

ORIGINAL NOV 11 1915

Canad Engineer

ATTESTATION PAPER.

No. 3111
Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION. (ANSWERS).

1. What is your name?..... HOCKEN, William Thomas
2. In what Town, Township or Parish, and in what Country were you born?..... Cornwall, England.
3. What is the name of your next-of-kin?..... John Thomas Hocken, (brother)
4. What is the address of your next-of-kin?..... Redruth, Cornwall, England.
5. What is the date of your birth?..... 29th November 1872
6. What is your Trade or Calling?..... Harnessmaker
7. Are you married?..... Widower
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

Will. J. Hocken (Signature of Man).
W. Hunter (Signature of Witness).
 Staff Sergeant, Composite Regiment

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, William Thomas Hocken, 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.

William J. Hocken (Signature of Recruit)

Date NOV 11 1915 191 . W. Hunter (Signature of Witness)
 Staff Sergeant, Composite Regiment.

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, William Thomas Hocken, 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.

Will. J. Hocken (Signature of Recruit)

Date NOV 11 1915 191 . W. Hunter (Signature of Witness)
 Staff Sergeant, Composite Regiment.

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 11 day of November 191 5

A. Stue J.P. (Signature of Justice)

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

.....(Approving Officer)

Handwritten notes and signatures in the bottom right corner, including 'M. F. W. 23' and '27-11-17'.

Description of HOCKEN, William Thomas on Enlistment.

Apparent Age 42 years 11 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. 5 ins.

Chest measurement { Girth when fully expanded 38 ins.
 Range of expansion 2 ins.

Complexion Dark

Eyes brown

Hair black

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

Mole on back of neck & nearly grown on left shoulder

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 Nov 11 1915
 Place Malvern

[Signature]
 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.

William Thomas Hocken 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.

Date JAN 26 1916 1916

[Signature] (Signature of Officer)
Major, C. E.
 O. C. Eng. Trg. Depot

DISCHARGE DOCUMENTS

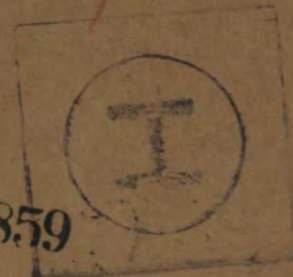
R. O. No.....

H. Q. No.....

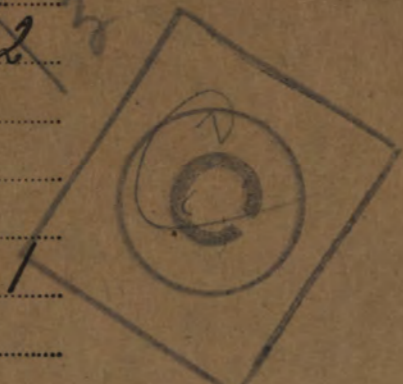
Name *Hocken, William Thomas*
Regt. No. *3111* Rank *Sapper*
Corps *Can. Eng.*

Being unfit for service

27859

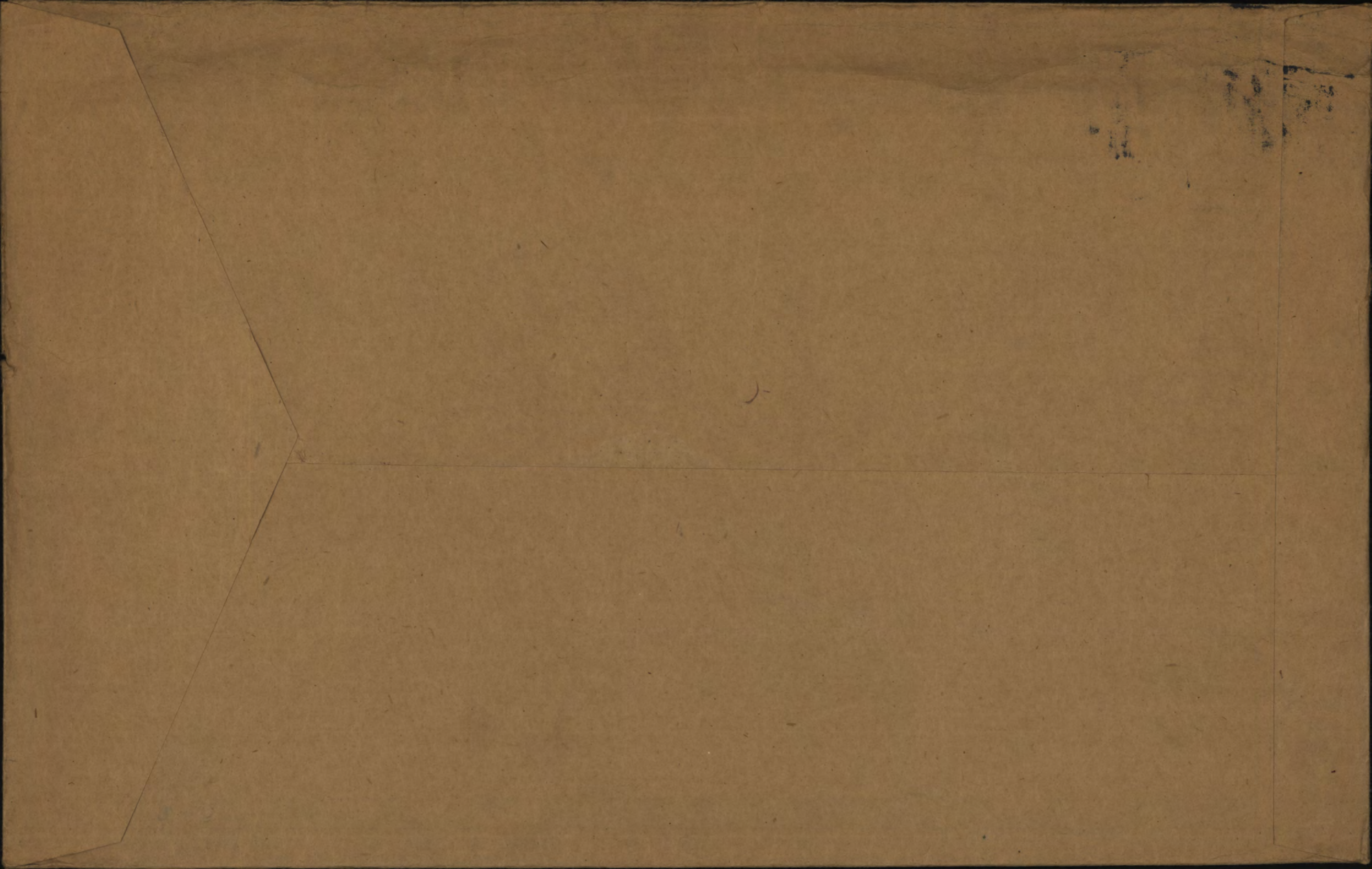


- Proceedings of Court of Inquiry or on men reported Missing on Active Service.....
- Attestation Papers..... *2*
- Declaration of change of name.....
- Authority for special enlistments.....
- Documents of re-enlisted men.....
- Regimental Conduct Sheet.....
- Compulsory Stoppages.....
- Casualty Forms..... *1*
- Proceedings on discharge..... *1*
- 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..... *2*
- Last Pay Certificate..... *1*



M. F. W. 67-2
M. F. W. 60-1
M. F. B. 465-1
M. F. W. 82-1

and
H.P.



649-H-14600

CARD NO.

SURNAME.

Hocken,

CHRISTIAN NAMES

William Thomas

FOLL.

*S. S. Dis. 21.11.17. 4*REGL. No. *3111*

RANK

Sapper.

UNIT

Can. Eng. Training Depot.

FORMER CORPS

Nil

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Hocken, John Thomas

RELATIONSHIP TO SOLDIER

Brother

ADDRESS

Redruth, Cornwall, Eng.

COUNTRY OF BIRTH

England, Cornwall.

DATE

Nov. 29th 1872

PLACE OF ATTESTATION

Montreal, P. Q.

DATE

Nov. 11th 1915

MARRIED

SINGLE

WIDOWER

Yes

TRADE OR CALLING

Harness maker

RELIGION

Church of England

DESCRIPTION.

APPARENT AGE

42

YEARS

11

MONTHS

HEIGHT

5'

FEET

5'

INCHES

CHEST MEASUREMENT

38

INCHES

EXPANSION

2

INCHES

COMPLEXION

Dark

EYES

Brown

HAIR

Brown

DISTINGUISHING MARKS

Mole on back of neck. Warty growth over L. shoulder.

MEDICAL EXAMINATION.

PLACE

Montreal, P. Q.

DATE

Nov. 11th 1915

Present address: - Not stated.

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 Canadian Engineers

ENGINEER TRAINING DEPOT

(2) Regimental Number 3111

(3) Full Name of Soldier Hockin William Thomas

(4) Place of Birth Cornwall 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? Yes

(8) Have you any children? no

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

Also their names and ages.....

(9) Is your Father alive?..... *no*

If so, state name and address..... —

(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.

Brother

Mr J S Hockin

Merchant

Redruth Cornwall

England

(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..... *7/9/17*

Wm Halls

Lt. Colonel C. E.

Officer Commanding
O. C. Engineer Training Depot.

THE UNIVERSITY OF CHICAGO
LIBRARY
1
1950



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LIBRARY
1950

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1950

CANADIAN CONTINGENT EXPEDITIONARY FORCE

M.D. 4
No. 8

LAST PAY CERTIFICATE

This form to be used for all Ranks (Vide Articles 122, 130 and 141, Financial Instructions, 25715c, C.E.F., 1916).

Regimental No. 3111 Rank Driver Name HOCKEN, William Thomas
 Corps Engineer Training Depot who was* discharged
 On November 21st 1917, to - - - -

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from 1st November 1917, to 21st November 1917, the inclusive date of transfer or discharge.

| Dr. | \$ | c | Cr. | \$ | c |
|---|----|----|--|----|----|
| Bal. Dr. from prev. month | | | Bal. Cr. from prev. month | 3 | 60 |
| Advances } No. | | | Reg'tl Pay <u>21</u> days at \$ <u>1c00</u> | 21 | 00 |
| by } No. | | | Field Allow. <u>21</u> days at \$ <u>c10</u> | 2 | 10 |
| Assigned Pay No. | | | Other Allowances* <u>Civ. Clthg</u> | 13 | 00 |
| Other Charges* <u>Q.M. Stores</u> | | 66 | <u>Sustenance Nov 6-21 incl</u> | 9 | 60 |
| <u>Forfeits 15 days F.A?</u> | 1 | 50 | <u>On leave pending discharge</u> | | |
| <u>Payment on transfer or discharge No 3516</u> | 80 | 14 | <u>Other Credits*</u> | | |
| Balance Cr. (to be paid by the new unit) | | | <u>30 days post discharge pay</u> | 33 | 00 |
| | | | Bal. Dr. (to be deducted by new unit) | | |
| Total | 82 | 30 | Total | 82 | 30 |

*Give Particulars.

A monthly stoppage of \$ Nil (†) has (‡) been paid on account of Assigned Pay for the month of 1917 to (Assignee).....
 (Address)..... Nil

(†) Insert amount to be assigned, whether it has been paid or not.
 (‡) Insert "not" if amount has not been paid for period of account.

On Transfer of an Officer.

Outfit Allowance of \$..... has been paid by Paymaster, Military District No.....

REMARKS:—

State (1) date of enlistment 11-11-15
 (2) if married and if a Separation Allowance Card has been submitted Widower Nil
 (3) cause of discharge and authority Unfit for service D.O. Part "2" #327 D/23/11/17 (4D 22-H-769)
 If discharged from the Contingent, state if Stop Payment advice for Assigned Pay has been forwarded, and date

I have carefully examined this statement of account and find it to be a correct extract from the Pay-list of the unit.

Date November 24th 1917

Place St Johns, P.Q.

L. D. ... Captain
 Paymaster
 Engineer Training Depot

N.B.—For purposes of transfer this form is to be made out in quadruplicate. One copy to Paymaster of new unit; one to District Paymaster; one to accompany the pay-list at the end of the month, and; one for retention as a record.
 For purposes of discharge it is to be made out in triplicate. One copy to accompany discharge papers; one copy to accompany pay-list at the end of the month, and; one for retention as a record.

FORM OF WILL

I, William J. Hocken (Name in full)

Regimental Number 3/11 serving in Canadian Engineers

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

J. J. Hocken
Redruth, Cornwall
England

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

absolutely, and my personal estate I bequeath to

J. J. Hocken
Redruth, Cornwall
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 must be signed
and Dated by
THE SOLDIER
HIMSELF.

this 7th day of August A.D. 1917

William J. Hocken 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 J. R. Boyle

Address of Witness St. John P. 2

THE TWO
WITNESSES

Occupation of Witness Soldier

MUST
SIGN HERE

Signature of Second Witness J. J. Hocken

Address of Witness St. John

Occupation of Witness Soldier

FORM OF WILL

I, *[Name]*, of the County of *[County]*, State of *[State]*,

do hereby certify that I am of sound mind and memory,

and that I am not under any legal disability,

and that I am not being induced by any person,

to make this my last will and testament,

and that I am not being influenced by any person,

to make this my last will and testament,

and that I am not being influenced by any person,

to make this my last will and testament,

and that I am not being influenced by any person,

to make this my last will and testament,

and that I am not being influenced by any person,

to make this my last will and testament,

and that I am not being influenced by any person,

to make this my last will and testament,

and that I am not being influenced by any person,

to make this my last will and testament,

and that I am not being influenced by any person,

to make this my last will and testament,

and that I am not being influenced by any person,

to make this my last will and testament,

and that I am not being influenced by any person,

to make this my last will and testament,

and that I am not being influenced by any person,

to make this my last will and testament,

and that I am not being influenced by any person,

to make this my last will and testament,

and that I am not being influenced by any person,

to make this my last will and testament,

and that I am not being influenced by any person,

to make this my last will and testament,

and that I am not being influenced by any person,

to make this my last will and testament,

and that I am not being influenced by any person,

to make this my last will and testament,

MEDICAL HISTORY SHEET.

3111 0211

Surname HOCKEN Christian Name William Thomas

Examined { on 11th day of November 1915
 at Central Examining Bureau
MONTREAL, P.Q.
 Birthplace { City or Town Redruth
 County Cornwall, England.

Approved by

[Signature]
 Rank Lieut. Col. M.O.

Apparent age _____
 Trade or occupation Harness-maker
 Height 5 Feet 5 Inches.
 Weight 153 Lbs.
 Chest measurement { Minimum 36 inches.
 Maximum expansion 38 inches
 Physical development Good
 Small-Pox Marks many all over face
 Vaccination Marks { Arm Right Left
 Number 0 0

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

When Vaccinated last never
 (a) Marks indicating congenital peculiarities or previous disease _____

| Date | Result | VACCINATIONS. |
|------|--------|---------------|
| | | M.O. |
| | | M.O. |
| | | M.O. |

(b) Slight defects but not sufficient to cause rejection
Emphysema
Capex a g g

| Date | Result | ANTI-TYPHOID INOCULATIONS, ETC. |
|-----------------|--------------|---------------------------------|
| <u>14.11.15</u> | <u>Smile</u> | <u>J.M.K.</u> M.O. |
| <u>10.12.15</u> | <u>Smile</u> | <u>J.M.K.</u> M.O. |
| <u>27/1/17</u> | <u>Smile</u> | M.O. |

Enlisted on NOV 11 1915 at Montreal, Que.

| | CORPS | SERIAL NUMBER | RANK | DATE |
|----------------------|---------------------------|---------------|------|-----------------|
| Joined on enlistment | <u>Canadian Engineers</u> | <u>3111</u> | | <u>11-11-15</u> |
| Transferred to.. | | | | |

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

| STATION. | DATE. | DISEASE. | RESULT. |
|------------------------|--------------------|----------|--------------------|
| <u>St. Johns, P.Q.</u> | <u>MAR 31 1917</u> | | <u>Fit overage</u> |

INSPECTING MEDICAL BOARD
 M.O. FIT
[Signature]
 Capt. G. S. Res.
 MONTREAL, P.Q.
 EXAMINING MEDICAL BOARD M.O. FIT
 OCT 22 1917
[Signature]

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.

RS

This space to be for numbers.

Proceedings on Discharge.

(When forwarded for confirmation these proceedings should be accompanied by the documents specified on fourth page.)

MILITARY DISTRICT No. 4
REC-3 1917

No. *3111*

Rank *Sapper*

Name *Hocken William Thomas*
NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.

Corps (Squadron, Battery or Company) *Canadian Engineers*

Date of Discharge *Nov. 21st 1917.*

Place of Discharge *St. John's, P. I.*

1. DESCRIPTION AT THE TIME OF DISCHARGE.

| | Age..... | years..... | months..... | Descriptive Marks |
|---|-----------------------------|------------|-------------|---|
| Height..... | <i>5</i> | feet..... | <i>5</i> | <i>Mole on back of neck.</i> <i>Warty growth on left shoulder.</i> |
| Complexion | <i>Dark</i> | | | |
| Eyes | <i>Brown</i> | | | |
| Hair | <i>Black</i> | | | |
| Trade | <i>Harness Maker</i> | | | |
| Intended place of residence (To be given as fully as practicable.) | <i>Hayes Hotel Montreal</i> | | | |

2. The above-named man is discharged in consequence of :

— Being unfit for service. —

40 22-H-769

N.B.—The cause of discharge must be worded as prescribed in the King's Regulations and be identified with that on the character certificate. If discharged by superior authority, the number and date of the letter to be quoted.

3. Conduct and character while in the service have been, according to the records, etc.

— Indifferent —

N. B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldier and the Officer Commanding his Squadron, Battery or Company:

4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)

— Harness Maker —

3111
22-H-769
W. H. Hocken

5. He is in possession of the following number of G. C. Badges:

- Nil -

No reference to G. C. Badges is to be made on either the discharge or character certificate.

6. Medals and Decorations.....

Nil

To be copied by the Commanding Officer on to the parchment Discharge Certificate.

7. His account is correctly balanced, and signed by the Officer Commanding his Company. (Squadron or Battery), and I have impartially enquired into all matters brought before me in accordance with Regulations.

(Place) ST. JOHNS, P. Q.

H. M. M. dulle Lt. Colonel C. E.
O. C. Engineer Training Depot.

(Date) Nov. 21st 1917

Commanding

8. Certificate to be signed by the Soldier on Discharge

I hereby acknowledge that I received all my Pay, Allowances and Clothing, and all just demands, up to the present date, subject to the reservations of the claims noted on the third page.

(Place) ST. JOHNS, P. Q.

M. J. P. O. d. sea (Signature of Soldier.)

(Date) Nov. 21st 1917

E. H. Colley (Signature of Witness.)

When a soldier is absent through illness or any other cause and it is not desirable to forward these proceedings to him for signature, a manuscript copy should be sent for the man to sign, and when returned, should be attached here.

9. Additional Certificate in the case of a Soldier who takes his discharge on his own request.

I hereby declare that I do of my own free will request to be discharged from His Majesty's Service.

Not applicable (Signature of Soldier.)

10. Statement of Service.

Service toward Engagement to.....(the date to which the Record of Service is completed).....years.....days.

Total.....years.....days.

11. Confirmation of Discharge.

The discharge of the above-named man is hereby confirmed.

(Place) ST. JOHNS, P. Q.

(Signature) H. M. M. dulle Lt. Colonel C. E.
O. C. Engineer Training Depot.

(Date) Nov. 21st 1917

Reservations referred to at Para. 8.

(To be signed by the soldier. When there are none, it is to be so stated, and signed by the soldier.)

— Nil —

W. J. Jackson

List of Discharge Documents.

| | |
|---|--|
| Reg. Conduct Sheet, Militia form B. 263. Squadron } Battery } Conduct Sheet, " B. 263a. Company } | Attestation Paper, Militia Form B. 235. Proceedings on Discharge " B. 218. |
| Copies of Convictions, by C. P. in MS. Med. Hist. Sheet, Militia Form B. 313 Medical Report for Invalid* " B. 227. Statement of Man's Account on Transfer and Last Pay Certificate, " D. 877. *Only if discharged "Medically unfit." | <p style="text-align: center;">In the case of recruits who are rejected on final approval, the discharge documents will consist of</p> <ul style="list-style-type: none"> (a) Proceedings on Discharge. (b) Attestation. (c) Medical History Sheet (in the event of such having been prepared.) |

N. B.—In the case of a man discharged by purchase, the date and number of Deposit Receipt with amount of same is to be noted hereon.

— Not applicable —