34854

ORIGINAL

Batln No 184725

ATTESTATION PAPER.

129th O. S. BATT'N. C. E. F.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

No.

Folio.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

	(ANSWERS).
1. What is your surname?	Davies
1a. What are your Christian names?	James Mervin
1b. What is your present address?	Lynden Ontario
2. In what Town, Township or Parish, and in what Country were you born?	Hamilton Ontario
3. What is the name of your next-of-kin?	Mrs Edna E. Davies
4. What is the address of your next-of-kin?	Lynden Ontario
4a. What is the relationship of your next-of-kin?	wife Canada
5. What is the date of your birth?	February 7-1882
6. What is your Trade or Calling?	Farmer
7. Are you married ?	Yes
8. Are you willing to be vaccinated or re-vaccinated and inoculated?	Yes
9. Do you now belong to the Active Militia?	No
10. Have you ever served in any Military Force? If so, state particulars of former service.	13th Royal Reg. 2 years
11. Do you understand the nature and terms of your engagement?	Yes
12. Are you willing to be attested to serve in the Canadian Over-Seas Expeditionary Force?	Yes

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, James Mervin Davies, 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.

JM Davies (Signature of Recruit)

Date Feb 18th 1916 P Westoby Sgt (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, James Mervin Davies, 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.

JM Davies (Signature of Recruit)

Date Feb 18th 1916 P Westoby Sgt (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 Dundas this 18th day of February 1916

W Otter Lieut.-Col. (Signature of Justice)

COMMANDING 129th O. S. BATTALION C. E. F.

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

34854

Description of James Mervin Davies on Enlistment.

Apparent Age 34 years — months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5 ft. 5 3/4 ins.

Chest measurement: Girth when fully expanded 36 ins.
Range of expansion 4 ins.

Complexion dark

Eyes brown

Hair black

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

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

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

no vacc marks

CERTIFICATE OF MEDICAL EXAMINATION.

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

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

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

Date February 3 1916 — K. C. Lauchland Capt.

Place Dundas Ontario — " M. O. 129th O. S. Batt., C. E. F.
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.

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

W. O. Thornley (Signature of Officer)
Lieut.-Col.
COMMANDING 129th O. S. BATTALION C. E. F.

Date Feb 21st 1916

C.E.F.

DAVIES JAMES MERVIN 784725 129 BN. 04835

M.U.

Discharged 16-6-54

H

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 784725 (Rank) Pte.

Name (in full) DAVIES. JAMES KERWIN. enlisted in

the 129th Bn.

CANADIAN EXPEDITIONARY FORCE at Dundas Ont. on the 18th

day of Feb. 19 16.

HE served in England and France.

and is now discharged from the service by reason of ~~xxxxxxxxx~~ Demobilization. Medically Unfit for further general service.

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

Age 21 7m.

Height Dark.

Complexion Brown.

Eyes Brown.

Hair

Marks or Scars

C.A.M.C. T.D. #2
NOV 5 1919
ORDERLY ROOM

J M Davies.
Signature of Soldier

Captain.
Issuing Officer

Rank

O.C. C.A.M.C. T.D. #2.
Appointment

Date of Discharge Toronto, Ont. 5-11-19.

Signed at this day of November 5th 19 19.

in Military District No. B.

File Reference No.

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.

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

34854 R-122

J.P.

Rank Pte. Name DAVIES, James ~~Marion~~ Mervin ✓ Reg'l No. 784725.✓

Unit 129th Bn. If in perm. Corps, What Unit? Married or Single Married.✓

Place and Date of Enlistment Dundas.18thFeb.1916.✓ Place of Birth Hamilton. Ontario.✓

Name and Address, Next-of-Kin Mrs.Edna E.Davies.✓

Lynden.Ontario. Canada.✓ Relationship Wife.✓

Assigned Pay Monthly $ Payable to

Relationship

Separation Allowance $ Payable to

Relationship

Discharge, Date and Place Reason Character

H

N/E R.B. No 13552
File R.L.
Category Can O R

H. W. & V., Ld.—7165-16.

Report. Date.	Report. From whom received.	Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS. Taken from Official Documents.
		ARRIVED IN ENGLAND	S.S.OLYMPIC	30-8-16	
19.10.16	129th	Transferred to 123rd	Witley.	18.10.16. Pt. 2DO217	
20.10.16	123rd	Taken On strength	B'shott.	18-10-16. DO Pt. 2.242.	
21 4 17	"	S.O.S. to 3 Res Bn	Witley	21 4 17	" " 78 A.F.B.103 CHECKED 28/5/17
23 4 17	3 Res Bn	T.O.S. from 123 Bn	W Sandling	21 4 17	" " 110 FWY
17-5-17	—	S.O.S. to 4th Bn.	—	17-5-17	— 134 Lt II 58 4th Bn. 31-5-17
11-7-17	4th Bn	No 1 Can Field amb.	Field	1-6-17	C.L.A. 695 Heat Prostration
28 4. 18.	"	Trans to England. pending furlough to Canada	Pte Field	26 4 18	Pt II O 47 & 116d 28.4.18. 1 CORD
22 5 18	1 CORD	On Comm CDD Buxton	" Witley	22 5 18	Pt II O 140
2 7 18	✓	S O S to Canada	" "	22.6.18	Pt II O 181

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.					

Army Form B. 103. 34854 Regimental Number 78.4.25.

Casualty Form—Active Service.

Regiment or Corps.....

Rank Pt Surname Davies Christian Name James Mervin

Religion..... Age on Enlistment.....years.....months

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

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

Extended {.....} Re-engaged {.....} Qualification (b).....

or Corps Trade and rate.....

Occupation..... .....Signature of Officer.

Report: Date	Report: From whom received	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.
		Embarked ...			
		Disembarked ...			
28 4 18.	1 C.O.R.D.	T.O.S. from 4 Bn	Pt. Witley	26 4 18	Pt. 0116 RAD
22.5.18.	1st C.O.R.D.	Att to 1st C.D.D.	Witley	22.5.18	D. 0.14

for Colonel i/c Records. R. Hooper Lieut RH

A. W. Dunkley
o/c Records Pro
1st C. O. R. D.

23 MAY 1918 TAKEN ON STRENGTH C.D.D. BUXTON Pt. 11 ORDER No. 121

22 JUN 1918

EMBARKED FOR CANADA FROM LIVERPOOL

(a) In the case of a man who has re-engaged for, or enlisted into Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.

(b) Signaller, Shoeing-Smith, &c.

W. 5527—M2008 1000m 7/1[illegible] Forms [illegible]

Commanding Canadian Discharge Depôt.

Lieut.-Col.

34854

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. X		82	
			M. D. Newman		Lieut. and Asst. Adj. For O.C. No. 2 District Depot
					Major For O.C. No. 2 District Depot
9.10.18	2nd Bn. C.G.R.	TAKEN ON STRENGTH, TORONTO	Part II, D.O. #	9-10-18	101
1-3-19	2nd Det. Canadian Garrison Regt., C.E.F., S.O.S. Toronto	on transfer to Wmb. Ld #2 Part 2, D.O. # 63-4-3-19			C. P. Stockney Lieut. O. I. C. Records, 2nd Det., Can. Garr. Regt., C. E. F.
	S.O.S. 5-11-19	Medically Unfit & Demob.	R.O. #1328	D.O. 304	31-10-19
			[illegible] Capt. O.C. C.A.M.C. T.D. #2.		

34854 Fwy

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

DAVIES

M. F. W. 54. (A. F. B. 103.)
250M.—1-16.
H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps 129th O. S. BATT'N. C. E. F.

Regimental No. 784725 Rank Private Name Davies James Mervin
C. E. F.

Enlisted (a) 18. 2. 16. Terms of Service (a) War and 6 months Service reckons from (a) 18. 2. 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) (Farmer)

Report: Date	Report: From whom received	Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36. or other official documents.
		Embarked Canada.	Halifax	21.8.16	"Olympic"
		Disembarked England.	Liverpool.	30.8.16	"
19-10:16	O.C. 129 Bn	Transfd. 123rd Battn. Can. Inf. (Authy R.O. 479 16-10-16)	Bramshott	18-10-16	Pt 2 Order 217, 19-10-16
		Commanding 129th Battalion, Can. Inf.			Lieut-Col.
20-10-16	O.C. 123 Bn	Taken on 123rd, BN. C. E. F. Royal Grenadiers	Bramshott	18-10 1916	Pt 2-242-20-10-16 R. S. Northcote Capt. Adj. for 123rd Bn. C.E.F. Royal Grenadiers
21-4-17	123rd. Bn.	Transferred to 3rd., Can. Reserve Bn.,	Witley	21-4-17	Pt 2-78-21-4-17 B.H. Crouquett. O.C. Details 123" Can Pioneer Bn.
23/4/17	O.C. 3rd Res. Bn. C.E.F.	Taken on Strength	W. Sandling	21/4/17	Pt. II. Bn. 110

(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.

34854

CERTIFIED CORRECT. 1-JUN. 1917 CAN. RECORDS LONDON.

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.
	O.C. 3rd Res. Bn. C.E.F.	Taken on Strength	W. Sandling		Pt. II. Bn. O.
17-5-17	O.C. 3rd Res. Bn. C.E.F.	Transferred to 4th Frame Bn	W Sandling	17-5-17	Pt. II. Bn. O. 134 for [illegible] Army. Lt. Col. O.C. 3RD RESERVE BN. C.E.F.
18.5.17	C.B.D.	Arrived	C.B.D.	18.5.17	N.R.
26.5.17	4th Bn.	Arrived Unit	Field	23.5.17	B.213 Pt. II O No 58 d. 31.5.17 D.C.S. 453
2-6-17	do	Sick	do	30-5-17	B213 D.C.S. 454
16-6-18	do	Rejoined unit	do	8-6-17	B.213 " 457
3-6-17	No 1 C.F.A.	Heat Prostration Adm	No 1 C.F.A.	1-6-17	A36 " 460
10-6-17	No 1 C.F.A.	do Disc to duty	Field	8-6-17	A36 ~~" 470~~
29-12-17	G.O.C. 1st C.I.B. de	Granted 14 days leave	U.K.	22-12-17	B213, Pt 2 O No 4, d/14-1-18
12-1-18	do	Rejoined from leave	Field	5-1-18	do
22-4-18	do	Dispatched to Base	do	22-4-18	Telegram SC 788, K.E. 27403.
23-4-18	C.I.B.D.	Taken on for disposal	C.I.B.D.	23-4-18	NR/BE 589.
26-4-18	do	Trans to Eng., with a view to being granted furlough to Canada on compassionate grounds and posted to 1st C.O.R.D., Witley		26-4-18	NR/BE 660. A.G. Cdns No A.G./4b/22/1/3 d/29-12-16 approved under W.O. No 121/Overseas/3289 (DR2) d/10-1-17 A.A.G. Cdn Sec file K.E. 27403. Pt 2 O No 47, d/28-4-18.

[signature] Lieut for Lt-Col. A.A.G.

ORIGINAL

ORIGINAL 34854

MEDICAL HISTORY SHEET.

Surname Davies *Christian Name* James Mervin

Examined { on 3 day of February 1916 / at Dundas Ontario

Birthplace { City or Town Hamilton / County Ontario Canada

Apparent age 34

Trade or occupation Farmer

Height 5 Feet 5 3/4 Inches.

Weight 135 Lbs.

Chest measurement { Minimum 32 inches. / Maximum expansion 4 inches.

Physical development good

Small-Pox Marks —

Vaccination Marks { Arm Right. Left. / Number — —

When Vaccinated last 1892

(*a*) Marks indicating congenital peculiarities or previous disease

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

Vision R D = 15 L D = 15

Approved by Lc Lauchland Capt.

Rank M. O. 129th O. S. Batt., C. E. F. M.O.

Date.	Fit or Unfit.	Examined for Re-engagement.
		1 MAY 1918
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Date.	Result.	Vaccinations.
14/10/16		R MacAngie Capt M.O.
		M.O.
		M.O.

Date.	Result.	Anti-Typhoid Inoculations, Etc.
1916		
Mar 23		M.O.
" 27		Lc Lauchland M.O.
" 31		" Capt.
Sept 22	T+17	M. O. 129th O. S. Batt., C. E. F. M.O.
		R MacAngie Capt

Enlisted on 1st *day of* Feb 1916 *at* Lynden Ont

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	77th Regt			1. 2. 16
Transferred to	129th Battn C.E.F.	784725		3. 2. 16
	123rd Bn			18. 10. 16
	3rd Res Bn			21-4-17

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.
			A ii

CANADIAN

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.

200M—11-15.
H. Q. 1772 39-4'9.

34854

Surname Davies Christian Name James Mervin

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.
Dundas.	3.2.16										

Temporary

MILITARY SERVICE ACT, 1917.

Hamilton Military Hospital.
34854

MEDICAL HISTORY SHEET.

1. Surname Davies. Christian name James Merivin.

2. Number of report for service or claim for exemption according to Postmaster's Receipt or schedule .....

3. Consecutive number on schedule of men reporting for service (if he appears on it) .....

4. Address (including street and number if any).....

The following are accurate particulars with re ard to the above named man as ascertained by the medical examination on the .....day of.....19....., by the undersigned medical board sitting at.....

5. Age as stated.....Years.....Months. 6. Apparent age.....Years.....Month

7. Height.....Feet.....Inches. 8. Weight.....Pounds.

9. Chest measurement { Minimum.....Ins. / Maximum.....Ins. } 10. Complexion..... { Eyes..... / Hair..... }

11. Physical development ..... { Good / Fair / Poor } 12. Smallpox marks .....

13. Number of vaccination marks { Right arm..... / Left arm ..... } 14. When vaccinated last .....

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

.....

16. Slight defects but not sufficient to cause rejection .....

The man denies having had { Rheumatism, / Tuberculosis, / Nervous or Mental disorder. } Epilepsy / Syphilis, / Asthma.

We find no evidence of past { Rheumatism. / Tuberculosis, / Nervous or Mental disorder. } Epilepsy / Syphilis / Asthma

(Strike out disease admitted or suspected)

We have examined the above named man in accordance with the C. E. F. Regulations for medical examinations, and he is placed in Category [ ]

17.

(a) Vision. R.....L.....

(b) Hearing. R.....L.....

Signature of Man.....

.....*President.*

.....*Member.* .....*Member.*

Date	Result	Vaccinations	Date	Result	Anti-Typhoid Inoculations, Etc.
.....	.....	..... M. O.	.....	.....	..... M. O.
.....	.....	..... M. O.	.....	.....	..... M. O.
.....	.....	..... M. O.	.....	.....	..... M. O.

Joined.....*day of*.....*19*.....*at* .....

	Corps	Reg'tl Number	Habits	Date
Joined on enlistment				
Transferred to.....	2nd Batt. C. G. Regt.	784725		

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station	Date	Disease	Result

N.B.—This sheet is 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.

If raised in category, record category in a square. The M. O. will initial and date.

[ ]
[ ]
[ ]
[ ]

M. F. B. 313.
300M —4-18.
1772-39-430.

Surname

Christian Name

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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				
Hamilton Military Hospital. Hamilton, Ontario.		30	12	18.	24	2	19	Myalgia	36.	Myalgia not improving discharge to unit	Capt.

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CASE HISTORY SHEET.

Toronto Stationary Hospital. Exhibition Camp Toronto Station.

No. 784725 Rank Private Name Davies, Jas. Mearven Age 36

Unit 2nd CGR Completed years of service Where and how long } 1 yr Can. 13/12 France 10/12 England

Date of admission Dec 19/18 Date of discharge Dec 23/18.

Diagnosis Myalgia Place of origin In service

CONDITION ON ADMISSION AND PROGRESS OF CASE Pains in feet arms & shoulders at intervals since Aug/17 - becoming painful again three weeks ago & still painful.

P.H. - Heat prostration - France May/17 - 1 mo.
Trench Fever - Aug/17 - 2 weeks. - followed by pain in arms & shoulders ever since.
Gassed - Aug/17 Hill 70.
Nose opern - Aug/18 - obstruction removed.
Myalgia - Aug to Oct/18.
Wounds - shrapnel - left neck, rt forearm rt hip 1917 C2
Denies V.D.

Pt says that nothing has helped him but violet rays of the considerable treatment he has had of all kinds

Left little finger can be extended but not flexed. No signs of rheum in any joint. no swelling or loss of movt except little finger as above.
Systems - otherwise normal.

FAMILY HISTORY nil
(Tuberculosis, mental or nervous diseases.)
none.

TREATMENT Violet Ray. bid.
(Especially any specific or special form.) A.P.C. Capsules prn - headache.

CONDITION ON DISCHARGE, Improved
(and disposal made of case.)
Recom - 7 dys leave.

Date Dec 23/18

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

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

18025

Stat. Mil. T. Hosp. Dec. 21-18

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Name - Pte. D[illegible]ries
Ward - East Wd
Colour - Amber
Spec. Grav - 1026
Albumin - Neg
Sugar - "
Reaction - Acid

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M. F. B. 239.
1½ million—3-18.
H.Q. 1772-39-194

In reply please quote

No.

MILITIA AND DEFENCE.

23/9. 1919.

784725
Pte Davies

In my opinion no treatment is required for this patient's haemorrhoids of which there is no evidence at present.

23/9/19

Robert Pearce
Maj

Oct 25

Haemorrhoids marked. A day.
May we have a further surgical report please
ACG.

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DEPARTMENT OF EAR, NOSE AND THROAT.

Name:- Davies J M. Rank- Pte 784725 88th 2 Cm Cn Date 15/9/19 Age- 37

Diagnosis:- Nasal polyp (right)

History:- Gassed slightly Aug 1917 - Returned to Canada July 1918 - Myalgia and sunstroke. Growth removed from left side of nose at Hamilton Sept 1918. Since then he has had return of nasal obstruction and sense of obstruction in lower part of throat.

	Right.	Left.
Ext. Facies-		
Nasal Septum-	Partial submucous resection has been done - slight tag left side slight thickening right side in upper part.	
Inf. Turbs.-	neg.	
Mid. Turbs-	Polyp under right middle turb.	neg
Nas. Pharynx-	neg	neg
Pharynx-	neg	
Tonsils-	neg	
Accessory Sinuses-	no	
Larynx	negative	
Ext. Aud. Canal	neg	
Memb. Tymp	both somewhat opaque and retracted	
Mastoid		
X-Ray		

Hearing Right 21 feet H. V. v. Air Bone Weber

Left 21 feet

Treatment and Progress-

Polyp removed. - local to wash nose thoroughly with saline solⁿ for three times daily for one week. Then return for obsⁿ.

O. A. S. Wishart
Capt.

CASE HISTORY SHEET.

34854

College Military Hospital. Toronto Station.

No. ... Rank Pte. Name Davies, J.M. Age ...

Unit ... Completed years of service (Where and how long) C. 6/12 E. 1/12 F. 12/12

Date of admission ... Date of discharge 2-11-19

Diagnosis Myalgia Place of origin France April 1918

CONDITION ON ADMISSION AND PROGRESS OF CASE

Cont'd.

He then asked for permission to lay his complaints to Headquarters. He was told that he was to put them in writing and that they would be immediately forwarded. The Orderly Sergeant was told to put a stenographer at his disposal.

He said he had been away 3½ years from home. Later stated that in the spring he had had leave and had got two weeks extension on account of wifes illness. Does he want to hibernate?

(Sgd) Wm. Baillie, O.C.

Oct. 21/19. Pte. Davies was asked if he wanted to be paraded before the O.C. He declined to be paraded.

S/Sgt. Stewart,

22-10-19. No signs of definite neurosis nor of any organic disease. He sould see medical consultant and then discharge.

A.A. Fletcher, Major.

Special report re Myalgia.

22-10-19. Pt. shows very little evidence of lumbar myalgia today, most movements of trunk and legs free. Some hyperaesthenia lumbar spine. Hospital treatment is not necessary for this.

(Sgd) A.R. MacKenzie, Lt. Col.

FAMILY HISTORY

(Tuberculosis, mental or nervous diseases.)

TREATMENT

(Especially any specific or special form.)

CONDITION ON DISCHARGE,

(and disposal made of case.)

Date ...

Medical Officer i/c case.

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

CASE HISTORY SHEET.

34854

College Military Hospital. Toronto Station.

No. 784725 Rank Pte. Name Davies, J.M. Age 37

Unit 2 D.D. Completed years of service (Where and how long) Enlisted Feb. 1916 C6/12 E9/12 F12/12.

Date of admission Aug. 21, 1919 Date of discharge 2-11-19

Diagnosis Myalgia Place of origin France April 1918

CONDITION ON ADMISSION AND PROGRESS OF CASE. Complains of pains through the chest in lumbar region of back, aching over whole of head, difficulty in breathing through nose, haemorrhoids which are not particularly bad now but bother him considerably during the hot weather. Pain in back of right wrist over area that was burned. Pain in both shoulders during wet weather. General weakness.

Had pain in back in Witley Camp 1916. Was laid up for 1 month. Pain has never completely left him since then. Went to France May 1917 with 4th Bn. until May 1918. Had a heat stroke in June 1918. Was under moderate bombardment at the time. States he was unconscious for 3 days when he came to had severe headache and has kept on since then. Sent back in May 1918 on account of gas burns. Pain through shoulders and chest began Aug. 1917 alsothe haemorrhoids. Complaints have become much worse during past 2 weeks and now he states he is weaker than 1 year ago.

No rhombergism. Pupils react active to light. Tonsils not enlarged. Teeth slight phorrhoea. Heart not enlarged, no murmurs. Blood pressure 138-96. Deep and superficial reflexes active. Free movement of both arms. Free movement of back. To have radiant heat and P.T.

Sept. 10th- Condition unchanged. To be seen by MajorBoyer. States nothing will do him any good and would like to go home where he could lay around.

Sept. 15-19. Get nose & throat report. Write a note stating complaints then ask for report. Get report on haemorrhoids. Looks pretty obviously a pension case. G.F. Boyer, Major.

Oct. 20- Orderly room A.W.L. twenty days. He wrote for extension Aug. 29 the day his leave expired-wrote refusal. Further letter Oct. 13th answered "registered" pointing out that he would be a deserter in six days. Capt.

FAMILY HISTORY (Tuberculosis, mental or nervous diseases.)

TREATMENT (Especially any specific or special form.) Tisdall's report (personal) was that he was "133 Motive" He also put it over in getting leave. At trial stated that he had had business that must be finished up. Claimed not to have received first letter until last week Oct. 17th.

Forfeiture pay 10 days 46(2)D 20 days R.W.,

Immediately after orderly room, wanted to know (1) why he was not tried early enough to enable him to get leave out of town to vote (2) why he was not granted leave even without pay (3) why he could not make application to H.Q. direct. When told that he had then been absentee for 15 days he said he did not see what difference this made. Cont'd.

CONDITION ON DISCHARGE, (and disposal made of case.)

Date .....

.....
Medical Officer i/c case.

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

Hamilton Military Hospital.

34854

CASE HISTORY SHEET.

Leave & Furlough

Hamilton Military Hospital. Hamilton Out Station.

No. 784725 Rank Pte. Name Davies, James, ~~Mann~~ Meerwan Age 36

Unit ~~4th Bdn.~~ 2 DD. Completed years of service Where and how long } Canada 6/12 Eng 10/12 France 14/12

Date of admission 19/8/18 Date of discharge 3/9/18.

Diagnosis (1) Myalgia (2) Deflected Septum. Place of origin France - Aug 17 -

CONDITION ON ADMISSION AND PROGRESS OF CASE

Complains of dull aching pain in small of back in left hip joint and both shoulders. Pain not always constant.

T.P.R. normal. apetite good.

Other systems normal.

Urinalysis aug 31 - 1918

Sg. - 1030 Sugar - neg.

Color - Cloudy amber Blood neg

Reaction - acid acetone neg

albumen - traces. Diacetic neg.

microscopic. Phosphates.

Operation deflected septum. by Capt McFarlane aug 31st - 1918.

~~For transfer to B House for Electrotherapy~~

FAMILY HISTORY neg.

(Tuberculosis, mental or nervous diseases.)

TREATMENT Arthrheumatic mixt.

(Especially any specific or special form.)

CONDITION ON DISCHARGE, Other systems normal

(and disposal made of case.) No improvement in Myalgia removed to Brant Mil Hosp. Burlington for electro Therapy treatment.

Date 3/9/18.

R Park Capt.

Medical Officer i/c case

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

18257

34854

CASE HISTORY SHEET.

Grant Military Hospital. Burlington Station.

No. 784725 Rank Ptc Name J. McDavies Age 36

Unit #2 D.D. Completed years of service Where and how long 2 7/12 F 7/12 E 8/12

Date of admission Sept 3 1918 Date of discharge

Diagnosis "Myalgia" (2) Post nasal Gp. Place of origin France

CONDITION ON ADMISSION AND PROGRESS OF CASE Had lumbago in Whitley camp Dec 1916. I got over that and then Had heart prostration in May 1917 Unconscious for two days. ~~My~~ His head has bothered him ~~self~~ ever since a ~~sharp~~ dull pain over the left temple, worse after exertion relieved by rest and analgesics.

At hill 70 in Aug. 1917 exposed to damp and wet ~~at~~ this brought on swelling of the legs so that he had to cut his boots to get them on.

He had pain in the ankles radiating up the legs. The pain was a dull ache and was relieved by some tablets. The left leg still aches and his hips ache and pain when he moves. His shoulders ache at night so that he has to alter his position about every hour. At hill 70 he was slightly gassed. Yellow matter comes from the left nostril ~~of his~~

~~FAMILY HISTORY~~ He has had massage for hips and legs.

(Tuberculosis, mental or nervous diseases.)

He has small external piles.

Examination of heart and lungs negative. No temperature elevation here. Urinalysis record attached. Operation on deflected septum of nose. No foci of infection found.

TREATMENT

(Especially any specific or special form.) Wasserman Sept 2 Hamilton Military Hosp.

Urinalysis – Twice at Hamilton Military sheet attached

CONDITION ON DISCHARGE, Slightly improved. Transferred to leave & furlough section

(and disposal made of case.) Urine - no alb or sugar 2 AA. G R L Farmer Lt.

Date 7.10.18

M. A. MacKinnon
Medical Officer i/c case.

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

MEMORANDUM

From Standing Medical Board,
Armouries, Hamilton.

To Lieut. P.B. Macfarlane,
152 James Street S.,
Hamilton.

19/8/18. 19

784725, Pte. J.M. Davies.

Will you please make an examination of the nose & throat condition of the marginally noted man, and let me have a report of your findings, under the following headings:-

1. Present condition:-
2. Did the condition arise previous to enlistment? If so, has it been aggravated by service.
3. Extent to which his capacity is lessened for earning a full livelihood in the general labor market.
4. Probable minimum duration of the disability.
5. Prognosis:- (a) With treatment; (b) Without treatment.

Major,
Pres., S.M.B.,
Hamilton.

NOTE. Please answer all the above questions.

M. F. B. 207.
1 million—9-16.
H. Q. 1772-39-282.

From

To

ANSWER

19

Deflection of nasal septum
Most likely a long standing condition. Probably aggravated by service.

?

Permanent under-relieved, with treatment should be relieved

P B Macfarlane

19/8/18 - Lieut. Macfarlane reported by telephone that throat condition secondary to nose & will clear up when nose has been fixed

MEMORANDUM

From Standing Medical Board,
Armouries, Hamilton.

To Lieut. P.B. Macfarlane,
152 James Street S.,
Hamilton.

19/8/18. 19

784725, Pte. J. M. Davies.

Will you please make an examination of the nose condition of the marginally noted man, and let me have a report of your findings, under the following headings:-

1. Present condition:-

2. Did the condition arise previous to enlistment? If so, has it been aggravated by service.

3. Extent to which his capacity is lessened for earning a full livelihood in the general labor market.

4. Probable minimum duration of the disability.

5. Prognosis:- (a) With treatment; (b) Without treatment.

J. A. Dickson Major,
Pres., S.M.B.,
Hamilton.

From

To

ANSWER

19

This man has a deflected septum which causes intermittent blocking of nasal passages. He requires a submucous resection of the septum.

P B Macfarlane

M.. F. B. 207.
1 million—9-16.
H. Q. 1772-39-282.

CASE HISTORY SHEET.

Brant Military Hospital. Burlington Station.

No. 784725 Rank Private Name D A V I E S, J.M. Age 36

Unit #2 D.D. Completed years of service Where and how long 2-7/12 F. 12/12 E. 8/12

Date of admission Sept. 3, 1918 Date of discharge

Diagnosis Myalgia Place of origin France

CONDITION ON ADMISSION AND PROGRESS OF CASE. Had lumbago in Whitley camp Dec. 1916. He got over that and then had heat prostration in May 1917. Unconscious for two days. His head has bothered him ever since, a dull pain over the left temple, worse after exertion, relieved by rest and analgesis. At hill 70 in August 1917, exposed to damp and wet, this beought on swelling of the legs so that he had to cut his boots to get them on. He had pain in the ankles radiating up the legs. The paid was a dull ache and was relieved by some tablets. The left leg still aches and his hips ache and pain when he moves. His shoulders ache at night so that he has to alter his position about every hour. At hill 70 he was slightly gassed. Yellow matter comes from the left nostril. He has had massage for hips and legs. He has small external piles. Examination of heart and lungs negatice. No temperature elevation here. Urinalysis record attached. Operation on deflected septum of nose. No foci of infection.

FAMILY HISTORY

(Tuberculosis, mental or nervous diseases.)

TREATMENT Wasserman. Sept. 2 Hamilton Military Hospital.

(Especially any specific or special form.) Urinalysis - Twice at Hamilton Military sheet attanhed.

CONDITION ON DISCHARGE. Other systems normal.

(and disposal made of case.) No improvement. Removed to Brant Military Hospital. For Electro-therapy treatment.

Date 3-9-18. M.A. MacKinnon.
Medical Officer i/c case.

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

CASE HISTORY SHEET.

Hamilton Military Hospital Hospital. Hamilton Ontario: Station.

No. 784725 Rank Private Name DAVIES, Jas. Mervin Age 36

Unit 2nd C.G.R. Completed years of service Where and how long } C. 10/12, E. 1 yr., F. 1 yr.

Date of admission 30-12-18 Date of discharge Feb 4, 1919.

Diagnosis Myalgia Place of origin Toronto

CONDITION ON ADMISSION AND PROGRESS OF CASE

Previous History Had whooping cough four or five years ago. Previously healthy. One year later enlisted. Nothing but two colds before going to England. At Surrey camp had lumbago - in hospital fiftee days. Went to France and carried on for about year. Shortly after going to France suffered a heat stroke or heat prostration. In hospital about 3 weeks. Had been shocked by a shell at same time as heat prostration occurred. Carried on with 4th Infantry Batt. for about a year. In Jan. 1918 wounded in the left side of neck.- 3rd Field Ambulance. Stayed around La Brise about 3 wks and went back to Battn. Began to get weak and arms swelled up and he was boarded. A month later his legs swelled and weakness increased and severe headache. Joints stiff and sore. Sent out and invalided to England Apr. 22, 1918.

SUBJECTIVE SYMPTOMS:- Dull aching pain in left forearm and shoulders and left sided headache.

OBJECTIVE SIGNS:- Left little finger a little stiff.

FAMILY HISTORY

(Tuberculosis, mental or nervous diseases.)

TREATMENT Pot Iodidi and Salicylatis

(Especially any specific or special form.)

CONDITION ON DISCHARGE,

(and disposal made of case.) Not much improved, no treatment seems to help much

Transfer to Unit.

Date Feb 4, 1919

M.A.MacKinnon, Capt.
Medical Officer i/c case.

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

CLINICAL CHART.

Corps 2nd Corps. M. Bgt. Hospital Station Hamilton Military Hospital.

No. 784725 Rank and Name Pte Harris James N. Age 36 Service Can 10th Inf. Eng 1 yr - F. 1 yr.

Disease Myalgia Date of Admission 30-12-18 Date of Discharge 4/2/19. Result Unimproved Serial No. A. & D. Book

Dates of Observation	Jan 30	31	Feb 1																													
Days of Disease	32	33	34																													
Temperature Fahrenheit	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.
107°	.8 .6 .4 .2																															
106°	.8 .6 .4 .2																															
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104°	.8 .6 .4 .2		On Pass.																													
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101°	.8 .6 .4 .2																															
100°	.8 .6 .4 .2																															
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98°	.8 .6 .4 .2																															
97°	.8 .6 .4 .2																															
	.8 .6																															
Pulse per Minute	10	13																														
Respirations per Minute	18	18																														
Motions																																

M. F. B. 288.

50M—4-18.
H. Q. 1772-39-513.

Signature W. M. MacKinnon Capt In charge of case.

CLINICAL CHART.

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

Corps 2nd Can. S. Bgt. Hospital Station Hamilton.

No. 784725 Rank and Name Pte. Davies James N. Age 36 Service Can 15/12 Eng. 1 yr. 7. 1 yr.

Disease Myalgia Date of Admission 30-12-18 Date of Discharge 4-2-19 Result Improved. Case Book Folio

Dates of Observation	30 Dec.	31	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29
Days of Disease	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Temperature Fahrenheit	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.
107°																															
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97°																															
Pulse per Minute	68	64							80	60	88	76				60		80	80				80	78	96	70				76	70
Respirations per Minute	20	18							20	20	18	18				17		20	16				16	16	20	18				20	18
Motions																															

Pte. Davies James N. Age 36 Service Can 15/12 Eng. 1 yr. 7. 1 yr.

Disease Myalgia Date of Admission 30-12-18 Date of Discharge 4-2-19 Result Improved. Case Book Folio

Left. Right. Chr. Pneu. Left Pleu.

M. F. B. 288.

25M—2-18.

H. Q. 1772-39-513.

Signature W. T. MacGunnion Capt In charge of case.

CASE HISTORY SHEET.

Hamilton Military. Hospital. Hamilton, Ont. Station.

No. 78473 Rank Pte. Name Davies, James Mearvin Age 36.

Unit #2 D.D. Completed years of service (Where and how long) Can.6/12. Eng. 10/12. France 1-2/12

Date of admission 19-8-18. Date of discharge 3-9-18.

Diagnosis Myalgia Place of origin France, August 1917.

CONDITION ON ADMISSION AND PROGRESS OF CASE. Complains of dull aching pain in small of back, in left hip joint and both shoulders. Pain not constant.
T.P.R.- normal. Appetite good.
Other systems normal.
Urinalysis. Aug. 31st, 1918.

S.G. 1030.	Sugar----------Neg.
Color---Cloudy, Amber.	Blood----------Neg.
Reaction------- Acid.	Acetone--------Neg.
Albumen-------- Traces.	Diocetic-------Neg.
Microscopic----------	Phosphates.

Operation Deflected Septum by Capt. Macfarlane.
August 31st, 1918.

FAMILY HISTORY Negative.
(Tuberculosis, mental or nervous diseases.)

TREATMENT Acute rheumatic Mix.
(Especially any specific or special form.)

CONDITION ON DISCHARGE, Other systems normal.
(and disposal made of case.) No Improvement. Removed to Brant Military Hospital.
For Electro-therapy treatment.

Date 3-9-18. R.Park, Capt.
Medical Officer i/c case.

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

CLINICAL CHART.

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

Corps 4th Bn. Hospital Station Hamilton

No. 784725 Rank and Name Pte Davies Age 36 Service

Disease Myalgia Date of Admission 19-8-18 Date of Discharge 3/9/18 Result ~~—~~ proved Case Book Folio

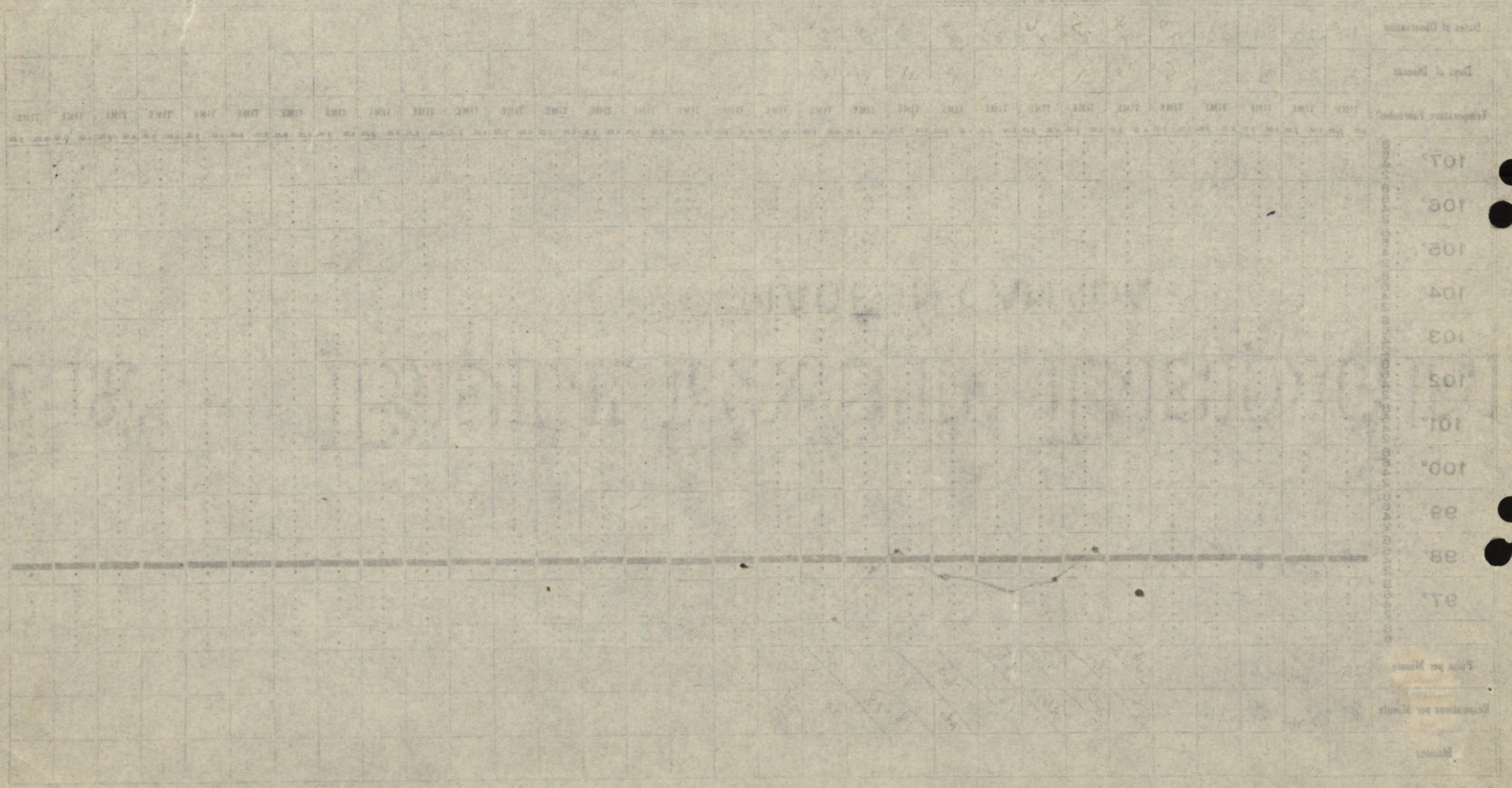
Dates of Observation	19	20	21	22	23	24	25	26	27	28	29	30	31	Sept 1	2
Days of Disease	1.	2.	3.	4.	5	6	7	8	9	10	11	12	13	14	15
Temperature Fahrenheit	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.
107°	8 6 4 2														
106°	8 6 4 2														
105°	8 6 4 2														
104°	8 6 4 2														
103°	8 6 4 2														
102°	8 6 4 2														
101°	8 6 4 2														
100°	8 6 4 2														
99°	8 6 4 2														
98°	8 6 4 2														
97°	8 6 4 2														
	8 6														
Pulse	84	60/64	80	74		64	68	60	68	60	90	60	80	80	84
Respirations per Minute	20	18/16	18	16		18	20	16	18	16	18	18	20	20	20
Motions															

Operation

M. F. B. 288.

50m.—7-16.
H. Q. 1772-39-513.

Signature A Park Capt In charge of case.



CASE HISTORY SHEET.

Hamilton Military. Hospital. Hamilton Ont. Station.

No. 784725. Rank Pte. Name DAVIES, James Mearvin. Age 36.

Unit 2. D.D. 4th. Batt. Completed years of service (Where and how long) Can. 6/12. Eng. 10/12. France 1-2/12.

Date of admission 19-8-18. Date of discharge 3-9-18.

Diagnosis Myalgia. Place of origin France. August 1917.

CONDITION ON ADMISSION AND PROGRESS OF CASE. Complains of dull aching pain in small of of back, in left hip joint and both shoulders. Pain not constant.
T. P. R. normal. appetite good.
Other systems normal.
Urinalysis. Aug. 31st. 1918.

S.G. 1030.	
Color----Cloudy, Amber.	Sugar--------Neg.
Reaction---------Acid.	Blood---------Neg.
Albumen---------Traces.	Acetone------Neg.
Microscopic----------	Diocetic-----Neg.
	Phosphates.

Operation Deflected Septum by Capt. Macfarlane.
August 31st. 1918.

FAMILY HISTORY Negative.
(Tuberculosis, mental or nervous diseases.)

TREATMENT
(Especially any specific or special form.) Acute rheumatic Mix.

CONDITION ON DISCHARGE, (and disposal made of case.) Other systems normal.
No improvement. Removed to Brant Military Hospital.
For Electro-therapy treatment.

Date 3-9-18.

R. Park. Capt.
Medical Officer i/c case.

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

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.

129th O. S. BATT'N. C. E. F.

(1) Name of Overseas Unit which Soldier joins.....

(2) Regimental Number 784725

(3) Full Name of Soldier James Mearven Davies

(4) Place of Birth Hamilton Ont. Can.

(5) Are you married, or not? yes

(6) If married, state,
(a) Full name of your wife Mrs Edna E Davies

(b) Present Postal Address R R no. 1. Copetown Ont. Can.

(7) Are you a widower? .....

(8) Have you any children? yes

If so, give number of boys and girls two boys one girl

Also their names and ages George E Davies 11 years
Edna J Davies 5 years
Earl Davies 2 years

M. F. W. 67.

300M.—5-16.
1772-39-954.

(SEE OTHER SIDE.)

(9) Is your Father alive? Yes

If so, state name and address J. E. Davies 85 Murray St. E. Hamilton Ont. Can.

(10) Is your Mother alive? Yes

If so, state name and address Mrs J. E. Davies

85 Murray St. E. Hamilton Ont. Can.

(11) If your Mother is a widow

Are you her sole support, or not?

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

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

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

Yes

(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.

[illegible]

Officer Commanding.

Date Aug 6/16

College Military Hospital,
October 21st, 1919.

To:- O.C., C.A.M.C., T.D.No.2

149 College St.,

#784725, Pte. Davies, J.M.

Enclosed herewith find Crime Sheet on the marginally noted man.

I might state that this man was admitted to this Hospital Pending Discharge on August 20th, 1919. He was admitted as a Patient on August 22nd, and went A.W.L. from 6 P.M. 20-9-19 not reporting back until 6 P.M. 18-10-19. He is still a patient in this Hospital undergoing treatment.

For your information and action, please.

Major, CAMC
O.C. COLLEGE MILITARY HOSPITAL.

34854

430-9-18.
Brant Military Hospital,
Burlington, Sept. 17, 1918.

From: O.C., Brant Military Hospital,
Burlington, Ont.

To: Pres., Standing Medical Board,
The Armouries,
Hamilton, Ont.

#784725 Pte.
Davies, J.M.

Referring to your letter of Sept. 11th, in regard to the marginally noted man, I beg to report as follows:

1. Temperature elevation during period of observation: (none.
2. Wassermann re-action--negative.
3. Urinalysis:
   S.G. 1030
   Color-cloudy, amber
   Re-action, acid
   Albumen, trace
   Sugar, blood, acetone, diasetic negative
   Microscopic phosphates
4. Operation performed for deflected septum.
5. Still complains of Myalgia but no foci infection have been found.
   His general condition appears to be stationary since admittance to this Hospital.
   I enclose herewith copies of his Case History Sheet.

For your information and necessary action, please.

F.W. Overholt Capt
Lieut-Col., D.S.O.,
O.C., Brant Military Hospital.

C.

S. Andrews HOSPITAL 34854

REQUISITION FOR TREATMENT OR EXAMINATION. Date Sept 23rd 1919

Regtal No. Rank Name Davies, J M Unit DD#2

Bed Ward

Injury or disease Part affected Progress Note

Treatment or Exam ENT

Report

Healing well. Continue using saline solution in nose. Return in one week.

D E Sutherland

Capt

M. F. W. 2509.
50m-4-19.M.
1772-39,1276.

Signed

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 ...James Mearven... 2. Surname .....Davies,.....

3. Rank ....Pte..... 4. Original Unit ...129th Batt$..... 5. Reg. No. ...784725...

6. Address, in full, to which future payments of gratuity are to be forwarded .....
.....Lynden Post Office.....
.....Lynden, Ontario.....

7. Date of enlistment in the C.E.F.....Feb. 18.1916.....

8. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge .....Mrs. E.E. Davies.....

9. Relationship of such dependent .....Wife.....

10. Present address, in full, of such dependent .....Lynden P.O.....
.....Lynden, Ontario.....

11. Is said dependent now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier ? ...No.....

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:—
With 4th Batt. from 18-5-17 until 22-4-18.
.....

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 units and dates of such service .....Not applicable.....
.....

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 years 241 days with 129th Bn; 123rd R.G;
.....4th Bn; 2nd C.G.R; C.A.S.C; and C.A.M.C.

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.
122—D.P.—250M-2-19.

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. Class "A"

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

22. Are you entitled to received, 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 .....

No

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? Not applicable

24. Are you now serving in the C.E.F. No. If not, give:—(a) Date of discharge 5-11-19. (b) Reason for discharge Demobilization". "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 ~~xxxxxx~~ 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 .....

With 4th Bn. from 18-5-17 to 22-4-18.

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? No

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: J M Davies

Place of Residence: Lynden, Ont.

Declared before me at: Toronto Ont.

This 30th day of October 19.19.

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

Wm Baillie

Major

O.C. College Military Hospital

Certified particulars agreed with Documents.

O.C. C.A.M.C. T.D. #2. Capt.

Y/B.

POST DISCHARGE PAY.

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

Certified Correct.

District Paymaster.

34854

FORM D.M.S. 1300.
8137—50m—28/2/17.

Surname	Christian Name or Names	Reg. No.
Davies.	J.W.	784725.

Rank	Unit	Co.	Troop	Batty.
Pte.	4 Bat. 1st. C.O. Reg.			

Hospital — Date of Admission

Transferred 1.6.7. amb. Hosp. 1.6.7.

Hosp.

Hosp.

Hosp.

Diagnosis Heat Prostration. R

(1)
Later Diagnosis (if changed)

(2)

(3)

Additional Diagnosis: if more than one state present

DISPOSITION

Dis. to Duty. 8-6-17 Date

REMARKS

CL. 11.7.17. 1695.
" 8-2-18 a/1340

A.M.D. 2 Dept.
Boh. of D.G.M.S. O.M.F.C. London

EPITOME OF HOSPITAL TREATMENT.

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

NAME Davies J. M.

RANK AND CORPS Pte. 4th Bttn.

REGT'L No. ~~24854~~ 784725

H. Q. FILE No. 649.

FOLLOWS No.

FOLLOWS

CABLE		NATURE OF CASUALTY
NO.	DATE	
a		

L. L. 20197—M. & D. 7908

M. F. W. 42—50M.—5-17.
H. Q. 1772-39-8s3.

34854

LIST NO.	HOSPITAL	DATE OF ADMISSION	REMARKS
A695	No. 1 Can. Fld. Amb.	1-6-17.	Heat prostration.
A.1341	"Disc" to Duty	8-6-17	" " " "

Reg. No. 784725 Name Davies J M 24854

Rank Pte Corps #2 D D Age 36 Service C 10/12 E 12/12 F 12/12

Ledger No. 24 - 259 - 1492 - 90 Serial No. 18257-18025-18328

27 18779

HOSPITALS	DATE	DIAGNOSIS
Military Hamilton	19-8-18	Myalgia O/S
Trans Brant Mil "	3-9-18	
Dis -	8-10-18	
adm Ex Camp Toronto	19-12-18	Deviated Septum O/S
Dis to Duty	23-12-18	
adm Hamilton Military	30-12-18	Myalgia C
Dis to Duty	4-2-19	
adm Mil Wards (T G H) Toronto	1-3-19	Burns C
Trans Brant Mil Burlington	28-3-19	
Dis unit	not given	
	4.7.19	

P.T.O.

over

HOSPITALS	DATE	DIAGNOSIS
College Mill Toronto	21-8-19	Myalgia 34854
Dis Cas Co DD2	5-11-19	

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

M. F. W. 71—500M.—6 18.
1772—39—901.

NAME Davies. James Mervin. Farmer.

REGIMENTAL NO. 784725 RANK Pte. Pres.

ENLISTED AT Dundas. Ont. PROMOTIONS, &c. AND DATE

DATE 18-2-16.

IF SERVED PREVIOUSLY, STATE UNIT, &c.

MARRIED, WIDOWER, OR SINGLE Married.

NEXT OF KIN Mrs. E. E. Davies. RELATIONSHIP Wife.

ADDRESS OF Lynden Ont.

ASSIGNMENT OF PAY $ C. TO

ADDRESS

SEPARATION ALLOWANCE, ENTITLED OR NOT

DATE APPLICATION FORWARDED TO DIVISIONAL PAYMASTER

IN WHOSE FAVOUR

CASUALTIES, &c.

NATURE E.G. ABSENCE, PROMOTION, &c.	PART II. D. O. No.	PART II. D. O. DATE	REMARKS IF IN HOSPITAL, NOTE NAME, &c.
S.O.S. 5-11-19.			
Medically Unfit	304	31-10-19	R.O. #1420,

FORM R. 149.
7106—250m—7/2/17.

Name Davies, James Mervin *Rank* Private. *Reg. No.* 784725.

Unit 4th. Battalion.

Next of Kin Canada.

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1-6-17	No.1 Can.F.Amb.	Heat Prostration.			A695.	aafs
8-6-17	Dis to duty.		do	A134		K 18/2791 4/2/18

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

No 784334 RANK Pte. NAME Davies J. M.
784725-2

T.O.S. 18-2-16. UNIT 129th Battalion C. E. F. (Dundas Detail)
(D.O. no36 of 19-2-16)

M. D. 2

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916 Feb 18	1916 Feb 29	"		
mar.		"		
apr		OS.	Granted Furlough	DO 91-28-4-16
May		OS		
June		"		
July		"		
aug		"		

UNIT SAILED
AUG 22 1916

SURNAME. Davies

CHRISTIAN NAMES James Mervin

REGL. No. 784725 RANK Pte

UNIT 129th Batt.

FORMER CORPS 13th Royal Regt. 2 yrs

CARD No.

SOS Demob 5-11-19
D 0394 FOLD. 31-1079
R DD. J. E. P

NEXT OF KIN.

NAMES IN FULL Davies Mrs. Edna E.

RELATIONSHIP TO SOLDIER Wife

ADI

R. R. No 1.
Copetown. P. Q.

T. S. A. A. P. 4-7-17.

CHANGE OF ADDRESS

COUNTRY OF BIRTH Canada; Hamilton DATE Feb. 7, 1882

PLACE OF ATTESTATION Dundas, Ont. DATE Feb. 18, 1916

o/s 22-8-16, 521/5.

R/C. 3/7/18 185/6 2

L. L. 90589.—M. & D. 6312. M. F. W. 22. 100m.—1-16. H. Q. 1772-39-839.

MARRIED yes SINGLE WIDOWER

TRADE OR CALLING farmer RELIGION Presbyterian

DESCRIPTION.

APPARENT AGE 34 YEARS MONTHS

HEIGHT 5 FEET 5 3/4 INCHES

CHEST MEASUREMENT 32 INCHES EXPANSION 4 INCHES

COMPLEXION dark EYES brown HAIR black

DISTINGUISHING MARKS nil

MEDICAL EXAMINATION. PLACE Dundas. Ont. DATE Feb. 3, 1916

E-M-H

Number 784725 Rank Pte

Surname DAVIES

Christian Name James Mervin

Units 4th Bn Can Inf Theatre of War France

Date of Service 18/5/17

Remarks

Latest Address ~~R.R. 1~~

~~Capstan~~

Lynden Ont

Roll No.

200m.-2-21.M. B Page 21572.

Port, ship, and date of arrival

Next of kin

Address on leave

Address on discharge

Transportation issued Yes No Date Character on discharge

Previous occupation Date and place of enlistment

Diagnosis Date of Medical Boards

Date	Remarks

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

DESP DEC 12 1922
REGN. No

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

Name Private J. M. Davies

Leave & Furlough

Regimental No. 784725

Unit 129th Bn.

Date of enlistment

Place of "

Married (yes or no) Yes.

Amount of pay assigned monthly $20.00 pd to 31-7-18

To whom payable Mrs. Edna Esther Davies
RR#1 - Capetown Ontario

Name and address of next-of-kin

Date and place discharged SA paid to 31-7-18

Reason for discharge

Character on discharge

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.
1918																
June 1	July 31	62	1-	62 -	62	10	6 20		68 20					64 99		
													Bn. B.		3 21	July
Aug 1	31	31	1	31 -	21	10	3 10	3 21		5725			45 -			
								25 00		6674	17 31					
									62 31						62 31	a P.L.
Sept. 1	30	30	1	30 -	30	10	3 -	25 00	58 -	77 41			45 -			
										8439	13 -					
									58 00						58 00	Brant S.P.L.
Oct 1.	9	9	100	9 00	9	10.	90		9 90			Cr. Bal.			9 90	L.of F. to Cas. 23-8-18. DO. 164
								4 -	13 90						13 90	DO. 164 Canc. by DO. 166. Posted to Hon. Sec.
																Hon Sec to L.of F. 8-10-18 DO. 175.
																Trans. to C.G.R. DO. 175.
																Subs. 19-8-18 to 23-8-18 DO. 190
Dec.								13 90								
								35 20	35 20							
									49 10			Cr. Bal	49 10			Subs. 6/7/18 to 18/8/18. DO. 233

Name _____

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

Regimental No.

Name and address of next-of-kin

Unit

Date of enlistment

Place of "

Married (yes or no)

Date and place discharged

Amount of pay assigned monthly $

Reason for discharge

To whom payable

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. 41a.
120m. 1-18
1772-39-1213

English L.P.C. No. D 256

Name Davies James Mervin

Regt'l No. 784725 Rank Private File Numbers { P. M. 25-73 / P M. 25-Da-

Former Units 4th. Bn. Original Unit 129th. Bn.

Date of arrival in Canada 3-7-18 Boat Empress of Britain Port of Disembarkation Halifax

Rates of Pay:—Regt'l. $1.00 Field .10 Date of arrival in M.D. 2.

Separation Allowance. Date paid to 31-7-18 Rate $ 25.00 If continued by Chief Paymaster, England No.

Assigned Pay. Date paid to 31-7-18 Rate $ 20.00 If continued by Chief Paymaster, England No.

Name and address of Beneficiary { Mrs. Edna Esther Davies (wife) / R.R. 1 Capetown, Ontario.

Pay claimed on English L.P.C. to 31-5-18 to be paid by new Unit from 1-6-18.

Name of new Unit No. 2 Destruct Depot Date L.P.C. forwarded to new Unit 18/7/18

A/ charged on English L.P.C. to 31-5-18.

L.L. 34682—M. & D. 8645.

11-7-18. L.C.G.
H 15-7-18

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 Cl. Depot &c.~~ A P.	OTHER CHARGES	TOTAL DEBITS	BALANCE TO NEW UNIT: Credit	Debit	REMARKS
$ c.	$ c.	$ c.	$ c.	$ c.	$ c.	$ c.	$ c.	$ c.	
19 47		19 47							
					9 73				A.R. 3005
					9 73				" 3443
			5 00						" 3
			20 00						" 29 Ck #29
				40 00					June & July. 1918
Debit Bal.		64 99				84 46			
		84 46				84 46		64 99	

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.	

L. L. 23912. M. & D. 8368.

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

M. F. W. 12.
25m.—10-17.
H. Q. 1772-39-819.

To Whom Mrs. E. E. Davies,
Address R. R. No. 1,
Copetown,
Ont.

SPECIAL REMITTANCE

Rate $50.00

By Whom Assigned Davies, J. M.
Regtl. No. 784725.
Rank Pte.
Corps 4th Bn.

P. 523. No. D. 25. 23-1-18

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.	1918	11	50345	50 -
March				

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. Edna Esther Davies

Address R.R.# 1 Copetown Ont.

Rate 20¢ SEP 1- 1916

By Whom Assigned Davies J. M.

Regtl. No. 784725

Rank Pte

Corps 129th Bn.

PAYMENTS

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

CONSOLIDATED 6 ACCOUNT

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

PAYMENTS.

M. F. W. 12a.
50m.—6-16.
1772—39—819.

Sheet No. 2. Mrs. E. E. Davies

L. L. Job 4503.—Req. 6832.

Rifle

Name of Soldier Davies. J. M.

784725 Pte 129 Bn.

Month.	Year.	Cheque No.	Amt. 20 00	Remarks. SEP 1- 1916
April	1916			
May				
June				
July				
Aug.				
Sept.		M 19178	20	
Oct.		Z 21351	20	
Nov.		W 24615	20	
Dec.		J 33755	20	
Jan.	1917	L 38786	20	
Feb.		~~S 44685~~	~~20~~	20 # L. 43864 Cancelled, w.a.e.
		~~L 43864~~	~~20~~	
March		M 49175	20	20 M.
April		L 1148	20	20 L
May		I 7465	20	
June		C 13751	20	20 M.
July		K 25730 ~~N 20854~~	~~20~~ 20	Ba N 20854 Can 5-7-17 JJJ.
Aug.		B 31400	20	Ca
Sept.		X 36831	20	
Oct.		F 40728	20	
Nov.		W 54019	20	
Dec.		K 57074	20	320
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

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 95618—M. & D. 6555.

1—3—16

MILITIA AND DEFENCE

68

M. F. W. 11.
15m.—3-16.
H. Q. 1772-39-818.

SEPARATION ALLOWANCE

Name Mrs Edna E Davies

Address ~~Lyndon~~ Ont
Capetown P.O.
R.R. No 1

Relation to Soldier wife, child or mother } wife

Name of Soldier Davies Jas M.

Regtl. No. 78425

Rank Pte

Corps 129th Battn

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				

CONSOLIDATED 6 ACCOUNT

MILITIA AND DEFENCE

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

M. F. W. 11a.
60m.—12-15.
1772—39—818.

Sheet No. 2. Mrs Edna E Davies wife Pte

L. L. Job 89002.—Req. 6213.

PAYMENTS.

Name of Soldier Davies, Jas. M.

Month.	Year.	Cheque No.	Amt.		Remarks.
April	1916	Q339	40		40
May		U2271	20		20
June		H9545	20		20
July		U8113	20		20
Aug.		N13607	20		20
Sept.		O15598	20		20
Oct.		O18935	20		20
Nov.		R22091	20		20
Dec.		R24908	20		20
Jan.	1917	S28433	20		20
Feb.		S31538	20		20
March		S34669	20		20
April		S534	20		20
May		S4087	20	300	20
June		V7081	20		20
July		U. 9689	20		20
Aug.	B16278	~~Y14756~~	~~20~~ 20		(D) Y 14756 cancelled per add RE-WRITE
Sept.		X17370	20		B better address
Oct.	G20035	~~D21470~~	~~20~~ 20		(D) D. 21470 Cancelled RE-WRITE
Nov.		~~Z24389~~	~~20~~		B. Z 24389 cancd per address. Jos.
Dec.		XX	XXXX		Hold for better address.
Jan.	1918				400 B
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.				

P. 559.

MARRIED OR SINGLE: Married

PLACE OF BIRTH: Hamilton - Ont.

NAME AND ADDRESS OF NEXT OF KIN: Edna E. Davies

R.R.No.1, Copetown, Ontario

RELATIONSHIP OF NEXT OF KIN: Wife

NAME AND ADDRESS OF NEXT OF KIN:

RELATIONSHIP OF NEXT OF KIN:

SEPARATION ALLOWANCE MONTHLY $ 20.00 EFFECTIVE (DATE)

PAYABLE TO: Edna E. Davies

R.R.No.1, Copetown, Ontario

RELATIONSHIP OF DEPENDANT: Wife

CASUALTIES, PROMOTIONS, &c.

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ADMISSIONS TO HOSPITAL, &c.

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

REG'L. No. 784725 RANK: Pte. NAME: Davies, James Mervin

IF IN PERMT. CORPS WHAT UNIT | UNIT: 129th | TRANSFERRED TO: 12 Bn | DATE: 6.11.16 | AUTHORITY: 21217

PERMANENT FORCE ALLOWANCES | TRANSFERRED TO: 3rd Res Bn | DATE: 21-4-17 | AUTHORITY: B078. 21-4-17

PLACE OF ATTESTATION: Dundas, Ontario | TRANSFERRED TO: 4 Th. Bn. | DATE: 11.7.17 | AUTHORITY: D.O. 120 3.5.17

DATE OF ATTESTATION: ~~Dec~~ Feb. 18, 1915 | TRANSFERRED TO: N.F.A. | DATE: 1/6/18 | AUTHORITY: Lieut Kerr

ASSIGNED PAY MONTHLY $ 20.00 DATE EFFECTIVE: Sept. 1, 1916

PAYABLE TO: Edna E. Davies, R.R.#1 Copetown Ont. RELATIONSHIP: Wife

ASSIGNED PAY MONTHLY $ DATE EFFECTIVE

PAYABLE TO RELATIONSHIP

STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) EFFECTIVE REASON

NOV 8 1918

DISCHARGE DATE AND PLACE REASON AND AUTHORITY

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)

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
1916																																		
														21 85.	21 85																21 85				Bal. from Canada
Sept	1-30	30	1.00	30		30	10	3							33	27	6/9/16	85	30/9/16	66	15/9/16			19 17	7.30	6.86		20		51 63	3 22				
Oct	1-17	17	1	17		17	10	1 70							18 70													20		20	1 92				
Oct.	18-31	14	100	14	00	14	10	1 40							15 40				30/10/16	29	30/10/16				3.44			3		3 44	14 88				
Nov	1-30	30	100	30	00	30	10	3 00							33 00				30/11/16	287	30/11/16				4.87			20	00	24 87	23 01				
Dec.	1-31	31	100	31	00	31	10	3 10							34 10	336	1.82.14	351	15/12/16	458	31/12/16			4.87 ✓	2.44 ✓	9.73 ✓		20	00	37 04	20 87				
Jan	1-31	31	100	31	00	31	10	3 10							34 10	436	13/1/17	472	31/12/16		31/1/17			7.30 ✓	4.86 ✓			20	00	32 16	22 01				
Feb.	1-28	28	110	15 30 30 80											30 80	511	13/2/17	585	28/2/17					7.30 ✓	4.87 ✓			20	00	32 17	20 64				
Mar	1-31	31	100/10	34	10										34 10							796 15/3 809 10/3				7.30 ✓		20		34 60	20 14				
Apr.	1-20	20	100/10	22											22													20		20	22 14				Trans. To 3rd Res Bn. B078. 21-4-17
	21-30	10	-	11											11																33 14				
May	1-31	31	✓	34	10										34 10			331	10/5						12 17 ✓			20	✓ 11	43 17	34 07				1 dy. 3D 2 failing to answer def. call D.O. 154 - 15/5/17
June	1-30	30	✓	33	-										33 -	246	15/5			53	17/4	135.18 M		4.86 ✓		4.87 ✓		20	✓ 1 35	21 08	25 99				Q4005 227-19 12/5/17
				333	30									21 85	355	15								46 24	51 10	19 47		200	12 35	329 16	25 99				

#784925 Pte Davies, James Mervin.

Assgd. pay $20.

Date 1917	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
Fed.			333	30										21 85	355 15									46 24	51 10	19 47		200	12 35	379 16	25 99				Trans. to 4th Div. 11.7.17
July 1.10	10	1/10	11												11 / 366 14													20		20 / 349 16	16 99				
July			23	10											23 10	315	14/6							.357						3 57	36 52				
Aug			34	10											34 10	240	28/5	403	10/7					.267	.267			20		25 34	45 28				
Sept			33												33													20		20	58 28				
																								52 48	53 77	19 47									

Month	Particulars	Cr. 1	Cr. 2	Particulars	Dr. 1	Dr. 2	Dr. 3	Dr. 4	Balance	Deferred Pay	Eng.	Month	Particulars	Cr. 1	Cr. 2	Particulars	Dr. 1	Dr. 2	Dr. 3	Dr. 4	Balance	Deferred Pay	Sep. Allce. Eng.
1917 Sep. 30.	Bal	~~58 28~~							58 28 / 14 10														
Oct.	P. Pay	34 10 / 34 10		A.P.				20 / 20	72 38														
Nov.	P. Pay	33						20															
Dec	P. Pay	34 10 / 67 10						20 / 40	99 48														
1918 Jan.	P. Pay	34 10		Ah. 3970. 24/12/17 Can Det Paris	8 92																		
				" 1000 22/12/17 4th Bn	8 92																		
				Can. A. P.				20															
				Remit 6540 23/1/18 Loadon	5000			20	45 74														
Feby	P. P.	34 10 / 30 80		C.A.P.	67 84			20															
				Ah 6921. 2/1/18 Can Det Paris	8 92			20	47 62														
Mch	P. P.	30 80 / 34 10		C.A.P.	8 92			20															
		34 10		Ah 1235 26/2/18 4 Bn	446 / 446			20	57 26														

Carried forward to Large Ledger sheet

P 820
12474—375M—13-2-18.

* Strike out whichever inapplicable.

ASSIGNED PAY. * ~~ENGLAND~~ OR CANADA.	SEPARATION ALLOWANCE. * ENGLAND OR CANADA.
EFFECTIVE DATE:- 1.9.16 Stopped Effec: 1/6/18	EFFECTIVE DATE:-
AMOUNT:- 20 00	AMOUNT:-

NAME:- DAVIES James Mervin

NUMBER:- 784725

NAME, ADDRESS, RELATIONSHIP & AUTHORITY	WHEN PAYEE OF A.P. IS THE SAME AS PAYEE OF S.A. THE WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE.
Edna E. Davies R. R. 1 Capetown, Ont. (Wife)	

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		Pte.

UNIT AND TRANSFERS NOV 8 1918

ORIGINAL UNIT:- 129th Batt.

DATE ACCOUNT FIRST OPENED:- 1.9.16

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO
			4th Batt.
Bd 115. 27/4/18.	15.5.18.	21.5.18.	1 Corps.
Dis Ham	1.6.18.	19.6.18.	N.E. A.

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS — UPON CLEARANCE OF VOUCHERS, ENTRIES WILL BE CANCELLED BY INSERTION OF DATE CHARGED IN RED INK

DATE OF PAYMENT	NUMBER OF A.R	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R	UNIT PAID BY	AMOUNT
27/4/18	144	1st Corps Ch. May	48 67				
17/5/18	252	3rd Res Bn	7 30				

DAILY RATES OF PAY AND ALLOWANCES

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

PARTICULARS OF RENDERING NON-EFFECTIVE:- Discharge Canada 31/5/18 A/G 36. 2-D-1556 23/4/18 Disposal

MONTH	PARTICULARS	CR. 1	CR. 2.	PARTICULARS	DR. 1	DR 2.	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
1918											
March 31st	Balance Forwd								57 26		
Apl	P.P. 4a	33		bal.				20			
				AK 57 22/4/18. 4th Bn	8 92				61 34		
		33.			8 92			20.			
May	Pte Pro.	34 10		Can: A.P.				20			
				~~DN~~ AK 144. 30/4/18. 3 Res Bn	48 67						
				AK. 3005. 29/5/18. Buxton. X	9 73				17 04		
		34 10			58 40			20.			
July				DN 74844 AK 252 - 11/5/18 3 Res.	7 30						
				AK 3443 - 11/6/18 CAD. Buxton END. on LAC.	9 73				01		
Augt.				adj. of exchange	17 03	— 01			✓✓		
						— 01					

A.S.M. FORM REND. Stopped EFFEC. 1/6/18.
DISCHARGED TO Canada DATE 31/5/18
PAYBOOK VERIFIED Yes.
C1 BAL 19 47/- L.P.C. REND 23/5/18
NOTE. A/G 36. 2-D-1556 Disposal

Checked B Burley L.P.C.

Supp. L.P.C. rend. June 19/18.
Original Ex. bal 19.47. Supp. Debit 9 73 AK. 3005. 29/5/18. Buxton.
Supp. L.P.C. Ex bal. £ 9 73
Certified correct
Wash Lam
Richardson Capt

NUMBER RANK NAME

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION

Da-281

R# 1371
12-11-19

apms
6

348545
15

This space to be for numbers.

Proceedings on Discharge.

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

M.B.

No.	784725
Rank	Pte.
Name	DAVIES. JAMES MERVIN.
NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.	
Corps (Squadron, Battery or Company)	C.A.M.C.
Date of Discharge	November 5th 1919.
Place of Discharge	149 College St. Toronto Ont.

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age 37 yrs years months.
Height 5 feet 7 inches.
Complexion Dark.
Eyes Brown.
Hair Brown.
Trade Farmer.
Intended place of residence (To be given as fully as practicable.) Capetown R.R.#1 Ont.

Descriptive Marks

Small scars left side of neck.

Deceased 16-6-54

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

Demobilization
Medically Unfit for further General Service.

R.O. #1328;

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.

Medical Documents forwarded to ~~S. C. R.~~ or C. P. C. on 12.11.19

N. B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldier 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.

100m.—6-16.
H. Q. 1772-39-113.

1-9-54
AS

(OVER)

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

Nil

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

6. Medals and Decorations..... Nil

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) Toronto, Ontl ..... Captain.

(Date) November 5th 1919. *Commanding* O.C. C.A.M.C. T.D. #2.

8. **Certificate to be signed by the Soldier on Discharge**

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

(Place) Toronto, Ont. J.M. Davies *(Signature of Soldier.)*

(Date) November 5th 1919. G.A. Young *(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.....3 years.....262 days.

11. **Confirmation of Discharge.**

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

(Place) Toronto, Ont. Captain.

(Date) November 5th 1919. *(Signature)* O.C. C.A.M.C. T.D. #2.

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.)

No Reservations.

full pay and allowance are
yet received.

Not satisfied with Medical
Board on discharge as I
am fully unfit

J. M. Davies

(OVER)

List of Discharge Documents.

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

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.

2nd Det., C.G.R.

AUDITOR | PAYMASTER

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

M. OR S. Married. REGT. No. 784725. RANK Pte. NAME (IN FULL) DAVIES, J. M.

NEXT OF KIN Wife. RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? Yes. DATE EFFECTIVE

TO WHOM PAID Wife. RELATIONSHIP

ADDRESS

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ORIGINAL UNIT C.E.F. IF IN P.F. WHAT UNIT? (BLOCK LETTERS, SURNAME FIRST)

PLACE OF ATTESTATION TRANSFERRED TO DATE AUTHORITY

DATE OF ATTESTATION 1-2-16. TRANSFERRED TO DATE AUTHORITY

ASSIGNED PAY, $ $20.00 DATE EFFECTIVE

PAYABLE TO Mrs. E. E. Davies, Wife, RELATIONSHIP
R. R. No. 1,
Capetown, Ont.

ADDRESS

ANY CHANGE IN ASSIGNEE OR ADDRESS

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE EFFECTIVE

DISCHARGED PLACE DATE REASON AUTHORITY IF ENTITLED TO POST DISCHARGE PAY

MONTH	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $ C.	OTHER CREDITS $ C.	$ 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.	$ C.	TOTAL DEBITS $ C.	BALANCE DEBIT $ C.	CREDIT $ C.	PARTICULARS OR REMARKS
Balance from previous account																				
1-31	31	1.10	34 10	30		64 10		32209					50				50		14 10	Int Hosp No. 2
Feby 1-28	28	1.10	30 80	30 11 20	14 10	86 10	35013	35853	37010 37223	10		16 10 10	50				86 10		~~10~~	Disc Hosp No 35
																				S/H to 17/2/19 No 44
																				Lev 12/2/19 No 45
Mar 1-1	1	1.10	1 10			1 10													1 10	Lev No 50
			66 00	71 20	14 10	151 30				10 00		26 10	100 00				136 10		15 20	Int Hosp 1/3/19 No 60
																				Trans W.R.C. 1/3/19 No 63
				1 10																

ACCOUNT CLOSED. NOT SIGNED.
RESPONSIBLE OFFICER S.O.S. PRIOR TO
H.Q. CIRCULAR No. 102 (LOCAL 120).

ASST. DIRECTOR PAY SERVICES, M.D. No. 2.

60m.-11-18 L. L. 51777. M. & D. 9585.

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

AUDITOR | PAYMASTER

M. OR S.

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

REGT. No. 784725 RANK Pte NAME (IN FULL) Davies JM.

Sheet II

NEXT OF KIN | RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? | DATE EFFECTIVE

TO WHOM PAID | RELATIONSHIP

ADDRESS

PARTICULARS	EFFECTIVE DATE	AUTHORITY
Brought Forward		

ORIGINAL UNIT C.E.F. 129 Bn | IF IN P.F. WHAT UNIT? | (BLOCK LETTERS SURNAME FIRST)

PLACE OF ATTESTATION | TRANSFERRED TO | DATE | AUTHORITY

DATE OF ATTESTATION | TRANSFERRED TO | DATE | AUTHORITY

ASSIGNED PAY $ | DATE EFFECTIVE

PAYABLE TO Mrs E. E. Davies wife | RELATIONSHIP

ADDRESS Lynden P.O. Lynden, Ont.

ANY CHANGE IN ASSIGNEE OR ADDRESS Lynden P.O. Lynden, Ont

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE | EFFECTIVE

DISCHARGED | PLACE | DATE 5/11/19 | REASON | AUTHORITY | IF ENTITLED TO POST DISCHARGE PAY

MONTH	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $ C.	OTHER CREDITS $ C.	$ 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.	$ C.	TOTAL DEBITS $ C.	BALANCE DEBIT $ C.	CREDIT $ C.	PARTICULARS OR REMARKS
BALANCE FROM PREVIOUS ACCOUNT 183 Dys			~~U.S.~~ 420		~~S.A.~~ 180	600					Nov 5		70		30		100	350	150	
										AR 205	Dec 3	1369388	70	1369389	30		200	280	~~120~~ 120	
										226	Dec 29	1711667	70	1711668	30		300	210	90	
										~~228~~	~~Dec 31~~		~~70~~		~~30~~		~~400~~			
										" 243	Jan 19	1720056	70	1720057	30		400	140	60	
										" 252	" 29	1721329	70	1721330	30		500	70	30	
										AR 277	Feb 27	1724494	70	1724495	30		600			
			420		180	600							420		180		600			

100M-1-19.—L. L. 53962-M. & D. 9723.
M. F. W. 2596.
1772-39-1390.

Date of Enlistment

1-3-16

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Date of Assignment

1293 Sept 4, 1916

RATE OF SEPARATION ALLOWANCE

~~20~~	25 12/17		

P. C. 3257.

ANOTHER ACCOUNT IN
Special Remittance Ledger
..... Ledger
..... Ledger
..... Ledger

RATE OF ASSIGNMENT

20			

PARTICULARS OF SEPARATION ALLOWANCE

No. 784723

Rank Pte Promoted Reverted Discharge

Soldier's Name J. M. Davies

Battalion 129 Battn

Beneficiary Mrs Edna E Davies

Relationship Wife

Address

PARTICULARS OF ASSIGNMENT

Name Mrs Edna Esther Davies

Address R R # 1 Copetown Ont

Change of Address

1

2

3

4

Date 1917	Cheque No.	Amount S/A	Amount A/P	Total		REMARKS
Dec 31		400	320	720	HB	Fyle 04316-J-88.
Jan	M 66465	70	20	90	M	S. A a/c suspended for better address.
Feb	E 92964	25	20	45	/	Last Cheque Oct 1917.
Mar.	A 122104	25	20	45		
April	B 4501	25	20	45		..... A/c Closed 31-7-18
MAY	O 13143	25	20	45	✓	S A. 620. Ret'd per Empress of Britain
June.	I 24309	25	20	45	✓	A P. 460 Date 9-7-18 F.X. 10-7-18
July	G 28958	25	20	45		..... Clerk Jack Clarke

LA 3818

OKBW

M. F. W. 128
400m.-6-17—177-30-1141
L. L. 22320—ML & D. 7693.

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Date of Assignment

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank Promoted Reverted Discharge

Soldier's Name

Battalion

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name

Address

Change of Address

1

2

3

4

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

M. F. W. 128.
*OOM.—5-17—1772 39-1141
L. L. 22390—M. & D. 7993.

AUDITOR | PAYMASTER

M. OR S. M

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

REGT. No. 784725 RANK Pte. NAME (IN FULL) DAVIES, J.M. (BLOCK LETTERS SURNAME FIRST) (James Mervin)

NEXT OF KIN Mrs. E.E. Davies, RELATIONSHIP Wife

ADDRESS RR#1 Capetown, Ont

IS SEPARATION ALLOWANCE PAID? Yes DATE EFFECTIVE

TO WHOM PAID above RELATIONSHIP wife

ADDRESS above

PARTICULARS	EFFECTIVE DATE	AUTHORITY
TRAINING DEPOT		
C.A.M.C., M.D. No. 2		

ORIGINAL UNIT C.E.F. 129 Bn IF IN P.F. WHAT UNIT? Same

PLACE OF ATTESTATION TRANSFERRED TO DATE AUTHORITY

DATE OF ATTESTATION ~~18/2/16~~ 18.2.1915 TRANSFERRED TO DATE AUTHORITY

ASSIGNED PAY $ 20.00 DATE EFFECTIVE M/W 2595

PAYABLE TO Mrs. E.E. Davies RELATIONSHIP Wife

ADDRESS ~~RR#1~~ Capetown Lynden P.O. Ont Lynden Ont EFFECTIVE

ANY CHANGE IN ASSIGNEE OR ADDRESS: Lynden P.O. Lynden Ont

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE

DISCHARGED PLACE Toronto DATE 5/11/19 REASON Med Unfit AUTHORITY M.O. 3044 IF ENTITLED TO POST DISCHARGE PAY

MONTH 1919	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $	AMOUNT C.	OTHER CREDITS $	OTHER CREDITS C.	S.A. $	S.A. C.	TOTAL CREDITS $	TOTAL CREDITS C.	ACQUITTANCE ROLLS COL. NO. 1 NO.	COL. NO. 1 DATE	COL. NO. 2 NO.	COL. NO. 2 DATE	COL. NO. 3 NO.	COL. NO. 3 DATE	CASH PAYMENTS COL. NO. 1 $	COL. NO. 1 C.	COL. NO. 2 $	COL. NO. 2 C.	COL. NO. 3 $	COL. NO. 3 C.	ASSIGNED PAY $	ASSIGNED PAY C.	REGIMENTAL CHARGES $	REGIMENTAL CHARGES C.	OTHER CHARGES $	OTHER CHARGES C.			TOTAL DEBITS $	TOTAL DEBITS C.	BALANCE DEBIT $	BALANCE DEBIT C.	BALANCE CREDIT $	BALANCE CREDIT C.	PARTICULARS OR REMARKS
BALANCE FROM PREVIOUS ACCOUNT																																					
Mar	20	1.10			24	10																															Adm hosp 1-3-19 50 74 Discharged 19 88
April 1-30	30		33		24	10	30		87	10													50								50				37	10	
May 1-31	31		34	10	37	10	30		101	20													50								50				51	20	6-38C
June 1-30	30		33		51	20	30		114	20													50				10				60				54	20	Further debit of 10.00 on Oder C&R 4-6-19 610235
July 1-31	31 16/31		34	10	54	20	30		123	90													14				30 34	10			78	10			45	80	Granted sick leave noon 7.7.19 to noon 14.7.19 on rec. M.O. dated 7.7.19 7 days @ 80 15.60 D.O. 197 Leave Victoria PA 15.57 61 14-5-19 To 31.7.19 PA 34.10 for SA 15.7.14-8-19 30 14 SA 57 99 11 846 Pte 7
Aug 1-31	31	1.10	34	10	45	80	30		109	90													36								106				3	90	S584 875 S184 992 996 15/8 1026 20/8 20 - 50 - 1 Pte 7 To 26 30 S 185 857 195 624-8 DO 237 Adm Toll to 21-8-19
Sept 1-30	30	1.10	33	-	3	90	30	-	66	90													50	-							50	-			16	90	50 SA 3 185 870 1206 22/9
Oct 1.31	31	1.10	34	10	16	90	14		65														29				33 2				64						and 6.00 hm 29.9.19 to 6 hm R 1 Pte to duty last 182 days Leave 22 days duty in R.V. Debit 30 days 1 Pte 33.00 Debit 2a 29 to 30.9. 2.00 Cr 1a Oct 18 to 31.10 14.00 Sea pay Oct. 5.1861 31 days @ 30/10
Nov 1-	5	1.10	5	50	20 35	-	5	-	55	50													111 109	50 30			35	-			146	50					
			396	00	51	90	19		118	50													70				35				230	50					
			WSG				SA		130														111	50							Soldier Defend						
183 dys			420				180		1600								Nov 5						70				35				100		35	0	15	0	WSG WS 87 & WS 9 1200 WS 87 & 200 SA Nov 5 S 186 587 1206 4/10

Carried Forward

100M-1-19.—L. L. 53962-M. & D. 9723.
M. F. W. 2596.
1772-39-1390.

ASST. PAYMASTER, C.A.M.C., M.D. 2.

Temporary.

Hamilton Military Hospital
Hamilton, Ontario.

34854

MILITARY SERVICE ACT, 1917.

MEDICAL HISTORY SHEET.

1. Surname Davies Christian name James Mearvan.

2. Number of report for service or claim for exemption according to Postmaster's Receipt or schedule .....

3. Consecutive number on schedule of men reporting for service (if he appears on it) .....

4. Address (including street and number if any) .....

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the ..... day of ..... 19....., by the undersigned medical board sitting at .....

5. Age as stated ..... Years ..... Months.

6. Apparent age ..... Years ..... Month

7. Height ..... Feet ..... Inches.

8. Weight ..... Pounds.

9. Chest measurement { Minimum ..... Ins. / Maximum ..... Ins.

10. Complexion ..... { Eyes ..... / Hair .....

11. Physical development ..... { Good / Fair / Poor

12. Smallpox marks .....

13. Number of vaccination marks { Right arm ..... / Left arm .....

14. When vaccinated last .....

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

16. Slight defects but not sufficient to cause rejection .....

The man denies having had { Rheumatism, Tuberculosis, Nervous or Mental disorder. Epilepsy Syphilis, Asthma.

We find no evidence of past { Rheumatism Tuberculosis, Nervous or Mental disorder. Epilepsy Syphilis Asthma

(Strike out disease admitted or suspected)

We have examined the above named man in accordance with the C. E. F. Regulations for medical examinations, and he is placed in Category

17.
(a) Vision. R. ..... L. .....
(b) Hearing. R. ..... L. .....

..... *President.*

..... *Member.* ..... *Member.*

Date	Result	Vaccinations	Date	Result	Anti-Typhoid Inoculations, Etc.
		M. O.			M. O.
		M. O.			M. O.
		M. O.			M. O.

Joined ..... *day of* ..... *19* ..... *at* .....

	Corps	Reg'tl Number	Habits	Date
Joined on enlistment				
Transferred to	2 OW L.T.F.	784725		

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station	Date	Disease	Result
Exhibition	25/11/18	Debility following heat prostration	C2. [signature]

Signature of Man .....

If raised in category, record category in a square
The M. O. will initial and date.

N.B.—This sheet is 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.
300M —4-18.
1772-39-439.

34854

Surname Christian Name

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital Day	Month	Year	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.
Hamilton Military Hospital. Hamilton, Ontario.		19	8	18	3	9	18	Myalgia	15	no improvement. Transferred Brant House - Electro-Therapy	D M Lord
Brant Military Hospital.		3	9	18				do.		Slight improvement here. Still complains of pain in wet weather. Other systems normal. Urine ~~[illegible]~~ no alb or sugar.	[illegible]
Toronto Stat Ex.	Camp	19	12	18	23	12	18	Myalgia	4	Improved Recommended for 7 days leave	W E Lindale Capt
Military Wards	T.G.H	1	3	19	27	3	19	Burns	26	Burned R hand & forearm & lye - ambrine dressing quite healed - sent to Brant House for corr. treatment for an assoc of myalgia	R B [illegible] Capt.
Brant Mil	Hosp	27	3	19	4	7	19	do	99	Myalgia & sl. numbness with burn rt hand. Given rest & Bromide sedative hand cured. healed & reopened & rehealed. 3/7/19 all clear returned to unit cured	[illegible]

34854

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 C.M.H. Toronto DATE Oct 29/19

1. 1 (a) Unit D.O.R. 11 (b) Regimental No. 784725 (c) Rank Pte.

(d) Surname DAVIES (e) Christian name James Meurven

(f) Home address Capetown, Ont. R.R. no 1

(g) Next of Kin Mrs. Edna Davies (h) Relationship wife.

(i) Address of Next of Kin R.R. no 1, Capetown Ont.

2. Age last birthday 37 yrs. Date of birth Feb 7, 1882.

3. Enlistment, or Appointment (if an Officer) (a) Place Dundas Ont (b) Date Feb 1/16

4. Personal description:

(a) Height 5' 7" (b) Weight 125 (stripped) (c) Complexion Dark.

(d) Colour of hair Brown (e) Colour of eyes Brown (f) Identification marks, Scars, etc. Two small scars Left side of neck.

5. Former trade or occupation Farmer.

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 8/12	28

	Periods	
	From	To
Canada 39th Bn.	Feb/16	Aug/16
England 12th Bn.	Aug/16	May/17
France or other theatres of War 4th Bn.	May/17	Apr/18

7. Original disease, or injury (1) Myalgia (2) Haemorrhoids

3.

(a) Date of origin (1) (2) Aug/17 (b) Place of origin (1) (2) France

(c) Cause 1+2. Exposure to Active Service Conditions

M. F. B. 227.

300M.—8-18.
1772-39-117.

Wassermann - negative.

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 loss of function of muscular system
2. Partial loss of function of arterio-venous system

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

Objective (1) See attached specialist's report.
Neurological report by Maj A. Fletcher states "no signs of definite neurosis nor of any organic nervous disease".
(2) See attached specialist's report.
Heart normal. B.P. 138/96.

Subjective (1) Dull ache in back on moderate exertion, worse in wet weather. The pain extends around the sides of the lumbar region toward the abdomen. Occasional pain in legs. Slight occasional headache, worse on exertion.

(2) Pain in rectum and protrusion of piles after walking for ½ hour, aggravated by warm weather.

(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 no Respiratory System no Integumentary System no

Disturbances of Mentality no Digestive System no Muscular System no

Osseous and Joint Systems no Any other general condition no

No history of V.D.

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

Went to France in May/17, carried on until Apr/18 — sent out with myalgia and haemorrhoids. Pain in back has not improved under treatment.

24854

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).)

Statis he had a "Heat stroke" in May/18.

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

Nil.

11.—(a) Did the disabling condition have its origin before enlistment? 1 + 2 no

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

(b) 1 + 2 - not applicable.

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) (1) no (2) ~~yes~~ refusal of treatment

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 mos. 2. permanent without operation

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

Radiant heat, electricity, massage, psychotherapy.

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit?
(If the answer is "yes" state nature of treatment required and probable duration)

no.

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

17. Recommendations Fit for ~~Home Service (Canada)~~ Service abroad, not general Service.
A.E.G.

A.E. Gillis Capt.
Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

(Sections 7, 8, 9 and 10 are to be read to the invalid and either "satisfied" or "not satisfied" struck out).

I, the undersigned man 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. The reason I refuse operation for Haemorrhoids is that I do not at present feel in good enough health to undergo operation and I should like to take this treatment after Christmas

A. A. F.

Pt J M Davies Rank.
Signature of invalid examined.

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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. We find no evidence of any disability except the existence of the haemorrhoids. & We believe that this patient exaggerates his complaints.

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.)

but this is refused

(b) ~~Does not require treatment.~~

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

(d) ~~Should not pass under his own control.~~

(Strike out condition not applicable.)

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

fit for service abroad not general service

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.

A. A. Fletcher Major President.

PLACE C. M. H. Toronto

H. Gyanney Capt. Camp. } Members

DATE Oct 29/19

TO BE COMPLETED WHEN TREATMENT IS REFUSED

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

Witness A. E. Gellee Capt. Signed J. M. Davies

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.

operation for haemorrhoids

This refusal appears to be unreasonable

A. A. Fletcher Major President.

PLACE C. M. H. Toronto

H. Gyanney Capt. Camp. } Members

DATE Oct 29/19

APPROVED BY

[signature]

Assistant Director of Medical Services.

DATE 5-11-19

APPROVED BY

Director-General of Medical Services.

DATE

Next of Kin; Wife, Edna Esther DAVIES.
R.R. # 1, Copetown, Ont.

34854

(Medical Officers will please read this Form carefully before using it. See instructions, page 4.)

MILITIA & DEFENCE
SEP 27 1918
H.Q. CANADA

FORM TO BE USED FOR WARRANT OFFICERS, N.C.O'S, AND MEN

MEDICAL HISTORY OF AN INVALID

STATION Hamilton, Ont. DATE Sept. 19, 1918.

1. (a) Unit 2nd D.D. (b) Regimental No. 784725 (c) Rank Pte.

(d) Surname DAVIES (e) Christian name James M.

2. Age last birthday 36 years. Date of birth Feb. 7th, 1882.

3. Enlisted at Dundas, Ont. on Feb. 1st, 1916.

4. Personal description :—

(a) Height 5' 7". (b) Weight 123 lbs. (stripped) (c) Complexion Dark.

(d) Colour of hair Dark brown. (e) Colour of eyes Brown. (f) Identification marks Small scars - 2 left side of neck. Scar 2½"x ½" above and back left elbow joint

5. Address after discharge (for the use of the Board of Pension Commissioners.) Copetown, Ont.

6. Former trade or occupation Farmer.

7. (a) Service

	Years	Days
	2	230

	Periods	
	From	To
129th O.S., Bn., C.E.F.	Feb. 1916	Sept. 1916.
123rd " " "	Sept. 1916	Jan. 1917.
Quarantine	Jan. 1917	May 1917.
4th Bn.	May 1917	April 1918.
Casualty	April 1918	May 1918.
Discharge Depot	May 1918	June 1918.
D.D. No. 2	June 1918	Date.

(b) Has he been Overseas ? Yes.

8. Present disease or disability (use authorized nomenclature if possible). 1. Nasal catarrh. 2. Myalgia. 3. Chronic nephritis.

(a) Date of origin 1. Unknown but previous to enlistment. 2. Dec. 1916. 3. Unknown. (b) Place of origin 1. Unknown. 2. Whitley Camp, Eng. 3. Unknown.

(c) Cause* 1. Unknown. 2. Cold and damp weather. 3. Unknown.

*(Here include original disease or injury)

9. Present condition. (Important, to be a full description of the present disabling condition or conditions).

1. Subjective Symptoms:-

Nose clear since operation (submucous resection) but still bothered with mucous dropping down into back of throat, which interferes with breathing when he is lying down at night.

Objective Signs:-

Specialist's report is as follows:- "19/8/18. Deflection of nasal septum most likely of long standing condition. Probably aggravated be service. 3.? 4. Permanent unless relieved with treatment, should be relieved." Lieut. Macfarlane reported by phone that throat condition secondary to nose. Operation Deflected Septum Aug. 31/1918.

2. Subjective Symptoms:-

Pain in back, shoulders and hips. Pain in back and shoulders interferes with proper rest at night. Pain in the forehead after lifting or running.

Continued on Page 4.

[After describing all abnormalities, anatomical and functional, contributing to present incapacity (see section 11) state whether such incapacity is directly due to (a) weakness, (b) loss (complete or partial) of an organ or member or of its functions, or (c) to the necessity for rest of the body or of some of its parts.]

M. F. B. 227.
15 M.-6-17.
1772-39-117.

24

10. History ;

Here give a description of wounds, scars, deformities, and signs and symptoms of abnormal conditions present and not included in answer 8. This section cannot be completed without stripping the soldier and subjecting him to a thorough physical examination

Has had Deflected Septum probably for years (see Specialist's report).

Took lumbago and myalgia at Whitley Camp, December 1916.

Small superficial scars left side of neck, right forearm and right hip.

11. To what extent, state in percentages, is capacity to earn a livelihood in the untrained labour market reduced ? If there is more than one disabling condition, estimate the incapacity due to each, and that due to all combined.

12. Did the disability arise on or off duty ? 1. No. 2 & 3. On duty.

13. Was a Court of Inquiry held ?

14. If the disabling condition had its origin before enlistment, has it been aggravated on service ?

Yes..... No. 1. Yes. 2. & 3. Not applicable.

(If the answer is in the affirmative, state in percentages, to what extent the soldier is incapacitated by that aggravation.)

15. Was the disability caused or aggravated by negligence, by vice or by misconduct, or by unreasonable refusal to accept treatment ? 1. 2. & 3. No.

(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.)

16. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one ? 1. Temporary only. 2. Temporary only. 3 six months.

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

Hamilton Military Hospital, Aug 19th to Sept. 3rd, 1918.
Brant Military Hospital, Sept. 3rd, 1918 to date.

18. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit ?

1. 2. & 3. No.

19. Can the former trade or occupation be resumed ? Yes.

20. Recommendations Fit category C (1).

James Roberts Capt.
Medical Officer by whom the case is brought forward.

STATEMENT OF THE SOLDIER.

(Sections 8, 9 and 10 are to be read to the soldier.)

I, the undersigned J.M. Davies have heard the description of my disability read, and am satisfied (or not satisfied) with it. (If dissatisfied, statement should follow.) I complain in addition of

J M Davies
Signature of soldier examined.

OPINION OF THE MEDICAL BOARD

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

We concur.

22. Is the soldier fit for

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

23. It is certified that the soldier

~~(a) Does require treatment.~~
(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).

24. It is recommended that the soldier be ~~discharged.~~ (When not for discharge add special recommendation).

Fit category C (1)

[signature] Major President.

James Robs Co Capt. } Members.

STATION Hamilton, Ont.

DATE 20/9/18.

APPROVED BY

DATE 25-9-18

[signature] Assistant Director of Medical Services.

APPROVED BY

DATE 28.9.18

[signature] for Director-General of Medical Services.

2. Objective Signs:-

Complains of tenderness on pressure over lumbar muscles and sacrum.

3. Subjective Symptoms:-

Puffiness under eyes at times. Has disappeared during last three or four weeks.

Objective Signs:-

Urinalysis shows:- " Sp.Gr. - 1030. Color - cloudy, amber. Reaction - acid. Albumen - trace. Sugar, blood, acetone, diagetic- negative. Microscopic - phosphates."

Disability in (1) due to impairment of respiratory function.
" " (2) due to pain complained of.
" " (3) due to impairment of renal function.

Other systems normal.

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

INSTRUCTIONS

1. In using this Form the " Instructions issued for the guidance of Medical Officers serving on Medical Boards " will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of pages 1 and 2 of this Form. The President of the Board of Medical Officers is responsible for the proper completion of the space, of page 3, reserved for recording the Proceedings of a Board of Medical Officers.
3. In answering the questions, Medical Officers will carefully obtain and record the soldier'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 soldier concerned, from witnesses, or from documents.
4. If a complete answer to any question requires more space than that reserved for it, the answer may be continued on the blank space on this page.
5. The nomenclature of diseases to be followed is that 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 and Sons.

Next of Kin; Wife, Edna Esther DAVIES.
R.R. # 1, Copetown, Ont.

(Medical Officers will please read this Form carefully before using it. See instructions, page 4.)

FORM TO BE USED FOR WARRANT OFFICERS, N.C.O'S, AND MEN

MEDICAL HISTORY OF AN INVALID

STATION Hamilton, Ont. DATE Sept. 19, 1918.

1. (a) Unit 2nd D.D. (b) Regimental No. 784725 (c) Rank Pte.

(d) Surname DAVIES (e) Christian name James M.

2. Age last birthday 36 years. Date of birth Feb. 7th, 1882.

3. Enlisted at Dundas, Ont. on Feb. 1st, 1916.

4. Personal description :—

(a) Height 5' 7". (b) Weight 123 lbs. (stripped) (c) Complexion Dark.

(d) Colour of hair Dark brown. (e) Colour of eyes Brown. (f) Identification marks Small scars - 2 left side of neck. Scar 2½"x ½" above and back left elbow joint

5. Address after discharge (for the use of the Board of Pension Commissioners.) Copetown, Ont.

6. Former trade or occupation Farmer.

7. (a) Service

	Years	Days
	2	230

	Periods	
	From	To
129th O.S., Bn., C.E.F.	Feb.1916	Sept. 1916.
123rd " " "	Sept. 1916	Jan. 1917.
Quarantine	Jan. 1917	May 1917.
4th Bn.	May 1917	April 1918.
Casualty	April 1918	May 1918.
Discharge Depot	May 1918	June 1918.
D.D. No. 2	June 1918	Date.

(b) Has he been Overseas ? Yes.

8. Present disease or disability (use authorized nomenclature if possible). 1. Nasal catarrh. 2. Myalgia. 3. Chronic nephritis.

(a) Date of origin 1. Unknown but previous to enlistment. 2. Dec. 1916. 3. Unknown. (b) Place of origin 1. Unknown. 2. Whitley Camp, Eng. 3. Unknown.

(c) Cause* 1. Unknown. 2. Cold and damp weather. 3. Unknown.

*(Here include original disease or injury)

9. Present condition. (Important, to be a full description of the present disabling condition or conditions).

1. Subjective Symptoms:-

Nose clear since operation (submucous resection) but still bothered with mucous dropping down into back of throat, which interferes with breathing when he is lying down at night.

Objective Signs:-

Specialist's report is as follows:- "19/8/18. Deflection of nasal septum most likely of long standing condition. Probably aggravated be service. 3.? 4. Permanent unless relieved with treatment, should be relieved." Lieut. Macfarlane reported by phone that throat condition secondary to nose. Operation Deflected Septum Aug. 31/1918.

2. Subjective Symptoms:-

Pain in back, shoulders and hips. Pain in back and shoulders interferes with proper rest at night. Pain in the forehead after lifting or running.

Continued on Page 4.

[After describing all abnormalities, anatomical and functional, contributing to present incapacity (see section 11) state whether such incapacity is directly due to (a) weakness, (b) loss (complete or partial) of an organ or member or of its functions, or (c) to the necessity for rest of the body or of some of its parts.]

M. F. B. 227.
150M.-6-17.
1772-39-117.

10. History ;

Here give a description of wounds, scars, deformities, and signs and symptoms of abnormal conditions present and not included in answer 8. This section cannot be completed without stripping the soldier and subjecting him to a thorough physical examination

Has had Deflected Septum probably for years (see Specialist's report).

Took lumbago and myalgia at Whitley Camp, December 1916.

Small superficial scars left side of neck, right forearm and right hip.

11. To what extent, state in percentages, is capacity to earn a livelihood in the untrained labour market reduced? If there is more than one disabling condition, estimate the incapacity due to each, and that due to all combined.

12. Did the disability arise on or off duty? 1. No. 2 & 3. On duty.

13. Was a Court of Inquiry held?

14. If the disabling condition had its origin before enlistment, has it been aggravated on service?

Yes..... No 1. Yes. 2. & 3. Not applicable.

(If the answer is in the affirmative, state in percentages, to what extent the soldier is incapacitated by that aggravation.)

15. Was the disability caused or aggravated by negligence, by vice or by misconduct, or by unreasonable refusal to accept treatment? 1. 2. & 3. No.

(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.)

16. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one? 1. Temporary only. 2. Temporary only. 3 six months.

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

Hamilton Military Hospital, Aug 19th to Sept. 3rd, 1918.
Brant Military Hospital, Sept. 3rd, 1918 to date.

18. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit?

1. 2. & 3. No.

19. Can the former trade or occupation be resumed? Yes.

20. Recommendations Fit category C (1).

James Roberts Capt.
Medical Officer by whom the case is brought forward.

STATEMENT OF THE SOLDIER.

(Sections 8, 9 and 10 are to be read to the soldier.)

I, the undersigned J.M. Davies have heard the description of my disability read, and am satisfied (or not satisfied) with it. (If dissatisfied, statement should follow.) I complain in addition of

J M Davies
Signature of soldier examined.

OPINION OF THE MEDICAL BOARD

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

We concur.

22. Is the soldier fit for

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

23. It is certified that the soldier

~~(a) Does require treatment.~~
(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).

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

Fit category C (1)

[signature] *President.*

James Robert Copp } *Members.*

STATION Hamilton, Ont.

DATE 20/9/18.

APPROVED BY

DATE 25-9-18

[signature] *Assistant Director of Medical Services.*

APPROVED BY

DATE

Director-General of Medical Services.

2. Objective Signs:-

Complains of tenderness on pressure over lumber muscles and sacrum.

3. Subjective Symptoms:-

Puffiness under eyes at times. Has disappeared during last three or four weeks.

Objective Signs:-

Urinalysis shows:- " Sp.Gr. - 1030. Color - cloudy, amber. Reaction - acid. Albumen - trace. Sugar, blood, acetone, diacetic- negative. Microscopic - phosphates."

Disability in (1) due to impairment of respiratory function.
" " (2) due to pain complained of.
" " (3) due to impairment of renal function.

Other systems normal.

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

INSTRUCTIONS

1. In using this Form the " Instructions issued for the guidance of Medical Officers serving on Medical Boards " will be carefully followed.

2. The Medical Officer in charge of the case is responsible for the proper completion of pages 1 and 2 of this Form. The President of the Board of Medical Officers is responsible for the proper completion of the space, of page 3, reserved for recording the Proceedings of a Board of Medical Officers.

3. In answering the questions, Medical Officers will carefully obtain and record the soldier'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 soldier concerned, from witnesses, or from documents.

4. If a complete answer to any question requires more space than that reserved for it, the answer may be continued on the blank space on this page.

5. The nomenclature of diseases to be followed is that 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 and Sons.

34854

HISTORY SHEET.

Ham[redacted] Hospital. Hamilton, Ontario: Station.

No. 784[redacted] Rank Pte Name Davies James Mervin Age 36

Unit 2nd Cdn GR Completed years of service Where and how long Can 10/12. E 1 yr. F 1 yr.

Date of admission 30/12/18 Date of discharge 4/2/19.

Diagnosis Myalgia. Place of origin Toronto.

CONDITION ON ADMISSION AND PROGRESS OF CASE

Previous History – Had whooping cough four or five years ago. Previously healthy. One year later enlisted. Nothing but two colds before going to England. At Surrey camp had lumbago – in hospital fifteen days. Went to France and carried on for about year. Shortly after going to France suffered a heat stroke or heat prostration. In hospital about 3 weeks. Had been shocked by a shell at same time as heat prostration occurred. Carried on with 4th infantry Batt for about a year, ~~about a month~~ Dec Jan. 1918 wounded in the left side of neck – 3rd Field Ambulance. Stayed around La Brise about 3 wks and went back to Battn. Began to get weak and arms swelled up and he was boarded. A month later his legs swelled and weakness increased and severe headache. Joints stiff and sore – Sent out and invalided to England Apr 22 1918. Subjective Symptoms – Dull aching pain in left forearm and shoulders and left sided headache –

FAMILY HISTORY (Tuberculosis, mental or nervous diseases.)

TREATMENT (Especially any specific or special form.)

Objective Signs – left little finger a little stiff.

Treatment – Pot Iodidi + Salicylates

CONDITION ON DISCHARGE, (and disposal made of case.)

Not much improved No treatment seems to help much. Transfer to unit

Date 4/2/19

[signature] MacKinnon
Medical Officer i/c case.

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

18328

34854

CASE HISTORY SHEET.

J. E. H. Hospital. Military Wards Station.

No. 784725 Rank Pte. Name Davies Jm. Age 37

Unit ~~G.H.R.~~ a M E T D #2 Completed years of service Where and how long } C/ E 10/12 F/

Date of admission Mar 1-19. Date of discharge

Diagnosis Burn — Place of origin

CONDITION ON ADMISSION AND PROGRESS OF CASE

Present complaint —

On Feb 26-19 while washing dishes, put his R. hand and forearm into a pail of lye — shortly after applied lard freely —

On Mar 1-19 admitted here — c̄ first degree burn of entire arm, except dorsum of hand, where second degree burn —

Treatment — Daily applications of Ambernie —

Mar 1-19 — Improving complains of pain in shoulders etc — relieved c̄ Aspirin —

Mar 9 — Still improving

Mar 16 Ambernie discontinued — using dry dressings c̄ massage of fingers

Mar 18 — Hand quite healed. Has an inflammatory joint condition for which is receiving massage —

FAMILY HISTORY

(Tuberculosis, mental or nervous diseases.)

TREATMENT

(Especially any specific or special form.)

CONDITION ON DISCHARGE, Transfer Brant House for

(and disposal made of case.) convalescence —

Date Mar 26-19

R. B. Robson
Medical Officer i/c case.
Capt Comd.

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

CASE HISTORY SHEET.

College Military Hospital. Toronto Station.

No. 784725 Rank Pte Name Davies J M. Age 37

Unit 24 Co. Completed years of service (Where and how long) Enlisted Feb 1916. C 6/12 2 9/12 F 12/12

Date of admission Aug 21 1919. Date of discharge 5 — 11 — 19

Diagnosis Myalgia Place of origin France April 1918

CONDITION ON ADMISSION AND PROGRESS OF CASE. Complains of pain through the chest, in lumbar region of back aching over whole of head, difficulty in breathing through nose, haemorrhoids which are not particularly bad now but bother him considerably during the hot weather. Pain in back of right shoulder over area that was burned. Pain in both shoulders during wet weather. General weakness.

Had pain in back in with Camp in 1916. Was laid up for one month. Pain has never completely left him since then. Went to France May 1917 with 4th battalion until May 1918. Had a "heat stroke" in June 1918. Was under moderate bombardment at the time. States he was unconscious for 3 days when he came to had severe headache, and has left in since then. Sent back May 1918 on account of gas burns. Pain through shoulders and chest began May 1917 also the haemorrhoids. Complaint have became much worse during past 2 weeks and now he states he is weaker than 1 year ago.

FAMILY HISTORY (Tuberculosis, mental or nervous diseases.)

No abnormality
Pupils active to light
Tonsils not enlarged
Teeth slight pyorrhoea
Heart not enlarged no murmurs
Blood Pressure 138 - 96
Deep and superficial reflexes active
Free movement of both arms.
Free movement of back.

TREATMENT (Especially any specific or special form.)

To have radiant heat and R.T.

CONDITION ON DISCHARGE (and disposal made of case.)

Sept 10. Condition unchanged. To be seen by Major Boyce & states nothing will do him any good and would like to go home where he could lay around.

F.F.T.

Date.....

F. F. Tisdall Capt OMC.
Medical Officer i/c case.

18779

M. F. B. 313a.
100M.—F-18.
1772—39-13)

19 Get nose & Throat report
Write a note stating complaints then ask for report.
Get report on haemorrhoids.
Looks pretty obviously a pension case.

W. J. Boyle
Maydoms

Oct. 20 Orderly room A.W.I. twenty days. he wrote for extension Aug. 29th the day his leave expired - wrote refusal. Further letter Oct. 13th answered "registered" by pointing out he would be a deserter in six days. Capt. Lisdals report (personal.) was that he was "133. motive". "He also put it over in getting leave."

At Trial stated that he had had business that must be finished up. Claimed not to have received first letter until last week Oct. 17th.

Forfeiture pay. 10 days. 46 (2) d. 20 days. R.W.

~~After~~ Immediately after orderly room wanted to know "Why he was not tried early enough to enable him to get leave out of town & vote. (2) Why he was not granted leave even without pay. (3) Why he could not make application to HQs. direct. When told that he had then been absentee for 15 days, he said he did not see what difference this made.

He then asked for permission to lay his complaints to Head quarters. He was told that he was to put them in writing and that they would be immediately forwarded. Orderly Sergeant was told to put a stenographer at his disposal.

"He said he had been away 3½ years from home. Later stated that in the spring he had had leave and had got two weeks extension on age of wifes illness. Does he want to hibernate?

Wm Baillie

Oct 21. Pt. Davies was asked if he wanted to be paraded before the O.C. He declined to be paraded.

S/Sgt. Stewart.

Oct 22/19 No signs of definite neurosis nor of any organic nervous disease. He should see medical consultant then discharge.

Special report re Myalgia. C. A. J. Wilkins

22-10-19. Pt shows very little evidence of lumbar Myalgia today - most movements of trunk and legs free. Some hypersesthesia lumbar spine. Hospital treatment is not necessary for this.

Quartermaster [illegible]

College Military Hospital,
35 College Street,
Toronto, Oct. 14, 1919.

From: O.C., College Military Hospital.

To: Pte. J. M. Davies,
#784725,
Troy, Ontario.

Sir:-

With reference to your letter of October 13th., which was mailed on October 14th: You have been absent without leave for fifteen days. We answered your letter, stating extension was not granted. No further leave will be granted to you, and you must report to Hospital at once.

For your information: Absence of six more days will make you a deserter, and you will be tried by Civilian Court for same.

Major, CAMC
O.C., C. M. H.

WB:B GC.
REGISTERED.

CLINICAL CHART.

Corps 2nd Bn. C.G.R. Hospital Station Toronto Stationary

No. 784725 Rank and Name Pte. Davies, James Mearven Age 36 Service 1 yr. Can. 13/12 France 10/12 England B-232

Disease Myalgia Date of Admission Dec 19/18 Date of Discharge Dec 23/18 Result Improved Serial No. A. & D. Book

Dates of Observation	19	20	21	22																											
Days of Disease		1	2	3																											
Temperature Fahrenheit	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.
107°																															
106°																															
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102°																															
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100°																															
99°																															
98°																															
97°																															
Pulse per Minute	76	88	80	76																											
Respirations per Minute	18	18	18	18																											
Motions	2	0	1																												

Admitted 12 n.

182-81

M. F. B. 288.

50M—4-18.
H. Q. 1772-39-513.

Signature H. E. Tindale Capt. In charge of case.

Squadron / Battery / Company — Galley Mil Hosp. unit or battalion

MORNING SICK REPORT — Oct 28th 34854 19

Regt'l No.	RANK AND NAMES (Christian Name in full)	Age	Completed Years of Service: In Canada	Completed Years of Service: Overseas—Where and how long	Religion	Whether for duty a prisoner or defaulter	Married or Single	Disease	Medical Officer's Remarks and Initial
784725	Pt Dover Jm	47	3	6/12			M	Surgical Exam. E. Report	

Surgical report — Re Rectum

The Marginally noted ~~other rank~~ is suffering from Haemorrhoids for which he should have an operation

G. H. Gilvie Dowsley
Maj. C.A.M.C.

A. E. Geller — Medical Officer — Ghynet Sgt. — Orderly N.C.O.

Capt Conc.

M. F. B. 292.
H.Q. 1772-39-248.
200M.—1-18.

(OVER)

TO BE DISCHARGED FROM HOSPITAL TO-MORROW

Troop, Battery or Company	Corps	Regt'l No.	RANK AND NAMES

34854

Squadron / Battery / Company — College Mil Hosp — unit or battalion

MORNING SICK REPORT — 23-9-19 — 19

Regt'l No.	RANK AND NAMES (Christian Name in full)	Age	Completed Years of Service: In Canada	Completed Years of Service: Overseas—Where and how long	Religion	Whether for duty a prisoner or defaulter	Married or Single	Disease	Medical Officer's Remarks and Initial
784425	Pte Davies I M	37	3	½ Years	Pres		M	Rep on Hemmeriods	

RECEIVED SEP 23 1919

Capt Tisdall — Medical Officer

Cpl White — Orderly N.C.O.

M. F. B. 292.
H.Q. 1772-39-248.
200M.—1-18.

(OVER)

TO BE DISCHARGED FROM HOSPITAL TO-MORROW

Troop, Battery or Company	Corps	Regt'l No.	RANK AND NAMES

34854

SPECIAL REPORT RE MYALGIA.

DAVIES. J.M.
#784725.

22-10-19. Patient shows very little evidence of lumbar myalgia today. Most movements of trunk and legs free. Some hyperaethesia lumbar spine. Hospital treatment is not necessary for this.

(signed.) A. J. Mackenzie,
Lt. Col.

SURGICAL REPORTS ON PATIENTS.

NAME: D.W.
AGE: 25.

22-10-19. Patient shows very little evidence of lumbar arthritis today. Last movements of trunk and legs fair. Some hyperaesthesia lumbar spine. Hospitalisation is not necessary for this.

(signed) A. L. Mackenzie.
Lt. Col.

34854

COPY

COLLEGE MILITARY HOSPITAL.
Oct. 25, 1919.

#784725.
Pte. DAVIES. J.M.

"SURGICAL REPORT."

The marginally noted is suffering from Haemorrhoids, for which he should have an operation.

(signed.) G. M. Ogilvie Dowley.
Major, CAMC.

~~S.O.R~~

COLLEGE MILITARY HOSPITAL.
Oct. 26, 1919.

#784725.
Pte. DAVIES, J.M. "SURGICAL REPORT."

The marginally noted is suffering from Haemorrhoids, for which he should have an operation.

(signed.) G. M. Ogilvie Dowley.
Major, CAMC.

Exmt

34854

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

NAME OF SOLDIER Davies, James Merven DISTRICT CAMC

REGIMENT ✓ RANK Pte No. 7 4 8 7 2 5

M.F.B. 465
200M.—6-18.
1772-39-950.

INSTRUCTIONS

1. On examination the condition of patient's mouth to be marked on diagram in red ink.
2. On first line of report record of same to be made in red ink.

Only such entries to be made on this sheet as will show:

1. Condition on examination (in red).
2. Condition on leaving Canada.
3. Condition on discharge.

Condition on first Examination	Date	Amalgam	Temporary Filling (a) G. P. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhœa	Synthetic Porcelain	Extracting	DENTURES U	DENTURES L	DENTURES P	Gold Clasp	Gold Filling	CROWNS Gold	CROWNS Porcelain	Bridge Work	OPERATOR	Military District	REMARKS
Mar. 28/19		7						1	to be filled											Grainger		