

BATN, 5-1-17
BAIN, 5-1-17
KOLL

ATTESTATION PAPER.

No. 273977

216TH OVERSEAS BN., C.E.F.

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- 1. What is your surname?..... *Gonalski*
- 1a. What are your Christian names?..... *John*
- 1b. What is your present address?..... *Smithville*
- 2. In what Town, Township or Parish, and in what Country were you born?..... *Pickys Wiesz Russian*
- 3. What is the name of your next-of kin?..... *Vangelious Gonalski*
- 4. What is the address of your next-of-kin?..... *Pickys Wiesz Russia*
- 4a. What is the relationship of your next-of-kin?..... *Father*
- 5. What is the date of your birth?..... *Dec 23 1885*
- 6. What is your Trade or Calling?..... *Labourer*
- 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?.. *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*

TRANS FROM 216th
C. E. F.
BAIN, 5-1-17

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *John Gonalski*, do solemnly declare that the above are answers made by me to the above questions and that they are true, and that I am willing to fulfil the engagements by me now made, and I hereby engage and agree to serve in the Canadian Over-Seas Expeditionary Force, and to be attached to any arm of the service therein, for the term of one year, or during the war now existing between Great Britain and Germany should that war last longer than one year, and for six months after the termination of that war provided His Majesty should so long require my services, or until legally discharged.

Date *Dec 15* 1916 *Gonalski* (Signature of Recruit)
B. Draysey (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

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

Date *Dec 18* 1916: *John Gonalski* (Signature of Recruit)
[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 *Grumby* this *18* day of *Dec.* 1916:
[Signature] (Signature of Justice)

Trans noted
24-7-17. J. D. [Signature]

Description of John Gomaszki on Enlistment.

Apparent Age 31 years 2 months.
 (To be determined according to the instructions given in the Regulations for Army Medical Services.)

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

Height 5 ft. 3 ins.

Chest measurement { Girth when fully expanded 38 ins.
 Range of expansion 4 ins.

Complexion Dark

Eyes Brown

Hair Dark Brown

Religious denominations.
 Church of England.....
 Presbyterian.....
 Methodist.....
 Baptist or Congregationalist.....
 Roman Catholic X.....
 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 Dec 15 1916

Place Greenly

D. B. Leary, M.D. Can
 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.

John Gomaszki 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.

R. J. Blaney Major (Signature of Officer)

Date Dec 20 1916

for Lt. Col.
 216th O.S. Battalion, C.E.F.
 "BANTAMS"

S

~~11725-6-18~~ ~~29-7-18~~

DISCHARGE DOCUMENTS

R. O. No. **H**
H. Q. No.

- Proceedings of Court of Inquiry or on men reported Missing on Active Service.....
- Attestation Papers..... *4*
- Declaration of change of name.....
- Authority for special enlistments.....
- Documents of re-enlisted men.....
- Regimental Conduct Sheet..... *1*
- Compulsory Stoppages.....
- Casualty Forms..... *1*
- Proceedings on discharge..... *2*
- Corps History Sheet.....
- Date and No. of Deposit Receipt for Purchase Money and Amount.....
- Parchment Certificate.....
- Medical Report for Invalids.....
- Medical History Sheet.....
- Proceedings of Regt. Court Martial.....
- Copies of Convictions by Civil Power.....
- Company Conduct Sheet..... *1*
- Clothing Transfer Certificate.....
- Inventory of Kit.....
- Last Pay Certificate..... *1*

RECORDS CENTRAL

M

Name *Gomabski JOHN*

Regt. No. *273977* Rank *Pfc.*

Corps *216th Bn.*

Med Unfit.

10753

- Index Card.....
- Casualty Card..... *X*
- Non-Effective Card.....
- Part II Order Card..... */*
- Change of Address Card.....
- Honour & Award Card.....

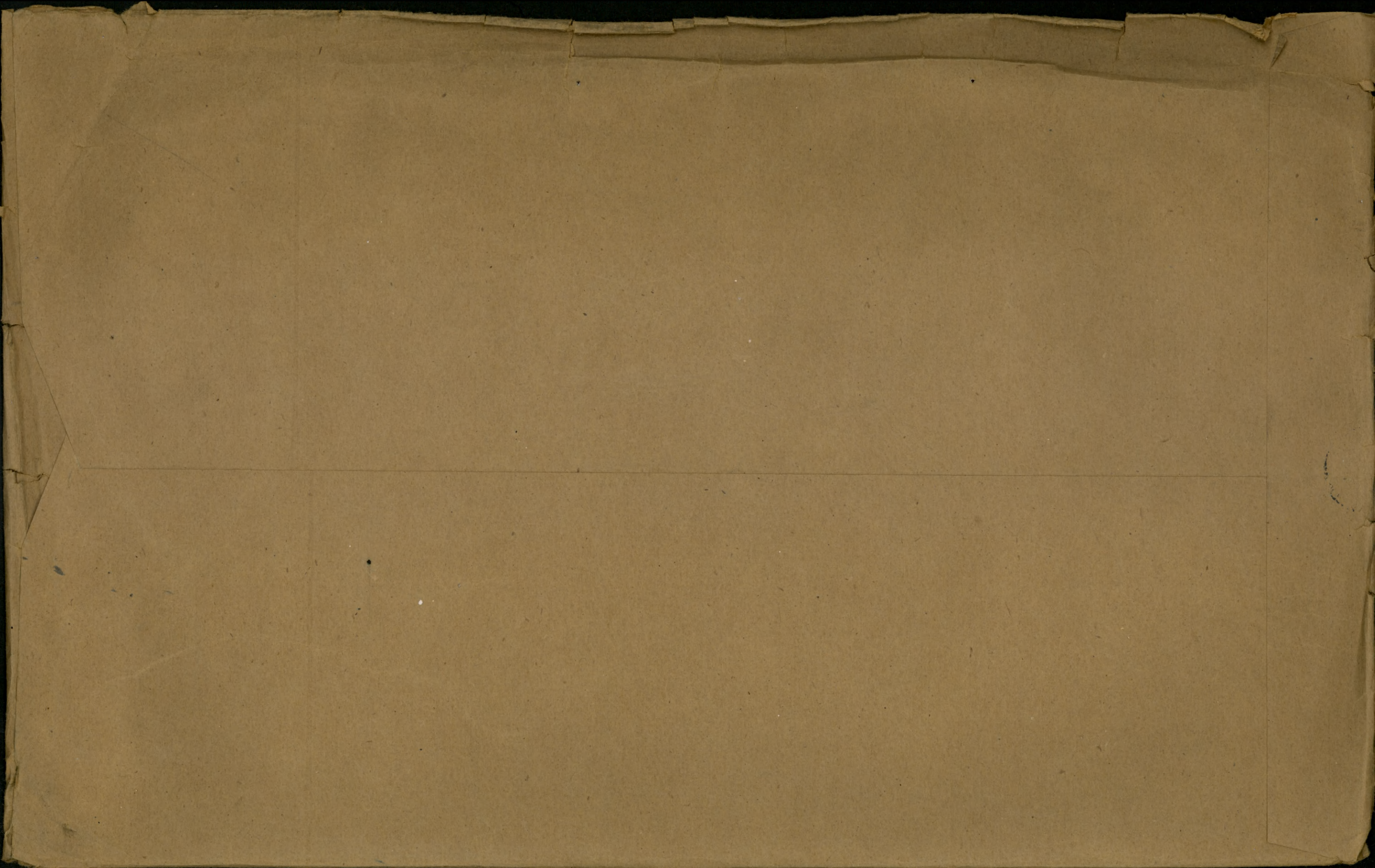
H

6-22
23-23-
27-24

1

405548

m7W192-1
a 7B-122-1
m3W.67-1
Photo wall
one pay card



Form Only.—Unit, Number, Rank and Name.

256th (O.S.) RAILWAY CONSTRUCTION BN. C.E.F.

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

Casualty Form—Active Service.

250M.—1-16.

H. Q. 1772-39-920.

Unit, Regiment or Corps **216TH OVERSEAS BN., C.E.F.**

Regimental No. 273977 Rank Cte. Name Gomalski, John

Enlisted (a) Dec. 18/16 Terms of Service (a) 2 1/2 Service reckons from (a) Dec. 18/16

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) Labourer

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				
		256th (O.S.) RAILWAY CONSTRUCTION BN. C.E.F. Embarked Halifax		26.3.17	
		Disembarked Liverpool		7.4.17	
5/6/17	10 th Bn CRT	Sof S 256 th Jond 10 th Bn CRT	Pamphlet	31/5/17	PT # DO 156
5/6/17	10 th Bn CRT	Sof S D. CRT Dept	Pamphlet	5/6/17	PT # DO 156 At 25 th ay lort for 10 th Bn CRT
5/6/17	CRT D	S. O. S. Depot	Pamphlet	5/6/17	PT # DO NO 145.
1/8/17	CRT Depot	On command DC DO Burton	Pamphlet	1/8/17	PT # DO. N 202 Indragh Nily H.

(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				
2 AUG 1917		TAKEN ON STRENGTH C.D.D, BUXTON	PL. 11 ORDER No. 181		<i>W.A. Sedgwick</i> Lt. Col. Canadian Discharge Depot.
26 AUG 1917		EMBARKED FOR CANADA FROM LIVERPOOL			<i>W.A. Sedgwick</i> Lt. Col. Canadian Discharge Depot.
APR 18 1918		T: O: S. District Depot No. 4	AUTHY. PT. H.D. O. No. 1		<i>W.A. Sedgwick</i> Lt. Col. Canadian Discharge Depot.
		June 30th. 1918			Discharged to Invalid Soldier's Commission. MD422-G-897 Cat. "E" Med. Unfit. P.C. 433 of Feb. 22nd. 1918.
					<i>W.A. Sedgwick</i> Lieutenant, Officer in Charge Discharge Section, District Depot No. 4

MX 23-5-21

J.P. Rank **Name** GOMABSKI, John **Reg'l No.** 273977.
 Unit 256th Bn. **If in perm. Corps, What Unit?** **Married or Single** Single.
Place and Date of Enlistment Grimsby. 18th Dec. 1916. **Place of Birth** Piekysz. Wiez. Russia
Name and Address, Next-of-Kin Vongelious Gomabski.
Piekysz. Wiez. Russia. **Relationship** Father.
Assigned Pay Monthly \$ **Payable to**

Separation Allowance \$ **Payable to** **Relationship**
Relationship

N/E. R.B. No. 784.
File R.L.
Category O. P. Card

Discharge, Date and Place **Reason** **Character**
 H. W. & V., Ltd.—9546-16.

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS Taken from Official Documents.
Date.	From whom received.				
ARRIVED IN ENGLAND 7 4 17 S. S. MISSANABIE.					
31-5-14	256th Bn	Now known as 10th BRT	Pufffleet.	31-5-14	Rt E 100 151 A.
5-6-14	10th BRT	Transferred to BRT Depot	Pufffleet.	5-6-14	Rt E 100 156. <i>BRT Depot 145 2/5/14</i>
1-8-14	Depot BRT	On command to C.D.D. Boston	do	1-8-14	203.
30-8-14	" "	pending discharge to Canada leases on command to SOS BRT 10 on emb to Canada <i>for Dis: para 392 Sec 25 R.R.O. and 1944 Sec 25 R.R.O.</i>	Pufffleet.	30-8-14	231.
	Dis Depot	To Cont. Home	M. D. 264 Toronto	9-9-14	N.P. 345 Toronto Ont
	Dis Depot	Finally Discharged	Quebec	Missin	NIP No 346

805 30-6-18 in 104 m. U.

not on deceased
rolls

649-G-10308

✓ Spē ✓ ✓
273977 Pte. J. GOMABASKI, C.R.I.

Medals &
Dec.

S.P.R.
53954

P. & S.

Russian Estate.

Mem. Cross.

England only.
W. C. B. W. m.

1000

Em
vnt

Number 273977

Rank spw B

Surname GOMABSKI

Christian Name John

Units 100th Rly Gp Theatre of War England

Date of Service 7-4-17

(D)

Remarks (D) 30 3/21 Russian State

Latest Address Cleveland

Ohio usa

Roll No. A Page 3100



No. 293977

RANK

Pte.

NAME

Gomabski J.

T. O. S. 18-12-16

UNIT

216th Battalion

D.O. 233 - 19-12-16

M. D. 2

			PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
PAID FROM	PAID TO	SIG. OR REC'T	PARTICULARS	AUTHORITY
1916 Dec. 18	1916 Dec. 31	✓		
1917 Jan.	1917 Feb. 14	✓	Trans. to 206 th Bu. $\frac{14}{76}$	(D.O. 38 of 14-2-17)
Feb. 14		N.		



*Name **Gomabski J.** Rank **Pte.** Regtl. No. **273977**
 Original unit **216th.** Present unit Fyle Depot **G-69**
 M. or S^x **S^x** Age **33** Religion **RC.** Ref. H.Q.
 Port, ship, and date of arrival **Halifax 9-9-17**
 Next of kin
 Address on leave
 Address on discharge
 Transportation issued Yes No Date Character on discharge
 Previous occupation **Labourer** Date and place of enlistment
 Diagnosis **Mental** Date of Medical Boards

Date.	Remarks.	Pt. 2 Order No.
NOV2-17	Admitted to LONGUEPOINTE Asylum.No.5 HOSP.	
18-4-18	T.O.S.Hosp sect.AUTH .D.O.Part 2	1-15
1-7-18	Trans. from Hosp. Sec. to Discharge Sec.	
18-7-18.	S.O.S. Discharged. Medically. Unfit. Cat"E". 30-6-18.	85-p-1

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

(over)

DISCHARGED

Date.

Remarks.

Pt. 2 Order No.

Discharged to the Invalided Soldiers Commission

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..... *256th (O.S.) RAILWAY CONSTRUCTION BN C.E.F.*

(2) Regimental Number *273. 977.*

(3) Full Name of Soldier..... *Gomalski, John*

(4) Place of Birth..... *Smishville, Tichy, Wey, Russia.*

(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?

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

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

Also their names and ages.....

ORIGINAL

(9) Is your Father alive? *Yes, Longelious Gomalski*
If so, state name and address *Pichy, Wey, Russia.*

(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.

Date..... *13/3/17*

W. W. Connell
.....
Officer Commanding.

Gottembuckki

MEDICAL HISTORY SHEET

DUPLICATE

Surname Gottembuckki

Christian Name Joseph

Examined { on 15 day of Dec 1916
at Grimsby

Approved by W B Gessner, M.D.

Birthplace { City or Town Petrygoth
County Russa

Rank _____ M.O.

Apparent age 31

Trade or occupation Labourer

M.O.

Height 5 feet 3 Inches

M.O.

Weight 145 lbs.

M.O.

Chest measurement { Minimum 34 inches

M.O.

{ Maximum expansion 4 inches

M.O.

Physical development good

M.O.

Small-pox Marks none

M.O.

Vaccination Marks { Arm Right Left

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT

Number _____

Date	Result	VACCINATIONS

When Vaccinated last _____

M.O.

(a) Marks indicating congenital peculiarities or previous disease none

M.O.

(b) Slight defects but not sufficient to cause rejection none

M.O.

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>11/3/17</u>		

Enlisted on 18 day of December 1916 at Toronto

	CORPS	REG'L NUMBER	HABITS	DATE
Joined on enlistment	<u>216th Bn</u>	<u>273977</u>		<u>18/12/16</u>
Transferred to	<u>256th O.L. Bn</u>	<u>273977</u>		<u>20/2/17</u>

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.

no card

CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

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

Regimental No. 273977 Rank Pte Name GOMABSKI J.

Corps. 216th. Bn. who was* Discharged

On 30-6-18 191... to Invalid Soldiers Commission

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from 1-6-18 191...
to 30-6-18 191..., the inclusive date of transfer or discharge.

Dr.	\$	c.	Cr.	\$	c.
Bal. Dr. from prev. month.....			Bal. Cr. from prev. month.....	341.80	
Advances by } No.....			Reg'tl Pay <u>30</u> days at \$ <u>1.00</u>	30.00	
Cheques } No.....			Field Allow. <u>30</u> days at \$ <u>.10</u>	3.00	
Assigned Pay and Sep'n Allce. No.....			Separation Allowances* (Monthly).....		
Other charges.....			Other Allowances* <u>Civ. Clothig</u>	35.00	
Payment on transfer or discharge No.....			Other Credits*.....		
Balance Cr. (to be paid by the new unit).....	409.80		Bal. Dr. (to be deducted by new unit).....		
Total.....	409.80		Total.....	409.80	

* Give particulars.

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

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

On Transfer of an Officer

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

REMARKS:—

- State (1) date of enlistment 15-12-16
 (2) if married and if a Separation Allowance Card has been submitted.....
 (3) cause of discharge..... authority M.D.No.4. 22-G-897
 (4) authority for transfer.....

NOTE.—Separation Allowance and Assigned pay Card and Index Card (M. F. W. 71) are to accompany the original Last Pay Certificate on transfer.

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

Date..... June 28th., 1918.....

Place..... Montreal, Que......

A. MacDuff
A. MacDuff *Quint*
 Paymaster, District Depot No. 4,
 Military District No. 4.
 Paymaster.

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

For purposes of discharge it is to be made out in triplicate. Original copy to accompany discharge papers; duplicate to accompany pay-list at the end of the month, and triplicate for retention as a record.

If a man on discharge is entitled to three months' Post Discharge Pay, Last Pay certificate will be made out in quadruplicate. The original Last Pay Certificate will be forwarded with other documents to Paymaster Post Discharge Pay and triplicate, with his discharge documents.

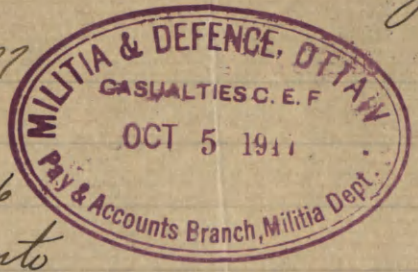
Pte. Name *Gonabbeski J.*

M. F. W. 41
1 0M 4746 P. C. No.
1772-30 889.
1271

Regimental No. *273977*

Home
Name and address of next-of-kin *Gen. Del. G.P.O.
Montreal*

Unit *256 Ba.*



Date of enlistment *16-12-16*

MB 18-9-17 Com. Home

Place of " *Toronto*

Married (yes or no) *No*

Date and place discharged

Amount of pay assigned monthly \$ *Nil £*

Reason for discharge

To whom payable

Character on discharge

Barmaning 9-9-17

Class 11. B.L.

Job 5351—M. & D. 6880.

Date		PAY		Field Allowance		Other Credits	Total Credits	Voucher		Cash Payments	Assigned Pay	Other Charges	Total Debits	Remarks, Casualties, etc.
From	To	No. of Days	Rate	Amount	No. of Days			Rate	Amount					
	<i>3-8-17</i>						<i>7104</i>							<i>Eng L.P.C.</i>
<i>4-8-17</i>	<i>30-9-17</i>	<i>58</i>	<i>100</i>	<i>58.00</i>	<i>58</i>	<i>10</i>	<i>580</i>						<i>13484</i>	<i>AR. 7234</i>
														<i>7601</i>
														<i>x Boat</i>
														<i>x D.O. 2ue.</i>
														<i>5565</i>
														<i>13484</i>
														<i>off to "A" unit for 1-10-17 with br Bal</i>

Exp.

No 273977 RANK Plt:

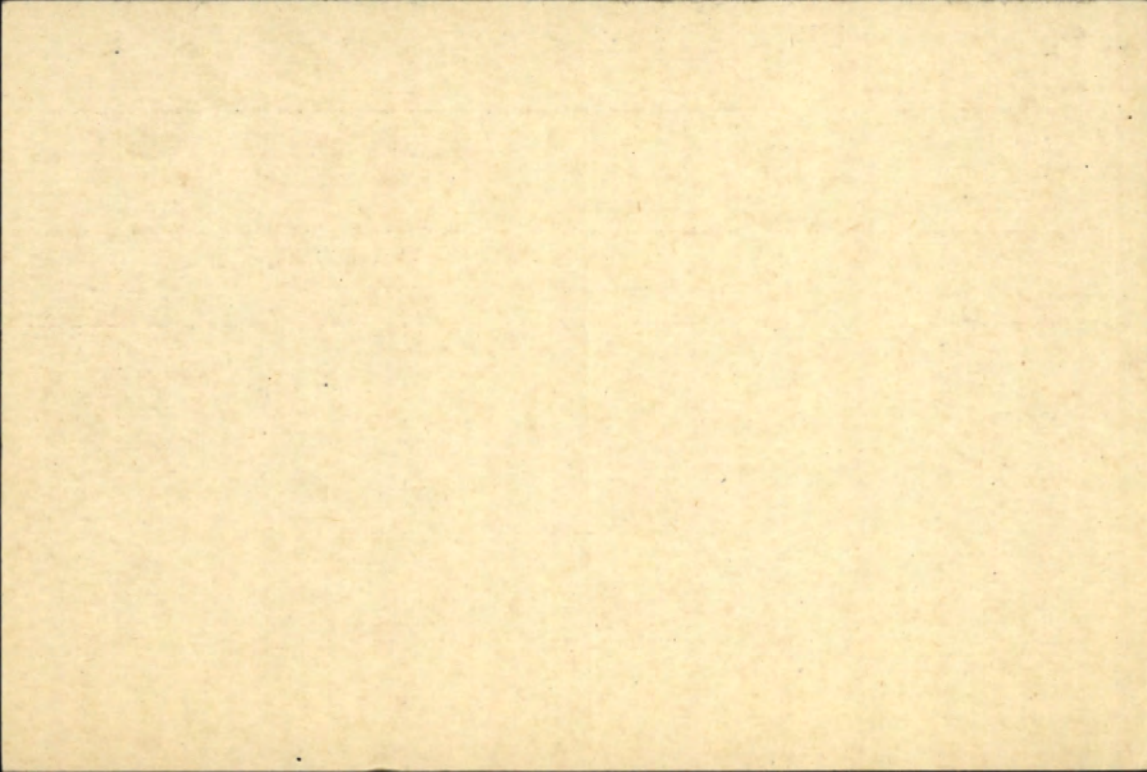
NAME

Gomabshi J.

T. O. S. transferred from UNIT 256th Ply. Construction Bn.
 216th Bn. 4-2-17
 (006293-3-17)

M. D. 2

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1917 Feb. 15	1917 Mar. 31	✓		



No. 273977

RANK

Pte

NAME

Gomalheskie J.

T. O. S.

UNIT

4th District Depot.

M. D.

1.

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1918 ap. 18.	1918 ap. 30.	M.		



of T. B. and det. of 2-4-21. 649-4.10308

CARD NO.
 508 Dec 30-6-18
 M. U. FOLL.
 Ft. T. 85 7/2/18

20/12

SURNAME. *Gomabski,*

CHRISTIAN NAMES

John.
Pte.

REGL. NO. *273977*

RANK

UNIT *216th. 206th.*

#4 DD.

Am.

FORMER CORPS *Nil.*

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL *Gomabski, Vunglious.*

RELATIONSHIP TO SOLDIER *Father.*

ADDRESS *Pickryk, Wiesy, Russia.*

COUNTRY OF BIRTH *Russia Pickryk, Wiesy.* DATE *Dec. 20th, 1915.*

PLACE OF ATTESTATION *Grimsby, Ont.* DATE *Dec. 18th, 1916.*

Trans. from 216th to 206th Am. Auth. 206th A. of 2-4-17.

~~From Halifax P.M.S.~~ "Missanabie" 28/3/17

MARRIED

SINGLE

Yes

WIDOWER

TRADE OR CALLING

Lahurer.

RELIGION

Roman Catholic.

DESCRIPTION.

APPARENT AGE

31.

YEARS

MONTHS

HEIGHT

5.

FEET

3.

INCHES

CHEST MEASUREMENT

38.

INCHES

EXPANSION

4.

INCHES

COMPLEXION

Dark.

EYES

Brown.

HAIR

Light Brown.

DISTINGUISHING MARKS

Not stated.

MEDICAL EXAMINATION.

PLACE

Spimsby Ont.

DATE

Dec. 15th, 1916.

Present Address.

Smithville, Ont.

Returned to "Armania"

26-8-17.

(Auto P. 347.)

File No. 7129-T-3

WAR SERVICE GRATUITY.

Register No. 41743

Nov. 22-4-20

Reg. No. 278977

Dependent _____

Name Gombaski, T.

Address _____

Address _____

Ch drawn in favor of Dept. of S. C. R., Ottawa, 10 Feb 20.

Pay Soldier \$ 350.00

Pay Dependent \$ _____

*L. W. Blinck
S. P. Ullrich*

Days 153 Rate 70 Due 350.00

Less P.D.P. credited _____

Clerk M. J. Linn

Less further Dr. Bal. or overpayment. _____

Net 350.00

*R 11/13
14-5-20*

Date	Ck. Order	Ck. No.	Amount	Remarks	Date	Ck. Order	Ck. No.	Amount
1 ⁵ / ₁₂ 20	56850	1817972	350.00		1			
2					2			
3					3			
4					4			
5					5			
6			350.00		6			

GEN'L AUDITOR
 Posting checked by
W. J. Linn
 Date *11/13/20*

*R. J. Linn
22/20*

POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

ml

Name *Gombalbeski, G.T.*
Gombaski
Surname Christian Name

Regimental Number *273977* Rank *Pte*

Address (in full)

Unit

Original Unit

District where paid

Date of Discharge

P. D. P. Filing Number

Rates:—Regimental pay \$ _____ per diem; Field Allowance \$ _____ per diem. Separation Allowance \$ _____ per month.

L.L. 53961—M. & D. 9721

Total Credits 91 days	FIRST PAYMENT			SECOND PAYMENT			FINAL PAYMENT			Balance Overpayments 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		

M. F. W. 127
 300M-1-19
 1772-39-1140

Remarks: *No record of P.D.P.*

E
Jm

7872

M
15/12/18
CWB

This space to be for numbers

Proceedings on Discharge.

(When forwarded for confirmation these proceedings should be accompanied by the documents specified on fourth page). *BB 209682*

No.	273977	<div style="border: 1px solid red; padding: 5px; display: inline-block;"> MILITARY DISTRICT NO. 4 JUL 13 1918 M. D. 4 </div>
Rank	Private	
Surname	Gombaski <i>Gomabski</i>	
Christian Name	John	
NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.		
Corps (Squadron, Battery or Company)	215th Bn	
Date of Discharge	30th June 1918	
Place of Discharge	Montreal Quebec	
1. DESCRIPTION AT THE TIME OF DISCHARGE.		
Age	32 years 6 months.	Descriptive Marks Mole Lt cheek
Height	5 feet 5 inches.	
Complexion	Dark	
Eyes	grey	
Hair	brown	
Trade	wire drawer	
Intended place of residence (To be given as fully as practicable.)	Russia, (father) Cleveland, Ohio. U.S.A.	
2. The above-named man is discharged in consequence of		
Discharged to Invalid Soldiers Commission. MD4-22-G-897 P.C.433 of February 22nd 1918 Medically Unfit. <i>Cat. F</i>		
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.		
To be in the hand writing of the Commanding Officer, who will himself make identical entries on the character certificate and initial them.	3. Conduct and character while in the service have been, according to the records, etc.	
	<i>(Mental base) ————— Good —————</i>	
	N.B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldiers and the Officer Commanding his Squadron, Battery or Company.	
4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)		
Wire drawer		

M. F. B. 218.

100M.—1-17.
H. Q. 1772-39-113.

(OVER)

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.....

Service in England
26-3-17 to 26-8-17

Empty box 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) Montreal Quebec

(Date) June 30th 1918

R. J. Lee
Lieutenant,
Commanding Discharge Section, District Depot No. 4.

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 Quebec *J. Galemliewsky* (Signature of Soldier.)

(Date) June 30th 1918 *L. des Trois Rivières Lieut.* (Signature of Witness.)

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

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

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

..... (Signature of Soldier.)

10. Statement of Service.

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

Total.....years.....days.

11. Confirmation of Discharge.

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

(Place) Montreal Quebec

(Date) June 30th 1918

L. R. Lee
Lieut.-Col.
Commanding District Depot No. 4.
(Signature)

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.)

None

J. Golembiewsky

List of Discharge Documents.

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

(Medical Officers will please read this Form carefully before using it. See instructions, page 4.)

FORM TO BE USED FOR WARRANT OFFICERS, N.C.O'S AND MEN
MEDICAL HISTORY OF AN INVALID

STATION Montreal, Que. DATE 17 April 1918

1. (a) Unit 216th Battn. (b) Regimental No. 273977 (c) Rank Pte.

(d) Surname Gomabski, (e) Christian name J.

2. Age last birthday 33 Date of birth Dec. 1885

3. Enlisted at on

4. Personal description :—

(a) Height 5 ft 5 ins (b) Weight 135 lbs (c) Complexion dark

(d) Colour of hair Brown (e) Colour of eyes Grey (f) Identification marks

Mole left cheek, right chin.

5. Address after discharge (for the use of the Board of Pension Commissioners)

Cleveland, Ohio.

6. Former trade or occupation Wire drawer.

7. (a) Service	Years	Days
	not available.	

	PERIODS	
	From	To
	do.	

(b) Has he been overseas? YES

8. Present disease or disability (use authorized nomenclature if possible)

Dementia Praecox, #165-XV

(a) Date of origin not available (b) Place of origin not available.

(c) Cause* do.

*(Here include original disease or injury)

If further space is needed for this or other answer, use page 4

9. Present condition. (Important to be a full description of the present disabling condition or conditions).

General Physical condition good.

Disorientation as to time, place, person.

Hallucinations of hearing.

[After describing all abnormalities, anatomical and functional, contributing to present incapacity (see section 11) state whether such incapacity is directly due to (a) weakness, (b) loss (complete or partial) of an organ or member or of its functions, or (c) to the necessity for rest of the body or of some of its parts.]

10. History :

Here give a description of wounds, scars, deformities, and signs and symptoms of abnormal conditions present and not included in answer 8. This section cannot be completed without stripping the soldier and subjecting him to a thorough physical examination.

not available.

11. What is the extent (state in percentages) of the disability in earning a livelihood in the untrained labour market? If there is more than one disabling condition, estimate the disability, due to each, and that due to all combined.

12. Did the disability arise on or off duty? On duty

13. Was a Court of Inquiry held? No.

14. If the disabling condition had its origin before enlistment, has it been aggravated on service? Not appl.

If the answer is in the affirmative, state in percentages, to what extent the soldier is incapacitated by that aggravation.

15. Was the disability caused or aggravated by negligence, by vice or by misconduct, or by unreasonable refusal to accept treatment? 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.)

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

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

St-Jean de Dieu Hospital for the Insane, Montreal, 2-11-17

18. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit?

Yes

19. Can the former trade or occupation be resumed? No.

20. Recommendations

Asylum treatment.

A. E. DeLuca

Medical Officer by whom the case is brought forward.

STATEMENT OF THE SOLDIER.

(Sections 8, 9 and 10 are to be read to the soldier.)

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

MG.

(Insane)

Signature of soldier examined.

OPINION OF THE MEDICAL BOARD

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

CONCUR

22. Is the soldier 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).

23. It is certified that the soldier

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

Asylum treatment.

- (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).

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

Discharge to Invalid Soldiers' Commission.

A. S. Mussey Capt. President

H. B. [unclear] Capt. [unclear] Members.

STATION..... Montreal, Que.....

DATE..... 17th April 1918.....

APPROVED BY

Discharge [unclear]
O. G. 433
[Signature]
Assistant Director of Medical Services.

DATE.....

APPROVED BY

DATE.....

Director-General of Medical Services.

HEH

Part No 4089

Class II D

Gomabski, John
Gen. Del. G.P.O.
Montreal, P.C.

No. of
M. H.C. File

No. of
Local File

No. of
H. Q. File

No. **273977** Rank **Pte.** Original Unit **216th** Present Unit **CRT.**
 Age **32** Height **5 ft. 3 ins.** Complexion **Dark** Eyes **Brown** Hair **DBrown** Character **NR**
 Date of enlistment **19-12-16** Where enlisted **Toronto** Where seen service **England**
 Ship returned by **Carmania** Date of arrival **9-9-17** Port of arrival **Hfx.**
 Birthplace **Russian Poland** Religion **R.C.**
 Name and address next of kin **Father, V. Gomabski, Piekryk, Wiesy, Russian Poland.**
 Notification of return to be sent to

Cause of disability **Mental deficiency.**

Condition which prevents the soldier from earning a full livelihood

This man is physically fit. He will not answer questions readily. To all questions he answers "I don't know". He should be observed to determine his sanity.

Degree of incapacity (Please state in fractions) Eng. Board ----- Canadian Board **1/2**

Probable duration of incapacity **Permanent**

Recommendation of Canadian Board **Convalescent Home**

Destination to which transportation issued **Montreal, P.C.**

Members of Board **K.O. CAIRNS C PT. A. HAIG CAPT. F.J. COUGHLIN LIEUT.**

INFORMATION TO BE FURNISHED BY SOLDIER **M. CARRICK MAJOR**

DEPENDENTS	NAME	AGE	WHERE—IF EMPLOYED	WAGES	STATE OF HEALTH
Wife					
Children 1					
2					
3					
4					
5					

Occupation prior to enlistment **Labourer**

Regular trade or profession **do**

Average earnings previous to enlistment Any other income

Name and address of last employer **2.25 a day
City of Montreal.**

Rent per month - If purchasing property amount due and annual payment, \$ - \$

Taxes - If Homestead, when is patent due?

If carrying life or accident insurance, annual premium

If in receipt of sick benefits or other insurance—name of society Amt. per mo. \$

If unable to follow previous occupation, name preference

At what age soldier left school? What grade, standard, &c., was he in?

Has he taken any Technical or Continuation classes, if so what?

Whether given Vocational Training while in Hospital in England. If so, what subjects?

References **Last employers**

Witness **E.M. McNaughton** I declare that the above statement is correct.

Date **October 11 1917** Signature **J. Gomabski**

Recommendation by interviewer as to classes likely to be of use, and general remarks:

Last Pay Cert. Cr., \$ Dr., \$ Amount paid at Depot H.Q., \$ L. P. C. leaving Depot, \$

Amount forwarded to H. Q. Unit, \$ Credit Clothing allowances, \$

Transf'd to Unit—Date Transf'd Class 1—Date Transf'd Class 3—Date

PENSION—Class—Amount per year, \$—Period granted for—Dating from—

First payment date—

CLASS 3—Men benefited by further medical treatment (aggravated by service) and by the Pensions Board with a view to their return to their own homes and families for a definite period.

CLASS 2—Men whose condition may be benefited by further medical treatment or rest in a Convalescent Home, Hospital or Sanatorium. If deemed advisable, in some cases the medical officer in charge of the Convalescent Home, Hospital or Sanatorium may grant these men leave to return to their own homes and families for a definite period.

CLASS 1—Men for immediate discharge without a pension. (a) Unit for overseas service but capable of taking up their previous civilian occupation. (b) Disability not the result of service or involving claim as the result of or aggravation by service.

Notation of rank to be shown
 Name and address next of kin
 Residence
 Date of arrival
 Part of arrival
 Where enlisted
 What service
 Original Unit
 Present Unit

Condition which prevents the soldier from earning a full pension
 Cause of disability
 Degree of incapacity
 Probable duration of incapacity
 Recommendation of Canadian Board
 Destination to which transportation is made
 Members of Board

INFORMATION TO BE FURNISHED BY SOLDIER
 Canadian Board

DIFFERENTS	NAME	AGE	RELATION TO EMPLOYED	WOMEN	STATUS OF HEALTH
Wife					
Children					
1					
2					
3					
4					
5					

Occupation prior to enlistment
 Regular trade or profession
 Average earnings previous to enlistment
 Name and address of last employer
 Net per month
 If purchasing property, amount due and annual payments
 Taxes
 If carrying life or accident insurance, annual premium
 If in receipt of sick benefits or other insurance—name of society
 If unable to follow previous occupation, name profession
 At what age soldier left school?
 What grade standard, etc. was he in?
 Has he taken any Technical or Continuation classes, if so what?
 Whether given Vocational Training while in Hospital in England, if so what subject?
 Holderness
 Witness
 Date
 I declare that the above statement is correct
 Signature
 Station
 Date
 Period granted for
 Amount per year, \$
 Travel'd Class 1—Date
 Travel'd Class 2—Date
 Amount forwarded to H. Q. per \$
 Credit Owing allowances \$
 Last Pay Cert. \$
 Dr. \$
 Amount paid at Depot H.Q. \$
 E. F. G. leaving Depot \$

Vertical text on the right edge of the page, likely bleed-through or a separate column of information.