

Original 931248

**ATTESTATION PAPER.**  
**NO. 2 CONSTRUCTION BATT'N. C. E. F.**  
**CANADIAN OVER-SEAS EXPEDITIONARY FORCE.**

No.

Folio.

**QUESTIONS TO BE PUT BEFORE ATTESTATION.**

(ANSWERS.)

1. What is your surname? *Goffigan*
- 1a. What are your Christian names? *Thomas*
- 1b. What is your present address? *181 Grafton St. Halifax N.S.*
2. In what Town, Township or Parish, and in what Country were you born? *Hammonds Plainses Hf Co. N.S.*
3. What is the name of your next-of-kin? *Mrs. Emily Goffigan*
4. What is the address of your next-of-kin? *Hammonds Plainses Hf Co. N.S.*
- 4a. What is the relationship of your next-of-kin? *mother*
5. What is the date of your birth? *11-8-1901*
6. What is your Trade or Calling? *Shoe Shiner*
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, *Thomas Goffigan*, do solemnly declare that the above are answers made by me to the above questions and that they are true, and that I am willing to fulfil the engagements by me now made, and I hereby engage and agree to serve in the **Canadian Over-Seas Expeditionary Force**, and to be attached to any arm of the service therein, for the term of one year, or during the war now existing between Great Britain and Germany should that war last longer than one year, and for six months after the termination of that war provided His Majesty should so long require my services, or until legally discharged.

Date *11-9-* 191*6* *Thomas Goffigan* (Signature of Recruit)  
*W.C. Chandler Serjt.* (Signature of Witness)

**OATH TO BE TAKEN BY MAN ON ATTESTATION.**

I, *Thomas Goffigan*, do make Oath, that I will be faithful and bear true Allegiance to His Majesty **King George the Fifth**, His Heirs and Successors, and that I will as in duty bound honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity, against all enemies, and will observe and obey all orders of His Majesty, His Heirs and Successors, and of all the Generals and Officers set over me. So help me God.

Date *11-9-* 191*6* *Thomas Goffigan* (Signature of Recruit)  
*W.C. Chandler Serjt.* (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 *Halifax* this *11* day of *Nov.* 191*6*.

(Signature of Justice)



# Description of *Thomas Goffigan* on Enlistment.

Apparent Age.....*15*.....years.....*1*.....months.  
 (To be determined according to the instructions given in the Regulations for Army Medical Services.)

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

(Should the Medical Officer be of opinion that the recruit has served before, he will, unless the man acknowledges to any previous service, attach a slip to that effect, for the information of the Approving Officer).  
*Scars on back of right hand  
 scars on both shins*

Height.....*5* ft. *2* ins.

Chest measurement { Girth when fully expanded.....*32* ins.  
 Range of expansion.....*2* ins.

Complexion.....

Eyes.....

Hair.....

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

*Weight 95 lbs*

## 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.....*Sept 11th* 191*6*.....

Place.....*Halifax N.S.*.....*Capt A. M. S.* 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.

*Thomas Goffigan*.....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.

*C. H. Reis Capt*.....(Signature of Officer)  
 .....L.T. COL

Date.....*OCT 20 1916*.....191*6*.....*O. Comd'g No. 2 Construction Battalion, C. E. F.*



C.E.F.

GOFF I GAN THOS.

931248

2 CONS. BN

16143

DEMOB.

NATIONAL PERSONNEL RECORDS CENTRE CENTRE NATIONAL des DOCUMENTS du PERSONNEL		
RCMP GRC	ON	MB

AO-142-3607







Goffigan

931248

MEDICAL HISTORY SHEET

ORIGINAL

Surname Goffigan

Christian Name Thomas

Examined on 11th day of Sept 1916 at Halifax N.S.

Approved by

J. Murdoch

Birthplace City or Town Hammonds Plains N.S. County Halifax Nova Scotia

Rank Captain M.O.

Apparent age 1 15 years

Trade or occupation Shoe shiner

Height 5 feet 2 Inches

Weight 96 lbs.

Chest measurement Minimum 30 inches Maximum expansion 32 inches

Physical development Good

Small-pox Marks Nil

Vaccination Marks Arm Right Left Number One

When Vaccinated last 1910

(a) Marks indicating congenital peculiarities or previous disease

(b) Slight defects but not sufficient to cause rejection

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

Date	Result	VACCINATIONS
18/3/14	RPR	None Norway M.O.
		M.O.
		M.O.

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
24/10/14	RPR	H.C. Kunt Noynand M.O.
31/11/14	RPR	H.C. Kunt Noynand M.O.
7/11/14	RPR	H.C. Kunt Noynand M.O.

Enlisted on 11th day of September 1916 at Halifax N.S.

CORPS	REG'L NUMBER	HABITS	DATE
	931248		11/9/16
No. 2 CONSTRUCTION, B'n. C.E.F.			
Transferred to			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

STATION	DATE	DISEASE	RESULT

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







# CANADIAN EXPEDITIONARY FORCE

## Discharge Certificate

This is to Certify that No. 931248 (Rank) Private  
 Name (in full) Thomas Goffigan enlisted in  
 the # 2 Bomb Battalion  
 CANADIAN EXPEDITIONARY FORCE at Halifax NS on the 11<sup>th</sup>  
 day of September 19 16  
 HE served in France  
 and is now discharged from the service by reason of Demobilization

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

Age 17 yrs 5 mos  
 Height 5 feet 6 inches  
 Complexion Dark  
 Eyes Brown  
 Hair Black

Marks or Scars  
Nil

Thomas Goffigan  
 Signature of Soldier

B W Macnamara CAPTAIN  
 O. C. DISCHARGE SECTION No 6 DISTRICT DEPOT.

Date of Discharge Feb. 15, 1919 Rank \_\_\_\_\_  
 Signed at Halifax NS this 11<sup>th</sup> day of February 19 19 Appointment \_\_\_\_\_  
 in Military District No. 6  
 File Reference No. \_\_\_\_\_

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.



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 .....

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

.....  
Name of Officer

.....  
Rank

.....  
Appointment

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

Uniform not to be worn after Date of Discharge, unless authority has first been obtained from G.O.C.F.



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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

DIRECTIONS TO DENTAL OFFICERS

NAME OF SOLDIER (Block Letters) *GOFFIGAN T.H.*

REGIMENT *No 2 Con Bn* RANK *Pte* No. *931248*

Date of Examination in England *31.12.18* Date of Examination in France

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



PRESENT DENTAL REQUIREMENTS

1. FILLINGS

2. EXTRACTIONS

3. CROWNS

4. DENTURES

(a) Full Upper

(b) Part Upper

(c) Full Lower

(d) Part Lower

HAS HE EVER REFUSED DENTAL TREATMENT ?

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

(a) In Canada

(b) In England

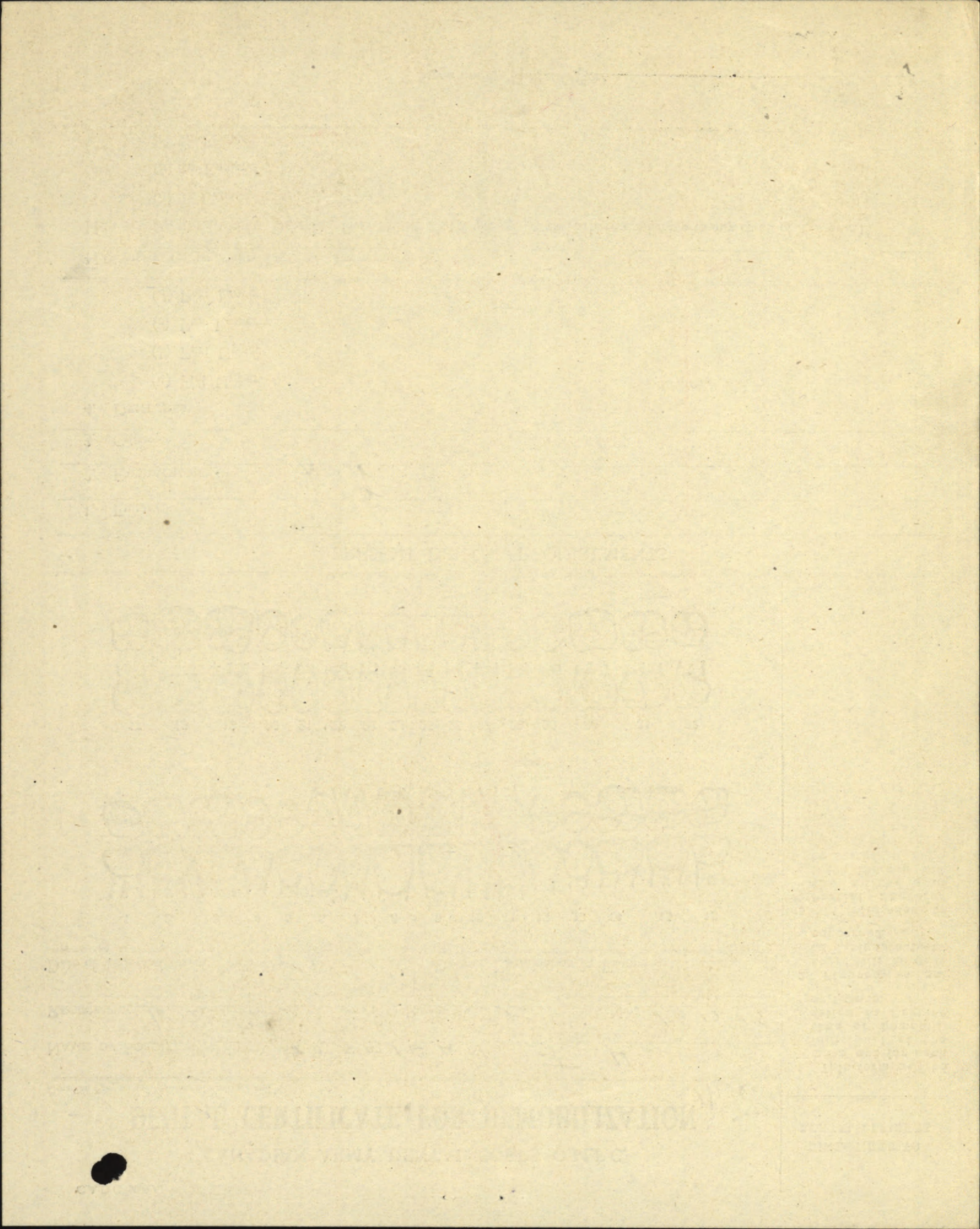
(c) In France

Signature of Dental Officer

*W. Kennedy*  
*Rint*









# 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 *Goffigan* Surname *Thomas*  
Unit or Corps *17th Reserve* (If a soldier) Regtl. No. *931248*  
Born at *Halifax Nova Scotia* on, date *Aug. eleventh 1901*  
Signature (for identification) *W. Goffigan*

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

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

Weight *124* lbs.  
Height *5* ft. *6* ins.

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** *no*

4. **RESPIRATORY SYSTEM.** *no*

5. **HEART**

Abnormal Sounds? *no*  
Abnormal Size? *no*  
Pulse Rate? *65* Intermittence or irregularity? *no*

6. **ARTERIES.**—Any hardening? *no*

7. **DIGESTIVE SYSTEM** *no*

8. **GENITO-URINARY SYSTEM**

Urinalysis—s.g.? *1020* Reaction? *ac* Albumen? *no* Sugar? *no*

9. **SKIN, MIDDLE EAR, EYE** or any other part? *no*

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 *Kimmel Park* Signed *S. Stephens Capt* M.O.  
Date *2 1 19* Signed *W. H. ...* 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.



1-1-1918

1. Name of patient

2. Age

3. Sex

4. Occupation

5. Present illness

6. History

7. Physical

8. Mental

9. Social

10. Prognosis

11. Treatment

12. Remarks

13. Signature

14. Date

15. Hospital

16. Doctor

17. Nurse

18. Assistant

19. Other

Medical Examination Report Form



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

Officers and Other Ranks leaving the service for reasons other than medical unfitness are to be reported on this form. Where there is evidence of any undetermined or progressive disability, this form will not be used, but the case will be referred to a Medical Board for completion of M.F.B. 227.

No. *91248* Rank *Private* Surname *Goffigan*  
(Given name in full)  
*Thomas Goffigan*  
 Unit or Corps *D. D. C.* Birthplace *Hammonds Plains, N.S.*

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

**1. GENERAL DESCRIPTION:**

Physique *good* Weight *125* lbs. Height *5* ft. *6* in. Colour of Eyes *Brown*  
 Nutrition *good*  
 Pulse *75*  
 Condition of arteries *good*  
 Vision Rt. *Good* Left *Good*  
 Hearing (conversational voice) Rt. *15* ft.  
 Left *15* ft.

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

Opinion as to general health and physical condition.....

**2. Has Officer or Other Rank ever suffered from, or has he now, any affection of the following systems? (Answer "Yes" or "No") (Subjective evidence may be sufficient in certain cases.)**

Nervous System *No* Genito Urinary System *No* Cardio-Vascular System *No*  
 Special Senses *No* Integumentary System *No* Respiratory System *No*  
 Disturbance of mentality *No* Muscular System *No* Digestive System *No*  
 Osseous and Joint System *No* Any other general condition *No*

**3. If the answer to any part of Section 2 above is "Yes," here give full particulars, with cause and date of origin; and also a description of the present condition.**

*Hammonds Plains, N.S.*



# EXAMINATIONS

## THIS SECTION FOR USE OVERSEAS—

Examined at ..... (Overseas)

Date .....

Signed ..... M.O.

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to or during service.

Signature .....

(If not satisfied, M.F.B. 227 will be completed by Medical Board.)

## THIS SECTION FOR USE IN CANADA—

Examined at *Halifax* ..... (Canada)

Date *10-7-19* .....

Signed *D. M. Aulay* ..... M.O.

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to, or during service.

Signature *Thomas G. Gifford* .....

(If not satisfied, M.F.B. 227 will be completed by a Medical Board.)

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



# SERVICE AND CASUALTY FORM (Part I).

Army Form B. 103-1.  
Part I.

Army Form B. 103 (II.) to be gummed on here if required.

Nothing to be written in this margin.

W1889-PP 1150 1M 5/18 G.W.P.Co (3400)

(1)*Substantive rank  *Acting rank [To be entered in pencil to facilitate alteration.] (4) Surname (5) Christain Names (6) Army Form, number of, Attestation } Form or Record of Service paper } (7) Whether of British or of Alien origin [vide A.C.I. 578 of 1918] (*) Date of birth as stated on enlistment (9) (a)	(2) Regiment or Corps	(3) Regtl. No.
---	-----------------------	----------------

(10) Enlistment (b)	(11) Engagement (c)
(12) Service reckons from (date)	(13) Special conditions (if any) of enlistment (d)
(14) Any subsequent variations (if any) } of conditions of service }	Initials and Rank of an Officer.
(Authority)	(date)

(15) Category	Date	Medical Authority	Initials and Rank of an Officer	(16) (Record of Occupation in Civil life (vide Army Order 93 of 1917)
				Industrial Group No.
				Trade or Calling
				Married or Single
				Particulars of Trade Test
				Occupation Cards despatched on (date)
				Second Occupation Card despatched on (date)

(17) Next of Kin	(18) Demobilizer (f)	(19) Pivotal-man (f)	
(20) Qualifications (g)	(Place)	(Date)	(Signature of Posting Officer)
	or (21) Corps trade and rate		
(22) Extended }			(23) Re-engaged }
(24) Miscellaneous entries:—			

**NOTES.**—[a] Here enter particulars of any subsequent claim as to actual age after verification by birth certificate [vide A.C.I. 470 of 1918. [b] Whether direct or voluntary enlistment or called up under the Military Service Acts. [c] Whether for specified term of years or for duration of the war. [d] Whether "for Home Service only," or "not to be transferred without the soldier's consent, &c. [e] If to be retained on Home Service, period, if specified, to be stated, also authority, and on what grounds. [f] Required for demobilization purposes, [g] Signaller, Shoing-smith, &c.



No. 931248. Pte. Goffigen. J. (No 2 Construction Bn C.F.)

(A) Report		(B)	(C)	(D)	(E)	(F)
Date.	From whom received	Authority of Part II. of Orders	Record of promotions, appointments, reductions, casualties, transfers, postings, &c. All acting as well as substantive promotions to be shown, for method of entry of which see A.C.I. 1816 of 1917. Corps and unit to which transferred and posted to be invariably named.	Place of casualty	Date of promotion, reduction, reversion, casualty, &c.	Remarks, and initials and rank of an officer
14.12.18	N.S.R. 10	305.	S.O.S. + attached to 2.C.B. 10 for Ops + Rations	BRAMSHOTT	14.12.18	
	NSRD		ON COMMAND TO <u>CDD Kimmel Plk Rhyf.</u>	BRAMSHOTT		M.R.D. 313 27/18 PART II D.O. ....
12/1/19			Sgt. O.M.F.C. on Trans. to C.F. Disch. Curad u Sailing No 4 Rm Hammond, laid Kimmel Plk			<u>ba. Knight</u> LIEUT. OFFICER in RECORDS, NOVA SCOTIA REGTL. DEPOT.
12.1.19	O'Leary	No/S. No. 6 D.O. Refs.	Coy. Co. 22.1.19 Do 29.			<u>all Ferguson</u> Lieut ASST. ADJT. No. 6 DISTRICT DEPOT
15.2.19		DISCHARGED at Halifax, N. S		D.O. 42. fr.		<u>R. Christie</u> O.C. DISCHARGE SECTION NO. 6 DISTRICT DEPOT

Nothing to be written in this margin.



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

*Awards*  
M. F. W. 54. (A. F. E. 103.)  
330m.—5-16  
H. Q. 1772-39-920.

# Casualty Form—Active Service.

Unit, Regiment or Corps *No 2 Construction Battalion*  
 Regimental No. *231248* Rank *pte* Name *Thomas Goffigan*  
 Enlisted (a) *11-9-16* Terms of Service (a) *period of war* Service reckons from (a) *11-9-16*  
 Date of promotion to } Date of appointment } Numerical position on }  
 present rank } to lance rank } roll of N. C. Os. }

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

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
<div style="border: 2px solid purple; padding: 5px; width: fit-content;">                     CERTIFIED CORRECT.                      14/6/17                      6 JUN.                      GAN. RECORDS LONDON.                 </div>	O.C. No 2 Constr Bathn	Embarked, Canada	Halifax N.S.	25/3/17	Pt 2 D.O. # J.H. Bamhill. Lieut. for ..... Captain Adjutant, No. 2 Construction Batt'n, C.E.F.
		Disembarked, England	Sunderland	7/4/17	
		Proceeded Overseas	Seaford	17/5/17	
<i>11.5.17</i>	<i>Ol.</i>	Landed in France.	France.	17.5.17	<i>H.R.</i>
		101eits 5 days pay for making away with Iron Rations	<i>H.L.</i>	<i>21.5.17</i>	<i>B 2069 Pt 2. 120 26/2/17</i>

(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, Shoelace Smith, etc., etc., also special qualifications in technical Corps duties. [P.T.O.]



ARMY FORM B. 213  
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

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				
23.6.17.	O.C.	5 days F.P.'s. Absent from Camp from 1.30 till 4.30 p.m. 20/6/17.	FLD	21/6/17.	Brobg Pt II 122. 717
5 <sup>th</sup>	OC	10 days F.P. No 2 for. Refusing to obey an Order	Sen.	5 <sup>th</sup>	Brobg P- 124. 247/17
5/1/18	OC Unit	att to 1 Det. C.C.C.		30/12/17	B 213
13.4.18	14 Co. L.A.C.	Wasc. to Hosp. Minto, Alencow.		7.4.18	B. 213. Records kept 20/4/18
18.5.18	14 Co. L.A.C.	To Det. Hosp. Alencow.		15.5.18	B 213.
"	"	Rej. unit.		7.5.18	B. 213.
7-9-18	58 Co	Granted 14 days leave	up.	5-9-18	B 213 p 60. 527 19/18
28.9.18	do	Return from leave	Down	23.9.18	B 213
5.12.18	38686	21 days F.P. No 2. 3.12.1918 for work from 0700 27-11-18 to 1300 4-12-1918. 3 weeks 5 days pay by R.A.			Brobg 119699 Nov 1918
11 <sup>th</sup> 18	aaq.	Transferred to Eng + posted to N. S. Reg dep Embarked for Canada.	Chamshott	14 <sup>th</sup> 78 12/6/19 Canadian	KR 344 L. A. G. E. F. Lieut. for Lt.-Col., A. A. G. Section, G. H. Q. 3rd Echelon, A. E. F.















MILITIA AND DEFENCE  
ASSIGNED PAY  
OVERSEAS CONTINGENTS

M. F. W. 12  
50m.—7-16  
H. Q. 1772-39-819

To Whom

Address

*Mrs Emily Goffigan*  
*181 Grafton St*  
*110 1/2 Cornwallis St. Halifax*  
*N.S.*

By Whom Assigned

Regtl. No.

Rank

Corps

*Goffigan Thos.*  
*931248*  
*Pte*  
*No 2 const Bn*

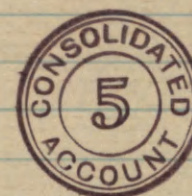
Rate

*15-00*

APR 1917

## PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				





MILITIA AND DEFENCE  
**ASSIGNED PAY**  
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier \_\_\_\_\_

**PAYMENTS.**

Month.	Year.	Cheque No.	Amt.	Remarks.
Aug.	1918			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1919			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1920			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				



ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2. *Mrs Emily Goffigan*  
(Assignee)

Name of Soldier

*Goffigan Thomas*  
*Pte No 2 const Bn*

PAYMENTS.

*No 931248*

L. L. Job 5470—Req. 6888.

Month.	Year.	Cheque No.	Amt.	Remarks.
				<i>15<sup>00</sup></i>
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1917			
Feb.				
March				
April		<i>24834</i>	<i>15</i>	
May		<i>Ph 7800</i>	<i>15</i>	<i>15-6-15 1/2 Cornwallis St. Halifax 7 B.</i>
June		<i>P14971</i>	<i>15</i>	<i>15 Lu</i>
July		<i>T22230</i>	<i>15</i>	<i>Lu</i>
Aug.		<i>T29531</i>	<i>15</i>	
Sept.		<i>Δ 36191</i>	<i>15</i>	<i>2</i>
Oct.		<i>M43164</i>	<i>15</i>	
Nov.		<i>N48139</i>	<i>15</i>	
Dec.		<i>I54495</i>	<i>15</i>	
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

*APR 1917*

*Boyle*

*9103*

*135-*

CANADIAN  
ASSIGNED PAY AUDITED  
*Spullitt*  
AUDIT CLERK  
DATE *5-6-19*







## SEPARATION ALLOWANCE

Name *Emily Goffigan,*Name of Soldier *Goffigan, Thomas*Address ~~*181 Grafton St.,*~~Regtl. No. *931248**110 1/2 Cornwallis St.,  
Halifax, N. S.*Rank *pte.*Corps *1 Constrn Batta.*

Relation to Soldier

*widowed*

wife, child or mother

*mother.*

To what Corps belonging

when called out

## PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
Apl.				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				





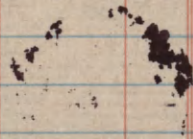
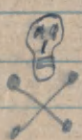
MILITIA AND DEFENCE  
**SEPARATION ALLOWANCE**  
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

**PAYMENTS.**

Name of Soldier \_\_\_\_\_

Month.	Year.	Cheque No.	Amt.	Remarks.
Aug.	1918			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1919			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1920			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				





## SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

Sheet No. 2.

*Emily Goffigan* mother,  
PAYMENTS.

Name of Soldier

*Goffigan, Thomas*  
*pte.*

L. L. Job 4503.-Req. 6832.

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1917	N 30673	93.	93. R
Feb.		A 32638	20	20
March		A 35856	20	20
April		B. 1310	20	20
May	15 <sup>th</sup> B.	B 1769	20	20 110 <sup>th</sup> Cornwallis St, Halifax
June		<del>B 5002</del>	20	20 B. 8002 <del>Cornwallis St</del>
July		X 10584	20	20
Aug.		F 14744	20	T
Sept.		18513	20	Pro
Oct.		19902	20	T
Nov.		23028	20	B
Dec.		26426	20	Pr 313.-
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				



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 No. 2 Construction Batt. C.E.F.

(2) Regimental Number 931-248

(3) Full Name of Soldier Thomas Goffigan

(4) Place of Birth Halifax N.S.

(5) Are you married, or not? No

(6) If married, state,  
 (a) Full name of your wife \_\_\_\_\_  
 (b) Present Postal Address Hammond Plains  
Halifax N.S.

(7) Are you a widower? No

(8) Have you any children? \_\_\_\_\_  
 If so, give number of boys and girls. \_\_\_\_\_  
 Also their names and ages. \_\_\_\_\_



(9) Is your Father alive? *No*

If so, state name and address

(10) Is your Mother alive? *yes*

If so, state name and address

*Mrs Emily Yaffegan  
Hammond Plains Halifax N.S.*

(11) If your Mother is a widow *yes*

Are you her sole support, or not? *yes*

(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.

*\$15.00  
father Dead*

(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.

*Mother  
Mrs Emily Yaffegan  
Hammond Plains Halifax N.S.*

(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.

*yes*

(15) Are you insured? *yes*

If so, in what Company? *Metropolitan Life Ass. Co.*

Have you made arrangements for payment of your Insurance premium? *no*

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

*C. H. Reis Capt  
for Officer Commanding.*

Date *OCT 20 1916*



SURNAME

CHRISTIAN NAME OR NAMES

REG. NO.

GOFFIGAN

A.

931248

RANK

UNIT

Co.

TROOP

BATTY

Pte  
HOSPITAL

N.S. (2nd. Con)

DATE OF ADMISSION

Hosp. Mixte Alencon ✓

7-4-18

1.

HOSP.

2.

HOSP.

3.

HOSP.

4.

HOSP.

DIAGNOSIS

~~N.S.?~~

1.

Varicocelle. {

2.

3.

DISPOSITION

Dis. 7.5.18

DATE

C.L. 26-4-18 A197-2

REMARKS

23.7.18 Q271.

6. 11. 18 Q363.2. Hair being.

A.M.D. 2 Dept.

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



EPITOME OF HOSPITAL TREATMENT

HOSPITAL

ADM.

1.

2.

3.

4.

5.

6.

7.



\*Name GOFFINGAN. T. Rank PTE. Regtl. No. 931248  
 Original unit 2 CON. BN. Present unit #6 D. D. M. or S. Age 15 Religion Bapt. Fyle Depot.....  
 Port, ship, and date of arrival Halifax. N. S. "Empress of Britain" 22-1-19 Ref. H.Q.....  
 Next of kin Mother. Mrs. Emily Goffigan.  
 Address on leave 6 West St. Halifax. N. S.  
 Address on discharge Hammonds Plains. Halifax CO. N. S.  
 Transportation issued  Yes  No Date..... Character on discharge.....  
 Previous occupation Shoe Siner. Date and place of enlistment Halifax. N. S. 11-9-16  
 Diagnosis..... Date of Medical Boards.....

Date.	Remarks	Pt. 2 Order No.
12-1-19	T. O. S. #6 D. D. and posted to CASY. COY. 22-1-19	D. O. 29.
15-2-19	Discharged. H. M. S.	D. O. 42

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



Date.

Remarks.

Pt. 2 Order No.

M.F.W. 192  
150M-6-18.  
1772-39-1243.



27/27  
cause T. P. ...  
with let. 15-1-21

Ames H., P. Q.

649-4-933-1

CARD NO. 6  
S.O.S. Dis. 15-2-19  
20-0-429 FOLL. 11-2-19/6  
# 6-20-20

CHRISTIAN NAMES

Goffigan Thomas

REGL. NO. 931248

RANK

Pte

UNIT

No 2 Construction

Bn

FORMER CORPS

Nil

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Goffigan Mrs Emily

RELATIONSHIP TO SOLDIER

Mother

ADDRESS

~~Hammonds Plains~~

110 1/2 Cornwallis St Halifax N.S.  
8 1/2 A.P. 19-6-17

COUNTRY OF BIRTH

Canada Hammonds Plains

DATE

Aug 11 1901

PLACE OF ATTESTATION

Halifax N.S.

DATE

Sept 10 1916

R/C. 25-1-19 25-6/68 Pte.



*From Halifax p.m.s. "Sontelaw" 28/3/17.*

MARRIED

SINGLE

*yes*

WIDOWER

TRADE OR CALLING

*Shoe Shiner*

RELIGION

*Baptist*

DESCRIPTION.

APPARENT AGE

*15*

YEARS

*1*

MONTHS

HEIGHT

*5*

FEET

*2*

INCHES

CHEST MEASUREMENT

*32*

INCHES

EXPANSION

*2*

INCHES

COMPLEXION

*Not stated*

EYES

HAIR

DISTINGUISHING MARKS

*Scar on back of right hand  
Scar on both shins*

MEDICAL EXAMINATION.

PLACE

*Halifax n.s.*

DATE

*Sept-11<sup>th</sup> 1916*

*Present address.*

*181 Grafton St, Halifax  
n.s.*



BPC 208177

B

H.Q. 649-G-9351

GOFFIGAN, Thomas H. # 931348 *Plc 2 Constr. Bu.*

M & D mother

Mrs. E. Goffigan,  
c/a Mrs. Moir,  
3 Larch St., Halifax, N.S.

*(M)*  
*B. + V. returned from this address 27<sup>3</sup>/<sub>28</sub>*

P & S

"

"

991282

Memorial X

"

"

*AD 27<sup>1</sup>/<sub>27</sub>*

Death is attributable to influenza  
*CONFIRMED*

*ms.*  
MAR 1  
MAR 1 1928



DESP. MAR 24 1928

REQN. NO.

X. 58345

SEP 6 1928

Scroll Desp.

Reqn. No. 3246

APR 6 1929

Plague Desp.

Reqn. No. 3920



NAME

*Goffigan J*

RANK AND CORPS

*Pte.*

*N.S. Regt.*

REGT'L. No.

*931248*

H. Q. FILE NO 649

FOLLOWS

No.

FOLLOWS

CABLE

NO.

DATE

NATURE OF CASUALTY



LIST NO.

HOSPITAL

DATE OF  
ADMISSION

REMARKS

a 197 Mixte Alencon  
 & 271 Diech

7-4-18

7-5-18

Varyselle  
 H.S. "(P)"  
 as per. H.L. a 363-











649-9-9351.

B3

at 2  
R.D.

Number 931248

Rank *Plt Spr*

Surname GOFFIGAN

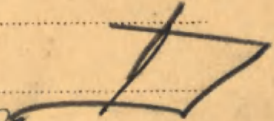
Christian Name Thomas

✓

Units *L.O.R.L.L.* Theatre of War *France*

Date of Service *17-5-17*

Remarks *D 27 1/2* ~~*no record*~~



Latest Address ~~*Hammonds Plains*~~

~~*Halifax N.S.*~~

360

Roll No.

*29/8/83*

200m. 2-21.M.

*B. Page 14412*

*Mrs. E. Goffigan (m) c/o Mrs. Moir,  
3 Larch St., Halifax, N.S.*

*29 2/28*



DESP. MAR 2 1928

REGN. NO. 36979

B. W. Zeff 22<sup>3</sup>/<sub>28</sub>



No. 1248.

RANK

Pte

NAME

Kaffigan, Thomas.

T. O. S. 11-9-16

UNIT

No 2. Construction Battalion

D. O. 28. 16.9-16

M. D.

6

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916 Sept 11.	1916 Sept. 30	n		
	Oct.	n.		
	Nov.	✓	aw. l. fong. 3 days pay	D.O. 75. 12-11-16
	Dec.	✓		
1917 Jan	1917	✓		
	Feb.	n		
	Mar	n		







\* Strike out whichever is inapplicable.

ASSIGNED PAY.	ENGLAND or CANADA.	SEPARATION ALLOWANCE.	ENGLAND or CANADA.	NAME: - <i>Go</i>
EFFECTIVE DATE: -	1 APR 1917	EFFECTIVE DATE: -		NUMBER: - <i>9</i>
AMOUNT: -	15 <sup>00</sup>	AMOUNT: -		PART: -
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.		
<i>Mrs Emily Goffigan Mother</i>				
<i>181 Grafton St Halifax NS.</i>				
<i>Approved 11.19</i>		<i>MR 16' 17/12 26.6.60</i>		

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
<i>3/10/18</i>	<i>5 days</i>	<i>Payroll 21 days</i>	<i>JP#2 28 60</i>				
<i>4/2/18</i>	<i>6611</i>	<i>Field 25 free</i>	<i>4 66</i>				
<i>18-12-18</i>	<i>3576</i>	<i>BROG 22</i>	<i>9 40</i>				
			<i>42 99</i>				

PARTICULARS OF RENDERING NON-EFFECTIVE: <i>Dec 1918</i>							
1918 MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	
<i>MAR</i>	<i>Bal Ford</i>						
<i>apl</i>	<i>P. Pay</i>	<i>33 -</i>		<i>Ass Pay</i>			
<i>May</i>	<i>P. Pay</i>	<i>34 10</i>		<i>Ass Pay</i>			
		<i>34 10</i>		<i>AR 724 22/5 676</i>	<i>14 2</i>		
<i>Jun</i>	<i>P. Pay</i>	<i>33 -</i>		<i>Ass Pay</i>			
		<i>33</i>		<i>AR 911 7/6 CFC 1</i>	<i>3 5</i>		
		<i>33</i>		<i>✓ 1107 27/6 ✓</i>	<i>3 5</i>		<i>7 10</i>
<i>July</i>	<i>P Pay</i>	<i>34 10</i>		<i>Can a P</i>			
		<i>34 10</i>		<i>AR 1297 6/7 CFC 1.5</i>	<i>3 5</i>		
		<i>34 10</i>		<i>AR 1506 22/7 ✓</i>	<i>3 5</i>		<i>7 10</i>
<i>Aug</i>	<i>P Pay</i>	<i>34 10</i>		<i>Can a P.</i>			
		<i>34 10</i>		<i>AR 1701 6/8 CFC 1</i>	<i>3 5</i>		
		<i>34 10</i>		<i>AR 1949 27/8 ✓</i>	<i>3 5</i>		<i>7 10</i>
<i>Sep</i>	<i>PP</i>	<i>33</i>		<i>Can a P</i>			
		<i>33</i>		<i>AR 2076 3/9 CFC 1</i>	<i>3 5</i>		
		<i>33</i>		<i>AR 3730 2/9 CFC 1</i>	<i>97 3</i>		
		<i>33</i>		<i>CP 32037 9/9 London</i>	<i>58 4</i>		
		<i>33</i>		<i>CP 32937 12/9 London</i>	<i>19 4</i>		
		<i>33</i>		<i>CP 34426 16/9 London</i>	<i>48 7</i>		
		<i>33</i>		<i>AR 2444 23/9 CFC 1</i>	<i>3 5</i>		<i>18 7 2</i>
<i>Oct.</i>		<i>34 10</i>		<i>Can a P.</i>			
		<i>34 10</i>		<i>AR 2632 ✓ CFC 1 7/10/18</i>	<i>3 7</i>		
		<i>34 10</i>		<i>AR 2934 ✓ " 23/10/18</i>	<i>3 7</i>		<i>7 10</i>

COMPILED BY *[Signature]*  
 CHECKED BY *[Signature]*







NUMBER

RANK

NAME

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRE
Nov	Brought Forward P.P.								21 48	
		33-		G.A.P.				15-		
				AR3101-CFC(W) - ✓ 8/11/18	3 73					
				AR3308 - " ✓ 26/11/18	13 06					
Dec	✓	34/10		G.A.P.				15-	41 79	
		67 10		AR6611 - cyBD - 10/12/18	4 66					
				AR3576 - ORDY - 18/12/18	9 73					
				21 dep P.P. 3 - 3/1/18, awt 700 27/11/18 to 31-18						
				13-00-1/12/18. 5 dep Pay Red. 2 <sup>nd</sup> Ca 720 69-10/18			28 60			
		67 10			31 18	28 60		30	1 20 (DB)	
				72- Km. PK. 10/1/19 (E.L.P.C)	2 43				3 63	

Losbavada Bo 18 35-1-19. Eff 12-1-19.

CANADIAN  
 ASSIGNED PAY AUDITED  
*[Signature]*  
 AUDIT CLERK  
 DATE 5/6/19



NAME

CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
							2148		
33-		<i>G.A.P.</i>				15-			
		AR 3101 - C.F.C. (1) - ✓ 8/11/18	3 73						
		AR 3308 - " - ✓ 26/11/18	13 06						
31/10		<i>G.A.P.</i>				15-	41 79		
67/10		AR 6611 - C.F.C. - 10/12/18	4 66						
		AR 3576 - BRDY - 18/12/18	9 73						
		21 dep 50.3 - 3/01/18. awl 700. 27/11/18 to 31.18							
		13.00. 1/1/18. 5 dep Pay Rul. 2 to Co 20 <sup>09</sup> 11/18							
67/10			31 18	28 60		30	1 20 (D.B)		
		72- Km. PK. 10/1/19 (E.L. P.C)	2.43				3.63		

*Los Cauada Bo 18 25-1-19 Eff 12-1-19.*

CANADIAN  
 ASSIGNED PAY AUDITED  
*H. J. [Signature]*  
 AUDIT CLERK  
 DATE *5/6/19*

42 99  
 41 79  
 1 20

14.39  
 7 46  
 16 49  
 38.64



















# 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. 9312 48 Rank Pvt Name Goffigan T.  
 Corps 2nd Con Bn who was\* discharged  
 On 15-2-19 191... to 1-1-19 191...  
 \*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from 1-1-19 191... to 15-2-19 191... the inclusive date of transfer or discharge.

Dr.	\$	c.	Cr.	\$	c.
Bal. Dr. from prev. month <u>796</u>	<u>58</u>	<u>50</u>	Balance Cr. from prev. month <u>Jan</u>	<u>11</u>	<u>15</u>
Advances by Cheques } No. ....			Reg'l. Pay <u>46</u> days at \$... c.	<u>46</u>	<u>-</u>
Assigned Pay and Sep'n Allee. No. <u>13737</u>	<u>30</u>	<u>-</u>	Field Allow. <u>46</u> days at \$... c. <u>10</u>	<u>4</u>	<u>60</u>
Other charges <u>Reg Fund</u>		<u>05</u>	Separation Allowances* (Monthly) <u>Feb</u>	<u>30</u>	<u>-</u>
Payment on transfer or discharge No. <u>13736</u>	<u>38</u>	<u>20</u>	Other Allowances* <u>clothing ad</u>	<u>35</u>	<u>-</u>
Balance Cr. (to be paid by the new unit) .....			Other Credits* .....		
<b>Total</b> .....	<u>126</u>	<u>75</u>	Bal. Dr. (to be deducted by new unit) .....		
			<b>Total</b> .....	<u>126</u>	<u>75</u>

\*Give particulars.

A monthly stoppage of \$ 15-00 (+) has ..... (‡) been paid on account of Assigned Pay for the month of January 1919 } (to) Assignee Mrs. E. Goffigan  
 and Sep'n Allee. for month of February 1919 }  
 (Address) ..... 110 1/2 Cornwall St  
Halifax N.S.

(†) 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:—

1st payment PWP paid 70<sup>00</sup>

- State (1) date of enlistment .....
- (2) if married and if a Separation Allowance Card has been submitted .....
- (3) cause of discharge Dismiss authority 15042
- (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 17-2-19  
 Place Halifax N.S.

*W. W. M. [Signature]*  
 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 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 triplicate, with his discharge documents.





CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

This form to be used for all Forces (vide Articles 132, 130 and 141, Financial Instructions, 26/1/1918, C.E.F. 1918)

Department No. .... Name .....

Who was? .....

Insert "discharged" or "transferred"

The following statement of the amount of the account of the above named from the inclusive date of transfer or discharge

Table with columns for Dr (Debit) and Cr (Credit) entries. Rows include: Balance of prior month, Regular Pay, Field Allowance, Separation Allowance, Other Allowances, Other Credits, and Total. The table is mostly blank with some faint markings.

Give particulars

Monthly statement of ... has ... been paid on account of ... for the month of ... and ... for month of ...

On Transfer of an Officer

On transfer of ... has been paid by ... Military District No. ... State (1) date of completion (2) if military and N.A. Separation Allowance Card has been submitted (3) cause of discharge (4) authority for transfer

I have carefully examined the statement of account and find it to be a correct extract from the ... For purposes of transfer the form is to be made out in quadruplicate ... The original last pay certificate will be forwarded with other documents to ...

M. W. 11

11.0.17.1918

11.0.17.1918



This space to be for numbers

7464

13-3-19

# Proceedings on Discharge.

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

BB6 208177

7464

No. <i>931248</i>	
Rank <i>Private</i>	
Surname <i>Goffigan</i>	
Christian Name <i>Thomas</i> <small>NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.</small>	
Corps (Squadron, Battery or Company) <i># 2 Cons. Batt'n</i>	
Date of Discharge <i>February 15, 1919</i>	
Place of Discharge <i>Halifax N.S.</i>	
1. DESCRIPTION AT THE TIME OF DISCHARGE.	
Age..... <i>17</i> years..... <i>5</i> months.	Descriptive Marks <i>Nil</i>
Height..... <i>5</i> feet..... <i>6</i> inches.	
Complexion <i>Dark</i>	
Eyes <i>Brown</i>	
Hair <i>Black</i>	
Trade <i>Shoeshiner</i>	
Intended place of residence } <i>Hammonds Plains</i> (To be given as fully as practicable.) } <i>Halifax N.S.</i>	
2. The above-named man is discharged in consequence of <i>Demobilization</i>	
<small>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.</small>	
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. <i>OK</i>
	<small>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.</small>
	4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)

M. F. B. 218.

100M.—1-17.  
H. Q. 1772-39-113.

*Index -rk*  
(OVER) *8-3-19*

E. R. J.



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).....

(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.

(Place) *Halifax ns* *J. Gaffey* (Signature of Soldier.)

(Date) *Feb 11<sup>th</sup> 1919* *A. Smith* (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) *Halifax ns*

(Date) *27<sup>th</sup> 2-19*

(Signature) *Dangerfield*

LIEUT. COL.

No. 6 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.)

*nil* *Thomas Jefferson*

<p>Medical Form B-303          Proceedings on Discharge          B-303</p>	<p>Medical Form B-303          History and Physical          (Continued)</p>
<p>(a) Proceedings on Discharge          (b) Statement          (c) Medical History Sheet (and insert) with having been received</p>	<p>Copy of Certificate of Discharge by C.P.          Medical Form B-303          Medical Report for Transfer          Statement of Man's Account on Transfer and Last Pay Certificate          Medical Form B-303          "Only Medical Material"</p>

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.



## List of Discharge Documents.

<p>Reg. Conduct Sheet, Militia form B. 263.</p> <p>Squadron }          Battery } Conduct Sheet, " B. 263a.          Company }</p> <p>Copies of Convictions, by C. P. in MS.</p> <p>Med. Hist. Sheet, Militia Form B. 313</p> <p>Medical Report for Invalid* " B. 227.</p> <p>Statement of Man's Account on          Transfer and Last Pay Cer-          tificate, " D. 877.</p> <p>*Only if discharged "Medically unfit."</p>	<p>Attestation Paper, Militia Form B. 235.</p> <p>Proceedings on Discharge " B. 218.</p> <hr/> <p style="text-align: center;">In the case of recruits who are rejected on final approval, the discharge documents will consist of</p> <p style="padding-left: 40px;">(a) Proceedings on Discharge.</p> <p style="padding-left: 40px;">(b) Attestation.</p> <p style="padding-left: 40px;">(c) Medical History Sheet (in the event of such having been prepared.)</p>
---	--

*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.*



27-12-18

Regtl. No. 931248 Rank Pte

Name Goffigan Thomas  
(Christian Names in full) (Surname)

Unit W.S.R.D Regt. 2<sup>nd</sup> Construction  
or  
Corps

CATEGORY B.2 NEXT OF KIN Mother

REASON FOR RETURN.

Medical Board held at Bramshott.....1918.

Intended place of Residence Halifax

**COVER**

**FOR**

**DISCHARGE DOCUMENTS.**

CAMPAIGNS, MEDALS AND DECORATIONS 19 Months in France

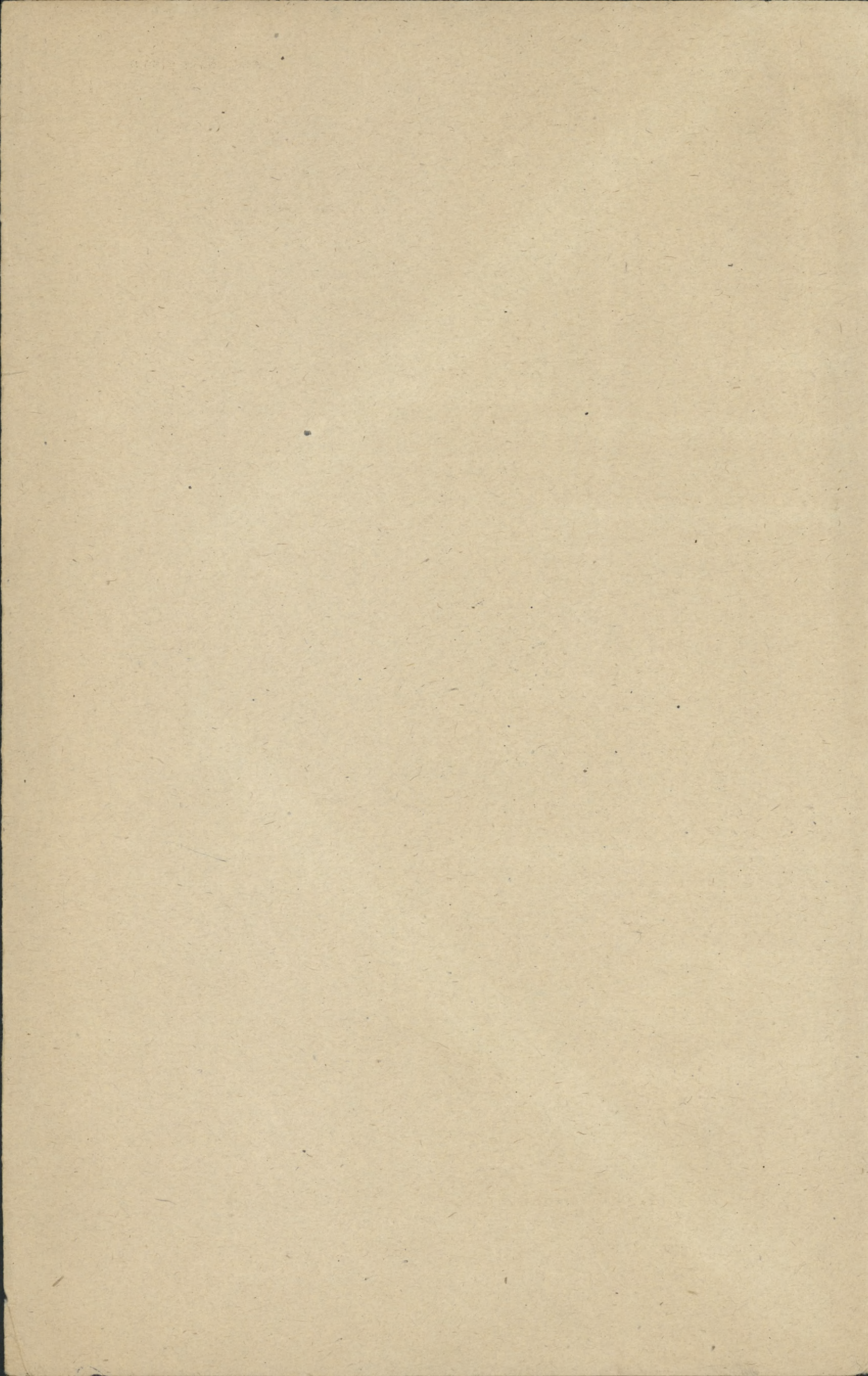
- Attestation Paper.
- Casualty Form.
- Field Conduct Sheet.
- Med: Board Proceedings.
- Med: History Sheet.
- D.O.S: 2.
- C.A.D.C. 5009.
- Last Pay Certificate.

Occupation Labourer

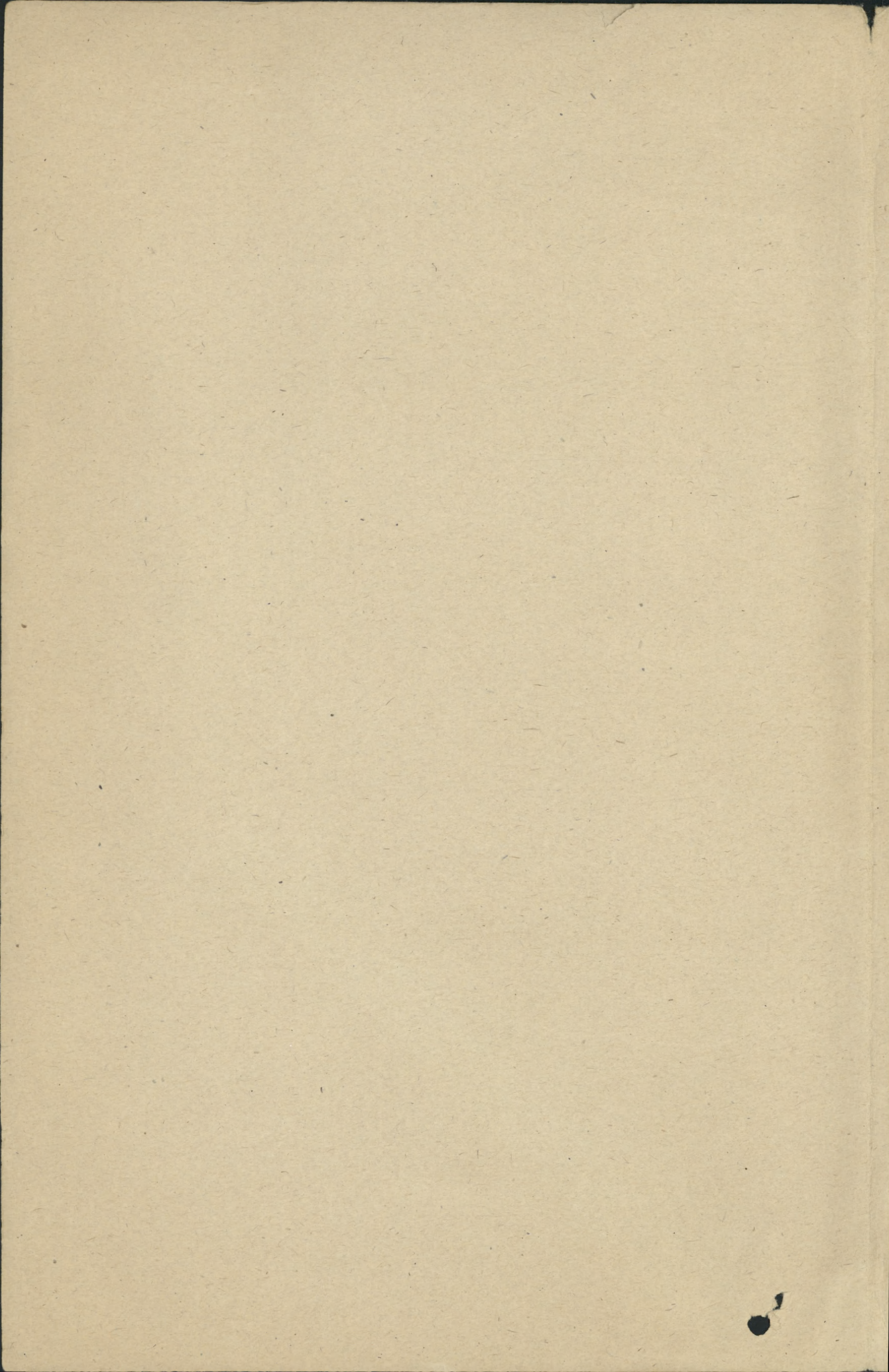
7  
O.L.V.

Sailed for Canada  
13 JAN 1919











TO THE

UNITED STATES

.....  
.....  
.....  
.....  
.....

.....  
.....  
.....











11-9-16

Separation and Assigned Pay Branch

G

Apr 1/17

OVERSEAS CONTINGENTS

4233

RATE OF ASSIGNMENT

RATE OF SEPARATION ALLOWANCE

20	25	30	
----	----	----	--

15			
----	--	--	--

1-12-17 1-9-18  
 P.C. 3257 P. 2753  
 MO 48546

PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

No. 931 248  
 Rank Pte. Promoted Reverted Discharge  
 Soldier's Name Thomas Goffigan  
 Battalion 2 Construction Battalion  
 Beneficiary Mrs. Emily Goffigan  
 Relationship widowed mother M.F.W. 2554-6-9-16  
 Address 110 1/2 Cornwallist Halifax N.S.

Name Mrs Emily Goffigan  
 Address 110 1/2 Cornwallist St Halifax  
 Change of Address N.S.  
 1  
 2  
 3  
 4

M.F.W. 2554 ret'd & number 23.11.19 AB

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
1917					
Dec 31		313	135	448	
Jan.	Q 68024	30	15	45	Br.
Feb.	P 90816	25	15	40	
Mar	H 91457	25	15	40	
April	H 10651	25	15	40	
May	S 18038	25	15	40	
June	O 20555	25	15	40	
July	K 29165	25	15	40	
Aug	O 36566	25	15	40	
Sept	J 46958	25	15	40	
Oct.	U 54934	25	15	40	B.
Nov	V 57700	25	15	40	B.
Dec.	W 67467	45	15	60	B.
1919 Jan.	T 74133	30	15	45	B.
		668	330	998	B.

9059-I-3

M.F.W. 2554 ret'd & being investigated  
 M.R.O 65520 Oshing 28.1.19 Ems.

M. F. W. 128  
 400M. -6-17-1772-39-141  
 L. L. 2320-M. & D. 7383.

31.1.19  
 Ale Closed  
 Ret'd per... Empress of Britain  
 Date 22.1.19 M.F.W. 187 28.1.19  
 Clerk... Em Barnes

CANADIAN  
 ASSIGNED PAY AUDITED  
 Audit Clerk  
 DATE 5-6-19





