





ATTESTATION PAPER.

No. 2776282

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?..... Thomas Oswald
- 1b. What is your present address?..... 30 Manhattan Apartments, Vancouver.
- 2. In what Town, Township or Parish, and in what Country were you born?..... Sunderland, England
- 3. What is the name of your next-of kin?..... Mrs. Lilian Davie
- 4. What is the address of your next-of-kin?..... 30 Manhattan Apartments, Vancouver.
- 4a. What is the relationship of your next-of-kin?..... Mother
- 5. What is the date of your birth?..... August 19th 1899
- 6. What is your Trade or Calling?..... Clerk
- 7. Are you married?..... No
- 8. Are you willing to be vaccinated or re-vaccinated and inoculated?..... No
- 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 } Yes  
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? }
- 13. Have you ever been discharged from any Branch of His Majesty's Forces as medically unfit? .. No
- 14. If so, what was the nature of the disability? .. -
- 15. Have you ever offered to serve in any Branch of His Majesty's Forces and been rejected? ..... No
- 16. If so, what was the reason?..... -

SUFFICIENT ADDRESS MAJOR

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Thomas Oswald 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.

Thomas Davie (Signature of Recruit)

Date 19<sup>th</sup> February 1919 W. Hodgkinson (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Thomas Oswald 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.

Thomas Davie (Signature of Recruit)

Date 19<sup>th</sup> February 1919 W. Hodgkinson (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, B.C. this 19<sup>th</sup> day of February 1919.

W. Hodgkinson (Signature of Justice)

Description of Thomas Oswald Davie on Enlistment.

Apparent Age 19 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. 9 ins.

Chest measurements: { Girth when fully expanded ..... 35½ ins.  
 Range of expansion ..... 2½ ins.

Nil

Complexion Medium

Eyes Blue

Hair Dark

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

CERTIFICATE OF MEDICAL EXAMINATION.

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

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

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

Date Feb. 1919 1919.

John Macdonald

Place Wanawana

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.

Thomas Oswald 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.

ad yuon Major (Signature of Officer)

O.C. NO. XI DET. C.O. C.C.E.F.

Date 19th February 1919

# CANADIAN EXPEDITIONARY FORCE

## Discharge Certificate

This is to Certify that No. 2776282 (Rank) Private

Name (in full) Thomas Oswald Devie enlisted in

the No XI Det., Canadian Ordnance Corps.

CANADIAN EXPEDITIONARY FORCE at Vancouver, B.C. on the 19<sup>th</sup>

day of February 1919.

HE served in Canada

and is now discharged from the service by reason of Demobilization

(Authy Routine Orders 1328 and 1420)

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

Age 20 years

Height 5 feet 9 inches

Complexion Medium

Eyes blue

Hair dark

Marks or Scars

N57

SO Devie  
Signature of Soldier

A. J. ...  
Issuing Officer

OR NO XI Det. C.O.C., C.E.F.  
Rank

Date of Discharge August 5<sup>th</sup> 1919.

2nd S.O.O., M.A. NO XI  
Appointment

Signed at Vancouver, B.C. this 5<sup>th</sup> day of August 1919

in Military District No. XI

File Reference No. S.O.O. 583

ORDNANCE OFFICE

No. ....

AUG 5 1919

VANCOUVER, B.C.

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

CANADIAN EXPEDITIONARY FORCE  
Discharge Certificate

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.

# MEDICAL HISTORY SHEET

Surname Davie, Christian Name Thomas Oswald,

Examined { on 19<sup>th</sup> day of Feb. 1919  
 at Vancouver  
 Birthplace { City or Town Sunderland  
 County Eng.

Approved by  
J. J. Macdonald  
 Rank: O. 11th Batt'n - C. G. Reg't C. E. F. M.O.  
 Cap't C. A. M. C.

Apparent age 19  
 Trade or occupation Club  
 Height 5 feet 9 Inches  
 Weight 147 lbs.  
 Chest measurement { Minimum 32 inches  
 Maximum expansion 35 1/2 inches  
 Physical development good  
 Small-pox Marks nil  
 Vaccination Marks { Arm Right Left  
 Number - 1

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

When Vaccinated last Infancy  
 (a) Marks indicating congenital peculiarities or previous disease nil  
 (b) Slight defects but not sufficient to cause rejection nil  
A.I.I.

Date	Result	VACCINATIONS
		M.O.
		M.O.
		M.O.

  

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
		M.O.
		M.O.
		M.O.

Enlisted on 19<sup>th</sup> day of February 1919 at Vancouver, B.C.

	CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment	<u>C.O.C., C.E.F.</u>	<u>2776282</u>	<u>Good</u>	<u>19-2-19</u>
Transferred to				

## EXAMINED OR DISCHARGED BY A MEDICAL BOARD

STATION	DATE	DISEASE	RESULT

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 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 2776282. Rank Pte. Name DAVIE, THOMAS, OSWALD.  
(Name in full in block letters.)

Age 19. Address after discharge 330 Manhattan Apartments, Vancouver, B.C.

Unit or Corps 11th, C.O.C. Birthplace England.

(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. 10 1/2 in. Colour of Eyes Grey  
 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.)  
  
 Nil

Opinion as to general health and physical condition Good

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

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

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

**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 ..... AUG 5 1919 ..... Signed ..... M.O.

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

Signature .....

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

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





X

/

x

(

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X

o

X

X

)

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

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

350M.—5-16

H. Q. 1772-39-920.

# Casualty Form—Active Service.

Unit, Regiment or Corps No XI DET C.O.C. C.E.F.

Regimental No. 2776282 Rank Pte Name Davie Thomas Oswald  
C. E. F.

Enlisted (a) 19-2-19 Terms of Service (a) C.E.F. Service reckons from (a) 19-2-19

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) General Clerk  
} } Military R. & J. Clerk

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				

R.O. 795 + 1009	L.V.Q.	Enlisted and T.O.S. 19-2-19	Nauy	19-2-19	D.O. Pt. II No 50
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R.O. 1328 & 1420	L.V.Q.	Discharged and S.O.S. 5-8-19 on Demobilization	Nauy	5/8-19	D.O. Pt. II No 217
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Certified Correct

*A. J. Munro*  
MAJOR.  
Comd'g. No. 17 Detachment. C.O.C. 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.



NAME

*Davie*

REGT. No.

*11*

RANK AND UNIT

*Thomas Oswald*

*S.O.S. Dis. 5-8-19.*

NEXT OF KIN

*2776282 Rte*

*D.O. 217 of 5-8-19.  
No 11. Det. C.O.C.*

*# 11 Det. C.O.C.*

CABLE

NATURE OF CASUALTY

No.

DATE

*Widower*

*Davie Mrs Lillian  
30 Manhattan Apts,  
Vancouver B.C.*

*England, Sunderland Aug 19th 1899  
Vancouver B.C. Feb 19th 1919*





Surname *Davis* H. Q. ....  
Christian names *Thomas Oswald* M. D. No. *10* .....  
Regtl. No. *27762821* Rank *Pte.* T. O. S. *Feb. 19<sup>th</sup> 1919* .....  
Unit *10<sup>th</sup> Det. C. O. C.* D. O. Pt. II *50* of *19-2-19* .....  
S. O. S. .... 19.....  
Reason .....  
Auth. ....

Next of kin ..... Relationship .....  
Address ..... Also notify: .....  
.....  
.....  
.....

BORN—Place ..... Date .....  
ATTESTED—Place ..... Date .....  
O/S ..... R/C .....

*95-13119*

*No available info. Miss. 10. 20-5-19. 14. 8. 19.*



SHORT FORM.  
PROCEEDINGS ON DISCHARGE.  
(Demobilization.)

1. No. 2776282		
2 Rank. Private		
3. Name. Davie, Thomas Oswald		
4. Unit. No.XI.Detachment C.O.C. CEF.		
5 Date of Discharge	5.8.1919	Place Vancouver B.C.
6 Reason for Discharge. Demobilization (Routine Orders 1328 & 1420)		
7. Authority. Daily Order Pt.11. #217 dated August 5th 1919		
8. Proposed Residence after Discharge. c/o Mrs Lillian Davie (mother) 30. Manhattan Apartments, Robson Street, Vancouver B.C.		
9. CERTIFICATE TO BE SIGNED BY SOLDIER. I hereby acknowledge that at the undernoted place and date I received my discharge Certificate M. F. W. ?39.		
		<i>TD Davie</i> Signature of Soldier.
10. CONFIRMATION. The discharge of the above named man is hereby confirmed. Place Vancouver B.C. Date August 5th 1919.		
Signature <i>aa yuason</i>		Major (O. C. Discharging Unit.) O.C. XI. Detachment C.O.C. CEF.



None.

Schavis

LIST OF DISCHARGE DOCUMENTS.

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

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

M. OR S. *S*

REGT. No. *2776282* RANK *Pte* NAME (IN FULL) *DAVIE, THOMAS OSWALD. Vancouver*

NEXT OF KIN *Mrs Elizabeth Davie* RELATIONSHIP *(mother)* ORIGINAL UNIT C.E.F. *No. 11 C.A.B.* IF IN P.F. WHAT UNIT? (BLOCK LETTERS SURNAME FIRST)

ADDRESS *Stateville 807th* EFFECTIVE DATE *19-2-19* AUTHORITY *D.O. #70* PLACE OF ATTESTATION *Vancouver* TRANSFERRED TO DATE AUTHORITY

IS SEPARATION ALLOWANCE PAID? *Yes.* DATE EFFECTIVE *19-2-19* ASSIGNED PAY \$ *\$15.00* DATE EFFECTIVE *19-2-19*

TO WHOM PAID *Mrs Elizabeth Davie* RELATIONSHIP *mother* PAYABLE TO *Mrs Elizabeth Davie* RELATIONSHIP ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS *Mrs Elizabeth Davie* ADDRESS *784 Thurlow St. Vancouver, B.C.*

STOP PAYMENT FORM RENDERED, DATE DISCHARGED *Vancouver, B.C.* PLACE *5/19* DATE *Demobilization* REASON *D.O. 217.* AUTHORITY IF ENTITLED TO POST DISCHARGE PAY *no*

BALANCE FROM PREVIOUS ACCOUNT

MONTH	PAY AND F.A.		OTHER CREDITS		TOTAL CREDITS		ACQUITTANCE ROLLS			CASH PAYMENTS			ASSIGNED PAY		REGIMENTAL CHARGES		OTHER CHARGES		TOTAL DEBITS		BALANCE		PARTICULARS OR REMARKS		
	NO. OF DAYS	RATE	AMOUNT		NO.	DATE	NO.	DATE	NO.	DATE	NO.	DATE	NO.	DATE	NO.	DATE	NO.	DATE	NO.	DATE	DEBIT	CREDIT			
			\$	C.																				\$	C.
February	10	110																							
March	31		34 10	32 80																					
April	30		33 00	24 00																					
May	31		34 10	24 80																					
June	30		33 00	24 00																					
July	31	110	34 10	24 80																					
Aug	5	110	5 50	14 00																					

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

*A. J. [Signature]* Lieut.,  
Paymaster, Demobilization Pay  
M.D. No. 17

