

ATTESTATION PAPER.

No. 490575

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname?..... *Hopkins*
- 1a. What are your Christian names?..... *Freeman*
- 1b. What is your present address?..... *Vayas P.O. B.C.*
2. In what Town, Township or Parish, and in what Country were you born?..... *Claymont B.C.*
3. What is the name of your next-of-kin?..... *Ether Hopkins*
4. What is the address of your next-of-kin?..... *Tofino B.C. Vayas P.O. B.C.*
- 4a. What is the relationship of your next-of-kin?..... *Wife*
5. What is the date of your birth?..... *24th November 1886*
6. What is your Trade or Calling?..... *Rancher*
7. Are you married?..... *Yes*
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?..... *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*

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *Freeman Hopkins*, 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.

Freeman Hopkins (Signature of Recruit)

Date *12th May* 191*6* *Thos. Morton* (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *Freeman Hopkins*, 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.

Freeman Hopkins (Signature of Recruit)

Date *12th May* 191*6* *Thos. Morton* (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 *Post Alberni B.C.* this *12th* day of *May* 191*6*.

Chas. Houghton (Signature of Justice)

Description of Aggeeman Hopkins on Enlistment.

Apparent Age 35 years 6 months 5 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. 8 ins.

Chest measurement. { Girth when fully expanded..... 39 ins.
 Range of expansion..... 4 ins.

Complexion fair

Eyes blue

Hair light Brown

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

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..... May 12th 1916

Place..... Port Albert

A. D. Morgan
 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.

F. Hopkins.....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)

Date..... May 12th 1916

REGIMENTAL DOCUMENTS

NAME

Hopkins Freeman

REGT. NO.

490375

UNIT

H. Q. FILE NO.

CONTENTS

DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

M. F. W. 2505
REFERENCE

NON-EFFECTIVE BY

DEATH

Category

32702

DISCHARGE

Category *Demob Eng*

DESERTION

M

H

31-3-58

De...

ATTESTATION PAPER (M.F.W. 23, 133, or 51)

CASUALTY FORM (M.F.W. 54 or A.F.B. 103)

TRAINING HISTORY SHEET (M.F.W. 113)

FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)

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)

DENTAL HISTORY SHEET (M.F.B. 465)

MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)

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)

LAST PAY CERTIFICATE (M.F.W. 44)

PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)

PARTICULARS OF CHARACTER (A.F.W. 3226)

COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)

1 R122

*4 ms
in 4w67*

196

REGIMENTAL CLERK

COPIES

NAME

Hopkins Freeman

REGIMENTAL NO.

490575

RANK

Pioneer

ENLISTED AT

Post Alberni B.C.

PROMOTIONS, &c.
AND DATE

DATE

12th May 1916

IF SERVED PREVIOUSLY, STATE UNIT, &c.

No

MARRIED, WIDOWER, OR SINGLE

Married

NEXT OF KIN

Esther Hopkins

RELATIONSHIP

Wife

ADDRESS OF

Tofino Vancouver Isd B.C.

ASSIGNMENT OF PAY \$

15⁵⁰/_{XV}

C.

TO

W^o. Esther Hopkins

ADDRESS

Tofino P.C. Vancouver Island B.C.

SEPARATION ALLOWANCE, ENTITLED OR NOT

Yes.

DATE APPLICATION FORWARDED TO DIVISIONAL PAYMASTER

1 June 1916

IN WHOSE FAVOUR

W^o. Esther Hopkins
Tofino P.C. B.C.

SURNAME.

Hopkins

CHRISTIAN NAMES

*Freeman*REGL. No. *490 575*RANK *Pioneer.*UNIT *1st Pioneer Details*FORMER CORPS *nil**S.O.S. Dis. Long 15-9-16**O.R. with 16253. page 82**8-6-18.*

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Hopkins, Mrs. Esther

RELATIONSHIP TO SOLDIER

Wife.

ADDRESS

Lofino, Vancouver Island, B.C.

COUNTRY OF BIRTH

*Canada Clayoquot B.C.*DATE *Nov 24th. 1890*

PLACE OF ATTESTATION

*Port Alberni B.C.*DATE *May 12th. 1916**Off. 18-6-16. $\frac{457}{9}$*

MARRIED

yes.

SINGLE

WIDOWER

TRADE OR CALLING

Rancher

RELIGION

Church of England.

DESCRIPTION.

APPARENT AGE

35

YEARS

6

MONTHS

HEIGHT

5

FEET

8

INCHES

CHEST MEASUREMENT

39

INCHES

EXPANSION

4

INCHES

COMPLEXION

fair

EYES

Blue

HAIR

Light Brown

DISTINGUISHING MARKS

not-stated

MEDICAL EXAMINATION.

PLACE

Port Alberni B.C.

DATE

May 12th. 1916

Present address Vayas P.D., B.C.

Number 490575 Rank Pte

Surname HOPKINS

Christian Name Freeman

Units 1st Can Pioneer Bn Theatre of War England

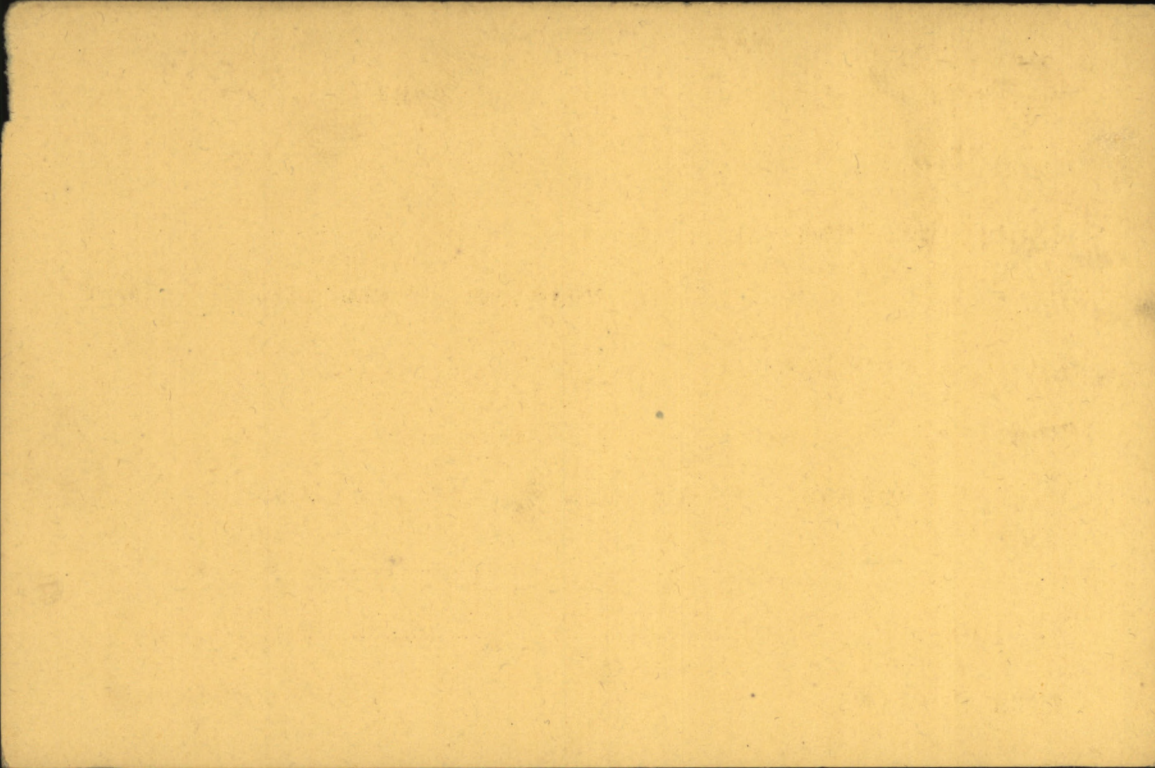
Date of Service 29-6-16

Remarks

Latest Address no add available

Roll No. A Page 3rd 55-

200m-2-21.M.



No. 490575 RANK Plt

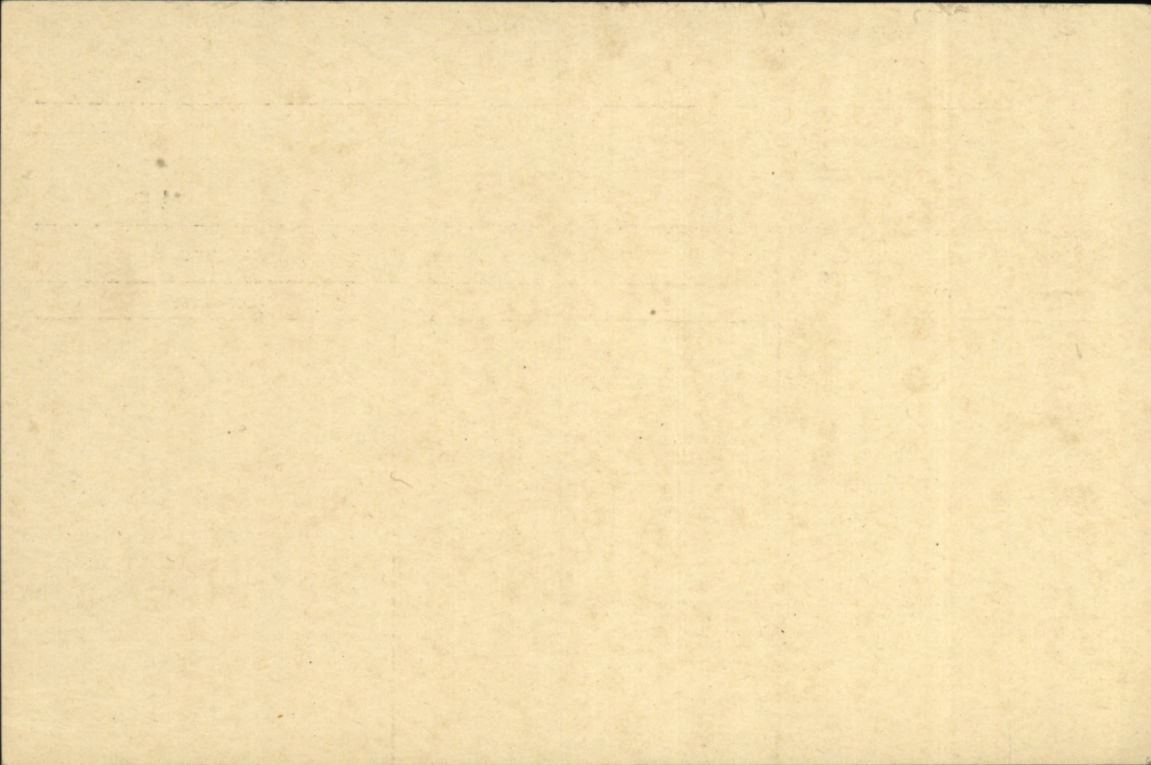
NAME Hopkins J

T. O. S. 12-5-16 0041 UNIT
12-5-16

1st Canadian Pioneer Details

M. D. 11.

			PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
PAID FROM	PAID TO	SIG. OR REC'T	PARTICULARS	AUTHORITY
1916 may 12	1916 may 30			



MEDICAL HISTORY SHEET.

Surname Hepburn Christian Name Freeman

Examined { on 12th day of May 1916
 at Port Alberni

Approved by A. Morrison

Birthplace { City or Town Falmouth Rank _____ M.O.
 County England

Apparent age 35

Trade or occupation Farmer

Height 5 Feet 8 Inches. M.O.

Weight 160 Lbs. M.O.

Chest measurement { Minimum 31 inches. M.O.
 Maximum expansion 39 inches. M.O.

Physical development Good M.O.

Small-Pox Marks No M.O.

Vaccination Marks { Arm Right. Left. Yes
 Number my faint 30 JUN 1916

When Vaccinated last when a child M.O.

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

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

Date.	Result.	ANTI-TYPHOID INOCULATIONS, ETC.
MAY 16 1916		<u>J. Buller</u> M.O.
MAY 23 1916		<u>Dr. Woodley</u> M.O.
JUN 20 1916		<u>Dr. Gaulty</u> M.O.

Enlisted on 12th day of May 1916 at Port Alberni BC

	CORPS.	REG'L NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>VANCOUVER PIONEER CO'Y</u>	<u>490575</u>		
Transferred to				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
<u>Carrara Camp</u>	<u>10.9.16</u>	<u>Acid depression</u>	<u>Fit</u>
<u>11 SEP 1916</u>	<u>Approved</u>	<u>Dr. McIntyre capt for S.L. Walker.</u>	<u>with major</u>

FOR A.D.M.S. CANADIANS, SHORNCLIFFE.

APPROVED
 CAPTAIN CANADIAN GENERAL
 DIVISION

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.

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 **1st O/3 Canadian Pioneer Details**

(2) Regimental Number **490575**

(3) Full Name of Soldier **Hopkins F.**

(4) Place of Birth **Clayoquet B.C.**

(5) Are you married, or not? **Yes**

(6) If married, state,
 (a) Full name of your wife **Esther Hopkins**

(b) Present Postal Address **Tofino, W. Van. Island.**

(7) Are you a widower? _____

(8) Have you any children? **Yes**

If so, give number of boys and girls **2 boys 1 girl**

Also their names and ages **George 7**

Stella 9

Reg. 4

(9) Is your Father alive? No

If so, state name and address _____

(10) Is your Mother alive? No

If so, state name and address _____

(11) If your Mother is a widow _____

Are you her sole support, or not? _____

(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.

(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.

(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.

No

(15) Are you insured? No

If so, in what Company? _____

Have you made arrangements for payment of your Insurance premium _____

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

Date JUN 7 1916

P. D. Huse
Officer Commanding Captain.
OFFICER COMMANDING.

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

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

Casualty Form—Active Service.

250M.—1-16,
H. Q. 1772-39-920.

VANCOUVER PIONEER CO'Y

Unit, Regiment or Corps

Regimental No. 490575

Rank Pioneer

Name Hopkins Freeman

Religion 6 of 8

C. E. F.

Age on enlistment. 35 years. 6 Months.

Enlisted (a) 12.5.16

Terms of Service (a) D of W

Service reckons from (a) 12.5.16

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) Rancher.

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.	Halifax.	18/6/16.	
		Disembarked.	Liverpool.	29/6/16.	
		Taken on strength.	C.P.T.D. Shorncliffe.	30/6/16.	P.2. Orders. 111.
<p><i>Discharged from the C.E.F. in England under Sect. 10 of the Act. 6/5/252 / 4/9/16</i></p> <p style="text-align: right;"><i>H. Smith</i> Lt. Asst. Adj. Canadian Pioneer Training Depot</p>					

(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, Shoing Smith, etc., etc., also special qualifications in technical Corps duties.

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				

P. Scoop 212

199
④

C.T. Rank

Name HOPKINS Freeman

Reg'l No. 490575

Unit 1st Pioneer Details If in perm. Corps, }
What Unit? }

Married or Single Married

Place and Date of Enlistment Port Alberni B.C. 12th May 1916 Place of Birth Cloyoquot. B.C.

Name and Address, Next-of-Kin Esther Hopkins,

Totino P.O. ^{Vancouver} Ven Island B.C. Canada.

Relationship Wife

Assigned Pay Monthly \$ Payable to

Relationship

Separation Allowance \$ Payable to

Relationship

N/E. R.B. No 590
File R.L.
Category O.R. Eng

Eng OR

Discharge, Date and Place

Reason

Character

H. W. & V., Ltd.—7165-16.

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS. Taken from Official Documents.
Date.	From whom received.				
30-6-16	P.T.D.	J.O. Strength	S'Cliffe	29-6-16	P 111
16.9.16	✓	S.O.S. Discharged from C.E.F. on Trans. to Inland Water Transport Section (R.E)	✓	15.9.16	✓ 189. a. 7. 268

+

File No. 8934-7-23

WAR SERVICE GRATUITY.

Register No. A2219

Passed to Ind.
15/12/19

Reg. No. 490575

Dependent

Mrs. E. Hopkins

"Wife"

Name Pto Hopkins Freeman

Address

Same Add

Address 3215 Oak St.

Victoria, B.C.

Pay Soldier \$

Pay Dependent \$

Days..... Rate..... Due.....

Less P.D.P. credited.....

Less further Dr. Bal.
or overpayment.

Net.....

Payments to be made
by I.G. W 117. 22¹²/₁₉

Clerk

Date	Ck. Order	Ck. No.	Amount	Remarks	Date	Ck. Order	Ck. No.	Amount
1					1			
2					2			
3					3			
4					4			
5					5			
6					6			

495-D.P.-100M-6-19 (10248).

Let. sheet created from U.S. G.
Decl. 15-12-19

GEN'L AUDITOR
Posting checked by
.....
Date.....

R. Evans
15¹²/₁₉

POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

Name *Hopkins, J.*
Surname Christian Name

Regimental Number *490575* Rank *Pt*

Address (in full)

Unit

Original Unit

District where paid

Date of Discharge

P. D. P. Filing Number

Rates:—Regimental pay \$ per diem; Field Allowance \$ per diem. Separation Allowance \$ per month.

L.L. 53961—M. & D. 9721

Total Credits 91 days	FIRST PAYMENT			SECOND PAYMENT			FINAL PAYMENT			Balance Overpayments to be Recovered	Total Amount Paid
	Cheque No. A	Date	Amount 30 days	Cheque No. B	Date	Amount 30 days	Cheque No. C	Date	Amount 31 days		

M. F. W. 127
 300M-1-19
 1772-39-1140

Remarks:

MILITIA AND DEFENCE
ASSIGNED PAY
OVERSEAS CONTINGENTS

45 M. F. W. 12.
50m.—4-16.
H. Q. 1772-39-819.

To Whom Mrs. Esther Hopkins
Address Tofino P.O. B.C.

By Whom Assigned Hopkins, Freeman,
wife

Regtl. No. 490575

Rank

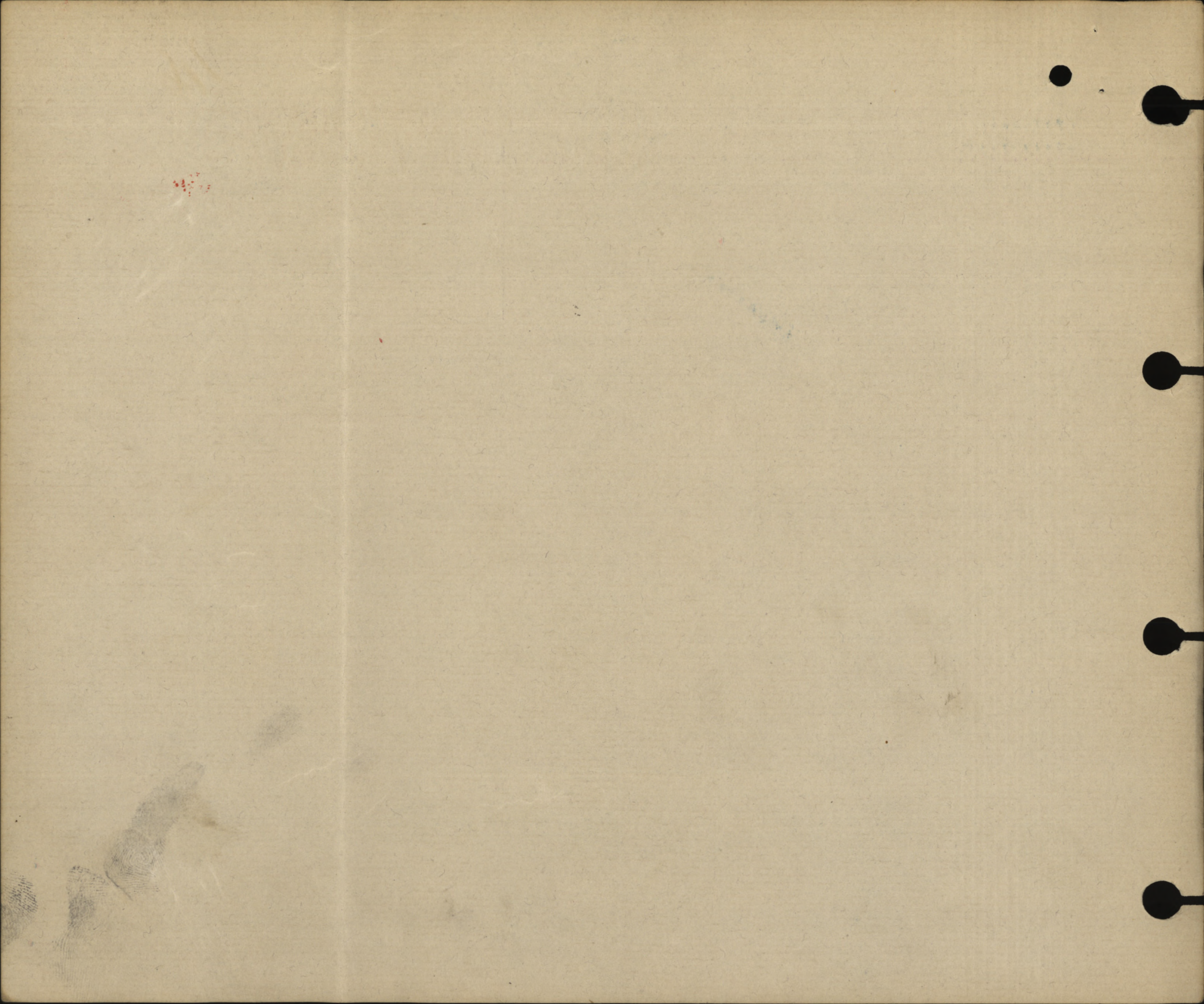
Corps 1st Pion. Co.

Rate \$15

JUN 1 1916

PAYMENTS

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



MILITIA AND DEFENCE
ASSIGNED PAY

46
 M. F. W. 12a.
 50m.-4-16.
 1772-89-819.

OVERSEAS CONTINGENTS

Sheet No. 2. *Mrs Ester Hopkins*

wife
 PAYMENTS.

Name of Soldier *Hopkins, Freeman*
#490575, 1st Bn. Co.

L. L. Job 310.—Req. 6574.

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May				
June				
July		97166	30	
Aug.		14495	15	
Sept.		818503	15	
Oct.				"Discharged in England" Stop Oct. 1/16 3 M. Sept. 12/16 J.H.
Nov.				
Dec.				
Jan.	1917			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

ad

#15

JUN

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

PAYMENTS.

Name of Soldier _____

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

12/5/16

MILITIA AND DEFENCE

M. F. W. 11.

50m.—4-16.

H. Q. 1772-39-818.

SEPARATION ALLOWANCE

Name Mrs Esther HopkinsName of Soldier Hopkins FreemanAddress Port GillamRegtl. No. 490575West Coast Vancouver IslandRank PioneerPlCorps Vancouver Pioneer Co

Relation to Soldier }

To what Corps belonging }

wife, child or mother }

wife

when called out } ✓

PAYMENTS

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



Handwritten text, possibly a signature or initials, located in the center of the page.

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

Sheet No. 2.

Mrs Esther Hopkins wife
PAYMENTS.

Name of Soldier

Hopkins Freeman

L. L. Job 310.—Req. 6574.

#490575

Pioneer

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May				
June				
July		B5056	52	52
Aug.		X 12067	20	20
Sept.	9	W 16189	20	20
Oct.		Q 18744	20	20 Cancelled p w add 27 ¹⁰ / ₁₆
Nov.		Q 22705	20	20 V 22705 " " "
Dec.		X X		No checks w out letter add 26 ¹⁰ / ₁₆
Jan.	1917	- X	X	92
Feb.		- X	X	X
March		X X	X	X
April		- X	X	X
May		- X	X	X
June		- X	X	X
July		- X	X	X
Aug.		- X	X	X
Sept.		- X	X	X
Oct.		- X	X	X
Nov.		- X	X	X
Dec.		- X	X	X
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

MILITIA AND DEFENCE
SEPARATION ALLOWANCE
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier _____

PAYMENTS.

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

EFFECTIVE DATE: 16/9/16
 AUTHORITY: HP 7/600 8/9/16

REG'L. NO. 490575 RANK *Pvt* NAME HOPKINS. *H*
 IF IN PERMT. CORPS WHAT UNIT: *1st Pinn.* UNIT *Draft* TRANSFERRED TO *Non-Effec.* DATE 16-9-16 AUTHORITY HP 7/600
 PERMANENT FORCE ALLOWANCES TRANSFERRED TO DATE AUTHORITY
 PLACE OF ATTESTATION *Pnt Alberni, B.C.* TRANSFERRED TO DATE AUTHORITY
 DATE OF ATTESTATION *12th May. 1916.* TRANSFERRED TO DATE AUTHORITY

ASSIGNED PAY MONTHLY \$ *15.00* DATE EFFECTIVE *July 1st 1916.*
 PAYABLE TO *Esther Hopkins, Tofino P.O. B.C.* RELATIONSHIP



HOSPITAL &c.
 NAME OF HOSPITAL

ASSIGNED PAY MONTHLY \$ DATE EFFECTIVE
 PAYABLE TO RELATIONSHIP
 STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) *11/9/16.* EFFECTIVE *1/10/16.* REASON *trans to R.E. HP 7/600 8/9/16.*
 DISCHARGE DATE AND PLACE *15/9/16. England* REASON AND AUTHORITY *trans to R.E. HP 7/600 8/9/16.*
 ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE) *16/9/16*
 ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

ACQUITTANCE ROLLS						CASH PAYMENTS				BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS	
2		3		4		1	2	3	4	ASSIGNED PAY	OTHER CHARGES				TOTAL DEBITS
No.	DATE	No.	DATE	No.	DATE										
															L.P.C. Balance
													10		
													24 73	19 37	
													29 60	23 87	
													34 47	5 90	
													5 90		Discharge in England authy for 7/600 8/9/16 S.P form rec'd 11/9/16 Effec 1/10/16 B700 Polby m. Schuff PRR Sept 16

See Over to P.

#490575 Mr. Hopkins - J.

DATE	PAY		FIELD ALLOWANCE		WORKING OR SPECIAL PAY		ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS				CASH PAYMENTS			
	NO. OF DAYS	RATE	AMOUNT	NO. OF DAYS	RATE	AMOUNT				NO. OF DAYS	RATE	AMOUNT	1	2	3	4	1

MONTH	PARTICULARS	CR.1	CR.2	PARTICULARS	DR.1	DR.2	DR.3	DR.4	BALANCE	DEFER- -REB. PAY	SEP. ALLGE. ENG.	MONTH	PARTICULARS	CR.1	CR.2
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1918
June Balance trans to Pay II
*June 7/18 2239 P.A. from Canada
 June draft 1st bar
 Mr. Sw. 25/10 10*

11 00
11 00

Nil
11 00

1918
Nov

cheque no 9371
0/12/12/18
Pay II Deb 6/30

11 00
11 00

Nil

PAYMENTS		ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
3	4				CREDIT	DEBIT			

RS CR.1 CR.2 PARTICULARS DR.1 DR.2 DR.3 DR.4 BALANCE DEFER- SER
-RED. ALICE.
PAY ENG.

*SLP6 in triplicate to sub
advances to Bal 11⁰⁰ ago*

This space to be left blank for the Chelsea Number.

12-H-403

Army Form B. 268

Proceedings on Discharge.

(When forwarded for confirmation the documents named on page 4 should be enclosed.)

No.	490575	Army Rank	Plt
Name	Freeman Hopkins		
<small>(The name must agree strictly with that on enlistment, unless changed subsequently by authority.)</small>			
Corps	CANADIAN PIONEER TRAINING DEPOT.		
Battalion, Battery, Company, Depot, &c.	6.		
<small>(If attached to the Regular Establishment of the Special Reserve or Permanent Staff of the Territorial Force, &c., or to General Staff of the Army, it should be so stated.)</small>			
Date of discharge	15/9/16 September 16 th 1916		
Place of discharge	England		
1.	Description at the time of discharge.		
Age	36	years	10 months
Height	5	feet	8 inches
Chest measurement	girth when fully expanded		39 ins.
	range of expansion		4 ins.
Complexion	Fair		
Eyes	Blue		
Hair	Light Brown		
Trade	Rancher		
Intended place of residence	Orlany Water		
(To be given as fully as practicable)	Transport Section (Royal Engineers)		
<small>(The measurements and description should be carefully taken on the day the man leaves his unit, but in the case of men sent home from abroad for discharge, the age and intended place of residence should be left blank to be filled in by the Officer who confirms the discharge at home.)</small>			
2.	The above-named man is discharged in consequence of <i>from the Canadian Expeditionary Force in England under authority of M.M.T.O. J.H.B. letter 6-8-252 dated 4/9/16 (on transfer to the Orland Water Transport Section (Royal Engineers))</i>		
<small>(The cause of discharge must be worded as prescribed in the King's Regulations and be identical with that on the discharge certificate. If discharged by superior authority, the No. and date of the letter to be quoted.)</small>			
3.	Military character :- <i>Good</i>		
4.	Character awarded in accordance with King's Regulations :- <i>This soldier is obedient and willing.</i>		
Certified that the above is an accurate copy of the character given by me on Army Form B. 2067* and that Army Form D. 489 was awarded in this case.			
			Initials of Commanding Officer.

To be filled in on the soldier quitting the Colours.

Army Form B. 2088 has been issued to*

5. He is in possession of the following number of G.C. badges (if the man is a N.C.O. and enlisted prior to 1st July, 1881, the number he would have been entitled to had he not been promoted should be stated).

NIL

Is it probable that he will be entitled to another good conduct badge before the confirmation of these proceedings?

Classification for service, or proficiency pay Class NIL

6. Campaigns, Medals and Decorations

NIL

Certificate of education NIL

7. His accounts are correctly balanced, and I have impartially inquired into all matters brought before me in accordance with Regulations.

(Place) Shorncliffe

(Date) 7/9/16

Commanding CANADIAN PIONEER TRAINING DEPOT. Regiment.

8. Certificate to be signed by the soldier on discharge.

I hereby acknowledge that I have received all my pay and allowances (including clothing allowance), and all just demands up to the present date, subject to the reservations of the claims noted on the 3rd page.

(Place) Shorncliffe

(Date) 7/9/16

J. Hopkins (Signature of Soldier.)

C. A. Rice (Sp) (Signature of Witness.)

(When a soldier is absent through illness or any other cause, and it is not desirable to forward these proceedings to him for signature, a manuscript copy should be sent for the man to sign, and when returned should be attached here.)

9. Additional certificate in the case of a soldier who takes his discharge at his own request.

I hereby declare that I do of my own free will request to be discharged from His Majesty's Service.

(Signature of Soldier.)

10. Statement of service.

Service towards engagement to 16/9/16 (the date to which the record of service is completed) years 127 days.

Further service " " (the date of confirmation of discharge) " "

Total 127

11. Confirmation of discharge.

The discharge of the above-named man is hereby confirmed for 16/9/16 (date)

(Place) Shorncliffe

(Date) 7/9/16 Sept. 16th 1916

Signature [Signature] Major

O.C. CANADIAN PIONEER TRAINING DEPOT.

Commanding officers (or the Paymaster, if at Netley) will issue to every discharged soldier whose claim to pension, either on account of service or disability, is to be brought under the consideration of the Chelsea Board, a memorandum for his guidance on Army Form D. 401, and will at the same time transmit to the Secretary, Royal Hospital, Chelsea, a descriptive return of the man on Army Form D. 400.

RESERVATIONS REFERRED TO AT PARA. 8.

(To be signed by the soldier. When there are none, it is to be so stated, and signed by the soldier.)

None

J. Hopkins

LIST OF DISCHARGE
DOCUMENTS.

1. Proceedings on discharge.
(Army Form B. 268.)
2. Proceedings on transfer to reserve (if any).
(Army Form B. 2056.)
3. Duplicate attestation.
4. Army Form B. 97 (if any).
5. Declaration of change of name (if any).
6. Re-engagement paper (if any).
(Army Form B. 136.)
7. Authority for continuance, or extension, of service (if any).
(Army Form B. 221)
8. Court of Inquiry on an injury (if any).
(Army Form A. 2.)
9. Regimental conduct sheet.
(Army Form B. 120.)
10. Company conduct sheet.
(Army Form B. 121.)
11. Copies of convictions by Civil Power (if any).
12. Medical history sheet.
(Army Form B. 178.)
13. Medical report on invalid (if any).
(Army Form B. 179.)
14. Copy of receipt for purchase money (if any).
15. Attestation of fraudulently enlisted man for corps in which he has not been held to serve (if any).
16. Detailed statement of former service allowed to reckon towards pension (if any).
17. Copy of 3rd page attestation (in the case of men from abroad entitled to deferred pay who go to Netley or the discharge depot for discharge).
18. Descriptive return (Army Form D. 400), where required.
See section 11 on second page.
19. Active service casualty form.
(Army Form B. 103.)
20. Employment sheet.
(Army Form B. 2066.)

In the case of recruits who are rejected before, or on, final approval, the discharge documents will consist of—

1. Duplicate attestation.
(On third page the date and cause of discharge will be entered and signed by the competent military authority.)
2. Medical history sheet (if any).
(Army Form B. 178.)

Instructions as to the preparation, despatch,
and custody, of discharge documents.

1. When a soldier is to be discharged, the documents retained with the duplicate attestation will be placed inside this form. Should any of the documents be missing, an explanation of the deficiency, signed by the commanding officer, must be substituted for the missing document. The officer in charge of records will then extract from the original attestation, any documents required to complete the list of discharge documents enumerated in the margin, which will then be placed in this form in the sequence given.

2. When men are discharged from the colours at home as medically unfit, or with claims to pension, Army Form B. 268 will be sent confirmed, together with the duplicate attestation and documents retained therein to the officer in charge of records 10 days in advance of the date for discharge in the case of invalids, and 14 days in other cases. This officer will then extract from the original attestation any documents required to complete the list of discharge documents enumerated in the margin, place them in this form, and after carefully checking the duplicate attestation with the original forward the whole to the Secretary, Royal Hospital, Chelsea. When such men are discharged abroad, the same procedure will be adopted as above, with the exception that the discharge documents will be sent to the officer in charge of records immediately after discharge takes place (except in the case of men who are granted gratuities on discharge from local battalions or companies, Royal Artillery).

3. When soldiers are sent home from abroad for discharge, the documents retained with the duplicate attestation will be placed inside this form and sent home with the men for transmission to the officer who carries out the discharge, together with the following additional forms:—

- (a) Discharge certificate (Army Form B. 2079 or Army Form B. 264).
- (b) Character certificate (Army Form B. 2067) if entitled.
- (c) Copy company conduct sheet (Army Form B. 121) when required under King's Regulations.

The duplicate attestation and documents retained therein will be sent to the officer in charge of records, who will extract from the original attestation any documents required to complete the list of discharge documents enumerated in the margin and place them in this form.

4. The discharge documents of re-enlisted pensioners, on re-discharge, will be sent to the officer in charge of records, who will extract from the original attestation any documents required to complete the list of discharge documents enumerated in the margin, place them inside this form, and forward the whole to the Secretary, Royal Hospital, Chelsea, irrespective of the cause of discharge.

5. The original and duplicate attestations of recruits who are rejected before, or on, final approval will be retained by the approving officer for one year, when they will be destroyed.

6. In all other cases the discharge documents will be sent, directly the discharge is carried out, to the officer in charge of records of the unit concerned.

7. Postage need not be paid, and receipts are not required, in the case of documents sent to Chelsea or to the War Office.

8. When the discharge documents of men not entitled to pension are sent to the officer who will have final charge of them, they are to be accompanied by Army Form B. 279, and that officer will, if they are found to be correct, sign and return Army Form B. 279. Should any document be missing, he must at once apply for it.

9. The officers having final charge of the discharge documents will arrange them according to regimental numbers, and enter the names in the alphabetical index, Army Book No. 129.

Name

Hopkins

Enl.

12-5-16.

Date of Embarkation for England

18-6-16.

Proceeded to France.

Returned to England.

Date returned to Canada.

P.R.2855.

Letlid
14-2-24

1893

1000 of Publications for England

Proceeded to Bremen
Returned to England

Date returned to Bremen

F. A. B. C.

Medical Report on an Invalid.

Station Shorncliffe
 Date Sept 8th 1916
 1. Unit Canadian Pioneer Training Depot
1st B.C. Pioneers
 2. Regimental No. 490575
 3. Rank Pte
 4. Name Hopkins, Freeman
 5. Age last birthday 35
 6. Enlisted { on 12th May 1916
 at Port Alberni
 7. Former Trade } Rocher
 or Occupation }

8. Disability.

Deafness Right Ear.

Statement of Case.

Note.—The answers to the following questions are to be filled in by the Officer in medical charge of the case. In answering them he will carefully discriminate between the man's unsupported statements and evidence recorded in his military and medical documents. He will also carefully distinguish cases entirely due to venereal disease.

9. Date of origin of disability. since infancy
10. Place of origin of disability. British India
11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case.
Since enlistment & has carried on full military duties. Has no complaints except that his Right ear has been deaf since infancy.
12. (a) Give your opinion as to the causation of the disability. Deafness since infancy
- (b) If you consider it to have been caused by wounds received or illness contracted (1) in the presence of the enemy (2) on active service, explain the specific conditions to which you attribute it. (See notes on page 3.)

13. What is his present condition?

Weight should be given in all cases when it is likely to afford evidence of the progress of the disability.

normal, healthy
man except for deafness
in Right ear.
Has not complained of any
ear trouble. Carries
on full military duty
without any difficulty.

Examination is negative except
that he needs a Dental Plate
and is Deaf in Right ear.
not applicable

14. If the disability is an injury, was it caused

- (a) In the presence of the enemy?
- (b) On active service?
- (c) On duty?
- (d) Off duty?

no
no
no
no

15. Was a Court of Inquiry held on the injury?

not applicable

- If so—
- (a) When?
 - (b) Where?
 - (c) Opinion?

no
no
no

16. Was an operation performed? If so, what?

not applicable

17. If not, was an operation advised and declined?

not applicable

18. In case of loss or decay of teeth. Is the loss of teeth the result of wounds, injury or disease, directly* attributable to active service?

not applicable

19. Do you recommend

- (a) Fit for duty?
- (b) Fit for base duty?
- (c) Invalided to Canada?
- (d) Discharge as permanently unfit?

yes
no
no
no

W. E. Guest
Capt
M.C. C.P.T.D.
Officer in medical charge of case.

I have satisfied myself of the general accuracy of this report, and concur therewith, except†

Station Cassars Camp Jan Heenan Capt
Officer in charge of Hospital

Date 10/9/1916.

* Loss of teeth on, or immediately after, active service should be attributed thereto, unless there is evidence that it is due to some other cause.

† Delete this word if no exceptions are to be made.

Opinion of the Medical Board.

NOTES—(i.) Clear and decisive answers to the following questions are to be carefully filled in by the Board, as it is essential that the Members of the Pensions and Claims Board should be in possession of the most reliable information to **enable them to decide upon the man's claim to pension.**

(ii.) Expressions such as "may," "might," "probably," &c., should be avoided.

(iii.) The rates of pensions vary according to whether the disability is attributed to wounds or injuries received or illness contracted, (1) in the presence of the enemy, (2) on active service. It is therefore essential when assigning the cause of the disability to differentiate between them (see Articles 641 to 648 of the Canadian Pay and Allowance Regulations).

(iv.) In answering question 20 the Board should be careful to discriminate between disease resulting from military conditions and disease to which the soldier would have been equally liable in civil life.

20. (a) State whether the disability is the result of injuries received or illness contracted, (1) in the presence of the enemy, (2) on active service.

a1 **No.** a2 **No.**

(b) If due to one of these causes, to what specific conditions do the Board attribute it?

Not applicable.

21. Has the disability been caused or aggravated by

- (a) Intemperance? **No.**
- (b) Misconduct? **No.**

22. Is the disability permanent?

Not applicable.

23. If not permanent, what is its probable minimum duration?

Do.

To be stated in months.

24. To what extent is his capacity for earning a full livelihood in the general labour market lessened at present?

Do.

In defining the extent of his inability to earn a livelihood, estimate it at $\frac{1}{4}$, $\frac{1}{2}$, $\frac{3}{4}$, or total incapacity.

25. If an operation was advised and declined, was the refusal unreasonable?

Do.

26. Do the Board recommend

- (a) Fit for duty? **Yes.**
- (b) Fit for base duty?
- (c) Invalided to Canada?
- (d) Discharge as permanently unfit?

27. Remarks.

This man is very deaf in right ear and has had most of his teeth extracted. He is awaiting a plate. His general health is very good and he is quite fit.

APPROVED
 CAPTAIN M.C. FOR D. OF R. & O.; FOR
 BRIGADIER GENERAL
 COMMANDING
 CANADIAN TRAINING DIVISION

Signatures:—

W. H. Bennett Major President.
J. S. Campbell Major Members.

Station Caesars Camp.
 Date 10.9.1916.

Approved.
 Station Shorncliffe
 Date 11 SEP 1916

D. F. McIntyre
 Administrative Medical Officer.

PENSIONS AND CLAIMS BOARD, Canadian Expeditionary Force, assembled at
Prior Park, Bath, England, on the _____ day of _____ 191 _____

Members of Board.

Proceedings.

The Board having considered the evidence of the man marginally noted, and the documents submitted, hereto attached, which form part of these Presents, marked

Signed at Prior Park, Bath, this _____ day

of _____, 191 _____

President.

Approved

Date of Enlistment

12/5/16

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

20			
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RATE OF ASSIGNMENT

--	--	--	--

PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

No. 490575

Rank *Pvt* Promoted Reverted Discharge

Soldier's Name *Freeman Hopkins*

Battalion *Vancouver Pioneer Co*

Beneficiary *Mrs Esther Hopkins*

Relationship *Wife*

Address *West Coast Port Gellam Vancouver Island B.C.*

Name

Address

Change of Address

1
2
3
4

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

1917
Dec 31st

92-
92

92-
92

Issue no 8 & 9 cheques. Await better address 26-10-16. Last 8 & 9 cheques issued Sept-16

hch

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

--	--	--	--

PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

No.

Name

Rank

Promoted

Reverted

Discharge

Address

Soldier's Name

Change of Address

Battalion

1

Beneficiary

2

Relationship

3

Address

4

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

M. F. W. 128
 40083-6-17-1772-38-1141
 L. L. 22320-M. & D. 7483.