

ATTESTATION PAPER.

No. 294090

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- 1. What is your surname? *Oskar Oder*
- 1a. What are your Christian names? *Oder Oskar*
- 1b. What is your present address? *Box 21 Subue Post*
- 2. In what Town, Township or Parish, and in what Country were you born? *Jarvesund Sweden*
- 3. What is the name of your next-of-kin? *Olof Oder*
- 4. What is the address of your next-of-kin? *Jarvesund Sweden*
- 4a. What is the relationship of your next-of-kin? *Grandfather*
- 5. What is the date of your birth? *11th May 1894*
- 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, *Oskar Oder*, 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.

Oskar Oder (Signature of Recruit)

Date *25th March* 191*6* *Chas A Wood Sergt* (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *Oskar Oder*, 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.

Oskar Oder (Signature of Recruit)

Date *25th March* 191*6* *Chas A Wood Sergt* (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 *Subue* this *25th* day of *March* 191*6*

Wm. Anderson (Signature of Justice)

Notary Public
in & for the Prov. of Saskatchewan

My commission expires
December 31st. 191*6*

Description of Oskar Oder on Enlistment.

Apparent Age 21 years 10 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 7 1/2 ins.
 Chest measurement { Girth when fully expanded 38 1/2 ins.
 Range of expansion 2 1/2 ins.
 Complexion Light
 Eyes Gray Blue
 Hair Light Brown

Negatives as to marks on congenital peculiarities

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 March 25th 1916.

Place Waukeg Sask

G. D. Chalmers M.D.
 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.

O. Oder 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)

Date 25-3-16 1916.

REGIMENTAL DOCUMENTS

718127-9-19

NAME

DDZr Oskar

REGT. NO.

294090

UNIT

22/3rd Bn

H. Q. FILE NO.

S

CONTENTS

DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

M. F. W. 2505
REFERENCE

NON-EFFECTIVE BY

M

DEATH

Category

DISCHARGE

Category

DESERTION

C1699

H

*50-30
22-30
10-30*

2

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)

cas card

R14

1 Orig will

1 nubs

R122

1 plan

1 ind card



649-0-3002

✓
ODER, Oskar

✓
(Pte)

✓
No. 294090

C.E.F. *27th. Bn.*

Medals and Decorations (Cousin) *Margaret Oder,*

306 Ellen St.,

Scroll Desp. 22/22 Reqn. No. 54822

Winnipeg, Man. *11*

Plaque Desp. 22 2/22 Reqn. No. P43302

Plaques and Scroll (Father) Mr. Olaf Oder,
Nordsjö, Jerfsö.
Sweden.

Ser # 796 269.

Memorial Cross (Mother) Mrs. Olaf Oder

address as above.

*not eligible for star,
E.C. " V.M.
M.J.C. " B.W.M.*

57743

P.a. 652481 P-12-21

1238

No. 294090 RANK *Pvt.*

NAME *Oder, Oskar*

T. O. S. 28316

UNIT *223rd Battalion C. I. F.*

BO. 24-07.73 of 28316

M. D. *10*

			PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
PAID FROM	PAID TO	SIG OR REC'T	PARTICULARS	AUTHORITY
<i>1916</i>	<i>1916</i>			
<i>Mar. 28</i>	<i>Mar. 31</i>	<i>✓</i>		
<i>Apr.</i>		<i>✓</i>		
<i>May</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>1917</i>	<i>1917</i>			
<i>Jan.</i>		<i>✓</i>	<i>forfeits iday pay, a.w.c.</i>	<i>Jan. pay list</i>
<i>Feb.</i>		<i>✓</i>		
<i>Mar.</i>		<i>✓</i>		
<i>Apr.</i>		<i>✓</i>		
<i>May 1</i>	<i>May 14</i>	<i>✓</i>		



SURNAME.

Oder

CARD NO.



CHRISTIAN NAMES

Oskar

FOLL.

REGL. No.

294090

RANK

Pte

UNIT

223rd.

Bn.

FORMER CORPS

Nil.

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Oder, Olaf

RELATIONSHIP TO SOLDIER

Grandfather

ADDRESS

Garvesund, Sweden.

COUNTRY OF BIRTH

Sweden, Garvesund.

DATE

May 11th, 1894.

PLACE OF ATTESTATION

Dubic, Sask.

DATE

Mar. 25th, 1916.

9/8 3-5-17



[FROM HALIFAX PER S S 'JUSTICIA' 3-5-17

MARRIED

SINGLE

yes

WIDOWER

TRADE OR CALLING

Farmer

RELIGION

Lutheran

DESCRIPTION.

APPARENT AGE

21 YEARS

10 MONTHS

HEIGHT

5 FEET

7 1/2 INCHES

CHEST MEASUREMENT

38 1/2 INCHES

EXPANSION

2 1/2 INCHES

COMPLEXION

Light

EYES

Grey blue

HAIR

Lt. brown

DISTINGUISHING MARKS

Nil.

MEDICAL EXAMINATION.

PLACE

Dubuic, Sask.

DATE

Mar. 25th, 1916.

A.D.

Smth

Number 294090 Rank

Plt-03
X

Surname ODER

Christian Name Oskar

Units 27th Bu Candy Theatre of War France

Date of Service 7-9-17 II

Remarks Cousin

Latest Address Margaret Oder
306 Ellen St
Winnipeg Man.

Roll No B Page 7848

Next of kin _____

Address on leave _____

Address on discharge _____

Transportation issued Yes No Date _____ Character on discharge _____

Previous occupation _____ Date and place of enlistment _____

Diagnosis _____ Date of Medical Boards _____

Date _____ Remarks _____

DESP
REGN. NO. 1105/57
DEC 15 1921

*—Name will be given in full; surname first.

H. Q. FILE No. 649-

NAME

Oder, Oskar.

REGT'L No.

294090

RANK AND CORPS

Plt 27th In (former 223rd Bn)

CABLE

NO.

DATE

"Swed"

NATURE OF CASUALTY

4.12/21-2/7.5-18

Killed in action Apr. 26th 1918

LIST No.

HOSPITAL

DATE OF
ADMISSION

REMARKS

9-206. Killed in action 26-4-18

Reg. No. *294090* Name *Order, P.*

Rank *Pvt* Corps *223* Age *-* Service *-*

Ledger No. Serial No.

HOSPITALS	DATE	DIAGNOSIS
<i>General Winnipeg</i>	<i>6-6-16</i>	<i>Influenza C</i>
<i>St. Louis - Sault</i>	<i>13-6-16</i>	

HOSPITALS

DATE

DIAGNOSIS

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

Oskar

25 0 568

Name ODER

Rank

Pte

Reg. No. 294090

Unit

27th Bn

Next of Kin

Mr. O. Oder, Jervesund, Sweden.
JARVESUND

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1918 26-4	Killed in Action	Killed 3-5-18		A206	H127	DP 1483
	Killed 3-5-18					
	Notice returned.					

New notice please

SURNAME

CHRISTIAN NAME OR NAMES

REG. NO.

Oder

O

294090

RANK

UNIT

CO.

TROOP

BATTY

P^{te}
HOSPITAL

Am

27.

DATE OF ADMISSION

1.

HOSP.

2.

HOSP.

3.

HOSP.

4.

HOSP.

DIAGNOSIS

1.

RTR

2.

3.

Killed in action 26.4.18 R.

DISPOSITION

DATE

62 6 5 18 a 206'

REMARKS

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

EPITOME OF HOSPITAL TREATMENT

HOSPITAL

ADM.

1.

2.

3.

4.

5.

6.

7.

294090
Oskar

Oder ORIGINAL MEDICAL HISTORY SHEET

Surname Laskar Christian Name Oskar

Examined { on 25 day of March 1916 Approved by B. Nelson
 at Wimpey
 Birthplace { City or Town Jarvedued Rank Capt Amc. M.O.
 County Sveeden

Apparent age 21 Year 10 m.
 Trade or occupation Painter
 Height 5 feet 7 1/2 Inches
 Weight _____ lbs.
 Chest measurement { Minimum 38 1/2 inches
 Maximum expansion 2 1/2 inches
 Physical development _____
 Small-pox Marks _____

Vaccination Marks { Arm Right Left
 Number _____
 When Vaccinated last _____
 (a) Marks indicating congenital peculiarities or previous disease _____

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

Enlisted on 25 day of March 1916 at Wimpey

	CORPS	REG'L NUMBER	HABITS	DATE
Joined on enlistment	<u>22nd OSB.</u>	<u>294090</u>		
Transferred to	<u>67th Bn</u>			

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.

J.K.C.

Surname *Adair* Christian Name *Robert*

STATION	Date of Arrival at the Station	DATES OF						DISEASE	Number of days in Hospital	Remarks on nature of the disease; how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer
		Admission into Hospital			Discharge from Hospital						
		Day	Month	Year	Day	Month	Year				
<i>Winnipeg Man.</i>		<i>21</i>	<i>May</i>	<i>16</i>	<i>15</i>	<i>May</i>	<i>'16</i>	<i>Influenza -</i>	<i>14</i>	<i>moderately severe -</i>	<i>B. H. Olson Capt. Army</i>

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

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

250M.—1-16.
H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps 223rd Overseas Bn.
 Regimental No. 294090 Rank plke Name Oder Oskar
 Enlisted (a) 25-3-16 Terms of Service (a) Duration of War Service reckons from (a) 25-3-16
 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		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 Dis " "	Halifax 3-5-17 Liverpool 14-5-17		H.N.T. F 628
15-5-17	" "	Trans to 11th C.R.Bn.	Shorncliffe	15-5-17	Pt II Bn. O. 19 S. B. Syddall Capt & Adjt 223rd Batin. C.E.F.
15-6-17	O.C. 11th Bn	Taken on strength 11th Bn	Shorncliffe	15-5-17	Pt III Bn. O. 112 Can Ros Bn.
7-9-17	O.C. 11th Bn	Trans to 27th Bn.	Overseas	7-9-17	Pt II Bn. O. 210 R. R. Reid Capt & Adjutant 11th C.R.Bn.

CERTIFIED CORRECT
 15 SEP 1917
 CASUALTY DEPT., 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, Shoehing 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				
8 ⁹ / ₁₇	C. E. D.	ARRIVED C. E. D.	SERVICE	7 ⁹ / ₁₇	N. R. D. _____
17 ⁹ / ₁₇	<i>W. H. S.</i> C. B. D.	" <i>Camp & Camp</i>		17 ⁹ / ₁₇	PART II ORDERS NO. 183 D 17 ⁹ / ₁₇
17 ¹¹ / ₁₇ 27.4.18	O. C. XBN "	ARRIVED 27 ¹¹ / ₁₇ BN. <i>Killed in action</i>	FIELD	15 ¹¹ / ₁₇ 26.4.18	B. 213 D 17 ¹¹ / ₁₇ . Letter P 3625 <i>Can. Sec. file K. J.</i> 17-1162 PART II 31 a/3 5/18
					<i>Whogay</i> Major for Lt-Col., A.A.G. Canadian Section G.H.Q. 3rd Division

J.P Rank

Name ODER, Oskar.

Reg'l No. 294090.

Unit

If in perm. Corps,
What Unit? }

Married or Single Single.

223rd Bn. to Manitoba Reg.

Place and Date of Enlistment Dubuc. 25th March. 1916.

Place of Birth Jarvesund. Sweden.

Name and Address, Next-of-Kin

Olaf Oder.

Jesvesund. Sweden.

Relationship

Grandfather.

Assigned Pay Monthly \$

Payable to

Relationship

Separation Allowance \$

Payable to

Relationship

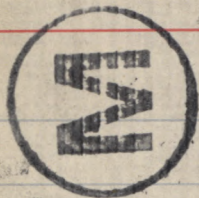
Discharge, Date and Place

Reason

Character

H. W. & V., Ld.—9546-16.

N/E no. 11020
File R.L. 25-0-568
Category Xa



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.				
15 5 17	With Res		Shorncliffe	15.5.17	ARRIVED IN ENGLAND 14 5 17 S/S JUSTICIA Pt. II 112
7. 9. 17 6. 5. 18	Inf (27)	SOS Bro of Seas to 27 Batt Pte Killed in action	"	7. 9. 17	" 210. 27 Bn PI 53 4/12. 9. 17 C/A 206

A.F.B. 103 CHECKED
14 SEP 1974

FORM OF WILL.

I, Oscar Odar (Name in full)

Regimental Number 294090 serving in 225th O.S. Batt.

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

Margaret Odar
Duluc Sask. } Name and Address of person or persons to whom it is to go.

absolutely, and my personal estate I bequeath to

Margaret Odar
Duluc Sask. } 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 25 day of January A. D. 1917.

Oscar Odar 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 Elmer Alfred Larson

Address of Witness Portage La Prairie, man

Occupation of Witness Soldier

Signature of Second Witness H. Heymann

Address of Witness 223 O. Batt. Portage la Prairie

Occupation of Witness Sergeant

FORM OF WILL

I, _____ (Name in full)
_____ (Residential Number)
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
(if any)

this _____ day of _____ A.D. 1911

**IMPORTANT
NOTE**
The testator's name
and address
on the envelope
should
be identical

Signature of Soldier

My Will is made in full knowledge and free memory, and I am of legal age, and I am not under any legal disability, and I am not insane, and I am not intoxicated at the time of making this Will.

Signed and acknowledged by the Testator 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

P. 959
MARRIED OR SINGLE

Single

PLACE OF BIRTH

NAME AND ADDRESS OF NEXT OF KIN

*Olof Oder
Jarvesund, Sweden.*

RELATIONSHIP OF NEXT OF KIN *Grandfather*

NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF KIN

SEPARATION ALLOWANCE MONTHLY \$ EFFECTIVE (DATE)

PAYABLE TO

RELATIONSHIP OF DEPENDANT

CASUALTIES, PROMOTIONS, &c.

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ADMISSIONS TO HOSPITAL, &c.

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

REG'L No. *294090* RANK *Pte.* NAME *Oder, Oskar*

IF IN PERM. CORPS } UNIT *11 Reerve* to *27th Bn.* TRANSFERRED TO *27th Bn.* DATE *1/2/18* AUTHORITY *AR*

PERMANENT FORCE ALLOWANCES TRANSFERRED TO DATE AUTHORITY

PLACE OF ATTESTATION *Dubac, Sask.* TRANSFERRED TO DATE AUTHORITY

DATE OF ATTESTATION *March 28th 1916.* TRANSFERRED TO DATE AUTHORITY

ASSIGNED PAY MONTHLY \$ DATE EFFECTIVE

PAYABLE TO RELATIONSHIP

ASSIGNED PAY MONTHLY \$ DATE EFFECTIVE

PAYABLE TO RELATIONSHIP

STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) EFFECTIVE REASON

DISCHARGE DATE AND PLACE REASON AND AUTHORITY

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

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						
			\$	c.			\$	c.			\$	c.																				NO.	DATE	NO.
15.5.17														30 15	30 15																			
16.5.17																																		
16.6.17	46	1 ⁰⁰	50	60											50 60	326	30.5.17									4 87		4 87	75 88					
July 31	31		34	10											94 10											1 61		2 35	107 63					AR005 1616 88-90 AR006 1886 230-17
Aug 31	31		34	10											34 10	431	4/6									4 87		4 87	136 86					
Sept 30	30		33												33											14 60		77 98	91 88					
			151	80										30 15	181 95											9 85	2 26	90 07						
			161	90									30 15	181 95												12 16	2 26	90 07						
MONTH	PARTICULARS	CR.1	CR.2	PARTICULARS	DR.1	DR.2	DR.3	DR.4	BALANCE	REP. SER. REG. PAY ENG.	SEP. ALLOC. PAY ENG.	MONTH	PARTICULARS	CR.1	CR.2	DATE	DR.3	DR.4	BALANCE	DEFER. SER. REG. PAY ENG.	SEP. ALLOC. PAY ENG.													
	Bal. fwd.								91 88			1917	Bal. fwd.						185 34					127.50										
Oct.	31	a	1 ⁰⁰	ar. 1007 797	11 Reerve				2 43			1918																						
			34	10					2 43			1918																						
			34	10					123 53																									
			34	10					82 ⁵⁰																									
			34	10					123 53																									
			34	10					82 ⁵⁰																									
Nov.	P.P.		33	00	M. Bk. 25. 22. 9	2 nd D.R. Bk.			2 68			1918																						
Dec.	P.P.		34	10	Quoos. 24. 27. 3741.				2 63			1918																						
			67	10					5 31																									
Jan.	P.P.		34	10	ANPR. 877. 29/11/17. 27 th Bn.				13 98																									
					" 81. 1/19/17. 2 nd D.Y.R.R.				4 46																									
					" 318. 24/10/17. 2 nd D.Y.R.R.				3 57																									
			34	10					2 1-41																									

at correct 6/6/18 Rd.

294090 Pte. Gder. C.

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			
MONTH	PARTICULARS	CR.1	CR.2	PARTICULARS	DR.1	DR.2	DR.3	DR.4	BALANCE	DEFER. RED. PAY	SEP. ALLGE. ENG.	MONTH	PARTICULARS	CR.1	CR.2	PARTICULARS	DR.1	DR.2	DR.3	DR.4	BALANCE	DEFER. RED. PAY	SEP. ALLGE. ENG.								
1918	Bl fwd				10 71				190 -	127 ⁵⁰																					
Jan.	28 Days P.P.	30	80	AR sa-4-11-17-20w.c.c.c.c.	3 57				206 52																						
		30	80		14 28																										
Mar.	PP	34	10	AR 1141 24/2/8 27/8	4 46																										
				AR 1183 4/3/8 27/8	2 68																										
				AR 1234 7/3/8 " "	4 46				228 62	157 ⁵⁰																					
		34	10		12 00																										
					12 00																										

Carried forward to
Larger ledger sheet

NLS

* Strike out whichever inapplicable.

ASSIGNED PAY.	ENGLAND OR CANADA.	SEPARATION ALLOWANCE.	ENGLAND OR CANADA.
EFFECTIVE DATE:-		EFFECTIVE DATE:-	
AMOUNT:-		AMOUNT:-	

NAME:- *ODEB. Oskar.*

NUMBER:- *294090*

PARTICULARS OF RANK OR APPOINTMENT

NAME, ADDRESS, RELATIONSHIP & AUTHORITY { WHEN PAYEE OF A.P. IS THE SAME AS PAYEE OF S.A. THE WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE.

As P Verified 6. 6 18

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT	
		<i>Plt</i>	
<i>Killed in action</i>			
<i>20 4/18 a206 6/5/18</i>			
UNIT AND TRANSFERS <i>NOV 1 1918</i>			
ORIGINAL UNIT:- <i>223 to 11 Res</i>			
DATE ACCOUNT FIRST OPENED - <i>16-5-17</i>			
AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'S'D	UNIT TRANSFERRED TO
			<i>27 Br</i>
	<i>1-5-18</i>	<i>21-5-18</i>	<i>Man. Eff E.</i>

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

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
	<i>1-</i>	<i>-</i>	<i>10</i>	

PARTICULARS OF RENDERING NON-EFFECTIVE:-

MONTH 1918	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
<i>Mar</i>	<i>Balt. Id</i>								<i>27.862</i>	<i>157.50</i>	
<i>April</i>	<i>1/30 P.P.</i>	<i>33-</i>		<i>AR 27. 12/4/18 27 Br</i>	<i>3.57</i>				<i>25805</i>	<i>172.50</i>	
		<i>33-</i>			<i>3.57</i>						
<i>May</i>				<i>a JW 3069 24/11/18 27 Br</i>	<i>35</i>				<i>257.70</i>		
					<i>35</i>						
<i>Aug</i>	<i>Int D. Pay</i>	<i>4.85</i>							<i>262.55</i>		
		<i>4.85</i>									
<i>Sept</i>				<i>Back pd to Oskara 9887</i>	<i>262.55</i>				<i>0</i>		
					<i>262.55</i>						

Stat und. 25/8/18
by Bal. 262.55.

Record of Anti-Typhoid Inoculation

(The Medical Officer is to insert hereon $\frac{\text{T.V.}}{3}$, $\frac{\text{T.V.}}{2}$ or

$\frac{\text{T.V.}}{1}$, according to system adopted, with date or dates

$\frac{1}{1}$
of inoculation and initial entries.)

~~4 AB~~ 14/6/16

3 4/7/16

13/7/16

Rec. 40/12/16

20/1/17

$\frac{\text{TAB}}{2}$ 14-1-18 JH

The space below this line is reserved for Army Form W. 3066, which is to be pasted hereon when man embarks for service.

SBR3

If page 20 with Military Will is removed, state on
 this page to whom it has been forwarded and date:—

Will completed & deposited
 with. H. D. 10. Canada.

M. Bennett Capt.,
 Paymaster, 11th Res. Batt'n:

Oder. O -

BRANCH

294090

O 1918

27 Br

DEPT.

P. 20a.

Pay Office,

Canadian Expeditionary Force,

Westminster House,

7, Millbank, London, S.W.

.....1918.

To,—

Cashier,

Pay Office,

London, S.W.

Please issue Refund to.....

.....
on account of advances made to the undermentioned men:—

.....Battalion.

Posted	Reg. No.	Rank.	NAME.	AMOUNT.
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DUPLICATE

EXTRACTED FROM A.S.P.B IN S/6. 15-6-18.

26-4-18 Kin A. CYA-206 6-5-18

191

ESTATES
JUL 1
MILITI

Виза және кетім

Консул
БСА ОФИС

Сөздер

10

ИСТЕ

Миллер, Уолтон

Уақытша

Сыртқы Экспедициялар

БСА ОФИС

26239

DUPLICATE

14-6-18

Сыртқы Экспедициялар