

Res. Enlistment

UNIT Reserve Brigade, C. F. A.

Regimental No. *1260223*

ATTESTATION PAPER.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

- | | | |
|---|--------------------|---|
| 1. What is your name? | <i>John Davie.</i> | <i>John Davie.</i> |
| 2. In what Town, Township or Parish, and in what Country were you born? | | <i>Lumphanan, Aberdeenshire, Scotland.</i> |
| 3. What is the name of your next-of-kin? | | <i>Mrs. Georgina Davie.</i> |
| 4. What is the address of your next-of-kin? | | <i>Cross Roads, Lumphanan, Aberdeenshire.</i> |
| 5. What is the date of your birth? | | <i>1892, 12th. February.</i> |
| 6. What is your Trade or Calling? | | <i>Chauffeur.</i> |
| 7. Are you married? | | <i>No.</i> |
| 8. Are you willing to be vaccinated or re-vaccinated? | | <i>Yes.</i> |
| 9. Do you now belong to the Active Militia? | | <i>No.</i> |
| 10. Have you ever served in any Military Force?
<small>If so, state particulars of former Service.</small> | | <i>No.</i> |
| 11. Do you understand the nature and terms of your engagement? | | <i>Yes.</i> |
| 12. Are you willing to be attested to serve in the }
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? } | | <i>Yes.</i> |
| | | <i>John Davie</i> (Signature of Man). |
| | | <i>J. E. Jackson</i> (Signature of Witness). |

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *John 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 *June 15* 191*6* *John Davie* (Signature of Recruit).
J. E. Jackson (Signature of Witness).

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *John 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 *June 15* 191*6* *John Davie* (Signature of Recruit).
J. E. Jackson (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

Shorncliffe, this *15th* day of *June* 191*6*.
J. Harris (Signature of Justice).

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

J. Harris (Approving Officer).
COMDG. RESERVE BRIGADE
CANADIAN FIELD ARTILLERY

Description of

Davie John

on Enlistment.

Apparent Age *24* years *03* months.
 (To be determined according to the instructions given in the Regulations for Army Medical Services.)

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

(Should the Medical Officer be of opinion that the recruit has served before, he will, unless the man acknowledges to any previous service, attach a slip to that effect, for the information of the Approving Officer.)

Height *5* ft. *6 1/2* ins.

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

Complexion *Fair*

Eyes *Gray*

Hair *Light*

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

CERTIFICATE OF MEDICAL EXAMINATION.

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

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

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

Date *June 15* 191*6*

A.R. Farrell

Place *Shorncliffe*

Capt. [Signature]
 Medical Officer.

* Insert here "fit" or "unfit."

NOTE.—Should the Medical Officer consider the Recruit unfit, he will fill in the foregoing Certificate only in the case of those who have been attested, and will briefly state below the cause of unfitness:—

CERTIFICATE OF OFFICER COMMANDING UNIT.

John 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.

[Signature] (Signature of Officer.)

COMDG. RESERVE BRIGADE,
 CANADIAN FIELD ARTILLERY.

Date *June 15* 191*6*

REGIMENTAL DOCUMENTS

NAME

Davie John

(Dvt.)

REGT. NO. *1260223*

UNIT

Res. Bgde. C. F.A.

M. F. W. 2505
REFERENCE

04465

H. Q. FILE NO.

H

CONTENTS

DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

NON-EFFECTIVE BY

S

M

H

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

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

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

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

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

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

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

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

1 MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)

1 MEDICAL EXAMINATION (M.F.W. 129)

1 TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)

1 PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)

1 DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)

1 LAST PAY CERTIFICATE (M.F.W. 44)

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

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

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

1 *Wisp. cert.*

1 *Went. cert.*

1 *Gas card*

1 *27 J 1237*

1 *2 A B B 181*

✓

DEATH

Category

DISCHARGE

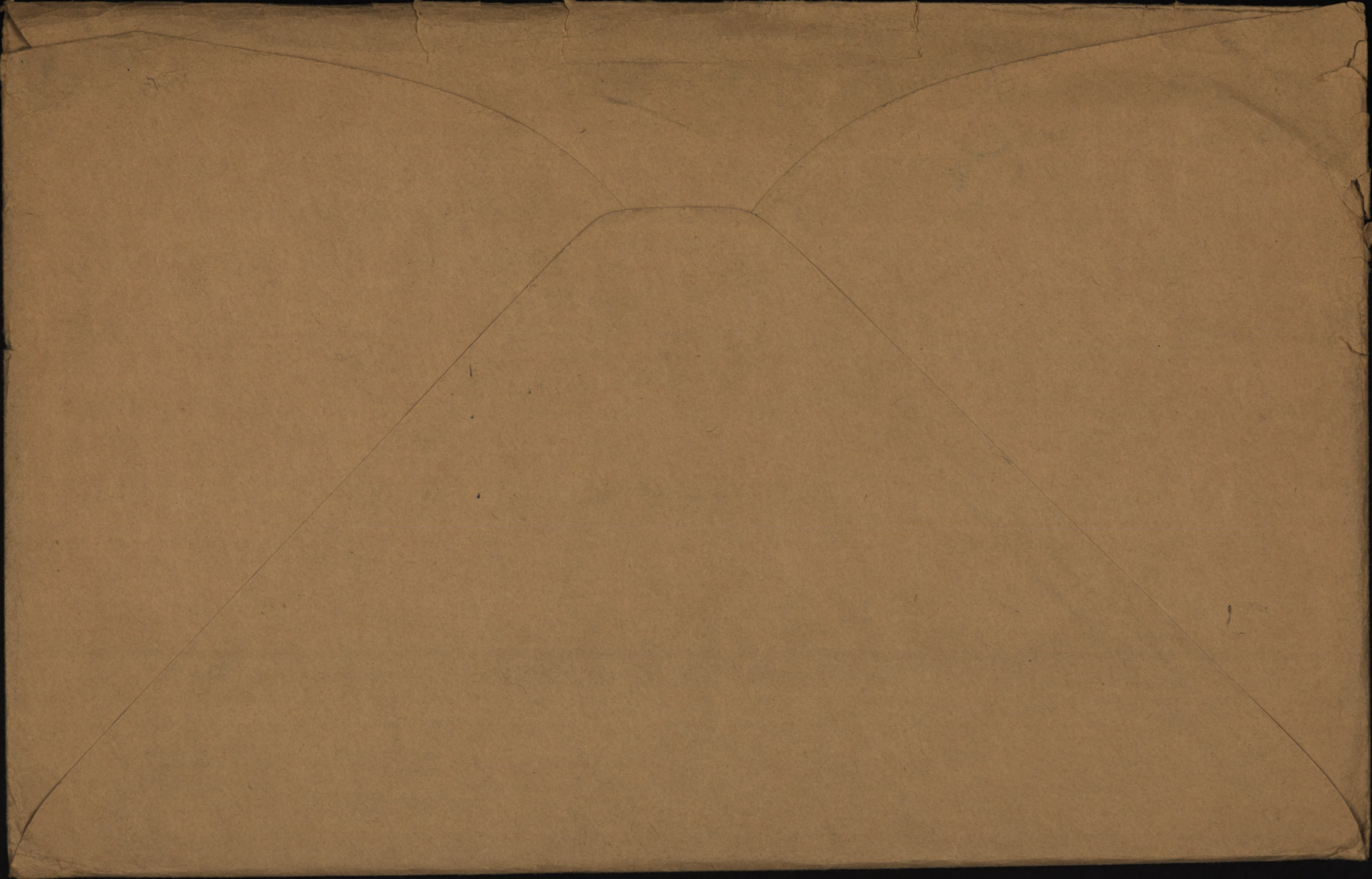
Category

Remot.

DESERTION

9-5
18-7
26-7
1

404253



SURNAME. *Davie*
CHRISTIAN NAMES *John.*
REGL. No. *1260223* RANK *Grv.*
UNIT *Reserve Bde. C.F.A.*
FORMER CORPS *Nil.*

10. *area m. ✓*
CARD NO.
S.O.S. No. B-4-19.
W emb. 1
FOLL.
Aut: S.O. 98 of 10. 2. 19.

NEXT OF KIN.

NAMES IN FULL *Davie, Mrs. Georgina.*
RELATIONSHIP TO SOLDIER *R. N.S.*
ADDRESS *Cross Roads, Lumphanan,
Aberdeen, Scot.*

CHANGE OF ADDRESS

COUNTRY OF BIRTH *Scotland, Lumphanan.* DATE *Feb. 12th. 1892.*
PLACE OF ATTESTATION *Shorncliffe, Eng.* DATE *June 15th. 1916*

R/c 4-4-19, 296/44.

MARRIED

SINGLE *yes.*

WIDOWER

TRADE OR CALLING

Chauffeur

RELIGION

Presbyterian

DESCRIPTION.

APPARENT AGE

24 YEARS

3 MONTHS

HEIGHT

5 FEET

6½ INCHES

CHEST MEASUREMENT

37 INCHES

EXPANSION

3 INCHES

COMPLEXION

Fair EYES

Grey HAIR *Light.*

DISTINGUISHING MARKS

Not Stated.

MEDICAL EXAMINATION.

PLACE

Shorncliffe, Eng.

DATE

June 15th. 1916.

Present Address. Not Stated.

P
Number

1260223

Rank

Gunner *P*

Surname

DAVIE

P
Christian Name

John

Units

CFA

Theatre of War

France

Date of Service

25-10-16

Remarks

10327

Latest Address

~~10229~~-120th St.,
Edmonton

Roll No.

P
B. Page 19026

alta.

200m.-6-21.M.

REGT. NO. RANK NAME

UNIT AGE SERIAL NO. IN A. AND D.

TOTAL SERVICE WHERE DATE AND PLACE OF ORI
AND HOW LONG

DISEASE OR INJURY

OPERATIONS

RESULT OF OPERATIONS

(A) DATE OF ARRIVAL AT HOSPITAL AS AN ADMISSION

(B) AS A TRANSFER (STATE WHERE FROM)
NAME OF HOSPITAL

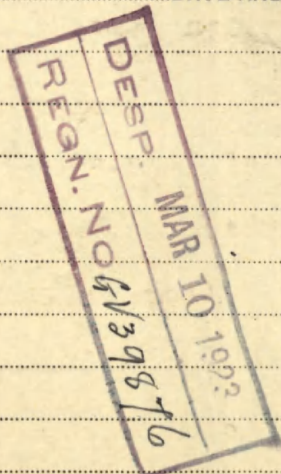
DATE OF DISCHARGE TO UNIT IN CA

DATE OF DISCHARGE AS AN INVALID

DATE OF DEATH

DATE OF TRANSFER (STATE WHERE TO)
NAME OF HOSPITAL

OTHER INDEPENDENT CONDITIONS DIAGNOSED



NAME

David
Sar

RANK AND UNIT

1st Cav Artillery

REGT. NO.

1260223

NEXT OF KIN

CABLE

No.

DATE

NATURE OF CASUALTY

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
B 409 ^a	57 Grosvenor St	16-11-18.	PUD & Influenza
B 444 ^a	18 Len Comers	24-11-18.	PUD & Influenza
B 442 ^a	1st Holler Stirkley Section Birmingham	12-12-18.	Pul. & Influenza
B 450 ^a	Mie Tompt. W. F. P. Som	11-1-19	PUD + Influenza
B 462 ^a	Sisich	22-1-19	PUD + Influenza

Name Davie Rank PrivReg. No. 1260223Unit 2nd BdeNext of Kin Mrs Georgina Davie
Cross Rds. Humphreys Aberdeenshire Scotland

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W O. List
1918						
16-11	57 Coas Bde Stat	Prno & Muffin			1409	39604
24-11	1st Gunner Bde		do		414	501112
12-12	1st Str Gen Strickley Sect	Bitham	do		425	3000
11.1.19	Milly (Com)	Bitham	do		13450	419
22-1	Discharged		do		13462	1216
R 22-1	W P M 3-2	to 16-10	Willy			2343

Surname

Christian Name or Names

Reg. No.

DAVIE.

J.

1260223.

Rank

Unit

Dvr.

C.A. 2DAC.

Cas. List.

57. C.C.S.

16-11-18.

26-11-18. A409

P.U.O. & Infl'za. *at*

2-12-18 *U414*

18. Gen. Gamiers 24-11-18

14-12-18 *B425*

1st S.G. Birmingham 12-12-18

16-1-19. *B450-2*

Mail Cow Woodcote Pk. 11-1-19

30-1-19 *B462-5*

Dio 22-1-19

A.M.D. 2 Dept.

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

Cas. List.

CANADIAN EXPEDITIONARY FORCE

WAR SERVICE BADGE

DISCHARGE CERTIFICATE

CLASS "A" NO. 168578 ISSUED

THIS IS TO CERTIFY that No. 1260223 (Rank) DUR.

Name (in full) DAVIE JOHN. enlisted in
the RESERVE BDE CFA.

CANADIAN EXPEDITIONARY FORCE at SHORNECHIFFE on the 15th
day of JUNE 1916

HE served in FRANCE.

and is now discharged from the service by reason of Demobilization. *Demobilization R.O. 1420 (c)*
Medical Unfitness.

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

Age 27

Height 5' 6 1/2"

Complexion FAIR

Eyes GRAY

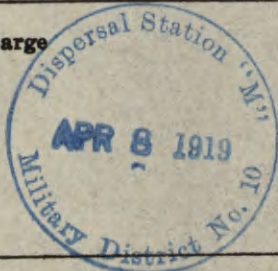
Hair LIGHT.

Marks or Scars

J Davie
Signature of Soldier

A Houston
Issuing Officer

Date of Discharge



Lieut
Rank

Date April 8 1919

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

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

THIS IS TO CERTIFY that No. 1055 (Rank) Pvt.

Name (in full) DAVID W. KEENE

the 15th

CANADIAN EXPEDITIONARY FORCE

day of July

HE served in 1st Bn. C.E.F.

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

THE DESCRIPTION OF THIS SOLDIER ON THE DATE below is as follows:

Age	<u>37</u>
Height	<u>5 ft 6 in</u>
Complexion	<u>Fair</u>
Eyes	<u>Blue</u>
Hair	<u>Light</u>
Scars or Marks	<u>None</u>

Signature of Soldier

Date of Discharge

Leaving Officer

Rank

Date

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, Military Council, Ottawa, Canada.

1260223

SERVICE AND CASUALTY FORM (Part I).

Army Form P.

Army Form B. 103 (II.) to be gummed on here if required.

Nothing to be written in this margin.

W 1889, -P.P. 1130 IM 5/18 G.W.P.C. (34)ho

(1)*Substantive rank *Acting rank <i>Junior</i> *[To be entered in pencil to facilitate alteration.]	(2) Regiment or Corps <i>CARD</i>	(3) R
(4) Surname <i>Saari</i>		
(5) Christian Names <i>John</i>		
(6) Army Form, number of, Attestation Form or Record of Service paper		
(7) Whether of British or of Alien origin [vide A.C.I. 578 of 1918]		
(8) Date of birth as stated on enlistment		
(9) (a)		

(10) Enlistment (b)	(11) Engagement (c)
(12) Service reckons from (date)	(13) Special conditions (if any) of enlistment (d)
(14) Any subsequent variations (if any) of conditions of service	
(Authority)	(date)

Initials and Rank of an Officer.

(15) Category	Date	Medical Authority	Initials and Rank of an Officer	(16) (Record of Occupation in Civil life (vide Army Order 93 of 1917)
				Industrial Group No. Trade or Calling Married or Single Particulars of Trade Test Occupation Cards despatched on (date) Second Occupation Card despatched on (date)

(17) Next of Kin	(18) Demobilizer (f)	(Place)	(Signature of Posting Officer)
(19) Pivotal-man (f)	(Date)		
(20) Qualifications (g)	or (21) Corps trade and rate		
(22) Extended {	(23) Re-engaged {		
(24) Miscellaneous entries:—			

NOTES.—[a] Here enter particulars of any subsequent claim as to actual age after verification by birth certificate [vide A.C.I. 470 of 1918. [b] Whether direct or voluntary enlistment or called up under the Military Service Acts. [c] Whether for specified term of years or for duration of the war. [d] Whether "for Home Service only," or "not to be transferred without the soldier's consent, &c. [e] If to be retained on Home Service, period, if specified, to be stated, also authority, and on what grounds. [f] Required for demobilization purposes. [g] Signaller, Shoing-smith, &c.

Date.	(A) Report From whom received.	(B) Authority of Part II. of Orders	(C) Record of promotions, appointments, reductions, casualties, transfers, postings, &c. All acting as well as substantive promotions to be shown, for method of entry of which see A.C.I. 1816 of 1917. Corps and unit to which transferred and posted to be invariably named.	(D) Place of casualty	(E) Date of promotion, reduction, reversion, casualty, &c.	(F) Remarks, and initials and rank of an officer
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69 CARD.

Sos. to Phys. for P.C. Mtdy 19/3/19 St. J. 74-17-2/19
 J. J. Donald
 Pa. S.C.

CARD

18-3-19 905 C.C.C. Kinmel Park for return to Canada. Part II Orders No. 76. S O S

25-3-19 No. 84 C.C.C. Kinmel Park on embarking for Canada, Part II Order

H Ross Lt
 for OC Commanding M D 10 Wing, Kinmel Park Camp.

Boat No. 36 HMT 'Scotian'
 Liverpool 25 3 19
 St John 4 4 19

25-3-19 T.O.S. Dispersal Station 2099 Pa 2
 M

and Dispersed 8-4-19 - " do " 3

J. J. Sack. Lieut.
 for O. C. 10 District Depot.

Nothing to be written in this margin.

ORIGINAL

Army Form B. 103.

Casualty Form—Active Service.

Regiment or Corps RESERVE BRIGADE, C.F.A.Regimental No. 1260223 Rank Driver Name Lavie JohnEnlisted (a) 15.6.16 Terms of Service (a) war & 6 mos Service reckons from (a) 15.6.16Date of promotion } I Date of appointment } Numerical position on }
to present rank } to lance rank } roll of N.C.Os. }Extended _____ Re-engaged _____ Qualification (b) ChauffeurCERTIFIED CORRECT.
6 NOV 1916
CAN. RECORDS, LONDON

Date	Report From whom received	Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
		Attended and taken on strength Reserve Brigade C.F.A. Shorncliffe		15.6.16	30 Pt II. O. 143. 15.6.16 <i>Adjutant, Reserve Brigade, C.F.A.</i>
25/10/16	C.B.D. Co 2nd Dab C.F.A.	Drafted to 2nd Dab Shorncliffe.	Shorncliffe.	25/10/16	30 Pt II. O. 143. 25/10/16 <i>Adjutant, Reserve Brigade, C.F.A.</i>
26/10/16	C.B.D.	arrived as reinforcement attached 2. C.Dac.	Field	26/10/16	N. Roll. P. II O. No 83. 30/10/16.
29/10/16	"	Left for Unit.	"	29/10/16	"
3/11/16	C.P. Unit.	Joined Unit.	"	30/10/16	B 213.
4/11/16	C.R.A.	Posted to 2nd C.Dac.	"	26/10/16	30/11-186. 31/10/16. B 213. P. II O. No 95. 14/11/16
3-11-17	% Unit	Granted leave of absence.	FIELD.	27-10-17	" ... 196 27-10-17
17-11-17	"	Rejoined from leave.	"	10-11-17	" ... 203 15/11-17

(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, Shoing 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				
13-11-17	Collant	Sentenced to 10 days F.P.S. 13-11-17 for W.O.D.S. Absent without leave from 5pm 7-11-17 till 5pm 10-11-17. Forfeits 2 days pay. R.W.		13-11-17	D2069 Pt 2 of 203. (26-11-17)
16-11-18	6 B.S. Amb	P. U. O.	to G. B. S.	16-11-18	A36 = M. 6359.
16-11-18	57. G. B. S.	P. M. O.	Remaining	57. G. B. S.	16-11-18 A36 - M. 6880
16-11-18	2nd C.D.A.C.	To hospital	Sick	Field	14-11-18 B.213
24-11-18	18 Gen Hosp	Influenza		18 Gen Hosp	24-11-18 W.3034 - M 7932
23-11-18	57 C.C.S.	do		5 Amb Train	23-11-18 A36 - M8441
11-12-18	O. B. Amiat Brighton	Ino. Sick. & posted to Bordon.	B. A. R. D.	11-12-18	M. 3083. P. M. O. - X 3 5 1/2 1/8
18-12-18	C.A.R.D.	T.O.S. on posting from 2nd.D.A.S.	Bordon	18-12-18	CP 100 352. R 100 23.71.

Phon for Lt. Col. Hunt

Shaw LIEUT!

25 FEB. 1919

ceases to be attached on proceeding to CRA

FOR LT: COL: I/O RECORDS. C.O. M.F.
D.O. No. 55 of 26 2-19

Adjutant,
Canadian Command Depot,

CAPRO 205 & Rhysell
for R.A.C

J. S. MacLennan

Dept. of Veterans Affairs
Records

DEPARTMENT OF VETERANS AFFAIRS

AUG - 8 1962

Referred to.....

Charged to.....

To ● Copy for H.O. File

Attention of

NAME DAVIE, John Thomson

SERVICE 1260223 CEF
NUMBER

C.P.C. No.
W.V.A. No.

Ottawa, Ont.
Date August 7, 1962.....

NAVY
ARMY ~~XXX~~
R.C.A.F.

The DEPARTMENT has received information from

S.T.M.O. Deer Lodge Hosp., St. James, Man. Tele-Memo d/August 3, 1962

(State authority and source of information of death)

regarding the death of the above mentioned veteran.

Particulars are as follows:

Date of Death July 26, 1962.....

Cause of Death.....

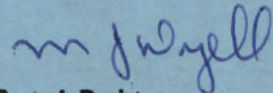
Place of Death Deer Lodge Hospital, St. James, Manitoba

Name and Address of next of kin (if known).....

Copies to: W.S.R.
V. I.
~~PAY~~
~~DOC~~
H.O.

} Destroy form if advice of death already received.

for
Chief, Central Registry



DEPARTMENT OF VETERANS AFFAIRS

To: Mr. Tolson, U.S. Dept. of Justice

Date: 7/17/52
Office: Dept. of Justice

NAME: JOHN THORNTON

Service No. 100-100-100

C.R. No.

ARMY
NAVY
AIR FORCE
MARINE CORPS
COAST GUARD

2. The Department has received information from

that the above named individual is

regarding the death of the above mentioned veteran

and is as follows:

Date of Death: July 20, 1952

Place of Death: Fort Logan Hospital, Denver, Colorado

and the above is all that is known

W.R.
V
XXX
XXX
H.C.

Enclosed for the Bureau are 2 copies of death already received

Chief, Central Registry

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

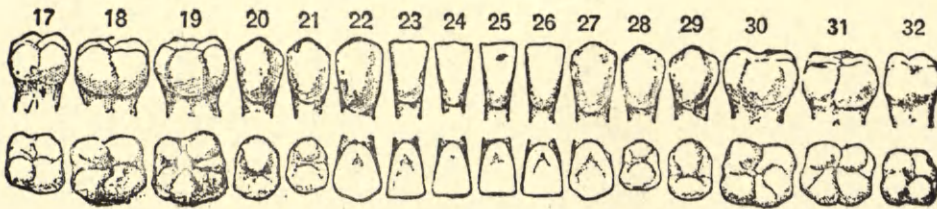
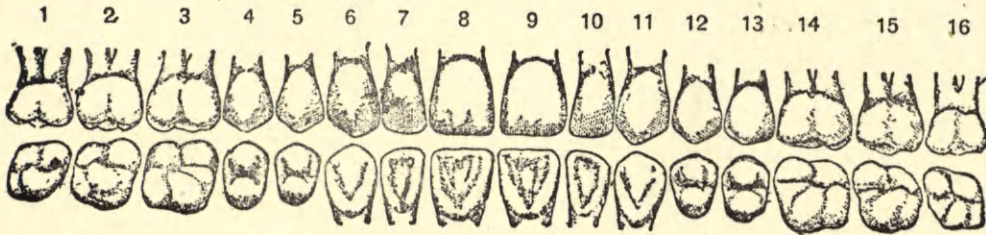
Canadian Printing and Stationery Services, London

DIRECTIONS TO DENTAL OFFICERS

NAME OF SOLDIER (Block Letters) DAYIE, J.

REGIMENT CARD RANK G.N.R. No. 1260223

Date of Examination in England 28/2/19 Date of Examination in France _____



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

PRESENT DENTAL REQUIREMENTS

1. FILLINGS 13 - 21

2. EXTRACTIONS _____

3. CROWNS _____

4. DENTURES
- (a) Full Upper
 - (b) Part Upper
 - (c) Full Lower
 - (d) Part Lower

HAS HE EVER REFUSED DENTAL TREATMENT? no

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

Signature of Dental Officer M. A. McLann Capt

24/10/19

1910

W

1910

17/1/19

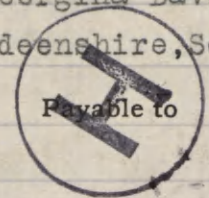
1910

01

✓

WGB Rank Name **DAVIE, John** Reg'l No. **1260223**
 Unit Reserve Bde, C.F.A. If in perm. Corps, }
 What Unit? } Married or Single **Single**
 Place and Date of Enlistment **Shorncliffe, June 15th 1916.** Place of Birth **Lumphanan, Aberdeen-**
 Name and Address, Next-of-Kin **Mrs Georgina Davie,** shire, Scotland
Cross Roads, Lumphanan, Aberdeenshire, Scotland Relationship
 Assigned Pay Monthly \$ Payable to Relationship
 Separation Allowance \$ Payable to Relationship

N/E P.B. No. **1304**
 File R.L. **1000**
 Category **1000**



Discharge, Date and Place Reason Character

Report Date	From whom received	Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place	Date	Remarks
15.6.16	Res Bde	Having been attested for General Service to T or S.	Shorncliffe	15.6.16	PREO 143
25.10.16	"	S.O.S. to 2nd Dab.	"	25.10.16	" 272
30.10.16	2nd Dab	Att from Res Bde in the field	"	26.10.16	" 83
14.11.16	2nd Dab	Ceases to be att. 2nd Lt in the field	"	26.10.16	" 95 (1)
18.12.18	"	Invalided sick to CARD	W. Field	11.12.18	135. CARD R.D. 0.352
23-1-19	C.O.G.D.	Shown of c. to 1st C.C.D. Witley to Canada	Bordon	22-1-19	012002306/1st C.C.D. 0120026028-19
26-2-19	CARD	Ceases of c. & atted to Depot	Witley	25-2-19	-57 01st C.C.D. 55
18.3.19	"	S.O.S. to M.D. 10	"	17.3.19	-77 & M.D. 10 74
26.3.19	M.D. 10	S.O.S. to Canada	Rhyl	25.3.19	-84

A.F.B. 103 CHECKED
 Date: **27 DEC. 1916**
 Taken from Official Documents

A.F.B. 103 CHECKED
3 NOV. 1916

File

18/18

26/2/19

19/3/19

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

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

No. 1260213 Rank Gunner Surname David
(Given name in full)

Unit or Corps C.A.R.D. Birthplace John Bumphaway, Aberdeenshire Scotland
(Examination of Officer or Other Rank (stripped) to be made by one Medical Officer.)

1. GENERAL DESCRIPTION:

Physique good Weight 145 lbs. Height 5-6 1/2 in. Colour of Eyes Grey
 Nutrition good
 Pulse 72
 Condition of arteries good
 Vision Rt. 6/6 Left 6/6
 Hearing (conversational voice) Rt. 21 ft. Left 25 ft.

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

nil.

Opinion as to general health and physical condition good

2. Has Officer or Other Rank ever suffered from, or has he now, any affection of the following systems? (Answer "Yes" or "No"). (Subjective evidence may be sufficient in certain cases.)

Nervous System no Genito Urinary System no Cardio-Vascular System no
 Special Senses no Integumentary System no Respiratory System no
 Disturbance of mentality no Muscular System no Digestive System no
 Osseous and Joint System no Any other general condition no

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



EXAMINATIONS.

THIS SECTION FOR USE OVERSEAS—

Examined at. *W. H. H.* (Overseas)

Date *27. 2. 79.* Signed *W. H. H.* M.O.

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

Signature *J. Davis*

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

THIS SECTION FOR USE IN CANADA—

Examined at.....(Canada)

Date SignedM.O.

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

Signature

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

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

[OVER]

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book. <i>557</i>	Regimental No.	Rank.	Surname.	Christian Name.
	<i>1260223</i>	<i>Over</i>	<i>Davie</i>	<i>J</i>
Year <i>1919</i>	Unit.		Age.	Service.
	<i>Coan. F. A.</i>		<i>24</i>	
Station and Date.	Disease			
<i>MCH</i>	<i>Influenza con.</i>			
<i>Epoom.</i>	<i>lungs clear - heart normal -</i>			
	<i>no disability.</i>			
<i>11-1-19</i>	<i>fit for DI</i>			
<i>12-1-19</i>	<i>7 1/2</i>			
	<i>W. H. Davie</i>			
	<i>Cap. B. A. M. B.</i>			
	<i>MO "F" Sub. Division</i>			

* The first and last entries will be signed, and transfers from one Medical Officer to another, attested by their signatures.
(6365) W2944/P138 2,950,000 1/18 McA & W Ltd Forms/I. 1237/13 (E 2349) [P.T.O.]

Station
and Date.

CLINICAL CHART.

(To be attached to Case Sheet.)

Army Form B 131.

Corps _____

No. _____

Rank and Name _____

Age _____

Military Hospital _____

Service _____

Disease _____ Date of admission _____ Date of discharge _____ Result _____

Dates of Observation	Days of Disease																																
	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time			
Temperature Fahrenheit	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°	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2
106°	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	
105°	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	
104°	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	
103°	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	
102°	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	
101°	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	
100°	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	
99°	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	
98°	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	
97°	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	
Pulse per Minute																																	
Respirations per Minute																																	
Motions per 24 hours																																	

Signature _____ In charge of case.

* Strike out whichever inapplicable.

ASSIGNED PAY.	ENGLAND or CANADA.	SEPARATION ALLOWANCE.	ENGLAND or CANADA.
EFFECTIVE DATE:-		EFFECTIVE DATE:-	
AMOUNT:-		AMOUNT:-	

NAME:- **DAVIE** *John*

NUMBER:- *1260223*

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.

UNIT AND TRANSFERS

ORIGINAL UNIT:- *Res Bde. FA*

DATE ACCOUNT FIRST OPENED:- *15/6/16*

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'S'D.	UNIT TRANSFERRED TO
<i>DO95</i>	<i>14/1/16</i>	<i>1/12/16</i>	<i>2nd Dab</i>

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

DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT
<i>12/2/19</i>	<i>11135</i>	<i>ICCD.</i>	<i>487</i>	<i>27/2/19</i>	<i>11641</i>	<i>"</i>	<i>730</i>
<i>24/2/19</i>	<i>11641</i>	<i>"</i>	<i>487</i>	<i>26/2/19</i>	<i>5769</i>	<i>CRA.</i>	<i>4867</i>
			<i>6084</i>				

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		<i>Gunner</i>

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
	<i>1</i>	<i>10</i>		

PARTICULARS OF RENDERING NON-EFFECTIVE *Sic to Can 28/2/19 NR 3887 Willey 28/2/19 Willey MD 10 LPC Cr Bal 610 ⁴⁸ Ledger Bal 662 ⁵⁶*

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
<i>31.3.18</i>	<i>Bal Fwd.</i>								<i>360</i>	<i>54</i>	<i>335</i>
<i>Apr</i>	<i>Gr Pay.</i>	<i>33</i>		<i>2 Dab 23 50/18</i>	<i>4</i>	<i>46</i>			<i>384</i>	<i>62</i>	<i>350</i>
		<i>33</i>		<i>2 Dab 66 90/18</i>	<i>4</i>	<i>46</i>					
<i>May</i>	<i>Gr Pay.</i>	<i>34 10</i>		<i>2 Dab 111 35/18</i>	<i>3</i>	<i>57</i>			<i>410</i>	<i>69</i>	<i>365</i>
		<i>34 10</i>		<i>2 Dab 176 18/18</i>	<i>4</i>	<i>46</i>					
<i>June</i>	<i>Gr Pay.</i>	<i>33</i>		<i>2 Dab 225 21/18</i>	<i>3</i>	<i>57</i>			<i>435</i>	<i>65</i>	<i>380</i>
		<i>33</i>		<i>2 Dab 280 17/18</i>	<i>4</i>	<i>46</i>					
<i>July</i>	<i>Gr Pay.</i>	<i>34 10</i>		<i>2 Dab 493 7/18</i>	<i>3</i>	<i>57</i>			<i>461</i>	<i>73</i>	<i>395</i>
		<i>34 10</i>		<i>- " - 586 24/18</i>	<i>4</i>	<i>46</i>					
<i>Aug</i>	<i>Gr Pay.</i>	<i>34 10</i>		<i>2 Dab 646 24/18</i>	<i>3</i>	<i>57</i>			<i>492</i>	<i>26</i>	<i>410</i>
		<i>34 10</i>		<i>2 Dab 737 24/18</i>	<i>3</i>	<i>57</i>			<i>521</i>	<i>69</i>	<i>425</i>
<i>Sept</i>	<i>Gr Pay.</i>	<i>33</i>		<i>" 835 14/0</i>	<i>3</i>	<i>73</i>			<i>555</i>	<i>79</i>	<i>440</i>
<i>Oct</i>		<i>34 10</i>							<i>587</i>	<i>06</i>	
<i>Nov</i>		<i>33</i>								<i>455</i>	
<i>Dec</i>		<i>34 10</i>							<i>619</i>	<i>53</i>	<i>470</i>
<i>Jan</i>		<i>34 10</i>							<i>649</i>	<i>53</i>	<i>455</i>
		<i>10 20</i>									
		<i>30 80</i>		<i>cl. 12604</i>	<i>27/1</i>	<i>24</i>	<i>33</i>				
	<i>Interest on Deferred Pay</i>	<i>35 76</i>		<i>2264</i>	<i>Apron</i>	<i>27/1</i>	<i>24</i>	<i>33</i>			
				<i>3711</i>	<i>"</i>	<i>13/1</i>	<i>4</i>	<i>87</i>			<i>626</i>
				<i>1175</i>	<i>"</i>	<i>13/2</i>	<i>4</i>	<i>87</i>			<i>35 76</i>
				<i>1641</i>	<i>iccd</i>	<i>24/2</i>	<i>7</i>	<i>30</i>			<i>662</i>

649.53
3080
68033
5353

COMPILED BY *Benny*
CHECKED BY *...*

MARRIED OR SINGLE *Single*

PLACE OF BIRTH *Lumphanan, Aberdeenshire, Scot.*

NAME AND ADDRESS OF NEXT OF KIN *Mrs. Georgina Davie,
Cross Roads, Lumphanan, Aberdeenshire
Scot.*

RELATIONSHIP OF NEXT OF KIN

NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF KIN

SEPARATION ALLOWANCE MONTHLY \$ EFFECTIVE (DATE)

PAYABLE TO

RELATIONSHIP OF DEPENDANT

CASUALTIES, PROMOTIONS, &c.		
PARTICULARS	EFFECTIVE DATE	AUTHORITY

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

REG'L No *1260223* RANK *Gunner* NAME *Davie, John*

IF IN PERM. CORPS | UNIT *Des. Bde. P.F.A.* TRANSFERRED TO *2nd SAC* DATE *1/12/16* AUTHORITY *DO. 95-14/11/16 20AC*

PERMANENT FORCE ALLOWANCES TRANSFERRED TO DATE AUTHORITY

PLACE OF ATTESTATION *Shorncliffe* TRANSFERRED TO DATE AUTHORITY

DATE OF ATTESTATION *June 15th, 1916.* TRANSFERRED TO DATE AUTHORITY

ASSIGNED PAY MONTHLY \$ DATE EFFECTIVE

PAYABLE TO RELATIONSHIP

ASSIGNED PAY MONTHLY \$ DATE EFFECTIVE

PAYABLE TO RELATIONSHIP

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

DISCHARGE DATE AND PLACE REASON AND AUTHORITY

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

DATE	PAY				FIELD ALLOWANCE				WORKING OR SPECIAL PAY				ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS				CASH PAYMENTS				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS	
	NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE	AMOUNT					1	2	3	4	1	2	3	4				CREDIT	DEBIT				
			\$	C.			\$	C.			\$	C.																				NO.
<i>1916</i>																																
<i>June 15/30</i>	<i>16</i>	<i>100</i>	<i>16</i>	<i>0</i>	<i>16</i>	<i>10</i>	<i>160</i>	<i>0</i>																								
<i>July 31</i>	<i>31</i>	<i>31</i>	<i>31</i>	<i>0</i>	<i>31</i>	<i>31</i>	<i>310</i>	<i>0</i>																								
<i>Aug 31</i>	<i>31</i>	<i>31</i>	<i>31</i>	<i>0</i>	<i>31</i>	<i>31</i>	<i>310</i>	<i>0</i>																								
<i>Sept 30</i>	<i>30</i>	<i>30</i>	<i>30</i>	<i>0</i>	<i>30</i>	<i>30</i>	<i>300</i>	<i>0</i>																								
<i>Oct 31</i>	<i>31</i>	<i>31</i>	<i>31</i>	<i>0</i>	<i>31</i>	<i>31</i>	<i>310</i>	<i>0</i>																								
<i>Nov 30</i>	<i>30</i>	<i>30</i>	<i>30</i>	<i>0</i>	<i>30</i>	<i>30</i>	<i>300</i>	<i>0</i>																								
<i>Dec 31</i>	<i>31</i>	<i>31</i>	<i>31</i>	<i>0</i>	<i>31</i>	<i>31</i>	<i>310</i>	<i>0</i>																								
<i>Jan 31</i>	<i>31</i>	<i>34</i>	<i>31</i>	<i>10</i>	<i>31</i>	<i>34</i>	<i>3410</i>	<i>10</i>																								
<i>Feb 28</i>	<i>28</i>	<i>30</i>	<i>28</i>	<i>80</i>	<i>28</i>	<i>30</i>	<i>3080</i>	<i>80</i>																								
<i>Mar 31</i>	<i>31</i>	<i>34</i>	<i>31</i>	<i>10</i>	<i>31</i>	<i>34</i>	<i>3410</i>	<i>10</i>																								
<i>Apr 30</i>	<i>30</i>	<i>33</i>	<i>30</i>	<i>0</i>	<i>30</i>	<i>33</i>	<i>3300</i>	<i>0</i>																								
<i>May 31</i>	<i>31</i>	<i>34</i>	<i>31</i>	<i>10</i>	<i>31</i>	<i>34</i>	<i>3410</i>	<i>10</i>																								
							<i>38610</i>																									

Checked *Shorncliffe*

cl.

R37 #105 24.6.16.

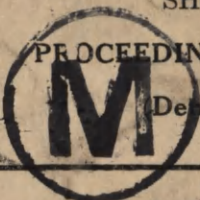
To 20AC 8095 14/11/16. 1/12/16

M

M. D. 10.

Grat

SHORT FORM.
PROCEEDINGS ON DISCHARGE.
Demobilization.



Group 23

1. No.	1260223	
2. Rank.	Dvr.	
3. Name.	Davie, J.	
4. Unit.	CARD	66th Bty
5. Date of Discharge	APR 8 - 1919	Place Winnipeg.
6. Reason for Discharge	Demol A Mother	
7. Authority.	20 99	
8. Proposed Residence after Discharge	Winnipeg.	
	War Service Badge Class "A" No. 168518	

9. CERTIFICATE TO BE SIGNED BY SOLDIER.

I hereby acknowledge that at the undernoted place and date I received my discharge Certificate
M. F. W.?.....

Fmb-Liverpool 25 3 19
LM4 'Scotian' - Sail. 33

J. Davie
Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

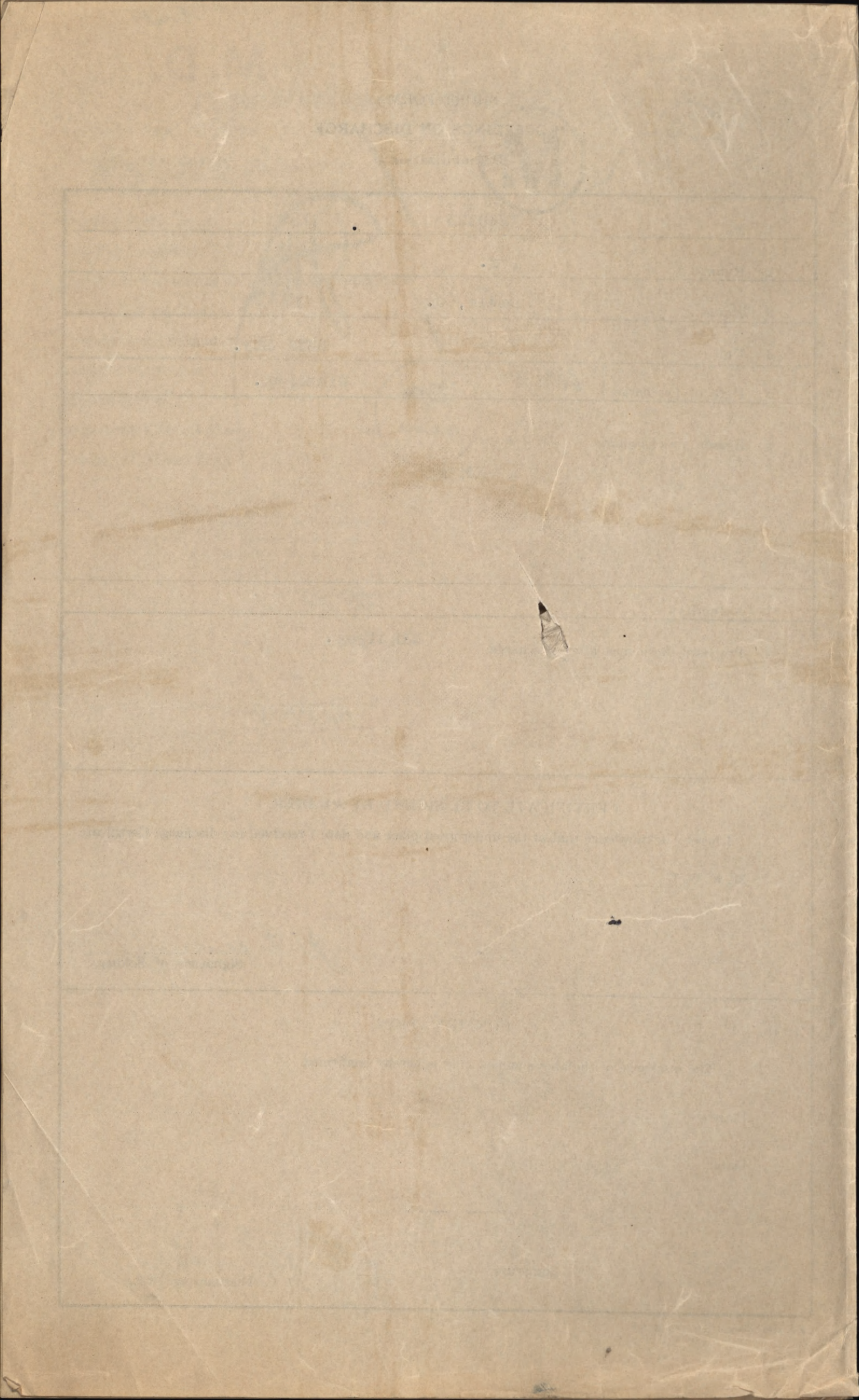
Place.....

Date.....



Signature.....
(O. C. Discharging Unit.)

66



LIST OF DISCHARGE DOCUMENTS

No.	Name	Rank	Company	Regiment	Branch	Discharge Date
1	John A. Smith	Private	1st Regt.	1st Div.	Infantry	1864
2	James B. Jones	Sergeant	2nd Regt.	2nd Div.	Artillery	1864
3	William C. Brown	Private	3rd Regt.	3rd Div.	Infantry	1864
4	Robert D. White	Private	4th Regt.	4th Div.	Infantry	1864
5	Thomas E. Green	Private	5th Regt.	5th Div.	Infantry	1864
6	George F. Black	Private	6th Regt.	6th Div.	Infantry	1864
7	Charles G. Gray	Private	7th Regt.	7th Div.	Infantry	1864
8	Henry H. Hall	Private	8th Regt.	8th Div.	Infantry	1864
9	Isaac I. King	Private	9th Regt.	9th Div.	Infantry	1864
10	Joseph J. Lee	Private	10th Regt.	10th Div.	Infantry	1864

LIST OF DISCHARGE DOCUMENTS.

Attestation Paper, Triplicate.....	Militia Form W. 23
or Particulars of Recruit.....	Militia Form W. 133
Field Conduct Sheet.....	Militia Form W. 178 or A.F.B. 122
Casualty Form.....	Militia Form W. 54 or A.F.B. 103
Last Pay Certificate.....	Militia Form W. 44
Certificate that missing documents are unobtainable.....	
Medical History Sheet.....	Militia Form B. 313 or A.F.B. 178
Proceedings of Medical Board.....	M.F.B. 227, A.F.B. 179 or A.F.A. 45
Dental History Sheet.....	Militia Form B. 465
Medical Report.....	M. F. W. 129 or D. M. S. 1375
Regimental Conduct Sheet.....	Militia Form B. 263
Company Conduct Sheet.....	Militia Form B. 263a

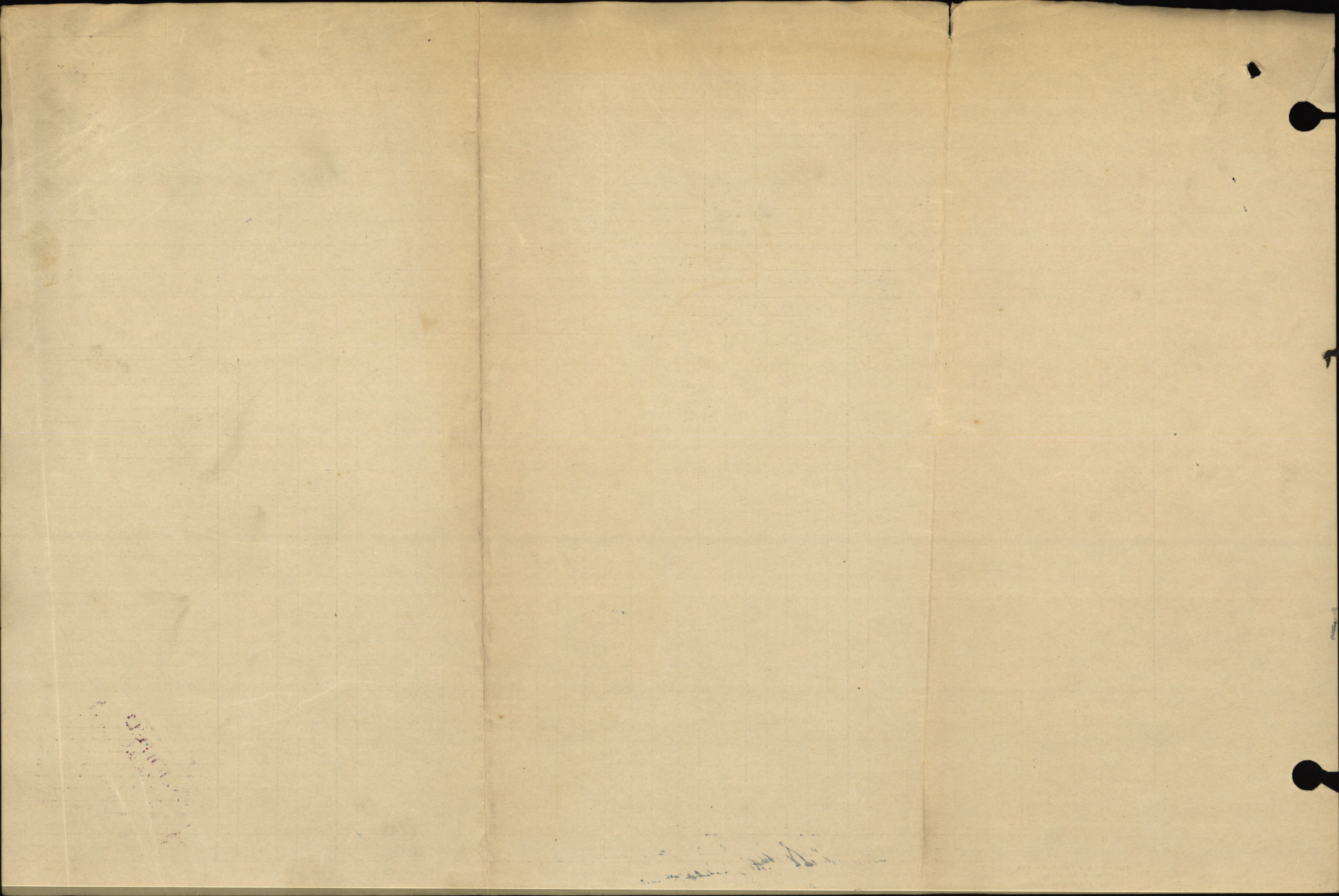
1. Triplicate Attestation Paper (M.F.W. 23), or Particulars of Recruit (M.F.W. 133).
2. Casualty Form (A.F.B. 103).
3. Medical History Sheet (M.F.B. 313 or A.F.B. 178).
4. Proceedings of Med. Board (M.F.B. 227 or M.F.W. 129)
5. Dental Certificate (C.A.D.C. 5009a).
6. Field Conduct Sheet (A.F.B. 122.)
7. Proceedings on Discharge (M.F.B. 218a)
8. Discharge Certificate (M.F.W. 39)
(Enclosed in special envelope (260M)).
9. Copy of Discharge Certificate (M.F.W. 39a).
10. Dispersal Certificate (C.D. 3).
11. Equipment and Clothing Statement Q.M.G. Form (D.O.S. 2).
12. Last Pay Certificate (P. 851).
13. Pay Book (A.B. 64).
14. War Service Gratuity (Form M.F.W. 2595).
15. Sundry Documents.

Group..... A

Checked by No. 26

[Signature]

Date 24/7/19



MEDICAL CASE SHEET.*

No. in Admission and Discharge Book. Year	Regimental No.	Rank.	Surname.	Christian Name.
Year	Unit.	Age.	Service.	
70 236/15	1260223	Dr.	Davie	J.
	2 nd Canadian D.A.B.	24	3 yrs.	
Station and Date.	Disease <u>Influenza</u>			
Dec 17	16 Nov, Mems. pain in head chest-throat. present. cough. irreg present to 6 Dec. Cough. some considerably bloodstained expectoration. no abnormal physical signs detected in lungs. Ht. Systolic maximum at apex.			
10/1/19	<i>[Signature]</i>			
	<i>[Signature]</i>			
	29 DEC 1918			

* The first and last entries will be signed, and transfers from one Medical Officer to another, attested by their signatures.
(6365) W2944/P138 2,950,000 1/18 McA & W Ltd Forms/I. 1237/13 (E 2349) [P.T.O.]

CLINICAL CHART.

Army Form B. 181

Corps 3rd Cav - 1st Regt

(To be attached to Case Sheet.)

Military Hospital _____

No. 1260223

Rank and Name Priv. J. Davis

Age _____

Service _____

Disease meas.

Date of admission 17-11-18

Date of discharge _____

Result _____

Dates of Observation	Days of Disease																											
	Time		Time		Time		Time		Time		Time		Time		Time		Time		Time		Time		Time		Time		Time	
Temperature Fahrenheit	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.
17	100.0	99.5	100.0	102.2	99.8	101.0	99.5	100.0	98.0	98.5	98.0	98.5	99.5	100.5	98.5	98.5	98.5	98.5	98.5	98.5	98.5	98.5	98.5	98.5	98.5	98.5	98.5	98.5
18	99.5	100.0	102.2	99.8	101.0	99.5	100.0	98.0	98.5	98.0	98.5	99.5	100.5	98.5	98.5	98.5	98.5	98.5	98.5	98.5	98.5	98.5	98.5	98.5	98.5	98.5	98.5	98.5
19	99.5	100.0	102.2	99.8	101.0	99.5	100.0	98.0	98.5	98.0	98.5	99.5	100.5	98.5	98.5	98.5	98.5	98.5	98.5	98.5	98.5	98.5	98.5	98.5	98.5	98.5	98.5	98.5
20	99.5	100.0	102.2	99.8	101.0	99.5	100.0	98.0	98.5	98.0	98.5	99.5	100.5	98.5	98.5	98.5	98.5	98.5	98.5	98.5	98.5	98.5	98.5	98.5	98.5	98.5	98.5	98.5
21	99.5	100.0	102.2	99.8	101.0	99.5	100.0	98.0	98.5	98.0	98.5	99.5	100.5	98.5	98.5	98.5	98.5	98.5	98.5	98.5	98.5	98.5	98.5	98.5	98.5	98.5	98.5	98.5
22	99.5	100.0	102.2	99.8	101.0	99.5	100.0	98.0	98.5	98.0	98.5	99.5	100.5	98.5	98.5	98.5	98.5	98.5	98.5	98.5	98.5	98.5	98.5	98.5	98.5	98.5	98.5	98.5
23	99.5	100.0	102.2	99.8	101.0	99.5	100.0	98.0	98.5	98.0	98.5	99.5	100.5	98.5	98.5	98.5	98.5	98.5	98.5	98.5	98.5	98.5	98.5	98.5	98.5	98.5	98.5	98.5
24	99.5	100.0	102.2	99.8	101.0	99.5	100.0	98.0	98.5	98.0	98.5	99.5	100.5	98.5	98.5	98.5	98.5	98.5	98.5	98.5	98.5	98.5	98.5	98.5	98.5	98.5	98.5	98.5
25	99.5	100.0	102.2	99.8	101.0	99.5	100.0	98.0	98.5	98.0	98.5	99.5	100.5	98.5	98.5	98.5	98.5	98.5	98.5	98.5	98.5	98.5	98.5	98.5	98.5	98.5	98.5	98.5
26	99.5	100.0	102.2	99.8	101.0	99.5	100.0	98.0	98.5	98.0	98.5	99.5	100.5	98.5	98.5	98.5	98.5	98.5	98.5	98.5	98.5	98.5	98.5	98.5	98.5	98.5	98.5	98.5
27	99.5	100.0	102.2	99.8	101.0	99.5	100.0	98.0	98.5	98.0	98.5	99.5	100.5	98.5	98.5	98.5	98.5	98.5	98.5	98.5	98.5	98.5	98.5	98.5	98.5	98.5	98.5	98.5
28	99.5	100.0	102.2	99.8	101.0	99.5	100.0	98.0	98.5	98.0	98.5	99.5	100.5	98.5	98.5	98.5	98.5	98.5	98.5	98.5	98.5	98.5	98.5	98.5	98.5	98.5	98.5	98.5
29	99.5	100.0	102.2	99.8	101.0	99.5	100.0	98.0	98.5	98.0	98.5	99.5	100.5	98.5	98.5	98.5	98.5	98.5	98.5	98.5	98.5	98.5	98.5	98.5	98.5	98.5	98.5	98.5
30	99.5	100.0	102.2	99.8	101.0	99.5	100.0	98.0	98.5	98.0	98.5	99.5	100.5	98.5	98.5	98.5	98.5	98.5	98.5	98.5	98.5	98.5	98.5	98.5	98.5	98.5	98.5	98.5
1	99.5	100.0	102.2	99.8	101.0	99.5	100.0	98.0	98.5	98.0	98.5	99.5	100.5	98.5	98.5	98.5	98.5	98.5	98.5	98.5	98.5	98.5	98.5	98.5	98.5	98.5	98.5	98.5
2	99.5	100.0	102.2	99.8	101.0	99.5	100.0	98.0	98.5	98.0	98.5	99.5	100.5	98.5	98.5	98.5	98.5	98.5	98.5	98.5	98.5	98.5	98.5	98.5	98.5	98.5	98.5	98.5
3	99.5	100.0	102.2	99.8	101.0	99.5	100.0	98.0	98.5	98.0	98.5	99.5	100.5	98.5	98.5	98.5	98.5	98.5	98.5	98.5	98.5	98.5	98.5	98.5	98.5	98.5	98.5	98.5
4	99.5	100.0	102.2	99.8	101.0	99.5	100.0	98.0	98.5	98.0	98.5	99.5	100.5	98.5	98.5	98.5	98.5	98.5	98.5	98.5	98.5	98.5	98.5	98.5	98.5	98.5	98.5	98.5
5	99.5	100.0	102.2	99.8	101.0	99.5	100.0	98.0	98.5	98.0	98.5	99.5	100.5	98.5	98.5	98.5	98.5	98.5	98.5	98.5	98.5	98.5	98.5	98.5	98.5	98.5	98.5	98.5
6	99.5	100.0	102.2	99.8	101.0	99.5	100.0	98.0	98.5	98.0	98.5	99.5	100.5	98.5	98.5	98.5	98.5	98.5	98.5	98.5	98.5	98.5	98.5	98.5	98.5	98.5	98.5	98.5
7	99.5	100.0	102.2	99.8	101.0	99.5	100.0	98.0	98.5	98.0	98.5	99.5	100.5	98.5	98.5	98.5	98.5	98.5	98.5	98.5	98.5	98.5	98.5	98.5	98.5	98.5	98.5	98.5
8	99.5	100.0	102.2	99.8	101.0	99.5	100.0	98.0	98.5	98.0	98.5	99.5	100.5	98.5	98.5	98.5	98.5	98.5	98.5	98.5	98.5	98.5	98.5	98.5	98.5	98.5	98.5	98.5

Signature _____ In charge of case.

