#12585

ATTESTATION PAPER.

No.

Folio.

#12585

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

1. What is your name? Wm Goodman
2. In what Town, Township or Parish, and in what Country were you born? Port Hope, Hope Township Ont
3. What is the name of your next-of-kin? Lyla Goodman (wife)
4. What is the address of your next-of-kin? Port Hope Ont
5. What is the date of your birth? 10th July 1883
6. What is your Trade or Calling? Moulder
7. Are you married? yes
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

Wm Goodman (Signature of Man).

C W Cooper (Signature of Witness).

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Wm Goodman, 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.

Wm Goodman (Signature of Recruit)

Date Feb. 18 1915. C W Cooper (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Wm Goodman, 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.

Wm Goodman (Signature of Recruit)

Date Feb 18 1915. C W Cooper (Signature of Witness)

CERTIFICATE OF MAGISTRATE.

The Recruit above-named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.

The above questions were then read to the Recruit in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said Recruit has made and signed the declaration and taken the oath before me, at Port Hope this 23rd day of February 1915

T B Chalk JP (Signature of Justice)

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

J W Kislow Lt Col (Approving Officer)

LT. COL.

COM. 99TH BN. C.E.F.

M. F. W. 23.
150 M.—12-14.
H.Q. 1772-39-841.

Description of Wm Goodman on Enlistment.

Apparent Age 30 years months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5 ft. 8 ins.

Chest measurement: Girth when fully expanded 40½ ins.
Range of expansion 2½ ins.

Complexion fair

Eyes Hazel

Hair Dark Brown

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

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).

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 Jan 1 5 1915

Place Port Hope

R. L. Shields Lieut
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 Goodman 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] Lt.-Col. (Signature of Officer)
Commanding 39th Battalion, C. E. F.

Date MAR 6 - 1915 191 .

A/12586 sent 7.3 30/9/16

ATTESTATION PAPER.

No.

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

		(ANSWERS).
1.	What is your name?	Wm Goodman
2.	In what Town, Township or Parish, and in what Country were you born?	Port Hope Hope Township Ont.
3.	What is the name of your next-of-kin?	Gyla Goodman wife
4.	What is the address of your next-of-kin?	Port Hope Ont
5.	What is the date of your birth?	10th July 1883
6.	What is your Trade or Calling?	Moulder
7.	Are you married?	yes
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? If so, state particulars of former Service.	no
11.	Do you understand the nature and terms of your engagement?	yes
12.	Are you willing to be attested to serve in the CANADIAN OVER-SEAS EXPEDITIONARY FORCE?	yes

Wm Goodman (Signature of Man).

C W Cooper (Signature of Witness).

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Wm Goodman, 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.

Wm Goodman (Signature of Recruit)

Date Feb 18 1915 C W Cooper (Signature of Witness)

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I, Wm Goodman, 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.

Wm Goodman (Signature of Recruit)

Date Feb 18 191 . C W Cooper (Signature of Witness)

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F B Chalk (Signature of Justice)

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

(Approving Officer)

LT. COL.

COM. 39TH BN. C.E.F.

M. F. W. 23.
150 M.—12-14.
H.Q. 1772-39-341.

Description of Wm Goodman on Enlistment.

Apparent Age 38 years months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5 ft. 8 ins.

Chest measurement: Girth when fully expanded 40½ ins.
Range of expansion 2½ ins.

Complexion fair

Eyes hazel

Hair Dark Brown

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

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).

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 Jan 15 1915

Place Port Hope

R. L. Shields Lieut
Medical Officer.

*Insert here "fit" or "unfit."

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William Goodman 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] Lt.-Col. (Signature of Officer)
Commanding 39th Battalion, C. E. F.

Date MAR 6 - 1915 191 .

REGIMENTAL DOCUMENTS

NAME Goopman · William Lee REGT. NO. 412585 UNIT No 300 H. Q. FILE NO.

	CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
1	ATTESTATION PAPER (M.F.W. 23, 133, or 51)	Mam 15/3/19				~~DEATH~~
2	CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category
	TRAINING HISTORY SHEET (M.F.W. 113)		Comb No 3 P.C.	22/4/20	B&C-Sheet 616	YS
1.	FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)				17609	
	REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)					
	COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					
1	MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					
2	DENTAL HISTORY SHEET (M.F.B. 465)					DISCHARGE
	MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					Category
2	MEDICAL EXAMINATION (M.F.W. 129)					demob.
	TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)					
	PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)					
	DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)					~~DESERTION~~
1.	LAST PAY CERTIFICATE (M.F.W. 44)					
2	PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					
	PARTICULARS OF CHARACTER (A.F.W. 3226)					
1.	COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
1.	Emg Med Bd.					
1	Miscellaneous					
1.	M. F. W 192.					14 - 20
1	R40 1045					21 · 23
1	a75					33 - 23
1	Cancd					
9	279237					
1	2378					
1	2135					
1	R149					1
	Ltrs ewk					

W. 2539
100M-11-18
1772-39-1377

R. 149.

Name Goodman, William. *Rank* Pte. *Reg. No.* 412585

Unit 18th. Battalion.

Next of Kin CANADA.

Date 1916	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
24 6	Graylingwell W.H.	Chichester	GSW.Lt. Hand.	Slt.B97	m. 8855	27/6/16.
23.7	Can.Conv.Hosp.	Bearwood Wokingham	do	B.123		
28-7	Can C.H.	Woodcote Pk Epsom	-do	B127		
31-8	Discharged		-do-	B225		

Date	Movement	Place	Casualty	List No.	Notified N/K O.		W.O. List

REGT'L No 412585

NAME Goodman. William

H. Q. FILE No. 649-

RANK AND CORPS Pte. 18th Bn (Form. 39th Bn)

FOLLOWS No.

FOLLOWS

CABLE No.	CABLE Date	C. NATURE OF CASUALTY
M. 885-5	26-6-16	Adm. to Graylingwall War. Hosp. Chichester June 24th. 1916. G.S.W. hand slight.

LIST No	HOSPITAL	DATE OF ADMISSION	REMARKS
B97	Graylingwell War Chichester	24-6-16	G.S.W. Left hand (slit)
B123	To. Can. Conv. Bearwood Wokingham	23-7-16	" " " " "
B127	To-Can. Conv. Woodcote Pk Epsom-	28-7-16	" " " " " "
B225	Discharged	31-8-16	" " " " "

D.M.S. 1313.

08.

CANADIAN CONVALESCENT HOSPITAL

AT

Registered, Canadian Convalescent Hospital,
Bear Wood, Wokingham, Berks.

A. & D. CARD.

Regt. No. 412585. A. & D. No. 3463

Rank pte Corps 18 Ba H.

Name Goodman Wm. Age 33. Religion M.

Service at Home 13/12

" " Front 5/12

Diagnosis Gsw. Lt. Hand.

Admitted 22 JUL 1916 Chichester

Discharged

Place in Hospital M 8.

M. H. Rec'd (See Document Card)

Transferred 27 JUL 1916 Epsom

Results

P.T.O.

REMARKS: Ypres about June 18 to Boulogne for 3 days then to Graylangwell Chichester till July 22 thence here

Dressings.
Wound healed. G.C. good
P.A.

Canadian Convalescent Hospital, Woodcote Park, Epsom.

3

No. 412585. Rank Pte Name Goodman, W.

Corps 18th Religion Meth. Age 33. Page, A. & D.

Disease or injury G.S.W. L. Hand.

When and where wounded

Admitted from Beauvois Date 27.7.16 Discharged to C.C.C.C. Date 31.8.16

Hut No. Bed No.

Service 8/2. Service Field Force 3/2 Nth.

Transferred on to Results

EPITOME OF HOSPITAL TREATMENT.

9.8.16 Fit except for a bruise
& myalgia down left leg.

No. 1283 RANK Pte NAME Goodman William

T. O. S. 25/3/15 (20.25.24/3/15) UNIT 39th Battalion.

M. D. 3

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1915	1915			
Mar. 25	Mar. 31	✓		
Apr 1	Apr 30	✓		
May		✓	Forfeits 4 days pay 23/6/15 D.G.O.	
June				
July		✓		

UNIT SAILED
JUN 24 1915

SURNAME. Goodman,

CHRISTIAN NAMES William

REGL. No. 412585 RANK Pte.

UNIT 39th. Bn.

FORMER CORPS Nil.

CARD NO 3.

S.O.S. 18-2-19 3
demob. FOLL. Auth. docs.
Pt. II. D.O. 5-07 19-2-19.
#3. DD.

NEXT OF KIN.

NAMES IN FULL Goodman, Mrs. Lyla.

RELATIONSHIP TO SOLDIER Wife

ADDRESS Port Hope Ont.

CHANGE OF ADDRESS

COUNTRY OF BIRTH Canada, Port Hope Ont. DATE July. 10th. 1883

PLACE OF ATTESTATION Port Hope Ont. DATE Feb. 23rd. 1915

O/S 17.6.15 128/7.

R/C 25-1-19 258/76. L/cpl.

L. L. 94504. M. & D. 6512.

M. F. W. 22. 250M.—2-16. H. Q. 1772-39-339.

From Montreal per S.S. Missanabie 17/6/15

MARRIED Yes SINGLE WIDOWER

TRADE OR CALLING Moulder RELIGION Wesleyan

DESCRIPTION.

APPARENT AGE 30 YEARS MONTHS

HEIGHT 5 FEET 8 INCHES

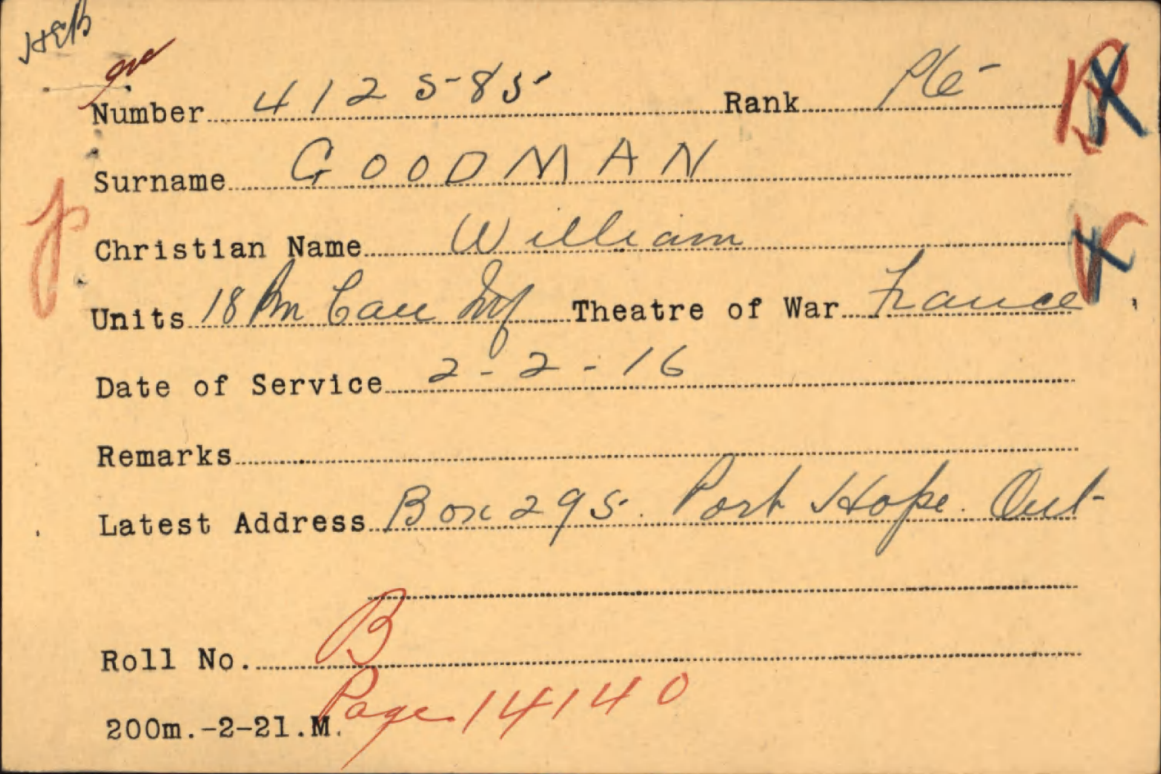
CHEST MEASUREMENT 40½ INCHES EXPANSION 2½ INCHES

COMPLEXION Fair EYES Hazel HAIR Dk. Brown

DISTINGUISHING MARKS not stated.

MEDICAL EXAMINATION. PLACE Port Hope Ont. DATE Jan. 15th. 1915

Present address, not stated.



Number 412585 Rank Pte

Surname GOODMAN

Christian Name William

Units 18th Can Inf Theatre of War France

Date of Service 2-2-16

Remarks

Latest Address Box 295. Port Hope. Ont.

Roll No. B

200m.-2-21.M. Page 14140

DESP. JUN 21 1922
REGN. NO 40534

D.M.S. 1300.

Surname	Christian Name or Names	Reg. No.
Goodman	W.	412585

Rank	Unit	Co.	Troop	Batty
Pte	18th Batt.			

Hospital — Date of Admission

Transferred Graylingwell War. Hosp. 24-6-16.
Conv Beanwood Park Hosp. 23.7.16
Conv Woodcote Park Hosp. 28.7.16
Hosp.

Diagnosis G.S.W. L. Hand slt.

(1)
Later Diagnosis (if changed)
(2)
(3)

Additional Diagnosis: if more than one state present

DISPOSITION — Date

Dis. 31.8.16

B97

C.L. 27-6-16

REMARKS

24.7.16 B133
2.8.16 B124
30.11.16 B225

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.		

*Name GOODMAN, Wm. Rank L/Cpl. Regtl. No. 412585

Original unit 38 Bn Present unit M. or S. Age 36 Religion Wesl. Fyle Depot 3-9-397 Ref. H.Q.

Port, ship, and date of arrival Aquitania 25-1-19 Halifax

Next of kin wife) Lyta Goodman, Port Hope, Ont.

Address on leave -do-

Address on discharge

Transportation issued Yes No Date Character on discharge

Previous occupation Moulder Date and place of enlistment Port Hope 23 Feby /15

Diagnosis Date of Medical Boards

Date.	Remarks	Pt. 2 Order No.
31-1-19.	T.O.S. Casualty Company No. 3 District Depot.	From O/S
	for Disposal, Part Two D.O. 31.	Eff. 27-1-19.
	Leave & Sub. 28-1-19 to 10-2-19.	

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

(over)

Date.	Remarks.	Pt. 2 Order No.

M.F.W. 192
150M—6-18.
1772-39-1243.

Rank Name GOODMAN Wm Reg'l No. 412585 R—122.

Unit 39th Bn If in perm. Corps, What Unit? Married or Single Married

Place and Date of Enlistment Port Hope, 18 Feb 1915 Place of Birth Canada

Name and Address, Next-of-Kin Tyla Goodman
Port Hope, Ont.

Relationship Wife

Assigned Pay Monthly $ Payable to

Relationship

Separation Allowance $ Payable to

Relationship

Discharge, Date and Place Reason Character

P 133 B/13 No. 9948 File R.L. Can OR Category X

Report Date	Report From whom received	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
		Arrived	England	13 7/15	
13 9/15	O.C. 39th Bn	To be actg. L/Corpl.	Shorncliffe	13 9/15	Part II Do. No. 166
20-1-16	"	Transf to 18th Bn	"	20 1/16	Pt II 17
7.2.16	O.C. 18th	Arrived from 39th Bn and taken on strength	In Field	21.1.16	Part II 7.
27.6.16	18th	Graylingwell War Hospital	Chichester	24.6.16	Cas. List B 97
7.7.16	O.C. 18th	Transfd to CCAC per H.S. Newhaven and struck off strength from		23.6.16	Pt II 27.
27-7.16	do	Can Conv Hosp Bear Wood	Wokingham	23.7.16	C.L.B. 123. G.S.W.L. Hand.
1.8.16 ~~28.7.16~~	do	Can. Conv. Hosp. ~~Bear Wd~~ Woodcote Pk.	Epson.	28.7.16.	" " " 127. " " " " " "
30-11-16	do	Discharged Hospital	Epson.	31-8-16	" " " 225
4.7.16	C.C.A.C.	Taken on strength	Fistone	24.6.16	Pt. II O. 254
1.9.16	do	Rep'ts	do	31.8.16	—— 370

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				
2. 9. 16	C.C.A.C.	S.O.S. trans 39th Bn	D'stone	1. 9. 16	Pt II. O. 373
1-9-16	Ob. 39th	S.O.S from CCAC	W Sandling	31-8-16	P II D.A, 208
4-1-17	39th	SoS to 6th Res Bn	"	4-1-17	" 3 ✓
4.1.17	6th Res Bn	Taken on Strength Shorncliffe		4.1.17	Pt.II.O. 1
31. 1. 17	6th Res. Bn	Having completed 2 years service with good conduct 15.1.17 is granted permission to wear 1. good conduct badge.	E. Sandling	15. 1. 17	— 24.
10-1-19	✓	On com to K. Park, Rhyl. M.D. 3	A/L/C Witley	9-1-19	— 8.
30. 1. 19	✓	Ceases on Comm Rhyl.	L/C. "	18. 1. 19	Do 22
		SoS to Canada M.D. 3			

Yes

Yes

L. L. Job 80137—M. & D. 5683.

(Wife)

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

M. F. W. 12.
20m.—5-15.
H. Q. 1772-39-819

To Whom Mrs Wm Goodman

Address Port Hope Ont.

By Whom Assigned Goodman, W.

Regtl. No. (412585)

Rank Pte.

Corps 39th Bath. B. Coy.

Rate $17.00 1st July 1915: Nom Roll. 41b.

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July		Q3787	17 00	
Aug.		R.4686	17 —	
Sept.		23974	17 —	
Oct.		T6149	17 —	
Nov.		92933	17 —	
Dec.		Y7135	17	
Jan.	1916	Z 9757	17	
Feb.		K. 12788	17	
March		K15940	17	

CONSOLIDATED ACCOUNTS

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

M. F. W. 12a.
60m.—12-15.
1772—39—819.

Sheet No. 2. Mrs Wm Goodman Wife

PAYMENTS.

Name of Soldier Goodman W
39 - Batt. B. Co

L. L. Job 89002.—Req. 6213.

Month.	Year.	Cheque No.	Amt.	$17.00 Remarks.
April	1916	J788	17	
May		U3875	17	
June		T7607	17	
July		K10716	17	
Aug.		R14817	17	
Sept.		O18498	17	
Oct.		N20358	17	
Nov.		L26097	17	
Dec.		H32759	17	
Jan. Ch	1917	T38614	17	
Feb.		144552	17	
March		Q49427	17	17 Ch
April		N2012	17	17 B.
May		N8143	17	
June		Q14849	17	17 B
July		U21550	17	Ba
Aug.		U28657	17	L.
Sept.		E35921	17	B
Oct.		P41197	17	
Nov.		O48649	17	
Dec.		J58041	17	$510
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

N.L. Obs.

JER

476

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.				

L. L. Job 8.095—M. & D. 5353.

14/1/15

MILITIA AND DEFENCE

M. F. W. 11.
10m—9-15
H. Q. 1772—39-818.

SEPARATION ALLOWANCE

Name Mrs. Lyla Viola Goodman

Address Port ~~A~~ Hope Ont

Relation to Soldier wife, child or mother } Wife

Name of Soldier Goodman Wm

Regtl. No.

Rank Pte

Corps 39th Battn

To what Corps belonging when called out }

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March		J 208	51	
Apl.		E 7454	20,	
May		E 8558	20,	
June		L 375	20 /	
July		L 1673	20 /	
Aug.		L 2711	20,	
Sept.		E 16537	20,	
Oct.		L 5322	20 /	
Nov.		D 15486	20 /	20
Dec.		E 23678	20 /	20
Jan.	1916	E 26639	20 /	20
Feb.		M 21485	20 /	20
March		J 26973	20 /	20

CONSOLIDATED ACCOUNT 3

MILITIA AND DEFENCE

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

PAYMENTS.

M. F. W. 11a.
60m.—12-15.
1772—39—818.

Sheet No. 2. Lyla V. Goodman (Wife) Name of Soldier Goodman Wm

Pte.

L. L. Job 89002.—Req. 6213.

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916	H 6603	20	20
May		J 6069	20	20
June		D 7098	20	20
July		J 11240	20	20
Aug.		T 13662	20	20
Sept.		V 15894	20	20
Oct.		V 19021	20	20
Nov.		Z 21736	20	20
Dec.		Z 25260	20	20
Jan.	1917	B 29738	20	20
Feb.		B 32191	20	20
March		B 35278	20	20
April		D 1216	20	20
May		L 4772	20	20
June		G 7980	20	20
July		J 11260	20	20
Aug.		M 14476	20	T
Sept.		L 17488	20	T
Oct.		S 19995	20	Po
Nov.		E 23840	20	Po
Dec.		J 26650	20	Po #711
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

MILITIA AND DEFENCE

SEPARATION ALLOWANCE

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.				

P—56

Rank

Name GOODMAN Wm

Reg'l No. A12585

Unit 39th Bn

If in perm. Corps, What Unit?

Married or Single Married

Place and Date of Enlistment Port Hope, 18 Feb 1915

Place of Birth Canada

Name and Address, Next-of-Kin Tyla Goodman
Port Hope, Ont.

Relationship Wife

Assigned Pay Monthly $ 17 7/100 Payable to Next of Kin

Relationship

Separation Allowance $

Payable to

Relationship

Discharge, Date and Place

Reason

Character

Date From	Date To	PAY No. of Days	PAY Rate	PAY Amount	Field Allowance No. of Days	Field Allowance Rate	Field Allowance Amount	Other Credits	Total Credits	Voucher No.	Voucher Date	Cash Payments	Assigned pay	Other Charges	Total Debits	Balance	Remarks, Casualties, etc.
July 1	July 31	31	1	31	31	.10	3 10		34 10			15	17		32	2 10	
								40									adj: in each.
Aug 1	Aug 31	31	1	31	31	.10	3 10	~~2 10~~	34 50	61 102		4 87 13 37	17		35 24	136 ~~74~~	
Sept 1	Sept 30	30	1	30	30	.10	3 00	90	33 90			17 52	17		34 52	74	Ref to fol. Sept 13 3 B.O. 166 pay adj = ~~1 74~~ 18 days @ 54¢ = 9 04
Oct 1	Oct 31	31	1	32 55	31	10	3 10		35 65			10 22	17		27 22	917	
Nov 1	Nov 30	30	1	30 50	30	10	3 00		34 50			13 33	17		32 33	11 34	
1-12-15	31-12-15	31	1	32 55	31	10	3 10		35 65			15 32	17		32 32	1467	
1-1-16	31-1-16	31	1	32 55	31	10	3 10		35 65	863		5 26 2 62	17		22 36	27 96	B.I. 17.8.16 20.1.16. trans to 18 Bn. 17.16 from 39th Bn.
1-2	29-2	29		29	29		2 90		31 90	1567	DD.	3 67 3 49	17		25 72	2 24	
March		31		31	31		3 10		34 10	907 955		2 62 2 61	17		22 23	46 01	
				281 15			27 50	130	309 95			110 94	153		263 94		

Checked

BALANCE TRANSFERRED TO NEW LEDGER.

Date		PAY			Field Allowance			Other Credits	Total Credits	Voucher		Cash Payments	Assigned pay	Other Charges	Total Debits	Balance	Remarks, Casualties, etc.
From	To	No. of Days	Rate	Amount	No. of Days	Rate	Amount			No.	Date						

38391 THE MORTIMER SYSTEMS,
OTTAWA, CANADA

E/
J.F.

14-1-15

MILITIA AND DEFENCE

SEPARATION ALLOWANCE

Name Mrs. Lyla Viola Goodman

Address Port Hope
Ont.

Name of Soldier Goodman W^m

Regtl. No. 412585

Rank Pte.

Corps 39th Batt'n.

Relation to Soldier wife, child or mother } Wife

To what Corps belonging when called out }

PAYMENTS

Month	Year	Cheque No.	Amt.		REMARKS
Aug.	1914				
Sept.					
Oct.					
Nov.					
Dec.					
Jan.	1915				
Feb.					
March		6208.	51	—	51
Apl.		67454.	20		20
May		6.85558	20		20
June		2375	20	—	20
July		21673.	20		20
Aug.		27111	20	—	20
Sept.		6/6537	20		20
Oct.		25322	20		20
Nov.					
Dec.					
Jan.	1916				
Feb.					
March					

CANCELLED

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 412985 (Rank) Private

Name (in full) GOODMAN, William enlisted in

the 39th Battalion

CANADIAN EXPEDITIONARY FORCE at Port Hope, Ont. on the 18th

day of February 19 15

HE served in Canada, England and FRANCE

and is now discharged from the service by reason of in accordance with R.O.1343

Demobilization. Auth 3DD 3. G. 397. D. 14.2.19

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

Age 35 years 7 months

Height 5 feet 8 inches

Complexion Fair

Eyes Hazel

Hair Dark Brown

Marks or Scars Scattered burns left arm

William Goodman
Signature of Soldier

R. Rapple Lieut.
O. C. Discharge Section
No. 3 District Depot
Issuing Officer

Rank

Appointment

Date of Discharge 18.2.19

Signed at Kingston, Ont. this 18th day of February 19 19

in Military District No. 3

File Reference No. 3DD 3. G.397.

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.

M. F. W. 39a
200m.—2-18.
H.Q. 1772-39-882

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 .....

.....

On demobilization the particulars called for on the back of this certificate will not be completed.

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

.....
Name of Officer

.....
Rank

.....
Appointment

C.A.D.C. 5009 A

CANADIAN ARMY DENTAL CORPS, O.M.F.C.

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

M.D. 3

NAME OF SOLDIER (Block Letters) GOODMAN W.

REGIMENT 18th Bn. RANK L/Cpl No. 412585

Date of Examination in England 11/1/19 | Date of Examination in France

DIRECTIONS TO DENTAL OFFICERS

1. This form will be made out for each individual at the time of Demobilization in England or France.
2. Figures as per chart will be used to designate teeth concerned.
3. In reference to Partial Dentures the numbers of teeth thereon will be stated.

PRESENT DENTAL REQUIREMENTS

1. FILLINGS 8.
2. EXTRACTIONS
3. CROWNS
4. DENTURES
   - (*a*) Full Upper
   - (*b*) Part Upper
   - (*c*) Full Lower
   - (*d*) Part Lower

HAS HE EVER REFUSED DENTAL TREATMENT ?

HAS HE EVER RECEIVED DENTAL TREATMENT ? (Reply by "*Yes*" where applicable to any or all of *a*, *b* or *c*.)

- (*a*) ~~In Canada~~
- (*b*) In England Yes
- (*c*) ~~In France~~

KINMEL PARK, NORTH WALES.

Signature of Dental Officer H W Reid Capt.

92431.—W.6490/1535.—2,000,000—J. J. K. & Co., Ltd.—Forms B. 103/1.

Army Form B. 103.

Casualty Form—Active Service.

Regiment or Corps 39th Res. Battalion, C.E.F.

Regimental No. 412585 Rank Pte Name GOODMAN W. William

Enlisted (a) 18-2-15 Terms of Service (a) Duration of War Service reckons from (a)

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) Moulder

Report Date	Report From whom received	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.
21-1-16	Can Base Depot	Arrived from 39th Can Res Bn, Shorncliffe, and taken on strength of 18th Can Bn.	Can Base Depot	21-1-16	Nominal Roll, 21-1-16 Part II Order 7, 7-2-16
2-2-16	do	Proceeded to join unit	In the Fld	2-2-16	Nominal Roll, 2/2/16 DCS.107, 8/2/16
4-2-16	18th Bn	Joined unit	do	4-2-16	A.F.B.213, 4/2/16 DCS.110, 11/2/16
23-6-16	18th Bn.	Bullet wd. L. thumb	Not stated	19-6-16	B. 213. DCS. 219.
20-6-16	3 Can Gen.	GSW. L. hand, slt.	Adm.	No. 3 Can Gen.	20-6-16	W 3034.
23-6-16	H.S. Newhaven	GSW. L. hand	Admitted	H.S. Newhaven, to England	23-6-16	W 3083. Pt. II Order 27, 7/7/16.

A. L. Cockshott
LIEUT. FOR LT. COL., A.A.G.
CANADIAN SECTION, G.H.Q., 3rd ECHELON.

(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.

[P.T.O.

Report Date	Report From whom received	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.
4.7.16		Taken on strength C.C.A.C. Pt. II D.O. No. 254			
30.8.16		~~ATTACHED~~ TRANSFERRED FROM C.C.A.C. TO 39th Res Batt PART II D.O. No.			
		G. C. Edridge Lieut & Adjt C.C.A.C.			
31.8.16	C.C.A.C.	Taken on Strength 39th Bn W. Sandling	1-9-16 ~~30.8.16~~		Part II 208.
9.11.16	O.C. 39th Bn	Drafted to 18th Oseas Bn	W Sandling	9.11.16	Part II ~~259~~ 267
4-1-17	O.C. 39th	Trans to 6th Res Bn	W Sandling	4-1-17	" II 3
					Cay Smeggs Capt. pr. CAPT. & ADJ. 39TH BN. C.E.F.
4-1-17	O.C. 6th Res	Reg. Taken on Str 6th Res	W Sandling	4-1-17	" II 1
31-1-17	O.C. 6th Res	Permitted to wear on Good Conduct Stripe	E. Sandling	15-1-17	PART II No. 24
15.11.18	O.C. 6th Res	Is granted Clerks pay	Witley	14.11.18	P.H.E.B.O. 269
20-1-19	O.C. 6th Res	On Command Kinmel Park pending despatch	Witley	9-1-19	[illegible]
8-1-19	O.C. 6th Res	to Canada Crosses to draw clerks pay.	Witley - 8-1-19 - Pt II 306		J. C. Sutherland Lt. OFFICER I/c RECORDS 6th CAN. DEP.

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

M. F. W. 54. (A. F. B. 103.)
350M.—5-16
H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps 39d Res Battalion C.E.F.

Regimental No. 412585 Rank PTE Name Goodman - William

Enlisted (a) 18-2-15 Terms of Service (a) D. of W. Service reckons from (a) 18-2-15

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) Moulder

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				
19-2-19	S o S	Discharged	Kingston	19-2-19	H Q 50

D C Rapple Lieut.
O. C. Discharge Section
No. 3 District Depot

(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.

[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				

27/7/16 Q-C-2 24 P

ORIGINAL

4-12-85

MEDICAL HISTORY SHEET.

Surname Goodman Christian Name William

3463

Examined { on 13 day of Jan 1916
at Port Hope.

Approved by R.H. Shields

Birthplace { City or Town Hope Township Rank Lieut M.O.
County Durham

Apparent age 20

Trade or occupation Moulder

Height 5' Feet 8 Inches.

Weight 175' Lbs.

Chest measurement { Minimum 37 1/2 inches.
Maximum expansion 40 1/2 inches.

Physical development excellent

Small-Pox Marks —

Vaccination Marks { Arm Right. Left. X
Number 1

When Vaccinated last 6 years

(a) Marks indicating congenital peculiarities or previous disease —

(b) Slight defects but not sufficient to cause rejection —

Date	Fit or Unfit	Examined for Re-engagement,
13.1.19.	A	J.L. Pinnen Capt. M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

JUN 28 1916

Date	Result	Vaccinations.
3-3-16		R.H. Shields Lieut M.O.
		M.O.
31.7.17	T.A.B. 1	James Dunlop Capt M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.
Jan 21st 16	good	R.H. Shields Lieut M.O.
Feb 25th 16	"	M.O.
20/8/16	T.A.B. 2	W.H. Laurie M.O.

Enlisted on 14 day of Jan 1916 at Port Hope

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	39th Bn C.E.F.	412585		
Transferred to..	6 Res Bd.			4.1.17.

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.
Epsom	18.8.16	4.8.4. left hand	Fit. W.H. Craig Capt.
W. Handling	6/10/16	—	fit W.C. Arnold Capt.
Sanford.	4-6-18	Nil.	A fit Medical Board
Barriefield	13-2-19	nil	A II Engineer Lieut Capt.

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.

M. F. B. 313.
50M—9-14.
H. Q. 1772-39-439.

Surname Goodman 'Christian Name [illegible]

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital. Day	Month	Year	Discharge from Hospital. Day	Month	Year	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.
GRAYLINGWELL WAR HOSPITAL CHICHESTER.		24	6	16	22	7	16	B. W. L Hard	28.	S Wrapnel Removed by operation 13. VII. 16. Healed Satis.	
Can. Conval. Hospital. Bear Wood.		22	7	16	27	7	16	do	5	Tt Epsom	
Woodcote Park.		27	7	16	25	8	16.	do		To CCAC asfit.	A. [illegible] Raymond

M.F.W. 44.
1133 (D.P. 250M-12-18.
1772-39-903.

CANADIAN EXPEDITIONARY FORCE.

LAST PAY CERTIFICATE ORIGINAL

Regimental No. 412585 Rank Pte Name Goodman W
(Surname first)

Unit 38th Bn who was* Discharged

On FEB 18 1919 191....., to Category - A21

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from FEB 1 1919 to FEB 18 1919 191... the inclusive date of transfer or discharge.

	Dr.	Cr.
Bal. Dr. or Cr. from prev. month	4.75	
Regimental Pay 18 days at $ 1.00		18
Field Allowance 18 days at $ c. 10		1.80
Separation Allowance		18
Clothing Allowance		35
Post Discharge Pay		
*Other Credits		11.20
Advances		
Separation Allowance and Assigned Pay Cheque No. 4630	18.00	
*Other Charges		
Balance on transfer or on discharge, cheque No. 4631	61.25	
Total	84.00	84.00

*Give particulars.

A monthly stoppage of $ 17.00 (†) has ..... (‡) been paid on account of

Assigned Pay for the month of Jan 1919
and Separation Allce. for month of " 1919 } (to) Assignee Mrs Wm Goodman

(Address) Port Hope Ont.

(†) 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..... married or single.....

(2) Separation Allowance, entitled or not Pd to date of Dischg (3) Reason for discharge.....

(4) Authority for discharge or transfer 3-DD-3-G-397

NOTE.—S.A. & A.P. Card and Index Card (M.F.W. 71) are to accompany Last Pay Certificate on transfer.

I have carefully examined this statement of account and find it to be a correct extract from the Pay Account of the officer or soldier.

Date FEB 17 1919

Place Kingston Ont

W Peters Captain,
OFFICER I/C DEMOBILIZATION PAY DIV.
MILITARY DISTRICT No. 3
Paymaster.

N.B.—(A) This form is to be used for all ranks (vide Article 122-130 and 141) Financial Instructions, C.E.F., 1916.
(B) For purposes of transfer it is to be made out in triplicate. Copies will be disposed of in accordance with instructions as laid down in Routine Order No. 1307, dated 12th Nov., 1918. Payment of the balance will not be made and the words "or on discharge cheque No." will be deleted.
(C) For purposes of discharge it is to be made out in duplicate. One copy to accompany discharge papers, and one copy for retention as a record record. As payment of the balance will have been made, the words "on transfer or" will be deleted.
(D) If a man on discharge is entitled to Post Discharge Pay, Last Pay Certificate will be made out as in "C" with an additional copy to be forwarded to the District Paymaster.

COMPILED BY OTB
CHECKED BY HVW

CREDITS, ADVANCES, Etc.

Credits, Advances, Forfeitures, Issues on Repayment, etc., since issue of this L.P.C. are to be entered hereunder:

Date	Place	Cheque No. A.R. No. or Other Particulars.	AMOUNT				Signature of Officer Making Payment.
			Dr.		Cr.		
.....	.....	.....	.....	....	.....	....	.....
.....	.....	.....	.....	....	.....	....	.....
.....	.....	.....	.....	....	.....	....	.....
.....	.....	.....	.....	....	.....	....	.....
.....	.....	.....	.....	....	.....	....	.....
.....	.....	.....	.....	....	.....	....	.....
.....	.....	.....	.....	....	.....	....	.....
.....	.....	.....	.....	....	.....	....	.....
.....	.....	.....	.....	....	.....	....	.....

CLINICAL CHART.

(*To be attached to Case Sheet.*)

Army Form B. 181.

Corps 18 Canadian Rte

Military Hospital Chichester

No. 4126-65 Rank and Name Goodman Age 33 Service 18 mth

Disease _____ Date of admission _____ Date of discharge _____ Result _____

Dates of Observation	24	25	26	27	28	29	30	July 1	2	3	4	5	6	7	8	9	10	14
Days of Disease																		
Temperature Fahrenheit	Time A.M.P.M.	Time A.M.P.M.	Time A.M.P.M.	Time A.M.P.M.	Time A.M.P.M.	Time A.M.P.M.	Time A.M.P.M.	Time A.M.P.M.	Time A.M.P.M.	Time A.M.P.M.	Time A.M.P.M.	Time A.M.P.M.	Time A.M.P.M.	Time A.M.P.M.	Time A.M.P.M.	Time A.M.P.M.	Time A.M.P.M.	Time A.M.P.M.
107°																		
106°																		
105°																		
104°																		
103°																		
102°																		
101°																		
100°																		
99°																		
98°																		
97°																		
Pulse per Minute	76																	
Respirations per Minute																		
Motions per 24 hours	1	1	1	1	1	1											1	

Quinine

(1002.) W9043—1195. 499,500. 1/15. K. & K. Forms/B. 181/3.

Signature _____ In charge of case.

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

DISTRICT 3

NAME OF SOLDIER Goodwin W

REGIMENT D.O. RANK L/cpl. No. 412585

M.F.B. 465.
150M.—6-18.
1772-39-950.

INSTRUCTIONS

1. On examination the condition of patient's mouth to be marked on diagram in red ink.
2. On first line of report record of same to be made in red ink.

Only such entries to be made on this sheet as will show:

1. Condition on examination (in red).
2. Condition on leaving Canada.
3. Condition on discharge.

Condition on first Examination	Date 1919	Amalgam	Temporary Filling (a) G.P. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhœa	Synthetic Porcelain	Extracting	DENTURES U	DENTURES L	DENTURES P	Gold Clasp	Gold Filling	CROWNS Gold	CROWNS Porcelain	Bridge Work	OPERATOR	Military District	REMARKS
	Feb 11	2/9,31									1/20,					3/7,8,10				D.O.W. Massey Capt.	3	Complete

Med. Off., Canadian Convalescent Hospital,
Bear Wood, Wokingham, Berks.

Forms
I. 1237
10

Army Form I. 1237.

MEDICAL CASE SHEET.*

M.

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
3463	412585	Pte.	Goodman,	Wm

Year	Unit.	Age.	Service.
1916.	18th Battalion	33.	18/12

Station and Date.

Disease G. S. W., Lt. hand.

22 JUL 1916

M.8. Ypres about June 18
to No 3 Gen Boulogne for 3 days
then to Graylingwell Chichester
till July 22 then here

S.T. Dressings.

P.C. Wound healed; G. C. good.

T. P.D.

27 JUL 1916 Transferred to Epsom

CANADIAN CONVALESCENT HOSPITAL
REGISTRARS
28 JUL 1916
OFFICE
BEAR WOOD, WOKINGHAM, BERKS.

W H Brothers
Captain,
Med. Off., Canadian Convalescent Hospital,
Bear Wood, Wokingham, Berks.

*The first and last entries will be signed, and transfers from one Medical Officer to another, attested by their signatures.

(J 3521.) Wt. W 5606—2621. 2,000,000. 7/15. D & S.

P.T.O.

Station and Date.	

Forms
I. 1237
10

Army Form I. 1237.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
222 FoB.	412565	Pte	Goodman	Wm

Year	Unit.	Age.	Service.
1916	18 Canadians	33	18 Months

Station and Date.	Disease
June 24th	G. S. W. left hand 18 June perforating base of left thumb exit at phalangeal joint of thumb internal surface and almost healed on admission no injury to bone
3/vii/16	Magnet of Casey removed from wound in ward.
13. vii. 16.	Shrapnel Removed from thumb. one stitch. Joints not involved. RCH.

BRAYLINGWELL WAR HOSPITAL
CHICHESTER

*The first and last entries will be signed, and transfers from one Medical Officer to another, attested by their signatures.

(Hse. No.) W 10373-1916. 800M (E) 1/15. Mc. & W.

P.T.O.

Station and Date.	

D.M.S. 1375.

Medical Examination upon leaving the Service of an Officer fit for general service or a Soldier fit for duty.

Officers leaving the Service upon being found unfit for general service by a Medical Board, and Soldiers leaving the Service upon being found otherwise than fit for duty by a Medical Board, are not to be reported on this Form.

Rank L.Cpl. Name Goodman, J. Surname Wm.

Unit or Corps 6th Res. (If a soldier) Regtl. No. 412585

Born at Port Hope Ont. on, date July 10. 1883.

Signature (for identification) J.C. William Goodman

The examination is to be made jointly by two Medical Officers.

1. PHYSIQUE—Any deformity, maiming or lameness? If so, describe. no

Weight 170 lbs.

Height 5 ft. 8 ins.

2. NUTRITION AND DIATHESIS?

normal

After searching inquiry and thorough examination is any evidence found of disease or impairment of the parts indicated below? If so, describe.

3. NERVOUS SYSTEM?

normal

4. RESPIRATORY SYSTEM.

normal

5. HEART?

normal

Abnormal Sounds? no

Abnormal Size? no

Pulse Rate? 70 Intermittence or irregularity? no

6. ARTERIES.—Any hardening? no

7. DIGESTIVE SYSTEM?

normal

8. GENITO-URINARY SYSTEM? normal

Urinalysis—S.G.? 1020 Reaction? ac Albumen? no Sugar? no

9. SKIN, MIDDLE EAR, EYE or any other part? normal

10. Is there any evidence of impairment of health or physical condition not mentioned above? If so, describe. no

11. Opinion as to the health and physical condition of the one examined? good

Examined at Kinmel Pk Signed [illegible] Capt. M.O.

Date 13-1-19 Signed [illegible] Lave M.O.

If any disease or impairment of health or physical condition is discovered, this report should be sent at once to the O.C. concerned for the Officer or Soldier to be sent before a Medical Board for regular boarding.

P.O. 295 Port Hope. Ont

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

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. 412585 Rank S/Cpl. Surname GOODMAN (Give name in full) William

Unit or Corps 32nd C.C.R.D. Birthplace Port Hope

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

1. GENERAL DESCRIPTION:

Physique good Weight 170 lbs. Height 5 ft. 8 in. Colour of Eyes Brown

Nutrition good

Pulse 72

Condition of arteries good

Vision Rt. D. 20 Left. D. 20

Hearing (conversational voice) Rt. 10 ft.

Left. 12 ft.

Identification marks, scars, or deformities. (Give cause and date of origin.)

Scattered Burns left arm.

Opinion as to general health and physical condition Capable of Cat A 11

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 System 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.

Man has no complaints. Feels as well as when he enlisted. Has small scar from bullet which entered Palmar surface right thumb + came out on dorsal surface 2nd Metatarsal bone. 20-6-16. No disability

(If space is insufficient, continue on back of form.)

[OVER]

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 Barriefield (Canada)

Date 13 – 2 – 19 Signed W. S. Lloyd Capt 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 William Goodman

(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]

M.F.W. 129.
1033 (D.P.) 500M-11-18.
1772-39-1142.

9-474

PA

DEPARTMENT OF MILITIA AND DEFENCE.

WAR SERVICE GRATUITY.

222

OTTAWA, CANADA.

Declaration required of Officers, Warrant Officers and Men who claim War Service Gratuity under Order-in-Council (P.C. 3165), dated 21st December, 1918.

If the applicant will enquire at the local Branch of the Canadian Patriotic Fund he will be informed if there is an official who will take this Declaration free of charge.

A complete reply must be given to every question in this Declaration. There must be no blanks and no dashes. If any questions are not applicable, the words "NOT APPLICABLE" must be written out.

On completion this Declaration is to be returned to THE DISTRICT PAYMASTER OF THE DISTRICT IN WHICH THE SOLDIER WAS DISCHARGED.

1. Christian names William 2. Surname Goodman
3. Rank L/cpl 4. Original Unit 39th Batt 5. Reg. No. 412685
6. Address, in full, to which future payments of gratuity are to be forwarded Port Hope Ont
7. Date of enlistment in the C.E.F. 14/1/15
8. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge Mrs W. Goodwin
9. Relationship of such dependent Wife
10. Address, in full, of such dependent Port Hope Ont
11. Is said dependent now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? No
12. Were you at any time on the strength for pay and allowances of a unit of the C.E.F. which was out of Canada or the United States when such pay and allowances were issuable? If so, give particulars of one such unit and dates of service overseas with such unit:—
39th Batt Shorncliff Camps July 4th 1915 till Jan 20th 1916
13. Were you on the strength for pay and allowances of the Clearing Services Command, having been at any time on duty outside of Canada or the United States? No
14. Were you on active service only in Canada or the United States? If so, give particulars of unit and dates of such service Not Applicable
15. Give total length of time which you served on active service, whether in Canada or Overseas, setting out particulars of units on whose strength you served Canada 14/1/15 to Eng 4/7/15 39th Batt to France 20/1/16 18th Batt to Eng 6/20/16 to Canada 1/24/19
16. Were you at the time of enlistment a civil employee of the Dominion Government? If so, state Department No
17. Were you a member of the Permanent Force at the time of enlistment in the C.E.F.? No

M.F.W. 2595.
1772—39—1389.
1160—D.P.—250M-12-18.

18. Have you had more than one enlistment? If so, give particulars of discharges and re-enlistments, and under what regimental numbers and units. No

19. Have you already received any payment of Post Discharge Pay or War Service Gratuity? If so, state amount you and your dependents have already received and by whom paid No

20. Have you been issued with a War Service Badge? If so, what class? No

21. Have you, during the present war, served in the Imperial Forces? No

22. Are you entitled to receive, or have you received any gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled No

23. (a) Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England? No

(b) If so, was such reversion in consequence of misconduct or inefficiency? No

24. Are you now serving in the C.E.F.? No If not, give:—(a) Date of discharge 18th Feb 1919 (b) Reason for discharge Demobilization

25. Are you at present a member of and in receipt of pay and allowances from any Canadian naval or land forces? If so, give unit No

26. Did you at any time serve at the front in an actual theatre of war? If so, give particulars of one unit which you served at the front, and dates of such service with that unit Units in France 20/1/16 till 6/20/16

27. (a) Are you receiving treatment from the Department of Soldiers' Civil Re-establishment?

(b) If so, are you in receipt of full pay and allowances from that Department?

And I make this solemn declaration, conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under oath and in virtue of the Canadian Evidence Act.

Signature of Applicant: William Goodman

Place of Residence: Port Hope Ont.

Declared before me at: Kingston

This 18 day of Feb 19 19...

Signature of Barrister of the Supreme Court Stipendiary Magistrate, Notary Public, Justice of the Peace, or Commissioner for the Administration of Oaths. F. J. Mooney Capt.

POST DISCHARGE PAY.

Date paid.	Paid Soldier	Paid Dependent	War Service Gratuity	Net amount due
			$ 183	$ 60

Certified Correct.

District Paymaster.

MARRIED OR SINGLE M

PLACE OF BIRTH Canada

NAME AND ADDRESS OF NEXT OF KIN Tyla Goodman
Port Hope. Ontario

RELATIONSHIP OF NEXT OF KIN Wife

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
To receive P.T.A. of A/S. Cpl.	9-6-17	P.O. 134 9-6-17

ADMISSIONS TO HOSPITAL, &c.

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

REG'L. No. 412585 RANK A/S. Cpl. Pte NAME Goodman, Wm

IF IN PERMT. CORPS WHAT UNIT UNIT 188 Bn

PERMANENT FORCE ALLOWANCES

PLACE OF ATTESTATION Port Hope Ont.

DATE OF ATTESTATION 15 Feb 1916

TRANSFERRED TO	6. C.A.C.	DATE 1/7/16	AUTHORITY P.O. 26 3/6/16
TRANSFERRED TO	39th Res	DATE 1/10/16	AUTHORITY P.O. 373. Toronto 2-9-16
TRANSFERRED TO	6th Bn. Ptn.	DATE 6.1.2.17	AUTHORITY R.O. 69 7/1/17
TRANSFERRED TO		DATE	AUTHORITY

ASSIGNED PAY MONTHLY $ 17 00 DATE EFFECTIVE

PAYABLE TO Tyla Goodman Port Hope Ont RELATIONSHIP

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)

C.S.

DATE 1916	PAY No. OF DAYS	PAY RATE	PAY AMOUNT $	PAY AMOUNT c.	FIELD ALLOWANCE No. OF DAYS	FIELD ALLOWANCE RATE	FIELD ALLOWANCE AMOUNT $	FIELD ALLOWANCE AMOUNT c.	WORKING OR SPECIAL PAY No. OF DAYS	WORKING OR SPECIAL PAY RATE	WORKING OR SPECIAL PAY AMOUNT $	WORKING OR SPECIAL PAY AMOUNT c.	ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS 1 No.	1 Date	2 No.	2 Date	3 No.	3 Date	4 No.	4 Date	CASH PAYMENTS 1	2	3	4	ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE CREDIT	BALANCE DEBIT	PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
Mch 31			281	15			27	50						1 30	309 95									110 94				153 00		263 94	146 01				
Apl 1-30	30	1=	30	-	30	10	3	-							33 -	996		1036						262	262			17		22 24	56 77				
May 1-31	31		31		31		3	10							34 10	1051	15.5	1115	26.5					256	255			17		22 11	68 76				
Checked Litchfield June	30		20		30		3								33													17		17	84 76				
July 1 31	31		31				3	10							34 10													17		14	101 86				
Aug 1 31			31				3	10							34 10													17		17	118 96				
Checked Wm Sept 1-30	30		30				3								33													17		17	134 96				
Oct 1-31	31		31				3	10							34 10	1682	30.9	1781	15.10					973	730	243 486		17		41 32	127 74				
Nov 1-30	30		30		30		3								33	1733	31.10	1811	15.9					730	487	487		17		100 96	59 78				
Dec 1-31	31		31		31		3	10							34 10	1600	6.9	1948	15.11					5840	730	122		17		31 60	62 28				
	611	15 100 10	55	00												2048	30.11							1460				17		46 20	50 18				
1917 Jan 1-31	31		34	10											34 10	2180	31.12							2920				17		38 90	42 08				
Feb 1-28	28		30	80											30 80	84	31	1	14	15	11			1460	4	30		14		635 27					
			676	05										1 30	677 35									2929	1893	3194	1338	3340							
Mar 1-31	31		34	10											34 10	319	28.2.17	438	31.3.17					1460	9	74		17	-	53 51	22 67				
																177	12.2.17	368	15.3.17					487		30									
			710	15										1 30	711 45									2694	1898	1338		357		688 78	22 67				

Trans 39th Res 1/10/16
P.O. 373. Toronto. 2 9 16

Adj to 6th Bn Ptn E. 2.17 80 Cp 7/1/17

No 412585 ~~Pte.~~ A/L. Cpl. Goodman W. A.P. $17.00

Date	Pay No. of Days	Pay Rate	Pay Amount $	Pay Amount c.	Field Allowance No. of Days	Field Allowance Rate	Field Allowance Amount $	Field Allowance Amount c.	Working or Special Pay No. of Days	Working or Special Pay Rate	Working or Special Pay Amount $	Working or Special Pay Amount c.	Assigned Pay Credits	Other Credits	Total Credits	Acquittance Rolls 1 No.	Acquittance Rolls 1 Date	Acquittance Rolls 2 No.	Acquittance Rolls 2 Date	Acquittance Rolls 3 No.	Acquittance Rolls 3 Date	Acquittance Rolls 4 No.	Acquittance Rolls 4 Date	Cash Payments 1	Cash Payments 2	Cash Payments 3	Cash Payments 4	Assigned Pay	Other Charges	Total Debits	Balance Credit	Balance Debit	Pay Withheld or Deferred	Pay Available for Issue	Remarks
1917			7	10 15									*	1 30	7 11 45									269 42	48 98	13 38		357		688 78	22 67				
April 1-30	30	1 00/10	33	00											33 00			15	18.4						7 30			17 00		24 30	31 37				
May 1-31	31	"	34	10											34 10	105	30.4							9 74				17 -		26 74	38 73				
June 1-8	8	"	8	80											34 10	313	31.5							9 74				17 00		34 04	38 79				To receive P.A. of A/L Cpl. E.9.6.17 B.O. 134 9/6/17
9-30	22	1 05/10	25	30												187	15.5							7 30											
July 1-31	31	"	35	65											35 65	334	15.6							9 73				17 00		26 73	47 71				
Aug. 1/31	31	"	35	65											35 65	388	30/6							9 74				17 -		17 -	66 36				
Sept. 1-30	30	"	34	50											34 50	503	29/7							7 30											
																450	15/7	609	31/8					9 73	9 74			17 -		63 24	37 62				
																561	13/8							9 73											

Month	Particulars	Cr. 1	Cr. 2	Particulars	Dr. 1	Dr. 2	Dr. 3	Dr. 4	Balance	Deferred Pay	Ser. Allce. Eng.
Sept 30	Bal	~~37 62~~							37 62		
Oct	31 1 15	35 65		A.P. Can				17			
				A.R. 658 15/9/17 6th Res	9 73						
				A.R. 701 30/9/17 ✓	9 73				36 81		
Nov	[illegible]	35 65			19 46			17			
		34 50						17			
				A.R. 746. 15.10.17. 6th Res.	9 73						
				A.R. 797 31.10.17	9 73						
				A.R. 855 15/10/17 6 Can Res.	7 30						
				" 890 6 Res. 30.11.17	9 73						
Dec	[illegible]	35 65						17	36 47		
1918		10 15			36 49			34			
Jan	"	35 65						17			
				A.R. 920 6 Res. 7.12.17	7 30						
				" 954 " 19.12.17	12 17				35 65		
Feb	"	35 65			19 47			17			
		32 20						17			
				A.R. 637. 6 Res. 10.1.18	7 30						
				" 1133 " 31.1.18	9 73				33 82		
Mch	"	32 20			17 03			17			
		35 65						17			
				" 1228 " 13.2.18	17 03						
				" 1436 " 7.3.18	7 30				28 14		
		35 65			24 33			17			

P 820
12474—375M—13-2-18.

* Strike out whichever inapplicable.

ASSIGNED PAY. * ~~ENGLAND OR~~ CANADA.	SEPARATION ALLOWANCE. * ENGLAND OR CANADA.
EFFECTIVE DATE:-	EFFECTIVE DATE:-
AMOUNT:- 17xx	AMOUNT:-

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.

Tyla Goodman
Poyt Hope. ont.

Stopped Eff 1/2/19

NAME:- GOODMAN W

NUMBER:- H12585.

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
Bo 134. 9.6.17	9.6.17	L'Cpl
Do 269 15/11/18 6 Res	14/11/18.	~~Clerks Pay~~
D.O. 6. 8/1/19. 6 Res.	8/1/19	Ceases to draw Clerks pay

UNIT AND TRANSFERS

ORIGINAL UNIT:-

DATE ACCOUNT FIRST OPENED:-

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO
			E&RD.
	1.4.15	15.4.15	Canada Lee

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
7/1/19	30 7428	Witley Z2.	~~9 73~~				

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
	1 05	10		
Do. 269 15/11/18. 6 Res.	~~1 20~~	~~50~~		
D.O. 6. 8/1/19. ✓	1 05	10		

PARTICULARS OF RENDERING NON-EFFECTIVE: Transferred to Canada 1/2/19 Auth NR-K14 Witley MD.-3 LP6 Balance $35.12.

MONTH	PARTICULARS	CR. 1	CR. 2.	PARTICULARS	DR. 1	DR 2.	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
1918 Mch 31	Bal. forward.								28 14		
Apl	L&L 2/28	34 50						17			
				AR 229 6 Res 23.4.18.	19 47				26 17		
May	L/C/P.	34 50 35 65			19 47			17 17			
				AR 635 6 Res. 14.5.18.	7 30						
				" 995 " 29.5.18.	9 73				27 79		
June	"	35 65 34 50		C.A.P.	17 03			17 17			
				AR 1338. 6 Res. 13.6.18.	7 30						
				" 1595 " 26.6.18.	9 73				28 26		
July	L/C-P.	34 50 35 65		C.A.P.	17 03			17			
				AR 2061. 6 Res. 16.7.18.	9 73				37 18		
Aug.	"	35 65 35 65			9 73			17			
				" 3191 " 28.8.18 ✓	34 07				21 76		
Sept	"	35 65 34 50			17 03			17			
				4166. " 14/9/18	7 30						
				4724 " 28/9/18	7 30				24 66		
Oct	✓	34 50 35 65			14 60			17			
				C.A.P.							
				AR 4917 10/10/18 6 Res	7 30						
				" 5331 24/10/18 ✓	9 73				36 28		
		35 65			17 03			17			
Nov.	L.E. Pay 13 days	14 95		C.A.P.							
	Clerks Pay. 17 days.	28 90		AR. 5425 15/11/18 ✓	9 73						
				AR. 6498. 6/12/18. ✓	4 86						
				AR. 6206 28/11/18. ✓	9 73						
Dec	Clerks P.	52 70		C.A.P.				7			
1919 Jan	✓	52 70		C.A.P.				17			
		114 95		Office Clerks Pay and L/Cpl. 11/1/19 to 31/1/19. = 21 days @ 55¢	68 13	11 55		51 -	44 85		

Checked Ontario
10-1-19

NUMBER 412585 RANK NAME GOODMAN. W.

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
				Forward.					44 85		
Feb	no pay			Dr. 3 dy @ 55¢ P.D. ceases to draw clerks pay. 8/1/19. Do. 6 8/1/19 6 Rs. (3 dys already debited for. Jany.)		1 65			11 38		
				IVE. Section advised for 16. 26/1/19					33 47		
				AR. 7430 7/1/19 6 Rs	9 73				33 47		
					9 73	1 65					
				Struck off Casualty List 18/1/19	6 Rs						

R. & O. 6045 (*Revised*). 6 Res. Batt.

OFFICE OF THE STANDING MEDICAL BOARD SHORNCLIFFE

PROCEEDINGS OF A MEDICAL BOARD.

Dated at Epsom Aug. 18 1916.

No. H12.5.85 Rank Pte. Name Goodman W.

Local Unit ..... Overseas Unit 18 Age 33

Examination held at Epsom

DISABILITY.
Overseas—~~Local.~~
(scratch one out)

G.S.W. left hand. June 18/16
in France 5 mos

PRESENT CONDITION.

Recovered.

APPROVED
CAPTAIN, C.A.M.C. FOR D. OF R. & O. FOR BRIGADIER GENERAL COMMANDING CANADIAN TRAINING DIVISION.

BOARD RECOMMENDS:—

1. Fit for Duty yes
2. Fit for duty after ..... weeks' physical training.
3. Fit for Temporary Base Duty ..... weeks.
4. Fit for Permanent Base Duty .....
5. Discharge .....

Signatures:—

W. F. Craig Capt. ..... President.

Members { B. C. Reynolds Capt. .....
.....

APPROVED 24 AUG 1916

Dated at ..... 1916. D. J. McIntyre Capt. .....
For A.D.M.S.

PROCEEDINGS OF A MEDICAL BOARD.

Dated at ..... 1916.

No. ..... Rank ..... Name .....

Local Unit ..... Overseas Unit ..... Age .....

Examination held at .....

DISABILITY
Overseas—Locally—
(scratch one out)

PRESENT CONDITION.

APPROVED
CAPTAIN C.A.M.C. for D.G. A.M.S.
BRIGADIER GENERAL
COMMANDING
CANADIAN TRAINING TROOPS.

BOARD RECOMMENDS—

1. Fit for Duty .....
2. Fit for duty after ..... weeks' physical training
3. Fit for Temporary Base Duty ..... weeks.
4. Fit for Permanent Base Duty .....
5. Discharge .....

Signatures:—

..... President.

Members .....

.....

APPROVED 24 AUG 1916

..... 1916.

For A.D.M.S.

No. 412585 - Goodman, William - 39th Battalion

14

WILL

West Sandling Jan 17/16

In the event of my death, I bequeath my property and effects to my wife.

Lyla Viola Goodman
Port Hope P.O.
Ont. Canada.

Signed.
William Goodman.
412585

Graylingwell War Hospital at Chichester.

Name Pte Goodman W. No. ~~412865~~ 412586 Date July 3rd

Section R Block C Ward No. 11 Bed 2

Nature of case Gsw. Left hand

Part to be X-Rayed Left hand

and post view

Information Required ? F.B. or injury to bones of thumb.

5. VII. 16 - Kindly take lateral view of thumb & back on

Shell P.R. Murphy

NOTICE.	
KINDLY STATE NATURE OF CASE.	
STRETCHER	
COUCH	
WALK	X

Surgeon P.R. Murphy

Result

Left hand. 4.VII.16 2

F.B. present near distal end of 1st phalanx of thumb. It is nearer palmer than dorsal surface. No sign of injury to bone.

~~[illegible]~~ 7.VII.16-1 B 72

2.C.2

MILITARY DISTRICT. NO. 3.

18-6-34

REGT. NUMBER 412585 RANK. Sgt.

P

NAME GOODMAN William
SURNAME CHRISTIAN NAMES IN FULL

UNIT FROM CANADA 39th. Bn. RESERVE IN ENGLAND 6th.

CATEGORY A3 NEXT OF KEN Wife

INTENDENT PLACE OF RESIDENCE Port Hope Ont.

OCCUPATION Moulder OCCUPATIONAL GROUP (13)

COVER

FOR

DISCHARGE DOCUMENTS.

H. M. T. AQUITANIA
EMBKD. LVP. [illegible] 18. 1919
DEBKD. HALIFAX. N.S.
JAN. 24. 1919

(2468) Wt. W. 2290—PP1182 6-18 J.F.W. (E3277)

Army Form W3997.

WD #3

Regtl. No. 219929 Rank Sgt.

Name Eadie James
(Christian Names in full) (Surname)

Unit Regt. or Corps

COVER

FOR

DISCHARGE DOCUMENTS.

1616

War Service Badge
blass A 90778
issued

SHORT FORM.

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

1. No. 412585

2 Rank. Private

3. Name. Goodman, William.

4. Unit. No. 3 District Depot.

5 Date of Discharge 18.2.19. Place Kingston, Ont.

6 Reason for Discharge Demobiliz tion.

7. Authority. 3DD 3. G. 397 , D. 14.2.19... R.O.1343

8. Proposed Residence after Discharge P.O.Box 295, Port Hope, Ont.

9. CERTIFICATE TO BE SIGNED BY SOLDIER.

I hereby acknowledge that at the undernoted place and date I received my discharge Certificate

M. F. W.? 39

× William Goodman.
Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place Kingston, Ont.

Date 18.2.19.

Signature [illegible] Lieut.
O. C. Discharge Section
No. 3 District Depot
(O. C. Discharging Unit.)

Sunday 15-9-19

M.F.B. 218a—300M.-11-18—1772-39-113.

E. R. J.

LIST OF DISCHARGE DOCUMENTS.

Attestation Paper, Triplicate	Militia Form W. 23
or Particulars of Recruit	Militia Form W. 133
Field Conduct Sheet	Militia Form W. 178 or A.F.B. 122
Casualty Form	Militia Form W. 54 or A.F.B. 103
Last Pay Certificate	Militia Form W. 44
Certificate that missing documents are unobtainable	
Medical History Sheet	Militia Form B. 313 or A.F.B. 178
Proceedings of Medical Board	M.F.B. 227, A.F.B. 179 or A.F.A. 45
Dental History Sheet	Militia Form B. 465
Medical Report	M. F. W. 129 or D. M. S. 1375
Regimental Conduct Sheet	Militia Form B. 263
Company Conduct Sheet	Militia Form B. 263a

PASSED TO W.S.G.
FEB 17 1919

M. OR S.

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

REGT. No. 412585 RANK Pte NAME (IN FULL) Goodman W.

NEXT OF KIN Mrs Wm Goodman RELATIONSHIP
ADDRESS Port Hope Ont
IS SEPARATION ALLOWANCE PAID? DATE EFFECTIVE
TO WHOM PAID RELATIONSHIP
ADDRESS

PARTICULARS	EFFECTIVE DATE	AUTHORITY
$1.10		
Lt Cpl. Goodman, William, Port Hope, Ont.		

ORIGINAL UNIT C.E.F. 38th Bn IF IN P.F. WHAT UNIT? (BLOCK LETTERS, SURNAME FIRST)
PLACE OF ATTESTATION TRANSFERRED TO DATE AUTHORITY
DATE OF ATTESTATION Jan. 14th, 1915 TRANSFERRED TO DATE AUTHORITY
ASSIGNED PAY $ 17.00 DATE EFFECTIVE 1-2-19
PAYABLE TO Mrs Wm Goodman RELATIONSHIP
ADDRESS Port Hope Ont
ANY CHANGE IN ASSIGNEE OR ADDRESS
G-474
STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE EFFECTIVE
DISCHARGED PLACE Kingston DATE 18/2/19. REASON Demob. AUTHORITY IF ENTITLED TO POST DISCHARGE PAY

222.

MONTH	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $ C.	OTHER CREDITS $ C.	$ C.	TOTAL CREDITS $ C.	ACQUITTANCE ROLLS COL. NO. 1 NO. DATE	COL. NO. 2 NO. DATE	COL. NO. 3 NO. DATE	CASH PAYMENTS COL. NO. 1 $ C.	COL. NO. 2 $ C.	COL. NO. 3 $ C.	ASSIGNED PAY $ C.	REGIMENTAL CHARGES $ C.	OTHER CHARGES $ C.	$ C.	TOTAL DEBITS $ C.	BALANCE DEBIT $ C.	CREDIT $ C.	PARTICULARS OR REMARKS
Balance from previous account					35 12	35 12													35 12	
Jan.					~~11 20~~					39 87							39 87	4 75		Do 30 - Subs 14 - days
Feb.	18	1.10	19 80	18 -	35 12	84 00		46 31	46 30		61 25		18 -				79 25			

War Service Gratuity

	W.S.G.	S.A.		Other Charges	W.S.G.	S.A.		Soldier	Dependent	
183 days @ minimum	42000	18000	60000		70 00	30 00	100 00	350 00	150 00	a6483/a6484 Feb. 18/19
					70 00	30 00	200 00	280	120	G237355/G237356 Mar. 18/19
				1 65	—	—	201 65	278 35	120 00	*Deb. Bal. Sup. Deb. 3 days @ 55¢ clerks pay stop
					68 35	30	300 00	210	90 -	G321255 56 Apr. 17/19
					70 -	30	400 -	140 -	60 -	G.327265-69 May 16/19
					70 00	30 00	500 00	70 00	30 00	G[illegible]823-824 June 12/19
					70 00	30 00	600 -	—	—	G943859-860 July 14/19

OK

W.S.G. form received

60m.-11-18. L. L. 51777. M. & D. 9585.

MONTH	PAY AND F. A.				OTHER CREDITS				TOTAL CREDITS		ACQUITTANCE ROLLS						CASH PAYMENTS						ASSIGNED PAY		REGIMENTAL 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		
			$	C.	$	C.	$	C.	$	C.	NO.	DATE	NO.	DATE	NO.	DATE	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	

Date of Enlistment 14/1/15

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

G 4662

Date of Assignment July 1, 1915

RATE OF SEPARATION ALLOWANCE

~~20~~	~~$ 25.00~~ ~~1-12-17~~ ~~P.C.3257~~	30 1-9-18 PC2753 M041166.	

RATE OF ASSIGNMENT

17			

5 L 7 G 2 3 M

PARTICULARS OF SEPARATION ALLOWANCE

No. 412585

Rank Pte Promoted Reverted Discharge

Soldier's Name W. Goodman

Battalion 39th Batt. B. Coy.

Beneficiary Mrs ~~Lyla~~ Wm ~~Viola~~ Goodman

Relationship Wife.

Address

PARTICULARS OF ASSIGNMENT (Wife)

Name Mrs. Wm. Goodman

Address Port Hope, Ontario

Change of Address

1

2

3

4

M. F. W. 2554 Ret'd. O. K. 25/11/18. B. F.

Date 1917.		Cheque No.	Amount S/A	Amount A/P	Total	
Dec 31.		—	711	510	1220	
Jan.	D	66266	30	14	44	M
Feby	G	91218	25	17	42	
Mch	H.	91860	25	17	42	
April	H	11033	25	17.	42	
May	P	18452	25	17	42	
June	O	20943	25	17	42.	B.
July	K	29563.	25	17	42	B
Aug	O	36972	25	17	42	B.
Sept	T	47387	25	17	42	B
Oct.	U	55364	25	17	42	B
Nov	V	58116.	25	17	42	B.
Dec	N	67607	45	17	62.	B
1919 Jan.	K	74512	30	17	47	B
Feb.			~~30~~	~~17~~	~~47~~	~~B~~
			1066	731	1797	B.

REMARKS 7159 W 14.

M.R.O. 64267 Destroy 31.1.19 EMB.

BW

M. F. W. 128
400M.—6-17—1772-39-1141
L. L. 22320—M. & D. 7993.

MD 3.

A/c Closed 31.1.19

Ret'd per Aquitania

Date 25.1.19 M.F.W.187 31.1.19

Clerk E M Barnes.

CONSOLIDATED ACCOUNT

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank — Promoted — Reverted — Discharge

Soldier's Name

Battalion

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name

Address

Change of Address

1

2

3

4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS

M. F. W. 128
400M.—6-17—177-39-1141
L. L. 22820—M. & D. 1938.