10

ATTESTATION PAPER.

No. 150090

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your name? Wm J R Gorman
2. In what Town, Township or Parish, and in what Country were you born? Bangor Co. Down Ireland
3. What is the name of your next-of kin? T B Gorman (father)
4. What is the address of your next-of-kin? 19 Bridges St Bangor Ireland.
5. What is the date of your birth? 23rd December 1892
6. What is your Trade or Calling? Salesman
7. Are you married? No
8. Are you willing to be vaccinated or re-vaccinated? Yes
9. Do you now belong to the Active Militia? No
10. Have you ever served in any Military Force? If so, state particulars of former Service. No
11. Do you understand the nature and terms of your engagement? Yes
12. Are you willing to be attested to serve in the CANADIAN OVER-SEAS EXPEDITIONARY FORCE? Yes

W J R Gorman (Signature of Man.)

J Morris (Signature of Witness.)

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Wm J R Gorman, do solemnly declare that the above answers made by me to the above questions 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.

W J R Gorman (Signature of Recruit)

Date July 26 1915. J Morris (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Wm J R Gorman, 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.

W J R Gorman (Signature of Recruit)

Date July 26 1915. J Morris (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 Brandon this 2nd day of September 1915.

A F Campbell (Signature of Justice)

I certify that the above is a true copy of the Attestation of the above-named Recruit.

A A Allan Lt.-Col. (Approving Officer)

O. C. 79th. Overseas Battalion.

M. F. W. 23.
200 M.—7-15.
H. Q. 1772-39-841.

Description of Wm J B Forman on Enlistment.

Apparent Age 24 years ..... months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height ..... 5 ft. 8½ ins.

Chest measurement:
- Girth when fully expanded ..... 36½ ins.
- Range of expansion ..... 3 ins.

Complexion Dark

Eyes Grey

Hair Dark

Religious denominations:
- Church of England .....
- Presbyterian .....
- Wesleyan X
- Baptist or Congregationalist .....
- Other Protestants ..... (Denomination to be stated.)
- Roman Catholic .....
- Jewish .....

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).

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 Sept 1st 1915 — J D Ellwood

Place Brandon

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.

Wm J B Forman 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.

Geo. Lindsay Lt. Col. (Signature of Officer)
O. C. 79th. Overseas Battalion.

ORDERLY ROOM
SEP 1 - 1915
79th OVERSEAS BATTALION

Date ..... 191 .

REGIMENTAL DOCUMENTS

NAME Gorman Wm J. R. REGT. NO. 15 F 10 UNIT H. Q. FILE NO.

CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
ATTESTATION PAPER (M.F.W. 23, 133, or 51)					DEATH
CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category
TRAINING HISTORY SHEET (M.F.W. 113)					
FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)				18020	
COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					
MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
DENTAL HISTORY SHEET (M.F.B. 465)					Category
MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					
MEDICAL EXAMINATION (M.F.W. 129)					
TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)					
PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)					
DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)					DESERTION
LAST PAY CERTIFICATE (M.F.W. 44)					
PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					
PARTICULARS OF CHARACTER (A.F.W. 3226)					
COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
Pass card					
Pay card					2. 24 21. 25 33. 27

W. 2589
100M-11-18
1772-39-1377

ORIGINAL.

MEDICAL HISTORY SHEET.

Surname Forman. *Christian Name* William J. R.

Examined { on 26 day of July 1915
at Winnipeg

Approved by J. McEdmison
Rank Lt M.O

Birthplace { City or Town Banbridge.
County Co. Down Ireland.

Apparent age 23

Trade or occupation Clerk.

Height 5 Feet 8½ Inches.

Weight 142 Lbs.

Chest measurement { Minimum 36 inches.
Maximum expansion 39 inches.

Physical development Good.

Small-Pox Marks None

Vaccination Marks { Arm Right.
Number 1

When Vaccinated last 1892

(a) Marks indicating congenital peculiarities or previous disease None

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

Date	Fit or Unfit	Examined for Re-engagement.
		M.O
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Date	Result	Vaccinations.
		M.O.
		M.O.
		M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.
9/10/15		T.V. 3 M.O.
20/10/15		T.V. 3 M.O.
		M.O.

Enlisted on 26 *day of* July 1915 *at* Winnipeg

	Corps	Regt'l Number.	Habits.	Date.
Joined on enlistment	79th Batt.	150090		
Transferred to..	#4 12th Res Batt.			

NOT TO BE SENT OUT

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.

M. F. B. 313.

100M.—5-15.
H. Q. 1772-39-439

Surname Gunman Christian Name Wm. J. R.

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital.			Dates of Discharge from Hospital.			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.
		Day	Month	Year	Day	Month	Year				

92431.—W6490/1535.—2,000,000—J. J. K. & Co., Ltd.—Forms B. 103/1.

CERTIFIED CORRECT
Canadian Record Office
Westminster House
7, Millbank,

Army Form B. 103.

Casualty Form—Active Service.

Regiment or Corps 11th 8th Batt

Regimental No. 150090 Rank ~~L/C~~ Pte Name Gorman W. J. R.

Enlisted (a) Jul 26/15 Terms of Service (a) War Service reckons from (a) July 26/15

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

Extended ____ Re-engaged ____ Qualification (b) ____

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				
24/3/16	OC	Reverts to ranks at own request	Sciffo	24/3/16	R. K. Ness
24/3/16	11 Res. Bn.	Proceeded Overseas to 8th. Batt.	France	24/3/16	Lt. & Adj.
		EMBARKED FOR FRANCE.		24/3/16	1943 A.G. 2a.
7-4-16	8th. Bn.	Arrived in France	B. B. D.	26-3-16	Pt. 2. Ord. No 15.
9-4-16	C. B. D.	Left to join unit	Field	6-4-16	101/BD/3/273. D.C.S. 286.
8-4-16	8th. Bn	Joined unit	Field	7-4-16	B213 D.C.S. 287.
7. 2. 17	O.C. 8 Bn	Accidentally Killed	Field	7. 2. 17	O.C. 8 Bn. D.R.L.S.I. a.a.g. Can Ro File H. S 137/32394 d 10/2/17 Pt II a/No 16 d 17/2/17.

H. W. Dawson
Lieutenant
for Lieut. Col. a.a.g.

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

[P.T.O.

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				

R—122.

Rank | Name GORMAN, Wm. J. R. | Reg'l No. 150090

Unit 79th Bn. to 12th Bn. | If in perm. Corps, What Unit? | Married or Single Single

Place and Date of Enlistment Brandon July 26th 1915. | Place of Birth Bangor, Co. Down, Ireland

Name and Address, Next-of-Kin F.B.Gorman, 19 Bridges St, Bangor, Ireland

Relationship Father

Assigned Pay Monthly $ | Payable to

Relationship Accidentally Killed 7/2/17

Separation Allowance $ | Payable to

Relationship

Discharge, Date and Place | Reason | Character

N/E R.B. No. 4
File R. R-L-25-G-1599
Category Killed Acc.

17

Report Date	Report From whom received	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
		Proceed in England "Corrican"		5.10.15.	
2.11.15	O.C. 11th	Taken on strength of 11th from 12th	S.Cliffe	2.11.15.	Pt II O 2370.
30.11.15	"	To be L. Corp!	"	30.11.15	" 2665.
24-3-16	"	Reverts to Ranks. own request	"	24-3-16	" 72
					AFB Ckd. 31/3/16
24-3-16	O.C. 11th	S. Off. S. to 8th Bn.	Overseas.	24-3-16	Pt II O. 72
7-4-16	8th Bn.	Taken on Strength 8th	In the Field	26-3-16	Pt II O #15
12.2.17	— " —	Accidentally Killed		7.2.17	Pt II O. 16. Also CL 4.589 16.2.17

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					

A-305

Account Deceased men with ~~dependants~~ in British Isles

Ref. No.

MILITIA AND DEFENCE

ASSIGNED PAY.

To whom Miss P. M. Gorman

Address The Maze
Hillsborough
Co. Down, Ireland

Rate $15.00 a. p.

Date to Commence 1/3/17.

(Sister)

By whom assigned Gorman W. J. R.

Regtl. No. 150090

Rank Pte

Corps, &c. 79th Bn
(Now Pay 2 K.)

PAYMENTS.

Month.	Year.	Cheque No.	Amt. ASSIGNED PAY	Pay Sheet Deduction.	REMARKS.
Jan.	1916				Accidentally Killed 7/2/17. C. L. A. 589 16/2/17.
Feb.					
Mar.					
April					
May					
June					
July					
Aug.					
Sept					
Oct.					
Nov.					
Dec.					
Jan.	1917				
Feb.			$ 15 00	✓	Paid in full to 28/2/17.
Mar.					
April					
May					
June					
July					
Aug.					

ASSIGNED PAY.

By whom assigned

Regtl. No.

Month.	Year.	Cheque No.	Amount.		Pay Sheet.		REMARKS.
Sept.	1917						
Oct.							
Nov.							
Dec.							
Jan.	1918						
Feb.							
March							
April							
May							
June							
July							
Aug.							
Sept.							
Oct.							
Nov.							
Dec.							
Jan.	1919						
Feb.							
March							

A—305

6.

10195

MILITIA AND DEFENCE

ASSIGNED PAY.

8851.

To whom Miss P.M. Gorman (Sister)

Address ~~The Maze~~, Esplanade 18/12/16

~~Hills Borough~~. Bangor

Co. Down. Ireland.

Rate $15.00 per month.

Date to Commence, 1st March 1916.

By whom assigned Gorman., W.J.R.

Regtl. No. 150090.

Rank Private.

Corps, &c. 79th Battalion (for 8th Battn)

Now 8th Battn (T.C. 1/4/16)

A.P. Chkd. J.C. Currie

PAYMENTS.

Month		Year	Cheque No.	Amt.	Fiche 37553	REMARKS
Aug.	Jan.	~~1916~~				
Sept.	Feb.					
Oct.	March		150736	15		
Nov.	Apl.		6652	15		
Dec.	May		35056	15		
Jan.	June	~~1916~~ ✓	61699	15		
Feb.	July		97551	15		
March	Aug.		128802	15		
Apl.	Sept.		167603	15		
May	Oct.		193956	15		
June	Nov.	✓ 135	234496	15		
July	D[illegible]		280005	15		
Aug.	Jan.	1917	327063	15		
Sept.	Feb.		361543	15		
Oct.	March	Payment Stopped A. 3 M Form 20/2/17.		$ 180		
Nov.	Apl.					
Dec.	May	Stop assigned Pay				
Jan.	June	1917				
Feb.	July	accidentally killed				
March	Aug.					

J.K.

P—56

Rank | Name GORMAN, Wm. J. R. | Dead | Reg'l No. 150090

Unit 79th Bn. to 12th Bn. | If in perm. Corps, What Unit? | Married or Single Single

Place and Date of Enlistment Brandon July 26th 1915. | Place of Birth Bangor, Co. Down, Ireland

Name and Address, Next-of-Kin F. B. Gorman, 19 Bridges St, Bangor, Ireland

Relationship Father

Assigned Pay Monthly $ 15.00 Effect. 1/3/16 Payable to Miss P. M. Gorman (Sister) The Maze, Hills Borough Co. Down. Ireland

Relationship

Separation Allowance $ | Payable to

Relationship

Discharge, Date and Place Accidentally Killed 7/2/17 | Reason C.L. a/1589 4/6/2/D | Character

18 JUN 1917

Entered on N.E. Card Index

Checked by H. Gillotson

Date From	Date To	PAY No. of Days	PAY Rate	PAY Amount	Field Allowance No. of Days	Field Allowance Rate	Field Allowance Amount	Other Credits	Total Credits	Voucher No.	Voucher Date	Cash Payments	Assigned pay	Other Charges	Total Debits	Balance	Remarks, Casualties, etc
																	br from previous a/c
1/10/15	31/10/15	31	1	31	31	.10	3 10	10	44 10	453		31 63			31 63	12 47	10.00 clothing br retained
1/11/15	31/12/15	61	1	61	61	10	6 10		67 10	717 768	939 945	68 14			68 14	11 43	repaid. 26/1/16
Jan	1-31	31	1	31	31	10	3 10		45 53	1129 1033		9 73 14 60			24 33	21 20	Leave b/u Batt
Feb. 1	Feb. 29	29	1	29	29	.10	2 90		31 90	1279 1439		9 73 14 60			24 33	28 77	
Mch. 1	Mch. 31	31	1	31	31	.10	3 10		62 87	1523		9 73	15		24 73	38 14	T/C. 8th Bn. 31/3/16.
				183			18 30	10	211 30			158 16	15		173 16	38 14	

Checked H. Gillotson

Statement JUL 20 1917 Accounts

Balances transferred to New Ledger

Carried forward to Large Ledger sheet

Settled

Date		PAY			Field Allowance			Other Credits	Total Credits	Voucher		Cash Payments	Assigned pay	Other Charges	Total Debits	Balance	Remarks, Casualties, etc.
From	To	No. of Days	Rate	Amount	No. of Days	Rate	Amount			No.	Date						

REGT'L NO 130090

NAME Norman Wm. J. R.

H. Q. FILE NO. 649-

RANK AND CORPS Pte. 8th. Bn. (form. 79th.) (1st. R.D.)

FOLLOWS

CABLE

No.	Date	NATURE OF CASUALTY	FOLLOWS
		Irish.	
08936	16-2-17	Accidentally killed Feb. 7th. 1917.	
A.F.B.	2090a	" " " " "	
Rouen	12-2-17.		
Received	(7-4-17)		

L. L. 12767—M. & D. 7390.

M. F. W. 42—50M.—12-16.
H. Q. 1772-39-893.

LIST No	HOSPITAL	DATE OF ADMISSION	REMARKS
A 589	Rep. from Base	7-2-17	accidentally killed

649-4-6263

CARD NO.

FOLL. D

SURNAME. Gorman

CHRISTIAN NAMES Wm. J. R.

REGL. No. 150090 RANK Pte

UNIT 79th (1st R.D.) Bn.

FORMER CORPS nil

NEXT OF KIN.

NAMES IN FULL Gorman, T. B.

RELATIONSHIP TO SOLDIER Father

ADDRESS 19 Bridge St. Bangor Co. Down, Ire

CHANGE OF ADDRESS

COUNTRY OF BIRTH Ireland Bangor, Co Down. DATE

PLACE OF ATTESTATION Winnipeg DATE July 26th 1915.

Sailed from Montreal per S.S. Corsican 25/9/15. 214/3

L. L. 94504. M. & D. 6512. M. F. W. 22. 250M.—2-16. H. Q. 1772-39-339.

MARRIED SINGLE Yes. WIDOWER

TRADE OR CALLING RELIGION

DESCRIPTION.

APPARENT AGE YEARS MONTHS

HEIGHT FEET INCHES

CHEST MEASUREMENT INCHES EXPANSION INCHES

COMPLEXION EYES HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION. PLACE DATE

R. 149.

Name Gorman W.J.R. *Rank* Pte *Reg. No.* 150090

Unit 8th Battalion 25. G. 1599.

Next of Kin F.B. Gorman, 19 Bridge St. Bangor, Ireland.

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
7-2-17.	Reported from Base	Accdy.	killed	A589	5/17	O.8936

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List

649-G-6263

GORMAN, W.J.R. Pte. 150090, 8th Bn.

Medals & Dec. (Father) Thomas B. Gorman,
19 Bridge St.,
Bangor, Co. Down, Ireland.

P.& S. (Father) Thomas B. Gorman,
As above.

Hold for sep. card.

M

Serial No 793802

MAR 22 1921 Regn. No. 230741

Scroll Desp. _____

Mem. Cross (Nil)

JUL 14 1922 Regn. No. P42381

Plaque Desp. _____

Not elig. for 14-15 Star.

Elig. for V. M.

" " B.W.M.

21236

B.

60

87

No. 150090 RANK Pte NAME Garman, W. J. R

T. O. S. 26-7-15 UNIT 79th Battalion C. E. F.
D0140 of 31-7-15

M. D. 10

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1915 July 26	1915 Aug 31	"	Trans to O/S Draft	D046 of 4-9-16
Sept		"		

UNIT SAILED
APR 24 1916

6m
JCA

Number 150090 Rank L/cpl

Surname GORMAN

Christian Name William J.R.

Units 8 Bn C Inf Theatre of war France

Date of Service 24-3-16

Remarks

Latest Address Mr. Thomas B. Gorman (F.)
19 Bridge St., Bangor
Co. Down, Ire.

Roll No. B Page 14125

200m.-2-21.M.

DESP. SEP 12 1922
REGN. No. 20732

D.M S 1300.

Surname	Christian Name or Names	Reg. No.
Gorman	W.J.R.	150090

Rank	Unit	Co.	Troop	Batty.
Pte.	8th Bn.			

Hospital

Date of Admission

Transferred Hosp.

Hosp.

Hosp.

Hosp.

Diagnosis

(1)

Later Diagnosis (if changed)

(2)

(3)

Additional Diagnosis: if more than one state present

Acc. Killed 7-2-17.

DISPOSITION

Date

C.L. 17-2-17 A589

REMARKS

R.F.B.

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

EPITOME OF HOSPITAL TREATMENT.

	Hospital	Adm.
1.		
2.		
3.		
4.		
5.		
6.		
7.		

MARRIED OR SINGLE S.

PLACE OF BIRTH Bangor, Co Down, Ireland.

NAME AND ADDRESS OF NEXT OF KIN F. B. Gorman
19 Bridges St. Bangor. Ireland.

RELATIONSHIP OF NEXT OF KIN Father.

NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF KIN

SEPARATION ALLOWANCE MONTHLY $ EFFECTIVE (DATE)

PAYABLE TO

RELATIONSHIP OF DEPENDANT

COMPILED BY
CHECKED BY
COMPILED BY
CHECKED BY

CASUALTIES, PROMOTIONS, &c.

PARTICULARS	EFFECTIVE DATE	AUTHORITY
Accidentally Killed	7/2/17	CLA 589. 16

ADMISSIONS TO HOSPITAL, &c.

DATE ADMITTED	DATE DISCHARGED	V. OR A.	NAME OF HOSPITAL

A. P. checked and found correct J C Currie

DATE	PAY No. of Days	PAY Rate	PAY Amount $	PAY Amount c.	FIELD ALLOWANCE No. of Days	FIELD ALLOWANCE Rate	FIELD ALLOWANCE Amount $	FIELD ALLOWANCE Amount c.	WORKING OR SPECIAL PAY No. of Days	WORKING OR SPECIAL PAY Rate	WORKING OR SPECIAL PAY Amount $	WORKING OR SPECIAL PAY Amount c.	ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS 1 No.	1 Date	2 No.	2 Date	3 No.	3 Date	No.
			168				18	30						10	211	30						
Apl 1-30	30	1-	30	-	30	10	3	-							33	-		1205	25/4	CB 2583	5/4	
May 1-31	31	1.	31		31	.10	3	10							34	10	1219	9/6	1263	19/6		
June 1/30	30	-	30		30	.	3								33			1310	7/7			
July	31	.	31		31	.	3	10							34	10	1346	18/6.	1405	7.7.16		
Aug	31	.	31		31	.	3	10							34	10	1477 / 1455	3/8 / 15/7	1529	17/8		
Sept	30	.	30		30	.	3								33		1587	2/9	1644	16/9		
Oct	31		31		31		3	10							34	10.	1657 / 1811	25/9 / 1/11				
Nov 1-30	30	"	30		30	"	3								33		1769	26/10				
Dec 1/31	31	"	31		31	"	3	10							34	10	1857	19/11				RH58
1917			45	80			45	80														
Jany 1/31	31	1.10	34	10											34	10	1927	14/12	2065 / 2012	10/1 / 5/1		
Feby 1/28	28	1.10	30	80											30	80						
			568	70										10 00	578	70						

Checked H. L. McCluggage

Statement 6
JUL 10 1917
Account rendered

Statement 61
AUG 14 1917
Account rendered

No Can Ass-Pay HQ 593-1-12 1/5. 3. 17.

Recd

MOTIONS, &c.	
EFFECTIVE DATE	AUTHORITY
7/2/17	CLA 589. 16/2/17

HOSPITAL, &c.

NAME OF HOSPITAL

REG'L NO. 150090 RANK Pte NAME Gorman, Wm. J. R.

IF IN PERMT. CORPS WHAT UNIT — UNIT 79th Btn

TRANSFERRED TO ~~N.E.B.~~ Sub-Dep K DATE 8/2/17 AUTHORITY CLA 589 CLA. 589 16/2/17

PERMANENT FORCE ALLOWANCES — TRANSFERRED TO N. E. Bn. DATE 8.2.17 AUTHORITY 16.2.17

PLACE OF ATTESTATION Brandon. 8 Bn

TRANSFERRED TO DATE AUTHORITY

DATE OF ATTESTATION — TRANSFERRED TO DATE AUTHORITY

ASSIGNED PAY MONTHLY $ ~~15.00~~ DATE EFFECTIVE 18 JUN 1917

PAYABLE TO ~~Mrs P. M. Gorman, The Mazel, Hillborough Cobden~~ Esplanade Bangor Ireland RELATIONSHIP Sister

ASSIGNED PAY MONTHLY $ DATE EFFECTIVE

PAYABLE TO RELATIONSHIP

STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) 19/2/17. EFFECTIVE 1-3-17. REASON Accidentally Killed 7/2/17. CLA 589. 16/2/17.

DISCHARGE DATE AND PLACE — REASON AND AUTHORITY

Entered on N.E. Card Index

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE) Eff. 8/2/17 on 16th June 1917. Checked by H. Tillotson

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE) A 305 form rendered 3/4/17. G.

ACQUITTANCE ROLLS 2 No.	2 Date	3 No.	3 Date	4 No.	4 Date	CASH PAYMENTS 1	2	3	4	ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE CREDIT	BALANCE DEBIT	PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
						156 16				15		173 16	38 14				
205	25/4	CB 2503	5/4				87	4 36		15		20 23	50 91				
1263	19/6/16					2 56	2 55			15		20 11	64 90				
1310	7/6						2 56			15		17 56	80 34				
1405	7.7.16					2 86	2 62			15		20 18	94 26				
1529	17/8					2 62 2 62	3 49			15		23 73	104 63				
1644	16/9					2 61	2 62			15		20 23	117 40				
						3 49 2 62 5 23				15		18 49	133 01				
										15		22 85	143 16				
										135			112 00				
		RH58	21/10			11 33			38 93	15		65 26	~~496 23~~				
2065	10/1						3 49										~~21 days~~
2012	5/1					5 23	2 62			15		26 34	119 76				
										15	23 10	38 10	112 46				21 days overpaid @ 1.10
																	Trans ~~N.E.B.~~ Sub Dep K 8/2/17 CLA 589 16/2/17
						199 03	20 82	4 36	38 93	180	23 10	466 24	112 46				

Carried forward

Small Ledger Sheet.

150090 Pte Gorman, Wm. J. R.

Date	Pay: No. of Days	Pay: Rate	Pay: Amount $	Pay: Amount c.	Field Allowance: No. of Days	Field Allowance: Rate	Field Allowance: Amount $	Field Allowance: Amount c.	Working or Special Pay: No. of Days	Working or Special Pay: Rate	Working or Special Pay: Amount $	Working or Special Pay: Amount c.	Assigned Pay Credits	Other Credits	Total Credits	Acquittance Rolls 1 No.	Acquittance Rolls 1 Date	Acquittance Rolls 2 No.	Acquittance Rolls 2 Date	Acquittance Rolls 3 No.	Acquittance Rolls 3 Date	Acquittance Rolls 4 No.	Acquittance Rolls 4 Date	Cash Payments 1	Cash Payments 2	Cash Payments 3	Cash Payments 4
B/F.			568	70										10	578	70								199	03	20 82	4 36	38 9
																											Balance tr
N.E. June 17														23	10	23	10										
N.E. June 17														—		—										—	
" July 17															12		12										
Aug 1st to Lead 17																								135 68			

Cash Payments 2	Cash Payments 3	Cash Payments 4	Assigned Pay	Other Charges	Total Debits	Balance Credit	Balance Debit	Pay Withheld or Deferred	Pay Available for Issue	Remarks
82	4 36	38 93	180	23 10	466 24	112 46				Trans. to N.E. Br. eff. 8.2.17.
	Balance transferred to N. E. Branch.					112 46				
						135 56				4-2-17 to 28-2-17 Pa. C. P. M. ending 188 of 18/6/17
—	—		—		—					
						135 68				& SE sch # 853
					135 68					Dr 135 68 bkg 126 qt Dr 23/8/17

LCB.

ORIGINAL.

150090

Army Form B. 178.

To be used (a) for recruits enlisting direct into the Regular Army, and (b) for men of the Territorial Force when they are admitted to Hospital.
Army Form B. 178A to be used for Special Reserve recruits and Special Reservists enlisting into the Regular Army.

MEDICAL HISTORY of

Surname G O R M A N *Christian Name* William J.R.

Table I.—GENERAL TABLE.

Birthplace ... Parish Bangor County Co.Down, Ireland.

Examined ... ... on 26th. day of July 1915, at Winnipeg.

Declared Age ... ... 23 years days.

Trade or Occupation ... Clerk.

Height ... ... 5 feet 8½ inches.

Weight ... ... 142 lbs.

Chest Measurement: Girth when fully Expanded 39 inches.; Range of Expansion 3 inches.

Physical Development ... Good.

Vaccination Marks: Arm ... Right / Left; Number 1

When Vaccinated 1892

Vision ... ... R.E.—V= L.E.—V=

(a) Marks indicating congenital peculiarities or previous disease ... (a)

(b) Slight defects but not sufficient to cause rejection ... ... (b)

Approved by (*Signature*) J.H.Edmison
(*Rank*) Lt.
Medical Officer.

Enlisted ... ... at Winnipeg. on 26th. day of July 1915.

	Corps.	Regtl. No.
Joined on Enlistment ...	79th. Batt.	150090
Transferred to	4 co.12th. Res.Batt.	

Became non-effective by ...

This Medical History Sheet has been compared with the Corresponding Attestation Paper, and entries made in red have been taken from the Attestation Paper.

on day of 191 .
(*Signature*)
(*Rank*)
Lieut.-Col.
In Charge of Records,
Canadian Contingent.

(4887.) W. 9597/1588. 500M. 9/15. C. P. Forms B. 178 39

P.T.O.

Table II.—Only for Admissions to Hospital or to the Sick List in

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number of days in Hospital	Remarks bearing on use. In case subsequent p be given in t
	Day	Month	Year	Day	Month	Year			

o the Sick List in the case of Warrant Officers treated in quarters.

Number of days in Hospital	Remarks bearing on the cause, nature, or treatment of the case, likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet.	Signature of Medical Officer

Table III.—Boards; Courts of Inquiry, Vaccination, Inoculations etc.; Examinations for Field or Foreign Service, Extension, Re-engagement, or Prolongation of Service; Issue of Surgical Appliances; Particulars of Dental Treatment, etc.

Date	Brief details, and signature
	Anti-Typhoid Inoculations, etc.
9.10.15.	T.V.
	3
20.10.15.	T.V.
18-1-16	3 Vaccs.

Table IV.—Service Table.

Station or Troopship	Date of arrival or embarkation	Date of departure or disembarkation	Station or Troopship	Date of arrival or embarkation	Date of departure or disembarkation

I certify the foregoing to be a true copy of an original entry on a Medical History Sheet of this man.

for the Officer in Charge of Records C.A.M.C.
Canadian Contingents.