DUPLICATE

11 M. D. First Depot Battalion British Columbia Regiment

Regtl. No. 2020327

PARTICULARS OF RECRUIT

DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class 1)

1. Surname OLSEN
2. Christian name INGVALD
3. Present address Cambie Rooms, Vancouver, B C
4. Military Service Act letter and number 146946 - 1154.
5. Date of birth March 5th 1889
6. Place of birth Hoyholm, Helgeland, Norway.
   (town, township or county and country)
7. Married, widower or single SINGLE
8. Religion Lutherian
9. Trade or calling Fisherman
10. Name of next-of-kin OLE CASPERSEN
11. Relationship of next-of-kin Father
12. Address of next-of-kin Hoyholm, Helgeland, Norway (Sufficient Address)
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 Vancouver B C (b) Date 3rd Nov. 1917 (c) Category A

DECLARATION OF RECRUIT

I, INGVALD OLSEN, do solemnly declare that the above particulars refer to me, and are true.

Ingvald Olsen (Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age 29 yrs. - mths.

Height 5 ft. 10½ ins.

Chest measurement: fully expanded 39 ins.; range of expansion 3 ins.

Complexion Fair

Eyes Blue

Hair Light

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

Lieut-Col
O. C. First Depot Btln.
British Columbia Regt.

Place Vancouver B C Date November 5th 1917.

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

REGIMENTAL DOCUMENTS

Pte NAME OLSEN INGRALD REGT. NO. 2020324 UNIT B.C. Regt. H. Q. FILE NO.

WILL BE DESPATCHED TO M. D. No. 1

	CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE
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. 120)				
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)				
1	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)				
1	PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)				
	PARTICULARS OF CHARACTER (A.F.W. 3226)				
1	COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)				
1	D.M.S. 1375				
1	a.f.w. 3997.				
1	Pass card				
1	A.F. Card				
1	M 21462				
1	R 129				

NON-EFFECTIVE BY

JUN 8 DEATH

Category

DISCHARGE

Category

Demobilization

1

DESERTION

31 — 3-

22 — 5

5- — 6

1

03978

48/1176

PUBLIC ARCHIVES RECORDS CENTRE

W. 2589
100M-11-18
1772-39-1377

CARD NO. 11

SURNAME. Olsen,

CHRISTIAN NAMES Ingvald

REGL. No. 2020327 RANK Pte.

UNIT B.C. Regt. 1st Dpo. Bn.

FORMER CORPS Nil.

S.O.S. Lis 4-2-19

W038. 17-2-19

FOLL. #1100

Demob.

NEXT OF KIN.

NAMES IN FULL Caspersen, Ole

RELATIONSHIP TO SOLDIER Father

ADDRESS Ryghalm, Helgeland, Norway

CHANGE OF ADDRESS

COUNTRY OF BIRTH Norway, Ryghalm Helgeland DATE Mar. 5th 1889

PLACE OF ATTESTATION Vancouver, B.C. DATE Nov. 5th 1917

O/S. 18-12-17. 108.2. 4

R/C 23-1-19 23-3-PTE 20

L. L. 10437. M. & D. 7253.

M. F. W. 22. 100M.—11-16. H. Q. 17 2-39-339.

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

T 581

Form DMS 1401.

PRINCESS PATRICIA CANADIAN RED CROSS HOSPITAL. A

A. & D. CARD

AT Bexhill

Regd. No. 20203 27 PL. OF ACTION 5th Army. France

RANK Pte. REG. No. 9 UNIT 29th Batt Can SICK OR WOUNDED

NAME Olsen. J. AGE 29 RELIGION Luth

PLACE IN HOSPITAL Dan. 1.

DIAGNOSIS GSW both Legs. ~~R~~ L. Elbow & back

ADMITTED 16-8-1918. FROM Can. Red Cross Hospl. Taplow.

DISCHARGED 13-9-1918 TO 1st Res Bn Seaford

TRANSFERRED

SERVICE AT HOME 9/12. IN FIELD 2/12

RESULTS

DISCHARGED TO DUTY.

Capt. A.

(See Document Card for M.H. Sheet and other Documents.)

P.T.O.

REMARKS.

Fotheringay

Form R. 149.

Name OLSEN. Ingvald Rank Pte Reg. No. 2020324

Unit (B.6) 29 Lan

Next of Kin Ole Kasperson Hoykolen, Helgeland, Norway

Date 1918	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
4-6	12(USA) G.H. Rouen	NW Beck Le Ley		A235	H 159	1790/9
10-6	15 L G.H. Taplow Buck. NW Beck Le Ley			B237		19488
14. 8.	R.D.C. Rx. Ay Beaulieu		DD	B 2014		24355.
13 9	Discharged		do	B 321		8016
	Wd Report to 1st Res Bn Bedford 23-9-18 & Aut Cooper D.T.					
		a/ 13-9-19				

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

REGT'L. No. 262037

H. Q. FILE No. 649

NAME Olsen. Ingvald.

RANK AND CORPS Pte. 29th Bn (Jam. 1st Dpo. Bn. B.W.I. Regt.

FOLLOWS NO.

FOLLOWS

CABLE NO.	DATE	NATURE OF CASUALTY
10-1 H.159.	11-6-18.	Norway. Adm. #12. Gen. Hosp. Rouen. June 4th 1918. "G.S.W. Back leg"

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

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

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
A-235	#12. (U.S.A.) Gen. Rouen	4-6-18.	S.W. Back L. Leg.
B.237	#15. Can. Gen. Taplow	10-6-18.	" " Side, L. Leg
B294	Princess Patricia Can + Spec; Bexhill	17-8-18	S.W. Back L. Leg Side
B320.3.	Disch.	13.9.18	S.W. back side + leg.

Number 2020327 Rank Pte

Surname OLSEN

Christian Name Ingvald

Units 29th Bn Can Inf Theatre of War France

Date of Service 4-4-18

Remarks Hagensburg

Latest Address ~~H.P.O. Bella Coola~~

B.C.

Roll No B Page 7444

DEGP DEC 24 1921
REGN. No. 165350

D.M.S. 1300-50M-21-11 17.

SURNAME	CHRISTIAN NAME OR NAMES	REG. NO.
OLSON.	I.	2020327.

RANK	UNIT	CO.	TROOP	BATTY
Pte.	B.C. 29.			

HOSPITAL	DATE OF ADMISSION
12. U.S.A. Gen. Rouen.	4-6-18.
2/5.6.4 Taplow from Liverpool	10.6.18.
1. P.P.C.L.I. Berkhill.	HOSP. 17.8.18.
2.	HOSP.
3.	HOSP.
4.	HOSP.

DIAGNOSIS
1. G.S.W. Back. & L. Leg. Side Rta
2.
3.

DISPOSITION

Dis 13.9.18 DATE

C.L. 10-6-18. A235/2
12.6.18 B.237 (2)
19.8.18 B294 (3)
18.9.18 B320 - (4)

REMARKS

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

EPITOME OF HOSPITAL TREATMENT

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

C.A.D.C. 5009 A

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) OLSON. I.

REGIMENT 1st Res. RANK Pte No. 2020327

Date of Examination in England 17 DEC 1918 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
3. CROWNS
4. DENTURES
   - (*a*) Full Upper
   - (*b*) Part Upper
   - (*c*) Full Lower
   - (*d*) Part Lower

HAS HE EVER REFUSED DENTAL TREATMENT? No

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
- (*c*) In France

Signature of Dental Officer J B Beaton Capt

Original.

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, B. C. Regt. C. E. F. VANCOUVER, B. C.

(2) Regimental Number 2020327

(3) Full Name of Soldier Ingvald Olsen

(4) Place of Birt Hoyholm. Helgeland. Norway

(5) Are you married, or not? No

(6) If married, state,
(a) Full name of your wife NOT APPLICABLE

(b) Present Postal Address NOT APPLICABLE

(7) Are you a widower? No

(8) Have you any children? NOT APPLICABLE

If so, give number of boys and girls NOT APPLICABLE

Also their names and ages NOT APPLICABLE

M. F. W. 67.

500M.—9-16.
1772-39-954.

(SEE OTHER SIDE.)

(9) Is your Father alive? Yes Mr Ole Caspersen

If so, state name and address Høyholm - Helgeland - Norway

(10) Is your Mother alive? No

If so, state name and address NOT APPLICABLE

(11) If your Mother is a widow NOT APPLICABLE

Are you her sole support, or not? —

NOT APPLICABLE

(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.

—

NOT APPLICABLE

(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.

—

NOT APPLICABLE

(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.

NOT APPLICABLE

No

(15) Are you insured? —

If so, in what Company? —

NOT APPLICABLE

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. NOT APPLICABLE

VANCOUVER, B. C.
NOV 27 1917

Date

L. Beaton Lt.
108 H-adq-
Officer Commanding.
1st Depot Battalion, B. C. Regt. C.E.F.
VANCOUVER, B. C.

Form P. 85
1918—60M—29-11-16.

180943

FORM OF WILL.

Name in full.

I Ingvald Olsen 1st Depot Battn B.C. Regt. Draft.
Regimental Number 202327 serving in C. E. F. 16th Reserve Division Seaford, Sussex
of the Canadian Expeditionary Force do hereby revoke all former Wills made by me and declare this to be my last Will.

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

I DEVISE and BEQUEATH all my real estate unto My father
Ole Jörgen Kasperson
Höyholm Helgeland
Norway Europe

absolutely, and my personal estate I bequeath to My father
Ole Jörgen Kasperson
Höyholm Helgeland
Norway Europe

Name & Address of persons or person to receive personal estate (see Note 1.)

Fill in Date and Year.

IN WITNESS WHEREOF I have hereunto set my hand this twelth day of January A.D. 1918.

Ingvald Olsen
(Signature)

Signed by the said Testator as his last Will and Testament, the same having been read over and explained to him, in the presence of us both present at the same time who at his request and in his presence and in the presence of each other have subscribed our names as witnesses.

Name of Witness J. Connolly
Address of Witness Pay Office 16th Can. Res. Battn
Occupation of Witness Clerk.
Name of Witness W. L. Nicholson Cpl.
Address of Witness Pay Office 16th Can. Res. Battn
Occupation of Witness Clerk.

N.B.—Personal Estate includes pay, effects, money in Bank, insurance policy, in fact everything except real Estate.

REGISTERED.
WILLS-SECTION
1 FEB. 1918
ESTATES, O.M.F.C., LONDON.

DEPARTMENT OF VETERANS AFFAIRS

COPY for HO file.

Ottawa 4. ONT.

To [redacted]

Date OCTOBER 10, 1968.

Attention of

NAME OLSEN Ingvald

SERVICE NUMBER 2020327 WW1

C.P.C. No. 230235

W.V.A. No.

NAVY
ARMY X
R.C.A.F. X

The DEPARTMENT has received information from

PME CPC VANCOUVER 9, B.C. DATE: OCTOBER 2, 1968.

(State authority and source of information of death)

regarding the death of the above mentioned veteran.

Particulars are as follows:

Date of Death AUGUST 4, 1968.
Cause of Death
Place of Death NEW WESTMINSTER, B.C.

Name and Address of next of kin (if known)

Copies to: W.S.R.
V.I.
PAT
H.O.

Destroy form if advice of death already received.

E.C. Richards
for
Chief, Central Registry

DVA 24

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

THIS IS TO CERTIFY that No. 2020327 (Rank) Private

Name (in full) Ingvald OLSEN enlisted in

the B.C. Regt

CANADIAN EXPEDITIONARY FORCE at Vancouver on the 5th.

day of November 1917

HE served in England & France.

and is now discharged from the service by reason of Demobilization.
~~Medical Unfitness~~.

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

Age 30 yrs

Height 5 Ft 10½ in

Complexion Fair

Eyes Blue

Hair Light

I. Olsen
Signature of Soldier

Marks or Scars

Nil

A.M. Grant
Issuing Officer

Capt
Rank

Date of Discharge

FEB 4 - 1919

Date FEB 4 1919 19

Canadian Station "D" Military District No. 11

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.B. 39A.
1049-D.P.-300M-11-18.
H.Q. 1772-39-882.

DISCHARGE CERTIFICATE

CANADIAN EXPEDITIONARY FORCE

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—PP1150 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) Christian 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

Initials and Rank of an Officer.

(Authority) (*date*)

(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.

2020327 Olsen L.

(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
3-1-19	1st Res		SOS to CEF Canada	Seaford	2-1-19	Pt.II.D.O.2

R. S. Kerr Lt for Captain,
Adjutant, 1st Canadian Reserve Battalion.

4:2:19 Struck off C.E.F. T Dispersal Area Vancouver No. 11 D.D.O. 38

TOS. II, DIST. DEPOT. 3.1.19
SOS DEMOBILISATION 4.2.19
PART II ORDER NO. 38

R. Mc Neil Lt.
for. OC. No. XI D.D

Nothing to be written in this margin.

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 INGVALD Surname OLSEN

Unit or Corps 1st RES. (If a soldier) Regtl. No. 2020327

Born at HELGELAND NORWAY on, date 5th MAR 1889

Signature (for identification) I. Olsen

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

1. PHYSIQUE—Any deformity, maiming or lameness? If so, describe.

Weight 157 lbs. (estimated)

Height 5 ft. 10½ 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?

Abnormal Sounds? no

Abnormal Size? no

Pulse Rate? 84 Intermittence or irregularity? no

6. ARTERIES.—Any hardening? no Normal

7. DIGESTIVE SYSTEM? Normal

8. GENITO-URINARY SYSTEM? Normal

Urinalysis—s.g.? 1026 Reaction? acid Albumen? Neg. Sugar? Neg

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. no

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

Examined at Seaford Signed S.W. Maclaud Capt. M.O.

Date Dec 11/18 Signed W.H. Duffett 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.*

Medical Examination upon leaving the Service

of an Officer fit for general service or a Soldier fit for duty.

Service upon being found otherwise than fit for duty by a Medical Board, are not to be reported on this Form.

Rank ..... Name ..... Surname .....

Unit or regimental particulars ..... (If a soldier) Regtl. No. .....

Born at ..... on date .....

Signature and identification) .....

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

1. Height ..... Any deformity, maiming or lameness? If so, describe.

Weight

..... lbs.

Height

ft. ..... ins.

2. NUTRITION AND DEVELOPMENT

3. [illegible]

After searching inquiry and thorough examination is any evidence found of disease in [illegible] of the parts indicated below? If so, describe.

4. [illegible]

5. TEETH?

Abnormal Mouths?

Abnormal Size?

Tongue Tied?

6. ADENOIDS. Any hardening?

7. [illegible]

8. [illegible]

9. [illegible]

10. Is there any evidence of impairment of health or physical condition not mentioned above? If so, describe.

11. Opinion as to the health and physical condition at the time examined?

Examined at ..... Signed ..... M.O.

Date ..... Signed ..... M.O.

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

ORIGINAL ORIGINAL

1st Depot Battn B.C. Regt. 2020327

M.S.A. 15.

B17/6147

MILITARY SERVICE ACT, 1917.

Original

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 OLSEN Christian name INGVALD

2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule 146946

12 JUN 1918

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

4. Address (including street and number, if any) Cambie Rooms, Vancouver, B.C.

Signature of Man Ingvald Olsen

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 3rd. day of November 1917, by the undersigned medical board sitting at VANCOUVER, B. C.

5. Age as stated 28 Years 8 Months. 6. Apparent age 29 Years Months

7. Height 5 Feet 10½ Inches. 8. Weight 157 Pounds.

9. Chest measurement { Minimum 36 Ins. / Maximum 39 Ins. } 10. Complexion Fair { Eyes blue / Hair light }

11. Physical development Good { Good / Fair / Poor } 12. Smallpox marks 0

13. Number of vaccination marks { Right arm 1 / Left arm 0 } 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.)

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

W. W. Runnels Capt. President.

A. W. Murphy Capt. Member. W. L. Graham Member.

States not previously examined.

Date	Result	Vaccinations		Date	Result	Anti-Typhoid Inoculations, Etc.	
5/1/18		C.O.B.	M.O.	10/11/17		M. H. D. Graham	M.O.
			M.O.	17/11/17		M. H. D. Graham	M.O.
			M.O.	I.A.B. 7-9-18		M.M.	M.O.

Joined 5th day of Nov. 1917 at Vancouver B.C.

	Corps	Reg'tl Number	Habits	Date
Joined on enlistment	1st Depot Batt B.C. Regt. C.E.F.	20 20327		
Transferred to	16th. Canadian Reserve Battalion.			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station	Date	Disease	Result
VANCOUVER, B. C.	NOV 27 1917	G2	Pass Category B2 W. W. Turnbull Capt

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.

VISION: Right 20/24 Left 20/32 Hearing - R.L. Normal.

CANADIAN

Christian Name

Surname

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				
1st CANADIAN GENERAL (DUCHESS OF CONNAUGHT'S) HOSPITAL - CANADIAN RED CROSS - TAPLOW BUCKS		9	6	18				S.W. Both Legs.		Wounded by hand grenade 3/6/18 Operated same	
					16	8	18	Rt. Arm + Back	69	day - F.B.'s removed from left calf, right thigh + left axilla. For transfer to C.C.H. Bexhill	J. M. Lay Lieut. Capt. M.C.
Princess Patricia Canadian Red Cross Hospital, Cooden Camp, Bexhill,		16 AUG 1918			13	9	18	"	27	Discharged to Duty A III	A. Mahlilips Captain

Form R 122.
8750—15M—25-4-17.

Rank — Name OLSEN, Ingvald — Reg'l No. 2020327

Unit 4th Dft, 1st Dep Bn B.C Regt To 16th Res Bn — If in perm. Corps What Unit? — Married or Single Single.

Place and Date of Enlistment Vancouver, 3rd, Nov, 1917. — Place of Birth Hoyholm, Helgeland. Norway.

Name and Address, Next-of-Kin Ole Caspersen
Hoyholm, Helgeland, Norway — Relationship Father.

Assigned Pay Monthly $ — Payable to — Relationship

Separation Allowance $ — Payable to — Relationship

Discharge, Date and Place — Reason — Character

N/E. R.B. No 12,968
File R.L.
Category Lewis R

H. W. V., Ld.—11319-17.

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		31-12-17	S/S Missanabie
2-1-18	16 Res Bn	To S from Canada	Seaford	1-1-18	Pte O 2
15-2-18	—	SoS to 1st Res Bn	—	15-2-18	— 46 1st Res Pte O 39 d/15 2/18
5-4-18	1st Res	SOS to 29th Bn	Pte —	4-4-18	Pte 62 to 29 Bn Pte 34 d/12 4/18
10-6-18	29 Bn	Wounded	Field	4-6-18	C/a 235.
15-6-18	BCRD	TOS from 29 Bn	Seaford	10-6-18	Pte 143 to 29 Bn Pte 59 d/19 6/18
16-9-18	BCRD	SoS to 1st Res Bn	"	13-9-18	" 222 to 1st Res Pte 223 16 9 18

A.F.B. 103 CHECKED 12 APR. 1918

SOS to C E F. MD 11
2 1 19.
1st RLS Pt.2.O 2 d 3-1-19

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.					

P. 559.
MARRIED OR SINGLE: Single

PLACE OF BIRTH:

NAME AND ADDRESS OF NEXT OF KIN: Mr Ole Caspersen
Hoylokn Helgeland
Norway.

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

-7-

REG'L. No. 202032/7 RANK Private NAME OLSEN, INGVALD

IF IN PERMT. CORPS } WHAT UNIT } UNIT 1st Depot Batt'n TRANSFERRED TO 16th Res Batt'n DATE 2-1-18 AUTHORITY D.O. 202.

PERMANENT FORCE ALLOWANCES TRANSFERRED TO DATE AUTHORITY

PLACE OF ATTESTATION Vancouver B.C. TRANSFERRED TO DATE AUTHORITY

DATE OF ATTESTATION 5-11-17 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	DEFERRED PAY	SIR ALLSE. ENG.																	
	Balance from Canada 1-12-17																	$5 00																	
Jan	8 pay.	6820																73 20	30⁰⁰																
		6820																																	
Feb.	" "	3080																																	
		3080																																	
March	"	3410																																	
		3410																																	

Jan 8 pay. 6820 — 6820
Feb. " " 3080 — M. 1004. 11/1/18. 16 Res. H 87 — 1228. 29/1/18. " " 9 73 — 1341. 6/2/18. " " 26 77 — 41 37 — 3080 — 6263
March " 3410 — " 1867. 20/2 " Res. 9 73 — " 2234 12/3 " H 87 — " 2422 21/3 " 9 73 — 24 33 — 3410 — 7240 — 7240 405

CANADIAN ASSIGNED PAY AUDITED
AUDIT CLERK
DATE 25/6/19

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 No.	1 Date	2 No.	2 Date	3 No.	3 Date	4 No.	4 Date	1	2	3	4				CREDIT	DEBIT			

P 820
12474—375M—13-2-18.

* Strike out whichever inapplicable.

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

NAME:– Olsen Ingvald 7
NUMBER:– 2020327

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		Pte

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 17 23/12
Seaford

UNIT AND TRANSFERS

ORIGINAL UNIT:– 1st Depot Bn
DATE ACCOUNT FIRST OPENED:– ~~1/1~~ 1/12/17

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO
			BCRD
	1/1/18	25/1/18	29 Bn
	1/7/18	23/7/18	B.C.R.D.
			Can Section

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
~~20/11/18~~	b353	Seaford £4-0-0	~~19 47~~ ✓				
~~Can R~~	1905	4/12/18 – 4/10	~~1 16~~				
			2063				

DAILY RATES OF PAY AND ALLOWANCES

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

PARTICULARS OF RENDERING NON-EFFECTIVE: Trans'd to Canada 31.12.18. MR 17. 23/12 Seaford. Bluebr. ~~A/189~~ 33

MONTH 1918	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4.	BALANCE	DEFERRED	SEPARATION
Mar 31	Balance fwd.								72 40	45 60	
April	P.P.	33 –		A 656 25/3/18. 1st Res	– 32						
				A/R 78 25/4/18 29th Bn	5 35						
				O/M. 27 5/4/18 1st Res	2 43				97 30	60 –	
		33 –			8 10						
May	P. P.	34 10		A/R. 126 8/5/18 29th	4 46						
				A/R 171 31/5/18 "	3 57				123 37	75	
		34 10			8 03						
June	P.P	33 –		a/N 6207 – 15th L.G.H. 11/6/18	4 87 ✓						
		33			4 87				151 50	90 –	
July	PP	34 10		a/R 1417 2/7/18 7th 15th Res.	4 87				180 73		
		34 10			4 87					105	
Aug	P Pay.	34 10		a/R 1937 5/8/18 7th 15th L.H.	4 87						
				" 3305 19/8/18 CFLRX.	9 73				200 73	120	
		34 10			14 60						
Sept	P Pay	33		a/R 4961 13/9/18 PPCR x Bexhill	48 67						
	Granted 10 days S.F. 13/9/18–23/9/18. 1 Res 00 773. 16/9/18.	7 30		✓ 3464 26/9/18 1 Res.	9 73				182 13	135	account asked 26/10/18
		40 30			58 40						
Oct.	P. Pay	34 10		a/N 3786 – 1 Res. Bn 15/10/18	4 87 ✓						
				a/R 4151 – ✓ ✓ 26/10/18	9 73 ✓				201 63	150	
		34 10			14 60						
Nov.	P. Pay	33		a/R 4472 – 1 Res Bn 11/11/18	14 60 ✓						
				a/B 4933 – ✓ ✓ 26/11/18	48 67 ✓					165	
	Ent. Def Pay	4 50		Forf. 1 Days Pay K.D. 3/12/18							
Dec	–	34 10		H.S Leave from 0001 21/12/18 – 0940 31/12/18		1 10			209 96	180	
				Qu 005/1916 A.D. 1 Res 29th 4/12/18 1 Res 2/1/19	1 18						
		71 60			64 45	1 10			207 68		

COMPILED BY ...
CHECKED BY ...

NUMBER RANK NAME

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
									207.68		
				a/c 6353 - 1 Rio A/- 31/12/18	19.47				188.21		
					19.47						

CLINICAL CHART.

(To be attached to Case Sheet.)

Army Form B. 181.

Corps 29th Div | Military Hospital 15 Can Gen Hosp

No. 2020327 | Rank and Name Pte Olsen. J | Age 29 | Service 8/12

Disease SW. Bacter. Side. Thigh | Date of admission 9.10.18 | Date of discharge 16.8.18 | Result

CANADIAN GENERAL (DUCHESS OF CONNAUGHT) TAPLOW BUCKS 15 - CANADIAN RED CROSS HOSPITAL

June

Dates of Observation	9	10	11	12	13
Days of Disease					
Temperature, Fahrenheit — Time A.M. P.M.					
Pulse per Minute	52	60	72	60	60	72	60	76
Respirations per Minute	20	20	20	18	20	18	20	18
Motions per 24 Hours								

Admn.

Trans.

Wt. W8728/M2313—2,000,000—6/17—H. & Sp. (10693)—A.F.B. 181/5 (E. 735)

Signature J. Mayhew, Capt. In charge of case.

Army Form B. 181.

CLINICAL CHART.

(To be attached to Case Sheet.)

Corps_____ Military Hospital_____

No._____ Rank and Name_____ Age_____ Service_____

Disease_____ Date of admission_____ Date of discharge_____ Result_____

TAPLOW
BUCKS
CANADIAN R. C. CROSS HOSPITAL

Dates of Observation

Days of Disease

Temperature, Fahrenheit

Time A.M. P.M.

107° 106° 105° 104° 103° 102° 101° 100° 99° 98° 97°

Pulse per Minute

Respirations per Minute

Motions per 24 Hours

Wt. W3728/M2313—2,000,000—6/17—H. & Sp. (10693)—A.F.B. 181/5 (E. 735)

Signature_____ In charge of case.

830. CS 186. W.503/P.36. 20,000 Pads. 10/17. N.P.A. Ltd. E. 1955.

Army Form W. 3172.
(In pads of 50)

15 Can. Gen. Laplow Hospital.

Ward JI No. of Bed 3 Date 19.6.18

Regl. No.	Rank and Name	Corps.	Part to be X-Rayed.
2020327	Pte Olsen J	Dvon: 2nd Can Gen 2gh C.C.S.	Left Shoulder Area

Age! 24 Nationality. Norwegian Naturalized Canadian

Short History of Case.
(To be completed by M.O. i/c case.)

Sw. Back side Thigh.
Wounded 3/6/18
at Arras front
Multiple Swd of Back side of leg.

Signature of M.O. O'K Green.

Date

Report on Result of X-Ray Examination.
(To be completed by Radiographer.)

No. of Plate 6617

There are 3 small F.B. in neighborhood of axillary border of scapula - No bony lesion

Signature of Radiographer W A Caighlin

Date

10,000 bks.—John Rissen, Ltd.—3067/2/17—Forms W 3172/3.

Army Form W. 3172.
(In pads of 50.)

_____ Hospital.

Ward_____ No. of Bed_____ Date_____

Regl. No.	Rank and Name	Corps	Part to be X-Rayed
	OLSEN		

Short History of Case.
(To be completed by M.O. i/c case.)

Please screen
Arm L.
Thigh R.
for FBs

Signature of M.O. _____
Date _____

Report on Result of X-Ray Examination.
(To be completed by Radiographer.)

No. of Plate Fracture

Left Arm. Two small FBs present, one under x mark at depth of 7.5 cm, the other in fold of axilla at a point plane of 13 cm from chest wall, and fairly superficial.
Rt Thigh. Long wavy FB just in front of under mark Arm

Signature of Radiographer _____
Date _____

P P RED X HP
BEXHILL.

Forms I. 1237 12

Army Form I. 1237.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
1336	2020327	Pte	Olsen.	Ingvale

Year	Unit.	Age.	Service.
1915	29th Canadians	29	8/12

Nat. Civil Occupation

Station and Date.

15 Can Gen Taplow 9/6/18

Disease Battle Casualty. Sw. Back. side: Left

next of Kin: Mr Ole Kaspersen Kuyholm. Helgeland. Norway.

Home address: Bella Coola. B.C. Canada.

A.T.S. 1500 Units. 3/6/18 | 500 units 10/6/18 | 500 units 17/6/18 | 500 units 26/6/18

Wounded 3/6/18 by Hand Grenade - explosion - during a raid. Dressed at Dressing Stn - about 1 hour afterwards. & 6th Stationary Hosp. where operated on same day. & sent daily to - Depôt. & Hosp train Rouen. to an american Hosp. 12th inst.

4 F.B. Nodes 6 St. Hosp. F. B removed from left Calf. wd. Sx. "
" cicad., small wd. back left thigh in cicad. "
" F.B. removed from wd R. thigh. One F.B. removed "
" from left axilla. Other F.B's not found."

Past. History & Previous. Negative -

Penetrating wounds. R. Deltoid area - Penetrating wounds - post. axill. fold R arm - one smaller wound behind this - (Penetrating wounds. back outer side middle - Left thigh. Penetrating wound. post. side middle calf L leg.) Penetrating wound inner side R thigh upper third These wounds are fairly clean. and all doing well now. There has not been extensive loss of tissue in any of them - The wound post. axill. fold L arm - is the largest wound and is 3 x 1½ inches irregular in area -

Heart Negative Wassalyan negative

Lungs. Negative -

General Health Good.

10/6/18 X-ray. (Here are 3 small F.B. in neighborhood of axillary border of Scapula. no bony lesion. (w.a. Coghlin)

J. B. Gillies Capt C.A.M.C.

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

(6365) W2944/P438 2,950,000 1/18 McA & W Ltd Forms/I. 1237/13 (E2349) [P.T.O.

OLSEN 3 of

Station and Date.	
June. 13	Wounds cleaning up. Improving. D.B.Green
29	All wounds doing well. Healing. Up in chair every day. D.B.G.
26	All wound healing D.B.Green
July 4.	Improving D.B.Green
10	Healing. D.B.G. 16. Healing. D.B.G.
5-8-18	Wounds healed. W.E.Hamm
10-8-18	For transfer C.C.H. J.Baylor.
16.8.18	To. C.C.H. Hosp., Reichwald

Princess Patricia Canadian Red Cross Hospital,
Cooden Camp, Bexhill.

16 AUG 1918

13.9.18 Discharged to Duty
A.W.Phillips capt RAMC

OLSEN 3

P.878. Extract D.O. No. 1 Unit:- 1st Res Date:-

Reg. No.	Rank	Name	
2020327	PTE	OLSON, I.	Struck off Strength of O.M.F. of C. on transfer to C.E.F. Canada. 1 1 19

Acted on
Ledger Ck.

M. F. W. 54. (A. F. B. 103:
500M.—9-16
H. Q. 1772-39-920.

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

Casualty Form—Active Service.

Unit, Regiment or Corps 1st Depot Battalion, B. C. Regt. C. E. F. 16th Res
VANCOUVER, B. C.

Regimental No. 2020327 Rank Private Name Olsen Ingvald
C. E. F.

Enlisted (a) 3/11/17 Terms of Service (a) ~~6 6 Dys~~ W Service reckons from (a) 3/11/17

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) Civil Fisherman 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	St John. N.B.	18-12-17	
		Disembarked	Glasgow	31/12/17	
	16th Res Bn	Embarked for France			
2- JAN 1918	16th Res Bn	Taken on strength.	Seaford	1- JAN 1918	Pt 2 D.O. 2
15/2/18	16th Res Bn	S.O.S. to 1st Res Bn	Seaford	15/2/18	Pt 2 D.O. 46. Mitchell Lieut. Adjt. 16th. Canadian Reserve Battn
15/2/18	1st Res Bn	TAKEN ON STRENGTH OF 1st CAN. RES. BATTN.	Seaford	15/2/18	Pt 2 D.O. 39
4/8/18	24 Res	PROCEEDED ON DRAFT TO 29 BATT		4.4.18	Pt II 82

CERTIFIED TO BE A TRUE COPY
12 APR 1918
CANADIAN RECORD OFFICE, LONDON.

Captain,
Adjutant, 1st Canadian Reserve Battalion.

(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: 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
5-4-18	2 CMD	Arrived [illegible]		France.	5-4-18	D.O. 3[illegible], 12-4-18.
7-4-18	[illegible]	Left for CCRC 2.		Field.	7-4-18	N.R.
"	CCRC2	Arrived CCRC2.		"	"	N.R.
12-4-18	"	Left for 29th Bn.		"	12-4-18	N.R.
20-4-18	CC.29th.	Arrived 29th Bn.		"	"	B.213.
3-6-18	6 Stat[illegible]	SW Buttocks	Adm	6 Stat[illegible]	3-6-18	F.5104. To Base 3-6-18
4.6.18	12 Gen	Back L. Leg	"	12 Gen.	4.6.18	F.5419.
3-6-18	H.C.F.A.	"	"	H.C.F.A.	3.6.18	F.5513. To C.C.S 3-6-18
8-6-18	12 Gen	"	To	Emg.	8-6-18	F.5519.
"	CC 29	GSW in A-		Fld	3-6-18	B.213.
"	12 Gen.	Invalided GSW & posted to BCR Depot, Seaford, per Ascanibo		Fld.	8-6-18	SD59 d1-19-6-18 W.3083 (5533)
						Mohogan Major for Lt.-Col. A.A.G. Canadian Section G.H.Q. 3rd Echelon B.E.F.
13-6-18	BCRD	To S from 29th Bn		Seaford	10-6-18	P.F.O 143. D. D. Lance Lieut. for Lt Col i/c Records, C.E.F.
16.9.18	BCRD	S.O.S on posting to 1st Res. Bn.		Seaford	13.9.18	P.F. Do 222. [signature] For O.C. B.C. REGT. DEPOT.
16.9.18.	1st Res Bn	TAKEN ON STRENGTH OF 1st CAN. RES. BATTN.		Seaford.	13.9.18	P.F. II. S.O. 223.

SHORT FORM.

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

23-3-37

1. No. 2020327.

2 Rank. Private.

3. Name. Ingvald Olsen.

4. Unit. B.C. Regt.

5 Date of Discharge 4.2.19. Place Vancouver B.C.

6 Reason for Discharge Demobilization.

7. Authority. A.G. Ottawa. Tel. 3502. Ch. A.3.

8. Proposed Residence after Discharge P.O. Bella Coola B.C.

9. CERTIFICATE TO BE SIGNED BY SOLDIER.

I hereby acknowledge that at the undernoted place and date I received my discharge Certificate

M. F. W.? B.34.

I. Olsen

Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Dispersal Station "T" FEB 4 1919 Military District No. 11

Place

Date

Signature W. Grant Capt.

(O. C. Discharging Unit.)

M.F.B. 218a—300M.-11-18—1772-39-113.

Pte, notice Indef 17-3-19 B2

LIST OF DISCHARGE DOCUMENTS.

Attestation Paper, Triplicate	Militia Form W. 23
or Particulars of Recruit	Militia Form W. 133
Field Conduct Sheet	Militia Form W. 178 or A.F.B. 122
Casualty Form	Militia Form W. 54 or A.F.B. 103
Last Pay Certificate	Militia Form W. 44
Certificate that missing documents are unobtainable	
Medical History Sheet	Militia Form B. 313 or A.F.B. 178
Proceedings of Medical Board	M.F.B. 227, A.F.B. 179 or A.F.A. 45
Dental History Sheet	Militia Form B. 465
Medical Report	M. F. W. 129 or D. M. S. 1375
Regimental Conduct Sheet	Militia Form B. 263
Company Conduct Sheet	Militia Form B. 263a

6617

Pte T. Olsen 2020327
L. Sherbden

P P RED X-HP
BEXHILL.