76-28

10 M. D. 1st Depot Battalion Manitoba Regiment

Regtl. No. 2129378

PARTICULARS OF RECRUIT

DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class One)

ORIGINAL

1. Surname: Olafson
2. Christian name: Stoney Sigmar
3. Present address: Glenboro, Manitoba, Canada.
4. Military Service Act letter and number: 517976 JC 42
5. Date of birth: May 14th, 1896.
6. Place of birth (town, township or county and country): Iceland
7. Married, widower or single: Single
8. Religion: Lutheran
9. Trade or calling: Carpenter
10. Name of next-of-kin: John Olafson
11. Relationship of next-of-kin: Father
12. Address of next-of-kin: Glenboro Post Office, Manitoba, Canada.
13. Whether at present a member of the Active Militia: No
14. Particulars of previous military or naval service, if any: No
15. Medical Examination under Military Service Act:—

(a) Place Treherne, Manitoba, Canada. (b) Date November 5th, 1917. (c) Category A2

DECLARATION OF RECRUIT

I, Stoney Sigmar Olafson, do solemnly declare that the above particulars refer to me, and are true.

Stoney Sigmar Olafson
(Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age	21 yrs 5	mths.
Height	5 ft 7	ins.
Chest measurement	fully expanded 37	ins.
	range of expansion 2	ins.
Complexion	Fair	
Eyes	Blue	
Hair	Fair	

Distinctive marks, and marks indicating congential peculiarities or previous disease.

Nil

Chas W. Allen
Major
for O. C. 1st Depot Btln.
Manitoba Regt.

Place BRANDON, MANITOBA, CANADA. Date January 12th, 1918.

M. F. W. 133.
500 M.—8-17.
1772—39—1158.

29.3.14

Pte OLAFSON STONEY SIGMAR 2129378 1/D.B.M.R.

O. H. M. S.

Demob

S

CONTENTS

1 ATTESTATION PAPER (M. F. W. 23, 133 OR 51)
2 CASUALTY FORM (M. F. W. 54 OR A. F. B. 103)
TRAINING HISTORY SHEET (M. F. W. 113)
1 FIELD CONDUCT SHEET (M.F.W. 178 OR A.F.B. 122)
1 REGT. CONDUCT SHEET (M.F.B. 263 OR A.F.B. 121)
1 COMPANY CONDUCT SHEET (M.F.B. 263A OR A.F.B. 121)
2 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)
1 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 [illegible] F. B. 259 OR A. F. B. 115)
LAST PAY [illegible]
1 PROCEEDINGS [illegible] W. 218 OR A. F. B. 208)
PARTICULARS [illegible] F. W. 3226)
1 COPY OF PAY [illegible] CERTIFICATE (M. F. W. 39A)
DENTAL CERTI[illegible] DISCHARGE (C. A. D. C. 5008)
[illegible] INDEX [illegible] F. W. 71 OR 192)

A.F.W. 3997-1
M.F.W. 192-1
D.M.S. 1375-1
C.A.D.C. 5009-1
Cascard-1
[illegible]
A.F.B. 1237-1
R. 122-1
(Index Card)

M. F. B. 270.
850M-5-18
H. Q. 1772-39-67

M

C2938

22-1
22-1
10-1

H

2

Form R. 149.

Stoney Sigmar 7628

Name OLAFSON Rank Pte Reg. No 2129378

Unit 8th.

Next of Kin Canada

Date 1918	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
29-9	4 G.H. Cavaliers.	G.S.W. Lt Arm		A 335		4462
					H 368	
2-10-18	3rd m. G.H. Sheffield		W.	B 338		28015
9.11	Mill Con / Epsom	G.S.W. Lt Hand Flsh		B 342		868
18.11	Discharged			B 377		9587
18.11	Will proceed on Same Date to 3rd C.D. Seaford (Auth R.S.)					

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List

M S

SURNAME. Olafson

CHRISTIAN NAMES Stoney Sigmar

REGL. No. 212.9378 RANK Pte

UNIT ~~Man Regt 1st Dpo Bn~~ #10 D.D

FORMER CORPS Nil

10

CARD No.

M.W.10.

S.O.S Dis 21-2-19

FOLL.

D.O. 49 of 18-2-19

Demob. #10 D.D

NEXT OF KIN.

NAMES IN FULL Olafson, John

RELATIONSHIP TO SOLDIER Father

ADDRESS Glenboro PO, Man

CHANGE OF ADDRESS

COUNTRY OF BIRTH Iceland DATE May 4th 1896

PLACE OF ATTESTATION Brandon, Man DATE Jan 12th 19.18.

O/S 21-2-18 1144/5

R/C 25-1-19 256/93 Pte.

L. L. 25989. M. & D. 8191.

M. F. W. 22. 100M.—8-17. H. Q. 1772-39-339.

MARRIED SINGLE WIDOWER

TRADE OR CALLING RELIGION

DESCRIPTION.

APPARENT AGE YEARS MONTHS

HEIGHT FEET INCHES

CHEST MEASUREMENT INCHES EXPANSION INCHES

COMPLEXION EYES HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION. PLACE DATE

7628

NAME Olafson. Stoney. S. Sigmar

RANK AND CORPS Pte. Depot.

REGT'L. No. 2129378

H. Q. FILE No 649

FOLLOWS

No.

CABLE No.	CABLE Date	NATURE OF CASUALTY
		8th Bn (Form, Man Reg, 1st Depot Bn)
N. of K.		Olafson John. (Father)
		Glenboro. P.O. Man.
H 368 (28-3)	4-10-18	Adm 4 Gen. H. Camiers
HLA 335	3-10-18	Sept. 29th 1918. GSW. L. Arm

L. L. 31493. M. & D. 8476.

M. F. W. 42—100M.—28-11-17.
H. Q. 1772-39-893.

7628 mar. Regt.

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
C-163.	#1. Weskein Gen. Liverpool.	4-3-18.	Measles.
C278	" " " Disch	8-4-18	Measles
B338	3rd. N. Gen Sheffield	2-10-18	GSW L. Arm
B372.	Mil. Conv. Wdcote Ak Epsom	9-11-18	" "
B377	Discharged	18-11-18	GSW. L Arm

Im Stand

Number 2129378 Rank Pte

Surname OLAFSON

Christian Name Stoney Sigmar

Units 43rd Bn CAN Inf Theatre of War France

Date of Service 29-8-18

Remarks

Latest Address Glenboro P.O.

Man

Roll No. Page 7899

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. NOV 19 1921
REGN. NO. 4/7/8/5

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

*Name Olafson, Stoney Signar Rank Pte. Regtl. No. 2129378

Original unit 18th Present unit 3rd Dept. Bn. M. or S. Age 22 Religion Luth. Fyle Depot Ref. H.Q.

Port, ship, and date of arrival 13-1-19 S. S. Empress of Britain, Halifax

Next of kin (Father) Mr. John Olafson, Glenboro, Man.

Address on leave

Address on discharge

Transportation issued Yes No Date Character on discharge

Previous occupation Carpenter Date and place of enlistment Treherne, Man., Jan. 12th/18

Diagnosis Date of Medical Boards 9/1/19

Date.	Remarks	Pt. 2 Order No.
13-1-19	T. O. P. # 10 T. D. & Posted to Cas. Coy. D. O.	34-2
	14 days landing leave with Subs.	

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

(over)

Date.	Remarks.	Pt. 2 Order No.

M.F.W. 192
150M—6-18.
1772-39-1243.

D.M.S. 1300 50M-21-1 17.

SURNAME	CHRISTIAN NAME OR NAMES	REG. NO.
Olafson.	S. S.	2129378.

RANK	UNIT	CO.	TROOP	BATTY.
Pte.	Man. Depot.	11R	8.	

HOSPITAL	DATE OF ADMISSION
1st West. Gen. Liverpool.	4.3.18.
1. 4 Gen. Camiers	HOSP. 29.9.18
3 N. G. Sheffield	2-10-18
2. Woodcote Pk Epsom	HOSP. 9-11-18
3.	HOSP.
4.	HOSP.

DIAGNOSIS Measles. R

1. G. S. W. L. arm. R (Hand)

2.

3.

DISPOSITION

DATE

Ch. 15.3.18.	C163.
31.7.18	C278½
3.10.18	A335.4
7.10.18	B338 (2)
15-11-18	B372 (3)
21-11-18	B377³

REMARKS Dis. 8.4.18

Disc 18-11-18

A.M.D. 2 DEPT.

Bch. of D.G.M.S. O.M.F.C. London

EPITOME OF HOSPITAL TREATMENT

	HOSPITAL	ADM.
1.		
2.		
3.		
4.		
5.		
6.		
7.		

7628

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.

#3 DH

Unit, Regiment or Corps Ist Depot Battalion Manitoba Regt.

Regimental No. 2129378 Rank PRIVATE Name Olafson, Stoney Sigmar

C. E. F.

Enlisted (a) 12-1-18 Terms of Service (a) ~~C. E. F.~~ Dopo Service reckons from (a) 12-1-18

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

CIVIL: Carpenter

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

MILITARY:

Report: Date	Report: From whom received	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
		Embarked			
		~~Embarked SS "Megantic"~~ Disembarked	Halifax NS.	19-2-18	
		~~Disembarked.~~	Liverpool.	4-3-18	
~~4-3-18~~	~~OC 11th~~	TOS 11th C.R.Bn. on arrival in England.	Dibgate	~~4-3-18. Pt. 11. Bn. O. 55~~	
29.8.18	OC 11th	SOS on ~~proceeding~~ overseas to 43 Bn.	Seaford	29.8.18	~~Pt. 11 Bn. O. 203.~~ WSH

[signature]

Lieut. a/ Captain & Adjutant, IIth Depot Battalion.

O. C. C. B. D. Landed in France. Taken on strength 43rd Cdn. Bn. 29.8.18 Nom. Roll d/ 30.8.18 Pt II D.O. 82 d/ 4.9.18

— do. — Left for 2.9.18 Nom. Roll d/ 2.9.18

O. C. Bn. Arrived do do d/ do

5.9.18 [illegible] SOS 43 Cdn Bn to 8 Cdn Bn 5.9.18 K.R. 304 Pt II 8/7/18.

(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.

CERTIFIED CORRECT. 3 SEP 1918 CAN. RECORDS LONDON.

2129378 Olafson S.S.

7628

Report Date	Report From whom received	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
5.9.18	66 Rl.	T.O.S. 8th B	Field	6.9.18	KR 304 Pt II 10/9/18
7 SEP 1918	8th Bn	JOINED UNIT	"	6 SEP 1918	B 213
OCT - 1 1918	8 Bn	WOUNDED TO HOSPITAL		28.9.18	K.O. 17-1188
29.9.18	4 Gen.	G.S.W. Adm. L. M.	Adm.	29.9.18	K. 4539
2.10.18	"	Invalided to England and posted to Manitoba Regt. Depot, ~~Shorncliffe~~ Seaford	Rev. H.S. "Duchess Argyll"	2/10/18	W. 3083/6171 Pt. II O. No. 128 15.10.18
					[signature] LIEUT. FOR LT COL. A.A.G.
11-10-18	MRD	T.O.S. from 8th Bn.	Seaford	2.10.18	Pt. II O 284 [initials] 20/11/18
					H P Charters LIEUT: FOR LT: COL: I/C RECORDS. C.O.M.F.
12.12.18	DISCHARGED FROM 3RD C.C.D.	Seaford	TO 18 Res BN.	PART III D. O. No. 293	12.12.18
					R Cherrie Lt. for O.C. 3rd CANADIAN COMMAND DEPOT

SERVICE AND CASUALTY FORM (Part I).

Army Form B. 103—I.
Part I.

Army Form B. 103 (II.) to be gummed on here if required.

Nothing to be written in this margin.

W1889—P?1150 1M 5/18 G.W.P.Co(3490)

(1) *Substantative rank *Acting rank *[To be entered in pencil to facilitate alteration.]	(2) Regiment or Corps	(3) Regtl. No.
(4) Surname		
(5) Christain Names		
(6) Army Form, number of, Attestation Form or Record of Service paper		
(7) Whether of British or of Alien origin [*vide* A.C.I. 578 of 1918]		
(8) Date of birth as stated on enlistment		
(9) (*a*)		

(10) Enlistment (*b*)

(11) Engagement (*c*)

(12) Service reckons from (*date*)

(13) Special conditions (if any) of enlistment (*d*)

(14) Any subsequent variations (if any) of conditions of service

(Authority) (*date*)

Initials and Rank of an Officer.

(15) Category	Date	Medical Authority	Initials and Rank of an Officer

(16) (Record of Occupation in Civil life (*vide* Army Order 93 of 1917)

Industrial Group No.

Trade or Calling

Married or Single

Particulars of Trade Test

Occupation Cards despatched on (*date*)

Second Occupation Card despatched on (*date*)

(17) Next of Kin

(18) Demobilizer (*f*) (Place)

(19) Pivotal-man (*f*) (Date)

(20) Qualifications (*g*) *or* (21) Corps trade and rate

(Signature of Posting Officer

(22) Extended

(23) Re-engaged

(24) Miscellaneous entries:—

NOTES.—[a] Here enter particulars of any subsequent claim as to actual age after verification by birth certificate [*vide* A.C.I. 470 of 1918. [b] Whether direct or voluntary enlistment or called up under the Military Service Acts. [c] Whether for specified term of years or for duration of the war. [d] Whether "for Home Service only," or "not to be transferred without the soldier's consent, &c. [e] If to be retained on Home Service, period, if specified, to be stated, also authority, and on what grounds. [f] Required for demobilization purposes. [g] Signaller, Shoeing-smith, &c.

2129378. Pte. Alafson L. S. 7628

(A) Report: Date.	(A) Report: From whom received	(B) Authority of Part II. of Orders	(C) Record of promotions, appointments, reductions, casualties, transfers, postings, &c. All acting as well as substantive promotions to be shown, for method of entry of which see A.C.I, 1816 of 1917. Corps and unit to which transferred and posted to be invariably named.	(D) Place of casualty	(E) Date of promotion, reduction, reversion, casualty, &c.	(F) Remarks, and initials and rank of an officer
	A.G. 18th					
12.12.18	C.R.Bn	346	TAKEN ON STRENGTH	Seaford	12.12.18	Pte. 2. DO. 346.
6/1/19	do	6	Command Depot Camp Kinmel Park	do	5.1.19	
						O. W. Osborne Lieut. for Adjutant, 18th Res. Bn.
	M D10.		Attached to C.C. Kinmel Park.		8-1-19	Ref. Part II. DO. 6
	M D10.		Ceases to be attached C.C. Transferred C.E.F.		13.1.19	Ref. P. II. DO. 11.
13/1/19	Embark for Canada					
						K. Mc Ross Lt. pp. C.C. M D10. Kinmel Park

T. O. S. of No. 10 District Depot,
Part 2 Order No. 34 Para 2
Lt.-Col.
O C. No. 10 District Depot.

13/1/19

Discharged 21-2-19
C. O. 41 / 502 D. O 49
for Officer Commanding No. 10 District Depot

Nothing to be written in this margin.

7628

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

No. 10 DISTRICT DEPOT DISCHARGE SECTION

11790

This is to Certify that No. 2129378 (Rank) Private

Name (in full) Stoney Sigmar Olafson enlisted in the 1st Depot Battalion Manr Regt.

CANADIAN EXPEDITIONARY FORCE at Brandon on the 15th day of Jan- 1918

HE served in France. 8th Bn. 1 month.

and is now discharged from the service by reason of Demobilization R.O. 1420 (c)

☆ C.O. 41 - 502 D.O. 49 ☆

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

Age	22 Years. 10 Mos.
Height	5 feet 7 inches
Complexion	Fair
Eyes	Blue.
Hair	Fair
Marks or Scars	G.S. Wound. Left. arm.

S S Olafson
Signature of Soldier

A. W. Forbes
Issuing Officer

Officer Commanding No. 10 District Depot
Rank

Appointment

Date of Discharge 21-2-19

Signed at Winnipeg this 21 day of February 1919

in Military District No. 10

File Reference No. 44-0-

N.B.—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.

M. F. W. 39a
200m.—2-18
H.Q. 1772-39-882

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

No. ..... (Rank) ..... Name .....

Unit .....

Address on Discharge .....

Character and Conduct .....

.....

Former Occupation .....

Special Qualifications of Value in Civil Life .....

.....

Medals and Decorations .....

.....

Remarks .....

.....

Signed at ..... this ..... day of 19

.....
Name of Officer

.....
Rank

.....
Appointment

On demobilization the particulars called for on the back of this certificate will not be completed.

Form R 122.
10287—65M—28-7-17.

7628

G.C. Rank Name OLAFSON. Stoney Sigmar. Reg'l No. 2129378

No 3 Dft Ist. Dpt Bn Brandon Unit If in perm. Corps, What Unit? Married or Single Single

Place and Date of Enlistment Brandon. 12th. Jan. 1918. Place of Birth Iceland.

Name and Address, Next-of-Kin John Olafson,

Glenboro P.O., Man. Canada. Relationship Father.

Assigned Pay Monthly $ Payable to

Relationship

Separation Allowance $ Payable to

Relationship

Discharge, Date and Place Reason Character

N/E. R.B. No 15930
File R.L.
Category OR Can

Report. Date.	Report. From whom received.	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.
C		Arrived in England		4-3-18	S/S MEGANTIC
		6.3, I. II. Re... T.O.S FROM Canada 4.3.18 P 11 O 55.			
29-8-18	11 Res	S.O.S. to 4 3rd Bn O/S	Pté Seaford	29-8-18	P II 203 43rd B. 11 D 082 4/4.9.18
13.9.18	43rd B.	S.O.S on trsf to 8th B.	" Field	5.9.18	--- 87. 8th B. 11 D 0107 4/14.9.18
3-10-18	MR (8)	Wounded.	" "	29.9.18	La 335
11-10-18	MRD.	TOS. from 8 Bn.	" Sford	2-10-18	D 284 & 8 Bn D 128 & 15.10.18
12.11.18	---	On com 3rd CCD	" ---	18.11.18	P 11 D 0326 8th CCD. P II D 0275. 4/21/11/18
12.12.18	18th Res	TOS from MRD on rep 9 from 3rd CCD	" ---	12.12.18	P II 346 MRD P II 350 16.12.18
7-1-19.	Kimmel Pk	Attached for all purposes	" Rhyl	5-1-19	P II 6 18th Res P II 6 6.1.19

AFB 103 CHECKED 2 SEP 1918

Olafson S.S. 7628

2129378

Report. Date.	Report. From whom received.	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.
14.1.19	M.D.10	Leave attached	Ste Rhyl	12.1.19	D.O. 13.
23,1,19.	18 Res.	S.O.S. to C.E.F. Canada M.D. 10	Pte Seaford	12,1,19.	P. II 023.

C.A.D.C. 5009 A

7628

CANADIAN ARMY DENTAL CORPS, O.M.F.C.

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

MD 10.

NAME OF SOLDIER (Block Letters) OLAFSON. S.S.

REGIMENT 8th Bn. RANK Pte. No. 2129378

Date of Examination in England 10-1-19. | 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
2. EXTRACTIONS Nil
3. CROWNS
4. DENTURES
   - (*a*) Full Upper
   - (*b*) Part Upper
   - (*c*) Full Lower
   - (*d*) Part Lower

HAS HE EVER REFUSED DENTAL TREATMENT ?

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 Yes
- (*c*) In France

Signature of Dental Officer W. Kennedy Capt

NOV 15 1917

VOLUNTARY

3809

22

M.S.A. 15.

MILITARY SERVICE ACT, 1917.

MEDICAL HISTORY SHEET.

IMPORTANT.—If the man's name does not appear upon the schedule of men reporting for service, or if he has not made an application for exemption or a report for service, or, although having made one, he does not know the number, he will be instructed that the copy of this medical history sheet (which will be handed to him) must be attached by him to a report for service or claim for exemption which he may make on application to any Postmaster in Canada, or be sent by him after he has noted upon it the number on the receipt he obtained from the Postmaster to a Registrar or Deputy Registrar under the Military Service Act. In any event the duplicate medical history sheet will be sent by the Medical Board to the District Officer Commanding unless instructions have been given by the latter to forward it direct to a Registrar or Deputy Registrar.

1. Surname Olafson Christian name Stoney Sigmar

2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule 517976 Jb

3. Consecutive number on schedule of men reporting for service (if he appears on it) 42 Tri. 22

4. Address (including street and number, if any) Glentoro Manitoba Canada

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 8th day of November 1917, by the undersigned medical board sitting at Treherne Manitoba Canada

5. Age as stated 21 Years 5 Months. 6. Apparent age 21 Years Months

7. Height 5 Feet 7 Inches. 8. Weight 162 Pounds.

9. Chest measurement { Minimum 35 Ins. Maximum 37 Ins. 10. Complexion Fair { Eyes Blue Hair Fair

11. Physical development { Good Fair Poor 12. Smallpox marks

13. Number of vaccination marks { Right arm ✓ Left arm 2 14. When vaccinated last Childhood

15. Distinctive marks and marks indicating congenital peculiarities or previous disease

16. Slight defects but not sufficient to cause rejection

The man denies having had { Rheumatism Tuberculosis Syphilis We find no evidence of past { Rheumatism Tuberculosis Syphilis

(Strike out disease admitted or suspected.)

V [R- 20/20 L- 20/20

H [R- 2 L- 2

We have examined the above named man in accordance with the C. E. F. Regulations for medical examinations, and he is placed in Category aII

A. R. Thomson Capt. President.

J. Pennefather Capt. Member. J. Lamont Member.

Date	Result	Vaccinations	Date	Result	Anti-Typhoid Inoculations, Etc.
2-2-18	Pos	W. G. Rutherford M.O.	19-1-18	1	W. G. R. M.O.
		M.O.	26-1-18	2	W. G. R. M.O.
		M.O.	2-2-18	3	W. G. R. M.O.

Joined 12 day of January 1918 at Brandon, Manitoba, Canada.

	Corps	Reg'tl Number	Habits	Date
Joined on enlistment	Ist Depot Battalion Manitoba Regt.	2129378		12-1-18
Transferred to		2129378		

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station	Date	Disease	Result

N.B.—This sheet is 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.

Signature of Man

Surname Olafson Christian Name Stoney Sigmar

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital			Dates of Discharge from Hospital.			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.
		Day	Month	Year	Day	Month	Year				

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.... 1st Depot Battalion Manitoba Regt.

(2) Regimental Number 2129378

(3) Full Name of Soldier..... Stoney Sigmar Olafson

(4) Place of Birth..... Iceland.

(5) Are you married, or not ? ..... Not

(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.....

M. F. W. 67.

5 M.—9-16.
1772-39-954.

(SEE OTHER SIDE.)

(9) Is your Father alive ?.....Yes.....

If so, state name and address .....John Olafson, Glenboro Post Office, Manitoba, Canada.

(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.

.....

.....

.....

(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 ?.....Yes.....

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

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.

Chas Whitlaw

.....

Major *Officer Commanding.*

Date.....January 12th, 1918.

1st Depot Battalion Manitoba Regt.

7628

D.M.S. 1375.

Medical Examination upon leaving the Service of an Officer fit for general service or a Soldier fit for duty.

☛ *Officers leaving the Service upon being found unfit for general service by a Medical Board, and Soldiers leaving the Service upon being found otherwise than fit for duty by a Medical Board, are not to be reported on this Form.*

Rank Pte Name Clafson. ~~Surname~~ Stoney S.

Unit or Corps 18th Res. (If a soldier) Regtl. No. 2129378

Born at — Iceland on, date May 14th 1896.

Signature (for identification) S. S. Olafson

The examination is to be made jointly by two Medical Officers.

1. PHYSIQUE—Any deformity, maiming or lameness? If so, describe. no

Weight 140. lbs.

Height 5. ft. 4 ins.

2. NUTRITION AND DIATHESIS? Good

After searching inquiry and thorough examination is any evidence found of disease or impairment of the parts indicated below? If so, describe.

3. NERVOUS SYSTEM? Normal

4. RESPIRATORY SYSTEM. Normal

5. HEART? Normal

Abnormal Sounds? no

Abnormal Size? no

Pulse Rate? 96 Intermittence or irregularity? no

6. ARTERIES.—Any hardening? no

7. DIGESTIVE SYSTEM? Normal

8. GENITO-URINARY SYSTEM? Normal

Urinalysis—S.G.? 1008 Reaction? alk Albumen? no Sugar? no

9. SKIN, MIDDLE EAR, EYE or any other part? Normal.

10. Is there any evidence of impairment of health or physical condition not mentioned above? If so, describe. ~~Sh~~ bullet scar left upper arm no disability

11. Opinion as to the health and physical condition of the one examined? Good

Examined at Kinnicel Park Signed Sw Todd Capt M.O.

Date Jan 10th/19. Signed Sw Otton capt M.O

☛ *If any disease or impairment of health or physical condition is discovered, this report should be sent at once to the O.C. concerned for the Officer or Soldier to be sent before a Medical Board for regular boarding.*

S.S. Emp Britain 76-28 Glenboro. Man.

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. 2129378 Rank Pte. Surname Olafson
(Given name in full) Stoney Segmar

Unit or Corps 30th R.B.R. 11.8.18. 1000 Birthplace Iceland

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

1. GENERAL DESCRIPTION:

Physique Good Weight 165 lbs. Height 5 ft. 7 in. Colour of Eyes Blue

Nutrition Normal

Pulse 70

Condition of arteries Soft.

Vision Rt. 20/20 Left 20/20

Hearing (conversational voice) Rt. 20 ft.
Left 20 ft.

Identification marks, scars, or deformities.
(Give cause and date of origin).
Two scars left upper arm
G.S.W. Sept 28 1918.
no disability

Opinion as to general health and physical condition Normal

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 yes 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.

See above.

DISTRICT DEPOT NO. 10

RECEIVED HEADQUARTERS FEB 13 1919

(If space is insufficient, continue on back of form.)

[OVER]

76-28

EXAMINATIONS.

THIS SECTION FOR USE OVERSEAS—

Examined at ..... (Overseas)

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 SECTION FOR USE IN CANADA—

Examined at Winnipeg (Canada)

Date July 1 1919 Signed [signature] 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 [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.)

[signature]

[OVER]

M.F.W. 129.
1033 (D.P.) 500M-11-18.
1772-39-1142.

M.S.A. 15. IV Stoney Sigmar Olafson Carpenter Single 7628 3808

ORIGINAL

MILITARY SERVICE ACT, 1917.

MEDICAL HISTORY SHEET.

IMPORTANT.—If the man's name does not appear upon the schedule of men reporting for service, or if he has not made an application for exemption or a report for service, or, although having made one, he does not know the number, he will be instructed that the copy of this medical history sheet (which will be handed to him) must be attached by him to a report for service or claim for exemption which he may make on application to any Postmaster in Canada, or be sent by him after he has noted upon it the number on the receipt he obtained from the Postmaster to a Registrar or Deputy Registrar under the Military Service Act. In any event the duplicate medical history sheet will be sent by the Medical Board to the District Officer Commanding unless instructions have been given by the latter to forward it direct to a Registrar or Deputy Registrar.

1. Surname ~~[illegible]~~ Olafson Christian name ~~[illegible]~~ Stoney Sigmar

2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule 517976 JC

3. Consecutive number on schedule of men reporting for service (if he appears on it) 42

4. Address (including street and number, if any) Glenboro, Manitoba, Canada.

5 - OCT 1918

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 5th day of November 1917, by the undersigned medical board sitting at Treherne, Manitoba, Canada.

5. Age as stated 21 Years 5 Months. 6. Apparent age ____ Years ____ Months

7. Height 5 Feet 7 Inches. 8. Weight 162 Pounds.

9. Chest measurement { Minimum 35 Ins. / Maximum 37 Ins. } 10. Complexion Fair { Eyes Blue / Hair Fair }

11. Physical development Good { Good / Fair / Poor } 12. Smallpox marks ____

13. Number of vaccination marks { Right arm ____ / Left arm 2 } 14. When vaccinated last Childhood

15. Distinctive marks and marks indicating congenital peculiarities or previous disease ____

16. Slight defects but not sufficient to cause rejection ____

The man denies having had { Rheumatism / Tuberculosis / Syphilis } We find no evidence of past { Rheumatism / Tuberculosis / Syphilis } R Eye 20/20 L Eye 20/20

(Strike out disease admitted or suspected.)

We have examined the above named man in accordance with the C. E. F. Regulations for medical examinations, and he is placed in Category A2 Hearing Normal

A R Thomson Capt. *President.*

L Pennyfather *Member.* T J Lambert *Member.*

Date	Result	Vaccinations	Date	Result	Anti-Typhoid Inoculations, Etc.
2-2-18	Pos	W G Rutherford M.O.	19-1-18	1	W G R M.O.
		TAB 25-8-18 AB64 [illegible] M.O.	26-1-18	2	W G R M.O.
		M.O.	2-2-18	3	W G R M.O.

TAB 22-9-18 E Rm

Joined 12 *day of* January 1918 Brandon, Manitoba, Canada.

BRANDON, MANITOBA, CANADA

	Corps	Reg'tl Number	Habits	Date
Joined on enlistment	Ist Depot Battalion Manitoba Regt.	2129378		12-1-18
Transferred to 11th Res. Battn. 43rd Bn				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station	Date	Disease	Result
3rd C.C.D. Seaford	22/11/18	Fit for Duty Ctiii	[illegible] Capt
Kenmore PK	10-1-19	Fit A	for Major C.A.M.C. [illegible]

N.B.—This sheet is 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.

Signature of Man

CANADIAN

E

76-28

Surname Olafson Christian Name Stoney Sigmar

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital Day	Month	Year	Discharge from Hospital Day	Month	Year	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.
3rd Northern General Hospital SHEFFIELD.		2	10	18	8	11	18	G.S.W. L. arm	38	Bullet wound. Track fairly clean To Can. Hosp. Epsom. J Eric Stacey Captain R.A.M.C. (T) O.C. 3rd Northern General Hospital	
Mr. C.H. Epsom.		8	11	18	18 NOV 1918			G.S.W. Left arm (flesh)	11	On adm: Wd. healed. No disability H & lungs normal. Fit for disc. hg to C.C.D. Category II	[illegible] Hardiman Capt. CAMC

P. 559

MARRIED OR SINGLE: Single

PLACE OF BIRTH: Iceland.

NAME AND ADDRESS OF NEXT OF KIN: John Olafson
Glenboro, Manitoba

RELATIONSHIP OF NEXT OF KIN: Father.

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. 2129378 RANK Private NAME OLAFSON. Stoney, Sigmar,

IF IN PERMT. CORPS WHAT UNIT: 1st Depot Bde Man: Regt (Brandon Detachment) UNIT

TRANSFERRED TO: 11TH RESERVE BATTALION DATE 6/3/18 AUTHORITY Bo. 55.

PERMANENT FORCE ALLOWANCES

TRANSFERRED TO DATE AUTHORITY

PLACE OF ATTESTATION: Brandon, Man:

TRANSFERRED TO DATE AUTHORITY

DATE OF ATTESTATION: 12/1/18.

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 No. OF DAYS	PAY RATE	PAY AMOUNT $	PAY AMOUNT c.	FIELD ALLOWANCE No. OF DAYS	FIELD ALLOWANCE RATE	FIELD ALLOWANCE AMOUNT $	FIELD ALLOWANCE AMOUNT c.	WORKING OR SPECIAL PAY No. OF DAYS	WORKING OR SPECIAL PAY RATE	WORKING OR SPECIAL PAY AMOUNT $	WORKING OR SPECIAL PAY AMOUNT c.	ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS 1 No.	1 Date	2 No.	2 Date	3 No.	3 Date	4 No.	4 Date	CASH PAYMENTS 1	2	3	4	ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE CREDIT	BALANCE DEBIT	PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
MONTH	PARTICULARS			CR. 1			CR. 2		PARTICULARS					DR. 1	DR. 2	DR. 3	DR. 4	BALANCE		DEFER-RED. PAY		SEP. ALLCE. ENG.													
1916 Feb 18	Balance from Canada.																	13 15																	
13-2-18 15																		648 5	23																
31-3-18	Pte Pay			51	70																														
				51	70																														

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 $	AMOUNT C.	No. OF DAYS	RATE	AMOUNT $	AMOUNT C.	No. OF DAYS	RATE	AMOUNT $	AMOUNT C.				1		2		3		4		1	2	3	4				CREDIT	DEBIT			
																No.	DATE	No.	DATE	No.	DATE	No.	DATE												

P 820
12474—375M—13-2-18.

* Strike out whichever inapplicable.

ASSIGNED PAY	* ~~ENGLAND OR~~ CANADA.	SEPARATION ALLOWANCE.	* ENGLAND OR CANADA.
EFFECTIVE DATE:- 1/10/18		EFFECTIVE DATE:-	
AMOUNT:- 15⁰⁰		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.

Mr. John Olafson,
Glenboro. Man.
(Father) Canada

A.P. Stopped 1/2/19

NAME:- OLAFSON Stoney Sigmar.
NUMBER:- ~~212~~ 129378

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		Private
		566

UNIT AND TRANSFERS

ORIGINAL UNIT:- 1st Depot Bn Manl Regt
DATE ACCOUNT FIRST OPENED:- 13.2.18.

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO
			11th Reserve
82	1/9/18	21/9/18	43rd Bn.

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
3/1/19	3045	Seaford	111 60				

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
	1 . .	10 . .	. .	. .

PARTICULARS OF RENDERING NON-EFFECTIVE:- Dis to Ban 31/1/19 Auth NRI6 7/1/19 MR MD10

Ledger Bal 146.00
L.P.B Bal 131.40

MONTH 1918	PARTICULARS	CR 1	CR 2.	PARTICULARS	DR. 1	DR 2.	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
March	Bal Forward.								6485	23	
Apl.	P.P.	33		AR 147-13/4/18-11thR.	973						
				" 51-29/4/18- "	973				7839	38	
		33			1946						
May	P.P.	34 10		AR 208-11/5/18-11thR.	973						
				" 580-30/5/18- "	973				9303	53	
		34 10			1946						
June	P.P.	33		AR 768-14/6/18-11thR	1467						
				" 1073-28/6/18- "	973				6763	68	
		33			58 40						
July	P.P.	34 10		AR 1176-12.7.18-11thR	973						
				" 1389-26/7/18- "	973				8227	83	
		34 10			1946						
Aug	P.P.	34 10		AR 1511-12/8/18-11thR	1460						
				" 1777-28.8.18- "	243				9934	~~98~~ 113	
		34 10			1703						
Sept	P.P.	33		DNAR 364 8th 7.9	357					~~115~~	
				437 " 15.9	357				12520	113	
		33.			714						
Oct	" "	34 10		b. a. p.				15	105 10 1HH 30	115	
		34 10			—			15	2H9 H0	113	
									103 40		
				b. a. p Nov-Dec				30			
Nov	" "	33		AR. 3904 13/11 Epsom	H84						
Dec	" "	34 10		" 7830 19/11 3 bbd	H84						
Jan	" "	34 10		" 815r 29/11 "	2920						
	1st a Def Pay	3 90		" 8537 13/12 "	943						
				" 2824 19/12 18 Res	943					113	
				b. a. p				15	1146 00		
		105 10		OVER	58 40			45			

58.40
14.60
73.00

NUMBER RANK NAME

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
1919 Feb									1146 00	113	
	Ft. 6/11/18-5/12/18-10d 10393-$\frac{11}{18}$-$\frac{3}{6}$	7 3	advised 6/2/19	AR. 30H5 3/1 18 Res	14 60				138 40		
									3		
				SOS to ban 12/1/19 SL 4 18 Res							
				LPP							

153 30
14 60
124 50
3 90
131 40

This space to be for numbers

Proceedings on Discharge.

(When forwarded for confirmation these proceedings should be accompanied by the documents specified on fourth page).

No.	2129378
Rank	Private.
Surname	Olafson.
Christian Name	Stoney Sigmar.
NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.	
Corps (Squadron, Battery or Company)	1st D.B.M.R.
Date of Discharge	21-2-19.
Place of Discharge	Winnipeg.

1. DESCRIPTION AT THE TIME OF DISCHARGE.

		Descriptive Marks
Age	22 years 10 months.	
Height	5 feet 7 inches.	
Complexion	Fair.	G.S.W.left arm.
Eyes	Blue.	
Hair	Fair.	
Trade	~~Farmer~~	
Intended place of residence (To be given as fully as practicable.)	~~Glenboro Man.~~ P.O. Man.	

2. The above-named man is discharged in consequence of

Demobilization R.O. 1420 (c)

☆ C.O. 41 - 502 D.O. 49 ☆

N.B.—The cause of discharge must be worded as prescribed in the King's Regulations and be identified with that on the character certificate. If discharged by superior authority, the number and date of the letter to be quoted.

To be in the handwriting of the Commanding Officer, who will himself make identical entries on the character certificate and initial them.

3. Conduct and character while in the service have been, according to the records, etc.

N.B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldiers and the Officer Commanding his Squadron, Battery or Company.

4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)

M. F. B. 218.

100M.—1-17.
H. Q. 1772-39-113.

(OVER)

5. He is in possession of the following number of G. C. Badges:

No reference to G. C. Badges is to be made on either the discharge or character certificate.

6. Medals and Decorations.....

To be copied by the Commanding Officer on to the parchment Discharge Certificate.

7. His account is correctly balanced, and signed by the Officer Commanding his Company. (*Squadron or Battery*), and I have impartially enquired into all matters brought before me in accordance with Regulations.

(Place).....

(Date).....

Commanding .....

8. **Certificate to be signed by the Soldier on Discharge**

I hereby acknowledge that I received all my Pay, Allowances and Clothing, and all just demands, up to the present date, subject to the reservations of the claims noted on the third page.

(Place) Winnipeg. S S Olafson (*Signature of Soldier.*)

(Date) 21-2-19. W W Halladay Lt (*Signature of Witness.*)

When a soldier is absent through illness or any other cause and it is not desirable to forward these proceedings to him for signature, a manuscript copy should be sent for the man to sign, and when returned, should be attached here.

9. **Additional Certificate in the case of a Soldier who takes his discharge on his own request.**

I hereby declare that I do of my own free will request to be discharged from His Majesty's Service.

.....(*Signature of Soldier.*)

10. **Statement of Service.**

Service toward Engagement to.....(the date to which the Record of Service is completed).....years.....days.

Total.....years.....days.

11. **Confirmation of Discharge.**

The discharge of the above-named man is hereby confirmed.

(Place) Winnipeg.

(Date) 21-2-19.

(*Signature*) J W Forbes Major.

O.C. No 10 District Depot.

Reservations referred to at Para. 8.

(To be signed by the soldier. When there are none, it is to be so stated, and signed by the soldier.)

None

S S Olafson

(OVER)

List of Discharge Documents.

Reg. Conduct Sheet,	Militia form B. 263.
Squadron / Battery / Company } Conduct Sheet,	" B. 263a.
Copies of Convictions, by C. P.	in MS.
Med. Hist. Sheet,	Militia Form B. 313
Medical Report for Invalid*	" B. 227.
Statement of Man's Account on Transfer and Last Pay Certificate,	" D. 877.

*Only if discharged "Medically unfit."

Attestation Paper,	Militia Form B. 235.
Proceedings on Discharge	" B. 218.

In the case of recruits who are rejected on final approval, the discharge documents will consist of

(a) Proceedings on Discharge.

(b) Attestation.

(c) Medical History Sheet (in the event of such having been prepared.)

N. B.—In the case of a man discharged by purchase, the date and number of Deposit Receipt with amount of same is to be noted hereon.

HQ 649-0-4789.

MILITIA SERVICE

MES February 4th, 1937.

RECORD OF SERVICE

CANADIAN EXPEDITIONARY FORCE

No.2129378 Private Stoney Sigmar OLAFSON.

1. Date and place of birth:- 14-5-96, Iceland.

2. Called up under the Military Service Act and enlisted at Brandon, Manitoba, in the 1st Depot Battalion, Manitoba Regiment, 12-1-18.

3. Embarked for England with an Infantry Draft, 19-2-18.

4. Taken on strength 11th Reserve Battalion on arrival in England, 4-3-18.

5. Proceeded to France and taken on strength 43rd Battalion, 29-8-18.

6. Transferred to the 8th Battalion, 5-9-18.

7. Wounded, "G.S.W. L. Arm", 28-9-18.

8. Invalided to England and taken on strength Manitoba Regimental Depot, Seaford, 2-10-18.

9. On Command to 3rd Canadian Command Depot, Seaford, 18-11-18.

10. Transferred to the 18th Reserve Battalion on reporting from 3rd C.C.D., 12-12-18.

11. On Command Segregation Camp, Kinmel Park, 5-1-19.

12. Attached Canadian Concentration Camp, Kinmel Park, from 8-1-19 to 12-1-19.

13. Returned to Canada, 12-1-19.

14. Discharged from the C.E.F., 21-2-19, Demobilization.

15. HOSPITALIZATION.

Admitted No.1 Western General Hospital, Liverpool, 4-3-19,
Discharged, 8-4-18. "Measles".

Admitted No.4 General Hospital, Cameriers, 29-9-18,
Trans. to N. General Hospital, Sheffield, 2-10-18,
Trans. to Military Conv. Hospital, Woodcote Park, Epsom, 9-11-18.
Discharged, 18-11-18.

CERTIFIED CORRECT
FROM RECORDS

(W.E.L. Coleman), Major,
Officer i/c Records,
for Adjutant-General.

AUDITOR | PAYMASTER

M. OR S.

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

REGT. No. 2129378 RANK Pte NAME (IN FULL) Olafson J. S. (BLOCK LETTERS SURNAME FIRST)

NEXT OF KIN — RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? No — DATE EFFECTIVE

TO WHOM PAID — RELATIONSHIP

ADDRESS

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ORIGINAL UNIT C.E.F. 1st D.B.M.R. — IF IN P.F. WHAT UNIT?

PLACE OF ATTESTATION — TRANSFERRED TO — DATE — AUTHORITY

DATE OF ATTESTATION — TRANSFERRED TO — DATE — AUTHORITY

ASSIGNED PAY $ 15.00 — DATE EFFECTIVE 1-2-19

PAYABLE TO John Olafson — RELATIONSHIP

ADDRESS Glenboro, Man.

ANY CHANGE IN ASSIGNEE OR ADDRESS

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE — EFFECTIVE

DISCHARGED — PLACE M.D.10 — DATE 21/2/19 — REASON D. — AUTHORITY D.O. 49 — IF ENTITLED TO POST DISCHARGE PAY Yes

122 Days W.S.S.

MONTH	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $	AMOUNT C.	OTHER CREDITS $	OTHER CREDITS C.	BALANCE FROM PREVIOUS ACCOUNT $	BALANCE FROM PREVIOUS ACCOUNT C.	TOTAL CREDITS $	TOTAL CREDITS C.	ACQUITTANCE ROLLS COL. NO. 1 NO.	COL. NO. 1 DATE	COL. NO. 2 NO.	COL. NO. 2 DATE	COL. NO. 3 NO.	COL. NO. 3 DATE	CASH PAYMENTS COL. NO. 1 $	COL. NO. 1 C.	COL. NO. 2 $	COL. NO. 2 C.	COL. NO. 3 $	COL. NO. 3 C.	ASSIGNED PAY $	ASSIGNED PAY C.	REGIMENTAL CHARGES $	REGIMENTAL CHARGES C.	OTHER CHARGES $	OTHER CHARGES C.	TOTAL DEBITS $	TOTAL DEBITS C.	BALANCE DEBIT $	BALANCE DEBIT C.	BALANCE CREDIT $	BALANCE CREDIT C.	PARTICULARS OR REMARKS
							91	53	91	53																							91	53	Trans. Cr. 91 53 for pay on 1-2-19.
1/2/19 to 21/2	21	1.10	23	10	35	20	91	53	160	83	16	487	17	758	17	859	91	53	59	30			10	—					160	83		8			Cr. Cas Cgs. 1-2-19 D.O. 24 Labour 142 Days 11.20
																																		Cr. 38.88 C.C. D.O. 49 A.F.C. Food
			23	10	46	20	183	06	252	36							91	53	59	30			10	—					160	83		8	91	53	

100M-1-19.—L. L. 53962-M. & D. 9723.
M. F. W. 2596.
1772-39-1390.

No number on card

AUDITOR	PAYMASTER

1-21

OLAFSON Stoney Sigmar

9

M. OR S.

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

REGT. No. 2129378 RANK Pte NAME (IN FULL) ~~Stoney Sigmar Olafson~~ (BLOCK LETTERS SURNAME FIRST)

NEXT OF KIN RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? DATE EFFECTIVE

TO WHOM PAID RELATIONSHIP

ADDRESS

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ORIGINAL UNIT C.E.F. 1st D.B.M.R. IF IN P.F. WHAT UNIT?

PLACE OF ATTESTATION TRANSFERRED TO DATE AUTHORITY

DATE OF ATTESTATION 15-1-18 TRANSFERRED TO DATE AUTHORITY

ASSIGNED PAY $ DATE EFFECTIVE

PAYABLE TO RELATIONSHIP ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS Glenboro. P.O.

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE EFFECTIVE Man

DISCHARGED PLACE DATE 21-2-19 REASON AUTHORITY IF ENTITLED TO POST DISCHARGE PAY

MONTH 19	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $	C.	OTHER CREDITS $	C.	$	C.	TOTAL CREDITS $	C.	ACQUITTANCE ROLLS COL. NO. 1 NO.	DATE	COL. NO. 2 NO.	DATE	COL. NO. 3 NO.	DATE	CASH PAYMENTS COL. NO. 1 $	C.	COL. NO. 2 $	C.	COL. NO. 3 $	C.	ASSIGNED PAY $	C.	REGIMENTAL CHARGES $	C.	OTHER CHARGES $	C.	$	C.	TOTAL DEBITS $	C.	BALANCE DEBIT $	C.	CREDIT $	C.	PARTICULARS OR REMARKS
BALANCE FROM PREVIOUS ACCOUNT Feb 21	122								280	00					60	53	70	00																	210	00	70- 1st Payt. WSG.
Mar 15															124	997	70	00																	140	00	70- 2nd " "
Apr. 15.															550	270	70	-																	70	-	70- 3rd " "
May 15															567	135	70	-																			70- 4th & final "
									280	-							280	-													280	-					

Account Closed

AUDITED MAY 2 1919 1919 Audit Clerk M.D. 10

100M-1-19.—L. L. 53962-M. & D. 9723.
M. F. W. 2596.
1772-39-1390.

5 L 10 84
mesl.

Date of Enlistment 12.1.-18

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

O. 2372

Date of Assignment 1st Oct.-18

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

15.00			

PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank Promoted Reverted Discharge

Soldier's Name

Battalion 1st Depot Batt. Man. Regt

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name

Address

Change of Address

1 JOHN OLAFSON,
GLENBORO,
2 MAN. 15 15.00
% 2129378 PTE S.S.OLAFSON
3 FIFTEEN DOLLARS
4

Date 1918	Cheque No.	Amount S/A	Amount A/P	Total	
Oct.	Y 49861		15	15	✓
Nov	W 57902		15	15	✓
Dec	X 71868		15	15	✓
Jan.	W 70887		15	15	✓

Fyle 13908. S.9 REMARKS N. R. 702 A.

A/c Closed 31-1-19
Ret'd per Empress of Britain
Date 22-1-19 M.F.W.187 28-1-19
Clerk R J C Hoare M.D.10
M.R.O. 58796 Cancel.

M. F. W. 128.
400M.—8-17—1772 39-1141
L. L. 22329—M. & D. 7993.

AUTHORITY FOR NEW ACCT. A. Z. M. 29.8.-18
T. Short 5.10.-18

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank Promoted Reverted Discharge

Soldier's Name

Battalion

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name

Address

Change of Address

1

2

3

4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS

M. F. W. 128.
400M.—5-17—1772 39-1141
L. L. 22320)—M. & D. 7993.

Forms
I. 1237
12

7628

Army Form I. 1237.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
6 VI	2129378	Pte	Olafson	S. S.

Year	Unit.	Age.	Service.
1918	Manitoboa Regiment	21	1/12

Station and Date.	Disease Measles.
Sparrow Hall	Rest on 1st March.
Fazakerley.	
4. 3. 18	
25. 3. 18.	Going on well.
2.4.18 [redacted]	Recommended for discharge
" "	[illegible]
8-4-18.	Discharged.

* The first and last entries will be signed, and transfers from one Medical Officer to another, attested by their signatures.

Wt. W 6604/M 2870—1,500,000—8/17—H. & Sp. (10938). Forms/I. 1237/12. (E239) [P.T.O.

Station and Date.	