

Category B2 Canadian
RAILWAY CONSTRUCTION & FORESTRY DEPOT.
ATTESTATION PAPER.
Forestry Depot

ORIGINAL

No. 61246

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- 1. What is your surname?..... G O D I N
- 1a. What are your Christian names?..... Louis
- 1b. What is your present address?..... St. Cleophas, Brandon, Que. Can.
- 2. In what Town, Township or Parish, and in what Country were you born?..... Brandon, Que. Can.
- 3. What is the name of your next-of kin?..... Aglae Godin
- 4. What is the address of your next-of-kin?..... St. Cleophas, Brandon, Que. Can. *Co's Joliette*
- 4a. What is the relationship of your next-of-kin?..... Mother
- 5. What is the date of your birth?..... Aug. 3rd. 1892
- 6. What is your Trade or Calling?..... Laborer
- 7. Are you married?..... Single
- 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?..... Yes. 22nd Bn. 28 Months, Pte. *Noval on 2/12*
- 11. Do you understand the nature and terms of your engagement?..... Yes. *(61246)*
(61246)
- 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? .. No.
- 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? .. No.
- 16. If so, what was the reason? ..

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Louis Godin, 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.

Louis Godin (Signature of Recruit)

Date January 11 1918. *[Signature]* (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Louis Godin, 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.

Louis Godin (Signature of Recruit)

Date January 11th 1918 *[Signature]* (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 Toronto Can. this 11th day of January 1918.

[Signature] (Signature of Justice)

Description of Louis Godin on Enlistment.

Apparent Age.....**25**.....years **9**.....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. **5** ins.

Chest measurement { Girth when fully expanded.....**37 1/2** ins.
 Range of expansion.....**3 1/2** ins.

Complexion.....**Med.**

Eyes.....**Blue**

Hair.....**Med.**

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

Scar left fore arm operation scar.

Eyesight Rd. 20 Ld 20

Hearing both ears normal nose & throat O.K.

CERTIFICATE OF MEDICAL EXAMINATION.

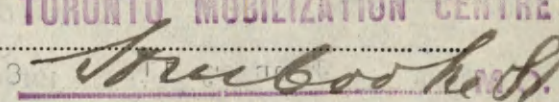
I have examined the above-named Recruit and find that he does not present any of the causes of rejection specified in the Regulations for Army Medical Services.

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.....**January 11th**.....191**8**

Place.....**Toro fo Can.**

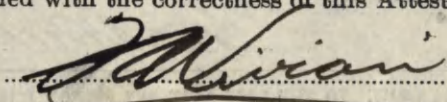
**DECLARED FIT BY MEDICAL BOARD
 TORONTO MOBILIZATION CENTRE**

PRESIDENT
 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.

.....**Louis Godin**.....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.


 (Signature of Officer)
Lieut. & Adjutant.

Date.....**11-1-18**.....191**8**

1-1-18
J.R.

Copy

ATTESTATION PAPER.

No. 61246

Folio. 246

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname?..... *Godin*
- 1a. What are your Christian names?..... *Louis*
- 1b. What is your present address?.....
2. In what Town, Township or Parish, and in what Country were you born?..... *St. Cleophas Que.*
3. What is the name of your next-of-kin?..... *Mrs. Adelaine Godin*
4. What is the address of your next-of-kin?..... *313 St. Ambroise Montreal*
- 4a. What is the relationship of your next-of-kin?..... *mother*
5. What is the date of your birth?..... *3 Aug. 1879*
6. What is your Trade or Calling?..... *Journalier*
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.*
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, *Louis Godin*....., 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.

Louis Godin..... (Signature of Recruit)

Date..... *Oct. 23*..... 1914. *E. Cullier major*..... (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *Louis Godin*....., 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.

Louis Godin..... (Signature of Recruit)

Date..... *Oct. 23*..... 1914. *E. Cullier major*..... (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 *Montreal*..... this *23*..... day of *Oct.*..... 1914.

L. J. Arn..... (Signature of Justice)

M. F. W. 23.
750 M.—1-17.
H. Q. 1772-39-841.

N.B.—ATTENTION IS DRAWN TO THE FACT THAT ANY PERSON MAKING A FALSE ANSWER TO ANY OF THE ABOVE QUESTIONS IS LIABLE TO A PENALTY OF SIX MONTHS' IMPRISONMENT.

Description of Louis Godin on Enlistment.

Apparent Age.....22.....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. 5¹/₂ ins.

Chest measurement. { Girth when fully expanded.....40 ins.
 Range of expansion.....5 ins.

Complexion.....Fair

Eyes.....Blue

Hair.....Brown

Religious denominations. { Church of England.....
 Presbyterian.....
 Methodist.....
 Baptist or Congregationalist.....
 Roman Catholic.....R. C.
 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.....Oct. 23.....1914

Place.....Montreal

S. Munn Muphault
 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.

.....Louis Godin.....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.

.....not legible.....(Signature of Officer)
Colonel

Date.....Nov. 27.....1914

C.E.F.

GODIN LOUIS

61246

22 BN

15877

PERM. UNFIT.

NATIONAL PERSONNEL RECORDS CENTRE CENTRE NATIONAL des DOCUMENTS du PERSONNEL	MIL
	CIV.
	COMP GRC
	SCC SCC

Box
405535

NATIONAL PERSONNEL RECORDS CENTRE CENTRE NATIONAL des DOCUMENTS du PERSONNEL			
MIL	CIV.	COMP GRC	SCC SCC



No. 61246 RANK Pte

NAME Godin L.

T. O. S.

UNIT Discharge Depot. Seelus

M. D. 5

			PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
PAID FROM	PAID TO	SIG. OR REC'T	PARTICULARS	AUTHORITY
1916 Sept.	1916 no dates	✓	23rd Bu-	



No 246

RANK

Sgt.

NAME

Godin. L.

T. O. S. 23/10/14

Nov payroll

UNIT

22nd Battalion (French Canadian)

M. D. of

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1914 Nov 1	1914 Nov 30	✓		
Dec		✓		
1914 Jan	15	-	subject 9 days pay	AD # 51 7/1/15-
Feb		✓		
Mar		✓		
Apr		✓		
May		✓		
June		N	" " "	" 176 June payroll UNIT SAILED MAY 20 1915



C. Godin, Louis

649-G-771.

S.O.S. Disc
15/1/17.4

RANK & No *Plt*

61246

CORPS *22nd Battalion*

ENLISTMENT, PLACE *Montreal*

DATE *Oct. 23, 1914,*

S

FORMER CORPS *Nil.*

COUNTRY OF BIRTH *St. Cleophas, Que. Can.*

NEXT OF KIN *Godin, Adelaine, Mrs Mother*




ADDRESS OF NEXT OF KIN *²⁵³
~~313~~ St. Ambrose St. Montreal, P. Q.
St Henri ¹⁹¹⁶ *auth. & a.p. May 6.**

DISCHARGE, PLACE

DATE

*Sailed from Halifax Per
S.S. Saxonia 20-5-15; ^{8/9} R/C 15-9-16*

REMARKS:



Name Godin L.

Rank Pte

Reg. No. 61246

Unit 22nd Battalion (23rd ~~rd~~).

Next of Kin Canada

Date	Movement	Place	Casualty	List No.	Notified N/KO.	W.O. List
26-9-15	22 Gen. Hos.	Camiers Comp.	Fract	44		
	" "	" G.S.W.F.	ARM Sev	46	M1315	9-10
5-10	Gen. Hos.	Nottingham	do	52		
14-1-16	Gen Mil. Hos.	Shorncliffe	do	127		
18-1-16	Gran. Can. Spec. Hos.	Ramsgate	do	131		
1-5	do Discharged		do	B68		
1.5.16	admitted same Hosp	Ramsgate	95th B. Arm	205	23 rd Batt	
29.8.16	Dischg ^d	do		205		

6 m...
M

P

Number 61246 ✓ Rank Pte. ✓

Surname GODIN ✓

Christian Name Louis ✓

Units 22 Bn. Can. Inf Theatre of War France ✓

Date of Service 15-9-15- ✓

Remarks

Latest Address 253 St. Ambroise St. ✓

St. Henri, Montreal, P.Q.

Roll No. 22593

200m.-6-21....

(This form to be filled in by all ranks on voyage to Canada.)

M.D. No.....

NUMBER

RANK

SURNAME

INITIALS

.....
Full postal address.....
(Street) (City or Town) (Province)

Name of one person to be notified of arrival.....

Address.....

Railway Station in Military District to which a furlough warrant is required.....

..... Railway.....

If married, is your wife on board..... Number of children on board.....

Their destination.....

(Sgd.).....

suppcard destroyed 8.3.21.

A. A. G.

649-G-771.

Godin Louis, #61246 Pte., ~~R.D.M.D. #3~~ ^{2nd Bu}

Meds. & Decs. Mother Mrs. Aglas Godin,
St. Cleophas de Brandon,
Joliette, County, Que.

P. & S
(Ser. #807284.) Mother Same as above.
Mem. Cross Mother Same as above.

E lig. for 14-15 Star. P.G. 2nd Bu

" " U. M.

" " P. W. M.

Scroll Desp

MAY 3 - 1921

Reqn. No

240988

Desp 18

Plague Desp.

SEP 27 1922

Reqn. No

46522

12

M

505

226 days.

CANADIAN CONVALESCENT HOSPITAL,

AT

A. & D.
CARD.

Rausgate

Regt. No. 61246.

A. & D. No. T 531.

Rank Pte.

Corps 23rd ResBn.

Name Godin

Louis Age 23.

Religion P. C.

Service at Home

„ „ Front 15/12.

Diagnosis G.S. W. l arm.

Admitted Jan 17 1916.

Discharged 29.8.16. } 226.

Place in Hospital Ward. ~~30~~ Bed ~~185~~ 377 C.H.

M. H. Rec'd

676

(See Document card)

Transferred

57
83

Results

REMARKS:

b. b. a. b.

Sw. Can.

Name GODIN, L. Rank Pte. Regt. No. 61246 Unit "A"
 Battn. 22nd Camp or O.S. 0 File M.H.C.C. H.Q. File _____
 Pension awarded _____ Date of first payment _____
 Discharged to Class 3 Conduct on discharge Good in C.H.
 Next of kin Mother, Mrs. Adelaine, Godin, 253 St. Ambrose St., Montreal.
 Address on discharge 253 St. Ambrose St., Montreal.

DATE	CLASS	REMARKS	PART 2 ORDER
4-12-16	2	Headquarters	Nom Roll 31-12-16
5-1-17		Forfeit 4 days pay (A.W.L.)	# 5
5-1-17	3	Discharged	# 6

Surname *Godin* Christian Name or Names *L.* Reg. No. *61246*
 Rank *Pte* Unit *22nd Batt* Co. Troop Batty.
 Hospital *22nd Gen. Camiers.* Date of Admission *26.9.15*
 Transferred *See Capt. rolling band* Hosp. *5-10-15*
bent. Mil. Shorncliffe. Hosp.
Granville San. Spec Ramogate Hosp. *18-1-16.*
 " " " " Hosp. *1.5.16*
 Diagnosis *Compound Fracture. L. Radius (Severe)*
G.S.W. Lt. Arm.
 (1)
 Later Diagnosis (if changed)
 (2)
 (3)
 Additional Diagnoses, if more than one state present

DISPOSITION

C.L. 4.10.15 # 114
C.L. 15-10-15 # 52
C.L. 19.1.16 128.
C.L. 21-1-16. 131.
19.4.16. B 65
C.L. 13.9.16 # 205

Date
Dis 1.5.16
Dis 29.8.16
 REMARKS

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

8

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.

2.

3.

4.

5.

6.

7.

9559

Casualty Form—Active Service.

Army Form B. 103.
 CERTIFIED CORRECT. ✓
 Canadian Record Office,
 Westminster House,
 7, Millbank, S.W.

Regiment or Corps 22nd (F.C.) BattalionRegimental No. 61246 Rank Private Name Sodin LouisEnlisted (a) 23.10.14 Terms of Service (a) for war Service reckons from (a) 23.10.14

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				
		Disembarked	Boulogne	15 ⁹ / ₁₅	
26 ⁹ / ₁₅	22 Gen.	Comp. fract. L. radius (sev)	In the field	26 ⁹ / ₁₅	W 3034-26 ⁹ / ₁₅ (B 213-24 ⁹ / ₁₅)
29 ⁹ / ₁₅	4 Cav. Fd. S.	L.S.W. forearm	In the field	24 ⁹ / ₁₅	A 36-25 ⁹ / ₁₅
25 ⁹ / ₁₅	2 Cav. Cty St.	L.S.W. Arm. Transferred to 5 amb. train		25 ⁹ / ₁₅	A 36-25 ⁹ / ₁₅
5 ¹⁰ / ₁₅	H.S. Newhouse	Transferred to Eng.		5 ¹⁰ / ₁₅	A 36-5 ¹⁰ / ₁₅
18.10.15	Ob. 23	Taken on str.	W Sanding	5.10.15	M. II 247

Crawford March

OFFICER IN CHARGE RECORDS
 CANADIAN SECTION G. H. Q.

(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.

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				

15. 2 / 16

taken on strength C.C.A.C. Pt. II D.O. No. 5.

2. 9 / 16

~~ATTACHED~~ FROM C.C.A.C. TO Can Dis Depot Bath. PART II D.O. No.

L. G. Edridge
Leadb

DISCHARGED.
 under
 Para 392, Sec. 16, K. R. & O. 1912.
 Being no longer physically
 fit for war service.

R. H. Halliday
 for Commandant.
 Canadian Casualty
 Discharge Depot,
 BATH.

17 / 10 / 16
 SEPT. 1916
 11 / 10 / 16
 6 / 11 / 17

C.C.A.S S.O.S.
 C.C.D. BATH
 PROCEEDED TO CANADA
 FOR DIS.
 T.O.S. ON ARRIVAL FROM U.S.
 T.O.S. FROM Dis. DP. MOS
 DISCHARGED CLASS 3
 FOLKESTONE
 QUE.
 MONTREAL
 Montreal

15 / 9 / 16 DO 458
 15 / 9 / 16 AUTH. PAY LIST SEPT. 1916
 30 / 9 / 16 PT II DO 72
 5 / 11 / 17 PT II DO 6

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

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

500M.—9-16

H. Q. 1772-39-920.

Casualty Form—Active Service.

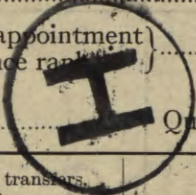
Unit, Regiment or Corps **RAILWAY CONSTRUCTION & FORESTRY DEPT**

Regimental No. 61246 Rank pte Name Godin, Louis
C. E. F.

Enlisted (a) 11-1-18 Terms of Service (a) war Service reckons from (a) 11-1-18

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

Extended Re-engaged Qualification (b) 22nd Bn 28 mths Labour



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				
3.4.18	For Dep. S.O.S.	S.O.S. For Depot Brockville	Brockville	28.2.18	D.O. 93.
23-3-22		S.O.S. Having died at Montreal Gen. Hosp.		9-3-18	After order #2.
					For S.O.S.

(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.

POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

Emv VR

mb

7037-L-1

Name **Godin, Louis**
Surname Christian Name

Regimental Number **61246** Rank **Pte.** Address: (in full) **67 St. Ambroise St.**

Unit **22nd Bn.** **St. Henri,**

Original Unit **Montreal, P.Q.**

District where paid **M.D. 4**

Date of Discharge **15-1-17**

P. D. P. Filing Number **11 -5 -4**

Rates:—Regimental pay \$ **1.00** per diem: Field Allowance \$ **.10** per diem. Separation Allowance \$ **20.00** per month.

L. L. 22573—M. & D. 8009.

Total Credits 91 days	FIRST PAYMENT			SECOND PAYMENT			FINAL PAYMENT			Balance Over-payments to be Recovered	Total Amount Paid
	Cheque No. A	Date	Amount 30 days	Cheque No. B	Date	Amount 30 days	Cheque No. C	Date	Amount 31 days		
160 10	92	26-7-17	53 00	92	10-8-17	53 00	95	27-9-17	54 10		160 10

Remarks:

M. F. W. 127.
50M-617.
1975 39-1140.

File No. 7037-L-9

WAR SERVICE GRATUITY.

Register No. 91589

Reg. No. 61246 Pte Dependent Madame A Godin (Mother)

Name Godin Louis Address St Cleophas-de-Brandon

Address (deceased) St Joliette PQ

Dec'n No.	W. S. G. File No.				
days at \$	per day \$				
S. A. months at \$	per mo. \$				
Less P. D. P. Credited					
Less further debit balance					
Net due paid as below					
Pay Soldier \$ <u>189.90</u>	Pay Dependent \$ <u>150.00</u>				
TO SOLDIER TO DEPENDENT					
Ag. No.	Ch. No.	Amount	Ag. No.	Ch. No.	Amount
			Days	Rate	
			Less P.D.P. credited		
			Less further Dr. Bal. or overpayment		
Total			Net <u>339.90</u>		

Both soldier & dependants portion w.s.g. paid to mother Auth. file folio 38 on file 7037-L-9. 8-1-20 W 99.

RW 104
13/20

Clerk H. B. Smart
W. C. Haydon
B. Mills

Date	Ck. Order	Ck. No.	Amount	Remarks	Date	Ck. Order	Ck. No.	Amount
1	<u>Soldier (deceased)</u>				1			<u>189.90</u>
2					<u>28-1-20</u>	<u>50213</u>	<u>547204</u>	<u>150.00</u>
3					3			
4					4			
5					5			
6					6			

GEN'L AUDITOR
Posting checked by
Wogne
Date 8-1-20

R. Evans
29
12/19

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

To Whom *A. Godin*
 Address *St. Vincent-Paul*
Comte Laval
P. Q.

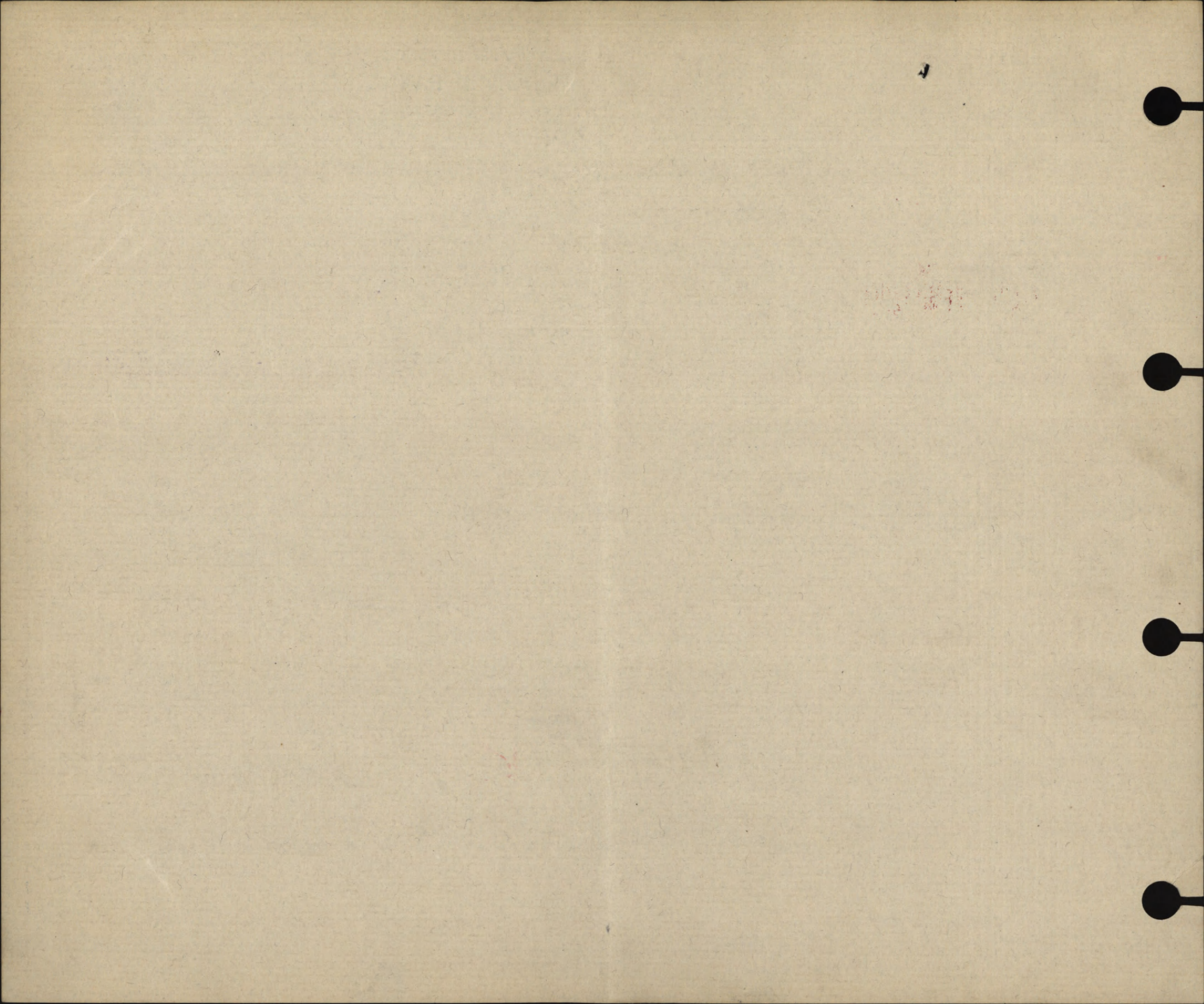
By Whom Assigned *Godin. L*
 Regtl. No. *61246*
 Rank *Plé*
 Corps *C. C. A. C.*

SPECIAL REMITTANCE
 Rate \$ *25.00* *Schedule #127*
27/6/16

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July	<i>1916.</i>	<i>L9567</i>	<i>25.00</i>	
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				





MILITIA AND DEFENCE
ASSIGNED PAY
OVERSEAS CONTINGENTS

To Whom *Mrs. Aglae H. Godin* By Whom Assigned *Godin L.*
253
 Address ~~*219*~~ *St Ambrose St* Regtl. No. *61246*
 Rank *Pvt*
 Corps *B. Coy 22nd F. C. Batta*
 Rate *\$/500* *St Henri P.Q.* JUN 1 1915

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June		<i>N. 3268</i>	<i>15 -</i>	
July		<i>N. 4565</i>	<i>30 -</i>	<i>May cheque included.</i>
Aug.		<i>O 5856</i>	<i>15 -</i>	
Sept.		<i>Q 6305</i>	<i>15 -</i>	
Oct.		<i>R 8153</i>	<i>15 00</i>	
Nov.		<i>T 9994</i>	<i>15 -</i>	
Dec.		<i>U 9593</i>	<i>15 -</i>	
Jan.	1916	<i>W 9339</i>	<i>15 -</i>	
Feb.		<i>X 12827</i>	<i>15 -</i>	
March		<i>Z 16132</i>	<i>15 -</i>	<i>Returning Missanabie 15/9/16 T.P. Jey</i>



ci 21

21

ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2.

Mrs Aglae H. Godin

PAYMENTS.

Name of Soldier

*Godin, L.
#61246 "B" Co. 22 Bn.*

L. L. Job 89002.—Req. 6213.

Month.	Year.	Cheque No.	Amt.	Remarks.
				\$ <u>15.00</u>
April	1916	4678	15	
May		U3767	15	
June		77500	15	
July		K10613	15	
Aug.		A14556	15	
Sept.		018198	15	Cancelled.
Oct.				Returning S. P. Messonabie 15/9/16 M. J. J.
Nov.				Also 3 M 9 7/16 can.
Dec.				
Jan.	1917			P. D. P. 18-6-17 7412.
Feb.				
March				
April				Deserter 28-2-18. HQ 649-9-771
May				M. Holan 18-478
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

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.				

23-10-14

MILITIA AND DEFENCE

SEPARATION ALLOWANCE

Name *Mrs. Aylae Godin*
 Address *253 ~~313~~ St Ambroise
 Montreal*

Name of Soldier *Godin Louis*
 Regtl. No.

Rank *Pte*
 Corps *22nd I.C. Batts*

Relation to Soldier } *Widowed*
 wife, child or mother } *Mother*

To what Corps belonging }
 when called out }

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915	G 3509	65	
Feb.		G 5027	20	
March		H 710	20	
Apl.		H 2300	20	
May		E 8524	20	
June		L 330	20	
July		L 1625	20	
Aug.		L 2660	20	
Sept.		E 16479	20	
Oct.		L 5244	20	
Nov.		J 15394	20	20
Dec.		E 23589	20	20
Jan.	1916	K 10541	20	20
Feb.		M 21761	20	20
March		K 25369	20	20
		<i>ford 345</i>		

COPIED
FOR
CASUALTIES.

ACCOUNT CLOSED
 PER *W*
 DATE *16478* Canceled

1870

1870

1870

1870

1870

1870

1870

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1870

1870

1870

1870

1870

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1870

1870

1870

● SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

Sheet No. 2. Mrs Aylae Godin

Name of Soldier Godin Louis.
Pte.

PAYMENTS.

L. L. Job 89002.—Req. 6213.

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916	466 ⁴⁰⁴	20	
May	19	5441	20	
June		65333	20	
July		711706	20	
Aug.		713459	20	
Sept.		71639	20	
Oct.				Returned S.S. Missanalin 9/17 1879/16
Nov.				<u>465</u> 1879/16 <u>9/17</u> <u>1879/16</u> <u>closed</u>
Dec.				
Jan.	1917			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

ACCOUNT CLOSED
DATE..... PER W

MILITIA AND DEFENCE
SEPARATION ALLOWANCE
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier

PAYMENTS.

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

23-10-14

MILITIA AND DEFENCE

SEPARATION ALLOWANCE

Name *Mrs Aylas Todin*
 Address *313 St. Ambroise,
 Montreal*

Name of Soldier *Sodin, Louis*
 Regtl. No.
 Rank *Rt2*
 Corps *2nd F.C. Regt, Bn*

Relation to Soldier
 wife, child or mother

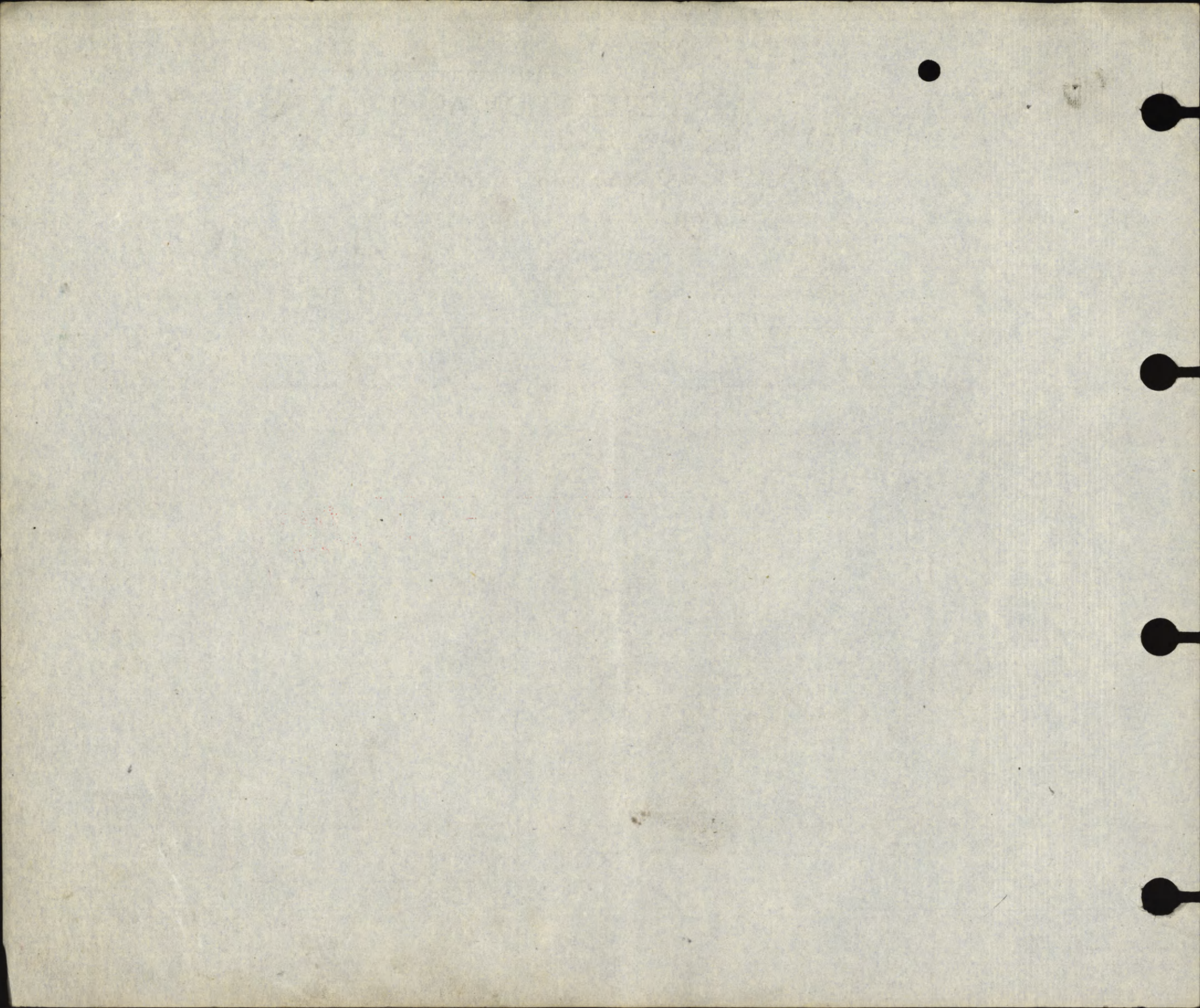
*Widowed
 Mother*

To what Corps belonging
 when called out

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915	<i>43559</i>	<i>65</i>	
Feb.		<i>05027</i>	<i>20</i>	<i>20</i>
March		<i>41710</i>	<i>20</i>	<i>20</i>
Apl.		<i>262300</i>	<i>20</i>	<i>20</i>
May		<i>E. 8524</i>	<i>20</i>	<i>20</i>
June		<i>L 330</i>	<i>20</i>	<i>20</i>
July		<i>L 1625</i>	<i>20</i>	<i>20</i>
Aug.		<i>L 2660</i>	<i>20</i>	<i>20</i>
Sept.		<i>E 16479</i>	<i>20</i>	<i>20 (E 16478 cancelled)</i>
Oct.		<i>L 5244</i>	<i>20</i>	<i>20</i>
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				

CANCELLED



Rank

Pte

Name

GODIN Louis

Reg'l No. 61246.

Unit

~~Band Sn~~ C.C.A.C.If in perm. Corps,
What Unit?Married or Single *Single*Place and Date of Enlistment *Montreal. Que. 23rd Oct. 1914* Place of Birth *St Cleophas. Que.*Name and Address, Next-of-Kin *Mrs Adelaine Godin. 313. St Ambroise. Montreal.*Relationship *Mother.*Assigned Pay Monthly \$ *15.00*Payable to *Mrs. Aglae H. Godin, 313 St Ambroise St - St Henri**Montreal - P.Q.*Relationship *Mother*

Separation Allowance \$

Payable to

Relationship

Discharge, Date and Place

Reason

Character

Date		PAY			Field Allowance			Other Credits	Total Credits	Voucher		Cash Payments	Assigned pay	Other Charges	Total Debits	Balance	Remarks, Casualties, etc.
From	To	No. of Days	Rate	Amount	No. of Days	Rate	Amount			No.	Date						
	1915																
June 1	30	30	1.	30.	30	.10	3.		33.			10.	15.	110	2610	690	1.10 - 10.70. f. Bo. 176.
July 1	15	31	1.	31.	31	.10	3.10		34.10			17.50	15	330	3080	1020	20. 3 days pay 1.15 - 1 day's pay for 13.10. 1225
									60							1080	
																1080	110 - 1 Day's pay for 13 Bo. 249.
Aug 1	15	31	1.	31	31	.10	3.10		34.10			12.17	15	110	2827	1663	
Sept 1	15	30	1.	30	30	.10	3		33			244.	15		1744	3219	
Oct 1	15	31	1.	31	31	.10	3.10		34.10			1460	15		2960	3669	Grant 16 23rd B's w 1/11/15 23rd B.O. 247 15/6/15
Nov 1	30	30	1.00	30	30	.10	3	36.69	69.69			2433	15		3933	3036	
Dec 1	31	31	1.00	31	31	.10	3.10	30.36	64.46			2433	15		3933	2513	
Jan 1	31	31	1.00	31	31	.10	3.10		34.10	242		242	15		1743	2180	
Feb 1	15	15	..	15	15		1.50		16.50				15		15	4330	Trans to C.C.A.C. 15/2/16 100
	16	31/3	45	1	45	.10	4.50		49.50			244	15		1744	7526	
					305		30.50		60			105	24.150	5.50			
					306		30.50		60			105	24.150	5.50			



Checked
1916

Rank Name GODIN Louis Reg'l No. 61246. ✓
 Unit 22nd Bn If in perm. Corps, }
 What Unit? Married or Single Single
 Place and Date of Enlistment Montreal. Que. 23rd Oct. 1914 Place of Birth St Cleophas. Que.
 Name and Address, Next-of-Kin Mrs Adelaine Godin. 313. St Ambroise. Montreal.
 Relationship Mother.

Assigned Pay Monthly \$ Payable to

Relationship

Separation Allowance \$ Payable to

Relationship

O C A O

N/E R.B. No. 7620

File R.L.

Category M.A. Co

Discharge, Date and Place Reason Character

Date	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 per S. Saxonia		29-5-15.	
2-6-15.		O.C. 22 nd	Absent without leave, fined 1 day's pay.	East Sandling Camp,	2-6-15	Bt II. O# 176.
20.7.15		do.	Forfeit 2 days' Pay et H.L.	do.	20.7.15	Pt. II O.# 221.
24.7.15.		do	Forfeits 1 days Pay. abs. from Parade	do.	24.7.15.	Do # 225.
24.8.15		Do	" 1 dys. Pay for "Absence"	Do.	14.8.15	Do # 249.
19 SEP 1915			Embarked for France	Folkestone	15-9-15	Emb. Memo. # 288
4.10.15		W.O.	Adm. Gen. Hosp. (22 nd)	Camiers.	26.9.15	Cas. Rep. # 44. "Compound fracture L. Radius. Severe."
8.10.15.		W.O.	Do. Do.	Do.	Do.	Do # 46. J.S.W. Forearm. (O.N.)

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				
9.10.15.	O.C. 22 nd	Invalided & trfd. to England	France	5/10/15	P.O. #3.
13.10.15	W.O.	Trans. to England H.S. Newhaven.		5.10.15	Bas. Rpt. # 50. G.S.W. Forearm.
15.10.15	do.	Adm. General Hospital	Nottingham	5.10.15	do # 52. B.W. Trae. L. ^{Radius} Radius
18.10.15	O.C. 23 rd	Taken on strength 23 rd Bu	W. Sandling	5.10.15	D.O. P ^r . II # 247
17.1.16	C.L. 127	Trans to Cent. Milt. Hsp.	Thorncliffe	14.1.16.	G.S.W. Lt. Fl Arm.
21.1.16	" 131	Trans to Granville Cav. Hsp. 9 Hsp.	Ramsgate	18.1.16	" " "
16.2.16	Ob C.C.A.B.	Taken on strength		15.2.16	M. II 5
19.5.16	22nd Batt	Discharged Granville Hosp	Ramsgate	1-5-16	C.L. B 68
31.8.16	C.C.A.B.	Reptd	G' stone	29.8.16	P ^r . II. O. 368
6.9.16	do	on com C.D.D. Bath for Dischg.	do	5.9.16	— 381
13.9.16	23 rd	Trans low spec Hosp	Ramsgate.	1.5.16.	C.L. B. 205.
13.9.16	do	Dischd Draw " " "	" "	29.8.16	— 205.
15.9.16	C.D.D.	Discharge to Canada MU	Bath	15.9.16	Part 2 DD 183.
CHECKED. 5th Dec, 1916.					
17-10-16	C.C.A.C.	S.O.S. proceeding to Canada M.U. cases to be attached to C.D.D.	Folkstone	15-9-16	P ^r II O 45E
	Dis Depot	To bonval. Home	M.D. No. 4 Montreal	23-9-16.	Nom. Roll No. 43.

30/67
185/319
278
83/377

No. in Admission and Discharge Book.

Regimental No.

Rank.

Surname.

Christian Name.

61246

Pte.

Godin

Louis

Year

Unit.

Age.

Service.

23rd Res. Bn.

~~15/12~~ 23.

12/12

Station and Date.

Disease

G.S.W. L. arm

Granville
Sp. ec. Hosp.
Canadian
Kensgate

Occupation in life Labrow. Musician. Tw.

Wounded Sept-25/15

Nottingham General Hosp. Oct-5/15 - 4 months
Shorncliffe 2 days

G.S.W. left arm with fracture and
ankylosis of elbow.

? Extensor muscles distal toward elbow
lead to ankylosis. Superior
coracoid CR

Pr. rotator upper 1/3
Dorsal flexion ulnar nerve
in 0 case.

For poling treatment

07/1/16

Wound still open but damp well

X-Ray report. Forearm.

G.S. Fracture of radius, upper 3rd. Metal still remains
Position good.

17-2-16

arm much the same - wound healed - some
swelling over the point of fracture - wrist drop.

Feb 24/16

To have a cast up splint

26/2/16

Long Cockup splint applied

3/3/16.

30°-175° of movement at Elbow joint. Hand in Cockup splint

9/3/16.

Ahead from impaction.

V.D. Negative

16/3/16.

Wearing long Cockup. V.D. neg. Can move middle & ring fingers

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

Station
and Date.

up from splint.

21/3/16

Extensors of wrist & fingers reacting very well
voluntary power returning.
Carrot on -

25/3/16

Short cock up applied by Major Smith 21/3/16
Can now extend fingers though weakly. index finger cannot be
extended as fully as other, no extension of thumb as yet. V.D. leg.
Small sinus on post surface of forearm, healed over but small
amount of pus was expressed on removing scab. V.D. leg.
Has a ache of back. Ordered to take bath 9:0. &
give Richardson in alcohol to rub over parts affected.

31/3/16

Small abscess has developed on forearm just external to sinus
to be transfused to dirty side & opened.

1/4/16

Opened abscess. Wrist dressing.

8/4/16

Wound is healed up.

3/5/16

inability to fully extend fingers in short
cock up splint slight discharge from arm
all-way splint.

8/5/16

Dr. May Russell ge. Electric treatment of muscles
of wrist fingers and hand.

11/5/16

The patient has been on a short
cock up splint keeping the wrist
and fingers extended. The extensors
of the wrist and fingers are recovering
power very satisfactorily but the
thumb, which has not been kept extended
has not recovered power of extension.

Major
Russell

Short cock up splint with thumb
piece. See Major Russell in two weeks.

18/5/16

Wound on short cock up arm splint. Dr. May Russell: keep

24/5/16

small piece of bone came out of sinus in arm this morning

1/6/16

slight discharge from sinus
8/6/16 Sinus 1 1/4" deep. Slight discharge.

MEDICAL CASE SHEET.*

No. in
Admission
and
Discharge
Book.

Regimental No.

Rank.

Surname.

Christian Name.

61246

PLC

Godue, L.

L.

Unit.

Age.

Service.

Year
1916.

23rd Res Batt

C.R.A.

23

14/12 2 wks

Station
and Date.

Disease G. S. Wdg L. Arm

Left. 24/16 hit leg (bullet) (upper third)
in left arm - paralysis of median
nerve - atrophy of interossei

17/1/16

Transferred to Ramquah

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

J. R. Peterson Capt C.M.C.

61246

MEDICAL HISTORY SHEET.

Surname Godin Christian Name Louis

Examined { on..... day of..... 191..... at	Approved by		
Birthplace { City or Town..... County.....	Rank..... M.O.		
Apparent age <u>24</u>	Date.	Fit or Unfit.	EXAMINED FOR RE-ENGAGEMENT.
Trade or occupation <u>Labourer</u>			M.O.
Height <u>5</u> Feet <u>6.</u> Inches.			M.O.
Weight..... Lbs.			M.O.
Chest measurement { Minimum..... inches. Maximum expansion..... inches.			M.O.
			M.O.
Physical development.....			M.O.
Small-Pox Marks.....			M.O.
Vaccination Marks { A r m..... Right..... Left..... Number.....	Date.	Result.	VACCINATIONS.
			M.O.
When Vaccinated last.....			M.O.
(a) Marks indicating congenital peculiarities or previous disease.....			M.O.
			M.O.
(b) Slight defects but not sufficient to cause rejection.....	Date.	Result.	ANTI-TYPHOID INOCULATIONS, ETC.
			M.O.
			M.O.
			M.O.

Enlisted on..... day of..... 191..... at.....

	CORPS.	REGT'L NUMBER.	HABITS.	DATE.
Joined on enlistment				
Transferred to.....				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.

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

Surname *Godin* — Christian Name *Louis*

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				
Montreal Grey Nuns Convalescent Home		11	Oct	1916	29	Oct	1916	R.S. w. left arm partial paralysis Tubercular A.P. m.b.s	18	Transferred to U. G. H for treatment of tubercular adenitis	<i>J.P. [Signature]</i> M/O i/c Grey Nun Convalescent Home. <i>Capt. A.M.O.</i>
Montreal	M. G. H.	29	10	16	4	12	16	Chancroids adenitis	36	Incision - non-union bareness left radial	<i>A. [Signature]</i>

To be made out in duplicate.

H.Q. 54-21-23-53

RAILWAY CONSTRUCTION & FORESTRY DEPOT.

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.....

RAILWAY CONSTRUCTION & FORESTRY DEPOT

(2) Regimental Number.....

61246

(3) Full Name of Soldier.....

Godin, Louis

(4) Place of Birth.....

St. Cleophas de Brandon, P. Que.

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

no

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

nil

(b) Present Postal Address.....

nil

(7) Are you a widower?.....

no

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

no

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

nil

Also their names and ages.....

nil

(9) Is your Father alive?.....

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

*No
nil*

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

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

*Yes
Mrs. Aglae Godin
St. Cleophas de Brandon, Joliette Co. Que
Can*

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

Are you her sole support, or not?.....

*Yes
Yes*

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

Only single son at home

(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.

*Mrs. Aglae Godin
St. Cleophas de Brandon
Joliette Co., Que.*

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

*Yes
No
nil*

(15) Are you insured?.....

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

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

No

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

Date.....

Jan 19/18

J. M. Swain
Lieut. & Adjutant.

FORM OF WILL

I, Louis Godin (Name in full)

Regimental Number 61246 serving in R.C.&F. Depot.

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

I devise all my real estate unto

Mrs. Aglae Godin,
St. Cleophas de Brandon,
Joliette County, Que.

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

absolutely, and my personal estate I bequeath to

Mrs. Aglae Godin,
St. Cleophas de Brandon,
Joliette County, Que.

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 19 day of January A.D. 1918

This must be signed
and Dated by
THE SOLDIER
HIMSELF.

Louis Godin 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 Hubur J. Nash L/Cpl.

Address of Witness R.C. & F. Depot Brockville,

THE TWO
WITNESSES

Occupation of Witness Soldier.

MUST
SIGN HERE

Signature of Second Witness G. A. Jones,

Address of Witness R. C. & F. Depot, Brockville,

Occupation of Witness Soldier.

I hereby certify that this document is a true copy of an original document now in possession of this office.
14/5/18
Ed. Norton Sgt
for J. C. Kelly
Director Military Estates

Name in full Godin, Louis.

Rank. Private.

Service Unit 22nd. Battalion. Present Unit C.C.A.C.

Place of Residence in Canada 313 St. Amboise st. Montreal.

Military District. 4

Classification of Disability 2

(or) Reason for Disability Permanently Unfit.

Commandant, C.D.D. will assume responsibility by his initial in proper column that documents listed below have been completed, checked, and enclosed.

If original document, initial in column on the left.

If original not available, initial in column on the Right.

Initial of Commandant C.D.D. (originals)	List of documents required to complete Discharge. Checked and Enclosed	Initials of Commandant. (originals not available)
<i>P.P.H.</i>	Proceedings on Discharge (B. 28) (must be original)	
<i>P.P.H.</i>	Proceedings of Medical Board (B.179) (must be original)	
<i>✓ P.P.H.</i>	Medical History Sheet (A.F.B. 178) (must be original)	
<i>✓ P.P.H.</i>	Last Pay Certificate (must be original)	
	Certificate of Discharge (A.F.B. 2079)	
<i>✓ P.P.H.</i>	Casualty Form. (A.F.B. 103)	
<i>✓ P.P.H.</i>	Attestation Paper (M.F.W. 54)	
	Field Conduct Sheet (A.F.B. 122)	
	Company Conduct Sheet (A.F.B. 121)	
	Reg'tl Conduct Sheet (A.F.B. 120)	
<i>✓ P.P.H.</i>	Inventory of Kit. (V. 3068)	
<i>✓ P.P.H.</i>	Declaration from Dischargee	

CANADIAN DISCHARGE DEPOT

(Signature) *Louis Godin* **Lieut.-Col.**
 (Commandant) of R. & O.
Officer Commanding,

A

OFFICE OF THE
COMMISSIONER OF
THE LAND OFFICE
HONOLULU, HAWAII

[Handwritten signature]

1901

1901

1901

1901

1901

1901

1901

1901

Proceedings on Discharge.

(When forwarded for confirmation the documents named on page 4 should be enclosed.)

No. <u>61246</u>	Army Rank <u>A.P.H.</u>
Name <u>Godin, Louis.</u> <small>(The name must agree strictly with that on enlistment, unless changed subsequently by authority.)</small>	
Corps <u>C. C. A. C.</u>	
Battalion, Battery, Company, Depot, &c. <small>(If attached to the Regular Establishment of the Special Reserve or Permanent Staff of the Territorial Force, &c., or to General Staff of the Army, it should be so stated.)</small>	
Date of discharge _____	
Place of discharge _____	
1. <u>Description at the time of discharge.</u>	
Age <u>24</u> years _____ months Height <u>5</u> feet <u>6</u> inches Chest measurement { girth when fully expanded _____ ins. range of expansion _____ ins. Complexion <u>Fresh</u> Eyes <u>Grey</u> Hair <u>Brown</u> Trade <u>Labourer</u> Intended place of residence _____ (To be given as fully as practicable)	Descriptive marks. <u>1 Paoc mark Lt arm</u> <u>Gr. W. Lt arm</u>
2. The above-named man is discharged in consequence of <u>Para. 392, Sec. 16, K. R. & O. 1912.</u> <u>Being no longer physically fit for war service.</u> <div style="text-align: right;"> <u>Commandant,</u> <u>Canadian Discharge Depot, BATH.</u> </div>	
(The cause of discharge must be worded as prescribed in the King's Regulations and be identical with that on the discharge certificate. If discharged by superior authority, the No. and date of the letter to be quoted.)	
3. Military character:— Character awarded in accordance with King's Regulations:— _____ _____ _____ _____ _____ _____ <div style="text-align: right;"> CANADIAN DISCHARGE DEPÔT, Certified that the above is an accurate copy of the character given by me on Army Form B. 2088 and that Army Form D. 489 was awarded in this case. <div style="text-align: right;"> <u>ja.</u> <u>Lieut. Col.,</u> <u>Initials of Commanding Officer.</u> <u>A. D. of R. & O.</u> <u>Officer Commanding,</u> </div> </div>	
Army Form B. 2088 has been issued to* _____	

To be filled in on the soldier quitting the Colours.

Handwritten: cancelled 2/11/17

5. He is in possession of the following number of G.C. badges (if the man is a N.C.O. and enlisted prior to 1st July, 1881, the number he would have been entitled to had he not been promoted should be stated).

Is it probable that he will be entitled to another good conduct badge before the confirmation of these proceedings?

Classification for service, or proficiency pay... .. Class _____

6. Campaigns, Medals and Decorations

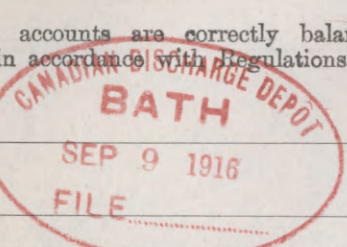
Service in Flanders

Certificate of education

7. His accounts are correctly balanced, and I have impartially inquired into all matters brought before me in accordance with Regulations.

(Place)

(Date)



CANADIAN DISCHARGE DEPOT

Arthur Majors
Lient.-Col.,
A, D, of R, & O.,
Officer Commanding,
Regiment

Commanding _____ Battn. _____

8. Certificate to be signed by the soldier on discharge.

hereby acknowledge that I have received all my pay and allowances (including clothing allowance), and all just demands up to the present date, subject to the reservations of the claims noted on the 3rd page.

(Place) _____ (Signature of Soldier.)

(Date) _____ (Signature of Witness.)

(When a soldier is absent through illness or any other cause, and it is not desirable to forward these proceedings to him for signature, a manuscript copy should be sent for the man to sign, and when returned should be attached here.)

9. Additional certificate in the case of a soldier who takes his discharge at his own request.

I hereby declare that I do of my own free will request to be discharged from His Majesty's Service.

(Signature of Soldier.)

10. Statement of service.

Service towards engagement to _____ (the date to which the record of service is completed) _____ years _____ days.

Further service " " _____ (the date of confirmation of discharge) " " _____

Total " " _____

11. Confirmation of discharge.

The discharge of the above-named man is hereby confirmed for _____ (date)

(Place) _____

Signature _____

(Date) _____

Commanding officers (or the Paymaster, if at Netley) will issue to every discharged soldier whose claim to pension, either on account of service or disability, is to be brought under the consideration of the Chelsea Board, a memorandum for his guidance on Army Form D. 401, and will at the same time transmit to the Secretary, Royal Hospital, Chelsea, a descriptive return of the man on Army Form D. 400.

RESERVATIONS REFERRED TO AT PARA. 8.

(To be signed by the soldier. When there are none, it is to be so stated, and signed by the soldier.)

LIST OF DISCHARGE
DOCUMENTS.

1. Proceedings on discharge
(Army Form B. 268)
2. Proceedings on transfer to re-
serve (if any)
(Army Form B. 2056)
3. Duplicate attestation
4. Army Form B. 97 (if any)
5. Declaration of change of name
(if any)
6. Re-engagement paper (if any)
(Army Form B. 136)
7. Authority for continuance, or
extension, of service (if any)
(Army Form B. 221)
8. Court of Inquiry on an injury
(if any)
(Army Form A. 2)
9. Regimental conduct sheet
(Army Form B. 120)
10. Company conduct sheet
(Army Form B. 121)
11. Copies of convictions by Civil
Power (if any)
12. Medical history sheet
(Army Form B. 178)
13. Medical report on invalid (if
any)
(Army Form B. 179)
14. Copy of receipt for purchase
money (if any)
15. Attestation of fraudulently en-
listed man for corps in which he
has not been held to serve (if
any)
16. Detailed statement of former
service allowed to reckon to-
wards pension (if any)
17. Copy of 3rd page attestation (in
the case of men from abroad
entitled to deferred pay who go
to Netley or the discharge depôt
for discharge)
18. Descriptive return (Army Form
D. 400), where required
See section 11 on second page
19. Active service casualty form
(Army Form B. 103)
20. Employment sheet
(Army Form B. 2066)

In the case of recruits who are
rejected before, or on, final approval,
the discharge documents will consist
of—

1. Duplicate attestation.
(On third page the date
and cause of discharge
will be entered and signed
by the competent military
authority)
2. Medical history sheet (if
any)
(Army Form B. 178)

Instructions as to the preparation, despatch,
and custody, of discharge documents.

1. When a soldier is to be discharged, the documents retained with the duplicate attestation will be placed inside this form. Should any of the documents be missing, an explanation of the deficiency, signed by the commanding officer, must be substituted for the missing document. The Officer in charge of records will then extract from the original attestation, any documents required to complete the list of discharge documents enumerated in the margin, which will then be placed in this form in the sequence given.

2. When men are discharged from the colours at home as medically unfit, or with claims to pension, Army Form B. 268 will be sent confirmed, together with the duplicate attestation and documents retained therein to the officer in charge of records 10 days in advance of the date for discharge in the case of invalids, and 14 days in other cases. This officer will then extract from the original attestation any documents required to complete the list of discharge documents enumerated in the margin, place them in this form, and after carefully checking the duplicate attestation with the original forward the whole to the Secretary, Royal Hospital, Chelsea. When such men are discharged abroad, the same procedure will be adopted as above, with the exception that the discharge documents will be sent to the officer in charge of records immediately after discharge takes place (except in the case of men who are granted gratuities on discharge from local battalions or companies, Royal Artillery).

3. When soldiers are sent home from abroad for discharge, the documents retained with the duplicate attestation will be placed inside this form and sent home with the men for transmission to the officer who carries out the discharge together with the following additional forms:—

- (a) Discharge certificate (Army Form B. 2079 or Army Form B. 264).
- (b) Character certificate (Army Form B. 2067) if entitled.
- (c) Copy company conduct sheet (Army Form B. 121) when required under King's Regulations.

The duplicate attestation and documents retained therein will be sent to the officer in charge of records, who will extract from the original attestation any documents required to complete the list of discharge documents enumerated in the margin and place them in this form.

4. The discharge documents of re-enlisted pensioners, on re-discharge, will be sent to the officer in charge of records, who will extract from the original attestation any documents required to complete the list of discharge documents enumerated in the margin, place them inside this form, and forward the whole to the Secretary, Royal Hospital, Chelsea, irrespective of the cause of discharge.

5. The original and duplicate attestations of recruits who are rejected before, or on, final approval will be retained by the approving officer for one year, when they will be destroyed.

6. In all other cases the discharge documents will be sent, directly the discharge is carried out, to the officer in charge of records of the unit concerned.

7. Postage need not be paid, and receipts are not required, in the case of documents sent to Chelsea or to the War Office.

8. When the discharge documents of men not entitled to pension are sent to the officer who will have final charge of them, they are to be accompanied by Army Form B. 279, and that officer will, if they are found to be correct, sign and return Army Form B. 279. Should any document be missing, he must at once apply for it.

9. The officers having final charge of the discharge documents will arrange them according to regimental numbers, and enter the names in the alphabetical index, Army Book No. 129.

MILITARY SERVICE ACT, 1917.

MEDICAL HISTORY SHEET. ORIGINAL

IMPORTANT.—If the man's name does not appear upon the schedule of men reporting for service, or if he has not made an application for exemption or a report for service, or, although having made one, he does not know the number, he will be instructed that the copy of this medical history sheet (which will be handed to him) must be attached by him to a report for service or claim for exemption which he may make on application to any Postmaster in Canada, or be sent by him after he has noted upon it the number on the receipt he obtained from the Postmaster to a Registrar or Deputy Registrar under the Military Service Act. In any event the duplicate medical history sheet will be sent by the Medical Board to the District Officer Commanding unless instructions have been given by the latter to forward it direct to a Registrar or Deputy Registrar.

1. Surname Godin Christian name Louis
 2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule.....
 3. Consecutive number on schedule of men reporting for service (if he appears on it).....
 4. Address (including street and number, if any)..... St. Cleophas, Brandon Que. Can.

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 11th day of January 1918, by the undersigned medical board sitting at Toronto, Ont.

5. Age as stated 25 Years 9 Months. 6. Apparent age 25 Years 9 Months
 7. Height 5 Feet 5 Inches. 8. Weight 143 Pounds.
 9. Chest measurement { Minimum 37 Ins. 2 Maximum 34 Ins. 10. Complexion Med. { Eyes Blue Hair Med.
 11. Physical development. Good { Good Fair Poor 12. Smallpox marks Nil.
 13. Number of vaccination marks { Right arm Nil 14. When vaccinated last Childhood Left arm 1
 15. Distinctive marks and marks indicating congenital peculiarities or previous disease Nil.

16. Slight defects but not sufficient to cause rejection Nil.
 The man denies having had { Rheumatism Tuberculosis Syphilis We find no evidence of past { Rheumatism Tuberculosis Syphilis
 (Strike out disease admitted or suspected.)

We have examined the above named man in accordance with the C. E. F. Regulations for medical examinations, and he is placed in Category **B2**
 17. (a) Vision R. 20 L. 20
 (b) Hearing. R. normal L. normal

Edw. Beatty President
W. M. Cooke Member.
E. R. Frankish Member.

Date	Result	VACCINATIONS	Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
23-1-18	O.K.	<u>J. Whilliam</u> M.O.	23-1-18	O.K.	<u>J. Whilliam</u> M.O.
		M.O.	8/2/18	O.K.	<u>J. Whilliam</u> M.O.
		M.O.			M.O.

Joined 11th day of January 1918 at Toronto, Ont.

	CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment	<u>Forestry Depot</u>	<u>61246</u>		<u>11/1/18</u>
Transferred to.....				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION	DATE	DISEASE	RESULT
<u>Bracholle</u>	<u>12-3-18</u>	<u>E. Bronchitis paratubercular</u>	<u>J. Whilliam F. S. M.D.</u>

N. B.—This sheet is 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.

Signature of Man Godin Louis

MEDICAL HISTORY OF AN INVALID.

1. Station. **Montreal** 8. General remarks on his :—
2. Regiment or Corps. **22nd Battalion** (a) Conduct.
3. Regimental No. and Rank. **61246, Private** (b) Habits.
4. Name. **L. Codin** (c) Temperance.
5. Age last Birthday. **24 years** (For this purpose the Company defaulter sheets will be obtained from the man's Commanding Officer.)
6. Enlisted on **October 23rd, 1914**
at **Montreal**
7. Former Trade or Occupation. **Labourer** Date. **December 16th, 1916**

9. Service.	2	Years.	54	Days.
	PERIODS.			
	FROM.	TO.		
22nd Battalion	Oct. 23/14	Dec. 16/16		

10. (a) Disease or disability. **Partial paralysis of post interosseous nerve left forearm**
- (b) Date of origin. **September 25th, 1915**
- (c) Place of origin. **Belgium**
- (d) Cause. **Gun shot wound**

11. Present Condition. (Most Important). **General condition: good. Gunshot wound left forearm, ~~X-RAY REPORT~~ causing fracture of upper third radius. Union good. X-Ray report claims several foreign minute bodies, region of fracture. Pronation and supination normal. Paralysis of thumb and partial paralysis of index and little finger. Has been no infection.**

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

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

Scar left groin due to adenitis

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

During action

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

During action

14. Treatment

Surgical

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

Not applicable

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

Permanent

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

1/5

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

Yes

Ind. W. Gleday R. O. O.

Medical Officer by whom the case is brought forward.

OPINION OF THE MEDICAL BOARD.

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

10.

Yes

11.

Yes

12.

15.

Yes

Yes

16.

Yes

17.

Yes

18 Is he unfit for Military Service.

Yes

Recommendations :

The Board having met and examined Pte.L.Godin, #61246, 22nd Battalion, C.E.F., concur with the above report, and recommend his discharge as medically unfit for Military Service.

Signatures :—

P. Osberg President.

Jachabo Members.

Station.

Montreal

Date.

December 16th, 1916

Date.

20.12.16

Approved.

Date.

W. Ernest Nelson Assc. Director of Medical Services.

Director-General of Medical Services.

(At Station or Hospital where finally disposed of.)

Station and Hospital } Arrived from }

Date

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

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

.....

.....

.....

.....

.....

.....

.....

.....

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.....

Date of final Medical Board or decision. } Administrative Medical Officer.

DETAILED MEDICAL HISTORY OF INVALID.

Militia Form B. 227.
150 m-5-16.
H. Q. 1772-89-117.

Station

Corps

Regimental No. Rank

Name

Disability

Date

Hospital or Station transferred to for final disposal. }

Date of final disposal }

How finally disposed of }

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

DISCHARGE FROM HOSPITAL

Canadian Form A.M.S 7002.
For W.O's, N.C.O's & Men.

Do not fail
to strike out
two of these
on each sheet

1. To Chief Paymaster, Canadians,
7, Millbank, London, S.W.
2. To Officer in Charge of Records, Canadians (Casualty Branch),
7, Millbank, London, S.W.
3. To Officer Commanding, Canadian Casualty Assembly Centre,
(Name of Unit to which discharge is made)

At Folkestone Station.

Unit or Corps 23rd Bn. Regt. Number 61246. Rank Pte. Name (Surname first) Godin., L.

The above mentioned Canadian soldier will be discharged from this Hospital on the

29th day of August 1916.

He may be expected to arrive at Folkestone Railway Station,

at 12.30 o'clock p. m. on the 29th day of August 1916.

- | | |
|---|---|
| <ol style="list-style-type: none"> i. I consider him "Fit for duty." ii. I do not consider him "Fit for Duty" *iii. I consider him fit for his former "light duty" *iv. I do not consider him fit for his former "light duty" | } Strike out that which is
inapplicable. |
|---|---|

Name of Central Hospital Granville Canadian Special Hospital, Ramsgate.

Signed J. A. Edman for Officer in Charge.
Capt., C. A. M. C. A/Registrar.

This return is to be made out in quadruplicate. If discharge is made to the Canadian Casualty Assembly Centre, one copy is to be forwarded to each of the Officers specified 48 hours previous to discharge. If discharge is made to any other Unit, the copies are to be forwarded 24 hours previous to discharge. One copy is to be retained by Hospital for its records.

*For patients admitted to hospitals from "light duty Service" only.

DISCHARGES FROM HOSPITALS.

HOSPITALS.	Patients from Troops serving Overseas from the United Kingdom.	Patients from Troops stationed in the United Kingdom.			
		Admitted from "Light Duty Service."		Other Patients.	
		All Patients.	If fit to resume former "Light Duty."	If not fit to resume former "Light Duty."	If "Fit for Duty."
British Hospitals.	Cannot Discharge.	Discharge to former "Light Duty."	Cannot Discharge.	Discharge to Unit or Reserve Unit.	Cannot Discharge.
Canadian Military Hospitals.	Cannot Discharge.	Discharge to former "Light Duty."	Cannot Discharge.	Discharge to Unit or Reserve Unit.	Cannot Discharge.
Canadian Convalescent Hospitals.	Discharge to Canadian Casualty Assembly Centre.	Discharge to former "Light Duty."	Discharge to Canadian Casualty Assembly Centre.	Discharge to Unit or Reserve Unit.	Discharge to Canadian Casualty Assembly Centre.

This form may be obtained from Officer in Charge of Purchases, Canadians, 14, Gt. Smith Street, London, S.W.

DISCHARGE FROM HOSPITAL

Canadian Casualty Assembly Centre,

Folkestone

Godin, J.

Pte.

61246

S3rd Br.

August

29th

Folkestone

August

29th

P

12.30

Granville Canadian Special Hospital, Ramsgate.

for
A/Registrar.

Capt., C.A.M.C.

DISCHARGE FROM HOSPITAL

This space to be for numbers.

Class 3

Proceedings on Discharge.

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

No. 61246		
Rank	Private	
Name <u>Godin, Louis</u> <small>NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.</small>		
Corps (Squadron, Battery or Company) <u>22nd Battalion C.E.F.</u>		
Date of Discharge <u>January 15th 1917</u>		
Place of Discharge <u>Montreal, P.Q.</u>		
1. DESCRIPTION AT THE TIME OF DISCHARGE.		
Age <u>24</u> years.....months. Height <u>5</u> feet..... <u>6</u> inches. Complexion <u>Fresh</u> Eyes <u>Grey</u> Hair <u>Brown</u> Trade <u>Labourer</u> Intended place of residence } <u>253 St Ambroise Str.,</u> (To be given as fully as } <u>St Henri, Montreal, P.Q.</u> practicable.)	Descriptive Marks <u>Scar left groin due to adenitis</u>	
2. The above-named man is discharged in consequence of <u>Medical Unfitness due to:-</u> <u>Partial paralysis of post interosseous nerve left forearm.</u> <u>H. Q. Authority Dated December 20th 1916. 4. D. 22--G--307.</u>		
<small>N.B.—The cause of discharge must be worded as prescribed in the King's Regulations and be identified with that on the character certificate. If discharged by superior authority, the number and date of the letter to be quoted.</small>		
<small>To be in the handwriting of the Commanding Officer, who will himself make identical entries on the character certificate and initial them.</small>	3. Conduct and character while in the service have been, according to the records, etc. <i>Comments not available. Good in Court-martial Home.</i>	
	<small>N. B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldier and the Officer Commanding his Squadron, Battery or Company:</small>	
4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.) <i>Light work.</i>		

order 24-1-17

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

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

6. Medals and Decorations.....

Four horizontal dashed lines for listing medals and decorations.

To be copied by the Commanding Officer on to the parchment Discharge Certificate.

7. His account is correctly balanced, and signed by the Officer Commanding his Company. (Squadron or Battery), and I have impartially enquired into all matters brought before me in accordance with Regulations.

(Place).....

(Date)..... Commanding

8. Certificate to be signed by the Soldier on Discharge

I hereby acknowledge that I received all my Pay, Allowances and Clothing, and all just demands, up to the present date, subject to the reservations of the claims noted on the third page.

(Place).... Montreal, P.Q. *L. X. Godwin* (Signature of Soldier.)

(Date).... January 15th 1917. *S. K. Seldrup* (Signature of Witness.)

When a soldier is absent through illness or any other cause and it is not desirable to forward these proceedings to him for signature, a manuscript copy should be sent for the man to sign, and when returned, should be attached here.

9. Additional Certificate in the case of a Soldier who takes his discharge on his own request.

I hereby declare that I do of my own free will request to be discharged from His Majesty's Service.

..... (Signature of Soldier.)

10. Statement of Service.

Service toward Engagement to.....(the date to which the Record of Service is completed).....years.....days.

Total 2...years. 54...days.

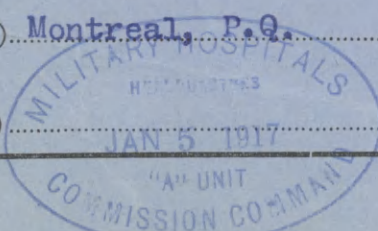
11. Confirmation of Discharge.

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

(Place).... Montreal, P.Q.

(Date).....

(Signature) *G. P. Stally*



Reservations referred to at Para. 8.

(To be signed by the soldier. When there are none, it is to be so stated, and signed by the soldier.)

NO RESERVATIONS.

his mark
L. V Godin
S. R. Wilding
witness

List of Discharge Documents.

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

N. B.—In the case of a man discharged by purchase, the date and number of Deposit Receipt with amount of same is to be noted hereon.

Surname *Godin* Christian Name *Sauve*

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				
<i>Wotton</i>	<i>5.10.16</i>	<i>3</i>	<i>10</i>	<i>15</i>	<i>15</i>	<i>1</i>	<i>16</i>	<i>G.S.W.</i>		<i>G.S.W. of left forearm involvement of median nerve Conf. post. of radius. united</i>	<i>Rhodes</i>
<i>Shorecliffe Hill Hospital</i>		<i>15</i>	<i>1</i>	<i>16</i>	<i>18</i>	<i>1</i>	<i>16</i>	<i>G.S.W. l. forearm</i>	<i>H</i>	<i>Transferred to Granville.</i>	<i>J. Campbell</i>
		<i>17</i>	<i>1</i>	<i>16</i>	<i>29</i>	<i>8</i>	<i>16</i>	<i>SO</i>	<i>226</i>	<i>Trans. to Coac. Folkestone</i>	<i>J. K. Wilson</i>



DISCHARGED.
 under
 Para 392, Sec. 16, K. R. & O. 1912.
 Being no longer physically
 fit for war service.
R. M. Havelton
 for Commandant,
 Canadian Casualty
 Discharge Depot,
 BATH.

J. K. Wilson Capt. C. A. M. C.,
 Registrar, for O.C.,
 Granville Can. Sp. Hosp.,
 Ramsgate.

no card

2/2/16
Overleaf

Medical Report on an Invalid.

Ramsgate.
Station Granville Canadian Special Hospital.

Date 13th August 1916.

- 1. Unit **22nd Batt, 23rd Res. Bn.**
- 2. Regimental No. **61246**
- 3. Rank **Private**
- 4. Name **Godin Louis**
- 5. Age last birthday **24**
- 6. Enlisted } on **23rd October 1914**
} at **Montreal, Canada.**
- 7. Former Trade or Occupation **Laborer.**

8. Disability.

G.S.W. Left forearm.

Statement of Case.

Note.—The answers to the following questions are to be filled in by the Officer in medical charge of the case. In answering them he will carefully discriminate between the man's unsupported statements and evidence recorded in his military and medical documents. He will also carefully distinguish cases entirely due to venereal disease.

- 9. Date of origin of disability. **25th September 1915.**
- 10. Place of origin of disability. **Kemmel, Belgium.**

11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case.

G.S.W. left forearm at about the junction of middle and upper third, 25th September 1915, resulting in Compound fracture of radius in upper 1/3rd and injury to posterior interosseus nerve. Wound was badly infected and didn't heal for months. Had complete wrist drop and loss of extension in fingers and thumb of left hand. Under Galvanism, Massage and postinal treatment, Condition has considerably improved. Wound on forearm has healed and broken down again twice but is at present healed. Elbow was originally ankylosed from posture but is now freely movable.

Medical History Sheet states 15.1.'16. - G.S.W. left forearm involvement of ^{MEDIAN} nerve, compound fracture of radius united.

N.B. Diagnosis changed to involvement of posterior interosseus nerve at this Hospital.

- 12. (a) Give your opinion as to the causation of the disability. **(a.) G.S.W., left forearm**
- (b) If you consider it to have been caused by wounds received or illness contracted (1) in the presence of the enemy (2) on active service, explain the specific conditions to which you attribute it. (See notes on page 3.) **(b.) 1. Yes.
2. Yes. G.S.W. left forearm fracturi radius and injuring the posterior interosseus nerve.**

SPECIAL REPORT ON

Regimental No. 61246	Name Godin Louis Pte.	Battalion 2nd Battn.	Date 14.8. 1916
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DISABILITY

Lack of strength in left hand owing to G.S.W. of left forearm causing sepsis and involvement of posterior interosseous nerve.

PRESENT CONDITION

Much improved - thumb and index finger not yet recovered

PROGNOSIS

Should continue to improve with posture and Galvanism.

(Signed.) **S. Alwyn Smith, D.S.O., Major,**
Surgeon. C.A.M.C.

C.H. 24 20-6-16 2000

1-c Granville C.S.H.

15. Was there any injury?
 If so—(a) When?
 (b) Where?
 (c) Opinion?
No.
16. Was an operation performed? If so, what?
No.
17. If not, was an operation advised and declined?
No.
18. *In case of loss or decay of teeth.* Is the loss of teeth the result of wounds, injury or disease, directly* attributable to active service?
Not applicable
19. Do you recommend
 - (a) Fit for duty? No.
 - (b) Fit for base duty? No.
 - (c) Invalided to Canada? YES.
 - (d) Discharge as permanently unfit? No.

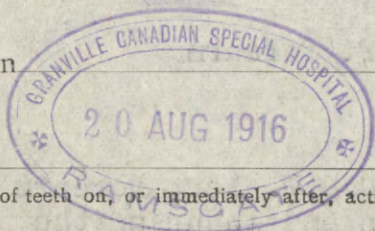
G. Burton Wilkes Capt. C.A.M.C.
 Officer in medical charge of case.

I have satisfied myself of the general accuracy of this report, and concur therewith,

~~except~~

Station _____

Date _____



J. Free
 Major, C.A.M.C.
 For O.C. Granville Canadian
 Officer in charge of Hospital,
 Special Hospital, Amegate.

* Loss of teeth on, or immediately after, active service should be attributed thereto, unless there is evidence that it is due to some other cause.

† Delete this word if no exceptions are to be made.

SPECIFY BELOW ON

13. What is his present condition?

Weight should be given in all cases when it is likely to afford evidence of the progress of the disability.

General health excellent.

Is wearing a long cock-up splint with thumb piece to left hand and wrist, keeping the wrist and fingers extended and the thumb extended and adducted. The condition was paralysis of the left posterior interosseus nerve but there has been partial recovery. Now has fair extension of wrist and middle finger, extension in ring, index and little finger, is progressively worse in order mentioned but present to some extent in all. There is no power of extension in thumb. The deficiency in the index, ring and little fingers may be mechanical. The long extensor of the thumb has atrophied and does not react to Galvanism.

Scars. - both entrance and exit and two small scars of incisions all about the junction of upper and middle thirds of left forearm. All scars are small and healed. Fracture of radius has united in good position.

14. If the disability is an injury, was it caused

- (a) In the presence of the enemy? **Yes.**
- (b) On active service? **Yes.**
- (c) On duty? **Yes.**
- (d) Off duty? **No.**

15. Was a Court of Inquiry held on the injury?

No.

If so—(a) When?

(b) Where?

(c) Opinion?

16. Was an operation performed? If so, what?

No.

17. If not, was an operation advised and declined?

No.

18. In case of loss or decay of teeth. Is the loss of teeth the result of wounds, injury or disease, directly* attributable to active service?

Not applicable

19. Do you recommend

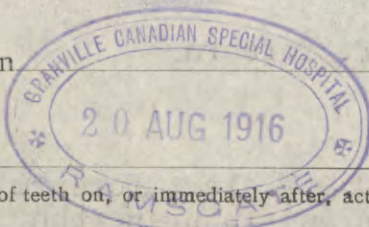
- (a) Fit for duty? **No.**
- (b) Fit for base duty? **No.**
- (c) Invalided to Canada? **YES.**
- (d) Discharge as permanently unfit? **No.**

G. Burton Wilkes, Capt. C.A.M.C.
Officer in medical charge of case.

I have satisfied myself of the general accuracy of this report, and concur therewith,

except

Station



J. Hill Major, C.A.M.C.
For O.C. Granville Canadian
Officer in charge of Hospital,
Special Hospital, Amegate.

Date

* Loss of teeth on, or immediately after, active service should be attributed thereto, unless there is evidence that it is due to some other cause.

† Delete this word if no exceptions are to be made.

Granville 17-1-16 to 29-8-16.
Opinion of the Medical Board.

NOTES—(i.) Clear and decisive answers to the following questions are to be carefully filled in by the Board, as it is essential that the Members of the Pensions and Claims Board should be in possession of the most reliable information to **enable them to decide upon the man's claim to pension.**

(ii.) Expressions such as "may," "might," "probably," &c., should be avoided.

(iii.) The rates of pensions vary according to whether the disability is attributed to wounds or injuries received or illness contracted, (1) in the presence of the enemy, (2) on active service. It is therefore essential when assigning the cause of the disability to differentiate between them (see Articles 641 to 648 of the Canadian Pay and Allowance Regulations).

(iv.) In answering question 20 the Board should be careful to discriminate between disease resulting from military conditions and disease to which the soldier would have been equally liable in civil life.

20. (a) State whether the disability is the result of injuries received or illness contracted, (1) in the presence of the enemy, (2) on active service.

a1 **Yes**

a2 **Yes.**

(b) If due to one of these causes, to what specific conditions do the Board attribute it?

G.S.W.

21. Has the disability been caused or aggravated by

(a) Intemperance? **no**

(b) Misconduct? **no**

22. Is the disability permanent? **Impossible to say.**

23. If not permanent, what is its probable minimum duration?

not applicable.

To be stated in months.

24. To what extent is his capacity for earning a full livelihood in the general labour market lessened at present?

1/4 for 6 months may reduce.

In defining the extent of his inability to earn a livelihood, estimate it at $\frac{1}{4}$, $\frac{1}{2}$, $\frac{3}{4}$, or total incapacity.

25. If an operation was advised and declined, was the refusal unreasonable?

not applicable.

26. Do the Board recommend

(a) Fit for duty? **no**

(b) Fit for base duty? **no**

(c) Invalided to Canada? **no**

(d) Discharge as permanently unfit? **YES**

B

27. Remarks.

We recommend further electrical treatment.

Signatures:—

APPROVED
CAPTAIN C. A. M. C. FOR D. OF R. & O. FOR
BRIGADIER GENERAL
CANADIAN TRAINING DIVISION
COMMANDING

R.M.H. Ferguson President.

SHORNCLIFFE—
(19, Westbourne Gardens, Folkestone.)

J.P. Drury capt Members.

Station _____
Date 2 - SEP 1916

Approved.

Station *Shorncliffe*

D.F. McIntyre

Administrative Medical Officer.

Date 2 SEP 1916

CAPT.
FOR A.D.M.S. CANADIANS, SHORNCLIFFE.

PENSIONS AND CLAIMS BOARD, Canadian Expeditionary Force, assembled at
Prior Park, Bath, England, on the _____ day of _____ 191

Members of Board.

Proceedings.

The Board having considered the evidence of the man marginally noted, and the
documents submitted, hereto attached, which form part of these Presents, marked

Signed at Prior Park, Bath, this _____ day

of _____, 191 .

President.

Secretary