

# OCCUPATIONAL HISTORY FORM

THIS FORM IS TO BE COMPLETED FOR EACH MEMBER OF THE ARMED FORCES. THE INFORMATION SOUGHT IS FOR THE USE OF GENERAL ADVISORY COMMITTEE ON DEMOBILIZATION AND REHABILITATION, A COMMITTEE SET UP BY THE GOVERNMENT OF CANADA TO STUDY PLANS FOR ESTABLISHING IN INDUSTRIAL LIFE THE MEMBERS OF THE ARMED FORCES, AFTER DISCHARGE. ACCURACY AND COMPLETENESS IN ANSWERING WILL BE OF MUCH HELP TO THE COMMITTEE.

PLEASE READ CAREFULLY THE INSTRUCTIONS GIVEN ON THE INSIDE OF COVER BEFORE COMPLETING FORM

## Section A—GENERAL INFORMATION

1. (a) Print name in full Elizabeth Genevieve Woodman (b) Reg'l. No. W-300727
2. (a) Arm of service R.C.A.F.W.D. (b) Unit # 25.F.T.S. (c) Rank A.W.2.
3. (a) Date of birth Jul. 23, 1920 (b) Have you any dependents? NO. (c) Place of residence at time of enlistment HALIFAX, N.S.
4. (a) Place of enlistment HALIFAX, N.S. (b) Date of enlistment Feb Nov. 27, 1941

PLEASE  
LEAVE  
BLANK

## Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school 16 (b) Were you attending school or college up to the time of enlistment? NO.
6. State definitely highest standing reached at public, technical or high school (for instance—"4 years, Public School", "two years, High School", "Junior Matriculation", or "4 years technical course in printing", etc.) Junior Matriculation
7. If you attended a university, give name of university and standing or degree secured
8. (a) Did you ever enter upon a trade apprenticeship? NO. (b) If so, for what occupation? — (c) Did you finish it? — (d) If you did not finish it, how long did you serve at it? —
9. (a) What languages do you speak fluently? English (b) What languages do you read well? English

## Section C—EMPLOYMENT CONDITION AT TIME OF ENLISTMENT

10. (a) State whether you were WORKING or NOT WORKING at time of enlistment. (Enter here only "Working" or "Not Working", as case may be; particulars are asked for below) NOT WORKING (b) At time of enlistment of what trade union or professional society were you a member? NA.

## Section D—PARTICULARS CONCERNING THOSE WHO WERE UNEMPLOYED AT TIME OF ENLISTMENT

QUESTIONS 11 TO 17 REFER ONLY TO THOSE WHO ANSWER "NOT WORKING" IN QUESTION 10 (a)

11. Had you ever been employed fairly regularly since leaving school? YES.
12. (a) If answer to 11 be "Yes", state exact trade or occupation at which you actually worked Teacher. (b) State how long you had worked at this trade or occupation Two years.
13. If answer to 11 be "No", state exact trade or occupation for which you feel qualified Teaching.
14. If you had been employed after leaving school, state when you last worked fairly regularly before enlistment N.A.
15. Give details of last employer, if any: Name I. J. Samson Address St. John's Nfld.
16. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) Chairman of School Board.
17. (a) If your last employment was in a business of your own, state nature and address of business N.A. (b) Date of discontinuing it June 30, 41.

## Section E—PARTICULARS CONCERNING THOSE WHO WERE EMPLOYED AT TIME OF ENLISTMENT

QUESTIONS 18 TO 23 REFER ONLY TO THOSE WHO ANSWER "WORKING" IN QUESTION 10 (a). PLEASE READ THESE QUESTIONS AND REPLY TO THOSE APPLYING TO YOU AT TIME OF ENLISTMENT

IF YOU WERE AN EMPLOYEE WORKING FOR AN EMPLOYER UP TO THE TIME OF ENLISTMENT, PLEASE ANSWER QUESTIONS 18 TO 21

18. Name of employer..... Address.....
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.).....
20. (a) Your specific occupation..... (b) Number of years' experience at this occupation with any employer.....
21. (a) Did your employer promise definitely to give you employment on discharge?..... (b) Did your employer refuse to promise you employment on discharge?..... (c) Do you wish to return to your former employment?.....

IF YOU WERE WORKING ON YOUR OWN UP TO THE TIME OF ENLISTMENT, THAT IS TO SAY, OPERATING A FARM, A STORE, OR IN PROFESSIONAL PRACTICE, OR AS A PARTNER IN ANY SUCH LINE, PLEASE ANSWER QUESTIONS 22 AND 23

22. (a) State nature of business, or professional practice..... (b) Where was it located?.....
23. (a) Number of years engaged in this business..... (b) Have you made, or will you make plans to return to the same or a similar business on discharge?.....

## Section F—PARTICULARS OF FARMING EXPERIENCE

24. (a) Do you wish to engage in farming after the war? NO. (b) Do you feel competent to operate a farm? NO. (c) If so, in what kind of farming?.....
25. (a) Were you born on a farm? NO. (b) How many years' actual farming experience have you had? NONE. (c) In what provinces did you have experience?.....

## Section G—MISCELLANEOUS

26. Have you made any arrangements other than indicated above, for re-establishment in civil life after discharge? NO.
27. If so, state nature of your plans (for example, do you plan to return to school, or have you been assured of a job, etc.).....
28. State any employment preference or ambition you may have, other than indicated elsewhere in this form NONE.

CAF Records Office

MAR 31 1942

C.I.B.

N. I.

P. A.

DATE Feb. 23, 41 1941 SIGNATURE E. S. Woodman

Air Force No. W 300727

#16 Recruiting Centre, RCAF, Halifax, Nova Scotia. Equipment Trade Assistant

Finger Printed  
Date 27-10-46  
Initials...

# Canadian Women's Auxiliary Air Force

## (ATTESTATION PAPER)

1. Surname WOODMAN Full Christian Names ELIZABETH GENEVIEVE
2. Present Address 270 South St., Halifax Telephone 5-2186
3. Permanent Address 270 South St., Halifax
4. Place of Birth New Harbour, N.S. Citizenship N.F.I.D.
5. Date of Birth Feb. 23<sup>rd</sup> 1920 Married, Single, Widow, Separated, Divorced Single
6. Particulars of Children: none

Name	Date of Birth	Name	Date of Birth

7. Occupation Teaching 8. Religion Anglican
9. Languages English
10. Husband (Full Name) N/A Birthplace N/A  
 " Address N/A Citizenship N/A  
 " Occupation N/A
11. Next of Kin (Full Name) Mary Louise Woodman Relationship Mother  
 " Address New Hr. N.S.
12. Father (Full Name) George Woodman Birthplace New Harbour, N.S.  
 " Address New Harbour, N.S. Citizenship N.F.I.D.  
 " Occupation General Dealer
13. Mother (Full Maiden Name) Mary Louise Windsor Birthplace St. John's, N.S.  
 " Address New Hr. N.S. Citizenship N.F.I.D.
14. Details of any Service Training or membership in any Voluntary Organization: none

Unit or Organization	Place	Rank	Trade	Date		Reason for Discharge or Resignation
				From	To	

R.C.A.F. Records Office  
Rec'd DEC 16 1946  
N.S. ... C.I.B. ...  
N.S. ... P.A. ...  
S.L. ...

15. Have you ever been convicted of an indictable offence? No  
 If so, state nature N/A
16. Are you in debt? No If so, state particulars N/A

17. Particulars of Education:

Name of School	Date		Courses—Subjects, etc.
	From	To	
Primary Education—Public or Separate School	<u>New Hr. High</u>	<u>1926-1934</u>	<u>English Literature</u> <u>Grades I-VIII</u>
High School—Collegiate Institute, etc.	<u>School</u>	<u>1934-1937</u>	<u>History, Arithmetic, Algebra, Geometry, French, Economics</u>
Technical School			
University or School other than above			<u>English Language</u>
Business Courses, etc.			<u>Botany (Grade XI)</u>

18. Particulars of all Civil Occupations (in full):

Employer and Place	Duties, Trades, Positions	Date		Reason for Leaving
		From	To	
<u>Rev. J. E. Morgan, Hearts Delight, N.S.</u>	<u>Teacher</u>	<u>Jan. 7/40</u>	<u>June 30/40</u>	<u>Left at end of last school year at my own will</u>
<u>I. J. Samson, St. John's, N.S.</u>	<u>"</u>	<u>Jan. 9/41</u>	<u>June 30/41</u>	<u>years at my own will</u>
<u>Father (Merchant)</u>	<u>Clerk</u>	<u>1939</u>	<u>1940</u>	

R.C.A.F. R.105W  
12M-8-41 (642)  
H.Q. 890-R.105W.

416-336

gan

19. Special qualifications, hobbies, etc., useful to the R.C.A.F. None

20. Sports engaged in. State: extensively, moderately, occasionally Swimming, Basketball, Hockey (field), Skating.

21. C.W.A.A.F. trade for which you wish to enlist: { 1st Choice Equipment Assistant  
2nd Choice Motor Transport Driver

22. Names of persons who can give references as to character and ability:

Name	Address	Occupation
<u>Mr. E. A. Bishop</u>	<u>New H., T.B., Yfld.</u>	<u>Teacher</u>
<u>Rev. W. E. R. Cracknell</u>	<u>" " " " " "</u>	<u>Parish Priest</u>
<u>Dr. A. J. Walsh</u>	<u>Heart's Content " "</u>	<u>Doctor</u>
<u>Mr. W. R. Neal</u>	<u>St. John's, Yfld.</u>	<u>Wholesale Grocer</u>

23. Other information that may have any bearing on this application None

24. Do you understand that vaccination, re-vaccination and inoculation are compulsory? Yes

I hereby certify that the foregoing information furnished by me is correct to the best of my knowledge and belief.

Date Nov. 26<sup>th</sup> 1941 Signature Elizabeth G. Woodman

FOR OFFICIAL USE ONLY

(A) REPORT OF INTERVIEWING OFFICER:

Type Good General appearance Good  
Suitability for (state in what capacity) Equipment Assistant  
Date 27.11.41 Signature J. B. Coleman Rank (Civil Shop Foreman Instructor)

(B) REPORT OF TRADE TEST:

Trade in which tested Equipment Assistant  
Result Experience in handling goods; stock-taking and simple book-keeping; Qualified  
Trade qualifications other than above likely to lead to efficient employment in the C.W.A.A.F.

Date 27.11.41 Signature J. B. Coleman Rank (Civil Shop Foreman Instructor)

(C) DECLARATION AND OATH TAKEN ON ATTESTATION

I, Elizabeth Genevieve WOODMAN do solemnly declare that the foregoing particulars are true, and I hereby engage to serve on active service anywhere in Canada, and also beyond Canada and overseas, in the Canadian Women's Auxiliary Air Force for the duration of the present war, and for the period of demobilization thereafter, and in any event for a period of not less than one year provided His Majesty should so long require my services. I do sincerely promise and swear (or solemnly declare) that I will be faithful and bear true allegiance to His Majesty.

Date November 27th 1941 Signature Elizabeth G. Woodman  
Signature of Recruit

(D) CERTIFICATE OF ATTESTING OFFICER

The Recruit above named was cautioned by me that if she made any false answers to any of the above questions she would be liable to be punished as provided by law.

~~The above questions and answers were read to the Recruit in my presence.~~  
I have taken care that she understands each question, and that her answers 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 Halifax, N.S. this 27th day of November 1941.

Signature of Officer L. T. Chapman for (L. T. Chapman)  
Flight Lieutenant #16 Recruiting Centre, RCAF,  
Commanding Officer, Halifax, Nova Scotia Unit

ED 47  
PB

NATIONAL  
PRODUCED. Elizabeth

# ROYAL CANADIAN AIR FORCE

C. W. A. A. F.

NAME IN FULL Elizabeth Genevieve Woodman Single, Married, Widowed, Divorced? Children Single  
 Place of Birth New. Hrs., T.A., N.F.I.D. Date of Birth Feb. 23, 1920  
 Enlistment as Equipment Assistant

## Medical History and Functional Inquiry:

(All questions must be answered in candidate's own handwriting. It is not sufficient to leave a space for reply, blank. Write "N.A." if "Not Applicable." Incorrect answers may prejudice an applicant's chance of selection.)

Past Illnesses (of more than 2 weeks' duration)—Give details none

What injuries? None

What operations? None

When and why did you last consult a physician? Nov. 18<sup>th</sup>, 1941. For medical Examination for C.W.A.A.F.

Are you under treatment for any medical condition now? No. Specify: N.A.

Have you ever experienced any of the following conditions? (Underline, and insert age)

- |  |   |
|--|---|
| Rheumatism <u>No.</u> Age <u>N.A.</u>                    | Growing pains <u>No.</u> Age <u>N.A.</u>  |
| Shortness of breath <u>No.</u>                           | St. Vitus dance <u>No.</u>                |
| Yearly no. of sore throats <u>No.</u>                    | Tonsillitis <u>No.</u>                    |
| Yearly no. of head colds <u>No.</u>                      | Sinus trouble <u>No.</u>                  |
| Earache <u>No.</u>                                       | Running ears <u>No.</u>                   |
| Lung trouble <u>No.</u>                                  | Pleurisy <u>No.</u>                       |
| Persistent cough or sputum <u>No.</u>                    | Thyroid trouble or goitre <u>No.</u>      |
| Asthma or hay fever <u>No.</u>                           | Chronic skin disease <u>No.</u>           |
| Rupture <u>No.</u>                                       | Tuberculosis <u>No.</u>                   |
| <u>Frequent headaches</u> <u>Yes.</u>                    | Fainting or giddiness <u>No.</u>          |
| Bilious attacks <u>No.</u>                               | Chronic indigestion <u>No.</u>            |
| Abdominal pains <u>No.</u>                               | Sleeplessness <u>No.</u>                  |
| Bed-wetting (after 12 years of age) <u>No.</u>           | Stammering <u>No.</u>                     |
| Fits or convulsions <u>No.</u>                           | Swollen and/or painful feet <u>No.</u>    |
| Do you have to rise at night to urinate? <u>No.</u>      | Haemorrhoids, or piles <u>No.</u>         |
| Regular use of laxatives? <u>No.</u> How often? <u>—</u> | Other abnormal bowel movements <u>No.</u> |
| Kidney or bladder trouble <u>No.</u>                     | Nervous breakdown or illness <u>No.</u>   |
| Any vaginal discharge <u>No.</u>                         | Venereal disease <u>No.</u>               |

Present weight 127 Average weight 125 Weight one year ago 130

Anything not covered by above questions?

How are the following: Appetite? Good Digestion? Good

Do you wear glasses? No. Are they satisfactory? N.A.

Do you wear any device because of any body defect? No. What and why? N.A.

Date of last menstrual period Oct. 12<sup>th</sup> Are periods normal? Yes.

How much time do you spend in bed with each? No. Reason N.A.

(OVER)

Number of normal pregnancies (if any)..... *N. A.*  
Number of miscarriages (if any)..... *N. A.*  
Have you ever had treatment for any pelvic disorder?..... *N. A.* If so, for what?..... *N. A.*

Do you consider your present state of health <sup>Excellent</sup> ~~Good~~ <sub>Fair</sub> (Strike out words not applicable).

I hereby certify that I have reviewed the answers to the questions hereof, as entered by me before signing this statement. They are full, true and complete, and there are no exceptions to any of the answers stated herein.

Signed..... *E. Elizabeth G. Woodman*  
*E. Elizabeth Genevieve Woodman*  
Witness..... *J. K. L. Gunn*  
*Examining Medical Officer*

CERTIFICATE OF MEDICAL EXAMINATION

(NOTE.—Complete Physical Examination is Required as Set Out in R.C.A.F. Form R. 100: Record only the following findings. Record all physical defects under "Abnormalities" and "Remarks" below.)

Former Occupation..... *Teacher* Age..... *21* Height..... *5' 2 1/2* ins. Weight..... *127* lbs.

Identification Marks..... *incision scar tip of nose left*  
*finger*

Past Illnesses, Operations, Injuries..... *nil*

Vision—without glasses—Rt. *20/20* Vision—with glasses—Rt. *20/*  
Lt. *20/20* Lt. *20/*

Colour Vision..... *N* Test..... *ask* Blood Pressure: S..... *118* D..... *60*

Condition of Mouth and Teeth..... *satisfactory 3 carious Upper dentures*

Full Description of any Defects or Abnormalities.....

Remarks by Medical Officer (including and amplifying any positive findings respecting medical history)

*Feet - N.*  
*Ears - N.*  
*Heart - N.*  
*Urine - N.*

27-11-41 X-ray Chest Neg. *J.P.S.*

Category: *A4B*

Signature of M.O. *J. K. L. Gunn*

Rank..... *Flt.*



RECORD OF ISSUES AND EXCHANGES

Ref. No.	Description of Articles	Quantity	Date Issued	Initials	Quantity	Date Issued	Initials	Quantity	Date Issued	Initials	Quantity	Date Issued	Initials	Quantity	Date Issued	Initials
	(Section 22L)															
197	BRUSHES, hair C.W.A.A.F.	1	24/1/42	ESW	NA	24/2/42	ESW									
	*CAPS, bathing	1	24/1/42	ESW	NA	24/2/42	ESW									
	" C.W.A.A.F.	6 1/2	24/1/42	ESW	CRU	23/1/42	ESW									
	*COATS, great warm C.W.A.A.F.	32	24/1/42	ESW	1 ret	CRU	25/9									
	" overall blue C.W.A.A.F. (not issued to M.T. drivers).	34	24/1/42	ESW	1 ret	CRU	25/9									
	*COATS, waterproof	32	24/1/42	ESW	1 ret	CRU	25/9									
	*COLLARS, broadcloth, blue grey	6	24/1/42	ESW	2	25/1/42	ESW	5	24/2/42	ESW						
198	COMBS, C.W.A.A.F.	1	24/1/42	ESW	NA	24/2/42	ESW									
	*GLOVES, gauntlet, mitt type with woollen under-glove C.W.A.A.F. (M.T. drivers only).															
	*GLOVES, leather, black C.W.A.A.F.	7 1/2	24/1/42	ESW	1 ret	CRU	25/9									
	" " M.T. C.W.A.A.F. (M.T. drivers only).															
	HABERSACKS, C.W.A.A.F.															
22	HOUSEWIVES, C.W.A.A.F.															
	*JACKETS, serge blue C.W.A.A.F.	14	24/1/42	ESW	1	24/1/42	ESW	1 ret	CRU	25/9	1	24/2/42	ESW			
	" " serge khaki C.W.A.A.F.															
	*KNICKERS, blue C.W.A.A.F.															
	*SWEATERS, C.W.A.A.F.	21	24/1/42	ESW	1 ret	CRU	25/9									
	*OVERALLS, combination blue denim	2	24/1/42	ESW	1 ret	CRU	25/9									
	*OVERSHOES, C.W.A.A.F.	5 1/2	24/1/42	ESW	1 ret	CRU	25/9									
	*RUBBERS, C.W.A.A.F.	4 1/2	24/1/42	ESW	1 ret	CRU	25/9									
	*SHIRTS, broadcloth blue grey	14	24/1/42	ESW	1	24/1/42	ESW	1	24/2/42	ESW						
	" " khaki (with collar attached)															
	*SHOES, black leather	5 1/2 M. 5 1/2 D.	24/1/42	ESW	1 ret	CRU	25/9									
	" " canvas rest or P.T.	4 1/2	24/1/42	ESW	1 ret	CRU	25/9									
	*SKIRTS, serge blue C.W.A.A.F.	14	24/1/42	ESW	1	24/1/42	ESW	1 ret	CRU	25/9	1	24/2/42	ESW			
	" " khaki C.W.A.A.F.															
	*STOCKINGS, lisle	9 1/2	24/1/42	ESW	1	24/1/42	ESW	1	31/5/42	ESW	1	24/1/42	ESW	NA	24/2/42	ESW
	" " khaki															
	*PULLOVERS	1	24/1/42	ESW	NA	24/2/42	ESW									
192	SUITCASES, fibre CRU.															
	*TROUSERS, C.W.A.A.F. ski type. (M.T. drivers only for winter wear).															
	Bags, Kit Blue	1	24/1/42	ESW	1 ret	CRU	25/9									
	Caps, Duster Blue	1	31/3/42	ESW	1 ret	CRU	25/9									
	DRESSES BLUE	1	24/1/42	ESW	1 ret	CRU	25/9									
	BUTTONS SMALL	7	24/1/42	ESW												
	BUCKLES	1	24/1/42	ESW												
	RINGS SPLIT	7	24/1/42	ESW												
	* Reference numbers to be inserted when issue made.															

# CANADIAN WOMEN'S AUXILIARY AIR FORCE

## RECORD OF SERVICE AIRWOMEN

Wd 300727 A.F. No. WOODMAN Surname Elizabeth Genevieve Christian Names Anglican Religion

Born 23/2/20 Place New Harbour, NFD Country Newfoundland Citizen of Nfd. Racial Origin English

### PARTICULARS OF FAMILY

Husband's Name \_\_\_\_\_ Present Address (in pencil) N.S.B.N.

CHILDREN	NAMES	PLACE OF BIRTH	DATE	CHILDREN	NAMES	PLACE OF BIRTH	DATE

NAME(S) ADDRESS AND RELATIONSHIP OF PERSONS TO BE INFORMED OF CASUALTIES (in pencil)  
Mrs. Mary Lavinia Woodman (Mother)  
New Harbour, Trinity Bay, Nfd.

### CIVIL EDUCATION

High School Entrance \_\_\_\_\_ Jr. Mat. XI Sr. Mat. \_\_\_\_\_  
 Technical School \_\_\_\_\_ Business Courses \_\_\_\_\_  
 University \_\_\_\_\_

### CIVIL OCCUPATIONS AND EXPERIENCE

Clerk, store) 3 yrs.  
Teacher 2 yrs.

### PREVIOUS SERVICE

PREVIOUS SERVICE	ENLISTMENT		Med. Cat.	DATE	Med. Cat.	DATE
	Date	At				
	<u>27/11/41</u>	<u>HALIFAX</u>	<u>A4B</u>	<u>27 11 41</u>		
		<u>DURATION</u>				

RANK	AUTH.	DATE	TRADE	AUTH.	DATE	TRADE TESTS AND COURSES				
						TRADE	GP	%	P or F	DATE
<u>AW2</u>		<u>27 11 41</u>	<u>Equip Asst.</u>							
<u>AW1</u>	<u>47</u>	<u>24 1 42</u>								
						<u>Equip Asst.</u>	<u>S</u>		<u>P</u>	<u>27 11 41</u>
						<u>" " DR.O.35</u>	<u>C</u>		<u>P</u>	<u>16 1 42</u>
						<u>" "</u>	<u>B58</u>		<u>F</u>	<u>27 4 42</u>

### LEAVE

FROM	TO	AUTH. AND DESCRIPTION
<u>28/11/41</u>	<u>17/12/41</u>	<u>A.F.M. 235 27/11/41</u>
<u>25-5-42</u>	<u>7-6-42</u>	<u>(14 days) Ann.</u>

### CHARACTER AND TRADE ASSM. HONOURS, AWARDS AND MENTIONS

DATE	CHARACTER	TRADE AND ASSM.	HONOURS AND AWARDS	AUTH.



MOVEMENTS AND CASUALTIES

AUTHORITY	UNIT FROM	UNIT TO	DATE	AUTHORITY	UNIT FROM	UNIT TO	DATE
MOR 13	# 16 R.C.	C.W.B. 9.F. T.D.	16/12/41				
TOS DRO 60/41	R.C. HALIFAX	Toronto C.W.A.F. T.D. TORONTO	18-12-41				
DRO 60/41	Auth. to draw allowance \$15 <sup>00</sup>	under clothing	18-12-41				
DRO 77 3/4	Ent draw.	U.C. Allow.	1-1-42				
	31-3-42	AM 314	7.R.8.1				
NR091	Disch. Sick in 2 <sup>nd</sup>		14-4-42				
DRO 128	Ins. T.W.C. 103304	77 <sup>th</sup> Arct. Bn					
	St. John's, Nfld.						
DRU 88	Adm. Dist. D. 2.		13-4-42				
<del>DRO 149</del>	Ent. Draw Pay 14-4-42						
DRO 149	Adm. Staff. Sick 2 <sup>nd</sup>		22-6-42				
DRO 151	Underclothing Allow.		1-4-42				
	30-6-42.						
DRO 153	Trans. to D.	P. & N.H. Montreal, P.Q.	26-6-42.				
DRO 165	#8 SFTS Moncton	5 <sup>th</sup> M Depot Lachine	8-7-42				

W300727

WOODMAN, ELIZABETH GENEVIEVE

SURNAME

FULL CHRISTIAN NAMES

ENLISTMENT

RE-ENLISTMENT

C.R. FILE NUMBER

PLACE *Halifax NS*

DATE *28 - April*

R.C.A.F. FORM 8449 (W)  
10M-8-41 (938)  
N.O. 10823-58

RECORD OF SERVICE AIRWOMEN

7. BIRTH: DATE *23. 2. 20* PLACE *New Brunswick* CITIZENSHIP *4* *British*  
 FATHER (FULL NAME) *George Woodman*  
 BIRTHPLACE *Nfld.*  
 MOTHER (FULL MAIDEN NAME) *Mary Louise Woodman*  
 BIRTHPLACE *St. John's, Nfld.*

8. EDUCATIONAL STANDING  
 HIGH SCHOOL ENTRANCE *Nfld.*  
 JUNIOR MATRICULATION *Nfld.*  
 SENIOR MATRICULATION  
 TECHNICAL SCHOOL  
 UNIVERSITY  
 CORRESPONDENCE COURSES

9. CIVIL OCCUPATIONS OR EXPERIENCE USEFUL TO R.C.A.F.  
*Teacher 2 years*  
*Clerk 3 years*  
 7200

10. PREVIOUS ARMY, NAVY OR AIR FORCE SERVICE  
*None*

11. HONOURS-AWARDS, MENTIONS  
 AUTHORITY DATE

12. FLYING EXPERIENCE ON ENLISTMENT (HOURS)  
 SOLO DUAL PASSENGER

13. RELIGION *CofE*

14. LANGUAGES *English*

15. SPORTS *Swimming Basketball*  
*Skating*

16. SINGLE-MARRIED-WIDOW-SEPARATED-DIVORCED *Single*  
 HUSBAND (FULL NAME)  
 PLACE OF MARRIAGE DATE  
 AUTHORITY (IF AFTER ENLISTMENT)

17. MARRIED ESTABLISHMENT  
 REMARKS RANK EFFECTIVE D.R.O.

18. CHILDREN  
 CHRISTIAN NAMES BIRTH DATE D.R.O. CHRISTIAN NAMES BIRTH DATE D.R.O.

19. NEXT OF KIN (ADDRESS AND D.R.O. IN PENCIL)  
 FULL NAME: *Mary Louise Woodman* RELATIONSHIP *Mother*  
 ADDRESS: *200 St. J.B. Newfoundland* D.R.O.  
 FULL NAME: RELATIONSHIP  
 ADDRESS: D.R.O.

20. PAY ENTRIES (OFFENCE FORFEITURES, STOPPAGES IN RED INK)  
 RATE CHANGES ETC. EFFECTIVE D.R.O. RATE CHANGES ETC. EFFECTIVE D.R.O.  
*pay & subs allow 27 11 41 #mfc 92*

21. ENGAGEMENTS  
 TERM EFFECTIVE D.R.O. TERM EFFECTIVE D.R.O.  
*Quarters 27 11 41*

22. TEMPORARY DUTY AND MISCELLANEOUS ENTRIES  
 FROM TO DATE D.R.O.  
*Occ. gov't. gtm. & dr. stns 20-12-41 CWP 700*  
*Auth. to draw original underclothing allow CWP 700*  
*Occ. gov't. gtm. & dr. stns 1-1-42 81214*  
*Exp. to new underclothing allow 1-1-42 81217*  
*Spec. Leave 20 0103304 812128*  
*Underclothing allow 1/30-4/6-42 812151*  
*Spec. underclothing 392 (1)(c) KR (air) 20-7-42 5708172*  
*Character Hood; 30th allow of 35.00 8*  
*Rehabilitation Grant*  
*Exp. to new underclothing allow (2000) 20-7-42 5708172*

22(a) ADDRESS PRIOR TO ENLISTMENT  
*270 South Street, Halifax NS*  
 40802

23. DOCUMENT CONTROL (INDICATE RECEIPT BY DATE)  
 R60 R79 B465 X-RAY AFM-13 IDN CARD  
*22-1-42 FEB 4 '42 24-12-41*  
 REF. EN

C.W.A.A.F.

No. 833527

WOODMAN, ELIZABETH GENEVIEVE

ENLISTMENT PLACE Halifax  
DATE 27/11/41

NUMBER

RECORD OF SERVICE AIRWOMEN

R.C.A.F. FORM 8441 (W) 100-1 1939  
N.O. 1000-2-39

1. POSTING (INDICATE S.O.S. AND T.O.S.)				2. RECLASS'NS-PROMOTIONS-ETC.			4. TRADE AND CHARACTER				6. LEAVE				
S.O.S. OR T.O.S.	UNIT AND PLACE	EFFECTIVE	D.R.O.	RANK	EFFECTIVE	D.R.O.	TRADE	GROUP	EFFECTIVE	D.R.O.	FROM	TO	DAYS	REMARKS	D.R.O.
T.O.S.	R/C Halifax	27/11/41	4/2/92	Act 2	27/11/41	4/2/92	CA	D	27/11/41	4/2/92	28-11-41	12-12-41	20	LWOP	4/2/92
S.O.S.	R/C Halifax	17/12/41	4/2/99	A.W.1 (reclassified)	24/1/42	8/2/49	CA	C	16/1/42	8/2/38	25-5-42	7-6-42	14		1/2/41
T.O.S.	CWAT, Toronto	11/12/41	CWAT 60	A.W.1	27/2/42	8/2/49					270 South St. Halifax, N.S.				
S.O.S.	6 W.A. Toronto	17/1/42	CWAT 12												
T.O.S.	#9 S.F.S. Montreal	17/1/42	8/2/17, 19												
T.O.S.	8/27 Montreal	18/1/42	8/2/19												
S.O.S.	8/27 Montreal	8/7/42	8/2/165												
S.O.S.	5 W.A. Dept. Machine	9/7/42	5 M.D. 167												
S.O.S.	5 M.D. Machine	20/7/42	5 M.D. 172												
Dricks. under Para 392. (a) (c) K.B. (dis).															

N.O.D. New Harbour  
Trinity Bay  
Newfoundland  
23-11-005

C	CH	DATE	PARA	ADD ON	DISCHARGE	P	CH
19	K	4/20/7	42	12a	00400		

3. MEDICAL HISTORY

EXAMINATIONS (IN RED INK)

DATE	FORM	CATEGORY	REMARKS

HOSPITALIZATION (IN BLACK INK)

HOSPITAL	ADMITTED	DISCHARGE	D.R.O.
Quarters	CONFINED	RET'N DUTY	
27-11-41	Row 4	4/2	
13-4-42		14-4-42	8/2/88, 91
22-6-42		26-6-42	8/2/149, 153
26-6-42	MEB 227	4/7/42	8/2/165
26-6-42		4-7-42	8/2/165
9-7-42			171

5. COURSES-TESTS-ETC.

SUBJECT	RESULT	DATE	AUTHORITY
Qual. for senior to C.A.C.		27/2/42	CWAT 14
E.G. Co. #3	69%	17/1/42	CWAT (22)

C.W.A.A.F.

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36  
 ENLISTMENT  
 PRESENT  
 HIGH & TECH. SCHOOL EDUCATION  
 RELIGION  
 PROVINCE OF ENLISTMENT  
 DISCHARGE

ROYAL CANADIAN AIR FORCE

Form T.20

REPORT ON C.W.A.A.F. PERSONNEL ATTENDING COURSE OF INSTRUCTION

AT: C.W.A.A.F. Training Depot, Toronto, Ontario.

Course No. 3

No. W-300727 Rank AW2 Name WOODMAN, E.G.

Date of Birth 23-2-20 Married or Single Single

Course Commenced 20 ~~24~~ 12-41 Course Ended 17 ~~16~~ 1-42

TECHNICAL TRAINING EXAMINATIONS	MAXIMUM MARKS	MARKS OBTAINED	PASSED OR FAILED
CLERKS GENERAL			
CLERKS STENOGRAPHER			
EQUIPMENT ASSISTANTS	200	128	Passed
MOTOR TRANSPORT			
FABRIC WORKERS			
HOSPITAL ASSISTANTS			

ASSESSMENTS

Average Percentage 64 Passed or Failed Passed

Size of Class 16 Order of Merit 10 Course Assessment Average

Suitable as Instructor (yes or no) No

REMARKS:

A very hard working student. Very attentive.

Date: 17 ~~14~~ 1-42

Instructor

*C. G. Hodgins Sgt*

CANADIAN WOMEN'S AUXILIARY AIR FORCE  
ENLISTMENT AGREEMENT

Airwomen (on Leave without pay)

1. I, the undersigned, do acknowledge that I have read understand and agree to the following conditions of service upon being accepted for enlistment in the Canadian Women's Auxiliary Air Force and granted leave of absence until such date as my period of duty becomes effective:

- (a) That during the period of such leave, I will not be entitled to, nor will receive any Pay or Allowances nor Medical Services.
- (b) That if during the period of such leave I should sustain any injury or suffer any illness resulting in my becoming physically or mentally unfit, I will not be entitled to be paid any disability pension by the Crown by reason of such injury or illness.
- (c) That until I report after the period of such leave I will not be entitled to wear or issue of uniform or equipment.
- (d) That from the date of my enlistment and during such period of leave, I will be subject to Air Force Law and Discipline.

J.P. Curham J/o  
(Witness)

Elizabeth G. Woodman  
(Signature of Recruit)

Halifax, N.S.

November 27th, 1941

(Place)

(Date)

LEAVE OR PASS FORM

Date: November 27th, 1941

No. W. 300727 Rank AW 2 Name WOODMAN, Elizabeth Genevieve

was enlisted in the Canadian Women's Auxiliary Air Force on the 27th day of November 1941, and has been granted leave of absence without pay from the 28th day of November 1941, until the 17th day of December 1941, and ordered to report to No. 16 Recruiting Centre at Halifax at 0900 hours on the 18th day of December 1941.

J.P. Curham J/o  
(Signature of Attesting Officer)

Equipment Assistant  
A.F.M. 23(J)  
15-10-41  
Address while on leave:  
270 South Street, Halifax, N.S.

C.A.F. Records Office  
Rec'd DEC 30 1941  
O.K. C.I.B.  
R.C. N.I.  
S.L. P.A.

W 300727

*WJ*






Name WOODMAN, Elizabeth Genevieve

Classification .....






No. .... Sex Female

Reference .....

RIGHT HAND

1. Thumb	2. Index finger	3. Middle finger	4. Ring finger	5. Little finger
				

LEFT HAND

6. Thumb	7. Index finger	8. Middle finger	9. Ring finger	10. Little finger
				

Impressions taken by

*G. F. Russell Spt*  
(Signature of person taking prints)

Note amputations

Signature of printed person:

*Elizabeth G. Woodman*

Date impressions taken

2-7-11-40

Four fingers taken simultaneously

Four fingers taken simultaneously

Left Hand



Left thumb

Right thumb



Right Hand



ROYAL CANADIAN AIR FORCE

Name WOODMAN, Elizabeth Genevieve W 3 0 0 7 2 7

Rank Aircraftwoman 2 CWAAF

Age 21 Height 5' 2 1/2 " Weight 127

Hair L. Brown Eyes Hazel Hair on face N.A.

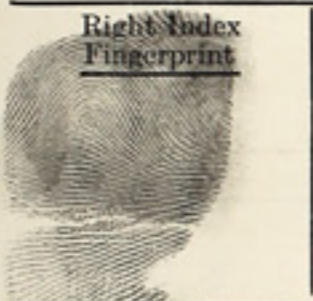
Marks, scars, etc. Circular scar tip of middle finger left hand

Elizabeth G. Woodman (Signature of holder)

M. Kennedy (Signature of issuer)

Place #16 Recruiting Centre, RCAF Date November 27th, 1941.  
Halifax, Nova Scotia

Card serial number 115111



Impressions forwarded to Headquarters P.I.B. by ..... Rank ..... Date .....

FOR HEADQUARTERS USE ONLY

R.C.A.F. PHOTOGRAPHIC ESTABLISHMENT

Received for Photostat by ..... Rank ..... Date .....

Forwarded to H.Q. P.I.B. by ..... Rank ..... Date .....

HEADQUARTERS FINGERPRINT SECTION

Received at P.I.B. by ..... Rank ..... Date .....

Classified at P.I.B. by ..... Rank ..... Date .....

Checker ..... Searcher ..... Date .....

246398

NAME WOODMAN, Elizabeth Genevieve

FILE NO. W300727 (DPC)

RANK A.W.1 CATEGORY \_\_\_\_\_

REG. NO. W300727

DATE OF DEATH: 11-8-42 MOTHER LIVING: Yes

WIFE: \_\_\_\_\_  
MEMORIAL CROSS  
TO CHAPLAIN:

MINISTERIAL CARD:

ROYAL MESSAGE:

DEL'D TO MOTHER: 28-5-48 ✓

DEL'D TO WIFE:

Mrs<sup>s</sup> George Woodman (mother)  
New Harbour,  
Trinity Bay, Newfoundland.

COMMAND:

RELIGION:



# CASE HISTORY SHEET

Hospital No. 8 S.F.T.S., Moncton, N.B. Ward .....

File No. W. 300727 Rank AW1 Name WOODMAN, E.

Unit ..... Completed years of service <sup>Where and how long</sup> } .....

Date of admission 22-6-42 Date of discharge .....

Diagnosis Fracture-Dislocation of First Lumbar Vertebra Age 22

Complaint Increasing pain and limitation of movement of back with deformity

History, Examination and Progress Notes .....

Present Illness: On or about 8-1-42 while at No. 6 M depot patient fell out of an upper bunk and landed on her back with her feet and knees drawn up and her back arched. She experienced severe pain in lumbar region and remembers a crackling and crushing noise. She got up off floor by herself and lay on bed. She slept fairly well being awakened only by rolling over. Back was not very sore the next day and carried on with full duties and did not report to M.O. Was transferred to No. 8 S.F.T.S. arrived 25-1-42.

On 4-5-42 patient reported to M.O. and back was examined. At this time she was able to carry out all movements with a minimum of limitation and discomfort. It was felt that she was suffering from strain. Heat and massage was given.

About 26-2-42 patient returned to Sick Quarters again and was re-examined. She could bend and touch her toes easily. She was able to extend well. Rotation ensued but little discomfort and was done through ~~abduct~~ an adequate range. Some tenderness was elicited along the right side of the lumbar spine and seemed entirely muscular. Heat and massage were again given and patient returned to work.

On 22-6-42 patient returned complaining that her back was getting worse. She was suffering intense pain and unable to do the work and to bend or twist.

Functional Enquiry -- ~~Essentially~~ Essentially Negative -- No family history of T.B.

Physical Examination: .....

I - Head and Neck - Not remarkable .....

II - Respiratory - The chest is somewhat asymmetrical, a definite change from last time the patient was seen. The right chest is flattened anteriorly and bulged posteriorly. The left chest is bulged anteriorly and flattened posteriorly. The lung fields are negative.

III - Cardiovascular - Not remarkable .....

TREATMENT IV - Abdomen - Not remarkable .....

(Especially any specific or special form) .....

CONDITION ON DISCHARGE .....

(and disposal made of case) .....

Date ..... Medical Officer i/c case

# MEDICAL HISTORY OF AN INVALID

## INSTRUCTIONS TO MEDICAL OFFICERS

- In using this Form, Medical Officers will be guided by instructions issued at N.D.H.Q.
- This Form will be used for all ranks, at home and abroad, when change in Category or discharge from His Majesty's Forces is contemplated.
- All sections must be answered in full.
- A definite diagnosis of all diseases or injuries recorded must be made, and the "Standard Morbidity Code for Canada" must be followed.
- The Medical Officer in charge of the case is responsible for the completion of pages 1, 2 and 3. The President and Members of the Medical Board are responsible for the completion of page 4.

STATION Moncton N.B. DATE 26.6.42.

1. (a) Unit 82FTS RCAF. (b) Regimental No. W300727 (c) Rank AWi  
 (d) Surname WOODMAN (e) Christian name ELIZABETH. GENEVIEVE  
(Use block letters)  
 (f) Home address New Harbour; Trinity Bay Nfld.  
 (g) Next of Kin George Woodman (h) Relationship Father  
 (i) Address of Next of Kin Same.

2. Age last birthday 22. Date of Birth 23.2.20

3. Enlistment, or Appointment: (a) Place Halifax N.S. (b) Date 27.11.41  
 (c) Category on enlistment A/B (d) If lower than A on enlistment, give reason NA.

4. Personal description: (a) Height 5'2 1/2" (b) Weight 126  
 (c) Complexion Medium (d) Colour of hair Red Brown (e) Colour of Eyes Hazel  
 (f) Identification marks, scars, etc. Scar on medial aspect of middle finger left hand.

5. Former civilian trade, profession or occupation School Teacher.

6. Service (The information should be secured from personal Military documents if available. If not, a statement from the member of the forces may be taken, and note made to that effect.)

(a) Length of service. Years NONE. Days 311

(b) Periods of service: NA.

(c) Trade on enlistment Equipment Assistant (d) Present Trade Equip. Asst.

	From	To
Former Wars.....		
War 1939—Canada.....	<u>27.11.41</u>	<u>Present.</u>
Abroad.....		<u>Invalid's Statement.</u>
Canada on return from abroad.....		

7. Diseases or injuries with Code Nos. 1717 <sup>①</sup> Compression fracture dislocation  
(To be filled in when examination has been completed)  
of 1st lumbar vertebra <sup>②</sup> Fracture of Transverse Process.

(a) Dates of origin 8.1.42.

(b) Places of origin No 6. "M." Depot Toronto Ont

(c) Causes Fall from upper bunk.

8. Present Condition—(a) Subjective  
(in the individual's own words)

"I have constant pain in the small of my back which is aggravated by standing and moving about even in bed." "I cannot bend my back in any direction without experiencing severe pain."

(b) Objective (Before completing this section, the member of the forces should be stripped and subjected to a thorough physical examination. All defects, no matter how trivial, should be recorded. Specialists' reports will be obtained when necessary to ensure a definite diagnosis. For R.C.A.F. Personnel when the category is higher than A4B, a B2 examination is to be completed and the results entered in this section.)

"See attached history MFB 313A.  
See attached X-ray plates and MFM 30

OPINION OF THE MEDICAL BOARD

15. Does the Board concur with the preceding report? If not, give differing opinions with reasons.....

*We concur.*

16. It is certified that the invalid,—

(a) Does require treatment (give nature of treatment required and probable duration.)  
*Hospitalization & treatment under jurisdiction of DR+NH*

(b) Does not require treatment.

Categories hereunder are defined for information only.

(1) NAVY—

- A. General Service.
- D. Temporarily unfit.
- E. Unfit for Category A.

(2) ARMY—

- A. General service.
- B1 } Service abroad (not general service).
- B2 }
- C1 } Home service (Canada only).
- C2 }
- D. Temporarily unfit.
- E. Unfit for A, B, C.

(3) R.C.A.F.—

- A1B Fit for full flying and ground duties anywhere and under any conditions.
- A1HBH Fit for full flying and ground duties in Canada.
- A2B Fit for limited flying duties and all ground duties anywhere and under any conditions.
- A2HBH Fit for limited flying duties and all ground duties in Canada.
- A3B Air Crew (other than pilots) fit for their full flying duties and full ground duties anywhere and under any conditions.
- A3HBH Ditto but Canada only.
- A4B Fit for passenger flying and full ground duties anywhere and under any conditions.
- A4HBH Ditto but Canada only.
- ATB Unfit for flying temporarily but fit for full ground duties anywhere.
- ATBH Unfit for flying temporarily but fit for full ground duties in Canada.
- ATBT Temporarily unfit for any form of duty.
- APB Permanently unfit for flying, fit for ground duties anywhere.
- APBH Ditto but only in Canada.
- APBT (Permanently unfit for flying, temporarily unfit for any form of duty).
- APBP Unfit for any form of duty.

17. Recommendations of the Medical Board as to category, treatment or convalescence.

Category *HPBP Hospitalization under DR+NH*

Place *Houston NB*

Date *26.6.42*

*W. J. Campbell* President.

*B. M. Brown F/L*

*John E. Mackay F/L* Members.

TO BE COMPLETED WHEN TREATMENT IS REFUSED

I, the undersigned..... understand the nature of the treatment recommended, and I refuse to accept it, for the following reasons.....

Witness.....

Signed.....

(Should the refusal appear unreasonable, or should he decline to sign the statement, the Board of Officers should so state.)



APPROVED BY

APPROVED BY

*Yvonne Dupuis*  
D.M.O. or P.M.O.  
Principal Medical Officer  
Date *fr* No. 3 Training Command

*Rebecca Gannoy*  
D.M.S. or D.M.S. (Air)  
Date *6.7.42*



5th Dept  
Lachin, P.O.  
8-7-42

RCAFRO.

# 8 S.F.T.S

Monroton N.B.

Page No.

#8SPTS RCAF(WD)

Name WOODMAN Elizabeth, G.

Reg. No. W-300727

Hospital Mtl. Neurological Inst.

Form 100 of \_\_\_\_\_ 19\_\_\_\_ Continued \_\_\_\_\_

Age: 22 yrs.

"DISCHARGE SUMMARY"

Admitted: June 27/42  
Discharged: Aug. 11th 1942  
-Dr. Cone

PREVIOUS ADMISSIONS : None

INITIAL COMPLAINTS

1. History of intermittent lumbar pain over a period of 3 -4 years.
2. History of fall six months prior to admission, injuring back.
3. Gradually increasing lumbar pain in the last six months.

OBJECTIVE FINDINGS ON PHYSICAL EXAMINATION

1. Tenderness over spinous processes of lumbar spine.
2. Sharply angulated scoliosis of lumbar spine, convexity to the left.

Laboratory Data

Urinalysis, June 28th, negative

Blood Examination, July 13th, 11,560 WBC'S.

C.S.F. Examination, July 8th, initial pressure 220. Fluid clear and colorless, on recumbent lumbar puncture.

Manometric Examination shows evidence of partial sub-arachnoid blood. Fluid contains 4 WBC'S, 1 RBC, Pandy 0. Proteins 33 mgr. Wassermann negative.

X-Ray Examination, June 28th -spine. "There are compression fractures involving the bodies of L.1 and L.2. The body of L.2 is displaced just over 1 cm. to the left in relation to the body of L.1. Moderate but not excessive movement occurs between the fractured 1st and 2nd lumbar vertebrae. Dr. A.E.Childe.

Procedures

June 3rd, Myelogram-Oxygen, "Compression fractures involving the bodies of L.1 and L.2 associated with marked lateral displacement, fractured laminae, paraspinous haemorrhages and considerable obliteration of the subarachnoid space at this level." Dr.A.E.Childe.

Operation, July 9th. Exploratory laminectomy, spinal fusion with parallel bone grafts., Dr. Cone and Dr. Turner. The laminae of L.1 was completely removed, and L.2 partially removed. The approach to the anterior protrusion was a transdural one, because lateral exposure was seemingly impossible. As much tissue as possible was removed and a curette was used. Bone grafts were placed in a parallel manner, from T.11 to L.3 inclusively. It is unfortunate that the nature of the lesion was not recognized before the operation. It seems inevitable that tuberculosis meningitis will result--also a tuberculous infection of the wound is extremely likely." Dr. Cone.

COURSE IN HOSPITAL

Following the operation the patient developed clinical evidence of tuberculous meningitis with increasing number of Lymphs, and Polys, in the spinal fluid. Repeated cultures of the CSF failed to reveal organisms, however, prior to death, the patient showed evidence of vascular occlusions, involving the nervous system, probably due to periarteritis in localized field.

DISCHARGE DIAGNOSIS:

Tuberculosis of 1st and 2nd lumbar vertebrae, and intervertebral caries.

M.R. Shaver,  
Neurosurgical Interne.

Mrs:CC  
9-5-42

# ROYAL CANADIAN AIR FORCE

Should this Parchment be Lost or Mislaid no Duplicate of it can be obtained

**Parchment Certificate of Discharge** of No. W300727 (Rank) AW1

(Name) WOODMAN Elizabeth, Genevieve

Town  
Born in the County of New Harbour

~~In the Province of~~ Newfoundland

Attested at Halifax, N.S. on the 27th November 19 41

for the period of Duration of Hostilities, at the age of 21 years.

Her  
~~His~~ description is as follows:—

Age 22 years. Height 5 feet 2½ ins. Complexion Medium

Eyes Hazel Hair Medium brown Trade Equipment Assistant

Marks or scars on the face or other parts of the body } Scar on medial aspect of middle finger left hand.

Signature of Airwoman E. G. Woodman

Service towards completion of engagement Nil years 236 days.

She  
~~He~~ is discharged on July 20th, 1942 in consequence of Para. 392 (10)(a)  
K.R. (air) Medically unfit for any form of Air Force Service.

Campaigns Nil

Medals and Decorations Nil

Discharge confirmed at No. 5 Manning Depot, Lachine, Que.

Signature M J Wood y/c

Date July 20th, 1942.

N.B.—Any person finding this certificate is requested to forward it in an unstamped envelope to the DEPARTMENT OF NATIONAL DEFENCE, OTTAWA, CANADA

R.C.A.F.R. 15A  
5M-5-41(189)  
H.Q. 10923-20

HEADQUARTERS COPY

Her  
~~His~~ conduct and character in the service have been assessed on discharge under  
K.R.O., R.C.A.F., Para. 415, as:—

*Good*

Her  
~~His~~ qualifications during Air Force service in the trade shown have been assessed  
under K.R.O., R.C.A.F., Para. 416, as:

*Satisfactory*

Her  
~~His~~ qualifications for civil employment in the trades shown are assessed from his  
Air Force service as:—

- Store Clerk - 3 years
- Teacher - 2 years

woman's  
The ~~man's~~ address on discharge is:—

*New Harbour,  
Trinity Bay,  
Newfoundland,*

Place #5 M.D. Lachine, Que. ....

Date July 18th, 1942. ....

*[Signature]*  
Officer Commanding



Nat. Def. B. 305  
 A.F.C. 2128  
 150M Pads of 100-1-41 (9002-7)  
 H.Q. 1772-39-428

# MESSAGE FORM

Serial No.

<b>CALL AND INSTRUCTIONS</b>	IN	No. of Groups GR.	OFFICE DATE STAMP
	OUT		

**TO** (ABOVE THIS LINE IS FOR SIGNALS USE ONLY)

No. 8 S.F.T.S.

<b>FROM</b>	No. 3 T.C., Montreal	Originator's Number M999	Date 7-7	In Reply to Number
-------------	----------------------	-----------------------------	-------------	--------------------

Medical board re W 300727 AW1 Woodman E.G. approved category  
 APEP. Discharge under provisions of K.R. (Air) Para 392 (10) (A)  
 approved. See command instructions P9/405 d/9-7-42.

CERTIFIED TRUE COPY:

THIS MESSAGE MAY BE SENT AS WRITTEN BY ANY MEANS

IF LIABLE TO BE INTERCEPTED OR FALL INTO ENEMY HANDS, THIS MESSAGE MUST BE SENT IN CIPHER

ORIGINATOR'S INSTRUCTIONS  
 DEGREE OF PRIORITY

TIME OF ORIGIN

2215 GM T

SIGNED *(Signature)*  
 (W.W. Brown) Group Captain  
 Commanding Officer

SIGNED

(BELOW THIS LINE IS FOR SIGNALS USE ONLY)

T.H.I

SYSTEM IN	TIME IN	READER	SENDER	SYSTEM OUT	TIME OUT	READER	SENDER	SYSTEM OUT	TIME OUT	READER	SENDER
	0820	W	MH								

T.O.R.

Call OUT  
and :—  
Preface IN

Serial No.  
  
Date

(Above this line is for Signals use only)

# R.C.A.F. MESSAGE

R. C. A. F. S. 5  
(REVISED-9-41)  
25M PADS OF  
100-9-41 (806)  
H. Q. 1062-23-5

NO. OF GROUPS

FILE

OFFICE DATE STAMP & SERIAL NUMBER

**TO\*** No. 5 Manning Depot,  
Lachine, Que.

**FROM\*** NO. 3 TRAINING COMMAND MONTREAL

ORIGINATOR'S NUMBER  
M-127

DATE  
17/7

MY

REFERENCE AND DATE  
YOUR

(Use Double Space Typing)

THE FOLLOWING SIGNAL HAS BEEN DESPATCHED TO COMMANDING OFFICER  
NO 8 S F T S QUOTE M-999 DATED JULY 7TH MEDICAL BOARD RE W300727  
AWL WOODMAN E G APPROVED CATEGORY APBP STOP DISCHARGE UNDER PROVISIONS  
OF K R (AIR) PARA 392 (10) (a) APPROVED STOP SEE COMMAND ORDER P9/405  
DATED 9 JULY STOP UNQUOTE STOP PROCEED WITH DISCHARGE

CERTIFIED TRUE COPY

*A. J. Chopin*  
.....  
(A. J. CHOPIN) F/LT  
ADJUTANT  
NO. 5 MANNING DEPOT  
LACHINE QUE.

This message must be sent **AS WRITTEN**  
and may.....be sent by **W/T**.  
Signature

This message must be sent **IN CYPHER**  
and may.....be sent by **W/T**.  
Signature

Originator's Instructions\* Degree of Priority\*

TIME OF ORIGIN  
G. M. T.

‡Originator to insert "NOT" if message is not to go by W/T over any part of the route. (Below this line is for Signals use only)

T.O.R.

SYSTEM IN	TIME IN	READER	SENDER	SYSTEM OUT	TIME OUT	READER	SENDER	SYSTEM OUT	TIME OUT	READER	SENDER

T.H.I.

\*The Signal Department is responsible that these details are transposed to the appropriate portion of the message form and that all possibility of compromising distinguishing signals, etc., by omitting to remove their signification from the address, etc., is avoided. Before delivery of the message these details are to be re-inserted in P/L

**X RAY INSPECTION OF CHESTS**

## SECTION 1

A radiograph of the chest of

Film No. 28372Rank AW1 Name WOODMAN, E.G.Reg. No. W.300727 Unit No. 8 S.F.T.S., R.C.A.F.

Civilian Address as per Registration Card

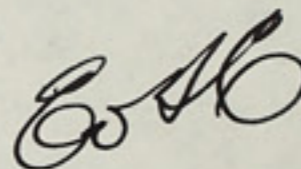
Age 22 years

is reported as follows:—

- (a) Radiological examination does not disclose evidence of tuberculous disease of the lungs of such a nature as to indicate rejection for service in the Canadian Active Service Force, except as stated below.
- (b) The transverse diameter of the heart is.....cms. as compared with a transverse diameter of the chest of.....cms.
- (c) Pathological conditions or congenital abnormalities of importance seen in the film are as under-noted. In each instance an opinion should be expressed as to whether such was present prior to enlistment.

X-Ray of Spine Entire Column

There is a crushing fracture of the 1st lumbar vertebra, with fracture of the lateral process and displacement towards the right side.


Place Moncton, New Brunswick Fred A Ricahrd, M.D.

Radiologist.

Date June 24th, 1942.

If a pathological condition or congenital abnormality is not observed by this method of examination after (c) record "negative."

(OVER)

SECTION 2

Remarks of the Internist, Surgeon or Specialist in Tuberculosis. (State whether in your opinion the lesion present antedated enlistment.)

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SECTION 3

Opinion of Consultant Physician and Radiologist as may be indicated by Section 2.

Conclusion.

Date.....

Place.....

Sig..... Sig. ....

THE CANADIAN PENSION COMMISSION

PA

MEMORANDUM

R.C.A.F. HEADQUARTERS  
CENTRAL REGISTRY

To..... The Secretary, Department of National  
~~The Office of Records, Defence for Air.~~  
Department of National Defence,  
From..... The Canadian Pension Commission.....

OTTAWA, 18th September, 1942

1942 SEP 19 AM 9:12

W300727

Boia

P&NH 1972-E

#W-300727, AW.1. Elizabeth G. Woodman  
R.C.A.F.

	The marginally named
Died	August 11th, 1942. ✓
Next of kin	Mr. Gene Woodman, (Father) New Harbour, Trinity Bay, Newfoundland.

In the opinion of the Commission, ~~death was not related to service with the forces~~ death from tuberculous meningitis was the result of a pre-enlistment condition, aggravated during service in Canada subsequent to May 21st, 1940, but not pensionable as the aggravation did not arise out of, nor was it directly connected with, military service.

Entered  
23-9-42  
MWD R.C.A.F.  
\$

for *B. O'Meara*  
Canadian Pension Commission.

Died on strength-  
SC9.



CANADA

DEPARTMENT OF VETERANS AFFAIRS

OTTAWA, Ontario,  
29 Sept 50

IN YOUR REPLY REFER TO FILE NO.

W-300727 W.S.G. (3)

Mrs. Mary Woodman,  
New Harbour,  
Trinity Bay,  
Newfoundland.

Re: W-300727 WOODMAN, Elizabeth Genevieve

Dear Mrs. Woodman:

There is a War Service Gratuity payable on behalf of the marginally named deceased veteran for service in the RCAR and as you may be eligible for same we are enclosing herewith an application. Please complete this form and return it to this office for consideration.

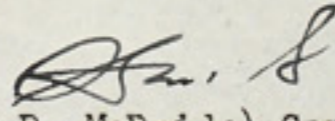
You are advised that the War Service Grants Act, 1944, and relative regulations provide that in the case of a member who dies before payment of the Gratuity is made in full, the Gratuity, or the unpaid balance thereof, shall be paid to a dependent who was eligible to receive Dependents' Allowance, or to a dependent to whom pay was assigned by the member immediately prior to his death or discharge.

If there is no person qualified to receive payment of the Gratuity as outlined above, then the amount payable shall form part of and be comprised in the member's Service Estate to be distributed in accordance with the member's Will or, if there is no Will, in accordance with the law applicable.

By reason of certain procedure which must be followed to determine under which condition of the Act settlement of this Gratuity is to be made, some time will elapse before this can be brought to a finality. It may be necessary to obtain further information from you in order to complete the investigation. You are assured, however, that this claim will receive every attention possible.

A self-addressed envelope is enclosed for your convenience in replying.

Yours truly,

  
(O.B. McBride) Capt.,  
War Service Gratuity Branch,  
Department of Veterans Affairs.



CANADA

## Dependents' Allowance Board

DEPARTMENT OF VETERANS AFFAIRS  
~~Department of National Defence~~

PLEASE ADDRESS REPLY TO

CHAIRMAN AND QUOTE

No. XW-300727

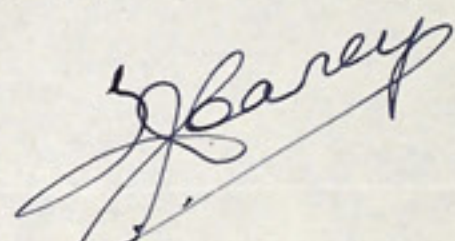
W.S.G. 3

Ottawa, Canada  
December 21st, 1950.

War Service Gratuity Branch,  
Department of Veterans Affairs,  
#8 Temporary Building,  
Ottawa, Ontario.

Re: W-300727 WOODMAN, Elizabeth Genevieve

1. This will refer to your memorandum of 11 October, 1950.
2. This case has been investigated by the Board as requested and reviewed in the light of the information received. In the opinion of the Board the deceased Member's father, Mr. George Woodman, the mother, Mrs. Mary Woodman, the brothers, Ford and Neal and the sisters, Elaine, Patricia, Eileen and Grace, were not ✓ eligible for Dependents' Allowance during the period immediately prior to the date of the serving Member's discharge.

  
L.J. Carey - Secretary,  
DEPENDENTS' ALLOWANCE BOARD.