REGIMENTAL DOCUMENTS

NAME Cochrane, John Pte. REGT. NO. 104 5278 UNIT 24th Bn. H. Q. FILE NO.

	CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
1	ATTESTATION PAPER (M.F.W. 23, 133, or 51)					DEATH
3	CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category
	TRAINING HISTORY SHEET (M.F.W. 113)					
	FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)				26712	
	REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)					
	COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					
	MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
	DENTAL HISTORY SHEET (M.F.B. 465)		Deceased	5-7-53		Category
	MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					Med Unfit
	MEDICAL EXAMINATION (M.F.W. 129)					
	TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)					
	PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)					
	DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)					DESERTION
	LAST PAY CERTIFICATE (M.F.W. 44)					
1	PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					8 22
	PARTICULARS OF CHARACTER (A.F.W. 3226)					8 22.
1	COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					7 .22
1	OCR 132 R122-1					
1	MT. 0192					
10	Misc					
1	MT W 147					
1	Code 5009A					
1	AWA 1375					
1	MT W 145					
2	AFL 1257					
13	Correspondence					
1	[illegible]					
	[illegible]					

W 2589
4-11-18
17-2-19-1377

241st O/s. BATTALION
Canadian Expeditionary Force — Original

ATTESTATION PAPER.

No. 1045278

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname?	COCHRANE.
1a. What are your Christian names?	John
1b. What is your present address?	Ridgetown, R.R.No. 2 Ontario
2. In what Town, Township or Parish, and in what Country were you born?	Ridgetown, Ont.
3. What is the name of your next-of kin?	COCHRANE, Gilbert
4. What is the address of your next-of-kin?	Ridgetown, Ont. ✓ com
4a. What is the relationship of your next-of-kin?	Father
5. What is the date of your birth?	23d September 1897
6 What is your Trade or Calling?	Farmer
7 Are you married?	No
8 Are you willing to be vaccinated or re-vaccinated and inoculated?	Yes
9. Do you now belong to the Active Militia?	No
10. Have you ever served in any Military Force? If so, state particulars of former Service.	No
11. Do you understand the nature and terms of your engagement?	Yes
12. Are you willing to be attested to serve in the CANADIAN OVER-SEAS EXPEDITIONARY FORCE?	Yes

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, COCHRANE, John, 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.

John Cochrane (Signature of Recruit)

Date 5th September 1916. Robert Margeresson (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, COCHRANE, John, 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.

John Cochrane (Signature of Recruit)

Date 5th September 1916 Robert Margeresson (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 Windsor, Ontario this 5th day of September 1916.

W. S. Darcey (Signature of Justice)
Notary Public

M. F. W. 23
750M—3-16
H. Q. 1772-39-341

RE-SWORN NOV 1916
O. C. 241st O. S. Batt'n

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 1045278 (Rank) Pte.

Name (in full) COCHRANE John. enlisted in

the 241st. Bn.

CANADIAN EXPEDITIONARY FORCE at Windsor. Ont. on the 5th.

day of September. 19 16.

HE served in ENGLAND AND FRANCE.

and is now discharged from the service by reason of

" Medically Unfit."

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

Age	25.	Marks or Scars	Vacc. scars on left Arm.
Height	5' 9"		Wounded and Gassed. 28-8-18.
Complexion	Medium.		
Eyes	Brown		
Hair	Dark		Gold Stripe One.----------1.

J Cochrane.
Signature of Soldier

Issuing Officer

D Graham Robertson
Rank
O. C. Discharge Sections
No. 2 District Depot
Appointment

Date of Discharge May. 5th. 1919.

Signed at Toronto, Ont. this 5th. day of May. 19 19

in Military District No. 2

File Reference No.

No. 2
MAY 5 - 1919
DISTRICT DEPOT

R.I.

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.

M. F. W. 39a.
250m —6-18.
H. Q. 1772-39-882.

War Service Badge
Class A
No. 140257 issued 5-9-19

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

On demobilization the particulars called for on the back of this certificate will not be completed.

..... Name of Officer

..... Rank

O. C. Discharge Sections,
No. 2 District Depot

..... Appointment

To the Local Representative
Canadian Special Hospital,
[illegible] Ont.

To.
Canadian Special Hospital
Witley 17/1/19 1918.

1045278
Pte Cochrane J.

The marginally named admitted to this Hospital in Category A, is discharged in the same category.

Capt.
Registrar for O/C
Canadian Special Hospital

Dec 31 19

This is to certify that 1045278 Corkrane is in Category a 3

H A Barnett Capt
Mo 12 Ro Bn

THIS FORM WILL BE USED FOR ALL RANKS

MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" issued by the B.P.C. and instructions issued by Militia H.Q., Ottawa, will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of Sections 1 to 17 of this Form and will obtain the signature of the invalid to the "Statement," page 3. The President of the Board of Medical Officers is responsible for the proper completion of sections reserved for recording the "Opinion of the Medical Board."
3. In answering the questions, Medical Officers will carefully obtain and record the invalid's statements concerning his condition. They will distinguish observations made by themselves from hearsay. They will distinctly state the authority for statements not resulting from their personal observation; it must be made clear whether such statements are obtained from the invalid concerned, from witnesses, or from documents, Regimental or otherwise.
4. Special care is required in answering question 9. Read the questions carefully. All questions must be answered.
5. If space provided under any section is insufficient add another sheet. Such sheets must be initialled by the Medical Board.
6. A note will be made of attached papers by the Medical Board under the section "Opinion of Medical Board."
7. Under no circumstances may information other than that in sections 7, 8, 9 and 10 be communicated to the invalid, directly or indirectly.
8. The nomenclature of diseases must be followed, if possible, as described in "List of Diseases" printed in the order in which they appear in the Annual Report on the Health of the Army, published in London (1915), by Messrs. Harrison & Sons.

STATION Exhibition Camp. DATE 24-4-19

1. 1 (a) Unit # 2 D. Depot. (b) Regimental No. 1045278 (c) Rank Pte.

(d) Surname COCHRANE. (e) Christian name John.

(f) Home address Ridgetown, Ont.

(g) Next of Kin Mrs. Eliza Jane Cochrane. (h) Relationship Mother

(i) Address of Next of Kin Ridgetown, Ont.

2. Age last birthday 25 Date of birth Sept. 23rd. 1893

3. Enlistment, or Appointment (if an Officer) (a) Place Windsor, Ont. (b) Date Sept. 4th. 1916

4. Personal description:

(a) Height 5 ft. 9 in. (b) Weight 150 (stripped) (c) Complexion Medium

(d) Colour of hair Dark (e) Colour of eyes Brown. (f) Identification marks, Scars, etc.

Small scar on left side of upper lip (2) Small scar on right side of chin.

5. Former trade or occupation Farmer.

6. Service (The information should be secured from personal documents, but if documents are not available the invalid's statement may be taken and note must be made to that effect. Periods of service in Canada, England, France or elsewhere should be noted).	Years	Days
	2	227

	Periods From	Periods To
Canada	Sept. 4th. 1916	April 1917
England	April 1917	Nov. 1917
France or other theatres of War	Nov. 1917 b	Nov. 1918
England and Canada.	Nov. 1918	To date.

7. Original disease, or injury 1. V.D.S. 2. Amblyopia right eye.

(a) Date of origin 1. Nov. 10 1918 2. Aug. 8th. 1917. (b) Place of origin 1. London, England. 2. W. Sandling England.

(c) Cause

1. Infection. 2. Result of injury.

M. F. B. 227.

400M—11-18.
1772-39-117.

therapeutic reasons; (*d*) Any other restrictions in choice of occupation.)

1. Convalescent from hospital for V.D.S. out 5 weeks still taking medicine.

2. Amblyopia- loss of vision partial, due to injury to eye in England.

9. Present condition—(*a*) (Before completing this section the invalid should be stripped, and subjected to a thorough physical examination. Important, to be a full description of the present disabling condition, or conditions only. "History" must be recorded in Section 10. Describe all abnormalities, anatomical and functional, contributing to present disability; objective findings to be stated first, then subjective findings.)

1. Objective: and Subjective: See specialist's report attached.

2. Objective and Subjective: " " " " .

Sees shadows and dim forms only with right eye. Can see a little more clearly objects on the ceiling.

(*b*) Has the invalid now any affection of the following systems, not described in Section 9 (*a*) above?
(Answer Yes or No.—if the answer to any part is Yes, give a brief description of the present condition.)

Nervous System.....no Cardio-Vascular System.....no (If pulse rate is abnormal, B. P. will be taken.) Genito-Urinary System.....no (Albumen and Sugar will be excluded.)

Special Senses.....no Respiratory System.....no Integumentary System.....no

Disturbances of Mentality.....no Digestive System.....no Muscular System.....no

Osseous and Joint Systems.....no Any other general condition.....no

No goitre, hernia, varicose veins, varicocele, or piles.

Urine , negative foralbumen and sugar.

10. (*a*) History (of the condition referred to in Section 9 (*a*).)

1. See specialist's report. Hospital treatment and full course.

2. See specialist'sreport. In England August 1917 received a blow on the eye from a base ball. Had a West cliff report which was destroyed so he could go over to France.

EYE REPORT

Exhibition Camp, London, Ont.,

DATE April 24, 1919.

NAME COCHRANE, John RANK Pte. NUMBER 1045278 UNIT 2nd.D.D. AGE 25

HISTORY In England
In Aug.1917, received a blow over the right eye from a baseball
Had a Westcliff report which was destroyed so he could get over to France.

SYMPTOMS See shadows and dim forms only with right eye. Can see a little more clearly objects on ceiling.

GLASSES WORN

OBJECTIVE EXAMINATION

External Appearance

O D Normal

O S Normal

Retinoscopy and Ophthalmoscopy

O D Evidence of retino choroiditis

O S

Ophthalmoscope

	Fundus	Iris	Cornea
	Right choroid patches scattered over most of surface		

SUBJECTIVE EXAMINATION

Trial Case

	Before	SPH.	CYL.	AX.	After
O D	Shadows		Not improved		
O S	20/15				

PRESBYOPIA

GLASSES PRESCRIBED

O D	
O S	

REMARKS: AMblyopia due to retino choroiditis result of injury-
Service disability.
I do not concur with English report "Defects Skin, middle ear eye No".

CATEGORY AS TO EYES: B.

Pm
Ap 24/19.

E G Smith Capt. B.

N.B.—On completion of a course of treatment a red line to be drawn across the page, and the date when the next blood test is due to be entered in red ink below the line, *e.g.*, "Blood test due 15.5.14."
The date and result of the blood test to be entered; and if negative, the date on which the next blood test is due to be also entered.

Station	Date	Symptoms and progress (Date of admission to hospital, and date of discharge from hospital, to be entered in red ink)	Weight clothed without boots—lbs.	Urine: Normal (N.) Albumen (Alb.)	Wassermann Reaction: Method { Original (O.) Modification (M.)	Wassermann Reaction: Results. { Positive (+) Negative (—)	Treatment: Arsenical: Intravenous Injection dose in grammes: Salvarsan	Treatment: Arsenical: Intravenous Injection dose in grammes: Neo-Salvarsan	Treatment: Mercurial: Intramuscular injection Dose of Metallic Mercury in grains.	Treatment: Mercurial: Inunctions or Oral (Preparation and dose)	Treatment: Other Methods	Signature of M.O. (Each M.O. will sign his name in full on the first occasion; subsequent entries may be initialled)
Thurlfan	3.4.19.	Admitted 17.2.19. Date of infection prior to 1.10/18. Sore appeared on Dec. 25/18, healed in 6 days, then discharged and sore re-appeared in 10 days. Sore on inner ~~side~~ side of prepuce left side, glands on that side of penis swollen & hard. Blood test 17.2.19. (+++). Discharged 4.4.19	135	N.	O.	17.2.19. (+++) 7.4.19. (+) doubtful	7 doses Arsenic = 4 grams	—	7 doses Mercury — 7 grams	—	Ordered continue mercury.	[illegible] Capt. RAMC
		Blood test due 4.7.19.										

Regtl. No. 104[illegible]278 Rank and Name Pte. John. Cochrane. Corps 6 D.D.

Placed on Syphilis Register at (Name of Hospital) on No. in Register

Disease contracted at England. Primary sore appeared on (date) Dec. 25/1918

CONDITION WHEN PLACED ON REGISTER.

Primary sore—character and site Inside urertus.

Lymphatic glands Inguinal Gla nds enlarged.

Skin (nature and distribution of rash) N i l.

Mucous membranes N i l.

Other symptoms N i l.

Examination of exudate from sore—Spirochaeta Pallida (present or absent)

Examination of blood serum—Wassermann reaction { Method employed (original or modification) Original. Result (positive or negative) 17-2-19. (xxx)

Station Halifax.N.S. Date 3/4/19 Signature of M.O. Capt Chane

Struck off Syphilis Register at on

Cause of being struck off Register { (a) Recovered (b) Transferred to Army Reserve (c) Discharged from Army }

Station Date Signature of M.O.

M. F. W. 145.
25m. 7-18.
1772-39-1174.

CASE HISTORY SHEET.

Cogswell St. Military Hospital. Hospital. Halifax N.S. Station.

No. 1045278 Rank Pte Name Cochrane John Age 25

Unit 6th D.D. Completed years of service Where and how long 3 1/12

Date of admission 17/2/19 Date of discharge APR 4 1919 9.

Diagnosis V.D. Primary (?) Place of origin England.

CONDITION ON ADMISSION AND PROGRESS OF CASE. Nov 10 Dose of infecting coitus. Sore appeared Dec 25th Healed in 6 days. Then discharged & sore appeared again 10 days ago. No intercourse since Nov 10. Sore on inner surface of prepuce left side. Glands on that side swollen & hard.
Wassermann 17/2/19. (+++)
Primary lesion. Wassermann
2-4-19. (?) doubtful.

FAMILY HISTORY

(Tuberculosis, mental or nervous diseases.) Negative.

TREATMENT

(Especially any specific or special form.) 7 doses Neosalvarsan = 4 gms
7 doses Neosalvarsan Lenium = 7 gms

CONDITION ON DISCHARGE,

(and disposal made of case.) Clinically well.

Date 2-4-19.

[signature] Capt CAMC
Medical Officer i/c case.

M. F. B. 313a.
200M.—5-18.
1772-39-439.

A34317

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Date of Assignment

C 14405 1. 11. 14

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

15			

PARTICULARS OF SEPARATION ALLOWANCE

No. 1045248

Rank Pte Promoted Reverted Discharge

Soldier's Name John Cochrane

Battalion 241st Battn

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT Mother

Name Mrs Eliza J. Cochrane

Address Ridgetown Ont Canada

Change of Address

1

2

3

4

Date 1914	Cheque No.	Amount S/A	Amount A/P	Total		REMARKS 3361 J-47
Dec.	65180 3		30	30		mailed 5/12/14
Jan	S 70408		15	15		
Feb.	D 95954		15	15		2 M. 21. 11. 14
Mar	114147		15	15		
Apr.	N 7542		15	15		
May	M 12556		15	15		
June	24199		15	15		
July	34222		15	15		
Aug	37400		15	15		
Sept.	J 48857		15	15		
Oct	55064		15	15		
Nov	55057		15	15		
Dec	R 69861		15	15		
1914 Jan	75180		15	15		
Feb	M 79229		15	15		
			240	240		

28/7/19

Princess Juliana

13/7/19 20/7/19

MD 6 H B Spence

6/10 92 D 20 7/19.

M. F. W. 128.
400M.—7-17—1772 39-1141
L. L. 22320)—M. & D. 7993.

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Date of Assignment

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank Promoted Reverted Discharge

Soldier's Name

Battalion

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name

Address

Change of Address

1

2

3

4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS

M. F. W. 128.
400M.—5-17—1772 39-1141
L. L. 22820—M. & D. 7993.

MEDICAL HISTORY SHEET

Surname Cochrane Christian Name John

Examined { on 5th day of Sept 1916 / at Windsor Ontario

Birthplace { City or Town Ridgetown Ont / County Kent

Apparent age 22

Trade or occupation Farmer

Height 5 feet 9 Inches

Weight 150 lbs.

Chest measurement { Minimum 33 inches / Maximum expansion 36 inches

Physical development Good

Small-pox Marks Nil.

Vaccination Marks { Arm Right Left / Number 0 0

When Vaccinated last none

(*a*) Marks indicating congential peculiarities or previous disease No.

(*b*) Slight defects but not sufficient to cause rejection

Nil.

Approved by Wm. Robb

Rank Capt. M.O.

Date	Fit or Unfit	Examined for Re-Engagement
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Date	Result	Vaccinations
		M.O.
		M.O.
		M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.
		M.O.
		M.O.
		M.O.

Enlisted on 5 *day of* Sept 1916 *at* Ridgetown Ont.

	Corps	Regt'l Number	Habits	Date
Joined on enlistment				
Transferred to				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

Station	Date	Disease	Result
Ex Camp's Doc.	Apr 24/19	1. Bronchitis 2. Rheumatism	S.C.R. for treatment Wm. L. Shearer Capt

N.B.—This sheet to be disposed of in accordance with instructions in the Regulations for Army Medical Servcie, on the man becoming non-effective; the date and cause being stated on next page.

M. F. B. 313.
500M.—3-16.
H. Q. 1772-39-439.

Surname Joseph Christian Name John

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				
Khanqin		17.	2.	19.	4	4	19.	V.D.L.	80	Sore on inner side of prepuce left side, glans on that side of penis hard & swollen. Sore appeared on Dec 25/18 date of last coitus Nov 1/18. Blood test (+++). Given full course of Deniol & Mercury & ordered to continue mercury by mouth. Blood test on discharge (±) doubtful.	[illegible] Capt.

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

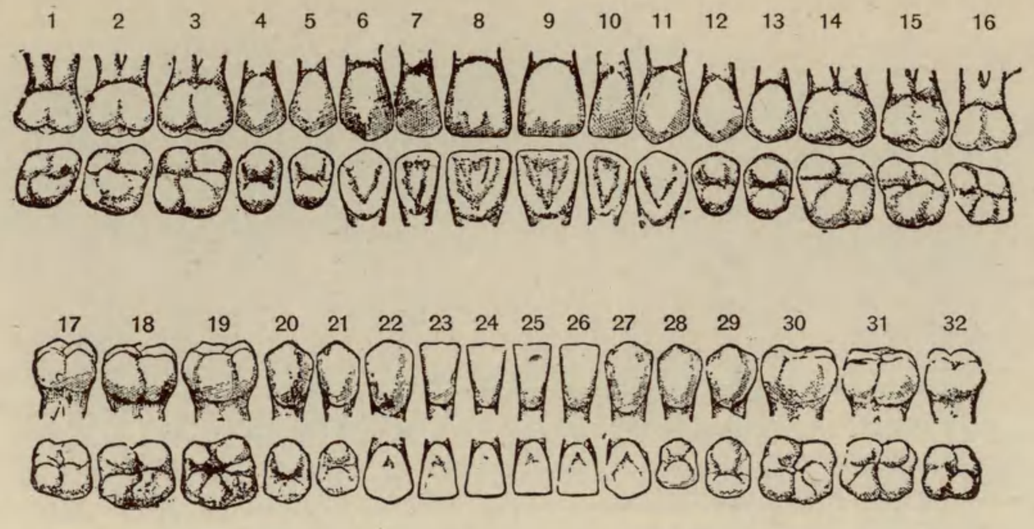
District 2

No. 104-5-278

Name of Soldier Leathart

Rank

Regiment



INSTRUCTIONS

1. On examination the condition of patient's mouth to be marked on diagram in red ink.
2. On first line of report record of same to be made in red ink.

Only such entries to be made on this sheet as will show:

1. Condition on examination (in red).
2. Condition on leaving Canada.
3. Condition on discharge.

	Date		Amalgam	Temporary Filling (a) G. P. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhœa	Synthetic Porcelain	Extracting	DENTURES U	DENTURES L	DENTURES P	Gold Clasp	Gold Filling	CROWNS Gold	CROWNS Porcelain	Bridge Work	OPERATOR	Military District	REMARKS
Condition on first Examination																							
Discharge Exam. At Exhibition Camp Date.	APR 22 1919																						
																					Hasenfle Major		

Certificate issued for

Gentally fit

M.F.B. 465. 280M—6-18. 1772-39

D M S 1275

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

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: Pte Name: Cochrane John Surname:

Unit or Corps: 12 Res 24/Bn. (If a soldier) Regtl. No. 1045278

Born at: Ridgetown Ont. on, date: Sept 23 1894

Signature (for identification): John Cochrane

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

1. PHYSIQUE—Any deformity, maiming or lameness? If so, describe. None.

Weight 162 lbs.

Height 5 ft. 10 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? No.

Abnormal Sounds? None.

Abnormal Size? No.

Pulse Rate? 72. Intermittence or irregularity? No.

6. ARTERIES.—Any hardening? No.

7. DIGESTIVE SYSTEM?

No.

8. GENITO-URINARY SYSTEM? No.

Urinalysis—S.G.? 1018. Reaction? acid. Albumen? 0 Sugar? 0.

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. Jan.-11.5.17; 7.9.17. in Hosp.

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

Examined at: Kinmel Park Signed: J. A. Lockhart Capt. M.O.

Date: 25/6/19 Signed: H. R. Lawrence Lt 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.

SYPHILIS CASE-SHEET.

Regtl. No. 1045278 Rank and Name Pte. John. Cochrane. Corps 6 D.D.

Placed on Syphilis Register at (Name of Hospital) on No. in Register

Disease contracted at England. Primary sore appeared on (date) Dec. 25/1918

CONDITION WHEN PLACED ON REGISTER.

Primary sore—character and site Inside urertus.

Lymphatic glands Inguinal Gla nds enlarged.

Skin (nature and distribution of rash) N i l.

Mucous membranes N i l.

Other symptoms N i l.

Examination of exudate from sore—Spirochaeta Pallida (present or absent)

Examination of blood serum—Method employed (original or modification) Original.

Wassermann reaction Result (positive or negative) 17-2-19. (xxx)

Station Halifax.N.S. Date 3/4/19 Signature of M.O. C. J. Cuyler Capt. C.A.M.C.

Struck off Syphilis Register at on

Cause of being struck off Register { (a) Recovered / (b) Transferred to Army Reserve / (c) Discharged from Army }

Station Date Signature of M.O.

M. F. W. 145.
25m. 7-18.
1772-39-1174.

N.B.—On completion of a course of treatment a red line to be drawn across the page, and the date when the next blood test is due to be entered in red ink below the line, *e.g.*, "Blood test due 15.5.14."
The date and result of the blood test to be entered; and if negative, the date on which the next blood test is due to be also entered.

Station	Date	Symptoms and progress (Date of admission to hospital, and date of discharge from hospital, to be entered in red ink)	Weight clothed without boots—lbs.	Urine	Wasserman Reaction		Treatment					Signature of M.O. (Each M.O. will sign his name in full on the first occasion; subsequent entries may be initialled)
							Arsenical		Mercurial		Other Methods	
							Intravenous Injection dose in grammes					
				Normal (N.) Albumen (Alb.)	Method { Original (O.) Modification (M.)	Results. { Positive (+) Negative (—)	Salvarsan	Neo-Salvarsan	Intramuscular injection Dose of Metallic Mercury in grains.	Inunctions or Oral (Preparation and dose)		
Halifax.N.S. 3/4/19.		Date of infection 10/18. Sore appeared Dec 25/18. Healed in six days. Was discharged and sore re-appeared in 10 days. ##### ##### Sore on inner side of urertus, left side. Glans on that side of penis swollen and hard. Blood Test 17/2/19 (xxx)	135 lbs.	N.	O.	17-2-19 (xxx) 7-4-19 (x-) Doubtful.	7 Doses Diarsenol. 4 gms.		7 gms.	7 Doses mercury.	Ordered to continue mercury orally.	

Capt

Army Form B 131.

CLINICAL CHART.

(To be attached to Case Sheet.)

Corps 20 Btn Cdns

Military Hospital

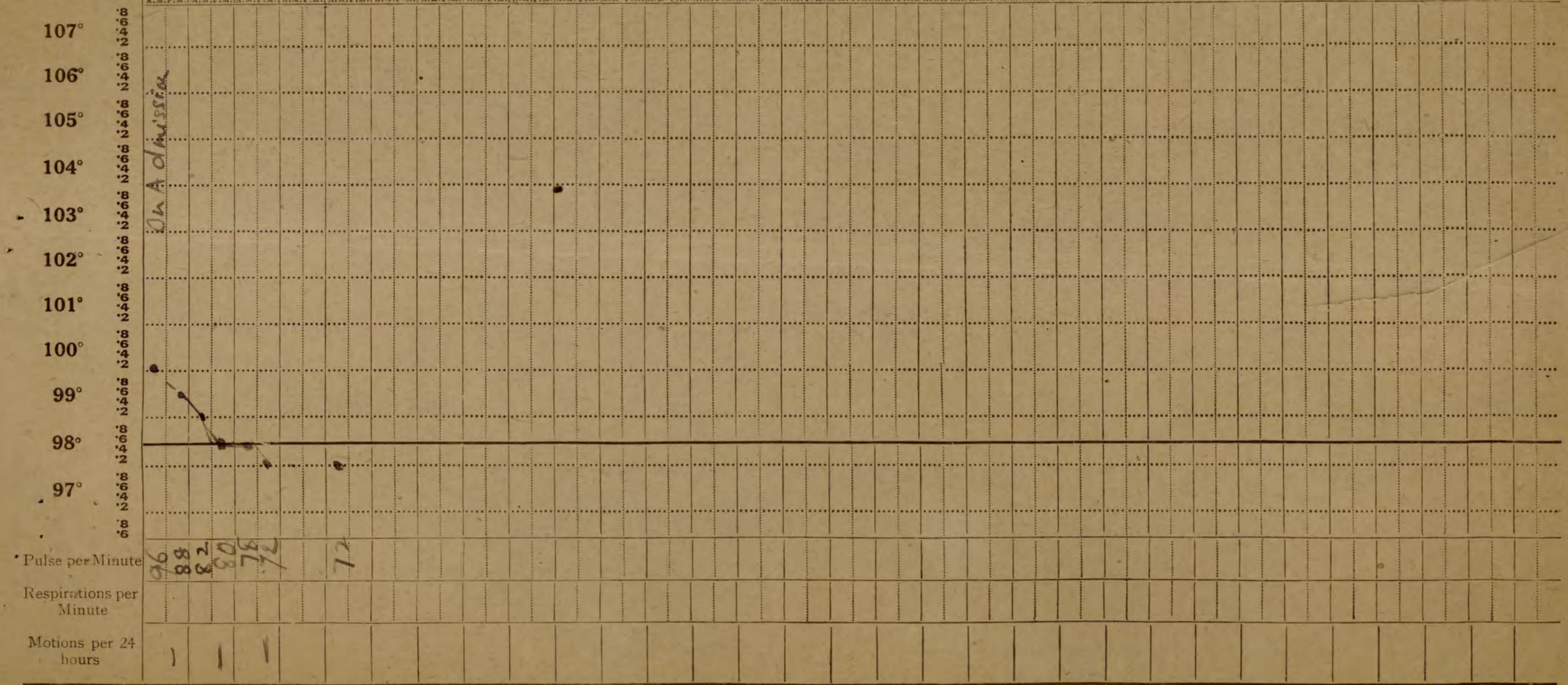
No. 1045278 Rank and Name Pte Cockrane John Age 24 Service 29/12 14/12

Disease Date of admission 18·XI·18 Date of discharge Result

Dates of Observation: Nov

Days of Disease: 18 19 20 21 22 23 24 25 26 27 28 29 30

Temperature Fahrenheit — Time A.M.P.M.



(6378) Wt. W4612/P566 2,000,000 2/18 McA & W Ltd A.F.B. 181/5 (E. 2565)

Signature In charge of case.

Army Form B. 181.

CLINICAL CHART.

(To be attached to Case Sheet.)

Corps

Military Hospital

No.

Rank and Name

Age

Service

Disease

Date of admission

Date of discharge

Result

Dates of Observation																															
Days of Disease																															
Temperature Fahrenheit	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.
107° ·8 ·6 ·4 ·2																															
106° ·8 ·6 ·4 ·2																															
105° ·8 ·6 ·4 ·2																															
104° ·8 ·6 ·4 ·2																															
103° ·8 ·6 ·4 ·2																															
102° ·8 ·6 ·4 ·2																															
101° ·8 ·6 ·4 ·2																															
100° ·8 ·6 ·4 ·2																															
99° ·8 ·6 ·4 ·2																															
98° ·8 ·6 ·4 ·2																															
97° ·8 ·6 ·4 ·2																															
·8 ·6																															
Pulse per Minute																															
Respirations per Minute																															
Motions per 24 hours																															

(6378) Wt. W4612/P566 2,000,000 2/18 McA & W Ltd A.F.B. 181/5 (E. 2565)

Signature In charge of case.

Forms
I. 1237
14

Army Form I. 1237.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book	Regimental No.	Rank.	Surname.	Christian Name.
F-D 16 A150	1645278	Pte	~~Cockrane~~ Cochrane	John

Year	Unit.	Age.	Service.
	20 Btn Cdns	24	29/12 14/12

Station and Date.	Disease
	Tonsillitis 475.
(18)	On short leave from France v. Admitted for Tonsillitis v.
(19)	Gargl. Hydrarg. Perchlor. Mist: Cod Liv.
2	Spongy tonsils. recurrent attacks Tonsil. Capt Howarth for Extirpation of tonsils
23	To get up. Mist. Malaria - Gargl. Pot. Chlor
Dec 3	To Canad. Aux. Hosp
6.12.18	Transf: Princess Pat Can H. Bexhill.
6-12-18	Princess Patricia Canadian Red Cross Hospital Cooden Camp, Bexhill.
20 DEC 1918	Disc - fit for duty. no disability [illegible]

* The first and last entries will be signed, and transfers from one Medical Officer to another, attested by their signatures.

W. P. Griffith & Sons Ltd., Printers, Old Bailey, E.C. 4.
[106] W3081/P1296 50m 7/18sv 5 89 Forms/I. 1237/14.

[P.T.O.

Station
and Date.

241st O/s. BATTALION
Canadian Expeditionary Force.

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: 241st Os Battalion C.E.F.

(2) Regimental Number: 1045278

(3) Full Name of Soldier: COCHRANE, John

(4) Place of Birth: Ridgetown, Ontario

(5) Are you married, or not? No

(6) If married, state,
(a) Full name of your wife: Not applicable

(b) Present Postal Address: Ridgetown, Ontario

(7) Are you a widower? No

(8) Have you any children? No

If so, give number of boys and girls: Not applicable

Also their names and ages: Not applicable

M. F. W. 67.

300M.—5-16.
1773-39-054.

(SEE OTHER SIDE.)

(9) Is your Father alive? Yes

If so, state name and address Gilbert Cochrane, Ridgetown, Ont.

(10) Is your Mother alive? Yes

If so, state name and address Eliza Jane Cochrane, Ridgetown, Ont.

(11) If your Mother is a widow Not

Are you her sole support, or not? No

(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.

Not applicable

(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.

Not applicable

(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.

Not applicable

(15) Are you insured? Yes

If so, in what Company? Excelsior Life Insurance Co., Toronto, Ont.

Have you made arrangements for payment of your Insurance premium Yes

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

LIEUT. COL.
Officer Commanding.
O. C. 241st O. S. Battn.

MAR 28 1917

Date 5th September 1916.

Fo[illegible]
I. 1237
12

Army Form I. 1237.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
8	1045278	Pte	Cochrane	J.
Year	Unit.		Age.	Service.
	12th Res. Bn		24	2½

Station and Date.	Disease Hard Chancre (Syphilis)
13. 2. 19.	Patient admitted to Hospital to-day with small ulcer just inside urinary meatus 2 c.m x 1 c.m. Ulcer covered with white sodden epithelial debris, edges firm + base indurated, Inguinal glands slightly enlarged hard + shotty, discrete, freely movable + painless.
	Patient gives a history of exposure Nov 10th 1918. Sore first appeared or noticed about Dec 27th 1918. Pt reported sick + was sent to Watley Hosp. Discharged Jan 18th 1919. Patient says sore reappeared a few days ago.
	Bed in Isolation section, Tentative Diagnosis Hard Syphilitic Chancre.
	Calomel ointment locally
	A M Archer Major
17. 2. 19	Transfer to Hosp at Port of Disembarkation for treatment + disposal
	A M Archer Major

* The first and last entries will be signed, and transfers from one Medical Officer to another, attested by their signatures.

(6365) W2944/P138 2,950,000 1/18 McA & W Ltd Forms/I. 1237/13 (E 2349)

[P.T.O.

Station and Date.	

(36)

241st O/s. BATTALION
Canadian Expeditionary Force.

Original

MEDICAL HISTORY SHEET

ORIGINAL

Surname COCHRANE *Christian Name* John

Examined { on 5th day of September 191 / at Windsor, Ontario

Birthplace { City or Town Ridgetown, / County Ontario

Apparent age 22

Trade or occupation Farmer

Height 5 feet 9 Inches

Weight 150 lbs.

Chest measurement { Minimum 33 inches / Maximum expansion 3 inches

Physical development Good

Small-pox Marks None

Vaccination Marks { Arm Right 0 Left 0 / Number 0

When Vaccinated last Never

(*a*) Marks indicating congential peculiarities or previous disease None

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

Approved by Geo F Lewis

Rank Captain, AMC M.O.

Date	Fit or Unfit	Examined for Re-Engagement	
		22 NOV 1918	M.O.
		20 DEC 1918	M.O.
	A	A O'Donnell Capt	M.O.
			M.O.
			M.O.
			M.O.
			M.O.
			M.O.

Date	Result	Vaccinations	
12-12-16	A	Geo F Lewis	M.O.
			M.O.
			M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.	
2/12/18	TAB 2	A O'Donnell	
9-29-16	OK	Geo F Lewis	M.O.
10-6-16	"	Geo F Lewis	M.O.
11-24-16	"	Geo F Lewis	M.O.
TAB 3 15.11.17.	"	G Petrie M. O.	

Enlisted on 5th *day of* September 191 6 *at* Windsor, Ontario

	Corps	Regt'l Number	Habits	Date
Joined on enlistment	241st Os Battalion C.E.F.			5-9-1916
Transferred to	20th Bn.	1045278		24-11-17

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

Station	Date	Disease	Result
Windsor Ont.	21. 11. 16.	Medical board	Fit
Windsor Ont Can	3. 4-17	Medical Board	Fit
West Sandling Kent Park.	14. 11. 17. 28. 1. 19.	NYD.	" "

CANADA

N.B.—This sheet to be disposed of in accordance with instructions in the Regulations for Army Med Servcie, on the man becoming non-effective; the date and cause being stated on next page.

M. F. B. 313.
500M.—3-16.
H. Q. 1772-39-439.

Surname COCHRANE Christian Name John

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				
CANADIAN HOSPITAL, ETCHINGHILL, LYMINGE,		11	5	17	7	9	17	Gonorrhoea.	121	discharged to unit	R Brodie Anderson Capt. C.A.M.C.
2nd London General Hospital, St. Mark's College, King's Road, CHELSEA, S.W.		18	11	18	6	12	18	Tonsillitis	19		Athermann Major 2nd Lond. Gen. Hosp. 2nd London General Hospital
Princess Patricia Canadian Red Cross Hospital, Cooden Camp, Bexhill,		6	12	18	20	12	18			Disc. fit for Duty.	[illegible] Capt
CANADIAN SPECIAL HOSPITAL, WITLEY, SURREY.		31	12	18	17	1	19	N. ad.	18	no stoppages	H. W. Lawrence CAPT. REGISTRAR.
H.M.T. Princess Juliana		13	2	19	17	2	19	Syphilis (3)	5	Transfer to Hosp at port of disembarkation	[illegible] Medical Officer

CERTIFIED PARTICULARS AGREE WITH DOCUMENTS

O.P.S.C.R.

DISCHARGED

Medically unfit to take further out patient treatment with Dept. of Soldiers' Civil Re-establ.

2

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 JOHN 2. Surname COCHRANE

3. Rank PTE. 4. Original Unit 241 Bn 5. Reg. No. 1045278

6. Address, in full, to which future payments of gratuity are to be forwarded
Ridgetown, Ontario.

7. Date of enlistment in the C.E.F. Sept. 5 -16.

8. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge MRS. E.J. COCHRANE (ENTITLED TO SAME BUT HAS NOT REC'D ANY AS YET)

9. Relationship of such dependent MOTHER

10. Address, in full, of such dependent SAME ADDRESS.

11. Is said dependent now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? NO.

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:—
LEFT CANADA APRIL 1917 & returned Feb. 1919)
(241 bn)

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? NO.

14. Were you on active service only in Canada or the United States? If so, give particulars of unit and dates of such service
NO.

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 2 yrs. 9 mos.
241st. Bn. 5th. Res.Bn. 20th Bn.

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.

M.F.W. 2595.
1772—39—1389.
1160—D.P.—250M-12-18.

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 ..... May. 5th.1919. ..... (b) Reason for discharge ..... " Medically Unfit." .....

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 ..... NO. .....

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 ..... YES(FRANCE)(NOVEMBER 1917 untill November 1918) ..... (20 Bn.) .....

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: J Cochrane

Place of Residence: RIDGETOWN, Ontario.

Declared before me at: Toronto.

This 15th day of April 19.... 19.

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

A W Crawford Somers

POST DISCHARGE PAY.

Date paid.	Paid Soldier	Paid Dependent	War Service Gratuity	Net amount due
.....			.....	
.....			.....	
.....			.....	

Certified Correct.

District Paymaster.

Form R 122.
2353—100M—9-12-16.

E?T.

Rank | Name COCHRANE, John | Reg'l No. 1045278

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

Unit 241st Bn. to 1st Cent. Ont. Regt.

Place and Date of Enlistment Windsor. Sept. 5th. 1916. | Place of Birth Ridgetown. Ontario.

Name and Address, Next-of-Kin Gilbert Cochrane. Ridgetown. Ontario. Canada. | Relationship Father.

Assigned Pay Monthly $ | Payable to | Relationship

Separation Allowance $ | Payable to | Relationship

Discharge, Date and Place | Reason | Character

N/E. R.B. No. 24445
File R.L.
Category CAN. OR

H. W. V., Ld.—9546-16.

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.	REMARKS Taken from Official Documents.
		ARRIVED IN ENGLAND 7 5 17. SS. OLYMPIC,			
6-5-17	241st Bn	S.O.S. on being abs. by 5th Res. Bn.	Lower Tibgate	6-5-17	Part II. 108 Pt II-1232 9.5.17 5th Res
21.5.17	—	Adm. Can. hosp. Etchughill	Kent	12-5-17	C.L. 1 V.D. 3 Pt II-1302 16.5.17 5th Res
11-9-17	1COR	Disch — do	do	8.9.17	Ch C. 8 D — VDG
26.11.17	5th Res.	S.O.S. to 20th Bn. Ps.	Pk. W. Shrig	24.11.17	Pt II 0-324 {20th Bn Pt II 89 dd 10-12-17}
4-9-18	20-	Wounded	" Field	29-8-18	C.L.A. 310
30-11-18	"	S.O.S. to 1 COR adm to while on leave from France	" "	18-11-18	Pt II 318 (D.O. 324d 22.11.18 1st COR)
21-12-18	12 Res	SOS from 1 COR	" Witley	20-12-18	Pt. 303 (D.O. 354d 22-12-18 1st COR)
24-1-19	"	SOS to MD 2 Rhyl	" —	24-1-19	—20 (D.O. 24d 29.1.19 MD 2)

A.F.B. 103 CHECKED 17 DEC 17

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.				
14-2-19	MD2	S.O.S. to C.E.F. CANADA	Re Phyf	8-2-19	D.O.38 MD2
					S L-5 d/8.2.19.

C.A.D.C. 5009 A

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

M.D. 11

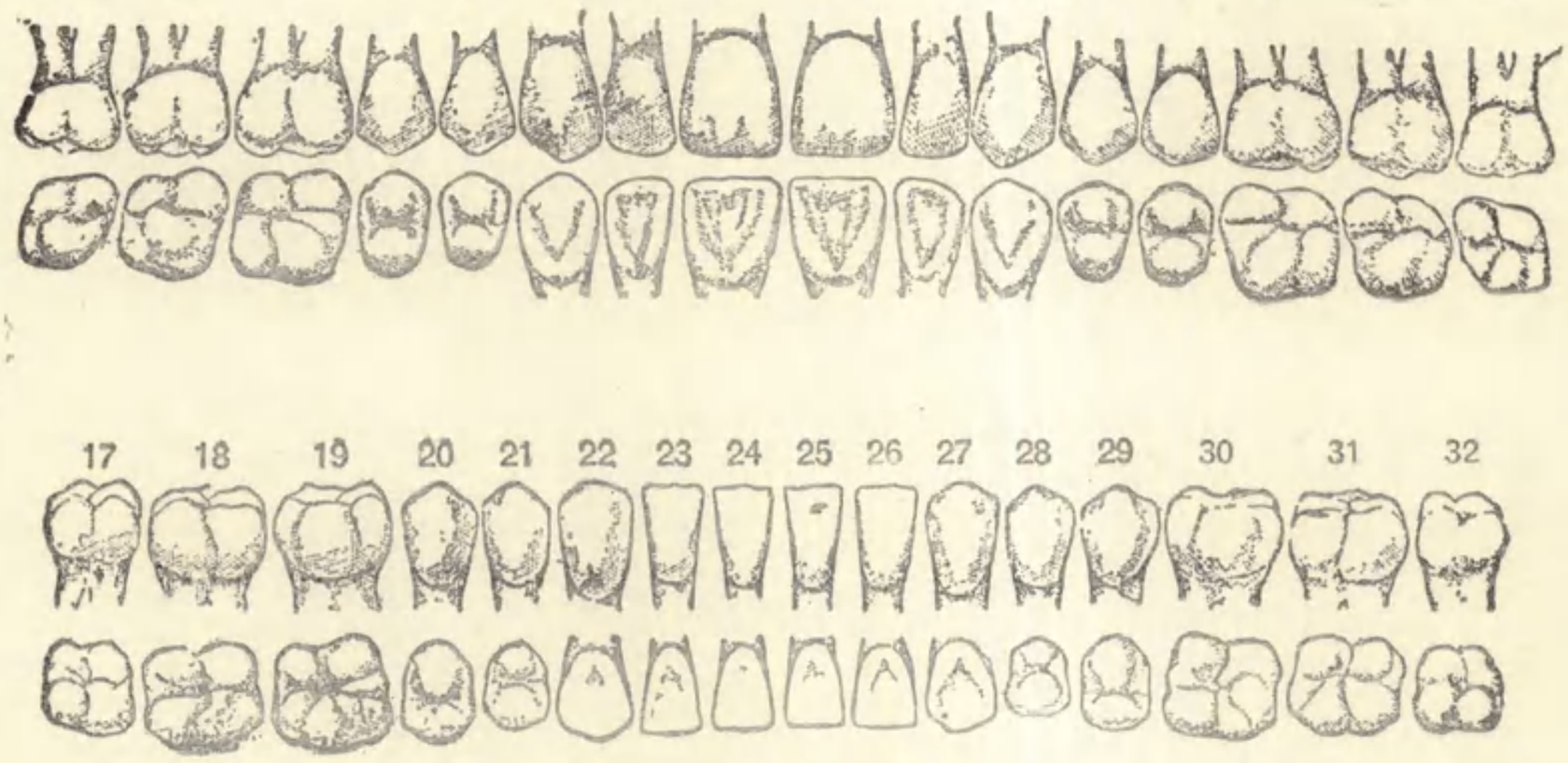
DIRECTIONS TO DENTAL OFFICERS

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.

NAME OF SOLDIER (Block Letters) COCHRANE, J.

REGIMENT 20th. Batt. RANK Pte No. 1045278

Date of Examination in England 27/1/19. Date of Examination in France



PRESENT DENTAL REQUIREMENTS

1. FILLINGS
2. EXTRACTIONS 7/-
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 Yes
- (c) ~~In France~~

Signature of Dental Officer Wm Gundar
Capt

CANADIAN EXPEDITIONARY FORCE

TEMPORARY DISCHARGE CERTIFICATE

This is to Certify that No. 1045278. Rank Pte.

Name (in full) COCHRANE John

Enlisted in 241st. Bn.

CANADIAN EXPEDITIONARY FORCE on the 5th.

day of September. 1916

HE SERVED IN ENGLAND AND FRANCE.

and is hereby discharged from the Service by reason of

" Medically Unfit."

and is free to accept CIVILIAN EMPLOYMENT.

HIS DESCRIPTION ON THE DATE BELOW IS AS FOLLOWS

Age 25.

Height 5' 9"

Complexion Medium.

Eyes Brown

Hair Dark

Marks or Scars

Vacc. scars o n left Arm.

Wounded and Gassed. 28-8-18.

Gold Stripe One.----------1.

Former Occupation Farmer.

Signature of Soldier John Cochrane

Issuing Officer A. Grahm Robertson Lieut

Date of Discharge May. 5th.1919.

Rank

Appointment O. C. Discharge Sections, No. 2 District Depot

Signed at Toronto, Ont. this 5th. day of May. 19 19

Military District No. 2. R.L.

Reference No.

M. F. W. 39c
100M.—2-18
1772-39-882

War Service Badge.

Class A

No 14 025 7 issued 5-5-19.

1045278 Pte Cochrane

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				
4.10.18	2 Amb Gen	G.H.Q. Mont: M. To	12 C Dep.	4.10.18	K 5628.
— " —	12 C Dep.	— " — adm	— " —	— " —	L 1040.
13.10.18	— " —	— " — To	& Rest Up	13.10.18	L 5003.
16.10.18	C.O.R.D.	"A" from 12 C. Dep	C.O.R.D.	16.10.18	NR.
23 OCT 18	C. I. B. D.	Left for C.C. Rein. C.		23 OCT 18	NR.
23 OCT 18	C. C. Rein. C.	Arrived		23 OCT 18	NR.
25 OCT 1918	— " —	Left for Unit	Field	25 OCT 1918	NR.
2 NOV 18	20th Bn.	Arrived	Field	28 OCT 18	B213.
16.11.18	"	Granted 14 days leave	UK	6.11.18	B213. Pto 118/1918
20.11.18	Canada	admitted to Hosp whilst on leave in Eng & posted to 1st Can'l Out. Regt'l Depot	Witley	18/11/18	AL 1-20-303 over 20/1118. K 1/293. Pto 118/1918
					Major for Lt.-Col., A.A.G. Canadian Section G.H.Q. 3rd Echelon B.E.F.
22.11.18	C.O.R.D.	T.O.S. from 20th Bn	Witley	18.11.18	324. LIEUT: FOR LT. COL. I/C RECORDS, C.O.M.F.
21.12.18	12th Res.	T.O.S. 12th Res.	Witley	20.12.18	Pt II 303
24.1.19	"	S O S 6 2 D 2. Hence Pk.	do	24.1.19	Pt II 20 Lieut i/c Records 12th Res. Bn. C.E.F.

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

M. F. W. 54. (A. F. B. 103)
250M.—1-16.
H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps 241st Os. Battn. C. E. F.

Regimental No. 1045278 Rank Pte. Name COCHRANE, John

Enlisted (a) 5-9-16 Terms of Service (a) C.E.F. Overseas Service reckons from (a) 5-9-16

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) Farmer

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 England,	Halifax	28-4-17	
		Disembarked, England	Liverpool	7-5-17	Wm Barry Captain ADJUTANT 241st Os. BATTALION C. E. F.
9-5-17	O.C. 5th Res. Bn.	Taken on strength	Dibgate	7-5-17	B.O. 123 9-5-17
6-5-17	O.C. 241st Bn.	S.O.S. to 5th Res. Bn.	Dibgate	6-5-17	BO 108/6-5-17 Wm Barry Capt ADJUTANT 241st Os. BATTALION C. E.
26-11-17	O.C.5th	S.Off.S.on Transfer to 20th.Battn.France	W.Sandling	24-11-17	Bn.Ord 324 LIEUT. ASST. ADJ. 5th RESERVE BN. (QENT. ONT.) C.E.F.
25 NOV 17	C.B.D.	TAKEN on STRENGHT 38th 20.		25 NOV 17	N. R. Part II Ord. 89 d) 10/12/17
28 NOV 17	Can. Corps Rein. Camp.			28 NOV 17	
3 DEC 17	"	Left for Unit	FIELD	3 DEC 17	N. R.
8 DEC 17	Unit	Joined Unit	FIELD	8 DEC 17	B. 213.
24.8.18	H C F.A.	U. Y. D. gas. adm & trsp	CCA	24.8.18	A36
29.8.18	2 Aus Gen	G.S.O.	adm 2 Aus-Gen	29.8.18	N.4976.
5.9.18	CCA.	Shell gas w. adm & trsp	29 AT	28.8.18	H.7043

(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.

3.

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

M. F. W. 54. (A. F. B. 103.
500M.—9-16
H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps .....

Regimental No. 1045278 Rank Pte. C. E. F. Name Cochrane J. L.

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				
3.4.19		T.O.S. No.2 District Depot, Part II, D.O. No. 100			
		Dis.#2.D.D. May.5th.1919. Pt.11# 122.			

Lieut.
for O. C. No. 2 D. D.

D Graham Roberts Lieut
O. C. Discharge Sections,
No. 2 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				

Army Form B. 103 (II.) to be gummed on here if required.

Nothing to be written in this margin.

W1889—PP1150 1M 5/18 G.W.P.Co (3490)

SERVICE AND CASUALTY FORM (Part I).

Army Form B. 103—I.
Part I.

(1) *Substantative rank *Acting rank *[To be entered in pencil to facilitate alteration.]	(2) Regiment or Corps	(3) Regtl. No.
(4) Surname		
(5) Christian Names		
(6) Army Form, number of, Attestation Form or Record of Service paper		
(7) Whether of British or of Alien origin [*vide* A.C.I. 578 of 1918]		
(8) Date of birth as stated on enlistment		
(9) (*a*)		

(10) Enlistment (*b*) (11) Engagement (*c*)

(12) Service reckons from (*date*) (13) Special conditions (if any) of enlistment (*d*)

(14) Any subsequent variations (if any) of conditions of service

(Authority) (*date*)

Initials and Rank of an Officer.

(15) Category	Date	Medical Authority	Initials and Rank of an Officer

(16) (Record of Occupation in Civil life (*vide* Army Order 93 of 1917)

Industrial Group No.

Trade or Calling

Married or Single

Particulars of Trade Test

Occupation Cards despatched on (*date*)

Second Occupation Card despatched on (*date*)

(17) Next of Kin

(18) Demobilizer (*f*) (Place) (Signature of Posting Officer

(19) Pivotal-man (*f*) (Date)

(20) Qualifications (*g*) *or* (21) Corps trade and rate

(22) Extended

(23) Re-engaged

(24) Miscellaneous entries:—

NOTES.—[a] Here enter particulars of any subsequent claim as to actual age after verification by birth certificate [*vide* A.C.I. 470 of 1918. [b] Whether direct or voluntary enlistment or called up under the Military Service Acts. [c] Whether for specified term of years or for duration of the war. [d] Whether "for Home Service only," or "not to be transferred without the soldier's consent, &c. [e] If to be retained on Home Service, period, if specified, to be stated, also authority, and on what grounds. [f] Required for demobilization purposes. [g] Signaller, Shoeing-smith, &c.

(A) Report		(B)	(C)	(D)	(E)	(F)
Date.	From whom received	Authority of Part II. of Orders	Record of promotions, appointments, reductions, casualties, transfers, postings, &c. All acting as well as substantive promotions to be shown, for method of entry of which see A.C.I. 1816 of 1917. Corps and unit to which transferred and posted to be invariably named.	Place of casualty	Date of promotion, reduction, reversion, casualty, &c.	Remarks, and initials and rank of an officer
			25 JAN 1919 Attached C.C.C. Kinmel Park for return to Canada Part II Orders No _____. Ceased to be attached C.C.C. Kinmel Park on embarking for Canada, Part II Order No: 38 12/2/19 Commanding M.D. 2 Wing for Kinmel Park Camp,			

MT-PRINSES JULIANa
8 2 19 Sailing 5 17 2/19

8.2.19 6-D.D. Pt II D.O. 32. T.O.S. Posted to ~~Cas. Co.~~ Hosp. Sect. Halifax 19.2.19.
B.C. Hughes
Lieut

3-4-19 " Trans. to Cas. Coy " 3-4-19 W.C. Edwards
D.D.6
J.A. Macdonald CAPTAIN.
O. C. HOSPITAL SECTION
No. 6 DISTRICT DEPOT.

3-4-19 S.O.S. # 6 D.D. on transfer to D.D. #2. 2093 A.M. Ferguson Lieut
ASST. ADJT. No. 6 DISTRICT DEPOT

Nothing to be written in this margin.

April 19/19.

To O.C. NO 2.D.D.

Park School

1045278
Pte Cochrane J.

~~M/~~ M/N Man has been examined in accordance with circular letter no.25. and beg to state that this case is non infective .He has just completed a full course of imtravenous and intramuscular injections and has been advised to use mercury pills for two months.

His last wasserman taken two weeks ago on completion of his course was negative and we advise that on completing his two months mercury by mouth that he report to the Department of Soldiers Civil Re_ Establish ment Keene Bldg. for advice and further treatment a.

Capt. M.D. I/C.Syphilis
Base Hospital

O.C. Special Hospital 30 Dec 1918
2 Sig

Sir,

Pte Cochrane J. 45278 reported here on 27 Dec 1918 complaining of a slight discharge from the penis. I sent him to the Spec Hospital for a more exhaustive examination & the report reads as follows. Pus cells present & Lymphocytes present. Epithelial cells present. Gram positive and Gram negative Extracellular diplococcus present. G.C. not ~~recognised~~ identified

Signed C. H. Williams
Capt.

I am sending him to you thinking that expert advice should be obtained as the condition persists.

Yours
H. Barnett
Capt & RMC

To Major
This man should be admitted to Hospital
Permission asked
J.W.D. R. & Res Bn

COGSWELL STREET MILITARY HOSPITAL.

DATE. 2.7.19.

To. C.D.D.

1095278

Pte Cochrane J.

HEREWITH Medical History Sheet in the case of the marginally named man who is discharged to you this date.

Halifax, N.S.

Lieut.
Hospital Representative.

To Regulus

C.S.H.

CANADIAN SPECIAL HOSPITAL,
WITLEY, SURREY.

Jan 14 1919

This is to certify that I have this day examined the marginally named and find him free from infective Venereal Disease, skin, vermin, and other infectious diseases.

FF 1045278

Pte Cochrane J.

12th Res.

W. J. Robillard Lieut. C.A.M.C.,
Medical Officer,
Canadian Special Hospital.

Gale & Polden, Ltd., Aldershot. 8668-y.

To M.O.

12th Res Bn.

No. 104,5278

Pte Cochrane J.

12th Res Bn

Gale & Polden, Ltd., Aldershot. 8668-y.

CANADIAN SPECIAL HOSPITAL,
WITLEY, SURREY.

12-1- 1919.

This is to certify that I have this day examined the marginally named and find him free from infective Venereal Disease, skin, vermin, and other infectious diseases.

A.M.C.,

Medical Officer,
Canadian Special Hospital.

HEADQUARTERS
NO. 6 DISTRICT DEPOT

Halifax, N.S. Mar. 21st 1919

74-C-1008

TO;
Paymaster Demobilization,
Dennis BLdg.

PASSED TO YOU, PLEASE.

LIEUT.
ASS'T. ADJT. NO.6 DISTRICT DEPOT.

AMP/MG

*Name Cochrane J. Rank Pte Regtl. No. 1045278

Fyle Depot

Original unit Present unit M. or S. Age Religion Ref. H.Q

Port, ship and date of arrival FATHER GILBERT COCHRANE RIDGETOWN ONT.

Next of kin SAME.

Address on leave RIDGETOWN....ONT.

Address on discharge SAME.

Transportation issued Yes No Date Character on discharge

Previous occupation FARMER. Date and place of enlistment WINDSOR SEPT. 5-16

Diagnosis No record. Date of Medical Boards No record.

Date. T.U.S.	Remarks.	Pt. 2 Order No.
3-4-19	Posted to Ess. Co. Park School from D.D. 6	100
	Granted Subs. 6-4-19 to 14-4-19	100
TEMP. 5-5-19	S.O.S. DISCHARGED "MED.UNFIT"(TO TAKE FURTHER OUT PAT'T TREAT'T WITH THE DEPT. OF S.O.S.)(55 days W.P.G.)	41-122

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

(over)

Date	Remarks	Pt. 2 Order No.

M. F. W. 192

150m.—5-18

1772-39-1243

FORM D.M.S. 1300.
8137—50m—28/2/17.

Surname	Christian Name or Names	Reg. No.
Cockrane.	T.	1045278.

Rank	Unit	Co.	Troop	Batty.
~~Sgt.~~ Pte. ~~241st~~	Bn. ~~Depot~~ 20 Bn	1st cent. Cont. Regt 12R.		

Hospital	Date of Admission
Etchinghill.	12-5-17.

Transferred 2 Aust Gen. Boulogne Hosp. 29.8.18
12. Conv. Dep. Aubengue. Hosp. 4-10-18.
2. L. G. Chelsea. Hosp. 18.11.18.
P. P. Beachill. Hosp. 7.12.18.

Diagnosis VDG. gl

(1) Later Diagnosis (if changed) Wd Gas Shell

(2) Influenza R. & Tonsillitis R. add.

(3)

Additional Diagnosis: if more than one state present

V D G. ~~t.~~

N. A. D.

DISPOSITION	Date
	Dis 8-9-17
	REMARKS " 13.10.18
	" 20.12.18
C.I. 21-5-17. 1.	
12-9-17 C 8	
4.9.18 a 310-6	
10.10.18 @ 341 (6)	
21.10.18 a 350. b	
21.11.18 B 377. Ad whilst on leave from France.	
11.12.18 B 394-2	
31.12.18 B 409.	
6.1.19 C 413.	
21-1-19. C426. Discha 14-1-19.	
22-1-19 C427. Re C426 Diag changed to read. N. A. D.	

EPITOME OF HOSPITAL TREATMENT.

	Hospital	Adm.
1.	C. P. Witley	1. 1. 19.
2.		
3.		
4.		
5.		
6.		
7.		

Number 104528 Rank Pte.

Surname COCHRANE

Christian Name John

Units 20th Bn Can Inf Theatre of War France

Date of Service 24-11-17

Remarks RR#2

Latest Address P.O. Ridgetown Ont.

Roll No. 43 Page 22084

200m.-6-21.

GRATUITY (IMPERIAL)

CHRISTIAN NAME | SURNAME | REG. NO.

SCHEDULE NO. | LINE NO.

UNIT RETIRED OR DISCHARGED FROM

PLACE OF RETIREMENT OR DISCHARGE

DATE RECEIVED FROM OTTAWA | IMPERIAL DEPOT NO.

DATE RECEIVED FROM REG. DEPOT. | DATE FORWARDED TO OTTAWA

868—D.P.—40M-1-12-19.

Form R. 149.

Name COCHRANE, John Rank Pte Reg. No. 1045278

Unit ~~20th Bn~~ 12 Res

Next of Kin CANADA

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
29.8.18	2 Aust G.H. Boulogne		W Jas Shell	310	Q 603	3715.2
4.10	12 C.D. Audencourt		do A	3415		4645-18
13.10	Dis to 5 Rest Camp		do A	350		4913
18.11	2nd Lond G.H. Chelsea (On leave from France)		Influenza	B.3.77		1447
7.12	P.P.C.L.I. Bexhill		Influenza & Tonsillitis	B.3.74		2793
20.12	Dis		do	B.409		7.01
1919						
1.1	Can Res H. Witley		20	B.41		6246
17	Discharged		20	B.426		1447
	Note Repr of C.426 of 22/1/19 reports 20					
	changed to		NAD	B.427		6403

COCHRANE John. (Pte). 12th Res. 1045278

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

14. Date of Marriage? ——

15. Date Marriage Certificate examined by Paymaster ——

16. Have you made a previous Claim for Separation Allowance? Give particulars Yes in France July 1918 again February 1919 at Rhyl

17. Is Separation Allowance being paid on your Account to any other person? ——

18. Were you at the time of enlistment an employee of the Local or Dominion Government? In what capacity, and in what place? No

19. Will you be in receipt of a salary as such, while serving? If so paid, how much per month? No

20. Name of Corps prior to enlistment in the C.E.F. ——

21. Are you a member of the Permanent Force? No

I hereby certify that the above is a true statement.

Pte John Cochrane

Name of Soldier.

Signature of officer forwarding this application.

Unit ..... M. D. No. .....

Date .....

S. A. Paid by ..... From ..... To .....

Paid by ..... From ..... To .....

M. F. W. 130.—200M.—7-18. 1772 39-1147

S.
A.

Separation Allowance and Assigned Pay

CANADIAN EXPEDITIONARY FORCE

A.
P.

Surname first. Full Christian Names to be given in every instance

1. Name in full (Surname first) Cochrane John
2. Regimental Number 104528 3. Rank Pte
4. Reg't. or Unit 20th Battalion
5. Date of Enlistment Sept 4 1916 6. Date reported for duty Sept. 1916
7. Name of Wife ..... or
   Widowed Mother Cochrane Eliza Jane or
   Children's Guardian .....
8. Address Redgetown Ontario RR 2
9. State ages of Children: Girls under 17 ..... Boys under 16 .....
10. Amount of Assigned Pay 15 00 11. Date effective Nov. 1917
12. Name of Assignee Cochrane Eliza Jane
13. Address Redgetown Ontario RR 2

14. Date of Marriage? —

15. Date Marriage Certificate examined by Paymaster —

16. Have you made a previous Claim for Separation Allowance? Give particulars Yes in France July 1918 against February 1917 at Rhyl

17. Is Separation Allowance being paid on your Account to any other person? No

18. Were you at the time of enlistment an employee of the Local or Dominion Government? In what capacity, and in what place? No

19. Will you be in receipt of a salary as such, while serving? If so paid, how much per month? —

20. Name of Corps prior to enlistment in the C.E.F. —

21. Are you a member of the Permanent Force?

I hereby certify that the above is a true statement.

Pte John Cochrane

Name of Soldier.

Signature of officer forwarding this application.

Unit ..... M. D. No. .....

Date .....

S. A. Paid by ..... From ..... To .....

Paid by ..... From ..... To .....

M. F. W. 130.—200M.—7-18. 1772 39-1147

S. }
A. }

Separation Allowance and Assigned Pay

CANADIAN EXPEDITIONARY FORCE

A. }
P. }

Surname first. Full Christian Names to be given in every instance

1. Name in full (Surname first) Cochrane John
2. Regimental Number 1045278 3. Rank Pte
4. Reg't. or Unit 20th Battalion
5. Date of Enlistment Sept 4 1916 6. Date reported for duty Sept 4 1916
7. Name of Wife — or
   Widowed Mother Eliza Jane Cochrane or
   Children's Guardian —
8. Address Redgetown Ontario R.R.2
9. State ages of Children: Girls under 17 — Boys under 16 —
10. Amount of Assigned Pay 15 00 11. Date effective November 1917
12. Name of Assignee Eliza Jane Cochrane
13. Address Redgetown, Ontario

Form R. 149.
7106—250m—7/2/17.

Name Cockrane John Rank Sgt. Reg. No. 1045278

Unit 2/41st Bn. Can. Inf

Next of Kin

Date		Movement	Place	Casualty	List No.	Notified N/K O.		W.O. List
1917.								
12.	5.	Can. Hosp.	Etaples	V.D.G.	1			
8.	9.	Discharged	(58)	do	C8			

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

NAME Cochrane John

REGT'L No. 1045278

H. Q. FILE No. 649.

RANK AND CORPS Pte 20th Bn

FOLLOWS No. 24th Bn

FOLLOWS

CABLE NO.	CABLE DATE	NATURE OF CASUALTY
MPK Q5036 55-2	Gilbert Cochrane	Father Ridgetown Ont. Adm #2 Auxiliary Gen. Hosp. Wimereux Aug 29th 1918 Shell Gas.

L. L. 26438. M. & D. 8207.

M. F. W. 42—50M.—8-17.
H. Q. 1772-39-893.

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
A310	2 Aust Gen Boulogne	24-8-18	wd gas shell
A341	12 Gen Abbeville	4-10-18	" " "
A350	Discharged	13-10-18	" " "

NAME Cochrane J REGT. No. 1045278

RANK AND UNIT Pte. 12 Res

NEXT OF KIN

CABLE		NATURE OF CASUALTY
NO.	DATE	

M. F. W. 42—100M.—8-18.
H.Q. 1772 39-893.

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
6413	Can Spec. Witley	1-1-19	20.
6426	Discharged	13-1-19	" "

REMARKS:

LEDGER No. 348 SERIAL No. A34017

REG. No. 1045278 NAME Cockrone, J.

RANK Pte CORPS 12th Res AGE 25 SERVICE 3 1/12

HOSPITALS	DATE OF ADMISSION
1 Cogwell St Mil Hos Halifax	17-2-19
2	
3	

DIAGNOSIS V.D.S.

TRANSFERRED TO

DISPOSITION Disch 2-4-19 CATEGORY

M.F.W. 2553.
1126-D.P.-50M-12-18.
1772-39-1332.

P.T.O.

NAME Cochrane. J. REGT. No. 1045278

RANK AND UNIT Pte. 21 Bn.

NEXT OF KIN

CABLE		NATURE OF CASUALTY
No.	DATE	

M. F. W. 42—100M.—8-18.
H.Q. 1772 39-893.

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
B377.	2nd L Gen. Chelsea	18-11-18	Influenza
	Adm whilst on	leave	from Grange
B394	P.A. Clan Pl. Bethell	7-12-18	Influenza Tonsillitis
B409	Discharged	20-12-18	" " " "

No. 1045278 RANK Pte NAME Cochrane John.

T. O. S. 5-9-16. UNIT 241st Battalion
D038. 7-9-16

M. D. 1

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916	1916.			
Sept 6	Sept 30	"		
Oct.		"		
Nov.		"	A.W. 6 forfeits 9d. pay.	D0110 of 7-11-16.
Dec		"		
1917.		"	app. a/Sgt. while eng. in Canteen duties.	D0158 of 2-1-17.
Jan.		"		
Feb		"		
mar		"		
April		"		
may 1	may 7	"		

Form DMS 1401.

Local.

Princess Patricia Canadian Red Cross Hospital, Crookham Camp, Bayhill

HOSPITAL.

A. & D. CARD

AT

A. & D. No. 1045348 PL. OF ACTION 7/7/26

RANK Pte REG. No. UNIT 20th Bn. SICK OR WOUNDED

NAME Cochrane J. AGE 24 RELIGION Pres.

PLACE IN HOSPITAL D-W 11

DIAGNOSIS Tonsilitis

ADMITTED 6.12.18. FROM 2nd Can. Gen. Chelsea

DISCHARGED 20-12-18 TO 12th Res. Bn. Witley

TRANSFERRED

SERVICE AT HOME 27/12 IN FIELD

RESULTS

DISCHARGED TO DUTY

Cat A

(See Document Card for M.H. Sheet and other Documents.)

P.T.O.

REMARKS.

From Halifax per S.S. "Olympic" 29/4/17.

MARRIED SINGLE yes WIDOWER

TRADE OR CALLING Farmer RELIGION Presbyterian

DESCRIPTION.

APPARENT AGE 22 YEARS 11 MONTHS

HEIGHT 5 FEET 9 INCHES

CHEST MEASUREMENT 36 INCHES EXPANSION 3 INCHES

COMPLEXION Dark EYES Brown HAIR Brown

DISTINGUISHING MARKS Nil

MEDICAL EXAMINATION. PLACE Windsor, Ont. DATE Sept 5th 1916

Present address - R. R. No. 2. Ridgetown, Ont.

C

SURNAME. Cochrane

CHRISTIAN NAMES John

REGL. No. 1045278 RANK ~~Pte~~ a/Sgt.

UNIT 241st

FORMER CORPS Nil

CARD NO.

2 DO. 3-4-19 dis
DO. 3-4-19
dis. M.R. 17/2/19 R/S. fit.

SOS Dis 5-5-19
DO. 12 Bn 2-5-19
M.U. 0 2 DD

Bn

NEXT OF KIN.

NAMES IN FULL Cochrane Gilbert

RELATIONSHIP TO SOLDIER Father

ADDRESS Ridgetown, Ont.

CHANGE OF ADDRESS

COUNTRY OF BIRTH Canada Ridgetown, Ont. DATE Sept 23rd 1893.

PLACE OF ATTESTATION Windsor, Ont. DATE Sept 5th 1916

O/S. 29-4-17. 811/4

L. L. 94504. M. & D. 6512.

M. F. W. 22. 250M.—2-16. H. Q. 1772-39-339.

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

632

632

War Service Badge
Class A
No. 140257 issued 5-5-19

SHORT FORM.
PROCEEDINGS ON DISCHARGE.
(Demobilization.)

R.L.

1. No. 1045278.
2. Rank Pte.
3. Name COCHRANE. John.
4. Unit 241st. Bn. (#2.D D.)
5. Date of Discharge MAY 5 1919 Place TORONTO, ONT.
6. Reason for Discharge
" Medically Unfit."
7. Authority #2.D.D. May. 5th. 1919. Pt.11# 122.
8. Proposed Residence after Discharge
Ridgetown, Ont.

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. ? Deceased 5-7-23

John Cochrane
Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place TORONTO, ONT.

Date MAY 5 1919

Feb 14-2-20

Signature Graham Robertson
(O. C. Discharging Unit.)

M.F.B. 218a—50M. -2-19 —1772-39-113.

O. C. Discharge Sections,
No. 2 District Depot

Reservation

for

Separation Allowance.

before I left England I tried to apply for separation allowance and was told there that it would be better for me to apply after I got back to Canada, so on reaching Canada I had the forms filled out and handed in at Halifax while in hospital there, in April, but to date have heard no word of it.

My Father died just a year ago while I was in France and since then I have been sole support to my mother am I not entitled to separation allowance

John Cochrane.

Princess Juliana 8.2.19

AUDITOR | PAYMASTER

M. OR S.

PROMOTIONS, REDUCTIONS AND REVERSIONS AFFECTING DAILY RATE OF PAY AND ALLOWANCES

REGT. No. 1045278 RANK Pte NAME (IN FULL) Cochrane J.

(BLOCK LETTERS SURNAME FIRST)

NEXT OF KIN | RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? nil | DATE EFFECTIVE

TO WHOM PAID | RELATIONSHIP

ADDRESS

PARTICULARS	EFFECTIVE DATE	AUTHORITY
HS 8052		

ORIGINAL UNIT C.E.F. 2nd Bn 1st Cord. | IF IN P.F. WHAT UNIT?

PLACE OF ATTESTATION | TRANSFERRED TO Dover | DATE 3-4-19 | AUTHORITY Do 93

DATE OF ATTESTATION | TRANSFERRED TO | DATE | AUTHORITY

ASSIGNED PAY $ 15.00 | DATE EFFECTIVE 1.2.19

PAYABLE TO Mrs E. J. Cochrane | RELATIONSHIP Guardian | ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS Ridgetown, Ont.

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE | EFFECTIVE

DISCHARGED | PLACE Transferred DD 2 | DATE 3-4-19 | REASON | AUTHORITY Do 93 | IF ENTITLED TO POST DISCHARGE PAY

English Spell adjusted

MONTH	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $	C.	OTHER CREDITS $	C.		$	C.	TOTAL CREDITS $	C.	ACQUITTANCE ROLLS COL. NO. 1 NO.	DATE	COL. NO. 2 NO.	DATE	COL. NO. 3 NO.	DATE	CASH PAYMENTS COL. NO. 1 $	C.	COL. NO. 2 $	C.	COL. NO. 3 $	C.	ASSIGNED PAY $	C.	REGIMENTAL CHARGES $	C.	OTHER CHARGES $	C.		$	C.	TOTAL DEBITS $	C.	BALANCE DEBIT $	C.	CREDIT $	C.	PARTICULARS OR REMARKS
BALANCE FROM PREVIOUS ACCOUNT 31.1.19		1.10						88	90	88	90																												Bal cr Eng 2 Rd
																												44 87											on Book
																												15 00											apprc for Feb.
										88	90																						59 87				29 03		
1-2-19	59	1.10	64	90			29	03		93	93													22157 15 00									15 00				78 93		H Marchw #22157
31-3-19																																							at apl. # 846
agc.	30	1.10	33	00	78	93				111	93					#1812						96	93	15 00									111 93						

Certified that all payments due on this acct have been paid.
..... CAPT.
For Senior Officer Pay Services, M. D. 6

100M-1-19.—L. L. 53962-M. & D. 9723.
M. F. W. 2596.
1772-39-1390.

P 820
12474—375M—13-2-18.

* Strike out whichever inapplicable.

ASSIGNED PAY.	* ~~ENGLAND~~ OR CANADA.	SEPARATION ALLOWANCE.	* ENGLAND OR CANADA.
EFFECTIVE DATE:-	1.11.17	EFFECTIVE DATE:-	
AMOUNT:-	15.00	AMOUNT:-	

NAME:- COCHRANE. John.

NUMBER:- 1045278

NAME, ADDRESS, RELATIONSHIP & AUTHORITY | WHEN PAYEE OF A.P. IS THE SAME AS PAYEE OF S.A. THE WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE.

Mrs Eliza J. Cochrane
Ridgetown Ont. (Mother)
(A²M. 1.11.17)

Stopped Eff 1-2-19.

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	* DATE EFFECTIVE	RANK OR APPOINTMENT
		Private.

UNIT AND TRANSFERS

ORIGINAL UNIT:- 241 Batn

DATE ACCOUNT FIRST OPENED:- 8.5.17.

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO
			20 Batn

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
~~27-12-18~~	~~3857~~	~~12 Res. £2~~	~~9.73~~				
~~17-1-19~~	~~Gen.~~	~~ABSt. 54°~~	~~.11~~				
			~~9.84~~				

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
	1.00	.10		
1997.				

PARTICULARS OF RENDERING NON-EFFECTIVE: Trans to Can 1/2/19 N.R. 1997. 12 Res Bn 19/1/19 Rhyl MD2 C/Bacpay PC 88 90

MONTH 1918	PARTICULARS	CR. 1	CR. 2.	PARTICULARS	DR. 1	DR 2.	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
Mch 31	Bal. Fwd								133.37		
Apl	P Pay	33.		AR. 10. 11/4. 20 Bn	4.46						
				Can AP				15.			
				AR. 74. 23/4. 20 Bn	3.57				143.34		
		33			8.03			15			
May	do	34.10		Can Pay				15			
				AR. 141. 23/5. 20 Bn	4.46				157.98		
		34.10			4.46			15			
June	do	33.		CAP				15			
				AR 209. 12/6. 20 Bn	8.03						
				274. 30/6.	3.57				164.38		
		33.			11.60			15			
July	do	34.10		CAP				15	183.48		
				AR. 432. 12/7. 20 Bn	4.46						
				537. 25/7. 4 Bde B.	3.57				175.45	60	✓
		34.10			8.03			15			
Aug	do	34.10		CAP				15	194.55		
				AR. 662. 20/8.	3.57				190.98		Bal. agreed to 30/9/18
		34.10			3.57			15			
Sept	do	33		CAP				15	208.98	60	
		33						15			
Oct.	✓	34.10		C.A. Pay				15			
				AR 2046 - 15/10/18 - Det. B'logne	4.66						
				AR 3189 - 16/10/18 - C.F.R.D.	7.46						
				AR 1217 - 29/10/18 - 18 Ch Bn.	3.73						
				DNAR 3114 - 31/10 - C.C.H.Q. Det.	3.73				208.50	60	
		34.10			19.58			15			
Nov	✓ - Nov Dec & Jan	101.20		CP 59269 - 6/11/18	146.00						
				CP 64001 - 15/11/18	9.73						
				AR 72763 - 29/11 - 2nd Lan Gen.	4.87						
				CAP - Nov Dec & Jan				45			
				AR 7 - 10/12 - PPH B'thiel	9.73				94.37	60 -	
		101.20			170.33			45			

Cog. Bruce
Dr HM.

NUMBER 1045278 RANK Pte. NAME COCHRANE, J.

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
Dec.									94 37	60	
Feby	Ration Dy Pay 31-1-19.	4 37		385 7 28/12 12 Rs.	9 73						
				46 11989 7/1	11				88 90		
		4 37			9 84						
				S. O. S. Canada 8/19							
				S/R. 5 - 1 x Pers.							

P. 559
MARRIED OR SINGLE: Single

PLACE OF BIRTH:

NAME AND ADDRESS OF NEXT OF KIN: Cochrane, Gilbert
Ridgetown, Onto. Canada

RELATIONSHIP OF NEXT OF KIN: Father

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	AUTHORITY

ADMISSIONS TO HOSPITAL, &c.

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

REG'L NO. 1045278 RANK Private NAME Cochrane, John

IF IN PERMT. CORPS WHAT UNIT } UNIT 74 1st Battn TRANSFERRED TO 5th Reg Bn DATE 8-5-17 AUTHORITY P.O. 108 4/9/17

PERMANENT FORCE ALLOWANCES TRANSFERRED TO 20th Bn DATE 1-1-18 AUTHORITY 89 10/12

PLACE OF ATTESTATION Windsor Onto. Canada TRANSFERRED TO DATE AUTHORITY

DATE OF ATTESTATION Sept. 5th 1916 TRANSFERRED TO DATE AUTHORITY

ASSIGNED PAY MONTHLY $ ✓ 15.00 DATE EFFECTIVE ✓ 1.11.17 a.m. 1.11.17

PAYABLE TO ✓ Mrs Eliza J. Cochrane Ridgetown Ont Canada RELATIONSHIP ✓ Mother

ASSIGNED PAY MONTHLY $ DATE EFFECTIVE

PAYABLE TO RELATIONSHIP

STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) EFFECTIVE REASON

DISCHARGE DATE AND PLACE REASON AND AUTHORITY

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

C.D.

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	4 No.	4 Date	Cash Payments 1	2	3	4	Assigned Pay	Other Charges	Total Debits	Balance Credit	Balance Debit	Pay Withheld or Deferred	Pay Available for Issue	Remarks
MAY 7 - 1917	Balance from Canada													50 70	50 70																50 70				
8-31	24	1.10	26	40											26 40																77 10				
June	30		33												33																110 10		30 00		
July	31		34	10											34 10																144 20				
Aug	31		34	10											34 10																178 30		60		
Sept	30		33												33					308	30/5 Ctd.			1 22		72	73 22				138 08				Ctfs. Id. 11/5/17 - 7/9/17 120 days @ 60c
			16	60										50 70	211 30									1 22		72	73 22								P.O. 2149 - 12/9/17

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED PAY	SEP. ALLCE. ENG.
1917		~~138 08~~							1138 08	39	
Oct	P.O.	34 10		909 34/5/17 5 Rec.	19 47				152 71		
		34 10			19 47						
Nov.	P.P.	33		C.a.F.				15			
				on a/c 1033-1 31/10 5 Rec.	973						
				on a/c 9612 17/10 5	2433						
		33			3406			15			

1045278 Pte Cochrane J.

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.	Acquittance Rolls 1: Date	Acquittance Rolls 2: No.	Acquittance Rolls 2: Date	Acquittance Rolls 3: No.	Acquittance Rolls 3: Date	Acquittance Rolls 4: No.	Acquittance Rolls 4: Date	Cash Payments 1	Cash Payments 2	Cash Payments 3	Cash Payments 4	Assigned Pay	Other Charges	Total Debits	Balance Credit	Balance Debit	Pay Withheld or Deferred	Pay Available for Issue	Remarks
MONTH	PARTICULARS				CR. 2				PARTICULARS					DR. 1	DR. 2	DR. 3	DR. 4	BALANCE																	
					33									34 06				15	152 71																
									DTo 7535				Etching																						
									SR 395	14/6/17			Hours	1 22																					
									DTo 3 20	2nd																									
									SR 761	14/7/17			do	1 22																					
									DN 1891	AR 1179	27/6		Etch	1 22																					
									DNAR 855		17/9		5 Res.	14 60																					
									DN 1106		24/11/17		do	4 87																					
									AR 1073		14/11/17		do	7 30																					
									AR 814		28/8		5 Res.	1 22																					
									DN AR 553/5		13/7/17		Etch.	1 22																					
									DN AR 761/7		14/8/17		"	1 22																					
									DN AR 670-7		26/7/17		"	1 21																					
									~~DBS 8/ 4548~~																										
									Gross 19	105-12			5 Res.	04																					
Dec.	1918	P.			34 10				Car.							15	120 41																		
					6710									69 40				30																	
Jan.		do			34 10											15																			
									AR 1023		30/12		20 Bn	16 95					122 56																
					34 10									16 95		15																			
Feb		do			30 80				Can A.P.							15																			
									AR 1087		20/1		20 Bn	4 46					133 90																
					30 80									4 46		15																			
Mar		do			34 10				Can A.P.							15			168 00																
																			34 63																
									AR 1173		14/2		20 Bn	8 03																					
									" 1256		27/2		"	3 57																					
									" 1319		13/3		"	4 46																					
									" 1384		23/3		"	3 57					133 37																
					34 10									19 63		15																			

AUDITOR | PAYMASTER

R. OR S. M.

PROMOTIONS, REDUCTIONS AND REVERSIONS AFFECTING DAILY RATE OF PAY AND ALLOWANCES

REGT. No. 1045278 RANK Pte. NAME (IN FULL) COCHRANE, J. (BLOCK LETTERS SURNAME FIRST)

NEXT OF KIN | RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? | DATE EFFECTIVE

TO WHOM PAID Pending Aut to pay | RELATIONSHIP

ADDRESS

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ORIGINAL UNIT C.E.F. 2nd Bde R.D. | IF IN P.F. WHAT UNIT? Same

PLACE OF ATTESTATION | TRANSFERRED TO | DATE | AUTHORITY

DATE OF ATTESTATION 5-9-16 | TRANSFERRED TO | DATE | AUTHORITY

ASSIGNED PAY $ 15.00 | DATE EFFECTIVE ~~1.4.19~~ 1.5.19

PAYABLE TO Mrs E. J. Cochrane | RELATIONSHIP | ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS Ridgetown Ontario

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE Jan 1919. | EFFECTIVE

DISCHARGED Out Patient Sick | PLACE Toronto | DATE 5.5.19 | REASON MU | AUTHORITY D0122 | IF ENTITLED TO POST DISCHARGE PAY 153

MONTH	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $	C.	OTHER CREDITS $	C.	$	C.	TOTAL CREDITS $	C.	ACQUITTANCE ROLLS COL. NO. 1 NO.	DATE	COL. NO. 2 NO.	DATE	COL. NO. 3 NO.	DATE	CASH PAYMENTS COL. NO. 1 $	C.	COL. NO. 2 $	C.	COL. NO. 3 $	C.	ASSIGNED PAY $	C.	REGIMENTAL CHARGES $	C.	OTHER CHARGES $	C.	$	C.	TOTAL DEBITS $	C.	BALANCE DEBIT $	C.	CREDIT $	C.	PARTICULARS OR REMARKS
BALANCE FROM PREVIOUS ACCOUNT 1919 ~~1.5.19~~ ~~5.5.19~~	~~35~~	~~1.10~~	~~38~~	~~50~~	~~7~~ ~~36~~ ~~70~~	~~20~~	~~XX~~	~~XX~~	~~150~~	~~70~~	~~$109925~~		~~$112475~~ ~~$115019~~				~~25~~	~~00~~	~~35~~ ~~72~~	~~10~~									~~18~~	~~60~~			~~150~~	~~70~~					TOS from DD6 D0100 Subs 6.4.19 to 14.4.19 D0100 Hosp stoppage 31 days @ 60 = $18.60 Aut N.R. of 1564 from Cogswell Mil Hosp Halifax Bal. Epl. Mill
1.5.19 5.5.19	5	1.10	5	50	7 35 70	20			117	70	$109925		$112475		$115024		25	-	35	-	39	10							18	60			117	70					
153 days					W.S.G. 350				350																		W.S.G. 70				70		Due Soldier 280				1st W.S.G. Paid by #2 D.D.
																					65581	30-5-19					70	-			140		210				
																							Not Paid				~~70~~				~~210~~	-	~~140~~				
																											180				141	80	208	20			Stop Pay Pres. 1-3 April
																					aK 94H July 23	981164	138	70							280	-	70	-			
																					aK mt Aug 28	1345006	70	-							350	-					
						350 -																	208	20			141	80			350	-					

W.S.G. PAID IN FULL
A. Allen CAPTAIN
PAYMASTER WAR SERVICE GRATUITY

100M-1-19.—L. L. 53962-M. & D. 9723.
M. F. W. 2596.
1772-39-1390.