

ATTESTATION PAPER

No. Folio

No. 2 CONSTRUCTION, D. H. C. E. F. of

QUESTIONS TO BE PUT BEFORE ATTESTATION.

- 1. What is your name? Davis Fred.
2. In what Township or parish, and in or near what Town and in what County or Country were you born? Chillicothe Ohio USA
3. *What is the name of your next of kin? Mrs. Nellie Lee.
4. *What is the address of your next of kin? 156 N 17th St. Columbus Ohio U.S.A
5. What is the date of your birth? October 14th 1887
6. What is your trade or calling? Laborer
7. Are you an apprentice? No.
8. Are you married? No.
9. Are you willing to be vaccinated or re-vaccinated? Yes.
10. Do you now belong to the Active Militia? No.
11. Have you ever served in His Majesty's Regular Army, Royal Marines, Royal Navy, Royal Naval Reserve, Indian or Auxiliary Forces, Territorial Force, Canadian Permanent Force, Canadian Naval Service, or in any Corps of the Active Militia of Canada, or the Royal North-West Mounted Police? No.

†† If so, state particulars of former Service, and produce Certificate of Discharge, or transfer to Army Reserve.

- 12. Do you understand that enlistment into the Permanent Force does not involve your discharge from the Army Reserve, but that if required for duty as an Army Reservist you will be discharged from the Permanent Force? Yes
13. Have you ever been rejected as unfit for His Majesty's Regular Army, Royal Marines, Royal Navy, Royal Naval Reserve, Indian or Auxiliary Forces, Territorial Force, Canadian Permanent Force, Canadian Naval Service, or in any Corps of the Active Militia of Canada, or the Royal North-West Mounted Police? No.
14. Do you understand the nature and terms of your engagement? Yes.
15. Are you willing to be attested to serve in the #2 Construction Battalion or for General Service for the term of Duration of war and 6 months after. Yes.
(Signature of Man) Fred Davis
(Witness) C. Shephard

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Fred Davis, do sincerely and solemnly declare that to the best of my knowledge and belief, the above answers to the foregoing questions made and signed by me are true; and that I am willing to be attested for the term of provided His Majesty should so long require my services, or until legally discharged.

Signature of Man: Fred Davis; Signature of Witness: C. Shephard

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Fred Davis, do sincerely promise and swear (or solemnly declare) that I will be faithful and bear true allegiance to his Majesty.

Witness my hand.

(Signature of Man) Fred Davis; (Witness Present) C. Shephard

The above questions were asked of the said Fred Davis and answered by him in my presence, as herein recorded; and the said Fred Davis made the above Declaration and Oath before me at Windsor Ont. 26th day of January One Thousand Nine Hundred Seventeen at o'clock M.

† Signature of Commanding Officer of Squadron, Battery or Company, or Justice of the Peace.

Signature of Commanding Officer: James G. ...

* To be verified in the month of January in each year. † But only at the Headquarters of the Corps for Permanent Units, and in cases where the Commanding Officer has taken the same oath before a Justice of the Peace. (See K. R. & O. for the C. M., and the Militia Act.)

Description of Fred Davis on Enlistment.

Apparent Age 29 years 3 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 5 ins.

Weight 154 lbs.

Chest measurement { Girth when fully expanded 38 ins.

Range of expansion 3 ins.

Complexion Colored

Eyes Dark

Hair Dark

Both Eyes 20/20

Religious denomination.
 Church of England.....
 Presbyterian.....
 Methodist Yes.
 Baptist and Congregationalist.....
 Roman Catholic.....
 Jewish.....
 Other Protestants.....
 (Denomination to be stated.)

CERTIFICATE OF MEDICAL EXAMINATION.

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

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

I consider him* fit for the Permanent Force,

Date January 26th 1917.

[Signature]
 Medical Officer.

Place Windsor Ont.

*Insert here "fit" or "unfit."

NOTE.—Should the Medical Officer consider the Recruit unfit, he will fill in the following Certificate only in the case of those who have been attested, and will briefly state below the cause of unfitness:—

CERTIFICATE OF OFFICER COMMANDING OR ADMINISTERING THE CORPS

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

[Signature] Capt 9107
 Lieut.-Col. (Signature of Officer)

Date January 26th 1917.

No. Construction Battalion, C. E. F.
(a.s.w.)



O. H. M. S.

REGIMENTAL DOCUMENTS

NAME Davis, Fred ^{Pfc} REGT. No. 931762 UNIT # 2 Constr. Batta

05565

NON-EFFECTIVE BY Demob CATEGORY.....

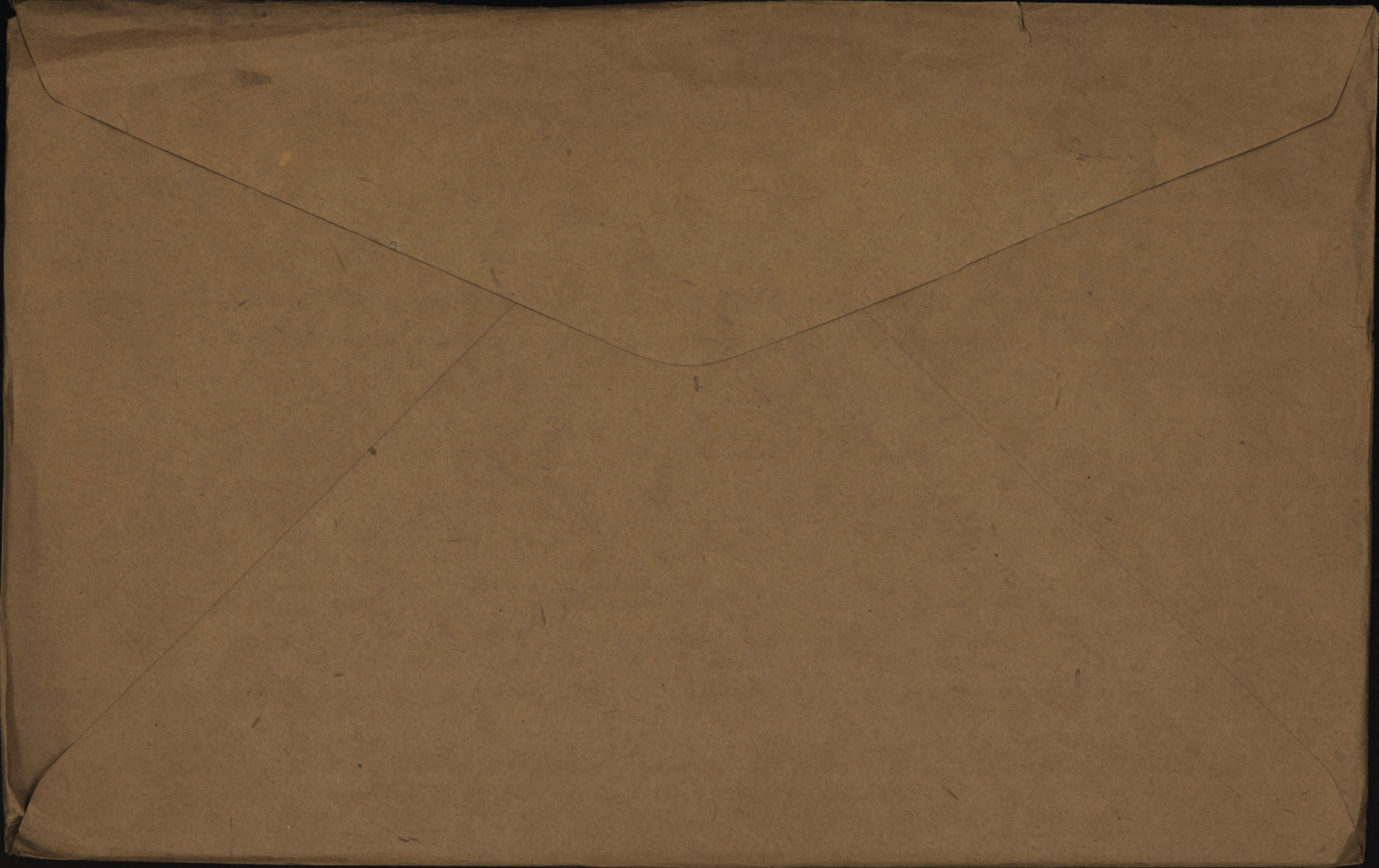
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- 18. REGIMENTAL CERTIFICATE ON DISCHARGE (M. F. W. 100)
- 19. UNIT INDEX CARD (M. F. W. 71 or 102)



1 M F W - 192
M. F. B. 270.

1 M F W - 192
85DM-6-18
H. Q. 1772-39-67



DUPLICATE

To be made out in duplicate.

I.O. 51-21-23-53

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

INSTRUCTIONS.

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

(1) Name of Overseas Unit which Soldier joins..... *No. 2 CONSTRUCTION, B'n., C.E.F.*.....

(2) Regimental Number..... *931762*.....

(3) Full Name of Soldier..... *Fred Davis*.....

(4) Place of Birth..... *Chillicothe, Ohio*.....

(5) Are you married, or not?..... *No*.....

(6) If married, state,
 (a) Full name of your wife.....
 (b) Present Postal Address.....

(7) Are you a widower?..... *No*.....

(8) Have you any children?.....
 If so, give number of boys and girls.....
 Also their names and ages.....

(9) Is your Father alive?..... *No*
If so, state name and address..... *x*

(10) Is your Mother alive?..... *No*
If so, state name and address..... *x*

(11) If your Mother is a widow..... *x*
Are you her sole support, or not?..... *x*

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

(13) If you have no wife, father, mother or children, state the name and relationship with full postal address of your next of kin, to whom you would desire any communication to be sent concerning you.
Mrs Nellie Lee
156 North 17th St.
Columbus, Ohio, U S A

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

(15) Are you insured?..... *No*
If so, in what Company?..... *x*
Have you made arrangements for payment of your Insurance premium..... *x*

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

..... *Lieut-Col.*
No. 2 Construction Co. U.S.A.
Officer Commanding.

Date.....

COPY ONLY
CANADIAN EXPEDITIONARY FORCE
Discharge Certificate

This is to Certify that No. **931762** (Rank) **PRIVATE**

Name (in full) **DAVIS, Fred** enlisted in
the **2ND CONSTRUCTION BATTALION, C.O.M.F.**
CANADIAN EXPEDITIONARY FORCE at **WINDSOR, ONT.** on the **TWENTY-SIXTH**
day of **JANUARY,** 19**17.**

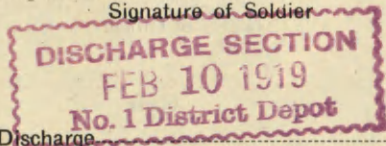
HE served in **FRANCE (with 2nd Construction Battalion)**
and is now discharged from the service by reason of **ON DEMOBILIZATION,**

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

Age **31**
Height **5 - 5**
Complexion **COLORED**
Eyes **DARK**
Hair **DARK**

Marks or Scars
TATOOS BAND OF STARS, RIGHT
WRIST, LEFT FOREARM, SHIELD
ANCHOR AND CROSS

Signature of Soldier



Date of Discharge

J. Millard
Issuing Officer

Major

Rank

O. C. Discharge Section, No. 9372.
Appointment

Signed at **LONDON, ONT.** this **TENTH** day of **FEBRUARY,** 19**19**

in Military District No. **ONE**

File Reference No. **ID-30-D-773**
IDB-10-D-200

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

CANADIAN EXPEDITIONARY FORCE
Discharge Certificate

No. (Rank) Name

Unit

Address on Discharge

Character and Conduct

Former Occupation

Special Qualifications of Value in Civil Life

Medals and Decorations

Remarks

Signed at this day of 19

.....
Name of Officer

.....
Rank

.....
Appointment

On demobilization the particulars called for on the back of this certificate will not be completed.

MEDICAL EXAMINATION UPON LEAVING THE SERVICE OF OFFICERS AND OTHER RANKS WHO HAVE NO DISABILITY.

S.A.L.

Officers and Other Ranks leaving the service for reasons other than medical unfitness are to be reported on this form. Where there is evidence of any undetermined or progressive disability, this form will not be used, but the case will be referred to a Medical Board for completion of M.F.B. 227.

No. 931762 Rank Pte1 Surname D. A. V. I. S.
(Given name in full)

Fred

Unit or Corps I D D Birthplace Chillicothe, Ohio, U.S.A.

(Examination of Officer or Other Rank (stripped) to be made by one Medical Officer.)

1. GENERAL DESCRIPTION:

Physique good Weight 154 1/2 lbs. Height 5 ft. 4 3/4 in. Colour of Eyes brown

Nutrition good

Pulse 72

Condition of arteries good

Vision Rt. 20/20 Left 20/20

Hearing (conversational voice) Rt. 21 ft.

Left 21 ft.

Identification marks, scars, or deformities.
(Give cause and date of origin.)

tatoos band of stars, right wrist
 Tatoo left forearm shield, anchor
 and cross.

Good. A 2

Opinion as to general health and physical condition.....

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

Nervous System.....no Genito Urinary System.....no Cardio-Vascular System.....no

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

Disturbance of mentality..no Muscular System.....no Digestive System.....no

Osseous and Joint System.....no Any other general condition.....no

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

Hearing slightly defective. Existed prior to enlistment. No discharge from ears.

No complaint. No disability. No aggravation due to service.

No disability due to service.

(If space is insufficient, continue on back of form.)

[OVER]

EXAMINATIONS.

THIS SECTION FOR USE OVERSEAS—

Examined at.....(Overseas)

Date SignedM.O.

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

Signature

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

THIS SECTION FOR USE IN CANADA—

Examined at London Ont....(Canada)

Date Feb. 6, 1919 Signed *J. J. Simpson Capt*M.O.

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

Signature *P. Davis*

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

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

[OVER]

ORIGINAL MEDICAL HISTORY SHEET

931762

Surname **Davis** Christian Name **Fred**

Examined { on **26th** day of **January** 1917
 at **Windsor Ont.**

Birthplace { City or Town **Chillicothe, Ohio**
 County **U.S.A.**

Apparent age **29yrs 3 mo.**

Trade or occupation **Laborer**

Height **5** feet **5** Inches

Weight **154** lbs.

Chest measurement { Minimum **35** inches
 Maximum expansion **38** inches

Approved by *Don Murray*
 Rank **Capt A.M.C.**

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

Physical development

Small-pox Marks

Vaccination Marks { Arm **Right** **Left**
 Number

When Vaccinated last

(a) Marks indicating congenital peculiarities or previous disease

Date	Result	VACCINATIONS
11/4/17	2881	588 Stepley

(b) Slight defects but not sufficient to cause rejection
Both Eyes 20/20

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
27/2/17	2881	588 Stepley
3/3/17	2881	Don Murray
18/3/17	2881	Don Murray

Enlisted on **26th** day of **January** 191**7** at **Windsor, Ont.**

	CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment				
Transferred to	2nd Construction Co	931762		

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

STATION	DATE	DISEASE	RESULT
Windsor, Ont. <i>S. R. Bruce</i> M ^{or} , A. M. C.	JAN 27 1917	on enlistment <i>W. G. ...</i> Capt, A. M. C.	Fit <i>Thompson</i> Capt 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.

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

Arms
M. F. W. 54. (A. F. B. 103.)
350M.—5-16
H. Q. 1772-39-920.

Casualty Form Active Service.

Unit, Regiment or Corps #2 Const. Battn. CEF.
 Regimental No. 931762 Rank Pte. Name Davis Fred.
C. E. F.
 Enlisted (a) 26/1/17 Terms of Service (a) Duration of War Service reckons from (a) 26/1/17
+ 6 months
 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)

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, Canada Disembarked, England Proceeded Overseas	Halifax NS Liverpool Seaford	25/3/17 7/4/17 17/5/17	Pte 2 D.C. No. Remains in for England
			Wounded in France	17-5-17	N.R.
5/4/18	OC Unit	att to 1 Dist C.F.C.		30/4/17	B213
21-8-18	38 686	tailed 14 days leave	uk.	28-8-18	B213 per 519 Sept 1918
28-9-18	do	Returned from leave	2nd.	14-9-18	B213

CERTIFIED CORRECT.
 6 JUN. 1917
 CAN. RECORDS, LONDON.

D.C. No. 1
Constan
Ballin

(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.

CASUALTY FORM - ACTS SERVICE

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				

11 ¹² / ₁₁	aaq	Trans to Reg Depot N.S. Reg Depot	Branshott	14 ¹² / ₁₈	kh 3426 sNR
----------------------------------	-----	--------------------------------------	-----------	----------------------------------	----------------

ca Bennett

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

14.12.18	N.S.R. 10	S.O.I. + attached to S.O. & 10 for O.R.s. Rations.	B'shatt	14.12.18	D.O 305.
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NSRD ON COMMAND TO
DISCHARGED

DISCHARGE SECTION
FEB 10 1919
No. 1 District Depot

PART II D.O. 313 27/18

ca. Prigent LIEUT.
OFFICER IN CHARGE RECORDS,
NOVA SCOTIA REGTL. DEPOT.

28/12/18	N.S.R.D.	J.O.S. M.D. #1 Conc Camp Embarked for Canada.	Rhyll	28/12/18.	J. B. Owen for O.C., M.D. #1 Wing
----------	----------	--	-------	-----------	--------------------------------------

10-1-19	from O.C.	Taken on strength No. 1 District Depot	London	D.O 29	
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J. Millard Major
O. C. Discharge Section, No. 1 D. D.
for O.C. No. 1 DISTRICT DEPOT

J. A. Herman Lieut

*Name..... DAVIS Fred Rank Pte. Regtl. No. 931762
 Fyle-Depot IDD 10-D-200
 Original unit Present unit 2nd Cons. Bn. M. or S. Age 31 Religion MethRef. H.Q. (D. 30 D. 773)
 Port, ship and date of arrival Halifax Olympic 17-1-19
 Next of kin Mrs. Nellie Lee, 156 N. 17th, St., Columbus, Ohio.
 Address on leave.....
 Address on discharge 156 North 17th St., Columbus Ohio
 Transportation issued Yes No Date..... Character on discharge.....
 Previous occupation Labourer Date and place of enlistment Jan. 26, 1917, Windsor, Ont.
 Diagnosis..... Date of Medical Boards

Date.	Remarks.	Pt. 2 Order No.
T.O.S.		
10-1-19	No. 1 D.D.	
20-1-19	Posted to Cas. Coy. and granted furlough with sub.	
	allowance to 7-2-19	
		29

Date.

Remarks

Pt. 2 Order No.

10-2-19

Discharged from Army on demobilization (P.D.)

39

No. 931762. RANK

Pte

NAME

Davis. Fred.

T. O. S. 26-1-17

UNIT

No 2. Construction Battalion

D.O. 29. 2. 2. 17.

M. D. 6

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1917 Jan 26	1917 Feb 28 Mar.	✓ m.		



SURNAME.

Davis

CARD NO.

I

✓

CHRISTIAN NAMES

Fred

REGL. No.

931762

RANK

Pte.

UNIT

No 2. Construction Bn.

FORMER CORPS

*S.O.S. No. 10-2-19.
FOLL. *Reenrol.*
Auth: A.O. 399-2-19:
vol. 1. A.A.*

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Lee, Mrs. Nellie

RELATIONSHIP TO SOLDIER

not stated.

ADDRESS

*156 N. 17th. St., Columbus, O.,
U.S.A.*

COUNTRY OF BIRTH

U.S.A. Chillicothe, O.

DATE

Oct. 14th. 1887

PLACE OF ATTESTATION

Windsor Ont.

DATE

Jan. 26th. 1917

RIC 17-1-19 ²⁵⁴/₁₉ Pte.

From Halifax per S.S. Southland 28/3/17.

MARRIED

SINGLE

WIDOWER

TRADE OR CALLING

Labourer

RELIGION

Methodist

DESCRIPTION.

APPARENT AGE

29

YEARS

3

MONTHS

HEIGHT

5

FEET

5

INCHES

CHEST MEASUREMENT

38

INCHES

EXPANSION

3

INCHES

COMPLEXION

colored

EYES

Dark

HAIR

Dark

DISTINGUISHING MARKS

nil.

MEDICAL EXAMINATION.

PLACE

Windsor Ont.

DATE

Jan. 26th. 1917

Present address, not stated.

az
P Number 931762 Rank ~~1st~~ Sgt.

Surname DAVIS

Christian Name Fred

P Units ~~Co. A. 1st~~ Theatre of War France

Date of Service 14-6-17

Remarks 225 N Ohio Ave

Latest Address ~~156 North 17th St~~
Columbus, Ohio

Roll No.

200m.-2-21... B Page 21589

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

.....
 RANK SURNAME INITIALS UNIT

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

one person to be notified of arrival.....

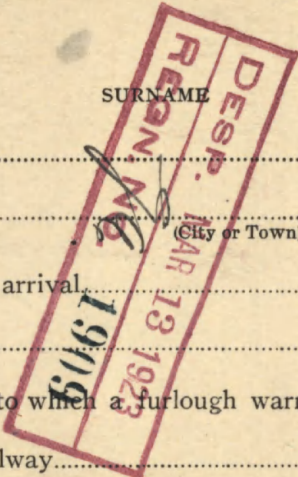
Station in Military District to which a furlough warrant is required.....

..... Railway.....

d, is your wife on board..... Number of children on board.....

destination.....

(Sgd.).....



J.P. Rank

Name

DAVIS, Fred.

Reg'l No.

931762.

Unit No2. Const. Bn.

If in perm. Corps }
What Unit?

Married or Single Single.

Place and Date of Enlistment Windsor. Ont. 26th Jan. 1916.

Place of Birth Chillicothe Ohio. U.S.A.

Name and Address, Next-of-Kin Mrs. Nellie Lee.

156 N. 17th St. Columbus Ohio. U.S.A.

Relationship

Assigned Pay Monthly \$

Payable to

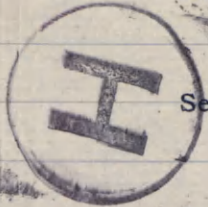
Relationship

Separation Allowance \$

Payable to

Relationship

N/E. R.D. 5969
File R.L. OR CAN
Category



Discharge, Date and Place

Reason

Character

H. W. V., Ld. 9-16-16.

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS Taken from Official Documents.
Date.	From whom received.				
		Arrived in England. S.S. Southland.		7.4.17	A.F.B. 103 CHECKED 29 MAR 1917 C.W.W.
14-6-17	#2 C.C.C.	Arrived in France	Field	14-6-17	115
16-12-18	NSRD	TOS from 2nd cc coy	Pvt Burt	14-12-18	1305 + 71 d / 19-12-18 2nd cc coy
27-12-18	NSRD	of to C.C.C. Pkyl		27-12-18	D.O. 313
179 JAN. 1919	NSRD	SOS to CEF	Pvt Bshott	9 JAN. 1919	PT 2 DO 16
		CANADA			

ASSIGNED PAY.	ENGLAND or CANADA.	SEPARATION ALLOWANCE.	ENGLAND or CANADA.	NAME: <i>DAVIS Fred E</i>
EFFECTIVE DATE:-		EFFECTIVE DATE:-		NUMBER:- <i>931762</i>
AMOUNT:-		AMOUNT:-		PARTICULARS OF RANK OR APPOINTMENT

NAME, ADDRESS, RELATIONSHIP & AUTHORITY	WHEN PAYEE OF A.P. IS THE SAME AS PAYEE OF S.A. THE WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE.	AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
				<i>CAF</i>
UNIT AND TRANSFERS				
ORIGINAL UNIT:- <i>2 Construction Bn</i>				
DATE ACCOUNT FIRST OPENED:- <i>1st April 1917</i>				
AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'S'D	UNIT TRANSFERRED TO	

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS				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>9/24/18</i>	<i>6871</i>	<i>Field</i>	<i>4 66</i>				
<i>10/18/18</i>	<i>3566</i>	<i>BRD G.</i>	<i>9 73</i>				
			<i>14 39</i>				

PARTICULARS OF RENDERING NON-EFFECTIVE: *Transferred to Canada eff 1/1/19 NR Ledger 383*

1918 MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
MAR	<i>Bal Ford</i>								<i>313 14 180</i>		
Apr	<i>Pay + a.</i>	<i>33</i>		<i>AR 116 6/4 CFC 201</i>	<i>3 57</i>						
				<i>AR 298 20/4</i>	<i>3 57</i>				<i>339 00 195</i>		
May	<i>P.P.</i>	<i>33</i>			<i>7 14</i>						
				<i>AR 493 2/5 CFC 1</i>	<i>2 68</i>						
				<i>721 2/5</i>	<i>4 46</i>				<i>365 96 210</i>		
June	<i>P.P.</i>	<i>34 10</i>			<i>7 14</i>						
				<i>AR 108 7/6 CFC 1</i>	<i>3 57</i>					<i>225</i>	
				<i>104 22/6</i>	<i>3 57</i>				<i>391 82</i>		
July	<i>PP</i>	<i>33</i>			<i>7 14</i>						
				<i>AR 1294 6/7 CFC 1</i>	<i>3 57</i>						
				<i>AR 1503 22/7</i>	<i>3 57</i>				<i>418 78 240</i>		
Aug	<i>PP</i>	<i>34 10</i>			<i>7 14</i>						
				<i>AR 1698 6/8 CFC 1</i>	<i>3 57</i>						
				<i>AR 1997 20/8</i>	<i>1 78</i>						
				<i>AR 3206 26/8</i>	<i>97 33</i>						
				<i>AR 1946 22/8</i>	<i>3 57</i>				<i>346 63 255</i>		
Sep	<i>PP</i>	<i>34 10</i>			<i>106 25</i>						
				<i>CL 29858 2/9 London</i>	<i>58 40</i>						
				<i>CL 30822 5/9</i>	<i>24 33</i>						
				<i>AR 2442 23/9 CFC 1</i>	<i>3 57</i>				<i>293 33 270</i>		
Oct	<i>✓</i>	<i>33</i>			<i>86 36</i>						
				<i>AR 2679 7/9 N°1 CFC</i>	<i>3 73</i>						
				<i>AR 2931 23/10</i>	<i>3 73</i>				<i>319 97 285</i>		
					<i>7 46</i>						

COMPILED BY: *Morgan*
CHECKED BY: *Kenneth*

* Strike out whichever inapplicable.

431

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

10-da-45

AUDITOR *Law* PAYMASTER *M*

M. OR S.

REGT. NO. 931762

RANK Pte

NAME (IN FULL) Davis Fred.

NEXT OF KIN

RELATIONSHIP

PARTICULARS

EFFECTIVE DATE

AUTHORITY

ORIGINAL UNIT C.E.F.

IF IN P.F. WHAT UNIT?

(BLOCK LETTERS, SURNAME FIRST)

ADDRESS

PLACE OF ATTESTATION

TRANSFERRED TO

DATE

AUTHORITY

IS SEPARATION ALLOWANCE PAID?

DATE EFFECTIVE

DATE OF ATTESTATION

TRANSFERRED TO

DATE

AUTHORITY

TO WHOM PAID

RELATIONSHIP

ASSIGNED PAY, \$

DATE EFFECTIVE

ADDRESS

PAYABLE TO

RELATIONSHIP

ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE

EFFECTIVE

DISCHARGED

PLACE

DATE

REASON

AUTHORITY

IF ENTITLED TO POST DISCHARGE PAY

MONTH	PAY AND F. A.		OTHER CREDITS		TOTAL CREDITS		ACQUITTANCE ROLLS			CASH PAYMENTS			ASSIGNED PAY		REGIMENTAL CHARGES		OTHER CHARGES		TOTAL DEBITS		BALANCE		PARTICULARS OR REMARKS
	NO. OF DAYS	RATE	AMOUNT		CREDITS		COL. NO. 1	COL. NO. 2	COL. NO. 3	COL. NO. 1	COL. NO. 2	COL. NO. 3	\$	C.	\$	C.	\$	C.	\$	C.	DEBIT	CREDIT	
			\$	C.	\$	C.	NO.	DATE	NO.	DATE	NO.	DATE											
Balance from previous account																							
6.2.19	31-12-18	1.10																					368 87
1-1-19	31	1.10	3410	15 50	329																		378 30 9189
1-19-19	10	1.10	11 00	35 00	278 30																		324 30
10/2/19			70																				70
WAR SERVICE GRATUITY																							
10/3/19			280																				280
10/4/19			210																				210
10/5/19			140																				140
10/6/19			70																				70
																							350
																							350
																							350

3-2-47

This space to be for numbers.

War Service Badge

Proceedings on Discharge.

Class A No. 82664 Issued



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

26/8/39

No. **931762**

Rank **PRIVATE**

Surname **DAVIS**

Christian name **Fred**

NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.

Corps (Squadron, Battery or Company) **2ND CONSTRUCTION BATTALION, C.O.M. F**

Date of discharge **FEB 10 1919** *DT 39 of 8.2.19*

Place of discharge **LONDON ONT.**

1. DESCRIPTION AT THE TIME OF DISCHARGE.

	Descriptive marks
Age..... 31years.....months.	
Height..... 5feet..... 5inches.	
Complexion COLORED	TATTOOS HAND OF STARS, RIGHT WRIST, LEFT FOREARM SHIELD, ANCHOR AND CROSS
Eyes DARK	
Hair DARK	
Trade Laborer	
Intended place of residence (To be given as fully as practicable.)	
156 North 17th St., Columbus, Ohio.	

2. The above-named man is discharged in consequence of **ON DEMOBILIZATION**

Authority for discharge.....

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

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

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

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

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

M. F. B. 218.

200M.—5-18.
H. Q. 1772-39-113.

(OVER)

ER

ERJ

List of Discharge Documents.

<p>Reg. Conduct Sheet, Militia form B. 263</p> <p>Squadron } Battery } Conduct Sheet, " B. 263a Company } or Field Conduct Sheet " W. 178</p> <p>Copies of Convictions, by C. P. in MS.</p> <p>Med. Hist. Sheet, Militia form B. 313</p> <p>Casualty Form " W. 54</p> <p>Medical Report for Invalid§ " B. 227</p> <p>Dental History Sheet " B. 465</p> <p>Last Pay Certificate " W. 44</p> <p>Duplicate Discharge Certificate " W. 39A</p> <p>‡Form of Will " W. 82</p> <p>§Only if discharged "Medically unfit."</p> <p>‡Only if man has not been overseas.</p>	<p>Attestation Paper Militia Form W. 23 or Particulars of Recruit " W. 133</p> <p>Proceedings on Discharge " B. 218</p> <hr/> <p style="text-align: center;">In the case of recruits who are rejected on final approval, the discharge documents will consist of</p> <p style="text-align: center;">(a) Proceedings on Discharge.</p> <p style="text-align: center;">(b) Attestation.</p> <p style="text-align: center;">(c) Medical History Sheet.</p>
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Documents not accompanying this form should be crossed out.

I hereby certify that the following documents are unobtainable.

Officer Commanding.

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

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

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

6. Medals and Decorations.....

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

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

(Place).....

(Date).....

Commanding.....

8. Certificate to be signed by the Soldier on Discharge

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

(Place) **LONDON, ONT.** *R. Jones* (Signature of Soldier.)

(Date) **FEB 10 1919** *A. Sedgwick* (Signature of Witness.)

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

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

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

.....(Signature of Soldier.)

10. Statement of Service.

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

Total.....years.....days.

11. Confirmation of Discharge.

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

(Place) **LONDON, ONT.**

(Date) **FEB 10 1919**

(Signature).....

H. Millard Major
O. C. Discharge Section, No. 1 D. D.