

ORIGINAL 6800  
**ATTESTATION PAPER.**

No. 141663

**CANADIAN OVER-SEAS EXPEDITIONARY FORCE.**

Folio. 20

**QUESTIONS TO BE PUT BEFORE ATTESTATION.**  
(ANSWERS).

- 1. What is your name?..... Davie, Archie Noehl
- 2. In what Town, Township or Parish, and in what Country were you born?..... South Wales, England
- 3. What is the name of your next-of-kin?..... Mr. G. W. Davie,
- 4. What is the address of your next-of-kin?..... Longland, Mumbles, Wales,
- 5. What is the date of your birth?..... 25th December 1889
- 6. What is your Trade or Calling?..... Book-keeper.
- 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?..... Yes - 44th Regiment
- 10. Have you ever served in any Military Force?..... 1 Yr. Terr. 7th Welsh.  
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

A. N. Davie (Signature of Man).  
G. Hughes CAPT. (Signature of Witness).  
 ADJUTANT 44TH REGT.

**DECLARATION TO BE MADE BY MAN ON ATTESTATION.**

I, Archie Noehl Davie, 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.

A. N. Davie (Signature of Recruit)

Date..... July 27th 1915. G. Hughes CAPT. (Signature of Witness)

ADJUTANT 44TH REGT.

**OATH TO BE TAKEN BY MAN ON ATTESTATION.**

I, Archie Noehl Davie 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.

A. N. Davie (Signature of Recruit)

Date..... July 27 --- 1915. G. Hughes CAPT. (Signature of Witness)

ADJUTANT 44TH REGT.

**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 Welland, Ont. this 27th day of July 1915.

H. A. [Signature] (Signature of Justice)

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

Jas. Ballantine (Approving Officer)

Description of Davie, Archie Noel on Enlistment.

Apparent Age 26 years ..... 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. 6 ins.

Chest measurement { Girth when fully expanded ..... 31 1/2 ins.  
 Range of expansion ..... 3+ ins.

Complexion ..... Fair

Eyes ..... Grey

Hair ..... Brown

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

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 ..... July 27th ---- 1915.

Place ..... Welland, Ont.

*[Handwritten Signature]*  
 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.

Archie Noel Davie, ..... 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.

*[Handwritten Signature]* (Signature of Officer)

Lt. Col.

Date ..... July 27th ---- 1915.

Aug 4<sup>th</sup>

Commanding 76th Battalion, C. E. F.

REGIMENTAL DOCUMENTS

NAME *DAVIE ARCHIBALD NOEL* REGT. NO. *141663* UNIT *6* *1st Bn* H. Q. FILE NO. *4*

CONTENTS

DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

M. F. W. 2505  
REFERENCE

NON-EFFECTIVE BY

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

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

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

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

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

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

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

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

1 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)

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

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

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

1 *Disrob let*

27 *Disp let*

1 *RFO 6045*

1 *AFA 72*

1 *Car Card*

1 *FD 1237*

2 *ins.*

1 *Ch 22*

1 *A 122*

1 *0 30d*

**M**

**H**

**C4441**

DEATH

Category

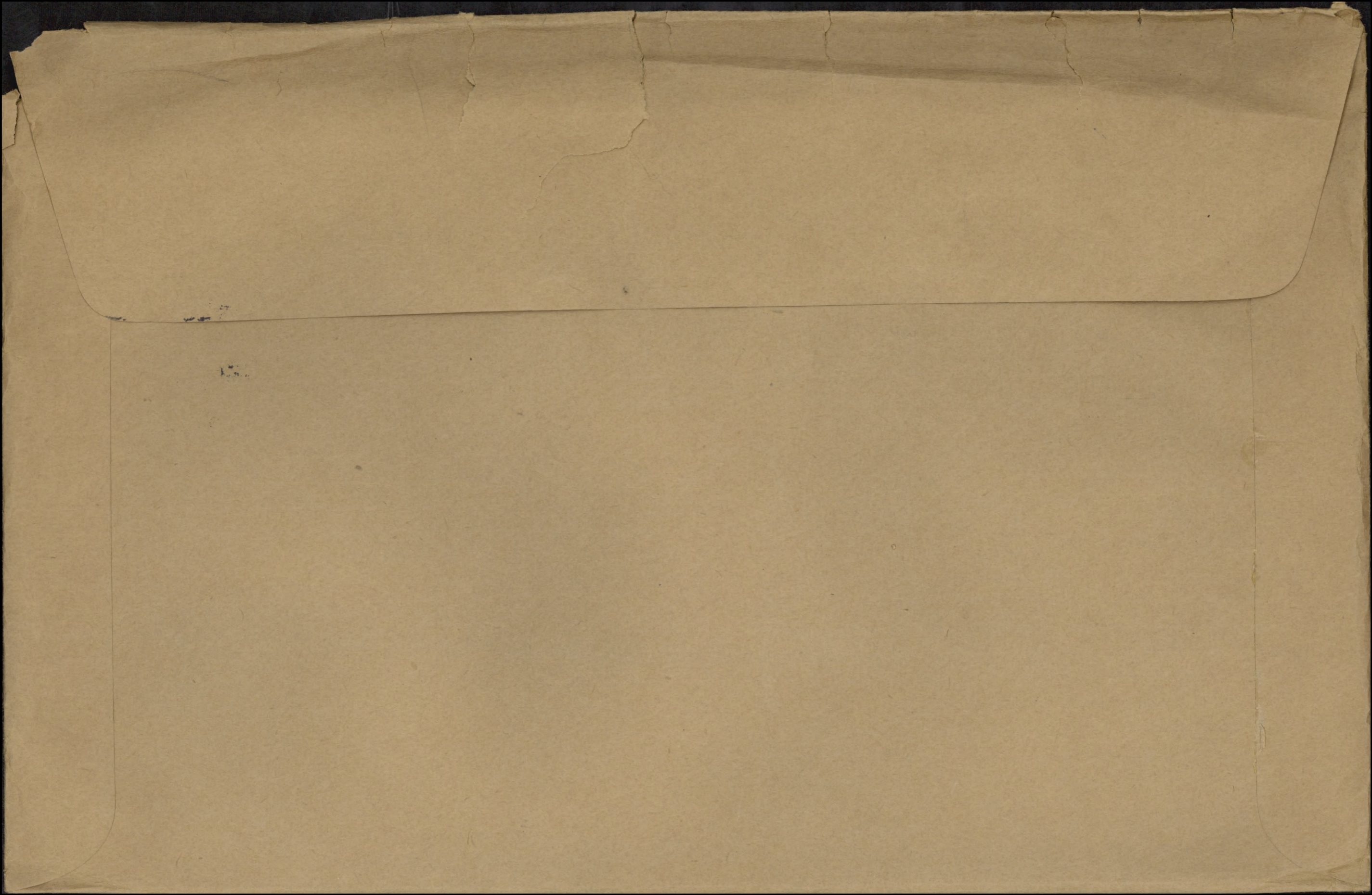
DISCHARGE

Category

*Disrob*

DESERTION

*4-9*  
*19-9*  
*29-9*  
*1*



# CANADIAN EXPEDITIONARY FORCE

## DISCHARGE CERTIFICATE

THIS IS TO CERTIFY that No. 141663 (Rank) Supt.

Name (in full) Archibald Noel Davie enlisted in the 44th Battalion

CANADIAN EXPEDITIONARY FORCE at Welland Camp on the 27th day of July 1915

HE served in England

and is now discharged from the service by reason of Demobilization.  
Medical Unfitness.

THE DESCRIPTION OF THIS SOLDIER on the DATE below is as follows:

Age 29 yrs

Height 5' 6"

Complexion Fair

Eyes Grey

Hair Brown

Marks or Scars Nil.

A. N. Davie

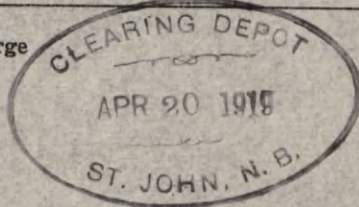
Signature of Soldier

H. H. Smith

Issuing Officer MAJOR

O. C. Clearing Depot, St. John, N. B.

Date of Discharge



Rank

Date \_\_\_\_\_ 19 \_\_\_\_\_

N.B.—As no duplicate of this Certificate will be issued, any person finding same is requested to forward it in an unstamped envelope to the Secretary, Militia Council, Ottawa, Canada.

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

THIS IS TO CERTIFY that No. 1000000000 (Rank) Private enlisted in the Canadian Expeditionary Force on the 1st day of August 1918. He served in the 1st Division Canadian Expeditionary Force and is now discharged from the service by reason of Medical Unfitness Demobilization.

THE DESCRIPTION OF THIS SOLDIER on the DATE below is as follows:

Age 24 Height 5' 8"  
 Complexion Light Eyes Blue  
 Hair Dark Mark on face None

Signature of Soldier [Signature]

Date 1st August 1918

Rank Private

Issued by [Signature] Medical Officer

Place and Date of Issue [Signature] 1st August 1918

This certificate is to be used only for the purpose of discharging the soldier from the service and is not to be used for any other purpose.

Casualty Form—Active Service.

Regiment or Corps 76th, Battalion, C.E.F. Regimental Number 141663-

Rank Pte. Surname Davie, Christian Name ~~XXXXXX~~-Archibald Noell

Religion Church of England. Age on Enlistment 25 years 6 months.

Enlisted (a) 27-7-16 Terms of Service (a) D. of War. Service reckons from (a) 27-7-16

Date of promotion to present rank \_\_\_\_\_ Date of appointment to lance rank \_\_\_\_\_

Extended { \_\_\_\_\_ } Re-engaged { \_\_\_\_\_ } Qualification (b) \_\_\_\_\_  
or Corps Trade and Rate Bookkeeper.

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. 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				
		Embarked ...	<u>Montreal.</u>	<u>1-19-15</u>	
		Disembarked...	<u>Plymouth.</u>	<u>1-19-15</u>	
<u>3-11-15</u>	<u>O.C. 76th, Bn.</u>	<u>Trans. to 39th, Bn.</u>	<u>W. Sandling</u>	<u>3-11-15</u>	
"	" <u>39th, Bn.</u>	<u>Taken on Str. 39th, Bn.</u>	<u>B</u>	<u>8-11-15</u>	<u>Pt. 2.0's, 215.</u>
<u>1-3-16</u>	" <u>39th, Bn.</u>	<u>App. Acting Corporal</u>	"	<u>1-2-16</u>	<u>" , 2. " 53</u>
<u>24-3-16</u>	" <u>39th, Bn.</u>	" <u>" Lance Sergeant</u>	"	<u>24-3-16</u>	<u>" , 2. " 73</u>
<u>4-1-17</u>	" <u>39th Bn.</u>	<u>Transferred to 6th Res. Bn.</u>	"	<u>4-1-17</u>	<u>" 2 3.</u>
			<i>W. Sandling Capt. &amp; Adj.</i>		
<u>4-1-17</u>	" <u>6th Res.</u>	<u>Taken on strength 6th Res.</u>	<u>W. Sandling</u>	<u>4-1-17</u>	<u>Part II 1.</u>
<u>11-1-17</u>	" <u>6th Res.</u>	<u>Appointed Acting Serjt</u>	<u>W. Sandling</u>	<u>11-1-17</u>	<u>Pt II 7</u>
<u>16-1-17</u>	" <u>6th Res.</u>	<u>Appointed Adj. Sgt</u>	<u>W. Sandling</u>	<u>6-1-17</u>	<u>Pt II 11</u>
<u>19-5-17</u>	" <u>6th Res.</u>	<u>is granted clerks pay.</u>	<u>W. Sandling</u>	<u>12-5-17</u>	<u>Pt II 116</u>

(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.

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				
31-10-17.	O.O. 6 <sup>th</sup> Res.	Appointed Acting C.Q.M.S. while employed as Orderly Sergeant. Room. Sergeant.		30-10-17.	DATED. 31-10-17. Para. 2315
31-10-17	O.O. 6 <sup>th</sup> Res.	appointed of Orderly Room Sgt with pay and allowances		30-10-17	Seaford. Pt II 257
8-3-19	O.O. 6 <sup>th</sup> Res.	Vic. Mac Donald (SOS) On Command C.D. Buxton No 2 MA	Seaford	7-3-19	Pt II No # 57 <i>[Signature]</i>
8-3-19		Attached C.D.D. Buxton for return to Canada, Part II Order No. 57. Ceases to be attached C.D.D. Buxton on embarking for Canada.			
					Lt. for Lt. Col. Commanding Canadian Discharge Depot.

SPICER 116 RECORDS CH. CAN. RES. BN

ST. JOHN, N. B.

20.4.19, DISCHARGED CEF.

PART 2 ORDERS 107

*R. Ingleton Capt* & Adj. For O. C. Clearing Depot, St. John, N. B.



CANADIAN ARMY DENTAL CORPS, O.M.F.C.

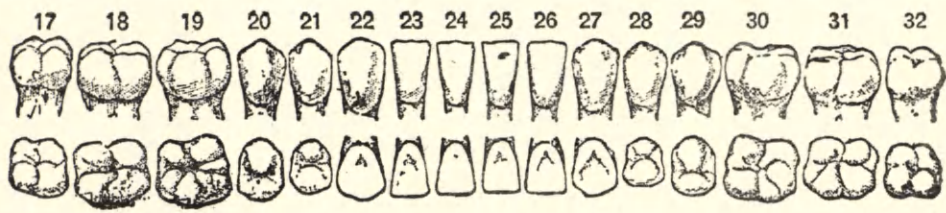
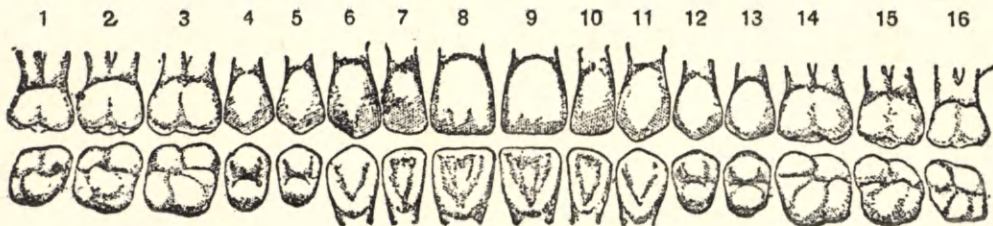
DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

DIRECTIONS TO DENTAL OFFICERS

NAME OF SOLDIER (Block Letters) DAVIE A.N.  
 REGIMENT 6 RES. Bn. RANK SERGT. No. 141663.  
 Date of Examination in England 24-2-19 Date of Examination in France \_\_\_\_\_

1. This form will be made out for each individual at the time of Demobilization in England or France.
2. Figures as per chart will be used to designate teeth concerned.
3. In reference to Partial Dentures the numbers of teeth thereon will be stated.



*Handwritten signature/initials*

PRESENT DENTAL REQUIREMENTS

1. FILLINGS 17 20 29 30
2. EXTRACTIONS NO 29
3. CROWNS NO
4. DENTURES NO
  - (a) Full Upper NO
  - (b) Part Upper NO
  - (c) Full Lower NO
  - (d) Part Lower NO

HAS HE EVER REFUSED DENTAL TREATMENT? NO

HAS HE EVER RECEIVED DENTAL TREATMENT? (Reply by "Yes" where applicable to any or all of a, b or c.)

- (a) In Canada NO
- (b) In England NO
- (c) In France NO

Signature of Dental Officer *R. A. D. C.* *Capl.*  
 O. A. D. C.

1/10

17 22 09 21  
22 22

10  
10  
10  
10  
10  
10

10  
10  
10

10 10 10

# MEDICAL EXAMINATION UPON LEAVING THE SERVICE OF OFFICERS AND OTHER RANKS WHO HAVE NO DISABILITY.

Officers and Other Ranks leaving the service for reasons other than medical unfitness are to be reported on this form. Where there is evidence of any undetermined or progressive disability, this form will not be used, but the case will be referred to a Medical Board for completion of M.F.B. 227.

No. 141663 Rank O.R. Sg<sup>t</sup> Surname DAVIE  
 (Given name in full) ARCHIBALD  
 Unit or Corps 4th RES Birthplace SWANSEA BRITAIN

(Examination of Officer or Other Rank (stripped) to be made by one Medical Officer.)

## I. GENERAL DESCRIPTION:

Physique Fair Weight 135 (at) lbs. Height 5 ft. 3 1/2 in. Colour of Eyes Brown  
 Nutrition Good  
 Pulse 78  
 Condition of arteries Normal  
 Vision Rt. 6/6 Left 6/6  
 Hearing (conversational voice) Rt. 20 ft.  
 Left 20 ft.

Identification marks, scars, or deformities.  
 (Give cause and date of origin.)  
Wound - left shoulder.

Opinion as to general health and physical condition Good

2. Has Officer or Other Rank ever suffered from, or has he now, any affection of the following systems? (Answer "Yes" or "No") (Subjective evidence may be sufficient in certain cases.)
- Nervous System no Genito Urinary System no Cardio-Vascular System no  
 Special Senses no Integumentary System no Respiratory System no  
 Disturbance of Mentality no Muscular System no Digestive System no  
 Osseous and Joint System no Any other general condition Yes

3. If the answer to any part of Section 2 above is "Yes," here give full particulars, with cause and date of origin; and also a description of the present condition.

Wound - April 1916 - good recovery.

# EXAMINATIONS

## THIS SECTION FOR USE OVERSEAS—

Examined at Singapore.....(Overseas)

Date April 25-2-19 Signed [Signature].....M.O.

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to or during service.

Signature A. N. Davie.....

(If not satisfied, M.F.B. 227 will be completed by Medical Board.)

## THIS SECTION FOR USE IN CANADA—

Examined at .....(Canada)

Date ..... Signed ..... M.O.

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to or during service.

Signature .....

(If not satisfied, M.F.B. 227 will be completed by a Medical Board.)

(This space to be used, if necessary, in connection with Section 3, overleaf, only.)

# ORIGINAL MEDICAL HISTORY SHEET.

Surname Davie Christian Name Archibald Noel

Examined { on 27th day of July 1915  
 at Welland, Ont.  
 Birthplace { City or Town North Wales,  
 County England

Approved by R.A. Inland  
 Rank Capt 76th Bt M.O.

Apparent age 26  
 Trade or occupation Bookkeeper  
 Height 5 Feet 6 Inches.  
 Weight 135 Lbs.  
 Chest measurement { Minimum 31 1/2 inches.  
 Maximum expansion 34 inches.  
 Physical development Good  
 Small-Pox Marks None  
 Vaccination Marks { Arm Right 3 Left  
 Number 3

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT,
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

When Vaccinated last July 14/15  
 (a) Marks indicating congenital peculiarities or previous disease

Date	Result	VACCINATIONS.
1915 7/7		<u>Shelley</u> M.O.
11/8/15	<u>pr</u>	M.O.
27-7-17	<u>G.A.B.</u>	<u>James Dunning</u> M.O.

(b) Slight defects but not sufficient to cause rejection

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
1915 7/7		<u>Shelley</u> M.O.
2/8/15		M.O.
5/8/15		M.O.
9/8/15		M.O.
3/7/16		<u>W.D. Lavelle</u> M.O.

Enlisted on 27th day of July 1915 at Welland, Ont.

	CORPS.	REG'TL NUMBER.	MARKS.	DATE.
Joined on enlistment	<u>76th Overseas Battalion, C.E.F.</u>	<u>1446 G 3</u>		
Transferred to.. ..	<u>39th Bn C.E.F.</u>			<u>4/11/15.</u>

### EXAMINED OR DISCHARGED BY A MEDICAL BOARD:

STATION.	DATE.	DISEASE.	RESULT.
<u>E. Seaford</u>	<u>16-2-17</u>	<u>negative</u>	<u>A. W. H. ...</u>
<u>Seaford</u>	<u>4/6/18</u>		<u>A. L. ...</u>

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.

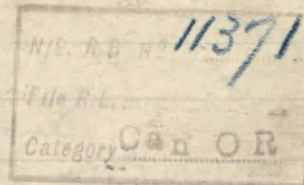


Rank *1st Lt* Name DAVIE, Archibald Noel. Reg'l No. 141663.  
 Unit 76th to 39th Bn. If in perm. Corps, }  
 What Unit? } Married or Single Single.  
 Place and Date of Enlistment Welland, Ont. July 27th, 1915. Place of Birth Sth Wales, Eng.

Name and Address, Next of Kin MRS A.N. DAVIE (WIFE) (*File R.L. 29*)  
Mr. G.W. Davie,  
SUSSEX COTTAGE, NEWTON, MUMBLES, GLAMORGAN, WALES.  
~~Longland, Mumbles, Wales.~~ Relationship WIFE.

Assigned Pay Monthly \$ Payable to Relationship  
 Separation Allowance \$ Payable to Relationship

Discharge, Date and Place Reason Character



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				
		<i>Arrived in England.</i>		10 OCT 1915	
1-3-16	OC 39 <sup>th</sup>	To be act Coye	Schiffe	1 <sup>st</sup> 16	Pt II 53
24-3-16	.	To be act 1st Sgt	W Sandling	24 <sup>th</sup> 16	Pt II 73
5-4-16	.	adm Inolation Hoopl	Folkestone	5 <sup>th</sup> 16	Pt II 83
22-4-16	CR 39	Troop Moore Barr Hoopl	Schiffe	17 <sup>th</sup> 16	C.L. 141 German measles
	OC 39 <sup>th</sup>	Discharged to Unit	.	22 <sup>nd</sup> 16	Pt II 97 C.L. 143 "
4-1-17	39 <sup>th</sup>	S.O.S. to 6 <sup>th</sup> Res Batta	"	4-1-17	— 3
4, 1, 17	6th Res	En Taken on Strength	Shorncliffe	4.1.17	Pt. II. O.
11-1-17	6 <sup>th</sup> Res Bn	appointed acting Sergeant was granted leave from	"	5 11-1-17	— 4. Part 10. (AMENDED)
5.2.17	"	24. 1. 17. to 3. 2. 17.	E. Sandling	3.2.17	— 28.

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				

31 <sup>10</sup> / <sub>14</sub>	6 <sup>th</sup> Res. Bn	Appn of O.R. Sgt. with pay table's of Sgt. Seaford.		30 <sup>10</sup> / <sub>14</sub>	Pls II D/o. 257
----------------------------------	-------------------------	---	--	----------------------------------	-----------------

8-3-19	✓	On com to C.S.D. District G.O.A.S. " "		4-3-19	253.
--------	---	--	--	--------	------

D9-J-2

22-4-19	6 <sup>th</sup> Res	Comm on com to C.S.D. Dist <sup>of</sup> R/Sgt. " "		9-4-19	S/o 89.
---------	---------------------	---	--	--------	---------

+ S.O.S. to G.C.F. in Canada.  
Diaper Area. 8.



DEPARTMENT OF MILITIA AND DEFENCE.

WAR SERVICE GRATUITY.

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

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, if soldier discharged in Canada, this Declaration is to be returned to THE DISTRICT PAYMASTER OF THE DISTRICT IN WHICH THE SOLDIER WAS DISCHARGED, or if soldier discharged in England to be returned to Paymaster General O.M.F. of C., 7, Millbank, London, S.W.

- 1. Christian names *Archibald Noel* 2. Surname *Davie*
- 3. Rank *QOR S* 4. Original Unit *76th Bn, CEF* 5. Reg. No. *141663*
- 6. Address, in full, to which future payments of gratuity are to be forwarded. *Bank of Montreal, Hamilton, Ontario*
- 7. Date of enlistment in the C.E.F. *July 27, 1915*
- 8. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge *Marjorie Emma Davie*
- 9. Relationship of such dependent *Wife*
- 10. Address, in full, of such dependent *Sussex Cottage, Newton, Mumbles, Swansea, Wales*
- 11. Is said dependent now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? *No*
- 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:—
- 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?
- 14. Were you on active service only in Canada or the United States? If so, give particulars of unit and dates of such service.
- 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.
- 16. Were you at the time of enlistment a civil employee of the Dominion Government? If so, state Department *No*
- 17. Were you a member of the Permanent Force at the time of enlistment in the C.E.F.? *No*

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

*No*

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.

20. Have you been issued with a War Service Badge? If so what class?

21. Have you, during the present war, served in the Imperial Forces?

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.

*No*

23. (a) Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England?

*No*

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

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

*20 APR 1919*

(b) Reason for discharge.

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.

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

27. (a) Are you receiving treatment from the Department of Soldiers' Civil Re-establishment?

(b) If so, are you in receipt of full pay and allowances from that Department?

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:

*A. N. Dave*

Place of Residence:

*Hamilton, Ontario*

Declared before me at:

*Staford*

This *4<sup>th</sup>* day of *March* 19*19*

Signature of Barrister of the Supreme Court Stipendiary Magistrate, Notary Public, Justice of the Peace, or Commissioner for the Administration of Oaths under P.C. 2767, dated 11th Nov., 1918.

*J. K. Hoffmann* *Magis*  
*6<sup>th</sup> R. Bn.*

POST DISCHARGE PAY.

Date paid.	Paid Soldier	Paid Dependent	War Service Gratuity	Net amount due
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....

Certified Correct.

District Paymaster.

Forms  
I. 1237  
10

13232

Army Form I. 1237.

MEDICAL CASE SHEET.\*

No. in Admission and Discharge Book. 13232	Regimental No.	Rank.	Surname.	Christian Name.
	141663	Sgt	Davie	Archibald
Year 1916	Unit.	Age.	Service.	
	29-Res. Batt	26	10/12	

Station and Date.	Disease
17/4/16	of measles
	Admitted from Fife Street
	South Hospital of measles
	developed 5-4-16
22/4/16	Discharged cured
	of measles
	again

DISCHARGED

22 APR 1916

\*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.

27/7/1915

25815

## MILITIA AND DEFENCE.

## SEPARATION ALLOWANCE.

Name *Mayorie Emma Douie* Name of Soldier *Douie A. N. <sup>rehtals</sup>sel.*  
 Address *Sussex Cottage* Regtl. No. *141663* *141663*  
*Newton* Rank *L/Sgt.*  
*Mumbles* Corps. *39<sup>th</sup> Bu*  
 Relation to Soldier *Glam-* To what Corps belonging }  
*wife, child or mother* *wife* *Swales* when called out }

## PAYMENTS.

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

Marriage Certificate Produced

14 AUG 1916

*Married 8/11/1915*  
*O/S consent obtained*  
*Proof of engagement est.*  
*Pay from 1/7/1916. jwd*

FILE

Df



Rank

Name **DAVIE, Archibald Noel.**

Reg'l No. **141663.**

Unit **76th to 39th Bn.**

If in perm. Corps,  
What Unit?

Married or Single **Single.**

Place and Date of Enlistment **Welland, Ont. July 27th, 1915.** Place of Birth **Sth Wales, Eng.**

Name and Address, Next-of-Kin **Mr. G.W. Davie,**

**Longland, Mumbles, Wales.**

Relationship

Assigned Pay Monthly \$

*2000*  
*Effective Feb 1/16*

Payable to

*Mrs. Mary. Davie*

Relationship

*Dussex Cottage  
Newton Mumbles  
Glam. Wales.*

Separation Allowance \$

Payable to

Relationship

Discharge, Date and Place

Reason

Character

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							
1915																		
Oct 1	Oct 31	31	1	31	31	10	310	10	4410							4410	Clothing Credit	
1-11-15	30-11-15	30	1	30	30	10	300		3300			2020			2020	5690		
Dec 1 1915	31 1916	31	1	31	31	10	310		3410			3066			3066	5134		
1-1-16	31-1-16	31	1	31	31	10	310		3410			2750			2750	5794		
1-7-16	29-2-16	29	1	29	29	10	290		3190			5940			5940	3044	* am by for Feb. notched in Feb. sheet.	
24 <sup>th</sup> Mar	31 <sup>st</sup> Mar	8	1.15	9.20	29	.15	4.35		3800			1752	20		5752	1092	80.70 24.3.16 Rem. 25.4.16 27.3.16	
1 "	75 "	23	1.10	25.30	23	.10	2.30						20		5752	1092	80.53-1.3.16 Rem. acft.	
				18650			1870	1000	21520			16428	4000			20428	1092	off 1/2/16 adjusted audit.

*5 35  
17 65  
46 50*

*797  
859  
46*





*R.*  
Number

141663

Rank

*a/cpl*  
*DB*

Surname

DAVIE

Christian Name

Archibald Noel

Units

76th Bn Can Coy Theatre of War England

Date of Service

10-10-15

Remarks

1311 Cannon St E.

Latest Address

Hamilton Ont.

Roll No

*A Page 4098*

200m. 6-21.M.

\*DUE TO SERVICE  
\*NOT DUE TO SERVICE

HOSPITAL AS AN ADMISSION

WHERE FROM)

UNIT

IN CATEGORY

INVALID

UNITS

UNITS

WHERE TO)

CONDITIONS DIAGNOSED

CONDITIONS DIAGNOSED

ADDRESS

ADDRESS

HOSPITAL

HOSPITAL

STATION

\* CROSS OUT CONDITION NOT APPLICABLE.

DESP. MAR 13 1923  
REG. NO. 40020

MOORE BARRACKS, CANADIAN HOSPITAL, SHORNCLIFFE.

*Transfer*

ADMITTING CARD.

Regt. No.

*141663*

A. & D. No.

*13232*

Rank

*Sgt*

Name

*David Archibald*

Corps

*39th Batt Coy*

Religion

*Co/C*

Age

*26*

M. H. Rec'd

M. H. Requested

M. H. Ret'd

Disease

*German Measles*

Admitted

*17/4/16*

Discharged

APR 22 1916

Discharged to Duty

Place in Hospital

*26*

Transferred

Results

*17/12 Wellana*

*no. no 2.25*

P.T.O.

## REMARKS:

MEDICAL HISTORY SHEET.	Orig. recd. from	<i>Ro</i>	<i>25</i> / <i>4</i> / <i>1916</i>
	Dup. recd. from		/.../191
	Orig. sent to		/.../191
	Dup. sent to		/.../191
	Received from Registrar this	Orig. Dup.	
		Ward	

SURNAME.

*Davie,*

*G.* CARD NO. *Area J*

CHRISTIAN NAMES

*Archibald, Koehl.*

FOLL. *KA*

REGL. NO.

*141663.*

RANK

*Sgt.*

UNIT

*76th. (1st. R.D.)*

*Batt.*

FORMER CORPS

*Terr: 7th Welsh.*

NEXT OF KIN.

NAMES IN FULL

*Davie, G. W.*

RELATIONSHIP TO SOLDIER

ADDRESS

*Langland, Mumbles,  
Wales.*

*Dependent R/C.  
Mrs. M. E. Davie,  
Bank of Montreal,  
Hamilton,  
Ontario.  
Auth: S. R. A. P. 5-5-19.*

COUNTRY OF BIRTH

*South Wales.*

DATE

PLACE OF ATTESTATION

*Welland, Ont.*

DATE

*27/7/15-*

*9/8 1/10/15. 222  
1*



*R/C 17-4-19, 304  
3.*

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

H. Q. FILE No. 649-

NAME *Barve A N*

REG'TL. NO. *141663*

RANK AND CORPS *Sgt. 39th Bn.*

CABLE

NATURE OF CASUALTY

NO.

DATE

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
141	moore Bar. shorne	17-4-16	German measles
143	" " "	22-4-16	" " Disch



Name *Davie. a. n.* Rank *Sgt.*Reg. No. *141663*Unit ~~*39th Bato.*~~ *6th Res*Next of Kin *Mr. G. W. Davie*  
*Longland - Mumbles - Wales*

Date	Movement	Place	Casualty	List No.	Notified N/K <input type="checkbox"/>	W.O. List
<i>17-4-16</i>	<i>Moore Barracks.</i>	<i>S. cliffs</i>	<i>G. Measles</i>	<i>141</i>		
<i>22-4-16</i>	<i>Dischgd</i>	<i>"</i>	<i>"</i>	<i>143</i>		



Surname

Christian Name or Names

Reg. No.

*Savie*

*A.*

*30.*

*141663*

Rank

Unit

Co.

Troop

Batty.

*Sgt.*  
Hospital

*39 Bn*

Date of Admission

Transferred *Moose Barracks 5 Cliffe* Hosp. *17. 4. 16*

Hosp.

Hosp.

Hosp.

Diagnosis

*German measles*

(1)

Later Diagnosis (if changed)

(2)

(3)

Additional Diagnoses: If more than one state present

DISPOSITION

*Dis. 22. 4. 16.*

Date

*22. 4. 16 #141*  
*26. 4. 16. 143.*

REMARKS

A.M.D. 2 DEPT.

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

*m*

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.

2.

3.

4.

5.

6.

7.

ASSIGNED PAY:	ENGLAND OR <del>CANADA</del>	SEPARATION ALLOWANCE:	ENGLAND OR <del>CANADA</del>	NAME: <b>DAVIE Archibald Rod</b>
EFFECTIVE DATE: <b>1.12.17</b>		EFFECTIVE DATE: <b>8/1/15</b>		NUMBER: <b>141663</b>
AMOUNT: <b>26<sup>00</sup></b>		AMOUNT: <b>28<sup>00</sup></b>		PARTICULARS OF RANK OR APPOINTMENT

NAME, ADDRESS, RELATIONSHIP & AUTHORITY	WHEN PAYEE OF A.P. IS THE SAME AS PAYEE OF S.A. THE WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE.	AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
<b>Mr J. B. Davie</b> <del>Wessex Cottage, Boston</del> <del>Humble, Glam. Wales</del>	<b>Same</b>	<b>B.O. 257.</b>	<b>30/10/17</b>	<b>40R Sgt.</b>

UNIT AND TRANSFERS	
ORIGINAL UNIT: <b>76th Bn.</b>	
DATE ACCOUNT FIRST OPENED: <b>1/4/16</b>	
AUTHORITY	DATE EFFECTIVE
	<b>60R.D.</b>

DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT
<del>11-2-19</del>	<del>8571</del>	<del>Seaforth</del>	<del>29 20</del>				
<del>21-2-19</del>	<del>8858</del>	<del>Seaforth</del>	<del>24 35</del>				
			<b>53 53</b>				

*L.P.C. rendered by Buxton 7-4-19.*  
*Trans to Canada 1/4/19 with N.A. 3593 Seaforth 24-2-19 L.P.C. Bal. Dr. 1185*

PARTICULARS OF RENDERING, NON-EFFECTIVE

MONTH 1918.	PARTICULARS	CR 1	CR 2	PARTICULARS	DR 1	DR 2	DR 3	DR 4	BALANCE	DEFERRED	SEPARATION
Jan 31	Bal forward			CA0262 1-31-18-4 Seaforth 18/1/15 to 18/1/16					29 20		155 33
	Apr. OR Sgt. P.	51		CA0262 1-31-18-4 Seaforth 18/1/15 to 20/6/16							155 33
				A42146 1-9-17-3			23				25
				A/R 132 15/4/18 6th Res	14 60				72 62		180 33
May	OR Sgt. P.	52 70		A65744 1-9-17-3	14 60		23				75
				A/R 631 14-5-18 6th Res	34 07				38 25		25 75
June	OR Sgt. P.	52 70		Pass 153 1-9-17-3	34 07		23				75
				A/R 1334 13/4/18 6th Res	24 33						
				V 1591 20/5/18	14 60				27 32		25
		51			38 93		23				25
July	OR Sgt. P.	52 70		B76552 1-9-17-3			23				25
				AR 2057 16/7/18 6th Res	14 60						
				ON AR 1473 15/8/16 39th Bn	7 30				35 12		75
		52 70			31 90		23				75
Aug	OR Sgt. P.	52 70		C. 52144 1-9-17-3			23				75
				AR 2768 2/8/18 6th Res	14 60						
				V 3217 15/8/18	14 60						
				V 3574 28/8/18	14 60				21 02		
		52 70			43 80		23				25
Sept	OR Sgt. P.	51		C. 70546 1-9-17-3			23				25
				AR 4167 14/9/18 6th Res	14 60						
				V 4718 28/9/18	14 60				19 82		
		51			29 20		23				25
Oct	OR Sgt. P.	52 70		L 61729 1-9-17-3			23				25
				4912 10/10	14 60						
				5327 26/10	14 60				20 32		
		52 70			29 20		23				25

NUMBER 141663 RANK

NAME DAVIE Archibald Noel

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
	Ret. Forward								20 32		
Nov.	R.S.P.	51		£ 2923 to 12-18=11 ✓			23				40
				£ 67520 Dec. to 10-17=10 ✓			23				30
				5685 15/11 L.R. 1947							
Dec.	R.S.P.	5270		6203 28/11 ✓			1217				
				6696 17/11 ✓			2433				
1919				£ 12107 to 10-17=10 ✓			23				30
Jan	✓	5270		<del>6696</del>					5175		
		15640									100
Feb.	✓	4760		7300 3/12 6th Res 730			5597				
				7514 8/1/19 ✓			1460				
				8112 23/1 ✓			1460				
				£ 67902 to 10-17=10 ✓				23			30
				Ch. Fb 8955 £ 10-17-10 (1/10)				23			30
				8571 13/2 6th Res 2920							
				8858 21/2 ✓			2433		3668		
		4760					9003				60
Apr	March	5270		6368 28-3 Buxton 487							
				APL. 28-3 Buxton £ 10-17-10				23		1185	30
		5270					487				30

Jan. 2-19  
Checked

LOS. bank 4.19 J.L.D.G

MARRIED OR SINGLE **S. M.**

PLACE OF BIRTH **South Wales, England.**

NAME AND ADDRESS OF NEXT OF KIN **Mr. A. N. Davie**  
**Sussex Cottage, Newton, Mumbles, Glamorgan, Wales.**

RELATIONSHIP OF NEXT OF KIN **wife**

NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF KIN

SEPARATION ALLOWANCE MONTHLY \$ **20.00 25.00** EFFECTIVE (DATE) **July 1916**

PAYABLE TO **Mrs M E Davie**

RELATIONSHIP OF DEPENDANT **wife**

*(B. Willey)* **Sussex Cottage, Newton, Mumbles, Wales.**

CASUALTIES, PROMOTIONS, &c.

PARTICULARS	EFFECTIVE DATE	AUTHORITY
Appointed L. Sgt.	24-3-16	37 <sup>th</sup> B.O. 73-24-3/6
Adj. Sgt.	11-1-17	150. Y. 11/1/17
Subdraw blanks Pay.	18-5-17	Barb. 19-5-17
Promoted Actg. Sergt.	5-1-17	B.O. 11-16-1-17
✓ A/O R Sgt.	30/10/17	130 257 31/10/17
		6 Rev

ADMISSIONS TO HOSPITAL, &c.

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

REG'L No **141663**. RANK **Lt. Col. Davie, Archibald, Noel.**

IF IN PERM. CORPS | UNIT **76<sup>th</sup> Bata** | TRANSFERRED TO **39<sup>th</sup> Bn** | DATE **E 1.2.17** | AUTHORITY **2069 24/17**

PERMANENT FORCE ALLOWANCES | TRANSFERRED TO **6th Bn** | DATE **E 1.2.17** | AUTHORITY **2069 24/17**

PLACE OF ATTESTATION **Welland July** | TRANSFERRED TO | DATE | AUTHORITY

DATE OF ATTESTATION **July 27<sup>th</sup> 1915** | TRANSFERRED TO | DATE | AUTHORITY

ASSIGNED PAY MONTHLY \$ **23.00** | DATE EFFECTIVE **1/12/17**

PAYABLE TO **Mrs. M. E. Davie** | RELATIONSHIP **Wife**

ASSIGNED PAY MONTHLY \$ | DATE EFFECTIVE

PAYABLE TO | RELATIONSHIP

STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) | EFFECTIVE | REASON

DISCHARGE DATE AND PLACE | REASON AND AUTHORITY

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

F.P. + S.F. checked found correct *(B. Willey)*

DATE	PAY		FIELD ALLOWANCE		WORKING OR SPECIAL PAY		ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS				CASH PAYMENTS				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS						
	NO. OF DAYS	RATE	AMOUNT	NO. OF DAYS	RATE	AMOUNT				NO. OF DAYS	RATE	AMOUNT	1	2	3	4	1				2	3				4	CREDIT	DEBIT			
			186	50	18	70			256																						
April 1-30	30	1.00	30	30	.10	3			33																						
May 1-31	31		31	31		3 10			34 10	1074	14/5	1130	2/5																		
June 1-30	30	1.10	33	30		3 00			36 00	1173	15/6																				
July 1-31	31	1.10	34	10	31	3 10			37 20	1102	22/6	1303	15/7																		
Aug 31	31	1.10	34	10	31	2 10			37 20	1079	32/7																				
Sept 30	30		33	30		3			36	1551	31.8	1605	18/9																		
Oct 1-31	31		34	10	31	3 10			37 20	1689	30.9	1742	15/10																		
Nov 1-30	30	1.15	34	50	30	15 4 50			42 20	1848	31.0	1919	15/11																		
Dec 31	31		35	65	31	15 4 65			40 30	2060	32																				
Jan 1-31	31	1.15	40	30					40 30	2157	41/7																				
Feb 28	28	1.35	42	00					42 70	2179	21/12																				
Mar 1-31	31		46	50		180 -			180	319	26.27	438	31.34/7	Taken P. P. B.																	
			664	00		180 00			4290	826	90																				

Total amt. S.F. paid to Mch. 31<sup>st</sup> 1917 180

22<sup>nd</sup> Appd. L. Sgt. E. 24-3-16 39<sup>th</sup> Bn  
 B.O. 73 24-3-16 222 days @ 10<sup>th</sup>  
 App. not chg. May 1916 dep. here  
 App. to 6th Bn E. 1.2.17 2069 24/17  
 Appd. / Sgt. 11.1.17. Two 7 days a  
 30d Bn Nov 222 days @ 10<sup>th</sup> 22.20  
 2-15-30 71/5-30 adj. pay for  
 18.11.17-16.11.17 6.6.20 of Sgt  
 5-1.17-17 11.1.17 = 6 days a  
 207 = 1.20.

Old paybook placed on file 3-8-17





Appendix 2

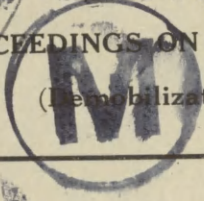
6 of 8



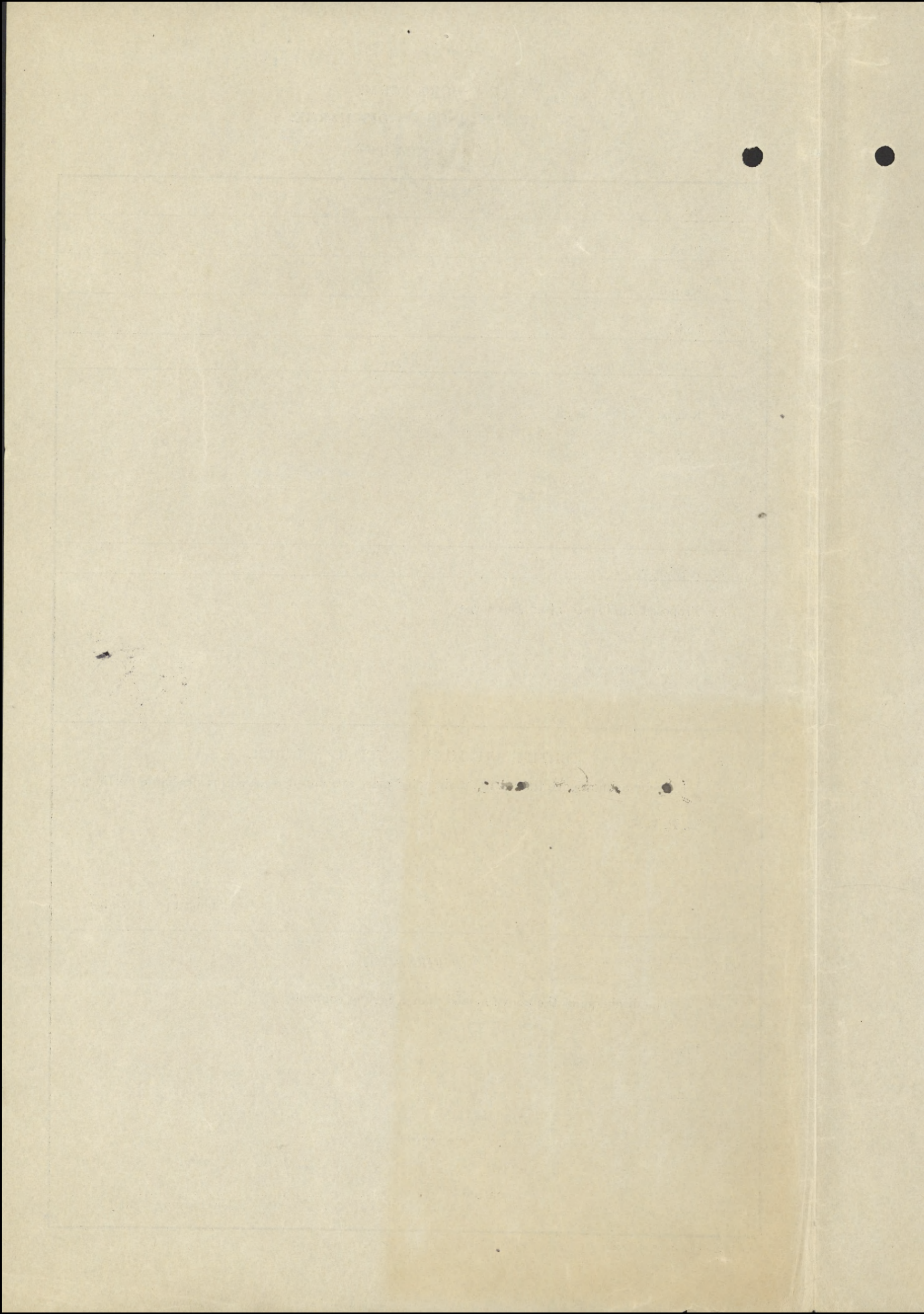
Military District... J 2

SHORT FORM.  
PROCEEDINGS ON DISCHARGE.  
(Demobilization.)

Next of Kin *Wife*



1. No.	<i>141663</i>	War Service Badge
2. Rank.	<i>O.R. Sq'</i>	Class "A" No. ....
3. Name.	<i>Davie Archibald Noel</i>	
4. Unit.	<i>6th Can Res Batt.</i>	<i>E.O.R.</i>
5. Date of Discharge	<b>APR 20 1919</b>	Place <b>CLEARING DEPOT ST. JOHN, N. B.</b>
6. Reason for Discharge	<i>cat. A</i>	
Trade	<i>Stenographer</i>	Occupation <i>3</i>
Service in France	<i>nil</i>	
7. Authority.	<b>DEMOSILIZATION</b>	
8. Proposed Residence after Discharge	<i>Hamilton Ont.</i>	
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.?	<i>39</i>	
	<i>A. N. Davie.</i>	
	Signature of Soldier.	
10.	CONFIRMATION.	
	The discharge of the above named man is hereby confirmed.	
Place	<b>ST. JOHN, N. B.</b>	
Date	<b>20 4, 19, DISCHARGED OCF. PART 2 ORDERS 107</b>	
	<b>CLEARING DEPOT APR 20 1919 ST. JOHN, N. B.</b>	
Signature	<i>H. H. Smith</i>	
	MAJOR (O. C. Discharging Unit.) O. C. Clearing Depot, St. John, N. B.	





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. 5009a).
6. Field Conduct Sheet (A.F.B. 122)
7. Proceedings on Discharge (M.F.B. 218a)
8. Discharge Certificate (M.F.W. 39)  
(Enclosed in special envelope (260M) ).
9. Copy of Discharge Certificate (M.F.W. 39a).
10. Dispersal Certificate (C.D. 3).
11. Equipment and Clothing Statement Q.M.G. Form (D.O.S. 2).
12. Last Pay Certificate (P. 851).
13. Pay Book (A.B. 64).
14. War Service Gratuity (Form M.F.W. 2595).
15. Sundry Documents.

6.

66.55

MILITIA AND DEFENCE

7264.

## ASSIGNED PAY.

To whom Mrs Marjorie Davie.,

By whom assigned Davie., A.N.

Address Sussex Cottage.,

Regtl. No. 141663.

Newton,

Rank Private.

Mumbles. Glam.

Corps, &c. ~~76th~~ 39th Res. Battalion.

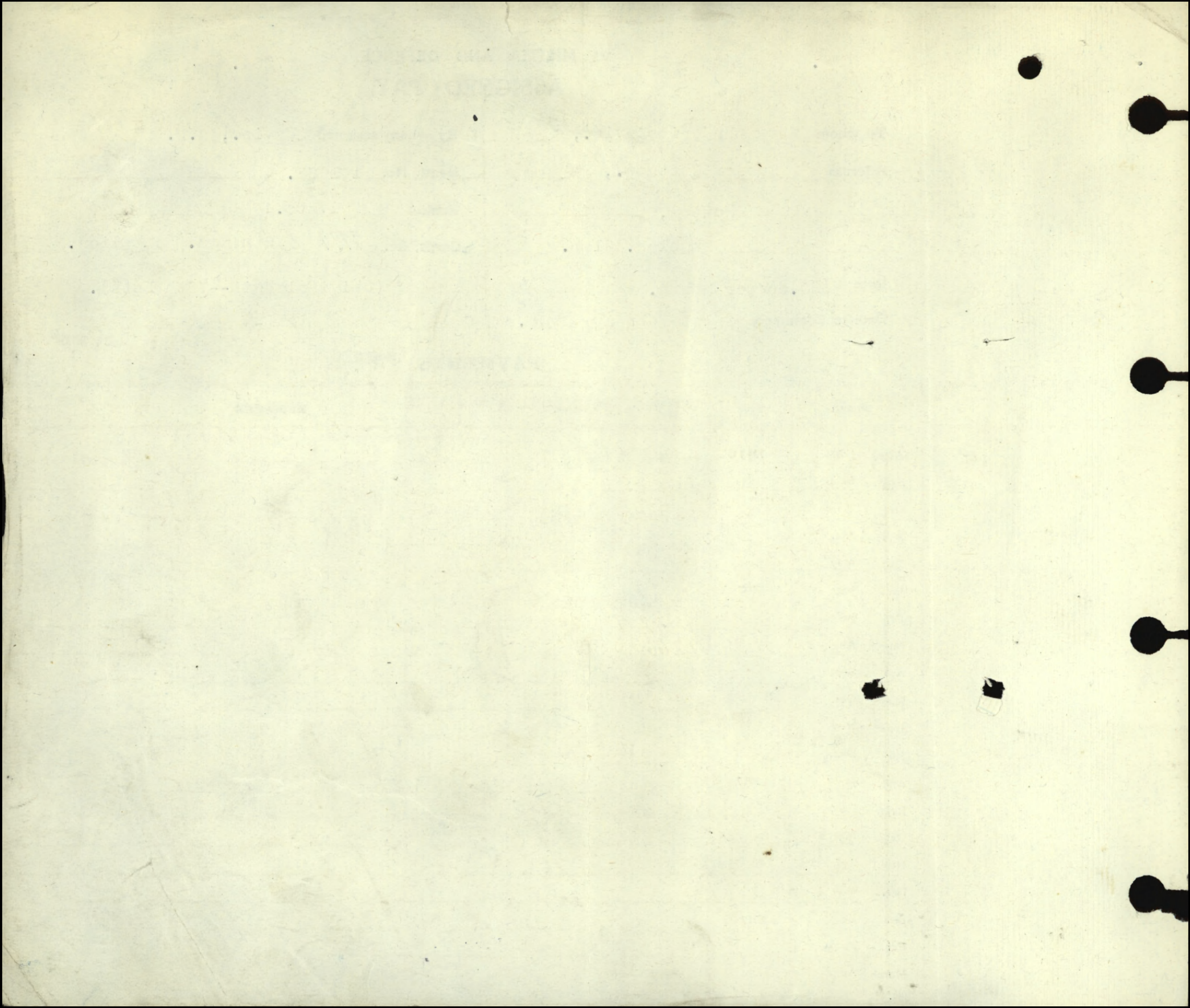
Rate \$20.00 per month.

(Original Unit--76th Deth).

Date to Commence 1st February 1916.

## PAYMENTS. RECEIVING SEPARATION ALLOWANCE

Month	Year	Cheque No.	ASSIGNED Amt. PAY	SEPARATION ALLOWANCE	REMARKS
Aug. Jan.	1916				<div style="border: 1px solid red; padding: 5px;"> RECEIVING SEPARATION ALLOWANCE \$ 20 -  EFFECTIVE July 1916  RELATIONSHIP Wife </div>
Sept. Feb.		125643	20	-	
Oct. March		151064	20	-	
Nov. Apl.		4648	20	-	
Dec. May		50656	20	-	
Jan. June	1916	✓ 58178	20	-	
Feb. July		93173	20	-	
March Aug.		126636	20	X	
Apr. Sept.		151207	20	X	
May Oct.		195280	20	X	
June Nov.	200	231735	20	X	
July Dec.		271749	20	X	
Aug. Jan.	1917	312309	20	X 140 -	Total Amt. Sep Allow paid to Jan 31 '17
Sept. Feb.		356762	20	X 20	
Oct. March		400268	20	X 20	
Nov. Apl.				180 <sup>20</sup>	Checked found correct
Dec. May					C. Tilley 6th Res Bn. 21-3-17
Jan. June	1917				
Feb. July					
March Aug.					



# DISCHARGE FROM HOSPITAL

Canadian Form A.M.S 7002.  
For W.O's, N.C.O's & Men.

Do not fail  
to strike out  
two of these  
on each sheet

1. To Chief Paymaster, Canadians,  
7, Millbank, London, S.W.
2. To Officer in Charge of Records, Canadians (Casualty Branch),  
7, Millbank, London, S.W.
3. To Officer Commanding, 39th Gen. Hosp. Bn.  
(Name of Unit to which discharge is made)

At Shorncliffe Station.

<u>Unit or Corps</u>	<u>Regt. Number</u>	<u>Rank</u>	<u>Name (Surname first)</u>
<u>39th</u>	<u>141663</u>	<u>Lt</u>	<u>David A.</u>

The above mentioned Canadian soldier will be discharged from this Hospital on the

22 day of April 1916.

He may be expected to arrive at unit Railway Station,

at 11 o'clock A. m. on the 23 day of April 1916.

- |   |   |
|---|---|
| <ul style="list-style-type: none"> <li>i. I consider him "Fit for duty"</li> <li><del>ii. I do not consider him "Fit for Duty"</del></li> <li><del>*iii. I consider him fit for his former "light duty"</del></li> <li><del>*iv. I do not consider him fit for his former "light duty"</del></li> </ul> | } Strike out that which is<br>inapplicable. |
|---|---|

Name of Central Hospital 39th Gen. Hosp. Bn. at Shorncliffe

Signed [Signature] Officer in Charge.

This return is to be made out in quadruplicate. If discharge is made to the Canadian Casualty Assembly Centre, one copy is to be forwarded to each of the Officers specified 48 hours previous to discharge. If discharge is made to any other Unit, the copies are to be forwarded 24 hours previous to discharge. One copy is to be retained by Hospital for its records.

\*For patients admitted to hospitals from "light duty Service" only.

## DISCHARGES FROM HOSPITALS.

HOSPITALS.	Patients from Troops serving Overseas from the United Kingdom.	Patients from Troops stationed in the United Kingdom.			
		Admitted from "Light Duty Service."		Other Patients.	
		All Patients.	If fit to resume former "Light Duty."	If not fit to resume former "Light Duty."	If "Fit for Duty."
British Hospitals.	Cannot Discharge.	Discharge to former "Light Duty."	Cannot Discharge.	Discharge to Unit or Reserve Unit.	Cannot Discharge.
Canadian Military Hospitals.	Cannot Discharge.	Discharge to former "Light Duty."	Cannot Discharge.	Discharge to Unit or Reserve Unit.	Cannot Discharge.
Canadian Convalescent Hospitals.	Discharge to Canadian Casualty Assembly Centre.	Discharge to former "Light Duty."	Discharge to Canadian Casualty Assembly Centre.	Discharge to Unit or Reserve Unit.	Discharge to Canadian Casualty Assembly Centre.

DISCHARGE FROM HOSPITAL

London and the South-East  
1914

1. To Chief, Westminster Dispensary

2. To Mr. J. W. ...

3. To Office in Charge of ... (Casualty Branch)

4. To ... London, S.W.

5. To ...

Do not fill  
return out  
for of these  
on each sheet

1914

1. ...

2. ...

3. ...

4. ...

The above mentioned conditions will be discharged from the Hospital on the

1914

1914

1. ...

1914

1. ...

1914

1. ...

1. ...

1. ...

1. ...

1. ...

1. ...

DISCHARGE FROM HOSPITAL

1. ...

1914

1914

1914

1914

1914



MINNESOTA 17:4:19

AUDITOR *Ell* PAYMASTER *90*

PROMOTIONS, REDUCTIONS AND REVERSIONS AFFECTING DAILY RATE OF PAY AND ALLOWANCES

M. OR S. REGT. No. 141663 RANK A/ORS NAME (IN FULL) DAVIE, A.N. 01862

IF IN P.F. WHAT UNIT? *Bank of Montreal Hamilton* (BLOCK LETTERS SURNAME FIRST)

ORIGINAL UNIT C.E.F. *26 Bn* PLACE OF ATTESTATION *14 Edgar St. Hamilton, Ont* DATE *24/4/19* AUTHORITY

DATE OF ATTESTATION *24/4/19* TRANSFERRED TO *14 Edgar St. Hamilton, Ont* DATE *30/4/19* AUTHORITY

ASSIGNED PAY \$ *23.00* DATE EFFECTIVE *30/4/19* RELATIONSHIP *Closed in England* ANY CHANGE IN ASSIGNEE OF ADDRESS

PAYABLE TO *Mrs M.E. Davie* ADDRESS *Bank of Montreal Hamilton Ont*

STOP PAYMENT FORM RENDERED, DATE

DISCHARGED *St John, NB* PLACE DATE *20:4:19* REASON *Demob.* AUTHORITY *M.D. #7* IF ENTITLED TO POST DISCHARGE PAY *Yes*

MONTH	PAY AND F.A.		OTHER CREDITS		TOTAL CREDITS		ACQUITTANCE ROLLS			CASH PAYMENTS			ASSIGNED PAY	REGI-MENTAL CHARGES	OTHER CHARGES	TOTAL DEBITS		BALANCE		PARTICULARS OR REMARKS	
	NO. OF DAYS	RATE	AMOUNT				COL. NO. 1	COL. NO. 2	COL. NO. 3	COL. NO. 1	COL. NO. 2	COL. NO. 3	\$ C.	\$ C.	\$ C.	\$ C.	\$ C.	\$ C.	\$ C.		\$ C.
			\$	C.	\$	C.	NO.	DATE	NO.	DATE	NO.	DATE									
<i>21/2/19</i>																				<i>Dr Bal. Eng L.P.C.</i>	
<i>24/4/19</i>		<i>170</i>	<i>40</i>	<i>80</i>																<i>1/4/19 to 24/4/19 P.A. Clothing Allowance 1st payment wd to</i>	
																				<i>Boat &amp; Train</i>	
																				<i>1st 8 Paid as above</i>	
																				<i>4 days P.A over or</i>	
																				<i>10 days P.A over or</i>	
																				<i>1st 1/2 G. Paid by #2 D. D.B.T.A.S.</i>	
																				<i>Aug April not chgd</i>	
																				<i>See file</i>	
																				<i>67 April chgd see file</i>	
																				<i>W.S.G. PAID IN FULL</i>	
																				<i>FOR PAYMASTER W.A.P.</i>	

