

B.C.R.M.

ATTESTATION PAPER.

1st Depot Batt'n. 1st C.O. Regt.

No. 3031938

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- 1. What is your surname?..... HANSSON.
- 1a. What are your Christian names?..... Karl Algot Christian.
- 1b. What is your present address?..... R.F.D.#2. Argentine, Kansas, U.S.A.
- 2. In what Town, Township or Parish, and in what Country were you born?..... Winnipeg, Manitoba, Canada.
- 3. What is the name of your next-of kin?..... Matilda Hansson.
- 4. What is the address of your next-of-kin?..... 46 A. Almanna Vagen, Guttenburg.
- 4a. What is the relationship of your next-of-kin?..... Mother. 18 Sweden.
- 5. What is the date of your birth?..... February 26th, 1887.
- 6. What is your Trade or Calling?..... Hoisting Engineer. 31
- 7. Are you married?..... Single.
- 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. Naval or.
- 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.
- 13. Have you ever been discharged from any Branch of His Majesty's Forces as medically unfit? .. No.
- 14. If so, what was the nature of the disability? ..
- 15. Have you ever offered to serve in any Branch of His Majesty's Forces and been rejected?..... No.
- 16. If so, what was the reason?.....

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Karl Algot Christian Hansson, 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.

Karl Algot C. Hansson (Signature of Recruit)

Date January 2nd, 1918. 191

(Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Karl Algot Christian Hansson, 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.

Karl Algot C. Hansson (Signature of Recruit)

Date January 2nd, 1918. 191

(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 Toronto, Canada, this 2nd day of January, 1918. 191

(Signature of Justice)

23  
28  
3  
36

67

Description of Karl Algot Christian Hansson on Enlistment.

Apparent Age.....30.....years 11.....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. 5 1/2 ins.

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

Complexion.....Medium

Eyes.....Blue

Hair.....Brown

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

Scar on groin. Tattoo left forearm. Cross. Mother. Tattoo right, Anchor.

Hearing, O. K. V-R.20. L.20  
 Throat, O. K. Deviated septum  
 Pyorrhoea. Bad teeth.

CERTIFICATE OF MEDICAL EXAMINATION.

I have examined the above-named Recruit and find that he does not present any of the causes of rejection specified in the Regulations for Army Medical Services.

He can see at the required distance with either eye; his heart and lungs are healthy; he has the free use of his joints and limbs, and he declares that he is not subject to fits of any description.

I consider him\*.....Fit.....for the Canadian Over-Seas Expeditionary Force.

Date.....January 2nd, 1918.....191

Place.....Toronto, Canada.....

DECLARED FIT BY MEDICAL BOARD  
 TORONTO MOBILIZATION CENTRE  
Ear Hardy M.O.  
 Medical Officer

\*Insert here "fit" or "unfit."

NOTE.—Should the Medical Officer consider the Recruit unfit, he will fill in the foregoing Certificate only in the case of those who have been attested, and will briefly state below the cause of unfitness:—

CERTIFICATE OF OFFICER COMMANDING UNIT.

.....Karl Algot Christian Hansson.....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.

Geo. Mitchell Major (Signature of Officer)

Date.....JAN 4 - 1918.....191

for C. C. 1st Depot Bn., 1st C. O. R.

REGIMENTAL DOCUMENTS

NAME HANSON KARL A.C. REGT. NO. 3031938 UNIT 1/1 C.O.P. H. Q. FILE NO. \_\_\_\_\_

(H)

(S)

(M)

(H)

CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
ATTESTATION PAPER (M.F.W. 23, 133, or 51)				07435	DEATH
CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category
TRAINING HISTORY SHEET (M.F.W. 113)					
FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
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)					DISCHARGE
DENTAL HISTORY SHEET (M.F.B. 465)					Category
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)					DESERTION
LAST PAY CERTIFICATE (M.F.W. 44)					
PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					4 <sup>th</sup> C.O.P.
PARTICULARS OF CHARACTER (A.F.W. 3226)					
COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
<i>has been photo will 1/1/22</i>					(2)
					3-29
					22-29
					26 29

*MX 90  
30/8/20*



*yes*  
*4466*

Number *3031938* Rank *Plö.*

Surname *HANSSON*

Christian Name *Karl Algot Christian*

Units *4th C.M.P.* Theatre of War *France*

Date of Service *12/8/18*

Remarks *(M) Mrs. Mathilda Hansson,*

Latest Address *Grona gat 9 maj.  
Gothenburg, Sweden*

Roll No. *B. Page 17150.*

*[Handwritten signature/initials]*

*D*

Handwritten red scribbles at the top of the page.

WEST  
JUL 28 1922  
REGN. NO. 46729

NAME *Hansson pte K.A.C.* <sup>Kant Capt. Frisian</sup> REG. NO 3031938 FILE NO.

DATE IN

DATE OUT

P.A. OR B.F.

DATE REQUIRED *H. C. M. A.* REMARKS *M*

*Not eligible for Star 1914/15*

*6315*

medals + mother Mrs Mathilda Hansson  
Decorations Brona gat 9 may

scroll Desp. III 10 1921 Regn. No Gothenburg

*2.58038. Sweden*

Plaque Desp. *SEP 24 1921* Regn. No *P 8687*

Plaque to mother as above

*(Ser. # 786861.)*

memorial mother as above

Brona

*mourning*

*a*

*Se*

Desp MAY 5 1920 *66627*

M



33972

9

REG. NO. 3031938.

NAME Hansen. C.  
(SURNAME FIRST)

RANK Pte

CORPS 1st C.O.R.

AGE 30.

SERVICE ✓

NAME OF HOSPITAL Base

PLACE Toronto out-

DATE OF ADMISSION 8-1-18.

DISEASE Prostatitis

DISCHARGE 5-3-18.

OPERATION

DISCHARGED TO DUTY yes

TRANSFERRED TO

DISCHARGED BY MEDICAL BOARD

REMARKS .....

NAME  
RANK AND CORPS

REGT'L. No.

303/1938

H.Q. FILE No. 649

FOLLOWS

NO.

FOLLOWS

CABLE

No. 7-3. DATE

NATURE OF CASUALTY

Sweden.

1st Dep Co

Q565-25-918  
H9327 24-918  
W.S.M. 2-3  
C.126. 12-12-18.

Killed in action Sept. 16th 1918.

Ref. your tel. 4940 with regard to, death confirmed by Officer Commanding full enquiries have been made.

S. 1553. 18-11-18 Enq Mr. Beaton Saab Branch

LIST No.

HOSPITAL

DATE OF  
ADMISSION

REMARKS



Surname

Christian Name or Names

Reg. No.

HANSSON

K. A. C.

3031938.

Rank

Unit

~~5051103m~~

Pte.

1Co. 4CMR.

Cas. List.

24-9-18. A327

~~RFB. KILLED IN ACTION~~

~~16-9-18~~ 4

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

Cas. List.

16  
9/18  
D

2

CARD NO.

4

SURNAME. *Hansson,*

CHRISTIAN NAMES *Karl Algot Christian*

REGL. NO. *3031938* RANK *Pte.*

UNIT *1st Cen. Ont. Regt. 1st Depo. Bn.*

FORMER CORPS *Nil.*

FOLL.

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL *Hansson, Mrs. Matilda*

RELATIONSHIP TO SOLDIER *mother*

ADDRESS *46 A. Almannavagen  
Guttenburg, Sweden.*

COUNTRY OF BIRTH *Canada. Winnipeg Man.* DATE *Feb. 26<sup>th</sup> 1887*

PLACE OF ATTESTATION *Toronto, Ont.* DATE *Jan. 2<sup>nd</sup> 1918.*

*O/S. 25-318  $\frac{1125}{5}$*

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







No. 50 31938 RANK 176-

NAME Hansson Karl Algot Christae

T. O. S. In. From:

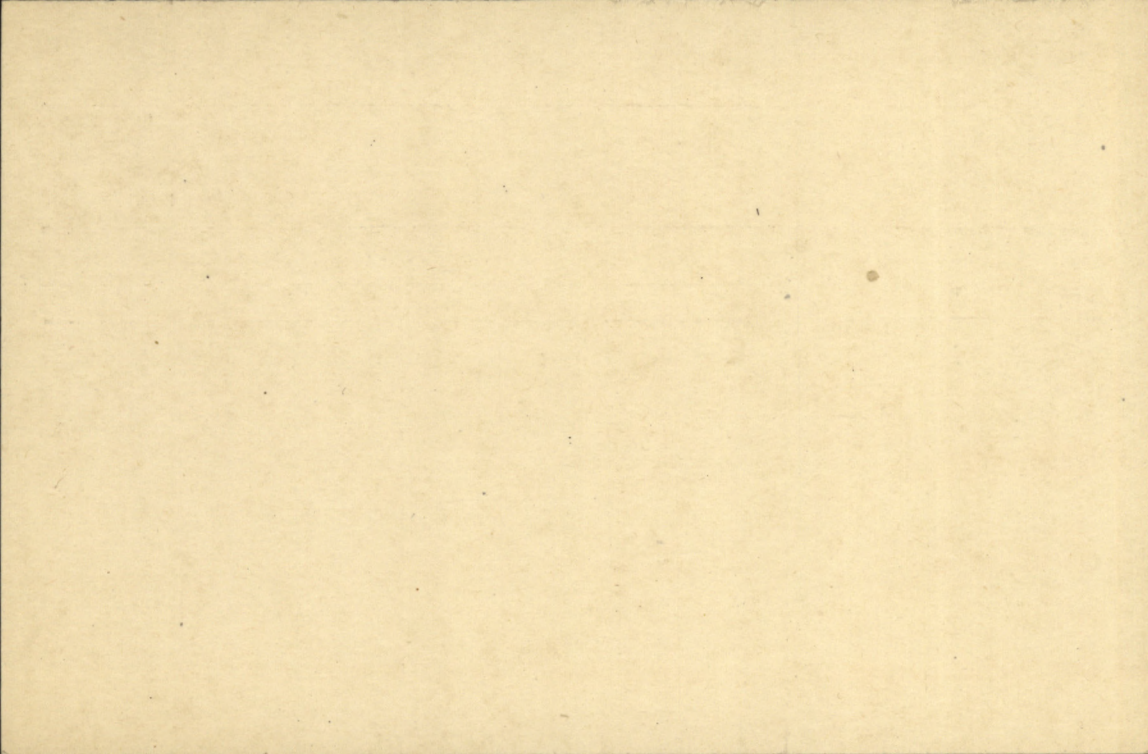
UNIT

1st Depot Battalion 1st C. O. R.

T. W. C. 4. 1. 18 D. O. 7. 2. 18

M. D. 2

			PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
PAID FROM	PAID TO	SIG. OR REC'T	PARTICULARS	AUTHORITY
1918 Jan. 6	1918 Jan. 31			



# FORM OF WILL

*H. Can M.R.*

I, Carl Algot Christian Hansson (Name in full)

Regimental Number 3031938 serving in

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

RECORDS REGISTRY O.M.F. OF C.	
GREEN ARBOUR HOUSE,	
OLD BAILLY, LONDON, E.C. 4.	
REF TO <u>R2 B5</u>	
30 OCT. 1918	
C/O	L/R
FILE CHARGE	SINCE

I devise all my real estate unto

.....  
.....  
.....

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

absolutely, and my personal estate I bequeath to

Mrs Matilda Hansson  
Allmanavägen 46a  
Gothenburg Sweden

Name and Address  
of person or  
persons to receive  
personal estate\*  
(See note).

### NOTE

This space for the appointment of Executor if necessary.

### IMPORTANT NOTE

this 9 day of March A.D. 1918  
This must be signed and Dated by  
THE SOLDIER C.A.C. Hansson Signature of Soldier.  
HIMSELF.

\*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.

*Certified as a true copy of the original will of*

Signature of First Witness A. Buffin Sgt

Address of Witness 1206 Dufferin St Toronto *for Lt.-Col. i/o Estates*

THE TWO WITNESSES

Occupation of Witness Accountant.

MUST SIGN HERE

Signature of Second Witness F.R. Brown

Address of Witness 454 Clendenan Ave Toronto.

Occupation of Witness Manufacturers Agent.

*24*

REGISTERED
WILLS SECTION
28 OCT 1918
ESTATES, O.M.F.C., LONDON

FORM OF WILL

I, the undersigned, being of sound mind and memory, do hereby declare that the following is my last will and testament.

First, I give, devise and bequeath unto my wife, the sum of ten thousand dollars.

Secondly, I give, devise and bequeath unto my children, the sum of five thousand dollars each.

Thirdly, I give, devise and bequeath unto my children, the sum of five thousand dollars each.

Fourthly, I give, devise and bequeath unto my children, the sum of five thousand dollars each.

Fifthly, I give, devise and bequeath unto my children, the sum of five thousand dollars each.

Sixthly, I give, devise and bequeath unto my children, the sum of five thousand dollars each.

Seventhly, I give, devise and bequeath unto my children, the sum of five thousand dollars each.

Eighthly, I give, devise and bequeath unto my children, the sum of five thousand dollars each.

Ninthly, I give, devise and bequeath unto my children, the sum of five thousand dollars each.

Tenthly, I give, devise and bequeath unto my children, the sum of five thousand dollars each.

Eleventhly, I give, devise and bequeath unto my children, the sum of five thousand dollars each.

Twelfthly, I give, devise and bequeath unto my children, the sum of five thousand dollars each.

Thirteenthly, I give, devise and bequeath unto my children, the sum of five thousand dollars each.

Fourteenthly, I give, devise and bequeath unto my children, the sum of five thousand dollars each.

Fifteenthly, I give, devise and bequeath unto my children, the sum of five thousand dollars each.

Sixteenthly, I give, devise and bequeath unto my children, the sum of five thousand dollars each.

Seventeenthly, I give, devise and bequeath unto my children, the sum of five thousand dollars each.

Eighteenthly, I give, devise and bequeath unto my children, the sum of five thousand dollars each.

Nineteenthly, I give, devise and bequeath unto my children, the sum of five thousand dollars each.

Twentiethly, I give, devise and bequeath unto my children, the sum of five thousand dollars each.

Twenty-firstly, I give, devise and bequeath unto my children, the sum of five thousand dollars each.

Twenty-secondly, I give, devise and bequeath unto my children, the sum of five thousand dollars each.

Twenty-thirdly, I give, devise and bequeath unto my children, the sum of five thousand dollars each.

Twenty-fourthly, I give, devise and bequeath unto my children, the sum of five thousand dollars each.

Twenty-fifthly, I give, devise and bequeath unto my children, the sum of five thousand dollars each.

Twenty-sixthly, I give, devise and bequeath unto my children, the sum of five thousand dollars each.

Twenty-seventhly, I give, devise and bequeath unto my children, the sum of five thousand dollars each.

Twenty-eighthly, I give, devise and bequeath unto my children, the sum of five thousand dollars each.

Twenty-ninthly, I give, devise and bequeath unto my children, the sum of five thousand dollars each.

Thirtiethly, I give, devise and bequeath unto my children, the sum of five thousand dollars each.

Thirty-firstly, I give, devise and bequeath unto my children, the sum of five thousand dollars each.

Thirty-secondly, I give, devise and bequeath unto my children, the sum of five thousand dollars each.

Thirty-thirdly, I give, devise and bequeath unto my children, the sum of five thousand dollars each.

Thirty-fourthly, I give, devise and bequeath unto my children, the sum of five thousand dollars each.

Thirty-fifthly, I give, devise and bequeath unto my children, the sum of five thousand dollars each.

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

## Casualty Form—Active Service.

Unit, Regiment or Corps

1st DEPOT BATTALION  
1st C.O.R.Regimental No. 3031938 Rank Private Name HANSSON, Karl Algot Christian

C. E. F.

Enlisted (a) 2/1/18 Terms of Service (a) 10 yrs Service reckons from (a) 2nd January, 1918Date of promotion to } Date of appointment } Numerical position on }  
present rank } to lance rank } roll of N. C. Os. }Extended ..... Re-engaged ..... Qualification (b) Hoisting Engineer

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				

Embarked Canada

25-3-18.

Arrived England

✓ 3-4-18.

C. 3rd. T.O.S. from Canada,  
Res. Bn.

Witley.

✓ 4-4-18. Pt. 11. D. O. 95.

O.C. 3rd

Res. Bn. C.E.F.

Transferred to

Pt. 11. Bn. O.

224

G.C. 3RD RESERVE BN. C.E.F.

Lt. Col.

13-8-18	CIBD	Landed & T.O.S. 4th C.M.R. Bn	13-8-18	NR.1347.	DO 99
15-8-18	do	Left for C.G.R.C.	Field	15-8-18	NR.1347
15-8-18	CCRC	Joined CCRC <del>XXXX</del>	do	15-8-18	NR.1255
17-8-18	do	Left for Unit	do	17-8-18	NR.1391
	4th CMR	Joined Unit	do		B.213

(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.

CERTIFIED CORRECT.

16 AUG. 1918

CAN. RECORDS LONDON.

Casualty Form - Active Service

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
17-9-18	4th CMR	KILLED IN ACTION (SW. Head & Neck)		16-9-18	letter. (K.I.17-1159)
					<p style="text-align: center;"><i>R. Davies</i>                      Lieutenant,                      for Lt.-Col., A. A. G.                      Canadian Section, G. H. Q. 3rd Echelon, B. E. F.</p>



B. C. R. M.

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 Hansson. Christian name Karl Algot Christian.  
2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule.  
3. Consecutive number on schedule of men reporting for service (if he appears on it)  
4. Address (including street and number, if any) R.F.D.#2. Argentine, Kansas. U.S.A.

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 2nd day of January, 1918, by the undersigned medical board sitting at Toronto, Canada.

5. Age as stated 30 Years 11 Months. 6. Apparent age 30 Years 11 Months  
7. Height 5 Feet 5 1/2 Inches. 8. Weight 124 1/2 Pounds.  
9. Chest measurement { Minimum 31 1/2 Ins. Maximum 35 Ins. 10. Complexion Medium { Eyes Blue. Hair Brown.  
11. Physical development Fair. { Good Fair Poor 12. Smallpox marks Nil.

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 Deviated septum. Pyorrhoea. Bad teeth.

16. Slight defects but not sufficient to cause rejection Hearing, O. K. V-R.20. L.20.

The man denies having had { Rheumatism Tuberculosis Syphilis We find no evidence of past { Rheumatism Tuberculosis Syphilis Throat, O.K.  
(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  
17. (a) Vision R. L. (b) Hearing. R. L.

W. Robertson Member. W. Ameljan Member. W. Robertson President.

Date	Result	VACCINATIONS	Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>18/3/18</u>	<u>Good</u>	<u>Shoulder</u>	<u>9/3/18</u>	<u>Shoulder</u>	<u>M.O.</u>
		<u>apt</u>	<u>18/3/18</u>	<u>Shoulder</u>	<u>M.O.</u>
			<u>25/3/18</u>	<u>Shoulder</u>	<u>M.O.</u>

Joined 2nd day of January, 1918 at Toronto, Canada.

	CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment	<u>1st Depot Bn.</u>	<u>3031938</u>		
Transferred to	<u>1st C.O. Regt.</u>			<u>4/4/18</u>
	<u>2nd Bn.</u>			

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 Karl Algot Christian Hansson



ET.

Rank                      Name HANSSON, Karl Algot Christian Reg'l No. 3031938  
 Unit 9th Dft 1st Bn 1st Cen Ont If in perm. Corps, }  
 What Unit? }

Married or Single Single.  
 Place of Birth Winnipeg, Man. Canada.

Place and Date of Enlistment Toronto, January 2nd, 1918.

Name and Address, Next-of-Kin Matilda Hansson,

46, A. Almann Vagen, Guttenburg, Sweden. Relationship Mother.

Assigned Pay Monthly \$                      Payable to                     

Relationship                     

Separation Allowance \$                      Payable to                     

Relationship                     

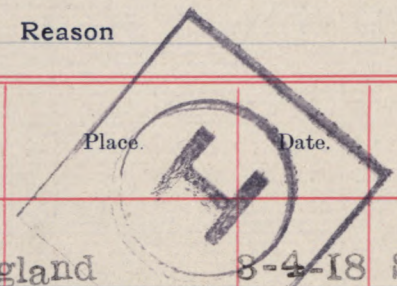
N/E. R.B. No. 14625  
 File R.L. 25-H-4667  
 Category Amia



Discharge, Date and Place                      Reason                      Character                     

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.				
<u>5-4-18</u>	<u>3rd Res.</u>	<u>Arrived in England</u>	<u>Pt. Willey</u>	<u>8-4-18</u>	<u>S/S MASSANABIE</u>
<u>12-8-18</u>	<u>2Res</u>	<u>SOS to ACMR of S</u>	<u>                    </u>	<u>14-4-18</u>	<u>D.O. 95</u>
<u>21-9-18</u>	<u>4CMR</u>	<u>Killed in Action</u>	<u>Pt Field</u>	<u>16-9-18</u>	<u>Pt 121</u>

A.F.B. 103 CHECKED  
16 AUG. 1918







NUMBER 2031938

RANK Pte.

NAME HANSSON. H.A.L.

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
31/12/19				Brought forward					59 20		
31/12/19	Int. on def. pay to 31/1/19.	- 94							60 14		
1919		94									
May				cheque 5326 - 25/4/19.	60 14				Nil		
					60 14						

Stmnt. of a/c ready to Estates Bch, 14/5/19, \$60.14 Credit

Date of Enlistment

7/2/18

MILITIA AND DEFENCE

American Account

Date of Assignment

# Separation and Assigned Pay Branch

H

2196 April 1918

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

10.00			
-------	--	--	--

861045  
E

## PARTICULARS OF SEPARATION ALLOWANCE

## PARTICULARS OF ASSIGNMENT

No. 3031938

Rank *Pte.* Promoted Reverted Discharge

Soldier's Name *K. A. C. Hansson*

Battalion *1st Depot Bn 1st C.O.R. Dpt 9*

Beneficiary

Relationship

Address

Name

Address

Change of Address

1

2 CALVIN WILSON,  
ARGENTINE STATION, R.F.D.#2, BCX 71,  
KANSAS CITY, KANSAS, U.S.A. 10 10.00

3 % 3031938 PTE K.A.C. HANSSON

4 TEN DOLLARS

Date	Cheque No.	Amount S/A	Amount A/P	Total	
April 4	9638		10.	10	A
May 13	12076		10	10	A
June 7	10887		10	10	A
July 7	22044		10	10	A
Aug 7	34307		10	10	A
Sept 7	47816		10	10	A
			60	60	A

REMARKS

KILLED IN ACTION }  
DIED OF WOUNDS } DATE 16-9-18  
C. L. No. 313 DATE 26-9-18  
M.R.O. 42116 TO DESTROY RENDERED 1-10-18  
B. P. C. FORM 1 & C F X COMPLETED ON FILE  
7946-163  
CLERK *H. A. ...* DATE 1-10-18

AUTHORITY  
FOR  
NEW ACCT.

M. F. W. 128-1141  
L. I. 22320-M. & D. 7993

AUTHORITY  
FOR  
NEW ACCT. *M. A. 2/13/18  
254-18  
A. H. ...*

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

PARTICULARS OF ASSIGNMENT

No.

Name

Rank

Promoted

Reverted

Discharge

Address

Soldier's Name

Change of Address

Battalion

1

Beneficiary

2

Relationship

3

Address

4

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

M. F. W. 128.  
 4000. 6-7-1-72-35-1141  
 L. L. 22220-M. & D. 1953.



3031938

No.

Name

Hannson K. H. B.

Sqn., Batty., or Company

Corps

~~1st U.S. Cav.~~  
H. Co. M. S.

Date of enlistment

Jan 2nd 1918 G.C. Badges

Service or Proficiency Pay

Date of last entry in Company Conduct Sheet

No. and date of last drunk

Period not reckoning towards freedom from extra fine

Sheet No.

one

Signature O.C. Company, etc.

John B. Stewart  
Character Good

Place	Date of offence	Rank	Cases of Drunkenness	Offence	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	Remarks
				Trans. to H. Co. M. S. Bn. Killed in action 16-7-18			12-8-18	A. B. Harris	Lt. Col.
								O.C. 3rd RESERVE BN. C.E.F.	

ARMY FORM B. 122



He is

Fit for Category

*A*

*100*

Glasses have

*not*

Condition was

present before enlistment and is

*not applicable*

Recommend patient for

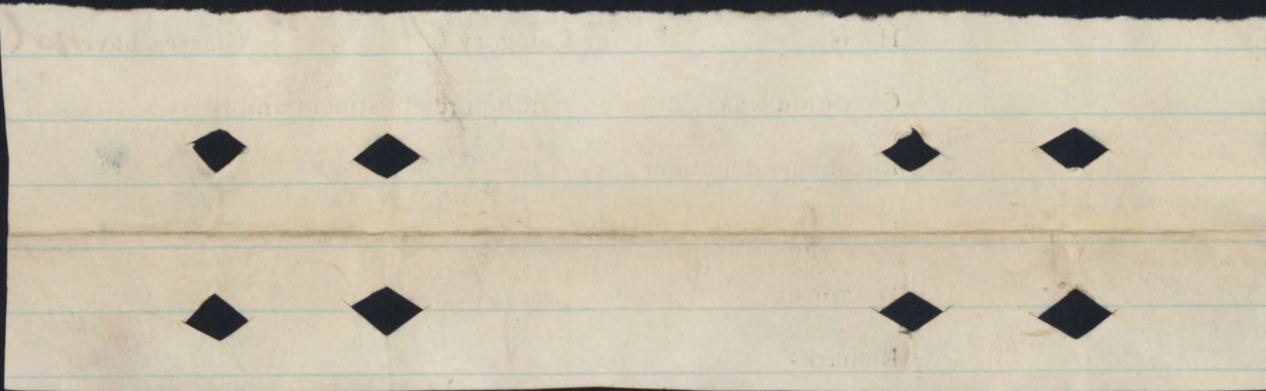
Disability from Eyes

*nil*

Diagnosis

*Hypertropia - Astigmatism*

Remarks



BASE HOSPITAL, TORONTO

MEDICAL CASE SHEET

VENEREAL

*Chronic*  
~~2288~~  
~~416~~ / ~~2-83~~  
 Unit *1st COR*  
*Enlist.*  
 Case Number *8784*

Reg. No. *3031938*. Rank *Plt.* Name *Hanson. E. 224*  
 Age *30* Married or Single  
 Diagnosis *Prostatitis* Admitted *8/1/18*. Discharged Result

HISTORY

No. of previous attacks *Denies.*  
 Where and when acquired *Feb 26-1917*  
 Date and character of symptoms *Discharge 7/1/18.*

Date	Days of Disease	Smear	URINE		Dis-charge	Med.	Irr.	INJECTION	SEALS	Mas-sage	Sound	REMARKS
			1st	2nd								
			<i>No. discharge at time of wounds. dried. Smear ordered.</i>									
<i>9.</i>			<i>10% Arg. + 10% i.c.</i>									
			<i>No. burning.</i>									
<i>11</i>	<i>II</i>		<i>sp. cl</i>									
<i>11</i>			<i>few fus cells, few epith cells,</i>									
<i>12</i>			<i>cl cl</i>									
<i>13</i>			<i>sp sh cl</i>									
<i>14</i>			<i>cl cl</i>									
<i>15</i>			<i>cl cl</i>									
<i>15</i>	<i>SM</i>		<i>very many fus cells, many epith cells.</i>									
<i>16</i>			<i>cl cl - Arg. + 8%.</i>									
<i>17</i>			<i>sp sh cl</i>									
<i>18</i>			<i>sp sh cl</i>									
<i>21</i>			<i>Arg. 20%</i>									
<i>22</i>			<i>cl cl</i>									
<i>23</i>			<i>sp sh cl</i>									
<i>24</i>			<i>cl cl</i>									
<i>25</i>			<i>cl cl</i>									
<i>25</i>	<i>D</i>		<i>very many fus cells few gran few cocci</i>									
<i>26</i>			<i>very epith cells</i>									
<i>26</i>			<i>cl cl</i>									
<i>29</i>			<i>cl sh, Arg. 20% and fus. 5%</i>									
<i>31</i>			<i>cl cl</i>									
<i>Jan 1.</i>	<i>M.</i>		<i>left lobe enlarged soft.</i>									
<i>2</i>			<i>cl cl</i>									
<i>2</i>	<i>P</i>		<i>many fus, many epith.</i>									
<i>4/4/18.</i>			<i>Prostate 1: 8000.</i>									
<i>5</i>			<i>sp sh cl</i>									
<i>7</i>	<i>P.M.</i>		<i>cl. Prostat - left lobe hard - no enlargement.</i>									
<i>7</i>	<i>OP</i>		<i>sh. cl. Prostat - left lobe hard - no enlargement.</i>									
<i>7 1/2</i>	<i>II</i>		<i>many fus cells, very many epith cells, few gran - cc cocci, few + cocci.</i>									

Rank

Reg. No.

*33972*

VENEREAL

Reg. No.

Rank

Name

Unit

Age

Married or Single

Diagnosis

Admitted

Discharged

Result

*Pte* *Hanson C*

*8/1/18*

*1st Co. C.R.*

Case Number  
Name

HISTORY

No. of previous attacks

Where and when acquired

Date and character of symptoms

Date	Days of Disease	Smear	URINE		Dis-charge	Med.	Irr.	INJECTION	SEALS	Mas-sage	Sound	REMARKS
			1st	2nd								
<i>Feb 14</i>			<i>Edm</i>									<i>No Structure</i>
												<i>left enlarged &amp; soft</i>
												<i>P - few pus, many epith cells, few gran + bacilli</i>
												<i>15 P - few epith cells, many gran + cocci</i>
												<i>16 opsh, cl</i>
<i>Feb 18</i>												<i>both large firm</i>
												<i>19 opsh</i>
												<i>19 P - few pus, few epith cells</i>
<i>Feb. 23<sup>rd</sup></i>												<i>Both large &amp; firm</i>
												<i>24 P - few pus, few epith cells +++ RBC disc.</i>
												<i>cl. cl.</i>
<i>Feb 28<sup>th</sup></i>												<i>Discharge</i>
												<i>26 cl</i>
												<i>28- tolybl?</i>
												<i>28. SH - few pus, many epith cells.</i>
<i>March 2<sup>nd</sup></i>												<i>Edm.</i>
												<i>March 1 D + few pus many epith</i>
												<i>opsh opsh</i>
												<i>no structure</i>
												<i>Both large firm left</i>
												<i>slightly larger</i>
<i>March 3<sup>rd</sup></i>												<i>P - few pus cells few epith few gram-bacilli</i>
												<i>few pus fluid</i>
												<i>5th opsh</i>

Rank

Reg. No.

*Out*  
*penis*

KYSE HOSPITAL, TORONTO  
MEDICAL CASE SHEET  
VENEREAL

1111  
1111

Case Number

Name: \_\_\_\_\_  
Room: \_\_\_\_\_  
Date of Admission: \_\_\_\_\_  
Discharged: \_\_\_\_\_  
Result: \_\_\_\_\_

Name

HISTORY:  
Date and nature of symptoms:  
Where and when acquired:  
Nature of lesions:  
Duration of lesions:

No.	Date of Onset	Duration	Location	Character	Course	Remarks
1	1914-11-10	10 days	Penis	Chancres	Healed	
2	1914-11-15	2 weeks	Penis	Ulcers	Healed	
3	1914-11-20	3 weeks	Penis	Ulcers	Healed	
4	1914-12-1	4 weeks	Penis	Ulcers	Healed	
5	1914-12-15	5 weeks	Penis	Ulcers	Healed	
6	1915-1-1	6 weeks	Penis	Ulcers	Healed	
7	1915-1-15	7 weeks	Penis	Ulcers	Healed	
8	1915-2-1	8 weeks	Penis	Ulcers	Healed	
9	1915-2-15	9 weeks	Penis	Ulcers	Healed	
10	1915-3-1	10 weeks	Penis	Ulcers	Healed	

TORONTO EAST-1243-B

File 9 of 21  
11 21  
12

2  
2  
2

Case number

Name

Room

Age



WEST VIRGINIA HOSPITAL  
MEDICAL CASE SHEET

Mr. [Name] [Age] [Sex] [Race]  
[Address]  
[City] [State] [Zip]  
[Occupation]  
[Marital Status]  
[Religion]  
[Education]  
[Social Security Number]  
[Date of Birth]  
[Date of Admission]  
[Admitted by]  
[Physician]  
[Diagnosis]  
[History]  
[Physical Examination]  
[Laboratory Studies]  
[X-ray]  
[Pathology]  
[Treatment]  
[Progress]  
[Discharge]  
[Follow-up]

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