404318,

ATTESTATION PAPER

No. A5546

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS)

1. What is your name? Robert L. Davidson
2. In what Town, Township, or Parish, and in what Country were you born? Delhi, Ont., Canada
3. What is the name of your next-of-kin? Mrs E. Davidson (Mother)
4. What is the address of your next-of-kin? 592 College St. Toronto, Canada
5. What is the date of your birth? May 7th 1890.
6. What is your trade or calling? Barber.
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? If so, state particulars of former Service. No.
11. Do you understand the nature and terms of your engagement? Yes
12. Are you willing to be attested to serve in the CANADIAN OVER-SEAS EXPEDITIONARY FORCE? Yes

R. L. Davidson (Signature of Man.)

B. R. Webber (Signature of Witness.)

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, R. L. Davidson, 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. L. Davidson (Signature of Recruit.)

Date 5th April 1915 B. R. Webber (Signature of Witness.)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, R. L. Davidson, 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. L. Davidson (Signature of Recruit.)

Date 5th April 1915 B. R. Webber (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 5th day of April 1915.

Thos. Mulvey (Signature of Justice.)

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

Reg. Allen Major (Approving Officer.)

M. F. W. 23.
200 M.—3-15.
H.Q. 1772-39-841.

DESCRIPTION OF Robert Lloyd Davidson ON ENLISTMENT.

Apparent Age 24 years ..... months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5-4½ ft. ..... ins.

Chest measurement:
- Girth when fully expanded 33 ins.
- Range of expansion 1½ ins.

Complexion Fair

Eyes Blue

Hair DK Brown

Religious Denominations:
- Church of England
- 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.)

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.**

Date March 31st 1915

Place Toronto

Medical Officer.

*Insert here "fit" or "unfit."

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

CERTIFICATE OF OFFICER COMMANDING UNIT

Robert L Davidson 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.

F C W Cordeiro (Signature of Officer.)
Lt Col

Date 5 Apr 1915

REGIMENTAL DOCUMENTS

NAME Davidson Robert L. REGT. NO. 404318 UNIT H. Q. FILE NO.

S

H

	CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
	ATTESTATION PAPER (M.F.W. 23, 133, or 51)					DEATH
1	CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category
	TRAINING HISTORY SHEET (M.F.W. 113)					
1	FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
1	REGT. CONDUCT SHEET (M.B.W. 263 or A.F.B. 120)					
1	COMPANY CONDUCT SHEET (M.F.B. 263A or A F.B. 121)				04265	
2	MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
	DENTAL HISTORY SHEET (M.F.B. 465)					Category
	MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					
	MEDICAL EXAMINATION (M.F.W. 129)					
	TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)					
	PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)					
	DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)					DESERTION
	LAST PAY CERTIFICATE (M.F.W. 44)					
	PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					
	PARTICULARS OF CHARACTER (A.F.W. 3226)					
	COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
1	R149					
1	R12					
1	Pay cert					
						2-4
						16-4
						28-4
						2

H

W 2589
100M-11-19
1772-39-1377

92431.—W6490/1535.—2,000,000—J. J. K. & Co., Ltd.—Forms B. 103/1.

3RD CANADIAN INF. BATTALION

Army Form B. 103.

361

FIFD CORRECT
Canadian Records Office,
Westminster House,
7, Millbank, S.W.

Casualty Form—Active Service.

Regiment or Corps 23rd Reserve Battn.

Regimental No. 404318 Rank Pte. Name Davidson, R.L.

Enlisted (a) 14/1/15 Terms of Service (a) _____ Service reckons from (a) 14/1/15

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

Extended _____ Re-engaged _____ Qualification (b) _____

Report Date	Report From whom received	Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
Oct 13. 15		Drafted to 3rd Battalion	Overseas		D. Evans Lieut. Adj.
21/10/15	OC Can. B. Depot	Taken on strength and proceeding to join	3RD CANADIAN INF. BATTALION Unit	21/10/15 23/10/15.	Nom. Roll.
31/10/15.	OC. 3rd.	Joined.	"	26/10/15.	B 213.
26.12.15	"	attached to C. I. B. Sch.		20.12.15.	B 213
2-1-16.	"	Returned from Bomb. School			
7-5-16	"	Att'd. Div. Gren. & T. M. School.		26-12-15	B 213.
14-5-16.	"	Ret'd. from Div. Gren. & T. M. School.		3-5-16.	B 213.
16-7-16.	"	Att'd. Div. Anti. Gas School.		9-5-16.	" "
23-7-16.	"	Ret'd. from " " (Batman)		14-7-16.	" "
				17-7-16.	" "
15-10-16.	O.C.3rd.Bn.	Appointed Lce-Corpl.		13-10-16.	K.I.97-416. Pt.11.0.76. 30-10-16.
1-10-16	"	To Hospital		26-9-16	B213 DGS.496 dy. 6-3-17
15-10-16	OC Bn.	Rejoined Unit	Field	10-10-16	B213.

(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				
9-11-16.	Fd. Bn.	Promoted Corporal		8.10.16.	A.G. 97-463. Pt. 11 O. 94 of 4.12.16.
8/12/16	do	Granted 10 days leave of absence	from	29.11/16	B213 Pt II O # 97d 11/12/16
17-12.16.	do	Returned from leave.		11.12.16.	B213.
2-1-17.	do.	Appointed Lce-Sergeant		1-12.16	A.G. 97-575. Pt. 11 O. No. 3. 9-1-17.
15.3.17.	do.	Promoted Sergeant.		1-2.17.	A.G. 97-731 Pt. 11 O. No. 33. of 31.3.17.
5-5-17.	do	KILLED IN ACTION	FIELD	3-5-17.	B.213. Pt. 11 O's.No.52, dated 12-5-17.

Chas. B. Maxwell
Lieut. for
Major A.A.G.
Canadian Section

MEDICAL HISTORY SHEET.

Surname Davidson *Christian Name* Robert Lloyd

Examined { on 31 day of March 1915 at Armouries.

Birthplace { City or Town Toronto County York.

Apparent age 24

Trade or occupation Barber.

Height 5 Feet 4½ Inches.

Weight 130 Lbs.

Chest measurement { Minimum 33 inches. Maximum expansion 1½ inches

Physical development Good

Small-Pox Marks

Vaccination Marks { Arm Right. Left. Number None.

When Vaccinated last

(a) Marks indicating congenital peculiarities or previous disease

(b) Slight defects but not sufficient to cause rejection
Slight Varicocele
Slight Fallen arch

Approved by L C Palmer
Rank Capt M.O.

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

Date	Result	Vaccinations.
22/4/15		M.O.
		M.O.
		M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.
14/4/15		M.O.
19/4/15		M.O.
23/4/15		M.O.

Enlisted on 14th *day of* January 1915 *at* Toronto.

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	D. Co 35th Batt			
Transferred to	C.E.F. 23 Res Batt	404318		

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.

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 Davidson Christian Name Robert Lloyd

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital.			Dates of Discharge from Hospital.			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.
		Day	Month	Year	Day	Month	Year				

Env 40143

R—122.

Rank L/Sgt Name DAVIDSON, Robert L. Reg'l No. 404318

Unit 35th to 23rd Bn. If in perm. Corps, What Unit? Married or Single Single

Place and Date of Enlistment Toronto Ont. 5th April.1915 Place of Birth Delhi, Ont.

Name and Address, Next-of-Kin Mrs E. Davidson,

592 College St, Toronto. Ont. Relationship Mother.

Assigned Pay Monthly $ Payable to

Relationship

Separation Allowance $ Payable to

Relationship

Discharge, Date and Place Reason Character

N/E. R.B. No. 4799
File R.L. 25-D-1862
Category Kind

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
C/					
27.8.15	O.C. 23	Taken on Strength	Shorncliffe	26.8.15	Pt. II 203
23.10.15	"	Struck off - proceeded to 3rd Bn	W Sandling	20.10.15	" 252
30=10=15	O/C 3rd Bn	Taken on Strength	France	21=10=15	Part II O 36
~~30.10.16~~	~~3rd Bn~~	~~Is appointed Lance Corpl~~	~~"~~	~~13.10.16~~	~~" " 46~~ Cancd Pt 202 of 6/1/17
4.12.16	3rd Bn (Pte)	Is promoted Corporal	"	8.10.16	" " 94. & 2 of 6/1/17
9.1.17.	"	Is appointed L/Sergt.	"	1.12.16	" " 3
13.3.17	"	To Hospital	"	26.9.16	C.L.A. 595 Not stated
31.3.17	"	To be Sgt.	"	1.2.17	Pt II - 33
12.5.17	"	Killed in Action	"	3.5.17	" 52 & C.L.A. 645 of 17/5/17

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					

P—56

Rank | Name DAVIDSON, Robert L. | Reg'l No. 404318

Unit 35th to 23rd Bn. | If in perm. Corps, What Unit? | Married or Single Single

Place and Date of Enlistment Toronto Ont. 5th April.1915 | Place of Birth Delhi, Ont.

Name and Address, Next-of-Kin Mrs E. Davidson,

592 College St, Toronto. Ont. | Relationship Mother.

Assigned Pay Monthly $ | Payable to

Relationship

Separation Allowance $ | Payable to

Relationship

Discharge, Date and Place 3. 5 17 | Reason Kn a | Character

Ch a 645 d 17-5 17

PAY OFFICE, U.S. BRANCH SEP 22 1917 CANADIAN CONTINGENT

Entered on N.B. Card Index. Ell

Checked by H L Tillotson

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	Balance	Remarks, Casualties, etc.
1915																	
Aug 16	31	16	1	16	16	10	1 60		17 60	534		4 87			4 87	12 73	
Sept 1	30	30	1	30	30	10	3		33	630 714		43 80			43 80	1 93	
Oct 1	31	31	1	31	31	10	3 10		34 10							36 03	Left to 3rd Batt
1/11	30/11	30	1	30	30	.	3.		33			19 70			19 70	49 33	
1/12	31/12	31	1	31	31	.	3 10		34 10							83 43	
1916 1/1	31/1	31	1	31	31	.	3 10		34 10							117 53	
1/2	29/2	29	1	29	29	.	2 90		31 90			2 62			2 62	146 81	
1/3	31/3	31		31	31		3 10		34 10							180 91	
				229			22 90		251 90			70 99			70 99		
				229			22 90		251 90			70 99			70 99	180 91	

Settled

Carried forward to Large Ledger sheet

Statement of OCT 1 1917 Account rendered

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						

D.M.S. 1300.

Surname	Christian Name or Names	Reg. No.
Davidson	R.L.	404318

Rank	Unit	Co.	Troop	Batty.
~~L/Sgt~~ Sgt	3rd Bn			

Hospital

Date of Admission

Transferred Hosp.

Hosp.

Hosp.

Hosp.

Diagnosis NS

(1)
Later Diagnosis (if changed)

(2)

(3)

Additional Diagnosis: if more than one state present

Killed in Action 3-5-17.

DISPOSITION Date

C.L. 13-3-17 A595 R.F.B. to Hosp. 26-9-16

REMARKS

17-5-17 A645

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

EPITOME OF HOSPITAL TREATMENT.

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

H.A.Q.

H.Q. 649-D-7259.

DAVIDSON, Robert L. #404318, Sgt. 3rd Bn.

E liq. for 14-15 Star Pte 3rd. Bn.

Medals & Decs. Brother - E.F.Davidson,
c/o Mrs. A. Davidson,
401 Indian Grove,
TORONTO, Ontario.

M

P. & S:- Mother - Mrs. A. Davidson,
401 Indian Grove,
TORONTO, Ontario.

(Serial no. 785834.)

Memorial Cross - "

Scroll Desp. MAR 1 - 1921 Reqn. No. Z 24264

Plague Desp. JUL 5 1922 Reqn. No. P41420 a

Desp. 29-10-20 . (m) @ 28326

11

727

Number 404318 Rank Sgt.

Surname DAVIDSON

Christian Name Robert L.

Units 3 Bn Can Inf Theatre of War France

Date of Service 21/10-15

Remarks Brother E. F. Davidson

Latest Address c/o Mrs. A. Davidson
481 Indian Grove
Toronto Ont.

Roll No. B. Page 22102

200m.-2-21.M.

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

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

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

DISEASE OR INJURY .....

OPERATIONS .....

RESULT OF OPERATIONS .....

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

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

DATE OF DISCHARGE TO UNIT ..... IN CA

DATE OF DISCHARGE AS AN INVALID .....

DATE OF DEATH .....

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

OTHER INDEPENDENT CONDITIONS DIAGNOSED .....

DESP. JAN 6 1923
REGN. NO. 16662

649-D-7259

CARD NO.

D

FOLL.

SURNAME. Davidson

CHRISTIAN NAMES Robert. S.

REGL. No. 404318 RANK Pte.

UNIT ~~35th. (2nd R.W.)~~, 23rd. Batt.

FORMER CORPS

NEXT OF KIN.

NAMES IN FULL Davidson Mrs. E.

RELATIONSHIP TO SOLDIER Mother.

ADDRESS 592. College. St. Toronto. Ont. ~~Can.~~

CHANGE OF ADDRESS

COUNTRY OF BIRTH Canada. Welhi, Ont. DATE

PLACE OF ATTESTATION Toronto. Ont. DATE 5/4/15.

Sailed from Montreal Per. S.S. "Hesperian 17-8-15 150/2

MARRIED SINGLE Yes. WIDOWER

TRADE OR CALLING RELIGION

DESCRIPTION.

APPARENT AGE YEARS MONTHS

HEIGHT FEET INCHES

CHEST MEASUREMENT INCHES EXPANSION INCHES

COMPLEXION EYES HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION. PLACE DATE

REGT'L No 404318

NAME Davidson, Robert L.

H. Q. FILE No. 649-

RANK AND CORPS C/Sgt. 3rd Bn. (form. 36th (2nd RD) Bn.)

FOLLOWS No.

FOLLOWS

CABLE

No.	Date	NATURE OF CASUALTY
		C.
M4630	16-5-17	Killed in action May 3/17 ✓
A132090 a. Rouen	12/5/17	Killed in action 3-5-17
		Rec'd 24-7-17.

L. L. 12767—M. & D. 7390.

M. F. W. 42—50M.—12-16.
H. Q. 1772-39-893.

LIST No	HOSPITAL	DATE OF ADMISSION	REMARKS
A595	To Hospital	26-9-16	not stated
A645	Rep. from Base	Killed	in action 3/5/17

FORM R. 149.
7106—250m—7/2/17.

Name DAVIDSON, Robert L. *Rank* L. Sgt. *Reg. No.* 404318

Unit 3rd. Bn.

Next of Kin Canada.

25-D-1862.

Date 1917	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
26-9	To Hospital			A 595		
3-5-17	Reported From Base					
	KILLED IN ACTION			A645	M4630	17-5

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

Married or Single: S.

Place of Birth: Canada.

Name and Address of Next of Kin: Mrs E. Davidson, 592 College St. Toronto Ont.

Relationship of Next of Kin: Mother.

Name and Address of Next of Kin:

Relationship of Next of Kin:

Separation Allowance Monthly $ — Effective (Date):

Payable to:

Relationship of Dependant:

Casualties, Promotions, &c.

Particulars	Effective Date	Authority
App Lt/Cpl	13.10.16	13076 30.10.16
Promoted Cpl	8/10/16	B094. 4/12/16
App. Lt/Sgt	1.12.16	130 3.1.17
Pro Sgt	1/3/17	B033. 31/3/17 6LA 645 7/3/17
Killed in Action	3/5/17	

Admissions to Hospital, &c.

Date Admitted	Date Discharged	V. or A.	Name of Hospital

Reg'l. No. 404318. Rank ~~Private~~ Sgt. Name Davidson. Robert L. 6.L.a 645.

If in Permt. Corps What Unit: Unit 3rd Bn. Transferred to Dept. L. (14 JUL 1917) Date 1-6-7 Authority 17-5-17

Permanent Force Allowances — Transferred to — Date — Authority

Place of Attestation: Toronto, Ont. — Transferred to — Date — Authority

Date of Attestation: 5 april 1915. — Transferred to — Date — Authority

Assigned Pay Monthly $: Nil — Date Effective

Payable to — Relationship

Assigned Pay Monthly $: 5 days @ 10¢ = .50, 49 " 5 = 245 — Date Effective

Payable to — Relationship

Stop-Payment Form (Assigned Pay) Rendered (Date) — Effective — Reason

Discharge Date and Place — Reason and Authority

Account transferred to Non-Effective Branch (Date): 21 SEP 1917 — Entered on N.E. Card Index — Checked by H. Gillotson

Account transferred to Officers' Pay Branch (Date)

Date	Pay No. of Days	Pay Rate	Pay Amount $	Pay Amount c.	Field Allowance No. of Days	Field Allowance Rate	Field Allowance Amount $	Field Allowance Amount c.	Working or Special Pay No. of Days	Working or Special Pay Rate	Working or Special Pay Amount $	Working or Special Pay Amount c.	Assigned Pay Credits	Other Credits	Total Credits	Acquittance Rolls 1 No.	1 Date	2 No.	2 Date	3 No.	3 Date	4 No.	4 Date	Cash Payments 1	2	3	4	Assigned Pay	Other Charges	Total Debits	Balance Credit	Balance Debit	Pay Withheld or Deferred	Pay Available for Issue	Remarks
			229	.			22	90							251	90											70	99		70	99	180	91		90	
April 30	30	1.	30	.	30	.10	3	.							33	.																213	91		60	
May 1 31	31	1.	31	.	31	.10	3	10							34	10																248	01		75	
June 1 30	30	1.	30	.	30	.10	3	.							33	.																281	01		90	
July 1 31	31	1.	31	.	31	.10	3	10							34	10																315	11		105	
Aug 1 31	31	1.	31	.	31	.10	3	10							34	10																349	21		120	
1309.	30		30		30		3								33		1135	17/8						3	49					3	49	378	77		135	
Oct 1 31	31	1.	31	.	31	.10	3	10							34	10																412	87		150	45	4/paid 19 days @ 5¢
Nov 30	30	1.05	31	50	30	.10	3	.				-	95		35	45	1240	19/11						4	36					4	36	443	91		166	20	
Dec 31	1.05		34	10	21		3	10				5	40		42	60	1348	27/11		76 @ 934	27/11			7	85		97	33		105	18	381	33		183	45	4/P. 5 days @ 10¢
1917			50	40			50	40																													
Jan 31	31	1.30	40	30								3	10		43	40			1434	5/1						3	49			3	49	421	24		200	70	220	54	4/p. 31 days @ 10¢
Feb 28	28	1.30	36	40											36	40																457	64		220	95	236	69	
			635	70								9	45		645	15								15	70	349	97	33	70	99	187	51						

Carried forward

Statement of OCT 1 1917 Account rendered

no asp (cal)

Small Ledger Sheet

404318 ~~Pte~~ Sgt Davidson R.L.

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.	Acquittance Rolls 1 Date	Acquittance Rolls 2 No.	Acquittance Rolls 2 Date	Acquittance Rolls 3 No.	Acquittance Rolls 3 Date	Acquittance Rolls 4 No.	Acquittance Rolls 4 Date	Cash Payments 1	Cash Payments 2	Cash Payments 3	Cash Payments 4	Assigned Pay	Other Charges	Total Debits	Balance Credit	Balance Debit	Pay Withheld or Deferred	Pay Available for Issue	Remarks	
			635	70										9 45	645 15									15 70	3 49	97 33	70 99			187 51	457 64		220 95	236 69	U/P 28 days @ .20c	
Mar	31	1 35/15	6 / 40	20 / 30										5 60	52 10	1586	27/2	1728	23/3					10 46	10 46					20 92	488 82		241 20	247 62		
Apl	30		45												45																533 82		261 45			
May	31	1 50	4	50											4 50	63 / 10	16.4.7 / 6.4.7							6 10 / 5 23						11 33	526 99				O/P 49 days Nov. 16 / Upd 28 days May.	Checked McKent
June														42	42														2 45	2 45	566 54 / ~~568 99~~	Checked Burley			Dept L. C. L. A. 645.17/5/17	
Aug.														8 83	8 83																575 37				8 83 Int Def Pay.	
																															575.37					
Nov																									575 37						0				D-575.37 To Ottawa for Sett V 23 22-11-17 22/24	
Jany 1920														8 24																	8 24				Cash in Effects rec^d from Field Cashier 1st Can Div 15/5/17 P.M.G. dep 256. T.V.S. 654 Shown Summary d-Oct/1929	

Balance transferred to N. E. Branch.

/GMcN. 404318

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 DAVIDSON *Christian Name* Robert L.

TABLE I.—GENERAL TABLE.

Birthplace ... Parish Toronto County York.

Examined ... ... on 31st day of March 1915, at Armouries

Declared Age ... ... 24 years days.

Trade or Occupation ... Barber.

Height ... ... 5 feet 4½ inches.

Weight ... ... 130 lbs.

Chest Measurement: Girth when fully Expanded 34½ inches. Range of Expansion 1½ inches.

Physical Development ... Good

Vaccination Marks: Arm ... Right Left; Number

When Vaccinated ... ...

Vision ... ... R.E.—V= L.E.—V=

(*a*) Marks indicating congenital peculiarities or previous disease ... (*a*) Slight varicocele. ~~Slight fallen arch~~

(*b*) Slight defects but not sufficient to cause rejection ... ... (*b*)

Approved by (*Signature*) L.C. Palmer

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

Medical Officer.

Enlisted ... ... at Toronto. on 14th day of January 1914.

Joined on Enlistment ... 35th Battn: 404318

Transferred to ... ... 23rd Res. Battn:

Became non-effective by ... on day of 191 .

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

(*Signature*) W.R. WARD

(*Rank*) Colonel in Charge of Records, Canadian Contingent.

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

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number of days in Hospital	Remarks bearing on use. In case subsequent p be given in
	Day	Month	Year	Day	Month	Year			

Sick List in the case of Warrant Officers treated in quarters.

Remarks 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

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
22-4-15	Vaccination G.G. Mills.
14-4-15	Anti-Typhoid Inoculation do.
19-4-15	do. do. do.
23-4-15	do do. do.

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

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.