REGIMENTAL DOCUMENTS

a.g. 7-7-19

NAME ANDERSON THORTHUR OLAFSON REGT. NO 294 154 UNIT 18th Res. H. Q. FILE NO. 9530

H

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1	R 149					3
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	1 OF 91237					
2	1-1237					
1	[illegible]					

W. 2589
100M-11-18
1772-[illegible]

223rd CEF

ORIGINAL ~~DUPLICATE~~

ATTESTATION PAPER.

No. 294154

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?	Thorthur Olafson.
1b. What is your present address?	Geysir, Man.
2. In what Town, Township or Parish, and in what Country were you born?	Mjofjord, Iceland.
3. What is the name of your next-of kin?	Olafur Anderson.
4. What is the address of your next-of-kin?	Geysir, Man.
4a. What is the relationship of your next-of-kin?	Father.
5. What is the date of your birth?	31st. August, 1891.
6. What is your Trade or Calling?	Laborer.
7. Are you married?	no
8. Are you willing to be vaccinated or re-vaccinated and inoculated?	yes
9. Do you now belong to the Active Militia?	no
10. Have you ever served in any Military Force? If so, state particulars of former Service.	no
11. Do you understand the nature and terms of your engagement?	yes
12. Are you willing to be attested to serve in the Canadian Over-Seas Expeditionary Force?	yes

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Thorthur Olafson 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.

Th O Anderson (Signature of Recruit)

Date April 6th, 1916. 191 J. J. Thorson (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Thorthur Olafson 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.

Th O Anderson (Signature of Recruit)

Date April 6th. 1916. 191 J. J. Thorson (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 Winnipeg, Man. this 6th day of April, 1916. 191 .

(Signature of Justice)

M. F. W. 23.
600M.—2-16.
H. Q. 1772-39-841.

Description of Arthur Clifton Anderson. on Enlistment.

Apparent Age 23 years ..... months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height ..... 5 ft. 11 ins.

Chest measurement. Girth when fully expanded ..... 37½ ins.

Range of expansion .... 2 ins.

Complexion ..... Dark .....

Eyes ..... Gray .....

Hair ..... Black. .....

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

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).

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 April 6th. 1916. 191 . .....

Place Winnipeg, Man. ..... W. Watson .....
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.

.....Thorthur C. 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 of Officer)

Date April 6th. 1916. 191 .

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

THIS IS TO CERTIFY that No. 2 9 4 1 5 4 (Rank) Pte

Name (in full) Anderson Thorsdur D enlisted in

the 223rd Bn

CANADIAN EXPEDITIONARY FORCE at Winnipeg on the 6th

day of April 1916

HE served in England (18th Res)

and is now discharged from the service by reason of ~~Medical Unfitness.~~ Demobilization. Demobilization R.O. 1424, 4

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

Age 28 yrs	Marks or Scars Nil
Height 5 - 11	
Complexion Dark	
Eyes Grey	
Hair Black	

T Anderson
Signature of Soldier

W Bond
Issuing Officer

Date of Discharge

Dispersal Station "M" MAY 30 1919 Military District No. 10

Capt
Rank

Date 30/5/19

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.B. 39A.
1049-D.P.-300M-11-18.
H.Q. 1772-39-882.

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.

a645

P. 880.

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 Thordur Olafur 2. Surname Anderson

3. Rank Pte 4. Original Unit 223rd Bn 5. Reg. No. 29415-4

6. Address, in full, to which future payments of gratuity are to be forwarded Dominion Bank Winnipeg Man

7. Date of enlistment in the C.E.F. April 6 1916

8. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge none

9. Relationship of such dependent not applicable

10. Address, in full, of such dependent not applicable

11. Is said dependent now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? not applicable

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 3 years 1 month

In Canada 1 year with 223rd Bn

In England 2 years 1 month with 11 Res 18 Res

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

5484. Wt. /30P. 250,000(8). 2/19. S.O.,F.Rd

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?~~

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

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

23. (a) Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England? no

(b) If so, was such reversion in consequence of misconduct or inefficiency? not applicable

24. Are you now serving in the C.E.F.? ..... If not, give:—(a) Date of discharge 30/5/19 (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: J O Anderson

Place of Residence: Geyser P.O. Man

Declared before me at: Seaford Sussex

This 14 day of April 1919

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. W. D. Lyle

Lieut. Colonel,
Commanding 12th. Canadian Res. Bn.

Questions 12, 13, 19
20, 24, 25, 26, 27.
unanswered

POST DISCHARGE PAY.

Date paid.	Paid Soldier	Paid Dependent	War Service Gratuity	Net amount due
			420 00	350 00
			70 00	Pte.

Certified Correct.

District Paymaster

FORM OF WILL.

I, Thordur O. Anderson. (Name in full)

Regimental Number 294154 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

Father Olver Anderson
Gysser G. P. O Olvei.
Homestead. Manitoba

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

absolutely, and my personal estate I bequeath to

Father
Thordur O Anderson Jan 25

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 25th day of January A. D. 191 7.

Thordur O 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.

THE TWO WITNESSES MUST SIGN HERE

Signature of First Witness A J Beckman
Address of Witness Pine View Man
Occupation of Witness Farmer
Signature of Second Witness Saml Carran
Address of Witness 755 Lipton St Winnipeg
Occupation of Witness Temp Bapower

M. F. W. 82
300M-5-16.
1772-39-983.

294154 / 111

223rd Overseas Battalion C.E.F.

2941

MEDICAL HISTORY SHEET.

Surname Anderson Christian Name Rostfur Olafson

Examined { on 6th day of April 1916
at Winnipeg Man.

Birthplace { City or Town Gaysir
~~County~~ Iceland

Apparent age 25

Trade or occupation Labourer

Height 5 Feet 11 Inches.

Weight 155 Lbs.

Chest measurement { Minimum 37½ inches.
Maximum expansion 39½ inches.

Physical development Good

Small-Pox Marks None.

Vaccination Marks { Arm Right. Left.
Number 0 0

When Vaccinated last Childhood

(a) Marks indicating congenital peculiarities or previous disease —

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

Approved by

B.K. Olson

Rank Capt A.M.C. M.O.

Date.	Fit or Unfit.	Examined for Re-engagement.	
1 NOV 1916	D1	J.W. Connelly	M.O.
			M.O.
24/2/18	D1	K. Thompson	M.O.
			M.O.
			M.O.
			M.O.
			M.O.
			M.O.

Date.	Result.	Vaccinations.	
19/12/16	+	J. I. Brant	M.O.
19/4/17		Jamaecinf.	M.O.
			M.O.

Date.	Result.	Anti-Typhoid Inoculations, Etc.	
20/11/16		T.A.B.	
~~Nov 27~~	O.K.	J. I. Brant	M.O.
~~27/11/16~~			
~~June 1~~	O.K.	J. I. Brant	M.O.
5/12/16	O.K.	J. I. Brant	M.O.
29-5-18 O.K.		W.B. Brown	M.O.

Enlisted on 6th day of April 1916 at Winnipeg. Man.

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	223rd. Overseas Battalion, C.E.F.	294154		
Transferred to				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.
3rd D.D.O. Seaford	14-11-16	Fit for light duty A III	R.B. Kennedy for Major Commg.
3rd D.D.O. Seaford	31-1-19	Subject to V.D.S.	Hospital Depot A.D.C. Stewart Capt. Major
Seaford	22/4/19.		

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

M. F. B. 313.
400M.—1-16.
H. Q. 1772-39-430.

E.

Surname Anderson Christian Name Thorsten Olafson

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital. Day	Month	Year	Discharge from Hospital. Day	Month	Year	DISEASE. VDG VDS VDSC	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.
Winnipeg, Man		7	July	16	8	Aug	16	Gonorrhea	32	rather severe - Medical treatment	B H Olson Capt. A.M.C.
CANADIAN HOSPITAL, ETCHINGHILL, LYMINGE.		23	6	17	13	9	17	Gonorrhoea	82	Discharged to Unit	D C Munn Capt. C.A.M.C.
CANADIAN HOSPITAL, ETCHINGHILL, LYMINGE.		17	9	17	3	10	18	Gonorrhoea & Syphilis	382	Full course 606 & Hg - Discharged to unit. Wass. negative. Admitted with a Relapse Smear pos. Prostatitis. Treated with irrigations - Vaccines, Colloidal Manganese & Massages & P Dils. Developed Vesiculitis & treated with Massages & P Dils. Developed Cettritis & treated with Ant Dils & Sds. Developed Cystitis & treated with Boric & Agno3. Other complications - Multiple Pappillomata. Operations:- Warts at Meatus snipped, Circumcision - result good. Disch'gd Dry - Epith shds in 1st Urine. Vesicles Prostate & Cowpers negative. Smear negative after provocative Vaccine.	A Sterling Capt

J. C. Mignault Lt. C.A.M.C. for G H J Pearson Capt. C.A.M.C.

1-11-18 [illegible] K Thompson Capt.

Forms
I. 1237
11

Army Form I. 1237.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
a.2657	294154	Pte	Anderson	W H
Year	Unit.		Age.	Service.
1918	11th Law Reserve Bn		26	15/12

Station and Date.

Disease Gonorrhoea

CANADIAN HOSPITAL
ETCHINGHILL, LYMINGE.

3.10-18 This man has been dry since Aug 30th He shreds in his urine, at times. Show pus and at times do not. On account of his long stay in Hospital & considerable treatment and of the presence of Polypi in his urethra it is thought that this condition of desquamation will persist for a considerable longer period. As far as can be told he ~~will~~ is non-infective. On account of his previous cystitis and the fact that his T.B. fixation Test is Positive + + I would advise his transfer to a Convalescent Hospital.

J. R. Macnaught
Lt C.A.M.C
for G H Y Pearson
Capt. C.A.M.C.
O/C of E.F. cases

Princess Patricia Canadian Red Cross Hospital,
Cowden Camp, Bexhill.
OCT 1918

21/10/18 Lt, consultant

4-11-18 Invalided fit for B. duty No disability

G Monro Kerr

*The first and last entries will be signed, and transfers from one Medical O[illegible] attested b[illegible]

(5) Wt.W 4234—M 627. 1,000,000. 8/16. C.F.& S. Forms/I. 1237/11.

Station and Date.

TABLE II.—Only for Admissions to Hospital or to the Sick List in case of Warrant Officers treated in quarters.

PRINCESS PATRICIA CANADIAN RED CROSS

Name of Hospital	Admitted to Hospital: Day	Month	Year	Discharged from Hospital: Day	Month	Year	Disease	Number of days in Hospital	Remarks bearing on the cause, nature, or treatment of the case, likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet	Signature of Medical Officer
Bexhill	4	10	18	1	11	18	V.D.9	29	Disc fit for duty D1	[illegible]
	3	12	18	23	12	18	V.D.H	21	Pain in chest, cough & slight headache. Chest - one or two rales at both bases. Lor transfer.	[illegible]
M. C. H. Epsom	23	12	18	7 JAN 1919			Influenza (Conv)	36	No disability - Fit for D1	[illegible] Capt. Camc

CAPT. R. [illegible] FOR OFFICER COMMANDING 2nd WESTERN GENERAL HOSPITAL

2nd original

Army Form B. 178.

To be used (*a*) for recruits enlisting direct into the Regular Army, and (*b*) for men of the Territorial Force when they are admitted to Hospital. Army Form B. 178[A] to be used for Special Reserve recruits and Special Reservists enlisting into the Regular Army.

MEDICAL HISTORY OF

Surname Anderson. *Christian Name* G. O.

TABLE I.—General Table.

Birthplace { Parish ..... / County .....

Examined { on.....day of.....191.. / at .....

Declared Age.. .....years.....days

Trade or Occupation .....

Height.....feet .....inches

Weight.....lbs.

Chest Measurement { Girth when fully Expanded ..... inches / Range of Expansion .....inches

Physical Development.....

Vaccination Marks { Arm..... RIGHT. | LEFT. / Number..... | .....

When Vaccinated.....

Vision { R.E.—V= ..... / L.E.—V= .....

(*a*) Marks indicating congenital peculiarities or previous disease—

.....

.....

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

.....

.....

Approved by .....

Rank .....

Medical Officer.

Enlisted { at Winnipeg / on 6th day of April 1916

	Corps.	Regtl. No.
Joined on enlistment	223rd O/S. Bn.	294154
Transferred to	.....	.....
	.....	.....
	.....	.....

Became non-effective by .....

.....

on.....day of.....191...

(*Signature*) .....

(*Rank*) .....

TABLE III.—Boards; Courts of Enquiry, Vaccination, Inoculations, etc.; Examinations for Field or Foreign Service, Extension, Re-engagement, or Prolongation of Service; Issue of Surgical Appliances; Particulars of Dental Treatment, etc.

Date.	Brief Details and Signature.
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TABLE IV.—Service Table.

Station or Troopship.	Date of arrival or embarkation.	Date of departure or disembarkation.
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Wt. 11425/M 1166.—300m.—1/17.—H. & Sp. (9811)

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.
Year	29415H	Sgt	Anderson.	T. O.

Unit.	Age.	Service.
11th Res.	27.	

Station and Date.

Disease Influenza (Cens)

McHosp Epsom 24-12-18

No disability Fit for D1.
29/8-/18 TAB 2.

T Thompson
Capt. RAMC

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

(6365) W2944/P438 2,950,000 1/18 McA & W Ltd Forms/I. 1237/13 (E 2349)

[P.T.O.

Medical Officer: On pass from Seaford approx 4/12/18

Whether U.K. or Expeditionary Force: Has never been

(If latter, state which).

Forms I. 1237 12

Army Form I. 1237.

Ward: Carter

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
UKHC	294154	Pte	Anderson	Thos.

Year	Unit.	Age.	Service.
1918	11 Canadians D Co.	27	1 1/12.

Station and Date.	Disease / Date of Onset	Temp
3. 12. 18	Influenza	Temp 103.6

ADMIT to Salford Royal

Admitted to Salford Royal Hospital 3/12/18. J Jamieson Capt RAMC.

C/o for past 2 days. Pains in chest, cough + slight headache

Exam. Chest — one or two rales at both bases.

R. Mist Expect 3 P. q.h.

Aspirin gr X.

Transfer Class.

16/12/18	Ho Pneumon.
16-12-18	~~Back Roll for Depot~~
	Dr for Canadian Base. N
23. 12-18	Trans to Woodcote Park Epsom

Next of kin: Father Gyesco. Manitoba.

Antitetanus Inocn.	
Units.	Date.

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

2944/P138 2,950,000 1/18 McA & W Ltd Forms/I. 1237/13 (E 2349)

[P.T.O.

Station
and Date.

(9) Is your Father alive? Yes

If so, state name and address Olaf A. Anderson Geysir, Man,

(10) Is your Mother alive? Yes

If so, state name and address Solrunn Anderson

same as above

(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.

Parents.

(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 ($1.000)

If so, in what Company? Sun Life.

Have you made arrangements for payment of your Insurance premium No.

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

J. W. Burgess Capt
Officer Commanding.
for Provost Corps

Date 10/1/17

ORIGINAL

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 223rd Overseas Batt.

(2) Regimental Number 294154

(3) Full Name of Soldier Andersen Thorður Olafsen

(4) Place of Birth Mjofjord, Iceland

(5) Are you married, or not ? No.

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

(b) Present Postal Address ~~Geysir Man.~~

(7) Are you a widower ? ✓

(8) Have you any children ? ✓

If so, give number of boys and girls ✓

Also their names and ages ✓

M. F. W. 67
200M.—2-16
1772-39-954

(SEE OTHER SIDE.)

ASSIGNED PAY. 6.4.16 ASSIGNED PAY.

L. [illegible]ob 4503.—M. & D. 6832.

MILITIA AND DEFENCE

M. F. W. 11.
50m.—6-16.
H. Q. 1774-39-813.

SEPARATION ALLOWANCE

Name Arnason, Olafur

Address Geysir
Man

Relation to Soldier wife, child or mother } $15.00 MAY 1 1917 May 1917

Name of Soldier Anderson. Th. O.

Regtl. No. 294154

Rank Pte.

Corps 223rd Battr.

To what Corps belonging when called out }

PAYMENTS

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

Form R 122.
2353—100M—9-1-16

LTR Rank Name ANDERSON, Thorthur Olafson Reg'l No. 294154

Unit 223rd Bn. to Manitoba Reg. If in perm. Corps, What Unit? Married or Single Single.

Place and Date of Enlistment Winnipeg, Man, April 6th, 1916. Place of Birth Mjofjord, Iceland.

Name and Address, Next-of-Kin Olafur Anderson

Geysir, Manitoba. Relationship Father.

Assigned Pay Monthly $ Payable to

Relationship

Separation Allowance $ Payable to

Relationship

Discharge, Date and Place Reason Character

N/E. R.B. No 22296
File R.L.
Categ. C. R. Can

H. W. & V., Ld.—9546-16.

Report. Date.	Report. From whom received.	Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS Taken from Official Documents.
		ARRIVED IN ENGLAND 14 5 17 S/S JUSTICIA			
15 5 17	11th Res	Taken on Strength	Shorncliffe	15.5.17	Pt. II 112
28.6.17	"	Can: Hosp: Etchingtill.	Lyminge	24.6.17	C.L. 94. 1 P.P.
19.9.17.	"	Dist'd do.	do.	14.9.17	" C.15. "
20.9.17.	"	C.M. Hosp: Etchingtill	Lyminge	18.9.17	" C.16. "
2-11-18	11th Res	SOS to MRD	Pte Seaford	1-11-18	Pt II O 259. MRD Pt II O. 308 d/4-11-18
4-11-18	MRD	on Com 3rd CCD.	Pte —	1-11-18	Pt II O. 308. 3 CCD Pt II O. 260 d/4 11/18
18-11-18	11th Res	TOS. from MRD. rptd from 3 CCD	Pte —	17-11-18	Pt II O. 272 3 CCD Pt II O. 271 d/16-11-18 M R D 324. 20 11 18
4-1-19	—	Having been declared illegally absent without leave. by a Court of Enquiry is SOS. as a deserter. 2-1-19 forfeits 28 days Pt a. for a. w. L from 6-12-18 to 2-1-19 (incl)	Pte Seaford	2-1-19	Pt II O. 4. Cancelled Pt II O 5 d/6-1-19.

294154 Anderson, T. O.

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.
30-1-19	11 Res	SoS. to MRW.	Pte Seaford	27-1-19	Pt II 26. } MRW.
27-1-19	3rd CCW	Attached	Pte —	24-1-19	Pt II 22 } 31 d/31-1-19. MRW. 46 d/15-2/19
6-2-19	11 Res	TOS from MRW. rptd from 3rd CCW	Pte —	6-2-19	Pt II 32. 3 CCW. 32 d/7-2-19
3 3 16	18th Res	T O S FROM 11 Res	1 3 10. D O, 62		II Res, 52. D/I, 3, 19
14-3-19	—	On Com CASC	Pte —	13-3-19	Pt II 73
6-5-19	—	S.O.S. to MD 10	" "	6-5-19	DO 126 & MD 10 DO 10-8-5-19
17-5-19	MD 10	SOS to Canada	" Rhyl	14-5-19	DO 130

To Can. 14-5-19.

75-M-38.

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

PAYMENTS.

M. F. W. 12a.
50m.—6-16.
1772—39—819.

Sheet No. 2. Arnason, Olafur

L. L. Job 4503. Req. 6832.

Name of Soldier. Anderson, Th. O.
294154 Pte 223rd Battn.

$15.00 MAY 1 1917 May '17

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1917			
Feb.				
March				
April				
May		Z 13166	15	
June		B18019	15	
July		K 19781	15 60	Cu
Aug.		M29344	15	6
Sept.		L 33712	15	6 75. ✓
Oct.				
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

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.				

C.A.D.C. 5005A

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

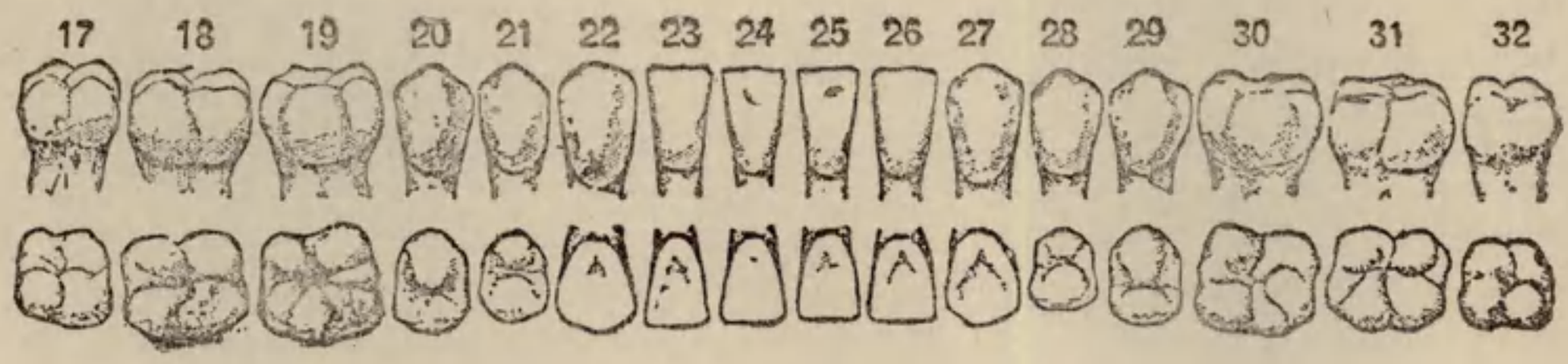
DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) ANDERSON T O

REGIMENT 18th Res RANK Pte No. 294154

Date of Examination in England 17/4/19 | 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 Yes
- (*b*) In England
- (*c*) In France

Signature of Dental Officer F. Efenisko Capt

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.

(294154)

Unit, Regiment or Corps 223 Overseas Batt

Regimental No. 294~~080~~ 154 Rank pte Name Anderson, Thorton, Olaffson

C. E. F.

Enlisted (a) 6-4-16 Terms of Service (a) duration of War. Service reckons from (a) ~~Enlistment~~ 14th

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

Extended Re-engaged Qualification (b) Labourer

Report: Date	Report: From whom received	Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
		Embarked Halifax Liverpool	3-5-17 Halifax N.S.	H.M.T.	F. 628
		Embarked Dis			
15-5-17	"	Trans to 11th Can Res Bn	"	15-5-17	Pt II B.O. 19
					B. Syddall Capt & Adjt. 223rd Battn C.E.F.
15-5-17	O.C. 11th Bn	Taken on strength 11th Can Res Bn	Shorncliffe	15-5-17	Pt II Bn. O. 112
2-11-18	O C 11th	S.O.S on posting to M R D	Seaford	1-11-18	" " " 259. G. S. Phin LT. For ADJT. 11th RES. BTN. (MAN.)
4-11-18	M.R.D.	T.O.S. from 11 Res. Bn. On Com. 3rd C.C.D.	Seaford	1-11-18	Part II D.O. 308 B. Howard Lieut. Manitoba Regimental 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.

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				
17-11-18		DISCHARGED FROM 3rd C.C.D. Seaford TO 11 Res BN. PART II D.O. No. 272 18-11-18			
					F D M Hammond Capt For O.C. Sub Canadian Command Depot
24/11/18	MRD	Lease Com 3rd C C D & S.O.S. Posted to 11th Res Bn	Seaford	~~1-11-18~~ 17-11-18	Part II 324 [signature] Lieut. Manitoba Regimental Depot.
18/11/18	O C 11th	F.O.S. on posting from M.R.D.	Seaford	17/11/18	Pt II 272
4/1/19	" "	Having been declared illegally absent by Court of Enquiry SOS as a deserter	"	2/1/19	" " Bn O-4
6-1-19	"	Pt II B O. 4 Cancelled	"	6-1-19	" " " 5 O. W. Crowther Lt. Hon. Adjt. 11th Res. Btn. (Man.)

(A) Report: Date	(A) Report: From whom received	(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
6-2-19			INSCHARGED FROM 3RD C.C.D. Seaford TO 11 Res. BN. PART II D. O. No. 32 - 7-2-19.			
7/1/19. 15/2/19.		MRD	Re TOS & command to 3rd C.C.D. Seaford. SOS on posting to 11th Res Bn "		7/1/19 6/2/19	W. H. Gordon Jr. Pt II DO 31. for O.C. 3rd CANADIAN COMMAND DEPOT Pt II DO 46. R. Kirwin Lieut. Manitoba Regimental Depot.
6/2/19.	OC 11th.	Pt II BO 32	T.O.S. on Posting from MRD.	Seaford	6/2/19.	
			T.O.S. on posting from MRD			
1-3-19	O.C. 11th	Pt II Bn O 62	S.O.S. on posting to 18th Reserve.	Seaford	1-3-19	P. O. W. Crowther. LT. For ADJT. 11th RES. BTN.
3/3/19. 25/4/19.	OC 18th	DO 62.	TOS. from 11th Res.	do.	1/3/19. ~~25/4/19.~~	DO 126
			SOS on transfer to Kinmel Park for return to Canada	10 Wing Seaford		

MAY 6 1919
O.C. 18th

MAY 6 1919

W. Wilford
Lieut
for Adjutant 18th Res. Bn.

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 (3490)

SERVICE AND CASUALTY FORM (Part I).

Temporary Lieut. D. not available

Army Form B. 103—I. Part I.

(1)*Substantative rank Ctd.	(2) Regiment or Corps	(3) Regtl. No.
*Acting rank *[To be entered in pencil to facilitate alteration.]		
(4) Surname Anderson, W.	11 Res.	294154
(5) Christian Names		
(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		
(9) (*a*)		

(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

(Authority) (*date*)

Initials and Rank of an Officer.

(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

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*) (Place) (Signature of Posting Officer

(19) Pivotal-man (*f*) (Date)

(20) Qualifications (*g*) *or* (21) Corps trade and rate

(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, Shoeing-smith, &c.

(A) Report		(B)	(C)	(D)	(E)	(F)
Date.	From whom received	Authority or 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
			8.5.19. 467. C.C.C. Kinmel Park for return to Canada. Part II Orders No. 121. A.67. C.C.C. Kinmel Park on embarking for Canada, Part II Order No: 128			
14/5/19			For Commanding 10. Wing Kinmel Park Camp. W.D. Bowsfield, Lt.			
			MAY 14 1919 EMBARKED FOR CANADA			
			14.5.19 ....T.O.S. Dispersal Station DO 155 Par 2 M			
			and Dispersed 30.5.19 do " 3			
			H. E. Patton .....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)*Substantative rank *Acting rank *[To be entered in pencil to facilitate alteration.]	(2) Regiment or Corps	(3) Regtl. No.
(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 [*vide* A.C.I. 578 of 1918]		
(8) Date of birth as stated on enlistment		
(9) (*a*)		

(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

(Authority) (*date*)

Initials and Rank of an Officer.

(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
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, Shoeing-smith, &c.

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

Nothing to be written in this margin.

W1889—P2 1150 1M 5/18 G.W.P.Co (3490)

FORM D.M.S. 1300.
8137—50m—28/2/17.

Surname: Anderson
Christian Name or Names: T.O.
Reg. No.: 294154
Rank: Pte
Unit: 11thnRes Bn Man.
Co.
Troop
Batty.
Hospital: Etchinghill 24-6-17
Date of Admission

Transferred 18.9.17 Hosp.
~~Ex. Can. H. Etchinghill~~ Hosp.
P. P. C. R. C. Bexhill Hosp. 8-10-18
2nd. W. Gen. Manchester. Hosp. 4.12.18.

Diagn VDG. J L I
(1)
Later Diagnosis (if changed)
(2) V.D.G. II A.
(3) ~~V. D. G.~~
Additional Diagnosis: if more than one state present
Influenza

DISPOSITION

C.L.28-6 17 94
20.9.17 C15 2.
21.9.17 C.16.
14-10-18 C 342
8.11.18 C364 1.
4-1-19 C410 (1)
31-1.19 C432.

Date
Dis 1.17
Disch'd 1.11.18.

REMARKS
Dischgd Ex Exp on 27-1-19

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

EPITOME OF HOSPITAL TREATMENT.

	Hospital	Adm.
1.	Woodcote Park. Epsom.	24.12.18.
2.		
3.		
4.		
5.		
6.		
7.		

E.M.H.

Number 294154 Rank Pte

Surname ANDERSON

Christian Name Thorthur Olafson

Units M.R. Theatre of War England

Date of Service 14/8/17

Remarks

Latest Address Geysen Man

Roll No A Page HH17

10m.-8-21.M.

DESP. APR 20 1923
REGN. NO. 10105

SURNAME. Anderson.

CHRISTIAN NAMES Thorthur Olafson.

REGL. No. 29415'4. RANK pte.

UNIT 223rd Bn.

FORMER CORPS Nil.

CARD NO. (M) 10

FOLL.

Sold Dis 30-5-19 Demed
L 0155 of 4-6-19. 10 P P

NEXT OF KIN.

NAMES IN FULL Anderson, Olafur.

RELATIONSHIP TO SOLDIER Father.

ADDRESS Geyser, Man.

CHANGE OF ADDRESS

COUNTRY OF BIRTH Iceland, Mjofjord DATE Aug. 31st. 1891.

PLACE OF ATTESTATION Winnipeg. Man. DATE Apr. 6th. 1916.

R/C 25-5-19. 332/41. Pte

L. L. 94504. M. & D. 6512. M. F. W. 22. 250M.—2-16. H. Q. 1772-39-339.

FROM HALIFAX PER [redacted] S S 'JUSTICIA' 3-5-17

MARRIED SINGLE yes. WIDOWER

TRADE OR CALLING Labourer. RELIGION Lutheran.

DESCRIPTION.

APPARENT AGE 25. YEARS MONTHS

HEIGHT 5. FEET 11. INCHES

CHEST MEASUREMENT 37½. INCHES EXPANSION 2. INCHES

COMPLEXION Dark. EYES Grey. HAIR Black.

DISTINGUISHING MARKS Nil.

MEDICAL EXAMINATION. PLACE Winnipeg. Man. DATE Apr. 6th. 1916.

Form R. 149.
7106—250m—7/2/17.

Thorthur.Olafson.

Name ANDERSON. *Rank* Pte. *Reg. No.* 294154

Unit 11th Res Bn.

Next of Kin CANADA

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
24-6-17.	Etchinghill.		V.D.G.	94		20 JUN 18
14-9.	Disch.		do	C15		194
18-9.	Etchinghill		VDG.	C16	11 JUL 1918	2383.
3-2-18	Still in Hosp		WR 26-7-18			4273
8-10.	P.P.C.R.C. Bexhill		do.	C342		28613.
1-11	Discharged		do.	C364		9[illegible]
24-12	Mil (Con) Epsom		Influenza conv			3831
4-12	2 W.G. Manchester		Influenza			2605
24-12	Mil (Con) Epsom		do	C400		3831
27-1-19	Disch'd		do.	C432		1264

Date.	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
	11th Res.					

LIST NO.	HOSPITAL	DATE OF ADMISSION	REMARKS
94	Can Etchinghill Lymnge Kent.	24-6-17	V. D. S.
C15-(2)	Discharged	14-9-17	V. D. S. (man)
C16.	Can Mil: Etchinghill Lymnge	18-9-17	" " " "
C342	P.O. Can. Red Bethell	8-10-18	" " "
C364	Disc	1-11-18	Do.
C402	2nd West Gen: Manchester	4-12-18	Influenza
C402	Mil. Can: W'cot Epsom	24-12-18	"
C432	Disc	27-1-19	"

REGT'L No. 294154

NAME Anderson T. O.

H. Q. FILE No. 649.

RANK AND CORPS Pte 11th Can Res. Bn.

CABLE	
NO.	DATE

NATURE OF CASUALTY

FOLLOWS NO.

FOLLOWS

L. L. 20197—M. & D. 7908

M. F. W. 42—50M.—5-17.
H. Q. 1712-39-863.

Local

D1

T. 1238

D.M.S. 1317

Princess Patricia Canadian Red Cross Hospital
Cooden Camp, Bexhill

HOSPITAL.

A. & D. No. 294154 Ward Ds II I 19

Unit 11th Can Regt. Sick or Wounded.

Regtl. No. Pl. of Act'n Shorncliffe.

Rank Ste Name Anderson T. H.

Age 27. Religion Luth.

Service Compl'd 29/12. Time with Field Force

Diagnosis V. D. G.

Admitted 4-10-18 from Canadian Spec Hospl Etchingfield Discharged 1-11-18 3 C C D. Seaford

Transferred Cat D1

RECORD FURTHER REMARKS ON BACK.

DISCHARGED TO DUTY.

Farmer (Cat A)

No. 29413/4 RANK pte NAME Anderson T. O.

T.O.S. 6-4-16 UNIT 223rd Battalion

D.O. # 33-8-4-16

M.D. 10

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916	1916			
apr. 6	apr. 30	c		
	May	c		
	June	c.		
	July	c.		
	aug.	c.		
	Sept.	c	forfeits 12 days pay for Hospital Furlough.	Oct. pay list.
	Oct.	c		
	Nov.	c		
	Dec			
1917	1917			
	Jan.	c		
	Feb.	c		
	Mar	c		
	Apr	c		
may 1	may 14	c		

Canadian Hospital,
Etchinghill, Lyminge.

3-10-18 191....

TO WHOM IT MAY CONCERN:

Regtl. No. 294154

Rank Pte

Name Anderson T.O

Unit 11th Res.

This is to certify that the marginally named is free from infectious disease transmissable skin disease, venereal disease and vermin and that he is fit to travel.

J. B. Carron

Major

~~Capt.~~ C.A.M.C.
for Officer Commanding.
Canadian Hospital, Etchinghill.

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch A

OVERSEAS CONTINGENTS

2745

Date of Assignment May 1st 1917.

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

15-			

8/9a3 4st

PARTICULARS OF SEPARATION ALLOWANCE

No. 294154

Rank Pte. Promoted Reverted Discharge

Soldier's Name Th. O Anderson.

Battalion 223rd Battn.

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name Thomas Olafur Anderson.

Address Geysir Man.

Change of Address

1

2

3

4

6379-S-57

Date		Cheque No.	Amount S/A	Amount A/P	Total		REMARKS
30/9/17				75 ✓	75		
Oct	C	51530		15-	15-		
Nov	C	52765		15-	15-	T	
Dec.	F	55086		15	15	m	
Jan	A	54377		15-	15-	B	
Feb	B	92605 ✓		15	15		
Mar	G	99837 —		15-	15- ✓		
April	A	7625		15-	15-		
May	A	12579		15-	15-		
June	B	15421		15-	15-	✓	
July	Y	28402.		15-	15-		
Aug	A	30930		15-	15-		
Sept	a	27683		15	15		
Oct.	A	44275		15	15	Mb	
Nov	A	52360		15	15	Mb	
Dec.	B	63981		15	15	Mb	
Jan	D	71639		15	15	Mb	
Feb.	A	78594		15	15		
MAR	D	84257		15	15		
APR	b	1745		15	15		
MAY	A	6661		15	15		
				375	375		

AUDITED.

A/c Closed Bohemian

Ret'd per M.F.W.187 30-5-19

Date 25-5-19

Clerk ..... 1 Dom In 1118 10 M0 1115 91

CONSOLIDATED ACCOUNT

M. F. W. 128
400M.—6-17—1772-39-1141
L. L. 22320—M. & D. 7483.

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Date of Assignment

RATE OF SEPARATION ALLOWANCE

	1.82½		

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—1772-39-1141
L. L. 22520—M. & D. 1933.

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 and Clothing Statement Q.M.G. Form (D.O.S. 2).
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. 21
C.M.H.
Date 4/5/19

M.

SHORT FORM.

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

Group.1.

MAY 14 1919 EMBARKED FOR CANADA

M

1. No. 294154
2. Rank. Pte. DISEMBARKED HALIFAX, 24-5-19
3. Name. Anderson.T.
4. Unit. 18th.Res. 223rd Bn.
5. Date of Discharge 30/5/19 Place Winnipeg.
6. Reason for Discharge Demob. Father
7. Authority. Do 155
8. Proposed Residence after Discharge Geyser, Man.

MEDICAL DOCUMENTS FORWARDED TO R. of P. B. C. on JUN 19 1919

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 O Anderson
Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Dispersal Station "M" MAY 30 1919 Military District No. 10

Place

Date

Signature Capt.
(O. C. Discharging Unit.)

M.F.B. 218a—300M.-11-18—1772-39-113.

Station	Date	Symptoms and progress (Date of admission to hospital, and date of discharge from hospital, to be entered in red ink.)	Weight clothed, without boots—lbs.	Urine	Wassermann Reaction		Treatment					Signature of M.O. (Each M.O. will sign his name in full on the first occasion; subsequent entries may be initialled)
							Arsenical		Mercurial		Other Methods	
							Intravenous Injection. Dose in grammes		Intramuscular injection. Dose of Metallic Mercury in grains	Inunctions or Oral (Preparation and dose)		
				Normal (N.) Albumen (Alb.)	Method {Original (O.) Modification (M.)	Result {Positive (+) Negative (—)	Salvarsan	Neo-Salvarsan				

95 Rev VII

Army Form I. 1238.

SYPHILIS CASE-SHEET.

Regtl. No. 294154 Rank and Name Pte Anderson Corps 11th Reserve

Placed on Syphilis Register at CANADIAN HOSPITAL, LYMINGE on 17-9-17 No. in Register

Disease contracted at Edinburgh. Primary sore appeared on (date) July 25th 1917

CONDITION WHEN PLACED ON REGISTER.

Primary sore—character and site Erosive sore at meatus

Lymphatic glands Inguinal & Cervicals shotty

Skin (nature and distribution of rash) Marked acne on shoulders, back & lips

Mucous membranes Throat injected

Other symptoms Gonorrhoea

Examination of exudate from sore—Spirochaeta Pallida (present or absent)

Examination of blood serum—Wassermann reaction { Method employed (original or ~~modification~~) Original; Result (positive or ~~negative~~) +

Station CANADIAN HOSPITAL, LYMINGE Date 17-9-17 Signature of M.O. P P [illegible] Capt.

Struck off Syphilis Register at V.D.S. Clinic on 24-4-19.

Cause of being struck off Register { (a) Recovered; (b) Transferred to Army Reserve; (c) Discharged from Army } "Recovered"

Station Seaford Date 24-4-19. Signature of M.O. O F Eastman Capt.

(8 56 26) W 9102—1380 50,000 12/14 H W V Forms I. 1238 8

N.B.—On completion of a course of treatment a red line to be drawn across the page, and the date when the next blood test is due to be entered in red ink below the line, *e.g.*, "Blood test due 15.5.14."
The date and result of the blood test to be entered; and if negative, the date on which the next blood test is due to be also entered.

Station	Date	Symptoms and progress (Date of admission to hospital, and date of discharge from hospital, to be entered in red ink.)	Weight clothed, without boots—lbs.	Urine: Normal (N.) Albumen (Alb.)	Wassermann Reaction: Method {Original (O.) Modification (M.)}	Wassermann Reaction: Result {Positive (+) Negative (—)}	Treatment: Arsenical: Intravenous Injection Dose in grammes: Salvarsan	Treatment: Arsenical: Intravenous Injection Dose in grammes: Neo-Salvarsan Novarsenobillon	Treatment: Mercurial: Intramuscular injection. Dose of Metallic Mercury in grains.	Treatment: Mercurial: Inunctions or Oral (Preparation and dose)	Treatment: Other Methods	Signature of M.O. (Each M.O. will sign his name in full on the first occasion; subsequent entries may be initialled)
	17-9-17.	admitted to Hospital										
	27-9-17.	Full Course Treatment (W.O.)		N				,45				P S Lucas
	28-9-17.								1/1			RW
	1.10-17.			N				,45				WM
	5-10-17.			N				,45	1/1			Wm
	12-10-17.								1/1			WM
	19-10-17.			N				,6	1/1			Wm
	26-10-17.			N				,75	1/1			WM
	2-11-17.								1/1			Wm
	9-11-17			N				,75	1.			WM
	16-11-17			N				,75	1.			Wm
	26-11-17	Wassermann Negative			O	—						P S Lucas.
	25.2.18	Wassermann			O	—						A. Shirley.
	30.5.18	"			O	—						A.J.
	22.8.18	"			O	—						A.J.
Seaford.	17-4-19.	Wassermann. Negative.				—						O'Farrell
	21-4-19	'Class as received'										O'F.

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.

19. Is the invalid fit for

(a) General service,	(Category A)	(Yes ~~or No.~~) "A"
(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.)

Boarded for Canada.
Auth. A.S. Lt 9083 11/11/18.

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.

C. Douglas Hewlett Capt. President.

PLACE Seaford.
DATE 22/4/19.

G. W. Macneil Capt. } 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
D. P. Byers Capt.
for Assistant Director of Medical Services.
DATE .....

APPROVED BY
Director-General of Medical Services.
DATE .....

OFFICE STANDING MEDICAL BOARD
23 APR 1919
SEAFORD, SUSSEX.

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 Seaford DATE 22-4-19

1. 1 (a) Unit 18 Res (b) Regimental No. 294154 (c) Rank Pte
(d) Surname ANDERSON (e) Christian name THORDUR
(f) Home address Geysin, Iceland.
(g) Next of Kin Mr. O. Anderson (h) Relationship Father
(i) Address of Next of Kin Same as above
2. Age last birthday 27 Date of birth 31-8-1891
3. Enlistment, or Appointment (if an Officer) (a) Place Winnipeg Man (b) Date 6-4-16
4. Personal description:
(a) Height 5' 11" (b) Weight 155 lbs (stripped) (c) Complexion Dark.
(d) Colour of hair Dark (e) Colour of eyes gray (f) Identification marks, Scars, etc. Nil
5. Former trade or occupation Farmer

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	—

	Periods From	Periods To
Canada	April 1916	April 1917
England	April 1917	April 1919
France or other theatres of War		

7. Original disease, or injury V. D. S.
(a) Date of origin June 1917 (b) Place of origin Scotland
(c) Cause Infection

M. F. B. 227.
400M.—11-18.
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.)

Nil.

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.)

5 - 4 - 18 Wassermann Negative
assigned - Of Eastman Dept Corps

No Lesion found.

(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..... Cardio-Vascular System..... (If pulse rate is abnormal, B. P. will be taken.) Genito-Urinary System..... (Albumen and Sugar will be excluded.)

Special Senses..... Respiratory System..... Integumentary System.....

Disturbances of Mentality..... Digestive System..... Muscular System.....

Osseous and Joint Systems..... Any other general condition.....

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

June 1917 Exposed Had V.D.E. Treated
3 months Cats discharge remained Blood test report
doubtful Genius fair treatment
Blood Negative 3. 10 18. 2a still Negative.

M.H.S.

10.—(b) (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).)

16 - 4 - 19. Ho sundries f. V.D.E. rejoined Dt Eastman Cps
7. 9. 16. V.D.E.
3. 12 18. V.D.H. 23. 12. 18 Fla.

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

as in 4 F.

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.)

na.

12. Was the disability caused, or aggravated; (a) by intemperance, or improper conduct; or (b) by unreasonable refusal to accept treatment? yes

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? na.

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

Full 606 & N.F. 17. 9-17 3-10-18

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)

na.

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

17. Recommendations.....

K. Spearmanning Capt.
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 T. O. 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.....

T O Anderson Pte Rank.
Signature of invalid examined.

P. 559
MARRIED OR SINGLE S

PLACE OF BIRTH

NAME AND ADDRESS OF NEXT OF KIN Olafur Anderson
Geysir, Manitoba, Can

RELATIONSHIP OF NEXT OF KIN Father

NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF KIN

SEPARATION ALLOWANCE MONTHLY $ EFFECTIVE (DATE)

PAYABLE TO

RELATIONSHIP OF DEPENDANT

CASUALTIES, PROMOTIONS, &c.

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ADMISSIONS TO HOSPITAL, &c.

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

REG'L NO. 294154 RANK Private NAME Anderson, Tholdur Olafson

IF IN PERMT. CORPS WHAT UNIT UNIT 223rd Bn TRANSFERRED TO DATE AUTHORITY

PERMANENT FORCE ALLOWANCES TRANSFERRED TO DATE AUTHORITY

PLACE OF ATTESTATION Winnipeg, Man TRANSFERRED TO DATE AUTHORITY

DATE OF ATTESTATION 6th April 1916 TRANSFERRED TO DATE AUTHORITY

ASSIGNED PAY MONTHLY $ 15.00 DATE EFFECTIVE 1/5/17

PAYABLE TO Mr. Olafur Anderson, Geysir, Man. Can. RELATIONSHIP Father

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)

C.I.

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
15/5/17	Balance from Canada													30 40	30 40																30 40				
16/5 to 30/6/17.	46	1.00	50	60											50 60	313	30/5/17							4 86				30 ~~30~~		34 86	46 14				A.P. May & June.
July	31	1.00	34	10											34 10													15	33	15 33	64 91				Q. 4005. 1387. 149.18. 21/5/17.
Aug	31	1.00	34	10											34 10	458 420	17.6.17 3.6.17							4 86 19 47				15		39 33	59 68				B.O. 217. 15.9.17. V.D. 23/6/17 to 15/9/17 23 @ 60¢ per diem
Sep.	30		33												33													15	51 00	66	26 68				
			151	80										30 40	182 20									29 19				75	51 33	155 52					

MONTH 1917	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED PAY	SER. ALLCE. ENG.
Balance forward		~~26 68~~							26 68		
Octr.	Pay 31 dys 1.00	34 10		A Pay.				15			
"				AR. 1013 14.9.17 11 Res Bn.	2 44						
				AR. 935 29.9.17 Exchg. Hosp.	1 22						
		34 10			3 66			15			
									42 12		
Nov				Nov. CAP.				15			
								15	over		

194154 (Pte) Anderson T. 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	ACQUITTANCE ROLLS 1 No.	1 Date	2 No.	2 Date	3 No.	3 Date	4 No.	4 Date	CASH PAYMENTS 1	2	3	4	ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE Credit	BALANCE Debit	PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
MONTH	PARTICULARS				CR. 1	CR. 2	PARTICULARS						DR. 1	DR. 2	DR 3	DR 4	BALANCE	DEFER. RED. PAY	SER. ALLCE. ENG.	MONTH	PARTICULARS													
							Bp. Le										15																		
Nov	OR				33 00		HR 956	12/10/16	1 Mths.				1 22																						
Dec	"				34 10		HR 552	28/11/17	Etch Hill				1 22																						
							HR 677	26/11/17	"	"			1 22																						
							HR 769	14/12/17	"	"			1 22																						
							HR 487	23/12/17	"	"			1 22																						
							AR 1162	28/11/17	"	"			1 22																						
							AR 1096	14/11/17	"	"			1 22																						
							AR 1036	26/10/17	"	"			1 22																						
									CAP								15		6946																
					67 10								9 76				30																		
Jany.	1918	O.P.			34 10					CAP							15																		
							A Vou. N 6440		C. Hosp Etchinghill				5																						
							AR 1345	14/12/17	C. Hosp. Etchinghill				3 43																						
							Dn. 56393		AR 881. 13/9/17 C.H. Etchinghill				1 31																						
					34 10								3 69				15		84 87																
Feby		"			30 80		R.A.P										15																		
							D.n 1293	10/1/18	"				1 22																						
							AR 1462	14/1/18	"				1 22																						
							" 1354	30/1/18	"				1 22																						
					30 80								3 66				15		97 01																
Mch		"			34 10		R.A.P										15																		
							AR 1689	27.2.18	"				1 22																						
							" 1942	13.3.18	"				2 43																						
					34 10								3 65				15		112 46																

P 820
12474—375M—13-2-18.

* Strike out whichever inapplicable.

87

ASSIGNED PAY.	* ~~ENGLAND~~ OR CANADA.	SEPARATION ALLOWANCE.	* ENGLAND OR CANADA.
EFFECTIVE DATE:– 1-5-17.		EFFECTIVE DATE:–	
AMOUNT:– 15.00		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.

Mr Olafur Anderson
Geysir
father. Manitoba
Stopped 1/5/19

NAME:– ANDERSON Sholdur Olafson.
NUMBER:– 294154

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		Private

UNIT AND TRANSFERS

ORIGINAL UNIT:– 223rd Batt.
DATE ACCOUNT FIRST OPENED – 16-5-17.

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO
			M.R.D.

DAILY RATES OF PAY AND ALLOWANCES

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

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
7.4.19	110	18 Res	9 73				
17 ~	334	~	9 73				
				Hedges Cr Bal			24.60
				1946 C.R.C.		~	8.14

PARTICULARS OF RENDERING NON-EFFECTIVE:– Dis D.C. Can 1/5/19 E 7204 Seaford 19/4/19 Seaford

MONTH 1918	PARTICULARS	CR. 1	CR. 2.	PARTICULARS	DR. 1	DR 2.	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
Mch.	Bal. Forward								112 46		
Apr.	P.P.	33 –		C.A.P.				15 ·			
				A R 133 12 7/18. Etchinghill	2 43				128 03		
		33			2 43			15			
May	P Pay	34 10		C.A.P.				15			
				A R P 467 15/5/18 "	2 43						
				D R 822 28/8/17 "	1 21				143 49		
		34 10			3 64			15			
JUN	"	33		C.A.P.				15			
				A R 847 14/6/18 "	2 43				159 06		
		33			2 43			15			
JUL	"	34 10		C.A.P.				15			
				" 1188 12/7/18 "	2 43				175 73		
		34 10			2 43			15			
AUG	"	34 10		C.A.P.				15			
				D R 1612 12/8/18 "	2 43				192 40		
		34 10			2 43			15			
SEP	"	33 –		C.A.P.				15			
				A R P 1965 12/9/18 "	2 43				207 97		a/c agreed.
		33			2 43			15			
Oct.		34 10		C.A.P.				15 ·			
				V.D. Stopp. 17.9.17 to 21.8.18 = 339 days @ 6/- Bo. 938. 11 Res. 9/10/18		203 10					
				A R 1250 9/10/18 P P C R & H.	4 87						
				R J 005. 7/10/18 Etchinghill (Ref Bag)	53				18 27		
		34 10			5 40	203 10		15 ·			
Nov.	"	33 ·		C.A.P.				15			
	Dec Jan	68 20		A R 1805. 3 C.C.S. 19/11	9 73						
				" 2178 11 Res. 27/11	12 17						
		101 20		C.A.P. Dec. Jan	21 90			30 · 45 ·	52 57		

NUMBER 294154 RANK Pte NAME ANDERSON. T. O C.A.P. 15⁰⁰

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
1919				Jan 31st Bal Fwd					52 57	N.L	
Feb-	& March Pte Pay	64 90		C.A.P.				15			
				AR 95540 London 31.12.18	19 47						
				✓ 5877 C.C.H. Eps. 30.12.18	4 87						
				✓ 5455 ✓ 23.1.19	4 87						
				✓ 9542 ✓ 29.1.19	4 87						
				✓ 3982 11 Res 18.2.19	24 33						
					58 41						
				C.A.P.				15			
				4196 18 Res 12.3.19	9 73						
				4456 ✓ 21 ✓	9 73				9 60		
		64 90			77 87			30			
April	✓	33		C.A.P.				15	27 60		
				110 18 Reserve 7.4.19	9 73						
				334 ✓ 17 ✓	9 73						
					19 46						
				3357 K Park 9.5.19	9 73 End				1 59		
		33			29 19						
					29 19			15			

S.S. to Canada 14/5/19 Strength 75 (MD 10)

645

BOHEMIA

PROMOTIONS, REDUCTIONS AND REVERSIONS AFFECTING ALLOWANCES

DAILY RATE OF PAY AND ALLOWANCES

M. OR S.

REGT. No. 294154 RANK Pte NAME (IN FULL) ANDERSON. T.O.

AUDITOR | PAYMASTER 926

30

ORIGINAL UNIT C.E.F. 223 | IF IN P.F. WHAT UNIT? | (BLOCK LETTERS SURNAME FIRST)

PLACE OF ATTESTATION | TRANSFERRED TO Dis Str M | DATE MAY 14 1919 | AUTHORITY D, O, 155

DATE OF ATTESTATION Apr 6-16 | TRANSFERRED TO | DATE | AUTHORITY

ASSIGNED PAY $ 15.00 | DATE EFFECTIVE

PAYABLE TO ~~Mr O Anderson~~ | RELATIONSHIP | ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS ~~Geysir~~ Domenion Bank Man Wpg.

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE | EFFECTIVE 1.6.19

DISCHARGED | PLACE M. D. 10 | DATE MAY 30 1919 | REASON D | AUTHORITY D O 155 | IF ENTITLED TO POST DISCHARGE PAY

NEXT OF KIN | RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? | DATE EFFECTIVE

TO WHOM PAID | RELATIONSHIP

ADDRESS

PARTICULARS	EFFECTIVE DATE	AUTHORITY

30

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							8	14	8	14																											Cr ~~BAL. ENG. L. P. C. 8 14~~
																																			8	14	R Prato 3.6.19
1/5 to 3/6/19	34	1.10	37	40	35 / 70				142	40					199	433	9	73	4 87 / 5 00		100	94	30	00							150	54					Clothing Allce. 1st payment W.S.G.
																																					~~Advances - Boat - Train~~
																																					A.P. chgd. on Eng. L. P. C. to
					WSG sa						War Service Gratuity,												WSG sa										Soldier Depdt				
183 days at Min					15 00 / 420 00				435	00													70	00			4	40					360	60			Dr 4.40 Praop
																																					1st Payment W. S. G. as above
Turn 16																					766810		10	60									350	-			Cr 15.00 a/c
30																					775277		70	-									280				10.60 Sup Prevent
July 30																					1201341		70										210	-			70 2nd " WSG
																					Aug 30	1225216	70										140				70 - 3rd
																					Sept 30	1246983	70										~~70~~				70 - 4th
																					Oct 30	1692595	70										—				70 - 5th
																																					70 Final
									435														430	60			4	40			435						
																							a/c Closed.														

AUDITED OCT 24 1919 1919 Audit Clerk

200M-3-19.—L. L. 58788-... & D. 9985.
M. F. W. 2.96.
1772-39-1390.