

OFFICERS' DECLARATION PAPER

*Card
8/12/17
MLW*

CANADIAN OVER-SEAS EXPEDITIONARY FORCE

1st DEPOT BATTALION
1st C. O. R.

QUESTIONS TO BE ANSWERED BY OFFICER

[ANSWERS]

- | | |
|--|--|
| | GOODMAN, |
| 1. (a) What is your Surname ?..... | Ambrose Harold |
| (b) What are your Christian Names ?..... | Cayuga, Ontario, Canada |
| 2. (a) Where were you born ? (State place and country)..... | 800 Davenport Road, Toronto, Ont. |
| (b) What is your present address ?..... | October 6th, 1896. |
| 3. What is the date of your birth ?..... | A. K. Goodman |
| 4. What is (a) the name of your next-of-kin ?..... | 800 Davenport Road, Toronto, Ont. |
| (b) the address of your next-of-kin ?..... | Father |
| (c) the relationship of your next-of-kin ?..... | Student at University of Toronto. |
| 5. What is your profession or occupation ?..... | Anglican |
| 6. What is your religion ?..... | Yes |
| 7. Are you willing to be vaccinated or re-vaccinated and inoculated ?..... | 109th Regiment. |
| 8. To what Unit of the Active Militia do you belong ?..... | 1914-1916 C.O.T.C. |
| 9. State particulars of any former Military Service..... | Yes |
| 10. Are you willing to serve in the
CANADIAN OVER-SEAS EXPEDITIONARY FORCE ?..... | |

The undersigned hereby declares that the above answers made by him to the above questions are true.

A.H. Goodman (Signature of Officer)

Taken on strength (place) Camp Borden, Ont.

(date) August 17th, 1917.

H. C. Baker
(Signature of Commanding Officer.)
Lt.-Col.
O. C. 1st Depot Bn., 1st C. O. R.

CERTIFICATE OF MEDICAL EXAMINATION

I have examined the above-named Officer in accordance with the Regulations for Army Medical Services.

I consider him* fit for the CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

Date Toronto, Ont., Oct. 30th 1917

Place T O R O N T O.

Hugh Croftan Capt
Medical Officer.

*Insert here "fit" or "unfit"

OFFICERS' DECLASSIFICATION PAPERS

CANADIAN OVER-SEAS EXPEDITIONARY FORCE

QUESTIONS TO BE ANSWERED BY OFFICER

(Answers)

1. What is your name?
2. What is your rank?
3. (a) What was your unit and location?
(b) What was your position?
4. (a) What was the date of your discharge?
(b) What was the reason for your discharge?
5. What is your present address?
6. What is your present occupation?
7. Are you willing to be contacted in the future?
8. Do you have any other information to provide?
9. State the name of any other military service.
10. Are you willing to sign this form?

CANADIAN OVER-SEAS EXPEDITIONARY FORCE

The undersigned hereby declares that the above answers were given by me and are true and correct to the best of my knowledge and belief.

Taken on _____ at _____

CERTIFICATE OF MEDICAL EXAMINATION

I have examined the above named officer and find that he is fit for service in the Canadian Overseas Expeditionary Force.

C.E.F.

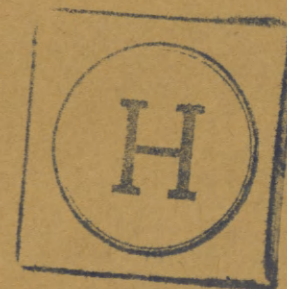
GOODMAN AMBROSE HAROLD

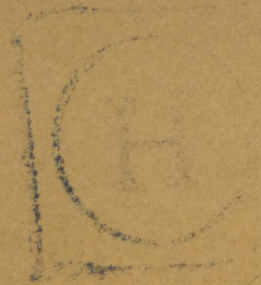
LT.

1 D.BN

17475

DIED OF WDS. 15 Aug 18.





MEDICAL HISTORY SHEET

ORIGINAL

Surname

Goodman

Christian Name

Amrose Harrod

Examined { on *30* day of *Oct* 191*7*
at *Toronto*
Birthplace { City or Town *Cayuga, Ont*
County *Halldiweend*

Approved by

Hugh McLean
Rank *Capt.* M.O.

Apparent age *21*
Trade or occupation *Structur*
Height *5* feet *8 1/2* Inches
Weight *135* lbs.
Chest measurement { Minimum *32 1/2* inches
Maximum expansion *37 1/4* inches
Physical development *Good*
Small-pox Marks

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

Vaccination Marks { Arm Right Left *1*
Number

When Vaccinated last *April 1917*
(a) Marks indicating congenital peculiarities or previous disease

Date	Result	VACCINATIONS
<i>14/4/17</i>	<i>Good</i>	<i>McLean Capt</i>
		M.O.
		M.O.
		M.O.

(b) Slight defects but not sufficient to cause rejection

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<i>6/4/17</i>		<i>McLean Capt</i>
<i>14/6/17</i>		
<i>21/6/17</i>		
		M.O.
		M.O.
		M.O.

Enlisted on _____ day of _____ 191_____ at _____

	CORPS	REG'T NUMBER	HABITS	DATE
Joined on enlistment	<i>2nd Rec Bn.</i>			<i>8.12.17</i>
Transferred to				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

STATION	DATE	DISEASE	RESULT
<i>Ex. Camp Toronto</i>	<i>Oct 30-17</i>		<i>A2</i> <i>Hugh McLean</i>

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.

CERTIFIED CORRECT

22 APR 1918

CASUALTY RECORD SERVICE

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

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

500M.—9-16

H. Q. 1772-39-920.

Casualty Form—Active Service.

1st DEPOT BATTALION

Unit, Regiment or Corps

1st C.O.R.

Regimental No. Rank Lieut. Name GOODMAN, Ambrose Harold

Enlisted (a) 17.8.17 Terms of Service (a) C.E.F. Service reckons from (a) 17.11.17

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

Extended. Re-engaged. Qualification (b).



Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
		Embarked	Canada.	NOV 17 1917	
		Arrived	England.	DEC 8 1917	
13-12-17	2 nd Res.	T.O.S. from Canada	W. Sandling	8-12-17	Part 2 D.O. # 329
FEB 14 1918	2 nd Res	Transferred to 116 th Res Bn.	E. Sandling	15.2.18.	Part 2. hlp # 44. Adjutant 2 nd CANADIAN RESERVE BATTALIO.
15-2-18	8th. Res	T.O.S. from 2nd. Res Bn.	E. Sandling	15-2-18	Part 2 D.O. #46
15-4-18	8th R. Bn	S.O.S. on proceeding Overseas to 116th Bn.	Witley	15-4-18	D.O. #105. <i>Thought</i>
	O. C. C. B. D.	Landed in France strength 43 rd Cdn. Left for <u>CCRB</u> Arrived	Taken on Bn.	17/4/18 22/4/18 30/4/18	Nom. Roll of 17/4/18 Pt II D.O. #22 of 20/4/18 Nom. Roll of 22/4/18 of 30/4/18

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

I.P.T.O.

Casualty Form - Active Service

* 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				
11.6.18	CC.R.B.	Left for unit	CC.R.B.	11.6.18	AR 990
15.6.18	CC.R.B.	Arrived		12.0.18	B213
9.8.18	1 C.F.A.	S.W. pac. Leg R. adm		8.8.18	6802 Part II O. 62 d/12/18
11.8.18	8 Genl	To CC.S. G.S.W. High R (pa fenu) adm. (no change adm)		11.8.18	98188
15.8.18	O.C & Genl	Died of Wounds (Received in Action)	8 Genl	11.8.18	98214
				15.8.18	W 3745. K. I 17-1231. Part II O. 65 d/19/18
					Re: Surlin for Lieut. Col. A. H. C. d. Sect. G.H.Q. 3rd Echelon.

GOODMAN, AMBROSE HAROLD, Lieut. 116th Bn.

MEDALS &
DECORATIONS.

Ambrose Kenneth Goodman (Father)
6 Wychwood Park, 800 Davenport Rd.,
Toronto, Ont.

FEB 19 1921

PLAQUE &
SCROLL

Father, as above.

Scroll Desp. Ream No. 7-21528

Plaque Desp. MAR 9 1922 No. P02258

Serial No 982502

CROSS OF
SACRIFICE.

Mrs. Cyrilda Maria Goodman (Mother)
6 Wychwood Park, 800 Davenport Rd.,
Toronto, Ont.

desp.

10²/20

*JAS.
26/1/20*

M 51407

No.

RANK

Lieut.

NAME

Goodman Ambrose Harold

T. O. S.

Trans. from

UNIT

1st Depot Battalion. 1st. C.O.R.

109th Regt. 17-8-17

D.O. 43-28-9-17

M. D. 2

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1917 Aug. 17	1917 Sept. 30	v	appt'd. Lieut. 17-8-17	D.O. 43-28-9-17
	Oct. Nov.	v. n.	o/s. as Cond. Off. 17-11-17	D.O. 95-27-11-17



Name **GOODMAN**
Ambrose Rank **Lieut.**
Harold
 Unit **116th Bn.**
 Next of Kin *Canada*

Reg. No. **99.889**

A.F.B. 104-93

Date 1918	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
8-8	Rep. from Base	(Tel. KI 616 10-8)				
12-8	Rep. from Base	(Tel. KI 616 10-8)	WOUNDED	1056	0715	1/8
	<i>Dangerously Ill</i>	<i>Gen. Hoo Rouen (K 100 P 301)</i>	<i>Gen. R. High</i>	1057	0766	
15-8	Rep. from Base	(Tel. KI 616 10-8)				
	<u>Died of Wounds</u>			1080	0852	6/8 11/18/57

Surname.
GOODMAN
Rank.

Christian Name.
A. H.
Unit.

Lieut. 116th. Batt'n'

No. 8 General Hospital, Rouen. Date of admission. 12-8-18.
Hospital.

Transferred Hosp.
..... Hosp.
..... Hosp.
..... Hosp.

Reported from Base, Wounded: -8-8-18.

Diagnosis G.S.W. rt. Thigh, Frac. Femur,
(Dangerously ill: -12-8-18 Jan.
DIED OF WOUNDS: -15-8-18. par.

Later diagnosis.
.....
.....
.....

Disposition. Date.
10-8-18 1056.
12-8-18 1057-2.
15-8-18 1080

C.L. Remarks.
C.L.
C.L.
C.L.
C.L.
C.L.
C.L.

A.M.D. 2 DEPT.
Beh. of D.G.M.S. O.M.F.C. London

Surname

Christian Name

Reg. No.

Rank

Unit

MEDICAL BOARD held at

Date

Serial No.

(1)

Other Medical Boards at

Date

Serial No.

(2)

(3)

(4)

(5)

Condition found by Board

Disposition Recommended

(1)

(2)

(3)

(4)

(5)

PENSIONS & CLAIMS BOARD held at

Date.....

Disposition

Remarks

Surname **GOODMAN**Christian Names **Ambrose Harold.**Rank **Lieut.**

Name and Address of Next-of-Kin

Promotion

A.K. Goodman (Father)**800 Davenport Road,
Toronto, Ont.**Unit **C.O.R. Draft.**Place of birth **Cayuga, Ont.**

Married (Yes or No)

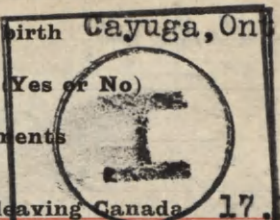
Appointments

Date of leaving Canada **17.11.17.**

Date and Cause of Resignation

Report		Records of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case	Place	Date	REMARKS Taken from Official Documents
Date	From whom received				
15.12.17. End. Res. Bn. Attached on arr. from Canada				8.12.17.	Pt. II. O. 329 and by Pt. II. O.
2.1.18.	2 nd Res.	S.O.S. on arr. from Can. (date of embarkation)		17.11.17.	Pt. II. ord 2.
14.2.18.	so.	S.O.S. on posting to 8 th Res.		15.2.18	Pt. II. ord 44. Appendix
15.4.18.	8 th Res	S.O.S. on posting to 116 th Bn.		15.4.18	Pt. II. ord 105.
20.4.18.	116 th Bn	Having arr. from Eng. in V.O.S.		17.4.18.	Pt. II. ord. 32.
10.8.18	A.M.S.	Reported from base wounded		8.8.18.	C.L. 1056.
12.8.18	so	Reported dangerously ill at } S. Gen. Hoop. Romen		12.8.18.	C.L. 1057. G.S.W. R. thigh.
15.8.18.	A.M.S.	Died of wounds. S. Gen. Hoop. Romen		15.8.18.	C.L. 1060. G.S.W. R. thigh had femur.

9212

2nd Co. C.O.R.

2nd Co. C.O.R.

amended by Pt. II. ord 3. 2nd Res. 92.178
555

22 APR. 1918

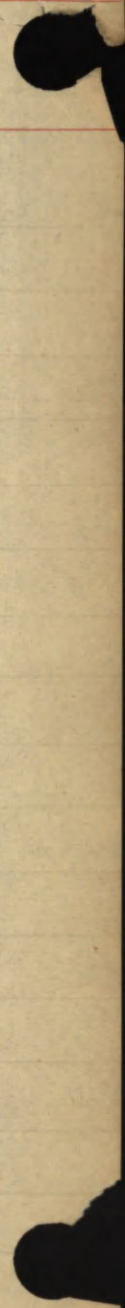
A.F.O. 103.

U.S.W. R. thigh
had femur.

U.S.W. R. thigh
had femur.

U.S.W. R. thigh
had femur.

Report
Date 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



Estate Br. file 7-120 to Canada 27/19

*21/18
Sheet I & 2
Sheet 2*

ASSIGNED PAY.

UNIT.

RANK.

NAME.

NAME OF RATE OF P. AND A.

mess
DATE

AUTHORITY

Beneficiary

Address

Amount. \$

Separation Allowance issued. Yes or No.....

*2.
Res
116 Bn*

Pay 2.

F.A. 60

Messing *1.
3.60*

Lieut

8/17

*Fr. Can
A.G. a. 21-11-21/17*

Name

Initials

Bank

Goodman

Ambrose Hard

Montreal

Died of Wounds 15/18 B.P. 1060 d/15/18

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialed by P.M. in every case.	INITIALS
<i>Apr. 25</i>	<i>Pay R.</i>		<i>108</i>	<i>457.20</i>				
	<i>Bank</i>	<i>1174</i>		<i>108</i>				
<i>May 24</i>	<i>Pay R.</i>		<i>111.60</i>					
	<i>Bank</i>	<i>2645</i>		<i>111.60</i>				
<i>June 24</i>	<i>Pay R.</i>		<i>108</i>					
	<i>Bank</i>	<i>4126</i>		<i>108</i>				
<i>July 1919</i>	<i>Pay R.</i>		<i>111.60</i>					
	<i>Bank</i>	<i>5586</i>		<i>111.60</i>				
<i>Aug</i>	<i>Pay R.</i>		<i>111.60</i>					
<i>Sept 1919</i>	<i>C.I.E. - list 8, No 44. (Leh 18)</i>		<i>— 05</i>					
<i>Oct 11</i>	<i>Ci Bal trans to Ottawa Dist 40 Oct 1919</i>			<i>111.65</i>				
				<i>896.40</i>				

*Prat to cease
Lops. to N.E. Ledger
12/18 No deposits
Trans. fr Ledger 17 to 28.5/18
Statement of ac rendered 18/19
Ci Bal 111.65
Dist form to Actg Bch 24/19*

ASSIGNED PAY.

UNIT.

RANK.

NAME.

NAME OF

RATE OF P. AND A.

DATE

AUTHORITY

Beneficiary

Address

Amount. \$

Separation Allowance issued. Yes or No.....

Pay

F.A.

Messing

Name

Initials

Bank

DATE

PARTICULARS

CK. NO.

CR.

DR.

ASSIGNED
PAY PAID IN
CANADA

BALANCE

SPECIAL AUTHORITIES
To be initialed by P.M. in every case.

INITIALS

ASSIGNED PAY.

UNIT.

RANK.

Mess

NAME.

Sheet 1

NAME OF DATE AUTHORITY

DATE AUTHORITY

Beneficiary

Address

Amount. \$

Separation Allowance issued. Yes or No.....

11 Co. Bn

*Pay. 2
Zed. .60
mess. 1.60
3.60*

Leitch

8¹² 7¹⁷ In Canada

Name *Goodman*
Initials *Ambrose Harold*
Bank *of Montreal*

Alia 21-1-1 4/21¹²

DATE

PARTICULARS

CK. NO.

CR.

DR.

ASSIGNED
PAY PAID IN
CANADA

BALANCE

SPECIAL AUTHORITIES
To be initialed by P.M. in every case.

INITIALS

1917

Dec 28

By A. 1 31¹² 17 mess 8¹² 17 No 16307

10160

Bank 34869

13320

Dr 2860

28 G. Bal. 30¹¹ 17 - 226. Cam.

2860

29 Outfit Allee

11264

£20.10.11 \$100⁰⁰

Jan

PayR

11160

21

Bank 39354

11160

28 Rations 10-13¹² 17

12291

5/4

Feb

PayR

10080

21

Bank 41013

10080

Mar

PayR

11160

25

Bank

11160

45720

ASSIGNED PAY.

UNIT.

RANK.

NAME.

NAME OF

DATE

AUTHORITY

DATE

AUTHORITY

Beneficiary

Address

Amount. \$

Separation Allowance issued. Yes or No.....

Name

Initials

Bank

DATE

PARTICULARS

CK. NO.

CR.

DR.

ASSIGNED
PAY PAID IN
CANADA

BALANCE

SPECIAL AUTHORITIES
To be initialled by P.M. in every case.

INITIALS