The Duke of Connaught's Own
158th (Overseas) Battalion

ORIGINAL

645458

ATTESTATION PAPER.

No.

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? ..... ROBERT.
1b. What is your present address? ..... Collingwood East. B.C.
2. In what Town, Township or Parish, and in what Country were you born? ..... Perth Scotland.
3. What is the name of your next-of kin? ..... Mrs Davie.
4. What is the address of your next-of-kin? ..... Collingwood East Vancouver B.C.
4a. What is the relationship of your next-of-kin? ..... wife.
5. What is the date of your birth? ..... 30th August 1875
6. What is your Trade or Calling? ..... Fruit Salesman
7. Are you married? ..... Yes.
8. Are you willing to be vaccinated or re-vaccinated and inoculated? ..... Yes.
9. Do you now belong to the Active Militia? ..... No.
10. Have you ever served in any Military Force? If so, state particulars of former Service. ..... Yes. 8 years. 20th Hussars. 4 Reg. S. africa 1901-2
11. Do you understand the nature and terms of your engagement? ..... Yes
12. Are you willing to be attested to serve in the CANADIAN OVER-SEAS EXPEDITIONARY FORCE? ..... Yes.

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

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

Robert Davie (Signature of Recruit)

Date 18th January 1916. J. Jones (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Robert Davie, do make Oath, that I will be faithful and bear true Allegiance to His Majesty **King George the Fifth**, His Heirs and Successors, and that I will as in duty bound honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity, against all enemies, and will observe and obey all orders of His Majesty, His Heirs and Successors, and of all the Generals and Officers set over me. So help me God.

Robert Davie (Signature of Recruit)

Date 18th January 1916. J. Jones (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 Vancouver this 18 day of Jan 1916

G. R. Pelletier (Signature of Justice)
Commanding Lt-Col.

The Duke of Connaught's Own
158th (Overseas) Battalion

M. F. W. 23.
200 M.—11-15.
H. Q. 1772-39-841.

W. F. W.

Description of Davie - Robert. on Enlistment.

Apparent Age 40 years months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5 ft. 7 ins.

Chest measurement:
- Girth when fully expanded 39 ins.
- Range of expansion 3 ins.

Complexion Fair

Eyes Grey

Hair Lt. Brown

Religious denominations:
- Church of England
- Presbyterian ✓
- 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).

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 18 January 1916 — R. P. Carruthers

Place Vancouver B.C. — Capt. Cavalry

Medical Officer.

*Insert here "fit" or "unfit."

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

CERTIFICATE OF OFFICER COMMANDING UNIT.

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.

G. Pat Hilson (Signature of Officer)

Commanding The Duke of Connaught's Own 158th (Overseas) Battalion Lt.-Col.

Date January 19 1916.

REGIMENTAL DOCUMENTS

NAME Davie Robert (Cpl) REGT. NO. 645458 UNIT 158th Bn. H. Q. FILE NO.

	CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
1	ATTESTATION PAPER (M.F.W. 23, 133, or 51)					DEATH
2	CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category
	TRAINING HISTORY SHEET (M.F.W. 113)				C4472	
1	FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
	REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)					
	COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					
2	MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
1	DENTAL HISTORY SHEET (M.F.B. 465)					Category
2	MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					Demobn.
1	MEDICAL EXAMINATION (M.F.W. 129)					
1	TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)					
	PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)					
	DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)					DESERTION
	LAST PAY CERTIFICATE (M.F.W. 44)					
1	PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					
	PARTICULARS OF CHARACTER (A.F.W. 3226)					
1	COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
1	C.D.D.					
1	M.F.W. 192					
1	Misc.					
1	Pay Card					

404254

W 2589
100M-11-18

CR-File D.679
N.F.

X1.C.C.

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. 645458 Rank Cpl. Surname Davie.

Given Name in Full Robert.

Unit or Corps B. C. R. D. Birthplace Perth, Scotland.

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

1. GENERAL DESCRIPTION:

Physique Good Weight 130 lbs. Height 5 ft. 7 in.

Colour of Eyes Grey Nutrition Good Pulse 80

Condition of arteries Normal

Vision, Rt. 20/20 Left 20/20

Hearing, (Conversational voice)

Rt. 20 ft. Left 20 ft.

Opinion as to general health and physical condition.

Fair.

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

5 Vacc. left.
Scar left forearm.

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 Cardio-Vascular System no

Genito Urinary System no Respiratory System no

Intergumentary System no Special Senses no

Disturbance of Mentality no Muscular System Yes.

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.

Is 43 5/12 Complained of Myalgia pains in legs when wearing putties in England. Has not been to France. No disability.

EXAMINATIONS

THIS SECTION FOR USE OVERSEAS -

Examined at.....(Overseas)

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 SECTION FOR USE IN CANADA -

Examined at Westminster....(Canada)

Date January 22, 1919 Signed [illegible]....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 affection from which I suffered, either prior to or during service.

Signature Robert Davie

(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.)

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

District Depot M.D. XI
SEP 5 1919
Discharge Section

This is to Certify that No. 645458 (Rank) Cpl.

Name (in full) Robert DAVIE. enlisted in

the 158th Bn.

CANADIAN EXPEDITIONARY FORCE at Vancouver B.C. on the 18th

day of January 19 16.

HE served in Canada and England.

and is now discharged from the service by reason of DEMOBILIZATION.

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

Age 43 yrs.

Height 5' 7"

Complexion Fair

Eyes Grey

Hair Lt. Brown

Marks or Scars Scar left forearm

Robert Davie
Signature of Soldier

Issuing Officer

Major
Rank

for O.C. Dist. Depot No.11
Appointment

Date of Discharge September 5th 1919,

Signed at Vancouver B.C. this 5th day of September 1919.

in Military District No. Eleven

File Reference No. DD D 5742

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.

M. F. W. 39a
200m.—2-18
H.Q. 1772-39-882

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

No. ..... (Rank) ..... Name .....

Unit .....

Address on Discharge .....

Character and Conduct .....

.....

Former Occupation .....

Special Qualifications of Value in Civil Life .....

.....

Medals and Decorations .....

.....

Remarks .....

.....

Signed at ..... this ..... day of 19

.....
Name of Officer

.....
Rank

.....
Appointment

On demobilization the particulars called for on the back of this certificate will not be completed.

Wife, Mrs. Da[illegible]s, 2852 Moscrop St.
Collingwood E., So.Vancouver,B.C.

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

X1 C/C

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. 645458 Rank A/Cpl. Name David Robert
(Name in full in block letters.)

Age 45 Address after discharge 2852 Moscrop St. Collingwood E.

Unit or Corps X1 D.D. Birthplace Scotland

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

1. GENERAL DESCRIPTION:

Physique good Weight 140 lbs. Height 5 ft. 7 in. Colour of Eyes Blue

Nutrition good

Pulse normal

Condition of arteries normal

Vision Rt. 6/6 Left 6/6

Hearing (conversational voice) Rt. 20 ft.

Left 20 ft.

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

Scar left forearm

Opinion as to genereal health and physical condition good

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

Nervous System no Genito Urinary System no Cardio-Vascular System no

Special Senses no Integumentary System no Respiratory System no

Disturbance of mentality no. Muscular System Myalgia 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.

Over age. Gen. Myalgia 1916.
Now no disability due to service.

(If space is insufficient, continue on back of form.)

[OVER]

EXAMINATIONS.

4. THIS SECTION FOR USE OVERSEAS—

Examined at ..... (Overseas)

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.)

5. THIS SECTION FOR USE IN CANADA—

Examined at VANCOUVER, B.C. (Canada)

Date SEP 2 - 1919 Signed [illegible] M.O. Capt

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 [illegible]

(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.)

209—D.P.—30M-3-19.
M.F.W. 129.
1772-39-1142.

[OVER]

The Duke of Connaught's Own
158th (Overseas) Battalion

ORIGINAL

645458

MEDICAL HISTORY SHEET.

Surname: Davie Christian Name: Robert

Examined: on 18 day of ~~Jan~~ December 1916 at Vancouver. B.C.

Approved by R.S.P. Carruthers

Rank Capt. Canc. M.O

Birthplace: City or Town Perth - County Scotland.

Apparent age 40.

Trade or occupation Salesman

Height 5 Feet 7 Inches.

Weight 160 Lbs.

Chest measurement: Minimum 36 inches. Maximum expansion 3 inches.

Physical development good

Small-Pox Marks

Vaccination Marks: Arm Right. Left. Number

When Vaccinated last

(a) Marks indicating congenital peculiarities or previous disease ✓

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

Date	Fit or Unfit	Examined for Re-engagement,
		M.O
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Date	Result	Vaccinations.
3.3.16	Pos	RSP Carruthers M.O.
		M.O.
J.a.B.	2.2.18	Nw B. M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.
23.5.16		RSP Carruthers M.O.
5.6.16	TAB 3	RSPC — M.O.
TAB 3 20.6.16 11-1-17		RSPC Capt. M.O.

Enlisted on 18 day of ~~Dec~~ Jany 1916 at Vancouver.

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	158th O/B DCOR	645458		Jan 18. 1916
Transferred to	1st Can. Res. Bn			6-1-17.
	14 CRB.			17-2-17

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

B1

Station.	Date.	Disease.	Result.
VANCOUVER	JUN 7 - 1916		Lt. W.S. Baird Capt Canc
Vernon	OCT 5 - 1916		R.D. Cockburn Capt Canc
			Lt A.S. Thompson Capt Canc
			J.A. Nesbitt Capt Canc
Shorncliffe	18/12/16	Cervical Glands	B1
do	23-11-18.	Myalgia	B1 Newfoundland Capt.

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.

M. F. B. 313.
150M.—8-15.
H. Q. 1772-39-439.

A2 8/12/16 B1

Surname DAVIE Christian Name ROBERT

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital.			Dates of Discharge from Hospital.			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.
		Day	Month	Year	Day	Month	Year				

C.A.D.C. 5009 A

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

DIRECTIONS TO DENTAL OFFICERS

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.

NAME OF SOLDIER (Block Letters) Davis R

REGIMENT BCRD RANK Cpl No. 645458

Date of Examination in England Dec 8/18 | Date of Examination in France

PRESENT DENTAL REQUIREMENTS

1. FILLINGS 7,
2. EXTRACTIONS 17,
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 nil
- (c) In France

Signature of Dental Officer H Cowan Capt

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

District XI

Name of Soldier Daire Robert.

Regiment B. C. R. D. Rank Cpl. No. 645.458.

INSTRUCTIONS

1. On examination the condition of patient's mouth to be marked on diagram in red ink.
2. On first line of report record of same to be made in red ink.

Only such entries to be made on this sheet as will show:

1. Condition on examination (in red).
2. Condition on leaving Canada.
3. Condition on discharge.

	Date	Amalgam	Temporary Filling (a) G. P. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhœa	Synthetic Porcelain	Extracting	Dentures U	Dentures L	Dentures P	Gold Clasp	Gold Filling	Crowns Gold	Crowns Porcelain	Bridge Work	Operator	Military District	Remarks
Condition on first Examination	1919 Ja 21										16 12 8.19. 12.13.14.15 17.18.19.20 28.29.32.									Lieut McAlister	XI	To be extracted 5. 21 Cavities in 4. 7.
																						Certificate given for work Required

M.F.B. 465.
200M—6-18.
1772-39-

Corp

Fill [illegible] Only.—Unit, Number, Rank and N[illegible]e.

M. F. W. 54.(A. F. B. [illegible])
250M.—1-16.
H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps The Duke of Connaught's Own 158th (Overseas) Battalion

Regimental No. 645458 Rank ~~18.1.16~~ PRIVATE C. E. F. Name DAVIE, ROBERT

Enlisted (a) 18.1.16 Terms of Service (a) War + 6 months Service reckons from (a) 18.1.16

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

Extended Re-engaged Qualification (b) (Salesclerk)

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				
		Embarked. Canada. 14 Nov. 16			
		Arrived. England - 22 Nov 16			
19-1-16	G.O. C.P.R. Capt & adjt	~~Promoted~~ Appointed to a/Corporal.	Shoreham	1-12-16	Pt II D.O. 247 C.B. Garland. Capt & adjt
6/1/16	158th Batt	Transferred to 1st Can. Res. Batt.	Upper Dibgate Camp	6/1/17	D.O. Pt 2 #67. C.B. Garland. Capt & adjt
7/1/17	O/C 1st Res	Taken on strength	Dibgate	7/1/17	[illegible] / [illegible] Captain,
22/2/17	O/C 1st Res	TRANSFERRED TO 2nd C.R. Bde Signal Base	Dibgate	18/2/17	Pt. 50 Adjutant, 1st Canadian Reserve Battali
19/2/17	O.C. 14th	Taken on strength 14th Res. Battalion.	Dibgate.	16/2/17	B.O. Pt. 2, No. 46.
21-3-17	O.C.14th	S.O.S.on transfer to 1st Reserve Battalion.	Dibgate	21-3-17	Pt.2,No.76.

[illegible] Capt. & Adjt.
14th Res. Battn. C.E.F.

(a) In the case of a man who has re-engaged for, or enlisted into Section D. Army Reserve, particulars of such re-engagement or enlistment will be entered.
(b) e.g. Signaller, Shoeing Smith, etc., etc., also special qualifications in technical Corps duties.

[P.T.O.

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				
30/3/17	OC 1st Res	TAKEN ON STRENGTH OF 1st CAN. RES. BATTN.	Seaford	25/3/17	Pt. II 86
4-5-18	1st Res	On Command 6th Res Bn Signal Base	Seaford	2-5-18	Pt II DO 107.
7-5-18	O.C. 6th Res	Attached 6th Res. from 1st Res.	Seaford	2-5-18	Pt. II. BO. 108
10.10-18	O.C. 6th Res	Ceases to be attached from 1st Res Bn	Seaford	11/10/18	~~Pt II~~ BO 240. J. H. Irvine Capt. OFFICER i/c RECORDS 6th CAN. RES. BN.
10.10.18	1st Res. Bn.	Ceases to be attd. 6th Res. is attd. 18th Res.	Seaford	11.10.18	Pt. II. DO. 244
14-10-18	18th.Res. Bn.	Attd. from 1st. C.R. Bn.	Seaford	11-10-18	Pt.II.Ord.287
16-11-18		Ceases to be attd. from 1st. Cdn.Res.Battn.	Seaford	15-11-18	Pt.II.Ord.320 Capt. & Adjt., 18th Cdn.Res.Battn.
16.11.18	1st Res Bn	Retd from Command Bgde Signal Base.	Seaford.	15.11.18	Pt II DO 276.
26-11-18	1st Res Bn	S.O.S. to B.B.R.D.	Seaford.	25.11.18.	Pt II DO 284. T. V. Mackay Capt. Adjutant, 1st Canadian Reserve Battalion.

TAKEN ON STRENGTH OF 1st CAN. RES. BATTN.

Army Form B. 103. Regimental Number 645

Casualty Form—Active Service.

Regiment or Corps 158th Battn

Rank Pte Surname Davis Christian Name Robert

Religion Presbyterian Age on Enlistment 40 years — months

Enlisted (a) 18-1-16 Terms of Service (a) D. of W. Service reckons from (a) 18-1-16

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

Extended { ..... / ..... } Re-engaged { ..... / ..... } Qualification (b) Sales Clerk

or Corps Trade and rate .....

Occupation ..... 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			
29-11-18	1st Res B	T.O.S. Reg. Depot.	Seaford	25-11-18	Pt. 2. D.O. 286
		Detailed to Depot Coy.			
~~3-12-18~~	~~B & R D~~	~~Command Port of Embarkation~~	~~"~~	~~30-11-18~~	~~" " " 290~~
			B Howard Lt		
			For O.C. B.C. REGL. DEPOT.		
10-12-18	B & R D	On Command to C.D.D. Buxton	Seaford	7-12-18	Pt. 2. D.O. 295
			[illegible] Lieut		
			For O.C. B.C. REGL. DEPOT.		

(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, Shoeing-Smith, &c.

W. 5527—M2093 1000m 7/17 (35656) C. F. & S., Ltd. Forms B./103 E/1555.

[P.T.O.

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				
9-12-18		Attached C.D.D. Buxton for return to Canada, Part II Order No. 291			
		Ceases to be attached C.D D. Buxton on embarking for Canada.			
		S. P. Lough Capt. for Lt. Col. Commanding Canadian Discharge Depot.			
	[illegible] S.S. NORTHLAND LIVERPOOL DEC 15 1918	R. S. Blandford Capt. SHIP'S ADJUTANT.			
4-1-19	Overseas.	T.O.S. District Depot, M.D. XI.	Victoria, B.C.	15/12/18	D.O. Part II. 4/14 1919.
11-2-19		Transferred to Admin Staff DDO	Vancouver BC	31-1-19	DDO Pt II 42/229 B.
30-8-19.		T.O.S. to DD from Admin Staff.	.. ..	31-8-19	DDO Pt II 242/1e. 1919.
	DISCHARGED	DEMOBILIZATION	VANCOUVER B.C.	5-9-19	D.O. 249. 3B. 1919
					R. Ashe Major for OC. District Depot No XI

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: The Duke of Connaught's Own 158th (Overseas) Battalion C. E. F.

(2) Regimental Number: 645458.

(3) Full Name of Soldier: DAVIE ROBERT.

(4) Place of Birth: Perth Scotland.

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

(6) If married, state,
(a) Full name of your wife: Maude Davie

(b) Present Postal Address: 2247 Parker Street. Vancouver B.C. Canada.

(7) Are you a widower? No

(8) Have you any children? Yes.

If so, give number of boys and girls: 4 boys + 2 girls

Also their names and ages: Robert Davie 12 yrs.
Harry " 7 "
Jeanie " 5 "
Allan " 4 "
Stanley " 2 "
Ethel. " 5.

M. F. W. 67.

300M.—5-16.
1772 39-954.

(SEE OTHER SIDE.)

(9) Is your Father alive? Yes.

If so, state name and address John Davie 22. James St. Perth Scotland.

(10) Is your Mother alive? Yes.

If so, state name and address Isabella Davie

22. James St. Perth Scotland.

(11) If your Mother is a widow No.

Are you her sole support, or not? No.

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

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

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

Yes

(15) Are you insured? No.

If so, in what Company?

Have you made arrangements for payment of your Insurance premium

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

G. Rae Pelletier

Lt.-Col. Commanding Officer Commanding.

Date 29 Sept 1916

The Duke of Connaught's Own
158th (Overseas) Battalion

Wife, Mrs. Davis, 2852 Moscrop St.
Collingwood E., So.Vancouver,B.C.

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

X1 C/C 34-II-679

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. 645458 Rank A/Cpl. Name Davis, Robert
(Name in full in block letters.)

Age 45 Address after discharge 2852 Moscrop St. Collingwood E.

Unit or Corps X1 D.D. Birthplace Scotland

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

1. GENERAL DESCRIPTION:

Physique good Weight 140 lbs. Height 5 ft. 7 in. Colour of Eyes. Blue

Nutrition good

Pulse normal

Condition of arteries normal

Vision Rt. 6/6 Left 6/6

Hearing (conversational voice) Rt. 20 ft.

Left 20 ft.

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

Scar left forearm

Opinion as to genereal health and physical condition good

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

Nervous System no Genito Urinary System no Cardio-Vascular System no

Special Senses no Integumentary System no Respiratory System no

Disturbance of mentality no Muscular System Myalgia 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.

Over age. Gen. Myalgia 1916.
Now no disability due to service.

(If space is insufficient, continue on back of form.)

[OVER]

EXAMINATIONS.

4. THIS SECTION FOR USE OVERSEAS—

Examined at ..... (Overseas)

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.)

5. THIS SECTION FOR USE IN CANADA—

Examined at VANCOUVER, B.C. (Canada)

Date SEP 2 - 1919 Signed R. Whitehouse Capt 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 R. Davis

(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.)

209—D.P.—30M-3-19.
M.F.W. 129.
1772-39-1142.

[OVER]

R—122
8,401—50,000—21-10-16

G.C. Rank A/Cpl Name DAVIE. Robert. Reg'l No. 645458.

Unit 158th. Bn. If in perm. Corps, What Unit? Married or Single Married.

Place and Date of Enlistment Vancouver. 18th. Jan. 1916. Place of Birth Perth Scotland.

Name and Address, Next-of-Kin Mrs. Davie,

Collingwood East. Vancouver. B.C. Relationship Wife.

Assigned Pay Monthly $ Payable to

Relationship

N.E. R.B. No. 13,668
File R.L.
Category Lem OR

Separation Allowance $ Payable to

Relationship

Discharge, Date and Place Reason Character

Report. Date.	Report. From whom received.	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.
		Arrived in England. S.S. Olympic. 20-11-16.			
1.12.16	158th Bn	To be A/Cpl	Shoreham	19.1.16	D.O. Pt II. 247
7-1-17	158th BN	S.O.S TO IST ResBn.	Shorncliffe	6-1-17	Pt, 2, D.O.7
10-1-17	1st Res BN	T.O.S OF Ist Res Bn.	Shorncliffe	7-1-17	Pt, 2, D.O.7 and Pt II 88.
15.2.17	C.C.A.C	T.C.S and on comm to 1st Res Bn for G.R.-B Duty	Hastings	18-12-16	" " 78 (1st Res Bn) Dos 52 d 24.2.17 amended to read 14th Res see Pt II 83 d 27.3.17
22.2.17	1st Res Bn	T.C.S. to Sig Base ~~2nd Bn Res Brigade~~ 14th Res Bde	S Ditgate	16.2.17	" " 50 and Pt II 88
19-2-17	14 Res Bn	T.O.S. from 1st Res Bn.	"	16.2.17	" " 46
30.3.17	"	S.O.S. to 1st Res Bn	"	25.3.17	" " 86
30.3.17	1st R Bn	T.O.S from 14th R Bn	Seaford	25.3.17	Pt II 086.
25.3.17	1st R Bn	Attached for quarters, rations and duty as signaller	"	21.3.17	" 81

645458, DAVIE. R.

Report. Date.	From whom received.	Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS Taken from Official Documents.
		S.O.S. on Trans to BC			Pt II 119
13.3.17	CCAC.	Regt. attd to 1st R B2	Seaford.	13.3.17	and BC Regt. Pt II 12
15.12.17.	BCRD.	Ceases on Cond 1st Res Bn to	Seaford	25.3.17	Pt II 266 & B'ch'd. Pte 63d/14 3/18 (rank)
		S.O.S. To 1st Res Bn.			
4-5-18	1st Res	On Cond 6 Res Bn Sig Base	✓	Cpl	2-5-18 Bn O 107.
10-10-18	✓	Ceases on Cond 6 Res Sig Bn			
		on Cond 18th Res Sig Base	–	Pc	11-10-18 Bn O 244 18 Res Bn O 257 d/14 10/18.
16-11-18	18 Res	Ceases to be attached	✓		15-11-18 Bn O 320
26-11-18	1st Res	SoS to BCRD	✓	Pc	25-11-18 Bn O 284 & BCRD Pt II 286 d/29-11-18
10-12-18	BC.R.D.	m comm C.D.H. Buxton	✓	Pte	7-12-18 Pt II O 295 Do 295 amended by DO 18 d/18-1-19 Rank Cpl
23-1-19	BCRD	Comm attd CDD + SOS to MDU CEF	–	–	15-12-18 Pt II 13 (no unit emp)

*Name Davie Robert Rank Cpl. Regtl. No. 645458.

Fyle Depot DDD. 5742

Original unit 158th Present unit M. or S. Age 43 Religion Presby Ref. H.Q.

Port, ship, and date of arrival

Next of kin "Wife" Mrs. Davis 2852 Macroft St. South Vancouver BC.

Address on leave

Address on discharge 2852 Macroft Street South Vancouver BC.

Transportation issued Yes No Date Character on discharge

Previous occupation Salesman. Date and place of enlistment 18-1-16 Vancouver BC.

Diagnosis Fit Date of Medical Boards 2-9-19.

Date.	Remarks.	Pt. 2 Order No.
30-8-19.	T.O.S. from Admin Staff Post Cas Coy 31/8/19	242/1C.
6-9-19	To Discharge Depot 5-9-19	249/2C

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

[OVER]

Date	Remarks.	Pt. 2 Order No.

M.F.W. 192.
233-D.P.-200M-3-19.
1772-39-1243.

CARD NO. 11

FOLL. S.O.S. 5-9-19. Demob. RH
D.O. 24906 6-9-19.
#11. D. Dg.

SURNAME. Davie,

CHRISTIAN NAMES Robert

REGL. No. 645458 RANK ~~Pte~~. Cpl.

UNIT 158th Batt.

FORMER CORPS S.A. 20th Hussars.

NEXT OF KIN.

NAMES IN FULL Davie, Mrs. Robert

RELATIONSHIP TO SOLDIER wife

ADD Collingwood, E.
S. Vancouver, B.C.
(auth. S.A. A.F. 19-11-18 4 m)

CHANGE OF ADDRESS

COUNTRY OF BIRTH Scotland, Perth

DATE Aug. 30, 1875

PLACE OF ATTESTATION Vancouver

DATE Jan. 18, 1916.

RIC. 26-12-18 246/42

MARRIED Yes SINGLE WIDOWER

TRADE OR CALLING Salesman RELIGION Presbyterian

DESCRIPTION.

APPARENT AGE 40 YEARS MONTHS

HEIGHT 5 FEET 7 INCHES

CHEST MEASUREMENT 39 INCHES EXPANSION 3 INCHES

COMPLEXION Fair EYES Grey HAIR Lt. Brown

DISTINGUISHING MARKS Nil

MEDICAL EXAMINATION. PLACE Vancouver DATE Jan. 18, 1916.

No. 645458 RANK Pte. NAME Davie R.

T. O. S. 19-1-16 UNIT 158th Battalion C.E. Dr
D.O. 9of 17-1-16

M. D. 11

PAID FROM	PAID TO	SIG OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916	1916			
Jan. 19	Jan. 31	✓		
Feb.		✓		
Mar.		✓		
April		✓		
May		✓	To be cpl from 19-1-16	B.O.4 1.04 of 9-5-16.
June		✓		
July		✓		
Aug		✓		
Sept		✓		
Oct		✓		
Nov		✓		

N.

B

Number 645458. Rank A. Cpl.

P

Surname DAVIE

Christian Name Robert.

Units 158th Bn Can Inf Theatre of War England

Date of Service 20-11-16 Mrs Robert Davie Wife

Remarks A Pag 4098 3682 Moscrop St

Latest Address ~~2852 Moscrop St.~~, 5/2/42

Roll No A Pag 4098 Vancouver, B.C.

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

.....

R	RANK	SURNAME	INITIALS	UNIT
.....	.....	.....	.....	.....

l 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.....

d, is your wife on board..... Number of children on board.....

ination.....

(Sgd.).....

DESP. FEB 6 1942
REGN No. 4175

Reg. No.	Rank.	Surname	Category.	Dentally Unfit.
645458 (14/11/16)	A/CPL.	DAVIE Christian Names (1) Robert (2) (3)	B-1 Date 8/12/16	

Place of Enlistment:	Date of	Taken on from	Religion	Inoculations	Company
Vancouver	18.1.16	14th Res	Pres	2-2-18.	G
Province:	**Age on**	**Date**		**Vaccination**	
B.C.	40	25/3/17		3/3/16	

On Command	Hospital	Permanent Cadre	Employed as
		Date taken on	
Date Proceeding	Date Admitted		

Record of Overseas Service: Nil

Reason for Return:

Profession or Trade (Civil): Salesman

Transferred or Posted to

Date

Married or Single: Married

Address of Next of Kin: Wife
Mrs Davie
Collingwood East
Country: Vancouver B.C.

LEAVE.

No. of Pass Issued.	From.	To.	Free Transportation.
	29.12.17	9.1.18	7 W.
	30-7-18	6-8-18	F W. 1 day.

A.G. 10434

Part 2 Order Entries.

No.	Date	Ref.	No.	Date	Ref.
5	7-1-18	P6			
107	4-5-18	6			
108	7-5-18	A.7.			
240	10-10-18	S.D.			
287	14-10-18	A7.			
276	16-11-18	C.			

TRAINING.

Weeks of Training.

1	2	3	4	5	6	7	8	9	10	11	12	13	14	Over.

Nature of Training	Date passed test
Drill	
Musketry	✓
Bombing	
Rifle Bombing	
Bayonet Training	
Anti-Gas	
Lewis Gun	
Rapid Wiring	

Special Training Courses, etc.

26-2-18 Per rank Pt. Date of promotion to a/cpl. 19-1-16

L. L. Job 4503.—M. & D. 6332.

Wife

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

M. F. W. 12.
50m.—6-16.
H. Q. 1772-39-819.

Ch. address
2249
Parker
Street
Dec 16/16.

To Whom Mrs. Maud Davie

Address ~~2425 Venables St~~
Vancouver, B.C.

Rate $20.

NOV 1 1916

By Whom Assigned Davie, R.

Regtl. No. 643458,

Rank Pte.

Corps 158 Batt.

PAYMENTS

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

CONSOLIDATED ACCOUNT 4

Wife

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

PAYMENTS.

M. F. W. 12a.
50m.—7-16
1772—39—819.

Sheet No. Mrs. Maud Davie (Assignee)

Name of Soldier Davie R.

645458 Pte. 158 Batt.

L. L. Job 5470—Req. 6888.

$20.

NOV 1 1916

Month.	Year.	Cheque No.	Amt.		Remarks.
April	1916				
May					
June					
July					
Aug.					
Sept.					
Oct.					
Nov.		Q 31822	20		
Dec.		P 35145	20		
Jan.	1917	L 38698	20		
Feb.		L 43774	20		20
March		M 49086	20		20
April		L 1061	20		20
May		I 7373	20		
June		613664	20		20
July		N 207672	20	240	
Aug.		S 28645	20		
Sept.		R 35063	20		
Oct.		E 41066	20		
Nov.		V 54704	20		
Dec.		J 56965	20		280
Jan.	1918				
Feb.					
March					
April					
May					
June					
July					

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier _____

PAYMENTS.

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

1-3-16

L. L. Job 95618—M. & D. 6555.

MILITIA AND DEFENCE

M. F. W. 11.
15m.—3-16.
H. Q. 1772-39-818.

SEPARATION ALLOWANCE

Name Mrs. Maud Davie

Address ~~Collingwood St.~~ 2247 Parker St. ~~2425 Venables St.~~ B.C. ~~City of~~ Vancouver

Relation to Soldier wife, child or mother } wife

Name of Soldier ~~Pte~~ Davie, Robt.

Regtl. No. 645488

Rank Pte

Corps The Duke of Connaught's Own 158th

To what Corps belonging when called out }

PAYMENTS

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

29/5/14

CONSOLIDATED ACCOUNT

MILITIA AND DEFENCE

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

M. F. W. 11a.
60m.—12-15.
1772—39—818.

Sheet No. 2.

L. L. Job 89002.—Req. 6213.

Mrs Maud Davie wife PAYMENTS. Pte

Name of Soldier Davie, Robt

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916	Q334	40	40
May		U2266	20	20
June		H9493	20	20
July		V8062	20	20
Aug. 18		M13552	20	20
Sept.		M15670	20	20
Oct.		O18883	20	20
Nov.		R22041	20	20
Dec.		R24861	20	20
Jan.	1917	S28385	20	20
Feb.		S31490	20	20
March		S32620	20	20
April		S 485	20	20
May		S4040	20 ~300	20
June		V7034	20	20
July		U 9640	20	20
Aug.		Y14711	20	
Sept. M17326		Y17826	20	B
Oct.		D21423	20	Br
Nov.		Z24343	20	Br
Dec.		M26228	20	Br 440 00 B.
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

MILITIA AND DEFENCE

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier.....

PAYMENTS.

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

P. 559
MARRIED OR SINGLE Married

PLACE OF BIRTH Perth. Scotland.

NAME AND ADDRESS OF NEXT OF KIN Mrs Maud Davie
2425 Venables St. Vancouver B.C. Canada

RELATIONSHIP OF NEXT OF KIN Wife

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. 645458 RANK ~~Pte~~ Cpl NAME Davie, Robert

IF IN PERMT. CORPS WHAT UNIT UNIT 158th Batt TRANSFERED TO 1st Res Bn DATE 1/2/17 AUTHORITY R.O. 71 22/1/17

PERMANENT FORCE ALLOWANCES TRANSFERED TO DATE AUTHORITY

PLACE OF ATTESTATION Vancouver BC TRANSFERED TO DATE AUTHORITY

DATE OF ATTESTATION 19th January 1916 TRANSFERED TO DATE AUTHORITY

ASSIGNED PAY MONTHLY $ 20.00 DATE EFFECTIVE

PAYABLE TO Mrs Maud Davie ~~2425 Venables~~ 2345 Parker Street Vancouver BC RELATIONSHIP Wife

ASSIGNED PAY MONTHLY $ DATE EFFECTIVE

PAYABLE TO RELATIONSHIP

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

DISCHARGE DATE AND PLACE REASON AND AUTHORITY

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

Assigned pay for month of Nov 1916 paid by Assigned Pay Branch, and recovered on Nov 1916 Pay Sheets, Canada.

DATE	PAY No. of Days	PAY Rate	PAY Amount $	PAY Amount c.	Field Allowance No. of Days	Field Allowance Rate	Field Allowance Amount $	Field Allowance Amount c.	Working or Special Pay No. of Days	Working or Special Pay Rate	Working or Special Pay Amount $	Working or Special Pay Amount c.	Assigned Pay Credits	Other Credits	Total Credits	Acquittance Rolls 1 No.	Acquittance Rolls 1 Date	Acquittance Rolls 2 No.	Acquittance Rolls 2 Date	Acquittance Rolls 3 No.	Acquittance Rolls 3 Date	Acquittance Rolls 4 No.	Acquittance Rolls 4 Date	Cash Payments 1	Cash Payments 2	Cash Payments 3	Cash Payments 4	Assigned Pay	Other Charges	Total Debits	Balance Credit	Balance Debit	Pay Withheld or Deferred	Pay Available for Issue	Remarks
														21 20	21 20																21 20				Bal. b/f. Canada.
1-31 12/16	31	1.10	34 10		31	.10	3 10								34 20	3	1 17/16	56	15 12/16					19 44	2 44			20 00		41 91	16 49				
			2 10													113	28 5/16																		
1-15 1/17	15	1.10	18 00												18 00	144	2 1/17							4 87				20 00		27 30	7 19				
																								2 43											
16-31 1/17	16	..	19 20												19 20									26 77	2 43			20 00		69 21	26 39				To 1st Res. Bn. Eff 1/2/17 R.O. 71 22/1/17
			7 40																																
Feb 1/28	28	"	33 60											21 20	95 60	128	31/1							4 87											
															33 60	74	15/2							7 30				20		37 17	37 87				
Mch 1/31	31	"	37 20												65 02	208	15/2	397	28/3	230	28/2	14 Res.		7 30	7 30	7 30		20		41 90	23 12				
Apl 1/30	30	"	36 00												36 00			56	14/4	324	15/2	14 Res.			7 30	2 43		20 00		29 73	29 39				
May 1/31	31	"	37 20												37 20	90	21/4							7 30				20 00		27 30	39 29				
June	30	"	36 00												36 00	179	15/5	370	7/6					4 87	4 87			20		29 74	45 55				
July	31	"	37 20												37 20													20		20	62 75				
Aug.	31	"	37 20												37 20													20		20	79 95				
																550	16/7	455	26/6					7 30	4 87										
																616	30/7							9 73	19 46										
Sept.	30	"	36												36	704	15/8	488	30/6					7 30				20		78 39	37 56				
																731	31/8							19 73											

645458 Corpl Darlic Robert

DATE	PAY No. of Days	PAY Rate	PAY Amount $	PAY Amount c.	FIELD ALLOWANCE No. of Days	FIELD ALLOWANCE Rate	FIELD ALLOWANCE Amount $	FIELD ALLOWANCE Amount c.	WORKING OR SPECIAL PAY No. of Days	WORKING OR SPECIAL PAY Rate	WORKING OR SPECIAL PAY Amount $	WORKING OR SPECIAL PAY Amount c.	ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS 1 No.	1 Date	2 No.	2 Date	3 No.	3 Date	4 No.	4 Date	CASH PAYMENTS 1	2	3	4	ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE Credit	BALANCE Debit	PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
MONTH	PARTICULARS				CR. 1	CR. 2	PARTICULARS							DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED PAY	SER. ALLCE. ENG.															
Oct	Sept. Bal. Fd.				~~37 56~~													37 56																	
	C pay				37 20		a. Pl. Com.										20																		
							9/8 815. 15/9							7 30				47 46																	
					37.20									7 30			20																	
Nov.	Pay. (Cpl)				36.												20																		
							939 A/Co.					10/10		7 30																					
							1047 "					15/11		7 30																					
							992 "					31/10.		9 73																					
							1095 "					30/11.		14 60																					
							678 "					29/9.		9 73																					
Dec 1918	Cpl. Pay				37 20												20	32 00																	
					73 20									48 66			40																		
Jan.							A.R. 1140 1 Rec. 6.11.17							4 87																					
	Cpl pay				37 20		" 1197 "					20.12.17		4 87																					
							" 1262 "					31.12.17		9 73																					
							A.R.							19 47			20	29 34																	
					37 20												20																		
Feb.	Cpl. pay				33 60		A.R.										20																		
							A.R. 1395 1 Rec. Bn.					10.1.18		4 87																					
							" 1457 " "					24.1.18		4 87																					
							Deprived of 1 day pay R.H. Observing Stand Upon Bn. on 3.1.18 & 11. am. 4.1.18									1 20		32 39																	
					33 60		D.O. 5 7.1.18 1st Rec. Bn.							9 74		1 20	20																		
Mch	Cpl. p.				37 20		B.A.P.										20																		
							A.R. 1857 1 Rec. Bn.					22.2.18		9 73																					
							" 1710 " "					15.2.18		9 73																					
							" 2271 " "					14.3.18		4 87																					
							" 2400 " "					21.3.18		9 73				15 53																	
					37 20									34 06			20																		

P 820
12474—375M—13-2-18.

* Strike out whichever inapplicable.

ASSIGNED PAY.	* ~~ENGLAND OR~~ CANADA.	SEPARATION ALLOWANCE.	* ENGLAND OR CANADA.
EFFECTIVE DATE:–		EFFECTIVE DATE:–	
AMOUNT:– 30.00		AMOUNT:–	

NAME, ADDRESS, RELATIONSHIP & AUTHORITY { WHEN PAYEE OF A.P. IS THE SAME AS PAYEE OF S.A. THE WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE.

Mrs Hoyd Daire (Wife)
777 Parker St: Vancouver B.C.

Stopped Effective 1.12.18

NAME:– DAVIE Robert

NUMBER:– 645458

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		Cpl:

UNIT AND TRANSFERS

ORIGINAL UNIT:– 158 Bn

DATE ACCOUNT FIRST OPENED:– 1/12/16

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO
	1/1/17		B.C.R.D
	1.9.18	30.9.18	6 Res. Bn. B.C.
	1/1/19	26/2/19	Canada Section

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

DATE OF PAYMENT	NUMBER OF A.R	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R	UNIT PAID BY	AMOUNT
~~11.11.18~~	~~2220~~	~~Seaford £1.10~~	~~7 30~~				
~~26.11.18~~	~~418~~	~~" £2~~	~~9 73~~				

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
	1 10	10		

PARTICULARS OF RENDERING NON-EFFECTIVE: Transferred to Canada NR 1001. Disposal (1/12/18.) L.P.C. 2667

MONTH	PARTICULARS	CR. 1	CR. 2.	PARTICULARS	DR. 1	DR 2.	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
Mch	Balance forward								15 53		
Apl.	Cpl. pay	36		b. a. p.				20			
				a.R. 237 1 Res. Bn. 11.4.18	487						
				" 491 " " 28.4.18	730				19 36		
May	Cpl. p.	36 37 20		b. a. p.	12 17			20 20			
				a.R. 727 6 Res. Bn. 15.5.18	730						
				" 1032 6 " " 29.5.18	730				21 96		
June	Cpl. p.	37 20 26		b.a.p	14 60			20 20			
				a.R. 1477 6 Res. Bn. 14.6.18	730						
				" 1702 " " 26.6.18	730				23 36		
July	Cpl. p.	36 37 20		b.a.p.	14 60			20 20			
				a.R. 2151 6 Res. Bn. 16.7.18	973						
				" 2536 " " 27.7.18	973				21 10		
		37 20			19 46			20			
Aug	Cpl. p.	37 20		b. a. p.				20			
				a.R. 3047 " " 15.8.18	730						
				" 3503 " " 28.8.18	730				23 70		
		37 20			14 60			20			
Sep	Cpl.	36		Car.				20			
				A.R. 4038 11/9/18 6th Res	730						
				" A.R. 4436 28/9/18 ✓	487				27 53		
		36			12 17			20			
Oct.	Corpl. Pay	37 20		b.a.p				20			
				5166 (O.N) 10/10 ✓	730						
				2094 (O.N) 28/10 3 b.b. 75c.	973				27 70		
		37 20			17 03			20			
Nov	~	36		Car				20			

Checked Ehill 28-11-18

NUMBER 645458 RANK NAME DAVIE R.

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
	Brot Forward.	36			—			20	27 70		
				Wkly (79) 11/11 18 Rs	7 30						
				418 n/a 6 Rs	9 73				26 67		
		36			17 03			20			
				S O S Canada 15/12/18 20 13 3/4 19 B.C.R.P.							

NOTE: Entries marked with a red cross (✗) are struck through.

AUDITOR R.M. | PAYMASTER

M. OR S. Married

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

REGT. No. 645458 RANK ~~Gr.~~ Sgt. NAME (IN FULL) Davie. Robt.

NEXT OF KIN | RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? Yes. DATE EFFECTIVE

TO WHOM PAID Mrs Maud. Davie RELATIONSHIP

ADDRESS Collingwood East Vancouver. B.C.

PARTICULARS	EFFECTIVE DATE	AUTHORITY
1st	1-12-18	L.P.C
~~Blackpool 31-1-19~~		~~DO~~
From Prov Sgt.	4.6.19	D.O 174
L.O.S.	5-9-19	D.O. 249.

ORIGINAL UNIT C.E.F. 6th Res. IF IN P.F. WHAT UNIT? (BLOCK LETTERS SURNAME FIRST)

PLACE OF ATTESTATION TRANSFERRED TO admin Stff DATE 31-1-19 AUTHORITY DO 42

DATE OF ATTESTATION TRANSFERRED TO DATE AUTHORITY

ASSIGNED PAY $ 20 1/xx DATE EFFECTIVE 1-1-19

PAYABLE TO Mrs Maud. Davie RELATIONSHIP

ADDRESS ~~Collingwood. East~~ Same Vancouver B.C.

ANY CHANGE IN ASSIGNEE OR ADDRESS: Soldiers address. 2852 Moscrop St. Collingwood East B.C.

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE EFFECTIVE

DISCHARGED PLACE Vancouver DATE 5-9-19 REASON Demobilization AUTHORITY D.O. 249. IF ENTITLED TO POST DISCHARGE PAY

MONTH 1918	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $	C.	OTHER CREDITS $	C.	$	C.	TOTAL CREDITS $	C.	ACQUITTANCE ROLLS COL. NO. 1 NO.	DATE	COL. NO. 2 NO.	DATE	COL. NO. 3 NO.	DATE	CASH PAYMENTS COL. NO. 1 $	C.	COL. NO. 2 $	C.	COL. NO. 3 $	C.	ASSIGNED PAY $	C.	REGIMENTAL CHARGES $	C.	OTHER CHARGES $	C.	L.P.C $	C.	TOTAL DEBITS $	C.	BALANCE DEBIT $	C.	CREDIT $	C.	PARTICULARS OR REMARKS
BALANCE FROM PREVIOUS ACCOUNT																																					
Dec 1		~~1.10~~									14603						20		70				Carried 19930 ~~30~~						1833								
Jany	62		74	40	11 / 30 / ~~35~~	25 / 20			115	85	~~19929~~ Carried		19911	30-1-19	19912	31-1-18	35		127	52	10		150								115	85					14 days Sal & Ima Alce
Feb	28		33	60			30	-	63	60	11	15/2	31413		AP 31318		10	-	3	60			50								63	60					
Mch.	31		34	20	44	20	30	-	114	40	AR 6		5/236644				10	00	54	40			5/236686 80	00							114	40					Subs from 12 DO 73 (Wilshire Mc Sharp) cheque no 236586 redeposited
							50	-																													
Apr	30		36	-	24	-	30		140	-	236996		5 236690		239090		10		80	-			50	-							140	-					
May	31		34	20	24	80	30	-	92	-	239254		280933		239354		15	-	24	-			50	-							92	-		-		-	Prov. Prov Sgt. 4.6.19 D.O 174
Lieut. Pay	6	1.20																																			
Pay	24	1.50	43	20	24	-	30	-	97	20	283604		283934		283420		30	-	27	20			50	-							97	20					
M.D. No. 11																																					
May	31		46	50	24	80	30	-	101	30	291221		291398		291288		20	-	31	30			50	-							101	30					
Aug	31		46	50	24	80	30	-	101	30	291471		496584		496524		20	-	31	30			50	-							101	30					
Sept	5		4	50	4	-	5 / 35	-	51 / ~~47~~	50	496648				496649		116	50					35	-							151	50	100	-		-	
	183				420		180		600														70	-	30	-					100		350		150		
											Dec 4		1591157-8										70	-	35						100		280		120		
											Nov. 5		1583500-01										70		30		3				100		210		90		
											Dec 5		1598385-6										70		30		4				100		140		60		
											Jan 5		1604630-31										70		30		5				100		70		30		
									600		Feb 5		1609351-2										70		30		3				100						
																															600						

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

Paymaster, Demobilization Pay M.D. No. 11

War Service Gratuity

Service 3 years months

I certify that all payments for Service Gratuity have been made on this account according to the period of Service shown on the M.F.W. 2595 received.

Capt.

Officer i/c War Service Gratuity M.D. No. 11

30M-11-18.—L.L. 50877-M. & D. 9553.

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								COL. NO. 1		COL. NO. 2		COL. NO. 3		COL. NO. 1		COL. NO. 2		COL. NO. 3*												DEBIT		CREDIT		
			$	C.	$	C.	$	C.	$	C.	NO.	DATE	NO.	DATE	NO.	DATE	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	

Date of Enlistment 1.3.16

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

D 1187

Date of Assignment Nov 1/16

RATE OF SEPARATION ALLOWANCE

20	~~25~~ 1/12/17	30.	

P. C. 3257 1-9-18. Pe. 2753. Mo 25690.

RATE OF ASSIGNMENT

20			

Wife

PARTICULARS OF SEPARATION ALLOWANCE

No. 645-45-8

Rank Pte Promoted Reverted Discharge

Soldier's Name R. Davie

Battalion 158 Battalion

Beneficiary Mrs Maud Davie

Relationship Wife M.A.W. 2554 26/7/18.

Address

PARTICULARS OF ASSIGNMENT

Name Mrs Maud Davie

Address ~~2247 Parker St~~

Change of Address ~~Vancouver~~

1 Collingwood E.P.G.S. Vancouver. B.C. 5/11/18

2

3

4

	Date 1917	Cheque No.		Amount S/A	Amount A/P	Total		REMARKS 4308-R.-3.
	Dec 31			440	280	720	HB.	R016896.
1918	Jany	66353	M	30	20	50	M	
	Feb	92847	E	25	20	45	✓	
	Mar.	121194	A	25	20	45		
	April	84395		25	20	45		
	May	13039	O	25	20	45	✓	
	June.	24207	I	25	20	45	✓	
	July	28851	G	25	20	45	✓	
	Aug.	38057	I	25	20	45	✓	
	Sept	47628	L	25	20	45	✓	
	Oct	55556	M	25	20	45	✓	
	Nov	57993	I	25	20	45	✓	
	Dec.	67546	D	45	20	65	ok	
				765	520			

M. F. W. 128
400m.—6-17—1772-39-1141
L. L. 22320—M. & D. 7493.

A/c Closed 31/12/18

Ret'd per Northland

Date 26/12/18 M.F.W.187 30/12/18

Clerk R. Coates

MO 11. 59408

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Date of Assignment

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank Promoted Reverted Discharge

Soldier's Name

Battalion

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name

Address

Change of Address

1

2

3

4

Date	Cheque No.	Amount S/A	Amount A/P	Total		REMARKS
17		17	11			

M. F. W. 128
400M—6-17—1772-39-1141
L. L. 22320—M. & D. 7983.

This space to be for numbers.

M

Proceedings on Discharge.

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

No. 645458

Rank Cpl.

Surname DAVIE

Christian name Robert

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

Corps (Squadron, Battery or Company) 158th Bn.

Date of discharge 5-9-19.

Place of discharge Vancouver B.C.

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age 43 years months.

Height 5 feet 7 inches.

Complexion Fair

Eyes Grey

Hair Lt. Brown.

Trade Salesman.

Intended place of residence (To be given as fully as practicable.) 2852 Macrae St. S. Vancr. BC

Descriptive marks

Scar left forearm.

Released 21-4-37 649-D-7561

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

DDemobilization (Under R.O. 1420 "C"12-12-18.)

Authority for discharge DHWO C.T. II 249. 3 Bd 6-9-19

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.

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

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

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

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

MEDICAL DOCUMENTS FORWARDED TO ~~S. C. R.~~ OR B. P. C. ON 10-9-19

M. F. B. 218.

200M.—5-18.
H. Q. 1772-39-113.

(OVER)

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

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

6. Medals and Decorations.....

To be copied by the Commanding Officer on to the parchment Discharge Certificate.

7. His account is correctly balanced, and signed by the Officer Commanding his Company, *(Squadron or Battery,* and I have impartially enquired into all matters brought before me in accordance with Regulations.

(Place).....

(Date).....

.....

Commanding.....

8. **Certificate to be signed by the Soldier on Discharge**

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

(Place)..... Robert Davie *(Signature of Soldier.)*

District Depot M.D. XI
SEP 5 1919
Discharge Section

(Date)..... H. Meeks *(Signature of Witness.)*

When a soldier is absent through illness or any other cause and it is not desirable to forward these proceedings to him for signature, a manuscript copy should be sent for the man to sign, and when returned, should be attached here.

9. **Additional Certificate in the case of a Soldier who takes his discharge on his own request.**

I hereby declare that I do of my own free will request to be discharged from His Majesty's Service.

..... *(Signature of Soldier.)*

10. **Statement of Service.**

Service toward Engagement to.... (the date to which the Record of Service is completed).....years.....days.

Total.....years.....days.

11. **Confirmation of Discharge.**

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

(Place).....

District Depot M.D. XI
SEP 5 1919
Discharge Section

(Signature)..... Russell major

For O. C. District Depot XI.

(Date).....

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.)

None

Robert Davie

List of Discharge Documents.

Reg. Conduct Sheet,	Militia form	B. 263
Squadron / Battery / Company } Conduct Sheet,	"	B. 263a
or		
Field Conduct Sheet	"	W. 178
Copies of Convictions, by C. P.		in MS.
Med. Hist. Sheet,	Militia form	B. 313
Casualty Form	"	W. 54
Medical Report for Invalid§	"	B. 227
Dental History Sheet	"	B. 465
Last Pay Certificate	"	W. 44
Duplicate Discharge Certificate	"	W. 39A
‡Form of Will	"	W. 82

§Only if discharged "Medically unfit."

‡Only if man has not been overseas.

Attestation Paper	Militia Form	W. 23
or		
Particulars of Recruit	"	W. 133
Proceedings on Discharge	"	B. 218

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.

Documents not accompanying this form should be crossed out.

I hereby certify that the following documents are unobtainable.

Officer Commanding.

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

Reserved for M.H.C.

Regt. No. 645458 Rank A/CPL. Surname DAWE Christian Name ROBERT.

Unit or Corps—(a) Overseas from United Kingdom ..... (b) in United Kingdom B.C.R.D. (1)

Born at—Town PERTH County or Province PERTHSHIRE Country SCOTLAND.

Date of Birth—Day 30 Month AUGUST Year 1875 Age 43 yrs. 3 months.

Joined at VANCOUVER Date JANY. 18. 1916

Former trade or occupation SALESMAN

Permanent Marks or any peculiarity that will serve for future identification :—

NONE

Height—feet 5 inches 7 Colour of eyes BLUE.

Signature of Soldier (*for identification purposes*) R. Dawe

Medical Report

☞ *Read carefully the instructions on last page of this form.*

1. DISABILITY.

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

Disabilities Group (*a*) MYALGIA.

Disabilities Group (*b*) —

Disabilities Group (*c*) —

2. CAUSE OF DISABILITY

		Place of origin.	Date of origin.
(*i.*) As to Group (*a*) above.	G.S. CONDITIONS.	ENGLAND	1917
(*ii.*) As to Group (*b*) above.	—	—	—
(*iii.*) As to Group (*c*) above.	—	—	—

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

(*i.*) As to Group (*a*) above ? NO If yes, has Active Service aggravated it ? N/A

(*ii.*) As to Group (*b*) above ? / If yes, has Active Service aggravated it ?

(*iii.*) As to Group (*c*) above ? If yes, has Active Service aggravated it ?

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

(*i.*) As to Group (*a*) above ? YES

(*ii.*) As to Group (*b*) above ? /

(*iii.*) As to Group (*c*) above ? /

PART I. (continued).

5. MEDICAL HISTORY.

Rheumatism & Sciatica. Lo 4 years & more ago.
Was seen on exact date [illegible] Excused wearing puttees for 6 weeks.
Was discharged from hospital
first leaving in England although having
been previously.

NONE

6. PRESENT CONDITION.

Complains pain in shins aching on change
of pattern are warm. Pain in
left thigh. Groin. occasionally.

On examination
legs appear normal – no varicose
veins. No physical treatment necessary
for pain & groin.
General condition fair. Heart & lungs
negative.
appears to fully clothed age

7. OPERATION. (i.) Was one performed? No (ii.) If so, state what. No

(iii.) Was one advised and declined? No

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

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

(ii.) If so, describe. 4 or 5 – decay.

9. DO YOU RECOMMEND:—

(a) Fit for duty? (state category) B II

(b) Invalid to Canada? No

(c) Discharge from the Service as permanently unfit? No

Date of Report Nov 23 1918 Signed [illegible]
Officer in medical charge of case.

Station Lessard

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

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

Dated at ..... Station, on ..... 191.....

*Delete if inapplicable.

NOT IN HOSPITAL

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

10. Is the diasbility fully described in Part I. (1)? Yes
If not, describe it.

11. Is the cause of the disability fully described in Part I. (2)? Yes
If not, describe it.

12. From the medical information now adduced, 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 }

13. 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, 5%, 10%, 15%, 20%, etc.) none.

14. THE DISABILITY DUE TO SERVICE.—*(See Part I. (3). Aggravation on Active Service of a disability existing previous to joining is to be included in this estimate.)*
What part of the entire disability estimated next above (13) is due to causes arising during Active Service?
(Estimate at none, 1/10, 2/10, 3/10, etc., or all.) none

15. Permanency of the Disability due to Service estimated next above in (14).
(*i.*) Is it permanent? not appl.
(*ii.*) If not permanent, what is its probable minimum duration (*in months*)?

16. If an operation was advised and declined, do you consider the refusal to have been unreasonable? not appl.

17. Can the former trade or occupation be resumed? Yes.

18. REMARKS:—
Accidently K.A., Discharged 9.8.18 on 11/18.

19. RECOMMENDATION:—
(a) Fit for duty? (*state category*) Yes. B1.
(b) Invalid to Canada? no
(c) Discharge from Service as permanently unfit? no

Date of Board 23-11-18.
Signatures of the Board { [illegible] President. / [illegible] Capt }
Station Seaford

Approved [illegible] A.D.M.S.

Dated at Seaford, Sussex Station 23 NOV 1918 191

Statement of the Soldier

(This is to be completed only in the case of the Soldier taking his Discharge in England.)
(Sections 1, 2, 5, and 6 are to be read to the Soldier.)

I, the undersigned Cpl. Robt Bowie. 645458 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 :—

Robert Bowie
Signature of Soldier examined.

Instructions to Medical Officers

Question 1.—State the disability in terms of a diagnosis, that is, a diagnosis of the existing condition as distinguished from the disease or injury which caused it. It should be noted that in medical cases the disability may be the actual disease; for example, Tubercle of Lung, Chronic Bronchitis, Myalgia, Gastric conditions and so forth. (Follow the nomenclature as laid down in the "List of Diseases" of 1915, and amended by A. C. I. No. 1587 of 1917.)

Question 2.—The cause of the disability when known should be stated and care should be taken to establish as correctly as possible the place and date of origin. This is important in view of the relationship of Questions 3 and 4 to Question 5.

Questions 3 and 4.—*NOTE*—By Active Service is meant Service with the Colours in Canada, the United Kingdom or elsewhere during the present war, (since the 4th August, 1914.)

Question 5.—MEDICAL HISTORY.—State concisely the essential points of the history of the case as supported by documentary evidence. If further evidence is considered necessary to complete the Medical History, the same not being supported by documents, this should be obtained by questioning the soldier, but should be distinctly shown as "Patient's Statement." It is considered advisable that these latter statements be grouped apart from the evidence supported by documents available to the Medical Officer.

Extracts should be made from all entries on the Medical History Sheet.

If answers to Nos. 2, 3 or 4 show that the Soldier is suffering from some condition which pre-existed enlistment, it is advisable that these answers be substantiated as far as possible by statements obtained from the Soldier showing history of previous illness or injury.

Question 6.—PRESENT CONDITION.—As this question is primarily intended for the Medical Officer's report, in answering show clearly the condition of the Soldier at the time of examination.

It is directed that the objective and subjective matter be arranged in separate groups. The objective matter is considered to be the more important, in that it consists of a statement of the Medical Officer's actual finding.

Specialists' reports bearing on the PRESENT CONDITION should be attached.

In addition to description of the disability, a report on "all systems" is required in order that the whole when completed may be a true pen portrait of the Soldier's condition.

The Medical Officer in charge of the case will fill out pages 1 and 2 of this Form. The original must be wholly in the handwriting of the Medical Officer. The copies may be typewritten but must be signed by the Medical Officer who must be responsible that these are true copies of the original.

Finally the O. C. Hospital or S. M. O. or an Officer delegated for such duty by the A. D. M. S., is required to sign a certificate at the bottom of page 2, which reads as follows :—

"I have satisfied myself of the general accuracy of this report and concur therewith, except....."

This is a most important part of the paper and one to which the attention of the Officers concerned should be frequently drawn as it is by such strict supervision that the accuracy and good results of Medical Board work can be assured.

ENTRIES OF RECATEGORIZATION

Date	Station	Category	Signature of M. O.	Date	Station	Category	Signature of M. O.