

2431

Jan 25 1916
OK S. [unclear]

ATTESTATION PAPER.

109th OVERSEAS BATTALION, C. E. F.

No. 725192

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

Folio. ORIGINAL

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

- 1. What is your surname? *Goodayle*
- 1a. What are your Christian names? *Harry*
- 1b. What is your present address? *535 Dufferin St. Toronto*
- 2. In what Town, Township or Parish, and in what Country were you born? *London England*
- 3. What is the name of your next-of-kin? *Harry Goodayle*
- 4. What is the address of your next-of-kin? *535 Dufferin St. Toronto*
- 4a. What is the relationship of your next-of-kin? *Father Canada*
- 5. What is the date of your birth? *Oct 14th 1897*
- 6. What is your Trade or Calling? *Labourer*
- 7. Are you married? *No*
- 8. Are you willing to be vaccinated or re-vaccinated and inoculated? *Yes*
- 9. Do you now belong to the Active Militia? *No*
- 10. Have you ever served in any Military Force? *No*
If so, state particulars of former service.
- 11. Do you understand the nature and terms of your engagement? *Yes*
- 12. Are you willing to be attested to serve in the CANADIAN OVER-SEAS EXPEDITIONARY FORCE? *Yes*

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *Harry Goodayle*, 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.

H. Goodayle (Signature of Recruit)

Date *Jan 25th 1916* *W. J. Downey Jr.* (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *Harry Goodayle*, 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.

H. Goodayle (Signature of Recruit)

Date *Jan 25th 1916* *W. J. Downey Jr.* (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 *London* this *25th* day of *January* 1916.

W. J. Downey Jr. (Signature of Justice)

6
700

Description of Harry Goodayle on Enlistment:

Apparent Age... 18 years... 4 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. 8 1/4 ins.
Chest measurement { Girth when fully expanded... 34 ins.
Range of expansion... 4 ins.

Complexion... Dark
Eyes... Brown
Hair... Dark Brown

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

Small scar on front of right shin
Small scar on back of right hand

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 declares that he is not subject to fits of any description.

I consider him*... fit... for the Canadian Over-Seas Expeditionary Force.

Date... January 28th 1916

Place... Smethway

J. McCulloch
Harvey
Medical Officer
109th Overseas Battalion, C. E. F.

* 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.

... Harry Goodayle ... 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] Lt. Col (Signature of Officer)
O. C. 109th Overseas Battalion, C. E. F.

Date... JAN 28 1916 1916

ATTESTATION PAPER.

No. 725192

Intelligence gathering

109th OVERSEAS BATTALION, C. E. F.

DUPLICATE

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

1. What is your surname? *Goodayle*
- 1a. What are your Christian names? *Harry*
- 1b. What is your present address? *535 Dufferin Street Toronto Ont*
2. In what Town, Township or Parish, and in what Country were you born? *London England*
3. What is the name of your next-of-kin? *Harry Goodayle*
4. What is the address of your next-of-kin? *535 Dufferin Street Toronto Ont*
- 4a. What is the relationship of your next-of-kin? *Father*
5. What is the date of your birth? *Oct 14 1894*
6. What is your Trade or Calling? *Laborer*
7. Are you married? *No*
8. Are you willing to be vaccinated or re-vaccinated and inoculated? *Yes*
9. Do you now belong to the Active Militia? *No*
10. Have you ever served in any Military Force? *No*
If so, state particulars of former service.
11. Do you understand the nature and terms of your engagement? *Yes*
12. Are you willing to be attested to serve in the CANADIAN OVER-SEAS EXPEDITIONARY FORCE? *Yes*

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *Harry Goodayle*, 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.

H. Goodayle (Signature of Recruit)

Date **JAN 28 1916** (Signature of Witness)

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I, *Harry Goodayle*, 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.

H. Goodayle (Signature of Recruit)

Date **JAN 28 1916** (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 *Lindsay* this *28* day of *January* 191*6*)

[Signature] (Signature of Justice)

Description of Harry Goodayle on Enlistment.

Apparent Age 18 years 4 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. 8 1/4 ins.

Chest measurement { Girth when fully expanded 34 ins.
 Range of expansion 4 ins.

Complexion Dark

Eyes Brown

Hair Dark Brown

Religious denominations { Church of England 6 of 6
 Presbyterian
 Methodist
 Baptist or Congregationalist
 Roman Catholic
 Jewish
 Other Denominations (Denomination to be stated)

Small scar on front of right shin

Small scar on back of right hand.

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 declares that he is not subject to fits of any description.

I consider him* fit for the Canadian Over-Seas Expeditionary Force.

Date 28 January 1916
 Place Lindsay

J. McCulloch Capt.
 Medical Officer
 109th Overseas Battalion, C. E. F.

* 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.

Harry Goodayle 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.

J. J. McAllister Lt. Col. (Signature of Officer)
 O. C. 109th Overseas Battalion, C. E. F.

Date JAN 28 1916 1916

10/4/18

DISCHARGE DOCUMENTS

R. O. No.
H. Q. No. 649 12052

- S** 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.....
- Compulsory Stoppages.....
- Casualty Forms.....
- Proceedings on discharge..... 2
- Corps History Sheet.....
- Date and No. of Deposit Receipt for Purchase Money and Amount.....
- Parchment Certificate.....
- Medical Report for Invalids..... 1
- Medical History Sheet..... 2
- Proceedings of Regt. Court Martial.....
- Copies of Convictions by Civil Power.....
- Company Conduct Sheet.....
- Clothing Transfer Certificate.....
- Inventory of Kit.....
- Last Pay Certificate..... 1

B
M

Name GOODAYLE HARRY

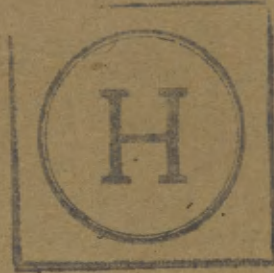
Regt. No. 725192 Rank Pvt

Corps 109th Ptn

Infantry Unit

30/7/18

17078



last pay
791237-2
R 122

1 Eng Bde 18-9-15
Sent to C R 4.2.18
1 A 7 B 122-1

13-20
20-22
27-24
1

Army Form B. 103.

Casualty Form—Active Service.

Regimental Number

2431
725192

Regiment or Corps 109th (3rd Lab Coy)
 Rank Pte Surname Goodayle Christian Name Harry
 Religion C of E Age on Enlistment 18 years 4 months.
 Enlisted (a) 28.1.16 Terms of Service (a) 2 y 0 Service reckons from (a) 28.1.16
 Date of promotion to present rank _____ Date of appointment to lance rank _____
 Extended { _____ } Re-engaged { _____ } Qualification (b) Laborer
 or Corps Trade and Rate _____
 _____ Signature of Officer i/c Records.

Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B. 213, Army Form A. 38, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B. 213, Army Form A. 38, or other official documents
Date	From whom received				
		Embarked ...			
		Disembarked ...			
24.11.17	Inks.	DE Depot Coy	Selcliffe	20.10.17	PT 11 DO 326
-	-	Am Mil Hosp	Gresteliffe	22.10.17	- - 228
-	-	DE Depot Coy	Selcliffe	10.11.17	- - 247
18.12.17	"	Command W 1 Coy Banchon	do	17.12.17	- - 284
1.1.18	Manitoba Regt Depot	Command 1st Coy Banchon	Selcliffe	31/12/17	- - 297
			Manitoba Regimental Depot.		

(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) Signaller, Shoeing Smith, &c.

[P.T.O.]

2431

Report		Record of promotions, reductions, transfers, casualties, &c., 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 of Casualty	Date of Casualty	Remarks Taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
JAN 1 1918	TAKEN ON STRENGTH C.D.D, BUXTON Pt. 11 ORDER No. 1		Commanding		Lieut.-Col. Canadian Discharge Depot.
31 JAN 1918	EMBARKED FOR CANADA FROM LIVERPOOL		Commanding		Lieut.-Col. Canadian Discharge Depot.
	T.O.S. #2 Casualty Unit Toronto effect from 17/2/18 Part 11 Order #52				
	Dis. # 2 Cas. Unit Toronto Ont. 13th March 1918 part 11 ...69.				
			Lieut.		
			for O.C. # 2 Cas Unit.		

2431

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

M. F. W. 54.
150M. 10-15.
H.Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps 109th OVERSEAS BATTALION, C. E. F.

Regimental No. 725192 Rank Private Name Goodyale, Harry.
C. E. F.

Enlisted (a) 28-1-16. Terms of Service (a) D of W. Service reckons from (a) 28-1-16.

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. 38, 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. 38, or other official documents.
Date	From whom received				

Embarked to Canada.

Halifax. 24-7-16.

Disembarked England.

Liverpool. 31-7-16.

OC 1096
Bon
Proceeded overseas for service with 38th Bon

Witley

3/12/16 D O P T 11 No 338.339.

A. W. T. Selting
Capt.
ADJUTANT
109th Overseas Battalion, C. E. F.

CERTIFIED CORRECT.
4.12.16
12 DEC. 1916
CAN. RECORDS, LONDON

6 12 16
7 12 16
10 12 16
10.6.17
- 9 JUN 1917

C.B.D. TAKEN on STRENGTH 38th Havre

6 12 16 N.R. P. 242 13.12.16

" Left for Unit FIELD

7 12 16 N.R.

Unit Joined Unit FIELD

9 12 16 B. 213. DCS. 69-31 12/16

4 C.I.A.D. T.O.S. for Board
38th. Lo Base. (D.G.M.S.)

Etaples

10.6.17 N.R.

2.6.17 B. 213. DCS. 130.

(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.

2431
 725192
 Pte Goodayle - A

725192
 Goodayle
 A

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				
12.6.17	Base	Classified P.S. 45 Contused Ankle & Phosphorus		12.6.17	W 3339 of K R 129.
6.7.17		Left for 3rd Labour Bn.		6.7.17	WR 13.
12.6.17	as G.H.Q.	S.O.S. on transfer to 3rd Labour Bn.	Field.	6.7.17	letter 24969 Causee. K R 10172 & cc. 4 C.P.D. NA.
"	"	J.O.S. of 3rd Labour Bn.		4.4.17	PHO. 74 d 88. 7.17 do PH 120 41 d 31 17
14-7-17	3rd Lab.	Joined Unit		"	B 213 Dbd 25
31 st 7	blsd	J.O.S. blsd		30 th 7	WR 64
"	O.C. Bn	To		29 th 7	B 213 - Dbd 33.
3 rd 7	blsd	Class J.O.S. Def. Spine		3 rd 7	W 3339
10 th 7	"	Def. Spine R.P.		10 th 7	" 112
4 th 10	"	" Unfit for further service in France.		4 th 10	" 159
12 th 17	"	Class. Unfit for further service in France & posted to man. Left Depot Shorncliffe		18 th 17	330160. K 916-29826 PH 120 68 d 1-16 17
		<p>Left for Lieut - Col a a g can Sect. G.H.Q. 3rd Echelon</p>			
21-10-17	med	T.P.S.	Dgte.	20-10-17	PH 170 226. B 21 17.

LIEUT;
 FOR LT: COL: I/C RECORDS. C.O.M.F.

111

725192

2431

ORIGINAL MEDICAL HISTORY SHEET.

Surname Goodayle Christian Name Harry

Examined { on 28th day of January 1916
at Lindsay
Birthplace { City or Town London
County England

Approved by J. McCulloch Capt.
J. McCulloch Medical Officer
Rank 109th Overseas Battalion, C.M.F.

Apparent age 18 years
Trade or occupation Labourer
Height 5 Feet 8 1/4 Inches
Weight 111 Lbs.
Chest measurement { Minimum 30 inches
Maximum expansion 34 inches
Physical development Fair
Small-Pox Marks None

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT
		<u>23 OCT 1917</u> M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Vaccination Marks { Arm Right None Left Seven
Number Seven

Date	Result	VACCINATIONS
<u>28-1-16</u>	<u>Good</u>	<u>J. McCulloch</u> M.O.
		M.O.

When Vaccinated last January 28th 1916
(a) Marks indicating congenital peculiarities or previous disease None

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>18/4/16</u>	<u>Good</u>	<u>J. McCulloch</u> M.O.
<u>25/4/16</u>	<u>Good</u>	<u>J. McCulloch</u> M.O.
<u>2/5/16</u>	<u>Good</u>	<u>J. McCulloch</u> M.O.

(b) Slight defects but not sufficient to cause rejection
Slightly Flat footed

Enlisted on 28th day of January 1916 at Lindsay

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>109th Batt.</u>	<u>725192</u>		<u>28-1-16</u>
Transferred to.....	<u>C. E. F.</u> <u>38th Bn</u>	<u>2/12/16</u>		

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Location	DATE.	DISEASE.	RESULT.
<u>Bramshott Camp, Hants.</u>	<u>16 OCT. 1916</u>	<u>No disability</u>	<u>Fit</u>
<u>St. Martin's Plain</u>	<u>30-11-17</u>	<u>Kyphosis</u>	<u>Unfit</u>
<u>Ravina Barracks, Toronto</u>	<u>March 5th/18</u>	<u>1. Traumatic Neurasthenia with stammering</u> <u>2. Kyphosis</u>	<u>Unfit</u>

MEDICAL BOARD, BRAMSHOTT.
PRES. S. M. B.

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.

CANADIAN

Surname *Ma* Christian Name *Harry* 2431
Goodayle

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>Bramschoff</i>		23	8	16	31	8	16	<i>Tonsils & Adenoids</i>	9	<i>renewal tonsils + adenoids</i>	<i>R. H. Hooper</i>
<i>Canadian Convalescent Hospital, Hillington House, Uxbridge.</i>		21	8	16				<i>Tonsils & Adenoids</i>		<i>Aug. 23/16. Bramschoff. To Hospital had operation.</i>	
WEST CLIFF CANADIAN EYE AND EAR HOSPITAL, FOLKESTONE.		21			10	11	17	<i>Nasal Obstruction</i>	20	<i>Released to Unit. for disposal</i>	<i>D. Hooper</i> <i>Capt. Cault</i>
										<i>Submucous resection performed</i>	<i>Em</i>

Duplicate Medical History posted to here:

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book. T 457 Year 1916	Regimental No.	Rank.	Surname.	Christian Name.
	725192	Pte	Gooday	H H
	Unit.	Age.	Service.	
	109th Battn.	18	8/12	

(Part II.)

(a) Station and Date. Can. Con. Hosp. at Uxbridge 31-8-16 19...	(b) Disease Tonsils and Adenoids
(c) Date of origin 23-8-16	Place Bramshott
(d) Cause Exposure to cold while on duty.	Country England.

(e) History to Date.	Admitted to	Date.	Special Treatment, &c.	Result.	Date Discharged
1	Bramshott Mil. H.	23/8/16	Operation	Throat still sore	31/8/16
2	Uxbridge	31/8/16			
3					
4					

(f) X Ray Report. From

(g) Marks of Injury.

External

Internal **Tonsils removed**

(h) Present Condition.

of physical state

Symptoms

of disability

(i) Prognosis.

Complications **has nasal obstruction & stammering.**

(j) Treatment and Semi-Weekly Progress.	Date.	Treatment.	Progress.

(k) Result.

(l) Disposal.

Transferred to **Unit at Bramshott.** For ~~...~~

Date **2-10-16.**

Signed **D.B. Hoyle** Capt., C.A.M.C.

*The first and last entries will be signed, and transfers from one Medical Officer to another, attested by their signatures.
(J 3521.) Wt. W 5606-2621. 2,000,000. 7/15. D & S.

Station and Date.

(m)

ADDITIONAL MEMO. re Part I.

(1) Married **No**

(2) Occupation **Laborer**

(3) Enlisted at **Toronto** Date **25-1-16**

(4) Vaccinated for Small Pox **Yes**

(5) Inoculated for Typhoid **Yes**

for Tetanus

Section.

(n)

Date.

TREATMENT, &c., re Part II.—continued.

Progress.

Signed

Capt., C.A.M.C.

(o)

2431

WEST CLIFF CANADIAN EYE AND EAR HOSPITAL, FOLKESTONE.

Army Form I. 1237.

Forms I. 1237 10

98. MEDICAL CASE SHEET.*

No. in Admission and Discharge Book. <u>6057.</u> Year. <u>1917.</u>	<table border="0"> <tr> <td>Regimental No.</td> <td>Rank.</td> <td>Surname.</td> <td>Christian Name.</td> </tr> <tr> <td><u>725192</u></td> <td><u>Pte</u></td> <td><u>Goodayle</u></td> <td><u>Harry.</u></td> </tr> <tr> <td>Unit.</td> <td>Age.</td> <td>Service.</td> <td></td> </tr> <tr> <td><u>M.R.D. 38th Bn 109th Bn.</u></td> <td><u>20.</u></td> <td><u>22/12. 19/12 L.</u></td> <td></td> </tr> </table>	Regimental No.	Rank.	Surname.	Christian Name.	<u>725192</u>	<u>Pte</u>	<u>Goodayle</u>	<u>Harry.</u>	Unit.	Age.	Service.		<u>M.R.D. 38th Bn 109th Bn.</u>	<u>20.</u>	<u>22/12. 19/12 L.</u>	
Regimental No.	Rank.	Surname.	Christian Name.														
<u>725192</u>	<u>Pte</u>	<u>Goodayle</u>	<u>Harry.</u>														
Unit.	Age.	Service.															
<u>M.R.D. 38th Bn 109th Bn.</u>	<u>20.</u>	<u>22/12. 19/12 L.</u>															
Station and Date. <u>22-10-17</u>	Disease <u>Nasal Obstruction</u> <u>Entered hosp suffering from nasal obstruction</u>																
INF. FROM <u>27</u>	<u>Dev Septum ></u> <u>Recommended sub-mucous resection</u> <u>2 in 2 performed</u> <u>Vacking removed</u>																
Pte. No. 10 38 ^t	<u>Rx. menthol</u> <u>Camphor aa gr̄ss</u> <u>oil Eucalyptol m̄x</u> <u>sig. Absolue ʒii</u> <u>Use in nose Tid.</u>																
	<u>Summary - Entered hosp nasal obstruct</u> <u>sub mucous resection performed nose</u> <u>sealed fit for duty</u> <u>Category unchanged "A"</u>																
	<u>J A Stewart Capt</u> <u>No. Rep. 10/11/17 Category A</u>																

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

725192 *P. Goodayle* A Category *BTH* appeared before a Comptant Board of Officers composed of:

President *W.A. Dyer Major*

Members } *H.G. Davis Major*
J.S. Thornton Capt

held at *Shorncliffe* the *6* day of *Dec 1917*

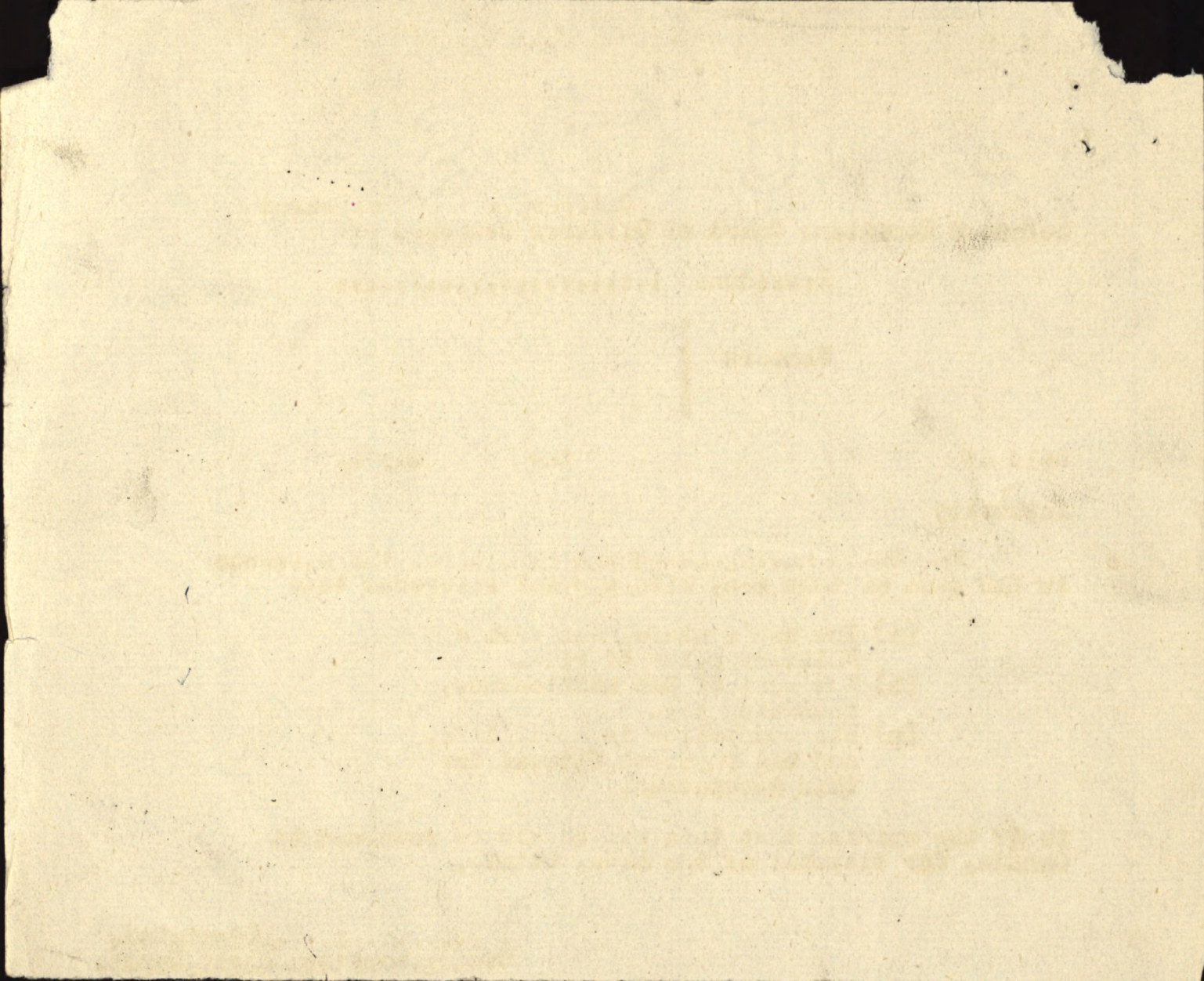
Authority *OC/Lean Troops Shorncliffe.*

The Board having heard and considered the evidence in the case of this man, with special reference to:-

- (a) The man's usefulness from a Military point of view.
- (b) The cost of his maintenance, including pay.
- (c) His occupation in civil life, and his physical fitness for this occupation.

is of the opinion that this man should be returned to Canada, for disposal of the A.G., Ottawa.

A.A. Mowey
.....Lieut.-Col.,
Commdg. Manitoba Regtl. Depot.



2431

TORONTO GENERAL HOSPITAL
DEPARTMENT OF RADIOLOGY
G. E. RICHARDS M.B., DIRECTOR
REPORT OF THE ROENTGEN EXAMINATION OF

Date April 3/19 Name Pte. H. Goodayle #725192

Address I.S.C.

Referred by Dr. A.B. Wright Case No. 45934

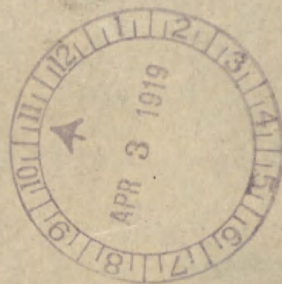
g 492 3/19

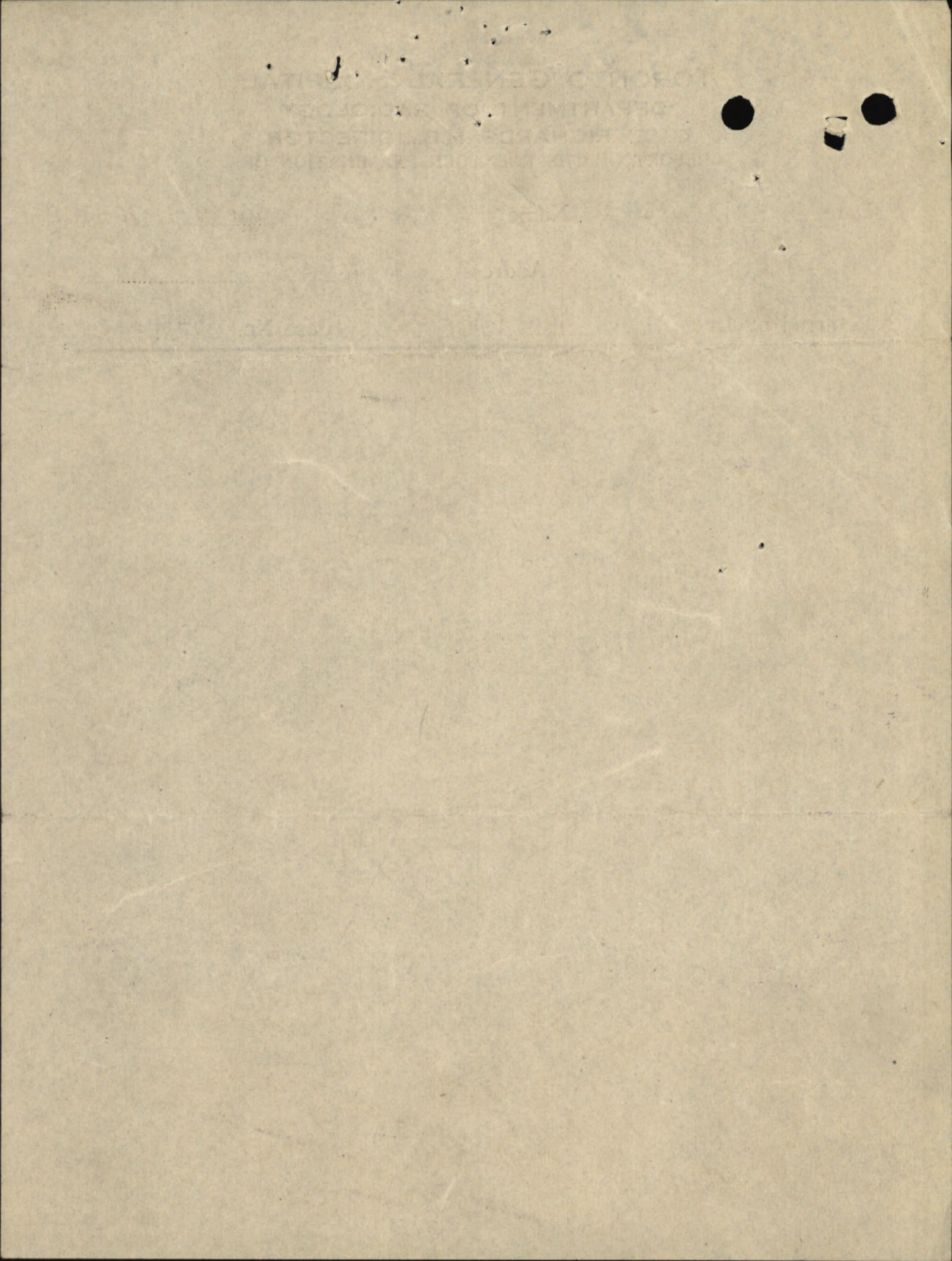
Plate was made of a a thoracic spine, the lateral view. There is no marked abnormality but the bodies are slightly wedge shaped and there is a slight degree of arthritic roughening about them.

A report was made to Dr. Wright regarding this case, sometime ago.

G. Richards

EC.





725192

DENTAL CERTIFICATE.

Pte. Wooddayle H The following Certificates will
be attached to the Medical History Sheets of all

M. R. D. Other Ranks being returned to Canada for disposal.

Date of Examination.	Present Dental Condition.	In case of loss or decay of teeth. Is the loss due to wounds, injury or disease directly attributed to Active Service?	Has he ever declined Dental Treatment.	Recommendation.
3-1-18	Fit			H J. J. Quinn Capt. C.M.D.

DENTAL CERTIFICATE

The following Certificates will
be attached to the Medical History Sheets of all
Other Ranks being sent to Quarters for disposal.

Treatment of Dental Condition	Has he ever declined Dental Treatment	In case of Loss of decay or tooth is the loss due to wounds, injury or Disease directly attributed to Active Service	Present Dental Condition	Date of Examination

Original 2431

CANADIAN ARMY DENTAL CORPS, MILITARY DISTRICT NO.

DENTAL CERTIFICATE ON DISCHARGE.

M.F.B.484.
100m-2-18.
1772-39-1219.

To Officer i-c Dental Services at.....

Name Pte Goodenall A Regimental Number 725/92

has been given Dental examination previous to discharge and is entitled to Dental treatment to the extent of:-

OK

This certificate to be presented within two months of the date on discharge papers.

H A Temple Capt.
Officer i-c Dental Examination on Discharge.

Examined at Ravna Date 7/3/18 637

ARMY MEDICAL DEPARTMENT, DISTRICT NO. 1

M. I. B. 1919
100-2-12
1919-20-1210

HOSPITAL OF MEDICAL OFFICERS

OFFICER IN CHARGE

REPORT ON THE PROGRESS OF THE PATIENT

DATE OF REPORT

THE PATIENT IS IMPROVING AND IS EXPECTED TO BE DISCHARGED WITHIN TWO MONTHS OF THE DATE

REPORT OF GENERAL EXAMINATION OF PATIENT

DATE

B.

To be made out in duplicate.

H.Q. 54-21-23-53

DUPLICATE

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.....

109th OVERSEAS BATTALION, C. E. F.

(2) Regimental Number **725192**

(3) Full Name of Soldier..... ~~Harryx Goodale~~ **Harry Goodale**

(4) Place of Birth..... **London England**

(5) Are you married, or not? **No**

(6) If married, state,

(a) Full name of your wife.....

(b) Present Postal Address.....

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

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

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

Also their names and ages.....

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

If so, state name and addressHarry Goodale \$35 Dufferin St. Toronto

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

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

.....\$35 Dufferin St. Toronto Cana

(11) If your Mother is a widow.....No.....

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.

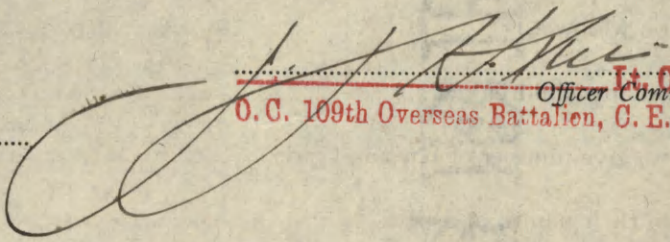
15) Are you insured?.....No.....

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.....July 7th 1916.....


.....J. J. Mc........
.....Officer Commanding......
.....O. C. 109th Overseas Battalion, C. E. F......

4

M.D. 2

CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

No. 23

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

Regimental No. 725192 Rank pte Name H. Goodayle

Corps. #2 Cas Unit who was* discharged

On Feb 13 1918, to Jan 3 1918
*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from Jan 3 1918, to Feb 13 1918 the inclusive date of transfer or discharge.

Dr.		\$	c.	Cr.		\$	c.
Bal. Dr. from prev. month		7442		Bal. Cr. from prev. month		1280	
Advances by Cheques	No. <u>17903</u>		5	Regt'l Pay	<u>70</u> days at \$ <u>1c</u>	70	
Assigned Pay and Sep'n Allee. No.				Field Allow.	<u>70</u> days at \$ <u>10c</u>	7	
Other charges				Separation Allowances* (Monthly)			
Payment on transfer or discharge No.	<u>18354</u>	56	38	Other Allowances*			
Balance Cr. (to be paid by the new unit)				Other Credits* <u>clothing</u>		13	
				Bal. Dr. (to be deducted by new unit)		33	
Total		135	80	Total		135	80

* Give particulars.

A monthly stoppage of \$..... (†) has..... (‡) been paid on account of Assigned Pay for the month of..... 191.... } (to) Assignee.....
{ and Sep'n Allee. for month of..... 191....
(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.....
- (2) if married and if a Separation Allowance Card has been submitted no.....
- (3) cause of discharge..... authority no 69.....
- (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 11/3/18

Place Toronto

[Signature]

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.

DEPARTMENT OF MILITIA AND DEFENCE.

WAR SERVICE GRATUITY.

OTTAWA, CANADA.

Declaration required of Officers, Warrant Officers and Men who claim War Service Gratuity under Order-in-Council (P.C. 3165), dated 21st December, 1918.

If the applicant will enquire at the local Branch of the Canadian Patriotic Fund he will be informed if there is an official who will take this Declaration free of charge.

A complete reply must be given to every question in this Declaration. There must be no blanks and no dashes. If any questions are not applicable, the words "NOT APPLICABLE" must be written out.

On completion this Declaration is to be returned to THE DISTRICT PAYMASTER OF THE DISTRICT IN WHICH THE SOLDIER WAS DISCHARGED.

- 1. Christian names *Harry*..... 2. Surname *Goodayle*.....
- 3. Rank *Pvt.*..... 4. Original Unit *109 Batt.*..... 5. Reg. No. *725192*.....
- 6. Address, in full, to which future payments of gratuity are to be forwarded
Mr. H. Goodayle
535 Dufferin St. Toronto Ont.
- 7. Date of enlistment in the C.E.F. *Jan. 28th 1916*.....
- 8. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge *Not Applicable*.....
- 9. Relationship of such dependent *Not Applicable*.....
- 10. Address, in full, of such dependent *Not Applicable*.....
- 11. Is said dependent now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? *Not Applicable*.....
- 12. Were you at any time on the strength for pay and allowances of a unit of the C.E.F. which was out of Canada or the United States when such pay and allowances were issuable? If so, give particulars of one such unit and dates of service overseas with such unit:—
38th Battalion Dec. 2nd 1916. June 6th 1917.
3rd Labor Battalion July 4th 1917. Aug. 30th 1917.
- 13. Were you on the strength for pay and allowances of the Clearing Services Command, having been at any time on duty outside of Canada or the United States? *Not Applicable*.....
- 14. Were you on active service only in Canada or the United States? If so, give particulars of unit and dates of such service *Not applicable*.....
- 15. Give total length of time which you served on active service, whether in Canada or Overseas, setting out particulars of units on whose strength you served *Enlisted 109 Battalion Jan 28th 16.*
Transferred 38th Battalion Dec 2nd 16. served until June 6th 1917.
Transferred 3rd Labor Batt. July 4th 1917. until Aug 30th 1917.
General Base Det. Establish. Left Oct. 19th 1917.
- 16. Were you at the time of enlistment a civil employee of the Dominion Government? If so, state Department *Not Applicable*.....
- 17. Were you a member of the Permanent Force at the time of enlistment in the C.E.F.?
Not Applicable.....

82
185
4

9

18. Have you had more than one enlistment? If so, give particulars of discharges and re-enlistments, and under what regimental numbers and units.....

Not Applicable.

19. Have you already received any payment of Post Discharge Pay or War Service Gratuity? If so, state amount you and your dependents have already received and by whom paid.....

*Ninty Nine Dollars Post Discharge Pay
Paymaster No 2 Military District*

20. Have you been issued with a War Service Badge? If so, what class? *A. and B. Badges.*

21. Have you, during the present war, served in the Imperial Forces? *Not Applicable.*

22. Are you entitled to receive, or have you received any gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled.....

Not Applicable

23. (a) Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England? *Not Applicable*

(b) If so, was such reversion in consequence of misconduct or inefficiency?.....

24. Are you now serving in the C.E.F.? *Not Applicable.* If not, give:—(a) Date of discharge

March 13th 1918

(b) Reason for discharge.....

Physically Unfit.

25. Are you at present a member of and in receipt of pay and allowances from any Canadian naval or land forces? If so, give unit.....

Not Applicable.

26. Did you at any time serve at the front in an actual theatre of war? If so, give particulars of one unit which you served at the front, and dates of such service with that unit.....

38th Battalion. Dec. 2nd 1916. June 6th 1917.

27. (a) Are you receiving treatment from the Department of Soldiers' Civil Re-establishment? *Not Applicable*

(b) If so, are you in receipt of full pay and allowances from that Department? *Not Applicable.*

And I make this solemn declaration, conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under oath and in virtue of the Canadian Evidence Act.

Signature of Applicant: *M H Gooday de Town*

Place of Residence: *535 Dufferin St Town*

Declared before me at: *Town*

This *4th* day of *Jan* 19*19*

Signature of Barrister of the Supreme Court Stipendiary Magistrate, Notary Public, Justice of the Peace, or Commissioner for the Administration of Oaths.

[Signature]

POST DISCHARGE PAY.

Date paid.	Paid Soldier	Paid Dependent	War Service Gratuity	Net amount due
<i>Apr 13-18</i>	<i>\$ 33⁰⁰</i>			
<i>May 13-18</i>	<i>34¹⁰</i>			
<i>Sept P.D.P.</i>	<i>33⁰⁰</i>			
	<i>\$ 100¹⁰</i>			

Certified Correct.

J. R. Forbes
District Paymaster Lt. Col., C. A. P.
Paymaster, Military District No. 2

Name Pte Goodayle. H

Regimental No.

725192

Name and address of next-of-kin

Unit

109 Am

Date of enlistment

Place of "

Married (yes or no)

No

Date and place discharged

Amount of pay assigned monthly \$

Reason for discharge

To whom payable

Lpc

Character on discharge

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			No.	Date					
								1280								D.O.52 Feb17th-Mar4th
Jan 3	Feb 13	70	1	70	70	10	7	1280	10280	17903	5					
								13		18354	5638					

mail
7442 33
810 00 69

C

POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

Dec 185/4

713 6-H-3

Name Goodayle, Harry
Surname

Christian Name

Regimental Number 725192

Rank Pte.

Address (in full) 535 Dufferin St.,

Unit #2. Cas. Unit. 109th Bn.

Toronto, Ont.

Original Unit

District where paid M.D. 2.

Date of Discharge 13-3-18.

P. D. P. Filing Number 2-421-2.

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

L. L. 46038—M. & D. 9245.

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		
100 10	7015	13-4-18	33 00	6812	13-5-18	34 10				33 00	67 10

Remarks: Debit Post Discharge Pay . #2. Cas. Unit.

M. F. W. 127.
25M-8-18.
1772-39-1140.

113 2 10

1

Dec'n No 185/4 V.S.G. File No 9135-H-3
 Award 153 days at \$ 70⁰⁰ per day \$ 350.00
 S. A. months at \$ per mo. \$
 Less P. D. P. Credited \$ 100.10
 Less further debit balance \$
 Net due paid as below \$ 249.90

TO SOLDIER		TO DEPENDENT			
Sl. No	Ch No	Amount	Sl. No	Ch No	Amount
1	4011	210.00	1		
2					
3					
4	28760	39.90	4		
5					
6					
		<u>249.90</u>	Total		

535 Dufferin St
Toronto Ont

1-5-19

13/6/19

GEN'L AUDITOR
 Posting checked by
[Signature]
 Date 28-7-19

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

To Whom *Elizabeth Goodayle* By Whom Assigned *Harry Goodayle*
 Address *535 Dufferin St.* Regtl. No. *725792*
Toronto. Rank *pte*
 Rate *\$15.00* *Out.* Corps *109 Bln*
AUG 1 1916

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				



100-001
100-001
100-001
100-001

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

M. F. W. 12a.
 50m.-4-16.
 1772-39-819.

Sheet No. 2.

L. L. Job 310.-Req. 6514

Elizabeth Goodayle

PAYMENTS.

Name of Soldier *Harry Goodayle*
725192. (Pte) 109 Bu

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May				
June				
July				
Aug.		V 15792	15	
Sept.		✓ O 18405	15	
Oct.		✓ N 20260	15	
Nov.		L 26001	15	
Dec.		H 32666	15	
Jan.	1917	S 38550	15	
Feb.		R. 42170	15	
March		P 50609	15	
April		L 2113	15	
May		M. 8070	15	
June		P 15178	15	
July		T 22485	15	
Aug.		T 29780	15	
Sept.		D 36437	15	
Oct.		M 43421	15	
Nov.		N 48382	15	
Dec.		I 54726	15	
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

\$15⁰⁰

AUG 1 1916

N.P.

3/4

*15 P.
15.8.
15-Ch*

15 cu

cu

ker

*30
22
22
22*

*255
10*

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.				

2431

Surname

Christian Name or Names

Reg. No.

Goodayle,

H.

725192.

Rank

Unit

Co.

Troop

Batty

Pte.

109th Bn. 3rd Lab. Man.

Hospital

Bramshot Military

Date of Admission

24.8.16

Transferred

Hillingden Ho. Con Hosp. 1.9.16.

Westcliffe Road East Selkstone Hosp. 23.10.17.

Hosp.

Hosp.

Diagnosis

~~N.Y.D. "C"~~

Tonsillitis & Adenoids

(1) Later Diagnosis (if changed)

Basal obstruction H₂O

(2)

(3)

Additional Diagnoses: If more than one state present

DISPOSITION

Dis. 2.10.16.

Disch. 10-11-17

Date

C.L. 1.9.16 9

REMARKS

6.9.16. 10.

8.10.16. 17

27.10.17 Bury O.

14.11.17 B.62 (3)

A.M.D. 2 Dept.

Beh. of D.G.M.S. O.M.F.C. London

DW

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.

2.

3.

4.

5.

6.

7.

SURNAME.

Goodayle.

CARD No. ✓

S.S. Bliss

CHRISTIAN NAMES

Harry

13/3/18 93 2

REGL. No.

725192

RANK

Pte.

UNIT

109th

Batt.

FORMER CORPS

Nil.

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Goodayle, Harry

RELATIONSHIP TO SOLDIER

Father.

ADDRESS

*535 Dufferin St.,
Toronto, Ont.*

COUNTRY OF BIRTH

England, London.

DATE

Oct. 14th 1897.

PLACE OF ATTESTATION

Lindsay, Ont.

DATE

Jan. 28th, 1916.

*of S 2-3-7-16 488
15*

R/C 13-2-18

MARRIED

SINGLE

Yes.

WIDOWER

TRADE OR CALLING

Labourer.

RELIGION

b. of E.

DESCRIPTION.

APPARENT AGE

18

YEARS

4

MONTHS

HEIGHT

5

FEET

8 1/4

INCHES

CHEST MEASUREMENT

34

INCHES

EXPANSION

4

INCHES

COMPLEXION

Dark.

EYES

Brown.

HAIR

D. Brown.

DISTINGUISHING MARKS

Small scar on front of right shin.
Small scar on back of right hand.

MEDICAL EXAMINATION.

PLACE

Lindsay, Ont.

DATE

Jan. 28th, 1916.

NAME

Goodayle H.

H. Q. FILE No. 649-

REGT'L. NO.

725192

RANK AND CORPS

1st Lt. 109th Bu.

CABLE

NO.

DATE

NATURE OF CASUALTY

LIST No.

HOSPITAL

DATE OF
ADMISSION

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
9	Mil. Bramshott	24-8-16	N. Y. W. (2)
10	ban. Bow. Hillingdon House Uxbridge	1-9-16	Tonsillitis and adenoids
17	discharged	2-10-16	Tonsillitis & adenoids
B47-1	Westcliff Can. Eye & Ear. Folkestone	23-10-17	nasal obstruction
B62(3)	Westcliff Can. E & E Folkestone	10-1-17	" (disch) (man. Reg)

Name *Goodayle Harry* Rank *Plt* *Plt* Reg. No. *725-192*
 Unit *109 Batt.* *2431*
 Next of Kin *Canada.*

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
<i>1916</i>						
<i>24-8</i>	<i>Mill. Bramhatt</i>	<i>N.Y. D.</i>	<i>9.10.</i>			
<i>1-9</i>	<i>Hillingdon Home.</i>	<i>Tonullits + Adenoids</i>				
<i>2-10-16</i>	<i>Sis.</i>					

CANADIAN CONVALESCENT HOSPITAL,

A. & D.
CARD.

AT

Canadian Convalescent Hospital,

2431

Hillingdon House, Uxbridge.

Regt. No.

Y25192.

A. & D. No.

1457

Rank

Pte.

Corps

109th Batt.

B Co.

Name

Goodayle b.

Age 18

Religion Conf. E.

Service at Home

8/12

,, ,, Front

nil.

Diagnosis

Tonsils & Adenoids. (P.O.)

Admitted

31-8-16.

Discharged

~~2-10-16~~

Place in Hospital

M. H. Rec'd

(See Document card)

Transferred

Results

Bramshott.

2431

REMARKS: Aug 23/16. Bramshott. To. Ho.
9 had operation.

Married Children undre 16
no. mil.

Occup. Laborer.

Enlisted at
~~London~~ Ont.
Toronto:

Date 25-1-16.

Vaccn. 29-1-16.

Innoc Typh.
3:- March. 1916.

Innoc Tet.

Discharged to
Unit

Date
2-10-16

For
Board.

LEDGER NO.....

SERIAL NO. ⁵ B 39611

REG. NUMBER 725192 NAME Goodayle Harry

RANK Pte CORPS I S C

AGE 20 SERVICE 2 1/12

NAME OF HOSPITAL Military Wards PLACE Toronto General

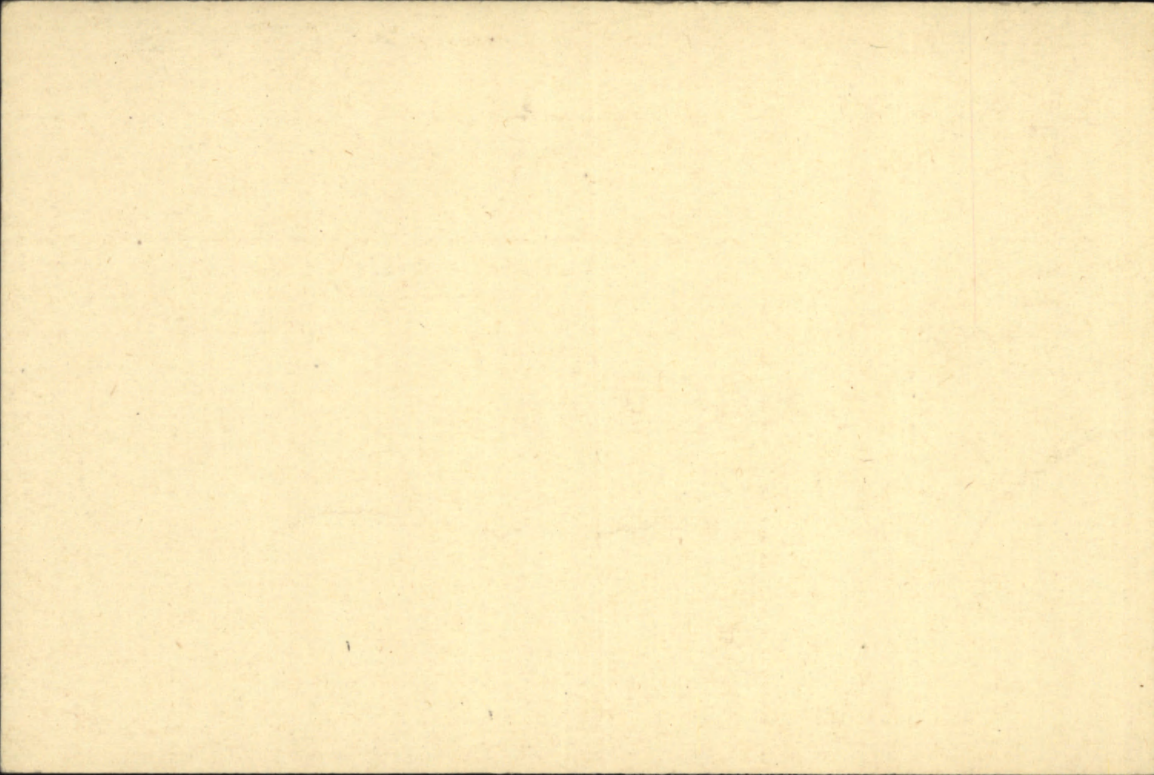
DATE OF ADMISSION 6-7-18

DISEASE Infected Finger

TRANSFERRED TO OTHER HOSPITALS.....

OPERATION.....

DISCHARGED TO I S C 18-7-18 IN CATEGORY.....



Number 725192

Rank

Pte.

~~10~~

Surname

GOODAYLE

Christian Name

Harry

Units

38th Bn Can Inf Theatre of War France

Date of Service

6-12-14

Remarks

Latest Address

535ufferin St.,
Toronto.

Roll No.

Page 14088

Out.

200m. -2-21. ad.

Next of kin _____

Address on leave _____

Address on discharge _____

Transportation issued Yes No Date _____ Character on discharge _____

Previous occupation _____ Date and place of enlistment _____

Diagnosis _____ Date of Medical Boards _____

Date

Remarks

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

DESP. JUN 17 1922
REGN. NO. 39848

dayle \$H

ban to Pay 15⁰⁰

CASH PAYMENTS

\$1500
ASSIGNED PAY

OTHER CHARGES

TOTAL DEBITS

BALANCE

CREDIT

DEBIT

PAY WITHHELD OR DEFERRED

PAY AVAILABLE FOR ISSUE

REMARKS

2

3

4

2713

488

165

887

29935

9891

15

15

11801

15

15

13711

446
446
446
✓

15

2838

14173

33993

Final Sup forfeiture of pay by
of Westcote Exp Bar Ass. Army Com
Prsr forward to dc M. R. for insertion in AD.

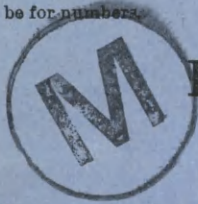
A 3 M. FORM REN'S *Sept* EFFEC. *1-1-18*
DISCHARGED TO *Canada* DATE *2-1-18*
PAY BOOK VERIFIED *Robert How*
Ct. BAL. *2939* I. P. C. REN'S *2-1-18*
AUTHY. *2-4-5-1-27*

Disposal

Checked *E. J. Hill*

24-11-30 2431 649-9-12052

This space to be for numbers



Proceedings on Discharge.

DEPT
MILITIA DEFENCE
APR -9 1918
CANADA

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

No. 725192	
Rank private	
Name Goodayle, Harry <small>NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.</small>	
Corps (Squadron, Battery or Company) # 2 Cas. Unit (109th Bn.) (M.R.D.)	
Date of Discharge 13th March 1918.	
Place of Discharge Toronto, Ont.	
1. DESCRIPTION AT THE TIME OF DISCHARGE.	
Age 20 years 5 months.	Descriptive Marks Small scar in front of right shin. Small scar on back of right hand
Height 5 feet 6 1/2 inches.	
Complexion Dark.	
Eyes Brown	
Hair Dark Brown.	
Trade Laborer	
Intended place of residence } 535 Dufferin St., (To be given as fully as practicable.) } Toronto, Ont.,	
2. The above-named man is discharged in consequence of Physical Unfitness	
<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>Very good</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.) Laborer. <i>K. L. H</i> <i>30-3-20</i>	

22-54
10.1.9 Comp 27/1/19
23-7-19
26 12-4-19

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

Nil.

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

6. Medals and Decorations.....

Nil.

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) Toronto, Ont.,

(Date) 13th March 1918.

Commanding

W. M. Moberg

For U. C. Casualties, C. E. F., M. D. No. 2

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) Toronto, Ont. *P. H. Goddard* (Signature of Soldier.)

(Date) 13th March 1918. *H. S. Beaman* (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) 2 years 44 days.

Total 2 years 44 days.

11. Confirmation of Discharge.

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

(Place) Toronto, Ont.,

(Date) 13th March 1918.

(Signature)

W. M. Moberg

For U. C. Casualties, C. E. F., M. D. No. 2

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.)

11
No. 2

cont.
2

(OVER)

10/1/18
388-1

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.

Examined by J. McCullough, Lindsay, Jan. 28/16
 N O K (Mother) Mrs. E. Goodayle, 535 Dufferin St., Toronto.

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

Wife's address same.

FORM TO BE USED FOR WARRANT OFFICERS, N.C.O'S, AND MEN

MEDICAL HISTORY OF AN INVALID

STATION Ravina Bks., Toronto DATE Mar. 5/18

1. (a) Unit #2 Cas. (b) Regimental No. 725192 (c) Rank Pte.

(d) Surname GOODAYLE (e) Christian name Harry

2. Age last birthday 20 Date of birth Oct. 14, 1897

3. Enlisted at Lindsay on Jan. 28/16

4. Personal description :—

(a) Height 5' 8 1/2" (b) Weight 190 (c) Complexion Dark
(stripped)

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

Wwaccs 6 on left arm. Small scar on front of right shin. Small scar on back of right hand.

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

535 Dufferin St., Toronto.

6. Former trade or occupation Laborer.

7. (a) Service	Years	Days
	<u>2</u>	<u>37</u>

	PERIODS	
	From	To
	<u>109th Bn.</u>	<u>Jan. 28/16</u>
<u>38th Bn.</u>	<u>Dec. 4/17</u>	<u>Feb. 17/18</u>
<u>#2 Cas.</u>	<u>Feb. 17/18</u>	<u>To Date.</u>

(b) Has he been Overseas? Yes, France.

8. Present disease or disability (use authorized nomenclature if possible).
1. Traumatic Neurasthenia. with Stammering. 2. Kyphosis

(a) Date of origin 1. 2. Feb. and Apr. /17 (b) Place of origin 1. 2. France.

(c) Cause* 1. 2. Buried in Feb. and blown up and back injured in Apr. /17
*(Here include original disease or injury)

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

(1) **SUBJECTIVE-** Exceedingly nervous and excitable. Easily frightened by sudden noises. Sleeps very poorly. Pains across lower part of back, radiating around left flank. Pain is worse when he bends over. Memory as good as formerly. Stammering if he gets excited he cant speak at all and certain vowels and words as his own name he has great difficulty with.

OBJECTIVE- Tremors of eye-lids, tongue and fingers. Jaw and knee jerks increased. Pseudo ankle clonus. Pantar reflexes normal. Stammering fairly severe.

[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

Slight degree of flat feet. No worse than on enlistment. Injury to nail of right middle finger. Man states at times left knee gives out under him and he has fallen once. No physical signs apparent. 4 vacca mks. Mouth breather. Mostly now from habit.

11. To what extent, state in percentages, is capacity to earn a livelihood in the untrained labour market reduced? If there is more than one disabling condition, estimate the incapacity due to each, and that due to all combined.

- 1. 30% including stammering reducing to 15% in 6 mos.
- 2. 15% Total 45% to 30% in 6 mos.

12. Did the disability arise on or off duty? 1. 2. On duty.

13. Was a Court of Inquiry held? 1. 2. Not applicable.

14. If the disabling condition had its origin before enlistment, has it been aggravated on service?

Yes..... 1. 2. No. Not applicable.
(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? 1. 2. 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? 1. 6 to 12 mos. 2. Permanent, and likely progressive.

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

1. 2. None

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

1. 2. No.

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

20. Recommendations B 11

R. Richardson M.B.
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..... H. Goodayle..... 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

H Goodayle
Signature of soldier examined.

21. D8

22. Is t

23. It i

24. It i

STATION

DATE

DATE

DATE

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.

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

We concur.

22. Is the soldier fit for

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

23. It is certified that the soldier

- (a) ~~Does require 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).

That he be placed in category "E" and be discharged as medically unfit,

W.T. McLean Major, President.
W. J. Fair Capt. }
E.H. Johnson M.D. } Members.

STATION Ravina Barracks, Toronto.

DATE March 6th/18

APPROVED BY

DATE 9/2/18

APPROVED BY

Clare Thrusfield
Assistant Director of Medical Services.

DATE

Director-General of Medical Services.

(2) SUBJECTIVE- Pain ~~morning~~ moving up and down back. Unable to do any heavy work.

OBJECTIVE- Well marked Kyphosis in dorsal region. No deformity of any particular vertebra. Deformity cannot be eliminated by standing erect or pulling shoulders back. This is not a Pott's Disease but is probably due to weakness of Erector muscles of Spine possibly from injury of same or inflammation following or the the neuasthenia. There is considerable tenderness in muscles of Dorsal and Lumbar region. the ~~Kyphosis~~ Kyphosis has produced considerable thickening of chest antero posteriorly.

Other systems normal.

Incapacity is due to partial loss of function of (1) nervous system requiring 6 mos. rest (2) muscles of back resulting in deformity of spine and chest.

TO BE COMPLETED WHEN TREATMENT IS REFUSED

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

Witness..... Signed.....

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

INSTRUCTIONS

1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of pages 1 and 2 of this Form. The President of the Board of Medical Officers is responsible for the proper completion of the space, of page 3, reserved for recording the Proceedings of a Board of Medical Officers.
3. In answering the questions, Medical Officers will carefully obtain and record the soldier's statements concerning his condition. They will distinguish observations made by themselves from hearsay. They will distinctly state the authority for statements not resulting from their personal observation; it must be made clear whether such statements are obtained from the soldier concerned, from witnesses, or from documents.
4. If a complete answer to any question requires more space than that reserved for it, the answer may be continued on the blank space on this page.
5. The nomenclature of diseases to be followed is that described in "List of Diseases" printed in the order in which they appear in the Annual Report on the Health of the Army, published in London, (1915), by Messrs. Harrison and Sons.

13-100
WEST CLIFF CANADIAN EYE & EAR HOSPITAL

FOLKESTONE. NOVEMBER 17th 1917

INP.

From: O.C. West Cliff Canadian Eye & Ear Hospital.

To: Hospital Representative.

NASAL OBSTRUCTION.

The marginally named man entered this Hospital suffering from nasal obstruction. Sub-mucous resection was performed, nose healed.

He is now fit for duty and category A.

Pte. Goodayle.
No. 725192.
109th Battalion.
38th Battalion.
M. R. D.

Remains unchanged.

J. Stewart Captain. C.A.MC.

ST/V 3.
7-11-17.

for O.C. West Cliff Canadian Eye & Ear Hospital.

NAVY
V-11-IV

38th Battalion
100th Battalion
No. 788192
The Surgeon

Captain C. A. Mc

1st O.D. West Cliff Canadian Tye & Sew Hospital

He is now fit for duty and category A
sub-sicuous resection was performed, nose healed.
Discharge certificate and return from naval classification
The marginally housed man entered

The Hospital Representative

1st O.D. West Cliff Canadian Tye & Sew Hospital

13-1-0.
WEST CLIFF CANADIAN EYE & EAR HOSPITAL.

FOLKESTONE. NOVEMBER 7th 1917.

2431

From: O.C. West Cliff Canadian Eye & Ear Hospital.

To: Hospital Representative.

GENERAL OBSERVATION.

The marginally named man entered
this Hospital suffering from nasal obstruction.
Sub-mucous resection was performed, nose healed.

He is now fit for duty and category A.

Goodayle.
725192.
9th Battalion.
10th Battalion.
M. R. D.

nothing to be done.

J. Stewart Captain. C.A.MC.

for O.C. West Cliff Canadian Eye & Ear Hospital.

ST/V 3.
7-11-17.

W. H. Wood

CASE HISTORY SHEET.

Military Wing, Toronto General Hospital.

Toronto General Hospital. Toronto Station.

No. 725192 Rank Pte Name Harry Goodayle Age 20

Unit J.S.C. Completed years of service 2 1/2 Where and how long

Date of admission July 6th 1918 Date of discharge 18/7/18

Diagnosis Infected Hand Place of origin Toronto

CONDITION ON ADMISSION AND PROGRESS OF CASE

On June 27 saw sliver in hand which subsequently became infected. Ring finger point of infection abscess opened and Eusal compresses used - Epitrochlear and Axillary glands enlarged and tender - no lymphangitis. Eusal dressing q.h. - very slight discharge.
B.P.M.B.

FAMILY HISTORY

(Tuberculosis, mental or nervous diseases.)

TREATMENT

(Especially any specific or special form.)

As above.

CONDITION ON DISCHARGE

(and disposal made of case.)

18/7/18: Patient discharged to I.S.C.

Date 18/7/18

B.P.M.B. Rampton Capt
Medical Officer i/c case.

B39611

6

CASE HISTORY SHEET



A large, mostly blank sheet of aged, yellowish paper with faint horizontal lines, suggesting it was part of a ledger or record book. The paper shows signs of wear, including creases and a tear at the bottom center.

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Aug 4/10

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

<i>15</i>			
-----------	--	--	--

*2 h 1 y 38
E.M.*

PARTICULARS OF SEPARATION ALLOWANCE

No. *725192*

Rank *pte* Promoted Reverted Discharge

Soldier's Name *H. Goodayle*

Battalion *109 Bn*

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name *Cliza Goodayle*

Address *535 Ruffin St Toronto*

Change of Address

1

2

3

4

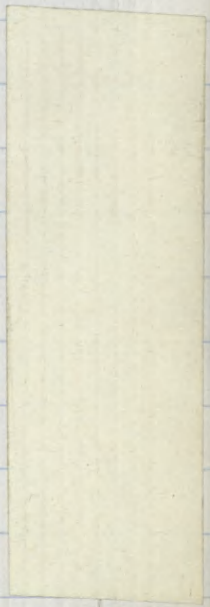
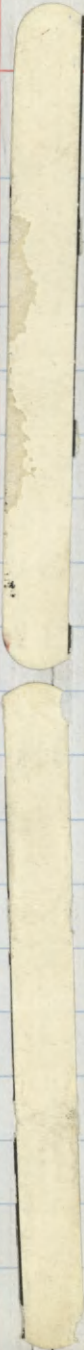
Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
<i>1917</i>					
<i>Dec 31</i>			<i>255</i>	<i>255</i>	
<i>Jan</i>	<i>66112</i>		<i>15</i>	<i>15</i>	<i>m</i>
<i>Feb</i>	<i>91066</i>		<i>15</i>	<i>15</i>	
<i>Mar</i>	<i>91707</i>				
<i>a/c closed Feb 28-18. Ret'd per Olympic 14-2-18. Fib 4185-H-3. M.R.O. 2B & L.</i>					

M. F. W. 128
400M.-6-17-1772-38-1141
L. L. 22520-M. & D. 7988.



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.				
1. 1. 18.	M. Reg Dep.	In Com. 1 st C.D. Borden. P. fleet.	"	31.12.17	PI D. 1.
21. 1. 18	"	Com. Ontario. 1 st C.D. D. P.O. 4 th Cav. Rly Troops. P. fleet.	"	21. 1. 18	" 21 P. 500 34 1/3/18 Spr
9-2-18.	Dep GRT	Leaves on command to 660 Bde. P. fleet + SOS GRT Depot on emb & bands para 392 Sec 25 N.R.O 1912	"	31-1-18	40
Dis Dept for Duty			MD2 Toronto	9218	NR 442

Ob. of M.R. 19
on command to 660 Bde



PROCEEDINGS OF A MEDICAL BOARD.

Dated at 30 Nov 1917.

No. 725192 Rank Pt Name Goodayle

Local Unit Man. Regt. Depot Overseas Unit (38th Bn 3rd Labour Bn.) Age 20

Examination held at St Martin's Plain.

DISABILITY.
Overseas Local
(scratch one out).

1. Kyphosis.
2. Shell Shock.

PRESENT CONDITION.

In France 10 months, returned on account of spinal condition. Was blown up by a shell in January and was buried in April - 1917.

Complains of nervousness when excited, also of pain in lumbar region on carrying a pack.

Examination - There is a marked Kyphosis, most marked in dorsal region, which he says came on after being "blown up." He is rather nervous. Has marked nasal obstruction but marked "fit for A" by Westcliffe report 7 Nov., 1917.

BOARD RECOMMENDS:

He stammers, a condition which he says has come on after being buried. He says it is getting better. Heart slightly rapid. General condition fairly good.

1. Fit for Duty.....
2. Fit for duty after.....weeks' physical training.

Fit for Temporary Base Dutyweeks.

Fit for Permanent Base Duty.....

B III

Discharge

Signatures:-

Members

Albrey Capt C.M.B. President.
G. O. Roger, Lt. C.M.B.

APPROVED

R. H. H. H. H. H. CAPT
 FOR A.D.M.S. CANADIANS, SHORNOLIFFE

Dated 1 - DEC 1917 1917.

For A.D.M.S.

PROCEEDINGS OF A MEDICAL BOARD.

1917

Date of

Name

Rank

Age

Overseas (initials)

Local Unit

DISABILITY

PHYSICAL CONDITION

[Faint, mostly illegible handwritten text, likely describing the physical condition of the individual.]

BOARD RECOMMENDATIONS

Fit for Temporary Base Duty

Fit for Permanent Base Duty

Discharge

Signature

Witness

APPROVED

DEC 10 1917

For Writings