

28/8/18 26

# DISCHARGE DOCUMENTS

R. O. No. .... **H** .....  
H. Q. No. ....

- Proceedings of Court of Inquiry or on men reported Missing on Active Service.....
- Attestation Papers..... *XXX*
- Declaration of change of name.....
- Authority for special enlistments.....
- Documents of re-enlisted men.....
- Regimental Conduct Sheet..... *1*
- Compulsory Stoppages.....
- Casualty Forms..... *1*
- Proceedings on discharge.....
- Corps History Sheet.....
- Date and No. of Deposit Receipt for Purchase Money and Amount.....
- Parchment Certificate.....
- Medical Report for Invalids.....
- Medical History Sheet..... *2*
- Proceedings of Regt. Court Martial.....
- Copies of Convictions by Civil Power.....
- Company Conduct Sheet..... *1*
- Clothing Transfer Certificate.....
- Inventory of Kit.....
- Last Pay Certificate.....

**S**

*2*

Name, *COCHEANE HENRY*  
 Regt. No. *437739* Rank, *Pte.*  
*57th D. Bn.*

**M**

26680

- Index *in Act*..... *16*
- Casualty Card..... *1*
- Non-Effective Card.....
- Part II Order Card..... *1*
- Change of Address Card.....
- Honour & Award Card.....

**H**

*43-16*  
*15-16*  
*11-19*

*a. FB 12 2-1*

*mfw 67-1*  
*misc - 2*  
*Cas card - 1*

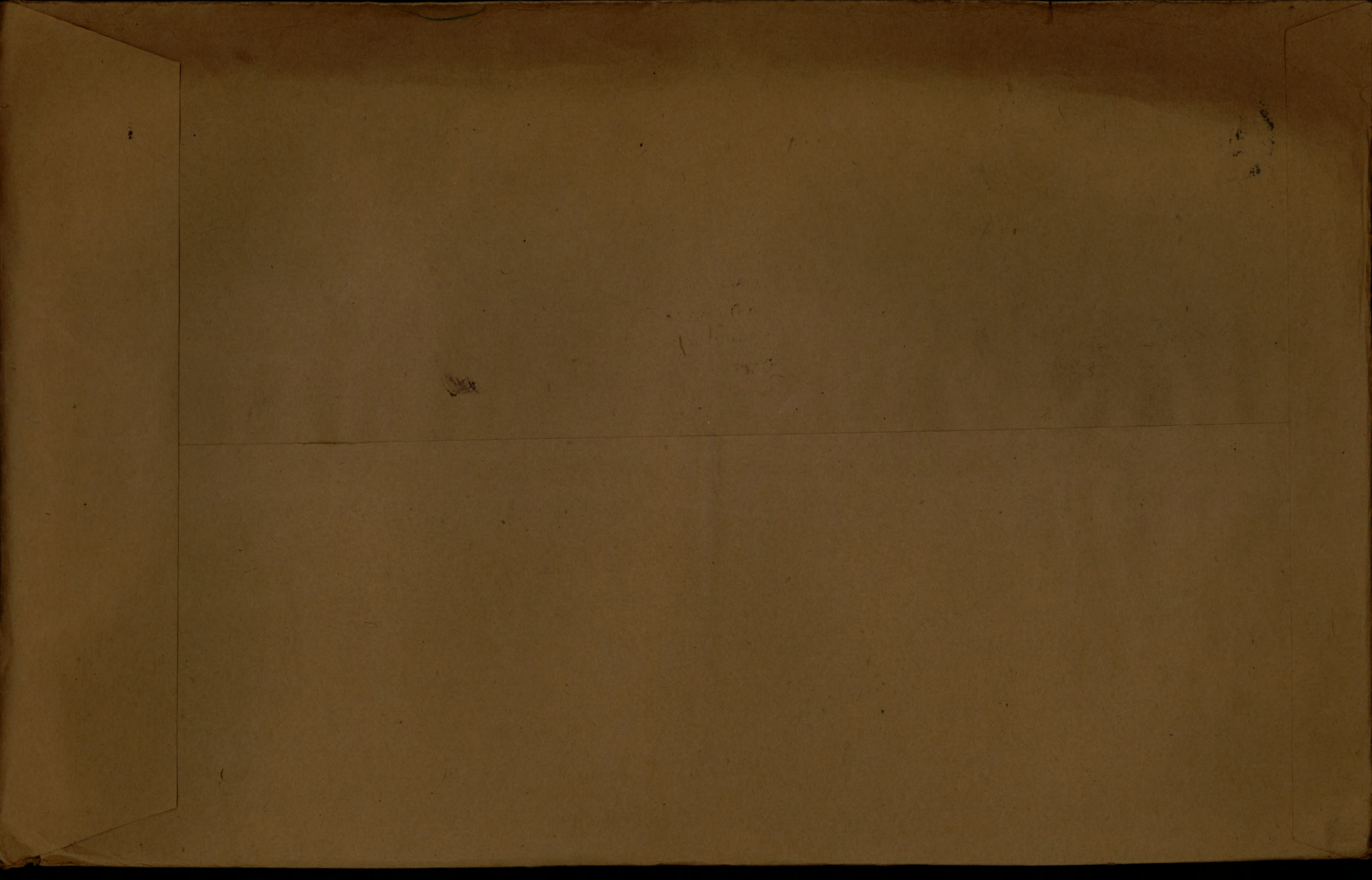
M. F. W. 62.  
100m.-6-17.  
H. Q. 1772-39-935.

*original*

*Mix.*  
*22-2-21*  
*R.R.*

*19132*







copy map

and 26  
17-6-16

437439

# ATTESTATION PAPER.

No. ~~37736~~

Folio.

## CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

### QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

1. What is your name?..... Cochrane Henry
2. In what Town, Township or Parish, and in what Country were you born?..... Bristol England
3. What is the name of your next-of-kin?..... Mother Elizabeth
4. What is the address of your next-of-kin?..... 77 The Nursery, North St
5. What is the date of your birth?..... Aug 19<sup>th</sup> 1886
6. What is your Trade or Calling?..... Labourer
7. Are you married?..... no
8. Are you willing to be vaccinated or re-vaccinated?..... yes
9. Do you now belong to the Active Militia?..... no
10. Have you ever served in any Military Force?..... no  
If so, state particulars of former Service.
11. Do you understand the nature and terms of your engagement?..... yes
12. Are you willing to be attested to serve in the CANADIAN OVER-SEAS EXPEDITIONARY FORCE?..... yes

Redmunda  
Bristol  
Eng.

H. Cochrane (Signature of Man).  
C. E. Hodson (Signature of Witness).

### DECLARATION TO BE MADE BY MAN ON ATTESTATION.

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

Date Aug 30<sup>th</sup> 1915 H. Cochrane (Signature of Recruit)  
C. E. Hodson (Signature of Witness)

### OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Henry 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.

Date Aug 30<sup>th</sup> 1915 H. Cochrane (Signature of Recruit)  
C. E. Hodson (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 Edmonton this 30<sup>th</sup> day of Aug 1915.

W. E. Rennie (Signature of Justice)

I certify that the above is a true copy of the Attestation of the above-named Recruit.  
H. L. Harvey (Approving Officer)

4413



# Description of *Henry Cochrane* on Enlistment.

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

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

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

Height ..... *5* ft. *7* ins.

Chest measurement { Girth when fully expanded ..... *40 1/2* ins.  
 Range of expansion ..... *5 1/2* ins.

Complexion ..... *Medium*

Eyes ..... *Grey*

Hair ..... *Medium*

Religious denominations. { Church of England ..... *Yes*  
 Presbyterian .....  
 Wesleyan .....  
 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 ..... *Aug 30<sup>th</sup>* 191*5*

Place ..... *Edmonton*

.....  
*W. S. S. S. S.*  
 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.

..... *Henry 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.

.....  
*W. S. S. S. S.* ..... (Signature of Officer)  
 Date ..... *Aug 30* 191*5*



LTR.

Rank \_\_\_\_\_ Name **COCHRANE, Henry** Reg'l No. **437739**  
 Unit **51st, Bn.** If in perm. Corps, }  
 What Unit? }

Married or Single **Single.**

Place and Date of Enlistment **Edmonton, 30th, August, 1915.** Place of Birth **Bristol, England.**

Name and Address, Next-of-Kin **Elizabeth Cochrane.**

**77 The Nursery, North St, Bedminster, Bristol, England.** Relationship **Mother.**

Assigned Pay Monthly \$ \_\_\_\_\_ Payable to \_\_\_\_\_

Relationship

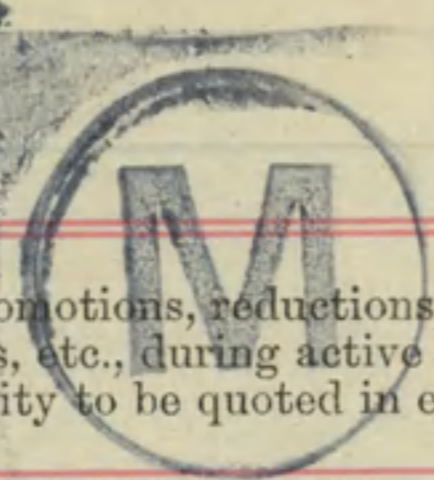
**N E R B Serial No 1**

Separation Allowance \$ \_\_\_\_\_ Payable to \_\_\_\_\_

Relationship

Discharge, Date and Place \_\_\_\_\_ Reason \_\_\_\_\_ Character \_\_\_\_\_

*M-X  
22-2-21 R.P.*



Report Date	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.
		<i>Arrived in England</i>		<i>28 APR 1918</i>	<i>ss "Naissanalie"</i> <i>A.F.B. 103. ckd. 13/6/16.</i>
<i>14.6.16.</i>	<i>51<sup>st</sup> Bn.</i>	<i>S.O.S. on transfer to 2<sup>nd</sup> Bn.</i>	<i>Bramsboit.</i>	<i>8.6.16</i>	<i>Pt II D.O. 120. auth 12 B D O. 152.779.</i>
<i>14.6.16</i>	<i>OC 2<sup>nd</sup></i>	<i>S.O.S. 2<sup>nd</sup> Bn</i>	<i>France</i>	<i>9.6.16</i>	<i>" 24</i>
<i>9.9.16</i>	<i>" 2<sup>nd</sup></i>	<i>Killed in Action</i>	<i>"</i>	<i>3.9.16</i>	<i>Pt II 42</i>
<i>13.9.16</i>	<i>" "</i>	<i>" " "</i>	<i>"</i>	<i>3.9.16</i>	<i>Ch A/460</i>



N.E. R.B. No. \_\_\_\_\_  
 File No. \_\_\_\_\_  
 Category *K.A.*







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

# Casualty Form—Active Service.

CERTIFIED CORRESPONDENT  
 Canadian Press Office  
 Westminister House,  
 7, Millbank, S.W.

Unit, Regiment or Corps 51<sup>st</sup> O BATT  
 Regimental No. 437729 Rank Pte Name Cochrane Henry  
C. E. F.  
 Enlisted (a) 30-8-15 Terms of Service (a) Duration of War Service reckons from (a) 30-8-15  
 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) \_\_\_\_\_

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				
		Embarked Canada	Halifax	18-4-16	
		Debarked England	Liverpool	28-4-16	
		Proceeded for service	Overseas	8/5/16	with Battalion
					A. Bullock R. Lt for O.C. 51st BATT. Captain & Adjutant, Canadian Infantry.
9-6-16	C.B.D.	Taken on strength 2nd Bn	C.B.D.	9-6-16	H.R.Pt II O.No.28 d/14-6-16
10-6-16	Co	Returned left to join Unit	Field	10-6-16	H.R.D.C.S.314 d/- 15-6-16.
18-6-16	2nd Bn	Rejoined Joined Unit	Co	11-6-16	B. 213
4-9-16	O.C. Unit	KILLED IN ACTION	Field	3-9-16	K.I.135-1005 Part 11 No 42 d/9-9-16.

*J. Hogan*  
 Captain  
 for C. Col. C. S.

(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				
<del> </del>					



*Handwritten initials*

Register No. 10 6 1371

WAR SERVICE GRATUITY  
TO  
DEPENDENTS OF DECEASED SOLDIERS

~~Office~~  
A.P. File No. 3365-H-41

Regt'l No. 437739 Name Henry Cochrane  
(Christian Name) (Surname)  
Unit 2 Bn Rank Pte Date of enlistment.....  
Date of casualty 3/9/16 B.P.C. File No. 199631  
Was service performed overseas? yes

DEPENDENT

Name Mrs Elizabeth Cochrane Relationship w- mother  
Address 77 The Nursery, North St.  
Bedminster, Bristol  
England

Amount of Special Pension Bonus \$ nil Abstracted by Mrs. Colan

M.F.W. 2652  
25M-6-20.  
H.Q. 1772-89-1473

Eligible for Gratuity ..... \$.....  
Less amount of Special Pension Bonus paid..... \$.....  
Less Debit Balance of S. A. or A.P..... \$.....  
Total deductions \$.....

Balance due \$.....

Cheque No..... Date issued.....

REMARKS: not eligible no S.A  
paid

Clerk J. Le Court.

Audited by  
Date .....

*Handwritten initials*







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..... *57<sup>th</sup> Overseas Battalion*  
*Canadian Expeditionary Force*

(2) Regimental Number..... *437739*

(3) Full Name of Soldier..... *Cochrane Henry*

(4) Place of Birth..... *Bristol Gloucestershire England*

(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?..... *✓ No.*

(8) Have you any children?..... *✓*

If so, give number of boys and girls..... *5*

Also their names and ages..... *✓*  
*✓*  
*✓*  
*✓*  
*✓*



(9) Is your Father alive? *No*

If so, state name and address

(10) Is your Mother alive? *Yes*

If so, state name and address *Elizabeth Cochran*

*17 The Nursery Redminster Bristol Gloucestershire*

(11) If your Mother is a widow? *Yes* *England*

Are you her sole support, or not? *No*

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

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

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

(15) Are you insured? *No*

If so, in what Company?

Have you made arrangements for payment of your Insurance premium?

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

Date *March 2nd 1916*

*M. Wilkes*  
*in hospital*  
Major Gen  
Lient. Colonel  
Commanding, 51st Overseas Battalion, C. E. F.  
Officer Commanding.



# ORIGINAL MEDICAL HISTORY SHEET.

437439  
b

Surname Cochrane Christian Name Henry

Examined { on 30 day of Aug 1915  
at Edmonton  
Birthplace { City or Town Bristol  
County England

Approved by [Signature]  
Rank Captain M.O.

Apparent age 29  
Trade or occupation Labourer  
Height 5 Feet 5 1/4 Inches.  
Weight 149 Lbs.  
Chest measurement { Minimum 35 inches.  
Maximum expansion 34 inches.

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT,
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Physical development good  
Small-Pox Marks   
Vaccination Marks { Arm Right  Left 3  
Number

Date	Result	VACCINATIONS.
<u>30/9/15</u>	<input checked="" type="checkbox"/>	<u>Jas. L. Hammond</u> M.O.
		M.O.
		M.O.

When Vaccinated last 1888  
(a) Marks indicating congenital peculiarities or previous disease

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>27/9/15</u>	<input checked="" type="checkbox"/>	<u>[Signature]</u> M.O.
<u>24/9/15</u>	<input checked="" type="checkbox"/>	<u>Captain</u> M.O.
		M.O.

(b) Slight defects but not sufficient to cause rejection  
Tattoo R. Forearm

Enlisted on 30<sup>th</sup> day of August 1915 at Edmonton

	CORPS.	REGT'L NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>51<sup>st</sup> Batt</u>	<u>37739</u>	<u>Good</u>	<u>30 Aug 1915</u>
Transferred to.. ..				

### EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.

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.







ad

Number 434739

Rank Pte

Surname

COCHRANE

Christian Name

Henry

Units

Br Can Coy

Theatre of War

France

Date of Service

9-6-16

Remarks

(Niece) Miss Doris Alcock

Latest Address

44 Dunkery Rd.  
Windmill Hill

Roll No.

B Page 22083  
Bedminster  
Bristol, Eng.

200m.-6-21.M.



GRATUITY (IMPERIAL)

REG. No.

SURNAME

CHRISTIAN NAME

LINE No.

SCHEDULE No.

UNIT RETIRED OR DISCHARGED FROM

PLACE OF RETIREMENT OR DISCHARGE

IMPERIAL DEPOT No.

DATE RECEIVED FROM OTTAWA

DATE FORWARDED TO OTTAWA

DATE RECEIVED FROM REG. DEPOT.

*[Handwritten signature]*  
*[Red stamp: DESP. - JAN 25 1933]*



649-C-7639

CARD NO.

SURNAME.

*Cochrane*

CHRISTIAN NAMES

*Henry*

REGL. NO.

*437739*

RANK

*Pte.*

UNIT

*51st.*

*Batt.*

FORMER CORPS

*nil.*

NEXT OF KIN.

NAMES IN FULL

*Cochrane, Mrs. Elizabeth.*

RELATIONSHIP TO SOLDIER

*Mother.*

ADDRESS

*77 The Nursery, North St. Bedminster  
Bristol, Eng.*

CHANGE OF ADDRESS

COUNTRY OF BIRTH

*England*

*Bristol.*

DATE

*Aug. 19th. 1886.*

PLACE OF ATTESTATION

*Edmonton. Alta.*

DATE

*Aug. 30th. 1915.*

*OS 13-H-16 387  
5*



Sailed from Halifax per. **S.S. Missawabic 13/4/16.**

MARRIED

SINGLE

WIDOWER

TRADE OR CALLING

yes.  
Labourer.

RELIGION

Church of England.

DESCRIPTION.

APPARENT AGE

29

YEARS

MONTHS

HEIGHT

5

FEET

INCHES

CHEST MEASUREMENT

40 1/2.

INCHES

EXPANSION

5 1/2.

INCHES

COMPLEXION

Medium.

EYES

Grey.

HAIR

Medium.

DISTINGUISHING MARKS

nil.

MEDICAL EXAMINATION.

PLACE

Edmonton, Alta.

DATE

Aug. 30th. 1915.

**Present address not stated**



Name *Cockrane H.* Rank *Private* Reg. No. *437739*  
 Unit *2nd Battalion* *25.6.1912*  
 Next of Kin *Elizabeth Cockrane*  
*77 The Nursery St. Bedminster*

Date	Movement	Place	Casualty	List No.	Notified N/K O.	Bristol W.O. List
3-9-10	D.C.S. 356					<i>Eng</i>
	<del>14</del> "Killed in Action"		<i>100+</i>		A460	0626 15/9







NAME *Cochrane, Henry*

H. Q. FILE No. 649-

REGT'L. No. *434739*

RANK AND CORPS *Pte. 2nd Bn. Form 51st Bn*

CABLE

NATURE OF CASUALTY

NO. DATE

<i>0626.</i>	<i>12-9-16.</i>	<i>Killed in action - Sept. 3rd /16.</i>
<i>2090</i>	<i>9-9-16</i> <i>Rouen</i>	<i>" " " "</i>



LIST No.

HOSPITAL

DATE OF  
ADMISSION

REMARKS

Q460. Rep. from Base

3.9.16

Felled in Action



No. 437739 RANK *Pte.*

NAME *Cockrane H.*

T. O. S. *30-8-15*

UNIT *51st Battalion C. E. F.*

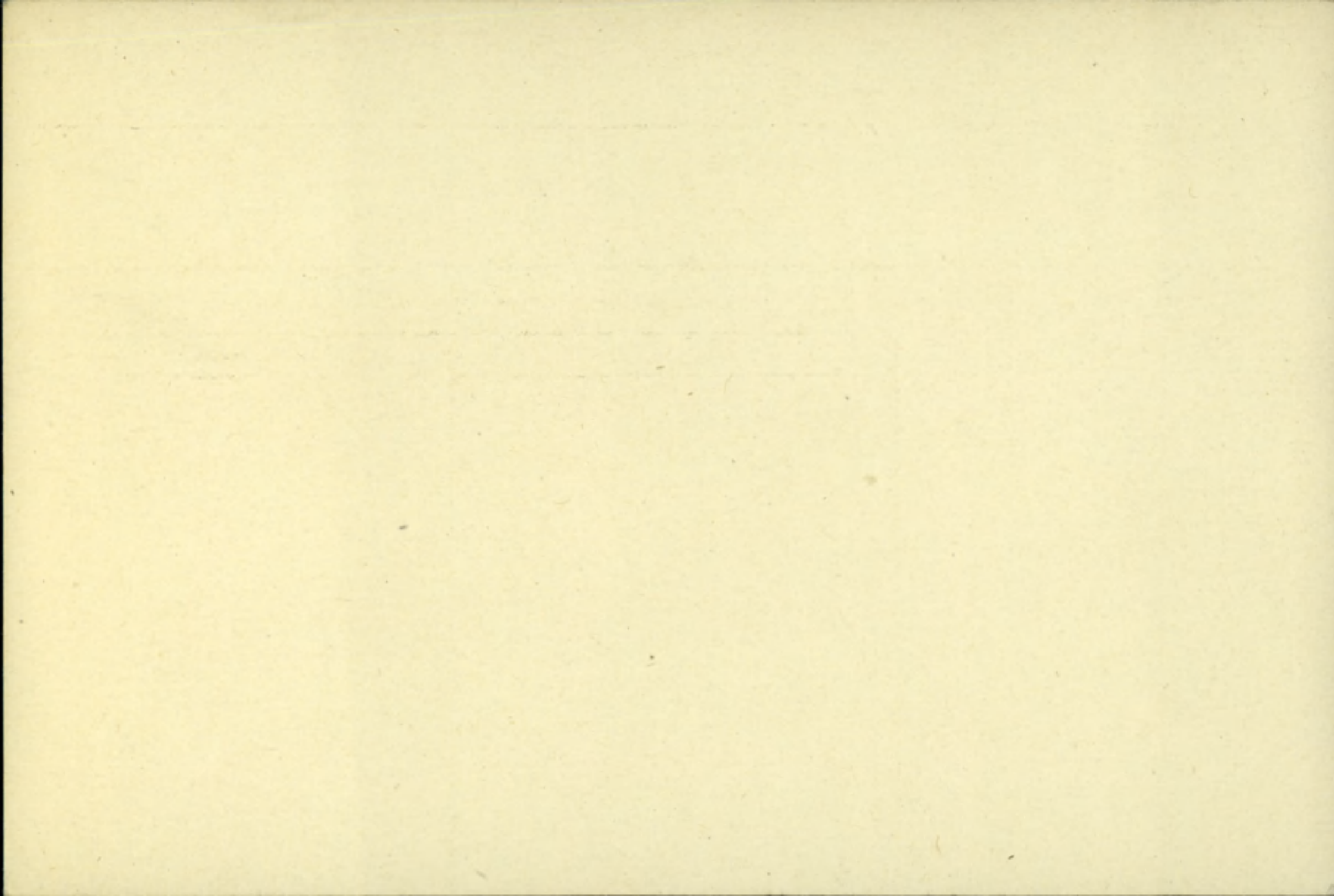
*D.O. 21-6-9-15.*

M. D. *13.*

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
<i>1915</i> <i>Aug. 30</i>	<i>1915.</i> <i>Sept. 30.</i>	<i>✓</i>		
	<i>Oct.</i>	<i>✓</i>		
	<i>Nov.</i>	<i>✓</i>		
	<i>Dec.</i>	<i>✓</i>		
<i>1916</i>	<i>1916.</i> <i>Jan.</i>	<i>✓</i>		
	<i>Feb.</i>	<i>✓</i>		
	<i>Mar.</i>	<i>✓</i>		
	<i>April</i>	<i>n</i>		

UNIT SAILED  
APR 18 1916







H. Q. 649-0-7639.

✓ ✓ ✓ ✓ ✓  
COCHRANE, Pte. Henry, #437739,

✓  
2nd Bn.

Med & D

(Niece)

Miss Doris Alcock,  
44 Dunkerry Road,  
Windmill Hill,  
Bedminster, Bristol, Eng.

M

P & S

(Mother)

Mrs. E. Cochrane,  
77, The Nursery,  
North Street, Bedminster,  
Bristol, England.

(Ser. # 760919)

Mem Cross

(Mother)

Address as above 9631

Regn. No 245625

Regn. No

Not Eligible for 14-15 Star  
1E .. .. V.M.  
1E .. .. B.W.M.

Regn. Dec 6 1921

19675 R.R.

R.R.



M

47295

MAR 5 1921

1100

1551



Surname

Christian Name or Names

Reg. No.

*Lockman. H.*

*437439*

Rank

Unit

Co.

Troop

Batty.

*Pli*  
Hospital

*2 Batt*

Date of Admission

Transferred

Hosp.

Hosp.

Hosp.

Hosp.

Diagnosis

(1)  
Later Diagnosis (if changed)

(2)

(3)

*Killed in Action 3.9.16*

Additional Diagnosis: if more than one state present

DISPOSITION

Date

REMARKS

*By 13.9.16 AH60*

**A.M.D. 2 DEPT.**

**Beh. of D.G.M.S. O.M.F.C. London.**

*RP*



EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.

2.

3.

4.

5.

6.

7.



51ST OVERSEAS BATT., C. E. F.

No 437739 Pte Cochrane Henry

- 20 -

Perforated sheet for Will from Pay Book of Reg.

No. 437739

Name Private, Cochrane Henry

Unit 51<sup>st</sup> Battr. Canadians

Military Will.

In the event of my death I  
give the whole of my property  
and effects to my niece

Miss Doris Alcock

44 Dunberry Rd

Windmill Hill

Badminton

Bristol

England

Signature Henry Cochrane

Rank and Regt. 437739 Pte 51<sup>st</sup> Canadians

Date June 6<sup>th</sup> 1916

Extracted from Pay Book by

22505

ESTATES BRANCH

sup AUG 11 1919

MILITIA DEPT.

H. B. Inglis  
Capt. Paymaster





UNITED STATES

...

...

...







