REGIMENTAL DOCUMENTS

NAME ANDERSON. RUSSEL. CHARLES REGT. NO. 22284 UNIT 85th Bn. H. Q. FILE NO.

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						-3

W. 2589
100M-11 18
1772 3-1377

ORIGINAL

ATTESTATION PAPER.

No. 2222

Folio. ✓

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your name?..... Russell Chandler Anderson
2. In what Town, Township or Parish, and in what Country were you born?..... Rockland Me. U.S.A.
3. What is the name of your next-of kin?..... Mrs. Carrie E. Anderson Mother
4. What is the address of your next-of-kin?..... Haverlock Street P.O.B.S.542 Canada
5. What is the date of your birth?..... 1st Nov. 1896
6. What is your Trade or Calling?..... Student
7. Are you married?..... No
8. Are you willing to be vaccinated or re-vaccinated?..... Vaccinated 1915 Yes
9. Do you now belong to the Active Militia?..... No
10. Have you ever served in any Military Force?.. No
    If so, state particulars of former Service.
11. Do you understand the nature and terms of your engagement?..... Yes
12. Are you willing to be attested to serve in the CANADIAN OVER-SEAS EXPEDITIONARY FORCE? Yes

Russell Anderson (Signature of Man.)

W. H. Fraser (Signature of Witness.)

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Russell C. Anderson, do solemnly declare that the above answers made by me to the above questions are true, and that I am willing to fulfil the engagements by me now made, and I hereby engage and agree to serve in the **Canadian Over-Seas Expeditionary Force,** and to be attached to any arm of the service therein, for the term of one year, or during the war now existing between Great Britain and Germany should that war last longer than one year, and for six months after the termination of that war provided His Majesty should so long require my services, or until legally discharged.

Russell C. Anderson (Signature of Recruit)

Date 18th Oct. 1915. W. H. Fraser (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Russell C. 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.

Russell C. Anderson (Signature of Recruit)

Date 18th Oct. 1915. W. H. Fraser (Signature of Witness)

CERTIFICATE OF MAGISTRATE.

The Recruit above-named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.

The above questions were then read to the Recruit in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said Recruit has made and signed the declaration and taken the oath before me, at Halifax this 18th day of Oct. 1915.

A J Piers and for the City and County of Halifax (Signature of Justice)

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

W. H. Fraser Lt. Col. (Approving Officer)

2nd. in Com'd. 85th. Overseas Batt. C. E. F.
(Nova Scotia Highlanders.)

M. F. W. 23.
200 M.—7-15.
H. Q. 1772-39-841.

Description of Frederick Russell Chrisp on Enlistment.

Apparent Age 18 years ..... months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height		5 ft 5 ins.
Chest measurement.	Girth when fully expanded	36 ins.
	Range of expansion	3 ins.
Complexion		Dark
Eyes		Brown
Hair		Black
Religious denominations.	Church of England	
	Presbyterian	
	Wesleyan	
	Baptist or Congregationalist	
	Other Protestants (Denomination to be stated.)	
	Roman Catholic	
	Jewish	

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

(Should the Medical Officer be of opinion that the recruit has served before, he will, unless the man acknowledges to any previous service, attach a slip to that effect, for the information of the Approving Officer).

Scar on outside of Left leg

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 h'm* Fit for the Canadian Over-Seas Expeditionary Force.

Date 18-10 1915. Joseph Hayes Lieut Col

Place Halifax N.S. 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.

Russell G. 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.

A H Chrisp (Signature of Officer)

Date DEC 20 1915 191 .

Lt. Colonel
Comd'g 85th "Overseas" Batt'n, C. E. F.
(Nova Scotia Highlanders.)

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

War Service Badge Issued. Class. C No. 325417

This is to Certify that No. 222214 (Rank) Private

Name (in full) Russel Charles Anderson enlisted in the Eighty fifth Overseas Battalion CANADIAN EXPEDITIONARY FORCE at Halifax N.S. on the Eighteenth day of October 1915

HE served in Canada, England and France and is now discharged from the service by reason of Demobilization. Medical Unfit for General Service

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

Age 22 years and 1 month
Height 5 feet and 5 inches
Complexion Dark
Eyes Grey
Hair Black

Marks or Scars Scar 3 inches long, about 2 inches above and fold Maxilla. Posterior-irregular scar 5 inches long Postaboracilla.

Russell C Anderson
Signature of Soldier

[signature]
Issuing Officer

Rank

Appointment

Date of Discharge July 12. 1919.

Signed at Halifax N.S. this Tenth day of July 1919

in Military District No. Six

File Reference No.

D. G. DISCHARGE SECTION No. 6 DISTRICT DEPOT CAPTAIN

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

1.—That discharge certificate must be carried when wearing uniform.
2.—That uniform can be worn only thirty (30) days after discharge, or when duly authorized in writing, and
3.—That wearing of uniform renders him liable to usual military discipline, as if on the strength of a unit.

CASE HISTORY SHEET.

Campbell Hospital. Halifax N.S. Station.

No. 222284 Rank L/Cpl. Name Anderson R.S. Age 21

Unit 85 Batt. Completed years of service Where and how long } 3 yrs 6 months

Date of admission 26/4/19 Date of discharge 9-7-19

Diagnosis Impaired Function (Rt) Shoulder Place of origin Sept 29/18 at Cambrai France.

CONDITION ON ADMISSION AND PROGRESS OF CASE. Bullet wound through Rt ~~Shoulder~~ Axilla - bled very profusely - packed with gauze - no fracture of Humerus or Scapula - finally healed about Feby/19. Scar of entrance wound about 2" long through anterior axillary wall - Bullet passed through axilla and exit wound in posterior axillary wall where there is an operation transverse scar 4" long. - Scars all healed and not tender. -

There never has been any Synovitis of Rt. Shoulder. Movements of flexion and Extension at shoulder jt. are normal - abduction at Rt Shoulder is limited to 90° - was as much 3 mos. ago as at present. -

30/4/19 - For X ray exam. ~~Plates~~ which reports "Semicircular loss of Bone internal surface of Humerus - Small F.B. near head of Bone"

15/5/19. General improvement in movement at shoulder.

FAMILY HISTORY.

(Tuberculosis, mental or nervous diseases.)

TREATMENT. Massage & Passive Movement in

(Especially any specific or special form.) Physio - Therapy Dept.

CONDITION ON DISCHARGE, Marked improvement.

(and disposal made of case.) very slight limitation of abduction at Rt shoulder.

Date 7/7/19

V. L. Miller Capt CAMC
Medical Officer i/c case.

M. F. B. 313a.
200M.–5-18.
1772-39-139.

D 70478

CASE HISTORY SHEET.

Rock Head. Hospital. Halifax N.S. Station.

No. 222284 Rank G S/bpl. Name Anderson R C Age 22

Unit P.P.C.R. Completed years of service Where and how long } C. 12/12 E. 2/12 F. 22/12

Date of admission 2-9-19 Date of discharge Oct 27 19.

Diagnosis V.D.L. Secondary Place of origin Dec. 1917. France

CONDITION ON ADMISSION AND PROGRESS OF CASE

Contracted V.D. in France Dec 1917,
took full course of treatment
Has macular Rashes in mouth & throat
General adenopathy.
9-9-19 Wassermann (+++).

FAMILY HISTORY

(Tuberculosis, mental or nervous diseases.) Nil.

TREATMENT

(Especially any specific or special form.) Hg. Oleate Ointment 4 grms
Hg. i. = 5 grms

CONDITION ON DISCHARGE, Clinically well.

(and disposal made of case.) Wassermann (++)

Date Oct. 16-19. Medical Officer i/c case.

A-37071

M. F. B. 313a.
200M.—5-18.
1772-39-439.

Station and Date.

Forms
I. 1237
12

Army Form I. 1237.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
O/S 15600.	222274	L/C.	Anderson	R.C.

Year	Unit.	Age.	Service.
1918	85th Can Inf.	20	3 6/12.

Station and Date.	Disease
Aut. 7.	G.S.W. Rt. Shoulder.
Cadt Convl. Hospital, Bear Wood.	
13/11/18	
14/11/18	Some improvement S.R.E. & Dressings
2-DEC. 1918	
9-12-18	" "
16 DEC. 1918	Mass & S.R.E.
21 DEC. 1918	" "
28 DEC 1918	Short Board

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

(6365) W2914/P138 2,950,000 1/18 McA & W Ltd Forms/I. 1237/13 (E 2349)

[P.T.O.

(9) Is your Father alive? Yes

If so, state name and address H. B. Anderson, Amherst N.S.

(10) Is your Mother alive? Yes

If so, state name and address Cassie Anderson, Amherst, N.S.

(11) If your Mother is a widow No

Are you her sole support, or not? No

(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.

Comd'g 85th "Overseas" Batt'n, C.E.F. Lt. Colonel
(Nova Scotia Highlanders.)

Officer Commanding.

AUG 5 1916

Date

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.

---

(1) Name of Overseas Unit which Soldier joins 94th Overseas Bn. C. E. F. Nova Scotia Highlanders.

(2) Regimental Number 222284

(3) Full Name of Soldier Anderson, Russell Charles

(4) Place of Birth Sackville, N.B.

(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 ? —

If so, give number of boys and girls —

Also their names and ages —

M. F. W. 67
200M.—2-16
1772-39-954

(SEE OTHER SIDE.)

Description of Private Russell Clan on Enlistment.

Apparent Age 18 years ..... months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height ..... 5 ft 3 ins.

Chest measurement { Girth when fully expanded ..... 36 ins.
Range of expansion ..... 3 ins.

Complexion Fair

Eyes Brown

Hair Black

Religious denominations.
- Church of England .....
- Presbyterian .....
- Wesleyan .....
- Baptist or Congregationalist .....
- Other Protestants (Denomination to be stated.) .....
- Roman Catholic .....
- Jewish .....

Distinctive marks, and marks indicating congenital peculiarities or previous disease.
(Should the Medical Officer be of opinion that the recruit has served before, he will, unless the man acknowledges to any previous service, attach a slip to that effect, for the information of the Approving Officer).

Scar on right leg

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 18th Dec 1915

Place Halifax N.S.

B. Joseph Hayes Lieut 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.

Russell Chas. 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.

DEC 20 1915

A. K. Anderson .....(Signature of Officer)

Date 191

Lt. Colonel
Comd'g 85th "Overseas" Batt'n, C.E.F.
(Nova Scotia Highlanders.)

card

85th H. BN.

ATTESTATION PAPER.

No. 222284

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your name?..... Russell Charles Anderson
2. In what Town, Township or Parish, and in what Country were you born?..... Lockport N.S.
3. What is the name of your next-of kin?..... Mrs Connie Anderson (mother)
4. What is the address of your next-of-kin?..... Lockport N.S.
5. What is the date of your birth?..... 7th June 1897
6. What is your Trade or Calling?..... Mechanic
7. Are you married?..... No
8. Are you willing to be vaccinated or re-vaccinated?..... Vaccinated A.B.C. Yes
9. Do you now belong to the Active Militia?..... No
10. Have you ever served in any Military Force?.. No
If so, state particulars of former Service.
11. Do you understand the nature and terms of your engagement?..... Yes
12. Are you willing to be attested to serve in the CANADIAN OVER-SEAS EXPEDITIONARY FORCE? Yes

Russell C Anderson (Signature of Man.)

(Signature of Witness.)

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Russell C Anderson, do solemnly declare that the above answers made by me to the above questions are true, and that I am willing to fulfil the engagements by me now made, and I hereby engage and agree to serve in the **Canadian Over-Seas Expeditionary Force,** and to be attached to any arm of the service therein, for the term of one year, or during the war now existing between Great Britain and Germany should that war last longer than one year, and for six months after the termination of that war provided His Majesty should so long require my services, or until legally discharged.

Russell C Anderson (Signature of Recruit)

Date 18th Oct 191 . (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, ..., 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.

..... (Signature of Recruit)

Date 18th Oct 191 . ..... (Signature of Witness)

CERTIFICATE OF MAGISTRATE.

The Recruit above-named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.

The above questions were then read to the Recruit in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said Recruit has made and signed the declaration and taken the oath before me, at Halifax this 18th day of Oct 191 .

A Justice for the City and County of Halifax (Signature of Justice)

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

A H Powers (Approving Officer)
Lt Col.
2nd. in Com'd. 85th. Overseas Batt. C. E. F.
(Nova Scotia Highlanders.)

M. F. W. 23.
200 M.—7-15.
H. Q. 1772-39-841.

Surname Anderson Christian Name Chas R

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital. Day	Month	Year	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.
Halifax	14/10/15	~~5~~	~~10~~	~~18~~	~~13~~	~~11~~	~~18~~	~~G.S.W. Rt. Shoulder~~	~~40~~		
		5	10	18	13	11	18	G.S.W. Rt. Shoulder	40	Healing	[illegible] Capt. R. A. M. C. (A)
Bearwood		13	11	18	8	3	19	G.S.W. R. Shdr.	116	Wound healed. G.C. Good. Movements of arm Restricted. Scar painful & adherent.	J. Murray Robertson Lt. Cam. C.
		8 MAR 1919			31 MAR 1919			Do		Do	T. S. Tryyan, capt. A.M.C.
H. M. A. T. "ESSEQUIBO"		MAR 31 1919			APR 11 1919			Do	12	Condition unchanged	G. H. Jardine Capt. C.A.M.C.

2nd SOUTHERN GENERAL HOSPITAL BRISTOL

No. 5 CANADIAN GENERAL HOSPITAL LIVERPOOL.

ORIGINAL ORIGINAL

A 222284

MEDICAL HISTORY SHEET.

Surname Anderson Christian Name Chas R

Examined { on 18 day of Oct 191 5
at Halifax

Approved by Joseph Hays
Rank Lieut Col M.O.

Birthplace { City or Town Sackville
County N B

Apparent age 18

Trade or occupation Mechanic

Height 5 Feet 5 Inches.

Weight 130 Lbs.

Chest measurement { Minimum 36 (3) inches.
Maximum expansion 39 inches.

Physical development Good

Small-Pox Marks

Vaccination Marks { Arm Right. Left. Arm
Number once

When Vaccinated last childhood

(a) Marks indicating congenital peculiarities or previous disease

(b) Slight defects but not sufficient to cause rejection

Date	Fit or Unfit	Examined for Re-engagement,
		M K 9 OCT 1916 M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Date	Result	Vaccinations.
17/5/16	Good	J Hays M.O.
		M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.
7/6/16	Good	J Hays M.O.
22/11/16	Good	J Hays M.O.
23/10/16	Take	J Hays M.O.

Enlisted on 14 day of October 1915 at Halifax N.S.

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	85th. Overseas Bn. C.E.F. Nova Scotia Highlanders.	222284		14-10-15
Transferred to.....	13th Bn.			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.
Barwood	10/1/19	G.S.W. Rt Shoulder	Invalided to Canada
Halifax	4-7-19	G.S.W. Rt shoulder	Invalided to Canada Cert. Vancouver Agent

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. 343.
100M.—1-15.
H. Q. 1772-39-439.

CANADA

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

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

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

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

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 ..... nil .....

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

(b) If so, was such reversion in consequence of misconduct or inefficiency? ..... nil .....

24. Are you now serving in the C.E.F. ..... nil ..... If not, give:—(a) Date of discharge July 12: 1919 .....(b) Reason for discharge ..... Demob'n. Medically Unfit for General Service .....

25. Are you at present a member of and in receipt of pay and allowances from any Canadian naval or land forces? If so, give unit ..... nil .....

26. Did you at any time serve at the front in an actual theatre of war? If so, give particulars of one unit which you served at the front, and dates of such service with that unit ..... from 5-12:16 to 4.10.18 ..... 13th & 83 Btn France .....

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

(b) If so, are you in receipt of full pay and allowances from that Department? ..... nil .....

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: X [signature]

Place of Residence: Amherst N.S.

Declared before me at: Halifax

This 10th day of July 19 19.

[signature]

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

A Commissioner to take declaration Re.....W. S. Gratuity.

POST DISCHARGE PAY.

Date paid	Paid Soldier	Paid Dependent	War Service Gratuity	Net amount due
10/7/19	70 =	Nil	183 days	420.00
			Less 16 S.G.	70
				$350.00

Certified Correct.

[signature]

District Paymaster.

Cwd

945

DEPARTMENT OF MILITIA AND DEFENCE.

War Service Badge Issued,
Class 4 No. 7 5 4 1 1

WAR SERVICE GRATUITY.

476

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 Russell Cr. 2. Surname Anderson
3. Rank L/Cpl 4. Original Unit 85 Bn 5. Reg. No 2222 84
6. Address, in full, to which future payments of gratuity are to be forwarded P.O. Box 542, Amherst N.S.
7. Date of enlistment in the C.E.F. 14.10.15
8. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge not applicable
9. Relationship of such dependent not applicable
10. Present address, in full, of such dependent not applicable
11. Is said dependent now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? No
12. Were you at any time on the strength for pay and allowances of a unit of the C.E.F. which was out of Canada or the United States when such pay and allowances were issuable? If so, give particulars of one such unit and dates of service overseas with such unit:—
from 13.10.16 to 14.4.19
85 Bn England, 13 to 85 Bn France
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 units 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 from 14.10.15 85 Bn Canada, England, France, & 13 to Bn France
6 D.D. Canada
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.
122—D.P.—250M-2-19.

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				

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

M. F. W. 54. (A. F. B. 103.)
350M.—5-16
H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps 85th Bn.

Regimental No. 222284 Rank L/Cpl. C. E. F. Name Anderson R. C.

Enlisted (a) 18-10-15 Terms of Service (a) ..... Service reckons from (a) 18-10-18

Date of promotion to present rank 4.12.17 Date of appointment to lance rank ..... Numerical position on roll of N. C. Os. .....

Extended ..... Re-engaged ..... Qualification (b) Mechanic

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
31.3.19	T. O. S. No. 6 D. D. from ..... and posted	Overseas	Hosp. Sec.	10.4.19	D.O. 105. Checked to o'c Records
8.7.19.	H.L.	Trans to Easy Coy.	Hfx.	8.7.19.	H.H.D.O. 189
					J. A. MacLean Major. O. C. H[illegible] Section No. 6 D. D.
12.7.19		DISCHARGED at Halifax, N. S	do 191		[illegible] LIEUT O C. DISCHARGE SECTION NO. 6 DISTRICT DEPOT

(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.

222284 Anderson R. C.

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.
15.9.17	OC 85th Bn	Joined Unit	Field	10.9.17	B213, DBS 71
27.10.17	-do-	Granted 10 Days leave	of absence	25.10.17	B.213. Pt. II O.123d/-7.11.17.
5-1-18	do	appointed L/Cpl	Field	14-12-17	" Pt II O/S. 14-1-18
7-1-18	11 C F A	S/Syphilis (Primary) Trans	38 C F A	6-1-18	A 36/C7026
11-1-18	51 Gen	V. D. S. "M" Adm	51 Gen.	11-1-18	W3034/C7440
7-1-18	18 C C S	" Trans	A.T. 34.	9-1-18	A 36/C7193
16.3.18	51 Gen. Hos.	Still a patient at	51 Gen. Hos	16.3.18	K.I.17-876.
4.4.18	-"-	Forfeits F.A. & is placed under S of P at the rate of 50 ¢ per diem whilst in hospital from 11-1-18 to 4-4-18 — 84 days	-"-	4.4.18	A.F.O.1643/2955 Pt. II DO. 36d/-12.4.18
5.4.18	4 C.I.B.D	T.O.S. from 51 Gen. "A"	Staples	5-4-18	N.R. 287.
4.4.18	51 Gen. Hos.	V. O. S. To	duty	4-4-18	W3034/C3033
11.4.18	4 C.I.B.D	Left for C.C.R.C.		14-4-18	N.R. 1155
15-4-18	C.C.R.C.	Arrived	Field	15-4-18	N.R. 429
18/5-18	-"-	On Strength	"	18/5-18	" 10.750.
15-6-18	"	Do	"	15-6-18	" A 893.
15-7-18	Do	S.O.S. to Unit	"	15-7-18	" D 1233.
20-7-18	O.C. Unit	Arrived Unit	"	15-7-18	B213.
2-10-18	6 Gen Hos	G.S.W. Arm R. Adm	6 Gen Hos.	2-10-18	W 7209.
4-10-18	Do	Do To	England	4-10-18	W 7425
29-9-18	1 C C S	Do Adm To	1 C C S. 10 S A.T.	30-9-18 1-10-18	A 496.
4-10-18	6 Gen.Hos.	Invalided per H/SPanama and posted to N.S.R.D.	Bramshott	4-10-18	W3083/6208.D.O.121 - 1918.
12-10-18.	N.S.R.D.	T.O.S. from 85th Battn.	L/Cpl. B'Shott	6-10-18	Pt II D.O. #249.

J M Anderson

Lieut. for Lt Col. A. A. G.
Canadian Section, G.H.Q. - 3rd. Ech.

[signature] LIEUT:
FOR LT: COL: I/C RECORDS, C.O.M.F.

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

M. F. W. 54. (A. F. B. 103.)
250M.—1-16.
H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps 85th Batt C E F

Regimental No. 222284 Rank Private Name Anderson Russel C

Enlisted (a) 18/10/15 Terms of Service (a) Duration of War C. E. F. Service reckons from (a) ~~Date of Enlistment~~ 18.10.15

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

Extended Re-engaged Qualification (b) Mechanic

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 Canada Disembarked England	Halifax Liverpool	OCT 13 1916	
Date of Part II Orders	D.C 85th.	Proceeded overseas for service with 13th Batt, C.E.F.	Witley	OCT 19 1916	Part II Orders No. 141 [illegible] Lt. Colonel Comd'g 85th "Overseas" Batt'n C.E.F. (Nova Scotia Highlanders)
6/12/16	C. B. D.	ARRIVED C. B. D.	FRANCE	6/12/16	N. R. D. PART II ORDERS No. 81 21/12/16
7/12/16	C. B. D.	LEFT C. B. D. FOR	13th Bn	7/12/16	N. R. D.
18/12/16	13th	13th		9/12/16	B. 213
25/8/17	A.A.G.	Transferred to the 85th Can. Battalion		25/8/17	K.R. 14269 Pt II Ord. 80
26. 8. 17	A. A. G.	T. O. S. 85th Can. Battalion	Field	26. 8. 17	K.R. 14269 Pt II O. 103 d/- 31. 8. 17.

(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.

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier_____

PAYMENTS.

Month.	Year.	Cheque No.	Amt.	Remarks.
Aug.	1918			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1919			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1920			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

M. F. W. 12a.
50m.—7-16
1772—39—819.

Sheet No. 2. Mrs Cassie Anderson (Assignee)

Name of Soldier Anderson R.C.

L. L. Job 5470—Req. 6888.

PAYMENTS. Mother #222284, Pte 85th Bn. A. Coy.

$70.00

OCT 1 - 1916

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.		J26295	20	
Nov.		E28006	20	
Dec.		C37460	20	
Jan.	1917	I 36174	20	
Feb.		I 42531	20	20 (JW)
March		I 48526	20	20 L
April		J269	20	20. E.
May		J6563	20	
June		J 13172	20	20. E
July		J 19981	20	S
Aug.		L 27078	20	B
Sept.		K 33734	20 - Lu	240. ✓
Oct.				
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

L-L.Job 5470—M. & D. 6888

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

M. F. W. 12
50m.—7-16
H. Q. 1772-39-819

To Whom Mrs Cassie Anderson

Address Box 592,
Amherst,
N.S.

Rate $20.00 OCT 1 - 1916

By Whom Assigned Anderson R.C.

Regtl. No. 222284

Rank Pte.

Corps A. Coy. 85th Battn.

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				

Consolidated Acct

Report.		Record of promotions reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS Taken from Official Documents.	
Date.	From whom received.					
7-4-19.	R.S.R.D.	Cases to be shown as patient in hospital & is S.O.Son leaving invalided to Canada for further medical treatment.	S/c. Ripon.	31/3/19.	D.O. #79.	

R—122
8,401—50,000—21-10-16.

FH

Rank | Name ANDERSON, Russell Charles | Reg'l No. 222284

Unit 85th.Bn. | If in perm. Corps, What Unit? | Married or Single Single

Place and Date of Enlistment Halifax, 18.Oct.1915. | Place of Birth Sackville,N.B. Canada

Name and Address, Next-of-Kin Mrs.Cassie S.Anderson

Amherst,N.S.Canada Navelock St. PO Box 542. | Relationship Mother

Assigned Pay Monthly $ | Payable to | Relationship

Separation Allowance $ | Payable to | Relationship

Discharge, Date and Place | Reason | Character

N/E. R.B. No. 7377
File R.L.
Category

A.F.B. 103 CHECKED 13 DEC. 1916

AINV

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.
10.					
Arrived in England S.S.Olympic 18/10/16					
5/12/16	O/c 85th	S.O.S. Trans to 13th Bn	Witley	5/12/16	Pt 2 D 041
21.12.16.	~~[illegible]~~ 16	13th BN Taken on Strength.	Field.	6.12.16	Pt, 2, O- 81.
29.8.17	—.—	S.O.S. on Trans to 85th Bn.	——	25.8.17	Pt II D0 80. & Pt II 103 d/31 8/17 85th Bn
14-1-18	—.—	Appd L/Corpl to Comp estab	"	14.12.17	Pt II 5.
11.10.18.	85 Bn	Wounded	L/Cpl Field	2.10.18.	H.A. 4685-9.
12.10.18.	N.S.R.D.	T.O.S. from 85th Bn wd	L/Cpl B'Shatt	6.10.18.	D.O. 249. T 85 Bn D.O. 121 d/17.10.18.
4.4.19	N.S.R.	Invalided to Canada	K'Dale	31.3.19	C.L.B 486
		MD 6 S.L. 74			

R2B

C.A.D.C. 5009A

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

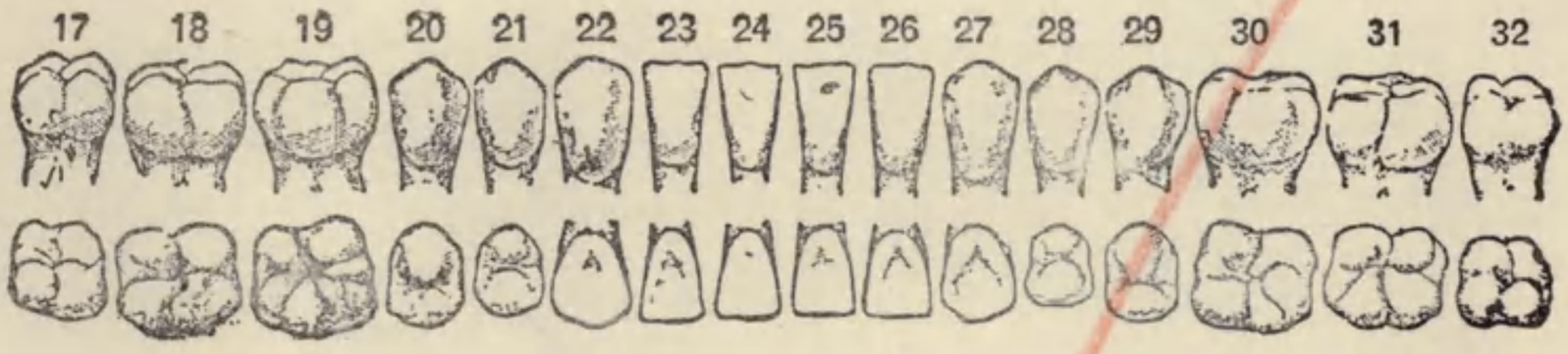
DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

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

REGIMENT 85th Bn RANK L/Cpl No. 222284

Date of Examination in England Mar 14 / 19 Date of Examination in France



DIRECTIONS TO DENTAL OFFICERS

1. This form will be made out for each individual at the time of Demobilization in England or France.
2. Figures as per chart will be used to designate teeth concerned.
3. In reference to Partial Dentures the numbers of teeth thereon will be stated.

PRESENT DENTAL REQUIREMENTS

1. FILLINGS
2. EXTRACTIONS
3. CROWNS
4. DENTURES
   - (*a*) Full Upper
   - (*b*) Part Upper
   - (*c*) Full Lower
   - (*d*) Part Lower

HAS HE EVER REFUSED DENTAL TREATMENT? No

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

- (*a*) In Canada
- (*b*) In England
- (*c*) In France Yes

Signature of Dental Officer L. D. Steele
Capt CaDC

Cas. Sheer

6-1-18 — S/ Syphilis (Primary)
9-1-18 — V. D. — S. "M." — To duty 4-4-18
20-9-18 — G. S. W. Rt. Arm. To Eng. 4:10-18

Name Anderson Enl. 14-10-15

Date of Embarkation for England 13-10-16.

Proceeded to France 5-12-16 Returned to England 4-10-18 Wd.

Date returned to Canada 31-3-19

P.R.2855.

Ethel 27.5.30 (over)

EPITOME OF HOSPITAL TREATMENT

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

FORM D M S 1300

SURNAME	CHRISTIAN NAME OR NAMES	REG. NO.
Anderson	R.C.	222284

RANK	UNIT	CO.	TROOP	BATTY.
Pte L/C	W. S.	85.		

HOSPITAL	DATE OF ADMISSION
11. Can Fld. amb.	6. 1. 18.
1. 51 Gen. Hsp Eaples	HOSP. 11. 1. 18
2. 2nd S. G. Bristol C.C. Bearwood.	HOSP. 6. 10. 18 14. 11. 18.
3. 5 Can. Gen. L'pool	HOSP. 9. 3. 19
4.	HOSP.

DIAGNOSIS V. D. S. /40

1. G.S.W. R. Shldr. /.

2.

3.

DISPOSITION	DATE
Ch. 11. 1. 18. a 109. 1.	Dis 4. 4. 18.
19. 1. 18 a 116	
11. 4. 18 a 184 ~~(2)~~	
9-10-18 B 339	
15. 11-18 B 372 (1)	
12. 3-19 B 466	
4-4-19 B 486.	

REMARKS

Invalided to Canada

31. 3. 19.

A.M.D. 2 DEPT.

Bell. of D.G.M.S. O.M.F.C. London.

LIST NO.	HOSPITAL	DATE OF ADMISSION	REMARKS
A109	#11 Can. Gld. Amb.	6-1-18.	V. A. S.
A116.	#5 Gen: Etaples	4-1-18	V. A. S.
A184.	" " Disc.	4-4-18	" " "
B372.	Can. Conv: Bn. Work	14-11-18.	Gen. R. Shed
B466	Can Gen Kirkdale	9.3.19	. . - — —
B486	Invalided to Canada Sh 74 MD 6.	31.3.19	. . - — - - .

REGT'L. No. 222284

H. Q. FILE No 649

NAME Anderson Russell Charlie

RANK AND CORPS Pte L/6. 85th Bn.

FOLLOWS

No.

FOLLOWS

CABLE No.	CABLE Date	NATURE OF CASUALTY
N.J.K.	Mrs. Cassie J. Anderson (Mother) Amherst N.S.	
Q617. 34-4	12.10.18	Adm. 2 south Gen. H. Bristol
HL.B 339	9 10 18	Oct. 6th/18. Gsw. R. Shedr

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

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

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

Form R. 149.

Russell Charlie

Name ANDERSON. Rank ~~Pte~~ L/Cpl. Reg. No. 222284

Unit 85th Bn

Next of Kin Canada

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
6-1-18	No. 11 C. F. A.		& D.S.	A109		
	11476.					
11-1-18	51 C.J. H Etaples		do	A116		
	18475-W.					
4-4	To Duty	654-3	"	A 184		
6-10	2 Sth G. Bristol	G.S.W. Shldr. R.		B339	Q 61	128338
14-11-18	C.C.H. Bearwood.		"	B.372		1182
9-3-19	5 C-Gen Kirkdale.		"	B.461		8404
31.3.19	Inval to Canada	Ex 5 Kirkdale		B486		8392
	Sl 74 MD 6					
	M U Can					

HOSPITALS	DATE	DIAGNOSIS

M. F. W. 2553.
50M-6-19.
1772—39-1332.

Reg. No. 222284 Name Anderson. R.

Rank Pte Corps 85 Bn Age 22 Service E. 7/12 C 2/12 F 22/12

Ledger No. 1 28/4 2 2025 Serial No. 1B. 9-048 A-37071

37 9

HOSPITALS	DATE	DIAGNOSIS
Station Hosp Halifax	24-5-16	1 V. ab G. C
dis to duty	12-6-16	
adm Camp. Hill Halifax	10-4-19	2 G.S.W. Rt Shoulder
dis to ab ab #6 = SCR	9-7-19	
adm. Camp Hill (Rockhead) Halifax	2-9-19	3 V D.S. Secondary op
Dis S C R	27-10-19	

P. T. O.

No. 222284 RANK Pte. NAME Anderson Russell C

T. O. S. 14-10-15 (Oct. payliat) UNIT 85th Battalion C. E. F.

M. D. 6

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1915.	1915.			
Oct. 14	Oct. 31	✓		
Nov.		✓		
Dec.		✓		
1916 Jan.	1916	✓		
Feb.		✓		
Mar.		✓		
Apr.				
May		✓M.	Hospital	May pay list
June		✓		
July		M.		
Aug.		✓		
Sept.		✓		
Oct.		M.		

UNIT SAILED
OCT 12 1916

REMARKS.

Ser Group 26

Occ " 13

Dis " B

Form DMS 1401.

Canada

Can: Conval: Hospital,
Bear Wood HOSPITAL.

A. & D. CARD

AT

A. & D. No. 0815500 PL. OF ACTION

RANK L/C. REG. No. 222284 UNIT 85 Can. Inf. A. SICK OR WOUNDED

NAME Anderson L.C. AGE 20 RELIGION M.

PLACE IN HOSPITAL Russell Charles, Hut. 1.

DIAGNOSIS GSW. Rt Shoulder.

ADMITTED 13 NOV 1918 FROM 2nd S.G. Bristol

DISCHARGED TO

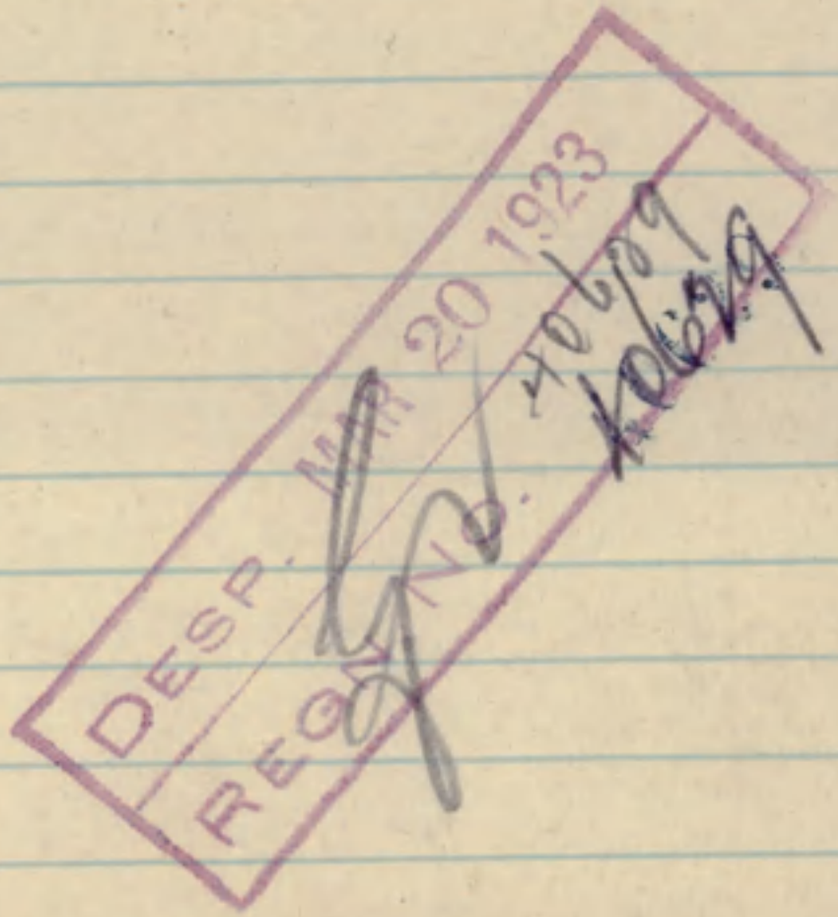
TRANSFERRED 8 MAR 1919 No 5 Kirkdale Liverpool

SERVICE AT HOME 12/12 IN FIELD 24/12

RESULTS

(See Document Card for M.H. Sheet and other Documents.)

P.T.O.


DESP. MAR 20 1923
REC'D
No. 40689

Number 222284. Rank L/Cpl

Surname ANDERSON.

Christian Name Russell Charles.

Units 13th Co. C. Inf. Theatre of War France.

Date of Service 6-12-16.

Remarks

Latest Address ~~Amherst, N. S.~~

921 Western Ave

Lynn Mass USA

Roll No.

200m.-6-21.

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank Promoted Reverted Discharge

Soldier's Name

Battalion

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name

Address

Change of Address

1

2

3

4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS

M. F. W. 128
400M.—6-17—1772-38-1141
L. L. 22520—M. & D. 7693.

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch A

OVERSEAS CONTINGENTS

Date of Assignment 2683 Oct 1-1916

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

20-			

PARTICULARS OF SEPARATION ALLOWANCE

No. 222284

Rank Pte Promoted Reverted Discharge

Soldier's Name R. C. Anderson.

Battalion A. Coy. 85th Batt.

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name Mrs Cassie Anderson

Address Box 592 Amherst. N.S.

Change of Address

1

2

3

4

6378-K-11

Date	Cheque No.	Amount S/A	Amount A/P	Total	
30/9/17			240 ✓	240	
Oct	C 51457		20	20	
Nov	C 52695		20	20	T
Dec.	F 55016		20	20	m
Jan	A 54308		20	20	B
Feb.	B 92533 ✓		20	20	
Mar	G 99767	—	20	20 ✓	
April	H 7561		20	20	
May	A 12516		20	20.	
June	B 15360		20	20	✓
July	Y 28341		20	20	
Aug	A 30870		20	20	
Sep.	G 37565		20	20	
Oct.	A 44209		20	20	m
Nov	A 52295		20	20	m
Dec.	B 63944		20	20	m
Jan	B 71583		20	20	m
Feb.	A 78546		20	20	
MAR	D 84209		20	20	
APR	[illegible] 711.		20	20	
			620		

REMARKS

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

AUDITED.

A/c Closed

Ret'd per Essequibo.

Date 10-4-19 M.F.W.187 17-4-19

Clerk Bowler MD. 6

MO 90561

ACCOUNTS CONSOLIDATED

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

War Service Badge Issued.
Class 4 No. 325411

SHORT FORM.

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

MEDICAL DOCUMENTS FORWARDED TO
S. C. R.
B. P. C.
ON 23-7-19

1. No. 222284
2. Rank Private
3. Name Anderson Russel Charles
4. Unit Eighty-fifth Overseas Battalion
5. Date of Discharge 12.7.19 | Place Halifax N S
6. Reason for Discharge Demobilization. Medically Unfit for General Service
7. Authority
8. Proposed Residence after Discharge Amherst, Nova Scotia

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. ?

Russel Anderson
Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place Halifax, Nova Scotia
Date July 12th 1919

Signature D A MacRae LIEUT, COL.
(O. C. Discharging Unit.)
No. 6 DISTRICT

M.F.B. 218a—50M.-2-19 1772-39-113.

OPINION OF THE MEDICAL BOARD

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

Yes, except that abduction of right arm is diminished 20%.

19. Is the invalid fit for

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

20. It is certified that the invalid

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

(*b*) Does not require treatment.
(*c*) ~~Should pass under his own control.~~
(*d*) Should not pass under his own control.
(Strike out condition not applicable.)

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

Category C-3.

Before signing the President of the Medical Board will read the statement signed by the invalid and differing opinions regarding Sections 7, 8, 9 and 10, as recorded in Section 18, to the invalid and if no change is indicated, will initial the statement. If, as a result of differing opinions regarding Sections 7, 8, 9 and 10 only, recorded in Section 18, the invalid is dissatisfied with the statement previously made, remarks of the Medical Board will be added here.

CAMP HILL HOSPITAL HALIFAX

PLACE

President.

DATE 4-7-19.

Members

TO BE COMPLETED WHEN TREATMENT IS REFUSED

I, the undersigned, understand the nature of the treatment which it is recommended that I should undergo and refuse to accept it.

Witness Signed

Should the refusal of the invalid to accept treatment appear to be unreasonable, or should he decline to sign this statement the Board of medical officers should so state.

President.

PLACE

DATE

Members

APPROVED BY

Assistant Director of Medical Services.

DATE 7-7-19

APPROVED BY

Director-General of Medical Services.

DATE

CAMP HILL HOSPITAL HALIFAX

THIS FORM WILL BE USED FOR ALL RANKS

MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" issued by the B.P.C. and instructions issued by Militia H.Q., Ottawa, will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of Sections 1 to 17 of this Form and will obtain the signature of the invalid to the "Statement," page 3. The President of the Board of Medical Officers is responsible for the proper completion of sections reserved for recording the "Opinion of the Medical Board."
3. In answering the questions, Medical Officers will carefully obtain and record the invalid's statements concerning his condition. They will distinguish observations made by themselves from hearsay. They will distinctly state the authority for statements not resulting from their personal observation; it must be made clear whether such statements are obtained from the invalid concerned, from witnesses, or from documents, Regimental or otherwise.
4. Special care is required in answering question 9. Read the questions carefully. All questions must be answered.
5. If space provided under any section is insufficient add another sheet. Such sheets must be initialled by the Medical Board.
6. A note will be made of attached papers by the Medical Board under the section "Opinion of Medical Board."
7. Under no circumstances may information other than that in sections 7, 8, 9 and 10 be communicated to the invalid, directly or indirectly.
8. The nomenclature of diseases must be followed, if possible, as described in "List of Diseases" printed in the order in which they appear in the Annual Report on the Health of the Army, published in London (1915), by Messrs. Harrison & Sons.

STATION Halifax, N. S. DATE June 19, 1919.

1. 1 (*a*) Unit 6th Dist. Depot. (*b*) Regimental No. 222284. (*c*) Rank L/Dpl.

(*d*) Surname ANDERSON (*e*) Christian name CHARLES.

(*f*) Home address Amherst, N. S.

(*g*) Next of Kin Mrs. H. C. Anderson. (*h*) Relationship Mother.

(*i*) Address of Next of Kin Amherst, N.S.

2. Age last birthday 21. Date of birth June 7, 1898.

3. Enlistment, or Appointment (if an Officer) (*a*) Place Amherst, N. S. (*b*) Date Oct. 14/15.

4. Personal description:

(*a*) Height 5' 5" (*b*) Weight 130 (stripped) (*c*) Complexion Medium.

(*d*) Colour of hair Dark (*e*) Colour of eyes Brown (*f*) Identification marks, Scars, etc. None

5. Former trade or occupation Mechanic.

6. Service (The information should be secured from personal documents, but if documents are not available the invalid's statement may be taken and note must be made to that effect. Periods of service in Canada, England, France or elsewhere should be noted).

	Years	Days
	3 8 mos.	5

	Periods	
	From	To
Canada	April 4, 1919 Oct. 14, 1915	Date. Oct. 1916,
England	Oct. 3, 1918 Oct. 1916	April 4, 1919, Dec. 1, 1916,
France or other theatres of War	Dec. 1, 1916	Oct. 3, 1918.

7. Original disease, or injury G.S.W. right shoulder.

(*a*) Date of origin Sept. 29, 1918. (*b*) Place of origin France.

(*c*) Cause Bullet wound.

M. F. B. 227.

30/M.—8-18.
1772-39-117.

8. Present disability— (Here state the exact nature of the disability resulting from the disabling conditions: e.g. (*a*) Weakness—slight, moderate, marked, etc; (*b*) Loss, complete or partial, of an organ or member, or of its functions; (*c*) Necessity for rest of the body, or of some of its parts, for therapeutic reasons; (*d*) Any other restrictions in choice of occupation.)

Slight impaired function right shoulder.

9. Present condition—(*a*) (Before completing this section the invalid should be stripped, and subjected to a thorough physical examination. Important, to be a full description of the present disabling condition, or conditions only. "History" must be recorded in Section 10. Describe all abnormalities, anatomical and functional, contributing to present disability; objective findings to be stated first, then subjective findings.)

Right shoulder: Anterior aspect. Scar 3" long, about 2" above ant. fold of axilla. Posterior - irregular scar 5" long, just above axilla, slightly adherent, but not painful, well healed. Movements of should are free in all directions, but when full abduction takes place there is slight pain in posterior scar. Condition is continually improving. Right arm is weaker than left. No injury to brachial flexors of nerves.

(*b*) Has the invalid now any affection of the following systems, not described in Section 9 (*a*) above?
(Answer Yes or No.—if the answer to any part is Yes, give a brief description of the present condition.)

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

Special Senses No. Respiratory System No. Integumentary System No.

Disturbances of Mentality No. Digestive System No. Muscular System No.

Osseous and Joint Systems No. Any other general condition No.

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

Wounded by bullet at Cambrai. Bullet entered ant. aspect right shoulder, passed backwards outside humerus, but causes no dracture. Healed in 5 months.

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

Nil.

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

As described.

11.—(*a*) Did the disabling condition have its origin before enlistment? No.

(*b*) If so, has it been aggravated by Service? (If aggravated, give a description, as far as it is possible to do so, of the disabling condition at time of enlistment.)

N.A.

12. Was the disability caused, or aggravated; (*a*) by intemperance, or improper conduct; or (*b*) by unreasonable refusal to accept treatment? (a) No. (b) No.
The regimental documents will be referred to.
(If the answer is in the affirmative, state in percentages, to what extent the patient is incapacitated by that causation or aggravation. In answering this question, conduct sheets should be considered. If treatment has been refused, the circumstances surrounding the refusal should be described on page 4.)

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

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

Surgical in France and England.

Orthopaedic in Canada - radial heat, massage and remedial exercises.

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

No.

16. Can the former trade or occupation be resumed? No (right) arm is weaker than left.
(If not, briefly state why)

17. Recommendations. Category "B-3."

V. A. Miller Capt. A.M.C.
Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

(Sections 7, 8, 9 and 10 are to be read to the invalid and either "satisfied" or "not satisfied" struck out).

I, the undersigned R. C. Anderson. have heard the description of my disability and present condition read, and am satisfied (or ~~not satisfied~~) with it. (If dissatisfied, statement should follow.)

I complain in addition of

R. C. Anderson Pte. Rank.
Signature of invalid examined.

Essequibo 10-4-19.

AUDITOR | PAYMASTER

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

M. OR S. | REGT. No. 222284 | RANK L/Cpl. | NAME (IN FULL) Anderson. R E (BLOCK LETTERS SURNAME FIRST)

NEXT OF KIN | RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? | DATE EFFECTIVE

TO WHOM PAID Nil | RELATIONSHIP

ADDRESS

PARTICULARS	EFFECTIVE DATE	AUTHORITY
TOS 31-3-19 Auth.		Do 105

ORIGINAL UNIT C.E.F. N.S.R. | IF IN P.F. WHAT UNIT? | PLACE OF ATTESTATION | TRANSFERRED TO | DATE 476 | AUTHORITY

DATE OF ATTESTATION | TRANSFERRED TO | DATE | AUTHORITY

ASSIGNED PAY $ 20.00 | DATE EFFECTIVE 1-2-19

PAYABLE TO Mrs. Cassie Anderson | RELATIONSHIP | ANY CHANGE IN ASSIGNEE OR ADDRESS 5/12/19

ADDRESS Box 142 Box 542 Amherst N.S. — 30 Fredericton Ave Lotty 7 Aspen Ave. S. Commons City

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE | EFFECTIVE

DISCHARGED | PLACE Halifax NS | DATE 12/7/19 | REASON Demobilized | AUTHORITY Do 191 | IF ENTITLED TO POST DISCHARGE PAY

MONTH	PAY AND F.A. NO. OF DAYS	RATE	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	31-1-19		1.15																								9	73								Bal Cr. E.L.P.C.
	1-2-19		1				31	72																			9	74								Adv at Conval Camp Bearwood
									31	73																										Adv at Liverpool
																											55	00			74	47	42	75		Adv at Portland Me
	1-2-19	84	1 15/21	102	35	11	20		113	55					#1434						70	80							42	78	113	55				Dr. Previous acct
	30-4-19																																			Dilo Bal. a/c
	May	31	1 15/21	35	65				35	65					#2196						15	65	20	00							35	65				a/c May CR# 2134
	June	30	1 15/21	34	50				34	50					#4287						14	50	20	00							34	50				a/c June CR# 2650
	July	1/2	1 15/21	13	80	35	00																													
						70	00		118	80					#4476						118	80									118	80				
						1489																														
	183 days					420	00		420	00													70	00									350			
																							70										280			
																							70										210			
																							70										140			
																							70										70			
																							70										Nil			
						420	00		420	00													420	00							420	00				

Certified that all payments due on this acct. have been paid.
Completed
CAPT.
For Senior Officer Pay Services, M. D. 6

998077 7/8/19
1136729 [illegible]
50 S.S.A.A. 27-10-17.
1771605 7/11/19.
1780444 9-12-19
1784980 8-1-20

1800M-1-19.—L.L. 33945—F. C. 2723.
M. F. W. 2596.
1175-38-128.

P. 559

MARRIED OR SINGLE S

PLACE OF BIRTH Sackville, N.B.

NAME AND ADDRESS OF NEXT OF KIN Mrs Cassie Anderson Amherst N.S.

RELATIONSHIP OF NEXT OF KIN Mother

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
Appt 2/Lt.	14/12/17	Bo S. 14/1/18

ADMISSIONS TO HOSPITAL, &c.

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

REG'L NO 22228 A RANK ~~Pte~~ 2/Lt NAME Anderson Russel C.

IF IN PERMT. CORPS WHAT UNIT ~~85th Batt'n, C.E.F.~~ UNIT 85th Batt'n, C.E.F. TRANSFERRED TO 13th Batt DATE 5 12/16 AUTHORITY 2021

PERMANENT FORCE ALLOWANCES TRANSFERRED TO DATE AUTHORITY

PLACE OF ATTESTATION Halifax N.S. TRANSFERRED TO DATE AUTHORITY

DATE OF ATTESTATION 14th Oct 1915 TRANSFERRED TO DATE AUTHORITY

ASSIGNED PAY MONTHLY $ 20 00 DATE EFFECTIVE 1st Oct 1916 Bn 5 12

PAYABLE TO Mrs Cassie Anderson Amherst N.S. RELATIONSHIP Mother

ASSIGNED PAY MONTHLY $ DATE EFFECTIVE

PAYABLE TO RELATIONSHIP

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

DISCHARGE DATE AND PLACE REASON AND AUTHORITY

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

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
1916														14 10	14 10																14 10				Assgd pay paid by Paymaster Overseas Ch. Off. Pay Fd. Ottawa from Canada
30 11	30	1 00	30	00	30	10	3	00							33 00	7 76/16	52 16/16	95	24/6					9 74	24 3	4 84		20 00		34 04	10 06		10 06		
5 12	5	"	5	00	5	-		50							5 50													20 00	06	20 06		4 50			06 issues on Repayment Imprest 4/13th Batt 5-12-16
6.31	26	-	26		26		2	60							28 60													57 10			24 10			
1917			6	10											6 10																			
Jan	31	1 00	31	10											31 10	18 11	30/7/17	1858	11/1/17					8 72	2 62			20 -		31 34		26 86			
28 Feb.	28	1 00	30	80											30 80	19 01	28/1/17							2 61				20 -		22 61		35 05			
March	31	1 00	31	10											31 10	19 45	17 2/7	1076 1998						5 23	2 62 2 62			20 -		30 47		38 68			
Apl.	30	1 00	33												33										2 62			20		22 62		49 06			
May	31	"	34	10											34 10	1 12	25/4							2 62				20		22 62		60 52			
June	30	"	33												33	208	17/5							2 68				20		22 68		71 20			
July	31	"	34	10												142	5/6							3 57				20		21 25		47 24			
Aug.	31	"	34	10											34 10	261	14/6							2 68				20		22 68		78 71			
			334	40										14 10	348 50				328	20/6					2 68			20		22 68		90 13			
																								37 85	15 59	4 87		200	06	258 37					

222284. Pte. Anderson, Russel C.

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
B. F.			334	40										14 10	348 50
Sep	30		33												33
Total			367	40										14 10	381 50

ACQUITTANCE ROLLS 1 No.	1 Date	2 No.	2 Date	3 No.	3 Date	4 No.	4 Date
345	15/7	592	89				
513	19/8						
358	15/7	453	58				

CASH PAYMENTS 1	2	3	4	ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS
37 85	15 59	14 87		200	06	258 37
2 68						
3 57	2 68					
2 68	2 67			20		34 28
46 78	20 94	14 87		220	06	292 65

BALANCE: Credit	BALANCE: Debit	PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
90 13				
88 85				

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	CR. 3	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED PAY	SER. ALLDE. ENG.
		~~88 85~~ 10.								88 85		
Oct.	PP 4 A.	34 10										
		34 10								20		
NOV 30	Pte Pay	33 00		Can. Asp.						102 95		
				A.R. 3.6.4 1/3 99 25 ~~85~~			68 13			20		
DEC 31	P Pay	34 10		6 P. 39 23 30/197			24 33					
		~~67 10~~		A.R. 967 4/10 85th			3 57					
				" 836 19/10 "			4 46					
				D.M.R. 710 20/19 85th			2 68					
				A.R. 896 2/10 "			3 57					
				Can. Asp Dec			106 74			20 23 31		
		67 10								40		
Jan 31	P. Pay	34 10		" " Jan						20		
				A.R. 960 19/11/17 85th Bn.			13 38					
				A.R. 1019 7/12 85th			3 57					
				A.R. 1083 18/12 85th			4 46					
							21 41			16 00		
		34 10								20		
FEB 28	L/6 Pay	32 20		A.S.P.						20		
	Hq Asp arrears											
	L/6 1/12/19 to 28/5	2 45		A.R. 1145 3.1.18 85th Bn			3 57			27 08		
		34 65					3 57			20		
R 1919	Sept	35 65		As Pay						20 42 73		
		35 65								70		

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED PAY	SER. ALLDE. ENG.

P 820
12474—375M—13-2-18.

* Strike out whichever inapplicable.

ASSIGNED PAY.	* ~~ENGLAND or~~ CANADA.	SEPARATION ALLOWANCE.	* ENGLAND OR CANADA.
EFFECTIVE DATE:-	Oct 1st 1916.	EFFECTIVE DATE:-	
AMOUNT:-	20/-	AMOUNT:-	

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

Mrs C. Anderson. Mother
Box 54 r. Amherst. N.S

Stopped 31-2-19

NAME:- ANDERSON Russell C
NUMBER:- 222284

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
BOS. 14/1/18	14/11/14.	Pte Corp.

UNIT AND TRANSFERS

ORIGINAL UNIT:- 85th Batt
DATE ACCOUNT FIRST OPENED:- Nov 1st, 1916

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO
Canada Section.			

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS { UPON CLEARANCE OF VOUCHERS, ENTRIES WILL BE CANCELLED BY INSERTION OF DATE CHARGED IN RED INK

DATE OF PAYMENT	NUMBER OF A.R	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R	UNIT PAID BY	AMOUNT
30/12/18	2103	Lear Wood	~~79 17~~			"	
18/1/19	2043	"	~~17 87~~				
21/1/19	355	"	~~9 13~~				
			34 07				
				New P. Book * 108844 issued 7/1/18			

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
BOS 14/1/18.	1 05	- 10		
		Ledger	65	

PARTICULARS OF RENDERING NON-EFFECTIVE: Discharged to Canada 31/1/19 Wokingham 13/17 76 1/19. to Pte 21 73

1918 MONTH	PARTICULARS	CR. 1	CR. 2.	PARTICULARS	DR. 1	DR 2.	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
Mar	Balance Forward.								4 r 73		
Apr	1 Day	3 7 50		C.A.P.				20			
				A.R. v6 6/4/18 2 C.L.D.	4 46						
				Den 11/1/18 4/4/18 = 3 days @ 6 0 8 3 0 3 6 12 4 18		5 0 40			2 3 7		
		3 4 50			4 4 6	5 0 40		20	~~2 3 7~~ 5		
May	" "	35 65		C.A.P.				20			
				A.R. 305 4/5 H Wing C.C.R.D.	3 57						
				" 410 19/5 ✓ ✓	4 46				9 9 9		
		35 65			8 03			20			
June	" "	3 r 50		C.A.P.				20			
				A.R. 555 4/6 ✓ ✓	3 57						
				682 17/6 ✓ ✓	3 57				17 35		
		3 6 50			7 14			20			
JUL	" "	3565		C.A.P.				20			
				✓ 801 1/7 ✓ ✓	4 46						
				✓ 943 17/7 ✓ ✓	3 57				24 97		
		35 65			8 03			20			
Aug	"	35 65		A.P.				20			
				A.R. 504 11/8 85 Bn.	3 57						
				✓ 562 16/8 ✓	3 57				33 48		
		3565			7 14			20			
Sept	"	3450		C.A.P.				20			
				6 v 9 ✓ 8/9	3 57						
				703 ✓ 17/9	3 57				40 84		
		3450			7 14			20			

NUMBER 222284 RANK NAME ANDERSON Russell C.

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
	Balc Fwd.								110 84		
Oct.	2 Opl Pay	3 65		Cab				20			
				ar Hosp Rem 50118 12-0-0 85 B	9 73				146 76		
		3 65			9 73			20			
Nov	1/Opl. Pay	3 50		Cab				20			
Dec	— —	3 65		ar 9492 11/11/18 B'wood	4 87						
Jany	— —	3 65		ar. 427 - 4/12/18.	19 47						
				ar 1026. 11/1/18	9 73						
				Cab	3 07			20			
				Cab				20	58 19		
		10 80			3 07			60			
Feby.											
	AF. 10 days 21-1-19 - 31-1-19 30 23 31/1/19	7 30							65 79		
				ar 3155 21/1/19 Bearwood	9 73						
				" 3043 18/1/19	4 87						
				" 2103 30/12/18	14 60 19 47						
				" 4482 21/2/19 Ea Lfc	9 73						
				" 1494 11.3.19.	4 87				17 12.		
		7 30			48 67						
				ar 1134 25/3/19 LFC End	4 87				12 25		
					4 87						
				NOS Canada 31.3.19 AL 94.							