

Proceedings of Court of Inquiry or on men  
reported missing on Active Service.....

Attestation Papers..... 2-1

Declaration of change of name.....

Authority for special enlistments.....

Documents of re-enlisted men.....

Regimental Conduct Sheet..... 1

Compulsory Stoppages.....

Casualty Forms..... 1

Proceedings on discharge..... 1

Corps History Sheet.....

Date and No. of Deposit Receipt for  
Purchase Money and Amount.....

Parchment Certificate.....

Medical Report for Invalids.....

Medical History Sheet..... 2

Proceedings of Regt. Court Martial.....

Copies of Convictions by Civil Power.....

Company Conduct Sheet..... 1

Clothing Transfer Certificate.....

Inventory of Kit.....

Last Pay Certificate..... 1

M.F.W. 82 - 1

M.F.W. 67-2

## DISCHARGE DOCUMENTS

Name

*Brockbank Clark Harrison*

Regt. No.

*763586*

Rank

*Pte*

Corps

*"b" Coy 122nd O/S Bn*

R. O. No.

H. Q. No.



40673

*Med. unfit*



403005

*W. H. H.*



SURNAME.

CHRISTIAN NAMES

REGL. NO.

UNIT

FORMER CORPS

NAMES IN FULL

RELATIONSHIP TO SOLDIER

ADDRESS

COUNTRY OF BIRTH

PLACE OF ATTESTATION

NEXT OF KIN.

CHANGE OF ADDRESS

CARD NO.

FOLL.

649-73-16350

763586

RANK pte

122nd

Nil

8.0.8. Dec. 27/3/17 I

Bn

Brockbank Mrs. Nettie

Wife

Gravenhurst. Ont.

Canada! St George. Ont. DATE Jan 2nd 1892

Gravenhurst. Ont. DATE Apr 4th 1916

MARRIED

*yes*

SINGLE

WIDOWER

TRADE OR CALLING

*Deliveryman*

RELIGION

*Methodist*

## DESCRIPTION.

APPARENT AGE

*24*

YEARS

MONTHS

HEIGHT

*5*

FEET

*7*

INCHES

CHEST MEASUREMENT

*36*

INCHES

EXPANSION

*3*

INCHES

COMPLEXION

*Dark*

EYES

*Blue*

HAIR

*Black*

DISTINGUISHING MARKS

*Not stated*

MEDICAL EXAMINATION.

PLACE

*Gravenhurst. Ont.*

DATE

*Apr 4<sup>th</sup> 1916**Present Address.**Gravenhurst. Ont.*

No. 763586 RANK *Pte*NAME *Brockbank Clark Harrison*T. O. S. 17-4-16  
Do 111-20-4-16UNIT *122nd Battalion, C. E. F.*M. D. *2*

| PAID<br>FROM    | PAID<br>TO         | SIG.<br>OR<br>REC'T | PROMOTIONS, TRANSFERS, DISCHARGES, ETC.                                       |           |
|-----------------|--------------------|---------------------|---|-----------|
|                 |                    |                     | PARTICULARS   | AUTHORITY |
| <i>1916</i>     | <i>1916</i>        |                     |   |           |
| <i>Apr 17.</i>  | <i>Apr. 30. c.</i> |                     |   |           |
| <i>May 1</i>    | <i>May 29 c</i>    |                     |   |           |
| <i>May 30</i>   | <i>June 30 n.</i>  |                     |   |           |
| <i>July</i>     |                    | <i>c</i>            |   |           |
| <i>Aug</i>      |                    | <i>c</i>            |   |           |
| <i>Sept.</i>    |                    | <i>c</i>            |   |           |
| <i>Oct</i>      |                    | <i>c</i>            |   |           |
| <i>Nov</i>      |                    | <i>c</i>            |   |           |
| <i>1917 Dec</i> | <i>1917</i>        | <i>c</i>            |   |           |
| <i>Jan.</i>     |                    | <i>c</i>            |   |           |
| <i>Feb.</i>     |                    | <i>c</i>            |   |           |
| <i>Mar 1.</i>   | <i>Mar 26.</i>     | <i>c</i>            |   |           |
|                 |                    |                     | <i>Disch'd med unfit 27-3-17 008673-17.</i><br><i>A/c closed by Payment 3</i> |           |

1917. 1917

|                 |    |                                      |
|-----------------|----|--------------------------------------|
| Apr. no 7c      | 24 | New shown on 1. S. L. S. April 1917. |
| Apr. 29. May 2. | 25 | Do 17-20-6-17.                       |
| June 20 7c      | 27 | Do 28-29-6-17 cancels do 17-20-6-17. |



## SEPARATION ALLOWANCE

Name Hettie BrockbankAddress Gravenhurst  
Ont.

Relation to Soldier

wife, child or mother

} WifeName of Soldier BrockbankRegtl. No. 763586Rank PteCorps Trans #188.18 in 15 per cent 12 1/2 in 68.  
22nd Bn

To what Corps belonging

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 |      |            |      |         |

ACCOUNT CLOSED  
DATE.....PER.....  
W-



## SEPARATION ALLOWANCE

50m.-4-16.  
1772-20-818.

OVERSEAS CONTINGENTS

Sheet No. 2

Hettie BrockbankWife  
PAYMENTS.

Name of Soldier

Brockbank, Clarke

Phe

L. L. Job 310.—Req. 6574.

763586

| Month. | Year. | Cheque No.       | Amt.          | Remarks.       |
|--------|-------|------------------|---------------|----------------|
| April  | 1916  |                  |               |                |
| May    |       |                  |               |                |
| June   |       |                  |               |                |
| July   |       | A5887            | 69            | 49             |
| Aug.   |       | 714732           | 20            | 69             |
| Sept.  |       | B14923           | 20            | 20             |
| Oct.   |       | E18385           | 20            | 20             |
| Nov.   |       | F21623           | 20            | 20             |
| Dec.   |       | F25077           | 20            | 20             |
| Jan.   | 1917  | G3820            | 20            | 20             |
| Feb.   |       | 731234           | 20            | 20             |
| March  |       | 734399           | 20            | 20             |
| April  |       | <del>H1296</del> | <del>20</del> | <del>20</del>  |
| May    |       |                  |               |                |
| June   |       | A.5888           | 35            | mailed 29-6-17 |
| July   |       |                  |               |                |
| Aug.   |       |                  |               |                |
| Sept.  |       |                  |               |                |
| Oct.   |       |                  |               |                |
| Nov.   |       |                  |               |                |
| Dec.   |       |                  |               |                |
| Jan.   | 1918  |                  |               |                |
| Feb.   |       |                  |               |                |
| March  |       |                  |               |                |
| April  |       |                  |               |                |
| May    |       |                  |               |                |
| June   |       |                  |               |                |
| July   |       |                  |               |                |

\$ ~~38.00~~ < 20  
38.00

H 296 loan & fac  
Dis. 27/3/17 DPM 28/3/17 WTB

ACCOUNT CLOSED

DATE..... PER W

Struck off 23/5/17 DPM 23/6/17  
DPM, written on  
date Dis. 577/17 WTB  
35.00 - ~~35.00~~



MILITIA AND DEFENCE  
**SEPARATION ALLOWANCE**  
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.   |       |            |      |          |



172  
This space to be for numbers.

649-B-16350

DEPT.  
MILITIA & DEFENCE  
JUL -9 1917  
H.Q.  
CANADA

## Proceedings on Discharge.

DEPT.  
MILITIA & DEFENCE

JUN 14 1917

H.Q.  
CANADA

(When forwarded for confirmation these proceedings should be accompanied by the documents specified on fourth page.)

|   |   |
|---|---|
| No.   | 763586  |
| Rank  | Private   |
| Name  | BROCKBANK, Clark Harrison.  |
| NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.   |   |
| Corps (Squadron, Battery or Company)  | "C" Coy. 122nd. O-s. Bn. C.E.F.   |
| Date of Discharge   | 27-3-17.  |
| Place of Discharge  | Galt, Ont.  |
| 1. DESCRIPTION AT THE TIME OF DISCHARGE.  |   |
| Age.....25.....years.....2.....months.<br>Height.....5.....feet.....7.....inches.<br>Complexion Dark<br>Eyes Blue<br>Hair Black<br>Trade Labourer.<br>Intended place of residence } Gravenhurst, Ont.<br>(To be given as fully as practicable.) | Descriptive Marks<br><br>Nil  |
| 2. The above-named man is discharged in consequence of being "Medically Unfit".<br>(Medical Board, Galt, Ont., 17-3-17)   |   |
| N.B.—The cause of discharge must be worded as prescribed in the King's Regulations and be identified with that on the character certificate. If discharged by superior authority, the number and date of the letter to be quoted.               |   |
| To be in the handwriting of the Commanding Officer, who will himself make identical entries on the character certificate and initial them.  | 3. Conduct and character while in the service have been, according to the records, etc.<br><br>Good   |
|   | N.B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldier and the Officer Commanding his Squadron, Battery or Company: |
| 4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)<br><br>Labourer.  |   |

M. F. B. 218.

100m.-6-16.  
H. Q. 1772-39-113.

(OVER)

Carded  
26.5.17.  
Bf-



5. He is in possession of the following number of G. C. Badges:

Nil

No reference to G. C. Badges is to be made on either the discharge or character certificate.

6. Medals and Decorations.....Nil.....

To be copied by the Commanding Officer on to the parchment Discharge Certificate.

7. His account is correctly balanced, and signed by the Officer Commanding his Company. (*Squadron or Battery*), and I have impartially enquired into all matters brought before me in accordance with Regulations.

(Place).....Galt., Ont. ....

(Date).....26-3-17. ....

Commanding

*J. M. Grant*  
Lt. Col.

*En'd G. 122nd. C.R.E. Bush. Bushok.*

8. **Certificate to be signed by the Soldier on Discharge**

I hereby acknowledge that I received all my Pay, Allowances and Clothing, and all just demands, up to the present date, subject to the reservations of the claims noted on the third page.

(Place).....Galt., Ont. .... *G. P. Brockman* (Signature of Soldier.)

(Date).....26-3-17. .... *A. M. Adair* (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 on 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 toward Engagement to.....(the date to which the Record of Service is completed).....years.....days.

Total.....years.....days.

11. **Confirmation of Discharge.**

The discharge of the above-named man is hereby confirmed.

(Place).....Galt., Ont. ....

(Date).....26-3-17. ....

(Signature)

*J. M. Grant*  
Lt. Col.

*En'd G. 122nd. C.R.E. Bush. Bushok.*



9162 97/17

293-9 7-17

14-6-13

14-6-13  
7336

## List of Discharge Documents.

|  |   |
|--|---|
| Reg. Conduct Sheet, Militia form B. 263.                                   | Attestation Paper, Militia Form B. 235.   |
| Squadron }<br>Battery } Conduct Sheet, " B. 263a.<br>Company }             | Proceedings on Discharge " B. 218.  |
| Copies of Convictions, by C. P. in MS.                                     |   |
| Med. Hist. Sheet, Militia Form B. 313                                      | In the case of recruits who are rejected on final approval, the discharge documents will consist of |
| Medical Report for Invalid* " B. 227.                                      | (a) Proceedings on Discharge.   |
| Statement of Man's Account on Transfer and Last Pay Certificate, " D. 877. | (b) Attestation.  |
| *Only if discharged "Medically unfit."                                     | (c) Medical History Sheet (in the event of such having been prepared.)                              |

*N. B.—In the case of a man discharged by purchase, the date and number of Deposit Receipt with amount of same is to be noted hereon.*



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.)

No reservations

S. H. Brockbank

DEPT.  
MILITIA & DEFENCE

JUL -9 1917

H.C.  
CANADA



## CANADIAN CONTINGENT EXPEDITIONARY FORCE

## LAST PAY CERTIFICATE

This form to be used for all Ranks (Vide Articles 122, 130 and 141, Financial Instructions, 25715c, C.E.F., 1916).

Regimental No. 763586 Rank Pte. Name Brockbank C.A.  
Corps 122nd. O.S.Bn. C.E.F. who was\* Discharged  
On March 27th. 1917, to Medically Unfit

\*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from March 1st. 1917,  
to March 26th. 1917, the inclusive date of transfer or discharge.

| Dr.   | \$           | c | Cr.   | \$           | c |
|---|--------------|---|---|--------------|---|
| Bal. Dr. from prev. month                         |              |   | Bal. Cr. from prev. month                     |              |   |
| Advances } No. <u>24418</u>                       | <u>5.00</u>  |   | Reg'tl Pay <u>26</u> days at \$ <u>1</u> c    | <u>26.00</u> |   |
| Cheques } No. ....                                |              |   | Field Allow. <u>26</u> days at \$ <u>10</u> c | <u>2.60</u>  |   |
| Assigned Pay No. <u>25058</u>                     | <u>20.00</u> |   | Other Allowances* <u>Subs. allow.</u>         | <u>6.60</u>  |   |
| Other Charges* <u>reg. Chgs.</u>                  | <u>50</u>    |   | Other Credits* <u>civilian clothes</u>        | <u>13.00</u> |   |
| Payment on transfer or discharge No. <u>25320</u> | <u>22.70</u> |   | Bal. Dr. (to be deducted by new unit)         |              |   |
| Balance Cr. (to be paid by the new unit)          |              |   |   |              |   |
| Total   | <u>48.20</u> |   | Total   | <u>48.20</u> |   |

\*Give Particulars.

A monthly stoppage of \$ 20.00 (†) has (‡) been paid on account of Assigned  
Pay for the month of March 1917 to (Assignee) Mrs. Nettie Brockbank  
(Address) Gravenhurst Ont. Canada

(†) Insert amount to be assigned, whether it has been paid or not.  
(‡) Insert "not" if amount has not been paid for period of account.

## On Transfer of an Officer.

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

## REMARKS:—

State (1) date of enlistment April 17th. 1916.

(2) if married and if a Separation Allowance Card has been submitted Yes June 12th. 1916.

(3) cause of discharge and authority D.O. 86 27/3/17.

If discharged from the Contingent, state if Stop Payment advice for Assigned Pay, has been forwarded, and date  
Wired March 27th. 1917.

I have carefully examined this statement of account and find it to be a correct extract from the Pay-list of the unit.

Date March 27th. 1917

Place Galt, Ont.

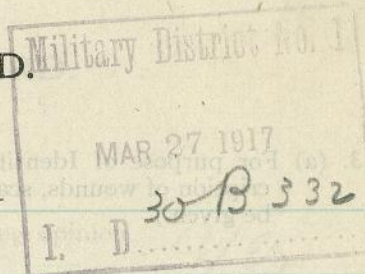
*John Boyer Capt*  
Paymaster

N.B.—For purposes of transfer this form is to be made out in quadruplicate. One copy to Paymaster of new unit; one to District Paymaster; one to accompany the pay-list at the end of the month, and; one for retention as a record.

For purposes of discharge it is to be made out in triplicate. One copy to accompany discharge papers; one copy to accompany pay-list at the end of the month, and; one for retention as a record.



# MEDICAL HISTORY OF AN INVALID.



1. Station. **Galt, Ont.** 8. General remarks on his:—
2. Regiment or Corps. **122nd Os. Battalion** (a) Conduct.
3. Regimental No. and Rank. **Pte.** (b) Habits.
- 763586**
4. Name. **Brockbank Clark** (c) Temperance.
5. Age last Birthday. **24** (For this purpose the Company defaulter sheets will be obtained from the man's Commanding Officer.)
6. Enlisted on **17th April 1916**
- at **Gravenhurst, Ont.**
7. Former trade or occupation. **Delivery Man** Date. **17th March 1917.**

| 9. Service.                | Years. | Days.      | PERIODS                |                        |
|----------------------------|--------|------------|------------------------|------------------------|
|                            |        |            | FROM                   | TO                     |
| <b>122nd Os. Battalion</b> |        | <b>334</b> | <b>17th April 1916</b> | <b>17th March 1917</b> |

10. (a) Disease or disability. **History of acute Rheumatism**
- (b) Date of origin. **Jan'y. 1917.**
- (c) Place of origin. **Galt Ont.**
- (d) Cause. **Infection**

11. Present condition. (Most Important.) **This man gives a history of acute Rheumatism. Temp. swollen inflamed joints in lower extremities and shoulders. And has not made a complete recovery yet as the ankles are yet sore and stiff. Not on duty yet. There is no heart murmur**
- (To include full description of present disabling condition or conditions, and of the immediate and direct cause of incapacity, i.e., debility, breathlessness on exertion, necessity of treatment by rest, etc.)

12. (a) Is the disability the result of service or climate? **No**
- (b) Has it been aggravated by intemperance, vice or misconduct? **No**

**Discharge Section**  
**2.9.17**  
**28**



13. (a) For purpose of Identification. (Here a full description of wounds, scars, deformities, etc., is to be given.)

*None*

- (b) In case of wounds, or other injuries, state whether sustained on or off duty. If not received in action was a Court of Inquiry held?

*Does not apply*

- (c) In the event of the disability being attributed to exposure on duty, state clearly the nature of such exposure, and whether it was exceptional or otherwise.

*Does not apply*

14. Treatment.

*Treatment by his M. O.  
and also by a <sup>M. D.</sup> civilian in Galt  
Hospital.*

15. If the disabling condition had its origin before enlistment, has it been aggravated by service, and to what extent?

*Since enlistment and  
not aggravated by service*

16. What is the probable duration of the disability or of each disabling condition, if more than one contributes?

*Depends on treatment*

17. To what extent will it prevent his earning a full livelihood in the general labour market? Please state in fractions. When more than one disabling condition is present, the extent of the disability due to each should be stated.

*One month's hospital treatment  
then earning capacity should  
be as good as before enlistment.*

18. State if for discharge on account of unfitness for Service.

*Yes*

*James Donald Capt Em*  
Medical Officer by whom the case is brought forward.

*122nd Co Bn*



# OPINION OF THE MEDICAL BOARD.

Does the Board concur with the preceding report? If not, give differing opinion.

YES

10.

11.

DEPT  
MILITIA & DEFENCE  
JUN 26 1917  
H.Q. CANADA

12.

15.

16.

17.

18. Is he unfit for Military Service.

YES

Recommendations :

That he get one month  
hospital treatment and then discharge  
as medically unfit.

Signatures :—

D. Allison  
Capt. M.C.

President.

Station.

Galt Ave

Date.

March 17, 1917

203 James St. S.  
W. Graham M.D. M.C.

Members.

Date.

Hospital

25-3-17

66 Bell Ave.  
Asst. Director of Medical Services.

Approved.

Date.

Director-General of Medical Services.

6



JUN 26 1917

Does the Board concur with the preceding report? If not, give differing opinion

(At Station or Hospital where finally disposed of.)

Station and Hospital } Arrived from }

Date

| If admitted. |  | If under treatment. |      | Disease. | How fully disposed of. | Date of Discharge, &c. |
|--------------|--|---------------------|------|----------|------------------------|------------------------|
| Index No.    |  | From                | From |          |                        |                        |
| Date         |  |                     |      |          |                        |                        |
|              |  |                     |      |          |                        |                        |
|              |  |                     |      |          |                        |                        |
|              |  |                     |      |          |                        |                        |
|              |  |                     |      |          |                        |                        |

Summary of Causes of invaliding, or remarks as to remand to Regiment, Station or Depôt.

Date of final Medical Board or decision. } Administrative Medical Officer.

DETAILED MEDICAL HISTORY OF INVALID.

Militia Form B. 227.  
300m. 8.16  
H. Q. 1772-39-117.

|  |      |
|--|------|
| Station  |      |
| Corps  |      |
| Regimental No.   | Rank |
| Name   |      |
| Disability   |      |
| Date   |      |
| Hospital or Station transferred to for final disposal. |      |
| Date of final disposal                                 |      |
| How finally disposed of                                |      |

The original Report is invariably to accompany the discharge documents of Invalids.



To be made out in duplicate.

H.Q. 54-21-23-53

ORIGINAL

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... 122nd Overseas Battalion C.E.F.

(2) Regimental Number... 763586

(3) Full Name of Soldier... Clark  
Charles Harrison Brockbank

(4) Place of Birth... St. George, Ontario, Canada

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

(6) If married, state,  
(a) Full name of your wife... Netty Ann Brockbank

(b) Present Postal Address... Gravenhurst, Ontario, Canada

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

(8) Have you any children? ... Two

If so, give number of boys and girls... 1 Boy 1 girl

Also their names and ages... William (3 years)

... Margaret (1 year)



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

If so, state name and address...William Brookbank, Gravenhurst, Ont. Can......

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

If so, state name and address...Minnie Brookbank, Gravenhurst, Ont. Can......

(11) If your Mother is a widow.....No.....

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.

.....Nil.....

(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.

.....Nil.....

(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.

.....Yes.....

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

If so, in what Company?.....Nil.....

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.....September 1st., 1916......

*H. M. G. aut*  
.....Com'd'g: 122nd Lt. Col. J. E. Cotton, King's......  
Officer Commanding.



5/19/16  
Cawson  
awb.

ATTESTATION PAPER.  
122nd OVERSEAS BATTALION  
CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

Duplicate

No. 763586

Folio.

QUESTIONS TO BE PUT BEFORE ATTESTATION.  
(ANSWERS).

1. What is your surname? Brockbank,  
1a. What are your Christian names? Clark Harrison  
1b. What is your present address? Gravenhurst, Ont. Canada,  
2. In what Town, Township or Parish, and in what Country were you born? St. George, Ont. Canada,  
3. What is the name of your next-of-kin? Nettie Brockbank  
4. What is the address of your next-of-kin? Gravenhurst, Ont. Canada,  
4a. What is the relationship of your next-of-kin? wife  
5. What is the date of your birth? January 2nd. 1892  
6. What is your Trade or Calling? Deliveryman  
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 } yes  
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? }

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Clark Brockbank, 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.

Date April 4th. 1916  
Clark Brockbank (Signature of Recruit)  
G. A. Amosden (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Clark Brockbank, 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 April 4th. 1916  
Clark Brockbank (Signature of Recruit)  
G. A. Amosden (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 Gravenhurst, Ont. this 4th. day of April 1916.

Amosden (Signature of Justice)  
Lt. Col.  
Com'd'g. 122nd. C.E.F. Batta. Muskoka.



# Description of Clark Brockbank on Enlistment.

Apparent Age 24 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..7 ins.

Chest measurement. { Girth when fully expanded.....36 ins.  
Range of expansion.....2 ins.

Complexion.....dark

Eyes.....blue

Hair.....black

Religious denominations

Church of England.....  
Presbyterian.....  
Methodist.....yes  
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 declares that he is not subject to fits of any description.

I consider him\* fit.....for the Canadian Over-Seas Expeditionary Force.

Date.....APR - 4 1916.....191

Place.....Gravenhurst Ontario Canada.....L. McKeay.....Skew  
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.

.....Pte.. Clark Brockbank.....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)  
Com'd'g. 122nd. C.E.F. Batta. Muskoka.

Date.....APR 17 1916.....191

APR 17 1916



# FORM OF WILL.

I, Clark Harrison Brockbank, (Name in full)

Regimental Number 763586, serving in 122nd. O.S. Bn. C.E.F.

of the Canadian Expeditionary Force, do hereby revoke all former Wills by me made and declare this to be my last Will.

I bequeath all my real estate unto my dear wife,

Nettie Ann Brockbank, of the Town  
of Gravenhurst, in the Province of  
Ontario.

Name and Address  
of person or  
persons to whom  
it is to go.

absolutely, and my personal estate I bequeath to  
the said Nettie Ann Brockbank, of the  
Town of Gravenhurst aforesaid, and I  
appoint Archie Sloan, of the Town of  
Gravenhurst, in the Province of Ontario,  
Merchant, the sole executor of this my  
last will.

Name and Address  
of person or  
persons to receive  
personal estate\*  
(See note).

**IMPORTANT  
NOTE**  
This must be Signed  
and Dated by  
THE SOLDIER  
HIMSELF.

this first day of September A. D. 191 6

Clark H. Brockbank Signature of Soldier.

\*N.B.—Personal estate includes pay, effects, money in bank, insurance policy, in fact everything except real estate.

Signed and acknowledged by the Testator as and for his last Will in the presence of us both present at the same time, who in his presence, at his request, and in the presence of each other have hereunto subscribed our names as Witnesses.

**THE TWO  
WITNESSES  
MUST  
SIGN HERE**

Signature of First Witness

Address of Witness

Occupation of Witness

Signature of Second Witness

Address of Witness

Occupation of Witness



No. 763586 RANK Plt.

NAME Drackbank, C N.

T. O. S.

UNIT 122<sup>nd</sup> Battalion, C B. F.

M. D. 2

| PAID<br>FROM  | PAID<br>TO     | SIG.<br>OR<br>REC'T | PROMOTIONS, TRANSFERS, DISCHARGES, ETC.                   |                  |
|---------------|----------------|---------------------|---|------------------|
|               |                |                     | PARTICULARS   | AUTHORITY        |
| 1917<br>apr 1 | 1917<br>apr 28 | n                   | Do 86 amended to read -<br>Transf. to 1 S. S. Coy 29-3-17 | DO 1114, 24-4-17 |



DUPLICATE

MEDICAL HISTORY SHEET.

Surname Brockbank Christian Name Clark

Examined { on 4 day of April 1916  
at Gravenhurst Ont.

Approved by

Birthplace { City or Town St. George  
County Ont.

Rank Capt M.O.

Apparent age 24

Trade or occupation Delivery man

Height 5 Feet 7 Inches. M.O.

Weight 135 Lbs. M.O.

Chest measurement { Minimum 33 inches. M.O.

Maximum expansion 36 inches. M.O.

Physical development Average M.O.

Small-Pox Marks None M.O.

Vaccination Marks { Arm Right Left.

Number 0

When Vaccinated last Never

(a) Marks indicating congenital peculiarities or M.O.

previous disease Nil M.O.

(b) Slight defects but not sufficient to cause rejection

Nil

Rev 20/20

Rev 30/30

Vision 20/20

Pat 1.7418/16

Enlisted on APR 17 1916 day of April 1916 at Gravenhurst Ont.

CORPS. REG'TL NUMBER. HABITS. DATE.

Joined on enlistment 122 Bn. C.E.F. 763586

APR 17 1916

Transferred to

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION. DATE. DISEASE. RESULT.

Galt Ont 17/3/17 Med Board Hospital Unit. D. Allison Captain  
Pres Med Board

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.



Christian Name:

[illegible]