REGIMENTAL DOCUMENTS

NAME Anderson Robert James REGT. NO. 3185004 UNIT C.A.S.C. H. Q. FILE NO. 4349

	CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
1	ATTESTATION PAPER (M.F.W. 23, 133, or 51)					DEATH
1	CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category
1	TRAINING HISTORY SHEET (M.F.W. 113)					
1	FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
	REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)					
	COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					
1	MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
1	DENTAL HISTORY SHEET (M.F.B. 465)					Category
	MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					
1	MEDICAL EXAMINATION (M.F.W. 129)					Demob.
1	TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)					
	PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)					
	DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)					DESERTION
	LAST PAY CERTIFICATE (M.F.W. 44)					
1	PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					
	PARTICULARS OF CHARACTER (A.F.W. 3226)					
1	COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
1	M.F.W. 71					
	Pay sheets					

ORIGINAL

6 M. D. 1st Depot Battalion Nova Scotia Regiment

Regtl. No. 3185004

PARTICULARS OF RECRUIT

DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class One.)

1. Surname Anderson
2. Christian name Robert James
3. Present address 22 Blowers St., Halifax, N. S. Sufficient Address
4. Military Service Act letter and number 638590 GC.
5. Date of birth 14th November, 1895
6. Place of birth Halifax, N. S.
   (town, township or county and country)
7. Married, widower or single Married. 20th May, 1918.
8. Religion Roman Catholic
9. Trade or calling Baker
10. Name of next-of-kin Geraldine Anderson
11. Relationship of next-of-kin Wife
12. Address of next-of-kin 22 Blowers St., Halifax, N. S. Sufficient Address E.M.A.
13. Whether at present a member of the Active Militia No.
14. Particulars of previous military or naval service, if any Nil.
15. Medical Examination under Military Service Act:—

    (a) Place Aldershot, N. S. (b) Date 23-5-18. (c) Category "A-2"

DECLARATION OF RECRUIT

I, Robert James Anderson, do solemnly declare that the above particulars refer to me, and are true.

Robert James Anderson (Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age 22 yrs. 6 mths.

Height 5 ft. 2 ins.

Chest measurement: fully expanded 35½ ins.; range of expansion 2½ ins.

Complexion Medium

Eyes Brown

Hair Dark Brown

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

Nil.

For J. W. Grant Major

O. C. 1st Depot Btln.

Nova Scotia Regt.

Place Aldershot, N. S. Date 22-5-18.

M. F. W. 133.
500 M.—8-17.
1772—39—1158.

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 3185004 (Rank) Private

Name (in full) Anderson Robert James enlisted in

the C A S C. A/C

CANADIAN EXPEDITIONARY FORCE at Halifax on the 22nd

day of May 1918

HE served in Canada

and is now discharged from the service by reason of DEMOBILIZATION

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

Age 24 years

Height 5 ft 4 in

Complexion Fair

Eyes Blue

Hair Light Brown

Marks or Scars Large Scar over right shoulder

R J Anderson
Signature of Soldier

Walt Holloway Capt
Issuing Officer

Lt. Major
Rank

Date of Discharge 1-4-20

O. C. DISCHARGE SECTION A. 6 DISTRICT DEPOT.
Appointment CAPTAIN.

Signed at Halifax this 1st day of April 1920

in Military District No.

File Reference No.

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

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

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

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

Unit .....

Address on Discharge .....

Character and Conduct .....

.....

.....

Former Occupation .....

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

.....

Medals and Decorations .....

.....

Remarks .....

.....

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

.....
Name of Officer

.....
Rank

.....
Appointment

M.S.A. 15.

638590 G.G.

ORIGINAL

3185004

MILITARY SERVICE ACT, 191[illegible]

2.04

MEDICAL HISTORY SHEET.

IMPORTANT.—If the man's name does not appear upon the schedule of men reporting for service, or if he has not made an application for exemption or a report for service, or, although having made one, he does not know the number, he will be instructed that the copy of this medical history sheet (which will be handed to him) must be attached by him to a report for service or claim for exemption which he may make on application to any Postmaster in Canada, or be sent by him after he has noted upon it the number on the receipt he obtained from the Postmaster to a Registrar or Deputy Registrar under the Military Service Act. In any event the duplicate medical history sheet will be sent by the Medical Board to the District Officer Commanding unless instructions have been given by the latter to forward it direct to a Registrar or Deputy Registrar

1. Surname Anderson Christian name Robt. James

2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule 638590 G.G.

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

4. Address (including street and number, if any) 22 Blower St. Hfx

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 6th day of November 1917, by the undersigned medical board sitting at Trinity Hall. Hfx.

5. Age as stated 21 Years 11 Months. 6. Apparent age 21 Years 11 Months

7. Height 5 Feet 2 Inches. 8. Weight 123 Pounds.

9. Chest measurement { Minimum 33 Ins / Maximum 35½ Ins 10. Complexion { Eyes / Hair

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

13. Number of vaccination marks { Right arm none / Left arm one 14. When vaccinated last 10 years ago

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

16. Slight defects but not sufficient to cause rejection

The man denies having had { Rheumatism / Tuberculosis / Syphilis We find no evidence of past { Rheumatism / Tuberculosis / Syphilis

(Strike out disease admitted or suspected.)

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

Vision R 20/40 L 20/40 H — N

H. Hankine Capt Chairman President.

J. M. Murdock Capt Acting Member. Member.

Signature of Man R. J. Anderson

Date	Result	Vaccinations	Date	Result	Anti-Typhoid Inoculations, Etc.
23/5/18	Unsuccessful	M.O.	23/5/18	Unsuccessful	M.O.
		M.O.	5.11.18		M.O.
		M.O.			M.O.

Joined 23nd day of May 1918 at Aldershot, N. S.

	Corps	Reg'tl Number	Habits	Date
Joined on enlistment	1st Depot Bn. N. S. Regt.	3185004		
Transferred to.....				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station	Date	Disease	Result
Reexamined at Aldershot	23-5-18	nil	A2 Fit for duty [illegible]

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

Halifax N.S. - April 17/20 " nil category A

Surname Anderson Christian Name Robert James

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

Original

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

DISTRICT 6

NAME OF SOLDIER Anderson Robert James

REGIMENT 1st W Bnd Reg

RANK Lt

No. 3185004

INSTRUCTIONS

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

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

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

	Date		Amalgam	Temporary Filling (a), G. P. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhœa	Synthetic Porcelain	Extracting	Dentures			Gold Clasp	Gold Filling	Crowns		Bridge Work	OPERATOR	Military Dist.	REMARKS
													U	L	P			Gold	Porcelain				
Condition on first Examination																							

T.B. 465
1-17
1772-39 950

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

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

No. 3185004 Rank Pte Surname Anderson
(Give name in full)
Robert James

Unit or Corps R.C.A.S.C. Birthplace Halifax, N.S.

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

1. GENERAL DESCRIPTION:

Physique Good Weight 143 lbs. Height 5 ft. 4 in. Colour of Eyes blue

Nutrition Good

Pulse 82

Condition of arteries normal

Vision Rt. 20/20 Left 20/20

Hearing (conversational voice) Rt. 25 ft.

Left 25 ft.

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

Large scar over right shoulder

Opinion as to general health and physical condition Good

2. Has Officer or Other Rank ever suffered from, or has he now, any affection of the following systems? (Answer "Yes" or "No"). (Subjective evidence may be sufficient in certain cases.)

Nervous System No Genito Urinary System No Cardio-Vascular System No

Special Senses No Integumentary System No Respiratory System No

Disturbance of mentality No Muscular System No Digestive System No

Osseous and Joint System No Any other general condition No

3. If the answer to any part of Section 2 above is "Yes," here give full particulars, with cause and date of origin; and also a description of the present condition.

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

[OVER]

EXAMINATIONS.

THIS SECTION FOR USE OVERSEAS—

Examined at.....(Overseas)

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

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

Signature .....

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

THIS SECTION FOR USE IN CANADA—

Examined at. Halifax ...(Canada)

Date ... April 1st 1919 Signed W. G. Anderson Capt ...M.O.

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

Signature W. G. Anderson .....

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

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

[OVER]

M.F.W. 129.
1033 (D.P.) 500M-11-18.
1772-89-1142.

Regtl. No. 3185004 Rank Ste Name Anderson R. J. 1st Depot Batt N S R

1st. DEPOT BATTALION, Nova Scotia Regiment

Battalion, Battery or Regiment

Date of Enlistment 28/5/18

DATE	Issue Sheet Number M. F. C. 512 Page	Boots, ankle	Bags, kit	Bootlaces	Braces	Brushes, Cloth	" Hair	" Shaving	" Tooth	Caps, Forage, D.S.	" Winter	" Sleeping	Combs	Drawers, Winter	Dubbing, 2 oz.	Forks	Cloaks, drab Greatcoats, drab	Gloves, woollen	Holdalls	Housewives	Jackets, S.D., S.S.	Knives, table	" clasp with lanyard	Mitts, Winter	Rubbers Overshoes	Puttees, D.S.	Razors	Shirts, service	" Winter	" F., grey	Socks	Spoons	Shoes, canvas	Pantaloons, service Trousers	Breeches, drab, cloth Trousers, S.D.	Towels	Waistcoats, Cardigan	Cap	Collar	L. N. F., etc.	Numeral	Shoulder, Canada	Discs, identity and cords	Blankets	SIGNATURE
28/5/18	1 1	1	1	1	1	1	1	1	1	1	~~1~~ Store	1	1	2	1	1	1	-	1	1	1	1	1	~~1~~ Store	~~1~~ G.L.	1	1	1	2	2	4	1	1	1	1	2	1	—	—	1	—	1	—		R J Anderson
25/11/18	—	1	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	R J Anderson
1 2/19	—	—	—	—	—	—	—	—	—	1	—	—	—	2	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	1	3	—	—	—	—	—	—	—	—	—	—	—	—	R J Anderson
"	—	—	—	—	—	—	—	—	—	1	—	—	—	2	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	1	3	—	—	—	—	—	—	—	—	—	—	—	—	R J Anderson
5/19	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	~~1~~ Store G.L.	—	—	—	—	—	R J Anderson
July 19	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	R J Anderson
	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	R J Anderson

Discharged 31 3/20 (Demobilization)

Sizes

Belt Waist 1

Certified

Height

Breast

Waist

[signature] Major

O.C. No. 6 D.A. R.E. A.S.C.

[signature] MAJOR

O. C. "C" Coy. 1st Depot B'n N. S. Regiment

O. C. Co'y / Squad'n

NOTE—
Issues to soldier in Black Ink.
Condemned by Board in Red Ink.

P. T. O.

TRANSFER STATEMENT OF CLOTHING AND NECESSARIES

INSTRUCTIONS.—This Statement will be made out by the Officer Commanding Depot or Unit or for each soldier of the C. E. F. on enlistment or re-enlistment and will be sent to the Commanding Officer of the Unit receiving the transfer who will retain it.

The Statement will also be forwarded in the case of men in Canada passing from Hospitals to Depots or Units proceeding overseas with draft.

STATEMENT showing the Articles in possession of (Regimental No., 3185002

Rank and Name) Pte Anderson R J

proceeding from the 1st DEPOT BATTALION, Nova Scotia Regiment

to the ~~O S Draft~~ #6 C A S C Service Corps

Date of enlistment 8/5/18 Date of transfer 30 11 1918

FOR DETAIL OF ARTICLES, see overleaf.

Certified that this Statement, as detailed overleaf, is correct in every particular.

(1) Station Aldershot N S — MAJOR O.C. "C" Coy. 1st Depot B'n N.S. Regiment
Commanding Squadron, Battery, Administrative Centre, &c.

Date ..... Name of Unit Man is leaving.

(2) Station ..... Commanding Squadron, Battery or Company

Date ..... Name of Unit Man is joining.

M. F. W. 97.

100M. 12-17.
1,72—39—1047.

M. F. W. 54. (A. F. B. 103.
500M.—9-16
H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps 1st. DEPOT BATTALION, Nova Scotia Regiment.

Regimental No. 3185004 Rank Private Name Anderson, Robert James.

Enlisted (a) 22/5/18 Terms of Service (a) C. E. F. WAR and 6 Mos. Service reckons from (a) 22/5/18

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

Extended ..... Re-engaged ..... Qualification (b) Bakes (Civil) military

Report: Date	Report: From whom received	Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
		Transferred to No 6. Ca. S.C. Service Coy. (Auth. D.+.7.O. 1415)	Halifax	29/11/18.	[signature] Adjt 1st Depot B'n N. S. Regi[illegible]
14-2-20	—	Transferred to Casualty Co No. 6. District Depot Ref. D.O. 300-D / 14-2-20	Halifax N.S.	28-10-19	[signature] Major O/C. No 6. Det. R.C.A.S.C.

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

[P.T.O.

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
		Returned off Command to C.A.S.C.		1-4-20	D.O. 92
					Walt Holloway CAPTAIN. for O. C. DISCHARGE SECTION No. 6 DISTRICT DEPOT.
		S.O.S. on discharge as from.		1-4-20	D.O. 92
					Walt Holloway CAPTAIN. for O. C. DISCHARGE SECTION No. 6 DISTRICT DEPOT.

H. Q.

M. D. No. 6

Surname Anderson

T. O. S. May 22nd 1918

Christian names Robert James

D. O. Pt. II 139 of 21/5/18

Regtl. No. 318 5004 Rank Pte.

S. O. S. 1. 4 1920

Unit N. S. Regt. 1st Dpo. Bn.

Reason Ostmale

Auth. OO 92 J 4.20 6DD

-Order 331 is amended to read with effect of 30-11-18.

Next of kin Anderson, Mrs. G. Relationship Wife.

Address 22 Blowers St.
Halifax, N.S.

Also notify:

BORN—Place Canada. Halifax, N.S. Date Nov. 14th 1895.

ATTESTED—Place Aldershot, N.S. Date May 22nd 1918.

O/S

R/C

W. 22—75M-5-18. 1772-39 839.

M. F. W. 71—500M.—6-18.
1772—39—961.

NAME Anderson Robert James

REGIMENTAL NO. 318500 L. RANK Pte

ENLISTED AT Aldershot. N S PROMOTIONS, &c. AND DATE

DATE 22-5-18

IF SERVED PREVIOUSLY, STATE UNIT, &c.

MARRIED, WIDOWER, OR SINGLE Married.

NEXT OF KIN Mrs Geraldine Anderson RELATIONSHIP Wife

ADDRESS OF 22 Blowers St, Halifax. N S

ASSIGNMENT OF PAY $ C. TO

ADDRESS

SEPARATION ALLOWANCE, ENTITLED OR NOT

DATE APPLICATION FORWARDED TO DIVISIONAL PAYMASTER

IN WHOSE FAVOUR

CASUALTIES, &c.

NATURE E.G. ABSENCE, PROMOTION, &c.	PART II. D. O.		REMARKS IF IN HOSPITAL, NOTE NAME, &c.
	NO.	DATE	

LIST OF DISCHARGE DOCUMENTS.

Attestation Paper, Triplicate	Militia Form W. 23
or Particulars of Recruit	Militia Form W. 133
Field Conduct Sheet	Militia Form W. 178 or A.F.B. 122
Casualty Form	Militia Form W. 54 or A.F.B. 103
Last Pay Certificate	Militia Form W. 44
Certificate that missing documents are unobtainable	
Medical History Sheet	Militia Form B. 313 or A.F.B. 178
Proceedings of Medical Board	M.F.B. 227, A.F.B. 179 or A.F.A. 45
Dental History Sheet	Militia Form B. 465
Medical Report	M. F. W. 129 or D. M. S. 1375
Regimental Conduct Sheet	Militia Form B. 263
Company Conduct Sheet	Militia Form B. 263a

1/12-4-20.

SHORT FORM.

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

C

1. No. 3185004
2. Rank. Private
3. Name. Anderson · Robert James
4. Unit. C A S C. S/C.
5. Date of Discharge 1-4-20 Place Halifax
6. Reason for Discharge

DEMOBILIZATION

7. Authority. R. O. 1420
8. Proposed Residence after Discharge 22. Blower St Halifax. N.S

9. CERTIFICATE TO BE SIGNED BY SOLDIER.

I hereby acknowledge that at the undernoted place and date I received my discharge Certificate

M. F. W.? 39

R J Anderson

Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place Halifax N.S

Date 1-4-20

Signature W A Holloway Capt for Major

(O. C. Discharging Unit.)

O. C. DISCHARGE SECTION No. 6 DISTRICT DEPOT.

M.F.B. 218a—300M.-11-18—1772-39-113.

Second Sheet

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

AUDITOR | PAYMASTER

M. OR S.

REGT. No. 3185004 RANK Pte NAME (IN FULL) ANDERSON: ROBERT JAMES (BLOCK LETTERS, SURNAME FIRST)

NEXT OF KIN: Mrs Geraldine Anderson — RELATIONSHIP: Wife

ADDRESS: 22 Blower St. Hfx

IS SEPARATION ALLOWANCE PAID? yes — DATE EFFECTIVE

TO WHOM PAID — RELATIONSHIP: Wife

ADDRESS: As above

PARTICULARS	EFFECTIVE DATE	AUTHORITY
Regtl. 1.00		
Field 10		
SA. $30.00		

ORIGINAL UNIT C.E.F.: 1st Depot Bttn H.S. Regt — IF IN P.F. WHAT UNIT?

PLACE OF ATTESTATION: Aldershot — TRANSFERRED TO: No 6 C.A.S.C. S/C — DATE: 29-11-18 — AUTHORITY: D.R.O. 1415

DATE OF ATTESTATION — TRANSFERRED TO: 6 D D — DATE: 27-10-19 — AUTHORITY: 80 300

ASSIGNED PAY, $: 15.00 — DATE EFFECTIVE

PAYABLE TO — RELATIONSHIP — ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS: As in next of kin 22 Blower St. Halifax N.S.

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE — EFFECTIVE

DISCHARGED — PLACE: Halifax, N.S. — DATE: 1-4-20 — REASON: Demob. — AUTHORITY: D.O. 92 — IF ENTITLED TO POST DISCHARGE PAY

MONTH	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $	AMOUNT C.	OTHER CREDITS $	C.	$	C.	TOTAL CREDITS $	C.	ACQUITTANCE ROLLS COL. NO. 1 NO.	DATE	COL. NO. 2 NO.	DATE	COL. NO. 3 NO.	DATE	CASH PAYMENTS COL. NO. 1 $	C.	COL. NO. 2 $	C.	COL. NO. 3 $	C.	ASSIGNED PAY $	C.	REGIMENTAL CHARGES $	C.	OTHER CHARGES $	C.	$	C.	TOTAL DEBITS $	C.	BALANCE DEBIT $	C.	CREDIT $	C.	PARTICULARS OR REMARKS
Balance from previous account																																					
Feb	29	1.10	31	90	10 / 8 / 30	00 / 40 / 00			80	60	244	16½			254	25½	15	00			5	15	45	00		25	5	20			70	60			10	00	
MAR	31	1.10	34	10	10 / 9 / 30	00 / 30 / 00			83	40	266	11½			279	26/3	10	00			5	17	45	00	7	75	5	42 / 48			73	42 / 40			9	58 / 40	00	CR 572.548 AR 271
Apr.	1	1.10	1	10	9 / 1 / 1 / 35	58 / 20 / 00 / 00			47	88					#581495				46	88	1	00						90			~~47~~ 48	~~88~~ 78		90				CK. 581500
					90				90																				90		90						Overpaid on dis. through error

Passed to suspense ag. HB Sq. 21-23-103 14-1-20

Classified 11/7/20 [illegible]

Certified that all payments due on discharge have been paid.

[illegible] CAPT.
For Senior Officer Pay Services, M. D. 6

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

1st Sheet
2nd Sheet to 6 DD

884

AUDITOR | PAYMASTER

M. OR S.

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

REGT. No. 3185004 RANK Pte NAME (IN FULL) ANDERSON ROBERT JAMES (BLOCK LETTERS SURNAME FIRST)

NEXT OF KIN: Mrs Geraldine Anderson — RELATIONSHIP: Wife
ADDRESS: 22 Blowers St. Halifax N.S.

IS SEPARATION ALLOWANCE PAID? yes — DATE EFFECTIVE
TO WHOM PAID: Mrs Geraldine Anderson — RELATIONSHIP: Wife
ADDRESS: 22 Blowers St Hfax N.S.

PARTICULARS	EFFECTIVE DATE	AUTHORITY
Rgt - 1-00		
Field 10		
1-10		
DAS $30-00		

ORIGINAL UNIT: C.E.F. 1st Depot Bde N.S. Regt — IF IN P.F. WHAT UNIT?
PLACE OF ATTESTATION: Aldershot N.S. — TRANSFERRED TO: 7 C.M.D.B. Service Bn — DATE: 29/11/18 — AUTHORITY: D.A.O. 1415
DATE OF ATTESTATION: 22-5-18 — TRANSFERRED TO — DATE — AUTHORITY
ASSIGNED PAY $15-00 — DATE EFFECTIVE

PAYABLE TO: Mrs Geraldine Anderson — RELATIONSHIP: Wife
ADDRESS: 22 Blowers St Hfax N.S.
ANY CHANGE IN ASSIGNEE OR ADDRESS

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE — EFFECTIVE

DISCHARGED — PLACE — DATE — REASON — AUTHORITY — IF ENTITLED TO POST DISCHARGE PAY

MONTH	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $	AMOUNT C.	OTHER CREDITS $	OTHER CREDITS C.			TOTAL CREDITS $	TOTAL CREDITS C.	ACQUITTANCE ROLLS COL. No. 1 NO.	DATE	COL. No. 2 NO.	DATE	COL. No. 3 NO.	DATE	CASH PAYMENTS COL. No. 1 $	C.	COL. No. 2 $	C.	COL. No. 3 $	C.	ASSIGNED PAY $	C.	REGIMENTAL CHARGES $	C.	OTHER CHARGES $	C.			TOTAL DEBITS $	C.	BALANCE DEBIT $	C.	BALANCE CREDIT $	C.	PARTICULARS OR REMARKS
BALANCE FROM PREVIOUS ACCOUNT																																					
April					5	00																															A.R.6 $45-00
																																					Pt Damage $ 10
April	30	1 10	33	00			30	00	68	00	2	15/4			12	30/4	10	00			5	30	45	00	2	60	10				63	00			5	00	
May	31	1 10	34	10	5	00	30	00	69	10	18	15/5			26	30/5	10	00			9	00	45	00		10					64	10			5	00	
June	30	1 10	33	00	5	00	30		68	00	34	13/6			44	28/6	10	00			6	60	45	00	2	60					64	20			3	80	A.R. 40 $45-00
July	31	1 10	34	10	3 / 21	80 / 90	30	00	89	80	57	14/7			69	29/7	30	00			9	70	45	00		10					84	80			5	00	A.R. [illegible] $45-00 Cdn Allow 30-5-19 D.O. 188 $21-90
Aug	31	1 10	34	10	5 / 9 / 30	00 / 30 / 00			78	40	69	14/8			81	28/8	15	00			8	30	45	00		10					68	40			10	00	AR 76 $45-00
Sept	30	1 10	33	00	10 / 9 / 30	00 / 00 / 00			82	00	95	13/9			111	29/9	30	00			7	00	45	00							72	00			10	00	AR 103 $45-00
Oct	31	1 10	34	10	10 / 9 / 30	00 / 30 / 00			83	40	124	15/10			138	29/10	15	00			13	00	45	00			21 / 10				73	40			10	00	AR 129 $45-00 C.D.V. $-10 and $0-21
Nov	30	1 10	33	00	10 / 9 / 30	00 / 00 / 00			82	00	152	14/11			166	28/11	15	00			6	52	45	00				5	48		72	00			10	00	AR 157 $45-00 Repayment $5-48
Dec	31	1 10	34	10	10 / 9 / 30	00 / 30 / 00			83	40					192	20/12					27	05	45	00	1	35					73	40			10	00	AR 180 $45-00
Jan	31	1 10	34	10	10 / 9 / 30 / 25	00 / 30 / 00			83	65	214	12/1			228	26/1	15	00			7	68	45	00		49		5	48		73	65			10	00	AR 224 $45-00 Repayment $5-48
Totals			336	60	331	15	120	00	787	75							140	00			70	20	450	00	7	34	11	37			708	95			78	80	
	Soldier Dependent																War Services Gratuity																				
					70	00	30	00	100	00	147	7/11					70	00	30	00			1st Payment								100	00	–	–	–	–	
									100	00							70	00	30	00											100	00					

Certified that all payments due on this acct. have been paid.

CAPT.
For Senior Officer Pay Services, M. D. 6

100M-1-19.—L. L. 53962-M & D. 9723.
M. F. W. 2596.
1772-38-1390.