

ATTESTATION PAPER.

No. *A. 1818*
Folio. *30*

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

1. What is your name?..... *George Davie*
 2. In what Town, Township or Parish, and in what Country were you born?..... *Allea Scotland*
 3. What is the name of your next-of-kin?..... *brother William Davie*
 4. What is the address of your next-of-kin?..... *1627 Boone Ave, Spokane, Washington*
 5. What is the date of your birth?..... *Feb 27, 1888*
 6. What is your Trade or Calling?..... *Slater*
 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?..... *no*
 10. Have you ever served in any Military Force?.. *12 years Argyle & Southern Highland*
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**
- George Davie* (Signature of Man).
Jewelista (Signature of Witness).

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *George 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.

Date *MAR 2 / 1915* 191 . *George Davie* (Signature of Recruit)
Jewelista (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *George 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.

Date *MAR 2 / 1915* 191 . *George Davie* (Signature of Recruit)
Jewelista (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 *Spokane* this *2* day of *March* 191 .

W.D. Bushnell (Signature of Justice)

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

Pro. S. Bennett (Approving Officer)

Description of George Dawie on Enlistment.

Apparent Age 27 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. 5 ins.

Chest measurement { Girth when fully expanded 38 ins.
 Range of expansion 3 1/2 ins.

Complexion Dark

Eyes Brown

Hair Black

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

4 Noe. Marks
Tattooed Man on left
Forearm.

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 March 2nd 1915

Place MONTREAL

He B...
 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.

George Dawie 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.

Rosbantie (Signature of Officer)

Date 1915

DAVIE GEORGE

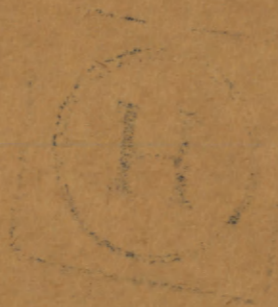
418189

42ND BATTN

04451

MEDICALLY UNFIT





SURNAME.

Davie.

CARD NO.

CHRISTIAN NAMES

George.

*S.O.S. M. U. 31-1-19 No 4 D. 10.
D.O. 35 of FOLL. 4-2-194*

REGL. NO.

418189.

RANK

Serjnt.

UNIT

~~*42nd*~~

No 4 D. 10.

~~*Br.*~~

FORMER CORPS

Imp. Army. 12 yrs.

NAMES IN FULL

Also notify

~~NEXT OF KIN.~~

Davie William.

Next of Kin

RELATIONSHIP TO SOLDIER

Brother.

*Mrs. E. J. Davie
R. N. B.*

ADDRESS

*1627 Boone Ave.,
Spokane, Wash. U.S.A.*

*Co. Mrs. King.
Minto Coal, Co.
Minto N.B.*

COUNTRY OF BIRTH

Scotland, Alloga.

DATE

Feb. 27th 1888.

PLACE OF ATTESTATION

Montreal, P. I.

DATE

Mar. 2nd 1915.

*O/S. 10-6-N. 102
3'*

R/E. 7-10-18 $\frac{212}{14}$ 4

From Montreal Rev S. S. Hesperian "10-6-15"

MARRIED

SINGLE *yes.*

WIDOWER

TRADE OR CALLING

Slated.

RELIGION

Presbyterian.

DESCRIPTION.

APPARENT AGE

27

YEARS

MONTHS

HEIGHT

5

FEET

5

INCHES

CHEST MEASUREMENT

38

INCHES

EXPANSION

3 1/2

INCHES

COMPLEXION

Dark.

EYES

Brown.

HAIR

Black.

DISTINGUISHING MARKS

4 vacc. marks.

Tattooed

man on left forearm.

MEDICAL EXAMINATION.

PLACE

Montreal, Q.

DATE

Mar 2nd 1915.

Present Address - not stated.

B-111

12. ban gen HOSPITAL.



AT

A. & D. No. 5386- PL. OF ACTION

RANK Sgt. REG. NO. 418189 UNIT B. RDG. (Qu' Sect) SICK OR WOUNDED

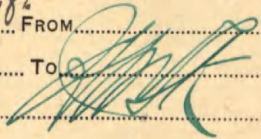
NAME Waverly AGE 30 RELIGION Pres.

PLACE IN HOSPITAL Ward 7 12

DIAGNOSIS Inflam. Stomach.

ADMITTED 10 FROM

DISCHARGED


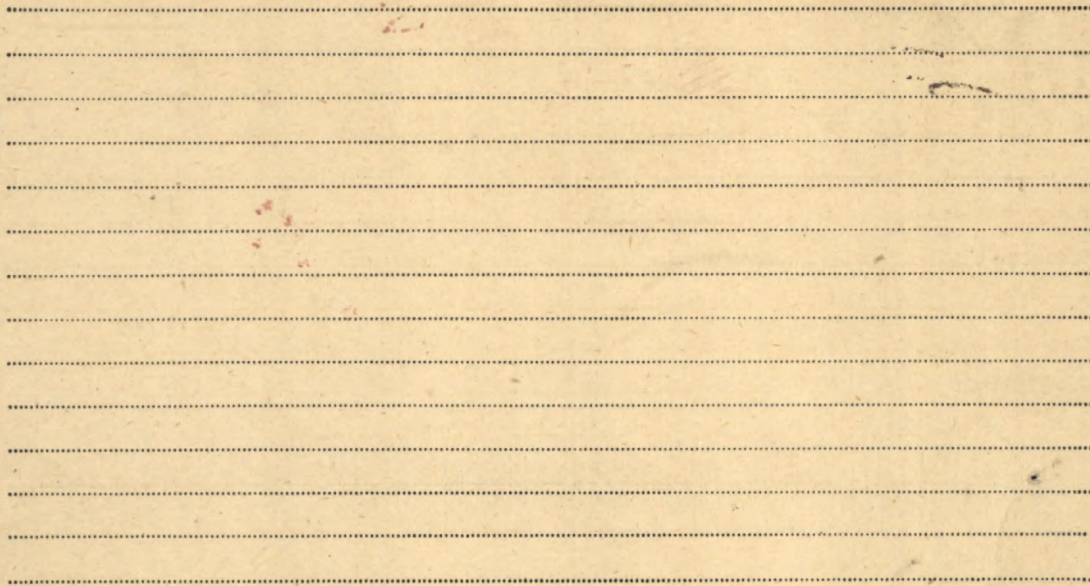
TRANSFERRED SEP 24 1918 TO 

SERVICE AT HOME 42/12 IN FIELD

RESULTS 2/52

(See Document Card for M.H. Sheet and other Documents.)

REMARKS.



REGT'L No

418189

H. Q. FILE NO. 649-

NAME

David George

RANK AND CORPS

Lgt. 42nd Batt

FOLLOWS

No.

239x

FOLLOWS

CABLE

No.

DATE

NATURE OF CASUALTY

SOS 31-1-19

LIST No	HOSPITAL	DATE OF ADMISSION	REMARKS
A 114	#8 Cas Cl Sta	7-3-16	William Middlecar
A 114	trans to #16 Amb train	8-3-16	" " "
A 117	#20 Gen carrier Disch to Eng	17-3-16	" " "
B 20	Hillingdon House Convo. Uxbridge Discharged.	30-3-16.	Otitis Media
B 21	1 st North Gen New Castle on Tyne	19-3-16	" "
B 21	Trans. to Hillingdon House Convo. Hosp. Uxbridge	24-3-16	" "
B 21	Trans. to Westley Control Yolkestone.	30-3-16	" "
B 176	Discharged	31-3-16	" "
b. 126 "	Connaught Aldershot	26-1-18	N. Y. D. "G" (1st Que)

as per #2 b. 114 should be discharged but not

NAME

Davis G.

REG'TL. NO.

418189

RANK AND CORPS

Pte.

1st. I.R.D.

H. Q. FILE NO 649

FOLLOWS

No.

FOLLOWS

CABLE

NO.

DATE

NATURE OF CASUALTY

LIST NO.

HOSPITAL

DATE OF
ADMISSION

REMARKS

ex. l. 126

6-154⁽¹⁾

Diseal.

14/3/18

Duodenal ulcer

C264¹

12 Can. Gen. Bramshott

10-7-18

Infl. stomach. (Duc. Reg't)

C331⁽²⁾

Invalided to Canada

24-9-18

"

"

No. 18189

RANK

Plt.

NAME

Davie, G.

T. O. S. 2-3-15

UNIT

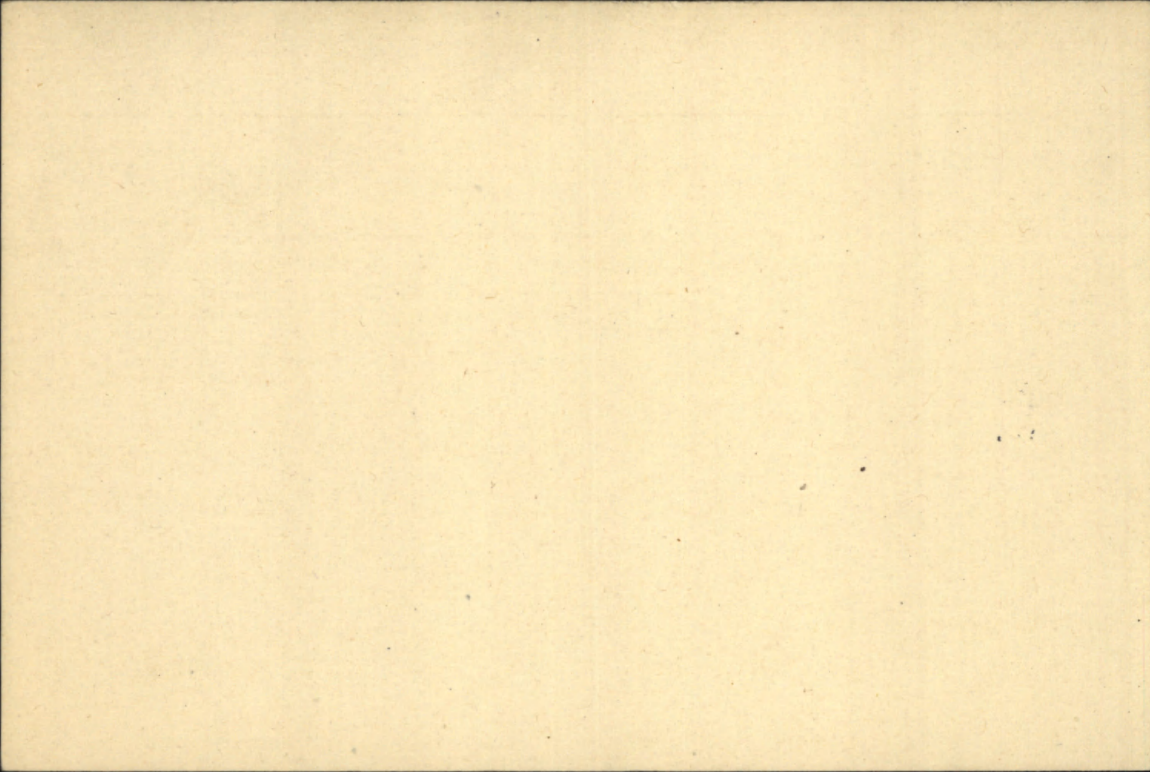
42nd Bn

(OO 18 3-3-15)

M. D. 4

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1915	1915			
Mar 2	Mar 31	V	Shows as Sgt Drummer 5-3-15	April payroll
Apr		V		
May		V		
June		V		

UNIT SAILED
JUN 10 1915



No 418189. RANK Sgt.

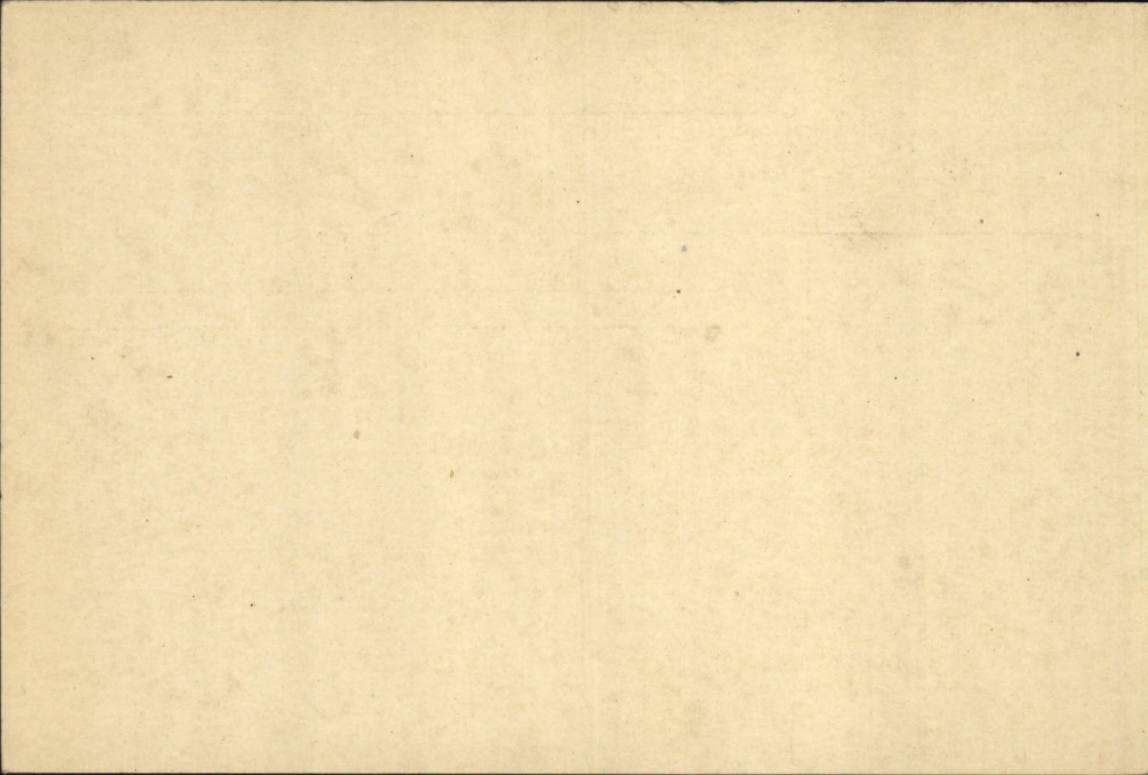
NAME Davis G. Co.
Davie.

T. O. S. *Trans. from?*
(April notes). UNIT *3rd, Battalion C. I. C.*

M. D. 4.

			PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
PAID FROM	PAID TO	SIG. OR REC'T	PARTICULARS	AUTHORITY
<i>1916</i>	<i>1916</i>	<i>n.</i>	<i>On A. O. not on Paylist. Presumed Trans. from 17th Reserve Bn.</i>	

UNIT SAILED
MAR 31 1916



Name Davie, G.

Rank Sergeant

Reg. No. 418189.

Unit 42nd Battalion.

Next of Kin U. S. A.

Date	Movement	Place	Casualty	List No.	Notified N/KO.	W.O. List
1916.			Inf.			
7-3.	No. 8. Cas. Clg. Station.	Mid. Ear.	A114	-----		
8-3.	Trans. to No. 16. Amb. Train.	Ditto.	A114	-----		
	No. 20. Gen. Hosp. Camiers		Ditto.	A117	---	
17/3.	Discharged to England.					
30/3	Hillingdon House Con. Hosp. Uxbridge	Otitis Media	B20	---		
	Discharged note.					
19/3/16	1st Northern Gen. Hosp. Newcastle.	Otitis Media	B21	---		
24/3/16.	Hillingdon House Con. Hos. Uxbridge.	Ditto.	B21	---		
30/3/16.	Wrestcliff Con. Eys & Ear	Folkestone	Ditto.	B21	---	
31-3.	Discharged					
				B. 176		

Name *David Sgt.*

Regimental No. *418189*

Unit *RD #4*

Bgde. or Div. _____

Nationality _____

Injury *Barium Series*

Received at _____

Referred from _____

Name

David Sgt.

Plates 45

No. *418189*

Stomach

RADIOGRAPHS { Scratch out parts not needed } (Plates) (Brom. Paper) (Stereo) (Localization) (Screened only)

SIZE	DATE	REMARKS
<i>10 x 12</i>	<i>31/12/18</i>	<i>Two plates</i>
<i>14 x 17</i>	<i>31/12/18</i>	<i>Two plates</i>
<i>14 x 17</i>	<i>1/1/19</i>	<i>Two plates</i>
<i>x</i>		
<i>x</i>		<i>Upright position</i>
<i>x</i>		
<i>x</i>		<i>One flash with reinforcing screen</i>
<i>x</i>		
<i>x</i>		

Diagnosis and Localization

Not screened owing to lack of necessary apparatus. No duodenal cap seen in the plates. Considerable Barium in stomach at end of 4 hrs. Empty in 8 hours 24 hrs p.c. a little Barium still in cecum and transverse colon. 28 hours p.c. much the same condition.

Radiographs by

Sgt Capron A

Report by

J. R. Morgan
Major Amc

Name *David Sgt*
 Regimental No. *418189*
 Unit *10 LD 4*
 Bgde. or Div. _____
 Nationality _____
 Injury *Left Knee*
 Received at _____
 Referred from _____

Name *David Sgt*

RADIOGRAPHS { Scratch out parts not needed } (Plates) (Brom. Paper) (Stereo) (Localization) (Screened only)

Plates *50*

SIZE	DATE	REMARKS
<i>8 x 10</i>	<i>31/12/18</i>	<i>Two plates</i>
X		
X		
X		
X		
X		
X		
X		
X		
X		

No. *418189*

LEGS
KNEES

Diagnosis and Localization

Synovitis

Radiographs by

Sgt Capron A

Report by

*J.H. Morgan
Major amc.*

Number

418189

Rank

Sgt

Surname

DAVIE

Christian Name

George

Units

²⁹
~~42~~ Bn Can Inf

Theatre of War

⁴
France

Date of Service

9-10-15
P.O. Erickson B.C.

Remarks

Latest Address

~~662 ... St~~

Roll No.

~~...~~
B Page 19025

* 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.

(OVER)

RECEIVED
FEB 2 1923
11 11
D. E. S. P. A. S. S. I. O. N.

Name Davie Geo. Rank Sgt. Regtl. No. 418789

Fyle Depot 19-D-182

Original unit 42nd. Present unit M or S. Age 20 Religion Pres. Ref. H.Q.

Port, ship and date of arrival "Khyber. Quebec 7-10-18.

Next of kin (B) William Davie. 1627. Boone Ave. Spokan Washington

Address on leave

Address on discharge

Transportation issued Yes No Date Character on discharge

Previous occupation Slater Date and place of enlistment Montreal. 2nd March 1915.

Diagnosis Date of Medical Boards

Date.	Remarks.	Pt. 2 Order No.
10-10-18.	TOS	
	having reported from clearing depot posted to Hosp Sec. 8-10-18. Granted leave W/S. till 22-10-18.	175-p-3
24-10-18	Sick Leave ext. to 5-11-18. W/S.	189-2.

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

Date.

Remarks

Pt. 2 Order No.

5-11-18. Ste Annes Hospital Mon treal

23-1-19 SOS? HOSP. SEC. on Trans. to CAS. COY. 23-1-19

4-1-19. S.O.S. Discharged. R.O. 1420 Para. A. Med. Unfit.

Cat E. Effect. 31-1-19.

35 Page

Surname

Christian Name or Names

Reg. No.

Harvie

G.

H 18189

Rank

Unit

Co.

Troop

Batty.

Sgt

H 2 Battⁿ

Depot. / 1st Que.

Hospital

#8 Cas. Clearing Station

Date of Admission

7.3.16

Transferred #16 Ambul. Train

Hosp.

8.3.16

To Gen. Campers

Hosp.

to England via Gen. Hospital

Hosp.

17.3.16

Willingden No. 10. Camp

Hosp.

24.3.16

(over)

Diagnosis

Inflammation Middle Ear

(1) Later Diagnosis (if changed)

(2)

"N.Y.N. Q"

(3)

Duodenal Ulcer
Infl. Stomach

Additional Diagnoses: If more than one state present

DISPOSITION

Date

~~Dis. 30.3.16~~

Dis 31.3.16

REMARKS

.. 4.3.18

b.L. 20.3.16 # a114

" 24.3.16 a117.

" 4.4.16 B.20.

" 6.4.16 B.21.

b.L. 25.11.16 B171

31-1-18. b.1260

23. 2. 18 b1116 Ref to b L 6126 Diag now

Duodenal Ulcer

b.3.18 b.154

115-7-18 C 264

1.10.18 b 331-2. Inf. to Canada 24.9.18

A.M.D. 2 DEPT.

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

J.H. 10/11

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1. Westcliff Canby Gas. Folkestone 30-3-16.

2. Connaught. Aldershot, 26-1-18.
12 C. S. Bramshott. — 10-7-18

3.

4.

5.

6.

7.

418189

Rank *Sgt* Name **DAVIE George** Reg'l No. **A/18189**
Unit **42nd BN.** If in perm. Corps, }
What Unit? } Married or Single **Single.**

Place and Date of Enlistment **Montreal.P.Q. 2nd March.1915.** Place of Birth **Alloa.Scotland.**

Name and Address, Next-of-Kin *Mrs Katherine* **William Davie, 1627, Boone Avenue, Spokane Wash, U.S.A.**
17 Lawson Road, Southsea, Portsmouth
(auky RL 29 3 4/23.118) Relationship **Brother**

Assigned Pay Monthly \$ Payable to Relationship

Separation Allowance \$ Payable to Relationship

Discharge, Date and Place Reason Character

N/E. R.B. No. *14219*
File R.L.
Category *M.C.*



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 England	19 6-15	
			Embarked for France.	Folkestone	9-10-15
11-12-15	O.C. 42nd	Severe Reprimand	France	25-11-15	Part II no 9 I.T.F. disorderly tent
20-3-16	CL A 114 42nd	No 8 Cos Clearing Str	Do	9-3-16	Inflam middle ear
24-3-16	CL A 114 42nd	Discharged to England	Do	17-3-16	Do Do
16-4-16	CL B 21 42	Job Northern Genl Hospital	Newcastle on Tyne	19-3-16	Otitus Media
Do	Do	Transf to Helmingden House Con Hpl	Uxbridge	24-3-16	Do
Do	Do	Transf to Westcliff Eye & Ear Hpl	Folkestone	30-3-16	Do
Do	H.H. 16	Taken on strength 1st Batt	E. Sandling	2-4-16	Part II 101
25-11-16	6-16 Bate	Dis. from health of eye	Folkestone	31-3-16	Sh. 8176.
7-4-16	O.C. 17	Rep. from Hoop	"	6/16 to 16/16	" " 104
7-7-16	"	Transf. to 2nd Bn	"	7-7-16	194 B. 195

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				
15.11.16	llal	Retaken on strength on Command to 17 Batta for P.B.D.	Shoreham	15.11.16	H = 7.0.503.
14.3.17	O.B.17th	Sold. to 20 Lee Bn	Bramshott	14.3.17	" 62
21-3-17	1st A.R.D.	att. Regt. Dep. for D & Co to 64 th for R & Q's		16.3.17	" 14
12.4.17	"	Taken on strength	Shoreham	15.3.17	" 33.
7.7.17	"	Permission to marry without P.E.	"	Sgt 29.6.17	- 108
1-10-18	CR	Inw to Canada ^{by photo} #12 Can Gen Hoop Hoop		24.9-18	C.F. C 331.
4.10.18	"	P.O. to on transfer to C.C.F. in Canada further med treatment	B'skott	24.9.18	L.O. 241

ASSIGNED PAY.

Lst 677 "D"

PAID IN CANADA.

To whom Mrs. Katharine Davie

Address 17 Lawson Rd
Southsea, Portsmouth

By whom assigned Davie, George

Regtl. No. 418189

Rank Sgt

Corps, &c. 1st Q.R.D.

Rate
ASSIGNED PAY 25⁰⁰ SEPARATION ALLOWANCE 25⁰⁰

Date to Commence

1. 9. 18

ASSIGNED PAY AND SEPARATION ALLOWANCE
BEING PAID IN ENGLAND UPON ADVICE
FROM OTTAWA OF DISCHARGE OF SOLDIER
NAMED HEREIN. *Noted on LPO*

Month.	Cheque No.	ASSIGNED PAY Amt.	SEPARATION ALLOWANCE Amt. Debited.	REMARKS.
1914. Oct.				DISCHARGED TO CANADA. Bramshott, 11a/92
Nov.				
Dec. 1918				
Jan.				
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.	C 72766	25	25	
Oct.	C 28951	25	25	
Nov.	D 76554	25	25	Sailing no 64. 24. 9. 18
Dec. 1918				<i>Went to Canada</i>
Jan.				
Feb.				
March				

ASSIGNED PAY.

Month	Cheque No.	Amt.	Amt. Debited.	REMARKS.
1916.				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
1917.				
Jan.				
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
1918.				
Jan.				
Feb.				
March				
April				
May				
June				

Rank *Sergeant* Name

DAVID GEORGE
If in perm. Corps,
What Unit?

Reg'l No. *A 18189*

Unit *42nd BN.*

Married or Single *Single.*

Place and Date of Enlistment *Montreal, P.Q. 2nd March, 1915.*

Place of Birth *Alloo, Scotland.*

Name and Address, Next-of-Kin *William Davie, 1627, Boone Avenue, Spokane Wash, U.S.A.*

Relationship *Brother*

Assigned Pay Monthly \$

Payable to

Relationship

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- Jul 1	Jul 31	31	1.35	41.85	31	1.5	4.65		46.50			38.92			38.92	7.58	
Aug 1	Aug 31	31	1.35	41.85	31	1.5	4.65		46.50			52.52			52.52	1.56	
Sept 1	Sept 30	30	1.35	40.50	30	1.5	4.50		46.50			43.80			43.80	2.76	
Oct 1	Oct 31	31	1.35	41.85	31	1.5	4.65		46.50			20.19			20.19	29.07	
Nov 1	Nov 30	30	1.35	40.50	30	1.5	4.50		45.			14.27			14.27	59.80	
Dec 1	Dec 31	31	1.35	41.85	31	1.5	4.65	10	56.50			15.69			15.69	100.61	debtors' trial 11/15 blo refund
Jan 1	31	31	1.35	41.85	31	1.5	4.65		46.50			10.46			10.46	136.65	
Feb 1	29	29	1.35	39.15	29	1.5	4.35		48.50			10.46			10.46	169.69	
Mar 1	31	31	1.35	41.85	31	1.5	4.65		46.50					21	21	195.19	transferred to 2.2.16 18/3/16 14/4/16 per day.
Mar 18	31	14	1.35	18.90	14	1.5	2.10		21	977		2.43		21	2.43	203.76	
				390.15			43.35	10				208.74		21		213.76	

CANADIAN
ASSIGNED PAY AUDITED
W. Blay
/LDITL/ERK
DATE *28.5.19.*

418189
Regtl. No. Rank and Name *1st Lieut. Y* Corps *B.P.O.F.*

Disease *Influenza Stomach* Hospital *Branclet*

To Officer i/c Laboratory. Ward *7*

Please carry out an examination of the accompanying specimen of *Muc*
with special regard to.....

Date *July 10, 1918* *W. H. Ke. Kinnion Capt.*
O. i/c Ward.

LABORATORY REPORT.

React *acid*
alt *neg*

spgr 1015
sugar neg

Date of Examination *11/7/18* *29* *A. Montgomery Capt.*
W. 3212. 50M-4-4-18. O. i/c Laboratory.

LABORATORY REPORT

LABORATORY

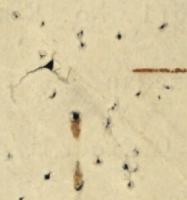
Hospital

with

(Date)

Division of Forensic Science

State Laboratory



Regtl. No. Rank and Name 418189 Sgt. Davie Corps B. R. D. 9.

Disease ? Hospital 12. C. Y. 11

To Officer, i/c Laboratory. Ward 7

Please carry out an examination of the accompanying specimen of Gastric content
with special regard to _____

Date July 14/18.

O. i/c

Ward.

LABORATORY REPORT.

Free HCl 50° Combined Acidity 17°
Total Acidity 67°
Blood negative. Lactic Acid negative.

Date of Examination 14/7/18

W. 3212. 50M-4-4-18.

G. Montgomery Capt

O. i/c Laboratory.

10. R. D. P.

W. H. R. S. & Co.

1876

W. H. R. S. & Co.

LABORATORY REPORT

W. H. R. S. & Co.

Faint, illegible text in the middle section of the page.

Red ink smudges or markings at the bottom left.

Faint text at the bottom right edge.

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 418189 (Rank) Sergeant

Name (in full) DAVIE, George enlisted in

the 42nd Battalion

CANADIAN EXPEDITIONARY FORCE at Montreal, QUEBEC on the 2nd

day of March 19 19

HE served in FRANCE--

and is now discharged from the service by reason of Medically Unfit

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

Age 30 years 11 months

Height 5 feet 6 1/2 inches

Complexion Dark

Eyes Brown

Hair Black

Geo Davie

Signature of Soldier

Marks or Scars

Shamrock tattoo

mark on left forearm.

[Signature] Issuing Officer Lieutenant,

Officer i/c Discharge Section, District Depot No. 4.

Rank

Date of Discharge January 31st, 1919.

Appointment

Signed at Montreal, QUEBEC this 31st day of January 19 19

in Military District No. 4

File Reference No. DD4 19-D-182

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

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.

Casualty Form—Active Service.

Regiment or Corps 42nd Batt Coy

Regimental No. 418189 Rank Sgt Name Davie S.

Enlisted (a) 2 Nov 1915; Terms of Service (a) dur. Swan + 6 months. Service reckons from (a) enlistment

Date of promotion to } Date of appointment } Numerical position on }
présent rank } to lance rank } 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				

<u>Dec 17/15</u>	<u>Sgt 42nd</u>	<u>N. R.</u>	<u>BOULOC NE</u>		
<u>26/10/15</u>	<u>Sgt 42nd</u>	<u>Having a disorderly conduct</u>	<u>9 10 15</u>	<u>25/11/15</u>	<u>132069. Part II Order No 9 d/11/12/15</u>
<u>9/3/16</u>	<u>No 8 Ca Coy</u>	<u>"Severe reprimand."</u>	<u>No 8 Ca Coy</u>	<u>7/3/16</u>	<u>a 36-111. 2nd Aust. No 16 Train 8³/₁₆.</u>
<u>8/3/16</u>	<u>No 20 Genl.</u>	<u>Sup. hind Ear.</u>	<u>No 20 Genl.</u>	<u>8/3/16</u>	<u>W3034.</u>
<u>17/3/16</u>	<u>No 20 Genl.</u>	<u>Sup. hind Ear.</u>	<u>No 20 Genl.</u>	<u>17-3-16</u>	<u>W3034</u>
<u>17/3/16</u>	<u>Stad. Antwerpen</u>	<u>Sup. hind Ear.</u>	<u>To England -</u>	<u>17-3-16</u>	<u>W3083. a 36. Part II order No 14 d/30/3/16.</u>
<u>11/3/16</u>	<u>6th L.G.</u>	<u>Sup. hind ear</u>	<u>Antwerpen S.</u>	<u>5-3-16</u>	<u>a 36-122. Train. 4 C.C.S. 8³/₁₆.</u>

INVALIDED TO CANADA FOR FURTHER MEDICAL TREATMENT.
 HOSPITAL REPRESENTATIVE.
 HOSPITAL, BANMASHI.
 J. B. Johnston

Lieutenant
For Lieut. Col. AAA.G.

(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. [P.T.O.]

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				
4.4.16	17 Bn	T.O.S. from 42 Bn	E. Sandling	2.4.16	Pt II Do 101
15.11.16	ceac	Re T.O.S. on Com 17 Bn.	Shoreham	15.11.16	Pt II Do 503
14.3.17	17 Bn	SOS to 20 Res Bn	B. Shott	14.3.17	Pt II Do 62
21.3.17	1st Qld	Att Reg Depot for Dr C. 64 for R. Q	--	16.3.17	Pt II Do 14
12.4.17	--	Taken on Strength	Shoreham	15.3.17	Pt II Do 33.
7.7.17	--	Permission to marry. Sicut Capt. Publici	--	29.6.17	Pt II Do 108.

Lt *[Signature]* Lieut.
 for Colonel i/c Records, *[Signature]*

10-10-18. O/S T.O.S. District Depot No. 4 Montreal. 24-9-18. D/O Pt. 11 No. 175

31-1-19 SOS Discharged Cat. #E Med., Unfit RO 1420 DD4-DO-PT-2-35

[Signature]
 Lieutenant,
 Officer i/c Discharge Section, District Depot No. 4.

Sept
Casualty Form—Active Service. *P156*

Regiment or Corps *42nd to 17th Bn.*

Regimental No. *418189* Rank *Pte* Name *Davie, George.*

Enlisted *2/3/15* Terms of Service (a) *D. of War* Service reckons from (a) *2/3/15*

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

Extended Re-engaged Qualification (b) *slate roofer* *EW*

CANADIAN MILITARY HOSPITAL, BRAMSHOG
 HOSPITAL REPRESENTATIVE.
 REPORT FROM MEDICAL TREATMENT RECEIVED FOR

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>Disembarked England</i>	<i>19/6/15</i>	
		<i>Embarked for France</i>	<i>9/10/15</i>	
<i>4/4/16</i>	<i>O.C. 17th</i>	<i>Taken on Strength Sandling</i>	<i>2/4/16</i>	<i>Part II #101</i>
<i>2-1-17</i> <i>23-11-16</i>	<i>O.C. 18th</i>	<i>Transferred to CCAC</i>	<i>Sailing</i>	<i>2-1-17</i> <i>23-11-16</i> <i>Part II Order 375</i>
		<i>17th</i>	<i>14/3/17</i>	<i>Lieut. & Aijt. 17th Canadian Reserve Battalion.</i>
		<i>17th</i>	<i>14/3/17</i>	<i>8th order. 62</i>
				<i>Lieut., Asst. Adjt., 17th Canadian Res. Batt.</i>
<i>16-3-17</i> <i>1-1-18</i>	<i>TAKEN ON STRENGTH 1st. Quebec Regt'l Depot,</i>	<i>1st. Que. Regt'l Depot. ON COMMAND TO</i>	<i>33. 15. 3. 17.</i>	<i>261. 31. 2. 17.</i>
		<i>Weychett. Rangers.</i>		<i>ADJUTANT, 1ST. QUEBEC REGT'L DEPOT.</i>

(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.

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				
JUL 1918	mytchett	ceases to be shown on command to mytchett Rifle Range and is detailed to Depot Coy.	B' Shott.	26-6-18	D.O. 156.
13.7.18	A.P. 19	ceases to be detailed to Depot Coy. will be shown as a Patient in Hosp.	B' Shott	10.7.18	P. II. D.O. 168.

SEP 24 1918.

H.M.T. "K"
SAILING NO. 64

Embarked.....
Disembarked.....

LOND N SEP 24 1918

QUEBEC

OCT, -7-1918.

Geo. Duckett
QUEBEC REG'T'L. DEPOT.

DEPARTMENT OF VETERANS AFFAIRS
MINISTÈRE DES AFFAIRES DES ANCIENS COMBATTANTS

DEATH NOTIFICATION
AVIS DE DÉCÈS

TO:
À:

DATE ..12-8-74.....

NAME Service No. CPC No.
NOM .. DAVIE, GEORGE. Matricule No 418189 ARMY WWL CCP No 627335

WVA No.
AAC No 34026

Information Received from:

Information reçue de: SPME VAN, B.C.

Date of Death

Date du Décès .26-6-74.....

Place

Endroit NEW WESMINSTER, B.C.

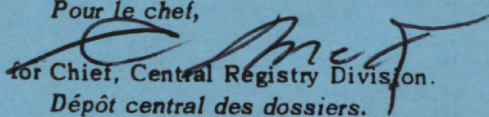
Distribution: WSR-DASG

VI - ASS

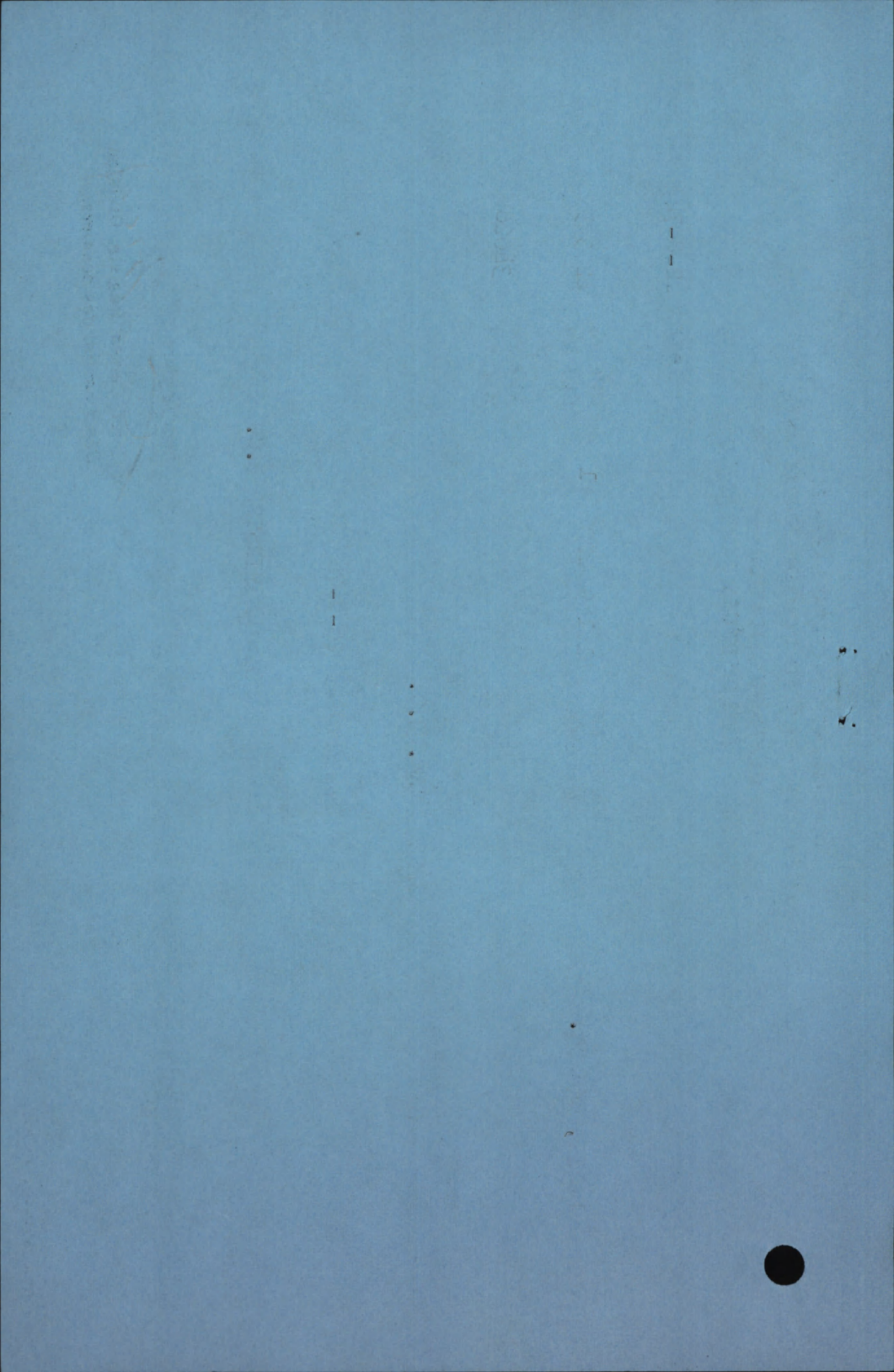
DO - BD

HO - BC

Pour le chef,


for Chief, Central Registry Division.

Dépôt central des dossiers.



2023
M

EXAMINATION

BY

STANDING MEDICAL BOARD, SHORNCLIFFE.

March 31st 1916

No. 418189 Unit 42nd Bn 17th Re. Rank Sgt.

Name Danie G. Age 28

Examination held at C.C.C.

DISABILITY.
Overseas—Local.
(scratch one out)

Otitis Media, Chronic

Present Condition.

was in France 6 months, coming from there on account of Otitis Media, this is a periodical trouble but is at present giving no trouble. Physical Condition good

INVALIDATED TO CANADA FOR FURTHER MEDICAL TREATMENT

Board recommends:—

- 1. Fit for duty. *Yes*
- 2. Fit for duty after.....weeks physical training.
- 3. Fit for light duty.....weeks.
- 4. Fit for permanent base duty.
- 5. Discharge.

W. Lukman
HOSPITAL REPRESENTATIVE,
CANADIAN MILITARY HOSPITAL, BRAMSHOTT

APPROVED
CAPTAIN M.C. FOR D. OF R. & O., FOR
INSPECTOR GENERAL
COMMANDING
CANADIAN TRAINING DIVISION, SHORNCLIFFE

Signatures:—

Members

Char Hunt, Capt. Am. President.
A.L. Walker, Capt. Am.

APPROVED

31 MAR 1916

Shorncliffe.....1916.

J.A. Bowley, Captain.

A.D. A.D.M.S.,
Canadian Training Division.

EXAMINATION

STANDING MEDICAL BOARD, SHORCLIFFE

1938

March 31
No. *100*

Name *George E. ...*
Examination held at *...*

Grade *...*
Present Condition *...*

...
...
...

APPROVED
STANDING MEDICAL BOARD, SHORCLIFFE

...
...

...
...

...
...

...
...

(YM)

CANADIAN EXPEDITIONARY FORCE.

M.F.W. 44. 1133 (D.P. 250M-12-18. 1772-39-903.

LAST PAY CERTIFICATE

Regimental No. 418189 Rank. Sgt Name. DAVIE George (Surname first)

Unit 42nd Bn who was* Discharged

On 31-1-19 191, to. *Insert "discharged" or "transferred."

The following is a statement of the account of the above named from 1-1-19 to 31-1-19 191 the inclusive date of transfer or discharge.

Table with columns Dr. and Cr. listing various allowances and credits such as Regimental Pay, Field Allowance, Separation Allowance, etc.

A monthly stoppage of \$ 25.00 (†) has... (‡) been paid on account of Assigned Pay for the month of Jan 1919 and Separation Allee. for month of Jan 1919 (to) Assignee Mrs. C. J. Davis c/o W. King. c/o Minto Coal Co. Minto, N.B.

ON TRANSFER OF AN OFFICER.

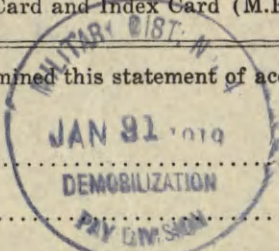
Outfit Allowance of \$... has been paid by Paymaster, Military District No.....

REMARKS:—

State (1) date of enlistment. 2-3-15 married or single. (2) Separation Allowance, entitled or not. Yes (3) Reason for discharge. (4) Authority for discharge or transfer. D.D.#4 19-D-182

NOTE.—S.A. & A.P. Card and Index Card (M.F.W. 71) are to accompany Last Pay Certificate on transfer.

I have carefully examined this statement of account and find it to be a correct extract from the Pay Account of the officer or soldier. Date Place



Signature: R. C. England, CAPTAIN-PAYMASTER, D.P.C.—Demobilization Pay Division—Military Dist. #1

N.B.—(A) This form is to be used for all ranks (vide Article 122-130 and 141) Financial Instructions, C.E.F., 1916. (B) For purposes of transfer it is to be made out in triplicate. (C) For purposes of discharge it is to be made out in duplicate. (D) If a man on discharge is entitled to Post Discharge Pay, Last Pay Certificate will be made out as in "C" with an additional copy to be forwarded to the District Paymaster.

CREDITS, ADVANCES, Etc.

Credits, Advances, Forfeitures, Issues on Repayment, etc., since issue of this L.P.C. are to be entered hereunder:

Date	Place	Cheque No. A.R. No. or Other Particulars.	AMOUNT		Signature of Officer Making Payment.
			Dr.	Cr.	

This document is a record of the credits, advances, forfeitures, issues on repayment, etc., since the issue of this L.P.C. It is not to be used as a receipt for any payment made. It is to be kept in the office of the officer making the payment. It is to be destroyed when the L.P.C. is closed.

CASE HISTORY SHEET.

Name St Anne de Bes Hospital. St Anne de Bes Station.
 No. 418819 Rank P6 Name Lavie Age 30
 Unit DJ#4 Completed years of service _____ Where and how long } C 3/12 E 30/12 F 6/12
 Date of admission Nov 30/18 Date of discharge _____
 Diagnosis Gastric Ulcer Place of origin Dance

CONDITION ON ADMISSION AND PROGRESS OF CASE.

Complaints: Pain in abdomen 2 years
 Post - Jaundice in 1904 & no other symptoms, Enters Deauville in 1906.
 Other medical & dental in 1916. No other relapses. Since then...

P.P. Apparently healthy until Feb 1915 when patient entered...
 Fleet week until Mar 1916 when other medical developed & checked
 7 1/2 months duration (right) then pain in abdomen developed.
 Pain - appears 2 1/2 hrs after food, foot ulcer pain,
 vomits frequently after pain which is relieved by food.
 Sometimes "coffee ground" in vomitus (I absent own words)
 No blood ever vomited nor noted in stools. Stools always
 black. Has lost 20 lb during last year.

P.V. Whole meal of appendix states no other negative result but
 lying on right side aggravates the pain in abdomen, at times brings
 on the pain; falls present, apparently has lost weight.

T 98.2 P 80 R 20
 Eye negative except for conjunctivae
 Gen. Scurvy No throat vegetations
 Heart Jan some murmurs

FAMILY HISTORY: Am. G. neg Bro G. neg
 (Tuberculosis, mental or nervous diseases.) Am. G. neg Bro G. neg
 abom: Was he ever free & reputation no evident
 masses, no jaundice. Definite pain elicited in epigastrium
 & left of mid line some rigidity but not definite.

TREATMENT: There is also diffuse tenderness throughout whole
 (Especially any specific or special treatment) McBurney's region negative.
Loss of sleep: at times knee lock's causes pain very acute & distressing.
jaundice (B.V.) negative & day, appeared long since - liver
calcification. This condition has been present since Jan 1916.
Re Blood report. Report treatment & signs were
pl examined Cal's very described.

CONDITION ON DISCHARGE: Plasmothel
 (and disposal made of case.)

DENTAL HISTORY SHEET
CANADIAN ARMY DENTAL CORPS

DISTRICT *D-104*

NAME OF SOLDIER *Smis*

REGIMENT *418189*

RANK *Pte*

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	Prophylaxis	OPERATOR	Military District	REMARKS			
											U	L	P			Gold	Porcelain					Cavities	Extractions		
Condition on first Examination																									
<i>OK - Dec 12</i>																									



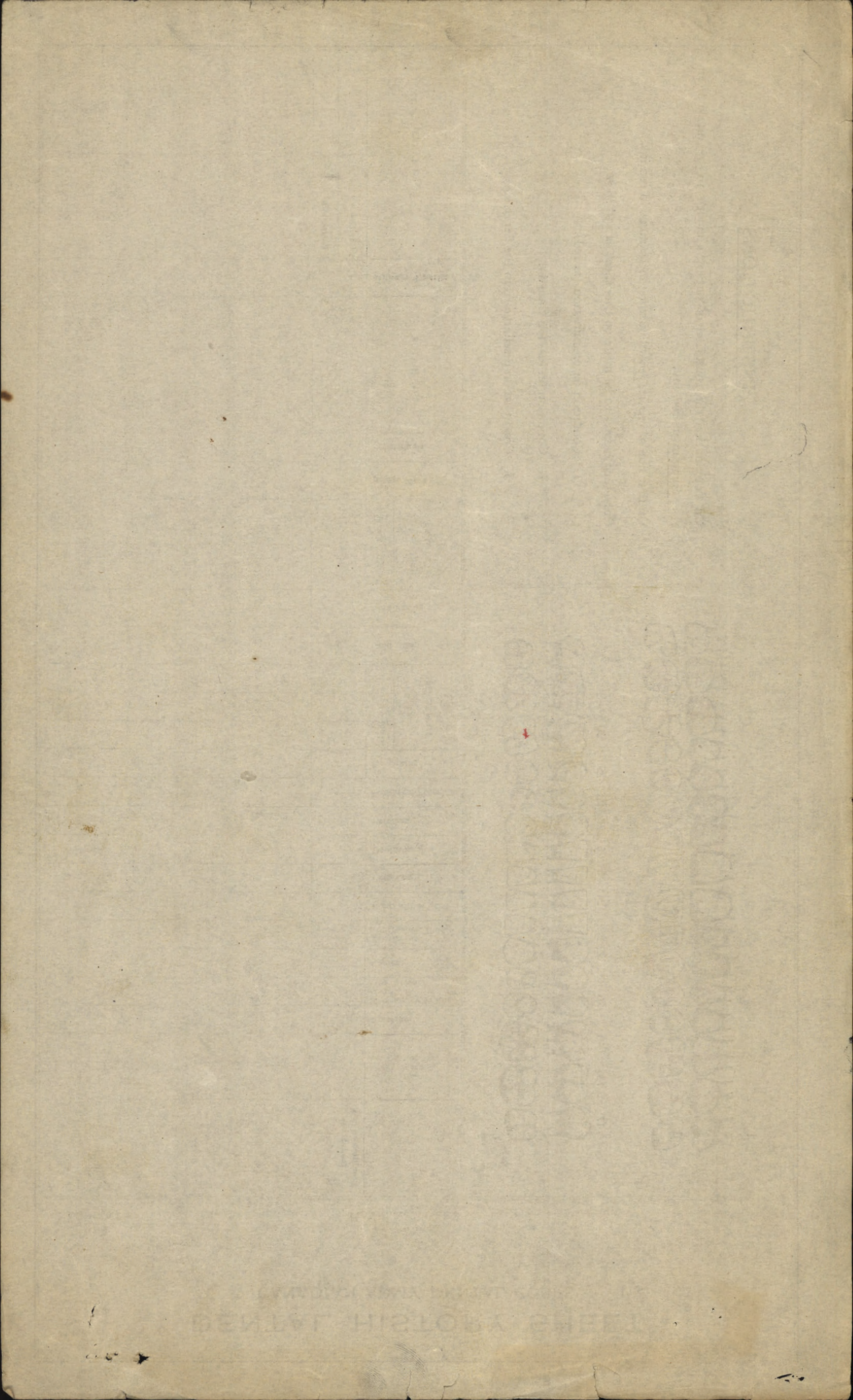
INSTRUCTIONS

- 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 from the Service.

M. - Missing

Capt Brook

*Recommended
for discharge
Dec 12/18*



Unofficial

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 Davie Christian name _____
- 2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule.....}
- 3. Consecutive number on schedule of men reporting for service (if he appears on it).....}
- 4. Address (including street and number, if any).....}

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

- 5. Age as stated.....Years.....Months. 6. Apparent age.....Years.....Months
- 7. Height.....Feet.....Inches. 8. Weight.....Pounds.
- 9. Chest measurement { Minimum.....Ins. 10. Complexion..... { Eyes.....
Maximum.....Ins. { Hair.....
- 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.....
The man denies having had { Rheumatism We find no evidence of past { Rheumatism
Tuberculosis Tuberculosis
Syphilis Syphilis
(Strike out disease admitted or suspected.)

We have examined the above named man in accordance with the C. E. F. Regulations for medical examinations, and he is placed in Category 17.
(a) Vision R.....L.....
(b) Hearing. R.....L.....

.....President.
.....Member. Member.

Date	Result	VACCINATIONS	Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
		M.O.			M.O.
		M.O.			M.O.
		M.O.			M.O.

Joined.....day of.....191.....at.....

	CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment		418 189		
Transferred to.....				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION	DATE	DISEASE	RESULT

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

Signature of Man

4

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
	418189	Sergt	Davie	J.
Year		Unit.	Age.	Service.
1916		42 nd Batta	28	13/12

Station and Date.	Disease
Uckbridge March 24/16	<i>Acute Media Otitis.</i> On March 4/16 reported sick at Looe, complaining of severe cold when otitis media supervened in left ear. Taken to 6 F.A. thence Armstrong College H. Newcastle on Tyne from Claples. Ear is not discharging. Hearing good. T.H.T.

Station
and Date.

Station and Date.	

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book. <i>663</i>	Regimental No.	Rank.	Surname.	Christian Name.
	<i>418189.</i>	<i>Sgt.</i>	<i>Davie</i>	<i>George</i>
Year <i>1916.</i>	Unit.	Age.	Service.	
	<i>17th Res.</i>	<i>C.</i>	<i>28.</i>	<i>13/12.</i>

Station and Date. *Mck 29.* Disease *Otitis Media.*

WEST CLIFF CANADIAN EYE AND EAR HOSPITAL, FOLKESTONE.

*Discharge from ear since from Nov 6 to Nov 10/16
 Once then quite alright. No discharge now but
 but membrane thickened & scarred. & retracted
 R. Ear. Has discharged periodically since
 2 years ago. Scarred & thickened. No
 pus now.*

*Hears all parts well. & is quite
 fit for duty.
 nose fairly normal. & throat OK
 Sall act. to nose & S.V.R. 30%
 St. mouth lip 1/2%
 Hears. Force daily
 Discharged fit for duty & treatment*

*J. O. Bab
 Mar 31/16*

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

Station
and Date.

MEDICAL CASE SHEET

FOR HISTORICAL RECORD
NO. 1111
MAY 1901

ASSIGNED PAY. ENGLAND or CANADA. SEPARATION ALLOWANCE. ENGLAND or CANADA.

NAME:- **DAVIE George**
NUMBER:- **418189.**

EFFECTIVE DATE:- **1-8-17.** **1/9/18** EFFECTIVE DATE:- **18-7-17.**

AMOUNT:- **\$25. Stopped** AMOUNT:- **\$25.**

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

**Mrs. Katherine Davie,
17 Lawson Rd., Southsea,
Portsmouth, Eng. (Wife)**

Sgt.

ASSIGNED PAY AND SEPARATION ALLOWANCE BEING PAID IN ENGLAND UNTIL ADVICE FROM OTTAWA OF DISCHARGE OF SOLDIER NAMED HEREIN

UNIT AND TRANSFERS

Same.

ORIGINAL UNIT:- **42nd Bn**

This balance cannot be certified correct owing to non-receipt of Active Service Pay Book.

DATE ACCOUNT FIRST OPENED:-

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

AUTHORITY DATE EFFECTIVE DATE LEDGER SHEET T'S F D UNIT TRANSFERRED TO

1st Q.R.D.

DATE OF PAYMENT NUMBER OF A.R. UNIT PAID BY AMOUNT DATE OF PAYMENT NUMBER OF A.R. UNIT PAID BY AMOUNT

DAILY RATES OF PAY AND ALLOWANCES

11/8/18 mos 18 29 24. 118 67

AUTHORITY PAY F.A. P.F.A. SUBS'CE ALL'CE

L.P. Bal. 31 8/8 \$ 371 27

1 35 15

PARTICULARS OF RENDERING NON-EFFECTIVE: **Transf. to Canada 1/9/18**

11/9/18 Invalidated

Transf. to Canada 1/9/18 B. Shott 11/9/18

MONTH PARTICULARS CR. 1 CR. 2 PARTICULARS DR. 1 DR. 2 DR. 3 DR. 4 BALANCE DEFERRED SEPARATION

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
31.3.18	Bal. Fwd.								419 10 384	-	
Apr.				Apl. £10-5-6 A 30906			25		394 10		25
	Sgt Pra	45 00		AR 139 Det. Whitley 12/4/18	14 60				439 10		
				✓ 6 50 ✓ 29/4/18	9 73						
				Ch. 255-20 Res. 14.9.17	12 16				402 61 384		25
		45 -			36 49		25				
May				Ch 62486A 10-5-6			25		387 61		25
	Pay & Allow	46 50		AR 896 Det Whitley 15/5/18	38 93				385 18		
				✓ 1148 "	12 17				373 01 384		25
		46 50			51 10		25				
June	Pay & Allow	45 00		Ch B69493 £10-5-6			25		418 01		
				AR 1402 Det Whitley 18/6/18	9 73				393 01		25
				" 593 " B. Shott 28/6/18	9 73				383 28 384		
		45			19 46		25		373 55		25
July	Pay & Allow	46 50		Ch C3697 £10-5-6			25		395 05		25
				AR 2253 #1265 Armp. 17.7.18	4 87				390 18 384		
		46 50			11 87		25				25
Aug.	Calc pay	46 50		B 60541 £10-5-6 Armp. Aug			25		411 68		25
	57.13/8 to 25/8/18	8 76							420 44		
				AR 2702 12 6 5 Res. 11/8/18	48 67				371 77 384		25
		55 26			48 67		25				

CANADIAN
ASSIGNED PAY AUDITED
W. Black
AUDIT CLERK
DATE 25.5.19

MARRIED OR SINGLE *S.*
 PLACE OF BIRTH *Alloa, Scotland*
 NAME AND ADDRESS OF NEXT OF KIN *William Davie*
1627 Boone Ave. Spokane, Wash. U.S.A.
 RELATIONSHIP OF NEXT OF KIN *Brother?*
 NAME AND ADDRESS OF NEXT OF KIN
 RELATIONSHIP OF NEXT OF KIN
 SEPARATION ALLOWANCE MONTHLY \$ *25.00* *Ampl. S.A. Claim. 2/9/17. Effective (DATE) July 18/17*
 PAYABLE TO *Mrs Katherine Ross Davie*
5 Broadway, Southwick 100 Brighton Sussex
 RELATIONSHIP OF DEPENDANT *Wife*

CASUALTIES, PROMOTIONS, &c.

PARTICULARS		EFFECTIVE DATE	AUTHORITY

ADMISSIONS TO HOSPITAL, &c.			NAME OF HOSPITAL
DATE ADMITTED	DATE DISCHARGED	V. OR A.	

C1
 REG'L No. *418189* RANK *Sgt.* NAME *Davie George E*
 IF IN PERM. CORPS WHAT UNIT *42* UNIT *42* TRANSFERRED TO *6.6.17* DATE *6.6.17* AUTHORITY *Subst photo*
 PERMANENT FORCE ALLOWANCES TRANSFERRED TO *19/11/17* DATE *31-3-17* AUTHORITY *AR*
 PLACE OF ATTESTATION *Montreal P.Q.* TRANSFERRED TO *Brit Hosp.* DATE *3/5/17* AUTHORITY *AR*
 DATE OF ATTESTATION *2nd March 1915* TRANSFERRED TO *1st Q.R.D.* DATE *1-11-17* AUTHORITY
 ASSIGNED PAY MONTHLY \$ *25.00* DATE EFFECTIVE *1-8-17* ASSIGNED PAY AND SEPARATION ALLOWANCE BEING PAID IN ENGLAND UNTIL ADVICE FROM OTTAWA OF DISCHARGE OF SOLDIER NAME & BRANCH
 PAYABLE TO *Mrs Katherine Davie* *17 Lawson Rd., Southsea, Portsmouth, Hants, 307-17-1-18 4th-1-1-18* RELATIONSHIP *Wife*
 ASSIGNED PAY MONTHLY \$ DATE EFFECTIVE
 PAYABLE TO
 STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) *Slon* EFFECTIVE *1-9-18* REASON *trans Canada*
 DISCHARGE DATE AND PLACE *Canada 21. 8. 18* REASON AND AUTHORITY *11/92 trans Canada*
 ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)
 ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

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 \$ C.	NO. OF DAYS	RATE	AMOUNT \$ C.				NO. OF DAYS	RATE	AMOUNT \$ C.	1	2	3	4	1				2	3				4	CREDIT	DEBIT		
1916			390 15			42 55			442 50										208 74		21	229 74	213 46							
April 1-30	30	1 35	40 50	30	1 50	4 50			45										146 00	✓		146	112 76							
May 1-31	31	1 35	41 85	31	1 50	4 65			46 50											✓			159 26							
June 1-30	30	1 35	40 50	30	1 50	4 50			45											✓			204 26	✓						
July 1-31	31	1 35	41 85	31	1 50	4 65			46 50											✓			250 70	✓						
Aug 1-31	31	1 35	41 85	31	1 50	4 65			46 50											✓			297 20	✓						
Sept 1-30	30	1 35	40 50	30	1 50	4 50			45 -											✓			34 05	308 15						
Oct 1-31	31	1 35	41 85	31	1 50	4 65			46 50												✓			72 99	281 66					
Nov 1-30	30	1 35	40 50	30	1 50	4 50			45											✓			24 33	302 33						
Dec 1-31	31		41 85	31		4 65			46 50											✓			26 77	322 06						
1-31/17	31	1 35	46 50			84 60			84 60	5 28										✓			38 93	334 91	262 25	71 66				
1-28/17	28		42						42											✓			12 17	364 74	282 15	82 59				
			934 50						1528 949 78												21	584 98	364 80	any month of Oct						

17 201.229.340. 12 16 11 17* 1266.1570. 17* 1423.2977. 4 73 11 1387 22-7 7 301 1186 24-4 9 73 11 1169 11-5 31 63 1512 14-8 9 73 11 1707 7-10 4 87 1580 30-9 12 16 11 1999 15/11 12 17 11 1427 3/10 14 60 12 17 11 2043 30/11 4 87 11 2005 15/12 4 87 11 2123 20/12 4 29 20 3162 18/1 "*

418189

Sgt. Davie George

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 \$	C.	NO. OF DAYS	RATE				AMOUNT \$	C.	1	2	3	4	1	2				3	4				CREDIT	DEBIT	
June 1-30	30	1.50	45.00					1528	949.78	22-17-10-2 23-17-10-2 24-17-10-2 25-17-10-2 26-17-10-2 27-17-10-2 28-17-10-2 29-17-10-2 30-17-10-2	417.98	146.00	21				584.98	364.80								June 10 1917 and other notes		
July 31	31		46.50							25-20 Res 12/4 275 .. 19/3																		
Aug 31	31		46.50																									
Sept 30	30		45.00							106 24/4 20 Res 17/4																		
			1255.50		61.29			1528	1332.07																			

MONTH	PARTICULARS	CR.1	CR.2	PARTICULARS	DR.1	DR.2	DR.3	DR.4	BALANCE	DEFER. RED. PAY	SEP. ALICE ENG.	MONTH	PARTICULARS	CR.1	CR.2	UP	DR.1	DR.2	DR.3	DR.4	BALANCE	DEFER. RED. PAY	SEP. ALICE ENG.
Oct	Det. R.	46.50		B. 20977					521.44			Feb	S.P.							416.14			
				20th Res 26/5	12.17				542.94			Feb									423.41	38.22	
Nov	P.P.	46.50		B. 20996	12.17				530.77			Feb											
Dec		46.50		B. 20996 £10.5.6								Feb											
				A.R. 341. 20 Res 9/10/17	9.73							Mar											
				Jh. 130. 10 RD. 13/7/17	73.00																		
				Jh. 162. 10 RD. 25/7/17	14.60																		
				Sec C 11100 £10.5.6.																			
				A.R. 403. 20 Res 15/11/17	9.73																		
				20 Res 192 10 RD 14/8	12.17																		
				" " 224 " 28/8	12.17																		
				A.R. 350 10 RD 20/10/17	9.73																		
				" 424 20 Res 29/11/17	9.73																		
Jan	S.P.	46.50		Ch. C 32786 - £10.5.6					421.41														
				A.R. 450-20 Res 20.12.17	4.87																		
				Ch. 436 - .. 11.12.17	14.60																		
				" 288-12 RD. 26.9.17	7.30				416.14														
					26.77																		

CANADIAN
ASSIGNED PAY AUDITED
UPRETT
AUDIT CLERK
DATE 2.5.19

This space to be for numbers.

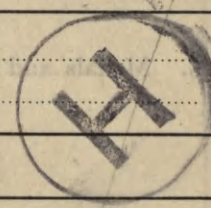
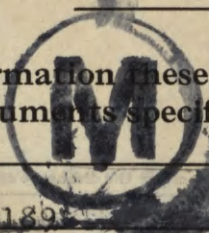
10-2650

22-1-35

35

Proceedings on Discharge.

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



No. ~~418189~~ 418189

Rank Sgt

Surname..... DAVIE

Christian name Geo

NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.

Corps (Squadron, Battery or Company) 42nd Bn

Date of discharge Jan. 31st/19

Place of discharge Montreal, QUE

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age.....30.....years.....11.....months.

Height.....5.....feet.....6 1/2.....inches.

Complexion Dark

Eyes Brown

Hair Black

Trade Soldier

Descriptive marks

Shamrock tattoo mark on left forearm

Intended place of residence 663 Garnier St
Montreal, QUE

(To be given as fully as practicable.)

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

RO 1420 Para (A) Cat. E. Med. Unfit

Authority for discharge.....

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.

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

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

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.)

M. F. B. 218.

200M.—5-18.
H. Q. 1772-39-113.

Medical Documents forwarded to
S. C. R. or B. P. C.
on
10/2/19

(OVER)

Sturze
18/11/19

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

List of Discharge Documents.

Reg. Conduct Sheet,	Militia form B. 263	Attestation Paper	Militia Form W. 23
Squadron } Battery } Company }	Conduct Sheet, " B. 263a	or Particulars of Recruit	" W. 133
or Field Conduct Sheet		Proceedings on Discharge	" B. 218
Copies of Convictions, by C. P.	in MS.	<p>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.</p>	
Med. Hist. Sheet,	Militia form B. 313		
Casualty Form	" W. 54		
Medical Report for Invalid§	" B. 227		
Dental History Sheet	" B. 465		
Last Pay Certificate	" W. 44		
Duplicate Discharge Certificate	" W. 39A		
‡Form of Will	" W. 82		
§Only if discharged "Medically unfit."			
‡Only if man has not been overseas.			

Documents not accompanying this form should be crossed out.

I hereby certify that the following documents are unobtainable.

Officer Commanding.

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.

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, and that I have received my permanent discharge certificate.

(Place) Montreal, QUE

Geo Davie (Signature of Soldier.)

(Date) Jan. 31st /19

J. Boyle (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) Montreal, QUE

(Signature) [Signature]

(Date) Jan. 31st /19

Lieutenant
Officer i/c Discharge Section, District Depot N. 4.

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.)

List of Discharge Documents

NO RESERVATIONS

Geo Danie

Reg. Conduct sheet	H. 504	Particulars of Service	W. 113
Station	H. 505	Proceedings on Discharge	W. 112
History	H. 506		W. 111
Company	H. 507		W. 110
Field Conduct sheet	H. 508		W. 109
Copies of Convictions in C. R.	H. 509		W. 108
Med. Hist. sheet	H. 510		W. 107
Casualty Form	H. 511		W. 106
Medical Report for Invalids	H. 512		W. 105
Dental History sheet	H. 513		W. 104
Last Pay Certificate	H. 514		W. 103
Duplicate Discharge Certificate	H. 515		W. 102
Form of Will	H. 516		W. 101
Only if discharged "Medically unfit"	H. 517		W. 100
Only if man has not been overseas	H. 518		W. 99

I hereby certify that the following documents are undisturbed

Officer Commanding

N.B.—In the case of a man discharged by purchase, the date and number of Personal Receipt with amount of sum to be noted hereon.

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

REGT. No. 418189 RANK SGT NAME (IN FULL) DAVIE ES GEO

M. OR S. [Initials]

NEXT OF KIN	RELATIONSHIP	PARTICULARS	EFFECTIVE DATE	AUTHORITY	ORIGINAL UNIT C.E.F.	IF IN P.F. WHAT UNIT?	(BLOCK LETTERS: SURNAME FIRST)
ADDRESS		705	24/4/18	DD 175 P3	42nd Bn	Montreal	DATE AUTHORITY
IS SEPARATION ALLOWANCE PAID?	DATE EFFECTIVE						DATE AUTHORITY
TO WHOM PAID	RELATIONSHIP						DATE AUTHORITY
ADDRESS							DATE AUTHORITY

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			NO. 1	NO. 2	NO. 3	NO. 1	NO. 2	NO. 3					DEBIT	CREDIT																		
	\$	C.	\$	C.	\$	C.	\$	C.	\$	C.	\$	C.	\$	C.	\$	C.																		
Balance from previous account																																		
1-1-19	31	1.00		30.00							25.00						82.97 Prev Acc.																	
31-1-19	31	1.00	46.50	35.00							30.00			55.00			139.47																	
WAR SERVICE GRATUITY																																		
																												209.47						70.00
																												30.00						30.00
																												30.00						30.00
																												30.00						30.00
																	294.47																	

DATE		CHK NO	CREDIT			MONTH PAID						DEBIT			BALANCE	
W.S.G	S.A	TOTAL	MAR	APR	MAY	JUNE	JULY	AUG	W.S.G	S.A	TOTAL	W.S.G	S.A			
42.00	18.00	60.00							40.00	30.00	100.00	35.00	15.00			
			40.00													
			30.00													
			40.00													
			30.00													
									70	30	100	140	60			
									70	30	100	70	30			
									70	30	100					

Handwritten signatures and notes at the bottom right of the page.

This space to be left blank for the Chelsea Number.

[Blank box for Chelsea Number]

4

12 days.

Army Form B. 268.

Feb 24 9 18 Ar 7 10 18

Proceedings on Discharge.

(When forwarded for confirmation the documents named on page 4 should be enclosed.)

No. <u>418189</u>	Army Rank <u>Sergeant</u>																																							
Name <u>DAVIE, George</u> <small>(The name must agree strictly with that on enlistment, unless changed subsequently by authority.)</small>																																								
Corps <u>42nd Bn. ops.</u> <u>20th Reserve</u>																																								
Battalion, Battery, Company, Depôt, &c. <u>1st Quebec Regt. Depot.</u> <small>(If attached to the Regular Establishment of the Special Reserve or Permanent Staff of the Territorial Force, &c., or to General Staff of the Army, it should be so stated.)</small>																																								
Date of discharge _____																																								
Place of discharge _____																																								
1. <u>Description at the time of discharge.</u>																																								
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">Age</td> <td style="width:15%;">years</td> <td style="width:15%;">months</td> <td style="width:55%;"></td> </tr> <tr> <td>Height</td> <td>feet</td> <td>inches</td> <td></td> </tr> <tr> <td rowspan="2">Chest measurement</td> <td colspan="2">girth when fully expanded</td> <td>ins.</td> </tr> <tr> <td colspan="2">range of expansion</td> <td>ins.</td> </tr> <tr> <td colspan="4">Complexion _____</td> </tr> <tr> <td colspan="4">Eyes _____</td> </tr> <tr> <td colspan="4">Hair _____</td> </tr> <tr> <td colspan="4">Trade _____</td> </tr> <tr> <td>Intended place of residence</td> <td colspan="3"><u>Montreal</u></td> </tr> <tr> <td colspan="4"><small>(To be given as fully as practicable)</small></td> </tr> </table>	Age	years	months		Height	feet	inches		Chest measurement	girth when fully expanded		ins.	range of expansion		ins.	Complexion _____				Eyes _____				Hair _____				Trade _____				Intended place of residence	<u>Montreal</u>			<small>(To be given as fully as practicable)</small>				<p style="text-align: center;"><u>Descriptive marks.</u></p> <p><u>Tattoo marks:-</u></p> <p><u>"Man & Snake" left arm.</u></p> <p><u>"Shamrock, Rose and Thistle" left arm.</u></p> <p><u>"Clasped hands" right forearm.</u></p> <p><u>Six vaccination scars left arm.</u></p>
Age	years	months																																						
Height	feet	inches																																						
Chest measurement	girth when fully expanded		ins.																																					
	range of expansion		ins.																																					
Complexion _____																																								
Eyes _____																																								
Hair _____																																								
Trade _____																																								
Intended place of residence	<u>Montreal</u>																																							
<small>(To be given as fully as practicable)</small>																																								
2. The above-named man is discharged in consequence of <u>being no longer fit for service abroad (Auth. Med. Board for Brackets B)</u>																																								
<p>INVALIDATED TO CANADA FOR FURTHER MEDICAL TREATMENT</p> <p><i>W. L. L. L.</i></p> <p>HOSPITAL HOSPITAL HOSPITAL</p>																																								
<small>(The cause of discharge must be worded as prescribed in the King's Regulations and be identical with that on the discharge certificate. If discharged by superior authority, the No. and date of the letter to be quoted.)</small>																																								
To be filled in on the soldier quitting the Colours.	3. Military character:— <u>Good</u>																																							
	4. Character awarded in accordance with King's Regulations:—																																							
<p>Certified that the above is an accurate copy of the character given by me on Army Form B. 2067* and that Army Form D. 489 was awarded in this case.</p> <p style="text-align: right;">Initials of Commanding Officer.</p>																																								
Army Form B. 2088 has been issued to*																																								

LIST OF DISCHARGE DOCUMENTS.

1. Proceedings on discharge. (Army Form B. 268.)
2. Proceedings on transfer to reserve (if any). (Army Form B. 2056.)
3. Duplicate attestation.
4. Army Form B. 97 (if any).
5. Declaration of change of name (if any).
6. Re-engagement paper (if any). (Army Form B. 136.)
7. Authority for continuance, or extension, of service (if any). (Army Form B. 221.)
8. Court of Inquiry on an injury (if any). (Army Form A. 2.)
9. Regimental conduct sheet. (Army Form B. 120.)
10. Company conduct sheet. (Army Form B. 121.)
11. Copies of convictions by Civil Power (if any).
12. Medical history sheet. (Army Form B. 178.)
13. Medical report on invalid (if any). (Army Form B. 179.)
14. Copy of receipt for purchase money (if any).
15. Attestation of fraudulently enlisted man for corps in which he has not been held to serve (if any).
16. Detailed statement of former service allowed to reckon towards pension (if any).
17. Copy of 3rd page attestation (in the case of men from abroad entitled to deferred pay who go to Netley or the discharge depôt for discharge).
18. Descriptive return (Army Form D. 400), where required. See section 11 on second page.
19. Active service casualty form. (Army Form B. 103.)
20. Employment sheet. (Army Form B. 2066.)

In the case of recruits who are rejected before, or on, final approval, the discharge documents will consist of—

1. Duplicate attestation. (On third page the date and cause of discharge will be entered and signed by the competent military authority.)
2. Medical history sheet (if any). (Army Form B. 178.)

Instructions as to the preparation, despatch, and custody, of discharge documents.

1. When a soldier is to be discharged, the documents retained with the duplicate attestation will be placed inside this form. Should any of the documents be missing, an explanation of the deficiency, signed by the commanding officer, must be substituted for the missing document. The officer in charge of records will then extract from the original attestation, any documents required to complete the list of discharge documents enumerated in the margin, which will then be placed in this form in the sequence given.

2. When men are discharged from the colours at home as medically unfit, or with claims to pension, Army Form B. 268 will be sent confirmed, together with the duplicate attestation and documents retained therein to the officer in charge of records 10 days in advance of the date for discharge in the case of invalids, and 14 days in other cases. This officer will then extract from the original attestation any documents required to complete the list of discharge documents enumerated in the margin, place them in this form, and after carefully checking the duplicate attestation with the original forward the whole to the Secretary, Royal Hospital, Chelsea. When such men are discharged abroad, the same procedure will be adopted as above, with the exception that the discharge documents will be sent to the officer in charge of records immediately after discharge takes place (except in the case of men who are granted gratuities on discharge from local battalions or companies, Royal Artillery).

3. When soldiers are sent home from abroad for discharge, the documents retained with the duplicate attestation will be placed inside this form and sent home with the men for transmission to the officer who carries out the discharge, together with the following additional forms:—

- (a) Discharge certificate (Army Form B. 2079 or Army Form B. 264).
- (b) Character certificate (Army Form B. 2067) if entitled.
- (c) Copy company conduct sheet (Army Form B. 121) when required under King's Regulations.

The duplicate attestation and documents retained therein will be sent to the officer in charge of records, who will extract from the original attestation any documents required to complete the list of discharge documents enumerated in the margin and place them in this form.

4. The discharge documents of re-enlisted pensioners, on re-discharge, will be sent to the officer in charge of records, who will extract from the original attestation any documents required to complete the list of discharge documents enumerated in the margin, place them inside this form, and forward the whole to the Secretary, Royal Hospital, Chelsea, irrespective of the cause of discharge.

5. The original and duplicate attestations of recruits who are rejected before, or on, final approval will be retained by the approving officer for one year, when they will be destroyed.

6. In all other cases the discharge documents will be sent, directly the discharge is carried out, to the officer in charge of records of the unit concerned.

7. Postage need not be paid, and receipts are not required, in the case of documents sent to Chelsea or to the War Office.

8. When the discharge documents of men not entitled to pension are sent to the officer who will have final charge of them, they are to be accompanied by Army Form B. 279, and that officer will, if they are found to be correct, sign and return Army Form B. 279. Should any document be missing, he must at once apply for it.

9. The officers having final charge of the discharge documents will arrange them according to regimental numbers, and enter the names in the alphabetical index, Army Book No. 129.

5. He is in possession of the following number of G.C. badges (if the man is a N.C.O. and enlisted prior to 1st July, 1881, the number he would have been entitled to had he not been promoted should be stated).

Is it probable that he will be entitled to another good conduct badge before the confirmation of these proceedings?

Classification for service, or proficiency pay Class

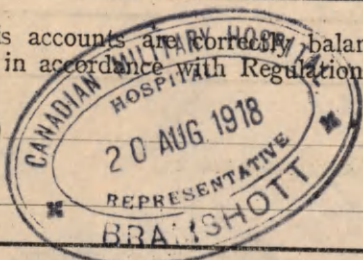
6. Campaigns, Medals and Decorations

Certificate of education

7. His accounts are correctly balanced, and I have impartially inquired into all matters brought before me in accordance with Regulations.

(Place)

(Date)



W. Lehman
HOSPITAL REPRESENTATIVE,
Commanding *Batter* CANADIAN MILITARY HOSPITAL, *Bramshott* *Regiment.*

8. Certificate to be signed by the soldier on discharge.

I hereby acknowledge that I have received all my pay and allowances (including clothing allowance), and all just demands up to the present date, subject to the reservations of the claims noted on the 3rd page.

(Place) _____ (Signature of Soldier.)

(Date) _____ (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 at 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 towards engagement to _____ (the date to which the record of service is completed) _____ years _____ days.

Further service " " _____ (the date of confirmation of discharge) " "

Total " "

11. Confirmation of discharge.

The discharge of the above-named man is hereby confirmed for _____ (date)

(Place) _____

Signature _____

(Date) _____

Commanding officers (or the Paymaster, if at Netley) will issue to every discharged soldier whose claim to pension, either on account of service or disability, is to be brought under the consideration of the Chelsea Board, a memorandum for his guidance on Army Form D. 401, and will at the same time transmit to the Secretary, Royal Hospital, Chelsea, a descriptive return of the man on Army Form D. 400.

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.)

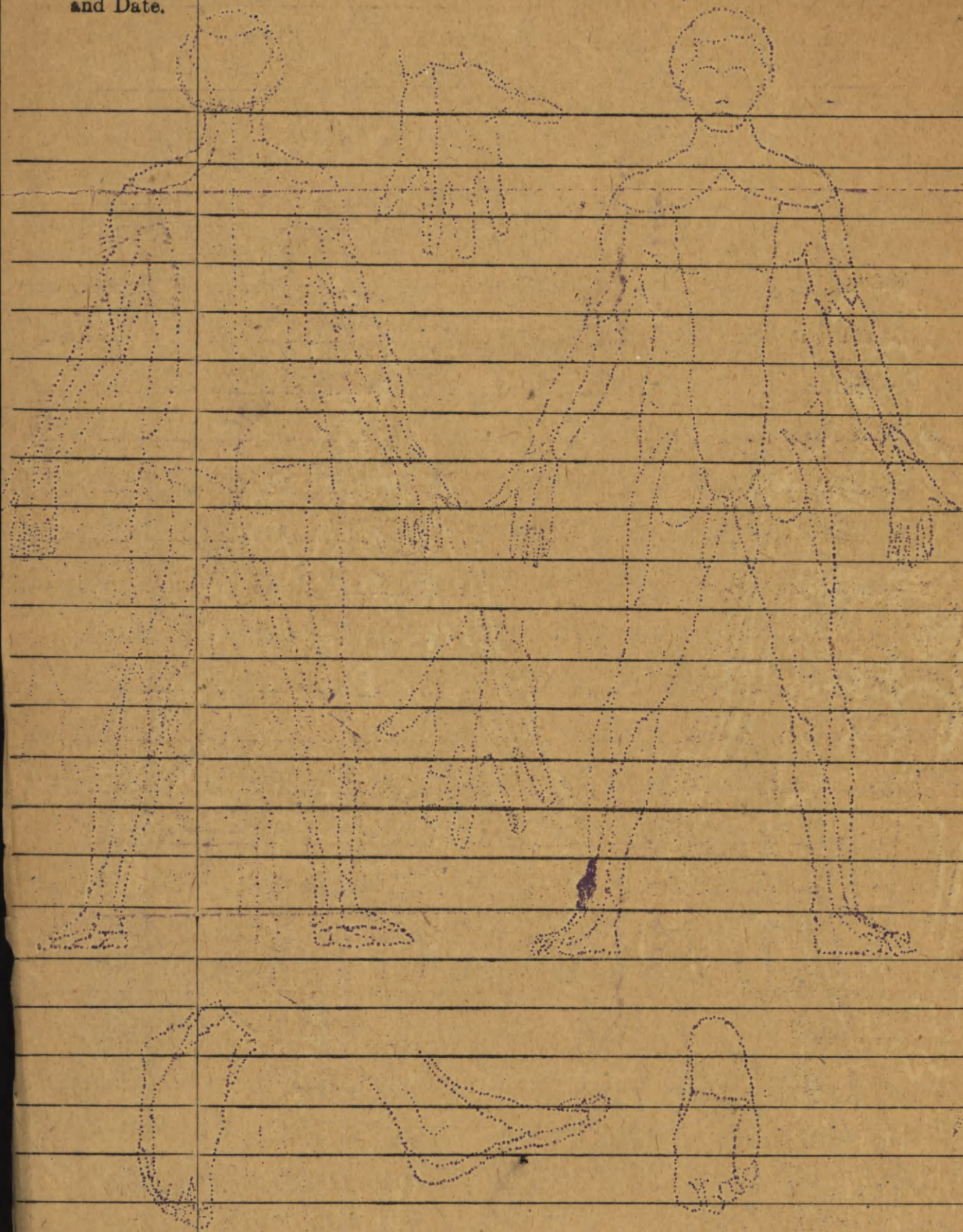
MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
5386.	418189.	Sgt.	Davie.	G.
Year	Unit.		Age.	Service.
1918.	B.R.D.G.		30.	43/12.
Station and Date.	Disease	Inf. Stomach.		
Bramshott.	Complaint. Pain in Abdomen and vomiting. duration 2 months			
11.7.18.	Fam. Hist. Negative.			
	Past Hist. Farmer in civil life, married. Had enteric in India in 1906. Has had some stomach trouble at intervals since 1910. Was in Hospital in Glasgow in 1911 for stomach trouble.			
	Present Illness. For past 2 months has had pain in abdomen coming on about 2 hours after meals, eating gives temporary relief. Has frequent attacks of vomiting which relieves the pain says he has lost 11 lbs. in past 4 months.			
	Present Cond. Res. Pulse and Lungs normal. Mouth Neg. Throat Neg.			
	Physique Fair. appearance healthy.			
	Heart Neg. Lungs. Neg. Abdomen Neg.			
15.7.18.	Gastric analysis. Fm. Hel 50% total 67% combined 17% blood and hectic neg. 24.7.18. This man has previously been categorized			
	B111 and AF 179 prepared on account of Ch. Osteo. Nuclia rx but he refused his discharge. He has not responded to ant acid treatment. Gastric Analysis shows high acidity.			
	24.7.18. Bismuth meal and X Ray stomach. Negative "Stomach" mobility active little gas duodenum fills well 5 hrs. Stomach uerply Ba in terminot ileune, caecus hepotic flexure.			
	24 hrs. previous Stomach empty Ba in Caecus, hepotic flexure.			
	Signed. richness and color low. 48 Hrs. B.A. in Spluero flexure. Signed			

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

6

Station
and Date.



31

CASE HISTORY SHEET.

D.M.C.H.

Hospital.

Montreal.

Station.

No. 4189⁷⁸ Rank Sergt. Name DAVIE Age 30.

Unit D.D.#4. Completed years of service <sup>Where }
and }
how long }</sup>

Date of admission 11.11.18 Date of discharge

Diagnosis Gastric Ulcer ? Place of origin ?

CONDITION ON ADMISSION AND PROGRESS OF CASE For transfer to Ste. Anne de Bellevue.

Complains of pain & tenderness in epigastrium.
H.P.I. Commenced two years ago with great pain and vomiting. Attack lasted 2 weeks - noticed no blood in vomits. Had several attacks since. Has noticed tarry stools on several occasions and in March last vomited some "coffee grains".

P.C. Has lost some weight during last two years.
Abdomen: - on inspection abdomen is slightly "fallen away" On palpation over epigastrium on lightest touch, severe pain is elicited - There is a sensation of weight over the spot. The pain bears some relation to meals, in that some foods relieve the pain which will disappear to reappear 2-3 hours later.

TRANSFER TO STE. ANNE. NOV 30 1918 (Sd.) F.C. Greenwood, Lt.
M.O. i/c case.

FAMILY HISTORY

(Tuberculosis, mental or nervous diseases.)

TREATMENT

(Especially any specific or special form.)

CONDITION ON DISCHARGE

(and disposal made of case.)

Date

Medical Officer i/c case.

5

CASE HISTORY SHEET

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book. 5386	Regimental No.	Rank.	Surname.	Christian Name.
	418189	Sgt.	Slair	J.
Year 1918	Unit.	Age.	Service.	
	B. P. S. I.	30	4 3/12	

Station and Date.	Disease
Bramshott	Impl. Stomach

11/7/18
Complaint pain in abdomen and vomiting. duration 2 months
Family History, negative

Past History. Farmer in civil life, married. Had enteric in India in 1906. Had jaundice in 1904. Has had some stomach trouble at intervals since 1910. Was in hospital in Glasgow in 1911, for stomach trouble.

Present Illness for past 2 months has had pain in abdomen, coming on about 2 hrs after meals, eating gives temporary relief. Has frequent attacks of vomiting, which relieves the pain. Says he has lost 11 lbs in past 4 months.

Present Cond. Res. Pulse and Temp. normal, Mucous: neg. Throat - negative. Phy signs - fair, appearance healthy. Heart: neg. Lungs - neg. Abdomen - neg.

15/7/18
 Gastric analysis = Free Hcl. 50%
 Total 67% Combined 17% Blood & bacteria neg

*The first and last entries will be signed, and transfers from one Medical Officer to another, attested by their signatures.
 (23205) Wt. W 4234-M 627. 1,000,000, 8/16. C.F.&S. Forms/I. 1237/11. P.T.O.

24/7/18 This man has previously
been categorized BIII and a AF 179
prepared, on account of the otitis,
mechis and the typhoid, but he
refused his discharge.

He has not responded to antacid
treatment. Gastric analysis
shows high acidity.

26/7/18 Basium meal and X ray
stomach. negative, "stomach
mobility extreme, little gas, food
fills well." Others: "Stomach empty
Ba. in terminal ileum, caecum
hepatic flexure"

24th he writes "Stomach empty. Ba.
in caecum, hepatic flexure,
transverse colon, splenic flexure
sigmoid, rectum, + colon low"

48 hrs Ba. in "Splenic flexure, sigmoid
& Rectum"

26/7/18 It appears very improbable
that the man will be of much
use. He has spent considerable
time in hospital.

It will be
Capt

3/8/18 marked F by Medical Board, AF
179 prepared

Transferred from Ward 7. Boarded and
marked Invald to Canada

Standing Medical Board
Bramshott.

..... 1918.

To:-
Officer Commanding,

12 Con Gen Hosp

The marginally named appeared before this
Board today, and has been placed in category

418819 Sgt.
Durre, G.

E. Innes & Canada

Please have your Medical Officer prepare
Army Form B.179 in this case, and forward same to
the A.D.M.S. for approval.

Chas. J. G. G. G.

Major, C.A.M.C. President,
Standing Medical Board,
Bramshott.

1

1870
J. W. M. C. Dr. J. W. M. C. Dr. J. W. M. C. Dr.

THE
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OFFICE OF THE

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Temporary.

To be used (a) for recruits enlisting direct into the Regular Army, and (b) for men of the Territorial Force when they are admitted to Hospital.
Army Form B. 178A to be used for Special Reserve recruits and Special Reservists enlisting into the Regular Army.

C.C.A.C.

MEDICAL HISTORY of

Surname Davie Christian Name George

TABLE I.—GENERAL TABLE.

Birthplace ... Parish _____ County _____

Examined ... { on _____ day of _____ 191 ,
at _____

Declared Age ... years _____ days.

Trade or Occupation ... _____

Height ... feet _____ inches.

Weight ... lbs. _____

Chest Measurement { Girth when fully Expanded _____ inches.
Range of Expansion _____ inches.

Physical Development ... _____

Vaccination Marks { Arm ... Right _____ Left _____
Number _____

When Vaccinated ... _____

Vision ... { R.E.—V= _____
L.E.—V= _____

(a) Marks indicating congenital peculiarities or previous disease ... { (a) _____

(b) Slight defects but not sufficient to cause rejection ... { (b) _____

Approved by (Signature) _____
(Rank) _____ Medical Officer.

Enlisted ... { at _____
on _____ day of _____ 191 .

Corps.	Regtl. No.
17th Res. Batta.	418189.
20th Res. Batta.	

Became non-effective by ... _____

on _____ day of _____ 191 .

(Signature) _____
(Rank) _____

14

List in the case of Warrant Officers treated in quarters.

Records bearing on the cause, nature, or treatment of the case, likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet.

Signature of Medical Officer

During chronic suppurative otitis media. Double. Discharged to C.I.A.C. Hearing normal. Disch. fit for duty

C. W. Walden Capt. C.A.M.C. for REGISTRAR.
WEST CLIFF CANADIAN EYE AND EAR HOSPITAL.

THIS FORM WILL BE USED FOR ALL RANKS
MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" issued by the B.P.C. and instructions issued by Militia H.Q., Ottawa, will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of Sections 1 to 17 of this Form and will obtain the signature of the invalid to the "Statement," page 3. The President of the Board of Medical Officers is responsible for the proper completion of sections reserved for recording the "Opinion of the Medical Board."
3. In answering the questions, Medical Officers will carefully obtain and record the invalid's statements concerning his condition. They will distinguish observations made by themselves from hearsay. They will distinctly state the authority for statements not resulting from their personal observation; it must be made clear whether such statements are obtained from the invalid concerned, from witnesses, or from documents, Regimental or otherwise.
4. Special care is required in answering question 9. Read the questions carefully. All questions must be answered.
5. If space provided under any section is insufficient add another sheet. Such sheets must be initialed by the Medical Board.
6. A note will be made of attached papers by the Medical Board under the section "Opinion of Medical Board."
7. Under no circumstances may information other than that in sections 7, 8, 9 and 10 be communicated to the invalid, directly or indirectly.
8. The nomenclature of diseases must be followed, if possible, as described in "List of Diseases" printed in the order in which they appear in the Annual Report on the Health of the Army, published in London (1915), by Messrs. Harrison & Sons.

STATION Ste. Anne de Bellevue DATE 15.1.19

1. 1 (a) Unit D.D. #4 (b) Regimental No. 418819 (c) Rank Sgt.

(d) Surname Davie (e) Christian name George

(f) Home address #663 Garnier St. Montreal

(g) Next of Kin Mrs. Catherine Davie (h) Relationship wife.

(i) Address of Next of Kin #663 Garnier St. Montreal

2. Age last birthday 30 years Date of birth Feb. 22nd, 1888

3. Enlistment, or Appointment (if an Officer) (a) Place Montreal (b) Date Mar. 2nd, 1915

4. Personal description:

(a) Height 5 ft. 6 1/2 in. (b) Weight 120 lbs (c) Complexion dark
(stripped)

(d) Colour of hair black (e) Colour of eyes brown (f) Identification marks, Scars, etc.

Shamrock tattoo mark on left forearm

5. Former trade or occupation Soldier in British Army (India)

6. Service (The information should be secured from personal documents, but if documents are not available the invalid's statement may be taken and note must be made to that effect. Periods of service in Canada, England, France or elsewhere should be noted).	Years	Days
	3	300

	PERIODS	
	From	To
Canada	Mar. 2, 1915	May. 9th, 1915
England	May 9th, 1915	Oct. 9th, 1915
France or other theatres of War	Oct. 9th, 1915	Mar. 16th, 1916
<u>England</u>	Mar. 1916	Sept. 24/1916
<u>Canada</u>	Oct. 4/1918	To date

7. Original disease, or injury (1) Gastric Ulcer #490
(2) Acute Suppurative Otitis media #265
(3) Chronic Synovitis of Left Knee Joint

(a) Date of origin (1) Apr. 1916 (2) Mch. 1916 (3) June 1916 Place of origin (1) France (2) France (3) England

(c) Cause (1) Unknown (2) Infection (3) Semi-lunar cartilage dislocation.

OPINION OF THE MEDICAL BOARD

18. Does the Board concur with the preceding report? If not, give differing opinions, with reasons, number of the answer criticised.

Yes.

Patient requires further treatment but signs wavers for same.

19. Is the invalid fit for

- (a) General service, (Category A) (Yes or No.)
- (b) Service abroad, not general service; (" B) (Yes or No.)
- (c) Home service (Canada only), (" C) (Yes or No.)
- (d) Temporarily unfit. (" D) (Yes or No.)
- (e) Unfit for service in Categories A, B and C (" E) (Yes or No.)

20. It is certified that the invalid

(a) Does require treatment. (Give the nature of the condition and of the treatment required and its probable duration.)

- (b) ~~Does not require treatment.~~
- (c) Should pass under his own control.
- (d) ~~Should not pass under his own control.~~
(Strike out condition not applicable.)

21. It is recommended that the invalid be discharged. (When not for discharge add special recommendation.)

Yes

Before signing the President of the Medical Board will read the statement signed by the invalid and differing opinions regarding Sections 7, 8, 9 and 10, as recorded in Section 18, to the invalid and if no change is indicated, will initial the statement. If, as a result of differing opinions regarding Sections 7, 8, 9 and 10 only, recorded in Section 18, the invalid is dissatisfied with the statement previously made, remarks of the Medical Board will be added here.

PLACE St. Anne de Bellevue

DATE 17-1-19

J. G. Browne Major M.B. President.
K. Grant Capt M.B. Members

TO BE COMPLETED WHEN TREATMENT IS REFUSED

I, the undersigned understand the nature of the treatment which it is recommended that I should undergo and refuse to accept it.

Witness Cpl. [Signature]

Signed [Signature]

Should the refusal of the invalid to accept treatment appear to be unreasonable, or should he decline to sign this statement the Board of medical officers should so state.

PLACE St. Anne de Bellevue

DATE 17-1-19

J. G. Browne Major M.B. President.
K. Grant Capt M.B. Members

APPROVED BY

APPROVED BY

[Signature] Colonel
FOR Assistant Director of Medical Services.
M. D. No. 4

Director-General of Medical Services.

DATE JAN 22 1919

DATE

8. Present disability— (Here state the exact nature of the disability resulting from the disabling conditions: e.g. (a) Weakness, marked, etc; (b) Loss, complete or partial, of an organ or member, or of its functions; (c) Necessity for rest of the body, or of some therapeutic reasons; (d) Any other restrictions in choice of occupation.)

(1) Gastric Ulcer #490

(2) Chronic Suppurative Otitis media #265

(3) Chronic Synovitis of Left Knee joint #903

9. Present condition— (a) (Before completing this section the invalid should be stripped, and subjected to a thorough physical examination. Important, to be a full description of the present disabling condition, or conditions only. "History" must be recorded in Section 10. Describe all abnormalities, anatomical and functional, contributing to present disability; objective findings to be stated first, then subjective findings.)

ABDOMEN

(1) ~~negative~~ except persistent pain and tenderness in Epigastrium to left of mid-line. Test meal; shows macroscopic blood stools, persistent occult blood. X-Ray; considerable Barium in stomach after four (4) hours, and empty in eight (8) hours. No duodenal cap seen.

(2) Ears; Right, foul purulent discharge, perforation in postero-superior quadrant of drum. Mastoid negative

Left: Dry, drum dull, retracted and cicatrized
Conversational voice } R: 6 feet Requires further treatment
L: 25 feet.

(3) KNEE Slight effusion in Left Knee joint with tenderness over internal semi-lunar cartilage. No atrophy, X-Ray Report Synovitis.

(b) Has the invalid now any affection of the following systems, not described in Section 9 (a) above? (Answer Yes or No.—if the answer to any part is Yes, give a brief description of the present condition.)

Nervous System..... No..... Cardio-Vascular System..... No..... Genito-Urinary System..... No.....
(If pulse rate is abnormal, B. P. will be taken.) (Albumen and Sugar will be excluded.)

Special Senses..... No..... Respiratory System..... No..... Integumentary System..... No.....

Disturbances of Mentality..... No..... Digestive System..... No..... Muscular System..... No.....

Osseous and Joint Systems..... No..... Any other general condition..... No.....

R.B.C. 4,400,000 W.B.C. 8,400 Hb. 85-90% Smears- 0

10. (a) History (of the condition referred to in Section 9 (a).)

Developed acute otitis media in March 1916 and ear is discharging since.

In April 1916 pain appeared in Epigastrium definitely related to food,

appearing 2-2½ hours after food, causing vomiting at times and relieved

by vomiting. Has lost 20 lbs during last two (2) years In June 1916

fell in trench and dislocated semi-lunar cartilage & since then knee "locks"

frequently and swells. Swelling disappears until knee "locks" again.

Give a complete history, as obtained from invalid, with dates of origin, of any affection from which the invalid, has suffered either prior to or since enlistment, and not included in Section 10 (a.)

1904 Jaundice

1906 Enteric Fever

(c) (Here give a description of wounds, scars and deformities.)

Nil

11.—(a) Did the disabling condition have its origin before enlistment? (1) No. (2) No. (3) No.

(b) If so, has it been aggravated by Service? (If aggravated, give a description, as far as it is possible to do so, of the disabling condition at time of enlistment.)

(1) Not applicable (2) Not applicable (3) Not applicable

12. Was the disability caused, or aggravated; (a) by intemperance, or improper conduct; or (b) by unreasonable refusal to accept treatment? (1) No. (2) No. (3) No.

The regimental documents will be referred to.

(If the answer is in the affirmative, state in percentages, to what extent the patient is incapacitated by that causation or aggravation. In answering this question, conduct sheets should be considered. If treatment has been refused, the circumstances surrounding the refusal should be described on page 4.)

13. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one? (1) permanent (2) six months (3) Permanent

14. Treatment (Case reports, general or special, should be secured and attached where possible.)

Newcastle Hospital April 1916 to May 1916

East Sarnia Hospital June 1916 to July 1916

Connaught Hospital Jan. 1918 to Mar. 1918

St. Anne de Bellevue Nov. 30/1918 to date

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit? (If the answer is "yes" state nature of treatment required and probable duration)

(1) Yes (2) Yes (3) No.

16. Can the former trade or occupation be resumed? No. Requires dietetic treatment (If not, briefly state why)

17. Recommendations Discharge to civil life. Category "E" if patient signs "wavers" for further treatment.

[Signature]
Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

(Sections 7, 8, 9 and 10 are to be read to the invalid and either "satisfied" or "not satisfied" struck out).

I, the undersigned, have heard the description of my disability and present condition read, and am satisfied (or not satisfied) with it. (If dissatisfied, statement should follow.)

I complain in addition of Nothing.

[Signature]
Rank.
Signature of invalid examined.

Reserved for M.H.C.

Regt. No. **418189** Rank **Sergeant** Surname **DAVIE** Christian Name **George**
 Unit or Corps—(a) Overseas from United Kingdom **42nd Battalion** (b) In United Kingdom **1st Q.R.D.**
 Born at—Town **Allva** County or Province **Clackmannan** Country **Scotland**
 Date of Birth—Day **22nd** Month **February** Year **1888** Age **31** yrs. **7** months.
 Joined at **Montreal, Quebec, Canada** Date **March 2nd, 1915**
 Former Trade or Occupation **Farmer**

Permanent marks or peculiarities that will serve for future identification:

- (1) **Tattoo, man and snake left arm.**
- (2) **Tattoo, shamrock and rose and thistle left forearm.**
- (3) **Tattoo, clasped hands on right forearm.**
- (4) **Six vaccination scars left arm.**

Height—feet **5** inches **5 $\frac{1}{2}$** Colour of eyes **Brown**

Signature of Soldier (for identification purposes)

Medical Report.

The answers to the questions below are to be filled in by the Officer in medical charge of the case. He will carefully discriminate between the soldier's unsupported statements and the evidence as recorded in the medical or other military documents bearing on the case. He will plainly state the existence of any of the disability prior to the soldier joining for the present war.

1. **DISABILITY** (State the actual disabling conditions as distinguished from the diseases or injuries from which they resulted).
 (Follow the official nomenclature as far as possible.)

Group the disabilities, placing those resulting from separate causes in separate groups.

Disabilities Group (a)

INDIGESTION

Disabilities Group (b)

Disabilities Group (c)

2. **CAUSE OF DISABILITY.** (Follow the official nomenclature in stating the disease or injury.)

	Disease or injury to which the disability is due.	Place of origin.	Date of origin.
(i.) As to Group (a) above.	Infection	Glasgow	1910
(ii.) As to Group (b) above.			
(iii.) As to Group (c) above.			

NOTE.—By Active Service is meant Service with the Colours in Canada, United Kingdom, or elsewhere during the present war (since August 4th, 1914).

3. Is the disability due to disease contracted or injuries received prior to Active Service?

- (i.) As to Group (a) above? **Yes** If yes, has Active Service aggravated it? **Yes**
- (ii.) As to Group (b) above? If yes, has Active Service aggravated it?
- (iii.) As to Group (c) above? If yes, has Active Service aggravated it?

4. Is the disability due to disease contracted or injuries received while on Active Service—

- (i.) As to Group (a) above? **NO**
- (ii.) As to Group (b) above?
- (iii.) As to Group (c) above?

Proceedings of the Pensions and Claims Board on the Soldier mentioned in Part I.

The Pensions and Claims Board, Canadian Expeditionary Force, assembled at

on the _____ day of _____ 191

Members of the Board:—

Yes

Yes

The Board having considered the evidence of the soldier marginally named, together with the documents submitted, recommend:—

Yes

Dated at _____ this _____ day of _____ 191

Yes

Mr. [unclear] [unclear] [unclear]

Signatures of the Board

President.

5. If a cause of disability was an injury received on Active Service, was it received— **Not applicable**

(i.) While on duty?

(ii.) While off duty?

(iii.) Was a Court of Inquiry held?

(iv.) Where?

(v.) When?

(vi.) Opinion of the Court?

6. HISTORY OF THE CASE. (State concisely the essential points of the history, noting the entries made on the Medical History Sheet and other records)

Soldier by profession. Had enteric in India in 1906. Had jaundice in 1904, while in England. First stomach trouble while in Imperial army in 1910. Had similar attack again in 1911. Enlisted in Canadian Army March 1915. Went to France, October 1915. Carried on at full duty March 1916. Evacuated with Otitis Media. Since March 1917 has had almost continuous stomach trouble. Complains of pain in abdomen coming on about 2 hours after meals. Vomiting relieves pain. Medical History Sheet---Westcliff 29-3-16 to 31-3-16, "Chronic Otitis Media" Aldershot 26-1-18 to 4-3-18, "Dyspepsia" December 4th, 16, boarded Biii. sent to Medical Board 25-7-18. Marked E.

7. PRESENT CONDITION. (Give previous and present weight if likely to indicate progress of disability.)

Muscular, nervous, articular, genito-urinary, respiratory and cardio-vascular systems normal. Digestive system---complains of pain one to two hours after meals. X-ray stomach negative. Gastric analysis---Free HCL 50, combined 17. Total 67. Blood and lactic acid neg. Has not responded to treatment. Has lost 11 pounds last 4 months. Has had frequent vomiting spells since admission to hospital. Urine and sputum negative. Articular---and chronic synovitis left knee. Frequent recurrence of pain and swelling. No swelling at present. Claims he cannot walk three miles.

8. OPERATION. (i.) Was one performed? **Not applicable**

(ii.) If so, state what.

(iii.) Was one advised and declined?

NOTE.—Loss of teeth on or immediately after Active Service should be attributed thereto unless there is evidence to the contrary.

9. (i.) Is there loss or decay of teeth attributable to Active Service? **NO**

(ii.) If so, describe.

10. DO YOU RECOMMEND:—

(a) Fit for duty? **NO**

(b) Fit for base duty? **NO**

(c) Invalid to Canada? **Yes**

(d) Discharge from the Service as permanently unfit? **NO**

Date of Report.....2-8.....1918

Signed.....**K.L. MacKinnon, Capt**.....

Station.....**Bramshott**.....

Officer in medical charge of case.

I have satisfied myself of the general accuracy of the above Report, and concur therein ~~except~~

C. E. Cooper Cole, Lt Col CAMC for (Officer i/c Hospital) Strike out one of these.
~~(B.S.M.O. x x Brigade)~~

Dated at **Bramshott** Station, on **2-8** 1918

* Delete if inapplicable.

Proceedings of a Medical Board on the Soldier mentioned in Part I.

Clear and decisive answers are to be given to all questions. Such terms as "may," "perhaps," "probably," "possibly," are not to be employed. Disability due to causes arising on Active Service is to be clearly shown in order that the Pensions Authorities may deal with the case properly.

11. Is the disability fully indicated in Part I. (1)?
If not, indicate it.

Yes.

12. Is the cause of the disability fully indicated in Part I. (2)?
If not, indicate it.

Yes.

13. Was the disability caused or aggravated by—
(a) Negligence of the Soldier { Caused? No. Aggravated? No.
(b) Misconduct of the Soldier { Caused? No. Aggravated? No.

14. THE ENTIRE DISABILITY.—Without regard to his regular occupation, to what extent is his capacity lessened at present for earning a full livelihood in the general market for untrained labour?
(Estimate at none, 10%, 20%, 30%, 40%, 50%, 60%, 70%, 80%, 90%, or 100%.) Not applicable.

15. THE PENSIONABLE DISABILITY.—see Part I. (3). Aggravation on Active Service of a disability existing previous to joining is to be included in the estimate.
What part of the entire disability estimated next above in (14) is due to causes arising during Active Service?
(Estimate at none, 1/5, 2/5, 3/5, 4/5, or all.) Not applicable.

16. Permanency of the Pensionable Disability estimated next above in (15).
(i.) Is it permanent? Not applicable.
(ii.) If not permanent, what is its probable minimum duration (in months)?

17. If an operation was advised and declined, do you consider the refusal to have been unreasonable? Not applicable.

18. Remarks.

19. Recommendation :—(a) Fit for duty? No
(b) Fit for base duty? No
(c) Invalid to Canada? Yes
(d) Discharge from service as permanently unfit? No

Classification for the Military Hospitals Commission.

Date of Board 7 - AUG 1918

Station Bramshott.

(Sgd.) Chas. P. Jents, Capt. President.
Signatures of the Board. H. McKenzie, Capt. Cambo.

Approved

J. W. Bridges

A.D.M.S.

Dated at

8-8-18.

Bramshott. Station

7 - AUG 1918



PROCEEDINGS OF A MEDICAL BOARD.

Dated at Dec 4 1916.

No. 418189 Rank D.M.A.I. Name DAVIE G.

Local Unit 17th Overseas Unit 42nd Age 28

Examination held at E. Sandling

DISABILITY.
Overseas—Local
(scratch one out)

Chronic hypertensive L. knee

PRESENT CONDITION.

Left injuring knee 6 mos. ago.
Frequent recurrences of pain and
swelling since. No swelling at
present. Cannot walk over 3 miles
he claims. Is fit otherwise.

B iii

babanosman

BOARD RECOMMENDS:—

- 1. Fit for Duty.....
- 2. Fit for duty after.....
- 3. Fit for Temporary Base Duty.....
- 4. Fit for Permanent Base Duty.....
- 5. Discharge.....

INVALIDATED TO CANADA FOR
FURTHER MEDICAL TREATMENT

Dec 4 1916
HOSPITAL REPRESENTATIVE;
CANADIAN MILITARY HOSPITAL, 17th weeks physical training

APPROVED [Signature] CAPT. C.A.M.C.
FOR A.D.M.S. GENERAL [Signature] FOR
G.D. TROOPS.

Signatures:—

[Signature] Capt. President.

Members

[Signature]

APPROVED 4 DEC 1916

Dated at..... 1916.

[Signature]

FOR A.D.M.S. CANADIANS, SHORNCLIFFE.

7

PROCEEDINGS OF A MEDICAL BOARD.

Dated at 1918.

No. Rank Name I.A. 1

Local Unit Overseas Unit Age

Examination held at

DISABILITY.
Overseas—Local.
(insert one out)

PRESENT CONDITION

BOARD RECOMMENDS—

- 1. Fit for Duty.....
- 2. Fit for duty after weeks' physical training.
- 3. Fit for Temporary Base Duty..... weeks.
- 4. Fit for Permanent Base Duty.....
- 5. Discharge.....

Signatures—

..... President

Members

.....
.....

APPROVED

Dated at 1918.

114037

N.E.

PROCEEDINGS OF A MEDICAL BOARD.

Dated at Nov 7 1916.

No. 418189 Rank Serjt. Name Davie Geo.

Local Unit 17th Reserve Overseas Unit 49th Battn Age 28

Examination held at

DISABILITY.
~~Overseas~~—Local.
(scratch one out)

Loose Cartilage

PRESENT CONDITION.

Knee swollen and painful. At times it is all right & then ^{on} some slight twist throthrus him for several days.

Grocer

Drum major in Pipe Band - Popro.

BOARD RECOMMENDS:—

- 1. Fit for Duty.....
- 2. Fit for duty after.....
- 3. Fit for Temporary Base Duty.....
- 4. Fit for Permanent Base Duty 75.....
- 5. Discharge.....

INVALIDATED TO CANADA FOR FURTHER MEDICAL TREATMENT

Blackwell weeks physical training.
HOSPITAL REPRESENTATIVE,
CANADIAN MILITARY HOSPITAL, STAMFORD

APPROVED
CAPT. G. C. D. OF R. & O. FOR
BRIGADIER GENERAL
COMMANDING
CANADIAN TRAINING DIVISION.

Signatures:—

Members

A. J. Murray President.
W. M. J. ... Capt.

APPROVED

7 NOV 1916

Dated at.....1916.

S. L. Walker

PROCEEDINGS OF A MEDICAL BOARD

Local Unit.....
 Overseas Unit.....
 Name..... Rank.....
 Dated at..... 1918

DISABILITY
 Overseas—Local
 (separate one out)

PRESENT CONDITION

[Handwritten notes describing the present condition of the member, including details of service and health.]

BOARD RECOMMENDS:—

1. Fit for Duty.....
2. Fit for duty after..... weeks physical training.
3. Fit for Temporary Base Duty..... weeks.
4. Fit for Permanent Base Duty.....
5. Discharge.....

Signatures:—

President.....
 Members.....

APPROVED

Dated at..... 1918

7

No. 12 Canadian General Hospital

X. Ray Department. Bramshott. *July 1918* 1918.

X Ray report on Stomach, and Intestinal tract.

Name. *Sgt Davis* No. *418150* Rank. *Sgt*

Time. *9:30* a.m. Barium given.
Oesophagus ~~not~~ clear.

Stomach level. *crest* Shape. *U*
Molality active ~~medium~~ slow
Gas, ~~abundant~~ little none
Duodenum cap not formed- fills well, ~~poorly~~.

5 Hours, *2:30* p.m.

Stomach contains *0* oz barium also in
Duodenum, jejunum, terminal ileum, caecum
hepatic flexure, transverse colon ~~splenic~~
~~flexure sigmoid rectum~~ Bowels moved.

24 Hours. *9:30*

Stomach ~~not empty~~ residue large, medium, small.
Barium in Caecum, hepatic flexure transverse
colon ~~splenic flexure sigmoid rectum~~
Colon ~~high, low~~ traces only in tract.

48 Hours.....

*Barium in splenic flexure
Sigmoid Rectum*

H. Gordon Capt. CAMC.
Officer i/c X-Ray Dept.

1870

THE UNIVERSITY OF CHICAGO

PHYSICS DEPARTMENT

REPORT ON THE PROGRESS OF THE DEPARTMENT

FOR THE YEAR 1870

Presented to the Faculty of the University of Chicago
at its meeting on the 15th day of June 1870

By the Faculty of the Department of Physics
and the Faculty of the Department of Chemistry

CHICAGO: PUBLISHED BY THE UNIVERSITY OF CHICAGO
1870

CHICAGO: PUBLISHED BY THE UNIVERSITY OF CHICAGO
1870

12th C. G. H. Hospital.Ward 7 No. of Bed 4 Date July 19, 1918

Regl. No.	Rank and Name	Corps	Part to be X-Rayed
418189	Capt. Davis	B.R. C. G.	Stomach

SHORT HISTORY OF CASE.

(To be completed by M.O. i/c case.)

symptoms
suggestive of
gastric ulcer.

REPORT ON RESULT OF X-RAY EXAMINATION.

(To be completed by Radiographer.)

No. of Plate 35-05Signature of M.O. W. H. Quinn

Signature of Radiographer _____

Date _____

Date _____



SPECIALIST'S REPORT.

Ward.....

To: Officer i/c..... *none & shared* Department.
No. 12 Canadian General Hospital.

Kindly examine..... *Ref: Deveril*.....

With special regards to..... *ears*.....

Date..... *4/8/18*..... 1918
K. H. M. A. M. O. i/c Ward.

R E P O R T

Ch. Supp. Otitis Rh. T.H.
Rt. active Lt. Inactive.
nasal polypsi - removed

D. A. M. O. i/c Department.
Officer i/c Department.

...
...
...

...

Mr. John
of the
of the
of the
of the

...

Form R-2./124.

For attaching to Original & Triplicate A.P.

No. 418189 Rank Pvt. Name & Initials Davie W Unit 1st RRD

William Davie, 1627 Boone Avenue
Spokane, Wash. U. S. A.

To. - Mrs Katherine Davie, 17 Lawson Road
Southsea, Portsmouth

Authority R.L. 29/3 d/23/18

Clerks Initials WJD

CASUALTY

DEC 22 1917

BRANCH.

EASTERN ONTARIO REGIMENT

21st December 1917.

CASUALTY LIST "A"

No. A-95 2nd Sheet.

Date Adm Number Rank and Name Unit Nature of Casualty

"ALL ARE PRIVATES UNLESS OTHERWISE STATED".

NO. 13 (HARVARD, U.S.A.) GENERAL HOSPITAL, BOULOGNE.

13-12-17 513822 Silson, G. (PPCLI) Contusion L. Ankle, old.

NO. 18 (CHICAGO, U.S.A.) GENERAL HOSPITAL, DANNES CAMIERS.

10-11-17 745656 Godfrey, J.A. (2) Shell Gas.
11-12-17 675472 Ham, S.F. (2) P.U.O.
11-12-17 410188 Scoular, W.J. (38) Albuminuria. (sev)

NO. 1 CONVALESCENT DEPOT, BOULOGNE.

14-12-17 145046 Chetley, P. (PPCLI) Debility (slt)

NO. 2 CONVALESCENT DEPOT, ROUEN.

Discharged.
13-12-17 775000 Allen, W. (38) Shell Gas.

CASE HISTORY SHEET.

COPY

St. Annes Military Hospital.

St. Anne de Bellevue Station.

No. 418819 Rank. Pte. Name. Davis Age. 30

Unit. D.D.#-4 Completed years of service Where and how long } C. 3/12 E. 35/12. F. 6/12.

Date of admission. Nov. 30/1918 Date of discharge 23-1-19

Diagnosis. Gastric Ulcer. Place of origin. France

CONDITION ON ADMISSION AND PROGRESS OF CASE

Complaint - Pain in abdomen 2 years. Past. Hist - Janndice in 1904 with no other symptoms. Enteric Fever in 1906. Otitis media with chill in 1916. No other illness, Denies venereal disease. Family History- Negative.

Past. Hist- Apparently healthy until Feb. 1915 when patient enlisted and felt well until Mar 1916 when otitis media developed with chill of two months duration (right) then pain in abdomen developed.

Pain- Appears 2 1/2 hours hours after food, food relieved by former pain, vomits frequently after pain which is relievied by former.

Sometimes "coffee grounds" are noticed (Patients own words) No blood ever vomited nor noticed in stools. Stools always black.

Has lost 20 lbs during last 2 years. Pres. Cond White male of apparent stated age, attitude negative except that lying on right side aggravates the pain in abdomen and at times brings on the pain. Pallor present, apparently has lost weight, Temperature 98.2 Pulse 80 Reppiration 20.

Eyes -negative except pale conjuncture. Ears, see report. Nose and Throat- negative.

Teeth, fair some missing. Lymphatic system - Negative, Respiratory System - Negative. Circulatory system - Negative except roughened 1st. sounds at apex. Abdomen well lax, moves freely with respiration.

No evident masses nor peristals. Definite pain elicited in epigastrium to left of mid-line, some rigidity but not definite. There is also diffuse tenderness throughout whole upper half of abdomen. McBurneys region- negative. Locomotive and Integrity- At time knee locks and causes pain very acute and agonizing.

Physical examination- Negative today, apparently loose, semi-luan caillilogne. This condition has been present since June 1916.

See Blood-report. Refuse treatment and signs, wavers. Recommended Category "E" Discharge.

FAMILY HISTORY (Tuberculosis, mental or nervous diseases.)

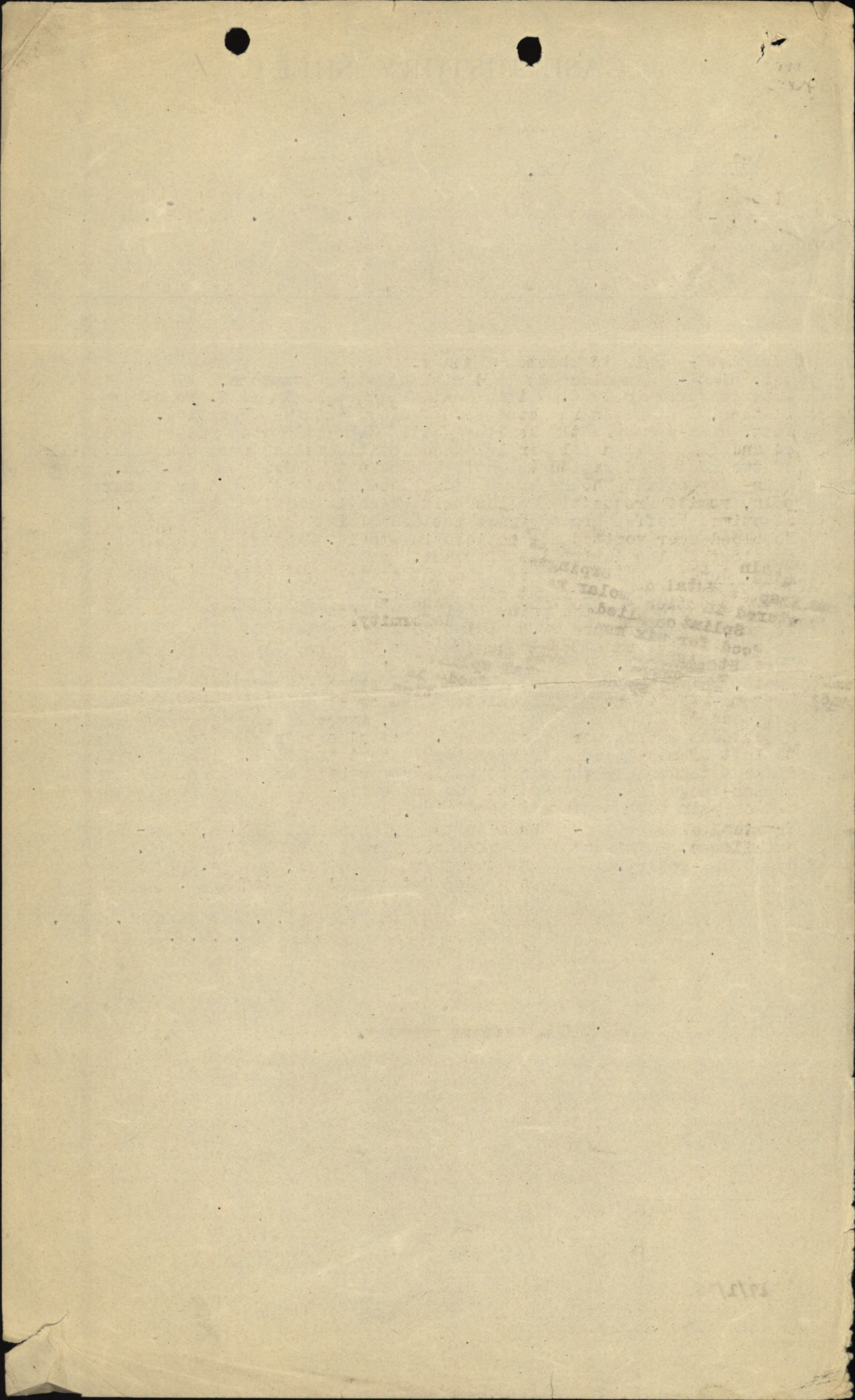
(SIGNED) I.M. Rabinowtich. Capt. C.A.M.C.

TREATMENT (Especially any specific or special form.)

CONDITION ON DISCHARGE (and disposal made of case.)

Date. Medical Officer i/c case.

A 5061



Mussel
myched.

ORIGINAL MEDICAL HISTORY SHEET. A. 18189.

Surname Davis Christian Name George 13

Examined on 2nd day of March 1915 at Montreal Que Approved by A. A. Mackay

Birthplace { City or Town Alloa Rank Capt M.O. County Scotland

Apparent age 27 yrs

Trade or occupation Slater

Height 5 Feet 5 Inches

Weight 131 Lbs.

Chest measurement { Minimum 31 3/4 inches. Maximum expansion 38 inches.

Physical development Good

Small-Pox Marks no

Vaccination Marks { Arm Right 4 Left. Number 4

When Vaccinated last 1907

(a) Marks indicating congenital peculiarities or previous disease

(b) Slight defects but not sufficient to cause rejection Tatto new left forearm

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT
		M.O. FEB 1918
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
Date	Result	VACCINATIONS
<u>28/7/15</u>		<u>A. A. Mackay</u> M.O.
		M.O.
		M.O.
Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>3/6/15</u>		<u>500 units A. A. Mackay</u> M.O.
<u>13/6/15</u>		<u>1000 --- A. A. Mackay</u> M.O.
<u>26/6/15</u>		<u>1050 --- A. A. Mackay</u> M.O.

Enlisted on day of MAR 2 1915 at Montreal

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>2nd Battalion, C. E. F.</u>	<u>A. 18189</u>		<u>MAR 2 1915</u>
Transferred to.....		<u>418189</u>		

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
<u>Bramshott</u>	<u>7/5/18</u>	<u>Indigestion</u>	<u>C. Invalid to Canada</u> <u>C. P. Jones</u> PRESIDENT. MEDICAL BOARD, BRAMSHOTT.
<u>St Anne de Bel</u>		<u>Gastric ulcer</u> <u>Ch. otitis media</u> <u>Ch. Synovitis</u>	<u>Col 2</u> <u>H. Brown</u> Major <u>Montreal</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.

CANADIAN

Christian Name

Surname

STATION.	Date of Arrival at the Station.	DATES OF						DISEASE.	Number of days in Hospital.	Remarks on nature of the disease: how induced: if mild or severe: if completely recovered from: whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer.
		Admission into Hospital.			Discharge from Hospital.						
		Day	Month	Year	Day	Month	Year				
Connaught Hospital Aldershot		26	1	18	7	3	18	Dyspepsia	38	The symptoms are strongly in favour of duodenal ulcer. There is high acidif. Test rees free acid 84 Total " 110. Pain after food relieved by taking food - Patient has improved very much - hospital 1/2 to 1/3 repair unit	Albion Hospital Capt.
No 12 CAN. GENERAL HOSPITAL,		10	7	18	19	9	18	Indigestion & 2.	82	complaint pain 1 1/2 hrs after meals, frequent vomiting, food + vomiting give temporary relief. X Ray stomach neg. gastric analysis. Free HCl 90. Total. 67. Combined 17. no blood or lactic acid. Has had frequent vomiting spells since admission. Lost 11 lbs lost 4 months. Condition does not respond to treatment marked E by medical board A.F. 179 prepared	EMBKD SEPT 24 1918 EMBKD OCT 7 1918 The Macfarlane Capt.
St Anne de 28		30	11	18	23	1	19	Partic. ulcer Chr. sup. dist. meckel's Chr. Pyloritis? Act. Free		Partic. ulcer in persistent blood in stools. Suffered treatment. Suffered blood life late	Dr. Roberts

CLINICAL CHART.

(To be attached to Case Sheet.)

Army Form B. 181.

Military Hospital *24th*

No. *418189*

Rank and Name *Sgt. Laird J.*

Age *30*

Service *42/12*

Disease *Suppur. Stomach*

Date of admission *10-7-18*

Date of discharge

Result

Dates of Observation	Days of Disease																													
	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	1	2	3	4	5	6	7	8
Temperature Fahrenheit	Time																													
	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.
107°																														
106°																														
105°																														
104°																														
103°																														
102°																														
101°																														
100°																														
99°																														
98°																														
97°																														
Pulse per minute	65	68	72	74	71	78	80	76	80	84	88	88	88	92	90	72	100	94	90	94	87	86	82	100	90	88	88	88	88	
Respirations per Minute	20	20	15	15	16	17	20	20	21	20	20	20	21	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	
Motions per 24 Hours																														

Weight - 126 3/4

129 lbs

Transferred from bed 7-24/18

