

DUPLICATE

10 M. D. 1st. Depot Battalion Manitoba Regiment

Regtl. No. 2383789

PARTICULARS OF RECRUIT
DRAFTED UNDER MILITARY SERVICE ACT, 1917

11-5-18
R.D.

(Class I)

1. Surname ~~DAVIE~~ DAVIE WBR

2. Christian name Charles Desmond

3. Present address Western Hotel Port Arthur Ontario Canada

4. Military Service Act letter and number 406015 BR

5. Date of birth January 17, 1889

6. Place of birth Halifax Nova Scotia Canada
(town, township or county and country)

7. Married, widower or single Single

8. Religion Church of England

9. Trade or calling Iron Worker

10. Name of next-of-kin Annie Davis

11. Relationship of next-of-kin Mother

12. Address of next-of-kin No. 1, Lorne Terrace Halifax Nova Scotia Canada C.D.D.

13. Whether at present a member of the Active Militia No

14. Particulars of previous military or naval service, if any No

15. Medical Examination under Military Service Act:—
(a) Place Port Arthur Ontario Canada (b) Date November 5/17 (c) Category 32

DECLARATION OF RECRUIT

I, Charles Desmond Davis, do solemnly declare that the above particulars refer to me, and are true.

Charles Desmond Davis (Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age 30 yrs mths.

Height 5 ft 5 1/2 ins.

Chest measurement } fully expanded 58 ins.
range of expansion 54 ins.

Complexion Dark

Eyes Brown

Hair Dark

Distinctive marks, and marks indicating congenital peculiarities or previous disease. Nil

H. A. Carter Major
O. C. G. C. "H" Coy. 1st. Depot Batta. Depot. Btl. Manitoba Regiment, Regt.

Place Port Arthur Ontario Date April 17, 1918

Recruit No.

PARTICULARS OF RECRUIT DRAFTED UNDER MILITARY SERVICE ACT, 1917

Class

1	Postname	.....
2	Christian name	.....
3	Present address	.....
4	Military service No. (entered number)	.....
5	Date of birth	.....
6	Place of birth	.....
7	Married, widower or single	.....
8	Religion	.....
9	Trade or calling	.....
10	Name of nearest relative	.....
11	Relationship of next of kin	.....
12	Address of next of kin	.....
13	Whether at present a member of the Active Militia	.....
14	Particulars of previous military or naval service, if any	.....
15	Medical Examination under Military Service Act	.....
16	Place of residence at date of examination (if different from above)	.....

DECLARATION OF RECRUIT

I, the undersigned, do hereby declare that the above particulars are true and correct to the best of my knowledge and belief.

.....
(Signature of Recruit)

DESCRIPTION ON CALLING UP

Age	.....
Height	.....
Weight	.....
Complexion	.....
Build	.....
Stature	.....
Complexion	.....
Build	.....
Stature	.....

REGIMENTAL DOCUMENTS

NAME DAVIE CHAS. DESMOND REGT. NO. 9383789 UNIT M. B. M. A. H. Q. FILE NO. _____

S

CONTENTS

B

DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

M. F. W. 2505
REFERENCE

NON-EFFECTIVE BY

DEATH

Category

04443

M

DISCHARGE

Category

Desmond

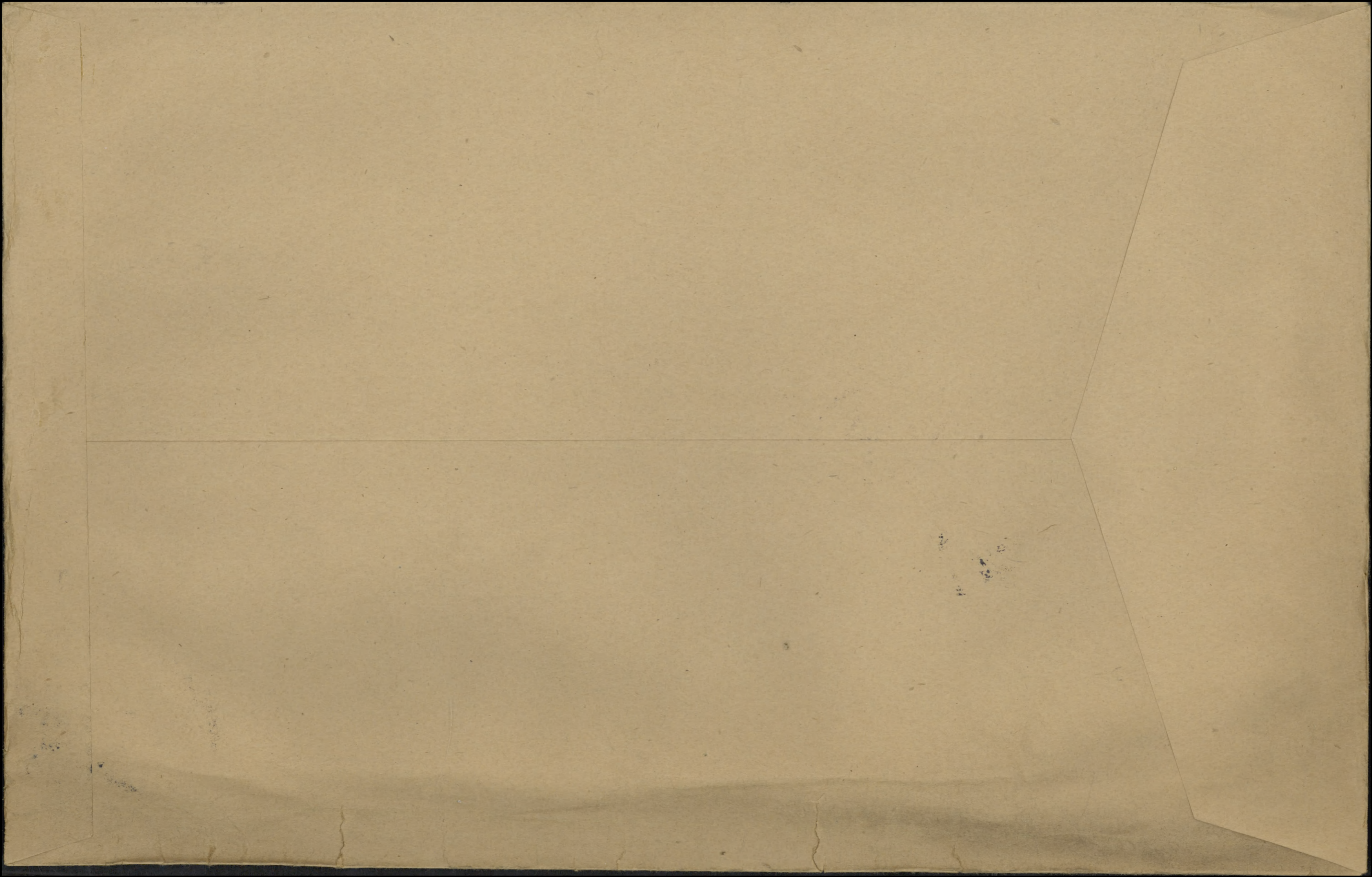
H

DESERTION

9-5
18-7
32-7
1

- TESTATION PAPER (M.F.W. 23, 133, or 51)
- CASUALTY FORM (M.F.W. 54 or A.F.B. 103)
- TRAINING HISTORY SHEET (M.F.W. 113)
- FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)
- REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)
- COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)
- MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)
- DENTAL HISTORY SHEET (M.F.B. 465)
- MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)
- MEDICAL EXAMINATION (M.F.W. 129)
- TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)
- PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)
- DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)
- LAST PAY CERTIFICATE (M.F.W. 44)
- PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)
- PARTICULARS OF CHARACTER (A.F.W. 3226)
- COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)

M.F.W. 192
103



MEDICAL CASE-HISTORY SHEET.

HOSPITAL Genevieve STATION Port Arthur
No. 2383789 Rank Private Name Daniel C. Age 30
Unit A. C. 1st Depot Bact Lab Service 1 month
Date of Admission 14-5-18 Date of Discharge May 30 1918
Diagnosis Labsynippe
Date of Origin _____ Place of Origin _____
CAUSE OF ILLNESS OR INJURY: Contagious -

HISTORY OF PRESENT ILLNESS OR INJURY.

(Is Illness or Injury result of Service?)

Result of service -
Patient complained of chills
Soreness of muscles - cough and
expectoration -

CONDITION ON ADMISSION.

Temp 100° - Pulse 85 - Resp - 22 -
Cough & expectoration - Sore throat.
All symptoms subsided except
Sore face and soreness over
the lumbar region -

TREATMENT.

Expectoration mixture internally
aspirin - for pain - antiseptic
spray for throat - Electric massage
and heat to back.

CONDITION ON DISCHARGE FROM HOSPITAL.

Fully recovered and returned
to duty -

Date May 30 1918

Dr. Brown Major

Medical Officer i/c Case.

C 13592.

1914
MAY 10
W. M. B. 117

DEPARTMENT OF COMMERCE

COPIES OF THIS SHEET TO BE KEPT

REMARKS

CONDITION ON ARRIVAL

IS THIS TO BE KEPT IN THE HISTORY OF THE CASE?

CAUSE OF DEATH

DATE OF CASE

DIAGNOSIS

DATE OF EXAMINATION

AGE

SEX

HOSPITAL

DATE OF CASE

DATE OF EXAMINATION

AGE

SEX

HOSPITAL

MEDICAL CASE HISTORY SHEET

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. 2383789 Rank Spr. Surname DAVIE
(Give name in full)

Charles Desmond

Unit or Corps C.R.T.D. Birthplace Halifax, N.S., Can.

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

1. GENERAL DESCRIPTION:

Physique Good Weight 150 lbs. Height 5 ft. 5 in. Colour of Eyes Brown
 Nutrition Good
 Pulse 72
 Condition of arteries Poor
 Vision Rt. 6/6 Left 6/6
 Hearing (conversational voice) Rt. 21 ft.
 Left 21 ft.

Identification marks, scars, or deformities.
 (Give cause and date of origin.)

Nil.

Opinion as to general health and physical condition Poor.

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 NO

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.

EXAMINATIONS.

THIS SECTION FOR USE OVERSEAS—

Examined at.....(Overseas)

Date28-2-19..... Signed (Sgd.) M. Wittick, Lt. 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 (Sgd.) C.D.Davie.

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

THIS SECTION FOR USE IN CANADA—

Examined at.....(Canada)

Date SignedM.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 Medical Board.)

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

[OVER]

B. class

M.F.B. 465
200x-1-17
1772-89 960

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

DISTRICT I.C.

NAME OF SOLDIER "David Charles Desmond"
"H" Coy. 1st. Depot Battalion

REGIMENT "Manitoba Regiment"

P.I.V.A.T.

No. 245789



INSTRUCTIONS

- On examination the condition of patient's mouth to be marked on diagram in red ink.
- On first line of report record of same to be made in red ink.
Only such entries to be made on this sheet as will show :
 - Condition on examination (in red).
 - Condition on leaving Canada.
 - Condition on discharge.

Date	Amalgam	Temporary Filling (a) G.P. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhea	Synthetic Porcelain	Extracting	Dentures			Gold Clasp	Gold Filling	Crowns		Bridge Work	OPERATOR	Military Dist.	REMARKS
											U	L	P			Gold	Porcelain				
Condition on first Examination																					
apr 18																					Ext. complete
apr 19										3 4											Ext 34 Cov. 1. 5. 9. 12. 16. 29

36
DETACHMENT
ORDERLY ROOM
C.A.D.C.C.E.F.M.D.

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

NAME OF SUBJECT

REGIMENT

CANADY

II HEAD GIEIR

BRILLIANT

WADDEIN

TOOTH	EXAMINATION	RESTORATION	PERIAPICAL	PERI-IMPLANT	PERI-ROOT	PERI-APICAL	PERI-IMPLANT	PERI-ROOT
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DISTRUCIONS

1. On examination the condition of teeth should be entered on
 2. At the time of report (copy) of teeth for a month in report
 3. Any restorations to be made on this sheet and shown
 4. Condition of examination in hand
 5. Condition on teeth in hand
 6. Condition of examination in hand

789.

NOV 1-3 1917

ORIGINAL

A II

M.S. 15.

MILITARY SERVICE ACT, 1917.

MEDICAL HISTORY SHEET.

IMPORTANT.—If the man's name does not appear upon the schedule of men reporting for service, or if he has not made an application for exemption or a report for service, or, although having made one, he does not know the number, he will be instructed that the copy of this medical history sheet (which will be handed to him) must be attached by him to a report for service or claim for exemption which he may make on application to any Postmaster in Canada, or be sent by him after he has noted upon it the number on the receipt he obtained from the Postmaster to a Registrar or Deputy Registrar under the Military Service Act. In any event the duplicate medical history sheet will be sent by the Medical Board to the District Officer Commanding unless instructions have been given by the latter to forward it direct to a Registrar or Deputy Registrar.

1. Surname Davis Christian name Charles Desmond
2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule 406013 TR
3. Consecutive number on schedule of men reporting for service (if he appears on it) 59
4. Address (including street and number, if any) Heaton Hotel PORT ARTHUR, ONT.

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 5 day of Nov 1917, by the undersigned medical board sitting at PORT ARTHUR, ONT.

5. Age as stated 30 Years 0 Months. 6. Apparent age 30 Years — Months
7. Height 5 Feet 5 1/2 Inches. 8. Weight 150 Pounds.
9. Chest measurement { Minimum 34 Ins. 10. Complexion Dark { Eyes Brown
Maximum 38 Ins. Hair Dark
11. Physical development { Good
Fair
Poor 12. Smallpox marks —
13. Number of vaccination marks { Right arm —
Left arm — 14. When vaccinated last —
15. Distinctive marks and marks indicating congenital peculiarities or previous disease —

16. Slight defects but not sufficient to cause rejection None
The man denies having had { Rheumatism We find no evidence of past { Rheumatism
Tuberculosis Syphilis Tuberculosis
(Strike out disease admitted or suspected.)
u.r. 20/18
u.c. 20/15

We have examined the above named man in accordance with the C. E. F. Regulations for medical examinations, and he is placed in Category B2 Hearing normal

J. E. Martin capt Member. R. Picard Capt President. W. M. Boyd Member.

Date	Result	VACCINATIONS	Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
4-5-16		<u>Gr Brown</u> M.O.	20-4-18		<u>Gr Brown</u> M.O.
		M.O.	27-4-18		<u>Gr Brown</u> M.O.
		M.O.	4-5-18		<u>Gr Brown</u> M.O.

Joined 17 day of April 1918 at Port Arthur, Ont.

CORPS	REG'TL NUMBER	HABITS	DATE
<u>Ist. Depot</u>	<u>2383789</u>		<u>17-4-18</u>
<u>Transferred to 407th. & Coy. Const. Depot. C.O. 124 Para. 25-50. Effective 3-6-18</u>			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION	DATE	DISEASE	RESULT
<u>Niagara camp</u>	<u>12/7/18</u>		<u>852 Porter Capt Pres. S. M. 13.</u>
<u>Parberie</u>	<u>20/18/18</u>	<u>A</u>	<u>877 French Capt Camp.</u>
<u>Knotty Ash</u>	<u>28/2/19</u>		<u>M. J. P. ...</u>

N. B.—This sheet is 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.

No. 1
59
Ckd. to Schedule by

Signature of Man Chas. D. Davis

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 2383789 (Rank) SAPPER

Name (in full) DAVIS, Charles, Desmond enlisted in
the 1ST. DEPOT BATTALION MANITOBA REGIMENT

CANADIAN EXPEDITIONARY FORCE at PORT ARTHUR ONTARIO on the SEVENTEENTH
day of APRIL 1918.

HE served in FRANCE (WITH THE CANADIAN RAILWAY TROOPS)
and is now discharged from the service by reason of ON DEMOBILIZATION

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

Age 31 YEARS

Height 5' 5 1/2"

Complexion DARK

Eyes BROWN

Hair DARK

Marks or Scars N I L

Signature of Soldier

J. Byer

Issuing Officer CAPTAIN

DISCHARGE SECTION
APR 7 1919
No. 1 District Depot

O.C. DISCHARGE SECTION Rank .1, D.D.

Date of Discharge

LONDON ONTARIO

SEVENTH

Appointment

APRIL

19

Signed at _____ this _____ day of _____ 19____

in Military District No. (ONE)

File Reference No. 30.D.914-K.

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

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

No. (Rank) Name

Unit

Address on Discharge

Character and Conduct

Former Occupation

Special Qualifications of Value in Civil Life

Medals and Decorations

Remarks

Signed at this day of 19

Name of Officer

Rank

Appointment

On demobilization the
particulars called for on
the back of this cer-
tificate will not be com-
pleted.

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

M. F. W. 54. (A. F. B. 103.

500M.—9-16

H. Q. 1772-39-9 '0.

Casualty Form—Active Service.

Unit, Regiment or Corps.....

Regimental No. *2383789*

Rank *Pvt.*

Name *Davie Charles*

C. E. F.

Enlisted (a)..... Terms of Service (a)..... Service reckons from (a).....

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

Extended..... Re-engaged..... Qualification (b).....

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B 213, Army Form A. 36, or other official documents
Date	From whom received				
<i>8-8-19.</i>	<i>C. F. J. Pers.</i>	<i>S. O. S. O. M. F. C. on proc to Canada</i>	<i>London</i>	<i>22.3.19.</i>	<i>a. 06.</i>

LONDON, ONT.

Discharged

APR 7-1919

J. Byer. C.

for O. C. Discharge Section, No. 1 D. D.

Capt for D. R.
ON DEMOBILIZATION

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

G.H. Rank Name **DAVIE. Charles Desmond.** Reg'l No. **2383789**
 Unit If in perm. Corps, } Married or Single **Single.**
 What Unit? }
 Place and Date of Enlistment **Port Arthur. Ont. 17th April** Place of Birth **Halifax. N.S.**
1918.
 Name and Address, Next-of-Kin **Annie Davie.**
No. 1 Lorne Terrace. Halifax. N.S. Canada. Relationship **Mother.**



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

N/E. R.B. No. **20734**
 File R.L.
 Category

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.				
			Arrived in England	15-8-18	S/S CASSANDRA
16-8-18	CRTD	To S. from Canada.	Purfleet	Spa	15-8-18 DO 226.
9-10-18	do	dob. to 8th CRT	do	Spa	9-10-18 DO 280. & dy. 25-10-18.
5-2-19	8th CRT	Post'd to C.R.T.D.	Field	"	29-1-19 — 10. (C.R.T.D. P.I. 30 4-2-19)
4-3-19	C.R.Y.D.	Post'd to H.L.D. 1.	H. Ash	"	3-3-19 - 58
20.3.19	T.M.W. #	T.O. of M.L. & W. 1	"	"	" " " 68
8-8-19	O/c R.	Post'd to Canada	London	"	22.3.19 after order to

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

Casualty Form—Active Service.

95 off CR 1 to CR 70

Unit, Regiment or Corps. *"H" Coy. 1st. Depot Battalion Manitoba Regiment*

Regimental No. *2383789* Rank *Private* Name *Davie Charles Desmond*

C. E. F.

Enlisted (a) *17-4-18* Terms of Service (a) *Period of war* Service reckons from (a) *April 17, 1918*

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

Extended Re-engaged Qualification (b) *Civil Iron Worker*
Military Nil

Date	Report From whom received	Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
		<i>Transferred to #107 or. & Ry. Constr. Depot. C.O. 124. Para. 2450. Effective. 3-6-18</i>			
		<i>Certified</i>			
		<i>EMBARKED CANADA</i>			
		<i>DISEMBARKED ENGLAND</i>			
		<i>Embarked</i>	<i>Montreal</i>	<i>29-7-18</i>	
		<i>Disembarked</i>	<i>Liverpool</i>	<i>15-8-18</i>	
		<i>Taken on strength on arrival from Canada.</i>	<i>Purfleet.</i>	<i>15-8-18</i>	<i>Parte 2 D.O. 226.</i>
		<i>S.O.S. on proceeding overseas to the Battn. C.R.T.</i>	<i>Purfleet.</i>	<i>9-10-18</i>	<i>Part 2 D.O. 220</i>
			<i>Lt. for O.C.</i>		
			<i>Canadian Railway Troops Depot.</i>		

CERTIFIED CORRECT.
 18 OCT 1918
 CAN. RECORDS, LONDON.

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

EX-10 10
 REGIMENT FROM
 5-24-22 22-3-19

Adj't., No. 14, C.T.O.S.
 Capt.

Date	From whom received	Report	Place	Date	Remarks
25-10-18	8th CRT.	Record of promotion, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Field	10-10-18	Pt. I. C. 121.
12-10-18	O.C. Unit.	Joined Unit.	"	12-10-18	B. 213.

28-1-19	C.I.B.D.	S.O.S. for Demob. and posted to C.R.T. Depot, Knotty Ash.		29-1-19	N.R.E-10. Pt. II D.O. 10 d/1919.
---------	----------	---	--	---------	-------------------------------------

W. B. Chapwells.

Lieut. for Lt.-Col., A. A. G.
 Canadian Section, G. H. Q. 3rd Echelon, B. E. F.

- 4 FEB 1919 CRTD Taken On Strength Knotty Ash 3 FEB 1919 Prt - 2 - 39

3/3/19

*S.O.S. to Kinmel Park
 M.D. 1*

P.R. - 58

3-3-19

o/c M.D.I 2-5 C.C.C. Kinmel Park for return to Canada. Part II Orders No. 10 S.O.S. C.C.C. Kinmel Park on embarking for Canada, Part II Order No. 10

*Prof. Florence to
 for oc.
 C.R.T.*

22/3/19.

A. E. Overage
 Commanding 1st Wing,
 Kinmel Park Camp.

hint for major

REG. NO. 2383789. NAME David G.
(SURNAME FIRST)

RANK Pte CORPS 1 Depot Bn

AGE 30 SERVICE 1/12

NAME OF HOSPITAL General PLACE Port Arthur

DATE OF ADMISSION 14-5-16

DISEASE La grippe

DISCHARGE

OPERATION

DISCHARGED TO DUTY yes 30-5-18

TRANSFERRED TO

DISCHARGED BY MEDICAL BOARD

REMARKS

2
3
1

SURNAME. *Davie*

CHRISTIAN NAMES *Charles Desmond*

REGL. NO. *2583789* RANK *Plt.*

UNIT *Man. Regt. 1st. Dep. Div.*

FORMER CORPS *Nil.*

2. CARD NO. *30/6/18*
2/17/18
Plt. Con Dep.
Area. 2.
FOLL

anti. D.O. 1. S.O.S. Demob. 7.4.10
Apr. 17. 1918
T. O. S. ...
D.O. Part II No ... *147*

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL *Davie, Mrs. Annie.*

RELATIONSHIP TO SOLDIER *Mother.*

ADDRESS *1. Lorne Terrace, Halifax, N.S.*

COUNTRY OF BIRTH *Canada* *Halifax, N.S.*

DATE *Jan. 17, 1888*

PLACE OF ATTESTATION *Port Arthur, Ont.*

DATE *April 17, 1918.*

O/D-29-7-18. 1352/4.

R/C 20.2-19, 293/45.

MARRIED

SINGLE

WIDOWER

TRADE OR CALLING

RELIGION

DESCRIPTION.

APPARENT AGE

YEARS

MONTHS

HEIGHT

FEET

INCHES

CHEST MEASUREMENT

INCHES

EXPANSION

INCHES

COMPLEXION

EYES

HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION. PLACE

DATE

R
Number

2383789

Rank

Spr

Surname

DAVIE

Christian Name

Charles Diamond

P
Units

C.R.Y.

Theatre of War

France

Date of Service

9-10-18

Remarks

Latest Address

G.P.O. Post Arthur

Roll No.

Out
B Page 19025

200m.-6-21.M.

* DUE TO SERVICE
* NOT DUE TO SERVICE

HOSPITAL AS AN ADMISSION

WHERE FROM

IT

IN CATEGORY

INVALID

WHERE TO

CONDITIONS DIAGNOSED

ADDRESS

HOSPITAL

STATION

* CROSS OUT CONDITION NOT APPLICABLE.

Name **DAVIE Charles Desmond** Rank **Spr.** Regtl. No. **2383789**

Fyle Depot.....

Original unit **C.R.T.D.** Present unit **C.R.T.** ~~XXX~~ or S. Age **31** Religion **CofE** Ref. H.Q.

Port, ship and date of arrival **Halifax S.S. Regina 30-3-19.**

Next of kin **Mother Annie Davie, 1 Lorne Terrace, Halifax, N.S.**

Address on leave.....

Address on discharge **Bank of Montreal, Port Arthur, Ont.**

Transportation issued No Yes Date..... Character on discharge.....

Previous occupation **Iron Worker** Date and place of enlistment **17-4-18. Port Arthur, Ont.**

Diagnosis **N. A.** Date of Medical Boards **28-2-19. London, Ont.**

Date.	Remarks	Pt. 2 Order No.
22-3-19.	No. 1. D.D. (Dispersal Station "K")	
1-4-19.	Posted to Casualty Co.	94.

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

Date

Remarks

Pt. 2 Order No

5-4-19

Discharged from H. M. S. On demobilization. (P.D.P.)

95

* Strike out wherever inapplicable.

ASSIGNED PAY.	ENGLAND or CANADA.	SEPARATION ALLOWANCE.	ENGLAND or CANADA.
EFFECTIVE DATE:-	7-8-18	EFFECTIVE DATE:-	
AMOUNT:-		AMOUNT:-	
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.	
/		3239 Knotty Ash K.A. 16/2 M.D.1	

NAME:- **DAVIE Charles Desmond**

NUMBER:- **2383789**

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
L.P.C. Canada	1-8-18	Spr

UNIT AND TRANSFERS

ORIGINAL UNIT:- **10495-6 R.J.D.**

DATE ACCOUNT FIRST OPENED:- **1-8-18**

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'OP'D	UNIT TRANSFERRED TO
			6.R.J.D

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS | UPON CLEARANCE OF VOUCHERS, ENTRIES WILL BE CANCELLED BY INSERTION OF DATE CHARGED IN RED INK

DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT
10-1-19	1670	Fuel	4.66				
23-1-19	1784		4.66				
25-1-19		Left 3 days pay D.O. 25	3.30				
11-2-19	1971	9A 72	38.93				
			51.55				

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
L.P.C. Canada	1	10		

PARTICULARS OF RENDERING NON-EFFECTIVE: **To Canada 1-3-19 R. 3229 K. Ash 16-2-19 To K. Ash M.D.1 L.P.C. 1/8.17 L.P.S.B. 13/162**

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
31-7-18	Bal from Can								48.60		
Aug	Spr	34.10							82.70	15	
Sep		33		1736. L.R.T.D	4.19				57.30	30	
		33			24.9				9.43		
		34.10							52.40		
Oct	✓	34.10							9.14	4.5	
		34.10									
Nov	✓	33							12.44		
				1449 8 CRT. (12) 2/11	4.66				11.97		
				1173 ✓ (27) 25/11	9.33				11.04	60	
Dec	✓	34.10							14.45	75	
				1248 ✓ (45) 6/12	9.33				13.51	75	
				1335 ✓ (58) 19/12	9.33				12.58	75	
Jan	✓	34.10							15.99	90	
		101.20							32.65		
Febr.	✓	30.80							19.07	105	
	Index def pay	1.75		1539 30-12 S.C.R.T.	9.33				18.14		
				1640 10/1	4.66				18.17		
				1454 23/1	4.66				17.20	173.85	
				5411 11/2 CRT.D	43.80				128.30		
				2814 8/3 K.P.	62.45				118.54		
					32.18				120.32		

FILED BY **A. Chabot**

CHECKED BY **[Signature]**

S.O. 22.3.19 S.L.L.2 CRT.

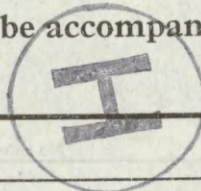
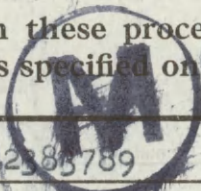
h.b.



This space to be for numbers

Proceedings on Discharge.

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



No.	2385789
Rank	SAPPER
Surname.....	DAVIE
Christian Name.....	CHARLES DESMOND
<small>NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.</small>	
Corps (Squadron, Battery or Company)	1ST. DEPOT BATTALION MANITOBA REGIMENT
Date of Discharge	APR 7-1919 D.O. = 95 d. 5 . 4 . 19
Place of Discharge	LONDON, ONT.

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age.....31..... years..... months.
 Height.....5..... feet.....5½..... inches.
 Complexion DARK
 Eyes BROWN
 Hair DARK
 Trade IRON WORKER
 Intended place of residence } BANK OF MONTREAL
 (To be given as fully as } PORT ARTHUR ONTARIO.
 practicable.)

Descriptive Marks

N I L

2. The above-named man is discharged in consequence of

DEMOBILIZATION

N.B.—The cause of discharge must be worded as prescribed in the King's Regulations and be identified with that on the character certificate. If discharged by superior authority, the number and date of the letter to be quoted.

To be in the handwriting of the Commanding Officer, who will himself make identical entries on the character certificate and initial them.

3. Conduct and character while in the service have been, according to the records, etc.

N.B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldiers and the Officer Commanding his Squadron, Battery or Company.

4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)

666

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

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

6. Medals and Decorations.....

To be copied by the Commanding Officer on to the parchment Discharge Certificate.

7. His account is correctly balanced, and signed by the Officer Commanding his Company. (*Squadron or Battery*), and I have impartially enquired into all matters brought before me in accordance with Regulations.

(Place).....

(Date)..... Commanding

8. Certificate to be signed by the Soldier on Discharge

I hereby acknowledge that I received all my Pay, Allowances and Clothing, and all just demands, up to the present date, subject to the reservations of the claims noted on the third page.

(Place) LONDON, ONT. C. D. Davis (Signature of Soldier.)

(Date) APR 7 - 1919 (Signature of Witness.)

When a soldier is absent through illness or any other cause and it is not desirable to forward these proceedings to him for signature, a manuscript copy should be sent for the man to sign, and when returned, should be attached here.

9. Additional Certificate in the case of a Soldier who takes his discharge on his own request.

I hereby declare that I do of my own free will request to be discharged from His Majesty's Service.

(Signature of Soldier.)

10. Statement of Service.

Service toward Engagement to.....(the date to which the Record of Service is completed).....years.....days.

Total.....years.....days.

11. Confirmation of Discharge.

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

(Place) LONDON, ONT.

(Date) APR 7 - 1919 (Signature) J. Spyer Lt. for G. C. Discharge Section, No. 1 D. D.

(To be

Reservations referred to at Para. 8.

(To be signed by the soldier. When there are none, it is to be so stated, and signed by the soldier.)

[Handwritten signature]

B. D. Davis

<p>Medical History Sheet (in the event of a military action)</p>	<p>Medical Report for Inquiry</p>
<p>Statement of Men's Account on Transfer and Last Pay Certificate</p>	<p>Medical History Sheet</p>
<p>Form of Condition for E. P. H. 212</p>	<p>Medical History Sheet</p>

In the case of a man discharged by purchase, the date and amount of Deposit Receipt shall amount of same to be noted here.

To be copied by the Commanding Officer on to the parchment Discharge Certificate.

Squadron
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Soldier.)

Witness.)

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Service.

Soldier.)

rs.....days.

rs.....days.

1 D. D.

List of Discharge Documents.

<p>Reg. Conduct Sheet, Militia form B. 263.</p> <p>Squadron } Battery } Conduct Sheet, " B. 263a. Company }</p> <p>Copies of Convictions, by C. P. in MS.</p> <p>Med. Hist. Sheet, Militia Form B. 313</p> <p>Medical Report for Invalid* " B. 227.</p> <p>Statement of Man's Account on Transfer and Last Pay Cer- tificate, " D. 877.</p> <p>*Only if discharged "Medically unfit."</p>	<p>Attestation Paper, Militia Form B. 235.</p> <p>Proceedings on Discharge " B. 218.</p> <hr/> <p style="text-align: center;">In the case of recruits who are rejected on final approval, the discharge documents will consist of</p> <p>(a) Proceedings on Discharge.</p> <p>(b) Attestation.</p> <p>(c) Medical History Sheet (in the event of such having been prepared.)</p>
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N. B.—In the case of a man discharged by purchase, the date and number of Deposit Receipt with amount of same is to be noted hereon.

IPM-10-DA-93v

AUDITOR *Jam* PAYMASTER *M*

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

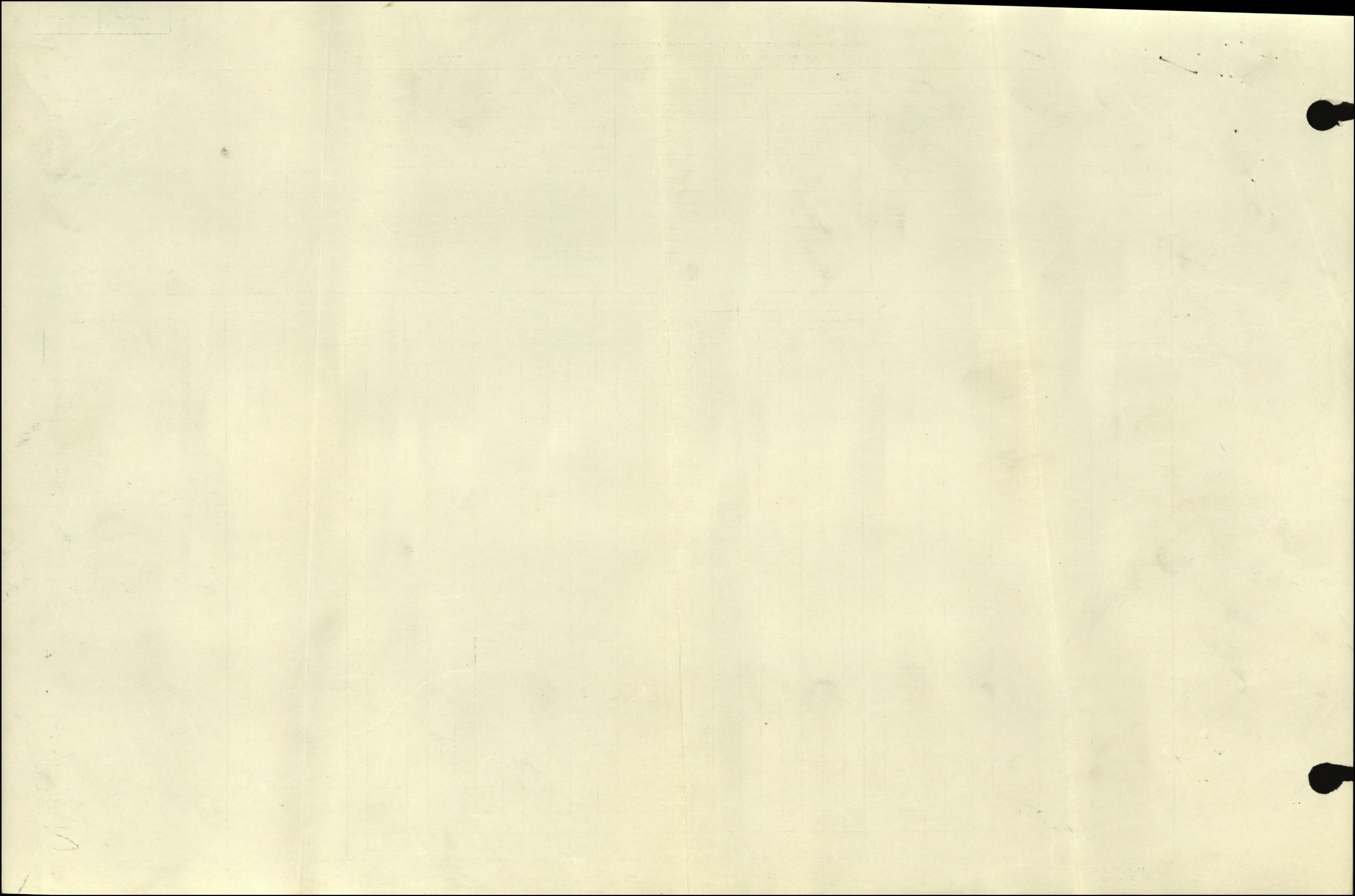
REGT. No. 23837891 RANK *Plt.* NAME (IN FULL) *DAVIE Charles Desmond*

M. OR S. NEXT OF KIN RELATIONSHIP ADDRESS IS SEPARATION ALLOWANCE PAID? TO WHOM PAID RELATIONSHIP ADDRESS

PARTICULARS EFFECTIVE DATE AUTHORITY

ORIGINAL UNIT C.E.F. PLACE OF ATTESTATION DATE OF ATTESTATION 17-4-18 TRANSFERRED TO DATE 22-3-19 ASSIGNED PAY \$ DATE EFFECTIVE PAYABLE TO RELATIONSHIP ANY CHANGE IN ASSIGNEE OR ADDRESS STOP PAYMENT FORM RENDERED, DATE DISCHARGED PLACE DATE 7/4/19 REASON *Indemnt* AUTHORITY *10095* IF ENTITLED TO POST DISCHARGE PAY *yes*

Table with columns: MONTH, PAY AND F.A., OTHER CREDITS, TOTAL CREDITS, ACQUITTANCE ROLLS, CASH PAYMENTS, ASSIGNED PAY, REGIMENTAL CHARGES, OTHER CHARGES, TOTAL DEBITS, BALANCE, PARTICULARS OR REMARKS. Includes handwritten entries for months 26, 13, 14, 19, 7/4/19, 7/5/19, 6/6/19.



IPM-10-DA-93v

17

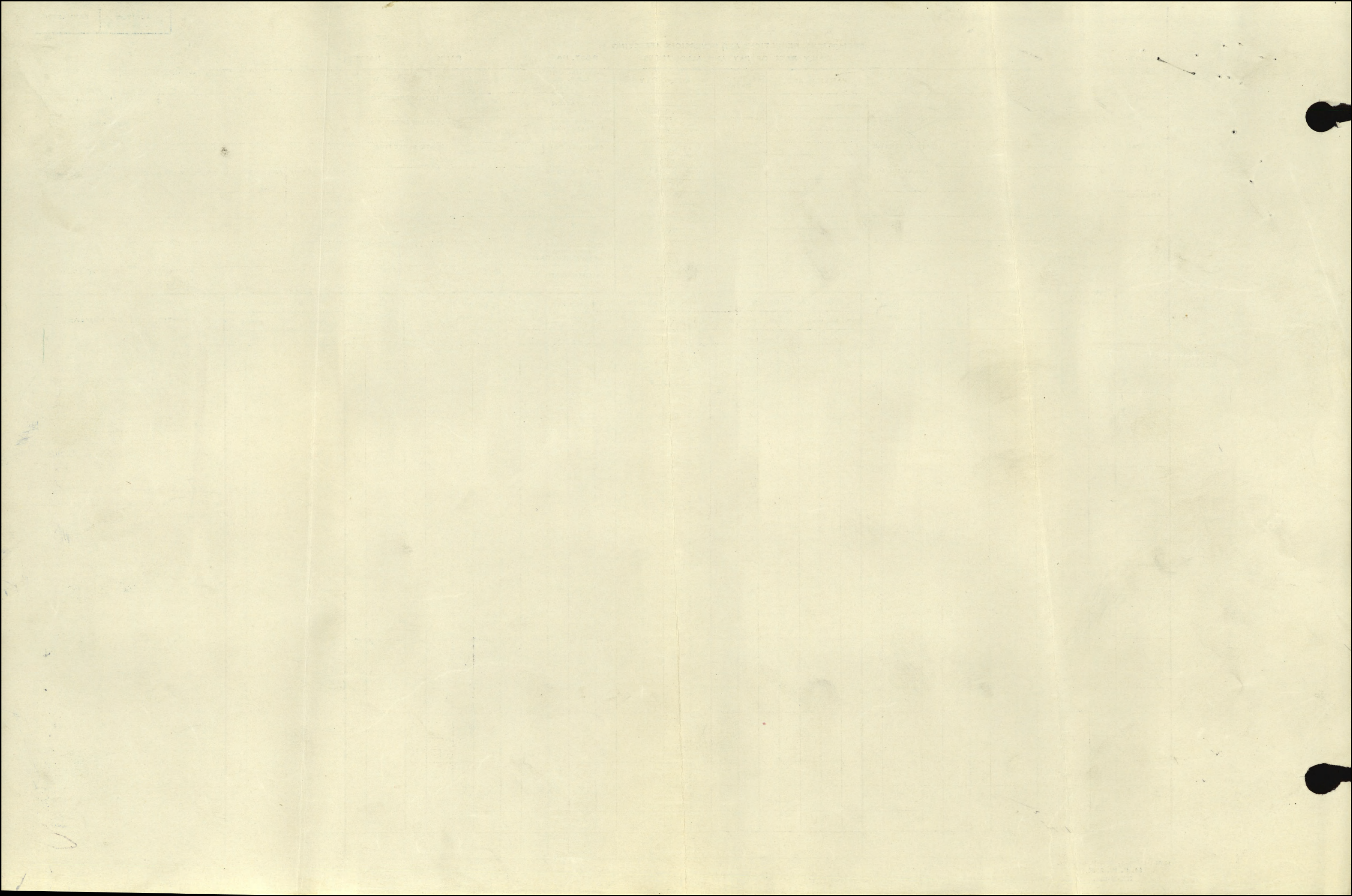
AUDITOR *Sam* PAYMASTER *III*

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

REGT. No. 2383789v RANK *Cpl.* NAME (IN FULL) *DAVIE Charles Desmond*

M. OR S.	RELATIONSHIP	PARTICULARS	EFFECTIVE DATE	AUTHORITY	ORIGINAL UNIT C.E.F.	IF IN P.F. WHAT UNIT?
NEXT OF KIN						
ADDRESS					PLACE OF ATTESTATION	TRANSFERRED TO DATE
						<i>TOS #1 DP</i>
IS SEPARATION ALLOWANCE PAID?	DATE EFFECTIVE				DATE OF ATTESTATION	TRANSFERRED TO DATE
					<i>17-4-18</i>	<i>22-3-19</i>
TO WHOM PAID	RELATIONSHIP				ASSIGNED PAY \$	DATE EFFECTIVE
ADDRESS					PAYABLE TO	RELATIONSHIP ANY CHANGE IN ASSIGNEE OR ADDRESS
					STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE	EFFECTIVE
					DISCHARGED	PLACE DATE REASON AUTHORITY IF ENTITLED TO POST DISCHARGE PAY
					<i>London</i>	<i>7/4/19</i> <i>Ordermat</i> <i>10095</i> <i>yes</i>

MONTH	PAY AND F.A.		OTHER CREDITS			TOTAL CREDITS			ACQUITTANCE ROLLS			CASH PAYMENTS			ASSIGNED PAY		REGIMENTAL CHARGES		OTHER CHARGES		TOTAL DEBITS		BALANCE		PARTICULARS OR REMARKS	
	NO. OF DAYS	RATE	AMOUNT		\$	C.	\$	C.	NO.	DATE	NO.	DATE	NO.	DATE	\$	C.	\$	C.	\$	C.	\$	C.	\$	C.		
			\$	C.																						\$
BALANCE FROM PREVIOUS ACCOUNT																									<i>Bal. per Reginal 29th 19</i>	
<i>26 2 14</i>							<i>131 62</i>																		<i>Bal. Pay 29th 19</i>	
<i>3rd 19</i>	<i>6th 19</i>	<i>37</i>	<i>10</i>	<i>140 70</i>			<i>148 70</i>			<i>1006</i>					<i>487</i>	<i>5 00</i>	<i>253 05</i>			<i>14 60</i>			<i>277 52</i>	<i>20</i>	<i>(11)</i>	<i>Payroll to 6th 19 & 2nd W.D. payment</i>
				<i>35 00</i>																					<i>clo all B. & O. money advance 9th 19</i>	
<i>1st 19</i>	<i>7th 19</i>	<i>1</i>	<i>10</i>	<i>1 10</i>			<i>36 10</i>			<i>12 12 19</i>							<i>9090</i>					<i>70 00</i>			<i>487 3rd 19 Kinsley Pk.</i>	
				<i>35 00</i>																		<i>70 00</i>			<i>10095 Posted to Cas by 2nd 19</i>	
																						<i>20</i>			<i>70th W.D. & payment as above</i>	
																						<i>35 00</i>	<i>106 10</i>	<i>70 00</i>		<i>20th one paid by Lt C</i>
																									<i>35th clo all as above</i>	
																									<i>65th debt by 1st 19</i>	
																									<i>70th debit 1st payment</i>	
																									<i>Post discharge pay already paid</i>	
<i>92 days</i>	<i>7/4/19</i>			<i>2 10</i>			<i>2 10</i>															<i>70 00</i>		<i>140</i>	<i>1st pay 18th 19. Re above.</i>	
																									<i>7/5/19 7th 19</i>	
																									<i>6/6/19 88536</i>	
							<i>2 10</i>																		<i>70 - 2 10 7000</i>	
																									<i>7000</i>	



10 00-0-

Headquarters, M.D.No.1,
London, Ont. August 22, 1919.

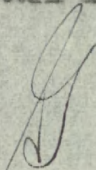
TO: No. 2383789, Sqr. G. D. Davie,
c/o Bank of Montreal,
Port Arthur, Ontario.

Re Gratuity form

Enclosed herewith please find Gratuity form re
Gratuity, which you will kindly complete and return to
this office, in order that your documents re same may be
completed.

Kindly treat this as urgent and return at once.

NGK/EH


Captain.
For ADPS, M.D.No.1

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