

ORIGINAL

ATTESTATION PAPER.

No. 141656.

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

1. What is your name?..... Davie, William Seldon
2. In what Town, Township or Parish, and in what Country were you born?..... Neath, Wales
3. What is the name of your next-of-kin?..... Mr. G. W. Davie,
4. What is the address of your next-of-kin?..... Langland, Mumbles, Wales.
5. What is the date of your birth?..... ~~18th~~ ^{14th September} 1883
6. What is your Trade or Calling?..... Bookkeeper
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?..... Yes 44th Regiment
10. Have you ever served in any Military Force?..... Yes 8 Yrs. Territorials
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

W. S. Davie (Signature of Man).

G. Hughes (Signature of Witness).

ADJUTANT 44TH REGT.

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, William Seldon 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.

W. S. Davie (Signature of Recruit)

Date 27/7/15 191 . G. Hughes (Signature of Witness)

ADJUTANT 44TH REGT.

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, William Seldon 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.

W. S. Davie (Signature of Recruit)

Date 27/7/15 191 . G. Hughes (Signature of Witness)

ADJUTANT 44TH REGT.

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 Nealand out this 27th day of July 1915

H. A. Russell (Signature of Justice)

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

Jas. Dallantine (Approving Officer)

Description of William Seldon Davie on Enlistment.

Apparent Age 32 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. 10 ins.

Chest measurement { Girth when fully expanded 32 1/2 ins.
 Range of expansion 35 ins.

Complexion Fair

Eyes Grey

Hair Dark

Religious denominations. { Church of England
 Presbyterian
 Wesleyan Yes
 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 27th July 1915

Place Welland, Ont.

[Signature]
 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 Seldon 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] (Signature of Officer)
 Lt. Col.

Date 4/8/15 1915

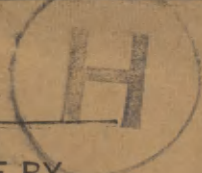
Commanding 73rd Battalion, C. I. F.

REGIMENTAL DOCUMENTS

File NAME *David William Seldon*

REGT. NO. *141656*

UNIT *42nd Bn.* H. Q. FILE NO.



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DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

M. F. W. 2505
REFERENCE

NON-EFFECTIVE BY

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TRAINING HISTORY SHEET (M.F.W. 113)

FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)

REGT. CONDUCT SHEET (M.B.W. 263 or A.F.B. 120)

COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)

2

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5

P.M.B.

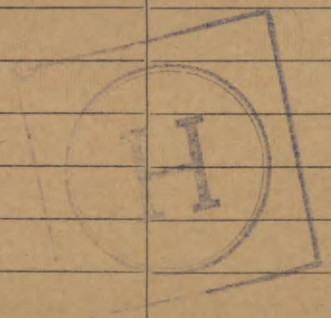
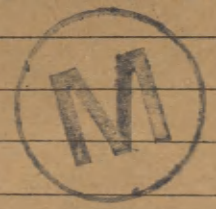
1 9791237

1 Deut. Cert

1 MSB

1 Cas. Card

1 will



C4479

DEATH

Category

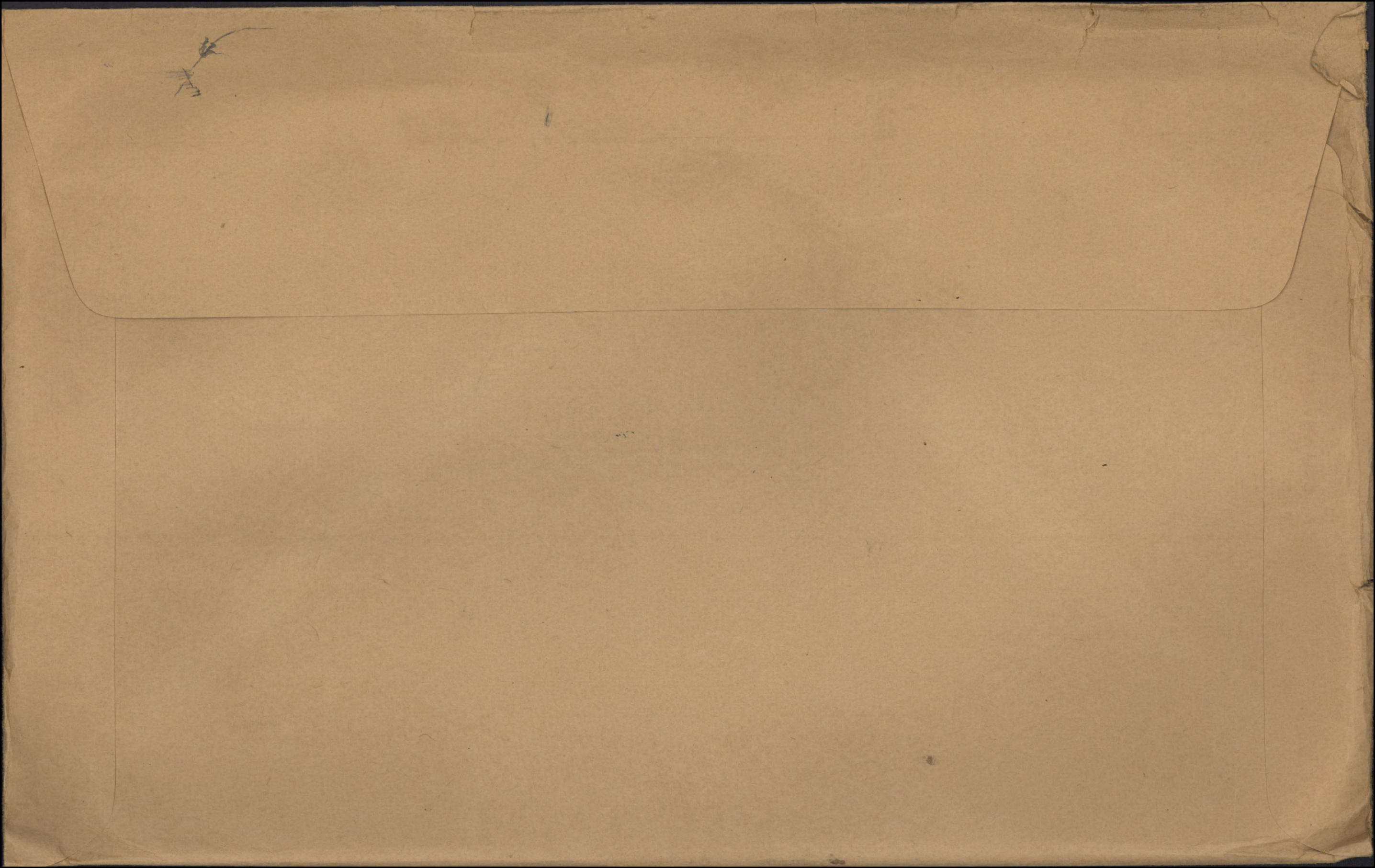
DISCHARGE

Category

Med. Unfit.

DESERTION

*9-5
18-5
32-7
2*



C.M.S.
CANADIAN OVERSEAS EXPEDITIONARY FORCES

Discharge Certificate

This is to Certify that No. 141656 (Rank) Private

(Name in Full) William S. Davis enlisted in
42nd Battalion C.E.F.

Canadian Overseas Expeditionary Force, on the 2nd of July
 1918, and accompanied said unit to France

was returned to Canada, and discharged from the service at Montreal Que
 on the 26th of August 1918, in consequence of

Medically Unfit (Sickness)

Auth AAG HQ 4 22-B-1432 D/ Aug 5th 1918

DESCRIPTION ON DISCHARGE

Age 37 yrs 11 mos

Height 5 ft 10 1/2 ins

Complexion Medium

Eyes Grey-green

Hair Dark Brown

Trade Book-keeper

Marks or Scars

Birth mark left shoulder

Signature of Man W.S. Davis

W.A. Scheerer Lt. Col

Officer in charge Discharge Depot.

Place and Date Montreal Aug 26th 1918 O/C 4th Bn Can Garrison Regt CEF

SHOULD THIS DISCHARGE CERTIFICATE BE LOST, NO DUPLICATE OF IT CAN BE OBTAINED.

N. B.—Any person finding this Certificate is requested to forward it in an unstamped envelope to The Secretary,
 Militia Council, Ottawa, Canada.

CANADIAN OVERSEAS EXPEDITIONARY FORCES

Discharge Certificate

No. 141656

Rank Private

Name W.S. Davie

Unit 42nd Battalion CEF

Address on Discharge

Vancouver

B.C.

His conduct and character while in the Service have been :

very good

Place Montreal Que

W. Schmeider

Lt-Col

Date August 26th 1918

Commanding 4th Bn CEM Garrison Regt

Campaigns European War., Service in France from Feb 1916 to Sept '16

Medals and Decorations

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
3216	141656	Pte	Davie	Wm
Year	Unit.	Age.	Service.	
	42 nd Bn	36	15 12	
Station and Date.	Disease			
	Myalgia			
	Occupation Bookkeeper			
	Enlisted. July 2/15. Niagara Falls			
	arr in England Oct 1/15.			
	arr in France July 29/16.			
	Reported Sick. Aug 31/16 Stevedore.			
	Hospitals			
	Le Havre. Base Camp	2 weeks		
	Falkestone. B.B.A.C.	3 Days		
	Epsom Bar Bon	1 month		
	Complaint - "pain in the right hip"			
	weakness in the left leg.			
	History of Disability -			
	An X-ray in Aug 1916 patient reported sick with pain in the ^{rt} hip and weakness in the left leg. He also had rheumatic pains all over - He carried on for about a month and reported sick again with the same complaint and he was sent down the line. On arrival in G.C.S.H. he shows considerable atrophy of the left leg especially in the calf muscles and complaint of pain in the hip and weakness in the leg.			
	Physical condition good; heart & lungs normal	monary -		

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

Station
and Date.

21/10/16

Report Monday for Good Bd. Light Duty
D. Clarke

23/10/16

Fit for Light Duty
D. Clarke

Granville Board.

Rank *Plc* ✓ Name **DAVIE, William Seldon.**

Reg'l No. 141656.

Unit 76th to 39th Bn. If in perm. Corps, }
What Unit? }

Married or Single **Single.**

Place and Date of Enlistment **Welland, Ont, July 27th, 1915.** Place of Birth **Neath, Wales.**

Name and Address, Next-of-Kin **Mr. G.W. Davie,**

Langland, Mumbles, Wales.

Relationship

Assigned Pay Monthly \$ Payable to

N/E R.B. No 120

Relationship

Separation Allowance \$ Payable to

File R.L.

Category OR Can

Relationship

Discharge, Date and Place *x Sep* Reason Character

N/E R.B. No ~~115~~
115.
File R.L.
Category OR Can

OS
R133B-509

Report		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place	Date	REMARKS Taken from Official Documents
Date	From whom received				
		<i>Arrived in England.</i>		10 OCT 1915	
29-2-16	OC 39 ¹	<i>Lt to 42nd Bn G.S.F.</i>	France	29 2/16	PI 52
14-3-16	OC 42 nd	<i>Taken on strength 42nd.</i>	Do	2 3/16	Do 12
27-6-16	do	<i>nam no 8 Gen Field Amb</i>	Field	1-6-16	Let #A191 Chl Fluenza
22-9-16	OC 42	<i>Class C Transferred to C.C.A.C.,</i>	Folkestone.	16-9-16	PI DO 47 EX
27-10-16	do	<i>Gran Gen Spec Hosp</i>	Ramsgate	20-10-16	PI 156 Myalgia
27-10-16	do	<i>Dis Gran Gen Spec Hosp</i>	do	26-10-16	— 156
27-10-16	S.B.A.C.	<i>Repla 4 Ramsgate</i>	S'Ham	26-10-16	PI 471
30-10-16	do	<i>Taken on strength.</i>	do	20-10-16	— 475
18-9-16		<i>Taken on strength.</i>	S'Ham	17-9-16	PI DO 402

#3

R26

*Cancelled with
PI DO 491
D S-11-16*

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				
1-11-16	B.C.A.C.	To Gen Duty Dep	S'Ham	31-10-16	Pt II 480
12-3-17	C.C.A.C.	S.O.S. on transfer to 1 st Gen Regiment	Hastings	10.3.17	Pt. II D.O. 118
19.3.17	1 st Q.R.D.	J.O.S. from e.c.a.e leaves to be shown from at G.D.D.	Shoreham	10.3.17	— 11. alta. R.D.
26.3.17	"	from at alta. Regtl Depot	"	11.3.17	— 18. Pt II D.O. 10.3.17 1 st Q.R.D.
21.4.17	alta R.D.	leaves to be att on return to 1 st Q.R.D.	1 st Q.R.D.	20.4.17	— 21. Pt II 42 d-23-4-17. C.R.C. Pt II 120 d-22.5.17
22.5.17	Pt. Q.R.D.	On Com Record off h'don	S'ham	21-5-17	— 68
30.5.17	"	S.O.S to Record " "	"	21-5-17	— 75
4.6.17	"	Above entry cancelled	"	Pt II 0	79
3.8.17	1 st Gen	leaves to be on Com to C Rec off S.O.S to list of Can Record off	Shoreham	20.7.17	Pt II D.O 131.
7-8-17	C.R.D.	Trans on trans from 1 st Q.R.D.	London	Pt II 20.7.17	Pt II 154
5.9.17.	Misc.	Adm. Military Hospital Warlingham		26.8.17.	C.L. 6.1.
13.10.17.	do.	To C.C.A. Scoti Ph. Expon.		11.10.17.	C.L. 6.11.13.4.
14.10.17.	do.	To Can. Mil. Hosp. Bitchingham		14.10.17.	C.L. 6.17.19.4.
16.10.17	C.R.O.	S.O.S. sent to Gen Depot.	London	10.10.17	Pt II 240 ^a .
18.10.17.	Gen. Dep.	J.O.S. from C.R.O. + m com S'cliffe Buxton.	S'cliffe	24.8.17.	— 167
11-2-18	Gen Dep	leaves on com C.D.D. S.O. Son from to Canada	do	23-2-18	— 59

CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

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

Regimental No. 141656 Rank PR2. Name DAVID V.S.
 Corps 4th Battalion Canadian Garrison Regt. Inf. who was* DISCHARGED
 On August 26th. 1918, to -----
 *Insert "discharged" or "transferred."

The following is a statement of the account of the above named from August 1st 1918
 to August 26th. 1918, the inclusive date of transfer or discharge.

Dr.	\$	c.	Cr.	\$	c.
Bal. Dr. from prev. month.....	25	00	Bal. Cr. from prev. month.....		
Advances by Cheques } No..... <u>1265E</u>	15	00	Regt'l Pay..... <u>26</u> days at \$..... <u>1 00</u>	26	00
Cheques } No.....			Field Allow. <u>26</u> days at \$..... c. <u>10</u>	2	60
Assigned Pay and Sep'n Allice. No.....			Separation Allowances* (Monthly).....		
Other charges			Other Allowances* <u>26 days Sub. 80</u>	20	80
Payment on transfer or discharge No. <u>1801D</u>	77	40	Other Credits* <u>Civilian clothes</u>	35	00
Balance Cr. (to be paid by the new unit).....			<u>Post Discharge Pay</u>	58	00
			Bal. Dr. (to be deducted by new unit).....		
Total.....	117	40	Total.....	117	40

*Give particulars.

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

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

On Transfer of an Officer

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

REMARKS:—

- State (1) date of enlistment 27-7-15
 (2) if married and if a Separation Allowance Card has been submitted..... No
 (3) cause of discharge Medically unfit authority MD 4 22-3-1432
 (4) authority for transfer..... D/ 15-9-18

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

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

Date..... August 27th. 1918

Place..... MONTREAL P.C.

H. Colbourne Capt.
 Paymaster, 4th Bn. Canadian Garrison Regt. Paymaster, C.E.F.

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

M. F. W. 44.

STATEMENT OF ACCOUNTS

Number of Copy: 8
 Date: 1st August 1918
 To the Hon. Secretary of the War Office, London.
 From the Canadian Expeditionary Force.
 Amount: £ 100 00
 For the purchase of...

1918	August 1st	£ 100 00	Balance
1918	August 2nd	£ 100 00	Balance
1918	August 3rd	£ 100 00	Balance
1918	August 4th	£ 100 00	Balance
1918	August 5th	£ 100 00	Balance
1918	August 6th	£ 100 00	Balance
1918	August 7th	£ 100 00	Balance
1918	August 8th	£ 100 00	Balance
1918	August 9th	£ 100 00	Balance
1918	August 10th	£ 100 00	Balance
1918	August 11th	£ 100 00	Balance
1918	August 12th	£ 100 00	Balance
1918	August 13th	£ 100 00	Balance
1918	August 14th	£ 100 00	Balance
1918	August 15th	£ 100 00	Balance

Signed: _____
 Captain, Royal Canadian Artillery.
 Date: 1st August 1918.

Received: _____
 Hon. Secretary of the War Office.
 Date: _____ 1918.

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

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

330M.—5-16

H. Q. 1772-39-920.

Casualty Form—Active Service.

SPECIAL SERVICE BATTALION

Unit, Regiment or Corps

Regimental No. 141656 Rank Pte Name Davie M.
C. E. F.

Enlisted (a) 2-7-15 Terms of Service (a) Wants 6 mos Service reckons from (a) 2-7-15

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)

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				
<u>T.O. B. 43</u> <u>23.4.18</u>	<u>do</u>	<u>E.O.S. No. 4 S.S. Coy C.E.F.</u> <u>detached K.W.S. Badg. Dept.</u>	<u>Montreal</u> <u>do</u>	<u>11-4-18</u> <u>23.4.18</u>	<u>Pte D.O. 102.</u> <u>Pte 2 D.O. 117.</u> <u><i>[Signature]</i></u> <u>Captain,</u> <u>O. C. No. 4 Special Service Co. C. E. F.</u>
<u>1.5.18</u>	<u>No. 4 p.p. [Signature]</u>	<u>TAKEN ON STRENGTH 4TH BN. C. G. B. C. E. F. AUTH. PT. H. B. C.</u>		<u>1.5.18</u>	<u><i>[Signature]</i></u> <u>Lieut.</u> <u>Adjutant, 4th Bn, Canadian Garrison Regiment C. E. F.</u>

(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.

Rank Name **DAVIE, William Seldon.**

Reg'l No. **141656.**

Unit **76th to 39th Bn.** If in perm. Corps, What Unit?

Married or Single **Single.**

Place and Date of Enlistment **Welland, Ont, July 27th, 1915.** Place of Birth **Neath, Wales.**

Name and Address, Next-of-Kin **Mr. G.W. Davie,**

Langland, Mumbles, Wales. Relationship

Assigned Pay Monthly \$ Payable to

Relationship

Separation Allowance \$ Payable to

Relationship

OCT 30 1918

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						
1915																	
Oct 1	Oct 31	31	1	31	31	10	3 10	10	44 10							44 10	Clothing allow
1-11-15	30-11-15	30	1	30	30	10	3		33			29 93				29 93	47 17
Dec 1	31	31	1	31	31	10	3 10		34 10			29 94				29 94	51 33
1-1-16	31-1-16	31	1	31	31	10	3 10		34 10			29 93				26 30	19 55 24
1-2-16	29-2-16	29	1 ⁰⁰	29	29	10	2 90		31 90			54 29		1 01	55 30	31 84	2ms. B.O. HO. P.M.S. Transf. to 42-Button 1-3-16.
March	31	31	1 ⁰⁰	31	31	10	3 10	10	34 10			14 09		1 27		65 94	9th Div. C.C.A.C. 1/4/16. B.O. 1/16.
BALANCE TRANSFERRED TO NEW LEDGER.																	
BALANCE TRANSFERRED TO NEW LEDGER.																	
Checked <i>Jbr.</i>																	
		193			19 30	10	211 36			144 09			1 29	145 36	65 94		

30957

MILITIA AND DEFENCE

Ref. No. 20934

ASSIGNED PAY.

To whom Mrs. G.W.Davie, (Mother)

By whom assigned Davie, W.S.

Address Normanhurst,

Regtl. No. 141656

Langland,

Rank Stretcher Bearer.

Swansea, Wales.

Corps &c. 42nd Battn.

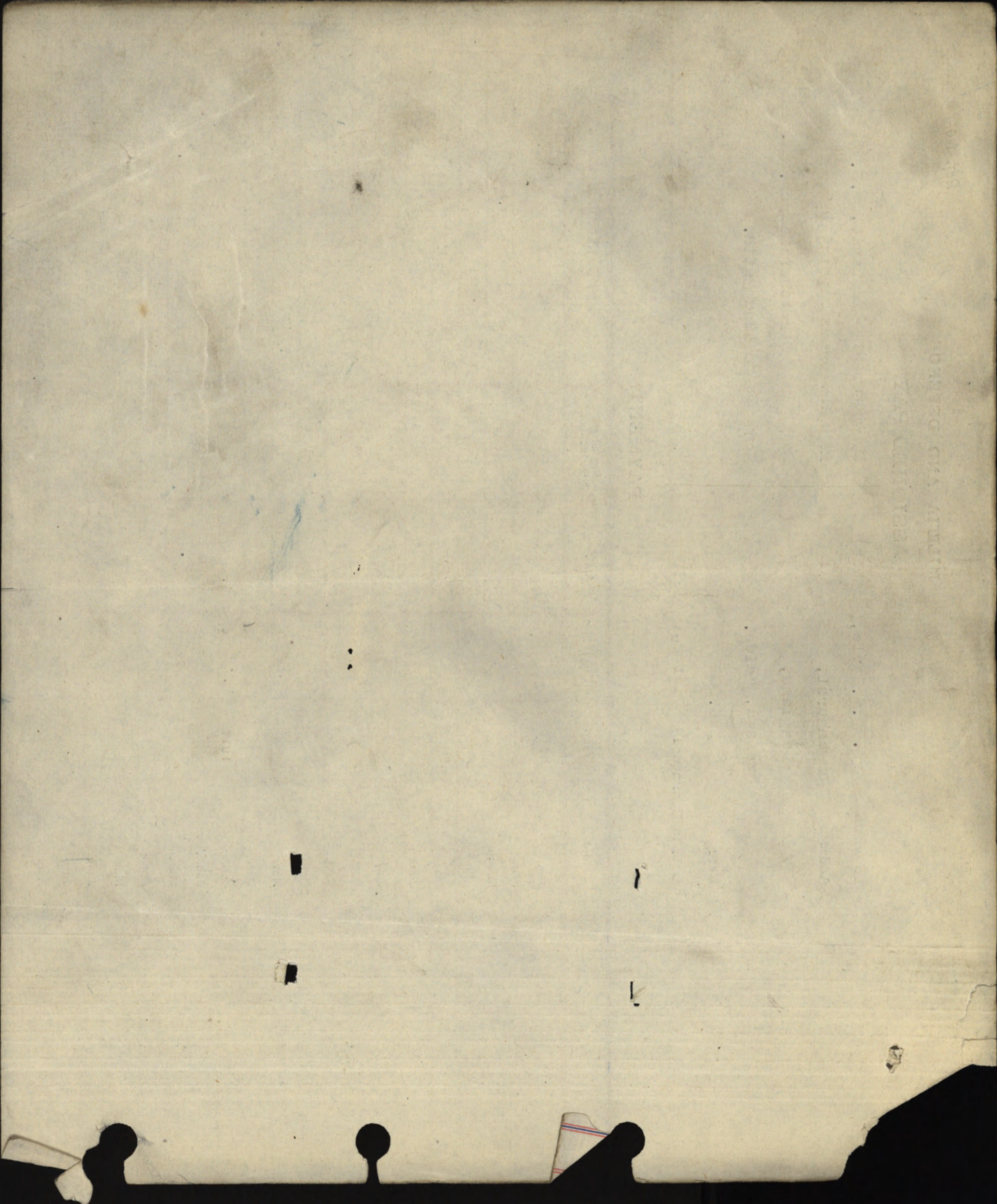
Rate \$20.00

Date to Commence 1st July 1916

PAYMENTS.

Month.	Year.	Cheque No.	Amt.	Pay Sheet Deduction.	REMARKS.
Jan.	1916				
Feb.					
March					
Apl.					
May					
June					
July		115270	20	X	
Aug.		126643	20	X	
Sept.		131214	20	X	
Oct.		195289	20	X	
Nov.	100 ✓	231743	20	X	
Dec.		271758	20	X	
Jan.	1917	312317	20	X	
Feb.		356770	20	X	
March		400276	20	X	
April			100		
May			200		
June			380		
July					
Aug.					

Checked J.A. Ingram 20th Oct 1917
9-590.



POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

DE
29237-583

Name Davie, W.S.
Surname Christian Name

Regimental Number 141656 Rank Pte.

Address (in full)

Unit 76th Bn. (Draft.)

Original Unit

District where paid M.D. 4.

Date of Discharge

P. D. P. Filing Number 7-178-4.

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

L. L. 46038—M. & D. 9245.

Total Credits 91 days	FIRST PAYMENT			SECOND PAYMENT			FINAL PAYMENT			Balance Over-payments to be Recovered	Total Amount Paid
	Cheque No. A	Date	Amount 30 days	Cheque No. B	Date	Amount 30 days	Cheque No. C	Date	Amount 31 days		
100 10	6365	25-9-18	33 00	8069	22-10-18	34 10				33 00	67 10

M. F. W. 127.
25m.-8-18.
1772-89-1140.

Remarks: First Pay #4. C.G.R.

*% Pacific Coast Coal Co
Burnett Wash.
USA.*

Dec'n No. *29237/583* W. The No. *4309-W-4*

Award *1.83* days at \$ *70.* per day \$

S. A. months at \$ per mo. \$ \$ *420.00*

Less P. D. F. Credits \$ *100.10*

Less further debit balance \$

Net due paid as below \$ *319.90*

TO SOLDIER		DEBIT		CREDIT	
0	1	2	3	4	5
Mo.	No.	Mo.	No.	Mo.	No.
				amount	
	<i>1</i>	<i>3368</i>	<i>4433</i>	<i>319.90</i>	<i>✓</i>
	<i>2</i>				
	<i>3</i>				
	<i>4</i>				
	<i>5</i>				
	<i>6</i>				

29-8-19

GEN'L AUDITOR
Posting checked by
[Signature]
Date.....

[Handwritten mark]

Surname

Christian Name or Names

Reg. No.

Davie

W.S.

14165-6

Rank

Unit

Co.

Troop

Batty

Hospital

42. Bn. C. Award (Miscel Unit)

Date of Admission

28. 6. 7. Amb.

1. 6. 16

Transferred

Grawell Spec

Hosp. 20. 10. 16

Mil Hosp. Warlingham

Hosp. 26. 8. 17.

Woodcote Pl. Epsom

Hosp. 11. 10. 17

Eschinghill Can. Mail

Hosp. 14. 10. 17.

Diagnosis

Dys'za.

(1)

Later Diagnosis (if changed)

(2)

Myalgia V.D.G. 28

(3)

Additional Diagnosis: if more than one state present

DISPOSITION

Date

Dis 26-10-16

REMARKS

Ch. 27. 6. 16 #A191?

Disch. 18. 1. 18

.. 27. 10. 16. B156

.. 5. 9. 17. C-1. (U)

" 10. 10. 17. C33.

" 19. 10. 17. C37(2).

17. 1. 18 CIR

A.M.D. 2 DEPT.

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

Handwritten initials/signature

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.

2.

3.

4.

5.

6.

7.

Handwritten initials in red ink.

Number 141656 Rank Pte. **B**

Surname DAVIE **U**

Christian Name William Seldon

Units 4 2nd Bn Can Div Theatre of War France

Date of Service 9-3-16.

Remarks Normanhurst, Langland, Mumbles, Swansea,
South Wales, Great Britain. 17⁸/23

Latest Address Langland

Roll No. **B Page 19026.** **B**
1-3-23
200m.-6-21.414.

(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.....

DESP
AUG 20 1923
REGN NO
5747

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

Railway.....

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

Destination.....

(Sgd.).....

Handwritten signature

Name Davie, William Rank Pte.
Seldon-

Reg. No. 141656-

Unit 42nd. Battalion.

Next of Kin Mr. G.W. Davie,
Langland, MUMBLES, WALES

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1916.				A.		
1-6.	No. 8. Field Ambulance.		Influenza	191		
20 10.	Granville Can. Spec Hosp.	Ramsgate	Myalgia	B/156		
26 10.	Discharged.			B/156		

NAME

Davie W. S.

H. Q. FILE No. 649-

REGT'L. No. 141658

RANK AND CORPS

Pt 42nd Bu, 3rd Can. Div.

CABLE

NO.

DATE

NATURE OF CASUALTY

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
1912)	No 8, Can. L. Amb.	1-6-16	Influenza
B155-	Granville Can. Spl. Paramo	20-10-16	Myalgia
B15-6	" " " "	26-10-16	Dis.
C1	Mil. Marlinton	26-8-17	W. D. J. Macellarsius
C33	Can ^{ret} Cov. Woodstock Pk.	11-10-17	V. D. J. (units N.R.)
C37-2	Can ^{ret} Mil. Etchings	14-10-17	" " " (")
C.112	Discharged	15-1-18	" " " (")

W.D. #3
R. 149.
1106-2/17
7/2/17.

William Selton

141656

Name Davey

Rank Pte

Reg. No.

Unit C. R. O

Next of Kin Mr. G. W. Davey Langdon Mumbles, Wales.

Date	Movement	Place	Casualty	List No.	Notified N/K O.	C.W.O. List
1917.						
26. 8.	<u>Mil Coy. Warlingham</u>		<u>V D G</u>	<u>C 1</u>		<u>967</u>
11. 10.	<u>Can. Coy. Wotton</u>	<u>Epsom</u>	<u>do</u>	<u>C 35</u>		3665
14. 10.	<u>Can Coy. Etchingham</u>		<u>do</u>	<u>C 37</u>		<u>3665</u>
1918						
15. 1.	<u>Dischg'd.</u>	<u>W.M.O.</u>	<u>do</u>	<u>C 112</u>		<u>2535</u>

Date

Movement

Place

Casualty

List
No.

Notified
N, K O.

W.O. List

8/3

SURNAME.

Davie

CARD NO.

CHRISTIAN NAMES

William Seldon.

S.O.S. Dis. 24-9-18 4
D.O. 119 FOLL. 27-8-18
On. 4 4 G. R.

REGL. NO. *141656.*

RANK *Pte.*

UNIT *76th. (1st. R.D.)*

FORMER CORPS *Ferr.*

NEXT OF KIN.

NAMES IN FULL

Davie, G. W.

CHANGE OF ADDRESS

RELATIONSHIP TO SOLDIER

ADDRESS

Longland, Mumbles Wales.

COUNTRY OF BIRTH

Wales. Neath.

DATE

PLACE OF ATTESTATION

Welland, Ont.

DATE

July 27th 1915.

L. L. 94504. M. & D. 6512.

Q/S 1/10/15. 222 / 1

M.G. 17 3/18 6/22 4

M. F. W. 22. 250M.-2-16. H. Q. 1772-39-339.

MARRIED

SINGLE

yes.

WIDOWER

TRADE OR CALLING

RELIGION

DESCRIPTION.

APPARENT AGE

YEARS

MONTHS

HEIGHT

FEET

INCHES

CHEST MEASUREMENT

INCHES

EXPANSION

INCHES

COMPLEXION

EYES

HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION. PLACE

DATE

OFFICE OF THE STANDING MEDICAL BOARD.
SHORCLIFFE

PROCEEDINGS OF A MEDICAL BOARD.

Dated at Sept 15th 1916.

No. 141656 Rank Pte Name Davis W.S.

Local Unit C.C.A.C. Overseas Unit 42nd Bn. Age

Examination held at Falherstone

DISABILITY.
Overseas—Local.
(scratch one out)

Debility + myalgia

PRESENT CONDITION.

No Evidence of any debility. Complaints of Pains in left hip on walking. Left leg a slight limb smaller than Right. This is an old complaint. Does not work particularly strong.

In France 7 mos

BOARD RECOMMENDS:—

From 6 wks.

- 1. Fit for Duty.....
- 2. Fit for duty after From 6 weeks' physical training.
- 3. Fit for Temporary Base Duty..... weeks.
- 4. Fit for Permanent Base Duty.....
- 5. Discharge.....

APPROVED
CAPTAIN, C.A.M.C. FOR D. OF R. & O. FOR
BRIGADIER GENERAL
COMMANDING
CANADIAN TRAINING DIVISION

Signatures:—

Members { W. Cook CaptPresident.
W. Howard Capt

APPROVED

Dated at 18/9 1916. D. F. M. [Signature]

For A.D.M.S.

13

PROCEEDINGS OF A MEDICAL BOARD.

Dated at 1918.

No. Rank Name

Local Unit Overseas Unit

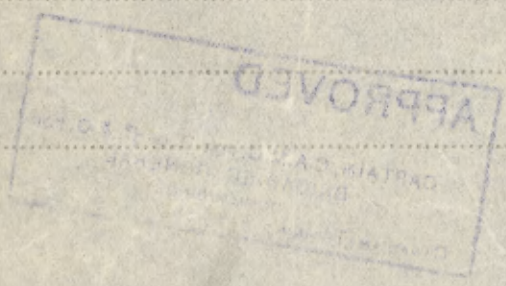
Examination held at

DISABILITY
Overseas - Local
(attach one only)

PRESENT CONDITION

BOARD RECOMMENDS:-

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



Signature:-

..... President.

Members

.....

.....

APPROVED

Dated at 1918.

D-1-13

PROCEEDINGS OF A MEDICAL BOARD.

Dated at..... 23 OCT 19161916.

No. 141656 Rank. Pte Name. Davie Wm

Local Unit..... Overseas Unit. 42 d Ptn Age. 36

Examination held at..... Granville Can. Spl. Hospital, Ram. 269. neuritis

DISABILITY. Overseas—Local (scratch one out)

In frame 6 mos.

PRESENT CONDITION.

Pain in rt. hip & leg since June 116. Leg was weak. In Ramgate 3 or 4 dys. Calf muscles showed moderate atrophy. He is feeling better, but leg is still weak.

Bookkeeper

BOARD RECOMMENDS:—

- 1. Fit for Duty.....
- 2. Fit for duty after.....weeks' physical training.
- 3. Fit for Temporary Base Duty.....~~12~~.....weeks.
- 4. Fit for Permanent Base Duty.....yes-.....
- 5. Discharge.....

Signatures:—

Members {

Dr. J. M. [Signature] CaptPresident.

[Signature] Capt

24 OCT 1916

APPROVED

Dated at.....1916.

For A.D.M.S.

12

PROCEEDINGS OF A MEDICAL BOARD.

Form 100 (Revised)

Dated at 1918

No. Rank

Local Unit Overseas Unit

Examination held at

DISABILITY.
Overseas—Local
(insert on out)

PRESENT CONDITION

[Faint handwritten text describing the present condition of the member]

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

.....
.....

21 OCT 1918

APPROVED

Dated at 1918

PROCEEDINGS OF A MEDICAL BOARD.

Dated at Edinburgh 13th Nov 1917 1916

No. 141656 Rank P.T.F. Name DAVIE WILLIAM

Local Unit 20th Res. Bn Overseas Unit 42nd Bn Age 37

Examination held at 6 HORNCLIFFE— (19, Westbourne Gardens, Folkestone.) 13-11-17

DISABILITY. Overseas—Local. (scratch one out)

WASTING OF MUSCLES RIGHT LEG.
~~MYALGIA.~~ ~~WEAKNESS~~

PRESENT CONDITION.

Has had Myalgia severely several times; cannot march any distance. Carried on fairly well until a long march previous to the Somme. Says he feels generally weak. Has a slight granular Pharyngitis which he says has troubled him for some time. There is inequality of his legs. Rt thigh is $3\frac{1}{2}$ in. and Lt calf $1\frac{1}{4}$ in. less in circumference than those of left. He is thin and of poor physique. He was 9 months in France and was returned to England on account of disability of his Right leg. He will not improve so as to be fit for S.S. in six months. Former weight 154 $\frac{1}{2}$ lbs. present weight 134 $\frac{1}{2}$ lbs. This loss has taken place during the last three months in status. Facts were verified at this Board.

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 Yes Fi.....

please release 1798 13/11/17

Signatures:—

W. L. ... President.

Members

W. ...

APPROVED

Dated at 14 NOV 1917 1916.

CAPT. For A.D.M.S.

22

Dated at 1919

APPROVED

Members

President

Signatures

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

BOARD RECOMMENDS:—

PRESENT CONDITION

(select one only)
Overseas Local
DISABILITY

Examination held at

Local Unit

Overseas Unit

No. Bank

Name

Dated at

PROCEEDINGS OF A MEDICAL BOARD

Reserved for M.H.C.

Regt. No. **141656** Rank **Pte.** Surname **Davie** Christian Name **William Seldon**
 Unit or Corps—(a) Overseas from United Kingdom **42nd Bn.** (b) In United Kingdom **20th Res. Bn.**
 Born at—Town **Neath** County or Province **Glamorgan** Country **Wales**
 Date of Birth—Day **4th** Month **September** Year **1880** Age **37** yrs. months.
 Joined at **Niagara Falls, Ontario** Date **July 2nd 1915**
 Former Trade or Occupation **Bookkeeper**

Permanent marks or peculiarities that will serve for future identification—

Birth mark on left shoulder above deltoid.Height—feet **5** inches **10½** Colour of eyes **Grey-green**Signature of Soldier (for identification purposes) **W.S. Davie****Medical Report.**

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

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

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

Disabilities Group (a)

Weakness of right leg.

Disabilities Group (b)

General Debility.

Disabilities Group (c)

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

	Disease or injury to which the disability is due.	Place of origin.	Date of origin.
(i.) As to Group (a) above.	Myalgia	March 1916	Ypres.
(ii.) As to Group (b) above.	Impossible to state	Prior to enlistment	Impossible to state
(iii.) As to Group (c) above.	Not applicable.		

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

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

(i.) As to Group (a) above? **No** If yes, has Active Service aggravated it? **Not applicable**
 (ii.) As to Group (b) above? **Yes** If yes, has Active Service aggravated it? **Yes**
 (iii.) As to Group (c) above? **Not applicable** If yes, has Active Service aggravated it? **Not applicable**

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

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

20

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

(i.) While on duty? **Yes**

(ii.) While off duty? **No.**

(iii.) Was a Court of Inquiry held? **No.**

(iv.) Where? **Not applicable** (v.) When? **Not appl.**

(vi.) Opinion of the Court? **Not applicable.**

6. HISTORY OF THE CASE. (State concisely the essential points of the history, noting the entries made on the Medical History Sheet and other records).

Woodcote Park Hospital 20-9-16 to 19-10-16. Myalgia & Weakness.
Granville Can. Special 19-10-16 to 26-10-16. Myalgia.

After discharge from Granville Special Hospital was detailed for duty at the Canadian Record Office, London, and carried on there satisfactorily until he contracted gonorrhoea 24-8-17. At Warlingham till 10-10-17. Went to M.C.H. Epsom 10-10-17 till 13-10-17 with myalgia. Etchingill Hospital 13-10-17 till 12-11-17. His myalgia is real; there is some muscle atrophy present in right leg. His appearance is lacking in the quality of "vim."

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

Poor physique. Inequality in size of legs; right thigh measures $\frac{3}{4}$ " less than left. Right calf $1\frac{1}{4}$ " less than left. There is noticeable muscle atrophy. No limitation of movement at joints. Other systems: Lungs - right lung, note impaired at right apex, breath sounds poor, no rates. Left lung - no abnormality noted. Heart apparently normal. Nervous system apparently normal. Alimentary system normal. Genito-urinary system normal. Usual weight 154 lbs - present 134 lbs. X-Ray report shows no abnormality of lungs.

8. OPERATION. (i.) Was one performed? **No.**

(ii.) If so, state what. **Not applicable.**

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

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

9. (i.) Is there loss or decay of teeth attributable to Active Service? **No.**

(ii.) If so, describe.

10. DO YOU RECOMMEND:—

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

(b) Fit for base duty? **No.**

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

(d) Discharge from the Service as permanently unfit? **Yes.**

Date of Report..... **Nov. 22nd** 191 **7**

Signed..... **W. J. C. C. C.**
Officer in medical charge of case.

Station..... **Etchingill Hospital,
Lynninge, Kent.**

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

.....
* Officer i/c Hospital | Strike out one
S.M.O. | Brigade | of these:

Dated at..... **Etchingill Hospital,** Station, on..... 191.....
Lynninge Kent. * Delete if inapplicable.

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

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

11. Is the disability fully indicated in Part I. (1)? *Yes.*
If not, indicate it.

12. Is the cause of the disability fully indicated in Part I. (2)? *Yes.*
If not, indicate it.

13. Was the disability caused or aggravated by—
(a) Negligence of the Soldier { Caused? *No*
Aggravated? *No*
(b) Misconduct of the Soldier { Caused? *No*
Aggravated? *No*

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

50% (Fifty percent) decreasing

15. THE PENSIONABLE DISABILITY.—see Part I. (3). Aggravation on Active Service of a disability existing previous to joining is to be included in the estimate.
What part of the entire disability estimated next above in (14) is due to causes arising during Active Service?
(Estimate at none, $\frac{1}{5}$, $\frac{2}{5}$, $\frac{3}{5}$, $\frac{4}{5}$, or all.)

4/5 (four-fifths)

16. Permanency of the Pensionable Disability estimated next above in (15).
(i.) Is it permanent? *Impossible to state.*

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

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

18. Remarks. *This man was in front line during months as stretcher bearer. Myalgic trouble dates from heavy forced march in France. There should be improvement in condition on return to civil life.*

19. Recommendation:—(a) Fit for duty? *No*
(b) Fit for base duty? *No*
(c) Invalid to Canada? *No*
(d) Discharge from service as permanently unfit? *Yes.*

Classification for the Military Hospitals Commission

Date of Board *1/12/17*

Station *Stoking Hill Camp*

Signatures of the Board. *W. J. Watson, Capt. President*
Fred W. Dignall St.

Approved *H. H. H. H. H.*

A.D.M.S. **3^d DEC 1917**

Dated at **SHORNLIFFE** Station

19 191

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

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

on the _____ day of _____ 191_____

Members of the Board :—

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

[Faint, illegible handwritten text, likely the body of the recommendation]

Dated at _____ this _____ day of _____ 191_____

Signatures of the Board

President.

[Handwritten signatures and names in the signature box]

FOR ALL RANKS
PROCEEDINGS OF A MEDICAL BOARD.
(Short Form).

PLACE..... Montreal DATE..... 4th April 1918

NUMBER..... 141556 RANK..... Pte. NAME..... D.A. 71 B William Seldon .
CORPS..... #4 Casualty Unit AGE..... 37 RELIGION..... C of E

(1). Disability..... Atrophy of muscles of the (927) entire right
..... extremity.....

(2) Incurred -
(Cancel one) Canada }
Overseas }

(3) Category.....
C 11

(4) Recommendations.....

(a) Treatment (specify nature of)..... None

(b) Return to duty.....

(a) General..... No.

(b) Special (specify nature of).....

..... service (civil occupation book-keeper)

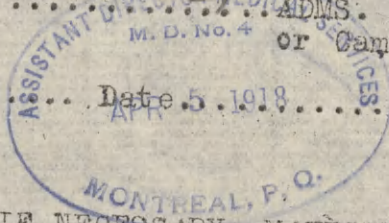
(c) Special.....

..... J. R. Spies, M.C. President
..... J. A. D. ... Capt
..... W. H. ... Members.

Place..... Montreal Date..... 4th April 1918

Approved..... J. A. D. MEDICAL ADMS. MD
M. D. No. 4 or Camp

Place..... Date 5 1918



(CANCEL WHERE NOT APPLICABLE, IF NECESSARY, MAKE SPECIAL RECOMMENDATION UNDER (c).)

THE BOARD OF DIRECTORS
OF THE
[Illegible]

[Illegible text, possibly a list of names or titles, with some faint markings]

[Handwritten signature]

[Illegible text at the bottom of the page, including what appears to be a date and possibly a reference number]

FOR ALL RANKS
PROCEEDINGS OF A MEDICAL BOARD.
(Short Form).

PLACE... Montreal DATE... 4th April 1918

NUMBER... 141656 ... RANK... Pte. ... NAME... D A V I E ... William Seldon .
CORPS... #4 Casualty Unit AGE... 37 RELIGION... C. of E

(1) Disability... atrophy of muscles of the (right) entire right
..... extremity

(2) Incurred -

(Cancel one) Canada)
Overseas)

(3) Category... O II

(4) Recommendations.....

(a) Treatment (specify nature of)... None

(b) Return to duty.....

(a) General... No

(b) Special (specify nature of).....

..... Service (.civil occupation book-keeper.....

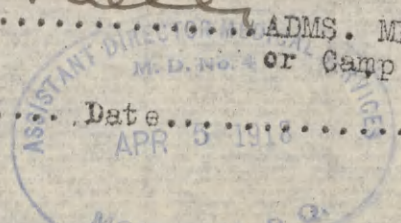
(c) Special.....

J. R. Spier A. Col. President
J. A. Devere Capt
W. H. ... Members.

Place... Montreal Date... 4th April 1918

Approved..... *R. ...* ADMS. MD..... 4

Place..... Date... APR 5 1918



(CANCEL WHERE NOT APPLICABLE, IF NECESSARY, MAKE SPECIAL RECOMMENDATION UNDER (c).)

REPUBLICAN PARTY
STATE OF NEW YORK



NAME
RESIDENCE
CITY
COUNTY
STATE OF NEW YORK

DATE
BY
COUNTY CLERK

[Faint, mostly illegible text, possibly a list or set of instructions]

[Handwritten signatures and illegible text]

[Faint text at the bottom, possibly a footer or return address]

[Very faint text at the very bottom of the page]

MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

- 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.
- 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."
- 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.
- Special care is required in answering question 13. Please read the questions carefully. All questions must be answered.
- 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.
- A note will be made of attached papers by the Medical Board under the section "Opinion of Medical Board."
- Under no circumstances may information other than that in sections 8, 9 and 10 be communicated to the soldier, directly or indirectly.
- 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.....Montreal, Que...... DATE.....July 29/18......

1. 1 (a) Unit.....4th. C. G. R...... (b) Regimental No.....141656..... (c) Rank.....pte.
 (d) Surname.....Davie..... (e) Christian name.....W.S......

2. Age last birthday.....37..... Date of birth.....Sept. 4th. 1880......

3. Enlisted at.....Mont. Niagara Falls, Ont...... June 2nd. 1915......

4. Personal description:—

(a) Height.....5ft. 10in...... (b) Weight.....140..... (c) Complexion.....fair
(stripped)
 (d) Colour of hair.....Brown..... (e) Colour of eyes.....Grey..... (f) Identification marks.....

Scar, left shoulder.

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

General Delivery, Vancouver, B.C.

6. Former trade or occupation.....Book-keeper......

7. (a) Service	Years	Days
	PERIODS	
	From	To
<u>76th. Bn.</u>		
<u>42nd. Bn.</u>		
<u>4th. C. G. R.</u>	<u>June 2/15.</u>	<u>date</u>

(b) Has he been overseas?.....Yes..... 8. Original disease or disability.....(1) Myalgia
(2) Debility (3) Neuritis.

(a) Date of origin.....March 1915..... (b) Place of origin.....France.....

(c) Cause*.....Service.....

(d) Present disease or disability.....as above plus atrophy, muscles of right leg.

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.]

Right leg: 15 cm. above patella : 41 cm.
Left leg : 15 cm. above patella : 42½ cm.
Right leg: 12 cm. below patella : 31 cm.
Left leg : 12 cm. below patella : 33 cm.

9. Present condition.—(Continued.)

No tenderness to pressure made out over muscles. He states that when walking or lying on right leg, he has pain in right leg and thigh. Marked ~~framp~~ atrophy of muscles, right leg apparent.

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

Nervous..... Yes Digestive..... Yes Respiratory..... Yes Cardiac..... Yes
Genito-Urinary..... Yes Skin, Middle Ear, Eye or any other part..... Yes

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

With no apparent cause, except for long marching and exposure, left leg became painful and since then has become progressively smaller in diameter. He has felt miserable, loss of appetite, then occasional headaches.

(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?.....

N.A.

12. Was the disability caused or aggravated by negligence, by vice or by misconduct, or by unreasonable refusal to accept treatment?.....

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?.....

(1) (2) (3) Six months (4) Permanent

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

Woodcote Pk. Epsom 20-9-16 to 19-10-16
Granv. Can. Spec. Hosp. Ramsgate 19-10-16 to 26-10-16

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 Category "C III"

Arthur F. S. Edwards, Lieut.
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, man 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 nothing

H.A. W.S. Davis
Signature of soldier examined.

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.

We concur, except under section 8, - (a) (1, 2, 3)
Should be March 1916.
13. (1, 2, 3) Six months.

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).

OPINION OF THE MEDICAL BOARD—(Continued).

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

placed in Category C-3.

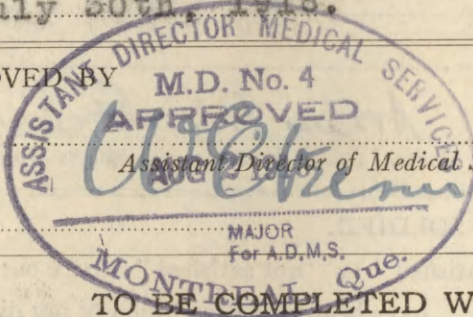
Before signing the President of the Medical Board will read the certificate signed by the soldier, to the soldier, and if no change is indicated will initial the certificate.

H. Aubrey Major President.
D. A. Fairie Capt Members.

PLACE Montreal, P.Q.

DATE July 30th, 1918.

APPROVED BY M.D. No. 4
Assistant Director of Medical Services.



APPROVED BY
Director-General of Medical Services.

DATE

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.

PLACE
DATE
President.
Members.

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS.

141656 Pte Davie W.S.

Date of Payment.	No. of Acq. Roll	AMOUNT					Place of Payment.	Name of Paymaster.	Remarks.
		Francs	£	S.	\$	¢			
14/4/17	114		2		973	B. Shott	E. Reynolds		
26/4/17	118		1		487	Shuchan	I. Shael		
14/11/17	1136			5	122) Ettringhill			
28/11/17	1191			5	122				
14/12/17	1255		10		243				
27/12/17	RR98		1		594				
9/1/18	1278		1		487				
V.D. 13/10/17 - 12/10/17 @ 60					1860				
3 days @ 604					4878				
Extract from Discharge Slip									
V.D. 11/10/17 @ 60					1860				

19.46
23.46
42.92
7.30
55.62

20.68
16.73
16.38
9.73
26.11

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS

No. of Payroll	Name of Payee	Rank or Pay Grade	Service No.	Rate	Period	Total Pay	Remarks
111	
112	
113	
114	
115	
116	
117	
118	
119	
120	
121	
122	
123	
124	
125	
126	
127	
128	
129	
130	

Checked

Red

CASUALTIES, PROMOTIONS, &c.

MARRIED OR SINGLE *S.*
 PLACE OF BIRTH *Keath. Wales.*
 NAME AND ADDRESS OF NEXT OF KIN *Mr G. W. Dawie.
 Langland. Humbles. Wales.*
 RELATIONSHIP OF NEXT OF KIN
 NAME AND ADDRESS OF NEXT OF KIN
 RELATIONSHIP OF NEXT OF KIN
 SEPARATION ALLOWANCE MONTHLY *\$ hve.* EFFECTIVE (DATE)
 PAYABLE TO
 RELATIONSHIP OF DEPENDANT

DATE ADMITTED	DATE DISCHARGED	V. OR A.	NAME OF HOSPITAL
<i>24/8/17</i>		<i>✓</i>	<i>Court Yard</i>
<i>Rec 201</i>			

*a.P checked amount correct 26/3/14,
 Armstrong Coy Sgt.
 & also from pay list.*

DATE	PAY		FIELD ALLOWANCE		WORKING OR SPECIAL PAY		ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS						
	NO. OF DAYS	RATE	AMOUNT \$	C.	NO. OF DAYS	RATE				AMOUNT \$	C.	NO.	DATE	NO.	DATE	NO.
<i>March 31</i>			<i>183</i>		<i>18</i>	<i>30</i>		<i>10</i>	<i>211 20</i>							
<i>April 30</i>	<i>30</i>	<i>1</i>	<i>30</i>		<i>30</i>	<i>10</i>	<i>3</i>		<i>33</i>							
<i>April 1-31</i>	<i>31</i>	<i>1</i>	<i>31</i>		<i>31</i>	<i>10</i>	<i>3</i>		<i>34 10</i>							
<i>May 1-30</i>	<i>30</i>	<i>1</i>	<i>30</i>		<i>30</i>	<i>10</i>	<i>3</i>		<i>33</i>							
<i>June 1-30</i>	<i>30</i>	<i>1</i>	<i>30</i>		<i>30</i>	<i>10</i>	<i>3</i>		<i>33</i>							
<i>July 1-10</i>	<i>10</i>	<i>1</i>	<i>10</i>		<i>10</i>	<i>10</i>	<i>1</i>		<i>11</i>							
<i>July 11-31</i>	<i>21</i>	<i>1</i>	<i>21</i>		<i>21</i>	<i>10</i>	<i>2 10</i>		<i>23 10 1022</i>			<i>17/6/16</i>	<i>1062 883</i>	<i>8/7/16</i>	<i>10/5/16</i>	
<i>Aug 1-31</i>	<i>31</i>		<i>31</i>		<i>31</i>		<i>3 10</i>		<i>34 10 1111</i>			<i>29/7/16</i>				
<i>Sept 1-20</i>	<i>20</i>		<i>20</i>		<i>20</i>		<i>2 -</i>		<i>22 - 1207 872</i>			<i>22/8/16</i>	<i>872 794</i>	<i>20/9/16</i>	<i>22/9/16</i>	<i>22/9/16</i>
<i>Oct 1-31</i>	<i>31</i>		<i>31</i>		<i>31</i>		<i>3 10</i>		<i>34 10</i>				<i>61 34</i>	<i>do</i>	<i>15/19</i>	
<i>Nov 1-20</i>	<i>20</i>		<i>20</i>		<i>20</i>		<i>2</i>		<i>33</i>			<i>54 4/11</i>	<i>5922 28/10</i>	<i>20/11/16</i>	<i>22/11/16</i>	
<i>Dec 1-31</i>	<i>31</i>		<i>31</i>		<i>31</i>		<i>3 10</i>		<i>38 42 432</i>			<i>27/11</i>	<i>8980 120</i>	<i>14/12</i>	<i>15/12</i>	
<i>13/1/17</i>	<i>31</i>	<i>1 1/2</i>	<i>34 10</i>						<i>34 10</i>			<i>31/1</i>	<i>414</i>	<i>598</i>	<i>15/1</i>	
			<i>537 90</i>						<i>14 32</i>	<i>552 22</i>						

Checked: *Alrich*

Checked: *J. H. ...*

210 19 50 22/8
1118
15/19
20 27 55 26/9
28 98 64 14/6
8 29 64 10/10

REG'N. & C.
EFFECTIVE DATE: _____
AUTHORITY: _____

CI 141656 RANK *Pte* NAME *Davie William Seldon*
 IF IN PERM. CORPS] UNIT *4th Bn* TRANSFERRED TO *ccac.* DATE *1/4/16* AUTHORITY *Bo 16/16*
 WHAT UNIT] TRANSFERRED TO *4th Bn* DATE *11/7/16* AUTHORITY *Bo 16/16*
 PERMANENT FORCE ALLOWANCES] TRANSFERRED TO *ccab.* DATE *1-10-16* AUTHORITY *Bo 47/16*
 PLACE OF ATTESTATION *Welland. Ont.* TRANSFERRED TO *Lao (basaltic)* DATE *21-5-17* AUTHORITY *Lao 21*
 DATE OF ATTESTATION *27th July 1915* TRANSFERRED TO *Gensep* DATE *11/10/17* AUTHORITY *Rec 24*
 ASSIGNED PAY MONTHLY *\$20⁰⁰ / 100.* DATE EFFECTIVE *1st July 1916.*

PAYABLE TO *M^{rs} G. W. Davie Normanhurst Langland Swansea, Wales.* RELATIONSHIP *Mother*
 ASSIGNED PAY MONTHLY \$ _____ DATE EFFECTIVE _____
 PAYABLE TO _____ RELATIONSHIP _____
 STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) *stopped* EFFECTIVE *1/2/18* REASON *Discharged to Canada.*
 DISCHARGE DATE AND PLACE *Canada. 27/1/18* REASON AND AUTHORITY *1st Lt Wheel 14/1/18*
 ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE) *Cas.*
 ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE) *Clerical*

OCT 30 1918

HOSPITAL, & C.
NAME OF HOSPITAL *Court Farm*

QUITTANCE ROLLS				CASH PAYMENTS				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
2	3	4	1	2	3	4	CREDIT				DEBIT				

A.P. 20⁰⁰ England

H PAYMENTS		ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
3	4				CREDIT	DEBIT			
07	186 86	4380	140	422 22	130		90	40	
			20	20	140 80				
20	974			58 94	115 96				
			20	20	128 96		90	38 96	448555
			20	20	130 96				To Lao 21/5/17 Lao 21/5/17
				20	130 96				522526
67	486 7		20	20	95 12				
20	486 7	973	20	107 60	7122				97340
80			20	63 80	9112				
			20	20	15212				8913
0430367	5353	300		127	879 10	15212			
		20	81 60						Trans to Gen'l Dept 11/10/17 Rec 40

ARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE
								59 26
			Forward.	19 47				
				19 47				39 89
			W.N.A.R. 118. 26 1/2 2000 P.M.	4 86				
			A.F.O. 1873 A. Washington Prof. Sept 1917.	1 03				
			W.N. W.R. 51252. C.H.E. Hill.	2 43				31 57
			D.A.R. # 14 15/4/17 9 th Rec B ⁿ .	8 32				
				9 74				21 83
				9 74				
			Leaving Bal.	21 83				NIL

DEF. ALICE PAY ENG

A3M. FORM REND stop... LITEL 1/2/18
 DISCHARGED TO... Cam... DATE 22/1/18
 PAYROLL VERIFIED 27/1/18
 C.R. BAL 67.53 L.P.C. REND 1/1/18
 AUTHY 1/20 E. Hill 14/1/18

for suspense

Checked CW Robertson

L.P.C
 amended L.P.C. rendered.
 30/1/18 Cr. Bal. 18.86
 Checked CB 30/1/18

e/ro

87556

~~141656~~

141656

Pte Davis W.S. 76th Btn

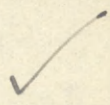
Alive

14

WILL

On the event of my death
I give the whole of my
property & effects to my Mother
Mrs Geo. W. Davis
Normanham
Langland
Munble
Swansea

W.S. Davis
Private No 141656
April 4/4/16



my/6
OFFICERS, ALL ARMS, *cc* Per Diem.

	Pay.	Field. Allowance
Colonel.....	\$6.00	\$1.50
Lieut-Colonel.....	5.00	1.25
Major.....	4.00	1.00
Captain.....	3.00	.75
Lieutenant.....	2.00	.60
Paymaster.....	3.00	.75
Quartermaster.....	3.00	.75
Nursing Sister.....	2.00	.60
Command Pay.....	1.00	
Adjutant in addition to pay of Rank..	.50	

WARRANT OFFICERS, N. C. O's and Men.

Warrant Officers.....	\$2.00	.30
Quartermaster Sergeant.....	1.80	.20
Orderly Room Clerks.....	1.50	.20
Pay Sergeants.....	1.50	.20
Squad. Batt'y, or Co. Sergeant-Major.	1.60	.20
Colour Sergeant or Staff Sergeant.....	1.60	.20
Squad. Batt'y, or Co. Q. M. S.....	1.50	.20
Sergeants.....	1.35	.15
Corporals.....	1.10	.10
Bombardiers or Second Corporals.....	1.05	.10
Priyates, Gunners, Sappers, etc.....	1.00	.10

Working Pay in addition to pay of rank varying from \$1.00 to 50c. per diem, according to qualifications, is granted to Artificers, Motor Car Drivers, Cooks, etc.

at Blm

14/656

14/656

87556

14/656

23

