

ATTESTATION PAPER.

No. 889421

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

- (ANSWERS.)
1. What is your surname?..... *Westerlund*
 - 1a. What are your Christian names?..... *Bruno, Konstantin*
 - 1b. What is your present address?..... *Gaspé village Gaspé, Que*
 2. In what Town, Township or Parish, and in what Country were you born?..... *Helsingfors, Finland*
 3. What is the name of your next-of-kin?..... *Amanda, Benikka Peterson*
 4. What is the address of your next-of-kin?..... *Helsingfors, Finland*
 - 4a. What is the relationship of your next-of-kin?..... *Mother*
 5. What is the date of your birth?..... *31st December 1890*
 6. What is your Trade or Calling?..... *Sailor*
 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, *Bruno Konstantin Westerlund* 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.

Bruno Konstantin Westerlund
(Signature of Recruit)

Date *31st July* 191*6* *W^m Jones Sjmaja*
(Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *Bruno Konstantin Westerlund* 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.

Bruno Konstantin Westerlund
(Signature of Recruit)

Date *31st July* 191*6* *W^m Jones Sjmaja*
(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 *Gaspé Ave* this *30th* day of *July* 191*6*.

F. Richardson (Signature of Justice)

Description of Westerlund Brunton Enlistment.

Apparent Age 25 years months.
 (To be determined according to the instructions given in the Regulations for Army Medical Services.)

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

(Should the Medical Officer be of opinion that the recruit has served before, he will, unless the man acknowledges to any previous service, attach a slip to that effect, for the information of the Approving Officer.)

Height 5 ft 4 3/4 ins.

Chest measurement { Girth when fully expanded 39 ins.

Range of expansion 2 1/4 ins.

Complexion Fair

Eyes Blue

Hair Light brown

Religious denominations { Church of England X

Presbyterian.....

Methodist.....

Baptist or Congregationalist.....

Roman Catholic.....

Jewish.....

Other denominations.....
 (Denomination to be stated.)

Tattoo marks on arms

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 Aug 4 1916 J. W. Macartney

Place Gaspé Gaspé 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.

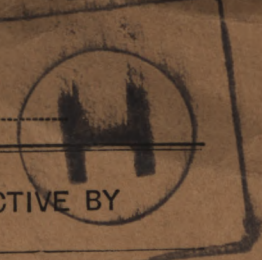
Bruno Konstantin Westerlund having been finally approved and inspected by me this day, and his Name, Age, Date of Attestation, and every prescribed particular having been recorded, I certify that I am satisfied with the correctness of this Attestation.

..... Lt.-Colonel (Signature of Officer)
C. C. 189e Battalion, C. F. F. E. C.

Date 12th August 1916.

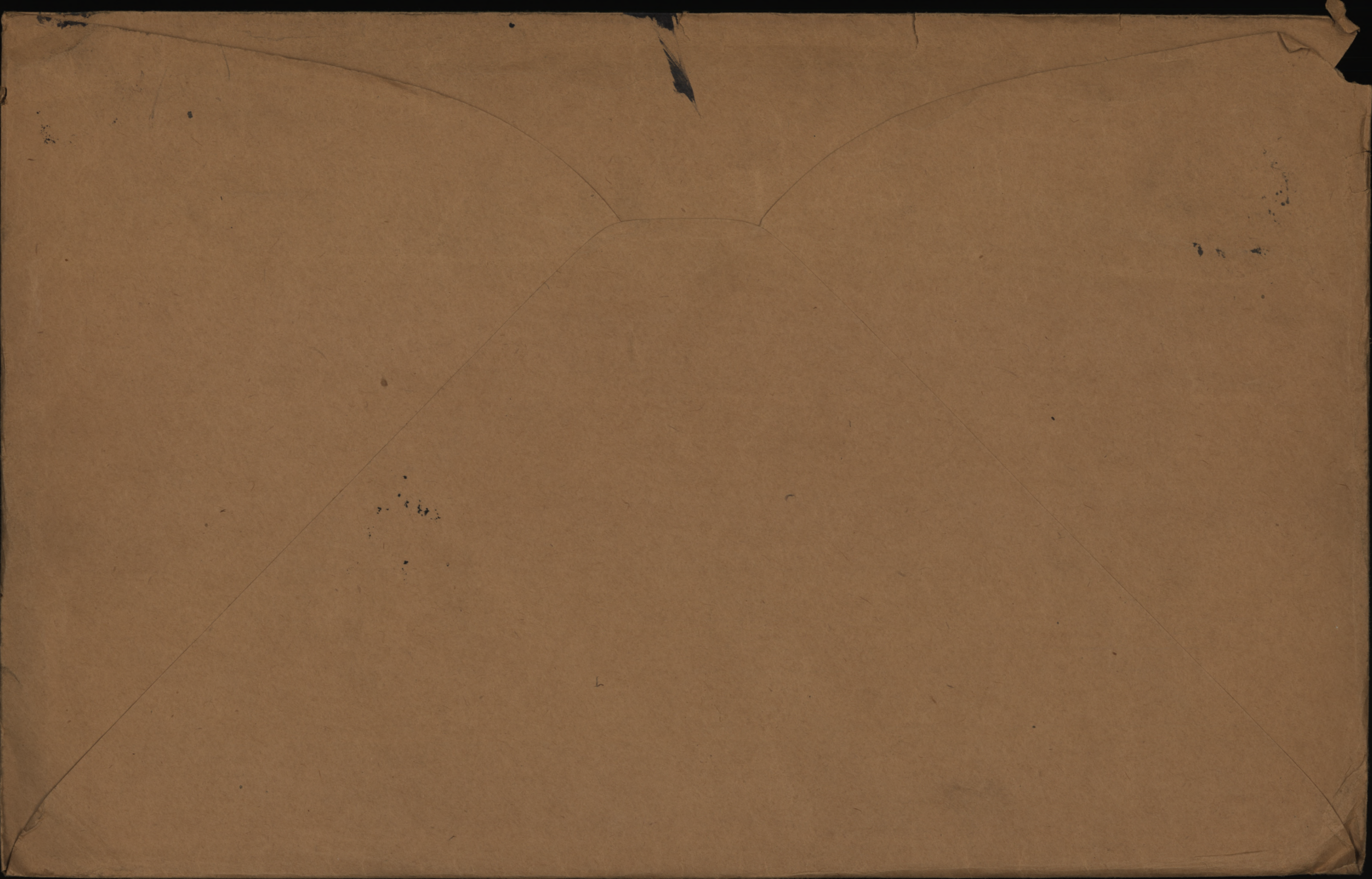
REGIMENTAL DOCUMENTS

NAME Westerlund, Bruno Konstantin REGT. NO. 889421 UNIT _____ H. Q. FILE NO. _____



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)					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)		M				
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)						
DENTAL HISTORY SHEET (M.F.B. 465)						
MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					DISCHARGE	
MEDICAL EXAMINATION (M.F.W. 129)					Category	
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)						
PARTICULARS OF CHARACTER (A.F.W. 3226)						
COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)				14915		
<i>1. 1949</i>		H				
					24-22	
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					1 22	
					2	

mx
1-12-26



87 1/2 Km - 1st Q. R.

✓ ✓ ✓ ✓ ✓
Westerlund, Pte. B. R., #889421, 57th Bn. 649-W-6670.

M. & D. (Mother) Mrs. Amanda Emila Pettersson,
c/o Gunnar Wegelius, Advokatbyrå,
Wiceharadshöfding,
Helsingfors, Finland.

P. & S. " Ditto.
(Serial no. 771317)
Mem. C. " Ditto.

Scroll Desp. 24-1-21 Reqn. No 2-13325

Plague Desp. APR - 7 1922 Reqn. No P 34772

36098

hot cliq. 14/15 star.
8 cliq. v. m.
ES . B.W.M.

863

M 6.35357

DEC 8 - 1920

(649-W.6670)

SURNAME. *Westerlund*

CARD NO.

CHRISTIAN NAMES *Bruno Konstantin*

FOLL.

REGL. NO. *889421.*

RANK *Pte.*

L.V.D.

UNIT *189th*

Bn.

FORMER CORPS *Nil.*

NEXT OF KIN. *over.*

CHANGE OF ADDRESS

NAMES IN FULL *Pettersen Amanda Emilia*

RELATIONSHIP TO SOLDIER *Mother.*

ADDRESS *Helsingfors Finland*

COUNTRY OF BIRTH *Finland Helsingfors*

DATE *Dec 31. 1890.*

PLACE OF ATTESTATION *Gaspé P. Q.*

DATE *July 31 / 16.*

Sailed from Halifax P. Q. S.S. Lapland 23rd 9-16.549

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

Also Notify Thure Westerlund (R. I. S.)
832-42nd St. (Apt 6) Brooklyn N.Y.
649-W-6670 2-1-18. U.S.A.

MEDICAL EXAMINATION. PLACE

DATE

Present Address. Gaspé Village, Gaspé, P. Q.

REGT'L NO 889421

NAME Westerlund Bruno Konstantin

H. Q. FILE NO. 649-

RANK AND CORPS Pfc 87th Bn form 189th

FOLLOWS

No.

FOLLOWS

CABLE		NATURE OF CASUALTY
No.	DATE	
		U.S.A.
M 1531	10-4-17	Reported wounded remaining at duty March 21st. 1917.
M 6400 ²⁶⁻⁷	25-11-17	Killed in action Nov. 12th 1917.
A. F. B. 2090a	30-11-17	" " " " " "
	Rouen	noted 11-4-18

LIST No

HOSPITAL

DATE OF
ADMISSION

REMARKS

a178-1 Reported from Base

21-3-17

Wounded remaining at duty

a71-1 Rep from Base

12-11-17

Killed in action

Handwritten initials/signature

Number 889421

Rank Pfc

Surname WESTERLUND

Christian Name Bruno Konstantin

Units 87 Pm Cav Inf Theatre of War France

Date of Service 14-11-16

Remarks Mother

Latest Address Mrs. Amanda Emilia Pettersson
90 Gunner Wegelius, Advokatbyrå

Roll No. BCage 13185
Wickhamadshöfding
Helsingfors, Finland

200m-2-21.M.

DESP. MAY 23 1922

REG. NO. 8//34957

No. 889421 RANK *Plt*

NAME *Westerlone Bruno.*

T. O. S. 5-8-16

UNIT *189th Battalion*

D.O. 1889 12-8-16

M. D. *5*

			PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
PAID FROM	PAID TO	SIG. OR REC'T.	PARTICULARS	AUTHORITY
<i>1916</i> <i>aug. 5</i> <i>Sept</i>	<i>1916</i> <i>aug 31</i>	<i>v</i> <i>m</i>		

UNIT SAILED
SEP 23 1916



Bruno Konstantin

Name WESTERLUND Rank Pte

Reg. No. 889421

Unit 87th Bn

W-3286

Next of Kin Amanda, Emelia, Petteson, Helsingforth Finland

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
12 1917						
12 11	KILLED IN ACTION				6466.	
	771				2311	

X

Surname
Westerlund

Christian Name or Names
B.K.

Reg. No.
889421

Rank
Pte

Unit
87 Batt ^{1st} *Co.*

Troop

Batty

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

Killed in Action 12-11-17 JLO

DISPOSITION

Date

REMARKS

C.L.11-4-17 A.178

R.F.B. Wd at duty 21-3-17*24-11-17 A.178-1 R.F.B.*

A.M.D. 2 DEPT.

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

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.

2.

3.

4.

5.

6.

7.

Casualty Form—Active Service.

Unit, Regiment or Corps. 189e BAT., F.E.C.

Regimental No. 889421 Rank Pte Name Westerlund-Owens & Konstantin

Enlisted (a) 5-8-16 Terms of Service (a) D of War Service reckons from (a) 31-7

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) Sailor

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				

<u>11-10-16</u> <u>8-10-16</u>	<u>69th Bn</u> <u>auth</u> <u>B.O. 3796</u>	<u>Embarked</u> <u>Disembarked</u> <u>Transferred to 69 Bn R 97</u>	<u>Canada</u> <u>England</u> <u>Drigale Camp</u>	<u>27-9-16</u> <u>6-10-16</u> <u>6-10-16</u>	<u>D.P. 11-0-248</u>
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<u>18</u> <u>11-10-16</u>	<u>69th Bn.</u> <u>B.O. 3814</u>	<u>Transferred to 23 Bn B.E.F.</u>	<u>Drigale Camp</u>	<u>18-10-16</u>	<u>D.P. 11-0-254</u>
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CERTIFIED CORRECT.
20 NOV. 1916
CAN. RECORDS, LONDON.

<u>14-11-16</u>	<u>23rd Bn.</u>	<u>Drafted to the 87th Bn.</u>	<u>Field.</u>	<u>14-11-16</u>	<u>D.P. II O. 284.</u>
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W. Clarke Lieut.
 A/Adjutant 23rd Bn. C.E.F.

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

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
15-11-16	C.B.D.	Taken on Strength of 87th.Bn.		15-11-16	D.O.Pt.II No.252 d./18-11-16
2-12-16	do.	Sentenced to "Forfeit all pay for 2 days for being improperly dressed and being in Havre without a Pass.		27-11-16	(16 A.F.B.2069. D.O.Pt.II No.275 d./20-12-16
10-22-16	do.	Proceeded to join	Unit	10-12-16	N.R.
16-12-16	do.	Joined	Unit	13-12-16	B.213 D.C.S.75
20-2-17	O.i/c Rec.	Name to read WESTERLUND	B.K.	K.I.116-3355	D.O.Pt.II "27 d /28-2-17.
8-3-17	O.C.Unit	Sentenced to Forfeit 2 days Pay for Losing by Neglect 1 P.H.Helmet		27-2-17	B.2069 D.O.Pt.II No.34 d./15-3-17
24-3-17	do.	WOUNDED REMAINING AT DUTY		21-3-17	B.213 DCS.117
14.11.17	"	<i>Killed in action</i>		12.11.17	auth. G.O. 87 Pn. letter, H.I.16-31088 Rt.II No.128. d/20.11.17.

Johnston
 for Lieut. Col. a.s.
 Gen. Sec. 3rd Echelon

ORIGINAL F.E.C. Original
MEDICAL HISTORY SHEET

Surname Westerlund Christian Name Bruno Konstantin

Examined { on 4th. day of August 1916
 at Gaspe

Approved by *[Signature]*
 Rank Capt M.O.

Birthplace { City or Town Helsingfors
 County Finland

Apparent age 25 Years

Trade or occupation Sailor

Height 5 feet 4, 3/4 Inches

Weight _____ lbs.

Chest measurement { Minimum 36.3/4 inches
 Maximum expansion 2 inches

Physical development _____

Small-pox Marks _____

Vaccination Marks { Arm Right Left
 Number _____

When Vaccinated last _____

(a) Marks indicating congenital peculiarities or previous disease _____

(b) Slight defects but not sufficient to cause rejection _____

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
Date	Result	VACCINATIONS
<u>21/10/16</u>		<u>Isowood Capt</u> M.O.
		M.O.
		M.O.
Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>9/9/16</u>		<i>[Signature]</i> M.O.
		M.O.
		M.O.

Enlisted on 31st. day of July 1916 at Gaspe Que.

	CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment	<u>189th. Batt.</u>	<u>889421</u>		<u>31-7-16</u>
Transferred to	<u>23rd Batt.</u>	—	—	<u>11-10-16</u>
	<u>87th 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.

A.C. Rank Name **WESTERLUND, Bruno Konstantin.** Reg'l No. 889421
 Unit 189th. Bn. If in perm. Corps, } Married or Single Single.
 What Unit? }
 Place and Date of Enlistment **Gaspe. Que. 31st. July. 1916.** Place of Birth **Helsingfors, Finland.**
 Name and Address, Next-of-Kin **Amanda Emilia Petterson,**
Helsingforth Finland Relationship **Mother.**

Auth R21-189-950 d/27-12-16

Assigned Pay Monthly \$ Payable to

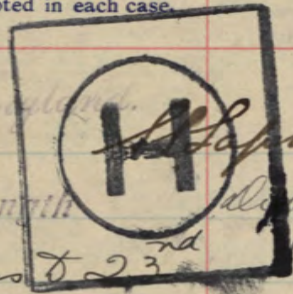
Relationship
 Relationship **N/E. R.B. No. 10403**
File R.L. 25-W-3286
 Relationship **Category: General**

Separation Allowance \$ Payable to

Discharge, Date and Place Reason Character

*MX
1-12-20*

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.				
		<i>Arrived in England</i>			
			Helsingfors	6-10-16	
11-10-16	69th	Taken on strength	Gaspe	8-10-16	PA# 0 248
18-10-16	" "	S.O.S. Trans 23rd	"	11-10-16	Sept II DO 46 d/28-2-17
20-10-16	23rd	L.O.S. from 69th	"	18-10-16	" " 254
14-11-16	"	S.O.S. to 87th Bn. 6/Seas	"	11-10-16	" " 259
18-11-16	87th Bn	T.O.S. from Rec Bn	In the Field	14-11-16	" " 284
15-11-16				15-11-16	" " 252
11-4-17	--	Wounded remaining Duty.	--	21-3-17	624 178.
20-11-17	--	<u>Killed in Action</u>	In the Field	20-11-17	9th I.D.O. 128
23-11-17	1st OR			12-11-17	CL^a-41



A.F.B. 17th 1916
HECKED

P. 559
MARRIED OR SINGLE

Single

PLACE OF BIRTH

NAME AND ADDRESS OF NEXT OF KIN

Mrs. Almond Petterson

Helsingfors Finland

RELATIONSHIP OF NEXT OF KIN

Mother

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. 889421 RANK

Pte NAME Westlund Bruno

IF IN PERM. CORPS WHAT UNIT

UNIT 189th Pn. TRANSFERRED TO 69th Pn. DATE 6.10.16. AUTHORITY 18-10-16

PERMANENT FORCE ALLOWANCES

TRANSFERRED TO 23 Bn. DATE 1-11-16. AUTHORITY 2024 4/1

PLACE OF ATTESTATION

Gaspé

TRANSFERRED TO 87th Bn. DATE 11-11-16. AUTHORITY 2024 4/1

DATE OF ATTESTATION

5-8-16

TRANSFERRED TO This Office D. K. in A. DATE 12/2/17. AUTHORITY 2024 4/1

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

Entered on N.E. Card 1916
Checked by H. J. Hillstrom V.W.



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	NO. OF DAYS	RATE	AMOUNT				NO. OF DAYS	RATE	AMOUNT	1	2	3	4	1				2	3				4	CREDIT	DEBIT										
1916																																						
Oct 5	5	1.00	5.00	5	1.00	5.00			28																													
6-31-26	26		26.00	26		26.00			550																													
1-10	10		10.00	10		10.00			28.60																													
11-30	20		20.00	20		20.00			11.00																													
12-31	31		31.00	31		31.00			22.10																													
1917									34.10																													
Jan 1-31	31	1.00	34.10						22.10																													
Feb 28	28		30.80						34.10																													
Mar 31	31		34.10						11.00																													
Apr 30	30		33.00						22.10																													
May 31	31		34.10						34.10																													
Jun 30	30		33.00						33.00																													
									328.30																													

Checked by H. Hillstrom
Checked by H. Hillstrom

CRH 71
K. in A. 12/11/17

Balance from Canada

Carried forward

