94th OVERSEAS BATTALION

ORIGINAL

ATTESTATION PAPER.

No. 199291

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname? ~~Zoof~~ Goll
1a. What are your Christian names? ANDREW
1b. What is your present address? Shoal Lake, Ont.
2. In what Town, Township or Parish, and in what Country were you born? St Roche Quebec
3. What is the name of your next-of kin? Mrs. Josephine Collin
4. What is the address of your next-of-kin? Angus Car Shops, Montreal
4a. What is the relationship of your next-of-kin? Sister
5. What is the date of your birth? Apl. 1/1883
6. What is your Trade or Calling? Trader
7. Are you married? no
8. Are you willing to be vaccinated or re-vaccinated and inoculated? Yes
9. Do you now belong to the Active Militia? no
10. Have you ever served in any Military Force? 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

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

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

Andrew Goll (Signature of Recruit)

Date Mch 22 1916 C Miller Z1 corp (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Andrew ~~Zoof~~ Goll, 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.

Andrew Goll (Signature of Recruit)

Date Mch 22 1916. C Miller Z corp (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 Kenora this ~~22~~ 10 day of ~~March~~ April 1916

J P Barnfey (Signature of Justice)

M. F. W. 23.
600M.—2-16.
H. Q. 1772-39-841.

Description of Andrew Goce on Enlistment.

Apparent Age 37 years ..... months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height ..... 5 ft. 5 ins.

Chest measurement.
- Girth when fully expanded ..... 40 ins.
- Range of expansion ..... 4 ins.

Complexion Clear

Eyes Blue

Hair Black

Religious denominations.
- Church of England .....
- Presbyterian .....
- Methodist .....
- Baptist or Congregationalist .....
- Roman Catholic yes
- Jewish .....
- Other denominations .....
(Denomination to be stated.)

Distinctive marks, and marks indicating congenital peculiarities or previous disease.

(Should the Medical Officer be of opinion that the recruit has served before, he will, unless the man acknowledges to any previous service, attach a slip to that effect, for the information of the Approving Officer).

CERTIFICATE OF MEDICAL EXAMINATION.

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

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

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

Date Mar 22 1916 W. J. Gunne

Place Kenora Kenora Ont
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.

Andrew ~~Goce~~ Goce 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.

APR 13 1916 Cl. Schuman Major Lieut. Col. (Signature of Officer)

Date ..... 191 . for O.C. 94th Overseas Battalion

REGIMENTAL DOCUMENTS

NAME GOEE ANDREW REGT. NO. 199291 UNIT 94th Bn H. Q. FILE NO.

	CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
3	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)				16091	
1	FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
1	REGT. CONDUCT SHEET (M.B.W. 263 or A.F.B. 120)					
1	COMPANY CONDUCT SHEET (M.F.B. 263A or A F.B. 121)					
2	MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
	DENTAL HISTORY SHEET (M.F.B. 465)					Category
4	MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					
	MEDICAL EXAMINATION (M.F.W. 129)					
2	TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)					
	PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)					
	DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)					DESERTION
	LAST PAY CERTIFICATE (M.F.W. 44)					
2	PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					
	PARTICULARS OF CHARACTER (A.F.W. 3226)					
	COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
1	R122					
2	M2B313A					
2	AF.B.1235					
3	AF.B 181					
2	AF B-228					
2	Cu Card					
4	misc					

Deserted 1-7-57

W. 2589
100M-11-19
1772-39-1377

Number 199291 Rank Pte

Surname GOEE

Christian Name Andrew

Units 5th Bn Can Inf Theatre of War France

Date of Service 21-9-16

Remarks 34 St Mark St

Latest Address ~~64 Hermine St~~ Riviere du Loup P.Q.

Roll No. B. Page 14411

200m.-2-21.M.

DEP. JUN 30 1922
ACCN. NO. 44424

REGT'L No 199291

NAME Gall Andrew

H. Q. FILE No. 649-

RANK AND CORPS Pte. 5th Bn. From 94th Bn.

FOLLOWS

FOLLOWS

CABLE No.	CABLE DATE	NATURE OF CASUALTY
		6.
M 2457	20-4-17.	Admitted to #13 General Hosp. Boulogne April 13, 1917. (G.S.W. right thigh left leg.)
M 2583.	22-4-17.	Dang. Ill. #13 Gen. Hosp. Boulogne April 19th. 1917. (GSW femur.)
T356	23.10-17	Sailed from Liverpool for Canada per H.S. Araguay 17th Oct-1917 amp. R-leg- GSW Rt-arm

L. L. Job 8885—M. & D. 8146.

M. F. W. 42—25M.—4 10-16.
H. Q. 1772-39-893.

LIST No	HOSPITAL	DATE OF ADMISSION	REMARKS
A 250	Rep. from Base	15-11-16	To Hospital
A 524.	No 2 Can. Fld Amb.	14-11-16	Influenza.
" "	to Div. Rest Stat.	15-11-16	"
" "	to No 3 Can. Fld. Amb.	15-11-16	"
A 532	to No 4 Can. Fld. Amb.	24-11-16	"
A 633	Rep. from Base.	26-11-16	" (Rejoined Unit)
A 629.	No 13 Gen. Boulogne	13-4-17	GSW R. Thigh L leg. sev.
A 631	"Dang. ill "	19-4-17	" " " femur. comp.
A 633	No 13 Gen. Boulogne	23-4-17.	dang. ill GSW R. Thigh & Leg
B 349	King George Stamford Lincs	24-4-17	G.S.W. R. Thigh amp severe
B 408	to Ont. Mil Orpington Kent	7-7-17	" " " amp.
B 21	To Can. Mil. Kirkdale Liverpool.	27-7-17.	GSW. R. Thigh amp

R. 149.

Name GOEE, Andrew *Rank* Pte. *Reg. No.* 199291

Unit 5th Battalion

Next of Kin Canada

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
15-11-16	Rep.fr. Base to Hospital			A520		
14-11-16	No.2 Can. Field Amb.		Influenza	A527		
15-11-16	Div. Rest Station		do	A527		
15-11-16	No.3 Can. Field Amb.		do	A527		
24-11-16	No.4 Can. Field Amb.		do	A532		
26-11-16	Rep.fr. Base Retd. to Duty			A533		
~~2-1-17~~	~~Can.Conv.Hosp.Monk's Horton~~					
13-4-17	No. 13 Gen. Hsp.	Boulogne	GSW.R.thigh L.Leg Sev.	A629	M2457	
19-4-17	DANGEROUSLY ILL		do	A631	M2585	

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
23-4-17	DANGEROUSLY ILL	(Transferred to England)				A633
24-4-17	King George Hsp.	Stamford St. London	GSW.R, thigh Amp.			B349
7.7.17	Ont. Mil Hsp.	Orpington	Do.	B408		
27.9.17	C.M.H. Kirkdale	(2770)	Do.	B31		
	Correct Diagnosis:					
	GSW. R. Thigh Amp. R. Arm Amp.			B39		
	(652)					
17-10-17	Invalided to Canada		Do.	B50		
	(936)					

LEDGER NO. ..... SERIAL NO. .....

REG. NUMBER 199291 NAME Gooe A

RANK Pte CORPS #2 D D

AGE ..... SERVICE .....

NAME OF HOSPITAL Davisville Military PLACE Toronto

DATE OF ADMISSION .....

DISEASE Amp Rt Thigh G S W Rt Elbow Rt Chest

TRANSFERRED TO OTHER HOSPITALS Drummond Military Montreal Home Dist
20-9-18

OPERATION .....

DISCHARGED TO ..... IN CATEGORY .....

M. F. W. 2553.
50m.—6-18.
1772-39-1334.

P. T. O.

REMARKS:

NAME Yoce Andrew

REGT'L No. 199291

H. Q. FILE No. 649.

RANK AND CORPS Pte Sask. Regt.

CABLE	
NO.	DATE

NATURE OF CASUALTY C.

FOLLOWS NO.

FOLLOWS

L. L. 26438. M. & D. 8207.

M. F. W. 42—50M.—8-17.
H. Q. 1772-39-893.

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
B39[2].	Nature of Cas has been ascertained to be GSW R. Thigh (amp.) ex Nos C. Gen. Kirkdale Liverpool		
B50[2]	Invalided to Canada.	17-10-17	GSW. R. thigh & Rarm (amp.) (amputated) 8 ask.
311	M.H.C.C. Toronto	4-11-17	Adm. to N. Toronto

SURNAME. Goll.

CHRISTIAN NAMES Andrew.

REGL. No. 199291. RANK Pte.

UNIT 94th.

FORMER CORPS Nil.

CARD No. #4 D.D.
~~D.O. 162 27-9-18~~
D.O. 215-18-11-18 D.D. M.D. 5
FOLL.

S.O.S. S.C.R. 29-11-18 5
D.O. 226-29-11-18 #5 D.H.
Bn.

NEXT OF KIN.

NAMES IN FULL Collin, Mrs. Josephine.

RELATIONSHIP TO SOLDIER Sister.

ADDRESS Car Shops, Montreal, P.Q.

CHANGE OF ADDRESS

COUNTRY OF BIRTH Canada, St. Roche, P.Q. DATE Apr. 1st. 1883.

PLACE OF ATTESTATION Kenora, Ont. DATE Apr. 10th. 1916.

Sailed from Halifax per S.S. Olympic 28/6/16. 468/T1.

L. L. 94504. M. & D. 6512. M. F. W. 22. 250M.—2-16. H. Q. 1772-39-339.

R/C 25-10-17 R/C

MARRIED SINGLE Yes. WIDOWER

TRADE OR CALLING Trader. RELIGION Roman Catholic.

DESCRIPTION.

APPARENT AGE 37 YEARS MONTHS

HEIGHT 5 FEET 5 INCHES

CHEST MEASUREMENT 40 INCHES EXPANSION 4 INCHES

COMPLEXION Clear EYES Blue HAIR Black.

DISTINGUISHING MARKS Nil.

MEDICAL EXAMINATION. PLACE Kenora, Ont. DATE Mar. 22nd. 1916

Present Address: Shoal Lake, Ont.

D.M.S. 1300.

Surname	Christian Name or Names	Reg. No.
Goee	A.	199291

Rank	Unit	Co.	Troop	Batty.
Pte	5th Bn.	(Sask. Reg.)		

Hospital	Date of Admission
2 Can. Fld. Amb.	14.11.16
Transferred 3 Can. Fld. Amb.	Hosp. 15.11.16
Div. Rest Station	Hosp. 15.11.16
4 C. Fld Amb	Hosp. 24.11.16
13 Gen B'ogne.	Hosp. 13.4.17

Diagnosis Influenza

(1)
Later Diagnosis (if changed)
(2) G S W. R. Thigh & L. leg.
(3) (R. femur. comp.) R

Additional Diagnosis: if more than one state present
" R. Thigh. Amp. R
" Rt. Arm Amp. Rt

DISPOSITION Date

C.L. 11.12.16 A527
18.12.16 A532
20.4.17 A629.
23.4.17 A631.
28.4.17 A633.
3.5.17 B349
26.7.17 B408.
9.10.17 B31.
18.10.17 B39 (2) Note. C.L. B31. addition to Diagnosis
31.10.17 B50. (2) Invalided To Canada 17.10.17.

REMARKS

Danzill. 19.4.17.

Dis. to Canada per H.S. "Araguaya" from L'pool 17.10.17.

A.M.D. 2 DEPT.

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

P.T.O.

EPITOME OF HOSPITAL TREATMENT.

	Hospital	Adm.
1.	13 Gen B'ogue (Danzig)	23.4.17
2.	King Geo. Stamford St. London S.E.	1-24-4-17
3.	Ont. Orpington Mil	7-7-17.
4.	Can. Mil. Kirkdale.	27.9.17
5.		
6.		
7.		

D3

TRANSFER CLOTHING CARD M.H.C.C.

Regimental No. 199291 Posted to E Unit, M.H.C.C. Date

Rank and Name Pte. Goee, A. Transferred to Mil. Conv. Hosp. or San.

Battalion 94 at Date

PLACE AND DATES OF ISSUE		Boots, ankle, prs.	Caps, drab	Caps, winter, cloth	Caps, winter, fur	Gloves, winter, prs.	Great coats, drab	Jackets, drab, R. & F.	Overshoes, prs.	Mufflers	Puttees, drab, serge	Shirts, service	Slippers, canvas	Trousers, drab	Trousers, service	Toques	Jackets, sweater		Bags, kit	Brasses, button	Brushes, boot, blkg.	Brushes, boot, polshg.	Brushes, hair	Brushes, shaving	Drawers, winter	Razor and case	Shirts, flannel	Shirts, winter	Socks, worsted, prs.
DATE	Units M.F."C" 512																											
28.10.17	In Possession	1	1				1	1			1			1			1		1				1	1		1	2		2
" "	" "	1																							1		1	1	

M.H.C. F. 51 10M.—1-10-17.

TRANSFER CLOTHING CARD M. H. C. C.

Regimental No. ..... Posted to ..... Unit, M.H.C.C. ..... Date .....

Rank and Name ..... Transferred to ..... Mil. Conv. Hosp. or San.

Battalion ..... at ..... Date .....

PLACE AND DATES OF ISSUE		Boots, ankle, prs.	Caps, drab	Caps, winter, cloth	Caps, winter, fur	Gloves, winter, prs.	Great coats, drab	Jackets, drab, R. & F.	Overshoes, prs.	Mufflers	Puttees, drab, serge	Shirts, service	Slippers, canvas	Trousers, drab	Trousers, service	Toques	Jackets, sweater		Bags, kit	Brasses, button	Brushes, boot, blkg.	Brushes, boot, polshg.	Brushes, hair	Brushes, shaving	Drawers, winter	Razor and case	Shirts, flannel	Shirts, winter	Socks, worsted, prs.											
DATE	Units M.F. "C" 512																																							
	In Possession																																							

M.H.C. F. 51 10M.—1-10-17.

J.P.

R—122

Rank | Name GOEE, Andrew | Reg'l No. 199291.

Unit 94th Bn. | If in perm. Corps, What Unit? | Married or Single Single.

Place and Date of Enlistment Kenora. 22nd Mar.1916. | Place of Birth St.Roche. Quebec.

Name and Address, Next-of-Kin Mrs.Josephine Collin.

Car Shops. Montreal. | Relationship Sister.

Assigned Pay Monthly $ | Payable to | Relationship

Separation Allowance $ | Payable to | Relationship

Discharge, Date and Place | Reason | Character

N/E. R.B. No. 4699. Recruiting
File R.L.
Category Can.D.R.

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 SS Olympic 6th July 1916			
17.7.16	94th	Absent from Tattoo	E. Sandling	15/7/16	Pt.II D.O. 206.
21-7-16	94th Bn.	S.O.S. Hqd to 32nd Res Bn	Shorncliffe	18-7-16	PII 207, 32nd Bn. Pt II D.O. 202. 21.7.16.
21-9-16	Dft. 32nd	S.O.S to reinforce 5th Bn	France	21-9-16	PII 243.
22.9.16	oc 5-Bn	Taken on Strength,	Field	22.9.16	Part 2-O 48.
2.12.16	do.	Repld from Base. To Hospl	do.	15.11.16	C.L. a 520
11.12.16	do.	No 2 Can Fd Amb.	do.	14.11.16	C.L. a 527. Influenza
do.	do	Divl Rest Station	do.	15.11.16	— do — — do —
do.	do.	No 3. Can Fd. Amb.	do.	do	— do — — do —
18.12.16	do	No 4 Can. Fd. Amb.	do.	24.11.16	C.L. a 532 — do —

A.F.B. 103 CHECKED 27 SEP 1916

199291 Goll A

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.
19.12.16	5th Bn.	Base reports. Rejoined Unit	Field.	26.11.16	CL a 533. Influenza
20.4.17.	5th Bn	Admd. No 13. Gen Hosp.	Boulogne	13.4.17	CL 629. G.S.W. R. Thigh
23.4.17	5th "	No 13. Gen Hosp	"	19.4.17	CL 631. Dangerously ill
25.4.17.	5th "	No 13. Gen. Hosp.	"	23.4.17	CL 633 " "
3.5.17.	5th Bn.	Adm King George Hospl.	London	24.4.17	CL B 349. GSW Thigh
5.5.17.	Sask. R.D.	T.O.S. from 5th Battalion	Bramshott	24.4.17	Pt II D066
14.5.17.	5th Btn	Invalided. Wounded & posted to Sask. Reg. Depot	Field	24.4.17	Pt II D060
26.7.17.	✓	Adm Ontario Mil. Hosp.	Kent.	7.7.17	CL B408.
8-10-17.	Sask.	Trans Can Mil Hosp, Kirkdale, Liverpool.		27-9-17.	CL B31. GSW R Thigh (Amp)
17-10-17	—"—	Casualty CL B31, now GSW R Thigh (Amp) & Ram (Amp) CL B39.			
30-10-17	—"—	Invalided to Canada & C.M.H.	Kirkdale.	17-10-17.	CL B50. GSW R Thigh (Amp)
2-11-17.	Sask R.D.	S.O.S. to Canada. Sec 25 K.R.O.	Pte B'shott	17-10-17.	Pt II 247.
	Dis. Depot	To Convalescent Home	M.D. 2 Toronto	28/10/17	N R 391

M. F. W. 41
100M-1-18.
1772-39-889.

Name Pte. ~~Goee~~ Goee Andrew

G377

Regimental No. 199291.

Unit 94th Btn.

Date of enlistment ✓

Place of " ✓

Married (yes or no) Yes. to (30/11/18)

Amount of pay assigned monthly $ 15.00

To whom payable Mrs. A. Goee

Name and address of next-of-kin Mrs A. Goee Goee
6 Hermine St.
Quebec. P.Q.

Date and place discharged 29/11/18. Quebec.

Reason for discharge Disch. to - I.S.C. -

Character on discharge D.O. 2589 of 27/11/18.

1918	Date From	Date To	PAY No. of Days	PAY Rate	PAY Amount	Field Allowance No. of Days	Field Allowance Rate	Field Allowance Amount	Other Credits	Total Credits	Voucher No.	Voucher Date	Cash Payments	Assigned Pay	Other Charges	Total Debits	Remarks, Casualties, etc.
Nov.	14-10-18	29-11-18	47	1.00	47.00	47	10	4.70	37.60 5.10 35.00 25.00	129.40 25.00		2266 2109 2265 2220 2222	35.00 25.00 37.60 16.80 25.00	2225 15.00		154.40	Clothing
					47.00			4.70	102.70	154.40 →			139.40	15.00		154.40 →	

"Discharged"

29-11-18

M. F. W. 41
100M-1-18.
1772-39-389.

Name.....

Regimental No.

Unit

Date of enlistment

Place of "

Married (yes or no)

Amount of pay assigned monthly $

To whom payable

Name and address of next-of-kin

Date and place discharged

Reason for discharge

Character on discharge

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

M. F. W. 41
1 0M—7-16
1772-39 889.

Name Pte Goce A.
64 Rue Hermine, St. Sauveur, Que.

DO 358.
N. Tar.

Regimental No. 199291

Name and address of next-of-kin

Unit ~~5th~~ 94th Bn.

Date of enlistment

Place of "

Married (yes or no) no

Date and place discharged

Amount of pay assigned monthly $ ~~Nil~~ 15.00 from 1.2.18

Reason for discharge

To whom payable Mrs. A. Goce
64 Rue Hermine. St. Sauveur Quebec

Character on discharge

ob 5351—M. & D. 6880.

Date From	Date To	PAY No. of Days	PAY Rate	PAY Amount	Field Allowance No. of Days	Field Allowance Rate	Field Allowance Amount	Other Credits	Total Credits	Voucher No.	Voucher Date	Cash Payments	Assigned Pay	Other Charges	Total Debits	Remarks, Casualties, etc.
Dec 1.	31	31	1	31 –	31	10	3 10	235 13	269 23	488	50	15 –				
										496	41	254 23			269 23	
Jan 1	31	31	1	31 –	31	10	3 10	20 –	54 10	548	84	54 10			54 10	Out 7.1.18 D.O. 10.
Febr 1	28	28	1.00	28 00	28	10	2 80	22 40	53 20	583	95		15			
										596	70	38 20			53 20	
Mar 1	31	31	1	31	31	10	3 10	24 80	58 90	629	53		15			
										648	24	43 90			58 90	
Apr 1	30	30	1	30 –	30	10	3 –	24 –	57 –	689	88		15			
										698	14	42 –			57 –	
May 1	31	31	1	31	31	10	3 10	8	42 10	784	74		15			In 11.5.18 D.O. 30 A.W.L.
										784	78	27 10			42 10	11.5.18 D.O. 30. A.W.L. cancelled D.O. 41
June 1	30	30	1	30	30	10	3	13 60	46 60	794	77		15			Out 14.6.18 D.O. 64
										822	99	31 60			46 60	

fwd

M. F. W. 41
1 0M—'-16
1772-39 889.

Name.....

Regimental No.

Unit

Date of enlistment

Place of "

Married (yes or no)

Amount of pay assigned monthly $

To whom payable

Name and address of next-of-kin

Date and place discharged

Reason for discharge

Character on discharge

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

M. F. W. 41
100M-1-18.
1772-39-889.

Name Pte Goee A.

Docs under Goee. A. 64 Rue Hermine, St. Laurent, Que

Regimental No. 199291

Unit 94 Bn

Date of enlistment

Place of "

Married (yes or no) Yes

Amount of pay assigned monthly $15.00

To whom payable Mrs A.
64 Rue Hermine, St. Laurent, Que

Name and address of next-of-kin N. J.

Date and place discharged S.A. from 1.2.18

Reason for discharge Fr 1.7.18

Character on discharge

Date From	Date To	PAY No. of Days	PAY Rate	PAY Amount	Field Allowance No. of Days	Field Allowance Rate	Field Allowance Amount	Other Credits	Total Credits	Voucher No.	Voucher Date	Cash Payments	Assigned Pay	Other Charges	Total Debits	Remarks, Casualties, etc.
July 1	31	31	1	31	31	10	3 10	25		513			125			S.A. from 1/2/18 P.M-25-
								25		AR.17	30					Go-5 10 6 17 18
								17 60	20 1 70	937			40		195	- In 6.7.18 D084
														C13.	670	Out 16.7.18 D096.
									20 1 70						20 1 70	
Aug 1	31	31	1	31	- 31	16	3 10	6 70		35573.	15 -					In 7.8.18 D0118
								5 60		35834			40 -			
								25 -	7 1 40	36487	15	40			7 1 40	
Sept 1	20	20	1	20	- 20	10	2	25 -	47 -	37836	10					
								DrB	2 -	38155			40 -			
															50 -	Trans DD. 4 D0160
														3 -		

M. F. W. 41
100M-1-18.
1772-39-389.

Name

Regimental No. | Name and address of next-of-kin

Unit

Date of enlistment

Place of "

Married (yes or no) | Date and place discharged

Amount of pay assigned monthly $ | Reason for discharge

To whom payable | Character on discharge

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

Pte Name Goll. Goll. Andre

M. F. W. 41
1 0M—7-16
1772-39 889.

G.1529

Regimental No. 199291

Unit 94 Bn

Date of enlistment March 1916

Place of " Kenora

Married (yes or no) no (~~sister~~)

Amount of pay assigned monthly $ Nil

To whom payable

Araguaya 25-10-17

Home
Name and address of next-of-kin 19 Rue Bellerue
River du Loup. Quebec.
MB 28-10-17 Con Home

Date and place discharged

Reason for discharge

Character on discharge

Cate D III H.2.649-G-6536.

Job 5351—M. & D. 6880.

Date From	Date To	PAY No. of Days	PAY Rate	PAY Amount	Field Allowance No. of Days	Field Allowance Rate	Field Allowance Amount	Other Credits	Total Credits	Voucher No.	Voucher Date	Cash Payments	Assigned Pay	Other Charges	Total Debits	Remarks, Casualties, etc.
	3-9-17							258 06								E.L.P.C.
4-9-17	30-11-17	188	100	88 00	88	.10	8 80							9 73		AR. 110
									354 86					110 00		C.D. Hal.
															119 73	A.P.C. rendor
												Cr Balance			235 13	show a/c adj to 20-11-17
									354 86						354 86	tfd to "D" Unit

E.A.P. chqd Nil

ER 20-11-17

M. F. W 41
1 0M—7.16
1772-39 889

Name.....

Regimental No.

Unit

Date of enlistment

Place of "

Married (yes or no)

Amount of pay assigned monthly $

To whom payable

Name and address of next-of-kin

Date and place discharged

Reason for discharge

Character on discharge

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

L.L. 19226—M. & D. 7814.

1 6 ✓

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

M. F. W. 12.
25m—4-17.
H. Q. 1772-39-819.

To Whom	Mme. Anthemie Lebel	By Whom Assigned	Gov. A
Address	19 Rue Bellevue	Regtl. No.	199291
	Riviere De Loup	Rank	Pte.
	en bas. Que	Corps	5th Bn
Rate	$ 30 00		

SPECIAL REMITTANCE

Sched # 396. 11.7.17

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	~~1914~~			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1917 ~~1915~~			Consolidated account.
Feb.				
March				
April				
May				
June				
July				
Aug.		A 17191	30 -	
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				

P. 697.

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS.

Date of Payment.	No of Acq. Roll	AMOUNT Francs	£	S.	$	¢	Place of Payment.	Name of Paymaster.	Remarks.
25.8.17	677		1		4	87	Orpington	H. Taylor	Nov
22.8.17	727		1		4	87	—	—	Oct
31.8.17	743		10		48	66	—	—	
					58	40			

C.H. Robertson

Deduct:—Number of Rations on Hand ...									
Number of Rations Required									

HEAVY DRAFT HORSES.

	Hay	Straw	Oats	Maize	* Bran	* Linseed	* Corn	* Ro
Total Rations Authorised as Above ...								
Deduct:—Number of Rations on Hand ...								
Number of Rations Required								

LIGHT DRAFT, RIDING HORSES AND MULES.

	Hay	Straw	Oats	Maize	* Bran	* Linseed	* Corn	* Ro
Total Rations Authorised as Above ...								
Deduct:—Number of Rations on Hand ...								
Number of Rations Required								

* These issues are only Equivalents in lieu of Oats if demanded by Units.

PLEASE DELIVER THE ABOVE RATIONS ON.....DAY, THE.....DAY OF.....

CERTIFIED CORRECT

APPROVED

.....

QUARTER MASTER.

NOTE.—THIS INDENT MUST BE DELIVERED TO THE O. I/C. SUPPLIES, ACCOMPANIED BY DAILY PARADE STATE, NOT LATER THAN 10 A.M. DAILY FOR DELIVERIES

17-4-927

MILITARY DISTRICT No. 3 CENTRAL REGISTRY

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

M. F. W. 54. (A. F. B. 103.)
250M.—1-16.
H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps 94th OVERSEAS BATTALION

V.Bl.

Regimental No. 199291 Rank Ste. Name Goee, Andrew

Enlisted (a) 22/3/16 Terms of Service (a) C. E. F. Duration of war Service reckons from (a) Enlistment

Date of promotion to present rank. } Date of appointment to lance rank } Numerical position on roll of N. C. Os. }

Extended Re-engaged Qualification (b)

Report: Date	Report: From whom received	Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
		Emb'd Halifax 28 6 16 Disemb'd Liverpool 6 7 16			
18 JUL 1916		Taken on the Strength of the 32nd Battalion, C.E.F.			P II 1/183 d/21.7.16.
SEP 21 1916		Proceeded on draft to 5 Battalion C.E.F.			Pt. II 243 21-9-16.
22.9.16	C.B.D.	Taken on strength 5 Bn	C.B.D.	22.9.16	Pt II/48 d/27.9.16
5.10.16	C.B.D.	Left to join unit	C.B.D.	5.10.16	N.R.
14					
14-10-16	5th Batt	Arrived at 5th Can Bn.	Field	8-10-16	B213 DCS 395 d/23-10-16.
18.11.16	"	To Hospital.	"	15.11.16	B 213 D. C. S 409 dated 27.11.16

Lieut. Asst. Adjt. for O.C. 32nd Battalion, C.E.F.

Lieut. Asst. Adjt. for O.C. 32nd Battalion, C.E.F.

CERTIFIED CORRECT. 28 SEP 1916 CAPT. RECORDS, LONDON

over

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

[P.T.O.

Report Date	Report From whom received	Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213. Army Form A. 36, or other official documents.
19-11-16	2CFA	Influenza Adm	2CFA	14.11-16	A36 E1607 DCS.413 d/ 6-12-16
–	–	– To	DRS	15-11-16	
18.11.16	3CFA	– Adm	3CFA	15-11-16	A36/E1606 DCS.413 d –
25.11.16	–	– To	4CFA	24.11-16	A36/E1677 " 416 d 13-12-16
2 DEC 1916	OC 5th Bn	JOINED UNIT	Fld	26.11-16	B 213. D. C. S 416 dated 13/12/16
25.11-16	4CFA	Influenza Adm	4CFA	23-11-16	A36/E1633 · 420 d 21/12/16
2.12.16	"	" To	duty	26-11-16	A36/E1739 " 425 d 4.1.17
14.4.17	5th Bn	Wounded	Field	9.4.17	B213 - DCS 475 d/ 20/4/17
13.4.17	13 Gen	Gsw R Thigh L Reg	Adm	13.4.17	W 3034
24.4-17	H.S. Princess Elizabeth	IX .4. To England Posted to Sask Regt Depot Bramshott		24/4/17	W3083 A242 P II O 60 d/ 14.5.17
					Chas D Maxwell Lieut for Major aaly
5-5-17.	Sask Rgt Depot	T.O.S. from 5th Bn.	Bramshott.	24-4-17.	Pt II D.O. 66.

INVALIDED TO CANADA FOR FURTHER MEDICAL TREATMENT

Major

HOSPITAL REPRESENTATIVE, ONTARIO MILITARY HOSPITAL, ORPINGTON.

for Lieut Col i/c Records, C.E.F.

Lieut.

T.O.S. No.2 District Depot, Part II, D.O. No.....

Sheet II

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

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

MILITARY DISTRICT No. 5 CENTRAL REGISTRY DEC 3 1918
S. D. No. 17-9-927

Casualty Form—Active Service.

Unit, Regiment or Corps .....

Regimental No. 199291 Rank Pte. C. E. F. Name Goee, Andrew

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

Date of promotion to present rank ..... Date of appointment to lance rank ..... Numerical position on roll of N. C. Os. .....

Extended ..... Re-engaged ..... Qualification (b) .....

Report: Date	Report: From whom received	Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
18.4.18.		T.O.S. No.2 District Depot, Part II, D.O. No. 1			[signature] Lieut. and Asst. Adj. For O.C. No. 2 District Depot
24.9.18.		S.O.S. No.2 District Depot on transfer to No. 4 District Depot, Part II, D.O. No. 160			
7-9-18		T.O.S. From D.D. #2 Auth R.O. 985 and posted to Hosp Sect. D.D. #4 20-9-18			[signature] Lieut. and Asst. Adj. For O.C. No. 2 District Depot
9-11-18		Transferred from District Depot No. 4, To District Depot No 5	Auth. D. Dpt No 4 D.O. Part II No 205 Effective 13-10-18		Certified correct in this unit [signature] for Lieutenant, Assistant Adjutant, District Depot No. 4

(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				
29-11-18		Discharged from H.M.S. under R.O.693 of 19-6-18 for further treatment with Dept. S.C.R. D.O. 2589 of 27-11-18. M.D.5. 17-G-927. J de Gaudette Capt. O. C. Discharge Sect. D. D. 5.	Quebec P.Q.	29-11-18	D.O. 226

V.W. DUPLICATE

Army Form B. 178

To be used *(a)* for recruits enlisting direct into the Regular Army, and *(b)* for men of the Territorial Force when they are admitted to Hospital. Army Form B. 178A to be used for Special Reserve recruits and Special Reservists enlisting into the Regular Army.

MEDICAL HISTORY of

Surname GOLL *Christian Name* Andrew

TABLE I.—General Table.

Birthplace { Parish StRoche / County Quebec.

Examined { on 22nd day of March 1916, / at Kinova,

Declared Age 37 years days.

Trade or Occupation Labourer

Height 5 feet 5 inches.

Weight 155 lbs.

Chest Measurement { Girth when fully Expanded 40 inches. / Range of Expansion 4 inches.

Physical Development Good

Vaccination Marks { Arm RIGHT / LEFT / Number 1 /

When Vaccinated In childhood

Vision { R.E.—V= / L.E.—V=

(a) Marks indicating congenital peculiarities or previous disease—

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

Approved by W.J.Greene,

Rank Kenore M.O.

Medical Officer.

Enlisted { at Kenora, / on 5th day of April 1916

	Corps	Regtl. No.
Joined on enlistment	94th O/S.	199291
Transferred to		

Became non-effective by

on day of 191

(*Signature*)

(*Rank*)

TABLE III.—Boards; Courts of Enquiry, Vaccination, Inoculations, etc.; Examinations for Field or Foreign Service, Extension, Re-engagement, or Prolongation of Service; Issue of Surgical Appliances; Particulars of Dental Treatment, etc.

Date	Brief details, and Signature
14-8-16	Vacc. H.B.MacE. M.O.
3-6-16	Innoc. H.B.McEwen, "
14-6-16	" "
24-6-16	" "

INVALIDED TO CANADA FOR FURTHER MEDICAL TREATMENT

HOSPITAL REPRESENTATIVE, ONTARIO MILITARY HOSPITAL, ORPINGTON.

TABLE IV.—Service Table.

Station or Troopship	Date of arrival or embarkation	Date of departure or disembarkation

W. P. Griffith & Sons Ltd., Printers, Old Bailey, E.C.
[1111] W7179/M838 200m 9/16n 45 59

Forms B. 178. 48

[P.T.O.

TABLE II.—Only for admissions to Hospital or to the Sick List in case of Warrant Officers treated in quarters.

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number of days in Hospital	Remarks bearing on the cause nature, or treatment of the case, likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet.	Signature of Medical Officer
	Day	Month	Year	Day	Month	Year				
Valcartier Que.	June	11th	1916.	No admission.						
No.2 Cam.Fd.Amb.	14	11	16	15	11	16	Influenza		Reported from base to Hospital.	A527/1-520 (VW)
Rest Station	15	11	16	15	11	16	"			A527/1 "
No3 C.F.A.	15	11	16	24	11	16	"			A527/1 "
No4 C.F.A.	24	11	16	26	11	16	"		Reported from base. Rejoined unit.	A532-533 "
S P C H Quebec	28	10	18	25	11	18	Amputation Rt thigh	29	Ret'd to Unit for disch. Cat'g E	J A Key, Capt Amb

CLINICAL CHART.

(To be pasted into Case Book opposite Patient's Case.)

Corps 5TH. BATT. Hospital Station MILITARY HOSPITALS NORTH TORONTO.

No. 199291 Rank and Name PTE. COLE H. Age 24 Service

Disease Date of Admission Nov. 12 Date of Discharge Result Case Book Folio

Dates of Observation	12	12	13	13	14	14	15	15		16		17		18	19	20	21	22	23	24	25	26	27	28	29	30					
Days of Disease																															
Temperature Fahrenheit	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.
107°	8 6 4 2																														
106°	8 6 4 2																														
105°	8 6 4 2																														
104°	8 6 4 2																														
103°	8 6 4 2																														
102°	8 6 4 2																														
101°	8 6 4 2																														
100°	8 6 4 2																														
99°	8 6 4 2																														
98°	8 6 4 2																														
97°	8 6 4 2																														
	8 6																														
Pulse per Minute	96	92	92	64	92	92	64	92	88	90	100	92	96	88	92	92	96	72	88	88	80	64	80	78	68	88	64	72	80	76	60	76	88	80	80	84	80	76	88	80	90				
Respirations per Minute	22	20	22	20	20	20	20	20	20	22	20	22	20	24	18	20	24	20	20	20	20	20	20	18	20	20	18	24	20	20	20	20	18	20	18	20	20	20	18	20	20				
Motions																																												

M. F. B. 288.

50M—11-16.
H. Q. 1772-39-513.

Signature In charge of case.

MARRIED OR SINGLE Single

PLACE OF BIRTH St Roche, Quebec. Can.

NAME AND ADDRESS OF NEXT OF KIN Mrs Josephine Collin, Car Shops, Montreal.

RELATIONSHIP OF NEXT OF KIN Sister.

NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF KIN

SEPARATION ALLOWANCE MONTHLY $ EFFECTIVE (DATE)

PAYABLE TO

RELATIONSHIP OF DEPENDANT

CASUALTIES, PROMOTIONS, &c.

PARTICULARS	EFFECTIVE DATE	AUTHORI

ADMISSIONS TO HOSPITAL, &c.

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

	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	No
	1916 July														13 -	13 -							
Checked M Barrow	1.17	17	1.00	17	00	17	10	1	70							18 70	35	July 15					
	18/7 31/8	45	1.00	45	00	45	10	4	50							49 50.			1576	19/8			
Checked D Ross	Sept	30		30		30		3								33			1668	15/9			
	1/31 Oct	31	.	31	.	31	.	3	10							34 10			1739	18/10	6962	2/10	c
	1/30 Nov	30	.	30	.	30	.	3	.							33 .			1766	3/11			
	1/31 Dec	31	.	31	.	31	.	3	10							34 10	1825	27/11					
				18	40			18	40														
	1/31 Jan	31	1.10	34	10											34 10	1843 1892	14/12 22/12					
	1/28 Feb	28		30	80											30 80	2111 2046 1982	2/2 26/1 13/1					
	1/31 Mar	31	.	34	10											34 10	2156	15/2	2343 2261	21/4 6/3			
	April	30		33												33	20	4/4					
	May	31		34	10											34 10							
				368	50										13 -	381 50							

D.

Docs under Goell Andre

MOTIONS, &c.

Effective Date	Authority
—	

REG'L NO. 199291 RANK Private NAME Goell. Andrew.

IF IN PERMT. CORPS WHAT UNIT — UNIT 9th Battn.

TRANSFERRED TO 32nd Res. Batt. DATE 17.7.16. AUTHORITY B.O. 207.

PERMANENT FORCE ALLOWANCES

TRANSFERRED TO 5th Batt DATE 1-10-16 AUTHORITY BO 48

PLACE OF ATTESTATION ~~St Rocks~~. Kenora ont

TRANSFERRED TO Bay 2 L. Ditch Can. DATE 4/9/17 AUTHORITY Orp. 18a 27 31/8/17.

DATE OF ATTESTATION 22 March 1916.

TRANSFERRED TO N.E. Branch DATE ✓ AUTHORITY ✓

OFFICE N.E. BRANCH FEB 25 1918 CANADIAN CONTINGENT

ASSIGNED PAY MONTHLY $ 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 Canada 3/9/17 REASON AND AUTHORITY Orpington 18 a/27. 31. 8/17

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE) Invalided

Entered on N.E. Card Index

Checked by

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

HOSPITAL, &c.

NAME OF HOSPITAL

ACQUITTANCE ROLLS 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
													13.00				C1
						Balance from Canada.											assess pr Datos July 15 BO 206 3 days deducted to date of Sfx.
						9.74					3 30	3 30 9 74	18.66				Transferred to 32nd Res Batt 17.7.16 B/o 207.
1576	19/8						19 47					19 47	48 69				
1668	15/9						9 73				16 50	26 23	5546				15 days NO 2 FP BO 247 5.9.16 Transf 5th Bn. BO 48 Eff 1-10-16
1739	18/10	6962	2/10	CASH			2 62	4 36				58 74 6 98	82 58				
1766	3/11						2 62					2 62	112 96				
						5 23						5 23	141 83				
						8 42											
						3 48						12 20	163 43		105		
						2 62											
						2 62											
						6 10						11 34	183 19				
2343	2/4						2 62										
2761	6/3					2 62	5 23					10 47	206 82		135		
						2 62						2 62	237 20				
										4 84		4 84	9 44	961 56			
						43 75	42 79	4 36	9 74		19 80	117 326 323					

Remit 26/5 " 1/5

D. on Hosp. Ship "Araguaya" 17.10.17

199291 Pte Goll. A.

DATE 1917	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	
Forward.			368	50										13 -	381 50								43 75	42 29	43 6	9
June 30	1	10	33												33 -							Remit 23/6/17					H
July 31			34	10											34 10							Remit 6/7/17					50
Aug 31			34	10											34 10												
Sept 3			3	30											3 30												
															486 00								43 75	42 29	43 6	6	
														5 26	5 26												

MONTH 1917	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR.3	DR.4	BALANCE	DEFERRED PAY	SEP. ALLCE. ENG.
Oct.	Bal Fwd.						C		316 46		
				Ow/ AR. 727 22/8/17. Ovtf Ovt	H87				311 59		
Nov				" 677 25/7/17 "	4 87				306 72		
					4 87						
1918 Jan				OW AR 743 31/8/17 OMHCorp.	48 67 H867				258 05		
				Balance transferred to N. E. Branch.					Nil		
May 1918				AR 110 13.10.17	5 66	973	2 96				
				14/14	6 3 R						
June	Transd to "Canada" R.D. 11.L.18. Discge a/c"	973							Nil		

CASH PAYMENTS 2	3	4	ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE CREDIT	DEBIT	PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
4229	436	974		1980	11994	26156				
		486			486	28970		180		
		50			50	27380				
						30790				
						31120				
4229	436	6460		1980	17480	31646				5 26 Sub on Def Pay 31. 7. 17

A3M. FORM REN'D ——— EFFEC ———
DISCHARGED TO Can DATE 3.9.17
PAYBOOK VERIFIED 4.9.17
Cr BAL 258 06 L.P.C. REN'D 4/9/17
AUTHY. Orpington 18 9/27 31.8.17

Invalided

Checked Graham L Pb

S L Pb 11.6.18 Cr Bal 348 33 AJB
Flue

Pend. Card made 11-12-18 A.K.

S.D. No. 17-G-927

This space to be for numbers.

1-2-38

Proceedings on Discharge.

MILITARY DISTRICT No. 5 CENTRAL REGISTRY
DEC 3 1918

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

No. 199291

Rank Private

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

Corps (Squadron, Battery or Company) 94th Battalion

Date of Discharge 29-11-18

Place of Discharge Quebec P.Q.

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age 39 years ... months	Descriptive Marks
Height 5 feet 5 inches	
Complexion clear	
Eyes blue	
Hair black	NIL
Trade trader	
Intended place of residence (To be given as fully as practicable.)	64 Hermine St. Quebec P.Q.

Deserted 7-5-19

2. The above-named man is discharged in consequence of under R.O. 693 of 19-6-18 for further treatment with the Dept. S.C.R.

AUTHORITY
D.O. 2589 of 27-11-18
M.D.5. 17-G-927

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.

Very good.

N. B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldier 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.
100m.—6-16.
H. Q. 1772-39-113

(OVER)

Ked 13.2.20

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

N I L

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

6. Medals and Decorations ..... N I L

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) Quebec P.Q. .....

(Date) 29-11-18 .....

J. E. G. Audette Capt.
O. C. Discharge Sect. D. D. 5.
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.

(Place) Quebec P.Q. a Gale ..... (*Signature of Soldier.*)

(Date) 29-11-18. Robert Biard ..... (*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) 2 years 251 days.

Total 2 years 251 days.

11. **Confirmation of Discharge.**

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

(Place) Quebec P.Q .....

(Date) 29-11-18 .....

(*Signature*) [signature] Major
Commanding District Depot [illegible]

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.)

Nil.

a Gale

Robert Beard. witness.

DISTRICT No. 5
CENTRAL REGISTRY
DEC 3 1918

(OVER)

List of Discharge Documents.

Reg. Conduct Sheet, Militia form B. 263.	Attestation Paper, Militia Form B. 235.
Squadron / Battery / Company } Conduct Sheet, " B. 263a.	Proceedings on Discharge " B. 218.
Copies of Convictions, by C. P. in MS.	In the case of recruits who are rejected on final approval, the discharge documents will consist of
Med. Hist. Sheet, Militia Form B. 313	(a) Proceedings on Discharge.
Medical Report for Invalid* " B. 227.	(b) Attestation.
Statement of Man's Account on Transfer and Last Pay Certificate, " D. 877.	(c) Medical History Sheet (in the event of such having been prepared.)
*Only if discharged "Medically unfit."	

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.

AUDITOR | PAYMASTER

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

M. & R S. M—   9317

REGT. NO. 199291   RANK Pte   NAME (IN FULL) GOEE ANDREW (BLOCK LETTERS SURNAME FIRST)

NEXT OF KIN — RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? Yes See A.P.   DATE EFFECTIVE

TO WHOM PAID — RELATIONSHIP

ADDRESS

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ORIGINAL UNIT C.E.F. 94th Bn   IF IN P.F. WHAT UNIT?

PLACE OF ATTESTATION   TRANSFERRED TO   DATE   AUTHORITY

DATE OF ATTESTATION 22-3-19   TRANSFERRED TO   DATE   AUTHORITY

ASSIGNED PAY $ 15.00   DATE EFFECTIVE

PAYABLE TO Mrs A. Goee   RELATIONSHIP   ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS 6 Hermine Str Quebec

951

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE   EFFECTIVE

DISCHARGED   PLACE Quebec   DATE 29-11-18   REASON S.C.R.   AUTHORITY D.O.2589 27/11/18   IF ENTITLED TO POST DISCHARGE PAY Yes

From S.C.R. 6-8-19

MONTH	PAY AND F.A. No. of days	Rate	Amount	Other credits		Total credits	Acquittance rolls Col. 1	Col. 2	Col. 3	Cash payments Col. 1	Col. 2	Col. 3	Assigned pay	Regimental charges	Other charges		Total debits	Balance Debit	Credit	Particulars or remarks
BALANCE FROM PREVIOUS ACCOUNT 1918				5.10	37.60		2109	2220	2246	25 –	15 –	35 –								orig. L.P.C. 5.10
Oct	47	1.10	51.70	25 –	35.00	154.40	2221	2222	2265	16.80	25 –	37.40					154.40			Sep. all 25.–
																				Sub. all 37.40
																				Cloth all 25.–
																				A.P. 15.00

WAR SERVICE GRATUITY

	W.S.G.	S.A.	Total	W.S.G.	S.A.	Total Pd.	Soldier	Depend.	
153 days minimum	350 –	150 –	500 –	70 –	30 –	100 –	280 –	120 –	18-8-19 – 1088852-53
30 Amended	70 –	30 –	600 –	70 –	30 –	200 –	350 – / 280 –	150 – / 120 –	15-9-19 – 1092348-49
183				70 –	30 –	300 –	210 –	90 –	14-10-19 – 1618760-1
				70 –	30 –	400 –	140 –	60 –	14-11-19 – 1621384-5
				70 –	30 –	500 –	70 –	30 –	13-12-19 – 1623428-9
				70	30	600	–	–	29-1-20 – 1626188-9
	420	180	600	420	180	600 –			

100M-1-19.—L. L. 53962-M. & D. 9723.
M. F. W. 2596.
1772-39-1390.

64 Rue Hermine Dubuc

S.A. . même adresse
mais séparement

CONFIDENTIAL INFORMATION

[redacted]569
NCS [redacted]
"E"

Category ~~Exxxx~~ D-3

No. of M. H. C. File	No. of Local File	No. of H. Q. File

~~Goell~~, Coll, Andrews.
19 Rue Bellvue,
River du Loup, Quebec.

No. 199291 Rank Pte. Original Unit 9[redacted]th Present Unit

Age 38 Height 5 ft. 5 ins. Complexion dark Eyes blue Hair dark Character good

Date of enlistment March 1916 Where enlisted Kinora Where seen service France

Ship returned by Araguaya Date of arrival 25.10.17. Port of arrival Halifax.

Birthplace above place. Religion R.C.

Name and address next of kin sister, Mrs. Josephine Collins, above place.

Notification of return to be sent to

Cause of disability Right leg amputated middle third of thigh, injury to right arm inner side of elbow.

Condition in detail which prevents the soldier from earning a full livelihood

Right leg amputated at middle third of femur. Wound healthy and good looking. Bone protruding beyond skin flaps. Scar of wound on inner aspect of right elbow. Extension nearly normal. Muscles of forearm and hand weak. Patient is in good general condition. Scar on outer side of right chest wall.

E. 1. Discharge, no pensionable disability.
E. 2. Waiting Reclassification.
E. 3. Discharge with claim for pension.

Degree of incapacity (Please state in fractions) Eng. Board Canadian Board 75% DDS 75%

Probable duration of incapacity Permanent with improvement

Does it render him permanently unfit for Military Service? Yes

Would operation, Special treatment, or use of appliances etc., lessen incapacity? Yes. Conv. Home

Destination to which transportation issued Quebec. Toronto

Members of Board Drs. Elliott, Proudfoot, & Peake.

C. Service in Canada.
D. Treatment.

INFORMATION TO BE FURNISHED BY SOLDIER

DEPENDENTS	NAME	AGE	WHERE—IF EMPLOYED	WAGES	STATE OF HEALTH
Wife					
Children 1					
2					
3					
4					
5					

Occupation prior to enlistment Laborer

Regular trade or profession

Average earnings previous to enlistment irregular Any other income?

Name and address of last employer "

Rent per month If purchasing property amount due and annual payment, $

Taxes If Homestead, when is patent due?

If carrying life or accident insurance, annual premium

If in receipt of sick benefits or other insurance—name of society Amt. per mo. $

If unable to follow previous occupation, name preference

At what age soldier left school? What grade, standard, &c., was he in?

Has he taken any Technical or Continuation Classes, if so what?

Whether given Vocational Training while in Hospital in England. If so, what subjects?

References

Witness W. B. MacCoy

I declare that the above statement is correct.

Date 28.10.17. Signature [redacted] Andrew Coll.

Recommendation by Interviewer as to classes likely to be of use, and general remarks:

A. General Service.
B. Service abroad, not general.

Last Pay Cert. Cr., $ Dr., $ Amount paid at Depot H.Q., $ L. P. C. leaving Depot, $

Amount forwarded to H. Q. Unit, $ Credit Clothing allowances, $

Transf'd to Unit—Date Transf'd Class 1—Date Transf'd Class 3—Date

PENSION—Class..... Amount per year, $..... Period granted for..... Dating from.....

First payment date.....

Form No. 5a.

CONFIDENTIAL INFORMATION

Category D or E.....

No. of M. H. C. File	No. of Local File	No. of M. C. File

No. ..... Rank .....

Age ..... Height ..... Ft. ..... ins. Complexion ..... Eyes ..... Hair ..... Characteristics .....

Date of enlistment ..... Where enlisted ..... Where seen service .....

Ship returned by ..... Date of arrival ..... Port of arrival .....

Birthplace ..... Religion .....

Name and address next of kin .....

Nod ication of return to be sent to .....

Cause of discharge .....

Condition on discharge as prevents re-enlistment for Home Service / for War / for World .....

Degree of disability (Please state in fractions) Pens. Board ..... Canadian Board .....

Probable duration of incapacity .....

Does it render him permanently unfit for Military Service? .....

Would operation, Special treatment, or use of appliances etc., lessen incapacity? .....

Destination to which transportation issued .....

Members of Board .....

INFORMATION TO BE FURNISHED BY SOLDIER

DEPENDENTS	NAME	AGE	WHERE EMPLOYED	WAGES	STATE OF HEALTH
Wife					
Children 1					
2					
3					
4					
5					

Occupation prior to enlistment .....

Regular trade or profession .....

Average earnings previous to enlistment ..... Any other income? .....

Name and address of last employer .....

Rent per month ..... If purchasing property amount due and annual payment, $ .....

Taxes ..... If Homestead, when is patent due? .....

If carrying life or accident insurance, annual premium .....

If in receipt of sick benefits or other insurance—name of society ..... Amt. per mo. $ .....

If unable to follow previous occupation, name preference .....

At what age soldier left school? ..... What grade, standard, &c., was he in? .....

Has he taken any Technical or Continuation Classes, If so what? .....

Whether given Vocational Training while in Hospital in England. If so, what subjects? .....

References .....

Witness ..... I declare that the above statement is correct.

Date ..... Signature .....

Recommendation by Interviewer as to classes likely to be of use and general remarks.

Last Pay Cert. Cr. $ ..... Dr. $ ..... Amount paid at Depot M. O. $ ..... D. C. Training Depot $ .....

Amount forwarded to H. O. Unit $ ..... Credit Clothing allowance $ .....

Transf'd to Unit—Date ..... Transf'd Class 1—Date ..... Transf'd Class 3—Date .....

PENSION—Class ..... Amount per per. $ ..... Period awarded for ..... Dating from .....

Pens. No. ..... Pens. payment date .....

CASE HISTORY SHEET.

DMCH Hospital. MD4 Station.

No. 19921 Rank Pt Name Goce A Age 36

Unit DD I Completed years of service Where and how long

Date of admission Sept 21/18 Date of discharge Oct 17/18

Diagnosis Amptn rt thigh Place of origin France

CONDITION ON ADMISSION AND PROGRESS OF CASE. Wounded Vimy Apl. 9/17 resulting in amptn left thigh leaving 3rd stump. Fitted in Toronto with artificial limb and by mistake transferred to Montreal instead of to Quebec.

Authorization requested for transfer to Quebec.

W Patterson Capt

FAMILY HISTORY

(Tuberculosis, mental or nervous diseases.)

TREATMENT

(Especially any specific or special form.)

CONDITION ON DISCHARGE,

(and disposal made of case.)

Date

Medical Officer i/c case.

M. F. B. 313a.
200M. - 5-18.
1772-39-439.

Admitted 23-4-17.

Wd 8 Bed 49

Forms I. 1237 12

Army Form I. 1237.

KING GEORGE HOSPITAL LONDON, S.E.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
C.F.T. 681.	199291	Pte	Gree	Andrée

Year	Unit.	Age.	Service.
1917	5/ Western Cavalry Canadians	34	1 9/12 9/12

Station and Date. King George H 23.4.17

Disease G.S.W. Leg (R) Amputation - & R. arm. aneurism developed

Wounded Ap q. at Vimy ridge

On admission

General condition not good - Pale & somewhat Collapsed

Circular amputation of R Leg at mid thigh wound very dirty, & v. painful

Bruising & small puncture over the inner aspect R. Elbow.

Some limitation of movement in R. fingers.

26/4 Pt reports A.T. injection today & twice before.

6/5. Grip of R hand is very feeble.

There is a large fluctuating swelling (size of an egg) over the inner aspect of the biceps tendon 2" from elbow. Opened & clots & clear fluid evacuated & but swelling only partially diminished: it pulsates forcibly & is expansile - ? aneurism?

7/5. Mr Spencer operated on for aneurism at the junction of the Radial & the Brachial - the vein was also injured so that it became nec^d to tie both.

Four pieces of bone removed - Four stitches put in & dressed with B. I. P.

11/5 Pulses felt at radial & ulnar side of wrist. No oedema

18/5 Hand quite sound - Invalid pp. move out.

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

(44502) Wt.W 11203—M 1150. 1,450,000 6/12 16. C.F.&S. Forms/I. 1237/12. (E239) P.T.O.

Station and Date.	
24/5	About 3 inches of necrosed femur & a pocket of pus removed
1/6	Much improved - hand & stump
7/6	Stump discharging - a pocket some where round the bone.
14/6	Maj Spencer strongly recommends this Pt for transfer as a cot case to some country air as at Orpington or Gifford House as he makes but slow progress in this Hosp^l. HE is now much improved & is quite fit for a 3 or 4 hr journey by road & rail
	(1) Rt leg - stump nearly clean
	(2) arm healed
	Pt has some degree of secondary anaemia & does not require much attention beyond a dressing or so daily to the stump & if possible a little massage to the arm
	J. Greenaway
8-6-17	~~To Ontario Hospital Orpington~~
2/7/17	Stump granulating freely no bone exposed still some discharge.
	To get up.
6-7.17	To Ontario Hospital Orpington (clair case).
	Tr. Drake Brockman Mot. Ans.
6/7/17	Admitted O.M.H.

Bed 49.

CLINICAL CHART.

(To be attached to Case Sheet.)

Army Form B. 181.

Corps 199291 Military Hospital

No. 3rd Can Rly Troops Rank and Name P/6 Goll. A Age 34 Service 1/5/12

Disease Glandular Rheumatism Date of admission 6-7-17 Date of discharge 26-9-17 Result To Canada

Dates of Observation								July 17	18	19	20	21	22	23	24	25	26	27	28
Days of Disease																			
Temperature Fahrenheit	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.
107°																			
106°																			
105°																			
104°																			
103°																			
102°																			
101°																			
100°																			
99°																			
98°																			
97°																			
Pulse per Minute								98	96	100	88	88	80	80	84	84	76	80	100
Respirations per Minute								20	20	20	20	16	20	16	16	18	16	20	20
Motions per 24 hours																			

Caused to be Discontinued

(6201) Wt. W. 11421/M1165 2,000,000 12/16 McA & W Ltd. A.F.B. 181 (E. 735)

Signature T. O. McDougall In charge of case.

Forms
I. 1237
12

A-25

Army Form I. 1237.

Bed 49

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
2CT2295	199291	Pte	~~Gott~~ Goee	A.

Year	Unit.	Age.	Service.
1917	5th ~~Can Rly Troops~~ Western Cavalry	34	15/12

Station and Date.

Disease GSW Rt Thigh (ampt.)

Complaint - Amputation - thigh

Wounded. Vimy Ridge Apr. 9/17

Sent to C.C.S. and ~~leg amputated and~~

sent to Boulogne and leg amputated.

Sent to King George Hospital about

16th April. Reamputation & Brachial art. tied. - aneurysm. Sent ~~to~~ O. M. H. July 6th

Enlisted in Canada. (Does not

know date). In France about 1 yr.

Examination on admission

here shows wounded surface

of stump granulating, clean.

Also wound in right arm in

front of elbow. Healed well. Movement

limited - cicatricial contraction.

17/7/17 - Slight temp & pussy discharge from

Right leg stump.

18/7/17 Stump incised on medial aspect - no pus

22/7/17 Carrel tube placed on end of stump &

given q 1 h by day and q 2 h night.

Boarded for Can. D P Byers

CANADIAN MILITARY HOSPITAL, LIVERPOOL

26.9.17. Amp. stump. R. thigh healthy. Granulating surface

on end about size of 50¢ piece.

GSW. Right arm healed. - Grip right hand weak,

full pronation & supination of arm. also perfect flexion

at elbow. No treatment. (over) ~~[illegible]~~

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

(44502) Wt. W 11203 M 1150. 1,450,000. 6/12/16. C.F.& S. Forms/I. 1237/12. (E239) P.T.O.

Station and Date.	
	There is a good radial pulse in right wrist. (Could this artery have been tied as stated over leaf in notes of May 7th.) Right hand very stiff every morning. F A W Brown Capt
17.10.17.	Discharged Inv to Canada. C B Kidd Capt.

CLINICAL CHART.

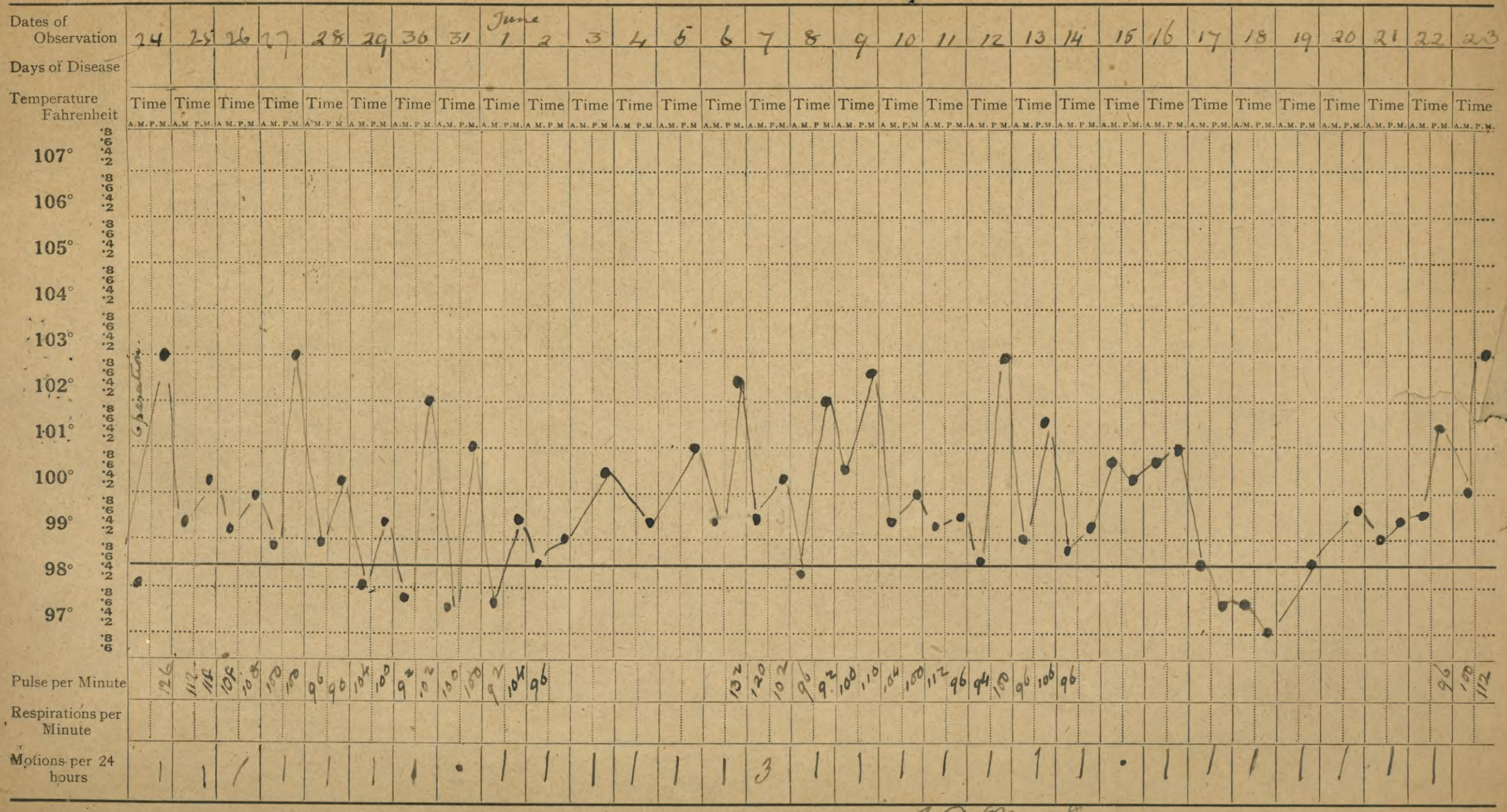
(To be attached to Case Sheet.)

Army Form B. 181

Corps 4 C.R.H. Military Hospital

No. 19924 Rank and Name Pte Gore A Age 34 Service

Disease Date of admission 23. IV. 17 Date of discharge Result



(6201) Wt. W. 11421/M1165 2,000,000 12/16 McA & W Ltd. A.F.B. 181 (E. 735)

Signature A.C. Thos Dawyer In charge of case.

CLINICAL CHART.

(To be attached to Case Sheet.)

Army Form B. 181

Corps 19296 Military Hospital O. M

No. 5 Fd. R.E. Rank and Name Pte Gore Age 34 Service 15/12

Disease G.S.W. Right Leg Date of admission 23. IV. 17 Date of discharge Result

Dates of Observation	June							July																									
Days of Disease	24	25	26	27	28	29	30	1	2	3	4	5	6	7	8	9	10	11	12														
Temperature Fahrenheit	Time A.M. P.M.	Time A.M P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.
107°																																	
106°																																	
105°																																	
104°																																	
103°																																	
102°																																	
101°																																	
100°																																	
99°																																	
98°																																	
97°																																	
Pulse per Minute	104	94	92	90																													
Respirations per Minute																																	
Motions per 24 hours	1	1	1	1	1	1	1	1																									

(6201) Wt. W. 11421/M1165 2,000,000 12/16 McA & W Ltd. A.F.B. 181 (E. 735)

Signature A. C. MacDougall In charge of case.

CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

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

Regimental No ..199291..... Rank....Private..... Name .....Goee, Andrew.....

Corps ....94th Battn..... who was*...Discharged.....

On .....29-11-18.....191...., to..Further treatment with S.C.R.....

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from .....14-10-18.....191.....,

to .....29-11-18..191...., the inclusive date of transfer or discharge.

Dr.	$	c.	Cr.	$	c.
Bal. Dr. from prev. month	.....	.....	Balance Cr. from prev. month Orgn. LPO	5	10
Advances by Cheques No. 2109	25	00	Regt'l. Pay ....47..days at $....1.c.00	47	00
Advances by Cheques No. 2821	16	80	Field Allow. ...47..days at $.....c.10	4	70
Assigned Pay and Sep'n Allce. No. 2220 2222	15 25	00 00	Separation Allowances* (Monthly)	25	00
Other charges Clothing. 2266	55	00	Other Allowances* Subs. 15-10-18/28-11-18	37	60
Payment on transfer or discharge No 2265	57	60	Other Credits* Clothing.	55	00
Balance Cr. (to be paid by the new unit) ...	.....	.....	Bal. Dr. (to be deducted by new unit)	.....	.....
Total	154	40	Total	154	40

*Give particulars.

A monthly stoppage of $.....15.00.....(†) has.....been.....(‡) been paid on account of Assigned Pay for the month of .....November.....,1918. and Sep'n Allce. for month of ....November....1918. (to) Assignee ....Mrs. A. Goee.....

(Address) ..... 6, Hermine Str.,.....

..... Quebec.....

(†) 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.

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

REMARKS:—

State (1) date of enlistment .. ..

(2) if married and if a Separation Allowance Card has been submitted Yes. Paid to 30-11-18.

(3) cause of discharge Furt. treatment with S.C.R. authority ...D.O. 2589 of 27-11-18.

(4) authority for transfer .....

NOTE.—Separation Allowance and Assigned Pay Card and Index Card (M.F.W. 71) are to accompany the original Last Pay Certificate on transfer.

I have carefully examined this statement of account and find it to be a correct extract from the Pay List of the Unit.

Date ...29-11-18.....

CM. Place ..Quebec, P.Q. .....Capt.

Demobilization Pay Division, MD5. *Paymaster.*

N.B.—For purposes of transfer this form is to be made out in quadruplicate. Original copy to paymaster of new unit, duplicate to District Paymaster; triplicate to accompany the pay list at the end of the month, and quadruplicate for retention as a record.

For purposes of discharge it is to be made out in triplicate. Original copy to accompany discharge papers; duplicate to accompany pay list at the end of the month, and triplicate for retention as a record.

If a man on discharge is entitled to three months' Post Discharge Pay, Last Pay certificate will be made out in quadruplicate. The original Last Pay Certificate will be forwarded with other documents to Paymaster Post Discharge Pay and triplicate, with his discharge documents.

M. F. W. 44.

H.Q. 1772-39-903.
100M-9-18. D.P. 874.

PART I. 8 Form (D.M.S. 1312). A.F.B. 179 Canada (Revised). 3737. 50M.

Reserved for M.H.C.

Regt. No. 199291 Rank PTE Surname GOEE Christian Name ANDRÉ

Unit or Corps—(a) Overseas from United Kingdom 5th Bat. Can. (b) In United Kingdom 32nd Bat.

Born at—Town Riviere Du Loup County or Province Quebec Country Canada

Date of Birth—Day 1. Month April Year 1883 Age 34 yrs. 3 months.

Joined at Kenora Date Mar 1. 1916

Former Trade or Occupation Laborer

Permanent marks or peculiarities that will serve for future identification:
Semi-circular scar right cheek.
Scar - Anti-cubital fossa right arm.
Right leg amputated at middle of femur.

Height—feet 5 inches 5 Colour of eyes Grey

Signature of Soldier (*for identification purposes*) Geo E

Medical Report.

☞ *The answers to the questions below are to be filled in by the Officer in medical charge of the case. He will carefully discriminate between the soldier's unsupported statements and the evidence as recorded in the medical or other military documents bearing on the case. He will plainly state the existence of any of the disability prior to the soldier joining for the present war.*

1. DISABILITY (*State the actual disabling conditions as distinguished from the diseases or injuries from which they resulted*). (*Follow the official nomenclature as far as possible.*)

Group the disabilities, placing those resulting from separate causes in separate groups.

Disabilities Group (*a*): PARTIAL LOSS OF FUNCTION. RIGHT ARM

Disabilities Group (*b*): LOSS OF RIGHT LEG

Disabilities Group (*c*).

2. CAUSE OF DISABILITY. (*Follow the official nomenclature in stating the disease or injury.*)

	Disease or injury to which the disability is due.	Place of origin.	Date of origin.
(*i.*) As to Group (*a*) above.	GUN SHOT WOUND RIGHT UPPER ARM.	VIMY RIDGE.	APR. 9/17.
(*ii.*) As to Group (*b*) above.	GUN SHOT WOUND RIGHT LEG. LOWER 1/3 FEMUR.	VIMY RIDGE	APR. 9/17
(*iii.*) As to Group (*c*) above.			

NOTE.—By Active Service is meant Service with the Colours in Canada, United Kingdom, or elsewhere during the present war (since August 4th, 1914).

3. Is the disability due to disease contracted or injuries received prior to Active Service? no

(*i.*) As to Group (*a*) above? no If yes, has Active Service aggravated it? —

(*ii.*) As to Group (*b*) above? no If yes, has Active Service aggravated it? —

(*iii.*) As to Group (*c*) above? — If yes, has Active Service aggravated it? —

4. Is the disability due to disease contracted or injuries received while on Active Service—

(*i.*) As to Group (*a*) above? yes.

(*ii.*) As to Group (*b*) above? yes.

(*iii.*) As to Group (*c*) above? —

PART I. *(continued).*

5. If a cause of disability was an injury received on Active Service, was it received—

(i.) While on duty? yes (ii.) While off duty? no.

(iii.) Was a Court of Inquiry held? no. (iv.) Where? ~~no~~ (v.) When? ~~not applic.~~

(vi.) Opinion of the Court? Not applicable.

6. HISTORY OF THE CASE. *(State concisely the essential points of the history, noting the entries made on the Medical History Sheet and other records).* Patient states he was wounded at Vimy Ridge apr. 9/17 in right arm and right leg. Leg amputated at mid thigh 23/4/17 at King Geo. Hospital. Admitted there april 16/17 Aneurysm developed at junction of Radial and Brachial Arteries vein also involved. This was at site of wound. Brachial artery and vein tied and four pieces of bone removed K. G. H. 7/5/17. Reamputation of 3" of thigh K. G. H 24/5/17. Discharged from K.G.H. July 6th/17 Admitted to O.M. Hospital July 6/17 Leg wound healthy and granulating Arm wound healthy - healed.

7. PRESENT CONDITION. *(Give previous and present weight if likely to indicate progress of disability.)*

Leg wound healthy and granulating. Bone cicatrix covered by muscle but protruding beyond skin flaps. Arm extension limited 45°. Flexion normal. Circulation Lower arm Good. muscles of forearm weak Patient in anaemic condition Circulatory system normal. Alimentary system - normal. Respiratory system normal. Nervous system - normal. Genito-urinary system normal.

8. OPERATION. (i.) Was one performed? Yes.

(ii.) If so, state what. I - Amputation and reamputation right thigh at middle.
II Brachial artery and vein tied

(iii). Was one advised and declined? no.

NOTE.—Loss of teeth on or immediately after Active Service should be attributed thereto unless there is evidence to the contrary.

9. (i.) Is there loss or decay of teeth attributable to Active Service? no.

(ii.) If so, describe. ———

10. DO YOU RECOMMEND:—

(a) Fit for duty? no.

(b) Fit for base duty? no.

(c) Invalid to Canada? yes.

(d) Discharge from the Service as permanently unfit? no.

Date of Report July 9. 1917 Signed J. K. Patterson
Officer in medical charge of case.

Station O. M. H. Orpington Lieut. C.A.M.C.

I have satisfied myself of the general accuracy of the above Report, and concur therein *except

D. McPherson COL C.A.M.C. (Officer i/c Hospital) (S.M.O. Brigade) Strike out one of these.

D.G. ONTARIO MILITARY HOSPITAL.

Dated at ORPINGTON, KENT. Station, on 22 AUG 1917 191

* Delete if inapplicable.

PART II.

Proceedings of a Medical Board on the Soldier mentioned in Part I.

Clear and decisive answers are to be given to all questions. Such terms as "may," "perhaps," "probably," "possibly," are not to be employed. Disability due to causes arising on Active Service is to be clearly shown in order that the Pensions Authorities may deal with the case properly.

11. Is the disability fully indicated in Part I. (1)?
If not, indicate it. yes

12. Is the cause of the disability fully indicated in Part I. (2)?
If not, indicate it. yes

13. Was the disability caused or aggravated by—
(a) Negligence of the Soldier — Caused? no; Aggravated? no
(b) Misconduct of the Soldier — Caused? no; Aggravated? no

14. THE ENTIRE DISABILITY.—Without regard to his regular occupation, to what extent is his capacity lessened at present for earning a full livelihood in the general market for untrained labour?
(*Estimate at none*, 10%, 20%, 30%, 40%, 50%, 60%, 70%, 80%, 90%, *or* 100%.)
not applicable

15. THE PENSIONABLE DISABILITY.—*see Part I.* (3). *Aggravation on Active Service of a disability existing previous to joining is to be included in the estimate).*
What part of the entire disability estimated next above in (14) is due to causes arising during Active Service?
(*Estimate at none*, $\frac{1}{5}$, $\frac{2}{5}$, $\frac{3}{5}$, $\frac{4}{5}$, *or all.*)
not applicable

16. Permanency of the Pensionable Disability estimated next above in (15).
(*i.*) Is it permanent? yes
(*ii.*) If not permanent, what is its probable minimum duration (*in months*)? not applicable

17. If an operation was advised and declined, do you consider the refusal to have been unreasonable? not applicable

18. Remarks.

INVALIDED TO CANADA FOR FURTHER MEDICAL TREATMENT
HOSPITAL REPRESENTATIVE,
ONTARIO MILITARY HOSPITAL, ORPINGTON.

19. Recommendation :—(*a*) Fit for duty? no
(*b*) Fit for base duty? no
(*c*) Invalid to Canada? yes
(*d*) Discharge from service as permanently unfit? no

Classification for the Military Hospitals Commission.

Date of Board 22 AUG 1917

Station ONTARIO MILITARY HOSPITAL, ORPINGTON, KENT.

Signatures of the Board. W. Merritt major C.A.M.C. *President.*
James W. Ross Capt C.A.M.C.
Wm E. Hicks Capt C.A.M.C.

Approved [signature] Captain C.A.M.C., A.D.M.S.
for A.D.M.S., Canadians, London Area.

Dated at ..... Station A.D.M.S. CANADIANS, LONDON AREA, LONDON.
25 AUG 1917 191

Proceedings of the Pensions and Claims Board on the Soldier mentioned in Part I.

The Pensions and Claims Board, Canadian Expeditionary Force, assembled at

on the day of 191

Members of the Board :—

The Board having considered the evidence of the soldier marginally named, together with the documents submitted, recommend :—

INVALIDED TO CANADA FOR
FURTHER MEDICAL TREATMENT

Dated at this day of 191

President.

Signatures of the Board

(Medical Officers will please read this Form carefully before using it. See instructions, page 4.)

FORM TO BE USED FOR WARRANT OFFICERS, N.C.O'S, AND MEN

MEDICAL HISTORY OF AN INVALID

STATION Quebec, Que., DATE 23-11-18

1. (a) Unit D. D. No.5 (b) Regimental No. (c) Rank

(d) Surname GOEE (e) Christian name Andre

2. Age last birthday 36 Date of birth

3. Enlisted at Kenora, Ont. on April 5th. 1916

4. Personal description :—

(a) Height (b) Weight (stripped) (c) Complexion

(d) Colour of hair (e) Colour of eyes (f) Identification marks

5. Address after discharge (for the use of the Board of Pension Commissioners.) 64 Hermine St. Quebec.

6. Former trade or occupation Engineer

7. (a) Service Canada

	Years	Days

	Periods	
	From	To
94th. Bn. C. E. F.	April 5th.1916	July 1916
32nd.Bn. C. E. F.	July 1916	Sept. 1916
5th.Western Cavalry	Sept. 1916	Jan. 1918
D. D. No.5	Jan. 1918	Date

(b) Has he been Overseas ? Yes

8. Present disease or disability (use authorized nomenclature if possible). 1.Loss of right leg.2Partial loss of function right arm

(a) Date of origin 1.April 10-1917 (b) Place of origin 2. April 1917 Vimy Ridge

(c) Cause* 1-2-Shrapnell wounds *(Here include original disease or injury)

9. Present condition. (Important, to be a full description of the present disabling condition or conditions).

1. While taking part in the battle of Vimy Ridge he was wounded in the leg by shrapnel, necessitating amputation at middle 1/3 of femur 2 days following. Shrump is healed but is still tender and cannot wear his leg continually. (2) His arm was injured by shrapnel at the flexor aspect of elbow. There was considerable loss of power, but this was gradually improved. The grip at present is diminished about 1/8.

[After describing all abnormalities, anatomical and functional, contributing to present incapacity (see section 11) state whether such incapacity is directly due to (*a*) weakness, (*b*) loss (complete or partial) of an organ or member or of its functions, or (*c*) to the necessity for rest of the body or of some of its parts.]

M. F. B. 227.

150M.-6-17.
1772-39-117.

10. History ;

Here give a description of wounds, scars, deformities, and signs and symptoms of abnormal conditions present and not included in answer 8. This section cannot be completed without stripping the soldier and subjecting him to a thorough physical examination

11. To what extent, state in percentages, is capacity to earn a livelihood in the untrained labour market reduced ? If there is more than one disabling condition, estimate the incapacity due to each, and that due to all combined.

12. Did the disability arise on or off duty ? On Duty

13. Was a Court of Inquiry held ?

14. If the disabling condition had its origin before enlistment, has it been aggravated on service ? No

Yes..... No.....

(If the answer is in the affirmative, state in percentages, to what extent the soldier is incapacitated by that aggravation.)

15. Was the disability caused or aggravated by negligence, by vice or by misconduct, or by unreasonable refusal to accept treatment ? No

(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.)

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

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

Hospital England, France and Canada

18. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit ?

19. Can the former trade or occupation be resumed ? No

20. Recommendations

Discharged from the Servive for the purpose of receiving treatment under the I. S. C.

J. Dobbin, Capt.

Medical Officer by whom the case is brought forward.

STATEMENT OF THE SOLDIER.

(Sections 8, 9 and 10 are to be read to the soldier.)

I, the undersigned Andre Goee have heard the description of my disability read, and am satisfied (or not satisfied) with it. (If dissatisfied, statement should follow.) I complain in addition of

Andre Goee

Signature of soldier examined.

OPINION OF THE MEDICAL BOARD

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

Yes

22. Is the soldier 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).

23. It is certified that the soldier

(a) Does require treatment.
(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).

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

That he be discahrged from the service for the purpose of undergoing treatment under The I. S. C.

H. F. Chisholm Capt. *President.*
J. Dobbin, Capt. } S. M. B. *Members.*

STATION Quebec, P. Q.

DATE 23-11-18

APPROVED BY

DATE 26-11-18

G. A. Brown, Capt. A. M. C.
for *Assistant Director of Medical Services.*

APPROVED BY

DATE

Director-General of Medical Services.

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

INSTRUCTIONS

1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of pages 1 and 2 of this Form. The President of the Board of Medical Officers is responsible for the proper completion of the space, of page 3, reserved for recording the Proceedings of a Board of Medical Officers.
3. In answering the questions, Medical Officers will carefully obtain and record the soldier'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 soldier concerned, from witnesses, or from documents.
4. If a complete answer to any question requires more space than that reserved for it, the answer may be continued on the blank space on this page.
5. The nomenclature of diseases to be followed is that 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 and Sons.

VOLUNTEER.

MEDICAL HISTORY OF AN INVALID.

1. Station. Quebec.P.Q.
2. Regiment or Corps. D.D.No.5.
3. Regimental No. and Rank. 199291. Pte.
4. Name. GOEE. Andre.
5. Age last Birthday. 36
6. Enlisted on April 5th 1916 at Kenora. Ont.
7. Former Trade or Occupation. Engineer.

8. General remarks on his :—
   (a) Conduct. Good.
   (b) Habits. Good.
   (c) Temperance. Temperate.
   (For this purpose the Company defaulter sheets will be obtained from the man's Commanding Officer.)

Date. 23-11-18.

64 hermine St. Quebec. P.Q.

9. Service.

	Years.	Days.	PERIODS. From.	PERIODS. To.
CANADA.				
94th Bn. C.E.F.			April 5th 1916	July 1916
32nd. Bn. C.E.F.			July 1916	Sept. 1916
5th Western Calvary.			Sept. 1916	Jan 1918.
D.D.No. 5.			Jan 1918	Date.

10. (a) Disease or disability. 1. Loss of right leg. 2 Partial loss of function right arm
    (b) Date of origin. 1. April 10-1917 2. April 1917.
    (c) Place of origin. 1-2-. Vimy Ridge.
    (d) Cause. 1-2-. Shrapnell wounds.

11. Present Condition. (Most Important).
    (To include full description of present disabling condition or conditions.)
    1. While taking part in the battle of Vimy Ridge he was wounded in the leg by shrapnell, necessitating amputation at middle 1/3 of femur 2 days following. Shrump is healed but is still tender and cannot wear his leg continually.
    (2) His arm was injured by shrapnell at the flexor aspect of elbow. There was considerable loss of power, but this has gradually improved. The grip at present is diminished about 1/8.

12. (a) Is the disability the result of service or climate? 1-2-. YES.
    (b) Has it been aggravated by intemperance, vice or misconduct? 1-2-. No.

M. F. B. 227.
150 M—5-16.
1772-39-117.

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

Loss of right leg at middle 1/3 thigh

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

1-2-.On duty.

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

1-2-. N.A.

14. Treatment

Hospital England, France and Canada.

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

1-2-. N.A.

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

1.Permanent. 2. Impossible to state.

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

---

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

Yes.

J Bobbin Capt.

Medical Officer by whom the case is brought forward.

OPINION OF THE MEDICAL BOARD.

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

S. S. No.
MILITARY DISTRICT No. 5
CENTRAL REGISTRY
NOV 27 1918

10. YES.

11. YES.

12. YES.

15. YES.

16. YES.

17. YES.

18 Is he unfit for Military Service. Yes.

Recommendations: Discharge from the service for the purpose of receiving treatment under the I.S.C.

te.

Signatures :—

H F Chisholm Capt. President.

J Dobbin Capt } Members.

S M B

Station. Quebec. P.Q.

Date. 23-11-18.

Date. 26-11-18

G A Brown Capt Capt A.M.C.
for Asst. Director of Medical Services.

Approved.

Date.

Director-General of Medical Services.

(At Station or Hospital where finally disposed of.)

Station and Hospital } ..... Arrived from } .....

Date .....

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

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

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Date of final Medical Board or decision. }

.....
Administrative Medical Officer.

Militia Form B. 227.

150 m—5-16.
H. Q. 1772—39—117.

DETAILED MEDICAL HISTORY OF INVALID.

Station .....

Corps .....

Regimental No. ..... Rank .....

Name .....

Disability .....

Date .....

Hospital or Station transferred to for final disposal. }

Date of final disposal }

How finally disposed of }

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

Directed

CONFIDENTIAL INFORMATION

Report No. 4869 D 8

Category D3

Goll, Andrew
19 Rue Bellevue
River du Loup - Quebec

No. of M. H. C. File	No. of Local File	No. of H. Q. File

No. 199291 Rank 1 to Original Unit 94 Present Unit

Age 38 Height 5 ft. 5 ins. Complexion clear Eyes blue Hair dark Character good

Date of enlistment March 1916 Where enlisted Kinnd Where seen service none

Ship returned by a — Date of arrival 25-10-17 Port of arrival 14

Birthplace above place Religion R.C.

Name and address next of kin sister Mrs Josephine Leclerc above place

Notification of return to be sent to

Cause of disability Right leg amputed middle third of thigh. Injury to right arm inner side of elbow.

Condition in detail which prevents the soldier from earning a full livelihood Right leg amputated at middle third of femur. Wound healthy and good looking. Bone protruding beyond skin flaps. Scar of wound on inner aspect of right elbow. Extension nearly normal. Muscles of forearm and hend weak. Patient is in good general condition. Scar on outer side of right chest wall.

E. 1. Discharge, no pensionable disability.
E. 2. Waiting Reclassification.
E. 3. Discharge with claim for pension.

Degree of incapacity (Please state in fractions) Eng. Board Canadian Board 75% DDS 75%

Probable duration of incapacity Permanent with improvement.

Does it render him permanently unfit for Military Service? Yes.

Would operation, Special treatment, or use of appliances etc., lessen incapacity? Yes, Conv. Home.

Destination to which transportation issued ~~Quebec~~ Toronto

Members of Board Drs. Elliott, Proudfoot and Peake.

INFORMATION TO BE FURNISHED BY SOLDIER

DEPENDENTS	NAME	AGE	WHERE—IF EMPLOYED	WAGES	STATE OF HEALTH
Wife					
Children 1					
2					
3					
4					
5					

C. Service in Canada.
D. Treatment.

Occupation prior to enlistment Laborer

Regular trade or profession

Average earnings previous to enlistment irregular Any other income?

Name and address of last employer irregular

Rent per month If purchasing property amount due and annual payment, $ $

Taxes If Homestead, when is patent due?

If carrying life or accident insurance, annual premium

If in receipt of sick benefits or other insurance—name of society Amt. per mo. $

If unable to follow previous occupation, name preference

At what age soldier left school? What grade, standard, &c., was he in?

Has he taken any Technical or Continuation Classes, if so what?

Whether given Vocational Training while in Hospital in England. If so, what subjects?

References

Witness W. B. Mac[illegible] I declare that the above statement is correct.

Date 28-10-17 Signature ~~[illegible]~~ Andrew Goll

Recommendation by Interviewer as to classes likely to be of use, and general remarks:

A. General Service.
B. Service abroad, not general.

Last Pay Cert. Cr., $ Dr., $ Amount paid at Depot H.Q., $ L. P. C. leaving Depot, $

Amount forwarded to H. Q. Unit, $ Credit Clothing allowances, $

Transf'd to Unit—Date Transf'd Class 1—Date Transf'd Class 3—Date

PENSION—Class..... Amount per year, $..... Period granted for..... Dating from.....

First payment date.....

Form No. 5c.

94th OVERSEAS BATTALION

ORIGINAL

ORIGINAL

ORIGINAL

A3

MEDICAL HISTORY SHEET.

Goee

Surname GOOE. ~~Goee~~ Christian Name Andrew

a 25

Examined on 22 day of March 1916 at Kenora

Birthplace City or Town St. Roche County Quebec

Apparent age 37

Trade or occupation Laborer

Height 5 Feet 5 Inches.

Weight 155 Lbs.

Chest measurement Minimum 36 inches. Maximum expansion 40 inches.

Physical development Good

Small-Pox Marks None

Vaccination Marks Arm Right. Left. Yes Number One

When Vaccinated last In childhood

(a) Marks indicating congenital peculiarities or previous disease None

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

Approved by W. J. Turner

Rank Kenora M.O.

Date.	Fit or Unfit.	Examined for Re-engagement.
		30 APR 1917
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

INVALIDED TO CANADA FOR FURTHER MEDICAL TREATMENT

HOSPITAL REPRESENTATIVE, ONTARIO MILITARY HOSPITAL, ORPINGTON.

Date.	Result.	Vaccinations.
14/7/16		H B Mack M.O.
		M.O.
		M.O.

Date.	Result.	Anti-Typhoid Inoculations, Etc.
3/6/16	~~Good~~	~~H B Mackeown Capt A.M.C.~~
14/6/16	Good	H B Mackeown Capt A.M.C.
24/6/16	.	H B Mackeown Capt A.M.C.
		M.O.
		M.O.

Enlisted on ~~22~~ 5 day of ~~March~~ April 1916 at Kenora

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	94th O/S	199291		~~22 March~~ 5 April 1916
Transferred to				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.
ONTARIO MILITARY HOSPITAL, ORPINGTON, KENT.	22 AUG 1917	G.S.W. right leg & rt arm (leg amputated)	Invalided to Canada W. H. Merritt major C.A.M.C.
Quebec	23/11/18	G.S.W. Loss rt. leg " rt. arm	E H F Chisholm Capt S.M.B. J Dobbin Capt

President, Medical Board

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.

200M—11-15.
H. Q. 1772-39-439.

Surname Goe Christian Name Lee Arrived

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.
Valcartier, Que June 11-16		No Admission									
No.2.Ca.Fld.Amb.,		14	11	16	15	11	16	Influenza.		Reported from Base to Hospital	A.527/1-520. REB
Rest. Station.		15	11	16	15	11	16	" Can Fld. Amb.,			A.527/1.
No.3. Can.Fld.Amb.,		15	11	16	24	11	16	"			A.527/1.
No.4.Can.Fld. Amb.,		24	11	16	26	11	16	"		Reported from Base, Rejoined Unit.	A.532-533. REB
KING GEORGE HOSPITAL LONDON. S.E.		23	4	17	~~6~~ 6	~~7~~ 6	~~17~~ 17	GSW Rt thigh (amputn) GSW Rt arm	~~74~~ 76	Wounded 9-4-17. On admission- Pt pale & somewhat collapsed. Circular amptnt leg at mid thigh, v.s dirty & painful. Aneurism at junction of Radial & Brachial opened, vein not injured, pieces of bone removed. Rt leg stump nearly clean. Arm healed. Some degree of secondary anaemia. Massage to arm. Trans: to Orpington Can: Hpl.	
"ARAGUAYA."		17/10	7		27	10	17	Rt get healed Whitefield Capt RAMC			
								Capt Cuming			
ONTARIO MILITARY HOSPITAL ORPINGTON, KENT.		11-7-17						Amputation of rt thigh. Aneurism of Brachial & rt Artery do		Limited movement of arm. Lt. Stakeborn Leg. clean & granulating Board for discharge Capt Canada, J.K. Patterson Clean granulating surface R thigh Capt Brown Lieut-Colonel	
CANADIAN MILITARY HOSPITAL LIVERPOOL								26.9.17			