

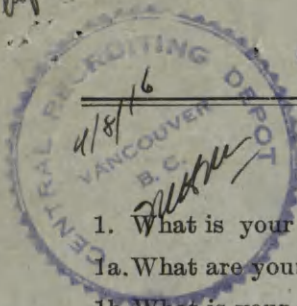
ATTESTATION PAPER.

No. ~~1962~~

Folio. *Original*

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.  
 (ANSWERS.)



1. What is your surname? *DAVIE*
- 1a. What are your Christian names? *James*
- 1b. What is your present address? *Pr Moody B6*
2. In what Town, Township or Parish, and in what Country were you born? *London England*
3. What is the name of your next-of-kin? *Rose Audelia Davie*
4. What is the address of your next-of-kin? *Port # Moody B6*
- 4a. What is the relationship of your next-of-kin? *Wife*
5. What is the date of your birth? *19 Dec 1877*
6. What is your Trade or Calling? *Horse Shoer - Farmer*
7. Are you married? *yes*
8. Are you willing to be vaccinated or re-vaccinated and inoculated? *yes*
9. Do you now belong to the Active Militia? *no*
10. Have you ever served in any Military Force? *16 years A.S.C. England*  
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*

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *James Davie*, do solemnly declare that the above are answers made by me to the above questions and that they are true, and that I am willing to fulfil the engagements by me now made, and I hereby engage and agree to serve in the Canadian Over-Seas Expeditionary Force, and to be attached to any arm of the service therein, for the term of one year, or during the war now existing between Great Britain and Germany should that war last longer than one year, and for six months after the termination of that war provided His Majesty should so long require my services, or until legally discharged.

Date *August 4th* 191*6* *James Davie* (Signature of Recruit)  
*Geo Andrew* (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *James 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 *August 4th* 191*6* *James Davie* (Signature of Recruit)  
*Geo Andrew* (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 *New Power* this *fourth* day of *Aug* 191*6*

*C. Newsham* (Signature of Justice)



Description of Davie James on Enlistment.

Apparent Age 39 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 2 3/4 ins.

L Vae R

Chest measurement { Girth when fully expanded ..... 36 ins.  
 Range of expansion ..... 2 ins.

Scars centre of abdomen also to R of abdomen

Complexion ..... Dark

Eyes ..... Hazel

Tattoo, indistinct of L forearm

Hair ..... Black

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

CERTIFICATE OF MEDICAL EXAMINATION.

I have examined the above-named Recruit and find that he does not present any of the causes of rejection specified in the Regulations for Army Medical Services.

He can see at the required distance with either eye; his heart and lungs are healthy; he has the free use of his joints and limbs, and he declares that he is not subject to fits of any description.

I consider him\* Fit for the Canadian Over-Seas Expeditionary Force.

Date ..... 4th August 1916.

Yomerson

Place ..... Vanouver

Captain

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.

James Davie ..... having been finally approved and inspected by me this day, and his Name, Age, Date of Attestation, and every prescribed particular having been recorded, I certify that I am satisfied with the correctness of this Attestation.

H. F. Dyle

(Signature of Officer)

C. C. 6th Field Company Canadian Engineers

Date ..... Aug 4<sup>th</sup> 1916





Proceedings of Court of Inquiry or on men reported Missing on Active Service.....

Attestation Papers..... *2*

Declaration of change of name.....

Authority for special enlistments.....

Documents of re-enlisted men.....

Regimental Conduct Sheet..... *1*

Compulsory Stoppages.....

Casualty Forms.....

Proceedings on discharge..... *1*

Corps History Sheet.....

Date and No. of Deposit Receipt for Purchase Money and Amount.....

Parchment Certificate.....

Medical Report for Invalids.....

Medical History Sheet..... *2 sent to B.P.C.*

Proceedings of Regt. Court Martial.....

Copies of Convictions by Civil Power.....

Company Conduct Sheet..... *1*

Clothing Transfer Certificate.....

Inventory of Kit.....

Last Pay Certificate..... *1*

*1 pay card*

# DISCHARGE DOCUMENTS

R. O. No.....

H. Q. No.....



Name *Davis James*

Regt. No. *105828* Rank *Sapper*

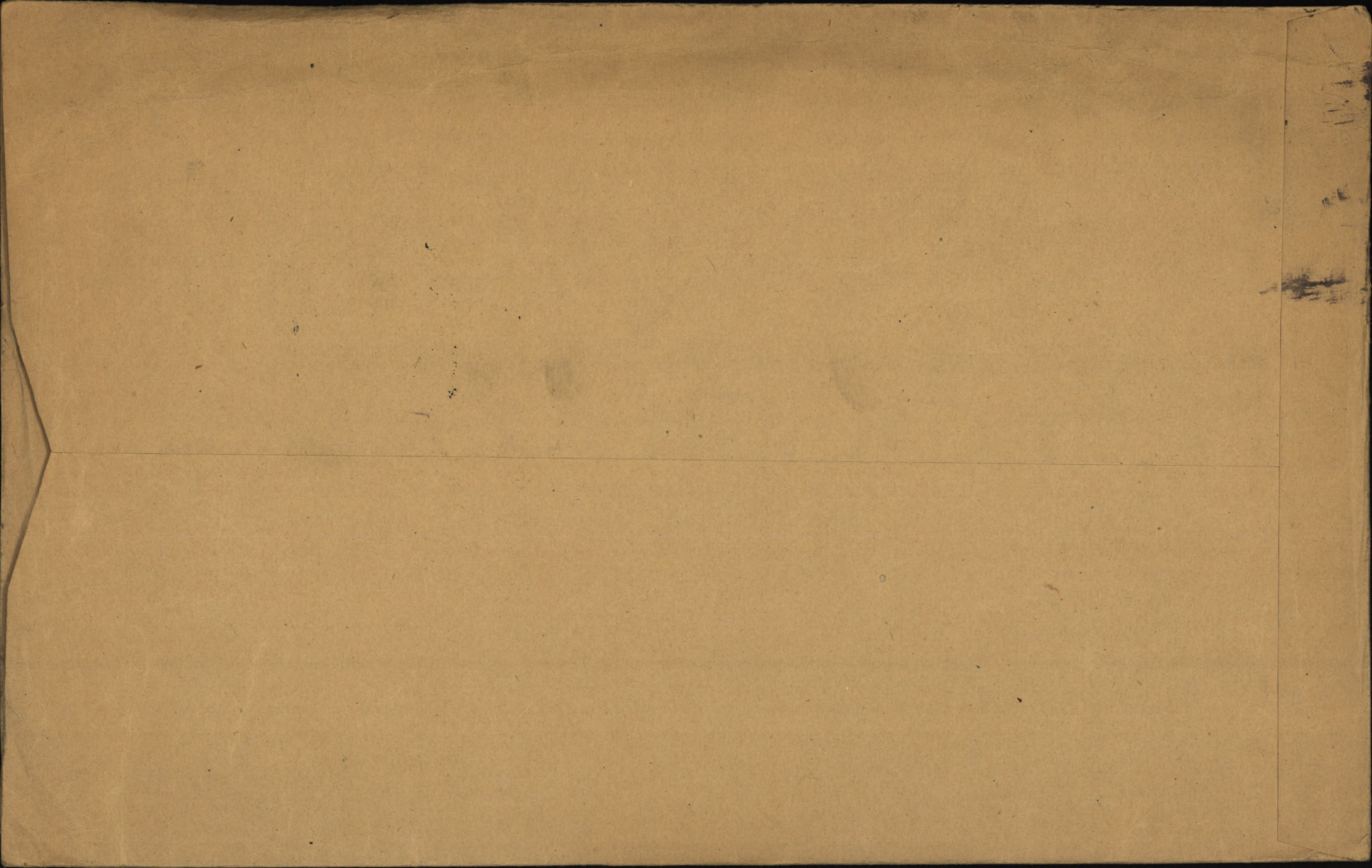
**04456**

Corps *Engg Training Depot C.E.F.*

*Medically unfit*









(649-D-3444)

CARD NO. ✓

SURNAME. Davie

CHRISTIAN NAMES James,

S.O.S. Dis. 12-9-16 5

REGL. No. 505828

RANK Sapper,

UNIT Can. Eng. Train. Depot,

FORMER CORPS 16 yrs. A. S. C. Eng.

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL Davie, Mrs. Rose Amelia

RELATIONSHIP TO SOLDIER Wife

ADDRESS Port Moody, B. C.

COUNTRY OF BIRTH England, London,

DATE Dec. 19<sup>th</sup> 1877

PLACE OF ATTESTATION Vancouver, B. C.,

DATE Aug. 4<sup>th</sup> 1916

MARRIED

yes.

SINGLE

WIDOWER

TRADE OR CALLING

Horse shoer

RELIGION

Church of England.

DESCRIPTION.

APPARENT AGE

39

YEARS

—

MONTHS

HEIGHT

5

FEET

23

INCHES

CHEST MEASUREMENT

36

INCHES

4

EXPANSION

2

INCHES

COMPLEXION

Dark

EYES

Hazel

HAIR

Black.

DISTINGUISHING MARKS

4 Vac. R. Scars, Centre of Abdomen.  
Also to R. of Abdomen. Tattoo indistinct on L. forearm.

MEDICAL EXAMINATION.

PLACE

Vancouver, B.C.

DATE

Aug, 4<sup>th</sup>, 1916

Present Address: Port Moody, B. C.

No. 1962

RANK

Oto

NAME

Davie J.

T. O. S. 8-8-16

UNIT

6<sup>th</sup> Field Co. Con Engineers

Do 88 31-8-16

M. D. 11

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916 Aug 8	1916 Aug. 15	✓	Transfd to C. E. 915-8-16	Do 92 31 8-16.





Original not available

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

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

500M.—9-16

H. Q. 1772-30-920.

# Casualty Form—Active Service.

Unit, Regiment or Corps Engineer Training Depot.

Regimental No. 505828 Rank Spr Name Davie, James  
C. E. F.

Enlisted (a) 4-8-16 Terms of Service (a) Wof war Service reckons from (a) 4-8-16

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

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

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
12-9-16	E.T.D.	Ad. " rfd. unfit."	Nalorvian	12-9-16	pt. II No. 220.
23-9-21	" "	<p>Pt. II O. # 220d/12-9-16</p> <p>Amended to read:-</p> <p>S.O.S. under H.R. &amp; O.</p> <p>Para 322-2-c.</p> <p>(Within 3 mths. of enlistment found med. unfit for service.) W/P.</p>	Issued at Ottawa	12-9-16	after Order # 1.

*[Signature]*  
Capt. J. J. R.

(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				



## SEPARATION ALLOWANCE

Name *Mrs. Rose Amelia Davie*Name of Soldier *Davie James*Address *Pt. Moody,  
B. C.*Regtl. No. *505828*Rank *Spr.*Corps *Canadian Engineers*

Relation to Soldier

To what Corps belonging

wife, child or mother

when called out

} *wife*

## PAYMENTS

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

ACCOUNT CLOSED  
DATE.....PER.....  
*W-*



100-100-100



MILITIA AND DEFENCE  
SEPARATION ALLOWANCE

M. F. W. 11a.  
50m.-8-16.  
1772-39-813.

OVERSEAS CONTINGENTS

Sheet No. 2. *Rose Amelia Davie*

*Wife*  
PAYMENTS.

Name of Soldier *Davie James*

*Spr.*

L. L. Job 4503.-Req. 6832.

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May				
June				
July				
Aug.				
Sept.		<del>18202</del>	<del>30</del>	<i>18202. cancelled</i>
Oct.		<i>16221</i>	<i>18</i>	<i>30 Discharged 12/9/16 (P.M.R. 15/9/16)</i>
Nov.				<i>all ailed 22/9/16</i>
Dec.				<del>18 balance</del>
Jan.	1917			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept				
Oct.				
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

*\$ 18.00 < 10 8*

ACCOUNT CLOSED  
DATE..... PER *W*



MILITIA AND DEFENCE  
**SEPARATION ALLOWANCE**  
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

**PAYMENTS.**

Name of Soldier \_\_\_\_\_

Month.	Year.	Cheque No.	Amt.	Remarks.
Aug.	1918			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1919			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1920			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				



# CANADIAN CONTINGENT EXPEDITIONARY FORCE

## LAST PAY CERTIFICATE

This form to be used for all Ranks (Vide Article 71, Financial Instructions C.E.F., 1914).

Regimental No. 505828 Rank Sapper Name Davie, J.  
 Corps Engineer Training Depot who was \* discharged  
 On September 12th 1916 to - -

\* Insert "discharged" or "transferred."

The following is a statement of the account of the above-named to date of transfer or discharge inclusive:—

	DR.	\$	c.		CR.	\$	c.
From <u>1/9/16</u> To <u>12/9/16</u>	Bal. Dr. from previous month.....			From <u>1/9/16</u> To <u>12/9/16</u>	Regimental pay <u>12</u> days at \$ <u>1.00</u> .....		<u>12 00</u>
	Total payments during period				Field allowance <u>12</u> " \$ <u>.10</u> .....		<u>1 20</u>
	from.....				Other allowances.....		
	Assigned Pay.....				Other Credits (give particulars).....		<u>5 00</u>
	Other Charges (give particulars).....				Balance from August.....		
	Bal. Cr. on discharge or transfer.....	<u>18</u>	<u>20</u>		Bal. Dr. on discharge or transfer.....		
	TOTAL.....	\$	<u>18 20</u>		TOTAL.....	\$	<u>18 20</u>

The amount shewn as Balance Cr. due on discharge or transfer has † been paid.

Monthly stoppage on account of assignment of pay is \$16.00, and has been charged in Pay-list for month of August

† Insert "been" or "not been" as case may be

REMARKS:—

- State (1) date of enlistment..... 4/8/16  
 (2) if married and if a Separation Allowance Card has been submitted Married. 29-8-16 Card submitted  
 (3) cause of discharge and authority Medically unfit. D. O. Part II #220

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

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

Date September 12th 1916.

Place Valcartier Camp. P.Q.

*J. H. [Signature]* Lieut. C.E.  
 Paymaster.  
 A/Paymaster, Engineer Training Depot.



CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

This form to be used for the issue of the last pay certificate to a member of the force.

Regimental No. \_\_\_\_\_ Rank \_\_\_\_\_  
Company \_\_\_\_\_  
On \_\_\_\_\_  
Last day of service \_\_\_\_\_

The following is a statement of the amount of the money which is due to the member on discharge on the date \_\_\_\_\_

Regimental No. \_\_\_\_\_ Rank \_\_\_\_\_  
Company \_\_\_\_\_  
On \_\_\_\_\_

Amount of pay \_\_\_\_\_  
Amount of gratuity \_\_\_\_\_  
Total amount payable \_\_\_\_\_

The amount of the money which is due to the member on discharge on the date \_\_\_\_\_ is \_\_\_\_\_  
and is payable to the member on the date \_\_\_\_\_

REMARKS

State the date of enlistment \_\_\_\_\_  
If a member of a reserve force, state the date of discharge \_\_\_\_\_  
If a member of a reserve force, state the date of discharge \_\_\_\_\_

State the date of discharge \_\_\_\_\_  
If a member of a reserve force, state the date of discharge \_\_\_\_\_  
If a member of a reserve force, state the date of discharge \_\_\_\_\_



No card CR 478 1962

# MEDICAL HISTORY SHEET

505828

Surname DATIE Christian Name James

Examined { on 4<sup>th</sup> day of August 1916  
 at Vancouver

Approved by [Signature]  
 Rank Captain M.O.

Birthplace { City or Town London  
 County England

Apparent age 39

Trade or occupation Horse Shyer

Height 5 feet 2 3/4 Inches

Weight 135 lbs.

Chest measurement { Minimum 36 inches  
 Maximum expansion 7 inches

Physical development

Small-pox Marks

Vaccination Marks { Arm Right Left  
 Number

When Vaccinated last

(a) Marks indicating congenital peculiarities or previous disease

(b) Slight defects but not sufficient to cause rejection

Vs 20/20 Each Eye

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
Date	Result	VACCINATIONS
		M.O.
		M.O.
Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
		M.O.
		M.O.
		M.O.

Enlisted on 4<sup>th</sup> day of August 1916 at Vancouver BC

	CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment	<u>6<sup>th</sup> Field Co</u>	<u>1962</u>		<u>14/8/16</u>
Transferred to	<u>CE</u>	<u>505828</u>		

## EXAMINED OR DISCHARGED BY A MEDICAL BOARD

STATION	DATE	DISEASE	RESULT
<u>Valcartier</u>	<u>Sep 7/16</u>	<u>Gastric Ulcer recurrent</u> <u>② Hernia left.</u>	<u>Discharge</u> <u>[Signature]</u> A. D. M. S. Valcartier Camp, P. Q.

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.







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

INSTRUCTIONS.

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

Canadian Engineers

(1) Name of Overseas Unit which Soldier joins.....  
 .....ENGINEER TRAINING DEPOT.....

(2) Regimental Number ..... 505 828 .....

(3) Full Name of Soldier..... Davie James .....

(4) Place of Birth..... London England .....

(5) Are you married, or not? ..... Yes .....

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

(b) Present Postal Address..... Port Moody BC .....

(7) Are you a widower? ..... — .....

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

If so, give number of boys and girls..... 1 Boy 1 Girl .....

Also their names and ages..... James Frederick 8 years .....

..... 3 months .....



(9) Is your Father alive? *no*

If so, state name and address

(10) Is your Mother alive? *no*

If so, state name and address

(11) If your Mother is a widow

Are you her sole support, or not?

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

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

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

*Yes*

(15) Are you insured? *Yes*

If so, in what Company? *Canadian Order of Foresters*

Have you made arrangements for payment of your Insurance premium? *Yes*

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

Date *29/8/16*

Officer Commanding.



This space to be for numbers

DEPT  
MILITIA & DEFENCE  
SEP 19 1916  
H.Q. CANADA

# Proceedings on Discharge.

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

No.	505828
Rank	Sapper
Name	Davie James
<small>NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.</small>	
Corps (Squadron, Battery or Company)	Engineer Training Depot
Date of Discharge	Sept 12 <sup>th</sup> 1916
Place of Discharge	Valcartier Camp P.Q.

## 1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age 38 years 9 months.  
 Height 5 feet 2 3/4 inches.  
 Complexion Dark  
 Eyes Hazel  
 Hair Black  
 Trade FARRIER  
 Intended place of residence }  
 (To be given as fully as practicable.)

### Descriptive Marks

Scar centre of abdomen also  
 to right of abdomen  
 Tattoo, indistinct on L forearm

2. The above-named man is discharged in consequence of **being medically unfit**

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.

**V E R Y G O O D ,**

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

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

**F A R R I E R**

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

M. F. B. 218.

50m.—3-16.  
H. Q. 1772-39-113.

(OVER)

*Carried  
20-9-16  
DS*



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) Valcartier Camp.....

(Date) Sept 12<sup>th</sup> 1916.....

*J. Brumby*  
Lt. Colonel C. E.  
O. C. Engineer Training Depot.  
Commanding

8. Certificate to be signed by the Soldier on Discharge

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

(Place) Valcartier Camp *James Davis* (Signature of Soldier.)

(Date) Sept 12<sup>th</sup> 1916 *E. Hoodley* (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) Valcartier Camp.....

(Date) Sept 12<sup>th</sup> 1916.....

*J. Brumby*  
Lt. Colonel C. E.  
O. C. Engineer Training Depot.  
(Signature)







## List of Discharge Documents.

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

*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.*



One Attestation Paper removed and sent to Sergeant MacKintosh.

Date . . . . . 30 - 8 - 17 . . . . .



One allegation paper removed and sent to Sergeant Mackintosh.

Date



MEDICAL HISTORY OF AN INVALID.

1. Station. *Valcartier*
2. Regiment or Corps. *ENGINEER TRAINING DEPOT*
3. Regimental No. and Rank. *Sapper 505828*
4. Name. *James Davie*
5. Age last Birthday. *39*
6. Enlisted on *Aug 4/16*  
at *Vancouver*
7. Former Trade or Occupation. *Horse shoer* Date. *Sept 5/16*
8. General remarks on his :—  
(a) Conduct. *Good*  
(b) Habits. *Good*  
(c) Temperance. *Good*

DEPT MILITIA & DEFENCE  
OCT 13 1916  
649-D-3444  
CANADA

(For this purpose the Company defaulter sheets will be obtained from the man's Commanding Officer.)

9. Service. Years. *32* Days.

PERIODS.	
FROM.	TO.
<i>Aug 4/16</i>	<i>Sept 5/16</i>

10. (a) Disease or disability. *Gastric Ulcer recurrent (2) Hernia left*  
(b) Date of origin. (1) *3 years* (2) *5 years*  
(c) Place of origin. *Vancouver*  
(d) Cause.

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

*Says he has had stomach trouble for three years, Eleven months ago had gastro-enterostomy, performed in Vancouver, and appendix removal at the same time. Has not been able to take regular diet since, Army rations cause him more or less severe gastric pain, has a good deal of nausea and vomiting, Has worn a truss for hernia for about 4 years, at present moderate left Hernia probable*

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



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

Two abdominal scars due to operation

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

Not applicable

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

Not applicable

14. Treatment

Symptomatic

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

some aggravation due to food,

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

Unable to say

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

Nil

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

Unfit for service

Heavitt Capt. a/c.

Medical Officer by whom the case is brought forward.



OPINION OF THE MEDICAL BOARD.

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

10. *Yes*

11. *Yes.*

12. *yes.*  
15. *no.*

*no aggravation by service for either*

16. *no. Permanent for both*

17.

18 Is he unfit for Military Service. *yes*

Recommendations: *That he be discharged*

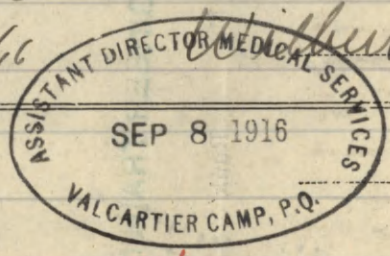
Signatures:—

*E. M. Custer Capt. MC* President.

*W. H. D. ...*

Station. *Valcartier*

Date. *sep 7/16*



*William C Lowry Capt. AMC* Members.

Date.

*J. ...* Ass. Director of Medical Services.

Approved.

Date.

*31 10/16*

*Dr. ...* Director-General of Medical Services.

*for*



OPINION OF THE MEDICAL BOARD

132026 ME

3127  
13/10/16  
a 119.10.16

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

*no further action to be taken*

(At Station or Hospital where finally disposed of.)

Station and Hospital } Arrived from }

Date

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

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

*no further action to be taken*

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

DETAILED MEDICAL HISTORY OF INVALID.

Militia Form B. 227.

150 m-5-16  
H. Q. 1172-89-117.

Station  
Corps ENGINEER TRAINING DEPOT  
Regimental No. Rank  
Name  
Disability  
Date

Hospital or Station transferred to for final disposal.  
Date of final disposal  
How finally disposed of

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

