

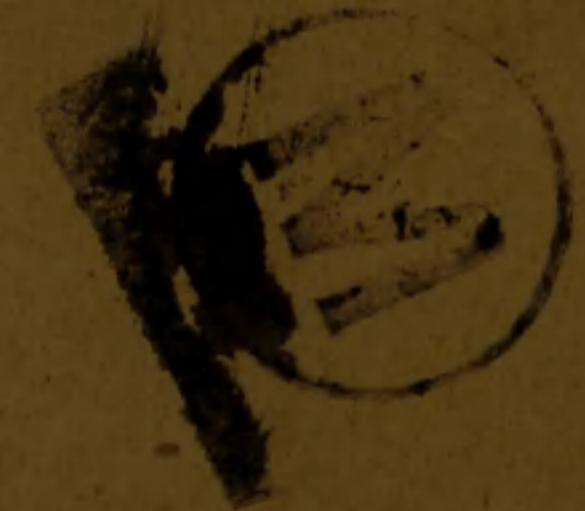
DISCHARGE DOCUMENTS

- Proceedings of Court of Inquiry or on men reported Missing on Active Service.....
- Attestation Papers.....
- Declaration of change of name.....
- Authority for special enlistments.....
- Documents of re-enlisted men.....
- Regimental Conduct Sheet.....
- Compulsory Stoppages.....
- Casualty Forms..... ³
- Proceedings on discharge..... ¹
- 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.....
- Clothing Transfer Certificate..... ¹
- Inventory of Kit.....
- Last Pay Certificate..... ¹

Name GOBBY THOMAS
 Regt. No. 931825 Rank Pvt
 Corps No 3. District Depot Demobilization

R. O. No.
 H. Q. No.

26473

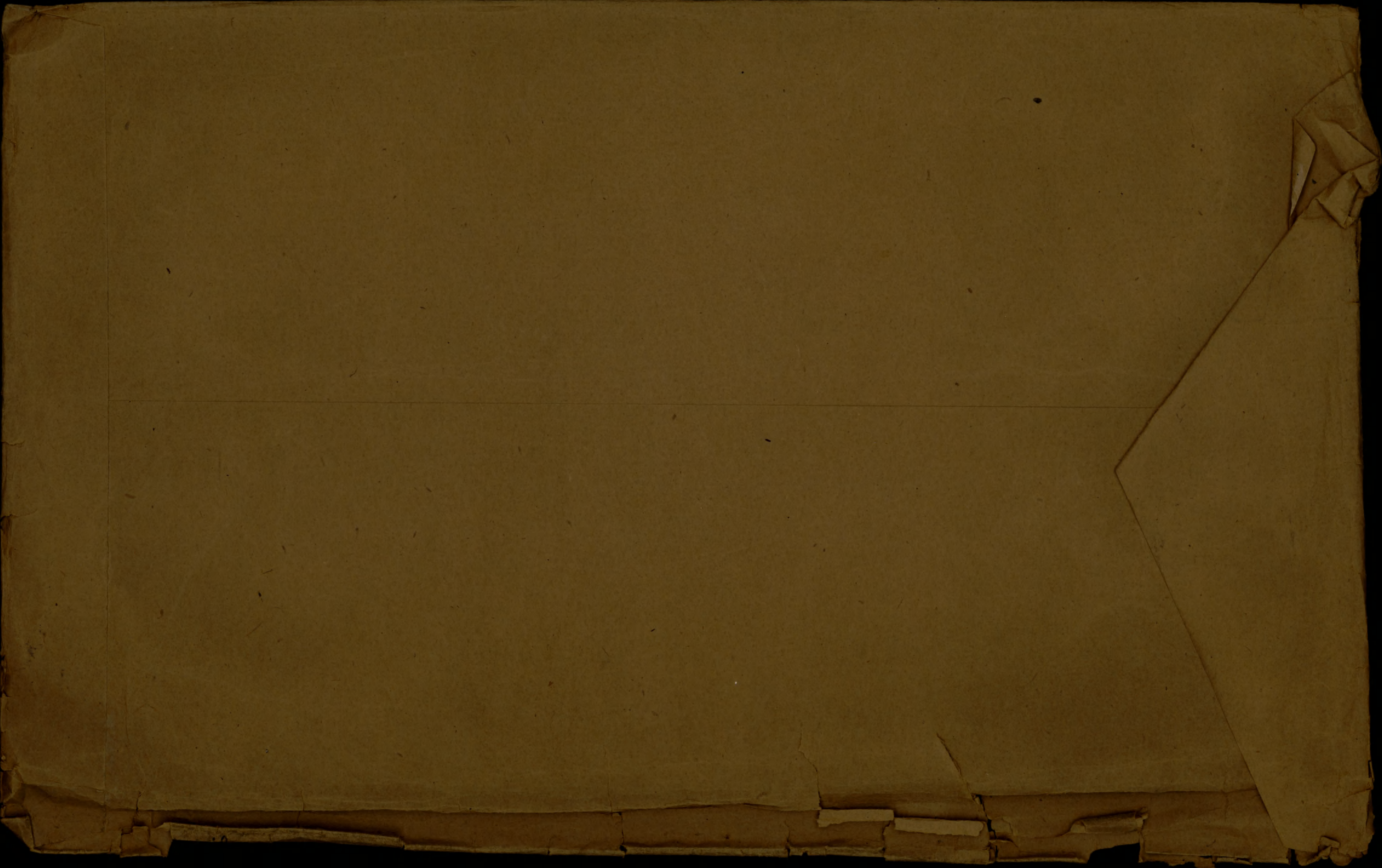


*10 - Douch
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*M. Z. W 129 / M₂ sub 7 -
 — B 465 / a 7 D. 1200 -
 A. Z. B 122 / a 7 B 181 -
 M. Z. W 192 / M₂ 122
 — 39° /*

M. F. W. 62.
 50m—9-16.
 H. Q. 1778-39-836.

~~4
 23 - 16
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931825

ORIGINAL

ATTESTATION PAPER.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

No.

Folio.

QUESTIONS TO BE PUT BEFORE ATTESTATION. (ANSWERS.)

1. What is your surname?..... **Cobby**

2. What are your Christian names?..... **Thomas**

3. What is your present address?..... **207 Columbia St. Detroit, Mich.**

4. In what Town, Township or Parish, and in what Country were you born?..... **Louisville, Ky. U.S.A.**

5. What is the name of your next-of-kin?..... **Mrs Addie Cobby**

6. What is the address of your next-of-kin?..... **Cincinnati, Ohio U.S.A.**

7. What is the relationship of your next-of-kin?..... **Uncle Mother**

8. What is the date of your birth?..... **April 27th 94**

9. What is your Trade or Calling?..... **Porter & Cook**

10. Are you married?..... **No**

11. Are you willing to be vaccinated or re-vaccinated and inoculated?..... **Yes**

12. Do you now belong to the Active Militia?..... **No**

13. Have you ever served in any Military Force?.. **No**
If so, state particulars of former Service.

14. Do you understand the nature and terms of your engagement?..... **Yes**

15. Are you willing to be attested to serve in the } **Yes**
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? }

13. Have you ever been discharged from any Branch of His Majesty's Forces as medically unfit?

14. If so, what was the nature of the disability?

15. Have you ever refused to serve in any Branch of His Majesty's Forces and been rejected?

16. If so, what was the reason?

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, **Thomas Cobby**, 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.

Thomas Cobby (Signature of Recruit)

J. H. Campbell (Signature of Witness)

Date **February 19th** 1917

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, **Thomas Cobby**, 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.

Thomas Cobby (Signature of Recruit)

J. H. Campbell (Signature of Witness)

Date **February 19th** 1917

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 **Windsor, Ont.** this **19th** day of **February** 1917.

Fred J. Hotten (Signature of Justice)

A. J. P. P. Essex County

Actual age claimed on Oct 17 1918. Cable 9850. A.G. London to Base Oct 14-18 (Recd R.O. 15/10/18) shows date of birth as 27th April 1901. Auth: R.L. 29-3-L RIC 4583

LIEUT. COL. M. F. W. 23

Description of Thomas Cobby on Enlistment.

Apparent Age ²² ~~22 1/2~~ years 10 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 ins.

Chest measurement { Girth when fully expanded 33 ins.
 Range of expansion 2 ins.

Complexion Colored

Eyes Dark

Hair Dark

Religious denominations { Church of England
 Presbyterian
 Methodist Yes
 Baptist or Congregationalist
 Roman Catholic
 Jewish
 Other denominations
 (Denomination to be stated.)

Hearing - R. E. normal
 L. E. normal
 Vision - R. E. 20/30
 L. E. 20/30

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 February 19th 1917.

Place Windsor, Ont.

E. D. Burgess Maj & B.M.C.
 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.

Thomas Cobby 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.

Lieut-Col.
No. 2 Construction BATTN. C. E. F. (Signature of Officer)

Date February 19th 1917.

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 931825 (Rank) Private

Name (in full) COBBY, Thomas enlisted in

the No. 2 Construction Battalion

CANADIAN EXPEDITIONARY FORCE at Windsor, Ont. on the 19th

day of February 1917

HE served in Canada, England and FRANCE

and is now discharged from the service by reason of in accordance with H.O. 1343

Demobilization. Auth. 3DD 3.C.659, D. 4.2.19

THE DESCRIPTION OF THIS SOLDIER on the DATE below is as follows:—

Age 17 years 10 months

Marks or Scars

Height 5 feet 4 inches

Complexion Colored

NIL

Eyes Dark

Hair Dark

T. Cobby
Signature of Soldier

R. Kapple
Issuing Officer
No. 8 District Depot

Rank

Date of Discharge 7.2.19

Appointment

Signed at Kingston, Ont. this 7th day of February 19 19

in Military District No. 3

File Reference No. 3DD 3. C. 659.

N.B.—As no duplicate of this Certificate will be issued, any person finding same is requested to forward it in an unstamped envelope to the Secretary, Militia Council, Ottawa, Canada.

CANADIAN EXPEDITIONARY FORCE
Discharge Certificate

No. (Rank) Name

Unit

Address on Discharge

Character and Conduct

Former Occupation

Special Qualifications of Value in Civil Life

Medals and Decorations

Remarks

Signed at this day of 19

.....
Name of Officer

.....
Rank

.....
Appointment

On demobilization the
particulars called for on
the back of this cer-
tificate will not be com-
pleted.

P. 878.

Extract from Sailing List No. 3

Unit:- B.R.D.

Reg. No.

Rank

Name

Sailed for Canada,
Military District No. 3

Ple.

COBBY

Canada T.

Acted on

Ledger Ck.

April 19

93 142 5
93 183 2 5
93

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

14832

Apr. 1/1917

RATE OF SEPARATION ALLOWANCE

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RATE OF ASSIGNMENT

15.			
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PARTICULARS OF SEPARATION ALLOWANCE

No. 931825
 Rank Pte. Promoted Reverted Discharge
 Soldier's Name Thos. Lobby
 Battalion # 2 Constr. Batten.
 Beneficiary
 Relationship
 Address

PARTICULARS OF ASSIGNMENT

Name Mrs Addie Cobby
 Address 451 Beaubien,
~~Cincinnati~~ Change of Address U.S.A.
 1 275 Brush St., Detroit, Michigan.
 2
 3
 4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
1917					
Dec 31.			135 ✓	135 ✓	
1918.					
Jan	W 62011		15	15 ✓ 9	
Feb	D 95873		15	15 ✓	
Mar	A 114067		15	15 ✓	
April	N 7468		15	15	
May	M 12474		15	15	
June	Z 8715		15	15	
July	Z 19780		15	15	
Aug	Z 31854		15	15	
Sept	O 45092		15	15	
Oct	Z 59639		15	15	
Nov	Z 74163		15	15	
Dec	Z 91414		15	15	
1919 Jan	Z 105006		15	15	
			<u>330</u>	<u>330</u>	

3359-7-3.

10942-act. 2A 22⁵/18

9 19780 ret'd + reult. 14⁸/18.

M. F. W. 128
400M-617-1772-89-141
L. L. 2520-M. & D. 1433.

31¹/₉ A/c Closed
 Ret'd per Olympic
 Date 12¹/₉
 Clerk H. J. Spencer
 59280-D. 22¹/₉



931825

(9) Is your Father alive?.....Yes.....

If so, state name and address Thomas Cobby Cincinnati, Ohio/
649 W. Seventh St.

(10) Is your Mother alive?.....Yes.....

If so, state name and address.....Mrs. Addie Cobby.....
649 W. Seventh St. Cincinnati, O. USA.

(11) If your Mother is a widow.....~~X~~.....

Are you her sole support, or not?.....~~X~~.....

(12) If sole support of widowed mother, state what amount you have given her per month prior to your enlistment, also reason she has no other support than yourself.

.....~~X~~.....
.....

(13) If you have no wife, father, mother or children, state the name and relationship with full postal address of your next of kin, to whom you would desire any communication to be sent concerning you.

.....~~Mrs. Addie Cobby~~.....
~~649 W. Seventh St. Cincinnati, Ohio U.S.A.~~

(14) If you have a wife, or children, or a widowed mother who depends on you as her sole support, have you applied to the Paymaster of your unit for Separation Allowance? If not, this must be done.

.....~~X~~.....

(15) Are you insured?.....No.....

If so, in what Company?.....~~X~~.....

Have you made arrangements for payment of your Insurance premium.....~~X~~.....

If not, and it is a monthly premium, you can assign the amount in addition to any other assignment you wish to make.

Atwood
Capt. for

.....Lieut. Col......
No. 2 Construction Bat'n. C. E. F.
.....Officer Commanding......

Date...February.....19th......1917

DUPLICATE

To be made out in duplicate.

H.Q. 54-21-23-53

PARTICULARS OF FAMILY OF AN OFFICER OR MAN ENLISTED IN C. E. F.

INSTRUCTIONS.

- (a) This form is only required for men joining units for Overseas Service and must be completed immediately the man is warned for draft overseas.
- (b) Care must be taken to see that a man is allotted his correct Regimental Number. No numbers must be duplicated and once it has been allotted to a man, even if he is subsequently discharged, the same number must never be allotted to another man.
- (c) All questions, etc., must be answered.
- (d) One copy of the form is to be forwarded by Officer Commanding unit for each Officer and man to Officer Commanding Division or District at least seven days before man leaves his station to proceed overseas, for transmission to Accountant and Paymaster General, Ottawa.
- (e) Duplicate copy is to be forwarded direct to Officer in charge of Records, C.E.F. London, immediately after arrival in England.

(1) Name of Overseas Unit which Soldier joins...#2 Construction Battalion C.E.F.

(2) Regimental Number...931825

(3) Full Name of Soldier...Cobby, Thomas

(4) Place of Birth...Louisville Ky. U.S.A.

(5) Are you married, or not? ...Single

(6) If married, state,
(a) Full name of your wife...~~_____~~

(b) Present Postal Address...~~_____~~

(7) Are you a widower? ...No

(8) Have you any children? ...No

If so, give number of boys and girls...~~_____~~

Also their names and ages...~~_____~~

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
	931825	Plt.	Cobby	Thomas D.
Year	Unit	Age	Service.	
	2nd Ban Boush B Co	17	18/12	
Station and Date.	Disease			
	Group Depot Influenza.			
# 12692 H. Braundott	Single; Schaffner. Previous - has had considerable trouble w/ stomach Laid up 2 weeks in France La Grippe. Family History Good. Present. Onset while on leave in London. about 6-11-18. In Hosp. there till 14-11-18. (Coughing Gen. Aching & headache.) Returned Group Depot 15 th where he had abdominal cramps it was transferred to Hosp. Plu. 15-11-18.			
15. 11. 18	Complains of crampy pains abdomen: dry cough interfering with sleep.			
16. 11. 18	Considerable cough during night. No abdominal pains this AM. Exam ⁿ - Colored. Tongue - pale & coated: Throat - Neg: Teeth fair Heart - Neg. Lungs - Resonant, vesicular Abdomen - Negative			
18. 11. 18	Improved: lungs clear			
19. 11. 18	Up & about - Convalescent.			
22. 11. 18	Some tachycardia			
18. 12. 18	Anxious to get to unit. Has slight Tachycardia on exertion. Otherwise fit. Thos Capt. B. A. M. S.			

Station
and Date.

address
451 Beauvoir St.
Detroit Mich.

MEDICAL EXAMINATION UPON LEAVING THE SERVICE OF OFFICERS AND OTHER RANKS WHO HAVE NO DISABILITY.

Officers and Other Ranks leaving the service for reasons other than medical unfitness are to be reported on this form. Where there is evidence of any undetermined or progressive disability, this form will not be used, but the case will be referred to a Medical Board for completion of M.F.B. 227.

No. 93 1825 Rank pte Surname COBBY
(Given name in full)
THOMAS
Unit or Corps #3 C.C.D.D. Birthplace Louisville, Kentucky

(Examination of Officer or Other Rank (stripped) to be made by one Medical Officer).

1. GENERAL DESCRIPTION:

Physique good Weight 145 lbs. Height 5 ft. 6 in. Colour of Eyes Brown.
Nutrition normal
Pulse 70
Condition of arteries normal
Vision Rt. 20/20 Left 20/20
Hearing (conversational voice) Rt. 15 ft.
Left 15 ft.

Identification marks, scars, or deformities.
(Give cause and date of origin).

Opinion as to general health and physical condition Both good

2. Has Officer or Other Rank ever suffered from, or has he now, any affection of the following systems? (Answer "Yes" or "No"). (Subjective evidence may be sufficient in certain cases.)

Nervous System no Genito-Urinary System no Cardio-Vascular System no
Special Senses no Integumentary System no Respiratory System no
Disturbance of mentality no Muscular System no Digestive System no
Osseous and Joint System no Any other general condition no

3. If the answer to any part of Section 2 above is "Yes," here give full particulars, with cause and date of origin; and also a description of the present condition.

Casualty form marked V.D.B. 8-1-18.
man states blood examination was negative. Re-
turned to duty 1-2-18.

1st Ind V.D.B. 27-4-18. Returned to duty
18-5-18.

man is under age 17. Man says he is
fit. no disability present.

Masserman report dated Jan. 31-19 states:-
Masserman of the marginally noted is negative.

(If space is insufficient, continue on back of form.)

[OVER]

EXAMINATIONS.

THIS SECTION FOR USE OVERSEAS—

Examined at (Overseas)

Date

Signed M.O.

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to or during service.

Signature

(If not satisfied, M.F.B. 227 will be completed by Medical Board.)

THIS SECTION FOR USE IN CANADA—

Examined at Bamfield (Canada)

Date ... Feb, 3rd / 1919

Signed E. Bull capt M.O.

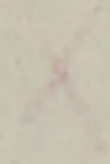
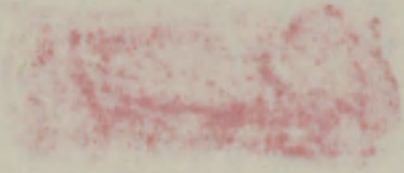
I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to, or during service.

Signature Bull

(If not satisfied, M.F.B. 227 will be completed by Medical Board.)

(This space to be used, if necessary, in connection with Section 3, overleaf, only.)

[OVER]



CANADIAN EXPEDITIONARY FORCE.

M.F.W. 44.
1183 (D.P.) 250M.-12-18.
1772-39-903.

/GM

LAST PAY CERTIFICATE

Regimental No. 931825 Rank Pte. Name Cobbym T.
(Surname first)
Unit B.R.O.G. who was* Discharged
On February 7th 1919, to Category "A4"
*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from Feb. 1st to Feb. 7th 1919.
the inclusive date of transfer or discharge.

	Dr.	Cr.
Bal. Dr. or Cr. from prev. month		4 97
Regimental Pay <u>7</u> days at \$ <u>1</u> c		7 00
Field Allowance <u>7</u> days at \$ <u>10</u> c		70
Separation Allowance		35 00
Clothing Allowance		
Post Discharge Pay		
*Other Credits		
Advances		
Separation Allowance and Assigned Pay Cheque No.		
*Other Charges		
Balance on transfer or on discharge, cheque No. <u>4027</u>	47 67	
Total	47 67	47 67

*Give particulars.

A monthly stoppage of \$ 15.00 (†) has (‡) been paid on account of
Assigned Pay for the month of 191..... }
and Separation Allee. for month of 191..... } (to) Assignee Mrs. A. Cobby,
649 W. 7th St.,
Cencenati, U.S.A.
(Address)
(†) Insert amount to be assigned, whether it has been paid or not. (‡) Insert "not" if amount has not been paid for period of account.

ON TRANSFER OF AN OFFICER.

Outfit Allowance of \$.....has been paid by Paymaster, Military District No.

REMARKS:—

State (1) date of enlistment married or single.....
(2) Separation Allowance, entitled or not No (3) Reason for discharge.....
(4) Authority for discharge or ~~transfer~~ 3DD 3-C-659

NOTE.—S.A. & A.P. Card and Index Card (M.F.W. 71) are to accompany Last Pay Certificate on transfer.

I have carefully examined this statement of account and find it to be a correct extract from the Pay Account of the officer or soldier.

Date February 7th, 1919

Place Kingston, Ont.

W. Peters J. Captain,
OFFICER I/C DEMOBILIZATION PAY DIV.
MILITARY DISTRICT No. 3 Paymaster.

- N.B.—(A) This form is to be used for all ranks (vide Article 122-130 and 141) Financial Instructions, C.E.F., 1916.
(B) For purposes of transfer it is to be made out in triplicate. Copies will be disposed of in accordance with instructions as laid down in Routine Order No. 1307, dated 12th Nov., 1918. Payment of the balance will not be made and the words "or on discharge cheque No." will be deleted.
(C) For purpose of discharge it is to be made out in duplicate. One copy to accompany discharge papers, and one copy for retention as a record. As payment of the balance will have been made, the words "on transfer or" will be deleted.
(D) If a man on discharge is entitled to Post Discharge Pay, Last Pay Certificates will be made out as in "C" with an additional copy to be forwarded to the District Paymaster.

cheque #4027 attached

Medical Examination upon leaving the Service
of an Officer fit for general service or a Soldier fit for duty.

m. 0 3.

Officers leaving the Service upon being found unfit for general service by a Medical Board, and Soldiers leaving the Service upon being found otherwise than fit for duty by a Medical Board, are not to be reported on this Form.

Rank Private Name COBBY Surname Thomas

Unit or Corps Bramshott R 10 (If a soldier) Regtl. No. 931825

Born at Louisville Ky USA on, date 27 Apr. 1901

Signature (for identification) Thomas Cobby

The examination is to be made jointly by two Medical Officers.

1. PHYSIQUE—Any deformity, maiming or lameness? If so, describe. no

Weight 140 lbs.

Height 5 ft. 6 ins.

2. NUTRITION AND DIATHESIS? good

After searching inquiry and thorough examination is any evidence found of disease or impairment of the parts indicated below? If so, describe.

3. NERVOUS SYSTEM? no

4. RESPIRATORY SYSTEM. no

5. HEART?

Abnormal Sounds? no

Abnormal Size? no

Pulse Rate? 68 Intermittence or irregularity? no

6. ARTERIES.—Any hardening? no

7. DIGESTIVE SYSTEM? no

8. GENITO-URINARY SYSTEM? no

Urinalysis—s.g.? 1022 Reaction? ac Albumen? no Sugar? no

9. SKIN, MIDDLE EAR, EYE or any other part? no

10. Is there any evidence of impairment of health or physical condition not mentioned above? If so, describe. no

11. Opinion as to the health and physical condition of the one examined? good

Examined at Winnell St Signed W Joseph Lee Col M.O.
Date 18 12 18 Signed W B M D Gyl M.O.

If any disease or impairment of health or physical condition is discovered, this report should be sent at once to the O.C. concerned for the Officer or Soldier to be sent before a Medical Board for regular boarding.

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ORIGINAL 731825 MEDICAL HISTORY SHEET

Surname Cobby Christian Name Thomas

Examined { on 19th day of February 1917
at Windsor, Ont.

Birthplace { City or Town Louisville Ky.
County U.S.A.

Apparent age 22 Yrs. 10 Mo.

Trade or occupation Porter & Cook

Height 5 feet 4 Inches

Weight 122 lbs.

Chest measurement { Minimum 31 inches
Maximum expansion 33 inches

Physical development Good

Small-pox Marks

Vaccination Marks { Arm Right Left 1
Number One

When Vaccinated last

(a) Marks indicating congenital peculiarities or previous disease

(b) Slight defects but not sufficient to cause rejection

Both Eyes 20/20

Approved by

Rank M.O.

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT
		<u>6 OCT. 1918</u>
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Date	Result	VACCINATIONS
<u>16/3/17</u>	<u>L.S.R.</u>	<u>Don Murray</u>
		M.O.
		M.O.
		M.O.
Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>29/4/17</u>	<u>L.S.R.</u>	<u>Shepley</u>
		M.O.
<u>16/3/17</u>	<u>L.S.R.</u>	<u>Don Murray</u>
		M.O.
<u>20/3/17</u>	<u>L.S.R.</u>	<u>Don Murray</u>
		M.O.

Enlisted on 19th day of February 1917 at Windsor, Ont.

	CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment	<u>#1 Construction Battalion C.E.F.</u>	<u>931825</u>		<u>19th, February 1917</u>
Transferred to				

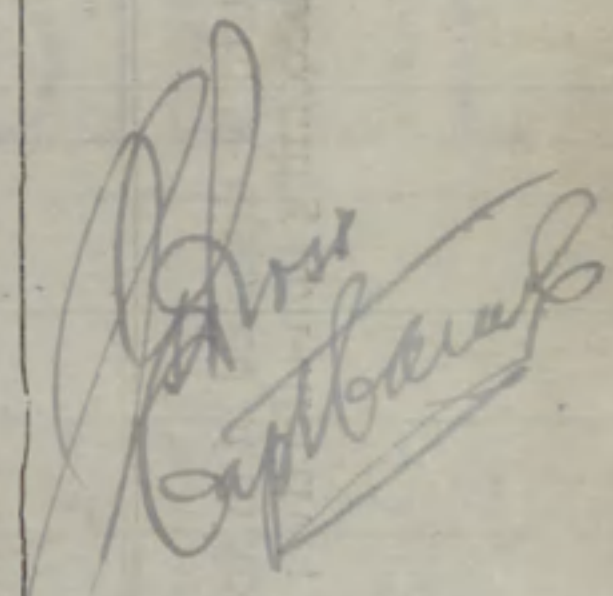
EXAMINED OR DISCHARGED BY A MEDICAL BOARD

STATION	DATE	DISEASE	RESULT
<u>Windsor, Ont.</u>	<u>FEB 19 1917</u>	<u>on enlistment</u>	<u>Fit Shepley</u>
<u>Benifull</u>	<u>Feb. 3-19</u>	<u>nil</u>	<u>Ant-Buller per Suro</u>

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.

CANADIAN

Surname *Lobby* Christian Name *Thomas*

STATION	Date of Arrival at the Station	DATES OF						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
		Admission into Hospital			Discharge from Hospital						
		Day	Month	Year	Day	Month	Year				
No 12 CAN. GENERAL HOSPITAL.		15	11	18	11	12	18	Influenza	27	<p> <i>Dr. J. B. ... London ... On the 14th ...</i> <i>14 (Cough, prostration & headache)</i> <i>felt under his ...</i> <i>dry cough. No fever. Very high ...</i> <i>tachycardia ...</i> <i>proceeded to discharge 8-9 ...</i> </p>	

DEPARTMENT OF MILITIA AND DEFENCE.

WAR SERVICE GRATUITY.

OTTAWA, CANADA.

Declaration required of Officers, Warrant Officers and Men who claim War Service Gratuity under Order-in-Council (P.C. 3165), dated 21st December, 1918.

If the applicant will enquire at the local Branch of the Canadian Patriotic Fund he will be informed if there is an official who will take this Declaration free of charge.

A complete reply must be given to every question in this Declaration. There must be no blanks and no dashes. If any questions are not applicable, the words "NOT APPLICABLE" must be written out.

On completion this Declaration is to be returned to THE DISTRICT PAYMASTER OF THE DISTRICT IN WHICH THE SOLDIER WAS DISCHARGED.

- 1. Christian names *Thomas* 2. Surname *Cobby*
- 3. Rank *Pvt* 4. Original Unit *2nd C.C.P.* 5. Reg. No. *931825*
- 6. Address, in full, to which future payments of gratuity are to be forwarded
451 Beaufort Detroit Michigan U.S.A.
- 7. Date of enlistment in the C.E.F. *Jan 19th 1917*
- 8. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge *not applicable*
- 9. Relationship of such dependent *not applicable*
- 10. Address, in full, of such dependent *not applicable*
- 11. Is said dependent now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? *not applicable*
- 12. Were you at any time on the strength for pay and allowances of a unit of the C.E.F. which was out of Canada or the United States when such pay and allowances were issuable? If so, give particulars of one such unit and dates of service overseas with such unit:
2nd Canadian Construction Coy in Signal Camp March 20th 1917 - till - May 10th 1917
- 13. Were you on the strength for pay and allowances of the Clearing Services Command, having been at any time on duty outside of Canada or the United States? *not applicable*
- 14. Were you on active service only in Canada or the United States? If so, give particulars of unit and dates of such service *not applicable*
- 15. Give total length of time which you served on active service, whether in Canada or Overseas, setting out particulars of units on whose strength you served *Canada Jan 19th 1917
Asst. Eng. March 15th 1917 - to 2nd C.C.P. - to France
May 10th 1917 - to 2nd C.C.P. - till Oct 20th 1918 to Camp to Canada*
- 16. Were you at the time of enlistment a civil employee of the Dominion Government? If so, state Department *no*
- 17. Were you a member of the Permanent Force at the time of enlistment in the C.E.F.? *no*

18. Have you had more than one enlistment? If so, give particulars of discharges and re-enlistments, and under what regimental numbers and units. *no*
19. Have you already received any payment of Post Discharge Pay or War Service Gratuity? If so, state amount you and your dependents have already received and by whom paid *no*
20. Have you been issued with a War Service Badge? If so, what class? *no*
21. Have you, during the present war, served in the Imperial Forces? *no*
22. Are you entitled to receive, or have you received any gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled *no*
23. (a) Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England? *no*
 (b) If so, was such reversion in consequence of misconduct or inefficiency? *no*
24. Are you now serving in the C.E.F.? *no* If not, give:—(a) Date of discharge *Feb 7 - 1919*
 (b) Reason for discharge *D. S. M. by M. I.*
25. Are you at present a member of and in receipt of pay and allowances from any Canadian naval or land forces? If so, give unit *not applicable*
26. Did you at any time serve at the front in an actual theatre of war? If so, give particulars of one unit which you served at the front, and dates of such service with that unit *S. M. Canadian Construction Coy. Trench in France May 10th 1917 - till Oct 20th 1918*
27. (a) Are you receiving treatment from the Department of Soldiers' Civil Re-establishment? *no*
 (b) If so, are you in receipt of full pay and allowances from that Department? *no*

And I make this solemn declaration, conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under oath and in virtue of the Canadian Evidence Act.

Signature of Applicant:

451 Beaubien St Detroit Mich

Place of Residence:

W. S. A. Thompson

Declared before me at:

7th day of February 1919

This

Signature of Barrister of the Supreme Court Stipendiary Magistrate, Notary Public, Justice of the Peace, or Commissioner for the Administration of Oaths.

J. M. A. Stewart

POST DISCHARGE PAY.

Date paid.	Paid Soldier	Paid Dependent	War Service Gratuity	Net amount due
			<i>15.3</i>	<i>350</i> ✓

Certified Correct.

District Paymaster.

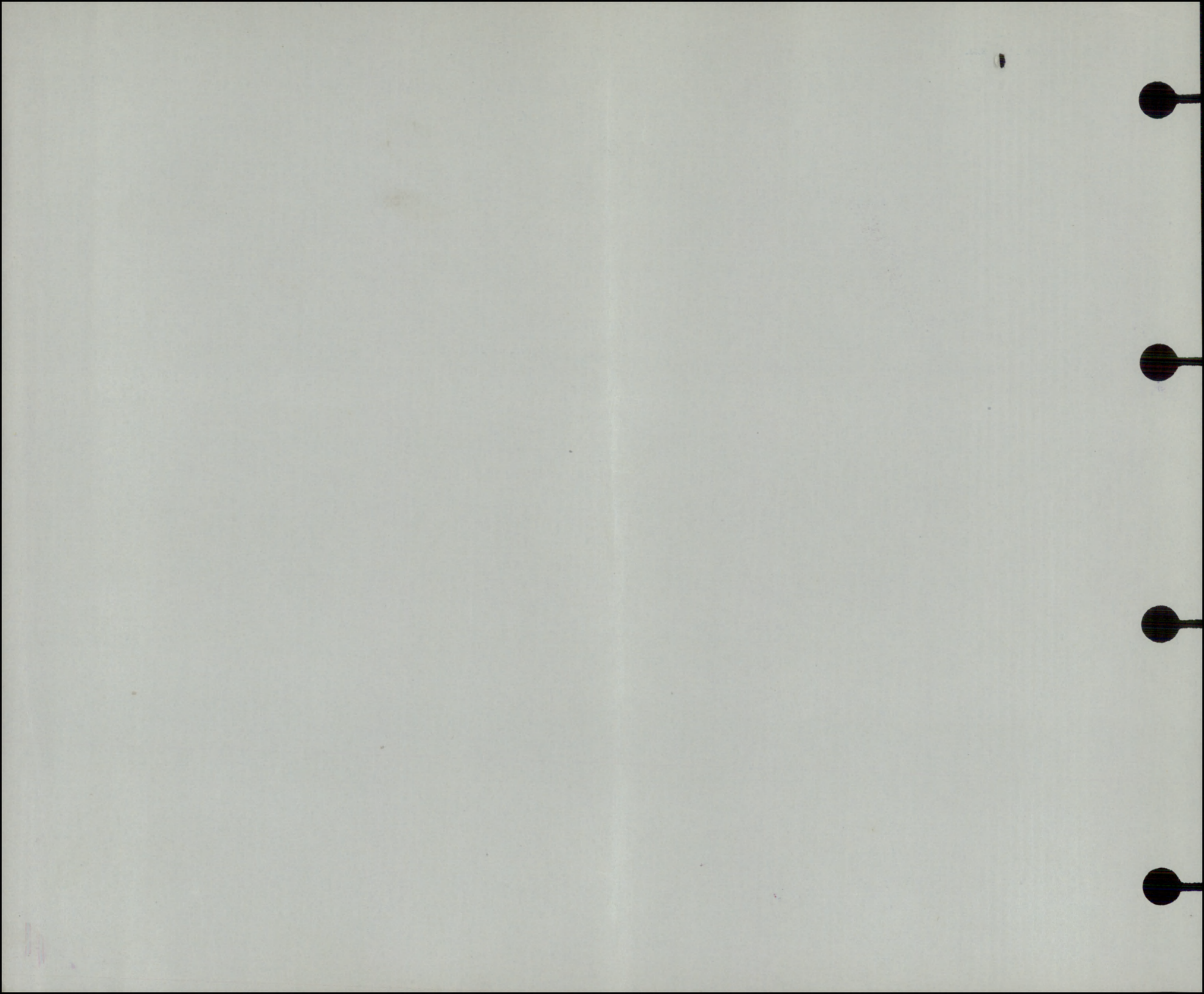
MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

To Whom *Mrs Addie Cobby* | By Whom Assigned *Cobby, J*
 Address *275 Brush St.* | Regtl. No. *931820*
 Detroit | Rank *Pfc*
 Mich. U.S.A | Corps *2 Co. Bn*
 Rate *\$ 10.00*

SPECIAL REMITTANCE

Chcd # 472. 11.12.17 PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915 1916	<i>U 48937</i>	<i>10 -</i>	
Feb.				
March				



MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

M. F. W. 12
 50m.—7-16
 H. Q. 1772-39-819

To Whom *Mrs. Addie Bobby,* By Whom Assigned *Bobby, Thos.*
 Address *649 West 7th St.,* Regtl. No. *931825*
Cincinnati, Rank *Pte*
Ohio U.S.A. Corps *#2 Const'n Btm.*
 Rate *\$15.⁰⁰* APR 1917

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				



12870

ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2.
(Assignee)

Mrs Addie Bobby

Name of Soldier

Bobby, Thos.
931825 - Pte - #2 Constn Pte.

PAYMENTS.

L. L. Job 5470—Req. 6888.

Month.	Year.	Cheque No.	Amt.	Remarks.
				<i>\$15⁰⁰</i>
April	1916			<i>APR 1917</i>
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1917			
Feb.				
March				
April		<i>Z 4737</i>	<i>15 0</i>	
May		<i>n 7033</i>	<i>15 0</i>	<i>15.00</i>
June		<i>D 13545</i>	<i>15</i>	
July		<i>R 20513</i>	<i>15</i>	<i>15.8</i>
Aug.		<i>V 27330</i>	<i>15</i>	<i>BV 27330, Remailed, 28/8/17. HJM.</i>
Sept.		<i>U 33573</i>	<i>15</i>	<i>15.00</i>
Oct.		<i>S 47117</i>	<i>15</i>	
Nov.		<i>N 54733</i>	<i>15</i>	
Dec.		<i>K 55493</i>	<i>15</i>	
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier _____

PAYMENTS.

Month.	Year.	Cheque No.	Amt.	Remarks.
Aug.	1918			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1919			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1920			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				

J.P. Rank _____ Name **COBBY, Thomas** Reg'l No. **931825.**
 Unit No2. Const. Bn. If in perm. Corps }
 What Unit? } Married or Single **Single.**
 Place and Date of Enlistment **Windsor. Ont. 19th Feb. 1917.** / Place of Birth **Louisville. Ky.**
U.S.A.
 Name and Address, Next-of-Kin **Mrs Addie Cooby. -**
Cincinnati Ohio usa. Relationship **Mother.**

Assigned Pay Monthly \$ _____ Payable to _____ Relationship _____
 Separation Allowance \$ _____ Payable to _____ Relationship **Plky**

W/E. R.B. No **6882**
 File R.L. _____
 Category **OR CAN**

Discharge, Date and Place _____ Reason _____ Character _____

H. W. V. Ld. - 9546-16.

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 S.S. Southland</i>		<i>7.4.17</i>	<i>29 May 1917</i>
<i>14-6-17</i>	<i>2 C.C.C.</i>	<i>Arrived in France Field</i>		<i>17-5-17</i>	<i>115</i>
<i>2-11-17</i>	<i>NSR.</i>	<i>Jura Hospit La Joux (km)</i>	<i>Jura.</i>	<i>25-10-17</i>	<i>CL A 53. Influenza</i>
<i>6-11-17</i>	<i>"</i>	<i>Disch'd from Hosp</i>	<i>"</i>	<i>27-10-17</i>	<i>" 56 "</i>
		<i>MINOR. Based date of Birth in</i>	<i>27. H.</i>	<i>1901</i>	
<i>25.10.18.</i>	<i>N.S.R.D.</i>	<i>T.O.S. from 2 C.C.C. minor</i>	<i>Pl.</i>	<i>B'hotw</i>	<i>24.10.18. AD. 260 + # 599/24-10-18</i>
<i>16.12.18</i>	<i>NSRD</i>	<i>% to Kin Park R type</i>	<i>-</i>	<i>-</i>	<i>16.12.18 Pt 305</i>
<i>29.1.19</i>	<i>NSRD.</i>	<i>ceases % C.D.D. Rhyf & Pte Ripon</i>	<i>Pte Ripon</i>	<i>9.1.19</i>	<i>80.21.</i>
		<i>505 to C.E.F. Canada</i>			

CANADIAN ARMY DENTAL CORPS, O.M.F.C.

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

MD3

NAME OF SOLDIER (Block Letters) Cobby T.
REGIMENT 2 CCC RANK PIE No. 931825

Date of Examination in England 18/12/18. Date of Examination in France _____



DIRECTIONS TO DENTAL OFFICERS

1. This form will be made out for each individual at the time of Demobilization in England or France.
2. Figures as per chart will be used to designate teeth concerned.
3. In reference to Partial Dentures the numbers of teeth thereon will be stated.

PRESENT DENTAL REQUIREMENTS

1. FILLINGS
2. EXTRACTIONS 9.
3. CROWNS
4. DENTURES
 - (a) Full Upper
 - (b) Part Upper
 - (c) Full Lower
 - (d) Part Lower

HAS HE EVER REFUSED DENTAL TREATMENT ?

HAS HE EVER RECEIVED DENTAL TREATMENT ? (Reply by "Yes" where applicable to any or all of a, b or c.)

- (a) In Canada
- (b) In England
- (c) In France yes

KINMEL PARK,
NORTH WALES.

Signature of Dental Officer How Reed
Capt.

W.D. 3

Gobby T. RIC

Acc

1811

1811

1811

1811

1811

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

M. F. W. 54.
150M. 10-15.
H.Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps # 2. Construction Batt. C. E. F.

Regimental No. 931825. Rank Pte Name Cobby, T hos.
C. E. F.

Enlisted (a)..... Terms of Service (a)..... Service reckons from (a).....

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).....

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>22/1/19.</u>					

T.O.S. Casualty Company No. 3 District Depot.
for Disposal, Part Two D.O. # 22, Kingston, 20/1/19.

~~FOR O.C. CASUALTY CO., NO. 3 DISTRICT DEPOT~~
J. R. Williams LIEUT.
for O.C. Casualty Co., No. 3 District Depot.

(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				
87-2-19	SOS	Discharged	Kingston	7-2-19	AS 8 Prof. Rooney Capt. O. O. Discharge Section No. 3 District Depot

Date of birth 27th April 1901

Report		Record of promotions, reductions, transfers, casualties, &c., 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 of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A. 35, or other official documents.
Date	From whom received				
25.10.18	N.S.R.D.	T.O.S. and attached to B.R.O.G. and posted to Depot Coy.	B/Phatts	24.10.18	P+II 50.260.
30.10.18		Granted leave 20.10.18 to 13.10.18 warrants No 939172/3		30.10.18	50.264
11.11.18		admitted to General St. Mil Hosp.		7.11.18	50.274
10.12.18.	N.S.R.D.	Posted to Depot Coy.	Bramshov	15.11.18.	D.O. 279.
10.12.18.	N.S.R.D.	Admitted to No. 12 G.B.H.	Bramshov.	16.11.18.	D.O. 299.
12.12.18.	N.S.R.D.	Posted to Depot Coy.	Bramshov	11.12.18.	D.O. 301
15.12.18.	N.S.R.D.	On command Kimmel Park, Chyl.	Bramshov.	16.12.18.	D.O. 305.
18.12.18	Att. to Kimmel Park.			P+II No. 9 of 17.12.18	
9/1/19	Transferred to or transfer to	in proceeding of Canada	(C)1	P+II No. 11	of 11/1/19
			Stewart Lieut		
			M.A.C. Coy 3.		

 LIEUT.
 OFFICER i/c RECORDS,
 NOVA SCOTIA REGTL. DEPOT.

not to be

Casualty Form - Active Service.

Regiment or Corps No 2 Canadian Construction Company

Rank private Surname Bobby Christian Name Thomas

Religion Age on Enlistment years months

Enlisted (a) Terms of Service (a) Service reckons from (a)

Date of promotion to present rank Date of appointment to lance rank

Extended Re-engaged Qualification (b) or Corps Trade and rate

Occupation Signature of Officer

Table with 5 columns: Date, Report (From whom received), Record of promotions, transfers, casualties, etc., Place of Casualty, Date of Casualty, Remarks. Includes handwritten entries for 21-10-18 and 25-10-18.

(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) Signaller, Shering-Smith, & Co. W. 9625 M2733 2000m 9/17 (35611) C. P. & S., Ltd., Form B./103 E/1807. P.T.O.

Army Form B. 103.

Sheet 2

931845

Regimental Number:

Casualty Form - Active Service.

Regiment or Corps # *2 Ldn Construction Coy.*

Rank *Private* Surname *Cobby* Christian Name *Thomas*

Religion Age on Enlistment years months

Enlisted (a) Terms of Service (a) Service reckons from (a)

Date of promotion to present rank Date of appointment to lance rank

Extended { } Re-engaged { } Qualification (b)
 or Corps Trade and rate

Occupation Signature of Officer

Report		Record of promotions, reductions, transfers, casualties, &c., 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 of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents.
Date	From whom received				
		Embarked ...			
		Disembarked ...			
<i>8-1-18</i>	<i>51 Gen</i>	<i>U.S. adm 51 Gen</i>		<i>8/1/18</i>	<i>W 3034/24127</i>
<i>1/2/18</i>	<i>oc CFB D</i>	<i>Taken on S. CFB D from 51 Gen</i>		<i>31-1-18</i>	<i>NR 157</i>
<i>31-1-18</i>	<i>51 Gen</i>	<i>U.S. C. To duty</i>		<i>31-1-18</i>	<i>W 3034/20814</i>
<i>6/2/18</i>	<i>oc CFB D</i>	<i>Left for 37 Coy (7C)</i>		<i>6/2/18</i>	<i>N/R, R/R 74</i>
<i>3/1/18</i>	<i>oc 51 Gen</i>	<i>Forfeits were all set is placed</i>		<i>12/75 8 d/13/18</i>	
	<i>dupl.</i>	<i>under stoppage of pay at the rate</i>		<i>01643/1077</i>	
		<i>of 50 p per diem whilst in</i>		<i>d/31-1-18</i>	
		<i>hospital from 9-1-18 to 31 Jan</i>			
		<i>(53 days)</i>			
<i>9/2/18</i>	<i>oc 376 (7C)</i>	<i>Reported 376 (7C) for hosp 9/2/18</i>			<i>B 713</i>

(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) Signalers, Shoenig-Smith, & Co. W. 2022 - M2738 2000m 8/17 (85911) C.P. & S. Ltd. Form B/103 E/1807. P.T.O.

Report		Record of promotions, reductions, transfers, casualties, &c., 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 of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents.
Date	From whom received				
14/2/18	4th Cav 7 Amb	Wasper of Penis		11/2/18	a 36/52402
17-2-18	4 Cav 7 A.	" " " adm.		11/2/18	a 36/53472
18/4/18	OC 37 Co CFC	Rept 37 Co CFC from Hospital		18/4/18	B213 dt 23/2/18
16/2/18.	37 Co CFC	adm to 7 A.		11/2/18	B213
21-2-18	4 Cav 7 Amb	Wasper of Penis to duty 18/2/18.			a 36/53920.
23.2.18.	Unit	V.D.S. Adm 51 Gen. Hosp.		8.1.18	B213
27.4.18	20. 7. A.	V. D. S. To 51 Gen.		27.4.18	E 7821. Q. 1575.
27.4.18	37 Co. 6. 7. 6.	Ceases att. to 37 Co. 6. 7. 6. on adm. to Hosp.		24.4.18	B. 213.
27.4.18	51 Gen.	V. D. S. Adm.		27.4.18	E 8480. W. 9367.
24.4.18	20 7. A.	N. Y. D. Adm.		24.4.18	E. 7419. Q. 1478.
19.5.18	let B.D.	To 51 Gen. Hosp. A.		18.5.18	N. R. 820.
18.5.18	OC. 51 Gen. Hosp.	Forfeit. Hd. allow. & placed under stop. of pay at 50¢ per day whilst in Hosp. from 27th. 18 to 18.5.18, 22 days.			A. 7. 0. 1643 No. 4337. D/18.5.18.
18.5.18	51 Gen. Hosp.	V. D. S. To Duty.		18.5.18	G/31 D/28.5.18.
29.5.18	let B.D.	Left for 2 ban. boys. Co.		29.5.18	N. R. 1246.
1. 6. 18	37 Co. 6. 7. 6.	Rey. from Hosp. Hd.		30.5.18	B. 213.
19.10.18	do	proceeds to Pau as Minor		18.10.18	B213
20.10.18	let B.D.	arrived as a MINOR Des		19.10.18	RR 4577
21.10.18	let B.D.	Transferred to W/S R.D. as a Minor		21.10.18	RR 484

Sheet 5 Date of Birth: 27 April 1901
 Date KE 35147

M. F. W. 54. (A. F. B. 103.)

350M.—5-16
 H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps #2 Construction Battalion C.E.F.

Regimental No. 931825 Rank Pte. Name Cobby, Thomas
 C. E. F.

Enlisted (a) 19/2/17 Terms of Service (a) Duration of war & Six Months Service reckons from (a) 19/2/17

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) Porter & Cook

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				
17/1/17	O.C. W. Constm Bath	Embarked from Canada Halifax, N.S.	Halifax, N.S.	25/3/17	Pt 2 D.O.# ... for Capt & adj
		Disembarked, England Liverpool	Liverpool	7/4/17	
		Proceeded overseas Seaford	Seaford	17/5/17	
21/5/17	Go	Landed in France 17-5-17 N.R. Forfeits 5 days pay for making way with Iron Rations	Sld.	21/5/17	B2069 O119-257
23-7-17	O.C.	28 Days Y.C. No. 1 for. Absent from his working party from 1 pm to 6 pm	Sld.	23-7-17	B2069 P. 131 13-10-17

(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.

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				
23-8-17	O.C.	20 Days P.T. #1. 4 Day Pay R.W. for when on A.S. whilst undergoing #1 I. Breaching Camp at about 10pm 12/8/17 II. Absjunt at 12/8/17 until apprehended by Insp. at Caldas de 12/8/17. III. Out of bounds IV. Improperly Dressed (no belt) (4 days in comm. with previous award)	3rd	17-8-17	B2069 P131 13/10/17
4-10-17	OC	20 days P.T. #1 for (i) absent without leave from 10 am 30-9-17 until apprehended at Metchard at 7 pm 2/10/17. To forfeit 3 day pay R.W.			B2069 P2957-132 16/10/17
23-8-17	OC	7 days P.T. #2 for Improper conduct in being a comrade to see improperly.		21-8-17	B2069 P132 17-18/10/17
25-10-17	Jura Nap	Influenza	adm	25-10-17	W3034-a886
27-10-17	"	Discharged to duty		27-10-17	" a8862
27-10-17	OC	Repd unit from hosp		27-10-17	B213
17 11/17	OC	Attached to 27 Coy 68C		13 11/17	B213
4-1-18	55 CCS.	Syphilis Prim	adm 55 CCS.	4/1/18	A36-665/8
6-1-18	"	" (Prim)	adm 4/1/18. Transf to AT. 11. 5/1/18	5/1/18	A36/668/14
4-1-18	Lucknow Car	Soft Chancere.	adm 2/1/18 Transf 55 CCS.	2/1/18	A36/668/74
7-1-18	"	Soft Chancere.	adm Luck Car FA 2/1/18 Transf to 55 CCS.	6-1-18	A36/666/72
5-1-18	OC 37 Co	adm to hosp.		2/1/18	B213.

Date.

Remarks.

Pt. 2 Order No.

M.F.W. 192
150M-6-18.
1772-39-1243.

*Name BOBBY Thomas Rank Pvt Regtl. No. 931825

Original unit 2nd Bomb Bn Present unit 2nd Bomb Bn M. or S. Age..... Religion Meth Fyle Depot 3-C-659 Ref. H.Q.....

Port, ship, and date of arrival Halifax Olympic 17-1-19

Next of kin Mrs Mrs A Cobby Lancianath Ohio US-A

Address on leave Rugby Ontario

Address on discharge.....

Transportation issued Yes No Date..... Character on discharge.....

Previous occupation Post. Clerk Date and place of enlistment 19-2-17 Windsor Ontario

Diagnosis..... Date of Medical Boards.....

Date.	Remarks	Pt. 2 Order No.
<u>22-1-19</u>	<u>T.O.S. Casualty Company No. 3 District Depot. From 45</u>	
	<u>for Disposal, Part Two D.O. 22. Eff 20-1-19</u>	
	<u>Leave & Sub 21-1-19 to 3-2-19</u>	

SURNAME: *Cobby* CHRISTIAN NAME OR NAMES: *J.* REG. NO.: *931825*

RANK: *Plt* UNIT: *S.S.* CO.: *2 Co.* TROOP: *Depot. U.S.* BATTY:
 HOSPITAL: DATE OF ADMISSION:

20. 7. Amb

24. 4. 18

1. *51 Gen. E. Taples* HOSP. *27-11-18*

2. *Brace St. Mill P.* HOSP. *8. 11. 18*

3. *12 G.G. B. Stott* HOSP. *16. 11. 18*

4. HOSP.

5. HOSP.

DIAGNOSIS

1. *N. 7 D. Q*
V. V. G. Ho
 2. *Influenza.*

DISPOSITION

Dis. 18. 5. 18. DATE

6R. 1. 5. 18. a 201.
8-6-18 a 207
25. 5. 17 a 222-2
19. 11. 18 6369
20. 11. 18 6370
29. 5. 19. C523

Dis REMARKS *11. 12. 18.*

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.

(This form to be filled in by all ranks on voyage to Canada)

NAME	RANK	SURNAME	INITIALS	UNIT
.....

Address.....
 (Street) (City or Town) (Province)

Name of person to be notified of arrival.....

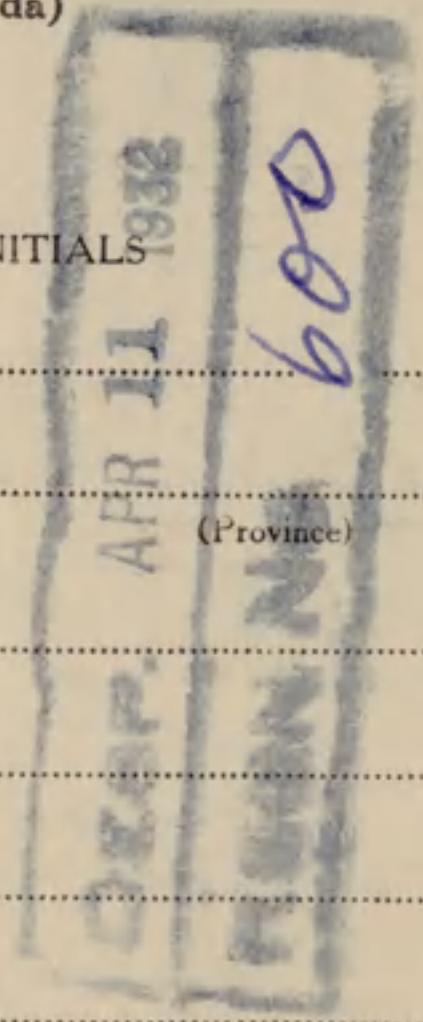
Military District to which a furlough warrant is required.....

Railway.....

Is your wife on board..... Number of children on board.....

Nation.....

(Sgd.).....



Ind. ~~Miss~~

Number 931825

Rank ~~Sgt. Ste B~~

Surname COBBY

Christian Name Thomas

Units CORCE Theatre of War France

Date of Service 17-5-17

Remarks John B. Creasey Eng.

Latest Address N.S. Claims Officer

Roll No. 7³/₃₂ 286 British Benevolent Socy
of Los Angeles 212 Bradbury Bldg

200m.-6-21... Stage 21939 Los Angeles Calif
U.S.A.

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
A 35	Jura, Les Joux Jura	25-10-17	Influenza
a 56	Discharged	27-10-17	"
A 1092	#556 Cas. Cleasstat	4-1-18	V. N. S. Primary (N.S.)
A 112	51 Gen. Etaples.	8-1-18	" " " (Nova Scotia Rep)
A 201	20 fld. Amb.	24-4-18	N. Y. D. G.
A 207	51 Gen. Etaples	27-4-18	V. D. G.
A 222	Discharged	18-5-18	V. D. G.
6369	mil Kendall St-Wb	8-11-18	Influenza
6370	12 Can Branshott	16-11-18	" " "
652	Discharged	11-2-19	" "

NAME

Cobby, J.

REGT'L No.

931825

H. Q. FILE No. 649.

RANK AND CORPS

Pte 2 Lon. Bn.

FOLLOWS

No.

FOLLOWS

CABLE

NO.

DATE

NATURE OF CASUALTY

REMARKS.

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.....
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.....
.....
.....



12. Can Gen HOSPITAL.

AT 10543

A. & D. No. PL. OF ACTION

RANK 1st REG. No. 93825 UNIT 13. T. P. D. G (NSP) SICK OR WOUNDED

NAME Bobby T. AGE 14 RELIGION Meth.

PLACE IN HOSPITAL Ward 18.

DIAGNOSIS Influenza

ADMITTED 15 11 FROM

DISCHARGED To

TRANSFERRED DEC 11 1918

SERVICE AT HOME 18/ IN FIELD

RESULTS 12

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
10.11.18	12.64. Bramshott	Influenza	C.370	1386		
11.12.18	Ditch	do	C.323	3996		
21	20/5	R.C. 3				

Thomas.

Name **COBBY.** Rank **Pte.** Reg. No. **931825.**

Unit ~~2nd Construction Co.~~ **H.S.R.D.**

Next of Kin **U.S.A.**

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
2-1-18	Lucknow Can. F.A. 11355.		V.D.S.C.	A108.		
4-1-18	55 th C.I.L. 11420		VDS	Primary A109		
8-1-18	51 st G.H. Staples 18296-3		VDS	A125		
31-1	To Duty		VDSC	A	133	19216
24-	No 2 nd Plt amb		VDS	A 201		19257
24-	No 51 st G.H. Staples		VDS	A 207		1056/9
18-	To Duty		do	A 222		1392/16
8-11-18	Mil H. Endell St.		Influenza	C 369		999

P.T.D.

From Halifax, per S.S. Southland 28-3-17.

MARRIED

SINGLE

Yes.

WIDOWER

TRADE OR CALLING

Porter & Cook.

RELIGION

Methodist

DESCRIPTION.

APPARENT AGE

22 YEARS

10 MONTHS

HEIGHT

5 FEET

4 INCHES

CHEST MEASUREMENT

33 INCHES

EXPANSION

2 INCHES

COMPLEXION

Coloured

EYES

Dark

HAIR

Dark.

DISTINGUISHING MARKS

Not stated.

MEDICAL EXAMINATION.

PLACE

Windsor, Ont.

DATE

Feb. 19th 1917.

Present address: 207 Columbus St. Detroit
Mich., U.S.A.

SURNAME.

Cobby

CARD NO. *3*
Dis 7-2-19-3 Demol
A.O. 797 FOL 19 #30A

CHRISTIAN NAMES

Thomas

REGL. No.

931825

RANK

Pte.

UNIT

No. 2 Constr.

Bn.

FORMER CORPS

Nil

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Cobby, Mrs. Addie

RELATIONSHIP TO SOLDIER

Mother

S.O.P. 129-18. 451 Beaubien, Detroit, Mich, U.S.A.

*Also notify: S.C. Cobby (Father) (Auch of Co. #2 Construction Bn 27/9/17)
207 East Milwaukee Ave, Detroit Mich.*

COUNTRY OF BIRTH

U.S.A. Louisville, Ky.

DATE

Apr. 27th 1895

PLACE OF ATTESTATION

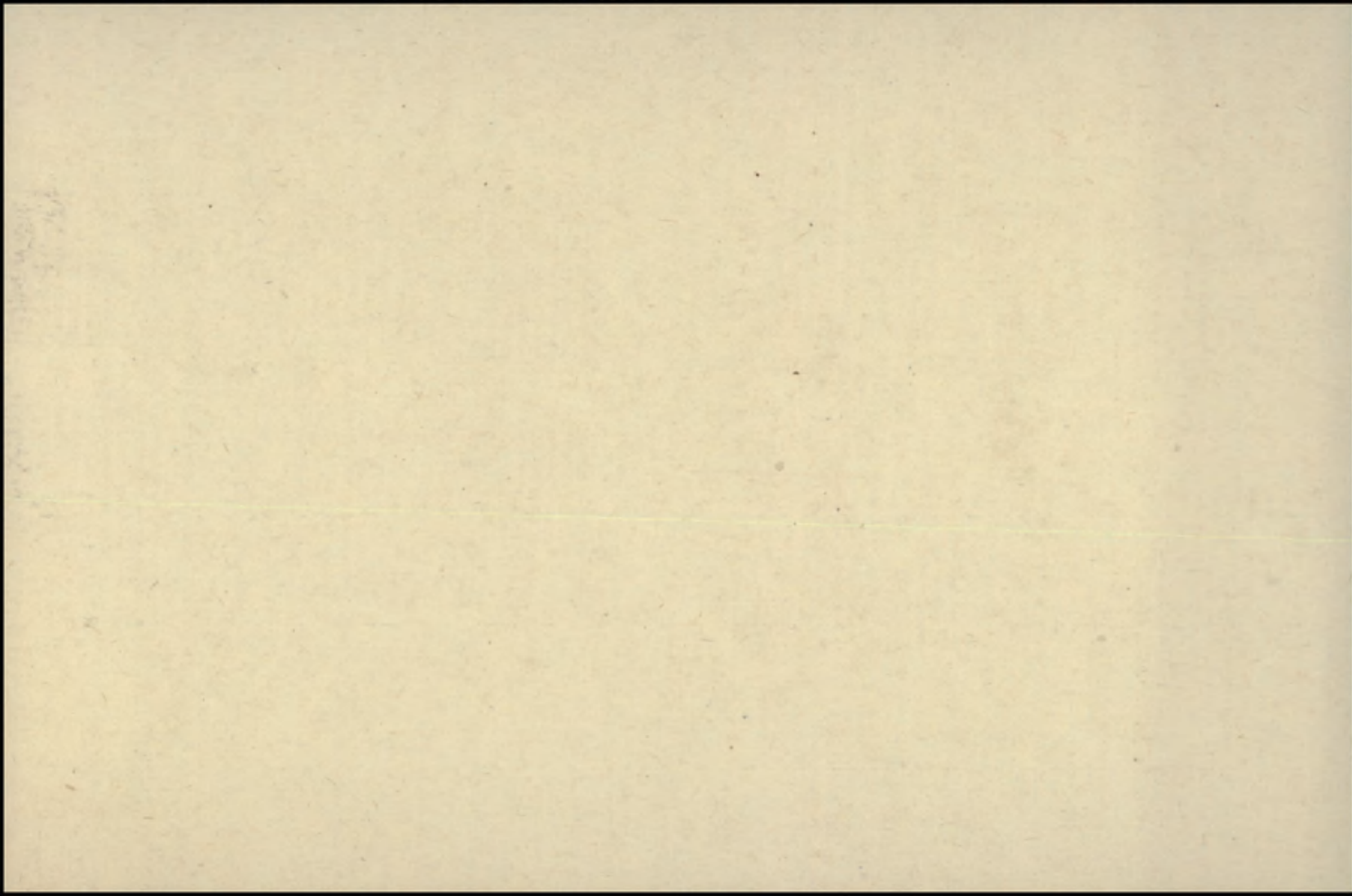
Windsor, Ont.

DATE

Feb. 19th 1917.

DS 283-17

R/C. 17-1-19 $\frac{254}{80}$ Sig.



No. 931825 RANK *Pte.*

NAME *Cobby J.*

T. O. S. *19.2.17.*

UNIT *No 2. Construction Battalion*

D.O. 52. 1-3-17

M. D. *6*

			PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
PAID FROM	PAID TO	SIG. OR REC'T	PARTICULARS	AUTHORITY
<i>1917 Feb. 19</i>	<i>1917 Mar 31</i>	<i>m</i>		

CLINICAL CHART.

Army Form B. 181.

Corps 12th Com.
No. 331825

Rank and Name Pte Cobby T

Military Hospital 1012 San Gen
Age 17 Service 18/12

Disease _____ Date of admission 15. 11. 18 Date of discharge 10. 12. 18 Result Recovery

Dates of Observation	15		16		17		18		19		20		21		22		23		24		25		26		27		28		29		30 Dec		1		2		3		4		5		6	
	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time		
Temperature Fahrenheit	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.		
107°	66	70	70	72	70	72	70	72	70	72	70	72	70	72	70	72	70	72	70	72	70	72	70	72	70	72	70	72	70	72	70	72	70	72	70	72	70	72	70	72	70	72	70	72
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98°																																												
97°																																												
Pulse per Minute	88	66	66	68	66	68	66	68	66	68	66	68	66	68	66	68	66	68	66	68	66	68	66	68	66	68	66	68	66	68	66	68	66	68	66	68	66	68	66	68	66	68	66	68
Respirations per Minute	15	18	18	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20
Motions per 24 hours																																												

B-I-D.

Signature [Signature] In charge of case.

* Strike out whichever inapplicable.

ASSIGNED PAY.	ENGLAND or CANADA.	SEPARATION ALLOWANCE.	ENGLAND or CANADA.	NAME:- COBBY Thomas.
EFFECTIVE DATE:-	<i>1st April 1917.</i>	EFFECTIVE DATE:-		NUMBER:- 931825
AMOUNT:-	<i>15:00</i>	AMOUNT:-		PARTICULARS OF RANK OR APPOINTMENT
NAME, ADDRESS, RELATIONSHIP & AUTHORITY				AUTHORITY
				DATE EFFECTIVE
Mrs Addie Cobby (Mother) 649. W. 7 th Street. CINCINNATI, USA <i>1.19</i>				RANK OR APPOINTMENT
UNIT AND TRANSFERS				
ORIGINAL UNIT:- <i>2 Construction Bn</i>				
DATE ACCOUNT FIRST OPENED:- <i>1st April 1917.</i>				
AUTHORITY		DATE EFFECTIVE	DATE LEDGER SHEET T'S F D	UNIT TRANSFERRED TO
				<i>Canada</i>

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS | UPON CLEARANCE OF VOUCHERS, ENTRIES WILL BE CANCELLED BY INSERTION OF DATE CHARGED IN RED INK

DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT
<i>Dec</i>	<i>24005</i>	<i>44</i>	<i>5 85</i>				
<i>" 11</i>	<i>3390</i>	<i>B.F.O.E.</i>	<i>9 72</i>				

DAILY RATES OF PAY AND ALLOWANCES				
AUTHORITY	PAY	F.A.	P.F.A.	SUBS CE ALL CE
	<i>1</i>	<i>-</i>	<i>-</i>	<i>10</i>
				<i>29 77</i>

PARTICULARS OF RENDERING NON-EFFECTIVE: *Cancelled Canada into non-P. 15/12/10*

1918 MONTH	PARTICULARS	CR. 1	CR. 2.	PARTICULARS	DR. 1	DR. 2.	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
<i>MAR</i>	<i>Bal Ford</i>								<i>30 97</i>		
<i>apl</i>	<i>Payra</i>	<i>33</i>		<i>Ass Pay</i>				<i>15</i>			
				<i>AR 27- 10/4/18. 37 Co CFC</i>	<i>5 35</i>				<i>40 05</i>		
				<i>AR 71- 26/4 - 37 Co CFC</i>	<i>3 57</i>						
<i>May</i>	<i>P. Pay</i>	<i>33</i>		<i>Ass Pay</i>	<i>8 92</i>			<i>15</i>			
		<i>34 10</i>		<i>Ass: stop: 27/4/18 to 19/5/18. - 22 days</i>				<i>15</i>			
				<i>Bo 31 28/5/18. 2 Cons Bu.</i>		<i>13 20</i>			<i>45 95</i>		
		<i>34 10</i>				<i>13 20</i>		<i>15</i>			
<i>June</i>	<i>P. P.</i>	<i>33</i>		<i>Ass Pay</i>				<i>15</i>			
				<i>AR 157 29/5 37 Co CFC</i>	<i>2 68</i>						
				<i>AR 311 26/5. C.F.B.D.</i>	<i>4 46</i>						
				<i>✓ 177 15/6 37 Co CFC</i>	<i>4 46</i>						
				<i>✓ 234 29/6 ✓ ✓</i>	<i>4 46</i>				<i>47 89</i>		
<i>July</i>	<i>PP.</i>	<i>33</i>		<i>Ass Pay</i>	<i>16 06</i>			<i>15</i>			
		<i>34 10</i>		<i>AR 274 12/7 37 Co CFC</i>	<i>4 46</i>						
				<i>AR 322 27/7 ✓</i>	<i>4 46</i>				<i>58 07</i>		
		<i>34 10</i>			<i>8 92</i>			<i>15</i>			
<i>Aug</i>	<i>PP</i>	<i>34 10</i>		<i>Can ar</i>				<i>15</i>			
				<i>AR 381 15/8 37 Co CFC</i>	<i>4 46</i>						
				<i>AR 479 31/8 ✓</i>	<i>4 46</i>				<i>68 25</i>		
		<i>34 10</i>			<i>8 92</i>			<i>15</i>			
<i>Sep</i>	<i>PP</i>	<i>33</i>		<i>Can ar</i>				<i>15</i>			
				<i>AR 474 13/9 37 Co CFC</i>	<i>4 46</i>						
				<i>AR 535 27/9 ✓</i>	<i>4 46</i>				<i>77 33</i>		
		<i>33</i>			<i>8 92</i>			<i>15</i>			
<i>Oct</i>	<i>P.P.</i>	<i>34 10</i>		<i>Can ar</i>				<i>15</i>			
				<i>AR 1127 31/10 Det Blane</i>	<i>4 66</i>						
				<i>AR 606 11/10 37 Co CFC</i>	<i>4 66</i>						
				<i>AR 3429 29/10 RD Sup</i>	<i>7 02</i>				<i>10 33</i>		
		<i>34 10</i>		<i>646 11/10 37 Co CFC</i>	<i>3 73</i>						
					<i>8 02</i>			<i>15</i>			

COMPILED BY: *H. Malcolm*
 CHECKED BY: *J. J. [unclear]*

NUMBER 931825 RANK

NAME COBBY, J.R.

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4.	BALANCE	DEFERRED	SEPARATION
Nov	P.T.	33		Cap					10 38		
				CP 63416. 14/11. - London.	243			15	20 38		
Dec	P.W.	34	10	GR 3390. 11/12. Bishop	973			15	25 95		
		67	10		1216			30	45 05 35 34		
May				JOR. 04005 12/12	556						
				AK. 634 12/12 Rhyd	973				2003		
				London L.P.C.	1529						

2/623
30/2/19

LIST OF DISCHARGE DOCUMENTS.

Attestation Paper, Triplicate..... Militia Form W. 23
 or Particulars of Recruit..... Militia Form W. 133
 Field Conduct Sheet..... Militia Form W. 178 or A.F.B. 122
 Casualty Form..... Militia Form W. 54 or A.F.B. 103
 Last Pay Certificate..... Militia Form W. 44
 Certificate that missing documents are unobtainable.....
 Medical History Sheet..... Militia Form B. 313 or A.F.B. 178
 Proceedings of Medical Board..... M.F.B. 227, A.F.B. 179 or A.F.A. 45
 Dental History Sheet..... Militia Form B. 465
 Medical Report..... M. F. W. 129 or D. M. S. 1375
 Regimental Conduct Sheet..... Militia Form B. 263
 Company Conduct Sheet..... Militia Form B. 263a

SHORT FORM.
 PROCEEDINGS ON DISCHARGE.
 (Demobilization.)

1. No.	9318 25	
2. Rank.	Private	
3. Name.	Cobby, Thomas,	
4. Unit.	No. 3 District Depot.	
5. Date of Discharge	7.2.19.	Place Kingston, Ont.
6. Reason for Discharge	Demobilization	
7. Authority.	3DD 3.C.659, D. 4.2.19.....R.O.1343	
8. Proposed Residence after Discharge	Detroit, Ont. Mich.	
9.	CERTIFICATE TO BE SIGNED BY SOLDIER. I hereby acknowledge that at the undernoted place and date I received my discharge Certificate M. F. W.? 39 J. Cobby Signature of Soldier.	
10.	CONFIRMATION. The discharge of the above named man is hereby confirmed. Place..... Kingston, Ont. Date..... 7.2.19 Signature..... (O. C. Discharging Unit.)	

27/2/19

H

DEPT. MILITARY SERVICE
 FEB 20 1919
 H.Q. CANADA