

817060 Cpl  
**I.D. number**  
**No. d'identification**

Gorman  
**Surname**  
**Nom de famille**

Charles Ingraham  
**Given names**  
**Prénoms**

**PERSONNEL RECORDS CENTRE**  
**CENTRE DES DOCUMENTS DU**  
**PERSONNEL**

**Location**  
**Lieu**

3657



MENTAL DOCUMENTS

NAME **GORMAN CHAS. INGRAHAM**

REGT. NO. **817060**

UNIT **104<sup>th</sup> Bn.**

H. Q. FILE NO.

NON-EFFECTIVE BY

DEATH

Category

DISCHARGE

Category

DESERTION

5-23

10-24

31-25

3

**S**

CONTENTS

DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

M. F. W. 2505  
REFERENCE

ATTENTION PAPER (M.F.W. 23, 133, or 51)

CASUALTY FORM (M.F.W. 54 or A.F.B. 103)

TRAINING HISTORY SHEET (M.F.W. 113)

FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)

REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)

COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)

MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)

DENTAL HISTORY SHEET (M.F.B. 465)

MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)

MEDICAL EXAMINATION (M.F.W. 129)

TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)

PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)

DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)

LAST PAY CERTIFICATE (M.F.W. 44)

PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)

PARTICULARS OF CHARACTER (A.F.W. 3226)

COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)

*Disip. Cert.*

*Admit "*

*1 MFW 67*

*1 AFW 3212*

*1 DR 149*

*1 card*

*1 Pay Card*

**M**

**H**

**H**

*Dental Services*

*10/5/20*

*Misc-476*

*Demol.*

*Box 405588*



ORIGINAL

To be made out in duplicate.

H.Q. 54-21-23-53

PARTICULARS OF FAMILY OF AN OFFICER OR MAN ENLISTED IN C. E. F.

INSTRUCTIONS.

- (a) This form is only required for men joining units for Overseas Service and must be completed immediately the man is warned for draft overseas.
- (b) Care must be taken to see that a man is allotted his correct Regimental Number. No numbers must be duplicated and once it has been allotted to a man, even if he is subsequently discharged, the same number must never be allotted to another man.
- (c) All questions, etc., must be answered.
- (d) One copy of the form is to be forwarded by Officer Commanding unit for each Officer and man to Officer Commanding Division or District at least seven days before man leaves his station to proceed overseas, for transmission to Accountant and Paymaster General, Ottawa.
- (e) Duplicate copy is to be forwarded direct to Officer in charge of Records, C.E.F. London, immediately after arrival in England.

- 140th OVERSEAS BATTALION C. E. F.
- (1) Name of Overseas Unit which Soldier joins.....
  - (2) Regimental Number.....817060.
  - (3) Full Name of Soldier.....Charles Ingrahm Gorman,
  - (4) Place of Birth.....St. John N.B.
  - (5) Are you married, or not?.....No.
  - (6) If married, state,  
(a) Full name of your wife.....  
(b) Present Postal Address.....
  - (7) Are you a widower?.....
  - (8) Have you any children?.....  
If so, give number of boys and girls.....  
Also their names and ages.....  
.....  
.....  
.....  
.....

M. F. W. 67.

300M.-6-18.  
1773-39-254.

(SEE OTHER SIDE.)



ORIGINAL

(9) Is your Father alive?.....Yes.....Wm. John Gorman, 292 Main St.....

If so, state name and address.....St. John N.B.....

(10) Is your Mother alive?.....Yes.....Mary Gorman, 292 Main St.....

If so, state name and address.....St. John N.B.....

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

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

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

(13) If you have no wife, father, mother or children, state the name and relationship with full postal address of your next of kin, to whom you would desire any communication to be sent concerning you.

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

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

If so, in what Company?.....London Life Ins. Co.....

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

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

*L. B. Burdette*  
.....  
Officer Commanding.

Date.....Aug. 6th. 1916.....



111336

FORM OF WILL.

Name in full.

I Charles, I. Gorman,

Regimental Number 817060, serving in C.M.G.D.

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

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

I DEVISE and BEQUEATH all my real estate unto my Mother,

Mrs Mary Gorman,

292 Main St.,

St., John, New Brunswick,

Canada.

absolutely, and my personal estate I bequeath to my Mother,

Name & Address of  
persons or person  
to receive personal  
estate (see Note 1.)

Mrs., Mary, Gorman,

292 Main, St.,

St., John New Brunswick,

Canada.

Fill in Date and  
Year.

IN WITNESS WHEREOF I have hereunto set my hand this Thirteenth,

day of April, A.D. 1917.

*C. I. Gorman*  
(Signature)

Signed by the said Testator as his last Will and Testament, the same  
having been read over and explained to him, in the presence of us both  
present at the same time who at his request and in his presence and in  
the presence of each other have subscribed our names as witnesses.

Name of Witness *Plt P. Grace*Address of Witness *C. Dr. G. D.*Occupation of Witness *Soldier*Name of Witness *S. Francis*Address of Witness *Brook's Camp*Occupation of Witness *Soldier*

N.B.—Personal Estate includes pay, effects, money in Bank, insurance policy;  
in fact everything except real Estate.





## MEDICAL CASE SHEET.\*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
	817060	Cpl	Gorman	Charles
Year	Unit.	Age.	Service.	
	2/ Can. M. G. Batt.	21	3 $\frac{6}{12}$	
Station and Date.	Disease			
HOLBORN MILITARY HOSPITAL, WESTERN ROAD, MITCHAM.	<i>Impetigo</i>			
23/12/18	Admitted here 21/12/18 for <i>Impetigo</i> M. (Chert. Case & Name.)			
	He is in <i>Impetigo</i> a week.			
	Remove scabs & treat with 10000			
10/1/19	Sol. H. of Percher. - Kerol Batt.			
	A. L. Chert. - in <i>Impetigo</i> - similar with L. L. L.			
15/1/19.	Remove scab on leg. continue treatment. & etc.			
22.1.19	Much improved. One scab removed from thigh & leg. now applied			
28/1/19	The man is unfit for service -			
	ACF			

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



Station  
and Date.



W. S. B. CLASS A. No.

SHORT FORM.

EMBARKED S.S. "CAJASANDRA"

PROCEEDINGS ON DISCHARGE.

MAY 2 1919

(Demobilization.)

DISSEMBARKED

17-11-38.



1. No. 817060

2 Rank. Cpl.

3. Name. GORMAN. Chas Ingraham

4. Unit. 140th Bn. 2nd M. I. Bn. D. D. NO. 7

5 Date of Discharge

MAY 14 1919

Place

ST. JOHN N. B.

6 Reason for Discharge

DEMOBILIZATION

Service in France. 22/12

Next of Kin. mother

7. Authority.

R. O. 1420

8. Proposed Residence after Discharge

St John N.B.

Religion. Catholic

Occupation. Clerk

3

9.

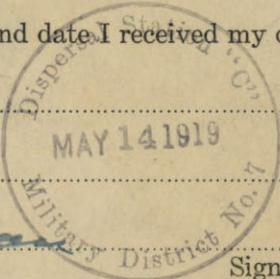
CERTIFICATE TO BE SIGNED BY SOLDIER.

I hereby acknowledge that at the undernoted place and date I received my discharge Certificate

M. F. W.? 39 & Class 'A'

W.S. No, 265 616

Chas I Gorman



Signature of Soldier.

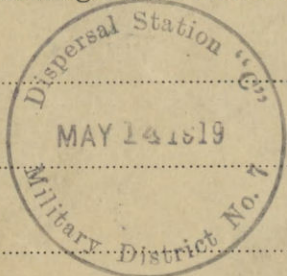
10.

CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place

Date



Signature

Range 66th  
DISPERSAL STATION, ST. JOHN, N. B. FOR.  
O. C. DISTRICT DEPOT #7  
O. C. Discharging Unit.)



## LIST OF DISCHARGE DOCUMENTS.

Attestation Paper, Triplicate.....	Militia Form W. 23
or Particulars of Recruit.....	Militia Form W. 133
Field Conduct Sheet.....	Militia Form W. 178 or A.F.B. 122
Casualty Form.....	Militia Form W. 54 or A.F.B. 103
Last Pay Certificate.....	Militia Form W. 44
Certificate that missing documents are unobtainable.....	
Medical History Sheet.....	Militia Form B. 313 or A.F.B. 178
Proceedings of Medical Board.....	M.F.B. 227, A.F.B. 179 or A.F.A. 45
Dental History Sheet.....	Militia Form B. 465
Medical Report.....	M. F. W. 129 or D. M. S. 1375
Regimental Conduct Sheet.....	Militia Form B. 263
Company Conduct Sheet.....	Militia Form B. 263a

1. Triplicate Attestation Paper (M.F.W. 23), or Particulars of Recruit (M.F.W. 133).
2. Casualty Form (A.F.B. 103).
3. Medical History Sheet (M.F.B. 313 or A.F.B. 178).
4. Proceedings of Med. Board (M.F.B. 227 or M.F.W. 129).
5. Dental Certificate (C.A.D.C. 1133a).
6. Field Conduct Sheet (A.F.B. 122).
7. Proceedings on Discharge (M.F.B. 218a).
8. Discharge Certificate (M.F.W. 44) (enclosed in special envelope (260M)-).
9. Copy of Discharge Certificate (M.F.W. 32a).
10. Dental Certificate (C.D. 3).
11. Equipment Statement Q.M.C. Form (D.O.S. 2), and Clothing.
12. Last Pay Certificate (P. 851).
13. Pay Book (A.B. 64).
14. War Service Gratuity (Form M.F.W. 2525).
15. Sundry Documents.

Group..... **A**

Checked by No..... **25**

.....

Date.....



Oscar

11 Dec

Forms  
L 1237  
14

Army Form I. 1237.

MEDICAL CASE SHEET.\*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
	817060	Cpl	Jormaw	Chor
		Unit.	Age.	Service.
Year.	2nd C.M. G. Batt			
Station and Date.	Disease			
	<p>Intestine</p> <p>No sores now. Fin and good</p> <p>Heart things normal</p> <p>Pt 2</p> <p>17-2-19 Out Cat. Vat 1-11</p>			

Convalescent Hospital,  
No. ....  
Date 7/2/19  
Woodcote Park, Epsom.

*[Signature]*

Capt. C.A.M.C.  
No. 2 Division.