

ATTESTATION PAPER.

No.

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- 1. What is your surname? *Erikson*
- 1a. What are your Christian names? *Emil Gunnar*
- 1b. What is your present address? *Winnipegosis man.*
- 2. In what Town, Township or Parish, and in what Country were you born? *Uppsalla Sweden.*
- 3. What is the name of your next-of-kin? *Erik Parson*
- 4. What is the address of your next-of-kin? *Bollanga Sweden*
- 4a. What is the relationship of your next-of-kin? *Father*
- 5. What is the date of your birth? *July 16th 1893.*
- 6. What is your Trade or Calling? *Fisherman*
- 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 } *yes.*
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? {

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *Emil Gunnar Erikson*, 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.

Date *March 23rd* 191*6* *Emil Gunnar Erikson* (Signature of Recruit)
A. Arruall (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *Emil Gunnar Erikson*, 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.

Date *March 23rd* 191*6* *Emil Gunnar Erikson* (Signature of Recruit)
A. Arruall (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 *Winnipegosis man* this *23rd* day of *March* 191*6*
A. Arruall (Signature of Justice)

noted 3.6. 11.4.17

Description of Ernie Lester Erikson on Enlistment.

Apparent Age 22 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 8 1/2 ins.

Chest measurement { Girth when fully expanded..... 36 ins.
 Range of expansion..... 3 ins.

Complexion Fair

Eyes Blue

Hair Fair

Religious denominations { Church of England.....
 Presbyterian.....
 Methodist.....
 Baptist or Congregationalist.....
 Roman Catholic.....
 Jewish.....
 Other denominations Lutherian
(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 24 1916

R. Nelson Capt AMC

Place..... Winnipeg

H. J. Peterson
 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.

E. L. Erikson 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..... March 24 1916

Proceedings of Court of Inquiry or on men reported Missing on Active Service.....
 Attestation Papers..... 4
 Declaration of change of name.....
 Authority for special enlistments.....
 Documents of re-enlisted men.....
 Regimental Conduct Sheet.....
 Compulsory Stoppages.....
 Casualty Forms.....
 Proceedings on discharge.....
 Corps History Sheet.....
 Date and No. of Deposit Receipt for Purchase Money and Amount.....
 Parchment Certificate.....
 Medical Report for Invalids.....
 Medical History Sheet..... 2
 Proceedings of Regt. Court Martial.....
 Copies of Convictions by Civil Power.....
 Company Conduct Sheet..... 1
 Clothing Transfer Certificate.....
 Inventory of Kit.....
 Last Pay Certificate.....

M. F. W. 67-2

DISCHARGE DOCUMENTS

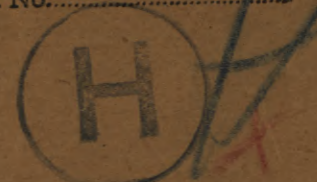
Name Erickson, Emil Gunner
 Regt. No. 294076 Rank Pte.
 Corps 223rd Inf. Battalion.

Medically unfit.



R. O. No.....

H. Q. No.....



10-21
 10-21
 07353-21

1 Pay Card

book

404852

294076

MEDICAL HISTORY SHEET.

Surname Eriksson Christian Name Emil Gunnar

Examined { on 23 day of March 1916 at Winnipeg, Man
 Birthplace { City or Town Uppsalla County Sweden
 Approved by B. Nelson
 Rank Capt Amc M.O.

Apparent age 22
 Trade or occupation Fisherman
 Height 5 Feet 8 1/2 Inches. M.O.
 Weight _____ Lbs. M.O.
 Chest measurement { Minimum 36 inches. M.O.
 Maximum expansion 39 inches. M.O.
 Physical development _____ M.O.
 Small-Pox Marks _____ M.O.

Vaccination Marks { Arm Right Left
 Number _____
 Date. Result. VACCINATIONS.
 When Vaccinated last _____ M.O.
 (a) Marks indicating congenital peculiarities or previous disease _____ M.O.

(b) Slight defects but not sufficient to cause rejection
 Date. Result. ANTI-TYPHOID INOCULATIONS, ETC.
June 14 O.K. B. Nelson M.O.
June 21 O.K. B. Nelson M.O.
July 13 O.K. B. Nelson M.O.

Enlisted on 24 day of March 1916 at Winnipeg, Man

	CORPS.	REG'T. NUMBER.	HABITS.	DATE.
Joined on enlistment.	<u>223rd O.D.</u>	<u>294076</u>		
Transferred to				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.

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

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

Casualty Form—Active Service.

250M.—1-16.

H. Q. 1772-39-920.

Unit, Regiment or Corps 223rd Overseas Postal

Regimental No. 294076 Rank Pfc Name ~~Erikson~~, Emil Gunner Erickson

C. E. F.

Enlisted (a) 23.3.16 Terms of Service (a) W of W Service reckons from (a) 23.3.16

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) _____

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				
11.12.16	223 rd Bn	S.O.S. "Med. Unfit"	Portage La Prairie	15.12.16	p. II Order # 242 <u>M. Horne</u> for W of 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.]

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				

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..... *223rd Overseas Battalion*
- (2) Regimental Number..... *294076*
- (3) Full Name of Soldier..... *Eriksson, Emil Gunnar*
- (4) Place of Birth..... *Upsalla, Sweden*
- (5) Are you married, or not?..... *No*
- (6) If married, state,
 (a) Full name of your wife.....
- (b) Present Postal Address..... *Winnipegosis, Man.*
- (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? *Yes*
If so, state name and address *Erik Jansson Ballanga Sweden*

(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 *24 March 1916*

[Signature]
Officer Commanding.

WAR VETERANS ALLOWANCE DISTRICT AUTHORITY

Address _____

Mark your reply:

For attention of:

Head,
Reference Section,
Public Archives Records Centre,
Ottawa 3, Ontario.

Re: ERICKSON, Emil Gunner Service No. 294076
(Surname) (Christian Names)

Veteran is stated to have served during WWI
(State War or Wars)

in the following Units 223 Bth

To enable this WAR VETERANS ALLOWANCE DISTRICT AUTHORITY to determine the eligibility of the above-named, will you kindly furnish the following particulars concerning his services:

1. THEATRES OF SERVICE.

(1) South African War
Date and port of disembarkation _____

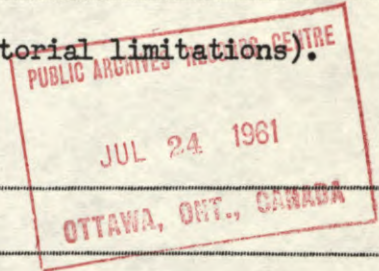
(2) World War I -- (If Canada only, state if with territorial limitations).

CANADA only

Date(s) disembarked in U.K. _____

If Canada and U.K. Only Date(s) S.O.S. in U.K. for Canada _____

Period(s) of desertion in U.K. _____



(3) World War II -- (If Canada only, state if with territorial limitations).

Date of embarkation _____

2. Date and place of all enlistments. 23 Mar. - 1916 - Winnipeg, Man.

3. Date of all discharges and reason. 15 Dec. - 1916 - Medically Unfit

4. Date and place of birth as per attestation paper. 16 July - 1893 - Upsalla, Sweden.

5. Marital status; if married, name in full of wife. Single.

6. Any other military service. Nil.

7. Decorations, if any. Nil.

WAR VETERANS ALLOWANCE DISTRICT AUTHORITY

Address

Mark your reply:

For attention of:

Head, Reference Section, Public Archives Records Centre, Ottawa, Ontario.

Service No.

(State War or Wars)

Veteran is stated to have served during

in the following units

To enable this War Veterans Allowance District Authority to determine the eligibility of the above-named individual for the following benefits concerning his service:

1. DATES OF SERVICE

(1) South Africa War

Date and place of demobilization

(2) World War I -- (U.K. only, state all with territorial limitations).

Date(s) attached to U.K.

U.K. only

Date(s) S.O.S. in U.K. for Canada

U.K. only

Period(s) of service in U.K.

(3) World War II -- (U.K. only, state all with territorial limitations).

Date of expiration

2. Date and place of all enlistments

3. Date of all discharges and reasons

4. Date and place of birth as per registration papers

5. Marital status; if married, name in full of wife

6. Any other military service

7. Description, if any

RECEIVED

Reg. No. 294076 Name Erickson E. J.

Rank Pte Corps 333rd Bn Age - Service -

Ledger No. Serial No.

HOSPITALS

DATE

DIAGNOSIS

Camp. Hughes Winnipeg 6-10-16 Tonsillitis 10

Relief to duty 13-10-16

St. Boniface Winnipeg 13-10-16 Gout

Des. duty 28-10-16

HOSPITALS

DATE

DIAGNOSIS

M. F. W. 2553.

50M-6-19.

1772-39-1332.

No. 294076 RANK *Plt.*

NAME *Erickson, E. G.*

T. O. S. 24-3-16

UNIT 2 23rd Battalion C. G. F.

B.O. 21.0.7.61 of 24-3-16

M. D. 10

PAID		SIG OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
FROM	TO		PARTICULARS	AUTHORITY
<i>1916</i>	<i>1916</i>			
<i>Mar. 24</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>n.</i>		
<i>Aug.</i>		<i>n.</i>		
<i>Sept.</i>		<i>✓</i>		
<i>Oct.</i>		<i>✓</i>		
<i>Nov.</i>		<i>n.</i>		
<i>Dec. 1</i>	<i>Dec. 15</i>	<i>n.</i>	<i>forfeits 17 days pay for Handed in Furloughs.</i>	<i>Oct. payroll.</i>
			<i>Dischgd 15-12-16 (M.U.)</i>	<i># D.O. 242-11-12-16.</i>
			<i>a/c closed by payment n.</i>	



OPINION OF THE MEDICAL STAFF
MEDICAL HISTORY OF AN INVALID.

3743 E-16
 Ass't Director Medical Services
 No. _____
OCT 26 1916
 M.B. Dist. No. 10, Winnipeg

1. Station. *Winnipeg.* 8. General remarks on his:—

2. Regiment or Corps. *223rd Bn.* (a) Conduct. *no record*

3. Regimental No. and Rank. (b) Habits. *no record*

4. Name. *#294076 Cte
 Erickson E. G.* (c) Temperance. *Available*

5. Age last Birthday. *22* (For this purpose the Company defaulter sheets will be obtained from the man's Commanding Officer.)

6. Enlisted on *24th March 1916* **FEB 16 1917**

at *Winnipeg* **H.Q. CANADA**

7. Former Trade or Occupation. *Fisherman* Date. *Oct 25 1916*

9. Service. Years. Days.

	PERIODS.	
	FROM.	TO.
<i>223rd Bn</i>	<i>March 24th 1916</i>	<i>Oct 25th 1916</i>

10. (a) Disease or disability. *Gaitre*
 (b) Date of origin. *7 yrs ago*
 (c) Place of origin. *Sweden*
 (d) Cause. *not known*

11. Present Condition. (Most Important)
 (To include full description of present disabling condition or conditions.)
*Has huge bilateral gaitre
 Some difficulty in swallowing. very slight
 exophthalmus, dyspnoea on exertion
 Slight tremor of hands*

12. (a) Is the disability the result of service or climate? *no*
 (b) Has it been aggravated by intemperance, vice or misconduct? *no*

*notes G. G.
 5-3-17*

13. (a) For purpose of Identification. (Here a full description of wounds, scars, deformities, etc., is to be given.)

Not Applicable

(b) In case of wounds, or other injuries, state whether sustained on or off duty. If not received in action, was a Court of Inquiry held?

Not Applicable

(c) In the event of the disability being attributed to exposure on duty, state clearly the nature of such exposure, and whether it was exceptional or otherwise.

Not Applicable

14. Treatment

10 days in St Boniface Hospital during this month

15. If the disabling condition had its origin before enlistment, has it been aggravated by service, and to what extent?

No

16. What is the probable duration of the disability or of each disabling condition, if more than one contributes?

Permanent without operation

17. To what extent will it prevent his earning a full livelihood in the general labour market? Please state in fractions.

1/8

18. State if for discharge on account of unfitness for Service.

For discharge medically unfit

W. S. Faber Lieut. A.M.C.

a/M.O.i/c Convalescent Home and Clearing Depot.

Medical Officer by whom the case is brought forward.

OPINION OF THE MEDICAL BOARD.

Does the Board concur with the preceding report? If not, give differing opinion.

10.

Yes

11.

Yes

12.

Yes

15.

Yes

16.

Yes

17.

Yes

19. Is he unfit for Military Service.

Yes

20. Recommendations :

That he be discharged from the service that his condition predated enlistment and was not aggravated by service. He has signed a waiver refusing operation - same attached herewith. On account of this disability he should not be reenlisted.

Signatures :-

W. Macdonald President.

H. G. Campbell Member.

H. S. Baker Member.

Station.

Winnipeg

Date.

Oct 25th 1916

Date.

APPROVED

Assc. Director of Medical Services.

Approved.

W. R. Kelly 8-3-17

Date.

W. R. Kelly
Major, A.M.C.
A.D.M.S., M.D. No. 10

W. Arnold
Director-General of Medical Services.

Does the Board concur with the preceding report? If not, give differing opinion.

(At Station or Hospital where finally disposed of.)

Station and Hospital } Arrived from }

Date

If admitted.	If under treatment.		Disease.	How fully disposed of.	Date of Discharge, &c.
Index No.	From	From			
Date					

Summary of Causes of invaliding, or remarks as to remand to Regiment, Station or Depot.

Recommendations:
Detailed handwritten notes regarding medical history and recommendations.

Date of final Medical Board or decision.

Administrative Medical Officer.

DETAILED MEDICAL HISTORY OF INVALID.

Militia Form B. 227.

100 m-2-16. H. G. 1772-39-117.

Station
Corps
Regimental No. Rank
Name
Disability
Date
Hospital or Station transferred to for final disposal.
Date of final disposal
How finally disposed of
The original Report is invariably to accompany the discharge documents of invalids.