

Original

ATTESTATION PAPER.

No. 153553

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

1. What is your name?..... James ~~Ironside~~ Ironside Davie
2. In what Town, Township or Parish, and in what Country were you born?..... Peterhead Aberdeenshire Scot.
3. What is the name of your next-of-kin?..... John Davie (Father)
4. What is the address of your next-of-kin?..... Blackhill Longhaven ~~St~~ Cruden Aberdeen
5. What is the date of your birth?..... 23/8/1889
6. What is your Trade or Calling?..... Salesman
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?..... 79th C.H. of C.
10. Have you ever served in any Military Force?..... 2 Yrs Garrison Artillery Vol.
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

James I. Davie (Signature of Man).
J. Maxwell (Signature of Witness).

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

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

Date 27/7/15. 191 James I. Davie (Signature of Recruit)
J. Maxwell (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

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

Date 27/7/15. 191 James I. Davie (Signature of Recruit)
J. Maxwell (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 27th day of July 191 5

[Signature] (Signature of Justice)

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

[Signature] Lt-Col (Approving Officer)

Description of **James I Davie** on Enlistment.

Apparent Age.....**25**.....years.....**11**.....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.....**34** ins.
 Range of expansion.....**3** ins.

Complexion.....**Fair.**

Eyes.....**Grey**

Hair.....**Fair.**

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

CERTIFICATE OF MEDICAL EXAMINATION.

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

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

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

Date.....**26/7/15.**.....191 .

[Signature] **Capt.**

Place.....**Winnipeg**.....

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.

.....**James I. 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] **Lt.-Col.** (Signature of Officer)

Date.....**27/7/15.**.....191 .

REGIMENTAL DOCUMENTS

DAVIE JAMES IRONSIDE (PTE)

REGT. NO. 153053

UNIT 79th Pm

H. Q. FILE NO.

CONTENTS

DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

M. F. W. 2505
REFERENCE

NON-EFFECTIVE BY

DEATH

Category

C4462

DISCHARGE

Category

Demob

DESERTION

9-5
18-7
32-7
1

404253

43

IV

H

104

S

41

4

1+1

3+8
DISE ART
Cap Card
MINE
124B241

ATTESTATION PAPER (M.F.W. 23, 133, or 51)

CASUALTY FORM (M.F.W. 54 or A.F.B. 103)

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

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

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

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

MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)

DENTAL HISTORY SHEET (M.F.B. 465)

MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)

MEDICAL EXAMINATION (M.F.W. 129)

TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)

PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)

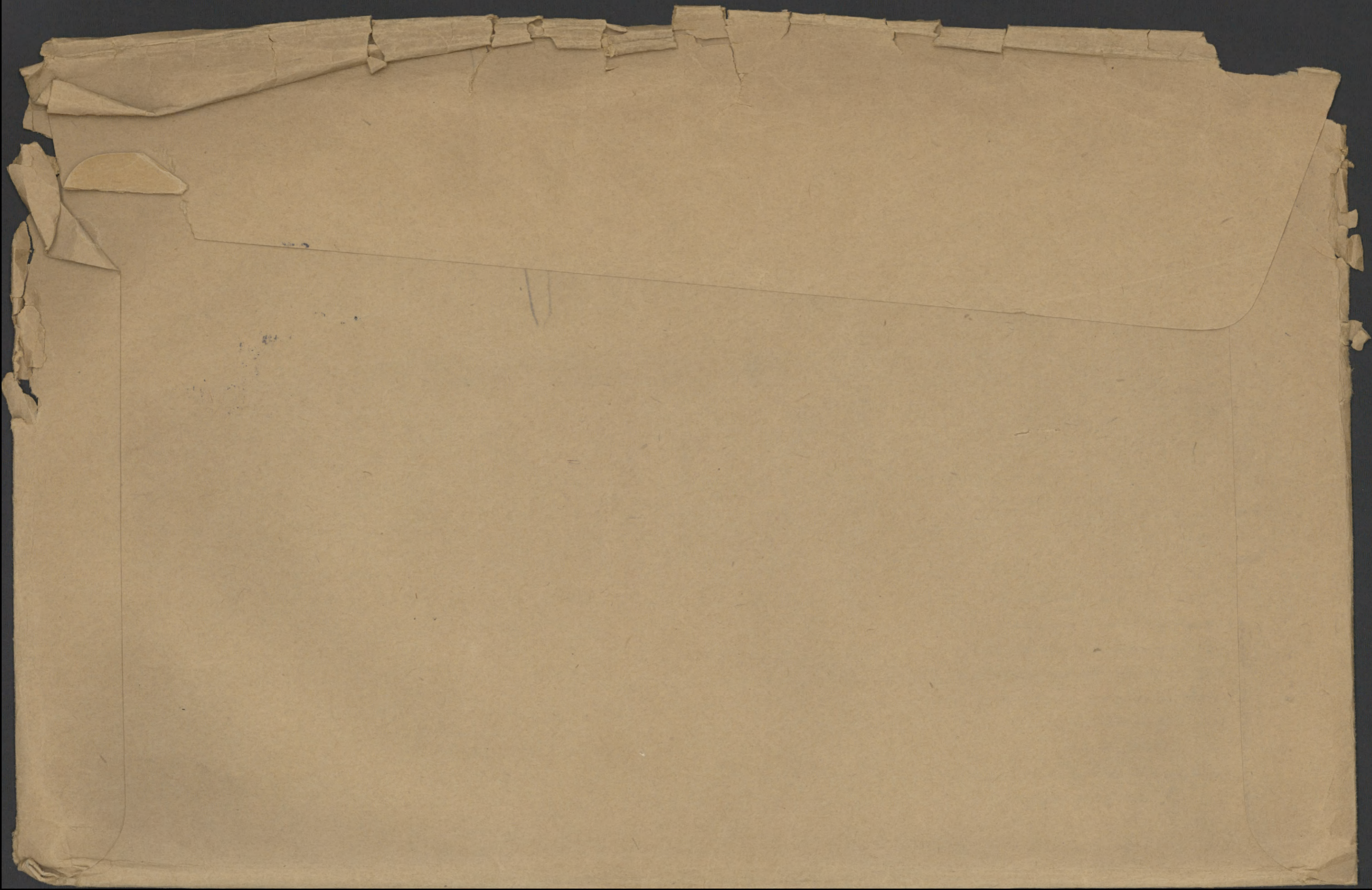
DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)

LAST PAY CERTIFICATE (M.F.W. 44)

PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)

PARTICULARS OF CHARACTER (A.F.W. 3226)

COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)



Re
Number

153553

Rank

Pte

Surname

DAVIE

Christian Name

James Joseph

Units

²⁹
43 Bn *Inf*

Theatre of War

France

Date of Service

20.2.16

Remarks

64 Staroby Ave St Vital

Latest Address

~~29 St John's Ave~~

~~St John's Ave~~
St John's, Man.

Roll No.

10 Page 19025

200m.-6-21.M.

*DUE TO SERVICE
*NOT DUE TO SERVICE

HOSPITAL AS AN ADMISSION

WHERE FROM)

UNIT

IN CATEGORY

INVALID

WHERE TO)

CONDITIONS DIAGNOSED

ADDRESS

HOSPITAL

STATION

* CROSS OUT CONDITION NOT APPLICABLE.

DEST REC 21 1922
REG. NO. 13276

SURNAME.

Davie.

M. 10. CARD NO.

S.O.S. Decem. 1-8-19.

CHRISTIAN NAMES

James Ironside.

FOLL.

S.O. 27 of 5-8-19.

REGL. NO.

153553.

RANK

Pte.

to 10 A.D.

UNIT

79th (3rd. R.D.)

C. H. of C.

FORMER CORPS

Garrison Artillery & Vol.

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Davie, John.

RELATIONSHIP TO SOLDIER

Father.

ADDRESS

*Blackhill, Longhaven,
Crudden, Aberdeen, Scot.*

COUNTRY OF BIRTH

Scotland, Peterhead, Aberdeen.

DATE

PLACE OF ATTESTATION

Winnipeg, Man.

DATE

27/7/15.

R/c. 28-7-19 379/6

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

NAME

Davis J. L.

H. Q. FILE No. 649-

REG'T'L. No. *163553*

RANK AND CORPS

Pvt. 43rd Bu.

CABLE

NO.

DATE

NATURE OF CASUALTY

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
A 112	No. 1 Com. Dep. Boulogne	22-7-16	Sick
A 116	Ex 7 " " " "	29-7-16	D. A. H.
A 153	Dis. to Rest Camp	14-9-16	D. A. H.

2

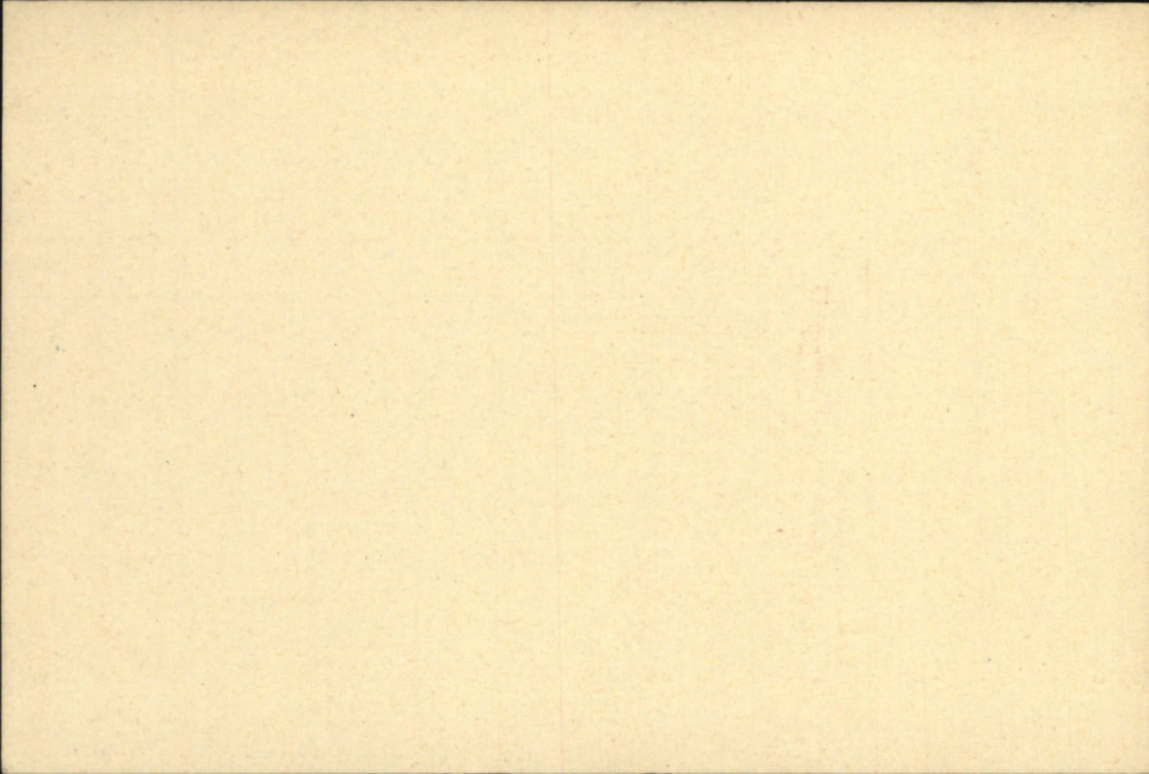
Name **Davie, James** Rank **Private.**Reg. No. **153553.**Unit **Ironside
43rd. Battalion.**Next of Kin **John Davie,
Blackhill, Longhaven, Cruden, Aberdeen, Scot'd.**

Date 1916.	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
22-7.	No. 1. Conv Depot,	Boulogne.	Sick.	A.	112.	
29-7	No. 7. Conv Depot		D.A.H.	A/116.		
14-9	Disc to Rest Camp		do	A/113.		

No. 153553

RANK *Rtl*NAME *Davie J*T. O. S. *27-7-15*
*D. O. 5 of 31-7-15*UNIT *79th Cameron Highlanders*M. D. *10*

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
<i>1915</i> <i>July 27</i>	<i>1915</i> <i>July 31</i> <i>aug</i>	<i>✓</i>	<i>show was transfd from</i> <i>the 44th Bally. 27-7-15</i> <i>appear in 3rd P/S draft</i> <i>in sept</i>	<i>D. O. 5 of 31-7-15</i> <i>aug. paylist</i>
<i>Sept</i> <i>Oct</i>		<i>✓</i> <i>✓</i>	<i>Transfd to 43rd Bally (C.E.F.) 6-10-15</i> <i>To overseas 6-10-15</i>	<i>D. O. 15 of 104 10-15</i> <i>Oct. paylist</i>



Surname **Davie** Christian Name or Names **J.I.** Reg. No. **153553**
 Rank **Pte.** Unit **43rd Bn.** Co. Troop Batty
 Hospital **1 Conv. Depot Boulogne** Date of Admission **22.7.16**
 Transferred **4 Conv Dep. Boulogne** Hosp. **29.7.16**

Diagnosis **Sick "Q"**
 (1) **S.A.N.**
 Later Diagnosis (if changed)
 (2)
 (3)
 Additional Diagnoses: If more than one state present

Disc to Rest Camp. 14.9.16.

DISPOSITION Date

C.L. 1.8.16 A112
 8.8.16. A116.
 CL 23.9.16 A 153

REMARKS

A.M.D. 2 DEPT.
 Bch. of D.G.M.S. O.M.F.C. London.

Pm

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.

2.

3.

4.

5.

6.

7.

Rank Name DAVIE, James Ironside Reg'l No. 153553
 Unit 79th CE of C. to 43rd Bn. If in perm. Corps, }
 What Unit? Married or Single Single
 Place and Date of Enlistment Winnipeg, 27th July, 1915. Place of Birth Peterhead, Aberdeenshire, Scotland.
 Name and Address, Next-of-Kin John Davie, Blackhill, Longhaven, Cruden, Aberdeen.

Relationship Father

Assigned Pay Monthly \$ Payable to

Relationship

Separation Allowance \$ Payable to

Relationship

Discharge, Date and Place Reason Character

Report		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place	Date	REMARKS Taken from Official Documents
Date	From whom received				
5.11.15	O.C. 43 rd	Arrived in England.	F. Sandling	4.11.15	PT II O # 48.
		Embarked for France.		20.2.16.	N.R.
30.6.16	-do-	Attached for duty to 174 th Tunnelling Coy RE	Field.	4.3.16	PT II O 17.
30.6.16	-do-	Ceases to be attached for duty to 174 th Tunnelling Co on being attached to 2 nd Canadian Tunnelling Coy	"	7.6.16	" 17.
7.7.16	2 nd Can Tunnelling Coy	Temporarily Attached for Duty to 2 nd Canadian Tunnelling Coy	"	7.6.16	" 75
1.8.16	O.C. 43	Adm No 1 Conv Depot	Boulogne.	22.7.16	CL A 112. Sick a
8.8.16	"	No 7. Conv. Dept	"	29.7.16.	" 116 S.A.H.
23.9.16	"	Disch to Rest Camp. No 7 Conv. Depot	"	14.9.16	" 153. "
20.10.16	"	Class T.B. ceases to be attached to 2 nd Can Tunn Coy for Duty	Field.	17.9.16	PT II 53. T.B.
17.9.16	2 nd Tunn Coy reported.	Ceases to be attached on being taken on strength of Can Base Depot	"	17.9.16	" 120.



153553 ✓

153553

Davie J J.

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					
3-11-16	OC 4 th ^{Class}	P.B. Transferred to C.C.A.C	Shoreham	26-10-16	P II 58.	P.B.
27-10-16	S.B.B.C.	Rept ex Ball. & I.O.S.	S'ham	26-10-16	— 491	
6-11-16	do	on Com A.D.M.S London	do	5-11-16	— 488	
8-1-17	Adms.	Case to be attached on Attachmt. Dams S. Headq	B'ham	9-1-17	— 8	
9-2-17	"	attached from Adms B'ham	Headq	9-1-17	— 1	
16-2-17	"	Case to be attached to the Adms London Hoise be shown on Com Adms S. Headq	"	28-1-17	— 81.	
21-3-17	Man Rep	I.O.S. from C.C.A.C S.A.D.M.S. & att'd	Dilgate	10-3-17	" 12	
2-6-17	"	Cease to be on Com. S.A.D.M.S. & on Com A.D.M.S. Hastings	Dilgate	15-5-17	✓ 85.	
7-6-17	"	cease to be attached at Adms Hastings	✓	27-5-17	✓ 90	Adms. Hastings P II 173 29-6-17
7-6-17	"	S.O.S. to CAMC Depot	✓	26-5-17	✓ 90	Camc Depot P II 178 27-6-17
29-6-17	Adms.	Taken on Strength	Hastings	3-5-17	Pg — 173	Camc Depot P II 178 27-6-17
3-9-17	do	Awarded Good Conduct Badge	Pte do.	27-7-17	P II D.O. 239.	
26-9-17	do	S.O.S. sent staff & posted to Camc Dep on admission to School of Stenography Hastings	"	26-9-17	— 262	cameo P II D.O. 271 28/9/17
16-10-17	6 AMB's	ceases on com to school of Stenography	Shorncliffe	13-10-17	P II D.O. 289.	
31-10-17	do.	S.O.S. on posting K.C. R.B. to Buxton	" do	31-10-17	P II D.O. 304.	P II D.O. 268 1/11/17 + P II D.O. 269 4/11/17
4-11-18	6 R's Sp 4th	S.O.S. to 6 AMB to leave	Pte. Buxton	2-11-18	P II D.O. 92.	
7-11-18	6 R's Sp 4th	Att'd from 6 AMB to leave	Pte Buxton	2-11-18	P II D.O. 92.	

MILITIA AND DEFENCE
ASSIGNED PAY
OVERSEAS CONTINGENTS

M. F. W. 12.
20m.—9-15.
H. Q. 1772 39-819.

577

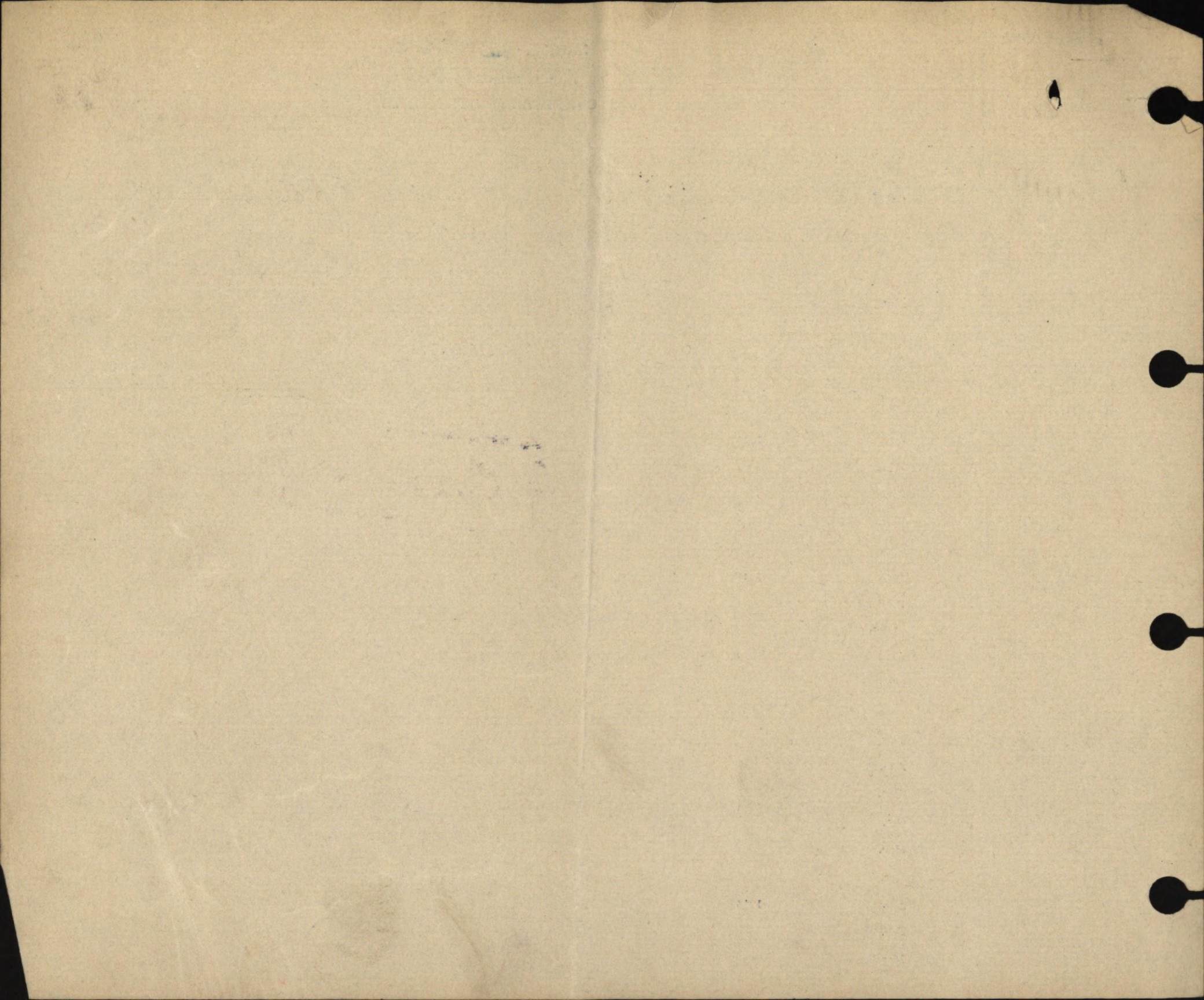
2nd. Contingent

To Whom *Mr J Davie*
Address *Blackhills, Loughaven*
Cruden, Aberdeenshire
Scotd.

By Whom Assigned *Davie J J.*Regtl. No. *153553*Rank *Pli.*Corps *49th Cameron Highlanders*Rate *\$1800* OCT 1-1915*3rd Draft of Canada*

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			ENGLISH <i>duplicate sent to England.</i>
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				



6629

MILITIA AND DEFENCE
ASSIGNED PAY
OVERSEAS CONTINGENTS*Duplicate*2nd. Contingent *John Davie Jahn.*To Whom ~~M^{rs} J. Davie~~By Whom Assigned *Davie J. J.*Address *Blackhills, Longhaven*Regtl. No. *153 553**Gruden Aberdeenshire*Rank *Pte.**Scotd.*Corps *49th Cameron Highlanders*Rate *\$18⁰⁰* *1077.* **OCT 1 - 1915***3rd Draft of Canada*

PAYMENTS

Reint 4310 Batt

Month	Year	Cheque No.	Amt.
Aug.	1914		
Sept.			
Oct.			
Nov.			
Dec.			
Jan.	1915		
Feb.			
March			
April			
May			
June			
July			
Aug.			
Sept.			
Oct.			
Nov.		<i>✓ 77846</i>	<i>36 - ✓</i>
Dec.		<i>83108</i>	<i>18</i>
Jan.	1916		
Feb.			<i>\$ 54</i>
March			<i>Carried forward.</i>

RECEIVED FROM

REMARKS

NOV 4 1915

OTTAWA.

ASSIGNED PAY.

By whom assigned *Davis, J. J.*

Regtl. No. *153553* *Pte. 43rd BATTN.*

Month	Year	Cheque No.	Amt. <small>54</small>	Pay Sheet	REMARKS.
Jan.	1916	102624	18	-	
Feb.		125626	18	-	
March		151067	18	-	
Apl.		4651	18	-	
May.		30659	18	-	
June	✓	58181	18	-	
July		93177	18	-	
Aug.		126640	18	-	
Sept.		151211	18	✓	Referred to new assignee. 3/10/16
Oct.		195285	18	✗	80 80 80
Nov.	✓	231740	18	✗	
Dec.		271754	18	✗	
Jan.	1917	312314	18	✗	
Feb.		356767	18	✗	
March		400275	18	✗	Checked <i>J. H. Ingram</i> & attached. Pay Sgt.
Apl.			324		<i>J. Sgt.</i>
May					
June					
July					
Aug.					
Sept.					
Oct.					
Nov.					
Dec.					

Rank

Name

Davie James Ironside

Reg'l No.

153553

Unit

79th B. Co. of B. to 43rd Bn

If in perm. Corps,
What Unit?

Married or Single

Single

Place and Date of Enlistment

Winnipeg, July 27th 1915

Place of Birth

Peterhead, Aberdeenshire

Name and Address, Next-of-Kin

John Davie, Blackhill, Longhaven, Bruden, Aberdeen

Relationship

Father

Assigned Pay Monthly \$

Payable to

Relationship

Separation Allowance \$

Payable to

Relationship

Discharge, Date and Place

Reason

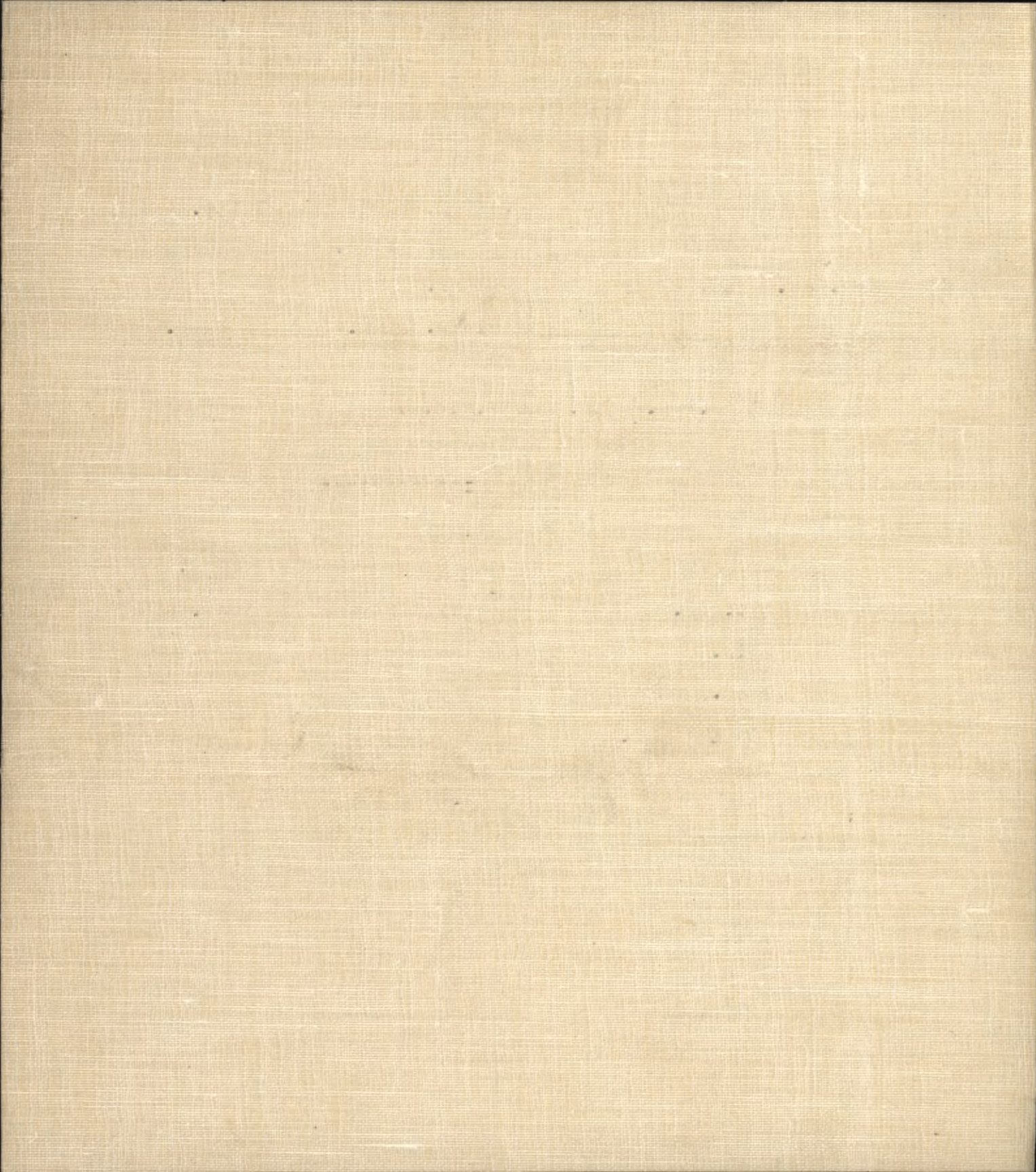
Character

Met G.R.F.

1st Page of Record filed in Envelope

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>Perm Trade etc</i>	<i>Acting Rank</i>		<i>Nil</i>
<i>12.12.18</i>	<i>60M66 by 208 from 6RB 8th Bn Buxton and on com to that Hospital</i>		<i>Pte Sciliffe</i>	<i>2.11.18 11.10.18</i>	<i>-10 of 12-1-19. D.O. 184</i>
<i>27-2-19</i>	<i>6RB 8th Bn now atted from Camc D.</i>		<i>Pte Buxton</i>	<i>15-2-19</i>	<i>— 18 came Cas Coy 42 7/19-2-19</i>
<i>26-2-19</i>	<i>6CAMC D TOS + remains on comm</i>		<i>Pte Sciliffe</i>	<i>15-2-19</i>	<i>— 57</i>
<i>26-3-19</i>	<i>6RX 8th Bn Ceases atted on att. ment to Gran Can St flat</i>		<i>Pte Buxton</i>	<i>26-3-19</i>	<i>— 26 Pt II Do 19 of 31-3-19 came 6 PC D O 100 of 10-4-19</i>
<i>17-4-19</i>	<i>6CAMC D TOS to Gran Can St flat</i>		<i>" Sciliffe</i>	<i>15-4-19</i>	<i>- 107.</i>
<i>20-4-19</i>	<i>6C. Spec Hqs Ceases atted + TOS from CAMC D</i>		<i>" Buxton</i>	<i>15-4-19</i>	<i>- 25-</i>
<i>4-7-19</i>	<i>PWing 666 TOS pending BTL</i>		<i>" Witley</i>	<i>9-7-19</i>	<i>62 Chubb Do 156 of 7-7-19</i>
<i>22-7-19</i>	<i>PWing 666 TOS to Canada sail 98</i>		<i>Pte Witley</i>	<i>18-7-19</i>	<i>6071</i>
				<i>98-M-57 of 18/7/19</i>	

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS Taken from Official Documents.
Date.	From whom received.				
4-7-19	G.S. Hp.	S.O.B to G.A.Mbleb.	Burton Pt	27/19	scambes 4719 D.O. 156 -39.



M. Group

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

DIRECTIONS TO DENTAL OFFICERS

NAME OF SOLDIER (Block Letters) DAVIE JI

REGIMENT 661 26 RANK Plt No. 153553

Date of Examination in England 10/7/19 Date of Examination in France _____

1. This form will be made out for each individual at the time of Demobilization in England or France.
2. Figures as per chart will be used to designate teeth concerned.
3. In reference to Partial Dentures the numbers of teeth thereon will be stated



PRESENT DENTAL REQUIREMENTS

1. FILLINGS 9.
2. EXTRACTIONS 4
3. CROWNS
4. DENTURES
 - (a) Full Upper
 - (b) Part Upper Rush
 - (c) Full Lower
 - (d) Part Lower

HAS HE EVER REFUSED DENTAL TREATMENT? No

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

Signature of Dental Officer [Signature]

3/17/12

W. H. C. & S. Co.

11 86

Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B.213, Army Form A.36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents
Date	From whom received				
28/9/14	Canada	J.O.S. from 20mo Indus and then in command of School of Stenography	Wochenham	26/9/14	PT II D.O. 271 J. H. H. H. H. H.
13-10-17	C.O.M.C.D.	ceases to be attached dispatched to C.O.M.C.D.	Westenhanger	13-10-17	PT II D.O. 31 A. E. Smith Captain Canadian School of Stenography.
16/10/17	Canada	Letter from An. Canadian	Shoncliff	13/10/17	PT II D.O. 304
31-10-17	Do	J.O.S. to C.A.C.S.A. Buxton	Do	31-10-17	PT II D.O. 304 Y. H. H. H. H. H. CAPT. ASST. ADJUTANT FOR C.O. & A.M.O. DEPT.
6/11/17	C.O.M.C.D.	J.O.S. from Red x. Sp. Hops	Buxton	21/10/17	D.O.P. II 268 11/17
4. 11. 18	Buxton	J.O.S. reported to C.A.M.C. ^{with effect 2. 11. 18} Cas. Co. Buxton	Buxton	4. 11. 18	D.O.P. II # 92
7. 11. 18	"	attached to the 10th Inf. Co. ^{with effect 2. 11. 18} Cas. Co.	"	7. 11. 18	D.O.P. II # 93
27. 2. 19	"	ceases to be attached from Cas. Co. is attached to P.O. Depot. with effect 15. 2. 19	"	27. 2. 19	D.O.P. II # 18
26. 3. 19	"	ceases to be attached to P.O. Depot Depot to this unit on the standard non camp attached to Gen. H.	"	26. 3. 19	D.O.P. II # 26 A. H. H. H. H. H. 1/26. 3. 19 Major 507

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

WAR SERVICE BADGE.

CLASS "A" No. 320986

THIS IS TO CERTIFY that No. 153553 (Rank) Private
 Name (in full) James Ironside Davis enlisted in
 the 49th Battalion
 CANADIAN EXPEDITIONARY FORCE at Winnipeg on the 27th
 day of July 1915.
 HE served in France with 43rd Batta
 and is now discharged from the service by reason of Demobilization.
Medical Unfitness. *Annobilisation R.O. 1420 (A)*

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

Age 29
 Height 5ft. 8in
 Complexion Fair
 Eyes Grey
 Hair Fair

Marks or Scars Two moles left
arm

J. P. Davis
 Signature of Soldier

[Signature]
 Issuing Officer
 Rank

Date of Discharge

Dispersal Station "M"
AUG 1 1919
Military District No. 10

Date 1. 8. 1915

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

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE



THIS IS TO CERTIFY that No.

(Rank)

Name (in full)

enlisted in

- 1.—That discharge certificate must be carried when wearing uniform.
- 2.—That uniform can be worn only thirty (30) days after discharge, or when duly authorized in writing.
- 3.—That wearing of uniform renders liable to usual military discipline as if on the strength of a unit.

on the

the

CANADIAN EXPEDITIONARY FORCE

day of

He signed

and is now discharged

Description

Medical Officer

THE DESCRIPTION OF THIS SOLDIER ON THE DATE BELOW IS AS FOLLOWS:

Name of Soldier

Age

Height

Complexion

Eyes

Hair

- 1.—That discharge certificate must be carried when wearing uniform.
- 2.—That uniform can be worn only thirty (30) days after discharge, or when duly authorized in writing.
- 3.—That wearing of uniform renders liable to usual military discipline as if on the strength of a unit.

Signature of Soldier

Signature of Officer

Date of Discharge

Rank



Name

NOTE: Any soldier who is discharged from the Canadian Expeditionary Force will be liable to military discipline if he is found wearing the uniform of the Canadian Expeditionary Force.

1918

DEPARTMENT OF VETERANS AFFAIRS
MINISTÈRE DES AFFAIRES DES ANCIENS COMBATTANTS

DEATH NOTIFICATION
AVIS DE DÉCÈS

TO:
À:

DATE .. OCTOBER 24, 1925

NAME / NOM DAVIE, JAMES 1
Service No. / Matricule No 153553 ARMY
CPC No. / CCP No 165664
WVA No. / AAC No 48579
ww1

Information Received from:

Information reçue de: DVA 93 W. DIST

Date of Death / Date du Décès AUGUST 17, 1925

Place / Endroit DEER LODGE HOSP.
WINNIPEG

Distribution: WSR-DASG

VI - ASS
DO - BD
HO - BC

Pour le chef,
L M Gauthier
for Chief, Central Registry Division.
Dépôt central des dossiers.

STATE OF TEXAS
COUNTY OF ...
...

DATE

...

...

...

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

THIS IS TO CERTIFY that No. 153553 (Rank) PTE.

Name (in full) DAVIE. JAMES IRONSIDE. enlisted in
 the 43rd. Can. Battn. Cameron Highlanders.
 CANADIAN EXPEDITIONARY FORCE at WINNIPEG. on the 27th.
 day of July 19 15.

HE served in 43rd. Can. Battn. and C.A.M.C.

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

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

Age <u>29</u>	Marks or Scars <u>Two moles on</u>
Height <u>5ft.8in.</u>	<u>left arm and shoulder.</u>
Complexion <u>Fair.</u>	
Eyes <u>Blue.</u>	
Hair <u>Lt. Brown.</u>	

Signature of Soldier _____

Date of Discharge _____	Issuing Officer _____ Rank _____ Date _____ 19 _____
-------------------------	--

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

CANADIAN EXPEDITIONARY FORCE DISCHARGE CERTIFICATE

THIS IS TO CERTIFY that No. 140070 (Rank) _____ (Name in full) _____
 the _____ of the _____
 CANADIAN EXPEDITIONARY FORCE at _____
 on the _____ day of _____ 191____
 has served in _____
 and is now discharged from the service by reason of _____
 Demobilization

THE DESCRIPTION OF THIS SOLDIER as in the table below is as follows:

Age	_____
Height	_____
Complexion	_____
Hair	_____
Signature of Soldier	_____

Issued at _____ _____ _____ _____	Date of Discharge _____ _____ _____ _____
--	--

N.B. - As no duplicate of this Certificate will be issued any person in possession is requested to forward it to the nearest available to the Secretary, Military Council, Ottawa, Canada.

Form 10
 1914
 1000
 1000

DR. FRED A. YOUNG
608 BOYD BUILDING
WINNIPEG

ay

PHONES { OFFICE MAIN 8184
RES. FT. R. 741

Sept. 11, 1919

Board of Pension Commissioners.

Sirs:- Re. Davie J.I. 153553

Your letter unnumbered Sept. 4, 1919.

I find:-

1. Heart-~~a~~ mitral systolic murmur is heard over the ventricles and toward the axilla very distinctly, at the aorta region the murmur is audible but faint Pulse 100 after 10 bends 140, after 2 mins. 100.
2. Lungs-clear.
3. He states that he is improved, that he can work as a shop-salesman all day comfortably, but that any excitement causes palpitation and weakness.
4. His condition is improved Deranged action of the heart.

Yours obediently,

Fred A. Young

Zip. bill attached 7/14



DR. FRED A. YOUNG
505 W. BROADWAY
NEW YORK

1922, 11, 11

Dear Mr. [Name]

1922, 11, 11

1922, 11, 11

1922, 11, 11

1922, 11, 11

1922, 11, 11

1922, 11, 11

1922, 11, 11

1922, 11, 11

1922, 11, 11

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1922, 11, 11

1922, 11, 11

1922, 11, 11

1922, 11, 11

1922, 11, 11

1922, 11, 11

1922, 11, 11

F.L. No.: _____

WORK SHEET

153553

James Ironside DAVIE

Number Rank Given names Surname

ENLISTMENT: Date _____

BIRTH: Date _____ Place _____

BRANCH OF SERVICE: _____ REGT. OR CORPS _____

THEATRES OF SERVICE: _____

DISCHARGE: Date _____ Age _____ Type _____

Reason _____

CONDUCT RECORD: _____

PC 3264: Date of AWL _____

WILLS: Search made in Docs Will found Loose papers _____
dated 31 Oct 17

File _____ Will returned _____

If one in our custody, name of beneficiary John Davie (father)

Date 14-8-75

Clerk's initials Ray

WORK SHEET

Member: _____ Rank: _____ Given Name: _____ Surname: _____

Enlistment Date: _____

Place: _____

Branch of Service: _____

Character of Service: _____

Discharge Date: _____ Type: _____

Reason: _____

Conduct Record: _____

TELEPHONE: FOLKESTONE 726.

CANADIAN CASUALTY ASSEMBLY CENTRE,

FOLKESTONE, KENT.

4-11-16

UNDER DIRECT SUPERVISION OF
THE DIRECTOR OF RECRUITING
AND ORGANIZATION, C. E. F.

From:—O.C., Canadian Casualty Assembly Centre.

153553, Pte.
Davie, J. I.
43 rd Bn.

To:—O.C.,
A.D.M.S.
Shoreham.

The marginally noted soldier is ~~transferred~~
attached
to the Unit under your command. He is boarded as
fit for permanent base duty, (Clerk Medical Board).

Kindly acknowledge receipt of the man and
following documents on the duplicate copy of this
letter, please.

- ✓ Medical History Sheet (A.F.B. 178).
- ✓ Medical Board Paper.
- ✓ Transfer Clothing Statement (A.F.W. 3068).
- ✓ Field Conduct Sheet (A.F.B. 122).

Q. G. Edridge

Cor. Officer Commanding
Canadian Casualty
Assembly Centre.

H. S. 218.

Receipt of marginally noted soldier with the
above-mentioned documents acknowledged herewith.

..... O.C.

CANADIAN CASUALTY ASSISTANCE CENTER

TORONTO, ONTARIO

Dear Sir: Canadian Casualty Assistance Center

For 0.0.0.

Transmitted

by airmail

on the 1st day of

1945

THIS document is a copy of the report

of the investigation of the accident

of the aircraft

(A.C. 178)

of the aircraft

(A.C. 178)

Very respectfully

Yours faithfully

[Signature]

It is respectfully requested that you

return this document to the

DEPARTMENT OF MILITIA AND DEFENCE.

WAR SERVICE GRATUITY.

Declaration required of Officers, Warrant Officers and Men who claim War Service Gratuity under Order-in-Council (P.C. 3165), dated 21st December, 1918.

A complete reply must be given to every question in this Declaration. There must be no blanks and no dashes. If any questions are not applicable, the words "NOT APPLICABLE" must be written out.

On completion, if soldier discharged in Canada, this Declaration is to be returned to THE DISTRICT PAYMASTER OF THE DISTRICT IN WHICH THE SOLDIER WAS DISCHARGED, or if soldier discharged in England to be returned to Paymaster General O.M.F. of C., 7, Millbank, London S.W.

- 1. Christian names *James Ironside* 2. Surname *Davie*
- 3. Rank *Pte.* 4. Original Unit *Inf. 43rd Bn* 5. Reg. No. *1513513*
- 6. Address, in full, to which future payments of gratuity are to be forwarded
*379 St John's Ave.
Winnipeg, N*
- 7. ~~Date of enlistment in the C.E.F.~~ *27-7-1915*
- 8. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge *N.A.*
- 9. Relationship of such dependent *N.A.*
- 10. Address, in full, of such dependent *N.A.*
- 11. Is said dependent now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? *N.A.*
- 12. ~~Were you at any time on the strength for pay and allowances of a unit of the C.E.F. which was out of Canada or the United States when such pay and allowances were issuable? If so, give particulars of one such unit and dates of service overseas with such unit:~~ *also*
- 13. ~~Were you on the strength for pay and allowances of the Clearing Services Command, having been at any time on duty outside of Canada or the United States?~~ *also*
- 14. ~~Were you on active service only in Canada or the United States? If so, give particulars of unit and dates of such service.~~ *also*
- 15. ~~Give total length of time which you served on active service, whether in Canada or Overseas, setting out particulars of units on whose strength you served~~
erased in error also
Length of service 27-7-1915-23-3-19
Cameron Highlanders, 43rd Bn
C. A. M. C.
- 16. Were you at the time of enlistment a civil employee of the Dominion Government? If so, state Department *No.*
- 17. Were you a member of the Permanent Force at the time of enlistment in the C.E.F.? *No.*

18. Have you had more than one enlistment? If so, give particulars of discharges and re-enlistments and under what regimental numbers and units. *No.*

19. Have you already received any payment of Post Discharge Pay or War Service Gratuity? If so, state amount you and your dependents have already received and by whom paid *No.*

20. ~~Have you been issued with a War Service Badge? If so what class?~~ *also*

21. ~~Have you, during the present war, served in the Imperial Forces?~~ *erased in error: a. & m*

22. Are you entitled to receive, or have you received any gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled *No.*

23. (a) Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England? *No.*

(b) If so, was such reversion in consequence of misconduct or inefficiency? *N.A.*

24. ~~Are you now serving in the C.E.F.?~~ *also* If not, give: (a) Date of discharge *also*

(b) Reason for discharge *also*

25. ~~Are you at present a member of and in receipt of pay and allowances from any Canadian naval or land forces? If so, give unit.~~ *also*

26. ~~Did you at any time serve at the front in an actual theatre of war? If so, give particulars of one unit in which you served at the front, and dates of such service with that unit.~~ *also*

27. (a) ~~Are you receiving treatment from the Department of Soldiers' Civil Re-establishment?~~ *also*

(b) ~~If so, are you in receipt of full pay and allowances from that Department?~~ *also*

And I make this solemn declaration, conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under oath and in virtue of the Canadian Evidence Act.

Signature of Applicant: *J. J. Davis*

Place of Residence: *Winnipeg can*

Declared before me at:

This *25th* day of *mar* 19*19*

Signature of Barrister of the Supreme Court Stipendiary Magistrate, Notary Public, Justice of the Peace, or Commissioner for the Administration of Oaths under P.C. 2767, dated 11th Nov., 1918.

Asmaford major. C.A.M.C

POST DISCHARGE PAY.

Date paid.	Paid Soldier	Paid Dependent	War Service Gratuity	Net amount due
.....
.....

Certified Correct

District Paymaster.

ORIGINAL. 35848

MEDICAL HISTORY SHEET.

Surname Davis Christian Name James Ironside

Examined { on 27th day of July 1915
 { at Winnipeg

Birthplace { City or Town Peterhead
 { County Aberdeenshire Scot.

Apparent age 25 yrs 11 mos

Trade or occupation Salesman

Height 5 Feet 8 Inches

Weight 155 Lbs.

Chest measurement { Minimum 34 inches
 { Maximum expansion 3 inches

Physical development Fair

Small-Pox Marks None

Vaccination Marks { Arm Right Left
 { Number 3

Approved by F. J. Cadham
 Rank C.A.M.C. Capt. M.O.

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

-2 NOV 1916

When Vaccinated last 8/12/15

(a) Marks indicating congenital peculiarities or previous disease Two moles - one on upper end of left humerus - one upper third left radius

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

Date	Result	VACCINATIONS.
<u>8/12/15</u>		M.O.
		M.O.
		M.O.

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>4/8/15</u>	<u>F. T. CADHAM</u>	M.O.
<u>13/8/15</u>	<u>F. T. CADHAM</u>	M.O.
<u>3/18/15</u>	<u>F. T. CADHAM</u>	M.O.

Enlisted on 27th day of July 1915 at Winnipeg

	CORPS.	REG'TL NUMBER.	RANKS.	DATE.
Joined on enlistment	<u>79th C.H. of C.</u>	<u>153553</u>		<u>27/7/15.</u>
Transferred to..	<u>43rd Bn C.A.M.C.</u>			<u>3-5-17.</u>

6-NOV-REC-2

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
<u>Hastrop</u>	<u>27/6/17</u>	<u>D.A.H.</u>	<u>C. H. J. ... PRESIDENT, STANDING MEDICAL BOARD</u>
<u>Canadian Red Cross Special Hospital, BUXTON, DERBY.</u>	<u>24-1-19.</u>	<u>D.A.H.</u>	<u>Major ...</u>
<u>Geon Burton.</u>	<u>Mar 20-19.</u>	<u>D.A.H.</u>	<u>...</u>

G.A.M.C.

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.

Single

CASUALTIES, PROMOTIONS, &c.

PARTICULARS	EFFECTIVE DATE	AUTHORITY

PLACE OF BIRTH *Peterhead, Aberdeenshire, Scotland*
 NAME AND ADDRESS OF NEXT OF KIN *John Davie, Blackhill, Longhawn, Cruden, Aberdeenshire*
 RELATIONSHIP OF NEXT OF KIN *Father*
 NAME AND ADDRESS OF NEXT OF KIN

REG'L No. *153553* RANK *Private* NAME *Davie James*
 IF IN PERM. CORPS) UNIT *CR CSH. Buntton* TRANSFERRED TO
 WHAT UNIT)
 PERMANENT FORCE ALLOWANCES TRANSFERRED TO
 PLACE OF ATTESTATION *Winnipeg, Man.* TRANSFERRED TO
 DATE OF ATTESTATION *27/7/15* TRANSFERRED TO

Ledger Slab. no. 2
James Ironside

E

RELATIONSHIP OF NEXT OF KIN
 SEPARATION ALLOWANCE MONTHLY \$ EFFECTIVE (DATE)
 PAYABLE TO

ASSIGNED PAY MONTHLY \$ *18⁰⁰* DATE EFFECTIVE *1.10.15*
 PAYABLE TO *John Davie, Blackhill, Longhawn Cruden Aberdeenshire* RELATIONSHIP *Father*
 ASSIGNED PAY MONTHLY \$ DATE EFFECTIVE

DATE ADMITTED	DATE DISCHARGED	V. OR A.	NAME OF HOSPITAL

PAYABLE TO RELATIONSHIP
 STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) EFFECTIVE REASON
 DISCHARGE DATE AND PLACE REASON AND AUTHORITY
 ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)
 ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

DATE	PAY		FIELD ALLOWANCE		WORKING OR SPECIAL PAY		ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS				CASH PAYMENTS				BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS				
	No. OF DAYS	RATE	AMOUNT	No. OF DAYS	RATE	AMOUNT				No. OF DAYS	RATE	AMOUNT	1	2	3	4	1	2	3				4	ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS
1918																										
Jan																										
Feb																										
Mar																										

MONTH PARTICULARS
 1918
 Feb Balance
 Mar

CR 1 CR 2
 34 10
 34 10
 487
 730
 487
 730
 2434

2579
 18
 1755
 18

ASSIGNED PAY. ENGLAND or CANADA. SEPARATION ALLOWANCE. ENGLAND or CANADA.

NAME: *DAVIE, James Ironside*

EFFECTIVE DATE: *1/10/15*

NUMBER: *153553*

AMOUNT: *\$1800*

PARTICULARS OF RANK OR APPOINTMENT

NAME, ADDRESS, RELATIONSHIP & AUTHORITY

AUTHORITY DATE EFFECTIVE RANK OR APPOINTMENT

*John Davie
Blackhill Longhaven
Crudden
Aberdeenshire
Father*

Plt.

UNIT AND TRANSFERS

ORIGINAL UNIT: -
DATE ACCOUNT FIRST OPENED: -

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS

AUTHORITY DATE EFFECTIVE DATE LEDGER SHEET T'S P'D UNIT TRANSFERRED TO

Noted 1.9.19

CRESN Buxton

UPON CLEARANCE OF VOUCHERS, ENTRIES WILL BE CANCELLED BY INSERTION OF DATE CHARGED IN RED INK

DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT
<i>19-6</i>	<i>839</i>	<i>A4</i>	<i>19 47</i>			<i>Lidgall Cr</i>	<i>25 83</i>
<i>5-7</i>	<i>8650</i>	<i>A7</i>	<i>21 15</i>			<i>Extracts</i>	<i>29 20</i>
						<i>Lidgall Cr</i>	<i>3 37</i>

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
	<i>100</i>	<i>10</i>		

PARTICULARS OF RENDERING NON-EFFECTIVE *Canada 3/1/10 NR 11456 MAD 10 Waring PR 500 5/1/19 Waring*

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
<i>March</i>	<i>Balance forward</i>								<i>1755 20</i>		
<i>April</i>	<i>P.O.</i>	<i>33</i>		<i>25600 £3-14-0</i>			<i>1800</i>		<i>32 55</i>		
				<i>AR 14 C 6 cancl. 15/4/18</i>	<i>973</i>				<i>22 82</i>		
				<i>AR 53 C 17 CRESN Buxton 29/4/18</i>	<i>487</i>				<i>17 95</i>		
		<i>33</i>			<i>14 60</i>		<i>18 00</i>				
<i>May</i>	<i>P.O.</i>	<i>34 10</i>		<i>492514 £3-14-0</i>			<i>18</i>		<i>52 05</i>		
				<i>AR 97 C 4 CRESN Buxton 5/5/18</i>	<i>730</i>				<i>34 05</i>		
				<i>AR 138 C 20 do 31/5/18</i>	<i>730</i>				<i>26 75</i>		
		<i>34 10</i>			<i>14 60</i>		<i>18</i>		<i>19 45</i>		
<i>June</i>	<i>P.O.</i>	<i>33</i>		<i>cg B32074 £3-14-0</i>			<i>18</i>		<i>52 45</i>		
				<i>AR 182 C 2 CRESN Buxton 14/6</i>	<i>973</i>				<i>34 45</i>		
				<i>224 9 " 27/6</i>	<i>730</i>				<i>24 72</i>		
		<i>33</i>			<i>17 03</i>		<i>18</i>		<i>17 42</i>		
<i>July</i>	<i>P.O.</i>	<i>34 10</i>		<i>B98272 3-14-0</i>			<i>18</i>		<i>51 52</i>		
				<i>AR 261 3 " 15/7</i>	<i>730</i>				<i>33 52</i>		
				<i>307 13 " 30/7</i>	<i>973</i>				<i>26 22</i>		
		<i>34 10</i>			<i>17 03</i>		<i>18</i>		<i>16 49</i>		
<i>Aug</i>	<i>"</i>	<i>34 10</i>		<i>C 43869 3-14-0</i>			<i>15</i>		<i>32 59</i>		
				<i>CR 348 " Aug 15. C 3</i>	<i>730</i>				<i>25 29</i>		
				<i>393 " 27/8 C 10</i>	<i>730</i>				<i>17 99</i>		
		<i>34 10</i>			<i>14 60</i>		<i>18</i>				
<i>Sept</i>	<i>P.O.</i>	<i>33</i>		<i>L18270 3-14-0</i>			<i>18</i>		<i>32 99</i>		
				<i>AR 120 12/9 Buxton C 1</i>	<i>730</i>				<i>25 69</i>		
				<i>474 1024-9 C 9</i>	<i>730</i>				<i>18 39</i>		
		<i>33</i>			<i>14 60</i>		<i>18</i>				

FORD

*Agreed to 30-9-18
1830-8/1/18
CRESN Buxton*

NUMBER 153553

RANK

NAME DAVIE J J

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
									1839		
Oct	78a	3410		1071270 3-14-0			18		3449		
				AR56g Buy 30/10 49	730				2719	Nil	
				516 " 14/10 50	730				1989		
		3410			1460		1800				
Nov	80a	33		W9006g 3-14-0			18		3489		
				602 " 13/11 7	730				2759		
Dec	✓	3410		50070 3-14-0			18		4369		
				634 " 25/11 26	730				2639		
				676 " 10/12 55	730				2909		
1918				724 " 21/12 72	973				1936		
Jan	✓	3410		2666g 3-14-0			18		3546		
		10120			3163		54				
Feb				792 " 10/1 14	730				2816		
		3080		872678 3-14-0			18		4096		
				865 " 14/2 85	1460				2636		
				905 " 26/2 113	730				1926		
Mar		3410		48465 3-14-0	2920		18		3516		
				949 " 14/3 144	730				2786		
				994 " 21/3 184	973				1813		
		6490			4472		36				
Apr		33		638673 3-14-0			18		3313		
				146 " 14/4 21	730				2583		
May		3410		673808 3-14-0			18				
				448 " 13-5 77	730				3463		
		6710			1460		36				
June		33		93519 3-14-0			18		4963		
				522 Green St. 23-5-19 2	730				4233		
				764 ✓ 12-6-19 20	730				3503		
				317 ✓ 30-4 26	730				2773		
July		3410		86722 7-8-0 July 1918			36		2583		
		6710			2190		54				
				866 5/7	973				1610		
					973						
				839 196 Buy	1947				337		
					1947						

SoS 18/7

36
3410
100

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

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" issued by the B.P.C. and instructions issued by Militia H.Q., Ottawa, will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of Sections 1 to 17 of this Form and will obtain the signature of the invalid to the "Statement," page 3. The President of the Board of Medical Officers is responsible for the proper completion of sections reserved for recording the "Opinion of the Medical Board."
3. In answering the questions, Medical Officers will carefully obtain and record the invalid's statements concerning his condition. They will distinguish observations made by themselves from hearsay. They will distinctly state the authority for statements not resulting from their personal observation; it must be made clear whether such statements are obtained from the invalid concerned, from witnesses, or from documents, Regimental or otherwise.
4. Special care is required in answering question 9. Read the questions carefully. All questions must be answered.
5. If space provided under any section is insufficient add another sheet. Such sheets must be initialled by the Medical Board.
6. A note will be made of attached papers by the Medical Board under the section "Opinion of Medical Board."
7. Under no circumstances may information other than that in sections 7, 8, 9 and 10 be communicated to the invalid, directly or indirectly.
8. The nomenclature of diseases must be followed, if possible, as described in "List of Diseases" printed in the order in which they appear in the Annual Report on the Health of the Army, published in London (1915), by Messrs. Harrison & Sons.

STATION..... Witley Surrey DATE..... July 10th. 1919.....

1. 1 (a) Unit..... CAMO (b) Regimental No. 153553 (c) Rank..... Pte.
 (d) Surname..... Davie (e) Christian name..... James Ironside
 (f) Home address..... 319 St. Johns Ave. Winnipeg
 (g) Next of Kin..... John Davie (h) Relationship..... Father
 (i) Address of Next of Kin..... Blackhills Longhaven Cruden Aberdeen Scotland

2. Age last birthday..... 29 Date of birth..... August 23rd. 1889

3. Enlistment, or Appointment (if an Officer) (a) Place..... Winnipeg (b) Date..... July 27th. 1915

4. Personal description: Est.
 (a) Height..... 5---8 (b) Weight..... 150 lbs. (c) Complexion..... Medium
(stripped)
 (d) Colour of hair..... Brown (e) Colour of eyes..... Grey (f) Identification marks, Scars, etc. Two mole
left arm

5. Former trade or occupation..... Salesman

6. Service (The information should be secured from personal documents, but if documents are not available the invalid's statement may be taken and note must be made to that effect. Periods of service in Canada, England, France or elsewhere should be noted).	Years	Days
	3	348

	PERIODS	
	From	To
Canada	July 27th. 1915	Oct. 6/15
England..... <u>25-10-16 to date</u>	Oct. 17/15	Feb. 17/16
France or other theatres of War.....	Feb. 19/16	Oct. 25/16

7. Original disease, or injury..... Disordered action heart

(a) Date of origin..... June 1916 (b) Place of origin..... France

(c) Cause..... Active service conditions

2

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

D. H. Dyspnoea and dizziness on exertion.

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

General condition fair. Nervous disposition. Apex beat diffuse---throbbing in character not well sustained. Left border praecordial dullness $\frac{1}{2}$ CC outside nipple line fifth interspace. 1st. sound weak all areas. Pulse rapid and irregular both in rate and rhythm. Pulse at rest 120 perminute, touch toe 12 times 140 perminute, two minutes rest 118 per minute. SBP 140 DBP 90. Subjective. Shortness of breath and dizziness on exertion. States could walk five miles at own pace.

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

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

Special Senses..... No..... Respiratory System..... No..... Integumentary System..... No

Disturbances of Mentality..... No..... Digestive System..... No..... Muscular System..... No

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

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

States first noticed shortness of breath and dizziness on exertion in line June 1916 evacuated to base July 1916 evacuate to England, 26-10-16 Been on light duty (clerical work and Hospital orderly) ever since. Shortness of breath and dizziness have persisted. A.F.B. IO3 26-10-16

O. G. 43rd. Bn. Classified P.B. and transferred to CCAC Shoreham

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

States Influenza ten years ago recovery

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

None

11.—(a) Did the disabling condition have its origin before enlistment? No

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

N.A.

12. Was the disability caused, or aggravated; (a) by intemperance, or improper conduct; or (b) by unreasonable refusal to accept treatment? A & B 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? six months

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

None in army

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

Cecil V. Mills Capt. C.M.C. Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

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

I, the undersigned, Pte. Davie James J. 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

JAMES J. DAVIE Pte. Rank. Signature of invalid 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 criticised.

Yes we concur

Original APB. IO3 and I78 not available.

Auth. DAG I4-I-48 of I3-6-I9

19. Is the invalid fit for

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

Yes B.II.

20. It is certified that the invalid

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

- (b) Does not require treatment.
- (c) Should pass under his own control.
- (d) Should not pass under his own control.
(Strike out condition not applicable.)

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

TC Auth. G. Tel. 9083 of II/II/18

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

P.J.O'Dwyer Capt. C.M.C. President.

J.H.Mac.Donald Capt. C.M.C.

PLACE Witley Camp, Surrey

DATE IO-7-1919

Members

TO BE COMPLETED WHEN TREATMENT IS REFUSED

DH

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

Witness..... Signed.....

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

President

PLACE.....

DATE.....

Members

APPROVED BY

APPROVED BY

W.S.Quint Capt.

Assistant Director of Medical Services

Director-General of Medical Services.

DATE.....

DATE.....

CANADIAN HEADQUARTERS
CANADIAN CORPS CAMP.
1.1 JUL 1919
WITLEY SECTION.

CERTIFIED TRUE COPY

Clarke M. W. Case

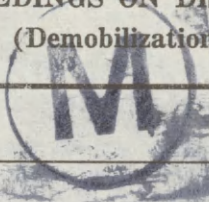
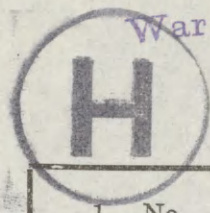
M Group

D. A. [initials]
G. G. [initials]

War Service Badge
Class "A" No. 320986

SHORT FORM.

PROCEEDINGS ON DISCHARGE.
(Demobilization.)



1. No. 153553

2. Rank PK

3. Name DAVIE James Ironside

4. Unit 6A MB 79th Barr. A

5. Date of Discharge 1.8.19 Place Hennepin, Man

6. Reason for Discharge Demobilization

MEDICAL DOCUMENTS
FORWARDED TO
S. C. R. or P. B. C.
ON
AUG 12 1919

7. Authority 40217

8. Proposed Residence after Discharge 319 St Johns Ave
Hennepin, Man.

M. T. S. WINTREDIAN
EMBARRED U. - 19

9. CERTIFICATE TO BE SIGNED BY SOLDIER.

I hereby acknowledge that at the undernoted place and date I received my discharge Certificate M. F. W. ?

J. J. Davis

Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place

Date

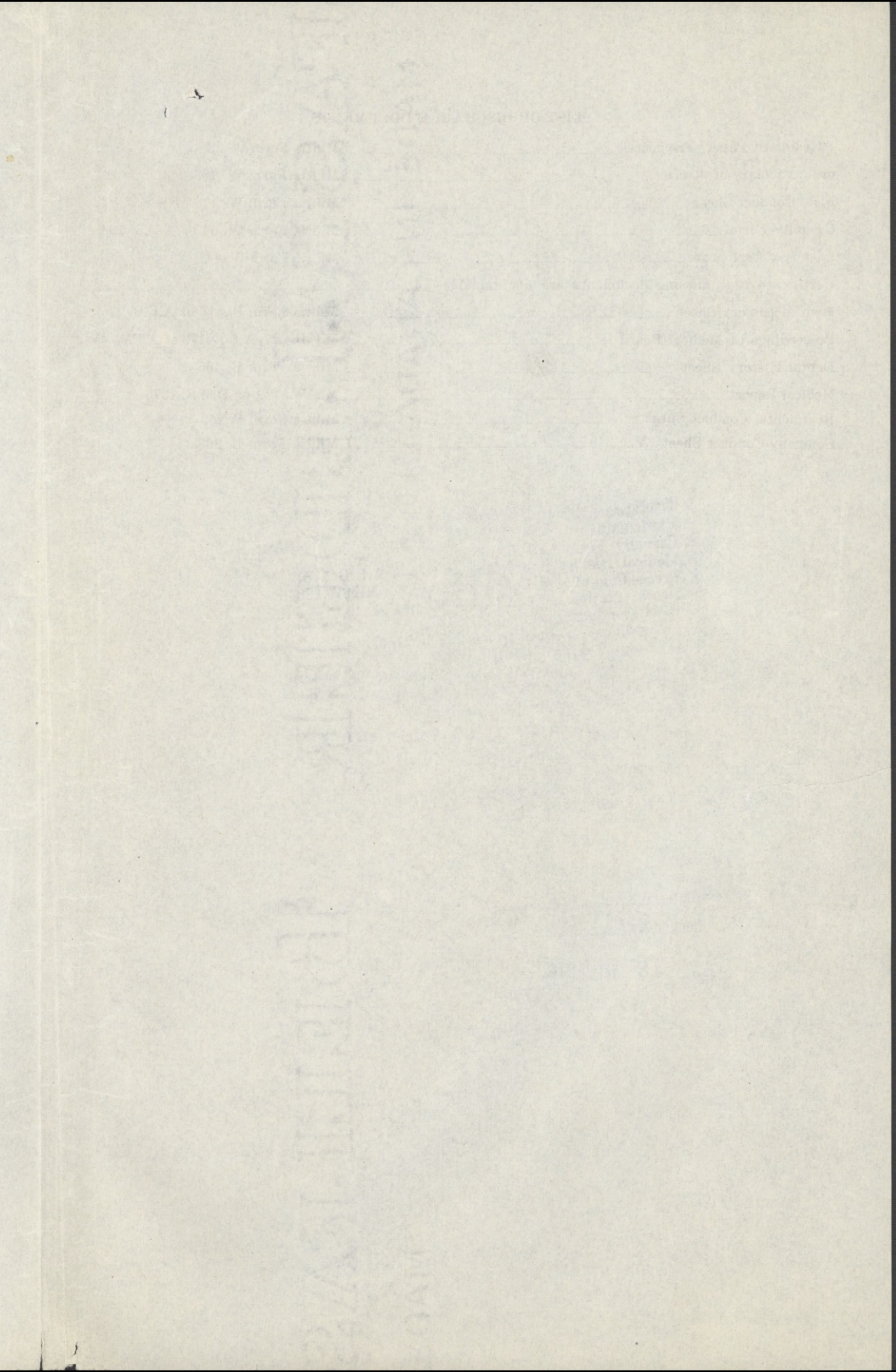
Dispersal Station
AUG 1 1919
Military District No. 30

Signature

[Signature]

(O.C. Discharging Unit.)

X.C.D.
27-1-20



LIST OF DISCHARGE DOCUMENTS.

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

- Triplicate Attestation Paper (M.F.W. 23), or Particulars of Recruit (M.F.W. 133).**
2. **Casualty Form (A.F.B. 103).**
 3. **Medical History Sheet (M.F.B. 313 or A.F.B. 178).**
 4. **Proceedings of Med. Board (M.F.B. 227 or M.F.W. 129)**
 5. **Dental Certificate (C.A.D.C. 5009a).**
 6. **Field Conduct Sheet (A.F.B. 122)**
 7. **Proceedings on Discharge (M.F.B. 218a)**
 8. **Discharge Certificate (M.F.W. 39)**
(Enclosed in special envelope (260M))
 9. **Copy of Discharge Certificate (M.F.W. 39a)**
 10. **Personal Certificate (C.D. 3).**
 11. **Equipment and Clothing } Statement Q.M.G. Form (D.C. 2).**
 12. **Last Pay Certificate (P, 851).**
 13. **Pay Book (A.B. 64).**
 14. **War Service Gratuity (Form M.F.W. 2595).**
 15. **Sundry Documents.**

Group..... *B*

Checked by No..... *18*

Date..... *18 JUL 1919*

G.S.B.

M. OR S.

12 1225'

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

REGT. NO 12

NEXT OF KIN	RELATIONSHIP	PARTICULARS	EFFECTIVE DATE	AUTHORITY	ORIGINAL UNIT C.E.F.
ADDRESS					79
IS SEPARATION ALLOWANCE PAID?	DATE EFFECTIVE				PLACE OF ATTESTATION
TO WHOM PAID	RELATIONSHIP				DATE OF ATTESTATION
ADDRESS					ASSIGNED PAY
					PAYABLE TO
					ADDRESS
					STOP PAYMENT FOR ASSIGNED PAY RENDERED, DATE
					DISCHARGED

BALANCE FROM PREVIOUS ACCOUNT

MONTH	PAY AND F.A.			OTHER CREDITS			TOTAL CREDITS		ACQUITTANCE ROLLS			CASH PAYMENTS			ASSIGNED PAY		REME CHA	
	NO. OF DAYS	RATE	AMOUNT	\$	C.	\$	C.	\$	C.	COL. NO. 1	COL. NO. 2	COL. NO. 3	COL. NO. 1	COL. NO. 2	COL. NO. 3	\$		C.
										NO.	DATE	NO.	DATE	NO.	DATE	\$		C.
1/8-7/8	7	110	7 70	35 00		18 71	99 46	70 00	112 70				14 87	99 46		5 00		
183 dep				420 00				420 00	420 00								70 00	
										Sept 1			1227621	70				
										Oct 1			1248373	70				
										Nov 1			1693874	70				
										Dec 1			1821097	70				
										Jan 1			1829211	63 40				
									420 -								413 40	
																		af blood

WINIFREDIAN

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

REGT. NO **153553**

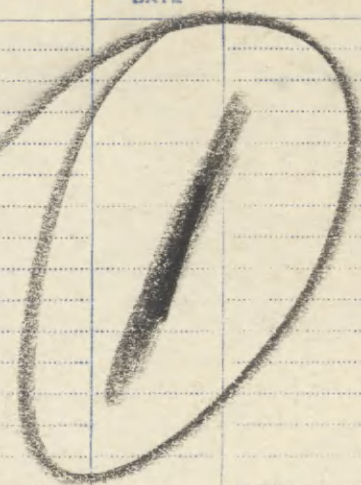
RANK **Pvt**

NAME (IN FULL) **DAVEY J. I.**

DAVEY J. I.

AUDITOR

PAYMASTER

	ORIGINAL UNIT C.E.F.	79	IF IN P.F. WHAT UNIT?		(BLOCK LETTERS SURNAME FIRST)
	PLACE OF ATTESTATION		TRANSFERRED TO	Disp Stn M	DATE
	DATE OF ATTESTATION	27-7-15	TRANSFERRED TO		DATE
	ASSIGNED PAY	18.00	DATE EFFECTIVE	1-9-18	AUTHORITY
PAYABLE TO	John Davis		RELATIONSHIP	W.S.G.	
ADDRESS	Black Hill - Longfellow		ANY CHANGE IN ASSIGNEE OR ADDRESS	Bank of Montreal	
	Canada - St. Louis			Winnipeg - Man	
STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE		EFFECTIVE	1-9-18		
DISCHARGED	PLACE	DATE	REASON	AUTHORITY	IF ENTITLED TO POST DISCHARGE PAY
	M. D. 10	AUG 1 1919	D	D. O. 217	

QUITTANCE ROLLS			CASH PAYMENTS			ASSIGNED PAY	REGIMENTAL CHARGES	OTHER CHARGES	TOTAL DEBITS	BALANCE		PARTICULARS OR REMARKS	
NO. 1	COL. NO. 2	COL. NO. 3	COL. NO. 1	COL. NO. 2	COL. NO. 3					DEBIT	CREDIT		
DATE	NO.	DATE	NO.	DATE	NO.	\$	C.	\$	C.	\$	C.	\$	C.
									337	337	3.37		BAL. F. G. L. P. O.
						4.87	9946						Clothing Allee. 1st payment W.S.G.
						5.00			10933				Advances - Boat - Train
													A. P. chgd. on Eng. L. P. Co. to July
							W.S.G.						SOLDIER DEPENDENT
						70.00		660		350.00	nil		1st Payment W. S. G. as above
										343 40			D. 6 60 07 17 17
						1227621	70			273 40			70' 2nd
						1248373	70			203 40			70' 3rd
						1693874	70			4133 40			70' 4th
						1821092	70			634 00			70' 5th
						1829211	63 40			nil			63 40 4th
										413 40			
										660			
										420			

ap closed

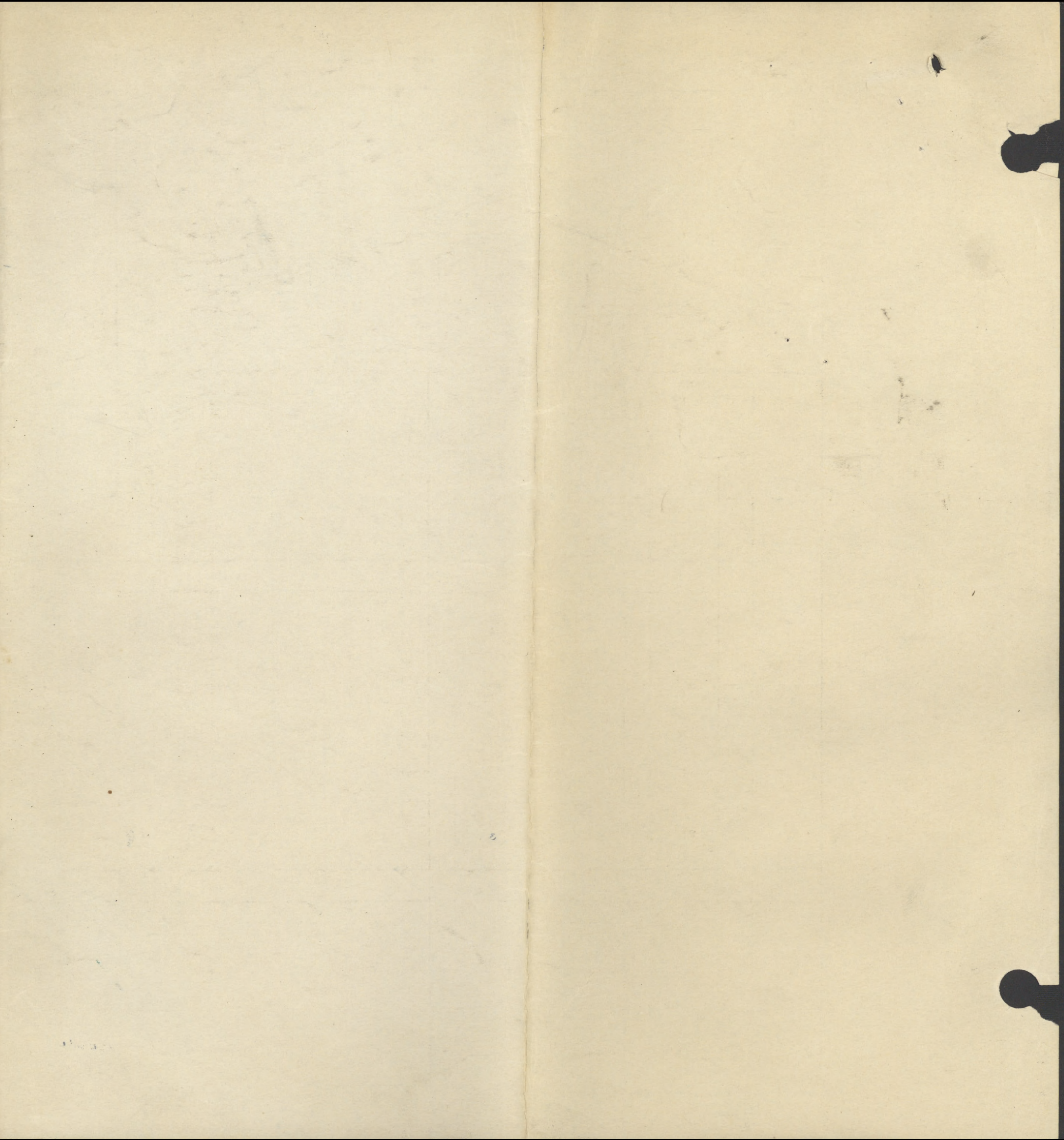
GENERAL AUDITOR'S DEPT.
 AUDITED
 DEC 26 1919
 DISTRICT AUDITOR M.D. 10

JUL 1 1910

1910

JUL 1 1910

[Handwritten signature]



153553

Pte

Davie, J. I.

C.A.M.C. DEPÔT
SHORNCLIFFE

179396

20

Perforated sheet for Will from Pay Book of Reg.

No. 153553

Name Davie, J. I.

Unit C.A.M.C. Depot

Military Will

In the event of my death
I give the whole of my
property and effects to my
Father, Mr. John Davie,
Blackhills, Loughaven,
Crudden, Aberdeenshire,
Scotland.

Pte. James Ironside
Davie
153553

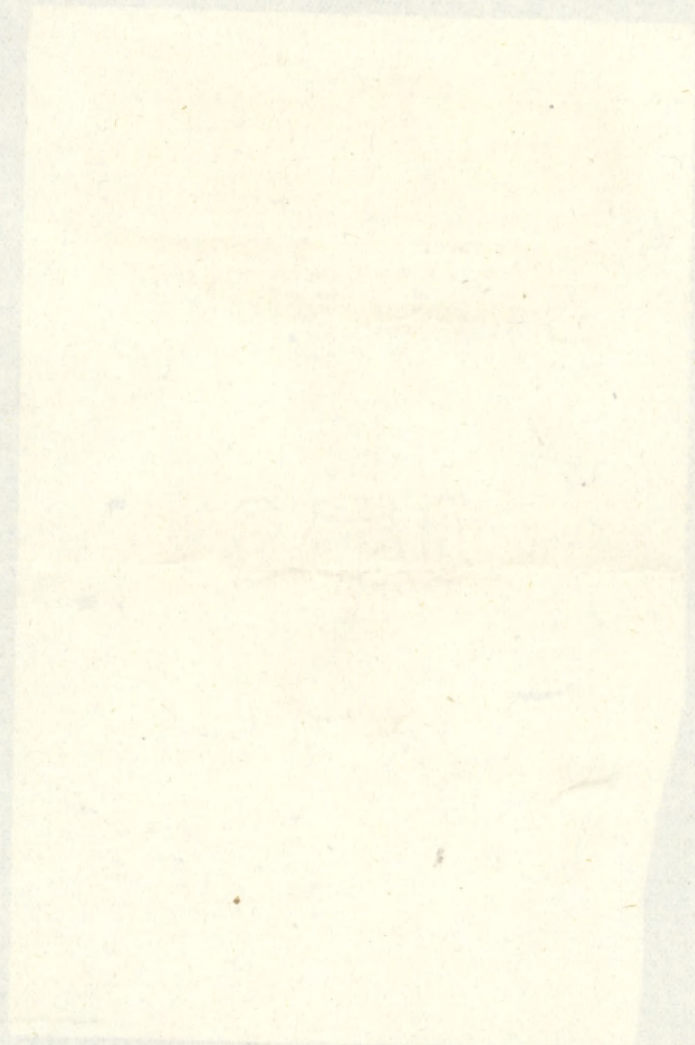
Signature James Ironside Davie

Rank and Regt. Pte. C.A.M.C.

Date 31-10-14

Detached by

W. Stephens
P/Sgt



RECEIVED
MILLS SECTION
24 JAN 1918
ESTATES, O.M.F.C., LONDON

CERTIFIED TRUE Form B. 103.
 CORRECT.
 Canadian Record Office
 Westminster House,
 7, Millbank, S.W.

Casualty Form—Active Service.

Regiment or Corps 43rd Battn C & F

Regimental No. 153553 Rank Pte Name Davis James Ironside

Enlisted (a) 27/7/43 Terms of Service (a) Mobilization Service reckons from (a) 27/7/15

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) _____

Handwritten:
 27/7/43
 35845

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 for Overseas Service with 43rd. Battn. 20/2/16.

Stamp:
 W S B
 CLASS 4

Handwritten signature:
 W. Ironside

8.4.16	oc. 43rd Bn	attn for duty	EMBARKED FOR FRANCE	20 2 16	13/144 Coy. 1844 2nd Lt. 2
24.5.16	CDU Corps	attn Mining Course	177 Coy Rb.	4.3.16	B 213. RI 147/Inf. 43/3. PI II # 17
22.7.16	1 Con Dept	on being attached to	Tunnelling Coy	7.6.16	4.142 PI II 17 d/30.6.16.
29.7.16	NOV REG	stick trans to 7 Con Dept	Adm. 1 Con Depot. Boulogne	22.7.16	W 3034. 376.
				29.7.16	W 3034. 383

(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, Shoering Smith, etc., etc., also special qualifications in technical Corps duties.

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 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				
22/7/16	3 telels	D.A.H.	Adm trans	3 telels	21-7-16 } A 36
do	4 C & Amt	D.A.H.	Adm trans	7 A-T	do } Dec 114 of 7-8-16
17-9-16	cc. C.S.D.			4 C & Amt	do } A 36
17-9-16	do			3 telels	do } Dec 116 of 10-8-16
30-10-16	do			Class "TB"	17-9-16 } A 36
				Ch. T Coy	do } 14-T 53 of 20-10-16
				telels	30-10-16 } 14-T 58 of 3-11-16

J. Johnston

Lieut. for Lt.-Col. A. A. G.
Canadian Section, G. H. Q. 3rd Echelon, B. E. F.

Taken on Strength G.C.A.C. Pt. II D.O. No. 471. 27-10-16
 ATTACHED
 TRANSFERRED FROM C.C.A.C. TO ADMS. Ldn. 7/11/16 PART II D.O. No. 487. 9. 6/11/16
H. G. Clowley
 ccac

19/11/16 London Taken on strength Brighton 19/11/16
 area a D.M. S. S. S.

Attached to Hastings 9.1.17. Pt II D.O. No. 22.17
 S.A. D.M.S.
 Jan 8. 1917.

Stampbell

Major
 for C. D.M.S. Bolton Area.

To be folded on this line.

Temporary Original Not available

Army Form B. 103-2.
Part II.

(SERVICE AND CASUALTY FORM Part II).

Regiment or Corps _____ Regimental Number 159553

*Substantive Rank _____ Surname Davie Christian Names James Ironside

*Acting Rank _____
(*To be entered in pencil to facilitate alteration.)

To be folded on this line.

Nothing to be written in this margin.

(M26383) Wt. No. 9508-P. 2068. 500,000. 3/19. S. & S., Ltd. E. 4602.

(A) Report.		(B)	(C)	(D)	(E)	(F)
Date.	From whom received.	Authority of Part II. of Orders.	Record of promotions, appointments, reductions, casualties, transfers, postings, &c. All acting as well as substantive promotions to be shown, for method of entry of which see A.C.I. 1816 of 1917. Corps and unit to which transferred and posted to be invariably named.	Place of casualty.	Date of promotion, reduction, reversal, casualty, &c.	Remarks, and initials and rank of an officer.
5.11.15	O.B.43 nd	Arrived	In England. E. Sandling	4.11.15	Pt II D# 45	
			Embarked for France		26.9.16	M.R
30.6.16	✓	Pt II No 17	att for duty to 177th tunnelling Coy R.E.	Field	4.3.16	Pt II
30.6.16	✓	✓ 17	trans to be att for duty to 177th tunnelling Coy on being att to 2 nd Ban tunneling Coy	"	7.6.16	
7.7.16	2 nd Ban tunnelling Coy	✓ 75	Temporarily att for duty to 2 nd Ban tunnelling Coy	Field	7.6.16	
1.8.16	O.B.43	b.L.A.112	2 nd Ban Depot	Boulogne	22.7.16	sick @
8.8.16	"	" 116	No. 76 on Depot	"	29.7.16	sick @
23.9.16	"	" 153	Disch to Rest Camps.	"	14.9.16	"
20.10.16	"	Pt II No 3	Class T.B. & re-att to be attached to 2 nd Ban tunneling Coy for duty	Field	17.9.16	
17.9.16	2 nd tunn Coy	" 120	trans to be att on being reported T.O.S. of Ban Base Depot.	"	17.9.16	
3.11.16	O.B.43 rd	Pt II No 58	Class P.B. Trans to be att	Sharham	26.10.16	
27.10.16	b.b.a.b	" 471	Rept of Base & 303	"	26.10.16	
6.11.16	✓	" 488	ban on A.D.M.S. London	"	5.11.16	
8.1.17	A.D.M.S.	" 8	trans to be att A.D.M.S. Highgate B'ton	"	9.1.17	



(A) Report.		(B)	(C)	(D)	(E)	(F)
Date.	From whom received.	Authority of Part II. of Orders.	Record of promotions, appointments, reductions, casualties, transfers, postings, &c. All acting as well as substantive promotions to be shown, for method of entry of which see A.C.I. 1816 of 1917. Corps and unit to which transferred and posted to be invariably named.	Place of casualty.	Date of promotion, reduction, reversion, casualty, &c.	Remarks, and initials and rank of an officer.
9-2-17	A.D.M.S.	PT 01	att'd from A.D.M.S. B'ton	Hastings	9-1-17	PH
16-2-17	"	" 81	base to be att'd to the A.D.M.S. house			
			be shown on Com A.D.M.S. Hastings	"	28-1-17	
21-3-17	Man Deps	" 12	TOP from C.C.A. 6 th Div A.D.M.S.	Dibyate	10-3-17	
2-6-17	"	" 85	base to be on Com B.A.M.S. ton	"	15-5-17	
			Com A.D.M.S. Hastings			
7-6-17	"	" 90	base to be attached at A.D.M.S. Hastings	"	27-5-17	
29-6-17	"	" 173	base on Com A.D.M.S. Hastings	"	27-5-17	
7-6-17	"	" 90	S.O.P. to be a M.L. Dept	"	26-5-17	
27-6-17	"	" 178	TOP from Man Deps.	"	26-5-17	
27-6-17	"	" 178	S.O.P. to A.D.M.S.	"	3-5-17	
29-6-17	A.D.M.S.	" 173	TOP	Hastings	3-5-17	
3-9-17	✓	" 239	Awarded Good Conduct Badge	Pa V	27-7-17	
26-9-17	✓	" 262	S.O.P. A.D.M.S. sub staff & posted to	" "	26-9-17	
			be a M.L. Dept on admission to school of stenography Hastings			
28-9-17	be a M.L. N	" 271	TOP	" Soliffe	26-9-17	
16-10-17	"	" 189	base on Com to school of stenography	" "	13-10-17	
31-10-17	"	" 304	S.O.P. on posting to Pa. Lt	" "	31-10-17	

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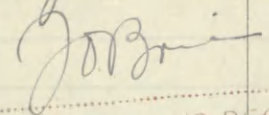
(SERVICE AND CASUALTY FORM Part II).



Regiment or Corps _____ Regimental Number 153583
 *Substantive Rank _____ Surname Davie Christian Names James Ironside
 *Acting Rank _____
 (*To be entered in pencil to facilitate alteration.)

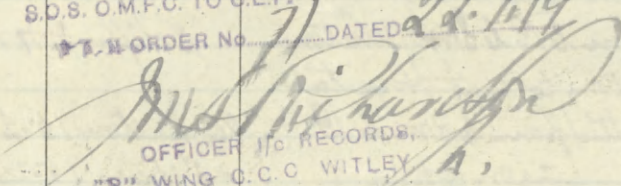
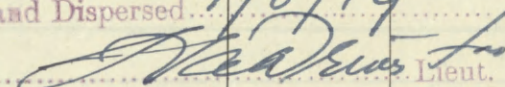
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(P. 26888.) Wt. W. 9633-P. 2005. 500,000. 3/19. S. & S., Ltd., E. 4602.

(A) Report.		(B)	(C)	(D)	(E)	(F)
Date.	From whom received.	Authority of Part II. of Orders	Record of promotions, appointments, reductions, casualties, transfers, postings, &c. All acting as well as substantive promotions to be shown, for method of entry of which see A.C.I. 1816 of 1917. Corps and unit to which transferred and posted to be invariably named.	Place of casualty.	Date of promotion, reduction, reversal, or casualty, &c.	Remarks, and initials and rank of an officer.
1-11-17	6 Rx Hqs	Pt # 10268	TOP from Ca M. L. N.	Buxton	31-10-17	
4-11-18	"	" 92	SOS to Ca M. L. N.	Pt "	2-11-18	
7-11-18	"	" 92	att'd from Ca M. L. N.	" "	2-11-18	
12-12-18	Ca M. L. N.	" 187	TOP from 6 R. L. Hqs Burton and on com to that Hospital	" Schiffe	2-11-18 4-10-18	-10d/15-1-19
27-2-19	6 R. L. Hqs	" 18	Now att'd from Ca M. L. N.	Pt Buxton	15-2-19	
26-2-19	Ca M. L. N.	" 57	TOP & remains on com	" Schiffe	15-2-19	
19-2-19	Ca M. L. N.	" 42	SOS to Ca M. L. N.	"	15-2-19	
26-3-19	6 Rx Hqs	" 26	brass att'd on att ment to	Pt Burton	26-3-19	
31-3-19	6 Rx Hqs	" 19	leaves com to 2 L. S. H.	"	26-3-19	
17-4-19	Ca M. L. N.	" 107	SOS to Gran Camp Hqs	" Schiffe	15-4-19	
30-4-19	6 Rx Hqs	" 25	brass att'd & TOP from Ca M. L. N.	" Cuxton	15-4-19	

Certified correct

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

(A) Report.		(B) Authority of Part II. of Orders.	(C) Record of promotions, appointments, reductions, casualties, transfers, postings, &c. All acting as well as substantive promotions to be shown, for method of entry of which see A.C.I. 1816 of 1917. Corps and unit to which transferred and posted to be invariably named.	(D) Place of casualty.	(E) Date of promotion, reduction, reversion, casualty, &c.	(F) Remarks, and initials and rank of an officer.
Date.	From whom received.					
			<p>S.O.S. O.M.F.C. TO C.E.F. P.T. ORDER No. 71 DATED 22.7.19  OFFICER IN CHARGE "P" WING C.C.C. WITLEY A.</p> <p>← H. M. T. S. WINIFREDIAN → EMBARKED 18-7-19</p>			
			<p>18/7/19 T.O.S. Dispersal Station AA. and Dispersed 1/8/19  Lieut. for O. C. 10 District Depot.</p>			<p>403-217 P02 40.217 P03</p>

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PROCEEDINGS OF A MEDICAL BOARD.

Dated at Nov. 2 1916.

No. 113553 Rank Pte Name Davie J. J.

Local Unit..... Overseas Unit 43 T.B. Co. Age 27

Examination held at Shrewsbury

DISABILITY.
Overseas—Local.
(scratch one out)

D. A. H.

PRESENT CONDITION.

5 mos. full duty in France -
Became short of breath and dizzy
Heart now rapid

Hospital 27/6/17 CII' Hamilton Camp
BII A. H. Howse Capt

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 Yes.....
- 5. Discharge.....

Signatures:—

A. H. Howse Capt President.

Members

J. M. ... Capt

APPROVED

Shoreham

Dated at..... 2. 1916.

2 NOV 1916

D. J. M. ...

For A.D.M.S.
Captain, C.A.M.C.
for A.D.M.S., Canadians, London Area.

PROCEEDINGS OF A MEDICAL BOARD

Dated at 1918

No. Rank Name

Local Unit Overseas Unit

Examination held at

DISABILITY.
Overseas—Local.
(attach one out)

PRESENT CONDITION

BOARD RECOMMENDS:—

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

Signatures:—

..... President.

Members

.....
.....

APPROVED

Dated at 1918

Reserved for M.H.C.

MEDICAL HISTORY

Regt. No. 153553 Rank Pt Surname DAVIE Christian Name James J
 Unit or Corps—(a) Overseas from United Kingdom C. I. M. G. (b) in United Kingdom C. I. M. G.
 Born at—Town Peterhead County or Province Aberdeenshire Country Scotland
 Date of Birth—Day 23 Month August Year 1889 Age 29 yrs. 5 months.
 Joined at Winnipeg Date July 27/1915
 Former trade or occupation Salesman

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

nil.

Height—feet 5 inches 8 Colour of eyes Light grey
 Signature of Soldier (for identification purposes) Davie James J.

Medical Report

Read carefully the instructions on last page of this form.

1. DISABILITY.

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

Disabilities Group (a)

D. A. H.

Disabilities Group (b)

NA

Disabilities Group (c)

NA

2. CAUSE OF DISABILITY

	Place of origin.	Date of origin.
(i.) As to Group (a) above.	<u>France</u>	<u>June 1916</u>
(ii.) As to Group (b) above.	<u>NA</u>	
(iii.) As to Group (c) above.	<u>NA</u>	

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? na
- (ii.) As to Group (b) above? na If yes, has Active Service aggravated it? na
- (iii.) As to Group (c) above? na If yes, has Active Service aggravated it? na

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? na
- (iii.) As to Group (c) above? na

5. MEDICAL HISTORY.

Influenza in civil life in 1918.
 Began to have dizzy attacks in France
 in June 1916 after heavy selling.
 Has been troubled with dizzy attacks,
 shortness of breath, and palpitation of
 heart ever since.
 No history of venereal disease.

6. PRESENT CONDITION.

Poorly nourished and looks debilitated.
 Lungs negative. Pulse rate 120 at rest.
 Left border heart at nipple line. Diffuse
 apex beat in 5th space. Murmurs are very
 loud and metallic. No murmur.
 Complaints of shortness of breath, palpitation,
 and attacks of dizziness.

7. OPERATION. (i) Was one performed? NO

(ii) If so, state what. NA

(iii) Was one advised and declined? NA

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

8. (i) Is there loss or decay of teeth attributable to Active Service? NO

(ii) If so, describe. NA

9. DO YOU RECOMMEND:—

(a) Fit for duty? Bii

(b) Invalid to Canada? NO

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

Date of Report 24-1-1919

Signed W. Daw G. C. C. M. E. Officer in medical charge of case.

Station Canadian Red Cross Special Hospital, BUXTON, DERBY.

I have satisfied myself of the general accuracy of the above Report,

and concur therein except

Philip Burnett Col. A.R.C. (S.M.C. Brigade) (Officer i/c Hospital) Strike out one of these

Dated at BUXTON, DERBY. Station, on 24-1-1919

*Delete if inapplicable.

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

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

yes

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

yes

12. From the medical information now adduced, was the disability caused or aggravated by:

(a) Negligence of the Soldier { Caused? no Aggravated? no

(b) Misconduct of the Soldier { Caused? no Aggravated? no

13. THE ENTIRE DISABILITY.—Without regard to his regular occupation, to what extent is his capacity lessened at present for earning a full livelihood in the general market for untrained labour? (Estimate at none, 5%, 10%, 15%, 20%, etc.)

no

14. THE DISABILITY DUE TO SERVICE.—(See Part I. (3).) Aggravation on Active Service of a disability existing previous to joining is to be included in this estimate.

What part of the entire disability estimated next above (13) is due to causes arising during Active Service? (Estimate at none, 1/10, 2/10, 3/10, etc., or all.)

no

15. Permanency of the Disability due to Service estimated next above in (14).

(i) Is it permanent?

no

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

16. If an operation was advised and declined, do you consider the refusal to have been unreasonable?

no

17. Can the former trade or occupation be resumed?

yes

18. REMARKS:—

Condition described in Part I. ... The Medical Officer in charge of the case will fill out page 1 and 2 of this form. The original must be wholly in the handwriting of the Medical Officer. The copies may be typewritten but must be signed by the Medical Officer who must be satisfied that they are true copies of the original.

19. RECOMMENDATION:—

(a) Fit for duty? (state category)

B II

(b) Invalid to Canada?

WAR

(c) Discharge from Service as permanently unfit?

WAR

Date of Board

24-1-19

Signatures of the Board

President. Major Ross Major Capocome

Station

Canadian Red Cross Special Hospital,

BUXTON DERBY.

Approved

Walter Ross MAJOR, D.A.D.M.S.

A.D.M.S.

ASSISTANT DIRECTOR OF MEDICAL SERVICES 26 JAN 1919 CANADIANS BUXTON AREA 191

Dated at

For A.D.M.S. CANADIANS BUXTON AREA.

Station

191

Statement of the Soldier

(This is to be completed only in the case of the Soldier taking his Discharge in England.)

I, the undersigned... have heard the description of my disability read, and am satisfied (or not satisfied) with it. (If dissatisfied, statement should follow.) I complain in addition of:—

If the cause of the disability fully described in Part I (2) is not described it

Signature of Soldier examined. James J. Davison

Instructions to Medical Officers

Question 1.—State the disability in terms of a diagnosis, that is, a diagnosis of the existing condition as distinguished from the disease or injury which caused it.

Question 2.—The cause of the disability when known should be stated and care should be taken to establish as correctly as possible the place and date of origin.

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

Question 5.—MEDICAL HISTORY.—State concisely the essential points of the history of the case as supported by documentary evidence.

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

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

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

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

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

The Medical Officer in charge of the case will fill out pages 1 and 2 of this Form. The original must be wholly in the handwriting of the Medical Officer.

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

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

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

ENTRIES OF RECATEGORIZATION

Table with 8 columns: Date, Station, Category, Signature of M. O., Date, Station, Category, Signature of M. O.

ASSIGNED PAY BRANCH,

CHANGE OF ADDRESS.

To Record Office please note.

ASP. 65973

4th October, 1916.

New address is—

~~John Davie,~~~~"Blackhill", Longhaven,~~~~Cruden, Aberdeen, Scotland.~~

instead of

~~Mrs. Mary Davie,~~~~Above address.~~If this person is the next-of-kin ~~Co~~ WARNE WARD, Major.

1.

~~153553 Pte. J.T. Davie~~~~43rd Battalion.~~

Please note for your Records.

CHANGE OF ADDRESS

To Record Office please note

New address is

If this person is the agent of another person, please note

Please note for your records

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

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" issued by the B.P.C. and instructions issued by Militia H.Q., Ottawa, will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of Sections 1 to 17 of this Form and will obtain the signature of the invalid to the "Statement," page 3. The President of the Board of Medical Officers is responsible for the proper completion of sections reserved for recording the "Opinion of the Medical Board."
3. In answering the questions, Medical Officers will carefully obtain and record the invalid's statements concerning his condition. They will distinguish observations made by themselves from hearsay. They will distinctly state the authority for statements not resulting from their personal observation; it must be made clear whether such statements are obtained from the invalid concerned, from witnesses, or from documents, Regimental or otherwise.
4. Special care is required in answering question 9. Read the questions carefully. All questions must be answered.
5. If space provided under any section is insufficient add another sheet. Such sheets must be initialled by the Medical Board.
6. A note will be made of attached papers by the Medical Board under the section "Opinion of Medical Board."
7. Under no circumstances may information other than that in sections 7, 8, 9 and 10 be communicated to the invalid, directly or indirectly.
8. The nomenclature of diseases must be followed, if possible, as described in "List of Diseases" printed in the order in which they appear in the Annual Report on the Health of the Army, published in London (1915), by Messrs. Harrison & Sons.

STATION Peak Hosp. Buxton DATE Mar. 20th 1919

1. 1 (a) Unit C.A.M.C. (b) Regimental No. 153552 (c) Rank pte
 (d) Surname Davie (e) Christian name JAMES J.
 (f) Home address 317 St. John's Ave. Winnipeg, Can.
 (g) Next of Kin John Davie (h) Relationship father
 (i) Address of Next of Kin Black Hills, Songhomon, Cruden

2. Age last birthday 29 yrs Date of birth Aug. 23rd 1889 [Scotland]
 3. Enlistment, or Appointment (if an Officer) (a) Place Winnipeg, Can. (b) Date 27th July 1915

4. Personal description:
 (a) Height 5 ft. 8 in (b) Weight 146 lbs (c) Complexion Slight
(stripped)
 (d) Colour of hair Brown (e) Colour of eyes Blue (f) Identification marks, Scars, etc. Mole, outside lt. forearm and lt. Shoulder
salesman

5. Former trade or occupation.....

	Years	Days
6. Service (The information should be secured from personal documents, but if documents are not available the invalid's statement may be taken and note must be made to that effect. Periods of service in Canada, England, France or elsewhere should be noted).	3	237

	PERIODS	
	From	To
Canada <u>Patent's Statement</u>	<u>27th July - 15</u>	<u>6th Oct. - 15</u>
England.....	<u>17th Oct. - 15</u>	<u>19th Oct. - 16</u>
France or other theatres of War.....	<u>20th Feb. - 16</u>	<u>25th Oct. - 16</u>

7. Original disease, or injury D. A. H.
 (a) Date of origin June 1916 (b) Place of origin Ypres
 (c) Cause Unknown

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

This man has a nervous and excitable heart, with no evidence of organic disease.

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

All his systems are normal with the exception of a nervous and irritable condition of heart. There is no sign or symptom of organic disease.

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

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

Special Senses.....*no*..... Respiratory System.....*no*..... Integumentary System.....*no*.....

Disturbances of Mentality.....*no*..... Digestive System.....*no*..... Muscular System.....*no*.....

Osseous and Joint Systems.....*no*..... Any other general condition.....*no*.....

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

Complained of dizziness and difficulty in breathing June 1916. On July 21st 1916, sent from line to fld amb. and through usual channels to hospital at Boulogne and Harve and then to C.C.A.C. Kept in England and did not return to France.

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

Nil

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

11.—(a) Did the disabling condition have its origin before enlistment? *No*

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

No.

12. Was the disability caused, or aggravated; (a) by intemperance, or improper conduct; or (b) 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? *Six months*

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

Out of door life and light employment.

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit? *No*
(If the answer is "yes" state nature of treatment required and probable duration)

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

17. Recommendations. *BT*

A. M. Millan, Capt. Army
Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

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

I, the undersigned, *James J. Davis* 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.....

James J. Davis Pte. Rank.
Signature of invalid 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 criticised.

yes

19. Is the invalid fit for

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

20. It is certified that the invalid

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

- (b) Does not require treatment.
- (c) Should pass under his own control.
- (d) ~~Should not pass under his own control.~~
(Strike out condition not applicable.)

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

Category B II

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

EXAM. MED. BOARD
 21 MAR 1919
 PLACE G. C. S. H.

[Signature] President.

[Signature] Members

TO BE COMPLETED WHEN TREATMENT IS REFUSED

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

Witness..... Signed.....

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

PLACE..... President.

DATE..... Members

APPROVED BY *[Signature]* APPROVED BY
 MAJOR D.A.D.M.S. NADIANS.
 Assistant Director of Medical Services. Director-General of Medical Services.

DATE..... LIVERPOOL. DATE.....

31 MAR 1919

Rank

Pte

Name

DAVIE, James Ironside

Reg'l No. 153553

P-56

Unit

79th CE of C. to
43rd Bn.If in perm. Corps,
What Unit?Married or Single Single

Place and Date of Enlistment

Winnipeg, 27th July, 1915.

Place of Birth Peterhead,
Aberdeenshire, Scotland.

Name and Address, Next-of-Kin

John Davie, Blackhill, Longhaven, Cruden, Aberdeen. *shire
Sest*

Relationship

Father.Assigned Pay Monthly \$ 18-

Payable to

Mrs J. Davie (address above)

Relationship

Separation Allowance \$

Payable to

Relationship

Discharge, Date and Place

Reason

Character

Date		PAY			Field Allowance			Other Credits	Total Credits	Voucher		Cash Payments	Assigned pay	Other Charges	Total Debits	Balance	Remarks, Casualties, etc.
From	To	No. of Days	Rate	Amount	No. of Days	Rate	Amount			No.	Date						
<u>Nov 1</u>	<u>30</u>	<u>30</u>	<u>1.00</u>	<u>30</u>	<u>30</u>	<u>.10</u>	<u>3</u>	<u>27 60</u>	<u>60 60</u>			<u>14 60</u>	<u>36</u>		<u>50 60</u>	<u>10</u>	<u>1800 a.p. for Oct Or from Oct</u>
<u>Dec 1</u>	<u>31</u>	<u>31</u>	<u>"</u>	<u>31</u>	<u>31</u>	<u>"</u>	<u>3 10</u>		<u>34 10</u>			<u>24 33</u>	<u>18</u>		<u>42 33</u>	<u>1 77</u>	
<u>Jan 1</u>	<u>31</u>	<u>31</u>	<u>"</u>	<u>31</u>	<u>31</u>	<u>"</u>	<u>3 10</u>		<u>34 10</u>			<u>14 60</u>	<u>18</u>		<u>32 60</u>	<u>3 27</u>	
<u>Feb 1</u>	<u>29</u>	<u>29</u>	<u>"</u>	<u>29</u>	<u>29</u>	<u>"</u>	<u>2 90</u>		<u>31 90</u>			<u>9 92</u>	<u>18</u>		<u>21 92</u>	<u>4 25</u>	
<u>Mar 1</u>	<u>31</u>	<u>31</u>	<u>"</u>	<u>31</u>	<u>31</u>	<u>"</u>	<u>3 10</u>		<u>34 10</u>			<u>5 24</u>	<u>18</u>		<u>23 24</u>	<u>18 11</u>	
<u>BALANCE TRANSFERRED TO NEW LEDGER.</u>																	
				<u>152</u>				<u>15 20</u>	<u>27 60</u>	<u>144 80</u>		<u>68 69</u>	<u>108</u>		<u>176 69</u>		

