

ORIGINAL
ATTESTATION PAPER

No. 440895
Folio. _____

CANADIAN OVER-SEAS EXPEDITIONARY FORCE

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS)

1. What is your name? Arthur Gilding
2. In what Town, Township, or Parish, and in what Country were you born? Bosseford, Notts. England.
3. What is the name of your next-of-kin? Father. Daniel Gilding.
4. What is the address of your next-of-kin? Albert Street. Bosseford Notts.
5. What is the date of your birth? March 14th 1892.
6. What is your trade or calling? Butcher.
7. Are you married? no.
8. Are you willing to be vaccinated or re-vaccinated? Yes.
9. Do you now belong to the Active Militia? no.
10. Have you ever served in any Military Force? no.
If so, state particulars of former Service.
11. Do you understand the nature and terms of your engagement? Yes.
12. Are you willing to be attested to serve in the CANADIAN OVER-SEAS EXPEDITIONARY FORCE? Yes.

Arthur Gilding (Signature of Man.)
E. Moor (Signature of Witness.)

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Arthur Gilding, 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.

Date May 12th 1915 Arthur Gilding (Signature of Recruit.)
E. Moor (Signature of Witness.)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Arthur Gilding, 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 May 12th 1915 Arthur Gilding (Signature of Recruit.)
E. Moor (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 Swell this 10th day of June 1915.

[Signature] (Signature of Justice.)

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

(Approving Officer.)

DESCRIPTION OF Arthur Gilding ON ENLISTMENT.

Apparent Age 23 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. 6 ins.

Chest measurement { Girth when fully expanded 37 ins.
 Range of expansion 2 ins.

Complexion Fair

Eyes Blue

Hair Fair

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

ML

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 17 1915.

Place Vancouver

W. James Major R.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

Arthur Gilding 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.

John D. ... (Signature of Officer.)

Date 7 July 1915

MB

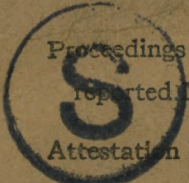
BP. 27. 9. 18.

8

DISCHARGE DOCUMENTS

R. O. No.....

H. O. No.....



Proceedings of Court of Inquiry or on men reported Missing on Active Service.....

Attestation Papers.....

Declaration of change of name.....

Authority for special enlistments.....

Documents of re-enlisted men.....

Regimental Conduct Sheet.....

Compulsory Stoppages.....

Casualty Forms.....

Proceedings on discharge.....

Corps History Sheet.....

Date and No. of Deposit Receipt for Purchase Money and Amount.....

Parchment Certificate.....

Medical Report for Invalids.....

Medical History Sheet.....

Proceedings of Regt. Court Martial.....

Copies of Convictions by Civil Power.....

Company Conduct Sheet.....

Clothing Transfer Certificate.....

Inventory of Kit.....

Last Pay Certificate.....

Name

GILDING, ARTHUR

Regt. No.

440345

Rank

Cpl.

Corps

53rd Bn. I.C.M.

11313

Died of wounds 13. 9. 16.



15-15
20-15
28-16

W.S.

M.X.
3/3/20
m.e.l.

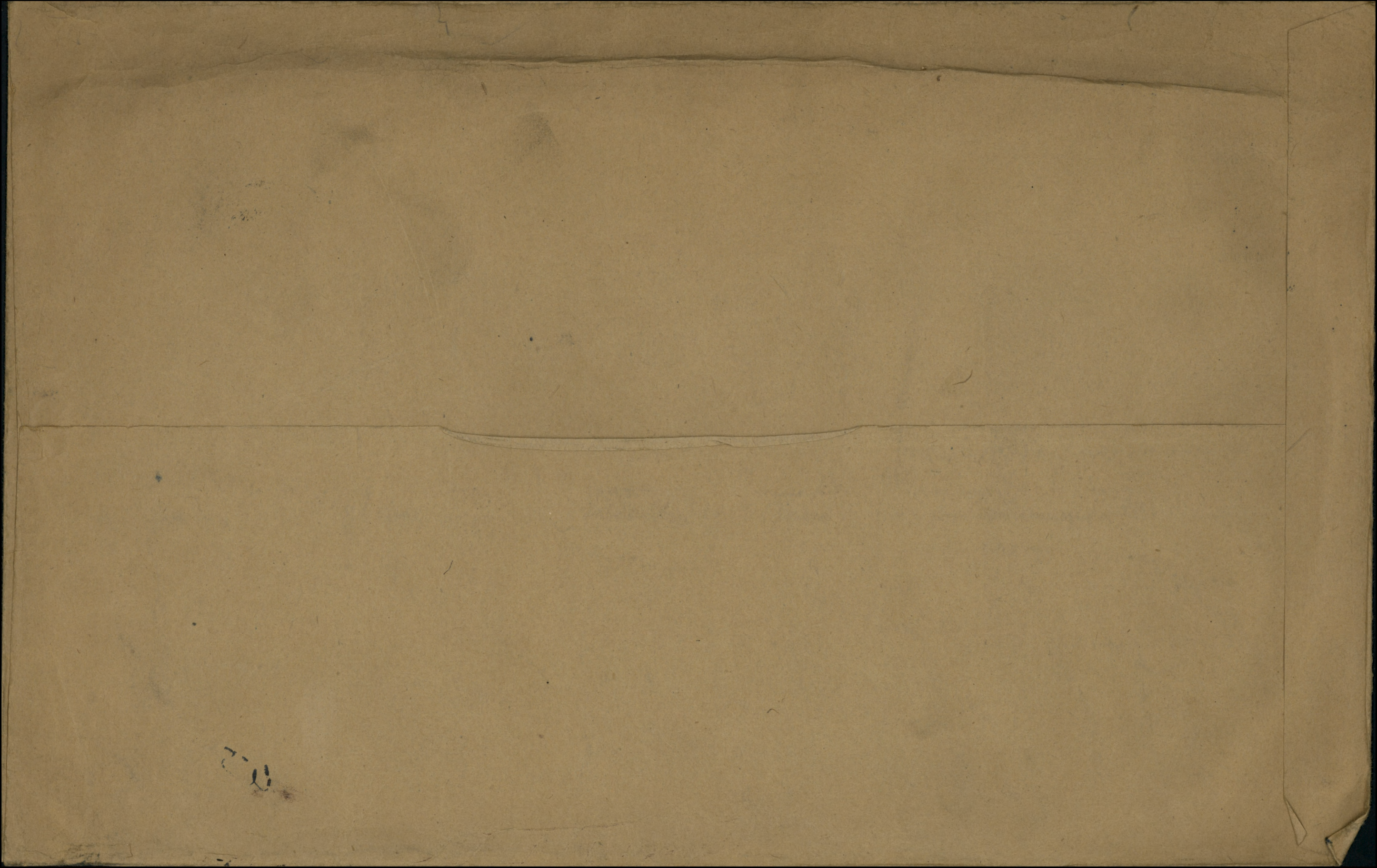
9. 2. 18 178-1

R 122-1

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form of will

wide aug



FORM OF WILL.

I, Private. Arthur. Gilding (Name in full)

Regimental Number 440345 serving in 32nd Reg. 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

[Handwritten scribble] Name & Address of person or persons to whom it is to go.

absolutely, and my personal estate I bequeath to

Mr. Daniel Gilding
Albert Street.
Bottesford, Nottingham, England. Name & Address of person or persons to receive personal estate* (see note).

In Witness whereof I have hereunto set my hand this Sixth day of November A.D. 1915.

Arthur Gilding Signature.

* 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.

Name of Witness *A. C. Proob*
Address of Witness *10 Gerton Place, Folkestone*
Occupation of Witness *Accountant*
Name of Witness *A. Gerald Sayer*
Address of Witness *6, West Cliff Gardens, Folkestone*
Occupation of Witness *Club in Holy Orders*

49

FORM OF WILL

I, _____ of the County of _____ State of _____ do hereby certify that _____ of the County of _____ State of _____ is the true and correct copy of the original of the _____ of _____ of the County of _____ State of _____ as the same appears from the records of the _____ of the County of _____ State of _____

Witness my hand and seal this _____ day of _____ 19____

Attest my hand and seal this _____ day of _____ 19____

Notary Public in and for the State of _____ My Commission Expires _____

Rank _____ Name **GILDING Arthur** Em. ✓ R-122
 Unit **53rd to 32nd BN.** If in perm. Corps, }
 What Unit? } Reg'l No. **440345**
 Married or Single **Single.**
 Place and Date of Enlistment **Sewell 12th May. 1915** Place of Birth **Bottesford. Notts. Eng.**
 Name and Address, Next-of-Kin **Daniel Gilding,** **Albert Street,**
Bottesford, Notts. Eng. Relationship **Father**

Assigned Pay Monthly \$ _____ Payable to _____
 Relationship **Died of Wounds**

Separation Allowance \$ _____ Payable to _____
 Relationship _____
 Discharge, Date and Place _____ Reason **H** Character **D.W.**
 Place _____

13-9-16
N/E P. 9-4
File P.L.
Categ. **D.W.**

Report		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Reason H Place	Date	REMARKS Taken from Official Documents
Date	From whom received				
13-9-15		Arrived in England.	S'cliffe	13-9-15	
9-11-15	1032	Shipped by draft to 8 Bn Pors		9-11-15	Part II 293
20-11-15	O.C. 8 Bn	Taken on strength 8 Bn.	Field.	10-11-15	Part II 38.
14-8-16	"	App't Lance Corporal	"	13-8-16	Part II 32.
- do -	"	Promoted Corporal	"	15-7-16	- do -
21-9-16	O.C. 8 Bn	Died of Wounds.	No 3. Casualty Clearing Station	13-9-16	Off. 1465. also Part II 14. 8:15. 4/15-16.

16

NAME *Gilding Arthur*

H. Q. FILE No. 649-

REGT'L. No. *440345-*

RANK AND CORPS

Cpl. 8th Brn. (form 5-3rd)

CABLE

NATURE OF CASUALTY

NO.

DATE

01075

19-9-16

Died of wounds. No 3. Cas. Cl. Station, Sept.

A 7B. 2690A

Rouen 20-9-16

13th / 16 ✓

(France or Belgium.)

a

LIST No.

HOSPITAL

DATE OF
ADMISSION

REMARKS

9465-

Head of wounds
no 3 bas b. stat.

13-9-16

Inv

Number

440345

Rank

04B

Ham
Surname

GILDING

Christian Name

Arthur

Units

8th Bn CAN Theatre of War

France

Date of Service

9-11-15

Remarks

Latest Address

(7) Daniel Gilding,
Albert St,

Roll No.

Botterford, Nottingham

200m.-2-21

.M.

B. Page 13470, Eng

Next of kin.....

Address on leave.....

Address on discharge.....

Transportation issued Yes No Date..... Character on discharge.....

Previous occupation..... Date and place of enlistment.....

Diagnosis..... Date of Medical Boards.....

Date	Remarks

REGN. NO. 61115414
JUL 27 1922
DESP

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

649-214349
D
440.345. A-40345
Batt. S.

NAME *Gilding. Arthur.*

RANK & No. *Pte*

CORPS *53rd. (2. R. W.)*

ENLISTMENT, PLACE *Sewell,*

FORMER CORPS *nil.*

COUNTRY OF BIRTH *England. Battersford, Notts.,*

NEXT OF KIN *Gilding. Daniel. (Father.)*

ADDRESS OF NEXT OF KIN *Albert St. Battersford,
Notts., Eng.*

DISCHARGE, PLACE

DATE *June 10th 1915.*

o/s. 4-9-15 $\frac{185}{2}$

REMARKS:

11


11

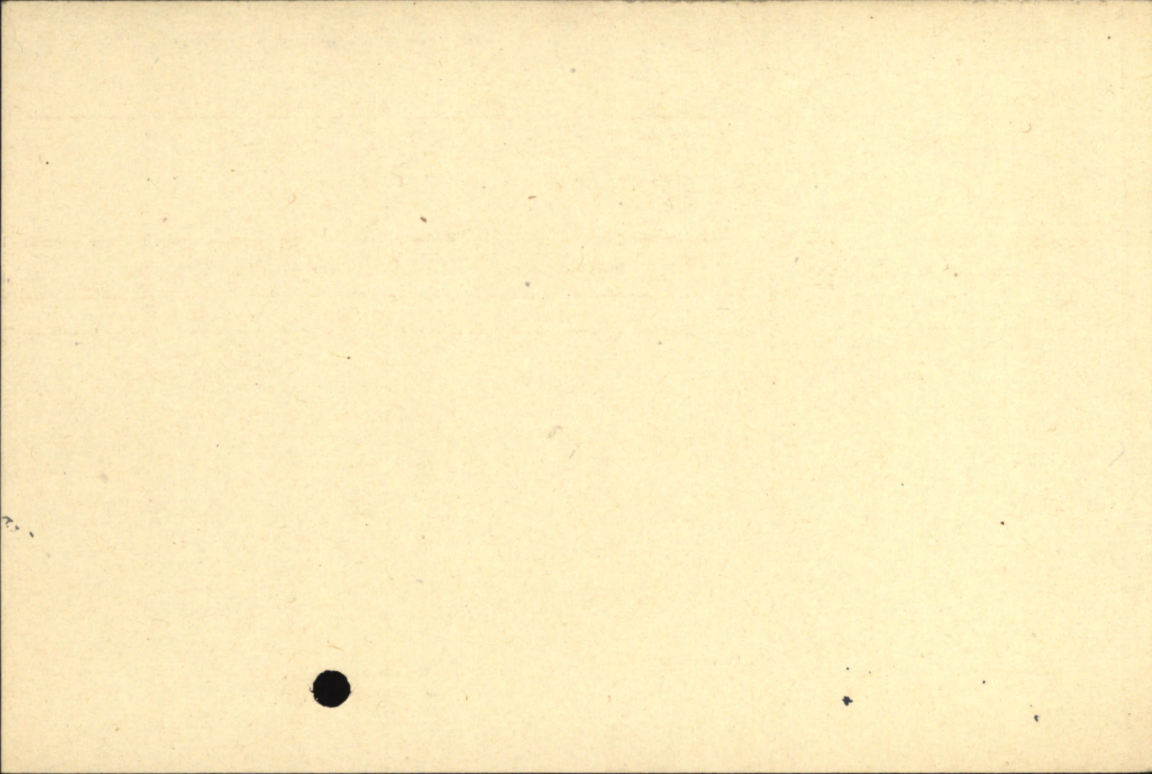
No. 40345

RANK *Plt*NAME *Silding A*T. O. S. *12-5-15*
20. O. *332 "A" 31-5-15* UNIT *53rd* *Battalion C. C. F.*M. D. *10*

			PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
PAID FROM	PAID TO	SIG. OR REC'T	PARTICULARS	AUTHORITY
<i>1915</i> <i>May 12</i>	<i>1915</i> <i>May 31</i>	<i>✓</i>		
	<i>June</i>	<i>✓</i>		
	<i>July</i>	<i>✓</i>		
	<i>Aug</i>	<i>✓</i>		

UNIT SAILED


 MAR 29 1916



649-G-4349

GILDING Corp. A. No. 440345

Arthur
Elig. for 1914-15 Star. Pte.

8th Bn.

HaQ.

MEDALS Father, Daniel Gilding,
Albert St.,
Bottesford,
Nottingham, England.

Decorations.

P. & S. Father, as above

Serial No 793721

C. of S. Mother, Mrs. Mary J. Gilding,
as above

Scroll Disp. 2 3 1922 Reqn. No 2.30928

Disp APP 2 4 1920 **JUL 14 1922** 65986 P42371

mal.

05

M

2
3
4

Surname

Christian Name or Names

Reg. No.

Gilding

A.

440345
Troop Batty.

Rank

Unit

Co.

Cpl.
Hospital

8th Bn

Date of Admission

Transferred #3 Cas Reg Str

Hosp.

Hosp.

Hosp.

Hosp.

Diagnosis

(1)
Later Diagnosis (if changed)

(2)

(3)

Additional Diagnosis: if more than one state present

Died of Wounds 13.9.16

DISPOSITION

Date

cl. 21.9.16 #a/H65

REMARKS

A.M.D. 2 Dept.

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

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.

2.

3.

4.

5.

6.

7.

Casualty Form—Active Service.

CERTIFIED CORRECT
 Canadian Record Office
 Westminster Tower,
 7, Millbank, S.W.

Regiment or Corps 53rd Battalion C E FRegimental No. 440345 Rank Private Name Gilding A

Enlisted (a) _____ Terms of Service (a) _____ Service reckons from (a) _____

Date of promotion to } _____ Date of appointment } _____ Numerical position on } _____
 present rank } to lance rank } 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				
SEP 14 1915		Transferred to 32nd Reserve Battalion C.E.F.			
NOV 10 1915		Proceeded on draft to 8th Battalion C.E.F.			Lieut. Asst. Adj. for O.C. 32nd Res. Battalion, CANADIAN EXPEDITIONARY FORCE.
20/11/15	X GBD	Reinforcement for 8th Btn arrived in France.	CBD	10/11/15.	Part II Orders No.38.
20/11/15	8th Bn.	Joined unit	Filed	14/11/15	B213
29-4-16	8th Bn	To Gas. school.	Filed	26-4-16	B213
6-5-16	"	Rejoined unit	Filed	1-5-16	B213.
4-8-16	"	Appointed Lance-Cpl.	Filed	13-4-16	K.1. 97-211. Pt. 2. Orders. 32 d/4/16
15-7-16	"	Promoted Corporal.	Filed	15-7-16	B213. Pt. 2. Ord. 32 d/11-8-16
17-9-16	oc. 3665	G.S.W. Died of Wds.	3665	13-9-16.	at. File G.R. 6. 99/813 P.I.D. 44 d/25/16 at. G. File. 8098. d/20/9/16. Buried Military Cemetery, Puchevillers. Rev. Knayrett. C.F.

(a) In the case of a man who has re-engaged for, or enlisted into Section D. Army Reserve, particulars of such re-engagement or enlistment 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				

*copy for
Laird Col. R.A.C.
Canadian Section*

A 40345

ORIGINAL MEDICAL HISTORY SHEET.

Surname Gilding Christian Name Arthur

Examined { on 17 day of May 1915
at Paskeaton
Birthplace { City or Town Bottesford
County North. Eng.

Approved by A Lawther
Rank Capt. Amb. M.O.

Apparent age 23 yrs 3 mos.
Trade or occupation Butcher
Height 5 Feet 6 Inches.
Weight 145 Lbs.
Chest measurement { Minimum 38.5 inches
Maximum expansion 2 inches
Physical development Normal
Small-Pox Marks

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

Vaccination Marks { Arm Right Left
Number
When Vaccinated last
(a) Marks indicating congenital peculiarities or previous disease

Date	Result	VACCINATIONS.
		M.O.
		M.O.
		M.O.

(b) Slight defects but not sufficient to cause rejection

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>26th May</u>	<u>+</u>	<u>A.</u> M.O.
<u>3th June</u>	<u>+</u>	<u>ah</u> M.O.
<u>27 June</u>	<u>+</u>	<u>A.</u> M.O.

Enlisted on 12th day of May 1915 at Paskeaton

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>53rd Battn.</u>	<u>A 40345</u>	<u>Temperal.</u>	<u>12th May 1915</u>
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.

CASUALTIES, PROMOTIONS, & C.

MARRIED OR SINGLE *S.*
 PLACE OF BIRTH *Bottesford, Notts, Eng.*
 NAME AND ADDRESS OF NEXT OF KIN *Daniel Gilding*
Bottesford, Notts, Eng.
 RELATIONSHIP OF NEXT OF KIN *Father.*

PARTICULARS	EFFECTIVE DATE	AUTHORITY
<i>Appointed Lt/Corp</i>	<i>13-4-16</i>	<i>BD 32. 14/</i>
<i>Promoted Cpl.</i>	<i>15-7-16</i>	<i>Bo 32 15</i>
<i>Died of Wounds</i>	<i>13.9.16</i>	<i>Ch. A. 46 21.9.16</i>

NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF KIN

SEPARATION ALLOWANCE MONTHLY \$

EFFECTIVE (DATE)

PAYABLE TO

RELATIONSHIP OF DEPENDANT

ADMISSIONS TO HOSPITAL. & C.

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

DATE	PAY		FIELD ALLOWANCE		WORKING OR SPECIAL PAY		ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS							
	NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE				AMOUNT		1		2		3	
			\$	C.						\$	C.	NO.	DATE	NO.	DATE	NO.	DATE
<i>Apr 30</i>	<i>30</i>	<i>1-</i>	<i>30</i>	-	<i>30</i>	<i>10</i>	<i>3</i>	-	<i>219 30</i>								
<i>May 31</i>	<i>31</i>	<i>1.</i>	<i>31</i>		<i>31</i>	<i>10</i>	<i>3 10</i>		<i>33 - 1/22 5/4 1154 25/4</i>								
<i>June 30</i>	<i>30</i>	<i>1</i>	<i>30</i>		<i>30</i>		<i>3</i>		<i>34 10 1235 5/16 1266 19/7/16</i>								
<i>July 31</i>	<i>31</i>	<i>1</i>	<i>31</i>		<i>31</i>		<i>3 10</i>		<i>33 1315 7/16</i>								
<i>Aug 31</i>	<i>31</i>	<i>1⁰</i>	<i>3410</i>		<i>31</i>		<i>3 10</i>		<i>3410 13/63 18-6-16 1408 7.7.16</i>								
<i>Sept 13</i>	<i>13</i>	<i>1⁰</i>	<i>1430</i>		<i>13</i>		<i>1 30</i>		<i>85 4385 1483 3/8</i>								
									<i>1560 1591 2/9</i>								
									<i>412 65</i>								
									<i>87 87</i>								

N. E. B. Massey
Apr 17

Sch 5-29
 Cash found in effects *87*

MOTIONS, &c.

EFFECTIVE DATE	AUTHORITY
13.4.16	BO 32. 14/8/16
15.7.16	BO 32 15.7.16
13.9.16	Cl. A. 465 21.9.16

REG'L No. 440345 RANK Cpl NAME Gilding, Arthur AUTHORITY GRA H65 21.9.16

IF IN PERM. CORPS } UNIT 8th Batta TRANSFERRED TO Now Eff DATE 14.9.16 AUTHORITY

PERMANENT FORCE ALLOWANCES TRANSFERRED TO DATE AUTHORITY

PLACE OF ATTESTATION Sewell TRANSFERRED TO DATE AUTHORITY

DATE OF ATTESTATION May 12th 1916 TRANSFERRED TO DATE AUTHORITY

ASSIGNED PAY MONTHLY \$ nil DATE EFFECTIVE

PAYABLE TO 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) 14.9.16

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)



HOSPITAL, &c.

NAME OF HOSPITAL

ACQUITTANCE ROLLS

CASH PAYMENTS				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
2	3	4	1				2	3			
No.	DATE	No.	DATE	No.	DATE						
1184	2/7/16							9626	123041		
1266	19/7/16	344	7/8					522	115082		
1315	7/16							1971	116521		App L. b/p. 13/4/16 BO 32. 14/8/16
1408	7.7.16	386	10.7.16					256	19565		Pro b/p. 15/7/16 BO 32 14/8/16
1553	17/8							255	261	973	5.50 Wpa act/b. 13/4/16 BO 32 14/8/16
								436	524		85/100 Crpl pay from 11/7 - 31/7.
								436			Trans to H.C. 14.9.16
								155	22		GRA H65 21/9/16
								259	43		Diad of Wounds. 13/9/16 GRA H65 21.9.16
								258	30		Cl. 8yo. Crpl. Sch. 529 2.11.16
								258	30		GRA H65 - no full 23.11.16

25830

Pub Trans N.E. Branch

25830

Statement of APR 10 1917 Account rendered

S/S

