



NAA: B884, S69766

Series number: B884

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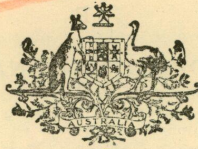
Number of pages: 9

Title: OLSSON ALEXANDER EMIL : Service Number - S69766 : Date of birth - 30 Mar 1890 : Place of birth - YOUNG VIC : Place of enlistment - ADELAIDE SA : Next of Kin - OLSSON EDITH

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V D C

AUSTRALIAN



MILITARY FORCES.

MOBILIZATION ATTESTATION FORM

To be filled in for all Persons at the Place of Assembly when called out under Parts III. or IV. of the Defence Act.

Army No. 569766
 Surname OLSSON Christian Names Alexandra Emil
 (BLOCK CAPITALS)
 Unit A Coy 3rd Bn V.D.C.
 Enlisted for war service at S.A. (State) H-542 (Date)

Questions to be put to persons called out or presenting themselves for enlistment*

- | | |
|--|--|
| 1. What is your name? | 1. Surname <u>OLSSON</u>
(BLOCK CAPITALS) |
| | Other names <u>Alexander Emil</u> |
| 2. Where were you born? | 2. In or near the town of <u>Tynong Victoria</u> |
| | In the state or country of |
| 3. Are you a British Subject? | 3. <u>Yes</u> |
| 4. What is your age and date of birth? | 4. Age <u>52 yrs</u> |
| | Date of Birth <u>30.3.1890</u> |
| 5. (a) What is your normal trade or occupation? Grade if any? | 5. (a) <u>Sgt of Police</u> |
| (b) Present occupation? | (b) |
| 6. (a) Are you married, single or widower? | 6. (a) <u>Married</u> |
| (b) If married state date of marriage? | (b) <u>8.6.1946</u> |
| 7. (a) Have you had previous naval, military or Air Force service either in peace or war? If so, where and in what arm? | 7. (a) <u>A.I.F. France</u> |
| (b) What was the reason for your discharge? | (b) |
| 8. Who is your actual next of kin? (Order of relationship.— wife, eldest son, eldest daughter, father, mother, eldest brother, eldest sister, eldest half-brother, eldest half-sister) | 8. Name <u>Eddy Myrtle Olsson</u> |
| | Address <u>South St Magill S.A.</u> |
| | Relationship <u>Wife</u> |
| 9. What is your permanent address? | 9. <u>South Street Magill S.A.</u> |
| 10. What is your religious denomination? (This question need not be answered if the man has a conscientious objection to doing so) | 10. <u>Protestant</u> |
| 11. Which, if any, of the following Educational Qualifications do you possess? | 1. Certificate for entry to Secondary School |
| | 2. Intermediate |
| | 3. Leaving |
| | 4. Leaving Honours |
| | 5. Technical |
| | 6. University Degree |
| | 7. Other Diplomas |
| 12. Have you ever been convicted by a Civil Court? | 12. <u>No</u> |
| If so—(a) What Court? | (a) |
| (b) for what offence? | (b) |

I, Alexandra Emil Olsson do solemnly declare that the above answers made by me to the above questions are true.
 Witnessed by Alfred Capri Signature Alfred Olsson
 (Signature of Attesting or Witnessing Officer.)

* The person will be warned that should he give false answers to any of these questions he will be liable to heavy penalties under the Defence Acts.

B

MEDICAL EXAMINATION

I have made full and careful examination of the abovenamed person in accordance with the instructions contained in the Standing Orders for Australian Army Medical Services. In my opinion he is—*

- 1. ~~Fit for Class I.~~
- 2. ~~Temporarily unfit for Class I †~~
- 3. Fit for Class II.
- 4. ~~Temporarily unfit for Class II †~~
- 5. ~~Unfit for military service †~~

Place WAYVILLE! Date MAR 16 1942
 Signature of Examining Medical Officer Hawthornthwaite

* Classifications which are inapplicable to be struck out.

† Reasons for unfitness to be stated.

C

OATH OF ENLISTMENT ‡

For persons enlisted or called upon under Part III or Part IV of the Defence Act, and not being members of the Active Citizen Military Forces to serve in the Citizen Forces in time of war. Not compulsory for serving members of the Forces or those allotted to the Citizen Forces under Part XII of the Act, but unless in any case an objection is raised, the oath should be administered to them as part of the ceremony of attestation.

I, Alexander Emil Olsson swear that I will well and truly serve our Sovereign Lord, the King, in the Citizen Military Forces of the Commonwealth of Australia for the duration of the present time of war, or until sooner lawfully discharged, dismissed, or removed, and that I will resist His Majesty's enemies and cause His Majesty's peace to be kept and maintained, and that I will in all matters appertaining to my service faithfully discharge my duty according to law.

So Help Me God!

Signature of Person Enlisted A. E. Olsson

Subscribed at ADELAIDE in the State of SOUTH AUSTRALIA

this H day of May 1942

Before me—

Signature of Attesting Officer A. J. P. ...

‡ Persons who object to take an oath may make an affirmation in accordance with the Third Schedule of the Defence Act. In such case the above form will be amended accordingly and initialled by the Attesting Officer.

C/D Sumner

A.F. B.103-1 (Adapted)

SERVICE AND CASUALTY FORM

Army No. *569766*

Unit *3rd Regt 4DC*

Rank *Plt* Christian Names *Alexander Conrad* Surname *OLSSON*
(Block Capitals)

Date of Enlistment *4.5.42* Marital Condition *Married*

Place *Adelaide* Next of Kin *Edith Myrtle Olsson*

Date and Place of Birth *30.3.90 Lynong, Vic.*

Trade or Occupation *Police Sergeant* Address of Next of Kin *111 W. Magill*

Religion *Prot.* Relationship *Wife*

Medical Classification—Class *I, B* Identification—Color of Hair *Medium* Eyes *Blue*
(On Enlistment) Distinctive Mark *Small linear scar R chest*

REPORT		Record of all casualties regarding promotions (acting temporary, local or substantive), appointments, transfers, discharges, etc., for theatre of war, wounds, accidents, admission to and discharge from Hospital, Casualty Clearing Stations, &c. Date of disembarkation and embarkation from a theatre of war (including furlough, &c.).	Date of Casualty	Place of Casualty	Authority W.3011, B.2069, or other Document	Initials of Officer Certifying Correctness of Entries
Date	From whom received					
<i>15.5.42</i>	<i>3rd Regt</i>	<i>Taken on strength</i>	<i>3.3.42</i>	<i>SA</i>	<i>no 3/4</i>	<i>RP</i>
<i>4.8.43</i>	<i>3rd Regt</i>	<i>Discharged - unable to attend parades</i>	<i>3.8.43</i>	<i>SA</i>	<i>no 3/4</i>	<i>RP</i>

NOTHING TO BE WRITTEN IN THIS SPACE.

(FORM) 1-2012

NOTHING TO BE WRITTEN IN THIS SPACE.

REPORT		Date	From whom received	Record of all casualties regarding promotions (acting temporary, local or substantive), appointments, transfers, attachments, & forfeiture of pay, wounds, accidents, admission to and discharge from Hospital, Casualty Clearing Stations, &c. Date of disembarkation and embarkation from a theatre of war (including furlough, &c.).	Date of Casualty	Place of Casualty	Authority W.3011, E.2060, or other Document	Initials of Officer Certifying Correctness of Entries
[Handwritten: ...]		[Handwritten: ...]	[Handwritten: ...]	[Handwritten: ...]	[Handwritten: ...]	[Handwritten: ...]	[Handwritten: ...]	[Handwritten: ...]
[Handwritten: ...]		[Handwritten: ...]	[Handwritten: ...]	[Handwritten: ...]	[Handwritten: ...]	[Handwritten: ...]	[Handwritten: ...]	[Handwritten: ...]
[Handwritten: ...]		[Handwritten: ...]	[Handwritten: ...]	[Handwritten: ...]	[Handwritten: ...]	[Handwritten: ...]	[Handwritten: ...]	[Handwritten: ...]
[Handwritten: ...]		[Handwritten: ...]	[Handwritten: ...]	[Handwritten: ...]	[Handwritten: ...]	[Handwritten: ...]	[Handwritten: ...]	[Handwritten: ...]
[Handwritten: ...]		[Handwritten: ...]	[Handwritten: ...]	[Handwritten: ...]	[Handwritten: ...]	[Handwritten: ...]	[Handwritten: ...]	[Handwritten: ...]

a.w. 400m 7/42

bl.

DISCHARGED
DATE *3. 8. 43.*
A.M.R. & O. *S/o Paratt*
AUTHORITY *R/o 31/43.*

COVER FOR PERSONAL DOCUMENTS.

Army No. *569766*
Surname *OLSSON*
(BLOCK CAPITALS.)
Other names *Alexander Emil*
Rank Unit *V. P. C. P. T. P.*

Surname
(BLOCK CAPITALS.)
Army No.
Other names
Rank Unit
504-6-42 5273

10a
VDC

AUSTRALIAN MILITARY FORCES



Medical History Sheet of (Army No.) 569766

Surname (in capitals) OLSSON Christian Names Alexander Emil
Age 52 years months Date of birth 30. 3. 1890 Birthplace Synong, Victoria
Occupation Sergeant of Police Religious Denomination Methodist

Complexion medium Colour of hair medium Colour of eyes blue
Distinctive marks, and marks indicating congenital peculiarities or previous disease Small lines near the chest

ARE YOU NOW OR HAVE YOU EVER BEEN ENTITLED TO A PENSION FOR ANY DISABILITY? NO

- TABLE I.
- Are you now suffering from any disease or disability? NO
 - Have you ever suffered from any of the following illnesses?

(a) Rheumatic Fever	<u>NO</u>	(i) Kidney Disease	<u>NO</u>
(b) Weak Heart or Heart Disease	<u>NO</u>	(j) Skin Disease	<u>AT PRESENT (SLIGHT)</u>
(c) Tuberculosis or Consumption	<u>NO</u>	(k) Malaria	<u>NO</u>
(d) Spitting of blood	<u>NO</u>	(l) Dysentery	<u>NO</u>
(e) Pleurisy	<u>NO</u>	(m) Ulcer of the Stomach or Indigestion	<u>NO</u>
(f) Asthma or Shortness of breath	<u>NO</u>	(n) Piles	<u>YES (SLIGHT)</u>
(g) Venereal Disease or Stricture	<u>NO</u>	(o) Have you ever had any other serious illness?	<u>NO</u>
(h) Neurasthenia or Nervous Breakdown	<u>NO</u>		
 - Have you had fits of any kind? NO
 - Have you had discharge from either ear? NO
 - Have you had a broken bone or been seriously injured? NO
If so, state nature and date.
 - Have you been operated upon? NO
If so, state nature and date.
 - Has any member of your family suffered from Pleurisy, Tuberculosis, Diabetes, Stroke, Nervous Breakdown, or Mental Trouble?
If so, give particulars (relation and when) NO
 - Have you been rejected or deferred for Life Insurance? NO
 - Have you been rejected or discharged as unfit for service in any branch of His Majesty's Forces? NO
If so, give date and reason.
 - *10. Have you been wounded, suffered from Shell Shock, or Gas Poisoning? YES
If so, give particulars MINOR INJURIES

EVIDENCE OF TRACHOMA

†I declare that I have read the answers to the above questions, and that to the best of my knowledge they are true.

Station _____ Date _____ Signature of Recruit A.E. Olsson

Examined on 16 MAR 1942 day of _____ 19____

at WAYVILLE Without Glasses { Right 6/9 / Left 6/6 } VISION With glasses { Right _____ / Left _____ }

Height 6 feet 2 3/4 inches. Weight 224 lb. Vaccination Marks { Right _____ / Left _____ } Number _____

Chest Measurement { Girth when full expanded 40 1/2 inches. / Range of expansion 3 1/2 inches. } When vaccinated _____

Urine URINE N.A.D. Blood Pressure, Systolic 130 Diastolic 85

Slight defects, but not sufficient to cause rejection. (Details in Table VI.)

Examined by me and classified as follows:—
Classification† II B Signature H. H. ... Date 16 3 42
Subsequent Medical Examinations:—
Classification† _____ Signature _____ Date _____
Signature _____ Date _____
Signature _____ Date _____

*Only to be answered if the recruit has had active service.
†The recruit will be warned that should he give false answers to any of these questions he will be subject to heavy penalties under the Defence Act.
In accordance with S.O. A.A.M.S. reason for unfitness to be stated.

TABLE II.
MEDICAL HISTORY.

(1) Name of Hospital or Place of Treatment	(2) Period		(3) Place of Casualty	(4) Date	(5) Disability and Remarks bearing on the case likely to be of future use	(6) Signature of Medical Officer
	From—	To— No. of Days				

TABLE III.

Record of Medical Boards, Courts of Inquiry on Injuries or Disease, and Issue of Surgical Appliances.

Date	Brief Details	Signature
	21.	

TABLE IV.—PRESCRIPTION FOR SPECTACLES.

	Vision without glasses	Sph.	Cyl.	Axis Standard Notation	Vision with glasses	Ophth. Centre	Date of Exam.
R						Frame No. (or measurements)	Date of Issue
L							

Signature of M.O. _____

TABLE V.

(Not required to be filled in at time of Medical Examination on Mobilization.)

<p>Dental condition on first examination:—</p> <div style="text-align: center;"> <table style="margin: auto;"> <tr> <td style="text-align: center;">8</td><td style="text-align: center;">7</td><td style="text-align: center;">6</td><td style="text-align: center;">5</td><td style="text-align: center;">4</td><td style="text-align: center;">3</td><td style="text-align: center;">2</td><td style="text-align: center;">1</td> <td style="width: 10px;"></td> <td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">3</td><td style="text-align: center;">4</td><td style="text-align: center;">5</td><td style="text-align: center;">6</td><td style="text-align: center;">7</td><td style="text-align: center;">8</td> </tr> <tr> <td style="text-align: center;">☺</td><td style="text-align: center;">☺</td><td style="text-align: center;">☺</td><td style="text-align: center;">☺</td><td style="text-align: center;">☺</td><td style="text-align: center;">☺</td><td style="text-align: center;">☺</td><td style="text-align: center;">☺</td> <td></td> <td style="text-align: center;">☺</td><td style="text-align: center;">☺</td><td style="text-align: center;">☺</td><td style="text-align: center;">☺</td><td style="text-align: center;">☺</td><td style="text-align: center;">☺</td><td style="text-align: center;">☺</td><td style="text-align: center;">☺</td> </tr> <tr> <td style="text-align: center;">☺</td><td style="text-align: center;">☺</td><td style="text-align: center;">☺</td><td style="text-align: center;">☺</td><td style="text-align: center;">☺</td><td style="text-align: center;">☺</td><td style="text-align: center;">☺</td><td style="text-align: center;">☺</td> <td></td> <td style="text-align: center;">☺</td><td style="text-align: center;">☺</td><td style="text-align: center;">☺</td><td style="text-align: center;">☺</td><td style="text-align: center;">☺</td><td style="text-align: center;">☺</td><td style="text-align: center;">☺</td><td style="text-align: center;">☺</td> </tr> <tr> <td style="text-align: center;">8</td><td style="text-align: center;">7</td><td style="text-align: center;">6</td><td style="text-align: center;">5</td><td style="text-align: center;">4</td><td style="text-align: center;">3</td><td style="text-align: center;">2</td><td style="text-align: center;">1</td> <td></td> <td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">3</td><td style="text-align: center;">4</td><td style="text-align: center;">5</td><td style="text-align: center;">6</td><td style="text-align: center;">7</td><td style="text-align: center;">8</td> </tr> </table> </div> <p style="text-align: center; font-size: small;">No alteration or addition will be made to this chart after the dental condition has been recorded.</p>	8	7	6	5	4	3	2	1		1	2	3	4	5	6	7	8	☺	☺	☺	☺	☺	☺	☺	☺		☺	☺	☺	☺	☺	☺	☺	☺	☺	☺	☺	☺	☺	☺	☺	☺		☺	☺	☺	☺	☺	☺	☺	☺	8	7	6	5	4	3	2	1		1	2	3	4	5	6	7	8	<p>Dental Requirements:—</p> <p>Place _____</p> <p>Signature _____</p> <p>Date _____ Rank _____</p> <p style="text-align: right;">Dental Officer.</p>
8	7	6	5	4	3	2	1		1	2	3	4	5	6	7	8																																																					
☺	☺	☺	☺	☺	☺	☺	☺		☺	☺	☺	☺	☺	☺	☺	☺																																																					
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8	7	6	5	4	3	2	1		1	2	3	4	5	6	7	8																																																					
<p>Symbols to be used by Dental Officer.</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">Dentally fit ..</td> <td style="width: 25%;">Dentally fit</td> <td style="width: 25%;">Gingivitis..</td> <td style="width: 25%;">.. .. G</td> </tr> <tr> <td>Missing ..</td> <td>M</td> <td>Scaling required ..</td> <td>.. Sc.</td> </tr> <tr> <td>Unerupted ..</td> <td>U</td> <td>Dentures—Full Upper</td> <td>.. FU</td> </tr> <tr> <td>Extraction required</td> <td>X</td> <td>.. Full Lower</td> <td>.. FL</td> </tr> <tr> <td>Filling required</td> <td>Y</td> <td>.. Part Upper PU (No. of teeth ..)</td> <td rowspan="2" style="font-size: small; vertical-align: middle;">} In Situ Reqd.</td> </tr> <tr> <td>Restored tooth</td> <td>R</td> <td>.. Part Lower PL (No. of teeth ..)</td> </tr> </table> <p style="font-size: x-small;">NOTE.—Teeth replaced by a denture to be marked "D."</p>		Dentally fit ..	Dentally fit	Gingivitis.. G	Missing ..	M	Scaling required Sc.	Unerupted ..	U	Dentures—Full Upper	.. FU	Extraction required	X	.. Full Lower	.. FL	Filling required	Y	.. Part Upper PU (No. of teeth ..)	} In Situ Reqd.	Restored tooth	R	.. Part Lower PL (No. of teeth ..)																																													
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Restored tooth	R	.. Part Lower PL (No. of teeth ..)																																																																			

TABLE VI.

Details of defects detected which are not such as to cause rejection.

2nd Medical Examination

Classification II B JM.

R. Halloran Valjean + Benjamin
Other

WAYVILLE: 16 MAR 1942

TABLE VII.

Report of X-Ray Examination of Chest

