10-4-19
A.G.

REGIMENTAL DOCUMENTS

NAME COCHRANE JOHN JOSEPH REGT. NO. 2100753 UNIT 10th Sqn. R.E. R.E. FILE NO.

	CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
	ATTESTATION PAPER (M.F.W. 23, 133, or 51)					DEATH
2	CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category
	TRAINING HISTORY SHEET (M.F.W. 113)				26724	
	FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
	REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)					
	COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					
1	MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
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	MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					Demob 2
1	MEDICAL EXAMINATION (M.F.W. 129)					
	TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)					
	PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)					
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1	M.F.W. 192					
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1	C.A.2 C.5009A					
47	M.F.W.					23-17
1	(with Cab Card)					15-19
	(A.F.B. 123 Misc)					11-19
	(Copy Will A/1 2 2 Wanstead)					

W. 2589

No. 10 HALIFAX SIEGE BATTERY

ORIGINAL

ATTESTATION PAPER.

No. 2100753

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname? ..... Cochrane
1a. What are your Christian names? ..... John Joseph
1b. What is your present address? ..... Dartmouth N.S.
2. In what Town, Township or Parish, and in what Country were you born? ..... Glasgow, Scotland
3. What is the name of your next-of kin? ..... Mrs Margaret Cochrane Scot.
4. What is the address of your next-of-kin? ..... 44 Rorie St. Town head Glasgow
4a. What is the relationship of your next-of-kin? ..... Mother
5. What is the date of your birth? ..... 22 April 1896
6. What is your Trade or Calling? ..... Labourer
7. Are you married? ..... no
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? ..... no
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? .....

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, John J Cochrane, 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.

John Joseph Cochrane (Signature of Recruit)

Date Sept 8 191 7. W H Cameron (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, John J 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.

John Joseph Cochrane (Signature of Recruit)

Date Sept 8 191 7. W H Cameron (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 Halifax N.S. this 8 day of Sept 191 7.

W H Smyth (Signature of Justice)

M. F. W. 23.
750 M.—1-17.
H. Q. 1772-39-841.

N.B.—ATTENTION IS DRAWN TO THE FACT THAT ANY PERSON MAKING A FALSE ANSWER TO ANY OF THE ABOVE QUESTIONS IS LIABLE TO A PENALTY OF SIX MONTHS' IMPRISONMENT.

A Section of the penalty and for the City & County of [illegible] N.S.

Description of J. J. Cochrane on Enlistment.

Apparent Age 21 years 5 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height ..... 5 ft. 5½ ins.

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

Complexion ..... Med.

Eyes ..... Blue

Hair ..... Brown

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

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).

Tatto on left arm. Anchor & heart.

Wt 141 lbs.

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* 2nd for the Canadian Over-Seas Expeditionary Force.

Date 8th Sept 1917. A. C. Macdonald Capt. A.M.C.

Place Halifax. 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:—

All

CERTIFICATE OF OFFICER COMMANDING UNIT.

John Joseph 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.

Major C. G. A. (Signature of Officer)
O. C. 10th. Hfx. Siege Battery C. E. F.

Date 24-9-17 191 .

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 210753 (Rank) Gunner

Name (in full) John Joseph Cochrane enlisted in

the 10th Siege Battery

CANADIAN EXPEDITIONARY FORCE at Halifax N.S. on the 8th

day of September 1917.

HE served in France.

and is now discharged from the service by reason of Demobilization

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

Age 22 years 10 months

Height 5 Feet 4 inches

Complexion Medium

Eyes Blue

Hair Brown

Marks or Scars Nil

J J Cochrane.
Signature of Soldier

C W MacAdam CAPTAIN.
Issuing Officer
O. C. DISCHARGE SECTION No. 6 DISTRICT DEPOT.
Rank

Date of Discharge February 20, 1919

Appointment

Signed at Halifax N.S. this 7th day of February 1919

in Military District No. 6.

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.

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

On demobilization the particulars called for on the back of this certificate will not be completed.

Uniform not to be worn after Date of Discharge, unless authority has first been obtained from G. O. C. District.

18. Have you had more than one enlistment? If so, give particulars of discharges and re-enlistments, and under what regimental numbers and units ..... No .....

19. Have you already received any payment of Post Discharge Pay or War Service Gratuity? If so, state amount you and your dependents have already received and by whom paid ..... No .....

20. Have you been issued with a War Service Badge? If so, what class ? ..... No .....

21. Have you, during the present war, served in the Imperial Forces ? ..... No .....

22. Are you entitled to receive, or have you received any gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled ..... No .....

23. (a) Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England ? ..... No .....
(b) If so, was such reversion in consequence of misconduct or inefficiency ? ..... No .....

24. Are you now serving in the C.E.F.? ..... No ..... If not, give:—(a) Date of discharge ..... 20-2-19 ..... (b) Reason for discharge ..... Demobilization .....

25. Are you at present a member of and in receipt of pay and allowances from any Canadian naval or land forces? If so, give unit .....

26. Did you at any time serve at the front in an actual theatre of war? If so, give particulars of one unit which you served at the front, and dates of such service with that unit ..... 3rd Div. D.A.C. from 27-3-18 to 28-8-18 .....

27. (a) Are you receiving treatment from the Department of Soldiers' Civil Re-establishment? .....
(b) If so, are you in receipt of full pay and allowances from that Department ? .....

And I make this solemn declaration, conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under oath and in virtue of the Canadian Evidence Act.

Signature of Applicant: J J Cochrane.

Place of Residence: 9 MacKenzie St Sydney C.B.

Declared before me at: Halifax N.S.

This 5th day of February 19 19.

Signature of Barrister of the Supreme Court Stipendiary Magistrate, Notary Public, Justice of the Peace, or Commissioner for the Administration of Oaths.

R Z Chisholm

A Commissioner of the Supreme Court in and for the Province of Nova Scotia.

POST DISCHARGE PAY.

Date paid.	Paid Soldier	Paid Dependent	War Service Gratuity	Net amount due
			122 dep	

Certified Correct.

District Paymaster.

DEPARTMENT OF MILITIA AND DEFENCE.

WAR SERVICE GRATUITY. 704

OTTAWA, CANADA.

Declaration required of Officers, Warrant Officers and Men who claim War Service Gratuity under Order-in-Council (P.C. 3165), dated 21st December, 1918.

If the applicant will enquire at the local Branch of the Canadian Patriotic Fund he will be informed if there is an official who will take this Declaration free of charge.

A complete reply must be given to every question in this Declaration. There must be no blanks and no dashes. If any questions are not applicable, the words "NOT APPLICABLE" must be written out.

On completion this Declaration is to be returned to THE DISTRICT PAYMASTER OF THE DISTRICT IN WHICH THE SOLDIER WAS DISCHARGED.

1. Christian names John Joseph ..... 2. Surname Cochrane .....
3. Rank Gunner ..... 4. Original Unit 10th Siege Bty. 5. Reg. No. 2100252 ..
6. Address, in full, to which future payments of gratuity are to be forwarded .....
7, MacKenzie St. Sydney C.B. .....
.....
7. Date of enlistment in the C.E.F. ..... 8th ..... 1917 .....
8. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge ..... Nil .....
9. Relationship of such dependent ..... Do. .....
10. Address, in full, of such dependent ..... Do. .....
.....
11. Is said dependent now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier ? ..... No .....
12. Were you at any time on the strength for pay and allowances of a unit of the C.E.F. which was out of Canada or the United States when such pay and allowances were issuable? If so, give particulars of one such unit and dates of service overseas with such unit:—
..... 3rd Division D.A.C. 27th March 1918 .....
..... 28—8—18. .....
13. Were you on the strength for pay and allowances of the Clearing Services Command, having been at any time on duty outside of Canada or the United States ? ..... No .....
14. Were you on active service only in Canada or the United States ? If so, give particulars of unit and dates of such service ..... No .....
.....
.....
15. Give total length of time which you served on active service, whether in Canada or Overseas, setting out particulars of units on whose strength you served From 10th Siege (Can.)
C.F.A. Reserve (Eng.) 3rd Div. D.A.C. (France)
to .....
16. Were you at the time of enlistment a civil employee of the Dominion Government? If so, state Department ..... No .....
17. Were you a member of the Permanent Force at the time of enlistment in the C.E.F.? ..... No .....

M.F.W. 2595.
1772—39—1389.
1160—D.P.—250M-12-18.

IV

C 225

ORIGINAL

MEDICAL HISTORY SHEET

ORIGINAL

Surname Cochrane Christian Name John Lowe

Examined on 8th day of Sept 1917
at Stobs

Birthplace City or Town Glasgow
County Scotland

Apparent age 21 Years.

Trade or occupation Labourer

Height 5 feet 5½ Inches
Weight 141 lbs.
Chest measurement Minimum 34 inches
Maximum expansion 36 inches
General development Good
Distinctive Marks Nil

Vaccinated Arm Right Left
Number Two
Vaccinated last 1910

Marks indicating congential peculiarities or previous disease

(b) Slight defects but not sufficient to cause rejection

Approved by

Rank Capt. R.A.M.C. M.O.

Date	Fit or Unfit	Examined for Re-Engagement	
14-10-18	D1	[illegible]	31 AUG 1918 M.O.
			M.O.
			M.O.
			M.O.
			M.O.
			M.O.

Date	Result	Vaccinations	
13.10.17		[illegible]	M.O.
			M.O.
			M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.	
22-9-17	3rd	[illegible]	M.O.
29-9-17.	(M	[illegible]	M.O.
6-10-17.		[illegible]	M.O.
11-10-18 16-10-18		[illegible]	

Enlisted on 8th day of Sept. 1917 at Halifax N.S.

	Corps	Regt'l Number	Habits	Date
Joined on enlistment	10th Siege Battery	3100753		8-9-17
Transferred to	R.A.B.C. 67 A			8-12-17.
	PROCEEDED OVERSEAS TO L.F. & C.			27 MAR 1918

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

Station	Date	Disease	Result
1st CCD Witley Pinner Park	7/12/18. 6-1-19	Nil. Ml.	A [illegible] A [illegible]

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. 313.
300M.—1-17.
H. Q. 1772-39-439.

CANADIAN

Surname Beekham Christian Name

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 C of E. War Hospital Epsom.		29.	8	18	2	10	18	Inguinal Groin (L)		No sign of injury can be seen	J.O. Cader (CAMC)
M.C. Epsom.		2	10	18	21	OCT	1918	Contusion left Groin (Kick by mule)	20	On adm: Complained of pain in groin. when coughing & in taking sidestep. Now no discomfort. Fit for duck to CCD. Cat D.	W.P.P. Bradley Major RAMC.

Forms
I. 1237
12

Army Form I. 1237.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
Year	210073	Dvr	Cochrane	J. J.
	Unit.		Age.	Service.
	6 F A		22	

Station and Date.

Disease Contusion Lt Groin (Kick by mule) 9/8

Apparently recovered, Complains of pain in Coughing or taking Deep Breath Rt Side

8 OCT 1918
9 OCT 1918

RG

10/10/18 Disc RG P.T2

P T2.

14 OCT 1918 No discomfort — feels fit — Disc Boarding Hosp

D.

Labour Ct.

4. Marsico St. 11.10.18

Glasgow. TAB 16.10.18

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

(6365) W2944/P138 2,950,000 1/18 McA & W Ltd Forms/I. 1237/13 (E 2349)

[P.T.O.

Station and Date.	

ORIGINAL

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 No. 10 HALIFAX SIEGE BATTERY

(2) Regimental Number 2100753

(3) Full Name of Soldier John Joseph Cochrane

(4) Place of Birth Glasgow Scotland

(5) Are you married, or not ? no

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

(b) Present Postal Address Nil.

(7) Are you a widower ? n a

(8) Have you any children ?

If so, give number of boys and girls

Also their names and ages

M. F. W. 67.

500M.—9-16.
1772-39-954.

(SEE OTHER SIDE.)

(9) Is your Father alive? No

If so, state name and address .....

(10) Is your Mother alive? Mrs Margaret Cochrane

If so, state name and address 4 Kildrosa St, Townhead Glasgow Scot.

(11) If your Mother is a widow yes

Are you her sole support, or not? yes

(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.

$25.00 per month only son

(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.

N. A.

(14) If you have a wife, or children, or a widowed mother who depends on you as her sole support, have you applied to the Paymaster of your unit for Separation Allowance? If not, this must be done.

yes no

(15) Are you insured? N.A.

If so, in what Company? N.A.

Have you made arrangements for payment of your Insurance premium

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

Date 20-9-17

J. M. Clugston
Officer Commanding.

Major C. G. A., - C. E. F.
O. C. 10 Siege Battery, C.E.F.

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. 2100753 Rank Pte. Surname Cochrane
(Given name in full) John J.
Unit or Corps C.F.A. Birthplace Glasgow. Scot.

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

1. GENERAL DESCRIPTION:

Physique good Weight 140 lbs. Height 5 ft. 4 in. Colour of Eyes Blue

Nutrition good

Pulse 92.

Condition of arteries good

Vision Rt. 20/20 Left 20/20

Hearing (conversational voice) Rt. 24 ft.

Left 24 ft.

Identification marks, scars, or deformities. (Give cause and date of origin).
Nil

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.

Kicked by mule left groin Aug 29/17
no disability at present

7 McKenzie Sydney C13.

(If space is insufficient, continue on back of form.)

[OVER]

EXAMINATIONS

THIS SECTION FOR USE OVERSEAS—

Examined at ....(Overseas)

Date ..... Signed .....M.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 Halifax .....(Canada)

Date Feb 4/19.. Signed .....M.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 a Medical Board).

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

[OVER]

M.F.W. 129.
1033 (D.P.) 500M-11-18.
1772-39-1142.

134

FORM OF WILL

I, John Joseph Cochrane (Name in full)

Regimental Number 2100753 serving in .....

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

I devise all my real estate unto

Mrs Margaret Cochrane
4 Thurso St, Townhead
Glasgow Scotland

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

absolutely, and my personal estate I bequeath to

Mrs. Margaret Cochrane
4 Thurso St, Townhead
Glasgow Scotland

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

NOTE

This space for the appointment of Executor if necessary.

N-A

IMPORTANT NOTE

This must be signed and Dated by THE SOLDIER HIMSELF.

this 20 day of Sept. A.D. 1917

John Joseph Cochrane Signature of Soldier.

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

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

THE TWO WITNESSES MUST SIGN HERE

Signature of First Witness R B Richardson

Address of Witness Halifax N.S.

Occupation of Witness Soldier

Signature of Second Witness W W Gordon.

Address of Witness 83 Mecklenburgh St Halifax N.S.

Occupation of Witness Insurance Clerk (Now Soldier)

M. F. W. 82.
300M.-12-16.
1772-39-983.

CERTIFIED A TRUE COPY

H. S. Spencer Reeve

OFFICER i/c ESTATES, M. & D.

ESTATES BRANCH

6 JUL

MILITIA DEPT.

D.M.S. 1375.

Medical Examination upon leaving the Service

of an Officer fit for general service or a Soldier fit for duty.

☞ *Officers leaving the Service upon being found unfit for general service by a Medical Board, and Soldiers leaving the Service upon being found otherwise than fit for duty by a Medical Board, are not to be reported on this Form.*

Rank Gnr. Name John Joseph Surname Cochrane

Unit or Corps C.F.A. (If a soldier) Regtl. No. 2100753

Born at Glasgow, Scotland, on, date Apr 22 1896

Signature (for identification) J J Cochrane

The examination is to be made jointly by two Medical Officers.

1. **PHYSIQUE**—Any deformity, maiming or lameness? If so, describe.

Weight 137 lbs. no

Height 5 ft. 5 ins.

2. **NUTRITION AND DIATHESIS?** Good

After searching inquiry and thorough examination is any evidence found of disease or impairment of the parts indicated below? If so, describe.

3. **NERVOUS SYSTEM?** no

4. **RESPIRATORY SYSTEM.** no

5. **HEART?**

Abnormal Sounds? no

Abnormal Size? no

Pulse Rate? 76 Intermittence or irregularity? no

6. **ARTERIES.**—Any hardening? no

7. **DIGESTIVE SYSTEM?** no

8. **GENITO-URINARY SYSTEM?**

Urinalysis—s.g. ? 1018 Reaction ? acid Albumen ? nil Sugar ? nil

9. **SKIN, MIDDLE EAR, EYE** or any other part? no

10. Is there any evidence of impairment of health or physical condition not mentioned above? If so, describe. no

11. Opinion as to the health and physical condition of the one examined? Good

Examined at Hamel Camp Signed [illegible] M.O.

Date 6-1-19 Signed [illegible] M.O

☞ *If any disease or impairment of health or physical condition is discovered, this report should be sent at once to the O.C. concerned for the Officer or Soldier to be sent before a Medical Board for regular boarding.*

Form P. 812A.
7777 15m. 12/12/18 D509

C.R. FILE NO. 16529

ASSIGNED PAY *and/or* SEPARATION ALLOWANCE

Payable to Margaret Cochrane

Address 4 Thorsis St.,
Townhead, Glasgow

Name COCHRANE, JNO. J.

From Canada: No. 2100753 Rank Gnr. Unit Art.

Rank	Authority	Unit

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

Noted on L.P.C

ASSIGNED PAY

Authority	Dol.	Effect
ASSIGNED PAY SEPARATION ALLOWANCE	"	"
20 4/100	"	"
1.1.19	"	"

Month		Cheque No.	Assigned Pay	Amount Separation Allce.	Total A.P. and S.A.	REMARKS
DEC.	191					DISCHARGED TO CANADA.
JAN.	1919	E.94763	20	3		31/12/18
FEB.		~~7.51444~~	~~20~~	1		
MARCH		9.31898.	20.			
APRIL						
MAY						
JUNE						
JULY						
AUG.						
SEPT.						
OCT						
NOV.						
DEC.						
JAN.						
FEB.						
MAR.						
APRIL						
MAY						
JUNE						
JULY						
AUG.						

Form R 122.
10287—65M—28-7-17.

LTR

Rank Name COCHRANE, John Joseph Reg'l No. 2100753

Unit 94thDftIOHALIFAX S&B'y If in perm. Corps, What Unit? Married or Single Single.

Place and Date of Enlistment Halifax, Sept, 8th, 1917. Place of Birth Glasgow.Scotland.

Name and Address, Next-of-Kin Mrs Margaret Cochrane

4 Thorsas St,Townhead, Glasgow. Scotland Relationship Mother.

Assigned Pay Monthly $ Payable to

Relationship

Separation Allowance $ Payable to

Relationship

Discharge, Date and Place Reason Character

N/E. R.B. No 8099
File R.L.
Category Can Dft

	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.
	C						
	14-12-17.	Res Bde.	Taken on Strength From Canada	Witley	Dvr.	8-12-17	P.II Do 27.
	27-3-18.	" "	S.O.S. on Proceeding of Sea as Drfs.	" "	"	27-3-18	P.II Do 86 4th Arty Pool T.O.S. P.II Do 44 D 2-4-18.
	22-4-18.	3. C.D.A.C.	T.O.S. on Posting From Can Arty Pool	Field.	"	5-4-18	P.II Do 34 4th Arty Pool S.O.S. P.II Do. 61 D 20-4-18.
	4.9.18	C.A.R.D.	T.O.S from 3rd Dac.	Witley		29.8.18	P.II 247 3rd DAC P.S.T. D 10.9.18
	25-10-18	"	Ceases to be on hosp & will be shown on Com to 2nd C.D.D.	"		21-10-18	" 2988 1st C.D.D. P.III D 302 d 1/11/18
	11-12-18.	C.D.D.C.R.A.	T.O.S. on Posting From C.A.R.D. & 1.C.C.D.	Bordon	Gnr	10-12-18	P.II Do 203 4th C.A.R.D. P.II Do 345 D 11-12-18.
	16-12-18	" "	On Cmt & Rtyd.	"	"	16-12-18	P.VII 208.
	20.1.19	—"—	Ceases " " & SOS to Canada	"	"	9-1-19	— 20

A.F.B. 103 C.H.C. 9 APR 1918

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS Taken from Official Documents.	
Date.	From whom received.					

C.A.D.C. 5009 A

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) COCHRANE J. J.

REGIMENT C.R.A. RANK Gr. No. 2100753

Date of Examination in England 15.2.18 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
2. EXTRACTIONS 12
3. CROWNS
4. DENTURES
   - (*a*) Full Upper
   - (*b*) Part Upper
   - (*c*) Full Lower
   - (*d*) Part Lower

HAS HE EVER REFUSED DENTAL TREATMENT? no

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 yes
- (*c*) In France

Signature of Dental Officer Nat Rutherford Capt.

Army Form B. 103. Regimental Number 210753

Casualty Form—Active Service.

Regiment or Corps.....

Rank Private Surname Cochrane Christian Name John Joseph

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.....

Occupation Labourer ..... Signature of Officer.

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...			
16.12.18	Comp Bde CRA	T.O.S from CARD	Bordon	16.12.18	BOR 1#204
16-12-18	Comp Bde CRA	O.C. to Kinmel Park Rhyl pending embk to Canada	Bordon	16.12.18	BOR 1#208
9.1.19.		SOS. O.M.C. 62 Trans C.D. District Canada Sailing No 3			
	H.Q.	Reighton & Sand	Kinmel Park		

(*a*) In the case of a man who has re-engaged for, or enlisted in Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.

(*b*) Signaller, Shoeing-Smith, &c.

(6396) Wt. W1.89 300,000 5/18 McA & W Ltd. Form B/103 (E. 3109)

[P.T.O.

ADJT. & ASST. ADJUTANT, COMPOSITE BRIGADE, CANADIAN RESERVE ARTILLERY.

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				
10.1.19.	O. Sear	TAKEN ON STRENGTH NO 6 DISTRICT DEPOT	Halifax		
14.1.19.	Posted To	Tors Bay. D.O.2.			Lieut
20.2.19.	DISCHARGED at Halifax, N.S	5038.	C.B.Elliot.		

B1

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

M. F. W. 54. (A. F. B. 103.)
350M.—5-16 -
H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps 24th Bn No. 10 HALIFAX SIEGE BATTERY

Regimental No. 210053 Rank Pte Name Cochrane John Joseph

C. E. F.

Enlisted (*a*) 8-9-14 Terms of Service (*a*) ~~Duration of War~~ Limited Service reckons from (*a*) 8-9-17

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 - Gn Layer

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 at	Halifax, N. S.	24/11/17	
		Disembarked at Liverpool	S.S. Megantic	8/12/17	
14-12-17	O.C.Res Bde C.F.A	T.O.S.From Canada	Witley	8-12-17	Bo.Pt.2-27
	Res Bde C.F.A	PROCEEDED O/SEAS TO C.F.A	Witley 27 MAR 1918		Bo Pt II 86. 45CR
	CCRD.	Arr'd Reinft T.O.S.Can Arty Pool.		28/3/18.	HR.600. 44-2/4/28.
	do	Left for CCRC.	Field.	30/3/18.	HR.1102.
	CCRC.	Arr'd at CCRC.	do	30/3/18.	HR.321.
2/4/18	adg.	Posted to 3CDAC. fd.		5/4/18	CCRC. H.R. 5/5/4/18 (359) SR.
"	do	T.O.S. of 3CDAC from CA Pool		5/4/18	119. Pt. 2.051 of 20/4/18 Pt. 2.034 of 22/4/18.

27 MAR 1918 CERTIFIED CORRECT. 2 APR 1918 CAN. RESERVE BRIGADE LONDON

A. E. Dolbereine
LIEUT. & ASST. ADJUTANT.
RESERVE BRIGADE, CANADIAN FIELD ARTILLERY.

(*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.

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				
8/5/18	3 C.D.C.	Joined Unit	fld.	6/4/18	B 213
19/8/18	4 C.D.A.	Furun Culwth: Groin	Fr. Ecs.	19/8/18	A 36.
24/8/18	3 C.D.A.C.	Sick adm	F.A.	19/8/18	B 213.
25/8/18	4 C.C.C.S.	Trauma to Groin. Fr	14 A.T. Base	21/8/18	A 36.
28/8/18	3 C.R.L.H.	Inj. Groin. S. Fr	England	28/8/18	W 3034
29/8/18	3 C.R.L.H.	Injury Groin.	adm.	29/8/18	"
28/8/18	H.S. Cambria	Invalided (Injury Groin)	Rpt to CARD Witley	28/8/18	W 3083 Pk. 2.0. 770 10/9/18
"					Lt. for Lt. Col. Adj. Can. Sect
4-9-18	C.A.R.D.	To S. from 3rd D.A.B.	Witley	29-8-18	P.U. 247
					LIEUT: FOR LT: COL: I/C RECORDS, C.O.M.F.
10-12-18	Admitted to 1st C.C.D. from Ghent. Ceases to be attached on proceeding to		B.R.A.	D.O. No.	341 dy 10/12/18. Adjutant, Canadian Command Depot,
11.12.18	C.A.R.D.	Ceases to be O/C to 1st C.C.D. & ceases to Comp Bde C.R.A.	Bordon	10.12.18	D.O. 345 W.R. Lawrence for O.C., C.A.R.D.

2192. W.6520./M.2849. 10,000 Pads. 8/17. A. J. W. & Co., Ltd. E.1631.

Army Form W. 3172.
(In pads of 50.)

Ward 7 Leaton War Hospital. Sp Surg

Ward 7 No. of Bed C 8 Date 30 · 8 · 18

Regt. No.	Rank and Name.	Corps.	Part to be X-Rayed.
210045	Dvr Cochrane 2/Lt.	3rd Can. D.A.C.	Lt Lumsden

Short History of Case.
(To be completed by M.O. i/c case.)

Signature of M.O. _____

Date _____

Report on Result of X-Ray Examination.
(To be completed by Radiographer.)

No. of Plate 9241

No injury to bone or f.b. can be made out

DL

Signature of Radiographer _____

Date 31-8-18

Name COCHRANE, J. J. Rank Pte. Regtl. No. 2100753

Fyle Depot 74-C-865

Original unit 10 Siege Present unit D. D. M. or S. S Age 22 Religion R. C. Ref. H.Q.

Port, ship, and date of arrival Halifax, N. S., Olympic 17-1-19

Next of kin Mother Mrs. Margaret Cochrane.

Address on leave 134 Gloucester St., Sydney, N. S.

Address on discharge

Transportation issued Yes / No Date Character on discharge

Previous occupation Laborer Date and place of enlistment Halifax, N. S., Sept. 8/17

Diagnosis Date of Medical Boards

Date.	Remarks	Pt. 2 Order No.
10-1-19	T. O. S. #6 D. Depot and posted to Casy. Coy. 17-1-19	D. O. 20
20.2.19.	DISCHARGED at Halifax, N. S	DO. 38

*—Name will be given in full; surname first.

(over)

Date.	Remarks.	Pt. 2 Ord[illegible] No.

M.F.W. 192
150M—6-18.
1772-39-1243.

EPITOME OF HOSPITAL TREATMENT

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

D.M.S. 1300-50M-21-11-17.

SURNAME	CHRISTIAN NAME OR NAMES	REG. NO.
COCHRANE.	J.J.	2100753.

RANK	UNIT	CO.	TROOP	BATTY
Dvr.	C.A. 3DAC.			

HOSPITAL: Horton Co. of London War Epsom. Woodcote Epsom

DATE OF ADMISSION: 29-8-18. 3-10-18

1. HOSP.

2. HOSP.

3. HOSP.

4. HOSP.

DIAGNOSIS

1. Traum. Lt. Ing. Kn. bout Lt- Groin (Mule kick)

2.

3.

DISPOSITION

C.I. 31-8-18. B335.
7-10-18 B 366
25-10-18 B382 (2)

REMARKS

Dis. 21-10-18

A.M.D. 2 Dept.
Bch. of D.G.M.S. O.M.F.C. London

NAME Cochrane J. J.

REGT'L. NO. 2100753

H. Q. FILE NO 649

RANK AND CORPS Pvt. 32 D.A.C

FOLLOWS Can arty.

NO.

FOLLOWS

CABLE

NO.	DATE

NATURE OF CASUALTY

L. L. 31493. M. & D. 8476.

M. F. W. 42—100M.—28-11-17.
H. Q. 1772 39-893.

LIST NO.	HOSPITAL	DATE OF ADMISSION	REMARKS
B235	Stirling Co of Lon Star	29-8-18	Trans Lt Inguinal
B366.	Mil Lond & Epsom. Epsom	3-10-18	cont L. Groin (Mule kick)
B382	Discharged	21-10-18	" " " " "

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

Form R. 149.

John Joseph

Name COCHRANE Rank Dvr Reg. No. 2100753

Unit 3rd D.A.C.

Next of Kin Mrs Margaret Cochrane
4 Thorsdo St, Townhead
Glasgow Scotland

31.8.18 CD

Date 1918		Movement	Place	Casualty	List No.	Notified N/K O.		W.O. List
29	8	Admitted to Hospital	Hpl Epsom	Wounded	1		7	52 09
				Impetigo		B	335	
3	10	Mild Cer Wd	Hpl	Gen St Epsom		B	366	2776
				Mustd Hosp				
21	10	Discharged		do	B382			8946
		Rt Wrist proceed 2-11-18	CCD	Witley				2/C 3197

REMARKS.

3.10.18 Apparently recovered complains of pain in coughing or taking two steps R & P.T. 2.

14.10.18. No discomfort feels fit D.I.

W.P.P. Bradley
Major.

Form DMS 1401.

Convalescent Hospital,
Woodcote Park, Vaucluse.

..... HOSPITAL.

A. & D. CARD

IV

AT .....

A. & D. No. T/17886 PL. OF ACTION .....

RANK Dvr. REG. No. 2100213 UNIT Can. S.C. SICK OR WOUNDED

NAME Cochrane A.E. AGE 22 RELIGION C.E.

PLACE IN HOSPITAL .....

DIAGNOSIS Contusion Left Groin (Kick by mule).

ADMITTED 2.10.18 FROM Horsh

DISCHARGED D. 21.10.18 TO C.C.D. Witley

TRANSFERRED .....

SERVICE ~~AT HOME~~ 1 1/12 IN FIELD 6 12

RESULTS .....

.....

.....

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

P.T.O.

Number 2100753 Rank Gnr.

Surname COCHRANE

Christian Name John Joseph.

Units C F A Theatre of War France

Date of Service 27-3-18

Remarks 64 Dolben St.

Latest Address ~~[illegible]~~ Sydney

Roll No. A.B. Page 2208 C.B.D.S.

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

DESP. MAY 12 1923
REGN. NO. 1396

868—D.P.—40M-1-12-19.

No. 2100753 RANK Gnr. NAME Cochrane John Joseph

T. O. S. 8-9-17 UNIT No 10 Siege Battery

D.O. 213 B 10-9-17

M. D. 6

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1917	1917			
Sept 8	Sept 30	m		
	Oct-	m		
	Nov.	m	Over Seas 24-11-17	D.O. 279 B 25-11-17

FROM HALIFAX PER

S.S MEGANTIC 26/11/17

MARRIED SINGLE Yes WIDOWER

TRADE OR CALLING Labourer RELIGION Roman Catholic

DESCRIPTION.

APPARENT AGE 21 YEARS 5 MONTHS

HEIGHT 5 FEET 5 1/2 INCHES

CHEST MEASUREMENT 36 INCHES EXPANSION 2 INCHES

COMPLEXION Medium EYES Blue HAIR Brown

DISTINGUISHING MARKS Tattoo L. arm, anchor and heart.

MEDICAL EXAMINATION. PLACE Halifax N.S. DATE Sept. 8th. 1917

Present address, Dartmouth, Halifax Co. N.S.

SURNAME. Cochrane,

CARD NO. 6.

Dis 20-2-19 6 Demob
D.T.D.O. 38 FOR 2-19 & DD

CHRISTIAN NAMES John Joseph

REGL. NO. 210753 RANK Gr.

UNIT No. 10 Siege Bty. (5th R.D.)

FORMER CORPS Nil.

NEXT OF KIN.

NAMES IN FULL Cochrane, Mrs. Margaret

RELATIONSHIP TO SOLDIER mother

ADDRESS 4 Tharsas St., Townhead, Glasgow, Scot.

CHANGE OF ADDRESS

COUNTRY OF BIRTH Scotland, Glasgow DATE Apr. 22nd. 1896

PLACE OF ATTESTATION Halifax N.S. DATE Sept. 8th. 1917

O/S 26-11-17. 983/2.

R/C 17-1-19 234/127 Gnr.

L. L. 10137. M. & D. 7253.

M. F. W. 22. 100M.—11-16. H. Q. 1772-39-339.

Canada section

P.878. Extract D.O. No. 20 Unit:- Com Bde RFA Date:- 20-1-19

Reg. No.	Rank	Name	
3 2100755	Gnr	COCHRANE J.J.	Struck off Strength of O.M.F. of C. on transfer to C.E.F. Canada. 9-1-19

Acted on Ledger Ck.

AUDITOR | PAYMASTER

M. OR S. Olympic 17-1-19 — PROMOTIONS, REDUCTIONS AND REVERSIONS AFFECTING DAILY RATE OF PAY AND ALLOWANCES — REGT. No. 2100753 RANK Fnr NAME (IN FULL) Cochrane J.J.

NEXT OF KIN — RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? No — DATE EFFECTIVE

TO WHOM PAID — RELATIONSHIP

ADDRESS

PARTICULARS	EFFECTIVE DATE	AUTHORITY
1		
10		

ORIGINAL UNIT C.E.F. R.A. — IF IN P.F. WHAT UNIT? — (BLOCK LETTERS SURNAME FIRST)

PLACE OF ATTESTATION — TRANSFERRED TO — DATE — AUTHORITY

DATE OF ATTESTATION — TRANSFERRED TO — DATE 7/24 — AUTHORITY

ASSIGNED PAY $ 20 00 — DATE EFFECTIVE Pd by Eng to 31-1-19 (Continuedly Eng)

PAYABLE TO Mrs Margaret Cochrane Mother — RELATIONSHIP — ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS 4 Harris St, Town Head, Glasgow Scotland. — 7 McKenzie St, Sydney, NS

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE — EFFECTIVE

DISCHARGED — PLACE — DATE 20/2/19 — REASON — AUTHORITY D038 — IF ENTITLED TO POST DISCHARGE PAY

MONTH	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $	C.	OTHER CREDITS $	C.			TOTAL CREDITS $	C.	ACQUITTANCE ROLLS COL. NO. 1 NO.	DATE	COL. NO. 2 NO.	DATE	COL. NO. 3 NO.	DATE	CASH PAYMENTS COL. NO. 1 $	C.	COL. NO. 2 $	C.	COL. NO. 3 $	C.	ASSIGNED PAY $	C.	REGIMENTAL CHARGES $	C.	OTHER CHARGES $	C.			TOTAL DEBITS $	C.	BALANCE DEBIT $	C.	CREDIT $	C.	PARTICULARS OR REMARKS
BALANCE FROM PREVIOUS ACCOUNT																																				
1-1-19																																				
31-1-19	31	110	34	10	11 2	20 69			47	99															02						65			47	94	Feb 20 00
17-2-19																	1H 80																		
20/2/19	20	110	22	00	35	00			47	94							47 94				56	74			05						104	94				

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.	

P 820
12474—375M—13-2-18.

* Strike out whichever inapplicable.

ASSIGNED PAY. * ~~ENGLAND~~ SCOTLAND OR ~~CANADA~~

EFFECTIVE DATE:- 1-12-17.

AMOUNT:- 20.00

SEPARATION ALLOWANCE. * ENGLAND OR CANADA.

EFFECTIVE DATE:-

AMOUNT:-

NAME:- COCHRANE, Jno Jos.

NUMBER:- 2100753.

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.

Margaret Cochrane. 1/1/1918 Mother
4 Tharsis Pl.
Govan Head. Glasgow Scot.

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

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		Gunner.

UNIT AND TRANSFERS

ORIGINAL UNIT:- 10th Hal. Siege

DATE ACCOUNT FIRST OPENED:- 1-12-17

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO
			CRA
60.34.22.4.18	5.4.18	20.5.18	3rd DAC

19-2-19 CANADA SECTN.

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
~~12.1.18~~	~~8681~~	~~1st C.C.D.~~	~~730~~				
~~2.12.18~~	~~1473~~	~~Bordeaux~~	~~487~~				
			12 17				

DAILY RATES OF PAY AND ALLOWANCES

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

PARTICULARS OF RENDERING NON-EFFECTIVE:- Discharged to Canada. Ffa 31.12.18 Shell K.P.K 11104. Bde. L.P.C. Pte

MONTH 1918	PARTICULARS	CR. 1	CR. 2.	PARTICULARS	DR. 1	DR 2.	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
March	Blue Cord								37 71		
April	Gnrs pay	33 -		A Pay. No A 40354. £4.2.2			20 -				
				M. AR. 15.15.4.18. 3rd DAC.	357				41 64		
		33 -			357		20				
May	Ft	34 10		B3177. £4.2.2			20 -				
				AR109. 3 DAC. 15.5	357						
				Mar 59 " 26.1	446						
				AR 135 " 30.5	446 -				43 25	NH	
		34 10			1249		20				
June	G.P.	33 -		B 27365 £ 4.2.2			20 -				
				AR 177 3 DAC. 15.6	357 -				52 68	NH	
		33 ~			357		20 ~				
July	"	34 10		B 89829 £ 4.2.2			20				
				AR 228 3 DAC. 17.7	357						
				" 279 " 17.7	357				59 64		
		34 10			714		20 -				
Aug	"	34 10		C 42624 £4.2.2			20				
				" 326 " 4.8	357 -				70 17		
		34 10			357		20				
Sept	Gnrs Pay	33		C 85426 £4.2.2			20		83 17		
				See next acct.							
				AR 5 £ 18/9 14	357						
				AR 3212 Epsom 17/9/18	973				73 44		
		33			973		20				
Oct.	Gnrs pay	34 10		A 40676. £4.2.2			20				
				AR. 605. 4.10.18. Cell from	487						
				AR. H 884. 21.10.18. "	714 33				58 34		
		34 10			29 20		20				

NUMBER RANK NAME

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
									583 4		
Nov	G P S.F 21·10·18 to 2·11·18 12 days @ 7/3d Allwy D.O 30 21·11·18 16 LE	33 -		D 82042 L 4-2-2.			20		75 8		
		8 76		E 39465 L 4-2-2.			20				
				AR 61444 CRA 27.11.18	484						
Dec	for pay	34 16		5620 16 LD 14.11.18	484		12 1		134 2 0		
		75 86		6852 " 20.12.18	730		97 1		61 9 1		
				4443 " 16.12.18	484		9 1		42 29 2		
		75 86			21 91		116				
				AR 5994 Kinnel 34/12 Endorsed on LDD	973						
		✓			973				6256		

CANADIAN
DESIGNED PAY AUDITED

AUDIT CLERK

DATE 2.3.19

P. 559.

MARRIED OR SINGLE: S.

PLACE OF BIRTH: Glasgow Scot.

NAME AND ADDRESS OF NEXT OF KIN: Mrs. Margaret Cochrane, Town Head, Glasgow Scotland

RELATIONSHIP OF NEXT OF KIN: Mother

NAME AND ADDRESS OF NEXT OF KIN:

RELATIONSHIP OF NEXT OF KIN:

SEPARATION ALLOWANCE MONTHLY $ — EFFECTIVE (DATE)

PAYABLE TO:

RELATIONSHIP OF DEPENDANT:

CASUALTIES, PROMOTIONS, &c.

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ADMISSIONS TO HOSPITAL, &c.

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

REG'L. No. 2100753 RANK Gnr. 10th Hal. Siege NAME Cochrane, John, Joseph.

IF IN PERMT. CORPS / WHAT UNIT / UNIT to C.R.A. — TRANSFERRED TO — DATE — AUTHORITY

PERMANENT FORCE ALLOWANCES — TRANSFERRED TO — DATE — AUTHORITY

PLACE OF ATTESTATION Halifax, N.S. — TRANSFERRED TO — DATE — AUTHORITY

DATE OF ATTESTATION 8/9/17. — TRANSFERRED TO — DATE — AUTHORITY

ASSIGNED PAY MONTHLY $ 20 xx — DATE EFFECTIVE 1/12/17.

PAYABLE TO Margaret Cochrane, 4 Stark's St. Town Head, Glascow, 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)

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
MONTH PARTICULARS																DR 1		DR 2		DR 3		DR 4									BALANCE				
Dec.	Balance from Canada.																															22 90		
Dec.	Jan. Gen. Pay		68	20												CR B. 35997	$8-4-4							40								26 77		
																A.R. 3933.	19/12/17	C.R.A.	24 33															
			68	20															24 33					40									
Feby.	"		30	80												C 69515	£	H.	2.	2.				20								32 71		
																A.R. 4643	C.R.A.	30/1	243															
																" 4446	"	16/1	243															
			30	80															486					20									
Mar.	"		34	10												D. 33586	£	H.	2.	2.				20										
																4789	C.R.A.	13/2	243															
																5785	"	27/2	243															
																			486															
																5486	6/5685	13/3	487												32 21			
																5733	C.R.A.	21/3	487												32 21			
			34	10															14 60					20									

CANADIAN ASSISTED PAY AUDITED
AUDIT CLERK
DATE 2.3.19

DATE	PAY				FIELD ALLOWANCE				WORKING OR SPECIAL PAY				ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS								CASH PAYMENTS				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
	NO. OF DAYS	RATE	AMOUNT $	AMOUNT C.	NO. OF DAYS	RATE	AMOUNT $	AMOUNT C.	NO. OF DAYS	RATE	AMOUNT $	AMOUNT C.				1 NO.	1 DATE	2 NO.	2 DATE	3 NO.	3 DATE	4 NO.	4 DATE	1	2	3	4				CREDIT	DEBIT		

List of Discharge Documents.

Reg. Conduct Sheet,	Militia form B. 263.	Attestation Paper,	Militia Form B. 235.
Squadron / Battery / Company } Conduct Sheet,	" B. 263a.	Proceedings on Discharge	" B. 218.
Copies of Convictions, by C. P.	in MS.		
Med. Hist. Sheet,	Militia Form B. 313		
Medical Report for Invalid*	" B. 227.		
Statement of Man's Account on Transfer and Last Pay Certificate,	" D. 877.		

*Only if discharged "Medically unfit."

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 (in the event of such having been prepared.)

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

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. 2100753

Rank Gunner

Surname Cochrane

Christian Name John Joseph

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

Corps (Squadron, Battery or Company) 10th Siege Battery

Date of Discharge February 20, 1919

Place of Discharge Halifax N. S.

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age	22 years 10 months.
Height	5 feet 4 inches.
Complexion	Medium
Eyes	Blue
Hair	Brown
Trade	Labourer.
Intended place of residence (To be given as fully as practicable.)	No 7. MacKenzie Street. Sydney C. B.

Descriptive Marks

Nil

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

Demobilization

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.)

M. F. B. 218.

100M.—1-17.
H. Q. 1772-39-113.

(OVER)

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.

(Place) Halifax N. S. J J Cochrane. *(Signature of Soldier.)*

(Date) February 5th 1919 Chas Smith *(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) Halifax N. S.

(Date) 20-2-19

(Signature) .....LIEUT.-COL.

No. 6 DISTRICT 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 J J Cochrane.

(OVER)