H.a.m. 26.8.16

DUPLICATE

ATTESTATION PAPER.

126TH OVERSEAS BATTALION

No. 775488

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

1. What is your name? Albert Godbehere
2. In what Town, Township or Parish, and in what Country were you born? Sheffield, England.
3. What is the name of your next-of-kin? Emma ~~Xxxxxxx~~ Dungworth (Mother)
4. What is the address of your next-of-kin? Greenhill Sheffield.
5. What is the date of your birth? 25th September 1896
6. What is your Trade or Calling? Farmer
7. Are you married? No
8. Are you willing to be vaccinated or re-vaccinated? Yes
9. Do you now belong to the Active Militia? No
10. Have you ever served in any Military Force? No
    If so, state particulars of former Service.
11. Do you understand the nature and terms of your engagement? Yes
12. Are you willing to be attested to serve in the CANADIAN OVER-SEAS EXPEDITIONARY FORCE? Yes

Albert Godbehere (Signature of Man).

a.m. Irwin (Signature of Witness).

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Albert Godbehere, 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.

Albert Godbehere (Signature of Recruit)

Date January 4th 1916 a.m. Irwin (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Albert Godbehere, 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.

Albert Godbehere (Signature of Recruit)

Date January 4th 1916. a.m. Irwin (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 Brampton this 4th day of January 1916

J. J. Hamilton (Signature of Justice)

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

J. J. Hamilton (Approving Officer)

M. F. W. 23.
200 M.—5 15.
H. Q. 1772-89-841.

For O. C. 126th, O.S.Peel Battn, C.E.F.

Description of Albert Godbeher on Enlistment.

Apparent Age 19 years 4 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5 ft. 4½ ins.

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

Complexion Medium

Eyes Blue

Hair Fair.

Religious denominations:
- Church of England
- Presbyterian
- Wesleyan x
- 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).

None

CERTIFICATE OF MEDICAL EXAMINATION.

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

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

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

Date January 4th 1916

Place Brampton, Ontario.

D. S. McKay
Capt.
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.

Albert Godbehere 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.

J. J. Hamilton (Signature of Officer)

Date January 4th 1916.

O. C. 126th O.S.Peel Battn, C.E.F.

REGIMENTAL DOCUMENTS

NAME GODBEHERE ALBERT M.M. REGT. NO. 775488 UNIT 126th Bn. 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)					DEATH
2	CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category
	TRAINING HISTORY SHEET (M.F.W. 113)					
1	FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
	REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)					
	COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					
	MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)				15432	DISCHARGE
	DENTAL HISTORY SHEET (M.F.B. 465)					Category
	MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					Med. Unfit
	MEDICAL EXAMINATION (M.F.W. 129)					
	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)	Deceased 3.1.59				
	DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)					DESERTION
1	LAST PAY CERTIFICATE (M.F.W. 44)					
1	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	Isc 132					4-17
1	m 7 W 192					19-18
1	[illegible]					34-19
1	[illegible]					2
1	[illegible]					
1	[illegible]					
1	[illegible]					-2-
1	[illegible]					
1	[illegible]					

Bol 40552le

W. 2519

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 775488 (Rank) Pte.

Name (in full) GODBEHERE, ALBERT (MILITARY MEDAL) enlisted in

the 126th Bn

CANADIAN EXPEDITIONARY FORCE at Brampton on the 4th

day of January 19 16.

HE served in England and France

and is now discharged from the service by reason of Medically Unfit

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

Age 22 yrs. 5 mos.

Height 5' 4"

Complexion Medium

Eyes Blue

Hair Fair

Marks or Scars

Vacc. Marks..... L. Arm

A. Godbehere Albert
Signature of Soldier

Issuing Officer

Rank

O.C. No. 2 District Depot.
Appointment

Date of Discharge Mch 3, 1919

Signed at Toronto this 3rd day of March 19 19

in Military District No.

File Reference No.

No. 2
MAR 3 1919
DISTRICT DEPOT

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.
250m.—6-18.
H. Q. 1772-39-882.

G.R.

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

Uniform is not to be worn after expiration of one month from date of discharge, except by special permission of G. O. C. district.

R—122

J.M.

Rank Pte. Name GODBEHERE, Albert. Reg'l No. 775488

Unit 126th Bn. If in perm. Corps, What Unit? Married or Single Single.

Place and Date of Enlistment Brampton. 4th Jan 1916. Place of Birth Sheffield, England.

Name and Address, Next-of-Kin Emma Dungworth.

Cropthorne, Greenhill, Sheffield. Relationship Mother.

Assigned Pay Monthly $ Payable to

Relationship

Separation Allowance $ Payable to

Relationship

Discharge, Date and Place Reason Character

N/E. R.B. No. 6217 / 6981

File R.L.

Category CAN.OR

H. W. & V., Ld.—7165-16.

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 in England S.S. Empress Of Britain 24th. AUG. 1916					
14.10.16	126th Bn	S.O.S. on Trans. to 116th Bn	Bramshott	15.10.16	Part II, D.O. # 38
25-10-16	O.C. 116th.	T.O.S. from 126th. Bn.	B'shott.	15*10*16	Pt. 2 D.O 276
29.11.16	O.C. 116th Bn.	S.O.S. overseas to 18th Bn.	Witley	28.11.16	Pt II D.O. 311.
18.12.16	18th	Taken on strength.	Field	29.11.16	" " 57.
24.3.17	"	adm. 5th ban Dn amb	"	5.3.17	C.La 465 I.C.T. & R.H.U.
28.3.17	"	Rejoined unit	"	13.3.17	" 468
23.11.17	W.O.R.	no 11 ban Fld amb.	"	15.11.17	" 71 appendicitis ch.
24.11.17	—"—	no 55 Gen. Hosp	Boulogne	16.11.17	" 72 —"—
27.11.17	—"—	no 25 Gen Hosp	Hardelot	19.11.17	" 74 —"—

A.F.B. 103 CHECKED 4 DEC. 1916

WJR.

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.
17.12.17	18th Bn	Awarded Military Medal	Field Pte		Pt = 92
20.12.17	W.O.R.	1st Birmingham War Hsp	Redhal Birmingham	16.12.17	C.L.B. 94
24.12.17	W.O.R.D.	Evac (S) Posted from 18th Bn	B'shott Pte	16.12.17	Pt = 248 18th Bn. 98 31/12 WOR D Pt. DO. 66 19.3.17
20.3.18	2nd C.C.D.	attach	– –	15.3.18	Pt DO. 67.
10.5.18	4 Res.	T.O.S from W.O.R.D.	Witley "	10.5.18	" 111 } WORD Pt DO
11.5.18	2nd C.C.D.	Cases attached	B'Shott	10.5.18	" 112 } 113 & 13.5.18
11.6.18	4 Res.	To be Hpl with pay	Witley Pte	11.6.18	DO 137.
23.11.18	"	Reverts to P.4 of Pte	" 4/6	23.11.18	" 278.
9-1-19	"	Repld. from A.H.L. 2130	" Pte	7-1-19	" 7
15.1.19	"	award 15 days. FPN No 2 9.1.19 for AWOL forfeits 30 days pay	" "	9.1.19	" 12
8.2.19	"	S.O.S. to C.E.F. Canada	" "	29.1.19	" 33.

A-305

Ref. No. N.R. 8

35408

MILITIA AND DEFENCE

ASSIGNED PAY.

To whom Mrs.H.E.Dungworth,

Address Green Hill,
Crop Thorne,
Sheffield. Eng.

Rate $20.00

Date to Commence Aug.Ist; 1916.

By whom assigned Godbehere,A

Regtl. No. 775488

Rank Private

Corps, &c. 126th Battalion

PAYMENTS.

Month.	Year.	Cheque No.	Amt.	Pay Sheet Deduction.	REMARKS.
Jan.	1916				
Feb.					
Mar.					
April					
May					
June					
July					
Aug.					
Sept		{164947}	40		
Oct.		193754	20		
Nov.	80	234283	20		
Dec.		274283	20		
Jan.	1917	316813	20		
Feb.		357786	20		
Mar.		403644	20		
April			160		A.P. checked & found correct 31.3.17. A.H. Lackman Capt. 18th Bn.
May					
June					
July					
Aug.					

ASSIGNED PAY.

By whom assigned Godbehere, a.

Regtl. No. 775488. Pte 126th Bn

Month.	Year.	Cheque No.	Amount.	Pay Sheet.	REMARKS.
Sept.	1917				
Oct.					
Nov.					
Dec.					
Jan.	1918				
Feb.					
March					
April					
May					
June					
July					
Aug.					
Sept.					
Oct.					
Nov.					
Dec.					
Jan.	1919				
Feb.					
March					

List 1455 B

To Whom Mrs H. E. Dungworth
Cropthorne
Green Hill.
Sheffield

Name GODBEHERE A.
No 775488
Rank L/Cpl
Unit 126 Bde W.O.R.

ASSIGNED PAY AND SEPARATION ALLOWANCE BEING PAID IN ENGLAND UNTIL ADVICE FROM OTTAWA OF DISCHARGE OF SOLDIER NAMED HEREIN.

Noted on R. P. 6

	ASSIGNED PAY	SEPARATION ALLOWANCE
Rate	20	
Date Effective	1.1.19	

Month 1919	Cheque No	ASSIGNED PAY	SEPARATION ALLOWANCE
Jan.	E95464	20 -	
Feby.	F52830	20 -	
March.	G. 32663	20	

Stop disch 31. 3. 19
auth cable 14.19. 14/3/1919

DISCHARGED TO CANADA.
4 Res NR 3 30/11/18

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

M. F. W. 54.
150M. 10-15.
H.Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps 126th Overseas Bn.

Regimental No. 775488 Rank Pte Name Godbehere, Albert.
C. E. F.

Enlisted (a) 4th Jan. 1916 Terms of Service (a) War and 6 months Service reckons from (a) 4th Jan. 1916.

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) Farmer

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 Canada	Halifax N.S.	14/8/16	
	O.C. 12 Ca	Disembarked England	Liverpool	24/8/16	
	Transfd to	116TH OVERSEAS BATTALION C.E.F.	Bramshott	15-10-16	D.O. 38 Part 2 - 14-10-16
	O.C. 116 Ca	Taken on strength.	Bramshott	15/10/16	Lt. Colonel O.C. 116th O.S. "Pres" Regt. C. E. F.
	O.C. 116 Ca	TRANSFERRED FOR OVERSEAS SERVICE WITH 18 BN. Capt. & Adjt. FOR O.C. 116TH BN.		NOV 28 1916	D.O. 276 25/10/16 D.O. #311.
29-11-16	Can Base Depot	Arr from 116 Can Res Bn England & taken on strength of 18 Can Bn.	Can Base Depot	29.11.16	Non Roll Pt II Ord 57 d-18.12.16
9-12-16	18 BN	Joined unit	In the Fld	3.12.16	B.213
10-3-17	18th Bn.	To Field Ambulance.		6-3-17	B.213.
do	5 C.F.A.	I.C.T. heel R., + P.U.O. Adm. 5 C.F.A.		5-3-17	A36. DCS. 275, 20/3/17.
17-3-17	18th Bn.	Rejoined from Fld. Ambulance		13-3-17	B.213. DCS. 276, 23/3/17.

CERTIFIED CORRECT. 25/10/16 29/11/16 CAN. RECORDS LONDON.

(a) In the case of a man who has re-engaged for, or enlisted into Section D. Army Reserve, particulars of such re-engagement or enlistment will be entered.
(b) e.g. Signaller, Shoeing Smith, etc., etc., also special qualifications in technical Corps duties.

OVER

[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				
16-11-17	11 C.F.A.	Chron. Appendicitis. Trans. to C.C.S.		15-11-17	A.36. (Ext. B. 6735)
do	55 Gen.	Appendicitis Adm.	No. 55 Gen.	16-11-17	W.3034 (Ext. B. 7547)
19-11-17	do	do Trans. to	No. 25 Gen.	19-11-17	do (Ext. B. 8918)
19-11-17	26 Gen.	Appendicitis (M) Adm.	26 Gen.	19-11-17	W.3034 (Ext. B. 8201)
2-11-17	London Gazette.	Awarded the Military Medal for bravery in the Field.			London Gazette No. 30364, d/2.11.17, page 11347. Pt. II Brd. 92, 17/12/17.
15-12-17	25 Gen.	Appendicitis. Trans. to England		15-12-17	W.3034. (Ext. C. 2108)
do	A.T. Jan Broydel	Appendicitis Adm. Posted to Western Ont. Regt. Depot, Bramshott.	A.T. Jan Broydel	15-12-17	W.3083 (Can. Sect. No. 4602) Pt. II Brd. 98, 31/12/17.
			J.W. Logan	Major Canadian	for Lt.-Col., A.A.G. Section. G.H.Q. 3rd Echelon B.E.F.
24.12.17. WT R.A.M.	WORD	Cancl'd Posted from 18th Bn	Bshott. Pte	16.12.17	Pt. II No. 248.
					A.P. Charters LIEUT. FOR LT. COL. I/C RECORDS, C.O.M.F.
20.3.18	2nd C.C.D	Attached to 2nd C.C.D	Bramshott	15-3-18	Pt. II No. 67.

Sheet #2

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

M. F. W. 54.
150M. 10-15.
H.Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps 18th Battalion C. E. F.

Regimental No. 775488 Rank Pte. Name Godbehere—Albert

Enlisted (a) 4-1-16 Terms of Service (a) Dofw. Service reckons from (a) 4-1-16

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) Farmer

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				
1 MAY 1918	OC. 2ndCCD	Ceases to be attached to 2nd C. C. D. on return to 4th Res. Bn.	B Shott	10 MAY 1918	Pt. 2 D. O. No. 112 D Simon Lieut. for OC. 2nd CCD.
10-5-18	O/C 4th Res Bn	T.O.S. 4th Res Battn on posting from WORD.	Witley	10-5-18	Part 2 Order No 111
11-6-18	do	Appointed L/Cpl, with pay	Witley	11-6-18	Part 2 order No 137
24-11-18	do	Reverts to permanent grade (private)	Witley	30-11-18	Pt 2. D.O. # 278
13-1-19	do	On Command Kimmel Park pending despatch to Canada.	Witley	13-1-19	Pt. 2 Do. No. 10

by Power for LIEUT. & ASST. ADJT.
FOR O. C. 4TH CANADIAN RESERVE BATTALION.

(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				
		Attached C.C.C. Kinmel Park for return to Canada. Part II Orders No._____. Ceases to be attached C,C,C. Kinmel Park on embarking for Canada, Part II Order No:_____		13 JAN 1919	
		Commanding_____Wing, Kinmel Park Camp,			
29,1.19		Sailed from Liverpool			
JAN 29 1919	O.S.	T.O.S. No. 2 DISTRICT DEPOT, TORONTO		1919	PART II D. O. 42
3/3/19		S.O.S. (Discharged) No. 2 District Depot Part II, D.O. No. 59			

W P Sully
CAPT.
ADJUTANT H.M.T. Baltic

Lieut.
For O. C. No. 2 District Dep.

O. C. Discharge Sections,
No. 2 District Depot

DEPARTMENT OF MILITIA AND DEFENCE.

WAR SERVICE GRATUITY.

DISCHARGED

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 albert. 2. Surname Godbehere.

3. Rank Pte. 4. Original Unit 176th Batt. 5. Reg. No. 775488

6. Address, in full, to which future payments of gratuity are to be forwarded c/o. A. McCabe. R. R. #4. Lottonhaw Ont.

7. Date of enlistment in the C.E.F. Jan 4th 1916

8. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge —

9. Relationship of such dependent not applic

10. Address, in full, of such dependent

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:—
Aug. 1916 — Jan 30. 1919
176th Battn.

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
no

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 3 years & months
176th Batt. — 116th Batt.
18th Batt.
4-1-16 to 3-3-19 — 3 Years - 1 Month

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? .....

24. Are you now serving in the C.E.F.? ..... No ..... If not, give:—(a) Date of discharge ..... 3-3-19 ..... (b) Reason for discharge ..... Medically Unfit .....

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 ..... Nov. 1916 — Dec. 17. 1919 ..... 18th Batt. .....

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: A Godbehere / C/o Anson McCabe

Place of Residence: R.R. 4 Tottenham, Ont.

Declared before me at: Toronto

This FEB 25 1919 day of 19....

Signature of Barrister of the Supreme Court Stipendiary Magistrate, Notary Public, Justice of the Peace, or Commissioner for the Administration of Oaths. [illegible]

POST DISCHARGE PAY.

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

Certified Correct.

District Paymaster.

ORIGINAL.

ORIGINAL

MEDICAL HISTORY SHEET.

Surname Godbehere *Christian Name* Albert

Examined on 4th day of January 1916 at Brampton

Birthplace City or Town Sheffield County England

Apparent age 19

Trade or occupation Farmer

Height 5 Feet 4¾ Inches.

Weight 135 Lbs.

Chest measurement Minimum 31 inches. Maximum expansion 34 inches.

Physical development good

Small-Pox Marks none

Vaccination Marks Arm Right XXX Left. Number

When Vaccinated last 1898

(a) Marks indicating congenital peculiarities or previous disease none

none

(b) Slight defects but not sufficient to cause rejection

None

Approved by [signature]

Rank Capt M.O.

Date	Fit or Unfit	Examined for Re-engagement,	
5.3.18	D.	G. Leary	M.O.
10/5/18	Q	2nd Bde. F X Boucher Capt.	M.O.
			M.O.
			M.O.
			M.O.
			M.O.
			M.O.

DEC 1917

Date	Result	Vaccinations.	
27.3.16	+	[signature]	M.O.
			M.O.
			M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.	
16.3.16	+		M.O.
26.3.16	+	[signature]	M.O.
13.4.16	+		M.O.
June 1917	X	Rt. 26.4.18	

Enlisted on 4th day of January 1916 at Brampton.

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	126th Battn.	775488		
Transferred to	116TH OVERSEAS BATTALION C.E.F.			
	18th Bn. 4th Reserve Battn.			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.
Ex Camp Borden	26/2/19	Peritonial adhesions	Bn [illegible]

CANADIAN

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.

150M.—8-15.
H. Q. 1772-39-439.

Surname Godleker Christian Name Albert

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital. Day	Month	Year	Dates of 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.
1st Birmingham War Hospital.		16.	12.	17	12	1	18	Appendicitis	28.	Operation on Nov 22/17 Good. To M.C.H.	J. T. Affleck 1/4/18
Manor War Hosp: Epsom		12	1.	18	21 JAN 1918			Appendicitis		Operated on Nov 22/17 healed — Fit for Hrd duty	B. H. Hawke Capt RAMC
M.C.H. Epsom		21	1	18	15 MAR 1918			Do	54	Op Operation wound perfect. Generalized pain in abdomen. Bowels regular. P.T. here. Fit for D I	G. Kiag Capt RAMC

DUPLICATE

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 126th O. S. Peel Battn, C. E. F.

(2) Regimental Number 775488

(3) Full Name of Soldier Albert Godbehere

(4) Place of Birth Sheffield England.

(5) Are you married, or not? Single.

(6) If married, state,
(a) Full name of your wife no

(b) Present Postal Address

(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.

300M.—5-16.
1772-39-954.

(SEE OTHER SIDE.)

Green Hill Sheffield Eng

(9) Is your Father alive? (Step-father) Harry Dungworth, Cropthorne

If so, state name and address

(10) Is your Mother alive? yes

If so, state name and address Emma Dungworth,
Cropthorne, Green Hill, Sheffield, Eng.

(11) If your Mother is a widow no

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.

no

(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.

no

(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.

F J Hamilton
Officer Commanding.

Date JUL 31 1916

C.A.D.C. 5009 A

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

DENTAL CERTIFICATE FOR DEMOBILIZATION MD2

Canadian Printing and Stationery Services, London

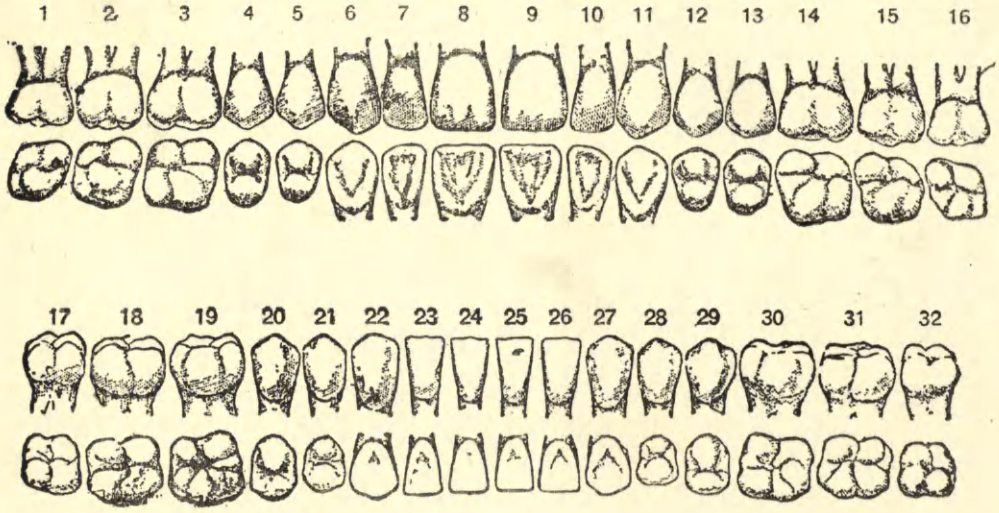
DIRECTIONS TO DENTAL OFFICERS

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 thereon will be stated.

NAME OF SOLDIER (Block Letters) GODBEHERE A

REGIMENT 18TH BN RANK PTE No. 775488

Date of Examination in England 14/1/19 | Date of Examination in France



PRESENT DENTAL REQUIREMENTS

1. FILLINGS 7/.
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 No

(*c*) In France

Signature of Dental Officer Wm Auclair Capt

No. 775488 RANK Pte. NAME Godbehere, A.

T. O. S. 4-1-16.
(D.O. 4 of 5-1-16)

UNIT 126th Reel Battalion, C.E.F.

M. D. 2

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916	1916.			
Jan 4	Jan 31	✓		
Feb.		✓		
Mar.		✓		
Apr		✓		
May		✓		
June		✓		
July				
Aug		✓		

UNIT SAILED
AUG 14 1916

R. 149.

Name GODBEHERE, Albert *Rank* Pte. *Reg. No.* 775488

Unit 18th Bn.

Next of Kin Mrs. Emma Dungworth, Cropthorne, Greenhill, Sheffield

Date 1917	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
5-3	5 C.F.A.	I.C.T.	Heel & P.U.O.	A465		
13-3	Rejoined Unit		-do-	A468		

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

Name. Godbehere. A. Military Medal.

Rank. Pte. 775488. Date. 2-11-17.

Unit. Can. Infy. Auth. L.G. #30364.

Gom

FORM R. 149.
7106—250m—7/2/17.

Name GODBEHERE Rank Pte Reg. No. 775488

Unit 18th Bn

Next of Kin Emma Dungworth, Cropthorne Greenhill Sheffield.

Date 1917		Movement	Place	Casualty	List No	Notified N/K O.		W.O. List
15-11		11 C.F.A		APPENDICITIS, CHR	971			8476
16-11		55 G.H. BOULOGNE		Do	172			16420
19-11		25 G.H. HARDELOT		Do	274			16507
16-12		1ST B/HAM W.H. REDNAL, B/HAM		Do	B/H			8628
13-1-18		MANOR (C of E) W.H. EPSOM		Do	B120			10930
22-1-18		C.C.H. EPSOM		Do	B122			11122
15.3.		Discharged.		do	B176			3847
								W.F

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

2

CARD No. ✓

SURNAME. Godbehere. (M.M. L.G. 43036)

CHRISTIAN NAMES Albert.

REGL. No. 775488. RANK Pte.

UNIT 126th. Bn.

FORMER CORPS Nil.

S.O. Sdlis. M.U. 3-3-19

FOLL. W.O. 590 of 28-2-19 ÷ 2 Dl

NEXT OF KIN.

NAMES IN FULL Dungworth, Mrs. Emma

RELATIONSHIP TO SOLDIER Mother.

ADDRESS Greenhill. Sheffield. Eng.

CHANGE OF ADDRESS

COUNTRY OF BIRTH England. Sheffield. DATE Sept. 25th. 1896

PLACE OF ATTESTATION Bramptton Ont. DATE Jan. 4th. 1916.

O/S. 14-8-16 $\frac{509}{7}$

R/C 5-2-19 $\frac{262}{32}$ - 2 Pte.

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

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

Military Medal for bravery in the field R.O. Turner. 9-11-17

MARRIED SINGLE yes. WIDOWER

TRADE OR CALLING Farmer. RELIGION Wesleyan.

DESCRIPTION.

APPARENT AGE 19 YEARS 4 MONTHS

HEIGHT 5 FEET 4 3/4 INCHES

CHEST MEASUREMENT Not stated INCHES EXPANSION —— INCHES

COMPLEXION Medium EYES Blue HAIR Fair.

DISTINGUISHING MARKS Nil.

MEDICAL EXAMINATION. PLACE Brampton Ont. DATE Jan. 4th. 1916.

Present address: Not stated

Deceased January 3rd, 1959.

re Emma

Number 775488 Rank L/Cpl

Surname GOODBEHERE

Christian Name Albert

Units 18th Bn Can Inf Theatre of War France

Date of Service 28-11-16.

Remarks 21 Montrose Ave. Toronto Ont.

Latest Address ~~c/o A. McCabe, R.R. No 4, Jordan, Ont.~~ Mrs Joy Bramlee 51 Meighen Ave Toronto Ont.

~~Stly~~ Cpl

Roll No. 93 Page 1778

MAR 26 1982

200m.-2-21...

11/12/18

Bay: 405526

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

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

Form DMS 1401
8289 100M 9/3/17.

Convalescent Hospital
Woodcote Park, Epsom.

HOSPITAL

A. & D. CARD

AT

A. & D. No. 11418. PL. OF ACTION

RANK 275488 Pte. UNIT 18 Can. Bn. SICK OR WOUNDED

NAME Godbehere A. AGE 21 RELIGION Meth.

PLACE IN HOSPITAL

DIAGNOSIS appendictory

ADMITTED 21 JAN 1918 FROM Manor War

DISCHARGED D.I. 15-3-18 TO 2.C.C.D. Bramshott

TRANSFERRED

SERVICE ~~AT HOME~~ 2 yrs. IN FIELD 1 yr.

RESULTS

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

(P.T.O.)

REMARKS.

22-1-18.
wound is perfect complains of generalized pains in abdomen. Bowels are regular. Ds a little below par. Heart and are negative. F.L. Duty

5-3-18. Ds.

S Geary Capt

REGT'L No 775488

NAME Godbehere a.

H. Q. FILE No. 649-

RANK AND CORPS Pte. 18th Bn.

FOLLOWS

No.

FOLLOWS

CABLE		NATURE OF CASUALTY
No.	DATE	

L. L. 12767—M. & D. 7390.

M. F. W. 42—50M.—12-16.
H. Q. 1772-39-893.

LIST No	HOSPITAL	DATE OF ADMISSION	REMARKS
A 465	No 5 Can. Fld. Amb.	5-3-17	D.C.I. R. Heel & P.U.O.
A 468	Rep. from Base (Rejoined unit)	13-3-17	" " " " " " " " "
A 72.	55 Gen. Boulogne	16-11-17	Appendicitis
A 710	No. 11 Can. Fld. Amb.	15-11-17	Appendicitis Ch. (FOR) (18-12-17)
A 740	No. 25 Gen. Hardelot.	19-11-17	" " (" " ")
B 94	1st. Birmingham War, Redwal Birmingham	16-12-17	Appendicitis Ch. (West Cont Reg)
B 122	Mil. Conv. Wdcote Pk. Epsom	22-1-18	Appendicitis Chr.
B. 128	Manor Co. of Lon. War Epsom	13-1-18	" " "
B 170	ex Mil. Conv. Epsom	15-3-18	Appendicitis (disch)

L

*Name GODBEHERE Albert Rank Pte. Regtl. No. 775488

Fyle Depot 24-GO-163

Original unit Present unit 126th Bn. M. or S. Age 21 Religion Wes. Ref. H.Q.

Port, ship and date of arrival Halifax Baltic 6-2-19

Next of kin Mother Mrs. Emma Dungworth Greenhill Sheffield.

Address on leave Same

Address on discharge c/o A. McCabe. R.R. #4 Tottendam, Ont.

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

Previous occupation Farmer Date and place of enlistment Brampton, Jan. 4-16

Diagnosis Appendicitis. Date of Medical Boards 26-2-19.

Date.	Remarks.	Pt. 2 Order No.
TOS 29-1-19 Posted to Cas Co Ex Camp 6-2-19		
	leave with subs from 9-2-19 to 23-2-19	42.
3-3-19	sos DISCHARGED "MED. UNFIT" entitled to 183 dyas WSG	59

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

(over)

Date	Remarks	Pt. 2 Order No.

M. F. W. 192
150m.—5-18
1772-39-1243

D.M.S. 1300.

Surname	Christian Name or Names	Reg. No.
Godbehere	A.	775488

Rank	Unit	Co.	Troop	Batty.
Pte	18th Batt.	W. Ont.		

Hospital — Date of Admission

Transferred 5 Can. Fld. Amb. Hosp. 5-3-17
11 Can. Fld. Amb. Hosp. 15-11-17
No 58 Gen. Hosp. Boulogne Hosp. 16-11-17
25 " " Hardelot Hosp. 19-11-17

Diagnosis G. C. J. R. Heel = PUO

(1) Later Diagnosis (if changed) Appendicitis ch.

(2)

(3)

Additional Diagnosis: if more than one state present

DISPOSITION R.T.B. Dy Med. 12. 3. 17. Date
hlis. 15. 3. 18.

A465

C.L. 24-3-17

REMARKS

28. 3. 17 A468
24-11-17 @71-1
26-11-17 A72-2
28-11-17 A74-1
21.12.17 B94
23-1-18 B120-1.
25-1-18. B122.
22. 3. 18 B170.

EPITOME OF HOSPITAL TREATMENT.

	Hospital	Adm.
1.	1st Birmingham War. Redhill.	16.12.17
	Manor C. of London War, Epsom,	13-1-18
2.	Mil Convl. –	22.1.18
3.		
4.		
5.		
6.		
7.		

C.A.D.C. 5009 A

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

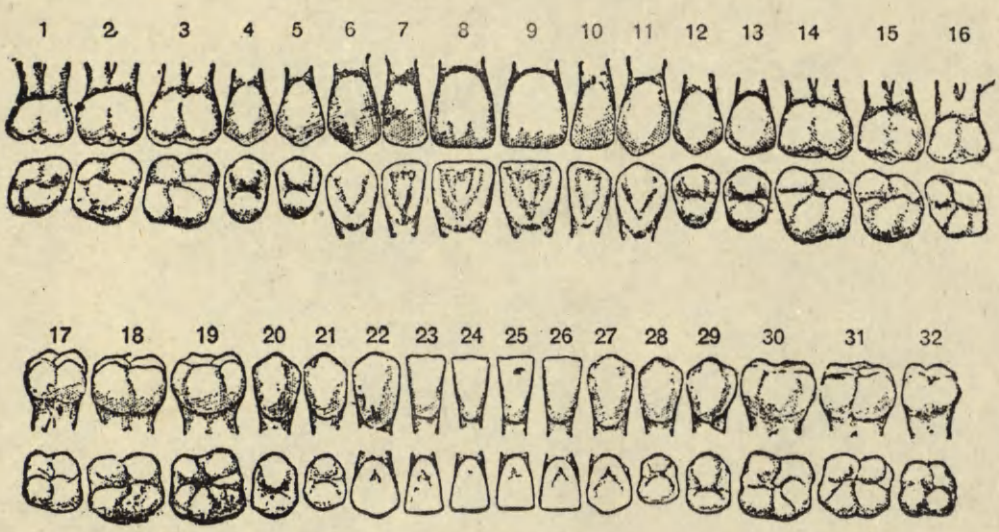
DIRECTIONS TO DENTAL OFFICERS

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 thereon will be stated.

NAME OF SOLDIER (Block Letters) GOBEHEAR. A.

REGIMENT 18 Bn RANK Pte No. 775488

Date of Examination in England 29-11-18 Date of Examination in France



PRESENT DENTAL REQUIREMENTS

1. FILLINGS 31
2. EXTRACTIONS nil
3. CROWNS nil
4. DENTURES
   - (a) Full Upper
   - (b) Part Upper
   - (c) Full Lower
   - (d) Part Lower

   nil

HAS HE EVER REFUSED DENTAL TREATMENT? no

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 S. H. Ross Capt

Canadian Form 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: PTE. Name: ALBERT Surname: GODBEHERE

Unit or Corps: 18th Bn. (If a soldier) Regtl. No. 775478

Born at: SHEFFIELD, ENG. on, date: SEPT. 25-1896

Signature (for identification): A Godbehere

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

1. PHYSIQUE—Any deformity, maiming or lameness? If so, describe.

Weight 140 lbs. Height 5 ft. 4 in.

Good

appendectomy scar
no disability

2. NUTRITION AND DIATHESIS? good

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? neg

4. RESPIRATORY SYSTEM? neg

5. HEART? neg

Abnormal Sounds? no

Abnormal Size? no

Pulse Rate? 60 Intermittence or irregularity? no

6. ARTERIES.—Any hardening? neg

7. DIGESTIVE SYSTEM? neg

8. GENITO-URINARY SYSTEM? neg

Urinalysis—S.G.? 1020 Reaction? alk Albumen? nil Sugar? nil

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

V. R.E. 6/6 Ears & Hearing
V. L.E. 6/6 normal

V Palmer
Capt. C.A.M.C.

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: Witley Signed: McAbell captain M.O.

Date: 29-11-18 Signed: W. O. Rogers Capt. 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.

Canadian Form 6 R.C.A.M.C.

Medical Examination upon leaving the Service

of an Officer in the general service or a Soldier fit for duty.

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

Name _____ Rank _____

Unit or Corps _____ (If a soldier) Regt. No. _____

Born _____ Date _____

Signature of Medical Officer _____

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

1. PHYSIQUE.—Any deformity, malformation or impairment of function.

Weight _____

Height _____

Chest _____

Expansion _____

2. NUTRITION AND DISTENSION:

3. NERVOUS SYSTEM:

After searching inquiry and thorough examination is any evidence found of disease or impairment of the parts indicated?

4. RESPIRATORY SYSTEM:

5. HEART:

Abnormal sounds _____

Abnormal size _____

Pulse _____ Irregularities or irregularity? _____

6. ARTERIES.—Any hardening _____

7. DIGESTIVE SYSTEM:

8. URINARY-GENITAL SYSTEM:

Urine: Quantity _____ Specific gravity _____ Albumen _____ Sugar _____

9. SKIN, MUCOUS CAVITIES:

10. Is there any evidence of:

Impairment of hearing _____

Impairment of sight _____

Physical condition _____

Mental condition _____

Habits _____

11. Opinion as to fitness for general and regular duty _____

Signature of Medical Officer _____

Rank _____ Date _____

Signature of Medical Officer _____

Rank _____ Date _____

NOTE. If any impairment of health or physical condition is discovered, this report should be sent at once to the Officer Commanding the Unit or Corps to which the Officer or Soldier is found by a Medical Board for regular boarding.

ORIGINAL

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

CANADIAN EXPEDITIONARY FORCE.

LAST PAY CERTIFICATE

Regimental No. 775488 Rank Cpl Name Goddchere A
(Surname first)

Unit ..... who was* Med Unfit

On ..... 191....., to .....

*Insert "discharged" or "transferred."

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

	Dr.		Cr.	
Bal. Dr. or Cr. from prev. month	73	14		
Regimental Pay ..... days at $ 1 c. 10			3	30
Field Allowance ..... days at $ ..... c.				
Separation Allowance				
Clothing Allowance			35	—
Post Discharge Pay			10	—
*Other Credits				
Advances				
Separation Allowance and Assigned Pay Cheque No.				
*Other Charges				
	20	—		
Balance on transfer or on discharge, cheque No. 129067	95	16	30	—
Total	188	30	188	30

*Give particulars. DB 30

A monthly stoppage of $ 20.00 (†) has ceased (‡) been paid on account of

Assigned Pay for the month of Nov 191.....
and Separation Allce. for month of .....191.....
(to) Assignee Mrs A R Dugworth

(Address) Corp Thorne Greenhill Sheffield Eng

(†) 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 S

(2) Separation Allowance, entitled or not ..... (3) Reason for discharge Med unfit

(4) Authority for discharge or transfer D W G

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 MAR 1 - 1919

Place TORONTO, ONT.

A. R. Keene
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.

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.	

Married or Single: Single

Place of Birth: Sheffield England

Name and Address of Next of Kin: Mrs H. E. Dungworth
Green Hill, Crop Thorne, Sheffield England

Relationship of Next of Kin: Mother

Name and Address of Next of Kin

Relationship of Next of Kin

Separation Allowance Monthly $ Effective (Date)

Payable to

Relationship of Dependant

A.P. checked found Correct 31. 3. 17
A.H. Macfarlane P Sergt

Casualties, Promotions, &c.

Particulars	Effective Date	Authority
Awarded the M.M. for bravery in the field L.G. 30364 d/2.11.17.		B.O. 92. 17.12.17

Admissions to Hospital, &c.

Date Admitted	Date Discharged	V. or A.	Name of Hospital

Reg'l. No. 775488 Rank Pte Name Godbehere, Albert

If in Perm't. Corps What Unit Unit 126th

Permanent Force Allowances

Place of Attestation Brampton, Ont. Can.

Date of Attestation 4-1-16

Transferred to	Date	Authority
116 Bn.	15.10.16	P.M. 038
18 Bn.	1.1.17	B.O. 311 29.11.16
Wond.	1-2-18.	248. 24/12/17

Assigned Pay Monthly $ 20 xx Date Effective AUG 1 - 1916

Payable to Mrs H. E. Dungworth, ~~Green Hill, Crop Thorn~~ Crop Thorne, ~~Greenhill~~ Sheffield Eng Relationship Mother.

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)

Checked W.H.L. Ward

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.	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
														9 10	9 10																9 10				A/P. is payable by A/P. Bd for Aug 1. to deduction for same is made in Aug. B.P/7 Jan
Sept	30	1.00	30 00		30	10	3	00							33 00	9	1/9	51 98	15 30/9					9 73	2 43 2 44			20 00		34 60	7 50				Balce from Canada
Oct	14	1.00	14 00		14	10	1	40							15 40	137	13/10							2 43				20 00		22 43	4 97				Tfd. 116th Bn 15.10.16
"	17		17		17		1	70							18 70																19 17				
Nov 30	30		30		30		3	-							33 -	317	31/10							4 43				20		22 43	29 74				
Dec 31	31		31		31		3	10							34 10	290 362	20.11 15.11							2 43 4 86				20		27 29	36 55				Trans to 18 Bn. 4/1/17 B.O. 311 29/11/16
			17	80			17	80							143 30															106 75					
Jan	31	1.10	34	10											34 10	1540	23/12							5 44				20		25 34	45 41				
Feby	28	1.10	30	80											30 80					0512 1703	3/2					2 61		20		22 61	53 60				
Mch	31	1.10	34	10											34 10	1745	3/2	1124 1598	17/3 19/3					2 61	5 43 2 62			20 140		30 46	57 24				
April	30		33	00											33 00			26	4/4			4/4590			2 62			20		22 62	67 62				
May	31		34	10											34 10	77	27/4					511444		2 62				20		22 62	79 10				
June	30		33	-											33 -	179	14/5	185	2/6			51592		2 68	5 36			20		28 04	84 06				
			333	30										9 10	342 40									25 03	20 70	2 61		200		258 34					
			333	30										9 10	342 40									25 03	20 70	2 61		200		258 34					

775488 Pte. Godbehere, Albert

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
			333	30										9 10	342 40									35 03	20 70	2 61		200		258 34	84 06				
July 31			34	10											34 10							16911						20		20	98 16				Suff. for July. All. only $20.
Aug. 31			34	10											34 10	251	19/6					141874		2 68				20		22 68	109 58				
																317	1/7	579	24/6					2 68	2 68										
																380	24/7	583	6/9					2 67	2 67										
Sept			33	40											33	457	4/8					194678		2 68				20		23 38	109 20				

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED PAY	SER. ALLCE. ENG.
1917											
Oct.		~~109 20~~							109 20		
Oct 31	P.P.	34 10		27977 L4·2·2			20				
				aR 608 23/9 18 lb.	2 67				120 63		
		34 10			2 67		20				
Nov. 30	✓	33		36076 L4·2·2			20				
				" 656 12/10 ✓	4 46						
Dec. 31		34 10		C6668 L4-2-2			20				
				709 18 lb.	3 57				139 70		
		67 10			8 03		40				
1918 Jan 31	✓	34 10		49352 L4·2·2			20		153 80		
		34 10			— —		20				
Feb. 28	P.P.	30 80		D. 4838 L4 . 2 . 2			20				
				CCH							
				aR. 2679 15/1/18 (5) Epsom	~~977~~						
				a70 1873 1st B'ham							
				Y258 Sec'y (9) Warbrook	170						
				Q4405							
				Army B. 26/1/18 (11)	416						
				Rev 136. 26/1 (10) Epsom	73				85 74		
	87 1545 25/3/18	30 80			7886		20		41 40		
Mar	30 67 20/3/18 2662	7 30		D. 45434 L4 . 2 . 2			20		127 14		
31	PP	34 10									
		41 40		aR 6853. 4/2. (1) Epsom	1947						
				a70 1823a 1 B'ham							
				Z45. 18/1 (8) Warbrook	85						
					20 3 2						
				aR 13115 7/3. (20) Epsom ✓	487						
					25 1 19						
				on							
				aR 2679. 15/1 (25) ✓	973						
				aR 1653a 15/3. (25) ✓	4867				23 55		
		41 40			8359		20				

P 820
12474—375M—13-2-18.

* Strike out whichever inapplicable.

ASSIGNED PAY	* ENGLAND OR ~~CANADA~~.	SEPARATION ALLOWANCE.	* ENGLAND OR CANADA.
EFFECTIVE DATE:- 1/8/16.		EFFECTIVE DATE:-	
AMOUNT:- 20 00.		AMOUNT:-	

NAME:- GODBEHERE: Albert.
NUMBER:- 775488.

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

Mrs H. E. Dungworth.
Crop Thorne. Greenhill. Sheffield
Mother

Stopped Eff 1/1/19

ASSIGNED PAY ~~AND SEPARATION~~ ~~ALLOWANCE~~ BEING PAID IN ENGLAND UNTIL ADVICE FROM OTTAWA OF DISCHARGE OF SOLDIER NAMED HEREIN

Pay Restricted 4 Months Eff 21-1-19 BO 26 24/1/19 4 Res.

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		Pte.
137. 11/6/18. 4 Res	11/6/18	L/Cpl with pay
BO 278 23/11/18 ✓	23-11-18	Pte

UNIT AND TRANSFERS

ORIGINAL UNIT:- 126 Bn.
DATE ACCOUNT FIRST OPENED:- 1/9/16.

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO
			W.O. Rdr
	1-4-19		Can Rec

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
~~9/4/18~~	~~2927~~		~~14 60~~				
~~23/11/18~~		~~Forfeits 3 days Pay BO 278~~	~~3 30~~				
~~23-12-18~~		~~15 days L.P.L. 15 days Res. 23/12/18 4th Res~~	~~22 00~~				
~~9/4/18~~	~~3547~~	~~Tattoo~~	~~4 87~~				
		Transferred Canada 1/2/19. ONR.					

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
BO 137. ~~1877~~ 11/6/18 4 Res	1 05	10		
BO 278 23/11/18 ✓	1 00	10		
26 4th Res. 10/1/19. 2nd 2		28 66		

PARTICULARS OF RENDERING NON-EFFECTIVE:- ~~Transferred to Canada 1/1/19 Auth NR3 4 Res 30/11/18 LPC Bal 3a 38~~

MONTH	PARTICULARS	CR 1	CR 2.	PARTICULARS	DR. 1	DR 2.	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
31/3/18	Bal Fwd								23 55		
Apr.	30 C.P.	33		a 83031. L 4-2-2			20				
				a 81. 11/4 (8) ~~4 Res~~ 2 66A.	5 11						
				v 541 25/4 (26) ✓	5 11				26 33		
		33			10 22		20				
May	31 P.P.	34 10		a 67829 L 4-2-2.			20				
				a 569. (12) 15/5/18. 4 Res.	7 30						
				v 774 (21) 29/5. ✓	7 30				25 83		
		34 10			14 60		20				
June	10 P.P.	11		a 53963. L 4-2-2			20				
	30 L/C.P.	23 00		a 978. 17/6 (8) 4 Res	7 30						
				v 1125 28/6 (16) ✓	9 73				22 80		
		34			17 03		20				
July	31 L/C P	35 65		a 68751 L 4-2-2			20				
				a 1362 18/7 (8) ✓	7 30						
				v 1586 30/7 (14) ✓	9 73				21 42		
		35 65			17 03		20				
Aug	31 L/C P	35 65		653768 L 4-2-2			20				
				a 1770 15/8 (8) 4 Res	7 30						
				v 4710 28/8 (11) Faversham	9 73				20 04		
		35 65			17 03		20				
Sep	30	34 50		D 9967 L 4-2-2			20				
				a 5521 11.9.18 (6) ✓	7 30				27 24		
		34 50			7 30		20				
		35 65		D 52212 L 4-2-2			20				
				A R 2650 11/10/18 ✓ 3	9 73						
				a w.h. from Tattoo 26/10/18 to Res 27/10/18 2 days forfeits 1 day pay. BO 255 28/10/18 4 Res		1 10					
				A R 2824 30/10 4 Res 8	9 73				22 33		
		35 65			19 46	1 10	20				

NUMBER RANK NAME

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
1918							-		22 33		
									100 05		
Nov	L16p Pay	24 50		E181A F4-2-2			20		126 58		
									97 52		
				Underchgd 5c in BO 255 28/10/18					28 66		
				Chgd in Oct.		05			36 78		
				AR2927 9/11/18 4Res	1 14 60						
Dec.	~	35 65		E69210 F4-2-2			20		52 43		
				Overl^y 23/11/18 to 31/12/18 39@5c		1 95					
				Not adressed							
				Overstaying Pass 2130 17/11/18 to 2230							
				19/11/18 BO 278 23/11/18 4Res		3 30					
					14 60	5 45	40				
Jan	Pte	34 10							66 53		
		104 25			14 60	5 45	40				
				AR 5929 9/1/19 4Res	1 14 87						
				A.W.D. 15 dep F.P. v. 9-1-19. A.W.L. v 200-23/10/18							
				Lo v 130-7/1/19. 30 days Pay. D.O.R v. 15-1-19. 4Res		33					
				AR K3196 26-1-19 Rhyl End 8	9 73				18 93		
					14 60						
					14 60	33					
				S.O.S. Canada 5L8 4Res 29-1-19.							

Checked 7/12/18

32 87
60 00
92 92

Checked 11/1/19

"BALTIC" 6-2-19. No. 2 DISTR

M. OR S.

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

REGT. No. 775

NEXT OF KIN — RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? No. — DATE EFFECTIVE

TO WHOM PAID Nil. — RELATIONSHIP

ADDRESS

Dc

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ORIGINAL UNIT C.E.F. W

PLACE OF ATTESTATION

DATE OF ATTESTATION 4

ASSIGNED PAY. $ 20

PAYABLE TO Mrs

ADDRESS Crop

STOP PAYMENT F ASSIGNED PA RENDERED, DA

DISCHARGED

MONTH	PAY AND F.A. NO. OF DAYS	PAY AND F.A. RATE	PAY AND F.A. AMOUNT $	PAY AND F.A. AMOUNT C.	OTHER CREDITS $	OTHER CREDITS C.	$	C.	TOTAL CREDITS $	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.	$
Balance from previous account 31-1-19		1.10					28	66																	
									28	66		26 1/19					9	73							
											24						4	87							
																	5	00							
															3868		20	00							
1-2-19	28	1.10	30	80	12				42	80	5415.55						15								
1-3-19	3	1.10	3	30	35																				
					70				108	30					12906						95	16			
183dys.			WSG 42000						420	00							Mar 3.				70	00			
																	Mar 31	2516665			70	-			
																	May 6	3503346			70	-			
																	May 30	6766682			70	-			
																	AR 76 June 30	690567			70				
																	AR 95 Jul 24	998789			70	-			
									420	00											39	000			

60m.-11-18. L. L. 81777. M. & D. 9585.

"BALTIC" 6-2-19. No. 2 DISTRICT DEPOT

9916.

AUDITOR	PAYMASTER
R	1

3

DEDUCTIONS AND REVERSIONS AFFECTING DATE OF PAY AND ALLOWANCES

REGT. No. 775488 RANK PTE. NAME (IN FULL) GODBEHERE. A.

RS	EFFECTIVE DATE	AUTHORITY

ORIGINAL UNIT C.E.F. W.O.R.D.

IF IN P.S. WHAT UNIT? ~~H.Q. # Gottenham Ont.~~ (BLOCK LETTERS, SURNAME FIRST)

PLACE OF ATTESTATION

TRANSFERRED TO 102 Brookside Ave, West Toronto DATE AUTHORITY

DATE OF ATTESTATION 4-1-16

TRANSFERRED TO DATE AUTHORITY

ASSIGNED PAY, $ 20.00

DATE EFFECTIVE 1-1-19 continued by Eng.

PAYABLE TO Mrs A. E. Dingworth Mother.

RELATIONSHIP ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS Crop Thorne. Greenhill. Sheffield. Eng.

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE

EFFECTIVE

DISCHARGED PLACE TORONTO, ONT. MAR 3 1919 DATE REASON Mu AUTHORITY DO 59 IF ENTITLED TO POST DISCHARGE PAY

E ROLLS			CASH PAYMENTS						ASSIGNED PAY		REGIMENTAL CHARGES		OTHER CHARGES				TOTAL DEBITS		BALANCE				PARTICULARS OR REMARKS
2	COL. NO. 3		COL. NO. 1		COL. NO. 2		COL. NO. 3												DEBIT		CREDIT		
E	NO.	DATE	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	
			9 73																				
			4 87																				
			5 00																				
			20 00																				
																	39 60		10 94				T.D.S. 29/1/19 ... D.O. 42 ..... 94.7
			15										10 94										SUBS. 9/2/19 TO 23/2/19 D.O. 42
													20										a.P. Feb. + Jan.
													20				65 94		23 14				
													23 14										30th Clot
																							20th A.P. Mar.
	129067						95 16						20 -				138 30		30 -				1st Payment, War Service Gratuity
													30 -				30 -						Balance
			Mar 3.				70 00										70 00		350 00				1st W. S. G. Paid by #2 D.D.
			Mar 31	251665			70 -										140 -		280 -				
			May 6	350346			70 -										210 -		210 -				
			May 30	676682			70 -										280 -		140 -				
			AR 76 June 30	690567			70										350 -		70				
			AR 95 Jul 26	998784			70 -										420 -		—				
							390 00						30				420						

final

W.S.G. PAID IN FULL

CAPTAIN

FOR PAYMASTER WAR SERVICE GRATUITY

MONTH	PAY AND F. A.				OTHER CREDITS				TOTAL CREDITS		ACQUITTANCE ROLLS						CASH PAYMENTS						ASSIGNED PAY		REGI-MENTAL CHARGES		OTHER CHARGES				TOTAL DEBITS	
	NO. OF DAYS	RATE	AMOUNT								COL. NO. 1		COL. NO. 2		COL. NO. 3		COL. NO. 1		COL. NO. 2		COL. NO. 3											
			$	C.	$	C.	$	C.	$	C.	NO.	DATE	NO.	DATE	NO.	DATE	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.

S OL. NO. 3		ASSIGNED PAY		REGI-MENTAL CHARGES		OTHER CHARGES				TOTAL DEBITS		BALANCE DEBIT		BALANCE CREDIT		PARTICULARS OR REMARKS
$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	

4-7-33

War Service Badge.
Class O
No. 87236 Issued

War Service Badge.
Class B
No. 53814 Issued
a.a.

This space to be for numbers.

Proceedings on Discharge.

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

No. 775488

Rank Pte.

Surname GODBEHERE, ALBERT (Military Medal)

Christian name

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

Corps (Squadron, Battery or Company) 126th BN(#2 D.D.)

Date of discharge TORONTO, ONT.

Place of discharge Mch. 3, 1919

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age 22 years 5 months.
Height 5 feet 4 inches.
Complexion Medium
Eyes Blue
Hair Fair
Trade Farmer
Intended place of residence (To be given as fully as practicable.) C-o A. MCCabe R.R. #4 Tottendam, Ont.

Descriptive marks
Vacc. Marks..... L. Arm

Deceased 3.1.59

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

HAVING BEEN FOUND MEDICALLY UNFIT FOR SERVICE.

Authority for discharge #2 D.D. Pt. 11 #59

N.B.—The cause of discharge must be worded as prescribed in the King's Regulations and be identified with that on the character certificate. If discharged by superior authority, the number and date of the letter to be quoted.

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

3. Conduct and character while in the service have been, according to the records, etc.

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

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

M. F. B. 218.
200M.—5-18.
H. Q. 1772-39-113.

G.R.

(OVER)

N.N.

AS 13-11-59

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

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

6. Medals and Decorations.....

To be copied by the Commanding Officer on to the parchment Discharge Certificate.

7. His account is correctly balanced, and signed by the Officer Commanding his Company, *(Squadron or Battery*, and I have impartially enquired into all matters brought before me in accordance with Regulations.

(Place) TORONTO, ONT. .....

(Date)..... *Commanding*.....

8. **Certificate to be signed by the Soldier on Discharge**

I hereby acknowledge that I received all my Pay, Allowances and Clothing, and all just demands, up to the present date, subject to the reservations of the claims noted on the third page, and that I have received my permanent discharge certificate.

(Place) TORONTO, ONT. Albert Godkehese *(Signature of Soldier.)*

(Date) Mch. 3, 1919 H. Sargent Cpl *(Signature of Witness.)*

When a soldier is absent through illness or any other cause and it is not desirable to forward these proceedings to him for signature, a manuscript copy should be sent for the man to sign, and when returned, should be attached here.

9. **Additional Certificate in the case of a Soldier who takes his discharge on his own request.**

I hereby declare that I do of my own free will request to be discharged from His Majesty's Service.

.....*(Signature of Soldier.)*

10. **Statement of Service.**

Service toward Engagement to.....(the date to which the Record of Service is completed).....years.....days.

Total.....years.....days.

11. **Confirmation of Discharge.**

The discharge of the above-named man is hereby confirmed.

(Place) TORONTO, ONT.

(Signature).....

(Date) Mch. 3, 1919

O. C. Discharge Sections,
No. 2 District Depot

Reservations referred to at Para. 8.

(To be signed by the soldier. When there are none, it is to be so stated, and signed by the soldier.)

List of Discharge Documents.

Reg. Conduct Sheet,	Militia form	B. 263
Squadron / Battery / Company } Conduct Sheet,	"	B. 263a
or		
Field Conduct Sheet	"	W. 178
Copies of Convictions, by C. P.		in MS.
Med. Hist. Sheet,	Militia form	B. 313
Casualty Form	"	W. 54
Medical Report for Invalid§	"	B. 227
Dental History Sheet	"	B. 465
Last Pay Certificate	"	W. 44
Duplicate Discharge Certificate	"	W. 39A
‡Form of Will	"	W. 82

§Only if discharged "Medically unfit."

‡Only if man has not been overseas.

Attestation Paper	Militia Form	W. 23
or		
Particulars of Recruit	"	W. 133
Proceedings on Discharge	"	B. 218

In the case of recruits who are rejected on final approval, the discharge documents will consist of

(a) Proceedings on Discharge

(b) Attestation.

(c) Medical History Sheet.

Documents not accompanying this form should be crossed out.

I hereby certify that the following documents are unobtainable.

Officer Commanding.

N.B.—In the case of a man discharged by purchase, the date and number of Deposit Receipt with amount of same is to be noted hereon.

THIS FORM WILL BE USED FOR ALL RANKS

MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" issued by the B.P.C. and instructions issued by Militia H.Q., Ottawa, will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of Sections 1 to 17 of this Form and will obtain the signature of the invalid to the "Statement," page 3. The President of the Board of Medical Officers is responsible for the proper completion of sections reserved for recording the "Opinion of the Medical Board."
3. In answering the questions, Medical Officers will carefully obtain and record the invalid's statements concerning his condition. They will distinguish observations made by themselves from hearsay. They will distinctly state the authority for statements not resulting from their personal observation; it must be made clear whether such statements are obtained from the invalid concerned, from witnesses, or from documents, Regimental or otherwise.
4. Special care is required in answering question 9. Read the questions carefully. All questions must be answered.
5. If space provided under any section is insufficient add another sheet. Such sheets must be initialled by the Medical Board.
6. A note will be made of attached papers by the Medical Board under the section "Opinion of Medical Board."
7. Under no circumstances may information other than that in sections 7, 8, 9 and 10 be communicated to the invalid, directly or indirectly.
8. The nomenclature of diseases must be followed, if possible, as described in "List of Diseases" printed in the order in which they appear in the Annual Report on the Health of the Army, published in London (1915), by Messrs. Harrison & Sons.

STATION Exibition Camp DATE Feb 26 1919

1. 1 (a) Unit D.D. #2. (b) Regimental No. 775488 (c) Rank Pte.

(d) Surname GODBEHERE (e) Christian name Albert

(f) Home address R.R. No. 4 Tottenham (Q. A. Nelson) Ont

(g) Next of Kin Mrs Emma Dungworth (h) Relationship Mother

(i) Address of Next of Kin Cronthornie Sheffield (greenhill) England.

2. Age last birthday 22 Date of birth Sept 25 1896

3. Enlistment, or Appointment (if an Officer) (a) Place Brampton Ont (b) Date Jan 4 1916.

4. Personal description:

(a) Height 5' 4" (b) Weight 125¼ (stripped) (c) Complexion Medium

(d) Colour of hair Fair (e) Colour of eyes Blue (f) Identification marks, Scars, etc.

Vacc 3 left arm. Appendectomy scar Nov 1917. Forked scar dorsum left thumb.

5. Former trade or occupation Farmer.

6. Service (The information should be secured from personal documents, but if documents are not available the invalid's statement may be taken and note must be made to that effect. Periods of service in Canada, England, France or elsewhere should be noted).	Years	Days
	3	53

126 Batt.	Periods From	Periods To
Canada	Jan 4 1916	Aug 23 1916
England	Aug 23 1916	Nov. 15 1916
France or other theatres of War England and Canada	Nov. 15 1916	Dec 17 1917 to date.

7. Original disease, or injury Appendicitis.

(a) Date of origin Nov. 11 1917. (b) Place of origin France.

(c) Cause Unknown.

M. F. B. 227.

400M.—11-18.
1772-30-117.

M.S.

8. Present disability— (Here state the exact nature of the disability resulting from the disabling conditions: e.g. (*a*) Weakness—slight, moderate, marked, etc; (*b*) Loss, complete or partial, of an organ or member, or of its functions; (*c*) Necessity for rest of the body, or of some of its parts for therapeutic reasons; (*d*) Any other restrictions in choice of occupation.)

Partial loss of function of digestive system.

9. Present condition—(*a*) (Before completing this section the invalid should be stripped, and subjected to a thorough physical examination. Important, to be a full description of the present disabling condition, or conditions only. "History" must be recorded in Section 10. Describe all abnormalities, anatomical and functional, contributing to present disability; objective findings to be stated first, then subjective findings.)

Objective Slight tenderness over scar in right lower quadrant of abdomen. This tenderness is deep and not in scar. Otherwise abdomen negative on examination. Bowels regular.

Subjective Man feels a recurring sharp pain in right lower quadrant of abdomen occasionally radiating into right side of back. This pain usually comes on at night about 3 or 4 times a week and lasts an hour or so. Pain not influenced by walking or usual work. Appetite good—bowels regular. No flatulence.

(*b*) Has the invalid now any affection of the following systems, not described in Section 9 (*a*) above? (Answer Yes or No.—if the answer to any part is Yes, give a brief description of the present condition.)

Nervous System no Cardio-Vascular System no (If pulse rate is abnormal, B. P. will be taken.) Genito-Urinary System no alb no sug (Albumen and Sugar will be excluded.)

Special Senses no Respiratory System no Integumentary System no

Disturbances of Mentality no Digestive System no Muscular System no

Osseous and Joint Systems no Any other general condition no

No piles, hernia, varicose veins, varicocele, or goitre.

10. (*a*) History (of the condition referred to in Section 9 (*a*).) Acute appendicitis, first attack on Nov. 1 1917. In bed 24 days, operated upon Nov. 22 1917. In bed 24 days. Man says there was no pus in wound. For first 2 months after getting out of bed a dull dragging pain, severe and constant existed, made worse on walking, existed. This gradually got better and has been getting better to date. Probable cause ~~[illegible]~~ of pains-perittoneal adhesions.

10.—(*b*) (Here give a complete history, as obtained from invalid, with dates of origin, of any affection from which the invalid, has suffered either prior to or since enlistment, and not included in Section 10 (*a*).)

Nil.

(*c*) (Here give a description of wounds, scars and deformities. Appendectomy scar- Nov 1917.

Vacc 3. left. Forked scar dorsum left thumb.

11.—(*a*) Did the disabling condition have its origin before enlistment? No.

(*b*) If so, has it been aggravated by Service? (If aggravated, give a description, as far as it is possible to do so, of the disabling condition at time of enlistment.)

Not applicable.

12. Was the disability caused, or aggravated; (*a*) by intemperance, or improper conduct; or (*b*) by unreasonable refusal to accept treatment? (a) No. (b) NO.

The regimental documents will be referred to.

(If the answer is in the affirmative, state in percentages, to what extent the patient is incapacitated by that causation or aggravation. In answering this question, conduct sheets should be considered. If treatment has been refused, the circumstances surrounding the refusal should be described on page 4.)

13. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one? Six months.

14. Treatment (Case reports, general or special, should be secured and attached where possible.)

M.H.3. shows 82 days treatment and rest for appendicitis.

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit?
(If the answer is "yes" state nature of treatment required and probable duration)

No.

16. Can the former trade or occupation be resumed? Yes in 6 mos. This interval recommended for rest.
(If not, briefly state why)

17. Recommendations

That he be placed in Category B.2.

D. J. O'Donnell
Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

(Sections 7, 8, 9 and 10 are to be read to the invalid and either "satisfied" or "not satisfied" struck out).

I, the undersigned A. Godbehere Pte. have heard the description of my disability and present condition read, and am satisfied (~~or not satisfied~~) with it. (If dissatisfied, statement should follow.)

I complain in addition of

A. Godbehere Pte. Rank.
Signature of invalid examined.

OPINION OF THE MEDICAL BOARD

18. Does the Board concur with the preceding report? If not, give differing opinions, with reasons, quoting the number of the answer criticised.

We concur.

19. Is the invalid fit for

(*a*) General service,	(Category A)	(Yes or No.)
(*b*) Service abroad, not general service,	(" B)	(Yes or No.)
(*c*) Home service (Canada only),	(" C)	(Yes or No.)
(*d*) Temporarily unfit.	(" D)	(Yes or No.)
(*e*) Unfit for service in Categories A, B and C	(" E)	(Yes or No.)

20. It is certified that the invalid

(*a*) Does require treatment. (Give the nature of the condition and of the treatment required and its probable duration.)

(*b*) Does not require treatment.
(*c*) Should pass under his own control.
(*d*) Should not pass under his own control.
(Strike out condition not applicable.)

21. It is recommended that the invalid be discharged. (When not for discharge add special recommendation.)

Placed in Cat. B. 2.

Before signing the President of the Medical Board will read the statement signed by the invalid and differing opinions regarding Sections 7, 8, 9 and 10, as recorded in Section 18, to the invalid and if no change is indicated, will initial the statement. If, as a result of differing opinions regarding Sections 7, 8, 9 and 10 only, recorded in Section 18, the invalid is dissatisfied with the statement previously made, remarks of the Medical Board will be added here.

Jas. W. Barton *President.*

PLACE Exhibition Camp Toronto

DATE 26/2/19.

Members

TO BE COMPLETED WHEN TREATMENT IS REFUSED

I, the undersigned.....understand the nature of the treatment which it is recommended that I should undergo and refuse to accept it.

Witness..... Signed.....

Should the refusal of the invalid to accept treatment appear to be unreasonable, or should he decline to sign this statement the Board of medical officers should so state.

President

PLACE.....

DATE.....

Members

APPROVED BY

APPROVED
FEB 1919
CAPT.
FOR A. D. M. S. M. D. 2

Assistant Director of Medical Services.

DATE.....

APPROVED BY

Director-General of Medical Services.

DATE.....

CLINICAL CHART.

(To be attached to Case Sheet.)

Army Form B. 181

Corps 18th Canadians Military Hospital 25th Stge

No. 775488 Rank and Name Pte Godbehere, Albert Age 21 Service 3 4/12

Disease Appendicitis Date of admission 19/11/17 Date of discharge Result

Dates of Observation	22	23	24	25	26	27	28	29	30	1 Dec	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19
Days of Disease																												
Temperature Fahrenheit (Time A.M. P.M.)																												
Pulse per Minute	72	80	88	94	88	76	78	76	72	70	78	72	116	64	92	76	88	70	76	80	72	88	92	80	88	80	72	68
Respirations per Minute																						22						
Motions per 24 hours	1	Col. III Co. Sc.	M.a. Co	1	Pil	1	1	1	Pil	1	1		M.a.	M.a.	1	1	1	Pil	1	Pil	1	1	1					

Dates of Observation	20	21	22	23	24	25	26	27	28	29	30	31
Days of Disease												
Temperature Fahrenheit (Time A.M. P.M.)												
Pulse per Minute	72	20	92	60	108	97	54	72	100	58	80	96
Respirations per Minute												
Motions per 24 hours	1	1	1	1	1	1	1	1	1	1	1	1

Operation. Mod 11/6 Ch 5 1/100

Sutures out

Asb 9.15 X

Vt Today

Urine 1020 1/20 1/11

Signature _____ In charge of case.

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

DISTRICT 2

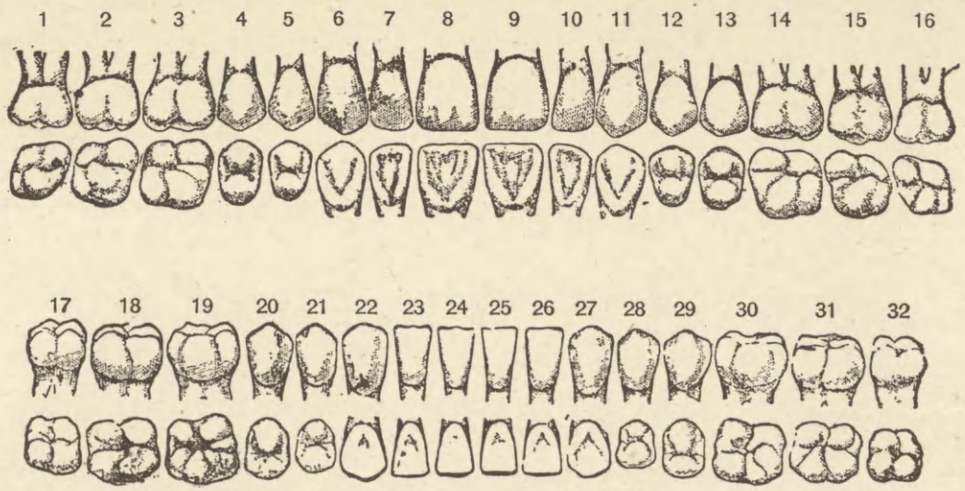
NAME OF SOLDIER Godbehere Albert

RANK Pte

No. 775488

REGIMENT

M.F. 65.
200M 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.

	Date		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
Condition on first Examination																							
Discharge Exam. At Exhibition Camp				Certificate issued for																			
Date. FEB 26 1919										Filling													
																					F A Semple Major		

L. & M., L[illegible] London, W.C. Forms/B256/35
P3187 Wt. [illegible]5558/M739 6,000,000 8/16.

MORNING SICK REPORT
MEDICAL INSPECTION REPORT *

Army Form B 256.

Unit 2nd L. G. D.

Squadron, battery, or company Tyes

Station and date Bramshott 17/[illegible] 191[illegible]

Regtl. No.	Rank and Name (Christian name in full; Surname first; M under name if married.)	Completed Years of Age.	Completed Years of Service.	Religion.	If for duty †	Whether a defaulter.	Lines or barracks.	Room.	Disease.	Disposal. Medical Officer's remarks and signature.
745488	Pte Godbehere A				18th Bn					To change Abdominal Belt
	Have no Belts in the Dispensary. Have advised him to repair his present one with cuing part fa comb as a stay									
	Entered on board 18/9/18					FX Boucher Capt				G. H. Laing Capt. O.C. 12 Coy

† State nature of duty for which warned. In the case of men for medical inspection, the reason, such as, "Soldiers for trial by Court-Martial," or "joining the station," &c., should be stated against their names.

* Strike out whichever is not applicable.

Orderly N.C.O.

To be Discharged from Hospital to-morrow.

Unit.	Squadron, battery, or company.	Regtl. No.	Rank and Name.	

30

URINALYSIS REPORT
(for Board)

Regtl. No. 255488 Rank Pte

Rank Name Goodbehere

Unit 4 Res

Sp. Gravity ~~[illegible]~~ 1020

Reaction Alkaline

Albumen Nil

Sugar —

Microscopic —

Canadian General Laboratory
28 NOV 1918
WITLEY

Captain, C.A.M.C.,
for Major, C. A.M.C.,
O.C., Can. Gen. Laboratory.

Forms
I. 1237
12

Army Form I. 1237.

4.5

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
	773488	Pte	Godbelue	A.

Year	Unit.	Age.	Service.
1918	18th Canadians	21	2 yrs

Station and Date.	Disease
Manorhur Epsom.	Appendicitis (Post Operative)
	Operated on Nov 22/17 – Wound healed & dry
	B Mawke Lt Rame
12/1/18.	
16-1-18.	Fit for Woodcote B Mawke Lt Rame

MIL CNV HP.
WOODCOCK PK
EPSOM.

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

Wt. W 6604/M 2870—1,500,000—8/17—H. & Sp. (10938). Forms/I. 1237/12. (E239)

[P.T.O.

Station and Date.	

Forms
I. 1237
/12

Army Form I. 1237.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
I 6579	445488	Pte	Godbehere	A

Year	Unit.	Age.	Service.
1917	18th Canadians H.Q.	21	2 yrs.

Station and Date.

Disease Appendicitis - Operation

Dec 17. From France. Operated on for Appendicitis on Nov 22nd. Wound healing nicely.

31. To M.E.H. Jt. Lite

Station and Date.	