

ATTESTATION PAPER.

No.

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- 1. What is your surname?..... Goines
- 1a. What are your Christian names?..... Gordon
- 1b. What is your present address?..... 73 ~~St. Nicholas St.~~ Metcalf St., Guelph, Ont
- 2. In what Town, Township or Parish, and in what Country were you born?..... Wallington, Township Ont.
- 3. What is the name of your next-of kin?..... Mrs. Mary Melott
- 4. What is the address of your next-of-kin?..... 69 Metcalf St., Guelph, Ontario
- 4a. What is the relationship of your next-of-kin?..... Sister
- 5. What is the date of your birth?..... February 13th, 1885
- 6. What is your Trade or Calling?..... Animal Trainer
- 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?..... 9 months 187 Italian Batt'n.
- 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?..... Yes
- 12. Are you willing to be attested to serve in the }  
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? } Yes

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Gordon Goines, 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.

Gordon Goines (Signature of Recruit)  
Curry Humphreys (Signature of Witness)

Date January 3rd 1917

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Gordon Goines, 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.

Gordon Goines (Signature of Recruit)  
Curry Humphreys (Signature of Witness)

Date January 3rd 1917

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 Windsor, Ontario this 3rd day of January 1917.

James Robinson (Signature of Justice)

Description of Gordon Goines on Enlistment.

Apparent Age 33 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. 7 ins.

Chest measurement { Girth when fully expanded 36-1/2  
 Range of expansion 33 ins.

Both eyes 20/20

Complexion Colored

Eyes Black

Hair Black

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

CERTIFICATE OF MEDICAL EXAMINATION.

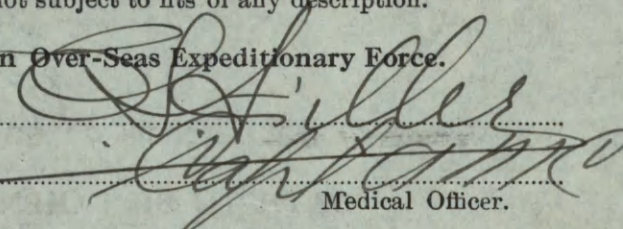
I have examined the above-named Recruit and find that he does not present any of the causes of rejection specified in the Regulations for Army Medical Services.

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 January 3rd 191 7.

Place Windsor, Ont



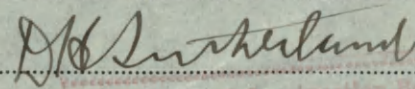
Medical Officer.

\*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.

Gordon Goines 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 January 3rd 191 7.

*Lt. Col.*  
*Comd'g No. 2 Construction Battalion*

12-3-19

GOINES GORDON  
NAME

REGIMENTAL DOCUMENTS O. H. M. S.

931700

2nd Cons. Bn.

(H)

16261

(S)

IN EFFECTIVE BY *Demob.*

CONTENTS

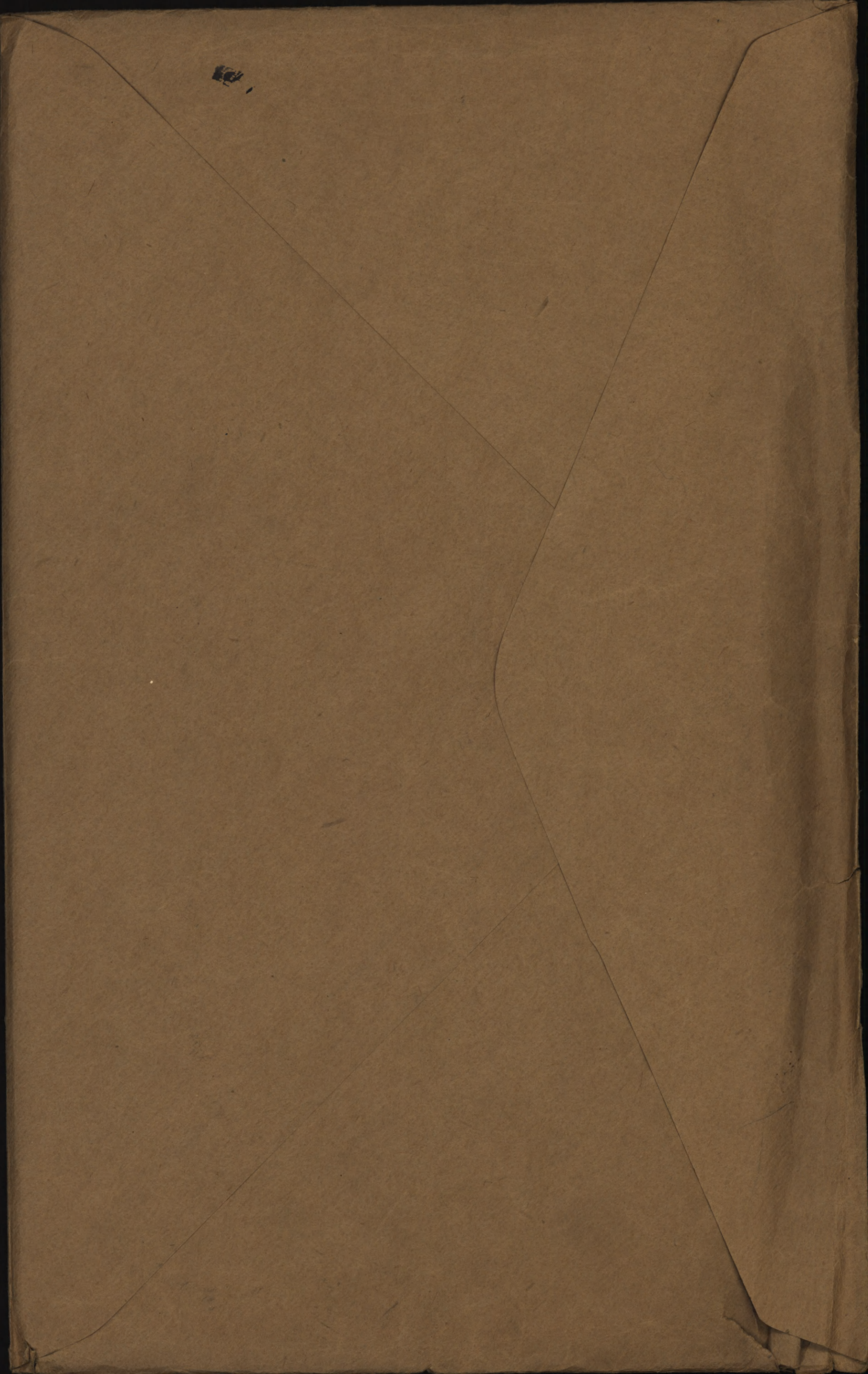
- 1 ATTESTATION PAPER (M. F. W. 23, 133 or 51)
- 2 CASUALTY FORM (M. F. W. 64 or A. F. B. 103)
- 1 TRAINING HISTORY SHEET (M. F. W. 113)
- 1 FIELD CONDUCT SHEET (M. F. W. 178 or A. F. B. 122)
- 1 REG. CONDUCT SHEET (M. F. W. 203 or A. F. B. 121)
- 1 COMPANY CONDUCT SHEET (M. F. B. 203 or A. F. B. 121)
- 2 MEDICAL HISTORY SHEET (M. F. W. 213 or A. F. B. 178)
- 1 DENTAL HISTORY SHEET (M. F. B. 40)
- 1 TRANSFER STATEMENT (M. F. W. 129)
- 1 PROCEEDINGS, COURT OF INQUIRY (M. F. W. 97, or D. O. S. 2)
- 1 DECLARATION, COURT OF INQUIRY (M. F. B. 303 or A. F. A. 2)
- 1 LAST PAY CERTIFICATE (M. F. B. 259 or A. F. B. 115)
- 1 PROCEEDINGS ON DISCHARGE (M. F. W. 44)
- 1 PARTICULARS OF CHARACTER (A. F. W. 3226)
- 1 COPY OF PAROLE DISCHARGE CERTIFICATE (M. F. W. 332)
- 1 STATEMENT ON DISCHARGE (C. A. I. 100)
- 1 UNIT INDEX CARD (M. F. W. 71 or 192)

*Deceased - 24-12-56*

(H)

*M J W 62-1*  
*1 card*  
*R 12 2 / page*

16-17  
10-18  
17-18  
2





DVA 931700 (R3c)/CMJ

DEPARTMENT OF VETERANS AFFAIRS

RECORD OF SERVICE  
IN THE

Canadian Army

THIS REPORT  
IS NOT VALID  
WITHOUT THE  
IMPRINT OF  
THE OFFICIAL  
STAMP OF THE  
DEPARTMENT

Service Rank or Number.....931700..... Name.....Gordon GOINES.....

- 1. Date and Place of Birth: 13th February, 1885. Wellington Twp., Ontario.
- 2. Date and Place of Appointment, Enlistment or Enrolment: 3rd January, 1917. Windsor, Ontario.
- 3. Unit on Appointment, Enlistment or Enrolment: No. 2 Construction Battalion
- 4. Theatres of Service: CANADA - ENGLAND - FRANCE
- 5. Date and Place of Retirement or Discharge: 12th February, 1919. London, Ontario.
- 6. Reason for Retirement or Discharge: "Demobilization"
- 7. Rank on Retirement or Discharge: Private
- 8. Medals and Decorations: BRITISH WAR & VICTORY MEDALS

~~9. Other Active Service (1939-45)~~

DESCRIPTION AT TIME OF RETIREMENT OR DISCHARGE

Sex:.....Male..... Age:.....33.....years.....11.....months..... Height:.....feet.....inches.

Eyes:.....Black..... Hair:.....Black..... Complexion:.....Coloured.....

Marks or Scars:.....Scars over right temple.....

DEPARTMENT OF VETERANS AFFAIRS  
JAN 19 1951  
WAR SERVICE RECORDS  
OTTAWA - CANADA

Ottawa, Ont., Canada.  
19th January, 1951.

*Cusd*  
Director, War Service Records.

THIS REPORT IS NOT VALID WITHOUT THE SIGNATURE OF THE OFFICIAL IN CHARGE OF THE DEPARTMENT

DEPARTMENT OF VETERANS AFFAIRS  
RECORD OF SERVICE  
IN THE

# Canadian Army



Service Rank or Number: \_\_\_\_\_

Name: \_\_\_\_\_

1. Date and Place of Birth: \_\_\_\_\_

2. Date and Place of Appointment, Enlistment or Enrolment: \_\_\_\_\_

3. Unit on Appointment, Enlistment or Enrolment: \_\_\_\_\_

4. Theatres of Service: \_\_\_\_\_

5. Date and Place of Retirement or Discharge: \_\_\_\_\_

6. Reason for Retirement or Discharge: \_\_\_\_\_

7. Rank on Retirement or Discharge: \_\_\_\_\_

8. Medals and Decorations: \_\_\_\_\_

9. Other Active Service (1939-45): \_\_\_\_\_

DESCRIPTION AT TIME OF RETIREMENT OR DISCHARGE

Sex: \_\_\_\_\_ Age: \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days \_\_\_\_\_

Height: \_\_\_\_\_ feet \_\_\_\_\_ inches \_\_\_\_\_

Complexion: \_\_\_\_\_

Build: \_\_\_\_\_

Color of Hair: \_\_\_\_\_

Color of Eyes: \_\_\_\_\_

Marks or Scars: \_\_\_\_\_

DEPARTMENT OF  
VETERANS AFFAIRS  
WAR SERVICE RECORDS  
JAN 19 1951  
OTTAWA - CANADA

# CANADIAN EXPEDITIONARY FORCE

## Discharge Certificate

This is to Certify that No. **931700** (Rank) **PRIVATE**

Name (in full) **GOINNS, Gordon** enlisted in

the **2ND CONSTRUCTION BATTALION, C.O.M.F.**

CANADIAN EXPEDITIONARY FORCE at **WINDSOR, ONT.** on the **THIRD**

day of **JANUARY,** 19**17**

HE served in **FRANCE (with 2nd Construction Battalion)**

and is now discharged from the service by reason of **ON DEMOBILIZATION**

THE DESCRIPTION OF THIS SOLDIER on the DATE below is as follows:—

Age **33**

Height **5 - 7**

Complexion **COLORED**

Eyes **BLACK**

Hair **BLACK**

Marks or Scars

**SCAR OVER RIGHT TEMPLE.**

Signature of Soldier

**DISCHARGE SECTION  
FEB 12 1919  
No. 1 District Depot**

Date of Discharge

Issuing Officer

**O. C. Discharge Section, No. 1 D. D.**

Rank

Appointment

Signed at **LONDON, ONT.** this **TWELFTH** day of **FEBRUARY,** 19**19**

in Military District No. **ONE**

File Reference No. **ID-30-G-742**

**IDB-10-G-242**

N.B.—As no duplicate of this Certificate will be issued, any person finding same is requested to forward it in an unstamped envelope to the Secretary, Militia Council, Ottawa, Canada.

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

No. .... (Rank) ..... Name .....

Unit .....

Address on Discharge .....

Character and Conduct .....

Former Occupation .....

Special Qualifications of Value in Civil Life .....

Medals and Decorations .....

Remarks .....

Signed at ..... this ..... day of ..... 19 .....

.....  
Name of Officer

.....  
Rank

.....  
Appointment

On demobilization the  
particulars called for on  
the back of this cer-  
tificate will not be com-  
pleted.



\*Name GOINES Gordon Rank Pte. Regtl. No. 931700

Fyle Depot IDD 10-G-242

Original unit 2nd Cons Present unit 2nd Cons single M. or S. Age 34 Religion Met Ref. H.Q.

Port, ship and date of arrival Halifax, Empress of Britain 22-1-19

Next of kin Mrs. Mary Malott 69 Metcalf St. Guelph, Ont.

Address on leave

Address on discharge 69 Metcalf St. Guelph Ont

Transportation issued  Yes  No Date Character on discharge

Previous occupation Animal Trainer Date and place of enlistment January 3rd 1917, Windsor, Ont.

Diagnosis KA Date of Medical Boards 8/19

Date.	Remarks.	Pt. 2 Order No.
<u>T.C.S.</u>		
<u>12-1-19</u>	<u>No. 1 D.D.</u>	
<u>26-1-19</u>	<u>Posted to Cas. Coy. and granted furlough with subsistence allowance to 10-2-19</u>	
		<u>32</u>

\*—Name will be given in full; surname first.

Date.

Remarks

Pt. 2 Order No.

12<sup>2</sup>/<sub>19</sub>

Disc from HMS on Demos (Pop.)

45

SURNAME

CHRISTIAN NAME OR NAMES

REG. No.

GOINES.

G.

931700.

RANK  
Pte.

UNIT

N.S. 200n.

Co.

TROOP

BATTY.

HOSPITAL

DATE OF ADMISSION

Jura Hospt. La Joux Jura.

3-11-17.

1. 51 Gen. Staples

HOSP. 26-4-18.

2.

HOSP.

3.

HOSP.

4.

HOSP.

DIAGNOSIS Influa. <sup>h.</sup>  
V. D. S. <sup>h.</sup> E. head

2.

3.

DISPOSITION

DATE

C.L. 15-11-17. A63(3)

dis 11-11-17  
REMARKS  
Rec: 6-6-18

20-11-17 267-3.  
6-5-18 2050

18-6-18 2042-2.

A.M.D. 2 Dept.

Bch. of D.G.M.S. O.M.F.C. London

EPITOME OF HOSPITAL TREATMENT

HOSPITAL

ADM.

1.

2.

3.

4.

5.

6.

7.

Deceased 24 Dec 56

EK  
D

~~1st Lt~~ Apr B V

Number 931700 Rank

Surname GOINES

Christian Name Gordon

Units 60RB6 Theatre of War France

Date of Service 17-5-17

Remarks

Latest Address 69 Metcalfe St.

Welland, Ont ~~Quebec~~

Roll No. B. Page 17407 ~~1st~~

200m.-2-21.M.

DESP. MAY 16 1922

REQN. NO.

411 33356

SURNAME.

*Goines*

CARD NO.

*2.*

*4*

CHRISTIAN NAMES

*Gordon*

*S.O.S. 12-2-19 L*

*P.O. 42 FOLL. 11-2-19*  
*Demol 188*

REGL. No.

*931700*

RANK

*Pte.*

UNIT

*No. 2, Construction Bn.*

FORMER CORPS

*187<sup>th</sup> Italian Bn. (9 months)*

NEXT OF KIN.

NAMES IN FULL

*Malott, Mrs. Mary.*

RELATIONSHIP TO SOLDIER

*sister*

ADDRESS

*69 Metcalf St., Suelph, Ont.*

CHANGE OF ADDRESS

COUNTRY OF BIRTH

*Canada, Wellington Tp., Ont.*

DATE

*Feb. 13<sup>th</sup> 1885*

PLACE OF ATTESTATION

*Windsor, Ont.*

DATE

*Jan 3<sup>rd</sup> 1917*

*1916 25-1-19*

*$\frac{25.6}{29}$  Pte.*

From Halifax per S.S.

Southland "28/3/17"

MARRIED

SINGLE

Yes.

WIDOWER

TRADE OR CALLING

Animal Trainer

RELIGION

Methodist

DESCRIPTION.

APPARENT AGE

33 YEARS

11 MONTHS

HEIGHT

5 FEET

7. INCHES

CHEST MEASUREMENT

33 INCHES

EXPANSION

3 1/2 INCHES

COMPLEXION

Coloured

EYES

Black

HAIR

Black.

DISTINGUISHING MARKS

nil

MEDICAL EXAMINATION.

PLACE

Windsor, Ont.

DATE

Jan. 3<sup>rd</sup> 1917.

Present address :

73 Metcalf St., Guelph Ont.



GORDON

Name GOINES

Rank

Plt

Reg. No. 931700

Unit 2<sup>nd</sup> <sup>✓</sup> Coast Co

Next of Kin Canada.

14.11.17

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
3. 11. 17	Jura H La Joux	(Jura)	Influenza	263		
R 225	No 16261/2					
11. 11. 17	Dischg <sup>d</sup>	do	do	267		
R 225	No 16268					







No. 931700 RANK Pte

NAME

Gaines Gordon

T. O. S. 3-1-17

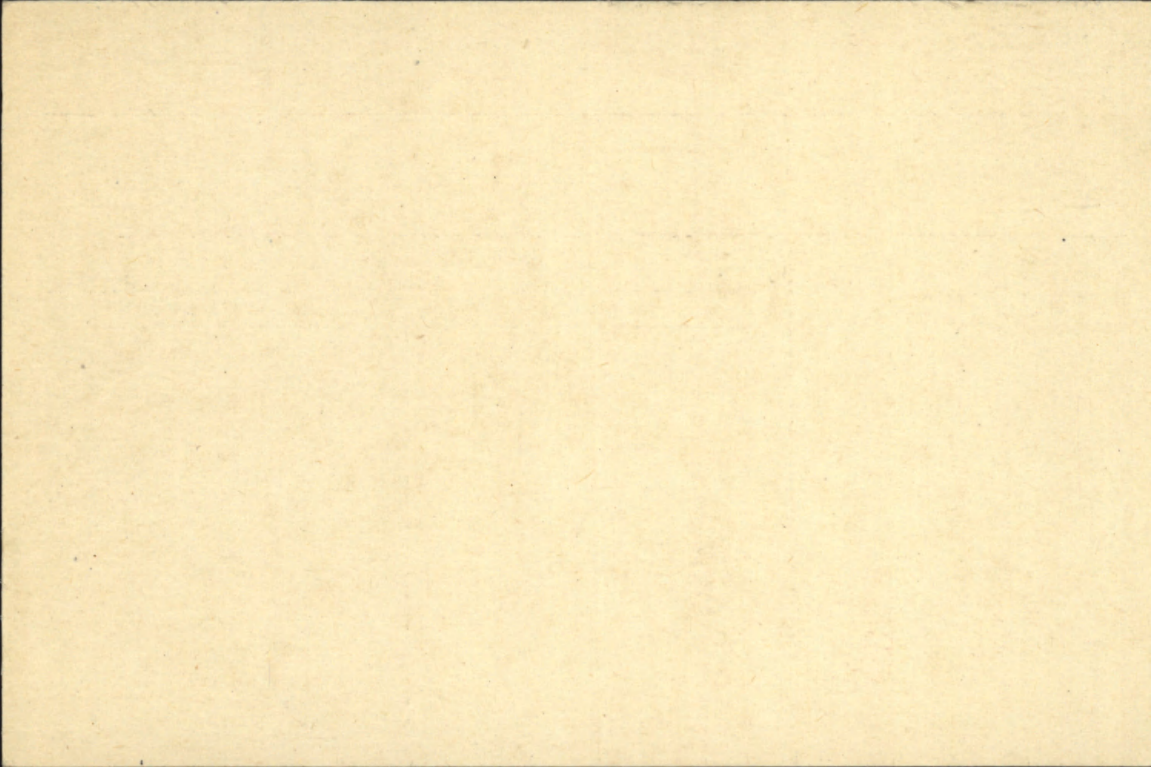
UNIT

Co 2. Construction Battalion

D.O.S. 8-1-17

M. D. 6

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1917 Jan 3	1917 Jan 31	✓		
	Feb.	✓		
	Mar.	✓	n. 168 hrs det. 19 days pay.	D.O. 56. 6-3-17



NAME

*Goines G.*

REGT'L. No.

*931700*

RANK AND CORPS

*Pte. 2 bon.*

H. Q. FILE No. 649

FOLLOWS

No.

FOLLOWS

CABLE

NO.

DATE

NATURE OF CASUALTY

LIST No.

HOSPITAL

DATE OF  
ADMISSION

REMARKS

*N.S. Regt*

a201-1 no 20 Fld. amb.

23-4-18

N.D.S. b.

a205<sup>(1)</sup> No. 51 Gen. Etaples

26-4-18

V.D.S.

*(N.S. Regt)*a242<sup>(2)</sup> Disch.

6-6-18

V.D.S. b.



NAME

*Garcias G.*

REG'T'L No.

*931700*

RANK AND CORPS

*Pte.*

*2<sup>nd</sup> Con*

H. Q. FILE No. 649.

CABLE

NO.

DATE

NATURE OF CASUALTY

FOLLOWS

No.

FOLLOWS

LIST No.

HOSPITAL

DATE OF  
ADMISSION

REMARKS

Al 3 <sup>3</sup>	Jura La' Juk (Jura)	3-11-17	Influenza
Al 7-3	" " " "	11-11-17	" (No. Regt)

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.

*931700*

Unit, Regiment or Corps *#2 Construction Battalion, C. E. F.*

Regimental No. *931700* Rank *Private* Name *Gordon Goines*  
C. E. F.

Enlisted (a) *3/1/17* Terms of Service (a) *Duration of War* Service reckons from (a) *3/1/17*  
*6 months*

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) *Animal Trainer*

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>Embarked, Canada</i>	<i>Halifax NS</i>	<i>25/3/17</i>	
		<i>Disembarked, England</i>	<i>Liverpool</i>	<i>7/4/17</i>	<input checked="" type="checkbox"/>
		<i>Proceeded Overseas</i>	<i>Seaford</i>	<i>17/5/17</i>	<i>Pt 2. D.O.</i>
					<i>J. R. Bamhill Lieut.</i> <i>Adjutant, No. 2 Construction Batt'n, C.E.F.</i>
<i>21.5.17</i>	<i>O.C.</i>	<i>Forfeits 5 days pay for</i>	<i>held in France</i>	<i>17-5-17</i>	<i>N.R.</i>
		<i>missing way with</i>	<i>held</i>	<i>21.5.17</i>	<i>B2069 Pt. 2 119 25/2/17</i>
		<i>Iron Rations</i>			
<i>18.7.17</i>	<i>O.C.</i>	<i>Sentenced 7 day J.P.</i>	<i>held</i>	<i>17.7.17</i>	<i>B2069 Pt 2 122</i>
		<i>A.W.O.H. from Picquet 4.30pm. 15/7/17.</i>			<i>7/17</i>

CERTIFIED CORRECT.  
 17/5/17  
 6 JUN 1917  
 CAN. RECORDS, LONDON.

(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.

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				
6 <sup>6</sup> / <sub>7</sub>	OC	Lapses 5 days pay for Rate falling in a Parade at 12 30 pm (10 mins)	Fla.	4 <sup>6</sup> / <sub>7</sub>	Broken O/ 123 in 7/17.
16.8.17	DO	10 Day Sp. to 2, 4 Dy. by R.W. for aw. of L. 10/8 = 12.8.17 to 31.15/17	Fla.	15.8.17	B 2069 P 131. 13/10/17.
3-11-17.	Jura Kopsuplusinga		adm	3-11-17	W 3034/B 2611
11-11-17	" OC	" Dischd.		11-11-17.	" / W 4591
17-11-17	OC	Refr. admit from hosp		12-11-17	B 213
17-11-17	OC	attached to 37 Co. 67C		13 <sup>11</sup> / <sub>17</sub>	B 213.
23.4.18	20 F. A.	V. D. S. C. Adm.		23.4.18	E 7320. A. 1431.
26.4.18	51 Gen.	V. D. S. Adm.		26.4.18	E 8182. W. 9304.
29.4.18	20 F. A.	V. D. S. C. Adm.		23.4.18	E. 8486. A. 1710.
		To 51 Gen.		26.4.18	
27.4.18	37 Co. 67C	Claims att'd. to 37 Co. 67C. on adm. to Hosp.		23.4.18	} 73. 713.
6-6-1918	51 Gen.	V. D. S. C. To Duty.	Field	6-6-18	W-3343/F 5680
10-6-1918	68 Btd	Left for unit	Field	10-6-18	MR. CR 2/1264
7-6-18	do	arrives at 1st Gen. Dep	"	6-6-18	MR. RR 808
15-6-1918	37 Co. C. S. C.	Joined 37 Co. C to for 7th Co	"	12-6-18	B 213
6-6-1918	51 Gen.	Lapses full allowance and is paid under stoppage & pay at rate of 50 cts per diem while in hosp from 26-4-18 to 6-6-18 (42 days)			450 1643 / 1000 379 June 1918 14239

**Casualty Form—Active Service.**

Regiment or Corps *No 2 Cdn Const Coy*  
 Rank *plc* Surname *Garnes* Christian Name *Gordon*  
 Religion ..... Age on Elistment ..... years ..... months  
 Enlisted (a) ..... Terms of Service (a) ..... Service reckons from (a) .....  
 Date of promotion to present rank ..... Date of appointment to lance rank .....  
 Extended { ..... } Re-engaged { ..... } Qualification (b) .....  
 or Corps Trade and rate .....  
 Occupation ..... Signature of Officer .....

Report		Record of promotions, reductions, transfers, casualties, &c., 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 of Casualty	Date of Casualty	Remarks Taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				
		Embarked ...			
		Disembarked			
<i>4.12.19</i>	<i>GHBS</i>	<i>arrives at 64 BS</i>	<i>✓</i>	<i>3.12.18</i>	<i>RH 794</i>
<i>11.12.19</i>	<i>naq</i>	<i>Trans to England &amp; back to N.S. Reg Depot Bramshott</i>		<i>14.12.19</i>	<i>RH 3214 &amp; sub.</i>
<i>14.12.18</i>	<i>N.S.P.D.</i>	<i>I.O.S. &amp; attached to 2nd C.C.D. for QRS, Rations</i>	<i>B'shutt</i>	<i>14.12.18</i>	<i>19.0305</i>
	<i>NSRD</i>	<i>ON COMMAND TO CDD Kimmel</i>	<i>BRAMSHOTT</i>		<i>PART II D.O. 13</i>
					<i>LIEUT. OFFICER 1/6 RECORDS,</i>

*C.A. Hewitt*  
 Lieut. for Lt. Col., A. A. G.  
 Canadian Section, G. H. Q. 3rd Echelon, I. E. F.

(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 to be given in Part II of this form.  
 (b) Signaller, Shoeing-Smith, &c.  
 W. 5527—M2093 1000m 7/17 (25686) C. P. & S., Ltd. Forms B./103 E/1555. [P.T.O.]

Date	Report From whom received	Record of promotions, reductions, transfers, casualties, &c., 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 of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents.
		Attached C.G.C.R. Part 2 Orders pending transfer to C. E. F. Canada.		10 JAN 1919 32	
		..... Ceases to be attached on transfer to C.E.F. Canada. Part 2 Orders		10 JAN 1919 33	
		<i>E. J. Stevens</i> Lieutenant for Officer Comd'g M. P. 2. C. W. Kimmel Park Camp, Rhyl.			
12-1-19		Embarked	England		
12-1-19	<i>from</i>	Taken on strength No. 1 District Depot	London D.O.	32	
		<i>F. R. Herman</i> Lieut			
		<i>for</i> No. 1 DISTRICT DEPOT			
		<b>DISCHARGED</b>	<b>ON DEMOBILIZATION</b>		
		DISCHARGE SECTION FEB 12 1919 No. 1 District Depot			
		<i>F. S. Hatcher</i> Lieut			
		O. C. Discharge Section, No. 1 D. D.			

Rank \_\_\_\_\_ Name **GOINES, Gordon** Reg'l No. **931700**  
 Unit **No 2 Construction Bn** If in perm. Corps, What Unit? Married or Single **Single**  
 Place and Date of Enlistment **Windsor 3-1-14** Place of Birth **Wallington - Ont.**  
 Name and Address, Next-of-Kin **Mrs Mary Malott - 69, Metcalfe St. Guelph, Ont** Relationship **Sister**  
 Assigned Pay Monthly \$ \_\_\_\_\_ Payable to \_\_\_\_\_ Relationship \_\_\_\_\_  
 Separation Allowance \$ \_\_\_\_\_ Payable to \_\_\_\_\_ Relationship \_\_\_\_\_

N.I.E. R.B. No **6650**  
 File R.L. \_\_\_\_\_  
 Category **OR CAN**

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

H. W. & V., Ltd.—9546-16.

Report.		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.
Date.	From whom received.				
		Arrived in England. S.S. Southland		7.4.17	AWD
14.6.17	2 <sup>d</sup> Con Bn	Arrived in France	Fland.	14.5.17	PL 5 100 153
14.11.17	C/S Rgt.	Jura. Hosp.	La Joux	3.11.17	CL <sup>a</sup> 63 (Influenza)
19.11.17	(2 Con).	Dischd		11.11.17	CL <sup>a</sup> 67 ( )
16.12.18	NSRD	TOS from 2 <sup>nd</sup> ec.	phi Bishott	14.12.18	00305 471 / 19.12.18
27.12.18	NSRD	Te to 600 Rlyl		27.12.18	00. 313
25.1.19	n SRD.	cases etc to Rlyl. S.S. 6th C.F. Canada	Repon	12.1.19	-18
31.1.19	2CCCC	Returned to 28 Sup F.P. for R. Wk. from 29-11-18 till 1.12.18 7 to 3 days pay R. W.	Fland	7.12.18	TKND 1

A.F.B. 103 CHECKED MAY 29 1917





# MEDICAL EXAMINATION UPON LEAVING THE SERVICE OF OFFICERS AND OTHER RANKS WHO HAVE NO DISABILITY.

S.A.L.

Officers and Other Ranks leaving the service for reasons other than medical unfitness are to be reported on this form. Where there is evidence of any undetermined or progressive disability, this form will not be used, but the case will be referred to a Medical Board for completion of M.F.B. 227.

No. 931700 Rank Pte. Surname G O I N E S  
(Given name in full)

Gordan

Unit or Corps I D D Birthplace Wallington, Ont.

(Examination of Officer or Other Rank (stripped) to be made by one Medical Officer).

1. GENERAL DESCRIPTION:

Physique .. good .. Weight 162 lbs. Height 5 ft. 6 1/2 in. Colour of Eyes black.

Nutrition .. good ..

Pulse .. 72 ..

Condition of arteries .. soft normal ..

Vision Rt. 20/20 Left 20/20 ..

Hearing (conversational voice) Rt. 21 ft.

Left 21 ft.

Identification marks, scars, or deformities.  
 (Give cause and date of origin).  
slight healed scar over right temple, since childhood.

Opinion as to general health and physical condition .. Good. Cat. A 2 ..

2. Has Officer or Other Rank ever suffered from, or has he now, any affection of the following systems? (Answer "Yes" or "No"). (Subjective evidence may be sufficient in certain cases.)

Nervous System .. no .. Genito Urinary Sytem .. no .. Cardio-Vascular System .. no ..

Special Senses .. no .. Integumentary System .. no .. Respiratory System .. no ..

Disturbance of mentality no .. Muscular System .. no .. Digestive System .. no ..

Osseous and Joint System .. no .. Any other general condition .. no ..

3. If the answer to any part of Section 2 above is "Yes," here give full particulars, with cause and date of origin; and also a description of the present condition.

No disability due to service.

# EXAMINATIONS.

## THIS SECTION FOR USE OVERSEAS—

Examined at .....(Overseas)

Date ..... Signed .....M.O.

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to or during service.

Signature .....

(If not satisfied, M.F.B. 227 will be completed by Medical Board.)

## THIS SECTION FOR USE IN CANADA—

Examined at *London* .....(Canada)

Date *9/21/09* ..... Signed *H. Towers Major Comm* .....M.O.

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to, or during service.

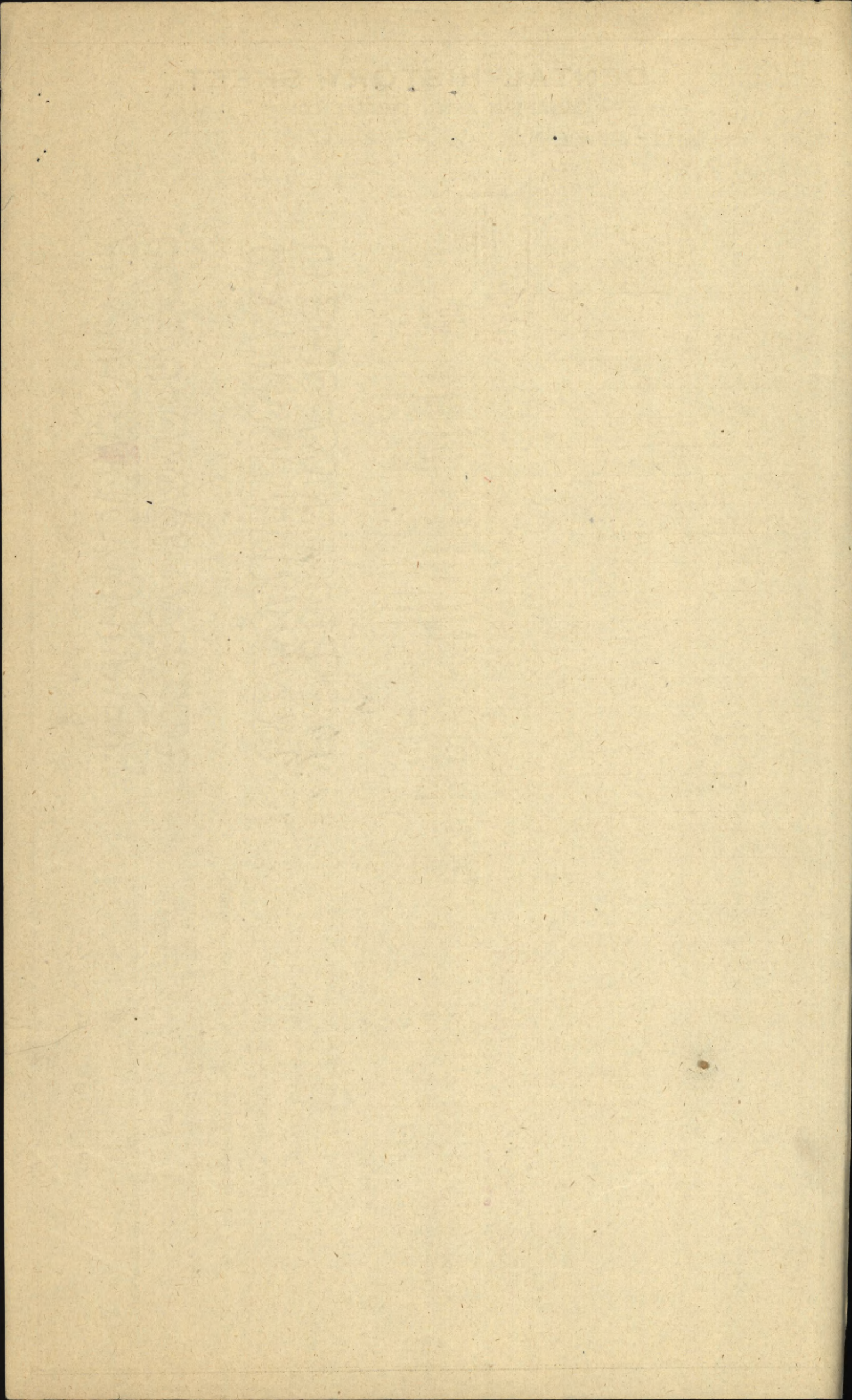
Signature *Gordon Gaine* .....

(If not satisfied, M.F.B. 227 will be completed by Medical Board.)

(This space to be used, if necessary, in connection with Section 3, overleaf, only.)

[OVER]





# ORIGINAL MEDICAL HISTORY SHEET

931700

Surname Gordon ~~Gordon~~ Goines Christian Name Gordon

Examined { on 3rd day of January 1917  
at Windsor Ont.

Approved by Doc Murray  
Rank Capt. M.O.

Birthplace { City or Town Wellington,  
County Township, Ont

Apparent age 33 yrs 11 mos

Trade or occupation Animal Trainer

Height 5 feet 7 Inches

Weight 185 lbs.

Chest measurement { Minimum 36-1/2 inches  
Maximum expansion 3-1/2 inches

Physical development fit

Small-pox Marks none

Vaccination Marks { Arm Right Left  
Number

When Vaccinated last 1912

(a) Marks indicating congenital peculiarities of previous disease none

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

Date	Result	VACCINATIONS
<u>12/17</u>	<u>25%</u>	<u>Slepley</u> M.O.
<u>1/3/17</u>	<u>25%</u>	<u>Doc Murray</u> M.O.
		M.O.

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>12/3/17</u>	<u>25%</u>	<u>Doc Murray</u> M.O.
<u>1/4/17</u>	<u>25%</u>	<u>Doc Murray</u> M.O.
<u>2/4/17</u>	<u>25%</u>	<u>Doc Murray</u> M.O.

Enlisted on 3rd day of January 1917 at Windsor Ont.

JOINED ON ENLISTMENT	CORPS	REG'TL NUMBER	HABITS	DATE
	<u>#2 Construction</u>	<u>931700</u>		<u>3/1/17</u>
	<u>Battn. C.E.F.</u>			
Transferred to				

### EXAMINED OR DISCHARGED BY A MEDICAL BOARD

STATION	DATE	DISEASE	RESULT
<u>Windsor, Ont.</u>	<u>2/3/17</u>	<u>on enlistment</u>	<u>Fit</u>
<u>S. B. Bennett</u>		<u>Major</u>	<u>D. L. Stewart</u>
<u>M. J. A. M. G.</u>		<u>M. J. A. M. G.</u>	

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.



DUPLICATE

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..... *No. 2 CONSTRUCTION, B'n. C.E.F.*

(2) Regimental Number..... *931700*

(3) Full Name of Soldier..... *Gordon Goumes*

(4) Place of Birth..... *Wellington Township Ont*

(5) Are you married, or not?..... *No*

(6) If married, state,  
 (a) Full name of your wife..... *X*

(b) Present Postal Address..... *X*

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

(8) Have you any children?..... *7*

If so, give number of boys and girls..... *7*

Also their names and ages.....

.....

.....

.....

.....

(9) Is your Father alive? *Yes John Coines*

If so, state name and address *W. Ellands Ant*

(10) Is your Mother alive? *Yes*

If so, state name and address *Mrs Mary Coines*

*69 W. Elcath St. Galphinston*

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

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? *No*

Have you made arrangements for payment of your Insurance premium? *No*

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

*W. Sutherland* L.T. COL.  
Comd'g No. 2 Construction Battalion C.E.C.  
Officer Commanding.

Date *Jan 9/17*



LAST PAY CERTIFICATE

Regt.No. 931700 Rank pte Name Grimes Gordon  
 Corps Inbld who was Discharged  
 on 12<sup>2</sup>/19 to

The following is a statement of the account of the above named  
 from 1<sup>2</sup>/19 to 12<sup>2</sup>/19

Bal Dr	from mon. of	Bal. Cr.	from mon. of
	from L.P.C.		from L.P.C.
ASSIGNED PAY:	<u>4.00</u>	Regt. Pay	<u>12</u> dys. @ \$ <u>100</u> <u>12.00</u>
SEPARATION ALLOWANCE:		F'ld. All.	<u>12</u> dys. @ \$ <u>10</u> <u>1.20</u>
OTHER CHARGES:		SEPARATION ALLOWANCE:	
PAYMENTS:	<u>289.19</u>	OTHER CREDITS:	
		Clothing Allowance	<u>35.00</u>
Bal. Credit (to be pd.)	<u>293.19</u>	Subsistence,	
<u>Overseas</u>		Bal. Dr. (to be deducted)	
<u>PSP</u>		(from soldier \$)	<u>293.19</u>
		(from Dependent \$)	<u>293.19</u>

SEPARATION ALLOWANCE	ASSIGNED PAY	VICTORY BOND
at \$ <u>2.42</u> per month	at \$ <u>10.00</u> per month	Subscribed \$
has been <u>pd</u> to	has been <u>pd</u> to <u>12<sup>2</sup>/19</u>	Pd. by other
	<u>and allowed</u>	Units \$
		Pd. by this
		Unit \$

Dependent or Beneficiary Mrs Lucinda Grimes  
 Address: 73 Metcalf St Guelph Ontario

REMARKS: Discharged 12<sup>2</sup>/19 5012.  
Demob.  
 Date of Enlistment 3-1-17  
 If married and if Separation Allowance card submitted No No

I have carefully examined this statement of account and find it to be a correct extract from the Paylist of this Unit.

Date: \_\_\_\_\_  
 London, Ontario, [Signature] Captain.  
 Paymaster No. 1 District Depot.

No. 10

10

The following is a list of the contents of the above-named collection

No.	Description	Quantity	Remarks
1	...	...	...
2	...	...	...
3	...	...	...
4	...	...	...



The above-named collection is the property of the Government

and is deposited in the British Museum, London

This list is published by order of the Board of Trustees  
of the British Museum, London

MARRIED OR SINGLE *Widow S*

PLACE OF BIRTH *Wilmington, Ont*

NAME AND ADDRESS OF NEXT OF KIN *Mrs Mary Kealatt*  
*69 Metcalfe Ave. Guilford Ont*

RELATIONSHIP OF NEXT OF KIN *Sister*

NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF KIN

SEPARATION ALLOWANCE MONTHLY \$

EFFECTIVE (DATE)

PAYABLE TO

RELATIONSHIP OF DEPENDANT

CASUALTIES, PROMOTIONS, &c.

PARTICULARS	EFFECTIVE DATE	AUTHORITY

DATE ADMITTED	DATE DISCHARGED	V. OR A.	NAME OF HOSPITAL

DATE	PAY			FIELD ALLOWANCE			WORKING OR SPECIAL PAY			ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS			
	No. OF DAYS	RATE	AMOUNT \$ c.	No. OF DAYS	RATE	AMOUNT \$ c.	No. OF DAYS	RATE	AMOUNT \$ c.				1 No. DATE	2 No. DATE	3 No. DATE	4 No. DATE
<i>MAY</i> <i>april 30</i>	<i>30</i>	<i>1/10</i>	<i>33 00</i>								<i>23 00</i>					
<i>1-31</i>	<i>31</i>	-	<i>34 10</i>								<i>34 10</i>	<i>46 1/5</i>				
<i>June</i> <i>1-30</i>	<i>30</i>	-	<i>33 00</i>								<i>33 00</i>	<i>74 14/5</i>				
<i>July</i> <i>1-31</i>	<i>31</i>	-	<i>34 10</i>								<i>34 10</i>					
<i>Aug</i> <i>1-31</i>	<i>31</i>	-	<i>34 10</i>								<i>34 10</i>					
<i>Sep</i> <i>1-30</i>	<i>30</i>	-	<i>33 00</i>								<i>33 00</i>				<i>60 30/5</i>	
			<i>201 20</i>								<i>201 30</i>				<i>128 2/6</i> <i>198 23/6</i> <i>270 19/7</i>	

MONTH	PARTICULARS	CR.1	CR.2	PARTICULARS	DR.1	DR.2	DR.3-DR.4	BALANCE	REFER. PAY	SER. RED. ALLG. ENG.
<i>Sep</i>	<i>Pae</i>	<i>87 47</i>						<i>87 47</i>		
<i>Oct</i>	<i>P.P.</i>	<i>34 10</i>		<i>Si'a 10 do F.P. 2, 15 2/17 + 14 do pay RW. 20/13/17</i>		<i>15 40</i>	<i>- 10</i>			
				<i>NR. 46 1 13/17 26 incl. Va. Att. etc.</i>	<i>3 56</i>					
		<i>34 10</i>		<i>4621 11/17</i>	<i>3 57</i>	<i>7 13</i>	<i>15 40</i>	<i>10</i>		<i>89 04</i>

EFFECTIVE DATE	AUTHORITY

REG'L No. **931700** RANK  NAME **Elycines Gordon**  
 IF IN PERMT. CORPS } UNIT **2 bow B** TRANSFERRED TO  DATE  AUTHORITY   
 WHAT UNIT  
 PERMANENT FORCE ALLOWANCES TRANSFERRED TO  DATE  AUTHORITY   
 PLACE OF ATTESTATION **Windsor Ont** TRANSFERRED TO  DATE  AUTHORITY   
 DATE OF ATTESTATION **3-1-17** TRANSFERRED TO  DATE  AUTHORITY

ASSIGNED PAY MONTHLY \$ **10.00** DATE EFFECTIVE **1-4-17**  
 PAYABLE TO **Ms. Lucinda Gomes 73 Metcalfe St. Guelph. Ont** RELATIONSHIP **Sister**

NAME OF HOSPITAL

ASSIGNED PAY MONTHLY \$  DATE EFFECTIVE   
 PAYABLE TO  RELATIONSHIP   
 STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE)  EFFECTIVE  REASON   
 DISCHARGE DATE AND PLACE  REASON AND AUTHORITY   
 ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)   
 ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

ACQUITTANCE ROLLS

2		3		4	
No.	DATE	No.	DATE	No.	DATE

CASH PAYMENTS				ASSIGNED PAY A \$	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
1	2	3	4				CREDIT	DEBIT			
				10	11.00	21 -	3 95		3 95		Bal from Canada.
4 87				10		14 87	23 18		10 -	13 18	10 days F.P. N°2. 20.4.17. DO. 94. 20.4.17.
2 43				10		12 43	43 75		15 -	28 75	
				10	5.50	15 50	62 35		20 -	42 35	forfeit 5 days pay. 21.5.17 D.O. 119. 25.7.17.
				10	7.70	21 27	75		25 -	50 15	forfeit 7 days pay. 17.17. 20.12.17. 8.17
				10		20 71	87 47				
7 30				60	24 20	105 78	87 47	8 05			

BALANCE DEFERRED SER. PAY ALICE ENG. **87 47**

Plc 931700 : Groins Gt

10<sup>00</sup>

DATE	PAY		FIELD ALLOWANCE		WORKING OR SPECIAL PAY		ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS				CASH PAYMENTS			
	No. OF DAYS	RATE	AMOUNT	No. OF DAYS	RATE	AMOUNT				No. OF DAYS	RATE	AMOUNT	1	2	3	4	1
MONTH	PARTICULARS	CR.1	CR.2	PARTICULARS	DR.1	DR.2	DR.3	DR.4	BALANCE	DEFER. PAY	SEP. ALLCE. ENG.						
	Oct 1917								89 04								
	Nov P.P.	33	-						10								
				AR 822. 25 <sup>9</sup> / <sub>17</sub> CFC	1	3 57											
				- 845 12 <sup>10</sup> / <sub>17</sub> "		3 57											
				- 967. 25 <sup>10</sup> / <sub>17</sub> "		3 57											
DEC	- 21	34	10	- 1085. 10 <sup>11</sup> / <sub>17</sub> "		3 57			10	121 86							
		67	10			14 28			20								
JAN	1918 P.P.	34	10						10								
				- 108. 20 <sup>12</sup> / <sub>17</sub> 2 Con. Coy.		5 35											
		34	10	- 1271. 25 <sup>11</sup> / <sub>17</sub> - - CFC		7 14			10	13347.50							
						12 49											
FEB	-	30	80	Assigned Pay					10								
				" 171. 15 <sup>4</sup> / <sub>18</sub> 2 Con. Co.		2 68											
				- 193. 26 <sup>4</sup> / <sub>18</sub> - - 3249A		2 68											
		30	80	" 143 16/17/17 "		4 46			10	14445							
						9 82											
MAR 1918	"	34	10	Acclay					10	60 00							
				AR 250. 16 <sup>2</sup> / <sub>18</sub> 37 CFC		2 68											
				- 307. 78 <sup>2</sup> / <sub>18</sub> "		2 68											
		34	10	- 349. 18 <sup>3</sup> / <sub>18</sub> "		2 68			10	16051							
						8 04											

CANADIAN  
ASSIGNED PAY AUDITED  
*[Signature]*  
AUDIT CLERK  
DATE 5/6/19



\* Strike out whichever inapplicable.

ASSIGNED PAY.	ENGLAND OR CANADA.	SEPARATION ALLOWANCE.	ENGLAND OR CANADA.
EFFECTIVE DATE:-	1 APR 1917	EFFECTIVE DATE:-	
AMOUNT:-	10 <sup>00</sup>	AMOUNT:-	

NAME: *Goin*  
NUMBER: *93*  
PARTICUL

NAME, ADDRESS, RELATIONSHIP & AUTHORITY { WHEN PAYEE OF A.P. IS THE SAME AS PAYEE OF S.A. THE WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE.

*Mrs Lucinda Gomes - Sister*  
*73 Metcalfe St. Guelph, Ont*

*stopped 11/1/19*

*NR 161 17/12*  
*26 16 16 16*

AUTHORITY

ORIGINAL UNIT

DATE ACCOUNT

AUTHORITY

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS { UPON CLEARANCE OF VOUCHERS, ENTRIES WILL BE CANCELLED BY INSERTION OF DATE CHARGED IN RED INK

DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT
<i>5/12/18</i>	<i>100</i>	<i>Fied 5070</i>	<i>933</i>				
<i>18/12/18</i>	<i>3576</i>	<i>BR 84</i>	<i>973</i>				
			<i>1906</i>				

DAILY R

AUTHORITY

PARTICULARS OF RENDERING NON-EFFECTIVE: *Disch'd when adv 31/12/18 NR 161 17/12*

1918 MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2
MAR	<i>Bal Ford</i>					
Apr	<i>P. Pay</i>	<i>33</i>		<i>ass Pay</i>		
				<i>AR 119 6/4 37 CFC 201</i>	<i>3576</i>	
				<i>AR 30 10/4 37 CFC</i>	<i>535</i>	
May	<i>P. Pay</i>	<i>33</i>	<i>34 10</i>	<i>ass Pay</i>	<i>335</i>	
June	<i>P.P</i>	<i>33</i>		<i>ass Pay</i>		
				<i>AR 455 16/6 37 CFC</i>	<i>892</i>	
				<i>AR 179 15/6 37 CFC</i>	<i>268</i>	
				<i>Y 26/4 to 6/6/18 42 days. AR 37 27/6/18</i>		<i>2</i>
				<i>AR 236 29/6 37 CFC</i>	<i>446</i>	
		<i>33</i>			<i>1608</i>	<i>2</i>
July	<i>Play</i>	<i>34 10</i>		<i>Can ar</i>		
				<i>AR 276 12/7 37 CFC</i>	<i>446</i>	
				<i>AR 325 29/7</i>	<i>446</i>	<i>892</i>
		<i>34 10</i>				
Aug	<i>Play</i>	<i>34 10</i>		<i>Can ar</i>		
				<i>AR 383 15/8 37 CFC</i>	<i>446</i>	
				<i>AR 431 31/8</i>	<i>446</i>	<i>892</i>
		<i>34 10</i>				
Sep	<i>P.P</i>	<i>33</i>		<i>Can ar</i>		
				<i>AR 476 13/9 37 CFC</i>	<i>446</i>	
				<i>AR 463 13/9 37 CFC</i>	<i>1338</i>	
				<i>AR 538 27/9</i>	<i>446</i>	<i>2230</i>
		<i>33</i>				
Oct		<i>34 10</i>		<i>Can ar</i>		
				<i>AR 595 11/10/18 37 CFC</i>	<i>466</i>	
				<i>AR 553 30/10/18</i>	<i>466</i>	<i>932</i>
		<i>34 10</i>				

COMPILED BY *L. L. L.*  
CHECKED BY *L. L. L.*

ENGLAND or CANADA.

SEPARATION ALLOWANCE.

ENGLAND or CANADA.

NAME: *GOINES Gordon*

1 APR 1917

EFFECTIVE DATE:-

NUMBER:- *931700*

AMOUNT:-

PARTICULARS OF RANK OR APPOINTMENT

ESS. RELATIONSHIP & AUTHORITY { WHEN PAYEE OF A.P. IS THE SAME AS PAYEE OF S.A. THE WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE.

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		<i>Plt</i>

*Lida Gomes - Sister  
Wife St. Guilphout*

UNIT AND TRANSFERS

ORIGINAL UNIT:- *2<sup>nd</sup> Construction Bn*

DATE ACCOUNT FIRST OPENED:- *1 APR 1917*

*NR 161 17/12  
26/6/18*

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'S'D	UNIT TRANSFERRED TO
			<i>Canada Section</i>

FROM ACTIVE SERVICE PAY-BOOKS { UPON CLEARANCE OF VOUCHERS, ENTRIES WILL BE CANCELLED BY INSERTION OF DATE CHARGED IN RED INK

UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT
<i>Fied 5070</i>	<i>933</i>				
<i>BR 09.</i>	<i>973</i>				
	<i>1906</i>				

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBSCE ALL'CE
	<i>1</i>	<i>-</i>	<i>-</i>	<i>10</i>

REASONS OF RENDERING NON-EFFECTIVE: *Disch'd Wtem adv 20/12/18 NR 161 17/12/18 2 tele. R. Bal 267.02 LPB 247.96*

PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
<i>al Ford</i>								<i>160 51</i>	<i>60</i>	
<i>Pay</i>	<i>33</i>		<i>ass Pay</i>				<i>10</i>			
			<i>AR 119 6/4 CFC 201</i>	<i>3 57 1/2</i>						
			<i>AR 20 10/4 37 C.C.F.B.</i>	<i>5 35</i>				<i>178 16</i>	<i>65</i>	
<i>Pay</i>	<i>38</i>		<i>ass Pay</i>	<i>5 35</i>			<i>10</i>			
	<i>34 10</i>						<i>10</i>	<i>202 26</i>	<i>90</i>	
	<i>34 10</i>									
<i>P</i>	<i>33</i>		<i>ass Pay</i>				<i>10</i>			
			<i>AR 44 55 16/6 37 C.C.F.C.</i>	<i>8 92</i>						
			<i>AR 179 15/6 37 C.C.F.C.</i>	<i>2 68</i>					<i>75</i>	
			<i>26/4 to 6/6/18 42 days. 20 37 27/6/18</i>	<i>25 20</i>						<i>13</i>
			<i>AR 236 29/6 37 C.C.F.C.</i>	<i>4 46</i>				<i>184 00</i>	<i>64 50</i>	
	<i>33</i>			<i>16 00</i>	<i>25 20</i>		<i>10</i>			
<i>Pay</i>	<i>34 10</i>		<i>Can ap</i>				<i>10</i>			
			<i>AR 276 12/7 37 C.C.F.C.</i>	<i>4 46</i>					<i>69 50</i>	
			<i>AR 325 27/7</i>	<i>4 46</i>				<i>199 18</i>		
	<i>34 10</i>			<i>8 92</i>			<i>10</i>			
<i>Pay</i>	<i>34 10</i>		<i>Can ap</i>				<i>10</i>			
			<i>AR 383 15/8 37 C.C.F.C.</i>	<i>4 46</i>						
			<i>AR 431 31/8</i>	<i>4 46</i>				<i>214 36</i>	<i>75 00</i>	
	<i>34 10</i>			<i>8 92</i>			<i>10</i>			
<i>P</i>	<i>33</i>		<i>Can ap</i>				<i>10</i>			
			<i>AR 476 13/9 37 C.C.F.C.</i>	<i>4 46</i>						
			<i>AR 463 13/9 37 C.C.F.C.</i>	<i>13 38</i>						
			<i>AR 538 27/9</i>	<i>4 46</i>				<i>21506</i>	<i>50</i>	<i>1/2 27/6/18</i>
	<i>33</i>			<i>22 30</i>			<i>10</i>			
	<i>34 10</i>		<i>Can ap</i>				<i>10</i>			
			<i>AR 595 - 11/10/18 37 C.C.F.C.</i>	<i>4 66</i>						<i>85</i>
			<i>AR 053 - 30/10/18</i>	<i>4 66</i>				<i>229 84</i>		
	<i>34 10</i>			<i>9 32</i>			<i>10</i>			



NUMBER

RANK

NAME

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE
	<i>Grant for</i>								22987
<i>Nov</i>				<i>b a P</i>				1000	
<i>Nov</i>	<i>P.P</i>	3300		<i>AR736 - 37<sup>th</sup> C.F.C. - 16/11/18</i>	933				
				<i>AR783 - " - 26/11/18</i>	466				
<i>Dec</i>	<i>P-P.</i>	3410		<i>b a P</i>				1000	
	<i>Int on Def Pay</i>	40		<i>AR6100 - C.F.C. - 8/12/18</i>	933				26702
		71		<i>AR3576 DGRD - 18/12/18</i>	973				24796
		71 17			33 05	35 05			

*S.O.S. Canada Bo 18 25/1/19 Eff 12-1-19*

CANADIAN  
 ASSIGNED PAY AUDITED  
*H. J. W. [Signature]*  
 AUDIT CLERK  
 DATE *5/6/19*

NAME

CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
							22984.95		
		<i>cap</i>				10.00			
3300		AR736-37 <sup>th</sup> C.F.C. - 16/11/18	9.33					90	
		AR783 - " - 26/11/18	4.66						
3410		<i>cap</i>				10.00			
407		AR6100 - C.F.C. - 5/12/18	9.33				26702.95		
71		AR3576 - BYRD - 18/12/18	9.73				247.96		
71	17		33.05	35.05					

*S.O.S. Canada Bo 18 25/1/19 Eff 12-1-19*

CANADIAN  
 ASSIGNED PAY AUDITED  
*M. J. [Signature]*  
 AUDIT CLERK  
 DATE *5/6/19*

This space to be for numbers.



# Proceedings on Discharge

27144

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

B.

No. **931700**

Rank **PRIVATE**

Surname **GOINES,**

Christian name **Gordon**  
NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.

Corps (Squadron, Battery or Company) **2nd CONSRUCTION BATTALION, C.O.M.F.**

Date of discharge **FEB 12 1919** *NOV 42 11/2/19*

Place of discharge **LONDON, ONT.**

### 1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age **33** years.....months.

Height **5** feet.....**7** inches.

Complexion **COLORED**

Eyes **BLACK**

Hair **BLACK**

Trade **Animal Trainer**

Intended place of residence } **69 Metcalfe St.,  
Guelph, Ont.**  
(To be given as fully as practicable.)

Descriptive marks

**SCAR OVER RIGHT TEMPLE**

*24-12-56*

2. The above-named man is discharged in consequence of **ON DEMOBILIZATION**

Authority for discharge.....

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.

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

To be in the handwriting of the Commanding Officer, who will himself make identical entries on the character certificate and initial them.

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

M. F. B. 218.

200M.—5-18.  
H. Q. 1772-39-113.

(OVER)

*24.3.19*

Reservations related 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.)

## List of Discharge Documents.

<p>Reg. Conduct Sheet, Militia form B. 263</p> <p>Squadron } Battery } Conduct Sheet, " B. 263a Company }</p> <p style="text-align: center;">or</p> <p>Field Conduct Sheet " W. 178</p> <p>Copies of Convictions, by C. P. in MS.</p> <p>Med. Hist. Sheet, Militia form B. 313</p> <p>Casualty Form " W. 54</p> <p>Medical Report for Invalid§ " B. 227</p> <p>Dental History Sheet " B. 465</p> <p>Last Pay Certificate " W. 44</p> <p>Duplicate Discharge Certificate " W. 39A</p> <p>‡Form of Will " W. 82</p> <p>§Only if discharged "Medically unfit."</p> <p>‡Only if man has not been overseas.</p>	<p>Attestation Paper Militia Form W. 23 or Particulars of Recruit " W. 133</p> <p>Proceedings on Discharge " B. 218</p> <hr/> <p style="text-align: center;">In the case of recruits who are rejected on final approval, the discharge documents will consist of</p> <p style="text-align: center;">(a) Proceedings on Discharge.</p> <p style="text-align: center;">(b) Attestation.</p> <p style="text-align: center;">(c) Medical History Sheet.</p>
--	---

Documents not accompanying this form should be crossed out.

*I hereby certify that the following documents are unobtainable.*

*Officer Commanding.*

*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.*

**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.)

*W. J. [Signature]*

Reg. Conduct Sheet	Minutes form B. 303	Attestation Paper	Minutes Form W. 25
Squadron Battery Company	Conduct Sheet	Particulars of Recruit	W. 153
			B. 218
Field Conduct Sheet	W. 178	Proceedings on Discharge	B. 218
Copies of Convictions by C. P.	in MS.	In the case of recruits who are rejected on final approval, the discharge documents will consist of	
Medical Report for Invalids	B. 327		
Dental History Sheet	B. 467		
Last Pay Certificate	W. 44	(a) Attestation	
Duplicate Discharge Certificate	W. 304		
Form of Will	W. 82	(c) Medical History Sheet	

I hereby certify that the following documents are unobtainable:

*[Red Stamp]*

Officer Commanding

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.

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

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

6. Medals and Decorations.....

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).....

(Date).....

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, and that I have received my permanent discharge certificate.

(Place) LONDON, ONT. J. Harris. (Signature of Soldier.)

(Date) FEB 12 1919 [Signature] (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.

..... (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) LONDON, ONT.

(Date) FEB 12 1919

(Signature) [Signature]

A. O. C. Discharge Section, No. 1 D. D.

598

PROMOTIONS, REDUCTIONS AND REVERSIONS AFFECTING DAILY RATE OF PAY AND ALLOWANCES

10-90-43

28  
AUDITOR  
PAYMASTER

M. OR S.

REGT. No. 931700 RANK Pte NAME (IN FULL) GOINES, Gordon

NEXT OF KIN	RELATIONSHIP	PARTICULARS	EFFECTIVE DATE	AUTHORITY	ORIGINAL UNIT C.E.F.	IF IN P.F. WHAT UNIT?
ADDRESS					PLACE OF ATTESTATION	TRANSFERRED TO DATE AUTHORITY
IS SEPARATION ALLOWANCE PAID?	DATE EFFECTIVE				DATE OF ATTESTATION	TRANSFERRED TO DATE AUTHORITY
TO WHOM PAID	RELATIONSHIP				ASSIGNED PAY, \$ 10	DATE EFFECTIVE
ADDRESS					PAYABLE TO Mrs. Lucinda Goines	RELATIONSHIP sister
					ADDRESS 73 Bulchalf St. Guelph. Ont.	ANY CHANGE IN ASSIGNEE OR ADDRESS
					STOP PAYMENT FORM RENDERED, DATE	EFFECTIVE
					DISCHARGED	PLACE DATE REASON AUTHORITY

MONTH	PAY AND F. A.		OTHER CREDITS		TOTAL CREDITS		ACQUITTANCE ROLLS			CASH PAYMENTS			ASSIGNED PAY	REGI-MENTAL CHARGES	OTHER CHARGES	TOTAL DEBITS		BALANCE		PARTICULARS OR REMARKS
	NO. OF DAYS	RATE	AMOUNT				COL. NO. 1	COL. NO. 2	COL. NO. 3	COL. NO. 1	COL. NO. 2	COL. NO. 3				DEBIT	CREDIT	DEBIT	CREDIT	
31-12-18						247 96							10. <sup>00</sup>		4 87 30 00 5 00	49				Balance from previous account
1-1-19						247 96														
31-1-19	31	110	34 10	12 80	198 09	46 90														
1-2-19						244 99														
12-2-19	12	110	13 20	32 00	244 99	293 19														
12/2/19			70			70														
12/3/19			280			280														
12/4/19			210			210														
			140			140														
			70			70														

WAR SERVICE GRATUITY

350 -  
46 23  
396 23

350 -  
46 23  
396 23

Returned 10/20  
depend

350 -  
46 23  
396 23

11/19 1185435  
Money lost in fire at 51st bar  
Gen Hosp. Etapas to be bu.

MONTH	PAY AND F. A.			OTHER CREDITS		TOTAL CREDITS		ACQUITTANCE ROLLS			CASH PAYMENTS			ASSIGNED PAY	REGI-MENTAL CHARGES	OTHER CHARGES	TOTAL DEBITS		BALANCE		PARTICULARS OR REMARKS			
	NO. OF DAYS	RATE	AMOUNT		\$	C.	\$	C.	COL. NO. 1	COL. NO. 2	COL. NO. 3	COL. NO. 1	COL. NO. 2	COL. NO. 3	\$	C.	\$	C.	\$	C.		\$	C.	
			NO.	DATE					NO.	DATE	NO.	DATE	\$	C.										\$
			\$	C.	\$	C.	\$	C.				\$	C.	\$	C.	\$	C.	\$	C.	\$	C.	\$	C.	
			350		4623		39623					39623						39623						
					4623														4623					
			350		9246		44246					4623						44246						

1193263  
to be issued

4623  
44246

OK # 1185435 rec'd. auth.  
DR. 124 d/13/1/20 ✓  
16/1/20 1193263 ✓  
AW



Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

# Separation and Assigned Pay Branch

# G

4268

*Apr 1/17*

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

10			
----	--	--	--

### PARTICULARS OF SEPARATION ALLOWANCE

No. *931700*  
 Rank *Pte* Promoted                      Reverted                      Discharge  
 Soldier's Name *Gordon Gaines*  
 Battalion *# 2 Cons Batta*  
 Beneficiary  
 Relationship  
 Address

### PARTICULARS OF ASSIGNMENT

Name *Mrs Lucinda Gaines*  
 Address *73 Mitchell St.*  
*Queph* Change of Address *Ont.*  
 1  
 2  
 3  
 4

Date 1917	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
<i>Dec 31</i>			<i>90</i>	<i>90</i>	
<i>Jan</i>	<i>Q 68054</i>		<i>10</i>	<i>10</i>	<i>B.</i>
<i>Feb.</i>	<i>Q 90845</i>		<i>10</i>	<i>10</i>	
<i>Mar.</i>	<i>P 91487</i>		<i>10</i>	<i>10</i>	<i>✓</i>
<i>April</i>	<i>P 10661</i>		<i>10</i>	<i>10</i>	
<i>May</i>	<i>S 18070</i>		<i>10</i>	<i>10</i>	
<i>June</i>	<i>O 20584</i>		<i>10</i>	<i>10</i>	
<i>July</i>	<i>K 29195</i>		<i>10</i>	<i>10</i>	<i>Q</i>
<i>Aug</i>	<i>O 36594</i>		<i>10</i>	<i>10</i>	<i>N</i>
<i>Sept</i>	<i>J 46990</i>		<i>10</i>	<i>10</i>	<i>N</i>
<i>Oct</i>	<i>U 54967</i>		<i>10</i>	<i>10</i>	<i>B.</i>
<i>Nov</i>	<i>V 57731</i>		<i>10</i>	<i>10</i>	<i>B.</i>
<i>Dec.</i>	<i>X 63125</i>		<i>10</i>	<i>10</i>	<i>B.</i>
<i>1919 Jan.</i>	<i>1 74163</i>		<i>10</i>	<i>10</i>	<i>B.</i>
			<i>220</i>	<i>220</i>	<i>B.</i>

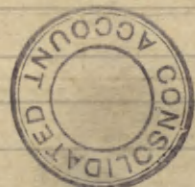
*7054-G-7.*  
*MRD 64236 Destroy 29.1.19. EMB.*

M. F. W. 128  
 4004-6-17-1772-89-1141  
 L. L. 22320-M. & D. 7583.

*MDz.*

A/c Closed *31.1.19*  
 Ret'd per *Empress of Britain*  
 Date *22.1.19* M.F.W. 187 *29.1.19.*  
 Clerk *Embarnes*

CANADIAN  
 ASSIGNED PAY AUDITED  
*2 P. 1141*  
 AUDIT CLERK  
 DATE *5-6-19*





# ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2.

*Lucinda Goines*  
(Assignee)

Name of Soldier

*Goines Gordon*  
*2 Cons Bather*

PAYMENTS.

*Pte 931700*

L. L. Job 5470—Req. 6888.

Month.	Year.	Cheque No.	Amt.	Remarks.
				<i>1000</i>
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1917			
Feb.				
March				
April		<i>Z 4835</i>	<i>10</i>	
May		<i>W 7869</i>	<i>10</i>	<i>10 W.</i>
June		<i>P 14991</i> <del><i>P 14990</i></del>	<i>10</i>	<i>10 Cu 14990 cancelled.</i>
July		<i>T 22257</i>	<i>10</i>	<i>Cu</i>
Aug.		<i>T 29557</i>	<i>10</i>	
Sept.		<i>36217</i> <del><i>D 36216</i></del>	<i>10</i>	<i>D 36216 Can</i>
Oct.		<i>M 43193</i>	<i>10</i>	
Nov.		<i>N 48167</i>	<i>10</i>	
Dec.		<i>I 54524</i>	<i>10</i>	
Jan.	1918			<i>90. —</i>
Feb.				
March				
April				
May				
June				
July				

*APR 1917*

*JOK*

CANADIAN  
ASSIGNED PAY AUDITED  
*D. P. [Signature]*  
AUDIT CLERK  
DATE ..... *5-6-19* .....

MILITIA AND DEFENCE  
**ASSIGNED PAY**  
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier \_\_\_\_\_

**PAYMENTS.**

Month.	Year.	Cheque No.	Amt.	Remarks.
Aug.	1918			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1919			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1920			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				

MILITIA AND DEFENCE  
**ASSIGNED PAY**  
 OVERSEAS CONTINGENTS

M. F. W. 12  
 50m.—7-16  
 H. Q. 1772-39-819

To Whom Mrs Lucinda Goines By Whom Assigned Goines Gordon  
 Address 73 Metcalf St. Regtl. No. 931700  
Guelph Rank Pte  
Ont Corps #2 Cons Battr  
 Rate 1000 APR 1917

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				

