

copy  
OK  
29/3/17.

DUPLICATE

931815

ATTESTATION PAPER.

No.

No. 2 CONSTRUCTION, D.M. C.E.F.

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- 1. What is your surname?..... **Davis,**
- 1a. What are your Christian names?..... **Phillip**
- 1b. What is your present address?..... **Detroit, Mich U.S.A**
- 2. In what Town, Township or Parish, and in what Country were you born?..... **Little Rock, Arkansas U.S.A**
- 3. What is the name of your next-of kin?..... **Mrs. Amy Davis**
- 4. What is the address of your next-of-kin?..... **1607 Polaski Little Rock, ARK U.S.A**
- 4a. What is the relationship of your next-of-kin?..... **Mother**
- 5. What is the date of your birth?..... **June 15th, 1898**
- 6. What is your Trade or Calling?..... **Machinist**
- 7. Are you married?..... **No**
- 8. Are you willing to be vaccinated or re-vaccinated and inoculated?..... **Yes**
- 9. Do you now belong to the Active Militia?..... **No**
- 10. Have you ever served in any Military Force?..... **No**  
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**

13. Have you ever been discharged from any Branch of His Majesty's Forces as medically unfit?.....

14. If so, what was the nature of the disability?.....

15. Have you ever offered to serve in any Branch of His Majesty's Forces and been rejected?.....

16. If so, what was the reason?.....

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

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

Date **February 14th** 191**7**, **Phillip Davis** (Signature of Recruit)  
**Ed. B. B. B. B. B.** (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, **Phillip Davis**, 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 **February 14th** 191**7**, **Phillip Davis** (Signature of Recruit)  
**Ed. B. B. B. B. B.** (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 **14th Windsor, Ont** this **14th** day of **February** 191**7**.

**James Bryson** (Signature of Justice)

Description of Phillip Davis on Enlistment.

Apparent Age.....19.....years.....8.....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. 2 ins.  
 Chest measurement { Girth when fully expanded.....30 ins.  
 { Range of expansion.....3 ins.  
 Complexion Colored  
 Eyes.....Brown  
 Hair.....Black

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

*Training R.E. usual*  
*R.E. usual*  
*Vision R.E. 20/50*  
*R.E. 20/40*

**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\*.....for the Canadian Overseas Expeditionary Force.

Date.....February 14th.....191 7

Place.....Windsor, Ontario

*R. E. Campbell*  
 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.**

Phillip 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.

*D. Sutherland*.....(Signature of Officer)  
 No. 2 Construction Batt'n, C. E. F.

Date.....FEB 28 1917.....191

DAVIS PHILIP

931815

2 CON. BATTN.

06057

DEMOB.





DUPLICATE

To be made out in duplicate.

H.Q. 54-21-23-53

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, P.M. C.E.F.

(2) Regimental Number 9318157

(3) Full Name of Soldier Philip Davis

(4) Place of Birth Little Rock Arkansas

(5) Are you married, or not? Single

(6) If married, state,  
(a) Full name of your wife

(b) Present Postal Address 1607 Plaskon St  
Little Rock, Arkansas

(7) Are you a widower? No

(8) Have you any children? X

If so, give number of boys and girls. X

Also their names and ages. X

R 212-62396

(9) Is your Father alive? Yes.

If so, state name and address Columbus Davis  
1607 Palaskar St. Little Rock, Ark.

(10) Is your Mother alive? Yes.

If so, state name and address Ammie Davis  
1607 Palaskar St. Little Rock Ark.

(11) If your Mother is a widow Yes

Are you her sole support, or not? Yes

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

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

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

(15) Are you insured? Yes

If so, in what Company? Yes

Have you made arrangements for payment of your Insurance premium.....

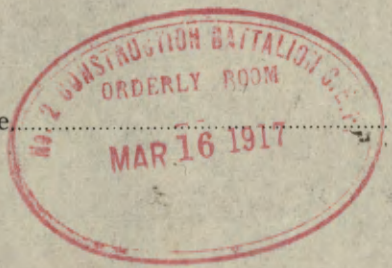
If not, and it is a monthly premium, you can assign the amount in addition to any other assignment you wish to make.

A. W. Carv  
Lieut-CDL

No. 2 Construction BATTN. C. E. F.

Officer Commanding.

Date



J.P. Rank J.P. Name DAVIS, Phillip Reg'l No. 931815.  
 Unit No. 2 Const. Bn. If in perm. Corps } Married or Single Single.  
What Unit? }  
 Place and Date of Enlistment Windsor, Ont. 14th Feb. 1917. Place of Birth Little Rock.  
Arkansas. U.S.A.  
 Name and Address, Next-of-Kin Mrs Amy Davis. Relationship Mother.  
160 Polaski Little Rock. Ark. U.S.A.  
 Assigned Pay Monthly \$          Payable to          Relationship           
 Separation Allowance \$          Payable to          Relationship         

6817  
N/E. R.B. N9  
File R.L.  
Category OR CAN

Discharge, Date and Place Reason Character

H. W. V. Ld. = 9-46-16.

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	<i>AWWW</i>
14-6-17	2 B.C.C.	Arrived in France	Field	17-5-17	115
16.12.18	NSRD.	TOS from 2 <sup>nd</sup> cccoy.	plc Bickell	14.12.18	20305471 / 19.12.18 2 <sup>nd</sup> cccoy.
27.12.18	NSRD	Je to C. D. D. Rhyd		27.12.18	DO. 313
25.1.19	NSRD	ceases Je to R. hyl.	" Rypson	12.1.19-18.	
24.3.19	2 <sup>nd</sup> bbb	NSRD. to C.C.C. Canada Sentenced to 21 days KP. Not 29 1/2 held 07.25 (14.00) fr. 22.00 hrs. 25 1/2 until 06.30. 26 1/2 (14) Breathing app. at 13.00. 26 1/2 (2) Absenting himself fr. 13.00. 26 1/2 until 07.30. 26 1/2. 4 hrs. 4 days pay by Rtd.	" Romen		7

A.F.B. 103 CHECKED  
29 MAY 1917





**ORIGINAL MEDICAL HISTORY SHEET**

931815

Surname Davis Christian Name Phillip

Examined { on 14th day of February 1917  
 at Windsor, Ont

Approved by Gen Murray  
 Rank Capt M.O.

Birthplace { City or Town Little Rock  
 County Arkansas, U S A

Apparent age 19 yrs 8 mos

Trade or occupation Machinist

Height 5 feet 2 Inches

Weight 108 lbs.

Chest measurement { Minimum 30 inches  
 Maximum expansion 3 inches

Physical development

Small-pox Marks

Vaccination Marks { Arm Right Left  
 Number

When Vaccinated last

(a) Marks indicating congenial peculiarities or previous disease

(b) Slight defects but not sufficient to cause rejection

**Both Eyes** Right Eyes 20/50  
 Left Eyes 20/40

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

Date	Result	VACCINATIONS
<u>3/3/17</u>	<u>SS</u>	M.O.
		M.O.
		M.O.

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>29/2/17</u>	<u>SS</u>	M.O.
<u>24/1/17</u>	<u>SS</u>	M.O.
<u>29/4/17</u>	<u>SS</u>	M.O.

Enlisted on 14th day of February 1917 at Windsor, Ont.

	CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment	<u>1st Construction Battalion C.E.F.</u>	<u>931815</u>		<u>14th February 1917</u>
Transferred to				

**EXAMINED OR DISCHARGED BY A MEDICAL BOARD**

STATION	DATE	DISEASE	RESULT
<u>Windsor, Ont.</u>	<u>FEB 16 1917</u>	<u>on enlistment</u>	<u>Fit</u>
<u>Kimmel Park</u>	<u>11/1/18</u>	<u>nil</u>	<u>"A"</u>

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.



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

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. 931815 Rank P6 Surname Doris Phillip  
(Given name in full)  
22 Desrines Puertal  
 Unit or Corps D. D. 4 Birthplace Saint. Maurice U.S.A.

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

## 1. GENERAL DESCRIPTION:

Physique good Weight 128 lbs. Height 5.4 ft. Colour of Eyes Dark  
 Nutrition Good  
 Pulse 80  
 Condition of arteries good  
 Vision Rt. OK Left OK  
 Hearing (conversational voice) Rt. OK ft. Left OK ft.

Identification marks, scars, or deformities.  
 (Give cause and date of origin.)  
Scald scar 3x2 left hand.  
Clitellid

Opinion as to general health and physical condition good

## 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.

# EXAMINATIONS.

## THIS SECTION FOR USE OVERSEAS—

Examined at ..... (Overseas)

Date ..... Signed ..... 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 .....

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

## THIS SECTION FOR USE IN CANADA—

Examined at *Montreal* ..... (Canada)

Date *10-2-19* ..... Signed *Chaloud* ..... 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 *Quinn P. P.* .....

(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]

# CANADIAN EXPEDITIONARY FORCE

## Discharge Certificate

This is to Certify that No. **931815** (Rank) **Private**

Name (in full) **DAVIS, Phillip** enlisted in

the **No. 2 Construction Battalion,**

CANADIAN EXPEDITIONARY FORCE at **Windsor, Ontario** on the

day of **February** 19**17.**

HE served in **France**

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

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

Age **20 yrs. 7 months.**

Height **5 ft. 4 ins.**

Complexion **Colored**

Eyes **Brown**

Hair **Black**

*B. P. Davis*

Signature of Soldier

Marks or Scars

**Scald scar 3 X 2 left flank.**

*[Signature]*  
Issuing Officer **Lieutenant,**

**Officer i/c Discharge Section, District Depot No. 4,**

Rank

Date of Discharge **February 12th, 1919.**

Appointment

Signed at **Montreal, Quebec** this **12th** day of **February** 19**19.**

in Military District No. **4.**

File Reference No. **DD4, 19-D-467.**

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 of this cer-  
tificate shall not be com-  
pleted

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

*Cawards*  
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 Construction Battalion C.E.F.  
 Regimental No. 931815 Rank Pte. Name Davis, Phillip  
 C. E. F. ✓  
 Enlisted (a) 14/2/17 Terms of Service (a) Duration of war Service reckons from (a) 14/2/17  
7 1/2 months  
 Date of promotion to } Date of appointment } Numerical position on }  
 present rank } to lance rank } roll of N. C. Os. }  
 Extended ..... Re-engaged ..... Qualification (b) .....

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				

CERTIFIED CORRECT.  
 17/1/17  
 6 JUN. 1917  
 CAN. RECORDS, LONDON.

	<i>O. C. War Construction Baths</i>	<i>Embarked, Canada Disembarked, England Proceeded Overseas</i>	<i>Halifax N.S. Liverpool Seaford</i>	<i>25/3/14 18/4/14 17/1/17</i>	<i>Pte 2 D.O.#</i>
--	---	---	---	--	--------------------

*Reduction  
and  
for Egypt Adjt.*

Landed in France 17-5-17 N.R.

<i>29/1/17</i>	<i>oc N<sup>o</sup> 2 Can Const Co.</i>	<i>10 days of N<sup>o</sup> 2 fot absent from work from 2 pm until apprehended by the RMB at 3 pm 23/1/17</i>		<i>24/1/17</i>	<i>132069 1275.1 of 2/1/18</i>
<i>5/1/18</i>	<i>oc unit</i>	<i>att to #1 Dist 67C</i>		<i>20/12/17</i>	<i>13213</i>
<i>12-2-19</i>	<i>100 Discharged</i>	<i>100 Demob</i>	<i>DD 4/09/45</i>	<i>H. Fisher</i>	

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

*H. Fisher* Lieutenant,  
 Officer in Charge Discharge Section, District Depot No. 4  
 (P.T.O.)

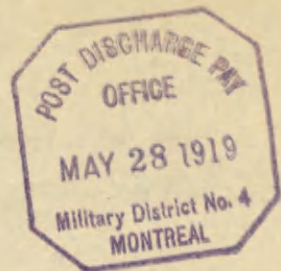
Casualty Form - Active Service

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				
00386 C7C	27-2-18	4 days 7 P.N. 2 for when on absence 23/2/18 absent without leave from 4 pm 21-2-18 until apprehended by the Reg Police 1295 N. 13. d/ 8-3-18 at 5-45. pm. 21-2-18 (1. hr & 45 mins)			Brook
11. 7. 1918	00386 C8C	6 days 7 P. No 2 9. 7. 1918 for. A. W. L from 10. pm 8. 7. 1918 to Belleville (5. 45 am) 9. 7. 1918 2 infers 1 day by day by day	Sued	8. 7. 18	Brook No 45 of August 1919
25. 7. 18	00386 6 26.	10 days 7 P. No 2. 22. 7. 18 for. breaking a disturbance in Belleville. 21. 7. 18.	Sued	21. 7. 18	Brook No 45 of Aug 1918
9. 11. 18	3865C	proceeds to Det Corp	Alexander	1. 11. 18	213
11 <sup>12</sup> / <sub>18</sub>	Malg	Trans to England reported to N.S. Reg refer Bramshott		11 <sup>12</sup> / <sub>18</sub>	MR 344 CA/R. B. A. Jewett
14. 12. 18	N.S. R. W. NSRD ON COMMAND TO	T.O.S. attached to 262. 10 for Ops & Rations ... Kimmel Rhyl	PO's hatt BRAMSHOTT	14. 12. 18	Lieut. for Lt.-Col. A. A. G. Section, G. H. Q. 3rd Echelon, B. E. F. D. O. 305 B. A. Jewett LIET. OFFICER IN RECORDS, NOVA SCOTIA REGTL. DEPOT



DEPARTMENT OF MILITIA AND DEFENCE.

WAR SERVICE GRATUITY.



OTTAWA, CANADA.

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

If the applicant will enquire at the local Branch of the Canadian Patriotic Fund he will be informed if there is an official who will take this Declaration free of charge.

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 this Declaration is to be returned to THE DISTRICT PAYMASTER OF THE DISTRICT IN WHICH THE SOLDIER WAS DISCHARGED.

1. Christian Names *Phillip* 2. Surname *Davis*
3. Rank *private* 4. Original Unit *No 2 Construction Battalion* 5. Reg. No. *931815*
6. Address, in full, to which future payments of gratuity are to be forwarded  
*Bank of Montreal  
Peel St Branch, Montreal Que*
7. Date of enlistment in the C.E.F. *July 14, 1917*
8. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge *No*
9. Relationship of such dependent *No*
10. Present address, in full, of such dependent *No*
11. Is said dependent now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? *No*
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:  
*# 2 Construction Battalion*
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? *No*
14. Were you on active service only in Canada or the United States? If so, give particulars of units and dates of such service *No*
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 *Two years*  
*Canada  
England  
France* } *2nd Const Battalion*
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

*40.00 gratuity - 1st month  
District Paymaster 4 M.S.*

20. Have you been issued with a War Service Badge? If so, what class? *no*

21. Have you, during the present war, served in the Imperial Forces? *no*

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? *no*

24. Are you now serving in the C.E.F. *no* If not, give:—(a) Date of discharge

*July 12, 1919* (b) Reason for discharge *Demobilization*

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 *no*

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

*May 1914 to January 1919  
2nd Construction Battalion*

27. (a) Are you receiving treatment from the Department of Soldiers' Civil Re-establishment? *no*

(b) If so, are you in receipt of full pay and allowances from that Department? *no*

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: *Phillip Harris*

Place of Residence: *Bank of Montreal, Peel St Branch  
Montreal P.Q.*

Declared before me at: *Montreal*

This *28th* day of *May* 19*19*.

Signature of Barrister of the Supreme Court Stipendiary Magistrate, Notary Public, Justice of the Peace, or Commissioner of the Administration of Oaths.

*G. J. Hall*  
Magistrate

POST DISCHARGE PAY.

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

Certified Correct.

District Paymaster.

(YM)

CANADIAN EXPEDITIONARY FORCE.

M.F.W. 44. 1188 (D.P.) 250M.-12-18. 1772-39-903.

LAST PAY CERTIFICATE

Regimental No. 931915 Rank Pte Name DAVIS Phillip (Surname first) Unit 2nd Conc. who was Discharged On 12-2-19 191, to \*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from 1-1-19 to 12-2-19 191... the inclusive date of transfer or discharge,

Table with columns Cr, LPC, Dr., Cr. containing financial entries like Bal. Dr. or Cr. from prev. month, Regimental Pay, Field Allowance, etc.

A monthly stoppage of \$ Nil (†) has (‡) been paid on account of Assigned Pay for the month of 191 and Separation Allowance for month of 191 (to) Assignee (Address) (†) Insert amount to be assigned, whether it has been paid or not. (‡) Insert "not" if amount has not been paid for period of account.

ON TRANSFER OF AN OFFICER.

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

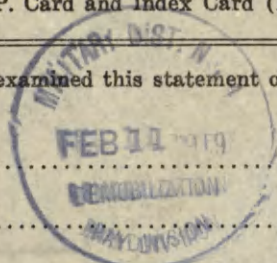
REMARKS:—

State (1) date of enlistment 14-2-17 married or single (2) Separation Allowance, entitled or not Nil (3) Reason for discharge (4) Authority for discharge or transfer D.D.#4 19-D-467

NOTE.—S.A. & A.P. Card and Index Card (M.F.W. 71) are to accompany Last Pay Certificate on transfer.

I have carefully examined this statement of account and find it to be a correct extract from the Pay Account of the officer or soldier.

Date Place



CAPTAIN PAYMASTER G.I.C.—Demobilization Pay Division—Military Dist. Paymaster.

N.B.—(A) This form is to be used for all ranks (vide Article 122-130 and 141) Financial Instructions, C.E.F., 1918. (B) For purposes of transfer it is to be made out in triplicate. (C) For purpose of discharge it is to be made out in duplicate. (D) If a man on discharge is entitled to Post Discharge Pay, Last Pay Certificates will be made out as in "C" with an additional copy to be forwarded to the District Paymaster.

**CREDITS, ADVANCES, Etc.**

Credits, Advances, Forfeitures, Issues on Repayment, etc., since issue of this L.P.C. are to be entered hereunder:

Date	Place	Cheque No. A.R. No. or Other Particulars.	AMOUNT		Signature of Officer Making Payment.
			Dr.	Cr.	
.....	.....	.....			.....
.....	.....	.....			.....
.....	.....	.....			.....
.....	.....	.....			.....
.....	.....	.....			.....
.....	.....	.....			.....
.....	.....	.....			.....
.....	.....	.....			.....
.....	.....	.....			.....
.....	.....	.....			.....
.....	.....	.....			.....
.....	.....	.....			.....
.....	.....	.....			.....
.....	.....	.....			.....
.....	.....	.....			.....

1911  
 1912  
 1913  
 1914  
 1915  
 1916  
 1917  
 1918

\*Name DAVIES, Phillip Rank Pte. Regtl. No. 9318d5

Original unit 2nd Con. Bn. Present unit D.D. No. 4 M. or S. S Age 20 Religion Pres. Fyle Depot 19-D-467 Ref. H.Q. "

Port, ship, and date of arrival Halifax, N.S. "Emp. of Br." 22-1-19.

Next of kin Mrs. Aime Davies 1607 Polaski Little Rock, Ark. (M)

Address on leave Khaki Club, Montreal

Address on discharge

Transportation issued  Yes  No Date                      Character on discharge                     

Previous occupation Machanist Date and place of enlistment Feb 14-17 Windsor Ont.

Diagnosis                      Date of Medical Boards                     

Date.	Remarks	Pt. 2 Order No.
29-1-19	T.O.S. from O/S 12-1-19. Posted to Cas. Coy 23-1-19.	
	Fur W/S to 8-2-19.	29.

Date.

Remarks.

Pt. 2 Order No.

14-2-19. S.O.S. Discharged. R.O. 1420 Para. C. Demob.

effect. 12-2-19. Cat A

45

Number 931815-

Rank

Pfc Spr.

Surname DAVIS

Christian Name Phillip

Units Co A 66 Theatre of War. Lanca

Date of Service 17-5-17

Remarks

Latest Address St. Louis, Mo.  
USA

Roll No.

200m.-2-21.M. Blage 22316

REGT. NO. .... RANK ..... NAME .....

UNIT ..... AGE ..... SERIAL NO. IN A. AND D. ....

TOTAL SERVICE WHERE ..... DATE AND PLACE OF ORIGIN .....  
AND HOW LONG

DISEASE OR INJURY .....

OPERATIONS.....

RESULT OF OPERATIONS.....

(A) DATE OF ARRIVAL AT HOSPITAL AS AN ADMISSION.....

B) AS A TRANSFER (STATE WHERE FROM).....  
NAME OF HOSPITAL

DATE OF DISCHARGE TO UNIT ..... IN CAT

DATE OF DISCHARGE AS AN INVALID.....

DATE OF DEATH.....

DATE OF TRANSFER (STATE WHERE TO).....  
NAME OF HOSPITAL

OTHER INDEPENDENT CONDITIONS DIAGNOSED.....



No. 931815. RANK Pte.

NAME Davis, Philip.

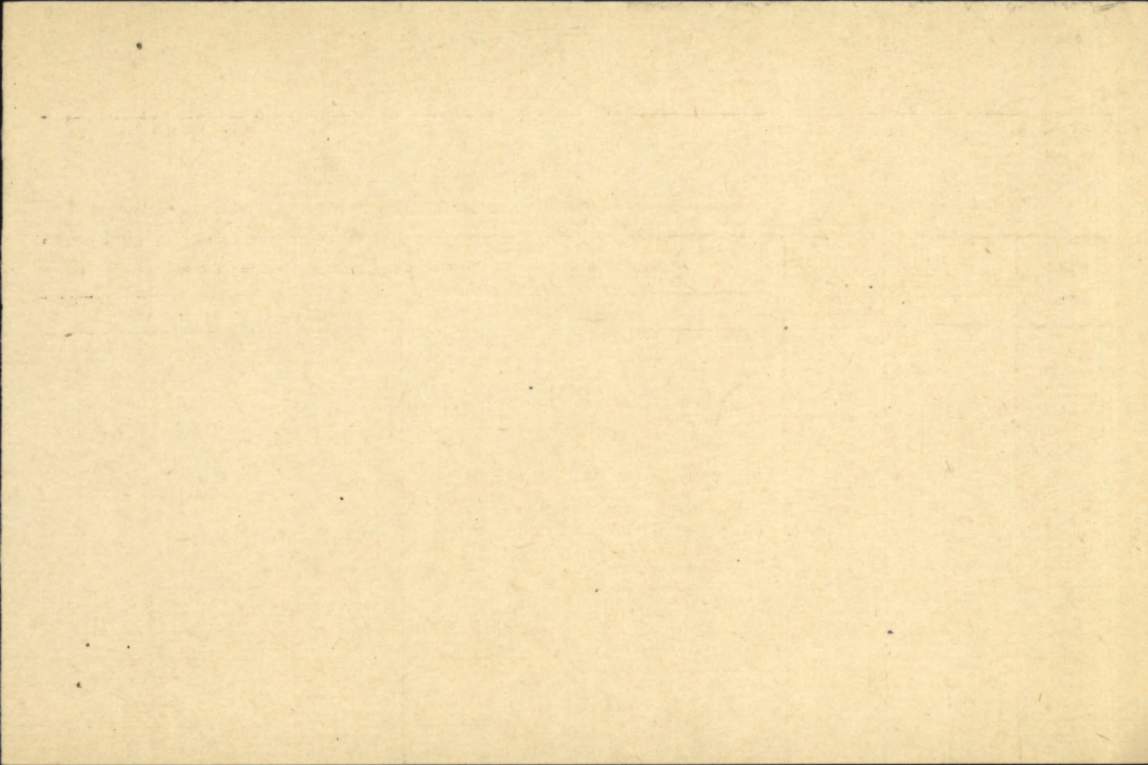
T. O. S. 14-2-17. UNIT

No 2. Construction Battalion

S.O. 46 22-2-17.

M. D. 6

			PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
PAID FROM	PAID TO	SIG. OR REC'T	PARTICULARS	AUTHORITY
1917. Feb. 14.	1917. Feb. 28 Mar.	✓ u.		



SURNAME.

*Davis*

*D-18017*

CARD NO.

*14* *S.O.S. 12-2-19*

*Demob*

FOLL.

*AD. 45-*

CHRISTIAN NAMES

*Phillip*

REGL. NO.

*931815*

RANK

*Pte.*

UNIT

*No. 2 Constr.*

*Bn.*

FORMER CORPS

*Nil*

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

*Davis, Mrs. Amy*

RELATIONSHIP TO SOLDIER

*mother*

ADDRESS

*1607 Polaski St, Little Rock  
Ark., U.S.A.*

COUNTRY OF BIRTH

*U.S.A. Little Rock, Ark.*

DATE

*June 15<sup>th</sup> 1898*

PLACE OF ATTESTATION

*Windsor, Ont.*

DATE

*Feb. 14<sup>th</sup> 1917.*

*R/C 25-1-19 256  
551 Pte.*

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

MARRIED

SINGLE

Yes.

WIDOWER

TRADE OR CALLING

Machinist

RELIGION

Presbyterian

DESCRIPTION.

APPARENT AGE

19 YEARS

8 MONTHS

HEIGHT

5 FEET

2 INCHES

CHEST MEASUREMENT

30 INCHES

EXPANSION

3 INCHES

COMPLEXION

Coloured

EYES

Brown

HAIR

Black.

DISTINGUISHING MARKS

Not stated.

MEDICAL EXAMINATION.

PLACE

Windsor, Ont.

DATE

Feb. 14<sup>th</sup> 1917.

Present address: Detroit, Mich., U.S.A.

ASSIGNED PAY. ENGLAND OR CANADA. SEPARATION ALLOWANCE. ENGLAND OR CANADA. NAME: **DAVIS Phillip**. NUMBER: **931815**.

NAME, ADDRESS, RELATIONSHIP & AUTHORITY. PARTICULARS OF RANK OR APPOINTMENT. AUTHORITY. DATE EFFECTIVE. RANK OR APPOINTMENT. **PK.**

UNIT AND TRANSFERS. ORIGINAL UNIT: **2 Construction Bn**. DATE ACCOUNT FIRST OPENED: **1st April 1917**. AUTHORITY. DATE EFFECTIVE. DATE LEDGER SHEET T'S F'D. UNIT TRANSFERRED TO. **Canada Section**

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
15/4/18	3 days Pay Rtd		26 40				
9/12/18	6572	Yield	257 00				
4/2/18	3568	6dly	9 73				

DAILY RATES OF PAY AND ALLOWANCES. AUTHORITY. PAY. F.A. P.F.A. SUBS'CE ALL'CE. **1 - - 10**

PARTICULARS OF RENDERING NON-EFFECTIVE: **Discharge to Canada Sect. 1/16/18 2680 1/2/18 2680 1/4/18 Ledger Bal \$443.16**

1918 MONTH	PARTICULARS	CR 1	CR 2	PARTICULARS	DR 1	DR 2	DR 3	DR 4	BALANCE	DEFERRED	SEPARATION
MAR	Bal. Ford								306 19	180	
Apr	Pay & allow.	33	-	AR 116 6/4 CFC221	3 57						
				AR 298 20/4	3 57						
				Reus: 239 6/4 - Lion	100 00				232 05	195	
May	P.P.	33	10		107 14						
				AR 493 7/5 CFC1	2 68						
				721 22/5	4 46				359 01	240	
June	P. Pay	34	10		7 14						
				AR 908 7/6 CFC61	3 57						225
				1104 22/6	3 57				284 87		
July	P. Pay	33			7 14						
				AR 1294 6/7 CFC61	3 57				315 40	240	
					3 57						233
Aug	P. Pay	34	10								
				6 days F.P. 2. 9/7/18 with 10pm 8/7 to Rev. 54am 9/7/18. prof 1 day, pay 1/2		7 70					
				10 days F.P. 2. 22/7/18 creating disturbance in Belgium 21/7/18		11 00					
				AR 45 2 cons 7/8/18							
				AR 1946 7/8 CFC61	3 57				327 23		240
Sep	P.P.	34	10		3 57	18 70					
				AR 2201 6/9 CFC61	3 57						
				AR 2442 23/9	3 57				353 09	255	
Oct	✓	33			7 14						
				AR 2679 7/1/18 7 CFC	3 73						
				AR 2931 28/10/18	3 73				379 73	240	
Nov		34	10		7 46						
				AR 3098 8/1/18 CFC	3 73						
				AR 3305 29/1/18 CFC	13 06						285
Dec		37							430 04		
									443 16	300	
	Wron Def Pay	13	12								
		80	22								

COMPILED BY *Curran*  
CHECKED BY *Curran*  
16 46  
14 39  
38 66

NUMBER

RANK

NAME

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
	<i>Paul Ford</i>	<del>4722</del>			16 79				379 73	270	
		80 22		ad 6572 <sup>10/18</sup> 6888	466				<del>429 73</del>		
				ad 3568 <sup>19/18</sup>	973				<del>402 37</del>		
		80 22			31 18						
				ad 61518 <sup>10/18</sup> <i>to 10</i> <del>6888</del>	973						
				5 day 7 P <sup>11/19</sup> 20 11 <sup>10/19</sup>	—	550			413 54		
					973	550			9 73		
<i>2021</i>				DATA 29/11/19 3 days pay RW. 2 days 7 P1		26 40			123 91		
				<i>S.O.S. - CANADA</i> 12-1-19 <sup>20</sup> 18 <sup>25/19</sup>					387 14		

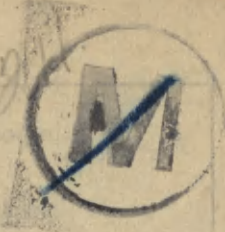






This space to be for numbers.

5-7-32




# Proceedings on Discharge.

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

No.	931815
Rank	Private
Surname	DAVIS
Christian name	Phillip
NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.	
Corps (Squadron, Battery or Company)	No.2. Construction, Batt., C.E.F.
Date of discharge	February 12th, 1919.
Place of discharge	Montreal, Quebec

### 1. DESCRIPTION AT THE TIME OF DISCHARGE.

	Descriptive marks	
Age 20 years 7 months.	Scald scar 3X2 left flank.	
Height 5 feet 4 inches.		
Complexion Colored		
Eyes Brown		
Hair Black		
Trade Machinist		
Intended place of residence (To be given as fully as practicable.)		

### 2. The above-named man is discharged in consequence of

Demobilization CAT.A. R.O.1420 Para.C.

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.)

E. R. 1.

## List of Discharge Documents.

Reg. Conduct Sheet, Militia form B. 263

Squadron }  
 Battery } Conduct Sheet, " B. 263a  
 Company }

or  
 Field Conduct Sheet " W. 178

Copies of Convictions, by C. P. in MS.

Med. Hist. Sheet, Militia form B. 313

Casualty Form " W. 54

Medical Report for Invalid§ " B. 227

Dental History Sheet " B. 465

Last Pay Certificate " W. 44

Duplicate Discharge Certificate " W. 39A

‡Form of Will " W. 82

§Only if discharged " Medically unfit."

‡Only if man has not been overseas.

Attestation Paper Militia Form W. 23

or  
 Particulars of Recruit " W. 133

Proceedings on Discharge " B. 218

In the case of recruits who are rejected on final approval, the discharge documents will consist of

(a) Proceedings on Discharge.

(b) Attestation.

(c) Medical History Sheet.

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) Montreal, Que. P. P. Haub (Signature of Soldier.)

(Date) Feb. 12 / 19. A. Phally B/Master (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) Montreal, Que.

(Date) Feb. 12 / 19.

(Signature) [Signature]

Lieutenant,  
Officer i/c Discharge Section, District Depot No. 4.

**Reservations referred to at Para. 8.**

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

**NO RESERVATIONS,**

*P. Davis*

Name

Davis Emil 14/2/17

Date of Embarkation for England

25/3/17

Proceeded to France.

17/5/17

Returned to England.

14/12/18

*Dennis*

Date returned to Canada.

12/1/19

P.R. 2855.

*blvd  
2/1/23*

Law Sheet

Name

Date of Submission for England

Returned to England

Proceeded to France

Returned to Canada

P. N. 2323

District Ledger sheet  
detached and forwarded to  
S.O.P.S. MD # 4 by registered  
mail on file 649 D 18017  
this date.

W.A. Edsall

WSG section

16-2-22

Dependant.....

Address.....







## Medical Examination upon leaving the Service of an Officer fit for general service or a Soldier fit for duty.

MDH

Officers leaving the Service upon being found unfit for general service by a Medical Board, and Soldiers leaving the Service upon being found otherwise than fit for duty by a Medical Board, are not to be reported on this Form.

Rank 931815 Name Phillip Surname DAVIS  
 Unit or Corps #2 Construction Bn (If a soldier) Regtl. No. 931815  
 Born at St. Louis, Mo. USA on, date June 15 1901  
 Signature (for identification) P. Davis

The examination is to be made jointly by two Medical Officers.

**1. PHYSIQUE**—Any deformity, maiming or lameness? If so, describe.

Weight 128 lbs. none  
 Height 5 ft. 4 ins.

**2. NUTRITION AND DIATHESIS ?**

normal

After searching inquiry and thorough examination is any evidence found of disease or impairment of the parts indicated below? If so, describe.

**3. NERVOUS SYSTEM ?**

no

**4. RESPIRATORY SYSTEM.**

no

**5. HEART ?**

Abnormal Sounds? no  
 Abnormal Size? no  
 Pulse Rate? 72 Intermittence or irregularity? no

**6. ARTERIES.**—Any hardening?

no

**7. DIGESTIVE SYSTEM ?**

no

**8. GENITO-URINARY SYSTEM ?**

Urinalysis—s.g.? 1.020 Reaction? alk Albumen? no Sugar? no

**9. SKIN, MIDDLE EAR, EYE**  
or any other part?

no

**10.** Is there any evidence of impairment of health or physical condition not mentioned above? If so, describe.

None

**11.** Opinion as to the health and physical condition of the one examined?

Good

Examined at Kennel Park Signed W. W. Butts Capt. M.O.  
 Date 11-1-19 Signed Blumley Capt. M.O.

If any disease or impairment of health or physical condition is discovered, this report should be sent at once to the O.C. concerned for the Officer or Soldier to be sent before a Medical Board for regular boarding.

Medical Examination upon leaving the service

An Officer fit for general service or a Soldier fit for duty

NAME

Signature of the Medical Officer

Signature

152

Signature

152

152

152

152

152

152

152

Signature

Signature

Signature

Signature