

Triplicate
880838

ATTESTATION PAPER.

No.

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname?..... GOSS
- 1a. What are your Christian names?..... William Henry
- 1b. What is your present address?..... Chatham, Ont. Canada.
2. In what Town, Township or Parish, and in what Country were you born?..... Brixton, Surrey, England.
3. What is the name of your next-of-kin?..... L. George Goss. *Survivor of w. of Martin 60 King St E*
4. What is the address of your next-of-kin?..... Chatham, Ont., Canada.
- 4a. What is the relationship of your next-of-kin?..... Father
5. What is the date of your birth?..... November 10th, 1898
6. What is your Trade or Calling?..... Farmer, Labourer.
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 } yes,
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? }

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, William Henry Goss, 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.

William Goss (Signature of Recruit)

Date October 30th. 1916. J. H. Hake (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, William Henry Goss, 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.

William Goss (Signature of Recruit)

Date October 30th. 1916. J. H. Hake (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 Chatham, Ont. this 30th. day of October 1916.

Neil Smith (Signature of Justice)

Description of William Henry Goss on Enlistment.

Apparent Age.....18.....years.....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. 4½ ins.

Chest measurement { Girth when fully expanded.....25 ins.
 Range of expansion.....3 ins.

Complexion.....Fair

Eyes.....Blue

Hair.....Dark Brown

Religious denominations. { Church of England.....Yes
 Presbyterian.....
 Methodist.....
 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.....30th Oct.....1916.....Russell

Place.....Chatham.....Capt Medical Officer.

*Insert here "fit" or "unfit."

NOTE.—Should the Medical Officer consider the Recruit unfit, he will fill in the foregoing Certificate only in the case of those who have been attested, and will briefly state below the cause of unfitness:—

CERTIFICATE OF OFFICER COMMANDING UNIT.

.....William Henry Goss.....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.

.....Russell Smith 8/6/16.....(Signature of Officer)

Date.....October 30th.....1916.

REGIMENTAL DOCUMENTS

NAME GOSS WILLIAM HENRY REGT. NO. 880 838 UNIT 186th Bn. H. Q. FILE NO. _____

(H)

(S)

CONTENTS

DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

M. F. W. 2505
REFERENCE

NON-EFFECTIVE BY

(M)

19288

(H)

DEATH

Category

DISCHARGE

Category

Demob-

DESERTION

12-23
19-24
34 24

- ATTESTATION PAPER (M.F.W. 23, 133, or 51)
- CASUALTY FORM (M.F.W. 54 or A.F.B. 103)
- TRAINING HISTORY SHEET (M.F.W. 113)
- FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)
- REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)
- COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)
- MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)
- DENTAL HISTORY SHEET (M.F.B. 465)
- MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)
- MEDICAL EXAMINATION (M.F.W. 129)
- TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)
- PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)
- DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)
- LAST PAY CERTIFICATE (M.F.W. 44)
- PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)
- PARTICULARS OF CHARACTER (A.F.W. 3226)
- COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)

Misc
ACU 3
card 100 9
card card
M.F.W. 129
card card
pay card



NOSE, EYE, EAR & THROAT CLINIC

Witley..... 23-7-1919

Reg. No. 880838 Rank. Pte Name Goss W. H. Unit R W Wing

WITHOUT GLASSES

WITH GLASSES (AS PER PRESCRIPTION BELOW)

	SPH	CYL	AXIS
VISUAL ACUITY, RIGHT.	6/18		
VISUAL ACUITY, LEFT.	6/6		4/9
CATEGORY RECOMMENDED IS, -	A		
GLASSES NOT ORDERED.			

ORIGINAL DISEASE OR INJURY, *Hyperopic astigmatism*
DATE OF ORIGIN, *Adolescence*
PLACE OF ORIGIN,

CAUSE,
PRESENT-DISABILITY, *Refractive Error Rt*
REMARKS,

CONDITION WAS..... PRESENT PREVIOUS TO ENLISTMENT, AND HAS *not*
BEEN CAUSED BY SERVICE. HAS..... *not* BEEN AGGRAVATED BY
SERVICE.

FOR LONG BOARD.

J. P. Brauer

.....
Capt., C.A.M.C.
Eye, and Ear Specialist,
Witley Camp, Surrey.

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

WITH GLASSES (AS PER PRESCRIPTION)
(WORLD)

WITHOUT GLASSES

AGE

EYE

SPH

with

RIGHT EYE, RIGHT

with

LEFT EYE, LEFT

REMARKS

GLASSES NOT ORDERED

ORIGINAL PRESCRIPTION ON HAND

DATE OF ORIGIN

PLACE OF ORIGIN

TYPE

REMARKS

REMARKS

.....

.....

.....

.....

.....

.....

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

WOND

J.P. Rank _____ Name **GOSS, William Henry.** Reg'l No. **880838.**
 Unit **186th Bn.** If in perm. Corps }
 What Unit? } Married or Single **Single.**
 Place and Date of Enlistment **Chatham. 30th Oct. 1916.** Place of Birth **Brixton. Surrey. England.**
 Name and Address, Next-of-Kin **Daisy Goss.**
Notify Mrs. W. J. Martin, 601 King Str. Chatham, Ont. Canada. Relationship ~~Father.~~

Assigned Pay Monthly \$ _____ Payable to _____

Separation Allowance \$ _____ Payable to _____

Discharge, Date and Place _____ Reason _____ Relationship _____ Character _____

N/E. R.B. No. **9736**
 File R.L. _____
CAN. OR

H. W. V., Ld. - 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.				
WEST ONT. REGT. ARRIVED IN ENGLAND 7 4 17 S. S. LAPLAND.					
20.4.17	4th Res	TOS from Canada	Bristol	7.4.17	Plt 93 707
4.12.17	1st Bn	POSTED FROM 4th Res	France	18-11-17	PT. 2.124, 4th Res 275d 19/17
10-1-19	"	Sentenced to 14 days F.P. No. I for R.W.L. from 21.00 Hrs. 16-12-18 until he rep'd. at 07.00 Hrs. 18-12-18 Forfeit's 2 days pay under R.W.	Plt	"	21-12-18 - " - 2
26-2-19	"	Sentenced to 14 days F.P. No. 21-12-18 3 days remitted for good conduct	"	"	1-1-19 " 11
30-3-19	"	S.O.S. to Com Record List	"	"	25-3-19 " 21 + C. R. L. 32 of 3-4-19

RECEIVED
 24 NOV 1917

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.				
14-4-19	WORD	^{C.R.L.} S.O.S. from 7th Div	Rifles 76	4-4-19	RT 00084
7-5-19	less Recd for Inv. sick & post-act	WORD	Havre	2-4-19	DD. 46
23-7-19	WORD	Sold to N. Wing 106-H-55	Witley Factory	18-6-19	130 + R Wing 87 d/21-7-19 138/19
15-8-19	R. Wing	S.O.S. to Canada	.	13-8-19	- 109

VENEREAL DISEASE CASE-CARD.

Army Form W. 3497.

Age _____ Hospital _____ Ward _____
Service _____ Religion _____ Disease _____

Regiment _____ Coy. _____ Reg. No. _____ Rank _____ Name _____

Date of Admission _____ Disposal _____ Date of Discharge _____

This space not to be written upon by M. O. i/c case.

SUMMARY {

In cases of Syphilis the particulars below must be sufficient to enable the Syphilis Case Sheet (Army Form I. 1238) to be made up from this Card.

1st, 2nd, 3rd attack or relapse _____

Dates and
Places of Three
last Exposures { _____

Main points in history _____

Condition on admission _____

[P.T.O.]

Date	Treatment		Progress	Complications and their Treatment
	Local	General		
1st June		no Matter		
2nd June		improving		
3rd June	"	"	Slight Dis	
4th June	"	no pain		
5th June		Get up 4 hours		
6th June		Swelling all gone down.		
		S.W.D.		
7th June		Get up all day		
8th June				
9th June		no complaints		
10th June		To Up ward CRW		
11/6 Aug		10 (Limon)	S.M.P.	U. f. few weeks is clear (phosphorus) P.

VENEREAL DISEASE CASE-CARD.

Army Form W. 3497.

Age		Service		Religion		Disease					
Hospital.		Ward.									
Regiment		Coy.		Reg. No.		Rank		Name			
Date of Admission				Disposal				Date of Discharge			

This space not to be written upon by M. O. i/c case.

SUMMARY

In cases of Syphilis the particulars below must be sufficient to enable the Syphilis Case Sheet (Army Form I. 1238) to be made up from this Card.

1st, 2nd, 3rd attack or relapse

Dates and
Places of Three
last Exposures

Main points in history

Condition on admission

[P.T.O.]

902

Date	Treatment		Progress	Complications and their Treatment
	Local	General		
6/5	"	19	Smw.D. <i>Amear</i> Many Bacteria present a few pus cells no G.C. Identified	U ₁ fine U ₂ clear
8/5	"	"	Sm.D.	U ₁ fine fine U ₂ clear S + 10mm - 39 few specks
10/5	"	"	Smw.D.	U ₁ clear U ₂ clear
11/5	Quit	19 Haematuria	Smw.D.	U ₁ clear U ₂ clear
13/5	Quit	11 19 Soft Enlarged	Sm.D.	(polyplaturia) U ₁ pus blood U ₂ clear
15/5	Quit	10+16	S.P.D.	U ₁ large fine U ₂ slight large U ₃ blood U ₄ large U ₅ clear
17/5	"	"	<i>Amear</i> 15/5 many Epith + pus cells only no G.C. S.P.D.	U ₁ large U ₂ clear

VENEREAL DISEASE CASE-CARD.

Army Form W. 3497.

_____		Hospital.		_____		Ward.	
Age	Service	Religion	Disease				
Regiment	Coy.	Reg. No.	Rank	Name			
Date of Admission		Disposal		Date of Dis-charge			

SUMMARY { This space not to be written upon by M. O. i/c case.

In cases of Syphilis the particulars below must be sufficient to enable the Syphilis Case Sheet (Army Form I. 1238) to be made up from this Card.

1st, 2nd, 3rd attack or relapse Dates and Places of Three last Exposures { _____

Main points in history _____

Condition on admission _____

Gosse W. B.

6

Date	Treatment		Progress	Complications and their Treatment	
	Local	General			
13/6	Fraxig	10 G.C. pos X.	Sme D.	U. $\frac{1}{2}$ clear " " (prophylaxia)	
16/6	18/6	"	"	V.S. m.w.D.	S + p.m. 18/22 U. $\frac{1}{2}$ clear " " (prophylaxia)
20/6	"	"	"	V.S. m.w.D.	S + p.m. 18/22 U. $\frac{1}{2}$ very few fibres " " clear
23/6	"	"	"	V.S. m.w.D.	U. $\frac{1}{2}$ few fibres " " clear
25/6	Autog 7 S.A.	Vaccine m II	Sme D.	Vaccine m IV	S + p.m. 18/22 U. $\frac{1}{2}$ clear " " " "
27/6	←	Vaccine m VI	dry?		U. $\frac{1}{4}$ few shreds " " Cl.
30/6	"	"	dry, no (am tear)		U. $\frac{1}{2}$ V.S. Hazy " " V.S. Hazy B.
4/7	A.N.C.S.		Inwailed to Canada 28 June		J. Murray Robertson

Serum

G.C. +
Pos ++
Epith -
Bacteria -

VENEREAL DISEASE CASE-CARD.

Army Form W. 3497.

Age		Service		Hospital.		Ward.	
Regiment		Coy.		Rank		Disease	
Date of Admission		Disposal		Date of Discharge			

This space not to be written upon by M. O. i/c case.

SUMMARY

" Plus "

" Yes "

" Klaus " No.

In cases of Syphilis the particulars below must be sufficient to enable the Syphilis Case Sheet (Army Form I. 1238) to be made up from this Card.

1st, 2nd, 3rd attack or relapse

Dates and
Places of Three
last Exposures

Main points in history

P.E. before & after

Incubation in days

Prostitute

Other Social Data.

If relapse particulars.

Condition on admission

Medical Discharge.

Character

Scabies?

Podiculosis?

Structural Abnormalities.

Complications .

(a) Local

(b) Constitutional

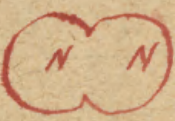
Nature of any co-existing venereal disease

TREATMENT.

Note or suggestions from officer i/c Treatment

Days

[P.T.O.]

Date	Treatment		Progress	Complications and their Treatment
	Local	General		
7-7	<i>Figis</i>	<i>Vaccin XIV</i>	<i>Ch + water dis. am.</i>	<i>U₁₁¹¹ Cl?</i>
9-7	"		<i>Smear.</i>	<i>U₁₁¹¹ Bact - 885</i>
11-7	-	<i>Clara M XVI</i>	<i>dry (dampam?)</i>	<i>U₁₁¹¹ clear</i>
14/7			<i>S.W.D.</i>	<i>U₁₁¹¹ clear (phorptosis?)</i>
<i>Red the ... wood</i>				

VENEREAL DISEASE CASE-CARD.

Army Form W: 3497.

Age		Service		Hospital.		Ward.	
Regiment		Coy.		Reg. No.		Rank	
Date of Admission		Disposal		Date of Discharge		Disease	
Name		Religion		Disease		Name	

SUMMARY { This space not to be written upon by M. O. i/c case.

In cases of Syphilis the particulars below must be sufficient to enable the Syphilis Case Sheet (Army Form I. 1238) to be made up from this Card.

1st, 2nd, 3rd attack or relapse _____
 Dates and Places of Three last Exposures { _____

Main points in history _____

Condition on admission _____

[P.T.O.]

1908 1909

11

Date	Treatment		Progress	Complications and their Treatment
	Local	General		
19/4	Uniq	24/103	Squid.	U ₁ few cream
22/4	"	"	Squid Squid	U ₁ few fine " clear
		(Lunar table)		No pus or F.C. found
24/4	"	"	can dm?	U ₁ clear " few long
25/4	"	"	Prus.	B... U ₁ few fine cream " clear
29/4	"	"	Squid.	U ₁ pus (slight) clear " pus (u)
1/5	"	ca	Squid.	U ₁ long
		Recurrent Epididymus Orchitis		
3/5	"	"	Prus.	U ₁ few fine long " clear
		Improvement		

VENEREAL DISEASE CASE-CARD

Army

W. 131

CANADIAN (CITY) Hospital. 1154 Ward. 2

Age

Service

Religion

Disease

19

28/12

Col E

V.D.G.

Regiment

Coy.

Reg. No.

Rank

Name

1st Bn.

880838

Pte

GOSS, W. H.

Date of Admission

DISCHARGED TO DUTY.

Date of Discharge

3. 4. 1919

18 JUL 1919

This space not to be written upon by M. O. i/c case.

SUMMARY

In cases of Syphilis the particulars below must be sufficient to enable the Syphilis Case Sheet (Army Form I. 1238) to be made up from this Card.

"Lues" "No"

1st, 2nd, 3rd attack or relapse

Dates and
Places of Three
last Exposures

2nd at 10 days

Main points in history P. I. before and after: Incubation in days?

Prostitute: Other social data:

If relapse, particulars:

Condition on admission Mental Discharge: Character: P.P.D.

Scabies: Pediculosis Structural Abnormalities.

Complications: () Local; Pool. Inf. etc.
() Metastatic; Exanthema etc.

Nature of any co-existing venereal disease;

Woman's name and address:

TREATMENT (Note or suggestions from Officer i/c Treatment) P. O.

G.O.S.S. W.H.

Date	Treatment		Progress	Complications and their Treatment
	Local	General		
3-4	Transfer to B. W. J. P.			<u>Epithelioma</u>
Apr. 4/19	Ethyl chloride		P.M. (∞)	
Apr. 5/19	"	"	Smear.)	G.C., Positive XX
Apr. 6	Ethyl chloride			
Apr. 7/19	"	"	Smear.)	G.C. Positive XX
Apr. 8/19	Ethyl chloride		P.M.	
Apr. 9	Hot fomentos.	guaiacal ointment.		
Apr. 10	Hot fomentos.	guaiacal ointment.		
Apr. 11	"	# 24 med.	"	P.M.
Apr. 12	"	"	"	"
Apr. 13	"	"	"	"
Apr. 14	"	"	"	"
Apr. 15	Hot fomentos.	guaiacal ointment.		
Apr. 16	"	"	"	"
Apr. 17	dis. upward		med. tabs.	

(SERVICE AND CASUALTY FORM Part II).

Regiment or Corps 1st Battalion Regimental Number 880838

*Substantive Rank 1st Lieut Surname Cross Christian Names W.H.

*Acting Rank _____

(* To be entered in pencil to facilitate alteration.)

(A) Report		(B) Authority of Part II. of Orders	(C) 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.	(D) Place of casualty	(E) Date of promotion, reduction, reversion, casualty, &c.	(F) Remarks, and initials and rank of an officer
Date.	From whom received					
20-3-19	1st Lieut		W.D.G. acute	to 55 Ccl	19-3-19	1st Lieut
22-3-19	5th Gen.		do.	5th Gen.	22-3-19	1st Lieut
Transferred to Cdn. Record List.				Pl. 2.C. No.		1/25 MAR 1919
<p><i>at present</i></p> <p>LIEUT. FOR LT COL. A.A.G.</p>						

Nothing to be written in this margin.

W1889-PP1150 500,000 5/18 A.G. W.P.Co (3490)

To be folded on this line.

MILITIA AND DEFENCE
ASSIGNED PAY

M. F. W. 12a.
 50m.-6-16.
 1772-39-819.

Sheet No. 2.

Bank of Montreal credit of
OVERSEAS CONTINGENTS
PAYMENTS.

Name of Soldier

Goss W H
Pte 880838
186 Batta

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

Month.	Year.	Cheque No.	Amt.	Remarks.
				<i>15.00</i>
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1917			
Feb.				
March				
April		<i>95949</i>	<i>15</i>	
May		<i>210135</i>	<i>15</i>	<i>15 CR</i>
June		<i>X 18100</i>	<i>15</i>	<i>C</i>
July		<i>22279</i>	<i>15</i>	<i>CR</i>
Aug.		<i>V 29038</i>	<i>15</i>	
Sept.		<i>C 35772</i>	<i>15</i>	<i>D</i>
Oct.		<i>I 41196</i>	<i>15</i>	
Nov.		<i>P 48003</i>	<i>15</i>	
Dec.		<i>L 58251</i>	<i>15</i>	
Jan.	1918			
Feb.				<i>130</i>
March				
April				
May				
June				
July				

W H Goss

APR 1 1917

MILITIA AND DEFENCE
ASSIGNED PAY
 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.				

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

Credit of

To Whom *Bank of Montreal* By Whom Assigned *Goss W.H.*
 Address *Chatham Ont* Regtl. No. *880838*
 Rank *Pte*
 Corps *186 Battrn*
 Rate *1500* APR 1 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				



Faint, illegible markings or text in the center of the page, possibly bleed-through from the reverse side.

CANADIAN EXPEDITIONARY FORCE
DISCHARGE CERTIFICATE

War Service Badge

Class "A" No.

THIS IS TO CERTIFY that No. 880838 (Rank) Pte

Name (in full) G O S S William Henry enlisted in
the 186th Bn

CANADIAN EXPEDITIONARY FORCE at Chatham Out on the 30th
day of Oct 19 16

HE served in France with 1st Bn

and is now discharged from the service by reason of
Demobilization.
Medical Unfitness.

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

Age 20 yrs 9 months

Height 5' 4 1/2"

Complexion Fair

Eyes Blue

Hair Dark brown

W. H. Goss
Signature of Soldier.

Marks or Scars.....

Nil

J. B. Farrell
Issuing Officer.

Lieut
For O. C. Dispersal Area Sta. K.
Rank

Date of Discharge

DISCHARGE SECTION
AUG 26 1919
No. 1 District Depot

Date..... 19.....

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.

K

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

R Wing

DENTAL CERTIFICATE FOR DEMOBILIZATION

DIRECTIONS TO DENTAL OFFICERS

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) Goss, William H.
 REGIMENT 186th Bty RANK Pte No. 880838
 Date of Examination in England 27/7/49 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 21. 30
2. EXTRACTIONS 3.
3. CROWNS _____
4. DENTURES
 - (a) Full Upper _____
 - (b) Part Upper _____
 - (c) Full Lower _____
 - (d) Part Lower _____

CONTENTS COPIED
 C. A. D. C., M. D. No. 1.

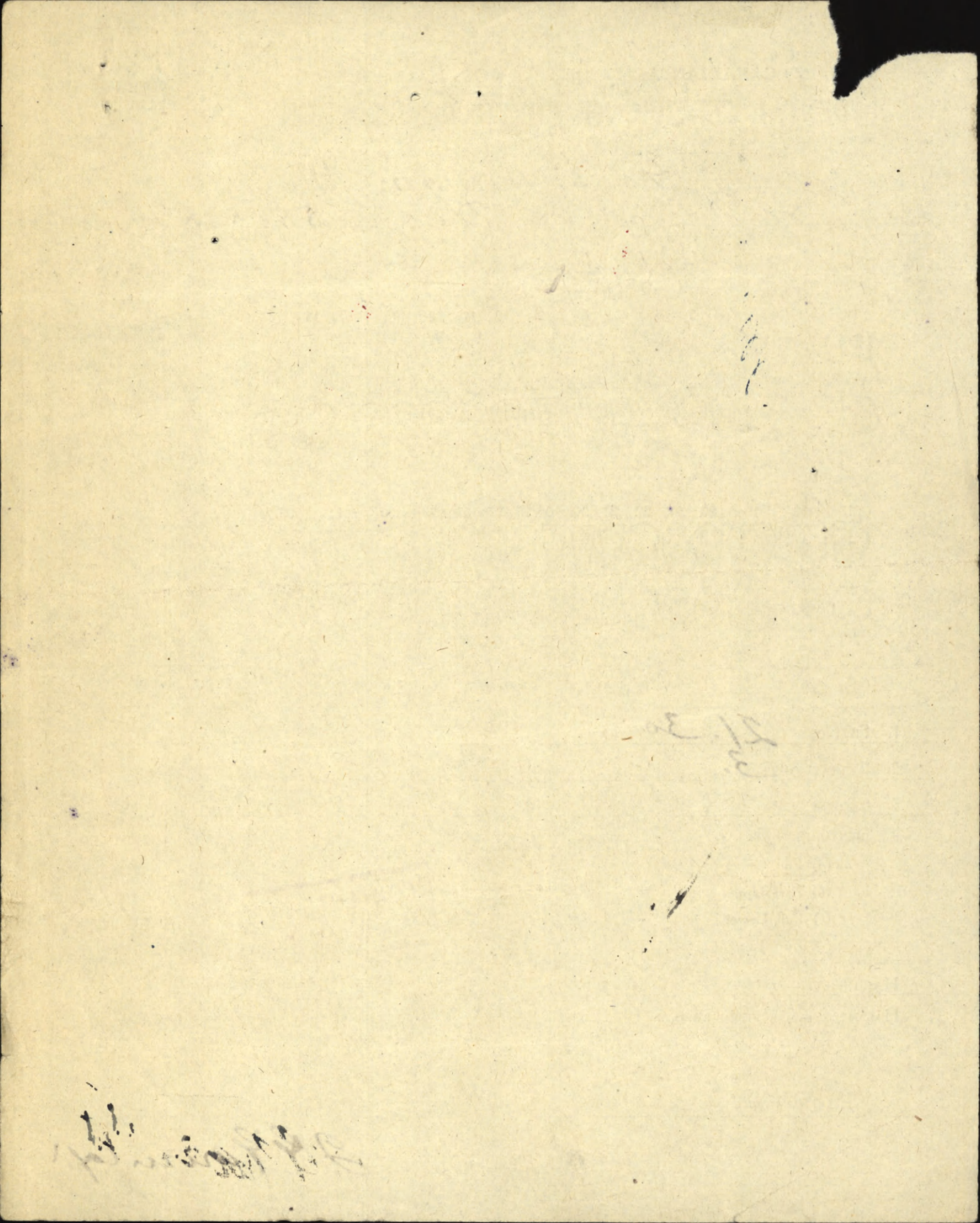
66

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 7 -
- (c) In France _____

Signature of Dental Officer J. J. Gavin Capt



NOSE, EYE, EAR & THROAT CLINIC

Witley.....23-7-1919.

Reg. No. 880838 Rank. Pte Name. Goss W. H.

Unit.....R. W. Coy

WITHOUT GLASSES

WITH GLASSES (AS PER PRESCRIPTION BELOW)

SPH

CYL

AXIS

VISUAL ACUITY, RIGHT. 6/18 with

VISUAL ACUITY, LEFT. 6/6 with

CATEGORY RECOMMENDED IS, - 4

GLASSES NOT ORDERED.

ORIGINAL DISEASE OR INJURY, Myopic astigmatism
DATE OF ORIGIN, adolescence
PLACE OF ORIGIN,

CAUSE,

PRESENT-DISABILITY, Defective V. No. Pt

REMARKS,

CONDITION WAS.....PRESENT PREVIOUS TO ENLISTMENT, AND HAS ~~not~~

BEEN CAUSED BY-SERVICE. HAS.....BEEN AGGRAVATED BY

SERVICE.

FOR LONG BOARD.

~~FOR SHORT BOARD.~~

J. P. Brainerd

.....
Capt., C.A.M.C.,
Eye, and Ear Specialist,
Witley Camp, Surrey.

1918
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NOSE, EYE, EAR & THROAT CLINIC

Witley..... 23-7 1919

Reg. No. 880838 Rank. Pte Name Goss W. G.

Unit..... R. W. Wing

WITHOUT GLASSES

WITH GLASSES (AS PER PRESCRIPTION BELOW)

SPH

CYL

AXIS

VISUAL ACUITY, RIGHT. 6/18 with

VISUAL ACUITY, LEFT. 6/6 with

4/9

CATEGORY RECOMMENDED IS, - A

GLASSES NOT ORDERED.

ORIGINAL DISEASE OR INJURY, Hyperopic astigmatism
DATE OF ORIGIN, adolescence
PLACE OF ORIGIN,

CAUSE,
PRESENT DISABILITY, Bifurcate Vision Rt
REMARKS,

CONDITION WAS..... PRESENT PREVIOUS TO ENLISTMENT, AND HAS not
BEEN CAUSED BY SERVICE. HAS..... not BEEN AGGRAVATED BY
SERVICE.

FOR LONG BOARD.

~~FOR SHORT BOARD.~~

J. P. Brauer

.....
Capt., C.A.M.C.
Eye, and Ear Specialist,
Witley Camp, Surrey.

LB

HOSE EYE LAMP & TORCH LIGHTS

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

WITH GLASS FOR PROTECTION
(WORK)

WITHOUT GLASS

SIZE

CYB

SPB

with 1/8" 1/10" 1/8" 1/8" 1/4"
with 1/8" 1/8" 1/8" 1/8" 1/4"
GLASS NOT REQUIRED IN
GLASS NOT REQUIRED IN

1/10

ORIGINAL DESIGN OF LAMP
TYPE OR ORIGIN

TYPE OR ORIGIN

TYPE OR ORIGIN

TYPE OR ORIGIN

TYPE OR ORIGIN

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

BY THE MANUFACTURER

BY THE MANUFACTURER

BY THE MANUFACTURER

FOR YOUR RECORD

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

Surname *G...* Christian Name *William Henry*

STATION	Date of Arrival at the Station	DATES OF						DISEASE	Number of days in Hospital	Remarks on nature of the disease; how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer
		Admission into Hospital			Discharge from Hospital						
		Day	Month	Year	Day	Month	Year				
CANADIAN SPECIAL HOSPITAL, WYLLBY, SURREY.		3	4	18	18	7	19	Gonorrhoea	107	APPARENTLY CURED. IRRIGATIONS, LOCAL TREATMENT AND MEDICINES. STOPPAGES AS PER DATES.	<i>[Signature]</i> CAPT. REGISTRAR



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...186th... Os... Bn... C.E.F.....

(2) Regimental Number 880838

(3) Full Name of Soldier..... GOSS, William Henry

(4) Place of Birth..... Brixton, Surrey, England?

(5) Are you married, or not? no.

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

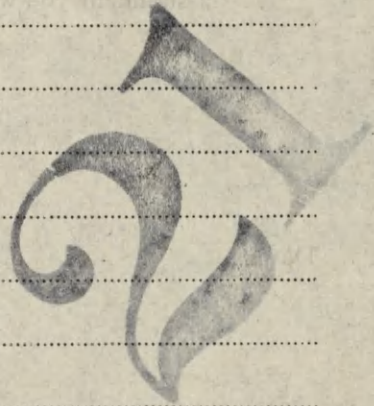
(b) Present Postal Address.....

(7) Are you a widower? no.

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

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

Also their names and ages.....



(9) Is your Father alive? yes

If so, state name and address Luke George Goss, 186th. Os. Bn. C.E.F.

(10) Is your Mother alive? no

If so, state name and address

(11) If your Mother is a widow

Are you her sole support, or not?

(12) If sole support of widowed mother, state what amount you have given her per month prior to your enlistment, also reason she has no other support than yourself.

(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?

Have you made arrangements for payment of your Insurance premium?

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

Neil Owen V67
Officer Commanding.

Date NOV 6 1916

SURNAME.

Goss

K1

CARD NO.

4

CHRISTIAN NAMES

William Henry

*S.O.S. 26-8-19
P.O. 23 FOLL 27-8-19
22.10.1919*

REGL. NO.

880838

RANK

Pte

UNIT

186 th

Bn

FORMER CORPS

Nil

NEXT OF KIN.

Also notify

CHANGE OF ADDRESS

NAMES IN FULL

Goss, George L Mrs. W. J. Martin.

RELATIONSHIP TO SOLDIER

Father

ADDRESS

Chatham, Ont.

*601 King St
E. Chatham
Ont*

(auth 54-21-38-1 17/9/17)

COUNTRY OF BIRTH

England

Brixton Surrey

DATE

Nov 10 1898

PLACE OF ATTESTATION

Chatham, Ont

DATE

Oct 30 1916

R/C. 23-8-19 ³⁹⁵/₅₇ Pte.

From Halifax P. S. S. "Sapland" 28/3/17

MARRIED

SINGLE

yes

WIDOWER

TRADE OR CALLING

Farmer

RELIGION

Church of England

Labourer

DESCRIPTION.

APPARENT AGE

18

YEARS

MONTHS

HEIGHT

5

FEET

4 1/2

INCHES

CHEST MEASUREMENT

25

INCHES

EXPANSION

3

INCHES

COMPLEXION

Fair

EYES

Blue

HAIR

Dark Brown

DISTINGUISHING MARKS

Not stated

MEDICAL EXAMINATION.

PLACE

Chatham, Ont.

DATE

Oct. 30, 1916

Present address Chatham, Ont.

No 890838.

RANK

Pte.

NAME

Goss, Wm. H.

T. O. S. 30-10-16.

UNIT

1st Bn. Battalion A. T. C.

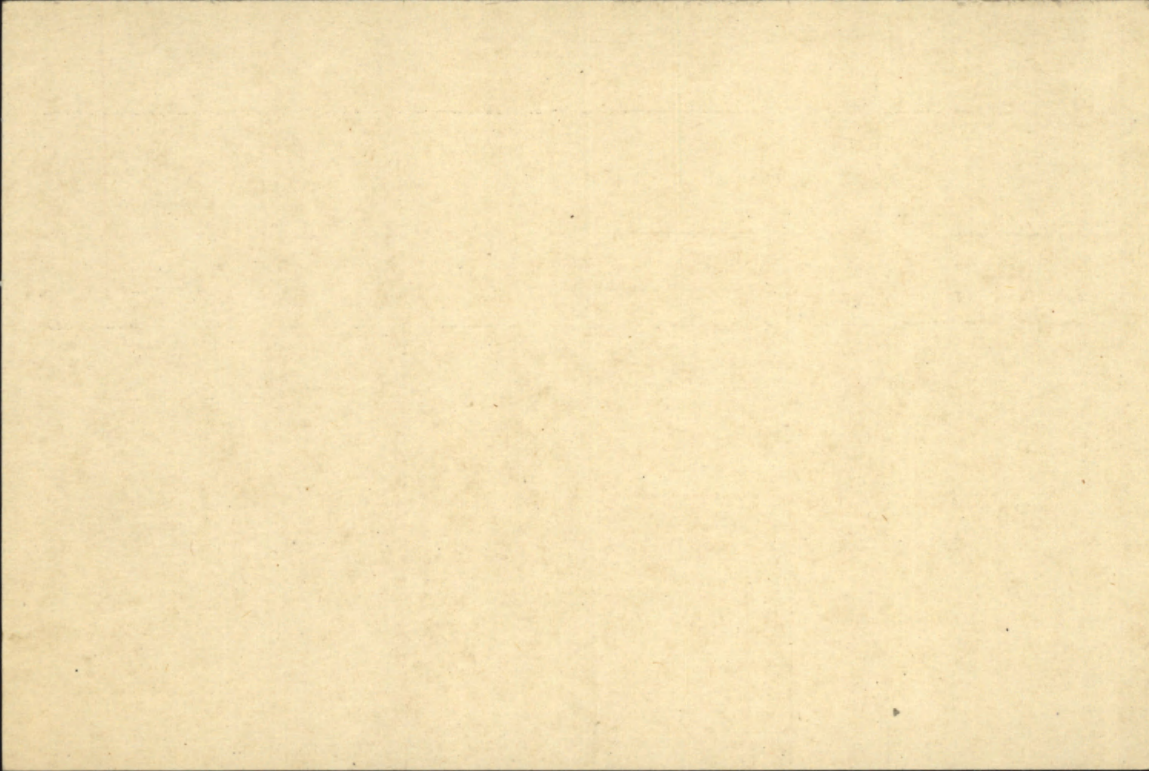
(D.O. 209 of 1-11-16.)

M. D. 1.

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916.	1916.			
Oct. 10.	Nov. 30.	L		
Dec.		L		
1917.				
Jan.		L		
Feb.		L		
Mar.		L		
Apr. 1.	Apr. 7.	L	2 days A.B.	
		7.	Q/O.	D.O. 51 of 7-3-17.

UNIT SAILED

MAR 28 1917



NAME

Goss A.

REGT. NO.

880838

RANK AND UNIT

Pvt

1st
WDR

NEXT OF KIN

CABLE

NATURE OF CASUALTY

No.

DATE

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
a 442'	54 Gen. Aubergue	22-3-19	20
B 484'	Camp Spec. Kitley	4-4-19	20
B 553'	Disch	18-7-19	20

Em
✓

13

Number 880838 Rank Pte

Surname Goss

Christian Name William Henry ✓

Units 1 Bn Cavalry Theatre of War France

Date of Service 18-11-17

Remarks

Latest Address ~~60 Kings St~~

~~6 Latham St~~

Roll No. Windsor, Ont

200m. -2-21. vol. *Blaze 13365*

Next of kin _____

Address on leave _____

Address on discharge _____

Transportation issued Yes No Date Character on discharge

Previous occupation Date and place of enlistment

Diagnosis Date of Medical Boards

Date	Remarks

DEPT SEP 25 1925
W. E. G. 19725

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

Surname

Christian Name or Names

Reg. No.

COSS

Rank 1.

Unit 1.

W.H.

880838

2. Pte.

2.

W.O. 1

3.

3.

4.

4.

Cas List.

Hospital and Diagnosis.

Date

10-4-19 B484

CSH Witley

4-4-19

V.D.G. R.

Dis-

18-7-19

24-7-19 B.553

VENEREAL DISEASE CASE-CARD.

Army Form W. 3497.

Age		Hospital.		Ward.	
Service		Religion		Disease	
Regiment	Coy.	Reg. No.	Rank	Name	
Date of Admission		Disposal		Date of Discharge	

This space not to be written upon by M. O. i/c case.

SUMMARY

In cases of Syphilis the particulars below must be sufficient to enable the Syphilis Case Sheet (Army Form I. 1238) to be made up from this Card.

1st, 2nd, 3rd attack or relapse	Dates and Places of Three last Exposures
---------------------------------	--

Main points in history

Condition on admission

[P.T.O.]

Goss W. H. M.

Date	Treatment		Progress	Complications and their Treatment
	Local	General		
20/5	J. rig	10 x 16	Sym. D	U. $\frac{1}{2}$ ^{exam + pur} $\frac{1}{2}$ ^{v.s. log}
22/5	J. rig 1 daily anion pur spike cells present 100. G.C. 300.	Sym. W.P.	U. $\frac{1}{2}$ ^{for fine exam} ^{clear} (plateleturia)
24/5	S.W.P.	U. $\frac{1}{2}$ ^{floating} ^{clear (floating)}
28/5	Sym. W.P.	U. $\frac{1}{2}$ ^{fine + exam} ^{clear}
30/5	Recit decreased ^{quintuplication} (sub-neutro)	lean am.	U. $\frac{1}{2}$ ^{for exam} ^{clear}
Transfer to Bed ward				
31.	Slight Swell by Exam		(W.P.)	
	Coloured protein		Salts.	
	to test grainal			
	24-3			

* Strike out whichever inapplicable

ASSIGNED PAY	ENGLAND CANADA.	SEPARATION ALLOWANCE.	ENGLAND OR CANADA.	NAME:- <i>Go</i>
EFFECTIVE DATE:-	<i>1.4.17</i>	EFFECTIVE DATE:-		NUMBER:- <i>88</i>
AMOUNT:-	<i>15⁰⁰/₁₀₀</i>	AMOUNT:-		PARTIC
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>The Bank of Montreal, Chatham, Ont.</i>				
<i>Stopped Effect 1/8/19</i>				
		ORIGINAL UNI		
		DATE ACCOUNT		
		AUTHORITY		

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>17/19</i>	<i>379.</i>	<i>C.P.H.</i>	<i>4.87</i>				
<i>18/19</i>	<i>285.</i>		<i>5.84</i>	<i>2/4/19</i>		<i>P.B.F. rendered</i>	<i>\$5.52</i>
<i>21/19</i>	<i>896.</i>	<i>R Wang</i>	<i>38.95</i>				
			<i>49.64</i>				

PARTICULARS OF RENDERING NON-EFFECTIVE									
1918 MONTH	PARTICULARS	CR 1	CR 2	PARTICULARS	DR 1				
<i>Mar 31</i>	<i>Bal Forward</i>								
<i>Apr 30</i>	<i>P.P.</i>	<i>33 -</i>		<i>AR 39 8/4/18 1/2m</i>	<i>4 46</i>				
				<i>Ban A.P.</i>					
				<i>AR 129. 29.4.18 ✓</i>	<i>3 57</i>				
<i>May 31</i>	<i>P.P.</i>	<i>33 -</i>	<i>34 10</i>	<i>Ban A.P.</i>	<i>8 03</i>				
				<i>AR 183. 7.5.18 1/2m</i>	<i>4 46</i>				
				<i>✓ 238. 18.5.18 ✓</i>	<i>3 57</i>				
<i>June 30</i>	<i>P.P.</i>	<i>34 10</i>	<i>33 -</i>	<i>Ban A.P.</i>	<i>8 03</i>				
				<i>AR 314 4/6/18 1/2m</i>	<i>4 46</i>				
				<i>435 17.6. ✓</i>	<i>3 57</i>				
<i>July 31</i>	<i>P.P.</i>	<i>33 -</i>	<i>34 10</i>	<i>Ban A.P.</i>	<i>8 03</i>				
				<i>AR 70. 2-7-18 1/2m</i>	<i>3 57</i>				
				<i>✓ 205 21-7-18 ✓</i>	<i>4 46</i>				
<i>Aug 31</i>	<i>P.P.</i>	<i>34 10</i>	<i>34 10</i>	<i>Ban A.P.</i>	<i>8 03</i>				
				<i>AR 357. 22-8-18 ✓</i>	<i>1 78</i>				
<i>Sept</i>	<i>✓</i>	<i>34 10</i>	<i>33 -</i>	<i>Ban A.P.</i>	<i>1 78</i>				
				<i>536 10.9.18 ✓</i>	<i>5 35</i>				
				<i>588 14.9.18 -</i>	<i>3 57</i>				
				<i>685 17.9.18 ✓</i>	<i>12 49</i>				
		<i>33</i>			<i>21 41</i>				
<i>Oct</i>	<i>✓</i>	<i>34 10</i>		<i>B.A.P.</i>					
				<i>AR 749 3/10/18</i>	<i>3 373</i>				
				<i>✓ 944 25/10 -</i>	<i>7 560</i>				
		<i>34 10</i>			<i>9 33</i>				
				<i>✓ 38 12/11</i>	<i>1 9733</i>				
				<i>✓ 1209 12/11</i>	<i>1 373</i>				
				<i>✓ 1073 3/11</i>	<i>1 560</i>				
				<i>Forward</i>					

ASSIGNED PAY: ENGLAND or CANADA. SEPARATION ALLOWANCE. ENGLAND or CANADA. NAME: *Goss Wm. Henry*
 EFFECTIVE DATE: *1.4.17* EFFECTIVE DATE: NUMBER: *880838*
 AMOUNT: *15¹⁰/₁₀₀* AMOUNT: PARTICULARS OF RANK OR APPOINTMENT
 NAME, ADDRESS, RELATIONSHIP & AUTHORITY: *The Bank of Montreal, Chatham, Ont.* AUTHORITY: DATE EFFECTIVE: RANK OR APPOINTMENT: *Private*
Stopped Effec 1/8/19
 ORIGINAL UNIT: *186th Bn*
 DATE ACCOUNT FIRST OPENED: *8.4.17*
 AUTHORITY: DATE EFFECTIVE: DATE LEDGER SHEET T'S'P'D: UNIT TRANSFERRED TO: *1st Bn*
 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:
17/19 3790 C.A.H. 487
182 2135 2/14 504 P.B.F. rendered 2/14/19 for \$5.52
212 8986 R. Wang 28 3875
4924
 DAILY RATES OF PAY AND ALLOWANCES: AUTHORITY: PAY: F.A.: P.F.A.: SUBS CE ALL'CE: *1 - - 10*
L.P. Bal C/P 57
 PARTICULARS OF RENDERING NON-EFFECTIVE: *Trans to Jan 11/8/19 and NR 511961 23/7/19 B. Shott to Willey Riding M.D. 1*
 1918 MONTH: PARTICULARS: CR 1: CR 2: PARTICULARS: DR. 1: DR. 2: DR. 3: DR. 4: BALANCE: DEFERRED: SEPARATION:
March 31 Bal Forward 5826
April 30 P.P. 33 - AR 39 27.4.18 1st Bn 4 46 Ban A.P. 15
May 31 P.P. 33 - 34 10 AR 129. 29.4.18 ✓ 3 57 8 03 Ban A.P. 15 - 15 68 23
June 30 P.P. 34 10 33 - AR 183. 7.5.18 1st Bn 4 46 ✓ 238. 18.5.18 ✓ 3 57 8 03 Ban A.P. 15 15 79 30
July 31 P.P. 33 - 34 10 AR 314 4/6/18 1st Bn 4 46 435 17.6. ✓ 3 57 8 03 Ban A.P. 15 15 89 27
August 31 P.P. 34 10 34 10 AR 70. 2-7-18 1st Bn 3 57 ✓ 205 21-7-18 ✓ 4 46 8 03 Ban A.P. 15 15 100 34
Sept ✓ 34 10 33 - AR 357. 22-8-18 ✓ 1 78 1 78 Ban A.P. 15 15 117 66
556 10.9.18 ✓ 5 35
588 14.9.18 - 3 57
685 17.9.18 ✓ 12 49 21 41 Ban A.P. 15 15 135 66
Oct ✓ 34 10 34 10 C.A.P. 15
FR 749 3/10/19 3 3 73
✓ 944 25/10 7 5 60
24 10 9 33 15 124 02
✓ 38 12/11 1 9 733
✓ 1209 12/11 1 3 73
✓ 1073 3/11 1 5 60
Forward

NUMBER 880838.

RANK *P/6*

NAME Goss. W. H

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATE
1918					106 66				124 02		
Nov	<i>RP</i>	33		<i>6 AP Nov + Dec</i>				30			
Dec		34 10									
1919				<i>6 AP</i>				15			
Jan											
Feb		34 10							73 56		
Feb	<i>Sentenced to 14 days F.P. No. 2112/18 1/12/19 3 days Remitted for good conduct B.O. No. 126/2/19 1st Bri.</i>	101 20		<i>14 Days F.P. 2112/18 acct 2100 16-12-18 to of 100 18/12/18 302 10/1/19 1st Inf Bn</i>	106 66			45			
Feb		30 80		<i>AR 2071 7-11-19 1 Bn</i>	3	3 77					
Feb		3 30		<i>2249 2-1-19 ✓</i>	4	3 73					
Feb				<i>6 AP</i>				15			
Feb				<i>AR 2582 5/2/19 ✓</i>	11	13 06					
Feb				<i>AR 3011 14-2-19</i>	17	3 73					
Feb				<i>3327 4-3-19</i>	20	3 73					
Mar		34 10		<i>6 AP</i>				15			
Mar				<i>8762 11-3-19 Brussels</i>	24	14 60					
Mar				<i>3425 11-3-19</i>	24	9 33			42 21		
Mar		68 20									
Apr		33 -		<i>6 AP</i>				30			
Apr				<i>AR 156 8-4-19 Capt Hoopville</i>	2	25		15			
May		34 10		<i>6 AP</i>				15	76 88		
May		67 10						30			
June		33		<i>AR 1714 21/5/19 Capt H. W. W. 2</i>	2	43					
July		34 10		<i>6 AP</i>				15			
July				<i>6 AP</i>				15			
July				<i>2645 9/6/19 ✓</i>	6	48 7			106 68		
Aug		67 10						30			
Aug				<i>AR 2790 17/7/19 B. L. H. H. H. 7</i>	7	30					
Aug				<i>4053 18/7/19 ✓</i>		32					
Aug				<i>8986 21/7/19 R. W. W. 3</i>	3	89 3			62 56		
Aug											

S.L. 1106. 105. 13.8.19.

RANK *P/6*

NAME *Goss. W. H.*

CRS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
				106 66				124 02		
	33		<i>GAP Nov + Dec</i>				30			
	34 10		<i>GAP</i>				15			
	34 10							73 56		
	101 20			106 66			45			
	30 80		<i>14 Days FP, 21/12/18 adv 2100 16-12-18 to of 100 18/12/18 302 10/1/19 1st Inf Bn</i>		17 60					
	3 30		<i>AR 2071 7-11-19 1 Bn</i>	3	3 77					
			<i>✓ 2249 22-1-19 ✓</i>	4	3 73					
			<i>GAP</i>				15			
			<i>AR 2582 5/2/19 ✓</i>	11	13 06					
			<i>AR 3011 19-2-19</i>	17	3 73					
			<i>✓ 3327 4-3-19</i>	20	3 73					
	34 10		<i>GAP</i>				15			
			<i>✓ 8762 11-3-19 Bussels</i>	24	14 60					
			<i>✓ 3425 11-3-19</i>	24	9 33			42 21		
	68 20			51 95	17 60		30			
	33 -		<i>GAP</i>				15 -			
			<i>AR. 156. 8-4-19. 6th Hosp. 1st Bn</i>	2	43					
	34 10		<i>GAP</i>				15	76 88		
	67 10			2 43			30			
	33		<i>AR 17.4 21/5/19 6th Hosp. 1st Bn</i>	2	43					
	34 10		<i>GAP</i>				15			
			<i>GAP</i>				15			
			<i>✓ 2645 19/6/19 ✓</i>	6	48 7			106 68		
	67 10			7 30			30 -			
			<i>AR 3790. 17/7/19 6th Hosp. 1st Bn</i>	4	87					
			<i>✓ 4053 18/7/19 ✓</i>		52					
			<i>✓ 8986 21/7/19 R. Wing.</i>	3	89 5			62 56		
				44 12						

S.L. 1106. 105. 13.8.19.

57.04

P. 559
MARRIED OR SINGLE

Single

PLACE OF BIRTH

Brixton, Surrey, Eng.

NAME AND ADDRESS OF NEXT OF KIN

*Sedman Mrs Ida
309 Lauroit/Chatham, Ont. Canada*

RELATIONSHIP OF NEXT OF KIN

Sister

NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF KIN

SEPARATION ALLOWANCE MONTHLY \$

EFFECTIVE (DATE)

PAYABLE TO

RELATIONSHIP OF DEPENDANT

CASUALTIES, PROMOTIONS, &c.

PARTICULARS

EFFECTIVE DATE

AUTH

ADMISSIONS TO HOSPITAL, &c.

DATE ADMITTED

DATE DISCHARGED

V. OR A.

NAME OF HOSPITAL

DATE	PAY			FIELD ALLOWANCE			WORKING OR SPECIAL PAY			ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS								
	NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS				RATE	AMOUNT		1		2		3	
			\$	c.			\$	c.						\$	c.	No.	DATE	No.	DATE	No.	DATE
APR 8 - 1917											4821	4821									
8/30	23	100/10	25	30								2530									
May 31			34	10								3410	141	26/4							
June 30			33									33	268	15/5							
July 31			34	10								3410	395	305							
Aug 31			34	10								3410	578	306							
Sept 30			33									33	447	307	708	16/8					
													582	14/7	789	29/8					
			193	60									4821	241	81						

L.A.H.

THIS FORM WILL BE USED FOR ALL RANKS

MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

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

STATION Witley Camp DATE 8.8.19.

1. 1 (a) Unit 1st Bn. (b) Regimental No. 880838 (c) Rank Pte
 (d) Surname G O S S. (e) Christian name William Henry
 (f) Home address 60 King Street, Chatham Ont.
 (g) Next of Kin Mr Goss (h) Relationship Father
 (i) Address of Next of Kin 60 King Street, Chatham Ont.

2. Age last birthday 19 Date of birth Nov 10 1899

3. Enlistment, or Appointment (if an Officer) (a) Place Chatham Ont. (b) Date 13.12.16.

4. Personal description:

(a) Height 5.4 $\frac{1}{2}$ (b) Weight 155 est (c) Complexion Fair
(stripped)
 (d) Colour of hair Br (e) Colour of eyes Blue (f) Identification marks, Scars, etc. Small scar forehead.

5. Former trade or occupation Farmer.

6. Service (The information should be secured from personal documents, but if documents are not available the invalid's statement may be taken and note must be made to that effect. Periods of service in Canada, England, France or elsewhere should be noted).	Years	Days
	/ 2	285

	PERIODS	
	From	To
Canada	13.10.16.	7.4.17.
England	7.4.17.	18.11.17.
France or other theatres of War	18.11.17.	2.4.19.
	2.4.19.	to date

7. Original disease, or injury Hyperopic astigmatism

(a) Date of origin Adolescence (b) Place of origin Canada
 (c) Cause Congenital.

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

Def vision. Rt

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

Sp report 23-7-19.

V.A. Rt 6/18 with glasses 6/9

" Lt 6/6

6/6

J.P. Brannen, Capt OAMC.

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

Nervous System.....	No	Cardio-Vascular System.....	No	Genito-Urinary System.....	No
		(If pulse rate is abnormal, B. P. will be taken.)		(Albumen and Sugar will be excluded.)	
Special Senses.....	No	Respiratory System.....	No	Integumentary System.....	No
Disturbances of Mentality.....	No	Digestive System.....	No	Muscular System.....	No
Osseous and Joint Systems.....	No	Any other general condition.....			No

10. (a) History (of the condition referred to in Section 9 (a).)

Eyes have been weak since childhood.

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

May 1919 Tonsillitis

(c) (Here give a description of wounds, scar, and deformities.)

No

11.—(a) Did the disabling condition have its origin before enlistment?

Yes

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

No

12. Was the disability caused, or aggravated; (a) by intemperance, or improper conduct; or (b) by unreasonable refusal to accept treatment?

The regimental documents will be referred to.

a No b No.

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

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

permanent.

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

Nil

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

NO

16. Can the former trade or occupation be resumed? (If not, briefly state why)

Yes

17. Recommendations.

J.H. Macdonald, Capt. CAMC.
Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

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

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

I complain in addition of.

W.H. Goss, Rank.
Signature of invalid examined.

OPINION OF THE MEDICAL BOARD

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

Yes we concur

Org AFB 103 NA Auth DAG 14-1-48 13.6.19.

19. Is the invalid fit for

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

20. It is certified that the invalid

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

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

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

RTC Auth A G Tele 9083/11.11.18.

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

L. Hyttenrauch, Capt CAMV President.
T. W. Ballantyne, Capt CA MC

PLACE Witley

DATE 8.8.19.

Members

TO BE COMPLETED WHEN TREATMENT IS REFUSED

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

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

President.

PLACE

DATE

Members

APPROVED BY P. J. O'Dwyer, Capt CAMC.

APPROVED BY

Assistant Director of Medical Services.

Director-General of Medical Services.

DATE

DATE

[Handwritten signature]

A.D.M.S. HEADQUARTERS
8 AUG 1919

707

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

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

250M.—1-16.

H. Q. 1772-39-920.

Casualty Form—Active Service.

186th Os. Bn
CLASSIFIED
W.S.

Unit, Regiment or Corps 186th Overseas Bn., C.E.F.

Regimental No. 880838 Rank Private Name GOSS, William Henry

C. E. F.

Enlisted (a) 30-10-16 Terms of Service (a) C. E. F. P of W Service reckons from (a) 30-10-16.

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

Extended _____ Re-engaged _____ Qualification (b) Farmer. (Laborer).

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				
		Embarke d Canada Debarked England	Halifax Liverpool	25-3-17 7-4-17	"Lapland"
	O.C. Seg Camp	T.O.S. Segregation Camp	Bramshott	7-4-17	<i>Go R Bellin</i> Capt & Adjt for C.C. Segregation Camp, Bramshott.
7-4-17.	O.C. 186th Bn.	Transferred to 4th Can Res Battalion.	Bramshott.	7-4-17	Pt. 2, Order 71 <i>F.P. Adams Capt.</i> Lieut. Actg. Adjt. 186th Battalion.
7-4-17.	O.C. 4th Can Res Bn.	T. O. S. 4th Can Res Bn.	Bramshott.	7-4-17	Pt. 2 Order 95.
19-11-17	O.C. 4th Can Res Bn.	Having proceeded O.S. to 4th Canadian Res. Battn.	Bramshott	17-11-17	Pt. 2. Order No. 275. <i>707</i>
					<i>P. Adams</i> Capt. Adjt for O.C. 4th Can Res. Battlion.

APR 7 1917

CERTIFIED CORRECT
28 NOV 1917
CAN. RECORDS, LONDON

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

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				
	C. B. D.	ARRIVED C. B. D.	FRANCE	18/11/17	N. R. D. PART II ORDER No. 124 D. 4/12/17.
	C. B. D.	LEFT C. B. D. FOR	<i>bbhb</i>	23/11/17	N. R. D. 23/11/17
	C. B. BN	ARRIVED <i>bbhb</i> BN.	FIELD	23/11/17	B 213 D. 23/11/17
29.11.17	<i>bbhb</i>	LEFT FOR UNIT		29.11.17	<i>nk</i>
1/12/17	<i>bbhb</i>	JOINED UNIT		29.11.17	B 213
16.11.18	1 st CAN BN.	GRANTED 14-DAYS LEAVE	<i>ck</i>	16.11.18	213 P. 11 No. 124 d. 28.11.18.
29.11.18	<i>bbhb</i>	Granted extension of leave from 28.11.18 to 1/2.18.	<i>ck</i>	28.11.18	<i>nk</i>
21.12.18	<i>bbhb</i>	Returned from leave.		10.12.18	213 P. 11 No. 124 d. 12.12.18.
24.12.18	do	Sentenced to 1st days F.P. No 1. 21.12.18 for was absent without leave from 2100 hrs. 16.12.18 until he reported to Sgt Nockum at 0700 hrs. 18.12.18. Perfect 2 days pay under R.W.		21.12.18	B 213 P. 11 No. 124 d. 10.12.18.
7.1.19	<i>bbhb</i>	3 days of sentence of 1st days F.P. No. 1 awarded 21.12.18. remitted for good conduct.		1.1.19	B 213 P. 11 No. 11 d/26.2.19.
	Emb. Camp.	Proceeded to England.			

ea Hewett

LIEUT.
FOR LTCOL.
A.A.G.

No. 880838 Name *Goss W. St.* Sqn., Batty., or Company } *A* Corps *186* ^{*4th Bn*} _{*at Bn*} Date of enlistment } *Oct. 30/16* G.C. Badges } *Nil* Service or Proficiency Pay } *Nil*
 Date of last entry in Company Conduct Sheet } *Nil* No. and date of last drunk } *Nil* Period not reckoning towards freedom from extra fine } *Nil* Sheet No. *One* Signature O.C. Company, etc. } *W. Halsted Hooff* Character

Place	Date of offence	Rank	Cases of Drunkenness	Offence	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	Remarks
<i>Southampton</i>	<i>19-10-17</i>	<i>Pte</i>		<i>AWOL from 12.01 a.m. 19.10.17 until 8 a.m. 19.10.17 neglecting to obey an order in that he did not report to 3 Southampton Street, to have his pass void.</i>	<i>Coop Scribble 25</i>	<i>7 Days CP</i>	<i>22.10.17</i>	<i>Lt Col JCM Condie</i>	<i>Perfect 1 Day pay</i>
<i>WARR GERMANY</i>	<i>16-12-18</i>	<i>Ptes.</i>		<i>AWOL from 2100 hours 16-12-18 until he reported to Sgt. Holburn at 0700 hours 18-12-18.</i>	<i>Lt. McMaster Sgt. Pilgrim Sgt. Holburn</i>	<i>14 days T.P.N.^o Remission of 3 days 30-12-18</i>	<i>21-12-18</i>	<i>Lt. Col. All Sparling</i>	<i>S.O. Perfect 2 days pay.</i>

Army Form B. 122

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

G 5127

April 17

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

15.			
-----	--	--	--

12 28 17
W. H. Goss

Bank Account

PARTICULARS OF SEPARATION ALLOWANCE

Credit

PARTICULARS OF ASSIGNMENT

No. *880838*
 Rank *Pte.* Promoted Reverted Discharge
 Soldier's Name *W. H. Goss*
 Battalion *186 Bn.*
 Beneficiary
 Relationship
 Address *1917*

Name *Bank of Montreal*
 Address *Chatham Ontario*
 Change of Address
 1
 2
 3
 4

Date	Cheque No.	Amount S/A	Amount A/P	Total
<i>Dec 31</i>			<i>135</i>	<i>135</i>
<i>Jan</i>	<i>C 71000</i>		<i>15</i>	<i>15</i>
<i>Feb</i>	<i>g 91674</i>		<i>15</i>	<i>15</i>
<i>March</i>	<i>H. 92317</i>		<i>15</i>	<i>15</i>
<i>April</i>	<i>H. 11459</i>		<i>15</i>	<i>15</i>
<i>May</i>	<i>P 18938</i>		<i>15</i>	<i>15</i>
<i>June</i>	<i>O 21384</i>		<i>15</i>	<i>15</i>
<i>July</i>	<i>K. 30005</i>		<i>15</i>	<i>15</i>
<i>Aug</i>	<i>O 37411</i>		<i>15</i>	<i>15</i>
<i>Sept</i>	<i>T 47854</i>		<i>15</i>	<i>15</i>
<i>Oct</i>	<i>U 55825</i>		<i>15</i>	<i>15</i>
<i>Nov</i>	<i>V 58578</i>		<i>15</i>	<i>15</i>
<i>Dec 1919</i>	<i>X 63698</i>		<i>15</i>	<i>15</i>
<i>Jan</i>	<i>T 74930</i>		<i>15</i>	<i>15</i>
<i>Feb</i>	<i>Y 78666</i>		<i>15</i>	<i>15</i>
<i>Mar</i>	<i>L 90952</i>		<i>15</i>	<i>15</i>
<i>Apr</i>	<i>Q 4554</i>		<i>15</i>	<i>15</i>
<i>May</i>	<i>P 6099</i>		<i>15</i>	<i>15</i>
<i>June</i>	<i>O 9520</i>		<i>15</i>	<i>15</i>
<i>Jul</i>	<i>N 12564</i>		<i>15</i>	<i>15</i>
<i>Aug</i>	<i>g 13230</i>		<i>15</i>	<i>15</i>
			<i>435</i>	<i>435</i>

REMARKS *7219-W-16*

A/c Closed 31/8/19
Ret'd per Saxon
Date 23/8/19 M.F.W. 187 8/9/19
Closed C. S. Johnston
M. R.O. 105374

M.D#1

AUDITED.

M. F. W. 128
 4099c-6-17-1772-36-141
 L. L. 22520-M. & D. 7486.



(SERVICE AND CASUALTY FORM Part II).

Regiment or Corps 186th Bn Regimental Number 880838

*Substantive Rank _____ Surname Goss Christian Names William Henry

*Acting Rank _____
(*To be entered in pencil to facilitate alteration.)

K

R

To be folded on this line.

Nothing to be written in this margin.

(re 26988.) Wt. W. 9536-P. 20988. 500,000. 3/19. S. & S., Ltd. E. 4602.

(A) Report.		(B) Authority of Part II. of Orders.	(C) 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.	(D) Place of casualty.	(E) Date of promotion, reduction, reversion, casualty, &c.	(F) Remarks, and initials and rank of an officer.
Date.	From whom received.					
20-4-17	4 th Res	PFI 0 93	Arr in Eng SIS Lapland TOS	Bshott	7-4-17	
4-12-17	1 st Bn	" 124	TOS from 4 th Res.	France	7-4-17	
19-11-17	4 th Res	" 275	SOS	Bshott	18-11-17	
10-1-18	1 st Bn	" 2	Sent. to 14 days FP#1 for AWL from 21.00 hrs 16-12-18 till he reported at 07.00 hrs 18-12-18 for 2 days Pay RW	France	18-11-17	
26-2-19	"	" 11	Sent. to 14 days FP#1 - 21-12-18 3 days remitted for good conduct	"	21-12-18	
30-3-19	"	" 21	SOS to Can Record List	"	1-1-19	
3-4-19	C.R.L.	" 32	TOS	"	25-3-19	
14-4-19	WORD	" 84	TOS from CRL	Hive	25-3-19	
7-5-19	C.R.L.	" 46	Inw. sick + posted to WORD PTE Certified correct	Pupon Harve	4-4-19 2-4-19	

LIEUT:
FOR LT: COL: I/O RECORDS, C.O.M.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.
	1/8/19 <i>R. Wing</i>		TOS. WITLEY. SOS. OMFC. TO CEF CANADA		13/8/19.	
			TOS No 1 Dist. Depot 13,8-19 SOS Dispersed 26.8.19 D.O, No, 239			
			<i>J.B. Farrell Sr.</i> For O. C. Dispersal Area Sta. K.			

[Handwritten Signature]

OFFICER in CHARGE RECORDS.
R. WING C.C.C.,
WITLEY

Nothing to be written in this margin.

THIS FORM WILL BE USED FOR ALL RANKS
MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" issued by the B.P.C. and instructions issued by Militia H.Q., Ottawa, will be carefully followed.
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CAN. SPEC. HOEP. WITLEY ENG.
STATION..... DATE 30/6/1919

1. 1 (a) Unit 1st BN. (b) Regimental No. 880838 (c) Rank PTE.

(d) Surname GOSS (e) Christian name WILLIAM HENRY

(f) Home address CHATHAM ONT.

(g) Next of Kin GEORGE GOSS (h) Relationship FATHER

(i) Address of Next of Kin 500 MILLER AVE. ARBOR MICH. U.S.A.

2. Age last birthday 19 YEARS Date of birth 10TH NOV. 1899

3. Enlistment, or Appointment (if an Officer) (a) Place CHATHAM ONT. (b) Date 8TH NOV 1916

4. Personal description:

(a) Height 5 FT. 8" (b) Weight 155 LBS. (c) Complexion FAIR
(stripped)

(d) Colour of hair MED FAIR (e) Colour of eyes BLUE (f) Identification marks, Scars, etc. SCAR,

LEFT KNEE. 1/2" TRANS. EXT TO UPPER MARGIN OF PATELLA.

5. Former trade or occupation FARMER

6. Service (The information should be secured from personal documents, but if documents are not available the invalid's statement may be taken and note must be made to that effect. Periods of service in Canada, England, France or elsewhere should be noted).	Years	Days
	TWO	236

	PERIODS	
	From	To
Canada	8/11/16	21/3/17
England	21/3/17	14/11/17
France or other theatres of War	14/11/17	30/6/18

7. Original disease, or injury Gonorrhoea

(a) Date of origin 1/3/19 (b) Place of origin BRUSSELS BELG

(c) Cause INFECTION GONOCOCCUS

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

Gonorrhoea

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

Persistent urethral morning discharge with positive smear, and hazy urine

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

Nervous System.....*No*..... Cardio-Vascular System.....*No*..... Genito-Urinary System.....*No*.....
(If pulse rate is abnormal, B. P. will be taken.) (Albumen and Sugar will be excluded.)
Special Senses.....*No*..... Respiratory System.....*No*..... Integumentary System.....*No*.....
Disturbances of Mentality.....*No*..... Digestive System.....*No*..... Muscular System.....*No*.....
Osseous and Joint Systems.....*No*..... Any other general condition.....*No*.....

10. (a) History (of the condition referred to in Section 9 (a).)

Contracted V.D.C. 1/3/19. Brussels.

Admitted to Hosp France 10 days

" C.S.H. 3/4/19, Positive smear 5/4/19, 13/6/19

and 20/6/19. Epididymitis on admission, recurrent

epididymitis 30/5/19. Vaccine t. 25/6/19.

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

none

(c) (Here give a description of wounds, scars and deformities.)

none

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

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

No

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

The regimental documents will be referred to.

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

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

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

*Hot fomentations for epididymitis. Irrigations. Pot Permang.
Prostate massages & Steels 18/22, 3 occasions. Vaccine, autogenous
m II, m IV, m VI, intervals 2 days.*

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

Venerical Hospital

16. Can the former trade or occupation be resumed? *Yes.*
(If not, briefly state why)

17. Recommendations *that No 880 838 Pte Goss W.H. to
be returned to Canada for further treatment*

J Murray Robertson Capt
Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

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

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

I complain in addition of.....

..... Rank.
Signature of invalid examined.

OPINION OF THE MEDICAL BOARD

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

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.....
.....

19. Is the invalid fit for

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

20. It is certified that the invalid

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

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

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

.....

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

.....

..... *President.*

PLACE..... }
DATE..... } Members

TO BE COMPLETED WHEN TREATMENT IS REFUSED

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

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

.....

..... *President*

PLACE..... }
DATE..... } Members

APPROVED BY APPROVED BY
Assistant Director of Medical Services. *Director-General of Medical Services.*

DATE..... DATE.....

