

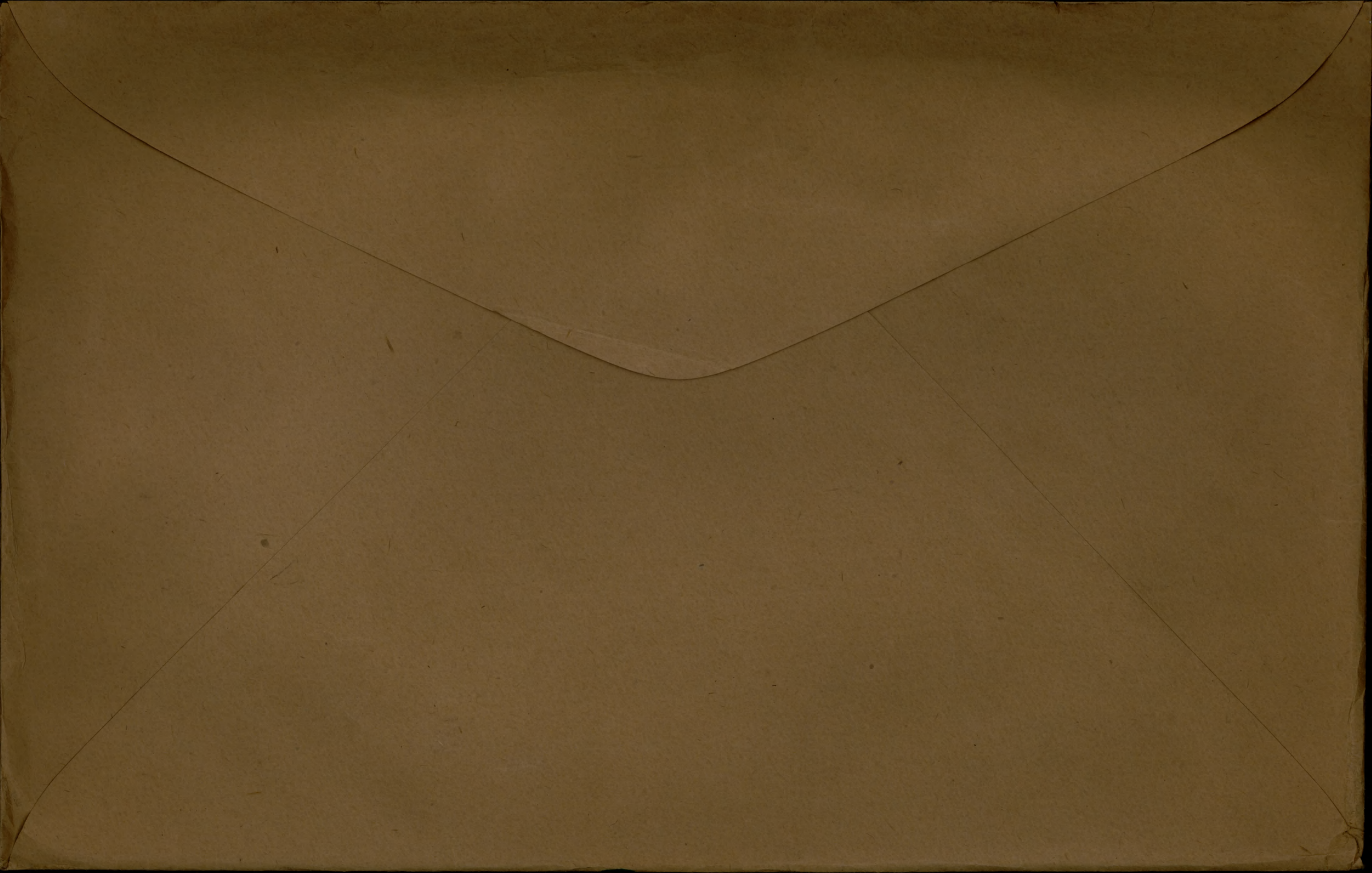
REGIMENTAL DOCUMENTS

(S)

(H)

NAME ANDERSON, Samuel REGT. No. 441Y82 UNIT 53rd Bn H. Q. FILE No. 1420

CONTENTS		DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
3	ATTESTATION PAPER (M.F.W. 23, 133 or 31)		(M)			DEATH
/	CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					CATEGORY
/	TRAINING HISTORY SHEET (M.F.W. 113) <i>Record sheet</i>					<i>Killed in Action</i>
/	FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					<i>6-9-16</i>
/	REGT. CONDUCT SHEET (M.B.W. 263 or A.F.B. 120)					
/	COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					<i>M.X. 23-4-20</i>
2	MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)		(H)			DISCHARGE
	DENTAL HISTORY SHEET (M.F.B. 465)					CATEGORY
	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)					
	PROCEEDINGS, 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)					DESERTION
	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)					
5	CARDS					
<i>yes</i>	PAY-SHEETS					
2	Wills					
						<i>4-29</i>
						<i>8-30</i>
						<i>17-30</i>
						<i>1</i>



✓

Baselo

No. 441/82.

Folio. ORIGINAL

ATTESTATION PAPER.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION. (ANSWERS.)

1. What is your surname?..... *Anderson*
- 1a. What are your Christian names?..... *Samuel*
- 1b. What is your present address?..... *Royal Oak Hotel*
2. In what Town, Township or Parish, and in what Country were you born?..... *Iceland*
3. What is the name of your next-of-kin?..... *Mrs Bing Pearson*
4. What is the address of your next-of-kin?..... *271 Lakeside Street Wpg*
- 4a. What is the relationship of your next-of-kin?..... *Sister* *Man.*
5. What is the date of your birth?..... *April 29th 1885* *Canada*
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, *Samuel 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.

Sam Anderson (Signature of Recruit)
Date *18/12/15* 191 . *J. McCurray* (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *Samuel 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.

Sam Anderson (Signature of Recruit)
Date *18/12/15* 191 . *J. McCurray* (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* this *18th* day of *December* 191 *5*.

Samuel Anderson (Signature of Justice)

Description of Samuel Anderson on Enlistment.

Apparent Age... 30 years 7 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. 4 ins.

Chest measurement { Girth when fully expanded..... 40 1/2 ins.
 Range of expansion..... 2 ins.

Complexion..... Brown fair

Eyes..... Blue

Hair..... Brown

Religious denominations { Church of England.....
 Presbyterian.....
 Methodist.....
 Baptist or Congregationalist.....
 Roman Catholic.....
 Jewish.....
 Other denominations..... Lutheran
(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..... 18 December 191 8..... Shawker

Place..... Winnipeg..... Capt A. M. C.
OK. K.D.S. Medical Officer.

*Insert here "fit" or "unfit."

NOTE.—Should the Medical Officer consider the Recruit unfit, he will fill in the foregoing Certificate only in the case of those who have been attested, and will briefly state below the cause of unfitness:—

.....

CERTIFICATE OF OFFICER COMMANDING UNIT.

Samuel 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.

..... Anderson..... (Signature of Officer)

Date..... 18/12 191 8

ORIGINAL

McCard, C.P. 482

MEDICAL HISTORY SHEET.

Surname Anderson Christian Name Samuel

Examined { on 18th day of December 1915 at Winnipeg

Approved by Shawther

Birthplace { City or Town _____ County Isleland

Rank Capt. a.m.c. M.O.
1st Lt.

Apparent age 30 years 7 months

Trade or occupation Tanner

Height 5 Feet 4 Inches.

Weight 130 Lbs.

Chest measurement { Minimum 38 1/2 inches.

{ Maximum expansion 2 inches.

Physical development normal

Small-Pox Marks none

Vaccination Marks { Arm Right Left _____
Number 2

When Vaccinated last Childhood 4 1915

(a) Marks indicating congenital peculiarities or previous disease _____

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

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT,
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Date	Result	VACCINATIONS.
		M.O.
		M.O.
		M.O.

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>7/1/16</u>	<u>+</u>	<u>A.</u> M.O.
<u>24/1/16</u>	<u>+</u>	<u>Shawther</u> M.O.
<u>4/2/16</u>	<u>+</u>	M.O.

Enlisted on 18th day of December 1915 at Winnipeg

	CORPS.	REG'T NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>5^{3rd} Battr</u>	<u>441782</u>	<u>Temperate</u>	<u>December 18/15</u>
Transferred to..				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.

M. 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.

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

Casualty Form—Active Service.

CERTIFIED CORRECT.
 Canadian Record Office,
 M.E.W. 54. (A.F.B. 103.)
 250M.—1-16.
 H. Q. 1172-39-920.
 Westminster House,
 7 Millbank, S.W.

Unit, Regiment or Corps 53rd O.B.
 Regimental No. 441782 Rank Private Name Anderson Samuel
 Enlisted (a) 18/2/15 Terms of Service (a) Duration of War C.E.F. Service reckons from (a) Date of Enlistment
 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.	
Date	From whom received					
		Embarked Canada	Halifax	29.3.16		
		Disembarked England	Liverpool	9.4.16		
		Proceeded Overseas for service with June 8th. 1916				Battalion
		Transferred to <u>14th Can Bn. Infantry</u>				
9.6.16.	C.B.D.	On Strength 14th Can Bn	in France	9.6.16.	N.R.	24. 14.6.16.
do	do	Left for Unit.	Field.	10.6.16.	do	
16.6.16.	Unit	Joined.	do	11.6.16.	B 213.	
7.9.16	Unit	Killed in Action	Field	6.9.16	Kd. 137/1012.	343. 40. 11/16.

John Hogan Capt. for Lt Col Ady. Canadian Sec.

(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.]

EXHIBIT LATERON TO ENOISE

Surname

Christian Name or Names

Reg. No.

Anderson

S.

441782

Rank

Unit

Co.

Troop

Batty

Pte

14th Bn

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 6-9-16

DISPOSITION

Date

C.L.15-9-16 A-459.

REMARKS

Reptd fro m Base.

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, Samuel, Pte. ✓ #441782, ^{14th Bn.} ~~53rd Battn.~~

not elig. for 1914-1915 star.

Medals (Sister)
&
Dec.

Mrs. Bjorg Carson,
271 Langside St., **8675**
Winnipeg, Man.

P. & S. (Father)

John Anderson, Esq.,
Mary Hill P.O., Man.

Serial No 764381

C. of S. (Nil)

Mother dead.

Scroll Desp

JAN 4 1921

Reqs. No

77449

Plaque Desp

JAN 14 1922

3810

mf.

M



No. 441,782 RANK *Pte*

NAME *Anderson S*

T. O. S. 18-12-15

UNIT

53rd Battalion C. E. F.

W. O. 1494 of 18-12-15

M. D. 10

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
<i>1915</i>	<i>1915</i>			
<i>Dec 18</i>	<i>Dec 31</i>	<i>v</i>		
<i>1916</i>	<i>1916</i>	<i>v</i>	<i>37 Days a. W. L.</i>	<i>W. O. 306 of 2-16</i>
<i>Jan</i>		<i>v</i>		
<i>Feb</i>		<i>v</i>		
<i>Mar.</i>		<i>v</i>		
<i>April.</i>		<i>n.</i>		

UNIT SAILED

MAR 29 1916



LIST No.

HOSPITAL

DATE OF
ADMISSION

REMARKS

a 459. Rep. from Base

killed in action 6-9-16

NAME *Anderson Samuel*REGT'L. No. *441782*RANK AND CORPS *Pte. 14th Buff form 53rd Bn)*

CABLE

NATURE OF CASUALTY

NO.

DATE

*C**Killed in action Sept. 6th 1916. ✓**O 767**14-9-16**B 2090a**11-9-16**" " " " " "**Rouen*

Name ANDERSON,

Rank Pte.

Reg. No. 441782

Unit Samuel
14th. Battalion

Next of Kin Canada

A-569

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
6-9-16.	Reported from Base					
			KILLED IN ACTION	A459	0767	15-9

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

Em

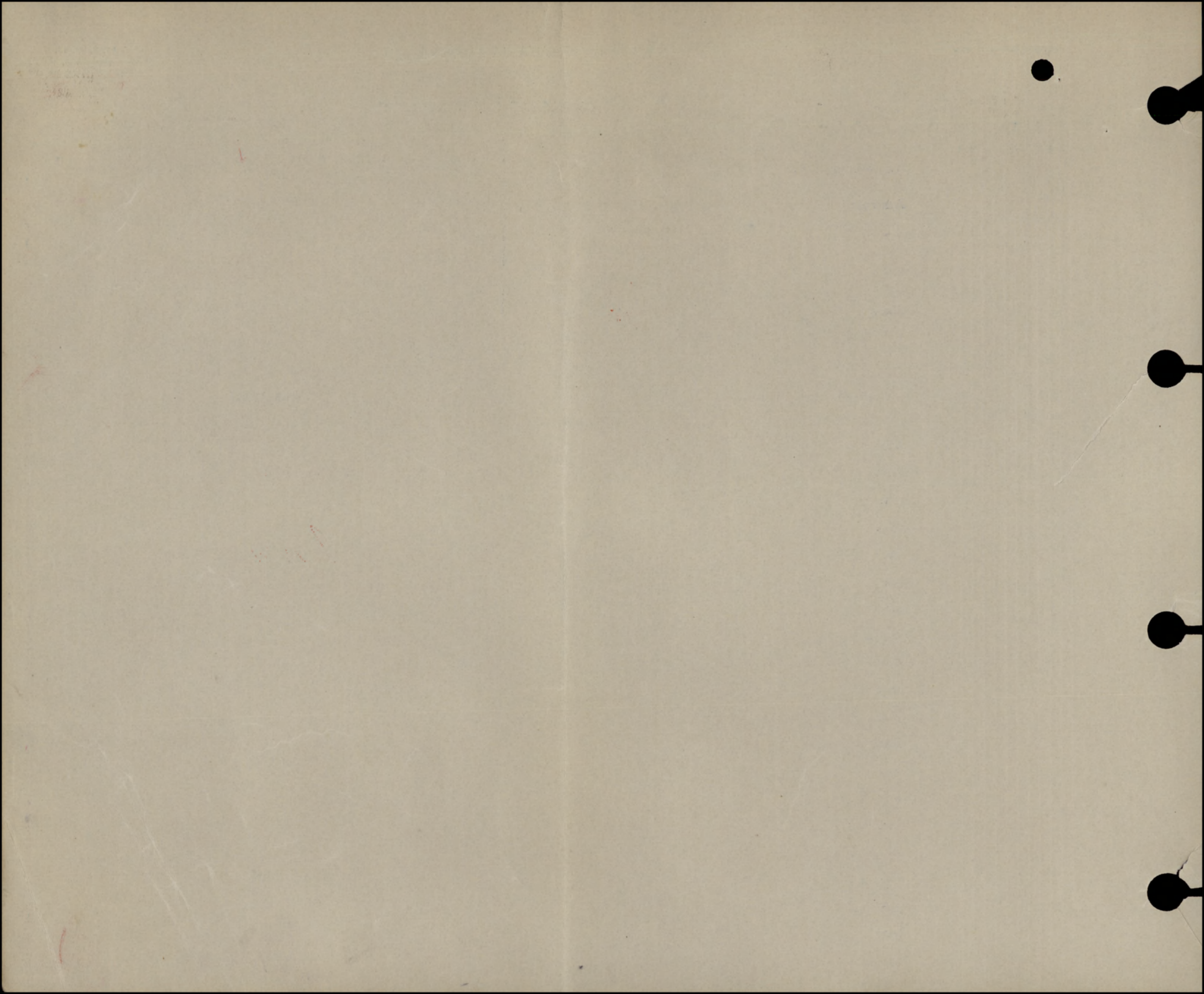
520

To Whom Mr B Carson
 Address 271 Langside St.
Winnipeg
man
 Rate \$15.00 APR 1 1916

By Whom Assigned Anderson Samuel
 Regtl. No. 441782
 Rank Pte.
 Corps 53 Rd. Batt. C.

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			<div style="border: 1px solid red; padding: 5px; display: inline-block;"> <i>Substituted</i> </div> Killed in action Sept 6/16 C.L. 14/9/16 <i>[Signature]</i>
Sept.				
Oct.				
Nov.				
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.
 15m.—3-16.
 H. Q. 1772-39-819.

Sheet No. 2. *M^{rs} B. Carson*

Name of Soldier *Anderson Samuel*
441782 *53 rd Batt. C.*

L. L. Job 95618—M. & D. 6555.

PAYMENTS.

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916	X3402	15	<i>8/15-00</i>
May		T 4449	15	
June		08654	15	
July		88444	15	
Aug.		Q11968	15	
Sept.		F16054	15	
Oct.				<i>Acct. closed C.P.S.</i> <i>"Killed in Action"</i> <i>Stop Oct. 1st, 16</i> <i>3 M. Sept. 20/16</i> <i>J.N.</i> <div style="border: 1px solid black; padding: 5px; display: inline-block; margin: 10px 0;">Casualties</div> <i>75-00 Exp. J. 19/17</i>
Nov.				
Dec.				
Jan.	1917			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

PAYMENTS.

Name of Soldier _____

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.				

VES

Rank

Name

ANDERSON Samuel

Reg'l No. 441782

Unit

53rd Bn

If in perm. Corps,
What Unit?

Married or Single Single

Place and Date of Enlistment Winnipeg, 18th Dec. 1915.

Place of Birth Iceland.

Name and Address, Next-of-Kin Mrs Bjurg Carson
271 Langside Street, Winnipeg, Man, Canada

Relationship Sister

Assigned Pay Monthly \$

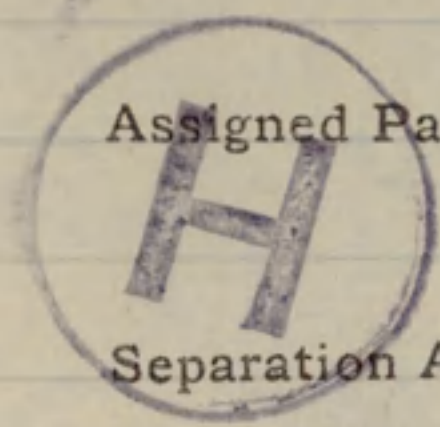
Payable to

Relationship

Separation Allowance \$

Payable to

Relationship



Discharge, Date and Place

Reason

Character

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.				
		<i>Arrived in England</i>	<i>St. Empress of Britain</i>		
		<i>Embarked for France.</i>	8 JUN 1916		
<i>14-6-16</i>	<i>of 14th</i>	<i>Taken on str 14th</i>	<i>Field</i>	<i>9-6-16</i>	<i>Part II 0.24</i>
<i>11.9.16</i>	<i>oc. 14th</i>	<i>Killed in action</i>	<i>France</i>	<i>6.9.16</i>	<i>Pt. II 40</i>
<i>15.9.16</i>	<i>14th</i>	<i>" " "</i>	<i>"</i>	<i>6.9.16</i>	<i>6C. A 459</i>

53rd Battalion Canadian Infantry

441782 Private Sam Anderson

- 20 -

Perforated sheet for Will from Pay Book of Reg.

No. 441782

Name Sam Anderson

Unit 53 Batt

Military Will.

In the event of my death I give the whole of my property to and effects to my two sisters equally divided Miss Mary K Anderson and Mrs Bjorg Larson 271 Langside St

Signature *Sam Anderson*

Rank and Regt. 53 Battalion

Date 6 of June 1916

19742

Will form extracted by Lieut L. W. Murray

This is to certify that the handwriting in the will attached hereto was compared with the signature in the

[redacted] and has been found similar. (Attestation Paper)

J. A. Walker
for Lieut.

Officer i/c Estates III.

237. *Botanicae Japonicae* *Herbarium*

441782 Arundinaceae *Arundo donax*

Will form extracted by *Frank & M. M. M. M.*

Arundo donax

MARRIED OR SINGLE *S.*
 PLACE OF BIRTH *Iceland*
 NAME AND ADDRESS OF NEXT OF KIN *Mrs. Bjurg. Carsson
 271. Langside St. Winnipeg. Canada*
 RELATIONSHIP OF NEXT OF KIN *Sister*
 NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF KIN
 SEPARATION ALLOWANCE MONTHLY \$ EFFECTIVE (DATE)
 PAYABLE TO

ADJUSTMENT OF A.P. FROM OTTAWA
 Authority *H.Q. 449 A-1764*
 Amount *1500* Reason *Credit*
Sept. 16. not paid

RELATIONSHIP OF DEPENDANT
Statement # 22.

CASUALTIES, PROMOTIONS, &C.

PARTICULARS	EFFECTIVE DATE	AUTHORITY
<i>Killed in action</i>	<i>6/9/16</i>	<i>64 AR 59 716</i>

ADMISSIONS TO HOSPITAL, &C.

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

REG'L. No. *441782* RANK *Private* NAME *Anderson Samuel*
 IF IN PERM. CORPS WHAT UNIT UNIT *53rd Batt.* TRANSFERRED TO *14th Bn* DATE *9/16/16* AUTHORITY
 PERMANENT FORCE ALLOWANCES TRANSFERRED TO *N.E.* DATE *7/9/16* AUTHORITY
 PLACE OF ATTESTATION *Winnipeg.* TRANSFERRED TO DATE AUTHORITY
 DATE OF ATTESTATION *18th December 1915* TRANSFERRED TO DATE AUTHORITY
 ASSIGNED PAY MONTHLY \$ *15.* DATE EFFECTIVE *April. 1st 1916.*
 PAYABLE TO *Mrs. B. Carsson, 271 Langside St. Winnipeg* RELATIONSHIP
 ASSIGNED PAY MONTHLY \$ DATE EFFECTIVE
 PAYABLE TO
 STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) *19/9/16* EFFECTIVE *1/10/16* * REASON
 DISCHARGE DATE AND PLACE *6-9-16.* REASON AND AUTHORITY
 ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE) *7/9/16*
 ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)



Entered on N.E. Card Index
 Checked by *H. Hilleston*
 Relationship
 Reason *Killed in action*
64 AR 59 716

DATE	PAY			FIELD ALLOWANCE			WORKING OR SPECIAL PAY			ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS				CASH PAYMENTS				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS					
	No. OF DAYS	RATE	AMOUNT	No. OF DAYS	RATE	AMOUNT	No. OF DAYS	RATE	AMOUNT				1	2	3	4	1	2	3	4				CREDIT	DEBIT								
<i>Apr. 30</i>	<i>30</i>	<i>1.00</i>	<i>30.00</i>	<i>30</i>	<i>10</i>	<i>3.00</i>					<i>28.10</i>																						
<i>May 31</i>	<i>31</i>		<i>31</i>	<i>31</i>		<i>10</i>					<i>33.00</i>	<i>20</i>	<i>159</i>	<i>16</i>	<i>72</i>	<i>204</i>	<i>16</i>							<i>1500</i>		<i>4906</i>	<i>1204</i>						
<i>June 1-8</i>	<i>8</i>		<i>8</i>	<i>8</i>		<i>80</i>					<i>8.80</i>	<i>128</i>	<i>159</i>	<i>16</i>	<i>171</i>	<i>315</i>	<i>16</i>							<i>1500</i>		<i>2960</i>	<i>1654</i>						
<i>June 22</i>	<i>22</i>		<i>22</i>	<i>22</i>		<i>220</i>					<i>104.00</i>	<i>159</i>	<i>16</i>	<i>171</i>	<i>315</i>	<i>16</i>								<i>1500</i>		<i>1500</i>	<i>1034</i>						
<i>July 31</i>	<i>31</i>		<i>31</i>	<i>31</i>		<i>310</i>					<i>2420</i>	<i>159</i>	<i>16</i>	<i>171</i>	<i>315</i>	<i>16</i>										<i>93</i>	<i>3454</i>						
<i>Aug 31</i>	<i>31</i>		<i>31</i>	<i>31</i>		<i>310</i>					<i>2410</i>	<i>159</i>	<i>16</i>	<i>171</i>	<i>315</i>	<i>16</i>										<i>2016</i>	<i>14848</i>						
<i>Sept. 30</i>	<i>30</i>		<i>30</i>	<i>30</i>		<i>3</i>					<i>2410</i>	<i>159</i>	<i>16</i>	<i>171</i>	<i>315</i>	<i>16</i>										<i>2023</i>	<i>6235</i>						
<i>Sept. 30</i>	<i>30</i>		<i>30</i>	<i>30</i>		<i>3</i>					<i>33</i>	<i>1622</i>	<i>27</i>	<i>18</i>												<i>1762</i>	<i>7773</i>						
<i>Oct. 1-24</i>	<i>24</i>																									<i>2640</i>	<i>2640</i>	<i>5133</i>					
																										<i>Balance transferred to N. E. Branch.</i>	<i>51.33</i>						
																										<i>51.33</i>							
																										<i>1500</i>							

Checked *H. Hilleston*

Checked *Hilleston*

S.E. March 1917

Cash found in effects *92.00*

Hilleston
W.E. Hilleston

Statement of **FEB 22 1917**
 Account rendered

1500 1500

51 33

1500

1500

Over 24 days Sept. 1916
Defr. N.E. 7/9/16
Killed in action 6/9/16
S.I. effect 1.10.16

51.33 to Canada for settlement 23/3/17

1500 A.P. Sept 16 not paid
Auth. H.Q. 449 A-1764
1500 to Ottawa for settlement 17/11/17 10105