

Original

# ATTESTATION PAPER

MILITARY No. 101108  
Folio 5 1915  
CANADA

## CANADIAN OVER-SEAS EXPEDITIONARY FORCE

### QUESTIONS TO BE PUT BEFORE ATTESTATION. (ANSWERS)

1. What is your name? ..... *Goldie William*
2. In what Town, Township, or Parish, and in what Country were you born? ..... *Inverness Scotland*
3. What is the name of your next-of-kin? ..... *James Goldie*
4. What is the address of your next-of-kin? ..... *27 Roxburgh Street Belfast*
5. What is the date of your birth? ..... *July 24 1892*
6. What is your trade or calling? ..... *Farmer*
7. Are you married? ..... *No*
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*

*William Goldie* (Signature of Man.)  
*Arthur L. Lucas* (Signature of Witness.)  
*Squid Copy*

From Peace River Country

### DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *William Goldie*, 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 Goldie* (Signature of Recruit.)  
*Arthur L. Lucas* (Signature of Witness.)  
*Squid Copy*

Date *July 21* 1915

### OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *William Goldie*, 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.

*W. Goldie* (Signature of Recruit.)  
*Arthur L. Lucas* (Signature of Witness.)  
*Squid Copy*

Date *22 July* 1915

### 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 *Edmonton* this *29th* day of *July* 1915.

*A. G. Hopkins* (Signature of Justice.)

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

*A. G. Hopkins* (Approving Officer.)

*Carried 3-5-16*  
*72*

DESCRIPTION OF Goldie Williams ON ENLISTMENT.

Apparent Age 23 years 5 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 1/2 ins.

Chest measurement { Girth when fully expanded 35 ins.  
 Range of expansion 3 ins.

Complexion Brunette

Eyes Grey

Hair Brown

Scars under  
 Inside ankle on  
 left foot

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

#  
135

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 July 22nd 1915

M. H. Macdonald M.D.

Place Grande Prairie

Lake Saskatchewan

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

Goldie Williams 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 July 29 1915

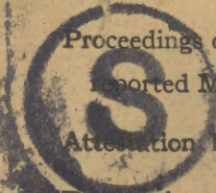
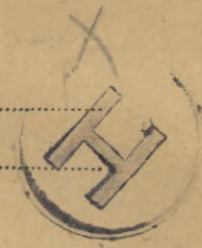
[Signature] (Signature of Officer.)

Lieut. Col.  
 Commanding 86th. Overseas Battn. C.E.F.

Canada

DISCHARGE DOCUMENTS

R. O. No. ....  
H. Q. No. ....



- 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..... 1
- Regimental Conduct Sheet.....
- Compulsory Stoppages.....
- Casualty Forms..... 1
- 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..... 1 2
- Proceedings of Regt. Court Martial.....
- Copies of Convictions by Civil Power.....
- Company Conduct Sheet.....
- Clothing Transfer Certificate.....
- Inventory of Kit.....
- Last Pay Certificate.....

Name Goldie William

Regt. No 101108 Rank Pte

Corps 66<sup>th</sup> Batt - C. O. E. I.

*(Discharged)*

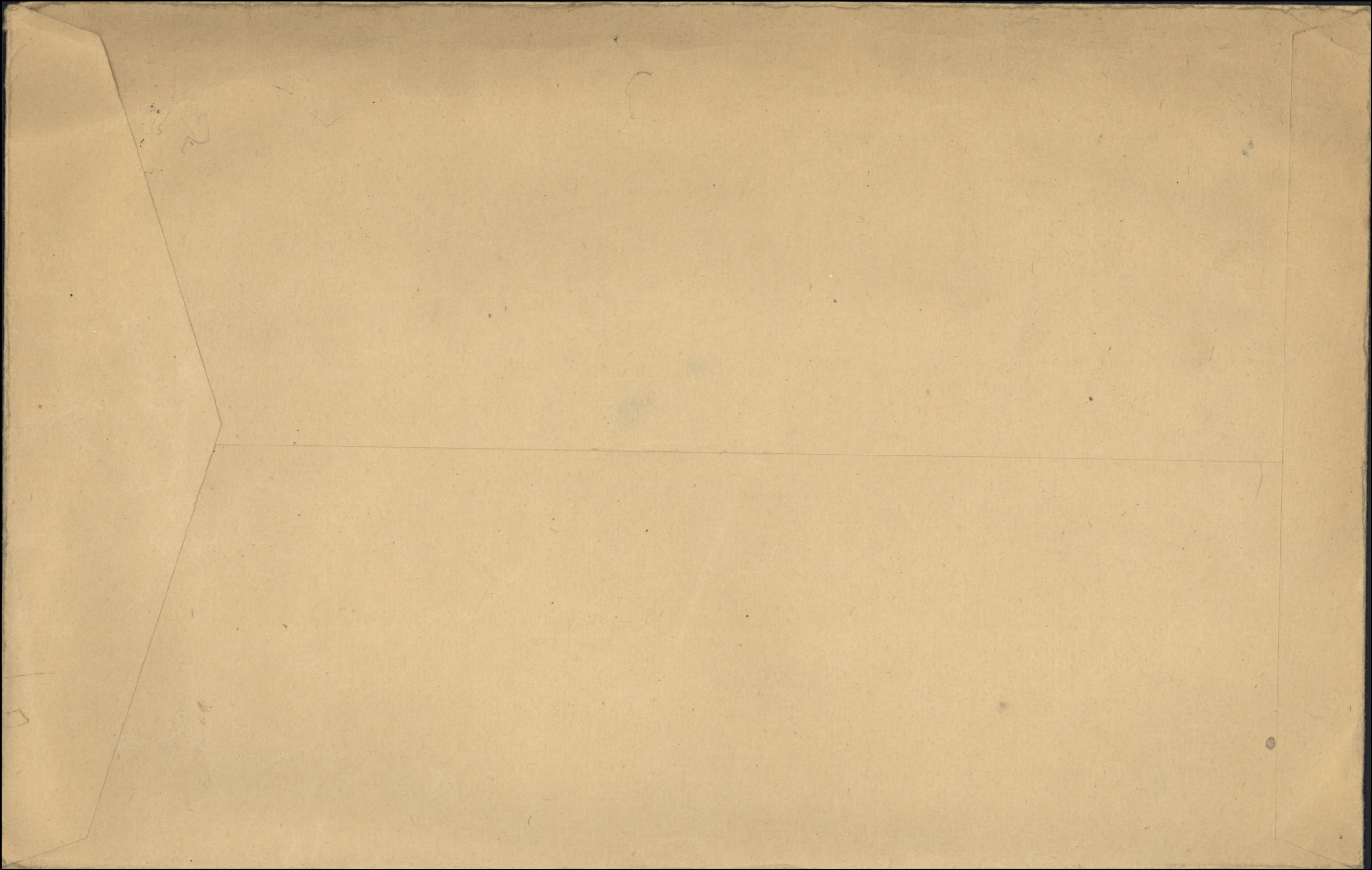


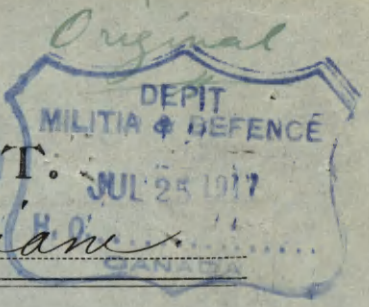
*3 3/4  
Btd Mr Scott 9-11-20  
~~Mr. [unclear] 8-11-20~~*



*Mr. Woy - 1  
Pay card  
M.F. 26 303 - 2  
" " " 227 - 1*

*13 - 19  
20 - 19  
28 - 22  
1*





# MEDICAL HISTORY SHEET.

Surname Galdie

Christian Name William

Examined { on 22 day of July 1915  
at Edmonton

Approved by W. J. Finis

Birthplace { City or Town Greenack  
County Scotland

Rank Capt. M.O.

Apparent age 28 years 5 mo

Trade or occupation Farmer

Height 5 Feet 5 1/2 Inches. M.O.

Weight 135 Lbs. M.O.

Chest measurement { Minimum 32 inches M.O.  
Maximum expansion 35 inches M.O.

Physical development good M.O.

Small-Pox Marks M.O.

Vaccination Marks { Arm Right Left  
Number

Date	Result	VACCINATIONS.
<u>Dec 22</u>	<u>W. J. Finis</u>	M.O.

When Vaccinated last M.O.

(a) Marks indicating congenital peculiarities or previous disease Scars under inside ankle left foot M.O.

(b) Slight defects but not sufficient to cause rejection M.O.

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>Aug 2</u>	<u>W. J. Finis</u>	M.O.
<u>Oct. 22</u>	<u>W. J. Finis</u>	M.O.

Enlisted on 21 day of July 1915 at Grand Prairie

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>66 Batt</u>	<u>101108</u>		<u>21 July 1915</u>
Transferred to.....	<u>C.O.E.T.</u>			

## EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.

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.

52

0 7

STATION.	Date of Arrival at the Station.	DATES OF						DISEASE.	Number of days in Hospital.	Remarks on nature of the disease : how induced ; if mild or severe ; if completely recovered from ; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer.
		Admission into Hospital.			Discharge from Hospital.						
		Day	Month	Year	Day	Month	Year				
Edmonton	1-11-15	24	3	16	31	3	16	Tonillitis	8.	Complete Recovery.	[Signature]

101108

Surname *Goldie*

Christian Name *William*

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..... *66<sup>th</sup> Battalion COEF.*

(2) Regimental Number..... *101.108*

(3) Full Name of Soldier..... *William Goldie*

(4) Place of Birth..... *Greenock Scotland*

(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?..... *No*

(8) Have you any children?..... *No*

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

Also their names and ages..... *✓*

*31.12.1917*

(9) Is your Father alive?..... *Yes*..... *James Goldie*  
If so, state name and address..... *27 Rotburgh Street, Belfast, Ireland*

(10) Is your Mother alive?..... *Yes*.....  
If so, state name and address..... *Mary Goldie*  
*27 Rotburgh Street, Belfast, Ireland*

(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.  
*Mrs B. Burton*  
*Cardston, Alberta, Canada*  
*Sister*

(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.

*M. J. [Signature]*  
Officer Commanding.

Date..... *5 April 1916*.....



# CANADIAN CONTINGENT EXPEDITIONARY FORCE

## Military Hospitals Commission LAST PAY CERTIFICATE COMMAND "D" UNIT

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

Regimental No. 101108 Rank Pte. Name W. Goldie 66th Bn.

Corps "D" Unit M.H.C.C. who was\* discharged

On Sept. 30th, 1917, to Class III

\*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from Sept. 1, 1917, to Sept. 30, 1917, the inclusive date of transfer or discharge.

Dr.		\$	c	Cr.		\$	c
Bal. Dr. from prev. month				Bal. Cr. from prev. month			
Advances by Cheques	No. <u>34349</u>	<u>51.</u>	<u>00</u>	Reg'tl Pay	<u>30</u> days at \$ <u>1</u> c	<u>30.</u>	<u>00</u>
	No. ....			Field Allow.	<u>30</u> days at \$ <u>c 10</u>	<u>3.</u>	<u>00</u>
Assigned Pay No.	.....			Other Allowances* <sup>subs</sup>	<u>30</u> dys.	<u>18.</u>	<u>00</u>
Other Charges*	.....			Other Credits* <u>Clothing</u>	.....	<u>8.</u>	<u>00</u>
Payment on transfer or discharge No. <u>34793</u>	.....	<u>8.</u>	<u>00</u>	Bal. Dr. (to be deducted by new unit)	.....		
Balance Cr. (to be paid by the new unit)	.....						
<b>Total</b>	.....	<b>59.</b>	<b>00</b>	<b>Total</b>	.....	<b>59.</b>	<b>00</b>

\*Give Particulars.

A monthly stoppage of \$..... (†) has ..... (‡) been paid on account of Assigned Pay for the month of ..... 191... to (Assignee).....  
(Address).....

(†) 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.

*Central Military Convalescent Hospital*

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

### REMARKS:—

State (1) date of enlistment.....

(2) if married and if a Separation Allowance Card has been submitted No

(3) cause of discharge and authority O.C. letter Sept. 21/17 D.O. 267

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 Sept. 30/17.

Place Toronto, Ont.

*Wm Danks*  
CAPTAIN,  
PAYMASTER, M.H.C.C. "D" UNIT, C.E.F.

Paymaster

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.

*Can*

*1000-1000  
1917-17  
L.W.*

CANADIAN CONTINGENT EXPEDITIONARY FORCE

EAST BAY CERTIFICATE

This form to be used for all ranks (Vide Articles 129, 130 and 141, Financial Instructions, 2871st C.E.F. 1918)

Regimental No. 101, Name: [blank], who was [blank] to [blank] to [blank] of [blank] or [blank] of [blank]. The following is a statement of the account of the above named [blank] to [blank] the [blank] of [blank] or [blank].

Table with columns for 'Particulars' and 'Amount'. Rows include: 'Bal. Dr. (to be debited by new unit)', 'Other Credits', 'Assigned Pay No.', 'Other Charges', 'Payment on transfer or discharge No.', 'Advance No.', 'Gross Pay', 'Field Allowance', 'Total'.

Remarks: (1) Insert amount to be assigned, when it has been paid or not. (2) Insert "not" if amount has not been paid for reason of account.

On Transfer of an Officer: [blank] has been paid by [blank] Military District. [blank] State: [blank] (2) If married and if a Separation Allowance Card has been submitted. (3) Cause of discharge and number of days of absence.

I have carefully examined this statement of account and find it to be a correct extract from the [blank] of the unit.

Date: [blank] Place: [blank]

N.B. - For purpose of this form it is to be submitted in quadruplicate. One copy to be retained by the [blank] and one by the [blank]. For purpose of a return it is to be made out in duplicate. One copy to accompany discharge papers; one copy to accompany [blank] at the end of the month, and one for retention as a record.

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

M. F. W. 54.  
160M. 10-15.  
H.Q. 1772-39-920.

# Casualty Form—Active Service.

Unit, Regiment or Corps 66th. O. BATTALION C. E. F.

Regimental No. 104108 Rank Private Name William Giddie  
C. E. F.

Enlisted (a) 21-7-15 Terms of Service (a) Do War Service reckons from (a) 21-7-15

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) \_\_\_\_\_

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				
<u>26/4/16</u>	<u>66th Battalion</u>	<u>S. O. S.</u> <u>Left Train Between</u> <u>Cochrane &amp; North Bay</u>  <u>Deserter</u>	<u>Troop</u> <u>Train</u> <u>En Route</u>	<u>25/4/16</u> <u>25.4.16</u>	<u>Pt 11 D.O. 102</u> <u>Wt 11/102</u>  <u>Supervisor</u> <u>for DofR.</u>

(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, Shoehing Smith, etc., etc., also special qualifications in technical Corps duties. [P.T.O.]

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				

111  
**Casualty Form - Active Service.**

Regiment or Corps .....

Rank Sgt Surname Boys Christian Name Harry

Religion C of E. Age on Enlistment 34 years 4 months

Enlisted (a) 23-9-14 Terms of Service (a) 20 yrs Service reckons from (a) 23-9-14

Date of promotion to present rank ..... Date of appointment to lance rank .....

Extended { ..... } Re-engaged { ..... } Qualification (b) Commines

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 ..			
<u>23-1-19</u>	<u>B.D.C.F.G.</u>	<u>S.O.S. BASE DEPOT C.F.G.</u> <u>on posting to MD 11</u>	<u>SUNNINGDALE</u>	<u>23-1-19</u>	<u>Pt. II D.O.</u> <u>Lt. for O.C. B.D.C.F.G.</u>
		<u>Attached C.C.C. Kimmel Park for return to Canada. Part 11 Orders No. .... Ceases to be attached C.C.C. Kimmel Park on embarking for Canada, Part 11 Order No. <u>39</u> <u>8/2/19</u></u>			
		<u>Commanding ..... Wing, Kimmel Park Camp.</u>			
		<u>Embarked Red, S. Scotian</u>	<u>Liverpool</u>	<u>19.2.19</u>	
		<u>Disembarked Red, S. John</u>	<u>Hatfield</u>	<u>1.3.19</u>	

(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) Signaller, Shoeing-Smith, &c.

W. 5635 - M2733 2000m 9,17 (95611. C. P. & S., Ltd., Form B./103 E/1807. P.T.O.



Name Pte Goldie, W.

M. F. W. 41  
1 Oct-7-16  
1772-39 889.

✓  
NK  
NK

Regimental No. 101108

Name and address of next-of-kin

C.M.C.

Unit 66<sup>th</sup> Bn

Date of enlistment

Place of

Married (yes or no) No.

Date and place discharged

Sep 30/17

Amount of pay assigned monthly \$

Reason for discharge

Reletter Sep 21/17

To whom payable

Character on discharge

Class III DO-267

2

Form 5351-M. & D. 1890.

Date		PAY		Field Allowance			Other Credits	Total Credits	Voucher		Cash Payments	Assigned Pay	Other Charges	Total Debits	Remarks, Casualties, etc.
From	To	No. of Days	Rate	Amount	No. of Days	Rate	Amount		No.	Date					
1917															
May 31	31	31	1	31 00	31	10	3 10	16 80	50 90	19857	50 90		50 90	Out from May 3 to 127	
								60 51 50							
June 1	30	30	1 <sup>00</sup>	30 00	30	10	3 00	60		20957	15 00			In May 1-3	
									33 60	22 685	18 60		33 60	but. P.D. 50127	
														M.H.C. Admin J.P.L.	
July 1	31	31	1	31 00	31	10 <sup>00</sup>	3 10	18 60	52 70	25743	52 70		52 70	July P.L.	
Aug 1	31	31	1	31 -	31	10	3 10	18 60	52 70	30325	52 70		52 70	Aug P.L.	
Sep 1	30	30	1	30 -	30	10	3 -	8 -		34349	51 -		59 -	only. Sept P.L.	
								18 -	59 -	34773	8 -				

66<sup>th</sup> Bn





Name Pte. Goldie, W.

M. F. W. 41  
10 M.-5-16.  
1772-30-889.

*na*  
*OK*

Regimental No. 101108

Name and address of next-of-kin

Unit 66th Bn

Date of enlistment

Place of

Married (yes or no) No.

Date and place discharged

Amount of pay assigned monthly \$

Reason for discharge

To whom payable

Character on discharge

*C*

Form 2376 M. & D. 6692.

Date		PAY		Field Allowance		Other Credits	Total Credits	Voucher		Cash Payments	Assigned Pay	Other Charges	Total Debits	Remarks, Casualties, etc.
From	To	No. of Days	Rate	Amount	No. of Days			Rate	Amount					
20 Apr 1916	30 Nov	219	1-	219-	219	10	2190	24090	8698	23490	6-	24090	In Nov. 1916.	
1 Dec	31	31	1-	31-	31	10	310	25	3435	9399	10	330	In 3 <sup>00</sup> Dec 27	
									10090	1220		2- 2- 4- 4- 25	3435 2 <sup>00</sup> 2 <sup>00</sup> 4 <sup>40</sup> 25	" 27 " 27 " 39 " 44 Dec 28
1 Jan	31	31	1-	31-	31	10	310	3410	<del>7083</del>	5-		330	In 3 <sup>30</sup> Dec 27	
								dr bal 330				330 330 3080	3 <sup>30</sup> 3 <sup>30</sup> 3080	Dec 27 " 15 " 15 1917
1 Feb	28	28	1-	28-	28	10	280	3080	11675	5-		330	In 7 <sup>00</sup> Dec. 49.	
									12962	1480		770	3080	FEB 28 1917
MAR 1	31	31	1-	31-	31	10	310	3410	13315	5-		110	In 1 <sup>00</sup> Dec. 78.	
									14804	28-		3410	3410	MAR 31 1917
1 Apr	30	30	1-	30-	30	10	300	33-	16992	2970		330	In 3 <sup>30</sup> Dec. 100	
												33	33	ADD



NAME

Goldie

William

REG'T'L No. 101108

H. Q. FILE NO. 649.

RANK AND CORPS

Pte

FOLLOWS

NO.

CABLE

NATURE OF CASUALTY

NO.

DATE

FOLLOWS

OK

LIST NO

HOSPITAL

DATE OF  
ADMISSION

REMARKS

127

M.H.C.C. Toronto

3-5-17

Y.O.L. of P.C. 508

43

M.H.C.C. "

12-2-17

College N. A. Kitson

267

" " " " "

30-9-17

Discharged

REG. No. 101108 NAME Goldie W  
(SURNAME FIRST)

RANK Pte CORPS 66 Balty

AGE 24 SERVICE

NAME OF HOSPITAL Stationary. Ex Camp. PLACE Toronto

DATE OF ADMISSION 25-6-16

DISEASE Ulceration of Stump of Amputated right foot

DISCHARGE 15.8.16

OPERATION

DISCHARGED TO DUTY YOS

TRANSFERRED TO

DISCHARGED BY MEDICAL BOARD



No. 101108 RANK Pte

NAME Goldie, W

T. O. S. 17-7-15

UNIT

66th Battalion,

(D.O.#42 of 30-7-15)

M. D. / 3

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1915 July 17 Aug 1	1915 July 31 Aug 31	✓ O.S.	Harvest furlough Aug 18-40 Sept. 17	D.O.#62 of 18-8-15
Sept.		✓	Returned 16-9-15	D.O.#92. Sept Paylist
Oct.		✓		
Nov.		✓		
Dec.		✓		
1916 Jan.		✓	Forfeits 2 days pay.	# D.O. 21 of 24-1-16.
Feb.		✓		# UNIT SAILED
Mar.		✓		D.O. 96. -
Apr. 1	Apr. 25	No.	Fined \$3 <sup>00</sup> Awarded 48 hrs Det.	D.O. 101
			D.O.S. 25-4-16	D.O. 102 APR 28 1916

1/2 closed by payment 26





\* N.B.—This Form being applicable to any Board of Officers or Committee or Court of Inquiry, this blank to be filled in accordingly.

The signature of each Officer composing the Board, &c., should be attached to the end of the proceedings.

PROCEEDINGS of a \* MEDICAL BOARD

assembled at C.M.C.H., TORONTO.

on the 31st day of October, 1916.

by order of A.D.M.S., M.D.#2,

for the purpose of EXAMINING AND REPORTING ON

PRIVATE WILLIAM GOLDIE #101105

66th, Bn.,

DEPT  
MILITIA & DEFENCE

JUL 25 1917

6579-11

CANADA

PRESIDENT.

A.E.GILLIES, LT. A.M.C.,

MEMBERS.

W.E.MARTIN, LT. A.M.C.,

J.R.REHILL, LT. A.M.C.,

The MEDICAL BOARD having assembled pursuant to order, proceed to  
EXAMINE THE ABOVE MENTIONED MAN AND REPORT THAT:-

1. PRESENT CONDITION:- Patient has both feet amputated at mid tarsal joints. The wounds are well healed. He is having artificial feet made. Patient, otherwise, in good health.
2. EXTENT TO WHICH HIS CAPACITY IS LESSENED FOR EARNING A FULL LIVELIHOOD IN THE GENERAL LABOUR MARKET AT PRESENT:- Total at present.
3. PROBABLE, MINIMUM, DURATION OF THE DISABILITY:- Will be improved one-half by artificial feet one month.
4. WHETHER FURTHER TREATMENT IN A CONVALESCENT HOME WOULD MATERIALLY ASSIST IN HIS RECOVERY:- Yes.

W.E.MARTIN, LT.A.M.C.,  
A.E.GILLIES, LT.A.M.C.,  
J.R.REHILL, LT.A.M.C.,

*And  
9/14/16*

APPROVED  
JUL 25 1917  
*Hawry f. Sabron  
for A.D.M.S.*

*61*  
*And Key  
to file*





60



MEDICAL HISTORY OF AN INVALID.

1. Station. **C.M.C.H., Toronto.**

8. General remarks on his:—

2. Regiment or Corps **56th Bn.**

(a) Conduct.

3. Regimental No. and Rank. **101108**

(b) Habits.

**Pte.**

4. Name. **Goldie, Wm.**

(c) Temperance.

5. Age last Birthday. **24 yrs**

(For this purpose the Company defaulter sheets will be obtained from the man's Commanding Officer.)

6. Enlisted on **July 22/1915**

at **Grand Prairie, Alta.**

7. Former trade or occupation.

Date. **May 3/17**

**Farmer**

9. Service.

Years.

Days.

PERIODS

FROM

TO

**Canada**

**July 22/15**

**to present**

10. (a) Disease or disability. **Frost bite of feet**

(b) Date of origin. **April/1916**

(c) Place of origin. **Englehart, Ont.**

(d) Cause. **Exposure after accident.**

11. Present condition. (Most Important.)

(To include full description of present disabling condition or conditions, and of the immediate and direct cause of incapacity, i.e., debility, breathlessness on exertion, necessity of treatment by rest, etc.)

**While with Battalion on Train and in passing from one coach to Another he slipped off step and fell into lake and swam ashore. He was unable to find shelter and was exposed to frost bite. He was operated on at Haileybury Hospital and had both feet amputated at mid tarsal joint.**

**He has been supplied with artificial apparatus which is satisfactory.**

12. (a) Is the disability the result of service or climate?

**Climate during service**

(b) Has it been aggravated by intemperance, vice or misconduct?

**No.**

*101108-15-8-17-100-*

13. (a) For purpose of Identification. (Here a full description of wounds, scars, deformities, etc., is to be given.)

**Tattoo marks, left hand two dots.**

**Left wrist "G"**

- (b) In case of wounds, or other injuries, state whether sustained on or off duty. If not received in action, was a Court of Inquiry held?

**Accident while on duty, no court of injury held.**

- (c) In the event of the disability being attributed to exposure on duty, state clearly the nature of such exposure, and whether it was exceptional or otherwise.

**Exposure for 24 hours following an accident.**

14. Treatment.

**Haileybury-amp. done**

**Base Hospital, Toronto-Convalescence.**

**C.M.C.H., Artificial appliance made.**

15. If the disabling condition had its origin before enlistment, has it been aggravated by service, and to what extent?

**Not applicable**

16. What is the probable duration of the disability or of each disabling condition, if more than one contributes?

**Permanent**

17. To what extent will it prevent his earning a full livelihood in the general labour market? Please state in fractions. When more than one disabling condition is present, the extent of the disability due to each should be stated.

**40%**

18. State if for discharge on account of unfitness for Service.

**Yes**

**W. E. Martin, Lt. A.M.C.**

.....  
Medical Officer by whom the case is brought forward.

OPINION OF THE MEDICAL BOARD.

Does the Board concur with the preceding report? If not, give differing opinion.)

10. Yes Tattoo marks, left hand two dots.

11. Yes

12. Yes

15. Yes

16. Yes

17. Yes

18. Is he unfit for Military Service.

Yes

Recommendations :

That he be discharged with compensation.

Signatures :—

C.J. Currie, Major, A.M.C. President.

F.N. Hughes, Capt. A.M.C.

Station. C.M.C.H., Toronto

Date. May 3/1917.

J.D. Loudon, Lt. A.M.C.

Members  
54

Date.

14/5/17 em.

Assc. Director of Medical Services.

Approved.

Date.

Director-General of Medical Services.

(At Station or Hospital where finally disposed of.)

Station and Hospital } Arrived }  
Hospital } fr m }

Date \_\_\_\_\_

Index No.	If under treatment.		Disease.	How fully disposed of.	Date of Discharge, &c.
	From	From			
Date					
.....					
.....					
.....					

Summary of Causes of invaliding, or remarks as to remand to Regiment, Station or Depôt.

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Date of final Medical Board or decision. )

Administrative Medical Officer.

**DETAILED MEDICAL HISTORY OF INVALID.**

Militia Form B. 227.

200th. 8 6.  
H. Q. 1772-89-11.

Station	
Corps	
Regimental No.	Rank
Name	
Disability	
Date	
Hospital or Station transferred to for final disposal.	
Date of final disposal.	
How finally disposed of	

The original Report is invariably to accompany the discharge documents of Invalids.