

MAR - 5 1916

Staff Band

109th OVERSEAS BATTALION, C. E. F.
ATTESTATION PAPER.

No. 724225.

Folio.

ORIGINAL
CANADIAN OVERSEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- 1. What is your surname?..... Davidson
- 1a. What are your Christian names?..... Charles Egan
- 1b. What is your present address?..... Lindsay, Ont.
- 2. In what Town, Township or Parish, and in what Country were you born?..... Wainfleet, Ont.
- 3. What is the name of your next-of-kin?..... Thomas May Davidson
- 4. What is the address of your next-of-kin?..... Lindsay (Box 77) Ont. Canada
- 4a. What is the relationship of your next-of-kin?..... Wife
- 5. What is the date of your birth?..... December 14 1873
- 6. What is your Trade or Calling?..... Tailor
- 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?..... Yes
- 10. Have you ever served in any Military Force?..... 20 yrs 25 Regt 5 yrs 57 51 Regt
5 yrs 35 18 Regt
- 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, Charles E Davidson, 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.

Chas. L. Davidson (Signature of Recruit)

Date MAR - 5 1916 191 . A. Fairbairn (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

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

Chas. L. Davidson (Signature of Recruit)

Date MAR - 5 1916 191 . A. Fairbairn (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 Lindsay this MAR - 5 1916 day of 191 .

J. J. Hill (Signature of Justice)

Description of Charles Lyon Davidson on Enlistment.

Apparent Age.....42 years9 months.
 (To be determined according to the instructions given in the Regulations for Army Medical Services.)

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

Chest measurement { Girth when fully expanded.....33 1/2 ins.
 Range of expansion.....2 1/2 ins.

Complexion.....Ruddy

Eyes.....Blue

Hair.....Black turning grey

Religious denominations { Church of England.....
 Presbyterian.....Presby.
 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).

CERTIFICATE OF MEDICAL EXAMINATION.

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

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

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

Date.....MAR - 5 1916.....191 .

Place.....Lindsay.....

[Signature] Capt.
 Medical Officer
 109th Overseas Battalion, C. E. F.

*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.

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

.....[Signature].....Lt. Col. (Signature of Officer)
 O. C. 109th Overseas Battalion, C. E. F.
 Date.....MAR - 5 1916.....191 .

DAVIDSON CHARLES LYON

724225

3 DD
109 BN

03811



See serial 1912

DEMOB



724225

MEDICAL HISTORY SHEET. ORIGINAL

Surname Davidson Christian Name Charles Lyon

Examined { on 5 day of March 1916
 at Sunday
 Birthplace { City or Town Walkerton
 County Ontario

Approved by J. McCulloch Capt.
 Medical Officer
 Rank 109th Overseas Battalion, C.M.F.

Apparent age 42 years
 Trade or occupation Tailor
 Height 5 Feet 3 Inches
 Weight 118 Lbs.
 Chest measurement { Minimum 31 inches
 Maximum expansion 33 1/2 inches.

Date.	Fit or Unfit.	EXAMINED FOR RE-ENGAGEMENT.
27-10-17	B...	L.H. Roberts Capt. M.O.
3/18	B...	J. Davidson M.O.
May 13/18	B...	H.R. Stent Capt. M.O.
Sept 13/18	B...	H.R. Roberts Capt. M.O.
		M.O.
		M.O.
		M.O.

Physical development Good
 Small-Pox Marks None
 Vaccination Marks { Arm Right None Left Two
 Number Two

Date.	Result.	VACCINATIONS.
12-4-16	Good	J. McCulloch M.O.
		M.O.
		M.O.

When Vaccinated last April 12th 1916
 (a) Marks indicating congenital peculiarities or previous disease None

Date.	Result.	ANTI-TYPHOID INOCULATIONS, ETC.
25-4-16	Good	J. McCulloch M.O.
2-5-16	Good	J. McCulloch M.O.
10-5-16	"	J. McCulloch M.O.
14-5-16	"	J. McCulloch M.O.

Enlisted on 5 day of March 1916 at Sunday

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>109th C.M.F.</u>	<u>724225</u>		<u>5-3-16</u>
Transferred to	<u>124th Overseas Battalion C.E.F.</u>			
	<u>Canadian Trench Bn</u>			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
<u>Bramshott Camp, Hants.</u>	<u>23 JAN. 1917</u>	<u>Offing Nomin</u>	<u>Asst. Pres. J. McCulloch</u>
		<u>D.A.D.M.S. for A.D. N.S.,</u>	<u>PRESIDENT</u>
		<u>Canadian Troops, Bramshott Camp</u>	<u>MEDICAL BOARD, BRAMSHOTT.</u>
	<u>26-9-17</u>	<u>Left Nomin</u>	<u>J. Davidson</u>
	<u>14/10/18</u>	<u>Do.</u>	<u>Discharge</u>

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.

Bramshott 10-1-19 Left Eng Nomin C.M.F.
H. Q. 1772-39-139
H. J. Davidson Capt
Medical Officer

258

27

DEPARTMENT OF MILITIA AND DEFENCE.

WAR SERVICE GRATUITY.

233

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 *Charles J.* 2. Surname *Davidson*
- 3. Rank *Sgt.* 4. Original Unit *109 Bn.* 5. Reg. No. *724226*
- 6. Address, in full, to which future payments of gratuity are to be forwarded
*Lindsay Bx No 77
Ontario*
- 7. Date of enlistment in the C.E.F. *March 4/16*
- 8. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge *Mrs. F.M. Davidson*
- 9. Relationship of such dependent *Wife*
- 10. Address, in full, of such dependent *Lindsay Bx No 77*
- 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:—
*109 Bn.
Aug. 7/16 to Nov/16.*
- 13. Were you on the strength for pay and allowances of the Clearing Services Command, having been at any time on duty outside of Canada or the United States? *No*
- 14. Were you on active service only in Canada or the United States? If so, give particulars of unit and dates of such service *No*
- 15. Give total length of time which you served on active service, whether in Canada or Overseas, setting out particulars of units on whose strength you served *Canada March 4/16 to
Emp. Aug 1/16 to 109 to 124 B.C.F.C. until
coming back to Canada Dec 7/16*
- 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*

18. Have you had more than one enlistment? If so, give particulars of discharges and re-enlistments, and under what regimental numbers and units. *Yes*
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 *Yes*
20. Have you been issued with a War Service Badge? If so, what class? *Yes*
21. Have you, during the present war, served in the Imperial Forces? *Yes*
22. Are you entitled to receive, or have you received any gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled *Yes*
23. (a) Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England? *Yes*
 (b) If so, was such reversion in consequence of misconduct or inefficiency? *Yes*
24. Are you now serving in the C.E.F.? *Yes* If not, give:—(a) Date of discharge *Jan 17/19*
 (b) Reason for discharge *Demot*
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 *Yes*
26. Did you at any time serve at the front in an actual theatre of war? If so, give particulars of one unit which you served at the front, and dates of such service with that unit *Yes*
27. (a) Are you receiving treatment from the Department of Soldiers' Civil Re-establishment? *Yes*
 (b) If so, are you in receipt of full pay and allowances from that Department? *Yes*

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: *Chas L Davidson*

Place of Residence: *Lindsay Ont -*

Declared before me at: *Kingston*

This

17

day of

January

19*17*

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

Hugh C. Noble
a Commissioner under
O.C. 2767 - dated 11-11-18

POST DISCHARGE PAY.

Date paid.	Paid Soldier	Paid Dependent	War Service Gratuity	Net amount due
			<i>153 days.</i>	<i>\$ 350⁰⁰</i>

Certified Correct.

District Paymaster

*Name Davidson, Chas. E. Rank 1st. Regtl. No. 224225

Original unit 109 B'n Present unit M. or S. Age 44 Religion Pres. Fyle Depot 3-2-328 Ref. H.Q.

Port, ship, and date of arrival Halifax Olympic 14-12-18

Next of kin wife Mrs. F. M. Davidson, Lindsay Ont.

Address on leave same

Address on discharge

Transportation issued Yes No Date Character on discharge

Previous occupation Tailor Date and place of enlistment 5-3-16 Lindsay Ont.

Diagnosis Date of Medical Boards

Date.	Remarks	Pt. 2 Order No.
<u>20-12-18</u>	<u>T.O.S. Casualty Company No. 3 District Depot.</u> <u>for Disposal, Part Two D.O. 246 Off 17-12-18</u> <u>leave & sub. 17-12-18 to 3-1-19</u>	

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

Date.

Remarks.

Pt. 2 Order No.

M.F.W. 192
150M-6-18.
1772-39-1243.

/GM
ORIGINAL

CANADIAN EXPEDITIONARY FORCE.

M.F.W. 44.
1188 (D.P.) 250M.-12-18.
1772-39-908.

LAST PAY CERTIFICATE

Regimental No. 724225 Rank Pte. Name Davidson, C.L.
(Surname first)
Unit C.F.C. who was* Discharged
On January 17th 1919, to Category "C3"
*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from Dec. 1st/18 to Jan. 17th 1919.
the inclusive date of transfer or discharge.

	Dr.	Cr.
Bal. Dr. or Cr. from prev. month <u>L.P.C.</u>	39.43	
Regimental Pay <u>48</u> days at \$ <u>1</u> c.		48.00
Field Allowance <u>48</u> days at \$ <u>10</u> c.		4.80
Separation Allowance		17.00
Clothing Allowance		35.00
Post Discharge Pay		
*Other Credits <u>Subs.</u>		14.65
Advances		
Separation Allowance and Assigned Pay Cheque No. <u>1448</u>	27.00	
*Other Charges		
Balance on transfer or on discharge, cheque No. <u>1449</u>	53.02	
Total	119.45	119.45

*Give particulars.

A monthly stoppage of \$ 20.00 (†) has pro rata (‡) been paid on account of
Assigned Pay for the month of Jan. 1919 }
and Separation Allee. for month of 191 } (to) Assignee Mrs. F.M. Davidson,
Box 99,
(Address) Lindsay, Ont.
(†) Insert amount to be assigned, whether it has been paid or not. (‡) Insert "not" if amount has not been paid for period of account.

ON TRANSFER OF AN OFFICER.

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

REMARKS:—

- State (1) date of enlistment married or single.....
(2) Separation Allowance, entitled or not pd to date of disch. (3) Reason for discharge.....
(4) Authority for discharge or ~~transfer~~ 3DD-3-D-328

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

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

Date January 16th, 1919

Place Kingston, Ont.

W. Peter & *Clair*
OFFICER IN CHARGE DEMOBILIZATION PAY DIV.
MILITARY DISTRICT No. 3
Paymaster.

- N.B.—(A) This form is to be used for all ranks (vide Article 122-130 and 141) Financial Instructions, C.E.F., 1916.
(B) For purposes of transfer it is to be made out in triplicate. Copies will be disposed of in accordance with instructions as laid down in Routine Order No. 1307, dated 12th Nov., 1918. Payment of the balance will not be made and the words "or on discharge cheque No." will be deleted.
(C) For purpose of discharge it is to be made out in duplicate. One copy to accompany discharge papers, and one copy for retention as a record. As payment of the balance will have been made, the words "on transfer or" will be deleted.
(D) If a man on discharge is entitled to Post Discharge Pay, Last Pay Certificates will be made out as in "C" with an additional copy to be forwarded to the District Paymaster.

cheque #1449 attached

Staff

To be made out in duplicate.

DUPLICATE F.C. 51-21-22-53

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

INSTRUCTIONS.

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

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

109th OVERSEAS BATTALION, C. E. F.

(2) Regimental Number.....

424223-

(3) Full Name of Soldier.....

Charles Lyans Davidsan

(4) Place of Birth.....

Wallerston Ontario

(5) Are you married, or not?.....

MARRIED

(6) If married, state,

(a) Full name of your wife.....

Florence May Davidsan

(b) Present Postal Address.....

*Lindsay Ontario
Box 74*

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

(8) Have you any children?.....

yes!

If so, give number of boys and girls.....

Two Boys!

Also their names and ages.....

*Wallace age 14
Albert - 15-*

(9) Is your Father alive?..... *No*

If so, state name and address

(10) Is your Mother alive?..... *No.*

If so, state name and address.....

(11) If your Mother is a widow.....

Are you her sole support, or not?.....

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

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

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

(15) Are you insured?..... *yes*

If so, in what Company?..... *Sons of Scotland Mutual Life of Canada*

Have you made arrangements for payment of your Insurance premium..... *yes:*

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

Date..... *July 18th 1916*

[Signature]
..... Col.
..... O. C. 109th Overseas Battalion, C. E. F.
..... Officer Commanding.

724225

Sgt Davidson C L


DENTAL CERTIFICATE.

The following Certificates will

be attached to the Medical History Sheets of all

Other Ranks being returned to Canada for disposal.

C. G. C.

Date of Examination.	Present Dental Condition.	In case of loss or decay of teeth. Is the loss due to wounds, injury or disease directly attributed to Active Service?	Has he ever declined Dental Treatment.	Recommendation.
	<p><i>Set</i></p>	<p>—</p>	<p>—</p>	<p><i>W. Somers</i> Capt. C.A.D.C.</p>

CERTIFICATE

The following Certificates will

be attached to the Medical History Sheets of all

Other forms being returned to Canada for disposal.

Name - Division	Date of Examination	In case of loss or damage to this certificate the loss due to such damage or theft shall be attributed to the holder.	Location	Date of Examination

1000
1000

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

DISTRICT **3**

NAME OF SOLDIER

Haridson S. L.

REGIMENT

DD

RANK

Plt Sgt

No.

724225



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	Pyrrhoza	Synthetic Porcelain	Extracting	DENTURES			Gold Clasp	Gold Filling	CROWNS		Bridge Work	OPERATOR	Military District	REMARKS
											U	L	P			Gold	Porcelain				
	<i>1919 Jan 8</i>									<i>3. 17/19 30</i>								<i>1 89</i>	<i>Alchambers Capt.</i>	<i>3.</i>	<i>3 Cav # 2, 18, 32</i>
																					<i>Refused Treatment - Chas. L. Davidson 8/1/19</i>

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 724225 (Rank) Pte

Name (in full) Davidson, Charles Lyon enlisted in

the 109th Battalion

CANADIAN EXPEDITIONARY FORCE at Lindsay, Ont. on the 5th

day of March 19 16

HE served in Canada & England

and is now discharged from the service by reason of In accordance with R.O.

1343 "Demobilization" Auth 3DD-3-D-328 D/ 13-1-19

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

Age 45yrs 1 month Marks or Scars Nil

Height 5ft 3 ins

Complexion Dark

Eyes Brown

Hair Black turning Gray

Char L Davidson
Signature of Soldier

R. Apple
Issuing Officer

O. C. Discharge Section
No. 8 Rank Depot

Date of Discharge 17-1-19

Appointment

Signed at Kingston, Ont this 17th day of January 1919

in Military District No. 3

File Reference No. 3DD-3-D-328

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

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

No. (Rank) Name

Unit

Address on Discharge

Character and Conduct

Former Occupation

Special Qualifications of Value in Civil Life

Medals and Decorations

Remarks

Signed at this day of 19

.....
Name of Officer

.....
Rank

.....
Appointment

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

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

Casualty Form—Active Service

M. F. W. 54

1914-16-15

H.Q. 1772-30-920

FOR C.O. BASE DEPOT

Unit, Regiment or Corps 109th OVERSEAS BATTALION, CANADIAN FORESTRY CORPS

Regimental No. 724225 Rank Private Name Davidson Charles Lyons

Enlisted (a) 5-3-16 Terms of Service (a) O of W. Service reckons from (a) 5-3-16

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

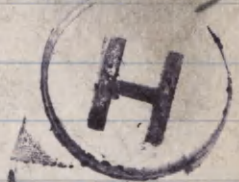
Extended _____ Re-engaged _____ Qualification (b) Sailors

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				
	<u>Embarked Canada</u>		<u>Halifax</u>	<u>24-7-16</u>	
	<u>Disembarked England</u>		<u>Liverpool</u>	<u>31-7-16</u>	
<u>8-12-16</u>	<u>Pl. 109th Transferred 124th Bn.</u>		<u>Witley</u>	<u>8-12-16</u>	<u>PORT 43</u> <u>3</u> Capt. ADJUTANT 109th Overseas Battalion, C.E.F.
<u>9-12-16</u>	<u>124th Bn.</u>	<u>Taken on strength of 124th. Bn., C.E.F.</u>	<u>Witley Camp</u>	<u>8-12-16</u>	<u>Part II Orders 265</u> MAJOR ADJUTANT, 124th BATTALION C.E.F.
<u>19-1-17</u>	<u>124th Bn.</u>	<u>Transferred to Garrison Duty Battalion</u>	<u>Witley</u>	<u>18-1-17</u>	<u>L.C.Pt. 11 No. 19.</u> <u>Lieut. Asst. Adit.</u> <u>124th. Battalion, C.N. Inf.</u>

(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, Shoening Smith, etc., etc., also special qualifications in technical Corps duties.

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				
30.1.17	124 th Bn	Trans. to C. C. A. C.	Witley	23.1.17	Part II Orders #30
	7				
-2-17	124 th Bn.	attached Transferred to Canadian Forestry Corps.	Witley Camp.	1-2-17	Part II. Orders No. 32. Capt Adj. 124 th Can. Par. Bn.
13.4.17	D. of T.O.	Taken on strength Can; For; Corps from C.C.A.C.	London	31.1.17	Pt. II Orders No. 87 Lt. & Asst Adj. C.F.C.
LONDON 1918		Attached C.O.D. Buxton for return to Canada Ceases to be attached C.O.D. Buxton on embarking for Canada			274
7-12-18		Sailed for Canada			Lt. for Lt. Col. Commanding Canadian Discharge Depot
30/12/18		T.O.S. Casualty Company No. 3 District Depot. for Disposal, Part Two D.O. 246	Kingston	17-12-18	LIUT. for O.C. Casualty Co., No. 3 District Depot
17/1/19		S.O.S. Discharged	Kingston	17/1/19	Lieut. O. C. Discharge Section No. 3 District Depot

LTR Rank Name **DAVIDSON, Charles Lyons** Reg'l No. **724225**
 Unit **109th, Bn.** If in perm. Corps, }
 What Unit? } Married or Single **Married,**
 Place and Date of Enlistment **Lindsay, 5th, March, 1916,** Place of Birth **Walkerton, Ontario.**
 Name and Address, Next-of-Kin **Florence May Davidson**
Lindsay, Box 77 Ontario,, Canada. Relationship **Wife.**
 Assigned Pay Monthly \$ Payable to Relationship
 Separation Allowance \$ Payable to Relationship



N/E. R.B. No **3,494**
 File R.L.
 Category **Comm OR**

Discharge, Date and Place Reason Character

H. W. & V., Ltd. - 7165-16.

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.				
Arrived in England per H. M. T. 2810 31-7-16					
8-12-16	109th Bn	S.O.S. to 124th Bn	Whitley	8-12-16	Pt I D.O. 343
9-12-16	109th Bn	S.O.S. to 109th Bn			265-
19-1-17		S.O.S. to 124th Bn			19. Pt I D.O. 26
21-2-17	CCAC	T.O.S. on com. 124th Bn	Hastings	23-1-17	" 88
30-1-17	124th Bn	S.O.S. to 124th Bn	Whitley	23-1-17	Pt I D.O. 30
5-3-17	CCAC	Ceases att. to 124th Bn. + S.O.S. to C.F.C.	Hastings	31-1-17	" 108.(C)
1-2-17	124th Bn	his att. to com. for 124th Bn	Whitley	1-2-17	" 32
9-2-17	CFC	Att. to CFC for P.D. etc	London	1-2-17	" 35.
13-4-17	"	T.O.S. from CCAC	"	31-1-17	" 87.
25-5-17	" B.D.	on strength.	Summingsdale	1-5-17	" 73.
18-11-18	" "	On comm to 100 Bn	" Pt	18-11-18	" 275.

POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

C 97

0

Name Davidson, Charles L.
Surname Christian Name

Regimental Number 724225 Rank Pte.

Address (in full)

Unit C.F.C.

Box 77
Lindsay, Ont.

Original Unit

District where paid M.D. 3.

Date of Discharge 17-1-19.

P. D. P. Filing Number

Rates:—Regimental pay \$ _____ per diem; Field Allowance \$ _____ per diem. Separation Allowance \$ _____ per month.

L. L. 46038—M. & D. 9245.

Total Credits 91 days	FIRST PAYMENT			SECOND PAYMENT			FINAL PAYMENT			Balance Over-payments to be Recovered	Total Amount Paid
	Cheque No. A	Date	Amount 30 days	Cheque No. B	Date	Amount 30 days	Cheque No. C	Date	Amount 31 days		

Remarks: Account opened 17-1-19.

M. F. W. 127.
 25M—8-18.
 1772-SB-1140.

WAR SERVICE GRATUITY.

File No.

Register No.

Reg. No. Dependent

Name Dec'n No. W. S. G. File No. Address

Award days at \$... per day \$

Address S. A. months at \$... per mo. \$

Less P, D. P. Credited \$

Less further debit balance \$

Net due paid to D. P. W.

Pay Soldier \$ Pay Dependent \$

Days Rate Due

Less P.D.P. credited

Clerk Less further Dr. Bal.

or overpayment.

Net

Date	Ck. Order	Ck. No.	Amount	Remarks	Date	Ck. Order	Ck. No.	Amount
1					1			
2					2			
3					3			
4					4			
5					5			
6					6			

GEN'L AUDITOR
 Posting checked by

 Date

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

To Whom *Florence May Davidson*

By Whom Assigned *Davidson*

Address

*Lindsay,
 Box 77. Ont.*

Regtl. No. *724225*

Rank

Pte

Corps

109th Batt. "B" Coy

Rate

20-00

AUG 1 1916

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				



1. 1. 1. 1. 1.

1. 1. 1. 1. 1.

1. 1. 1. 1. 1.

1. 1. 1. 1. 1.

1. 1. 1. 1. 1.

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS
 PAYMENTS.

M. F. W. 12a.
 50m.-4-16.
 1772-39-819.

Sheet No. 2

L. L. Job 310.-Req. 6574.

Florence May Davidson *Wife*

Name of Soldier

Davidson C. L.
724225 Pte 109th Batt

Month.	Year.	Cheque No.	Amt.	Remarks.
				20 ⁰⁰
				"B key AUG 1 1916
April	1916			
May				
June				
July				
Aug.		N 15301	20	-
Sept.		E. 1653	20	
Oct.		E. 20495	20	
Nov.		M 25467	20	
Dec.		J 31493	20	
Jan.	1917	L 38537	20	
Feb.		L 43612	20	20 1/4
March		M 48923	20	20 3/4
April		L 896	20	20 1/2
May		I 7202	20	
June		613505	20	20 ALL
July		N 20606	20	m Pa
Aug.		J 28496	20	J
Sept.		R 34919	20	CB
Oct.		E 40874	20	✓
Nov.		V 54590	20	
Dec.		J 56786	20	340 ⁰⁰ JP
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

mga

(S)

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

PAYMENTS.

Name of Soldier _____

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.				

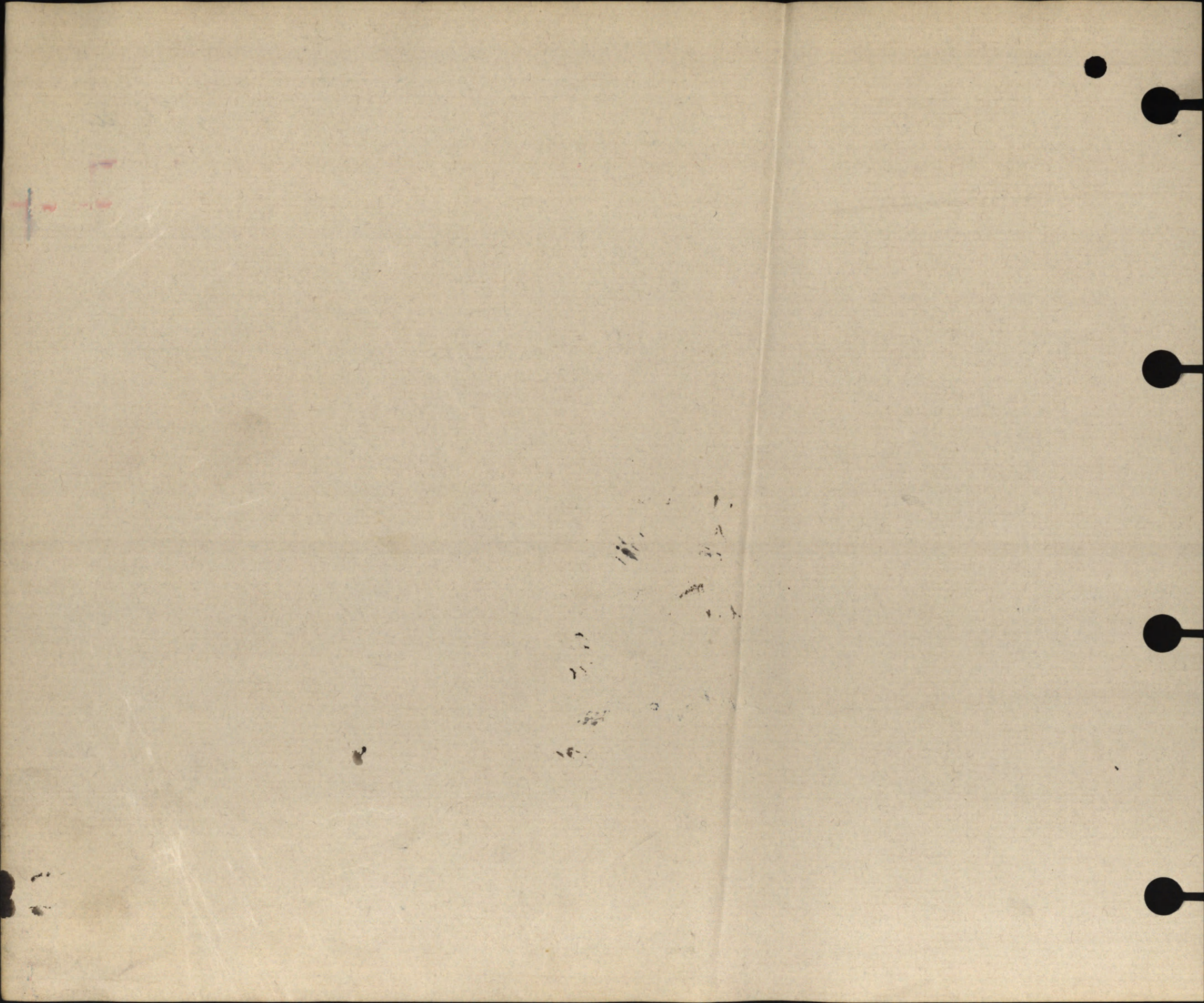
SEPARATION ALLOWANCE

Name *Mrs. Florence May Davidson* Name of Soldier *Davidson Charles L.*
 Address *Box 77 / Lindsay / Ont* Regtl. No. *724225*
 Rank *Pte*
 Corps *109th O.P. Batt. C. E. F.*
 Relation to Soldier }
 wife, child or mother } *Wife*
 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				





SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

Mrs. Florence May
Sheet No. 2.

Davidson ^{Wife}
PAYMENTS.

Name of Soldier *Davidson Charles H.*
Pte

L. L. Job 310.—Req. 6574.

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May		0,6127	57	57
June		H9426	20	20
July		V7999	20	20
Aug.		M13474	20	20
Sept.		M15588	20	20
Oct.		M18959	20	20
Nov.		M21346	20	20
Dec.		M24936	20	20
Jan.	1917	R28436	20	20
Feb.		R31634	20	20
March		R34849	20	20
April		R741	20	20
May		R4156	20	20
June		G.6968	20	20
July		T 10631	20	20 Cancelled T 10631
Aug.		X13980	20	R
Sept.		W16763	20	X
Oct.		G 20642	20	T
Nov.		Y 25130	20	Hd
Dec.		L 26428	20	R #43700 (JP)
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

MILITIA AND DEFENCE
SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier _____

PAYMENTS.

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

(332-45-72)

CARD NO.

SURNAME. Davidson

CHRISTIAN NAMES Charles Lyon

S.O.S. Remot 17.1.19 No 8
D.O. D.O. FOLL. 15/11/19

REGL. NO. 724225 RANK 7th Lt.

UNIT 109th, 201st. Bn.

FORMER CORPS 20 yrs. 45th Regt. 5 years 57th Regt. 5 yrs. 31st Regt.

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL Davidson, Florence May
RELATIONSHIP TO SOLDIER wife

ADDRESS Box 77, Lindsay, Ont.

COUNTRY OF BIRTH Canada Walkerton, Ont. DATE Dec. 14th 1873

PLACE OF ATTESTATION Lindsay Ont. DATE Mar. 5th 1916

Sailed from Halifax 7th Dec. S.S. "Olympic" 23/7/16

L. L. 10437. M. & D. 7253. U/S. 23-7-16 4/88

M. F. W. 22. 100M. -11-16. H. Q. 1772-89-339.
C 14-12-18 12/18 no hnd. 3.

MARRIED

yes

SINGLE

WIDOWER

TRADE OR CALLING

Tailor

RELIGION

Presbyterian

DESCRIPTION.

APPARENT AGE

42

YEARS

9

MONTHS

HEIGHT

5

FEET

3

INCHES

CHEST MEASUREMENT

33 1/2

INCHES

EXPANSION

2 1/2

INCHES

COMPLEXION

Dark

EYES

Brown

HAIR

Black turning Grey.

DISTINGUISHING MARKS

nil.

MEDICAL EXAMINATION.

PLACE

Lindsay, Ont.

DATE

Mar. 5th 1916

No. *724225* RANK *Pte.*

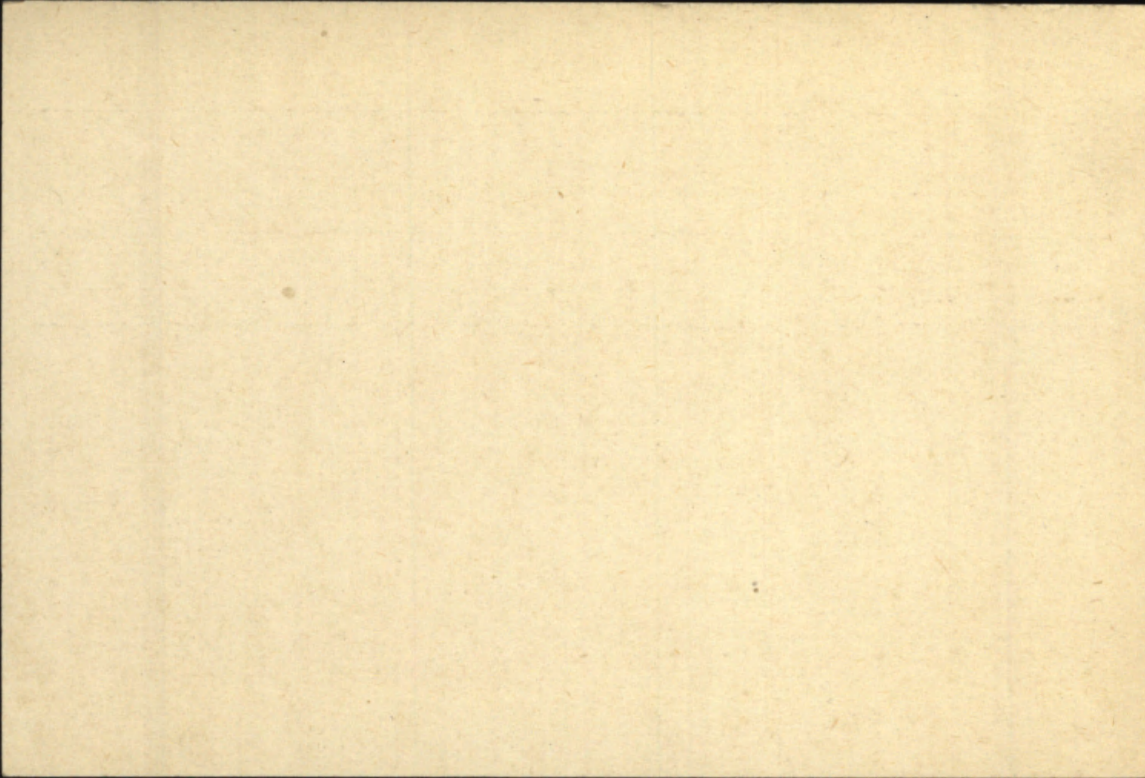
NAME *Davidson, Chas.*

T. O. S. *5-8-16.* UNIT *109th Battalion.*
(O.O. 124 of 18-4-16)

M. D. *3.*

			PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
PAID FROM	PAID TO	SIG. OR REC'T	PARTICULARS	AUTHORITY
<i>1916.</i> <i>Mar. 5.</i>	<i>1916.</i> <i>April 30.</i>	<i>✓</i>		
<i>July.</i>		<i>✓</i>		
		<i>✓</i>		
		<i>✓</i>		

UNIT SAILED
 JUL 23 1916



Number

724225

Rank

Pte. B

Surname

DAVIDSON

Christian Name

Charles Lyons

Units

109th Bn.

Can. Inf.

Theatre of War

England

Date of Service

31/7/16

Remarks

60 Kent St. East Lindsay, Ont

BPC 265

Lindsay, Ont

Latest Address

BPC 60132

Roll No.

A Page 3944

200m.-2-21.M.

DESP. MAY 28 1924

REGN. NO. 4655

Number

204018

Rank

a/Sgt

Surname

DAVIDSON

Christian Name

Charles James

Units

Can. M. G. Bde

Theatre of War

France

Date of Service

14/11/17

Remarks

(M)

Mrs M Davidson

Latest Address

P. O. Box 169

Roll No.

Calville, Sask.
B. Page 2176 H.

200m.-2-21.M.

DESP. JAN 11 1923
REGN. NO. 16934

* Strike out whichever inapplicable.

ASSIGNED PAY.	ENGLAND or CANADA.	SEPARATION ALLOWANCE.	ENGLAND or CANADA.	NAME: DAVIDSON <i>Chas Lyons</i>
EFFECTIVE DATE: <i>1.8.16.</i>		EFFECTIVE DATE: -		NUMBER: <i>724225</i>
AMOUNT: <i>20⁰⁰</i>		AMOUNT: -		PARTICULARS OF RANK OR APPOINTMENT
NAME, ADDRESS, RELATIONSHIP & AUTHORITY				AUTHORITY
				DATE EFFECTIVE
Mrs <i>Blorham Davidson (wife)</i> <i>Lindsay Ont.</i> <i>Stopped eff. 1.12.18</i>				RANK OR APPOINTMENT
agreement of a/c. <i>30.9.18 - 37.26</i> <i>8850. 13.11.18</i>				UNIT AND TRANSFERS
				ORIGINAL UNIT: <i>109th Bn</i>
EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS				DATE ACCOUNT FIRST OPENED: <i>1.8.16</i>
				AUTHORITY DATE EFFECTIVE DATE LEDGER SHEET T'S'F'D UNIT TRANSFERRED TO <i>C.F.C. Eng</i>

DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT
<i>14.11.18</i>	<i>4276</i>	<i>B.D. C.F.C. £2</i>	<i>973</i>	<i>17.11.18</i>	<i>4352</i>	<i>£3</i>	<i>4460</i>
			<i>2433</i>				

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
	<i>1</i>	<i>-</i>	<i>-</i>	<i>10</i>

PARTICULARS OF RENDERING NON-EFFECTIVE: *Dis to Canada. 30.11.18. Alt. 5-1-22 for disposal*

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
<i>1918</i>									<i>2896</i>	<i>nil</i>	
<i>March</i>	<i>bal for'd</i>										
<i>Apr</i>	<i>P pay</i>	<i>33</i>		<i>A.R. Bn</i>	<i>973</i>				<i>3223</i>		
		<i>33</i>		<i>A.R. B275. 26.4.18 B.D.</i>	<i>973</i>			<i>20</i>			
<i>May</i>	<i>P.P</i>	<i>34 10</i>		<i>Cap.</i>				<i>20</i>			
				<i>A.R. B641 14.5.18 B.D.</i>	<i>973</i>				<i>3173</i>		
				<i>" B949 30.5.18 "</i>	<i>487</i>						
		<i>34 10</i>			<i>1460</i>			<i>20</i>			
<i>June</i>	<i>P.P</i>	<i>33</i>		<i>Cap.</i>				<i>20</i>			
				<i>A.R. B1378 26.6.18 B.D.</i>	<i>973</i>				<i>35</i>		
		<i>33</i>			<i>973</i>			<i>20</i>			
<i>July</i>	<i>P.P</i>	<i>34 10</i>		<i>Cap.</i>				<i>20</i>			
				<i>A.R. B1679 12.7.18 B.D.</i>	<i>487</i>				<i>3936</i>		
				<i>" B1867 25.7.18 "</i>	<i>487</i>						
		<i>34 10</i>			<i>974</i>			<i>20</i>			
<i>Aug</i>	<i>P.P</i>	<i>34 10</i>		<i>Cap.</i>				<i>20</i>			
				<i>A.R. B2131 12.8.18 B.D.</i>	<i>973</i>				<i>3886</i>		
				<i>" B2599 28.8.18 "</i>	<i>487</i>						
		<i>34 10</i>			<i>1460</i>			<i>20</i>			
<i>Sept.</i>	<i>P. Pay</i>	<i>33</i>		<i>Cap.</i>				<i>20</i>			
				<i>A.R. B3249 27.9.18 B.D.</i>	<i>1460</i>				<i>2726</i>		
		<i>33</i>			<i>1460</i>			<i>20</i>			
<i>Oct</i>	<i>✓</i>	<i>34 10</i>		<i>b.a.p</i>				<i>20</i>			
				<i>B3730 B.D. 15.10.18</i>	<i>973</i>				<i>4163</i>		
		<i>34 10</i>			<i>973</i>			<i>20</i>			
<i>Nov.</i>		<i>33</i>		<i>bal.</i>				<i>20</i>			
				<i>B4352 B.D. 6.7.18</i>	<i>1460</i>				<i>5403</i>		
				<i>B4276</i>	<i>973</i>				<i>2057</i>		
				<i>3208 Bampton Entombed 2/12/18</i>	<i>973</i>						
		<i>33</i>			<i>3406</i>			<i>20</i>			

A 3 M. FORM REN *Stopped eff. 1.12.18*
 DISCHARGED TO *Canada* DATE *30.11.18*
 PAY BOOK VERIFIED *20.11.18.*
 Cr. BAL *30.30* L.F.C. REN'D *20.11.18.*
 AUTHY: *Alt. 5-1-22 for disposal*

W. Williams
2.11.18
Entered 973
Balance 20.57

H

SHORT FORM.
PROCEEDINGS ON DISCHARGE.
(Demobilization)

M

REPT
MILITARY OFFICE
JAN 28 1919
H.Q.
CANADA

1. No. 724225

2 Rank. Pte

3. Name. Davidson, Charles Lyon

4. Unit. No. 3 District Depot

5 Date of Discharge 17-1-19 Place Kingston, Ont.

6 Reason for Discharge In accordance with R.O. 1343 "Demobilization"

7. Authority. 3DD-3-D-328 D/ 13-1-19

8. Proposed Residence after Discharge Lindsay, Ont.

9. CERTIFICATE TO BE SIGNED BY SOLDIER.

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

M. F. W.? 39

Received 17-1-19

Chas. L. Davidson

Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place Kingston, Ont.

Date 17-1-19

Medical Documents
Forwarded to
S.G.R. or B.P.C.
on
Date 23-1-19

Signature

R. Chappe Lieut.

O. C. Discharging Unit.
No. 3 District Depot

Received 3-2-19

LIST OF DISCHARGE DOCUMENTS.

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

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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 initialed 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 Kingston, Ont. DATE Jan. 9th. 1919.

1. 1 (a) Unit 3rd. C.C.D.D. (b) Regimental No. 724225. (c) Rank Sergeant
 (d) Surname DAVIDSON. (e) Christian name Charles Lyans.
 (f) Home address Lindsay, Ont.
 (g) Next of Kin Florence May Davidson (h) Relationship wife
 (i) Address of Next of Kin Lindsay, Ont.

2. Age last birthday 47. Date of birth 1871.

3. Enlistment, or Appointment (if an Officer) (a) Place Lindsay, Ont. (b) Date 4/4/16.

4. Personal description:
 (a) Height 5' 3" (b) Weight 130 (c) Complexion dark.
(stripped)
 (d) Colour of hair brown (e) Colour of eyes brown (f) Identification marks, Scars, etc.

5. Former trade or occupation Tailor.

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
	<u>2 and 9/12.</u>	<u>6</u>

	PERIODS	
	From	To
Canada	<u>4/4/16.</u>	<u>20/7/16.</u>
England.....	<u>20/7/16.</u>	<u>11/11/18.</u>
France or other theatres of War <u>Canada.</u>	<u>11/11/18.</u>	<u>to date.</u>

7. Original disease, or injury Hernia, Left Inguinal.

(a) Date of origin October 1916. (b) Place of origin Bramshott.
 (c) Cause Accident.

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.)

Hernia, left inguinal.

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.)

Subjective:— Protrusion in left groin, never descended into scrotum. Is well held in by truss. Cannot do heavy lifting or route marching or carry kit. Can walk 5 or 6 miles. Strength is failing in accordance with his age. Catches colds easily, and is short of breath when he has a cold.

Objective:— Small, poorly developed, fairly nourished man of fully age stated. Radial arteries quite palpable. Heart and lungs negative. Hernia, left. Inguinal canal patulous. Hernia well held by truss. No muscular tremor.

States he has constipation of the bowels, and has been so for many years.

- (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 No (analysis).
(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.....as given Muscular System.....no

Osseous and Joint Systems.....no Any other general condition.....as given

10. (a) History (of the condition referred to in Section 9 (a).) Not in France.

While in Bramshott Camp in Oct. 1916, acting as stretcher-bearer, he stepped into a hole, and hernia developed the next day.

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).)

Bad attack of indigestion 3 or 4 years before enlistment.

Mumps a year afterward, with complication of right testicle.

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

None.

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

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

Not applicable.

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

The regimental documents will be referred to.

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

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

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

None for present disability. Truss applied only.

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, with limitations. (If not, briefly state why)

17. Recommendations. Category C-3.
Disability due to Service.

W. W. Jackson *Case Cause*
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, Chas. Lyons Davidson 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.....

Sgt. Chas. L. Davidson Rank.
Signature of invalid examined.

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.

Yes.

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.)~~ Yes. C-3.
- (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.)

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

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

Category C-3. Disability due to 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.

PLACE Barriefield, Ont.

DATE Jan. 10th. 1919.

R. P. ... AMC. President.

[Signature] Members

TO BE COMPLETED WHEN TREATMENT IS REFUSED

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

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

PLACE.....

DATE.....

President.

Members

APPROVED BY [Signature] For Assistant Director of Medical Services.

DATE 11-1-19

APPROVED BY [Signature] Director-General of Medical Services.

DATE.....

EXAMINATION

BY

STANDING MEDICAL BOARD, BRAMSHOTT.

20-1-1917

No. 724225 Rank plc Name Sarison C.R.
 Local Unit 124th Bn Overseas Unit _____ Age 45

Examination held in Bramshott area.

DISABILITY. Life long hernia.

Overseas—Local.
(scratch one out)

PRESENT CONDITION.

*This man finds it difficult to carry on physical exercises on route marches - hernia is well retained by Saitaka Truss.
 Can ~~walk~~ march 5 miles.
 States origin of disability in Bramshott Camp
 Class B3.*

Board recommends :

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

Signatures :

Members { C.R. Cooper ^{hij} Cole Pres.
S.A. Dickson Maj
W. Frazer Capt

Approved.

Bramshott 23-1- 1917 P. Stewart Maj

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

EXAMINATION BY STANDING MEDICAL BOARD, BRAMSHOTT.

101

No. *101* Name *John J. ...* Rank *Private*

Local Unit *...* Overseas Unit *...* Age *...*

Examination held in Bramshott area.

DISABILITY

(Overseas - Local)
(Attach one unit)

PRESENT CONDITION

[Faint handwritten text describing the present condition of the soldier, including details of physical fitness and medical observations.]

Board's recommendation

1. Fit for Duty

2. Fit for duty after *...* weeks physical training

3. Fit for Base duty *...* weeks

4. Fit for Permanent Base Duty

5. Discharge

Signature

Pres

Members

Approved

Bramshott

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

5-3-16

Separation and Assigned Pay Branch

D

991 Aug 1/16

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

20	25	30	
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RATE OF ASSIGNMENT

20			
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1-12-17. P. 63257
 1-9-18. P. 2753
 M 0 25621

PARTICULARS OF SEPARATION ALLOWANCE

No. 724225
 Rank Pte. Promoted Reverted Discharge
 Soldier's Name Charles L. Davidson
 Battalion 109 Battn. B. Co.
 Beneficiary Mrs. Florence May Davidson
 Relationship Wife M. F. W. 2554 25/7/18.
 Address Box 77 Lindsay Ont

PARTICULARS OF ASSIGNMENT (wife)

Name Florence May Davidson
 Address Box 77 - Lindsay. Ont.
 Change of Address

- 1
- 2
- 3
- 4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
1917					04292-E-24
Dec 31		437	340	777	M. F. W. 2554 recd. 22-11-18 gse.
Jan. 7	E 53947	30	20	50	HB
Feb.	E 92648	25	20	45	L.
Mar.	A 121787	25	20	45	✓
April	B 4218	25	20	45	
MAY	X 25271	25	20	45	✓
June.	I 24027	25	20	45	✓
July	Q 28667	25	20	45	✓
Aug.	I 37870	25	20	45	✓
Sept	L 47433	25	20	45	✓
Oct.	M 55363	25	20	45	✓
Nov	I 57803	25	20	45	✓
Dec.	D. 67479	45	20	65	
		<u>762</u>	<u>580</u>	<u>1342</u>	

M. F. W. 128
 400M.-6-17-1772-88-141
 L. L. 25320-M. & D. 7958.

.....A/c Closed 31-12-18
 In D. # 3. Ret'd per... G. Lym...
 Date 14-12-18 F.X. 19-12-18
 In RO. 44939 Clerk... J. Clarke



Reserved for M.H.C. MEDICAL HISTORY

Regt. No. *11225* Rank *Pte* Surname *DAVIDSON* Christian Name *Charles Lyons*
 Unit or Corps—(a) Overseas from United Kingdom *None* (b) in United Kingdom *C. For Corps*
 Born at—Town *Walkerston* County or Province *Ont.* Country *CANADA*
 Date of Birth—Day *14th* Month *December* Year *1890* Age *47* yrs. *11* months.
 Joined at *Lindsay Ont. CANADA* Date *5th March 1916*
 Former trade or occupation *Taylor*
 Permanent Marks or any peculiarity that will serve for future identification:—

Height—feet *5* inches *3* Colour of eyes *Brown*
 Signature of Soldier (for identification purposes)

Medical Report

Read carefully the instructions on last page of this form.

1. DISABILITY.

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

- Disabilities Group (a)
- Disabilities Group (b)
- Disabilities Group (c)

HERNIA (RT INGUINAL)

2. CAUSE OF DISABILITY

		Place of origin.	Date of origin.
(i.) As to Group (a) above.	<i>Due to Active Service Training</i>	<i>Bramshott England</i>	<i>Oct. 1916</i>
(ii.) As to Group (b) above.			
(iii.) As to Group (c) above.			

3. Is the disability due to disease contracted or injuries received prior to Active Service?

- (i.) As to Group (a) above? *No* If yes, has Active Service aggravated it?
- (ii.) As to Group (b) above? If yes, has Active Service aggravated it?
- (iii.) As to Group (c) above? If yes, has Active Service aggravated it?

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

- (i.) As to Group (a) above? *YES*
- (ii.) As to Group (b) above?
- (iii.) As to Group (c) above?

5. MEDICAL HISTORY. Man states has had measles, diphtheria, chicken pox in childhood. About ten years ago had an attack of stomach trouble lasting for weeks. Nothing since. Occupation Tailor. Joined 109th Bn at London 5/3/16 joined base and unable to do all route marches but did not carry pack. He states he could not do heavy physical drill or work owing to shortness of breath and weak back. While carrying a heavy man in stretcher stepped into hole and felt a bearing down pain in left groin. This pain was relieved by pressure of the hand. Never went to France. States that eyesight has failed, must wear strong glasses. Documents. Boarded for hernia 26/9/17 and placed in category B^{III}. Has been tailor since.

6. PRESENT CONDITION. Man complains of nothing at present save except that he cannot remain at heavy work for any length of time owing to pain in left groin. Appetite good, sleeps well. Bowels constipated. Objective. man fairly well nourished. Skin good. Looks his age (46 yrs) Chest normal. Expansion good. Pulse and heart normal. Other systems normal. Left Inguinal Hernia well held by truss. Urine negative.

HEARN (AT INGUINAL)

7. OPERATION. (i) Was one performed? *Not applicable* (ii) If so, state what. (iii) Was one advised and declined? *Not applicable*

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

8. (i) Is there loss or decay of teeth attributable to Active Service? *NO.* (ii) If so, describe.

9. DO YOU RECOMMEND:— (a) Fit for duty? *B^{III}* (b) Invalid to Canada? (c) Discharge from the Service as permanently unfit?

Date of Report *Nov 14th 1918* Station *Summingdale* Signed *[Signature]* Officer in medical charge of case.

I have satisfied myself of the general accuracy of the above Report, and concur therein *except (Officer i/c Hospital) Strike out one (S.M.O. Brigade) of these

Dated at Station, on 191..... *Delete if inapplicable.

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

10. Is the disability fully described in Part I. (1)? If not, describe it.

Yes (This is to be completed only in the case of the Soldier who is to be read to the Board.)

11. Is the cause of the disability fully described in Part I. (2)? If not, describe it.

Yes

12. From the medical information now adduced, was the disability caused or aggravated by:—

(a) Negligence of the Soldier { Caused? Aggravated? } No

(b) Misconduct of the Soldier { Caused? Aggravated? } No

13. THE ENTIRE DISABILITY.—Without regard to his regular occupation, to what extent is his capacity lessened at present for earning a full livelihood in the general market for untrained labour? (Estimate at none, 5%, 10%, 15%, 20%, etc.)

Twenty per cent.

14. THE DISABILITY DUE TO SERVICE.—(See Part I. (3).) Aggravation on Active Service of a disability existing previous to joining is to be included in this estimate. What part of the entire disability estimated next above (13) is due to causes arising during Active Service? (Estimate at none, 1/10, 2/10, 3/10, etc., or all.)

All.

15. Permanency of the Disability due to Service estimated next above in (14).

(i.) Is it permanent? Yes (until operated upon)

(ii.) If not permanent, what is its probable minimum duration (in months)?

16. If an operation was advised and declined, do you consider the refusal to have been unreasonable?

Not applicable

17. Can the former trade or occupation be resumed?

Yes

18. REMARKS:— Is a well nourished & apparently normal man for his age except for the hernia. At present there is no hernial protrusion. He has external inguinal ring & coughing. He has a weak cough & there is an impulse a hernia comes down. He has a statement that he works with out a truss is no doubt true. Authority for discharge Ag Telegram 9083 - 11/11/18

19. RECOMMENDATION:— (a) Fit for duty? (state category) (b) Invalid to Canada? (c) Discharge from Service

(a) Fit for duty? (state category) (b) Invalid to Canada? (c) Discharge from Service as permanently unfit? Yes!

Date of Board 14/11/18 Signatures of the Board

Station Munningdale

Approved A.D.M.S. Station

Dated at 13, BERNERS ST. LONDON, W.1 191

