Duplicate

44th OVERSEAS BATT. C.E.F.

ATTESTATION PAPER

No. ~~73235~~ 642250 a

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS)

1. What is your name? — Gussie Sholander
2. In what Town, Township, or Parish, and in what Country were you born? — Sherbrook Que. Canada.
3. What is the name of your next-of-kin? — Mrs A G Sholander (mother)
4. What is the address of your next-of-kin? — 103 Belvedere St Sherbrooke Que Can
5. What is the date of your birth? — May 30th 1890.
6. What is your trade or calling? — Steelworker
7. Are you married? — No
8. Are you willing to be vaccinated or re-vaccinated? — 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

Gussie Sholander (Signature of Man.)

H W Fraser (Signature of Witness.)

44th Battalion

44th OVERSEAS BATT. C.E.F.

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Gussie Sholander, do solemnly declare that the above answers made by me to the above questions 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**.

Gussie Sholander (Signature of Recruit.)

Date May 26th 1915. H W Fraser (Signature of Witness.)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Gussie Sholander, 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.

Gussie Sholander (Signature of Recruit.)

Date May 26th 1915. H W Fraser (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 26 day of May 1915.

C Magrath (Signature of Justice.)

I certify that the above is a true copy of the Attestation of the above-named Recruit.

E. W. Kaylane (Approving Officer.)

Lieut.-Colonel
Command'g. 44th Batt. C. E. F.

M. F. W. 23.
200 M.—3-15.
H.Q. 1772-39-841.

DESCRIPTION OF Gussie Sholander ON ENLISTMENT.

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

Height 5 ft. 4½ ins.

Chest measurement:
- Girth when fully expanded 37 ins.
- Range of expansion 2 ins.

Complexion Red

Eyes Blue

Hair Fair

Religious Denominations:
- Church of England
- Presbyterian X
- Methodist
- Baptist or Congregationalist
- Other Protestants (Denomination to be stated.)
- Roman Catholic
- Jewish

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.)

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 May 26 1915

Place Winnipeg Man

M. Shrewsbury
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

Gussie Sholander 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.

E. W. Rayland (Signature of Officer.)

Date May 26 1915

Lieut-Colonel
Commanding 44th Batt. C.E.F.

SHOLANDER, GUSSIE 622506 27 BN FORM 44 BN 17733

K.A.28-5-16

C.E.F. REGIMENTAL DOCUMENTS
WAR SERVICE RECORDS D.V.A.

H

PR

NAME Sholander Gussie (649-S-3246) D

RANK & No. Pte. 622506.

CORPS 44th. Batt.

ENLISTMENT, PLACE Winnipeg DATE May 26, 1915 S

FORMER CORPS Nil.

COUNTRY OF BIRTH Canada Sherbrooke Que.

NEXT OF KIN Sholander Mrs. A. (mother)

ADDRESS OF NEXT OF KIN 103 Belvedere St. Sherbrooke P.Q.

DISCHARGE, PLACE DATE

Sailed from Halifax Per. S.S. "Leapland" 23-10-15. 243/20

L. L. 85093—M. & D. 5952.

M. F. W. 22.—5 m.—9-15.
H. Q. 1772—39—839.

REMARKS:

R. 149.

Name SHOLANDER. Gussie. *Rank* Pte. *Reg. No.* 622506

Unit 27th. Battalion

Next of Kin Canada

RL. 2d. S. 1022

Date 1916	Movement	Place	Casualty	List No.	Notified N/K.	W.O. List
28-5.	O.C.27th.Battalion.Reports. KILLED IN ACTION.			A242.	7913. M.	June. 13.
21-6	BURIAL REPORT MADE OUT.					

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

Number 622506 Rank Pte

Surname SHOLANDER

Christian Name Gussie

Units 2nd Bn Can Inf Theatre of War France

Date of Service 15.4.16

Remarks Mother

Latest Address Mrs A. G. Sholander.
38. Champlain St.,
Sherbrooke, P.Q.

Roll No B Page 11259

200m.-2-21.M.

Next of kin

Address on leave

Address on discharge

Transportation issued Yes No Date Character on discharge

Previous occupation Date and place of enlistment

Diagnosis Date of Medical Boards

Date Remarks

*—Name will be given in full; surname first.

622506 Pte. G. Sjolander, 27th Bn.

Medals & Dec. (Mother) Mrs. A. G. Sjolander,
38 Champlain St.,
Sherbrooke, P.Q.

P. & S. (Father) A. G. Sjolander, Esq.,
Address as above.

Ser # 797182

Memorial Cross (Mother) As above.

Not elig. for star.
" V.M.
" B.W.M.

APR 6 - 1922 Scroll Desp. _____ Regn. No. Z.33682

DEC 23 1921 Plaque Desp. _____ Regn No. P 22117

mf.

No. A 23235 Rank Pte Name Sholander G.
422506 act 1915

T. O. S. 26-5-15 Unit 44th Battalion C. E. F.
(Bo # 90-27-5-15)

M. D. 10

Paid From 1915	Paid To 1915	Sig or Rec't	Promotions, Transfers, Discharges, etc.	
			Particulars	Authority
May 26	May 31	✓		
June		✓		
July		✓	forfeits 4 days pay.	(Bo. 124, July. 1915)
Aug		✓		
Sept		✓		
Oct		✓	forfeits 2 days pay.	G.O. 205 act 1915.
Nov		✓.		

UNIT SAILED
OCT 23 1915

REGT'L No 622506.

NAME Sholander Gussie

H. Q. FILE No. 649-

RANK AND CORPS Pte 27th Battn. form 44th Bn.

FOLLOWS No.

CABLE No.	CABLE DATE	NATURE OF CASUALTY	FOLLOWS
M7913.	12-6-16.	Killed in action May 28th 1916.	
A.F.B	2090a	Killed in action May 28th 1916	
Rouen	7-6-16		

L. L. Job 90581—M. & D. 6314.

M. F. W. 42—50M—1-16.
H. Q. 1772-39-893.

LIST No	HOSPITAL	DATE OF ADMISSION	REMARKS
A 242	O.C. Battalion Reports	20-5-16	Killed in action

D.M.S. 1806.

Surname: Sholander
Christian Name or Names: G.
Reg. No.: 622506
Rank: Pte
Unit: 27th Bn.
Co.
Troop
Batty.
Hospital
Date of Admission

Transferred ..... Hosp. .....

..... Hosp. .....

..... Hosp. .....

..... Hosp. .....

Diagnosis

(1) Killed in action 28.5.16

Later Diagnosis (if changed)

(2)

(3)

Additional Diagnoses: If more than one state present

DISPOSITION — Date

Ch. 13.6.16 A2(2)

REMARKS

Oc. Battalion reports "Killed in action"

EPITOME OF HOSPITAL TREATMENT.

Hospital	Adm.
1.	
2.	
3.	
4.	
5.	
6.	
7.	

ORIGINAL.

MEDICAL HISTORY SHEET.

Surname Sholander Christian Name Susie

Examined on 26 day of May 1915 at Winnipeg

Birthplace City or Town Sherbrooke County Que

Apparent age 25

Trade or occupation Teacher

Height 5 Feet 4½ Inches.

Weight 153 Lbs.

Chest measurement Minimum 35 inches. Maximum expansion 37 inches.

Physical development Good

Small-Pox Marks None

Vaccination Marks Arm Right. Left. ✓ Number One

When Vaccinated last May 29 1915

(a) Marks indicating congenital peculiarities or previous disease None

(b) Slight defects but not sufficient to cause rejection None

Approved by C M Gibson Capt Rank M.O.

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.	
1915			
May 29	React	C M O	M.O.
			M.O.
			M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.	
Sept 20/15		React C M O	M.O.
✓ 27	✓	C M O	M.O.
Oct 1/15	✓	C M O	M.O.

Enlisted on 26 day of May 1915 at Wpeg

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	HQ Det	~~222035~~ 622506		26 May 15
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.

M. F. B. 313.

100M.—5-15.
H. Q. 1772-39-439

Surname Thorlander Christian Name Gustave

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				

(641)—Wt. W1751-1403.—500,000.—5-15.—C. & G. Forms B. 103/1.

Army Form B. 103.

Casualty Form—Active Service.

Regiment or Corps 44th Battalion C.E.F.

Regimental No. 622506 Rank Private Name Sholander, Gussie

Enlisted (a) 26/5/15 Terms of Service (a) d.o.f.w. Service reckons from (a) Enlistment.

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) Steelworker

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 for overseas with the 27th Battalion.			G. W. McCarkel Major & Adj. 44th Battalion C. E. F.
		EMBARKED FOR FRANCE.		15 APR 1916	154/16 Auth:- 724.a.G.2.a.
19-4-16	O.C.C.B.D.	Reinforcement Arrvd. France	..	16-4-16	101/BD/3/284.P1 II 0/19-7/16
6-5-16	" "	do. Left C.B.D. for Unit		4-5-16	101/BD/3/309,12,
12-5-16	" 27 Bn.	do. Arrvd. Unit	Field	6-5-16	B.213 . 128
30/5/16	" "	Killed in Action	"	28/5/16	DRLS - 137/INF/27/35 - 7/6/16 Pt II 0/23 7/6/16

M. C. Cockshott LIEUT. FOR LT COL. A.A.G.

(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		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				

6

R—122.

Rank | Name SHOLANDER Gussie | Reg'l No. 422506

Unit 44th Bn | If in perm. Corps, What Unit? | Married or Single Single

Place and Date of Enlistment Winnipeg, 26 ~~March~~ May 1915 | Place of Birth Sherbrook, Que, Can.

Name and Address, Next-of-Kin Mrs A.G.Sholander

103 Belvedere St, Sherbrook, Que.Can. | Relationship Mother

Assigned Pay Monthly $ | Payable to | Relationship

Separation Allowance $ | Payable to | Relationship

Discharge, Date and Place 28.5.16. Field | Reason Killed in action | Character

MX 30/11/20 Mf.

N/ R.B. No. 6.
File R.L.
Category KA

16

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	KA BR REMARKS Taken from Official Documents
		Arrived in England per SS Lapland		30 OCT. 1915	
17.4.16	Adjt: 44th	S.O.S. 44th Bn. T.fd to 27th Bn	France	15.4.16	P.R. II D.O. 108.
7.5.16.	27th Bn	Taken on strength 27th Bn	On the field	16.4.16.	Pr II D 19.
7.6.16.	27th Bn	Killed in action	On the field	28.5.16.	Pr II D 23.
13.6.16.	do.	do. do.	do.	do.	C.R. A242 o. IV.

M

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					

Rank Pte. Name SHOLANDER Gussie Reg'l No. 422506

Unit ~~44th Bn~~ 27th Bn. If in perm. Corps, What Unit? Married or Single Single

Place and Date of Enlistment Winnipeg, 26 ~~March~~ May 1915 Place of Birth Sherbrook, Que, Can.

Name and Address, Next-of-Kin Mrs A.G.Sholander

103 Belvedere St, Sherbrook, Que.Can. Relationship Mother

Assigned Pay Monthly $ Payable to

Relationship

Separation Allowance $ Payable to

Relationship

Discharge, Date and Place Killed in action 25/5/16 Reason Character

Transf. from Eff 29/5/16 180. 23. 7/6/16

Date From	Date To	PAY No. of Days	PAY Rate	PAY Amount	Field Allowance No. of Days	Field Allowance Rate	Field Allowance Amount	Other Credits	Total Credits	Voucher No.	Voucher Date	Cash Payments	Assigned pay	Other Charges	Total Debits	Balance	Remarks, Casualties, etc
1915.																	
Nov. 1.	30.	30	30..		30	10	3..		33..			31 63			31 63	1 37	
Dec. 1.	31.	31.	31.		31.	10	1 37		35 47			34 07			34 07	1 40	
1916. Jan. 1.	31	31.	31.		31.	10	1 40		35 50			19 47			19 47	16 03	
Feb. 1.	29	29.	29.		29.	10	16 03		47 93			17 03			17 03	30 90	
									44 7			9 73					Pays to 27. Bn
Mar. 1.	31	31.	31.		31.	10	30 90		65..			9 73			19 46	45 54	apr. 30. B.O. 108
									4 98								

C. Johnson

Checked

BALANCE TRANSFERRED TO NEW LEDGER.

Statement SEP 11 1916 Account rendered

Cash found in effects No Rep

Settled

			182.			15 20			167 20.			121 66.			121 66	45 54	

Date		PAY			Field Allowance			Other Credits	Total Credits	Voucher		Cash Payments	Assigned pay	Other Charges	Total Debits	Balance	Remarks, Casualties, etc.
From	To	No. of Days	Rate	Amount	No. of Days	Rate	Amount			No.	Date						

MARRIED OR SINGLE S.

PLACE OF BIRTH Sherbrooke, Quebec.

NAME AND ADDRESS OF NEXT OF KIN Wm. A. G. Scholander, 62 Belvedere Street, Sherbrooke, Quebec.

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	AUT
Killed in Action	28.5.16	B.O. 2

ADMISSIONS TO HOSPITAL, &c.

DATE ADMITTED	DATE DISCHARGED	V. OR A.	NAME OF HOSPITA

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
Bal. Brought Fwd. from Old Ledger.															167 20						
1/4/16 30/4/16	30	1	30		30	10	3	-							33	541	12/4/16				
May 1-31	31	1	31		31	10	3	10							34	10	1152	10/5/16	1235	27/5/16	CBA 2950 6/6
June																					

Balance Transfd to N. E. Branch.

Checked C. H. Stanson

Cash found in effects No Rep

Statement of Account rendered SEP 11

IONS, &c.

EFFECTIVE DATE	AUTHORITY
8 .5.16	B.O. 23. 7/6/16

PITAL, &c.

NAME OF HOSPITAL

REG'L NO. 622506 RANK Pte. NAME Sholander Gustave

IF IN PERMT. CORPS WHAT UNIT — UNIT 44th Bn. TRANSFERRED TO 27th Batta DATE apl 30 AUTHORITY B.O. 108

PERMANENT FORCE ALLOWANCES — TRANSFERRED TO Non Eff. DATE 29/5/16. AUTHORITY B.O. 23. 7/6/16.

PLACE OF ATTESTATION Winnipeg. Man. — TRANSFERRED TO — DATE — AUTHORITY

DATE OF ATTESTATION 26 May 1915. — TRANSFERRED TO — DATE — AUTHORITY

ASSIGNED PAY MONTHLY $ Nil. 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 Killed in action 28/5/16. — REASON AND AUTHORITY B.O. 23. 7/6/16.

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE) 29/5/16.

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

UITTANCE ROLLS 2 DATE	3 NO.	3 DATE	4 NO.	4 DATE	CASH PAYMENTS 1	2	3	4	ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE CREDIT	DEBIT	PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
											121 66	455				
					9 72						9 72	68 81				
5 27/5/16.	CAB	2950	6/5/16.		2 55	2 55	4 26.				9 36	93 55				#3.30 3 days @ 1.10 chgd. back. May 29 to 31st.
										3 30	3 30	90 25				
												90 25				
						90 25					90 25					To Canada for orders 16.10.16.

Date	Pay				Field Allowance				Working or Special Pay				Assigned Pay Credits	Other Credits	Total Credits	Acquittance Rolls								Cash Payments			
	No. of Days	Rate	Amount		No. of Days	Rate	Amount		No. of Days	Rate	Amount					1		2		3		4					
			$	c.			$	c.			$	c.				No.	Date	No.	Date	No.	Date	No.	Date	1	2	3	4

PAYMENTS			ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
	3	4				CREDIT	DEBIT			

This is to certify that the handwriting in the will attached hereto was compared with the signature in the
Paybook _____ } and has been found similar.
~~Attestation Paper~~

W W Bateman
for Lieut.
Officer i/c Estates 111.

Sholander G Pte 622506

44th Batt C E F

— 20 —

Perforated sheet for Will from Pay Book of Reg.

No. 622506

Name Gussie Sholander.

Unit 44th Canadian Inf.

Military Will.

I hereby bequeath all my personal property to my mother.
Mrs. A. G. Sholander.
163 Belvedere St.
Sherbrooke
Que
Can.

Signature Gussie Sholander.

Rank and Regt. Pte. 44th Inf.

Date April. 10/16.

17122