

# 197<sup>TH</sup> OVERSEAS BATTALION C. E. F.

## TRIPPLICATE ATTESTATION PAPER.

No. 913881  
Folio.

### CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

#### QUESTIONS TO BE PUT BEFORE ATTESTATION. (ANSWERS.)

- 1. What is your surname?..... *Frederiksen Frederiksen.*
- 1a. What are your Christian names?..... *Nicola Peter*
- 1b. What is your present address?..... *70 Cordova St. West. Vancouver.*
- 2. In what Town, Township or Parish, and in what Country were you born?..... *Oster Alle. 25, Copenhagen, Denmark.*
- 3. What is the name of your next-of kin?..... *N. V. Frederiksen.*
- 4. What is the address of your next-of-kin?..... *Lynghyde No. 10, Copenhagen, Den.*
- 4a. What is the relationship of your next-of-kin?..... *Brother*
- 5. What is the date of your birth?..... *4th. Feb. 1883.*
- 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?..... *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, *Nicola Peter Frederiksen*, 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.

*N. P. Frederiksen* (Signature of Recruit)

Date *Dec. 22nd.* 191 *6.* *J. W. Archer* (Signature of Witness)

#### OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *Nicola Peter Frederiksen*, 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.

*N. P. Frederiksen* (Signature of Recruit)

Date *Dec. 22nd.* 191 *6.* *J. W. Archer* (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 *22nd.* day of *December* 191 *6.*  
*J. W. Archer* (Signature of Justice)

**Description of Niels Peter Fredericksen. on Enlistment.**

Apparent Age... **33** ..... years ..... months.  
 (To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height..... **55** ft. **9** ..... ins.

Chest measurement { Girth when fully expanded..... **38** ..... ins.  
 Range of expansion..... **2½** ..... ins.

Complexion **Fair**.....

Eyes..... **Grey**.....

Hair..... **Fair**.....

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).

**4** Vacs. **Right.**

**4** " **Left.**

**Small Scar front of left wrist.**

**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..... **Jan. 3rd.**..... 191 **7.**

Place..... **Winnipeg, Man.**.....

*[Signature]*  
 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:—

APPROVED.  
 SPECIAL SERVICE BATTALION BOARD M.D. 10

*[Signature]* ..... C.A.M.C. PRESIDENT  
*[Signature]* ..... C.A.M.C. MEMBER  
*[Signature]* ..... C.A.M.C. MEMBER

**CERTIFICATE OF OFFICER COMMANDING UNIT.**

**Niels Peter Fredericksen.**.....having been finally approved and inspected by me this day, and his Name, Age, Date of Attestation, and every prescribed particular having been recorded, I certify that I am satisfied with the correctness of this Attestation.

*[Signature]* (Signature of Officer)  
 Capt. & Adjutant

Date..... **Jan. 3rd.**..... 191 **7.** **197th Overseas Battalion C.E.F.**

REGIMENTAL DOCUMENTS

NAME *PTE* **FREDERIKSEN NIELS PETER** REGT. NO. *913831* UNIT *197 AB* H. Q. FILE NO. *11385-19*

*WA 24-7*

*38*

*1*

*1*

*1*

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*1*

*1*

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*1*

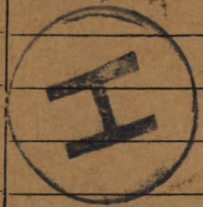
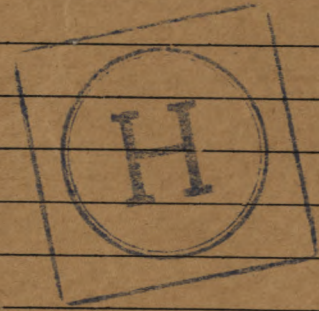
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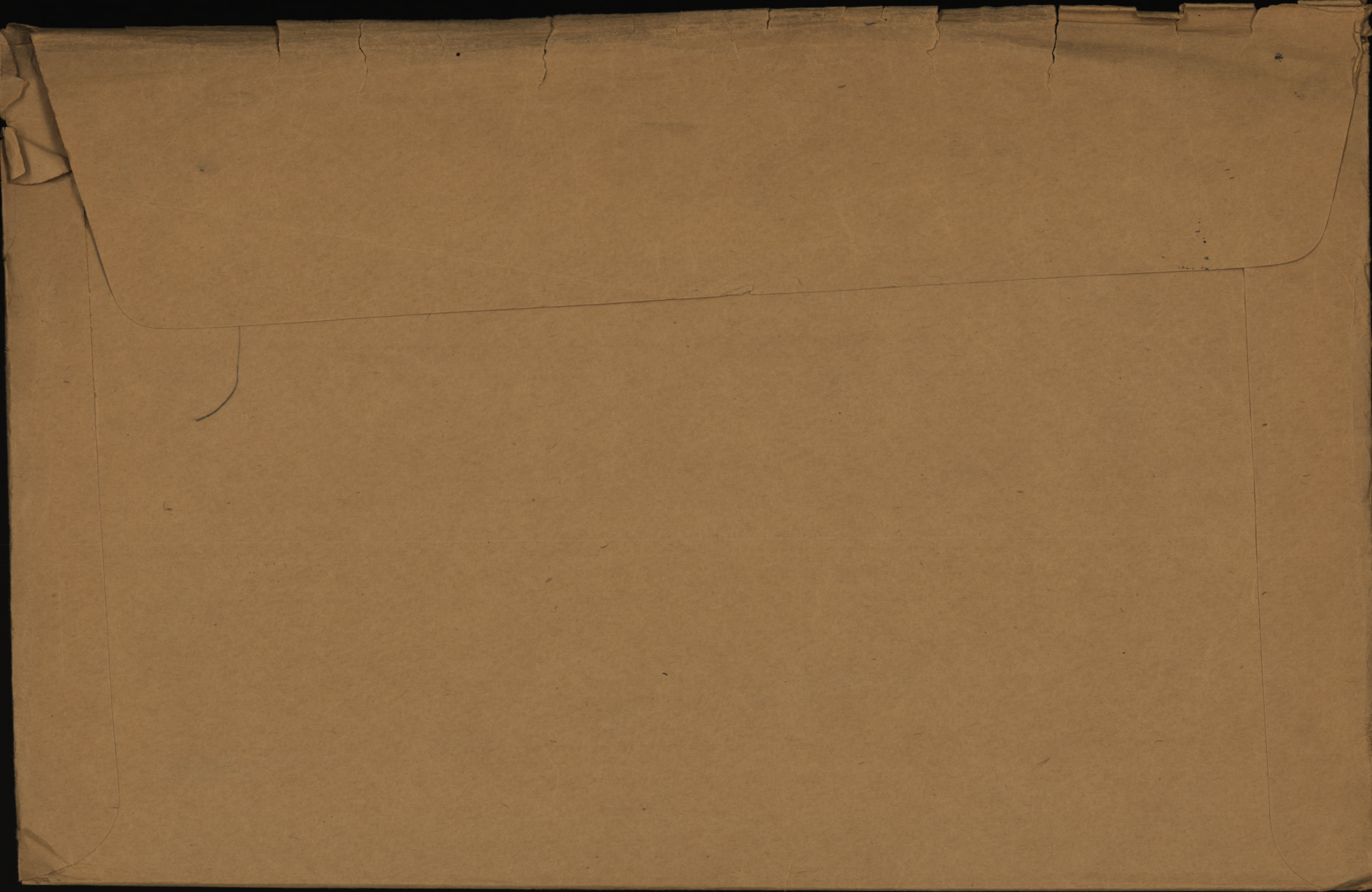
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CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
ATTESTATION PAPER (M.F.W. 23, 133, or 51)				19326	DEATH
<i>2</i> CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category
TRAINING HISTORY SHEET (M.F.W. 113)					
<i>1</i> 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)					DISCHARGE
DENTAL HISTORY SHEET (M.F.B. 465)					Category
MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					
<i>1</i> MEDICAL EXAMINATION (M.F.W. 129)					<i>Demob</i>
<i>1</i> 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)					
<i>1</i> PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					
PARTICULARS OF CHARACTER (A.F.W. 3226)					
<i>1</i> COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
<i>1</i> Dental Cert					
<i>1</i> Disp "					
<i>1</i> [unclear]					
<i>1</i> Photos will					





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..... *197<sup>th</sup>*  
 ..... *L. Bataillon* .....

(2) Regimental Number..... *913831* .....

(3) Full Name of Soldier..... *Sgt. Peter Fredrickson* .....

(4) Place of Birth..... *Copenhagen*  
 ..... *Denmark* .....

(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?..... *✓* .....

(8) Have you any children?..... *✓* .....

If so, give number of boys and girls..... *✓* .....

Also their names and ages..... *✓* .....

.....  
 .....  
 .....

(9) Is your Father alive?..... ✓

If so, state name and address..... ✓

(10) Is your Mother alive?..... ✓

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?..... ✓

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.

Date July 17/17

Aly. Donseea Steal  
Officer Commanding.

649-F-18165

com.

Number 913831.

Rank Plc. *Plc.*

*1000*

Surname FREDERIKSEN.

Christian Name Neils Peter.

Units 197 U.S.M. Can. Inf. Theatre of War ENG.

Date of Service 6.2.17.

Remarks Boston Bar.

Latest Address Gen. Del. B.C.

Calgary Alta.

31 <sup>10</sup>/<sub>34</sub>

Roll No. *A Page 3267*

200m.-2-21.M.

DESP. NOV 1 1934

REGN. NO. 98



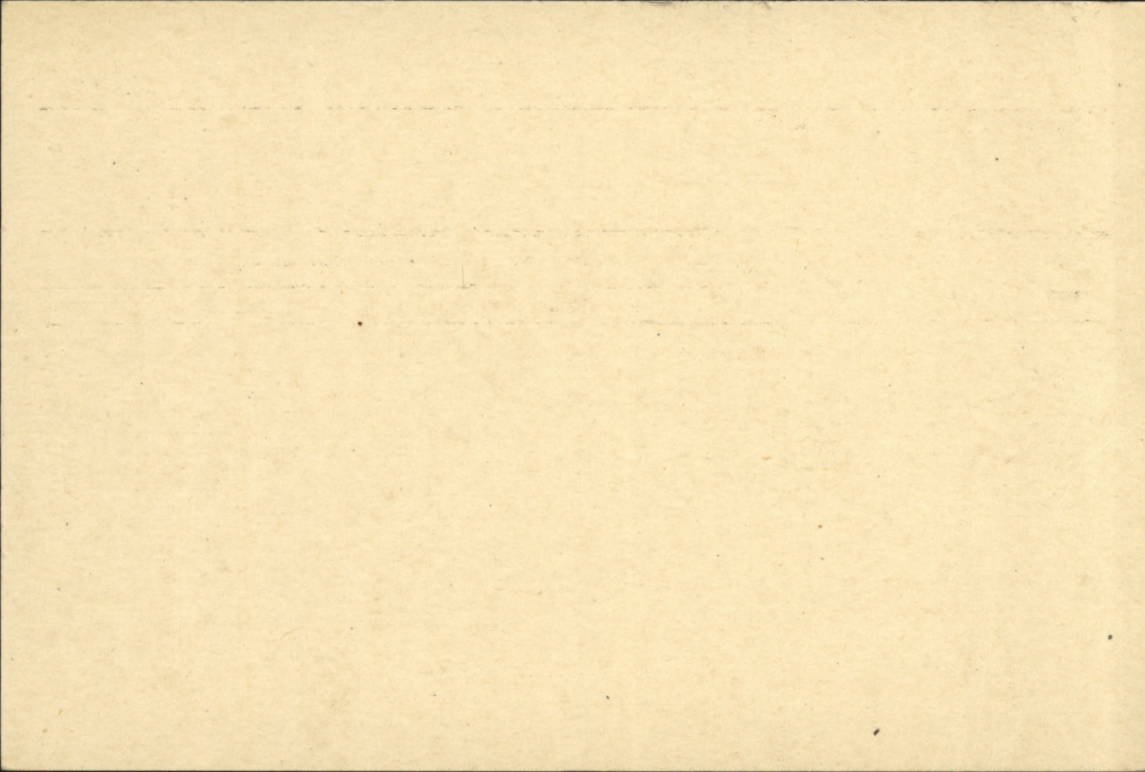
No. 9 13 831 RANK *O to*

NAME *Fredrickson Niels Peter*

T. O. S. *22-12-16* UNIT *197th Battalion*  
*(80.3 of 4-1-17)*

M. D. *10*

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
<i>1916</i> <i>Dec 22</i>	<i>1917</i> <i>Jan 31</i>	<i>77</i>		



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

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) **FREDERIKSEN, N.P.**  
REGIMENT **C.F.C.** RANK **Pte** No. **913831**

Date of Examination in England **17-5-19** 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 **14**
2. EXTRACTIONS **None**
3. CROWNS **None**
4. DENTURES
  - (a) Full Upper
  - (b) Part Upper
  - (c) Full Lower
  - (d) Part Lower**None**

**Capt.**  
**A. D. D. S., M. D., 13**

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
  - (b) In England
  - (c) In France
- no**

Signature of Dental Officer **J. H. Reid Capt.**

FRYDERIKSEN N.

1884

18

18

18

# MEDICAL EXAMINATION UPON LEAVING THE SERVICE OF OFFICERS AND OTHER RANKS WHO HAVE NO DISABILITY.

Officers and Other Ranks leaving the service for reasons other than medical unfitness are to be reported on this form. Where there is evidence of any undetermined or progressive disability, this form will not be used, but the case will be referred to a Medical Board for completion of M.F.B. 227.

No. 913831 Rank PTE Surname FREDERICKSEN  
(Given name in full)  
NEIKS PETER  
Unit or Corps C. 4. 6 Birthplace DENMARK

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

### 1. GENERAL DESCRIPTION:

Physique good Weight 147 lbs. Height 5 ft. 8 in. Colour of Eyes blue  
Nutrition good  
Pulse 70  
Condition of arteries good  
Vision Rt. 20 Left 20  
Hearing (conversational voice) Rt. 21 ft.  
Left 21 ft.

Identification marks, scars, or deformities.  
(Give cause and date of origin).  
none

Opinion as to general health and physical condition Good

### 2. Has Officer or Other Rank ever suffered from, or has he now, any affection of the following systems? (Answer "Yes" or "No"). (Subjective evidence may be sufficient in certain cases.)

Nervous System no Genito Urinary Sytem no Cardio-Vascular System no  
Special Senses no Integumentary System no Respiratory System no  
Disturbance of mentality no Muscular System no Digestive System no  
Osseous and Joint System no Any other general condition no

### 3. If the answer to any part of Section 2 above is "Yes," here give full particulars, with cause and date of origin; and also a description of the present condition.

no

# EXAMINATIONS.

## THIS SECTION FOR USE OVERSEAS—

Examined at Summitvale (Overseas)

Date 16/5/19

Signed E. H. Sutherland M.O.

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

Signature L. N. C. Frederickson

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

## THIS SECTION FOR USE IN CANADA—

Examined at ..... (Canada)

Date .....

Signed ..... M.O.

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

Signature .....

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

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

[OVER]

**ORIGINAL**  
*Signature*

## ORIGIN MEDICAL HISTORY SHEET

Surname Fredericksen Christian Name Niels Peter

Examined { on 3rd. day of Jan. 1917.  
at Winnipeg, Man.

Birthplace { City or Town Copenhagen.  
County Denmark.

Approved by C. Stephenson  
Rank Capt M.O.

Apparent age 33

Trade or occupation Laborer.

Height 5 feet 155 Inches  
Weight 155 lbs.

Chest measurement { Minimum 30 inches  
Maximum expansion 34 inches

Physical development WINNIPEG, MAN.

Small-pox Marks M.O.

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT
		APPROVED. M.O.
		SPECIAL SERVICE BATTALION BOARD M.D. 10 M.O.
		<u>A. P. Tunne Capt</u> M.O. C.A.M.C. PRESIDENT
		<u>G. M. ... Capt</u> M.O. C.A.M.C. MEMBER
		<u>C. H. ... Capt</u> M.O. C.A.M.C. MEMBER

Vaccination Marks { Arm Right Left  
Number 2

When Vaccinated last 30/12/16

(a) Marks indicating congenital peculiarities or previous disease M.O.

(b) Slight defects but not sufficient to cause rejection M.O.

Date	Result	VACCINATIONS
<u>30/12/16</u>	<u>R</u>	<u>Stephenson</u> M.O.
		M.O.
		M.O.

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>2/1/17</u>	<u>R</u>	<u>Stephenson</u> M.O.
<u>6/1/17</u>	<u>-</u>	<u>Stephenson</u> M.O.
<u>10/1/17</u>	<u>-</u>	<u>Stephenson</u> M.O.
<u>29/4/16</u>		<u>J. W. ... Capt</u>

Enlisted on 22 day of Dec. 1916. at Winnipeg.

	CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment		<u>913831</u>		
Transferred to	<u>CANADIAN FORESTRY CORPS.</u>			

### EXAMINED OR DISCHARGED BY A MEDICAL BOARD

STATION	DATE	DISEASE	RESULT
<u>Summingsdale</u>	<u>16.5.19</u>	<u>A</u>	<u>J. H. Sutherland Capt</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.





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 name *Niels Peter* 2. Surname *Fredericksen*

3. Rank *Pte.* 4. Original Unit *197th Bn.* 5. Reg. No. *913831*

6. Address, in full, to which future payments of gratuity are to be forwarded  
*Bank of Montreal, Calgary  
Alta.*

7. Date of enlistment in the C.E.F. *22nd December 1916*

8. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge

9. Relationship of such dependent

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?

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?

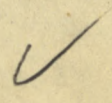
14. Were you on active service only in Canada or the United States? If so, give particulars of unit and dates of such service

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  
*29 months*  
*Canada 1 month in 197th Bn.*  
*England 28 " 11th Res. 4102 C.C.F.O.*

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.*

*A 76 60*



18. Have you had more than one enlistment? If so, give particulars of discharges and re-enlistments and under what regimental numbers and units. *No*

19. Have you already received any payment of Post Discharge Pay or War Service Gratuity? If so, state amount you and your dependents have already received and by whom paid. *No*

20. Have you been issued with a War Service Badge? If so what class? *No*

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

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

24. Are you now serving in the C.E.F.? *No* If not, give:—(a) Date of discharge *10/7/19* (b) Reason for discharge *No*

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: *Niels Peter Fredericksen*

Place of Residence: *Calgary, Alta.*

Declared before me at: *SMITH'S LAW, SUNNINGDALE, BERKS, ENG.*

This *19th* day of *May* 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.

*Questions 12.13.14. 20.24.25.26.27 are unanswered. [Signature]*

POST DISCHARGE PAY.

Date paid. Paid Soldier. Paid Dependent

*MA*

War Service Gratuity Net amount due

*35000 35000*

GENERAL AUDITOR'S OFFICE  
OCT 26 1919  
District Auditor M. D. 13  
District Paymaster.

Certified Correct

*[Signature]*

EXAMINED BY: *[Signature]*  
DISCHARGED *10-7-19*  
PUT ON PAY

INITIALS

*SSR*

# FORM OF WILL.

119072

I, Niels Peter Fredriksen (Name in full)  
 Regimental Number 913831 serving in 197<sup>th</sup> Bn Patten  
 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

Harald V. Fredriksen  
Lyngholmsgade 10  
Copenhagen Denmark

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

absolutely, and my personal estate I bequeath to

Harald V. Fredriksen  
Lyngholmsgade 10  
Copenhagen Denmark.

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 9<sup>th</sup> day of January A. D. 1917  
N. P. Fredriksen 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 Peder M. Olsen  
 Address of Witness 197<sup>th</sup> Bn Patten  
 Occupation of Witness Sergeant  
 Signature of Second Witness Sam Anderson  
 Address of Witness 197<sup>th</sup> Bn Patten  
 Occupation of Witness Pte.

4 P.O. Calgary

# FORM OF WILL

3. (Name in full) \_\_\_\_\_

\_\_\_\_\_ serving in \_\_\_\_\_

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

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

absolutely, and my personal estate I bequeath to

Name and Address  
of person or  
persons to receive  
personal estate.  
(See note 2.)

A. D. 191

day of

this

Signature of Soldier

NOTE: Personal estate includes tax, life insurance, bank, insurance policy, in fact everything except real estate.

Signed and acknowledged by the Testator as and for his last Will in the presence

of us both present at the same time, who in his presence, at his request, and in

the presence of each other have hereunto subscribed our names as Witnesses.

Signature of First Witness

Address of Witness

Occupation of Witness

Signature of Second Witness

Address of Witness

Occupation of Witness

J.P. Rank Name **FREDERIKSEN, Neils Peter.** Reg'l No. **913831.**

UniDft **197th Bn.** If in perm. Corps, }  
What Unit? } Married or Single **Single.**

Place and Date of Enlistment **Winnipeg. 22nd Dec. 1916.** Place of Birth **Oster Alle.  
26. Copenhagen, Denmark.**

Name and Address, Next-of-Kin **H.V. Fredriksen.** Relationship **Brother.**

**Lyngbygade. No. 10. Copenhagen. Denmark.**

Assigned Pay Monthly \$ Payable to Relationship

Separation Allowance \$ Payable to Relationship

Discharge, Date and Place Reason Character

N/E. R.B. No. **18313**  
File R.L. \_\_\_\_\_  
Category **C.G.B.**

H. W. & V., Ld.—9546-16.

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS Taken from Official Documents.
Date.	From whom received.				
		<i>Arrived in England per. S.S. Scandinavian</i>		<i>6.2.17</i>	<i>P.O. 707</i>
<i>8.2.17.</i>	<i>11th Res Bn</i>	<i>Taken on strength.</i>	<i>Schiffe</i>	<i>7.2.17</i>	<i>Pt 40.31</i>
<i>10.3.17</i>	<i>"</i>	<i>S.O.S. to ban. Forestry Bn</i>	<i>do.</i>	<i>10.3.17</i>	<i>" 57</i>
<i>21.3.17</i>	<i>C.F.B.</i>	<i>T.O.S. from 11th Res</i>	<i>London</i>	<i>10.3.17</i>	<i>" 69</i>
<i>14-5-19</i>	<i>" 53dist</i>	<i>SOS to BOCFC</i>	<i>Eqham</i>	<i>13-5-19</i>	<i>— 30</i>
<i>7-6-19</i>	<i>R. Minig rec 3.</i>	<i>100 pending BOC</i>	<i>Witley</i>	<i>28-5-19</i>	<i>— 50</i>
<i>16-6-19</i>	<i>—</i>	<i>SOS to Canada</i>	<i>—</i>	<i>26-6-19</i>	<i>— 66</i>
				<i>81-R</i>	<i>26-6-19</i>

*(T.O.S. of BOCFC  
Do 135 d/15-5-19  
B.D. SOS  
148 d/28-5-19)*



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

M. F. W. 54. (A. F. B. 103.)

359M.—5-16  
H. Q. 1772-39-920.

# Casualty Form—Active Service.

Unit, Regiment or Corps 197<sup>th</sup> O. Batta

Regimental No. 913.831 Rank Private Name Fredericksen Neil Peter  
C. E. F.

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

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

Extended..... Re-engaged..... Qualification (b).....

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				
<u>26.6.19</u>					
<u>10.7.19</u>					

TAKEN ON STRENGTH OF NO. 13 DISTRICT DEPOT PART 2 ORDER NO. 192 DATED 4/7/19 AND  
DISCHARGED FROM H. M. SERVICE BY NO. 13 DISTRICT DEPOT PART 2 ORDER NO. 192 DATED do  
AUTH. P.O. 1420

51 P. B. Baber Lieut Col.  
Officer Commanding No. 13 District 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.

Casualty Form Active Service

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				



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

M. F. W. 54. (A. F. B. 103.)

350M.—5-16  
H. Q. 1772-39-920.

# Casualty Form—Active Service.

Unit, Regiment or Corps 199 Qs Batta  
 Regimental No. 913831 Rank Pte Name Frederickson Keith Peter  
C. E. F.  
 Enlisted (a) Dec 22/1916 Terms of Service (a) Our of War Service reckons from (a) 22-12-1916  
 Date of promotion to present rank } Date of appointment to lance rank } Numerical position on roll of N. C. Os. }  
 Extended ..... Re-engaged ..... Qualification (b) Laborer *SOA*

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 Disembarked	halifax Liverpool	26-1-17 6-2-17	H.M.T. Scandinavian
<del>8-2-17</del>	O.C. 11th Battn.	Taken on strength 11th Battn.	Shorncliffe	7-2-17	Pt II Bn O. 31
10-3-17	O.C. 11th Forestry Corps	Trans to Canadian Sunningdale		10-3-17	Pt II Bn <del>57</del>
					<i>Relieved</i> Capt & Adjt 11th Can Res Bn.
21-3-17	D. of T.O.	T.O.S. C.F.C.	London	10.3.17	D.O. Pt. II No. 69 Lt. & Asst. Adj. C.F.C.
7.5.17	Dist. 3	T.O.S. Dist. 3. from C.F.C.	London	7-5-17	Pt. II D.O. no. 6.

(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.]

Casualty Form Active Service

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				

5.5.19	Dist 53	Posted to 1st Campment	Egham	3.4.19	Part 2 DO 1026
1st 5.19	"	Re-entrance to Ind C 12 <del>Thimel Post.</del> Base Depot	Egham	1st 5.19	For re-entrance to base depot.

18.5.19 O.C. C.F.C. T.O.S. Base Depot, C.F.C. Sunningdale

28.5.19 O.C. C.F.C. SOS Base Depot C.F.C. S'DALE 28.5.19 148

on Transfer to M.D. R. Wing  
CANADIAN CAMP, R.W.I.

W. T. Witley  
Lt. for O.C.

2/6/19 R. Wing  
TOS WITLEY.  
SOS OMFC TO CEF CANADA

31/5/19  
20/6/19

Pt II D.O 44

26th June 1919 Embarked.  
S Baltic Liverpool.

*R. Wing*

CAPTAIN & ADJUTANT,  
NO. 16 TRANS. ATLANTIC,  
CONDUCTING STAFF,  
C. E. F.

OFFICER IN CHARGE RECORDS.  
R. WING C.C.C.  
WITLEY

# CANADIAN EXPEDITIONARY FORCE

## DISCHARGE CERTIFICATE

THIS IS TO CERTIFY that No. 913831 (Rank) Plt  
 Name (in full) FREDERICKSEN, Nels Peter enlisted in  
 the 197th Bn.  
 CANADIAN EXPEDITIONARY FORCE at Winnipeg on the 22nd  
 day of December 1916  
 HE served in England with C.E.F.  
 Demobilization.  
 and is now discharged from the service by reason of ~~Medical Unfitness.~~

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

Age 36 yrs 5 mo  
 Height 5ft 9 in  
 Complexion Fair  
 Eyes green  
 Hair fair

Marks or Scars.....

nil

N. P. Fredericksen  
 Signature of Soldier.

[Signature]

Issuing Officer.

Date of Discharge



Rank

Date JUL 10 1919 19.....

NB- 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.

7 21  
CANADIAN EXPEDITIONARY FORCE  
DISCHARGE CERTIFICATE

THIS IS TO CERTIFY THAT  
[Faint, illegible text]



JUL 19 1919

SHORT FORM.  
PROCEEDINGS ON DISCHARGE  
(Demobilization.)



O.G. 1  
S.G. 27  
D.A. R

1. No. 913831

2. Rank. Pk.

3. Name. FREDERICKSON, Niels Peter

4. Unit. C.F.C.

5. Date of Discharge JUL 10 1919 Place Calgary

6. Reason for Discharge ..... **DEMOBILIZATION** .....  
 ..... **(H)** .....

7. Authority. D.D. (a)

8. Proposed Residence after Discharge.....  
Calgary

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.? .....

N. P. Frederickson  
Signature of Soldier.

10. CONFIRMATION.  
 The discharge of the above named man is hereby confirmed.  
 Place CALGARY  
 Date JUL 10 1919

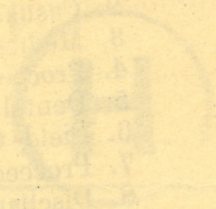
Signature [Signature]  
(O. C. Discharging Unit.)

OK



LIST OF DISCHARGE DOCUMENTS

1. Certificate of Discharge  
 2. Certificate of Release  
 3. Certificate of Discharge  
 4. Certificate of Release  
 5. Certificate of Discharge  
 6. Certificate of Release  
 7. Certificate of Discharge  
 8. Certificate of Release  
 9. Certificate of Discharge  
 10. Certificate of Release



- 11. Certificate of Discharge
- 12. Certificate of Release
- 13. Certificate of Discharge
- 14. Certificate of Release
- 15. Certificate of Discharge
- 16. Certificate of Release
- 17. Certificate of Discharge
- 18. Certificate of Release
- 19. Certificate of Discharge
- 20. Certificate of Release

Date: JUN 13 1950  
 Checked by: [Signature]

**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
<ol style="list-style-type: none"> <li>1. Triplicate Attestation Paper (M.F.W. 23).</li> <li>2. Casualty Form (A.F.B. 103).</li> <li>3. Medical History Sheet (M.F.B. 313 or A.F.B. 178).</li> <li>4. Proceedings of Med. Board (M.F.B. 227 or M.F.W. 129)</li> <li>5. Dental Certificate (C.A.D.C. 5609a).</li> <li>6. Field Conduct Sheet (A.F.B. 122.)</li> <li>7. Proceedings on Discharge (M.F.B. 218a)</li> <li>8. Discharge Certificate (M.F.W. 39) (Enclosed in special envelope (260M) ).</li> <li>9. Copy of Discharge Certificate (M.F.W. 39a).</li> <li>10. Dispersal Certificate (C.D.3).</li> <li>11. Equipment and Clothing } Statement Q.M.G. Form (D.O.S. 2),</li> <li>12. Last Pay Certificate (P. 851).</li> <li>13. Pay Book (A.B.64).</li> <li>14. War Service Gratuity (Form M.F.W. 2595).</li> <li>15. Sundry Documents.</li> </ol>	

Group ..... B

Checked by No. .... B.10

..... (Signature)

Date ..... JUN 15 1921



Baltic Disp. R. 4-4-19. ✓

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

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

M. OR S. ✓

REGT. No. 913831

RANK *Plc*

NAME (IN FULL) FREDERICKSON, NELS. PETER (BLOCK LETTERS SURNAME FIRST)

NEXT OF KIN	RELATIONSHIP	PARTICULARS	EFFECTIVE DATE	AUTHORITY	ORIGINAL UNIT C.E.F.	IF IN P.F. WHAT UNIT?
ADDRESS					1941-1942 ✓	
IS SEPARATION ALLOWANCE PAID? <i>no</i> ✓	DATE EFFECTIVE				PLACE OF ATTESTATION	TRANSFERRED TO DATE AUTHORITY
TO WHOM PAID	RELATIONSHIP				DATE OF ATTESTATION	TRANSFERRED TO DATE AUTHORITY
ADDRESS		Bank of Montreal Calgary			ASSIGNED PAY \$ <i>no</i> ✓	DATE EFFECTIVE
					PAYABLE TO	RELATIONSHIP ANY CHANGE IN ASSIGNEE OR ADDRESS
					ADDRESS	
					STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE	EFFECTIVE
					DISCHARGED	PLACE DATE REASON AUTHORITY IF ENTITLED TO POST DISCHARGE PAY
					CALGARY	10-4-19 Dem 00192

Certified opening entries on this Ledger Sheet have been audited by *[Signature]* Date 26-7-19

DISCHARGED CALGARY 10-4-19 Dem 00192

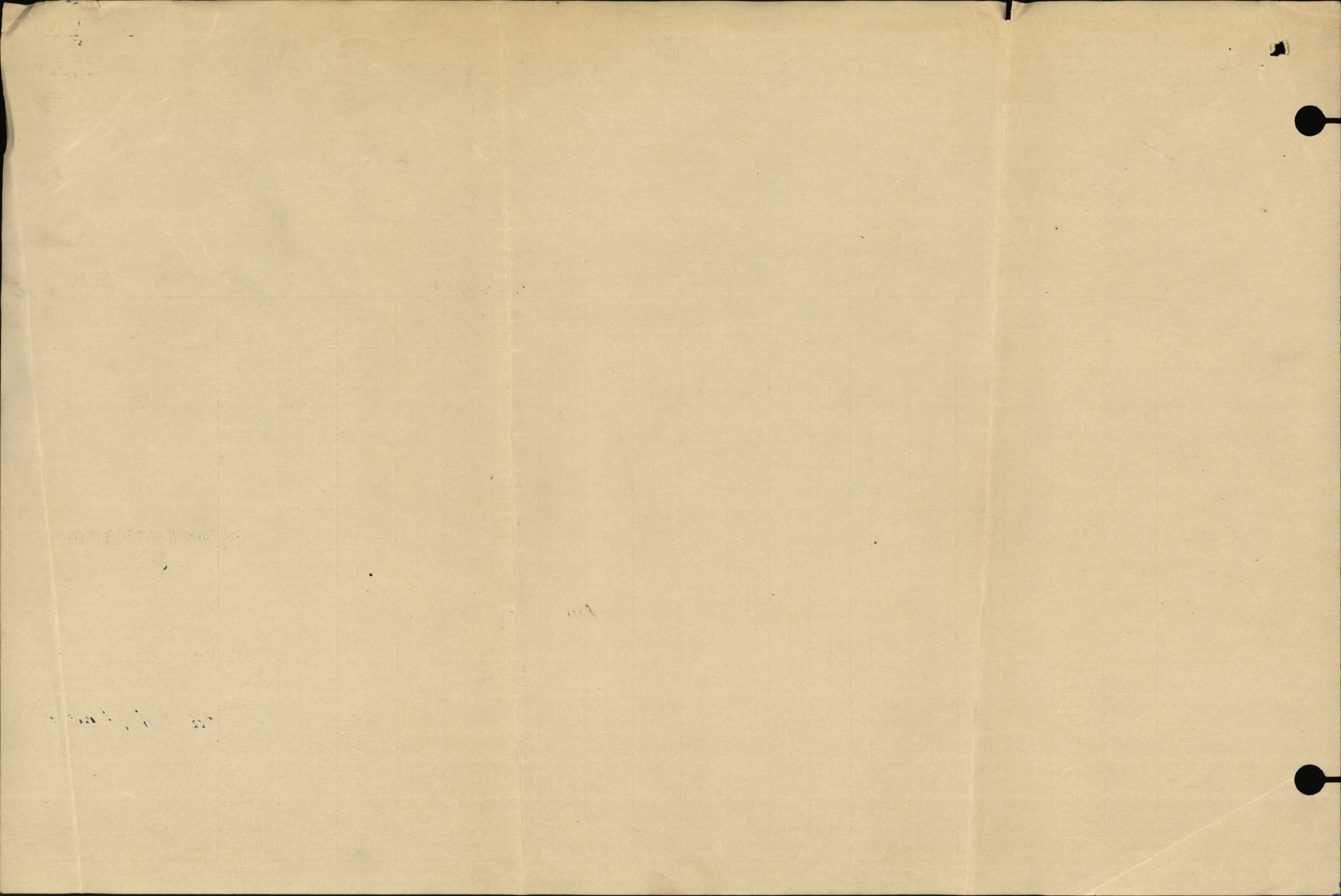
BALANCE FROM PREVIOUS ACCOUNT

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	DEBITS	DEBIT	CREDIT	DEBIT	CREDIT			
			\$	C.	\$	C.	\$	C.	\$	C.	\$	C.										\$		C.
31-5-19	✓	40			359.21	359.21																359.21	Bal. Inq. L. P. C. ✓	
31-5-19	✓	40	3060	35.00	359.21	359.21						484	5	504.94						514.81			Clothing Allowance 335.00 ✓	
31-5-19	✓	40	5060	105	359.21	514.81						484	5	504.94						514.81			1st Payment W. S. G. 570.00 ✓	
<p>Certified opening entries on this Ledger Sheet have been audited by <i>[Signature]</i> Date 1-10-19</p>																								
Days																								
153					350	350														76.60	273.40			Balances Sold in
																				63.40	63.40	210.00		968286 ✓ 10/8/19
																				70	140			1101433.7 10/9/19
																				70	70			1114499.5 10/20/19
																				70				1495477.5 10-11-19
					350	350														350				All Payments Due on This Account have been completed.

All Payments Due on This Account have been completed.

*[Signature]*  
Lieut. Paymaster War Service Gratuity Act 1914

609







\* Strike out whichever inapplicable.

ASSIGNED PAY.	ENGLAND OR CANADA.	SEPARATION ALLOWANCE.	ENGLAND OR CANADA.				
EFFECTIVE DATE:-		EFFECTIVE DATE:-					
AMOUNT:-		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.					
PARTICULARS OF RANK OR APPOINTMENT							
AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT					
		PTE					
UNIT AND TRANSFERS							
ORIGINAL UNIT:- 197 <sup>th</sup> Batta.							
DATE ACCOUNT FIRST OPENED:- 1-2-17							
AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'S'F'D	UNIT TRANSFERRED TO				
			676 Eng				
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
<del>1919</del>	<del>8373</del>	<del>102 Coy</del>	<del>24 33</del>				
<del>1915</del>	<del>B3150</del>	<del>B.D.</del>	<del>14 60</del>				
DAILY RATES OF PAY AND ALLOWANCES							
AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE			
	15	10					

PARTICULARS OF RENDERING NON-EFFECTIVE: *Dischg<sup>d</sup> Canada 31/7/19 R 9182 1919/19 of working date 13/11/13*

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
Mar 31	Bal fwd.								215 82	210	
April	P.P.	33		A.R. 8216-15/4/18-102 Co	17 03				231 79	225	
May	P.P.	34 10		A.R. 8536. 13.5.18.	17 03				248 86	240	
June	P.P.	33		A.R. 8884. 13/6/18.	17 03				264 83		
July	P.P.	34 10		A.R. 8244 17/7/18 102 Co	17 03				281 90	255	
Aug	P.P.	34 10		A.R. 81633 16/8/18 102 Co	17 03				298 97	270	
Sept	P.P.	33		A.R. 8034. 18.9.18	17 03				307 64	285	
Oct	r	34 10		A.R. 82393 16-10-18 102 Coy	17 03				324 71		
Nov	"	33		A.R. 2694 15-11-18 "	17 03						
Dec	"	34 10		3059 11-12-18 "	29 20						
Jan	"	34 10							379 68		
Feb	"	30 80		A.R. 3487 15-1-19 102 Coy	17 03						
Mar	"	34 10		A.R. 3836 14-2-19	17 03						
		<del>44 90</del>		" 84121 14.3.19	17 03				393 49	39	
		64 90			51 09						
Apr	/	33		" 862- 1.4.19 "	29 20						
MAY	/	34 10		" 8373 6.5.19 101 "	24 33						
	Dep. Pay Int to 31-5-19	25 14		" 83150 15.5.19 B.D.	14 60				417 60		
		92 24			68 13						

485.73  
64.13  
549.60

P.T.O.

NUMBER

RANK

NAME

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2
				4002 1.6.19 cccw.	3893	
				4647 10.6.19 "	973	
				6193 23.6.19 "	973	
					5839	

A 3 M. FORM REN'D. ✓ EFFEC. ✓  
 DISCHARGED TO Canada DATE 31/7/19  
 PAY BOOK VERIFIED 19.5.19  
 BAL. 117.60 L.P.C. REN'D. 19/7/19  
 AUTHY. LR. 9182 19/7/19 S. Dale  
MD 13

COMPILED BY J. Williams  
 CHECKED BY [Signature]

4002 ESPC 378.67  
 4647 " 368.94  
 6193 " 359.21

Sailed for Canada 26.6.19  
MD 13 8181

