

ORIGINAL

931792

ATTESTATION PAPER.

No.

No. 2 CONSTRUCTION, B'n. C.E.F.

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- 1. What is your surname? *James Goodwin*
- 1a. What are your Christian names? *James*
- 1b. What is your present address? *Chatham Disp.*
- 2. In what Town, Township or Parish, and in what Country were you born? *St. John's*
- 3. What is the name of your next-of-kin? *Elizabeth Goodwin*
- 4. What is the address of your next-of-kin? *Freshly outain*
- 4a. What is the relationship of your next-of-kin? *mother*
- 5. What is the date of your birth? *Feb 25, 1898*
- 6. What is your Trade or Calling? *Laborer*
- 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, *James Goodwin*, 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 *Feb 2* 191*7* *James Goodwin* (Signature of Recruit)  
*W. R. H. G. D.* (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *James Goodwin*, 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 *Feb 2* 191*7* *James Goodwin* (Signature of Recruit)  
*W. R. H. G. D.* (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 *Wooden* this *2* day of *February* 191*7*.  
*W. R. H. G. D.* (Signature of Justice)



Description of James Goodman on Enlistment.

Apparent Age 18 years 2 months.  
 (To be determined according to the instructions given in the Regulations for Army Medical Services.)

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

Height 5' 10 1/2 ins.

None

Chest measurement { Girth when fully expanded 33 ins.  
 Range of expansion 4 ins.

Complexion Dark

Eyes Brown

Hair Black

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

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 Feb 2 1917

J. P. F. Williams

Place Dresden

Dresden  
 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.

James Goodman 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.

D. H. Sutcliffe  
 Lt. Col. (Signature of Officer)  
 No. 2 Construction Batta, C. E. F.

Date FEB 23 1917 1917



ATTESTATION PAPER.

No. 931792

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- 1. What is your surname? Goodwin
1a. What are your Christian names? James
1b. What is your present address? Wessden Ontario
2. In what Town, Township or Parish, and in what Country were you born? Chatham Twp.
3. What is the name of your next-of-kin? Elona Goodman
4. What is the address of your next-of-kin? Wessden Ontario
4a. What is the relationship of your next-of-kin? mother
5. What is the date of your birth? Dec. 25 - 1898
6. What is your Trade or Calling? Laborer
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
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
13. Have you ever been discharged from any Branch of His Majesty's Forces as medically unfit?
14. If so, what was the nature of the disability?
15. Have you ever offered to serve in any Branch of His Majesty's Forces and been rejected?
16. If so, what was the reason?

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, James Goodman, 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 thereby 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.

(SSD) James Goodwin (Signature of Recruit)

Date February 1st 1917. Pte Wm B. Higdon (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, James Goodman, 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.

(SSD) James Goodwin (Signature of Recruit)

Date February 2nd 1917. Pte Wm B. Higdon (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 Wessden this 2 day of February 1917.

(SSD) E. B. Madden (Signature of Justice)

True Copy

Director of Records



**Description of James Goodman on Enlistment.**

Apparent Age 18 years 2 months.  
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

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

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

Height ..... 5 ft. 10 1/2 ins.

*none*

Chest measurement { Girth when fully expanded..... 33 ins.  
 Range of expansion..... 4 ins.

Complexion ..... Dark

Eyes ..... Brown

Hair ..... Black

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

**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..... Feb 2 1917..... J.P.F. Williams

Place..... Sweden..... Sweden  
 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.**

James Goodman..... 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.

..... H. Sutherland (Signature of Officer)

Date..... Feb 23 1917.....



C.E.F.

GOODWIN JAMES

931792

2 BN

17860

DESERTER





10



















Inequal

931792

DEPT MILITIA & DEFENCE

MEDICAL HISTORY SHEET. B. 1917

Surname Godwin Christian Name James

Examined { on 9th day of April 1917 at Sea ford England City or Town Chatham County Ont. Examined by Dan Murray Rank Capt Am. Co. and found unfit

Apparent age 17 years Trade or occupation Laborer Height 5 Feet 9 Inches. Weight 125 Lbs.

Chest measurement { Minimum 26 1/2 inches. Maximum expansion 29 inches. Physical development Below normal Small-Pox Marks None

Vaccination Marks { Arm Right Left. Number 1 When Vaccinated last Feb. 1917 (a) Marks indicating congenital peculiarities or previous disease None

(b) Slight defects but not sufficient to cause rejection Undersized and under age. Sufficient to cause rejection.

Enlisted on 2nd day of Feb 1917 at Windsor Sub-

	CORPS.	REG'L NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>No 2 Construction Bn</u>	<u>931792</u>		
Transferred to				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
----------	-------	----------	---------

Original Medical History sheets were not forwarded from Windsor Ontario. He was supposed to have been examined by a Med. Board and found unfit but no record arrived in Nova Scotia.

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. 133. Eastbourne 7/6/17 Pulmonary Tuberculosis Dan Murray Supply & Canada Capt J. Wood. C.M.D.







MEDICAL CASE SHEET.\*

No. in Admission and Discharge Book 1217 Year 6 - MAY 1917	Regimental No.	Rank.	Surname.	Christian Name.
	Unit.	Age.	Service.	

931792 Pte Goodwin J  
2nd Bn Br 17 3/12

CANADIAN MILITARY HOSPITAL, EASTBOURNE.

Disease Bronchitis

Previous to enlisting had Typhoid fever about 12 yrs ago. Had left thigh broken about 18 yrs ago.

Family History negative.

1217

Present trouble came on about 1st week in Apr. was seasick when crossing Atlantic. commenced as a cold, with pain in left side of chest - had some cough. Has lost flesh. Dies easily. has shortness of breath.

Heart - apex beat - on rt side of sternum on a line with nipple, midway between nipple and sternum.

Lungs. Lessened resonance over whole of left lung with flatness for lower 1/2 - Dullness at apex in front - Bronchial breathing upper 1/2 of left lung - Diminished voice + breath sounds lower 1/2 of left lung - abundant crackling rales throughout left lung before + behind. Evidently fluid in lower left pleura. Exaggerated breathing over rt lung with rales of a bronchial nature.

A. E. Fraleigh Capt

Mother Mrs. B. Goodwin  
Dreadnought

DISCHARGED  
18 JUN 1917  
The first and last entries will be signed, and transfers from one Medical Officer to another, attested by their signatures.  
W. P. Green & Sons Ltd., Printers, Old Bailey, E.C.  
[1185] W11203/M1150 50m 12/6v 5 59 Forms/I. 1237/12  
To [Signature]







Name Goodwin Enl 2-2-17

Date of Embarkation for England 25-3-17

Proceeded to France. No Returned to England.

Date returned to Canada. 18-6-17 Invalidated

P.R. 2855.

No H.O. file

"b.h.f.d."  
7-8-28

(No's Deserter 23-8-17)



STATE OF NEW YORK

IN SENATE

January 10, 1906

REPORT

OF THE

COMMISSIONERS

OF THE LAND OFFICE



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				
4.10.17	"Finnish" MHEC	SOS. in accordance with capt's d/26.9.17 having been awk w/c <u>Deserters</u>	London	23.8.17	WO 2/77

~~copy sent~~

for Day 12



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

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

350M.—5-16

H. Q. 1772-39-920.

# Casualty Form—Active Service.

Unit, Regiment or Corps. #2 Construction Battalion CEF.

Regimental No. 931792

Rank Pte.

Name

GOODWIN  
Goodman, James

C. E. F.

Enlisted (a) 2/2/17

Terms of Service (a) Duration of war

Service reckons from (a) 2/2/17

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	Halifax N.S.	25/3/17	<div style="border: 1px solid black; border-radius: 50%; width: 40px; height: 40px; text-align: center; line-height: 40px; margin: 0 auto;">H</div> <p><i>J. P. Bamhett</i> Lieut.</p> <p>Adjutant, No. 2 Construction Battalion</p>
		Disembarked, England	Liverpool	8/4/17	
<u>7/5/17</u>	<u>O.C. No 2 Const Bn</u>	Proceeded Overseas	Seaford	<u>17/6/17</u>	
<u>MAY 23 1917</u>	<u>2nd Const Bn</u>	attached from 2nd Const. Coy.	Seaford.	<u>18-5-17</u>	<u>BO Pte - 123.</u>
<u>29.8.17</u>	<u>2nd Const Bn</u>	Sos. to N.S. R. D.	<u>Field</u>	<u>17.5.17</u>	<u>NO 125</u>
<u>10.12.17</u>	<u>N.S. R. D.</u>	Sos. on invaliding to Canada.	<u>B'sholt</u>	<u>18.6.17</u>	<u>NO 265</u>

(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.



Rank \_\_\_\_\_ Name GOODWIN, James Reg'l No. 931792  
 Unit N 2 Construction Bn  If in perm. Corps, }  
 What Unit? } Married or Single Single  
 Place and Date of Enlistment Dresden 2.2.14 Place of Birth Chatham  
 Name and Address, Next-of-Kin Elvina Goodman  
Dresden. Ont. Relationship Mother

Assigned Pay Monthly \$ \_\_\_\_\_ Payable to \_\_\_\_\_ Relationship \_\_\_\_\_  
 Separation Allowance \$ \_\_\_\_\_ Payable to \_\_\_\_\_ Relationship \_\_\_\_\_

N/E. R. B. No. 3246  
 File R. L. can v R.  
 Category \_\_\_\_\_

Discharge, Date and Place \_\_\_\_\_ Reason \_\_\_\_\_ Character \_\_\_\_\_

H. W. & V., Ltd.—9546-16.

Report.		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.
Date.	From whom received.				
Arrived in England. S.S. Southland 4.4.14.					
14.5.14	2 <sup>nd</sup> BRT	Admtd can. Mil Hosp	Eastbourne	7.5.14	61 No. 10. { 2 <sup>nd</sup> Con. Co P.E. 100. 108 <sup>th</sup> 2/4/5/14
27.6.14	" 6 Bn.	Discharged	—	18.6.14	22. Pulmonary T. B.
10.7.17	NSRD.	T.O.S. from 2 <sup>nd</sup> Const. Bn	Apr. Bishott	17.5.17	(date amended by PTH 123. 220 d. 20.10.17.)
29.8.17	2 <sup>nd</sup> Const Bn	S.O.S. to N.S.R.D.	" Field	17.5.17	PTH 125.
10.12.17	NSRD.	S.O.S. on invaliding to Canada.	" Bishott	18.6.17	PTH 265
	Disc Depot	To Sanatoria	M.D. No 1 London Ont	29.6.17	NR 309







Enl. - Dresden, Ont.,  
**FORM OF WILL** M D I

I, James Goodwin (Name in full)

Regimental Number 931292 serving in No. 2 CONSTRUCTION B'n. C.E.F.

of the Canadian Expeditionary Force, do hereby revoke all former Wills by me made and declare this to be my last Will.

*My mother*

I devise all my real estate unto

Mrs Elvina Goodwin  
Dresden  
Ont

Name and Address of person or persons to whom it is to go.

absolutely, and my personal estate I bequeath to

*My mother* Mrs Elvina Goodwin  
7  
7

Name and Address of person or persons to receive personal estate\* (See note).

**NOTE**

This space for the appointment of Executor if necessary.

**IMPORTANT NOTE**

This must be signed and Dated by THE SOLDIER HIMSELF.

this 19th day of March A.D. 191 7

James Goodwin Signature of Soldier.

\*N.B. Personal estate includes pay, effects, money in bank, insurance policy, in fact everything except real estate.

Signed and acknowledged by the Testator as and for his last Will in the presence of us both present at the same time, who in his presence, at his request, and in the presence of each other have hereunto subscribed our names as Witnesses.

Signature of First Witness F. Lionel Cross

Address of Witness San Fdo Trinidad B.H.

THE TWO WITNESSES

Occupation of Witness Journalist

MUST SIGN HERE

Signature of Second Witness Opicil Bennett

Address of Witness Shelburne Ont.

Occupation of Witness Labourer







RECEIVED

# CANADIAN CONTINGENT EXPEDITIONARY FORCE

(AW)

B-7-19

## LAST PAY CERTIFICATE

"F" UNIT-6927  
30-G-212  
M. H. C. COMMAND

M. D. 1

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

Regimental No. 931792 Rank Pte. Name James GOODWIN

Corps 2nd Construction Bn. who was\* Struck off Strength as a Deserter

On September 26th 1917, to No. 5  
\*Insert "discharged" or "transferred." I. B. 30-9-149

The following is a statement of the account of the above named from In January Pay- 191...  
to 191..., the inclusive date of transfer or discharge. lists.

Dr.	\$	c.	Cr.	\$	c.
Bal. Dr. from <del>prev. month</del> <u>Oct. 1917</u>	<u>9.</u>	<u>90</u>	Bal. Cr. from prev. month		
Advances } No. ....			Reg'tl Pay ..... days at \$ ..... c.		
by } No. ....			Field Allow. .... days at \$ ..... c.		
Cheques } No. ....			Separation Allowances* (Monthly) .....		
Assigned Pay and Sep'n Allce. No. ....			Other Allowances* .....		
Other charges .....			Other Credits* <u>M.F.W. 6</u>	<u>4.10</u>	
Payment on transfer or discharge No. ....			Bal. Dr. (to be deducted by new unit) .....	<u>5.80</u>	
Balance Cr. (to be paid by the new unit) .....			Total .....	<u>9.90</u>	
Total .....	<u>9.90</u>		Total .....	<u>9.90</u>	

\* Give particulars.

A monthly stoppage of \$ Nil (†) has ..... (‡) been paid on account of Assigned  
 { Pay for the month of ..... 191... }  
 { and Sep'n Allce. for month of ..... 191... } (to) Assignee Nil  
 (Address) (of man) Dresden, Ontario.

(†) Insert amount to be assigned, whether it has been paid or not.  
 (‡) Insert "not" if amount has not been paid for period of account.

### On Transfer of an Officer

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

### REMARKS:—

- State (1) date of enlistment February, 1917.
- (2) if married and if a Separation Allowance Card has been submitted No. Single.
- (3) cause of discharge ..... authority D.O. 277 4/10/17
- (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 Jan. 31st  
February 1st, 1918.  
 Place LONDON, ONT.

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. Deficiency of Kit \$30.98

*Handwritten signatures and notes:*  
Capt. Paymaster  
M. H. C. Command  
11.2.18



5030  
9/2/18  
T-324  
883-23-4-18  
334/14

483-23-4-18

9-218

*[Faint, mostly illegible text from a document, possibly a report or certificate, with some red ink smudges.]*



(9) Is your Father alive?..... *No*

If so, state name and address..... *X*

(10) Is your Mother alive?..... *Yes*

If so, state name and address..... *Mrs Elvanna Goodwin*  
*Oreaden, Ont*

(11) If your Mother is a widow..... *Yes*

Are you her sole support, or not?..... *No*

(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.

(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.

(14) If you have a wife, or children, or a widowed mother who depends on you as her sole support, have you applied to the Paymaster of your unit for Separation Allowance? If not, this must be done.

(15) Are you insured?..... *No*

If so, in what Company?..... *X*

Have you made arrangements for payment of your Insurance premium..... *Yes*

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

*D. Dawie*  
*Capt* ..... *Lieut-Col.*  
*No. 2 Construction Bn. C. E. F.*  
..... *Officer Commanding.*

Date *MAR 19 1917*



DUPLICATE

To be made out in duplicate.

H.Q. 51-21-23-53

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, D'n. C.E.F.**

(2) Regimental Number... **931792**

(3) Full Name of Soldier... **Jones  
Goodman**

(4) Place of Birth... **Bresden  
Ontario**

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

(6) If married, state,  
(a) Full name of your wife... **X**

(b) Present Postal Address...

(7) Are you a widower? ... **No**

(8) Have you any children? ... **7**

If so, give number of boys and girls...

Also their names and ages...



ORIGINAL No. 1  
 F. UNIT No. 30-3-2912  
 M. H. C. COMMAND  
 I. D. ....

**CANADIAN CONTINGENT EXPEDITIONARY FORCE**

A 7-8

**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. 931792 Rank Pte. Name James Goodwin

Corps 2nd. Const. Bn who was \*Struck off Strength as a Deserter

On September 26 1917, to  
 \*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from September 1, 1917,  
 to Sept. 26, 1917, the inclusive date of transfer or discharge.

Dr.	\$	c	Cr.	\$	c
Bal. Dr. from prev. month			Bal. Cr. from prev. month		
Advances by Cheques } No. ....			Reg'tl Pay ..... days at \$ ..... c		
Overpaid from <u>27/9/17 to 30/9/17.</u>			Field Allow. .... days at \$ ..... c		
Assigned Pay No. <u>30/9/17.</u>	4	40	Other Allowances*		
<u>A.W.L. 23/8/17 to 26/9/17</u>			<u>Cheques No's. 7677 &amp; 8400</u> } 15 00		
Other Charges <u>as per court of inquiry</u>	38	50	Other Credits <u>Deposit in Bank</u> } 18 00		
Payment on transfer or discharge No. ....			<u>M.F.W. 6 Oct</u>		
Balance Cr. (to be paid by the new unit)			Bal. Dr. (to be deducted by new unit)	9	90
<b>Total</b>	<b>42</b>	<b>90</b>	<b>Total</b>	<b>42</b>	<b>90</b>

\*Give Particulars.

A monthly stoppage of \$ Nil (†) has ..... (‡) been paid on account of Assigned Pay for the month of ..... 191... to (Assignee) .....

(Address) (of man) Dresden, Ontario.

(†) Insert amount to be assigned, whether it has been paid or not.  
 (‡) Insert "not" if amount has not been paid for period of account.

**On Transfer of an Officer.**

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

**REMARKS:—**

- State (1) date of enlistment February 1917.
- (2) if married and if a Separation Allowance Card has been submitted No. Single.
- (3) cause of discharge and authority D.O. 277-3-4/10/17.

If discharged from the Contingent, state if Stop Payment advice for Assigned Pay has been forwarded, and date .....

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

Date October 31, 1917.

Place LONDON, ONT.

*[Signature]*  
 Paymaster F. Unit M. H. C. Comd. Paymaster

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

**M. F. W. 44.** Deficiency of Kit \$30.98



CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

This form to be filled in by the Bank (Form No. 100 and 101, Financial Instructions, 25715, C.E.F. 1915)

Regimental No. \_\_\_\_\_ Name \_\_\_\_\_ Rank \_\_\_\_\_  
Company \_\_\_\_\_ who was \_\_\_\_\_

On \_\_\_\_\_ day of \_\_\_\_\_ 1915  
at \_\_\_\_\_

The following is a statement of the account of the above named member from \_\_\_\_\_ to \_\_\_\_\_ inclusive of transfer or discharge.

Bal. Dr. from previous month		
Advance (No. _____)		
Other Advances (No. _____)		
Assigned to (No. _____)		
Other (Number of days _____)		
Payment on transfer or discharge (No. _____)		
Bal. Cr. to be paid by the new unit		
Bal. Dr. (to be debited by new unit)		
<b>Total</b>		

Give Particulars

A monthly stoppage of \$ \_\_\_\_\_ has \_\_\_\_\_

Pay for the month of \_\_\_\_\_ 1915 to Assignee \_\_\_\_\_

(Address of member, if different from above) \_\_\_\_\_

(1) Insert amount to be assigned, whether it has been paid or not.  
(2) Insert "not" if amount has not been paid for period of account.

On Transfer of an Officer

Outstanding \_\_\_\_\_ has been paid by \_\_\_\_\_ Military District No. \_\_\_\_\_

REMARKS

State (1) date of enlistment \_\_\_\_\_

\_\_\_\_\_ and if a Reserve Allowance (and has been appointed to \_\_\_\_\_)

(In case of discharge and authority \_\_\_\_\_)

If discharged from the Contingent, state if Stop Payment advice for Unpaid Pay has been forwarded, and date \_\_\_\_\_

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

Dated \_\_\_\_\_ 1915

Place \_\_\_\_\_

N.B.—For the purpose of this form it is to be made out in quadruplicate. One copy to Paymaster of new unit; one to District Paymaster; one to be retained at the end of the month, and one for retention as a record. For purposes of this form it is to be made out in triplicate. One copy to company discharge papers; one copy to accompany pay-list at the end of the month, and one for retention as a record.











1072

Name

*Goodwin, Jas. P.E.*

Regimental No.

*931792*

Name and address of next of kin

Unit

*2<sup>nd</sup> Cav Batt*

*Dresden, ont*

Date of enlistment

Place of

*mil*

Married (yes or no)

*no*

Date and place discharged

Amount of pay assigned monthly \$

*mil*

Reason for discharge

*Class II*

To whom payable

*mil*

Character on discharge

*Retire 29<sup>th</sup> 17 H.Q. 649-G-6927*

Form 5351-M. & D. 6880.

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					
<i>8<sup>th</sup> 17</i>	<i>7<sup>th</sup> 17</i>	<i>54</i>	<i>100</i>	<i>54.00</i>	<i>54</i>	<i>10</i>	<i>5.40</i>	<i>6471</i>								<i>Eng R. P. C</i>
									<i>13411</i>							<i>D. S. Halpa</i>
								<i>Cr. Bal 6411</i>								<i>7/17 4 unit</i>
																<i>* Dissee on report 12</i>
																<i>Case 2H 12-10-17</i>
									<i>6411</i>							<i>SPPE MPDI 12/3/18</i>
																<i>E. A. P. mil</i>







Surname *Goodwin* Christian Name or Names *J.* Reg. No. *931792*  
Rank *Spr.* Unit *2 Coast Batt. (Colored)* Co. Troop Batty.  
Hospital Date of Admission

Transferred *Can Mil Eastbourne* *4.5.17*

Hosp.  
Hosp.  
Hosp.

Diagnosis *Bronchitis*  
(1) *Pulmonary J.B.*  
(2) *Pw*  
(3)

Additional Diagnosis: if more than one state present

DISPOSITION

Date

*J. 5. 18.6.17*

REMARKS

*Et. 14.5.17. 10,*  
*27.6.17 22*

*To Canada per HS. Letitia  
from Liverpool. 18-6-17.*

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.



649-9-24500

Number 931792 Rank S/4

Surname Goodwin

Christian Name James

Units #2 ~~Coast Coy~~ Theatre of War France

Date of Service C.R.T. 17-5-17

Remarks \_\_\_\_\_

Latest Address Mrs. Elvina Lucas (M)  
Dresden, Ont.

Roll No. 13-10-28  
(B12134)

5m-7-23. (M95).

P.T.O.



BTV 101619 Sp. A. Shipynda  
(B 12134) to be re-eng'd for this  
man.

28/8 *BB*

REGN. NO. 40409
DESP. OCT 16 1928



REG. NO. *931792* NAME *Godwin, James*  
(SURNAME FIRST)

RANK *Plt.* CORPS *F. Unit M. F.C.C.*

AGE *17* SERVICE *Victoria*

NAME OF HOSPITAL *Victoria* PLACE *London*

DATE OF ADMISSION *18/7/17* *20/8/17*

DISEASE *Pulmonary, T.B.* *Pulmonary, T.B.*

DISCHARGE *4/8/17* *28/8/17*

OPERATION .....

DISCHARGED TO DUTY .....

TRANSFERRED TO .....

DISCHARGED BY MEDICAL BOARD .....







REGT'L. No. 931792.

H. Q. FILE No. 649

NAME

Goodwin J.

RANK AND CORPS

Spr. 2nd Can Construction Bn. (coloured)

FOLLOWS

No.

FOLLOWS

CABLE

NO.

DATE

NATURE OF CASUALTY

T338

25-6-17

Sailed from Liverpool for Canada  
per the Hosp. ship "Letitia" on the 18th June  
(tubercular) 1/17



LIST NO.

HOSPITAL

DATE OF  
ADMISSION

REMARKS

10	Can. Mil. Eastbourne	7-5-17	Bronchitis
22	Discharged	18-6-17	Pulmonary T. B
191	M. H. G. G. London	10-7-17	Out-Patient
200	" " " "	18-7-17	Byron. San.
277	M " " "	26-9-17	Byron. San. Disc. H. M. d.





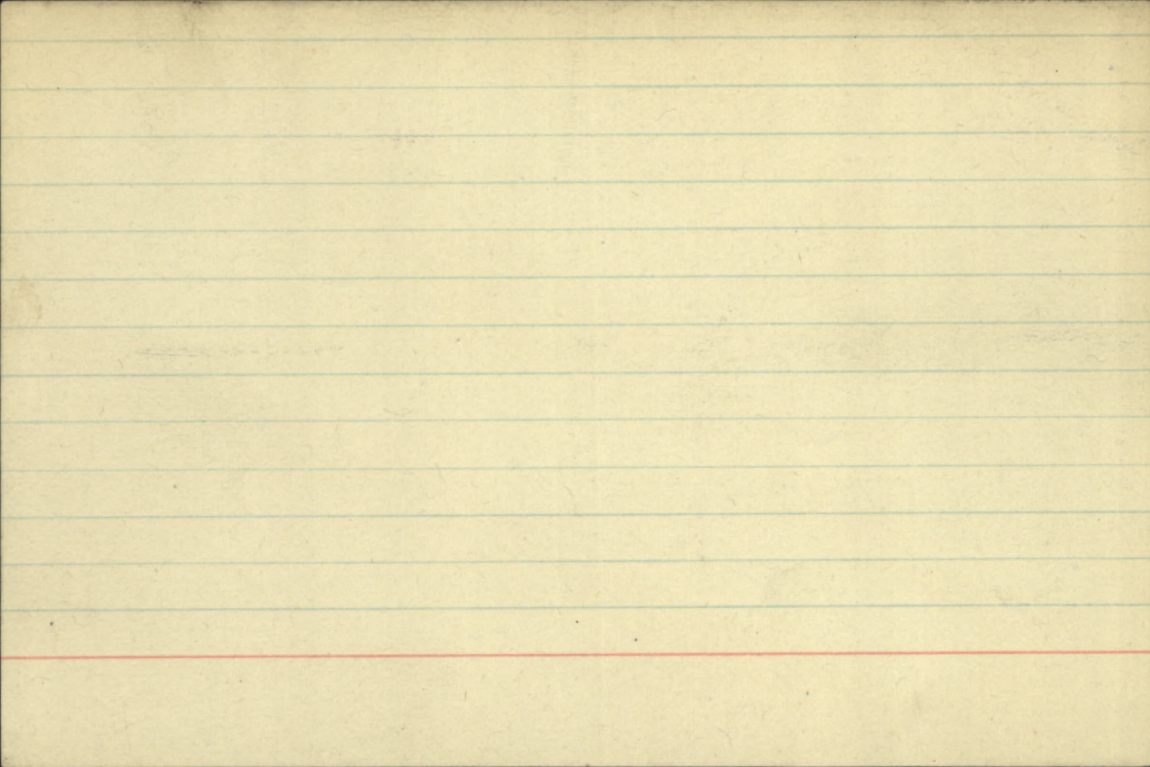














*uk*

**ADMITTING CARD.**

Regt. No. *93/792* A. & D. No. *1217*

Rank *Pvt*

Name *Goodwin J*

Corps *2nd Coy B* *10*

Religion *Meth* Age *17*

M. H. Rec'd ..... M. H. Requested *Chrysis* M. H. Ret'd *21/5/17*

Disease *Bronchitis Pulm. Tuberculosis*

Admitted *6 - MAY 1917* *Unfit* **Boarded for Invaliding 7-6-17**

Discharged *18 JUN 1917*

Place in Hospital *14 / 8*

Transferred .....

Results .....

*760*



## REMARKS:

## MEDICAL HISTORY SHEET.

Requested			
From	Date	Reply	Date
1			
2			
3			
4			

Orig. ~~Dup.~~ Recd. From 2nd Gen Pan 6/5/1917

Orig. ~~Dup.~~ Sent to Hosp. Rep. 11/6/1917

Recd. from Regr. this Orig. Dup. 1/19

179

Ward

Orig. Recd

H. Amley

11 JUN 1917



No. 931792. RANK Pte.

NAME Goodwin James.

T. O. S. 2-2-17. UNIT

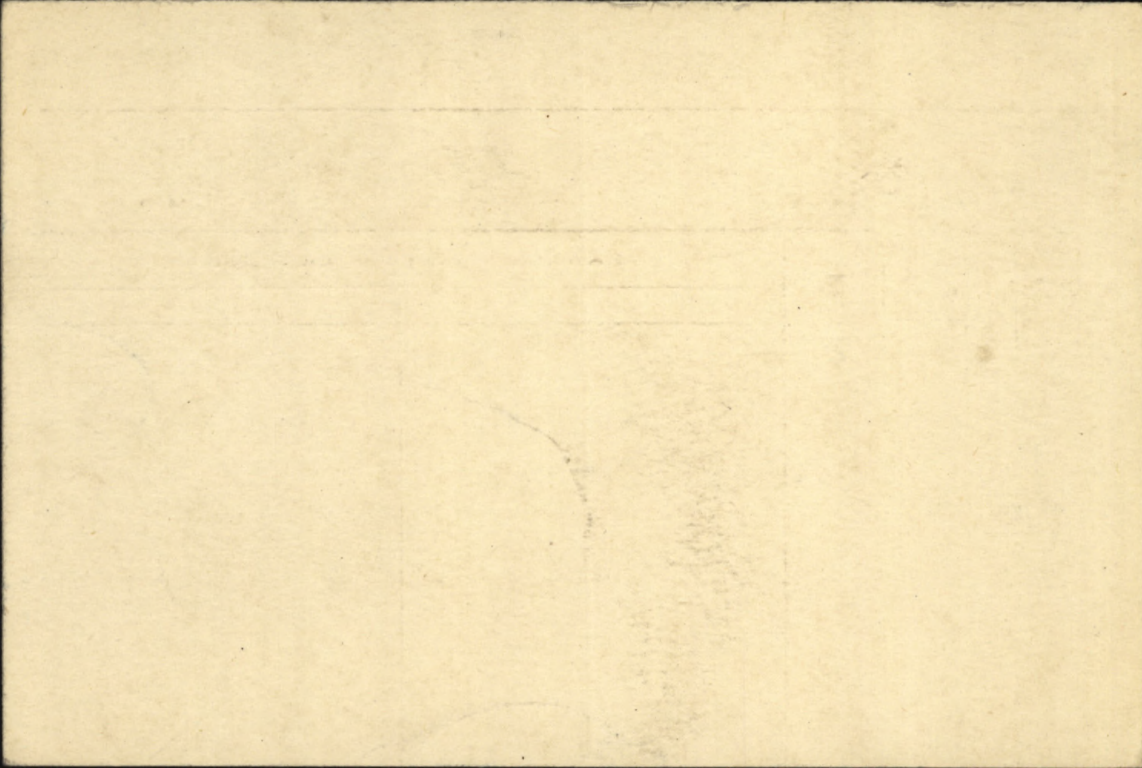
d. O. 40. 15-2-17.

No 2. Construction Battalion

M. D. 6

			PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
PAID FROM	PAID TO	SIG. OR REC'T	PARTICULARS	AUTHORITY
1917 Feb. 2.	1917. Feb. 28 Mar.	✓ u-		







*W S B Class A*

*M.D. 2*  
Army Form W3997.

Regtl. No. *1039192* Rank *Spr*

Name *William A* *Beattie*  
(Christian Names in full) (Surname)

Unit *CRT* Regt. *CRT*  
or  
Corps

Date of { Discharge\*  
Disembodiment\*  
Transfer to the Reserve\* } ..... 191.....  
\* Strike out whichever inapplicable.

**SS → CASSANBRA**  
**EMBARKED 22-2-19**  
**DISEMBARKED . 3-19**

*Father*  
*Miller*  
*Toronto*

**COVER**  
**FOR**  
**DISCHARGE DOCUMENTS.**

NOTE.—In every case where A.F. Z.22 is included among the documents the letter Z is to be stamped in the space provided below.



*26*

*A*  
*# 12*



Army Form 100-10

COVER

FOR

DISCHARGE DOCUMENTS

NOTE: In every case where A.F. 100-10 is included among the documents to be included in the record provided below.





931792 Goodwin, James <sup>1917</sup>

~~Deal~~

~~26-11-19  
1919-12-24 500~~



