

FEB 23 1916

D

ATTESTATION PAPER.

No. 724083

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

ORIGINAL

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- 1. What is your surname?..... Davidson
- 1a. What are your Christian names?..... John James
- 1b. What is your present address?..... Dorset
- 2. In what Town, Township or Parish, and in what Country were you born?..... Gravenhurst Muskoka
- 3. What is the name of your next-of-kin?..... Capt Wm Davidson
- 4. What is the address of your next-of-kin?..... Dorset, Haliburton Co., Ont., Can.
- 4a. What is the relationship of your next-of-kin?..... Brother
- 5. What is the date of your birth?..... Aug. 14 1895
- 6. What is your Trade or Calling?..... Engineer
- 7. Are you married?..... No
- 8. Are you willing to be vaccinated or re-vaccinated and inoculated?..... Yes
- 9. Do you now belong to the Active Militia?..... No
- 10. Have you ever served in any Military Force?..... No
If so, state particulars of former Service.
- 11. Do you understand the nature and terms of your engagement?..... Yes
- 12. Are you willing to be attested to serve in the }
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? } Yes

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, John 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.

John Davidson (Signature of Recruit)

Date Feb 23 1916. A. M. Scott (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, John 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.

John Davidson (Signature of Recruit)

Date Feb. 23 1916. A. M. Scott (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 Dorset this 5 day of March 1916.

H. G. Cassidy (Signature of Justice)

Description of John Davidson on Enlistment.

Apparent Age 20 years months.
 (To be determined according to the instructions given in the Regulations for Army Medical Services.)

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

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

Height 6 1/2 ft. ins.

scar on left ear

Chest measurement { Girth when fully expanded 34 1/2 ins.
 Range of expansion 3 1/2 ins.

Complexion Fair

Eyes Blue

Hair Light Brown

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

CERTIFICATE OF MEDICAL EXAMINATION.

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

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

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

Date FEB 23 1916 191

Place Munden

McClulloch 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.

..... John 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.

..... Lt. Col. (Signature of Officer)

Date FEB 23 1916 191

O. C. 109th Overseas Battalion, C. E. F.

DAVIDSON JOHN JAMES

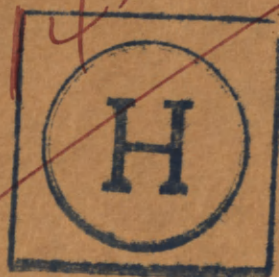
724083

109 BN.

04130

PHY. U.

Deceased





DUPLICATE

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.

109th OVERSEAS BN., C.E.F.

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

(2) Regimental Number 724083.....

(3) Full Name of Soldier John James Davidson.....

(4) Place of Birth Gravenhurst.....

(5) Are you married, or not? No.....

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

(b) Present Postal Address.....

(7) Are you a widower? No.....

(8) Have you any children? No.....

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

Also their names and ages.....

(9) Is your Father alive? Yes

If so, state name and address William Davidson Dousey

(10) Is your Mother alive? Yes

If so, state name and address Mrs Jane Davidson Dousey

(11) If your Mother is a widow No

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? No

If so, in what Company?

Have you made arrangements for payment of your Insurance premium.....

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

Date JUL 11 1916

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

724083

ORIGINAL

MEDICAL HISTORY SHEET.

ORIGINAL

Surname Davidson Christian Name John James

Examined on 23 day of February 1916 at Munden Birthplace City or Town Gavenhurst County Muskoka

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

Apparent age 29 Trade or occupation Farmer Height 6' 1 1/2 Feet 1 1/2 Inches Weight 170 Lbs. Chest measurement Minimum 36 inches Maximum expansion 40 inches Physical development good Small-Pox Marks no

Table with columns: Date, Fit or Unfit, EXAMINED FOR RE-ENGAGEMENT. Entry: 3 AUG 1917 M.O.

Vaccination Marks Arm Right None Left None Number One When Vaccinated last at this camp. (a) Marks indicating congenital peculiarities or previous disease none

Table with columns: Date, Result, VACCINATIONS. Entry: 9.3.16 good J McCulloch M.O.

(b) Slight defects but not sufficient to cause rejection slightly flat chest.

Table with columns: Date, Result, ANTI-TYPHOID INOCULATIONS, ETC. Entries: 15/4/16 good J McCulloch M.O., 22/4/16 J McCulloch M.O., 27/4/16 H O Boyd M.O., 12.5.16

Enlisted on 23 day of February 1916 at Munden

Table with columns: CORPS, REG'T NUMBER, HABITS, DATE. Rows: Joined on enlistment 109th Bn C.E.F. 724083 23.2.16 Transferred to 21st Bn

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Table with columns: STATION, DATE, DISEASE, RESULT. Entry: M.C.H. Epsom 19/2/18 gsw RT shoulder ITC

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.

CANADIAN

Surname *Dawson* Christian Name *John James*

STATION.	Date of Arrival at the Station.	DATES OF						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.
		Admission into Hospital.			Discharge from Hospital.						
		Day	Month	Year	Day	Month	Year				
<i>CHENER HOSPITAL BRIGHTON</i>		31	7	17	18	10	14	<i>Block penetrating rt. shoulder</i>	49	<i>Had rt. clavicle fractured & chest penetrated 18/7/17 by f. s. clavicle united position good. diminished expansion rt. chest but no active disease present</i>	<i>C. H. Bruce</i>
<i>M. C. H. Epson</i>		18	10	14	12	MAR	1918	<i>do. do.</i>	146	Wrist drop improved - movements of shoulder joints limited - cannot raise arm above horizontal position - hand grip weak. <u>ELECTRICAL REACTIONS:-</u> All muscles of shoulder respond very weakly to Faradism. Triceps respond very weakly to Faradism. Extensors of wrist and fingers - no response to Faradism and very slight to Galvanism. Supinator longus does not respond to Faradism or Galvanism. Flexors of wrist and fingers respond to Far. Flexors Sublimis Digitorum responds only slightly to Faradism. Circulatory, Respiratory and Urinary systems normal.	<i>J. Stewart</i> CAPT: G.A.M. C. "I" DIVISION.
<i>No 5 CAN. GEN. HOSP</i>		12	3	18	15	APR	1918	<i>Do</i>	8	<i>Symptoms same as above</i>	<i>J. P. O'Shea Capt</i>
<i>"ARAGUAYA."</i>		15	4	18	25	4	18			<i>Same as above</i>	<i>A. H. Jordan</i> Capt

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

DISTRICT.....

NAME OF SOLDIER

Clavdown - John

REGIMENT

20th

RANK

L. Cpl.

No.

724883



INSTRUCTIONS

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

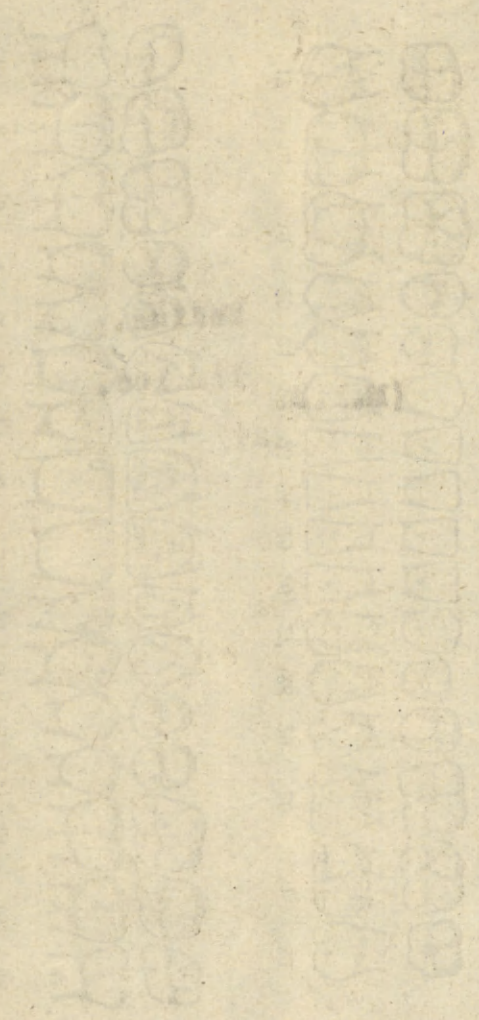
Only such entries to be made on this sheet as will show :

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

Date	Amalgam	Temporary Filling (a) (G. P. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhoce	Synthetic Porcelain	Extracting	Dentures			Gold Clasp	Gold Filling	Crowns		Bridge Work	OPERATOR	Military Dist.	REMARKS
											U	L	P			Gold	Porcelain				
Condition on first Examination																					
<i>20 Sept 31</i>																			<i>H. J. Hodgins - Capt</i>		<i>No previous history sheet. No dental treat necessary</i>

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS



Form with multiple rows of text for dental history, including fields for patient name, date, and clinical notes.

Printed text at the bottom right of the page, possibly a signature or date line.

INSTRUCTIONS

Vertical text providing instructions for the dental history sheet, detailing how to fill out the form and what information is required.

Q.T.S 500

CLINICAL CHART.

Army Form B. 181

Corps 20 Bn Canadians

(To be attached to Case Sheet.)

Military Hospital 7. C. C. S.

No. 724083

Rank and Name Davidson J. J. Lt. Col.

Age _____

Service _____

Disease Shld R Shoulder Penetration

Date of admission July 18/17

Date of discharge _____

Result _____

Dates of Observation	18		19		20		21		22		23		24		25		26		27		28		29		30	
	Days of Disease		1		2		3		4		5		6		7		8		9		10					
Temperature Fahrenheit	Time		Time		Time		Time		Time		Time		Time		Time		Time		Time		Time		Time		Time	
	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.
107°																										
106°																										
105°																										
104°																										
103°																										
102°																										
101°																										
100°																										
99°																										
98°																										
97°																										
Pulse per Minute	100	96	96	100	96	96	96	102	104	96	96	98	107	96	88	96	80	80	96	80	80	84	84	84	84	84
Respirations per Minute	40	36	44	40	36	32	32	34	34	32	34	30	26	26	28	26	26	24	24	24	24	24	24	24	24	24
Motions per 24 hours																										

On Admission

Sleeping

Sleeping

Sleeping

Sleeping

Sleeping

Q.T.S

Signature _____

In charge of case. _____

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
	724083	L. Cpl.	Davidson	J. J.
Year	Unit.	Age.	Service.	
	20 th Battalion	22	2 yrs	
Station and Date	Disease	G.S.H. of Shoulder. of R. Clavicle		
No 5 Coy G.S.H.	Occupation	Farmer		
Liverpool	England	20 July 1916	France	23 July 1916
12/3/19	Injured	18 July 1917	France	5 Oct 1916
	4 th Canadian Field Ambulance	18.7.17		
	7 th C.O.S.	A.T.S. 500 18.7.17		
	35 General Hosp. Calais	26.7.17		
	Kitchener Military Hosp.	31.7.17		
	But only middle right clavicle - fracture some haemorrhage right side. X Ray report shows - F.B. showing somewhere behind upper part of right sterno clavicular joint			
	28.7.17	A.T.S. 500		
	30.7.17	Wound healing F.B. not removed.		
	Kitchener Military Hosp Brighton	31.7.17		
	O.C. Fracture Clavicle Middle & out here			
	X Ray 1337 shows F.B. lying on Right side of body of 4 th dorsal vertebra pushing body the 4 th & lying between and out to heads of 4 th & 5 th Ribs.			
	2.9.17 Fractured clavicle united well R chest flat and deficient expansion. Breath sounds in upper part of R. chest weak. Below angle of scapula absent			
	Wrist drop of right arm. Motion at right shoulder joint much limited - a good deal perhaps through non use.			

*The first and last entries will be signed, and transfers from one Medical Officer to another, attested by their signatures

Station
and Date.

5-9-17 No active process in lung. Poor expansion
of rt chest. Severe nervous and his O.A.H. would
contribute to the breathlessness

17.10.17 Wound healed. Limited expansion of rt chest.
M.L.H. Epsom 18.10.17

No 5 Banedin
General Hospital
Leeds 12.3.18

Limit drop abduction of arm limited. Backward
movement limited. Flexion fingers O.K. Extension
weak can adduct thumb but cannot abduct
Elbow joint good General condition good
J.P. O'Shea Capt R.A.M.C.

a 4
119

ward
119

Bed No
304
Army Form I: 1237

3rd. Australian General Hospital A.I.F.

W. CAMERON M.H.
LIVERPOOL

MEDICAL CASE SHEET.

No. in Admission and Discharge Book	Regimental No.	Surname.	Christian Name.	Age.
	724083.	Davidson	John J.	22.
		Rank.	Unit.	Service.

Year 1917	L. Cpl.	20 th Batta Canadian.		17/12.
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Next of Kin: Father: Capt. W. Davidson: Dorset: Ontario: Canada

Date and Station.

Disease G.S.W. R Shoulder. Penetrating Chest;

Kitchener Military Hosp. Brighton.

18/7/17 wounded by shrapnel. at Leus.

Army Force 3118. No 4. Canadian. F.A., G.C.C.S. 500 500
18/7/17 28/7/17

26/7/17 admitted to 35th General. Hosp.

but only middle right clavicle - fracture some haemorrhage right side X ray report shows - large F.B. showing somewhere behind upper part of right sterno clavicular joint

30/7/17 wound healing. F.B. not removed.

31/7/17 Admitted to Kitchener Mil Hosp. Brighton.

O.B. Fracture Clavicle Middle + out third A.T.S. 7.50 4/8/17

Xray 1337. F.B. lying on Right side of body of 4th dorsal vertebra. Touching body of the 4th + 5th ribs lying between and out to heads of 4th + 5th ribs

Sept. 3.

Fractured clavicle united well - Rt. chest flat - and deficient expansion. Breath sound in upper part of rt. chest weak. Below angle of scapula absent.

Wrist drop of right arm. Motion at rt. shoulder joint - much limited. a good deal perhaps through non use.

5 - Referred to Electro therapeutic Dept.

7.9.17.

No reactions obtained for circumflex or musculospiral. H.A.S.

Sept. 9.

Radiant heat - and massage

over

Date.	Surname.	Disease.
-------	----------	----------

Sept 14 - No active process in lung. Poor expansion
 of rt side chest. Is very nervous and
 his cough would contribute to the
 breakdown. Schale

Oct. 17
 18 OCT 1917
 Wound healed. Diminished expansion of rt. chest.
 Discharged L C H Epsom
 Lt. House Capt

M. C. H. Epsom 18. 30. 17

105 Canadian
 General Hoopl.
 April. 17. 3. 18

Wrist drop abduction of arm limited. Backward
 movement limited. Flexion fingers OK. Extension
 weak can abduct hand but cannot abduct
 Elbow joint good. General condition good.

J. P. O'Shea Capt C.A.M.C.

MEDICAL CASE HISTORY SHEET

Case or History of Injury:

Chiropractor

History of Present Illness or Injury:

(In illness of injury, month of onset)

Chiropractor for 10 years. History of present illness or injury. Patient was treated by chiropractor for 10 years. Patient was treated by chiropractor for 10 years. Patient was treated by chiropractor for 10 years.

Condition on Admission:

Chiropractor for 10 years. History of present illness or injury. Patient was treated by chiropractor for 10 years. Patient was treated by chiropractor for 10 years. Patient was treated by chiropractor for 10 years.

Treatment:

Chiropractor for 10 years. History of present illness or injury. Patient was treated by chiropractor for 10 years. Patient was treated by chiropractor for 10 years. Patient was treated by chiropractor for 10 years.

Chiropractor for 10 years. History of present illness or injury. Patient was treated by chiropractor for 10 years. Patient was treated by chiropractor for 10 years. Patient was treated by chiropractor for 10 years.

Condition on Discharge from Hospital:

NEED

DATE MAY 1918

MAY 1 1918

Date

Initials

Signature

Name _____ No. _____ Unit _____
 Rank _____
 Date **JUN 21 1918** All Progress Notes must be signed and dated

WHITBY MILITARY HOSPITAL

Diagnosis

G.S.W. of right shoulder - ^{SS Ball} ~~leaving~~ ^{corro}
 musculospiral.

Treatment

To have massage.

27/6/18 Previous History

Wounded 18/7/17 - wound of entrance middle
 right clavicle (fractured). Xray shows F.B.
 lying on right side of body of 4th dorsal vertebrae.
 Removal not advised -

Examination

Inspection of whole arm including shoulder.
 Movement of shoulder - fair up to level of shoulder -
 Elbow - movements OK. but power of extension weak.
 Wrist - Has parted wrist drops - limitation of
 both active extension & flexion - passively
 wrist can be bent almost normally.
 Pronation normal. - Supination $\frac{2}{3}$ normal.

Hand

Crepidation is poor - hand feels cold - extension
 of fingers almost normal but weak - flexion
 actively 145° at metacarpophalangeal joints.
 Other finger joint movements - normal.

Measurement of arm -

	R.	L.
Forearm	10	10 $\frac{1}{2}$
	9 $\frac{1}{2}$	10 $\frac{1}{2}$

Complaints of shortness of breath in "venereal overstrain"
 Examination of circulatory system - neg. pulse very slow.
 Fracture of clavicle well united - finger weak.

Treat:

To continue massage etc. - To see dental officer -

Vocational Work -

Is taking up theory of stationary Engineering

On furlough till Aug. 10/18.

Marked improvement in condition of R.H. hand.
 Can now extend wrist slightly past straight line.
 To take O.T. A.H.V.

20/7/18

PROGRESS INSERT

Name

No.

Unit

Rank

Date

All Progress Notes must be signed and dated

25/8/18

He is home his 227. Improvement has
began and will continue in civil life.

D. Tucker

C 7725

WAR SERVICE GRATUITY.

OTTAWA, CANADA

22237/43
FILE No. 4
RECEIVED
FEB 10 1919
PAYMASTER
MILITARY INQUIRY NO. 2

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 *John James* 2. Surname *Davidson*
3. Rank *James Corporal* Original Unit *109th Batt CEF* 5. Reg. No. *724083*
6. Address, in full to which future payments of gratuity are to be forwarded
John James Davidson
Dorset, Ont
7. Date of enlistment in the C.E.F. *February 23rd 1916*
8. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge *None*
9. Relationship of such dependent
10. Address, in full, of such dependent
11. Is said dependent now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier?
12. Were you at any time on the strength for pay and allowances of a unit of the C.E.F. which was out of Canada or the United States when such pay and allowances were issuable? If so, give particulars of one such unit and dates of service overseas with such unit:
Served with 109th Batt overseas
July 31st 1916 to April 15th 1918
13. Were you on the strength for pay and allowances of the Clearing Services Command, having been at any time on duty outside of Canada or the United States?
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
Feb 23rd 1916 to September 16th 1918
109th Batt and 20th Batt C.E.F.
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. *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

Three months post discharge pay by No 2 District Discharge Depot

20. Have you been issued with a War Service Badge? If so, what class? *A and B*

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

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

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? *No*

24. Are you now serving in the C.E.F.? *No* If not, give:—(a) Date of discharge

Sept 15th 1918 unfit

(b) Reason for discharge *Physically*

25. Are you at present a member of and in receipt of pay and allowances from any Canadian naval or land forces? If so, give unit *No*

26. Did you at any time serve at the front in an actual theatre of war? If so, give particulars of one unit which you served at the front, and dates of such service with that unit

Yes, 20th Batt, from Oct 5th 1916 to July 17th 1917 (wounded sent to England)

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. Davidson*
 Place of Residence: *Dorset, Ontario*
 Declared before me at: *Dorset, Ont.*
 This *6th* day of *February* 19*19*

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

E. Speer
 Notary Public

POST DISCHARGE PAY.

Date paid.	Paid Soldier	Paid Dependent	War Service Gratuity	Net amount due
<i>14.9.18</i>	<i>34.50</i>			
<i>14.10.18</i>	<i>34.60</i>			
<i>14.11.18</i>	<i>35.65</i>			
<i>No Overpayment</i>		<i>104.65</i>		

Certified Correct.

W. Skimpton - CAPTAIN C.E.F.
 District Paymaster.
 for PAYMASTER, MILITARY DISTRICT No. 2

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 724083 (Rank) L.C.

Name (in full) DAVIDSON, John. James. enlisted in
the 109th. Bn.

CANADIAN EXPEDITIONARY FORCE at Dorset, Ont. on the 23rd.
day of Feb. 1916

HE served in England & France

and is now discharged from the service by reason of Physical Unfitness

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

Age 23 years

Height 6 11"

Complexion Fresh

Eyes Blue

Hair Brown

Marks or Scars

Vacc. Scars left arm

G.S.Wd. Rt. Arm 1.8.17.

J. J. Davidson
Signature of Soldier

W. P. Robertson
Issuing Officer

Date of Discharge Sept. 16th. 1918

Captain,
For Lt. Colonel,
O.C. No. 2 District Depot.
Appointment

Signed at Toronto, Ont. this 16th. day of Sept. 1918

in Military District No. 2

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.

CANADIAN EXPEDITIONARY FORCE
Discharge Certificate

No. 724085 (Rank) L.C. Name Davidson, J.J.

Unit 109th. Bn.

Address on Discharge Dorset, Ont.

Character and Conduct

Very good

Former Occupation Engineer.

Special Qualifications of Value in Civil Life

Medals and Decorations Nil

Remarks Gold stripes One

Signed at Toronto, Ont. this 16th. day of Sept. 19 18

J.P. Nelson
Name of Officer

Captain,
For ^{Rank} Lieut.-Colonel,
O.C. No. 2 District Depot.
Appointment

Military Convalescent Hospital,
Woodcote Park, Epsom, Surrey.

Feb 4
.....1918.

Ref.B.R. 130/279

From:- The Commandant,
Convalescent Hospital, Epsom.

To:- The Officer i/c Records, Green Arbour House,
Old Bailey, London, E.C.4.

Reference G.O.C. Routine Orders of 14-4-17,
para. 1158, please forward immediately:-

(1) Public to Medical History Sheet

.....
(2) Copies of Previous Medical Boards (if on
file)

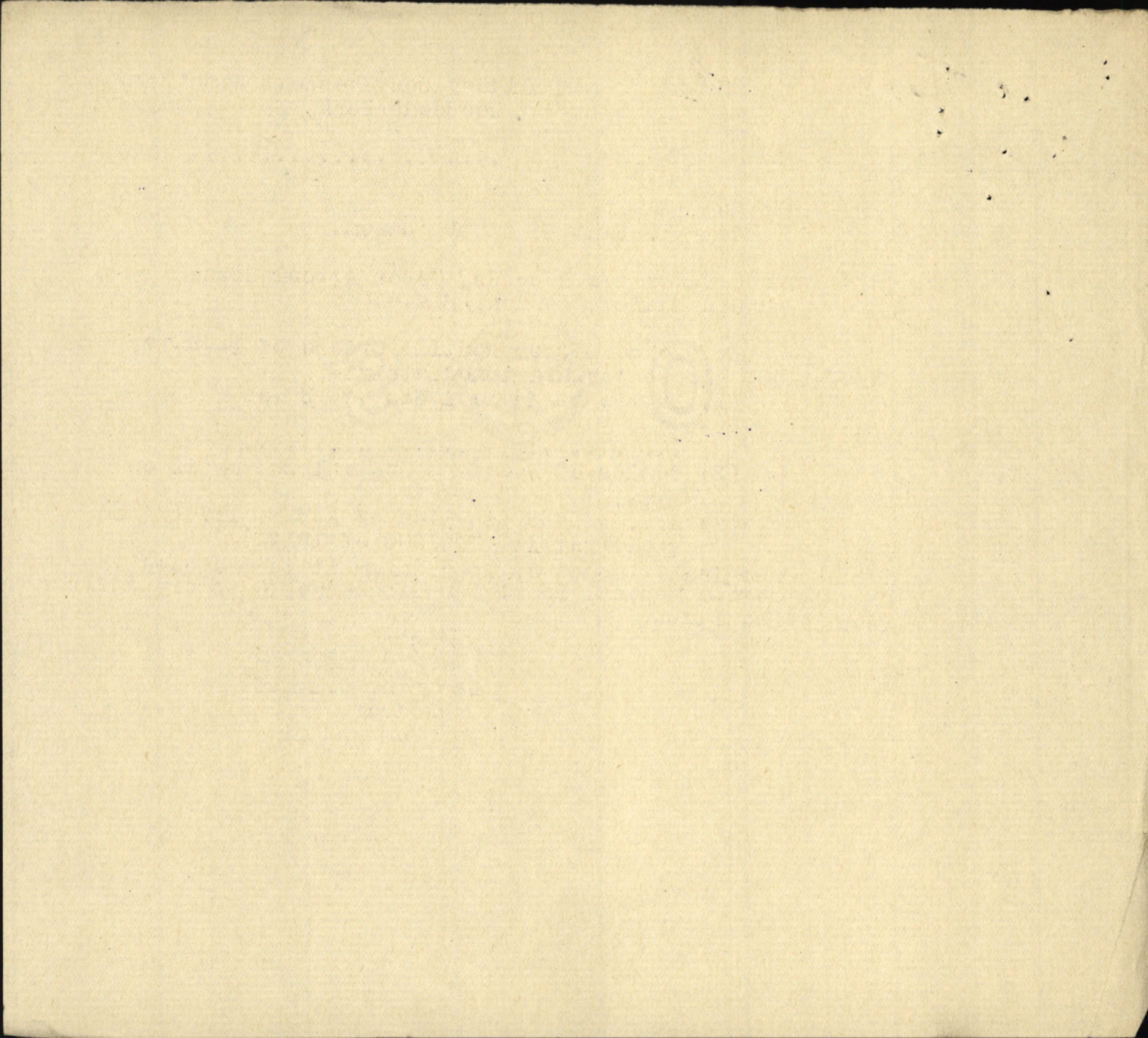
(3) A.F.W. 5428 (in lieu of A.F.B. 117) (if on
file) (Ref.A.C.I. 1500 of 1917.)

For the marginally noted soldier, whom it is proposed to
bring before a Medical Board for Discharge, (Category "E")
at this Hospital.

R. D. ...
Captain, C.A.M.C.
Registrar.
For Commandant.

THC/DHJ

724083
Davidson J.J.
20th



DENTAL CERTIFICATE

No. *124083* Rank *Lt.* Name *Davidson J.J.* Unit *20th.*

Date of Examination

Present Dental Condition

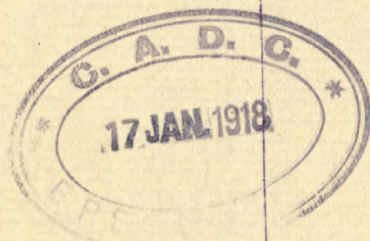
In case of loss or decay of teeth. Is the loss due to wounds, injury or disease directly attributed to Active Service ?

Has he ever Declined Dental Treatment ?

Remarks

fit

/



J. Williams
.....
Captain, C. A. D. C.

90x2
a.119

O.C. II Division

5
R
R
E
E

RECEIVED
COMMUNICATIONS SECTION
MAY 19 1944
U.S. AIR FORCE
WASHINGTON, D.C.

MAY 19 1944
U.S. AIR FORCE
WASHINGTON, D.C.

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

M. F. W. 54.
FORM 10-15.
H.Q. 1772-50-920.

Casualty Form—Active Service.

Unit, Regiment or Corps 109th OVERSEAS BATTALION, C. E. F.

Regimental No. 424083 Rank Private Name Davidson John James
C. E. F.

Enlisted (a) 23.2.16 Terms of Service (a) D of W. Service reckons from (a) 23.2.16

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) Engineer

CERTIFIED CORRECT.
18 OCT 1916

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.
--------	--	-------	------	--

	Embarked Canada	Halifax	24.7.16	
	Disembarked England	Liverpool	31.7.16	
	Transferred for Overseas Service with <u>20th</u> Batt'n OCT 5 1916 D.O. Pt. 11, No. <u>279</u> Capt. ADJUTANT			
	6/10/16 C B Dep	Arrd & taken on strength	20th Bn	6/10/16 NR Pt 2 O'rs 55d 11/10/16
	do do	Left for	do	20/10/16 NR
	27/10/16 20th Bn	Arrived	do	23/10/16 B215
	30-6-17 do	Apptd L/C Vice L/C H. Wheeler	D of Wds	7-5-17 B215 Pt 2 48d 10-7-17
	21-7-17 do	Wounded	Fld	18-7-17 B215
	26-4-17 35 Gen	A. W. Alder R. Chert R. Adm 35 Gen	26-4-17	17.30-40
	21-4-17 4 CFA	admt birm CCA 4.	18-4-17	931
	31-7-17 35 Gen	Inv(wdd) & posted to 1st Centl Ont. Regl Depot, Shorncliffe per MS Brighton	31-7-17	W3083. 3593. Pt 2 54 d/9-8-17.
		Whogau Major for Canadian Section.		Lt.-Col., A. A. G. G. H. O. 3rd Echelon, B. E. F.

9.8.17 CORD 7.O.S. from 20th Bn
Taken on strength of District Depot
no 2 co from 9/5/18.
D'ling 31.7.17 Pt II 225
for Colonel i/c Records

(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, Shoing Smith, etc., etc., also special qualifications in technical Corps duties.
[P.T.O.]

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				
16 ⁵ / ₁₈	of/s	I.O.S. No. 2 District Depot, Part II, D.O. No. 29			
		Dis. #2 D.D. Sept. 16th. 1918 Pt. 11 147.			
		<i>L. Robson</i> Lieut			<i>H. Mills</i> Captain Lieut. and Inst. Adj. For O.C. No. 2 District Depot
		Captain, For Lieut.-Colonel, O.C. No. 2 District Depot.			

LTR

Rank _____ Name DAVIDSON, John James / Reg'l No. 724083 /
 Unit 109th, Bn. If in perm. Corps, }
 What Unit? } Married or Single Single.
 Place and Date of Enlistment Dorset, 23rd February, 1916. Place of Birth Granhurst, Muskoka.
 Name and Address, Next-of-Kin Capt Wm Davidson.
Dorset, Haliburton Co, Ont., Canada Relationship Father.

Assigned Pay Monthly \$ _____ Payable to _____ Relationship _____
 Separation Allowance \$ _____ Payable to _____ Relationship _____

N/S R.B. No. 12.924
 File R.L. Baum
 Category Headbat.

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.				
<u>C</u>		Arrived in England per H. M. T. 2810		<u>31-7-16</u>	
<u>5-10-16</u>	<u>109th Bn</u>	<u>S.O.S. to 20th Bn</u>	<u>Bramhall</u>	<u>5-10-16</u>	<u>Pl. II. 50-279</u> <u>J.W.C.</u>
<u>11-10-16</u>	<u>20th "</u>	<u>T.O.S. from 109th Bn</u>	<u>Field</u>	<u>6-10-16</u>	<u>" # 55.</u>
<u>10-7-17</u>	<u>" "</u>	<u>app. S/cpl.</u>	<u>" "</u>	<u>7-5-17</u>	<u>Pl. II 48</u>
<u>20-7-17</u>	<u>" "</u>	<u>O.C. N° 7 Cal. clear. Sta. reports Dangerously Wounded</u>		<u>18-7-17</u>	<u>C.L.A. 558</u> <u>not stated</u>
<u>26-7-17</u>	<u>" "</u>	<u>do do do Reports Slt. Improvement (previously)</u>		<u>21-7-17</u>	<u>C.L.A. 563</u> <u>" "</u>
<u>3-8-17</u>	<u>" "</u>	<u>To N° 35 Gen. Hosp.</u>	<u>Calais</u>	<u>26-7-17</u>	<u>C.L.A. 569</u> <u>G.S.W. R.F.S. Dr. Christ</u>
<u>9-8-17</u>	<u>" "</u>	<u>Ino. (Wnd.) + posted to 1st C.O.R.D.</u>	<u>Field</u>	<u>31-7-17</u>	<u>Pl. II-54</u> <u>1st C.O.R.D.</u>
<u>16.10.17</u>	<u>#</u>	<u>To Kitchener Hospital</u>	<u>Brighton</u>	<u>31.7.17</u>	<u>(C.L. B38(1))</u> <u>#</u>
<u>23.10.17</u>	<u>#</u>	<u>To Milby. Gen. Hosp.</u>	<u>Ypsom</u>	<u>19.10.17</u>	<u>(C.L. B44(2))</u>

A.F.B. 103 CHECKED

127001910

H

18000
210

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.				
18.6.18	1 st Corr (20)	Invalided to Canada	Sppl	15.6.18	C.L.A 192
23 4 18	/	S/S to Canada. Klt 01912 Pna 399 decib.	Sppl Wilby	15.4.18	P/2011.
	Dis Depot	for further treatment	Toronto ^{MD 2}	24/4/18	NR 445

Name L/Cpl. J. J. Davidson

M. F. W. 41
100M-1-12
1773-32-338

#200 0017

Regimental No. 224083

Name and address of next-of-kin

Unit 109th

Date of enlistment

Place of

Married (yes or no) No.

Date and place discharged

Amount of pay assigned monthly \$15⁰⁰ - 30⁰⁰ 44⁰⁰ 18

Reason for discharge

To whom payable Capt. W. Davidson
Dorset Ont.

Character on discharge

net. Inmate

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					
Feb 28	May 31	93	1 ⁰⁵	97 65	93	110	930 107 05	7428	2160	20	15	-		Oct 25 - May 12 2017
							1440	749	48	50	-			
							22840	774	84	163	40		22840	N.J. ret. <i>MP</i>
June	30	30	1 ⁰⁵	31 50	30	10	3 -	34 50	83777	34 50			34 50	ret.
July	31	31	1 ⁰⁵	32 55	31	10	310 2480	60 45						
												.55		Subs. 11-7-18 to 10-8-18 2091
														C. P. 5990 60.45
Aug	31	31	1 ⁰⁵	32 55	31	10	310 5990	95 55	66720	95 55			95 55	A. P. L.
Sept	16	16	1 ⁰⁵	16 80	16	10	160 35 -	53 40	7206	35	✓		53 40	House to Car Co. 5-9-18 DO. 143
									7207	1840	✓			Disch DO. 147. P. P.
								53 40					53 40	35 ⁰⁰ Clothing <i>MP</i>

POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

22237/443

Name Davidson, J.J.
Surname Christian Name

Regimental Number 724083 Rank L/Cpl.

Address (in full) Dorset Ont.

Unit # 2 D.D.

Original Unit

District where paid M.D.2

Date of Discharge

P. D. P. Filing Number 5-695-2

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		
104 65	11368	14-9-18	34 50	10706	14-10-18	34 50	7942	14-11-18	35 65		104 65
	754 18936232	11/3/19	70 00								
	1483A2 924396	11-3-19	70 00								

Remarks:

M. F. W. 127.
 25M-8-18.
 1772-39-1140.

*closed
Out*

Dec'n No 22237/443 W. S. U. File No 4296-1-86

Award days at \$ 70 per ^{mo} day \$ 350.00

S. A. months at \$... per mo. \$ 104.65

Less P. D. P. Credited \$

Less further debit balance \$

Not yet paid as below 245.35

TO SOLICITORS' DEPARTMENT

	Ag	It	ou	mount
11-3-19	1754	36232	70 ✓	
11-3-19	1483A	24396	70 ✓	
19-4-19	1351 B	430610	70 ✓	
19.6.19	1363 C	466766	3535 ✓	
				<u>245.35</u>

GEN'L AUDITOR
Posting checked by
Rogers
19 7 19

JG

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

To Whom *Mrs. W. Davidson,*
 Address *Dorset,*
out.

By Whom Assigned *Davidson, J. P.*
 Regtl. No. *724083.*
 Rank *Lt.*
 Corps *1 C.O.R. W.*

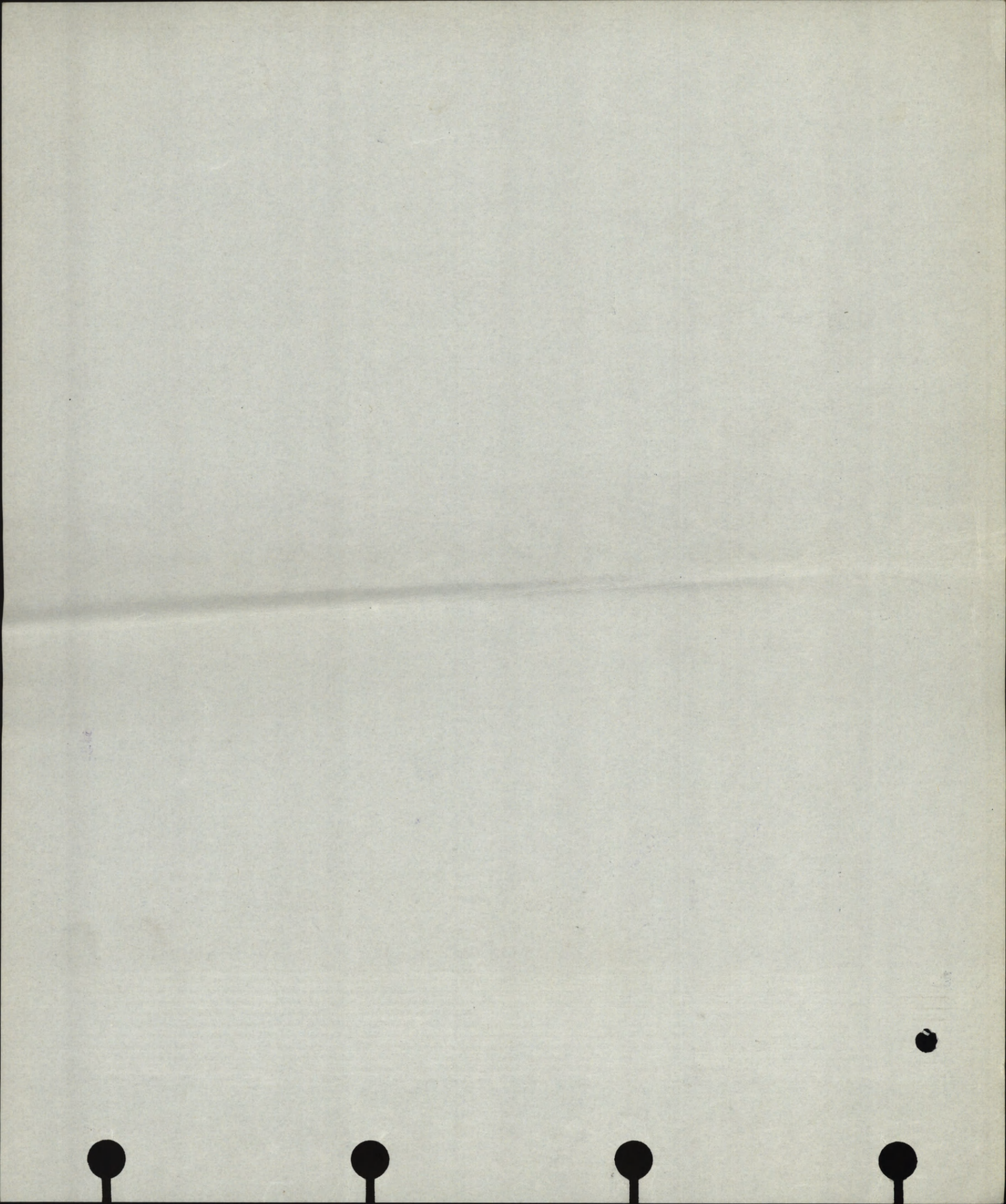
Rate *\$75.00*

SPECIAL PERMITTANCE
Sched # 467

29-11-17

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915 1917			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.		<i>48215</i>	<i>75 -</i>	
Jan.	1916 1918			
Feb.				
March				




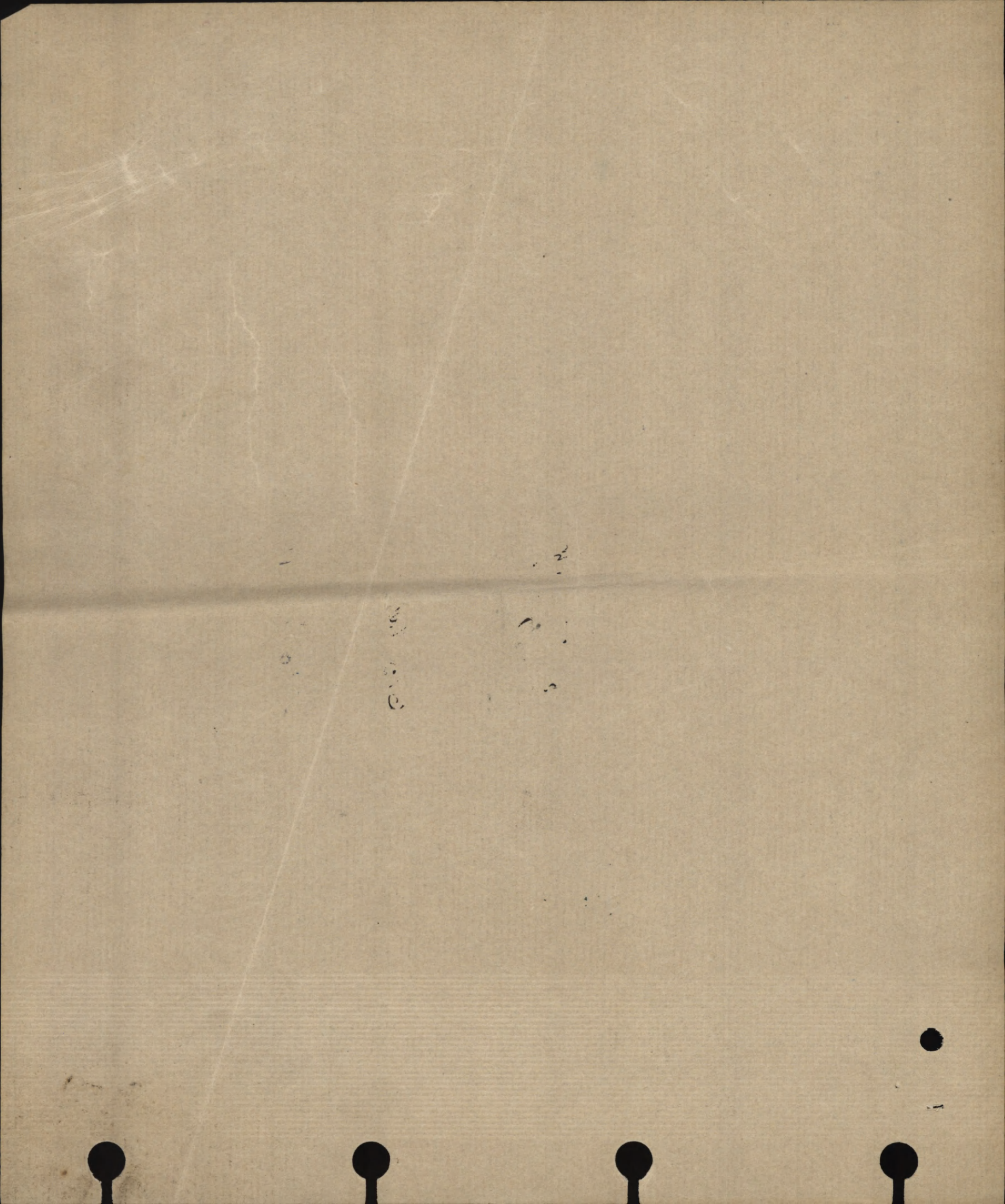
MILITIA AND DEFENCE
 ASSIGNED PAY
 OVERSEAS CONTINGENTS

To Whom *Capt. Wm Davidson* By Whom Assigned *Davidson J. J.*
 Address *Dorset* Regtl. No. *724083.*
Ont Rank *Pte*
 Rate *15⁰⁰ Oct 1/16* Corps *109th Btm.*

2 M 5¹⁰ below 28¹¹/₁₆

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				



MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

M. F. W. 12a.
 50m-6-16.
 1772-39-819.

Sheet No. 2.

L. L. Job 4503 - Req. 6832

Capt Wm Davidson

PAYMENTS.

Name of Soldier

Pvt. Davidson J J
724083. 109th Btl

Month.	Year.	Cheque No.	Amt.	Remarks.
				<i>\$15⁰⁰ Oct, 16</i>
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.		<i>P 29351</i>	<i>30</i>	
Dec.		<i>P 35201</i>	<i>15</i>	
Jan.	1917	<i>Ch 38598</i>	<i>15</i>	
Feb.		<i>L 43674</i>	<i>15</i>	<i>15-14</i>
March		<i>M 48986</i>	<i>15</i>	<i>15-7/16</i>
April		<i>L 960</i>	<i>15</i>	<i>15-6</i>
May		<i>I 7262</i>	<i>15</i>	
June		<i>613364</i>	<i>15</i>	<i>15-11/16</i>
July		<i>N 20666</i>	<i>15</i>	<i>Pa</i>
Aug.		<i>5 28554</i>	<i>15</i>	<i>2</i>
Sept.		<i>R 34926</i>	<i>15</i>	<i>3</i>
Oct.		<i>G 40949</i>	<i>15</i>	
Nov.		<i>V 54595</i>	<i>15</i>	
Dec.		<i>J 56838</i>	<i>15</i>	<i>\$225⁰⁰ - (P)</i>
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

ms

ms

1917

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.				

REG'T'L No. 724083.
H. Q. FILE NO. 649.

NAME Davidson John

RANK AND CORPS L/cpl. 20th Bn (Form 109th Bn)

FOLLOWS
No.

CABLE

NO.

DATE

NATURE OF CASUALTY

FOLLOWS

NO.	DATE	NATURE OF CASUALTY
<u>M5751</u> <u>81-1</u>	<u>20-7-17</u>	<u>Dang. wounded 7 bas. l. Station</u> <u>July 18th 1917. ✓</u>
<u>M5784</u> <u>8-5</u>	<u>26-7-17</u>	<u>#. 7 basualty clearing station,</u> <u>condition improved, July 21st,</u> <u>1917. ✓</u>

John James

724083

Name DAVIDSON

Rank

L/Cpl.

Reg. No.

Unit 20th Bn.

Next of Kin Canada.

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1917.	18-7. 7 CAS. CLG. STAT REPORTS DANG. WOUNDED.					
21-7.	SLIGHT IMPROVEMENT		N.S.	A558	M5751	20-7
26-7.	No. 35. Gen. Hosp. Calais	GSW.	Rt. Shldr	A563	M5784	
31-7	Kidney with Brighton	& Chest		A. 569		79136
19-10	Mil Com Hosp Epsom	GSW	R. Shldr Penet			
	(4004)	R. Chest	Tras clavals		B44	14343
13.3.18	5. Chy St. Kirkdale		do	B165		
15.4.18	Invalided to CANADA		do	B141		6843
						WS

Surname Davidson H. Q.
Christian names John James M. D. No.
Regtl. No. 724083 Rank Private T. O. S. 19
Unit 109th O/S Bn C.E.F. D. O. Pt. II of
S. O. S. 19
Reason
Auth.

Next of kin Relationship
Address Also notify:
.....
.....
.....

BORN—Place Date
ATTESTED—Place Date
O/S 23-7-16 488
R/C
11



150

C4725

39

REG. NO. 724083 NAME Davidson J J
(SURNAME FIRST)

RANK L/C CORPS D D No 2

AGE 23 SERVICE 2 3/2 yrs

NAME OF HOSPITAL Davisville d Militay PLACE Toronto

DATE OF ADMISSION 13-5-18

DISEASE Part Loss of function R Arm (G.S.W. Rt Shoulder)

DISCHARGE 25-9-18

OPERATION

DISCHARGED TO DUTY

TRANSFERRED TO Whitby Conva 21-6-18

DISCHARGED BY MEDICAL BOARD

No. 724083 RANK *Pte*

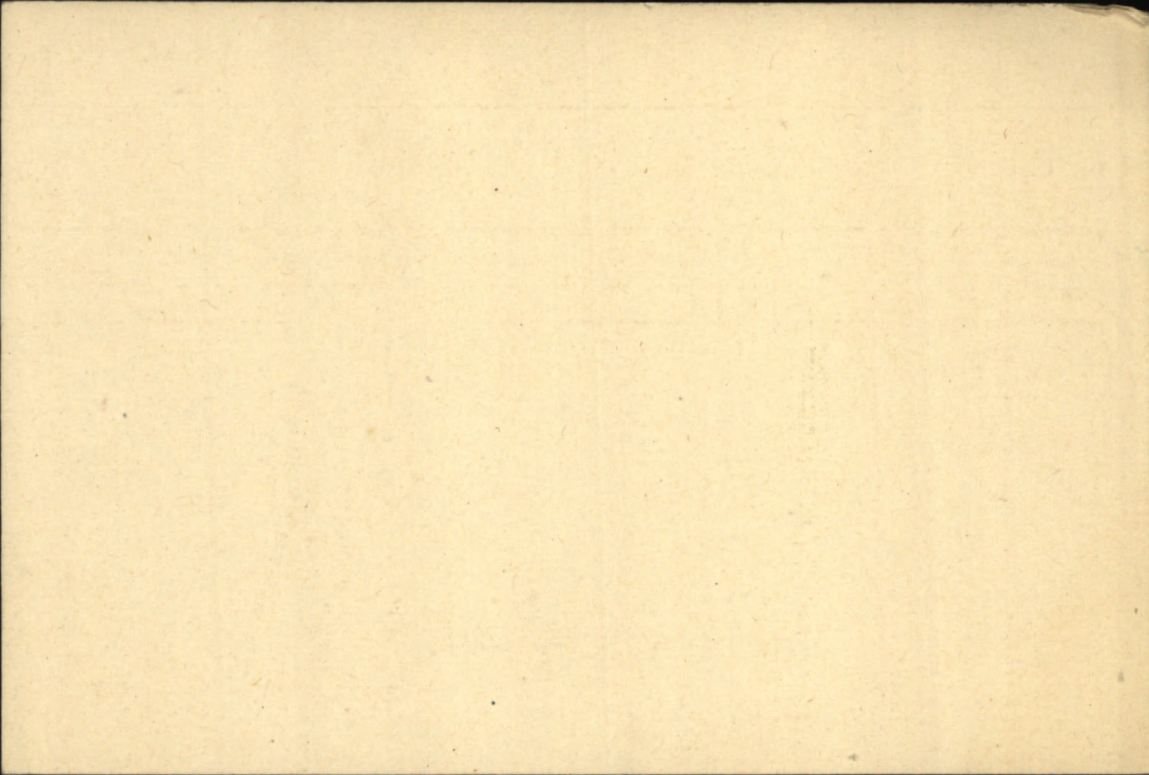
NAME *Davidson J.* *J.*

T. O. S. 23-2-16 UNIT *109th Battalion*
D.O. 100.16-3-16.

M. D. *13*

			PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
PAID FROM	PAID TO	SIG. OR REC'T	PARTICULARS	AUTHORITY
<i>1916</i>	<i>1916.</i>			
<i>Feb. 23</i>	<i>Mar. 31</i>	<i>✓</i>		
<i>April</i>		<i>✓</i>		
<i>May</i>		<i>✓</i>		
<i>June</i>		<i>✓</i>		
<i>July</i>		<i>✓</i>		

UNIT SAILED
JUL 23 1916



Handwritten initials

Blom

Number

724083

Rank

Z/cpl *B*

Surname

DAVIDSON

Christian Name

John James

Units

205 Bn. Com. Sq.

Theatre of War

France

Date of Service

8-10-16

Remarks

Boil 237
Ya

Latest Address

~~Worset P.O.~~

Roll No.

B Page 21766

Box 237

Gravenhurst
Ont.

200m.-2-21.M.

Surname	Christian Name or Names	Reg. No.
Davidson	J. J.	424083-
Rank	Unit	Co. Troop Batty.
L/Cpl.	20 th Batt	1 st C.O.R.
Hospital	4. Cas. C. Stat	Date of Admission
Transferred	25 Gen. Calais	Hosp. 26.7.17
	Kitchener Mil Dighton	Hosp. 31.7.17
	Mil. Conv. Epsom	Hosp. 19.10.17.
	5 C. G., Kirkdale	Hosp. 13-3-18

Diagnosis *G. S.W. Rt. Shldr. Chest & Rener*
 (1) *Frac. clavicle Rnd*
 Later Diagnosis (if changed)
 (2)
 (3)

Additional Diagnosis: if more than one state present

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

DISPOSITION

<i>C.L. 20.7.17. 9558</i>	REMARKS
<i>26.7.17. 9563</i>	<i>Aug. Wd.</i>
<i>3-8-17. 9569</i>	<i>slight improvement</i>
<i>14.10.17. 9538</i>	<i>Invalided to Canada -</i>
<i>24.10.17. 9544 (2)</i>	
<i>16-3-18 9565-1</i>	<i>15-4-18.</i>
<i>18-4-18 95191 (2)</i>	

Dis. to Canada per HS. Araguaya from Liverpool 15-4-18.

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.

2.

3.

4.

5.

6.

7.

*Name **L. Davidson, John James** Rank **L/Cpl** Regtl. No. **724083**

Original unit Present unit **1st. CORD. M or S** Age **22** Religion **Pres** Fyle Depot Ref. H.Q. **SA/OD**

Port, ship, and date of arrival

Next of kin **Father, Capt. William Davidson, Dorset, Ont.**

Address on leave **Gravenhurst, Muskoka**

Address on discharge **Dorset, Ont.**

Transportation issued Yes No Date Character on discharge **Very Good**

Previous occupation **Engineer** Date and place of enlistment **Dorset 8 Mar. 1916**

Diagnosis **Partial loss func. rt arm** Date of Medical Boards **28-8-18**

Date.	Remarks	Pt. 2 Order No.
16-5-18	M.O.H. From Clearing Depot to H.S. (MOH) leave with Sub. as from 27-4-18 to 12-5-18	29
24-6-18	M.O.H. to Whitby as from 21-6-18	68
17-7-18	Sub. as from 11-7-18 to 10-8-18	91

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

Date.

Remarks.

Pt. 2 Order No.

5-9-18

Posted to Cas.

14

16-9-18

S.O.S. DISCHARGED "PHYS.UNFIT." (3 mos. PDP. & clo'g all')147

This space to be left blank for the Chelsea Number.

275

On expiration of leave report to;
Military Orthopaedic Hospital,
Davisville Ave., Stop 7, Metropolitan Ry.
Army Form B. 268.

Proceedings on Discharge.

(When forwarded for confirmation the documents named on page 4 should be enclosed.)

No.	724083	Army Rank	L/Pl
Name	Davidson John James <small>(The name must agree strictly with that on enlistment, unless changed subsequently by authority.)</small>		
Corps	16.0.R.S. 12th Res.		
Battalion, Battery, Company, Depot, &c.	20th Br. <small>(If attached to the Regular Establishment of the Special Reserve or Permanent Staff of the Territorial Force, &c., or to General Staff of the Army, it should be so stated.)</small>		
Date of discharge			
Place of discharge			
1. Description at the time of discharge.			
Age	years	months	Descriptive marks. Scar on left ear. 14
Height	6	feet 1 1/2 inches	
Chest measurement	girth when fully expanded		20
	39 1/2 ins.		
range of expansion	3 1/2 ins.		20
Complexion	Fair		
Eyes	Blue		
Hair	L. Brown		
Trade	Engineer		
Intended place of residence <small>(To be given as fully as practicable)</small>			
<small>(The measurements and description should be carefully taken on the day the man leaves his unit, but in the case of men sent home from abroad for discharge, the age and intended place of residence should be left blank to be filled in by the Officer who confirms the discharge at home.)</small>			
2. The above-named man is discharged in consequence of Being no longer fit for military service. R.R. & O. 392. XVI.			
<small>(The cause of discharge must be worded as prescribed in the King's Regulations and be identical with that on the discharge certificate. If discharged by superior authority, the No. and date of the letter to be quoted.)</small>			
3. Military character: Good			
4. Character awarded in accordance with King's Regulations:— Sincere soldier & conscientious			
Certified that the above is an accurate copy of the character given by me on Army Form B. 2067* and that Army Form D. 489 was awarded in this case.			
Initials of Commanding Officer.			

Army Form B. 2088 has been issued to*

* Strike out if not applicable.

5. He is in possession of the following number of G.C. badg's (if the man is a N.C.O. and enlisted prior to 1st July, 1881, the number he would have been entitled to had he not been promoted should be stated).

Is it probable that he will be entitled to another good conduct badge before the confirmation of these proceedings?

Classification for service, or proficiency pay... .. Class

6. Campaigns, Medals and Decorations

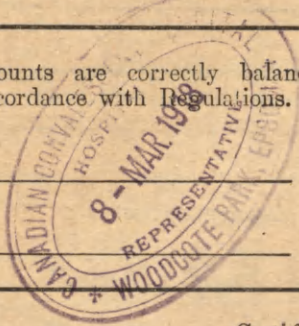
Four horizontal lines for listing campaigns, medals, and decorations.

Certificate of education

7. His accounts are correctly balanced, and I have impartially inquired into all matters brought before me in accordance with Regulations.

(Place) _____

(Date) _____



Handwritten signature and stamp: CAPT. Hospital Representative, Canadian Convalescent Hospital, Woodcote Park, Epsom. Commanding Battn. Regiment.

8. Certificate to be signed by the soldier on discharge.

I hereby acknowledge that I have received all my pay and allowances (including clothing allowance), and all just demands up to the present date, subject to the reservations of the claims noted on the 3rd page.

(Place) _____ (Signature of Soldier.)

(Date) _____ (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 at 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 towards engagement to _____ (the date to which the record of service is completed) _____ years _____ days.

Further service " " _____ (the date of confirmation of discharge) " "

Total " "

11. Confirmation of discharge.

The discharge of the above-named man is hereby confirmed for _____ (date)

(Place) _____

Signature _____

(Date) _____

Commanding officers (or the Paymaster if at Netley) will issue to every discharged soldier whose claim to pension, either on account of service or disability, is to be brought under the consideration of the Chelsea Board, a memorandum for his guidance on Army Form D. 401, and will at the same time transmit to the Secretary, Royal Hospital Chelsea, a descriptive return of the man on Army Form D. 400.

RESERVATIONS REFERRED TO AT PARA. 8.

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

LIST OF DISCHARGE
DOCUMENTS.

1. Proceedings on discharge.
(Army Form B. 268.)
2. Proceedings on transfer to re-serve (if any).
(Army Form B. 2056.)
3. Duplicate attestation.
4. Army Form B. 97 (if any).
5. Declaration of change of name (if any).
6. Re-engagement paper (if any).
Army Form B. 136.
7. Authority for continuance, or extension, of service (if any).
Army Form B. 221.
8. Court of Inquiry on an injury (if any).
(Army Form A 2.)
9. Regimental conduct sheet.
(Army Form B. 120).
10. Company conduct sheet.
(Army Form B. 121.)
11. Copies of convictions by Civil Power (if any).
12. Medical history sheet.
(Army Form B. 178).
13. Medical report on invalid (if any).
(Army Form B. 179).
14. Copy of receipt for purchase money (if any).
15. Attestation of fraudulently enlisted man for corps in which he has not been held to serve (if any).
16. Detailed statement of former service allowed to reckon towards pension (if any).
17. Copy of 3rd page attestation (in the case of men from abroad entitled to deferred pay who go to Netley or the discharge depot for discharge).
18. Descriptive return (Army Form D. 400), where required.
See section 11 on second page.
19. Active service casualty form.
(Army Form B. 103).
20. Employment sheet.
(Army Form B. 2066).

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

1. Duplicate attestation.
(On third page the date and cause of discharge will be entered and signed by the competent military authority).
2. Medical history sheet (if any).
(Army Form B. 178).

Instructions as to the preparation, dispatch,
and custody, of discharge documents.

1. When a soldier is to be discharged, the documents retained with the duplicate attestation will be placed inside this form. Should any of the documents be missing, an explanation of the deficiency, signed by the commanding officer, must be substituted for the missing document. The officer in charge of records will then extract from the original attestation, any documents required to complete the list of discharge documents enumerated in the margin, which will then be placed in this form in the sequence given.

2. When men are discharged from the colours at home as medically unfit, or with claims to pension, Army Form B. 268 will be sent confirmed, together with the duplicate attestation and documents retained therein to the officer in charge of records 10 days in advance of the date for discharge in the case of invalids, and 14 days in other cases. This officer will then extract from the original attestation any documents required to complete the list of discharge documents enumerated in the margin, place them in this form, and after carefully checking the duplicate attestation with the original forward the whole to the Secretary, Royal Hospital, Chelsea. When such men are discharged abroad, the same procedure will be adopted as above, with the exception that the discharge documents will be sent to the officer in charge of records immediately after discharge takes place (except in the case of men who are granted gratuities on discharge from local battalions or companies, Royal Artillery,

3. When soldiers are sent home from abroad for discharge, the documents retained with the duplicate attestation will be placed inside this form and sent home with the men for transmission to the officer who carries out the discharge, together with the following additional forms :—

- (a) Discharge certificate (Army Form B. 2079 or Army Form B. 264).
- (b) Character Certificate (Army Form B. 2067) if entitled.
- (c) Copy company conduct sheet (Army Form B. 121) when required under King's Regulations.

The duplicate attestation and documents retained therein will be sent to the officer in charge of records, who will extract from the original attestation any documents required to complete the list of discharge documents enumerated in the margin and place them in this form.

4. The discharge documents of re-enlisted pensioners, on re-discharge, will be sent to the officer in charge of records, who will extract from the original attestation any documents required to complete the list of discharge documents enumerated in the margin, place them inside this form, and forward the whole to the Secretary, Royal Hospital, Chelsea, irrespective of the cause of discharge.

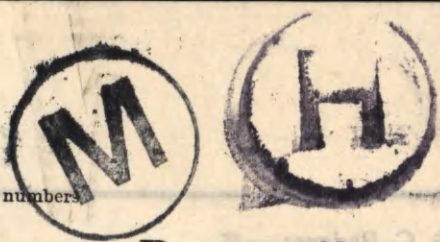
5. The original and duplicate attestations of recruits who are rejected before, or on, final approval will be retained by the approving officer for one year, when they will be destroyed.

6. In all other cases the discharge documents will be sent, directly the discharge is carried out, to the officer in charge of records of the unit concerned.

7. Postage need not be paid, and receipts are not required, in the case of documents sent to Chelsea or to the War Office,

8. When the discharge documents of men not entitled to pension are sent to the officer who will have final charge of them, they are to be accompanied by Army Form B. 279, and that officer will, if they are found to be correct, sign and return Army Form B. 279. Should any document be missing, he must at once apply for it.

9. The officers having final charge of the discharge documents will arrange them according to regimental numbers, and enter the names in the alphabetical index, Army Book No. 129.



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).

No. 724083	
Rank L.C.	
Surname DAVIDSON DAVIDSON.	
Christian Name John James <small>Note—The name must agree strictly with that on enlistment unless changed subsequently by authority.</small>	
Corps (Squadron, Battery or Company) #2 D.D. 109th. Bn.	
Date of Discharge TORONTO, ONT.	
Place of Discharge SEP 16 1918	
1. DESCRIPTION AT THE TIME OF DISCHARGE.	
Age.....23..... years..... months. Height.....6..... feet.....1½..... inches. Complexion Fresh. Eyes Blue Hair Brown Trade Engineer. Intended place of residence } Dorset, Ontl <small>(To be given as fully as practicable.)</small>	Descriptive Marks Vacc. Scars left arm Scar on wrist. G.S.Wd. 1.8.17.
2. The above-named man is discharged in consequence of	
Physical Unfitness	
<small>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.</small>	
3. Conduct and character while in the service have been, according to the records, etc.	
<i>Very good</i>	
<small>N.B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldiers and the Officer Commanding his Squadron, Battery or Company.</small>	
4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)	
Engineer.	

M. F. B. 218.
100M.-1-17.
H. Q. 1772-39-113.

100M
28-1-20 + m

(OVER)

2089 comp.
1-3-19 Sp.

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, ONT.**

(Date) **SEP 16 1918**

Robson Lieut

Captain,

For Lieut.-Colonel,

Commanding **O.C. No. 2 District Depot.**

8. Certificate to be signed by the Soldier on Discharge

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

(Place) **TORONTO, ONT.**

(Date) **SEP 16 1918**

J. Davidson

(Signature of Soldier.)

Robson Lieut

(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) 2 years 203 days.

Total 2 years 203 days.

11. Confirmation of Discharge.

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

(Place) **TORONTO, ONT.**

(Date) **SEP 16 1918**

Robson Lieut

Captain,

For Lieut.-Colonel,

(Signature) **O.C. No. 2 District Depot.**

Reservations referred to at Para. 8.

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

List of Discharge Documents

Wm J Janderson

<p>Attestation Paper, Militia Form B. 232</p> <p>Proceedings on Discharge B. 218</p>	<p>Reg. Conduct Sheet Militia form B. 203</p> <p>Squadron } Battery } Company } Conduct Sheet " B. 202a</p>
<p>(a) Proceedings on Discharge</p> <p>(b) Attestation</p> <p>(c) Medical History Sheet (in the event of such having been prepared)</p> <p>In the case of recruits who are rejected on final approval, the discharge documents will consist of</p>	<p>Copies of Convictions, by C. P. in MS.</p> <p>Med. Hist. Sheet Militia Form B. 313</p> <p>Medical Report for Invalids* B. 227</p> <p>Statement of Man's Account on Transfer and Last Pay Certificate " D. 877</p> <p>*Only if discharged "Medically unfit."</p>

W. 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.

Resolutions referred to at Part 8. (To be signed by the soldier. When there are none, it is to be so stated, and signed by the soldier.)

List of Discharge Documents.

John J. ...

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

Additional Certificate in the case of a Soldier who takes his discharge on his own request.

Statement of Service.

Confirmation of Discharge.

MEDICAL TRANSFER CERTIFICATE.

(To accompany a Man Transferred from one Hospital to another.)

Extract from Admission and Discharge Book of Dunville M. Hospital at Leonto Date 9/6/18

No. of Case	Regiment or Corps	Troop or Company	Regt. No.	RANK AND NAME Surname first. If Married, write "M" under name	Completed Years of			DATES		Religion	DISEASE (a) Primary (b) Secondary (c) Operations	NAME HOSPITAL TRANSFERRED TO
					Age last birthday	Canada	Over-seas	Admitted into Hospital	Transferred			
	20th Battle		724083	McDavidson F. J.	22	6/12	22/12	13/5/18	24/6/18	P.	Partial loss function R Arm	Whitby

State here briefly reasons for Transfer, and note any particulars of Case for information of Medical Officer.

F. J. Sulgrave Medical Officer in Charge.

Faim

Massage Depart.

Electrical Reactions

L. cpl J. J. Davidson

Right Arm

All muscles of shoulder respond very weakly to Faradism.

Triceps ~~very~~ responds very weakly to Faradism.

Extensors of wrist & fingers no response to Faradism and very slight to Galvanism.

Supinator Longus does not respond

to Faradism or Galvanism.

Flexors of wrist and fingers

respond to Faradism, Flexor

Sublimus Digitorum responds

only slightly to Faradism.

E. Pett

Ward 119 A4 No. of Bed _____ Date 4-8-17

Regl. No.	Rank and Name	Corps	Part to be X-Rayed
724083.	Davidson <i>Lt. J. I.</i>	20 th Batta Canadian	R. Shoulder

SHORT HISTORY OF CASE.

(To be completed by M.O. i/c case.)

Please locate
F. B.

Right Shoulder
near Centre Line

REPORT ON RESULT OF X-RAY EXAMINATION.

(To be completed by Radiographer.)

No. of Plate 1337

F. B. lying on rt. side of body of
4th dorsal vert. touching the body
of the 4th and ^{lying} between and ant. to
heads of 4th & 5th ribs -

Signature of M.O. CampbellDate Aug 4 1917Signature of Radiographer CampbellDate 6-8-17

New Imperial
Club
2 First av.

B-5-K

Ward 118. A 4 Kitchener Hospital. No. of Bed 301 Date Aug 1st 1917

Regl. No.	Rank and Name	Corps	Part to be X-Rayed
<u>724083.</u>	<u>Davidson J. J. Capt.</u>	<u>20th Batts Cavalry.</u>	<u>R. Shoulder.</u>

SHORT HISTORY OF CASE.

(To be completed by M.O. i/c case.)

Localize F.B. R.
Shoulder - Fracture
Clavicle
Haemothorax

Print Please

Signature of M.O. CampbellDate Aug. 1. 1917

REPORT ON RESULT OF X-RAY EXAMINATION.

(To be completed by Radiographer.)

No. of Plate 1303

Clavicle fractured junction middle +
outer 1/3 ds. 2 splinters sticking out
from point of fracture -
shoulder normal.

appears to be fib. on edge of plate quite
close to mid line of body -

Kindly return to localize this.
no sign of haemothorax.

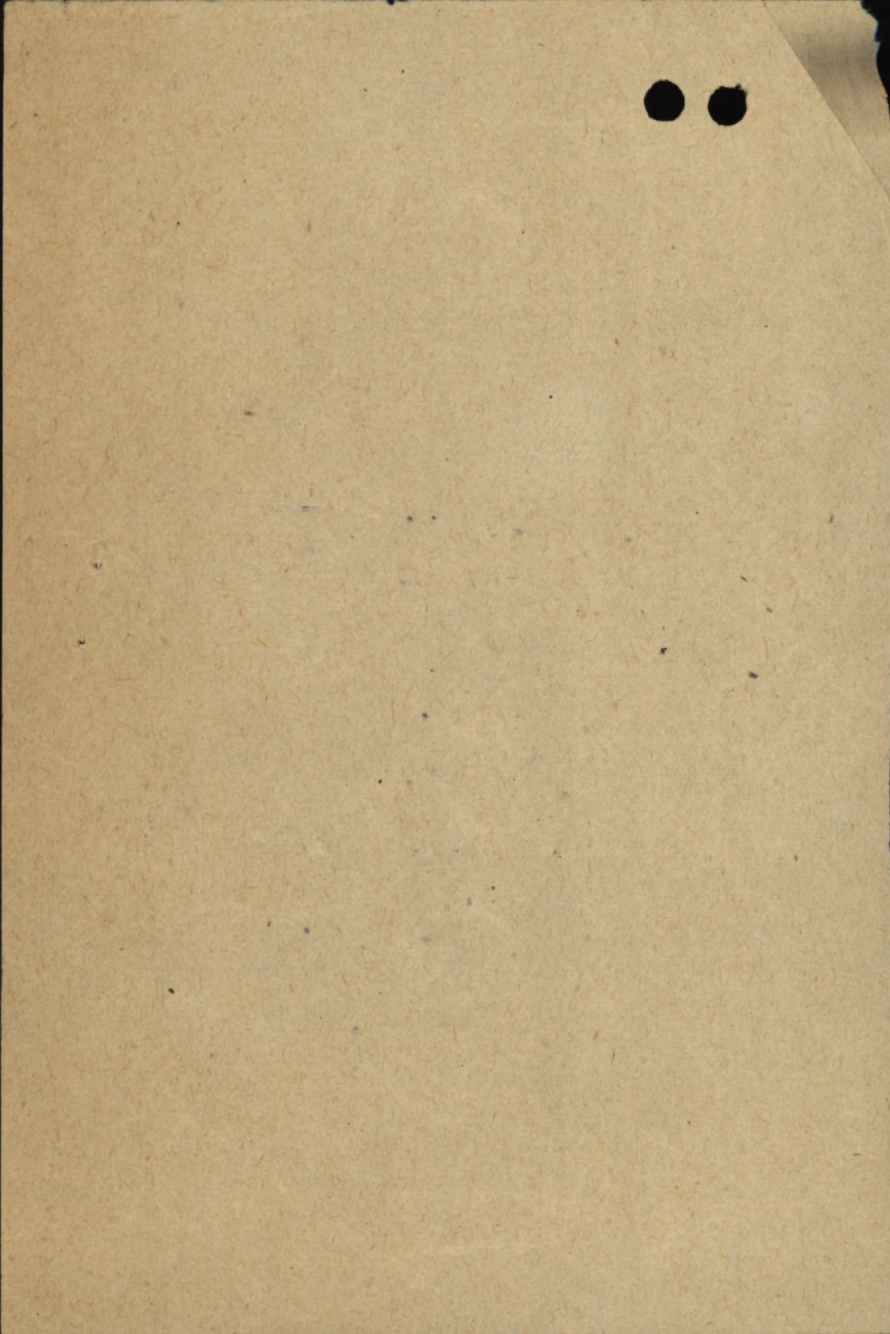
Signature of Radiographer CampbellDate 3-8-17



L/6p Davidson. 724083.

Muscle Power.

Ticeps	+
Anterior	?
Brachio Radialis	nil
Ext Carp. Rad. long.	nil
Pres.	+
- Fore. Dig.	+
- Intri. Prop.	+
- Pollic. long.	? +
- Pres.	?
Abduct. Pollic. long.	?
Ext Carp. Ulnar.	+
Supinator.	?



NAME OF NEXT OF KIN *Wm Davison*
 ADDRESS OF NEXT OF KIN *Dorset, Ont*
 MAN'S ADDRESS *same*
 RELATIONSHIP *Father*
 (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 *WHITBY MILITARY HOSPITAL* DATE *Aug 28-18*

1. (a) Unit *2nd D.O.* (b) Regimental No. *724083* (c) Rank *S/C*
 (d) Surname *DAVISON* (e) Christian name *J.F.*

2. Age last birthday *23* Date of birth *Aug 14, 1895*

3. Enlisted at *Dorset Ont* on *Feb 23-18*

4. Personal description :-
 (a) Height *6' 1 1/2"* (b) Weight *160* (c) Complexion *Fresh*
 (d) Colour of hair *Brown* (e) Colour of eyes *blue* (f) Identification marks *Scar*

5. Address after discharge (for the use of the Board of Pension Commissioners.) *size dime above middle left clavicle, scar 2" long left wrist*
Dorset Ont

6. Former trade or occupation *Engineer*

7. (a) Service

	PERIODS	
	From	To
<i>109th Battrn.</i>	<i>Feb 23-16</i>	<i>Oct 5-16</i>
<i>90th Hosp. France & Engl.</i>	<i>Oct 6-16</i>	<i>Dec 15-17</i>
<i>Canada</i>	<i>Aug 19-17</i>	<i>Apr 16-18</i>
	<i>Apr 17-18</i>	<i>to date</i>

(b) Has he been Overseas? *yes, France*

8. Present disease or disability (use authorized nomenclature if possible) *Partial non function rt. Arm*

(a) Date of origin *Aug 1-17* (b) Place of origin *Scar, France*

(c) Cause* *L.S.W. above at middle of clavicle (rt.)*
 *(Here include original disease or injury)

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

Subjective S/S - Weakness of rt. arm & forearm
~~*Complain of shortness of breath on exertion*~~
Objective S/S - Abduction rt. Arm is 90°, flexion 75%, Adduction is normal, also extension. The extensor muscles of arm are atrophied (3/4" less in measurement than left arm), this is due to paralysis of musculi spiral. All the other movements are normal except the wrist which cannot be extended or abducted but hand remains in line

[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.]

with forearm in attempting to do so.

The power of ~~extension~~ abduction of muscles of arm & forearm are about $\frac{2}{3}$ normal. The power of abduction & extension of hand are practically nil. All other powers are normal.

There is slight numbness all way down from shoulder on extensor surface of arm & forearm.

X-ray shows bullet in pt lying in a ripple line between 4th & 5th ribs.

Wasserman - neg.

Urinanalysis - neg.

Other systems - neg.

Disability due to

Partial loss of function of rt. arm

cjc

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.

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

At Lewis on Aug 18-17, a shrapnel entered at middle rt. clavicle which it fractured. There was some hemorrhage. Shrapnel not removed but is now lying between heads of 4th & 5th ribs. He had wrist drop at first but this condition has improved all the time until 3 or 4 months ago & it is now as described above. He complains of stiffness of breath but such is not demonstrated on physical tests & no evidence can be found for same

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.

is not demonstrated on physical tests & no evidence can be found for same

12. Did the disability arise on or off duty? on duty

13. Was a Court of Inquiry held? no

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

Yes..... No U.A.
(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? 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? Permanent

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

18. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit?
no

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

20. Recommendations
that he be discharged as no longer fit for military service

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

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).

He is recommended That he be discharged on account of physical unfitness

TO BE COMPLETED WHEN TREATMENT IS REFUSED

B. C. ... President.
[Signature] Members.

STATION *WHITE MILITARY HOSPITAL*

DATE *SEP 3, 1918*

APPROVED BY *[Signature]*
DATE *5/9/18*

[Signature] Assistant Director of Medical Services.

APPROVED BY
DATE

Director-General of Medical Services.

CONFIDENTIAL INFORMATION.

Report No. **19222** CATEGORY **E 3** No. of M.H.C. File _____ No. of Local File _____ No. of H.Q. File _____

Unit **Davidson John James** Surname Christian Name

Permanent Address **Dorset Ont.**

M.D. No. _____

Reports on men returned for Discharge under Sp. Auth. on White (Black printed) Forms.
 E. 1. Discharge, no pensionable disability. (Yellow copies).
 E. 2. Waiting Reclassification. (Pink copies).
 E. 3. Discharge with claim for pension. (Blue copies).
 Reports of men returned for duty to be typed on White (Red printed) Forms.
 A. General Service.
 B. Service abroad, not general.
 C. Service in Canada.
 D. Treatment. (Pink copies).

No.* **724083** Rank **4e** Original Unit **109** Service Unit* **20**

Age* **23** Height **6** ft. **1 1/2** ins. Complexion **fair** Eyes **blue** Hair **fair** Conduct _____

Date of enlistment **23-2-16** Where enlisted **Dorset** Where seen service* **France**

Ship returned by **Bragnay** Date of arrival **23-4-16** Port of arrival **Halifax**

Birthplace* **Canada** Religion **Free**

Cause of disability **(1). Partial loss of function of rt. arm**
(1). G.S.W. above and at middle of clavicle (rt.)

Condition in detail which prevents the soldier from earning a full livelihood Subj. (1). Weakness of rt. arm and forearm. Obj. (1). Abduction rt. arm is 90 deg. Flexion 75%. Adduction is normal, also extension. The extensor muscles of rt. arm are atrophied. (1/2" less in measurement than lt. arm) this is due to paralysis of musculo-spiral. All the other movements are normal except the wrist which cannot be extended or abducted but hand remains in line with forearm in attempting to do so. The power of abduction of muscles of arm and forearm are about 2-3 normal. The power of abduction and extension of hand are practically nil. All other powers are normal. There is slight numbness all way down from shoulder on extensor surface of arm and forearm. X-Ray shows bullet in rt. lung in nipple line between 4th and 5th ribs. Wasserman neg. Urinalysis- neg. Other systems neg. Disability is due to partial loss of function of rt. arm.

Degree of incapacity—Eng. Board **Not est.** Canadian Board **Deg. not stated.**

Is disability due to or aggravated by Service? **Yes.**

Probable duration of incapacity **Permanent.**

Does it render him permanently unfit for Military Service? _____

Is further treatment or use of appliances recommended, if so which? **No. Discharged.**

Destination to which transportation issued **Toronto.**

Members of Board **C. J. Currie, Maj. Pres., F. W. Hughes, Capt.**

Whitby Mil. Hospl. INFORMATION TO BE FURNISHED BY SOLDIER 3-9-18.

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

Name and address next of kin **Father Mrs. W. Davidson, Toronto**

Notification of return to be sent to **do**

Occupation prior to enlistment **engineer** And for how long followed **7 yrs**

Regular trade or occupation **do**

Average earnings previous to enlistment **\$2,300.00** Any other income? _____

Name and address of last employer **Nickel, Diamond & Ron Greenhurst**

Rent per month _____ If owner of or purchasing property amount due and annual payment, \$ _____ \$ _____

Taxes _____ If Homestead, or Farm, where located _____

If carrying life or accident insurance, annual premium \$ _____ Name of Society _____

If unable to follow previous occupation, name preference _____

References **last employer** I declare that the above statement is correct.

Witness **A. G. [Signature]**

Date **5-9-18** Place **TORONTO** Signature _____

Remarks by Interviewer:

Last Pay Cert. Cr., \$ _____ Dr., \$ _____ Amount paid at Depot H.Q., \$ _____ L.P.C. leaving Depot, \$ _____

Amount forwarded to H.Q. Unit, \$ _____ Credit Clothing allowances, \$ _____

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

First payment date _____

Form No. 5c

Reserved for M.H.C.

Regt. No. **724083** Rank **L/C** Surname **DAVIDSON** Christian Name **JOHN JAMES**
 Unit, or Corps—(a) Overseas from United Kingdom **20th BATTALION** (b) In United Kingdom **5 TH RESERVE BN**
 Born at—Town **GRAVENHURST** County or Province **ONTARIO** Country **CANADA**
 Date of Birth—Day **14th** Month **AUGUST** Year **1895** Age **22** yrs. **5** months.
 Joined at **MINDEN ONTARIO CANADA** Date **23rd FEBRUARY 1916**
 Former Trade or Occupation **FARMER**

Permanent marks or peculiarities that will serve for future identification:—

Small scar above middle right clavicle. Scar 2" long left wrist parallel to radius. Vaccination mark one - left arm.

Height—feet **6** inches **1½** Colour of eyes **GREY**
 Signature of Soldier (for identification purposes) *J Davidson*

Medical Report.

The answers to the questions below are to be filled in by the Officer in medical charge of the case. He will carefully discriminate between the soldier's unsupported statements and the evidence as recorded in the medical or other military documents bearing on the case. He will plainly state the existence of any of the disability prior to the soldier joining for the present war.

1. **DISABILITY** (State the actual disabling conditions as distinguished from the diseases or injuries from which they resulted).
 (Follow the official nomenclature as far as possible.)

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

Disabilities Group (a).	PARTIAL LOSS OF FUNCTION ARM (RIGHT)
Disabilities Group (b).	N.A.
Disabilities Group (c).	N.A.

2. **CAUSE OF DISABILITY.** (Follow the official nomenclature in stating the disease or injury.)

	Disease or injury to which the disability is due.	Place of origin.	Date of origin.
(i.) As to Group (a) above.	G.S.W. RIGHT SHOULDER PENETRATING CHEST	LENS	18-7-17
(ii.) As to Group (b) above.	N.A.		
(iii.) As to Group (c) above.	N.A.		

NOTE.—By Active Service is meant Service with the Colours in Canada, United Kingdom, or elsewhere during the present war (since August 4th, 1914).

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

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

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

Clear and decisive answers are to be given to all questions. Such terms as "may," "perhaps," "probably," "possibly," are not to be employed. Disability due to causes arising on Active Service is to be clearly shown in order that the Pensions Authorities may deal with the case properly.

11. Is the disability fully indicated in Part I. (1)? **Yes.**
If not, indicate it.

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

13. Was the disability caused or aggravated by—

(a) Negligence of the Soldier <table style="display: inline-table; vertical-align: middle;"> <tr><td style="font-size: 3em; vertical-align: middle;">{</td><td>Caused? No.</td></tr> <tr><td style="font-size: 3em; vertical-align: middle;">}</td><td>Aggravated? No.</td></tr> </table>	{	Caused? No.	}	Aggravated? No.	(b) Misconduct of the Soldier <table style="display: inline-table; vertical-align: middle;"> <tr><td style="font-size: 3em; vertical-align: middle;">{</td><td>Caused? No.</td></tr> <tr><td style="font-size: 3em; vertical-align: middle;">}</td><td>Aggravated? No.</td></tr> </table>	{	Caused? No.	}	Aggravated? No.
{	Caused? No.								
}	Aggravated? No.								
{	Caused? No.								
}	Aggravated? No.								

14. **THE ENTIRE DISABILITY.**—Without regard to his regular occupation, to what extent is his capacity lessened at present for earning a full livelihood in the general market for untrained labour?
(Estimate at none, 10%, 20%, 30%, 40%, 50%, 60%, 70%, 80%, 90%, or 100%.)

Seventy per cent.

15. **THE PENSIONABLE DISABILITY**—(see Part I. (3). Aggravation on Active Service of a disability existing previous to joining is to be included in the estimate).
What part of the entire disability estimated next above in (14) is due to causes arising during Active Service? (Estimate at none, $\frac{1}{2}$, $\frac{2}{3}$, $\frac{3}{4}$, or all.)

All.

16. Permanency of the Pensionable Disability estimated next above in (15).
(i.) Is it permanent? **No.**

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

17. If an operation was advised and declined, do you consider the refusal to have been unreasonable? **N.A.**

18. Remarks.

19. Recommendation:—(a) Fit for duty?

(b) Fit for base duty?

(c) Invalid to Canada? **Yes**

(d) Discharge from service as permanently unfit?

Classification for the
Military Hospitals
Commission.

G.

Date of Board **14-2-18.**

Station **M.C.H., Epsom.**

Approved

Dated at

Signatures
of
the Board

A.H. Cameron-Smith Major.

H.C. Wallace, Capt.

A.D.M.S. CANADIANS

LONDON AREA

LONDON

A.D.M.S.

Station

President.

Major. O.A.M.C.

21 FEB 1918

For A.D.M.S. Canadians, London Area.

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

(i.) While on duty? **Yes.**

(ii.) While off duty? **No.**

(iii.) Was a Court of Inquiry held? **No.**

(iv.) Where? **N.A.**

(v.) When? **N.A.**

(vi.) Opinion of the Court? **N.A.**

6. HISTORY OF THE CASE. (State concisely the essential points of the history, noting the entries made on the Medical History Sheet and other records.)

Wounded by shrapnel at Lens 18-7-17 - entrance middle right clavicle, which it fractured. There was some haemathorax. F.B. not removed. X-Ray shows F.B. lying on right side of body of 4th Dorsal Vertebrae, touching body of the 4th and lying between and Ant. to heads of 4th & 5th ribs. Fracture united well, but there was wrist drop Right and motion of right shoulder joint limited. During Convalescence had D.A.H. which has disappeared.
Kitchener Hosp, 31-7-17 to 18-10-17
M.C.H., Epsom 18-10-17 to date.

7. PRESENT CONDITION. (Give previous and present weight if likely to indicate progress of disability.)

Wrist drop improved - movements of shoulder joints limited - cannot raise arm above horizontal position - hand grip weak.

ELECTRICAL REACTIONS:-

All muscles of shoulder respond very weakly to Paradism. Triceps respond very weakly to Paradism. Extensors of wrist and fingers - no response to Paradism, and very slight to Galvanism. Supinator longus does not respond to Paradism or Galvanism. Flexors of wrist and fingers respond to Paradism. Flexor sublimus Digitorum responds only slightly to Paradism. Circulatory, Respiratory and Urinary systems normal.

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

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

(iii.) Was one advised and declined? **N.A.**

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

9. (i.) Is there loss or decay of teeth attributable to Active Service? **No.**

(ii.) If so, describe. **N.A.**

10. DO YOU RECOMMEND:—

(a) Fit for duty? **No.**

(b) Fit for base duty? **No.**

(c) Invalid to Canada? **Yes.**

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

Date of Report January 15th 191 8

Signed A.C. Phillips, Capt. CAMC

Station M.C.H., Epsom.

Officer in medical charge of case.

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

S. R. JOHNSTON

Capt. CAMC for

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

Dated at Military Convalescent Hospital, Epsom Station, on 4 FEB 1918 191

* Delete if inapplicable.

5
N

E. J. [unclear]

Pathological Laboratory,
Military Convalescent Hospital,
Woodcote Park, Ipsom, Surrey.

Date... *Jan 4th 1918*

URILYSIS.

Division. <i>II</i>	Colour. <i>Amber</i>
Regimental Number. <i>724083</i>	Reaction. <i>acid</i>
Rank & Name. <i>Lt Davidson</i>	Sp. Grav.
Unit. <i>20th</i>	Albumen. <i>neg</i>
Disability. <i>wound</i>	Sugar. <i>neg</i>
Remarks.	Microscopic.

UK

H. S. [unclear]
.....
Pathologist. *Cambridge*
Wetherill

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

Oct. 1. 16

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

<i>15</i>			
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PARTICULARS OF SEPARATION ALLOWANCE

No. *724083*

Rank *Pte.* Promoted Reverted Discharge

Soldier's Name *J. J. Davidson*

Battalion *109th Batta.*

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name *Capt. Wm. Davidson*

Address *Borset. Ont.*

Change of Address

1

2

3

4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
<i>1917</i>					
<i>Dec 31</i>			<i>225</i>	<i>225</i>	<i>218</i>
<i>Jan'y.</i>	<i>E 54040</i>		<i>15</i>	<i>15</i>	<i>L</i>
<i>Feb</i>	<i>G 96460</i>		<i>15</i>	<i>15</i>	
<i>Mar.</i>	<i>A 121887</i>		<i>15</i>	<i>15</i>	
<i>April</i>	<i>B 4306</i>		<i>15</i>	<i>15</i>	

.....A/c Closed *30/4/18*

Ret'd per *Aragnaya*

Date *27/4/18* F.X. *1/5/18.*

.....Clerk *H. Bayter*

12.9.10 map

OK K&H

M. F. W. 128
400M. -G-17-1772-89-141
L. L. 2320-M. & D. 7393.



Reserved for M.H.C.

Regt. No. *724083* Rank *Sgt* Surname *DAVIDSON* Christian Name *JOHN JAMES*
 Unit or Corps—(a) Overseas from United Kingdom *20th Bu* (b) In United Kingdom *5th Res Bu*
 Born at—Town *Garnhurst* County or Province *Ontario* Country *Canada*
 Date of Birth—Day *14th* Month *August* Year *1895* Age *22* yrs *5* months.
 Joined at *Minden, Ont. Canada* Date *23rd Feb. 1916*
 Former Trade or Occupation *Farmer*

Permanent marks or peculiarities that will serve for future identification:

*Small scar above middle right clavicle.
 Scar 2" long 1/2" wide parallel to radius
 vaccination mark on left arm*

Height—feet..... inches.....

Colour of eyes.....

Signature of Soldier (for identification purposes).....

Medical Report.

The answers to the questions below are to be filled in by the Officer in medical charge of the case. He will carefully discriminate between the soldier's unsupported statements and the evidence as recorded in the medical or other military documents bearing on the case. He will plainly state the existence of any of the disability prior to the soldier joining for the present war.

1. **DISABILITY** (State the actual disabling conditions as distinguished from the diseases or injuries from which they resulted).
 (Follow the official nomenclature as far as possible.)

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

Disabilities Group (a).

PARTIAL LOSS OF FUNCTION ARM RT

Disabilities Group (b).

N.A.

Disabilities Group (c).

N.A.

2. **CAUSE OF DISABILITY.** (Follow the official nomenclature in stating the disease or injury.)

	Disease or injury to which the disability is due.	Place of origin.	Date of origin.
(i.) As to Group (a) above.	G.S.W. R⁺ SHOULDER penetrating chest	Lens	18-7-17
(ii.) As to Group (b) above.	N.A.		
(iii.) As to Group (c) above.	N.A.		

NOTE.—By Active Service is meant Service with the Colours in Canada, United Kingdom, or elsewhere during the present war (since August 4th, 1914).

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

(i.) As to Group (a) above?

no

If yes, has Active Service aggravated it?

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

N.A.

If yes, has Active Service aggravated it?

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

N.A.

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?

N.A.

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

N.A.

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

(i.) While on duty? *Yes*

(ii.) While off duty? *No*

(iii.) Was a Court of Inquiry held? *No*

(iv.) Where? *N.A*

(v.) When? *N.A*

(vi.) Opinion of the Court? *N.A.*

6. HISTORY OF THE CASE. (State concisely the essential points of the history, noting the entries made on the Medical History Sheet and other records.)

Wounded by shrapnel at Lens 18.7.17. Entrance middle right clavicle - which it fractured. There was some haemathorax. F.B. not removed. X-ray shows F.B. lying on Right side of body of 4th Dorsal Vertebral - touching body of the 4th & lying between and ant. to heads of 4th & 5th Ribs. Fracture united well but there was wrist drop. Right and motion of R^t shoulder ~~great~~ limited. ~~Then~~ During convalescence had D.A.H. which has disappeared.
Kitchener hrs 31.7.17-18.10.11 M.C.H. Spem 18.10.17 to date

7. PRESENT CONDITION. (Give previous and present weight if likely to indicate progress of disability.)

Wrist drop improved. Movements of shoulder joint limited. Cannot raise arm above horizontal position. Hand grip weak. Electrical Reactions - all muscles of shoulder respond very weakly to Faradism. Triceps responds very weakly to Faradism. S. x. tendons of wrist & fingers no response to Faradism and very slight to Galvanism. Supinator does not respond to Faradism or galvanism. Flexors of wrist & fingers respond to Faradism. Flexor sublimus digitorum responds only slightly to Faradism. Circulatory, Respiratory and Urinary systems normal.

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

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

(iii.) Was one advised and declined? *N.A.*

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

9. (i.) Is there loss or decay of teeth attributable to Active Service? *No*

(ii.) If so, describe. *N.A.*

10. DO YOU RECOMMEND:—

(a) Fit for duty? *No*

(b) Fit for base duty? *No*

(c) Invalid to Canada? *Yes*

(d) Discharge from the Service as permanently unfit?

Date of Report *Jan 15* 191*8*

Signed *Perhillips capt C.M.C.*

Station *M.C.H. Spem*

Officer in medical charge of case.

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

Dated at *Military Convalescent Hosp Spem* Station, on *4 FEB 1918* 191*8*

* Delete if inapplicable.

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

Clear and decisive answers are to be given to all questions. Such terms as "may," "perhaps," "probably," "possibly," are not to be employed. Disability due to causes arising on Active Service is to be clearly shown in order that the Pensions Authorities may deal with the case properly.

11. Is the disability fully indicated in Part I. (1)? **YES**
If not, indicate it.

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

13. Was the disability caused or aggravated by—
(a) Negligence of the Soldier { Caused? **no**
Aggravated? **no**
(b) Misconduct of the Soldier { Caused? **no**
Aggravated? **no**

14. THE ENTIRE DISABILITY.—Without regard to his regular occupation, to what extent is his capacity lessened at present for earning a full livelihood in the general market for untrained labour?
(Estimate at none, 10%, 20%, 30%, 40%, 50%, 60%, 70%, 80%, 90%, or 100%.)

Seventy per cent.

15. THE PENSIONABLE DISABILITY—(see Part I. (3). Aggravation on Active Service of a disability existing previous to joining is to be included in the estimate).
What part of the entire disability estimated next above in (14) is due to causes arising during Active Service? (Estimate at none, $\frac{1}{5}$, $\frac{2}{5}$, $\frac{3}{5}$, $\frac{4}{5}$, or all.)

all.

16. Permanency of the Pensionable Disability estimated next above in (15).
(i.) Is it permanent? **no**
(ii.) If not permanent, what is its probable minimum duration (in months)? **Six months**

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

18. Remarks.

19. Recommendation:—(a) Fit for duty?
(b) Fit for base duty?
(c) Invalid to Canada? **YES**
(d) Discharge from service as permanently unfit?

Classification for the Military Hospitals Commission.

9

Date of Board *14/2/18*

Station *Epsom.*

Signatures of the Board

W.H. Cameron - Secy to the Board President.
Newall, Capt

Approved

[Signature]

A.D.M.S.

Dated at

Major, D.A.M.S. Station
for A.D.M.S., Canadians, London Area.

3 FEB 1918

