

820095

SIN/NAS

CHRISTOFFERSON

Surname/Nom

William Alexander

Given names/Prénoms

DECEASED 22-10-84

**CANADIAN FORCES
FORCES CANADIENNES**

**PERSONNEL RECORDS ENVELOPE
ENVELOPPE DES DOSSIERS DU PERSONNEL**

**"CONTENTS CONFIDENTIAL"
"CONTENU CONFIDENTIEL"**

Box 1706

**COMPONENT
ÉLÉMENT**

CEP



NAME **CHRISTOFFERSON**

William Alexander

REGT. NO. *3:0095*

UNIT *41st*

H. Q. FILE NO.

CONTENTS

DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

M. F. W. 2505
REFERENCE

NON-EFFECTIVE BY

19944

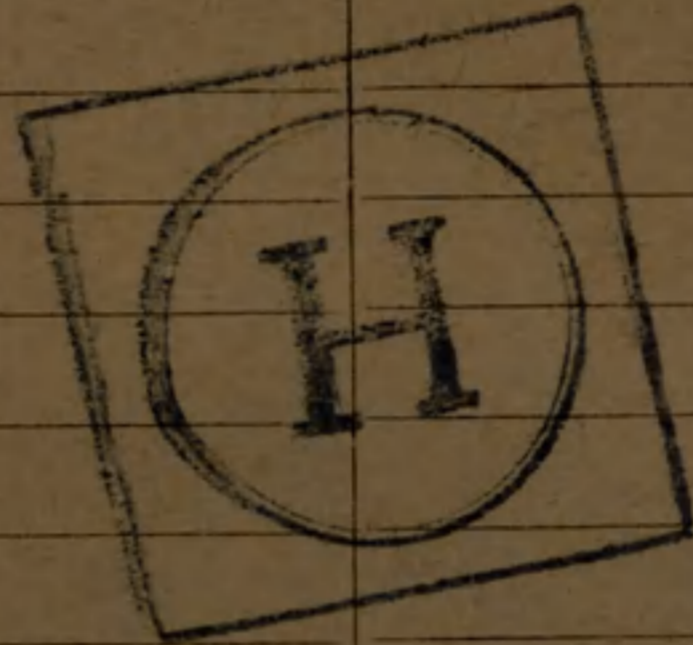
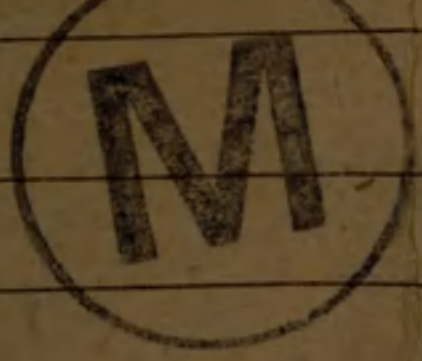
DEATH

Category

DISCHARGE

Category

DESERTION



40-1706

ATTESTATION PAPER (M.F.W. 23, 133, or 51)

CASUALTY FORM (M.F.W. 54 or A.F.B. 103)

TRAINING HISTORY SHEET (M.F.W. 113)

FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)

REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)

COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)

MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)

DENTAL HISTORY SHEET (M.F.B. 465)

MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)

MEDICAL EXAMINATION (M.F.W. 129)

TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)

PROCFEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)

DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)

LAST PAY CERTIFICATE (M.F.W. 44)

PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)

PARTICULARS OF CHARACTER (A.F.W. 3226)

COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)

1 CD3

13-103212

1 R-149

1 Passcard

1 A-122

1 PC

Original

SPECIAL OVERSEAS BATTALION, C.F.

01

ATTESTATION PAPER.

No. 820095

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname?..... *Christofferson*
- 1a. What are your Christian names?..... *William Alexander*
- 1b. What is your present address?..... *Sleeman, Ontario, Canada*
2. In what Town, Township or Parish, and in what Country were you born?..... *Kenora, Ontario, Canada*
3. What is the name of your next-of-kin?..... *Hyde Christofferson*
4. What is the address of your next-of-kin?..... *Sleeman, Ontario, Canada*
- 4a. What is the relationship of your next-of-kin?..... *Father*
5. What is the date of your birth?..... *Apr 9th 1897*
6. What is your Trade or Calling?..... *Farmer*
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? }

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *William Alexander Christofferson*, 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.

Date *Jan 11th* 1916. *Alex Christofferson* (Signature of Recruit)
E. C. Shaw (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *William Alexander Christofferson*, 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.

Date *Jan 11th* 1916. *Alex Christofferson* (Signature of Recruit)
E. C. Shaw (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 *Rainy River* this *11th* day of *January* 1916.
W. B. Baldwin (Signature of Justice)

Description of *William Alexander Christopherson* on Enlistment.

Apparent Age.....*18*.....years.....*9*.....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. *8* ins.

nil

Chest measurement { Girth when fully expanded.....*36* ins.
 Range of expansion.....*4* ins.

Complexion.....*dark*

Eyes.....*blue*

Hair.....*brown*

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

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.....*January 11th*.....191*6*.

J. M. Bone

Place.....*Rainy River Ontario*

Capt amc
 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:—



MOBILIZATION CENTRE, M. D. #4

H. G. G. G. G.
 President, S. M.

"C" Fit for Service in Canada only.

CERTIFICATE OF OFFICER COMMANDING UNIT.

William Alexander Christopherson.....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.

E. A. Shaw.....(Signature of Officer)

Date.....*Jan 11th*.....191*6*

for.....Lieut.-Col.
 Commanding 141st Overseas Battalion, C. E. F.

CANADIAN EXPEDITIONARY FORCE



DISCHARGE CERTIFICATE


CLASS "A." NO. 168325 ISSUED

THIS IS TO CERTIFY that No. 820095 (Rank) Private
 Name (in full) William Christofferson enlisted in
 the 141st Batt
 CANADIAN EXPEDITIONARY FORCE at Amiens on the 11th
 day of January 1916
 HE served in Port Garry House
 and is now discharged from the service by reason of Demobilization. France
Medical Unfitness. Demobilization R.O. 1420

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

Age <u>22</u>	Marks or Scars
Height <u>5' 9"</u>	<u>Scar on thumb L. Hand</u>
Complexion <u>Dark</u>	<u>.. on side L. Hand</u>
Eyes <u>Blue</u>	<u>.. on R. knee</u>
Hair <u>Brown</u>	
<u>W. Christofferson</u> Signature of Soldier	

Date of Discharge



W. Meach
Issuing Officer
Went
Rank
 Date May 26 1919
1st

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) _____

the _____

CANADIAN EXPEDITIONARY FORCE at _____ on the _____ day of _____ 19____

has served in _____

and is now discharged from the service by reason of _____

Medical Certificate _____

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 unit.

THE DESCRIPTION OF THIS SOLDIER'S UNIFORM IS AS FOLLOWS:

Age _____

Height _____

Complexion _____

Hair _____

Color of Eyes _____

Signature of Soldier _____

Signature of Officer _____

Date of Discharge _____

Date _____

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

st.

4-17-14-17

Proc. 20-55 Coy 14-5-18

Bel. + att to 99H 14-15-6-18

34-10-99H 14-15-6-18

Proc. of 99H

Proc. of 99H

C. 1847

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 WILLIAM Alexander 2. Surname CHRISTOFFERSON
- 3. Rank PTE 4. Original Unit..... 5. Reg. No. 820095
- 6. Address, in full, to which future payments of gratuity are to be forwarded
BANK OF COMMERCE
RAINY RIVER ONT
- 7. Date of enlistment in the C.E.F. 11th Jan 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..... none
- 10. Address, in full, of such dependent..... none
- 11. Is said dependent now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier?..... no
- 12. Were you at any time on the strength for pay and allowances of a unit of the C.E.F. which was out of Canada or the United States when such pay and allowances were issuable? If so, give particulars of one such unit and dates of service overseas with such unit:—
.....
- 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 & 3 months.
141st Batten
Fort Garry Horse
- 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

SAH

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?

24. Are you now serving in the C.E.F.? If not, give:—(a) Date of discharge *26.5.19* (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: *M. Christofferson*

Place of Residence: *Summer Bldg.*

Declared before me at: *Kennel Park*

This *23rd* 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.

Question 12.13.14.20.24.25.26 & 27 are unanswered
R. Helewis

MAJOR & ADJUTANT,
FOR OFFICER COMMANDING,
CANADIAN RESERVE CAVALRY REGIMENT.

POST DISCHARGE PAY.

Date paid.	Paid Soldier	Paid Dependent	War Service Gratuity	Net amount due
			<i>420.00</i>	<i>350.00</i>
			<i>70.00</i>	

Certified Correct.

District Paymaster.

M

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

M. D. 10

and Stationery Services, London

DIRECTIONS TO DENTAL OFFICERS

OLDIER (Block Letters) S Christofferson, W.A.

F.G.H. RANK Pte. No. 820095.

mination in England 4-4-19. Date of Examination in France

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

INGS 8-9-10-30.

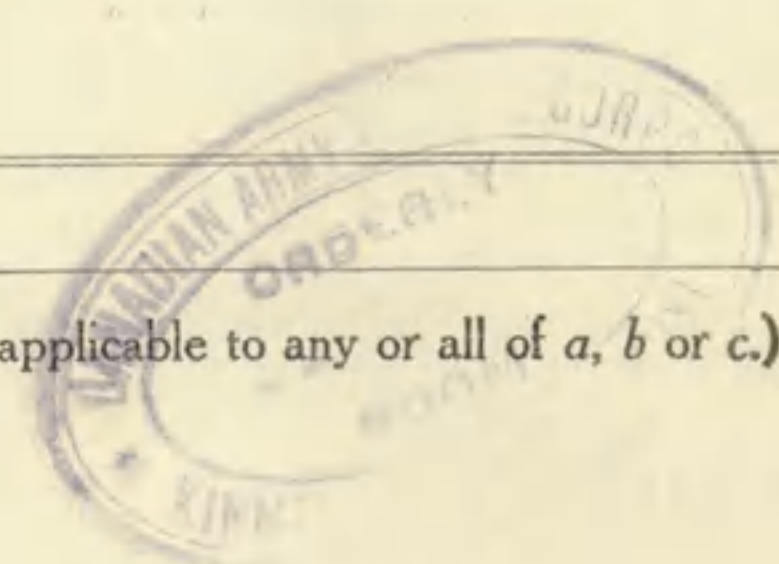
TRACTIONS 4-13.

OWNS

NTURES

- (a) Full Upper
(b) Part Upper
(c) Full Lower
(d) Part Lower

Handwritten signature: J. G. G. G.



EVER REFUSED DENTAL TREATMENT ?

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

- (a) In Canada 30
(b) In England
(c) In France

Signature of Dental Officer

Handwritten signature: W. C. Sprague

M.B.R.

Christoferson, W.A.

1912

P.C.

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2012

2nd Sheet

Casualty Form—Active Service.

Regiment or Corps _____ Regimental Number _____

Rank *Pte* Surname *Christofferson* Christian Name *W. R.*

Religion _____ Age on Enlistment _____ years _____ months.

Enlisted (a) _____ Terms of Service (a) _____ Service reckons from (a) _____

Date of promotion to present rank _____ Date of appointment to lance rank _____

Extended { _____ } Re-engaged { _____ } Qualification (b) _____
 or Corps Trade and Rate _____

 Signature of Officer i/c Records.

Date	Report		Record of promotions, reductions, transfers, casualties, &c., 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 of Casualty	Date of Casualty	Remarks Taken from Army Form B. 213, Army Form A. 36, or other official documents
	From whom received					
			Embarked ... Disembarked...			
<i>5-2-19</i>	<i>CRCR</i>	<i>Having rep from</i>	<i>France is T.O.S.</i>	<i>Kenmel</i> <i>Park</i>	<i>2-2-19</i>	<i>D.O. 32</i>
<i>25/4/19</i>	<i>CRCR</i>	<i>Sgt. G. M. D. C.</i>	<i>Wing No 10</i>	<i>Kenmel</i> <i>Park</i>	<i>25/4/19</i>	<i>D.O. 111</i>
			<i>Wickham</i>			<i>It for Major's adjt</i> <i>Ken. Res. Regt.</i>

(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) Signaller, Shoeing-smith, &c.
 (B99130) W 15012-5156 J. P. & Co., Ltd. Forms/B103/3. [P.T.O.]

Date	Report From whom received	Record of promotions, reductions, transfers, casualties, &c., 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 of Casualty	Date of Casualty	Remarks Taken from Army Form B. 213, Army Form A. 36, or other official documents
15-5-19	M.D. 10				
	Hummel Park				
		S. O. S. & Canada			D.O.'s 125
	* Sailing #60				
	S.S. CARONIA				
	* Sailed L'pool				
	14-5-19				
		T.O.S. Dispersal Station	DO 148	Par 2	
		M			
		26.5.19	do	.. 3	
		and dispersed			
		Jawad. Lieut.			
		for O. C. 10-District Depot.			

M. D. Rowsfield Lt.

661st Dep. Sqdn. 34th F G H To, C R C R

BT.

Rank **CHRISTOFFERSON** William Alexander Reg'l No. 830095
 Name
 Unit If in perm. Corps }
What Unit? } Married or Single **Single.**
 Place and Date of Enlistment **Rainy, River, 11th Jan, 1916** Place of Birth **Kenora, Can.**
 Name and Address, Next-of-Kin **H. P. Christofferson,**
Sleeman, Ontario, Canada, Relationship **Father.**

Assigned Pay Monthly \$ Payable to Relationship

Separation Allowance \$ Payable to Relationship

Discharge, Date and Place Reason Character

H. W. V., Ltd.—9546-16.

N/E. R.B. N 3928
File R.L.
Category **CAN. OR**

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	22-7-18	S/S THONGWA
24 7 18	bRRR	S.O.S from Canada	at Schiffe	24.7.18	P#0205
23 10 18	"	S.O.S to Fgt	"	23 10 18	P#0296495d/29 10.18. Fgt.
7 2 19	Fgt A	S.O.S to bRRD	" Field	30 1 19	P#015759d/8 3 19 bRRD
8 3 19	bRRD	S.O.S to bRRR	" Rhyt	2 2 19	P#059432d/8.2.19 bRRR
26.4.19	MDW10	SOS from CRRK	" "	25.4.19	DO 111 4/11d/25+19 bRRR
15.5.19	"	SOS to bR Canada	" "	13.5.19	DO 128 60 M 119 15/7/19

Report No. 6

Army Form W. 3212.

(In books of 100.)

Regtl. No., 320095
Rank and Name Pte. Christoffersen Age 19 Corps C. R. C. R.

Disease Influenza Hospital No. 9 Can. Gen. Hosp.

To Officer i/c Laboratory. Ward 3

Please carry out an examination of the accompanying specimen of Urine

with special regard to _____

Nos. of previous Reports (if any) _____

In Pathological Reports a résumé of clinical history, treatment or progress since last report should be given.

Date 10-4-19

[Signature]
O. i/c Ward.

LABORATORY REPORT.

Sp Gr. 1026

Reaction acid

Albumin Nil

Sugar Nil



Date of Examination _____

[Signature]
O. i/c Laboratory.

Report No. _____

Serial No. _____

Name and Rank _____

Hospital _____

Ward _____

To Officer in Charge, Laboratory _____

Please carry out an examination of the accompanying specimen of _____

with special regard to _____

Not of previous Reports (if any) _____

In Pathological Reports a resume of clinical history, treatment or progress since last report should be given.

Date _____

O. M. _____

LABORATORY REPORT



Date of Examination _____

O. M. Laboratory _____

Surname

Christian Name or Names

Reg. No.

CHRISTOFFERSON.

W.A.

820095.

Rank

Unit

Pte.

Cav. FGH. CREW.

Cas. List.

17. C.C.S.

24-11-18.

7-12-18. A391.

I.C.T. R. Knee. *al*

21-12-18. A403

6. Genl Hosp. Rouen

7-12-18

24.12.18. A405

72¹/₂ b. Trouville

16.12.18.

9.1.19. A415

14 C.D. Trouville

4.1.19

21-1-19. A433

Disch^d

23-1-19

14.4.19. C. 408

9.6. St. Himmel Pk

9.3.19.

✓✓✓ / ✓✓

Influenza
Discharged

1.4.19.

✓✓✓ / ✓✓

Readmitted

10.4.19.

25.4.19. C415

Disch

23.4.19

A.M.D. 2 DEPT.

Bch of D.G.M.S. O.M.F.C. 1918

D.M.S. 1300. 50M-30-8-18.

NAME

Christofferson W.A.

REGT. No.

220095

RANK AND UNIT

Pvt

lean lead.

NEXT OF KIN

CABLE

No.

DATE

NATURE OF CASUALTY

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
A 091	17 Le Le S	24-11-18	Ice L R knee
A 403	6 Gen. Rouen.	7-12-18	" " " " "
A 405	72 Gen Ironville	16-12-18	" " " " "
A 415	14 Gen Ironville	4-1-19	" " " " "
A 433	Discharged	23-1-19	" " " " "
C 407	9 Gen Ironville	9-3-19	Influenza
C 408	Discharged	1-4-19	" " " "
C 408	Readmitted	10-4-19	" " " "
C 415	Discharged	20-4-19	Influenza

3332

A. & D. CARD

HOSPITAL

6p5

A. & D. No. 9 PL. OF ACTION

RANK 1T6 REG. NO. 820095 UNIT 6R6R SICK OR WOUNDED

NAME Christofferson W. AGE 19 RELIGION Tues

PLACE IN HOSPITAL Wd 3

DIAGNOSIS Influenza

ADMITTED 9-4-19 FROM Line Camp 5

DISCHARGED 23-4-19 TO Category A.

TRANSFERRED 31

SERVICE AT HOME 12 IN FIELD

RESULTS

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

REMARKS.

Orig. Insp. rDOSZ. to Ward 3, 11.4.19

Orig + Insp, DOSZ. cat + inf etc. W.3212 to FP Rep. 21.4.19

AFI. 1237 filed

Pt. Christofferson. W 820095

2695
C.R.C.R.

Age. 19.

Sex $\frac{16}{12}$

Rel. Pres

Date of adm. to C.R.C.R. 11-4-19

Disease. Bronchitis

Adm. 8-3-19 for time of 5

Ward 3.

~~1-14-19~~ to Unit C.R.C.R. Camp 5
1-4-19

440 p-20052245.8.3.19

any notes to read 3. 9.3.19

Orig to Hook. Rep. 31.3.19

o p-2005.9.3.19

William Alexander

Name CHRISTOFFERSON Rank Pte

Reg. No. 820095

Unit ~~F. G. H.~~ C. I. C. S.

Next of Kin Canada

Date 1918	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
24 11	17 C. I. S.	I.C.T. Area	R. 0391			40075
7-12	16 C. I. S.	do	do	0403		6321/10
16-12	12 C. I. S.	do	do	0405		6415/2
4-1-19	14 C. I. S.	do	do	H415		6705/5
23 11	Disch.	do	do	H438		7020-9
9-1-19	No 9 C. I. S.	do	do			8298
1-1-19	Disch.	do	do			8298
10 4	No 9 C. I. S.	do	do	C408		2937
23 4	Disch.	do	do	C415		3435

W. R. B. for a man

Reg. No. 820095 Name Schmittafferson
 Rank Pte Corps 141 Age 3 Service 3
 Letter No. Serial No. 39942

HOSPITALS	DATE	DIAGNOSIS
General Winnipeg	1-1-17	Bronchitis
Dis to unit	14-1-17	
Adm General Winnipeg	4-3-17	Tonsillitis
Dis to unit	13-3-17	
Royal Victoria. Inuro	24 4 17	Tonsillitis
Dis	:	
General Montreal	18 8 7	Tonsillotomy
Dis	28 8 17	
General Port Arthur	24 4 18	Periapical abscess
Dis Duty	30 4 18	

HOSPITALS**DATE****DIAGNOSIS**

M. F. W. 2553.
75M.—9-19.
1772-39-1332.

Number 820095 Rank Eto

B

Surname C. H. RISTAFFERSON

Christian Name William Alexander

Unit F. G. H. Theatre of War France

Date of Service 24-10-18

Remarks

Latest Address ~~Am. P. O. Stearns~~

Middlebro, Mass

Roll No. B Page 4426

DEPT JUN 12 1924

REGN. NO. 5054

649-C-13461.

10m. CARD NO.
508110, 26-519
201.148 of 28-519
10010

SURNAME. *Christofferson*

CHRISTIAN NAMES *William Alexander*

REGL. No. *820095* RANK *Pte*

UNIT ~~141~~ st *S.S. Coy. M.D. no. 4*
auth G.O.C. 1-8-17.

FORMER CORPS *Mil*

Batt.

NEXT OF KIN.

NAMES IN FULL *Christofferson, W. P.*

RELATIONSHIP TO SOLDIER *Father*

ADDRESS *Sleeman, Ont.*

CHANGE OF ADDRESS

COUNTRY OF BIRTH *Canada Sleeman, Ont.*

DATE *Apr. 9th 1897.*

PLACE OF ATTESTATION *Rainy River*

DATE *Jan. 11th 1916.*

0/8 11/7/18 1317

R/C 22-519 329-24 Pte.

From Halifax, N.S.

"Olympic" 29-4-17

MARRIED

SINGLE *yes*

WIDOWER

TRADE OR CALLING

Farmer

RELIGION

Presbyterian

DESCRIPTION.

APPARENT AGE

18 YEARS

9 MONTHS

HEIGHT

5 FEET

8 INCHES

CHEST MEASUREMENT

36 INCHES

EXPANSION

4 INCHES

COMPLEXION

Dark

EYES

Blue

HAIR

Brown

DISTINGUISHING MARKS

nil

MEDICAL EXAMINATION.

PLACE

Rainy River, Ont.

DATE

Jan. 12th /16.

No. 820090 RANK

Private

NAME

Christofferson, W A

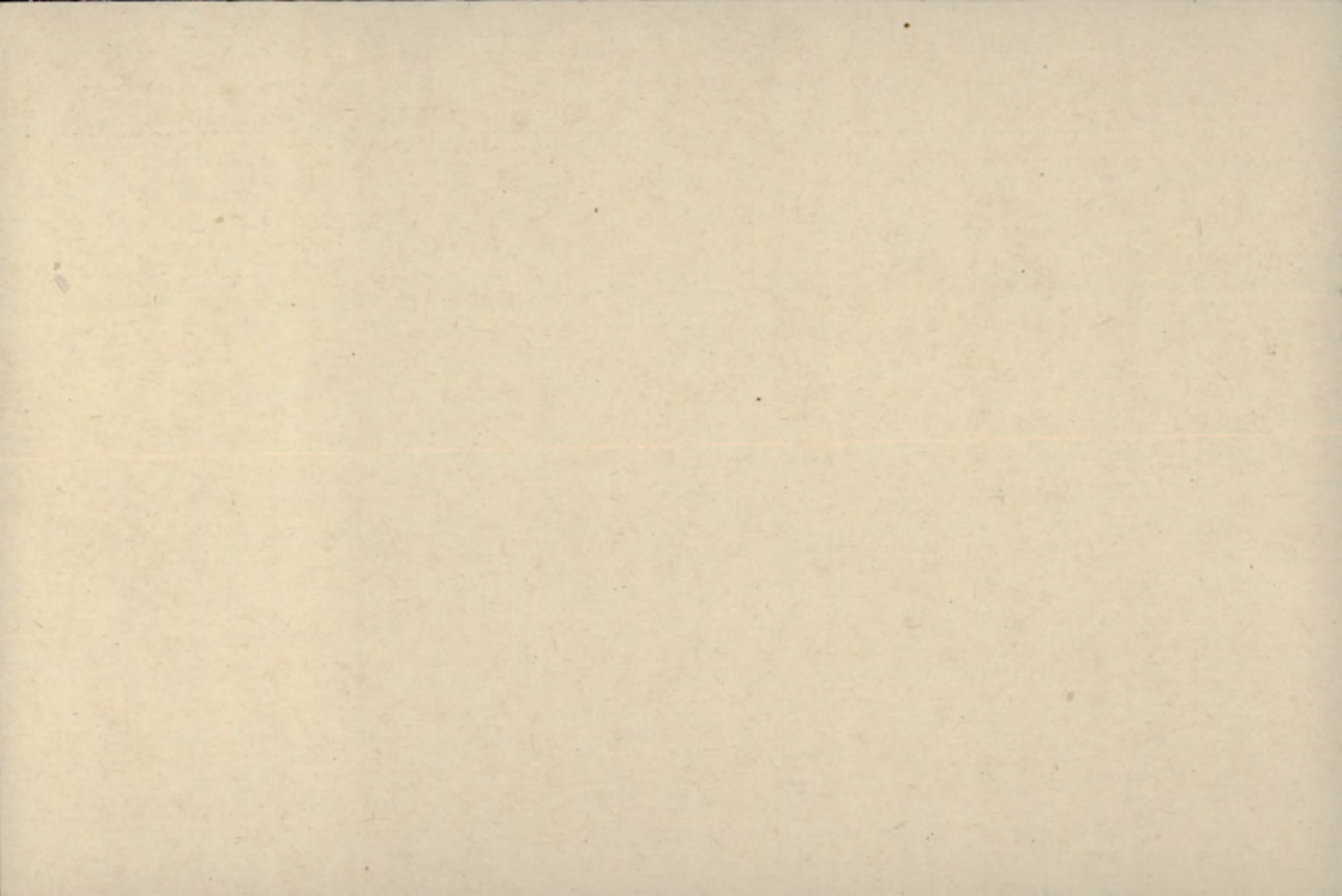
T. O. S. *Lans from* UNIT

3rd Co 70th Garrison Horse.

*1st Dep Bn 1st-5-18
200 130- 1st-12-18*

M. D. *10*

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
<i>1918</i>	<i>1918</i>			
<i>May 15</i>	<i>May 31</i>	<i>u</i>	<i>On 0/5 draft.</i>	
<i>June 1</i>	<i>June 10</i>	<i>u</i>		



No. 820095 RANK *Pl.*

NAME *Christafferson, L. A.*

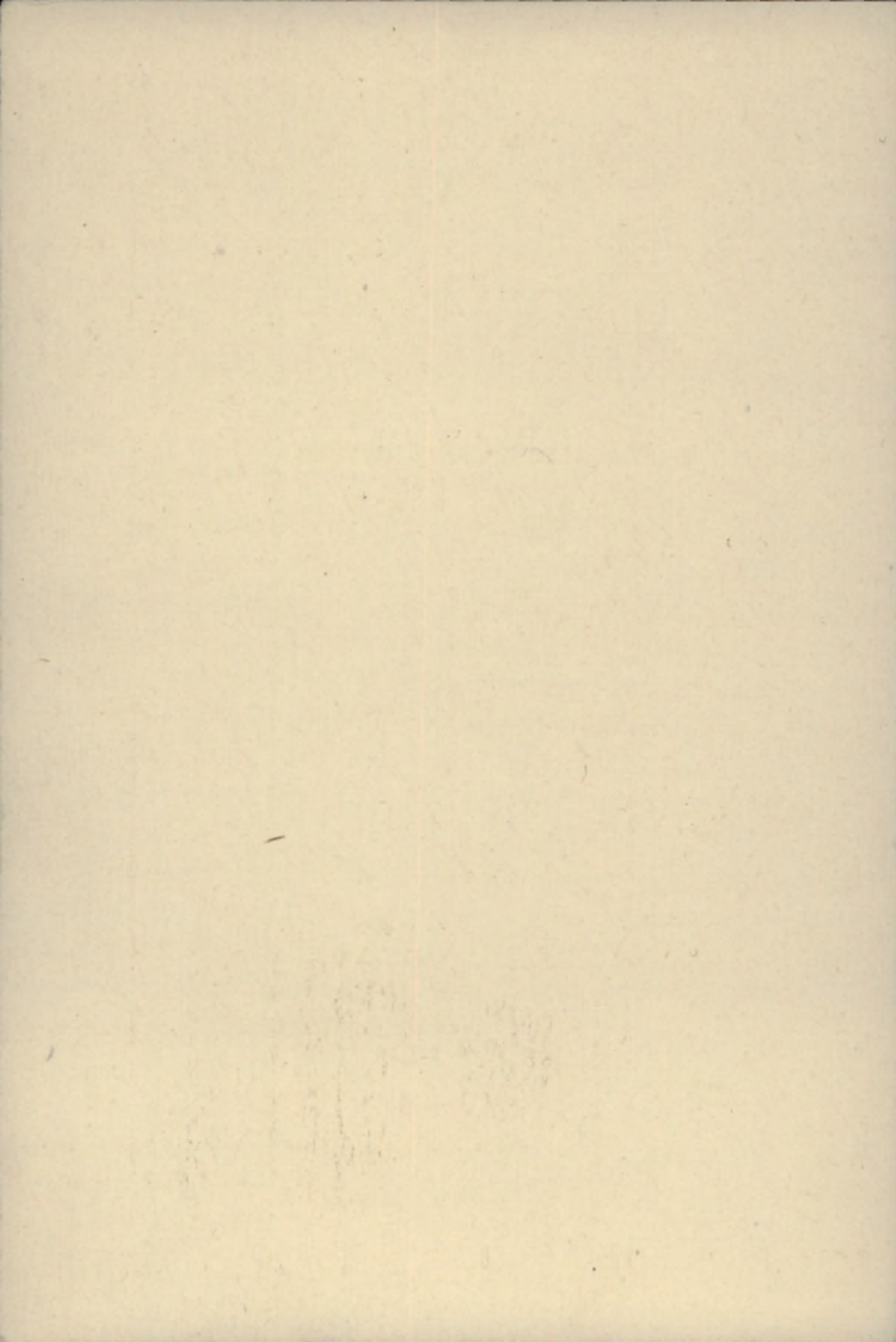
T. O. S. *11-1-16.*

UNIT *141st. Battalion. C. E. F.*

D.O. 15 of 13-1-16.

M. D. 10.

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
<i>1916.</i>	<i>1916.</i>			
<i>Jan. 11.</i>	<i>Jan. 31.</i>	<i>✓</i>		
<i>Feb.</i>		<i>✓</i>		
<i>Mar.</i>		<i>✓</i>		
<i>April</i>		<i>✓</i>		
<i>May</i>		<i>✓</i>		
<i>June</i>		<i>✓</i>		
<i>July</i>		<i>W</i>	<i>Half furlough 17-7-16 to 7-8-16</i>	<i>D.O. 174 of 19-7-16.</i>
<i>Aug.</i>		<i>✓</i>	<i>Returned 5-8-16</i>	<i>D.O. 196 of 13-8-16.</i>
<i>Sept.</i>		<i>W</i>	<i>5 days C.B. absent from sick parade</i>	<i>D.O. 202 of 21-8-16.</i>
<i>Oct.</i>		<i>✓</i>	<i>A.W.L. 17-9-16, 8.30 a.m.</i>	<i>D.O. 228 of 20-9-16.</i>
<i>Nov.</i>		<i>✓</i>	<i>A.W.L. 17-9-16 to 1.45 p.m. 29-9-16</i>	<i>D.O. 238 of 1-10-16.</i>
<i>Dec.</i>		<i>W</i>	<i>admitted to hosp. 9-12-16 disch.</i>	<i>16-12-16 D.O. 301 & D.O. 312 of 12-16.</i>
<i>1917</i>	<i>1917</i>			
<i>Jan.</i>		<i>✓</i>	<i>5 days C.B.</i>	<i>D.O. 310 of 6-2-17.</i>
<i>Feb.</i>		<i>✓</i>	<i>Detailed to attend 8th Bombing</i>	
<i>Mar.</i>		<i>✓</i>	<i>Course W pg. 5-2-17 returned 11-2-17</i>	<i>D.O. 294 & D.O. 37 of 2-17.</i>



24-11-18
23-1-19 J.C.T

9-3-19

1-4-19

10-4-19

23-4-19

1-1-17 acute Bronchitis

14-1-17

4-3-17

13-3-17

Inmoderately

24-4-17 Insultatory

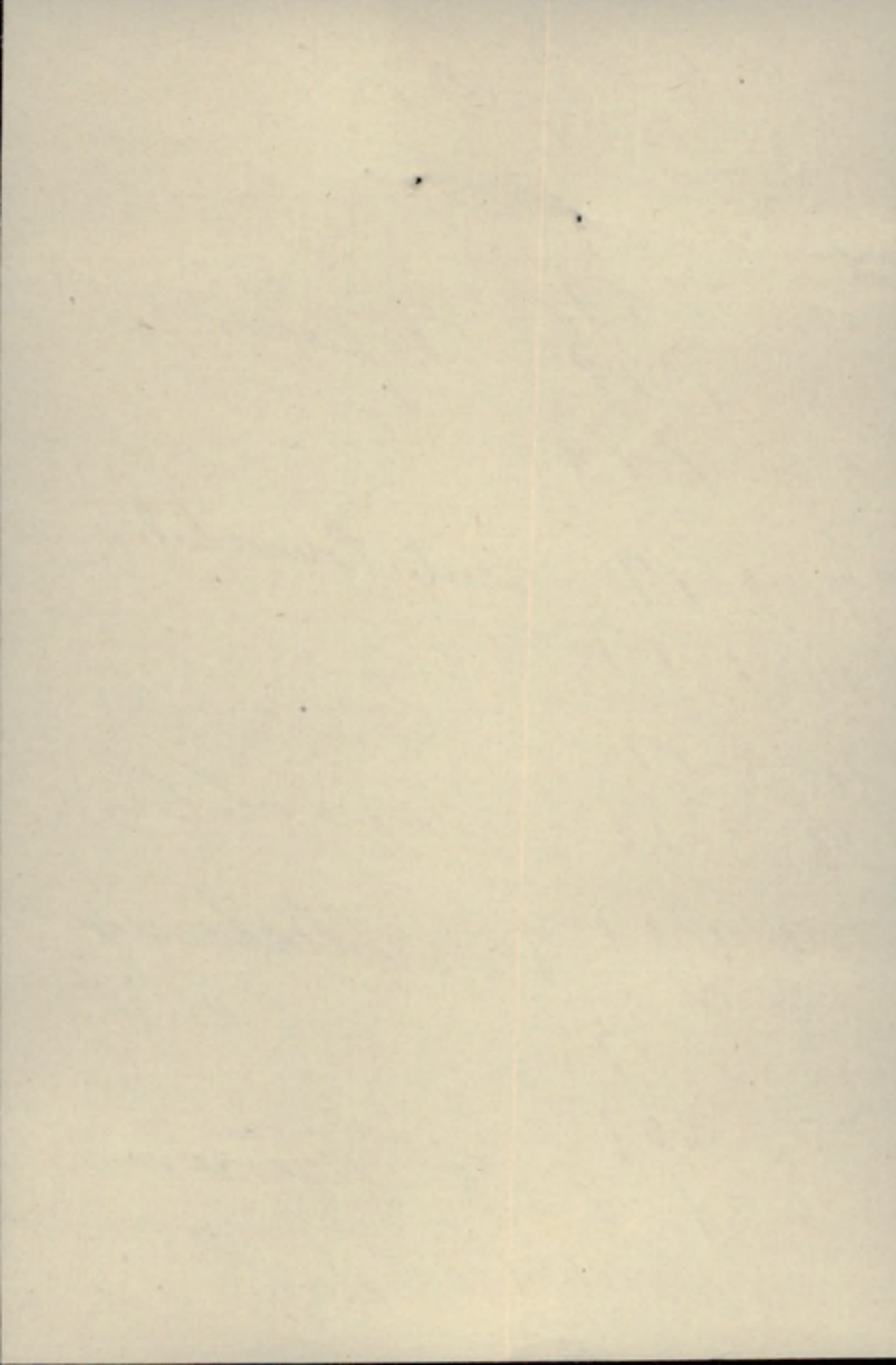
090 9

18-8-17

28-8-17

22-4-18 Perennial

30-4-18 Acute



SPECIAL

41st OVERSEAS BATTALION C.E.F.

820095 ORIGINAL

MEDICAL HISTORY SHEET.

Surname Christoffersen Christian Name William Alexander

Examined on 12 day of January 1916
at Rainy River Ontario
Birthplace { City or Town Kenora
County Ontario

Approved by J.M. Kane
Rank Capt. A.M.C.M.O.

Apparent age 18
Trade or occupation Farmer
Height 5 Feet 8 Inches
Weight 155 Lbs.
Chest measurement { Minimum 32 inches
Maximum expansion 36 inches

Date.	Fit or Unft.	EXAMINED FOR RE-ENGAGEMENT.
<u>July 11 1917</u>	<u>Fit</u>	<u>FIT by MEDICAL BOARD M.O.</u>
		<u>M.O.</u>
		<u>M.O.</u>
		<u>M.O.</u>
		<u>M.O.</u>
		<u>M.O.</u>
		<u>M.O.</u>

Physical development good
Small-Pox Marks none

Vaccination Marks { Arm Right Left yes
Number four

Date.	Result.	VACCINATIONS.
<u>April 16-18</u>	<u>O.K.</u>	<u>M.O.</u>
<u>May 25-18</u>	<u>O.K.</u>	<u>M.O.</u>
<u>Aug 3-18</u>	<u>O.K.</u>	<u>M.O.</u>

When Vaccinated last when very young
(a) Marks indicating congenital peculiarities or previous disease none

(b) Slight defects but not sufficient to cause rejection
Tonsils
none

Date.	Result.	ANTI-TYPHOID INOCULATIONS, ETC.
<u>April 16-18</u>	<u>O.K.</u>	<u>1 TB M.O.</u>
<u>May 25-18</u>	<u>O.K.</u>	<u>2 TB M.O.</u>
<u>Aug 3-18</u>	<u>O.K.</u>	<u>3 TAB M.O.</u>

Enlisted on 12 day of January 1916 at Rainy River Ontario

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>141st Bact</u>	<u>820095</u>	<u>good</u>	<u>January 12 1916</u>
Transferred to	<u>Depot Squad 34th F.H.S.</u>			<u>14-5-18</u>

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
<u>Port Arthur</u>	<u>Nov. 16 - 1916</u>	<u>Peri. Tonsillar abscess.</u>	<u>Discharged to Clearing Stn. for transfer to "A" Unit to Casualties M.D.#4.</u>
<u>Grey Nuns Conv. Home</u>	<u>July 9th.</u>		
<u>Port Arthur</u>	<u>16-4-18</u>		
<u>Somerset Barracks</u>	<u>23/7/18</u>	<u>Category A.</u>	
<u>Kenel Pt.</u>	<u>4.4.19.</u>		

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.

Surname *Christopherson* Christian Name *William Alexander*

STATION.	Date of Arrival at the Station.	DATES OF						DISEASE.	Number of days in Hospital.	Remarks on nature of the disease: how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer.
		Admission into Hospital.			Discharge from Hospital.						
		Day	Month	Year	Day	Month	Year				
<i>Port Arthur</i>		9	Dec	1916	16	Dec	1916	<i>Bronchitis</i>	7	<i>Moderate severity - Recovered</i>	<i>JHAB</i>
<i>"</i>		4	3	1917	13	Mar	1917	<i>Tonsillitis</i>	9	<i>" " "</i>	<i>JHAB</i>
<i>Montreal Royal Victoria Hospital</i>		24	4	17	12	5	17	<i>Peritonsillar Abscess</i>	19	<i>- Cured.</i>	
<i>St. Con Home</i>		18	6	17	1	7	17	<i>Ch. Tonsillitis</i>		<i>→ Tonsillectomy</i>	<i>Wm MacCallum Capt. M.O. i/c of Troops Royal Victoria Hospital.</i>
<i>Montreal que. G.N.C.H.1</i>		7	7	17	9	7	17	<i>Peri. Tonsillar abscess</i>	8	<i>Discharged to M.O.i/c Clearing Stn. for transfer to "A" Unit, M.H.C.C. to Casualties M. D. #4.</i>	
MONTREAL GEN HOSP		18	7	17	28	7	17	<i>Tonsils hypertrophy</i>	10	<i>Tonsillectomy performed - to Comhome for 1 week</i>	
<i>G.N.C.H. Montreal que.</i>		28	8	17	5	9	17	<i>Tonsils. Hypertrophy</i>	8	<i>Discharged to Clearing Stn. for transfer to Casualties M.D.#4 fit for duty.</i>	<i>Wm MacCallum Capt.</i>
<i>St. Bon. Hoop. Lppg.</i>		8	12	17	18	12	17	<i>abscess</i>	10	<i>Ruptured Recovery</i>	
		8	3	19	1	4	19	<i>Bronchitis</i>	25	<i>med attack - fit to rejoin</i>	<i>Wm MacCallum Capt.</i>

MILITARY HOSPITAL
 KIMBEL PARK, CANADA

Temporary (Original Completed)

Regional No. MEDICAL HISTORY OF— A.F. B. 178.

Regimental No. Region

Surname: Christopherson Christian Names: W. H.

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
Colour of Hair Complexion
Eyes
Chest Measurement { Girth when fully expanded Range of expansion }
Physical development
Vaccination Marks { Arm, RIGHT LEFT Number }
When Vaccinated
Vision { R.E.—V L.E.—V With Glasses }
Identification Marks, such as Tattoo, Moles, Scars, etc.
Defects or Ailments

Examined and found—
Fit for Grade { I II III IV }
(Strike out those which do not apply.)
Signature Chairman of Medical Board.

Re-examined for posting at
On day of 191
Enlisted { at on day of 19 }

Table with 2 columns: Corps, Regtl. No.
Joined on enlistment: GRCR, 82095
Transferred to

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.

Table with 2 columns: Date, Brief details and Signature.

Special Remarks: state if a discharged Soldier

TABLE IV.—Service Table.

Table with 3 columns: Station or Troopship, Date of arrival or embarkation, Date of Departure or disembarkation.

Became non-effective by
on day of 191
(Signature)
(Rank)

To Hospital Representative.

1919

21/4

This is to certify that the marginally noted soldier is free from infectious disease, infectious skin disease, vermin and venereal disease.

Christopher pte
820095

W. M. Campbell
C.A.M.C.,
No. 9 Can. Gen. Hos., Kinmel Park.

No. 9 Canadian General Hospital,
Kinmel Park, Rhyll.

1919

To Hospital Representative.

A.G. 10410-30M.
3479-23-8-17.

OVERSEAS MILITARY FORCES OF CANADA

To
Hospital Representative,
No. 9 Canadian General Hospital.

Date

21/4/19

Pr Chrysherson
The marginally named soldier has this day been medically examined and placed in Category A and is now available to be discharged.

For your information and necessary action, please.

W. J. M. ...
Officer Commanding,
No. 9 Canadian General Hospital, Kinmel Park.

39
21/4/19

SPECIAL

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.

66 Dft D of Sqdn 34: 74 N to CRCR.

Unit, Regiment or Corps 141st OVERSEAS BATTALION C. E. F.

Regimental No. 820095 Rank Private Name William Alexander Christofferson
C. E. F.

Enlisted (a) 11.1.16 Terms of Service (a) 227 D of W Service reckons from (a) 11.1.16

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

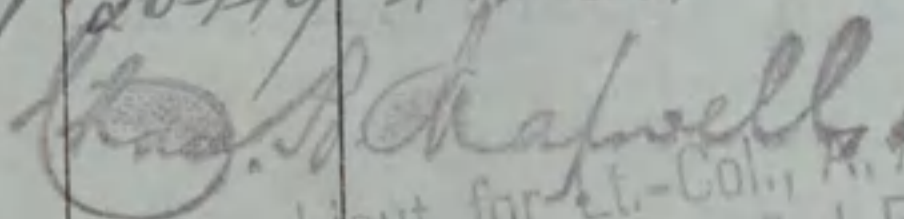
Extended _____ Re-engaged _____ Qualification (b) Farmer

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.
11-2-18	Y.O.S. now 1st Coy C.E.F. proceeded to 1st Coy on Guard Duty	Winnipeg	23/12/17	D.O. 42 Pt. II 11-2-18
11-5-18	Trans. to Depot Squad. 34th F. B. H.	"	14-5-18	C.O. III, May 11, 23/19
24-7-18	Embarked Disembarked. T.O.S. from Canada	Canada Eng S.cliffe	10.7.18 22.7.18 24.7.18	ASST. ADJUTANT, CANADIAN RESERVE CAVALRY REGIMENT. Part II order 205
23.10.18	Proceeded overseas to Fort Garry Horse.	Shorncliffe	23.10.18	Part II Order 296 ASST. ADJUTANT, CANADIAN RESERVE CAVALRY REGIMENT.

(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, Shoering 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				
24.10.18	C.I.B.D.	Arr in France	205 74H	24.10.18	17095
24.10.18	do	Left for unit	Field	27.10.18	M 1441
2.11.18	74H	Joined unit	Field	31.10.18	B 213
23.11.18	yeesta	I.C.T. Knee R adm	yeesta	23.11.18	{ a 3461
		To	17 ces	23.11.18	
30.11.18	17 ces	I.C.T. knee R adm	17 ces	20.11.18	M 8542
30.11.18	J.G.H.	Evac to Hosp.	Field	23.11.18	B 213
5.12.18	55.C.C.S.	Det J.C.T. Knee R. adm	55 C.C.S.	4.12.18	M 9671
4.12.18	1 Can C.C.S.	To. I.C.T. Knee R. adm.	47 C.C.S.	5.12.18	
		To. I.C.T. Knee R. adm.	1 Can C.C.S.	4.12.18	M 9655
7.12.18	6 gen	To. I.C.T. knee R adm	55 ces	4.12.18	
7.12.18	5 ces	I.C.T. knee adm	6 gen	7.12.18	N 667
7.12.18	41 ces	To. I.C.T. knee adm	5 ces	5.12.18	{ N 1196
		To. I.C.T. knee adm	33 ces	6.12.18	
16.12.18	42 genl	To. I.C.T. knee R adm	41 ces	6.12.18	{ N 1196
16.12.18	6 genl	To. I.C.T. knee R	27 at	6.12.18	
4.1.19	14 bomb up	To. I.C.T. knee R adm	42 genl.	16.12.18	N 1676
4.1.19	72 genl	To. I.C.T. knee R	Ironville	16.12.18	N 3886
29.1.19	C.I.B.D.	To. I.C.T. knee R adm	14 bomb up	4.1.19	N 4223
		To. I.C.T. knee R	14 bomb up	4.1.19	N 4223
		Trans to Eng for demob and posted to C.C.R.D.	Kennel	30.1.19	M 811


 Lt.-Col., A. A. G.
 Canadian Section, G. H. Q. 3rd Echelon, B. E. F.

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. 36
cm
 Date 13-5-19

SHORT FORM.
PROCEEDINGS ON DISCHARGE.
 (Demobilization.)

M D 10



1. No.	820095	
2. Rank.	PTE	
3. Name.	CHRISTOFFERSON WILLIAM	
4. Unit.	"FQH" CAN RES CAV REGT	
5. Date of Discharge	26. 5. 19	Place WINNIPEG
6. Reason for Discharge	DEMOBILIZATION	
War Service Badge Class "A" No. 186325		
7. Authority.	Do 148	
8. Proposed Residence after Discharge	GEN DEL P O	
	SLEEMAN	ONT
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. ? <div style="text-align: right; margin-top: 20px;"> <i>W.A. Christofferson</i> ✓ Signature of Soldier. </div>		
10. CONFIRMATION. The discharge of the above named man is hereby confirmed.		
Place	
Date	MAY 26 1919	
Signature <i>W. Wood</i> ✓ for (O. C. Discharging Unit.)		

C. 1847

CARONIA

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

ADDITON 45 PAYMASTER 57

M. OR S.

REGT. No. 820095 RANK Pte NAME (IN FULL) Christofferson W A

NEXT OF KIN	RELATIONSHIP	PARTICULARS	EFFECTIVE DATE	AUTHORITY	ORIGINAL UNIT C.E.F. 7.9.H	IF IN P.F. WHAT UNIT?	(BLOCK LETTERS SURNAME FIRST)
ADDRESS					PLACE OF ATTESTATION	TRANSFERRED TO DATE	AUTHORITY
					DATE OF ATTESTATION	TRANSFERRED TO DATE	AUTHORITY
IS SEPARATION ALLOWANCE PAID? nil	DATE EFFECTIVE				ASSIGNED PAY \$	DATE EFFECTIVE	
TO WHOM PAID	RELATIONSHIP				PAYABLE TO	RELATIONSHIP	ANY CHANGE IN ASSIGNEE OR ADDRESS
ADDRESS					ADDRESS		
					STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE	EFFECTIVE	
					DISCHARGED	PLACE DATE	REASON AUTHORITY

26

Bank of Commerce Rainy River Ont

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		CREDITS		COL. NO. 1	COL. NO. 2	COL. NO. 3	COL. NO. 1	COL. NO. 2	COL. NO. 3	PAY	CHARGES	CHARGES	CHARGES	CHARGES	CHARGES	DEBIT	CREDIT	DEBIT	CREDIT	
			\$	C.	\$	C.	\$	C.	\$	C.	\$	C.											
1/5 to 3/6	34	1.40	37.40	70.00	129.96	129.96				9.73	4.87												61 BAL. ENG. L. P. O. 129 96/44
			35.00	142.40						9.73	5.00	243.03											Prato 3/6/19
183 Days			420.00	420.00								War Service Gratuity											Clothing Allow. 1st payment W.S.G.
July 14													790075	70.00									Advances - Boat - Train
													793735	70.00									A.P. chgd. on Eng. L.P.C. to
													1222279	70.00									1st Payment W.S.G. as above
													1244349	70.00									28.88 1/2 Pa Pra
													1689854	61.20									70 - 2nd Payt W.S.G.
																							70 - 3rd " "
																							70 - 4 " "
																							70 - 5 " "
																							61 - 20 - 6th -
7/4/20			3.00	3.00																			613 - Kit last day of Dec in
																							Oct 20 1919

* Strike out whichever inapplicable.

ASSIGNED PAY	ENGLAND or CANADA.	SEPARATION ALLOWANCE.	ENGLAND or CANADA.	NAME: CHRISTOFFERSON W^o Alexander
EFFECTIVE DATE:-		EFFECTIVE DATE:-		NUMBER:- 820095
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
				P.O. 205 2/27-7-18 22-7-18 Pte
				UNIT AND TRANSFERS
				ORIGINAL UNIT:- Fort Gary House
				DATE ACCOUNT FIRST OPENED 16-6-18
		AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T SFD
		C.P. Canada		
				UNIT TRANSFERRED TO
				C.P.C.R.

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
8/4	407	CRCA	24 33				
24	40	"	9 73				
25-3	1248	NO 9	107 2 43				

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	P.A.	P.F.A.	SUBS'CE ALL'CE
C.P. Canada	1 00	10		
C.P. Bal	166 45			
C.P. R.	129 96			

PARTICULARS OF RENDERING NON-EFFECTIVE: **Dis ban 20/4/19 N R 6609 Rhyl 11/4/19 Rhyl MD 10**

MONTH	PARTICULARS	CR 1	CR 2	PARTICULARS	DR 1	DR 2	DR 3	DR 4	BALANCE	DEFERRED	SEPARATION
June 15	Balance from Canada								17 00		
Aug.	June 15 Days July rang No. 107	84 70		CR 2 Halifax	5 00						
				" 1538 CRCA 7/8/18	9 73						
				" 2026 " 20/8/18	24 33						
		84 70			39 06				62 64	0 -	
Sept.	P.P.	33 -		" 2853 " 12.9.18	19 47						
				" 2827 " 24.9.18	14 60				61 59	45 -	
		33 -		" 3025 " "	34 07						
Oct.	"	34 10		" 3023 " 7.10.18	19 47						
				" 2208 C.P.B.S. 27.10.18	4 66				71 54	60 -	
		34 10			24 13						
Nov	"	33 -		" 1856 CRCA 29.10.18	3 73						
Dec	"	34 10		" 406 F.P.H. 15.11.18	3 73						
Jan.	"	34 10		" 980 Forks Spom 26.11.18	10				165 09	105 -	
		101 20			7 65					24 33	10/1/19
Feb	"	3080		" 6933 1st C.S.A. 7.1.19	11 19						
				" 7090 " 13.1.19	1 87					80 67	
				" 7394 " 20.1.19	1 87						
				" 8712 C.B.S. 31.1.19	4 66						
				" 4838 Rhyl 6.2.19	38 93						
				" 28669 C.P. Lond 8.2.19	9 73						
				" 29977 " 10.2.19	24 33						
				" 5193 CRCA 27.2.19	4 87						
				" 954 9th C.S.A. 13.3.19	2 43				130 11		
		64 90			99 88						
April	"	33 -		" 1248 Kinnels Pt. 25.3.19	2 43				113 11		
	Int on def Pay	3 34		" 40 " 2.4.19	9 73						
	Ord. Trd.	36 34		Ord. Trd.	12 16				130 11		

COMPILED BY **Dr Smalley**
CHECKED BY **W. J. ...**

NUMBER 820095 RANK *Pl.*

NAME CHRISTOFFERSON *N. A.*

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
<i>April</i>	<i>Brt. Ind.</i>	<i>3634</i>		<i>Brt. Ind.</i>	<i>1216</i>				<i>13011</i>		
	<i>Claims for Kit lost on Is City of Vienna</i>	<i>3</i>		<i>Ad. 407 Kennel Pl. 8.4.19</i>	<i>2433</i>						
	<i>Auth. Pl. 9 letter d. 13.3.19</i>			<i>Pl. 2475</i>	<i>30.4.19</i>			<i>973 endorsed.</i>			
				<i>" 3767</i>	<i>12.5.19</i>			<i>973 "</i>	<i>11350</i>		
		<i>3634</i>	<i>3-</i>		<i>5595</i>						

S. O. S. to Canada ^{13/}15/19 Sailing List to

* N. B.—This Form being applicable to any Board of Officers or Committee or Court of Inquiry, this blank to be filled in accordingly.

The signature of each Officer composing the Board, &c., should be attached to the end of the proceedings.

PROCEEDINGS of a * Medical Board,
assembled at Montreal, Que.,
on the 29th May, 1917,
by order of G.O.C., M. D. No. 4,
for the purpose of examining and reporting on
#820095, Pte. A. Christopherson,
(141st Battalion, C.E.F.)
"A" Unit, M. H. C. Command.

PRESIDENT.

Captain C. C. Birchard, A.M.C.,

MEMBERS.

Captain C. R. Bourne, A.M.C.,

Captain J. L. D. Mason, A.M.C.

Secretary Militia Council,

OTTAWA, ONT.

APPROVED AND FORWARDED.

Major
for Lieut-Colonel, A.D.M.S., M.D.#4
for Major-General, G.O.C., M.D.#4

Montreal, P.Q.
1/8/17.

The Board having assembled pursuant to order, proceed to
examine said man, and find that -

1. He has chronically enlarged tonsils, with repeated attacks of tonsillitis, for which he refuses operation. He has also had an attack of sub-acute Rheumatism in right ankle joint, with a history of previous attacks before enlistment.

2. His physical condition is otherwise good.

In view of the above, the Board recommends his transfer to Category C, II, and in the meantime pronounces him fit for discharge to his unit.

APPROVED
AUG 4 1917
Harry J. Watson
For /D.G.M.S.

Dated at Montreal, Que.,
May 29th, 1917.

M. F. B. 303.
150M.-1-17.
H. Q. 1772-39-133.

C.C. Birchard

Capt.

C.R. Bourne

Capt. 3

J.L.D. Mason

Dis. Sec. 1/7