

ATTESTATION PAPER.

No. 687537

Folio. 7471

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- 1. What is your name? *Alfred Henry Hooper*
- 2. In what Town, Township or Parish, and in what Country were you born? *Vancouver, B.C.*
- 3. What is the name of your next-of-kin? *Alfred Hooper*
- 4. What is the address of your next-of-kin? *357 Mountain Arm, Armstrong, B.C. Canada*
- 5. What is the date of your birth? *August 14, 1889*
- 6. What is your Trade or Calling? *Teacher*
- 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?  
If so, state particulars of former Service. *no*
- 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*



*Alfred H. Hooper* (Signature of Man.)  
*Col. Genl. Finch* (Signature of Witness.)

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *Alfred Henry Hooper*, 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.

Date *Dec 23<sup>rd</sup>* 191*5*. *Alfred H. Hooper* (Signature of Recruit)  
*Col. Genl. Finch* (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *Alfred Henry Hooper*, do make Oath, that I will be faithful and bear true Allegiance to His Majesty King George the Fifth, His Heirs and Successors, and that I will as in duty bound honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity, against all enemies, and will observe and obey all orders of His Majesty, His Heirs and Successors, and of all the Generals and Officers set over me. So help me God.

Date *Dec 23* 191*5*. *Alfred H. Hooper* (Signature of Recruit)  
*Col. Genl. Finch* (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 *Armstrong B.C.* this *24<sup>th</sup>* day of *Dec* 191*5*.

*[Signature]* (Signature of Justice)

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

*[Signature]* (Approving Officer)  
*Lieut. Col. Regt. B. M. H.*

# Description of Alfred Henry Hooper on Enlistment.

Apparent Age 26 years 4 months.  
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Distinctive marks, and marks indicating congenital peculiarities or previous disease.

(Should the Medical Officer be of opinion that the recruit has served before, he will, unless the man acknowledges to any previous service, attach a slip to that effect, for the information of the Approving Officer.)

Height 5 ft. 8 ins.

Chest measurement { Girth when fully expanded 36 ins.  
 Range of expansion 4 1/2 ins.

*None.*  
*Mole on back in lumbar region*

Complexion Dark

Eyes Brown

Hair Black

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

## 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 Dec 21 1915

Place Armstrong, N.S. C.

P. O. Van Alst  
 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.

Alfred Henry Hooper 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.

P. O. Van Alst (Signature of Officer)  
Rank 102 - 1st Lt. R.M.R.

Date Dec 23<sup>rd</sup> 1915

J. P. O'Connell Lt.-Col  
Det. 172 Bde C.E.F.

REGIMENTAL DOCUMENTS

NAME *Hooper, Alfred Henry*

*Pvt.* REGT. NO. *6870-37*

UNIT *172<sup>nd</sup> Bn.*

H. Q. FILE NO.

**3**

**CONTENTS**

DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

M. F. W. 2505  
REFERENCE

NON-EFFECTIVE BY

DEATH

Category

DISCHARGE

*32205*  
Category

*Demot.*

DESERTION

*Box # 82*  
*4482*

*12-31*  
*28-2*

*406405*

**H**

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

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

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

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

1 REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)

1 COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)

2 MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)

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

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

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)

DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)

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

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

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

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

*C.A. D.C. 1509A*

*Form C.D. 3*

*M.F.W. 67*

*✓*



687537

I.D. number

No. d'identification

HOOPER

Surname

Nom de famille

Alfred Henry

Given names

Prénoms

**NATIONAL PERSONNEL RECORDS CENTRE  
CENTRE NATIONAL DES DOCUMENTS  
DU PERSONNEL**

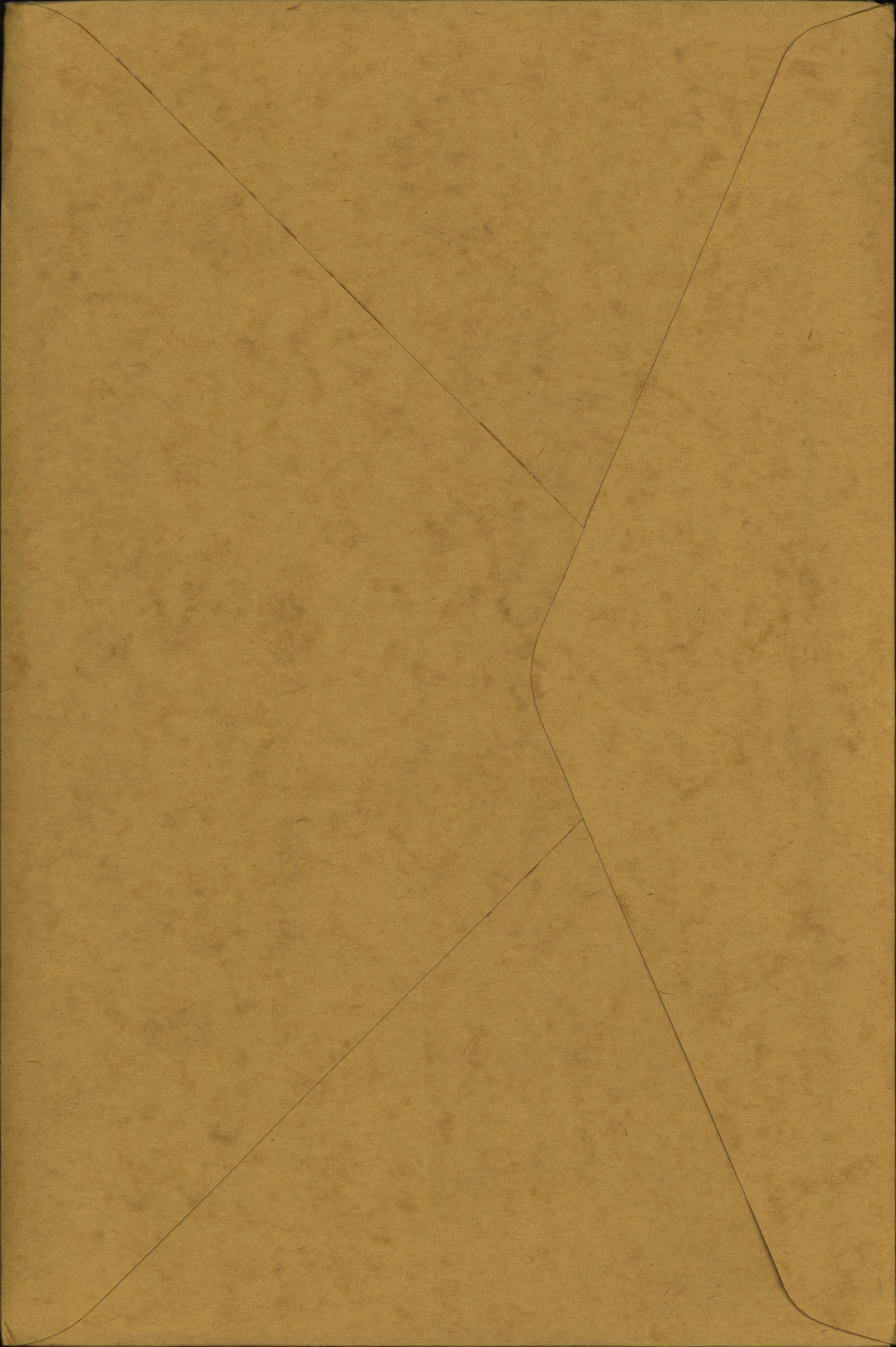
**PERSONNEL RECORDS ENVELOPE  
ENVELOPPE DES DOSSIERS DU PERSONNEL**

Location

Lieu

4482

**« CONTENTS CONFIDENTIAL »  
« CONTENU CONFIDENTIEL »**



Surname  
Hooper

Christian Name or Names  
J.H.

Reg. No.  
687537

Rank Unit Co. Troop Batty.

Pte. 4th M.G.

Hospital 30 General St. Omer  
Transferred Base Det. St. Omer.  
Date of Admission  
5-2-17.  
25-2-17  
Hosp.

Hosp.

Hosp.

Hosp.

Diagnosis Mumps.

(1)  
Later Diagnosis (if changed)

(2)

(3)

Additional Diagnosis: if more than one state present

DISPOSITION

Date

C L 23-2-17 A292

~~Today 20-2-17~~

" 6-3-17 a100

REMARKS

~~2-2-17 A12~~

Reg. Unit 27.2.17

17.3.17 a107.

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.

2.

3.

4.

5.

6.

7.



No. 687537 RANK

*Pte.*

NAME

*Hooper, A. H.*

T. O. S.

*Transfer from 102<sup>nd</sup> UNIT*  
*X. M. R. 1-2-16. S. O. 1301*  
*29-2-16.*

UNIT *172<sup>nd</sup> Battalion, C. E. F.*

M. D. //

PROMOTIONS, TRANSFERS, DISCHARGES, ETC.

PAID FROM	PAID TO	SIG. OR REC'T	PARTICULARS	AUTHORITY
<i>1916</i> <i>Feb. 1</i>	<i>1916</i> <i>Feb. 29</i>	✓		
	<i>Mar.</i>	✓		
	<i>Apr.</i>	✓		
	<i>May.</i>	✓		
	<i>June.</i>	✓		
	<i>July.</i>	<i>n.</i>		
	<i>Aug.</i>	✓		
	<i>Sept.</i>	✓		
	<i>Oct.</i>	✓		

**UNIT SAILED**  
**OCT 25 1916**



SURNAME.

*Hooper*

CARD NO.

*12*

CHRISTIAN NAMES

*Alfred Henry*

FOLL.

*41*

REGL. NO.

*687537*

RANK

*Pte*

UNIT

*172<sup>nd</sup>*

*Batt.*

FORMER CORPS

*Nil.*

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

*Hooper, Alfred*

RELATIONSHIP TO SOLDIER

*B. 76 S.*

ADDRESS

*Seymour, Arm. B.C.*

*L.O.C. M. N. #1 - 20-10-16 (54-21-38-1)*

COUNTRY OF BIRTH

*Canada, Vancouver B.C.*

DATE

*Aug. 14, 1889*

PLACE OF ATTESTATION

*Kelowna*

DATE

*Dec. 23, 1915*

*R/C 13-6-19 <sup>347</sup>/<sub>92</sub> Pte.*

From Halifax per S.S.

"Mauritania" 25/10/16

MARRIED

SINGLE

yes

WIDOWER

TRADE OR CALLING

Teacher

RELIGION

Church of England

DESCRIPTION.

APPARENT AGE

26 YEARS

4 MONTHS

HEIGHT

5 FEET

8 INCHES

CHEST MEASUREMENT

36 INCHES

EXPANSION

4 1/2 INCHES

COMPLEXION

Dark

EYES

Brown

HAIR

Dark

DISTINGUISHING MARKS

nine moles on back of lumbar region

MEDICAL EXAMINATION.

PLACE

Yelouana

DATE

Jan. 21, 16





Number 687537

Rank

Pte B

Surname H O O P E R

Christian Name

Alfred Henry X

Units

54 Bn Coy

Theatre of War

France

Date of Service

7/12/16

Remarks

Kelowna

Latest Address

~~Seymour Arm.~~

~~106~~  
B 6

Roll No.

B page 14158

200m.-2-21.M.

DESP. AUG 26 1922

REGN. NO. ~~BA~~ 3542







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

27

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. 687537 Rank Pte. Surname HOOPER  
(Given name in full)

Unit or Corps 4th Bdn. Inf. G. Bn. Birthplace Vancouver B.C.

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

**1. GENERAL DESCRIPTION:**

Physique Good Weight 136 <sup>est.</sup> lbs. Height 5 ft. 8 in. Colour of Eyes Brown  
 Nutrition Good  
 Pulse 78 - Regular  
 Condition of arteries Soft  
 Vision Rt. 6/12 Left 6/12  
 Hearing (conversational voice) Rt. 20 ft.  
 Left 20 ft.

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

One Small v. Mark  
L. Arm

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 Yes

**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.**

Mumps 5-2-17 Recovered

# EXAMINATIONS

## THIS SECTION FOR USE OVERSEAS—

Examined at Bramshott (Overseas)

Date 10-5-19

Signed J. J. O'Connell M.O.  
Capt Cawell

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 A. H. Hooper

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

## THIS SECTION FOR USE IN CANADA—

Examined at .....(Canada)

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 a Medical Board.)

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

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) HOOPER, A. H.  
 REGIMENT 6th M G C RANK Pte No. 687537  
 Date of Examination in England 12/19 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



*571*

PRESENT DENTAL REQUIREMENTS

1. FILLINGS 7.

2. EXTRACTIONS

3. CROWNS

*Rep. up. Ridge and lower ridge.*

4. DENTURES

(a) Full Upper

(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

(c) In France

BRAMSHOTT CAMP

Signature of Dental Officer *E. Perry Capt.*



HOOPER, A. H. (1947)

211

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..... 172ND BATT. C.E.F......

(2) Regimental Number..... 687537.....

(3) Full Name of Soldier..... Alfred Henry Newton Hooper.....

(4) Place of Birth..... Vancouver B.C......

(5) Are you married, or not?..... No.....

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

(b) Present Postal Address.....

(7) Are you a widower?.....

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

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

Also their names and ages.....

27

(9) Is your Father alive? *yes*

If so, state name and address *Alfred Hooper Seymour Arm B.C.*

(10) Is your Mother alive? *no*

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

(11) If your Mother is a widow.....

Are you her sole support, or not?.....

(12) If sole support of widowed mother, state what amount you have given her per month prior to your enlistment, also reason she has no other support than yourself.

(13) If you have no wife, father, mother or children, state the name and relationship with full postal address of your next of kin, to whom you would desire any communication to be sent concerning you.

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

(15) Are you insured? *no*

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

Have you made arrangements for payment of your Insurance premium.....

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

Date *Sept. 29th 1916.*

*J. R. Gies* L. Col  
Officer Commanding.



# CANADIAN EXPEDITIONARY FORCE



## DISCHARGE CERTIFICATE War Service Badge Class "A" No. ....

THIS IS TO CERTIFY that No. 687527 (Rank) Private

Name (in full) Alfred Henry HOOVER enlisted in  
the 172nd Overseas Battalion

CANADIAN EXPEDITIONARY FORCE at Salerno, I.I. on the 23rd  
day of DECEMBER, 1915.

HE served in England and France with the 4th Bn. Can. M.C. Corps

and is now discharged from the service by reason of Demobilization.  
Medical Unfitness.

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

Age 29

Marks or Scars \_\_\_\_\_

Height 5' 8"

Complexion Dark

One small round mark

Eyes Brown

on left arm.

Hair Dark

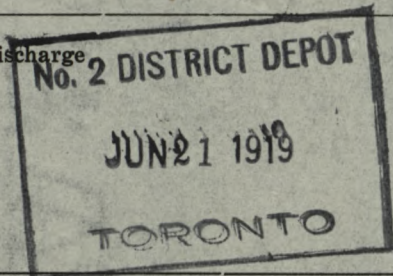
*A. Cooper*

Signature of Soldier

*J. J. ...*

Issuing Officer

Date of Discharge



For O.C. No. 2 District Depot  
Rank \_\_\_\_\_

Date JUN 21 1919 1919

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.



Department of Veterans Affairs

Ottawa 4,

19

TO Supervisor,  
War Service Records, Ottawa.

Mark Your Reply:

For attention of

For attention of

SUBJECT

File No.

(1)

The Department is authorized to place a memorial on the grave of the above named. Therefore, will you kindly insert the particulars requested on this form and return it to this office.

*CEF*

Departmental Secretary.

- (1) Service number *687537.*
- (2) Surname *HOOPER.*
- (3) Christian names *Alfred Henry*
- (4) Date of Birth *14 Aug - 1889.*
- (5) Religion *Cof E.*
- (6) Unit of enlistment *172 Bn.*
- (6a) Highest corresp. rank *Pte*
- (7) Units overseas *CMGC.*
- (7a) Highest corresp. ranks *Pte*
- (8) Rank on day of discharge *Pte*
- (8a) Corresp. unit *—*
- (9) Military honours *n.l.*



(2)

Departmental Secretary,  
OTTAWA.

The particulars have been added to this form and it is returned as requested.

Date .....

for Supervisor, War Service Records.

10  
12

WATER RIGHTS

WATER RIGHTS

The Department is authorized to issue a warrant on the grave of the above named person, and you are hereby notified that the same shall be issued unless you advise the Department to the contrary within the time specified in the warrant. The Department is authorized to issue a warrant on the grave of the above named person, and you are hereby notified that the same shall be issued unless you advise the Department to the contrary within the time specified in the warrant.

- (1) ...
- (2) ...
- (3) ...
- (4) ...
- (5) ...
- (6) ...
- (7) ...
- (8) ...
- (9) ...
- (10) ...
- (11) ...
- (12) ...
- (13) ...
- (14) ...
- (15) ...
- (16) ...
- (17) ...
- (18) ...
- (19) ...
- (20) ...

It is the policy of the Department to issue warrants on the grave of the above named person, and you are hereby notified that the same shall be issued unless you advise the Department to the contrary within the time specified in the warrant.

2

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

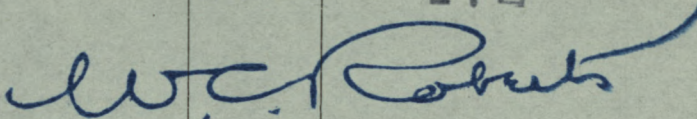
M. F. W. 54. (A) B. 103.

350M.—5-16

H. Q. 1772-39-920.

# Casualty Form—Active Service.

Unit, Regiment or Corps .....  
 Regimental No. 687537 Rank Plt. Name Kooper Alfred H.  
C. E. F.  
 Enlisted (a)..... Terms of Service (a)..... Service reckons from (a).....  
 Date of promotion to } Date of appointment } Numerical position on }  
 present rank } to lance rank } roll of N. C. Os. }  
 Extended..... Re-engaged..... Qualification (b).....

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				
JUN 6 1919 O. S.		T. O. S. No. 2 DISTRICT DEPOT,	TORONTO 1919		PART II D. 172
JUN 21 1919 S. O. S.		(DISCHARGED FROM H. M. S.)	No. 2 DIS. DEPOT,		PART II D. 172
					 Lieut. For O. C. No. 2 District Depot,



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



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

# Casualty Form—Active Service.

M. F. W. 54.  
150M. 10-15.  
H.Q. 1772-39-920.

Unit, Regiment or Corps 172<sup>nd</sup> C. E. F.  
 Regimental No. 687537 Rank Private Name W. Hooper  
 Enlisted (a) 23/12/15 Terms of Service (a) C.E.F. Service reckons from (a) 23/12/15  
 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) .....

CLASSIFIED  
 NO. 809  
 17 JAN 1917  
 THE GENERAL SECRETARY

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

Report Date	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.
5-12-16	172 Bn.	Embarked - Canada - Arrived - England - Proceeded overseas for service with 54 Bn.	Bramshott	5-12-16	D.O. Part II, No 277 J. Wilson. Major. O.C. 172nd O. S. BATTN. C. E. F.
7-12-16	C. B. D.	ARRIVED C. B. D.	FRANCE	7-12-16	N. R. D. 7-12-16 PART II ORDERS No 309 D 15-12-16
13-12-16	C. B. D.	LEFT C. B. D. FOR	54 Bn	13-12-16	N. R. D.
23-12-16	O. C. 54 Bn	ARRIVED 54 Bn.	FIELD	16-12-16	B. 213 D 1580 9/10-1-17
6-1-17	do.	So. M. F. Course	do	31-12-16	B213. 160584 9/22-1-17
4-1-17	4th. Cn. Div.	Transf. to 16th. Cn. M.G. Coy.		1-1-17	(Auth. A39-53 and A.A.G. file K.A. 111-2806a Pt. 11. O. No. 26.
11-2-17	O. C. Unit	Sick	Adm Hosp (not stated)	2-1-17	17213. D.C.S. 47 11. 20-2-17
10/17	5 C. Amb.	Munro. adm + transf. to.	7 Gen. Hosp.	5/17	A36. DCS 49 2/24/17

(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				
33/17	O. Unit	Reto from Hosp. to duty.	Field	27 <sup>2</sup> /17	B213. PC9.52.133/17
5.2.17	7 Gene	Mumps adm	7 Gene	5.2.17	W 3034-200
25.2.17	Do	do	To Details	25.2.17	W 3034-214
21.7.17	O. Unit	<sup>10 days leave</sup> Granted Leave To	Paris	20.7.17	B213-P2094 (4/30/17)
4.8.17	✓	Returned from Leave	Field	31.7.17	B213-P20103 of 16.8.17 See file K.G. 16-23741
22-9-17	O. Unit	Awarded <del>Good</del> <sup>Good</sup> Conduct Badge	Field		
12-1-18	do	To Bn H.Q. for duty		4-1-18	B213. H/21/1/18
17-2-18	do	Returned To duty	Field	22-1-18	R. K.G. 17-9771.
4-2-18	do	att'd to 11th FA. for Instr.		4-2-18	B213
15/2/18	do	Awarded <del>Good</del> <sup>Good</sup> Conduct Badge.		1-1-18	K.G. 18/4495 P2072 of 25/2/18
4-3-18	do	Returned to Duty		11-2-18	K.G. 18/4495.
19-3-18	Wals.	Absorbed into 4th Batt'n Can Mach Gun Corps	Field	19-3-18	(S) 290-586 P21043 d/13-5-18
22/3/19	O.C.	Granted 14 days leave who Proceeded to England		18/3/19	B213 P203189

T.O.S. "D" Wing, C.C.G. per part T No.

S.O.S. on proceeding to Canada. P210.44

6. MAY 1919  
Date: 7 MAY 1919  
Kellam  
for Lt.-Col., A. A. G.

W. Sparks Capt.  
Adj. 4th Bn. Arty.



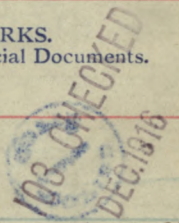
CHS Rank *pte* Name HOOPER Alfred Henry ✓  
 Unit *172nd* Bn. If in perm. Corps, }  
 What Unit? } Married or Single *Single* ✓  
 Place and Date of Enlistment *Armstrong. Dec. 23rd. 1915.* Place of Birth *Vancouver. B.C.*  
 Name and Address, Next-of-Kin *Alfred Hooper* ✓  
*Seymour Arm B.C. Canada.* ✓ Relationship *J*  
 Assigned Pay Monthly \$ Payable to



Separation Allowance \$ Payable to  
 Relationship *pte* *11771*  
 Relationship category **ORICAN**

Discharge, Date and Place Reason Character

Report Date	From whom received	Record or promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS. Taken from Official Documents.
<b>ARRIVED IN ENGLAND S-S-MAURETANIA 31. 10. 16</b>					
5-12-16	172 Bn	S.O.S. to transfer to 54 <sup>th</sup> Bn	Bramshott	5-12-16	Att D.O. 274
15-12-16	54 Bn	S.O.S. from 172 <sup>nd</sup> Bn	Field	7-12-16	Att D.O. 309
<del>17-2-17</del>	"	S.O.S. to 16 ban in gley		1-1-17	Att D.O. 26
16-2-17	<i>th</i> <i>16</i> <i>in</i> <i>gley</i>	S.O.S. from 54 <sup>th</sup> Bn	Field	2-1-17	Att D.O. 14
24-2-17	✓	Adm No 7 General Hospital St Omer		5-2-17	C.L. A 92
6-3-17	✓	To Base Details		25-2-17	C.L. A 100 <i>miss</i>
17-3-17	✓	Rejoined Unit	Field	27-2-17	C.L. A 107
25-2-18	-	Granted 1 Good Conduct Badge		1-1-18	Att D.O. 22
15-3-18	✓	Sp. to M.G. Corps		1-3-18	d 27



687537 Hooper A H

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.

ON Strength <sup>th</sup> BN.

C.M.G. Corps 19 3 18



9-5-19 <sup>D. wing</sup> <sub>C. L. B.</sub> TO from 4th <sup>th</sup> Coy 6 Pte Bishott 6-5-19 P#100 36  
83-I-123 date 6-6-19

12-5-14 40MSC. Proc to Eng Pte Ad 6-5-19 - 39

6-6-19 <sup>5th</sup> <sub>CCC</sub> Sst Canada v Bishott 6-6-19 - 44



MILITIA AND DEFENCE  
 ASSIGNED PAY  
 OVERSEAS CONTINGENTS

To Whom *Mrs J. Smith*  
 Address *Kelowna*  
*B.C.*  
 Rate *15.00*

By Whom Assigned *Hooper A. H.*  
 Regtl. No. *687537*  
 Rank *pte*  
 Corps *172 Bn C.E.F.*

NOV 1 1916

PAYMENTS

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



1200  
1200  
1200  
1200

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

M. F. W. 12a.  
50m.-7-16  
1772-39-819.

Sheet No. 2

*Mrs J Smith*  
(Assigned)

L. L. Job 5470-Req. 6883.

PAYMENTS.

Name of Soldier

*Hooper*  
*Hooper A. H.*  
*#687537* / *Pte* *172 Bn*

Month.	Year.	Cheque No.	Amt.	Remarks.
				<i>1500</i>
				<b>NOV 1 1916</b>
April	1916			
May				<i>\$15<sup>00</sup> Overpaid in May 1917. April CQ 22354 was not cancelled. Refund requested 13/8/17. Owen file 8921-A-8. \$15<sup>00</sup> Recovered per C.S. 2503. 15/8/17. J. Martin.</i>
June				
July				
Aug.				
Sept.				
Oct.				
Nov.		<i>B 32205</i>	<i>15</i>	
Dec.		<i>C 37637</i>	<i>15</i>	
Jan.	1917	<i>138200</i>	<i>15</i>	
Feb.		<i>G 44772</i>	<i>15</i>	
March		<i>H 51148</i>	<i>15</i>	
April		<del><i>Y 2354</i></del>	<del><i>15</i></del>	<i>15 R</i>
May		<i>W 13484</i>	<i>30</i>	<i>15 W. Y 2354 cancelled 17/6</i>
June		<i>U 17727</i>	<i>15</i>	<i>30. B. to adj April</i>
July		<i>V 22318</i>	<i>15</i>	<i>15. B.</i>
Aug.		<i>E 29047</i>	<i>15</i>	<i>B.</i>
Sept.		<i>T 36890</i>	<i>15</i>	<i>D</i>
Oct.		<i>F 42696</i>	<i>15</i>	
Nov.		<i>L 49345</i>	<i>15</i>	
Dec.		<i>A 46056</i>	<i>15</i>	
Jan.	1918			<i>210</i> <i>[Signature]</i>
Feb.				
March				
April				
May				
June				
July				

*SA*

*be*

*180*

MILITIA AND DEFENCE  
**ASSIGNED PAY**  
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

PAYMENTS.

Name of Soldier \_\_\_\_\_

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

DEPARTMENT OF VETERANS AFFAIRS

War Service Records

JUN 28 1962

Referred to

Charged to

Ottawa Ont  
Date June 27/62

To Copy for H.O. FILE

Attention of

NAME HOOPER, Alfred Henry.

SERVICE NUMBER 687537 CEF C.P.C. No.

W.V.A. No. 213070

NAVY  
ARMY x  
R.C.A.F.

The DEPARTMENT has received information from

S.T.M.O. TEL MEMO. Vancouver, B.C. June 21/62

(State authority and source of information of death)

regarding the death of the above mentioned veteran.

Particulars are as follows:

Date of Death June 6/62

Cause of Death

Place of Death Kelowna General Hospital Kelowna B.C.

Name and Address of next of kin (if known)

Copies to: W.S.R.  
V. I.  
~~PAY~~  
~~DO~~  
H.O.

} Destroy form if advice of death already received.

for *M J Weyell*  
Chief, Central Registry

DEPARTMENT OF VETERANS AFFAIRS

Form 10-100 (Rev. 1-1-60)

Official Use

Date: June 23, 1960

Attention of:

NAME:

ADDRESS:

CITY:

STATE:

ZIP CODE:

POST OFFICE:

The Department has received information from:

Mr. J. L. ...

...

...

...

...

...

...

...

...

...

...

...

...

...

...

MADE IN U.S.A.







ASSIGNED PAY	ENGLAND or CANADA.	SEPARATION ALLOWANCE.	ENGLAND or CANADA.	NAME: <b>HOOPER</b> Alfred Henry			
EFFECTIVE DATE: 1/1/16		EFFECTIVE DATE: -		NUMBER: 687537			
AMOUNT: 15 <sup>00</sup>		AMOUNT: -		PARTICULARS OF RANK OR APPOINTMENT			
NAME, ADDRESS, RELATIONSHIP & AUTHORITY				AUTHORITY			
Mrs Jack Smith (Sister) Kelowna, B.C.				DATE EFFECTIVE			
WHEN PAYEE OF A.P. IS THE SAME AS PAYEE OF S.A. THE WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE. stop 1/6				RANK OR APPOINTMENT			
				Pte			
UNIT AND TRANSFERS							
ORIGINAL UNIT: 172 <sup>nd</sup> Btn							
DATE ACCOUNT FIRST OPENED: 1-11-16							
				AUTHORITY			
				DATE EFFECTIVE			
				DATE LEDGER SHEET T 5 F D			
				UNIT TRANSFERRED TO			
				4 Divn 9 Btn			
EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS							
DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT
14.4	147	4 A.P.S.	3.19				
18.4	197	-	17.41			Leager Bal bn	53.29
26.4	227	✓	3.49			L.P. 6 ✓ ✓	1.67
14.5		✓	79.20				
			53.62				
DAILY RATES OF PAY, AND ALLOWANCES							
AUTHORITY				PAY	F.A.	P.F.A.	SUBS CE ALL CE
				1.00	10		

PARTICULARS OF RENDERING NON-EFFECTIVE: *Canada 1-6-19. K8989. Bksho to Bksho 15-5-19. Mtd 2.*

MONTH	PARTICULARS	CR 1	CR 2	PARTICULARS	DR 1	DR 2	DR 3	DR 4	BALANCE	DEFERRED	SEPARATION
31-3-18	Bal. fwd								80	82	
Apr	P.P.	33	-	C.A.P.				15			
				A.R. 96, 4 Div 9 Btn	25/4/18	8.03				90.79	
May	"	33	34 10	A.P.		8.03		15			
				" 263 "	16/5/18	8.03		15		101.86	
June	P. Pay	33	-	C.A.P.				15			
				A.R. 385, 5.6.18.	4 M.Y. Btn.	4.46					
				A.R. 459, 18.6.18	"	3.57				111.83	
July	"	33	34 10	C.A.P.		8.03		15		145.91	
				A.R. 554, 3-7-18	"	4.46				23.00	
				" 873, 16-7-18	"	3.57				157.11	
Aug	"	34 10	34 10	C.A.P.		8.03		15		172.14	
				A.R. 843, 18/18	4 <sup>th</sup>	4.46				184.00	
				A.R. 700-454, 18/18	"	9.73				116.79	
						10.17		15		40.21	
Sept	"	33	-	A.P.				15			
				995, 3/9	"	3.57				47.50	
				1098, 15/9	"	7.14				81.60	
Oct	"	33	34 10	A.P.		6.71		15		22.46	
				1163, 31/10	"	7.46				59.11	
Nov	"	34 10	33	A.P.		7.46		15			
				1613, 7/11	✓	3.73					
				1743, 21/11	✓	13.06					
				1871, 4/12	✓	22.39					
			33			39.18		15			

*Transferred*

COMPILED BY  
CHECKED BY

*[Handwritten initials]*

*Done*

NUMBER 687537

RANK

NAME Hooper, A.H.

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
Dec	P.P	33			39.18			15	59.14		
		34.10		AP				15	160.34		
				AR 1976 H.M. Ben. 151218	3.73						
Jan	✓	34.10						15	72.43		
		101.20			42.91			45			
Feb	✓	30.80		2148 6-1-19 H.M. Ben.	3.73						
				2268 18-1-19 ✓	3.73						
				2408 5-2-19 ✓	3.73						
				2514 17-2-19 ✓	3.73						
Mar	✓✓	34.10		6027 Levy & Marsh				30	137.33		
				2613 5/3 ✓	3.65						
		64.90			18.57			30	88.76		
April	P.P	33-		b.a.P april				15			
				2667 2/3 H.M. Ben.	7.30						
				333 20/3 ✓	63.27				155.86		
May	P.P	34.10		b.a.P May				15			
				197 21/4 ✓	17.44				55.29		
				227 28/4 ✓	3.49						
				860 14/5 B. Ben.	29.20						
		67.10			120.70			30	5.16		
				AR 3036 30/5/19 e e e	34.07	(Ends)					
				DNAR 347 16/4/19 H.M. Ben.	3.49				32.40		
					37.56						

S.O.S to Canada 6/6/19 \$283

48.76  
47.10  
155.86  
78.57  
85.29  
30  
55.29  
53.62

64.90  
72.43  
137.33  
48.57  
88.76

M.D. 2

D.A. I

O.C. 1

SHORT FORM.

War Service Badge

Class "A" No. 141220

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

1. No.	687537	
2. Rank.	Private	
3. Name.	HOOPER, Alfred Henry	
4. Unit.	4th Bn. C.M.G.C.	
5. Date of Discharge	JUN 21 1919	Place Toronto, Ont.
6. Reason for Discharge	DEMobilIZATION	
7. Authority.	No. 2, D.D., Part II, D.O. No. 172	
8. Proposed Residence after Discharge	Seymour Arm. B.C.	
9.	<p>CERTIFICATE TO BE SIGNED BY SOLDIER.</p> <p>I hereby acknowledge that at the undernoted place and date I received my discharge Certificate</p> <p>M. F. W.?</p> <p><i>Alfred Henry Hooper</i></p> <p>Signature of Soldier.</p>	
10.	<p>CONFIRMATION.</p> <p>The discharge of the above named man is hereby confirmed.</p> <p>Place No. 2 DISTRICT DEPOT</p> <p>Date JUN 21 1919</p> <p>TORONTO</p> <p>For <i>[Signature]</i></p> <p>Signature O.C. No. 2 District Depot</p> <p>(O. C. Discharging Unit.)</p>	

SHORT FORM  
PROCEEDINGS ON DISCHARGE  
(Demobilization)

1	Name	REYNOLD, ALVIN E.
2	Date of Discharge	JUNE 1 1919
3	Place	FORREST, MISS.
4	Unit	101st C.M.A.C.
5	Reason for Discharge	REMOVAL FROM SERVICE
6	Proposed Residence after Discharge	
7	Authority	No. 2, D.D. Form 11, U.S. Department of War
8	CERTIFICATE TO BE SIGNED BY SOLDIER I hereby acknowledge that at the undernoted place and date I received my discharge Certificate	
9	M. E. W. J. <i>Alvin E. Reynold</i> Signature of Soldier	
10	CONFIRMATION The discharge of the above named man is hereby confirmed. <i>Alvin E. Reynold</i> Signature of District Deputy (U.S. Army)	

LIST OF DISCHARGE DOCUMENTS

Medical Form W. 10	Statement of Family History
Medical Form W. 11	Statement of Present Illness
Medical Form W. 12 or A. 12, 13	Physical Examination Report
Medical Form W. 14 or A. 14, 15	Psychiatric History
Medical Form W. 16	Two Day Examination
	Cardinals that require documents are underlined
Medical Form B. 10 or A. 10, 11	Medical History Sheet
Medical Form B. 12 or A. 12, 13	Proceedings of Medical Board
Medical Form B. 14	General History Sheet
Medical Form B. 15	Medical Report
Medical Form B. 16	Regimental Contact Sheet
Medical Form B. 17	Company Contact Sheet

Approved: \_\_\_\_\_  
 (Signature)

\_\_\_\_\_  
 (Signature)

\_\_\_\_\_  
 (Signature)

**LIST OF DISCHARGE DOCUMENTS.**

Attestation Paper, Triplicate.....	Militia Form W. 23
or Particulars of Recruit.....	Militia Form W. 133
Field Conduct Sheet.....	Militia Form W. 178 or A.F.B. 122
Casualty Form.....	Militia Form W. 54 or A.F.B. 103
Last Pay Certificate.....	Militia Form W. 44
Certificate that missing documents are unobtainable.....	
Medical History Sheet.....	Militia Form B. 313 or A.F.B. 178
Proceedings of Medical Board.....	M.F.B. 227, A.F.B. 179 or A.F.A. 45
Dental History Sheet.....	Militia Form B. 465
Medical Report.....	M. F. W. 129 or D. M. S. 1375
Regimental Conduct Sheet.....	Militia Form B. 263
Company Conduct Sheet.....	Militia Form B. 263a

1. Triplicate Attestation Paper (M.F.W. 23), or Particulars of Recruit (A.F.W. 133).
2. Casualty Form (A.F.B. 103).
3. Medical History Sheet (M.F.B. 313 or A.F.B. 178).
4. Proceedings of Med. Board (M.F.B. 227 or M.F.W. 129)
5. Dental Certificate (C.A.D.C. 5009a).
6. Field Conduct Sheet (A.F.B. 122)
7. Proceedings on Discharge (M.F.B. 218a)
8. Discharge Certificate (M.F.W. 39)  
(Enclosed in special envelope (230M) ).
9. Copy of Discharge Certificate (M.F.W. 39a).
10. Dispersal Certificate (C.D.B.).
11. Equipment Statement Q.M.G. Form (D.O.S. 2), and Clothing)
12. Last Pay Certificate (P. 851).
13. Pay Book (A.B. 64).
14. War Service Gratuity (Form M.F.W. 2595),
15. Sundry Documents.

Group B

Checked by No. 9

Date 4-6-19





11-11-11

1

1

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11-11-11



Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

# Separation and Assigned Pay Branch

H 0044

Pr 127916

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

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RATE OF ASSIGNMENT

15.			
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66

## PARTICULARS OF SEPARATION ALLOWANCE

No. 687537.

Rank *Pte.* Promoted Reverted Discharge

Soldier's Name *et. H. Hooper.*

Battalion *172nd Batta. C.E.F.*

Beneficiary

Relationship

Address

## PARTICULARS OF ASSIGNMENT

Name *Mr J. Smith*

Address *Helouina B. Co.*

Change of Address

1

2

3

4

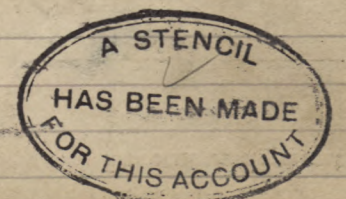
Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
<i>1917</i>					
<i>Dec 31st</i>			<i>210</i>	<i>210</i>	
<i>1918</i>					
<i>Jan</i>	<i>R 68369</i>		<i>15</i>	<i>15</i>	<i>m</i>
<i>Feb</i>	<i>Z 72024</i>		<i>15</i>	<i>15</i>	<i>m</i>
<i>Mar.</i>	<i>I 93830</i>		<i>15</i>	<i>15</i>	<i>m</i>
<i>Apr.</i>	<i>I 16102</i>		<i>15</i>	<i>15</i>	<i>m</i>
<i>May</i>	<i>D 11695</i>		<i>15</i>	<i>15</i>	
<i>June</i>	<i>C 14106</i>		<i>15</i>	<i>15</i>	
<i>July</i>	<i>U 30283</i>		<i>15</i>	<i>15</i>	
<i>Aug.</i>	<i>F 29302</i>		<i>15</i>	<i>15</i>	
<i>Sept</i>	<i>g 44540</i>		<i>15</i>	<i>15</i>	
<i>Oct.</i>	<i>J 50085</i>		<i>15</i>	<i>15</i>	<i>✓</i>
<i>Nov</i>	<i>G 59267</i>		<i>15</i>	<i>15</i>	<i>✓</i>
<i>Dec</i>	<i>E 68615</i>		<i>15</i>	<i>15</i>	<i>✓</i>
<i>Jan</i>	<i>H 70707</i>		<i>15</i>	<i>15</i>	<i>✓</i>
<i>Feb</i>	<i>E 78655</i>		<i>15</i>	<i>15</i>	<i>✓</i>
<i>Mar.</i>	<i>E 89625</i>		<i>15</i>	<i>15</i>	<i>✓</i>
<i>Apr</i>	<i>F 1031</i>		<i>15</i>	<i>15</i>	
<i>May</i>	<i>R 8891</i>		<i>15</i>	<i>15</i>	<i>B</i>
<i>June</i>	<i>Q 10852</i>		<i>15</i>	<i>15</i>	
			<i>480</i>	<i>480</i>	

892128

M. F. W. 128  
400mc-6-17-1772-38-1141  
L. L. 22320-M. & D. 7583.

Account Closed *M#2.*  
Bal'd per *Olympic...*  
Date *12.6.19* M.F.W 18720.6.19.  
Closed *A. Bullock*  
*MRC# 128855*

AUDITED



Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

# Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

--	--	--	--

PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

No.

Name

Rank

Promoted

Reverted

Discharge

Address

Soldier's Name

Change of Address

Battalion

1

Beneficiary

2

Relationship

3

Address

4

Date

Cheque No.

Amount S/A

Amount A/P

Total

REMARKS

M. F. W. 128  
 400M-6-17-1772-39-1141  
 L. L. 22320-M. & D. 7193.