

ORIGINAL

931630

ATTESTATION PAPER.

No. 2 CONSTRUCTION, B'n. C.E.F.

No. ORIGINAL Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- 1. What is your surname?..... Davis
- 1a. What are your Christian names?..... Fred Alvin
- 1b. What is your present address?..... #286 Watson St. Detroit, Mich. U.S.A.
- 2. In what Town, Township or Parish, and in what Country were you born?..... Columbus, Ga. U.S.A.
- 3. What is the name of your next-of-kin?..... Henry R. Davis.
- 4. What is the address of your next-of-kin?..... Columbus, Ga. U.S.A.
- 4a. What is the relationship of your next-of-kin?..... Father.
- 5. What is the date of your birth?..... Dec. 19th. 1885.
- 6. What is your Trade or Calling?..... Mechanic.
- 7. Are you married?..... No.
- 8. Are you willing to be vaccinated or re-vaccinated and inoculated?..... Yes.
- 9. Do you now belong to the Active Militia?..... No.
- 10. Have you ever served in any Military Force?..... No.  
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 } Yes.  
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? }

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

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

Fred Alvin Davis (Signature of Recruit)

Date Nov. 14th, 1916. J. Minton (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

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

Fred Alvin Davis (Signature of Recruit)

Date Nov. 14th, 1916. J. Minton (Signature of Witness)

CERTIFICATE OF MAGISTRATE.

The Recruit above-named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.

The above questions were then read to the Recruit in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said Recruit has made and signed the declaration and taken the oath

before me, at Windsor, Ont. this 14<sup>th</sup> day of Nov, 1916

Samuel Chynn (Signature of Justice)

Description of Davis Fred Alvin on Enlistment.

Apparent Age... 30 ..... years 11 ..... months.  
 (To be determined according to the instructions given in the Regulations for Army Medical Services.)

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

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

Height ..... 5 ft. 3 ins.

**Vac. left arm  
One (1)**

Chest measurement { Girth when fully expanded ..... 34 ins.  
 Range of expansion ..... 30 ins.

Complexion Dark.

Eyes Brown.

Hair Black.

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

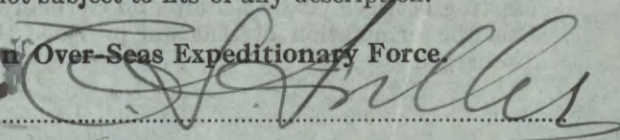
CERTIFICATE OF MEDICAL EXAMINATION.

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 Nov. 14th ..... 1916.



Place Windsor Ont. .....

Capt. A.M.C. .....

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.

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

C. W. Reis Capt for Lieut - Col. .....  
 (Signature of Officer)

Date NOV 21 1916 ..... 1916.

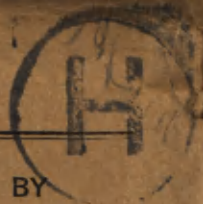
**D. Comd'g No. 2 Construction Battalion, C. E. F.  
 No. 2 CONSTRUCTION, B'n. C.E.F.**

REGIMENTAL DOCUMENTS

NAME DAVIS FRED ALVIN

REGT. NO. 931630

UNIT #2 Cons Br. H. Q. FILE NO.



**CONTENTS**

DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

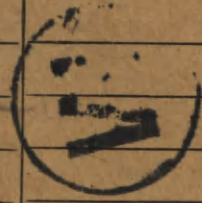
M. F. W. 2505  
REFERENCE

NON-EFFECTIVE BY

- 2 ATTESTATION PAPER (M.F.W. 23, 133, or 51)
- 2 CASUALTY FORM (M.F.W. 54 or A.F.B. 103)
- TRAINING HISTORY SHEET (M.F.W. 113)
- 1 FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)
- REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)
- COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)
- 2 MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)
- DENTAL HISTORY SHEET (M.F.B. 465)
- MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)
- 1 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)
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- 2 LAST PAY CERTIFICATE (M.F.W. 44)
- 1 PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)
- PARTICULARS OF CHARACTER (A.F.W. 3226)
- 1 COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)
- 1 Demob. Cert.
- 1 M.F.W. 2571
- 1 M.F.W. 192
- 1 M.F.W. 67

COPIES OF RECORDS  
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DEATH

Category

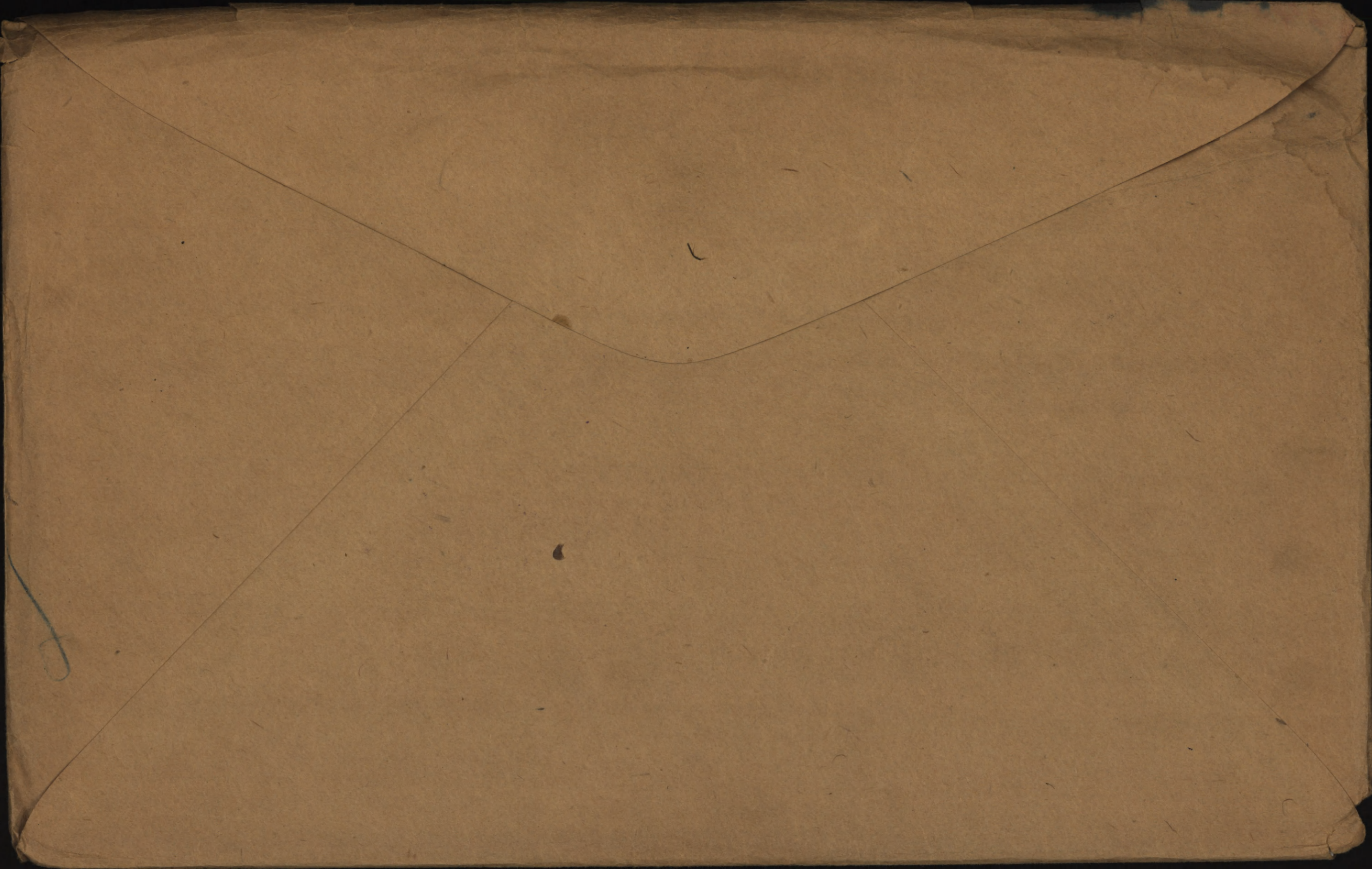
DISCHARGE

Category

*Demob.*

DESERTION

404268  
 [Handwritten signature]



# MEDICAL EXAMINATION UPON LEAVING THE SERVICE OF OFFICERS AND OTHER RANKS WHO HAVE NO DISABILITY.

Officers and Other Ranks leaving the service for reasons other than medical unfitness are to be reported on this form. Where there is evidence of any undetermined or progressive disability, this form will not be used, but the case will be referred to a Medical Board for completion of M.F.B. 227.

No. 931630 Rank PIE Surname DAVIS  
(Given name in full)  
Fred Alvin  
 Unit or Corps D. D. No 4. Birthplace Columbus - GA. U. S. A.

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

**1. GENERAL DESCRIPTION:**

Physique Good Weight 140 lbs. Height 5 ft. 5 in. Colour of Eyes Brown  
 Nutrition Good  
 Pulse 72  
 Condition of arteries Good  
 Vision Rt. 20/20 Left 20/20  
 Hearing (conversational voice) Rt. 30 ft.  
 Left 30 ft.

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

NIL

Opinion as to general health and physical condition Good

**2. Has Officer or Other Rank ever suffered from, or has he now, any affection of the following systems? (Answer "Yes" or "No"). (Subjective evidence may be sufficient in certain cases.)**

Nervous System no Genito Urinary Sytem no Cardio-Vascular System no  
 Special Senses no Integumentary System no Respiratory System no  
 Disturbance of mentality no Muscular System no Digestive System no  
 Osseous and Joint System no Any other general condition no

**3. If the answer to any part of Section 2 above is "Yes," here give full particulars, with cause and date of origin; and also a description of the present condition.**

# EXAMINATIONS.

## THIS SECTION FOR USE OVERSEAS—

Examined at ..... (Overseas)

Date ..... Signed ..... M.O.

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

Signature .....

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

## THIS SECTION FOR USE IN CANADA—

Examined at *Montreal* (Canada)

Date *Feb. 5. 1919* Signed *J. A. Gairic Bapt* M.O.

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

Signature *J. A. Gairic* .....

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

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

[OVER]

**Casualty Form—Active Service.**

Regiment or Corps No. 2 Can. Cons. Coy  
 Rank Pfc Surname Davis Christian Name Fred Alvin  
 Religion..... Age on Elistment..... years ..... months  
 Enlisted (a)..... Terms of Service (a)..... Service reckons from (a).....  
 Date of promotion to present rank..... Date of appointment to lance rank.....  
 Extended { ..... } Re-engaged { ..... } Qualification (b).....  
 or Corps Trade and rate.....  
 Occupation..... Signature of Officer.....

Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				
		Embarked ...			
		Disembarked			
<u>11/12/18.</u>	<u>aag</u>	<u>Trans. to England + posted to N.S. Reg. Depot</u>	<u>Bramshott</u>	<u>14/12/18.</u>	<u>K.R. 344.</u>
			<u>Ca Hewitt</u>		
			<u>Lieut. for Lt.-Col. Canadian Section, G. H. Q. 3rd Echelon.</u>		<u>A. A. G. B. E. F.</u>
<u>17.12.18</u>	<u>NSRD</u>	<u>T.O.P. attached to 966 D. for Ops &amp; Relations</u>	<u>B' shott</u>	<u>14.12.18</u>	<u>D.O. 305</u>
					<u>NSRD 27 12 18</u>
					<u>PART II D.O. 313</u>
	<u>NSRD</u>	<u>ON COMMAND TO C.P.D. Kimmel Rk</u>	<u>BRAMSHOTT</u>		
					<u>b.a. Knight</u>
					<u>LIEUT. OFFICER IN CHARGE OF RECORDS,</u>

(a) In the case of a man who has re-engaged for, or enlisted into Section D, Army Reserve, particulars of such re-engage ment or enlistment will be entered.  
 (b) Signaller, Shoeing-Smith, &c.

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				
9/1/19	MS No. 4 MS	Com Hair	Quinnell Park Camp		
			do embked for Canada		
			Quinn H. Owens		
			Lt. for O. C. No 48 & M.D.		
7-2-19	MS Discharged	Cat G. F. Gurnoh			DD 4/30/40

*[Signature]*  
 Lieutenant,  
 Officer in Charge Discharge Section, District Depot No. 4.



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 *Fred A* ..... 2. Surname *Hauns* .....
3. Rank *Pte* ..... 4. Original Unit *2nd Const. Batt* ..... 5. Reg. No. *931630* .....
6. Address, in full, to which future payments of gratuity are to be forwarded .....  
*Windsor*  
*St. Bronck Bank of Montreal* .....
7. Date of enlistment in the C.E.F. *Nov. 14, 1916* .....
8. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge .....  
*no* .....
9. Relationship of such dependent .....  
*none* .....
10. Address, in full, of such dependent .....  
*none* .....
11. Is said dependent now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? .....  
*none* .....
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:—  
*none* .....
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? .....  
*none* .....
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 .....  
*27 months, 2nd Const. Batt.* .....
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* .....

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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 ..... *700 \$204 / Paymaster*
20. Have you been issued with a War Service Badge? If so, what class? ..... *no*
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? ..... *y/n*  
 (b) If so, was such reversion in consequence of misconduct or inefficiency? ..... *D.W.L.*
24. Are you now serving in the C.E.F. .... *no* If not, give:—(a) Date of discharge ..... *Feb. 7, 1919*  
 (b) Reason for discharge ..... *Demobilization*
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..... *no*
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..... *L. F. C.*
27. (a) Are you receiving treatment from the Department of Soldiers' Civil Re-establishment? ..... *no*  
 (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:

*Fred A. Adams*

Place of Residence:

*309 St. Antoine Montreal*

Declared before me at:

*Montreal P. 2*

This

*twelfth*

day of

*February*

1919.

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

*E. H. Bégin*

**POST DISCHARGE PAY.**

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

Certified Correct.

District Paymaster.

DUPLICATE

To be made out in duplicate.

H.Q. 54-21-23-53

PARTICULARS OF FAMILY OF AN OFFICER OR MAN ENLISTED IN C. E. F.

INSTRUCTIONS.

- (a) This form is only required for men joining units for Overseas Service and must be completed immediately the man is warned for draft overseas.
- (b) Care must be taken to see that a man is allotted his correct Regimental Number. No numbers must be duplicated and once it has been allotted to a man, even if he is subsequently discharged, the same number must never be allotted to another man.
- (c) All questions, etc., must be answered.
- (d) One copy of the form is to be forwarded by Officer Commanding unit for each Officer and man to Officer Commanding Division or District at least seven days before man leaves his station to proceed overseas, for transmission to Accountant and Paymaster General, Ottawa.
- (e) Duplicate copy is to be forwarded direct to Officer in charge of Records, C.E.F. London, immediately after arrival in England.

(1) Name of Overseas Unit which Soldier joins No. 2 CONSTRUCTION, B'n. C.E.F.

(2) Regimental Number 991630

(3) Full Name of Soldier Fred elvin Davis

(4) Place of Birth Columbus Ga. U.S.A.

(5) Are you married, or not? no

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

(b) Present Postal Address F

(7) Are you a widower? No

(8) Have you any children? X

If so, give number of boys and girls 0

Also their names and ages F

(9) Is your Father alive? *yes*

If so, state name and address *Henry R Davis - Columbus, Ga. U.S.A.*

(10) Is your Mother alive? *no*

If so, state name and address *X*

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

Are you her sole support, or not? *X*

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

*X*

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

*X*

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

*X*

(15) Are you insured? *no*

If so, in what Company? *\_\_\_\_\_*

Have you made arrangements for payment of your Insurance premium *\_\_\_\_\_*

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

Date **NOV 21 1916**

*C. H. Reis Capt*  
*for* Officer Commanding.

**No. 2 CONSTRUCTION, B'n. C.E.F.**

## CANADIAN EXPEDITIONARY FORCE.

M.F.W. 44.  
1188 (D.P.) 250M-12-18.  
1772-89-908.

## LAST PAY CERTIFICATE

Regimental No. 931630 Rank Pte. Name Davies, Fred. Alvin  
(Surname first)  
Unit C.R.T. who was\* Discharged  
On 7-2-19 191....., to.....  
\*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from 1-2-19 to 7-2-19 191...  
the inclusive date of transfer or discharge.

	Dr.	Cr.
Bal. Dr. or Cr. from prev. month .....		371.38
Regimental Pay.....7..... days at \$1.00 c.....		7.00
Field Allowance.....7..... days at \$.10 c.....		70
Separation Allowance .....		
Clothing Allowance .....		35.00
Post Discharge Pay .....		70.00
*Other Credits .....		2.40
Advances .....		
Separation Allowance and Assigned Pay Cheque No. ....		
*Other Charges .....		
Balance on transfer or on discharge, cheque No. <u>20885</u> .....	486.48	
Total .....	486.48	486.48

\*Give particulars.

A monthly stoppage of \$..... (†) has..... (‡) been paid on account of  
Assigned Pay for the month of Nil 191..... }  
and Separation Allowance for month of..... 191..... } (to) Assignee Nil

(Address) .....

(†) 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:—

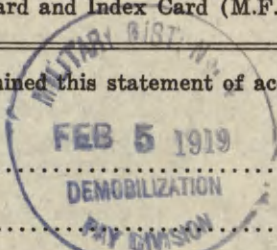
State (1) date of enlistment 14-11-16 ..... married or single.....  
(2) Separation Allowance, entitled or not ..... (3) Reason for discharge.....  
(4) Authority for discharge or transfer D.D-4. 19-D-449 .....

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 .....

Place .....



*[Signature]*  
CAPTAIN-PAYMASTER  
C-1-C—Demobilization Pay Division—Military Dist. 4

Paymaster.

- N.B.—(A) This form is to be used for all ranks (vide Article 122-130 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 "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.





STATEMENT OF SERVICE

IN THE

CANADIAN ARMED FORCES

PUBLIC ARCHIVES RECORDS CENTRE  
NOT VALID  
WITHOUT THE  
IMPRINT OF  
JUL 10 1981  
THE OFFICIAL  
STAMP OF THE  
DEPARTMENT  
OTTAWA, ONT., CANADA

Service Rank and/or Number 931630 Name DAVIS, Fred Alvin

- 1. Branch of Service: Army - No. 2 Construction Bn. - CEF
- 2. Date and Place of Birth: 19 Dec. - 1885 - Columbus, Georgia, U.S.A.
- 3. Date and Place of Appointment, Enlistment or Enrolment: 14 Nov. - 1916 - Windsor, Ont.
- 4. Theatres of Service: CANADA - UK - FRANCE
- 5. Date and Place of Retirement or Discharge: 7 Feb. - 1919 - Montreal, P.Q.
- 6. Type of Retirement or Discharge: Honourable.
- 7. Reason for Retirement or Discharge: Demobilization.
- 8. Rank on Retirement or Discharge: Pte.
- 9. Medals and Decorations: British War + Victory Medals.

10. Remarks: Nil, These records now held at Public Archives Records Centre.

DESCRIPTION AT TIME OF RETIREMENT OR DISCHARGE

Sex: Male Height: 5 Feet 5 Inches.  
 Eyes: Brown Hair: Black Complexion: Dark  
 Marks or Scars: Nil

Ottawa, Canada.

STATEMENT OF SERVICE  
of the

CANADIAN ARMED FORCES



STATEMENT OF SERVICE  
MADE IN CANADA

STATEMENT OF SERVICE OF MEMBERS OF THE



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

*Curran*

M. F. W. 54. (A. F. B. 103.)

250M.—1-16.

H. Q. 1772-39-920.

# Casualty Form—Active Service.

**No. 2 CONSTRUCTION, B'n. C.E.F.**

Unit, Regiment or Corps

Regimental No. 931630

Rank pte

Name Fred Edwin Davis

C. E. F.

Enlisted (a) 14/11/16

Terms of Service (a) Period of work in safety

Service reckons from (a) 14/11/16

Date of promotion to present rank. }

Date of appointment to lance rank }

Numerical position on roll of N. C. Os. }

Extended

Re-engaged

Qualification (b)

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

Embarked, Canada  
Disembarked, England  
Proceeded Overseas

Halifax, N.S. 25/3/17  
Liverpool 17/4/17  
Seaford 17/5/17

✓  
Pt 2 D.O.#  
R. MacKinnon  
for Capt. Davis

Forfeits 5 days pay for landed in France 17-5-17 N.R.  
M. King v.v. y with Iron Rations

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

C. No. 2  
system  
Both

21/4  
OC

(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				
19.6.17.	OC	Sentenced 20 days J.P. No. 1. Absent from 10 pm till 1.30 pm 19.6.17 Forfeits 3 days pay (RW)	Fld.	19.6.17.	B2069 J.P. No. 122. 7 <sup>8</sup> / <sub>17</sub>
18 <sup>7</sup> / <sub>17</sub>	OC	10 days J.P. No. 1 for AWOL for 10 pm 15 <sup>7</sup> / <sub>17</sub> till 10 pm 16 <sup>7</sup> / <sub>17</sub> - 24 hrs 2 days pay RW.	Fld	17 <sup>7</sup> / <sub>17</sub>	B2069 J.P. No. 128-15 <sup>9</sup> / <sub>17</sub>
18 <sup>10</sup> / <sub>17</sub>	OC	15 days J.P. No. 2 for. (1) Breaking out of Camp after Tattoo (2) Disobedience of orders (out of Bounds) (3) absent without leave from 9.30 pm 12/10/17 until apprehended at Salina by Sgt. M. P. at 8 pm 13/10/17. (Forfeits 2 days pay under RW)		15/10/17	B2069 P. 275 J.P. No. 136 of 25/10/17
27.12.17.	OC	10 Days J.P. No. 1. for. (1) Breaking Camp about 4 pm. (2) AWOL from 4 pm 23/12/17 until 6 pm 24/12/17. (Forfeits 2 days pay under RW).		24/12/17	B2069 P. 275 2 d. 9-1-18
15.8.18	OC	7 days J.P. No. 1. 13.8.18 for A. P. L. for 9.30 pm 10.8.18 to 7.30 pm 13.8.18. Forfeits 3 days pay to RW	Salina.	10.8.18	Det P. 275 for 4.7 gaunt 1918
21.9.18	OC	Granted 14 days leave	UK.	17.9.18	B213 P. 50. 55 of 1918
5.10.18	OC	Resumed from leave	Ind	4.10.18	B213

J.P. Rank **Unit No. 2. Const. Bn.** Name **DAVIS, Fred Algin** Reg'l No. **931630.**  
 If in perm. Corps }  
 What Unit? } Married or Single **Single.**  
 Place and Date of Enlistment **Windsor. Ont. 14th Nov. 1916.** Place of Birth **Columbus Ga. U.S.A.**  
 Name and Address, Next-of-Kin **Henry R. Davis. -**  
**Columbus Ga. U.S.A.** Relationship **Father.**

Assigned Pay Monthly \$ Payable to

Separation Allowance \$ Payable to

Relationship

N/E. R.B. No. **6883**  
 File R.L. \_\_\_\_\_  
 Category **OR. CAN**

Relationship

Discharge, Date and Place

Reason

Character

H. W. V., Ld. - 9-16-16.

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	Character.	REMARKS Taken from Official Documents.
Date.	From whom received.					
<i>Arrived in England. S. S. Southland</i>				<i>7.4.17</i>		<i>AWWW</i>
<i>11-5-17</i>	<i>2nd Const. Bn.</i>	<i>Deprived of lance stripe.</i>	<i>Seaford</i>	<i>11-5-17</i>	<i>Pr. 112.</i>	<i>Cancelled by Pt 129 of CC log</i>
<i>14-6-17</i>	<i>- Do -</i>	<i>Arrived in France</i>	<i>Field</i>	<i>17-5-17</i>	<i>115</i>	
<i>16-12-18</i>	<i>NSRD</i>	<i>TOS from 2nd Coy</i>	<i>1st Bn</i>	<i>14-12-18</i>	<i>205-71 d/</i>	<i>19-12-18 2nd Coy</i>
<i>27-12-18</i>	<i>NSRD</i>	<i>O/C to C. P. D. Rhye</i>		<i>27-12-18</i>	<i>3/3</i>	
<i>29.1.19</i>	<i>NSRD.</i>	<i>Ceases to CDD Rhye.</i>	<i>" Ripon</i>	<i>9.1.19</i>	<i>20 21</i>	
		<i>4505 to CEF. Canada</i>				

**H**

**A.F.B. 103 CHECKED**  
**29 MAY 1917**



# CANADIAN EXPEDITIONARY FORCE

## Discharge Certificate

This is to Certify that No. 931630 (Rank) Private

Name (in full) DAVID, Fred Alvin enlisted in

the No. 2 Constructions Battalion

CANADIAN EXPEDITIONARY FORCE at Windsor, ONTARIO on the 14th

day of November 19 16

HE served in FRANCE--

and is now discharged from the service by reason of DEMOBILIZATION--

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

Age 33 years 1 months

Height 5 feet 5 inches

Complexion Dark

Eyes Brown

Hair Black

Fred A. Davis

Signature of Soldier

Marks or Scars

Nil

[Signature]  
Issuing Officer

Lieutenant,  
Officer in Charge Discharge Section, District Depot No. 4.

Rank

Date of Discharge February 7th, 1919.

Appointment

Signed at Montreal, QUEBEC this 7th day of February 19 19

in Military District No. 4

File Reference No. DD4 19-D-449'

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

CANADIAN EXPEDITIONARY FORCE  
Discharge Certificate

No. .... (Rank) ..... Name .....

Unit .....

Address on Discharge .....

Character and Conduct .....

Former Occupation .....

Special Qualifications of Value in Civil Life .....

Medals and Decorations .....

Remarks .....

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

.....  
Name of Officer

.....  
Rank

.....  
Appointment

On demobilization the  
particulars called for on  
this certificate will not be com-  
pleted. The particulars of this cer-



DVA CRF 931630, WSR 5a/CG

DEPARTMENT OF VETERANS AFFAIRS

# RECORD OF SERVICE

IN THE

# CANADIAN ARMED FORCES

DEPARTMENT OF  
 VETERANS' AFFAIRS  
 THIS REPORT  
 IS NOT VALID  
 WITHOUT THE  
 IMPRINT OF  
 AUG 17 1955  
 THE OFFICIAL  
 STAMP OF THE  
 WAR SERVICE RECORDS  
 DEPARTMENT  
 OTTAWA - CANADA

Service Rank and/or Number 931630 Name Fred Alvin DAVIS

1. Branch of Service: CANADIAN EXPEDITIONARY FORCE
2. Date and Place of Birth: 19th December, 1885. Columbus, Ga., USA.
3. Date and Place of Appointment, Enlistment or Enrolment: 14th November, 1916. Windsor, Ont.
4. Unit on Appointment, Enlistment, or Enrolment: No. 2 Construction Battalion
5. Theatres of Service: CANADA - ENGLAND - FRANCE.
6. Date and Place of Retirement or Discharge: 7th February, 1919. Montreal, Que.
7. Reason for Retirement or Discharge: "Demobilization"
8. Rank on Retirement or Discharge: Private
9. Medals and Decorations: BRITISH WAR & VICTORY MEDALS
10. Remarks: NIL

*8027 Jefferson A.  
 St. Louis, Mo., U.S.A.*

### DESCRIPTION AT TIME OF RETIREMENT OR DISCHARGE

Sex: Male Height: 5 Feet 5 Inches.  
 Eyes: Brown Hair: Black Complexion: Dark  
 Marks or Scars: NIL

Ottawa, Ont., Canada

August 17th, 19 55.

*[Signature]*  
 Director, War Service Records

DEPARTMENT OF  
VETERANS AFFAIRS  
1111  
CANADIAN ARMY  
SERVICES RECORDS  
CANADA

RECORD OF SERVICE

CANADIAN ARMED FORCES

1. Name (Last, First, Middle)  
2. Date and Place of Birth  
3. Date and Place of Enlistment or Appointment  
4. Unit or Component (Full Name)  
5. Grade or Position  
6. Date and Place of Release or Discharge  
7. Reason for Release or Discharge  
8. Remarks

DESCRIPTION AT TIME OF RETIREMENT OR DISCHARGE

1. Sex  
2. Height  
3. Weight  
4. Complexion  
5. Hair  
6. Eyes  
7. Scars  
8. Tattoos  
9. Other



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

DENTAL CERTIFICATE FOR DEMOBILIZATION

DIRECTIONS TO DENTAL OFFICERS

Canadian Printing and Stationery Services, London

M.O. 4

NAME OF SOLDIER (Block Letters)

DAVIS F. A.

REGIMENT

2<sup>nd</sup> Const Batta

RANK

P-13

No.

931630

Date of Examination in England

Date of Examination in France

1. This form will be made out for each individual at the time of Demobilization in England or France.

2. Figures as per chart will be used to designate teeth concerned.

3. In reference to Partial Dentures the numbers of teeth thereon will be stated.



PRESENT DENTAL REQUIREMENTS

1. FILLINGS

2. EXTRACTIONS

3. CROWNS

4. DENTURES

(a) Full Upper

(b) Part Upper

(c) Full Lower

(d) Part Lower

*dit*

HAS HE EVER REFUSED DENTAL TREATMENT?

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

(a) In Canada

(b) In England

(c) In France

Signature of Dental Officer

*H. W. Reid*  
Capt.





# ORIGINAL 731630 MEDICAL HISTORY SHEET.

ORIGINAL

Surname **Davis.**

Christian Name **Fred Alvin**

Examined { on **14th.** day of **Nov.** 191**6**  
at **Windsor Ont.**

Approved by

*Dan Murray*

Birthplace { City or Town **Columbus**  
County **Ga. U.S.A.**

Rank \_\_\_\_\_ M.O.

Apparent age **30**

Trade or occupation **Mechic.**

Height **5** Feet **3** Inches

Weight **140** Lbs.

Chest measurement { Minimum **34** inches

Maximum expansion **36** inches

Physical development **Good.**

Small-Pox Marks **None.**

Vaccination Marks { Arm **Right.** Left **Yes.**  
Number **1**

When Vaccinated last **1912**

(a) Marks indicating congenital peculiarities or previous disease **None.**

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

*Both Eyes 20/20*

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.
<i>11/2/17</i>	<i>YGR</i>	<i>S. S. Spley</i>
		M.O.
Date.	Result.	ANTI-TYPHOID INOCULATIONS, ETC.
<i>11/2/17</i>	<i>YGR</i>	<i>Dau Murray</i>
<i>11/3/17</i>	<i>YGR</i>	<i>Dau Murray</i>
<i>11/4/17</i>	<i>YGR</i>	<i>Dau Murray</i>
		M.O.
		M.O.
		M.O.

Enlisted on **14th.** day of **Nov.** 191**6** at **Windsor Ont.**

	CORPS.	REG'T NUMBER.	HABITS.	DATE.
Joined on enlistment	<b># 2 Const. Bn.</b>	<b>931630</b>	<b>Temperence.</b>	<b>14-11-16.</b>
Transferred to				

### EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
<b>Windsor, Ont.</b>		<b>on enlistment</b>	<b>Fit</b>
<i>G. B. Wick</i>	<i>Major, A. M. C.</i>	<i>C. L. Lillie</i>	<i>Det. Stewart</i>
		<i>Capt., A. M. C.</i>	<i>Capt.</i>
<b>Montreal</b>	<b>5. 2. 19</b>	<b>NIL</b>	<b>Az J. A. Faine Capt</b>

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.



DAVIS Fred Alban

Pte

931630

\*Name..... Rank..... Regtl. No.....

Fyle Depot..... 19-D-449

Original unit No. 2. Present unit D.D. No. 4 M. or S. S Age 33 Religion Meth. Ref. H.Q.

Con. En

Port, ship, and date of arrival..... Halifax, N.S. S.S. Olympic 17-1-19

Next of kin..... Henry R. Davis, Columbus Ga. U.S.A. (F)

Address on leave.....

Address on discharge.....

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

Previous occupation..... Mechanic Date and place of enlistment..... Nov 14-16 Windsor, Ont.

Diagnosis..... Date of Medical Boards.....

Date.	Remarks	Pt. 2 Order No.
21-1-19	T.O.S. from O/S 10-1-19. Posted to Cas. Coy. 17-1-19.	
	Far W/S. to 3-2-19.	21.

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

(over)

Date.

Remarks.

Pt. 2 Order No.

10-2-19

SOS. dis. 1420. Para. C. demob. effect 7-2-19 Ca. "A"

41.

at E.  
D

649. D - 21063  
Rank ~~1st~~ Spr.

Number 931630

Rank

Surname DAVIS

Christian Name Fred Alvin

Units C.O.R.L.L. Theatre of War France

Date of Service 19-5-17

Remarks 3201 Laclede St. St. Louis

Latest Address No. 530. 209 St. Antoine St

803 N. Jefferson Ave. Montreal P.Q.

Roll No. St. Louis Mo. U.S.A. 22  $\frac{3}{32}$

200m.-2-21.M. Page 22313

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

RANK

SURNAME

INITIALS

UNIT

DESP. OCT 19 1935  
REGN. NO. 1514

Over-MAR 24 1932  
REGN. NO. 530

*RM held "unknown"*

address.....

(Street)

(City or Town)

(Province)

person to be notified of arrival.....

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

Railway.....

is your wife on board..... Number of children on board.....

nation.....

(Sgd.).....

*290232*



SURNAME.

*Davis*

CARD NO.

*4*

CHRISTIAN NAMES

*Fred Aless*

*S.O.S. Demob. 7.2.1919/104133*

*W.O. 4.1 of FOLL. 102-194*

REGL. NO.

*931630*

RANK

*Pte.*

UNIT

*No 2 Construction No 4 D.O.*

*Br.*

FORMER COPPS

*Nil*

NEXT OF KIN.

NAMES IN FULL

*Davis, Harry R.*

RELATIONSHIP TO SOLDIER

*Father*

CHANGE OF ADDRESS

ADDRESS

*Columbus, Ga. U. S. A.*

COUNTRY OF BIRTH

*U. S. A. Columbus Ga*

DATE

*Dec. 19<sup>th</sup> 1885*

PLACE OF ATTESTATION

*Windsor, Ont*

DATE

*Nov. 14<sup>th</sup> 1916*

*SPIC 17-1-19 25/105 Pte.*

From Halifax per S.S. "Southclaw" 28/3/12

MARRIED

SINGLE

yes

WIDOWER

TRADE OR CALLING

Mechanic

RELIGION

Methodist

DESCRIPTION.

APPARENT AGE

30

YEARS

4

MONTHS

HEIGHT

5<sup>0</sup>

FEET

3

INCHES

CHEST MEASUREMENT

34

INCHES

EXPANSION

2

INCHES

COMPLEXION

Dark

EYES

Brown

HAIR

Black

DISTINGUISHING MARKS

Scar L arm (one)

MEDICAL EXAMINATION.

PLACE

Windsor Ont.

DATE

Nov 14<sup>th</sup> 1916

Present address. 286 Winton St Detroit Mich U.S.A.

No. 931630

RANK

Pte.

NAME

Davis Fred Alvin

T. O. S.

14-11-16

UNIT

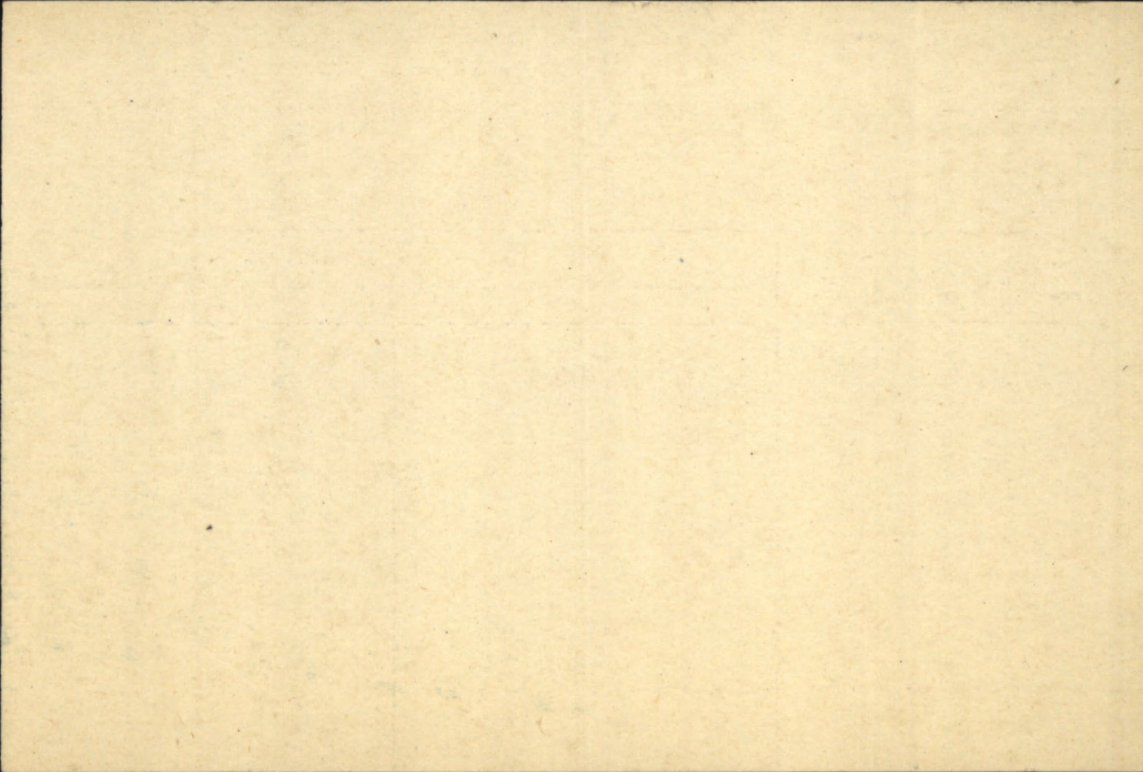
No 2. Construction Battalion

D. O. 82. 20.11.16

M. D.

6

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916 Nov 14	1916 Nov 30	✓		
	Dec.	✓		
1917 Jan.	1917	✓		
	Feb.	✓		
	Mar.	✓		













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

M. OR S. *0* REGT. No. *831630* RANK *Pte* NAME (IN FULL) *DAVIS, FRED ALVIN*

RELATIONSHIP *T.O.S.* EFFECTIVE DATE *10-1-19* AUTHORITY *D.O. 21/3*

ADDRESS *T.O.S.* PLACE OF ATTESTATION *Windsor, Ont* TRANSFERRED TO *Windsor, Ont* DATE *Feb 1919* AUTHORITY

DATE OF ATTESTATION *14-11-16* TRANSFERRED TO DATE AUTHORITY

ASSIGNED PAY, \$ *nil* DATE EFFECTIVE

IS SEPARATION ALLOWANCE PAID? *nil* DATE EFFECTIVE

TO WHOM PAID RELATIONSHIP

ADDRESS *Windsor St Branch Bank of Montreal* RELATIONSHIP ANY CHANGE IN ASSIGNEE OR ADDRESS

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE EFFECTIVE

DISCHARGED PLACE *Montreal* DATE *7-2-19* REASON *DD 4-19 2-44* AUTHORITY *DD 4-19 2-44* IF ENTITLED TO POST DISCHARGE PAY

MONTH	PAY AND F. A.		OTHER CREDITS			TOTAL CREDITS		ACQUITTANCE ROLLS			CASH PAYMENTS			ASSIGNED PAY	REGI-MENTAL CHARGES	OTHER CHARGES	TOTAL DEBITS		BALANCE		PARTICULARS OR REMARKS					
	NO. OF DAYS	RATE	AMOUNT		\$	C.	\$	C.	COL. NO. 1	COL. NO. 2	COL. NO. 3	COL. NO. 1	COL. NO. 2				COL. NO. 3	\$	C.	\$		C.	\$	C.	\$	C.
			NO.	DATE					NO.	DATE	NO.	DATE	\$				C.									
Balance from previous account																										
Jan 1	31	1.10	34	10	12	00	325	28															Posted to Cas Co 17-1-19 granted leave m/s 3-2-19 D.O. 21/3 ✓ C.L.P.C. 325.28			
Feb. 7	7	1.10	7	70	2	40	371	38															W.S.G.			
							416	48															WAR. SERV. GR. GRAUITY			
																							Other to S.S. S. a. Soldier Depend.			
4.2.19					350	00	350	00																		
4.3.19																										
7.4.19																										
7.5.19																										
7.6.19																										



12-1-37

This space to be for numbers.

# Proceedings on Discharge.

M

Handwritten mark resembling a stylized 'H' or 'A' with a diagonal line.

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

MILITARY  
FEB 11 1919  
M. D. 4

No. 931630

Rank Pte

Surname DAVIS

Christian name Fred Alvin

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

Corps (Squadron, Battery or Company) #2 Cons. Bn

Date of discharge Feb. 7th/19

Place of discharge Montreal, QUE

Handwritten 'M' in a circle.

## 1. DESCRIPTION AT THE TIME OF DISCHARGE.

	Descriptive marks
Age.....33.....years.....1.....months.	
Height.....5.....feet.....5.....inches.	
Complexion Dark	
Eyes Brown	N11
Hair Black	
Trade Mechanic	
Intended place of residence (To be given as fully as practicable.)	209 St. Antoine St. Montreal, QUE

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

RO 1420 Para (C) Cat. A. Demob.

Authority for discharge.....

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

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.

18

(OVER)

Handwritten initials and date: 2-9-59

Handwritten date: 12/2/19

## 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.*



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.....

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)..... Montreal, QUE *Luc A. Davis* (Signature of Soldier.)

(Date)..... Feb. 7th / 19 *A. K. Challey B. master* (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)..... Montreal, QUE.....

(Signature).....

Lieutenant.....

Officer i/c Discharge Section, District Depot No. 4,

(Date)..... Feb. 7th / 19.....