

NAME ANDERSON, THOMAS REGT. NO. 294 526 UNIT 223rd H. Q. FILE NO. \_\_\_\_\_

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TO WHOM FORWARDED

DATE FORWARDED

M. F. W. 2505  
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*Demol*

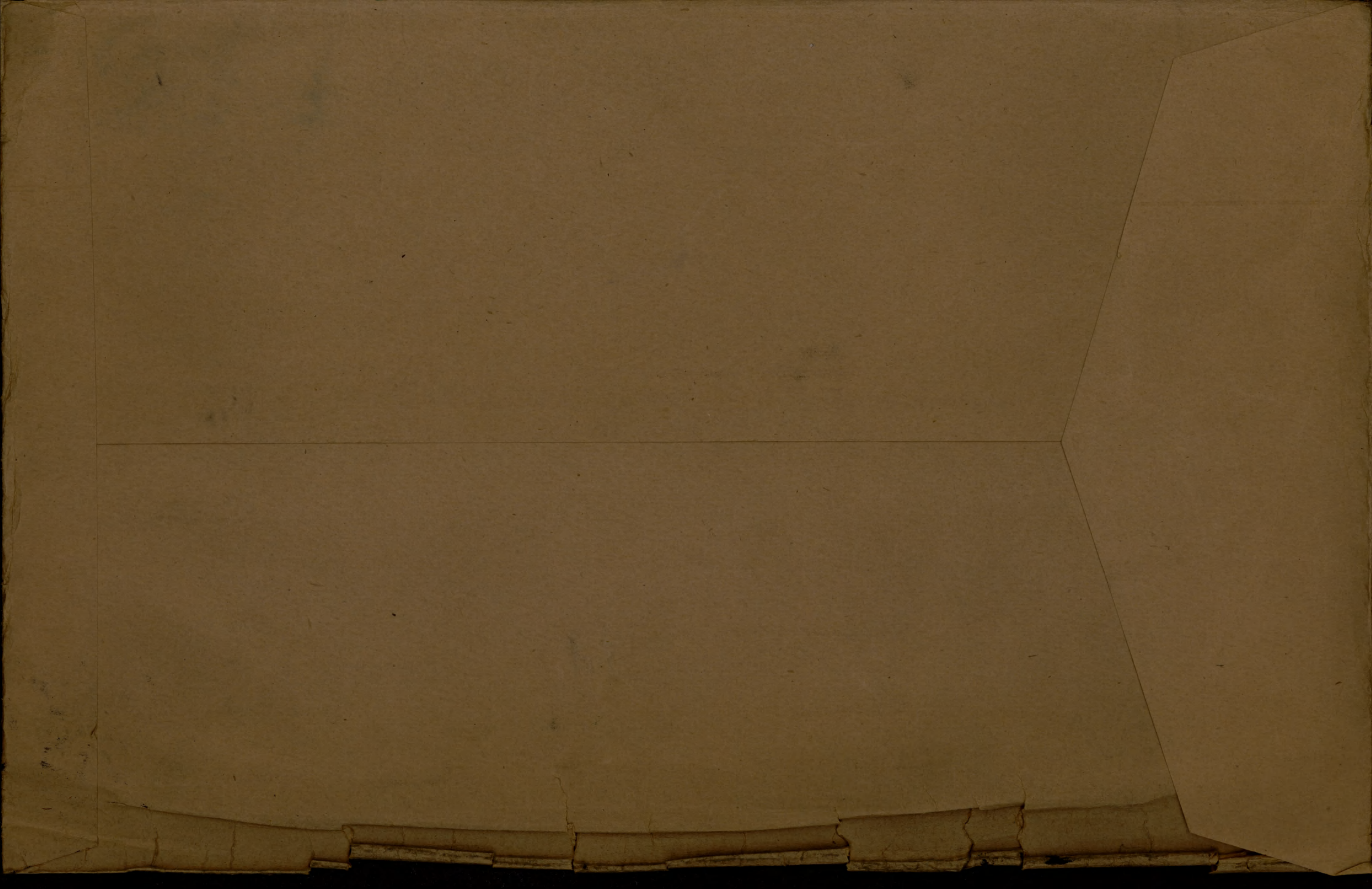
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ATTESTATION PAPER.

No.

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?..... Thomas
- 1b. What is your present address?..... Prince Albert, Sask.
- 2. In what Town, Township or Parish, and in what Country were you born?..... Norway
- 3. What is the name of your next-of-kin?..... Aasa Hesneag
- 4. What is the address of your next-of-kin?..... Hornes, St. Ghrestoneonsd, Norway
- 4a. What is the relationship of your next-of-kin?..... Mother
- 5. What is the date of your birth?..... 22nd Feb. 1888
- 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?..... 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

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Thomas 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.

Thomas Anderson (Signature of Recruit)

Date June 21st 1916 . Rognwald Thompson (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Thomas 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.

Thomas Anderson (Signature of Recruit)

Date June 21st 1916 . Rognwald Thompson (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 Prince Albert, this 21st day of June 1916.

Charles Donaldson (Signature of Justice)

*Thomas*  
**Description of FOLLE ANDERSON on Enlistment.**

Apparent Age 28 years 4 months.  
 (To be determined according to the instructions given in the Regulations for Army Medical Services.)

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

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

Height 5 ft. 10 ins.

Chest measurement { Girth when fully expanded 39 ins.  
 Range of expansion 4 ins.

Complexion dark

Eyes blue

Hair black

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

*None*

**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 June 21st 1916

Place Prince Albert Sask. L. F. P. Moreau M.D. C.M.  
 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.**

Thomas 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.

*[Signature]*  
 (Signature of Officer)

Date 29/6 1916

# CANADIAN EXPEDITIONARY FORCE

WAR SERVICE BADGE

## DISCHARGE CERTIFICATE

CLASS "9" NO. 186212 ISSUED

THIS IS TO CERTIFY that No. 294526 (Rank) Spr  
Name (in full) Anderson Thomas enlisted in  
the 223<sup>rd</sup> Batt  
CANADIAN EXPEDITIONARY FORCE at Prince Albert on the 21<sup>st</sup>  
day of June 1916  
HE served in 3<sup>rd</sup> Battn France  
and is now discharged from the service by reason of Demobilization. Demobilization R.O. 1420  
Medical Unfitness.

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

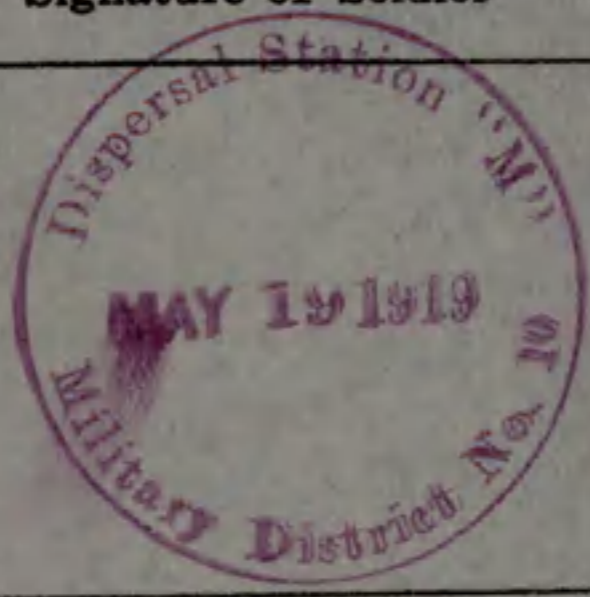
Age 30 yrs  
Height 5-10  
Complexion Dark  
Eyes Blue  
Hair Black

Marks or Scars Nil

T. Anderson  
Signature of Soldier

Thomas  
Issuing Officer

Date of Discharge



Rank

Spr

Date May 19 1919

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.

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

THIS IS TO CERTIFY THAT NO. \_\_\_\_\_ (Rank)

Name (in full) \_\_\_\_\_ entered in

the \_\_\_\_\_

CANADIAN EXPEDITIONARY FORCE on the \_\_\_\_\_

day of \_\_\_\_\_

HE served in \_\_\_\_\_

and is now discharged from the above by reason of \_\_\_\_\_

Medical Unfitness

- 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.

Age \_\_\_\_\_

Height \_\_\_\_\_

Complexion \_\_\_\_\_

Eyes \_\_\_\_\_

Hair \_\_\_\_\_

Signature of Soldier

Issuing Officer

Date of Discharge

Rank

Date \_\_\_\_\_

N.B.—As no duplicate of this Certificate will be issued, any person finding same is requested to forward it to the nearest commanding officer in the Expeditionary Force, Canada.

(SERVICE AND CASUALTY FORM Part II).

Regiment or Corps \_\_\_\_\_ Regimental Number 294526

\*Substantive Rank plc Surname Anderson Christian Names Thomas

\*Acting Rank \_\_\_\_\_  
(\* To be entered in pencil to facilitate alteration.)

Nothing to be written in this margin.

W1889-PP1150 500,000 5/18 G.W.P.Co.(3490)

(A) Report		(B) Authority of Part II. of Orders	(C) Record of promotions, appointments, reductions, casualties, transfers, postings, &c. All acting as well as substantive promotions to be shown, for method of entry of which see A.C.I, 1816 of 1917. Corps and unit to which transferred and posted to be invariably named.	(D) Place of casualty	(E) Date of promotion, reduction, reversion, casualty, &c.	(F) Remarks, and initials and rank of an officer
Date.	From whom received.					
<u>28-12-18</u>	<u>62138</u>		<u>Trans to England and posted to C.E.T Depot Seaford</u>		<u>29-12-18</u>	<u>NRG</u>
			<u>Mas. B. Chaimwell</u>			
			<u>Lieut. for Lt.-Col., A. A. G.</u>			
			<u>Canadian Section, G. H. Q. 3rd Echelon, B. E. F.</u>			
			<u>DISCHARGED FROM 3<sup>RD</sup> C. S. D. Seaford TO 1<sup>ST</sup> 2<sup>ND</sup> BN.</u>			
						<u>For O.D.</u>
						<u>Canadian Command Depot.</u>
<u>10-1-19</u>	<u>ECRD</u>		<u>T.O.S. C.E. Reg. Depot.</u>	<u>Seaford</u>	<u>1-1-19</u>	<u>Pt. 2.D.0.10</u>
			<u>Command 3<sup>rd</sup> CCD</u>			
<u>15-1-19</u>	<u>do</u>	<u>15</u>	<u>Ceases to be on Command</u>	<u>Seaford</u>	<u>14-1-19</u>	<u>Pt. 2.D.0.15</u>
			<u>3<sup>rd</sup> 66D &amp; Detailed to Depot Coy.</u>	<u>F.</u>		





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

**223RD OVERSEAS BATTALION**

Regimental No. 294526 Rank private Name Anderson, Thomas

Enlisted (a) 21.6.16 Terms of Service (a) duration of War Service reckons from (a) June 20th 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		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				
		Embarked Dis " "	Halifax Liverpool	3-5-17 1466917	H.M.T. F. 628
-17	"	Trans to 11th Can Res Bn	"	15-5-17	Pt II Bn. 19
				<i>B. Syddall</i> Capt & Adj. 223rd Batta C.E.F.	
-17	O.C.	Taken on-strength 11th 11th Bn Can Res Bn	Shorncliffe	15-5-17	Pt II Bn. 112
-17	O.C.	11th Trans to 107th Battalion Overseas		5-9-17	Pt II Bn. 208
				<i>W. J. ...</i> Lieut & Adjutant, 11th (Res.) Battalion.	

(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.]

294526 Anderson 2

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				
6/9/17	C. B. D.	ARRIVED C. B. D.	FRANCE	6/9/17	N. R. D. PART II ORDERS No 78 D 12.9.17
26/9/17	C. B. D.	LEFT C. B. D. FOR	lele RC	26.9.17	N. R. D.
28/9/17	lele RC	ARRIVED 107 <sup>th</sup> BN.	FIELD	28.9.17	B. 213 D
29.9.17	O. C. 107 <sup>th</sup> BN			29.9.17	
4.11.17	O. C. 107 <sup>th</sup> BN			2.11.17	
21.5.18	O. C. 107 <sup>th</sup> BN	S O S 107 <sup>th</sup> BN TO 3RD CDN ENGR BATTN		29/5/18	Pt. 2 O 66
1.6.18	O. C. 3 <sup>rd</sup> CEBATTN	T O S 3RD CEBATTN		29/5/18	B213 Pt. 2 O 1
12/10/18		Granted 14 days L of A to U.K.		11/10/18	B213. Pt. 2 O. N. 42.
2/11/18		Returned from leave		28/10/18	B. 213
29.10.18	469A	V. D. G.	adm 469A	29.12.18	M 265
			do lele	30/10/18	
2.11.18	7 Cdn Staty	V. D. G.	adm 7 Cdn Staty	2/11/18	M 2691
2/11/18	3 <sup>rd</sup> Cdn Lt.	F. A. S.		29/10/18	B213
8/11/18	42 lele	V. D. G.	adm 42 lele	30/10/18	M 5958
1/11/18			do AM. 36	1/11/18	
1/11/18	42 ces	Forfeits field allowance & placed under stoppage of pay from 30-10-18 to 1-11-18 (3 days)			AKO1643 RTR 823-1 2/12/18 DO 59 d/13-12-18
5/12/18	7 Cdn Stat	Forfeits field allowance & 50 cts per Diem from 2-11-18 - 5-12-18 (34 days)			O-1643 RTR 8307 d/9-12-18 DO 59 d/13-12-18
6/12/18	B & BD	Arrived A		6/12/18	RTR. 530 d/9-12-18
5/12/18	7 Cdn Stat	V. D. G.	To Base	5/12/18	M 25

# FORM OF WILL.

I, Thomas Anderson (Name in full)

Regimental Number 294526 serving in 223 Batt.

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

I bequeath all my real estate unto

Jacob Anderson  
Homes Christensen  
Norway

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

absolutely, and my personal estate I bequeath to

Jacob Anderson  
Homes Christensen  
Norway

Name and Address of person or persons to receive personal estate\* (See note).

**IMPORTANT NOTE**  
This must be Signed and Dated by THE SOLDIER HIMSELF.

this 25 day of Jan A. D. 1917

Thomas Anderson Signature of Soldier.

\*N.B.—Personal estate includes pay, effects, money in bank, insurance policy, in fact everything except real estate.

Signed and acknowledged by the Testator as and for his last Will in the presence of us both present at the same time, who in his presence, at his request, and in the presence of each other have hereunto subscribed our names as Witnesses.

Signature of First Witness Andrew Anderson

Address of Witness Wadena Sask.

Occupation of Witness Farmer

Signature of Second Witness Emil Jonsson

Address of Witness 659 William Ave Wagon

Occupation of Witness Banker

**THE TWO WITNESSES MUST SIGN HERE**

FORM OF WILL

I, \_\_\_\_\_ of the County of \_\_\_\_\_ State of \_\_\_\_\_ do hereby certify that the contents of this will are true and correct and that I am of sound mind and memory and am not under any duress, fraud, or undue influence.

I hereby appoint \_\_\_\_\_ as my executor.

Name and Address of Executor  
\_\_\_\_\_

Name and Address of Witnesses  
\_\_\_\_\_

IMPORTANT NOTE  
This must be signed and dated by THE SOLDIER HIMSELF.

The witnesses have been sworn before me and have signed their names as witnesses to the execution of this will.

Signature of Testator

Address of Testator

Signature of Witness

Signature of Second Witness

Address of Witness

Occupation of Witness

THE TWO WITNESSES  
SIGNATURE

THE TWO WITNESSES  
SIGNATURE

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.

223RD OVERSEAS BATTALION

(1) Name of Overseas Unit which Soldier joins.....

(2) Regimental Number *294 526*.....

(3) Full Name of Soldier *Anderson, Thomas*.....

(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.....

(9) Is your Father alive? *Yes*

If so, state name and address *Amnon Pesberg*

(10) Is your Mother alive? *Yes* *Hornus P. Christensen Sand*

If so, state name and address *Sasa Kesheaaq*

*Hornus Street, Christensen Sand, Norway*

(11) If your Mother is a widow

Are you her sole support, or not?

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

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

(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? *Yes*

If so, in what Company? *Yes*

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.

*[Signature]*

Officer Commanding.

Date *June 21/1946*

294526

# ORIGINAL MEDICAL HISTORY SHEET

Surname *Anderson* Christian Name *Thomas*

Examined { on *21<sup>st</sup>* day of *June* 191*6*  
at *Prince Albert Sask*

Approved by *B. Wilson*

Birthplace { City or Town  
County *Norway*

Rank *Capt AMC* M.O.

Apparent age *28 yrs 4 months*

Trade or occupation *Labourer*

Height *5* feet *10* Inches

Weight *145* lbs.

Chest measurement { Minimum *35* inches

Maximum expansion *4* inches

Physical development *Good*

Small-pox Marks *None*

Vaccination Marks { Arm Right Left  
Number *0 0*

When Vaccinated last *Ten years ago*

(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.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Date	Result	VACCINATIONS
<i>10/1/14</i>	<i>0</i>	<i>J. I. Pratt</i> M.O.
<i>23/1/14</i>	<i>0</i>	<i>J. I. Pratt</i> M.O.
<i>6/2/14</i>		<i>J. I. Pratt</i> M.O.

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<i>24/11/16</i>	<i>OK</i>	<i>J. I. Pratt</i> M.O.
<i>Aug 5</i>	<i>OK</i>	<i>J. I. Pratt</i> M.O.
<i>4/12/16</i>	<i>OK</i>	<i>J. I. Pratt</i> M.O.
<i>11/12/16</i>	<i>OK</i>	<i>J. I. Pratt</i> M.O.
<i>31/6/17</i>	<i>Satisfactory</i>	<i>J. I. Pratt</i> M.O.

Enlisted on *21<sup>st</sup>* day of *June* 191*6* at *Prince Albert, Sask.*

	CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment		<i>294526</i>		
Transferred to	<i>11<sup>th</sup> B. R. Bn.</i> <i>107<sup>th</sup> Batten.</i>			

### EXAMINED OR DISCHARGED BY A MEDICAL BOARD

STATION	DATE	DISEASE	RESULT

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.

*J. M. O.*





**Medical Examination upon leaving the Service  
of an Officer fit for general service or a Soldier fit for duty.**

Officers leaving the Service upon being found unfit for general service by a Medical Board, and Soldiers leaving the Service upon being found otherwise than fit for duty by a Medical Board, are not to be reported on this Form.

Rank..... *Spr* Name..... *THOMAS* Surname..... *ANDERSON.*  
 Unit or Corps..... *B.E.R.D. (gd. Depot),* (If a soldier) Regtl. No. *294526.*  
 Born at..... *NORWAY.* on, date..... *27<sup>th</sup> February 1888*  
 Signature (for identification)..... *J. Anderson*

The examination is to be made jointly by two Medical Officers.

**1. PHYSIQUE**—Any deformity, maiming or lameness? If so, describe.

Weight..... *175* lbs. *est -*  
 Height..... *5* ft. *10* ins.

**2. NUTRITION AND DIATHESIS?**

*Good.*

After searching inquiry and thorough examination is any evidence found of disease or impairment of the parts indicated below? If so, describe.

**3. NERVOUS SYSTEM?**

*Normal.*

**4. RESPIRATORY SYSTEM.**

*Normal.*

**5. HEART?**

Abnormal Sounds? *None*  
 Abnormal Size? *No*  
 Pulse Rate? *72* Intermittence or irregularity? *No*

**6. ARTERIES.**—Any hardening?

*palpable*

**7. DIGESTIVE SYSTEM?**

*Normal.*

**8. GENITO-URINARY SYSTEM?**

Urinalysis—s.g.?..... *1010* Reaction?..... *Acid* Albumen?..... *Neg* Sugar?..... *Neg*

**9. SKIN, MIDDLE EAR, EYE**  
or any other part?

*Normal.*

**10.** Is there any evidence of impairment of health or physical condition not mentioned above? If so, describe.

*No -*

**11.** Opinion as to the health and physical condition of the one examined?

*Good.*

Examined at..... *Seaford* { Signed..... *J. P. M. M. O.*  
 Date..... *18-1-19* { Signed..... *J. P. M. M. O.*

If any disease or impairment of health or physical condition is discovered, this report should be sent at once to the O.C. concerned for the Officer or Soldier to be sent before a Medical Board for regular boarding.



# 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. 294526 Rank pte. Surname Anderson  
 (Given name in full) Thomas  
 Unit or Corps CERP Birthplace Norway

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

I. GENERAL DESCRIPTION:

Physique good Weight 175 <sup>ad</sup> lbs. Height 5 ft. 10 in. Colour of Eyes Blue  
 Nutrition good  
 Pulse good  
 Condition of arteries good  
 Vision Rt. good Left good  
 Hearing (conversational voice) Rt. 21 ft.  
 Left 21 ft.

Identification marks, scars, or deformities.  
 (Give cause and date of origin).  
Tattoo mark "Norwegian King" R. forearm.

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 yes 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.

V.D.I. Nov 1918 France - Resolved  
Specialists Report:  
no evidence of V.D.I.  
Seaford Sgd O.T. Eastman  
10-4-194 Capt Cault  
O/C Clinic  
Ravenscroft

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

[OVER]

# EXAMINATIONS

## THIS SECTION FOR USE OVERSEAS—

Examined at Seaford.....(Overseas)

Date 11-4-19.....

Signed J. J. Howell.....M.O.  
Capt. Howell

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

Signature J. Anderson.....

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

## THIS SECTION FOR USE IN CANADA—

Examined at .....(Canada)

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 a Medical Board.)

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

LTR Rank Name ANDERSON, Thomas Reg'l No. 294526  
 Unit If in perm. Corps, }  
 What Unit? } Married or Single Single.

223rd Bn. to Manitoba Reg.  
 Place and Date of Enlistment Prince Albert, June 21st, 1916. Place of Birth Norway.

Name and Address, Next-of-Kin Aasa Hesheaag  
 Hornes St. Chresteonsond, Norway. Relationship Mother.

Assigned Pay Monthly \$ Payable to Relationship

Separation Allowance \$ Payable to Relationship

N/E. R.B. 112 11142  
 File No. CANOR  
 Category

Discharge, Date and Place Reason Character  
 H. W. & V., Ltd.—9546-16.

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.				
					ARRIVED IN ENGLAND 14 5 17 S/S JUSTICIAL
15 5 17	11th Res	Taken on Strength	Shorncliffe	15.5.17	Pt. II 112
5-9-17		Proc'd Opens to 107th Bn	"	5-9-17	208 (107th Bn 78) 12-9-17
		Now Known as 107th Pioneer Canadian Eng.		MAR 10 1918	
2-7-18	3rd B. C. E.	T.O.S. from 107th Pwr.	Field Str.	30-5-18	D.O.I. 407th Pwr. 66/278
6-1-19		S.C. 1st C 298		29-12-18	Do. 1st C 298 10/10/19
10-7-19	6th P.D.	On Com 3668	Secord	1-1-19	Do 10
15-1-19		Comd of 3668		14-1-19	Do 15
19-4-19	1st P.D. CW	1st P.D. 2nd C.	Phyl	17-4-19	Do 25 + 6th P.D. 109/1979
			52-M	7-5-19	

A.F.B. 33 CHECKED  
 1 SEP 1917

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.				
9-5-19	MD70CW.	SOS. to Canada	Rhyl Spr	7-5-19	DD. 123.

(A) Report		(B) Authority of Part II. of Orders	(C) Record of promotions, appointments, reductions, casualties, transfers, postings, &c. All acting as well as substantive promotions to be shown, for method of entry of which see A.C.I. 1816 of 1917. Corps and unit to which transferred and posted to be invariably named.	(D) Place of casualty	(E) Date of promotion, reduction, casualty, &c.	(F) Remarks, and initials and rank of an officer
Date.	From whom received					

18/4/19 20 S

C.C.C Kinmel Park for  
return to Canada. Part II Orders  
No. 105. 20 S

7/5/19

C.C.C. Kinmel Park on embark-  
ing for Canada, Part II Order  
No. 127

20 S W.D. Bousfield Lt  
Commanding 10 Wing,  
Kinmel Park Camp.

SAI 10 11  
SS CRDUNA FRU  
L POOL 7. 5. 19

*Stuart de Hollander*

Capt.  
Adj. No. 14 C.T.C.S.

7.5.19 T.O.S. Dispersal Station 20 141 Par 2  
M

and Dispersed 19.5.19 do .. 3

*Russell* Lieut.  
for O. C. 10 District Depot.

Nothing to be written in this margin.

# SERVICE AND CASUALTY FORM (Part I).

Army Form B, 103—I,  
Part I.

(1)*Substantive rank *Acting rank *[To be entered in pencil to facilitate alteration.] (4) Surname (5) Christian Names (6) Army Form, number of, Attestation } Form or Record of Service paper } (7) Whether of British or of Alien origin [ <i>vide</i> A.C.I. 578 of 1918] (8) Date of birth as stated on enlistment (9) (a)	(2) Regiment or Corps	(3) Regtl. No.
--	-----------------------	----------------

(10) Enlistment (b)	(11) Engagement (c)
(12) Service reckons from (date)	(13) Special conditions (if any) of enlistment (d)
(14) Any subsequent variations (if any) } of conditions of service }	Initials and Rank of an Officer.

(15) Category	Date	Medical Authority	Initials and Rank of an Officer	(16) (Record of Occupation in Civil life ( <i>vide</i> Army Order 93 of 1917))
				Industrial Group No. Trade or Calling Married or Single Particulars of Trade Test  Occupation Cards despatched on (date) Second Occupation Card despatched on (date)

(17) Next of Kin (18) Demobilizer (f) (19) Pivotal-man (f) (20) Qualifications (g)	(Place) (Date) or (21) Corps trade and rate	(Signature of Posting Officer)
(22) Extended {		(23) Re-engaged {
(24) Miscellaneous entries:—		

**NOTES.**—[a] Here enter particulars of any subsequent claim as to actual age after verification by birth certificate [*vide* A.C.I. 470 of 1918. [b] Whether direct or voluntary enlistment or called up under the Military Service Acts. [c] Whether for specified term of years or for duration of the war. [d] Whether "for Home Service only," or "not to be transferred without the soldier's consent, &c. [e] If to be retained on Home Service, period, if specified, to be stated, also authority, and on what grounds. [f] Required for demobilization purposes. [g] Signaller, Shoing-smith, &c.

**Army Form B. 103 (II.) to be gummed on here if required.**

**Nothing to be written in this margin.**

W1889—PP 1150 1M 5/18 G W.P.Co (3490)



(A) Report		(B)	(C)	(D)	(E)	(F)
Date.	From whom received	Authority of Part II. of Orders	Record of promotions, appointments, reductions, casualties, transfers, postings, &c. All acting as well as substantive promotions to be shown, for method of entry of which see A.C.I. 1816 of 1917. Corps and unit to which transferred and posted to be invariably named.	Place of casualty	Date of promotion, reduction, reversion, casualty, &c.	Remarks, and initials and rank of an officer

			<i>Cur England</i>		<i>14/5/17</i>	
<i>15/5/17</i>	<i>11<sup>th</sup> Res Bn</i>	<i>pII 112</i>	<i>J.O.S from Canada</i>	<i>S'cliffe</i>	<i>15/5/17</i>	
<i>5/9/17</i>	"	<i>208</i>	<i>S.O.S to 107<sup>th</sup> Bn</i>	"	<i>5/9/17</i>	
<i>12/9/17</i>	<i>107<sup>th</sup> Bn</i>	<i>78</i>	<i>J.O.S</i>	<i>Field</i>	"	
		<i>104<sup>th</sup> Bn</i>	<i>now known as 107<sup>th</sup> Bn</i>	<i>previous</i>	<i>CE 19/3/18</i>	
<i>2/7/18</i>	"	<i>pII 66</i>	<i>S.O.S to 3<sup>rd</sup> Bn</i>	<i>CE</i>	<i>Field</i>	<i>20/5/18</i>
<i>2/7/18</i>	<i>3<sup>rd</sup> CE</i>	<i>1</i>	<i>J.O.S</i>	"	<i>20/5/18</i>	
<i>29/10/18</i>	"	<i>C.I.A 364</i>	<i>No 4 C.F. Amb.</i>	"	<i>29/10/18</i>	<i>U.D.Ca.</i>
<i>2/11/18</i>	"	<i>A 368</i>	<i>No 7 Can Special Hosp Carriers</i>	"	<i>2/11/18</i>	"
<i>5/12/18</i>	"	<i>A 398</i>	<i>Dischd. Hosp.</i>	"	<i>5/12/18</i>	"
<i>6/1/19</i>	"	<i>pII 1</i>	<i>S.O.S to CERD</i>	"	<i>29/12/18</i>	
<i>10/1/19</i>	<i>CERD</i>	<i>10</i>	<i>J.O.S</i>	<i>Seaford</i>	<i>29/12/18</i>	

*L. R. Lamb* LIEUT.

FOR LT. COL. VC RECORDS, C.O.M.F.

*15/1/19. C.E.R.D. release to be attached to 3rd C.E.R.D. and is detailed to Depot Coy,*

*Seaford 14/1/19*

*pII D.O. 18*

*17 APR 1919*

*S. to Kinsel Park, Seaford*

*Pt. 11. D.O. 10*

*1. M.D. 40. Wing*

*L. H. Dwyer*

*for Officer Commanding*

Nothing to be written in this margin.

Army Form B. 103 (II.) to be gummed on here if required.

Nothing to be written in this margin.

W1889-PP1150 1M 5/18 G.W.P.Co (34/10)

*Temporary AFB 103*

# SERVICE AND CASUALTY FORM (Part I).

Army Form B. 103-1, Part I.

(1)*Substantive rank *Acting rank [To be entered in pencil to facilitate alteration.]	(2) Regiment or Corps	(3) Regtl. No.
(4) Surname <i>Anderson</i>	<i>223rd Bn</i>	<i>294.526</i>
(5) Christian Names <i>Thomas</i>		
(6) Army Form, number of, Attestation Form or Record of Service paper		
(7) Whether of British or of Alien origin [vide A.C.I. 578 of 1918]		
(8) Date of birth as stated on enlistment <i>Feb 22<sup>nd</sup> 1888.</i>		
(9) (a)		

(10) Enlistment (b) <i>Prince Albert</i>	(11) Engagement (c) <i>D of W.</i>
(12) Service reckons from (date) <i>June 21<sup>st</sup> 1916</i>	(13) Special conditions (if any) of enlistment (d)
(14) Any subsequent variations (if any) of conditions of service	Initials and Rank of an Officer.
(Authority)	(date)

(15) Category	Date	Medical Authority	Initials and Rank of an Officer.	(16) (Record of Occupation in Civil life (vide Army Order 93 of 1917)
				Industrial Group No. Trade or Calling <i>Labourer</i> Married or Single <i>Single</i> Particulars of Trade Test  Occupation Cards despatched on (date) Second Occupation Card despatched on (date)

(17) Next of Kin	(Place)	Signature of Posting Officer
(18) Demobilizer (f)	(Date)	
(19) Pivotal-man (f)	or (21) Corps trade and rate	
(20) Qualifications (g)		
(22) Extended {	(23) Re-engaged {	
(24) Miscellaneous entries:— <i>Red. Luther.</i>		

NOTES.—[a] Here enter particulars of any subsequent claim as to actual age after verification by birth certificate [vide A.C.I. 470 of 1918. [b] Whether direct or voluntary enlistment or called up under the Military Service Acts. [c] Whether for specified term of years or for duration of the war. [d] Whether "for Home Service only," or "not to be transferred without the soldier's consent, &c. [e] If to be retained on Home Service, period, if specified, to be stated, also authority, and on what grounds. [f] Required for demobilization purposes. [g] Signaller, Shoicing-smith, &c.

# CANADIAN ARMY DENTAL CORPS, O.M.F.C. DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) ANDERSON, T.

REGIMENT C. E. R. D. RANK SPR No. 295426

Date of Examination in England 12 APR 1919 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
2. EXTRACTIONS
3. CROWNS
4. DENTURES
  - (a) Full Upper
  - (b) Part Upper
  - (c) Full Lower
  - (d) Part Lower

*Yes  
as per chart*

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.)

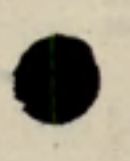
- (a) In Canada Yes
- (b) In England
- (c) In France

Signature of Dental Officer \_\_\_\_\_

*J. Stewart*

Handwritten text, possibly a date or name, oriented vertically on the left side of the page.

01



NAME

Anderson, L.

REGT. No.

294526

RANK AND UNIT

Pte

3rd L&B

NEXT OF KIN

CABLE

NATURE OF CASUALTY

No.

DATE

LIST No.

HOSPITAL

DATE OF  
ADMISSION

REMARKS

a 264

H Can fld amb 29-10-18

"20"

a 368

7 Can stat: Camiers 2-11-18

"

a 398.

Disc

5-12-18

20

No. 294526 RANK

p/te

NAME

Anderson Thomas

T. O. S. 21-6-16 UNIT

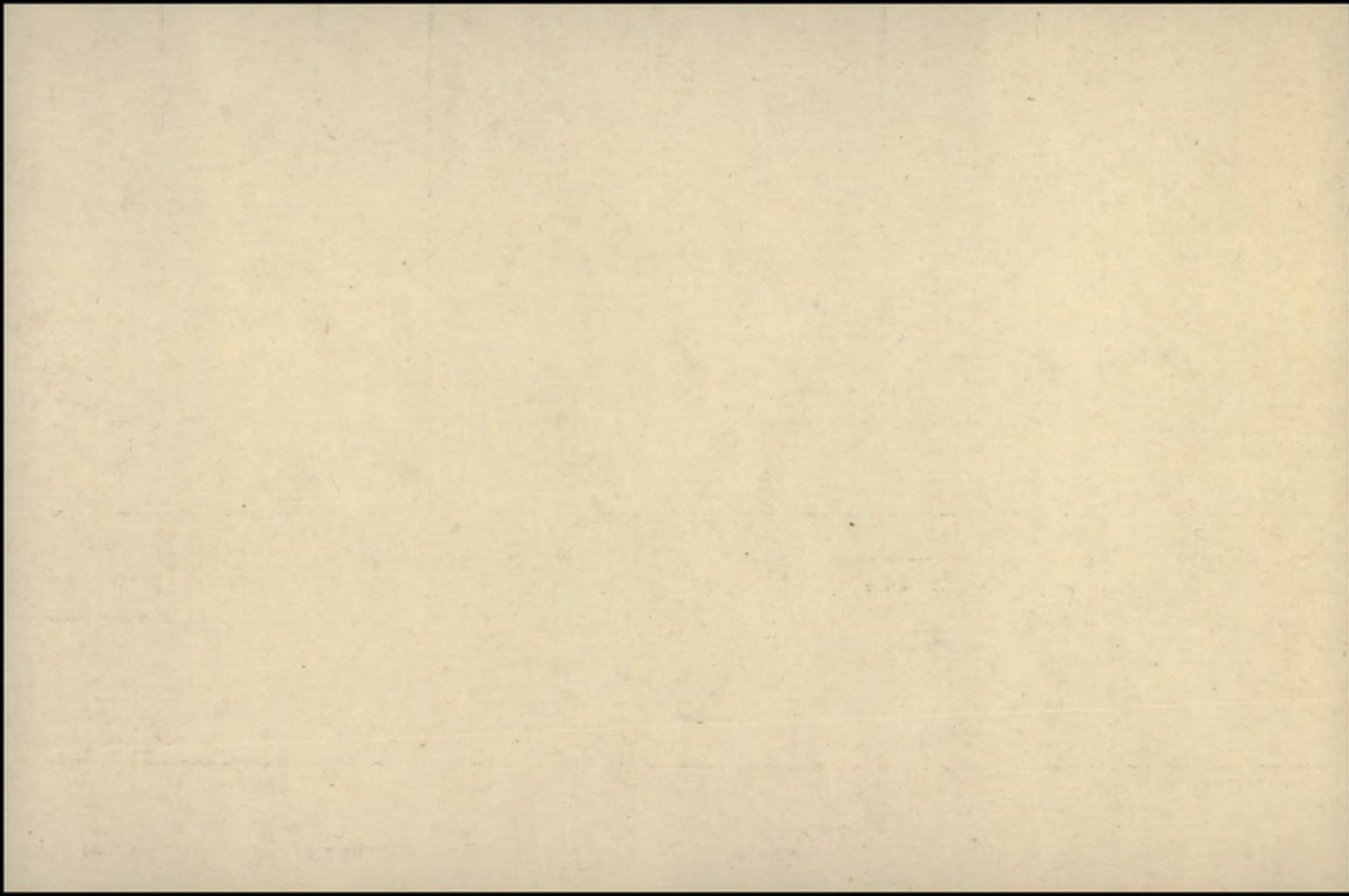
223rd Battalion

D.O. # 103-30-6-16

M. D.

10

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916	1916			
June 21	July 31	✓		
aug.		n.		
Sept.		n.		
Oct.		✓		
Nov.		✓		
Dec.		✓		
1917	1917			
Jan.		✓		
Feb.		✓		
Mar.		✓		
Apr.		✓		
May 1	May 14	W	forfeits 14 days pay for transfer to England	Oct. pay list.









A. 798

DEPARTMENT OF MILITIA AND DEFENCE.

WAR SERVICE GRATUITY.

Declaration required of Officers, Warrant Officers and Men who claim War Service Gratuity under Order-in-Council (P.C. 3165), dated 21st December, 1918.

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, if soldier discharged in Canada, this Declaration is to be returned to THE DISTRICT PAYMASTER OF THE DISTRICT IN WHICH THE SOLDIER WAS DISCHARGED, or if soldier discharged in England to be returned to Paymaster General O.M.F. of C., 7, Millbank, London, S.W.

- 1. Christian names Thomas 2. Surname Anderson
- 3. Rank Pte. 4. Original Unit 223rd Bn. 5. Reg. No. 294526
- 6. Address, in full, to which future payments of gratuity are to be forwarded  
Royal Bank of Canada, Winnipeg Man.
- 7. Date of enlistment in the C.E.F. 21st June 1916 ✓
- 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 app.
- 10. Address, in full, of such dependent not app.
- 11. Is said dependent now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? not app
- 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: /
- 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? /
- 14. Were you on active service only in Canada or the United States? If so, give particulars of unit and dates of such service /
- 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 june 1916 still serving  
223rd Bn. 11 Res, 107th Bn. 3rd CE. CERD.
- 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

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. no
20. Have you been issued with a War Service Badge? If so what class? no
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
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.I.F.? If not, give:—(a) Date of discharge *May 19<sup>th</sup> 1919* (b) Reason for discharge
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
26. Did you at any time serve at the front in an actual theatre of war? If so, give particulars of one unit in which you served at the front, and dates of such service with that unit
27. (a) Are you receiving treatment from the Department of Soldiers' Civil Re-establishment?
- (b) If so, are you in receipt of full pay and allowances from that Department?

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: *Thomas Anderson*

Place of Residence: *G.P.O. Winnipeg Man.*

Declared before me at: *Sarnford Eng.*

This *15<sup>th</sup>* day of *April* 19 *19*

Signature of Barrister of the Supreme Court Stipendiary Magistrate, Notary Public, Justice of the Peace, or Commissioner for the Administration of Oaths under P.C. 2767, dated 11th Nov., 1918.

*Thomas Anderson*  
*[Signature]*

**POST DISCHARGE PAY.**

Date paid.	Paid Soldier	Paid Dependent

War Service Gratuity

*350<sup>00</sup>*

*70<sup>00</sup>*

QUESTIONS 12, 13, 14, 20, Net amount due 24, 25, 26, 27, ARE UNANSWERED.

*280<sup>00</sup>*

Certified Correct.

District Paymaster.

*[Signature]*

A. 798

Orduna

AUDITOR *[Signature]* PAYMASTER *[Signature]*

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

M. OR S. *[Blank]* REGT. No. *Sp 294526* RANK *Spv* NAME (IN FULL) *Anderson J*

ORIGINAL UNIT C.E.F. *223* IF IN P.F. WHAT UNIT? *[Blank]* (BLOCK LETTERS SURNAME FIRST) *19*

PLACE OF ATTESTATION *Disston M* DATE *MAY 7 1919* AUTHORITY *D. U 141*

DATE OF ATTESTATION *21-6-16.* TRANSFERRED TO *[Blank]* DATE *[Blank]* AUTHORITY *[Blank]*

ASSIGNED PAY \$ *nil.* DATE EFFECTIVE *[Blank]*

PAYABLE TO *Royal Bank, Wfg* RELATIONSHIP *[Blank]* ANY CHANGE IN ASSIGNEE OR ADDRESS *[Blank]*

ADDRESS *[Blank]*

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE *[Blank]* EFFECTIVE *[Blank]*

DISCHARGED *M. D. 10* DATE *MAY 19 1919* REASON *D* AUTHORITY *D. U 141* IF ENTITLED TO POST DISCHARGE PAY *[Blank]*

*19*

BALANCE FROM PREVIOUS ACCOUNT

MONTH	PAY AND F.A.		OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS			CASH PAYMENTS			ASSIGNED PAY	REGI-MENTAL CHARGES	OTHER CHARGES	TOTAL DEBITS	BALANCE		PARTICULARS OR REMARKS	
	NO. OF DAYS	RATE			AMOUNT	COL. NO. 1	COL. NO. 2	COL. NO. 3	COL. NO. 1	COL. NO. 2					COL. NO. 3	DEBIT		CREDIT
<i>31/3/19.</i>				<i>375 40</i>											<i>375 40</i>		<i>for BAL. ENG. L.P.G. 375 40</i>	
<i>14-24/5</i>	<i>54</i>	<i>110</i>	<i>62 70</i>	<i>35 00</i>	<i>375 40</i>				<i>9 43</i>						<i>543 10</i>		<i>Prd 16-27/5/19</i> <i>Clothing Allee, 1st payment W.S.G.</i> <i>Advances - Boat - Train</i> <i>Adv. chgd. on Eng. L. P. G. 10.</i>	
				<i>40 00</i>	<i>543 10</i>				<i>9 73</i>									
									<i>4 87</i>									
									<i>5 00</i>									
									<i>513 77</i>									
<i>July 18</i>				<i>W.S.G. SA</i>					<i>War Service Gratuity</i>								<i>Soldier. Rept.</i>	
<i>153 Days at Min.</i>				<i>350 00</i>	<i>350 00</i>				<i>40 00</i>		<i>8 80</i>			<i>271 20</i>			<i>1st payment W.S.G. as above</i> <i>Pr. 8.50 off Prd</i>	
									<i>194892 70</i>					<i>201 20</i>			<i>70-2<sup>nd</sup> payment W.S.G.</i>	
									<i>July 31. 1204 123 70</i>					<i>131 20</i>			<i>70-3<sup>rd</sup> payment</i>	
									<i>Aug 20. 1217 314 70</i>					<i>61 30</i>			<i>70-4<sup>th</sup></i>	
									<i>Sept. 19. 1240 418 61</i>								<i>61<sup>st</sup> final</i>	
					<i>350 00</i>				<i>341 70</i>		<i>8 80</i>		<i>3 50</i>					
									<i>ap. Closed</i>									

AUDITED  
SEP 23 1919

\* Strike out whichever inapplicable.

ASSIGNED PAY.	ENGLAND or CANADA.	SEPARATION ALLOWANCE.	ENGLAND or CANADA.	NAME:- <i>ANDERSON. Thomas</i>					
EFFECTIVE DATE:-		EFFECTIVE DATE:-		NUMBER:- <i>294526</i>					
AMOUNT:-		AMOUNT:-		PARTICULARS OF RANK OR APPOINTMENT					
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.				AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT			
						<i>Private</i>			
EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS { UPON CLEARANCE OF VOUCHERS, ENTRIES WILL BE CANCELLED BY INSERTION OF DATE CHARGED IN RED INK				UNIT AND TRANSFERS					
				ORIGINAL UNIT:- <i>223<sup>rd</sup> Coy P.M.</i>					
				DATE ACCOUNT FIRST OPENED:- <i>10 5 '17</i>					
				AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'S'D	UNIT TRANSFERRED TO		
				DAILY RATES OF PAY AND ALLOWANCES					
				AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE	
DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT		
<i>4/3/19</i>	<i>4957</i>	<i>See fl 2-0-0</i>	<i>973</i>						
<i>16/3/14</i>	<i>10602</i>	<i>✓ ✓ 2-0-0</i>	<i>973</i>						
						<i>Let Bae</i>	<i>39486</i>	<i>ex</i>	
						<i>Let 6 ✓</i>	<i>37540</i>	<i>ex.</i>	

*K 5362 2/19*  
*76*  
*CRWD - Bedford*  
*M.D. 12.*

PARTICULARS OF RENDERING NON-EFFECTIVE: *Disch'd from 31/5/19 NR 5362 CRWD 22/5/14 Lett. M.D. 12*

MONTH 1918	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
<i>Mch</i>	<i>Bal fwd</i>								<i>230 24</i>	<i>105</i>	
<i>Apr</i>	<i>PP</i>	<i>33</i>		<i>AR. 31 107 P.M. 6 4 18.</i>	<i>3 57</i>				<i>255 24</i>	<i>180</i>	
				<i>- 88 - 30 4 18.</i>	<i>4 40</i>						
		<i>33</i>			<i>5 03</i>						
<i>May</i>	<i>PP</i>	<i>34 10</i>		<i>154 107 BN 8 5 18</i>	<i>4 46</i>				<i>281 31</i>		
				<i>213 " 17 5 18</i>	<i>3 57</i>						
		<i>34 10</i>			<i>8 03</i>						
<i>June</i>	<i>PP</i>	<i>33</i>		<i>AR. 3. 578. 3<sup>rd</sup> Coy P.M.</i>	<i>4 46</i>						
				<i>- 46 14 78</i>	<i>3 57</i>						
				<i>- 60 29 78</i>	<i>4 46</i>						
									<i>3 01 82</i>		
<i>JUL</i>		<i>33</i>			<i>12 49</i>				<i>332 35</i>		
		<i>34 10</i>		<i>- 154 11 78</i>	<i>3 57</i>						
		<i>34 10</i>		<i>AR. 247 3<sup>rd</sup> COBN 3/5/18</i>	<i>3 57</i>						
<i>Aug</i>				<i>" 225 " " 22/8/18</i>	<i>3 57</i>				<i>359 31</i>		
		<i>34 10</i>		<i>" 383 " " 4/9/18</i>	<i>7 14</i>						
<i>Sept.</i>		<i>33</i>		<i>" 445 " " 16/9/18</i>	<i>3 57</i>				<i>385 17</i>		
				<i>" 678 2<sup>nd</sup> " " 2/10/18</i>	<i>7 14</i>						
<i>Oct.</i>		<i>34 10</i>		<i>F.C.O. 945 3<sup>rd</sup> COBN. 9/10/18</i>	<i>97 33</i>						
				<i>CP. 46973 London. 12/10/18</i>	<i>24 33</i>						
				<i>CP. 52754 " 24/11/18</i>	<i>14 60</i>						
				<i>548 3<sup>rd</sup> COBN. 9/10/18</i>	<i>3 73</i>						
		<i>34 10</i>		<i>5841 Gen. Pace Det. 7/12/18</i>	<i>123 72</i>				<i>275 55 270</i>		
<i>NOV</i>		<i>33</i>		<i>V.D.S. Stollages 30/10/18 to 5/12/18 - 4 26</i>							
		<i>34 10</i>		<i>37 Days @ 604. DO. 59 13/2/18 3<sup>rd</sup> COBN.</i>				<i>22 20</i>			
<i>DEC.</i>											
<i>JAN</i>		<i>34 10</i>									
<i>FEB</i>		<i>101 20</i>		<i>DO. 165 11<sup>th</sup> Res. Bn 17/17 reads</i>	<i>4 66</i>			<i>22 20</i>			
		<i>30 80</i>		<i>" 2nd. 5 Days F.P. Extract from 2nd 18 11/18 to 2/19</i>					<i>5 50</i>		
				<i>656 2nd. Inf. B.D. 24/12/18</i>	<i>4 66</i>						
				<i>104 3<sup>rd</sup> COBN. 9/10/18</i>	<i>2 43</i>						
									<i>707 5 50</i>		
									<i>347 89</i>		

COMPILED BY *Leballe*  
CHECKED BY *pk*

*Res. Bn. 3080*

NUMBER 294526 RANK 9<sup>th</sup>

NAME ANDERSON T.

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
	Oct. Ford	30.80			7.09	5.50			349.89		
Feb				2491 Reg Report Group 21/1/19	4.87						
				3317 - 12/2/19	4.87						
				3502 - 25/2/19	9.73						
MAR		34.10		4101 CARD. 11-3-19	4.87						
	Int-2 Def Pay	17.00		4757 - 21/3/19	9.73				385.13		
		81.90			41.16	5.50			355.94		
Apr.				10602 3 <sup>rd</sup> CCD. 27/3/19	9.73						
				1858 Annual. 21/4/19	9.73						
				3068 - 5/5/19	9.73				355.94		
					29.19						

S.O.S. Canada 7/5/19 31.52 CARD

P. 559  
MARRIED OR SINGLE

PLACE OF BIRTH

NAME AND ADDRESS OF NEXT OF KIN *Mrs Asa Westgaard*

*Homes, Christiansund, Norway*

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

ADMISSIONS TO HOSPITAL, &c.

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

REG'L NO. *294526* RANK *Private* NAME *Anderson, Thomas*  
 IF IN PERMT. CORPS WHAT UNIT UNIT *223rd Bn* TRANSFERRED TO *107 Bn.* DATE *1.11.17* AUTHORITY *N.R.*  
 PERMANENT FORCE ALLOWANCES TRANSFERRED TO DATE AUTHORITY  
 PLACE OF ATTESTATION *Prince Albert, Sask, Can* TRANSFERRED TO DATE AUTHORITY  
 DATE OF ATTESTATION *21st June 1916* TRANSFERRED TO DATE AUTHORITY  
 ASSIGNED PAY MONTHLY \$ *nil* DATE EFFECTIVE  
 PAYABLE TO RELATIONSHIP  
 ASSIGNED PAY MONTHLY \$ DATE EFFECTIVE  
 PAYABLE TO RELATIONSHIP  
 STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) EFFECTIVE REASON  
 DISCHARGE DATE AND PLACE REASON AND AUTHORITY  
 ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)  
 ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

DATE	PAY				FIELD ALLOWANCE				WORKING OR SPECIAL PAY				ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS				CASH PAYMENTS				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS							
	No. OF DAYS	RATE	AMOUNT		No. OF DAYS	RATE	AMOUNT		No. OF DAYS	RATE	AMOUNT					1	2	3	4	1	2	3	4				CREDIT	DEBIT										
			\$	C.			\$	C.			\$	C.																				No.	DATE	No.	DATE	No.	DATE	No.
<i>15/5/17</i>	<i>Balance from Canada</i>												<i>27 40</i>		<i>27 40</i>																							
<i>16/5/17</i>																																						
<i>30/6/17</i>	<i>H6</i>	<i>1 00</i>	<i>50</i>	<i>60</i>																																		
<i>July 31</i>	<i>1 00</i>	<i>34</i>	<i>10</i>																																			
<i>Aug 31</i>	<i>1 00</i>	<i>34</i>	<i>10</i>																																			
<i>Sept. 30</i>			<i>33</i>																																			
			<i>151 80</i>										<i>32 90</i>	<i>18 47 0</i>																								

*REMARKS:*  
 A.M.T. 16/6/17. Awarded 1 day P.P. for 1 day pay 1387. 149. 18. 21/6/17.  
 24005. 1387. 88. 20. 17/6/17.  
 80. 159. 19/6/17. 1 day pay 1387. 149. 18. 21/6/17.  
 130. 160. 16/6/17. 1 day pay 1387. 149. 18. 21/6/17.

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DR. 5	SEP. 11/12	SEP. 11/12
<i>1917</i>												
	<i>Balance forward</i>	<i>99 66</i>							<i>99 66</i>	<i>67 50</i>		
<i>Oct.</i>	<i>Pay 31 days P.P.</i>	<i>3 70</i>		<i>AR 2897 107 Bn.</i>	<i>4 16</i>					<i>82 50</i>		
<i>Nov.</i>	<i>P.P.</i>	<i>33</i>							<i>179 30</i>			
<i>Dec.</i>		<i>34 10</i>		<i>AR 1111 Bn 15-9-17</i>	<i>1 16</i>							
				<i>AR 1008 107 Bn 15-10-17</i>	<i>3 57</i>							
				<i>AR 2161 Distreg 1.11.17</i>	<i>8 03</i>				<i>180 31</i>	<i>120</i>		
		<i>104. 10.</i>										
		<i>33</i>			<i>16. 06</i>							





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. Triplicate Attestation Paper (M.F.W. 23), or Particulars of Recruit (M.F.W. 133).
2. Casualty Form (A.F.B. 103).
3. Medical History Sheet (M.F.B. 313 or A.F.B. 178).
4. Proceedings of Med. Board (M.F.B. 227 or M.F.W. 129).
5. Dental Certificate (C.A.D.C. 5009a).
6. Field Conduct Sheet (A.F.B. 122)
7. Proceedings on Discharge (M.F.B. 218a)
8. Discharge Certificate (M.F.W. 39) (Enclosed in special envelope (260M)).
9. Copy of Discharge Certificate (M.F.W. 39a).
10. Dispersal Certificate (C.D. 3).
11. Equipment Statement Q.M.G. Form (D.O.S. 2) and Clothing.
12. Last Pay Certificate (P. 851).
13. Pay Book (A.B. 64).
14. War Service Gratuity Form (M.F.W. 2595).
15. Sundry Documents.

Group A  
 Checked by No. 26  
S.M.M.  
 Date 6-5-19

M.  
 SHORT FORM.

PROCEEDINGS ON DISCHARGE.

(Demobilization)

Group. 1.

1. No.	294526	SAIING	
2. Rank.	Spr.	SS CRDUNA FROM L'POOL 7, 5, 19	
3. Name.	Anderson. T.		
4. Unit.	CRA.	223rd. Bn.	
5. Date of Discharge	19.5.19	Place	Winnipeg.
6. Reason for Discharge	Demob.	War Service D.C. A. Mother CLASS "A" No. 186512	
7. Authority.	DO 141		
8. Proposed Residence after Discharge	Winnipeg.		
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. ? .....  T. Anderson Signature of Soldier.		
10.	CONFIRMATION. The discharge of the above named man is hereby confirmed. Place ..... Date ..... Signature <u>R. Anderson</u> (O. C. Discharging Unit.)		

S.A.B. comp  
 24/7/19m.