

7-2-19

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.....

M 7 W 129

A 7 B 122

M 7 W 113

M 7 B 465

DISCHARGE DOCUMENTS

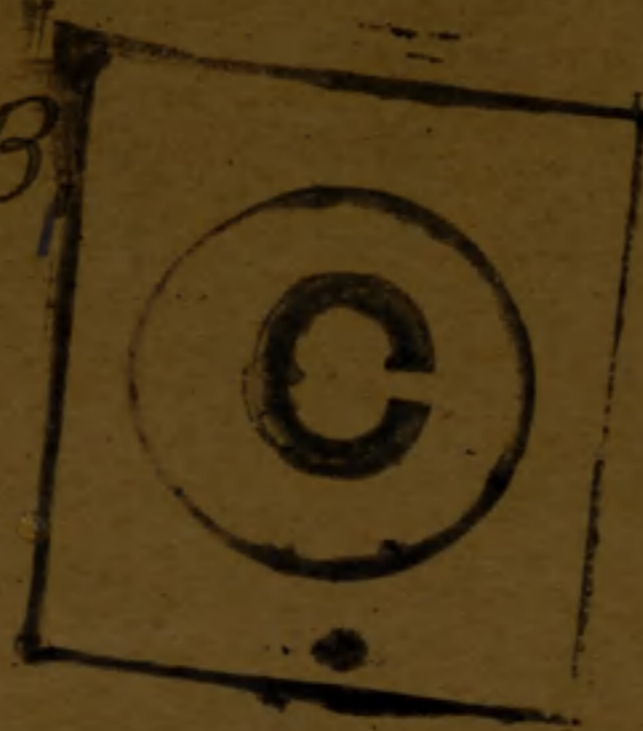
39

Name BABCOCK JACOB

Regt. No. 2013518 Rank Spr

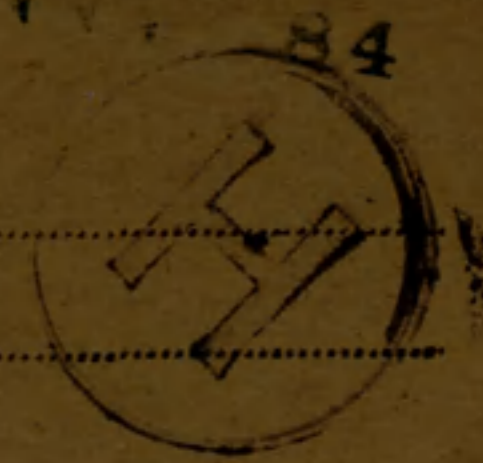
Corps Coan Eng

DEMOB'N

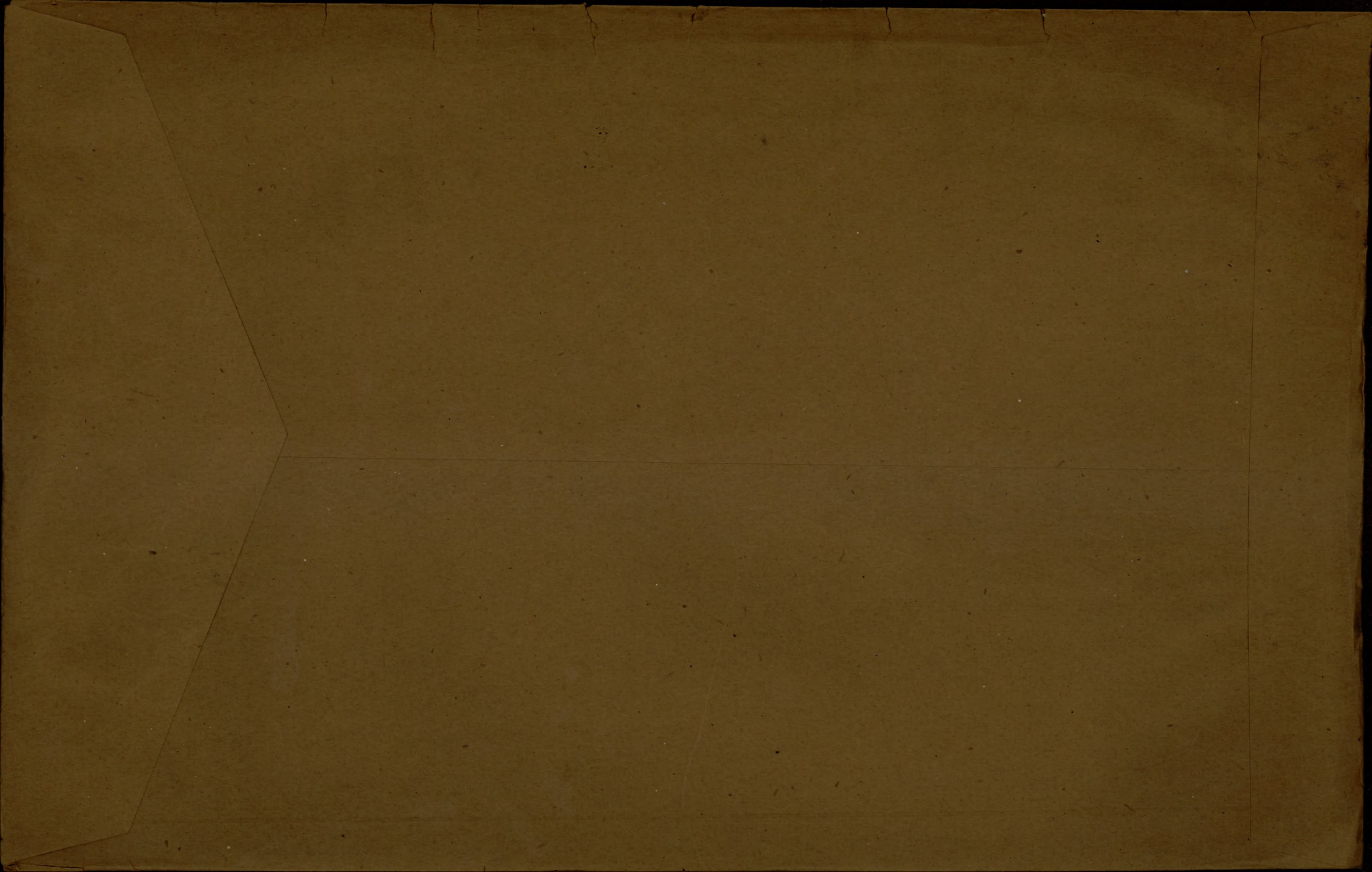


R. O. No.

H. Q. No.



6-13
18-13
34-14
1



ATTESTATION PAPER.

No. 2013518

Folio. 88

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- 1. What is your surname?..... Babcock
- 1a. What are your Christian names?..... Jacob
- 1b. What is your present address?..... 844 Morrison St Watertown N.Y.
- 2. In what Town, Township or Parish, and in what Country were you born?..... Collins Bay Ontario
- 3. What is the name of your next-of-kin?..... Mary M. Millan
- 4. What is the address of your next-of-kin?..... 51 Oriental Flatts Watertown N.Y.
- 4a. What is the relationship of your next-of-kin?..... Cousin
- 5. What is the date of your birth?..... June 20th 1875
- 6. What is your Trade or Calling?..... Labourer
- 7. Are you married?..... Single
- 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
- 13. Have you ever been discharged from any Branch of His Majesty's Forces as medically unfit? .. No
- 14. If so, what was the nature of the disability?..... None
- 15. Have you ever offered to serve in any Branch of His Majesty's Forces and been rejected?..... No
- 16. If so, what was the reason?..... None

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Jacob Babcock, 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 June 27th 1918 Jacob Babcock (Signature of Recruit)
Jas Turner S.M. (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Jacob Babcock, 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 June 27th 1918 Babcock Jacob (Signature of Recruit)
Jas Turner S.M. (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 Watertown, N.Y. this 27th day of June 1918.

J. Turner (Signature of Justice)

Description of Jacob Babcock on Enlistment.

Apparent Age.....43 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. 1 3/4 ins.

Chest measurement { Girth when fully expanded.....37 1/2 ins.
 Range of expansion.....4 1/2 ins.

Complexion.....Dark

Eyes.....Brown

Hair.....Brown

Religious denominations.
 Church of England.....
 Presbyterian.....
 Methodist..... X
 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.....June 14th 1918

Place.....Watertown N.Y. James C. [Signature] 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.

.....Jacob Babcock..... 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.....July 11 1918

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 2013518 (Rank) SAPPER

Name (in full) BABCOCK, Jacob enlisted in

the Canadian Engineers

CANADIAN EXPEDITIONARY FORCE at Watertown, N.Y. on the twenty seventh

day of June 19 18.

HE served in - CANADA -

and is now discharged from the service by reason of DEMOBILIZATION

R.O. 1328.

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

Age 43 years, 5 months.

Marks or Scars N I L .

Height 5 ft. 1³ in.

Complexion dark

Eyes brown

Hair brown.

J. Babcock.

Signature of Soldier

W.W. Melville.

Issuing Officer Colonel C. E.

C. C. Engineer Training Depot

Rank

Date of Discharge 4-12-18

Appointment

Signed at ST. JOHNS, P. Q. this fourth day of December 19 18.

in Military District No. 4.

File Reference No. _____

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

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

No. (Rank) Name

Unit

Address on Discharge

Character and Conduct

Former Occupation

Special Qualifications of Value in Civil Life

Medals and Decorations

Remarks

Signed at this day of 19

Name of Officer

Rank

Appointment

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

ORIGINAL

M.S.A. 15.

MILITARY SERVICE ACT, 1917.

MEDICAL HISTORY SHEET.

2013518

IMPORTANT.—If the man's name does not appear upon the schedule of men reporting for service, or if he has not made an application for exemption or a report for service, or, although having made one, he does not know the number, he will be instructed that the copy of this medical history sheet (which will be handed to him) must be attached by him to a report for service or claim for exemption which he may make on application to any Postmaster in Canada, or be sent by him after he has noted upon it the number on the receipt he obtained from the Postmaster to a Registrar or Deputy Registrar under the Military Service Act. In any event the duplicate medical history sheet will be sent by the Medical Board to the District Officer Commanding unless instructions have been given by the latter to forward it direct to a Registrar or Deputy Registrar.

1. Surname Babcock Christian name Jacob
2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule.
3. Consecutive number on schedule of men reporting for service (if he appears on it)
4. Address (including street and number, if any) 844 Morrison St Watertown N.Y.

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 14th day of June 1918, by the undersigned medical board sitting at Watertown N.Y.

5. Age as stated 43 Years Months. 6. Apparent age 43 Years Months
7. Height 5 Feet 1 1/2 Inches. 8. Weight 117 1/2 Pounds.
9. Chest measurement { Minimum 33 Ins. Maximum 37 1/2 Ins.
10. Complexion Dark { Eyes Brown Hair Brown
11. Physical development good { Good Fair Poor
12. Smallpox marks
13. Number of vaccination marks { Right arm Left arm
14. When vaccinated last
15. Distinctive marks and marks indicating congenital peculiarities or previous disease None

16. Slight defects but not sufficient to cause rejection None
The man denies having had Rheumatism Tuberculosis Syphilis We find no evidence of past Rheumatism Tuberculosis Syphilis
(Strike out disease admitted or suspected.)

We have examined the above named man in accordance with the C. E. F. Regulations for medical examinations, and he is placed in Category

President: J. H. Eaton Capt.
Member: J. Mortimer Crowe
Member: W. D. P. ...

Table with columns: Date, Result, VACCINATIONS, Date, Result, ANTI-TYPHOID INOCULATIONS, ETC. Includes handwritten entries for 17/5/18 and 29/7/18.

Joined day of 191 at

Table with columns: CORPS, REG'TL NUMBER, HABITS, DATE. Includes 'Joined on enlistment' and 'Transferred to'.

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Table with columns: STATION, DATE, DISEASE, RESULT. Includes entries for ST. JOHNS, P.Q. on JUL 17 1918, AUG 6 1918, and NOV 8 - 1918.

N. B.—This sheet is 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.

Signature of Man Jacob Babcock

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

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

No. 2013578 Rank Sapper Surname Babcock
(Given name in full)
Jacob.
 Unit or Corps Can. Engineers Birthplace Collins Bay - Ont.

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

1. GENERAL DESCRIPTION:

Physique Good Weight 125 lbs. Height 5-4 in. Colour of Eyes Brown.
 Nutrition Good
 Pulse 74
 Condition of arteries Good
 Vision Rt. 20 Left 20
 Hearing (conversational voice) Rt. O.K. ft. 20
 Left O.K. ft. 20

Identification marks, scars, or deformities.
 (Give cause and date of origin).
None

Opinion as to general health and physical condition Good.

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

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

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

EXAMINATIONS

THIS SECTION FOR USE OVERSEAS—

Examined at(Overseas)

Date

SignedM.O.

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

Signature

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

THIS SECTION FOR USE IN CANADA—

Examined at(Canada)

Date

SignedM.O.

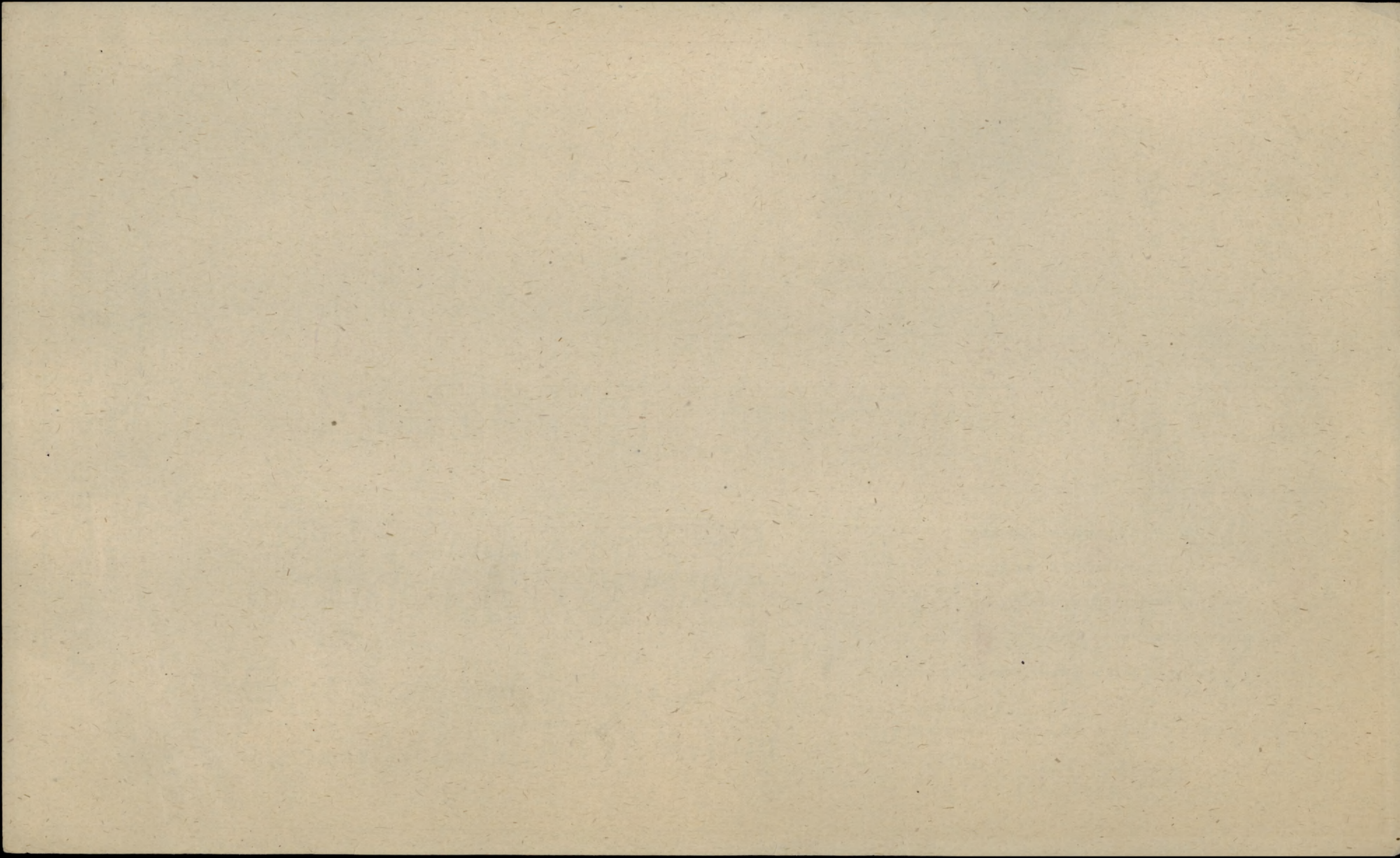
I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to, or during service.

Signature *Joseph Malanck*

(If not satisfied, M.F.B. 227 will be completed by a Medical Board). *20185-16*

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

[OVER]



CASE HISTORY SHEET.

Military Hospital. St Johns P. Q. Station.
No. _____ Rank Sapper Name Babeach Spr J. Age 44
Unit Law Coy Completed years of service _____ Where and how long } 1/2 Canada
Date of admission 1-7-18 Date of discharge 11-7-18
Diagnosis Blisters on wrist & hand Place of origin _____

CONDITION ON ADMISSION AND PROGRESS OF CASE.

Complaints:

Blisters on left hand & wrist.

History:

Last week two small purple
come on left hand & wrist & they gradually got
larger when he had to go on sick parade, &
both sides caused & dursed

Examination: medium size blist
on left hand below thumb & first finger, &
a small one posterior aspect of left wrist
back. Low temp. open & packed. No sign of
glaucoma involvement either at left elbow or
axilla.

Other systems normal

FAMILY HISTORY.

(Tuberculosis, mental or nervous diseases.)

negative

TREATMENT.

(Especially any specific or special form.)

Rest in bed, purgatives, & blisters dursed.

CONDITION ON DISCHARGE.

(and disposal made of case.)

Fit

Date 11-7-18

Capt M. B. Black
Medical Officer i/c case.

CASE HISTORY SHEET

1. Name of patient: _____
2. Date of admission: _____
3. Referring physician: _____
4. Presenting complaint: _____
5. History of present illness: _____
6. Past medical history: _____
7. Social history: _____
8. Family history: _____
9. Physical examination: _____
10. Laboratory and diagnostic studies: _____
11. Treatment: _____
12. Course and outcome: _____

13. Discharge instructions: _____
14. Follow-up: _____

15. Progress notes: _____
16. _____
17. _____
18. _____
19. _____
20. _____

21. _____
22. _____
23. _____
24. _____
25. _____
26. _____
27. _____
28. _____
29. _____
30. _____

31. _____
32. _____
33. _____
34. _____
35. _____
36. _____
37. _____
38. _____
39. _____
40. _____

41. _____
42. _____
43. _____
44. _____
45. _____
46. _____
47. _____
48. _____
49. _____
50. _____

51. _____
52. _____
53. _____
54. _____
55. _____
56. _____
57. _____
58. _____
59. _____
60. _____

61. _____
62. _____
63. _____
64. _____
65. _____
66. _____
67. _____
68. _____
69. _____
70. _____

71. _____
72. _____
73. _____
74. _____
75. _____
76. _____
77. _____
78. _____
79. _____
80. _____

CLINICAL CHART.

(To be pasted into Case Book opposite Patient's Case.)

Corps B. E. Hospital Station St. John P. G.
 No. ? Rank and Name Balrock spr f. Age 44 Service Fth
 Disease diff. haemorrh. disease Date of Admission 1-7-18 Date of Discharge 11-7-18 Result Fth Case Book Folio

Dates of Observation	1	2	3	4	5	6	7	8	9	10	11	12																									
Days of Disease	1	2	3	4	5	6	7	8	9	10	11																										
Temperature Fahrenheit	TIME		TIME		TIME		TIME		TIME		TIME		TIME		TIME		TIME		TIME		TIME		TIME		TIME		TIME		TIME		TIME		TIME		TIME		
	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.			
107°																																					
106°																																					
105°																																					
104°																																					
103°																																					
102°																																					
101°																																					
100°																																					
99°																																					
98°																																					
97°																																					
Pulse per Minute	66	64 60	56 68	66	72 63 76	60 80	60 92	60 69 63 76	60	64																											
Respirations per Minute										18																											
Motions	1	1	1	1	1	1	1	1	1	1																											



100
 101
 102
 103
 104
 105
 106
 107
 108
 109
 110
 111
 112
 113
 114
 115
 116
 117
 118
 119
 120

THE UNIVERSITY OF CHICAGO
 LIBRARY
 540 EAST 58TH STREET
 CHICAGO, ILL. 60637
 TEL: 773-936-3000

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

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

500M.—9-16

H. Q. 1772-39-920.

Casualty Form—Active Service.

Canadian Engineers.

ENGINEER TRAINING DEPOT

Unit, Regiment or Corps.....

Regimental No. 2013518 Rank 2nd Lt Name Balcock Jacob
C. E. F.

Enlisted (a) 27-6-18 Terms of Service (a) 1 yr Service reckons from (a) 27-6-18

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) Labourer

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				
		Discharged	H	4/12/18	DISCHARGED Demobilization R. O. 1328 <u>100.339 2/24/18</u> <u>W. B. Lambrey</u> Unit G. E. Adjt. Engineer Training Depot

(a) In the case of a man who has re-engaged for, or enlisted into Section D. Army Reserve, particulars of such re-engagement or enlistment will be entered.
(b) e.g. Signaller, Shoeing Smith, etc., etc., also special qualifications in technical Corps duties. [P.T.O.]

Casualty Form - Active Service

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				

Name

BABCOCK. JACOB.

Category... AR.

Regimental No. 2013518.

Rank Spr.

Enlisted at Haverstraw

Date 29-6-18
12.6.18.

Taken on Depot Strength 29-6-18 R. Coy

Married or Single Single

Trade Machinists Labourer Religion Methodist

Vaccination /

Inoculations. 1. ✓ 2. ✓ 3. ✓

Medical Boards 6-8-18. St Johns P.O.

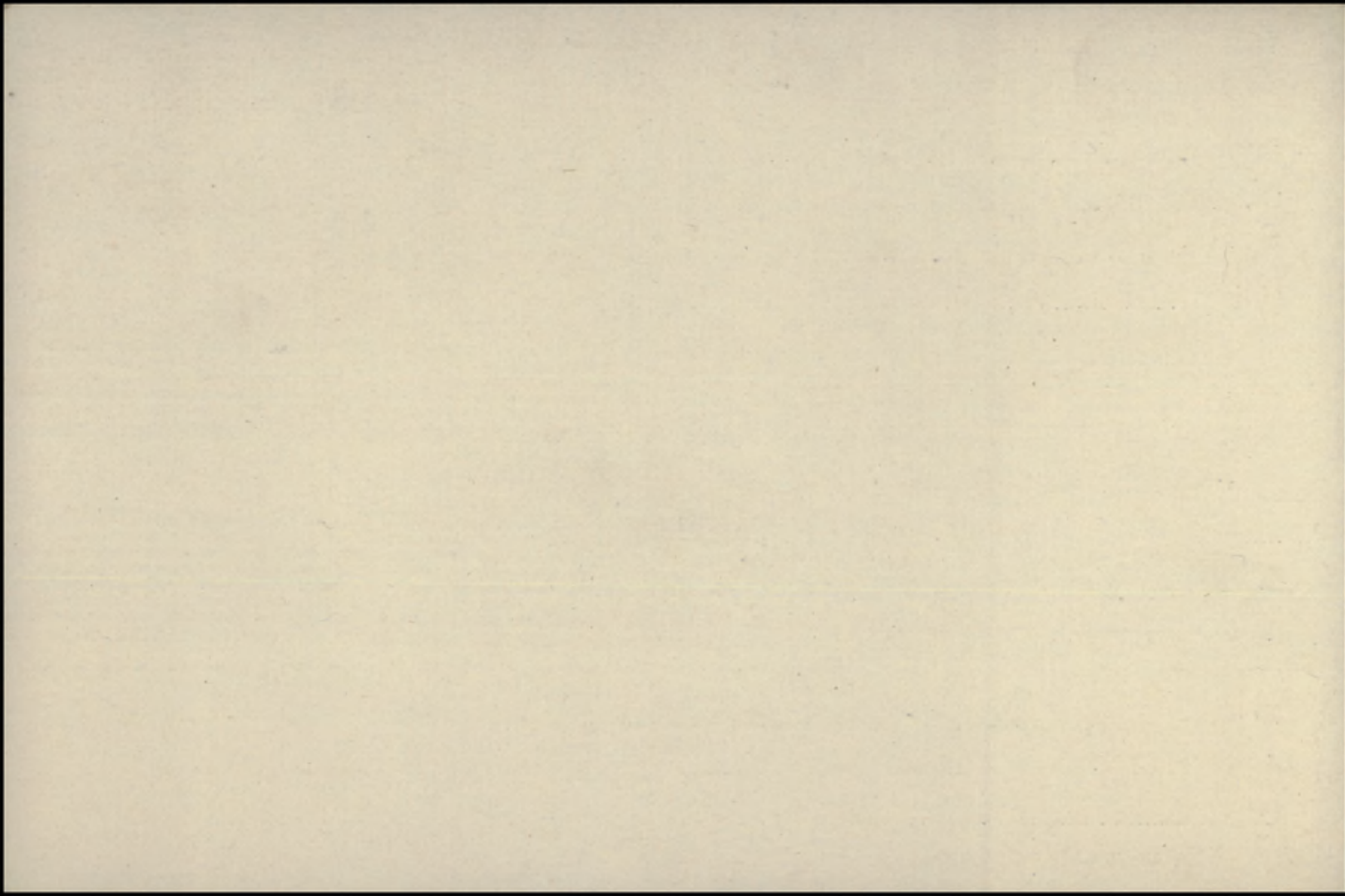
Struck off 27/12/18. D.O. 339

Disposition Admitted

Surname *Balcock* H. Q. *✓*
 Christian names *Jacob* M. D. No. *4*
 Regtl. No. *2003518* Rank *Spr* T. O. S. *June 27 1918*
 Unit *Can Eng 24 Regt* D. O. Pt. II *182 of 17/18*
 S. O. S. *II* *4/12/1918*
 Reason *Dismiss*
 Auth *D.O. 339. 5/12/18. E. 5. Dpl*

Next of kin *McMillan, Mary* Relationship *Cousin*
 Address *51 Oriental Flats, Watertown* Also notify:
N. Y. U.S.A.

BORN—Place *Canada, Collins Bay, Ont.* Date *June 20th 1875*
 ATTESTED—Place *Watertown, N. Y. U.S.A.* Date *June 27th 1918*
 O/S..... R/C.....



List of Discharge Documents.

Reg. Conduct Sheet,	Militia form B. 263	Attestation Paper	Militia Form W. 23
Squadron Battery } Company }	Conduct Sheet,	OR	Particulars of Recruit
		“	“ W. 133
	B. 263a	Proceedings on Discharge	“ B. 218
	or		
Field Conduct Sheet	“		W. 178
Copies of Convictions, by C. P.		In the case of recruits who are rejected on final approval, the discharge documents will consist of	
Med. Hist. Sheet,	Militia form B. 313		
Casualty Form	“	(a)	Proceedings on Discharge.
Medical Report for Invalid§	“	(b)	Attestation.
Dental History Sheet	“	(c)	Medical History Sheet.
Last Pay Certificate	“		
Duplicate Discharge Certificate	“		
‡Form of Will	“		
§Only if discharged “Medically unfit.”			
‡Only if man has not been overseas.			

Documents not accompanying this form should be crossed out.

I hereby certify that the following documents are unobtainable.


Officer Commanding.

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.

This space to be for numbers.

Proceedings on Discharge.

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

No. 2013518	
Rank SAPPER	
Surname BABCOCK,	
Christian name Jacob	
NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.	
Corps (Squadron, Battery or Company) Canadian Engineers	
Date of discharge 4/12/18	
Place of discharge ST. JOHNS, P. Q.	
1. DESCRIPTION AT THE TIME OF DISCHARGE.	
Age..... 43years..... 5months. Height..... 5feet..... 1 1/2inches. Complexion Dark Eyes Brown Hair Brown Trade Labourer Intended place of residence 844 Morrison St., Watertown, N.Y. U.S.A. (To be given as fully as practicable.)	Descriptive marks 
2. The above-named man is discharged in consequence of Demobilization	
Authority for discharge..... R.O. 1328	
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.	
3. Conduct and character while in the service have been, according to the records, etc.	
Good.	
N.B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldiers and the Officer Commanding his Squadron, Battery or Company.	
4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)	
Labourer	

M. F. B. 218.

200M.—5-18.
H. Q. 1772-39-113.

(OVER)

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

N I L .

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

6. Medals and Decorations.....

N I L .

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) ST. JOHNS, P. O.

(Date).....

Commanding

J. Baunton Capt R.E.

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, and that I have received my permanent discharge certificate.

(Place) ST. JOHNS, P. O. *J. Baunton* (Signature of Soldier.)

(Date)..... *R.W. Emm* (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.

J. Baunton (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) ST. JOHNS, P. O.

(Date).....

(Signature)

J. Baunton Capt R.E.
O. C. Engineer Training Depot.

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.)

N I L .

J. Baunton