

49277  
**6. ATTESTATION PAPER.**  
 No. 2 Overseas A.S.C. Training Depot, C.E.F.  
 CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

No. 249277  
 Folio.

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

**ORIGINAL**

- |  |   |
|--|---|
| 1. What is your surname?.....  | <b>D A V I E.</b>                           |
| 1a. What are your Christian names?.....  | <b>EDWIN LEWIS.</b>                         |
| 1b. What is your present address?.....   | <b>32 Gormley Ave., Toronto Ont. Canada</b> |
| 2. In what Town, Township or Parish, and in what Country were you born?.....                                       | <b>Aberdeen Scotland.</b>                   |
| 3. What is the name of your next-of kin?.....  | <b>Annie Davie.</b>                         |
| 4. What is the address of your next-of-kin?.....   | <b>32 Gormley Ave., Toronto Ont.</b>        |
| 4a. What is the relationship of your next-of-kin?.....   | <b>Mother. Canada</b>                       |
| 5. What is the date of your birth?.....  | <b>15th August 1897.</b>                    |
| 6. What is your Trade or Calling?.....   | <b>Clerk.</b>                               |
| 7. Are you married?.....   | <b>Single.</b>                              |
| 8. Are you willing to be vaccinated or re-vaccinated and inoculated?.....  | <b>Yes.</b>                                 |
| 9. Do you now belong to the Active Militia?.....   | <b>No.</b>                                  |
| 10. Have you ever served in any Military Force?.....<br><small>If so, state particulars of former Service.</small> | <b>Yes. C.O.R. 6 mos Pte.</b>               |
| 11. Do you understand the nature and terms of your engagement?.....  | <b>Yes.</b>                                 |
| 12. Are you willing to be attested to serve in the<br>CANADIAN OVER-SEAS EXPEDITIONARY FORCE?.....                 | <b>Yes.</b>                                 |

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

I, **Edwin Lewis Davie.**, do solemnly declare that the above are answers made by me to the above questions and that they 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.

*Edwin Davie* (Signature of Recruit)

Date **April 6th 1916.** 191 *W. B. Ramsey* (Signature of Witness)

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

I, **Edwin Lewis 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.

*Edwin Davie* (Signature of Recruit)

Date **April 6th 1916.** 191 *W. B. Ramsey* (Signature of Witness)

**CERTIFICATE OF MAGISTRATE.**

The Recruit above-named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.

The above questions were then read to the Recruit in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said Recruit has made and signed the declaration and taken the oath

before me, at **Toronto Ont** this **6th** day of **April.** 1916. 191  
 Canada

*W. B. Ramsey* (Signature of Justice)

*Dico list  
 28-9-17  
 M.C.*

Description of Edwin Lewis Davie, on Enlistment.

Apparent Age 18 years 7 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. 3 1/2 ins.

Scar left abdomen,

Birthmark right abdomen..

Chest measurement: Girth when fully expanded 34 ins.  
 Range of expansion 3 ins.

Complexion Medium

Eyes Grey

Hair Light brown

Religious denominations:  
 Church of England.....  
 Presbyterian Pres.  
 Methodist.....  
 Baptist or Congregationalist.....  
 Roman Catholic.....  
 Jewish.....  
 Other denominations.....  
 (Denomination to be stated.)

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 April 6th 1916. 191

*W. J. [Signature]*

Place Toronto Ont Canada

Medical Officer.

\*Insert here "fit" or "unfit."

Toronto Recruiting Depot

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:—

REJECTED AS MEDICALLY UNFIT  
 BECAUSE OF Otitis Media  
 BY MEDICAL BOARD.  
 TORONTO MOBILIZATION CENTRE

*W. J. [Signature]* M. O.  
 PRESIDENT

CERTIFICATE OF OFFICER COMMANDING UNIT.

Edwin Lewis 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.

*Hubert [Signature]* (Signature of Officer)

Date April, 10th 1916

- Proceedings of Court of Inquiry or on men reported Missing on Active Service.....
- Attestation Papers.....
- Declaration of change of name.....
- Authority for special enlistments.....
- Documents of re-enlisted men.....
- Regimental Conduct Sheet.....
- Compulsory Stoppages.....
- Casualty Forms.....
- Proceedings on discharge.....
- Corps History Sheet.....
- Date and No. of Deposit Receipt for Purchase Money and Amount.....
- Parchment Certificate.....
- Medical Report for Invalids.....
- Medical History Sheet.....
- Proceedings of Regt. Court Martial.....
- Copies of Convictions by Civil Power.....
- Company Conduct Sheet.....
- Clothing Transfer Certificate.....
- Inventory of Kit.....
- Last Pay Certificate.....

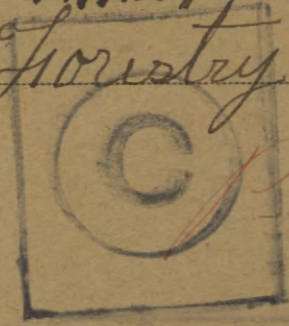
M L W 67 3

1 pay card

DISCHARGE DOCUMENTS

R. O. No. ....  
H. Q. No. ....

Name *Davis, Edwin, Lewis,*  
Regt. No. *249277* Rank *Pvt*  
Corps *Forestry & Railway Con Depot*



*Physically unfit*

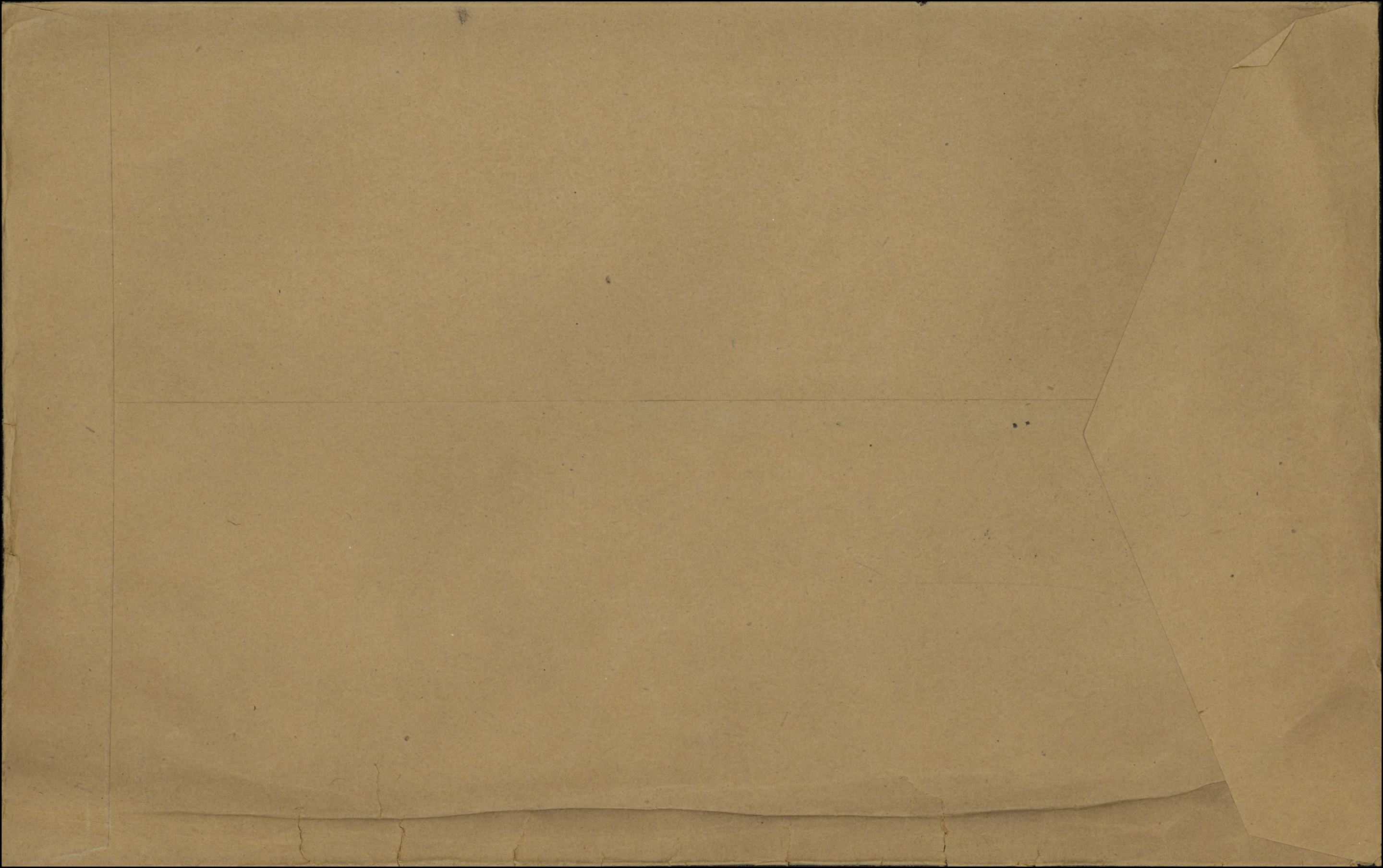
04447

*Form 208*



3-9  
18-9  
31-9

*W. O. W. M.*



Grat 2831 CR 478 BFC 41634 ORIGINAL

249277

MEDICAL HISTORY SHEET.

A2

Surname Davie Christian Name Edwin Lewis

Examined { on 6th day of April, 1916.  
 at Toronto Ont. Canada

Approved by [Signature]

Birthplace { City or Town Aberdeen,  
 County Scotland.

Rank Capt M.O.  
Toronto Recruiting Depot.

Apparent age 18 yrs 7 mos.

Date. Fit or Unit. EXAMINED FOR RE-ENGAGEMENT.

Trade or occupation Clerk.

**REJECTED AS MEDICALLY UNFIT  
 BECAUSE OF Chills Malaria** M.O.

Height 5 Feet 5 1/2 Inches.

**BY MEDICAL BOARD.** M.O.

Weight 114 1/2 Lbs.

**TORONTO MOBILIZATION CENTRE** M.O.

Chest measurement { Minimum 31 inches.  
 Maximum expansion 34 inches.

[Signature] M.O.

Physical development Good.

**M. O. PRESIDENT**

Small-Pox Marks Nil.

Vaccination Marks { Arm Right Left 3.  
 Number 3.

Date. Result. VACCINATIONS.

When Vaccinated last Childhood.

21-9-16 Capt Barwell M.O.

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

Date. Result. ANTI-TYPHOID INOCULATIONS, ETC.

(b) Slight defects but not sufficient to cause rejection  
Both eye 20/60

15-9-16 Capt M.O.  
21-9-16 M.O.  
29-9-16 Barwell M.O.

Enlisted on 6th day of April, 1916 at Toronto Ont.

	CORPS.	REG'T NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>208th Batt.</u>	<u>249277</u>		
Transferred to	<u>#2 case.</u>			<u>16/3/17</u>

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.

N. B.—This sheet to be disposed of in accordance with instructions in the Regulations for Army Medical Service, on the man becoming non-effective; the date and cause being stated on next page.

CR 479



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

No. 2 Overseas A.S.C. Training Depot, C.E.F.  
Casualty Form—Active Service.

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

250M.—1-16.

H. Q. 1772-39-920.

208th O.S. Battalion

Unit, Regiment or Corps

Regimental No. 249 274 Rank Pte. Name Davis - Edwin Lewis

C. E. F.

Enlisted (a) Toronto Terms of Service (a) Duration 26 Mos Service reckons from (a) Apr 6 1916

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

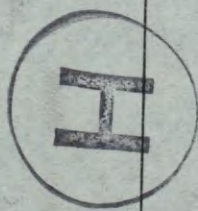
Extended \_\_\_\_\_ Re-engaged \_\_\_\_\_ Qualification (b) Clerk

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 35, 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. 35, or other official documents.
Date	From whom received				

March 19<sup>th</sup> 1917 Transferred to No. 2 A.S.C. D.

Skinner Capt. & Adj't  
208th O. S. Battalion, C. E. F.

June 20<sup>th</sup> 1917 Transferred to 23<sup>rd</sup> Reg Construction Draft  
W. D. Wilson  
Officer Commanding  
No. 2 Overseas A.S.C. Training Depot, C.E.F.



(2) 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.

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				



File No. 4203-83

WAR SERVICE GRATUITY.

Register No. D 796

Reg. No. 249277  
Name Navie Edwin Lewis  
Address 32 Karmley Ave  
Toronto Ont.

Dependent none

Address

Pay Soldier \$ 70.

Pay Dependent \$

Days 31 Rate 70 Due 70.00

Less P.D.P. credited

Less further Dr. Bal. or overpayment.

Net 70.00

J.B. Mowbray  
S.P. Ullatt  
Clerk M.A. Lawrence

P. W. 134  
12-11-19.

Date	Ck. Order	Ck. No.	Amount	Remarks	Date	Ck. Order	Ck. No.	Amount
1	<u>25-9-19</u> <u>30779</u>	<u>27-9-19</u> <u>527030</u>	<u>70 00</u>		1			
2					2			
3					3			
4					4			
5					5			
6					6			

GEN'L AUDITOR  
Posting checked by  
J.B.  
Date 25-9-19

# POST DISCHARGE PAY OFFICE

4203-8.3

Three months pay and allowances after discharge.

Name *David Edwin Lewis*  
Surname Christian Name

Regimental Number *209<sup>th</sup> Bn* Rank *O-1e*

Address (in full)

Unit  
 Original Unit *209<sup>th</sup> Bn*

District where paid

Date of Discharge

P. D. P. Filing Number

Rates:—Regimental pay \$ \_\_\_\_\_ per diem; Field Allowance \$ \_\_\_\_\_ per diem. Separation Allowance \$ \_\_\_\_\_ per month.

L.L. 53861—M. & D. 9721

Total Credits 91 days	FIRST PAYMENT			SECOND PAYMENT			FINAL PAYMENT			Balance Overpayments to be Recovered	Total Amount Paid
	Cheque No. A	Date	Amount 30 days	Cheque No. B	Date	Amount 30 days	Cheque No. C	Date	Amount 31 days		

M. F. W. 127  
 300M-1-19  
 1772-39-1140

Remarks:

*B.P.C.*

MILITIA & DEFENCE

AUG 28 1917

Medical Examination upon leaving the Service

of an Officer fit for general service or a Soldier fit for duty.

Officers leaving the Service upon being found unfit for general service by a Medical Board, and Soldiers leaving the Service upon being found otherwise than fit for duty by a Medical Board, are not to be reported on this Form.

Rank Private Name Edwin L. Surname DAVIE  
 Unit or Corps No. 2. Forestry Draft, CEF. (If a soldier) Regtl. No. 249277  
 Born at Glasgow, Scotland. on, (date) August 15th, 1892.  
 Signature (for identification) E. L. Davie

The examination is to be made jointly by two Medical Officers.

1. PHYSIQUE—Any deformity, maiming or lameness? If so, describe.

Weight 135 lbs. Colour of eyes Blue  
 Height 5 ft. 5 in. Identification Marks 3 vacc. scars on L arm. Circular scar over left iliac region.

2. NUTRITION AND DIATHESIS? Good.

After searching enquiry and thorough examination is any evidence found of disease or impairment of the parts indicated below? If so, describe.

3. NERVOUS SYSTEM? Is there a history of previous disability? Nervous from childhood.

4. RESPIRATORY SYSTEM? Is there a history of lung trouble? No.

5. HEART?

Abnormal Sounds? None.  
 Abnormal Size? No.  
 Pulse Rate? 75 Intermittence or Irregularity? No. Muscular Tone? Good

6. ARTERIES.—(a) Any hardening or nodulation? No.  
 (b) Blood Pressure. Unknown.

7. DIGESTIVE SYSTEM? (Condition of teeth and tonsils to be included). Good.

8. GENITO-URINARY SYSTEM?

Urinalysis—S.G.? 1022. Reaction? acid. Albumen? Neg. Sugar? Neg.

9. SKIN, MIDDLE EAR, EYE or any other part? Nothing abnormal.

10. Is there any evidence of impairment of health or physical condition not mentioned above? If so, describe. No.

11. Opinion as to the health and physical condition of the one examined? Good.

Examined at Base Hospital, Toronto. Signed E. B. Small M. O.

Date August 10th, 1917. Signed E. L. Davie M. O.

Signature note of soldier.

If any disease or impairment of health or physical condition is discovered or complained of by the soldier examined, this report should be sent at once to the O. C. concerned for the Officer or Soldier to be sent before a Medical Board for regular boarding.

Medical Examination Upon Landing the Service

of the Officer for the purpose of a report after duty

The purpose of this examination is to determine the physical condition of the officer upon landing the service and to report the results thereof to the proper authorities.

Name of Officer: \_\_\_\_\_  
Rank: \_\_\_\_\_  
Branch: \_\_\_\_\_  
Date of Examination: \_\_\_\_\_

The examination is to be conducted by a qualified medical officer.

1. PHYSICAL AND GENERAL CONDITION (including height, weight, and color of eyes, hair, and skin):  
Height: \_\_\_\_\_  
Weight: \_\_\_\_\_  
Color of eyes: \_\_\_\_\_  
Color of hair: \_\_\_\_\_  
Color of skin: \_\_\_\_\_

2. VISION AND HEARING:  
Vision: \_\_\_\_\_  
Hearing: \_\_\_\_\_

3. RESPIRATORY SYSTEM: (including chest examination and auscultation of the lungs):  
Chest examination: \_\_\_\_\_  
Auscultation of the lungs: \_\_\_\_\_

4. CIRCULATORY SYSTEM: (including pulse, blood pressure, and condition of the heart):  
Pulse: \_\_\_\_\_  
Blood pressure: \_\_\_\_\_  
Condition of the heart: \_\_\_\_\_

5. RESPIRATORY SYSTEM: (including a record of lung capacity):  
Record of lung capacity: \_\_\_\_\_

6. HEARING:  
Hearing: \_\_\_\_\_

7. APPENDAGES:  
Appendages: \_\_\_\_\_

8. APPENDAGES:  
Appendages: \_\_\_\_\_

9. APPENDAGES (including examination of the nose):  
Examination of the nose: \_\_\_\_\_

10. DIGESTIVE SYSTEM: (including abdominal examination and condition of the bowels):  
Abdominal examination: \_\_\_\_\_  
Condition of the bowels: \_\_\_\_\_

11. CIRCULATORY SYSTEM:  
Circulatory system: \_\_\_\_\_

12. APPENDAGES (including examination of the feet):  
Examination of the feet: \_\_\_\_\_

13. APPENDAGES (including examination of the hands):  
Examination of the hands: \_\_\_\_\_

14. APPENDAGES (including examination of the ears):  
Examination of the ears: \_\_\_\_\_

15. APPENDAGES (including examination of the throat):  
Examination of the throat: \_\_\_\_\_

16. APPENDAGES (including examination of the chest):  
Examination of the chest: \_\_\_\_\_

17. APPENDAGES (including examination of the abdomen):  
Examination of the abdomen: \_\_\_\_\_

18. APPENDAGES (including examination of the back):  
Examination of the back: \_\_\_\_\_

19. APPENDAGES (including examination of the legs):  
Examination of the legs: \_\_\_\_\_

20. APPENDAGES (including examination of the feet):  
Examination of the feet: \_\_\_\_\_

# CANADIAN CONTINGENT EXPEDITIONARY FORCE

## LAST PAY CERTIFICATE

This form to be used for all Ranks (Vide Articles 122, 130 and 141, Financial Instructions, 25715c, C.E.F., 1916).

Regimental No. 249277 Rank Private Name Davie, Edwin L.  
 Corps Forestry & Construction Depot who was\* Discharged  
 On 13-9-17 1917, to \_\_\_\_\_

\*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from 1-9-17 1917,  
 to 13-9-17 1917, the inclusive date of transfer or discharge.

Dr.	\$	c	Cr.	\$	c
Bal. Dr. from prev. month			Bal. Cr. from prev. month		
Advances } No. _____			Reg'tl Pay <u>13</u> days at \$ <u>1</u> c	<u>13</u>	
by } No. _____			Field Allow. <u>13</u> days at \$ _____ c <u>10</u>		<u>1.30</u>
Assigned Pay No. _____			Other Allowances*		
Other Charges* <u>laundry</u>			Other Credits*		
<u>Forfeiture of Pay</u> <u>11.60</u>	<u>11.60</u>				
Payment on transfer or discharge No. <u>3001</u>			Bal. Dr. (to be deducted by new unit)		
		<u>1.60</u>			
Balance Cr. (to be paid by the new unit)					
Total		<u>14.30</u>	Total	<u>14.30</u>	

\*Give Particulars.

A monthly stoppage of \$ ... (†) has \_\_\_\_\_ (‡) been paid on account of Assigned Pay for the month of \_\_\_\_\_ 1917 to (Assignee) \_\_\_\_\_  
 (Address) \_\_\_\_\_

(†) Insert amount to be assigned, whether it has been paid or not.  
 (‡) Insert "not" if amount has not been paid for period of account.

### On Transfer of an Officer.

Outfit Allowance of \$ \_\_\_\_\_ has been paid by Paymaster, Military District No. \_\_\_\_\_

**REMARKS:—**

State (1) date of enlistment 6-4-16  
 (2) if married and if a Separation Allowance Card has been submitted \_\_\_\_\_  
 (3) cause of discharge and authority D.O.188

If discharged from the Contingent, state if Stop Payment advice for Assigned Pay has been forwarded, and date \_\_\_\_\_

I have carefully examined this statement of account and find it to be a correct extract from the Pay-list of the unit.

Date September 18th, 1917

Place Camp Borden, Ont

*Arthur J. Inose* Capt.  
 Paymaster

N.B.—For purposes of transfer this form is to be made out in quadruplicate. One copy to Paymaster of new unit; one to District Paymaster; one to accompany the pay-list at the end of the month, and; one for retention as a record.  
 For purposes of discharge it is to be made out in triplicate. One copy to accompany discharge papers; one copy to accompany pay-list at the end of the month, and; one for retention as a record.

ADDITIONAL

BRITISH

BRITISH

BRITISH

BRITISH

ADDITIONAL

BRITISH AIR FORCE

# FORM OF WILL.

I, Edwin Lewis Davie (Name in full)  
Regimental Number 249277 serving in No. 2 Overseas A.S.C. Training Depot, C.E.F.  
of the Canadian Expeditionary Force, do hereby revoke all former Wills by me  
made and declare this to be my last Will.

I bequeath all my real estate unto

Mrs. Annie Davie  
32 Hornley Ave -  
Toronto - Ont Canada

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

absolutely, and my personal estate I bequeath to

Mrs Annie Davie  
32 Hornley Ave  
Toronto - Ont Canada

Name and Address  
of person or  
persons to receive  
personal estate\*  
(See note).

**IMPORTANT  
NOTE**

This must be Signed  
and Dated by  
THE SOLDIER  
HIMSELF.

this 28th day of March A. D. 1917

Edwin Lewis Davie Signature of Soldier.

\*N.B.—Personal estate includes pay, effects, money in bank, insurance policy, in fact everything except real estate.

Signed and acknowledged by the Testator as and for his last Will in the presence  
of us both present at the same time, who in his presence, at his request, and in  
the presence of each other have hereunto subscribed our names as Witnesses.

Signature of First Witness Philip Hague

Address of Witness 93 Mackay St. Montreal. Can.

Occupation of Witness Accountant

**THE TWO  
WITNESSES  
MUST  
SIGN HERE**

Signature of Second Witness James A. Gray

Address of Witness 914 Lapping Ave Toronto Canada

Occupation of Witness Clerk

1  
2  
3

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11

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BOOKS OF MUSEUM



To be made out in duplicate.

H.Q. 54-21-23-53

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

INSTRUCTIONS.

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

(1) Name of Overseas Unit which Soldier joins.....

(2) Regimental Number ..... 249277

(3) Full Name of Soldier..... Davie, Edwin Lewis.

(4) Place of Birth..... Aberdeen, Scotland.

(5) Are you married, or not? ..... No.

(6) If married, state,  
(a) Full name of your wife.....

(b) Present Postal Address.....

(7) Are you a widower? .....

(8) Have you any children?.....

If so, give number of boys and girls.....

Also their names and ages.....

(9) Is your Father alive? Yes

If so, state name and address William Davie

(10) Is your Mother alive? Yes

If so, state name and address Annie Davie,

same address.

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

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

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

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

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

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

If so, in what Company?.....

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

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

Date 28/3/17

W. J. Wilson  
.....  
Officer Commanding.  
No. 2 Overseas A.S.C. Training Depot, C.E.F.

No. 249279 RANK

Pte

NAME

Davie, E. L.

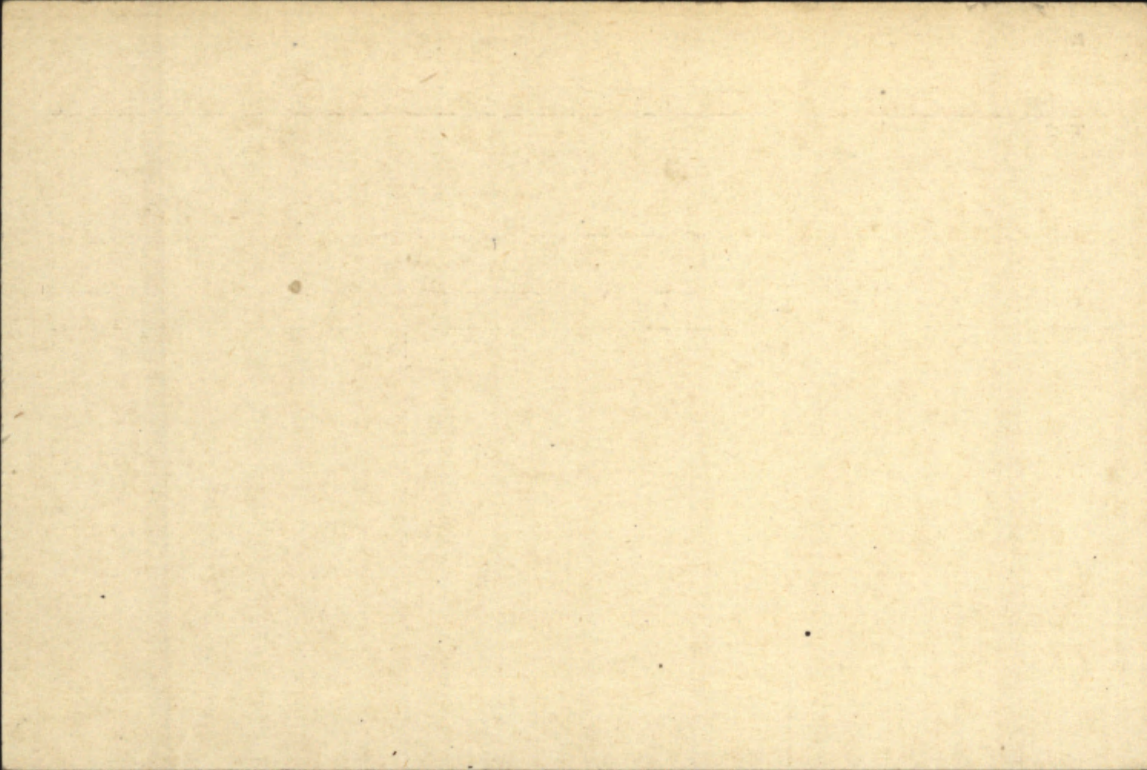
T. O. S. Transf'd from UNIT Canadian Army Service Corps (#2 Training Depot)

208th Bn. from 20-3-17.

(A.O.# 860627-3-17)

M. D. 2

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1917 Mar 20	1917 Mar 31	✓		
	Apr	n.		
June 1	June 20	n.	trans to 23 <sup>rd</sup> Rly cont. 20-6-17	A.O. 170. 19-4-17



No. 249277

RANK

Pvt.

NAME

Davis, Edwin L.

T. O. S.

UNIT

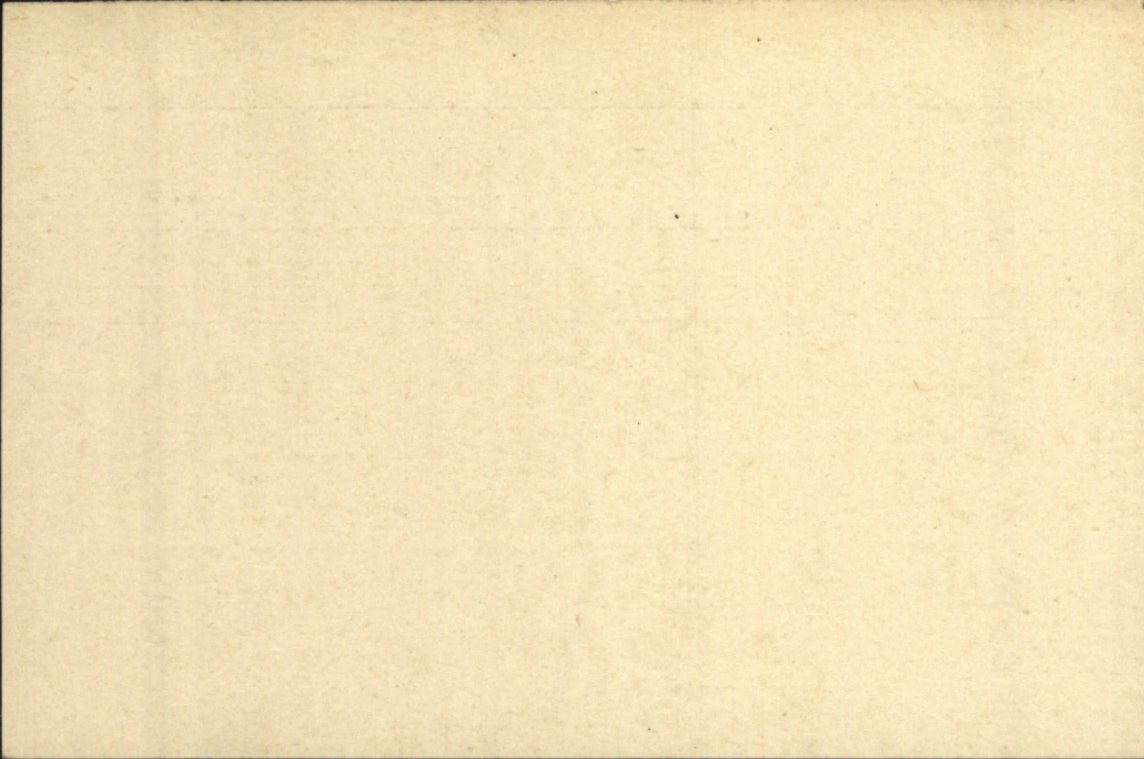
From: from #2 a. S. b. Y. D. 10-6-17.  
 P. O. 6037. 20-6-17

Forestry Dept. - C. E. F.

M. D.

2

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1917	1917.			
June. 21	June. 30	✓		
July.		✓		
Sept. 1	Sept. 13.	✓		
		✓	U. W. L. 29.12.12. 10 day pay. Disch'dg'd. Service 10-9-17.	10.0.187 Rept. Pay tri- 10.0.1887 13-9-17.
			Go closed By Regiment S.	



SURNAME.

Davie

649-D-6000

CARD NO.

✓

CHRISTIAN NAMES

Edwin Lewis

S.O.S. Dis 13-7-17. 2

REGL. NO.

249277

RANK

Pte.

UNIT

~~208th~~ C.A.S.C. Train Depot No 2.

Bn.

FORMER CORPS

Q.O.R. (6 mos.)

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Davie Mrs. Annie.

RELATIONSHIP TO SOLDIER

Mother.

ADDRESS

32 Gormley Ave., Toronto,  
Ont.

COUNTRY OF BIRTH

Scotland, Aberdeen

DATE

Aug. 15th. 1897

PLACE OF ATTESTATION

Toronto, Ont.

DATE

Apr. 6th. 1916.

Trans. from 208<sup>th</sup> C.A.S.C. T.D. #2., 19-3-17. With H.Q. 649-D-6000 letter M. D. 2., 18-3-17.

MARRIED

SINGLE *yes*

WIDOWER

TRADE OR CALLING

*Clerk.*

RELIGION

*Presbyterian*

DESCRIPTION.

APPARENT AGE

*18* YEARS

*7* MONTHS

HEIGHT

*5* FEET

*3½* INCHES

CHEST MEASUREMENT

*34* INCHES

EXPANSION

*3* INCHES

COMPLEXION

*Medium* EYES

*Grey*

HAIR

*Lt. Brown.*

DISTINGUISHING MARKS

*Scar left abdomen. Birth  
mark right fore. arm.*

MEDICAL EXAMINATION.

PLACE

*Toronto, Ont.*

DATE

*Apr. 6th. 1916.*

*Present Address: 32 Gormley Ave., Toronto, Ont.*



No. 249277

RANK *Otc*NAME *David C. L.*T. O. S. 6-4-16  
(N.O. 2196-4-16)

UNIT

*208<sup>th</sup> Battalion C.B.F.*M. D. *2*

PAID FROM	PAID TO	SIG. CR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
<i>1916</i>	<i>1916</i>			
<i>apr 6</i>	<i>apr 30</i>	<i>✓</i>		
	<i>may</i>	<i>✓</i>		
	<i>June</i>	<i>✓</i>		
	<i>July</i>	<i>✓</i>		
	<i>Aug</i>	<i>✓</i>		
	<i>Sept</i>	<i>✓</i>		
	<i>Oct</i>	<i>✓</i>		
	<i>Nov</i>	<i>✓</i>		
<i>1917</i>	<i>1917</i>	<i>✓</i>		
	<i>Jan</i>	<i>✓</i>		
	<i>Feb</i>	<i>✓</i>		
<i>mar 1</i>	<i>mar 19</i>	<i>✓</i>		
		<i>O.S.</i>	<i>7 days detention</i>	<i>D.O. 146 of 5-9-16</i>
		<i>✓</i>	<i>a.m.b. for 2 days pay</i>	<i>D.O. 192 " Nov. 1916</i>
		<i>✓</i>	<i>9 days detention</i>	<i>D.O. 267 - Nov 1916</i>
		<i>✓</i>	<i>abs from 1-1-17</i>	<i>D.O. 273-1-17</i>
		<i>✓</i>	<i>2 days pay &amp; 10 days det.</i>	<i>D.O. 575-1-17</i>
		<i>✓</i>	<i>28 " det.</i>	<i>D.O. 40 of Feb. 1917</i>
		<i>✓</i>	<i>168 hrs det.</i>	<i>D.O. 57 of 7-3-17</i>
		<i>✓</i>	<i>Transf. to a.s.c. 2.D. 19/3/17</i>	<i>D.O. 68 of 20-3-17</i>



REG. NO. 249277 NAME Wavey  
(SURNAME FIRST)

RANK Pte CORPS 208 Batt

AGE 18 SERVICE

NAME OF HOSPITAL Stationary. Ex Camp. PLACE Toronto

DATE OF ADMISSION 7-7-16

DISEASE G. C. (636)

DISCHARGE 13-9-16

OPERATION

DISCHARGED TO DUTY yes

TRANSFERRED TO

DISCHARGED BY MEDICAL BOARD



This space to be for numbers.

NO. 2  
MILITARY DISTRICT  
SEP 19 1917  
37-50-126

# Proceedings on Discharge.

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

No. 249277.		
Rank Private.		
Name Davie, Edwin Lewis. <small>NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.</small>		
Corps (Squadron, Battery or Company)		Forestry & Railway Construction Depot.
Date of Discharge		13/9/17.
Place of Discharge		Camp Borden, Ont.
1. DESCRIPTION AT THE TIME OF DISCHARGE.		
Age.....	5 <sup>1</sup> / <sub>2</sub> 18 years..... 7 months.	Descriptive Marks  Scar Left Abdomen. Birthmark Right Abdomen.
Height.....	5 feet..... 3 <sup>1</sup> / <sub>2</sub> inches.	
Complexion	Medium	
Eyes	Grey	
Hair	Light Brown.	
Trade	Clerk.	
Intended place of residence <small>(To be given as fully as practicable.)</small>	32 Gormley Ave. Toronto, Ont. Canada.	
2. The above-named man is discharged in consequence of  Physically Unfit.  Authority. 2.MD.34-Da-126		
<small>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.</small>		
<small>To be in the handwriting of the Commanding Officer, who will himself make identical entries on the character certificate and initial them.</small>	3. Conduct and character while in the service have been, according to the records, etc.  Fair.	
	<small>N. B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldier and the Officer Commanding his Squadron, Battery or Company:</small>	
4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)  Clerk.		

M. F. B. 218.

100m.—6-16.

H. C. 1772-30-113.

(OVER)

*W.S.G. Compd  
22/8/19 ac.*

*Disc. Sect.  
22/8/19  
M.C.*

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

Nil.

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

6. Medals and Decorations.....

Nil/

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) Camp Borden, Ont.

*W W Craig Lt.*

(Date) 13/9/17.

Commanding Forestry Depot.

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) Camp Borden, Ont.

*E. L. Davie*

(Signature of Soldier.)

(Date) 13/9/17.

*W W Craig Lt*

(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 1.60 days.

Total....years 1.60 days.

11. Confirmation of Discharge.

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

(Place) Camp Borden, Ont.

(Signature)

*W W Craig Lt*

MAJOR

(Date) 13/9/17.

O. C. FORESTRY DEPOT M. O. No. 2

(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.)

*E. L. Davie*

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

Squadron  
ence with

ands, up

Soldier.)

Witness.)  
ard these  
and when

ge

Service.

Soldier.)

rs. 160 days.

rs. 160 days.

*[Signature]*  
MAJOR

## 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 style="padding-left: 40px;">(a) Proceedings on Discharge.</p> <p style="padding-left: 40px;">(b) Attestation.</p> <p style="padding-left: 40px;">(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.*



Next of kin: W. Davie: Father: 32 Gormley Ave Toronto

Patient's address: Same:

MEDICAL HISTORY OF AN INVALID.

Med Exam: Medical Board Annuaries Toronto

B.P.C.  
DEPT. MILITARY & DEFENCE  
AUG 28 1917

1. Station. Toronto Base Hospital 8. General remarks on his:—

2. Regiment or Corps. #2 Forestry (a) Conduct.

3. Regimental No. and Rank. Pte (b) Habits. No Cures

4. Name. 249244 DAVIE. E. L (c) Temperance. O.F.

5. Age last Birthday. 18 (For this purpose the Company defaulter sheets will be obtained from the man's Commanding Officer.)

6. Enlisted on April 6<sup>th</sup> 1916 at Toronto

7. Former Trade or Occupation. Bookkeeper Date. Aug 10<sup>th</sup> 1917

NO. 2  
MILITARY DISTRICT  
AUG 18 1917  
34-Da-126

9. Service. One Year. 126 Days.

	PERIODS.	
	FROM.	TO.
208 <sup>th</sup> Bn C.E.F.	Apr 6 <sup>th</sup> 1916	Feb 10 <sup>th</sup> 1917
#2 Army Service Corps	Feb 10 <sup>th</sup> 1917	May 1 <sup>st</sup> 1917
#2 Forestry	May 1 <sup>st</sup> 1917	Present date

10. (a) Disease or disability. Epilepsy  
(b) Date of origin. Jan. 1917  
(c) Place of origin. Exhibition Camp  
(d) Cause. ① Hereditary as a child ② Was hit on head Oct 1916 in a foot ball game

11. Present Condition. (Most Important) Has had an epileptic seizure Aug 9<sup>th</sup> while in hospital which lasted one half hour. Was seen in it by Capt W Williams & Lt Veitch. Heart and lungs normal Appetite good; has headache often and is sleepy and sluggish most of the time  
Urinalysis 1022 - acid - no albumen, no sugar.

12. (a) Is the disability the result of service or climate? No  
(b) Has it been aggravated by intemperance, vice or misconduct? No

13. (a) For purpose of Identification. (Here a full description of wounds, scars, deformities, etc., is to be given.)

Does the

*Scar from burn two inches in diameter circular on left corbal margin anteriorly  
Old mark of bite on left side upper surface of tongue*

10.

(b) In case of wounds, or other injuries, state whether sustained on or off duty. If not received in action, was a Court of Inquiry held?

11.

*under chin dizzy spells 1916, when in Toronto. Affected to epileptic*

*no wounds or injuries*

12.

(c) In the event of the disability being attributed to exposure on duty, state clearly the nature of such exposure, and whether it was exceptional or otherwise.

*no exceptional exposure*

13.

14. Treatment

*Triple Bromides 7 1/2 tid P.C.*

14. Is he unfit

15. If the disabling condition had its origin before enlistment, has it been aggravated by service, and to what extent?

*origin since enlistment*

Recommen

16. What is the probable duration of the disability or of each disabling condition, if more than one contributes?

*permanent*

Adv

Cat

17. To what extent will it prevent his earning a full livelihood in the general labour market? Please state in fractions.

*1/10*

Signatures:—

18. State if for discharge on account of unfitness for Service.

*Yes. Class E.*

Station

Date: *August*

Date: *At*

Approved.

Date.

*D. J.weeney Capt*  
Medical Officer by whom the case is brought forward.

Appeared before Medical Board at 2.00 P.M. Aug.10/17.  
OPINION OF THE MEDICAL BOARD.

Does the Board concur with the preceding report? If not, give differing opinion.

*Circular*

10.

We concur. (10b.) October, 1916.

*surface*

11.

We concur (Aug.20/17.) when about 14 years of age, was struck under chin and tongue cut while playing rugby. From that time he had dizzy spells when excited or over-exerted. This continued until October, 1916, when he again received injury playing football at Exhibition park, Toronto. After dizzy spells were more frequent and more severe, amounting to epileptic seizures, which occurred about four times per week.

12.

We concur

*ries*

15.

We concur

*Exposure*

16.

We concur

17.

We concur

18. Is he unfit for Military Service.

Yes

Recommendations :

For discharge account of physical unfitness.

Advisable that he pass under his own control.

Category B.

*Admission*

Signatures :—

*H. R. Holub*

President.

*M. B. Smith*

Capt.

*L. W. Barclay*

Major  
Members.

Station *Base Hospital, Toronto.*

Date *August 10th, 1917.*

Date *Aug. 23<sup>rd</sup> /17*  
*Aug. 17<sup>th</sup> /17*

*Charles Carter M.D.*  
*Charles Carter M.D.*

Capt.

Ass. Director of Medical Services.

Approved.

Date.

Director-General of Medical Services.

rought forward.

383 a  
28/8/17

*[Handwritten scribbles]*

840-02-8-17

(At Station or Hospital where finally disposed of.)

Station and Hospital } Arrived from }

Date

If admitted. Index No.	If under treatment.		Disease.	How fully disposed of.	Date of Discharge, &c.
	From	From			
Date					

Summary of Causes of invaliding, or remarks as to remand to Regiment, Station or Depôt.

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

Date of final Medical Board or decision. } Administrative Medical Officer.

**DETAILED MEDICAL HISTORY OF INVALID.**

Militia Form B. 227.  
130 m-5-16.  
H. Q. 1772-39-117.

Station

Corps

Regimental No. Rank

Name

Disability

Date

Hospital or Station transferred to for final disposal. }

Date of final disposal }

How finally disposed of }

The original Report is invariably to accompany the discharge documents of Invalids.

DAVIE, Edwin Lewis, 32 Gormley Ave., Toronto.

MEDICAL HISTORY OF AN INVALID.  
Annie Davie (mother), same address.

DEPT. MILITIA & DEFENCE  
MAR 20 1917

Capt. G. M. Ogden, Med. Examiner.

H.O. CANADA

NO. 2  
MILITARY DISTRICT  
MAR 6 1917  
34-8a-126

- 1. Station. **Ex. Camp, Toronto.** 8. General remarks on his:— **O. K.**
- 2. Regiment or Corps. **208th. Bn., C.E.F.** (a) Conduct. **O. K.**
- 3. Regimental No. and Rank. **249277. Pte.** (b) Habits. **O. K.**
- 4. Name. **DAVIE, Edwin Lewis,** (c) Temperance. **O. K.**
- 5. Age last Birthday. **19** (For this purpose the Company defaulter sheets will be obtained from the man's Commanding Officer.)

6. Enlisted on **April 6th, 1916.**  
at **Toronto, Ontario.**

7. Former Trade or Occupation. **Clerk.** Date. **Feb. 15th, 1917.**

9. Service. Years. **313** Days.

PERIODS.

	PERIODS.	
	FROM.	TO.
<b>208th. Bn., C.E.F.</b>	<b>Apr. 6/16.</b>	<b>Feb. 15/17.</b>

- 10. (a) Disease or disability. **Defective Vision. Both eyes D. 120.**
- (b) Date of origin. **Before enlistment.**
- (c) Place of origin. **Unknown.**
- (d) Cause. **Unknown.**

11. Present Condition. (Most Important)  
(To include full description of present disabling condition or conditions.)

**This man is suffering from defective vision.  
Both eyes D. 120.**

- 12. (a) Is the disability the result of service or climate? **No.**
- (b) Has it been aggravated by intemperance, vice or misconduct? **No.**

*Noted  
16-6-17  
Z.S.*

13. (a) For purpose of Identification. (Here a full description of wounds, scars, deformities, etc., is to be given.)

Does the

None.

10. *yes*

(b) In case of wounds, or other injuries, state whether sustained on or off duty. If not received in action, was a Court of Inquiry held?

Does not apply.

11. *yes*

12. *yes*

15. *yes*

(c) In the event of the disability being attributed to exposure on duty, state clearly the nature of such exposure, and whether it was exceptional or otherwise.

Does not apply.

16. *yes*

17. *yes*

14. Treatment

None.

18. Is he unfit

Recommen

15. If the disabling condition had its origin before enlistment, has it been aggravated by service, and to what extent?

Present before enlistment. Not aggravated by Service.

*Transfer to A*

16. What is the probable duration of the disability or of each disabling condition, if more than one contributes?

Permanent.

17. To what extent will it prevent his earning a full livelihood in the general labour market? Please state in fractions.

Same as before enlistment.

Signatures:—

18. State if for discharge on account of unfitness for Service.

Transfer to Army Service Corps. (Examining Board).

Station. *Tor*

Date. *15 Feb*

Date. *8 3*

Approved. *for*

Date. *29-5*

*J. Barnwell* Captain.  
Medical Officer by whom the case is brought forward.

OPINION OF THE MEDICAL BOARD.

Does the Board concur with the preceding report? If not, give differing opinion.

10. *yes*

11. *yes*

12. *yes*

15. *yes*

16. *yes*

17. *yes*

18. Is he unfit for Military Service. *No for Transfer*

Recommendations :

*Transfer to Railway Construction Bn or to Army Service Corps. preferably.*

Signatures :—

*W. MacLaurin Capt* President.

*W. H. Shuard Capt*

Members.

*C. F. Adams Capt*

*G. H. Jones Capt*

Assr. Director of Medical Services.

*J. H. Wood Capt*  
Director-General of Medical Services.

Station. *Toronto*

Date. *15 Feb 1917*

Date. *8 3/17*

Approved. *for transf. A.C.B.*

Date. *29-5-17*

ted by

g Board).

Captain.  
brought forward.

Do not write on this report. It is to be given to the Medical Board.

(At Station or Hospital where finally disposed of.)

Station and Hospital } Arrived from }

Date \_\_\_\_\_

If admitted.	If under treatment.		Disease.	How fully disposed of.	Date of Discharge, &c.
Index No.	From	From			
Date					
.....					
.....					
.....					

Summary of Causes of invaliding, or remarks as to remand to Regiment, Station or Depôt.

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

Date of final Medical Board or decision. } Administrative Medical Officer.

**DETAILED MEDICAL HISTORY OF INVALID.**

Militia Form B. 227.  
 150 m-5-16.  
 H. Q. 1772-89-117.

Station

Corps

Regimental No. Rank

Name

Disability

Date

Hospital or Station transferred to for final disposal. }

Date of final disposal }

How finally disposed of }

The original Report is invariably to accompany the discharge documents of invalids.





CANADIAN OVERSEAS EXPEDITIONARY FORCES

Discharge Certificate

No. 249277  
Rank Private  
Name Davie, Edwin Lewis.  
Unit Forestry & Rly. Construction Depat.  
Address on Discharge  
Edwin Lewis Davie  
32 Gannley Ave  
Toronto, Ont.  
Canada

His conduct and character while in the Service have been :

Fair

Place Camp Borden, Ont. Can.

Date September 13<sup>th</sup> 1917

Commanding

W. W. Braughton  
MAJOR  
CORPORAL

Campaigns Nil

Medals and Decorations Nil

1.

Attestation paper removed and sent to Sergeant MacIntosh.

Date

3-10-17

Ma oim

