AB 10 3.19.

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

Attestation Papers..... 1 2 .....

Declaration of change of name.....

Authority for special enlistments.....

Documents of re-enlisted men.....

Regimental Conduct Sheet.....

Compulsory Stoppages.....

Casualty Forms..... 2 .....

Proceedings on discharge..... 1 .....

Corps History Sheet.....

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

Parchment Certificate.....

Medical Report for Invalids..... 2 .....

Medical History Sheet..... 1 .....

Proceedings of Regt. Court Martial .....

Copies of Convictions by Civil Power.....

Company Conduct Sheet.....

Clothing Transfer Certificate.....

Inventory of Kit..... 1 .....

Last Pay Certificate..... 1 .....

A. & B 122-1
M. & W 192 1
C.A.O.C 5019-1
R.T.O. 6045-2
Cas. Card-1 Pay Card.
C.A.R.O.

M. F. W. 62.
50m.—9-16.
H. Q. 1772—39 935.

DISCHARGE DOCUMENTS

R. O. No.....

H. Q. No.....

Name COCHRANE ALEXANDER

Regt. No 183930 Rank Pte.

Corps 89th Bn.

Med: Unfit.

26616

Deceased 11-12-37

Rec'd Dept Govt CF 91237-1

39-16
9-16
9-16

41

ORIGINAL

ATTESTATION PAPER.

No. 183980

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your name?..... Alexander Cochrane
2. In what Town, Township or Parish, and in what Country were you born?..... Roxburghshire Scotland
3. What is the name of your next-of kin?..... David Cochrane (Father)
4. What is the address of your next-of-kin?..... Linthill Lilliesleaf Roxburghshire Scotland
5. What is the date of your birth?..... 15th March 1886 U.K.W.N.
6. What is your Trade or Calling?..... Teamster
7. Are you married?..... No
8. Are you willing to be vaccinated or re-vaccinated?..... Yes
9. Do you now belong to the Active Militia?..... No
10. Have you ever served in any Military Force?.. No
    If so, state particulars of former Service.
11. Do you understand the nature and terms of your engagement?..... Yes
12. Are you willing to be attested to serve in the CANADIAN OVER-SEAS EXPEDITIONARY FORCE? Yes

Alexander Cochrane.....(Signature of Man.)

A J Pratt.....(Signature of Witness.)

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

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

Alexander Cochrane.....(Signature of Recruit)

Date 15th Dec 1915. A J Pratt.....(Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Alexander Cochrane, 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.

Alexander Cochrane.....(Signature of Recruit)

Date 15th Dec 1915. A J Pratt.....(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 Calgary this Fifteenth day of Dec. 1915.

F.A Stewart Pte A.P.C.....(Signature of Justice)

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

H Darley Lt Col.....(Approving Officer)

M. F. W. 23.
200 M.—7-15.
H. Q. 1772-39-841.

Description of Alexander Cochrane on Enlistment.

Apparent Age 29 years 9 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height	5 ft 7 ins.
Chest measurement. Girth when fully expanded	36 ins.
Chest measurement. Range of expansion	3 ins.
Complexion	Fair
Eyes	Brown
Hair	Brown

Religious denominations.

Church of England	
Presbyterian	X
~~Wesleyan~~ Methodist	
Baptist or Congregationalist	
Other Protestants (Denomination to be stated.)	
Roman Catholic	
Jewish	

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).

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 15th Dec. 1915

Place Calgary R M Cosh
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.

Alexander Cochrane 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.

H Cowley adjt for (Signature of Officer)

Date Dec 15th 1915.

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 183930 (Rank) Private

Name (in full) Alexander COCHRANE enlisted in

the Eighty-ninth Overseas Battalion

CANADIAN EXPEDITIONARY FORCE at Calgary, Alberta, on the Fifteenth

day of December 1915.

HE served in FRANCE with the 9th Can.M.G. Coy.

and is now discharged from the service by reason of Being medically unfit for

further service on account of wounds received in action.

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

Age	32 Years, 10 Months.	Marks or Scars	
Height	5 Feet, 7 Inches.		G.S.W. Left Leg
Complexion	Fair.		
Eyes	Brown.		
Hair	Brown.		

Alexander Cochrane
Signature of Soldier

W. MacLeod
Issuing Officer

Lt
Rank

Date of Discharge February 14, 1919.

Officer i/c Discharge Section District [illegible]
Appointment

Signed at Calgary, Alberta, this Fourteenth day of February 1919.

in Military District No. 13.

File Reference No. 13 D-C. 328.

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

M. F. W. 39a
200m.—2-18.
H.Q. 1772-39-882

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

DISCHARGE CERTIFICATE

This is to certify that:-

Rank.....Pte.....

Regimental Number.....183930.....

Name.....Cochrane Alex.....

Regiment.....89th Bn.....

Was discharged at Military District # 13 Calgary.

on.....Feby 14th.....1919.

A. Ladure
Captain.

Officer i/c Records M.D.#13.

FORM P.305.
2283-7½M-6/12/16

Ref. No. Est 1109 K.

MILITIA AND DEFENCE

ASSIGNED PAY.

To whom Mrs David Cochrane — By whom assigned Cochrane A

Address Linthill Lilliesleaf — Regtl. No. 183903

Roxburghshire. Scotland — Rank Pte

Corps, &c. M.G.

	ASSIGNED PAY	SEPARATION ALLOWANCE
Rate	15.00	
Date to commence	1/12/18	

ASSIGNED PAY AND SEPARATION ALLOWANCE BEING PAID IN ENGLAND UNTIL ADVICE FROM OTTAWA OF DISCHARGE OF SOLDIER NAMED HEREIN.

Noted 2.6.19

PAYMENTS.

Month.	Year.	Cheque No.	ASSIGNED PAY Amt.	SEPARATION ALLOWANCE Pay Sheet Deduction.	REMARKS.
Jan	1918				DISCHARGED TO CANADA.
Feb.					2nd.
Mar.					
April					
May					
June					
July					
Aug.					
Sept.					
Oct.					
Nov.					
Dec.		£46166	15		
Jan	1919	£94765	15		
Feb.		£51447	15		
Mar.		Stop Disch 17/2/19.			
April		Auth Cable 4895 1/3/19.			
May					
June					
July					
Aug.					

ASSIGNED PAY.

By whom assigned

Regtl. No.

Month.	Year.	Cheque No.	Amount.	Pay Sheet.	REMARKS.
Sept.	1917				
Oct.					
Nov					
Dec.					
Jan	1918				
Feb.					
Mar.					
April					
May					
June					
July					
Aug.					
Sept					
Oct.					
Nov.					
Dec.					
Jan	1919				
Feb.					
Mar.					

A—305.

Ref. No. Nom Roll

30882

MILITIA AND DEFENCE

ASSIGNED PAY.

To whom Mrs. David Cochrane,

Address Linthill,

Lillesleaf,

Roxburghshire, Scotland.

Rate $15.00

Date to Commence 1st June, 1916.

By whom assigned Cochrane, A.

Regtl. No. 183930

Rank Private

Corps &c. 89th Battalion.

J.J.

PAYMENTS.

Month.	Year.	Cheque No.	Amt.	Pay Sheet Deduction.	REMARKS.
Jan.	1916				
Feb.					
March					
Apl.					
May					
June		84248	15	—	
July		114975	15		
Aug.		123141	15		
Sept.		156188	15		
Oct.		189652	15	—	
Nov.		229659	15		
Dec.		270169	15		
Jan.	1917	311683	15		
Feb.		351685	15		
March		398752	15		
April			150		
May					
June					
July					
Aug.					

Asst Pay Chested and found correct.
Wm Anderson

DEMOBILIZATION
PAY DIVISION, M. D. 13

M.F.W. 44.
1133 (D.P. 250M-12-18.
1772-39-903.

CANADIAN EXPEDITIONARY FORCE.

LAST PAY CERTIFICATE

Regimental No. 183930 Rank Pte. Name COCHRANE. H.
(Surname first)

Unit 89th. Bn. who was* discharged

On 14-2-19 191..., to
*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from 1-2-19 to 14-2-19 191... the inclusive date of transfer or discharge.

	Dr.	Cr.
		19
Bal. Dr. or Cr. from prev. month		
Regimental Pay 14 days at $1.00 c		14 00
Field Allowance 14 days at $ .10 c		1 40
Separation Allowance		
Clothing Allowance		35 00
Post Discharge Pay		
*Other Credits		
Advances		
~~Separation Allowance and~~ Assigned Pay Cheque No. paid by Eng. Feb.	15 00	
*Other Charges		
Balance on transfer or on discharge, cheque No. A.3263	35 59	
Total	50 59	50 59

*Give particulars.

A monthly stoppage of $ 15.00 (†) has ~~xx~~ chgd (‡) been paid on account of

Assigned Pay for the month of Feb. 191...
and Separation Allce. for month of nil 191...

(to) Assignee Mrs. D. Cochrane,
Linthill Lilliesleaf,
Roxbon, Scot.

(Address)

(†) 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:—Eng. advised date of discharge

State (1) date of enlistment.....married or single single

(2) Separation Allowance, entitled or not..... (3) Reason for discharge.....

(4) Authority for discharge or transfer.....13. DD.....

NOTE.—S.A. & A.P. Card and Index Card (M.F.W. 71) are to accompany Last Pay Certificate on transfer.

I have carefully examined this statement of account and find it to be a correct extract from the Pay Account of the officer or soldier.

Date 13-2-19

Place Calgary

LIEUT.
PAYMASTER. DEMOBILIZATION. PAY DIVISION. M. D. 13
Paymaster.

N.B.—(A) This form is to be used for all ranks (vide Article 122-130 and 141) Financial Instructions, C.E.F., 1916.
(B) For purposes of transfer it is to be made out in triplicate. Copies will be disposed of in accordance with instructions as laid down in Routine Order No. 1307, dated 12th Nov., 1918. Payment of the balance will not be made and the words "or on discharge cheque No." will be deleted.
(C) For purposes of discharge it is to be made out in duplicate. One copy to accompany discharge papers, and one copy for retention as a record. record. As payment of the balance will have been made, the words "on transfer or" will be deleted.
(D) If a man on discharge is entitled to Post Discharge Pay, Last Pay Certificate will be made out as in "C" with an additional copy to be forwarded to the District Paymaster.

LGW.

CREDITS, ADVANCES, Etc.

Credits, Advances, Forfeitures, Issues on Repayment, etc., since issue of this L.P.C. are to be entered hereunder:

Date	Place	Cheque No. A.R. No. or Other Particulars.	AMOUNT		Signature of Officer Making Payment.
			Dr.	Cr.	
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....

Form R. & O 6015.
1238-130M 29/11/16.

PROCEEDINGS OF A MEDICAL BOARD.

Dated at ..... 1916.

No. 183930 Rank PTE Name COCHRANE, A.

Local Unit ..... Overseas Unit C.M.G.C. Age 31

Examination held at GRANVILLE CAN. SPECIAL. HOSP. BUXTON.

DISABILITY.
Overseas—~~Local.~~
(scratch one out)

G.S.W LEFT KNEE

PRESENT CONDITION.

Left knee - flexion full, extension slightly limited. ~~Extn~~ Dorsal extension of left foot slightly limited - No grating on moving knee.

BOARD RECOMMENDS:— B1 temporarily unfit

1. Fit for Duty .....

2. Fit for duty after 28/10/16 B2 Conf. ..... weeks' physical training.

3. Fit for Temporary Base Duty ..... weeks.

4. Fit for Permanent Base Duty .....

5. Discharge .....

Signatures:—

Members { W.J. Turner Maj CAMC ..... President.
J.A. Tweddle Lieut CAMC
.....

APPROVED W.J. Turner major C.A.M.C

Dated at April 25th 1916. Buxton 1916.

For A.D.M.S.

Buxton

Board Finding, Endorsed 7.10.18

Captain,
Medical Officer, Canadian Machine Gun Depot.

Form R. & O. 6015.
1388-130M-20/1/16.

PROCEEDINGS OF A MEDICAL BOARD.

Dated at ..... BUXTON. ..... 25th April 1916. ..... 1916.

No. 183930 ..... Rank. ..... Pte. ..... Name. ..... COCHRANE A. .....

Local Unit. ..... Overseas Unit. ..... CMGC. ..... Age ..... 31 .....

Examination held at ..... Granville Canadian Special Hospital, BUXTON. .....

DISABILITY.
Overseas—Local.
(scratch one out)

G.S.W. LEFT KNEE.

PRESENT CONDITION.

Left knee - flexion full, extension slightly limited. Dorsal extension of left foot slightly limited - No grating on moving knee.

BOARD RECOMMENDS:—

1. Fit for Duty ..... Bi temporarily Di. .....
2. Fit for duty after ..... weeks' physical training.
3. Fit for Temporary Base Duty ..... weeks.
4. Fit for Permanent Base Duty .....
5. Discharge .....

Signatures:—

Members

..... W.G. Turner, Major, CAMC. ..... President.

..... J.A. McCollum, Capt., CAMC. .....

Exam. Med. Board,
25th April 1918,
GCSH.

....

APPROVED W.G. Turner Major C.A.M.C.

A.D.M.S. CANADIAN [illegible] AREA

Dated at Buxton ..... 1916. .....

Buxton April 25th 1918

For A.D.M.S.

PROCEEDINGS OF A MEDICAL BOARD.

Board finding endorsed 7-10-18

Captain,
Medical Officer, Canadian Machine Gun Depot.

C. M. G. Depot

To be made out in duplicate. H.Q. 54-21-23-53

PARTICULARS OF FAMILY OF AN OFFICER OR MAN ENLISTED IN C. E. F.

INSTRUCTIONS.

(a) This form is only required for men joining units for Overseas Service and must be completed immediately the man is warned for draft overseas.

(b) Care must be taken to see that a man is allotted his correct Regimental Number. No numbers must be duplicated and once it has been allotted to a man, even if he is subsequently discharged, the same number must never be allotted to another man.

(c) All questions, etc., must be answered.

(d) One copy of the form is to be forwarded by Officer Commanding unit for each Officer and man to Officer Commanding Division or District at least seven days before man leaves his station to proceed overseas, for transmission to Accountant and Paymaster General, Ottawa.

(e) Duplicate copy is to be forwarded direct to Officer in charge of Records, C.E.F. London, immediately after arrival in England.

---

(1) Name of Overseas Unit which Soldier joins.....89th O.Batth. C.E.F.

(2) Regimental Number 183.930

(3) Full Name of Soldier...COCHRANE Alexander

(4) Place of Birth.....Lent Hill Lillies Leaf Roxburghshire Scotland

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

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

(b) Present Postal Address.....

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

(8) Have you any children ?..... .....No

If so, give number of boys and girls.....

Also their names and ages.....

M. F. W. 67.

200M.—3-16.
I772-39-954.

(SEE OTHER SIDE.)

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

If so, state name and address Cochrane David Lint Hill Lillies Leaf Roxburghshire Scotland

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

If so, state name and address Cochrane Mrs Kate

.....Same Address.....

(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.

.....

.....

(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.

.....

(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.

W Wallace Smyth Lt Col
.....
Officer Commanding.

Date May 10th 1916 .....

Forms
I. 1237
12

~~23540 A.~~ ~~P 89362~~ P 89362 Army Form I. 1237.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
T.1042	~~300721~~ 183930	~~Sgt.~~ Pte	~~Sgt.~~ Cockrane	A.
Year 1918	Unit.		Age.	Service.
	C.M.G.C.		26	3y 1/2 18/12

Canadian Machine Gun Coy

Station and Date.

Disease G.S.W. ~~Legs~~ Lt Knee.

Occupation Farmer

Enlisted Calgary alta Dec. 15/15

To England June 8/16

To France Dec. 12/

Wounded Passchendaele Oct. 25/17

Hosp. Rouen C.S. Oct. 25.

" No 11 Gen Hosp - Camiers Oct. 25

" No 18 Genl " Oct. 31.

Horton W. H Epsom Nov. 4

C.C.D.H. Bury ton Nov 26/18

History Wounded by fragments of H.E. Shell in the left knee. Operated on at Rouen C.C. & sutured Nov. 1/18. Pat. does not know what was done 44 ccs. T+T. Calf. Ext DP nerve effected into not cut. ~~1/2~~ 1/3 divided also tibial artery in tact wound healed 3ZP. Stay

Present Condition Scar 3" long Posterior & Outer aspect just below left knee Joint space. Scar on inner side about same level. Can get no information from Pat. for these. Knee movements Good Ankle: Dorsiflexion of foot limited, Extension limited. Only slight movement of the toes. ~~foot~~ Toes & foot Cadaverous on ground slightly when walking. Pat. wearing No 2 support. Disturbed sensation plantar aspect of foot.

J. J. Bailey Capt. C.A.M.C.

Remove bandage

~~R. Heat Massage~~ L. Knee. Gym. ~~Exercises~~ Tibial + Skeletal T.A.

Return to work. to category W.T.

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

Wt. W 6604/M 2870—1,500,000—8/17—H & Sr. (10938). Forms/I. 1237/12. (E239)

[P.T.O.

Station and Date.	
8-4-18.	Fr. reexamination. Express bucket of [illegible] sealed & still contains urine. Stm.
8 APR. 1918	Fr category Rec B. ii W.T.
EXAM. MED. BD.	
25 APR. 1918 G. C. S. H.	B1

R—122

Rank Name COCHRANE, Alexander Reg'l No. 183930

Unit 89TH BN If in perm. Corps, What Unit? Married or Single Single

Place and Date of Enlistment Calgary Dec 15/15 Place of Birth Roxburghshire Scot

Name and Address, Next-of-Kin David Cochrane. Linthill, Lilliesleaf Roxburghshire. Scotland Relationship Father

Assigned Pay Monthly $ Payable to Relationship

Separation Allowance $ Payable to Relationship

Discharge, Date and Place Reason Pte Character G/S

N/E. R.B. No 309 Pte
File R.L.
Category OR CAN

Report. Date.	Report. From whom received.	Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS. Taken from Official Documents.
		L. Arrived in England S.S. Olympic 8 JUN 1916			
12-8-16	89th	S.O.S. 9 Trans to C.M.G. Depot	Western hanger	13-8-16	Pt II D.O. 180
13. 8 16	" Cond	S.O.S	Longueff.	12-8-16	" 45
13. 12. 16	C.M.G.S	S.O.S. C.M.G. Base Pool.	Etaples.	13.12.16	Pt II Do 197
19-12-16	M.G. Reinf Pool	T.O.S. from M.G. Depot	Field	14-12-16	Pt II O No 39.
3-2-17	" "	S.O.S. on Trans f in to 9th M.G. Coy	"	22-1-17	Pt II O No 9.
"	3 Com Sc.	T.O.S. 9th M Gcs.	"	23.1.17	" " 19.
10-11-17.	9th M.G. Coy.	Adm. Horton County of London War Hosp	Epsom.	8-11-17.	G.L.B. 59.
15-11-17.	C.M.G.C.D. (Wounded)	Posted to M.G. Corps Depot.	Seaford	8-11-17	Pt. II. O. 251
4-5-18	✓	On Coud to 3rd Con	✓	2-5-18	— 102

S.W. L. Knee 3rd Edn. Div. M.G. Coy. Pt. II. O. 177 dy 16-11-17.

A.F.B. 103 CHECKED 20 DEC. 1916 WAR.

1-5-18 3rd Con

Report. Date.	Report. From whom received.	Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS Taken from Official Documents.
20-6-18	CMGCD	Ceases o/c to 3rd CBS & pop to CMGCD	Seaford	20-6-18	P.T.O. 139
27-11-18	CMGCD.	Ceases att. from CMGCD.	Pte. Seaford	20-11-18.	P.T.O. No 311. & 270/27-11-18. CMGCD.
27-11-18	CMGCD.	On Command to CCD, Buxton.	Pte. Seaford.	25-11-18	P.T.O. No 270.
18-1-19	CMGCD.	Ceases on command CCD and is SOS to CE Fin Canada (N.S.E).	Pte. Seaford.	23-12-18	P.T.O. No 18

C.A.D.C. 5009 A

13.

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

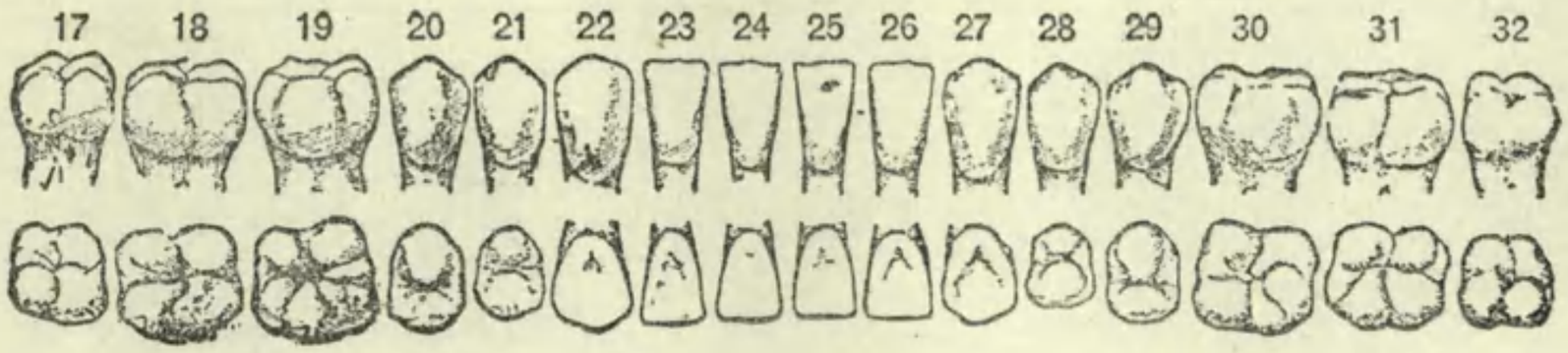
DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) Cochrane A.

REGIMENT C. M. G. S. RANK Pte. No. 183930

Date of Examination in England 14/12/18 | Date of Examination in France



DIRECTIONS TO DENTAL OFFICERS

1. This form will be made out for each individual at the time of Demobilization in England or France.
2. Figures as per chart will be used to designate teeth concerned.
3. In reference to Partial Dentures the numbers of teeth thereon will be stated.

PRESENT DENTAL REQUIREMENTS

1. FILLINGS — Nil
2. EXTRACTIONS
3. CROWNS
4. DENTURES
   - (*a*) Full Upper — Nil
   - (*b*) Part Upper
   - (*c*) Full Lower
   - (*d*) Part Lower

HAS HE EVER REFUSED DENTAL TREATMENT?

HAS HE EVER RECEIVED DENTAL TREATMENT? (Reply by "*Yes*" where applicable to any or all of *a*, *b* or *c*.)

- (*a*) In Canada
- (*b*) In England } Nil.
- (*c*) In France

Signature of Dental Officer H Cochrane Capt C

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

M. F. W. 54.
150M., 10:15.
H.Q. 1772-35-920.

Casualty Form—Active Service.

89TH OVERSEAS BATTALION
CANADIAN EXPEDITIONARY FORCE

Unit, Regiment or Corps C. E. F.

Regimental No. 183930 Rank Pte Name Cochrane, Alexander

Enlisted (a) Dec 15/15 Terms of Service (a) Duration of war Service reckons from (a) Dec. 15, 1915

Date of promotion to present rank. } Date of appointment to lance rank } Numerical position on roll of N. C. Os. }

(c) Transfer

Extended Re-engaged Qualification (b) Machine Gunner

Report: Date	Report: From whom received	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.
		Embarked	Halifax	June 2/16	Olympic A.M.S. 2810
		Arrived	Liverpool	June 8/16	
	0/c 89th Bn	Transferred C. M. G. D Shorncliffe	Westminster.	17.8.16	Auth. R. O. Part II 180. 17.8.16.
					a.e. mckay Lt a/adjt
13/8/16	0/C 89th Bn	Taken on Strength, C. M. G. Depot.	Crowborough	18/8/16	Auth. Depot Order Pt. II No. 75
					F. I. Carpenter Lieut., A/Adjutant C.M.G. Depot.
		Transferred to M.G. Pool Can. Base Depot. Overseas.	Crowborough.	DEC 13 1916	Depot Order Pt. II No. 197.
					F. I. Carpenter Lieut. A/Adjutant, C.M.G. Depot.
		Arrived	Havre	14.12.16	Nom. Roll.
14.12.16.	Ob Base	Taken on strength M.G. Base	Camiers	14.12.16	AR. Part II Nos. 39 6/19.12.16.
15.12.16	do	Left for M.G. Base depot	do	15.12.16	Nom. Roll
17.12.16	Ob M.G. Base	Joined do	do	17.12.16	Nom. Roll.

CERTIFIED CORRECT. 13 DEC. 1916 CAN. RECORDS, LONDON.

(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.

183930 PTE. COCHRANE. A.

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				
22-1-17.	O.C. M.G. Corps Depot.	P. O.D. 20	9th. M.G. Coy	22-1-17.	NR. P II 9 4 3-2-17.
22-1-17	Do	Taken on strength 9th Can. Machine Gun Coy.	Field	23-1-17.	NR Part II Ord. 19 d/3-2-17.
28-1-17	OC Unit	Joined Unit	Field	26-1-17	B213 DCS. 109. d/5-2-17
22-9-17	Do	Proc. to Army Rest Camp	—	22-9-17	B213 DCS 109 d/-30-9-17
6-10-17	Do	Rejoins unit from R Camp	Field	4-10-17	B213.
27-10-17	Do	Wounded in action	✓	26-10-17	B213.
25-10-17	44 Bde	Shell shock (WOUNDED)	44 Bde RTR	25-10-17 25-10-17	A36-A1490 - B1813.
1-11-17	18 Gen Hosp	Shell shock (WOUNDED)	18 Gen Hosp	1-11-17	W3034 W/3425 - B1334
7-11-17.	H.S. Brighton	Invalided (WOUNDED) and posted to Can. Machine Gun Depot, Seaford.		7-11-17	W.3083. No. 4301. a. P. II. 0. 177 d/16-11-17.
15-11-17.	M.G. Corps Depot	Taken on strength from 9th M.G. Coy.	Seaford.	8-11-17.	N.R. Do 251.

W. B. Johnston
Lieut. for Lt.-Col., A. A. G.
Canadian Section, G. H. Q. 3rd Echelon, B. E. F.

H. Y. Moody ..... LIEUT:
FOR LT: COL: I/C RECORDS, C.O.M.F.

B.M. 4 5/18.

20/11/18 DISCHARGED FROM 3RD C. C.D. Seaford TO N.S.D. BN. PART II D. O. NO. 1424. 20/11/18.

W. Cherrie Lieut
For O.C.
3rd Canadian Command Depot.
FOR LT: COL: I/C RECORDS, C.O.M.F.

Sheet # 2.

Army Form B. 103. **Casualty Form—Active Service.** Regimental Number 183[redacted].

Regiment or Corps

Rank Private Surname Cochrane Christian Name Alexander

Religion Age on Enlistment years months.

Enlisted (*a*) Terms of Service (*a*) Service reckons from (*a*)

Date of promotion to present rank Date of appointment to lance rank

Extended { } Re-engaged { } Qualification (*b*)

or Corps Trade and Rate

Signature of Officer i/c Records.

Report		Record of promotions, reductions, transfers, casualties, &c., 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 of Casualty	Date of Casualty	Remarks Taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
		Embarked ...			
		Disembarked ...			
4-5-18	C.M.G.C.D.	On Com. 3rd C.C.D.	Seaford	2.5.18	Lt II D.O. # 102
20.6.18	C.M.G.C.D.	On Com. C.M.G.D.	Seaford	20.6.18	Lt II D.O. # 139
			D.Wilson LIEUT. FOR OFFICER COMMANDING CANADIAN MACHINE GUN CORPS DEPOT.		
21/6/18	Com. C.M.G.D.	Attached from C.M.G.C.D.	SEAFORD.	20/6/18	D.O. Pt II 172.
27.11.18	C.M.G.C.D.	On Command to C.D.D. Buxton	Seaford	25.11.18	Pt.2.D.O.2[illegible]
			[illegible] LIEUT. FOR OFFICER COMMANDING CANADIAN MACHINE GUN CORPS 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*) Signaller, Shoeing-Smith, &c.

[P.T.O.

(938). Wt 15012/5156. 1,000,000. 1/16. P.P.Ltd. Forms/B.103/3.

Report		Record of promotions, reductions, transfers, casualties, &c., 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 of Casualty	Date of Casualty	Remarks Taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
14-12-18.		Attached C.D.D. Buxton for return to Canada, Part 11 Order No. 296 Ceases to be attached C.D.D. Buxton on embarking for Canada. J. W. Cook. Lt. for Lt. Col. Commanding Canadian Discharge Depot.			
23-2-18.		Embarked for Canada. Sailing No. 101. S.S. Tunisian J. J. F. Allen Capt and Adjt. for O.C. 14. P.T.H.C.S.			
23-12-18		TAKEN ON STRENGTH OF DISTRICT DEPOT 13. PART 2 ORDER NO. 11 W. Mason Lieut. Col. Officer Commanding District Depot No. 13			
14.2.19		DISCHARGED FROM THE SERVICE BY DISTRICT DEPOT NO. 13. PART 2 ORDER NO. Do. 45 AUTHORITY. R.O. 1420 Dated Ottawa 12.12.18 W. Mason Lieut. Col. Officer Commanding District Depot No. 13			

LOCAL CARD

'Name... COCHRANE, Alex. Rank... Pte. Regtl. No. 183930

Fyle Depot... I3, D. C-328

Original unit 89th Present unit 9th CMG M or S S Age 32 Religion Pres. Ref H.Q.

Port, ship and date of arrival 4-1-19, St. John, Tunisian.

Next of kin Mrs. Cochrane, Mother, Linthill, Lillies Leaf, Roxborough, Scot.

Address on leave Gen. Del. Edm.

Address on discharge I30-IIth Ave West Calgary Alta

Transportation issued Yes / No Date... Character on discharge...

Previous occupation Teamster Date and place of enlistment 15-12-15, Edm.

Diagnosis G.S.W. Left Leg Date of Medical Boards 25-I-I9

Date T.O.S.	Remarks	Pt. 2 Order No.
23-12-18	Posted to Cas.Co. Calgary, 9-1-19	11
	Leave with sub.to 24-1-19.	
I4-2-I9	Discharged from H.M.Sevice	45

*—Name will be given in full ; surname first

(over)

Date.	Remarks	Pt. 2 Sec. 1 No.

M. F. W. 192
150m.—5-18
1772-39-1243

FORM D M.S 1300.

SURNAME | CHRISTIAN NAME OR NAMES | REG. No.

Cochrane, a. 183930.

RANK Plē. | UNIT 9th Mgd. | CO. | TROOP | BATTY.

HOSPITAL | DATE OF ADMISSION

1. Horton 6 of L. War Epsom. HOSP. 8.11.17.

2. Granville San/spc. Buxton HOSP. 27.3.18

3. HOSP.

4. HOSP.

DIAGNOSIS Sw L. Knee. G.

1

2.

3

DISPOSITION | DATE

12.11.17. B59

30.3.18 B174.

7-5-18 B/205.

REMARKS

Disc:- 2-5-18

A.M.D. 2 Dept.

Bch. of D.G.M.S. O.M.F.C. London

EPITOME OF HOSPITAL TREATMENT

HOSPITAL	ADM.
1.	
2.	
3.	
4.	
5.	
6.	
7.	

REGT'L No. 183930.

NAME Cochrane Alexander

H. Q. FILE NO. 649.

RANK AND CORPS Pte., 3rd., Div. Mac. Gun Coy.

FOLLOWS No.

NATURE OF CASUALTY Scot., forw'd 89th Bn. FOLLOWS

CABLE NO. 30-3	DATE	
M 6335	12-11-17	Adm., County of London War Hospt., Epsom Nov., 8th., 1917 (GSW knee)

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

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

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
B59-1	Horton Co. of London Epsom War	8-11-17	S.W. Lt. Knee. (Mach. Gun Corps)
B174	Gt. Gran. San. Spec. Bapton	27-3-18	.....
B205	Discharged	2-5-18	.....

WB 1/13

NAME Cochrane Alexander

RANK & No. Pte 183935

CORPS 89th Batt.

ENLISTMENT, PLACE Calgary, Alta. DATE Dec 15/15.

FORMER CORPS nil.

COUNTRY OF BIRTH Scotland Roxburghshire

NEXT OF KIN Cochrane David (father)

ADDRESS OF NEXT OF KIN Sithill, Lilliesleaf, Roxburghshire Scot.

DISCHARGE, PLACE DATE S.O.S. Dis 14-2-19
D.O. 45 P. 14-2-19
Medical unfit 13.2.19

R/C. 4-1-19 249/25

O/S 31-5-16 441/5

L. L. 85093—M. & D. 5952.

M. F. W. 22.—50m.—9-15.
H. Q. 1772—39—839.

Sailed from Halifax per S.S. Olympic 31/3/16

MARRIED SINGLE Yes WIDOWER

TRADE OR CALLING Teamster RELIGION Presbyterian

DESCRIPTION.

APPARENT AGE 29 YEARS 9 MONTHS

HEIGHT 5 FEET 7 INCHES

CHEST MEASUREMENT 38 INCHES EXPANSION 3 INCHES

COMPLEXION Fair EYES Brown HAIR Brown

DISTINGUISHING MARKS

MEDICAL EXAMINATION. PLACE Calgary, Alta, DATE Dec 15/15.

REMARKS: ~~Present Address~~ Not stated

Number 183930 Rank Pte.

Surname COCHRANE

Christian Name Alexander

Units Can. M. G. Bde. Theatre of War France

Date of Service 14/12/16

Remarks

Latest Address 130-11th Ave. West, Calgary, Alta.

Roll No. B Page 2271

200m.-6-21.

GRATUITY (IMPERIAL)

CHRISTIAN NAME | SURNAME | REG. NO.

SCHEDULE NO. | LINE NO.

UNIT RETIRED OR DISCHARGED FROM

PLACE OF RETIREMENT OR DISCHARGE

DATE RECEIVED FROM OTTAWA | IMPERIAL DEPOT NO.

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

568—D.P.—40M-1-12-19.

No. 183930 Rank Pte Name Cockrane a

T. O. S. 16-D-B Unit 89th Battalion C E F
8037 16-D-A

M. D. 13

PAID FROM	PAID TO	SIG. OR REC'T
~~1915~~	~~1915~~	
Dec 16	Dec 31	L
1916	Jan 1916	L
	Feb	L
	Mar	L
	Apr	L
May 1	May 9	M
May 10	May 31	L
	June	L

PROMOTIONS, TRANSFERS, DISCHARGES, ETC.

PARTICULARS	AUTHORITY
	UNIT SAILED MAY 31 1916

Form DMS 1401.
8289 100M 9/3/17.

BIPT

Granville Can. Spl. Hospital, HOSPITAL.

A. & D. CARD

AT

A. & D. No. T1042 PL. OF ACTION 183930

RANK Pte UNIT 96 M Gb. SICK OR WOUNDED

NAME Cochrane A. AGE 31 RELIGION Pres.

PLACE IN HOSPITAL ~~83/3HOA~~ 89/362 G

DIAGNOSIS sw Left Knee

ADMITTED 26 MAR 1918 FROM Manor (Co/L) War Epsom

DISCHARGED 9 MAY 1918 TO 3rd E.C.D. Seaford.

TRANSFERRED

SERVICE AT HOME 24/12 IN FIELD 11/12

RESULTS

38 days

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

(P.T.O.)

REMARKS.

FORM R. 149.
7106—250m—7/2/17.

Name COCHRANE Rank Pte Reg. No. 183930

Unit 9th C. M. G. Co.

Next of Kin David Cochrane, Linthill, Jedburgh, Roxburghshire, Scotland (Father)

Date 1917	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
8-11	Horden (Co. Londonderry) R225-5411	W. Hosp. Epsom S.W. 2 Vince		B & C		15124
27-3 2-5	Gran Can Shell Buxton DISCHARGED	do Do		B 295		

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

add.

130 - 11th. ave. West

M.D. 13 Calgary, Alta.

183590

M.D. 13

— 20 —

Perforated sheet for Will from Pay Book of Reg.

No. 183930

Name Cochrane, Alexander

Unit 9th C.M.G.C.

Military Will.

I do not wish to make a will

Signature Alexander Cochrane

Rank and Regt. Lt. C.M.G.C.

Date 11.2.18

add.

130 - 11th. ave. West

M.D. 13 Calgary, Alta.

183590

MD 13

— 20 —

Perforated sheet for Will from Pay Book of Reg.

No. 183930

Name Cochrane, Alexander

Unit 9th C.M.R.C.

Military Will.

I do not wish
to make a will

Signature Alexander Cochrane

Rank and Regt. Pte. C.M.R.C.

Date 11.2.18

ORIGINAL
89TH OVERSEAS BATTALION
CANADIAN EXPEDITIONARY FORCE

P.D.

ORIGINAL P 183930

MEDICAL HISTORY SHEET.

Surname Cochrane Christian Name Alexsander

Examined { on 15th day of Dec 1915
at Calgary

Birthplace { City or Town Roxburghshire
County Scotland

Apparent age 29

Trade or occupation Teamster

Height 5 Feet 7 Inches.

Weight 160 Lbs.

Chest measurement { Minimum 35 inches.
Maximum expansion 38 inches.

Physical development Good

Small-Pox Marks none

Vaccination Marks { Arm Right. Left.
Number 2

When Vaccinated last Infancy

(a) Marks indicating congenital peculiarities or previous disease none

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

Approved by R M Cooper

Rank Captain M.O.

Date	Fit or Unfit	Examined for Re-engagement,
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Date	Result	Vaccinations.
26/6	×	R M Cooper M.O.
		M.O.
		M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.
7/1/16	+	R M Cooper M.O.
17/4/16	+	R M Cooper M.O.
		M.O.

10 NOV 1917

Enlisted on 15th day of December 1915 at Calgary

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	89th Bn. M.G. Pool	183930		DEC 13 1916
Transferred to..				

CANADIAN

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.
Granville C. S. H. Basloin	April 25th 1918	G.S.W. left knee	Bi temporarily Di Cert Capable J. A. McCallum Capt Capable
3rd C.C.D. Seaford.	14-6-18.	Category Confirmed. S.M.B.	Bi. Captain C.A.M.C.
Seaford	7-10-18	D	Bi PRESIDENT.

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.

M. F. B. 318.

100M.—1-15.
I. Q. 1772-39-439.

Seaford 25-10-18 G.S.W. Lt Leg Bi Conf. Insuff Calf. Weakness of Left Knee
Do 17-11-18. Bi
Calgary June 28 '19 G.S.W. Lt Leg D. Capt C.A.M.C.

Christian Name Rescarriecan

Surname Lochhead

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital. Day	Month	Year	Dates of Discharge from Hospital. Day	Month	Year	DISEASE.	Number of days in Hospital.	Remarks on nature of the disease: how induced: if mild or severe: if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer.
Horton War Hospl Epsom.		7	11	17.	26	3	18	Shell Wound L. Knee.		Healed 15.3.18. Paralysis External Popliteal nerve with foot-drop. X ray: Small F.B. deep in calf behind centre of tibia. Transferred Basingstoke.	A.B. Shore Capt RAMC
		26	3	18	2	5	18	T + T. Left Calf. near Knee not involving Knee	38	T + T. left leg near Knee not involving joint. Ext Pop. nerve exposed but not injured. Wound divided, otherwise intact. 3" near below left Knee Ant. Dorsiflexion of foot limited. Extension limited, toe movements limited. Disturbed sensation over plantar of foot.	J. Macpherson Capt

GRANVILLE CANADIAN SPECIAL HOSP
REGISTRAR'S
27 MAR 1918
OFFICE
BUXTON

...—Q.M.G. D.O.S. 2.

REGT. No. 183930 RANK Pte NAME Cochrane A

ISSUE OF CLOTHING AND NECESSARIES.

Date of Attestation Jan 8/15

	Date	Initials	Date	Initials	Date	Initials
Boots, Ankle, Can.	11/4/18	AC				
„ Reg.	3/4/18	AC				
Braces, prs.	11/4/18	AC				
Breeches, D.C.						
Caps, Balmoral						
„ S.D.	3/10/18	AC				
Cloaks, Drab						
Coats, Warm, M.S.						
Drawers Winter	11/4/18	AC	11/4/18	AC		
„ „						
Glengarries						
Gloves, Woollen	12/11/15	AC				
Greatcoats, S.D.	11/4/19	AC				
Jackets, Reefer						
„ S.D.	11/4/18	AC				
„ S.D. Highland						
Kilt						
Kilt Apron						
Pantaloons, Service						
Puttees, prs.	11/4/18	AC				
Shirts, F. K.	11/4/18	AC	11/4/18	AC		
„ „						
„ Service						
„ Winter	25/4/19	AC	25/4/18	AC		
„ „						
Socks, prs.	11/4/18	AC	11/4/18	AC		
„ „						
Trousers, S.D.	11/4/18	AC				
„ Service						
Waistcoats, Card	11/4/18	AC				
Mitts, Leather						

	Date	Initials	Date	Initials
Badges, Cap				
„ Shoulder				
„ Collar				
Bands, Body				
Brushes, Hair	25/3/18	AC		
„ Cloth				
„ Shaving	25/7/18	AC		
„ Tooth	25/7/18	AC		
Chevrons				
Combs, Hair	25/4/18	AC		
Caps, Comforter				
Discs, Idty., Red				
„ „ Green				
„ „ Cord				
Dressings, 1st Field				
Flashings, prs.				
Forks, Table	25/7/18	AC		
Hosetops, prs.				
Holdalls	25/4/18	AC		
Housewives	25/4/18	AC		
Knives, Table	25/7/18	AC		
„ Clasp	18/6/18	AC		
Lanyards, Clasp	18/6/18	AC		
Laces, 30-in., prs.				
Pins, Kilt				
Razor in Case	25/4/18	AC		
Spoons, Table	25/4/18	AC		
Shoes, Canvas, prs.	25/4/18	AC		
Towels, hand	25/4/18	AC		
Spurs, Jack				
Belts, Waist, V.E.O.P.				
Bags, Kit	25/4/18	AC	19/11/18	AP

Signature of Soldier Alexander Cochrane

UNIT CMGD REGT. No. 183930 NAME Cochrane A

From NZ To Canada Date

From To Date

LEATHER EQUIPMENT 1916.	Date	Initials	Date	Initials	WEB EQUIPMENT	Date	TRANSFERRED or ATTACHED Initials	Date	CLASS Initials
Belts, Waist					Belts, Waist				
Braces					Braces, with Buckle				
Carriers, W.B.	18 NOV.	AC			Carriers, Cartridge, L.				
Straps, Att. W.B.	18 NOV.	AC			,, ,, R.				
Haversacks	[illegible]				,, E. Tool, Heads				
Pouches, Amm., 75 rds.					,, ,, Helves				
Packs					,, W. Bottle				
Covers, Mess Tin					Frogs				
Tins, Mess	[illegible]	14/11/16	AC		Haversacks				
Bottles, Water	[illegible]	14/11/16	AC		Packs				
Sheets, Ground					Straps, Supporting				
Blankets, G.S.	[illegible]	14/11/16	AC		Entrenching Tool, Heads				
Slings, Rifle					,, ,, Helves				
Rifles					Boots, Knee, Rubber				
Bayonets					Coats, oil dressed				
Scabbards					Gauntlets, prs.				
Tins, Oil, $\frac{1}{6}$-pint					Hats, Sou'western				
Oil Bottle					Jackets, Oilskin				
Pull-through					Trousers, Oil-dressed				
Curtains, Sun					Caps, Dowlas				
Bags, Ration					Trousers, Dowlas				
Bandoliers					Frocks, Dowlas				
Leggings					Trousers, Blue Jean				
Straps, Gt. Coat					Jackets, Blue Jean				
,, Mess Tin									

BED BOARDS
TRESTLES
PALLIASSE 1
BLANKETS 4

ISSUES WILL BE ACCOUNTED FOR ON THIS CARD.

Other Ranks will initial for each Article required.

Quartermaster or Representative will initial over entries, on Articles returned to Stores, such Representative will sign their Name and Unit, as well as Q.M., on bottom of form.

The Soldier will be held responsible for the Articles remaining on his charge, as shown on this card.

Q.M [illegible] *Q.M* ..... *Q.M* .....

Unit CMGD *Unit* ..... *Unit* .....

MARRIED OR SINGLE S.

PLACE OF BIRTH Roxburghshire. Scotland.

NAME AND ADDRESS OF NEXT OF KIN Cochrane David
Linhill, Lilliesleaf. Roxburghshire, Scotland

RELATIONSHIP OF NEXT OF KIN Father.

NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF KIN

SEPARATION ALLOWANCE MONTHLY $ 25.00 100 EFFECTIVE (DATE)

PAYABLE TO

RELATIONSHIP OF DEPENDANT

Acct Pay checked and found correct
W Anderson

CASUALTIES, PROMOTIONS, &c.

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ADMISSIONS TO HOSPITAL, &c.

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

REG'L. No. 183930 RANK Private NAME Cochrane Alexander.

IF IN PERMT. CORPS WHAT UNIT — UNIT 8th Batt'n. TRANSFERRED TO C.M.D. Depot DATE 1/9/16 AUTHORITY D.O. 180.

PERMANENT FORCE ALLOWANCES — TRANSFERRED TO C.M.G.B.P. DATE 16/1/17 AUTHORITY B.O. 197 13/12/16

PLACE OF ATTESTATION Calgary Canada. TRANSFERRED TO 9th M.G.C. DATE 11.2.17 AUTHORITY B.O. 9-3-2-17

DATE OF ATTESTATION Dec'r 15th, 1915. TRANSFERRED TO C.W.R.D. DATE 4/11/17 AUTHORITY

ASSIGNED PAY MONTHLY $15.00 DATE EFFECTIVE

PAYABLE TO Cochrane Mrs. David
Linhill, Lilliesleaf, Roxburghshire, Scotland. RELATIONSHIP Mother.

ASSIGNED PAY MONTHLY $ DATE EFFECTIVE

PAYABLE TO RELATIONSHIP

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

DISCHARGE DATE AND PLACE REASON AND AUTHORITY

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

Checked Anderson

DATE 1916	PAY No. OF DAYS	PAY RATE	PAY AMOUNT $	PAY AMOUNT c.	FIELD ALLOWANCE No. OF DAYS	FIELD ALLOWANCE RATE	FIELD ALLOWANCE AMOUNT $	FIELD ALLOWANCE AMOUNT c.	WORKING OR SPECIAL PAY No. OF DAYS	WORKING OR SPECIAL PAY RATE	WORKING OR SPECIAL PAY AMOUNT $	WORKING OR SPECIAL PAY AMOUNT c.	ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS 1 No.	1 Date	2 No.	2 Date	3 No.	3 Date	4 No.	4 Date	CASH PAYMENTS 1	2	3	4	ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE CREDIT	BALANCE DEBIT	PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
June 1.				20 10											20 10																20 10				E.J.
"	30	1.00	30	00	30	.10	3	00							33 00	35	16/6/16	69	29/6/16					1460	486			1500		3446	1864				Balance from Canada.
July	31	1.00	31	00	31	.10	3	10							34 10			117	15						487			15 00		1987	3287				
Aug	31	1.00	31	00	31	10	3	10							34 10	162	31/7/16	187	15					974	487			1500		2961	3736				
Sept	30		30		30		3								33	139	31/8	153	15/9					1703	973			15		4176	2860				
Oct	31		31		31		3	10							34 10	614	30/9	661	15/10					7 30	9 73			15		32 03	30 67				
Nov.	30		30		30		3								33 00	761	31/10	840	15/11					7 20	9 74			15		34 04	31 63				
Dec 1917	31		31		31		3	10							34 10	943	30/12							7 30				15		22 30	43 43				
Jan	15	1.00	21	40																															Trans. to C.M.G.B.P. 16/1/17 B.O. 197. 13/12/16
		10	16	50											16 50	985	30/12/16							9 73				15		24 73	35 20				
4-31	16	.	17	60											17 60											3 49				3 49	49 31				
Feb. 1-10	10	.	11	00											11 00													15		15 00	45 31				Trans to 9th M.G.Co. B.O. 9-3-2-17
11-28	18	.	19	80											19 80																65 11				
Mch	31	.	34	10											34 10	193	17-2							6 97				15		42 89	56 32				
			~~300~~	~~30~~											~~300~~ 30									~~73 00~~	~~43 80~~	~~3 49~~		~~135 00~~		~~255 29~~	~~65 11~~				
			354	50											354 50									79 97	43 80	24 41		150 00		358 18					

C.C.B.
1086 26.3
13226 16.1
13515 2.1
952 1.3

183930 Private Cochrane Alexander Asst. P. £15.00 Payable to Mrs David Cochrane Linthill Lilliesleaf Roxburghshire Scotland

DATE	PAY No. of Days	PAY Rate	PAY Amount $	PAY Amount c.	FIELD ALLOWANCE No. of Days	FIELD ALLOWANCE Rate	FIELD ALLOWANCE Amount $	FIELD ALLOWANCE Amount c.	WORKING OR SPECIAL PAY No. of Days	WORKING OR SPECIAL PAY Rate	WORKING OR SPECIAL PAY Amount $	WORKING OR SPECIAL PAY Amount c.	ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS 1 No.	1 Date	2 No.	2 Date	3 No.	3 Date	4 No.	4 Date	CASH PAYMENTS 1	2	3	4	ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE Credit	BALANCE Debit	PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
1st			35	4 50											35 4 50									79 9 7	43 80	21 4 41		150		298 18					
Apr.	30	1 10	33	00											33 00							A 46158						15		15 00	74 32				
May	31		34	10											34 10							A. 12497						15		15 00	93 42				
June	30		33	00											33 00					207 29.5 / 184 9.5 / 115 21.4	A	27696				2 68 / 2 68 / 3 49		15		23 85	102 57		—		52nd Fus. / 52nd Fus. / 52nd Fus.
July	31		34	10											34 10							A 109894						15		15 00	121 64				
Aug	31		34	10											34 10					Roub 7-12 A		134287				8 72 / 2 64 / 2 68 / 2 68 / 2 68		15		28 72	132 05				O.d.S.B. / 52 nd Fus / 52 nd Fus / 52 nd Fus / 52 nd Fus
Sept	30		33	00											33 00	3	29.8			375 12.6 / 683 29.7 / 457 7.6	A	205204		2 68	43 80	5 7 69		15		28 39	136 66				
			555	80											555 80									82 65	43 80	5 7 69		240		419 14	136 66				

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR 3	DR 4	BALANCE	DEFERRED PAY	SER. ALCE. ENG.
1st		~~136 66~~							136 66		
Corr				A 22200 7			1 5				
	S Pay	34 10		526. 15/5/17 4th MAR	5 35						
				21. 13/9/17 9th M. G. Co	2 67 / 8 02				147 74		
Nov.	P.P.	34 10		B. 61508.			15				
		23 -									
Dec.				B. 84309.			15				
				Mar 50 13.10.17 9th M.G.	5 35						
"	P.P.	34 10		" 784 21.9.17 52nd Bn.	17 84				161 65		
		67 10		C 22984			30				
Jan. 1918							15				
				a.R. 5968 29.11.17 Cmft.	4 87						
"	P.P.	34 10		" 6640 12.12.17 Epsom	9 73				166 15 —		
		34 10			4 60		15				
Feb.				C. 9110			15				
"	P.P.	30 80		a.R. 1781 10.1.18 Epsom	9 73						
				" 7418 6.2.18 "	4 87				167 35		
		30 80			14 60		15				
March				D. 19703			15				
"	P.P.	34 10		" 14118 12.3.18 Epsom	4 87				181 58		
		34 10			4 87		15				

CANADIAN
ASSIGNED PAY AUDITED
AUDIT CLERK
DATE 23/9

AUDITOR | PAYMASTER

M. OR S. Single

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

REGT. No. 183930 RANK Pte. NAME (IN FULL) COCHRANE A (BLOCK LETTERS SURNAME FIRST)

NEXT OF KIN — RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? No — DATE EFFECTIVE

TO WHOM PAID — RELATIONSHIP

ADDRESS

PARTICULARS	EFFECTIVE DATE	AUTHORITY
Address Pte A. Cochrane.		
130 - 11th Ave West Calgary		

ORIGINAL UNIT C.E.F. 89 — IF IN P.F. WHAT UNIT? — (A)

PLACE OF ATTESTATION — TRANSFERRED TO — DATE — AUTHORITY

DATE OF ATTESTATION — TRANSFERRED TO — DATE — AUTHORITY

ASSIGNED PAY $ 15.00 — DATE EFFECTIVE

PAYABLE TO Mrs D Cochrane. — RELATIONSHIP — ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS Kenthill Lilliesleaf Roxboro Scotland

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE — EFFECTIVE

DISCHARGED — PLACE — DATE — REASON — AUTHORITY — IF ENTITLED TO POST DISCHARGE PAY

MONTH	PAY AND F.A. NO. OF DAYS	PAY AND F.A. RATE	PAY AND F.A. AMOUNT $	PAY AND F.A. AMOUNT C.	OTHER CREDITS $	OTHER CREDITS C.			TOTAL CREDITS $	TOTAL CREDITS C.	ACQUITTANCE ROLLS COL. NO. 1 NO.	ACQUITTANCE ROLLS COL. NO. 1 DATE	ACQUITTANCE ROLLS COL. NO. 2 NO.	ACQUITTANCE ROLLS COL. NO. 2 DATE	ACQUITTANCE ROLLS COL. NO. 3 NO.	ACQUITTANCE ROLLS COL. NO. 3 DATE	CASH PAYMENTS COL. NO. 1 $	CASH PAYMENTS COL. NO. 1 C.	CASH PAYMENTS COL. NO. 2 $	CASH PAYMENTS COL. NO. 2 C.	CASH PAYMENTS COL. NO. 3 $	CASH PAYMENTS COL. NO. 3 C.	ASSIGNED PAY $	ASSIGNED PAY C.	REGIMENTAL CHARGES $	REGIMENTAL CHARGES C.	OTHER CHARGES $	OTHER CHARGES C.			TOTAL DEBITS $	TOTAL DEBITS C.	BALANCE DEBIT $	BALANCE DEBIT C.	BALANCE CREDIT $	BALANCE CREDIT C.	PARTICULARS OR REMARKS
BALANCE FROM PREVIOUS ACCOUNT																																						Ordd 0.19. from Jan 19
1/2/19								19																														
14/2/19	14	1.10	15	40	35	00			50	59					322	17/3/19					35	59	15	00									50	59					Clothing Allowance 35.00 & 15.00 A P 2k pd by England
			15	40	35	00	-	19	50	59											35	59	15	00							50	59					DISCHARGED 1st Feb 1919 6 Feddallzeah
Certified opening entries on this Ledger Sheet have been audited by [illegible] Date 28/4/19																																						
			W Ly	S A													War Service Gratuity W Ly				S A				S A charges								BALANCE Soldier		Dependt.		
183 days			420						420	00							70														70		350				1 cheque 5267-24-2-19
																	70														70		280				Cheque 613192-24-3-19
																	70	00													70		210	00			Cheque 140974 · 24·4·19
																	70	00													70		140	00			Cheque 613748 · 23·6·19
																	70	00													70		70	00			Cheque 854559 · 22·6·19
																	70	00													70						Cheque 861986 · 14·7·19
			420	00					420	00							420	00													420	00					Payments Due on This Account have been completed. Lieut Paymaster War Service Gratuity M.D. 13

30M-11-18.—L.L. 50877-M. & D. 9583.

459

MONTH	PAY AND F.A.				OTHER CREDITS				TOTAL CREDITS		ACQUITTANCE ROLLS						CASH PAYMENTS						ASSIGNED PAY		REGIMENTAL CHARGES		OTHER CHARGES				TOTAL DEBITS		BALANCE				PARTICULARS OR REMARKS
	NO. OF DAYS	RATE	AMOUNT								COL. NO. 1		COL. NO. 2		COL. NO. 3		COL. NO. 1		COL. NO. 2		COL. NO. 3										DEBIT		CREDIT		
			$	C.	$	C.	$	C.	$	C.	NO.	DATE	NO.	DATE	NO.	DATE	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	

OPINION OF THE MEDICAL BOARD

18. Does the Board concur with the preceding report? If not, give differing opinions, with reasons, quoting the number of the answer criticised.

Yes. Class "E"

19. Is the invalid fit for

(*a*) General service,	(Category A)	(Yes or No.)
(*b*) Service abroad, not general service,	(" B)	(Yes or No.)
(*c*) Home service (Canada only),	(" C)	(Yes or No.)
(*d*) Temporarily unfit.	(" D)	(Yes or No.)
(*e*) Unfit for service in Categories A, B and C	(" E)	(Yes or No.) Yes.

20. It is certified that the invalid
(*a*) Does require treatment. (Give the nature of the condition and of the treatment required and its probable duration.)

(*b*) Does not require treatment.
(*c*) Should pass under his own control.
(*d*) Should not pass under his own control.
(Strike out condition not applicable.)

21. It is recommended that the invalid be discharged. (When not for discharge add special recommendation.)

Class "E"

Before signing the President of the Medical Board will read the statement signed by the invalid and differing opinions regarding Sections 7, 8, 9 and 10, as recorded in Section 18, to the invalid and if no change is indicated, will initial the statement. If, as a result of differing opinions regarding Sections 7, 8, 9 and 10 only, recorded in Section 18, the invalid is dissatisfied with the statement previously made, remarks of the Medical Board will be added here.

(Sgd) J.H. Birch, Capt. CAMC. *President.*

PLACE Calgary, Alberta.

DATE January 28th. 1919.

(Sgd) J.W. MacKay, Capt. CAMC. } Members

TO BE COMPLETED WHEN TREATMENT IS REFUSED

I, the undersigned.....understand the nature of the treatment which it is recommended that I should undergo and refuse to accept it.

Witness..... Signed.....

Should the refusal of the invalid to accept treatment appear to be unreasonable, or should he decline to sign this statement the Board of medical officers should so state.

President

PLACE.....

DATE..... } Members

APPROVED BY

(Sgd) J.H. Birch, Capt.
for *Assistant Director of Medical Services.*

DATE 30-1-19.

APPROVED BY

Director-General of Medical Services.

DATE.....

THIS FORM WILL BE USED FOR ALL RANKS

MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

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

STATION Calgary, Alta. DATE 25-1-19.

1. 1 (*a*) Unit 89th. Battn. (*b*) Regimental No. 183930 (*c*) Rank Pte.

(*d*) Surname Cochrane (*e*) Christian name Alexander

(*f*) Home address 130-11th. Ave. W. Calgary.

(*g*) Next of Kin Kate Cochrane. (*h*) Relationship Mother

(*i*) Address of Next of Kin Linthill Lilleias, Roxburgh, Scotland.

2. Age last birthday 32 - 8 mos. Date of birth 15-3-1886.

3. Enlistment, or Appointment (if an Officer) (*a*) Place Calgary, Alta. (*b*) Date 15-12-15

4. Personal description:

(*a*) Height 5' 7" (*b*) Weight 150 (stripped) (*c*) Complexion Fair

(*d*) Colour of hair Brown (*e*) Colour of eyes Brown (*f*) Identification marks, Scars, etc. Small circular scar on inner side aspect left leg just below knee.

5. Former trade or occupation

6. Service (The information should be secured from personal documents, but if documents are not available the invalid's statement may be taken and note must be made to that effect. Periods of service in Canada, England, France or elsewhere should be noted).	Years	Days
	3	-

89th. Battn. Tran. C.M.G.D. Overseas	Periods From	To
Canada	15-12-15	2-6-16
England	8- 6-16	12-8-16
France or other theatres of War	12- 8-16	13-12-16
	14-12-16	11 mos. in France.

7. Original disease, or injury G.S.W. Left leg.

(*a*) Date of origin Oct. 25-1917 (*b*) Place of origin Passchendaele, France.

(*c*) Cause G.S.W.

M. F. B. 227.
400M.—11-18.
1772-39-117.

8. Present disability— (Here state the exact nature of the disability resulting from the disabling conditions: e.g. (*a*) Weakness—slight, moderate, marked, etc; (*b*) Loss, complete or partial, of an organ or member, or of its functions; (*c*) Necessity for rest of the body, or of some of its parts, for therapeutic reasons; (*d*) Any other restrictions in choice of occupation.)

(a) Slight weakness left leg. (b) Numbness and marked loss of sensation of left foot heel forward. Plantar surface and extension toes and anterior instep. (c) N.A. (d) N.A.

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

G.S.W. highest part of left calf entrance just behind upper end and head of fibula. Exit just behind inner prominence of head of tibia severing nerve as passes behind head of fibula. Slight depression at entrance & exit of bullet. No atrophy visible. There is always numbness and coldness of bottom and front half of foot. Movement of all joints normal. States if walks fast or runs the muscles pain just behind knee. States impossible to run to any extent but can hobble along in jogging slowly. Man is fit in every other way.

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

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

Special Senses No Respiratory System No Integumentary System No

Disturbances of Mentality No Digestive System No Muscular System No

Osseous and Joint Systems No Any other general condition No

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

All history not described herein, attached in reports.

10.—(*b*) (Here give a complete history, as obtained from invalid, with dates of origin, of any affection from which the invalid, has suffered either prior to or since enlistment, and not included in Section 10 (*a*).)

None

(*c*) (Here give a description of wounds, scars and deformities.

11.—(*a*) Did the disabling condition have its origin before enlistment? No

(*b*) If so, has it been aggravated by Service? (If aggravated, give a description, as far as it is possible to do so, of the disabling condition at time of enlistment.)

12. Was the disability caused, or aggravated; (*a*) by intemperance, or improper conduct; or (*b*) by unreasonable refusal to accept treatment? No

The regimental documents will be referred to.
(If the answer is in the affirmative, state in percentages, to what extent the patient is incapacitated by that causation or aggravation. In answering this question, conduct sheets should be considered. If treatment has been refused, the circumstances surrounding the refusal should be described on page 4.)

13. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one? Probably permanent.

14. Treatment (Case reports, general or special, should be secured and attached where possible.)

As stated in case reports.

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit? No
(If the answer is "yes" state nature of treatment required and probable duration)

16. Can the former trade or occupation be resumed? Yes, but in limited way.
(If not, briefly state why)

17. Recommendations

Re-classification.

(Sgd) J.H. Egbert, Capt. CAMC.
Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

(Sections 7, 8, 9 and 10 are to be read to the invalid and either "satisfied" or "~~dissatisfied~~" struck out).

I, the undersigned Alex. Cochrane have heard the description of my disability and present condition read, and am satisfied (or not satisfied) with it. (If dissatisfied, statement should follow.)

I complain in addition of

(Sgd) Alex cochrane. Rank.
Signature of invalid examined.

P 820
12474—375M—13-2-18.

* Strike out whichever inapplicable

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

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

Mrs David Cochrane (Mother)
Linthill, Lilliesleaf,
Roxburghshire, Scotland.

NAME:- COCHRANE Alexander.

NUMBER:- 183930

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		Pte.

UNIT AND TRANSFERS

ORIGINAL UNIT:- 89th Bn.

DATE ACCOUNT FIRST OPENED:- 1.6.16.

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO
			Cmg D.

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS | UPON CLEARANCE OF VOUCHERS, ENTRIES WILL BE CANCELLED BY INSERTION OF DATE CHARGED IN RED INK

DATE OF PAYMENT	NUMBER OF A.R	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R	UNIT PAID BY	AMOUNT
12 "/18	5936	M 2D	24 33				
13 "/18	5849	"	14 60				

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
	1 - -	10		

PARTICULARS OF RENDERING NON-EFFECTIVE:- Transferred to Canada 30/8/18 with NA nor M 2D 15/8/18 LP6 Total 92 99/11

MONTH 1918	PARTICULARS	CR 1	CR. 2.	PARTICULARS	DR. 1	DR 2.	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
March 31	Brought Forward.								181 58	✓	
Apl	P.P.	33 ✓		A 20238			15 ✓				
				AR 81 4.4.18. Granville Hosp	2 43						
				" 593 10.4.18 " "	4 87				192 28		
		33 ✓			7 30		15				
May	P.P.	34 10		A 83630			15				
	Subsidee 2-14 5/18 AO 102 4.5.18 Halifax	8 76 ✓		AR 951 15.5.18 3dbBD	4 87						
				" 1341 2.5.18 Buxton	48 67						
				" 1565 29.5.18 3dbBD	4 87				161 73		
		42 86 ✓			58 41		15				
June	P.P.	33 ✓		B 41515			15				
				a.R. 2085 16.6.18 "	24 33						
				" 1954 26.6.18. Cmg D.	9 73 ✓				145 67	- -	
		33 -			34 06		15 -				
July	P.P.	34 10 ✓		C. 16109.			15 -				
				" 2350 11.7.18 "	9 73						
				" 2816 26.7.18 "	9 73				145 31		
Aug	"	34 10 ✓		C 54202 ✓	19 46		15 -				
		34 10		AR 3176 13 8/18 "	24 33 ✓		15				
				" 3439 17 8/18 "	29 20				110 88		
Sept	"	34 10 ✓		C 69403 ✓	53 53		15				
		33 -		AR 4034 11 9/18 "	9 73 ✓		15				
				" 4447 ✓ 26 9/18 "	4 87				114 28		a/c agreed 4/11/18
Oct	"	33			14 60		15				
		34 10 ✓		D 36395			15				
				AR 4764 12 10/18 "	9 73						
				" 5223 26 10/18 "	9 73 ✓				113 92		
Nov.		34 10		C 153902 ap	19 46		15		131 92		
~~Dec~~	"	~~31 10~~		AR 5736 13 11/18 "	24 33						

Ovy

NUMBER 183930 RANK NAME

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
		33		Forward	24 33		15		113 92		
				AR 5847 13/11/18 M&D	14 60	AR.					
				5372 17/12/18 Boston	9 73						
				A.W.L. 1800 25/11/18 until 11.20 Endorsed 13-12-18.							
				Forfeits 4 days pay under A.G. 46-2 D							
				Awarded 14/11/18 (22 days pay) DO 296 Boston 14/11/18.		24 20			59 06		
		33 00			48 66	24 20	15				
				Struck off strength of O.M.T. of C. on transfer to 6 & 7 Canada 23/12/18 DO 18 M&D 18-1-19.							

CANADIAN
ASSIGNED PAY AUDITED
[illegible]
CHIEF CLERK
DATE 2.3.19

List of Discharge Documents.

Reg. Conduct Sheet,	Militia form	B. 263
Squadron / Battery / Company } Conduct Sheet,	"	B. 263a
or Field Conduct Sheet	"	W. 178
Copies of Convictions, by C. P.		in MS.
Med. Hist. Sheet,	Militia form	B. 313
Casualty Form	"	W. 54
Medical Report for Invalid§	"	B. 227
Dental History Sheet	"	B. 465
Last Pay Certificate	"	W. 44
Duplicate Discharge Certificate	"	W. 39A
‡Form of Will	"	W. 82

§Only if discharged "Medically unfit."

‡Only if man has not been overseas.

Attestation Paper or Particulars of Recruit	Militia Form	W. 23 / W. 133
Proceedings on Discharge	"	B. 218

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

(a) Proceedings on Discharge

(b) Attestation.

(c) Medical History Sheet.

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.

27-7-34

Proceedings on Discharge.

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

No.	183930
Rank	Private.
Surname	COCHRANE
Christian name	Alexander.

NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.

Corps (Squadron, Battery or Company)	89th O.Bn., C.E.F.
Date of discharge	February 14, 1919.
Place of discharge	Calgary, Alberta.

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age	32 years 10 months.
Height	5 feet 7 inches.
Complexion	Fair.
Eyes	Brown.
Hair	Brown.
Trade	Teamster.
Intended place of residence (To be given as fully as practicable.)	130-11th Ave. West, Calgary, Alta.

Descriptive marks

-------G.S.W. Left Leg----------

2. The above-named man is discharged in consequence of

~~Being medically unfit for further service on account of wounds received in action.~~

R.O.-1420-12/12/18 18DD-Part II No. 46..14.2.19

Authority for discharge ~~Routine Order #237, dated Ottawa 22-2-18.~~

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.

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.)

MEDICAL DOCUMENTS FORWARDED TO S.O.M. OTTAWA OR B. P. C. 24-2-19

M. F. B. 218.

200M.—5-18.
H. Q. 1772-39-113.

(OVER)

McA

K.E. 26.8.20 com. V

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

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

6. Medals and Decorations.....

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).....

(Date).....

.....
Commanding.....

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) Alexander Cochrane X *(Signature of Soldier.)*

(Date) 17/2/19. J Folkard *(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) Calgary, Alberta.

(Signature) W. MacEwan Lt

(Date) February 14, 1919.

Officer i/c Discharge Section District Depot [illegible]

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.)

X

Alexander Cochrane

Statement of the Soldier

(This is to be completed only in the case of the Soldier taking his Discharge in England.)
(Sections 1, 2, 5, and 6 are to be read to the Soldier.)

I, the undersigned Alexander Cochrane have heard the description of my disability read, and am satisfied (or not satisfied) with it. (If dissatisfied, statement should follow.) I complain in addition of :—

Alexander Cochrane
Signature of Soldier examined.

Instructions to Medical Officers

Question 1.—State the disability in terms of a diagnosis, that is, a diagnosis of the existing condition as distinguished from the disease or injury which caused it. It should be noted that in medical cases the disability may be the actual disease; for example, Tubercle of Lung, Chronic Bronchitis, Myalgia, Gastric conditions and so forth. (Follow the nomenclature as laid down in the "List of Diseases" of 1915, and amended by A. C. I. No. 1587 of 1917.)

Question 2.—The cause of the disability when known should be stated and care should be taken to establish as correctly as possible the place and date of origin. This is important in view of the relationship of Questions 3 and 4 to Question 5.

Questions 3 and 4.—*NOTE*—By Active Service is meant Service with the Colours in Canada, the United Kingdom or elsewhere during the present war, (since the 4th August, 1914.)

Question 5.—MEDICAL HISTORY.—State concisely the essential points of the history of the case as supported by documentary evidence. If further evidence is considered necessary to complete the Medical History, the same not being supported by documents, this should be obtained by questioning the soldier, but should be distinctly shown as "Patient's Statement." It is considered advisable that these latter statements be grouped apart from the evidence supported by documents available to the Medical Officer.

Extracts should be made from all entries on the Medical History Sheet.

If answers to Nos. 2, 3 or 4 show that the Soldier is suffering from some condition which pre-existed enlistment, it is advisable that these answers be substantiated as far as possible by statements obtained from the Soldier showing history of previous illness or injury.

Question 6.—PRESENT CONDITION.—As this question is primarily intended for the Medical Officer's report, in answering show clearly the condition of the Soldier at the time of examination.

It is directed that the objective and subjective matter be arranged in separate groups. The objective matter is considered to be the more important, in that it consists of a statement of the Medical Officer's actual finding.

Specialists' reports bearing on the PRESENT CONDITION should be attached.

In addition to description of the disability, a report on "all systems" is required in order that the whole when completed may be a true pen portrait of the Soldier's condition.

The Medical Officer in charge of the case will fill out pages 1 and 2 of this Form. The original must be wholly in the handwriting of the Medical Officer. The copies may be typewritten but must be signed by the Medical Officer who must be responsible that these are true copies of the original.

Finally the O. C. Hospital or S. M. O. or an Officer delegated for such duty by the A. D. M. S., is required to sign a certificate at the bottom of page 2, which reads as follows :—

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

This is a most important part of the paper and one to which the attention of the Officers concerned should be frequently drawn as it is by such strict supervision that the accuracy and good results of Medical Board work can be assured.

ENTRIES OF RECATEGORIZATION

Date	Station	Category	Signature of M. O.	Date	Station	Category	Signature of M. O.

A.F.B. 179 Canada (Revised 1918). 40266 10/8/18 D. 343

Reserved for M.H.C.

Regt. No. 183930 Rank PTE Surname COCHRANE Christian Name ALEXANDER

Unit or Corps—(*a*) Overseas from United Kingdom 9th M. GUN CO (*b*) in United Kingdom C.M.G.C.D.

Born at—Town LILLIESLEAF County or Province ROXBURGH Country SCOTLAND

Date of Birth—Day 15 Month MARCH Year 1886 Age 32 yrs. 8 months.

Joined at CALGARY Date DEC 15 1915

Former trade or occupation TEAMSTER

Permanent Marks or any peculiarity that will serve for future identification :— Scar 3" long and 1" wide outer aspect left leg about position of head of tibula.
Small circular scar on inner aspect left leg just below knee.

Height—feet 5 inches 7 Colour of eyes BLUE

Signature of Soldier (*for identification purposes*) Alexander Cochrane

Medical Report

☞ *Read carefully the instructions on last page of this form.*

1. DISABILITY.

Group the disabilities, placing those resulting from separate causes in separate groups.

Disabilities Group (*a*): Injury to left leg.

Disabilities Group (*b*):

Disabilities Group (*c*):

2. CAUSE OF DISABILITY

		Place of origin.	Date of origin.
(*i.*) As to Group (*a*) above.	Gun Shot Wound	France.	26.10.17
(*ii.*) As to Group (*b*) above.			
(*iii.*) As to Group (*c*) above.			

3. Is the disability due to disease contracted or injuries received prior to Active Service ?

(*i.*) As to Group (*a*) above ? No If yes, has Active Service aggravated it ?

(*ii.*) As to Group (*b*) above ? If yes, has Active Service aggravated it ?

(*iii.*) As to Group (*c*) above ? If yes, has Active Service aggravated it ?

4. Is the disability due to disease contracted or injuries received while on Active Service ?

(*i.*) As to Group (*a*) above ? Yes.

(*ii.*) As to Group (*b*) above ?

(*iii.*) As to Group (*c*) above ?

PART I. (continued).

5. MEDICAL HISTORY.

In France from Dec 1916 to Oct 1917.
Wounded by bursting shell Oct 26 1917. 44 C.C.S.
1.11.17 18 General Hosp. M.P.
7.11.17. Horton War Hosp Epsom. Discharged 26.3.18.
Paralysis external Popliteal nerve with foot drop.
X-ray - Small F.B. deep in calf behind centre of Tibia.
26.3.18. Buxton. - Dorsi flexion of foot limited. extension limited and toe movements limited. Disturbed sensation over plantar surface of foot. Left Buxton 2.5.18 for sick Dyslough.
Treated in Buxton with spring attachment to left toe of boot.

6. PRESENT CONDITION.

Subjective - Man complains of weakness of leg. Pains in calf of left leg after walking two miles. Says foot is always cold.

Objective. - Flat scar 3" long and 1" wide outer side of left leg just below knee. No involvement of knee joint. Small circular scar on inner side of left leg just below knee. Muscular action fair but dorsiflexion weak. Disturbed sensation over plantar surface of foot.

Other systems normal.

7. OPERATION. (i.) Was one performed? Yes. (ii.) If so, state what. Shrapnel removed at 44 C.C.S.

(iii.) Was one advised and declined? No

NOTE.—Loss of teeth on or immediately after Active Service should be attributed thereto, unless there is evidence to the contrary.

8. (i.) Is there loss or decay of teeth attributable to Active Service? No

(ii.) If so, describe. ✓

9. DO YOU RECOMMEND:—

(a) Fit for duty? (state category) Yes. B1 (b) Invalid to Canada? No

(c) Discharge from the Service as permanently unfit? No

Date of Report Nov 17 1918. Signed R.E. Naylor Capt. Officer in medical charge of case.

Station Seaford.

I have satisfied myself of the general accuracy of the above Report, and concur therein *except

..... {Officer i/c Hospital / S.M.O. / Brigade} Strike out one of these

Dated at ..... Station, on ..... 191.....

*Delete if inapplicable.

NOT IN HOSPITAL

PART II.

Proceedings of a Medical Board on the Soldier mentioned in Part I.

10. Is the disability fully described in Part I. (1)? No,
If not, describe it.
Disturbed Sensation L. Foot.

11. Is the cause of the disability fully described in Part I. (2)? Yes.
If not, describe it.

12. From the medical information now adduced, was the disability caused or aggravated by:— (a) Negligence of the Soldier {Caused? No / Aggravated? No} (b) Misconduct of the Soldier {Caused? No / Aggravated? No}

13. THE ENTIRE DISABILITY.—Without regard to his regular occupation, to what extent is his capacity lessened at present for earning a full livelihood in the general market for untrained labour?
(Estimate at none, 5%, 10%, 15%, 20%, etc.) Ten per cent six months.

14. THE DISABILITY DUE TO SERVICE.—(*See Part I. (3). Aggravation on Active Service of a disability existing previous to joining is to be included in this estimate.*)
What part of the entire disability estimated next above (13) is due to causes arising during Active Service?
(Estimate at none, 1/10, 2/10, 3/10, etc., or all.) All

15. Permanency of the Disability due to Service estimated next above in (14).
(i.) Is it permanent? No
(ii.) If not permanent, what is its probable minimum duration (*in months*)? Six months

16. If an operation was advised and declined, do you consider the refusal to have been unreasonable? Not appl.

17. Can the former trade or occupation be resumed? Yes.

18. REMARKS:—
Authority A.G. Telegram 9083 - 11/11/18.
Numbness and pain in left foot - foot becomes tired and painful after walking 2 miles - Feels the cold much more in left than in R. foot. Temp. condition has lasted four months.

19. RECOMMENDATION:—
(a) Fit for duty? (state category) Yes - B ii (b) Invalid to Canada? No
(c) Discharge from Service as permanently unfit? No

Date of Board 17-11-18. Signatures of the Board: [illegible], President. [illegible] Capt. [illegible]

Station Seaford

Approved [illegible] Major A.D.M.S.

Dated at Seaford, Sussex Station 17 NOV 1918 191