

ATTESTATION PAPER.

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- 1. What is your surname?..... *Hanson*
- 1a. What are your Christian names?..... *Axel*
- 1b. What is your present address?..... *St John*
- 2. In what Town, Township or Parish, and in what Country were you born?..... *Gilpenburg Sweden*
- 3. What is the name of your next-of-kin?..... *Olivia Nelson*
- 4. What is the address of your next-of-kin?..... *Malma Sweden*
- 4a. What is the relationship of your next-of-kin?..... *Sister*
- 5. What is the date of your birth?..... *Mar 19<sup>th</sup> 1896*
- 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, *Axel Hanson*, 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 *July 8<sup>th</sup>* 191*6*. *A. Hanson* (Signature of Recruit)  
*D. H. McNeill* (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *Axel Hanson*, 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 *July 8<sup>th</sup>* 191*6*. *A. Hanson* (Signature of Recruit)  
*D. H. McNeill* (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 *St John* this *Eighth* day of *July* 191*6*.  
*D. H. McNeill* (Signature of Justice)

287th BATTALION, C.E.F.

Description of *Hanson Axel* on Enlistment.

Apparent Age *20* 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 7/8* ft. .... ins.

*Scar on d. l. wrist*

Chest measurement { Girth when fully expanded ..... *39* ins.  
 Range of expansion ..... *4* ins.

Complexion *Fair*

Eyes *Blue*

Hair *Brown*

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

Date *July 8* 191 *6* *Joseph A. McKee*  
 Place *Halifax, N.S.* *237th OS B<sup>2</sup> CEF.*  
 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.

*Axel Hanson* ..... 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.

*Charles S. [Signature]*  
 (Signature of Officer)

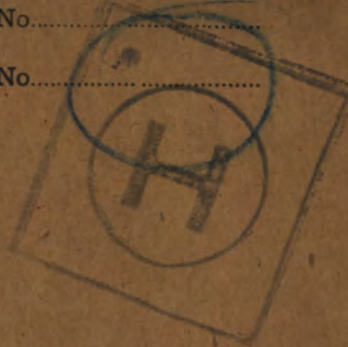
Date *10 July* 191 *6*

287th BATTALION, C.E.F.

DISCHARGE DOCUMENTS

R. O. No. ....

H. Q. No. ....



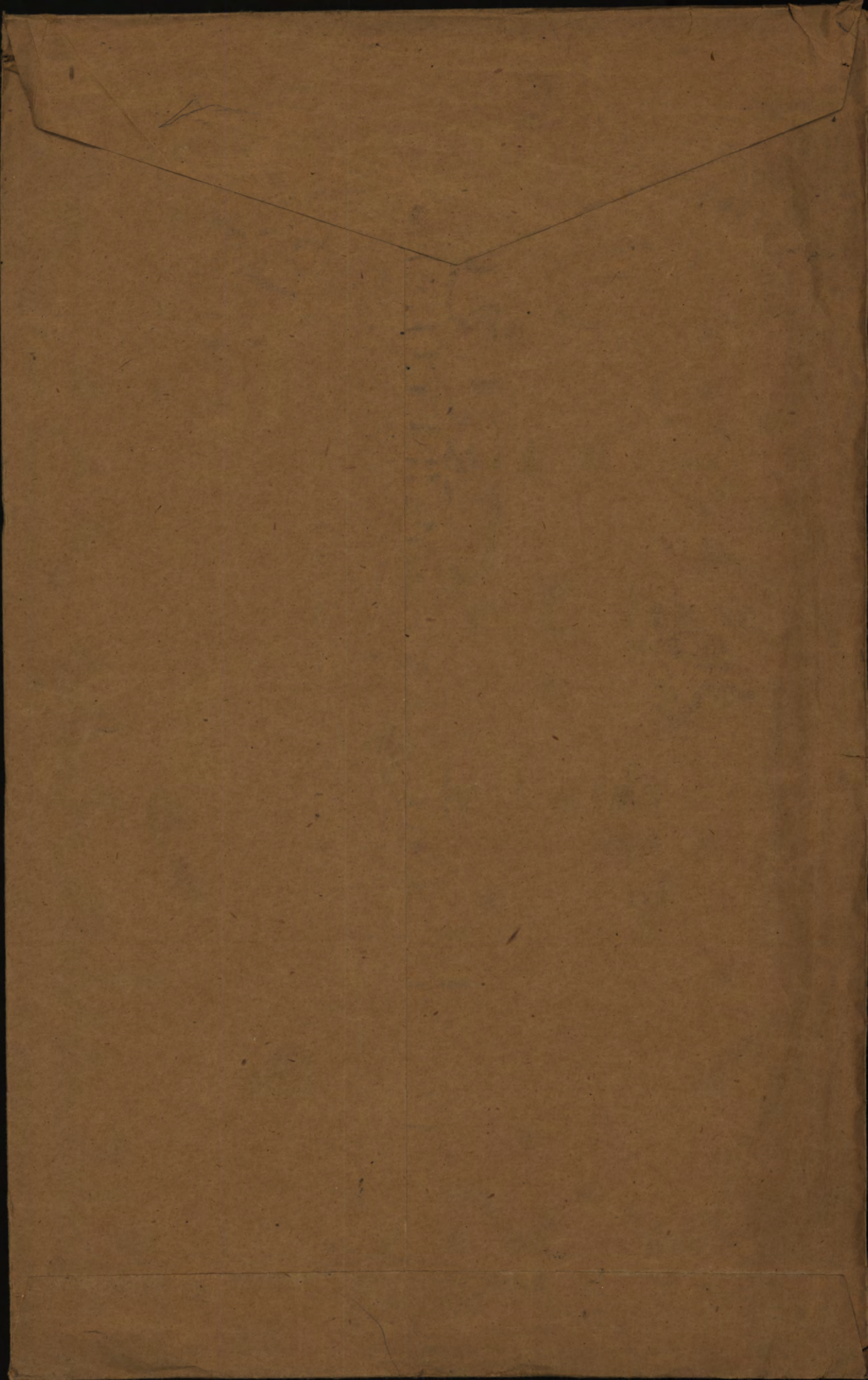
Name HANSON AXEL  
Regt. No. 1033092 Rank Pvt  
Corps 237<sup>th</sup> Bn

07227



- Proceedings of Court of Inquiry or on men reported Missing on Active Service.....
- Attestation Papers..... 2
- Declaration of change of name.....
- Authority for special enlistments.....
- Documents of re-enlisted men.....
- Regimental Conduct Sheet..... 1
- Compulsory Stoppages.....
- Casualty Forms..... 2
- Proceedings on discharge.....
- Corps History Sheet.....
- Date and No. of Deposit Receipt for Purchase Money and Amount.....
- Parchment Certificate.....
- Medical Report for Invalids.....
- Medical History Sheet..... 2
- Proceedings of Regt. Court Martial.....
- Copies of Convictions by Civil Power.....
- Company Conduct Sheet..... 1
- Clothing Transfer Certificate.....
- Inventory of Kit.....
- Last Pay Certificate.....

Inc



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

M. F. W. 54. (A. F. B. 10a.)

500M.—9-16

H. Q. 1772-39-920.

# Casualty Form—Active Service.

Unit, Regiment or Corps. 237 Bn  
 Regimental No. 1033092 Rank Pte Name Henson A  
 Enlisted (a) 8.7.16 Terms of Service (a) D. F. W. Service reckons from (a).....  
 Date of promotion to } Date of appointment } Numerical position on }  
 present rank } to lance rank } roll of N. C. Os. }  
 Extended..... Re-engaged..... Qualification (b).....

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				
15.9.16	237 Bn	Trans to 97 Bn	St John	15.9.16	NY 231
19.7.23	97 Bn	Ill. Absent 15.9.16 Solasa Deserter	Aldershot	15.9.16	A.O. 67

W. J. Scott  
for D.F.R.

2) 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.]

Fill in only the Number, Rank and Name  
**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				

MEDICAL HISTORY SHEET

CO 32092

Surname Hansen Christian Name Freel

Examined { on 9 day of July 1916  
at Halifax  
Birthplace { City or Town Gottentow  
County Omden

Approved by Joseph Amcke  
Rank Capt Amcke M.O.

Apparent age 20  
Trade or occupation Dailor  
Height 5 feet 7 Inches  
Weight 175 lbs.  
Chest measurement { Minimum 35 inches  
Maximum expansion 4 inches  
Physical development Excellent  
Small-pox Marks None  
Vaccination Marks { Arm Right 1 Left 3  
Number 4  
When Vaccinated last Childhood  
(a) Marks indicating congenial peculiarities or previous disease None  
(b) Slight defects but not sufficient to cause rejection None

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Date	Result	VACCINATIONS
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
		M.O.
		M.O.
		M.O.

Enlisted on 8 day of July 1916 at St. John N.B.

	CORPS	REGT'L NUMBER	HABITS	DATE
Joined on enlistment				
Transferred to				

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.

