REGIMENTAL DOCUMENTS

NAME Anderson Kavinius REGT. NO. 809 099 UNIT H. Q. FILE NO.

9044

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	CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
	ATTESTATION PAPER (M.F.W. 23, 133, or 51) 10					DEATH
	CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category
1	~~TRAINING HISTORY SHEET (M.F.W. 113)~~ Record sheet					K. A.
1	FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
1	REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)					
1	COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					
2	MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
	DENTAL HISTORY SHEET (M.F.B. 465)					Category
	MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					
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	TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)					
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1	Ring					
1	Will (Copy)					
1	M.F.W. 67					
1	Can Card					
1	Army Form (B122) Identity Card					
	Pay Sheet					

H

PO-162

10-70

25-29

27-29

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M.X.

26. 5. 70

JAS.

ORIGINAL

ATTESTATION PAPER.

No. 809099

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? ..... Hjarnius
1b. What is your present address? ..... Blackie, Alberta, Canada
2. In what Town, Township or Parish, and in what Country were you born? ..... Fergus Falls, Minnesota, U.S.A.
3. What is the name of your next-of kin? ..... J. O. Anderson
4. What is the address of your next-of-kin? ..... Same Blackie, Alberta, Canada
4a. What is the relationship of your next-of-kin? ..... Brother
5. What is the date of your birth? ..... 16th Sept. 1884
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? ..... Yes.

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Hjarnius 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.

K. Anderson (Signature of Recruit)

Date March 25th 1916 Stanley Harrison (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Hjarnius 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.

K. Anderson (Signature of Recruit)

Date March 25th 1916 Stanley Harrison (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 High River, Alberta this 24th day of March 1916

P. A. Bloomfield (Signature of Justice)

M. F. W. 23.
400M.—1-15.
H. Q. 1772-39-841.

Description of Karinius Anderson on Enlistment.

Apparent Age 32 years ..... months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height ..... 6 ft. 1 ins.

Chest measurement. Girth when fully expanded ..... 37½ ins.
Range of expansion ..... 3 ins.

Complexion ..... Fair

Eyes ..... Blue

Hair ..... Dark brown

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).

None

CERTIFICATE OF MEDICAL EXAMINATION.

I have examined the above-named Recruit and find that he does not present any of the causes of rejection specified in the Regulations for Army Medical Services.

He can see at the required distance with either eye; his heart and lungs are healthy; he has the free use of his joints and limbs, and he declares that he is not subject to fits of any description.

I consider him* fit for the **Canadian Over-Seas Expeditionary Force.**

Date March 29th 1916.

Place Wright Camp, Alberta, Canada.

R. E. Brassell M.B.
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.

Karinius 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.

Geo. S. Mayfield Lt Col (Signature of Officer)
137TH O. BN. C.E.F.

Date April 4th 1916.

137th O. BN., C. E. F.

Original 809099.

MEDICAL HISTORY SHEET.

ORIGINAL

Surname Anderson Christian Name Karimiys

Examined on 28th day of March 1916 at High River, Alberta Canada

Approved by R. E. Brewell M.O.

Birthplace City or Town Fergus Falls County Minnesota USA.

Rank M.O

Apparent age 32

Trade or occupation Farmer

Height 6 Feet 1 Inches.

Weight 150 Lbs.

Chest measurement Minimum 34½ inches. Maximum expansion 37½ inches.

Physical development Good

Small-Pox Marks None

Vaccination Marks Arm Right. Left. Number None

When Vaccinated last —

(a) Marks indicating congenital peculiarities or previous disease None

(b) Slight defects but not sufficient to cause rejection None

Date	Fit or Unfit	Examined for Re-engagement,
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Date	Result	Vaccinations.
17/7/16		L. R. Steele M.O.
		M.O.
		M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.
13/6/16		L. R. Steele M.O.
17/7/16		L. R. Steele M.O.
15/9/16	0.A.B. 1	[illegible] M.O.

Enlisted on 28th day of March 1916 at High River, Alberta, Canada

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	137TH O. BN. C.E.F.	809099.		28/3/16.
Transferred to..	10thBn			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.

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

M. F. B. 313.

150M.—8-15.
H. Q. 1772-39-439.

Surname..... Christian Name.....

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

Karinius ANDERSON

Karinius ANDERSON

809099

Canadian Expeditionary Force

16 September 1884 — Fergus Falls, Minnesota, U.S.A.

28 March 1916 — High River, Alta.

Canada, Britain and France

See remarks

See remarks

Private

British War Medal and Victory Medal

Killed in action on 9 April 1917 while serving in France with the 10th Battalion

Having no known grave, his name is commemorated on the Vimy Memorial, France

17 May 1985

R—122

A.C. Rank | Name ANDERSON, Karmins. (Karinius) | Reg'l No. 809099

Unit 137th. Bn. | If in perm. Corps, What Unit? | Married or Single Single.

Place and Date of Enlistment High River, Alberta. March. 28th. 1916. | Place of Birth Fergus Falls, Minnisota U.S.A.

Name and Address, Next-of-Kin J.O. Anderson. Blackie, Alberta, Canada. | Relationship Brother.

Assigned Pay Monthly $ | Payable to | Relationship

Separation Allowance $ | Payable to | Relationship

Discharge, Date and Place | Reason | Character

N/E. R.B. No. 2956.
File R.E. 25-H-1211.
Category K/A

H. W. & V., Ld.—7165-16.

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 H.M.T. 2810 30-8-16			
28-11-16	137th Bn:	S.O.S on hand: to 10th Bn:	Witley Camp	28-11-16	Pt II D0294.
7-12-16	10th Bn.	Taken on Strength	France.	29-11-16	Pt II 70
2.4.4.17	—	Killed in Action	Field	9.4.17	Pt 45
23.5.17	— —	Killed in action	—	9.4.17	CL 651

A.F.B. 103 CHECKED 12 DEC 1916
W.H.

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.					

L. L. Job 4503.—M. & D. 6332.

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

M. F. W. 12.
50m.—6-16.
H. Q. 1772-39-819.

Ewr

To Whom J. O. Anderson
Address Blackie
Alta

Rate $15.00 Aug. 1st 1916

By Whom Assigned Anderson Karinius
Regtl. No. 809099
Rank Pte.
Corps 137th D. Bn. C. E. F.

PAYMENTS

Month	Year	Cheque No.	Amt.		REMARKS
Aug.	1914				Notified Date 8-6-17
Sept.					Action ~~Died of Wounds~~ Date 9-4-17
Oct.					~~Illness~~ (31) 23-5-17 Clerk J. H. Ostrom
Nov.					Date Noted 8th June 1917
Dec.					
Jan.	1915				
Feb.					
March					
April					
May					
June					
July					
Aug.					
Sept.					
Oct.					
Nov.					
Dec.					
Jan.	1916				
Feb.					
March					

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

M. F. W. 12a.
50m.—6-16.
1772—39—819.

Sheet No. 2. J. O. Anderson

L. L. Job 4503.—Req. 6832.

PAYMENTS.

Name of Soldier Anderson Karinius

Pte. 137th O. Bn. C.E.F. #809099

15 00

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May				
June				
July				
Aug.		415911	15	
Sept.		615269	15	
Oct.		E 19580	15.	
Nov.		E 45554	15	
Dec.		A 35001	15	$150 to 31-5-17 C.F.X. 8-6-17
Jan.	1917	I 36134	15	
Feb.		I 42489	15	15
March		I 48582	15	15
April		J 221	15.	15 E. Acct. closed 31-5-17 Cas
May		J 6514	15	J. H. Strong 8-6-17
June		~~J 13123~~	~~15~~	15 8 J 13123 Canc. Cas. 8-6-17
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

Total $150 00

~~F. X. Rend.~~ Date

E.F.X. " 13/10/17

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.				

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

WZR

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

Casualty Form—Active Service.

Unit, Regiment or Corps 137TH O. BN. C.E.F.

Regimental No. 809099 Rank Private Name ~~William~~ Anderson Katinius

Enlisted (a) 28/3/16 Terms of Service (a) ~~C.E.F.~~ Duration of war Service reckons from (a) 28/3/16

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: Date	Report: From whom received	Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
		Embarked Canada.	Halifax	21/8/16.	H.M.T. "Olympic"
		Arrived England.	Liverpool	30/8/16.	
~~28-11-16~~ 28/11/16	C.D.D. Bramshott BH 1-5-1A vol 2 O.C. 137 Bn	Proceeded overseas for service with 10th Bn	Witley	28/11/16	PH II D.O. 294 d/28/11/16
29/11/16	C. B. D.	ARRIVED C. B. D.	FRANCE	29/11/16	N. R. D. PART II ORDERS No. 70 D 7/12/16
30/11/16	C. B. D.	LEFT C. B. D. FOR	10th Bn	30/11/16	N. R. D.
9/12/16	O.C. 10. BN	ARRIVED 10th BN.	FIELD	4/12/16	B. 213 D.
19.4.17	OC 10th Bn	Killed in Action	Died	9.4.17	K.I. 16/3038 Parte Orders 45 24/4/17

W. A. Taylor Capt & ADJUTANT 137th BATTALION CAN. INF.

Chas. B. Maxwell Lieut for Major, D.A.A.G. Canadian Section

CERTIFIED CORRECT. 5 DEC 1916 CAN. REGTS. LONDON

(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				

FORM OF WILL

I, Karinius Anderson (Name in full)

Regimental Number 809099 serving in 137th O. Bn. C. E. F.

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

I devise all my real estate unto

Mrs Christ Hyslien
632-8th Ave. E.
Calgary Canada

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

absolutely, and my personal estate I bequeath to

Mrs Christ Hyslien
632 8th Ave E.
Calgary Canada

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

NOTE

This space for the appointment of Executor if necessary.

IMPORTANT NOTE

This must be signed and Dated by THE SOLDIER HIMSELF.

this 25th day of November A.D. 1915

Karinius Anderson Signature of Soldier.

*N.B. Person l 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 W. W Wilson Captain

Address of Witness 137th Battn Can Inf.

Occupation of Witness Officer O. H. M. S.

Signature of Second Witness I Livingston C. Q M S

Address of Witness 137 Can Infantry

Occupation of Witness Soldier.

M. F. W. 82.
300M.-12-16.
1772-39-983.

Witnesses to Signature

DUPLICATE 809099.

ANDERSON

MEDICAL HISTORY SHEET.

Surname Anderson Christian Name Karinius

Examined on 24th day of March 1916 at High River, Alberta, Canada

Approved by R. E. Braswell M.O.

Rank M.O

Birthplace City or Town Fergus Falls County Minnesota, U.S.A.

Apparent age 32

Trade or occupation Farmer

Height 6 Feet 1 Inches.

Weight 150 Lbs.

Chest measurement Minimum 34½ inches. Maximum expansion 37½ inches.

Physical development Good

Small-Pox Marks None

Vaccination Marks Arm Right. Left. Number None

When Vaccinated last —

(a) Marks indicating congenital peculiarities or previous disease None

(b) Slight defects but not sufficient to cause rejection None

Date	Fit or Unfit	Examined for Re-engagement,
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Date	Result	Vaccinations.
17/7/16.		L. R. Shurtleff M.O.
		M.O.
		M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.
17/7/16		L. R. Shurtleff M.O.
17/7/16.		L. R. Shurtleff M.O.
		M.O.

Enlisted on 24th day of March 1916 at High River, Alberta, Canada

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	137TH O. BN. C.E.F.	809099.		28/3/16.
Transferred to..				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.

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

M. F. B. 313.

150M.—8-15.
H. Q. 1772-39-439.

Surname..... Christian Name.....

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

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 137th O. Bn. C.E.F.

(2) Regimental Number 80.90.99

(3) Full Name of Soldier Karinius Anderson

(4) Place of Birth Fergus Fall, Minn, U.S.A.

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

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

(b) Present Postal Address ✓

(7) Are you a widower? No

(8) Have you any children? No

If so, give number of boys and girls ✓

Also their names and ages ✓

M. F. W. 67.

200M.—3-16.
1772 39-954.

(SEE OTHER SIDE.)

(9) Is your Father alive? Yes

If so, state name and address Olie Anderson, Blackie, Alberta, Canada.

(10) Is your Mother alive? No.

If so, state name and address ✓

(11) If your Mother is a widow

Are you her sole support, or not? ✓

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

✓

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

✓

(14) If you have a wife, or children, or a widowed mother who depends on you as her sole support, have you applied to the Paymaster of your unit for Separation Allowance? If not, this must be done.

✓

(15) Are you insured? No.

If so, in what Company?

Have you made arrangements for payment of your Insurance premium

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

Lt. Col.
137th O. BN., C. E. F.
Officer Commanding.

Date July 24 - 1916

FORM D.M.S. 1300.
8137—50m—28/2/17.

Surname: Anderson
Christian Name or Names: L.
Reg. No.: 809099

Rank: Pte
Unit: 10 Bn
Co.
Troop
Batty.

Hospital
Date of Admission

Transferred Hosp.

Hosp.

Hosp.

Hosp.

Diagnosis

(1)
Later Diagnosis (if changed)

(2)

(3)

Additional Diagnosis: if more than one state present

Killed in Action 9.4.17

JR.

DISPOSITION

Date

C.f. 23.5.17 A651

REMARKS

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

EPITOME OF HOSPITAL TREATMENT.

	Hospital	Adm.
1.		
2.		
3.		
4.		
5.		
6.		
7.		

Anderson, K. Karenius 809099, Pte. (Formerly ~~137th~~ 10th Bn.) M 649-A-4505

Not Eligible for 1914-15 Star,

Medals & Decorations sister Mrs. L. Hyslien, 632-8th Ave., E., Calgary, Alta. 10452

P. & S. R.F.D. #3 Minot Edward Anderson, ~~Moniot~~, N.D., U.S.A. (21/8/22.)

(Ser. # 801884.)

Memorial X Nil

Scroll Desp. APR 21 1921 Reqn. No. 37318

R.

Plaque Desp. DEC 30 1922 Reqn No 148334

Pts. 26 3/20

Scroll re-desp. 19 8/22. B 1841.

Scroll rtd. 25-5-21.

REGT'L. NO. 809099

H. Q. FILE NO. 649

NAME Anderson Karinius

RANK AND CORPS Pte. 1st Bn Form. 137th Bn

FOLLOWS NO.

FOLLOWS

CABLE NO.	CABLE DATE	NATURE OF CASUALTY
M 5143.	22-5-17	Killed in action April 9th 1917
B20904	Rouen 24-4-17	" " " In the Fld. France 9-4-17 (noted 26-6-17)

L. L. 18950—M. & D. 7789

M. F. W. 42—30M.—4-17.
H. Q. 1772-39-893.

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
A651	Killed in	9-4-17	action

FORM R. 149.
7106—250m—7/2/17.

Name ANDERSON. Karinius *Rank* Pte *Reg. No.* 809099x

Unit 10th Battn.

Next of Kin Canada

25-A-1211

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
9-4-17	KILLED IN ACTION			A656	M5143	

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

Geo. C. Hyslop,
c/o Messrs Millican & Smith Co.,
Barnsdale
Calgary
19/9/17

Married or Single: S

Place of Birth: Fergus Falls, Minn. U.S.A.

Name and Address of Next of Kin: Mr. J. O. Anderson, Blackie, Alta.

Relationship of Next of Kin: Brother

Name and Address of Next of Kin:

Relationship of Next of Kin:

Separation Allowance Monthly $: Effective (Date):

Payable to:

Relationship of Dependant:

COMPILED BY
CHECKED BY

Casualties, Promotions, &c.

Particulars	Effective Date	Authority
Killed in Action	9/4/17	P.O. 45 24/4/17 G.L.A. 1/651 25/7/17

Admissions to Hospital, &c.

Date Admitted	Date Discharged	V. or A.	Name of Hospital

Reg'l No. 809099 Rank Pte. Name Anderson Karimus

If in Permt. Corps What Unit: Unit 137th Batt. Transferred to 10th Bn Date ~~25~~ 12/16 Authority pt 2 O. 294

Permanent Force Allowances: 16 MAY 1917 Transferred to Sub Bn K. Date 10.4.17 Authority P.O. 45 24/4/17

Place of Attestation: High River, Alta. Transferred to N.E. Bch. Date 1-5-17 Authority do.

Date of Attestation: 20/3/16 Transferred to Date Authority

Assigned Pay Monthly $ 15.00 Date Effective Aug 1/16

Payable to Mr. J. O. Anderson, P.O. Box 25, Blackie Alta. Relationship Brother

Assigned Pay Monthly $ Date Effective

Payable to Relationship

Stop-Payment Form (Assigned Pay) Rendered (Date) Stopped Effective 1-6-17 Reason Killed in Action 9.4.17 P.O. 45 24/4/17

Discharge Date and Place Reason and Authority

Account Transferred to Non-Effective Branch (Date)

Account Transferred to Officers' Pay Branch (Date)

PAY OFFICE, N.E. BRANCH, AUG 8 1917, CANADIAN CONTING.

Entered on N.E. Card Index

Checked by

Date 1916	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
														19 10	19 10																19 10				
Sept	30	1.00	30		30	10	3								33	34	6/9	45 / 118	15/9 / 30/9					14.60	4 87 / 9 74			15.		44 21	7 89				
Oct	31	1.00	31		31	10	3	10							34	10	160	14/10	204	31/10				4 87	9 73			15.		29 60	12 39				
Nov	30	1.00	30		30	10	3								33		265	15/11	295	26/11				4 87	2 43			15		22 30	23 09	15 50	7 59		Trans to 10th Bn 1/12/16
Dec 1/3			3				3	10							34	10												7.50		15	62 19				
			12	20			12	20									173	3/12						11 33											
Jan 1/31			34	10											34	10	160	2/1						5 23				15		31 56	44 93				
																	1286	4/2						2 62											
Feb 1/31			30	80											30	80	1275	15/2						2 62				15		20 24	55 29				
Mar 1/31			34	10											34	10	1529	17/3	1455	27/3				2 61	2 62 / 2 61			15.		22 84	66 55				
																			1919	7/5								15. Ck							
Apr 1/9			9	90											9	90	27	1/4						2 62				15. Pay		32 62	43 83				
10/30			23	10											23	10																			
																												Balance transferred to N. E. Branch			66 93				
																								6693						6693					

Checked

Checked

Statement of AUG 25 Account rendered

Can. Can. Pay (1-8-16 – 31-5-17 $150.00) HQ 593-1-12 d/8.6.17.

A.P.P. at Winnipeg
Killed in Action 9/4/17 Bow 24/4/17
Trans to Sub Bn SK 10/4/17
To N.E. Bch 1-5-17
Dbt to Ottawa for Left 10/9/17 No 218