.C.L.

Recommendation by Interviewer as to classes likely to be of use, and general remarks:

For advice of T. Councillor

Last Pay Cert. Cr., $ Dr., $ Amount paid at Depot H.Q., $ L. P. C. leaving Depot, $

Amount forwarded to H. Q. Unit, $ Credit Clothing allowances, $

Transf'd to Unit—Date Transf'd Class 1—Date Transf'd Class 3—Date

PENSION—Class——Amount per year, $——Period granted for——Dating from——

First payment date——

Form No. 5c.

CLASS 1.—Men for immediate discharge without a pension.
(a) Unfit for overseas service but capable to take up their previous civilian occupation.
(b) Disability not the result of service or involving claim as the result of or aggravation by service.

CLASS 2.—Men whose condition may be benefited by further medical treatment or rest in a Convalescent Home, Hospital or Sanatorium. If deemed advisable, in some cases the medical officer in charge of the Convalescent Home, Hospital or Sanatorium may grant these men leave to return to their own homes and families for a definite period.

CLASS 3—Men having a permanent disability which would not be benefitted by further medical treatment (such disability due to or aggravated by service) and whose cases will immediately be considered by the Pensions Board with a view to pension.

9329
21-8-17
C3325

Rank Pte Name Anderson Ole G.

M. F. W. 41
1 0M—7-16
1772-39 889.

653

Regimental No. 790593

Unit 131st Bn

Date of enlistment 11-2-16

Place of " N. Westminster

Married (yes or no) no

Amount of pay assigned monthly $ no

To whom payable Letitia 1/8/17

Home
~~Name and~~ address of ~~next-of-kin~~ Paul Str
Vancouver
Date Med Board 12/8/17 Rec Duty B.C.

Date and place discharged

Reason for discharge

Character on discharge Category C3 H.Q. 649 . a 5209

5351—M. & D. 6880.

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.
	9 7/17							T 18215								E. L. P. C.
10 7/17	31 8/17	53	1.00	53 00	53	10	5 30		240 45					X 100 00	100 00	X D. D. Quebec
												Credit Bal			140 45	Trans to M.D.#1 for 1.9.17
									240 45						240 45	with Cr Bal

L.R.

MILITIA & DEFENCE OTTAWA
CASUALTIES, C.E.F.
SEP 1 1917
Pay & Accounts Branch, Militia Dept.

English Asst Pay chgd from 1st to 11th

Name.....

M. F. W. 41
1 0M—7-16
1772-39 889.

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					

POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

12202/243

Name Anderson, Ole G.
Surname Christian Name

Regimental Number 790593 Rank Pte. Address (in full) % Major Tite Magee,

Unit 11 Cas.Unit. Kerrisdale, B.C.

Original Unit

District where paid M.D.11.

Date of Discharge

P. D. P. Filing Number 16-194-11.

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

L. L. 46033—M. & D. 9245.

	Total Credits 91 days	FIRST PAYMENT			SECOND PAYMENT			FINAL PAYMENT			Balance Over-payments to be Recovered	Total Amount Paid
		Cheque No. A	Date	Amount 30 days	Cheque No. B	Date	Amount 30 days	Cheque No. C	Date	Amount 31 days		
	100 10	2387	2-5-18	33 00	2321	2-6-18	34 10				33 00	67 10
	906=14	G/11645	~~2/2/19~~	~~70 00~~								
	651a 2nd	G/41704	~~15-3-19~~	~~70 00~~								

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

Remarks:

Dec'n No 120242 W. S. G. File No 0378-0-16

Award ..... days at $ 1.4 per day $

S. A. ..... months at $ .... per mo. $ $350.00

Less P, D. P. Credited $100.10

$249.90

Less further debit balance $ ....

Net due paid as below 249.90

TO SOLDIER TO DEPENDENTS

0	Ag. No	Ch No	Amount	Ag No	Ch No	Amount	
1	906	11645	70 00	M			
2	651a	41104	70 00	M			
3	850B	420222	70 00	M			
4	745C	457178	39 90	M			
5							
6							
—							
	Total		249 90	Total			

25-2-19
15-3-19
9-4-19
9/5/19

GEN'L AUDITOR
Posting checked by
J. Halpin
Date 14-7-19

c/o Mrs Tike
Kennedale
B.C.

R—122
8,401—50,000—21-10-16.

A.G.R. Rank Name ANDERSON, Ole, Guttorn Reg'l No. 790593

Unit 131st Bn. If in perm. Corps, What Unit? Married or Single Single.

Place and Date of Enlistment New Westminster, B.C. 11th Feb 1916. Place of Birth Kongsvaenger, Norway.

Name and Address, Next-of-Kin Andrew Anderson, Kongsvaenger, Norway. Relationship Father.

Assigned Pay Monthly $ Payable to

Relationship

Separation Allowance $ Payable to

Relationship

Discharge, Date and Place Reason Character

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N/E. R.B. No 4800
File R.L.
Category Can. M.D.

Report. Date.	Report. From whom received.	Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS Taken from Official Documents.
		Arrived in England		11-11-16	per S.S. "Caronia
13.II.16	30th.	Taken on Strength	Sh'clf,	13.11.'16	Pt, 2-O, 300
27-11-16	"	S.O.S. to 47th Bn. overseas	.	27-11-16	Pt II 314
3-12-16	47th Bn	T.O.S. FROM 30th Bn,	In the Field	28 11 16	Pt. 2 D.O. 262
10-4-17	~	Reported from wounded Base ↑	Field	29-3-17	GL A181 Sw Hand Thigh
11-4-17	~	Adm No 1 Can Gen Hpl	Etaples	1-4-17	GL A 182
18-4-17	~	St Lukes War Hp.	Halifax	10 4 17	GL B279 Sw Hand Thigh
17-4-17	~	Invalided w/ posted to Bl Regt	Field	8-4-17	BG Pt II Do 42 d/20-4-17. PL Do. 51
13.6.17	~	Trans. Can. Con. Hos. Woodcote Pk	Epsom	8.6.17	GL B 327 Sw. Hand Thigh.
26.7.17	~	Disd. " "	~	21.7.17	~ 361

A.F.B. 103 CHECKED 15 DEC. 1916

Report. Date.	Report. From whom received.	Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS Taken from Official Documents.
28-7-17	B.C. Rd.	Lo/on Embka to Canada for Discharge	Seaford	31-7-17	O.T. D.O. 14 Para. 392. Sec. 16. K.R.T.O.
	Dis Dep.	Found fit for duty	MD11 Victoria	2.8.17	NR 333 Vancouver B.C.

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

M. F. W. 54.
150M. 10-15.
H.Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps 131st OVERSEAS BATTALION

Regimental No. 290593 Rank Pte Name Anderson, Ole Guttorm

Enlisted (a) 11th Feb. 1916 Terms of Service (a) War + six months C. E. F. Service reckons from (a) 11th Feb. 1916

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) Labourer

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 at Halifax.		1.11.16.	
		Disembarked at Liverpool.		11.11.16.	
13.11.16	30th Bn.	Transferred to 30th R.Batt.	Sciliff ~~East Sandling~~.	13.11.16.	P.T.2 O.# 300. ~~Bgde Order 4223~~. 13.11.16.

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CERTIFIED CORRECT. 29 DEC. 1916 CAN. RECORDS, LONDON.

27 NOV 1916

1C

PROCEEDED ON DRAFT TO 47th BATTALION, C.E.F. 27 NOV 1916 Sciliff ~~EAST SANDLING~~, P.T. 314

H. G. Pocock Lt. Asst Capt. & Adjutant. for O.C. 30th Batn. C.E.F.

3.12.16	47th Bn.	T.O.S. from 30th Bn.	In the Field	28.11.16	P.T.2 D.O.# 262

W. C. Lawrence Lieut. for ~~Colonel~~ i/c Records, C.E.F. Officer

28.11.16	C.B.D.	Arrived in France	Field	28.11.16	A.R.
3-12-16	Unit	Taken on strength	Field	28.11.16	P.T. 262 a/3.12.16

(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

490593. Pte Anderson Ole Gutton.

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				
1-12-16	6 B D.	Left to join unit	Field	1-12-16	NP
16-12-16	Unit	Joined unit	Do.	3-1-16	B213 DCS 82a/26.12.16
31.3.17.	— do —	S.W. Hand & Thigh —	Field	29.3.17.	CR. DCS 131 of 3.4.17
31.3.17.	4/12 C.M.R.	S.W. Hand & Thigh Arm & L. to 6. Cas	Field	29.3.17.	A.36. DCS 134 of 11.4.17
31.3.17.	4/6 C.C.S.	S.W. L Hand Thigh L., R. Arm & 18 at.	Field 19.	30.3.17	" " 136 of 17.4.17.
1.4.17	4/14 Gen.	S.W. Hand L. Thigh L.	Field	1.4.17.	W-3034 (265)
8.4.17.	4/ H.S. Brighton	Invalided Wounded and to No 6 Regtl Depot Seaford	Seaford	8.4.17.	W-3083. Pt II DO 54 of 17/4/17

J. M. Anderson Lieut. For Major i/c Records C.E.F.

17.4.17	47th Bn.	Invalided W posted B.C. Reg.	Field	8.4.17	Pt II 514 BC Reg Pt II 42 d/20.4.17

J. Pickering Lieut. for Lt-Col i/c Records, C.E.F.

15-11-17	~~No.~~ ~~XI S.S. Co~~ D.D. Quebec. Discharge Depot.	Taken on Strength. No XI Special Service Coy C.E.F.	Vancouver.	1-9-17	D.O. XI Special Service C.E.F. Pt II 24-9-17
2/4/18	No XI S.S. Co C.E.F. Vancouver B.C	Struck off Strength No XI Special Service Co Discharged.	Vancouver B.C	2/4/18	Daily orders Part II No 99 dated 9/4/18

James T. Anderson Lieut & Adjt for Major Commanding No. XI Special Service Co'y C.E.F.

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File in Officers' or Other Ranks' envelope attached to Regimental Documents.

Reg.No 7905-93

Rank Pte.

Name Anderson, Ole G.

Medical Documents forwarded to B.P.C. on M.F.W. 2505, Ref. B.P.C. 414 of 17-7-18

Medical History Sheet (MFW.313) or (AFB.178).....

Dental " " (MFB.465).....

Medical Report on Invalid (~~MFB.227~~) or (AFB.179)..... 1

Medical Board Proceeding (MFB. 380).....

" " " (on discharge)(MFB.227).....

Medical Examination on leaving service (MFW.129).....

Examination Standing Medical Board (DMS. 1323).....

Miscellaneous.....

K.G.

Clerk's Initials.

EBM.
Doc. 14. G.S
2000-7/18.

The undermentioned "Medicaly Documents" have been detached from Discharge Documents, and forwarded to B. P. C.

Medical History Sheet, M. F. B. 313, ... 2 .....

" " or A. F. B. 178m .....

Proceedings of Med, Board, A.F.B. 179, ...

Dental History Sheet, M. F. B. 465, ...

Medical Report D. M. S. 1375, ...

Miscellaneous Reports, ...

3 Can. med. Bds.
1 M. F. B. 227

G. Macd...
R. O.

B. P. C. — 14 P.

Date, ... 6 ... 5 ... 18.

Doc,. S. F. # 2

490593 Anderson, O. G.

D.M.S. 1300.

Surname	Christian Name or Names	Reg. No.
Anderson.	O.G.	790593.

Rank	Unit	Co.	Troop	Batty.
Pte.	47th. Bn.			

Hospital — Date of Admission

Transferred No 1 Can Gen Etaples Hosp. 1-4-17
Halifax. St Luke's War Hosp. 10-4-17
Woodcote Park Epsom Hosp. 8.6.17.
Hosp.

Diagnosis
S.W. Hand. &. Thigh.
(1)
Later Diagnosis (if changed)
(2)
(3)

Additional Diagnosis: if more than one state present

DISPOSITION — Date

Dis. 21.7.17.

C.L. 10-4-17. A/181.

REMARKS

11-4-17 a/182 R.F. Base. Wd. 29-3-17.
Ch 18-4-17 B249 T.T.E.
13.6.17 B324
26.7.17. B361(2)

A.M.D. 2 DEPT
Rep. of D.G.M.S. B.E.F.C. London.

Ys. Canada. per. H.S.
Letitia. 21.7.17.

R.

EPITOME OF HOSPITAL TREATMENT.

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

No. 790593 RANK Pte. NAME Anderson O. G.

T.O.S. 11-2-16 UNIT #11 Special Service Coy. C.E.F.
Unit not stated
Dec. Paylist.

M. D. 11

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC. PARTICULARS	AUTHORITY
1917 Nov. 1	1917 Nov. 30	"		
Dec. 1	Dec. 31	"		
1918	1918			
	Jan.	"		
	Feb.	"		
	Mar.	"		
April 1	April 2	C.	Discharged 2-4-18	Do 99 of April Paylist
			a/c closed by Payments	

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No. 190593. Rank Pte. Name Anderson. O. G.

T. O. S. Unit 13th Battalion. C. E. F.

Trans fr. 104th Regt. 11-2-16
(Do 27-29-2-16).

M. D. 11

PAID FROM	PAID TO	SIG. OR REC'T
1916	1916.	
Feb. 11.	Feb. 29.	✓
	Mar.	✓
	April	✓
	May	✓
	June	✓
	July	✓
	Aug	✓
	Sept	✓
	Oct	✓
		11.

PROMOTIONS, TRANSFERS, DISCHARGES, ETC.

PARTICULARS	AUTHORITY

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No. 790593 RANK Pte. NAME Anderson D. C.

T. O. S. D.D.69 of 20-8-17. UNIT # 11 S. S. Coy. 72nd Regt. Seaforth Highlanders of Canada

M. D. 11

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1917	1917			
Sept. 1	Sept. 30	✓		
	Oct.	✓		

IED Archives COPIE

FORM R. 149.
7106—250m—7/2/17.

Name ANDERSON *Rank* Private *Reg. No.* 790593

Unit Ole Guttorn 47th Battalion.

Next of Kin Andrew Anderson, Kongsvaenger, Norway.

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1917						
29-3	Reptd from base wounded,		SW Hand Thigh	A181	M1388 7-4	10-4
1-4	No.1C.G.H.Etaples.		do	A182		
10-4	StLuke's W H Halifax		do	B279		
8-6	c/c H Woodcote	p/r	do	B337		
21-7	Discharged		do	B361		

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

LIST No	HOSPITAL	DATE OF ADMISSION	REMARKS
9.181	Rept. from Base	29-3-17	wounded S.W. Hand Thigh
9.182	#1 Canadian Stables	1-4-17	" " " "
B279	St Luke's War Halifax	10-4-17.	S.W. Hand Thigh
B327.	Can. Conv. Woodcote Pk. Epsom.	8-6-17	S. w. hand - thigh
B 361 R.	Leicester.	21-7-17	S. w. hand - thigh

MD 11 (2)

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REGT'L No 190593.

NAME Anderson. Ole. Gutbron

H. Q. FILE No. 649-

RANK AND CORPS Pte. 47th Bn. (form. 131st Bn.

FOLLOWS NO.

FOLLOWS

CABLE No.	CABLE DATE	NATURE OF CASUALTY
		Norway.
M.1388	4-4-17.	Rep. wounded March 29th 1917. (G.S.W. Hand, thigh)
J 344	26-7-17	Sailed from Liverpool for Canada per H. S. Letitia on July 21st 1917. Loss l. finger

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a12

Number 7905-93 Rank Lt.

Surname ANDERSON

Christian Name Ole Guttorm

Units 47th Bn Can Inf Theatre of War France.

Date of Service 27-11-16

Remarks

Latest Address c/c Major Tite Prague.

Kerrisdale BC

Roll No. B. Regt. 2026 C

200m.-6-21.M.

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DESP NOV 10 1922
REGN. NO. 61892.

No. 790593 Name Anderson O G | Sqn., Batty., or Company | Corps 131st OVERSEAS BATTALION | Date of enlistment 11/2/16 | G.C. Badges ✓ | Service or Proficiency Pay ✓

Date of last entry in Company Conduct Sheet nil | No. and date of last drunk nil | Period not reckoning towards freedom from extra fine nil | Sheet No. one | Signature O.C. Company, etc. S Smotherwell | Character Good.

Place	Date of offence	Rank	Cases of Drunkenness	Offence	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	Remarks
				PROCEEDED ON DRAFT TO 47th BATTALION. C.E.F.		Nil.	27 NOV 1916	H G Stocker Capt & Adjutant. for O.C. 30th Battn. C.E.F.	
				Wounded Struck off 5-4-17 16051					

ADJUTANT 131st WESTMINSTER BATT. C.E.F.

Army Form B. 122

[P.T.O.

W. 16575/M. 237. 2,000m. J. P. & Co., Ltd. (C 1309). Forms/B122/4.

Place	Date of offence	Rank	Cases of Drunkenness	Offence	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	Remarks

Form—R. 190 8528-25M-25/10/16.

IMPORTANT.

DISPOSAL OF ORIGINAL MEDICAL HISTORY SHEETS.

1. Action by Officer i/c Hospital—

(*a*) See that all entries are properly and fully made, and signed.

(*b*) Forward to Hospital to which man is transferred, immediately it is done. If discharged to Unit—to Officer Commanding such Unit.

2. Action by Officer Commanding Unit—

(*a*) On admission of man to Hospital, forward M.H.S. to such Hospital at once.

(*b*) On transfer to another Unit—to Officer Commanding such Unit.

(*c*) On proceeding Overseas — return to Record Office, London, without delay.

(Authority, Army Council Instruction 831, April, 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).

A-0

Reserved for M.H.C.

Regt. No. 790593 Rank Pte Surname Anderson Christian Name Ole G.

Unit or Corps—(a) Overseas from United Kingdom 47 Bn (b) In United Kingdom

Born at—Town Kongsenger County or Province — Country Norway

Date of Birth—Day 17 Month January Year 1890 Age 27 yrs. 5 months.

Joined at Tees Westminster Date February 11th 1916

Former Trade or Occupation Laborer

Permanent marks or peculiarities that will serve for future identification:— Tattoo - Star on back of right hand; Snake and dagger back of right forearm. Eagle and scroll as covered other tattoo marks on left forearm and both upper arms.

Height—feet 5 inches 7 Colour of eyes Blue

Signature of Soldier (*for identification purposes*) Ole G. 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*). Loss of Fingers - Left Hand Limitation of movement Left Wrist and thumb

Disabilities Group (*b*).

Disabilities Group (*c*).

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.	Gunshot wound - Right ~~Right~~ Left Hand	Vimy Ridge	March 17
(*ii.*) As to Group (*b*) above.			
(*iii.*) As to Group (*c*) above.			

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? No

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

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

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

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

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

(*ii.*) As to Group (*b*) above?

(*iii.*) As to Group (*c*) above?

PART I. (*continued*).

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

(*i.*) While on duty? yes (*ii.*) While off duty? no

(*iii.*) Was a Court of Inquiry held? not applicable (*iv.*) Where? (*v.*) When?

(*vi.*) Opinion of the Court?

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.*) Shrapnel wound involving finger only so that they requires amputation. Middle finger at first interphalangeal joint, the other at metacarpo phalangeal joint.
Hospitalized Stuck's War Hospital Halifax - Apr 10 to June 7/17
Epsom M.C.H. since June 7/17

7. PRESENT CONDITION. (*Give previous and present weight if likely to indicate progress of disability.*) All wounds are healed and limitation of movement in digits will be corrected by massage, exercises, hot water and electric - warm water bath. General health - good - not fully restored - fair. Circulatory system - Radial - Pulse 86 B.P. 110

8. OPERATION. (*i.*) Was one performed? yes

(*ii.*) If so, state what. amputation of fingers of left hand

(*iii.*) Was one advised and declined?

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? no

(*ii.*) If so, describe.

10. DO YOU RECOMMEND:—

(*a*) Fit for duty?

(*b*) Fit for base duty?

(*c*) Invalid to Canada? yes

(*d*) Discharge from the Service as permanently unfit?

Date of Report June 14th 191 Signed S. K. Stewart Capt Came Officer in medical charge of case.

Station Epsom M.C.H.

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

Capt Came for { Officer i/c Hospital / S.M.O. Brigade } Strike out one of these.

Dated at Station, on 17 JUN 1917 191

* 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)?
If not, indicate it. yes

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

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%.*) 40%

15. THE PENSIONABLE DISABILITY—(*see Part I. (3). 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, 1/5, 2/5, 3/5, 4/5, or all.*) all

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

17. If an operation was advised and declined, do you consider the refusal to have been unreasonable? Not applicable

18. Remarks.

19. Recommendation:—(*a*) Fit for duty?
(*b*) Fit for base duty?
(*c*) Invalid to Canada? yes
(*d*) Discharge from service as permanently unfit?

Classification for the Military Hospitals Commission.

Date of Board June 22nd 1917 Signatures of the Board H. L. Pavey Maj / L. C. Harris Maj President.

Station Epsom

Approved W. Macdonell Captain C.A.M.C., A.D.M.S. A.D.M.S. CANADIANS, LONDON AREA, LONDON.

Dated at for A.D.M.S., Canadians, London Area Station 29 JUN 1917 191

MILITARY CONVALESCENT HOSPITAL, EPSOM

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.

Reserved for M.H.C.

Regt. No. 790593 Rank Pte Surname Anderson Christian Name Ole G.

Unit or Corps—(*a*) Overseas from United Kingdom 47th Battn. (*b*) In United Kingdom

Born at—Town Kongsenger County or Province Country Norway.

Date of Birth—Day 17th Month January Year 1890. Age 27 yrs. 5 months.

Joined at New Westminster Date February 11th 1916.

Former Trade or Occupation Labourer.

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

Tattoo-star on back of Right Hand. Snake and dagger back of Right forearm, Girls and men's heads as well as several other Tattoo marks on left forearm and both upper arms.

Height—feet 5 inches 7 Colour of eyes Blue.

Signature of Soldier (*for identification purposes*) Ole. G. 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*). Loss of Fingers - Left hand. Limitation of movement left wrist and thumb.

Disabilities Group (*b*). ----------

Disabilities Group (*c*). ----------

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.	Gunshot wound - Left Hand.	Vimy Ridge	March 29th 1917.
(*ii.*) As to Group (*b*) above.	----------		
(*iii.*) As to Group (*c*) above.	----------		

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? No.

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

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

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

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

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

(*ii.*) As to Group (*b*) above? -----

(*iii.*) As to Group (*c*) above? -----

PART I. (*continued*).

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

(*i.*) While on duty? Yes. (*ii.*) While off duty? No.

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

(*vi.*) Opinion of the Court? --------

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.*)

Shrapnel wound involving fingers only, so that they required Amputation. Index finger at first interphalangeal joint, the others at metacarpophalangeal joints.

Hospitals: St. Lukes War Hospital, Halifax, April 10th to June 7th 1917

M.C.H. Epsom since June 7th 1917.

7. PRESENT CONDITION. (*Give previous and present weight if likely to indicate progress of disability.*)

All wounds are healed and limitation of movement is due to disuse only and will be corrected by Massage and exercise.

Nervous System & GENITO URINARY SYSTEM: Normal.

HEART: Not enlarged- Sounds accentuated.

Circulatory System: Radials thickened S.B.P. 110 D.B.P. 86.

8. OPERATION. (*i.*) Was one performed? Yes.

(*ii.*) If so, state what. Amputation of fingers left hand.

(*iii.*) Was one advised and declined? ----------

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? No.

(*ii.*) If so, describe.

10. DO YOU RECOMMEND:—

(*a*) Fit for duty? ----------

(*b*) Fit for base duty?

(*c*) Invalid to Canada? Yes. ----------

(*d*) Discharge from the Service as permanently unfit?

Date of Report June 14th 1917. Signed S.R.D. Hewitt. Capt CAMC.

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

Capt Came for

Officer i/c Hospital / S.M.O. Brigade } Strike out one of these.

MILITARY CONVALESCENT HOSPITAL, EPSOM.

Dated at ..... Station, on 17 JUN 1917 191

* 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)?

If not, indicate it.

Yes.

12. Is the cause of the disability, fully indicated in Part I. (2)?

If not, indicate it. Yes.

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%.)

40%

15. THE PENSIONABLE DISABILITY—(*see Part I. (3). 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*, ⅛, ¼, ⅜, ½, *or all.*)

All.

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

17. If an operation was advised and declined, do you consider the refusal to have been unreasonable? Not Applicable.

18. Remarks.

19. Recommendation:—(*a*) Fit for duty?
(*b*) Fit for base duty?
(*c*) Invalid to Canada? Yes.
(*d*) Discharge from service as permanently unfit?

Classification for the Military Hospitals Commission.

Date of Board June 22nd 1917. *President.*

Signatures of the Board H.L. Pavey, Major. / L.C. Harris, Major.

Station Epsom.

Approved W. Macdonald A.D.M.S.

Dated at ..... Captain C.A.M.C., for A.D.M.S., Canadians, London Area. Station

A.D.M.S. CANADIANS, LONDON AREA, LONDON, 29 JUN 1917 191

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.

LUTY
H M H S H 1.
AUG 2 1917

Army Form B. 268.

90

Proceedings on Discharge.

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

No. 790593 Army Rank Private

Name Anderson Ole G

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

Corps 47th Bn 131st B.

Battalion, Battery, Company, Depôt, &c. British Colombia

(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

Place of discharge CANADA

1. *Description at the time of discharge.*

Age 27 years 6 months
Height 5 feet 7 inches
Chest measurement { girth when fully expanded 36 ins. / range of expansion 2 ins.
Complexion Light
Eyes Grey
Hair Light Brown
Trade Laborer
Intended place of residence (To be given as fully as practicable) Vancouver B C

Descriptive marks.

Amp four fingers left hand

Tattoo marks both arms and hands

(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 Being no longer physically fit for war service Para 392 sec 16 KR&O 1912

(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 :— Good

4. Character awarded in accordance with King's Regulations :— Honest sober and conscientious

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.

K.C. 18/12/18 Com.

Army Form B. 2088 has been issued to*

* Strike out if not applicable.

D. D. & L., London, E.C. A4502 Wt. W17176 M291 500,000 8/18 Sch. 30 Forms B. 268 40

W.S.G. 5/2/19

[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

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) Epsom

(Date) July 12-17

H V Duggan Capt
HOSPITAL REPRESENTATIVE
CANADIAN CONVALESCENT HOSPITAL,
WOODCOTE PARK, EPSOM.

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

(*Date*) _____ _____ (*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 _____ (the date to which the record of service is completed) _____ years _____ days.

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

Total ... _____ " _____ "

11. *Confirmation of discharge.*

The discharge of the above-named man is hereby confirmed for (date)

(Place) _____

Signature _____

(Date) _____

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.)

_____

List of Discharge Documents.

Reg. Conduct Sheet,	Militia form B. 263.	Attestation Paper,	Militia Form B. 235.
Squadron / Battery / Company } Conduct Sheet,	" B. 263a.	Proceedings on Discharge	" B. 218.
Copies of Convictions, by C. P.	in MS.		
Med. Hist. Sheet,	Militia Form B. 313		
Medical Report for Invalid*	" B. 227.		
Statement of Man's Account on Transfer and Last Pay Certificate,	" D. 877.		

*Only if discharged "Medically unfit."

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 (in the event of such having been prepared.)

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.

H

N

Proceedings on Discharge.

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

No. 790593

COPIED Archives COPIE

Rank Private

Name Anderson, Ole Guttorm

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

Corps (Squadron, Battery or Company) No XI Special Service Coy C.E.F.

Date of Discharge April 2nd 1918

Place of Discharge Vancouver B. C

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age 28 years ... months.
Height 5 feet 7 inches.
Complexion Ruddy
Eyes Blue
Hair Fair
Trade Lumberman
Intended place of residence (To be given as fully as practicable.) C/o Major Tate Magee Kerrisdale B.C

Descriptive Marks
Tattoo marks: Girl's head. Anchor. Centipede. Clasped hand + C.A.C.A.C left forarm Star + fish hanging on to moonlete elbe right forarm + hand
Amputation four fingers left hand

2. The above-named man is discharged in consequence of "Medically unfit" under K R + O for the C.M. 1910 para 322.(9) and D.C.O. 11 M.D. 34-A-170 dated 25-3-18

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.

R.A.F. Very Good-

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

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

Lumberman

M. F. B. 218.

10m.—6-15.
H. Q. 1772-39-113

(OVER)

8626-454

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

Nil

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

6. Medals and Decorations..... Nil

To be copied by the Command-ing Officer on 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) Vancouver B.C.

(Date) April 2nd 1918

R. G. Macdonald Major
Commanding Commanding No. XI Special Service Co'y C.E.F.

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.

(Place) Vancouver B.C. Anderson. D. G. *(Signature of Soldier.)*

(Date) April 2nd 1918 John H. Nichol *(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) 2 years 50 days.

Total 2 years 50 days.

11. **Confirmation of Discharge.**

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

(Place) Vancouver B.C.

(Date) April 2nd 1918

(Signature) R. G. Macdonald Major
Commanding No. XI Special Service Co'y 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.)

No reservations
D. G. Anderson

(OVER)

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.

INSTRUCTIONS

1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of pages 1 and 2 of this Form. The President of the Board of Medical Officers is responsible for the proper completion of the space, of page 3, reserved for recording the Proceedings of a Board of Medical Officers.
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. If a complete answer to any question requires more space than that reserved for it, the answer may be continued on the blank space on this page.
5. The nomenclature of diseases to be followed is that 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 and Sons.

N/K.A. Anderson (Father)
Konigswinger, Norway.

Triplicate

(Medical Officers will please read this Form carefully before using it. See instructions, page 4.)

FORM TO BE USED FOR WARRANT OFFICERS, N.C.O'S, AND MEN

MEDICAL HISTORY OF AN INVALID

S.S.CO. No.XI. STATION Vancouver, B.C. DATE Feb.28th.1918.

1. (a) Unit 131st. Batt. (b) Regimental No. 790593 (c) Rank Pte.
   (d) Surname Andersen (e) Christian name Ole Gutterm
2. Age last birthday 28 Date of birth 17th.Jan.1890
3. Enlisted at New Westminster on 11th. Feb.1916.
4. Personal description :—
   (a) Height 5' 7" (b) Weight 155 (stripped) (c) Complexion Ruddy
   (d) Colour of hair Fair. (e) Colour of eyes Blue (f) Identification marks Tattoo Girl's head, ancher, centipede, clasped hand, & C.A.C.A.C.left fore-arm. Star & girl'hanging on to moon etc. R. forearm and hand.
5. Address after discharge (for the use of the Board of Pension Commissioners.)
   c/o S.S.Co.No.XI. 'ancouver, B. C. 901 Hastings St., W.
6. Former trade or occupation Lumberman.
7. (a) Service — Years 2 0/12 — Days 17

	Periods	
	From	To
C.E.F.	Feb.11/1916	Present.

   (b) Has he been Overseas? Yes.
8. Present disease or disability (use authorized nomenclature if possible). Loss of all fingers of L. hand except thumb.
   (a) Date of origin Mar.29th.1917. (b) Place of origin Vimy
   (c) Cause* G.S.W. Shrapnel.
   *(Here include original disease or injury)
9. Present condition. (Important, to be a full description of the present disabling condition or conditions).

The index finger has been amputated at prox. interphal joint. 3rd. & 4th. at metacarpal-phal. joint. - part of 5th metacarpal missing. Thumb normal. Can just hold fork or light object between thumb and stumps of index. Can do nothing else with hand. Movements at wrist normal. Almost equivalent to loss of hand at wrist, at least 4/5 of usefulness of hand gone.

COPIED Archives COPIE

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

M. F. B. 227.
150M.-6-17.
1772-39-117.

10. History ;

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

Eats and sleeps well.
Has fragment of shrapnel in R. upper arm and also in L. thigh
practically no disability. Aches occasionally.
No debility. Heart and lungs appear normal.

11. To what extent, state in percentages, is capacity to earn a livelihood in the untrained labour market reduced ? If there is more than one disabling condition, estimate the incapacity due to each, and that due to all combined.

48%

12. Did the disability arise on or off duty ? in action.

13. Was a Court of Inquiry held ? ----

14. If the disabling condition had its origin before enlistment, has it been aggravated on service ? n.a.

Yes..... No.....
(If the answer is in the affirmative, state in percentages, to what extent the soldier is incapacitated by that aggravation.)

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

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

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

Surgical.

18. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit ?

no.

19. Can the former trade or occupation be resumed ? no.

20. Recommendations Class "E" for discharge.

By the 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.)

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

Anderson Ole Gutthorm
Signature of soldier examined.

OPINION OF THE MEDICAL BOARD

21. Does the Board concur with the preceding report ? If not, give differing opinions, with reasons, quoting the number of the answer criticized.

Yes.

22. Is the soldier fit for

(a) General service,	(Category A)	(Yes or No).	No
(b) Service abroad, not general service,	(" B)	(Yes or No).	No
(c) Home service, (Canada only),	(" C)	(Yes or No).	No
(d) Temporarily unfit,	(" D)	(Yes or No).	No
(e) Unfit for service in Categories A, B and C,	(" E)	(Yes or No).	Yes.

23. It is certified that the soldier

(a) ~~Does require treatment.~~ a.
(b) Does not require treatment.
(c) Should pass under his own control.
(d) ~~Should not pass under his own control.~~ d.

(Strike out condition not applicable).

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

Yes. Class "E" for discharge.

Wm Anderson Capt *President.*
J Rankin Capt
A S Fuller Capt *Members.*

STATION Vancouver, B.C.

DATE Feb. 28th. 1918.

APPROVED BY

DATE MAR 8 - 1918

R L Miller Capt A.M.C.
For Assistant Director of Medical Services. M.D. 11

APPROVED BY

DATE.....

Director-General of Medical Services.

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.

INSTRUCTIONS

1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" will be carefully followed.
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5. The nomenclature of diseases to be followed is that 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 and Sons.

N/K. A. Anderson (Father)
Konigswinger, Norway.

Duplicate.

(Medical Officers will please read this Form carefully before using it. See instructions, page 4.)

FORM TO BE USED FOR WARRANT OFFICERS, N.C.O'S, AND MEN

MEDICAL HISTORY OF AN INVALID

S.S.Co. No.XI. STATION Vancouver, B.C. DATE Feb.28th.1918.

1. (a) Unit 131st. Batt. (b) Regimental No. 790593 (c) Rank Pte.
   (d) Surname Anderson (e) Christian name Ole Guttorm.
2. Age last birthday 28 Date of birth 17th. Jan.1890.
3. Enlisted at NewWestminster on 11th. Feb. 1916.
4. Personal description :—
   (a) Height 5' 7" (b) Weight 155 (stripped) (c) Complexion Ruddy
   (d) Colour of hair Hair (e) Colour of eyes Blue (f) Identification marks Tatoo Girl's head, anchor, centipede, clasped hand, & C.A.C.A.C. left forearm. Star & girl hanging on to moon etc.etc. R. forearm and hand.
5. Address after discharge (for the use of the Board of Pension Commissioners.)
   C/o S.S. Co. No.XI. Vancouver, B.C. 901 Hastings St., W.
6. Former trade or occupation Lumberman.

7. (a) Service	Years	Days	Periods From	Periods To
C.E.F.	2 0/12	17	Feb.11/1916	Present.

(b) Has he been Overseas? Yes.

8. Present disease or disability (use authorized nomenclature if possible). Loss of all fingers of L. Hand, except thumb.
   (a) Date of origin Mar. 20th. 1917. (b) Place of origin Vimy.
   (c) Cause* G.S.W. Shrapnel. *(Here include original disease or injury)
9. Present condition. (Important, to be a full description of the present disabling condition or conditions).

The index finger has been amputated at prox. interphal joint. 3rd. & 4th. at metacarpal- phal. joint- part of 5th. metacarpal missing. Thumb normal. Can just hold fork or light object between thumb and stumps of index. Can do nothing else with hand. Movements at wrist normal. Almost equivalent to loss of hand at wrist, at least 4/5 of usefulness of hand gone.

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

M. F. B. 227.
150M.-6-17.
1772-39-117.

10. History ;

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

Eats and sleeps well.
Has fragment of shrapnel in R upper arm and also in Left thigh.
practically no disability. Aches occasionally.
No debility. Heart and lungs appear normal.

11. To what extent, state in percentages, is capacity to earn a livelihood in the untrained labour market reduced? If there is more than one disabling condition, estimate the incapacity due to each, and that due to all combined.

48%

12. Did the disability arise on or off duty ? in action.

13. Was a Court of Inquiry held ? ----

14. If the disabling condition had its origin before enlistment, has it been aggravated on service ? n.a.

Yes..... No.....
(If the answer is in the affirmative, state in percentages, to what extent the soldier is incapacitated by that aggravation.)

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

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

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

Surgical.

18. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit ?

No.

19. Can the former trade or occupation be resumed ? No.

20. Recommendations Class "E" for discharge.

By the 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.)

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

Anderson Ole Gutthorm
Signature of soldier examined.

OPINION OF THE MEDICAL BOARD

21. Does the Board concur with the preceding report ? If not, give differing opinions, with reasons, quoting the number of the answer criticized.

Yes.

22. Is the soldier fit for

(a) General service,	(Category A)	(Yes or No).	No
(b) Service abroad, not general service,	(" B)	(Yes or No).	No
(c) Home service, (Canada only),	(" C)	(Yes or No).	No
(d) Temporarily unfit,	(" D)	(Yes or No).	No
(e) Unfit for service in Categories A, B and C,	(" E)	(Yes or No).	Yes.

23. It is certified that the soldier

(a) ~~Does require treatment~~ - - - a.
(b) Does not require treatment.
(c) Should pass under his own control.
(d) ~~Should not pass under his own control~~ - - d.

(Strike out condition not applicable).

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

Yes. Class "E" for discharge.

J.T. MacDermot Capt *President.*
J. Clinton Capt. } *Members.*
A.J. Fuller Capt

VANCOUVER
STATION.....
FEB 28 1918
DATE.....

APPROVED BY

R.L. Miller Capt. A.M.C.
DATE MAR 8 - 1918 For *Assistant Director of Medical Services.* M.D. 11

APPROVED BY

DATE..... *Director-General of Medical Services.*

P. 559.
MARRIED OR SINGLE: Single.

PLACE OF BIRTH

NAME AND ADDRESS OF NEXT OF KIN: A. Anderson
Korgsvaenger, Norway.

RELATIONSHIP OF NEXT OF KIN: Father.

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. 790593. RANK Private. NAME Anderson, Ole Guttron. O

IF IN PERMT. CORPS } WHAT UNIT — UNIT 131 Battn. TRANSFERRED TO 47 Battn. DATE 1/4/17 AUTHORITY Lo 26v 31/12

PERMANENT FORCE ALLOWANCES — TRANSFERRED TO CEAC DATE 30/4/17 AUTHORITY CAB 279 18/4/17

PLACE OF ATTESTATION New Westminster B. C. TRANSFERRED TO British Hospitals DATE 31/5/17 AUTHORITY

DATE OF ATTESTATION 11th February 1916. TRANSFERRED TO Pay 2 L.2. DATE 10/7/17 AUTHORITY Epsom 12 a 20 4/7

RECEIVED N.E. BRANCH JAN 19 1918 MILITIA HEADQUARTERS

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 Disch to Canada

DISCHARGE DATE AND PLACE Canada 9/7/17 REASON AND AUTHORITY Epsom 12 a 20 4/7/17. Medl Unfit

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE) — Entered on N.E. Card Index

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE) — Checked by J.C. Scott

62.

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
														24 10	24 10									Balance from Canada.							74 10				
Nov.	1-30	30	1 00	30		30	10	3							33			2031	15/11					24 34						24 34	32 76		15 00		
Dec	1-31	31		31		31		3 10							34 10	2178 17 11								9 74				30	10 04	86 82		30		26 82	Lo 4 9 Batt 1/17 2026v-31/12 4005-516 2546
	1917			6	10			6 10																										
	Jan 1-31	31	100 10	34	10										34 10	466 13/12/16 494 1/1/17 582 1/1/17								11 33 2 62 2 62 3					16 57	74 35		45		29 35	
	1-28/2	28	-	30	80										30 80															105 15		60		45 15	
	Mch 1-31	31		34	10										34 10	746 21/2		888 814	10/3					5 23	261				1045	128 80		75		53 80	
	Apr 1/29	29		31	90										31 90															160 40					1 Am Hosp 10/4/17 C 2327 Trans Clac 30/4/17
		1		1	10										1 10									31 54	29 56			30	61 40	161 80		90		71 80	
	May	30		33	00										33 00															194 80					To British Hospitals.
		1		1	10										1 10															195 90		105		90 90	
	June 1/30	30		33											33															228 90		120		108 90	
	July	9		9	90										9 90															238 80		124 50		114 30	To Pay 2 L.2. Epsom 12 a 20 4/7
				276	10									24 10	300 20									31 54	29 56			30	6 40	238 80		124 50		114 30	

790593 Pte Anderson O. G. Assigned Pay "Nil"

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
Bal 30/2	276	10												24 10	300 20								31 54	29 56				30.	61 40	238 80		124 50	124 50	In Def Pay to 31/5/17
—														1 75	1 75															240 55				

A3M. FORM REN'D — EFFEC. —
DISCHARGED TO Canada DATE 9/4/17
PAYBOOK VERIFIED 10/7/17
Credit BAL. 187 15 I.P.C. REN'D 10/7/17
AUTHY. C.R.O. 1320 4/7/17

Med Unfit.

Checked H.H. Williams L.P.C.

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED PAY	SERVICE
Oct	Bal fwd	~~240 55~~							240 55		
Nov.				Dmar 1734 CCH Ep 47 17	48 67						
				" 1216 " 8.6.17	9 73				182 15		
					58 40						

Trans to Can Liability a/c.

Balance transferred to N. E. Branch Nil