

412592

Original

4 J. Ball

~~A/2592~~ ATTESTATION PAPER.

No. 412592

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

- 1. What is your name?..... *C. J. Ham*
- 2. In what Town, Township or Parish, and in what Country were you born?..... *Port Hope Ont*
- 3. What is the name of your next-of-kin?..... *Susan Ham (mother)*
- 4. What is the address of your next-of-kin?..... *842 box Port Hope Ont*
- 5. What is the date of your birth?..... *Aug 4th 1888*
- 6. What is your Trade or Calling?..... *Gunsmith*
- 7. Are you married?..... *no*
- 8. Are you willing to be vaccinated or re-vaccinated?..... *yes*
- 9. Do you now belong to the Active Militia?..... *no*
- 10. Have you ever served in any Military Force?.. *no*  
If so, state particulars of former Service.
- 11. Do you understand the nature and terms of your engagement?..... *yes*
- 12. Are you willing to be attested to serve in the CANADIAN OVER-SEAS EXPEDITIONARY FORCE?} *yes*

*C. J. Ham* (Signature of Man).  
*W. G. Walker* (Signature of Witness).

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *C. J. Ham*, do solemnly declare that the above answers made by me to the above questions are true, and that I am willing to fulfil the engagements by me now made, and I hereby engage and agree to serve in the Canadian Over-Seas Expeditionary Force, and to be attached to any arm of the service therein, for the term of one year, or during the war now existing between Great Britain and Germany should that war last longer than one year, and for six months after the termination of that war provided His Majesty should so long require my services, or until legally discharged.

Date *5th March* 191*5* *C. J. Ham* (Signature of Recruit)  
*W. G. Walker* (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *C. J. Ham*, 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.

Date *5th March* 191*5* *C. J. Ham* (Signature of Recruit)  
*W. G. Walker* (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 *Port Hope* this *5th* day of *March* 191*5*.

*J. W. Saunders* (Signature of Justice)

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

*J. W. Saunders* (Approving Officer)  
COM. 80TH BN. C.E.F.

Description of C. J. Ham on Enlistment.

Apparent Age 26 years ..... 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. 6 ins.

Chest measurement { Girth when fully expanded ..... 33 ins.  
 Range of expansion ..... 34 ins.

Complexion ..... Light

Eyes ..... Blue

Hair ..... Brown

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

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 ..... 5th March 1915-

Place ..... Port Hope

R. H. Shields  
 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.

C. J. Ham ..... 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.

[Signature] ..... (Signature of Officer)  
 LT. COL.  
 COM. 89TH BR. C.E.F.

Date MAY 3 - 1915 ..... 1915

B.P. 25. 10. 18

DISCHARGE DOCUMENTS

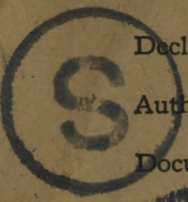
R. O. No.....

H. Q. No.....

- 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.....
- Proceedings on discharge.....
- Corps History Sheet.....
- Date and No. of Deposit Receipt for Purchase Money and Amount.....
- Parchment Certificate.....
- Medical Report for Invalids.....
- Medical History Sheet.....
- Proceedings of Regt. Court Martial.....
- Copies of Convictions by Civil Power.....
- Company Conduct Sheet.....
- Clothing Transfer Certificate.....
- Inventory of Kit.....
- Last Pay Certificate.....

Name *H.A.M. Chester* JOSEPH.  
 Regt. No. *412592* Bank *Pte.*  
 Corps *39th Regt. Bn*

*Killed in Action 12-14-6-16.*  
 03755



*1.2.15.1781*

*Pay card*

M. F. W. 62.  
100m.-6-17.  
H. Q. 1772-39-935.

*MIX 26.2.20*

*13-23*  
*22.23*  
*28.23*  
*1*



Surname

*Ham*

Christian Name or Names

*C.*

Reg. No.

*412592*

Rank

*Pvt.*

Unit

*4<sup>th</sup> Batt.*

*J.*  
Co.

Troop

Batty.

Hospital

Date of Admission

Transferred

Hosp.

Hosp.

Hosp.

Hosp.

Diagnosis

(1)

Later Diagnosis (if changed)

(2)

(3)

*Killed in Action 12/11. 6. 16.*

Additional Diagnosis: if more than one state present

DISPOSITION

Date

*P.b. 27. 6. 16 A 395.*

REMARKS

*Rep'd from Base*

**A.M.D. 2 DEPT.**  
**Beh. of D.G.M.S. O.M.F.C. London.**

*R*

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.

2.

3.

4.

5.

6.

7.

CARD NO. ✓

SURNAME. *Ham,*

CHRISTIAN NAMES *l. Joseph.*

REGL. NO. *412592* RANK *Pte.*

UNIT *39th.*

*Bn.*

FORMER CORPS *nil.*

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL *Ham, Mrs Susan.*

RELATIONSHIP TO SOLDIER *Mother*

ADDRESS *P.O. Box 342. Port Hope Ont.*

COUNTRY OF BIRTH *Canada, Port Hope Ont.*

DATE *Aug 4th. 1890*

PLACE OF ATTESTATION *Port Hope Ont.*

DATE *Mar. 6th. 1915*

*0/817-6-15-128/8.*

~~From Montreal per SS~~ ~~Missinatic 17/6/15~~

MARRIED

SINGLE *yes*

WIDOWER

TRADE OR CALLING

*Tinsmith*

RELIGION

*Wesleyan*

DESCRIPTION.

APPARENT AGE

*26*

YEARS

MONTHS

HEIGHT

*5*

FEET

*6*

INCHES

CHEST MEASUREMENT

*33*

INCHES

EXPANSION

*1*

INCHES

COMPLEXION

*Light*

EYES

*Blue*

HAIR

*Brown*

DISTINGUISHING MARKS

*not stated.*

MEDICAL EXAMINATION.

PLACE

*Port Hope Ont.*

DATE

*Mar, 5th. 1915*

*Present address, not stated.*



NAME

RANK AND CORPS

CABLE

NO.

DATE

H. Q. FILE No. 649-

REGT'L. No. 412592

Pfc. 4<sup>th</sup>. Bu. (Forw. 39<sup>th</sup>. Bu)

NATURE OF CASUALTY

M 8879	26-6-16
A 7. B 2690	7-7-16

Killed in action June 14<sup>th</sup> 1916. ✓  
 Killed in action June 12<sup>th</sup> + 14<sup>th</sup> 1916

39<sup>th</sup>. Bu

Hamm. L. J.

LIST No.

HOSPITAL

DATE OF  
ADMISSION

REMARKS

A 395: Reported from Base 12/4-6-16 Killed in action.

Ham, Re. C.J. 4125-92 - 4 Bu

H.A. 9.

Eligible for Star. Re. 4 "Bu."

medals +  
Decorations

Sather Gas Ham

P.O. Box 342 Port  
Hope Ont.

*m*  
340

Plaque + S Sather as above

(Serial no. 786810.)

Scroll Desp. MAR 3 - 1921 Reqn. No. 224679

Plaque Desp. DEC 28 1928 Reqn. No. P 22530

Re of S.

mother Mrs Susan Ham

(now widow) as above  
P.T.O. *Em*

*ns*

M Desf APR 16 1920 C 5085

No. 12592

RANK *PLT*

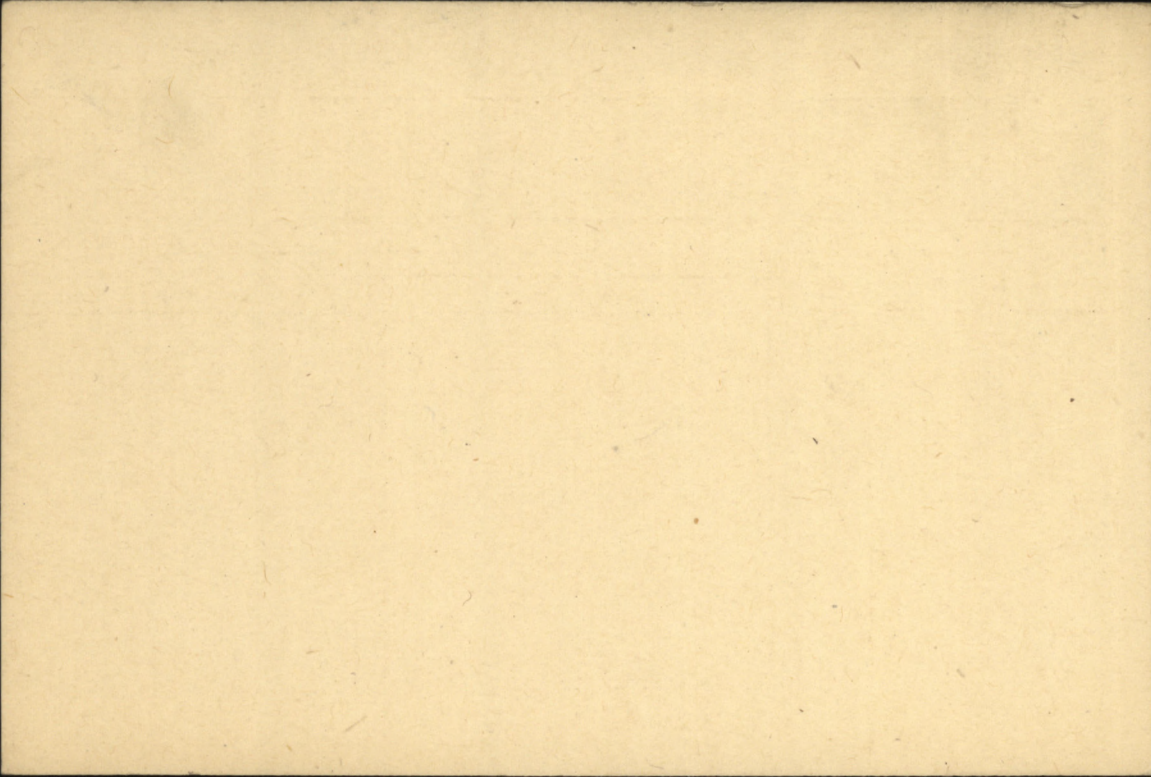
NAME *Ham C. J.*

T. O. S. 25/9/15 (DD. 25. 26/9/15) UNIT *39th Battalion*

M. D. 8

PAID		SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
FROM	TO		PARTICULARS	AUTHORITY
1915	1915			
<i>Mar. 25</i>	<i>Mar. 31</i>	<i>✓</i>		
<i>Apr 7</i>	<i>Apr 30</i>	<i>✓</i>		
<i>May</i>		<i>✓</i>		
<i>June</i>		<i>✓</i>		
<i>July</i>		<i>✓</i>		

**UNIT SAILED**  
**JUN 24 1915**









No.

RANK

Pte

NAME

Ham C.

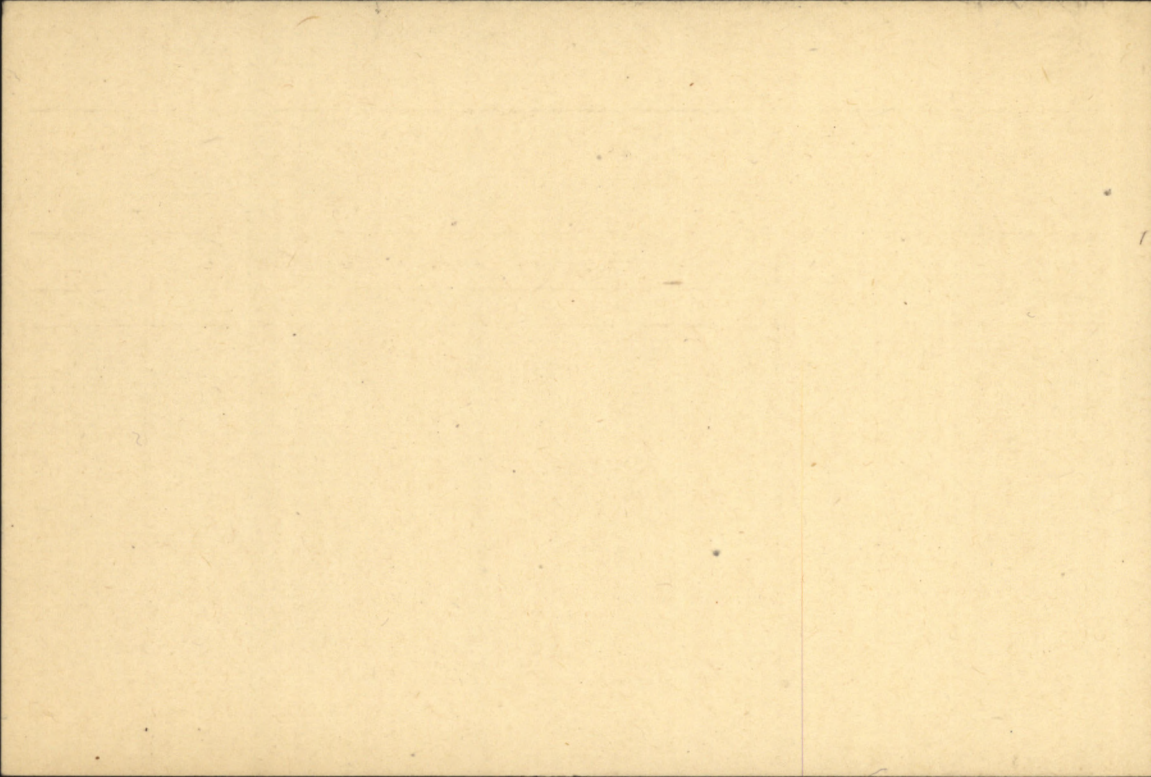
J.

T. O. S.

UNIT 46th Durham Regt -  
39th Bn Devote

M. D. 3

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1915 Sep 27	1915 Mar 24	-	Trans to 39th Bn	mer. Paylist



Rank

Name HAM C.J.

Reg'l No. 412592

R-122.

Unit 39th Bn

If in perm. Corps,  
What Unit?

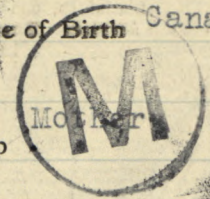
Married or Single Single

Place and Date of Enlistment Port Hope, 5 March 1915

Place of Birth Canada

Name and Address, Next-of-Kin Susan Ham  
342 Box Port Hope. Ont.

Relationship



Assigned Pay Monthly \$

Payable to

Relationship

Separation Allowance \$

Payable to

Relationship

Discharge, Date and Place

Reason

Character

*WERRY*

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>6</i>		<i>Arrived</i>	<i>England</i>	<i>27/15</i>	
<i>29 10/15</i>	<i>oc. 39<sup>th</sup></i>	<i>Trans. 4<sup>th</sup> Bn.</i>	<i>W. Sandring</i>	<i>31 10/15</i>	<i>Pt II NO. 207 ✓</i>
<i>13. 11. 15.</i>	<i>oc. 4.</i>	<i>Strength 4<sup>th</sup> Batt.</i>	<i>France</i>	<i>2. 11. 15.</i>	<i>— 37.</i>
<i>27.6.16</i>	<i>oc 4<sup>th</sup></i>	<i>Killed in Action</i>	<i>Field</i>	<i>12/14.6.16</i>	<i>C.O. A395</i>
<i>7.7.16</i>	<i>" "</i>	<i>" " "</i>	<i>"</i>	<i>"</i>	<i>Pt II-27</i>

*W.A. BK*

*117*





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  
12592

# MEDICAL HISTORY SHEET.

Surname Lean Christian Name Joseph

Examined { on 5<sup>th</sup> day of March 1915  
at Port Hope  
Birthplace { City or Town Port Hope  
County Ont

Approved by R. H. Shields  
Rank Serjeant M.O.

Apparent age 24  
Trade or occupation Gunsmith  
Height 5 Feet 6 Inches.  
Weight 145 Lbs.  
Chest measurement { Minimum 33 inches.  
Maximum expansion 34 inches.  
Physical development good  
Small-Pox Marks none

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT,
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Vaccination Marks { Arm Right Left /  
Number 2  
When Vaccinated last 2 years  
(a) Marks indicating congenital peculiarities or previous disease none

Date	Result	VACCINATIONS.
<u>3-8-15</u>	<u>good</u>	<u>R. H. Shields Serjeant</u>
		M.O.
		M.O.
		M.O.

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

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>10-5-15</u>		<u>T.B. Cannon army</u>
<u>28-5-15</u>		<u>T.B.C</u>
		M.O.
		M.O.
		M.O.

Enlisted on 5<sup>th</sup> day of March 1915 at Port Hope

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>39<sup>th</sup> Bn CEF</u>	<u>412592</u>		
Transferred to.. ..				

## EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.

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





Rank *Plt*

Name

HAM C.S.

Reg'l No. *4* 12592

P-56

Unit

39th Bn

If in perm. Corps,  
What Unit?

Married or Single

Single

Place and Date of Enlistment

Fort Hope, 5 March 1915

Place of Birth

Canada

Name and Address, Next-of-Kin

Susan Ham

342 Box Fort Hope. Ont.

Relationship

Mother

Assigned Pay Monthly \$

Payable to

Relationship

Separation Allowance \$

Payable to

Relationship

Discharge, Date and Place

*14/6/16*

Reason

*Dis. in Action*

Character

*CL 2395  
26.6.16*

Date		PAY			Field Allowance			Other Credits	Total Credits	Voucher		Cash Payments	Assigned pay	Other Charges	Total Debits	Balance	Remarks, Casualties, etc.	
From	To	No. of Days	Rate	Amount	No. of Days	Rate	Amount			No.	Date							
July 1	July 31	31	1	31	31	.10	310	10	4410	31	3250			3250	11.60	C.A.#10		
Aug 1	Aug 31	31	1	31	31	.10	310	<del>10</del>	3496	61	487			3284	1372	adj. in exch.		
Sept 1	Sept 30	30	1	30	30	.10	300		33	102	2797			3212	1460			
Oct 1	Oct 31	31	1	31	31	.10	310		3410		292			292	4578	4th Bn Bn 207		
Nov 1	Nov 30	30	1	30	30	.10	300		33		268			268	7610			
1.12	31.12	31	1	31	31	.10	310		3410		1159			1159	9861			
1/1/16	31/1/16	31		31	31		310		3410		1046			1046	12225			
1.2	29.2	29		29.00	29		290		15415		261			261	15154			
1.3	31.3	31		31	31		310		18564		785			785	17779			
		<del>24400</del>			<del>2440</del>			108631336		13557				13557		17779		Settled
		275			275													

Statement of  
OCT 26 1916  
Account rendered

Cash found in  
effects *No Ref*



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

MARRIED OR SINGLE *S.*

PLACE OF BIRTH *Canada.*

NAME AND ADDRESS OF NEXT OF KIN *Susan Ham.  
Box 342. Post Hope Ont.*

RELATIONSHIP OF NEXT OF KIN *Mother*

NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF KIN

SEPARATION ALLOWANCE MONTHLY \$ EFFECTIVE (DATE)

PAYABLE TO

RELATIONSHIP OF DEPENDANT

CASUALTIES, PROMOTIONS, &C.

PARTICULARS	EFFECTIVE DATE	AUTHORITY
<i>N.I.A. 17/4/16</i>	<i>15/16</i>	<i>CL.A. 395 2/16</i>

ADMISSIONS TO HOSPITAL, &C.

DATE ADMITTED	DATE DISCHARGED	V. OR A.	NAME OF HOSPITAL
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REG'L No. *412592* RANK *Sgt.*

IF IN PERM. CORPS WHAT UNIT

NAME *Ham B.J.*

UNIT *4th Batta* TRANSFERRED TO *New office* DATE *15.6.16* AUTHORITY *cl. 9/395 26/16*

PERMANENT FORCE ALLOWANCES

TRANSFERRED TO DATE AUTHORITY

PLACE OF ATTESTATION

TRANSFERRED TO DATE AUTHORITY

DATE OF ATTESTATION

TRANSFERRED TO DATE AUTHORITY

ASSIGNED PAY MONTHLY \$ DATE EFFECTIVE

PAYABLE TO

RELATIONSHIP

ASSIGNED PAY MONTHLY \$ DATE EFFECTIVE

PAYABLE TO

RELATIONSHIP

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

EFFECTIVE REASON

DISCHARGE DATE AND PLACE

*Released in action 14/6/16* REASON AND AUTHORITY *cl. 9/395 26/16*

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE) *15/16*

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)



DATE	PAY				FIELD ALLOWANCE				WORKING OR SPECIAL PAY				ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS				CASH PAYMENTS				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
	No. OF DAYS	RATE	AMOUNT		No. OF DAYS	RATE	AMOUNT		No. OF DAYS	RATE	AMOUNT					1	2	3	4	1	2	3	4				CREDIT	DEBIT			
			\$	c.			\$	c.			\$	c.																			
<i>1916</i>															<i>313 36</i>									<i>135.57</i>	<i>177 79.</i>						
<i>Apr 30</i>	<i>30</i>	<i>1</i>	<i>30</i>	<i>10</i>	<i>3</i>										<i>33</i>									<i>523.</i>	<i>205 36</i>						
<i>May 31</i>			<i>31</i>		<i>3/6</i>										<i>246.92</i>	<i>7/5</i>	<i>945</i>	<i>23/5</i>						<i>511.</i>	<i>234 55</i>						
<i>June 14</i>	<i>14</i>		<i>14</i>		<i>140</i>										<i>15.40</i>		<i>981</i>	<i>10/16</i>						<i>255</i>	<i>44.40</i>						
															<i>Balance transferred to N.E. Branch</i>									<i>247 40</i>	<i>-</i>						<i>\$247.40 B. Bal. fwd to Ottawa in sett. 7-11-16</i>
																								<i>247 40</i>	<i>-</i>						

*N.E. Brch. 700/16.*

Cash d in effects *no Rep*

Statement of OCT 25 1916 Account rendered

PAY BOOK CHECKED. Date *7/1/17* By *[Signature]* N.E. BRANCH.



To be used (a) for recruits enlisting direct into the Regular Army, and (b) for men of the Territorial Force when they are admitted to Hospital. Army Form B. 178<sup>A</sup> to be used for Special Reserve recruits and Special Reservists enlisting into the Regular Army.

MEDICAL HISTORY of

Surname H A M Christian Name C. Joseph

TABLE I.—GENERAL TABLE.

Birthplace ... Parish Port Hope County Ont.

Examined ... { on 5th day of March 1915,  
at Port Hope

Declared Age ... 29 ? years ... days.

Trade or Occupation ... Tinsmith

Height ... 5 feet ... inches.

Weight ... 145 lbs.

Chest Measurement { Girth when fully Expanded 34 inches.

{ Range of Expansion 1 inches.

Physical Development ... Good

Vaccination Marks { Arm ... Right Left  
Number 2 1

When Vaccinated ... two years

Vision ... { R.E.—V=  
L.E.—V=

(a) Marks indicating congenital peculiarities or previous disease ... (a) None

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

Approved by (Signature) R.N. Shields,  
(Rank) Lieut.  
Medical Officer.

Enlisted ... { at Port Hope  
on 5th day of March 1915

Corps.	Regtl. No.
<u>39th Battn. Res. C.E.F.</u>	<u>4 1 2 5 9 2</u>

Became non-effective by ...

This Medical History Sheet has been compared with the Corresponding Attestation Paper, and entries made in red have been taken from the Attestation Paper.

(Signature) [Signature]



**Check List in the case of Warrant Officers treated in quarters.**

Remarks bearing on the cause, nature, or treatment of the case, likely to be of interest or of future use. In cases of syphilis, admissions and re admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet.

Signature of Medical Officer

<p>(This area contains horizontal lines for recording remarks.)</p>	<p>(This area contains horizontal lines for recording the signature of the Medical Officer.)</p>
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**Table III.—Boards; Courts of Inquiry, Vaccination, Inoculations, etc.; Examinations for Field or Foreign Service, Extension, Re-engagement, or Prolongation of Service; Issue of Surgical Appliances; Particulars of Dental Treatment, etc.**

Date	Brief details, and signature
3/8/15	Vaccinated, R.N.Shields.
10/5/15	Inoculated, F.B.Carronary ?
28/5/15	Inoculated, Ditto

**Table IV.—Service Table.**

Station or Troopship	Date of arrival or embarkation	Date of departure or disembarkation	Station or Troopship	Date of arrival or embarkation	Date of departure or disembarkation

I certify the foregoing to be a true copy of an original entry on a Medical Story Sheet of this man.  
 O.A.M.C.  
 for the Officer in Charge of Records  
 Canadian Contingents.

Th  
po  
ta