

ATTESTATION PAPER.

No. 8081956

Folio.

96y

COD.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- 1. What is your surname?..... DRAKE
- 1a. What are your Christian names?..... John Samuel Gross
- 1b. What is your present address?..... Fostoria, Ohio. U.S.A.
- 2. In what Town, Township or Parish, and in what Country were you born?..... Fostoria, Ohio. U.S.A.
- 3. What is the name of your next-of-kin?..... Mrs. Therese Drake,
- 4. What is the address of your next-of-kin?..... Longueuil, Que. ~~SOLO~~ <sup>DOMICILE</sup> ADDRESS.
- 4a. What is the relationship of your next-of-kin?..... Wife.
- 5. What is the date of your birth?..... June 10th, 1885.
- 6. What is your Trade or Calling?..... Glass Cutter.
- 7. Are you married?..... Yes.
- 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. XXXXX <sup>J.S.G.</sup>  
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 } Yes.  
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? }
- 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?..... Not applicable
- 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?..... Not applicable

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, DRAKE, John Samuel Gross, 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 Samuel Gross Drake (Signature of Recruit)

Date Feb 12th, 1918. Louis Benjean (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, DRAKE, John Samuel Gross, 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 Samuel Gross Drake (Signature of Recruit)

Date Feb 12th, 1918. Louis Benjean (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 Montreal this 12th day of February 1918.

Thomas (Signature of Justice)

# Description of DRAKE, John Samuel Gross on Enlistment.

Apparent Age 32 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 ..... 4 1/2 ft. .... ins.

Chest measurement { Girth when fully expanded..... 36 ins.  
 Range of expansion..... 3 1/2 ins.

Complexion ..... Medium

Eyes ..... Blue

Hair ..... Brown

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

R. D. = 210  
 L. D. = 36  
 R. EAR OK  
 L. EAR

## 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..... FEB 12 1918 191

Place..... MONTREAL, P. Q.

Declared **FIT** by **MEDICAL BOARD**  
**MOBILIZATION CENTRE, M. D. #4**  
AWM Archibald Capt  
 Medical Officer.  
 President, S. M. B.

\*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:—

**"A" Fit for General Service**

## CERTIFICATE OF OFFICER COMMANDING UNIT.

John Samuel Gross DRAKE ..... 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. A. Piche  
 Lieut.-Col. (Signature of Officer)  
 Commanding 1st Depot Bn. 1st Quebec Regt.

Date..... Feb 12th, ..... 191 8.

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

Attestation Papers.....

Declaration of change of name.....

Authority for special enlistments.....

Documents of re-enlisted men.....

Regimental Conduct Sheet.....

Compulsory Stoppages.....

Casualty Forms.....

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.....

Proceedings of Regt. Court Martial.....

Copies of Convictions by Civil Power.....

Company Conduct Sheet.....

Clothing Transfer Certificate.....

Inventory of Kit.....

Last Pay Certificate.....

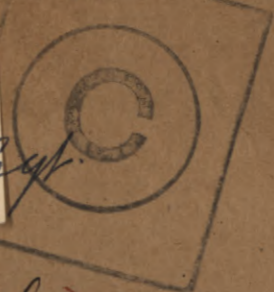
R. O. No.....

H. Q. No.....

Name DRAKE John Samuel  
Regt. No. 3081956 Rank Pte  
Corps 1st Dep't Bn 1st Div Regt

~~Collt~~ GROSS

24705



Deceased 3/5/18

~~Cards~~

~~1. Index removed 11-1-18~~

~~1. Casualty.~~

~~John Smith~~  
19-11-20



2  
1-20  
1-20

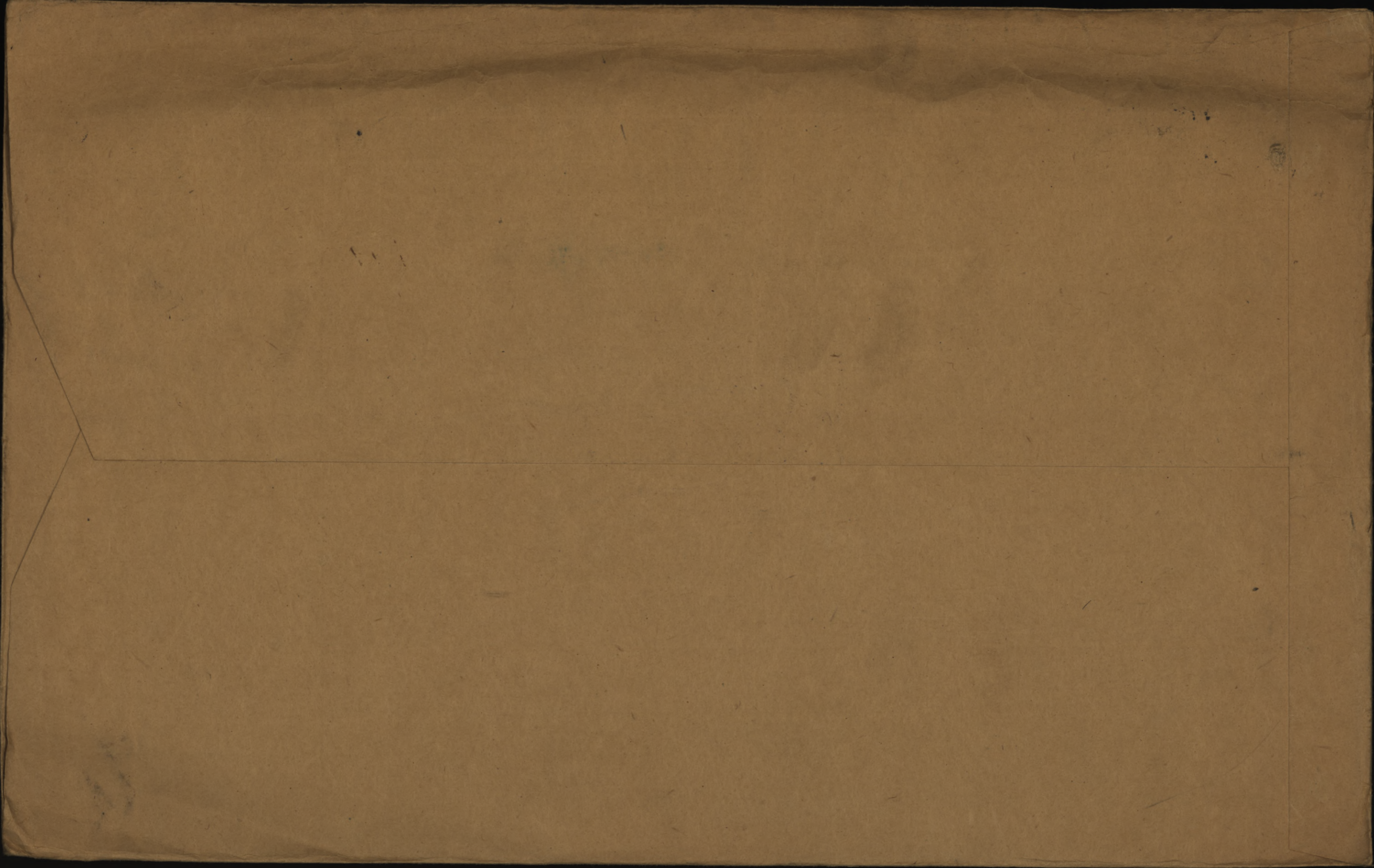
m7 20-5-18

7-9-20

m7 W67-2  
1 copy will  
1 Receipt

MX  
12-9-21





Register No. DD503

WAR SERVICE GRATUITY  
TO  
DEPENDENTS OF DECEASED SOLDIERS

A.P. File No. 4966-J-11

*na  
for*

Regt'l No. 3081956 Name John Samuel Gross Drake  
(Christian Name) (Surname)  
Unit 1st Dep. Bn. Rank Pte. Date of enlistment 12/2/18  
Date of casualty 3/5/18 B.P.C. File No. 44886  
Was service performed overseas? no

DEPENDENT

Name Mrs. Therese P. Drake Relationship Widow  
Address 7 St. Antoine St.  
Longueuil,  
P.Q.

Amount of Special Pension Bonus \$ 80.00 Abstracted by Kilamney

Eligible for Gratuity ..... \$ 9000  
Less amount of Special Pension Bonus paid ..... \$ 8000  
Less Debit Balance of S. A. or A.P. .... \$ .....

Total deductions \$ 8000

Balance due \$ 1000

Cheque No. 91902927 Date issued SEP 25 1920

Clerk J.C. [Signature]

REMARKS :  
.....  
.....  
.....  
.....

Audited by  
Geoff Howard \$1000  
Date 23.9.20

M.F.W. 2652  
25M-6-20.  
H.Q. 1772-39-1473

*1st Dep. Bn.  
1st. Que Regt.*

*23  
23*

# POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

Name

Surname

Christian Name

Regimental Number

Rank

Address (in full)

Unit

Original Unit

District where paid

Date of Discharge

P. D. P. Filing Number

Rates:—Regimental pay \$                      per diem; Field Allowance \$                      per diem. Separation Allowance \$                      per month.

L.L. 53961—M. & D. 9721

Total Credits 91 days	FIRST PAYMENT			SECOND PAYMENT			FINAL PAYMENT			Balance Overpayments to be Recovered	Total Amount Paid
	Cheque No. A	Date	Amount 30 days	Cheque No. B	Date	Amount 30 days	Cheque No. C	Date	Amount 31 days		

M. F. W. 127  
 300M-1-19  
 1772-39-1140

Remarks:

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..... 1st DEPOT BN. 1st QUEBEC REG'T.

(2) Regimental Number..... 3081956

(3) Full Name of Soldier..... DRAKE, John Samuel Gross

(4) Place of Birth..... Fostoria, Ohio. U.S.A.

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

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

(b) Present Postal Address..... Longueuil, Que. Can.

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

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

If so, give number of boys and girls..... 1 Boy and 1 Girl

Also their names and ages..... John Maurice----- 7 yrs.  
Annette----- 4 "

(9) Is your Father alive?.....No.

If so, state name and address.....Not applicable

(10) Is your Mother alive?.....No

If so, state name and address.....Not applicable

(11) If your Mother is a widow.....No

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

(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.

Not applicable

(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.

Not applicable

(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. I will do so.

(15) Are you insured?.....No

If so, in what Company?.....Not applicable

Have you made arrangements for payment of your Insurance premium.....Not applicable

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

*M. A. Piche*

Lieut.-Col.  
Commanding 1st Depot Bn. 1st Quebec Regt.  
Officer Commanding.

Feb 12th, 1918.

Date.....



# FORM OF WILL

I, DRAKE, John Samuel Gross (Name in full)

Regimental Number 3081956 serving in 1st. Depot Bn. 1st. Quebec Reg't

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

Nil

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

absolutely, and my personal estate I bequeath to

Mrs. Therese Drake,  
Longueuil, Que., Can.

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

### NOTE

This space for the appointment of Executor if necessary.

### IMPORTANT NOTE

this 12th day of February A.D. 1918

This must be signed and Dated by THE SOLDIER HIMSELF.

John Samuel Gross Drake 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.

Signature of First Witness Louis Benjeau

Address of Witness Guy St., Bks. Montreal, P.Q.

THE TWO WITNESSES

Occupation of Witness Soldier

MUST SIGN HERE

Signature of Second Witness Gordon M. Kelly

Address of Witness Guy St., Bks., Montreal, P.Q.

Occupation of Witness Soldier

I hereby certify that this document is a true copy of an original document now in possession of this office  
Ed. Morin  
for J. C. Wills  
Director Military Estates



649-D-12686

Drake, John.S.G., Pte. 3081956 1st Que. Regt. *1st Alp. Bn.*

Med. & Dec. (Widow) Mrs. Therese Drake.  
7th Street.  
St. Antoine.  
Longueuil. P. Q.

#4

R. & S. (Widow) Address as above.

*See # 807017*

Mem. Cross. (Widow) " " "

Scroll Desp. 16-8-21 Reqn. No. 54730

Plague Desp. SEP 12 1917 Reqn. No. 251702  
*P6635*

*Canada only*  
*28*

W 508 39

JUN 27 1921

1189

# CASE HISTORY SHEET.

No. 3081956 Rank Pte. Name Drake J.S. Age 32

Unit 1st D/B Que Completed years of service 1/12/16 Where and how long

Date of admission 7.3.18 Date of discharge 8/3/18

Diagnosis Acute Appendicitis ~~Gastritis~~ Place of origin Montreal

## CONDITION ON ADMISSION AND PROGRESS OF CASE

General Condition Good. but feels weak after Pneumonia  
Complaints (1) Sore throat, (2) Sore Back, (3) General Weakness  
Sore throat for about a week. Throat clear, no swelling of uvula or tonsils.  
Pain and slight tenderness in lumbar region.  
Chest clear throughout. Heart Neg.

3/8/18 Patient has had a restless night. pain in abdomen.

B.P.C. No.  
APL261918  
ACKGD BY  
REFER TO  
REPLIED BY

## FAMILY HISTORY

(Tuberculosis, mental or nervous diseases.) NEG

## TREATMENT

(Especially any specific or special form.) Bed. Ice bag to abdomen. Liquids.  
Meat. Fruit. Alth. c. Mex. 3ii. S. I. A. D. C.

## CONDITION ON DISCHARGE

(and disposal made of case.) not improved  
Discharged to C.A.Y.D.O. Diamond St. 3/8/18

Date 3/8/18 J.S. MacIntyre. Capt. A.M.C.  
Medical Officer i/c case.

1075

