

ATTESTATION PAPER.

No. 524965

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?..... Robert Henry
- 1b. What is your present address?..... Armstrong B.C.
- 2. In what Town, Township or Parish, and in what Country were you born?..... Etobeco, Ontario, Canada
- 3. What is the name of your next-of-kin?..... Rebecca Rachel, Davis,
- 4. What is the address of your next-of-kin?..... Armstrong, B. C.
- 4a. What is the relationship of your next-of-kin?..... Wife,
- 5. What is the date of your birth?..... May 2nd, 1878.
- 6. What is your Trade or Calling?..... Farmer,
- 7. Are you married?..... Yes.
- 8. Are you willing to be vaccinated or re-vaccinated and inoculated?..... Yes.
- 9. Do you now belong to the Active Militia?..... 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.

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Robert Henry 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.

R.H. Davis (Signature of Recruit)

Date September 5th, 1916 V.B. Campbell (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Robert Henry 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.

R.H. Davis (Signature of Recruit)

Date SEP 8 1916 V.B. Campbell (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 VERNON this SEP 8 1916 day of SEP 8 1916 191 .

[Signature] (Signature of Justice)

Description of Robert Henry Davis. on Enlistment.

Apparent Age 38 years 2 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 7 ins.

Chest measurement { Girth when fully expanded 38 ins.
 Range of expansion 5 ins.

Complexion Fair.

Eyes Blue.

Hair Dark Brown.

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

CERTIFICATE OF MEDICAL EXAMINATION.

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

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

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

Date August 14th, 1916.

Capt. G. S. Moore

Place Vernon B.C.

same
 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.

Robert Henry 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.

G. B. Burnett (Signature of Officer)
 Captain

Date SEP 8 1916 1916.

C. C. A. M. C. Training Depot No. 11, C. E. F.

REGIMENTAL DOCUMENTS

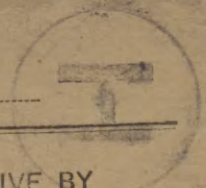
100m 8-414

NAME *DAVIS Robert HENRY* (Plt)

REGT. NO. *524965*

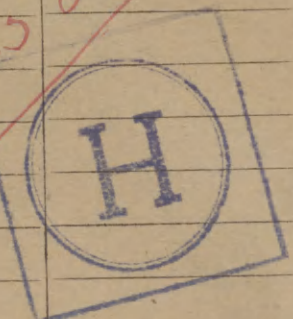
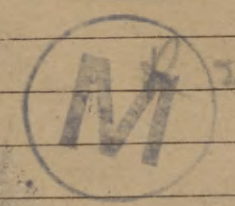
UNIT *0.9 mb*

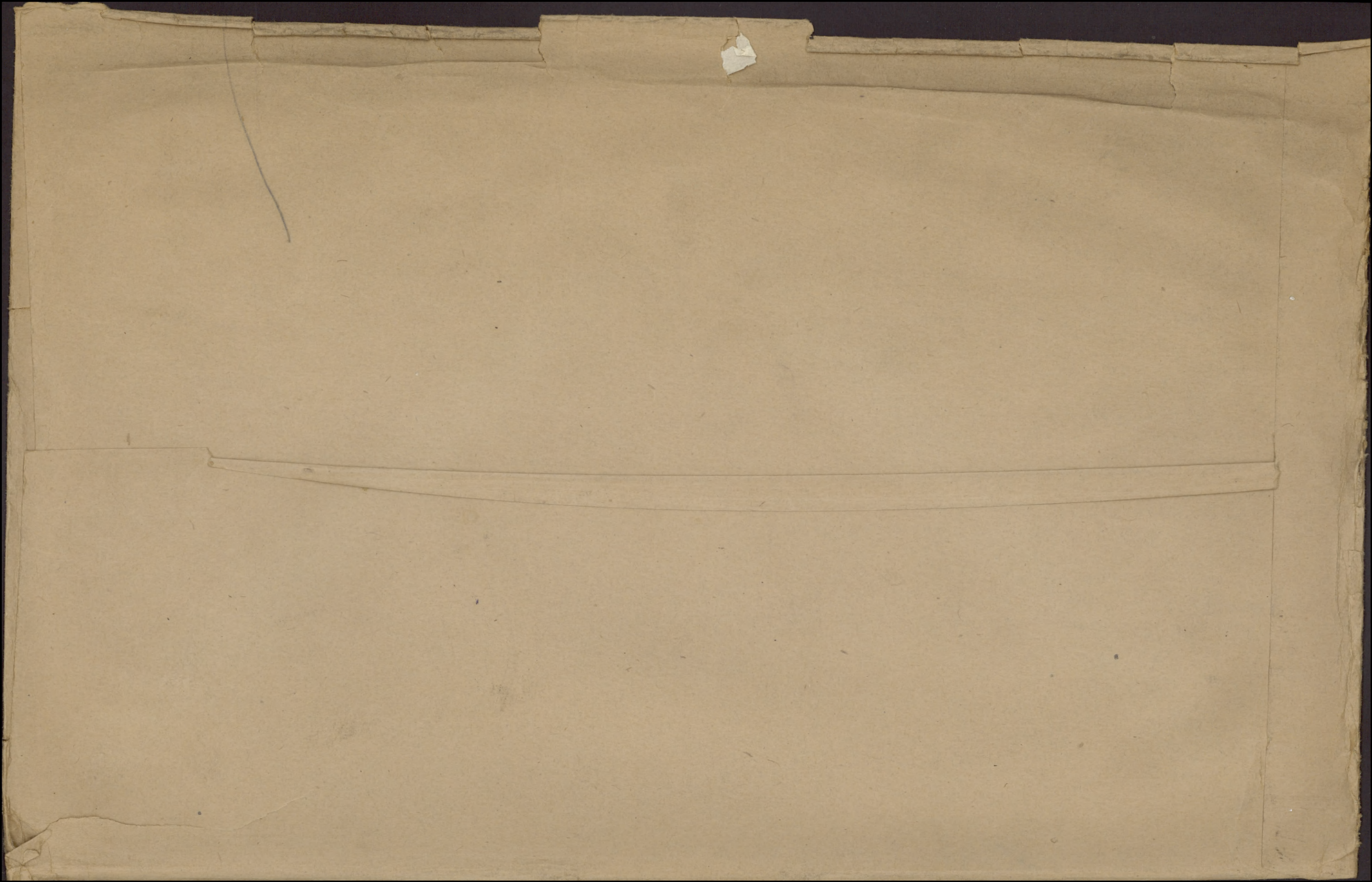
H. Q. FILE NO.



S	CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
	ATTESTATION PAPER (M.F.W. 23, 133, or 51)		<i>50221-1-20</i>			
<i>1</i>	CASUALTY FORM (M.F.W. 54 or A.F.B. 103)				<i>06114</i>	DEATH Category
	TRAINING HISTORY SHEET (M.F.W. 113)		<i>M 21-1-21</i>			
<i>/</i>	FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
<i>/</i>	REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)					
<i>/</i>	COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					
<i>2</i>	MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE Category
<i>1</i>	DENTAL HISTORY SHEET (M.F.B. 465)					<i>Lead Profit</i>
<i>2</i>	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)					
<i>/</i>	LAST PAY CERTIFICATE (M.F.W. 44)					
<i>/</i>	PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					
	PARTICULARS OF CHARACTER (A.F.W. 3226)					
<i>/</i>	COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
	<i>M.H.W. 67.</i>					

Discharged 5-12-50





CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 524965 (Rank) PRIVATE

Name (in full) DAVIS, Robert Henry enlisted in

the CANADIAN ARMY MEDICAL CORPS, C.O.M.F.

CANADIAN EXPEDITIONARY FORCE at VERNON, B.C. on the EIGHTEEN

day of SEPTEMBER, 1919.

HE served in FRANCE (WITH CANADIAN ARMY MEDICAL CORPS)

and is now discharged from the service by reason of MEDICALLY UNFIT

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

Age 40

Marks or Scars _____

Height 5 - 5 1/2

Complexion FAIR

NIL

Eyes BLUE

Hair DAKE BROWN

Signature of Soldier

H. MacLennan
 Issuing Officer
for U. C. Discharge Section, No. 1 D. H.
 Rank CAPT.

DISCHARGE SECTION
 FEB 18 1919
 No. 1 District Depot.

Date of Discharge _____

Appointment

Signed at LONDON, ONT. this EIGHTEENTH day of FEBRUARY, 1919

in Military District No. ONT.

File Reference No. IDD-10-2-280

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

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

.....
Name of Officer

.....
Rank

.....
Appointment

FH

Rank Name DAVIS, Robert Henry /

Reg'l No. 52 4965 /

Unit Dft. 11. AMCTD. 11. / If in perm. Corps, }
What Unit? }

Married or Single Married /

Place and Date of Enlistment Vernon, 5. Sep. 1916. /

Place of Birth Etoboco Ont. /

Name and Address, Next-of-Kin Rebecca Rachel Davis /

Armstrong, B.C. Canada /

Relationship Wife. /

Assigned Pay Monthly \$ Payable to

Relationship

Separation Allowance \$ Payable to

Relationship

N/E. R.B. No. 5358
File R.L. MDI
Category OR-CAN

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.				
		Arrived in England. Via. S.S. Empress of Britain		11-11-16	
16-11-16	Came T.S. T.O. on arrival from Canada.		Ditgate.	12-11-16	Pt. Pt II 324 (866.3909) Came Pt II 28 26/10/17
19-3-17	Do. S.S. on proceeding overseas.		Wostenhanger	19-3-17	" 78
24-4-17	707 band Lt Col from band Lt		Etaples	28-3-17	" - 27
23-4-17	band Lt Col, to 707 band Lt		Fried	27-3-17	" - 35
27-12-18	7th G Hp. S.O.S. to came c Coy		Pt Etaples	18-12-18	Pt II 87. came c Coy Pt II 201 of 10-12-18
1-2-19	Nº1 MDC Wing. sos to Canada		" Rhyl	1-2-19	" 78

A.F.B. 103 CHECKED
20 APR 1972

ORIGINAL MEDICAL HISTORY SHEET

ORIGINAL

Surname Davis Christian Name Robert Henry

Examined { on 14th day of August 1916
 at Vernon B.C.
 Birthplace { City or Town Etobico
 County Ontario Canada

Approved by Capt. Gomers
 Rank C a m c M.O.

Apparent age 38-2
 Trade or occupation Farmer
 Height 5 feet 4 Inches
 Weight 145 lbs.
 Chest measurement { Minimum 33 inches
 Maximum expansion 38 inches
 Physical development Good
 Small-pox Marks none

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

Vaccination Marks { Arm Right Left
 Number 1
 When Vaccinated last Childhood
 (a) Marks indicating congenital peculiarities or previous disease none

Date	Result	VACCINATIONS
<u>11-9-16</u>		<u>McKenzie Capt</u> M.O.
<u>5-9-16</u>		<u>Allen J. McNeil Capt</u> M.O.
		M.O.

(b) Slight defects but not sufficient to cause rejection none

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>11-9-16</u>		<u>McKenzie Capt</u> M.O.
<u>15-9-16</u>		<u>Allen J. McNeil Capt</u> M.O.
<u>11/10/16</u>		<u>H.E. Deewoyne Capt</u> M.O.

Enlisted on 5 day of September 1916 at Vernon B.C.

	CORPS	REG'L NUMBER	HABITS	DATE
Joined on enlistment	<u>A.M.C.</u>	<u>524965</u>		
Transferred to	<u>TRAINING DEPOT No. 11, C.E.F.</u>			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

STATION	DATE	DISEASE	RESULT
No. 71 CANADIAN GENERAL HOSPITAL, MOORE BARRACKS, SHORNCLIFFE.	<u>-7 JAN 1919</u>	<u>Herpes Reing</u> <u>menstruema</u> <u>Piles</u>	<u>Bill [Signature]</u>
	<u>8 - JAN 1919</u>	<u>Approved.</u>	<u>Wallace A. Swift</u> COLONEL, A.D.M.S. CANADIANS, SHORNCLIFFE AREA.

Endorsed Dec 14-2-19 Re-Engaged Dennis Bill [Signature] Capt
 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.

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

DISTRICT.....

NAME OF SOLDIER.....

DAVIS Robert Henry

REGIMENT.....

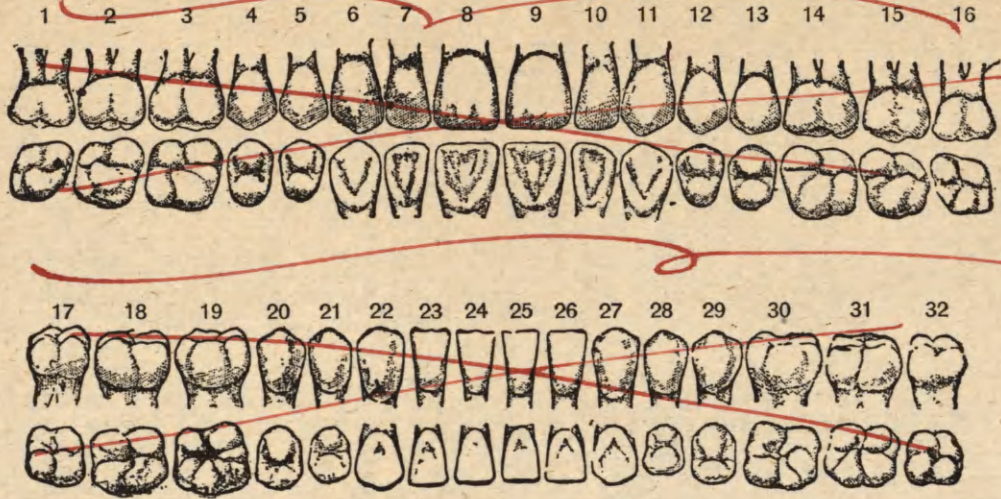
C.A.M.C.

RANK.....

Plt

No.

524965



INSTRUCTIONS

1. On examination the condition of patient's mouth to be marked on diagram in red ink.
2. On first line of report record of same to be made in red ink.

Only such entries to be made on this sheet as will show:

1. Condition on examination (in red).
2. Condition on leaving Canada.
3. Condition on discharge.

Condition on first Examination	Date	Amalgam	Temporary Filling (a) G. F. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhoea	Synthetic Porcelain	Extracting	DENTURES			Gold Clasp	Gold Filling	CROWNS		Bridge Work	OPERATOR	Military District	REMARKS
												U	L	P			Gold	Porcelain				
	1919 Dec 11																			EXAMINED BY R. G. McMillan Capt.		Complete on discharge

M. F. 465.
200M-0-18.
1772-39-950.

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 A.M.C. Training Depot No. 11, C.E.F.

(2) Regimental Number #524965

(3) Full Name of Soldier Robert Henry Davis

(4) Place of Birth Etobecoke Township, Near Toronto, Ont.

(5) Are you married, or not? Yes

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

(b) Present Postal Address Armstrong B.C.

(7) Are you a widower? No

(8) Have you any children? Yes

If so, give number of boys and girls 1 Boy, 1 Girl,

Also their names and ages Thomas Wilfred (13)

Ethel Albertha (16)

(9) Is your Father alive?..... **No,**.....

If so, state name and address

(10) Is your Mother alive?..... **No,**.....

If so, state name and address.....

(11) If your Mother is a widow.....

Are you her sole support, or not?.....

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

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

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

Yes

(15) Are you insured?..... **Yes**.....

If so, in what Company?..... **Great West Insurance Co.,**.....

Have you made arrangements for payment of your Insurance premium..... **Yes,**.....

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

OCT 14 1916

Date.....

Officer Commanding.

Major

O. C. A. M. C. Training Depot No. 11, G.E.F.

Thomas Wilfred (13)

Ethel Alberta (10)

SURNAME.

Davis

1- CARD NO. *V*

CHRISTIAN NAMES

Robert Henry

E.O.S. No. 18-2-19.

REGL. NO.

524965.

RANK

Cpl.

FOLL. *m. 1. 16.*
Auth: D.O. 48 of 17-2-19.

UNIT

A. M.C. Training Depot

No. 11. (4th R.D.)

FORMER CORPS

Nil.

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Davis, Mrs. Rebecca Rachel

RELATIONSHIP TO SOLDIER

wife.

ADDRESS

Armstrong. B.C.

COUNTRY OF BIRTH

Canada. Etobeco, Ont.

DATE

May. 2nd, 1878.

PLACE OF ATTESTATION

Vernon. B.C.

DATE

Sept. 8th, 1916.

A. 69-2-19 ²⁶³/₁₀ as. pl. 1

MARRIED

Yes.

SINGLE

WIDOWER

TRADE OR CALLING

Farmer.

RELIGION

Methodist.

DESCRIPTION.

APPARENT AGE

38.

YEARS

2.

MONTHS

HEIGHT

5.

FEET

7.

INCHES

CHEST MEASUREMENT

38.

INCHES

EXPANSION

5.

INCHES

COMPLEXION

Fair.

EYES

Blue.

HAIR

Dark Brown.

DISTINGUISHING MARKS

Not stated.

MEDICAL EXAMINATION.

PLACE

Vernon. B.C.

DATE

Aug. 14th. 1916

Present Address.

Armstrong. B.C.

HERB
Number S-24965 Rank P6-~~9~~

Surname DAVIS

Christian Name Robert Henry

Cambridge ~~ban In G bae~~ Theatre of War France

Date of Service 27-3-17

Remarks

Latest Address Armstrong. B. C.

Roll No. B. Page 21612.

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

.....
SER

RANK

SURNAME

INITIALS

UNIT

.....
address

(Street)

(City or Town)

(Province)

.....
The person to be notified of arrival

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

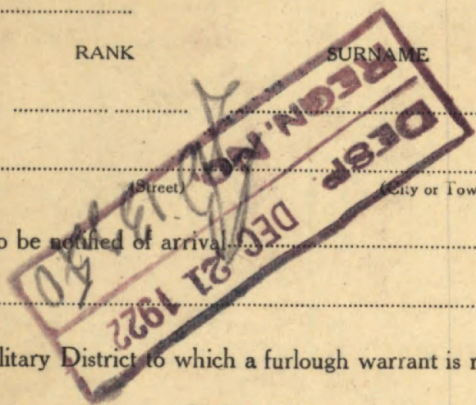
.....
Railway

.....
Is your wife on board

.....
Number of children on board

.....
Nationality

.....
(Sgd.)



Name **DAVIS, Robt. Henry** Rank **Pte.** Regtl. No. **524965**

Original unit **C.A.M.C** Present unit M. or S. **M** Age **40** Religion **Meth** Fyle Depot **IDD 10-D-280**
Ref. H.Q. **1D. 30-D-821.**

Port, ship and date of arrival **Halifax, Carmania; 9-2-19**

Next of kin **Wife - Rebecca Rachel Davis, Armstrong, B.C.**

Address on leave.....

Address on discharge **Armstrong, B.C.**

Transportation issued No. Yes No Date..... Character on discharge.....

Previous occupation **Farmer** Date and place of enlistment **Sept. 8th 1916, Vernon, B.C.**

Diagnosis **(1) Right Inguinal Hernia,** Date of Medical Boards **London, Ont. Feb. 13, 1919.**
(2) Haemorrhoids

Date.	Remarks.	Pt. 2 Order No.
T.O.S.		
1-2-19	No. 1 D.D.	
11-2-19	Posted to Cas. Coy	43
18-2-19	Discharged from H.M.S. Medically Unfit.	48

*—Name will be given in full ; surname first.

Date.

Remarks

Pt. 2 Order No.

M. F. W. 192

150m. - 5-18

1772-39-1243

N.B.

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

M. F. W. 54. (A. F. B. 105.)
250M.—1-16.
H. Q. 1772-39-090.

Casualty Form—Active Service.

A.M.C.

Unit, Regiment or Corps TRAINING DEPOT NO. 11, C.E.F.

Regimental No. 574965 Rank Private Name Robert Henry Davis

Enlisted (a) Sept 5/16 Terms of Service (a) 2 2/8, Dof W. Service reckons from (a) Sept 5/16

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

Extended _____ Re-engaged _____ Qualification (b) Farmer

CERTIFIED CORRECT
16-11-12 6 APR. 1917
CAN. RECORDS, LONDON.

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

Embarked Halifax 31-10-16 ✓

Disembarked Liverpool 11-11-16 ✓

Canada TAKEN ON STRENGTH C.A.M.C. T.S. from Canada.

Dibgate 12-11-16

Pt I D.O. 324 ✓

19/3/14

C.A.M.C. S.

TRANSFERRED Overseas
DISEMBARKED

Westenhanger
HAVRE

19/3/17 Pt II 5078 ✓

Having arrived at Can. Base Depot as Reinforcement is taken on the strength of Canada

Field

Havre CAPT. ASST. ADJUTANT.
FOR O.C. C.A.M.C. TRAINING SCHOOL.

20 2/17

Canada

Posted to 7 CG Aosh

"

20 2/17 Wk Pt II 35 d/28 2/17

27 3 17

Canada

Laken on strength

"

27 3 17 Wk. Pt II 35 d/28 4/17

3/2/18

Canada

Granted 14 days leave

28/3/17 b713 " 27 d/ 24/4/17

31/1/18 " " 6 9/2/18.

(a) In the case of a man who has re-engaged for, or enlisted into Section D. Army Reserve, particulars of such re-engagement or enlistment will be entered.
(b) e.g. Signaller, Shoeing Smith, etc., etc., also special qualifications in technical Corps duties. [P.T.O.]

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				
17-2-18.	7.C.G.H.	Rejected from leave		15-2-18	A213
9/5/18.	7.OGH.	Classified B.2. By Med. Board.		9/5/18.	W.3339.Pt.2.27 d/- 17/3/8.
18.12.18	64 B.D.	Transfd to brig reported to Shoucliffe C.A.M.B. casualty brig		18.12.18	B77 p. 87 d. 27.12.18. Chas. B. Agnew sent for please ady.
20.12.18	same	Tos from 67A. enclav reported	do	20.12.18	Rt 11 do 201
20.1.19	do	on com to 1,500 Buxton Kinnear Park.	do	17.1.19	— 19 GPO capt
20-1-19	do	TOS C.C.C. Kinnel Park for return to Canada. Order No 28 C.C.C. Kinnel Park on ing for Canada, Part 11 Order No. 28 A. E. Query Commanding Wing, Kinnel Park Camp.	SOS.	20/1/19	came as day
1/2/19	from 67A	Taken on strength No. 1 District Depot	Leaders 1/3	1/2/19	Embarked E.S. Carmania Live-poc. Feb 1 1919 No. 1 DISTRICT DEPOT

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

Sheet No. 2. *Mrs. R. R. Davis*

wife.
PAYMENTS.

Name of Soldier *Davis. R. H.*

L. L. Job 310.—Req. 6574.

Pte.

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May				
June				
July				
Aug.				
Sept.		<i>Y 19009</i>	<i>17</i>	<i>17</i>
Oct.		<i>O 19094</i>	<i>20</i>	<i>20</i>
Nov.		<i>P 2224</i>	<i>20</i>	<i>20</i>
Dec.		<i>R 25055</i>	<i>20</i>	<i>20</i>
Jan.	1917	<i>S 28577</i>	<i>20</i>	<i>20</i>
Feb.		<i>S 31703</i>	<i>20</i>	<i>20</i>
March		<i>S 34833</i>	<i>20</i>	<i>20.</i>
April		<i>S 702</i>	<i>20</i>	<i>20</i>
May		<i>S 4253</i>	<i>20</i>	<i>20 177</i>
June		<i>V 7245</i>	<i>20</i>	<i>20</i>
July		<i>M. 9856</i>	<i>20</i>	<i>20</i>
Aug.		<i>Y 14918</i>	<i>20</i>	<i>20</i>
Sept.		<i>Y 17529</i>	<i>20</i>	<i>20</i>
Oct.		<i>D 21623</i>	<i>20</i>	<i>20</i>
Nov.		<i>Q 24539</i>	<i>20</i>	<i>20</i>
Dec.		<i>M 26420</i>	<i>20</i>	<i>20</i>
Jan.	1918			<i>317</i>
Feb.				
March				
April				
May				
June				
July				

MILITIA AND DEFENCE
SEPARATION ALLOWANCE
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier _____

PAYMENTS.

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

SEPARATION ALLOWANCE

Name *Mrs. Rebecca Rachel Davis*Address *Armstrong,
B.C.*

Relation to Soldier

wife, child or mother

} *Wife*Name of Soldier *Davis. Robert Henry*Regtl. No. *524965.*Rank *Pte.*Corps *A.M.C. Tr. Dep. No. 11. C.E.F.*

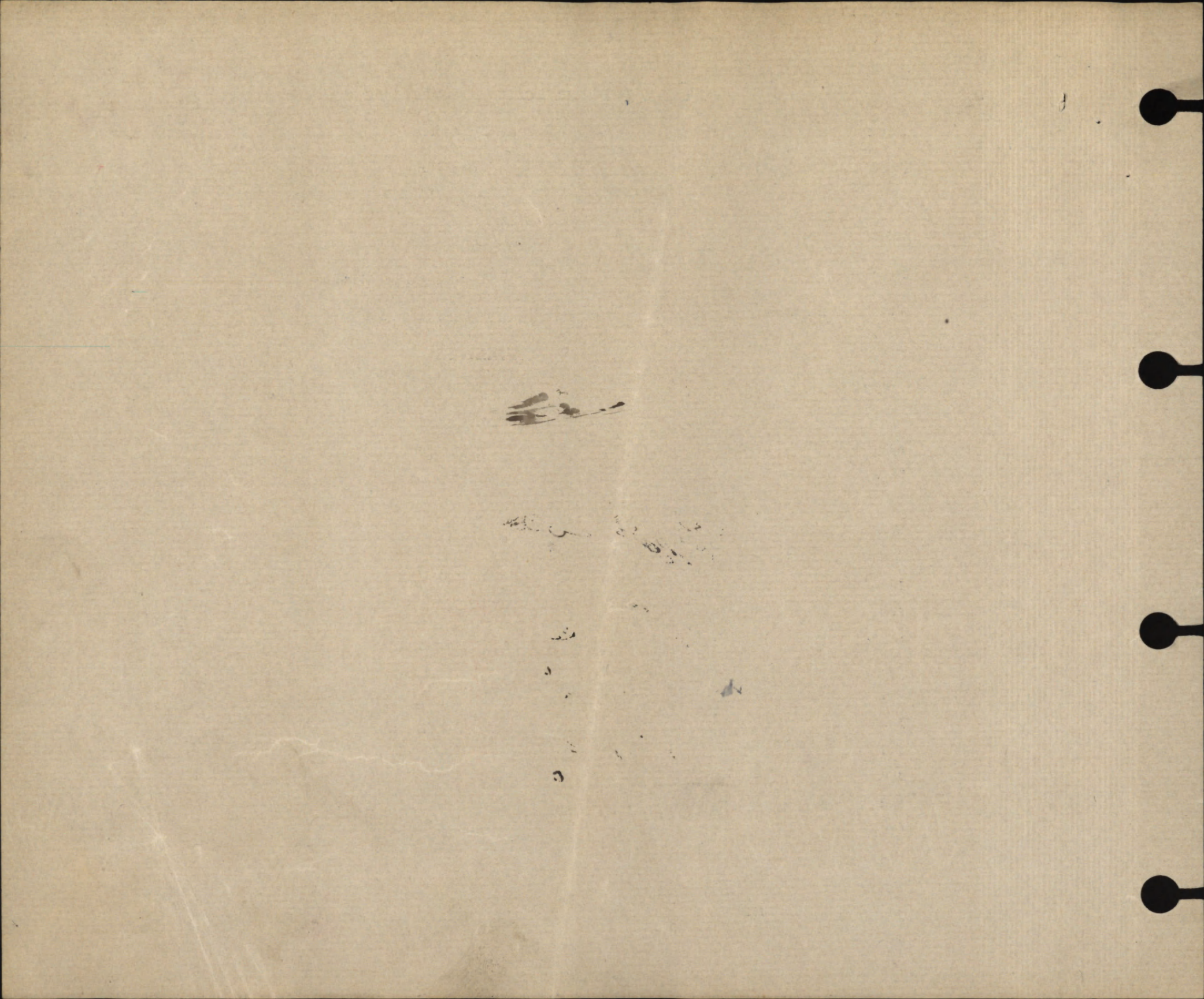
To what Corps belonging

when called out

PAYMENTS

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





MILITIA AND DEFENCE
ASSIGNED PAY

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

Sheet No. 2. *Rebecca R. Davis*
 (Assignee)

OVERSEAS CONTINGENTS

PAYMENTS.

Name of Soldier *Davis R. H.*
524965
Plc - A. M. Q

L. L. Job 5470—Req. 6888.

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.		<i>E 29966</i>	<i>20</i>	
Dec.		<i>P 35192</i>	<i>20</i>	
Jan.	<i>1917</i>	<i>M 37692</i>	<i>20</i>	
Feb.		<i>M 43563</i>	<i>20</i>	<i>20 F.</i>
March		<i>N 50315</i>	<i>20</i>	<i>20 F.</i>
April		<i>131645</i>	<i>20</i>	<i>20 F.</i>
May		<i>87676</i>	<i>20</i>	
June		<i>D 4054</i>	<i>20</i>	<i>20 B.</i>
July		<i>O 21594</i>	<i>20</i>	<i>B.</i>
Aug.		<i>T. 28648</i>	<i>20</i>	<i>20</i>
Sept.		<i>S 35572</i>	<i>20</i>	<i>20</i>
Oct.		<i>H 40994</i>	<i>20</i>	<i>20</i>
Nov.		<i>V 53629</i>	<i>20</i>	
Dec.		<i>X 56842</i>	<i>20</i>	<i>A 280</i>
Jan.	<i>1918</i>			
Feb.				
March				
April				
May				
June				
July				

21.00

NOV 1 1916

*20
20
20
20*

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

PAYMENTS.

Name of Soldier _____

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

M. J. E.
MILITIA AND DEFENCE
ASSIGNED PAY
OVERSEAS CONTINGENTS

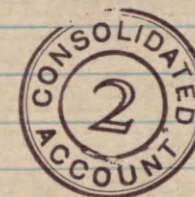
M. F. W. 12.
50m.—6-18.
H. Q. 1772-39-819.

To Whom *Mrs Rebecca B. Davis* By Whom Assigned *Davis Robert-Henry*
Address *Armstrong* Regtl. No. *624965-*
B. C. Rank *Pte-*
Corps *A. M. C. Co #11*
Rate *20.00* NOV 1 1916

SEE ALSO ACCOUNT IN SPEC. REM. LEDGER.

PAYMENTS

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



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MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

To Whom *Mrs R. R. Davis*

By Whom Assigned *Davis R. H.*

Address *Armstrong
 BC*

Regtl. No. *524965.*

Rank *pte.*

Corps *7 Gen Hosp.*

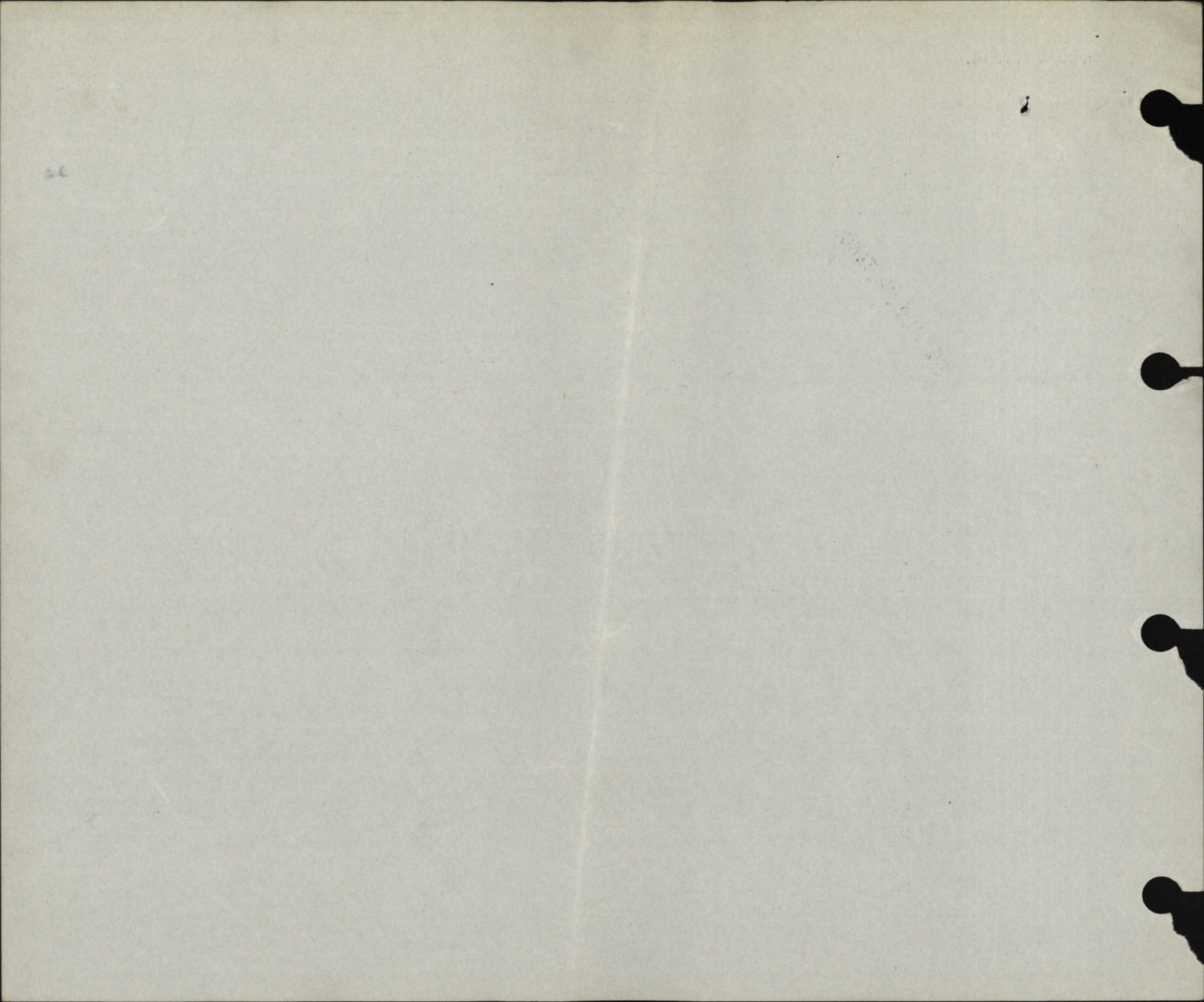
Rate *\$ 15.00*

SPECIAL REMITTANCE

PAYMENTS ALSO ACCOUNT IN CURRENT LEDGER.

Sched 446. 19. 10. 17

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.		<i>244610</i>	<i>15-</i>	<i>Mailed 17. 11. 17</i>
Dec.				
Jan.	1916			
Feb.				
March				



P. 559.
MARRIED OR SINGLE

Married

PLACE OF BIRTH

NAME AND ADDRESS OF NEXT OF KIN

Rebecca Rachael Davis
Armstrong Bl. Can.

RELATIONSHIP OF NEXT OF KIN

NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF KIN

SEPARATION ALLOWANCE MONTHLY \$ EFFECTIVE (DATE)

PAYABLE TO

RELATIONSHIP OF DEPENDANT

CASUALTIES, PROMOTIONS, &c.

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ADMISSIONS TO HOSPITAL, &c.

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

REG'L. No. 524965 RANK *Pte* NAME *Davis Robert Henry*
 IF IN PERM. CORPS) UNIT *CAMC I.S. 11 Draft* TRANSFERRED TO *7 Gen* DATE AUTHORITY
 PERMANENT FORCE ALLOWANCES TRANSFERRED TO DATE AUTHORITY
 PLACE OF ATTESTATION *Vernon Bl. Can* TRANSFERRED TO DATE AUTHORITY
 DATE OF ATTESTATION *5.9.16* TRANSFERRED TO DATE AUTHORITY
 ASSIGNED PAY MONTHLY \$ *20.00* DATE EFFECTIVE *1.11.16*
 PAYABLE TO *Rebecca Rachael Davis Armstrong Bl. Can* RELATIONSHIP
 ASSIGNED PAY MONTHLY \$ DATE EFFECTIVE
 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	CREDIT	DEBIT			
			\$	c.			\$	c.			\$	c.				No.	DATE	No.	DATE	No.	DATE	No.	DATE															
1916															10 90																							
Nov/30	30	100	30	00	30	10	3	00							33 00																							
Dec/31	31	1	31		31		3	10							34 10																							
1917																																						
Jan/31	31	100	34	10											34 10																							
Feb/28	28	100	30	80											30 80																							
Mar/31	31	100	34	10											34 10																							
Apr/30	30		33												33																							
May/31	31		34	10											34 10																							
June			33												33																							
July 20	20		22												22																							
July 21	21		12	10											12 10																							
Aug 31	31		34	10											34 10																							
Sep 30	30		33	00											33 00																							

* Strike out whichever inapplicable.

ASSIGNED PAY.	ENGLAND OR CANADA.	SEPARATION ALLOWANCE.	ENGLAND OR CANADA.
EFFECTIVE DATE: <i>1/11/16</i>		EFFECTIVE DATE: -	
AMOUNT: <i>42000</i>		AMOUNT: -	

NAME: *DAVIS, Robert Henry*
 NUMBER: *524965*

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.

Rebecca Rachel Davis
Armstrong
BC

Stopped off 1/2/19

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		<i>Plt</i>

UNIT AND TRANSFERS

ORIGINAL UNIT: *11 Draft to Camp A.S.*
 DATE ACCOUNT FIRST OPENED: *1/11/16*

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHRS? TSPD	UNIT TRANSFERRED TO
			<i>7 Gen.</i>

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>2/1/16</i>	<i>3067</i>	<i>same D</i>	<i>9 73</i>			<i>ledge Bal</i>	<i>105 82</i>
<i>13/1/16</i>	<i>3083</i>	<i>to</i>	<i>19 59</i>			<i>Extracts</i>	<i>29 32</i>
			<i>29 32</i>			<i>LPC Bal</i>	<i>76 50</i>

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
	<i>1 00</i>	<i>10</i>		

PARTICULARS OF RENDERING NON-EFFECTIVE: *Disch Canada. NR 9/1973 S-cliffe 18/1/19 R. Hyl. MD #3*

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
<i>March 1918</i>	<i>Balance forward</i>								<i>4213 21/2</i>		
<i>April</i>	<i>P.P.</i>	<i>33</i>							<i>7513</i>		
				<i>ban. a.p.</i>				<i>20</i>	<i>5513</i>		
		<i>33</i>						<i>20</i>			
<i>May</i>	<i>P.P.</i>	<i>3410</i>		<i>ban. a.p.</i>				<i>20</i>	<i>6923</i>		
				<i>AR 122 C 16 7 GA. 27/5/18</i>	<i>446</i>				<i>6477</i>		
		<i>3410</i>			<i>446</i>			<i>20</i>			
<i>June</i>	<i>P.P.</i>	<i>33</i>		<i>ban. a.p.</i>				<i>20</i>	<i>7777</i>		
				<i>AR 162 3 7 GA. 11/6</i>	<i>446</i>				<i>7331</i>		
		<i>33</i>		<i>G. Rem. 84 VC 5484 6/6</i>	<i>25</i>				<i>4831</i>		
					<i>2946</i>			<i>20</i>			
<i>July</i>	<i>P.P.</i>	<i>3410</i>		<i>ban. a.p.</i>				<i>20</i>	<i>6241</i>		
		<i>3410</i>						<i>20</i>			
<i>Aug</i>	<i>"</i>	<i>3410</i>		<i>ban. a.p.</i>				<i>20</i>	<i>7651</i>		
		<i>3410</i>						<i>20</i>			
<i>Sept</i>	<i>P.P.</i>	<i>33</i>						<i>20</i>	<i>8951</i>		
		<i>33</i>						<i>20</i>			

FORD

FORD

NUMBER	RANK	NAME		MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4.	BALANCE	DEFERRED	SEPARATION
Oct	PFA					3410						20	8551.71		
						3410						20	10360		
Nov	PFA					33						20	116 61		
Dec						3410		767 14/11 7844 (13)	13 99			20	102 62		
1919								BR. 113 28/11 78	13 99			20	116 72		
Jan						3410			25 00			20	91 72		
						101 20			38 99			60	105 82		
								3067. canceled 24/12 2	973				96 09		
								3283 15/11 20	1959				76 50		
								295 (End) 27/11 68	973				66 77		
									39 05						
								SOS Can 1/2/19 SL 13.							

38 99
 29 32

 68 31

War Service Badge
 This space to be for numbers.
 Class **A** No. 82270 Issued

War Service Badge
 Class **B** No. 52169 Issued

Proceedings on Discharge.

M

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

No.	<u>524965</u>
Rank	<u>PRIVATE</u>
Surname	<u>DAVIS,</u>
Christian name	<u>Robert Henry</u>
NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.	
Corps (Squadron, Battery or Company)	<u>CANADIAN ARMY MEDICAL CORPS, C.O.M.F.</u>
Date of discharge	<u>FEB 18 1919</u> <u>FEB 18 1919</u> <u>50 48 d/ 17.2.19</u>
Place of discharge	<u>LONDON, ONT.</u>

H

1. DESCRIPTION AT THE TIME OF DISCHARGE.

	Descriptive marks
Age..... <u>40</u>years.....months.	
Height..... <u>5</u>feet..... <u>5½</u>inches.	
Complexion <u>FAIR</u>	
Eyes <u>BLUE</u>	<u>NIL</u>
Hair <u>DARK BROWN</u>	
Trade <u>Farmer</u>	
Intended place of residence (To be given as fully as practicable.)	<u>Armstrong, B.C.</u>

2. The above-named man is discharged in consequence of **MEDICALLY UNFIT**

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.

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.)

Decreed 512-33

M. F. B. 218.
 200M.—5-18.
 H. Q. 1772-39-113.

REC'D 21-1-20

(OVER)

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.....

Three horizontal dashed lines for listing 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. H. Davis (Signature of Soldier.)

(Date) FEB 18 1919 (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. FEB 18 1919

(Date) MAR 1 1919

(Signature) H. C. MacLennan for O. C. Discharge Section, No. 1 D. D.

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.)

None
R. H. Davis

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 <hr/> 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.

Reserved for M.H.C.

Regt. No. 524965 Rank Pte. Surname DAVIS Christian Name ROBERT H.
 Unit or Corps—(a) Overseas from United Kingdom #7 Langley Hosp. (b) in United Kingdom CMHC 2D #1
 Born at—Town Toronto County or Province York Country Canada
 Date of Birth—Day 2nd Month May Year 1868 Age 50 yrs. 8 months.
 Joined at Vernon B.C. Date Aug. 14th 1916
 Former trade or occupation Farmer.

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

Height—feet 5 inches 7 Colour of eyes Blue.
 Signature of Soldier (for identification purposes) Robert H. Davis

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)

HERNIA (RT. ING)

Disabilities Group (b)

NEURASTHENIA.

Disabilities Group (c)

PILES

2. CAUSE OF DISABILITY

		Place of origin.	Date of origin.
(i.) As to Group (a) above.	Active Service Conditions (Stretcher Bearer)	#7 C.G.H. France	March 1918.
(ii.) As to Group (b) above.	Active Service Conditions (went thru ten air-raids)	#7 C.G.H. Etaples	May 1918.
(iii.) As to Group (c) above.	Unable to state.	Arnsbrong British Columbia	Nov. 1908.

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? —
- (ii.) As to Group (b) above? no If yes, has Active Service aggravated it? —
- (iii.) As to Group (c) above? yes If yes, has Active Service aggravated it? yes.

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? yes.
- (iii.) As to Group (c) above? no.

5. MEDICAL HISTORY. Enlisted Aug 14/16 - came to England Nov. 1916 - went to France March 1917. returned from France Dec. 1918. Previous illnesses. - Had an operation for Haemorrhoids in Canada in 1908 with apparent cure until eight months ago. Otherwise health has been good.
Hospitals - nil.

6. PRESENT CONDITION. Subjective. Patient says that he first noticed Hernia & Haemorrhoids March 1918. when he was forced to carry stretchers all night. Piles bleed occasionally. With severe exertion a pain is felt in the right side. He also states that he is restless and irritable and that a slight noise disturbs him. He sleeps very poorly & when roused cannot go to sleep again for two hours. He also complains of rapid heart beats.
Objective. - Poorly developed; apparent age 30. A small hernia or protrusion noticed in the right inguinal canal. can be palpated with the finger. Hernia does not come down into scrotum. There are three piles, one right & two left. They protrude 3/4 inches. This man seems rather restless but his control is very good. Pulse rate 90 but good quality. There is no tremor.
 Heart, Lungs & other systems normal.

7. OPERATION. (i.) Was one performed? no (ii.) If so, state what.
 (iii.) Was one advised and declined? -

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. -

9. DO YOU RECOMMEND: -
 (a) Fit for duty? B III
 (b) Invalid to Canada? Invalid to Canada
 (c) Discharge from the Service as permanently unfit? Discharge from the Service

Date of Report Jan 7th 1919
 Station # 11 C.G.H. Thorncliffe.
 Signed J.H. Nelson Capt came
 Officer in medical charge of case.

I have satisfied myself of the general accuracy of the above Report, and concur therein *except
Not in Hospital
 Dated at Not in Hospital Station, on Not in Hospital 191...
 *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.)

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.)

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

(i) Is it permanent?

(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?

17. Can the former trade or occupation be resumed?

18. REMARKS:

19. RECOMMENDATION:—

(a) Fit for duty? (state category)

Yes B.III

(c) Discharge from Service as permanently unfit?

No

Form with fields for Date of Board (JAN 1919), Station (No. 1 CANADIAN GENERAL HOSPITAL, MOORE, CANADIAN SHORNCLIFFE), Signatures of the Board, Approved (W. Allen A. Swan), A.D.M.S., Dated at (JAN 1919), Station, and President.

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 London, Ontario DATE Feb. 13th, 1919.

1. 1 (a) Unit No. 1 Dist. Depot (b) Regimental No. 524965 (c) Rank Pte.

(d) Surname DAVIS (e) Christian name Robert Henry

(f) Home address ~~xxxxxx~~ xxxxxx R. Davis, /Armstrong, B.C.

(g) Next of Kin Mrd. Rebecca R. Davis, (h) Relationship Wife.

(i) Address of Next of Kin Armstrong, B.C.

2. Age last birthday 50 Date of birth 2-5-1868

3. Enlistment, or Appointment (if an Officer) (a) Place Vernon B.C. (b) Date 14-8-16

4. Personal description:

(a) Height 5' 5 1/2" (b) Weight 130 1/2 lbs. (c) Complexion Fair.
(stripped)

(d) Colour of hair Dk. Brown (e) Colour of eyes Blue (f) Identification marks, Scars, etc.

5. Former trade or occupation FARMER.

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
	2	183

	PERIODS	
	From	To
Canada	14-8-16 1-2-19	31-10-16 13-2-19
England	31-10-16 19-12-18	19-3-17 1-2-19
France or other theatres of War	19-3-17	19-12-18

7. Original disease, or injury 1. Right inguinal hernia. 2. Haemorrhoids.

(a) Date of origin 1. March 1918. (b) Place of origin 1 & 2 FRANCE.
2. Feb. 1918

(c) Cause 1. Service conditions (~~xxxxxxx~~ stretcher bearing in dark.)
2. Constipation.

8. Present disability— (Here state the exact nature of the disability resulting from the disabling conditions: e.g. (a) Weakness—slight, moderate, or 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.)

1. Necessity for restriction in choice of occupation due to right inguinal hernia.

2. Necessity for restriction in choice of occupation due to haemorrhoids.

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.)

1. OBJECTIVE SIGNS—Patient right ring but there is no protrusion. Very slight impulse on coughing.

1. SUBJECTIVE SYMPTOMS—Soldier complains of pain in right groin when lifting anything heavy. He has worn truss since June 1918. He can do any ordinary work without discomfort.

2. OBJECTIVE SIGNS—Prolapse of rectum, size walnut. Inflamed and bleed easily.

2. SUBJECTIVE SYMPTOMS—Soldier states that there is a small amount of blood with every stool. He has burning pain and dragging in rectum and sacrum especially bad after sitting. They do not bother him much when on his feet. He has been constipated which always makes the condition worse.

SPECIALIST'S REPORT. Feb. 13th, 1919.

1. The marginally noted man is entitled to operation for right inguinal hernia.

2. Slight neurotic disposition which will improve rapidly in civilian life, no disability from service.

(Sgd.) J. B. Jupp, Capt. CAMC.

(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..... **YES**..... 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**

NERVOUS SYSTEM—See Specialist's report attached. No disability.

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

1. He first noticed pain and swelling right groin in March 1918 while stretcher bearing in France. He reported condition to Medical Officer and was fitted with truss 3 months later.

2. Soldier states that in Nov. 1918 he had operation for haemorrhoids and rectum gave him no trouble until Feb. 1918 when he became constipated and soon after the haemorrhoids reappeared. He reported the condition but no treatment was given.

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).)

Neurasthenia. See Specialist's report attached.

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

NIL

11.—(a) Did the disabling condition have its origin before enlistment? 1&2 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.)

1&2 NOT APPLICABLE.

12. Was the disability caused, or aggravated; (a) by intemperance, or improper conduct; or (b) by unreasonable refusal to accept treatment? 1&2 NO

The regimental documents will be referred to.

(If the answer is in the affirmative, state in percentages, to what extent the patient is incapacitated by that causation or aggravation. In answering this question, conduct sheets should be considered. If treatment has been refused, the circumstances surrounding the refusal should be described on page 4.)

13. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one? 1. Not present at this time. 2. Permanent, unless operated on.

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

1. Truss fitted 2. No treatment.

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit? 1. NO 2. Yes... (If the answer is "yes" state nature of treatment required and probable duration)

2. Operation for haemorrhoids.

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

17. Recommendations. Category "D" 3.

Deerfield Capt. 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, Robert Davis, have heard the description of my disability and present condition read, and am satisfied ~~for not satisfied~~ with it. (If dissatisfied, statement should follow.)

I complain in addition of

Robert H. Davis Rank. Signature of invalid examined.

D.H.C.

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.

BOARD AGREES-There is no marked protrusion of viscous at present time.

19. Is the invalid fit for

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

Yes, 1. Herniotomy and 2. Hemorrhoidectomy, duration 1&2 one month.

- (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.)

Placed in Category "D"III for operation.

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.

PLACE London, Ontario, DATE 14-2-19

J.G. Legg Capt President.
H.C. Edkins Capt Members

TO BE COMPLETED WHEN TREATMENT IS REFUSED

I, the undersigned No. 524965 Pte. Robt. DAVIS understand the nature of the treatment which it is recommended that I should undergo and refuse to accept it.

Witness *J.G. Legg Capt* Signed *Robert H. Davis*
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.

Board recommends herniotomy and haemorrhoidectomy. On account of age of patient (50 years) and small size of hernia, refusal of herniotomy not unreasonable. Owing to size of haemorrhoids at present, refusal of haemorrhoidectomy is unreasonable but because of business reasons soldier desires postponement of operation over a few months. Therefore Category ~~XXXX~~ "C"III.

PLACE London, Ontario, DATE 14-2-19

J.G. Legg Capt President.
H.C. Edkins Capt Members

APPROVED BY *A. J. Laird* CAPT. CAMC for Assistant Director of Medical Services. DATE 14-2-19.

APPROVED BY _____ Director-General of Medical Services. DATE _____

10 Da 68

966

30

AUDITOR *ws* PAYMASTER *M*

M. OR S.

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

REGT. No. *524965 Pte.* RANK *Pte.* NAME (IN FULL) *Davis Robert*

NEXT OF KIN	RELATIONSHIP	PARTICULARS	EFFECTIVE DATE	AUTHORITY	ORIGINAL UNIT C.E.F. <i>Cambs.</i>	IF IN P.F. WHAT UNIT? <i>Armstrong B.C.</i>
ADDRESS					PLACE OF ATTESTATION	TRANSFERRED TO DATE AUTHORITY
IS SEPARATION ALLOWANCE PAID? <i>30.00</i>	DATE EFFECTIVE <i>28/19</i>				DATE OF ATTESTATION <i>28/19</i>	TRANSFERRED TO DATE AUTHORITY <i>28/19</i>
TO WHOM PAID	RELATIONSHIP				ASSIGNED PAY, \$ <i>20</i>	DATE EFFECTIVE <i>28/19</i>
ADDRESS					PAYABLE TO <i>Mrs R.R. Davis</i>	RELATIONSHIP <i>Wife</i>
					ADDRESS <i>Armstrong B.C.</i>	ANY CHANGE IN ASSIGNEE OR ADDRESS
					STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE	EFFECTIVE
					DISCHARGED <i>London</i>	DATE <i>18/19</i> REASON <i>Med unfit</i> AUTHORITY <i>W048</i> IF ENTITLED TO POST DISCHARGE PAY <i>Yes</i>

Davis as AP

22-8-19 \$100 brought to my attention today at this time all entries checked by OTC. Error found by my staff

MONTH	NO. OF DAYS	PAY AND F.A.		OTHER CREDITS		TOTAL CREDITS		ACQUITTANCE ROLLS			CASH PAYMENTS			ASSIGNED PAY	REGI-MENTAL CHARGES	OTHER CHARGES		TOTAL DEBITS		BALANCE		PARTICULARS OR REMARKS	
		AMOUNT				COL. NO. 1	COL. NO. 2	COL. NO. 3	COL. NO. 1	COL. NO. 2	COL. NO. 3												
Balance from previous account																							
<i>31.1.19</i>	<i>110</i>																						<i>On Boat</i>
<i>1.2.19</i>	<i>18</i>	<i>19.80</i>		<i>35.00</i>		<i>61.70</i>																	<i>Pos. 1.2.19 50.43</i>
																							<i>W.M. work May</i>
WAR SERVICE GRATUITY																							
<i>18-2-19</i>		<i>310</i>		<i>150</i>		<i>500</i>																	<i>W.S.G.</i>
<i>18/3/19</i>		<i>280</i>		<i>150</i>		<i>430</i>																	<i>24.1</i>
<i>18/4/19</i>		<i>210</i>		<i>90</i>		<i>300</i>																	<i>Over Paid Sa by Oct</i>
<i>18/5/19</i>		<i>140</i>		<i>60</i>		<i>200</i>																	<i>70/01-2</i>
																							<i>16/5/19 481081-2</i>
																							<i>17/6/19 482852-3</i>
																							<i>11/7/19 106015-6</i>
						<i>500</i>																	<i>12 - 500.00</i>

Clerical error. Passed by O/A. Dr. Bal. 100

W. D. G. Jones Major G. A. P. G. Services M. D. No. 1

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

1650

Nov. 1/16

597th mcp

5-9-16

RATE OF SEPARATION ALLOWANCE

20	25	30	1-9-18
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*1-12-17 pc 2753
p.c. 3257 mo 27861*

RATE OF ASSIGNMENT

20.			
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PARTICULARS OF SEPARATION ALLOWANCE

No. **524965**
 Rank **Pte.** Promoted Reverted Discharge
 Soldier's Name **Robert H. Davis**
 Battalion **A. M. C. T. D. #11**
 Beneficiary **Mrs Rebecca R. Davis**
 Relationship **wife**
 Address **M.F.W. 2554 20-8-18**
NOV 25 Rec'd

PARTICULARS OF ASSIGNMENT

Name **Rebecca R. Davis** (wife)
 Address **Armstrong B.C.**
 Change of Address

- 1
- 2
- 3
- 4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
1917					
Dec 31		317	280	597	
Jan	V 65959	30	20	50	N
Feb	E 93311	25	20	45	
Mar	A 122450	25	20	45	
Apr	B 4831	25	20	45	
May	O 13496	25	20	45	
June	I 24635	25	20	45	
July	G 29280	25	20	45	
Aug	I 38490	25	20	45	
Sept	L 48076	25	20	45	
Oct	M 56068	25	20	45	
Nov	I 58444	25	20	45	
Dec	D 67699	45	20	65	
Jan	M 76071	30	20	50	
Feb	P 81188	30	20	50	
		702	560	1262	

M. F. W. 128
400M-6-17-1772-89-1141
L. L. 22220-M. & D. 1933.

28-2-19 A/c Closed
 Ret'd per *Carmania*
 Date *8-2-19* F.X. *14-2-19*
 Clerk *W. Boyd*



Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

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RATE OF ASSIGNMENT

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PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

No.

Rank

Soldier's Name

Battalion

Beneficiary

Relationship

Address

Promoted

Reverted

Discharge

Name

Address

Change of Address

1

2

3

4

Date

Cheque No.

Amount S/A

Amount A/P

Total

REMARKS

M. F. W. 128
 400x-6-17-1772-89-1141
 L. L. E2220-M. & D. 7993.