

"C"
179th Batt'n, C. E. F. (Cameron Highlanders of Canada)
ATTESTATION PAPER.

ORIGINAL

No. 859783

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- | | |
|---|-------------------------------|
| 1. What is your surname?..... | Davie |
| 1a. What are your Christian names?..... | William |
| 1b. What is your present address?..... | Steep Rock Man. |
| 2. In what Town, Township or Parish, and in what Country were you born?..... | Lumphanan, Aberdeen, Scotland |
| 3. What is the name of your next-of-kin?..... | Jemeida Davie |
| 4. What is the address of your next-of-kin?..... | Steep Rock, Man. Can |
| 4a. What is the relationship of your next-of-kin?..... | Wife |
| 5. What is the date of your birth?..... | 15th April 1888 |
| 6. What is your Trade or Calling?..... | Engineer (Steam) |
| 7. Are you married?..... | Yes |
| 8. Are you willing to be vaccinated or re-vaccinated and inoculated?..... | Yes |
| 9. Do you now belong to the Active Militia?..... | 79th C.H. of C. |
| 10. Have you ever served in any Military Force?..
<small>If so, state particulars of former Service.</small> | 4 Years 5th R.H. Montreal |
| 11. Do you understand the nature and terms of your engagement?..... | Yes |
| 12. Are you willing to be attested to serve in the }
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? } | Yes |

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

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

Wm Davie (Signature of Recruit)

Date 14th March 191 6 *John McNeill* (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, William 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.

Wm Davie (Signature of Recruit)

Date 14th March 191 6 *John McNeill* (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 Winnipeg. this 14th day of March 191 6

[Signature] (Signature of Justice)

Description of William Davis on Enlistment.

Apparent Age.....27 years11 months.
 (To be determined according to the instructions given in the Regulations for Army Medical Services.)

Distinctive marks, and marks indicating congenital peculiarities or previous disease.
 (Should the Medical Officer be of opinion that the recruit has served before, he will, unless the man acknowledges to any previous service, attach a slip to that effect, for the information of the Approving Officer).

Height.....5 ft. 8 ins.

Chest measurement { Girth when fully expanded.....40 ins.
 Range of expansion.....3 ins.

Complexion.....Fresh

Eyes.....Blue

Hair.....Fair

Nil.....

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

CERTIFICATE OF MEDICAL EXAMINATION.

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

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

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

Date.....14th March.....1916.

Place.....Winnipeg, Man.

James Keefe
 Lieut. Medical Officer.
 C.A.M.C.

*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 Davis.....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].....(Signature of Officer)

Date.....14th March.....1916.

M.F. 5.9.18

DISCHARGE DOCUMENTS

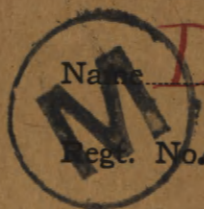
R. O. No.....

H. Q. No.....



- Proceedings of Court of Inquiry or on men reported Missing on Active Service.....
- Attestation Papers.....
- Declaration of change of name.....
- Authority for special enlistments.....
- Documents of re-enlisted men.....
- Regimental Conduct Sheet.....
- Compulsory Stoppages.....
- Casualty Forms.....
- Proceedings on discharge.....
- Corps History Sheet.....
- Date and No. of Deposit Receipt for Purchase Money and Amount.....
- Parchment Certificate.....
- Medical Report for Invalids.....
- Medical History Sheet.....
- Proceedings of Regt. Court Martial.....
- Copies of Convictions by Civil Power.....
- Company Conduct Sheet.....
- Clothing Transfer Certificate.....
- Inventory of Kit.....
- Last Pay Certificate.....

[Handwritten signature]



Name *Davie William*
 Regt. No. *859783* Rank *Pte*
 Corps *179th Batta Med Unfit*

Feb 17 3 20
Kild

04476



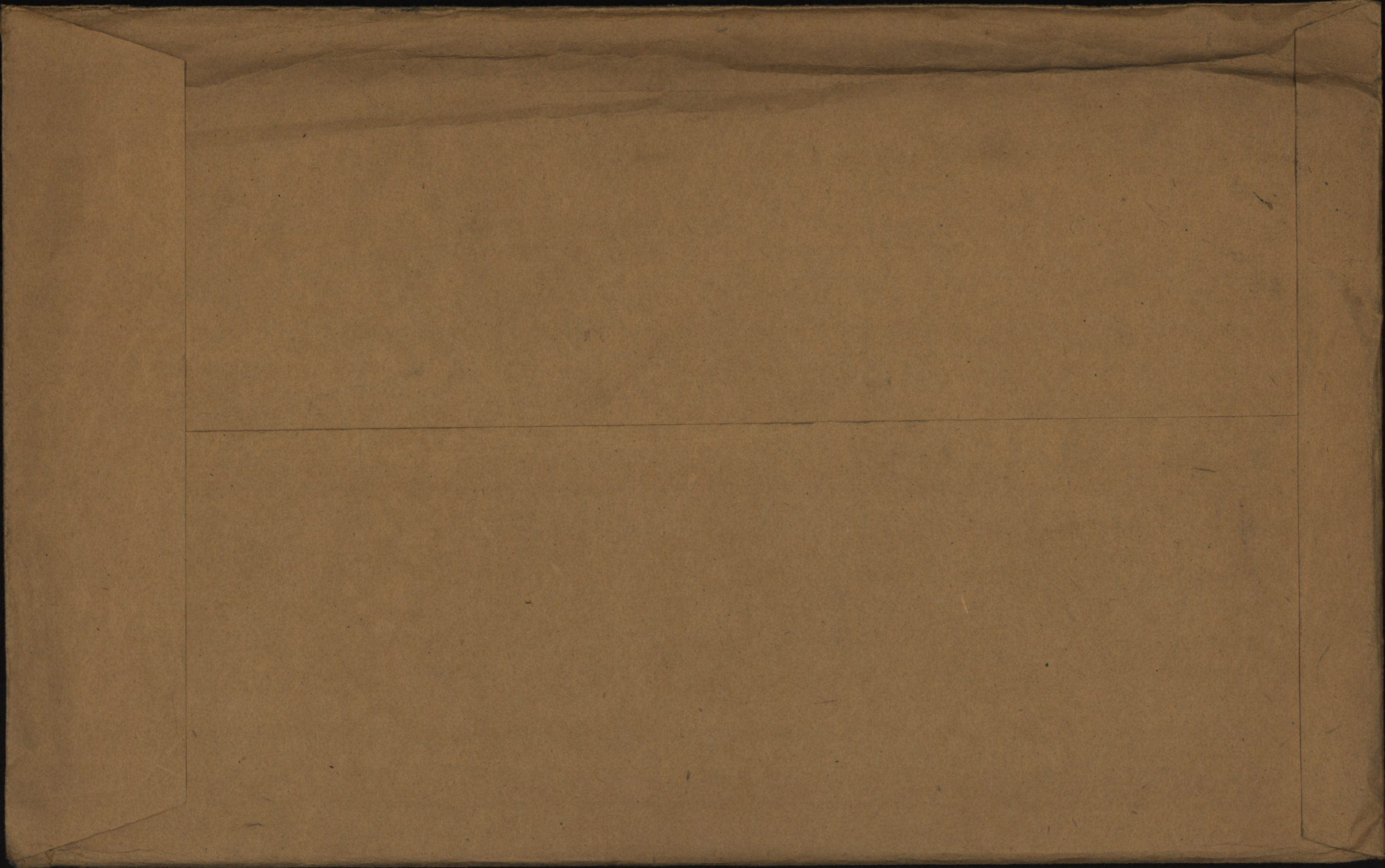
R+22

a713268-1
MFW39a+
a7B1227
mental test +

a71181-1
M. Fisher
Pay card

5-
18-7
32-7
1

m7B-319-1
Discharge
a711231-2



MEDICAL HISTORY SHEET

D294

Surname Davis

Christian Name William

Examined { on 14th day of March 1916
at Winnipeg

Approved by

Amackenzie

Birthplace { City or Town Lumphanan
County Aberdeen Scotland

Rank Capt C.A.M.C. M.O.

Apparent age 27 Yrs. 11 Mos.

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

Trade or occupation Engineer (Steam)

9 NOV 1917

Height 5 Feet 8 Inches

M.O.

Weight _____ Lbs.

M.O.

Chest measurement { Minimum 37 inches
Maximum expansion 3 inches

M.O.

M.O.

M.O.

Physical development _____

M.O.

Small-Pox Marks _____

M.O.

Vaccination Marks { Arm Right Left
Number _____

Date. Result. VACCINATIONS.

When Vaccinated last 12/1/16

12/1/16

with Technic

M.O.

(a) Marks indicating congenital peculiarities or previous disease _____

M.O.

J.P.G.

Capt C.A.M.C.

Date. Result. ANTI-TYPHOID INOCULATIONS, ETC.

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

17

M.O.

24/7/16

with Technic

M.O.

31

17/5/17

Dougan

M.O.

Enlisted on 14th day of March 1916

24-5-17 at Winnipeg

Joined on enlistment _____

CORPS. REG'TL NUMBER. HABITS. DATE.

Transferred to _____

179th Batt C.E.F.
(C.H.of.C.) 859783
14 CRB.

24/3/16
10-1-17

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION. DATE. DISEASE. RESULT.

East Sandling
Substantive
Matthew Plac

Nov 12. 16.
25-4-17
9-4-18
10 APR 1918

V.H.D.
P.A.T.I.
APPROVED

P.B.W. McCardell
Capt.

Selmon
Bin Campbell
Hyman
Cubaris

SHORNCLIFFE

CAPT.
FOR A.O.M.S. CANADIANS, SHORNCLIFFE

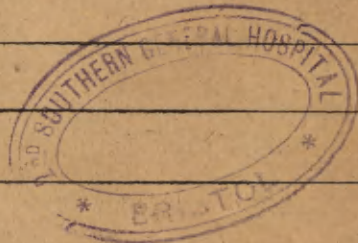
N. B.—This sheet to be disposed of in accordance with instructions in the Regulations for Army Medical Service, on the man becoming non-effective; the date and cause being stated on next page.

CANADIAN

DR McALDOWIE. CHELTENHAM AREA V.A. HOSPITALS

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book. 7. C.T. 839 Year 1917	Regimental No.	Rank.	Surname.	Christian Name.
	859783	Pte.	Darry	William.
Station and Date. Duckhampton 3. 11. 17.	Unit.	Age.	Service.	
	45 th Canadians	30.	18/12 yrs	
A.	Disease or wound. Penetrating wounds middle of left forearm comminuted fracture of radius.			
B.	Date and place of onset. Oct. 26 th Flanders			
C.	If wound, size and structures involved. Penetrating wounds of entrance & exit middle of left forearm. Comminuted fracture of radius.			
D.	Please state if the disability is		I. Due II. Not Due III. Aggravated	By Service.
			Due	
E.	Condition on admission, signed by M.O. Wounds healthy. A. McAlDowie			
F.	Treatment. Dressing			
	Operation (if any). None			
G.	Progress. Satisfactory			
H.	Description of condition on discharge, signed by M.O. Recovered A. McAlDowie			
I.	Date to, sick furlough. light duty. duty.			
	Transfer. Moulton Harlow pending final discharge. A. McAlDowie			



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

INSTRUCTIONS.

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

(1) Name of Overseas Unit which Soldier joins *179th Cameron Highlanders of Canada*

(2) Regimental Number *859783*

(3) Full Name of Soldier *William Davie*

(4) Place of Birth *Aberdeen Shire Scotland*

(5) Are you married, ~~or not~~? *yes*

(6) If married, state,
(a) Full name of your wife *Jemima Dalziel Robison*

(b) Present Postal Address *Steep Rock Manitoba*

(7) Are you a widower? *no*

(8) Have you any children? *yes three boys*

If so, give number of boys and girls.

Also their names and ages *Robert Robison Davie four years*

William Davie three years

John Thompson Davie one year

(9) Is your Father alive? *yes*

If so, state name and address *Cross Roads Lumphman Aberdeen Shire*

(10) Is your Mother alive? *yes*

If so, state name and address *Mrs Davie Cross Roads Lumphman Aberdeen Shire Scotland*

(11) If your Mother is a widow *no*

Are you her sole support, or not? *no*

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

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

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

yes

(15) Are you insured? *no*

If so, in what Company? _____

Have you made arrangements for payment of your Insurance premium _____

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

Date

July 11th 1916

Chelmsford
Lieut. Colonel
Commanding, 14th Battalion C. I. F.
(Canadian Highlanders of Canada)

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

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

Casualty Form—Active Service.

22011-1-18.
H. Q. 1772-33-950.

Unit, Regiment or Corps ~~859783x~~ 179th Battalion C.E.F. (C.H. of C)

Regimental No. 859783 Rank Pte Name Davie William

Enlisted (a) 14/3/16. Terms of Service (a) War ^{C.E.F.} & 6 mos. longer if necessary Service reckons from (a) 14/3/16.

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

Extended _____ Re-engaged _____ Qualification (b) Steam Engineer. *bsin*

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				
		Embarked	Halifax	4/10/16.	H.M.T. Saxonian"
		Disembarked	Liverpool	13/10/16 ✓	
<i>20</i> 23/10/16	O.C. 179th	Transfd. to 17th Battn. C. E. F. Sandling. 21/10/16. Part 11 #190			
13-11-16	O.C. 17th	Transferred to 179th B'n. E. Sandling, P.2.307 App. 13-11-16 <i>D. Allen</i>			
14-11-16	O.C. 179th	Transferred from 17th Batt. East Sandling. 14-11-16 Part 11 No 1a <i>McL...</i>			

D. Cameron Adj't.
179th Battalion C. E. F.
(Cameron Highlanders of Canada)
D. Allen Lieut. Asst. Adj't.
17th Canadian Reserve Battalion.
McL... Adj't.
179th Battalion C. E. F.
(Cameron Highlanders of Canada)

(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.

859783

David W.

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				

4 1/17 O.C. Transfd. to I4 Res. Battn. E. Sandling 4/1/17 Battn Order Part II
 I79th Bn. No. 4 ..4/1/17
W. S. Xerch
 Capt and Asjutant
 I79th Reserve Battalion.

4 /1/17 O.C. I4 Transft from I79th Res E. Sandling 4/1/17 Battn Order Part II
 th Res B Battn. No. I. App. 4/1/17
W. S. Xerch
 Cap and Adj.
 I4th Reserve Battalion.

CERTIFIED CORRECT.
 12 JUL 1917
 LONDON

4/3/17 O.C. 14th S.O.S. on posting to *Mau.* Dibgate. 13/3/17 Pt. 2,
 Res. Batt. Regimental Depot. No. 69.3.
 4/3/17 O.C. 14th Attached from Regimental Dibgate. 13/3/17 Pt. 2,
 Res. Batt. Depot to 14th Res. Batt. No. 69.3.
 17-6-17 O.C. 14th *T.P.S. on posting from Madra Regt. Depot* Dibgate 25-4-17
 Res. Batt. *Having been awarded "A 2"* Dibgate 16-6-17 Pt. 2 D.O.
 Overseas to 43rd Battn. 164.2

W. S. Xerch
 Capt. Adjt.,
 for O.C., 14th Reserve Battalion.

O. C. C. B. D.
 — do. —
 O. C. Bn.

Landed in France. Taken on Nom. Roll d/
 strength 43rd Cdn. Bn 17.6.17 Pt II D.O.
 Left for *3rd Div* " 4.7.17 Nam. Roll d/
 Arrived " " " 6.7.17 " d/

JOINED UNIT

29.7.17 43rd Bn 26.7.17 B 213. D. C. S. 256. dated 4.8.17
 27.10.17 11 Bn 27.10.17 A 8631
 28.10.17 5th Bn 28.10.17 A 8507
 27.10.17 11 Bn 26.10.17 A 8643

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

205

This is to Certify that No. 839783 (Rank) Private

Name (in full) William Davie enlisted in

the 179th B. H. of Canada

CANADIAN EXPEDITIONARY FORCE at Winnipeg on the 14th

day of March 1916

HE served in France & Belgium (5 months)

and is now discharged from the service by reason of being medically unfit for further service

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

Age 31 years

Height 5' 7½"

Complexion Fair

Eyes Blue

Hair Fair

William Davie

Signature of Soldier

Marks or Scars

G.S.W. left forearm
right wrist

Thomas Cook

Issuing Officer

Lieut.
Rank

Date of Discharge 20/8/18

Signed at Winnipeg this 20 day of Aug 1918

in Military District No. 10

File Reference No. 44-D-506

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.

DISTRICT CASUALTY
OFFICE
AUG 24 1918
M. D. 10

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

No. 859783 (Rank) Pte Name Davie W.

Unit 179th C.H.A.F.C.

Address on Discharge Sheep Rock. P.O. Man

Character and Conduct Very Good

Former Occupation Engineer

Special Qualifications of Value in Civil Life

Medals and Decorations 2 Gold Stripes

Remarks France & Belgium 5 mos.

Signed at Winnipeg this 20 day of Aug 1918

Name of Officer [Signature]
Rank [Signature]

Officer Commanding No. 10 District Depot
Appointment

[Signature]
District Casualty Officer,
Military District No. 10

LAST PAY CERTIFICATE.

PARTICULARS.

- 1. L.P.C. Issued, date 28.5.18.
- 2. Authority Ag. 5-1-22 22/5/18.
- 3. Discharged to Canada 31/5/18.
- 4. Pay Book Verified 28.5.18
- 5. Balance shown on L.P.A. \$ 28.62
- 6. Balc. shown on Ledger Sheet \$ 48.09
- 7. Full particulars of entries making difference between 5 and 6 if any:-

No.	Date	Unit and Particulars of Entry	Amount	
			Debit	Credit
1232	15.5.18.	1st Lt D. G.W. Boyer. £3-	14 60	
1306	22.5.18.	Serford. F.W. Wiggins. £1-	4 87	
<u>£19.47</u>			<u>19 47</u>	

- 8. Ass'd Pay Cancelled A3M forms rendered stopped eff 1.6.18.
- or
- 9. Sep. Allee. and Assd. Pay continued to dependent in England and transf'd to Acc'ts Br. for payment

Certified Correct.

Officer i/c Group "Lieut.

DEPARTMENT OF VETERANS AFFAIRS

Dept. of Veterans Affairs
War Service Records

Ottawa Ont

To ● Copy for H.O. FILE

APR 16 1963

Date.....April 11/63.....

Attention of

Referred to _____

NAME DAVIE, William.

SERVICE No. 859783 WW1 C.P.C. No. 44883
NUMBER _____ W.V.A. No. _____

NAVY
ARMY X
R.C.A.F.

The DEPARTMENT has received information from

S.P.M.E. TEL MEMO. 507 Federal Bldg., Saskatoon, Sask. April 9/63

(State authority and source of information of death)

regarding the death of the above mentioned veteran.

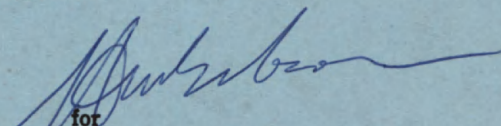
Particulars are as follows:

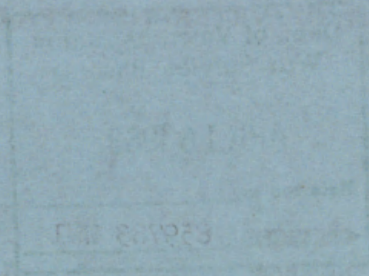
Date of Death.....April 4/63.....
Cause of Death.....
Place of Death.....Not stated.....

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

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

} Destroy form if advice of death already received.


for
Chief, Central Registry



Faint, illegible text at the top of the page, possibly including a header or title.

Second section of faint, illegible text in the middle of the page.

Third section of faint, illegible text, appearing to be a list or series of entries.

Bottom section of faint, illegible text, possibly a footer or concluding remarks.

POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

1951/389 *DE*

Name **Davie, William**
Surname Christian Name

4389-W-1

Regimental Number **859783** Rank **Pte.**

Mrs J B Davie
Address (in full) **Steep Rock P.O.,**

Unit **179th Bn.**

Man.

Original Unit

District where paid **M.D.10**

Date of Discharge **20-8-18**

P. D. P. Filing Number **17-280-10**

Rates:—Regimental pay \$ **1.00** per diem: Field Allowance \$ **.10** per diem. Separation Allowance **\$25.00** per month.

L. L. 22573—M. & D. 8009.

Total Credits 91 days	FIRST PAYMENT			SECOND PAYMENT			FINAL PAYMENT			Balance Over-payments to be Recovered	Total Amount Paid
	Cheque No. A	Date	Amount 30 days	Cheque No. B	Date	Amount 30 days	Cheque No. C	Date	Amount 31 days		
175 10				4403	17-9-18	17 90	4407	16-10-18	17 90	6 30	35
1665 12 1/2	36602	10-3-19	70 00	4404	17-9-18	50 00	4408	16-10-18	25 00	58 00	75 0
1665 12 1/2	36603	10-3-19	30 00								
1375 9 2 1/2	29670	10-3-19	70 00								

M. F. W. 127.
50M - 6 17.
1772 39-1140.

Remarks: **Overpaid \$6.30 by D.D.#10. Advance payment issued on discharge.**
S.A.remitted direct to Mrs.Jemieda Davie at above address.

14-3-16

MILITIA AND DEFENCE

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

SEPARATION ALLOWANCE

Name Mrs. Jamerda Davie

Name of Soldier Davie, W^mAddress ~~576 Mc Gee St~~

Regtl. No. 859783

~~Steep Rock, Winnipeg man~~
~~945 William Ave~~

Rank Plt

Corps 179th Batt^mRelation to Soldier } ~~Winnipeg man~~

To what Corps belonging }

wife, child or mother } wife

when called out }

~~Steep Rock, Manitoba~~

PAYMENTS

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



08/11/50

10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
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

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

Sheet No. 2.

L. L. Job 89002.—Req. 6213.

Mrs J. Davie

wife

PAYMENTS *Ple*Name of Soldier Wavie, W^m

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916	Q 335 31	31	Q 335 Canceled per address ²⁻⁶⁻¹⁶
May		U 2267 20	20	U 2267 do ²⁷⁻⁶⁻¹⁶
June				
July				adj. July check. address O.K.
Aug.		912089	111	11 mailed 1-8-16
Sept.		M 15671	20	20
Oct.		O 18884	20	20
Nov.		P 22042	20	20
Dec.	12	R 24862	20	20 ^{945 Williams Ave (m.k.w.)}
Jan.	1917	S 28386	20	20
Feb.		S 31491	20	20
March	29 B.S.	34621	20	20 Steep Rock. Man
April		S 486	20	20
May		S 4041	20	20 ²⁹¹
June		V 7035	20	20
July		U 2642	20	20
Aug.		V 713	20	20
Sept.		X 17328	20	20
Oct.		Z 1425	20	20
Nov.		Z 24345	20	20
Dec.		M 26230	20	20 ^{431 . P.}
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

MILITIA AND DEFENCE
SEPARATION ALLOWANCE
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier

PAYMENTS.

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

*Steep Rock
Manitoba
30/3/17*

MILITIA AND DEFENCE
ASSIGNED PAY
OVERSEAS CONTINGENTS

M. F. W. 12
50m.—7-16
H. Q. 1772-39-819

To Whom *Mrs. Emerida Davie*

By Whom Assigned *Davie W.*

Address *Steep Rock
945 ~~William Ave~~ Man.*

Regtl. No. *859783*

Rank *Pte.*

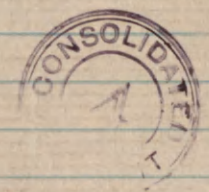
Winnipeg Man. 14/10/16
Rate *15.*

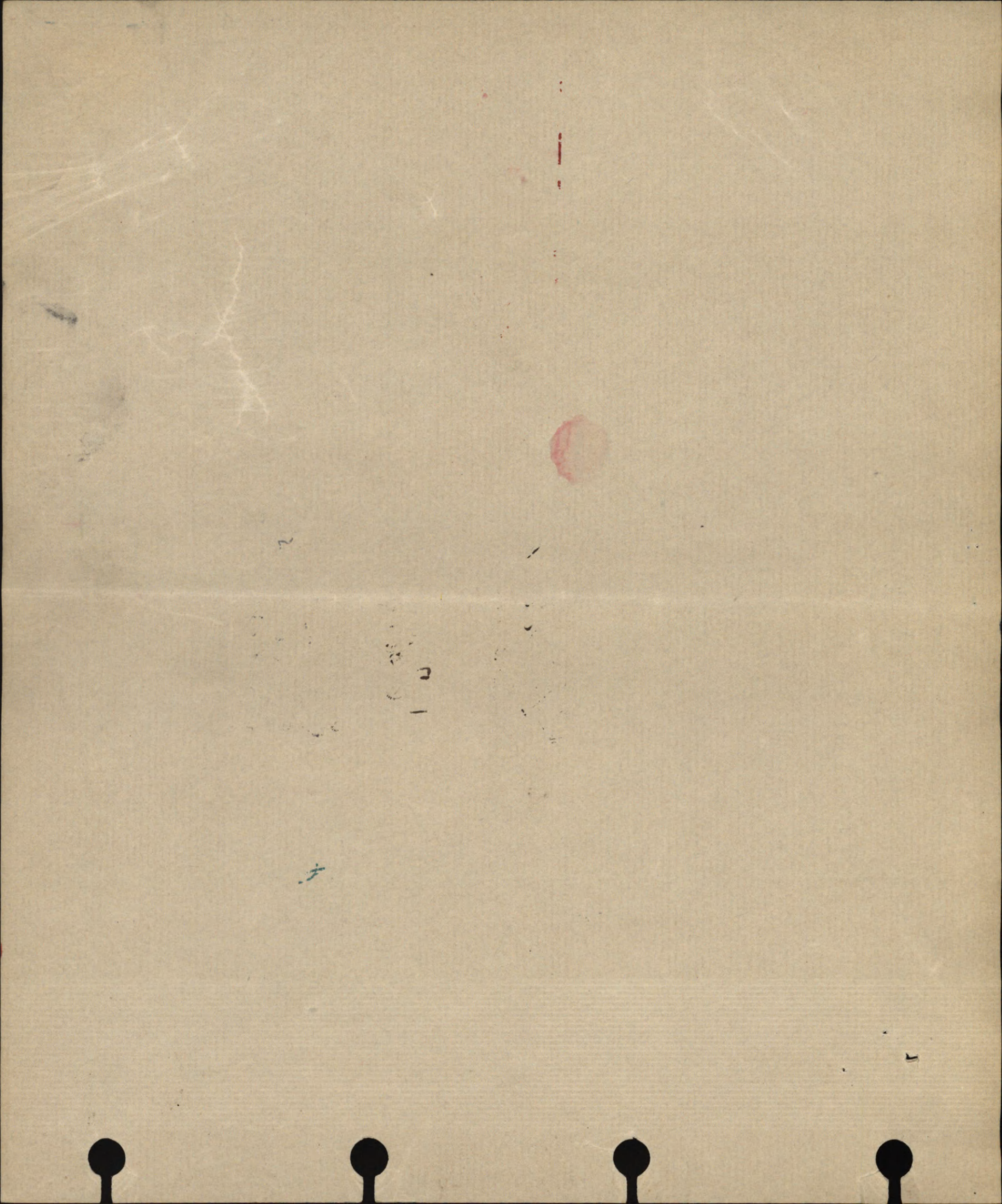
Corps *179 Av. Biv. C. E. F.*

OCT 1 - 1916

PAYMENTS

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





ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2.

(Assignee)

PAYMENTS.

Name of Soldier

L. L. Job 5470—Req. 6388.

J.
Mrs. Almeida Davis *Wife* *Davis W.*
 559783 P.A.E. 179th. Bn

Month.	Year.	Cheque No.	Amt.	Remarks.
			\$15	OCT 1 - 1916
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.		N 25777	15	
Nov.		29296	15	
Dec.		M 34684	15	
Jan.	1917	L 38700	15	945 William Ave Winnipeg Man
Feb.		L 43776	15	15th
March		M 49088	15	15th Concealed. entry
April		L 1063	15	15th Steep Rock Man. 30/9/17
May		I 7375	15	15th
June		613666	15	15th
July		N 20769	15	Ba N 20769 Remailed 19-7-17
Aug.		S 28647	15	
Sept.		R 35065	15	
Oct.		B 41068	15	
Nov.		V 54706	15	
Dec.		J 56967	15	
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

ms

ch

1917

225^{no} 89.

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier _____

PAYMENTS.

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

SURNAME

CHRISTIAN NAME OR NAMES

FORM D.M.S. 1300.

REG. NO.

David-

W.

859783.

RANK

UNIT

Co.

TROOP

BATTY.

Pte.

43. Mau.

HOSPITAL

DATE OF ADMISSION

5 Gen Rouen -

28-10-17.

1. V. A. D. Hosp. Cheltenham. 3-11-17

2. Can Com. Hosp. North Boston HOSP 1-12-17

3.

HOSP.

4.

HOSP.

DIAGNOSIS

G.W. upper. extrem Ho
G. S. W. Lt. arm. P. 20

1

2.

3.

DISPOSITION

Dis 16. 2. 18
DATE

REMARKS

8-11-17. R 57 (6)
10-11-17 B 59 (2)
5-12-17 B 80-3.
19. 2. 18 B 1430.

A.M.D. 2 Dept.

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

EPITOME OF HOSPITAL TREATMENT

HOSPITAL

ADM.

1.

2.

3.

4.

5.

6.

7.

William

Name *DAVIE*

Rank *Pte.*

Reg. No. *859783*

Unit *43rd Bde.*

Next of Kin *Canada*

888

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
<i>1917</i> <i>28-10</i>	<i>No. 5. G. Hosp. Rouen.</i>	<i>Y.S.W.</i>	<i>W. 1st Bn. 157</i>	<i>116321</i>	<i>15766</i>	
<i>3-11</i>	<i>V.A. Dep. Cheltenham Area.</i>	<i>Y.S.W.</i>	<i>7. Bn. 159</i>	<i>5744</i>		
<i>1-12</i>	<i>Can Con Dep. Wood. Horton.</i>	<i>do.</i>	<i>do.</i>	<i>1380</i>	<i>7447</i>	
<i>16-2-18</i>	<i>Discharged.</i>		<i>(do.)</i>	<i>3143</i>	<i>3211</i>	
		<i>888 26/2/18</i>				

NAME *Davie. Wm.*

REG'T'L No. *859783*
H. Q. FILE No. 649.

RANK AND CORPS *Pte. 43rd Bu. (Form 179th Bu.)*

FOLLOWS
No. _____
FOLLOWS

CABLE

NATURE OF CASUALTY

NO. DATE

*M. 6321. 104-2.
10-11-17*

*Adm. 5 General Hosp. Rouen
Oct. 28th 1917. (Gsw. upper extremities)*

LIST No.

HOSPITAL

DATE OF
ADMISSION

REMARKS

A 57-65	General Rouen	28-10-17	G. S. W. Upper Extrem
B 59 ^a	V.A.D. Cheltenham	3-11-17	L.S.W. Lt. arm. set ^(Man Regt) 5-12-17
	Area		
B 80 (3)	Gen. "Göno". Monks Horton	1-12-17.	Y.S.W. Lt. Arm ²⁹⁻¹²⁻¹⁷ Lt. (Man.)
B. 143 ⁽¹²⁾	Dined.	11/2/18	" " " " 1/1

No. 859783

RANK

Pte.

NAME

David, W.

T. O. S. 14-3-16 20120/19-5-16 UNIT

179th Battalion, C. I. S.
(Cameron Highlanders of Canada)

M. D. 10

PAID		SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
FROM	TO		PARTICULARS	AUTHORITY
7916	1416			
Mar. 14	Mar. 31	✓		
Apr.		20		
May		n.	Seeding 24-4-16 To 25-5-16	NO 39-1-5-16
June		✓	Extended to 8-6-16.	NO 54-19-5-16
July		✓		
Aug.		n.		
Sept.		✓		
Oct. paylists not available				



Number

959753

Rank

Pvt.

Surname

DAVIE

Christian Name

William

Units

42nd Bn Can Div

Theatre of War

France

Date of Service

17-6-17

10527-116th St

Remarks

Edmonton

Latest Address

~~Step Rock P.O. Alto~~
Duan

Roll No.

B. Page 19026

200m.-6-21...

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

RANK

SURNAME

INITIALS

UNIT

DESP
REG
NO
45660
OCT 20 1922

Home address.....
(Street) (City or Town) (Province)

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

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

Railway.....

Is your wife on board..... Number of children on board.....

Destination.....

(Sgd.).....

SURNAME.

Davie

CARD NO.

CHRISTIAN NAMES

William

W. is 20-8-18 to M. U.

REGL. No. *859783*

RANK

Pte.

FOLL.
W. B. 121 of 16-8-18.

UNIT *179th*

10 A. L.

FORMER CORPS

79th C. H. of C. 5th R. H. Montreal 4 yrs.

Bn.

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Davie, Mrs. Almeida

RELATIONSHIP TO SOLDIER

Wife

ADDRESS

Steep Rock, Man.

J. S. A. P. 23-3-17.

COUNTRY OF BIRTH

Scotland Lumphranan

aberdeen.

DATE

Apr. 15th 1888

PLACE OF ATTESTATION

Winnipeg, Man.

DATE

Mar. 14th 1916.

R/C 3-7-18 ¹⁸⁵ 21, 10

MARRIED

Yes.

SINGLE

WIDOWER

TRADE OR CALLING

Engineer (Steam)

RELIGION

Presbyterian

DESCRIPTION.

APPARENT AGE

27 YEARS

11 MONTHS

HEIGHT

5 FEET

8 INCHES

CHEST MEASUREMENT

40 INCHES

EXPANSION

3 INCHES

COMPLEXION

Fresh

EYES

Blue

HAIR

Fair

DISTINGUISHING MARKS

Nil.

MEDICAL EXAMINATION.

PLACE

Winnipeg, Man.

DATE

Mar. 14th 1916.

Present Address: Steep Rock, Man.

365

859483. Plc. David William

DATE	PAY		FIELD ALLOWANCE		WORKING OR SPECIAL PAY		ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS				CASH PAYMENTS				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS		
	NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE				AMOUNT		1	2	3	4	1	2				3	4				CREDIT	DEBIT
			\$	c.						\$	c.																
1917	MONTH PARTICULARS	CR.1	CR.2	PARTICULARS	DR.1	DR.2	DR.3	DR.4	BALANCE	DEFERRED PAY	SER. ALLOC. ENG.	MONTH PARTICULARS	CR.1	CR.2	PARTICULARS	DR.1	DR.2	DR.3	DR.4	BALANCE							
									86 77																		
Oct.	31 days Pay @ 110	34 10		asp.					15			Mch.								92 51. mch.							
				RM 21956. 358. 10/5/17. 43rd Brv.	5 35										bananian					15							
				ST. 95 296.17 3 C. 2. A.A.	4 46										AR 2015. 15/1/18. mch. mch. - 48 67.												
				ST. 261 17.17 3 C. 2. A.A. Pm.	2 67										AR 5. 2. 18. 3 days Pay												
		34 10			12 48				93 39						AR 3365. 4. 3. 18. 1 ca												
									15						3507. 13. 3. 18												
Nov.	P. Pay	33		Rm. 4534. 14. 11. 17. 14th Brv.	9 73										3905 23. 3. 18												
				DRAR. 647. 13/10. 43rd Brv.	3 57																						
Dec	"	34 10		" 7426. 17. DRB	2 67																						
				" 534. 17. 43 B.	2 67																						
				" 588 7/10	5 35																						
				Dec ap.					15																		
				" 464. 4/9 43	2 67				103 62																		
		67 10			26 66				30																		
1918									15																		
Jan	P. Pay	34 10		AR 1091. 9/17. 14th Brv.	14 60				108 33																		
		34 10			14 60				15																		
Feb.	P. Pay	30 80		Can asp.					15																		
				AR 1405. 14/1/18. mch. mch.	2 43																						
				1587. 30/1/18. "	2 43																						
				R 141. 30. 1. 18. mch.	24 33																						
				AR 1895. 13. 2. 18. mch. mch.	2 43																						
		30 80			31 62				92 51. mch.																		

Carried forward to Large Ledger sheet



DEPT. MILITARY & DEFENCE
SEP -2 1918
H.Q. CANADA

This space to be for number

Proceedings on Discharge.

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

11-4-44

No.	859783	859783
Rank	Pte	Private.
Surname	Davie	Davie
Christian Name	William	William.
NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.		
Corps (Squadron, Battery or Company)	179th Battalion.	
Date of Discharge	AUG 20 1918	
Place of Discharge	Winnipeg.	



1. DESCRIPTION AT THE TIME OF DISCHARGE.

		Descriptive Marks
Age	31 years	
Height	5 feet 7 1/2 inches	
Complexion	Fair.	G.S.W. left forearm and right wrist.
Eyes	Blue	
Hair	Fair.	
Trade	Engineer.	
Intended place of residence	Steep Rock P.O., Manitoba.	
(To be given as fully as practicable.)		

2. The above-named man is discharged in consequence of Being medically unfit for further war service.

N.B.—The cause of discharge must be worded as prescribed in the King's Regulations and be identified with that on the character certificate. If discharged by superior authority, the number and date of the letter to be quoted.

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

W.G.
very good

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

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

Engineer. *W.G.*

17-17-18

M. F. B. 218.
100M.—1-17.
H. Q. 1772-39-113.

Comp.
W.S.G. 14-2-19
G. McW. X

(OVER)

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

9175-2-9-18

Reservations referred to at Para. 8.
(To be signed by the soldier. When there are none, it is to be so stated, and signed by the soldier.)

List of Discharge Documents.

202
9-10

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

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

Additional Certificates of the

1. Name of the Soldier

2. Name of the Regiment

3. Name of the Company

4. Name of the Officer

5. Name of the Sergeant

6. Name of the Quartermaster

7. Name of the Chaplain

8. Name of the Surgeon

9. Name of the Commissary

10. Name of the Provost Marshal

11. Name of the Adjutant

12. Name of the Clerk

13. Name of the Paymaster

14. Name of the Commissary of Mails

15. Name of the Commissary of Ordnance

16. Name of the Commissary of Stores

17. Name of the Commissary of Transport

18. Name of the Commissary of Public Works

19. Name of the Commissary of the Ordnance

20. Name of the Commissary of the Stores

(Place)

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

None

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

6. Medals and Decorations.....

2 gold bars

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

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

(Place) *Winnipeg.*

Thom Cook Lieut.

(Date) *AUG 20 1918*

Dis. Sec. District Depot
Commanding M.D. 10

8. Certificate to be signed by the Soldier on Discharge

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

(Place) *Winnipeg.*

Wm Davie (Signature of Soldier.)

(Date) *AUG 20 1918*

Thom Cook (Signature of Witness.)

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

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

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

..... (Signature of Soldier.)

10. Statement of Service.

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

20/8/18 Total *2* years *160* days.

11. Confirmation of Discharge.

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

(Place) *Winnipeg.*

R S Greenfield
(Signature) Lieut. Col.

(Date) *AUG 20 1918*

O.C. No. 10 District Depot M.D. 10.

Reservations referred to at Para: 8.

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

List of Discharge Documents

<p>Attestation Paper Military Form B. 10</p>	<p>Reg. Conduct Sheet B. 202a Squadron } Battery } Company }</p>
<p>Proceedings on Discharge B. 218</p>	<p>Copies of Convictions by C.P. in M.S. Medical History Sheet Medical Report for Invalidity B. 227 Statement of Man's Account on Transfer and Last Pay Certificate D. 872 "Only if discharged "Medically unfit."</p>

none

Wm Davie

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

Wm Davie

Wm Davie

No. 859783 Name Davie W.

Sqn., Batty., or Company } "C" Corps 179th BATTN C.E.F.

Date of enlistment } 14/3/16

G.C. Badges } Service or Proficiency Pay }

Date of last entry in Company Conduct Sheet } 14/7/16

No. and date of last drunk } nil

Period not reckoning towards freedom from extra fine } nil

Sheet No. One

Signature O.C. Company, etc. [Signature]

Character Very Good

Place	Date of offence	Rank	Cases of Drunkenness	Offence	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	Remarks
								<u>[Signature]</u> Adj't.	
									179th Battalion C. E. F. (Cameron Highlanders of Canada)
								<u>[Signature]</u> Capt. & Adj't.	
									14th Res. BATTN. C.E.F.
				Part 11 orders, No. 103, 8-11-17. Invalided WOUNDED and posted to Manitoba Regtl. Depot, Shorncliffe, 1-11-17. (Auth. AT "St. PATRICK" AFW 3083/4226, d/1-11-17)					
Can. War Hosp Walmers	5-2-18	Pte		absent without leave. Overstayng pass 9.30p.m. till 10p.m.	Sgt Atkinson	Three days forfeiture of pay		<u>[Signature]</u>	
								<u>[Signature]</u> Lt Col	
								LIEUT:	

FOR LT: COL: I/C RECORDS C.O.M.F.

P.F.O.

Army Form B, 192

CLINICAL CHART.
(To be attached to Case Sheet.)

Army Form B. 181.

Corps _____

Military Hospital _____

No. _____ Rank and Name _____

Age _____ Service _____

Disease _____ Date of admission _____ Date of discharge _____ Result _____

Dates of Observation																														
	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.
107°																														
106°																														
105°																														
104°																														
103°																														
102°																														
101°																														
100°																														
99°																														
98°																														
97°																														
Pulse per Minute																														
Respirations per Minute																														
Motions per 24 Hours																														

Signature _____ In charge of case.

A.C. Rank _____ Name **DAVIE, William.** Reg'l No. **859783**
 Unit **179th. Bn.** If in perm. Corps, }
 What Unit? } Married or Single **Married.**
 Place and Date of Enlistment **Winnipeg. 14th. March. 1916.** Place of Birth **Lumphanan,**
Aberdeen, Scotland.
 Name and Address, Next-of-Kin **Jemeida Davie.**
Steep Rock, Man. Can. Relationship **Wife.**

Assigned Pay Monthly \$ _____ Payable to _____
 Relationship _____

Separation Allowance \$ _____ Payable to _____
 Relationship _____

N/E. R.B. No. *11567*
 File No. _____
 Category *ORC*

Discharge, Date and Place _____ Reason _____ Character _____

H. W. & V., Ltd.—7165-16.

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS. Taken from Official Documents.
Date.	From whom received.				
Arrived in England S. S. Saxonia, 13-10-16.					
21-10-16.	17th Bn.	T.O.S. from 179th Bn.	E. Sandling	21-10-16	Pt 285.
13-11-16	14th Res Bn	S.O.S. to 149th Bata	E. Sandling	13-11-16	Pt II 20. 307.
14-11-16	179th.	T O S from 17th.	E. Sandling.	14 11 16	Pt 20 195-1a
15-11-16	179th.	Attd 17th for R&Q.	E. Sandling.	15-11-16	Pt 20 2, & 17th Pt 20 308
4-1-17.	Do.	S.O.S. to 14th Res Bn.	E. Sandling	4-1-17	Pt II 4.
4-1-17	14 Res Bn	T. O. S. From 179th. Bn.	E. Sandling	4-1-17	Pt 2 D. O. 1
14. 3. 17	14th Res Bn	S.O.S. to Man Reg. Depot	Delegate	13. 3. 17	Pt II 20 69
26. 3. 17	Man. Dep	Loss from 14th Res Bn	"	14. 3. 17	" " " 17
14. 3. 17	14 Res.	Attached to 14th Res Bn	"	13. 3. 17	Pt II 20 69 Man Dep Pt II 17.

#459783 Dave William

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.				
25.4.17	Man. Dep.	Cease to be att'd 14 Res. on being S.O.S. to 14 Res.	Delegate	23.4.17	PT II D.O. 47
26.4.17	OC 14 Res.	J.O.S. from Man. Dep.	"	25.4.17	" " 112
17-6-17	" "	Soft to 43 Bn Dress	"	16-6-17	" " 164
23-6-17	43 B ^m	J.O.S. ex 14 th Bn B ^m	Field.	17-6-17	" " 58.
7.11.17	---	Adm No 5 Gen Hosp	MS Rouen	28.10.17	Ch A57 F.S.W. Upper Extremities
12.11.17	M.R.D	J.O.S on footing from 43 rd B ^m	MS Delegate	3.11.17	PT II DO 246
8.11.17	43 rd B ^m	Invalided wounded & footed to M.R.D	MS Field	1.11.17	PT II DO 103
9.11.17	43 rd B ^m	Troop V.A.D Hosp	MS Cheltenham	3.11.17	C.L B59 F.S.W. Arm 87
4.12.17	---	Troop Can Con Hosp	MS Montpelier	1.12.17	Ch B80
18.2.18	M.R.D	On com 1 st CDD East Sandring	MS Sciff	16.2.18	PT II DO 49
21.5.18	---	Ceas on com 1 st CDD	"	20.5.18	" " 141
25.5.18	---	On com 1 st CDD Buxton	Seaford	23.5.18	" " 145.
30.6.18	---	Ceases on com 1 st CDD, S.O.S to Canada	---	22.6.18	" " 181 Disposal by A.G.

A.F.B. 103 CHECKED
 5 JUL 1917

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 soldier 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 soldier's statements concerning his condition. They will distinguish observations made by themselves from hearsay. They will distinctly state the authority for statements not resulting from their personal observation; it must be made clear whether such statements are obtained from the soldier concerned, from witnesses, or from documents.
4. Special care is required in answering question 13. Please read the questions carefully. All questions must be answered.
5. If space provided under any sections is insufficient use blank space, page 4 or add another sheet. Such entries or 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 8, 9 and 10 be communicated to the soldier, 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.

Draft July 9th 1918.

STATION Winnipeg, Man. DATE July 25th 1918.

1. 1 (a) Unit 179th Cam. 43rd 10(b) Regimental No. 859783 (c) Rank Pte

(d) Surname DAVIE (e) Christian name William

2. Age last birthday 31 Date of birth April 15th 1887

3. Enlisted at Winnipeg, Man. on March 14th 1916

4. Personal description:—

(a) Height 5ft 7 inches (b) Weight 135 (c) Complexion Fair

(d) Colour of hair Lt. Auburn (e) Colour of eyes Blue (f) Identification marks

Bullet wound scar left arm. Shrapnel wound right wrist.

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

Steep rock, Man.

6. Former trade or occupation Farmer, Steam Engineer.

7. (a) Service

RECEIVED. JUL 27 1918 A. D. M. S. M. D. - 10

PERIODS	
From	To
<u>C.E.F.</u>	<u>March 14th 1916. July 25th 1918.</u>

(b) Has he been overseas? 2 yrs. France 6 months 8. Original disease or disability Gun Shot Wound.

(a) Date of origin October 26th 1917. (b) Place of origin Passchendaele.

(c) Cause* Rifle Bullet.

(d) Present disease or disability Impaired function of left arm.

9. Present condition (a) (Important to be a full description of the present disabling condition or conditions only.) "History" must be recorded in Section 10.

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

Bullet entered left arm 1 inch above middle of left forearm outer side and came out middle of forearm flexor side. Supination 2/3 normal.

Pronation normal. Elbow joint normal. Wrist joint normal. Has numbness-

OPINION OF THE MEDICAL BOARD—(Continued)

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

Discharge as medically unfit.

Before signing the President of the Medical Board will read the certificate signed by the soldier, to the soldier, and if no change is indicated will initial the certificate.

PLACE Winnipeg, Man.

DATE July 25th 1918.

[Handwritten signature]

[Handwritten signature] Capl

President.

[Handwritten signature]

Members.

APPROVED BY

[Handwritten signature] Col.
Assistant Director of Medical Services.

APPROVED BY

Director-General of Medical Services.

DATE

JUL 31 1918

DATE

TO BE COMPLETED WHEN TREATMENT IS REFUSED

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

Witness

Signed

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

President.

PLACE

DATE

Members.

9. Present condition.—(Continued.)

and a feeling of tingling in thumb and inner side of left index finger from metacarpa-phalangeal joint down. Thumb can oppose fingers. Can flex fingers to palmer surface. There is no atrophy of muscular tissues. Grip of left hand half of right. Can lift 50 lbs with left hand. He has slight varicose veins in popliteal region, and behind upper part of right leg, which came on in 1912. No disability and not aggravated by service.

(b) Are the following systems normal? If not, briefly state abnormality.

Nervous **Except as stated above.** Digestive **Yes** Respiratory **Yes** Cardiac **Yes**
Genito-Urinary **Yes** Skin, Middle Ear, Eye or any other part **Except as stated above.**

10. History: (a) of Condition referred to in "a" section 9.

Had rheumatic fever 1901

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

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

Originated on service.

12. Was the disability caused or aggravated by negligence, by vice or by misconduct, or by unreasonable refusal to accept treatment? **No, No, No, 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? **Permanent, will improve.**

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

Hospitals England 4½ months.

OPINION OF THE MEDICAL BOARD

14. *Continued*.

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.)

No

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

17. Recommendations *Discharge as medically unfit.*

W. J. Hulstun Cozi
Medical Officer by whom the case is brought forward.

STATEMENT OF THE SOLDIER.

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

I, the undersigned *William 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.....

William Davie
Signature of soldier examinee.

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 criticized.

Es

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

20. It is certified that the soldier
(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).

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

1188

Oct 1/16

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

20	25 ¹² / ₁₇		
----	----------------------------------	--	--

p.c 3257

RATE OF ASSIGNMENT

15-			
-----	--	--	--

PARTICULARS OF SEPARATION ALLOWANCE

No. 85-9783
 Rank Pte Promoted Reverted Discharge
 Soldier's Name W. Davie
 Battalion 179" Battrn. C. E. F.
 Beneficiary Mrs Jemeida Davie
 Relationship Wife Int. W. 2554 26/7/18.
 Address

PARTICULARS OF ASSIGNMENT

Name Wife Mrs Jemeida Davie
 Address Steep Rock Manitoba
 Change of Address
 1
 2
 3
 4

Date 1917	Cheque No.	Amount S/A	Amount A/P	Total
Dec 31		431	225	656
1918				
Jan	66355 M	30	15	45
Feb	92849 E	25	15	40
Mar	121996 A	25	15	40
April	B4397	25	15	40
May	13031 O	25	15	40
June	24208 I	25	15	40
July	28852 Q	25	15	40

04289-W-14 & 04319-W-15.

REMARKS

File 04289-W-14 gives soldier's name as W. Davie. MR03866
 A/c Closed 31-7-18.
 SA. 611⁰⁰ Ret'd per. Compass of Britain
 A.P. 330⁰⁰ Date 9-7-18. P.X. 29-7-18
 Clerk Jas. B. Clarke RA45
 Int W recd 23-11-18 gre

M. F. W. 128
 4004, 6-17-1772-38-1141
 L. L. 22320-M. & D. 1986.



