

ATTESTATION PAPER.

No.

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

1. What is your name?..... *Davie William.*
 2. In what Town, Township or Parish, and in what Country were you born?..... *Aberfeldy, Scotland.*
 3. What is the name of your next-of-kin?..... *(Father) John Davie.*
 4. What is the address of your next-of-kin?..... *99 High St. Auchtermuchty, Scotland.*
 5. What is the date of your birth?..... *16 June 1886.*
 6. What is your Trade or Calling?..... *Millwright.*
 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?..... *4 years. 1st. 4th Batt Black Watch.*
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.*
- William Davie* (Signature of Man).
W. J. M. Blair (Signature of Witness).

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

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

Date *NOV 9 - 1914* 1914. *William Davie* (Signature of Recruit).
W. J. M. Blair (Signature of Witness).

OATH TO BE TAKEN BY MAN ON ATTESTATION.

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

Date *NOV 9 - 1914* 1914. *William Davie* (Signature of Recruit).
W. J. M. Blair (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 *18th* day of *Nov* 1914.

William J. M. Blair (Signature of Justice)

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

.....(Approving Officer)

Description of W Davie on Enlistment.

Apparent Age 28 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. 8³/₄ ins.

Chest-measurement { Girth when fully expanded 38¹/₂ ins.
 Range of expansion 3¹/₄ ins.

Complexion Dark

Eyes Grey

Hair Brown

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 NOV 9 - 1914 1914.

Place Vancouver

C. A. McFarland
J. Buller J. W. Ordell
 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.

William Davie having been finally approved and inspected by me this day, and his Name, Age, Date of Attestation, and every prescribed particular having been recorded, I certify that I am satisfied with the correctness of this Attestation.

..... (Signature of Officer)

Date Nov 18 1914.

W. S. Loban
 Lieut.-Colonel
 Commanding 28th Battalion (Vancouver) Regiment
 Canadian Expeditionary Force
 Lieut.-Colonel
 Commanding 28th (Vancouver) Battalion Canadian Expeditionary Force.

REGIMENTAL DOCUMENTS

3

NAME *DAVID WILLIAM*

REGT. NO. *75760*

UNIT *29 Bn*

H. Q. FILE NO.

CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
ATTESTATION PAPER (M.F.W. 23, 133, or 51)					DEATH
CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category
TRAINING HISTORY SHEET (M.F.W. 113)					
FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)		<i>26-8-20</i>			
COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)		<i>Med 6-8-20</i>		<i>C4478</i>	
MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)		<i>Med 21/70</i>			DISCHARGE
DENTAL HISTORY SHEET (M.F.B. 465)					Category
MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					<i>ПЕРИОД</i>
MEDICAL EXAMINATION (M.F.W. 129)					
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)					
PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					
PARTICULARS OF CHARACTER (A.F.W. 3226)					
COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
<i>1 Form OS 3</i>					
<i>11 Miscel</i>					
<i>1 DMS 1314</i>					<i>9-7</i>
<i>2 RDO 6045</i>					<i>18-7</i>
<i>1 Cas Card R/22</i>					<i>26-7</i>
<i>1 R 128</i>					<i>5</i>
<i>1 R 2-124</i>					
<i>1 R 119 2 a-d cards</i>					
<i>4 R 1-1237</i>					
<i>1 R 3172</i>					
<i>1 R 1-111</i>					

M

H



DENTAL HISTORY SHEET

DISTRICT 3

CANADIAN ARMY DENTAL CORPS

M.F.B. 5,
2004, 18,
1772-39-950.

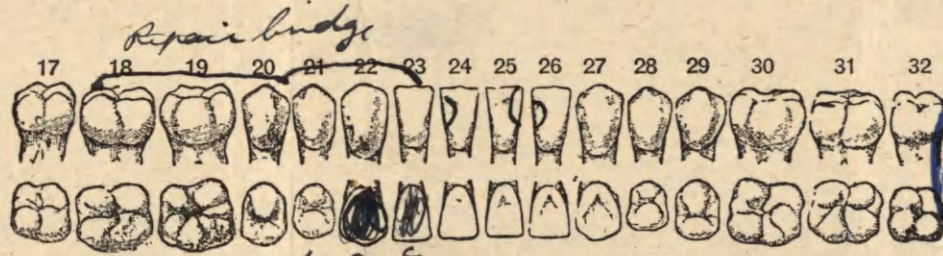
NAME OF SOLDIER W. DAVIE

REGIMENT 29TH. BN.

RANK

PTE.

No. 75160

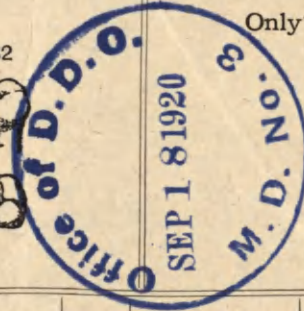


INSTRUCTIONS

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.



Condition on first Examination	Date	Amalgam	Temporary Filling (a) G. P. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhoxa	Synthetic Porcelain	Extracting	DENTURES			Gold Clasp	Gold Filling	CROWNS		Bridge Work	OPERATOR	Military District	REMARKS
												U	L	P			Gold	Porcelain				
																			<i>Dr. A. Millan</i>			
																				<p style="font-size: 1.2em; margin: 0;"><i>Completed Sept 1920</i></p> <p style="margin: 0;"><i>Stewart</i> CAPTAIN</p> <p style="margin: 0;">DISTRICT DENTAL OFFICER, M.D. NO. 3</p>		

I hereby acknowledge having received the above treatment.

(SIGNATURE).....

W. Davie

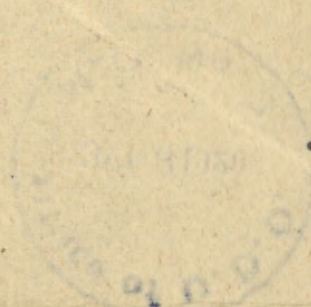
Dr. R. Miller

Examination	2 00
Prophylax	1 50
4 Amalgams Compd	8 00
3 biticates	6 00
2 Crowns + Dummy etc	35 00

Repair bridge
3.00

52.50
4 00

\$ 58.50



CLINICAL CHART.

Army Form B. 18

Corps 29th Cavalry

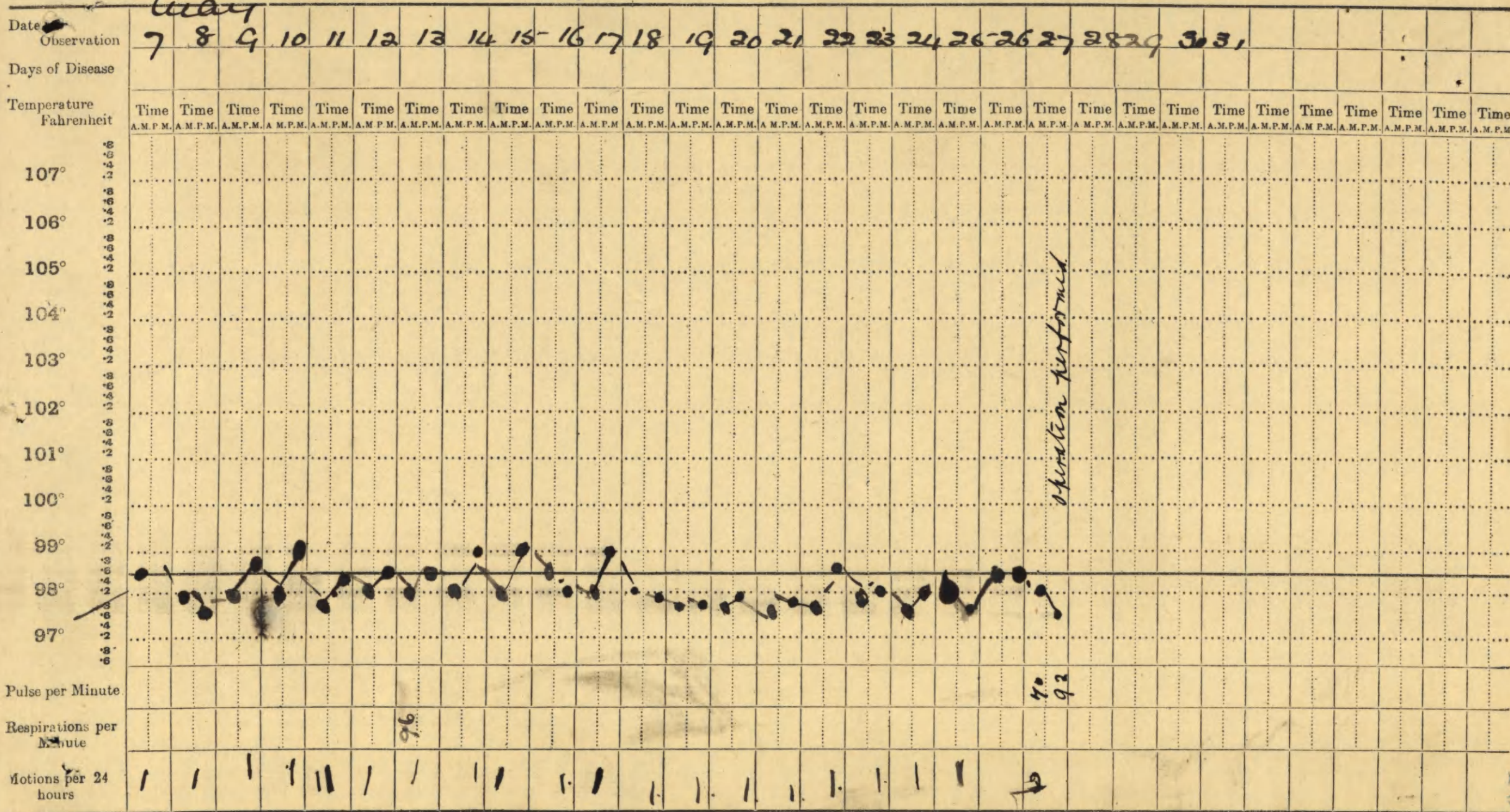
(To be attached to Case Sheet.)

Military Hospital Brook.

No. 75-160. Rank and Name Pls: W. Dewis.

Age 29. Service 18 months.

Disease Wound Date of admission 6-4-16. Date of discharge _____ Result _____



1052

March 18 1853

1853

Received of the Treasurer of the Board of Directors of the

of the sum of \$100.00

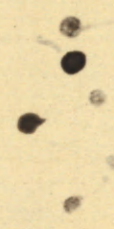
for the purpose of

for the purpose of

for the purpose of

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The 10 years
 of the 10 years

CHINESE CHINESE

10 years

CLINICAL CHART.

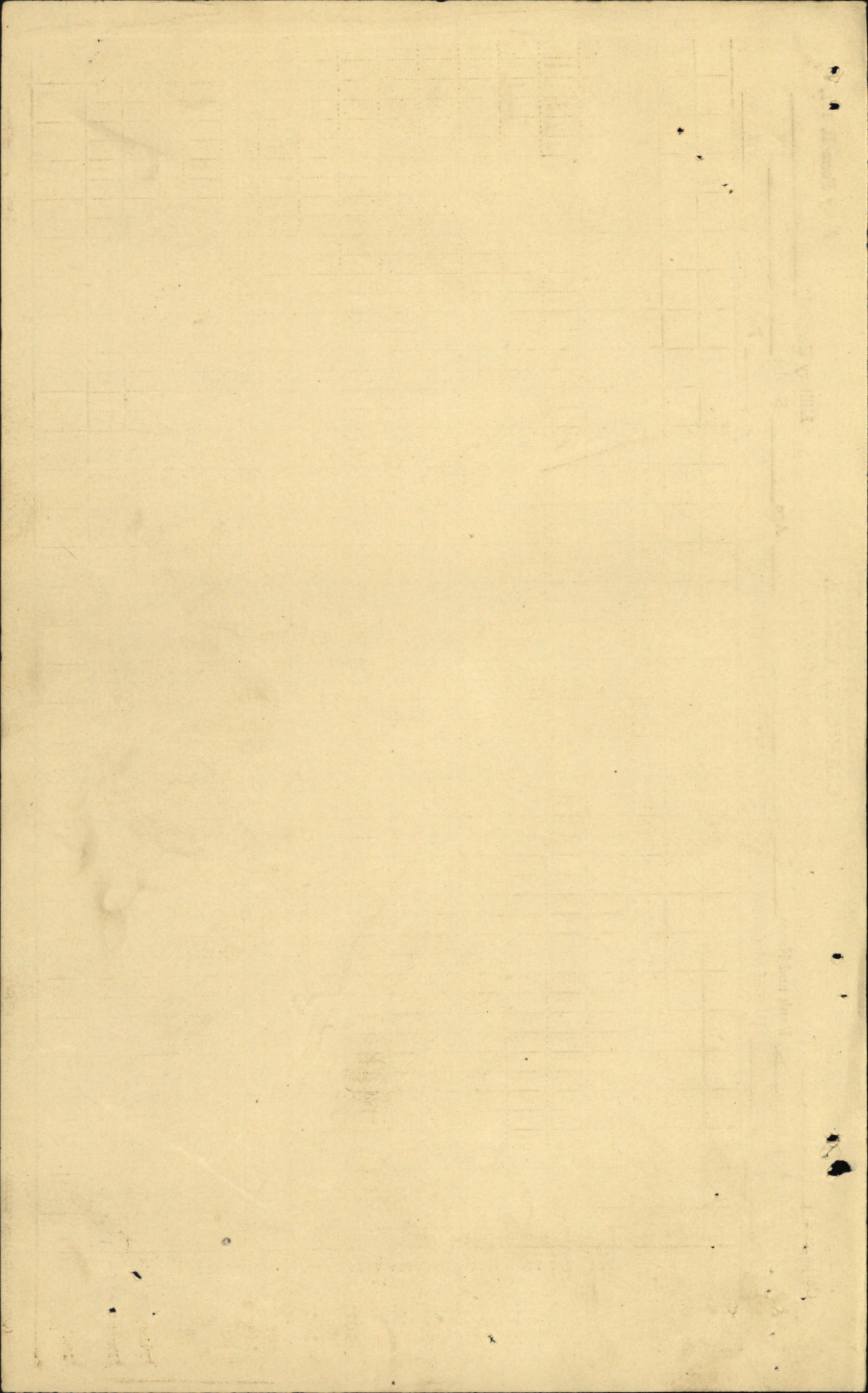
Army Form B. 181.

(To be attached to Case Sheet.)

Corps 29 16 Canadian No. 75760 Rank and Name Pte. W. Davie Age 27 Military Hospital Burton War School
 Disease _____ Date of admission April 6 1916 Date of discharge _____ Service 16 months Result _____

Dates of Observation	August																												
	Days of Disease																												
Temperature Fahrenheit	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time
	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.
107°																													
106°																													
105°																													
104°																													
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102°																													
101°																													
100°																													
99°																													
98°																													
97°																													
Pulse per Minute	80																												
Respirations per Minute	20																												
Motions per 24 hours	1																												

1052



131965.

Class "A" CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

THIS IS TO CERTIFY that No. 45160 (Rank) Sapper.

Name (in full) William Davie enlisted in

the 29th Battalion

CANADIAN EXPEDITIONARY FORCE at Vancouver on the 24th

day of October 1914

HE served in France.

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

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

Age 33 years

Height 5'11-9"

Complexion Fair

Eyes Grey

Hair Grey

W. Davie. Signature of Soldier

Marks or Scars

G.S.W. Left Leg

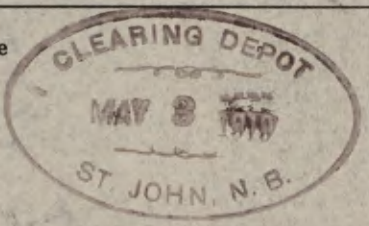
" Both Hips

" Back & Neck

" Left Fore arm

H. H. Smith

Date of Discharge



Issuing Officer MAJOR

G. G. Clearing Depot, St. John, N. B.

Rank

Date 19

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

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

THIS IS TO CERTIFY THAT (Rank) Private John J. [unclear] Name (in full) John J. [unclear] enlisted in the Canadian Expeditionary Force on the 15th day of April 1918 HE served in [unclear] and is now discharged from the service by reason of Demobilization Medical Unfitness

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

Age	<u>[unclear]</u>
Height	<u>[unclear]</u>
Complexion	<u>[unclear]</u>
Eyes	<u>[unclear]</u>
Hair	<u>[unclear]</u>
Signature of Soldier	<u>[unclear]</u>
Date of Discharge	<u>[unclear]</u>
Rank	<u>[unclear]</u>
Date	<u>[unclear]</u>
Signature of Officer	<u>[unclear]</u>
Rank of Officer	<u>[unclear]</u>
Signature of Soldier	<u>[unclear]</u>
Date of Discharge	<u>[unclear]</u>

N.B. - An duplicate of this certificate will be issued, any person making same is requested to forward it in an unopened envelope to the Secretary, Military Council, Ottawa, Canada.

117-200
117-200-1-18
117-200-2

War Service Badge

Casualty Form—Active Service.

CERTIFIED CORRECT. *WSP*
 Canadian Record Office,
 Westminster House,
 7, Millbank, S.W.

Class "A" No.

Regiment or Corps **29th BATTALION, C.E.F.**

Regimental No. 75160 Rank Pte Name Davie, William

Enlisted (a) Nov 9th 14 Terms of Service (a) War Service reckons from (a) Nov 9th 1914

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

Extended _____ Re-engaged _____ Qualification (b) Millwright

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				

18.9.15	O.C.		Disembarked Boulogne	18.9.15	Non Roll
3.4.16	14 Gen Hosp	Frac. L forearm (L) Adm	14 Gen Hosp	3.4.16	285 W 3034
6.4.16	Hd. Cambria	Transf. to	England	6.4.16	A 36 Part 2 Orders 14.4.16 #16
6.4.16	14 Gen Hosp	To	Hd. Cambria	6.4.16	388 W 3034 } W 3083 }

P. Johnston

Lieutenant, for Lt-Col., A.A.G.

ccac

Taken on Strength C.C.A.C. Pt. II D.O. No. 126 24.4.16

ATTACHED

~~TRANSFERRED FROM C.C.A.C. TO~~ 30 Res Reg 18/9/16 PART II D.O. No. 406.6.19/9/16

G. C. Edridge

Trayce

(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.

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 38, 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				
4 JAN 1917	9c30 th attached	TRANSFERRED TO 1 st a BATTALION	C.E.F.	4 JAN 1917	W.Daniels Capt. & Adj. for Battn. C...
4/1/17	9c1 st	Taken on strength	Subgate	4/1/17	W.Daniels O.C. 30th Adjutant, 1st Canadian Reserve Battalion
5/2/17	9c1 st Res.	On command to Base Dep. Rly Tro	Purfleet	6/2/17	W.Daniels Adjutant, 1st Canadian Reserve Battalion
6/2/17	1 st Rel.	Taken on strength ban by 7 troops Depot Purfleet	Purfleet	6/2/17	Part II 0026 6/2/17 Elmore Bennett ADJUTANT, DEPOT CAN. RLY. TROOPS.
12/4/17	ERT Depot	Transferred to 8 th Bn ERT	Purfleet	12/4/17	Part II 0091 H. Taylor ADJUTANT, DEPOT CAN. RLY. TROOPS.
14.4.17	8th Batt. C.R.Y.	Taken on Strength	Purfleet	12.4.17	D.O. Part II No. 25.
7/2/17.	5 th Bn C.R.Y.	201 from Depot C.R.Y.	W.D. gate	7/2/17	Pt no 14.
17/2/17.	Dep. C.R.Y.	205 to Depot C.R.Y.	" "	18/2/17.	Pt no 14.
21/2/17.	Dep. C.R.Y.	201 from 5 th C.R.Y.	" "	18/2/17.	Pt no 14.
16/2/17	CCAC	Ceases att to 30 th Res + on comm to 1 st Res Bn.	Hastings	6/1/17	Pt no 80E.
30-5-17.	8th.C.R.T.	Arrived in France.	Field	20-4-17.	Pt.II.O. No.33.

CERTIFIED COPY
 5 - JUL 1917
 CAN. RECORDS, LONDON

W.D. Daniels
 LIEUT:
 FOR LT: COL: I/C RECORDS, C.O.M.F.

W.D. Daniels
 LIEUT:
 FOR LT: COL: I/C RECORDS, C.O.M.F.

Army Form B. 103

Regimental Number 75160...

Casualty Form—Active Service.

Regiment or Corps 8th Bn. P.R.I.

Rank SP4 Surname David Christian Name W.

Religion Age on Enlistment years months

Enlisted (a) Terms of Service (a) Service reckons from (a)

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

Extended { } Re-engaged { } Qualification (b)
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...		
1-6-17.	oc. Unit.	Forearm fractured & wounded in head & neck by accidental explosion.		1-6-17	Tell KG. 16-8985. AAG, Ban Sec.
2-6-17	oc. Unit.	Forearm fractured & wounded in head & neck.		1-6-17.	B213. TCS 7 d/2-6-17.
2-6-17.	oc. 83rd Gen Hosp	S.H. Multiple.	Old 83rd Gen Hosp	2-6-17	W3024-W2057.
2-6-17.	oc. 9th Aust A.	GSW to forearm & numerous wounds	Old 9th Aust A	1-6-17	A36 E 4448
			Leans 2nd CCS.	1-6-17	TCS 8. d/16-6-17.
6-6-17.	oc. 83rd Gen Hosp	Molt. GS. Lt 3rd Arm.	for trans to England	6-6-17.	W3034-W2300
21-6-17.	8th Bn. P.R.I.	Wounded - Invalided to England & sent to Banbury Hosp Dept Suffolk Essex.			so Part II
		(Auth: oc. H/S "St David" AFN3083-A7421 d/6-6-17)			1043 d/21-6-17.

(a) In the case of a man who has re-engaged for, or enlisted into Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.

(b) Signaller, Shoeing-Smith, &c.

Casualty Form—Active Service.

Regiment or Corps.....

Rank..... Surname..... Christian Name.....

Religion..... Age on Enlistment..... years..... months

Enlisted (a)..... Terms of Service (a)..... Service reckons from (a).....

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

Extended { } Re-engaged { } Qualification (b).....
 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...		
15 MAR 1919		CRTD! s.o.s! to Kinross Park, M.D. Windsor, J. 11			PART 2
26.3.19		Attached C.D.D. Buxton for return to Canada Part II Order No. 72			
15 APR 1919	ST. JOHN, N. B.	Ceases to be attached C.D.D. Buxton on enlisting for Canada.			
3.5.19	DISCHARGED CEF.				
	PART 2 ORDERS 115				

Mosnier Lt.

Canadian National

P.R. McSugan Lt. for Lt. C. Commanding Canadian Discharge 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. For O. C. Clearing Depot, St. John, N. B. Form 1/17 (2727) S P & Co, Ltd. Forms B./103/4 E./354. (P.T.O.)

Temp Record Sheet
Casualty Form - Active Service.

Regiment or Corps.....*b.R.J. Depot*
 Rank.....*Pte* Surname.....*Davis* Christian Name.....*W.*
 Religion..... Age on Enlistment..... years..... months
 Enlisted (a)..... Terms of Service (a)..... Service reckons from (a).....
 Date of promotion to present rank..... Date of appointment to lance rank.....
 Extended { } Re-engaged { } Qualification (b).....
 or Corps Trade and Rate.....
 Occupation..... Signature of Officer.....

*Filed in 2nd ed of
 13-2-19*

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...			
<i>30.6.18</i>	<i>H. B. G. Hob</i>	<i>alt d for D.Q.R. from b.R.J. Depot.</i>	<i>B'stroke</i>	<i>25.6.18</i>	<i>Pl. No 29</i>
<i>29.1.19</i>	<i>"</i>	<i>passes to be attached</i>	<i>"</i>	<i>27.1.19</i>	<i>- 8.</i>

W

Rank _____ Name **DAVIE William.** Reg'l No. **75160.**

Unit **29th Bn.** If in perm. Corps, }
 What Unit? } Married or Single **Single.** ✓

Place and Date of Enlistment **Vancouver. B.C. 9th Nov. 1914.** Place of Birth **Aberfeldy. Scotland**

Name and Address, Next-of-Kin **John Davie. 99. High St. Auchterarder. Scotland.**

Relationship **Father.**

Assigned Pay Monthly \$ _____ Payable to _____

Relationship _____ 217

Separation Allowance \$ _____ Payable to _____

Relationship _____

Discharge, Date and Place _____ Reason _____ Character _____

Report		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place	Date	REMARKS Taken from Official Documents
Date	From whom received				
		Emb ^d for Engl ^d R.M.S. "Mistambie"		20.5.15.	
		Embarked for France.		17.9.15	Norm. Roll. 1.9.15
11-4-16	29 th Bn	Adm: 14. Gen: Glas:	Wimereux	3-4-16	C.L. N ^o A.192. Fr Forearm Sev
14-4-16	" "	Invalided & Trans to Eng. "wounded" in the field to C.C.A.C. Folkestone		6.4.16	ON.NK. Part II. N ^o 16
20.4.16	" "	Adm Brooke War Hosp.	Woolwich	6.4.16	C.S.B. 40 Frac. Forearm
24.4.16	Cene	Taken on strength.		6.4.16	PTII. O. 126
15-8-16	29 th Bn	Trans can con Hosp.	Epson	11-8-16	C.L.B 120
2.9.16	" "	Trans Gran Can Spcl Hosp.	Ramsgate	30-8-16	C.L.B 135
15-9-16	L.C.A.C.	Reported ex Bromley		14-9-16	PT# 0 398

+

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				
4-10-16	29 th Bn	Dis from Can Spec Hosp.	Ramsgate	15-9-16	CLB 160
19-9-16	OC 30th	Attd from CCas pending fr	Sandling	18-9-16	Pt 246.
4-10-16	"	Attd from CCas for P.B.D.	"	4-10-16	Pt 261.
4-1-17	30th	Secur to be att'd on attant	to 1st Res Bn	4-1-17	Pt 2, 3
4-1-17	30th	Secur to be att'd on attant	to 1st Res Bn	4-1-17	3
4-1-17	1st Res Bn	Attd for P.Q.R. & B.D.	do	4-1-17	1
5-2-17	"	On command to Base Dep Rly Troops	"	5-2-17	33
5-2-17	"	Secur to be att'd on perm. to depot C.R.T.	"	5-2-17	49
6-2-17	depot C.R.T.	J.O.S. from 1st Res. Bn	Purfleet	6-2-17	26
6-2-17	do	S.O.S. to 5th Bn. C.R.T.	do	7-2-17	26
7-2-17	5th Bn. C.R.T.	J.O.S. from Depot C.R.T.	do	7-2-17	- 4
17-2-17	"	SOS to Depot C.R.T.	"	18-2-17	14.
21-2-17	Depot C.R.T.	TOS from 5th Bn C.R.T.	"	18-2-17	- 4.
16-2-17	66 A Co	Secur att'd to 30th Res. Bn. 1st Res.	Hastings	6-1-17	80 E
17-3-17	Depot C.R.T.	Adm. Purfleet Phil Stapl	Purfleet	14-3-17	65
27-3-17	C.L. "	Dis. Purfleet Phil Stapl	"	26-3-17	C.L. 22
12-4-17	depot C.R.T.	Posted to 5th Bn. C.R.T.	- do -	12-4-17	Pt II D.O. 91 (Pt II D.O. 25) 14-4-17
1-6-17	8th Bn C.R.T.	Embarked for France	Fild	17-4-17	35.
30-5-17	do	Landed in France	- do -	20-4-17	33

FILED & CHECKED
 18 MAY 1917
 W.H.R.

Rank Name **DAVIE William** Reg'l No. **75160**
 Unit **29th Bn.** If in perm. Corps, }
 What Unit? } Married or Single **Single**
 Place and Date of Enlistment **Vancouver B.C. 9th Nov. 1914** Place of Birth **Aberfeldy Scotland**
 Name and Address, Next-of-Kin **John Davie, 99 High St. Auchterarder Scotland** Relationship **Father**
W. Davies, Queen Alexander Hospital, Millfield Lane, Westhill, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100, 101, 102, 103, 104, 105, 106, 107, 108, 109, 110, 111, 112, 113, 114, 115, 116, 117, 118, 119, 120, 121, 122, 123, 124, 125, 126, 127, 128, 129, 130, 131, 132, 133, 134, 135, 136, 137, 138, 139, 140, 141, 142, 143, 144, 145, 146, 147, 148, 149, 150, 151, 152, 153, 154, 155, 156, 157, 158, 159, 160, 161, 162, 163, 164, 165, 166, 167, 168, 169, 170, 171, 172, 173, 174, 175, 176, 177, 178, 179, 180, 181, 182, 183, 184, 185, 186, 187, 188, 189, 190, 191, 192, 193, 194, 195, 196, 197, 198, 199, 200, 201, 202, 203, 204, 205, 206, 207, 208, 209, 210, 211, 212, 213, 214, 215, 216, 217, 218, 219, 220, 221, 222, 223, 224, 225, 226, 227, 228, 229, 230, 231, 232, 233, 234, 235, 236, 237, 238, 239, 240, 241, 242, 243, 244, 245, 246, 247, 248, 249, 250, 251, 252, 253, 254, 255, 256, 257, 258, 259, 260, 261, 262, 263, 264, 265, 266, 267, 268, 269, 270, 271, 272, 273, 274, 275, 276, 277, 278, 279, 280, 281, 282, 283, 284, 285, 286, 287, 288, 289, 290, 291, 292, 293, 294, 295, 296, 297, 298, 299, 300, 301, 302, 303, 304, 305, 306, 307, 308, 309, 310, 311, 312, 313, 314, 315, 316, 317, 318, 319, 320, 321, 322, 323, 324, 325, 326, 327, 328, 329, 330, 331, 332, 333, 334, 335, 336, 337, 338, 339, 340, 341, 342, 343, 344, 345, 346, 347, 348, 349, 350, 351, 352, 353, 354, 355, 356, 357, 358, 359, 360, 361, 362, 363, 364, 365, 366, 367, 368, 369, 370, 371, 372, 373, 374, 375, 376, 377, 378, 379, 380, 381, 382, 383, 384, 385, 386, 387, 388, 389, 390, 391, 392, 393, 394, 395, 396, 397, 398, 399, 400, 401, 402, 403, 404, 405, 406, 407, 408, 409, 410, 411, 412, 413, 414, 415, 416, 417, 418, 419, 420, 421, 422, 423, 424, 425, 426, 427, 428, 429, 430, 431, 432, 433, 434, 435, 436, 437, 438, 439, 440, 441, 442, 443, 444, 445, 446, 447, 448, 449, 450, 451, 452, 453, 454, 455, 456, 457, 458, 459, 460, 461, 462, 463, 464, 465, 466, 467, 468, 469, 470, 471, 472, 473, 474, 475, 476, 477, 478, 479, 480, 481, 482, 483, 484, 485, 486, 487, 488, 489, 490, 491, 492, 493, 494, 495, 496, 497, 498, 499, 500, 501, 502, 503, 504, 505, 506, 507, 508, 509, 510, 511, 512, 513, 514, 515, 516, 517, 518, 519, 520, 521, 522, 523, 524, 525, 526, 527, 528, 529, 530, 531, 532, 533, 534, 535, 536, 537, 538, 539, 540, 541, 542, 543, 544, 545, 546, 547, 548, 549, 550, 551, 552, 553, 554, 555, 556, 557, 558, 559, 560, 561, 562, 563, 564, 565, 566, 567, 568, 569, 570, 571, 572, 573, 574, 575, 576, 577, 578, 579, 580, 581, 582, 583, 584, 585, 586, 587, 588, 589, 590, 591, 592, 593, 594, 595, 596, 597, 598, 599, 600, 601, 602, 603, 604, 605, 606, 607, 608, 609, 610, 611, 612, 613, 614, 615, 616, 617, 618, 619, 620, 621, 622, 623, 624, 625, 626, 627, 628, 629, 630, 631, 632, 633, 634, 635, 636, 637, 638, 639, 640, 641, 642, 643, 644, 645, 646, 647, 648, 649, 650, 651, 652, 653, 654, 655, 656, 657, 658, 659, 660, 661, 662, 663, 664, 665, 666, 667, 668, 669, 670, 671, 672, 673, 674, 675, 676, 677, 678, 679, 680, 681, 682, 683, 684, 685, 686, 687, 688, 689, 690, 691, 692, 693, 694, 695, 696, 697, 698, 699, 700, 701, 702, 703, 704, 705, 706, 707, 708, 709, 710, 711, 712, 713, 714, 715, 716, 717, 718, 719, 720, 721, 722, 723, 724, 725, 726, 727, 728, 729, 730, 731, 732, 733, 734, 735, 736, 737, 738, 739, 740, 741, 742, 743, 744, 745, 746, 747, 748, 749, 750, 751, 752, 753, 754, 755, 756, 757, 758, 759, 760, 761, 762, 763, 764, 765, 766, 767, 768, 769, 770, 771, 772, 773, 774, 775, 776, 777, 778, 779, 780, 781, 782, 783, 784, 785, 786, 787, 788, 789, 790, 791, 792, 793, 794, 795, 796, 797, 798, 799, 800, 801, 802, 803, 804, 805, 806, 807, 808, 809, 810, 811, 812, 813, 814, 815, 816, 817, 818, 819, 820, 821, 822, 823, 824, 825, 826, 827, 828, 829, 830, 831, 832, 833, 834, 835, 836, 837, 838, 839, 840, 841, 842, 843, 844, 845, 846, 847, 848, 849, 850, 851, 852, 853, 854, 855, 856, 857, 858, 859, 860, 861, 862, 863, 864, 865, 866, 867, 868, 869, 870, 871, 872, 873, 874, 875, 876, 877, 878, 879, 880, 881, 882, 883, 884, 885, 886, 887, 888, 889, 890, 891, 892, 893, 894, 895, 896, 897, 898, 899, 900, 901, 902, 903, 904, 905, 906, 907, 908, 909, 910, 911, 912, 913, 914, 915, 916, 917, 918, 919, 920, 921, 922, 923, 924, 925, 926, 927, 928, 929, 930, 931, 932, 933, 934, 935, 936, 937, 938, 939, 940, 941, 942, 943, 944, 945, 946, 947, 948, 949, 950, 951, 952, 953, 954, 955, 956, 957, 958, 959, 960, 961, 962, 963, 964, 965, 966, 967, 968, 969, 970, 971, 972, 973, 974, 975, 976, 977, 978, 979, 980, 981, 982, 983, 984, 985, 986, 987, 988, 989, 990, 991, 992, 993, 994, 995, 996, 997, 998, 999, 1000

Assigned Pay Monthly \$ Payable to Relationship
 Separation Allowance \$ Payable to Relationship

N/E. R.B. No. **2254**
 File R.L.
 Date **OR OR**

Discharge, Date and Place Reason Character
 H. W. & V., Ld. - 9546-16. **1st Sheet of Record file in envelope** **C.R.F.**

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.				
Permanent Grade Private Acting Rank Nil					
9-6-17	8th C.R.T. Adm #83	General Hospital Boulogne	Boulogne	2-6-17	C.L. A23 S.W. Mullin
13-6-17	- do -	Adm Off. Orthopaedic Hosp. Shepherd's Bush	Shepherd's Bush	8-6-17	B 36 C.R.T.A. Adm. 154
14-6-17	C.R.T.D.	J.O.S. on posting from 8th C.R.T. Purfleet	Purfleet	8-6-17	P.I.D.O. 154 5th Bn C.R.T. P.I.D.O. 43 d/ 21-6-17
10-9-17	1000	Granted permission to marry sp	Seaford	27-12-16	O 50 245
1-10-17	8th Bn C.R.T. Chans	C.C. H. Kensington House	Sp. Bridge	29-9-17	C.L. B25
7-11-17	Depot C.R.T. Disch	D.	Do.	6-11-17	P.I. 300. C.L. B59 9/11/17.
25-6-18	C.R.T.D.	On form 4th C. Gen. Hosp. Braingsote	Sp. Purfleet	25-6-18	P.I. 175. 4 C.G. Hosp. P.I. 0.29 d/ 30-6-18.
29-1-19	4 C.G. Hosp.	Cases to be attached	" B'store	27-1-19	8.0 C.R.T. P.I. 024 d/ 29.1.19
26-3-19	C.R.T.D.	On Comm. to Buxton	K. Acl	25-3-19	80.

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.				
20.4.19	CRTD	<p style="text-align: center;">D10-T-5</p> <i>Genes On Command / CDD Dunston</i> <i>Sgt. on transfer from CMC of Can to</i> <i>CEF Can. DAT</i>	<i>Spr. K. Ash</i>	<i>15-4-19.</i> <i>15-4-19</i>	<i>Set H, DO 113</i>

Hospital.

Ward Personnel

No. of Bed _____

Date 24/6/50

Regl. No.	Rank and Name.	Corps.	Part to be X-Rayed.
75160	Sgt. Davie	C.A.T. M.R. 1.	Left wrist & hand

SHORT HISTORY OF CASE.

(To be completed by M.O. i/c case.)

4.5.49. old
wrist.
complains pain
on pronation

REPORT ON RESULT OF X-RAY EXAMINATION.

(To be completed by Radiographer.)

No. of Plate 3406

There is an old fracture of
~~ulna~~ ^{styloid} process of L. ulna,
which has been displaced to Radial
side and united in a position which
ought to interfere with action
of inversion of hand. There is also
a very small round detached
fragment. There is lipping of both
bones at inferior radio-ulnar joint.

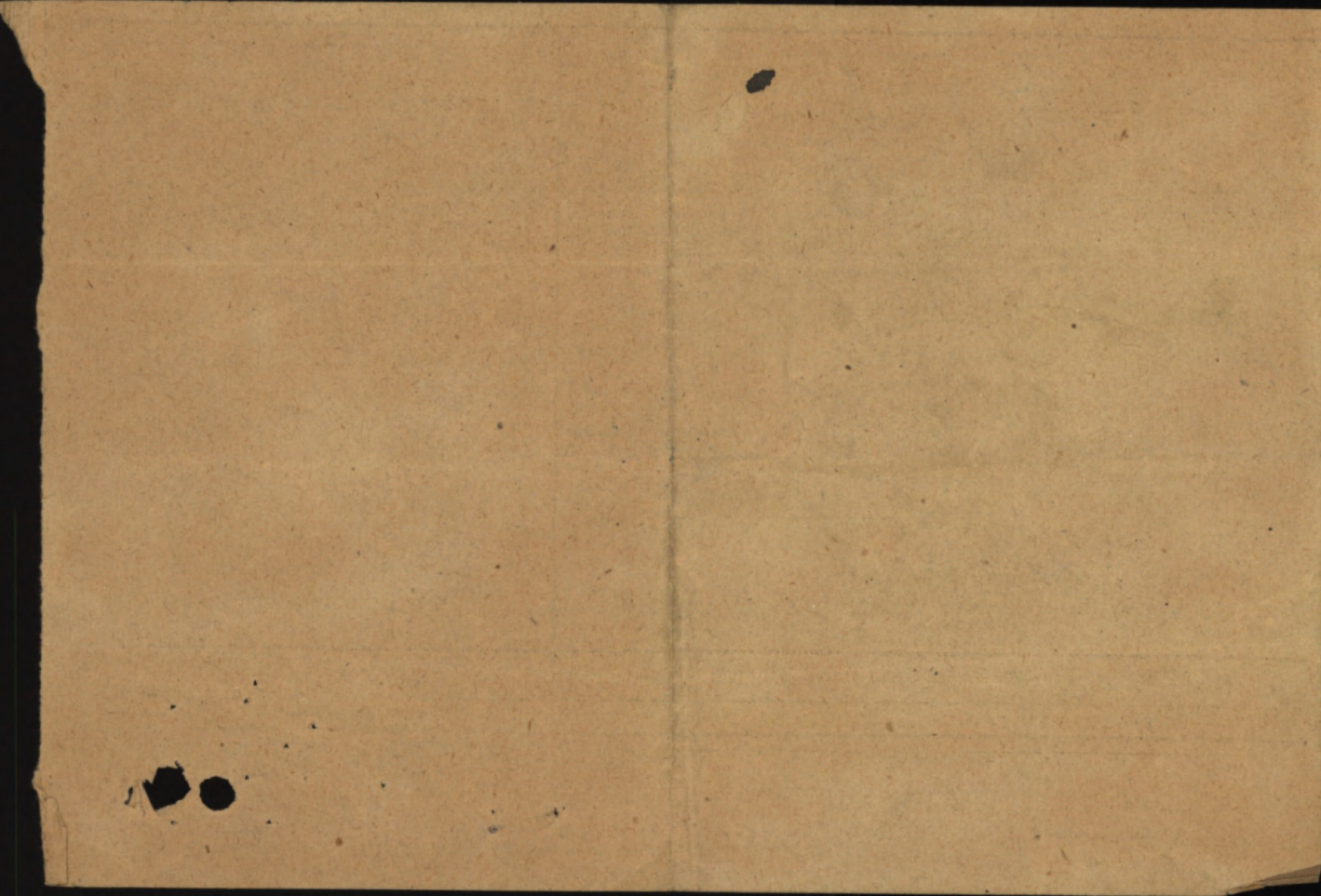
One minute frag^s of metal is
superficial behind head of
metacarpal. Add. Ralph
Capt.

Signature of M.O. Wilson

Signature of Radiographer _____

Date 24/6/50

Date 26/6/50



MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
<i>Can. 24.</i> Year <i>1916.</i>	<i>75160</i>	<i>plc</i>	<i>Davie</i>	<i>William</i>
		Unit.	Age.	Service.
		<i>29th Canadians</i>	<i>29</i>	<i>16/12</i>
Station and Date.	Disease <i>Suppuration and osteomyelitis of mastoid.</i>			
<i>27-5-16</i>	<i>Operation - Extensive suppuration and caries of the antrum and mastoid cells extending towards the tip of the mastoid and above towards the middle fossa - Dura mater exposed, found healthy - No trouble towards the lateral sinuses. - Conservative mastoid operation with thorough cleaning up of the diseased bone.</i>			
<i>28-5-16</i>	<i>Patient has had a good night - no pain - no temperature - no sickness from the anaesthetic -</i>			
<i>29-5-16</i>	<i>Wound dressed - Stitches removed - Line of incision united by first intention - No pain - no temperature -</i>			
<i>30-5-16</i>	<i>Patient quite comfortable, to get up.</i>			
<i>31-5-16</i>	<i>Wound dressed - looks healthy - Temp. normal since operation - no pain</i>			
<i>1-6-16</i>	<i>Patient transferred to ward C.1. G. P. Nicolak To attend for treatment in the ear room -</i>			
<i>16-6-16</i>	<i>Patient has a rise of temp. & suffers from severe headache. Mastoid & ear are the healing well - Powders of Acetyl Salicyl one 3 times a day.</i>			
<i>17-6-16</i>	<i>Patient suffers from slight tonsillitis & pharyngitis - Chlorate of Potash solution & Gargle prescribed.</i>			
<i>18-6-16</i>	<i>Patient better temperature comes down to normal.</i>			
<i>20-6-16</i>	<i>Patient is up, throat better - Mastoid & ear improving.</i>			
<i>24-6-16</i>	<i>Less discharge from mastoid, Peristitis of bony meatus still causes narrowing of passage. Granulations touched with AgNO3.</i>			
	<i>Aug. 3. Please transfer to Dr Nicolak's ward, if not ready for discharge.</i>			
	<i>Discharge & transfer to Woodth 111</i>			

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

Station
and Date.

Name and
Address of
nearest Relative
or Friend to
be entered
here.

6 APR 1916

Forms I. 1237 10

Army Form I. 1237

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
Can. 21/16 Year 1916	75160	Pte.	Davie	William
Station and Date.	Unit.	Age.	Service.	
26.5.16 1.6.16 8.9.16	29th Canadians	29	18 mths	
Disease	Fract. Lt forearm. Acci. aplz.			
Abled.	Fall on hand into a ditch.			
8	X-ray =			
15 PM	Dento Cervi Splint			
27	United in good position Splint removed. Supination limited			
May 4.	" " improved. Res Disch. (letter due 3)			
6.	Ear discharge started - Rt.			
Syringe to base.	Drm perfor. + walls of meatus retracted.			
Guttae in ear Cotton wool	11.5.16 First symptoms pain in ear last January ascended to apex. Discharge for last 5 days & pain below meatus over tip of mastoid tenderness also present. Acute middle ear inflam.			
For aurist's opinion.	To have drops of <u>Hydrogen Peroxide</u> until Saturday 3 times a day.			
Syringe gently.	To have drops of <u>Hydrogen Peroxide</u> until Saturday 3 times a day.			
10.5.16	Condition worse than on the 11th Discharge has increased. Pain over tip of mastoid continues. Marked inflam. of post. bony wall of meatus and of the m. T. To have conservative mastoid.			
	Father Mr. Davie		May 27th Jas. Allison.	
	Hunley St.		Auchtermuchty	
			Scotland	

Name and Address of nearest Relative or Friend to be entered here.

Station
and Date.

[Faint, illegible handwriting throughout the page, possibly bleed-through from the reverse side.]

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book. 2562 Year	Regimental No.	Rank.	Surname.	Christian Name.
	75160	Pte	Lavie	Wm
	Unit.	Age.	Service.	
	29th Bn	29	21/12	

Station and Date. Disease ~~29th Bn~~ C. Forearm (Frac)



Occupation: Millwright
 Enlisted: Oct 27th 1914 - Vancouver
 Arrived in Eng: Jun 1st 1915
 Went to France: Sept 18th 1915
 Injured: April 2nd - St Eloi (near)
 Hospitals: Remy - 1 day
 2014 Gen. Wimmerica - 3 days
 Woolwich - 18 wks
 Epsom - 18 days
 G.C.S.H - Aug 29th

History - Was on fatigue party - fell into ditch fracturing left forearm (Colles). Had steroid operation right ear - very slight hearing.
 Present Condition - Deafness - pain & slight discharge from right ear - Pain left wrist on movement. Seems to have difficulty in supinating left forearm - no wounds.
 Feels - fit. Teeth - good.
 Heartblump - negative
 Urine

31/8/16 Recommended for transfer to Westchiff
 Capt Bess E.S.G.
 7/9/16 Carry on - 8/16 to Bess
 2/9/16 A.F.B. 179 Lt duty Board Monday
 Capt. Bess
 11/9/16 SR. L.D.

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Station
and Date.

Ward 66 Mil on R. Hospital. No. of Bed _____ Date 2 8 17

Regl. No.	Rank and Name	Corps	Part to be X-Rayed
<u>75160</u>	<u>Pte Dave</u>	<u>8 Canadian</u>	<u>Left knee</u>

SHORT HISTORY OF CASE.
(To be completed by M.O. i/c case.)

DFW
Head knee
arm

Signature of M.O. DFWDate 2 8 17

REPORT ON RESULT OF X-RAY EXAMINATION.
(To be completed by Radiographer.)

No. of Plate no Plate

Screen only Left knee
no F.B.

Signature of Radiographer Sutkey shellsDate 2 8 17



MEDICAL CASE SHEET.*

Can 40

7/6/1917

MILITARY ORTHOPAEDIC HOSPITAL

No. in Admission and Discharge Book.

Regimental No.

Rank.

Surname.

Christian Name.

75160

Pte

Davie

William

Unit.

Age.

Service.

8th Canadian Rail Troops

31

2⁸/₁₂

Station and Date.

Disease Spid as below

Dr Floeglaert 1.6.17.

It occiput small sebetic wound

Over upper 1/3 right scapular area. wound (with B.P.)

Shows sebetic spots on back. but severe

It wrist Large wound mid front of lower 1/3 forearm

Small wound on dorsum of hand.

~~Ulna nerve lesion~~ no power of flex fingers

AW.

6.6.17.

W.S. cleanses.

Apparently B.P. in wound.

Kiay injury inf. rad. ulnar artic. Fract. dist. process.

12.6.17

Long cock up as fingers are contracting.

21.6.17.

Cleaning. Persevere with fingers.

25.6.17.

Small piece sharpnel under removed from head.

lesion

28.6.17.

Wound in head opened.

2.7.17.

Will capt Buxton kindly test ulnar intrinsic;

AWenal

4.7.17.

The Ulnar intrinsic's are normal

W. Stowley Dist. Comd.

9.7.17.

healed

12.7.17.

Head wound still discharging. Probably sequel of ext. lacer

but not felt.

16.7.17

Massage

19.7.17.

Hand healed. Not yet started Mass. Head healing

23.7.17

Not yet started Massage

27.7.17

Mass. started

30.7.17

Ref has broken out leave of 2 weeks

MASSAGE

Com'd 25.7.17

Term'd

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Station
and Date.

Can 40. 7/6/17

16-8-17 All healed except wds of leg which are cleaner

20-8-17 Cleaning up

26-8-17 Wound dirty - For currying Friday

31-8-17 Wd curried. No F.B found. No definite sinus below deep fascia

3-9-17 Wd cleaner. Granulations healthier

13-9-17 Smaller.

24-9-17 do. In Can Com. Work

Canadian Convalescent Camp.

Stillington

Laurel Hill

Major R.M.P.

8/4

28:9:17.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
T5036	15160.	Plt	Davie	W
Year	Unit.	Age.	Service.	
1917	8th B.R.G.	31.	33/12	
Station and Date.	Disease			
28. 9. 17	<p>G.S.W. Multiple. Date of injury 11. 6. 17. France.</p>			
28 31 31 18	<p>S.O. Head, Back, legs. Left arm - to L.S. Removal of shrapnel - Soldiers' Guild Hosp. Boulogne - 3 days. Orthopedic Hosp. Shepherd's Bush. 7. 6. 17. Remained 13 days. <u>Present Condition.</u></p>			
	<p>Head wound head - neck - numerous wounds Back and buttocks - no disability - Through & through wound left wrist - no fracture bones - involvement of muscles - Movements of hand and wrist weak - has inspiration. Has had massage for 3 mos. No paresis.</p>			
	<p>Through & through wound - above popliteal space left leg. Small sinus still unhealed disability slight.</p>			
	<p>April '16 - Colles Fracture Left Wrist - Reunited. Mastoid operation May '16 R. ear.</p>			
	<p>Slight discharge Wearing - Cor. Dressed.</p>			
15. 10. 17	<p>Wide, healed - Cor. much better L. ear better than R. to be discharged L.B.</p>			
23. 10. 17	<p>L.R.W. away my care</p>			

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

Station
and Date.

Rank

*pte*Name **DAVIE WILLIAM.**

Reg'l No.

75160.Unit **29th Bn.**If in perm. Corps,
What Unit?

Married or Single

Single.Place and Date of Enlistment **Vancouver, B.C. 9th Nov. 1914.** Place of Birth **Aberfeldy, Scotland.**Name and Address, Next-of-Kin **John Davie, 99, High St. Auchterarder, Scotland.**

Relationship

Father.Assigned Pay Monthly \$ **20⁰⁰***Effect. 1/7/15*

Payable to

W^o Liliac Davie, Hunter St. Auchterarder } Perthshire, Scot.

Relationship

Separation Allowance \$

Payable to

Relationship

Discharge, Date and Place

Reason

Character

Date		PAY			Field Allowance			Other Credits	Total Credits	Voucher		Cash Payments	Assigned pay	Other Charges	Total Debits	Balance	Remarks, Casualties, etc.
From	To	No. of Days	Rate	Amount	No. of Days	Rate	Amount			No.	Date						
<i>June</i>																	
1	30	30	1	30	30	10	3		33								
1-7-15	31-7-15	31	1	31	31	10	3	10	33				20	✓	20	47	10
1/8/15	31/8/15	31	1	31	31	10	3	10	81	20	245	318	46	23	71	10	10
1/9/15	30/9/15	30	1	30	30	10	3		33		325	305	2	68	25	11	17
1.10.15	31.10.15	31	1	31	31	10	3	10	34	10	461	305	20	66	42	68	94
											561	29	48	92			
1.11.15	30.11.15	30	1	30	30	10	3		33		514	12	2	69	31	59	10
Dec 1	31	31	1	31	31	10	3	10	34	10			20		20	24	92
1.1.16	31.1.16	31	1	31	31	10	3	10	34	10	718	15	3	48	23	48	35
											869	29	2	62			
Liby	1-29	29	1	29	29	10	2	90	31	90	770	1	2	62	27	85	39
March	1-31	31	1	31	31	10	3	10	34	10	968	25	5	23	25	23	48
April	1-5	5	1	5	5	10	50		5	50			20		2000	33	96
				305			30	50				107	04	190			
				305			30	50			335	50			287	04	48

*RR-Hosking**Trans to C.O.A. 6.6.16
S.O. 16*

Date		PAY			Field Allowance			Other Credits	Total Credits	Voucher		Cash Payments	Assigned pay	Other Charges	Total Debits	Balance	Remarks, Casualties, etc.
From	To	No. of Days	Rate	Amount	No. of Days	Rate	Amount			No.	Date						

MILITIA AND DEFENCE

ASSIGNED PAY.

6631

To whom

Address

Mrs. Lillias Davie
 Hunter Street
 Auchterarder
 Perthshire Scotland.

By whom assigned

Regtl. No.

Rank

Corps, &c.

Davie William
 75160.
 Private
 29th Mancoover Battalion

Rate 20⁰⁰Date to Commence 1st July 1915.

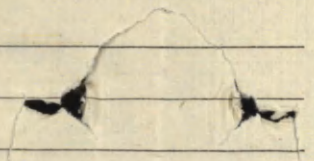
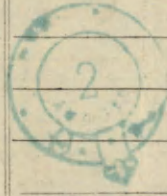
PAYMENTS.

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
Apl.				
May				
June				
July		15553	20	✓
Aug.		26058	20	✓
Sept.		37566	20	✓
Oct.		51083	20	✓
Nov.		66593	20	✓
Dec.		83109	20	✓
Jan.	1916			
Feb.			\$ 170	Carried forward
March				

ASSIGNED PAY.

By whom assigned *Davie, Wm.*
 Regtl. No. *75160* *Pte. 29th Batta.*

Month	Year	Cheque No.	Amt. <i>120</i>	Pay Sheet	REMARKS.
Jan.	1916	<i>102625</i>	<i>20</i>	<i>/</i>	
Feb.		<i>125647</i>	<i>20</i>	<i>/</i>	
March		<i>151068</i>	<i>20</i>	<i>/</i>	
Apl.		<i>4652</i>	<i>20</i>	<i>/</i>	
May.		<i>50660</i>	<i>20</i>	<i>/</i>	
June		<i>58182</i>	<i>20</i>	<i>/</i>	
July		<i>93179</i>	<i>20</i>	<i>/</i>	
Aug.		<i>126642</i>	<i>20</i>	<i>x</i>	
Sept.		<i>151219</i>	<i>20</i>	<i>x</i>	
Oct.		<i>195287</i>	<i>20</i>	<i>x</i>	
Nov.		<i>231742</i>	<i>20</i>	<i>x</i>	
Dec.		<i>271756</i>	<i>20</i>	<i>/</i>	
Jan.	1917	<i>312316</i>	<i>20</i>	<i>/</i>	
Feb.		<i>356769</i>	<i>20</i>	<i>x</i>	
March		<i>400270</i>	<i>20</i>	<i>x</i>	
Apl.			<i>420</i>	<i>x</i>	<i>Checked A. Ingram J. M. Hoffman Pay Spt.</i>
May					
June					
July					
Aug.					
Sept.					
Oct.					
Nov.					
Dec.					



~~49~~
~~RP~~

~~B~~
~~4~~

Number 75160. Rank Ote.

Surname DAVIE

Christian Name William

Units 29th Bn Canad Inf Theatre of War France

Date of Service 17-9-15.

Remarks

Latest Address 20 1/2 Carl St
Kingston

Roll No. B. Page 19026. Cont.

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

RANK

SURNAME

INITIALS

UNIT

Home address

(Street)

(City or Town)

(Province)

Person to be notified of arrival

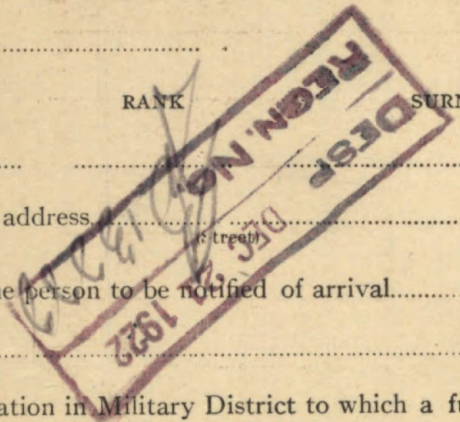
Station in Military District to which a furlough warrant is required

Railway

Is your wife on board Number of children on board

Destination

(Sgd.)



Name Davie W. Rank Private Reg. No. 75160

Unit 29th Battalion

Next of Kin Mr John Davie 99 High Street Auchterarder
(Father) Scotland

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
3-4-16.	14. Gen Hosp	Wimereux	Fract F'Arm Sev		M	5091.11-4
6-4-16.	Brook War Hosp	Woolwich	Do. B40.			A192.19-416.
11 8	Con.Hosp.	Woodcote Pk.	Epsom. (Can) do	B120		
30-8-16.	Do. Gran Can Spec Hosp	Ramsgate	Do.	B135.		1-9-16
15-9-16.	Do. Discharged		Do.	B160.		

~~2-6-17. 16-22. 17-23. 18-24. 19-25. 20-26. 21-27. 22-28. 23-29. 24-30. 31-31. 1-32. 2-33. 3-34. 4-35. 5-36. 6-37. 7-38. 8-39. 9-40. 10-41. 11-42. 12-43. 13-44. 14-45. 15-46. 16-47. 17-48. 18-49. 19-50. 20-51. 21-52. 22-53. 23-54. 24-55. 25-56. 26-57. 27-58. 28-59. 29-60. 30-61. 31-62. 1-63. 2-64. 3-65. 4-66. 5-67. 6-68. 7-69. 8-70. 9-71. 10-72. 11-73. 12-74. 13-75. 14-76. 15-77. 16-78. 17-79. 18-80. 19-81. 20-82. 21-83. 22-84. 23-85. 24-86. 25-87. 26-88. 27-89. 28-90. 29-91. 30-92. 31-93. 1-94. 2-95. 3-96. 4-97. 5-98. 6-99. 7-100. 8-101. 9-102. 10-103. 11-104. 12-105. 13-106. 14-107. 15-108. 16-109. 17-110. 18-111. 19-112. 20-113. 21-114. 22-115. 23-116. 24-117. 25-118. 26-119. 27-120. 28-121. 29-122. 30-123. 31-124. 1-125. 2-126. 3-127. 4-128. 5-129. 6-130. 7-131. 8-132. 9-133. 10-134. 11-135. 12-136. 13-137. 14-138. 15-139. 16-140. 17-141. 18-142. 19-143. 20-144. 21-145. 22-146. 23-147. 24-148. 25-149. 26-150. 27-151. 28-152. 29-153. 30-154. 31-155. 1-156. 2-157. 3-158. 4-159. 5-160. 6-161. 7-162. 8-163. 9-164. 10-165. 11-166. 12-167. 13-168. 14-169. 15-170. 16-171. 17-172. 18-173. 19-174. 20-175. 21-176. 22-177. 23-178. 24-179. 25-180. 26-181. 27-182. 28-183. 29-184. 30-185. 31-186. 1-187. 2-188. 3-189. 4-190. 5-191. 6-192. 7-193. 8-194. 9-195. 10-196. 11-197. 12-198. 13-199. 14-200. 15-201. 16-202. 17-203. 18-204. 19-205. 20-206. 21-207. 22-208. 23-209. 24-210. 25-211. 26-212. 27-213. 28-214. 29-215. 30-216. 31-217. 1-218. 2-219. 3-220. 4-221. 5-222. 6-223. 7-224. 8-225. 9-226. 10-227. 11-228. 12-229. 13-230. 14-231. 15-232. 16-233. 17-234. 18-235. 19-236. 20-237. 21-238. 22-239. 23-240. 24-241. 25-242. 26-243. 27-244. 28-245. 29-246. 30-247. 31-248. 1-249. 2-250. 3-251. 4-252. 5-253. 6-254. 7-255. 8-256. 9-257. 10-258. 11-259. 12-260. 13-261. 14-262. 15-263. 16-264. 17-265. 18-266. 19-267. 20-268. 21-269. 22-270. 23-271. 24-272. 25-273. 26-274. 27-275. 28-276. 29-277. 30-278. 31-279. 1-280. 2-281. 3-282. 4-283. 5-284. 6-285. 7-286. 8-287. 9-288. 10-289. 11-290. 12-291. 13-292. 14-293. 15-294. 16-295. 17-296. 18-297. 19-298. 20-299. 21-300. 22-301. 23-302. 24-303. 25-304. 26-305. 27-306. 28-307. 29-308. 30-309. 31-310. 1-311. 2-312. 3-313. 4-314. 5-315. 6-316. 7-317. 8-318. 9-319. 10-320. 11-321. 12-322. 13-323. 14-324. 15-325. 16-326. 17-327. 18-328. 19-329. 20-330. 21-331. 22-332. 23-333. 24-334. 25-335. 26-336. 27-337. 28-338. 29-339. 30-340. 31-341. 1-342. 2-343. 3-344. 4-345. 5-346. 6-347. 7-348. 8-349. 9-350. 10-351. 11-352. 12-353. 13-354. 14-355. 15-356. 16-357. 17-358. 18-359. 19-360. 20-361. 21-362. 22-363. 23-364. 24-365. 25-366. 26-367. 27-368. 28-369. 29-370. 30-371. 31-372. 1-373. 2-374. 3-375. 4-376. 5-377. 6-378. 7-379. 8-380. 9-381. 10-382. 11-383. 12-384. 13-385. 14-386. 15-387. 16-388. 17-389. 18-390. 19-391. 20-392. 21-393. 22-394. 23-395. 24-396. 25-397. 26-398. 27-399. 28-400. 29-401. 30-402. 31-403. 1-404. 2-405. 3-406. 4-407. 5-408. 6-409. 7-410. 8-411. 9-412. 10-413. 11-414. 12-415. 13-416. 14-417. 15-418. 16-419. 17-420. 18-421. 19-422. 20-423. 21-424. 22-425. 23-426. 24-427. 25-428. 26-429. 27-430. 28-431. 29-432. 30-433. 31-434. 1-435. 2-436. 3-437. 4-438. 5-439. 6-440. 7-441. 8-442. 9-443. 10-444. 11-445. 12-446. 13-447. 14-448. 15-449. 16-450. 17-451. 18-452. 19-453. 20-454. 21-455. 22-456. 23-457. 24-458. 25-459. 26-460. 27-461. 28-462. 29-463. 30-464. 31-465. 1-466. 2-467. 3-468. 4-469. 5-470. 6-471. 7-472. 8-473. 9-474. 10-475. 11-476. 12-477. 13-478. 14-479. 15-480. 16-481. 17-482. 18-483. 19-484. 20-485. 21-486. 22-487. 23-488. 24-489. 25-490. 26-491. 27-492. 28-493. 29-494. 30-495. 31-496. 1-497. 2-498. 3-499. 4-500. 5-501. 6-502. 7-503. 8-504. 9-505. 10-506. 11-507. 12-508. 13-509. 14-510. 15-511. 16-512. 17-513. 18-514. 19-515. 20-516. 21-517. 22-518. 23-519. 24-520. 25-521. 26-522. 27-523. 28-524. 29-525. 30-526. 31-527. 1-528. 2-529. 3-530. 4-531. 5-532. 6-533. 7-534. 8-535. 9-536. 10-537. 11-538. 12-539. 13-540. 14-541. 15-542. 16-543. 17-544. 18-545. 19-546. 20-547. 21-548. 22-549. 23-550. 24-551. 25-552. 26-553. 27-554. 28-555. 29-556. 30-557. 31-558. 1-559. 2-560. 3-561. 4-562. 5-563. 6-564. 7-565. 8-566. 9-567. 10-568. 11-569. 12-570. 13-571. 14-572. 15-573. 16-574. 17-575. 18-576. 19-577. 20-578. 21-579. 22-580. 23-581. 24-582. 25-583. 26-584. 27-585. 28-586. 29-587. 30-588. 31-589. 1-590. 2-591. 3-592. 4-593. 5-594. 6-595. 7-596. 8-597. 9-598. 10-599. 11-600. 12-601. 13-602. 14-603. 15-604. 16-605. 17-606. 18-607. 19-608. 20-609. 21-610. 22-611. 23-612. 24-613. 25-614. 26-615. 27-616. 28-617. 29-618. 30-619. 31-620. 1-621. 2-622. 3-623. 4-624. 5-625. 6-626. 7-627. 8-628. 9-629. 10-630. 11-631. 12-632. 13-633. 14-634. 15-635. 16-636. 17-637. 18-638. 19-639. 20-640. 21-641. 22-642. 23-643. 24-644. 25-645. 26-646. 27-647. 28-648. 29-649. 30-650. 31-651. 1-652. 2-653. 3-654. 4-655. 5-656. 6-657. 7-658. 8-659. 9-660. 10-661. 11-662. 12-663. 13-664. 14-665. 15-666. 16-667. 17-668. 18-669. 19-670. 20-671. 21-672. 22-673. 23-674. 24-675. 25-676. 26-677. 27-678. 28-679. 29-680. 30-681. 31-682. 1-683. 2-684. 3-685. 4-686. 5-687. 6-688. 7-689. 8-690. 9-691. 10-692. 11-693. 12-694. 13-695. 14-696. 15-697. 16-698. 17-699. 18-700. 19-701. 20-702. 21-703. 22-704. 23-705. 24-706. 25-707. 26-708. 27-709. 28-710. 29-711. 30-712. 31-713. 1-714. 2-715. 3-716. 4-717. 5-718. 6-719. 7-720. 8-721. 9-722. 10-723. 11-724. 12-725. 13-726. 14-727. 15-728. 16-729. 17-730. 18-731. 19-732. 20-733. 21-734. 22-735. 23-736. 24-737. 25-738. 26-739. 27-740. 28-741. 29-742. 30-743. 31-744. 1-745. 2-746. 3-747. 4-748. 5-749. 6-750. 7-751. 8-752. 9-753. 10-754. 11-755. 12-756. 13-757. 14-758. 15-759. 16-760. 17-761. 18-762. 19-763. 20-764. 21-765. 22-766. 23-767. 24-768. 25-769. 26-770. 27-771. 28-772. 29-773. 30-774. 31-775. 1-776. 2-777. 3-778. 4-779. 5-780. 6-781. 7-782. 8-783. 9-784. 10-785. 11-786. 12-787. 13-788. 14-789. 15-790. 16-791. 17-792. 18-793. 19-794. 20-795. 21-796. 22-797. 23-798. 24-799. 25-800. 26-801. 27-802. 28-803. 29-804. 30-805. 31-806. 1-807. 2-808. 3-809. 4-810. 5-811. 6-812. 7-813. 8-814. 9-815. 10-816. 11-817. 12-818. 13-819. 14-820. 15-821. 16-822. 17-823. 18-824. 19-825. 20-826. 21-827. 22-828. 23-829. 24-830. 25-831. 26-832. 27-833. 28-834. 29-835. 30-836. 31-837. 1-838. 2-839. 3-840. 4-841. 5-842. 6-843. 7-844. 8-845. 9-846. 10-847. 11-848. 12-849. 13-850. 14-851. 15-852. 16-853. 17-854. 18-855. 19-856. 20-857. 21-858. 22-859. 23-860. 24-861. 25-862. 26-863. 27-864. 28-865. 29-866. 30-867. 31-868. 1-869. 2-870. 3-871. 4-872. 5-873. 6-874. 7-875. 8-876. 9-877. 10-878. 11-879. 12-880. 13-881. 14-882. 15-883. 16-884. 17-885. 18-886. 19-887. 20-888. 21-889. 22-890. 23-891. 24-892. 25-893. 26-894. 27-895. 28-896. 29-897. 30-898. 31-899. 1-900. 2-901. 3-902. 4-903. 5-904. 6-905. 7-906. 8-907. 9-908. 10-909. 11-910. 12-911. 13-912. 14-913. 15-914. 16-915. 17-916. 18-917. 19-918. 20-919. 21-920. 22-921. 23-922. 24-923. 25-924. 26-925. 27-926. 28-927. 29-928. 30-929. 31-930. 1-931. 2-932. 3-933. 4-934. 5-935. 6-936. 7-937. 8-938. 9-939. 10-940. 11-941. 12-942. 13-943. 14-944. 15-945. 16-946. 17-947. 18-948. 19-949. 20-950. 21-951. 22-952. 23-953. 24-954. 25-955. 26-956. 27-957. 28-958. 29-959. 30-960. 31-961. 1-962. 2-963. 3-964. 4-965. 5-966. 6-967. 7-968. 8-969. 9-970. 10-971. 11-972. 12-973. 13-974. 14-975. 15-976. 16-977. 17-978. 18-979. 19-980. 20-981. 21-982. 22-983. 23-984. 24-985. 25-986. 26-987. 27-988. 28-989. 29-990. 30-991. 31-992. 1-993. 2-994. 3-995. 4-996. 5-997. 6-998. 7-999. 8-1000.~~
 For further particulars see 8th Lan. Rly. Troops.

17

Granville Can. Spl. Hospital,
Ramsgate HOSPITAL.

D.M.S. 1317

A. & D. No. T2562 Ward 6H

Unit 29th Bn Sick or Wounded.

Regtl. No. 75160 Pl. of Act'n

Rank Pte Name Davie Wm

Age 29 Religion Pres

Service Compl'd 21/12 Time with Field Force 7/12

Diagnosis 21/12 G.S.W L Forearm

Admitted 29-8-16 Discharged 14 SEP 1916

Transferred

} 17.

CCAC. Lt. buty

13

Canadian Convalescent Hospital, Woodcote Park, Epsom.

No. 75760 Rank Pvt Name Savie, W.
 Corps 29 th. Religion Pres Age 29 Page, A. & D.
 Disease or injury Broken left forearm.

When and where wounded

Admitted from B.W. Woolwich Date 11.8.16 Discharged to Ramsgate Date 29.8.16

Hut No. Bed No.

Service 1912 Service Field Force 7/12

Transferred on to Results

EPITOME OF HOSPITAL TREATMENT.

17.8.16 Has had mastoids
operⁿ on Rt ear. now defective
hearing in that ear. some
pain in left wrist.
24.8.16 To go to R 9th. still
has pain in wrist.

Name *Davie William* Rank *Spr.* Reg. No. *75160.*
 Unit *8th Ry Troops*
 Next of Kin *John Davie 99 High St. Auchterarder
 Scotland.*

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1917. June 2	No 83. Em Hosp Boulogne	S.W. multi	A 23 - M-5546.			
" 8	Mil orthdis. Hqs. Shippards Bsqn.	Cox & any thighs	Back shldrs neck	8617	836.	
29-9.	C.C. Uxbridge 7001-2893.	do	do		B. 25	
6-11	Discharged! Serial No 1243		do	B59		

♀
SURNAME. *Davie.*

11. CARD NO.
Area T.
FOLL.

CHRISTIAN NAMES *William.*

REGL. NO. *75160.*

RANK *Pte.*

UNIT *29th.*

Batt

FORMER COPPS *Vol. & 4th. Batt. Black Watch. (4 yrs.)*

Also Notify — ~~NEXT OF KIN.~~

NAMES IN FULL *Davie, John.*

next of kin

RELATIONSHIP TO SOLDIER *Father.*

Mrs. W. Davie,

ADDRESS *99 High St., Auchterarder,
Perthshire, Scotland.*

*Canadian Bank of Commerce
Vancouver, B.C.*

*Canadian Addresses
of Dependents R/C Sac. 5/19.*
~~*Carlisle 4-21/38-1-50/1914*~~

COUNTRY OF BIRTH *Scotland Aberfeldy.*

DATE *June 6/1886*

PLACE OF ATTESTATION *Vancouver, B.C.*

DATE *9/11/14.*

L. L. 90'89.—M. & D. 6312 *0/8.20/5/15. 67/5.*

R/C 25-4-19 310/7.

MARRIED

SINGLE

Yes.

WIDOWER

TRADE OR CALLING

millwright

RELIGION

Presbyterian

DESCRIPTION.

APPARENT AGE

28 YEARS

MONTHS

HEIGHT

5 FEET

8 $\frac{3}{4}$ INCHES

CHEST MEASUREMENT

38 $\frac{1}{2}$ INCHES

EXPANSION

3 $\frac{1}{2}$ INCHES

COMPLEXION

Dark

EYES

Grey

HAIR

Brown

DISTINGUISHING MARKS

Nil

MEDICAL EXAMINATION.

PLACE

Vancouver

DATE

Nov. 9, 1914

Reg. No. 75160	Rank Sgt.	Surname Davies	Christian Names (1) William	Category B II	Dentally Unfit
Place of Enlistment: Vancouver	Date of 1.11.14	Taken on from C.P.T.	Religion	Inoculations 18.11.17	Company
Province: B.C.	Age on 31	Date 25.6.18		Vaccination 22.3.16	
On Command	Hospital		Permanent Cadre	Employed as	
			Date taken on		
Date Proceeding	Date Admitted				
Record of Overseas Service: 10 months	Profession or Trade (Civil) Father Mechanic			Transferred or Posted to	
Reason for Return: G.S.M. L. Am				Date	
Married or Single married	LEAVE.				
Address of Next of Kin Mrs. Davies Queen Alex. Hospital Welford Hyde, London England	No. of Pass Issued L.F.	FROM 8.11.17 2/8/18.	To 18.11.17 7/8/18.	Free Transportation Yes.	

Part 2 Order Entries.

No.	Date	Ref.	No.	Date	Ref.
154-1	8.6.17	H.A.			
154	14.6.17	S.L.			
265-3	29.9.17	H.A.			
300.4	6.11.17	J.H.			
16-7	15.1.18	J.H.			
38.4	7.2.18	S.H.			
128	8.5.18	J.H.			
136	16.5.18	X			
136	16.5.18	S.14			
175	25.6.18	C.			
28	30.6.18	O.7			
35	2/8/18	L.			
8	29.1.19	U.			

No.

RANK *Pvt*

NAME

*David William*T. O. S. *27-10-14*
W. O. 31 of 31-10-14

UNIT

72nd Regt. Seaforth Highlanders

M. D. //

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
<i>1914</i> <i>Oct 27</i>	<i>1914</i> <i>Oct 31</i>	<i>v</i>	<i>Transfd to 29th Batta. 31-10-14</i>	<i>W. O. 32 of 7-11-14</i>



No.

RANK

Pte

NAME

Davie William

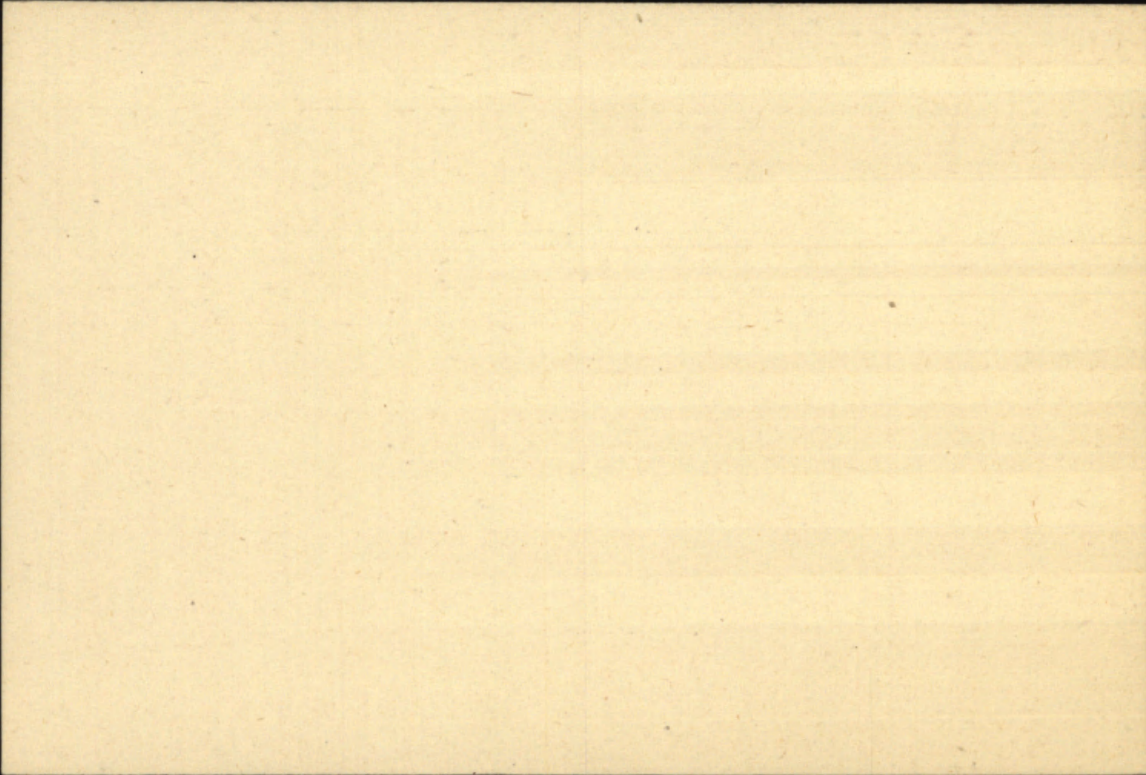
T. O. S.

UNIT

72nd Regt. Seaforth Highlanders

M. D. //

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
<i>1914</i>	<i>1914</i>		<i>Transfd to 2nd Battn 340-14</i>	<i>D.O. 35 of 7-11-14</i>
<i>Nov: No account</i>				



No.

160 RANK *Pl-*

NAME

Davie W.

T. O. S.

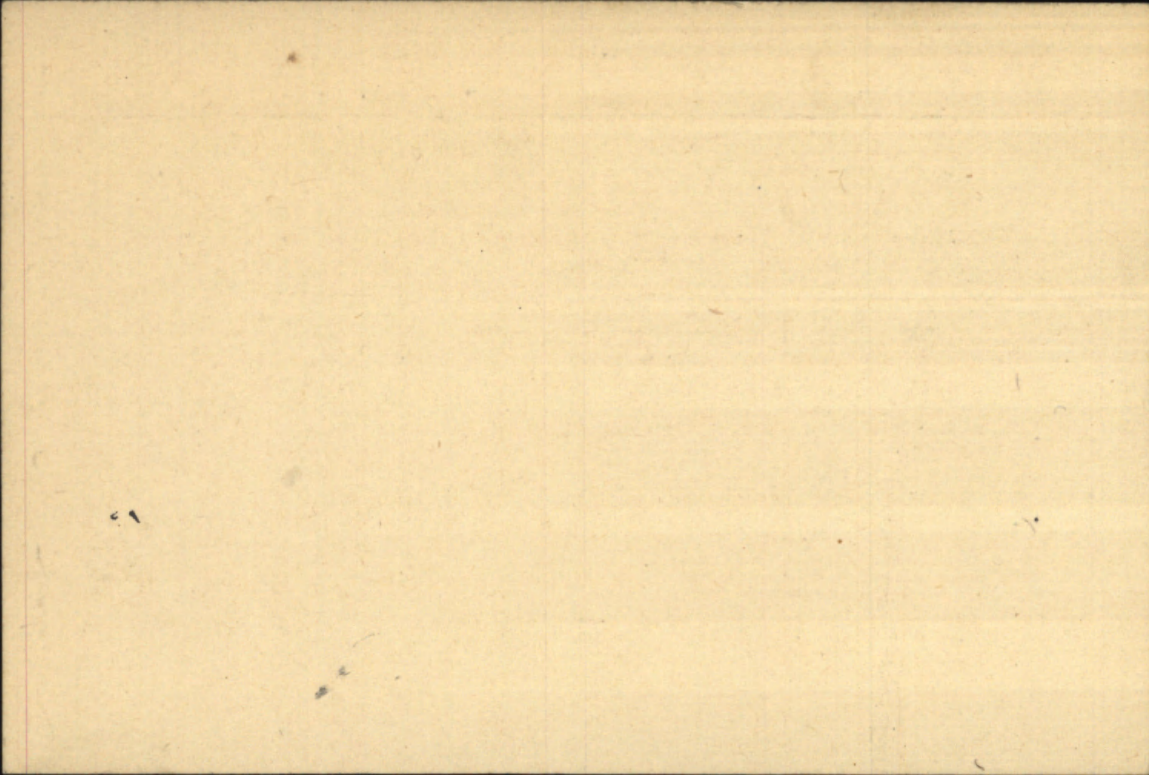
1-11-14 (No. 14)

UNIT

*29th Battalion*M. D. # *11*

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
<i>1914</i>	<i>1915</i>			
<i>Jan. 1</i>	<i>Jan. 30</i>	<input checked="" type="checkbox"/>		
<i>Rec</i>		<input checked="" type="checkbox"/>		
<i>1915</i>				
<i>Jan</i>		<input checked="" type="checkbox"/>		
<i>Feb</i>		<input checked="" type="checkbox"/>		
<i>Mar</i>		<input checked="" type="checkbox"/>		
<i>April</i>		<input checked="" type="checkbox"/>		
<i>May</i>		<input checked="" type="checkbox"/>		

UNIT SAILED
MAY 20 1915



Surname *Davie* Christian Name or Names *W.* Reg. No. *75160*
 Rank *Pl. Ser.* Unit *29th Batt.* Co. *8* Troop *8* Batty *Reg. Troops*
 Hospital *Base Depot. C. R. D.* Date of Admission

Transferred *# 14 Gen. Wimeren* Hosp. *3.4.16*
Brook War. Woolwich Hosp. *6.4.16*
to Epsom Couval Hosp. *11.8.16*
Granville Camp Hosp.

Diagnosis *Frac Forearm Severe*

(1) Later Diagnosis (if changed)
 (2) *Influenza* *Dis.*
 (3) *S.W. Multi R*
 Additional Diagnoses: If more than one state present
G. so to arm, thigh, shders, back & neck R
V. D. S. + C. J. W.

DISPOSITION *Dis. 15.9.16* Date *Disch. 26.3.17*

C.L. 11.4.16 4192
" 20.4.16 1340
" 15.8.16 8120
" 4.10.16 13160
" 21.3.17 1722
" 27.3.17 22
" 9.6.17 223
13.6.17 1336
" 2-10-17 1325(2)
" 16.11.17 1359(2)
18.1.18 8109
14-2-18- 6.131
11-5-18 C201-I

REMARKS
Dis. 6-11-14
Dis 8.5.18

A.M.D. 2 DEPT.

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

J. H. P. H.
R. W.

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

- | Hospital | Adm. |
|------------------------------------|---------|
| 1. Purfleet Mil. | 15-3-17 |
| 2. 83. Gen. Boulogne | 2-6-17 |
| 3. Orthopaedic Mil. Shepherds Bush | 8-6-17 |
| Can. Conv. Hellingdon H. Webridge | 29-9-17 |
| 4. mil. Purfleet. | 15-1-18 |
| Can. Etchinghill. | 8-2-18 |
| 5. | |
| 6. | |
| 7. | |

MARRIED OR SINGLE *S.M.*
 PLACE OF BIRTH *Aberfeldy, Scotland.*
 NAME AND ADDRESS OF NEXT OF KIN *John Davie
 99 High St., Auchterarder
 Scotland.*
 RELATIONSHIP OF NEXT OF KIN *Father. Wife*
 NAME AND ADDRESS OF NEXT OF KIN *Mrs W. Davie
 Queen Alexandra Hospital Millfield Lane
 Highgate*
 RELATIONSHIP OF NEXT OF KIN *Wife*
 SEPARATION ALLOWANCE MONTHLY \$ *25.00* EFFECTIVE (DATE) *8/17*
 PAYABLE TO *Mrs W. Davie*
 RELATIONSHIP OF DEPENDANT *Wife Highgate, N.*
A.P. checked & found correct.
Sg. W. Adair 27/1/17

CASUALTIES, PROMOTIONS, & C.		
PARTICULARS	EFFECTIVE DATE	AUTHORITY

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

CI 75160 RANK *Pte* NAME *Davie, William* **E**
 IF IN PERM. CORPS | WHAT UNIT | UNIT *29*
 PERMANENT FORCE ALLOWANCES
 PLACE OF ATTESTATION *Vancouver*
 DATE OF ATTESTATION *9th Nov. 1916*
 TRANSFERRED TO *b. b. t. g.* DATE *6/2/16* AUTHORITY *Sgt 6*
Regimental P. Brooks 21-11-17
 TRANSFERRED TO *A. B.* DATE *21-3-17* AUTHORITY *Sgt. notes*
1st Lt. B.
 TRANSFERRED TO *Sch. Act* DATE *21/5/17* AUTHORITY *notes*
 TRANSFERRED TO *C.R. & D.* DATE *21/8/17* AUTHORITY *P.O. 43 21/6/17*
 ASSIGNED PAY MONTHLY \$ *20.00* DATE EFFECTIVE *1/7/15*
 PAYABLE TO *Lilian Davie* RELATIONSHIP *Wife*
Mrs. W. Davie of Queen Alexandra Hospital RELATIONSHIP *Wife*
 ASSIGNED PAY MONTHLY \$ *20.00* DATE EFFECTIVE *1/10/17*
 PAYABLE TO *Mrs. W. Davie of Queen Alexandra Hospital* RELATIONSHIP *Wife*
 STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) EFFECTIVE REASON
 DISCHARGE DATE AND PLACE REASON AND AUTHORITY
 ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)
 ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

DATE	PAY				FIELD ALLOWANCE				WORKING OR SPECIAL PAY				ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS				CASH PAYMENTS				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS					
	NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE	AMOUNT					1	2	3	4	1	2	3	4				CREDIT	DEBIT								
			\$	C.			\$	C.			\$	C.																				No.	DATE	No.	DATE	No.
April	5	1.00	5	5	10	50																														
Apr 30	25	1.00	25	25	10	250																														
May	1-31	1	31	31	10	310																														
June	1-30	1	30	30	10	300																														
July	1-31	1	31	31	10	310																														
Aug	1-31	1	31	31	10	310																														
Sept	1-30	1	30	30	10	300																														
Oct	1-31	1	31	31	10	310																														
Nov	1-30	1	30	30	10	300																														
Dec	1-31	1	31	31	10	310																														
1-31/17	31	1.10	34.10																																	
1-28/17	28		30.80																																	
			702.90																																	

6-2274 16/8
 7559 16/9 18/10 25 31/8
 30 31 18 25 23-9
 " 1949 14-10
 6-549 3/10 7
 30 2073 12/11 7
 " 241 3/11
 30 2182
 2246 1/12

78 *James 30th 21/1/17 Act. S. notes*

ASSIGNED PAY	ENGLAND OR CANADA	SEPARATION ALLOWANCE	ENGLAND OR CANADA	NAME: DAVIE. W ¹⁷
EFFECTIVE DATE: 1.7.15		EFFECTIVE DATE: 8.7.17	11/9/18	NUMBER: 75160
AMOUNT: 2000		AMOUNT: 2500	\$ 30 ⁰⁰	PARTICULARS OF RANK OR APPOINTMENT
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.		AUTHORITY
Mrs. W. Davie; of Green Alexander Hanover Officers Widfield Lane, West Hill Highgate N.6 26 POTTERS LANE am 12/1/18 BASINGSTOKE HANTS 4/1/18		Same		DATE EFFECTIVE
14 Oak Road Scarborough Yorks. Auth. by 9/4/19.		4076 K.A.		RANK OR APPOINTMENT
EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS		UPON CLEARANCE OF VOUCHERS, ENTRIES WILL BE CANCELLED BY INSERTION OF DATE CHARGED IN RED INK		UNIT AND TRANSFERS
DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT	DATE ACCOUNT FIRST OPENED
3-29-19	6402	G.R.D.	24 33	
			24 33	
			L.P.B. credit 47 14	
			L.P.B. credit 22 81	
DAILY RATES OF PAY AND ALLOWANCES				AUTHORITY
				DATE EFFECTIVE
				DATE LEDGER SHEET T'S D
				UNIT TRANSFERRED TO
				CR 7A

PARTICULARS OF RENDERING NON-EFFECTIVE: 31-3-19 N.B. 4076 K.Ash to K.Ash 4-3-19 M 10 11

MONTH	PARTICULARS	CR 1	CR 2	PARTICULARS	DR 1	DR 2	DR 3	DR 4	BALANCE	DEFERRED	SEPARATION
31.3.18	Bal fwd								69 42		
April	PP	33		A 49215 £9.4.11			20		79 99		25
		33		AR P.292 12/4/18 Etchill	243		20				25
					243						
May	Do. 129 9.5.18. CR 2. D. Cancelled. Do. 136 7 P 16.5.18. CR 2. D.	68 40	34 10	A. 87816. £9.4.11			20				25
				Hospital Stoppage 17/1/18 to 27/1/18 including @ 60 ⁰⁰ R.O. 129. 9/7/18. C.R.T.D.		68 40					
				V.D. 15.1.18-13.3.18. 58 days. R.O.		34 80			59 29		25
		102 50		136. 16.5.18. CR 2. D.		103 20	20				
June	"	33		B. 24880 £9.4.11			20		72 29		25
				454. " clyth. 27/6	7 30				64 99		25
		33 -			7 30		20				25
July	✓	34 10		C 7617 £9.4.11			20		79 09		25
				513. " Carly. Hook. 12/7.	7 30				71 79		
				684 ✓ 29/7	24 33				47 46		
		34 10			31 63						
Aug	✓	34 10		C. 65820. £9.4.11			20		61 56		25
				763. ✓ 15/8.	7 30						
				885 ✓ 29/8	4 87				49 39		
		34 10			12 17		20				25
Sep	✓	33 -		D 2224 £9.4.11			20		62 39		25
				1018 Basingstoke 12/9.	7 30						
				1148 ✓ 21/9	4 87				50 22		
		33 -			12 17		20				25
Oct	✓	34 10		D 55224 £9.4.11			20		64 32		25
				1296 ✓ 12/8	7 30				57 02		
				1429 ✓ 29/10	4 87				52 15		
		34 10			12 17		20				25

FILED BY: J. Power
CHECKED BY: J. Power

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4.	BALANCE	DEFERRED	SEPARATION
									5215		
Nov	Apr	33		D96823. £ 1267			20		6515		40
				1576. 4CCH. ⑦ 14/11	730				5785		
Dec	✓	3410		£ 57821 £ 10/5/6			20		7195		30
				1709. 4CCH. ③⑥ 28/11	487				6708		
				1869. ✓ ③③ 17/12	3407				3301		
Jan	✓	3410		719422 £ 10-5-6	4624		20		4711		30
		10120			4624		60				100
				2004. Rasingtoku ⑤ 14/1/19	487	✓			4224		
Feb.	✓	3080		98623			20		2224		30
Mar		3410		1570 max	487		20		3634		30
				1571 April			20		1634		30
				6422 3/3 CRT	2433				4714		
				9045 20/13 ✓	1947				334		
		6490			4864		60				90

S.O.S. 15/4/1952 10 CRT



NUMBER OF DEPENDENTS

CANADIAN DISCHARGE DEPOT, ST. JOHN, N.B. SHORT FORM. MAR 26 1919 FILE (Demobilization.)

22-6-38 T 115

PROCEEDINGS ON DISCHARGE.

RELIGION. Presb.

Next of Kin. Wife

1. No. 45160 War Service Badge Class 131965

2. Rank. Sapper.

3. Name. Davie. William

4. Unit. C.R.Y. 29 Bn.

5. Date of Discharge 3 - MAY 1919 Place CLEARING DEPOT ST. JOHN, N. B.

6. Reason for Discharge. Cat. B.3.

Trade. Fitter Occupational Group. 2.

Service in France. 9. Months.

7. Authority. DEMOBILIZATION

8. Proposed Residence after Discharge. Vancouver.

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

Dec. 16. 34

Wm Davie

Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

647

Place. ST. JOHN N.B.

Date. 3.5.19, DISCHARGED CEF. PART 2 ORDERS 115

MEDICAL DOCUMENTS FORWARDED TO S.C.R. OR B.P.C. ON 13-5-19

Signature. R. Ingletton Capt MAJOR (O. C. Discharging Unit.)

K.C. 21.2.20 com.

E.R.d

Star 18.11.19 Jm.S

LIST OF DISCHARGE DOCUMENTS.

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

1. Triplicate Attestation Paper (M.F.W. 23), or Particulars of Recruit (M.F.W. 133).
2. Casualty Form (A.F.B. 103).
3. Medical History Sheet (M.F.B. 313 or A.F.B. 178).
4. Proceedings of Med. Board (M.F.B. 227 or M.F.W. 129)
5. Dental Certificate (C.A.D.C. 5000a).
6. Field Conduct Sheet (A.F.B. 122)
7. Proceedings on Discharge (M.F.B. 218a)
8. Discharge Certificate (M.F.W. 39)
(Enclosed in special envelope (M.F.W. 39a).
9. Copy of Discharge Certificate (M.F.W. 39).
10. Dispersal Certificate (C.D.S.).
11. Equipment Statement Q.M.G. Form (D.O.S. 2), and Clothing)
12. Last Pay Certificate (P. 551).
13. Pay Book (A.B. 61).
14. War Service Gratuity (Form M.F.W. 2595).
15. Sundry Documents.

Group..... *6*

Checked by No..... *4*

..... *O.S.H.*

Date..... *14.4.19*

11
104



SHORT FORM
PROCEEDINGS ON DISCHARGE
(Demobilization)

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

CERTIFICATE TO BE SIGNED BY SOLDIER

I hereby acknowledge that in the indicated place and date I received my discharge Certificate

Signature of Soldier

CONFIRMATION

The discharge of the above named man is hereby confirmed.

Place
Date

Signature of Officer
(G. S. Discharge Unit)

LIST OF DISCHARGE DOCUMENTS

Attestation Paper, Triplicate	Minuta Form W. 23
or Particulars of Honor	Minuta Form W. 132
Field Conduct Sheet	Minuta Form W. 125 or A. 4. B. 125
Causality Form	Minuta Form W. 54 or A. 4. B. 104
Last Pay Certificate	Minuta Form W. 44
Certificates that missing documents are unobtainable	
Medical History Sheet	Minuta Form B. 318 or A. 1. B. 173
Proceedings of Medical Board	M. U. R. 237 A. 1. B. 179 or A. 1. A. 48
Dental History Sheet	Minuta Form J. 483
Medical Report	M. U. V. 125 or B. 125 E. 125 D
Regimental Conduct Sheet	Minuta Form B. 255
Company Conduct Sheet	Minuta Form B. 254

100-111

Group _____
 Character by No. _____
 Date _____

CR

THIS FORM WILL BE USED FOR ALL RANKS MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" issued by the B.P.C. and instructions issued by Militia H.Q., Ottawa, will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of Sections 1 to 17 of this Form and will obtain the signature of the invalid to the "Statement," page 3. The President of the Board of Medical Officers is responsible for the proper completion of sections reserved for recording the "Opinion of the Medical Board."
3. In answering the questions, Medical Officers will carefully obtain and record the invalid'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 invalid concerned, from witnesses, or from documents, Regimental or otherwise.
4. Special care is required in answering question 9. Read the questions carefully. All questions must be answered.
5. If space provided under any section is insufficient add another sheet. Such sheets must be initialled by the Medical Board.
6. A note will be made of attached papers by the Medical Board under the section "Opinion of Medical Board."
7. Under no circumstances may information other than that in sections 7, 8, 9 and 10 be communicated to the invalid, directly or indirectly.
8. The nomenclature of diseases must be followed, if possible, as 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 & Sons.

STATION KNOTTYS AGG. LIVERPOOL DATE Feb 21, 1919

1. 1 (a) Unit (b) Regimental No. (c) Rank Sapper
 (d) Surname C.R.T.D. (e) Christian name WILLIAM
 (f) Home address DAVIE G.D. VANCOUVER B.C. CAN.
 (g) Next of Kin MRS. J. DAVIE (h) Relationship (I) Wife
 (i) Address of Next of Kin 1111 ...

2. Age last birthday 33 Date of birth 14 OAK RD. SCARBORO. ONT.

3. Enlistment, or Appointment (if an Officer) (a) Place VANCOUVER, B.C. (b) Date June 16, 1885

4. Personal description: (a) Height 5' 9" (b) Weight 155 Est. (stripped) (c) Complexion Fair

(d) Colour of hair Grey (e) Colour of eyes Grey (f) Identification marks, Scars, etc. Nil three claw marks left arm.

5. Former trade or occupation Nil three claw marks left arm.

6. Service (The information should be secured from personal documents, but if documents are not available the invalid's statement may be taken and note must be made to that effect. Periods of service in Canada, England, France or elsewhere should be noted).

	Years	Days
	4	115
	PERIODS	
	From	To
Canada		
England	26-10-14	1-8-15
France or other theatres of War	1-8-15	18-9-15
	18-8-15	6-4-16
	30-5-17	7-6-17

	Years	Days
	4	115
	PERIODS	
	From	To
Canada		
England	26-10-14	1-8-15
France or other theatres of War	1-8-15	18-9-15
	18-8-15	6-4-16
	30-5-17	7-6-17

7. Original disease, or injury

(I) Defective hearing.

(II) Compound fracture left tibia.

(a) Date of origin (I) May 1916 (b) Place of origin (I) Brook Man Hosp. Woolwich

(c) Cause (II) June 1917 (II) Ploeg st. Wood.

(I) Mastordecotomy (II) Shrapnel

OPINION OF THE MEDICAL BOARD

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

We concur.

19. Is the invalid 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.)

BIII.

20. It is certified that the invalid

(a) Does require treatment. (Give the nature of the condition and of the treatment required and its probable duration.)

- (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.)

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

Boarded for return to Canada.

Before signing the President of the Medical Board will read the statement signed by the invalid and differing opinions regarding Sections 7, 8, 9 and 10, as recorded in Section 18, to the invalid and if no change is indicated, will initial the statement. If, as a result of differing opinions regarding Sections 7, 8, 9 and 10 only, recorded in Section 18, the invalid is dissatisfied with the statement previously made, remarks of the Medical Board will be added here.

N.A.

KNOTTY ASH CAMP, LIVERPOOL

Bro. J. L. Full. Capt. O. A. W. ... President.

PLACE

DATE

21. 2. 19

Members

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

PLACE

DATE

President.

Members

APPROVED BY

APPROVED BY

[Signature] Assistant Director of Medical Services.

Director-General of Medical Services.

DATE

23/2/19

DATE

8. Present disability— (Here state the exact nature of the disability resulting from the disabling conditions: e.g. (a) Weakness—light, moderate, marked, etc; (b) Loss, complete or partial, of an organ or member, or of its functions; (c) Necessity for rest of the body, or of some of its parts, for therapeutic reasons; (d) Any other restrictions in choice of occupation.)

(I) Complete loss of function right ear.

(II) Moderate weakness and Partial loss of Function Left forearm.

Occupation not necessitating heavy manual labor.

9. Present condition—(a) (Before completing this section the invalid should be stripped, and subjected to a thorough physical examination. Important, to be a full description of the present disabling condition, or conditions only. "History" must be recorded in Section 10. Describe all abnormalities, anatomical and functional, contributing to present disability; objective findings to be stated first, then subjective findings.)

OBJECTIVE. General health and Nutrition good. (I) Drum membrane Left ear has been completely removed in mastoidectomy.

Specialists Report attached as: H.R. Entirely deaf H.L.

Hears at 10 Ft. Cat Rec'd BII. REMARKS: Discharge following mastoid operation. 23/4 Years. Rt. Drum destroyed, not present before enlistment. Sgn'd D.A. Webb Capt.

(II) Scar on Volar surface of left fore-arm adherent. Has full flexion and extension of hand and wrist. Pronation full supination 3/4. No loss of sensation or motor power.

SUBJECTIVE. (I) Has not given any trouble last three months.

(II) Left hand gets cold easily and becomes numb. Grip good

Fraction Power good, but cannot push to any extent.

(b) Has the invalid now any affection of the following systems, not described in Section 9 (a) above? (Answer Yes or No.—if the answer to any part is Yes, give a brief description of the present condition.)

Nervous System No Cardio-Vascular System No Genito-Urinary System No (If pulse rate is abnormal, B. P. will be taken.) (Albumen and Sugar will be excluded.)

Special Senses As above. Respiratory System No Integumentary System No

Disturbances of Mentality No Digestive System No Muscular System No

Osseous and Joint Systems as above. Any other general condition No

10. (a) History (of the condition referred to in Section 9 (a).)

Was in Brook war Hosp. with 6/4/16, with fracture left forearm, when he developed Otorrhea and Mastoiditis and radical Mastoid was performed, was marked fit for service in Work Batt. at Westcliffe Ear Hosp. Went to France with the 8th. C.R.T. and received several shrapnel. Scalp, back neck, Lt. forearm, and left thigh. Through and through wound causing compound fracture of Left Ulna, left fore-arm in condition in condition described 9(a). Other wounds left. No disability. Has been doing light duty at Baristoke Hosp. since.

10.—(b) (Here give a complete history, as obtained from invalid, with dates of origin, of any affection from which the invalid, has suffered either prior to or since enlistment, and not included in Section 10 (a).)

M.H.S. Soft chancre Purfleet 15-1-18. Transferred to Etchingham 11-7-2-18
Generalized Syphilis. Discharged as out patient. No open sore. Wasserman
Negative. 23-8-18

(c) (Here give a description of wounds, scars and deformities.)

Slight silver fork deformity of left wrist.

11.—(a) Did the disabling condition have its origin before enlistment?

(I) No (II) No.

(b) If so, has it been aggravated by Service? (If aggravated, give a description, as far as it is possible to do so, of the disabling condition at time of enlistment.)

(I) N.A. (II) N.A.

12. Was the disability caused, or aggravated; (a) by intemperance, or improper conduct; or (b) by unreasonable refusal to accept treatment? (I) No (II) No

The regimental documents will be referred to.

(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.)

13. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one? (I) Life (II) Life.

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

Radical Mastoidectomy May 16. Syphilis Report attached. Hg.

injections eight; Galyl - one; Novarsen three; Diarsonal - three

all between Feb. 28 and April 4th 1918. Two Negative Wassermans
4-4-18 and 23-8-18.

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit? (If the answer is "yes" state nature of treatment required and probable duration)

(I) No (II) No.

16. Can the former trade or occupation be resumed? (If not, briefly state why)

No weakness of left arm.

17. Recommendations

Cat. BIII.

Wm. Davie
Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

(Sections 7, 8, 9 and 10 are to be read to the invalid and either "satisfied" or "not satisfied" struck out).

I, the undersigned Wm. Davie. have heard the description of my disability and present condition read, and am satisfied (or not satisfied) with it. (If dissatisfied, statement should follow.)

I complain in addition of

W. Davie Spr. Rank.
Signature of invalid examined.

PROCEEDINGS OF A MEDICAL BOARD.

Dated at Uxbridge. October 30th 1917.

No. 75160 Rank Spr Name DAVIE WILLIAM

Local Unit 29th Battn Overseas Unit 29th Battn Age 31

Examination held at Canadian Convalescent Hospital,
Hillingdon House, Uxbridge.

DISABILITY.
Overseas—Local
(scratch one out).

DEAFNESS AND IMPAIRED MOVEMENT OF LEFT FOREARM.

PRESENT CONDITION.

In France about ~~10~~ months, was wounded June 1st 1917,
Multiple wounds in back, legs and arms - All healed. Some
difficulty in supination of left arm to full extent due to
shrapnel wound left forearm. Was operated upon for mastoid
abscess May 1916. No hearing right ear and some discharge.

BOARD RECOMMENDS:—

- 1. Fit for Duty..... NO
- 2. Fit for duty after..... NOweeks' physical training.
- 3. Fit for Temporary Base Duty..... YES B.111weeks
- 4. Fit for Permanent Base Duty..... NO
- 5. Discharge..... NO

Signatures:—

L.R. Murray President.

Members

Chas. ...
L. ...

APPROVED

Dated Oct 31st 1917.

L.R. Murray
For A.D.M.S.

PROCEEDINGS OF A MEDICAL BOARD.

1917

Dated at

Name

Rank

No

Age

Overseas Unit

Local Unit

Examination held at

DISABILITY
Overseas Local
Examination Unit

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

Signatures

President

Members

APPROVED

1917

Dated

For A.D.M.S.

OFFICE OF THE
STANDING MEDICAL BOARD
SHORNCLIFFE

PROCEEDINGS OF A MEDICAL BOARD.

Dated at Sept 11 1916.

No. 75160 Rank Pte Name David W

Local Unit 6640 Overseas Unit 29th Bn Age 30

Examination held at Ramsgate

DISABILITY.
Overseas—Local.
(scratch one out)

Fractured middle Forearm & accident to mastoid operated still has hearing ear

PRESENT CONDITION.

still has hearing R. Ear on France 7 months. (See attached report.) (mechanic)

BOARD RECOMMENDS:—

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

APPROVED
CAPTAIN, C.A.M.C. FOR D. OF B. & O. FOR BRIGADIER GENERAL
CANTONIAN TRAINING DIVISION

Signatures:—

Scampbell Major President.

Members

David W. Bell Capt

APPROVED

Dated at 11/9 1916. D. F. McIntyre Capt

For A.D.M.S.

PROCEEDINGS OF A MEDICAL BOARD

Dated at 1916
No. Rank Name
Local Unit Overseas Unit
Age
Examination held at

DISABILITY
Overseas—local
(attach one out)

PRESENT CONDITION

BOARD RECOMMENDATIONS —

- 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.....

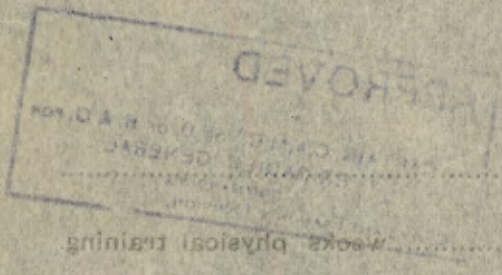
Signatures —

..... President

Members

APPROVED

Dated at 1916
For A.D.M.S.



CLINICAL CHART.

METROPOLITAN ASYLUMS BOARD, SOUTH-EASTERN HOSPITAL, Brook Wa.

NAME OF PATIENT, *Pte W. Davie*

DISEASE, _____

WARD, *A. 2*

TEMPERATURE.

DATE	27		28		29		30		31		1		2		3		4		5		6		7		8		9.			
	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.		
F	97.8	97.5	98.2	98.8	97.8	98.2	97.8	98.2	97.8	98.2	97.8	98.2	97.8	98.2	97.8	98.2	97.8	98.2	97.8	98.2	97.8	98.2	97.8	98.2	97.8	98.2	97.8	98.2	97.8	98.2
PULSE	70	72	76	75	76	74	72	70	70	88	92	88	92	82	88	88	90	84	92	88	100									
RESPN			20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20
N° OF MOTIONS	E1																													
N° OF VOMITS																														
RETCING																														
REMARKS																														
URINE																														
AMOUNT																														
ALBUMEN																														
REACTION AND SPGR																														
REMARKS																														

CLINICAL CHART

METROPOLITAN ASYLUMS BOARD,

BROOK WAR HOSPITAL.

NAME OF PATIENT, Pl. W. Davis DISEASE, _____

WARD, C1.

TEMPERATURE.

DATE	15		16		17		18		19		20		21		22		23		24		25		26		27		28	
DAY OF DISEASE																												
F	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.
	2	6	10	2	6	10	2	6	10	2	6	10	2	6	10	2	6	10	2	6	10	2	6	10	2	6	10	
107°																												
106°																												
105°																												
104°																												
103°																												
102°																												
101°																												
100°																												
99°																												
98°																												
97°																												
96°																												
PULSE	108			112	102	108	102	104	100	88	108	92	84	90	96	80	80	96	92	84	84	76	92	96	88	88	96	
RESPN				22	20	20	16	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20
N° OF MOTIONS				1																								
N° OF VOMITS																												
RETCHING																												
REMARKS																												
U R I N E																												
AMOUNT																												
ALBUMEN																												
REACTION AND SP GR																												
REMARKS																												

REPRODUCED FROM THE ORIGINAL

120 W

Regtl. No., Rank and Name 75160 Pte Davie W Corps Came

Disease Syphilis Hospital 4th Can. Gen. Hosp

To Officer i/c Laboratory. Ward Personnel

Please carry out an examination of the accompanying specimen of blood

with special regard to Wassermann test

Date Aug 21 1918

C. Lewis Cap Came
O. i/c Ward.

LABORATORY REPORT.

Contracted Syphilis Jan 14. 1918.

Had mercury injections	eight
galeol	one
novarsen	three
dianosal	three

} between Feb 28th and Apl 4th 1918.

Last Wassermann negative Apl 14 1918

Wassermann negative

Date of Examination 23.8.18

C. P. Ben

O. i/c Laboratory.

Army Form W-212 (Rev. 1-1-41)

LABORATORY REPORT

Ward

Q. 10 Laboratory

ORIGINAL

To be used for recruits enlisting direct into the Regular Army only. Army Form B. 178 to be used for Special Reserve recruits and Special Reservists enlisting into the Regular Army.

MEDICAL HISTORY of 75160

Surname Davie Christian Name William 34 APR 1916

TABLE I.—GENERAL TABLE.

Birthplace ... Parish Obfeldie County Perthshire Scot.

Examined ... on 26 day of Dec 1914 at Vane B.C. 14 JUN 1917

Declared Age ... 29 years 70 days.

Trade or Occupation ... Engine fitter.

Height ... 5 feet, 9 inches.

Weight ... 165 lbs.

Chest Measurement { Girth when fully Expanded 42 inches. Range of Expansion 5 1/2 inches.

Physical Development ... Good

Vaccination Marks { Arm ... Right Left Number 2

When Vaccinated ... April 1915

Vision ... R.E.-V= D.6 L.E.-V= X.6.

(a) Marks indicating congenital peculiarities or previous disease ... Scars on left & right legs.

(b) Slight defects but not sufficient to cause rejection ... None

Approved by (Signature) C. A. Macnamara (Rank) Medical Officer.

Enlisted ... at Vane B.C. on 21 day of Dec 1914

Table with 2 columns: Corps, Regtl. No. Rows: 72 S H of C, 29 Vane B.C. EST, 75160.

Became non-effective by

on day of 191 (Signature) (Rank)

Get copy report later on

Specified report

CANADIAN

Table II.—Only for Admissions to Hospital or to the Sick

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number of days in Hospital	Remarks
	Day	Month	Year	Day	Month	Year			
Brook War Hospital Shooters Hill Woolwich	6	4	1916	11	8	1916	Fracture left forearm } mastoiditis	127	
Woodside Park, Epsom	11	8	16	29	8	16	do	40	Tr
Westcliffe 2/12/16	Ear Report			- Suffering from chronic suppurative otitis			Some months ago. Condition		was
Trufluct	14	3	17	26	3	17	Tube middle ear	13	
MILITARY ORTHOPÆDIC HOSPITAL DUCANE ROAD SHEPHERD'S BUSH, W.	7	6	17	28	9	17	Esch. back neck scalp. Lt. neck Kerion.	114	
Canadian Convalescent Hospital, Hillingdon House, Uxbridge.	28	9	17	30	10	17	do	53	
T.L. 19.11.17. W.P. Dawsell.									
MILITARY HOSPITAL TRUFLUCT	15	1	18	7	2	18	Soft chancre	24	
CANADIAN HOSPITAL, ETCHINGHILL, LYINGE.	7	2	18	13	3	18	Generalized syphilis non spec. meth.	35	

List in the case of Warrant Officers treated in quarters.

marks bearing on the cause, nature, or treatment of the case, likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet.

Signature of Medical Officer

accident a disin voice. which is Habited develop
otitis & mastoiditis. Op. of mastoidectomy performed.
Transfers to Woodchurch, Sp. com.

H Irving Major R.A.M.C.

trans. to Ramsgate for further treatment

C. K. Hayward

media right. Radical mastoid has been performed
not present previous to enlistment; and is caused by
"York Battalion".

D. J. Knowlton, C.S.

trans to Can. Conv. Depot
Willingdon

A. W. Evans

No complications wounds healed
~~fit for duty~~ was approved

J. R. Munnings
my
Cadue

upon for mastoid abscess May 1916

No hearing in right ear & some discharge

transferred for treatment to
Lyonsville

Phillips

Lieut
T. W. M. B.

Symptoms generalized - 4 injections
Hg - 60% Treatment to be continued as O.P.

Discharged as out patient - No open lesions

A. Sterling
Capt. C.A.M.D.

NAME

Davie William

REG'T'L. No.

75160

RANK AND CORPS

Pte 8th R. R. Irs, (form 29th (Bn))

H. Q. FILE NO 649

FOLLOWS

No.

FOLLOWS

CABLE

No.

DATE

NATURE OF CASUALTY

LIST No.

HOSPITAL

DATE OF
ADMISSION

REMARKS

b. 109	Mil Purfleet	15-1-18	V. D. S. & C.	(b. R. Tps)
b. 131	San. Etchinghill	8-2-18	" " " "	(")
b. 201	Diesel	6-5-18	" " " "	

REG'TL No 75160

NAME

Davie, William

H. Q. FILE No. 649-

RANK AND CORPS

Pte. (29th Battalion) 8th P.R. Coy

FOLLOWS

No. 242xx

CABLE

No.

DATE

NATURE OF CASUALTY

FOLLOWS

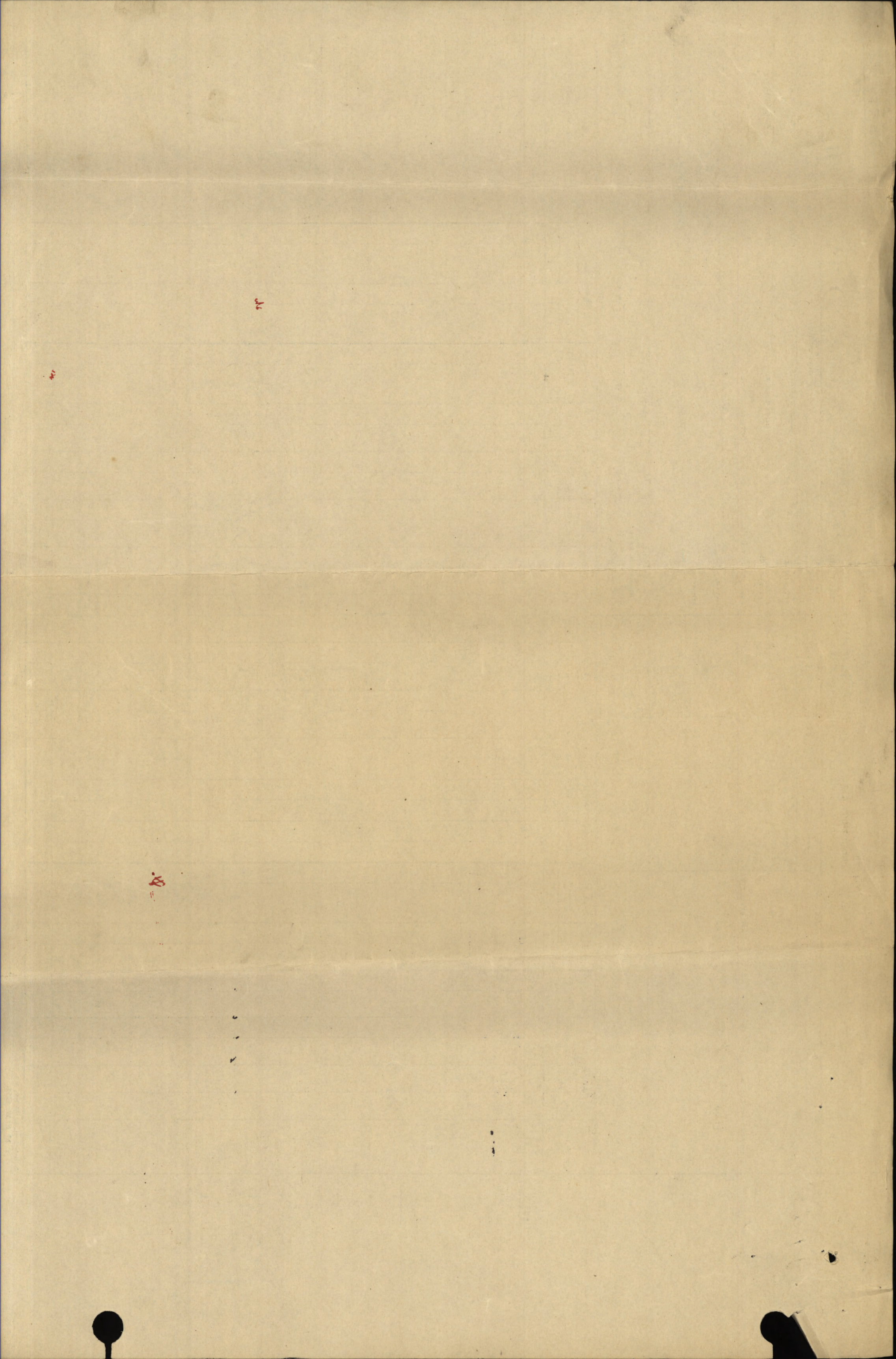
M. 5091 11-4-16

Adm. to No. 14 Gen. Hosp., Wimereux, April 3rd (Fractured forearm, severe)

M 5546 8-6-17

Adm. to 83rd Gen Hosp Boulogne June 2nd 1917. (Shrapnel wounds multiple)

LIST No	HOSPITAL	DATE OF ADMISSION	REMARKS
a 192	No 14 Gen. Wimereux	3-4-16	Fract Forearm (severe)
B 40	Brook. War. Woodwich	6-4-16	" " "
B 120	Ex ^{Cont} Can. Woodcot. Pk Epsom	11-8-16	" " "
B 135	Et ^{Cont} Granville Can. Sp. l. Ramsgate	6-30-16	" " "
B 160	Discharged	15-9-16	" " "
17	Mil. Purfleet	15-3-17	Influenza
22	Discharged	26-3-17	" " "
23.	No. 83. Gen. Boulogne	2-6-17	S. W. Multi ⁴⁸⁸⁻ 3-7-17
B 36.	Mil. Ortopaldi Shepherdspush	8-6-17.	Gsw. L. arm & thigh.
B. 25	Ex ^{Cont} Can "Cont". Sillingdon H. 448.	29-9-17	" " " "
B. 25.			Back ^{19/10/17} sh. neck
B. 59 ^a	Discharged.	6 ¹¹ / ₁₇	Gsw. arm thigh back shldrs. & neck



MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.																		
Year	Unit.		Age.	Service.																		
Station and Date.	Disease																					
June 26/18	<p>Nose - very irregular Septum - mucopharynx - dry with crusting - perforation faucial pillars - Anterior left has an opening through it although I could not pass a probe through.</p>																					
	<p>Jaws - small -</p>																					
	<p>Larynx - clear</p>																					
	<p>Ears - Rt canal - pus - & cerumen removed - Had a modified radical mastoid Operation performed. 2 years Left canal - clear.</p>																					
	<p>Drums - Right - a mass of granulations Left - retracted -</p>																					
	<table border="0"> <tr> <td>Right</td> <td>Hearing</td> <td>Left</td> </tr> <tr> <td>$\frac{00}{40}$</td> <td>whispered voice</td> <td>4'</td> </tr> <tr> <td>00.</td> <td>spoken voice</td> <td>14' +</td> </tr> <tr> <td>$\frac{00}{40}$</td> <td>watch</td> <td>$\frac{2}{40}$</td> </tr> <tr> <td>—</td> <td>Rinne</td> <td>+</td> </tr> <tr> <td>←</td> <td>Weber</td> <td></td> </tr> </table>				Right	Hearing	Left	$\frac{00}{40}$	whispered voice	4'	00.	spoken voice	14' +	$\frac{00}{40}$	watch	$\frac{2}{40}$	—	Rinne	+	←	Weber	
Right	Hearing	Left																				
$\frac{00}{40}$	whispered voice	4'																				
00.	spoken voice	14' +																				
$\frac{00}{40}$	watch	$\frac{2}{40}$																				
—	Rinne	+																				
←	Weber																					
	<p>— 17" Schwabach — 14"</p>																					
	<p>Patient refers the sound in the Weber test to his right ear. Hence the labyrinth is not destroyed - He has however intermit ear deafness in both ears - & chronic supp- otitis media in right - Frisula symptom negative - Do not know why Schwabach be dingy - His dinginess is probably labyrinthine, since it is periodic. Prognosis - unfavorable - Have a Wasserman test made</p>																					

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

DIRECTIONS TO
DENTAL OFFICERS

NAME OF SOLDIER (Block Letters) Davy W.

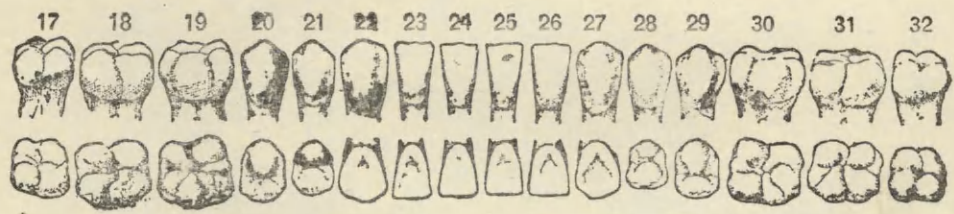
REGIMENT 8 C.R.-7. RANK Sapper No. 75160

Date of Examination in England 10/2/19 Date of Examination in France _____

1. This form will be made out for each individual at the time of Demobilization in England or France.

2. Figures as per chart will be used to designate teeth concerned.

3. In reference to Partial Dentures the numbers of teeth thereon will be stated.



PRESENT DENTAL REQUIREMENTS

1. FILLINGS
2. EXTRACTIONS
3. CROWNS
4. DENTURES
 - (a) Full Upper
 - (b) Part Upper
 - (c) Full Lower
 - (d) Part Lower

HAS HE EVER REFUSED DENTAL TREATMENT?

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

- (a) In Canada
- (b) In England
- (c) In France

KNOTTY ASH CAMP,
LIVERPOOL

Signature of Dental Officer W. R. Hurst Capt

6 FEB 1954
D. H. P. S.
C. H. S.

