

Surname	Frederickson
Christian Names	Christina
Initials	
Number of Pages	20
Officers Declaration or Attestation	ns
Unit	n/service (nursing service)
Rank	Leiut, n/s (nursing sister)
Present Address	
Present Address Street	
Present Address Town	Edmonton
Present Address Province	Alberta
Present Address Country	Canada
Date of Birth	
Place Born	Skagafjörður Iceland
Place of Birth	
Place of Birth Street	

Place of Birth Town	Skagafjörður
Place of Birth Province	
Place of Birth Country	Iceland
Citizenship	
Religion	
Trade or Calling	graduate nurse
Marital Status	ns
Religion (Officer's Declaration)	
Attestation Willingness	
Name Next of Kin	
Address Next of Kin	
Relationship to Next of Kin	
Medical Examination Results	
Date of Medical Exam	
Place of Enlistment	
Date of Enlistment	
Additional Information	

Apparent Age in Years (Attestation)	32
Apparent Age in Months (Attestation)	
Height in Feet (Attestation)	5
Height in Inches (Attestation)	6
Weight (Attestation)	160
Eye Colour (Attestation)	
Hair Colour (Attestation)	
Complexion (Attestation)	
Race	
Chest Full Expansion	40
Chest Range of Expansion	2
Identifying Marks	
Vaccination Willingness	yes
Medical History Sheet or Form B.178	history-sheet
Date Examined	1918-10-24
Place Examined	Edmonton Alberta
Birthplace Parish	Skagafjörður Iceland

Birthplace County	Iceland
Age in Years (Medical)	32
Age in Months (Medical)	
Trade or Occupation	graduate nurse
Height in Feet	5
Height in Inches	6
Weight	160
Chest Minimum	38
Chest Maximum Expansion	40
Physical Development	
Smallpox Marks	
Vaccination Marks Right Arm	
Vaccination Marks Left Arm	yes
Vaccination Marks Total Number	1
When Vaccinated	1908
Vision Right Eye	
Vision Left Eye	

Previous Disease Marks	none
Slight Defects	
Examined or Discharged after Medical	
Approved for Service?	
Table III Boards synopsis	
Joined On Enlistment Corps	
Joined On Enlistment Regimental Number	
Transferred to Corps	
Transferred to Regimental Number	
Examined or Discharged Medical Board Station	
Examined or Discharged Medical Board Date	
Examined or Discharged Medical Board Disease	
Examined or Discharged Medical Board Result	
Qualification	
Type of Training	
Active Militia	
Military Force Particulars	

Engagement Understanding	
Take On Strength Location	
Taken On Strength Date	
Departure Ship	
Departure Date	
Saw Service In	
Hospital Served In	
Commemorated	
Monthly Pay Rate	
Total Earnings	
Survived War?	
Date of Discharge	
Discharge Category	
Struck-Off Strength Date	
Reason Struck-Off Strength	
Return Ship	
Return Date	

Post War Last Address	
Married After War	
Changed Name	
Date of Death	
Age at Death	
Death Location	
Cemetery Name	
Cemetery Location	
Name on Grave	
Epitaph	
Died At	
Cause of Death	
Cenotaph	
Student Name	Jane Taylor
Student Name (Verified By)	
School	
Last Update Time	