ORIGINAL

ATTESTATION PAPER.

No. 189486

Folio. D 880226

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

1. What is your surname?	Davey
1a. What are your Christian names?	William
1b. What is your present address?	Chatham Ont
2. In what Town, Township or Parish, and in what Country were you born?	Guernsey Channel Isls.
3. What is the name of your next-of-kin?	Mrs G Davey
4. What is the address of your next-of-kin?	87 Emma St Chatham Ont
4a. What is the relationship of your next-of-kin?	mother
5. What is the date of your birth?	30th Dec 1897
6. What is your Trade or Calling?	painter
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? If so, state particulars of former service.	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, William Davey, 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.

William Davey (Signature of Recruit)

Date 29th Nov 191 5 Wm Taylor (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Wm Davey, 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.

William Davey (Signature of Recruit)

Date 29th Nov 191 5 Wm Taylor (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 St Thomas this 29 day of Nov 191 5.

W Lyon, LT.-COL. (Signature of Justice)

D.C., 81st OVERSEAS BN., C.E.F.

M. F. W. 23
200 M—9-15
H. Q. 1772-39-841

Description of William Davey on Enlistment.

Apparent Age 17 years 11 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5 ft. 3 ins.

Chest measurement.
- Girth when fully expanded 34½ ins.
- Range of expansion 3 ins.

Complexion fair

Eyes gray

Hair Light brown

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

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.)

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 declares that he is not subject to fits of any description.

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

Date Nov 27 1915. F. W. Hall

Place Chatham Ont

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.

William Davey 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.

W Guen LT.-COL (Signature of Officer)

NOV 29 1915

O.C., 91st OVERSEAS BN., C.E.F.

Date 191 .

REGIMENTAL DOCUMENTS

NAME DAVEY, WILLIAM. Pte REGT. NO. 1894816 UNIT 91st Bn H. Q. FILE NO.

	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)					DEATH
2	CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category
	TRAINING HISTORY SHEET (M.F.W. 113)					
2	FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
1.	REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)				03526	
1.	COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					
2	MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					
1	DENTAL HISTORY SHEET (M.F.B. 465)					DISCHARGE
2	MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					Category mu.
	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)					DESERTION
1.	LAST PAY CERTIFICATE (M.F.W. 44)					
1.	PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					
	PARTICULARS OF CHARACTER (A.F.W. 3226)					
1.	COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
1	[illegible]					
3	[illegible]					
1	[illegible]					
1	[illegible]					
1	[illegible]					
1	[illegible]					
2	[illegible]					
1	[illegible]					
1	[illegible]					
	[illegible]					

W. 2599
100M-11-18
1772-39-1377

1 P.M. 10-Da-33

ORIGINAL

LAST PAY CERTIFICATE

Regt.No. 189486 Rank Pte Name DAVEY Wm

Corps 186 Bn who was Discharged

on 22-7- 1919 to

The following is a statement of the account of the above named from 9-7-19 to 22-7-19

Bal Dr from mon. of from L.P.C.		Bal Cr from mon. of from L.P.C.	8.80
ASSIGNED PAY:	14.00	Regt.Pay 14 dys. @ $1.10	15.40
$297689		F'ld All. dys. @ $	
SEPARATION ALLOWANCE:		SEPARATION ALLOWANCE:	
		WSS	70.00
OTHER CHARGES: 300/02	10.00	OTHER CREDITS: Clothing Allowance	35.00
PAYMENTS:	105.20	Subsistence @ 80¢ per day	
$297688			
Bal.Credit (to be pd.)		Bal.Dr.(to be deducted)	
	129.20	(from soldier $) (from Dependent $)	129.20

SEPARATION ALLOWANCE	ASSIGNED PAY	VICTORY BND
at $ per month has been to by this Unit Nil.	at $ 20 per month has been paid to 22-7-19 by this Unit	Subcribed $ Pa.by $ other Units pd.by this Unit $ Nil

Dependent or Beneficiary : Mrs Alice Davey

Address: 87 Emma St. Chatham Ontario

REMARKS: D.O. 202 Discharged 22-7-19 ~~on Demobilization.~~ Med Unfit

Date of Enlistment: 29-11-15

If married and if Separation Allowance card submitted. No No

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

Date:: July 22/19

London, Ontario..

Captain.

Paymaster, No.1 District Depot.

Paymaster,
District Depot
JUL 22 1919
No. 1
LONDON, ONT.

M. F. B. 239.

1 million 4-6-16.
H.Q. 1772-39-194.

In any further correspondence on this subject please quote Number and Date of this Communication.

No.

191

From

To

C.A.D.C. 5009 A

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

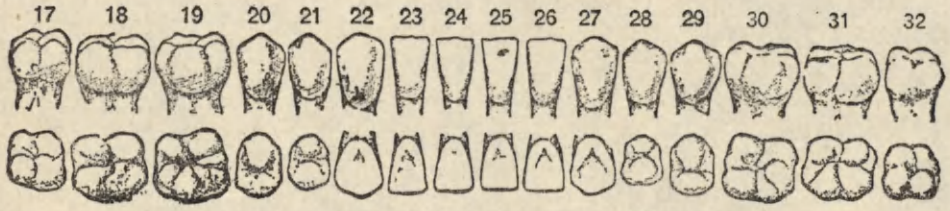
DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) DAVEY. W.

REGIMENT 18th Batt. RANK Pte No. 189486

Date of Examination in England 7/12/18 Date of Examination in France



DIRECTIONS TO DENTAL OFFICERS

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

PRESENT DENTAL REQUIREMENTS

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

HAS HE EVER REFUSED DENTAL TREATMENT? No

HAS HE EVER RECEIVED DENTAL TREATMENT? (Reply by "Yes" where applicable to any or all of *a*, *b* or *c*.)

- (a) In Canada No
- (b) In England No
- (c) In France No

Signature of Dental Officer O. Nave Capt.

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

DISTRICT 1

NAME OF SOLDIER DAVEY W. Williams

REGIMENT 91st Bn RANK Pte No. 189486

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.

	Date	Amalgam	Temporary Filling (a) G.P. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhoea	Synthetic Porcelain	Extracting	DENTURES U	DENTURES L	DENTURES P	Gold Clasp	Gold Filling	CROWNS Gold	CROWNS Porcelain	Bridge Work	OPERATOR	Military District	REMARKS
Condition on first Examination	11/2/19								P	N		P		N						L S Atkinson Capt	1	Depot Can 9 on Discharge

M.F.B. 465.
150M.—6-18.
1772-39-950.

Duplicate

ORDERLY ROOM
186th Os. Bn. C.E.F.

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 91st Os. Bn. C. E. F.
transfered to the 186th Os. Bn. C. E. F.

(2) Regimental Number 189486

(3) Full Name of Soldier Davey William DAVEY.

(4) Place of Birth Guernsey, Channel Islands.

(5) Are you married, or not ? No

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

(b) Present Postal Address

(7) Are you a widower ? No

(8) Have you any children ?

If so, give number of boys and girls

Also their names and ages

M. F. W. 67
200M.—2-16
1772-39-954

(SEE OTHER SIDE.)

(9) Is your Father alive ?..... Yes .....

If so, state name and address ..... Mr. G. W. Davey, 186th Os. Bn. C. E. F.

(10) Is your Mother alive ?..... Yes .....

If so, state name and address ..... Mrs. G. W. Davey,

..... 87 Emma St., Chatham, Ont.

(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.

.....

(15) Are you insured ?..... No .....

If so, in what Company ?.....

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

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

Kenneth Mackenzie
Officer Commanding.

Date..... SEP 27 1916 .....

750
27-8-18

A.T. Serum
Dose and date } 1st

2nd

FIELD AMBULANCE NOTES.

Morphia
Dose and time }

Date of wound or
onset of illness }

Religion Meth

Army Form W. 3118.

FIELD MEDICAL CARD

No. 189486 Rank Pte
Name DAVEY W
Unit 18. Canadian Bn

Battle Casualty ~~Accidentally Wounded.~~ ~~"Sick"~~
(Strike out description which does not apply)

No. of F.A. 4 Canadian
Date of admission 27-8-18
F.A. diagnosis

Sw. foot Rt.

Additional F.A. Notes to be written on back of card.

C.C.S. diagnosis (if altered from above)

Base Hospital diagnosis (alterations or additional)

(1012) Wt. W15045/H3401. 1750m. 5-3-17. J.R. & C.

Date of entry and medical unit admitting must be recorded immediately on admission. Brief clinical notes to be added later and signed by M.O.

No. of C.C.S. 4

Date of entry 24/8/18

No. of Hospital

Date of entry

55 GENERAL HOSPITAL
N° DATE 30/8/18

Sprés amp. dem T 98

30/8/18.

This F.M. Card must not be destroyed, and it must be transmitted with the patient if he is evacuated to U.K. Temperature charts or additional clinical notes may be sent with it, either in the same or in another envelope attached to the patient.

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

COPY ONLY

THIS IS TO CERTIFY that No. 159486 (Rank) Private

Name (in full) DAVEY, William enlisted in

the CANADIAN EXPEDITIONARY FORCE at 91st., BATTALION, C.O.M.F. on the

day of 19 ST. THOMAS, ONT., TWENTY-NINTH

HE served in NOVEMBER, 1915

and is now discharged from the service by reason of ~~Demobilization.~~ CANADA, ENGLAND & FRANCE, (WITH 18th BATTALION)
Medical Unfitness.

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

Age 21	Marks or Scars
Height 5 - 6	
Complexion FAIR	
Eyes GREY	AMPUTATION RIGHT FOOT
Hair BROWN	

W. Davey
Signature of Soldier

H. Curtis
Issuing Officer

Date of Discharge

DISCHARGE SECTION
JUL 22 1919
No. 1 District Depot

O.C. Discharge Section
Rank

Lieut.

Date JULY TWENTY-SECOND 19

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

M.F.B. 39A.
1049-D.P.-300M-11-18.
H.Q. 1772-39-882.

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

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

M. F. W. 54. (A. F. B. 103.)
350M.—5-16
H. Q. 1772-39-9-20.

Casualty Form—Active Service.

Unit, Regiment or Corps 186th Os. BATTALION

Regimental No. 189486, Rank Pte. Name DAVEY, Wm.
C. E. F.

Enlisted (a) 29-11-15 Terms of Service (a) d. of war Service reckons from (a) 29-11-15

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

Extended ..... Re-engaged ..... Qualification (b) Painter

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				
13-1-19	C.O.LMCH	S.O.S.No.1 D.D. on transfer to No.2 D.D. Davisville, Orthopaedic Hospital,Toronto	London	13-1-19	DDO 15 HSO 15
13-1-19	T.O.S. No. 2 District D...	..., D.O. No. 22			
8-7-19	S.O.S. No. 2 District Depot on Transfer to No. 1 District Depot.	Toronto, Ont.	London Ont.	D.O. Pt. 2 No. 188	

Lieut
for O.C. No.1 District Depot

A. M. Turner Major,
O.C. Hospital Section,
No.2 District Depot.

A. M. Turner Major,
O.C. Hospital Section,
No.2 District Depot.

(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				
		Taken on strength No. 1 District Depot ..... D.O.			
9.7.19.	#2 M.D.	Taken on strength No. 1 District Depot	London	D.O. 191	

A.C.M. Lean Lieut
for O.C. No. 1 DISTRICT DEPOT

LONDON, ONT. DISCHARGED JUL 22 1919 MEDICALLY UNFIT.

J. Ehrl. Lt
O. C. Discharge Section, No. 1 D. D.

ORDERLY ROOM
186th Os. Bn. C.E.F.

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 ..... 186th Overseas Bn., C.E.F. –

Regimental No. 189486 Rank Pte. Name DAVEY, William,
C. E. F.

Enlisted (a). 29-11-15. Terms of Service (a) ~~C. E. F.~~ Dftd. Service reckons from (a) 29-11-15.

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

Extended ..... Re-engaged ..... Qualification (b) ..... (Painter)

Report Date	Report From whom received	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
		Embarked. Canada. Debarked. England.	Halifax. Liverpool	25-3-17 7-4-17	"Lapland"
APR 71917	O.C. Seg Camp.	T.O.S. Segregation Camp.	Bramshott.	7-4-17	Pte A Collis Capt. & Adjt for C.C. Segregation Camp, Bram.
7-4-17	O.C. 186th Bn.	Transferred to 4th Can. Res. Battalion.	Bramshott	7-4-17	Pt. 2 Order 71. F. Adams. Capt. ~~Lieut.~~ Actg. Adjt. 186th Battalion.
7-4-17	O.C. 4th Can. Res. Bn.	T.O.S. 4th Can Res. Bn.	Bramshott	7-4-17	Pt. 2 Order 93.
23-2-18	O.C.4th. Res.Bn.	Having proceeded O.S.to 18th.Bn. is S.O.S. 4th. Res.Bn.	Bramshott	~~23~~ 22-2-18	Pt.2.Order No.46 W Wallis Lieut A/Adjt for O.C.4th.Can.Res.Battalion

CERTIFIED CORRECT. 28 FEB. 1918

OVER

(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				
23-2-18	2 Can I.B. Depot	Arr from 4 Can Res Bn. Eng, & T.O.S. 18 Can Bn	2 Can I.B.D ETAPLES	23.2.18	Nom Roll Pt II Ord 14 d-26.2.18
2-3-18	18 Bn	Joined 18th Can Bn	In the Fld	27.2.18	~~Nom Roll~~ O.213.
31-8-18	18th Bn	WOUNDED	In the Fld	27.8.18	AF.B.213
29-8-18	55 Gen.	Gsw. R. foot. adm.	55 Gen.	29-8-18	W. 3034 (Sect. H. 3074)
1-9-18	A.T. Pieter de Conniek	Invalided to England; wounded. Posted to Western Ontario Regtl Depot WITLEY		7-9-18	AF.W.3083 (Can. Sect. No. 5909) Pt II Orders 88 17/9/18
					W Hogan Major for Lt.-Col., A.A.G. Canadian Section, G.H.Q. 3rd Echelon B.E.F
9.9.18	WORD	TOS from 18 Bn	Witley	1.9.18	Pt II O 212. L G Lund LIEUT: FOR LT: COL: I/C RECORDS, C.O.M.F.
11.12.18	Lond/S	Taken on strength No. 1 District Depot	London D.O. 251		F G Herman Lieut NO. 1 DISTRICT DEPOT

ORIGINAL

Original 189486

MEDICAL HISTORY SHEET.

Surname Davey. Christian Name William 189486

Examined { on 27 day of Nov 1915
at Chatham Ont.

Birthplace { City or Town Guernsey.
County Channel Isles

Apparent age 17 1/2

Trade or occupation Student

Height 5 Feet 3 Inches.

Weight 125 Lbs.

Chest measurement { Minimum 31 1/2 inches.
Maximum expansion 34 1/2 inches.

Physical development Good

Small-Pox Marks none

Vaccination Marks { Arm Right. Left.
Number 2

When Vaccinated last 1899

(a) Marks indicating congenital peculiarities or previous disease None

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

Approved by F. W. Hall

Rank M.O

Date	Fit or Unfit	Examined for Re-engagement,
		4 SEP 1918
		M.C. M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Date	Result	Vaccinations.
24-4	Take	Thomas J. Morell Capt. A.M.C. M.O.
		M.O.
		M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.
Feb'		Jno Hunter M.O.
" 9		Jno Hunter M.O.
~~30/6/17~~	~~T.A.B.~~	~~E.W.N.~~ M.O.
4/8/17	T.A.B.	E.W.N.
	3.A.D	30.6.17 E.W.N. 14.6.17

Enlisted on 29 day of Nov 1915 at

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	91st Os. Bn.	189486	Good	Nov 29/15
Transferred to..	186 Os. Bn.	~~880226~~ 189486		25/2/16.
	4th CAN. REG. BATTALION.			
	18 Bde			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.
Camp Borden	Sept 13/16	Routine exam.	pres. ausculty
Bramshott Camp, Hants.	Mar 8/17	Medical Board	F.F. W.C. Matthews Captain
17 APR. 1917	17-4-17	Painful Appendix Scar	A(iv) C.C. Cooper Major
APPROVED	Geo. A. Russell Capt. C.A.M.C. for Colonel, A.D.M.S. Canadian Troops, Bramshott Camp.		PRESIDENT, MEDICAL BOARD, BRAMSHOTT.

CANADA

Examined Bramshott - Oct-31/15 amputated 18/6

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.

London, Ontario 14-7-19 Amp. RT. FOOT. MEDICALLY UNFIT

M. F. B. 313.

150M.—8-15.
H. Q. 1772-39-433.

915 McKay Capt Major, CAMC.

Surname Daley Christian Name A 111

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital. Day	Month	Year	Dates of Discharge from Hospital. Day	Month	Year	DISEASE.	Number of days in Hospital.	Remarks on nature of the disease: how induced: if mild or severe: if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer.
London		18	5	16	24	5	16	Stomach Trouble	7	Condition improved	A.S. Stockwell Lieut & Capt
CAMP BORDEN		SEP	25	1916	OCT	3	1916	appendicitis	9	mild Recovery	F.B. Sutherland Capt
London		25	10	16	28	11	16	Appendicitis	34	Catarrh (acute) Recovery	R.H. Blanchard Capt
AUXILIARY MILITARY HOSPITAL, BARRY ROAD, NORTHAMPTON.		1	9	16	11	10	18	Shell wnd: rt leg amputated below 1/3.		Spines amputation	
Granville Can. Spec. Hosp Buxton Derbyshire		17	10	18	3	12	18	G.S.W. Right foot amputation	48	scar tender inner end but well healed General health good	Elmer A. Brooks Capt Can.
M.6 K Epsom		12	10	18	17	10	18	Gsw Rt Foot (amp)	6	On admission amp Rt Foot all Healed, Transfer to Buxton	H.J. Williams (2nd Division) Capt Can.
											C.A.M. Registrar, for O.C., Granville Can. Sp. Hosp.
No. 5 CANADIAN GENERAL HOSPITAL LIVERPOOL		- 3 DEC 1918						do.		Condition unchanged I to Canada	Ralph Bishop Capt
					10 DEC 1918						
H.M.A.T. Essequibo		10/12/18			20/12/18			do		do	W.H. Campbell Capt.
L.M.O.H.		22	12	18	11	1	19	do.	21	Transfer to Davisville Hosp. Toronto for artificial foot.	L.M. Jones Capt.

Forms I. 1237/12

P. 10/121.

Army Form I. 1237.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
13359	189486	Pte	Davey	W

Year

Unit.	Age.	Service.
18th Canadian Batt	19	3 1/12 1 1/12

Station and Date.

Disease G S W Rt Foot Amp

Occupation Painter

Enlisted 29-11-15

Came to Eng 7-4-17

Went to France 23-2-18

Wounded 26-8-18

Hosp in France C.C.S. 7th 27-8-18

No. 25. Gen. Boulogne 30-8-18

Barry Red. V. Cas. D. N. Hampton 2-9-18

Epsom 11-10-18

G. G. S. H. Buxton 17-10-18

Wounded at Arras on Aug 26. 1916 by shrapnel in right foot. Foot badly smashed and amputated at C.C.S.

Was operated on for appendicitis in Nov. 1916

Rt leg amputated through ~~Tarso-Tibial~~ Ankle joint - by long plantar flaps - scar healed - stump unpensalin

J. R. Ramsay

AFB 179 94 C.

Invalided per Hospital Ship

28 OCT 1918

EXAM. MED. BOARD 31 OCT 1918 G. G. S. H.

*The first and last entries will be signed, and transfers from one Medical Officer to another, attested by their signatures.

(44502) Wt.W 11203—M 1150. 1,450,000. 6/12 16. C.F.& S. Forms/I. 1237/12. (E239) P.T.O.

Station and Date.	

B 2

Forms
A. 1237
12

Northamptonshire War Hospital,
Duston, Northampton.

Army Form I. 1237. 5

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
	169486.	Pte.	Davey	W.
Year	Unit.		Age.	Service.
1918.	18th Canadians		19	3 years.

Station and Date.

AUXILIARY MILITARY HOSPITAL,
BARRY ROAD,
NORTHAMPTON.
1 SEP 1918

Disease Shell wd: Rt. leg amputated lower 1/3

Admitted this day from Convoy from Overseas E. F. France.

Wounded on 26. 8. 18. had A.T.S. 750 at 1.
Syme's Amputation performed on 30/8/18
at 55 General Hospital.
G. l. good.

R. H. Bhandari
Capt.

In abse.	A. T. S. ~~500. on 26. 8. 18.~~
2nd	A T. S. 500 " 4. 9. 18.
3rd	A T. S. 500. " 13. 9. 18.
4th	A T. S. 500 " 20. 9. 18.

20/9/18 Stump quite healed. Slightly painful

7/10/18 Fit for discharge. R. H. Bhandari

* The first and last entries will be signed, and transfers from one Medical Officer to another, attested by their signatures.

Wt. W 6604/M 2870—1,500,000—8/17—H & Sp. (10938). Forms/I 1237/12. (E239)

[P.T.O.

Station and Date.	

DEPARTMENT OF VETERANS AFFAIRS

Ottawa Ont

To ● Copy for H.O. file

Date Dec 3/63

Attention of

Dept. of Veterans Affairs
War Service Records
DEC 4 1963
Referred to
Charged to

NAME DAVEY, William. SERVICE NUMBER 189486 CEF C.P.C. No. 153358 W.V.A. No.

NAVY
ARMY x
R.C.A.F.

The DEPARTMENT has received information from

S.T.M.O. TEL MEMO. London, Ont. Dec 2/63

(State authority and source of information of death)

regarding the death of the above mentioned veteran.

Particulars are as follows:

Date of Death Nov 30/63
Cause of Death
Place of Death Westminster Hospital, London, Ont.

Name and Address of next of kin (if known)

Copies to: W.S.R.
V. I.
~~PAY~~
~~D.O.C.~~
H.O.

Destroy form if advice of death already received.

E.C. Richards
for
Chief, Central Registry

DVA 24

CASE HISTORY SHEET.

Davisville Military Hospital. N. Toronto Station.

No. 189486 Rank Pte Name Davey, W. Age 20

Unit 18th Completed years of service Where and how long 3 7/12

Date of admission 13-1-19 Date of discharge

Diagnosis Amp: R. Foot Place of origin Arras 26-8-18

CONDITION ON ADMISSION AND PROGRESS OF CASE

Wounded Aug 26/18. Right foot. Symes' amputation & Massage & foot exercises. Wound healing. No pain or tenderness. Pt has one operation. To be measured for adjustable foot.

FAMILY HISTORY

(Tuberculosis, mental or nervous diseases.)

TREATMENT

(Especially any specific or special form.)

CONDITION ON DISCHARGE,

(and disposal made of case.)

DAVISVILLE MILITARY HOSPITAL JAN 13 1919

Date

Medical Officer i/c case.

Capt. Brown

M. F. B. 313a.
200M.—5-18.
1772-39-439.

CASE HISTORY SHEET.

L.M.C.H. Hospital. London Ont. Station.

No. 189486 Rank Pte Name Davey W. Age 20.

Unit #10 D. Completed years of service Where and how long } C 16/12. E 9/12. 7.6/12.

Date of admission 22-12-18. Date of discharge 11-1-19.

Diagnosis G.S.W. Rt. foot. Amputation foot Place of origin France

CONDITION ON ADMISSION AND PROGRESS OF CASE. The right foot has been amputated at the ankle joint the Os. Calcis being brought over the end of the stump (Sime's operation). The scar is healed and non adherent. There is tenderness on pressure along the scar, particularly in one spot on ant. surface. There is slight movement of flexors. There is 2" atrophy of the right calf. Hip & Knee movements normal.

FAMILY HISTORY. Neg.

(Tuberculosis, mental or nervous diseases.)

TREATMENT. Transfer to Davisville Hosp. Toronto for artificial foot.

(Especially any specific or special form.)

CONDITION ON DISCHARGE,

(and disposal made of case.) Unchanged.

Date 11-1-19.

L. M. Jones Capt. CAMC
Medical Officer i/c case.

M. F. B. 313a.
200M.—5-18.
1772-39-439.

CASE HISTORY SHEET.

W. A. Hs. Hospital. Londons Station.

No. 189486 Rank Pte. Name Davey W. Age 20

Unit #1 W.H. Completed years of service Where and how long } C. 2 2/12 E. 2 2/12

Date of admission 8/7/19. Date of discharge 16-7-19

Diagnosis Amp. Rt. Leg. Place of origin Overseas.

CONDITION ON ADMISSION AND PROGRESS OF CASE

8-7-19 Returned from Israels where he was fitted with an artificial Rt. Foot. Amp. was healed. New artificial foot applied.

16-7-19 — For Board.

FAMILY HISTORY

(Tuberculosis, mental or nervous diseases.) W.N.K.

TREATMENT

(Especially any specific or special form.)

CONDITION ON DISCHARGE, Discharged. Medically Unfit

(and disposal made of case.)

Date 17-7-19 Cat E

J. W. Sadler Capt.
Medical Officer i/c case.

M. F. B. 313a.
50M.—3-18.
1772—39-439.

A1810

Form R 122.
2353—100M—9-12-16.

J.P. Rank Name DAVEY, William Reg'l No. 189486.

Unit 186th Bn. If in perm. Corps What Unit? Married or Single Single.

Place and Date of Enlistment St. Thomas. 29th Nov. 1915. Place of Birth Guernsey. C.I.

Name and Address, Next-of-Kin Mrs. G. Davey.

87 Emma St. Chatham. Ont. Relationship Mother.

Assigned Pay Monthly $ Payable to

Relationship

Separation Allowance $ Payable to

Relationship

Discharge, Date and Place Reason Character

N/E. R.B. No. 5217
File R.L.
Category CAN.MU

H. W. V., Ld.—9546-16.

Report. Date.	Report. From whom received.	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.
		ARRIVED IN ENGLAND 7 4 1918 S.S. LARLAND.			
20.4.17	4th Res	TOS from Canada	Bisley	7-4-17	Pte 93 18th Bn Pte 30. 14.9/26.2.18
23.2.18	4th Res Bn	S.o.S on posting to 18th Bn	"	22.2.18	Pte 30. 46
2-9-18	WOR(18)	WOUNDED	field	27.8.18	CLA 304
9.9.18	WORD	TOS from 18 Bn	Witley	" 1.9.18	P+II 021
17.9.18	18 Bn	SOS to WORD	field	" "	" 88
17.12.18	WOR(18)	Invalid to Canada	Kirkdale	10.12.18	CLB 391 + WOPD PRO 3004/20-12-18

W.O.

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.					

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

M. F. W. 12a.
50m.—6-16.
1772—39—819.

Sheet No. 2. Mrs Alice Davey. PAYMENTS. Name of Soldier Davey William

Pte. 189486. 186th Bn

L. L. Job 4503. - Req. 6332.

20.00 APR 1 - 1917

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1917			
Feb.				
March				
April		J 60037	20	
May		R 9701	20	20 Ls
June		P 17653	20	C
July		J 26677	20	Ba
Aug.		B 31729	20	B
Sept.		X 36741	20	C
Oct.		D 41949	~~20~~	
Nov.		T 55527	20	D $160.00
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

CANADIAN
ASSIGNED PAY AUDITED
AUDIT CLERK
DATE 16 - 5 - 19

Future dates in Ens Ledg

MILITIA AND DEFENCE

ASSIGNED PAY

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.				

L-L. Jot 5470—M. & D. 6888

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

75

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

To Whom Mrs Alice Davey.

Address 87 Emma St. Chatham Ont.

By Whom Assigned Davey. William

Regtl. No. 189486

Rank Pte 186th Bn.

Corps " "

Rate 20.00

APR 1- 1917

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				

CONSOLIDATED 6 ACCOUNT

*Name DAVEY William Rank Pte Regtl. No. 189486

Fyle Depot 10-D-164

Original unit 91st Bn Present unit 18th Bn M. or S. Age 20 Religion Meth Ref. H.Q. 1D30-D-704

Port, ship and date of arrival Essequibo Halifax 20-12-18

Next of kin Mother Mrs. G. Davey 87 Emma St Chatham Ont

Address on leave

Address on discharge 87 Emma St., Chatham, Ont.

Transportation issued Yes / No Date Character on discharge

Previous occupation Painter Date and place of enlistment St Thomas Ont 29-11-15

Diagnosis G.S.W: RIGHT FOOT. Date of Medical Boards London, Ont. 12-7-19

Date T.O.S.	Remarks.	Pt. 2 Order No.
11-12-18	# 1, D.D.	
23-12-18	Posted to Hosp Sect (L.M.C.H)	#1, 257
23-12-18	Granted furlough & Subs. to 8-1-19	11 11

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

(over)

Date.	Remarks	Pt. 2 Order No.
13-1-19	Tfd. from No.1 D.D. L.M.C.H. to Davisville Orthopaedic Hospital, No.2 D.D.Toronto	15 15
T.O.S.13-1-19	From D.D.#1 posted to Hos. Sec. (to be transferred to D.D.#1 on completion of treatment)	#22
	D.D. 1 to D.M.H. 13-1-19	H.S.16
	D.M.H. toWhitby 29-1-19 H.S.#32	
	W.M.H. to D.O.H. 12-6-19	H.S.165
8-7-19	S.O.S. D.D. # 2 ON TRANSFER TO D.D. #1	188.
9-7-19	Transferred to Hospl. Sect. from No.2, D.D.	191
WOL 17-7-19	Posted to Casualty Coy.	199
22-7-19	Discharged from H.M.S. Medically Unfit (P.D.P.)	202

M. F. W. 192
150m.—5-18
1772-39-1243

D.M.S. 1300-50M-21-11-17.

SURNAME	CHRISTIAN NAME OR NAMES	REG. NO.
DAVEY.	W.	189486.

RANK	UNIT	CO.	TROOP	BATTY.
Pte.	W,O. 18.			

HOSPITAL	DATE OF ADMISSION
7. C.C.S.	27-8-18.
3-5 Gen Boulogne	29-8-18.
Northampton shire War Duston	Hosp. 1.9.18
2. Woodcote Pk Epsom.	12.10.18.
Granville Spec Buxton	Hosp. 13-10-18
3. 5 Cdy. L'pool	4.12.18
	Hosp.
4.	Hosp.

DIAGNOSIS

S.W. R. Foot. Rev. Ampt. and

1.

2.

3.

Inv to Canada. 10.12.18 J/S

DISPOSITION	DATE
C.L. 2-9-18. A304.	
4-9-18. a/306/3.	
6.9.18 B304-II.	
17.10.18. B339-2.	
22-10-18. B343-2	
6.12.18 B382. 2.	
17.12.18 B391 2.	

REMARKS

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

EPITOME OF HOSPITAL TREATMENT

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

No. 189486. RANK Pte. NAME Davey, W.m.
(886226) mar. Paylist.

T. O. S. ~~Promo. from 91st~~ UNIT 186th. Battalion. C. E. F.
D.S. Battalion (Feb. Paylist.)
28-2-11 (dd. 20 26-7-16), mar Paylist.

M. D. /,

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC. PARTICULARS	AUTHORITY
1916-	1916.			
Feb. 28th	Feb. 29th.	n.		
	mar.	L		
	apr.	L		
	May.	L		
	June.	L	a.m. comm at School of Inst. 1-5-16.	May Paylist.
	July.	L	Rtd. from comm. 29-6-16.	G.O. 122.
	aug.			
	Sept.	n.		
	Oct.	n.		
	Nov.	n.		
	Dec.	L		
	1917.	L		
	Jan.	L		
	Feb.	L		
apr. 1.	Mar-apr. 7.	n.	O/S.	

UNIT SAILED
MAR 28 1917

No 189486 RANK Pte NAME Davey. W

T. O. S. 29-11-15 (D.O. 33 of 29-11-15) UNIT 91 Battalion C.E.F

M. D. /

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1915 Nov 29	1915 Dec 31	C		
	1916 Jan	R.		
Feb 1	Feb 28	R	Trans to 186 Bn 28-2-16.	D.O. 49 of 28-2-16.

Form DMS 1401.

Granville Can. Spl. Hospital, HOSPITAL.

A. & D. CARD

AT Buxton

A. & D. No. T3359 PL. OF ACTION

RANK Pte REG. No. 189466 UNIT 15 Cans SICK OR WOUNDED

NAME Davey. W AGE 19 RELIGION C of E

PLACE IN HOSPITAL C.D

DIAGNOSIS Gsw Rt foot amp

ADMITTED 17 OCT 1918 FROM mob Epsom

DISCHARGED TO

TRANSFERRED 3 - DEC 1918 5th C Gen Hosp

SERVICE AT HOME 34 1/2 IN FIELD 6 1/2

RESULTS

48 days

(See Document Card for M.H. Sheet and other Documents.)

P.T.O.

REMARKS.

Form R. 149.

Name DAVEY William Rank PTE Reg. No 189486

Unit 18 BN.

Next of Kin CANADA

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1918.						
27-8.	To CCS.	SW	Foot-R.	B304	H289.	35704
29-8	55 GH Blagny	do	SW	B306		3666/a
1.9	Lancashire War					
	Euston	do	enf.	B304.		25500
12.10	M.C.H. Eastbourne			B339.		189486
13-10	To Con. Spec Burton		do.	B343		29486
4.12.	3 Con Lon Hosp. Fairdale Rd			B382		2480
10-12.	Invalided to Canada.			B391		5496

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List

Reg. No. 189486. Name Davey, W.

Rank Pte Corps 186 Bn. Age 20 Service 11/12 to 29/12/17 6/12

Ledger No. 1/125.-2/46.-3/273 Serial No. 1810.

HOSPITALS	DATE	DIAGNOSIS
Mil. Hos. London,	25. 10. 16	1 Appendicitis
Dis. to Duty	28. 11. 16	
O.S. Ad. L. M. & F. London. Ont.	22. 12. 18.	2 G.S.W. Temp. Rt. Foot.
Trans. Davisville Mil. Hos.	13. 1. 19.	
" Whitley Mil. Hos.	29. 1. 19	
" W.O.M.H. London	2. 6. 19.	3 Chr. Synovitis Rt. Knee.
" Conv. Oklho. Toronto	12. 6. 19.	
" W. O. M. H. London	8. 7. 19.	
Dis. Medically unfit-	17. 7. 19.	

P. T. O.

HOSPITALS	DATE	DIAGNOSIS

M. F. W. 2553.
50M-6-19.
1772—39-1332.

NAME Davey Wilkins

RANK AND CORPS Pte 18th Bn

REGT'L. No. 89486

H. Q. FILE No 549

FOLLOWS 4th Bn

No

FOLLOWS

CABLE

NO.	DATE	NATURE OF CASUALTY
#289	4-9-18	Adm. 7.C.C.S. Aug. 27 1918
		G.S.W. R. Foot.
N.O.K.	Mrs	E. Davey (Mother)
		S.T. Emma Ltt. Chatham Ont.

L. L. 31493. M. & D. 8476.

M. F. W. 42—100M.—28-11-17.
H. Q. 1772-39-893.

LIST NO.	HOSPITAL	DATE OF ADMISSION	REMARKS
A304 (3)	Can Clg Stat.	2-8-18	S.W. Rt Foot
A306 (3)	55 Gen Boulogne	2-8-18	S.W. Rt Foot severe
B304 (2)	Northampton sheet Duston	1-9-18	S.W. Rt Foot Amp
B339 (2)	Northampton First Cond Wdcote Rd Green	12-10-18	S.W. Rt Foot amp
B343 (2)	Stronailly Convl Spcl Sutton	13-10-18	S.W. Rt Foot.
B382 (2)	Can Gen Kirkdale Liverpool	4-12-18	S.W. Rt Foot amp.
B391-2	Invalided to Canada	10-12-18	" " " "

le.

SURNAME. Davey.

CHRISTIAN NAMES William.

REGL. No. 189486. RANK Pte.

UNIT ~~91st.~~ 186th. Batt.

FORMER CORPS Nil. T.O.S. #1 DD from #2 DD 9-7-19.

#1 CARD No. Th. 13-1-19 [illegible] 21-7-19

S.O.S. M.U. 22-7-19
D.O. 202 ROLL 21-7-19
#1 DD.

NEXT OF KIN. D.O. 191 #1 DD 10-7-19.

CHANGE OF ADDRESS

NAMES IN FULL Davey. Mrs. G.

RELATIONSHIP TO SOLDIER Mother.

ADDRESS 87. Emma. St. Chatham Ont.

COUNTRY OF BIRTH Channel Islands. Guernsey. DATE Dec 31st 1897

PLACE OF ATTESTATION St. Thomas. Ont. DATE 29./11./15.

Transf. from 91st Batt. to 186th. Batt. Auth 91st Batt. N.R. 28/2/16.

L. L. 90 89.—M. & D. 6312. O/S 28-3-17. A.F.C. 20-12-18 2d/3/4 M. F. W. 22. 100m.—1-16. H. Q. 1772-39-839.

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

MARRIED SINGLE yes. WIDOWER

TRADE OR CALLING Printer RELIGION Methodist

DESCRIPTION.

APPARENT AGE 17 YEARS 11 MONTHS

HEIGHT 5' FEET 3 INCHES

CHEST MEASUREMENT 34½ INCHES EXPANSION 3 INCHES

COMPLEXION Fair EYES Blue HAIR Lt. Brown

DISTINGUISHING MARKS Nil.

MEDICAL EXAMINATION. PLACE Chatham, Ont. DATE Nov. 27th 1915

Present Address Chatham, Ont.

Number 189486 Rank Pte

Surname DAVEY

Christian Name William

Units 18th Bn. Can. Inf. Theatre of War France

Date of Service 22-2-18

Remarks

Latest Address 87 Emma Street
Chatham Ont.

Roll No. L. Page 22134

200m.-2-21.M.

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

DISEASE OR INJURY .....

OPERATIONS .....

RESULT OF OPERATIONS .....

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

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

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

DATE OF DISCHARGE AS AN INVALID .....

DATE OF DEATH .....

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

OTHER INDEPENDENT CONDITIONS DIAGNOSED .....

NEXT OF KIN ..... ADDRESS .....

..... HOSPITAL .....

DESP. RECV'D JAN 30 1923 2331

M. F. W. 142.
1772—39—1171.
50m.—2-19.

* CROSS OU

P. 559

MARRIED OR SINGLE: Single

PLACE OF BIRTH: Guernsey C.I.

NAME AND ADDRESS OF NEXT OF KIN: Davey Alice, 87 Emma St. Chatham, Ont. Canada

RELATIONSHIP OF NEXT OF KIN: Mother

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. 189486 RANK Pte. NAME Davey William

IF IN PERMT. CORPS WHAT UNIT UNIT 186th Bn. TRANSFERRED TO 18 Bn. DATE 1/3/18 AUTHORITY

PERMANENT FORCE ALLOWANCES TRANSFERRED TO DATE AUTHORITY

PLACE OF ATTESTATION St Thomas, Ont TRANSFERRED TO DATE AUTHORITY

DATE OF ATTESTATION 29-11-15 TRANSFERRED TO DATE AUTHORITY

ASSIGNED PAY MONTHLY $ 30.00 Alice DATE EFFECTIVE 1/4/17

PAYABLE TO Davey Emma, Street Chatham, Ont. Canada, RELATIONSHIP Mother

ASSIGNED PAY MONTHLY $ 87 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)

61

DATE	PAY No. OF DAYS	PAY RATE	PAY AMOUNT $	PAY AMOUNT c.	FIELD ALLOWANCE No. OF DAYS	FIELD ALLOWANCE RATE	FIELD ALLOWANCE AMOUNT $	FIELD ALLOWANCE AMOUNT c.	WORKING OR SPECIAL PAY No. OF DAYS	WORKING OR SPECIAL PAY RATE	WORKING OR SPECIAL PAY AMOUNT $	WORKING OR SPECIAL PAY AMOUNT c.	ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS 1 No.	1 Date	2 No.	2 Date	3 No.	3 Date	4 No.	4 Date	CASH PAYMENTS 1	2	3	4	ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE CREDIT	BALANCE DEBIT	PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
APR 8 - 1917.														40 47	40 47									Balance from Canada							40 47				
8/30	23	1.00 10	25	30											25 30																65 77				
May	31		34	10											34 10	139	24/4							24 34 -				20		44 34	53 53				
June	30		33												33	264	16/5							4 87 -				20		15 - 25 02	63 51				A4005 1096 219.19 13/5
July	31		34	10											34 10													20	20	40.	57 61				re April
Aug	31		34	10											34 10	513	30/6							7 30 -											
																391	30/5							9 73 -											
																453	16/6							4 86 -				20		41 89	49 82				
																602	30/7	104	16/8					9 73 -	11 60 -										
Sept	30		33												33	677	14/7	185	29/8					4 86 -	2 43 -			20		51 62	31 20		31 20		
			193	60									40 47	23 40										65 69	17 03			100	20	15 202 87					

189486 Pte Davey Wm

DATE	PAY No. of Days	PAY Rate	PAY Amount $	PAY Amount c.	FIELD ALLOWANCE No. of Days	FIELD ALLOWANCE Rate	FIELD ALLOWANCE Amount $	FIELD ALLOWANCE Amount c.	WORKING OR SPECIAL PAY No. of Days	WORKING OR SPECIAL PAY Rate	WORKING OR SPECIAL PAY Amount $	WORKING OR SPECIAL PAY Amount c.	ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS 1 No.	1 Date	2 No.	2 Date	3 No.	3 Date	4 No.	4 Date	CASH PAYMENTS 1	2	3	4	ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE Credit	BALANCE Debit	PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
MONTH PARTICULARS	CR.1	CR.2	PARTICULARS											DR.1	DR.2	DR3	DR4	BALANCE	DEFERRED PAY	SERVICE ALLOCATE ENGINEERS																
	~~31 20~~																	31 20																
Oct 31 day	31 10		bau AR													20																		
			AR 897 26/9 4 Res Bm											4 87																				
			" 844 14/9 "											4 87				35 56																
	34 10													9 74		20																		
Nov. 30	33		" 1077 15/11/17 " "											4 87																				
Dec 31	34 10		" 946 13/10/17 " "											4 30																				
			" 998 23/10/17 " "											4 30																				
			bal											12 17																				
																20																		
	67 10													19 47		20 40		43 19																
1918 Jan 31 ✓	34 10		bal													20																		
			AR 1206 8/1/17 4 Res.											9 73																				
			AR 1189 8/1/17 ✓											4 87																				
			AR 1443 29/11/17 ✓											7 30				35 39																
	34 10													21 90		20																		
Feb. 28 ✓	30 80		bal													20																		
			AR 1469 8/2/18 4 Res.											14 60				31 59																
	30 80													14 60		20 20																		
Mch			Cap																														
	34 10		Rly Transft A 6543 Portsmouth & Lifbook Warr. 57/19803 15/7/7											— 54																				
			AR 1173 7/3/18 18 Bn.											4 46																				
			Dm AR 1589 22/2/18 4 Res.											4 87																				
			AR 1227 18/3 18 Bn.											3 57				32 25																
														13 44																				
	34 10													13 44		20																		

MONTH PARTICULARS	CR.1	CR.2	PARTICULARS	DR.1	DR.2	DR3	DR4	BALANCE	DEFERRED PAY	SERVICE ALLOCATE ENGINEERS

CANADIAN
ASSIGNED PAY AUDITED
J Roy AUDIT CLERK
DATE 15-5-19

P 820
12474—375M—13-2-18.

* Strike out whichever inapplicable.

ASSIGNED PAY.	* ~~ENGLAND OR~~ CANADA.	SEPARATION ALLOWANCE.	* ENGLAND OR CANADA.
EFFECTIVE DATE:- 1·4·17.		EFFECTIVE DATE:-	
AMOUNT:- 20⁰⁰		AMOUNT:-	

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.

Mrs Alice Davey (Mother)
87 Emma St, Chatham Ont Can.
Stopped Eff. 1/12/18

NAME:- DAVEY, William
NUMBER:- 189486

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		Pte.

UNIT AND TRANSFERS

ORIGINAL UNIT:- 186 Bn.
DATE ACCOUNT FIRST OPENED:- 8·4·17.

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO
			18 Bn.
	1-1-19		Canada Section

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
	1	10		
	~~1~~	68		

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
~~7/4/18~~	~~qrt~~	~~Buxton £10.~~	~~4867~~				

PARTICULARS OF RENDERING NON-EFFECTIVE:- ~~Invalided to Canada~~ Eff 1/12/18 Gran 6 7/11 ~~dft~~ 15/11/18 New A.S.P.B. issued 24-9-18 L.P.S Bal 41 #93470

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR 2.	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
31.3.18	Bal Frd								32 25		
Apl	PP	33		Cap				20			
				ARQ 7-4-18 18 Bn	4 46						
				· 62 17·4	3 57				37 22		
		33		Cap	8 03			20 20			
May	31 PP	34 10		· 127 16-5-18	4 46				46 86		
June	P.P.	34 10 33 -		Cap	4 46			20 20			
				AR 188 4-6-18 18 Bn	8 03						
				· 241 22-6	3 57				48 26		
		33		Cap	11 60			20 20			
July	31 P.P.	34 10		374 9-7-18 "	4 46						
				489 24·7 "	3 57				54 33		
		34 10			8 03			20			
Aug	31 PP	34 10		Cap				20			
				602 19-8. "	3 57				64 86		
		34 10			3 57			20			
Sept	"	33		Cap.				20			
				Hos Rem. 31157. 18/9.	4 87						
				" 36599 22/9.	4 87				68 12		
		33		9.74	9 74			20			
Oct	31 ✓	34 10		Cap.				20			
				AR 3571. 14/10/18 Epsom	4 87				77 35		
		34 10			4 87			20			
Nov.	✓	33 -		Cap				20	90 35		
				AR 9124 3/11/18 GBS & H Blyth	4 86						
				✓ 10646 26/11/18 ✓ ✓	4 87						
				AR.B 4571 6/12/18 Endorsed on L.P.S. 5 Can Hosp Liverpool Endorsed on K.R.6	4 87				31 94		
		33 -			58 41			20 -			

Checked E.G.H.
20-11-18

NUMBER 189486 RANK NAME DAVEY W.

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
				S/O/S to Canada 17-12-18	WOR	D	DO	300	20-12-18		

CANADIAN
ASSIGNED PAY AUDITED
J Roy. AUDIT CLERK
DATE 15-5-19

War Service Badge
Class B No. 53085 Issued

War Service Badge
Class A No. 256761 Issued

SHORT FORM.

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

1. No. 189486

2 Rank. Private

3. Name. DAVEY, William

4. Unit. 91st., Battalion, C.O.M.F.

5 Date of Discharge JUL 22 1919 Place LONDON, ONT.

6 Reason for Discharge MEDICALLY UNFIT

7. Authority. P. C. 1884 DO 202 21/7/19

8. Proposed Residence after Discharge 87 Emma St., Chatham, Ont,

9. CERTIFICATE TO BE SIGNED BY SOLDIER.

I hereby acknowledge that at the undernoted place and date I received my discharge Certificate

M. F. W.? 39

W. Davey
Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place LONDON, ONT.

Date July Twenty-First, 1919

Signature [signature] (O. C. Discharging Unit.)

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

M.F.B. 218a—300M.-11-18—1772-39-113.

E. R. J.

LIST OF DISCHARGE DOCUMENTS.

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

Form C.M.S. 1348 (Revised).
2075—30m—2/12/16.

EXAMINATION
BY
STANDING MEDICAL BOARD, BRAMSHOTT.

17-4-1917

No. 189486 Rank Pte. Name Davey, Wm

Local Unit 186th Bn. Overseas Unit Age 18 4/12

Examination held in Bramshott area.

DISABILITY.

Overseas—Local
(scratch one out)

(Painful appendix Scar).

PRESENT CONDITION.

This can be corrected by applying a band of adhesive so as to crinkle the scar and it will not be painful on carrying pack. Otherwise fit.

Board recommends:

1. Fit for Duty. A(iv)
2. Fit for duty after ..... weeks physical training.
3. Fit for Base duty ..... weeks.
4. Fit for Permanent Base Duty.
5. Discharge.

Signatures:

C. E. Cooper Ch Lieut Pres.

Members W. Fredericson Capt
Ch

Approved.

Bramshott 17-4-1917 Geo. A. Russell Capt; C.A.M.C.

for A.D.M.S. and G.O.C.,
Canadian Troops, Bramshott.

EXAMINATION

BY

STANDING MEDICAL BOARD, BRAMSHOTT.

No. Rank Name

Local Unit Overseas Unit Age

Examination held at Bramshott Area.

DISABILITY.

Overseas—Local
(Duration one year)

PRESENT CONDITION.

Board recommends:

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

Signature:

Members

Approved

Bramshott

for A.D.M.S. and D.O.C.,
Canadian Troops, Bramshott.

Army Form B. 181.

CLINICAL CHART.

(To be attached to Case Sheet.)

Corps 18th Canadian. Military Hospital Barry Rd.

No. 189486. Rank and Name Pte. W. Davey Age 19 Service 3 years.

Disease _____ Date of admission September 2nd. Date of discharge _____ Result _____

Dates of Observation	September								
Days of Disease	2nd	3	4	5	6	7	8	9	

Temperature, Fahrenheit — Time A.M. P.M.

107° 106° 105° 104° 103° 102° 101° 100° 99° 98° 97°

By Admission

Pulse per Minute

Respirations per Minute

Motions per 24 Hours: 11

Wt. W3728/M2313—2,000,000—6/17—H. & Sp. (10693)—A.F.B. 181/5 (E. 735)

Signature _____ In charge of case.

CLINICAL CHART.

(To be attached to Case Sheet.)

Army Form B. 181.

Corps 18th Canadians — Military Hospital Barry Rd

No. 189486 — Rank and Name Davey W. Pte — Age 19 — Service 3 yrs.

Disease Shell wd Rt Leg (Amputation) — Date of admission Sept 2nd 1916. — Date of discharge ____ — Result ____

Dates of Observation	Sept. 2	3	4	5	6.	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	1	2
Days of Disease																															
Temperature, Fahrenheit	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.
Pulse per Minute																															
Respirations per Minute																															
Motions per 24 Hours	1	1	2	1.	2	1	1	1	1	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1

107° 106° 105° 104° 103° 102° 101° 100° 99° 98° 97°

Admission

O.T.S. 50

A.T.P. 50 Units.

A.T.S. 500 Units.

Wt. W3728/M2313—2,000,000—6/17—H. & Sp. (10693)—A.F.B. 181/5 (E. 735)

Signature ____ In charge of case.

Military Hospital, M. D. No. 1
Wolseley Barracks
LONDON, ONT.

AM

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 12-7-19

1. 1 (a) Unit No.1 Dist.Depot (b) Regimental No. 189486 (c) Rank Pte.

(d) Surname DAVEY (e) Christian name William

(f) Home address 87 Emma St., Chatham, Ontario.

(g) Next of Kin Mrs.G.Davey (h) Relationship Mother.

(i) Address of Next of Kin 87 Emma St., Chatham, Ontario.

2. Age last birthday 20 Date of birth 30-12-1898

3. Enlistment, or Appointment (if an Officer) (a) Place Chatham, Ontario (b) Date 29-11-15

4. Personal description:

(a) Height 5' 6" (b) Weight 130 lbs. (stripped) (c) Complexion Fair.

(d) Colour of hair Brown. (e) Colour of eyes Grey (f) Identification marks, Scars, etc. Amputation right foot.

5. Former trade or occupation Painter.

6. Service (The information should be secured from personal documents, but if documents are not available the invalid's statement may be taken and note must be made to that effect. Periods of service in Canada, England, France or elsewhere should be noted).	Years	Days
	3 7/12	13

	Periods	
	From	To
Canada	~~xxxxxx~~29-11-15 11-12-18	7-4-17 12-7-19
England	7-4-17 1-9-18	25-2-18 11-12-18
France or other theatres of War	25-2-18	1-9-18

7. Original disease, or injury Gunshot wound right foot.

(a) Date of origin 26-8-18 (b) Place of origin Arras, France.

(c) Cause Hit with shrapnel.

M. F. B. 227.

300M.—8-18.
1772-39-117.

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 with report.

19. Is the invalid fit for

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

20. It is certified that the invalid

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

(b) Does not require treatment.

(c) ~~Should pass under his own control.~~ 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.)

As medically unfit.

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.

W. L. McLeay Lt. *President.*

Medically Fit as one

PLACE London, Ontario, } Members

DATE 14-7-19

TO BE COMPLETED WHEN TREATMENT IS REFUSED

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

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

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

President.

PLACE..... } Members

DATE.....

APPROVED BY

A7 Fairclough

Assistant Director of Medical Services.

DATE 16.7.19.

APPROVED BY

Director-General of Medical Services.

DATE.....

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

Restridtion in choice of occupation, due to loss of right foot.

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.)

OBJECTIVE-Linear amputation scar 4½" long, extending from external left, to ~~ext~~ internal malleolus, in excellent condition, non adherent but tender on pressure over its middle and over the malleoli. Stump in good condition. Knee movements normal. Fitted with suitable artificial foot. Walks with limp.

SUBJECTIVE-Foot tires easily, after walking quarter of a mile. Cannot stand on right leg for very long at a time.

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

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

Special Senses....NO....Respiratory System....NO....Integumentary System....NO

Disturbances of Mentality....NO....Digestive System....NO....Muscular System....NO

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

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

Recieved shrapnel wound right foot, 26-8-18, resulting in severe lacerating of tissues, and necessitating removal of ~~affx~~ foot. Symes operation performed. Healed in 3 weeks.

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*).)

Rheumatism 1909. Good recovery.

Appendicitis, May 1916. Appendectomy at London, Ontario, Nov. 1916.

Good recovery.

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

1½" McBurney scar. See section 9(a)

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

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

Not applicable.

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

The regimental documents will be referred to.

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

13. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one? Permanent.

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

Operative, dressings, fitted with artificial peg and foot.

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit? NO

(If the answer is "yes" state nature of treatment required and probable duration)

16. Can the former trade or occupation be resumed? NO

(If not, briefly state why)

17. Recommendations Discharged, medically unfit for service.

C. W. Pennecott Lt. Can. D.

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, W. Davey. have heard the description of my disability and present condition read, and am satisfied ~~(or not satisfied)~~ with it. (If dissatisfied, statement should follow.)

I complain in addition of

W. Davey Rank.

Signature of invalid examined.

No. 2 Div

Forms
I. 1237
12

Army Form I. 1237.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
	189486	Pte.	Davey,	W.

Year	Unit.	Age.	Service.
1918	18th Bn.		

Station and Date.

12 OCT 1916

Convalescent Hospital, No. ..... Date ..... Woodcote Park, Epsom.

Disease G.S.W. R. Foot. Amputt.
Wd. Amputt. R. Foot all healed —
Transferred to Boscton —
Lt Duncan RAMC

7 C.G.H.
5-12-16

Condition unchanged
To Canada.
Ralph D Lt Capt

* The first and last entries will be signed, and transfers from one Medical Officer to another, attested by their signatures.

(6365) W2944/P138 2,950,000 1/18 McA & W Ltd Forms/I. 1237/13 (E 2349)

[P.T.O.

Station and Date.	

JAN 29 1919
WHITBY MILITARY HOSPITAL

CASE HISTORY SHEET.

Hospital. Station.

No. 189486 Rank Pte Name Davey W Age 20

Unit Completed years of service Where and how long 14/12 9/12 6/12

Date of admission 29-1-19 Date of discharge

Diagnosis Place of origin

CONDITION ON ADMISSION AND PROGRESS OF CASE

JAN 30 1919

He has a sym's amputation rt. foot. Stump is in excellent condition. Has been measured and should have been fitted ere this but shells prevented him from doing so. To take Telegraphy

FEB 13 1919

Artificial leg will be ready for fitting on 17/2/19. He is to take up a vocational course.

FEB 25 1919

Has been up for fitting but the shoe was not ready for fitting till 5/3/19. He is to have one week's leave as the stump is in excellent condition and needs no special exercise. Is making good progress

MAR 20 1919

WASSERMAN NEG. MAY 30 1919 WHITBY.

There is some tenderness on inside of end of stump. This is due to exostosis. He is to be fitted on 7/3/19. He is now taking up elementary electricity.

MAR 26 1919

To have final fitting of artif. leg tomorrow. To have an older for a peg leg.

FAMILY HISTORY

(Tuberculosis, mental or nervous diseases.)

APR 8 1919

Has received artif. leg. It is not very satisfactory for it causes pain on outside of end of stump. To attend specialist. Also to have X-ray of end of stump.

TREATMENT

(Especially any specific or special form.)

18/4/19 To have special boot with high soft top going well above malleoli - urgent

J. Bunbury Major

MAY 10 1919

To have first fitting on the 12/5/19. He is now discharged

CONDITION ON DISCHARGE

(And disposal made of case.)

with leg and can walk 1½ miles on it. He was taking up elementary electricity but quit because he would not be able to climb poles now to which the job demands

Date

Medical Officer i/c case.

MAY 22 1919

He wears peg leg all [redacted], and can walk 3-5 miles on same. [redacted] es not know just when he shall get artif. leg for there are a considerable number of similar legs to be made at Irish factory. To carry on till then

RA

JUN 3 1919

To have fitting for artif. leg on 5/16/19. Patient has broken foot of peg leg. To get this fixed

RA

CASE HIS[redacted]SHEET.

Dominion Orthopaedic Hospital. Toronto Station.

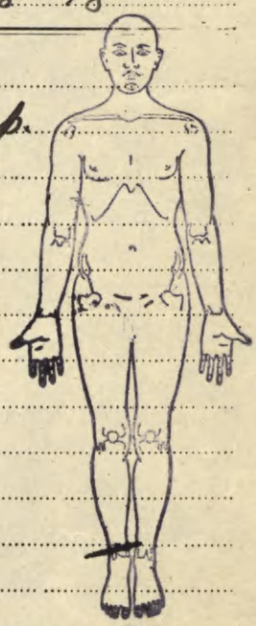
No. 189486 Rank Pte Name Davey W Age 20

Unit DD 2 Completed years of service (Where and how long) F 1/2 E 1 1/2 C 2 1/2

Date of admission 12-6-19 Date of discharge

Diagnosis G.S.W. Amp R.B.K. Place of origin Arras 26-8-18

CONDITION ON ADMISSION AND PROGRESS OF CASE Wounded 27-8-18.
No subsequent operations. R. Depressamp.
Good condition. Awaiting leg ordered from Whitby.
~~JUN 2 1919~~ JUN 24 1919 Awaiting leg.
JUL 3 1919 Has leg. To be transferred to London.


245

FAMILY HISTORY

(Tuberculosis, mental or nervous diseases.)

TREATMENT

(Especially any specific or special form.)

CONDITION ON DISCHARGE

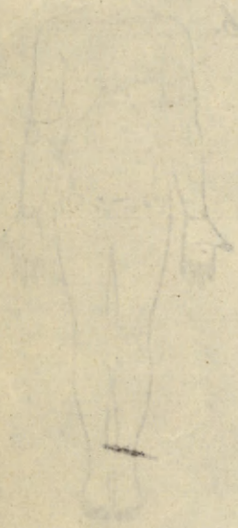
(and disposal made of case.) JUL 3 1919 M.F.B. written for transfer to M.D. # 1.

Date

A. Mayor Capt.
Medical Officer i/c case.

M. F. B. 313a.
100M.—6 18.
1772—39-439.

10Lm



10 Da. — 33

AUDITOR: ars | PAYMASTER: M

M. OR S. S.

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

REGT. No. 189486 RANK Pte NAME (IN FULL) DAVEY Wm

NEXT OF KIN — RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? — DATE EFFECTIVE

TO WHOM PAID 20 — RELATIONSHIP

ADDRESS

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ORIGINAL UNIT C.E.F. 186 Bn. — IF IN P.F. WHAT UNIT? — (BLOCK LETTERS, SURNAME FIRST) 87 Emma St Chatham

PLACE OF ATTESTATION — TRANSFERRED TO #2 Dl. — DATE 13/19 — AUTHORITY D.O. 15 Ont

DATE OF ATTESTATION 29-11-15 — TRANSFERRED TO — DATE — AUTHORITY

ASSIGNED PAY, $ 20 — DATE EFFECTIVE 1-12-18

PAYABLE TO Mrs Alice Davey — RELATIONSHIP mother — ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS 87 Emma St. Chatham Ont.

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE — EFFECTIVE

DISCHARGED PLACE LONDON, ONT. — DATE 22-7-19 — REASON Med Unfit. — AUTHORITY D0202 — IF ENTITLED TO POST DISCHARGE PAY Yes

MONTH	PAY AND F. A. NO. OF DAYS	RATE	AMOUNT $	C.	OTHER CREDITS $	C.		TOTAL CREDITS $	C.	ACQUITTANCE ROLLS COL. NO. 1 NO.	DATE	COL. NO. 2 NO.	DATE	COL. NO. 3 NO.	DATE	CASH PAYMENTS COL. NO. 1 $	C.	COL. NO. 2 $	C.	COL. NO. 3 $	C.	ASSIGNED PAY $	C.	REGIMENTAL CHARGES $	C.	OTHER CHARGES $	C.		TOTAL DEBITS $	C.	BALANCE DEBIT $	C.	CREDIT $	C.	PARTICULARS OR REMARKS
Balance from previous account 62RL 30-11-15								41 68														20 —				4 87								
																										4 87								
																										5								
																										50								
																													8474	4306				
																												4306						
1st 3½	44	1-	44					6225																					4306					
	10		440		1360		25																											
9/7/19	14	11	15	40	3500					300902																								
22-7-19					7000		880	12940				29688	10			10528		14	00	27689									12920					
																												7000		7000		7000		

—WAR SERVICE GRATUITY—

			wsb sa																					wsb sa							Soldier Depend			
183 days			420					420																70							350			1st pay wsb as above
																								70	-						280			2/8/19 11930
																								70	00						210	00		18/9/19 11688 12
																								70	00						140	00		OCT 18 1919 117830
																								70	00						70	00		NOV 20 1919 118531
																								70	00									DEC 20 1919 119016
																								70	00									
			420					420																420										

PARTICULARS OR REMARKS

on boat
on boat
to bl. stab for HRS
do.
Pass R.P.C. to 2
3549 Drugs Coll
1360 tubes 23.12.68 DD.M.
Less from 2066 9/7/19 100 191
Jumped by 2000
35 to Bloor West

Capt

60m.-11-18 L. L. 81777. M. & D. 9585.

MONTH	PAY AND F. A.				OTHER CREDITS				TOTAL CREDITS		ACQUITTANCE ROLLS						CASH PAYMENTS						ASSIGNED PAY		REGIMENTAL CHARGES		OTHER CHARGES				TOTAL DEBITS		BALANCE				PARTICULARS OR REMARKS
	NO. OF DAYS	RATE	AMOUNT								COL. NO. 1		COL. NO. 2		COL. NO. 3		COL. NO. 1		COL. NO. 2		COL. NO. 3										DEBIT		CREDIT		
			$	C.	$	C.	$	C.	$	C.	NO.	DATE	NO.	DATE	NO.	DATE	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch D 910

OVERSEAS CONTINGENTS

Date of Assignment ~~Apr 1-17~~

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

20			

PARTICULARS OF SEPARATION ALLOWANCE

No. 189486

Rank Pte. Promoted Reverted Discharge

Soldier's Name William Davey

Battalion 186th Battn

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name Mrs Alice Davey

Address 87 Emma St., Chatham Ont.

Change of Address

1

2

3

4

Date 1917		Cheque No.	Amount S/A	Amount A/P	Total	
~~Dec 1~~				160	160	
Dec.	A	53403		20	20	Bp
Jan.	Q	70449		20	20	
Feb.	E	92569		20	20	✓
mar.	A	121710		20	20	HB
April	B	41143		20	20	
MAY	O	12756		20	20	✓
June.	I	23949		20	20	✓
July	Q	28589		20	20	✓
Aug.	I	37789		20	20	✓
Sept	L.	47347		20	20	✓
Oct	M	55280		20	20	✓
Nov	I	57717		20	20	✓
Dec	T	62516		20	20	✓
				420	420	

04289-W-18.

REMARKS

CANADIAN
ASSIGNED PAY AUDITED
Pte Beckett
AUDIT CLERK
DATE 15/5/19

A/c Closed 31-12-18

Pet'd per Requisition

20-12-18 27-12-18

M.D.1. Jas Clarke

M.R.O. 44987.

A STENCIL HAS BEEN MADE FOR THIS ACCOUNT

M. F. W. 128
400m.—6-17—172-39-1141
L. L. 22320—M. & D. 7693.

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Date of Assignment

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank Promoted Reverted Discharge

Soldier's Name

Battalion

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name

Address

Change of Address

1

2

3

4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS

M. F. W. 128
400M.—6-17—1772-39-114
L. L. 22320—M. & D. 7993.

AUDITOR | PAYMASTER

No. 2 DISTRICT DEPOT

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

M. OR S. | REGT. No. 189486 | RANK Pte | NAME (IN FULL) DAVEY, W. (BLOCK LETTERS, SURNAME FIRST)

NEXT OF KIN | RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? No | DATE EFFECTIVE

TO WHOM PAID | RELATIONSHIP

ADDRESS

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ORIGINAL UNIT C.E.F. # DD#1 | IF IN P.F. WHAT UNIT?

PLACE OF ATTESTATION | TRANSFERRED TO # 1 D.D. | DATE 8-7-19 | AUTHORITY D.O. 188

DATE OF ATTESTATION | TRANSFERRED TO | DATE | AUTHORITY

ASSIGNED PAY, $ 70 00 | DATE EFFECTIVE 1-1-19

PAYABLE TO Mrs. Alice Davey | RELATIONSHIP | ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS 87 Emma St Chatham Ont.

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE | EFFECTIVE

DISCHARGED | PLACE | DATE | REASON | AUTHORITY | IF ENTITLED TO POST DISCHARGE PAY

MONTH	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $ C.	OTHER CREDITS $ C.	TOTAL CREDITS $ C.	ACQUITTANCE ROLLS COL. NO. 1 NO. DATE	COL. NO. 2 NO. DATE	COL. NO. 3 NO. DATE	CASH PAYMENTS COL. NO. 1 $ C.	COL. NO. 2 $ C.	COL. NO. 3 $ C.	ASSIGNED PAY $ C.	REGIMENTAL CHARGES $ C.	OTHER CHARGES $ C.	TOTAL DEBITS $ C.	BALANCE DEBIT $ C.	BALANCE CREDIT $ C.	PARTICULARS OR REMARKS
1919 Balance from previous account																		Do 22705 - cr to 19.
JAN 1-14	14	1.10	15 40		19 19	18710		15784	18 99			20 00			38 99			
Feb	28	1.10	30 80		30 80	25086		23477	10 80			20 -			30 80			
Mch 1-31	31	1.10	34 10		34 10	103949	108498	106488	5	9 10		20			34 10			
1.4.19 30.4.19	30	1.10	33 -		33 -	89758	112156	110665	5	8 -		20			33 -			
May	31	1.10	34 10		34 10	13531	115291	114660	5.00	9.10		20.00			34 10			
June	30	1.10	33 00		33 00	14647	119268 73-26-6	68/206-19 117866	5.00	8 00		20.00			33.00			
July 1-8	8	1.10	8 80		8 80										Nil		8 80	
			193 60	19 19	212 79				49 79	34 20		120			203 99		8 80	

8 80

L.P.C. to M.D.#1 11.7.19. Receipt in file Da 286. JM

MONTH	PAY AND F. A.				OTHER CREDITS				TOTAL CREDITS		ACQUITTANCE ROLLS						CASH PAYMENTS						ASSIGNED PAY		REGIMENTAL CHARGES		OTHER CHARGES				TOTAL DEBITS		BALANCE				PARTICULARS OR REMARKS
	NO. OF DAYS	RATE	AMOUNT								COL. NO. 1		COL. NO. 2		COL. NO. 3		COL. NO. 1		COL. NO. 2		COL. NO. 3										DEBIT		CREDIT		
			$	C.	$	C.	$	C.	$	C.	NO.	DATE	NO.	DATE	NO.	DATE	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	

PART I. Form (D.M.S. 1312). A.F.B. 179 Canada Revised). 12485. 50M. 18-2-18.

Reserved for M.H.C.

Regt. No. 189486 Rank PTE Surname SAVEY Christian Name WILLIAM

Unit or Corps—(a) Overseas from United Kingdom 18TH CAN. BATTN (b) In United Kingdom 4TH RES

Born at—Town GUERNSEY County or Province CHANNEL ISLANDS Country ENGLAND

Date of Birth—Day 30 Month DECEMBER Year 1898 Age 19 yrs. 10 months.

Joined at ST THOMAS Date NOV 29 1915

Former Trade or Occupation PAINTER.

Permanent marks or peculiarities that will serve for future identification

1- 2" APPENDICITIS SCAR MCBURNEY REGION
2. V½" SCAR TRANSVERSELY ACROSS RIGHT ANKLE FROM EXTERNAL TO INTERNAL MALLEOLUS.
3- 2 VACCINATION SCARS RIGHT ARM

Height—feet 5 inches 3 Colour of eyes GREY

Signature of Soldier (*for identification purposes*) W. Savey

Medical Report.

☞ *The answers to the questions below are to be filled in by the Officer in medical charge of the case. He will carefully discriminate between the soldier's unsupported statements and the evidence as recorded in the medical or other military documents bearing on the case. He will plainly state the existence of any of the disability prior to the soldier joining for the present war.*

1. DISABILITY (*State the actual disabling conditions as distinguished from the diseases or injuries from which they resulted*). (*Follow the official nomenclature as far as possible.*)

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

Disabilities Group (*a*)	AMPUTATION RIGHT FOOT AT ANKLE JOINT
Disabilities Group (*b*)	N/A
Disabilities Group (*c*).	N/A

2. CAUSE OF DISABILITY. (*Follow the official nomenclature in stating the disease or injury.*)

	Disease or injury to which the disability is due.	Place of origin.	Date of origin.
(*i.*) As to Group (*a*) above.	GSW (SHRAPNEL) RIGHT FOOT	ARRAS FRANCE	AUGUST 26TH 1918
(*ii.*) As to Group (*b*) above.	N/A		
(*iii.*) As to Group (*c*) above.	N/A		

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

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? N/A

(*ii.*) As to Group (*b*) above? N/A If yes, has Active Service aggravated it? N/A

(*iii.*) As to Group (*c*) above? N/A If yes, has Active Service aggravated it? N/A

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? N/A

(*iii.*) As to Group (*c*) above? N/A

PART I. *(continued).*

5. If a cause of disability was an injury received on Active Service, was it received—

(*i.*) While on duty? YES (*ii.*) While off duty? NO

(*iii.*) Was a Court of Inquiry held NO (*iv.*) Where? N/A (*v.*) When? N/A

(*vi.*) Opinion of the Court? N/A

6. HISTORY OF THE CASE. *(State concisely the essential points of the history, noting the entries made on the Medical History Sheet and other records).* wounded at arras August 26 th 1918 by shrapnel in right foot - foot very badly smashed and was amputated at the ankle joint Syines operation at CCS #7. HEALED in 15 days and stitches removed. was operated for appendicitis in hospital

Hospitals- (1) #7 CCS (2) #25 GEN Boulogne (3) Barry Road VAD northampton (4) Epsom (5) Granville C SH Buxton

7. PRESENT CONDITION. *(Give previous and present weight if likely to indicate progress of disability.)*

Subjective - Complains of pain in right foot at ankle with a tender spot at internal malleolus.

objective General nutrition good Heart & lungs normal
Right foot has been amputated by Syines method
scar end of scar tender -
no other abnormality noted

8. OPERATION. (*i.*) Was one performed? YES

(*ii.*) If so, state what. amputation right foot

(*iii*). Was one advised and declined? no

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

9. (*i.*) Is there loss or decay of teeth attributable to Active Service? no

(*ii.*) If so, describe.

N/A

10. DO YOU RECOMMEND:—

(*a*) Fit for duty? no

(*b*) Fit for base duty? no

(*c*) Invalid to Canada? Yes

(*d*) Discharge from the Service as permanently unfit? no

Date of Report October 28th 1918 Signed Edmund Kenneth Capel
Officer in medical charge of case.

Station Granville Can Sp Hosp
Bxton

I have satisfied myself of the general accuracy of the above Report, and concur therein *except

Capt R.A.M.C. { Officer i/c / S.M.O. } { Hospital / Brigade } Strike out one of these.

Dated at Granville Can. Sp. Hosp. on 191

* Delete if inapplicable.

GRANVILLE CANADIAN SPECIAL HOSPITAL REGISTRAR'S 28 OCT. 1918 OFFICE

PART II.

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

☞ *Clear and decisive answers are to be given to all questions. Such terms as "may," "perhaps," "probably," "possibly," are not to be employed. Disability due to causes arising on Active Service is to be clearly shown in order that the Pensions Authorities may deal with the case properly.*

11. Is the disability fully indicated in Part I. (1)? yes

If not, indicate it. no

12. Is the cause of the disability fully indicated in Part I. (2)? yes

If not, indicate it. no

13. 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 }

14. 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*, 10%, 20%, 30%, 40%, 50%, 60%, 70%, 80%, 90%, *or* 100%.)

no

15. THE PENSIONABLE DISABILITY.—*see Part I.* (3). *Aggravation on Active Service of a disability existing previous to joining is to be included in the estimate*).
What part of the entire disability estimated next above in (14) is due to causes arising during Active Service?
(*Estimate at none*, $\frac{1}{5}$, $\frac{2}{5}$, $\frac{3}{5}$, $\frac{4}{5}$, *or all.*)

none

16. Permanency of the Pensionable Disability estimated next above in (15).
(*i.*) Is it permanent? no
(*ii.*) If not permanent, what is its probable minimum duration (*in months*)? no

17. If an operation was advised and declined, do you consider the refusal to have been unreasonable? no

18. Remarks.

Cruchfield.

19. Recommendation :—(*a*) Fit for duty? no
(*b*) Fit for base duty? no
(*c*) Invalid to Canada? yes
(*d*) Discharge from service as permanently unfit? no

Classification for the Military Hospitals Commission.

A

Date of Board

Station

Signatures of the Board. C. A. Dobson Capt & O *President.*
Wallace Capt.

Approved

Wallace Ross
MAJOR, D.A.D.M.S.
FOR A.D.M.S. CANADIANS
BUXTON AREA.

A.D.M.S.

ASSISTANT DIRECTOR OF MEDICAL SERVICES
13 NOV 1918
CANADIANS
BUXTON AREA.

Dated at

Station

191

PART III.

Proceedings of the Pensions and Claims Board on the Soldier mentioned in Part I.

The Pensions and Claims Board, Canadian Expeditionary Force, assembled at

on the day of 191

Members of the Board :—

The Board having considered the evidence of the soldier marginally named, together with the documents submitted, recommend :—

Dated at this day of 191

Signatures of the Board

..... *President.*

.....

.....

.....