

Reg. # allotted for use only

B.C.M.R. 2483

ATTESTATION PAPER.

No. 1289489

M. L.

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

CANADA

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- 1. What is your surname? HANCOCK
1a. What are your Christian names? Alfred John
1b. What is your present address? Fairfax, Minn. USA.
2. In what Town, Township or Parish, and in what Country were you born? Uley, Gloucestershire, England.
3. What is the name of your next-of kin? James HANCOCK
4. What is the address of your next-of-kin? Coaley, Gloucestershire, England.
4a. What is the relationship of your next-of-kin? Father
5. What is the date of your birth? September 20th, 1893.
6. What is your Trade or Calling? Cook
7. Are you married? Single
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
11. Do you understand the nature and terms of your engagement? Yes
12. Are you willing to be attested to serve in the CANADIAN OVER-SEAS EXPEDITIONARY FORCE? Yes
13. Have you ever been discharged from any Branch of His Majesty's Forces as medically unfit? No
14. If so, what was the nature of the disability? 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, HANCOCK Alfred John, 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.

Alfred John Hancock (Signature of Recruit)

Date, October 3rd, 1918 (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, HANCOCK Alfred John, 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.

Alfred John Hancock (Signature of Recruit)

Date, October 3rd, 1918 (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, Que. this 3rd day of October, 1918, 1918

(Signature of Justice)

Description of HANCOCK Alfred John on Enlistment.

Apparent Age 25 years 0 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. 4 ins.

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

Complexion Med

Eyes Brown

Hair D. Brown

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

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 October 5th. 1918. 191 .

Place Montreal. Que. R. R. Scott. Capt.
 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:—

(Cat. A-2)

CERTIFICATE OF OFFICER COMMANDING UNIT.

HANCOCK Alfred John 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.

(Signature of Officer)

Date October 3rd. 1918. 191 .

22-11-18

Regimental No not allotted -
(Deceased)

ATTESTATION PAPER.

No. 1289489

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

Reg. No. allotted for record purposes
only
NOV 20 1918

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- 1. What is your surname?..... Hancock
- 1a. What are your Christian names?..... Alfred J.
- 1b. What is your present address?..... Minneapolis
- 2. In what Town, Township or Parish, and in what Country were you born?..... Gloucester, Eng.
- 3. What is the name of your next-of-kin?..... Francis Hancock
- 4. What is the address of your next-of-kin?..... Coaley, Dursley, Gloucestershire, Eng.
- 4a. What is the relationship of your next-of-kin?..... Mother
- 5. What is the date of your birth?..... Sept. 20, 1893
- 6. What is your Trade or Calling?..... Cook
- 7. Are you married?..... no
- 8. Are you willing to be vaccinated or re-vaccinated and inoculated?..... yes
- 9. Do you now belong to the Active Militia?..... no
- 10. Have you ever served in any Military Force?..... no
If so, state particulars of former Service.
- 11. Do you understand the nature and terms of your engagement?..... yes
- 12. Are you willing to be attested to serve in the }
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? } .. yes
- 13. Have you ever been discharged from any Branch of His Majesty's Forces as medically unfit? .. no
- 14. If so, what was the nature of the disability? ..
- 15. Have you ever offered to serve in any Branch of His Majesty's Forces and been rejected? ..
- 16. If so, what was the reason? ..

J. A. H.

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Alfred J. Hancock, 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.

Alfred Hancock (Signature of Recruit)

Date Sept. 28 1918 *B. S. M. J. Moryer* (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Alfred J. Hancock, 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.

Alfred J. Hancock (Signature of Recruit)

Date Sept. 28 1918 *B. S. M. J. Moryer* (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 Minneapolis this 28th day of Sept. 1918.

R. M. B. M. Coe (Signature of Justice)

386/20/1/14

Ans - 20 11 26

Description of Alfred J. Hancock on Enlistment.

Apparent Age 25 years months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 55 5 1/2 ~~37~~ xft ins.

Chest measurement { Girth when fully expanded 37 ins.
 Range of expansion 5 ins.

Complexion dark

Eyes brown

Hair brown

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

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

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

8285

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 Sept. 28 1918

Place Minneapolis

R. J. M. ...
 Capt.
 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.

..... 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.

..... (Signature of Officer)

Date 191

L.P.
26-11-18

DISCHARGE DOCUMENTS

R. O. No. _____
H. Q. No. 649-H-22395

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.....

docs 87-10 /

1774-10-22

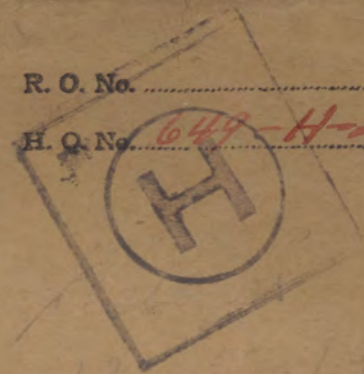
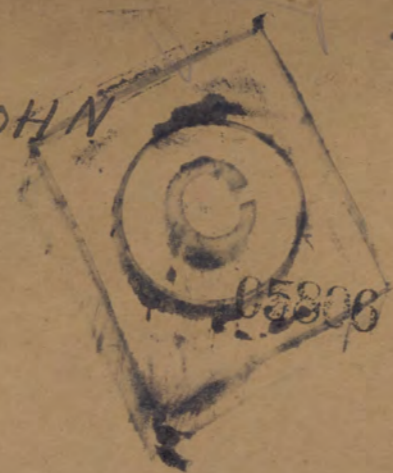
mission

Name HANCOCK ALFRED JOHN

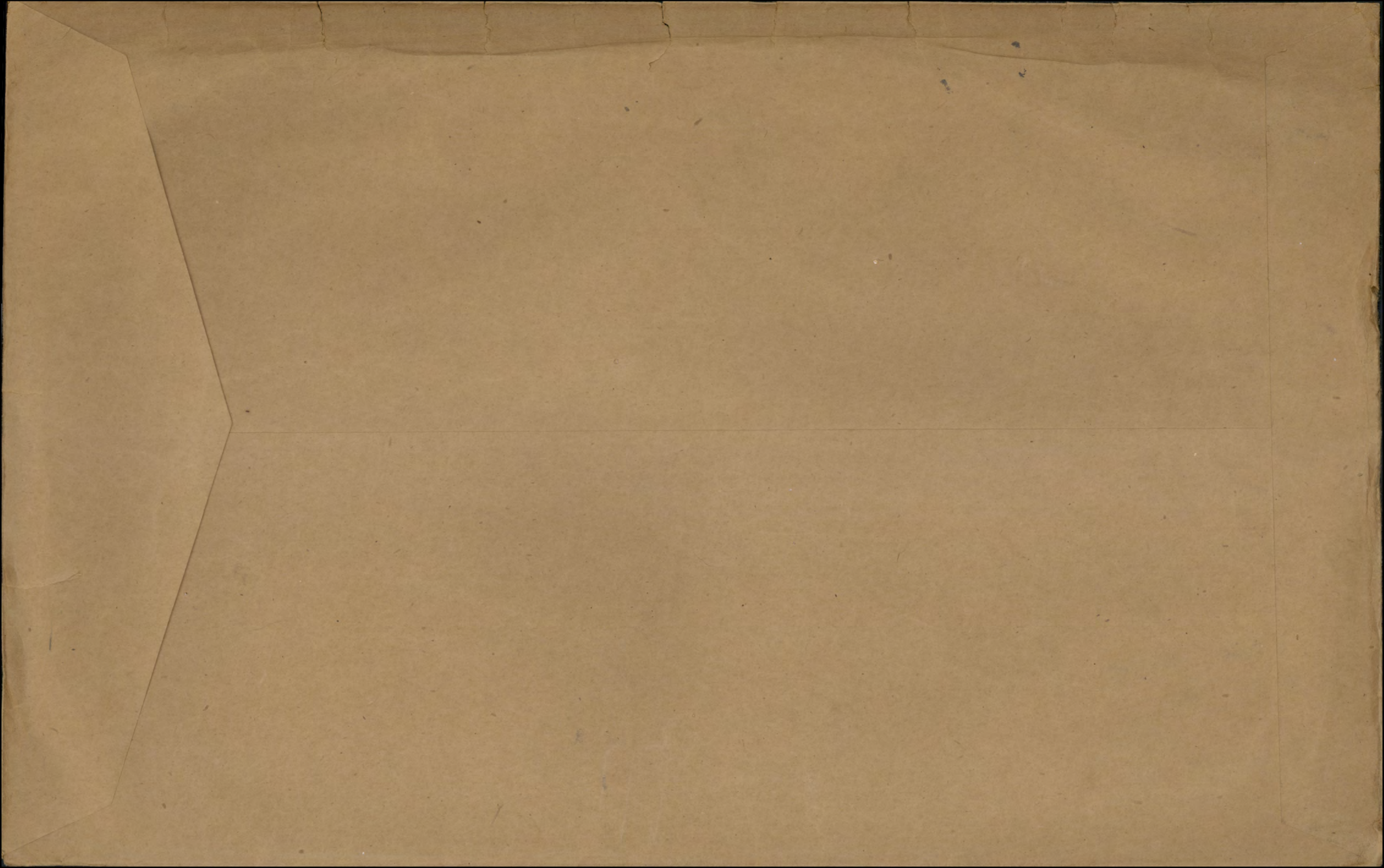
Regt. No. 1289489 Rank Pte

Corps B 7 C R mission

Deceased 18-10-18



16-28
23-28
30-29



FORM OF WILL

I, **HANCOCK, Alfred John,** (Name in full)

Regimental Number serving in **1st. Depot Bn. 1st. Quebec Regiment.**

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

James HANCOCK,

Coaley, Gloucestershire, England.

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 **7** day of **Oct.** A.D. 191**8**

This must be signed and Dated by THE SOLDIER HIMSELF.

Alfred John Hancock.

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 **R. F. Gullfoyle**

Address of Witness **Guy St. Barracks. Mtl.**

THE TWO WITNESSES

Occupation of Witness **Soldier.**

MUST SIGN HERE

Signature of Second Witness

Address of Witness **Guy St. Barracks. Mtl.**

Occupation of Witness **Soldier.**

I hereby certify that this document is a true copy of an original document now in possession of this office.

L.B. Husband. Jr.
Director Military Estates.

NOV 8-1918

FORM OF WILL

Name in full
Residential number
of the condition specified in the body hereof, I hereby revoke all former wills by me made and

I declare in my final will and testament

Name and address
of person or
persons to whom
it is to go

Name and address
of person or
persons to whom
personal estate
(see note)

and my personal estate I bequeath to

NOTE

This form is for the
purpose of
making

IMPORTANT
NOTE

It must be signed
and dated by
the testator

Date of
Signature of testator

signed and acknowledged by the testator in and for his or her will in the presence of
two or more witnesses who were present at the same time with him or her, and in the presence of
each other, these persons subscribed the same as witnesses

Signature of first witness

Address of witness

THE TWO

WITNESSES

Signature of second witness

Address of witness

THE TWO

Occupation of witness

M. F. W. 52
1908-1910
177-178

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

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

350M.—5-16

H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps. *B & C Rec Division*
 Regimental No. *1289489* Rank *Pte* Name *Hancock Alfred John*
C. E. F.
 Enlisted (a) *3.10.18* Terms of Service (a) *3 years* Service reckons from (a) *3.10.18*
 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 | | | | |
| | <i>In. I. 4. S. S.</i> | <i>"Deceased"</i> | <i>Frontier P.O.</i> | <i>18¹⁰ 18</i> | <i>Auth. H. Q. 649. H. 22395</i> |
| | | | | | <i>(H)</i> <i>for R</i> |

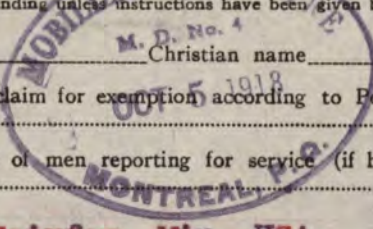
(a) In the case of a man who has re-engaged for, or enlisted into Section D. Army Reserve, particulars of such re-engagement or enlistment will be entered.
 (b) e.g. Signaller, Shoeing Smith, etc., etc., also special qualifications in technical Corps duties.

MILITARY SERVICE ACT, 1917.

MEDICAL HISTORY SHEET.

NOV -5 1918

IMPORTANT.—If the man's name does not appear upon the schedule of men reporting for service, or if he has not made an application for exemption or a report for service, or, although having made one, he does not know the number, he will be instructed that the copy of this medical history sheet (which will be handed to him) must be attached by him to a report for service or claim for exemption which he may make on application to any Postmaster in Canada, or be sent by him after he has noted upon it the number on the receipt he obtained from the Postmaster to a Registrar or Deputy Registrar under the Military Service Act. In any event the duplicate medical history sheet will be sent by the Medical Board to the District Officer Commanding unless instructions have been given by the latter to forward it direct to a Registrar or Deputy Registrar.



- 1. Surname HANCOCK Christian name Alfred John
- 2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule. B. C. M. R. 2483
- 3. Consecutive number on schedule of men reporting for service (if he appears on it) _____
- 4. Address (including street and number, if any) Fairfax, Min. USA.

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 5th. day of Oct. 1918. 1917, by the undersigned medical board sitting at Montreal. que.

- 5. Age as stated 25 Years 0 Months.
- 6. Apparent age 25 Years 0 Months
- 7. Height 5 Feet 4 1/2 Inches.
- 8. Weight 179 Pounds.
- 9. Chest measurement { Minimum 33 Ins. Maximum 36 Ins.
- 10. Complexion Med { Eyes Brown Hair D. Brown
- 11. Physical development Good. { Good Fair Poor
- 12. Smallpox marks nil
- 13. Number of vaccination marks { Right arm _____ Left arm ✓
- 14. When vaccinated last Childhood
- 15. Distinctive marks and marks indicating congenital peculiarities or previous disease _____

16. Slight defects but not sufficient to cause rejection
The man denies having had { Rheumatism Tuberculosis Syphilis We find no evidence of past { Rheumatism Tuberculosis Syphilis
(Strike out disease admitted or suspected.)

We have examined the above named man in accordance with the C. E. F. Regulations for medical examinations, and he is placed in Category

A²

MILITARY DISTRICT No. OCT 29 1918
 M. D. 4
 R. D. = 30
 L. D. = 30
 R. EAR 6 for 30
 L. EAR OK

Signature of Man

J. A. Kaine Capt Member. R. R. Scott Capt President.

| Date | Result | VACCINATIONS | Date | Result | ANTI-TYPHOID INOCULATIONS, ETC. |
|------|--------|--------------|------|--------|---------------------------------|
| | | M.O. | | | M.O. |
| | | M.O. | | | M.O. |
| | | M.O. | | | M.O. |

Joined 3rd. day of Oct. 1918. 191 at Montreal. que.

| | CORPS | REG'TL NUMBER | HABITS | DATE |
|----------------------|-------------------------|----------------|--------------------------------|------|
| Joined on enlistment | 1st Depot Bn | 300 | 1st Quebec Regiment | |
| Transferred to..... | | | | |

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

| STATION | DATE | DISEASE | RESULT |
|---------|------|---------|--------|
| | | | |

N. B.—This sheet is 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.

