

REGIMENTAL DOCUMENTS

H

NAME *AGGER RALPH*

REGT. NO. *90233*

UNIT *19<sup>th</sup> Res*

H. Q. FILE NO. *2536*

S

CONTENTS

DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

M. F. W. 2505  
REFERENCE

NON-EFFECTIVE BY

DEATH

Category

*K in A.  
29/3/17*

DISCHARGE

Category

DESERTION

- ATTESTATION PAPER (M.F.W. 23, 133, or 51) *3*
- CASUALTY FORM (M.F.W. 54 or A.F.B. 103) *2*
- TRAINING HISTORY SHEET (M.F.W. 113) *Record book*
- 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)
- COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)
- MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178) *2*
- DENTAL HISTORY SHEET (M.F.B. 465)
- MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)
- MEDICAL EXAMINATION (M.F.W. 129)
- TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)
- PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)
- DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)
- LAST PAY CERTIFICATE (M.F.W. 44)
- PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)
- PARTICULARS OF CHARACTER (A.F.W. 3226)
- COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)

*46*

M

H

*1 R 149*

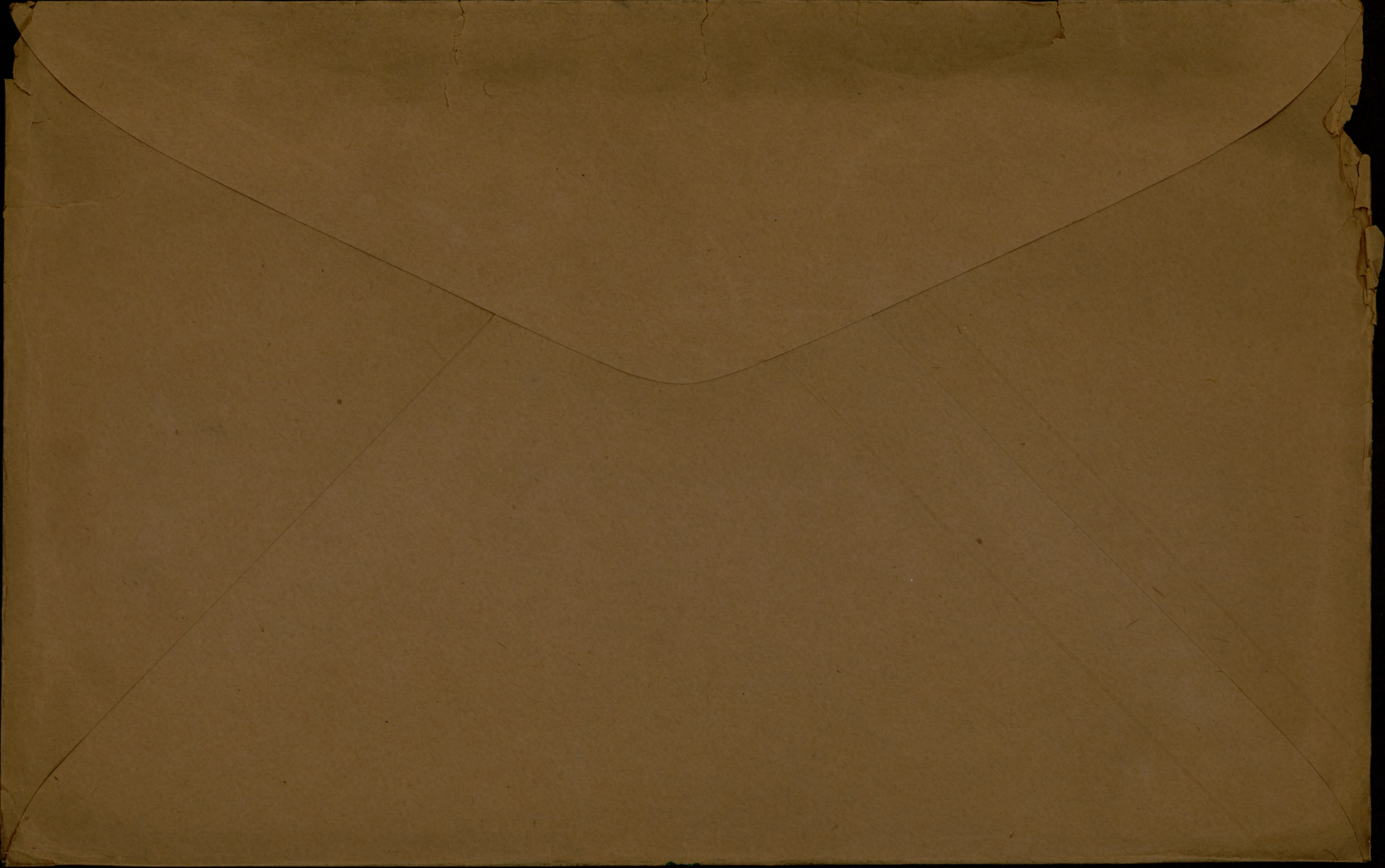
*1 Cas. Card*

*2 R 122*

*Pay sheet*

*4-25  
19-23  
29-25  
1*

M.X.  
11-2-20  
1746



*Revised 15/11/16*

*Original*

# ATTESTATION PAPER.

No. 910233

CANADIAN OVER-SEAS EXPEDITIONARY FORCE



## QUESTIONS TO BE PUT BEFORE ATTESTATION (ANSWERS.)

1. What is your surname?..... *Agger*
- 1a. What are your Christian names?..... *Ralph*
- 1b. What is your present address?..... *1117 Sherburne St, Winnipeg, Canada*
2. In what Town, Township or Parish, and in what Country were you born?..... *Grantchester England*
3. What is the name of your next-of-kin?..... *William Agger*
4. What is the address of your next-of-kin?..... *1117 Sherburne St. Winnipeg, Canada*
- 4a. What is the relationship of your next-of-kin?..... *Father*
5. What is the date of your birth?..... *July 12<sup>th</sup>, 1895*
6. What is your Trade or Calling?..... *Railway Clerk (C.P.R)*
7. Are you married?..... *no*
8. Are you willing to be vaccinated or re-vaccinated and inoculated?..... *Yes*
9. Do you now belong to the Active Militia?..... *no*
10. Have you ever served in any Military Force?..... *no*  
If so, state particulars of former Service.
11. Do you understand the nature and terms of your engagement?..... *Yes*
12. Are you willing to be attested to serve in the }  
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? }..... *Yes*

### DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *Ralph Agger*, 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 *Aug 28<sup>th</sup>* 191*6*. *Ralph Agger* (Signature of Recruit)  
*R. H. Lague* (Signature of Witness)

### OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *Ralph Agger*, 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 *Aug 28<sup>th</sup>* 191*6*. *Ralph Agger* (Signature of Recruit)  
*R. H. Lague* (Signature of Witness)

### CERTIFICATE OF MAGISTRATE.

The Recruit above-named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.

The above questions were then read to the Recruit in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said Recruit has made and signed the declaration and taken the oath

before me, at *Winnipeg* this *28<sup>th</sup>* day of *Aug* 191*6*.  
*R. H. Lague* (Signature of Justice)

Description of Agger, Ralph on Enlistment. \*

Apparent Age 21 years 1 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. 11 ins.

*4 vac marks at arm*

Chest measurement { Girth when fully expanded 35 1/2 ins.  
 Range of expansion 3 1/2 ins.

Complexion Medium

Eyes Light Brown

Hair Light Brown

Religious denominations.  
 Church of England   
 Presbyterian  
 Methodist  
 Baptist or Congregationalist  
 Roman Catholic  
 Jewish  
 Other denominations (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\* Sit for the Canadian Over-Seas Expeditionary Force.

Date Aug 29 1916

*W. S. Paterni*  
*Lieut. U.S. Army*  
 Medical Officer.

Place Winnipeg

\*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.

Ralph Agger 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.

*D. S. Mackay*  
 (Signature of Officer)  
 LIEUT-COLONEL.

Date September 18 1916

196th OVERSEAS BATTALION, C. E. F.

46<sup>th</sup> Battalion 1/17  
19<sup>th</sup> Reserve 1-1-17

# ORIGINAL MEDICAL HISTORY SHEET

Surname Agar Christian Name Ralph

Examined { on 29 day of Aug 1916 Approved by W. J. Faherni  
 at Minneapolis  
 Birthplace { City or Town Grantchester Rank Private M.O.  
 County England

Apparent age 21  
 Trade or occupation Railway Clerk M.O.  
 Height 5 feet 11 Inches M.O.  
 Weight \_\_\_\_\_ lbs. M.O.  
 Chest measurement { Minimum 32 inches M.O.  
 Maximum expansion 35 1/2 inches M.O.  
 Physical development \_\_\_\_\_ M.O.  
 Small-pox Marks \_\_\_\_\_ M.O.

Vaccination Marks { Arm Right Left  
 Number \_\_\_\_\_

Date	Result	VACCINATIONS
<u>Sept 21</u>	<u>Good</u>	<u>Howalker</u>
<u>Oct 13</u>	<u>Good</u>	<u>Howalker</u>

When Vaccinated last \_\_\_\_\_ M.O.  
 (a) Marks indicating congenital peculiarities or previous disease \_\_\_\_\_ M.O.

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>Sept 26</u>	<u>Good</u>	<u>Howalker</u>
<u>Oct 3</u>	<u>"</u>	<u>Howalker</u>
<u>- 12</u>	<u>None</u>	<u>Howalker</u>

(b) Slight defects but not sufficient to cause rejection \_\_\_\_\_ M.O.

Enlisted on 28 day of August 1916 at Minneapolis Minn

	CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment	<u>196<sup>th</sup> O/B.</u>	<u>910233</u>		
Transferred to	<u>46<sup>th</sup> Bn.</u>			

## EXAMINED OR DISCHARGED BY A MEDICAL BOARD

STATION	DATE	DISEASE	RESULT

N.B.—This sheet to be disposed of in accordance with instructions in the Regulations for Army Medical Service, on the man becoming non-effective; the date and cause being stated on next page.



# FORM OF WILL.

I, Ralph Aggar (Name in full)

Regimental Number 910233 serving in 196<sup>th</sup> Battl

of the Canadian Expeditionary Force, do hereby revoke all former Wills by me made and declare this to be my last Will.

I bequeath all my real estate unto

Mrs W. Aggar  
1117 Sherburne St  
Winnipeg } Name and Address of person or persons to whom it is to go.

absolutely, and my personal estate I bequeath to

Mrs W. Aggar  
1117 Sherburne St  
Winnipeg } Name and Address of person or persons to receive personal estate\* (See note).

**IMPORTANT NOTE** this 11<sup>th</sup> day of October A. D. 1915

**This must be Signed and Dated by THE SOLDIER HIMSELF.**

Ralph Aggar Signature of Soldier.

\*N.B.—Personal estate includes pay, effects, money in bank, insurance policy, in fact everything except real estate.

Signed and acknowledged by the Testator as and for his last Will in the presence of us both present at the same time, who in his presence, at his request, and in the presence of each other have hereunto subscribed our names as Witnesses.

Signature of First Witness Ch W. H. Woods

Address of Witness 196<sup>th</sup> Batt<sup>n</sup>

**THE TWO WITNESSES**

Occupation of Witness Soldier

**MUST SIGN HERE**

Signature of Second Witness J. M. Wemyss

Address of Witness 196<sup>th</sup> Batt<sup>n</sup>

Occupation of Witness Soldier

# FORM OF WILL

I, \_\_\_\_\_ of the County of \_\_\_\_\_ State of \_\_\_\_\_ do hereby certify that the foregoing is a true and correct copy of the original of the will of \_\_\_\_\_ made and signed by me on the \_\_\_\_\_ day of \_\_\_\_\_ 19\_\_\_\_.

I declare under oath that the foregoing is true.

Notary Public  
for the State of \_\_\_\_\_  
My Commission Expires \_\_\_\_\_  
D. \_\_\_\_\_

Witness my hand and the seal of my office this \_\_\_\_\_ day of \_\_\_\_\_ 19\_\_\_\_.

Notary Public  
for the State of \_\_\_\_\_  
My Commission Expires \_\_\_\_\_  
D. \_\_\_\_\_

Witness my hand and the seal of my office this \_\_\_\_\_ day of \_\_\_\_\_ 19\_\_\_\_.

Witness my hand and the seal of my office this \_\_\_\_\_ day of \_\_\_\_\_ 19\_\_\_\_.

Witness my hand and the seal of my office this \_\_\_\_\_ day of \_\_\_\_\_ 19\_\_\_\_.

Witness my hand and the seal of my office this \_\_\_\_\_ day of \_\_\_\_\_ 19\_\_\_\_.

Witness my hand and the seal of my office this \_\_\_\_\_ day of \_\_\_\_\_ 19\_\_\_\_.





A.G.R.

Rank Name AGGER, Ralph ✓  
 Unit 196th Bn. If in perm. Corps, }  
 What Unit? }

Reg'l No. 910233 ✓  
 Married or Single Single.

Place and Date of Enlistment Winnipeg, 28th Aug. 1916. ✓ Place of Birth Grantchester, England.

Name and Address, Next-of-Kin William Agger, ✓  
 1117 Sherburne St., Winnipeg, 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 2301  
 File No 25-A1021  
 Category K-179  
 RR-25A1021 11/15/17  
 N/E R.B. 2301  
 17  
 K. in A.

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.				
		Arrived in England.		11-11-16	per S.S. Southland
31-12-16	196th Bn.	S.O.S. To 19th Res. Bn.	Seaford	31-12-16	Pt, 2, D.O. 184
1-1-17	19 Res	T.O.S FROM 196 Bn.	Seaford	1-1-17	Pt, 2, D.O. 1
1-2-17	"	S.O.S. to 46th Bn. (France)	"	1-2-17	D.O. #32
6-2-17	46th Bn.	S.O.S. from 19th Res. Bn.	Field	2-2-17	- " - 25.
11-4-17	46th Bn	Killed in Action	Field	29-3-17	C.P.A. 184
5-4-17	- do -	Killed in Action	- do -	29-3-17	Pt. II. O. 56.

R.F.B. 103 CHECKED  
 5 FEB 1917  
 J.L.



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

*AG*

M. F. W. 54.  
150M. 10-15.  
H.Q. 1772-39-920.

# Casualty Form—Active Service.

Unit, Regiment or Corps 196<sup>th</sup> OVERSEAS BATTALION C.E.F.  
 Regimental No. 910233 Rank PRIVATE Name AGGER, RALPH *Agger, Ralph*  
 Enlisted (a) 28/8/16 Terms of Service (a) 6 mos. after end of war Service reckons from (a) 28/8/16  
 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) RAILWAY CLERK

CERTIFIED CORRECT.  
 8 FEB. 1917  
 CAN. RE. DEPT. L.C. GEN.

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.
	Embarked Halifax	Canada.	1/11/16	
	Arrived Liverpool	England.	11/11/16	
	19 <sup>th</sup> Res. Taken on strength	Seaford	3/12/16	Part Orders #184
	19 <sup>th</sup> Res. Bn	Seaford	1/1/17	Part Orders #184
	19 <sup>th</sup> Res. Bn	Seaford	1.2.17	Part 2 P.O. #32 MR Guinness Major
22/17	209. 46 <sup>th</sup> Bn	Havre.	22/17	nd pt II. 25 of 6. 2. 17.
10/2/17	Joined		9/2/17	B213. 119/19/2/17
31/3/17	Killed in action		29/3/17	letter 16/30. 8/4/17. P.O. 56. 4/4/17.

*W. H. Shatt.*  
 former major saddle lance.

(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, Shoing Smith, etc., etc., also special qualifications in technical Corps duties. [P.T.O.]



Surname  
**Agger**

Christian Name or Names

**R.**

Reg. No.  
**910233**

Rank

Unit

Co.

Troop

Batty.

**Pte.**

**46th. Batt.**

Hospital

Date of Admission

Transferred

Hosp.

Hosp.

Hosp.

Hosp.

Diagnosis

(1)  
Later Diagnosis (if changed)

(2)

(3)

Additional Diagnosis: if more than one state present

**R.F. Base Killed in Action**

**29-3-17**

DISPOSITION

Date

**C.L. 11-4-17**

**A184**

REMARKS

**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.

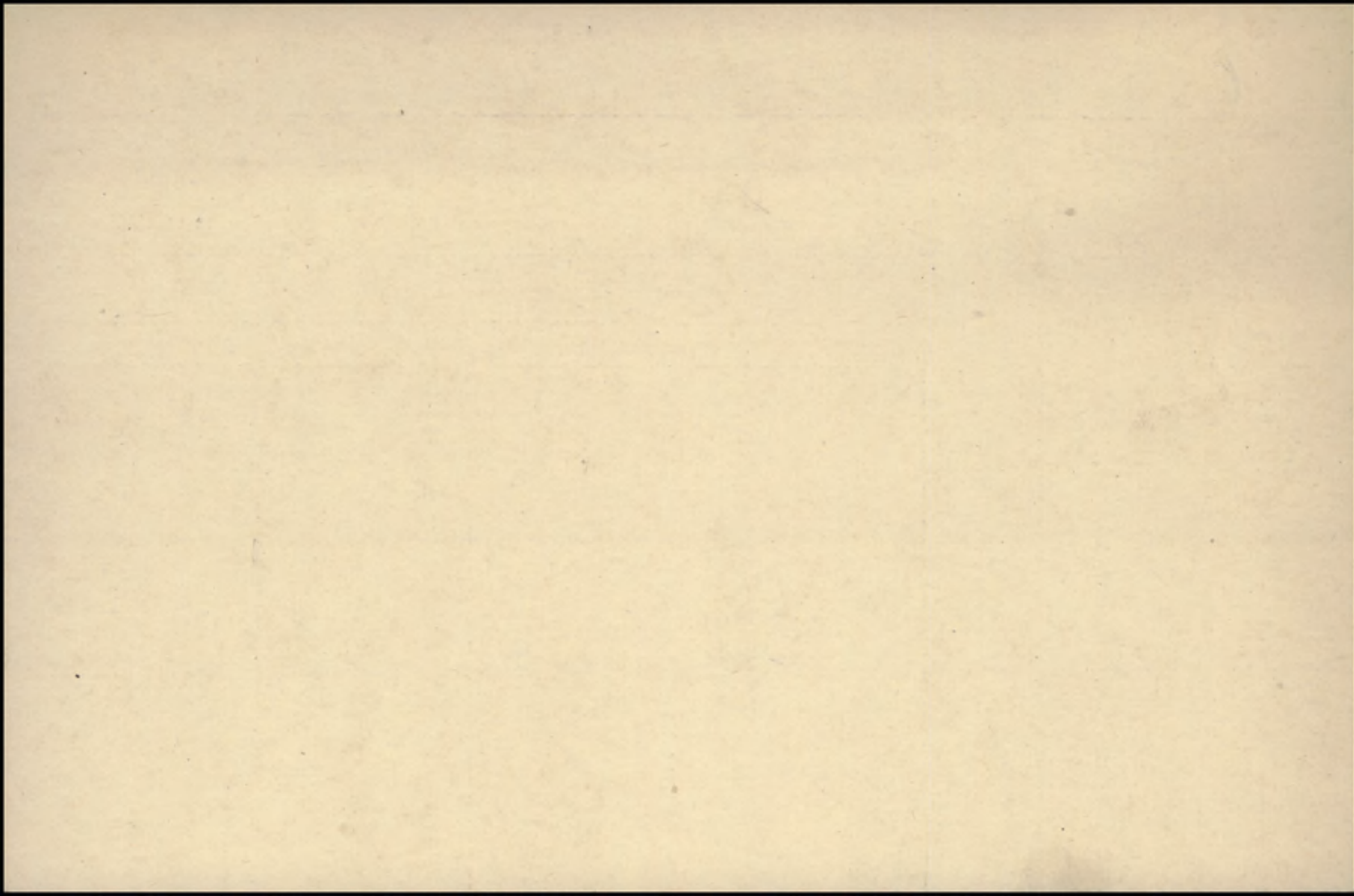
No. 91023 ~~3~~ RANK *Pte.*

NAME *Aggar. Ro.*

T. O. S. *15-9-16* UNIT *196th Battalion*  
*D.O. 105 of 18-9-16*

M. D. *10*

			PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
PAID FROM	PAID TO	SIG. OR REC'T	PARTICULARS	AUTHORITY
<i>1916</i> <i>Sep. 15</i>	<i>1916</i> <i>Sep. 30</i>	<i>✓</i>		
	<i>Oct.</i>	<i>✓</i>		
	<i>Nov.</i>	<i>✓</i>		









REGT'L NO 910233

H. Q. FILE NO. 649-

NAME Agger Ralph.  
RANK AND CORPS Pte 46th Bn

FOLLOWS  
NO. 196th Bn  
FOLLOWS

CABLE

NATURE OF CASUALTY

No.

DATE

to

711485	11-4-17	Killed in action Mar 29th 1917
7320909	Rowen 5-4-17	" " " " " "
France or Belgium (noted 9-6-17)		

LIST No

HOSPITAL

DATE OF  
ADMISSION

REMARKS

A.184

Lept from Bosc

29-3-17

Killed in action

SURNAME.

*Agger (649-a-3736)*

CHRISTIAN NAMES

*Ralph*

FOLL. **D**

REG. No.

*910233*

RANK

*Pte.*

UNIT

*196<sup>th</sup>*

*Bn.*

FORMER CORPS

*nil*

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

*Agger, William*

RELATIONSHIP TO SOLDIER

*Father*

ADDRESS

*1117 Sherburn St; Winnipeg Man.*

COUNTRY OF BIRTH

*England Grantchester*

DATE

*July 12<sup>th</sup> 1895*

PLACE OF ATTESTATION

*Winnipeg, Man.*

DATE

*Aug. 28<sup>th</sup> 1916*

*Sailed from Halifax Prov. S.S.*

*"Southland"*

*31/10/16.*

MARRIED

SINGLE

Yes

WIDOWER

TRADE OR CALLING

Railway Clerk  
C.P.R.

RELIGION

Church of England

DESCRIPTION.

APPARENT AGE

21

YEARS

1

MONTHS

HEIGHT

5-

FEET

11

INCHES

CHEST MEASUREMENT

35- $\frac{1}{2}$

INCHES

EXPANSION

3- $\frac{1}{2}$

INCHES

COMPLEXION

Medium

EYES

St. Brown

HAIR

St. Brown

DISTINGUISHING MARKS

4 face. marks, Rt. arm.

MEDICAL EXAMINATION.

PLACE

Winnipeg Man.

DATE

Aug. 29<sup>th</sup> 1916

Present address 1117 Sherburn St. Winnipeg, Man.

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
com.			
Number. 910.233		Rank. Pte.	
Surname. AGGER			
Christian Names. Ralph			
Unit. 4. Co. Dr. Bn. Can. Theatre of War. France			
Date of Service. 1-2-17. D			
Remarks.			
Latest Address.	Mrs. H. Agger (m) 1117 Sherburn St. Winnipeg, Man.		
Roll No.	B Page 3333		

B  
V

NAME

REGT. No.

RANK AND UNIT

NEXT OF KIN

CABLE.

NATURE OF CASUALTY

No.

DATE

MAY 3 - 1918

*Def*

*S. 16818*



AGGER, Pte. Ralph - #910233

MEDALS: Mrs. H. Agger,  
1117 Sherburn St.,  
Winnipeg, Man.

(MOTHER)

P. & S. W. Agger, Esq.  
~~1117 Sherburn St.~~  
Winnipeg, Man.

*City Storekeeper's Office, 30/6/21 hmk.*  
(FATHER)

*(Serial no. 750537)*

~~1117 Sherburn St.~~ *For Ross & Secunach St.*  
Scroll Desp. *5-11-20* Reqn. No. *287*

C. OF S. MOTHER (AS ABOVE)

Plague Desp. **APR 13 1922** *P 95334*  
Reqn. No. \_\_\_\_\_

*9 2 / 20*

*OK*

Q. 1315.

MILITIA AND DEFENCE  
ASSIGNED PAY  
OVERSEAS CONTINGENTS

19<sup>th</sup>  
P  
W50

M. F. W. 12.  
50m.—6-16.  
H. Q. 1772-39-819.

356

*Mrs*  
To Whom *Cecil Agger*  
Address *1117 Shurburn St.*  
*Winnipeg*  
*Man*

By Whom Assigned *Agger, Ralph*  
Regtl. No. *910233*  
Rank *Pt*  
Corps *196<sup>th</sup> Batt. C.E.F.*

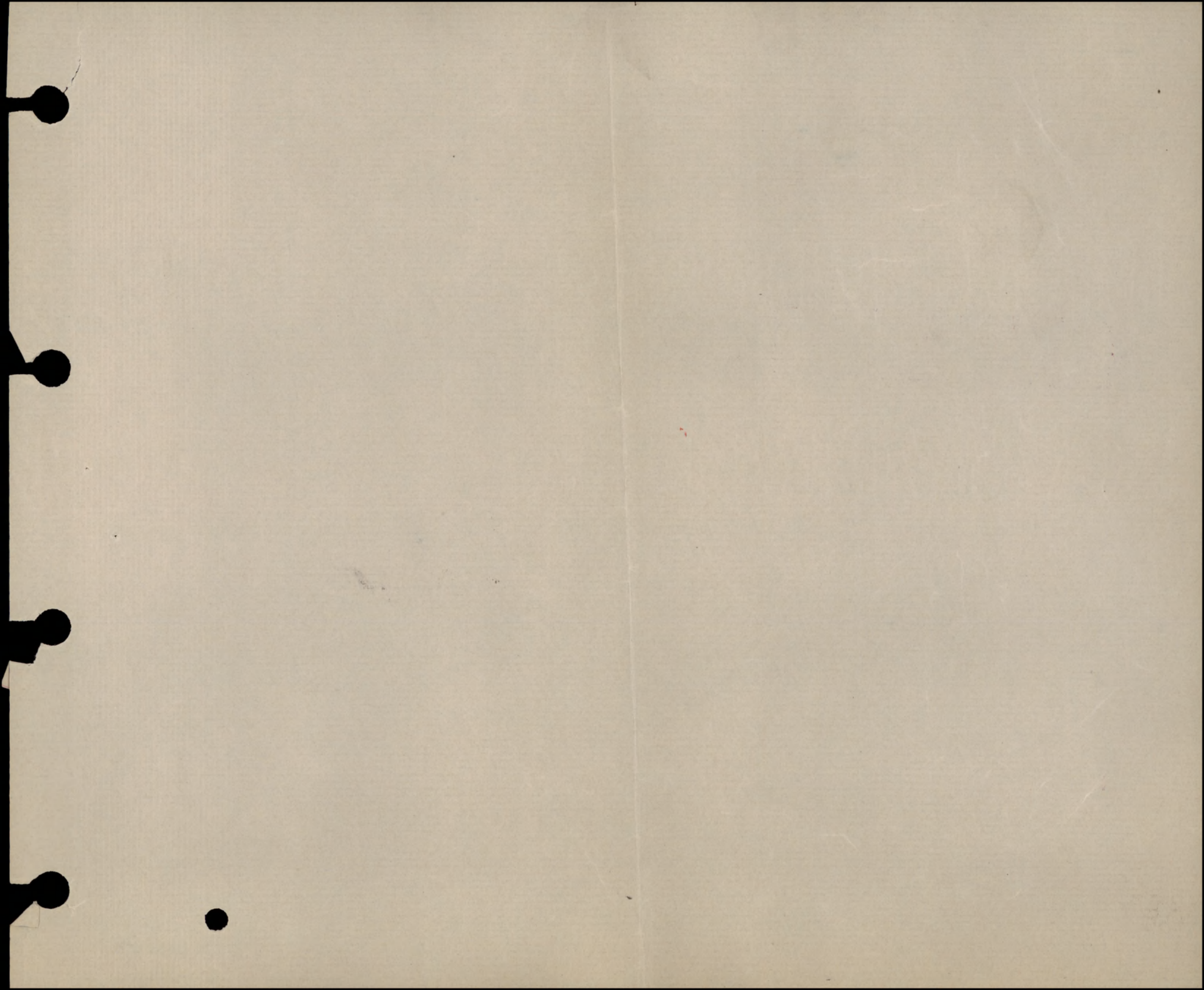
Rate *\$15.-*

NOV 1 1916

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			<i>Stop Payment 1/5/17 - Killed in Action</i> <i>3-M-16/4/17 - Rev noted by Cas. AG. 11/5/17.</i>
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				

Pensions Notified DATE *22-4-17*  
*Chapman* *25/4/17*  
 Killed in Action DATE *19-3-17*  
*22-4-17*  
*2(2) 12-4-17* *EA Bradley*



MILITIA AND DEFENCE  
**ASSIGNED PAY**  
 OVERSEAS CONTINGENTS

M. F. W. 12a.  
 50m.-7-16  
 1772-39-819.

Sheet No. 2. *Mrs Cecil Agger*  
 (Assignee)

PAYMENTS.

Name of Soldier *Agger, Ralph*  
 # *910233*

*1917*  
*P. Agger*  
*196 Batts*  
*357*  
*Plt*

L. L. Job 5470—Req. 6888.

Month.	Year.	Cheque No.	Amt.	Remarks.
				<i>\$15.-</i>
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.	<i>1915</i>	<i>a 33449</i>	<i>15</i>	<i>✓</i>
Dec.		<i>V 34830</i>	<i>15</i>	
Jan.	<i>1917</i>	<i>D 36946</i>	<i>15</i>	<i>90</i>
Feb.		<i>D 42478</i>	<i>15</i>	<i>15. juv</i>
March		<i>19 43571</i>	<i>15</i>	<i>15. juv</i>
April		<i>E 3</i>	<i>15</i>	<i>15. acct closed bas 22-4-17 E. S. Bradley</i>
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

F. X. Rend. Date *11/17* By *[Signature]*  
 E. F. X. " Date *11/17* By *[Signature]*

MILITIA AND DEFENCE  
**ASSIGNED PAY**  
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier \_\_\_\_\_

**PAYMENTS.**

Month.	Year.	Cheque No.	Amt.	Remarks.
Aug.	1918			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1919			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1920			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				



