

ATTESTATION PAPER.

6 ORIGINAL No. 463442

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

Folio.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS)

- 1. What is your name?..... *David Robert*
- 2. In what Town, Township or Parish, and in what Country were you born?..... *Alloa, Scotland*
- 3. What is the name of your next-of-kin?..... *John David Foster*
- 4. What is the address of your next-of-kin?..... *Shelling Hill, Scotland*
- 5. What is the date of your birth?..... *16 March 1890*
- 6. What is your Trade or Calling?..... *Telegraphist*
- 7. Are you married?..... *No*
- 8. Are you willing to be vaccinated or re-vaccinated?..... *Yes*
- 9. Do you now belong to the Active Militia?..... *No*
- 10. Have you ever served in any Military Force?.. *No*
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*

Robt. David (Signature of Man).
Ed Rypples (Signature of Witness).

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *Robt David*, 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 *3rd July 1914*
Robt David (Signature of Recruit)
Ed Rypples (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *Robt David*, 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 *3rd July 1914*
Robt David (Signature of Recruit)
Ed Rypples (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 *ALVERNON, B. C.* this *AUG 21 1914* day of *1914*.

J. J. [Signature] (Signature of Justice)

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

[Signature] (Approving Officer)

Description of David P on Enlistment.

Apparent Age 25 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 8 ins.

215 L.A.

Chest measurement { Girth when fully expanded..... 34 1/2 ins.
 Range of expansion..... 3 1/2 ins.

1 P.O. seen over Appendix

Complexion..... dark

Eyes..... green

Hair..... Black

- Religious denominations.
- Church of England.....
 - Presbyterian.....
 - 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..... 31 July 1915

J. W. Wheeler
J. Shaw Capt - Comm.
 Medical Officer.

Place..... Vernon BC

*Insert here "fit" or "unfit."
 If 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 state below the cause of unfitness:-

CERTIFICATE OF OFFICER COMMANDING UNIT.

Robert 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.

Abraham (Signature of Officer)
Major

Date..... SEP 1 - 1915 1914.

62nd (OVERSEAS) BATT'N, C. E. F.

913 17/7/18



DISCHARGE DOCUMENTS

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



- 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..... 2
- Casualty Forms..... 2
- Proceedings on discharge..... 2
- Corps History Sheet.....
- Date and No. of Deposit Receipt for Purchase Money and Amount.....
- Parchment Certificate.....
- Medical Report for Invalids..... 3
- Medical History Sheet..... 2
- Proceedings of Regt. Court Martial.....
- Copies of Convictions by Civil Power.....
- Company Conduct Sheet.....
- Clothing Transfer Certificate.....
- Inventory of Kit.....
- Last Pay Certificate.....

4



AR 149

Name ~~Down~~ Robert.
 Regt. No. 463442 Rank Pte
 Corps 48th Bn.
 Med. Unfit.

C4470

~~Cards -~~
 1 Index Removed 11-1-18
 1 Part II
 1 Casualty

Recd 26/1/19.



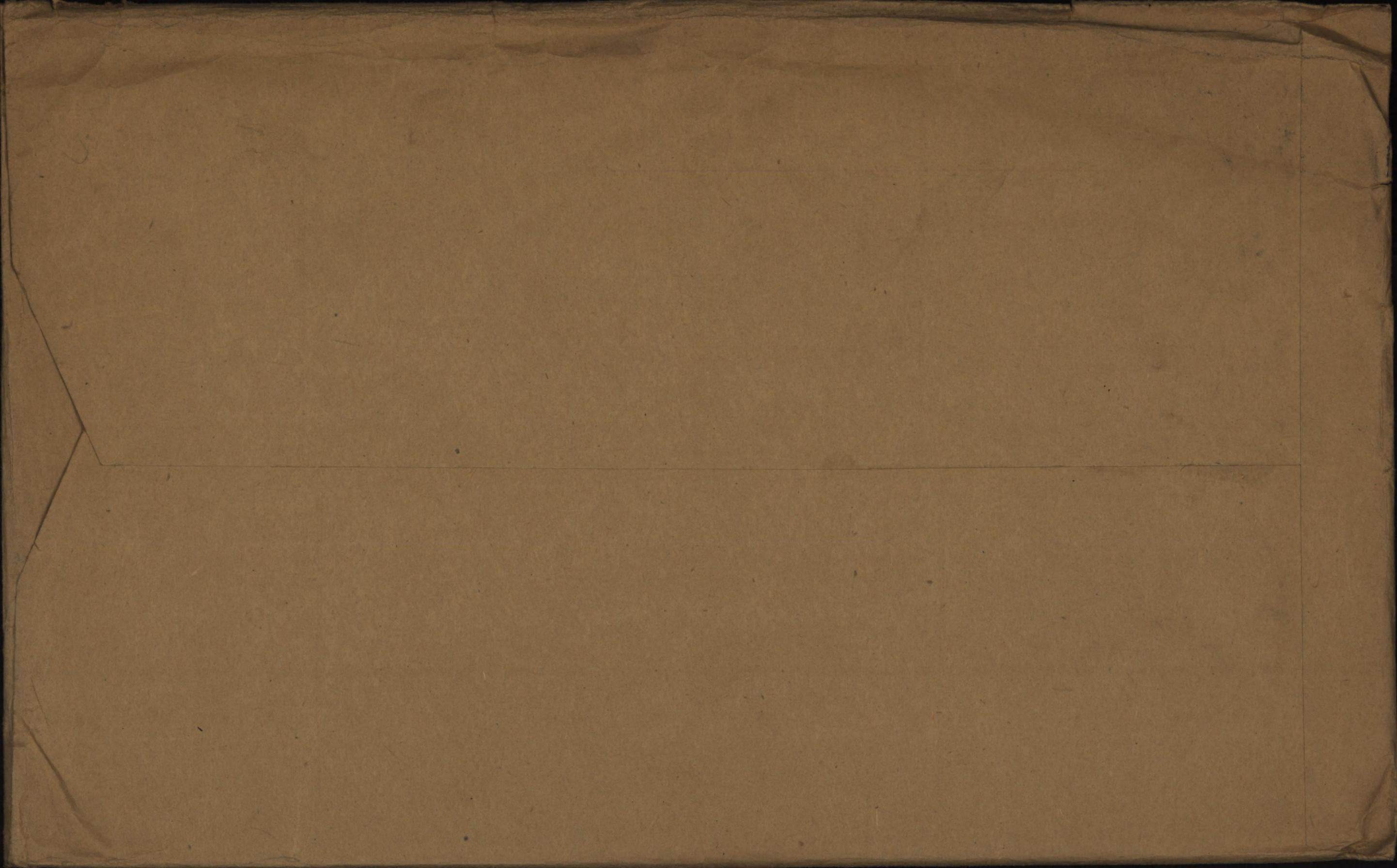
9-5
 18-7
 31-7
 3

A F B 122-1
 D.O.S. 2-1
 R + O 6064-1
 A. & B. 179-1

1 Can Card
 1 pay card
 case 5009-1
 R + O 6045-2

M. F. W. 62.
 100m.-6-17.
 H. J. 1772-39, 935.

proceeding of Medical Board - 1
 A. 7 B. 175-2



MEDICAL CASE SHEET.*

No. in Admission and Discharge Book. 1a-T809	Regimental No.	Rank.	Surname.	Christian Name.
Year 1917	463442	Pte.	Davie	Robert
Station and Date.	Unit.	Age.	Service.	
	48th. Bn.	26	21/12	
Disease	Myalgia. Pain to man had appendicitis			
Canadian Red Cross Special Hospital BUXTON, DERBY	2 1/2 years ago. Had good recovery.			
16/3/17	Enlisted July 1, 1915. Went to France March 1916.			
	Reported sick Oct. 15 with pains in legs back & arms.			
	Fell out on march on returning from the "Somme". Sent to C.C.S. marked Bronchitis & then to Boulogne. Cold improved & then fever started lasting three weeks.			
	Sent to 14 th Stationary Boulogne in the Entente group & then to England to Chatham & v.a.d. Waterham & to Buxton.			
Pres. Condr.	Pains in hips, groin & arms & shoulder. Dissected tonsils. Heart O.K. No physical signs of any abnormality in groin.			
Treatment.	U.V.B. &c. U.V.D. back thrice weekly.			
27.3.17	Throat to be painted with Sol. Arg. Nit. 10% once a day			
" " "	Garg. Listerine + Peroxyde 1/2 & 1/2 3 or 4 times.			
	No Pulv. menthol grs XXIV ad Acid. Borac. 3j - Sig. To be used as snuff.			
31/3/17.	Throat improving & feeling better.			
7/4/17.	Improving. 14/4/17. Do.			
21/4/17.	Improving. C.I.			
	Has improved under treatment and pains gone. Throat better. Weight remaining about the same. Has a melancholy disposition and will improve with work. Heart & chest O.K. Urine negative.			
30/4/17.	Discharged from hospital under category C.I.			
	R. W. Warburton Capt. Lane			

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

Station
and Date.

Copy.

PROCEEDINGS OF A MEDICAL BOARD.

Dated at Canadian Red X. Sepc. Hosp. Buxton, Derby
Apr. 26, 1917.

No. 463442 Rank. Pte. Name. Davie, Robert
Local Unit Overseas Unit 48th Bn.
Age. 26

Examination held at Canadian Red X. Spec. Hosp. Buxton, Derby.

DISABILITY.
Overseas - ~~xkooxk~~. Myalgia.
(Scratch one out.)

PRESENT CONDITION.

Has improved under treatment here and pains have gone.
Has a melancholy disposition and will improve with work.
Heart and chest O.K. Urine negative.

BOARD RECOMMENDS:- C.1.

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

Signatures:-

	(
Members	(President.
	(

APPROVED

Dated at Apr. 27, 1917

for A.D.M.S.

68^F

PROCEEDINGS OF A JURY OF INQUIRY

Dated at _____

Overseer of the _____

Present on the _____

Overseer of the _____
(Signed and sealed)

WARD RECOMMENDATIONS

1. _____

2. _____

3. _____

4. _____

5. _____

Discussions

APPROVED

Dated at _____

18

Copy.

PROCEEDINGS OF A MEDICAL BOARD.

Dated at Seaford, June 11, 1917

No. 463442 Rank. Pte. Name. Davie, R.

Local Unit B.S.R.D. Overseas Unit 3rd Pioneers

Age. 27

Examination held at Seaford

DISABILITY.

Overseas - ~~XXXX~~.

(Scratch one out.)

Rheumatism

Tachycardia

PRESENT CONDITION.

Was in hospital over 6 months with Rheumatism with Fever. Left 1st hedg.
 Complains of pains in arms, legs and back now. Poorly nourished, looks
 feeble and heart very rapid, sound not strong but no murmurs

BOARD RECOMMENDS:- C.3.

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

Signatures:-

Members

President.

APPROVED

Dated at June 11, 1918

for A.D.M.S.

68 F

1907-1911

Dated at

Place

Overseas Unit

1907-1911

1907-1911

Examined and found

to be correct

and true

and correct

Medical Department

Wages

1. For the month of

2. For the month of

3. For the month of

4. For the month of

5. For the month of

6. For the month of

Residence

Members

APPROVED

1918

Dated at

for A.D.M.

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CANADIAN CONTINGENT EXPEDITIONARY FORCE

M. D. 11

LAST PAY CERTIFICATE

No. 44

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

Regimental No. 463442 Rank Pte. Name Davie E.

Corps Gen. Hosp. (3.C. Pion. Bn. No. XI CASUALTY UNIT) Discharged

On 15/4/18 191... to 20/2/18 191...
 *Insert "discharged" or "transferred."

The following is a statement of the account of the above named from 20/2/18 191... to 15/4/18 191..., the inclusive date of transfer or discharge.

Dr.		\$	c.	Cr.		\$	c.
Bal. Dr. from prev. month				Bal. Cr. from prev. month	L.P.C.	290	54
Advances by Cheques	No. <u>Post discharge Pay</u>			Regt'l Pay	<u>55</u> days at \$ <u>1</u> c.	55	00
	No. <u>Pay</u>	33	00	Field Allow.	<u>55</u> days at \$ <u>10</u>	5	50
Assigned Pay and Sep'n Allce. No.				Separation Allowances* (Monthly)			
Other charges				Other Allowances	<u>14</u> days Subs.	11	20
Payment on transfer or discharge No.		370	24	Other Credits	<u>Clothing Allow.</u>	8	00
Balance Cr. (to be paid by the new unit)				Bal. Dr. (to be deducted by new unit)		33	00
Total		403	24	Total		403	24

* Give particulars.

A monthly stoppage of \$.....(†) has.....(‡) been paid on account of Assigned Pay for the month of.....191... } (to) Assignee
 and Sep'n Allce. for month of.....191... }
 (Address) N I L.

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

On Transfer of an Officer

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

REMARKS:—

- State (1) date of enlistment Vernon. 31st July. 1915.
- (2) if married and if a Separation Allowance Card has been submitted No.
- (3) cause of discharge Medically Unfit. authority K R & O. for C.M.
- (4) authority for transfer 1910-322 -(9).

NOTE.—Separation Allowance and Assigned pay Card and Index Card (M. F. W. 71) are to accompany the original Last Pay Certificate on transfer.

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

Date 15/4/18

Place NEW WESTMINSTER

R. J. S. L.
 Captain Paymaster.

N.B.—For purposes of transfer this form is to be made out in quadruplicate. Original copy to paymaster of new unit; duplicate to District Paymaster; triplicate to accompany the pay-list at the end of the month, and quadruplicate for retention as a record.
 For purposes of discharge it is to be made out in triplicate. Original copy to accompany discharge papers; duplicate to accompany pay-list at the end of the month, and triplicate for retention as a record.
 If a man on discharge is entitled to three months' Post Discharge Pay, Last Pay certificate will be made out in quadruplicate. The original Last Pay Certificate will be forwarded with other documents to Paymaster Post Discharge Pay and triplicate, with his discharge documents.

CONTINGENT EXPENDITURE

STATE OF CALIFORNIA

DEPARTMENT OF THE TREASURY

9440.

Forms
I. 1237
10

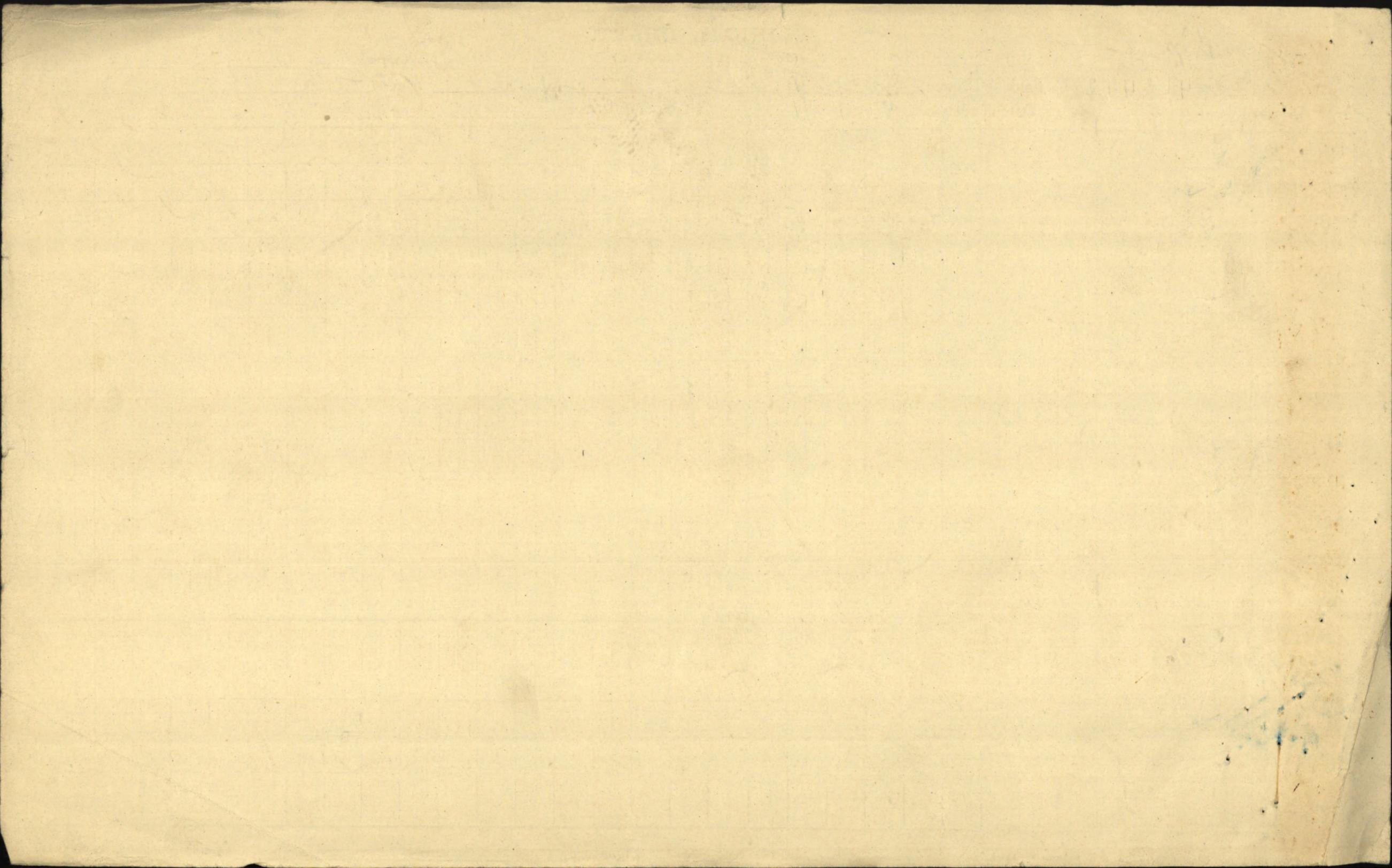
Army Form I. 1237.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
9440 Year 1915	463442	Pte	Davie	Robert
		Unit.	Age.	Service.
		48 th Batt	24	6/12
Station and Date.	Disease			
MBH Jan 5 '16	<p>Influenza</p> <p>Illness commenced Jan 3rd 1916 while on duty.</p> <p>Pt complained of</p> <p>Cough 'cold'</p> <p>Pain in chest</p> <p>Aching in bones of back legs.</p> <p>Nemalgia - over right eye</p>			
	<p>On admission:</p> <p>Pain in lumbar region</p> <p>No temperature</p> <p>Heart strong - normal.</p>			
Jan 7	<p>Improved -</p> <p style="text-align: right;">J. Adams Capt</p>			

*The first and last entries will be signed, and transfers from one Medical Officer to another, attested by their signatures.
(J 3521.) Wt. W 5606-2621. 2,000,000. 7/15. D & S.

Station
and Date.



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ORIGINAL

463442

MEDICAL HISTORY SHEET.

Surname Davie Christian Name Robert

Examined on 31 day of July 1915
at Newman Bc

Approved by J. Shaw
Rank Capt Camc. M.O.

Birthplace { City or Town Alloa
County Scotland

Apparent age 25

Trade or occupation clerk

Height 5 Feet 8 Inches

Weight _____ Lbs.

Chest measurement { Minimum 31 inches
Maximum expansion 34 1/2 inches

Physical development _____

Small-Pox Marks _____

Vaccination Marks { Arm Right Left
Number 2

When Vaccinated last _____

(a) Marks indicating congenital peculiarities or previous disease _____

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

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT,
		<u>14 JAN 1916</u>
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Date	Result	VACCINATIONS,
<u>23/8/15</u>	<u>OK</u>	<u>J. Shaw</u> M.O.
		M.O.
		M.O.

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>3/8/15</u>	<u>OK</u>	<u>J. Shaw</u> M.O.
<u>13/8/15</u>	<u>OK</u>	<u>J. Shaw</u> M.O.
<u>7/9/15</u>	<u>OK</u>	<u>J. Shaw</u> M.O.

Enlisted on 31 day of July 1915 at Newman Bc

Corps.	REG'T NUMBER.	HABITS.	DATE.
<u>48th BATTALION, C.E.F.</u>			<u>JUL 30 1915</u>

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
<u>Canadian Red Cross Special Hospital, BUXTON, DERBY.</u>	<u>26/4/17</u>	<u>Myalgia</u>	<u>61. Major Bradley Major Camc.</u>

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

Medical History Sheets of all men proceeding overseas, must be sent to the Record Office by the Officer commanding their unit to the Record Office, London, England.

No card

CANADIAN

Christian Name *Robert*

Surname *Davis*

STATION.	Date of Arrival at the Station.	DATES OF						DISEASE.	Number of days in Hospital.	Remarks on nature of the disease: how induced: if mild or severe: if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer.
		Admission into Hospital.			Discharge from Hospital.						
		Day	Month	Year	Day	Month	Year				
<i>Moore Barracks Shorncliffe</i>				<i>5</i>	<i>16</i>	<i>9</i>	<i>1</i>	<i>16</i>	<i>Influenza H</i>	<i>Dis. to duty.</i>	<i>Mullumich Capt. Amc</i>
<i>Canadian Red Cross Special Hospital, BUXTON, DERBY.</i>		<i>16</i>	<i>3</i>	<i>17</i>	<i>28</i>	<i>4</i>	<i>17</i>	<i>Myalgia</i>	<i>43.</i>	<i>Had pains in hips, groin, arms & shoulders. Diseased tonsils. Heart O.K. No physical signs of any abnormality in groin. Treatment:- Warm mineral baths & U.C. Douche. Present condition:- Has improved under treatment & pains have gone. Throat better. Has a melancholy disposition and will improve with work. Discharged from hospital. Category C1.</i>	<i>Dr. Wallman - Capt. C.A.M.C.</i>

DEPARTMENT OF MILITIA AND DEFENCE.

WAR SERVICE GRATUITY.



OTTAWA, CANADA.

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

If the applicant will enquire at the local Branch of the Canadian Patriotic Fund he will be informed if there is an official who will take this Declaration free of charge.

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 this Declaration is to be returned to THE DISTRICT PAYMASTER OF THE DISTRICT IN WHICH THE SOLDIER WAS DISCHARGED.

1. Christian Names **Robert** 2. Surname **Davie**
3. Rank **Private** 4. Original Unit **62nd Battalion** 5. Reg. No. **463442**
6. Address, in full, to which future payments of gratuity are to be forwarded
- **P.O.Box 94, Prince Rupert, British Columbia.**
-
7. Date of enlistment in the C.E.F. **3rd. July 1915.**
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:—
- **48th. Battalion. September 30th 1915 to Novr.22nd 1916.**
-
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? **Not applicable**
14. Were you on active service only in Canada or the United States? If so, give particulars of unit and dates of such service **Not applicable.**
-
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 **Total Service 2 years 9½ months**
(3 months, 62nd Battalion) (2 years 6½ months, 48th Battalion)
-
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
3 months Post Discharge Pay, \$100.00, paid by District Paymaster, No.11 Military District, Victoria, B.C.
20. Have you been issued with a War Service Badge? If so, what class? ... **Classes "A" & "B"**
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? **Not applicable.**
24. Are you now serving in the C.E.F. **No.**
- If not, give:—(a) Date of discharge **18th April 1918.**
- (b) Reason for discharge **Medically Unfit**
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. **No.**
26. Did you at any time serve at the front in an actual theatre of war? If so, give particulars of one unit which you served at the front, and dates of such service with that unit.
48th Battalion. March 9th 1916 to 30th October 1916.
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? **No.**

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: *Robert Dave*
 Place of Residence: *Box 94, Prince Rupert, B.C.*
 Declared before me at: *Prince Rupert, B.C.*
 This *23rd* day of *January* 19*19*
 Signature of *W. H. Pickers*
 Supreme Court Stipendiary Magistrate, Notary Public, Justice of the Peace, or Commissioner for the Administration of Oaths.

POST DISCHARGE PAY.

Date paid	Paid Soldier	Paid Dependent	War Service Gratuity	Net amount due
<i>1918</i>				
<i>Apr 15</i>				
<i>May 15</i>	<i>100.00</i>			
<i>June 15</i>				

Certified Correct.

District Paymaster.

W. H. Pickers
 FOR DISTRICT PAYMASTER M.D. 11
 POST DISCHARGE PAY SECTION

Surname

Christian Name or Names

Reg. No.

Davie

R.

463442.

Rank

Unit

Co.

Troop

Batty.

Pte

48th Batta

Hospital

3rd. Can. Min. Batt.

Date of Admission

Transferred *Moore Barracks Hosp Shorncliffe* Hosp. *6-1-16.*

3 Can. Gen. Hospital Hosp. *27-10-16*

14 Spaly. Wimmera Hosp.

Chatham Hill. Hosp. *10.12.16.*

Diagnosis *Influenza.*

(1) *Bronchitis*

Later Diagnosis (if changed)

(2) *Enteric group, not int.*

(3) *Myalgia*

Additional Diagnoses: If more than one state present

DISPOSITION

Date

Dis. 9.1.16.

REMARKS

Dis. 27.4.17.

C.L. 12-1-16 #57
15-6-16 B3150.
e.l. 4-11-16 A186

5.12.16. A211.

16.12.16 B301

23.3.17. B368

4.5.17. B396.

A.M.D. 2 DEPT.

Bch. of D.G.M.S. O.M.F.C. London *A f*

RW

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1. *Camp Red 4. Spl. Buxton* 17.3.17

2.

3.

4.

5.

6.

7.

Number

463442

Rank

Private

~~B~~
~~V~~

Surname

DAVIE

Christian Name

Robert

Units

3rd Can Pwr Bn

Theatre of War

France

Date of Service

9-8-16

Remarks

Latest Address

90 Albert St
Ormeau Park,
Ormeau

Roll No.

B. Page 19026

BC

200m.-6-21...

(This form to be filled in by all ranks on voyage to Canada.)

RANK

SURNAME

INITIALS

UNIT

Home address.....

(Street)

(City or Town)

(Province)

One person to be notified of arrival.....

Station in Military District to which a furlough warrant is required.....

Railway.....

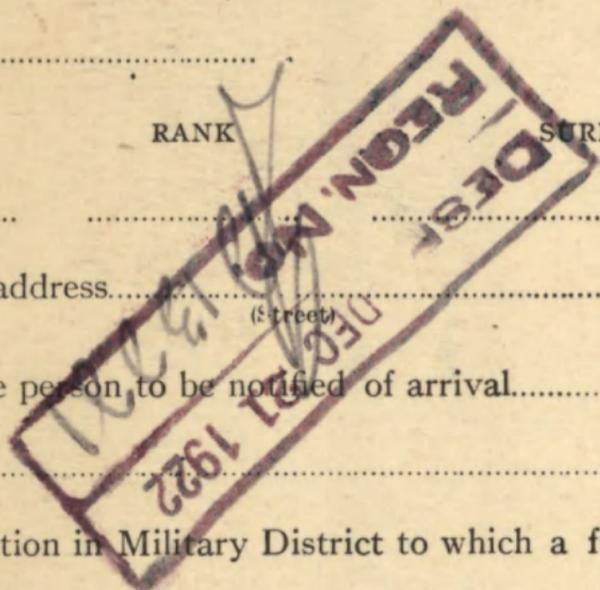
Is your wife on board.....

Number of children on board.....

Destination.....

(Sgd.).....

1008-8-18



SURNAME. *Davie.*

CHRISTIAN NAMES *Robert.*

REGL. No. *463442.*

RANK *Pte.*

UNIT *62nd. (1st. R.D.)*

FORMER CORPS *nil.*

CARD NO.

S.O.S. Dis. 15-4-18 Pt. II 105 of 15-4-18
FOLL.

#11 Cas. Unit. C.E.F. II

D. 7.

Batt.

NEXT OF KIN.

NAMES IN FULL *Davie, John.*

RELATIONSHIP TO SOLDIER *Father.*

ADDRESS *Shielling Hill, Alloa, Scot.*

CHANGE OF ADDRESS

COUNTRY OF BIRTH *Scotland. Alloa.*

DATE

PLACE OF ATTESTATION *Bernon, B. G.*

DATE *21/8/15*

*C/O 1-10-15 - 21.9.
2*



R/C 17/3/18 637

0/8 17/3/18.

MARRIED

SINGLE

Yes.

WIDOWER

TRADE OR CALLING

RELIGION

DESCRIPTION.

APPARENT AGE

YEARS

MONTHS

HEIGHT

FEET

INCHES

CHEST MEASUREMENT

INCHES

EXPANSION

INCHES

COMPLEXION

EYES

HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION. PLACE

DATE

H. Q. FILE No. 649-

NAME

Davis, R.

REGT'L No.

463442

RANK AND CORPS

Pte 48th Batt (3rd Can. Pion)

NO.

242x

CABLE

NATURE OF CASUALTY

NO.

DATE

FOLL.

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
57.	Moon Barr. Shoum	6-1-16	Influenza
B130	Discharged	9-1-16	"
A186	#3 Cam. Gen. Boulogne	27-10-16	Bronchitis
A211	#14. Etaples Etat. Wimereux	26-11-16	Enteric group.
B301	Mil. Chatham	10-12-16	Rheumatism
B368	Cam. + Special, Buxton	17-3-17	Myalgia
B396	Discharged	27-4-17	" "

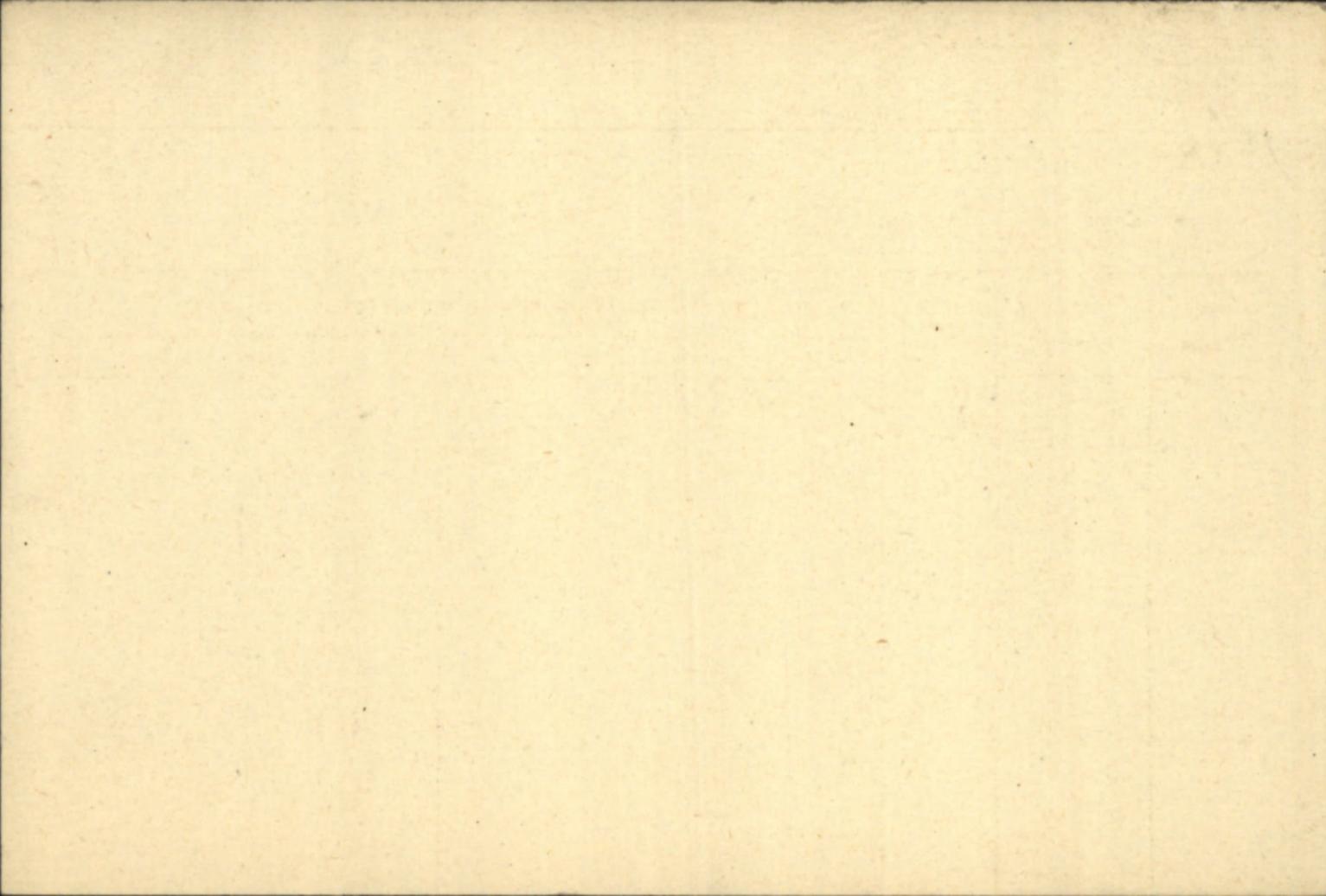
No. 463442

RANK *Pl.*NAME *David R.*T. O. S. *5-7-15*UNIT *62nd. B attalion C.E. 21.**Do. 18 of 31-7-15*M. D. *11*

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
<i>1915</i> <i>July 5</i>	<i>1915</i> <i>July 31</i>	<i>v</i>	<i>Overseas draft</i>	<i>Sept. Paylist</i>
<i>Aug.</i> <i>Sept. 1</i>	<i>Oct. 15</i>	<i>v</i>		
		<i>v</i>		

UNIT SAILED

APR 22 1916



Name DAVIE Robert, Rank PTE.

Reg. No. 463442.

Unit THIRD PIONEER BATTALION.

Next of Kin Jno Davie. Shilling Hill. Alloa. Scotland.
~~EXHIBIT.~~

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1916.						
Oct. 27.	No. 3. Can. Gen. Hsp.	Etaples.	Bronchitis.	A186.		
Nov. 26.	No. 14. Sta. Hosp.	Wimereux.	Enteric. Grp.	A211.		
Dec. 10.	Military Hosp.	Chatham.	Rheumatism.	B301.	151216.	
1917						
Mch. 17	Can. R. X. S. Hosp.	Buxtin	Myalgia	B368		
Apl. 27.	Discharged.		do.	B396.		

MOORE BARRACKS, CANADIAN HOSPITAL, SHORNCLIFFE.

ADMITTING CARD.

Regt. No. 463442 A. & D. No. 9440
Rank Plc
Name Davis, R.
Corps U.S. Regt. 1 Coy.
Religion Pres
Age 24
M. H. Rec'd na. M. H. Requested M. H. Ret'd 7-1-16
Disease Influenza.
Admitted 5/1/16
Discharged 9-1-16.
Place in Hospital B.
Transferred
Results 6/12. Prime Report. no. no. 3.20.

REMARKS:

Name *Davie R.* Rank *Pte*

Reg. No. *463442*

Unit *48th Batt.*

Next of Kin *John Davie Shilling Hill Alloa Scotland*

Date	Movement	Place	Casualty	List No.	Notified N/KO.	W.O. List
<i>6.1.15</i>	<i>Moore Barracks Hosp.</i>	<i>Shorncliffe</i>	<i>Influenza</i>	<i>57</i>		
<i>9.3.16</i>	<i>discharged</i>	<i>do</i>	<i>do</i>	<i>B/100</i>		

DEPARTMENT OF VETERANS AFFAIRS

Ottawa Ont.

To ● Copy for H.O. file

Date..... April 20/64

Attention of

NAME DAVIE, Robert

SERVICE 463442 WWL
NUMBER

C.P.C. No. 35793
W.V.A. No.

NAVY
ARMY X
R.C.A.F.

The DEPARTMENT has received information from

Pension Medical Examiner CPC. April 14, 1964. Vancouver B.C.

(State authority and source of information of death)

regarding the death of the above mentioned veteran.

Particulars are as follows:

Date of Death..... March 29, 1964.

Cause of Death.....

Place of Death..... General Hospital Vancouver B.C.

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

Copies to: W.S.R.
V. I.
~~NAV~~
~~DOX~~
H.O.

} Destroy form if advice of death already received.

E.P. Richards

for
Chief, Central Registry

31 2019
10/10/19



TO: [Illegible] FROM: [Illegible]

[Illegible text block]

[Illegible text block]

[Illegible text block]

[Illegible text block]

[Illegible text block]

POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

17142/341
D E

Davie

Name **Davie, Robert**
Surname Christian Name

Regimental Number **463442** Rank **Pte.** Address (in full) **c/o A.W. Caffery**

Unit **11 Cas. 11** **Brinze Rupert B.C.**

Original Unit

District where paid **M.D. 11**

Date of Discharge

P. D. P. Filing Number **8-210-11**

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

L. L. 46038—M. & D. 9245.

Total Credits 91 days	FIRST PAYMENT			SECOND PAYMENT			FINAL PAYMENT			Balance Over- payments to be Recovered	Total Amount Paid
	Cheque No. A	Date	Amount 30 days	Cheque No. B	Date	Amount 30 days	Cheque No. C	Date	Amount 31 days		
100 10	2612	15-5-18	33 00	2528	15-6-18	34 10				33 00	67 10
	1026 1st	9.14902	27/2/19	70 00							
	591A 2nd	9.35991	14-3-19	70 00							

M. F. W. 127.
25M—8-18.
1772-39-1140.

Remarks: **33.00 adv. by Cas. U.**

PO-Box 94
 Prince Rupert
 B.C.

Dec'n No 17142/341 W. G. File No 4308-R-10

Award days at \$ 70 per ^{mo} \$ 350.00

S. A. months at \$ per mo. \$ \$ 100.10

Less P, D. F. Credited

Less further debit balance

Net due paid as betw 249.90

TO SOLDIER		PAYMENT		Amount	
0	Ag. No	Pay No	cu		
1	1026	14902	70		
2	591A	35991	70		
3	1201B	42652	70		
4	1134C	46197	39.90		
5					
6					
				<u>249.90</u>	total

27-2-19
 14-3-19
 11-4-19
 14-5-19

GEN'L AUDITOR
 Posting checked by
[Signature]
 Date 16-7-19

[Handwritten initials]

Casualty Form—Active Service.

10-771
H-28 6/4/17

Regiment or Corps **48th BATTALION, C.E.F.**

Regimental No. 463442. Rank Pvt Name Waver Robert

Enlisted (a) 31/7/15 Terms of Service (a) of war Service reckons from (a) 31/7/15

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) Civil - Clerk

ONTARIO REGIMENT
Canadian Record of Service
We are in the possession of
10/10/17
B2B2

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				

Date	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.	
		EMBARKED FOR FRANCE.				
28.10.16	ob unit	2 ^o Hospital		7/3/16	104/P.R./3/2 121/7542/S.D.2	
27.10.16	ob 2/4 low 3A	P.M.O. 74	Trans 42 b b d	24.10.16	B 213 ob A 155	
24.10.16	3 low 3rd	Bronchitis	3 low 3rd	23.10.16	A 36	
28.10.16	42 b b d	Bronchitis	42 b b d	27.10.16	low rec. B 27. rlv 303A 94	
26.11.16	3 Can. Gen	Enteric Group.	Trans. A. 2. 27	23.10.16	} W 36 ob A 160	
			To adm. 14 Staty	27.10.16		
			14 Staty	26.11.16	} W. 3034-132	
14. Staty	9-12.16	Rheumatism: To England, per H.S. "St Andrew". Struck off Strength		9.12.16		W. 3083 No. 3695.
				9.12.16	Part II order to d. 15.12.16	

James Murray
Lieut.
for Lieut. Col. A.A.G.
Canadian Section.
3rd Echelon. G.H.Q.

5 JAN. 1917

(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				
20.12.16	ceac	T.O.S. O/Seas Cas.	Stastings	11.15.16	PT II 561
11.3.17	"	S.O.S. to West Ont Regt Depot.	"	11.3.17	PT II 117 and WORD
30.7.17	"	PT II 6 of WORD and PT II 117 of ceac amended to Read "B.C. Regt Depot	"	11.3.17	PT II 6 d. 15.3.17. PT II 136 and WORD PT II 21 d. 1/4.17
6.4.17	JOS	BC Regt Depot Seaford			Lieut. for Lt.-Col i/c Records, C.E.F.
13.6.17	on command	to offic Stationery Services London			Pl 2 0097 Lieut. based asy BCR Depot
3-8-17	O/c Staty Services	ceases to be attached on reported to H.Q. OMFC	London	25-7-17	Part # D.O. 201. 9-8-17. for CAPTAIN, OFFICER I/C STATIONERY SERVICES, OVERSEAS MILITARY FORCES OF CANADA.
11.8.17	H.Q. OMFC	Attached to H.Q. OMFC from B.C. Reg. Depot.	London	25.7.17	Pl II. 128.
14.12.17	do	T.O.S. ^{Staty & Type Dept} HQ OMFC from BCRD. Remains attached HQ OMFC	do	14.12.17	Pl II D.O. 235
30-1-18	do	S.O.S. Staty & Type Dept and ceases to be attached to HQ OMFC on return Gen Depot	do	28-1-18	Pl II D.O. 25

M. W. Winstski
Lieut.,
Officer i/c Details,
H.Q. O.O.M.F.

Sheet 11
Casualty Form - Active Service.

Regiment or Corps H.Q. - Baden

Rank Pvt. Surname Bowie Christian Name R.

Religion — Age on Enlistment — years — months.

Enlisted (a) 31. 7. 15 Terms of Service (a) — Service reckons from (a) 31. 7. 15

Date of promotion to present rank — Date of appointment to lance rank —

Extended { — } Re-engaged { — } Qualification (b) —
or Corps Trade and Rate —

Signature of Officer.

Report		Record of promotions, reductions, transfers, casualties, &c., 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 of Casualty	Date of Casualty	Remarks Taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
			Embarked ...		
			Disembarked...		
<u>31. 1. 18</u>	<u>Gen Depot</u>	<u>J. O. S. Gen Depot</u>	<u>Schiff</u>	<u>30. 1. 18</u>	<u>Pvt II, Do 26 20/18</u>
<u>1. 2. 18</u>	" "	<u>Comd to Gen Depot</u>	<u>Schiff</u>	<u>31. 1. 18</u>	<u>Pvt II, Do 27 17/18</u>
<u>2. 2. 18</u>	" "	<u>Comd to Gen Depot</u>	"	<u>1. 2. 18</u>	<u>Pvt II, Do 28 27/18</u>
<u>17. 2. 18</u>	" "	<u>Comd to H.Q. Baden</u>	"	<u>14. 2. 18</u>	<u>Pvt II, Do 29 15/18</u>
		<u>Alfred Hill</u>	<u>Gen Depot</u>		

15 FEB 1918

TAKEN ON STRENGTH C.D.D, BUTTON Pt. 11 ORDER No. 39.

Lieut.-Col.

23 FEB 1918

EMBARKED FOR CANADA FROM LIVERPOOL

Lock
Commanding

Canadian Discharge
Depôt.

Lock
Commanding

Lieut.-Col.
Canadian Discharge
Depôt.

(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) Signaller, Sholing-Smith, &c.

Rank _____ Name **DAVIE, Robert** Reg'l No. **463442**
 Unit **62nd Bn.** If in perm. Corps, }
 What Unit? } Married or Single **Single**

B.I.

Place and Date of Enlistment **Vernon 31st July 31st 1915.** Place of Birth **Alloa, Scotland**

Name and Address, Next-of-Kin **John Davie, Shilling Hill, Alloa, Scotland**

Relationship **Father**

Assigned Pay Monthly \$ _____ Payable to _____

N/E R.B. No. 119
FNo R.L.
Category OR Gen.

Relationship _____

Separation Allowance \$ _____ Payable to _____

153
N/E. R.B. No. 114
FNo R.L.
Category OR Gen.

Relationship _____

Discharge, Date and Place **SOS to Stat & Typ** 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				
		<i>Arrived in England.</i>		<i>11/10-15</i>	
<i>5.1.16</i>	<i>9948</i>	<i>adm to Hospital</i>	<i>Wandring</i>	<i>5.1.16</i>	<i>(Cas Rpt 57. Infl.) Pt II 4.</i>
<i>10.1.16</i>	<i>"</i>	<i>disch from Hospital</i>	<i>"</i>	<i>9.1.16</i>	<i>Pt II 8.</i>
		<i>Embarked for France</i>		<i>9 MAR 1916</i>	
<i>4.11.16</i>	<i>2nd P. Coy</i>	<i>No 3 Canadian Gen Hosp</i>	<i>Doulogne</i>	<i>27-10-16</i>	<i>CL 186. Bronchitis. 81</i>
<i>5-12-16</i>	<i>do</i>	<i>No 14. Stationary Hosp.</i>	<i>Wimereux</i>	<i>26-11-16</i>	<i>CL 211 Enteric group.</i>
<i>15-12-16</i>	<i>—</i>	<i>Transferred to C.C.A.C.</i>	<i>Shoreham</i>	<i>9-12-16</i>	<i>Pt II 0. 90. S.</i>
<i>16-12-16</i>	<i>do</i>	<i>Duchess of Cornwall Can Red Cross Hosp</i>	<i>Saplou</i>	<i>11-12-16</i>	<i>CL B 301 Chumatum</i>
<i>20-12-16</i>	<i>CCAC.</i>	<i>I.O.S. O' Seas. Cas.</i>	<i>Hastings</i>	<i>11-12-16</i>	<i>Pt II 54</i>
<i>11.3.17</i>	<i>—</i>	<i>S.O.S to Western out</i>	<i>Hastings</i>	<i>10.3.17</i>	<i>Pt II 0117</i>
		<i>Regt Brunswick</i>			

Be/c

4163442 DAVISE ROBERT

Report		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place	Date	REMARKS Taken from Official Documents
Date	From whom received				
15.3.17	Wor Depot	208 from CCAC	Behett	10.3.17	Plu do 6.
22.3.17	3 Pion.	transf to Can Red & Spec. Hoop	Buxton	17.3.17	Ch B368. Myalgia
1.4.17	Wor Depot	Plu do amended to read B.C. Regt.	B'slott.	11.3.17	Plu do 21 + CCAC #136 & 30-8-17.
6.4.17	BCRD.	FOS from CCAC.	Seaford.	11.3.17	Plu 28
4.5.17	3rd Pion.	Desch Can Red & Hoop	Buxton	27.4.17	Ch B 396. Myalgia
14.6.17	Behd.	on board Stationery Service	London	12.6.17	Plu do 97.
19.6.17	g m h u l	108 from BCRD to Army Sup Dep.	London	13.6.17	Plu Plu DO 170
28.8.17	G m G.	Reposting to H.Q. O.M.F.C.	London	25.7.17	Plu O. 201. O.M.F.C. A-11.0.128.
22.12.17	BCRD.	Ceases off. to Hqs O.M.F.C. London & struck off. strength on transfer to Stationery & Typewriting Dept O.M.F.C. London.	Seaford	14.12.17	— 272 Hq. O.M.F.C. Plu 235/14/17
31.1.18	Gen. Dep.	H.Q. O.S. from Hqs O.M.F.C.	Plu. Schiff	30.1.18	Hq. O.M.F.C. Plu 24 Plu 025/14/18
15.2.18	Gen Dep	to Com. C.D.D	Orleton	14.2.18	— 39
11.3.18	Gen Dep	Ceases on com C.D.D SOB on move to Canada	" do	23.2.18	— 59

MARRIED OR SINGLE *S*
 PLACE OF BIRTH *Alloa Scotland*
 NAME AND ADDRESS OF NEXT OF KIN *John Davie
 Phelling Hill Alloa Scotland*
 RELATIONSHIP OF NEXT OF KIN *Father*
 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. *463442* RANK *Pioneer* NAME *Davie Robert*
 IF IN PERM. CORPS WHAT UNIT *62nd* UNIT *3rd Bn*
 PERMANENT FORCE ALLOWANCES
 PLACE OF ATTESTATION *Ternon*
 DATE OF ATTESTATION *July 31st 1915*
 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 *Canada 19/2/18* REASON AND AUTHORITY *a FB 199 1/2 Genl Depot 14.2.18*
 ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)
 ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

3090
28.10.17
1451-5-13
24-7-17
10.0.17
20.23

463442 Pm Davie R.

PAY	FIELD ALLOWANCE	WORKING OR SPECIAL PAY	ASSIGNED PAY	OTHER CREDITS	TOTAL CREDITS
28/1/18	£10-0-0	48-67		Ternon	
30/1/18	2582 £2-0-0	9-73		S'cliffe	
	<i>1.22</i>				
	<i>2.43</i>				
	<i>5.65</i>				
		<i>58.40</i>			
31/1/16	9-10 1/2	240			
		<i>60.80</i>			
	<i>17.03</i>				
		<i>6.08</i>			
		<i>4.87</i>			
		<i>9.73</i>			
		<i>20.68</i>			
	<i>2.43</i>				
	<i>6.08</i>				

TOTAL CREDITS	ACQUITTANCE ROLLS								CASH PAYMENTS				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
	1		2		3		4		1	2	3	4				CREDIT	DEBIT			
	No.	DATE	No.	DATE	No.	DATE	No.	DATE												
180																				
100	93	17/4/16																		
410	151		104	28/4	194			261												
300	206	12/6						256												
410	253		308	19/7	421	14/8		256												
410	308	19/7	421	14/8				261	261											
300	459	28/8	501	17/9				261	261											
410	535	27/9						261												
300	594	19/10						261												
410																				
3410																				
1080																				
3410																				
76.30								2597	9 00	11280										

with H.P. 67-201 PL 1-48-32 P. 2025
10th clothing allow
Trans to G.C.A.C. 10.17.16
809.1st Gk B. 301. 28.17

Can. Assigned by Auditor
1/8/18
ml
Compton

Pay. 1.00
 Fr. 2.50
 Sub. 2.70

463442. Pno. Davie Robt

April

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		1	2	3	4	1	2				3	4				CREDIT	DEBIT
			\$	c.						\$	c.																
			586	30				1000	576	30				75	97	900	112	80	147	77	448	53					
30/4	30	10	33						33												481	53					
May 30			33						33												97	33	417	20			
1			1	10					110												49	89	368	41			
June 30			33						33												24	33	377	08			
July 2			2200						2220												22	22	227	26			
June 13	170																										
June 1 Aug 31	81		191	10			81	81	218	10																	
Sep 30	190	57					201	20	81																		
			877	30			111	-	10	-																	

Dofao eff 13/6/19; checked
 17 Dec today 2/19
 checked
 pay of
 Patent

MONTH	PARTICULARS	CR.1	CR.2	PARTICULARS	DR.1	DR.2	DR.3	DR.4	BALANCE	DEFERRED PAY	SER. ALLOC. ENG.	MONTH	PARTICULARS	CR.1	CR.2	PARTICULARS	DR.1	DR.2
1917												Jan.						
	actl Bal Fwdy								39906			Feb.					4138	
	Oct 31 dep @ 270	8370							48276	255							4138	
				AR 96690 LAD 11/10/17	4380													
				" 2505 " 25/10/17	4380				39516									
			8370															
	Nov 30 dep @ 270	81		AR 19867 Lab. 29/11/17	4380				47616			June						
				AR 18. BIRD 17/1/17	974				42262									
				AR 10422 Lab. 15/1/17	4380							Nov.						
				AR 23801 " 8/2/17	4380				255									
			16470	AR 29504 " 18/2/17	4380				37492									
					19494													
1918				AR 63486 LAD. 4.1.18	4380													
	Jan 31 dep @ 270	8370		AR 1. 1st Rec. 7/6/17	2433				39049	55								
			8370															
	29/1/18 to 19/2/18	2200	2 P.P.	AR Cr. 6 weeks pay 29/1/18					810									
				to 3/1/18 3 dep @ 270					270									
				AR 28/1/18 8411F	4867				42101									

- L.P.C. issued, date... 19-2-18.
- Authority... A7B179. 9/6/18
- Discharged to... Canada
- Pay Book verified... 19-2-18.
- Balance shown on L.P.C. \$... 360-27.
- Balance shown in Ledger Sheet \$... 421-07.
- Full particulars of entries making difference between 5 and 6 if any.

No.	Date.	Unit & particulars of entries.	Amount.	
			Debit	Credit
			4867	
			973	
			240	
				6080

Net Difference \$ 60-80

- Assigned Pay cancelled A.S.M. Forms rendered.....
- Separation Allowance and Assigned Pay continued to dependent in England and transferred to Accounts Branch for payment.....

Certified correct... *Whelan* Capt.
 Office 1/3 Group I

Checked *Whelan*

Dr. Davie Robb

AP ml

SIGNED 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	
			1	2	3	4	1	2	3	4				CREDIT	DEBIT				
			No. DATE	No. DATE	No. DATE	No. DATE	1	2	3	4									
	1000	576.30					7597	900	11280			14777	448.53						
		33											481.53						
		33								CP2/S RR568 Aug		97.33	417.20						
		110	108 164 252 257							1 52 48 67		49.89	368.41						
		33								b. 166		24.33	377.08						
		220										22	22	257.26					
		218.10	158 15/17 2092 18 2261 3/8									38.93	29.20	24.33	92.46	92.46			
		81	67 15/17 199 24/7									3899	4190	144	400.19				
												4380	3893		82.73	399.06			
	10 -	998.30										7586	13066	22473	14599	2166	22 -	59924	399.06

Robb eff 12/6/17; checked
 today 2/18/18
 made
 payment
 of
 Patent

S	DR.1	DR.2	DR.3	DR.4	BALANCE	DEFERRED PAY	SERIALIZED ENG.	MONTH	PARTICULARS	CR.1	CR.2	PARTICULARS	DR.1	DR.2	DR.3	DR.4	BALANCE	DEFERRED PAY	SERIALIZED ENG.
								Jan.									390.49		
					399.06			Feb.			41.38		48.67	10.80					
					482.76						41.38		48.67	10.80			372.40		
1/10/17	43.80											X Sw 82762 HA on 3023/18	43.80						
1/10/17	43.80				395.16							- 7582 / 29/18	9.93				318.87		
	87.60												53.53						
2/1/17	43.80				476.16			June				Leading Bal.	316.47				2.40		
7/6/17	97.41				422.62								316.47						
15/1/17	43.80							Nov.				Supp. P.C. Rec. 59/4							
8/2/17	43.80				255							Orig. L.P. Cr. 36027							
18/1/17	43.80				374.92							on 82762 27/1/18	43.80						
	134.94											amended L.P. Cr. 31647							
11-1-18	43.80											2.40							
7/6/17	24.33				390.49							2.40							
	68.13																		
29/1/18																			
	810																		
7-2-18	270				424.07														
	4867																		

ASB. FORM RENV. EFFEC. DATE
 DISCHARGED TO. DATE
 PAYBOOK VERIFIED
 BAL. L.P.G. RENV.
 CITY

Handwritten notes and stamps on a separate piece of paper, including the number 18813 and various illegible scribbles.

Checked: *[Signature]*

This space to be for numbers



Proceedings on Discharge.

DEPT
MILITIA & DEFENCE
JUL 15 1918
H.Q. CANADA

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

No.	<i>463442</i>
Rank	<i>Pte</i>
Name	<i>Davie Robert</i>
NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.	
Corps (Squadron, Battery or Company)	<i>No. XI. CASUALTY UNIT</i>
Date of Discharge	<i>April 15 1918</i>
Place of Discharge	<i>NEW WESTMINSTER, B. C.</i>

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age.....*28*.....years.....*1*.....months.
 Height.....*5*.....feet.....*8*.....inches.
 Complexion *Dark*
 Eyes *Grey*
 Hair *Dark*
 Trade *clerk*
 Intended place of residence *Colbert Mc Caffery*
 (To be given as fully as practicable.) *Prince Rupert, B.C.*

Descriptive Marks

Vacc. & Septum

2. The above-named man is discharged in consequence of *under K.R.O. for C.M.*
1910 Para 322(9) Medically Unfit

Auth XI-MO-34-D-224

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.

Very Good

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.)

Clerk

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

ully comp - 11-2-19 J.B.

to be disp. 2/19

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

nil

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

6. Medals and Decorations.....

France (9) months

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) *NEW WESTMINSTER, B. C.*

(Date) *April 15, 1918.*

Commanding *Ramus* *Capt.*
For O. C. No. 11 Casualty Unit.

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) *NEW WESTMINSTER, B. C.*

Robt. Davie

(Signature of Soldier.)

(Date) *April 15, 1918.*

Capt. Duveau

(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) *15-4-18* *2* years *29* days.

Total *2* years *29* days.

11. Confirmation of Discharge.

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

(Place) *NEW WESTMINSTER, B. C.*

(Date) *April 15, 1918.*

(Signature) *Ramus* *Capt.*
For O. C. No. 11 Casualty Unit.

Reservations referred to at Para. 8.

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

No. Reservations
Robt. Davie.

List of Discharge Documents.

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

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.

PROCEEDINGS OF A MEDICAL BOARD.

Dated at Canadian Red Cross Special Hospital, 26 APR 1917 1916.

463442.

Pte.

BUXTON, DERBY.

Davie Robert.

No. Rank Name

48th Bat tn.

26.

Local Unit Overseas Unit Age

Examination held at Canadian Red Cross Special Hospital,
BUXTON, DERBY.

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

Myalgia.

PRESENT CONDITION.

Has improved under treatment here and pains have gone.
Has a melancholy disposition and will improve with work.
Heart and Chest O.K. Urine negative.

BOARD RECOMMENDS:— 01.

1. Fit for Duty.....
2. Fit for duty after.....weeks' physical training.
3. Fit for Temporary Base Duty.....weeks.
4. Fit for Permanent Base Duty 01.
5. Discharge

Signatures:

W. P. Bradley Major. C.A.M.C. President.

Members

[Signature] Capt. C.A.M.C.

[Signature] Capt. C.A.M.C.

APPROVED



Dated at 1916.

W. P. Bradley Major. C.A.M.C.

For A.D.M.S.
Canadians, London Area.

PROCEEDINGS OF A MEDICAL BOARD.

Date of Examination held at
Name
Rank
Local Unit
Overseer's Unit
Age

DISABILITY
Overseer - Local
Reserve - Overseer

PRESENT CONDITION

BOARD RECOMMENDS

- 1. For full duty
- 2. For duty after _____ weeks physical training
- 3. For temporary base duty _____ weeks
- 4. For permanent base duty
- 5. Discharge

Signature

President
.....
.....
.....

Date

APPROVED

Date of



PROCEEDINGS OF A MEDICAL BOARD

Dated at Seaford JUNE 11th 1916.

No. 463412 Rank PIE Name DAVIE, R.

Local Unit B & R 10 Overseas Unit 3rd Pioneers Age 27

Examination held at Seaford

DISABILITY
Overseas—Local.
(scratch one out)

Rheumatism.
Tachycardia.

PRESENT CONDITION.

Was in hospital over 6 weeks with
Rheumatism - met Jones, left 1st week.
Complain of pains in arms legs
back etc. Does poorly nourished,
looks feeble, appetite very rapid, sound
not strong but no murmurs.

BOARD RECOMMENDS:—

C III

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

Signatures:—

J. P. Kerst Capt President.
G. J. Wood, Capt
M. A. Sullivan Capt

Members



Dated at 1916.

For A.D.M.S.

Major, C.A.M.C.
SEAFORD.

PROCEEDINGS OF A MEDICAL BOARD

Dated at _____ 1918

No. _____ Rank _____ Name _____

Local Unit _____ Overseas Unit _____ Age _____

Examination held at _____

DISABILITY
Overseas - Local
Temporary and etc

PRESENT CONDITION.

BOARD RECOMMENDS:-

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

Signature:-

President _____

Members

APPROVED

Dated at _____ 1918

IMPORTANT.

DISPOSAL OF ORIGINAL MEDICAL HISTORY SHEETS.

1. Action by Officer i/c Hospital—

- (a) See that all entries are properly and fully made, and signed.
- (b) Forward to Hospital to which man is transferred, immediately it is done. If discharged to Unit—to Officer Commanding such Unit.

2. Action by Officer Commanding Unit—

- (a) On admission of man to Hospital, forward M.H.S. to such Hospital at once.
- (b) On transfer to another Unit—to Officer Commanding such Unit.
- (c) On proceeding Overseas — return to Record Office, London, without delay.

(Authority, Army Council Instruction 831, April, 1916.)

(Father) John Davis, Shelling Hill Allea, Scotland

(Medical Officers will please read this Form carefully before using it. See instructions, page 4.)

FORM TO BE USED FOR WARRANT OFFICERS, N.C.O'S, AND MEN

MEDICAL HISTORY OF AN INVALID

J.M.C.

No. X1, C/c

STATION New Westminster, B.C. DATE Mar. 26, 1918

1. (a) Unit 62nd Bn. (b) Regimental No. 463442 (c) Rank Pte.

(d) Surname Davie (e) Christian name Robert

2. Age last birthday 28 Date of birth Mar. 16, 1890

3. Enlisted at Prince Rupert on June 28, 1915

4. Personal description:—

(a) Height 5' 8" (b) Weight 119 (c) Complexion Dark

(stripped)

(d) Colour of hair dark (e) Colour of eyes gray (f) Identification marks

Vacc. 2 left

5. Address after discharge (for the use of the Board of Pension Commissioners.)

c/o Albert and McCaffery Prince Rupert

6. Former trade or occupation Clerk

7. (a) Service 2 8/12 Years 28 Days

PERIODS

From

To

Canada	June 28, 1915	Sep. 1915
England	Sep. 1915	Mar. 3, 1916
France	Mar. 3, 1916	Dec. 12, 1916
England	Dec. 12, 1916	Mar. 17, 1918
Canada	Mar. 17, 1918	Present

(b) Has he been Overseas? Yes

8. Present disease or disability (use authorized nomenclature if possible). 1. D.A.H.

2. Myalgia.

(a) Date of origin 1. Dec. 1916 2. Oct. 1916 (b) Place of origin 1 & 2 France

(c) Cause* 1. Unknown 2. Exposure

*(Here include original disease or injury)

9. Present condition. (Important, to be a full description of the present disabling condition or conditions).

Pulse at rest 132 after touching toes eight times 160. Heart regular,

no murmurs, not enlarged. Is troubled with dyspnoea when sweeping

floor walking fast or running. Could walk 2 miles going slowly on

level. He is of poor physique very nervous with ~~double~~ coarse tremor

1906

of fingers when extended. Troubled with insomnia appetite fair. 2.

Complains of pains running from hip to back of knee. Getting cold at

night or sleeping on one side increases pain. Wet weather makes him

worse. Objectively there is nothing to be seen. Lungs normal.

Incapacity due to partial loss of function of nervous system and

[After describing all abnormalities, anatomical and functional, contributing to present incapacity (see section 11) state whether such incapacity is directly due to (a) weakness, (b) loss (complete or partial) of an organ or member or of its functions, or (c) to the necessity for rest of the body or of some of its parts.]

to myalgia.

M. F. B. 227.

15 IM-6-17.
1772-30-117.

10. History ;

Here give a description of wounds, scars, deformities, and signs and symptoms of abnormal conditions present and not included in answer 8. This section cannot be completed without stripping the soldier and subjecting him to a thorough physical examination

Vacc. 2 left.

11. To what extent, state in percentages, is capacity to earn a livelihood in the untrained labour market reduced? If there is more than one disabling condition, estimate the incapacity due to each, and that due to all combined.

1. 20% for 6 months should decrease to nil.

2. 5% " 6 " " " " " Total 25%

12. Did the disability arise on or off duty? 1 & 2 On duty

13. Was a Court of Inquiry held? No

14. If the disabling condition had its origin before enlistment, has it been aggravated on service?

Yes..... No..... N. app.....

(If the answer is in the affirmative, state in percentages, to what extent the soldier is incapacitated by that aggravation.)

15. Was the disability caused or aggravated by negligence, by vice or by misconduct, or by unreasonable refusal to accept treatment? No

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

16. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one? 6 months each

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

He had 6½ months of treatment in England with very slight improvement.

18. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit?

No see Question 17.

19. Can the former trade or occupation be resumed? To a limited extent

20. Recommendations

Discharge Class E. Medically unfit.

BY Medical Board.

Medical Officer by whom the case is brought forward.

STATEMENT OF THE SOLDIER.

(Sections 8, 9 and 10 are to be read to the soldier.)

I, the undersigned, Robert Davie have heard the description of my disability read, and am satisfied (or not satisfied) with it. (If dissatisfied, statement should follow.) I complain in addition of

Robt Davie

Signature of soldier examined.

OPINION OF THE MEDICAL BOARD

21. Does the Board concur with the preceding report? If not, give differing opinions, with reasons, quoting the number of the answer criticized.

Concurs

Regimental No. 457442 () Rank

Christian Name

DATE OF BIRTH

() Complete Date

() Identification marks

22. Is the soldier fit for

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

23. It is certified that the soldier

- (a) ~~Does require treatment.~~
- (b) Does not require treatment.
- (c) Should pass under his own control.
- (d) ~~Should not pass under his own control.~~

(Strike out condition not applicable).

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

Discharge Class E. Medically unfit.

TO BE COMPLETED WHEN TREATMENT IS REQUIRED

If the undersigned, 1918, advised that I should undergo and refuse to accept it

I should not be held responsible for the failure of the treatment which it

B. H. Coe Capt. President.

W. H. Hume Capt. Members.

B. E. Lang Capt. Members.

STATION New Westminster, B. C.

DATE Mar. 26, 1918.

APPROVED BY

DATE APR 5- 1918

APPROVED BY

DATE

J. A. Langhorne Capt. A.M.C.

For Assistant Director of Medical Services M.D. 11

Director-General of Medical Services.

OPINION OF THE MEDICAL BOARD

11. Does the Board concur with the preceding report? If not give different opinions with reasons stating the number of the answer checked.

12. Did the disability arise on or after July 1, 1913?

13. Was a Color of Inquiry held?

14. If the disabling condition is a result of disease or injury, specify the nature of the disease or injury.

15. Was the disability caused by disease or injury?

16. What is the nature of the disability?

17. Is it recommended that the soldier be discharged? (When not for discharge add special recommendation.)

18. Discharge Class: (a) General service, (b) Service abroad, not general service, (c) Home service, (d) Temporarily unfit, (e) Invalid for service, (f) Invalid for service, (g) Invalid for service, (h) Invalid for service.

TO BE COMPLETED WHEN TREATMENT IS REFUSED

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

Witness: Signed:

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

INSTRUCTIONS

1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of pages 1 and 2 of this Form. The President of the Board of Medical Officers is responsible for the proper completion of the space, of page 3, reserved for recording the Proceedings of a Board of Medical Officers.
3. In answering the questions, Medical Officers will carefully obtain and record the soldier's statements concerning his condition. They will distinguish observations made by themselves from hearsay. They will distinctly state the authority for statements not resulting from their personal observation; it must be made clear whether such statements are obtained from the soldier concerned, from witnesses, or from documents.
4. If a complete answer to any question requires more space than that reserved for it, the answer may be continued on the blank space on this page.
5. The nomenclature of diseases to be followed is that described in "List of Diseases" printed in the order in which they appear in the Annual Report on the Health of the Army, published in London, (1915), by Messrs. Harrison and Sons.

Plu 3653

Davie

AUDITOR *Amel* PAYMASTER *D*

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

M. OR S. _____ REGT. No. *463H42* RANK *Pte* NAME (IN FULL) *Davie R.*

IF IN P.F. WHAT UNIT? _____ (BLOCK LETTERS SURNAME FIRST)

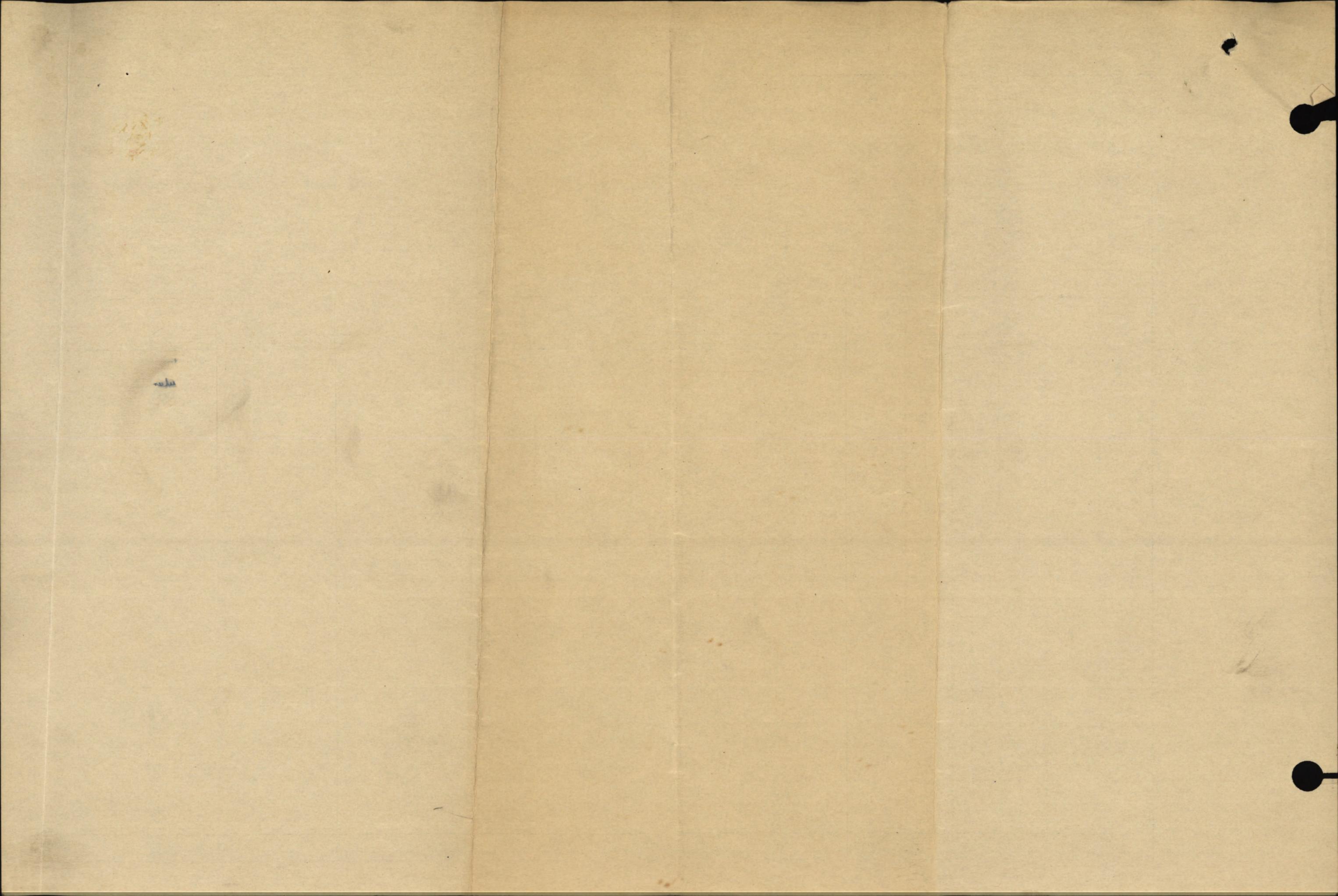
PLACE OF ATTESTATION	TRANSFERRED TO	DATE	AUTHORITY
DATE OF ATTESTATION	TRANSFERRED TO	DATE	AUTHORITY
ASSIGNED PAY \$	DATE EFFECTIVE		
PAYABLE TO	RELATIONSHIP	ANY CHANGE IN ASSIGNEE OR ADDRESS	
ADDRESS		<i>% A M battery Price Report Bb</i>	
STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE	EFFECTIVE		
DISCHARGED	PLACE	DATE	REASON
<i>15-11-18</i>			
			AUTHORITY
			IF ENTITLED TO POST DISCHARGE PAY

BALANCE FROM PREVIOUS ACCOUNT

MONTH	PAY AND F.A.		OTHER CREDITS		TOTAL CREDITS		ACQUITTANCE ROLLS			CASH PAYMENTS			ASSIGNED PAY		REGI-MENTAL CHARGES		OTHER CHARGES		TOTAL DEBITS		BALANCE		PARTICULARS OR REMARKS		
	NO. OF DAYS	RATE	AMOUNT		CREDITS		COL. NO. 1	COL. NO. 2	COL. NO. 3	COL. NO. 1	COL. NO. 2	COL. NO. 3	\$	C.	\$	C.	\$	C.	\$	C.	\$	C.		\$	C.
			\$	C.	\$	C.	NO.	DATE	NO.	DATE	NO.	DATE													
																									<i>AR 82762 #623-118 O.M.F. Amel Aug Passed to Suspense Act 8-1-19 483</i>
																									<i>Suspense 83 8-1-19</i>

Certified that all payments have been made on this account for which covering authority has been received to date.

[Signature]
Lieut.
Paymaster, Demobilization Pay
M.D. No. 11



Reserved for M.H.C.

Christian

Regt. No. **463442** Rank **PTE.** Surname **DAVIE** Name **ROBERT**Unit or Corps—(a) Overseas from United Kingdom **3rd Can. Pioneers** (b) In United Kingdom **48th BATTN.** **CAN. GEN. DEPOT**Born at—Town **ALLOO.** County or Province **CLACKMANNON** Country **SCOTLAND.**Date of Birth—Day **16** Month **MARCH.** Year **1890** Age **27** yrs. **11** months.Joined at **PRINCE RUPERT CANADA.** Date **28th June, 1915.**Former Trade or Occupation **CLERK.**Permanent marks or peculiarities that will serve for future identification: **Scar from Appendix operation. Two Vaccinations Scars on Left Arm insertion deltoid.**Height—feet **5** inches **8** Colour of eyes **GREY.**Signature of Soldier (for identification purposes) *Robert Davie*Medical Report.

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

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

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

Disabilities
Group (a)

DEBILITY.

Disabilities
Group (b)

NEURALGIA.

Disabilities
Group (c)

NOT APPLICABLE

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

	Disease or injury to which the disability is due.	Place of origin.	Date of origin.
(i.) As to Group (a) above.	INFECTION FROM TRENCH FEVER	FRANCE	Oct. 1916.
(ii.) As to Group (b) above.	Aggravated by ACTIVE SERVICE	FRANCE	1916.
(iii.) As to Group (c) above.			

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

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

- (i.) As to Group (a) above? **No.** If yes, has Active Service aggravated it? **YES.**
- (ii.) As to Group (b) above? **YES. No** If yes, has Active Service aggravated it? **YES.**
- (iii.) As to Group (c) above? **No.** If yes, has Active Service aggravated it? **No.**

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

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

5. If a cause of disability was an injury received on Active Service, was it received —

- (i.) While on duty? **No.** (ii.) While off duty? **No.**
 (iii.) Was a Court of Inquiry held? **No.** (iv.) Where? **No.** (v.) When? **No.**
 (vi.) Opinion of the Court? **No.**

6. HISTORY OF THE CASE. (State concisely the essential points of the history, noting the entries made on the Medical History Sheet and other records). **This man went to France, 1916. Was fit till Oct. 1916. When he was admitted to 42 C.C.S. with P.U.O. Sent to base four days later to No. 3 Can. Gen. Hosp. diagnosed Bronchitis. Transferred to 14 Stationary Hospital diagnosed entric groupe. Evacuated to England 9th of December 1916 with diagnoses Rhaumatism. Patients says he had Rheumatism as a boy but improved. States he had slight pains in limbs as a civilian in Prince Rupert. Operated on for Appendicitis Oct. 1914. Had a nervous breakdown in summer 1914.**

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

**Has indefinite pains in arms and legs, worse at night. He has debility and tires easily. He is not well nourished. Weighed 150 Lbs. Weighed 130 Lbs. in England. He is Neurasthenic, being low spirited. Circulatory system normal.
 Alimentary System Normal.
 Respiratory System Normal.
 Genito-Urinary System Normal.**

8. OPERATION. (i.) Was one performed? **Yes.**

(ii.) If so, state what. **Operation for Appendicitis 1914 as above stated.**

(iii.) Was one advised and declined? **No.**

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

9. (i.) Is there loss or decay of teeth attributable to Active Service? **Yes.**

(ii.) If so, describe. **Nine upper teeth replaced by plate, in England.**

10. DO YOU RECOMMEND:—

(a) Fit for duty? **No.**

(b) Fit for base duty? **Yes. B3 unlikely to be raised in Category under six mths**

(c) Invalid to Canada? **No.**

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

Date of Report.....**February 9th,**.....191**8.** Signed.....**C.H. Dickson Lt. Col.**.....

Station.....**Shorncliffe.**..... Officer in medical charge of case.

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

C. H. Dickson
 (Signature)

{ Officer i/c Hospital } Strike out one
 { S.M.O. Brigade } of these.

Dated at.....**Shorncliffe**..... Station, on.....**Feb 9th**..... 191**8**

* Delete if inapplicable.

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

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

11. Is the disability fully indicated in Part I. (1)?

YES.

If not, indicate it.

12. Is the cause of the disability fully indicated in Part I. (2)?

YES.

If not, indicate it.

13. Was the disability caused or aggravated by—

(a) Negligence of the Soldier

Caused? No.

Aggravated? No.

(b) Misconduct of the Soldier

Caused? No.

Aggravated? No.

14. THE ENTIRE DISABILITY.—Without regard to his regular occupation, to what extent is his capacity lessened at present for earning a full livelihood in the general market for untrained labour?
(Estimate at none, 10%, 20%, 30%, 40%, 50%, 60%, 70%, 80%, 90%, or 100%.)

NOT APPLICABLE.

15. THE PENSIONABLE DISABILITY.—see Part I. (3). Aggravation on Active Service of a disability existing previous to joining is to be included in the estimate.

What part of the entire disability estimated next above in (14) is due to causes arising during Active Service?
(Estimate at none, $\frac{1}{2}$, $\frac{2}{3}$, $\frac{3}{4}$, or all.)

NOT APPLICABLE.

16. Permanency of the Pensionable Disability estimated next above in (15).

(i.) Is it permanent?

NOT APPLICABLE.

(ii.) If not permanent, what is its probable minimum duration (in months)?

17. If an operation was advised and declined, do you consider the refusal to have been unreasonable?

NOT APPLICABLE.

18. Remarks.

~~Nil~~ Has been doing Office work for past two mos. Had to give up because of feeling of weakness Has not been out of camp for two weeks because he gets fatigued on walking more than one mile. Because he does not sleep well because of pains in the back. Frequently wakes up sweating. Height 5'8". weight 130 lbs. Chest circumference at nipples 29.5. Pulse rate at rest 120. Has shortness of breath on bending rapidly 6 times. No cardiac disease, No cough. Chest clear. Is pale, round shouldered and flat chested.

Original M.H.S. not available.

19. Recommendation:—(a) Fit for duty? No.

(b) Fit for base duty? Yes B3. Unlikely to be raised in six months.

(c) Invalid to Canada? No.

(d) Discharge from service as permanently unfit? No.

Classification for the Military Hospitals Commission.

Date of Board February 9th, 1918.

Station Shorncliffe.

Signatures of the Board.

C.O. McVicar Lt.Col.
Geo. E. Clark Capt.

President.

Approved

A.D.M.S.

Dated at

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

Station

9 FEB 1918

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

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

on the _____ day of _____ 191_____

Members of the Board:—

12. Is the cause of the disability mentioned in Part I... YES

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

13. THE ENTIRE DISABILITY—With regard to his actual occupation, to what extent is his earning reduced... NOT APPLICABLE.

14. THE RESPONSIBLE DISABILITY—... NOT APPLICABLE.

15. Permanency of the disability... NOT APPLICABLE.

16. If an operation was advised and declined by you... NOT APPLICABLE.

17. Remarks

18. Remarks: ... has been doing office work for past two mos. Had to give up because of feeling of weakness... Chest of chest on bending rapidly 6 times. No cardiac disease, no cough. Chest of chest on bending rapidly 6 times. No cardiac disease, no cough. Chest of chest on bending rapidly 6 times. No cardiac disease, no cough.

Approved: _____

19. Recommendation: (a) Extension... (b) Increase... (c) Invalid... (d) Discharge... No.

Dated at _____ this _____ day of _____ 191_____

Date of Board February 27th, 1918. O.O. LeViear Lt. Col. Geo. F. Clark Capt.

Signatures of the Board

President.

9 FEB 1918