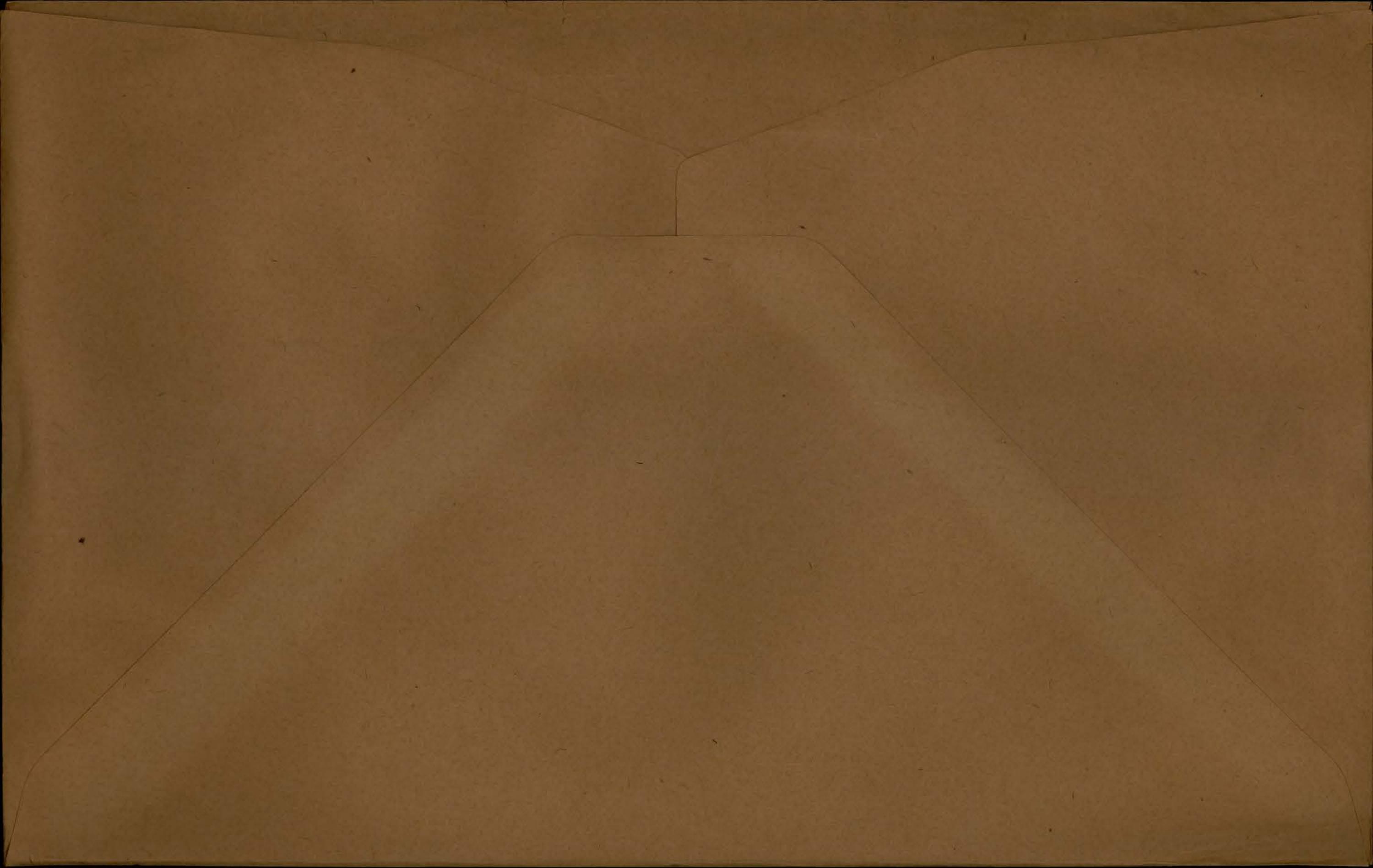
C.E.F. REGIMENTAL DOCUMENTS

NAME COOK, DAYID

REGT. NZ5774

UNIT 29 BN H. Q. FILE No. 33018 DATE M. F. W. 2505 REFERENCE NON-EFFECTIVE BY TO WHOM FORWARDED DATE RECEIVED CONTENTS ATTESTATION PAPER (M.F.W. 23, 133 or 51) DEATH CASUALTY FORM (M.F.W. 54 or A.F.B. 103) CATEGORY TRAINING HISTORY SHEET (M.F.W. 113) FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122) REGT. CONDUCT SHEET (M.B.W. 263 or A.F.B. 120) COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121) MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 173) DISCHARGE DENTAL HISTORY SHEET (M.F.B. 465) CATEGORY MEDICAL REPORT (M.F.B. 227 or A.F.B. 178) 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) DESERTION LAST PAY CERTIFICATE (M.F.W. 44) PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268) PARTICULARS OF CHARACTER (A.F.W. 3226) COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A) CARDS PAY-SHEETS

M.F.W. 2589 20M-4-46 (9113) H.Q. 1772-39-1377



ORIGINAL OATTESTATION PAPER.

29th Bh No. 25774

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT	BEFORE ATTESTATION.
	(ANSWERS).
1. What is your name?	Coop. Davia.
2. In what Town, Township or Parish, and in what Country were you born?	Montreal
3. What is the name of your next-of-kin?	Mother Bella
4. What is the address of your next-of-kin?	137 Canning Si Montre
5. What is the date of your birth?	May 320 1887.
6. What is your Trade or Calling?	Machuist
7. Are you married?	no gg
8. Are you willing to be vaccinated or re-	1 1
vaccinated?	Yus
9. Do you now belong to the Active Militia?	9,5
10. Have you ever served in any Military Force? If so, state particulars of former Service.	Lo
11. Do you understand the nature and terms of your engagement?	Uso
12. Are you willing to be attested to serve in the)	yus.
Canadian Over-Seas Expeditionary Force?	Deock (Signature of Man).
	(Signature of Man).
	J. De Common (Signature of Witness).
Date Rov 10 1914.	sty should so long require my services, or until legally (Signature of Recruit) (Signature of Witness)
in data bound honestly and faithfully defend His M	he Fifth, His Heirs and Successors, and that I will as ajesty, His Heirs and Successors, in Person, Crown and bey all orders of His Majesty, His Heirs and Successors,
Dato 200 10 1914.	(Signature of Witness)
CERTIFICATE	OF MAGISTRATE.
The Recruit above-named was cautioned by no questions he would be liable to be punished as proving The above questions were then read to the Relative taken care that he understands each questions duly entered as replied to, and the said Recruit has before me, at the late of the lat	ne that if he made any false answer to any of the above ded in the Army Act.
I certify that the above is a true copy of the	Attestation of the above-named Recruit.
	(Approving Officer)

#774 FJ

200 M.—8-14. H.Q. 1774-1-13.

Γ	Description of Cook.	David on Enlistment.
o be	determined according to the instructions given in the Reguions 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).
Ieig	ht 5 ft. 8 hins.	
Cyes	Girth when fully expanded So Kins. Range of expansion Sins. Plexion Fair. Blue Brown.	
	/Church of England	
denominations.	Presbyterian	
de	(Denomination to be stated.) Roman Catholic	
	Jewish	
f re	CERTIFICATE OF MEI	find that he does not present any of the causes
ree	use of his joints and limbs, and he declares that h	
	I consider him* Ht for the Canadi	
		Signed Calmediarmid
lace	baucouver.	Medical Officer.
	*Insert here "fit" or "unfit." Note.—Should the Medical Officer consider the Recruit unfit, he	e will fill in the foregoing Certificate only in the case of those who have
en a	ttested, and will briefly state below the cause of unlitness:—	COPY ATTESTATION
	ATTESTA	STITUTED FOR IORIGINAL OR DUFLICATED ATION, IN ACCORDANCE WITH KING'S
	······································	AND JOUGGNATURE OF C. O.
	CERTIFICATE OF OFFICE	Commanding 29th (Vancouver) Bettalion Cand Commanding UNIT:

Date 1914.

Legislation of this Attestation.

(Signafore of Officer)

Commanding 29th (Vancouver) Battalian C

inspected by me this day, and his Name, Age, Date of Attestation, and every prescribed particular having

......having been finally approved and

David

Folio. Township or Parish, and in were you born? 3. What is the name of your next-of-kin?..... 4. What is the address of your next-of-kin?..... 5. What is the date of your birth?..... 6. What is your Trade or Calling? 7. Are you married? 8. Are you willing to be vaccinated or revaccinated?.... 9. Do you now belong to the Active Militia?...... 10. Have you ever served in any Military Force?.. If so, state particulars of former Service. 11. Do you understand the nature and terms of your engagement?..... 12. Are you willing to be attested to serve in the) CANADIAN OVER-SEAS EXPEDITIONARY FORCE? .(Signature of Man). .(Signature of Witness). DECLARATION TO BE MADE BY MAN ON ATTESTATION. I, 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.(Signature of Recruit) (Signature of Witness) OATH TO BE TAKEN BY MAN ON ATTESTATION., do make Oath, that I will be faithful and bear true Allegiance to His Majesty Wing 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. D COOK (Signature of Recruit) (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 Mandauth this day of 10 1 1914. (Signature of Justice) I certify that the above is a true copy of the Attestation of the above-named Recruit.

Commanding 29th (Vancouver) Buttulion Gunudian

Expeditionary Forces

200 M.—8-14. H.Q. 1772-1-13.

Description of	Jook	Laved on Enlistment.
pparent Ageyear be determined according to the instructions 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).
eight	ft. 8 Zins.	
Girth when fully expanded	Gins.	
omplexion and	111S.	
yes	an	
Church of England		
Wesleyan		
Wesleyan Baptist or Congregations Other Protestants (Denomination to be stated.)		
Roman Catholic		
CERTI	FICATE OF ME	DICAL EXAMINATION.
rejection specified in the Re	gulations for Army Me	
ee use of his joints and limbs	s, and he declares that	he is not subject to fits of any description.
I consider him*	for the Canad	lian Over-Seas Expeditionary Force.
te Nove	101914.	161Mhl-
*Insert here "fit" or "unfit."		Medical Officer.
Note.—Should the Medical Officen attested, and will briefly state below	cer consider the Recruit unfit, w the cause of unfitness:—	he will fill in the foregoing Certificate only in the case of those who have

David fook 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.

Commanding 29th (Vencours) (Signature of Officer)
Expeditionary Force

Date /20// 1914.

Name COOK David. Reg'l No. If in perm. Corps, What Unit? Sin le. Unit Married or Single Vancouver. B.C. 10th Nov. 1914. Place and Date of Enlistment Place of Birth Name and Address, Next-of-Kin Bella Cook. 137, Canning St. Montreal. Quebec. Mother. Relationship Assigned Pay Monthly \$ Payable to Relationship Separation Allowance \$ Payable to Relationship Discharge, Date and Place PAY Field Allowance Voucher Other Total Cash Assigned Other Total Remarks, No. of Days Balance Credits Credits Charges Debits Payments Casualties, etc. Amount 30 2450 5 50 3 10 5 50 39 60 106 15 31 10 Statument of 1.11.15 30.11.15 NOV 14 THE count rendered 31 310 10 523/6028 131 31 10 310 30 50 268701

PAY Field Allowance Voncher Date Remarks, Total Cash Total Other Assigned Other No. ef Days Balance No. ef Days Debits Casualties, etc. Credits Credits Payments Charges pay No. Date Rate Rate Te Amount From Amount

Rank

Name COOK David.

Reg'l No. 75774.

Unit

29th Bn.

If in perm. Corps, What Unit?

Married or Single Sin le.

Place and Date of Enlistment Vancouver. B.C. 10th Nov. 1914. Place of Birth Montreal. Quebec.

Name and Address, Next-of-Kin Bella Cook. 137, Canning St. Montreal. Quebec.

Relationship Mother.

Assigned Pay Monthly \$

Payable to

Relationship 2 /39 h 2 225.27 N/E R.B. 4

Separation Allowance \$

Payable to

Relationship

			Relationship			
	Disc	harge, Date	and Place	Reason		Character
	Report		Record of promotions, reductions,			DW. 9
	Date	From whom received	transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place	Date	Taken from Official Documents
		M	C. Est			
			Emble for Engle R. M.S. Missambe	ie"	20.5.15	
		O.C. the Bu	Embh for Engle R. M.S. Missage be absent from 9.30 p.m. aug. 8 to 7 k.m. aug. 9th = 1 day's flag	Otterpool		Ø D PI-TT 930
	15.9.15	29			15:9.15	D. O. Pt-II 239 Cancelled D. O. Pt: II 270.
	13.9.15	" -	Transferred to Base Details	"	13.9.15	269
			Embarked for France.		17.9.15	Nom. Roll. 1.9.15.
14	7.3.16	29. Bn.	adm: Div: Rest Stat: 6th Can Hd	.Amb: France	9.2.16	C.L. A. 164 Gastralgia".
			Dis to Duty with Unit.			
						C. L. h. A 175. myocarditis. Chrone
						n n n n n
	14.4.16	29th Bn	Granted & dep & of Abs. from	In the field	25-3-16	PtI.h=16
	1-8-16	A	13 Can Field auch Died of Womes	4	21-7-16	Car List A 283 M10547
			0		6	

est fact

Rep	ort	Record of promotions, reductions,	Place Date					
Date	From whom received	Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.			REMARKS Taken from Official Documents			
31.7.16	UF. 29th	Died of Wounds pred in action	+ Field	21.7.6	PH. 0. 30			
				May 1				
1711 5/110	SARAMAR MAR DO MOR							
		70.						
			3					

		4. Terms of Service (a)	Name 600	Service rec	ckons from (a) 1. Mov: 1914.
	esent rank	Date of appoint to lance rankers. Re-engaged	tillent	ro	erical position on
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.
9-15	D.Rs. 67.a	Justralgia - Adm	D.RS. 67.00	9. 2.16	Nom Rocc a 36 CR q3
2.16	6 Can Fa	. Disch to duty	I Can I a.	12.2.16	· CR os
3.16	1 Can Fa	My ocarditis Chr. adm Rejound from X. a my ocarditis. Anich to dul	Liela Liela Liela	25.2.16 8-3.16 8-3.16	B213 ER99 a36 CR1019
J. 16	0 29 m	Granted & lays leave	1000		B213 Part 2 Orders 14. 4.1 Letter. aag No. 137/59 H2 O. 30 df. 31.7.16
			1.2.0	LAS	10 0. 30 dq. 31.7.16
				*	for L ¹ Col. A. A. G.

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as			Remarks	
Date	From whom received	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	taken from Army Form B. 213, Army Form A. 36, or other official documents.	
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	2007					
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	The state of					
23						

EPITOME OF HOSPITAL TREATMENT.

	Hospital	Adm.
1. ,		
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3.		

4.		
5.		
6.		
7,		

Surname . Ur	Christian Name or Names	75 44 75
Hospital	g 4 Batt.	Date of Admission
Dirransiperst S/4	Can Fla amb	Hosp. 9. 2.16
	***************************************	Hosp.
Diagnosis Gast	ralgea	
(2) (3)	Enyocarditis	
Additional Diagnoses: If m	ore than one state present	
DISPOSITION Dió Co	Duty with the	nit 12,2.16
2.21.3.16# 21.23.3 16#	# 4/64. REMARK 2/75 a/e 29 By rep. 176 with ## 3. 1283	solo rejouved
1.8.16	10 unil # 3. 1283	16
***************************************	A.M.D. 2 D	EPT.
***************************************	Bah. of D.G.M.S. O.	M.F.C. Louis

3 m/s.

SURNAME. Cook	649-6-4161	CARD NO.
CHRISTIAN NAMES Warid		FOLL.
REGL. NO. 7 5 7 7 4 RANK	pte.	
UNIT 29 th.	1	Bn
FORMER CORPS hel.		
NEX"	T OF KIN.	CHANGE OF ADDRESS
NAMER IN FULL Cooke mis	Bella.	
RELATIONSHIP TO SOLDIER Mother		
ADDRESS + 37 Canning S	d. montreal	
}	P.Q.	
Letter 9-8-16.	, ,	
PLACE OF ATTESTATION Vanco	contreal P. Q. DATE	may 3rd 1889.
PLACE OF ATTESTATION Vanco	mer B.C. DATE	nov. 11th 1914.
L. L. 10437. M. & D. 7253.05 20 - 5-15-87	M. F. W. 22. 100m.—11	I-16. H. Q. 1772-39-339.

MARRIED

SINGLE YES.

WIDOWER

TRADE OR CALLING

RELIGION

DESCRIPTION.

APPARENT AGE YEARS

Tresent address

MONTHS

HEIGHT FEET

INCHES

CHEST MEASUREMENT

INCHES EXPANSION

INCHES

COMPLEXION

EYES

HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION. PLACE

DATE

No. 774 RANK Ple-75774 (mar. Caylish) NAME Cook D.

1-11-14 No, her. 1914 UNIT 2 god Battalion

M. D. # //

	0	R	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.				
My her see	- 0	PARTICULARS	AUTHORITY				
France			UNIT SAILED MAY 2 0 1915				



Christian Name... ABA Can In Theatre of War Units 29 th Date of Service 17 - 9-15. Remarks..... Latest Address Mrs. Roll No. 200m.-6-23

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

0				REGT'L NO	25-974
N. DE LON	of 1	Quoid.		H.Q. FILEN	0. 649-
RANK AND C	OPPS P	7	Batt		FOLLOWS
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No.	DATE		E OF CASUALTY		FOLLOWS
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2090A	39.7.16	4 1	11	1.	1
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L. L. Job 90581-	-M. & D. 6314.		7 7 27 7		M. F. W. 42-50M-1-16. H. Q. 17/2-39 853.

LIST No	HOSPITAL	DATE OF ADMISSION	REMARKS
A164	ORS. 6th C. Famb	9-2-16	Gastratgia
A164	1 con Ild And	12-2-16	Gastralgia Distoduty with
11175	y can ran money	25-2-16	my ocarditis Chronic
a175,	Ob 29th Batt uports	8-3-16	11 11 11
a.283.	6 Can Fld amb.	11.4-16	Sied of Frounds
2183			Gastratgia Distoduty with My occarditis Chronic Moined Unit Sied of Founds

Pte. Cook David Elegible for 1914-10 Star lame & Address of Legatee Mrs. Isabella book (m) 173 Coming It montreal, Que 5750 P& 50 Name & Address of Next of Kin asabour Name & Address of Female Next of Kin Memorial Cross. . as abour 897

Will Scroll Desp. 27-1-21 Reqn. No. 2:13,919
Plague Desp. APR 10.1922 n. No. 255088

Name Cook. D David Unit 29th Battalion Rank Private.

Reg. No. 75774

LC 28. C. 1807.

Canada Next of Kin

Date	Movement	Place	Casualty	List No.	Notified N/KO	W O. List
9-2-3	6. Div Rest Stat 61	h C.F.A.	Gastralgia	Al6	4	×.
Charles Annual Printer	16. Do. Dis To Duty 16. 1. Can Field An				COLUMN TO SERVICE STATE OF THE PARTY OF THE	
	6. O.C.29th Batt Re- -16. 6. Can Field A	mb DIED	OF WOUNDS.	A28		547.
		not	stated.	T	-0-T0	

			The state of the s		Med & American	
Date	Movement	Place	Casualty	List No.	Notified N/KO.	W.O. List
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100	4 . V		M. D. S. P.			
		1785				The last
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	And the second s					

Table III.—Boards; Courts of Inquiry, Vaccination, Inoculations, etc.; Examinations for Field or Foreign Service, Extension, Re-engagement, or Prolongation of Service; Issue of Surgical Appliances; Particulars of Dental Treatment, etc.

Date		Bri	ef details, and signature		
-apl. 1915.	lac	e			
130 /11/	Im	(C)			
10/10/14	Mos	lo \			
17/7/	3				
1/					
					0
			*		
				142	
	Та	ble IV.—S	ervice Table.		
Station or Troopship	Date of arrival or embarkation	Date of departure or lisembarkation	Station or Troopship	Date of arrival or embarkation	Date of departure or disembarkation
superior and a second					
		*			

Charged out-

(15700) W4581—513 115.000 9/14 S.P. & Co. Ltd.

ORIGINAL

649-04/61

Army Form B. 178.

P.T.O.

To be used for recruits enlisting direct into the Regular Army only.

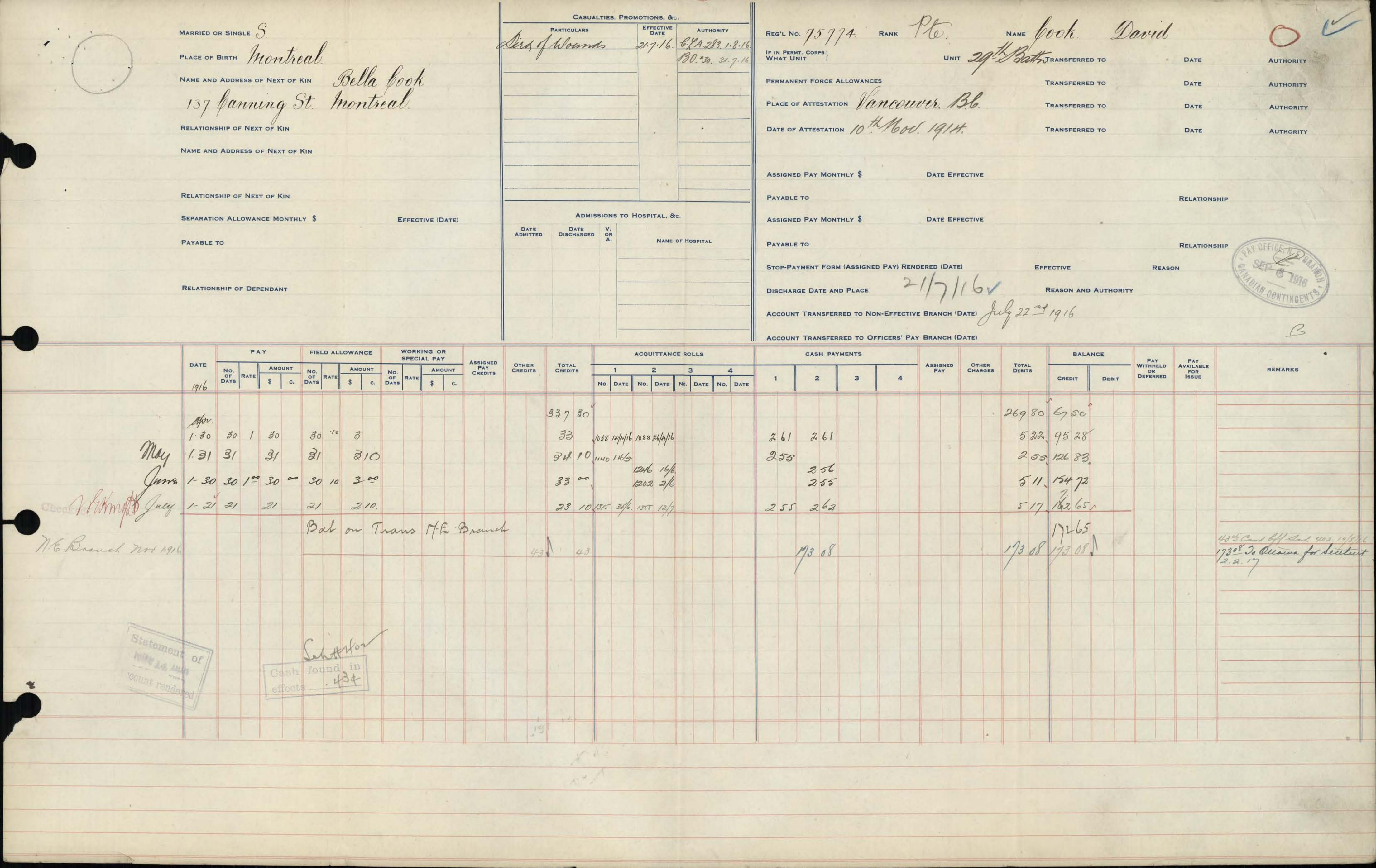
Army Form B. 178^A to be used for Special Reserve recruits and Special Reservists enlisting into the Regular Army.

Surname Cook Christian Name Savid Table I.—GENERAL TABLE. Birthplace Parish Saint Bionegrade County Mortreak So on J day of November 1914 at Jancouver 18 e Declared Age 24 years 86 days. Trade or Occupation Height 5 feet, // inches. Weight 62 lbs. Chest Birth when folly Expanded years feet, // inches. Weight 62 lbs. Chest Measurement Range of Expansion 36 inches. Physical Development 80 inches. Physical Development 80 inches. Yaccination Marks Number When Vaccinated Years 6 (a) Marks indicating congenital peculiarities or previous disease 100 (b) Slight defects but not sufficient to cause rejection 100 Approved by (Signature) (Rank) Medical Officer		servists enlisting into the Regula MEDICAL HISTORY of	ar Army.
Table I.—GENERAL TABLE. Birthplace			rid
Declared Age	In the second se		
Weight	Examined {		
Weight	Declared Age		days.
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Chest Measurement Expanded Measurement Range of Expansion Physical Development Vaccination Marks Number When Vaccinated Vision Vision (a) Marks indicating congenital peculiarities or previous disease (b) Slight defects but not sufficient to cause rejection Approved by (Signature) (Rank) (Rank) (a) Marks indicating congenital peculiarities or previous disease (b) Slight defects but not sufficient to cause rejection (a) Marks indicating congenital peculiarities or previous disease (a) Marks indicating congenital peculiarities or previous disease (b) Slight defects but not sufficient to cause rejection (c) Marks indicating congenital peculiarities or previous disease (b) Slight defects but not sufficient to cause rejection (c) Marks indicating congenital peculiarities or previous disease (a) Marks indicating congenital peculiarities or previous disease (a) Marks indicating congenital peculiarities or previous disease (a) Marks indicating congenital peculiarities or previous disease (b) Slight defects but not sufficient to cause rejection (a) Marks indicating congenital peculiarities or previous disease (b) Slight defects but not sufficient to cause rejection (b) Slight defects but not sufficient to cause rejection (c) Arms of the provious disease (d) Arms of the provious disease (e) Arms of the provious disease (d) Arms of the provious diseas	Height		inches.
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Sufficient to cause rejection Approved by (Signature) (Rank) Enlisted (at Jancouver Regtl. No. Joined on Enlistment (Corps Regtl. No. Transferred to 29 Batter 75 7744	(a) Marks indicating congenital peculiarities or		
(Rank) Medical Officer at Vancouver RC on H day of Softwaler 1914 Joined on Enlistment Transferred to 29 Ballin ", 75 774	sufficient to cause rejec-	(b) - Trong	
Enlisted at Conver BC on H day of September 1914 Joined on Enlistment Corps Transferred to 29 Ballin 75 774	Approved by (Signature)	C.a. Matrian	ind Caff
Joined on Enlistment On Hay of Softeneller 1914 Transferred to 29 Ballin " 75 774	(Rank)		Medical Officer.
Transferred to 29 Balls ", 75 774	Enlisted	1 10	PC
	Joined on Enlistment	Corps	Regtl. No.
Became non-effective by	Transferred to	29 Ballin "	75774
	Became non-effective by		
(Signature)day of		onday of	191 .

Table II.—Only for Admissions to Hospital or to the Sick List in the case of Warrant Officers treated in quarters.

The Contract of the Contract o	Admitted to Hospital			al D	Discharged from Hospital			Number	Remarks bearing on the cause, nature, or treatment of the case, likely to be of interest or of future	
Name of Hospital	Day	Mon	th Year	Day	y Mon	th Year	Disease	in Hospital	Remarks bearing on the cause, nature, or treatment of the case, likely to be of interest or of future use. In the sess of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet.	Signature of Medical Office
#										
	19									
				1						
- # A										
	1200									
	11/2									
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