



Bibliothèque et Archives
Canada

Library and Archives
Canada

Veillez noter:

Les photographies des documents de Bibliothèque et archives (BAC) qui suivent ont été prises par des utilisateurs de BAC qui participaient à un projet-pilote de numérisation en libre-service (2011).

Please note:

The following photographs of Library and Archives (LAC) collection material were taken by LAC users participating in a self-service digital photography pilot project (2011).

The word "Canada" in a serif font, with a small red maple leaf above the letter "a".

REGIMENTAL DOCUMENTS

NAME

WOODER Y GUS 2nd Lt.

REGT. NO.

200238

UNIT

101st Bn.

H. Q. FILE NO.

CONTENTS

DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

M. F. W. 2505 REFERENCE

NON-EFFECTIVE BY

5 ATTESTATION PAPER (M.F.W. 23, 133, or 51)

2nd Lt. 2



DEATH

1 CASUALTY FORM (M.F.W. 54 or A.F.B. 103)

1

Category

1 TRAINING HISTORY SHEET (M.F.W. 113)

1 FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)

1 REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)

1 COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)

2 MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)

DISCHARGE

1 DENTAL HISTORY SHEET (M.F.B. 465)

Category

1 MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)

Remo.

1 MEDICAL EXAMINATION (M.F.W. 129)

1 TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)

1 PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)

1 DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)

1 LAST PAY CERTIFICATE (M.F.W. 44)

DESERTION

1 PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)

43-15
15-15
11-16

1 PARTICULARS OF CHARACTER (A.F.W. 3226)

1 COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)



32388

6 misc

misc 1 Reg. Card

484294

3

1112 Decad. G.
M. 10 Decad a

War Service Badge
Class "A" No 75636

SHORT FORM.
PROCEEDINGS ON DISCHARGE.
(Demobilization.)



1. No.	700238	
2. Rank.	Pte	
3. Name.	WOODFORD, Wm.	
4. Unit.	43rd Can. Bn. (C. H. of L.)	
5. Date of Discharge	MAH 24 1919	Place WINNIPEG MAN.
6. Reason for Discharge.	Demobilization	
7. Authority.	8087	
8. Proposed Residence after Discharge.	Dunaville, C.M.A. S.A.	
9.	<p>CERTIFICATE TO BE SIGNED BY SOLDIER.</p> <p>I hereby acknowledge that at the undernoted place and date I received my discharge Certificate</p> <p>M. F. W. ?</p> <p><i>Wm. Woodford</i></p> <p>Signature of Soldier.</p>	
10.	<p>CONFIRMATION.</p> <p>The discharge of the above named man is hereby confirmed.</p> <p>WINNIPEG, MAN.</p> <p>Place.....</p> <p>Date..... MAR 24 1919</p> <p>Signature.....</p> <p>(O. C. Discharging Unit.)</p>	

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

2. Company Form (A.F.B. 122)
3. Medical History Sheet (M.F.B. 313 or A.F.B. 178).
4. Proceedings of Med. Board (M.F.B. 227 or M.F.W. 129).
5. Dental Certificate (C.A.D. C. 5009a).
6. Field Conduct Sheet (A.F.B. 122)
7. Proceedings on Discharge (M.F.B. 218a)
8. Discharge Certificate (M.F.W. 39)
(Enclosed in special envelope (260M)).
9. Copy of Discharge Certificate (M.F.W. 39a).
10. Dispersal Certificate (P. 851).
11. Equipment Statement Q.M.G. Form (D.O.S. 2) and Clothing Duplicate
12. Last Pay Certificate (P. 851).
13. Pay Book (A.B. 64).
14. War Service Gratuity (Form M.F.W. 2505).
15. Summary Discharge Certificate.

Group 10
 Checked by W. H. H. H.
 Date 11/1/19

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. 700338 Rank PLC Surname WOODERY
(Given, name in full)

Unit or Corps 43rd Birthplace Terre Haute, Ind. U.S.

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

1. GENERAL DESCRIPTION: *Estimated*

Physique Good Weight 154 lbs. Height 5.8 ft. Colour of Eyes Blue
 Nutrition Good
 Pulse 68 regular
 Condition of arteries soft
 Vision Rt. 6/10 Left 7/10
 Hearing (conversational voice) Rt. ?? ft. Left ?? ft.

Identification marks, scars, or deformities.
 (Give cause and date of origin.)
Scar between the eyes
old marks

Opinion as to general health and physical condition Good

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.

*Concussion 17-11-17 to 24-1-18. Well cured -
 L.S. in left foot 7-3-16 no disability
 He had marks when he had six years old -
 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.....(Canada)

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

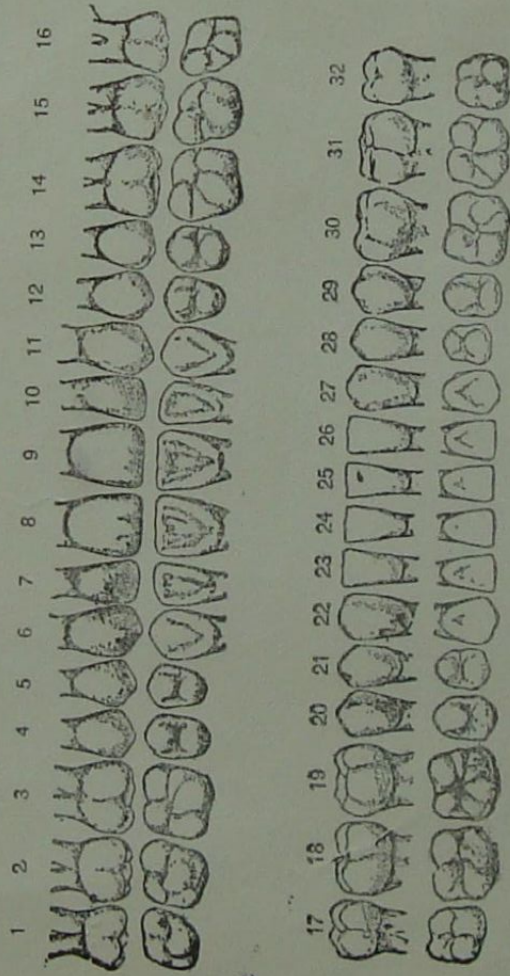
CANADIAN ARMY DENTAL CORPS, O.M.F.C.
DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

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 the person will be stated.

NAME OF SOLDIER (Block Letters) WOODERY, G. No. 700238
 REGIMENT 45th Bn. RANK Pfc
 Date of Examination in England _____ Date of Examination in France 4. 11. 19



PRESENT DENTAL REQUIREMENTS

1. FILLINGS
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
- (c) In France

No.

Signature of Dental Officer Gallimore Capt.



DEPARTMENT OF VETERANS AFFAIRS
 MINISTÈRE DES VÉTÉRANES
 AFFAIRES DES ANCIENS COMBATTANTS

Head, Reference Section,
 Public Archives,
 Records Centre, Ottawa 3.

PLEASE QUOTE NO.
 700238
 W.V. 1
 CITER LE NUMÉRO

1231 Haro Street,
 Vancouver 5, B. C.,
 June 23, 1966

Dear Sir:

Re: Gus. WOODERY

JUN 28 1966

Would you please make a search of your records for any will made by the above-named, deceased veteran and advise me at your earliest convenience of any information you may have.

Yours truly,

PUBLIC ARCHIVES RECORDS CENTRE
 August 29
 JUN 29 1966
 OTTAWA, ONT., CANADA

G. A. Noble
 G. A. Noble, Per Dup
 District Solicitor.

DVA 1 S. (REV. 1-63)

Terre Haute,
 Ind., U.S.A.

persons to receive
 personal estate*
 (See note).

IMPORTANT NOTE
 This must be signed and Dated by THE SOLDIER HIMSELF.
 this 18 day of Aug A. D. 1916
 Gus Woodery, Signature of Soldier.

*N.B.—Personal estate includes pay, effects, money in bank, insurance policy, in fact everything except real estate.

Signed and acknowledged by the Testator as and for his last Will in the presence of us both present at the same time, who in his presence, at his request, and in the presence of each other have hereunto subscribed our names as Witnesses.

Signature of First Witness Arthur Ward Conthuy
 Address of Witness R. J. Man.
 Occupation of Witness By Claim Genl (Soldier)
 Signature of Second Witness Geo. Sharpe
 Address of Witness Camp Hughes Man.
 Occupation of Witness Soldier.

FORM OF WILL.

*Laville, Ill.,
U.S.A.*

I, Lus Woodery (Name in full)
Regimental Number 706238 serving in "D" 212 Batt
of the Canadian Expeditionary Force, do hereby revoke all former Wills by me
made and declare this to be my last Will.

I bequeath all my real estate unto

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

absolutely, and my personal estate I bequeath to

Name and Address
of person or
persons to receive
personal estate*
(See note).

Mr Lulu Woodery
Terre Haute,
Ind., U.S.A.

IMPORTANT NOTE

This must be signed
and Dated by
THE SOLDIER
HIMSELF.

this 18 day of Aug A. D. 1916

Lus Woodery Signature of Soldier.

*N.B.—Personal estate includes pay, effects, money in bank, insurance policy, in fact everything except real estate.

Signed and acknowledged by the Testator as and for his last Will in the presence
of us both present at the same time, who in his presence, at his request, and in
the presence of each other have hereunto subscribed our names as Witnesses.

Signature of First Witness Arthur Ward Northrup

Address of Witness Le Roy, Kan.

Occupation of Witness Chaim (Genk) (Soldier)

Signature of Second Witness Scott Sharpe

Address of Witness Camp Hughes, Kan.

Occupation of Witness Soldier

THE TWO
WITNESSES
MUST
SIGN HERE

DEPARTMENT OF VETERANS AFFAIRS

To Copy for H.O. file.

Attention of

NAME WOODERY Gus.

P.A.

OTTAWA 4, ONTARIO.
Date JULY 20, 1966.

SERVICE 700238 101ST
NUMBER BN. (CEF.)

C.P.C. No.
W.V.A. No. 200183

NAVY
ARMY
R.C.A.F.

The DEPARTMENT has received information from

S.T.M.O., VANCOUVER, B.C., JUNE 8, 1966.

(State authority and source of information of death)

regarding the death of the above mentioned veteran.

Particulars are as follows:

Date of Death MAY 25, 1966.

Cause of Death

Place of Death SHAUGHNESSY HOSPITAL, VANCOUVER 9, B.C.

Name and Address of next of kin (if known)

Copies to: W.S.R.
V. I.
~~PAY~~
~~DOX~~
H.O.

} Destroy form if advice of death already received.

G. M. Mehan

for
Chief, Central Registry

101 M Patten

6th baby

ATTESTATION PAPER.

No. 700239

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS)

- 1. What is your surname? Woodery
- 1a. What are your Christian names? Gus
- 1b. What is your present address? Winnipeg, Manitoba, Can.
- 2. In what Town, Township or Parish, and in what Country were you born? Terre Haute Vigo Co., Indiana, U.S.A.
- 3. What is the name of your next-of-kin? Lulu Woodery,
- 4. What is the address of your next-of-kin? Terre Haute, Ind. U.S.A.
- 4a. What is the relationship of your next-of-kin? Mother
- 5. What is the date of your birth? May 26th. 1892
- 6. What is your Trade or Calling? Baker
- 7. Are you married? No
- 8. Are you willing to be vaccinated or re-vaccinated and inoculated? Yes.
- 9. Do you now belong to the Active Militia? No.
- 10. Have you ever served in any Military Force? one yr. 3 months 11th. C.M.R.'s
If so, state particulars of former Service.
- 11. Do you understand the nature and terms of your engagement? Yes
- 12. Are you willing to be attested to serve in the CANADIAN OVER-SEAS EXPEDITIONARY FORCE? Yes

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Gus Woodery, do solemnly declare that the above are answers made by me to the above questions and that they are true, and that I am willing to fulfil the engagements by me now made, and I hereby engage and agree to serve in the Canadian Over-Seas Expeditionary Force, and to be attached to any arm of the service therein, for the term of one year, or during the war now existing between Great Britain and Germany should that war last longer than one year, and for six months after the termination of that war provided His Majesty should so long require my services, or until legally discharged.

Date December 11th. 1915 Capt B. Patten (Signature of Recruit)
Capt B. Patten (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Gus Woodery, 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.

Date December 11th. 1915 Capt B. Patten (Signature of Recruit)
Capt B. Patten (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 Winnipeg, Man. Can. this 11th. day of December A.D. 1915.

Capt B. Patten (Signature of Justice)

Description of Gus Woodery

on Enlistment.

Apparent Age... 26 years... 3 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. 8 ins.

Birth mark position

Chest measurement
 Girth when fully expanded..... 37 ins.
 Range of expansion..... 4 ins.

Right shoulder

Scare two inches and one half long
and one half inch wide, Right leg
Position about middle of calf.

Complexion Fair

Eyes..... Gray, Blue

Hair Auburn

Church of England Methodist

Presbyterian.....

Methodist.....

Baptist or Congregationalist.....

Roman Catholic.....

Jewish.....

Other denominations
 (Denomination to be stated.)

CERTIFICATE OF MEDICAL EXAMINATION.

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

He can see at the required distance with either eye; his heart and lungs are healthy; he has the free use of his joints and limbs, and he declares that he is not subject to fits of any description.

I consider him* Fit for the Canadian Over-Seas Expeditionary Force.

Date December 11th. A.D. 1915

Place Winnipeg, Manitoba, Can.

C. M. McMillan

Capt. H. R. B. B. B.

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.

Gus Woodery

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.

Capt. H. R. B. B. B.
10' 00' 00"

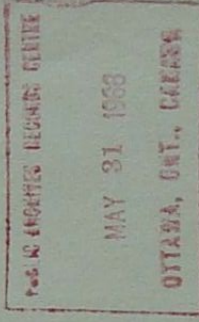
Signature of Officer)

Date December 11th. A.D. 1915.

Department of Veterans Affairs

Address: June

The Public Archives Records Centre,
Tunney's Pasture,
OTTAWA 3, Ontario.



Dear Sirs:

In order that the Department may prepare an appropriate inscription for a departmental grave marker for the grave of the above named deceased veteran, will you please insert the particulars required on this form and return the form to this office.

1. Surname WOODERY 700238

2. Christian names June

3. Date of Birth 26 May 1892

4. Military Honours Nil

5. Units (including that on discharge) Highest Rank in Unit

(a)	<u>101 Br</u>	<u>A/Cpl</u>
(b)	<u>97 Br</u>	<u>Sgt.</u>
(c)	<u>16 Br</u>	<u>Pte.</u>
(d)	<u>43 Br</u>	<u>Pte.</u>
(e)		
(f)		

DVA 1001 (Rev. June, 1963)

J. H. Logan,
Head,
Accessions and Reference Section.

(A) Original

ATTESTATION PAPER.

No. 116177

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

1. What is your name?..... *Gustavus Woodery*
2. In what Town, Township or Parish, and in what Country were you born?..... *Weyburnville Sask Canada*
3. What is the name of your next-of-kin?..... *Mrs. H. Brown (mother)*
4. What is the address of your next-of-kin?..... *Leitchfield Indiana U.S.A.*
5. What is the date of your birth?..... *26th May 1892*
6. What is your Trade or Calling?..... *Miner*
7. Are you married?..... *Single*
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?..... *No*
12. Are you willing to be attested to serve in the CANADIAN OVER-SEAS EXPEDITIONARY FORCE?..... *Yes*

G. Woodery (Signature of Man).

H. J. Sawles (Signature of Witness).

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *Gustavus Woodery*, 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.

Gustavus Woodery (Signature of Recruit)

H. J. Sawles (Signature of Witness)

Date..... *26th* 1915

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *Gustavus Woodery*, 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.

Gustavus Woodery (Signature of Recruit)

H. J. Sawles (Signature of Witness)

Date..... *26th* 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 *Weyburn* this *23rd* day of *March* 1915

W. J. Thompson (Signature of Justice)

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

Gustavus Woodery (Approving Officer)

4344 116197

Description of Woodley Gustave on Enlistment.

Apparent Age 22 years 10 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.)

3 inch scar on back of left calf. Oval shaped mole back of left shoulder. 1 Trace scar left arm.

Height 5 ft. 7 ins.

Chest measurement Girth when fully expanded 38 ins.

Range of expansion 3 ins.

Complexion Fair

Eyes Blue

Hair Brown

Church of England

Presbyterian

Wesleyan

Baptist or Congregationalist

Other Protestants Methodist

(Denomination to be stated.)

Roman Catholic

Jewish

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 May 20 1915

Place Vancouver B.C.

Stanley John Lamb Esq. M.D.
W. J. Baird Esq. M.D.
W. S. Mackenzie Esq. M.D.
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.

Gustave Woodley

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.

Gustave Woodley (Signature of Officer)

Date May 23rd 1915

Approved by W. J. Baird Esq. M.D. (Signature of Officer)

This is to Certify that No7000238..... Rank.....Private.....
Name in Full.....WOODERY, Gus.....
Enlisted in.....101st Battalion.....
C.E.F. on the.....11th.....day
of.....December.....1919.....
He served in.....FRANCE.....
with the.....43rd. Battalion.....
and was discharged at.....Winnipeg, Man.....
on the.....24th.....day of.....March.....1919..
by reason of.....DEMOBILIZATION.....
.....
Conduct and character were.....Good.....
Medals and Decorations, ect.BRITISH WAR.& VICTORY MEDALS.....
.....
.....

Description on Discharge

Age,.....27 Years.....
Height.....5'8".....
ComplexionFair.....
Eyes... Blue.....
Hair... Auburn.....
H.Q. 649-W-6046.....

.....
(W. E. LeSoleman) Major,
Officer i/c Records,
FOR Adjutant-General.

25th Nov.....Jehhuaf.....39 19.....

MEDICAL HISTORY OF AN INVALID.

RECEIVED.
DEC 18 1918
A. D. M. S. M. D. -10

1. Station. *Winnipeg*
 2. Regiment or Corps. *212nd Bn.*
 3. Regimental No. and Rank. *70238. Sgt.*
 4. Name. *Woodery, Gus.*
 5. Age last Birthday. *26.*
 6. Enlisted on *Dec 11-1915*
 at *Winnipeg*
 7. Former Trade or Occupation. *Baker.* Date. *Dec. 15th 1916.*

8. General remarks on his:—
 (a) Conduct. *No records*
 (b) Habits.
 (c) Temperance. *available*

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

9. Service.	Years.	Days.	PERIODS.	
			From.	To.
<i>C. P. G.</i>				
			<i>Dec 11-1915</i>	<i>March 1916.</i>
			<i>March 1916</i>	<i>June 1916.</i>
			<i>June 1916.</i>	<i>To date.</i>

10. (a) Disease or disability. *Varicella*
 (b) Date of origin. *Birth*
 (c) Place of origin. *Vancouver U.S.A*
 (d) Cause. *Congenital*

11. Present Condition. (Most Important)
 (To include full description of present disabling condition or conditions.)
Small varicella

12. (a) Is the disability the result of service or climate? *No*
 (b) Has it been aggravated by intemperance, vice or misconduct? *No*

Richardson

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

Birth mark on left shoulder

(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?

Not applicable

(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.

Not applicable

14. Treatment

No

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

No

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

Permanent unless operated upon

17. To what extent will it prevent his earning a full livelihood in the general labour market? Please state in fractions.

No

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

No

G. Malcolm
captain

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

11. Yes

12. Yes

15. Yes

16. Yes

17. Yes

19. Is he unfit for Military Service. No

20. Recommendations: That he be sent into hospital and operated on for varicocele. After which he be transferred to an overseas Battalion

Signatures:—

C. J. Platt Capt. MC President

H. M. Staples Capt. MC Member

Station: Winnipeg

Date: Dec. 15-1916

L. A. Knight, Capt. MC Member

Date:

Approved:

Date:

APPROVED
DEC 19 1916

W. H. Murray
Major, A.M.C.
M.B. No. 18

Ass. Director of Medical Services.

Director-General of Medical Services.

DETAILED MEDICAL HISTORY OF INVALID.

Station

Corps

Regimental No.

Rank

Name

Disability

Date

Hospital or Station
transferred to for
final disposal. }

Date of final
disposal }

How finally
disposed of }

Administrative Medical Officer.

Date of final Medical
Board or decision. }

(At Station or Hospital where finally disposed of.)

Station and
Hospital }

Arrived
from }

Date

If admitted.

If under treatment.

Index No.

From

From

Date

Disease.

How fully
disposed of.

Date of
Discharge, &c.

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

700238
Cnr. W. Woodery.
M. R. D.

166382

-18-
Perforated Sheet for Will from Pay Book of Reg.

No. 700238

NAME Gus Woodery

UNIT 43rd B^{ty}

Military Will.

In the event of my death
I give whole of my property
and effects to my Mother

Mrs Lulu Price

212 Franklin St -

Harrisville

Ill U.S.A.

Signature Gus Woodery

Rank and Regt. Pvt. 43rd B^{ty}

Date July 24 - 18

MEDICAL HISTORY SHEET.

no card
CR 486

Surname Woodery Christian Name Gustavus

Examined on 20 day of March 1915

at Vancouver B.C.

City or Town Weyburne

County Sask. Canada

Apparent age 23 years 10 months

Trade or occupation Miner

Height 5 Feet 7 Inches

Weight Lbs.

Chest measurement { Minimum 35 inches

{ Maximum expansion 3 inches

Physical development

Small-Pox Marks

Vaccination Marks { Arm Right / Left
Number 1

When Vaccinated last

(a) Marks indicating congenital peculiarities or previous disease
3 inch Scar on back of left calf.
Oral shaped mole back of left shoulder.

(b) Slight defects but not sufficient to cause rejection

Enlisted on 10 day of March 1915 at Vancouver B.C.

Corps.	REG'T L. NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>11 C.M.R.C.E.F.</u>		<u>10 March 1915</u>
Transferred to.....	<u>11314</u>		
	<u>116197</u>		

Approved by A. H. Mackinpi

Date	Fit for Unit	EXAMINED FOR RE-ENGAGEMENT,	M.O.

Date	Result	VACCINATIONS.	M.O.
<u>6. IV. 15</u>	<u>-</u>	<u>N.A. Mackinpi</u>	<u>M.O.</u>
<u>25. V. 15</u>	<u>-</u>	<u>N.A.M.</u>	<u>M.O.</u>
<u>30. VIII. 15</u>	<u>-</u>	<u>N.A.M.</u>	<u>M.O.</u>

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.	M.O.
<u>17. V. 15</u>		<u>N.A. Mackinpi</u>	<u>M.O.</u>
<u>26. VIII. 15</u>		<u>N.A.M.</u>	<u>M.O.</u>
<u>20. IX. 15</u>		<u>N.A.M.</u>	<u>M.O.</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 in the Regulations for Army Medical Service, on the man becoming non-effective; the date and cause being stated on next page.

ORIGINAL MEDICAL HISTORY SHEET

WOODERY

Christian Name Gus

Examined on day of 191 at

Birthplace { City or Town Terre Haute,
County Indiana, U.S.A.

Apparent age 26 years 9 months,
Trade or occupation Baker,

Height 5 feet 8 inches
Weight 154 lbs.

Chest measurement { Minimum 35 inches
Maximum expansion 34 inches

Physical development Fair,
Small-pox Marks None,

Vaccination Marks { Arm Flight 1 Left
Number 1

When Vaccinated last Sep. 1916
(a) Marks indicating congenital peculiarities or previous disease

(b) Slight defects but not sufficient to cause rejection
W.P. 2920

Enlisted on 11th day of December 1916 at Winnipeg

Approved by _____ Rank _____ M.O. _____

Date _____ EXAMINED FOR RE-ENGAGEMENT 15 MAY 1918 M.O. _____

MOBILIZATION MEDICAL BOARD APPROVED

[Signatures]

Date 11/17 Result Winnipeg VACCINATIONS _____ M.O. _____

Date _____ Result _____ VACCINATIONS _____ M.O. _____

Date 26/3/18 Result Winnipeg ANTI-TYPHOID INOCULATIONS, ETC. _____ M.O. _____

Date 19/6/17 Result Winnipeg _____ M.O. _____

Date 27/6/17 Result Winnipeg _____ M.O. _____

Date 26.5.18 Result Winnipeg _____ M.O. _____

Corps	REG'TL NUMBER	HABITS	DATE
101st Batt.	700238		11 Dec. 1915
97th "	"		Feb. 28th 1916.
212th "	"		June 1st "
#1 Independent Company	"		Jan. 20th 1917.

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

STATION	DATE	DISEASE	RESULT
<u>3rd E.C.D. Seafood</u>	<u>18-7-18.</u>		<u>Fit for Duty. Att. Hospital</u>
<u>Seafood</u>	<u>25-7-18</u>		<u>Fit A ed Medical Board</u>

N.B.—This sheet to be disposed of in accordance with instructions in the Regulations for Army Medical Service, on the man becoming non-effective; the date and cause being stated on next page.

WANNING

E

Christian Name

Surname

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				
STATION HOSPITAL LUNSHILL, LYNNINGE.		17	11	17	24	1	18	23	Discharge by Descharges aged Started treatment 19-11-17 30 Pos. Descharges cured 23 1-18 - no complication All average cases	Capt. G.A.M.H.	
		12	5	18	3	6	18	23	HW left foot		
		3	6	18	17	6	18	15	do	small wound between 4 th & 5 th toes left foot. healed. no proclaw. gives no trouble. for category Birmingham. NI	W. H. H. H. Capt. C.M.H.

SOUTHERN GEN. HOSP.
SIX HOSP. OFFICE
4 JUN 1918
NO.
BIRMINGHAM

Capt. H. J. D. Jones
CAPTAIN R.A.M.C. C.M.S.
FOR ADMINISTRATOR,
THE SOUTHERN GENERAL HOSPITAL

W. H. H. H.
Capt. C.M.H.
a. w. h. h. h.
Capt. C.M.H.

CANADA.

DEPARTMENT OF MILITIA AND DEFENCE.

I, *Gus Woodery*, (a deserter) or
(absentee without leave) from the Canadian Expeditionary Force, and having been sentenced to a term of in gaol or detention, of which term I have now served months days, and being desirous of taking advantage of the Royal clemency, under the provisions of a Proclamation, being Order in Council (P.C. 2814) dated November 24th., 1916, in so far as my desertion (absence without leave) is concerned, do hereby solemnly, promise and declare that I am willing to complete the engagements made by me, whereby I agreed to serve in the Canadian Expeditionary Force, in accordance with the declaration and oath to which I signed my name on attestation.

I further solemnly promise and declare that I will serve according to my declaration on attestation in the Battalion in which I enlisted or any other Unit to which I may be transferred by the General Officer Commanding, Military District No. 10.

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

Gus Woodery
Signature

Declared before me at
the City of Winnipeg, in
the Province of Manitoba,
this 27th day
of January 1916.

Former Regtl. No. 700238.
Former Bank. 697
Former C. E. F. Unit. 212nd Bn.

J. J. Langford J.P.
A Commissioner in B. R. etc.

76-406
-9/18

~~REGIMENTAL~~ MEDICAL CASE SHEET*

Regimental No. 700238	Rank Pte	Surname Woody	Christian Name G
No. in Admission and Discharge Book 11769	Unit 43rd Lan Bn	Age 27	Service 30/12/02



Station
Disease
acc. Bahra.

Date
End: 11-12-15
Emer: April 1917.

Frames: April 1-17.

Wounded: 6-5-15 - Lens broken.

Tot Eng: 10-5-17.

Hosp: No record: No 22 gen. 201 St G. Birmingham

Wounded: Shrapnel. Left foot. Joint between 4th & 5th tr =

Operation C.P.S. Removal. 28.8. Cleaning wound

T.T. drain.

No operation necessary.

P.C.: Small wound between 4th & 5th big left foot.

Small area. Not quite healed yet.

Apparently no fracture. Very no trouble

To Exam room W.D. J. P.

In category Munday. W.D. J. P.

For Category. W.D. J. P.

EXAM
15-6-18. Condition same. Sigs

Signature: J.A. [unclear] Capt. [unclear]

* The first and last entries will be signed, and transfers from one Medical Officer to another, attested by their signatures.
W. W. 694/M 2570-1, 699, 690-5/17-II & 87. (10929). Form I. 1337/12. (2259) [P. T. O.]

Ward A3 Hospital: 27 Genl
No. of Bed 26 Date 7.5.18

Regl. No.	Rank and Name.	Corps.	Part to be X-Rayed.
700238	Pte Woodery	43 Genl Bn	L. FOOT.

SHORT HISTORY OF CASE.
(To be completed by M.O. i/c case.)

End sole of L Foot
between 4th + 5th toes

? F.B.

REPORT ON RESULT OF X-RAY EXAMINATION.
(To be completed by Radiographer.)

No. of Plate _____

F.B. localized, see skin
mark.

Signature of M.O. E Swales

Date 7.5.18.

Signature of Radiographer ghd

Date _____

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book. 6213/18	Regimental No. 700238	Rank. Pte	Surname. Woodley	Christian Name. A. G.
Year 1916	Unit. 43rd Canadian			Age. 27
				Service. 2 6/12

Station and Date.
Edmonton

Disease
S. H. M. (Pharyngitis) left tooth
wounded 6/1/18. Rochelle travel
Op. 2. 15. 18. Ent. 6. 1. Exercise 7/3 resumed

16/1/18

Recd. Hospital
C.M.H.A.

Rank
Pte

* The first and last entries will be signed, and transfers from one Medical Officer to another, attested by their signature.
(636) W.S.A. P. 438 2,920,000 1/18 M.C.A. & W. Ltd. Form I. 1237/13 (E 2349)

To be made out in duplicate.

H.Q. 54-21-23-53

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..... 212th OVERSEAS BATTALION 6.6.67

(2) Regimental Number..... 47900225

(3) Full Name of Soldier..... Worcester James

(4) Place of Birth..... 2144 Yewie Haute Vigor County

..... Irish 11 P.A.

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

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

(b) Present Postal Address..... Hoytville, Ontario

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

(8) Have you any children?..... ✓

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

Also their names and ages.....

M. F. W. 67.

8004-5/16
1171-2-54

(SEE OTHER SIDE.)

(9) Is your Father alive? *Yes*

If so, state name and address *George W. ...*

(10) Is your Mother alive? *Yes*

If so, state name and address *Lula Wood ...*

(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.

(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? *Yes*

If so, in what Company? *Prudential*

Have you made arrangements for payment of your Insurance premium? *Yes*

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

Date *Aug 18/16*

Samuel J. ...

Officer Commanding.

Lieut. Col.

(O. C.) 212th O. S. B'n C. E. F.

MEDICAL HISTORY SHEET

Surname **WOODERY** Christian Name **GUS**

Examined on **11th** day of **Dec.** 1915
at **Winnipeg, Man.**

Birthplace { City or Town **Terre Haute**
County **Vigo Ind. U.S.A.**

Apparent age **24 yrs.**

Trade or occupation **Baker**

Height **5** feet **8** inches

Weight **154** lbs.

Chest measurement { Minimum **33 1/2** inches
Maximum expansion **37** inches

Physical development **Good**

Small-pox Marks **None**

Vaccination Marks { Arm Right Left **X**
Number **One**

When Vaccinated last **March 1916**

(a) Marks indicating congenital peculiarities or previous disease **None**

(b) Slight defects but not sufficient to cause rejection **None**

Approved by *A. M. McLean*

Rank *Capt 212th I.S.B. 1917* M.O.

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

Date	Result	VACCINATIONS
<i>16/8/16</i>		<i>A. M. McLean</i> M.O.
<i>21/8/16</i>	<i>OK</i>	M.O.
<i>27/8/16</i>	<i>"</i>	M.O.

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<i>16/8/16</i>	<i>OK</i>	<i>A. M. McLean</i> M.O.
<i>21/8/16</i>	<i>"</i>	M.O.
<i>27/8/16</i>	<i>"</i>	M.O.

Enlisted on **11th** day of **December** 1916 at **Winnipeg Man.**

Corps	REG'TL NUMBER	HABITS	DATE
101st O.S.B'n.	700238		Dec. 11th 1915
97th O.S.B'n.			<i>13/9/16</i>
212th O.S.B'n.			
<i>97th Bn</i>			

Transferred to

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.

To be made out in duplicate.

L.O. 51-21-10-53

PARTICULARS OF FAMILY OF AN OFFICER OR MAN ENLISTED IN C. E. F.

INSTRUCTIONS.

- (a) This form is only required for men joining units for Overseas Service and must be completed immediately the man is warned for draft overseas.
- (b) Care must be taken to see that a man is allotted his correct Regimental Number. No numbers must be duplicated and once it has been allotted to a man, even if he is subsequently discharged, the same number must never be allotted to another man.
- (c) All questions, etc., must be answered.
- (d) One copy of the form is to be forwarded by Officer Commanding unit for each Officer and man to Officer Commanding Division or District at least seven days before man leaves his station to proceed overseas, for transmission to Accountant and Paymaster General, Ottawa.
- (e) Duplicate copy is to be forwarded direct to Officer in charge of Records, C.E.F. London, immediately after arrival in England.

- (1) Name of Overseas Unit which Soldier joins.....
No. 1 Independent Co, C. E. F.
- (2) Regimental Number 700238
- (3) Full Name of Soldier..... Gus Woodery
- (4) Place of Birth..... Terra Haute, Vaso Co, Ind. U. S. A.
- (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?
- (8) Have you any children?
- If so, give number of boys and girls.....
Also their names and ages.....

M. F. W. 67.

300M.-5-15.
1172-33-554.

(SEE OTHER SIDE.)

(9) Is your Father alive?.....
If so, state name and address.....
(10) Is your Mother alive?..... **Yes**.....
If so, state name and address..... **Lulu Woodery, Terra Haute, Indiana, U.S.A.**

(11) If your Mother is a widow.....
Are you her sole support, or not?..... **No**

(12) If sole support of widowed mother, state what amount you have given her per month prior to your enlistment, also reason she has no other support than yourself.

(13) If you have no wife, father, mother or children, state the name and relationship with full postal address of your next of kin, to whom you would desire any communication to be sent concerning you.

(14) If you have a wife, or children, or a widowed mother who depends on you as her sole support, have you applied to the Paymaster of your unit for Separation Allowance? If not, this must be done.

(15) Are you insured?..... **No**.....
If so, in what Company?.....
Have you made arrangements for payment of your Insurance premium.....

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

Date..... **September 14th 1917**

[Signature]
Office Commanding.



MEDICAL HISTORY SHEET

Surname WOODBURY Christian Name Gus, Rank _____ M.O. _____

Examined on _____ day of _____ 191____ at _____ Approved by _____

Birthplace { City or Town Terre Haute, Rank _____ M.O. _____
County Indians, U.S.A.

Apparent age 26 years 9 months, Trade or occupation Baker,

Height 5 feet 8 inches Weight 154 lbs.

Chest measurement { Minimum 35 inches
Maximum expansion 3 1/2 inches

Physical development Fair,

Small-pox Marks None,

Vaccination Marks { Arm Right 1 Left _____
Number 1

When Vaccinated last Sep. 1916

(a) Marks indicating congenital peculiarities or previous disease _____

(b) Slight defects but not sufficient to cause rejection
W.P.P. & N.P.P.
W.P.P. & N.P.P.

Date _____ EXAMINED FOR RE-ENGAGEMENT
MOBILIZATION MEDICAL BOARD APPROVED
[Signature]
[Signature]
[Signature]

Date _____ Result _____ VACCINATIONS
11/7/17 was way out M.O. _____
Date _____ Result _____ ANTI-TYPHOID INOCULATIONS, ETC.
19/6/17 was way out M.O. _____
27/6/17 was way out M.O. _____

Enlisted on 11th day of December 1916 at Winnipeg

Corps	Rec't, NUMBER	HABITS	DATE
101st Batt.	700238		11 Dec. 1915
97th "	" "		Feb. 23rd 1916.
212th "	" "		June 1st "
#1 independent Company			Jan. 20th 1917.
			17 OCT 1917

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.

For Attaching to Original and Triplicate A.P.

400.238 P- Woodery G 434 pm.
Next of kin changed from
TO

To:-

Mrs L Bruce
428 Gilbert St.

Danville
Ill.
U.S.A.

Authority R.L.30/C... f- 11-18 Clerks Initials JAC.....

CR. Rank

Name WOODERY, Gus. ✓

Reg'l No. 700238. ✓

Unit

If in perm. Corps,
What Unit?

Married or Single Single. ✓

No 1. Indep. Co to Man R. D.

Place and Date of Enlistment Winnipeg, Jan. 20th, 1917.

Place of Birth Terre Haute, Ind.,
U.S.A.

Name and Address, Next-of-Kin *M^{rs} Lula Woodery*
428 Gilbert Street Danville, Ill.
Terre Haute, Ind., U.S.A. ✓

Relationship Mother. ✓

Assigned Pay Monthly \$

Payable to

Relationship

Separation Allowance \$

Payable to

Relationship

Discharge, Date and Place

Reason

Character

H. W. & V., Ltd.—9546-16.

N/E. R. B. No. 19674
File R.L.
Category OR CAI

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.				
	C	Arrived in England		17-10-17	S/S Metagama
29.10.17	11 th Res	Taken on strength	16 APR 1918	17.10.17	Pt 40254
21.11.17	11 th Res	Can Hospital Etchingham		18.11.17	S.L.C 69 V D
8.4.18	—	S.O.S. for overseas to 16 th Res		7.4.18	MAK 83.
13.4.18	16 th Res	T.O.S. as per reg from 11 th Res	Field	8.4.18	35.
20.4.18	43 rd Res	T.O.S. on file from 16 th Res		13.4.18	39 + MA 57.20 18 16 th Res.
14.5.18	C.L. Man.	Wounded.		7.5.18	SLK A213. G.S.W.L. 2nd
18.5.18	Man: R.D.	T.O.S. from 43 rd Res	Leopard	13.5.18	138. MA 149. 20 5/11 43 rd Res
22.6.18	—	On Com d to 3 rd B.C.D.		19.6.18	173.
25.7.18	11 th Res Bn	T.O.S. from Man R.D. reassignment Com d to 5 th C.C.D.		25.7.18	174. MA 207 of 26/11 7 th R.D.

A.F.B. 103 CHECKED
21 OCT 1948

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.				
14.10.18	11 th Regt	SOS to 43 rd Bn @ HQ Pr Seaford		16-10-18	Pr II 2467 43 rd Bn Pr II ¹⁰³ 22/10/18
		13.2.19 43 rd Bn PROC, TO ENGLAND		10.2.19	D.O. 9
12.3.19	43 rd Bn	SOS on foot proceeding to Canada		12.3.19	Pr 2.18
		Sally bet 32. Dist. area M			

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

Casualty Form—Active Service.

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

250M.—1-16.
H. Q. 1772-30-020.

Unit, Regiment or Corps 212th Overseas Battalion C.E.F.

Regimental No. 700238

Rank Private

Name

Gus WOODERY

Enlisted (a) 11-12-15

11-12-15

Terms of Service (a)

C.E.F.

Service reckons from (a)

Dec. 11th 1915

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				

(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, Shoing Smith, etc., etc., also special qualifications in technical Corps duties.

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

War Service Badge
Class "A" No. 75636

THIS IS TO CERTIFY that No. 700208 (Rank) Private
Name (in full) WOODERY, Gus. enlisted in
the 101st. Overseas Battalion.
CANADIAN EXPEDITIONARY FORCE at Bladynes, Man. on the 11th.
day of December 19 18.
HE served in 43rd. Battalion, (C. H. of C.)
Demobilization R.O. 1420 (c)
and is now discharged from the service by reason of
Medical Unfitness.

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

Age	<u>26 years</u>	Marks or Scars	<u>scar between eyes.</u>
Height	<u>5'6"</u>		
Complexion	<u>fair</u>		
Eyes	<u>blue</u>		
Hair	<u>auburn</u>		

Date of Discharge _____
Signature of Soldier G. Woodery
Issuing Officer W. H. Sturtevant
Rank 1st Lieut
Date 24 March 19 19

Imperial Station "M"
MAR 24 1919
MILITARY DISTRICT

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.

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

War Service Badge

M. F. W. 54. (A. F. B. 103.)
350M.—5-16
H. Q. 1778-80-920.

Casualty Form—Active Service.

Unit, Regiment or Corps No. 1 Independent Co., C.E.F. to Man R.D.
 Regimental No. 700238 Rank Private Name Woodery, Gus
 Enlisted (a) Jan 20 17 Terms of Service (a) DoW Service reckons from (a) 20.1.17
 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) Military Scouts

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				

Embarked Halifax, N.S. R.M.S. Metagama Oct 21/1917					
Disembarked Liverpool, Eng. Oct 17 th 1917					
29 0-18	C.O. 11th T.O.S. 11th C.R.Bn.	Dibgate	17-10-17	11 Bn. O. 254	
8-18	" SOS on proceeding O/S to 16th Bn.	"	7-4-18		

CERTIFIED CORRECT.
 17 APR 1918
 CIV. REG. OFF. CANADA

83 WII
 Captain & Adjutant,
 11th (Res.) Battalion.

C. B. D.	ARRIVED C. B. D.	FRANCE	9-4-18	N. R. D.	
C. B. D.	LEFT C. B. D. FOR	CAN. CORPS REINF. CAMP		PART I ORDERS	No. 35 D. 1918
O. G. B.N.	ARRIVED	CAN. CORPS REINF. CAMP	12 3 218	N. R. D.	
13.4.18	Asst. Sol.	to 43rd Bn.	12.4.18	14.4.18	13.4.18
20.4.18	43 Bn	IOS			

(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.

700 338 Woodery G.

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				
14.4.18	43bn		left for 43bn	12.4.18	pr.
21.4.18	43bn		arr'd	13.4.18	18713
7.5.18	10 to 43bn		10 foot Lt. Adm to 33 lks	6.5.18	Y 171
5.5.18	33 lks		" " " Adm 32 lks	5.5.18	7
7.5.18	22 Gen		" " " to 10 A.T.	6.5.18	5
12.5.18	"		" " " "S" Adm	7.5.18	Y 171
"	Princess Elizabeth		" " " to Hosp Ship	12.5.18	Y 1570
"	"		" " " to Longford	"	W 3053/1381
"	"		& posted to M.R.S. Seaford	"	M 4 49/18
10.5.18	43bn		Wded to Hosp.	6.5.18	6413

W. O. W. Swiler - Lt. Col. for Lt.-Col., A. A. G. Canadian Section, G. H. O. 3rd Echelon; B. E. F.

18.5.18 Man R.D. Jon S. from 43rd Bn Seaford 13.5.18 O.C. II. 138.

L. G. Landy LIEUT.

DISCHARGED FROM 3RD C. C. D. TO 11TH Bn. FOR LT. COL. I/O RECORDS. C. C. M. F. BN. PART II D. O. NO. 227/1/18/18 For O.C. 3RD Canadian Convalescent Depot.

Sheet 2.

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

Casualty Form—Active Service.

M. F. W. 54, (A. F. B. 104.)
250M—1-16
H. Q. 1772-30-165

Unit, Regiment or Corps No. 1. Independent Coy. C. E. F. 6/188D

Regimental No. 700238 Rank Pte. Name Woodery. Gall
C. E. F.

Enlisted (a) 20-1-17 Terms of Service (a) 209w Service reckons from (a) 20-1-17

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				

22.6.18.		Com. 3. C.C.Ls.	Seaford.	19.6.18	Pt. II B.O. 173.
26.7.18.	M. R. D.	Leave Com 3 C.C.Ls. S.O.S. Post 11th Res Bn	"	25.7.18	207

CERTIFIED
22 OCT 1918
CAN. RECORDS

25-7-18	O.C. 11th TOS on posting from MRD	Seaford	25-7-18	Pt. 11. Bn. O. 174
5-10-18	On Com. to Sig. Sch. C & J 6	Seaford	4-10-18	235
9-10-18	off Com from Sig Bn. C & J 6	"	2-10-18	238
17-10-18	SOS on proceeding O/S to 43rd Bn.	"	16-10-18	245

J. M. Watts
LT. For ADJT.
11th RES BDN. (MAN.)

O. C. C. B. D. Landed in France. Taken on Nom. Roll of strength 43rd Cdn. Bn. 17.10.18 Pt. II D.O. 103
- do - Left for 20.10.18
O. C. 43rd Bn. Arrived do 23.10.18
23.10.18 do 29.10.18
2.11.18 43rd Bn. arrived 1899

(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. 38, 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. 38, or other official documents.
Date	From whom received				

O.C. Cdn. S.O.S. for demobilisation to C.F.C.
 Conc. Cmp.
 Havre

M R Depot Seaford
Proc to Eng 18.2.19

N/R.
 P 2.0/3. 9/10

Atkinson.
 Lieut. for Lt. Col A.A.G.
 Cdn. Sect. G.H.Q.

S.O.S. from O.M.F.B. to C.F.C.

and can Div A. 1-20-39.
Part II - 18

12 MAR 1919

Embarked, RMS BALTIC
 12 March 1919 Liverpool

12/3/19 T.O.S. Dispersal Station
711

and Dispersed *24/3/19* D.O.S. Pt 1

5/10/19 Lieut.
 for O.C. 10 District Det 2

CAPTAIN & ADMIRANT,
 No. 16 TRANS. ATLANTIC,
 CONDUCTING STAFF,
 O, E, F.

SURNAME

CHRISTIAN NAME OR NAMES

FORM D M S 1300

REG. NO.

WOODFERY.

G.

700238

RANK
Pte.

UNIT

(43)

TROOP

BATTY

Man. 11R.

HOSPITAL

Etchinghill. Mil.

DATE OF ADMISSION

18-11-17

22. G. Cameron.

7.5.18.

1. S. G. B. Lamb.

HOSP 12.5.18.

Granville Buxton

4.6.18

2.

HOSP

3.

HOSP

4.

HOSP

DIAGNOSIS V.D.G. Jue

1.

Y.S.W. L. Foot, R.S.

2.

3.

DISPOSITION

C.L. 22-11-17. C69(2)

" 31-1-18 C126 0

14.5.18 C213 2

15.5.18 B 214.

7.6.18 B 234 1

10.7.18 B 261 0

Dis. 23-1-18 DATE

REMARKS

Dis. 17.6.18.

A.M.D. 2 DEPT.

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

LIST NO.

HOSPITAL

DATE OF
ADMISSION

REMARKS

Phoebe
Com

Be U - Replace on Payment

R
R

W

Number *700238*

Rank *Pte*

Surname *WOODERY*

Christian Names *Gus*

Unit ~~*16th*~~ *no* ~~*Armed*~~ *Wheatre of War France*

43rd Ar Can Inf
Date of Service *7-4-18*

Remarks *Box 704. Prisoner Report B.C.*

24-2-44

Latest Address *Dunville*

Ill, U.S.A.

Roll No. *Page 3188*

NAME

RANK AND UNIT

NEXT OF KIN

DESP AUG 9 1923

REGT. No.

REGN. No 5179

*80/1/23
Batt. sent for re-emp of unit*

CABLE

No.

DATE

NATURE OF CASUALTY

DESP. FEB 24 1944
REGN No. 75

DESP. APR 20 1923

REGN. NO. 8202

No. 11314

RANK *Spr.*NAME *Woodrey G.**116197 Sept Paylist*

T. O. S.

UNIT *11th. Regt. C. M. R.**10/3/15**D. O. 12 of 27/3/15*M. D. *11.*

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
<i>1915</i> <i>Mar. 10</i>	<i>1915</i> <i>Mar. 31</i>	<i>✓</i>		
<i>April</i>		<i>✓</i>		
<i>May</i>		<i>✓</i>		
<i>June</i>		<i>✓</i>		
<i>July</i>		<i>✓</i>		
<i>Aug</i>		<i>✓</i>		
<i>Sept</i>		<i>✓</i>		
<i>Oct</i>		<i>✓</i>		
<i>Nov</i>		<i>✓</i>		
		<i>✓</i>	<i>Dischd (Misconduct) 30-11-15</i>	<i>DO 135 of 30-11-15</i>
			<i>Habitually Insubordinate.</i>	
			<i>as closed by payments</i>	

No 700238 RANK

Pte

NAME

Woodery Gus

T. O. S. 11-12-15 UNIT

101st Battalion

0011 13-12-15

M. D. 10

PAID FROM	PAID TO	SIG OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1915 Dec 11	1915 Dec 31	✓		
Jan 1916 Feb 1	Feb 8	✓	To be a/cap. 28-1-16	0023 28-1-16
		✓	Transf'd to 97th O. Ser. Am	0033 9-2-16

No 700 283. RANK A/Corpl.
 700238 Apr. Paylist.

NAME Woodery G.

T.O.S. *Transfd. from 101 Bn.* UNIT 97 Battalion C. C.F.
9-2-16 (No. 52 of 12-2-16)

M. D. 2.

PAID FROM	PAID TO	SIG OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916. Feb. 9.	1916. Feb. 29.	✓	<i>Miscellaneous on 97 Bn. Paylist</i>	<i>50.58 of 12-2-16.</i>
	Mar.	✓	<i>From: A/Corpl. 12-2-16.</i>	<i>50.53 of 14-2-16.</i>
	Apr.	✓	<i>Prom. Sgt. 23-2-16.</i>	<i>50.68 of 23-2-16.</i>
			<i>Reverted to ranks. 8-3-16.</i>	<i>50 102 of 9-4-16.</i>
			<i>Transfd. to 212th Bn. 1-5-16.</i>	<i>50 119 of 30-4-16.</i>
May 1.	May 1.	O.S.

No. 700238

RANK

Plt.

NAME

Woodery J.

T. O. S.

UNIT

212th Battalion C. E. F.Trans. 7. 97th Bn. 5/5/16
2.0617 6/5/16

M. D.

10

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916 May 1	1916 May 31	✓		
June 1	June 30	✓	Confirmed Sgt- 1/5/16	Do 92 of 13/6/16
	July	✓		
	Aug	✓		
Sept. 1	Sept. 15	n.	Reverts to Ranks 4/8/16 Trans to 97 th Bn 15/9/16	Do 230 of 17/9/16 Do 231 of 15/9/16

NAME. Woodery, G.

RANK. Trooper.

REC. FILE.

No. 116197.

CORPS. "A" Squad. 11th Regt.

B. Q. FILE

16-1-25-11

ENLISTMENT. PLACE. Vancouver,

DATE. 20-3-15.

~~Discharge of strength~~
DISCHARGE. PLACE. Victoria, B.C.

DATE. 30-11-15.

REASON. Misconduct.

ADDRESS ON DISCHARGE.

DOCUMENTS.

Doc on file

cannot find
20-7-18
g.t.



DI.

HOSPITAL.

AT _____

A. & D. No. T 1769 PL. OF ACTION 700 238

RANK Pfc UNIT 43 Cans SICK OR WOUNDED _____

NAME Woodsey G. AGE 27 RELIGION Pl.

PLACE IN HOSPITAL B.

DIAGNOSIS gsw Lt foot

ADMITTED 3/6/18 FROM 1st South Gen Birmingham

DISCHARGED 17 JUN 1918 TO 3rd c. c. d. Seaford

TRANSFERRED _____

SERVICE AT HOME 30/12 IN FIELD 6/12

RESULTS _____

15 days

(See Document Card for M.H. Sheet and other Documents.)

(P.T.O.)

Reg. No. 700238 Name Woodery G

Rank Sgt Corps 212th Age - Service

Ledger No. Serial No.

HOSPITALS

DATE

DIAGNOSIS

St. Boniface Winnipeg	21. 12. 16	Varicocele
Dis unit	16. 1. 17	

Name WOODERY Rank Pte

Reg. No. 700238

Unit ~~1st Res.~~ 42nd. G. M. R. D.

Next of Kin U.S.A.

ET

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1917						
18-11	banff. Etchingham		1st G.	C.69		6348
25-1	Discharged					
25-1	Discharged			B.126		2787
1918.						
7-5	22nd. Hamers.	Edg.	4-2-18 ♀			
12-5	1st G. Edgerton	B'ham	do	412/24/34	194/9	17955
4-6	Camp of Burton		do	B.254		1971
17-6	Dis		do	B.261	16/7/19	5819

NAME

Woodery Gus

REGT'L No.

700238.

H. Q. FILE No. 649.

RANK AND CORPS

Plt #3rd in 11th Regt. form Independent-

FOLLOWS

No.

Coy Draft-

FOLLOWS

CABLE

NO.

DATE

NATURE OF CASUALTY

K of 12
69MTC

27 8-18

Mrs Lulu ^{Brisco} Woodery (Mother)
212 Franklin St - Danville Ill
~~Terre Haute, Ind~~ U.S.A.3-2
#134

15-6-18

Adm 22 Gen A. Camiers May 7th 1918
G.S.O. L 7002-1

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
C. 69 ²	Can. Etching Hill Lyings	17 18-11-17	U. D. G.
C/26-1	" " Discharged	25-1-18	U. D. G.
A 213-2	22 Gln Carriers	4-5-18	G. S. W. L. Foot. (Man. Regt)
B 214	1 st Southern Gen Birmingham	12-5-18	" "
B 234	Granville spec Buxton	4-6-18	" "
B 261	Discharged	17-6-18	" "

MARRIED SINGLE WIDOWER

TRADE OR CALLING

Baker

RELIGION

Yes Roman Catholic

DESCRIPTION.

APPARENT AGE

26

YEARS

9

MONTHS

HEIGHT

5'

FEET

8

INCHES

CHEST MEASUREMENT

35"

INCHES

EXPANSION

3 1/2

INCHES

COMPLEXION

Fair

EYES

Blue

HAIR

Auburn

DISTINGUISHING MARKS

Nil

MEDICAL EXAMINATION. PLACE

DATE

Present Address, Winnipeg, Man.

SURNAME.

Woodery

CHRISTIAN NAMES

Gus

REG. NO.

706238

RANK

Sergt.

UNIT

101st. Pz. 212th

FORMER CORPS

C.M.R.S. (1 yr. 3 mos.)

CARD NO.

FOLL.

Bn.

NEXT OF KIN.

NAMES IN FULL

Woodery Mrs. Julia

RELATIONSHIP TO SOLDIER

Mother.

ADDRESS

Terre Haute, Ind. U.S.A.

CHANGE OF ADDRESS

COUNTRY OF BIRTH

U.S.A. Terre Haute Ind.

DATE

May 26th 1892.

PLACE OF ATTESTATION

Winnipeg, Man.

DATE

Dec. 10th 1915.

Trans. from Dist. to 97th Bn. 526th Aubn. 212th M.A. 23/8/16

L. L. 91501. M. & D. 6512.

M. F. W. 22. 29M. -2.16. H. Q. 1772-30-33A.

MARRIED SINGLE WIDOWER
 TRADE OR CALLING Baker RELIGION Methodist
 APPARENT AGE 26 YEARS 3 MONTHS
 HEIGHT 5 FEET 8 INCHES
 CHEST MEASUREMENT 37 INCHES EXPANSION 4 INCHES
 COMPLEXION Fair EYES Gray Blue HAIR Auburn
 DISTINGUISHING MARKS Not Stated

MEDICAL EXAMINATION PLACE Winnipeg Man. DATE Dec. 11th 1915.

Present Address - Winnipeg Man.

SURNAME. *Woods* (649-w-6046)

CHRISTIAN NAMES *Gus*

REGL. No. 700238

UNIT No 1 Independent Coy (Draft)

FORMER CORPS 101st Bn (3mas) 197th Bn (3mas) 212nd Bn (6mas)

NAMES IN FULL *Brisco* NEXT OF KIN

~~Woods~~ Mrs. Lula

RELATIONSHIP TO SOLDIER

Address *Less at St. Danville, Ind. U.S.A.*

~~Franklin~~

Order 57-21-38-1. 22-11-18

COUNTRY OF BIRTH *U.S.A. Terre Haute, Ind.* DATE *May 26th 1890*

PLACE OF ATTESTATION *Winnipeg, Man* DATE *Jan. 20th 1917*
9/6/10/14 938 *R/C 20-3-19 286 Pto.*

L. L. 1047. M. & D. 7253.

M. F. W. 22. 100M.-11-16. H. Q. 17 2-3-39.

WARD NO. *M. 10*
 S.O.S. Dis. 24-3-19 10
 FOLL. *Winnipeg*
 D.O. 879 28-3-19 108.D.

Date of Enlistment *Not given*

MILITIA AND DEFENCE

W13383

Date of Assignment

Separation and Assigned Pay Branch

1st Dec 18

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

<i>15</i>			
-----------	--	--	--

125 W 5

PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

No. _____
 Rank _____ Promoted _____ Reverted _____ Discharge _____
 Soldier's Name _____
 Battalion *101 Btr*
 Beneficiary _____
 Relationship _____
 Address _____

Name _____
 Address _____
 Change of Address
 1 MRS. LULA BRISCO,
 212 FRANKLIN ST.,
 2 DANVILLE, ILL. U.S.A. 15 15.00
 3 % 700238 PTE GEO. WOODERY
 4 FIFTEEN DOLLARS

Date	Cheque No.	Amount S/A	Amount A/P	Total
<i>1918 Dec</i>	<i>Z102592</i>	<i>-</i>	<i>15</i>	<i>15</i>
<i>Jan</i>	<i>Z115985</i>		<i>15</i>	<i>15</i>
<i>Feb</i>	<i>Z12886</i>		<i>15</i>	<i>15</i>
<i>Mar.</i>	<i>Z141525</i>		<i>15</i>	<i>15</i>
			<i>60</i>	<i>60</i>

F. 19714. G. 12 MK. 101
 REMARKS
27-12-18 mailed L.P.A.C.O. 12404 to adjust 4P Dec 18 18M 20/18

A/c Closed 31-3-19
Ret'd per B. Attie
Date 20-2-19 to 7-11-17 26-3-19
Clerk W. M. Phillips
M.O. 10. M.P. 0 56967 OK 26-19 RW

M. F. W. 128.
 FORM 515-1772 30-11-11
 L. L. 2230-M. & D. 1002

2/11/18 9.18
Shatts
24. 13. 18

ASSIGNED PAY: EFFECTIVE DATE: 11/2/18 AMOUNT: 15.00
 NAME, ADDRESS, RELATIONSHIP & AUTHORITY: Mr. & Mrs. Julia Driver, 212. Hamilton St., Danville, Ill. U. of A.
 NAME: WOODERY Gus
 NUMBER: 700238
 PARTICULARS OF RANK OR APPOINTMENT: Private
 DATE EFFECTIVE: 1-5-18
 DATE OF APPOINTMENT: 1-6-18
 ORIGINAL UNIT: #18 Rad Co Draft
 DATE ACCOUNT FIRST OPENED: 1-10-17
 AUTHORITY: MRD
 UNIT AND TRANSFERS: MRD
 AUTHORITY: MRD

MONTH	CR 1	CR 2	PARTICULARS	CR 1	CR 2	DR 1	DR 2	DR 3	DR 4	BALANCE	DEFERRED	DEFERRED
1918												
March			3400							78.53	10.00	
April			373							107.66	105.00	
May			2893							126.59	120.00	
June			4.96							131.55	125.00	
July										159.60	150.00	
Aug										174.64	165.00	
Sept										187.78	180.00	
Oct										196.65	195.00	
Nov										206.66	200.00	
Dec										217.43	210.00	

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS: UNIT PAID BY: AMOUNT: 3400, 373, 2893, 4.96
 PARTICULARS OF RENDING NON-EFFECTIVE: 1.9, 2.19, 3.19, 4.19, 5.19, 6.19, 7.19, 8.19, 9.19, 10.19, 11.19, 12.19, 1.20, 2.20, 3.20, 4.20, 5.20, 6.20, 7.20, 8.20, 9.20, 10.20, 11.20, 12.20

402

700238 Pto

Woodyery Gu.

DATE	PAY			FIELD ALLOWANCE			WORKING SPECIAL PAY			OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS				OTHER CHARGES	
	NO. OF DATE	RATE	AMOUNT	NO. OF DATE	RATE	AMOUNT	NO. OF DATE	RATE	AMOUNT			ASSIGNED PAY CREDITS	CASH PAYMENTS				
	NO. OF DATE	RATE	AMOUNT	NO. OF DATE	RATE	AMOUNT	NO. OF DATE	RATE	AMOUNT	NO. OF DATE	NO. OF DATE	NO. OF DATE	NO. OF DATE	NO. OF DATE	NO. OF DATE	NO. OF DATE	
	MONTH PARTICULARS			CR 1			CR 2			PARTICULARS				DR.			
Feb.				30	80		AR 1869	11 Res.	30-11-18	4	87		9271	60 ⁵⁰			
				30	80				12-2-18	7	30		111	34	75 ⁵⁰		
Mar.				31	10						9	73					
							DMAR 225	Edgingwood	15-11-18	1	22						
							AR 2537	11 Res.	14-3-18	2	43						
									25-3-18	3	63						
				34	10						6	91					
													78	53	90 ⁵⁰		

