

ATTESTATION PAPER.

No. 2075560
Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.
(ANSWERS.)

- 1. What is your surname?..... Davie
- 1a. What are your Christian names?..... John
- 1b. What is your present address?..... 25 N. Union St. Lonsdale R.I. U.S
- 2. In what Town, Township or Parish, and in what Country were you born?..... Howwood Renfrewshire Scotland
- 3. What is the name of your next-of-kin?..... John Davie
- 4. What is the address of your next-of-kin?..... 25 N. Union St. Lonsdale R.I.
- 4a. What is the relationship of your next-of-kin?..... Father
- 5. What is the date of your birth?..... Feb. 2/81
- 6. What is your Trade or Calling?..... Laborer
- 7. Are you married?..... Single
- 8. Are you willing to be vaccinated or re-vaccinated and inoculated?..... Yes
- 9. Do you now belong to the Active Militia?..... No 5 RNC
- 10. Have you ever served in any Military Force?..... No neither
- 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
- 13. Have you ever been discharged from any Branch of His Majesty's Forces as medically unfit?..... No
- 14. If so, what was the nature of the disability?..... -
- 15. Have you ever offered to serve in any Branch of His Majesty's Forces and been rejected?..... No
- 16. If so, what was the reason?..... -

SUFFICIENT ADDRESS

J.D.

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Davie John, 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 Aug. 3rd. 1917 John Davie (Signature of Recruit)
G. M. Ross (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Davie John, 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 Aug. 3rd. 1917 John Davie (Signature of Recruit)
G. M. Ross (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 Montreal this 3rd day of August 1917

Moore CAPT. (Signature of Justice)
Adjutant, Mobilization Depot, M. D. 4

Description of Davie John on Enlistment.

Apparent Age 36 years months.
 (To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5 ft. 9 ins.

Chest measurement { Girth when fully expanded..... 38 ins.
 Range of expansion..... 4 ins.

Complexion Dark

Eyes Dk. Brown

Hair Grey

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

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).

Eyesight R. D. = 20
 " L. D. = 20
 Hearing R. Ear OK
 " L. " OK

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* for the **Canadian Over-Seas Expeditionary Force.**

Date..... AUG - 3 1917 191

Place..... MONTREAL, P. Q.

*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:—

Declared **FIT** by MEDICAL BOARD
 MOBILIZATION CENTRE, M. D. #4
H. Aubrey
 Medical Officer,
 President, S. M. B.
"A" Fit for General Service

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.

John Davie Lieut. O (Signature of Officer)
 2nd Reinforcing Co. 5th R. H. C., C. E. F.

Date..... 3rd August 1917.

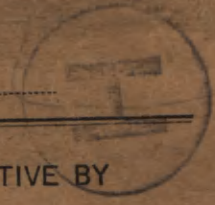
REGIMENTAL DOCUMENTS

63
1/4/49

NAME *DAVIE JOHN (PTE.)*

REGT. NO. *2075560*

UNIT *42nd Bn. P.A.C.* G. Q. FILE NO.



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DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

M. F. W. 2505
REFERENCE

NON-EFFECTIVE BY

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

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)

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

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

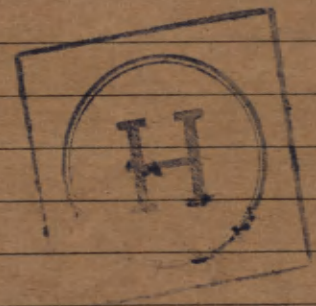
1 F.C.D.3.

1 M.F.W. 67.

1 C.A.D.C. 5009A.

1 I.S.C. 132.

Pay Cert



04467

DEATH

Category

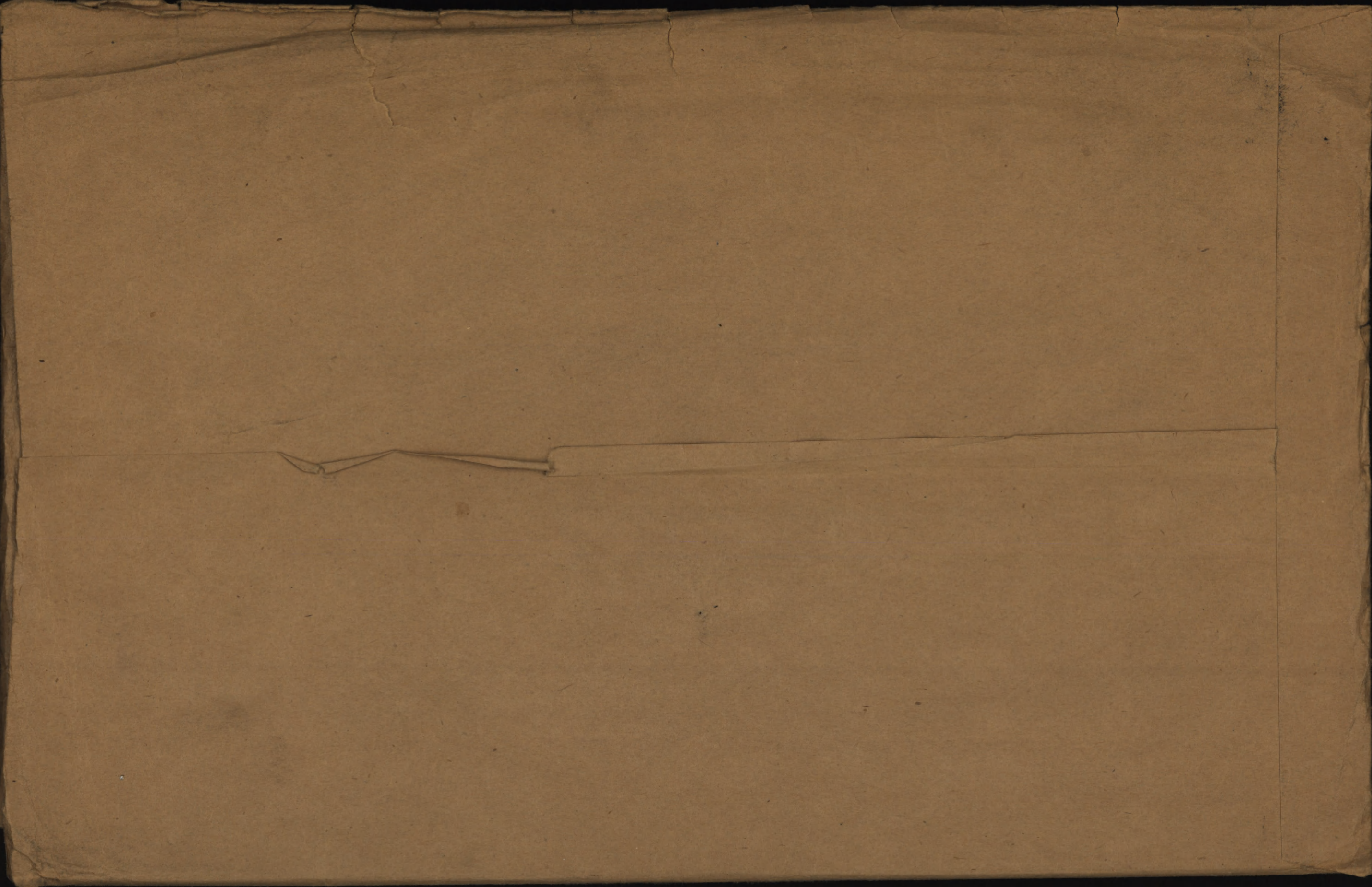
DISCHARGE

Category

Demot'm

DESERTION

*9-5
18-7
32-7
1*



No 2075560 RANK *Pte*NAME *David John**T.O.S. trans from* UNIT *1st Depot Bn 1st Que Regt.**2nd Rein Co. 5th R.H.C.**(D.O. 27 of 3-10-17)*M. D. *4*

			PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
PAID FROM	PAID TO	SIG. OR REC'T	PARTICULARS	AUTHORITY
<i>1917</i>	<i>1917</i>			
<i>Oct 1</i>	<i>Oct 31</i>	<i>N</i>		
<i>Nov</i>		<i>N</i>	<i>Proc o/s 24-11-17</i>	<i>res. 79 of 26-11-17.</i>



SURNAME.

David,

4. CARD NO.

CHRISTIAN NAMES

John

S.O.S. No. 12-5-19.

REGL. NO.

2075560

RANK

Ot

FOLL. *Demob.*
Auth: A.D. 76 of 4 N-58

UNIT

5th. ~~P. N. C.~~ 1st Depot (1st Que Regt) 3rd R.D.)

FORMER CORPS

5th P. N. C.

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

David, John

RELATIONSHIP TO SOLDIER

Father

ADDRESS

*25 N. Union St, Lonsdale
P. Q., U.S.A.*

COUNTRY OF BIRTH

Scotland, Howwood Refr

DATE

Feb. 2nd 1881.

PLACE OF ATTESTATION

Montreal, P. Q.

DATE

Aug 3rd 1917

Trans from 5th P. N. C. to 1st Depot (1st Que Regt) Auth 1st Depot P. N. C. 24/11/17

L. L. 10437. M. & D. 7253.

O/S. 5-2-18. 1104

M. F. W. 22. 100M.-11-16. H. Q. 17-2-39-339.

R/ C 9-3-19. 2/5-

MARRIED

SINGLE *yes.*

WIDOWER

TRADE OR CALLING

Labourer

RELIGION

Presbyterian

DESCRIPTION.

APPARENT AGE

36 YEARS

MONTHS

HEIGHT

5- FEET

9. INCHES

CHEST MEASUREMENT

38 INCHES

EXPANSION

4. INCHES

COMPLEXION

Dark.

EYES

dk. brown

HAIR

Grey.

DISTINGUISHING MARKS

nil

MEDICAL EXAMINATION.

PLACE

Montreal, P. Q.

DATE

Aug. 3rd 1917

*Present Address 257 Union St.
Lonsdale, P. I., U.S.A.*

No. 2075560 RANK Pte.

NAME David, J

T.O.S. 2-7-17
(D.O. 184.)

UNIT

5th Regt. Royal Highlanders of Can.
Reinforcing Draft
M. D. 4

			PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
PAID FROM	PAID TO	SIG. OR REC'T	PARTICULARS	AUTHORITY
1917. aug. 2	1917 aug. 31 Sept.	✓ ✓		



Number

2075560

Rank

Pte.

Surname

DAVIE

Christian Name

John

Units

42nd Bn Can Div Theatre of War France

Date of Service

15.5.18

Remarks

786 Main, Bridport

Latest Address

~~25 Robinson St.~~

~~Prospect Hills,~~

Roll No.

~~Lonsdale,~~

200m.-6-21.M.

Page 1902
Conn, R.D. USA.

HL

REGT. NO. 2075560 RANK NAME

UNIT AGE SERIAL NO. IN A. AND D.

TOTAL SERVICE WHERE AND HOW LONG DATE AND PLACE OF ORI

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

GEN. NO. 4465
ST 50195

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) DAVIE, J.
 REGIMENT 425 RANK Pte. No. 2075560
 Date of Examination in England _____ Date of Examination in France 9/1/19

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 8.

2. EXTRACTIONS _____

3. CROWNS _____

4. DENTURES

(a) Full Upper _____

(b) Part Upper ✓

(c) Full Lower _____

(d) Part Lower _____

HAS HE EVER REFUSED DENTAL TREATMENT? _____

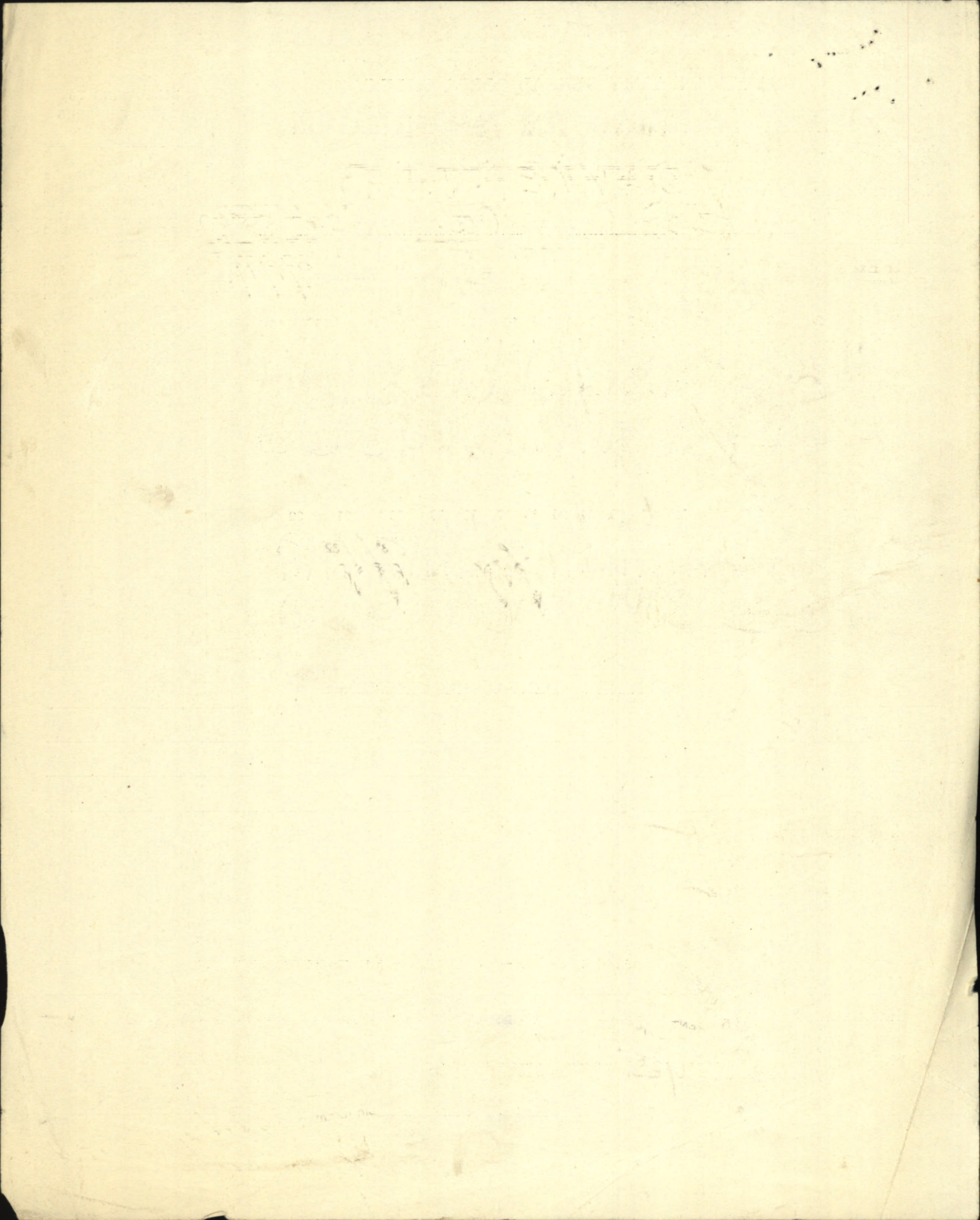
HAS HE EVER RECEIVED DENTAL TREATMENT? (Reply by "Yes" where applicable to any or all of a, b or c.)

(a) In Canada _____

(b) In England ✓ YES.

(c) In France _____

Signature of Dental Officer [Handwritten Signature]



**CANADIAN EXPEDITIONARY FORCE
DISCHARGE CERTIFICATE**

THIS IS TO CERTIFY that No. 2075560 (Rank) PRIVATE

Name (in full) DAVIE JOHN enlisted in

the 1st DEPOT BN. QUE. 2nd REINFORCING Co. 5th RHC

CANADIAN EXPEDITIONARY FORCE at MONTREAL on the 3

day of AUGUST 1917

HE served in _____

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

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

Age 38 years

Height 5 ft 9"

Complexion Dark

Eyes Dark Brown

Hair Grey

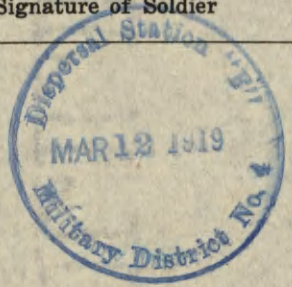
Marks or Scars _____

Birth mark left thigh

J Davie
Signature of Soldier

A J Porter
Issuing Officer

Date of Discharge



Lieutenant
Officer in Charge Section Dispersal Station
Rank

Date MAR 12 1919 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 the undersigned (Rank) Private RYAN
 Name (in full) RYAN, JAMES
 the 1st REGIMENT CANADIAN EXPEDITIONARY FORCE
 on the 15th day of August 1918
 His service in
 and is now discharged from the service by reason of
 Medical Unfitness
 Discharge

THE DESCRIPTION OF THIS SOLDIER OF THE DATE ABOVE IS AS FOLLOWS

Age	
Height	
Complexion	
Eyes	
Hair	
Signature of soldier	
Date of Discharge	
Signature of Officer	
Date	

N.B. - As no duplicate of this Certificate will be made, any person having same is requested to destroy it in an
 appropriate manner to the Secretary of the Expeditionary Force, Canada.

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

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

350M.—5-16

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

Casualty Form—Active Service.

Unit, Regiment or Corps

2nd Reinforcing Co. 5th R.H.C. C.E.F.

Service Badge
Class "A" No. *103*

Regimental No. *2075560*

Rank *Private*

Name *John Davie*

Enlisted (a) *3/8/17* ✓

Terms of Service (a) *CBF*

C. E. F.

Service reckons from (a) *3/8/17* ✓

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) *Katons*

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				

3/2/18

Embarked

Halifax 3/2/18 H.M.T. ~~Quimper~~

7-2/18

Disembarked

Sunderland 16/2/18 Missionarie

28/5/18

20th CANADIAN RES. BTN. R.H.C.

BRAMSHOTT, 3/2/18 D.O. 54 ✓

25/8/18

granted free transport

BRAMSHOTT, 25/8/18 D.O. 84 (see head)

22/6/18

granted free transport from 2c

Bramshott 21/6/18 D.O. 173

19-8-18

S.O.S. to 42nd

Bishop 18/8/18 D.O. 231

Bath Overseas

O. C. C. B. D.

Landed in France. Taken on strength 42nd Cdn. Bn. 18/8/18 Nom. Roll d/ Pt II D.O. d/

23/8/18

do.

Left for *Cerc* 23/8/18 Nom Roll d/

D1354

O. C. *Cerc*

Arrived 23/8/18

27/8/18 21487

27/8/18

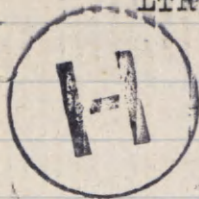
to unit

(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, Shoemaking Smith, etc., etc., also special qualifications in technical Corps duties.

2075560 Pte DAVIE, J.

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.				
31 AOU 1918	427	JOINED UNIT		29 AOU 1918	B23
		<p><i>7/2/19 42nd</i></p> <p><i>1.3.19.</i></p> <p><i>7/2/19</i></p> <p><i>7/2/19</i></p> <p><i>Y.O.S. on f.c.</i></p> <p>MAR 1 - 1919 EMBARKED FOR <i>Canada</i></p> <p>17-3-19 o/s</p> <p>17-3-19</p>			<p><i>14</i></p> <p><i>17</i></p> <p><i>19</i></p> <p>N/R.</p> <p>Pt. 2.0/S</p> <p><i>As transferred</i></p> <p>Lieut. for Lt. Col A.A.C.</p> <p>Cdn. Sect. G.H.Q.</p> <p><i>Maxwell Capt.</i></p> <p><i>for O.C. 10th Bde.</i></p> <p>Montreal. 1-3-19</p> <p>Montreal. 12-3-19</p> <p>D.O.Pt. 2-76</p> <p>D.S.Pt. 2-76</p> <p><i>Chas W. Kelly</i></p> <p>Lieutenant, Assistant Adjutant, District Depot No. 4.</p>

Dft NO3 1st Bn 1st Que Reg



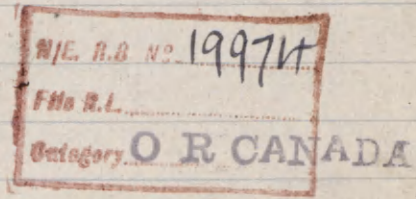
LTR

Rank *1020 Res Bn* Name **DAVIE, John** Reg'l No. **2075560**
 Unit **1020 Res Bn** If in perm. Corps, }
 What Unit? } Married or Single **Single.**
 Place and Date of Enlistment **Montreal. August 3rd, 1917.** Place of Birth **Howwood Renfrew:**
Scotland.
 Name and Address, Next-of-Kin **John Davie**
25 N. Union St. Lonsdale R.I. Relationship **Father.**

Assigned Pay Monthly \$ Payable to Relationship
 Separation Allowance \$ Payable to Relationship
 Relationship **O R CANADA**

Discharge, Date and Place Reason Character

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS Taken from Official Documents
Date.	From whom received.				
		Arrived in England		16-2-18	S/S MISSANABIE
28-2-18	10th Res	Taken on Strength	B'shott Pt	3-2-18	D059
19-8-18	--	S O S 542 Bn of Sea	1020 Res Bn	18-8-18	Pt Do 231 442 Bn Do 81 d/23/18
14-2-19	42 Bn	Proceeded to England.	Olva.	7-2-19	8014
1,3,19	42 BN	S.O.S. CANADA.	B'SHOTT.	1,3,19	PT.2 D.O.24
		SL 25 1,3,19 D-A			



DUPLICATE

To be made out in duplicate.

H.Q. 54-21-23-53

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

INSTRUCTIONS.

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

(1) Name of Overseas Unit which Soldier joins..... 2nd Reinforcing Co. 5th R. H. C., C. E. F.

(2) Regimental Number..... 20 755 60

(3) Full Name of Soldier..... John Davis

(4) Place of Birth..... Howood, Renfrewshire
Scotland

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

(6) If married, state,
(a) Full name of your wife..... NOT APPLICABLE

(b) Present Postal Address..... NOT APPLICABLE

(7) Are you a widower?..... No

(8) Have you any children?..... No

If so, give number of boys and girls..... NOT APPLICABLE

Also their names and ages..... NOT APPLICABLE

(9) Is your Father alive?..... Mr John Davis
If so, state name and address 25 North Union street, Lonsdale, R.I. U.S.A.

(10) Is your Mother alive?..... Mrs Margaret Davis
If so, state name and address..... same as above

(11) If your Mother is a widow..... NOT APPLICABLE
Are you her sole support, or not?..... NOT APPLICABLE

(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.
.....
NOT APPLICABLE

(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.
.....
NOT APPLICABLE

(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.
NOT APPLICABLE

(15) Are you insured?..... No.
If so, in what Company?..... NOT APPLICABLE
Have you made arrangements for payment of your Insurance premium..... NOT APPLICABLE

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

Date..... Aug 3 1917

W. Nelson Lieut. O.C.
..... 2nd Reinforcing Co. 5th R.H.C. C.E.F.
Officer Commanding.

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. 2075260 Rank Pte Surname DAVIE
(Given name in full)
 Unit or Corps 42 Batta Birthplace SO. H. N. SCOTLAND

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

1. GENERAL DESCRIPTION: estimated

Physique good Weight 170 lbs. Height 5 ft. 10 in. Colour of Eyes grey
 Nutrition good
 Pulse 70 regular
 Condition of arteries soft
 Vision Rt. 6/12 Left 6/12
 Hearing (conversational voice) Rt. 20 ft.
 Left 20 ft.

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

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 yes 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.

Wenthris 24/10/19 no disability

EXAMINATIONS.

THIS SECTION FOR USE OVERSEAS—

Examined at Branchett (Overseas)

Date 22/2/19 Signed Jameson 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 John Davie

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

THIS SECTION FOR USE IN CANADA—

Examined at..... (Canada)

Date Signed 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

(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.)

Handwritten initials

ORIGINAL

2ND REINFORCING CO. 5TH R. H. C., C. E. F.

ORIGINAL
2075560

MEDICAL HISTORY SHEET

Surname Davie Christian Name John

Examined { on 3rd. day of Aug. 1917
at Montreal P. Q.

Approved by H. Aubrey Mayo by MEDICAL BOARD
MOBILIZATION CENTRE, M. D. #4
Rank 1st Lt President: S. M. B. M.O.

Birthplace { City or Town Howwood
County Renfrewshire Scotl

Apparent age 36

Trade or occupation Laborer

Height 5 feet 9 Inches M.O.

Weight 140 lbs. M.O.

Chest measurement { Minimum 34 inches M.O.

{ Maximum expansion 38 inches M.O.

Physical development Good M.O.

Small-pox Marks Nil M.O.

Vaccination Marks { Arm Right Left
Number 1

When Vaccinated last Child M.O.

(a) Marks indicating congenital peculiarities or M.O.

previous disease None M.O.

(b) Slight defects but not sufficient to cause rejection

Date Fit or Unfit EXAMINED FOR RE-ENGAGEMENT
15/8/17 A Fit for General Service M.O.

Date Result VACCINATIONS

12-8-18 lysl M.O.

Date Result ANTI-TYPHOID INOCULATIONS, ETC.

15/8/17 AUG 22 1917 J. A. Fairie Capt M.O.

AUG 29 1917 J. A. Fairie Capt M.O.

J. A. Fairie Capt M.O.

Enlisted on 3 day of August 1917 at Montreal

	CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment	<u>20th CANADIAN RES. BTN. R.H.O.</u>	<u>43 Bn</u>		<u>18/8/18</u>
Transferred to	<u>2ND REINFORCING CO. 5TH R. H. C., C. E. F.</u>			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

STATION	DATE	DISEASE	

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.

29661

DEPARTMENT OF MILITIA AND DEFENCE.

WAR SERVICE GRATUITY.

Declaration required of Officers, Warrant Officers and Men who claim War Service Gratuity under Order-in-Council (P.C. 3165), dated 21st December, 1918.

A complete reply must be given to every question in this Declaration. There must be no blanks and no dashes. If any questions are not applicable, the words "NOT APPLICABLE" must be written out.

On completion, if soldier discharged in Canada, this Declaration is to be returned to THE DISTRICT PAYMASTER OF THE DISTRICT IN WHICH THE SOLDIER WAS DISCHARGED, or if soldier discharged in England to be returned to Paymaster General O.M.F. of C., 7, Millbank, London, S.W.

1. Christian names JOHN 2. Surname DAVIE
3. Rank Pte. 4. Original Unit 2nd Rein. Coy. 5th R.H.C. 5. Reg. No 2075560
6. Address, in full, to which future payments of gratuity are to be forwarded
25 No. Union St. Prospect Hill
Lonsdale, R.I. U.S.A.
7. Date of enlistment in the C.E.F. 3/8/17
8. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge not applicable
9. Relationship of such dependent not applicable
10. Address, in full, of such dependent not applicable
11. Is said dependent now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? not applicable
12. Were you at any time on the strength for pay and allowances of a unit of the C.E.F. which was out of Canada or the United States when such pay and allowances were issuable? If so, give particulars of one such unit and dates of service overseas with such unit:—
no
13. Were you on the strength for pay and allowances of the Clearing Services Command, having been at any time on duty outside of Canada or the United States? no
14. Were you on active service only in Canada or the United States? If so, give particulars of unit and dates of such service. no
15. Give total length of time which you served on active service, whether in Canada or Overseas, setting out particulars of units on whose strength you served. one year + seven months
2nd Rein. Coy. 3/8/17 till Nov. 1917 to 1st Quebec Regt. A. Coy.
from Nov. till 27 Feb 1918 then to 20 Can. Reserve till 28/8/18
to 42nd In. R.H.C. till March 1919
16. Were you at the time of enlistment a civil employee of the Dominion Government? If so, state Department. no
17. Were you a member of the Permanent Force at the time of enlistment in the C.E.F.? no

18. Have you had more than one enlistment? If so, give particulars of discharges and re-enlistments and under what regimental numbers and units. *no*

19. Have you already received any payment of Post Discharge Pay or War Service Gratuity? If so, state amount you and your dependents have already received and by whom paid. *no*

20. Have you been issued with a War Service Badge? If so what class? *no*

21. Have you, during the present war, served in the Imperial Forces? *no*

22. Are you entitled to receive, or have you received any gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled. *no*

23. (a) Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England? *no*

(b) If so, was such reversion in consequence of misconduct or inefficiency? *no*

24. Are you now serving in the C.E.F.? *yes* If not, give:—(a) Date of discharge *not applicable* (b) Reason for discharge *not applicable*

25. Are you at present a member of and in receipt of pay and allowances from any Canadian naval or land forces? If so, give unit *yes 42nd Can. Inf. Bn.*

26. Did you at any time serve at the front in an actual theatre of war? If so, give particulars of one unit in which you served at the front, and dates of such service with that unit *yes 42nd Can. Batten R.H.C. from 18/8/18 till March 1919*

27. (a) Are you receiving treatment from the Department of Soldiers' Civil Re-establishment? *no*

(b) If so, are you in receipt of full pay and allowances from that Department? *not applicable*

And I make this solemn declaration, conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under oath and in virtue of the Canadian Evidence Act.

Signature of Applicant: *John Davie*

Place of Residence: *25 No. Union St Prospect Hill Lonsdale R. S. U. S.A.*

Declared before me at: *Bramshott Camp*

This *21st* day of *Feb* 19*19*

Signature of Barrister of the Supreme Court Stipendiary Magistrate, Notary Public, Justice of the Peace, or Commissioner for the Administration of Oaths under P.O. 2767, dated 11th Nov., 1918.

Rivilleck May 42nd Bn.

POST DISCHARGE PAY.

Date paid.	Paid Soldier	Paid Dependent	War Service Gratuity	Net amount due
.....
.....

Certified Correct.

District Paymaster

NUMBER 2075560 RANK

NAME DAVIE J

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4.	BALANCE	DEFERRED	SEPARATION
		33		Low	16 79				178 59	135	
				AR 4010 7 th BR. 1. 12. 18	3 73				174 86	150	
Dec	Re pay	34	10		20 62				208 96		
				AR 4613 do 19. 12. 18	3 73				205 23		
JAN 1919	do	34	10						239 33	180	
		101	20		24 25						
				AR 5072 7 th BR. 27. 12. 18	9 33				230 00		
Feb	do	30	80	Encasement on Re. pay 24. 33 Auth. Apr. 1. 19					260 80	24 33	
				AR 5387 7 th BR. 5. 1. 19	3 73					155 67	
				AR 5185 " 16. 1. 19	3 73				253 34	170 67	
	Interest on Deferred Pay	5	52		16 79				258 86		
				CP 27790 London 7. 2. 19	9 73						
				CP 33600 " 3. 2. 19	48 67				166 80		
				CP 33769 " 4. 1. 19	24 33						
				AR 6711 7 th BR. 2. 2. 19	9 33				166 80		
		36	33		108 85						

*J. C. 20th January
1. 3. 19*

CANADIAN
ASSIGNED PAY AUDITED
[Signature]
UNIT CLERK
DATE 25/1/19

1001

F

OP 20.

Jo.



War Service Badge
Class "A" No. 93325

SHORT FORM.

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

1. No. <u>207566.</u>	
2. Rank. <u>PRIVATE.</u>	
3. Name. <u>DAVIE. JOHN</u>	
4. Unit. <u>42 BN. RIFC.</u>	
5. Date of Discharge <u>12-3-19</u>	Place <u>Montreal</u>
6. Reason for Discharge <u>DEMobilIZATION</u>	
7. Authority. <u>Canada. Imp. D.D.#4 D.O.Pt.2.-76.</u>	
8. Proposed Residence after Discharge <u>Montreal PQ</u> <u>25 No. Union St. Prospect Hill Lonsdale</u> <u>P. I. U.S.A.</u>	
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. <u>39</u> <u>Montreal</u> <u>MAR 12 1919</u> <u>J. Davie</u> Signature of Soldier.	
10. CONFIRMATION. The discharge of the above named man is hereby confirmed. Place <u>Montreal</u> Date <u>MAR 12 1919</u> <u>[Signature]</u> Signature (O. C. Discharging Unit.) Lieutenant, Officer in Charge Discharge Section, Dispersal Station "P"	

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PROCEEDINGS ON DISCHARGE
(Demobilization)
SHEET FOUR

1. Name of Soldier	2. Grade
3. Branch	4. Service Number
5. Date of Discharge	6. Place of Discharge
7. Name of Discharging Officer	8. Signature of Soldier
9. Signature of Discharging Officer	10. Date of Discharge
11. Remarks	12. Remarks
13. Remarks	14. Remarks
15. Remarks	16. Remarks
17. Remarks	18. Remarks
19. Remarks	20. Remarks
21. Remarks	22. Remarks
23. Remarks	24. Remarks
25. Remarks	26. Remarks
27. Remarks	28. Remarks
29. Remarks	30. Remarks
31. Remarks	32. Remarks
33. Remarks	34. Remarks
35. Remarks	36. Remarks
37. Remarks	38. Remarks
39. Remarks	40. Remarks
41. Remarks	42. Remarks
43. Remarks	44. Remarks
45. Remarks	46. Remarks
47. Remarks	48. Remarks
49. Remarks	50. Remarks
51. Remarks	52. Remarks
53. Remarks	54. Remarks
55. Remarks	56. Remarks
57. Remarks	58. Remarks
59. Remarks	60. Remarks
61. Remarks	62. Remarks
63. Remarks	64. Remarks
65. Remarks	66. Remarks
67. Remarks	68. Remarks
69. Remarks	70. Remarks
71. Remarks	72. Remarks
73. Remarks	74. Remarks
75. Remarks	76. Remarks
77. Remarks	78. Remarks
79. Remarks	80. Remarks
81. Remarks	82. Remarks
83. Remarks	84. Remarks
85. Remarks	86. Remarks
87. Remarks	88. Remarks
89. Remarks	90. Remarks
91. Remarks	92. Remarks
93. Remarks	94. Remarks
95. Remarks	96. Remarks
97. Remarks	98. Remarks
99. Remarks	100. Remarks

LIST OF DISCHARGE DOCUMENTS

1. Discharge Certificate	1. Discharge Certificate
2. Discharge Certificate	2. Discharge Certificate
3. Discharge Certificate	3. Discharge Certificate
4. Discharge Certificate	4. Discharge Certificate
5. Discharge Certificate	5. Discharge Certificate
6. Discharge Certificate	6. Discharge Certificate
7. Discharge Certificate	7. Discharge Certificate
8. Discharge Certificate	8. Discharge Certificate
9. Discharge Certificate	9. Discharge Certificate
10. Discharge Certificate	10. Discharge Certificate

1. Discharge Certificate

2. Discharge Certificate

3. Discharge Certificate

4. Discharge Certificate

5. Discharge Certificate

6. Discharge Certificate

7. Discharge Certificate

8. Discharge Certificate

9. Discharge Certificate

10. Discharge Certificate

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). *and Duplicates L.P.C.*
13. Pay Book (A.B.64).
14. War Service Gratuity (Form M.F.W. 2888).
15. Sundry Documents.

