

REGIMENTAL DOCUMENTS

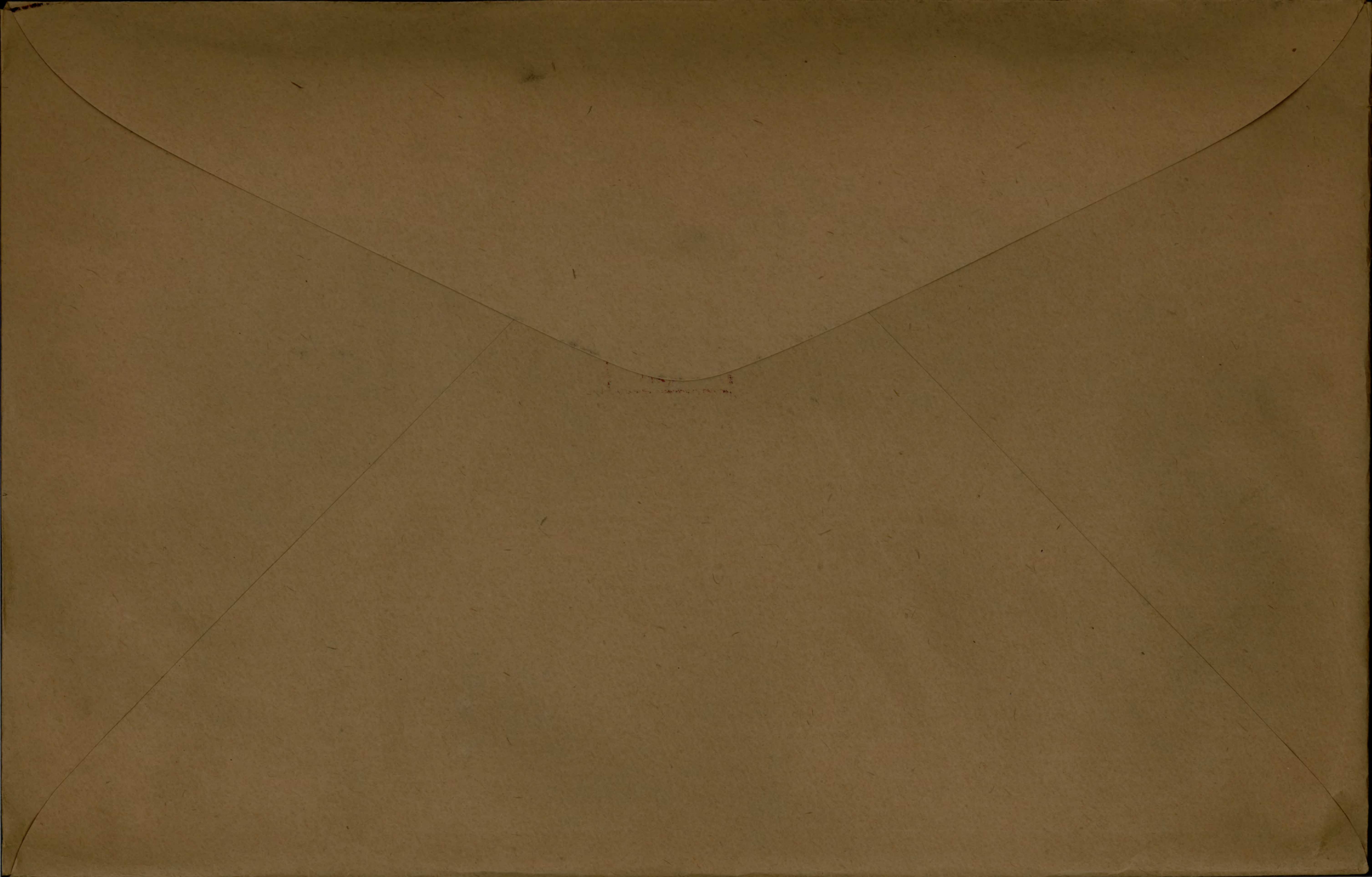
NAME *ANDERSON. Oscar*

REGT. No. *2502860*

UNIT *6. F. b.*

H. Q. FILE No. *9199*

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TRAINING HISTORY SHEET (M.F.W. 113)					
FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
<i>1</i> REGT. CONDUCT SHEET (M.B.W. 263 or A.F.B. 120)					
<i>1</i> COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					
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<i>1</i> PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)					
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copy
18-7-17

CLASSA II

ATTESTATION PAPER.

No. 2502860

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname?..... Anderson
- 1a. What are your Christian names?..... Oscar Mayer
- 1b. What is your present address?..... Winnipeg
2. In what Town, Township or Parish, and in what Country were you born?..... Malma, Sweden
3. What is the name of your next-of-kin?..... No Relatives
4. What is the address of your next-of-kin?..... -----
- 4a. What is the relationship of your next-of-kin?..... -----
- What is the date of your birth?..... Aug. 10th 1877
- What is your Trade or Calling?..... Section Man
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?.. Swedish Army (cavalry)
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 } Yes
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? }
13. Have you ever been discharged from any Branch of His Majesty's Forces as medically unfit? .. No
14. If so, what was the nature of the disability?.....
15. Have you ever offered to serve in any Branch of His Majesty's Forces and been rejected? .. No
16. If so, what was the reason?.....

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Oscar Mayer 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.

Oscar Anderson Mayer (Signature of Recruit)

Date 25th June 1917 J. W. MacFarlan (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Oscar Mayer 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.

Oscar Mayer Anderson (Signature of Recruit)

Date 25th June 1917 J. W. MacFarlan (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 25th day of June 1917.

A. David (Signature of Justice)
A Notary Public in & for the Prov of Manitoba

Description of Oscar Mayer Anderson on Enlistment.

Apparent Age 40 years 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 10 1/2 ins.

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

Complexion Light

Eyes Blue

Hair Light

Religious denominations. { Church of England
 Presbyterian
 Methodist
 Baptist or Congregationalist
 Roman Catholic
 Jewish
 Other denominations Lutherian
(Denomination to be stated.)

Vision R. Eye

L. Eye

Hearing R. Ear

L. Ear

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* for the **Canadian Over-Seas Expeditionary Force.**

Date 191

Place
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:—

MOBILIZATION
 MEDICAL BOARD JUN 27 1917
 APPROVED FIT

[Signatures]
 MEMBER
 MEMBER

CERTIFICATE OF OFFICER COMMANDING UNIT.

Oscar Mayer 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.

C. H. Simpson Capt. (Signature of Officer)

Date 25th June 1917

FORM OF WILL.

I, Oscar Mayer Anderson (Name in full)

Regimental Number 2502860 serving in # 10 Forestry & Railway Const. Depot.
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

Kirstin Mayer
No 12 Stora Nygatan
Malmo
Sweden.

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

absolutely, and my personal estate I bequeath to

Kirstin Mayer
No 12 Stora Nygatan
Malmo
Sweden

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 1 day of aug. A. D. 1917

Oscar Mayer Anderson 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 Mark Blifford.

Address of Witness Broadway Barracks Winnipeg Canada

Occupation of Witness Soldier

THE TWO WITNESSES MUST SIGN HERE

Signature of Second Witness Walter Henry Simcox

Address of Witness Broadway Barracks, Winnipeg

Occupation of Witness Soldier

FORM OF WILL

I, James M. [unclear] of the County of [unclear] State of [unclear] do hereby revoke all former wills made by me and declare this to be my last will.

I bequeath all my real estate unto

Name and Address of person to receive personal estate

[unclear]

absolutely, and my personal estate I bequeath to

Name and Address of person to receive personal estate

[unclear]

IMPORTANT NOTE
This must be signed and dated by THE SOLDIER HIMSELF.

Witness my hand and seal this [unclear] day of [unclear] 19[unclear]

Witness my hand and seal this [unclear] day of [unclear] 19[unclear]

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 either read and in the presence of the Testator and other persons remaining subject to our notice as witnesses.

Signature of Testator
Address of Testator
Occupation of Testator
Address of Witness
Occupation of Witness
Address of Witness
Occupation of Witness

THE TWO WITNESSES MUST SIGN HERE

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..... # 16 Ref Draft Can. Rly. Troops

(2) Regimental Number..... 2502860

(3) Full Name of Soldier..... Oscar Mayer Anderson

(4) Place of Birth..... Malma Sweden

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

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

(b) Present Postal Address.....

(7) Are you a widower?..... No

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

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

Also their names and ages.....

(9) Is your Father alive?.....**No**.....

If so, state name and address.....

(10) Is your Mother alive?.....**No**.....

If so, state name and address.....

(11) If your Mother is a widow.....

Are you her sole support, or not?.....

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

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

N. Caterer (Friend).

215 1/2 Logan Ave,

Manitoba, Canada

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

(15) Are you insured?.....**No**.....

If so, in what Company?.....

Have you made arrangements for payment of your Insurance premium.....

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

C. H. Simpson Capt
Officer Commanding.

Date.....**25th June 1917**.....

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.
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- (c) All questions, etc., must be answered.
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(1) Name of Overseas Unit which Soldier joins.....# 16 Ref Draft Can. Rly. Troops

(2) Regimental Number 2502860

(3) Full Name of Soldier.....Oscar Mayer Anderson

(4) Place of Birth.....Malma Sweden

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

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

(b) Present Postal Address.....

(7) Are you a widower?.....No

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

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

Also their names and ages.....

(9) Is your Father alive?.....No.....

If so, state name and address.....

(10) Is your Mother alive?.....No.....

If so, state name and address.....

(11) If your Mother is a widow.....

Are you her sole support, or not?.....

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

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

H. Caterer (Friend)
215 1/2 Logan Ave.,
Winnipeg, Canada.

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

(15) Are you insured?.....No.....

If so, in what Company?.....

Have you made arrangements for payment of your Insurance premium.....

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

O. H. Simpson Capt.
Officer Commanding.

Date.....25th June 1917.....

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. *# 10 Forestry & Railway Const Depot*
 Regimental No. *# 2502860* Rank *Pte* Name *Anderson, Oscar. Mayer*
 Enlisted (a) *25/6/17* Terms of Service (a) *D. of W* Service reckons from (a) *25/6/17*
 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) *Section man*

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				
<i>27-9-17</i>	<i>10 Forestry & Rly. Const Depot</i>	<i>S.O.S. as Deserter by C of Enquiry held 8-9-17 having been A.W.C since 6/8/17</i>	<i>Winnipeg Man.</i>	<i>6/8/17</i>	<i>Pte D.O. # 73.</i>
					<i>Johnnie</i> <i>Capt for DofR</i>

(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.

CLASS A II MEDICAL HISTORY SHEET

Surname Anderson Christian Name Oscar Mayer no card
494

Examined { on 27th day of Sept 1917
 at Winnipeg
 Birthplace { City or Town Malma
 County Sweden

Approved by [Signature]
 Rank Corporal M.O.

Apparent age 40
 Trade or occupation Section-man
 Height 5 feet 10 Inches
 Weight 160 lbs.
 Chest measurement { Minimum 36 inches
 Maximum expansion 38 1/2 inches
 Physical development Good
 Small-pox Marks None

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

Vaccination Marks { Arm Right Left XXX
 Number Three

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

When Vaccinated last 1901
 (a) Marks indicating congenital peculiarities or previous disease

(b) Slight defects but not sufficient to cause rejection
 R. Eye
 L. Eye
 Hearing R. Ear
 L. Ear

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>10/7/17</u>	<u>+</u>	<u>[Signature]</u> M.O.
		M.O.
		M.O.

Enlisted on 25th day of June 1917 at Winnipeg, Canada

	CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment	<u>#16 R.D. Can Ply. Troops</u>	<u>2502860</u>	<u>Good</u>	<u>25/6/17</u>
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.

