Original

ATTESTATION PAPER.

No. 87

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

1. What is your name? ..... Rupert Davids
2. In what Town, Township or Parish, and in what Country were you born? ..... Toronto, Canada
3. What is the name of your next-of-kin? ..... Mrs. I. Davids
4. What is the address of your next-of-kin? ..... 12 Oaklands ave, Toronto
5. What is the date of your birth? ..... 24th Jan. 1883
6. What is your Trade or Calling? ..... Private Secretary
7. Are you married? ..... No
8. Are you willing to be vaccinated or re-vaccinated? ..... Yes
9. Do you now belong to the Active Militia? ..... Yes
10. Have you ever served in any Military Force? ..... 2 years, Corps of Guides
    If so, state particulars of former Service.
11. Do you understand the nature and terms of your engagement? ..... Yes
12. Are you willing to be attested to serve in the CANADIAN OVER-SEAS EXPEDITIONARY FORCE? ..... Yes

R. Davids (Signature of Man).

A. J. Hember (Signature of Witness).

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

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

R. Davids (Signature of Recruit)

Date 8th March 1915 A. J. Hember (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Rupert Davids, do make Oath, that I will be faithful and bear true Allegiance to His Majesty King George the Fifth, His Heirs and Successors, and that I will as in duty bound honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity, against all enemies, and will observe and obey all orders of His Majesty, His Heirs and Successors, and of all the Generals and Officers set over me. So help me God.

R. Davids (Signature of Recruit)

Date 8th March 1915 A. J. Hember (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 Toronto this 8 day of March 1915

Thos. W. Mills (Signature of Justice)

I certify that the above is a true copy of the Attestation of the above-named Recruit.

Geo. Deacon (Approving Officer)

M. F. W. 23.
150 M.—12-14.
H.Q. 1772-59-841.

Description of R. Davids on Enlistment.

Apparent Age 32 years ..... months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5 ft. 6 ins.

Chest measurement:
- Girth when fully expanded 33 ins.
- Range of expansion 2½ ins.

Complexion Dk. Dark

Eyes Blue

Hair Dk. Brown

Religious denominations:
- Church of England Yes
- Presbyterian
- Wesleyan
- Baptist or Congregationalist
- Other Protestants (Denomination to be stated.)
- Roman Catholic
- Jewish

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).

one mole on left side of neck
one vaccination mark left arm

CERTIFICATE OF MEDICAL EXAMINATION.

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

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

I consider him* fit for the Canadian Over-Seas Expeditionary Force (Base detail)

Date March 1 1915 — J. M. Walker

Place Toronto — Lt Col.
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.

Rupert Davids 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.

Geo Denton Lt (Signature of Officer)

Date 8 March 1915.

REGIMENTAL DOCUMENTS

Sgt. NAME DAVIDS, RUPERT REGT. NO. 87 UNIT H. Q. FILE NO.

	CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
1	ATTESTATION PAPER (M.F.W. 23, 133, or 51) 3					DEATH
1	CASUALTY FORM (M.F.W. 54 or A.F.B. 103)	R 1149				Category
	TRAINING HISTORY SHEET (M.F.W. 113)					
2	FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)				C3680	
1	REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)					
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)					DISCHARGE
1	DENTAL HISTORY SHEET (M.F.B. 465)					Category
2	MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					Med. Unfit.
	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)					
8	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	M.F.W. 192					
1	C.A.D.C. 5009.					
3	Miscell					
1	Cas Card					
1	Pay Cards					
						5-4
						17 4
						26 4
						3

W. 2589
100M-11-18
1772-32-1977

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105

ORIGINAL

MEDICAL HISTORY SHEET.

Surname Davods Christian Name Rupert

Examined on 8th day of March 1915, at Toronto.

Birthplace City or Town Toronto. County Canada.

Apparent age 32.

Trade or occupation Private Secretary

Height 5 Feet 6 Inches.

Weight 125 Lbs.

Chest measurement Minimum 30½ inches. Maximum expansion 2½ inches.

Physical development fair

Small-Pox Marks no.

Vaccination Marks Arm Right. Left. Number one

When Vaccinated last —

(a) Marks indicating congenital peculiarities or previous disease One mole left side of neck.

(b) Slight defects but not sufficient to cause rejection Chest measurements small but expansion good. Initial systolic murmur. No irregularity of rhythm.

Approved by T. Walker

Rank Lt Col, M.O.

Date	Fit or Unfit	Examined for Re-engagement,
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

20 FEB 1918

Date	Result	Vaccinations.
1915 Apl 15		W. W. Witten M.O.
		M.O.
		M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.
Feb 13		W. W. Witten M.O.
" 22		M.O.
" 30		M.O.

Enlisted on 8th day of March 1915 at

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	Can: Rs.	~~181~~		
Transferred to	Cyclist Co	87.		

CANADA

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.
Somerset Bks.	March 9th/18.	General Debility.	B III temporary. Cecil G. Mills Capt
Rav. Bks. Toronto.	June, 3/18. V.D.H.	Nasal Polypi.	C.3. W. T. Mike Major. President. S.M.B.

SHORNCLIFFE 10 MAR 1918

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.

M. F. B. 313.

100M.—1-15.
H. Q. 1772-39-439.

Surname Daverdis Christian Name Raffaele

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.
No.3 Stat.Hosp.Rouen		21	7	17	21	7	17	Nasal Polypus Mild.	1	A.183	A.183
No.2. Con.Dep.Rouen		21	7	17	25	7	17	Do.	5		A.183
No.11 Con.Dep.Rouen		25	7	17	1	8	17	Do.	7		A.184
No.8 Gen.Hosp. Rouen		1	8	17	9	8	17	Do.	8		A.187
No.2 Con.Dep.Rouen		9	8	17	10	8	17	Do.	2		A.188 - A.188 AJ.
Toronto Gen'l. Hospital		5	5	18	20	5	18	Nasal Polypus.	15	Transferred to Ranina Bks.	Capt. R.A. Cayn

CLINICAL CHART.

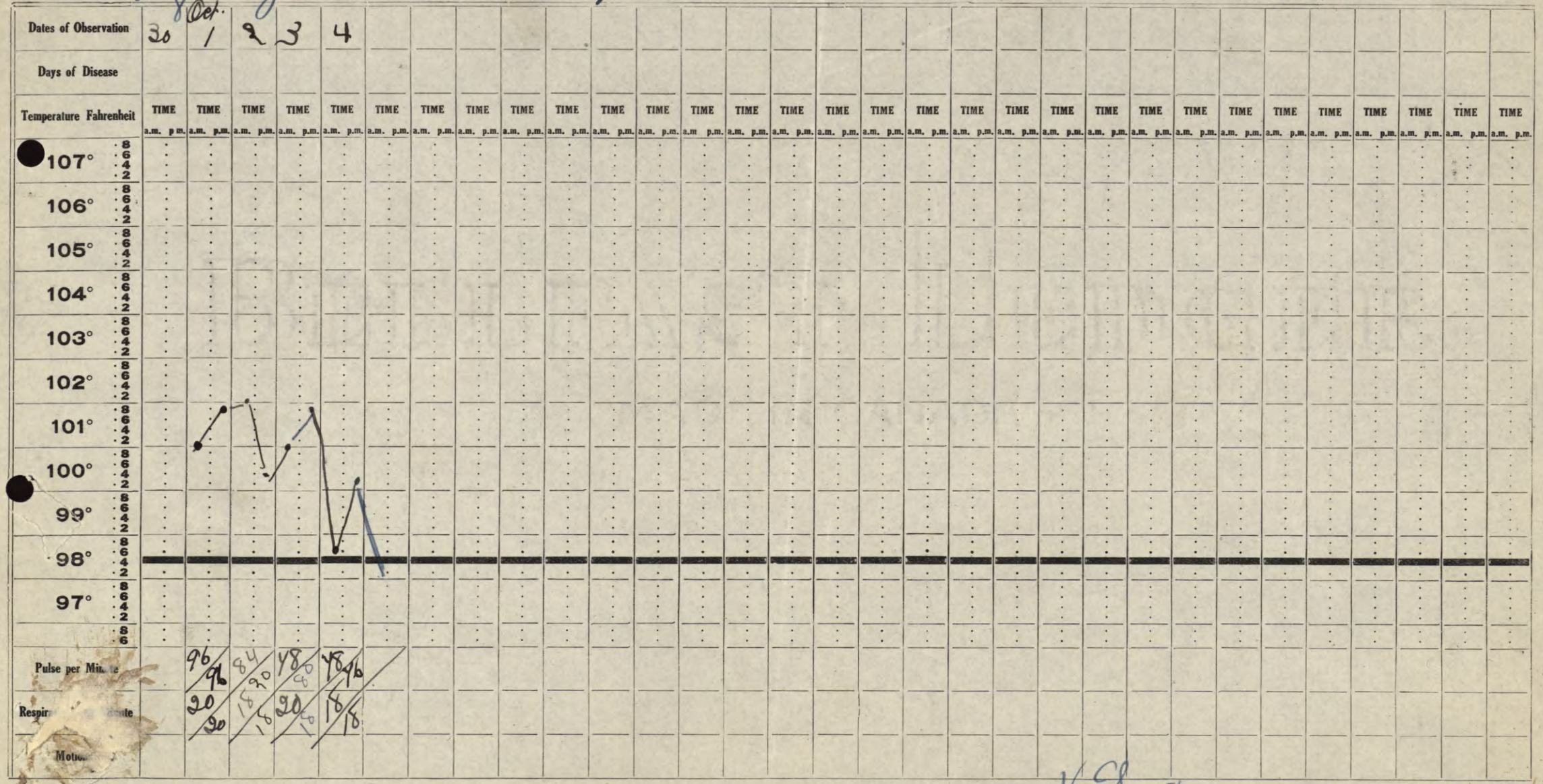
(To be pasted into Case Book opposite Patient's Case.)

Corps Cyclist Batt. D.D. Queens Park. Hospital Station Base.

No. 8[illegible] Rank and Name Sgt Davids Age 36 Service 3 yrs 6 mths.

Disease Influenza. Date of Admission Sep. 30 Date of Discharge Result Case Book Folio

Dates of Observation	30	8 Oct. 1	2	3	4
Days of Disease					
Temperature Fahrenheit (TIME a.m. p.m.)					
Pulse per Minute		96/96	84/90	78/80	78/96
Respiration per Minute		20/20	18/18	20/18	18/18
Motions					



M. F. B. 288.

50M—11-16.
H. Q. 1772-39-513.

Signature V. Bloch In charge of case.

CASE HISTORY SHEET.

Base Hospital. Toronto. Station

No. 87 Rank Gtr. Name Davis Age 36

Unit Cyclist B. Queen's Park Completed years of service Where and how long } 3 yrs 5 mths France & Can.

Date of admission Sept 30 Date of discharge Oct 5

Diagnosis Influenza. Place of origin Canada.

CONDITION ON ADMISSION AND PROGRESS OF CASE

Complaint Headache behind eyes
Cough slight.
Pain in back lumbar
Pain in muscles legs.

Has a bad coryza
Throat & chest clear.

Oct 2/18. Slightly improved.

Oct 5.

FAMILY HISTORY

(Tuberculosis, mental or nervous diseases.)

TREATMENT Mist Bronch Co. + Rubin

(Especially any specific or special form.)

CONDITION ON DISCHARGE Recovered.

(and disposal made of case.)

Date

Medical Officer i/c case.

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

A 13830

CASE HISTORY SHEET.

Toronto Stationary Hospital. Exhibition Camp Station.

No. 87 Rank Sgt. Name DAVIDS Rupert Age 36

Unit #2 D.D. Completed years of service (Where and how long) 10/12 Canada 3 yrs France & Eng.

Date of admission Feb. 1st 1919 Date of discharge Feb 7/19

Diagnosis Nasal Polypi Ethmoiditis Place of origin Pre-enlistment

CONDITION ON ADMISSION AND PROGRESS OF CASE Admitted & left immediately on pass. No pain nor discharge.

Feb. 6 - No symptoms present & no complaints.

FAMILY HISTORY

(Tuberculosis, mental or nervous diseases.)

TREATMENT None - Convalesce.

(Especially any specific or special form.)

CONDITION ON DISCHARGE, Recovered

(and disposal made of case.)

Returned to duty

Date Feb 7/19

H. E. Tindale Capt.
Medical Officer i/c case.

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

25712.

CLINICAL CHART.

Corps #2 D.D. Hospital Station

No. 87 Rank and Name Sgt. DAVIDS Rupert Age 36 Service 10/12 Canada 3 yrs France

Disease Nasal Polypi Ethmoidi Date of Admission Feb. 1 Date of Discharge Feb 7/19 Result Recovered Serial No. A. & D. Book T 3 39

Dates of Observation	1	2	3	4	5	6	7	8	9	10
Days of Disease	1	2	3	4	5	6	7	8	9	10
Temperature Fahrenheit (TIME a.m. p.m.)										
Pulse per Minute				64	70	68				
Respirations per Minute				20	20	20				
Motions										

Admitted Gen. Pass. until Feb. 8rd

Dr. Pass.

M. F. B. 288.

50M—4-18.
H. Q. 1772-39-513.

Signature H. E. Tendale capt. In charge of case.

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

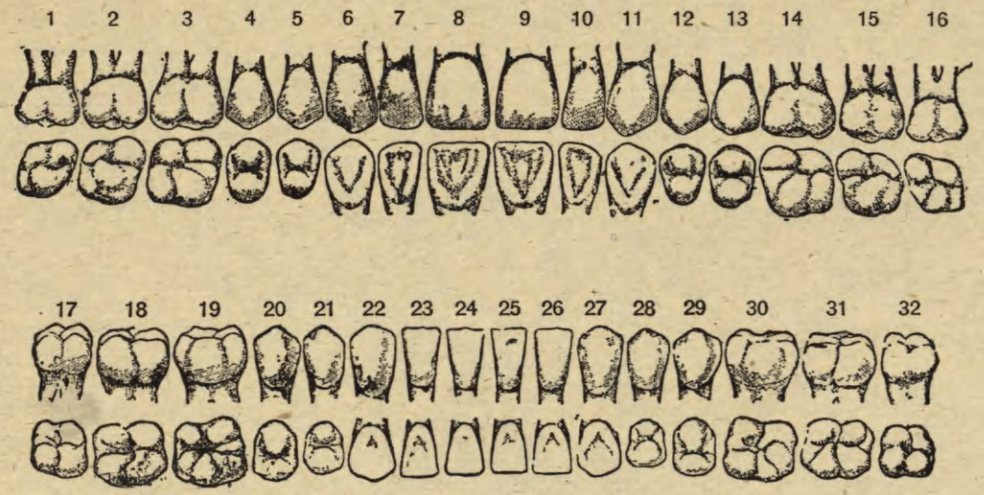
DISTRICT 2

NAME OF SOLDIER Lareido Rupert

RANK Sgt.

No. 87

REGIMENT



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	Pyrrhea	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																						
Discharge Exam. At Exhibition Camp			Certificate issued for																			
Date FEB 21 1919											Filling											
																				Hasempes - Major		

M.F.B. 465.
200M.—6-18
1772-39-9

O.P.S.C.R.

DISCHARGED

Medically unfit to take further out patient treatment with Dept. of Soldiers' Civil Re-est.

DEPARTMENT OF MILITIA AND DEFENCE.

WAR SERVICE GRATUITY.

OTTAWA, CANADA.

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

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

A complete reply must be given to every question in this Declaration. There must be no blanks and no dashes. If any questions are not applicable, the words "NOT APPLICABLE" must be written out.

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

1. Christian names Rupert ..... 2. Surname Davids .....
3. Rank Sgt ..... 4. Original Unit 2 Div Cyl 5. Reg. No. 87 .....
6. Address, in full, to which future payments of gratuity are to be forwarded .....
12 Oaklands Ave
Toronto
7. Date of enlistment in the C.E.F. March 8, 1915
8. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge .....
9. Relationship of such dependent .....
10. Address, in full, of such dependent .....
11. Is said dependent now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? .....
12. Were you at any time on the strength for pay and allowances of a unit of the C.E.F. which was out of Canada or the United States when such pay and allowances were issuable? If so, give particulars of one such unit and dates of service overseas with such unit:—
Can Corps Cyclist Bn
May 1915 till April 1918
13. Were you on the strength for pay and allowances of the Clearing Services Command, having been at any time on duty outside of Canada or the United States? No
14. Were you on active service only in Canada or the United States? If so, give particulars of unit and dates of such service No
15. Give total length of time which you served on active service, whether in Canada or Overseas, setting out particulars of units on whose strength you served 3 yrs 11 mo 28 Dys.
Can Corps Cyclist Bn
16. Were you at the time of enlistment a civil employee of the Dominion Government? If so, state Department No
17. Were you a member of the Permanent Force at the time of enlistment in the C.E.F.? No

M.F.W. 2595.
1772—39—1389.
1160—D.P.—250M-12-18.

18. Have you had more than one enlistment? If so, give particulars of discharges and re-enlistments, and under what regimental numbers and units ..... no .....

19. Have you already received any payment of Post Discharge Pay or War Service Gratuity? If so, state amount you and your dependents have already received and by whom paid ..... no .....

20. Have you been issued with a War Service Badge? If so, what class? ..... Yes .....

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

22. Are you entitled to receive, or have you received any gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled .....

23. (a) Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England? ..... no .....

(b) If so, was such reversion in consequence of misconduct or inefficiency? .....

24. Are you now serving in the C.E.F.? ..No..... If not, give:—(a) Date of discharge March 1st, 1919..... (b) Reason for discharge ..... "Medically Unfit"

25. Are you at present a member of and in receipt of pay and allowances from any Canadian naval or land forces? If so, give unit .....

26. Did you at any time serve at the front in an actual theatre of war? If so, give particulars of one unit which you served at the front, and dates of such service with that unit ..... Yes .....
Can. Corps Cyclists
Arr. March 1916 till Feb. 1918

27. (a) Are you receiving treatment from the Department of Soldiers' Civil Re-establishment? .....

(b) If so, are you in receipt of full pay and allowances from that Department? .....

And I make this solemn declaration, conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under oath and in virtue of the Canadian Evidence Act.

Signature of Applicant: R. Davids

Place of Residence: 12 Oaklands Ave., Toronto.

Declared before me at: Toronto

This 20th day of February 19.19

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

POST DISCHARGE PAY.

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

Certified Correct.

District Paymaster.

C.A.D.C.5009-10M.
3494-30-[illegible]17.

2

87
Pte Davis. R.
Gen Dep

DENTAL CERTIFICATE.

The following Certificates will be attached to the Medical History Sheets of all Other Ranks being returned to Canada for disposal.

Date of Examination.	Present Dental Condition.	In case of loss or decay of teeth. Is the loss due to wounds, injury or disease directly attributed to Active Service?	Has he ever declined Dental Treatment.	Recommendation.
19/3/18	3 fills			At public expense
				F. A. Gunn Capt. C.A.D.C.

M.F.W. 44.
1183 (D.P.) 250M.-12-18.
1772-39-903.

CANADIAN EXPEDITIONARY FORCE.

LAST PAY CERTIFICATE

Regimental No. 87 Rank Sgt. Name Davids R.
(Surname first)

Unit No. 2 District Depot, MAR 1 1919 who was* DISCHARGED

On ..... 191....., to Supt. Ident S.C.R.

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from Mch 1 to MAR 1 1919 191... the inclusive date of transfer or discharge.

	Dr.		Cr.	
Bal. Dr. or Cr. from prev. month	9	40		
Regimental Pay 1 days at $ 1 c. 35			1	35
Field Allowance days at $ c. 15				15
Separation Allowance				
Clothing Allowance			35	
Post Discharge Pay			70	
*Other Credits Subsistence indebt to #46				80
" recredited DO #58			9	60
Advances				
Separation Allowance and Assigned Pay Cheque No.				
*Other Charges				
Balance on transfer or on discharge, cheque No. 25236	107	50		
Total	116	90	116	90

*Give particulars.

A monthly stoppage of $ 25 (†) has ..... (‡) been paid on account of

Assigned Pay for the month of February 191 9 and Separation Allce. for month of 191..... (to) Assignee Mrs Isabel Davids

(Address) 12 Oakland Ave Toronto Ont

(†) Insert amount to be assigned, whether it has been paid or not. (‡) Insert "not" if amount has not been paid for period of account.

ON TRANSFER OF AN OFFICER.

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

REMARKS:—

State (1) date of enlistment ..... married or single.....

(2) Separation Allowance, entitled or not No (3) Reason for discharge.....

(4) Authority for discharge or transfer DO #58

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

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

Date FEB 28 1919

Place TORONTO, ONT.

Malcolm J. McKenzie CAPT.
PAYMASTER, No. 2 DISTRICT DEPOT
Paymaster.

N.B.—(A) This form is to be used for all ranks (vide Article 122-180 and 141) Financial Instructions, C.E.F., 1916.
(B) For purposes of transfer it is to be made out in triplicate. Copies will be disposed of in accordance with instructions as laid down in Routine Order No. 1307, dated 12th Nov., 1918. Payment of the balance will not be made and the words "or on discharge cheque No." will be deleted.
(C) For purpose of discharge it is to be made out in duplicate. One copy to accompany discharge papers, and one copy for retention as a record. As payment of the balance will have been made, the words "on transfer or" will be deleted.
(D) If a man on discharge is entitled to Post Discharge Pay, Last Pay Certificates will be made out as in "C" with an additional copy to be forwarded to the District Paymaster.

CREDITS, ADVANCES, Etc.

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

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

EAR, NOSE AND THROAT REPORT.

Exhibition Camp, Toronto.

February 20th 1919.

NAME. DAVIDS Rupert RANK. Sgt NO. 87 AGE. 37

COMPLAINT:- Ethmoiditis Right.

Examination Shows:-

Nose Septum deviated to right. Right middle turbinate has recently been trimmed. left

Nasopharynx Negative Nasal cavity clear. Considerable pus.

Pharynx " in right nasal cavity.

Tonsils "

Larynx "

Ears (Right M.T. ..... Discharge)
(Left M.T. .....)

Hearing	Right	Left
Voice		
Rinne		
Weber		
Schwaback		

~~Condition due to service~~

Condition existed prior to service
has been
~~condition~~ aggravated by service

RECOMMENDATION To I.S.C. for treatment as out-door patient.

Category as to ears, ~~nose and throat~~ "D-3"

G. H. Smith
Capt C.A.M.C.

COMPLAINT:-

Examination shows:-

Nose

Nasopharynx

Pharynx

Tonsils

Larynx

Ears (Right Mid .....) Mastoids
(Left Mid .....)

Hearing Right Left

Voice

Hippo

Tober

Sensorium

Condition due to service

Condition existed prior to service

Condition aggravated by service

RECOMMENDATION:

Deafness as to hard, nose and throat.

MEDICAL CASE SHEET (Ear, Nose and Throat)

MILITARY HOSPITAL Toronto General Hospital.

DEPARTMENT OF EAR, NOSE AND THROAT

Date May 5,1918.

Name Sgt. Davids. R. No. 87 Unit

Age 36 Enlisted Mar. 8,1915. In Out Patient for

Diagnosis Chronic Ethmoiditis and board Polypi.

HISTORY:— Different nasal breathing.

	RIGHT	LEFT
Nasal Septum	irregular.	
Inf. Turbs.		
Mid. Turbs.	Multiple polypi.	multiple polypi.
Nas. Pharynx	Granular.	
Pharynx		
Tonsils		
Teeth		
Accessory Sinuses		
Larynx		
Ext. Aud. Canal		
Memb. Tymp.		
Mastoid		Gont
X Ray		

R.

Hearing H. V. V. C 256 Air Bone C 512 Weber

L.

Treatment and progress May 6th, Saline Nasal ~~confit one~~ injection t.i.d. 6 operation, local. operation local

M. F. W. 143.

10M —12-17
1772-39—1172

over.

May 12th.- Very little discharge. Breathing easier through nose.

" 13th.- Slight discharge, from left side.

Right side. polypus

" 20th.- Patient still suffering from chronic Ethmoiditis will require further treatment later on. T.O. report to O.P.D. at 11.AM two weeks from to-day.

D. Swean.Capt.

"Sent to Ravina Barr acks awaiting Board."

2. CARD NO. S.O.S. Dis. 1-3-1a.

FOLL. Demob. Auth: Dis. Doc. D.O. 58 27-2-18 DO

SURNAME Davids

CHRISTIAN NAMES Rupert

REGL. No. 87. RANK Sergt.

UNIT ~~2nd. Div. Cyclist Corps~~ Can. Reserve. Cyclists Coy

FORMER CORPS ~~Corps. of Guides.~~

NEXT OF KIN.

NAMES IN FULL Davids, Mrs. I.

RELATIONSHIP TO SOLDIER not stated.

ADDRESS 12 Oakland Ave, Toronto, Ont.

CHANGE OF ADDRESS

COUNTRY OF BIRTH Canada Toronto, Ont. DATE Jan. 24th 1883.

PLACE OF ATTESTATION Toronto, Ont. DATE Mar. 8th 1915.

O/S. 16-5-15 82/1

From Montreal per S.S. "Corinthian" 5/16/15.

MARRIED SINGLE Yes. WIDOWER

TRADE OR CALLING Private Secretary. RELIGION Church of England.

DESCRIPTION.

APPARENT AGE 32 YEARS — MONTHS

HEIGHT 5 FEET 6. INCHES

CHEST MEASUREMENT 33 INCHES EXPANSION 2½. INCHES

COMPLEXION M. Dark. EYES Blue HAIR Dk. Brown.

DISTINGUISHING MARKS one mole on L. side of neck. one vacc L. arm.

MEDICAL EXAMINATION. PLACE Toronto, Ont. DATE Mar. 8th 1915.

Present Address. not stated.

Number 87 Rank Sgt

Surname DAVIDS

Christian Names Rupert

Unit Can. Cyclists B.M. Theatre of War France

Date of Service 24-3-16

Remarks

Latest Address 12 Oakland Ave.

Toronto Ont.

Roll No. B Page 2577 2nd Div Cyc Cpo

FORM R. 149.
7106—250m—7/2/17.

Name DAVIDS. Rupert. *Rank* Sgt. *Reg. No.* 87.

Unit CAN.CORPS CYCLIST BATTN

Next of Kin CANADA

Date 1917	Movement	Place	Casualty	List No.	Notified N/K O. A.	W.O. List
21-7.	No.3.Sty.Hp.Rouen		Nasal Polypus.Mild	183		
21-7.	No.2.Con Dep.Roeun		do		A.183	
25-7.	No.11.Conv.Dep.Rouen.		do		A184	
1-8	No.8.Gen.Hp.Rouem.		do		A.187.	
9-8	No.2.Con.Dep.Rouen.		do		A188	
10-8	Discharged to Base.	Dep.	do		A188	
				C25 10 17		

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

NAME Davyds. R.

REGT'L No. 87.

H. Q. FILE No. 649.

RANK AND CORPS Sgt. Can Corps Cyclists Bn.

FOLLOWS No.

FOLLOWS

CABLE	
NO.	DATE

NATURE OF CASUALTY

L. L. 20497—M. & D. 7908

M. F. W. 42—50M.—5-17.
H. Q. 1772-39-893.

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
A 183.	No Stat. Rouen.	21-7-17.	Nasal Polypus Mild.
A 183	to No 2 Conv. Depot Rouen	21-7-17	" " "
A 184.	to No 11 Conv. Depot Rouen	25-7-17	" " "
A 187	to No 8 Gen. Rouen	1-8-17	" " "
A 188.	to No 2 Conv. Depot.	9-8-17	" " "
A 188.	Disch to Base Details	10-8-17	" " "

Reg. No. 8987 Name Davids. Rupert.

Rank Sgt Corps Cyclist. Battn Age 36 Service C 14/12 C 10/12 B 27/12

Ledger No. Serial No.

HOSPITALS	DATE	DIAGNOSIS
Toronto Gen Hospl Toronto	5.5.18	Nasal. Polypsi OPS
T.S to Ravina Bks.	20.5.18	
ad. Base Toronto —	30-9-18	Influenza
Dis to Duty	5-10-18	
adm. Mil. Wards T.G.H.	15.1.19	Infl ucc. Sinuses
Trans Station Hbs. Toronto	1.2.19	

P. T. O.

HOSPITALS	DATE	DIAGNOSIS

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

No. 87. RANK Sergt. NAME Davids, R

T. O. S. 3/3/15 (Do# 22 of 11/3/15) UNIT Div: Cyclists Corps, (Overseas Service.)

M. D. 2.

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1915.	1915.			
Mar 3rd	Mar 31st	✓		
Apr.		✓		
May		✓		

*Name DAVIDS. R Rank Sgt. Regtl. No. 87

Fyle Depot

Original unit Present unit M. or S. S Age 38 Religion C. E. Ref. H.Q.

Port, ship and date of arrival

Next of kin MRS. I. DAVIDS 12 Oakland Ave. Toronto, Ont.

Address on leave same.

Address on discharge same.

Transportation issued Yes No Date Character on discharge

Previous occupation Private Secty. Date and place of enlistment Toron o, March 8-15.

Diagnosis Med unfit Date of Medical Boards No record.

Date.	Remarks.	Pt. 2 Order No.
	L&F TO Hos. Sec. 15-1-19	17
	L&Fto T.G.H. 15-1-19	H.S.18
	T.G.H. to Stat.Hosp. 1-2-19	H.S.#35
	Sub. from 6-2-19 indef. (Stat.Hosp.)	H.S.46

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

(over)

Date.	Remarks	Pt. 2 Order No.
	Sub. ceases 3-1-19 (T.G.H) H.S. #57	
MAR 3 1919	HOSPITAL SECTION to C. C.P.S.	57
3-2-19	Subs. ceases	57
	1-3-19 SOS D'ECHHMED. UNFIT (ENTITLED TO 183 days WSG)	
	(TO TAKE FURTHER OUT PATIENT TREAT'T WITH THE	
	DEPT OF S.C.R)	58
D.O. 57	Amended to read 1-3-19	58

M. F. W. 192
150m.—5-18
1772-39-1243

FORM D.M.S. 1209.
8137—50m—28/2/17.

Surname	Christian Name or Names	Reg. No.
Davids	R.	87

Rank	Unit	Co.	Troop	Batty.
Sgt.	Can. Corps Cyclists Batt.			

Hospital — Date of Admission

Transferred 3 Stat. Rouen. Hosp. 21-7-17
2 Conval. Rouen. Hosp. 21-7-17
11 Convy Rouen Hosp. 25-7-17
8 Gen Rouen Hosp. 1.8.17

Diagnosis Nasal Polypus Mild 3d

(1)
Later Diagnosis (if changed)
(2)
(3)

Additional Diagnosis: if more than one state present

DISPOSITION — Date

C.L. 2-8-17 A 183.
2-8-17 A 184
11.8.17 A 187.
18.8.17 A 188

REMARKS
Dis. to Base Details 10-8-17

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

P.T.O

EPITOME OF HOSPITAL TREATMENT.

	Hospital	Adm.
1.	No 2 Convl. Depot.	9-8-17
2.		
3.		
4.		
5.		
6.		
7.		

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 87 (Rank) Sgt.

Name (in full) DAVIDS, Rupert enlisted in

the 2nd. Div. Cyclists

CANADIAN EXPEDITIONARY FORCE at Toronto, Ont. on the 8th.

day of March 19 15

HE served in England and France

and is now discharged from the service by reason of

"Medically Unfit"

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

Age 37

Height 5' 6"

Complexion Dark

Eyes Blue

Hair Dr. Brown

Marks or Scars

Vacc. scars left arm

R. Davids

Signature of Soldier

J. R. Robson - Lieut.

Issuing Officer

Rank

O. C. Discharge Sections,
Toronto District Depot

Appointment

Date of Discharge March 1st, 1919

Signed at Toronto, Ont. this 1st. day of March 19 19

in Military District No. 2 J.S.

File Reference No.

MAR 1 1919
DISTRICT DEPOT

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. W. 39a.
250m —6-18.
H. Q. 1772-39-882.

War Service Badge.
Class B
No. C53292 issued March. 1. 1919

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 .....

.....

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

Signed at ..... this ..... day of 19

.....
Name of Officer

O. C. Discharge Stations,
No. 2 District Depot

.....
Rank

.....
Appointment

(9178)—Wt. W12165—2146.—1,250,000.—2-15.—C. & G. Forms B. 103/1.

Army Form B. 103.

D-160

Casualty Form—Active Service.

Regiment or Corps DIV. CYCLISTS CORPS (Base Detail)

Regimental No. 87 Rank Sgt. Name Davids, Rupert

Enlisted (*a*) 8/3/15 Terms of Service (*a*) Service reckons from (*a*)

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				
May 27/15		Arrived in England per S.S. Corinthian.			
		ARRIVED IN FRANCE 3 Div Cyc	HAVRE.	27-3-16	L.R. E034.
2/5/16	G.H.Q	This unit will in future form part of G.G. Cyc Batt	Field	31/5/16	PT II O. 1071 df 31/5/16
24/9/16	O.C.	On Corn Salvage.	"	22/9/16	B213 " 27 " 30/9/16
1.10.16	"	Rejoined Unit	"	26-9-16	" 30 5.10.16
2-11-16	Chief P. Mstr	Confirmed in rank of Sergt.	"	1/6/15	K.G. 158/Cas/16/1 PT II 58 df 23/11/16
21/1/17	O.C. CCCB	On leave till 30/1/17	"	20/1/17	B213 " 10 - 26/1/17
3/2/17	Do	Rejoined from leave	"	2/2/17	" " 14 " 9/2/17
7/4/17	Do	Attached Corps Training School	"	7/4/17	" " 32 - 14/4/17

(*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				
5/7	O.C.	Rejoined Unit	Field	5/7	B213 Pt II 40 d/- 12/5/17
14/7	"	To F. Amb	"	11/7	" pcs 118
"	8 C.F.A.	Convulsions (?) 11/7/17 To 2 CCS	"	11/7	A36 " 119
21/7	O.C.	Rejoined from F.A. 16/7/17 & re-admitted		19/7	B213 " 119
21/7/17	3 Stat.	Nasal Polypus Adm	"	21/7/17	W3034 (W. 5638)
21/7/17	3 Stat.	Nasal Polypus To Con Depot	"	21/7/17	W3034 (W. 5638)
21/7/17	8 C.F.A.	Convulsions ? 11/7/17 To Duty 16/7/17	"	21/7/17	A36 pcs 119
21/7/17	23 CCS.	Nasal Polypus 19/7/17 To 16 A.F.		20/7/17	" " 119
21/7/17	8 C.F.A.	D° 19/7/17 To 23 CCS	-	19/7/17	" " 120
21/7/17	2 Con Depot	Not Stated Adm	"	21/7/17	W3034 (6641)
25/7/17	2 Con Depot	To 11 Con Depot - Nasal Polypus	-	25/7/17	W3034 (6132)
"	11 " "	Nasal Polypus Adm	"	25/7/17	" (288)
1/8/17	8 Gen Hosp	Nasal Polypus Adm	-	1/8/17	" (901)
9/8/17	D°	D° To Con Depot	"	9/8/17	" (2107)
9/8/17	2 C Depot	Not Stated Adm	"	9/8/17	" (1733)
10/8/17	D°	A To Base	"	10/8/17	" (2001)
16/8/17	C G B D	Arrived Base	"	16/8/17	NR

Rank | Name DAVIDS Rupert. | Reg'l No. 87.

Unit 2nd Divl.Cyclists. | If in perm. Corps, What Unit? | Married or Single Single

Place and Date of Enlistment Toronto. Ont. 8th March 1915 | Place of Birth Toronto. Canada.

Name and Address, Next-of-Kin Mrs J. Davids. 12 Oakland Ave. Toronto.

Relationship

Assigned Pay Monthly $ ~~20.00~~ Change to 30.00 1-2-16 | Payable to ~~Bank of Montreal~~ ~~London Eng~~ ~~Pension Board of Canada, Princess St.~~ Mrs Mabel Davids 12 Oaklands Ave. Toronto Canada | Relationship

Separation Allowance $ | Payable to | 3rd byelist.

Relationship

Discharge, Date and Place | Reason | Character

SEP 10 1918

Date From 1915	Date To	PAY No. of Days	PAY Rate	PAY Amount	Field Allowance No. of Days	Field Allowance Rate	Field Allowance Amount	Other Credits	Total Credits	Voucher No.	Voucher Date	Cash Payments	Assigned pay	Other Charges	Total Debits	Balance	Remarks, Casualties, etc.
1 June	30 June	30	1.35	40 50	30	.15	4 50	10	85			15			15	40	
1 July	31 July	31	1.35	41 85	31	.15	4 65		86 50			35	20		55	31 50	
								1 34								32 84	
1 Aug	31	31		41 85	31		4 65		79 34			29 19	20		49 19	30 15	
1 Sep	30	30		40 50	30		4 50		45			14 60	20		34 60	40 55	
1 Oct	31	31		41 85	31		4 65		87 05			24 33	20		44 33	42 72	Name on Rec Byelist 31/10/15.
1 Nov	30	30	1.35	40 50	30	15	4 50		45			68 13	20		88 13	. 41	D
1 Dec	31	31	1.35	41 85	31	.15	4 65		46 50			24 33	20	.40	44 33	1 76	
1 Jan	31	31	1.35	41 85	31	15	4 65		46 50			24 33	20		44 33	3 93	
1 Feb.	29	29	..	39 15	29	15	4 35		43 50			36 76	30		56 76	9 33	
Mar		31	.	41 85	31	.	4 65		46 50			9 73	30		39 73	2 56	
				411 75			48 75	11 34	468 84			278 40	200 00		471 40		

Carried forward to Large Ledger sheet

Date		PAY			Field Allowance			Other Credits	Total Credits	Voucher		Cash Payments	Assigned pay	Other Charges	Total Debits	Balance	Remarks, Casualties, etc.
From	To	No. of Days	Rate	Amount	No. of Days	Rate	Amount			No.	Date						

MILITIA AND DEFENCE

ASSIGNED PAY.

To whom ~~Bank of Montreal~~

Address ~~London. England~~ ~~Branch.~~ ~~9 Waterloo Place.~~

Rate 20%

Date to Commence 1st July 1915.

By whom assigned Davids, Rupert

Regtl. No. 87

Rank 2nd Divisional Cycle Corps

Corps, &c. Sergeant

PAYMENTS.

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			New Address: Union Bank of Canada Princes St. London.
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
Apl.				
May				
June				
July		~~15535~~ 22398	20	
Aug.		26039	20	
Sept.		37544	20	
Oct.		51056	20	
Nov.		66564	20	
Dec.		83042	20	
Jan.	1916			
Feb.			120	
March				

ASSIGNED PAY.

By whom assigned Davids, Rupert.

Regtl. No. 84 Sgt. 2nd Div. Cyc. Co.

Month	Year	Cheque No.	Amt.	Pay Sheet	REMARKS.
		B 7	120		
Jan.	1916	102585	20		
Feb.			140		no more payments dect.
March					hons. to Canada W.O.
Apl.					
May.					
June					
July					
Aug.					
Sept.					
Oct.					
Nov.					
Dec.					
Jan.	1917				
Feb.					
March					
Apl.					
May					
June					
July					
Aug.					
Sept.					
Oct.					
Nov.					
Dec.					

Army Form B. 103. Temp. orig not available. Regimental Number 87

Casualty Form—Active Service.

Regiment or Corps

Rank Sgt. Surname Davis Christian Name R.

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

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...			
15/2/18	Fen Depot	~~TOS. Fen Depot.~~	S'clipse	14/2/18	Pt II D039 15/2/18
19/3/18	Do	Can C.O.D. Buxton	"	18/3/18	Pt II D066 19/3/18
			Capt		
			for O.C. Fen		Depot
19 MAR 1918	TAKEN ON STRENGTH C.D.D. BUXTON PT II ORDER No. 66				
	EMBARKED FOR CANADA FROM LIVERPOOL		Lt. L. for		
			Commanding	Canadian	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) Signaller, Shoeing-Smith, &c.

[P.T.O.

[M1101] W6135/M768 1000m 9/16s 153 G & S Forms/B.103/4. E./354.

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				
18/4/18		T.O.S. No.2 District Depot, Part II, D.O. No. 74		from 18/4/18	
					Major For O.C. No. 2 District Depot
	Dis. #2 D.D. March 1st, 1919 Pt.11 #58.				
		O. C. Discharge Sections. No. 2 District Depot			

Rank Sgt. Name DAVIDS Rupert. Reg'l No. 87.

Unit 2nd Divl.Cyclists. If in perm. Corps, What Unit? Married or Single Single

Place and Date of Enlistment Toronto. Ont. 8th March 1915 Place of Birth Toronto. Canada.

Name and Address, Next-of-Kin Mrs J. Davids. 12 Oaklands Ave. Toronto.

Relationship

Assigned Pay Monthly $ Payable to

Relationship

Separation Allowance $ Payable to

Relationship

N/E. R.B. No 979
File R.L.
Category OTR Can.

Discharge, Date and Place Reason Character

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
	O.C. D.C.C.	Arrd. in U.K. s/s "Corinthian"		27/5/15.	Information from
28.9.15	O.C. Res. Cyc	Taken on strength Res cyclist	Newlow	16.9.15	P.O. 41
		Moore O.Ks Hosp.	Shorncliffe		Muster Roll 16/9/15 Plewright
22/12/15	O.C. Can. Res. Cyc.	Leave Granted 22nd to 27/12/15	Lark hill		Pay Off 103 a.7.B.103 Bk
24.3.16	3 C.S.C.C.	Embarked for France.		24 MAR 1916	NR
31.5.16	do	This unit will form part of the Can: Corps Cyclist Battn In the field			Pay Off 31
30.9.16	Can. Cp. Cyc. Batt.	On Command Can Corps Salvage Co	"	22.9.16	" 27
5.10.16	" "	Reported Struck from " " "	"	26.9.16	" 30
23.11.16	" "	Confirmed in rank of Sergeant	"	1.6.15	" 58

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				
14.4.17	Can Corps Cyclists Bn	On Com, Can Corps ~~Adty~~ Training School	Field	6.4.17	Pt II D.O. 33
1.8.17.	C.L. "	adm. no 3 Stat Hospital	Rouen.	21-7-17.	C.L. A183.
1-8.17.	C.L. "	D. Trans. no 2 Con. Depot-Rouen (Polypus nasal. mild)	"	21-7-17.	" " "
3.8.17	"	Trans. to No. 11. Conv. Depot Nasal Polypus mild	Sgt Rouen	25.7.17	C.L. a/184
11-8-17	"	Trans. to No 9 Gen Hos Rouen	" Field	1.8.17	C.L. a/187
18.8.17	CCCycBn.Cl	Trans to No 2 Conv Depot	Sgt "	9.8.17	- a/188
18.8.17	" "	Disch to Base Details	"	10 8 17	- a/188
15 2 18	Gen Dep	T O S from Can Cps Cy Bn Field	Sgt Shorncliffe	14 2 18	CCC/Bn pt = 95/2/2/18 Pt " DO 39
19-3-18	—"—	On Com CDD Buxton for return to Canada	" "	18 3 18	—— 66
23-4-18	Gen Depot	Ceases to be on Com CDD Buxton & SOS to Canada (Drs lig AG)	Sgt "	9-4-18	—— 96

MILITIA AND DEFENCE

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

PAYMENTS.

L63

M. F. W. 11a.
50m.—4-16.
1772—39—318.

Sheet No. 2.

L. L. Job 310.—Req. 6574.

Isobel Davids W. Mother

Name of Soldier Davids, Rupert
Sgt

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May				
June		E5828	150	150
July		Y11719	25	25
Aug.		N13462	25	25
Sept.		N15575	25	25
Oct.		N18944	25	25
Nov.		L22265 ~~Q21332~~	~~25~~ 25	~~75~~ 25 Write ck Q21332 Cancelled
Dec.		X27497	25	25
Jan.	1917	R28421	25	25
Feb.		R31617	25	25
March		R34821	25	25
April		R722 ~~R721~~	~~25~~ 25	25 Canc. 721.
May		R5539 ~~R4137~~	~~25~~ 25	25 R 4137 4137 Cancelled RE-WRITE
June		U6948	25	25
July		T10611	25	25
Aug.		13960 X ~~13954~~	25	X 13959 cancel'd.
Sept.		W16746	25	
Oct.		C 20621	25	
Nov.		A16371 Y ~~25111~~	25	Y 25111 Cancelled RE-WRITE
Dec.		L26410	25	$600.00
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

MILITIA AND DEFENCE

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier _____

PAYMENTS.

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

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

M. F. W. 12a.
15m.—3-16.
H. Q. 1772-39-819.

Sheet No. 2. ~~Miss~~ Mrs Isabel Davids

Name of Soldier Davids Rupert
Sgt 2nd Div cycle corps

L. L. Job 95618—M. & D. 6555.

PAYMENTS. #87

Month.	Year.	Cheque No.	Amt.	Remarks.
			140	#25.00 MAY 1st 2M 11/5/16. ~~30.00~~ Feb 1st 1916 2M 7/6
April	1916	L 299	90	90.00
May	Q5918	~~H 61334~~	~~30~~ 30.	U 6334 Cancelled.
June		K 8837	30	
July		H 8873	15	(#15.00) to adjust
Aug.		K 13669	15	
Sept.		E. 16034	35	#35.00 for Sept to adj:
Oct.		E. 20415	25	25.00 Future
Nov.		M 25447	25	
Dec.		931473	25	
Jan.	1917	K 38639	25	
Feb.		K 43889	25	
March		L 49754	25	
April		K 1233	25	
May		H 7765	25	
June	Y 14530	~~Y 14529~~	25	Y 14529 Caned.
July		L 21739	25	
Aug.		R 28231	25	R 28252 Canc.
Sept.		Q 34861	25	
Oct.		E. 40837	25	
Nov.		V 54478	25	
Dec.		J 56751	25	#710.00
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

500
90
140
36

430

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. Job 310—M. & D. 6574.

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

M. F. W. 12.
50m.—4-16.
H. Q. 1772-39-819.

To Whom Mrs J. Davids
Address 12 Oaklands Ave
Toronto
Ont

By Whom Assigned Davids. R
Regtl. No. 87
Rank Sgt.
Corps C. C. C. Bde

SPECIAL REMITTANCE

Rate $ 20 00

Schedule #178. 29.8.16

PAYMENTS ALSO ACCOUNT IN CURRENT LEDGER.

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.	1916 N.	16778	20.	Also on account in current ledger
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				

CONSOLIDATED ACCOUNT

See #87 R. Davids

M. F. W. 41a.
120m. 1-18
1772-39-1213

English L.P.C. No. D 186

Name Davids, Rupert

Regt'l No. 87 Rank Sergeant File Numbers { P.M. 25-62

Former Units General Depot Original Unit 2nd Div. Cyclist's

Date of arrival in Canada 18-4-18 Boat Mauretania Port of Disembarkation Halifax

Rates of Pay:—Regt'l. 1.35 Field .15 Date of arrival in M.D. 2

Separation Allowance. Date paid to 30-4-18 Rate $ 25 m. If continued by Chief Paymaster, England No

Assigned Pay. Date paid to 30-4-18 Rate $ 25 m. If continued by Chief Paymaster, England No

Name and address of Beneficiary { Mrs Isabel Davids (widowed mother) 12 Oakland Avenue, Toronto, Ontario

Pay claimed on English L.P.C. to 21-3-18 to be paid by new Unit from 22-3-18

Name of new Unit District Depot Date L.P.C. forwarded to new Unit 30/4/18

a/p charged on English L.P.C. to 31-3-18

L.L. 34682—M. & D. 8645.

Credit Balance shown on English L.P.C.	OTHER CREDITS DUE	TOTAL CREDITS	Charges to be made on account of advances since English L.P.C. made out: On Boat	~~At C. Depot~~ A.P. ~~&c.~~	OTHER CHARGES	TOTAL DEBITS	BALANCE TO NEW UNIT: Credit	BALANCE TO NEW UNIT: Debit	REMARKS
$ c.	$ c.	$ c.	$ c.	$ c.	$ c.	$ c.	$ c.	$ c.	
64 30		64 30							H.A. 24-4-18 Pa 25/4/18
					4 87				A.R. 22866 15-4-18
			25 00						15-4-18
			5 00						April 1918
				25 00					
						59 87			
			Credit Balance			4 43			
		64 30				64 30	4 43		

M. F. W. 41a.
120m. 1-18
1772-39-1213

English L.P.C. No.....

Name.....

Regt'l No.....Rank.....File Numbers { .....
.....

Former Units.....Original Unit.....

Date of arrival in Canada.....Boat.....Port of Disembarkation.....

Rates of Pay:—Regt'l.....Field.....Date of arrival in M.D.....

Separation Allowance. Date paid to.....Rate.....If continued by Chief Paymaster, England
.....

Assigned Pay. Date paid to.....Rate.....If continued by Chief Paymaster, England
.....

Name and address of Beneficiary { .....
.....

Pay claimed on English L.P.C. to.....to be paid by new Unit from.....

Name of new Unit.....Date L.P.C. forwarded to new Unit.....

.....

.....

Credit Balance shown on English L.P.C.		OTHER CREDITS DUE		TOTAL CREDITS		Charges to be made on account of advances since English L.P.C. made out				OTHER CHARGES		TOTAL DEBITS		BALANCE TO NEW UNIT				REMARKS
						On Boat		At Cl. Depot &c.						Credit		Debit		
$	c.	$	c.	$	c.	$	c.	$	c.	$	c.	$	c.	$	c.	$	c.	

M. F. W. 41
100M-1-18.
1772-39-889.

Name Sgt. R. Davids

Regimental No. #87.

Unit 2 Div Cyc.

Date of enlistment

Place of "

Married (yes or no) No.

Amount of pay assigned monthly $ 25.00 Pd. April.

To whom payable Mrs. Isabel Davids
12 Oakland Ave Toronto. Bro't forward.

Name and address of next-of-kin

Date and place discharged In Hos 2-10-7-10 {Sep. Allce from May 1st}.

Reason for discharge Sep. Allce closed from.

Character on discharge Aug 1/18. P.M. 25 D.O. 175.
Aug. 9/18.

Date From	Date To	PAY No. of Days	PAY Rate	PAY Amount	Field Allowance No. of Days	Field Allowance Rate	Field Allowance Amount	Other Credits	Total Credits	Voucher No.	Voucher Date	Cash Payments	Assigned Pay	Other Charges	Total Debits	Remarks, Casualties, etc.
Oct.	31	31.	1.35	41 85	31	15.	4 65	58 40		90	13.	58 40				Subs. Underex. Sept.
																H. 2. Stiff to Hos. Sec. 2-10-18
								21 60	24 80	9248			25 —			D.O. 169.
									126 50			50			24 80	Hos. Sec. to H. 2. Stiff 7-10-18 D.O. 174
										10000		43 10			126 50	Subs. 7-10-18 Ind. D.O. 181.
																Subs. Cases 2-10-18. D.O. 181
																To L & F. 26-10-18 D.O. 192
																O.P.L.
Nov. 1	30	30	1.35	40 50	30	15	4 50		45 —	10891		15 —				
										11401			25 —			
										11880		5 —			45 —	R.P.L.
Dec. 1.	31.	31.	1.35	41 85	31	15.	4 65	24 —		12276		24 —				24.00 Subs not credited
								24 80.		12359.			25 —	7 50		in Oct. 25.00 A.P. - Dec.
									95 30	12757.		10 —				7.50 charged to #122
										13724		28 80.			95 30	July and 5 days.
																24.00 Subs. D.P.L.

M. F. W. 41
100M-1-18.
1772-39-889.

Name.....

Regimental No.

Unit

Date of enlistment

Place of "

Married (yes or no)

Amount of pay assigned monthly $

To whom payable

Name and address of next-of-kin

Date and place discharged

Reason for discharge

Character on discharge

Date		PAY			Field Allowance			Other Credits	Total Credits	Voucher		Cash Payments	Assigned Pay	Other Charges	Total Debits	Remarks, Casualties, etc.
From	To	No. of Days	Rate	Amount	No. of Days	Rate	Amount			No.	Date					

M. F. W. 41
100M-1-18.
1772-39-889.

Name Sgt. R. DAVIDS

Regimental No. # 87

Unit 2 Div Cyc.

Date of enlistment

Place of "

Married (yes or no) ~~Yes~~

Amount of pay assigned monthly $25.00 pl aps

To whom payable Mrs Isabel Davids
12 Oakland Ave. Toronto

Name and address of next-of-kin

E
F.F.

Date and place discharged {Sep allce from May 1}

Reason for discharge Sep. allce closed

Character on discharge from Aug. 1/18 - P.M. 15 Do 16
Aug 9/18

Date From	Date To	PAY No. of Days	PAY Rate	PAY Amount	Field Allowance No. of Days	Field Allowance Rate	Field Allowance Amount	Other Credits	Total Credits	Voucher No.	Voucher Date	Cash Payments	Assigned Pay	Other Charges	Total Debits	Remarks, Casualties, etc.
Mch 22	May 31	71	135	9585	71	15	1065	12	14793	~~21931 70~~						D.O. 14. Sub. from. 18-4-18 to 2-5-18.
								443		22407			50 ✓			(absent May 11 DO 2)
								25		22687		9793 ✓				cancel DO 28
																sep allce May
June 1	30	30	135	40 50	30	15	450	✓	70	23448		5 ✓				
								25		24062			50 ✓			sep allce June
										24785		15				
July 1	31	31	135	41 85	31	15	465	✓	71 50	2603		21 -				
								25 -		2550			50 -			
														OR B	50	
Aug 1	31	31	135	41 85	31	15	465	50		5157		10 -				
								25 -		5723			50 -			
									7200	6618		1200			7200	A. P. L.
Sept 1	30	30	135	40 50	30	15	450	24 00	69 00	7281		10		25 -		Subs 20.6.18 Ind
										7739			25 00 ✓			DO. 134
										8434		9 00			69 00	25.00 Sep. All. Drpd in Aug.
									69 00						69 00	Sep allce 75 closed 1/8/18 Pm 25 Do 175 9/8/18.
																Head quarters S.P.L.

Carried Forward

M. F. W. 41
100M-1-18.
1772-39-889.

Name.....

Regimental No.

Unit

Date of enlistment

Place of "

Married (yes or no)

Amount of pay assigned monthly $

To whom payable

Name and address of next-of-kin

Date and place discharged

Reason for discharge

Character on discharge

Date		PAY			Field Allowance			Other Credits	Total Credits	Voucher		Cash Payments	Assigned Pay	Other Charges	Total Debits	Remarks, Casualties, etc.
From	To	No. of Days	Rate	Amount	No. of Days	Rate	Amount			No.	Date					

MARRIED OR SINGLE S.

PLACE OF BIRTH Toronto, Canada.

NAME AND ADDRESS OF NEXT OF KIN Mrs J. Davids.
12 Oakland Ave. Toronto.

RELATIONSHIP OF NEXT OF KIN

NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF KIN

SEPARATION ALLOWANCE MONTHLY $ EFFECTIVE (DATE)

PAYABLE TO

RELATIONSHIP OF DEPENDANT

CASUALTIES, PROMOTIONS, &c.

PARTICULARS	EFFECTIVE DATE	AUTHORITY
Confirmed Sgt.	1/6/15	Gd. 58 23/

ADMISSIONS TO HOSPITAL, &c.

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

DATE	PAY				FIELD ALLOWANCE				WORKING OR SPECIAL PAY				ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS						
																1		2		3			
	No. of Days	Rate	Amount $	Amount c.	No. of Days	Rate	Amount $	Amount c.	No. of Days	Rate	Amount $	Amount c.				No.	Date	No.	Date	No.	Date	No	
			411	75			45	75						11 34	468 84								
Apr	30	1 35	40	50	30	-15	4	50							45.	1 9	2.4.16 15.4.16	36	29.4.16				
							4	65							46 50			8	29.5				
															00			55	16/6	50	3 DMT. 14/5		
															50	79	30/6	108	15/7				
															50	132	31/7	162	13/8.				42 F. R
															00	184	27-8						
															50	239	29/9						
															00	322	28/10						
																435	23/11						
															50	417	21/11						
																606	29/12						
															650	602	14/12	643	5/1				
															200	711	19/1						
																		856	15/3.				
																		837	5/3.				
																		877	27/3				
															6 50								
															16 34								

P.830-25M-21-2-18.

LAST PAY CERTIFICATE.

1. L.P.C. Issued, date 22. 3. 18
2. Authority R0345-1 See Exp. 15/3/18
3. Discharged to Care
4. Pay Book Verified 21. 3. 18
5. Balance shown on L.P.A. $ 64.20
6. Balc. shown on Ledger Sheet $ 95.62
7. Full particulars of entries making difference between 5 and 6 if any:-

PARTICULARS.

No.	Date	Unit and Particulars of Entry		Amount Debit		Amount Credit	
7554	4/2/18	Fined	Fcs. 40	7	14		
7852	12/2/18	"	" 40	7	14		
3049	19.2.18	Detiffe	£ 1.	4	87		
3798	13.3.18	✓	£ 2.10	12	17		
				31	32		

8. Ass'd Pay Cancelled A3M forms rendered Stopped 1.4.18
or
9. Sep. Allce. and Assd. Pay continued to dependent in England and transf'd to Acc'ts Br. for payment Nil.

Certified Correct.

Officer i/c Group "L"

MARRIED OR SINGLE S.

PLACE OF BIRTH Toronto, Canada.

NAME AND ADDRESS OF NEXT OF KIN Mrs J. Davids.

12 Oakland Ave. Toronto.

RELATIONSHIP OF NEXT OF KIN

NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF KIN

SEPARATION ALLOWANCE MONTHLY $ EFFECTIVE (DATE)

PAYABLE TO

RELATIONSHIP OF DEPENDANT

CASUALTIES, PROMOTIONS, &c.

PARTICULARS	EFFECTIVE DATE	AUTHORI
Confirmed Sgt.	1/6/15	Gd 58 23

ADMISSIONS TO HOSPITAL, &c.

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

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
			411	75			45	75						11 34	468 84						
Apr	30	1.35	40	50	30	-15	4	50							45.	1 2.4.16 9 15.4.16		36	29.4.16		
May	31	.	41	85	31	.	4	65							46 50			8	29.5		
June	30	.	40	50	30	.	4	50							45 00			55	16/6	50	30 mt. 14/5
July	31	.	41	85	31	.	4	65							46 50	79	30/6	108	15/7		
Aug.	31		41	85	31		4	65							46 50	132	31/7	162	13/8.		F.
Sept	30		40	50	30		4	50							45 00	184	27/8				
Oct	31		41	85	31		4	65							46 50	239	29/9				
Nov.	30		40	50	30		4	50							45 00	322 435	28/10 23/11				
Dec 1917	31	7. all	41	85 87	31 00		4	65							46 50	417 606	21/11 29/12				
Jan.	31	1.50	46	50											46 50	602	14/12	643	5/1		
Feb	28	.	42	00											42 00	711	19/1				
Mar.	31	.	46	50											46 50			856 837 877	15/3. 5/3. 27/3		
			1005	00										11 34	1016 34						

O.K.

MOTIONS, &c.

Effective Date	Authority
1/6/15	D.O. 58 23/11/16

HOSPITAL, &c.

Name of Hospital

Reg'l. No. 87. Rank Sgt Name Davids, Rupert.

If in Permt. Corps What Unit — Unit 2nd Div. Cyclists. Transferred to 3rd Div. Cyclists. Date 1.4.16 Authority D.O. 58 Res. Cyc

Permanent Force Allowances — Transferred to Gen Depot Date 1.3.18 Authority R.O. 39 14/18

Place of Attestation Toronto. Transferred to Date Authority

Date of Attestation 8th March 1915. Transferred to Date Authority

Assigned Pay Monthly $ ~~30.00~~ Date Effective 1-2-16.

Payable to Mrs Mabel Davids. 12 Oaklands Ave. Toronto. Relationship

Assigned Pay Monthly $ ~~25~~ Date Effective 1-5-16.

SEP 10 1918

Payable to Relationship

Stop-Payment Form (Assigned Pay) Rendered (Date) Stopped Effective 1.4.18 Reason Dis. Can.

Discharge Date and Place Can. 21.3.18 Reason and Authority R.O. 345-1 Jun Sep. 15/3/18

Account transferred to Non-Effective Branch (Date)

Account transferred to Officers' Pay Branch (Date)

Acquittance Rolls 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
									275 40	200		471 40		256			As at 31.3.16.
36	29.4.16					4 36 / 5 23	3 49			30		43 08		- 64			
8	29.5						5 11			25		64 30 75	15 75				~~Credit~~ Dr. Bal.
55	16/6	50	3 DMT. 4/5				5 11	3 41		25		33 52	27 23.				
108	15/7					2 56.	5 23			25		32 79	40 94				
62	13/8.			42 F.A.	22/8.	6 97.	5 23.		20.	25		57 20	30 24				
						5 23				25		30 23	45 01				
						5 23				25		30 23	61 28				
						5 23				25		30 23	76 05				Confirmed Sgt 1/6/15 D.O. 58 23/11/16
						13 95				405							
						5 23				25		44 18	78 37			25	
43	5/1					5 23 / 5 23	5 23.			25		40 69	84 18.			25	
56 / 837 / 877	15/3. / 5/3. / 27/3					6 97	8 72 / 8 72 / 8 72 / ~~8 72~~	73 00		25		31 97	94 21			25	
										25		124 16	16 55.			25	
						71 47	88 56	76 41	291 40	505		64 ~~1005 09~~ 1004 43					

Small Ledger Sheet.

Sgt.

Assegum

No 87 David Rupert. As

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
7a.																								7147	5556	7641	2914
Apl.	30	1 35/15	45												45			44	5/4						10 46		
May	"	"	46	50											46 50	128	6/5							5 35			
June	30	"	45												45	163	13/5							5 35			
July	31	"	46	50											46 50												
Aug	31	.	46	50											46 50	261	18/6							5 35			
																		296	11/7						4 46		
Sept	30		45												45			427	25/8						5 35		
																								8747	7583	7641	2914

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED PAY	SEP. ALLCE. ENG.	MONTH	PARTICULARS	CR. 1	CR.
	Bal Fwd Exp ~~104 73~~								104 73						
Oct	S/P.	46 50		A.S.P				25							
				AR 465 2/9 CCCBn	5 36				120 87						
		46 50			5 36			25						31 50	
Nov	S.P.	45		" 656 15/10 "	8 92										
	S.P.	46 50		" 544 21/9 "	8 92										
				" 698 30/10 "	7 14			25							
				" 849 16/8 GHQ 3 L.	8 92			25	128 47						
		91 50			38 90			50							
Jan				" 804 18/11 CCCBn	8 92										
				" 824 28/11 "	17 84										
	S/P	46 50		" 856 15/12 "	8 92										
				" 929 26/12 "	5 35										
				a Pay.				25							
		46 50			41 03			25	108 94	25 xx/-					
Feb				Can A.P.				25							
				AR 966 CCCBn 3-1-18	5 35				89.12 31.50 120.62 61.19 59.43						
	S/P	42 00		" 6836 GBD. 19-1-18	7 14										
				CP 95627 £5.0.0 20-2-18	24 33										
		42 00			36 82			25	89.12	25 xx/-					
Mch.	S. P. 1/21	31 50						25	95 62						
				AR 3049 Sept 19 27/18	4 87										
				Can 7554 C GBD 9-2-18	7 14										
				7852 " 16.2.18	7 14										

Assignment. 25.00

t. Assignee. Mrs Mabel Davids, 12 Oaklands Ave. Toronto.

SH PAYMENTS 2	3	4	ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE CREDIT	BALANCE DEBIT	PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
56	7641	29140	505	64	1004 43	16 55		25		
46			25		35 46	26 09				
			25		30 35	42 24				
			25		30 35	56 89				
			25		25	78 39				
			25		30 35	94 54				
46 35			25		34 81	104 73		25		
583	7641	29140	655	64						

ARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED PAY	SER. ALLCE. ENG.
			Forward.	19 15						
			OK 22866 25 31.8 CSP Burton	4 87	X	Burton				
			3798 Schiff 13.3.18	24 02 12 17						
	31 50			36 19			25	59 43		Note Issued.
			Sailing Bal.	59 43				NIL		
				59 43						

1-2-47

War Service Badge.
Class B
No. C53292 issued March 1. 1919

This space to be for numbers.

M

Proceedings on Discharge.

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

J.S.

No. 87

Rank Sgt.

Surname DAVIDS

Christian name RUPERT

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

Corps (Squadron, Battery or Company) 2nd.Div.Cyclists (#2 D.D.)

Date of discharge MAR 1 1919

Place of discharge TORONTO, ONT.

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age 37 years months.

Height 5 feet 6 inches.

Complexion Dark

Eyes Blue

Hair D. Brown

Trade Private Secretary (Educational College

Intended place of residence (To be given as fully as practicable.) 12 Oaklands Ave., Toronto, Ont.

Descriptive marks

Vacc. scars left arm

I

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

"MEDICALLY UNFIT"

Authority for discharge #2D.D. March 1st, 1919 Pt.11 #58.

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

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

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

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

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

M. F. B. 218.

200M.—5-18.
H. Q. 1772-39-113.

(OVER)

Noted Index J.C. 13.3.19.

K.C. 27.2.20 com. ER

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

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

6. Medals and Decorations.....

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

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

(Place).....

(Date).....

Commanding.....

O. C. Discharge Sections
No. 2 District Depot

8. Certificate to be signed by the Soldier on Discharge

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

(Place) TORONTO, ONT. Rupert Davis *(Signature of Soldier.)*

(Date) MAR 1 1919 W. F. Harvey Lt *(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) TORONTO, ONT.

(Date) MAR 1 1919

(Signature) W. F. Harvey Lt

O. C. Discharge Sections
No. 2 District Depot

Reservations referred to at Para. 8.

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

List of Discharge Documents.

Reg. Conduct Sheet,	Militia form	B. 263
Squadron / Battery / Company } Conduct Sheet,	"	B. 263a
or		
Field Conduct Sheet	"	W. 178
Copies of Convictions, by C. P.		in MS.
Med. Hist. Sheet,	Militia form	B. 313
Casualty Form	"	W. 54
Medical Report for Invalid§	"	B. 227
Dental History Sheet	"	B. 465
Last Pay Certificate	"	W. 44
Duplicate Discharge Certificate	"	W. 39A
‡Form of Will	"	W. 82

§Only if discharged "Medically unfit."

‡Only if man has not been overseas.

Attestation Paper	Militia Form	W. 23
or		
Particulars of Recruit	"	W. 133
Proceedings on Discharge	"	B. 218

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

(a) Proceedings on Discharge

(b) Attestation.

(c) Medical History Sheet.

Documents not accompanying this form should be crossed out.

I hereby certify that the following documents are unobtainable.

Officer Commanding.

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

No. 2 DISTRICT DEPOT

AUDITOR | PAYMASTER

D-180

M. OR S. S

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

REGT. No. 87

RANK Sgt. NAME (IN FULL) Davids R (BLOCK LETTERS SURNAME FIRST)

NEXT OF KIN | RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? closed | DATE EFFECTIVE

TO WHOM PAID | RELATIONSHIP

ADDRESS

Do

PARTICULARS	EFFECTIVE DATE	AUTHORITY
Subs 7/10 18 and 180181		
Do 17 ceases 15-1.		
Do 05 Subsist 6-2-19 Indef.		
Do 46,		

ORIGINAL UNIT C.E.F. | IF IN P.F. WHAT UNIT Same

PLACE OF ATTESTATION | TRANSFERRED TO | DATE | AUTHORITY

DATE OF ATTESTATION 8-3-15 | TRANSFERRED TO | DATE | AUTHORITY

ASSIGNED PAY $ 25.00 | DATE EFFECTIVE 1/1/19

PAYABLE TO Mrs Isabel Davids | RELATIONSHIP | ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS 12 Oakland Ave Toronto Ont.

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE | EFFECTIVE

DISCHARGED Out patient | PLACE TORONTO, ONT. | DATE MAR 1 1919 | REASON mu | AUTHORITY Do 58 | IF ENTITLED TO POST DISCHARGE PAY 183

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 1919																																					
Jan 1	31	1.50	46	50	12	00			58	50	153116		187111		178516		10	00	23	50			25	00							58	50					Subs 7/10 Do 17 ceases 15-1-
Feb 28	28	1.50	42	-	18	40			~~62 40~~ 60	40	207992	333	234773				15	-	20	20			25				960				69	80	9	40			Sub ceases 3-1-19 Do 57 9.60 subs Dr. for Jan
Mar 1	1	1.50	150	35			80 9 60 70	-	116	90	255236						~~107~~ 50		107	50							940				116	90	13	50			Do 57 amended Do 58 960 Recr. Subs ceases 13/17.
			W Sg.														Mar 1		W Sg.														Due Soldier				
183 days			420	00					420	00							~~Feb~~		70	00											70	00	350	00			1st W. S. G. Paid by #2 D.D.
																	Mar 29	251442	70												140	-	280				
																	May 1.	259791	70	-											210	-	210	-			
																	May 30	676458	70												280 ~~140~~		140 ~~280~~				
																	AR-76 Jne 30	690135	70												350		70		13	50	
																	AR 75 July 24	999048	70												420		—		13	50	
									420	-									420	-			final								420	-	nil				W. S. G. PAID IN FULL

CAPTAIN FOR PAYMASTER WAR SERVICE GRATUITY

30M-11-18.—L.L. 50877-M. & D. 9553.

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	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.	

1989 mcP

Date of Enlistment 1-1-16

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Date of Assignment May 1/16

RATE OF SEPARATION ALLOWANCE

25			

RATE OF ASSIGNMENT

25			

PARTICULARS OF SEPARATION ALLOWANCE

No. 87

Rank Sgt. Promoted Reverted Discharge

Soldier's Name Rupert Davids

Battalion 3 Div. Cyclist Coy.

Beneficiary Isabel Davids

Relationship W. mother

Address 12 Oakland Ave Toronto Ont.

PARTICULARS OF ASSIGNMENT

Name Mrs Isobel Davids

Address 12 Oakland Ave. Toronto Ont.

Change of Address

1

2

3

4

Date 1917	Cheque No.	Amount S/A	Amount A/P	Total		REMARKS Fyle 4288 – R-4.
Dec 31		600	730	1330	MB.	
Jany	E 53908	25	25	50	L.	see also account in Spec. rem. ledger
Feb	E 92610	25	25	50		
Mar.	A 121751	25	25	50		
April	B 4180	25	25	50		

A/c Closed 30-4-18

Ret'd per Mauretania

Date 18-4-18 F.X. 20-4-18

Clerk H Bayter

m.R.O

M. F. W. 128
400M.—6-17—1772-39-1141
L. L. 22320—M. & D. 1193.

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—177-39-141
L. L. 22330—M. & D. 7593.

MOTHER

CANADIAN EXPEDITIONARY FORCE

(Information for Separation Allowance Board)

NOTICE

THIS STATUTORY DECLARATION is to be filled in correctly in every detail, and a complete reply must be given to each question. There must be no blanks and no dashes.

If the Applicant will take this form to the office of the Local Canadian Patriotic Fund, or, if the Applicant resides in the United States, to the office of the Local Red Cross Committee, the Officials of these Organizations will assist the Applicant to fill in this form in the required manner, in order that no delay may be caused by lack of information required by the Separation Allowance Board.

Each statement is considered as being made on Oath, and this form is to be signed and declared before a Barrister of the Supreme Court, Stipendiary Magistrate, Notary Public, Justice of the Peace, or Commissioner for the Administration of Oaths. In localities where there is an Official before whom this Declaration may be declared free of charge, the Officers of the above mentioned Organizations will direct the Applicant to same.

On completion this Declaration is to be returned to:—

(This application to be made out for the last unmarried son that enlisted).

1. Name of Soldier	Rank	Regt. or Unit	Regtl. No.
Rupert Davids	Sergt.	Casualty Co No 2 1 D.D.	87.

2. Age of Soldier 36 Married or Single Single

3. Date of enlistment of Soldier March 8. 1915

4. Is Soldier at present in Canada or Overseas? In Canada - Toronto - in the Office at Park School. H.S.

5 Name in full of Mother of Soldier	Age	Occupation	Address
Mrs Isabel Davids	62.		12 Oaklands Ave. Toronto

6. Name of your husband.	Age	Occupation	Where Employed
Husband deceased.			

7. If your husband is alive, state amount of support received from him during the past year.
Husband deceased.

8. If your husband is alive but not contributing to your support, state the reason and the date from which husband ceased contributing to your support. Husband deceased.

9. If your husband is a chronic invalid and totally incapacitated, state nature of malady.
(Form of Medical Certificate attached hereto, must be filled out and returned with this Declaration).
Husband deceased

M. F. W. 147
50m.-11-17
1772-39-1181

14

40. Are you already in receipt of Separation Allowance from any source? If so, how much? Yes, $25.00 monthly.

41. Was soldier a member of Permanent Force at time of attestation in C.E.F.? If so, give regimental number, rank and unit. No.

42. Was the soldier at the time of his enlistment an employee of the Dominion or a Provincial Government? No.

43. If so, in what capacity and in what place? No.

44. Is he in receipt of a salary from the Dominion or a Provincial Government on account of having been employed by them prior to his enlistment? If so, how much per month? No.

45. Are you in receipt of any payment from any Patriotic or Red Cross Fund? If so, how much? No.

And I make this solemn declaration conscientiously believing it be true and knowing that it is of the same force and effect as if made under Oath and by virtue of the Canada Evidence Act.

Signature of Applicant Isabel Davis

Place of Residence 12 Oaklands Ave Toronto.

Declared before me at Toronto

this 2nd day of July 1918.

Signature of Barrister of the Supreme Court, Stipendiary Magistrate, Notary Public, Justice of the Peace, or Commissioner for the Administration of Oaths H. A. Reason Comm. &c.

This application must be signed by two responsible persons, one of whom must be a Clergyman, the other the Secretary, or Chairman, of the Relief Committee of the Local Canadian Patriotic Fund, or if the Applicant is in the United States, by the Secretary, or Chairman of the Local Red Cross Committee, certifying that to the best of their knowledge, after careful investigation, the above statements are correct, and the above soldier, first mentioned, is the sole support of the applicant.

Signature of Clergyman Alex W. Macnab. Canon

Signature of Secretary, or Chairman of the Relief Committee of the Local Canadian Patriotic Fund Jane Colbron

MEDICAL CERTIFICATE

1. Is husband of applicant a chronic invalid and totally incapacitated?

2. Of what nature is disability?

3. From what date has this total incapacity been existent?

4. How long is total incapacity likely to continue, and what will be effect on his earning power?

5. If not totally incapacitated by what percentage in your opinion is capacity for work reduced, and from what date?

6. Are you the regular attending physician?

I certify that the above statements are correct.

Physician

Place.

Date.

10. What amount did your husband earn during the past year? Husband deceased

11. What amount did you earn during the past year? None

12. If you are a widow, state date and place of death of your husband. Toronto Jan 1887

13. If you are a foster-mother, give date you took charge of soldier, and state places and dates of his parents' death. Not a foster-mother

14. Have you married again since death of your above mentioned husband? If so, give date of said marriage. No.

15. Names of all your other *unmarried* children. **(If a soldier, give regimental number and unit).** Address in full Age. Occupation.

Hilda David 12 Oaklands Ave Toronto. 37 Not employed

Is on occasional staff of kindergarten - mother does not know how much she earned but not more than enough to buy her own clothes. H. H 10-7-18.

16. Names of all your other children. **(If a soldier, give regimental number and unit).** Address in full. Age. Date married.

Mrs Geo. C. McKinley 15 Burlington Cres. Toronto. 34

August 1. 1916.

17. Are any of above unmarried sons eighteen years of age or over, totally incapacitated? **(If so, Medical Certificate, similar to attached form, must be furnished showing such incapacity).** None

18. State amount earned at present per month by (a) yourself Nothing

(b) your husband deceased

19. State amount and source of any other income.

Rents from real property about $555.50 per annum

Cash in hand $536.63

#20.

1 house - 247 Jarvis St. value $4438.00 taxes $135.35 rents for $35.00 mo.
1 house 249 Jarvis St value $4438.00 taxes $135.37 rents for $35.00 mo
1 house 251 Jarvis St. value $4050.00 taxes $123.52 rents for $32.50 mo
1 house 253 Jarvis St. value $4050.00 taxes $123.53 rents for $25.00 mo.
1 vacant lot Sec Cemetery - value $900.00 taxes $64.60 - $ [illegible]
1 house 12 Oaklands Ave value $3800.00 mortgage $3600.00 taxes $130.53

See note below - H.H.

Husband deceased 1887.

20. State value of real property belonging to you ~~and your husband~~. State amount of mortgage on this property. $13,350. Mortgage $3600

21. State value of personal property belonging to you ~~and your husband~~. $100.00 furniture $220.00 stocks.

22. If husband is dead, state value of real and personal property left by him. Husband died over thirty years ago, and left estate now valued at $17,876

23. State amount contributed in cash by soldier during the year prior to enlistment. Cannot say but small salary did not permit of a large contribution

24. Was this amount contributed weekly or monthly? No definite time

25. Did soldier live with you during the year prior to enlistment? Yes

26. State your son's trade or occupation prior to enlistment. Secretary to the Provost at Trinity College

27. State amount of his wages per week. $15.00 not verified - enlisted between 14 & 15. H.H.

28. State name and address of his last employer. Rev. Dr. Hackleman Trinity College

29. State amount of support monthly from soldier since enlistment. only assigned pay.

30. State amount of ASSIGNED PAY received by you from soldier monthly. $25.00

31. From what date did you receive ASSIGNED PAY? April 1916

32. Actual amount contributed by other children during the year prior to enlistment of soldier. Weekly None Monthly

33. Actual amount contributed by other children at present. Weekly None. Monthly

34. Are any of these children in the employ of you or your husband? No.

35. If not receiving support from other children, state reason. Explain fully. only one other daughter not earning.

36. With whom are you residing at present? State relationship, if any. with my son & daughter

37. How long have you resided with above person? over thirty years.

38. State amount of rent or board paid by you per month. None

39. Have you made a previous claim for Separation Allowance? Give particulars. Yes, see my attached letter (copy)

#23. - Mrs Dand states at one time her son gave her all his earnings. She later contradicts this statement and says when his salary was raised to $15.00 he opened a bank account and only paid her sometimes irregularly. States positively she is unable to give amount which is evidently most indefinite. H.H. 10-7-18.

2 shops - 283 - 285 Queen Street. Value $7025.00 Taxes $229.47 Insurance $41.40 Rents for $45.00 mo.

13

Mrs. Dand owns only a share of the property on Queen St. She pays the insurance & taxes - and received the rent $45.00 mo. H.H. 10-7-18

DAVID Rupert.

February 20th 1919.

10-A.

Operated on for Polypi of nose, 1913, before enlistment

In France, became aggravated and were removed July 1917.

Were improved for time being but later on had difficulty in ~~marching~~. breathing.

May 1918. Polypi again removed in Canada.

February 2/1919 M.H.S. Nasal Polypi-Exhmoiditis, removed.

Man is of slight physique and light weight

Weight on enlisting 125 pounds
weight now 110 pounds

NEUROLOGICAL REPORT

DAVID, Rupert.

I find no disability from a neurological standpoint in this case.

21/2/19 (Sgd) J. H. Travis, Capt.

HEART EXAMINATION

#87 DAVIDS, Sgt. Rupert

	Standing	After touching toes 10 times	In 1 minute.
Pulse	72	93	78
Resp	16	18	16

P.M.I. in normal site.

No murmurs or irregularities.

No cardio disability.

~~Exhibition Camp~~
Exhibition Camp, Toronto.
20/2/19 (Sgd) H.G.Macfarlane.
M.O. Chest clinic.

Lungs clear to-day

(Sgd) H.G.M.

13-1-C.

WEST CLIFF CANADIAN EYE & EAR HOSPITAL.

FOLIO TONE.....4/3/.....LOTS.

SPECIAL REPORT ON EARS.

NO. 87

NAME. Davids

RANK. Sgt

UNIT. Gen Depot

REC: OFFICER COMMANDING.

TO O.C. Gen. Depot

NOSE. NOSO + PHARYNX.

PHARYNX.

LARYNX.

EARS.	RIGHT.	HEARING.	LEFT.
	.....	VOICE.	.....
	.....	SCHWABACH.	.....
	.....	WEBER.	.....
	.....	RINNE.	.....
	.....	SUPERIOR LIMIT.	.....
	.....	LOWER LIMIT.	.....
	.....		

REMARKS: Few Mucous Polypi on each side Not causing sufficient trouble to require removal

HE IS.....FIT FOR OVERSEAS SERVICE.

CONDITION WAS.....PRESENT PREVIOUS TO ENLISTMENT AND HAS

.....BEEN CAUSED BY SERVICE.

RECOMMEND PATIENT FOR CATEGORY.....

C.C. Ballantyne CAPTAIN. C.A.M.C.

for O.C. West Cliff Canadian Eye & Ear Hospital.

BASE HOSPITAL, TORONTO

Department of Ear, Nose and Throat

Date Jan 16-19

Name Capt. R Davis No. 87 Unit #2 Dist

Age 36 Enlisted In Out Patient for

Diagnosis Nasal Polyps + Adenoids

History: Nasal Obstruction - Deafness - headaches

	R.	L.
Ext. Facies		
Nasal Septum	Polyps removed both sides	
Inf. Turbs.		
Mid. Turbs.		
Nas. Pharynx		
Pharynx		
Tonsils	small	
Teeth	fair	
Accessory Sinuses		
Larynx		
Ext. Aud. Canal	normal	
Memb. Tymp.	normal	
Mastoid		
X Ray		

R.

Hearing H. V. v. C 256 Air Bone C 512 Weber

L.

Treatment and Progress - Polyps removed from both sides - in 3 days hospital frequently - recovering slowly

Jan 16-19 - Removal of polyps - burning of middle turbinate all polyps ordered removed - local anaesthesia

24-19 - still some polyps ordered both sides though very slight. May go to 'Kaps'

31-19 - Discharge to convalescent hospital - to continue convalescence

Calvary
Capt.

Form No. 835 Class B

Regimental Number

Surnames Christian

Name

Age 25 Height 5 ft. 7 in. Complexion Ruddy Eyes Grey Hair Brown

Date of enlistment

Where enlisted

Man returned by

Date of arrival

Place of arrival

Birthplace

Religion

Nearest relative and address

Cause of disability

Condition which prevents the soldier from earning a full livelihood

Degree of incapacity (Please state in fractions) Int. Board

Canadian Board

Probable duration of incapacity

Is his disability likely to prevent return to previous occupation?

Recommendation of Canadian Board

Destination to which transportation issued

Hardness of Travel

INFORMATION TO BE FURNISHED BY SOLDIER

DEPENDANTS	NAME	AGE	WHERE IS EMPLOYED	WAGES	STATE OF HEALTH
Wife					
Children					
1					
2					
3					
4					

Occupation prior to enlistment

Regular trade or profession

Average earnings previous to enlistment

Name and address of last employer

Rent per month

If purchasing property amount due and annual payment $

Taxes

If Homestead, when is patent due?

If carrying life or accident insurance, annual premium

If in receipt of sick benefits or other insurance, name of society

Amt. per mon. $

Advisable to follow previous occupation, [illegible]

At what age soldier left school? Was grade, standard, &c., was he in?

Has he taken any Technical or Continuation classes, if so what?

Whether given Vocational Training while in Hospital in England. If so, what subjects?

References

I declare that the above statement is correct.

Witness

Signature

Date

Recommendation of Interviewer as to classes suitable to be of use and general remarks

Last Pay Cert. C.A. $ Dr. $ Amount paid at Depot R.O. L.P. & Serving Dep't

Amount forwarded to R. O. Unit $ Credit Clothing allowance $

Transfd to Unit—Date Transfd to Class A—Date Transfd to Class B—Date

PENSION—Class Amount per year $ Period granted for Dating from

Pens. agreement date

Form No. 2c

Vocational Counsell

Report No. 835 | Class II

No. of M. H. C. File	No. of Local File	No. of H. Q. File

Broadhurst Ernest.
Drumheller Alberta

JAN 29 1917

No. 160507 Rank Private. Original Unit 82nd Bn. Present Unit 9th Res.
Age 25-5 Height 5 ft. 10 ins. Complexion Fair Eyes Blue Hair L. Brown Character Good.
Date of enlistment 7-10-15 Where enlisted Calgary, Alta. Where seen service France 2831
Ship returned by Grampian Date of arrival 19/1/17 Port of arrival St John
Birthplace England Religion C. of E.
Name and address next of kin Father, Mr. J. Broadhurst same address
Cause of disability Loss of lung tissue left side due to G.S.W.

Condition which prevents the soldier from earning a full livelihood

Degree of incapacity (Please state in fractions) Eng. Board N. A. Canadian Board 1/5
Probable duration of incapacity Permanent 2 months for lung exercises.
Is final disability likely to prevent return to previous occupation?
Recommendation of Canadian Board Convalescent Home.
Destination to which transportation issued Calgary, Alta.
Members of Board

INFORMATION TO BE FURNISHED BY SOLDIER

DEPENDENTS	NAME	AGE	WHERE—IF EMPLOYED	WAGES	STATE OF HEALTH
Wife					
Children 1					
2					
3					
4					
5					

BOARD OF PENSION COMMISSIONERS FOR CANADA. JUN 19 1917 CONSIDERED FOR PENSION.

Occupation prior to enlistment Miner
Regular trade or profession do
Average earnings previous to enlistment $3.30 day Any other income
Name and address of last employer Newcastle Mine Drumheller Alta
Rent per month ——— If purchasing property amount due and annual payment, $ ——— $ ———
Taxes ——— If Homestead, when is patent due? ———
If carrying life or accident insurance, annual premium ———
If in receipt of sick benefits or other insurance—name of society ——— Amt. per mo. $
~~If unable to follow previous occupation, name preference~~ if improved through Convalescent
At what age soldier left school? 14 What grade, standard, &c., was he in? 7th Standard England
Has he taken any Technical or Continuation classes, if so what? ———
Whether given Vocational Training while in Hospital in England. If so, what subjects? ———
References Last employer
Witness J McDonell
Date 2/1/17

I declare that the above statement is correct.
Signature E. Broadhurst

Recommendation by Interviewer as to classes likely to be of use, and general remarks:
would like position as Timekeeper, or assistant in mines Store House, fairly educated would like a Business Course
Vocational Counsellor

Last Pay Cert. Cr., $ Dr., $ Amount paid at Depot H. Q., $ L. P. C. leaving Depot, $
Amount forwarded to H. Q. Unit, $ Credit Clothing allowances, $

Transf'd to Unit—Date Transf'd Class 1—Date Transf'd Class 3—Date
PENSION—Class..... Amount per year, $..... Period granted for..... Dating from.....
First payment date.....

Form No. 5c.

CLASS 1.—Men for immediate discharge without a pension.
(a) Unfit for overseas service but capable to take up their previous civilian occupation.
(b) Disability not the result of service or involving claim as the result of or aggravation by service.

CLASS 2.—Men whose condition may be benefited by further medical treatment or rest in a Convalescent Home, Hospital or Sanatorium. If deemed advisable, in some cases the medical officer in charge of the Convalescent Home, Hospital or Sanatorium may grant these men leave to return to their own homes and families for a definite period.

CLASS 3.—Men having a permanent disability which would not be benefited by further medical treatment (such disability due to or aggravated by service) and who-e cases will immediately be considered by the Pensions Board with a view to pension.

13

Docs

A a file
23 12 20

CHANGE OF ADDRESS

No.	Rank	Surname	Christian Names
87	Sgt	Davids	Rupert

Address 12 Oaklands Ave
Toronto
Ont

Not
HB
Section

D-19.
LHP.

Cardok IR 29/12/20

M

Country of Birth .....

Next of kin .....

Address of next of kin .....

Date of Birth ..... Occupation .....

Religion ..... Married or Single .....

Height ..... Complexion ..... Eyes ..... Hair .....

Distinctive Marks .....

DISCHARGE

Research by ..... Date .....

Place ..... Date .....

Reason for Discharge .....

.....

Address on (Discharge) .....

(Next of kin) .....

PART II ORDERS

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 Ex. Camp DATE Feb 20th 1919.

1. 1 (a) Unit D.D. No. 2 (b) Regimental No. 87 (c) Rank Sgt.

(d) Surname DAVIDS (e) Christian name Rupert.

(f) Home address 12 Oaklans Ave. Toronto, Ont.

(g) Next of Kin Mrs. Isabelle Davids. (h) Relationship Mother.

(i) Address of Next of Kin 12 Oaklands Ave. Toronto, Ont.

2. Age last birthday 37 Date of birth Jan 24th 1882

3. Enlistment, or Appointment (if an Officer) (a) Place Toronto, Ont. (b) Date March 8th 1915

4. Personal description:

(a) Height 5' 6" (b) Weight 110 (stripped) (c) Complexion Dark

(d) Colour of hair Dk. Brown (e) Colour of eyes Blue (f) Identification marks, Scars, etc. Vacc 2 L. Arm.

5. Former trade or occupation Private Secretary. (Educational College).

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	343

2nd D. Cyclists.	Periods From	Periods To
Canada		
England	March 8th 1915	May 29th 1915
France or other theatres of War	May 29th 1915	March 29th 1916
England & Canda.	March 29th 1916	Feb 1918
	Feb 1918	to-date.

7. Original disease, or injury (1) General Debility. (2) Ethmoiditis.

(a) Date of origin (1) Sept 1916 (b) Place of origin (1) France (2) Canada.

(c) Cause (2) Prior to enlistment.

(1) General Service Conditions. (2) Infection.

M.F.B. 227.
M.—8-18.
9-39-117.

M.C.

OPINION OF THE MEDICAL BOARD

18. Does the Board concur with the preceding report? If not, give differing opinions, with reasons, quoting the number of the answer criticised.

We Concur.

19. Is the invalid fit for

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

20. It is certified that the invalid

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

Ethmoiditis - 3 months - As Out-patient.

(*b*) Does not require treatment.
(*c*) Should pass under his own control.
(*d*) Should not pass under his own control.
(Strike out condition not applicable.)

21. It is recommended that the invalid be discharged. (When not for discharge add special recommendation.)

To I.S.C. as Out-patient, Out Dill.

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.

Jas. W. Barton Major *President.*

PLACE Exhibition Campt.

DATE Feb 21st /2/191

Members

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

DATE

Members

APPROVED BY

APPROVED
Assistant Director of Medical Services.
FEB 24 1919
Capt.
FOR A. D. M. S. M. D. 2

DATE

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.)

(1) Partial disability of General body strength.
(2) Partial loss of function of Acces. Scrubbed

9. Present condition—(*a*) (Before completing this section the invalid should be stripped, and subjected to a thorough physical examination. Important, to be a full description of the present disabling condition, or conditions only. "History" must be recorded in Section 10. Describe all abnormalities, anatomical and functional, contributing to present disability; objective findings to be stated first, then subjective findings.)

(1) OBJECTIVE-- See Specialist's report.
SUBJECTIVE-- Shortness of breath on walking 3 miles lasted 10 minutes & felt like resting this time.
Cough occasionally.
Weakness- Feels tired on walking 3 miles & would require 10 minutes rest.
Sometimes he becomes tired toward evening usually 2 or 3 times a week this occurrs, after ordinary days work in office, he feels too tired to go out again.
(11) OBJECTIVE--SUBJECTIVE-- See Special Report.

(*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 (If pulse rate is abnormal, B. P. will be taken.) — Genito-Urinary System No (Albumen and Sugar will be excluded.)

Special Senses Yes. — 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

Urinalysis-- No Albumen- No Sugar.
Hemorrhoids- Very slight-- Give no particular trouble.
No Hernia, No Varicose Veins- No Varicocele.
Feb 2/1919 in M.H.S. Ethmoiditis- Nasal polypi removed.

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

(1) Shortness of breath felt first in Sept 1916 in France, troubled when cycling up hills. Nasal polpi present at that time-- Shortness of breath increased up to Dec 1917 & HE was sent to England on this account. No Mention in M.H.S.
(11) Nasal polypi removed July 1917 O On M.H.S. but shortness of breath was not improved. Mention of Shortness of breath on Board March 1918
Cough present from June 1918. Same at present.

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*).)

None.

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

None.

11.—(*a*) Did the disabling condition have its origin before enlistment ? (1) No. (2) Yes.

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

(1) Not Applicable. (2) Yes Had Nasal Cavity cleared once previous to enlistment which left use quite clear since enlistment has had nasal cavity cleared out twice.

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

The regimental documents will be referred to.

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

13. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one ? (1) 3 months, (2) 3 months.

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

(1) None. (2) Twice in hospital and several other operations

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

Special Nose Treatment.

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

17. Recommendations D3 as out-patient.

J C Macdonald
Capt Camp
Medical Officer to 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 R. DAVIDS. Sergt. 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 Gas

R. Davids Rank. Sergt.
Signature of invalid examined.

COPY.

WEST CLIFF CANADIAN EYE & EAR HOSPITAL, FOLKESTONE.

4-3-1918.

SPECIAL REPORT ON EARS.

No. 87.
Sgt. Davids, Gen. Depot.

Few Mulous Polypi on each side not causing sufficient trouble to require removal.

(sd) C.C.Ballantyne, Capt. CAMC.
for O.C. West Cliff.

PART I. Form (D.M.S. 1312). A.F.B. 179 Canada Revised). 12367. 50M. 29-12-17.

Reserved for M.H.C.

Regt. No. 87 Rank SGT Surname DAVIDS Christian Name RUPERT

Unit or Corps—(a) Overseas from United Kingdom Can.Corps.Cyc.Bn. (b) In United Kingdom Gen.Depot.

Born at—Town Toronto County or Province Ont. Country Canada

Date of Birth—Day 24th Month Jan. Year 1882 Age 35 yrs 1 months.

Joined at Toronto, Ont. Date 8-3-15.

Former Trade or Occupation Private secretary

Permanent marks or peculiarities that will serve for future identification :

Brown mole left neck

Height—feet 5 inches 6 Colour of eyes blue

Signature of Soldier (*for identification purposes*) Rupert Davids

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*)	GENERAL DEBILITY
Disabilities Group (*b*)	NIL
Disabilities Group (*c*).	NIL

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.	CARDIAC INSUFFICIENCY, MUCOUS POLYPI IN NOSE	Prev. To Enlistment	
(*ii.*) As to Group (*b*) above.			
(*iii.*) As to Group (*c*) above.			

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 ? yes If yes, has Active Service aggravated it ? yes

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

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

4. Is the disability due to disease contracted or injuries received while on Active Service—

(*i.*) As to Group (*a*) above ? no

(*ii.*) As to Group (*b*) above ?

(*iii.*) As to Group (*c*) above ?

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.

.....

.....

.....

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.

12. Is the cause of the disability fully indicated in Part I. (2)? Yes.
If not, indicate it.

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%.)
Not app.

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.*)
Not app.

16. Permanency of the Pensionable Disability estimated next above in (15).
(*i.*) Is it permanent? Not app.
(*ii.*) If not permanent, what is its probable minimum duration (*in months*)? Not app.

17. If an operation was advised and declined, do you consider the refusal to have been unreasonable? Not app.

18. Remarks.

19. Recommendation:—(*a*) Fit for duty? No.
(*b*) Fit for base duty? Yes, B.III. Likely to be raised in 6 months.
(*c*) Invalid to Canada? No.
(*d*) Discharge from service as permanently unfit? No.

Classification for the Military Hospitals Commission.

Date of Board 9-3-18.

Station Somerset Bks, Shorncliffe.

Signatures of the Board. { Cecil V. Mills Capt. *President.* Wm. Henderson Lt.

Approved F. B. Wish A.D.M.S.

Dated at Station 20 MAR 1918 191

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

(*i.*) While on duty? Not applicable (*ii*) While off duty?

(*iii.*) Was a Court of Inquiry held? (*iv.*) Where? (*v.*) When?

(*vi.*) Opinion of the Court?

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*). Never actually sick before enlistment, but was troubled a lot with nasal catarrah. Did not know he had any heart condition before enlistment, but it is entered on his M.H.S. by the examiners. In France 22 months. Sent back 3 weeks ago on account of being generally run down in health. Complains of general weakness, loss of weight, shortness of bfeath, dizziness, and headaches, and severe nasal catarrah, which keeps him in poor condition.

7. PRESENT CONDITION. (*Give previous and present weight if likely to indicate progress of disability.*)
This man is a good colour, but is very thin and of slight physique. Only weighs about 115 lbs, and is 5' 6" tall. Hear t - mitral systolic murmur. Chest clear. Westcliffe report 4-3-18 says " Few mucous polypi on each side not causing sufficient trouble to require removal". Sgd. C.C.Ballanty Capt. On account of present condition of heart, Shortness of breath, weakness etc. he cannot walk 5 miles, No other apparent disability.

8. OPERATION. (*i.*) Was one performed? no

(*ii.*) If so, state what.

(*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.

10. DO YOU RECOMMEND:—

(*a*) Fit for duty? no

(*b*) Fit for base duty? yes. B.111. likely to be raised in 6 months.

(*c*) Invalid to Canada? no

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

Date of Report March 8th. 1918. Signed [illegible] Capt

Station Somerset Bks, Shorncliffe. Officer in medical charge of case

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

[illegible] Capt

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

Dated at Shorncliffe Station, on Mch. 8th. 1918.

* Delete if inapplicable.

(2) Buelton 19-3-18

DUPLICATE.

ARMY FORM B. 178.

To be used (a) for recruits enlisting direct into the Regular Army, and (b) for men of the Territorial Force when they are admitted to Hospital. Army Form B. 178A to be used for Special Reserve recruits and Special Reservists enlisting into the Regular Army.

MEDICAL HISTORY of

Surname DAVIDS *Christian Name* RUPERT

TABLE I.—GENERAL TABLE.

Birthplace ... Parish Toronto County Canada.

Examined ... ... on 8th day of March, 1915, at Toronto.

Declared Age ... ... 32 years days.

Trade or Occupation ... Private Secretary.

Height ... ... 5 feet 6. inches.

Weight ... ... 125. lbs.

Chest Measurement: Girth when fully Expanded 33 inches. Range of Expansion 2½ inches.

Physical Development ... Fair.

Vaccination Marks: Arm ... Right Left. Number 1.

When Vaccinated ...

Vision ... ... R.E.—V= L.E.—V=

(a) Marks indicating congenital peculiarities or previous disease ... (a) One mole left side of neck.

(b) Slight defects but not sufficient to cause rejection ... ... (b) Chest measurements small but expansion good. Mitral systolic murmur. No irregularity of rhythym.

Approved by (*Signature*) T.N.Walker.

(*Rank*) Lieut. A.M.C.

Medical Officer.

Enlisted ... ... at ... on 8th day of March, 1915.

Joined on Enlistment ... Corps. ~~Can. Hors.~~ 2nd Div. Cyclist Corps. Regtl. No. 87.

Transferred to ... ...

Became non-effective by

on day of 191 .

(*Signature*)

(*Rank*) Lieut.-Col.

This Medical History Sheet has been compared with the Corresponding Attestation Paper, and entries made in red have been taken from the Attestation Paper.

In Charge of Records, Canadian Contingent.

(97248.) W. 13090/4672. 200M. J. P. & Co., LTD.

Forms B. 178 39

P.T.O.

Table II.—Only for Admissions to Hospital or to the Sick

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number of days in Hospital	Remar
	Day	Month	Year	Day	Month	Year			
No.3 Stat.Hosp.Rouen	21	7	17	21	7	17	Nasal Polypus Mild		
No.2. Conv.Depot Rouen	21	7	17	25	7	17	Do.		
No.11 Con.Depot Rouen	25	7	17	1	8	17	Do.		
No.8 Gen.Hosp.Rouen	1	8	17	9	8	17	Do.		
No.2 Con.Dep.Rouen	9	8	17	10	8	17	Do.		

List in the case of Warrant Officers treated in quarters.

ks bearing on the cause, nature, or treatment of the case, likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet.	Signature of Medical Officer
	A.183
	A.183
	A.184
	A.187n
	A.188 - A.188 AJ.

Table III.—Boards; Courts of Inquiry, Vaccination, Inoculations, etc.; Examinations for Field or Foreign Service, Extension, Re-engagement, or Prolongation of Service; Issue of Surgical Appliances; Particulars of Dental Treatment, etc.

Date	Brief details, and signature
Apl.15th.1915.	Vaccination W.H.Whittimore.
March 13th.	Anti-Typhoid Inoc. "
" 22nd.	" " "
" 30th.	" " "
In Camp, Tents 21/1/19. Debility & Rheumatism. D. & Pathologist	

I certify the foregoing to be a true copy of an original entry on a Medical History Sheet of this man.

C.A.M.C.
For the Officer in Charge of Records
Canadian Contingents.

Table IV.—Service Table.

Station or Troopship	Date of arrival or embarkation	Date of departure or disembarkation	Station or Troopship	Date of arrival or embarkation	Date of departure or disembarkation

Army Form B. 103. Regimental Number 87

Casualty Form—Active Service.

Regiment or Corps Can Corps Cyclist Bn

Rank Sgt Surname DAVIDS Christian Name R

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

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			
22/8/17	C.G.B.D.	To Unit	Field	22/8/17	NR 489 25/8/17
25/8/17	O.C.	Rejoined Unit from Hosp	"	23/8/17	B213 D OS 126
"	"	To CRE Corps Troops	"	24/8/17	"
6/10/17	"	Rejoined Unit	"	3/10/17	"
12/1/18	"	To Base for Med Board	"	4/1/18	"
8/1/18	C.G.B.D.	Arrived from ADMS (1B)	"	8/1/18	NR 564 10/12/17
14/1/18	"	Classified B2x (DAH)	"	14/1/18	W3339 (317) 8/4/1918
13/2/18	Gen Etaples	Transf. to England surplus to requirements & posted to Gen Depot, Shorncliffe		12/2/18	CD 3/525 KR 13521 NR 334 Fig 9 21/2/18
		A.B. Johnston	Capt	for Lt.-Col., A. A. G. Canadian Section, G. H. Q. 3rd Echelon, B. E. F.	

(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.

[P.T.O.

[M1101] W6135/M768 1000m 9/16e 153 G & S Forms/B.103/4. E./354.

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				
15.2.18	Gen Depot	T.O.S. from C.C.C. Bn	S'cliffe	14/2/18	Ho. do 39.
					Lt Col Lowes
19/3/18	Gen Depot	Can C.D.D. Bn. Fm	S'cliffe	18/3/18	Do 66. 19/3/18
23/4/18	✓	S.O.S. Gen Depot to Can for disposal	✓	9/4/18	" 96. 23/4/18
					For O.C. Can. General Depot

1-1-16 L63

L. L. Job 310—M. & D. 6574.

MILITIA AND DEFENCE

M. F. W. 11.
50m.—4-16.
H. Q. 1772-39-818.

SEPARATION ALLOWANCE

Name Isabel Davids

Address 12 Oaklands Ave
Toronto
Ont.

Relation to Soldier wife, child or mother } W. Mother

Name of Soldier Davids, Rupert

Regtl. No. 87

Rank Sgt.

Corps Can Reserve Cyclist Co

To what Corps belonging when called out }

PAYMENTS

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

Duplicate

MILITIA AND DEFENCE

ASSIGNED PAY

To whom Mrs. Isobel Davido

Address 12 Oaklands Ave.
Toronto
Canada.

Rate $20.00 pr

Date to Commence 1st July 1915

$25.00 MAY 1 2M 11/5/16 1916

By whom assigned Davido Rupert

Regtl. No. 87

Rank Sergt.

Corps, &c. 3rd Div. Cyclist Coy.

PAYMENTS. SEE ALSO ACCOUNT IN SPEC. REM. LEDGER.

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
Apl.				
May				
June				
July		22398	20 -	
Aug.		26039	20 -	
Sept.		37544	20 -	
Oct.		51056	20 -	
Nov.		66564	20 -	
Dec.		83072	20 -	
Jan.	1916			CARRIED FORWARD
Feb.				
March				

See also account in Remittance Ledger.

CONSOLIDATED ACCOUNT 2

See Over

ASSIGNED PAY.

By whom assigned

Regtl. No.

Month	Year	Cheque No.	Amt.		Pay Sheet		REMARKS.
Jan.	1916	102585	20	–			
Feb.							
March							
Apl.							
May.							
June							
July							
Aug.							
Sept.							
Oct.							
Nov.							
Dec.							
Jan.	1917						
Feb.							
March							
Apl.							
May							
June							
July							
Aug.							
Sept.							
Oct.							
Nov.							
Dec.							