

Unit 197th O.S. Batta Rank Lieut. Name Leifur Oddson

OFFICERS' DECLARATION PAPER

CANADIAN OVER-SEAS EXPEDITIONARY FORCE

QUESTIONS TO BE ANSWERED BY OFFICER

[ANSWERS]

1. (a) What is your Surname?.....Oddson
(b) What are your Christian Names?.....Leifur
2. (a) Where were you born? (State place and country).....Winnipeg, Canada.
(b) What is your present address?.....Suite 36 Thelma Mansions Wpeg.
3. What is the date of your birth?.....March 7th 1887
4. What is (a) the name of your next-of-kin?.....Helga T. Oddson
(b) the address of your next-of-kin?.....Suite 36, Thelma Mansions, Wpeg.
(c) the relationship of your next-of-kin?.....Wife
5. What is your profession or occupation?.....Real Estate Agent
6. What is your religion?.....Lutheran
7. Are you willing to be vaccinated or re-vaccinated and inoculated?.....Yes
8. To what Unit of the Active Militia do you belong?.....90th Wpeg Rifles
9. State particulars of any former Military Service.....March 4th 1916
10. Are you willing to serve in the

CANADIAN OVER-SEAS EXPEDITIONARY FORCE?.....YES

The undersigned hereby declares that the above answers made by him to the above questions are true.

Leifur Oddson (Signature of Officer)

Taken on strength (place).....Winnipeg, Man.

(date).....

May 8th 1916

Alf Jonsson Lt Col.
(Signature of Commanding Officer.)

CERTIFICATE OF MEDICAL EXAMINATION

I have examined the above-named Officer in accordance with the Regulations for Army Medical Services.

I consider him*.....for the CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

Date.....191.....

Place.....

*Insert here "fit" or "unfit"

O. Andersen Capt
Medical Officer

OFFICIAL RECEIPT

RECEIVED OF THE CANADIAN DEPARTMENT OF THE ARMY

FOR THE PURCHASE OF

Supplies

1. Name of the person or firm to whom the receipt is issued
2. Name of the person or firm to whom the receipt is issued
3. Name of the person or firm to whom the receipt is issued
4. Name of the person or firm to whom the receipt is issued
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9. Name of the person or firm to whom the receipt is issued
10. Name of the person or firm to whom the receipt is issued

FOR THE PURCHASE OF

Supplies

(Signature)

(Signature)

(Signature)

(Signature)

OFFICIAL RECEIPT

FOR THE PURCHASE OF

(Signature)

1000

REGIMENTAL DOCUMENTS

MS/27-4-19

Lieut
Pte

NAME ODDSON Leifur

REGT. NO. Lieut

UNIT 197th Bn

H. Q. FILE NO.

(S)

CONTENTS

DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

M. F. W. 2505
REFERENCE

NON-EFFECTIVE BY

DEATH

Category

DISCHARGE

Category

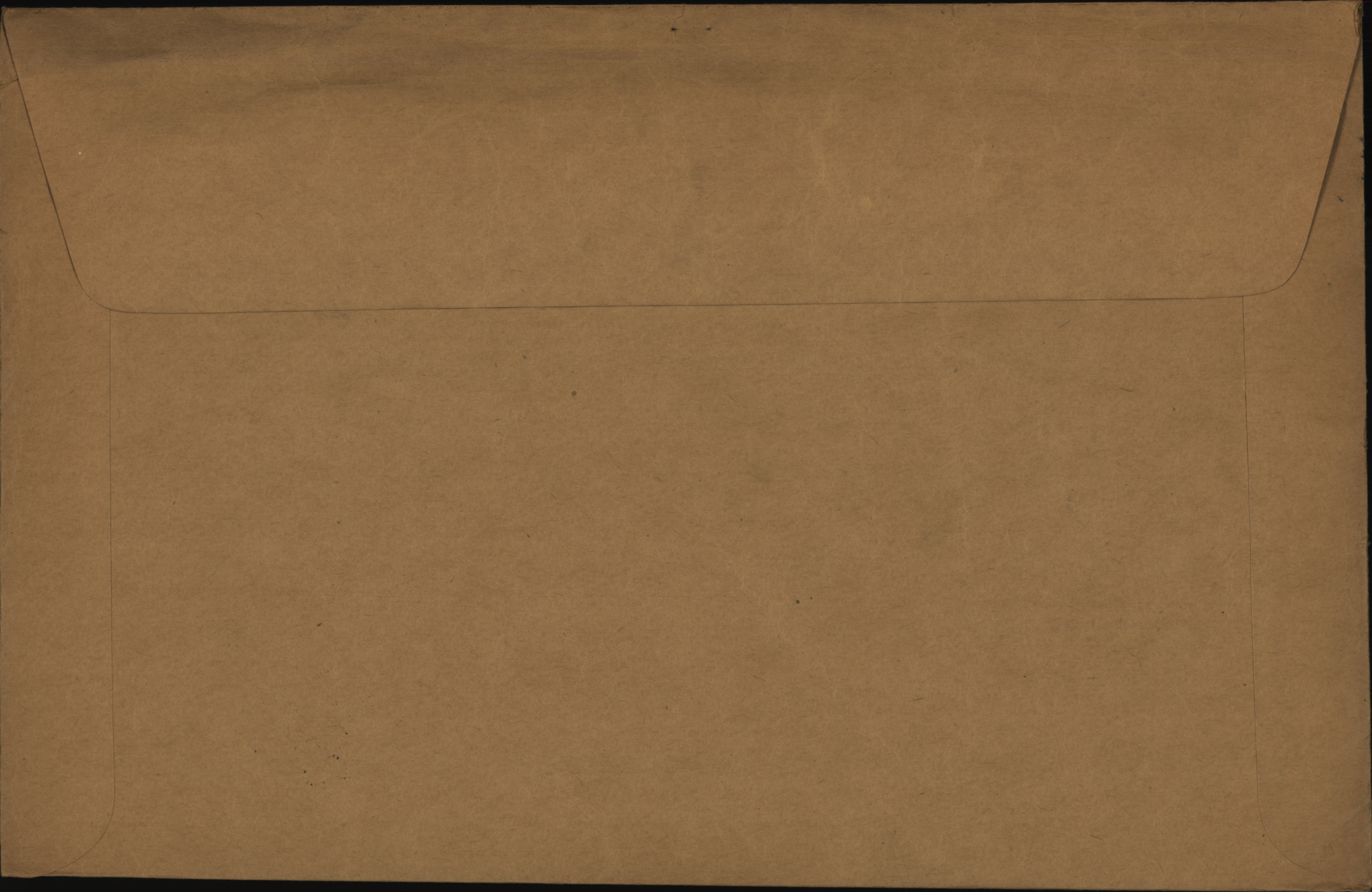
DESERTION

01604

(H)

(S)

- 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)
- 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)
- 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)



NAME. <i>Oddson</i>		RANK. <i>Prov Lieut</i>	REC. FILE. <i>332-90-230</i>
<i>Leifur</i>		No.	
		CORPS. <i>90th Regt</i>	H. Q. FILE.
ENLISTMENT. PLACE. <i>Winnipeg, Man.</i>		DATE. <i>8-5-16</i>	FOLLOWS. NO. FOLLOWS.
DISCHARGE. PLACE. <i>Winnipeg, Man.</i>		DATE. <i>28-2-17.</i>	
REASON. <i>Struck off strength</i>			
ADDRESS ON DISCHARGE. <i>x. of kin.</i>		<i>Nelga S Oddson (wife)</i>	
		<i>Suite 36, The Elms mansion</i>	
		DOCUMENTS. <i>Winnipeg</i>	

Doc on file.

granted one month's leave of absence
which expires on 28-2-17. *The date of which he has been*
Letter L.C.C.M.D. 401-2-17. struck off the L.C.F. 22-1-18 1/2. 3.17.

CHARGED OUT

RETURNED

CHARGED OUT

RETURNED

TO

DATE

BY

RECEIVED
BY

DATE

TO

DATE

BY

RECEIVED
BY

DATE

No.

RANK

Lieut.

NAME

Oddson. R

T. O. S.

UNIT

Casualty Clearing Depot.

Transfd from 187th Bn 18-1-17
 no 16 of 18-1-17

M. D. 10

PAID
FROMPAID
TOSIG.
OR
REC'T

PROMOTIONS, TRANSFERS, DISCHARGES, ETC.

PARTICULARS

AUTHORITY

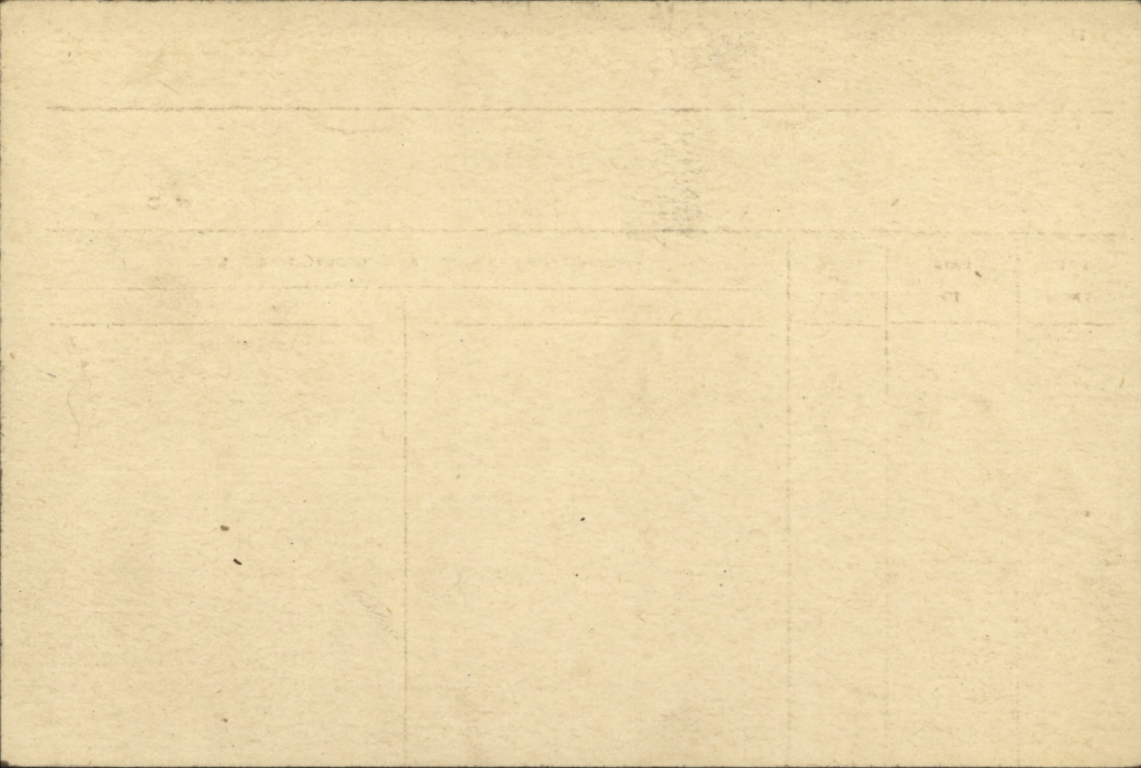
1917
 Jan 18
 1917
 Jan 31
 Feb.

u
 ✓
 ✓

L.O.L. 28-2-17

no 26 of 30-1-17

a/c closed by payment L.



No.

RANK

Lieut

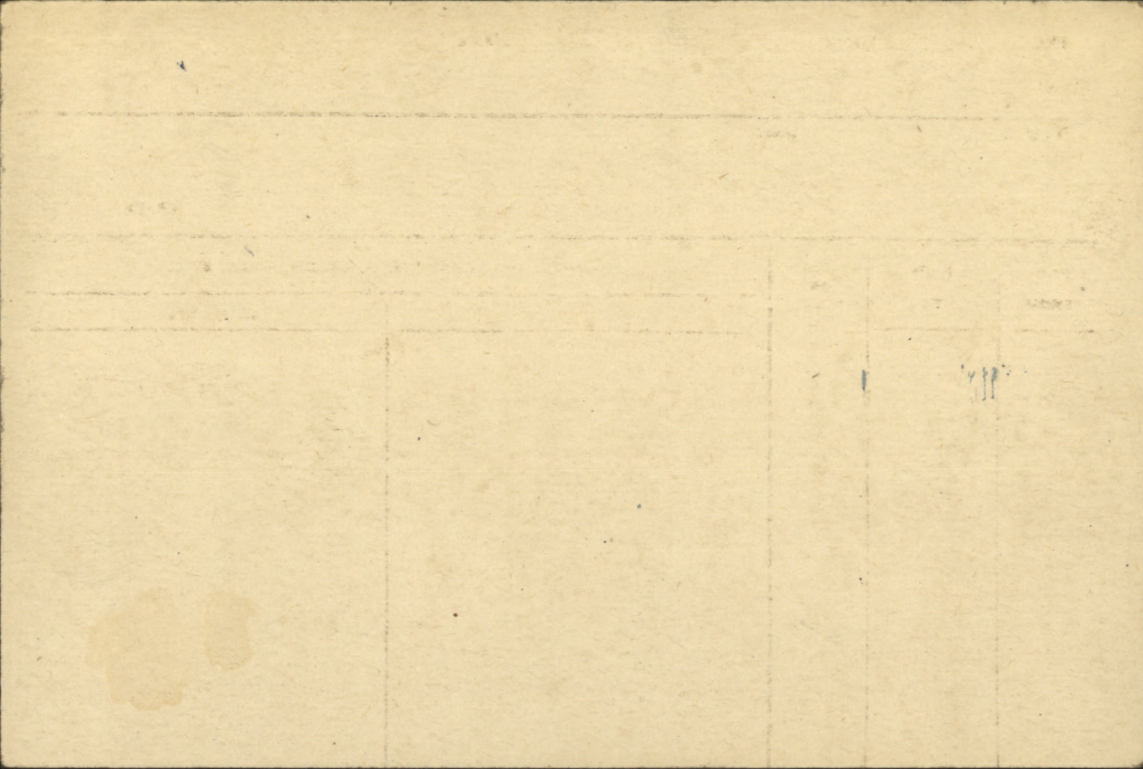
NAME

*Oddson L*T. O. S. *8-5-16*

UNIT

*197th Battalion**(B.O. 86 of 25-5-16)*M. D. *10*

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
<i>1916</i>	<i>1916</i>			
<i>May 8</i>	<i>May 31</i>	<i>✓</i>		
	<i>June</i>	<i>✓</i>		
	<i>July</i>	<i>✓</i>		
	<i>Aug</i>	<i>✓</i>		
	<i>Sept</i>	<i>✓</i>		
	<i>Oct</i>	<i>✓</i>		
	<i>Nov</i>	<i>✓</i>		
	<i>Dec</i>	<i>✓</i>		
<i>Jan 1</i>	<i>Jan 17</i>	<i>✓</i>	<i>trans to Clearing Sep. 17-1-17</i>	<i>Co. 14. Par 15-7.</i>
				<i>J. P. L.</i>



Original not available.

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

197th Bn

Regimental No.

Rank

Lieut

Name

Addison, Reifur

C. E. F.

Enlisted (a)

Terms of Service (a)

Service reckons from (a)

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)

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				
	197 th Bn	S. O. S.	Winnipeg	8-5-16	
	b. b. D.	S. O. S. (S. N. L. R.)	"	28-2-17	auth. D. O. 26/30-1-17.
D. Rutledge Capt. For L. R.					

(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.

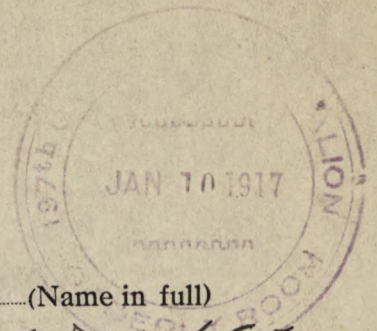
(b) e.g. Signaller, Shoeing Smith, etc., etc., also special qualifications in technical Corps duties.

[P.T.O.]

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

[illegible]

FORM OF WILL.



I, LEIFUR ODDSON (Name in full)

Regimental Number _____ serving in 197th O.S. Batt. 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 bequeath all my real estate unto

HELGA SIGURBJORG ODDSON

Suite 36 THELMO MANSIONS

601 Ellen Burnell St Winnipeg Man

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

absolutely, and my personal estate I bequeath to

See as above —

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 10th day of January A. D. 1917

Leifur Oddson 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.

Signature of First Witness

Address of Witness

Occupation of Witness

Signature of Second Witness

Address of Witness

Occupation of Witness

THE TWO
WITNESSES
MUST
SIGN HERE

FORM OF WILL

I, William Gordon
do hereby certify that the foregoing is a true and correct copy of the
last and latest will of my late wife.

I declare under oath that the foregoing is a true and correct copy of the

Name and Address of person
to whom the will is given

William Gordon

of the County of York

City of Toronto

Province of Ontario

Name and Address of person
to whom the will is given

William Gordon

of the County of York

City of Toronto

Province of Ontario

IMPORTANT
NOTE
This must be signed
and dated by
THE TESTATOR
HIMSELF

Witness my hand and seal this 1st day of January 1901

Signed and acknowledged by the Testator as and for his last will and testament
of us both present at the same time and in the presence of the witnesses in
the presence of each other have hereunto subscribed our names as witnesses

Signature of Testator

Address of Testator

Occupation of Testator

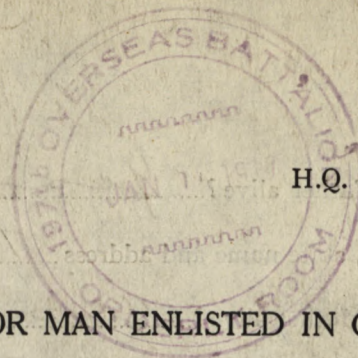
Signature of Second Witness

Address of Witness

Occupation of Witness

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..... 191st H. O.S. Batt C.E.F.
- (2) Regimental Number
- (3) Full Name of Soldier..... LEIFUR ODDSON
- (4) Place of Birth..... SELKIRK, CANADA.
- (5) Are you married, or not?..... Married
- (6) If married, state,
(a) Full name of your wife..... HELGA SIGURBJORG ODDSON
- (b) Present Postal Address..... Box 36 THELMO MANSIONS
WINNIPEG, MAN.
- (7) Are you a widower?..... No -
- (8) Have you any children?..... Two -

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

Also their names and ages.....

(9) Is your Father alive?

yes

If so, state name and address

THORSTEIN ODDSON
448 Sherbrooke St. Winnipeg

(10) Is your Mother alive?

yes

If so, state name and address

RAHEL ODDSON

448 Sherbrooke St. Winnipeg, Man.

(11) If your Mother is a widow

Are you her sole support, or not?

no -

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

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

(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.

This has been attended to for my wife & children

(15) Are you insured?

yes -

If so, in what Company?

Common Life Co.

Have you made arrangements for payment of your Insurance premium?

yes

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

Date

Jan. 10/17

Officer Commanding

no card 86

MEDICAL HISTORY SHEET

Surname ODDSON Christian Name Leifur

Examined { on 15 day of Feb 191	Approved by		
at Winnipeg			
Birthplace { City or Town Selkirk	Rank M.O.		
County	Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT
Apparent age 29			M.O.
Trade or occupation Builder			M.O.
Height 5 feet 4 1/2 Inches			M.O.
Weight 142 lbs.			M.O.
Chest measurement { Minimum 33 inches			M.O.
Maximum expansion 38 1/2 inches			M.O.
Physical development good			M.O.
Small-pox Marks none			M.O.
Vaccination Marks { Arm Right X Left X	Date	Result	VACCINATIONS
Number 4			
When Vaccinated last Oct 1916			M.O.
(a) Marks indicating congenital peculiarities or previous disease None			M.O.
			M.O.
(b) Slight defects but not sufficient to cause rejection	Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
None			M.O.
			M.O.
			M.O.

Enlisted on 8th day of May 1916 at Winnipeg, Canada

	CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment				
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.

Su_name.

[illegible]

CANADIAN EXPEDITIONARY FORCE

Certificate of Service

ISSUED TO OFFICERS AND NURSING SISTERS

W.H.10.48

W.H.

This is to Certify that (Rank) Lieutenant

(Name in full) Leifur ODDSON

Enlisted in The 197th Battalion

CANADIAN EXPEDITIONARY FORCE, on the ~~XXXXXXXXXXXXXXXXXXXXXXXXXXXX~~

~~day of~~ ~~XXXXXXXXXXXXXXXXXXXX~~ 19~~11~~ AND WAS APPOINTED to COMMISSIONED RANK

in The 197th Battalion

CANADIAN EXPEDITIONARY FORCE on the Eight day

of May 1916.

HE SERVED in CANADA, with the 197th Battalion., and Clearing

Depot, M.D.No.10.

and was STRUCK OFF THE STRENGTH on the Twenty-eighth day

of February 1917 by reason of being surplus to require-
ments.

Dated at Ottawa, this Twenty-seventh day

of November ~~xx~~ 1924.

W.E.L. G.

Major.

for

Director of Personal Services.

CANADIAN EXPEDITIONARY FORCE

CERTIFICATE OF SERVICE

ISSUED TO OFFICERS AND MEMBERS OF THE

This is to certify that

has been

for

at the

and was appointed to the rank of

and has been

by

has served in Canada

for

and has been

for

has been