

ORIGINAL

931786

ATTESTATION PAPER.

No.

No. 2 CONSTRUCTION, B.T. C.E.F. CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

Folio.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- 1. What is your surname? Davis (DAVIS)
1a. What are your Christian names? Roy.
1b. What is your present address? Jacken Mich. U.S.A.
2. In what Town, Township or Parish, and in what Country were you born? Harrisburge, Pa. U.S.A.
3. What is the name of your next-of kin? Joches Madison.
4. What is the address of your next-of-kin? Morrigan Town, W.Va. U.S.A.
4a. What is the relationship of your next-of-kin? Brother (Self)
5. What is the date of your birth? July 9th. 1886
6. What is your Trade or Calling? Labor
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.
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, Roy 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.

Roy Davis (Signature of Recruit)

Date Feb 2 1917 (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Roy 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.

Roy Davis (Signature of Recruit)

Date Feb 2 1917 (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 Windsor, Ont. this 2th day of Feb. 1917.

James G. Chym (Signature of Justice)

Description of Roy Davis. on Enlistment.

Apparent Age 30 years months.
 (To be determined according to the instructions given in the Regulations for Army Medical Services.)

Distinctive marks, and marks indicating congenital peculiarities or previous disease.

(Should the Medical Officer be of opinion that the recruit has served before, he will, unless the man acknowledges to any previous service, attach a slip to that effect, for the information of the Approving Officer.)

Height 5 ft. 7 ins.

Chest measurement { Girth when fully expanded 36 ins.
 Range of expansion 2 1/2 ins.

Complexion Dark

Eyes Brown

Hair Black

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

Both Eyes 20/20

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* Ed for the Canadian Over-Seas Expeditionary Force.

Date Feb 2 1917.

Place WINDSOR ONTARIO

[Signature]
[Signature]
 Medical Officer.

*Insert here "fit" or "unfit."

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

CERTIFICATE OF OFFICER COMMANDING UNIT.

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

[Signature] Lieut.-Col. (Signature of Officer)
 No. 2 Constabulary B. A. C. E. F.

Date Feb 2 1917

REGIMENTAL DOCUMENTS

154-19

Plc **Davis Roy**

REGT. NO. **931786**

UNIT **2nd Const. Bn**

H. Q. FILE NO.

S

CONTENTS

DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

M. F. W. 2505
REFERENCE

NON-EFFECTIVE BY

M

H

C6128

DEATH

Category

DISCHARGE

Category **Demob.**

DESERTION

- ATTESTATION PAPER (M.F.W. 23, 133, or 51)
- CASUALTY FORM (M.F.W. 54 or A.F.B. 103)
- TRAINING HISTORY SHEET (M.F.W. 113)
- FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)
- REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)
- COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)
- MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)
- DENTAL HISTORY SHEET (M.F.B. 465)
- MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)
- MEDICAL EXAMINATION (M.F.W. 129)
- TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)
- PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)
- DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)
- LAST PAY CERTIFICATE (M.F.W. 44)
- PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)
- PARTICULARS OF CHARACTER (A.F.W. 3226)
- COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)

M.F.W. 192

M.F.W. 67

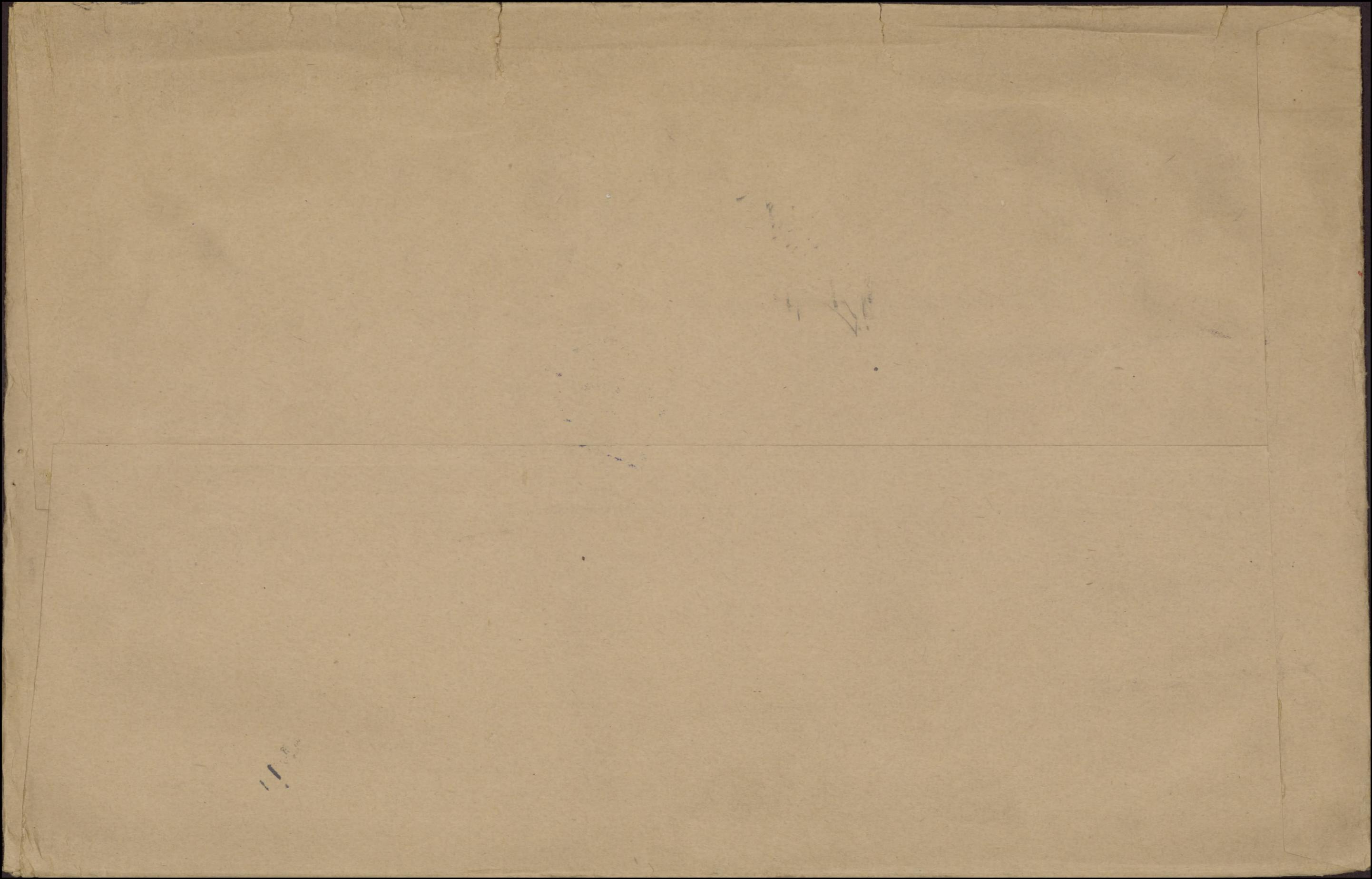
Misc

Tag card

R122

8-10
21-10
27-11

2



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, B'n. C.E.F.

(2) Regimental Number 931786

(3) Full Name of Soldier R. G. Davis

(4) Place of Birth Virginia
U.S.A.

(5) Are you married, or not? Single

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

(7) Are you a widower? P

(8) Have you any children? P
 If so, give number of boys and girls 1
 Also their names and ages P

(9) Is your Father alive? *no*

If so, state name and address *Y*

(10) Is your Mother alive? *no*

If so, state name and address *Y*

(11) If your Mother is a widow *Y*

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.

Y

(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.

(Brother)
Joseph Madison
Morgan Town 20. Va. U.S.A.

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

X

(15) Are you insured? *no*

If so, in what Company?

Have you made arrangements for payment of your Insurance premium? *Y*

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

A. Davis
Lieut-Col.
No. 2 Construction Batt'n. C. E. F.

Officer Commanding.

Date *MAR 19 1917*

DENTAL HISTORY SHEET

DISTRICT.....

CANADIAN ARMY DENTAL CORPS

NAME OF SOLDIER.....

DAVIS

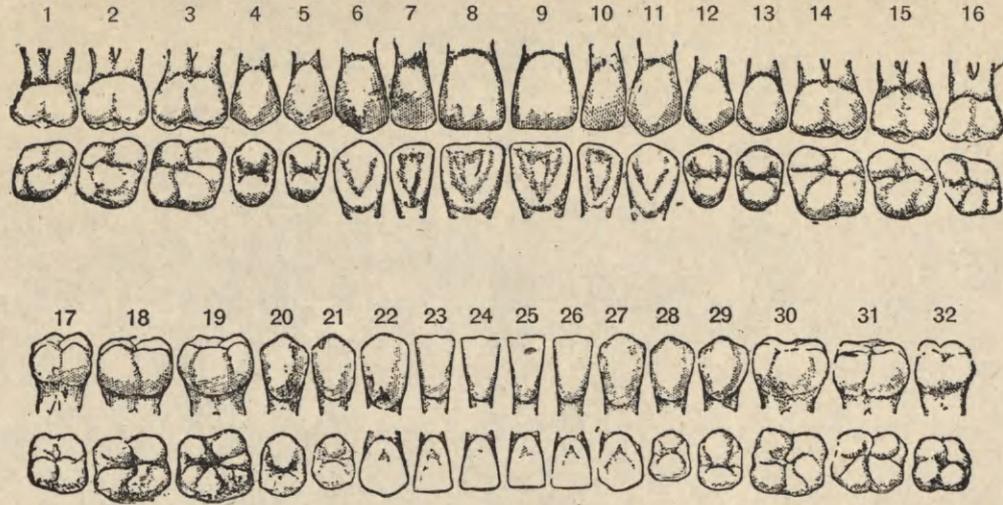
REGIMENT.....

2 CB

RANK.....

Plt

No. *931786*



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. P. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhosa	Synthetic Porcelain	Extracting	DENTURES			Gold Clasp	Gold Filling	CROWNS		Bridge Work	OPERATOR	Military District	REMARKS
												U	L	P			Gold	Porcelain				
	<i>1919</i>																			<i>Rgm Shillan</i>		<i>Ex. 19.</i>

max. 4



THE UNIVERSITY OF CHICAGO
LIBRARY

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LIBRARY

1919
to name

THE UNIVERSITY OF CHICAGO
LIBRARY

1919

10 Dec 87

LAST PAY CERTIFICATE

ORIGINAL

Regt. No. 931756 Rank *Plt* Name *Davis, Roy*

Corps *2 Cono* who was *Discharged*

on *21³/₄* to

The following is a statement of the account of the above named from *1/4* to *21³/₄*

Bal. Dr from mon. of from L.P.C.		Bal. Cr. from mon. of Dec. from L.P.C.	391 63
ASSIGNED PAY:		Regt. Pay 80 dys. @ \$1	80 00
SEPARATION ALLOWANCE:		F'ld. All. 80 dys. @ \$ ¹⁰	8 00
OTHER CHARGES:		SEPARATION ALLOWANCE:	
PAYMENTS:	526 63	OTHER CREDITS:	
<i>3179</i>		Clothing Allowance	35 00
Bal. Credit (to be pd.)		Subsistence, 15 days	12 00
<i>ppp</i>	526 63	Bal. Dr. (to be deducted)	
		(from soldier \$)	
		(from Dependent \$)	526 63

SEPARATION ALLOWANCE	ASSIGNED PAY	VICTORY BOND
at \$ per month	at \$ per month	Subscribed \$
has been <i>nil</i> to	has been <i>nil</i> to	Pd. by other \$
		Units \$
		Pd. by this \$
		Unit \$

Dependent or Beneficiary: *nil*
Address:

REMARKS: *Do. 65 Discharged 21³/₄ Lmoh.*

Date of Enlistment *2⁷/₁₇*
If married and if Separation Allowance card submitted

I have carefully examined this statement of account and find it to be a correct extract from the Paylist of this Unit.

Date: *6³/₁₄*
London, Ontario.

[Signature]
Captain.

Paymaster No. 1 District Depot.

This form must not be used when the Proceedings are for the information of the B.P.C. In such cases, M.F.B. 227 is the only form applicable.

FOR ALL RANKS
PROCEEDINGS OF A MEDICAL BOARD (short form)

Date: _____
Place: _____
Date: _____
Name: _____
Rank: _____
Corps: _____
Age: _____
Height: _____
Weight: _____
Religion: _____
If married and if Separation Allowance card submitted Has he been Overseas

(1) Disease or Injury _____
(2) Cause _____
Where incurred _____
Date _____

(3) Disability _____
(4) Present condition (describe fully) _____
has been _____
at _____ per month
of _____ per month
ASSIGNED PAY _____
VICTORY BOND _____

(5) History _____
Bal. Cr. (to be debited) _____
(from payment) _____
(from soldier's) _____

PAYMENTS: _____
OTHER CHANGES: _____
(6) Probable duration of Disability _____
(7) Is officer or other rank fit for Category, A B C D _____
(8) If for treatment, specify nature of (answer yes or no) _____
ASSIGNED PAY: _____
Bal. Dr. from I.P.C. _____
Bal. Cr. from I.P.C. _____

The following is a statement of the account of the _____
President _____
Member _____

Place _____
Date _____
Approved _____
Name _____
Rank _____
Date _____
Place _____
M.F.W. 180
No _____

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. 931786 Rank Pte. Surname Davis
(Given name in full)

Roy

Unit or Corps 1 D.D. Birthplace Harrisburge, Pa., U.S.

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

1. GENERAL DESCRIPTION:

Physique Good Weight 132 lbs. Height 5 ft. 6 3/4 in. Colour of Eyes Brown

Nutrition Good

Pulse 72

Condition of arteries Good

Vision Rt. 20x20 Left 20x20

Hearing (conversational voice) Rt. 21x ft.

Left 21x ft.

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

Opinion as to general health and physical condition Good, A2.

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 Yes 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 Yes

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.

V.D.G. June 1918. Hospital 2 months. No recurrence - cured.
Influenza July 1918. Hospital 7 days. No resulting disability. No disability due to service.

EXAMINATIONS.

THIS SECTION FOR USE OVERSEAS—

Examined at.....(Overseas)

Date SignedM.O.

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

Signature

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

THIS SECTION FOR USE IN CANADA—

Examined at...London, Ont...(Canada)

Date ...March 5/19..... Signed *[Signature]*.....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*R. Davis*.....

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

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

[OVER]

NAME

Davis P.

RANK AND CORPS

Plt 2 Con.

(M. S. Regt.)

REG'TL. No.

931786

H. Q. FILE NO. 649

FOLLOWS

No.

FOLLOWS

CABLE

No.

DATE

NATURE OF CASUALTY

LIST No.

HOSPITAL

DATE OF
ADMISSION

REMARKS

0272	no 51 Gen. Hospital	17-7-18	V.D.P.
0314	Discharged	4-9-18	V.D.P.

No. 931786 RANK

Plt.

NAME

Davis, Ray

T. O. S. 2-2-17-

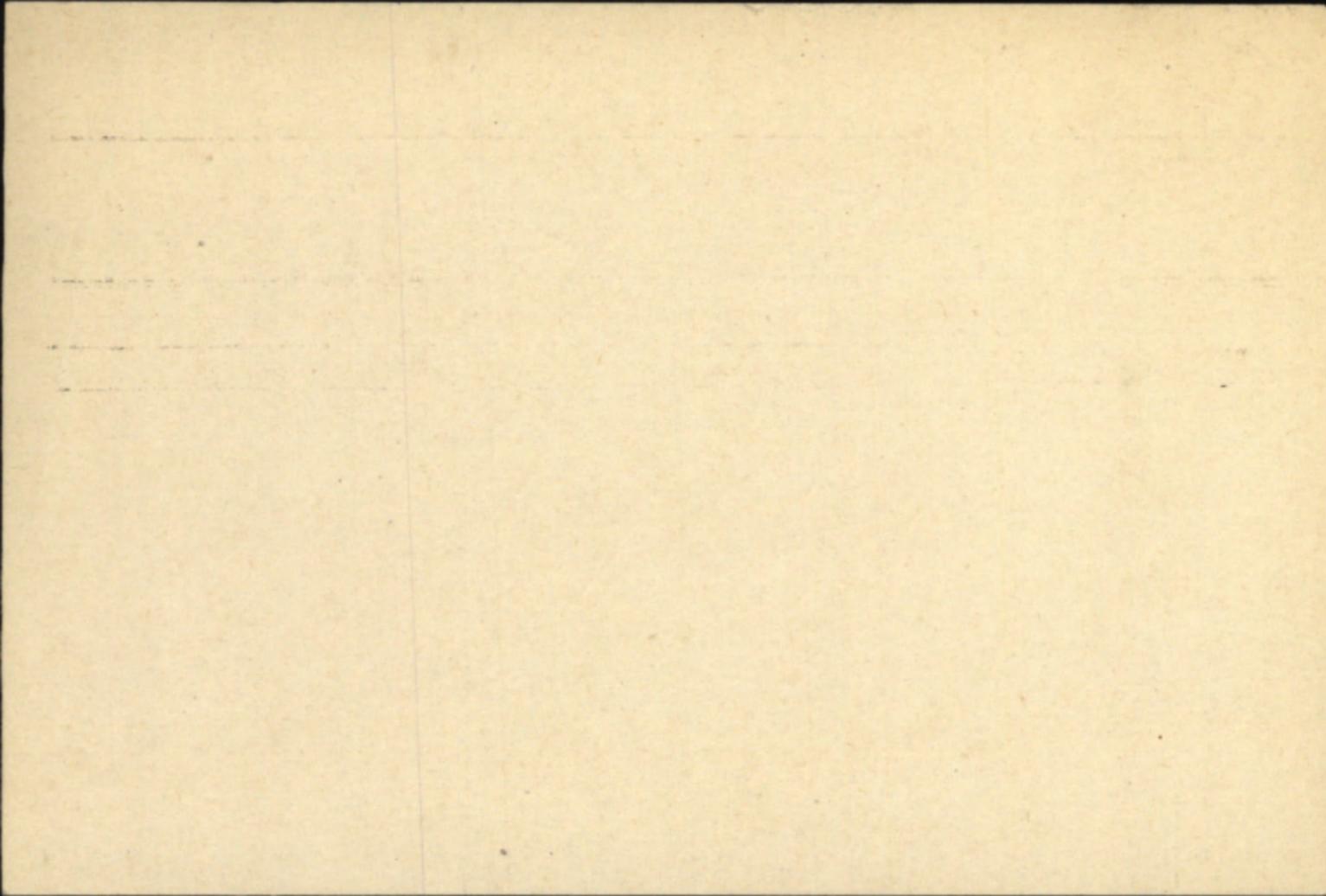
UNIT

No 2. Construction Battalion

D.O. 40-15-2-17.

M. D. 6

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1917 Feb. 2.	1917 Feb. 28	✓		
Mar.		n.		



Reg. No. 931786 Name Davis, R.
Rank Pa. Corps 2 Construction Age 30 Service
Ledger No. _____ Serial No. _____

HOSPITALS

DATE

DIAGNOSIS

HOSPITALS	DATE	DIAGNOSIS
Gen Hosp. Luro. Hd	13.3.17.	Pyrexia. -6.
Dis. to duty.	18.3.17.	

HOSPITALS

DATE

DIAGNOSIS

M. F. W. 2553.

50M-6-19.

1772-39-1332.

HSB
no

649-D-16794

"Spr."
V.E.B.
✓

Number 931786 Rank _____

Surname DAVIS

Christian Name Roy

Units 60A 66 Theatre of War France

Date of Service 17-5-17

Remarks The Cranbury Inn. Cranbury N.J.

Latest Address 213 Cranbury Ave. ^{USA}

~~Harrisburg Pa. USA~~

19 ²/₃₄

Roll No. _____

R. Page 21612.

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

M.D. No.

NUMBER

RANK

SURNAME

INITIALS

Full postal address.....

(Street)

(City or Town)

(Province)

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

Address.....

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

Railway.....

If married, is your wife on board.....
Number of children on board.....

Their destination.....

(Sgd.).....

M. F. W. 2502.

50 M.-1-19.

1772-39-1269.

REGN. NO. 41
DESP. FEB 23 1934

Name **V. DAVIS, Roy,** Rank **Pte.** Regtl. No. **931786**

Original unit **2nd Cons. Bn.** Present unit **2nd Cons. Bn. Single** M. or S. **Age 32** Religion **Meth.** Fyle Depot **1DD-10-D-325** Ref. H.Q.

Port, ship, and date of arrival **Halifax N.S., Lapland, 1-3-19**

Next of kin **Brother. Joches Madison, Morrigan Town, W.Va., U.S.A.**

Address on leave

Address on discharge **213 Crambray Ave., Harrisburg, Pa.**

Transportation issued Yes No Date Character on discharge

Previous occupation **Labor.** Date and place of enlistment **Feb. 2nd, 1917, Windsor, Ont.**

Diagnosis **N.A.** Date of Medical Boards **5-3-19, London, Ont.**

Date. T.O.S.	Remarks	Pt. 2 Order No.
20-2-19	NO. 1. D.D.	
3-3-19	Posted to Cas. Coy.	63

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

Date.

Remarks.

Pt. 2 Order No.

21-3-19

Discharged from H. M. S. On demob lization. (P.D.P.)

65.

SURNAME

CHRISTIAN NAME OR NAMES

REG. NO.

Davis

R.

931786

RANK

UNIT

Co.

TROOP

BATTY.

Pte.

N. S.

(2600)

HOSPITAL

DATE OF ADMISSION

51 Gen. E tapes.

17.7.18.

1.

HOSP.

2.

OSP.

3.

HOSP.

4.

HOSP.

DIAGNOSIS

U.D.G. R

1.

2.

3.

Dis. 4.9.18.

DISPOSITION

DATE

Ch. 24.7.18 at 272.

10.9.18 at 314.2

REMARKS

A.M.D. 2 Dept.

Boh. of D.G.M.S. O.M.F.C. London

EPITOME OF HOSPITAL TREATMENT

HOSPITAL

ADM.

1.	
2.	
3.	
4.	
5.	
6.	
7.	

Casualty Form, Active Service.

Regiment or Corps *No 2 Cdn Saults Coy.*

Rank *Private* Surname *Davis* Christian Name *Ray*

Religion Age on Enlistment years months

Enlisted (a) Terms of Service (a) Service reckons from (a)

Date of promotion to present rank Date of appointment to lance rank

Extended { } Re-engaged { } Qualification (b)
or Corps Trade and rate

Occupation Signature of Officer

Report		Record of promotions, reductions, transfers, casualties, &c. during active service, as reported on Army Form B.213, Army Form A. 36 or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents.
Date	From whom received				
		Embarked			
		Disembarked			
<i>14.9.18</i>	<i>OC 38 6-86</i>	<i>Jan 20 35 Coy 400 from Ban.</i>	<i>Sled</i>	<i>11-9-18</i>	<i>B.13</i>
<i>14.12.18</i>	<i>M.A.G.</i>	<i>Trans to Coy reported to M/A Reg Depot Bramshott</i>	<i>Bramshott</i>	<i>10¹²/19</i>	<i>RR 344 + RR</i>
		<i>Ca Hewett</i>			
		<i>Lieut. for Lt.-Col., A. A. G. Canadian Section, G. H. Q. 3rd Echelon, B. E. F.</i>			
<i>17-12-18.</i>	<i>In S. R. D.</i>	<i>T.O.S. & attached to 2nd S. Coy for Quarters 9 Nations</i>	<i>B. Shott</i>	<i>14-12-18</i>	<i>D.O. 905</i>
	<i>NSRD</i>	<i>ON COMMAND TO <i>CDD Kimmel Park</i> <i>Rhyl</i></i>	<i>BRAMSHOTT</i>		<i>PART I.D.O. 27¹²18</i> <i>Ca. Knight</i> LIEUT, OFFICER TO RECORDS,

(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) Signaller, Shoeing-Smith, &c.
 W. 8625 - M2733 2000a 9/17 (3611) C. F. & S., Ltd., Form B./103 E/1807. F.T.O.

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. **931786** (Rank) **PRIVATE**

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

the **2ND CONSTRUCTION BATTALION, C.O.H.F.**

CANADIAN EXPEDITIONARY FORCE at **WINDSOR, ONE** on the **SECOND**

day of **FEBRUARY,** 19 **17.**

HE served in **FRANCE (with 2ND CONSTRUCTION BATTALION)**

and is now discharged from the service by reason of **ON DEMOBILIZATION**

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

Age **32**

Height **5 - 7**

Complexion **FAIR**

Eyes **BROWN**

Hair **BLACK**

Marks or Scars

NIL

Signature of Soldier

**DISCHARGE SECTION
MAR 21 1919
No. 1 District Depot**

Date of Discharge

Issuing Officer

R. W. Jackson **Lieut**
CAPT.

Rank

O. C. Discharge Section, No. 1 D. D.

Appointment

Signed at **LONDON, ONT.** this **SEVENTH** day of **MARCH,** **1919**

in Military District No. **ONE**

File Reference No. **IDD-10-D-325**

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

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

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 CEF.

Regimental No. 931786 Rank Pte. Name Davis, Roy

C. E. F.

Enlisted (a) 2/2/17 Terms of Service (a) Duration of war Service reckons from (a) 2/2/17

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

Extended Re-engaged Qualification (b)

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
	D. C. No. 2 Constn Bn	Embarked, Canada Disembarked, England Proceeded Overseas	Halifax N.S. Liverpool Seaford	25/3/16 7/4/17 17/5/17	Pt 2 D.O.H. Amsterdam for eyes etc
21.5.17	Cl.	Forfeits 5 days pay for Making away with Iron Rations	Landed in France	17-5-17 N.R.	Full 21.5.17 Bn. Pt. 2 no 2

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

Embarked
Disembarked
Name of Ship
HARLAND
FEB 20 1917

(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.

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				
4/10/17.	OC	20 days F.P. No. 2 for 1) abs. to leave from 10 pm 29-9-17. 29-9-17. until 6/30 pm 1-10-17. 2) Out of bounds. Forfeits 3 days pay under R.W.		2/10/17.	B 2069. P/ 132 df-16 ¹⁰ /17.
1/10/17	OC	Sentenced to 10 days F.P. No. 2 for Neglecting to comply with an order La Jour 27/10/17		27/10/17	B 2069 Part 2 of 139 df-9/11/17
5/1/18	OC Unit	abs to No. 1 Dist. to FC		30/12/17	B 2113.
23.3.18	OC. 38 R.T.C.	Adm. for absence on a. s. absent from duty from 1 P.M. 23.3.18 to 6 P.M. 23.3.18, when another man had to take his place. Forfeits 1 days pay by R.W.		26.3.18	B. 2069. D/ 28.3.18. D/ 19. D/ 10.4.18.
13.7.1918	OC 38 Coy.	In Detention Hospital	Squad	9.7.18	B 213
13.7.18	OC	Transferred to No. 1 Mats. Hosp	..	10.7.18	B 213
17.7.18	S1 Genl.	V. S. G. m.	adm. S1 General	17.7.18	W 2433/9357
4.9.18	OC	V. S. G.	Inducted S1 Genl	4.9.18	W 2672
5.9.18	OC B25.	arrived from No 51 Gen	Suppl. S1 Genl	4.9.18	B 1255
9.9.18	OC	Left for No 38 Coy to FC	Squad	9.9.18	D. 1280
14.9.18	S1 Genl Hosp.	Forfeits 3 days pay as placed under S. G. pay at 57 Ch per d while in Hosp from 17-7-18 to 14-9-18 (50 days)			a S 1643/6339 B 552 of Sept 1918

* Strike out whichever inapplicable.

ASSIGNED PAY.	ENGLAND or CANADA.	SEPARATION ALLOWANCE.	ENGLAND or CANADA.
EFFECTIVE DATE:-	EFFECTIVE DATE:-		
AMOUNT:-	AMOUNT:-		

NAME:- **DAVIS Roy F**

NUMBER:- **931786**

PARTICULARS OF RANK OR APPOINTMENT

NAME, ADDRESS, RELATIONSHIP & AUTHORITY { WHEN PAYEE OF A.P. IS THE SAME AS PAYEE OF S.A. THE WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE.

NR 101 26.6.100

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT	
		<i>Pls</i>	
UNIT AND TRANSFERS			
ORIGINAL UNIT:- <i>2 Construction Bn</i>			
DATE ACCOUNT FIRST OPENED:- <i>1st April 1917</i>			
AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'S'D	UNIT TRANSFERRED TO
			<i>Canada Section</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>9th</i>	<i>6570</i>	<i>Field</i>	<i>4.66</i>				
<i>18th</i>	<i>2368</i>	<i>BRAS</i>	<i>9.73</i>				
			<i>14.39</i>				

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBSCE ALL'CE
	<i>1</i>	<i>-</i>	<i>-</i>	<i>10</i>

PARTICULARS OF RENDERING NON-EFFECTIVE: *31st 1918 Date Can NR 101 26.6.100 CFC Leo. L.P. Bal Co. \$ 292.10.161 Led Bal 319.41*

1918 MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
MAR	<i>Bal Ford</i>								<i>292.10.161</i>		
<i>Apr</i>	<i>Pay Allow</i>	<i>33</i>		<i>AR 116 6/4 CFC 201</i>	<i>3.57</i>						
				<i>12 days Pay by Red for auth 1/23/18</i>		<i>1.10</i>					
				<i>6.6 plus 25/3. 20.19.10/4. 2 Cons Co</i>	<i>3.57</i>				<i>316.86.176</i>		
				<i>AR 298 20/4 CFC 201</i>	<i>7.14</i>	<i>1.10</i>					
<i>May</i>	<i>P.P.</i>	<i>34</i>	<i>10</i>	<i>AR 493 7/5 CFC</i>	<i>2.68</i>						
				<i>7.20 2/5</i>	<i>4.46</i>				<i>343.82.191</i>		
		<i>34</i>	<i>10</i>		<i>7.14</i>						
<i>June</i>	<i>P.P.</i>	<i>33</i>		<i>AR 908 7/6 CFC 1</i>	<i>3.57</i>					<i>2.16</i>	
				<i>1104 22/6</i>	<i>3.57</i>				<i>369.68</i>		
		<i>33</i>			<i>7.14</i>						
<i>July</i>	<i>P.P.</i>	<i>34</i>	<i>10</i>	<i>AR 1294 6/7 CFC 1</i>	<i>3.57</i>				<i>400.21</i>	<i>2.21</i>	
					<i>3.57</i>						
<i>Aug</i>	<i>P.P.</i>	<i>34</i>	<i>10</i>						<i>434.31</i>	<i>2.36</i>	
<i>Sep</i>	<i>P.P.</i>	<i>33</i>		<i>DNAK 9464 8/9 CFC CGCD</i>	<i>4.46</i>						
				<i>AR 2442 23/9 CFC 1</i>	<i>3.57</i>						
				<i>17/7/18 4/9/18 50 days 60 52 21/9/18</i>		<i>30.00</i>			<i>429.28.251</i>		<i>4a</i>
		<i>33</i>			<i>8.03</i>	<i>30.00</i>					
<i>Oct</i>	<i>P.P.</i>	<i>34</i>	<i>10</i>	<i>AR 2679 7/10/18 Can 7/10/18 CFC</i>	<i>3.73</i>						
				<i>AR 2931 29/10/18</i>	<i>3.73</i>				<i>1155.92</i>		
		<i>34</i>	<i>10</i>		<i>7.46</i>						
				<i>AR 3098 9/11/18 CFC</i>	<i>3.73</i>						
				<i>AR 3305 25/11/18 CFC</i>	<i>13.06</i>						
<i>Nov-Dec</i>	<i>Intondel Pay</i>	<i>67</i>	<i>10</i>		<i>6.70</i>				<i>519.41.293</i>		
		<i>13</i>	<i>18</i>	<i>AR 6570 10/2/18 CFC 20</i>	<i>4.66</i>						
				<i>AR 3368 18/1/18 Branch</i>	<i>9.73</i>				<i>505.02</i>		
					<i>31.18</i>						

*579.41
14.39
545.02*

COMPILED BY.....
CHECKED BY.....

*27.46
16.39
14.39
38.64*

NUMBER

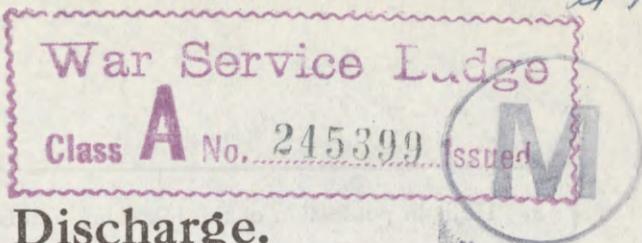
RANK

NAME

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4.	BALANCE	DEFERRED	SEPARATION
	<i>B/c fol.</i>								<i>505.02</i>		
				<i>at N1095 3/1/19 End on h/c R</i>	<i>24.33</i>						
				<i>at N1196 9/1/19 End on h/c</i>	<i>9.73</i>				<i>470.96</i>		
					<i>34.06</i>						

7115

47



This space to be for numbers



Proceedings on Discharge.

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

No. 931786	
Rank PRIVATE	
Surname.....DAVIS,	
Christian Name.....Roy <small>NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.</small>	
Corps (Squadron, Battery or Company) 2ND CONSTRUCTION BATTALION, C.O.M.F.	
Date of Discharge 21-3-19 DO 65 6/3/19	
Place of Discharge LONDON, ONT.	
1. DESCRIPTION AT THE TIME OF DISCHARGE.	
Age.....32..... years..... months.	Descriptive Marks NIL
Height.....5..... feet.....7..... inches.	
Complexion DARK	
Eyes BROWN	
Hair BLACK	
Trade Laborer	
Intended place of residence } (To be given as fully as practicable.) } 213 Crambray Ave. Harrisburg, P.A. U.S.A.	
2. The above-named man is discharged in consequence of ON DEMOBILIZATION	
<small>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.</small>	
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.
	<small>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.</small>
	4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)

222X
14-11-19

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.....

Four 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.

(Place) LONDON, ONT. R. W. Jackson (Signature of Soldier.)

(Date) 21. 2. 19. (Signature of Witness.)

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

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

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

..... (Signature of Soldier.)

10. Statement of Service.

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

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

11. Confirmation of Discharge.

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

(Place) LONDON, ONT.

(Date) 21-3-19.

(Signature) R. W. Jackson, Lieut. O. C. Discharge Section, No. 1 D. T.

List of Discharge Documents.

<p>Reg. Conduct Sheet, Militia form B. 263.</p> <p>Squadron } Battery } Conduct Sheet, " B. 263a. Company }</p> <p>Copies of Convictions, by C. P. in MS.</p> <p>Med. Hist. Sheet, Militia Form B. 313</p> <p>Medical Report for Invalid* " B. 227.</p> <p>Statement of Man's Account on Transfer and Last Pay Cer- tificate, " D. 877.</p> <p>*Only if discharged "Medically unfit."</p>	<p>Attestation Paper, Militia Form B. 235.</p> <p>Proceedings on Discharge " B. 218.</p> <p style="text-align: center;">In the case of recruits who are rejected on final approval, the discharge documents will consist of</p> <p style="text-align: center;">(a) Proceedings on Discharge.</p> <p style="text-align: center;">(b) Attestation.</p> <p style="text-align: center;">(c) Medical History Sheet (in the event of such having been prepared.)</p>
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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.

10Da-82

AUDITOR *J.M.W.* PAYMASTER *M*

21

2973

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

REGT. No. 931756 RANK *Pt.* NAME (IN FULL) *Davis Roy*

M. OR S.

NEXT OF KIN

RELATIONSHIP

PARTICULARS

EFFECTIVE DATE

AUTHORITY

ORIGINAL UNIT C.E.F. *2 Cons.*

IF IN P.F. WHAT UNIT? *44th*

(BLOCK LETTERS, SURNAME FIRST)

ADDRESS

PLACE OF ATTESTATION

TRANSFERRED TO *108 Mary St. Harrisburg, Pa. USA*

DATE

AUTHORITY

DATE OF ATTESTATION *2-2-17*

TRANSFERRED TO

DATE

AUTHORITY

IS SEPARATION ALLOWANCE PAID? *✓*

DATE EFFECTIVE

ASSIGNED PAY, \$ *nil*

DATE EFFECTIVE

TO WHOM PAID

RELATIONSHIP

PAYABLE TO

RELATIONSHIP

ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS

*P.S.P.
213 Brambray Ave
Harrisburg Pa.*

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE

EFFECTIVE

DISCHARGED

London 21-3-10

REASON

AUTHORITY

IF ENTITLED TO POST DISCHARGE PAY

MONTH	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
	NO. OF DAYS	RATE			COL. NO. 1	COL. NO. 2	COL. NO. 3	COL. NO. 1	COL. NO. 2	COL. NO. 3					DEBIT	CREDIT	

Balance from previous account

<i>6 APR</i>																	
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31-12-18	110			50502										11339		39163	
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1-1-19																	
21-3-19	180	110	8800	1200 K 3700				2379						52663		52663	

WAR SERVICE GRATUITY

152 days	7/3/19		350		350				70					70		280	
	7/4/19		280		280				70							210	
									70							140	
									70							70	
									70								
					350				350					350		350	

*500.30 19 5064
Sub 15 day 10.56
post. date 19071
7-3-62-3-19-071
3 1/2" clothing
May*

MR Mortimer

350 paid Gribert Capt.

