DAVID HOWARD JAMES 726029 20 BN 05221

6.E.F.

PHY UNFIT

7989
"D" Coy.

# ATTESTATION PAPER.

No. 72602 9

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

ORIGINAL

## QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

| | |
|---|---|
| 1. What is your surname? | Davio |
| 1a. What are your Christian names? | Howard James. |
| 1b. What is your present address? | Minden Ont. |
| 2. In what Town, Township or Parish, and in what Country were you born? | Gravenhurst. Ont. |
| 3. What is the name of your next-of kin? | Elizabeth Davio |
| 4. What is the address of your next-of-kin? | P.O. Minden Ont. Canada. |
| 4a. What is the relationship of your next-of-kin? | Mother |
| 5. What is the date of your birth? | March. 25. 1899 |
| 6. What is your Trade or Calling? | Farmer. |
| 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? If so, state particulars of former Service. | No. |
| 11. Do you understand the nature and terms of your engagement? | yes |
| 12. Are you willing to be attested to serve in the CANADIAN OVER-SEAS EXPEDITIONARY FORCE? | yes. |

## DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Howard James Davio, 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.

James Davio (Signature of Recruit)

Date Dec. 11 1915 George Tilly (Signature of Witness)

## OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Howard James Davio, 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.

James Davio (Signature of Recruit)

Date Dec. 11 1915 George Tilly (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 Minden this 17 day of December 1915.

R. H. Bateman (Signature of Justice)

M. F. W. 23.
200 M.—11-15.
H. Q. 1772-39-841.

7989

# Description of Howard James Davis on Enlistment.

Apparent Age 16 years 8 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5' ft 5" ins.

Chest measurement: Girth when fully expanded 35" ins.; Range of expansion 4 ins.

Complexion Fair

Eyes Blue

Hair Dk Brown

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

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

Mole over stomach.

## 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 Dec. 20 1915.

Place Lindsay

J. McCulloch 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.

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

Lt. Col. (Signature of Officer)
O.C. 109th Overseas Battalion, C.E.F.

Date JAN 12 1916 191.

D.

To be made out in duplicate.

H.Q. 54-21-23-53

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.

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(1) Name of Overseas Unit which Soldier joins 109th OVERSEAS BN., C.E.F.

(2) Regimental Number 726029

(3) Full Name of Soldier James Howard Davis

(4) Place of Birth Gravenhurst Ont

(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

M. F. W. 67.

300M.—5-16.
1772 39-954.

(SEE OTHER SIDE.)

(9) Is your Father alive ? No

If so, state name and address

(10) Is your Mother alive ? Yes

If so, state name and address Mrs. Elizabeth Walker

414 Symington Ave. Toronto.

(11) If your Mother is a widow Yes

Are you her sole support, or not ? Yes

(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.

30 dollars.

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

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

Yes

(15) Are you insured ? No

If so, in what Company ?

Have you made arrangements for payment of your Insurance premium

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

Date JUL 11 1916

Lt. Col.
O. C. 109th Canadian Battalion, C. E. F.
Officer Commanding.

Number 726029 Rank Pte

Surname DAVIO DAVIO

Christian Name Howard James

Units 20th Bn C. Inf Theatre of War France

Date of Service 6/10/16

Remarks

Latest Address ~~Box 1164~~

~~Lindsey~~

Roll No. Minden, Ont

200m.-2-21.M. Blage 18879.

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

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

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

DISEASE OR INJURY .....

OPERATIONS .....

RESULT OF OPERATIONS .....

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

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

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

DATE OF DISCHARGE AS AN INVALID .....

DATE OF DEATH .....

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

OTHER INDEPENDENT CONDITIONS DIAGNOSED .....

DEP. DEC 28 1923
REGN. NO. 573

DEP. DEC 15 1922
REGN. NO. 21024

7989 72602 9.

REGT'L No. 76209.

H. Q. FILE No. 649.

NAME Davis. H. J.

RANK AND CORPS Pte Regmtl Depot.

FOLLOWS No.

FOLLOWS

| CABLE NO. | DATE | NATURE OF CASUALTY |
|---|---|---|
| J. 337. | 18-6-17. | Sailed from Liverpool for Can. per the Hosp. Ship. "Araguaya" on the 11th June. 1917. (Missing as R Leg.) |

109 Bn.

Davis Howard James

L. L. 20497—M. & D. 7908

M. F. W. 42—50M.—5-17.
H. Q. 1712-39-353.

7089

| LIST NO. | HOSPITAL | DATE OF ADMISSION | REMARKS |
|---|---|---|---|
| B-364. | Ont. Mil Orpington (Disch.) | 11-6-17 | Gsw Lt. Leg + Jaw. |
| 200-2 | M.H. C.C. Spadina | 17-1-17 | S.O.L. Out-P. Spadina |
| 215. | M.H. C.C. Toronto. | 1-8-17. | Whitby from Spadina. |
| 212. | M.H. C.C. Toronto | 27-7-17. | Spadina from T.G.H. |
| 206.11 | M.H. C.C. Toronto | 23-7-17 | Spadina to T.G.H. |
| 2293 | M.H. C.C. Toronto | 15-8-17. | T.O.L. Out-P. Whitby. P.C 508 |

7989

REGT'L No 726029

NAME Davis, Howard James

H. Q. FILE No. 649-

RANK AND CORPS Pte. 28th Bn.

FOLLOWS No.

FOLLOWS

| CABLE No. | CABLE Date | C. | NATURE OF CASUALTY |
|---|---|---|---|
| O 7168 | 4-1-17 | | Adm. #7 Gen. Hosp. Etaples Dec. 23rd 1916 G.S.W. left leg, jaw scalp |

109 Bn

Davis Howard James

L. L. Job 8885—M. & D. 7146.

M. F. W. 42—25M.—4-10-16.
H. Q. 1772-39-893.

7989

| LIST No | HOSPITAL | DATE OF ADMISSION | REMARKS |
|---|---|---|---|
| A 352 | #7 Can. Stat., Havre | 17-10-16 | M. G. D (20th Bn) |
| A 364 | Disc to duty | 28-10-16 | Influenza |
| A 407 | #7 Can. Gen. Etaples | 23-12-16 | G Sw. L. Leg & Jaw-Sw. |
| B 250 | Ont. Mil., Orpington | 13-1-17 | " " " " " (20th Bn) |
| 222 (2) | M.H.C.C. Toronto. | 1-7-17. | T.O.S. Whitby. (P. A) 109th Bn. |
| 257 (10) | M.H.C.C. Toronto | 30-9-17. | Disc. Cond., Good. Cl 3. Whitby |

R. 149.

Howard James

*Name* DAVIO *Rank* Pte. *Reg. No.* 726029.

*Unit* 20th.Batt.

*Next of Kin* Canada.

| Date 1916. | Movement | Place | Casualty | List No. | Notified N/K O. | W.O. List |
|---|---|---|---|---|---|---|
| 17.10. | No.7.Can.Stat.Hosp. | Havre. | N.Y.D. | A352. | | |
| 28-10-16 | Do Dis To Duty | | Influenza | A364. | | |
| 23-12 | No.7.Can.Gen.Hosp. | Etaples | GSW.L.Leg & Jaw Sev. | A407 | 0.7168 | 5-1 |
| 13-1-17 | Ont.M.H. | Orpington | do | B250 | | |
| 11-6 | Discharged. | | do. | B364 | | |

| Date | | Movement | Place | Casualty | List No. | Notified N/K O. | | W.O. List |
|---|---|---|---|---|---|---|---|---|
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649-D-5003.

SURNAME. Davio.

CHRISTIAN NAMES Howard; James.

REGL. No. 726029 RANK Pte.

UNIT 109th. Batt.

FORMER CORPS Nil.

CARD No.

S.O.S. Dis.
30-9-17 I

NEXT OF KIN.

NAMES IN FULL Davio Mrs. Elizabeth.

RELATIONSHIP TO SOLDIER Mother.

ADDRESS ~~Minden, Ont.~~

c/o Mrs W. J. Walker, 213 Franklin St. Toronto Ont.

649-D-5003. 6/1/17. FS.

CHANGE OF ADDRESS

COUNTRY OF BIRTH Canada. Gravenhurst Ont. DATE March. 25th. 1899.

PLACE OF ATTESTATION Minden Ont. DATE Dec. 17th. 1915

Sailed from Halifax per. S.S. "Olympic" 23/7/16

RYC. 23-8-17.

L. L. 90580.—M. & D. 6312. M. F. W. 22. 100m.—1-16. H. Q. 1772-39-828.

Returned to Canada per S.S. Araguay June 11/17.
(auth T337)

MARRIED SINGLE Yes WIDOWER

TRADE OR CALLING Farmer. RELIGION Methodist

DESCRIPTION.

APPARENT AGE 16 YEARS 8 MONTHS

HEIGHT 5. FEET 5. INCHES

CHEST MEASUREMENT 35 INCHES EXPANSION 4 INCHES

COMPLEXION Fair EYES Blue HAIR Dark Brown.

DISTINGUISHING MARKS Mole over Stomach.

MEDICAL EXAMINATION. PLACE Minden Ont. DATE Dec. 20th 1915

No. 728029 RANK Pte. NAME Davis H. J.

T. O. S. UNIT 109th Battalion

M. D. 3

| PAID FROM | PAID TO | SIG. OR REC'T | PROMOTIONS, TRANSFERS, DISCHARGES, ETC. | |
|---|---|---|---|---|
| | | | PARTICULARS | AUTHORITY |
| | | | see Davis H. J. | |

No. ~~725029~~ 726029 RANK Pte NAME ~~Davis~~ Howard James ~~Davis~~ Davis

T.O.S. 11-12-15. UNIT 109th. Battalion

D.O.29.23-12-15

M. D. 3

| PAID FROM | PAID TO | SIG. OR REC'T |
|---|---|---|
| 1915 Dec 11. | 1915 Dec 31 | ✓ |
| 1916 Jan. | 1916 | ✓ |
| Feb. | | ✓ |
| Mar. | | ✓ |
| April | | ✓ |
| May. | | ✓ |
| June. | | ✓ |
| July. | | ✓ |

PROMOTIONS, TRANSFERS, DISCHARGES, ETC.

| PARTICULARS | AUTHORITY |
|---|---|
| | |

UNIT SAILED

JUL 23 1916

7989 D.M S 1300.

| Surname | Christian Name or Names | Reg. No. |
|---|---|---|
| Davio | H. J. | 726029 |

| Rank | Unit | Co. | Troop | Batty. |
|---|---|---|---|---|
| Pte. | 20th. Bn. | | | |

Hospital: No 7 Can. Sta. H. Havre. — Date of Admission: 17-10-16

Transferred: Mill Hosp Orpington — Hosp. 13-1-17

Hosp.

Hosp.

Diagnosis: N.Y.D.

(1) Later Diagnosis (if changed): G.S.W. L. Leg & Jaw. (Sev)

(2)

(3)

Additional Diagnosis: if more than one state present

DISPOSITION — Date

C.S. 24-10-16 A 352 (1) — Dis. 11.6.17.

19-1-17 B250

16.6.17. B364

REMARKS

A.M.D. 2 Dept.

Bch. of D.G.M.S. O.M.F.C. London

# EPITOME OF HOSPITAL TREATMENT.

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

7989

R—122

LTR

Rank

Name DAVIO, Howard James

Reg'l No. 726029

Unit 109th, Bn.

If in perm. Corps, What Unit?

Married or Single Single.

Place and Date of Enlistment Minden, 11th, December, 1915,

Place of Birth Gravenhurst, Ontario.

Name and Address, Next-of-Kin Elizabeth Davio.

P.O. Minden, Ontario, Canada,

Relationship Mother.

Assigned Pay Monthly $

Payable to

Relationship

Separation Allowance $

Payable to

Relationship

Discharge, Date and Place

Reason

Character

N/E. R.B. No. 5457

File R.L.

Category Can M.N.

6 seas Cas

H. W. & V., Ld.—7165-16.

A.F.B. 103 (...) 17 OCT 1916

| Report. Date. | Report. From whom received. | Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case. | Place. | Date. | REMARKS. Taken from Official Documents. |
|---|---|---|---|---|---|
| | | Arrived in England per H. M. T. 2810 31-7-16 | | | |
| 5-10-16 | 109th Bn | S.O.S. to 20th Bn | Bramshall | 5-10-16 | Pt II. DO. 279. S.W.C. |
| 11-10-16 | 20th " | T.O.S. from 109th " | Field | 6-10-16 | " II 55. |
| 24-10-16 | do. | Adm. No 7 Can. Staty Hosp. | Havre | 17-10-16 | CLA 352 NYD |
| 7-11-16 | do. | Discharged to Duty | Field | 28-10-16 | CLA 364 Influenza. |
| 5.1.17 | " | Adm. no. 7 Can. Gen. Hosp. | E Taples | 23.12.16 | " 407 GSW. l. leg. |
| 19.1.17 | " | " Ontario Mil. Hosp. | Orpington | 16.1.17 | " B250 " leg & jaw 2 wks |
| 20-1-17 | " | Wd transf to CCAC. Shoreham-on-sea | | 12-1-17 | Pt II O 5 W |
| 26-1-17 | CCAC | Taken on strength. | Hosling | 13-1-17 | — " 44 |

—Over—

7989

| Report. Date. | Report. From whom received. | Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case. | Place. | Date. | REMARKS Taken from Official Documents. |
|---|---|---|---|---|---|
| 11.3.17 | C.C.A.C. | S.O.S. on transfer to 1st C. Ont. Regiment | Hastings | 10.3.17 | Pt. II D.O. 117 |
| 14.3.17 | 1 CORD | T.O.S. FROM C C A C | W. Sandling | 11-3-17 | Pt 11, 0, 5 |
| 16.6.17 | 20 Bn. | Discharged from hosp. | — | 11-6-17 | C.W.B 364 SS Wh. Lgt. |
| 25.6.17 | 1st CORD | SOS to Canada | — | 11-6-17 | Pt II-108 |
| | Dis Dept | To Convalescent Home | MD no 1 London | 23.6-17 | NR 304. |

7989 JWC.

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

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

# Casualty Form—Active Service.

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

Regimental No. 726029 Rank Private C. E. F. Name David Howard James.

Enlisted (a) 11.12.15 Terms of Service (a) ..... Service reckons from (a) 11.12.15

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

Extended ..... Re-engaged ..... Qualification (b) Farmer.

| Report Date | Report From whom received | Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case. | Place | Date | Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents. |
|---|---|---|---|---|---|
| | | Embarked Canada | Halifax | 24.7.16. | |
| | | Disembarked England. | Liverpool | 31.7.16. | |
| | | Transferred for Overseas Service with 20th Batt'n | | OCT 5 1916 | D.O. Pt. 11 No. 279 |
| 6/10/16 | C B Dep | Arrd & taken on strength | 20th Bn | 6/10/16 | NR Pt 2 O'rs 55d11/10/16 |
| 18/10/16 | do | Classified A | trsfd 7 S. Hosp | 18/10/16 | NR |
| 17/10/16 | 7 Can Staty N. Y. D. | | adm do | 17/10/16 | W3034. |
| 29/10/16 | C B Dep | Classified 'A' from 7 S Hosp | C B Dep | 29/10/16 | NR |
| 2/11/16 | do | Left for | 2nd C E Bn | 2/11/16 | NR |
| 5/11/16 | 2nd C E Bn | Arrived | do | 5/11/16 | NR |
| 28/10/16 | 7 Can Staty | Influenza | dischgd to duty | 28/10/16 | W3034. |
| 23/12/16 | 2 CEBn. | Wdd. Complicated frac: of L leg & Compound frac: of L. jaw. 3 P. M. | In Field. | 17/12/16 | Casualty Report. Ref file Kl. 137/2644. DCS 257d 3/1/17. |
| 23/12/16. | 7 Can Gen. | G S W leg L & jaw. | adm 7 Can Gen. | 23/12/16 | W3034. |
| " | 5 C.F.A. | — " — | adm 5 C.F.A. | 17/12/16 | A36 DCS 259 10/1/17. |
| " | 6 CCS | — " — | Trsfd 6. CCS. | 18/12/16 | |
| | | | adm " | 18/12/16 | A36 DCS 260d 15/1/17. |
| | | | Trsfd 12 Train | 22/12/16 | |
| 11/1/17. | 7 Can Gen | do | To Eng per Caris brook | Cle12/1/17 | W3083. Pt 2 O'rs5d20/1/17 5471 |

CERTIFIED CORRECT. 18 OCT. 1916. CAN. RECORDS, LONDON.

Capt. for Lieut-Col. A. A. G.

Capt. Asselting
CAPTAIN,
ADJUTANT,
109TH BATTALION CAN. INFANTRY.

(a) In the case of a man who has re-engaged for, or enlisted into Section D. Army Reserve, particulars of such re-engagement or enlistment will be entered.
(b) e.g. Signaller, Shoeing Smith, etc., etc., also special qualifications in technical Corps duties.

[P.T.O.

7989

| 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 | | | | |
| 26.1.17 | CCAC | T. O. S. | Hastings | 13.1.17 | Pt II. O. 44 |
| 11 3 17 | " | S. O. S to 1 C.O. Regt | " | 10.3.17 | " " 117 |
| 14 3 17 | 1 COR D. | T. O. S. | W Sandling | 11 3 17 | " " 5 C.H.F. R II. D. 30.4.17 C.H.F. |

D. W. C. D. Northcombe Lieut.
for Lieut Colonel i/c Records, ~~C.E.F.~~ COMF.

INVALIDED TO CANADA FOR
FURTHER MEDICAL TREATMENT

for [signature] Major

HOSPITAL REPRESENTATIVE,
ONTARIO MILITARY HOSPITAL, ORPINGTON.

(M.B.2.)

OFFICE OF ASSISTANT DIRECTOR OF MEDICAL SERVICES,
CANADIANS, LONDON AREA.,
76, STRAND, W.C.2.

7989

17th April, 1917.

From:- A.D.M.S., Canadians,
London Area.,

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

Name **David H.J.** Reg.No. **726029** Rank **Pte**

Battalion **20th Bn.**

The above noted appeared before a Medical Board on **11-4-17** at **Orpington** and the following entry has been made on the Medical History Sheet of this man :-

Board Recommends:- **Invalid to Canada.** Disability:- G.S.W. R knee-joint.

Sgd:- **Hadley Williams, Lt. Col.** ~~Capt.~~ C.A.M.C.
President Medical Board.

APPROVED:-
Sgd:- **W.S.Macdonell,** Capt. C.A.M.C.
for A.D.M.S., Canadians, London Area.,

Further entries are also contained on this Medical History Sheet, as follows :-

**No. 7 Stat. Hosp., Havre. 17-10-16 -- 28-10-16. N.Y.D. Influenza**
**To duty. A 352 - A 364.**
**Ontario Military Hospital, Orpington. 13-1-17. G.S.W. Right knee.**
**Wounded Dec. 17th 1916. G.S.W. Left thigh and knee.**
**H.E. removed. Has discharging sinus and limited movement of right knee.**
**Sgd. L.A.Thomas, Capt. C.A.M.C.**

I hereby certify that the entries as above noted are true copies.

W.S.Macdonell
Captain. C.A.M.C.
for A.D.M.S. Canadians, London Area.,

Captain C.A.M.C.
for A.D.M.S. Canadians, London Area.

Captain C.A.M.C.
for A.D.M.S. Canadians, London Area.

Captain C.A.M.C.
for A.D.M.S. Canadians, London Area.

726029.

D

ORIGINAL

# MEDICAL HISTORY SHEET.

ORIGINAL

Surname Davio DAVIO Christian Name Howard James

Examined { on 20 day of Dec 1915 / at Minden

Birthplace { City or Town Gravenhurst / County Muskoka

Apparent age 18

Trade or occupation Farmer

Height 5 Feet 5 Inches.

Weight 124 Lbs.

Chest measurement { Minimum 31½ inches. / Maximum expansion 35 inches.

Physical development Good.

Small-Pox Marks none

Vaccination Marks { Arm Right. none Left. None / Number Ont

When Vaccinated last January 26th 1916.

(a) Marks indicating congenital peculiarities or previous disease none.

(b) Slight defects but not sufficient to cause rejection under age

Approved by J McCulloch. J. McCulloch Capt. Medical Officer

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

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

| Date | Result | Vaccinations. |
|---|---|---|
| 26/1/16. | Good | J. McCulloch M.O. |
| | | M.O. |
| | | M.O. |

| Date | Result | Anti-Typhoid Inoculations, Etc. |
|---|---|---|
| 27.4.16 | Good | J McCulloch M.O. |
| 5.5.16 | Good | J McCulloch M.O. |
| 15.5.16 | " | J McCulloch M.O. |
| THS 22.9.16 | " | H.O. Boyd Lieut. |

Enlisted on 11th day of December 1915 at Minden

| | Corps. | Regt'l Number. | Habits. | Date. |
|---|---|---|---|---|
| Joined on enlistment | 109th Batt C.E.F. | 726029 | | 11.12.15. |
| Transferred to..... | 21st Bn | | | |

## EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

| Station. | Date. | Disease. | Result. |
|---|---|---|---|
| | | | |

N. B.—This sheet to be disposed of in accordance with instructions in the Regulations for Army Medical Service, on the man becoming non-effective; the date and cause being stated on next page.

M. F. B. 313.

100M.—1-15.
H. Q. 1772-39-439.

Surname Reed Christian Name Howard James

| STATION. | Date of Arrival at the Station. | Dates of Admission into Hospital. Day | Month | Year | Dates of Discharge from Hospital. Day | Month | Year | DISEASE. | Number of days in Hospital. | Remarks on nature of the disease: how induced: if mild or severe: if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations. | Signature of Medical Officer. |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | | |

# CANADIAN CONTINGENT EXPEDITIONARY FORCE

Military Hospitals Commission
COMMAND "D" UNIT

## LAST PAY CERTIFICATE

This form to be used for all Ranks (Vide Articles 122, 130 and 141, Financial Instructions, 25715c, C.E.F.,1916).

Regimental No. 726029 Rank Private. Name H. J. Davis (109th)

Corps M.H.C.C. "D" Unit who was* Discharged.

On Sept. 30th., 1917, to Class III.

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from Sept. 1st., 1917, to Sept. 30 1917 the inclusive date of transfer or discharge.

| Dr. | $ | c | Cr. | $ | c |
|---|---|---|---|---|---|
| Bal. Dr. from prev. month | 10 | | Bal. Cr. from prev. month | | |
| Advances by Cheques No. | | | Regt'l Pay 30 days at $ 1 c | 30 | |
| Advances by Cheques No. | | | Field Allow. 30 days at $ c 10 | 3 | |
| Assigned Pay No. S. A. 31803 | 35 | | Other Allowances* 55 " @ 60¢. | 33 | |
| Other Charges* | | | Separation allowance | 20 | |
| Payment on transfer or discharge No. 31804 | 49 | | Other Credits* Clothing | 8 | |
| Balance Cr. (to be paid by the new unit) | | | Bal. Dr. (to be deducted by new unit) | | |
| Total | 94 | | Total | 94 | |

*Give Particulars.

A monthly stoppage of $ 15.00 (†) has ..... (‡) been paid on account of Assigned Pay for the month of September 1917 to (Assignee) Mrs. Eliz. Walker.

(Address) 213 Franklin Ave., Minden, Ont.,

Toronto.

(†) Insert amount to be assigned, whether it has been paid or not.
(‡) Insert "not" if amount has not been paid for period of account.

**On Transfer of an Officer.**

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

REMARKS:—

State (1) date of enlistment.....

(2) if married and if a Separation Allowance Card has been submitted Yes same as A. P.

(3) cause of discharge and authority Pensioned O. C. letter Sept. 12 /17.

If discharged from the Contingent, state if Stop Payment advice for Assigned Pay has been forwarded, and date

I have carefully examined this statement of account and find it to be a correct extract from the Pay-list of the unit.

Date September 18/17.

Place Toronto, Ont.,

John Dunbar CAPTAIN.
PAYMASTER, M.H.C.C. "D" UNIT, C.E.F.
*Paymaster*

N.B.—For purposes of transfer this form is to be made out in quadruplicate. One copy to Paymaster of new unit; one to District Paymaster; one to accompany the pay-list at the end of the month, and; one for retention as a record.

For purposes of discharge it is to be made out in triplicate. One copy to accompany discharge papers; one copy to accompany pay-list at the end of the month, and; one for retention as a record.

M. F. W. 44.
150M.—4-17.
H. Q. 1772-39-903.

D971

disc'd 17-11-17 Sw

Ottawa, Oct 5/20

From:-

The Adjutant-General,
Canadian Militia,

To:- #722029 Jas. H Davis,
Box 1164 Lindsay,
Ont.

Sir:

Enclosed herewith please find Military Will executed by you while in the C.E.F., and returned, the same being your own property.

O.C. [illegible]

Lieut.,
for Lt.-Col.,
Director of Records,
for Adjutant-General.

D-1.

04 D 20 6468

Araguaya
June 23 1917

7989

This space to be left blank for the Chelsea Number.

D

Army Form B. 268.

15232

DEPT. MILITIA & DEFENCE
SEP 15 1917
649-D-5003
CANADA

# Proceedings on Discharge.

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

No. 726029 Army Rank Private

Name Davis, Howard James
(The name must agree strictly with that on enlistment, unless changed subsequently by authority.)

Corps First Central Ontario

Battalion, Battery, Company, Depôt, &c. 20th Batt.
(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.)

Date of discharge In warding to INVALIDED TO CANADA FOR FURTHER MEDICAL TREATMENT

Place of discharge Canada

1. *Description at the time of discharge.*

Age ____ years ____ months

Height 5 feet 5 inches

Chest measurement { girth when fully expanded ____ ins. / range of expansion ____ ins.

Complexion ____

Eyes ____

Hair ____

Trade Farmer

Intended place of residence (To be given as fully as practicable) ____

Descriptive marks.

Mole over Stomach

(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.)

2. The above-named man is discharged in consequence of being no longer physically fit for War service.
Para 392 Sec. 16. K.R.O. 1912.

(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.)

To be filled in on the soldier quitting the Colours.

3. Military character :—

4. Character awarded in accordance with King's Regulations :—

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.

St-G 20-450 1-5-1

Army Form B. 2088 has been issued to* ____

* Strike out if not applicable.

D. D. & L., London, E.C.
A4502 Wt. W17176/M291 500,000 2/16 Sch. 31 Forms B. 268 40

[OVER.

5. He is in possession of the following number of G.C. badges (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

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) ONTARIO MILITARY HOSPITAL HOSPITAL 27 APR. 1917 REPRESENTATIVE ORPINGTON

(Date) _____

INVALIDED TO CANADA FOR FURTHER MEDICAL TREATMENT

[signature] Major

HOSPITAL REPRESENTATIVE, ONTARIO MILITARY HOSPITAL, ORPINGTON.

Commanding _____ Battn. _____ Regiment.

For A.G. Canadians

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 Sept 30th (date) 1917

(Place) Toronto Canada

(Date) September 12th, 17

Signature [signature] Lieut. Colonel

O. C. (D) Unit M. H. C. Command

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.)

I 265
15-9-17
R.C. SEP 15 1917

397-15-9-17

LIST OF DISCHARGE DOCUMENTS.

1. Proceedings on discharge. (Army Form B. 268.)
2. Proceedings on transfer to reserve (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.

Bgde.
Div.

7989

Army Form W. 3172.
(In pads of 50.)

[illegible] Hospital.

17/ Ward 7 No. of Bed 47 Date Jan 17th 17

| Regtl. No. | Rank and Name | Corps | Part to be X-Rayed |
|---|---|---|---|
| 726029 | Pte Davis H.J. | 20th Canadian | R thigh 5"-6" above lower Stereoscopic |

SHORT HISTORY OF CASE.
(To be completed by M.O. i/c case)

Referred from No 7 Can. General
Wound rec'd at Vimy Ridge
Wound — GSW RT Leg

Signature of M.O. [illegible]

Date

REPORT ON RESULT OF X-RAY EXAMINATION.
(To be completed by Radiographer.)

No. of Plate A/R756 — A.P. — W. 65.5 cm

A/R.756 S — A.P. — 76 cm.

Shift of image = .6 cm
Depth of Foreign body from posterior surface of ~~leg~~ thigh = 6.9 cm = 2.3"
Piece of shell 3/4" x 1/2" about 3" below the lesser trochanter on the posterior side
Drainage tube in position

Signature of Radiographer L. Gilchrist
Capt

Date Jan 19/17

(9 38 40) W 8290—3262 100,000 8/15 H W V(M 163) Forms/W. 3172/1
15134—116 300,000 1/16

Army Form W. 3172.
(In pads of 50.)

7989

1 Ow Hospital.

Ward 1 No. of Bed 47 Date 26 Mar 17.

| Regtl. No. | Rank and Name | Corps | Part to be X-Rayed |
|---|---|---|---|
| 726029. | Davis H J Pte | 20th Canadn | Previous plate 4/756 S Lower 1/3 Right femur. |

SHORT HISTORY OF CASE.
(To be completed by M.O. i/c case)

Suspect
Necrosed bone.

Bdge.
Nationality
Reff from —
Recd at;

O. A. Thomas

Signature of M.O. [signature]

Date

REPORT ON RESULT OF X-RAY EXAMINATION.
(To be completed by Radiographer.)

No. of Plate R B/22 A.P. 10 X 8

Area of Necrosis of the Femur on the Medial Side extending from 1" ~~below~~ above the knee for about 3".

Signature of Radiographer L Gilchrist
Capt

Date March 27/17

(9 38 40) W 8290—3262 100,000 8/15 H W V(M 163) Forms/W. 3172/1
15134—116 300,000 1/16

7989

AJS (Militia Service)

October 26th, 1925.

RECORD OF SERVICE

This is to certify that No.726029 Private DAVIO, Howard James., enlisted in the 19th Infantry Battalion(Trans to 20th Battalion) C.E.F. at Minden, Ontario, on the 11th day of Dec, 1915; served.in CANADA ENGLAND FRANCE & BELGIUM; was returned to Canada and struck off strength at Toronto, Ontario, on the 30th day of September, 1917, in consequence of "Being Medically unfit for further War Service".

His conduct and character while in the Service were "VERY GOOD".

Description on Discharge;

| | |
|---|---|
| Age | 18 Years 6 Months |
| Height | 5' 5" |
| Complexion | Fair |
| Eyes | Blue |
| Hair | Dark Brown. |

(C.H. Brown)
for Colonel,
Director of Records.

II

D
7989

FORM TO BE USED INSTEAD OF BLANK SPACE ON ARMY FORM 179.

PROCEEDINGS OF MEDICAL BOARD AT DISCHARGE DEPOT.

Number 726029 Rank Pte. Name and Corps of disabled Soldier:- Davis, Howard James 109 Batt.

Previous civilian occupation:- Farm Laborer.

Cause of Disability:- Suppurating wound in R. Leg. Osteomyelitis, R. Femur G.S.W

649-D-5003

Condition, in detail, which prevents the soldier earning a full livelihood: Enlisted Dec. 12/15 Reached France Sept 1916 - Wounded by shrapnel Dec 17th 1916. Had Pleurisy at Havre Oct. 1916, Was wounded on chin & R. Knee. Wound in Knee has only been healed about a month - but it heals & breaks out again he states X Ray shows piece of shell 3/4 x 1/2 about 3 inches below lesser Tro - Chanter posteriorly - ~~Pres~~ Cond. General condition pod, Has scar on chin an inch long running from lip down (left side). Has 3 scars behind middle R. thigh. One 6 inches along on inner surface from Knee upwards. Discharging at present time. Movement fairly good Can flex Knee to 90%. but claims it pains him to put his weight on

OPINION OF THE BOARD.

Degree of incapacity. (Please state in fractions) 30% Decreasing

Probable duration of incapacity:- 2 months possibly some slight permanent disability.

Does it render him permanently unfit for Military Service? no

Would operation, Special treatment, or the use of appliances, etc., lessen incapacity? Convalescent Home.

Signature:- K C Cairns Capt. President.

Station:- Quebec A Haig Capt. F J Coughlin Members.

APPROVED.

Date July 4/17 W. M. Carrick Major Asst. Director Medical Services.

Date _____ _____ Director General Medical Services.

U

Forms I. 1237 / 10

4 Invalided to Canada 11-6-17.

Army Form I. 1237. 17.

# MEDICAL CASE SHEET.*

7989

| No. in Admission and Discharge Book. | Regimental No. | Rank. | Surname. | Christian Name. |
|---|---|---|---|---|
| 2-T. 893. | 726029 | Pte | Davis | H J |

| Year | Unit. | Age. | Service. |
|---|---|---|---|
| 1917. | 20th Can | 17 | 12/12 4/12 |

Station and Date.

Disease GSW Rt Knee & jaw

ONTARIO MILITARY HOSPITAL ORPINGTON, KENT. 13 JAN 1917

Patient wounded on Dec 17/16 in right knee & jaw, while engaged at Vimy Ridge - Ypres salient. Taken to C.C.S. where he was operated upon. from there he was sent to H 7 Can Gen. Etaples, where wound was incised for drainage from there he was transferred to Ont Mil. hosp. Jan 13/17 D.H. Kennedy Capt

Jan 14/17. R. Lower Ext. in Thomas Knee splint.
Wds 1. On inner ant aspect thigh 4" x 2½" lower end 2½" above knee joint - mostly operative.
2. Middle of thigh posteriorly 3" vertical - Profuse thick foul purulent discharge from both wds.

Jan 19 Tray taken & reports piece of shell ¾" x ½" about 3" below lesser trochanter on post side. DH

Jan 24 To OR and H.E. removed, 2 additional incisions made. discharging profusely. odor akin to that of B. Gas bacilli group.

Feb 1. Wounds doing nicely. tubes removed DH very little discharge. DH

Boarded - April 9/17

R. A. Thomas Capt.

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

(J 3521.) Wt. W 5606—2621. 2,000,000. 7/15. D & S. P.T.O.

| Station and Date. | |
|---|---|

Documents on file

Medical Examination upon leaving the Service

Of an Officer fit for general service or a Soldier fit for duty.

Officers leaving the Service upon being found unfit for general service by a Medical Board, and Soldiers leaving the Service upon being found otherwise than fit for duty by a Medical Board, are not to be reported on this Form.

Rank Pte Name Davis Surname Howard James

Unit or corps 20th Bn. (109th) (If a soldier) Regtl. No. 726029

Born at Gravenhurst on, (date) Apr. 25 1900

Signature (for identification) Pte J H Davis

The examination is to be made jointly by two Medical Officers.

1. PHYSIQUE-Any deformity, maiming or lameness? If so, describe.

Weight 130 lbs.

Colour of eyes Blue.

Height 5 ft 5 in.

Identification Marks nose deviated to rt. Scar lower lip — Scar rt leg above knee

2. NUTRITION AND DIATHESIS?
well developed & well nourished.

After searching enquiry and thorough examination is any evidence found of disease or impairment of the parts indicated below? If so, describe.

3. NERVOUS SYSTEM? Is there a history of previous disability? no
apparently normal

4. RESPIRATORY SYSTEM? Is there a history of lung trouble? no
apparently normal

5. HEART?

Abnormal Sounds? none

Abnormal Size? none

Pulse Rate? 78 Intermittence or Irregularity? none
Muscular Tone? good

6. ARTERIES.-(a) Any hardening or nodulation? none.
(b) Blood Pressure. SBP 116 DBP 84

7. DIGESTIVE SYSTEM? Condition of teeth and tonsils to be included).
in good condition

8. GENITO-URINARY SYSTEM?

Urinalysis-S.G.? 1024 Reaction? acid

Albumen? None. Sugar? none

9. SKIN, MIDDLE EAR, EYE or any other part? apparently in good condition

10. Is there any evidence of impairment of health or physical condition not mentioned above? If so, describe. GSW. Rt leg just above knee on inner side - weakness rt leg + swelling + oedema - nose deflected to rt by accident. Submucous resection done

11. Opinion as to the health and physical condition of the one examined? GSW scar corner lower lip drawing mouth to left.

Examined at Whitby Ont. Signed [illegible] M.O.

Date Aug. 13/17 Signed [illegible] M.O.

pte Davis J H

Signature note of soldier.

If any disease or impairment of health or physical condition is discovered or complained of by the soldier examined, this report should be sent at once to the O.C. concerned for the Officer or Soldier to be sent before a Medical Board for regular boarding.

M.F.W. 129

7-17.

FORM D.[illegible] 1312.
F.B. 179 Canada.
[illegible]03—15m—11/1/17.

(1) D20

7989

# Medical Report on an Invalid.

Station ORPINGTON

Date April 7. 1917

1. Unit. 20th Bat
2. Regimental No. 726029
3. Rank Pte
4. Name Davis. Howard James
5. Age last birthday 16 yrs.
6. Enlisted on 12 Dec 1915 at Minden. Ontario
7. Former Trade or Occupation Farmer

8. Disability.

Discharging sinus right leg.

INVALIDED TO CANADA FOR FURTHER MEDICAL TREATMENT

## Statement of Case.

*Note.—The answers to the following questions are to be filled in by the Officer in medical charge of the case. In answering them he will carefully discriminate between the man's unsupported statements and evidence recorded in his military and medical documents. He will also carefully distinguish cases entirely due to venereal disease.*

HOSPITAL REPRESENTATIVE.
ONTARIO MILITARY HOSPITAL, ORPINGTON.

9. Date of origin of disability. 17 Dec. 1916

10. Place of origin of disability. Vimy Ridge

11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case.

Patient states he was wounded by shrapnel. on above date in the right knee - and left lip. Taken to Field Ambulance Sent to C.C.S. there for five days, then to No 7. Can Gen Eloples for nineteen days. Transferred to O.M.H. [illegible] 2/17 on admission. wound on inner and ant aspect thight 4½ x 2½ lower end two inches above knee/ a wound. posterior to thigh 3" long. Profuse foul discharge from both wounds x Ray show piece of shell 3/4 x 1/2" about 3" below lesser trochanter posterior wound of face healing operated on C.C.S. and Eloples for drainage

12. (*a*) Give your opinion as to the causation of the disability.

G.S.W. Right knee.

(*b*) If you consider it to have been caused by wounds received or illness contracted (1) in the presence of the enemy (2) on active service, explain the specific conditions to which you attribute it. (*See notes on page 3*).

In the presence of Enemy on active service

13. What is his present condition?

*Weight should be given in all cases when it is likely to afford evidence of the progress of the disability.*

General condition good. Respiratory urinary and nervous and cardiac systems normal. Patient has discharging sinus on inner side of right knee two inches from joint and one in the middle of thigh posteriorly. The knee joint has slight movement. Some fibrous union not completely fixed.

14. If the disability is an injury, was it caused

(*a*) In the presence of the enemy? yes

(*b*) On active service? yes

(*c*) On duty? yes

(*d*) Off duty? no

15. Was a Court of Inquiry held on the injury? no

If so—(*a*) When? —

(*b*) Where? —

(*c*) Opinion?

16. Was an operation performed? If so, what? yes. ~~three~~ R.A.I. - four. One for F. B. Removal. Three for Incision and Drainage

17. If not, was an operation advised and declined?

18. *In case of loss or decay of teeth.* Is the loss of teeth the result of wounds, injury or disease, directly* attributable to active service? no

19. Do you recommend

(*a*) Fit for duty? no

(*b*) Fit for base duty? no

(*c*) Invalided to Canada? yes

(*d*) Discharge as permanently unfit? no

R. A. Thomas Capt.
Officer in medical charge of case.
Cam C

I have satisfied myself of the general accuracy of this report, and concur therewith, *except*†

Station Ontario Military Hospital 11 APR 1917 Orpington, Kent.

Date

D. W. McPherson LT. COL. C.A.M.C.
Officer in charge of Hospital.
O.C. ONTARIO MILITARY HOSPITAL

* Loss of teeth on, or immediately after, active service should be attributed thereto, unless there is evidence that it is due to some other cause.

† Delete this word if no exceptions are to be made.

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## Opinion of the Medical Board.

NOTES.—(i.) Clear and decisive answers to the following questions are to be carefully filled in by the Board, as it is essential that the Members of the Pensions and Claims Board should be in possession of the most reliable information to **enable them to decide upon the man's claim to pension.**

(ii.) Expressions such as "may," "might," "probably," &c., should be avoided.

(iii.) The rates of pensions vary according to whether the disability is attributed to wounds or injuries received or illness contracted, (1) in the presence of the enemy, (2) on active service. It is therefore essential when assigning the cause of the disability to differentiate between them (*see* Articles 641 to 648 of the Canadian Pay and Allowance Regulations).

(iv.) In answering question 20 the Board should be careful to discriminate between disease resulting from military conditions and disease to which the soldier would have been equally liable in civil life.

20. (*a*) State whether the disability is the result of injuries received or illness contracted, (1) in the presence of the enemy, (2) on active service. — a1 yes a2 yes

(*b*) If due to one of these causes, to what specific conditions do the Board attribute it? — active service GSW

21. Has the disability been caused or aggravated by

(*a*) Intemperance? no

(*b*) Misconduct? no

22. Is the disability permanent? no

23. If not permanent, what is its probable minimum duration? — not applicable

*To be stated in months.*

24. To what extent is his capacity for earning a full livelihood in the general labour market lessened at present? — Total

*In defining the extent of his inability to earn a livelihood, estimate it at $\frac{1}{4}$, $\frac{1}{2}$, $\frac{3}{4}$, or total incapacity.*

25. If an operation was advised and declined, was the refusal unreasonable? — not applicable

26. Do the Board recommend

(*a*) Fit for duty? no

(*b*) Fit for base duty? no

(*c*) Invalided to Canada? yes

(*d*) Discharge as permanently unfit? no

27. Remarks.

Signatures :— Hadley Williams Lt Col President. CA

Station Ontario Military Hospital 11 APR 1917 Orpington, Kent. — H H Crawford Capt CAMC

Date — Myers W Ross Capt CAMC — Members.

Approved. A.D.M.S. CANADIANS, LONDON AREA, 76, STRAND, LONDON, W.C.

Station

Date 17 APR 1917

[signature] Captain C.A.M.C., for A.D.M.S., Canadians, London Area.

Administrative Medical Officer.

824-27-8-14



**PENSIONS AND CLAIMS BOARD**, Canadian Expeditionary Force, assembled at England, on the day of 191

**Members of Board.**

**Proceedings.**

*The Board having considered the evidence of the man marginally noted, and the documents submitted, hereto attached, which form part of these Presents, marked*

20. (a) State whether the disability is the result of injuries received or illness contracted, (1) in the presence of the enemy, (2) on active service.

(b) If due to one of these causes, to what specific conditions do the Board attribute it?

21. Has the disability been caused or aggravated by

(a) Intemperance?

(b) Misconduct?

22. Is the disability permanent?

23. If not permanent, what is its probable minimum duration?

To be stated in months.

24. To what extent is his capacity for earning a full livelihood in the general labour market lessened at present?

In defining the extent of his inability to earn a livelihood, estimate it at $\frac{1}{4}$, $\frac{1}{2}$, $\frac{3}{4}$, or total incapacity.

25. If an operation was advised and declined, was the refusal unreasonable?

26. Do the Board recommend

(a) Fit for duty?

(b) Fit for base duty?

(c) Invalided to Canada?

(d) Discharge as permanently unfit?

27. Remarks.

Signatures:—

President.

*Signed at* *this* *day*

Members.

*of* , *191* .

*President.*

Administrative Medical Officer.

NAME OF NEXT OF KIN Mrs Wm John Walker
ADDRESS OF NEXT OF KIN 73 Symington Ave. Toronto Ont.
MAN'S ADDRESS same.
RELATIONSHIP mother

7989

# MEDICAL HISTORY OF AN INVALID.

B.P.C.

M. H. C. C. "D. UNIT" TORONTO, ONT. 20 AUG 1917

1. Station. WHITBY MILITARY HOSPITAL
2. Regiment or Corps. 20th Bn. (109th)
3. Regimental No. and Rank. Pte #726029
4. Name. DAVID. Howard James.
5. Age last Birthday. 17
6. Enlisted on 12/12/15 at Minden Ont.
7. Former trade or occupation. Farmer

8. General remarks on his:—
(a) Conduct. good.
(b) Habits. Good
(c) Temperance. Temperate.

(For this purpose the Company defaulter sheets will be obtained from the man's Commanding Officer.)

DEPT. MILITIA & DEFENCE AUG 27 1917 CANADA

Date. Aug 13th 1917

9. Service. Years. Days.

| | PERIODS From | PERIODS To |
|---|---|---|
| Canada. | Dec 12th 15 | July 24 1916 |
| England. | July 31 1916 | Sept 6th 1916 |
| France | Sept 6th 1916 | Dec 17th 1916 |

10. (a) Disease or disability. (1) Deformity. Nose. (2) GSW. lower lip. (3) GSW. Rt thigh. (4) under age.
(b) Date of origin. (1) Nov. 1916 (2) 17 Dec 1916 (3) Dec 17th 1916
(c) Place of origin. (1) France. (2) "Vimy Ridge" (3) "Vimy Ridge"
(d) Cause. (1) Blow by piece of lumber (2) Shrapnel (3) Shrapnel.

11. Present condition. (Most Important.)
(To include full description of present disabling condition or conditions, and of the immediate and direct cause of incapacity, i.e., debility, breathlessness on exertion, necessity of treatment by rest, etc.)

(4) Boy 17 yrs old.
1. Struck on face by piece of lumber. Nose was deviated to Right. Operation for submucous resection done July 1917. Nose a little crooked. (2) Piece of shrapnel struck him on lower lip. teeth not injured. A longtitudinal scar 1" long runs downward from left corner of mouth – drawing mouth to that side. Operative procedure not advised for some time yet. (3) G.S.W. Rt thigh Scar 6" long just above knee on inner side of thigh. Three drainage scars on posterior surface of thigh. Knee flexes to right angle. extension normal. Leg below knee oedematous and swells considerably when he walks far. Also it becomes painful after walking
4. Boy 17 yrs of age apr. 1917

12. (a) Is the disability the result of service or climate? 1 yes 2 yes 3 yes 4 no
(b) Has it been aggravated by intemperance, vice or misconduct? 1 no 2 no 3 no 4 no

M. F. B. 227.
200M. 8 16.
1772-39-117.

7989

13. (a) For purpose of Identification. (Here a full description of wounds, scars, deformities, etc., is to be given.)

1. Scar left lower lip
2. 6" scar inner side thigh about knee (Right)
3. 3 scars on post surface Right thigh.
4. Nose deviated to left.

10.

11.

(b) In case of wounds, or other injuries, state whether sustained on or off duty. If not received in action, was a Court of Inquiry held?

1. Struck by timber – going into trenches.
2. action
3. action.
4. not applicable

12.

15.

(c) In the event of the disability being attributed to exposure on duty, state clearly the nature of such exposure, and whether it was exceptional or otherwise.

1, 2, 3. not applicable.
4. not applicable

16.

17.

14. Treatment. No 7 Can. Gen. CCAC. Hastings

18. I

R

15. If the disabling condition had its origin before enlistment, has it been aggravated by service, and to what extent?

1. not applicable
2. not applicable
3. not applicable
4. Yes

16. What is the probable duration of the disability or of each disabling condition, if more than one contributes?

1. Permanent disfigurement.
2. 6. mos.
3. 6 mos.
4. permanent.

Signat

17. To what extent will it prevent his earning a full livelihood in the general labour market? Please state in fractions. When more than one disabling condition is present, the extent of the disability due to each should be stated.

1. 1/20
2. 1/20
3. 1/5
4. nil

Statio

Date.

18. State if for discharge on account of unfitness for Service.

Discharge Cat E.

Date.

Appro

Medical Officer by whom the case is brought forward.

Date.

7989

# OPINION OF THE MEDICAL BOARD.

7989

Does the Board concur with the preceding report? If not, give differing opinion.

10. Yes

11. Yes

into trenches.

12. Yes

15. Yes

16. Yes

17. Yes

18. Is he unfit for Military Service. Yes

Recommendations:

That he be discharged on account of physical unfitness

No further treatment will benefit his condition

Category E.

ament.

Signatures:—

C. J. Currie Maj. President.

D. A. Archibald Major.

Station. WHITBY MILITARY HOSPITAL

Date. AUG 14 1917

J. A. Hughes Capt. Members.

forward.

Date. 24/8/17

Approved.

Edwin Flynn Capt.
for Asst. Director of Medical Services.

Date.

Director-General of Medical Services.

(At Station or Hospital where finally disposed of.)

Station and Hospital } ..... Arrived fr m } .....

Date .....

| If admi ted. | If under treatment. | | Disease. | How fully disposed of. | Date of Discharge, &c. |
|---|---|---|---|---|---|
| Index No. | From | From | | | |
| Date | | | | | |
| ..... | ..... | ..... | ..... | ..... | ..... |
| ..... | ..... | ..... | ..... | ..... | ..... |
| ..... | ..... | ..... | ..... | ..... | ..... |

Summary of Causes of invaliding, or remarks as to remand to Regiment, Stat on or Depôt.

.....

.....

.....

.....

.....

.....

.....

.....

.....

Date of final Medical Board or decision. } .....

Administrative Medical Officer.

Militia Form B. 227.

20m. 8 6.
H. Q. 172-39-11.

## DETAILED MEDICAL HISTORY OF INVALID.

Station .....

Corps .....

Regimental No. ..... Rank .....

Name .....

Disability .....

Date .....

Hospital or Station transferred to for final disposal. } .....

Date of final disposal } .....

How finally disposed of } .....

The original Report is invariably to accompany the discharge documents of invalids.

F/256DT

726029

7989

ORIGINAL

ARMY FORM B. 178.

**To be used (*a*) for recruits enlisting direct into the Regular Army, and (*b*) for men of the Territorial Force when they are admitted to Hospital. Army Form B. 178A to be used for Special Reserve recruits and Special Reservists enlisting into the Regular Army.**

# MEDICAL HISTORY of

*Surname* DAVIO *Christian Name* Howard James.

20 JAN 1917

TABLE I.—GENERAL TABLE.

Birthplace ... Parish Gravenhurst County Ontario.

Examined. ... ... on 20th day of December 191 5, at Minden

Declared Age ... ... 16 years 8 mos. days.

Trade or Occupation ... Farmer

Height ... ... ... 5 feet 5 inches.

Weight ... ... ... lbs.

Chest Measurement — Girth when fully Expanded ... inches. 35

Chest Measurement — Range of Expansion ... inches. 4

Physical Development ...

Vaccination Marks — Arm ... Right Left

Vaccination Marks — Number

When Vaccinated ...

Vision ... ... ... R.E.—V=

L.E.—V=

(*a*) Marks indicating congenital peculiarities or previous disease ... (*a*) Mole over stomach

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

Approved by (*Signature*) J. McCulloch

(*Rank*) Capt.

*Medical Officer.*

Enlisted ... ... ... at Minden on 11th day of December 191 5.

| Joined on Enlistment ... | Corps. | Regtl. No. |
|---|---|---|
| | 20th Bn. C.E.F. | 726029. |
| Transferred to ... ... | | |
| | | |

Became non-effective by

on day of 191 .

(*Signature*)

(*Rank*) Lieut.-Col.

In Charge of Records, Canadian Contingent.

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

Lieut.-Col. In Charge of Records, Canadian Contingent.

Medical History Sheets of all men proceeding overseas, must be signed by the Officer commanding their unit to the Record Office before they leave England.

INVALIDED TO CANADA FOR FURTHER MEDICAL TREATMENT.

HOSPITAL REPRESENTATIVE. ONTARIO MILITARY HOSPITAL, ORPINGTON.

CANADIAN

(B 99129.) W. 15297/M127. 500M. 1/16. J. P. & Co., LTD. Forms B. 178 39

P.T.O.

7989

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

| Name of Hospital | Admitted to Hospital | | | Discharged from Hospital | | | Disease | Number of days in Hospital | Remarks bearing on the c use. In cases of subsequent progres be given in the spe |
|---|---|---|---|---|---|---|---|---|---|
| | Day | Month | Year | Day | Month | Year | | | |
| No.7 Stn. Hosp. Havre | 17 | 10 | 16 | 28 | 10 | 16 | N.Y.D. Influenza | | To duty |
| Ontario Military | 13. | 1 | 17 | ~~10~~ | ~~1~~ | ~~17~~ | G.S.W. Right Knee. | | Wounded D H.E. remo and limita Boarded- |

WHITBY MILITARY HOSPITAL AUG - 1 1917

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

| Number of days in Hospital | Remarks bearing on the cause, nature, or treatment of the case, likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet. | Signature of Medical Officer |
|---|---|---|
| | To duty | A.352-A.364. (DT.) |
| | Wounded Dec 17/16. G Sco. Cf. thigh and knee. H.E. removed - Hoo discharging sinus and limited movement of Right knee. Boarded - Upset 9/17 for Canada. | R.A. Thomas Capt. |

Medical History Sheet posted to here.

7989

**Table III.—Boards; Courts of Inquiry, Vaccination, Inoculations, etc.; Examinations for Field or Foreign Service, Extension, Re-engagement, or Prolongation of Service; Issue of Surgical Appliances; Particulars of Dental Treatment, etc.**

| Date | Brief details, and signature |
|---|---|
| Ontario Military Hospital 11 APR 1917 Orpington, Kent. | E S W R Kme & Chin Invalided to Canada Hudley Williams Lt Col CAMC Pr Med Bd |
| A.D.M.S. CANADIANS, LONDON AREA, 76, STRAND, LONDON, W.C. 17 APR 1917 | Approved:- [signature] Captain C.A.M.C., for A.D.M.S., Canadians, London Area. |

**Table IV.—Service Table.**

| Station or Troopship | Date of arrival or embarkation | Date of departure or disembarkation | Station or Troopship | Date of arrival or embarkation | Date of departure or disembarkation |
|---|---|---|---|---|---|
| | | | | | |

649-D-5003

Report No. 7552 | Class II D.

D

Davis, Howard James
213 Franklin Ave
Toronto Ont

| No. of M. H.C. File | No. of Local File | No. of H. Q. File |
|---|---|---|
| | | |

No. 726029 Rank Pte. Original Unit 109th Present Unit 20th

Age 17 Height 5 ft. 5 ins. Complexion Fair Eyes Blue Hair DBrown Character N.R.

Date of enlistment 12-12-16 Where enlisted Minden, Ont. Where seen service France H.

Ship returned by ~~Araguaya~~ Araguaya. Date of arrival JUN 23 1917 Port of arrival HALIFAX, N.S.

Birthplace Canada mrs walker Religion Methodist

Name and address next of kin Mother, Mrs ~~E Davis~~, above address

Notification of return to be sent to — do —

Cause of disability Suppurating wound in R. leg, Osteomyelitis R. femur G.S.W.

Condition which prevents the soldier from earning a full livelihood

Degree of incapacity (Please state in fractions) Eng. Board Total Canadian Board 30% decreasing.

Probable duration of incapacity 2 months then possibly some slight permanent disability.

Recommendation of Canadian Board Convalescent Home.

Destination to which transportation issued Toronto, Ont.

Members of Board

INFORMATION TO BE FURNISHED BY SOLDIER

| DEPENDENTS | NAME | AGE | WHERE—IF EMPLOYED | WAGES | STATE OF HEALTH |
|---|---|---|---|---|---|
| Wife | Mother | 54 | | | Good |
| Children 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |

Occupation prior to enlistment Farmer

Regular trade or profession do

Average earnings previous to enlistment $1.50 day & all found Any other income

Name and address of last employer D. Wilson, Minden Ont

Rent per month — If purchasing property amount due and annual payment, $ — $ —

Taxes — If Homestead, when is patent due?

If carrying life or accident insurance, annual premium —

If in receipt of sick benefits or other insurance—name of society — Amt. per mo. $ —

~~If unable~~ to follow previous occupation, ~~name preference~~

At what age soldier left school? What grade, standard, &c., was he in?

Has he taken any Technical or Continuation classes, if so what?

Whether given Vocational Training while in Hospital in England. If so, what subjects? } N.A.

References Last empl.

Witness H.S. Byrne

Date QUEBEC 4-7-17.

I declare that the above statement is correct.

Signature J.H. Davis

Recommendation by Interviewer as to classes likely to be of use, and general remarks:

NO

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, $

Transf'd to Unit—Date Transf'd Class 1—Date Transf'd Class 3—Date

PENSION—Class_____Amount per year, $_____Period granted for_____Dating from_____

First payment date_____

Form No. 5c.

CLASS 3—Men having a permanent disability which would not be benefitted by further medical treatment (such disability due to or aggravated by service) and whose cases will immediately be considered by the Pensions Board with a view to pension.

CLASS 2.—Men whose condition may be benefited by further medical treatment or rest in a Convalescent Home, Hospital or Sanatorium. If deemed advisable, in some cases the medical officer in charge of the Convalescent Home, Hospital or Sanatorium may grant these men leave to return to their own homes and families for a definite period.

CLASS 1.—Men for immediate discharge without a pension.
(a) Unfit for overseas service but capable to take up their previous civilian occupation.
(b) Disability not the result of service or involving claim as the result of or aggravation by service.

Form—R. 190 8528-25M-25/10/16.

# *IMPORTANT.*

## DISPOSAL OF ORIGINAL MEDICAL HISTORY SHEETS.

1. Action by Officer i/c Hospital—

(*a*) See that all entries are properly and fully made, and signed.

(*b*) Forward to Hospital to which man is transferred, immediately it is done. If discharged to Unit—to Officer Commanding such Unit.

2. Action by Officer Commanding Unit—

(*a*) On admission of man to Hospital, forward M.H.S. to such Hospital at once.

(*b*) On transfer to another Unit—to Officer Commanding such Unit.

(*c*) On proceeding Overseas—return to Record Office, London, without delay.

(Authority, Army Council Instruction 831, April, 1916.)

817.

# CLINICAL CHART.

*(To be attached to Case Sheet.)*

Army Form B. 181.

Corps 20th Canadian  Military Hospital Ont Military

No. 726029  Rank and Name Davis Pte H. J.  Age 17  Service

Disease Gsw. Rt Leg  Date of admission Jan 13th 17  Date of discharge 11-6-17  Result To Canada

| Dates of Observation | Jan 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Feb 1 | 2 | 3 | 4 | 5 | 6 | May 13 | 14 | 15 | 16 | 17 | 18 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Days of Disease | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Temperature Fahrenheit | Time A.M. P.M. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 107° | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 106° | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 105° | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 104° | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 103° | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 102° | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 101° | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 100° | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 99° | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 98° | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 97° | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Pulse per Minute | 66 | 70 | 80 | 96 | 90 | 98 | 104 | 112 | 132 | 102 | 100 | 108 | 120 | 124 | 112 | 120 | 80 | 116 | 100 | 100 | 88 | 104 | 90 | 100 | 98 | 104 | 48 | 96 | 80 | 96 | 108 | 88 | 120 | 132 | 120 | 132 | 96 | 102 | 100 | 108 | 22/120 | 76 | 84 | 76 | 84 | 76 | 64 | 68 | 72 | 80 |
| Respirations per Minute | 18 | 18 | 18 | 18 | 20 | 22 | 20 | 24 | 24 | 20 | 20 | 22 | 20 | 22 | 22 | 20 | 20 | 24 | 22 | 20 | 18 | 22 | 18 | 18 | 18 | 22 | 16 | 22 | 18 | 16 | 26 | 18 | 28 | 22 | 24 | 22 | 28 | 22 | 24 | 20 | 24 | 20 | 20 | 20 | 20 | 20 | 20 | 18 | 18 | 18 |
| Motions per 24 hours | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

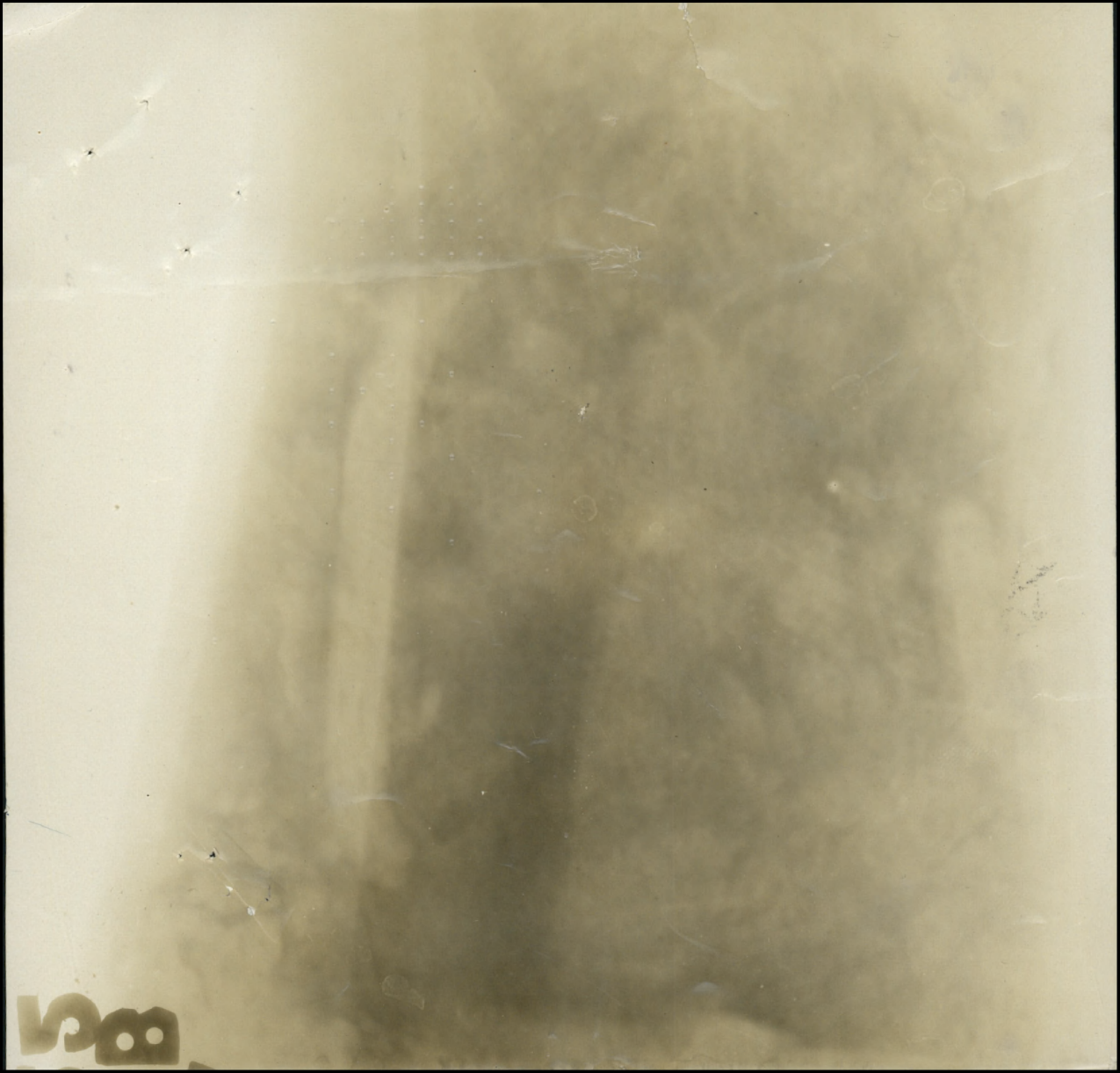
Operation

Ex to Canada

Discontinued

(3253) W7204—1542. 750,000. 8/15. McA. & W. Ltd. Forms/B. 181/3.

Signature W E Forbes-No.  In charge of case.



Ontario Military Hospital.

Plate NoB 22. Ward /

Name.... Davio.H.J.Pte.
Reg No... 726029.
Unit..... 20th.Bn.C.E.F.
Part..... Rt.Thigh.
Date..... March.26th.1916.
Report.... Area of Necrosis of the Femur on the Medial side extending from 1" above the knee joint for about 3".

338

M. F. W. 41
1 0M—7-16
1772-39 889

Name Pte. H. J. Davis (213 Franklin Ave) Do 222

Regimental No. 726029

Unit 109th Bw.

Date of enlistment

Place of "

Married (yes or no) Yes - pd to 31/7/17

Amount of pay assigned monthly $ 15.00 "

To whom payable Mrs. Eliz. Walker
Minden Ontario

Name and address of next-of-kin Toronto
Box 1164 Lindsay Ont
Whitby
E
F.F.

Date and place discharged Sept 30/17 - Class IV

Reason for discharge O.C. letter Sept. 12/17

Character on discharge Do 257

Job 5351—M. & D. 6880.

| Date From | Date To | PAY No. of Days | PAY Rate | PAY Amount | Field Allowance No. of Days | Field Allowance Rate | Field Allowance Amount | Other Credits | Total Credits | Voucher No. | Voucher Date | Cash Payments | Assigned Pay | Other Charges | Total Debits | Remarks, Casualties, etc. |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1917 | | | | | | | | | | | | | | | | |
| 1 July | Aug. 31 | 62 | 1 - | 62 - | 62 | 10 | 6 20 | 15 33 | | 27333 | | 25 - | Mailed | | | |
| | | | | | | | | 20 - | 103 53 | 28237 | | | 35 - | | | |
| | | | | | | | | Dr. Bal. | 10 00 | 30164 | | 43 53 | | | 113 53 | Mailed APL |
| | | | | | | | | | | 27950 | | 10 00 | | | | |
| 1 Sept | 30 | 30 | 1 - | 30 - | 30 | 10 | 3 - | 20 - | | 31803 | | | 35 - | 10 - | | Out Aug. 15 Do 229 |
| | | | | | | | | 28 20 | | 31804 | | 49 00 | | | | Out July 8 Do 193 |
| | | | | | | | | 8 - | 89 20 | | | | | | 89 20 | In " 16 Do 200 |
| | | | | | | | | 4 80 | 94 00 | | | | | | 94 - | SPL |

M. F. W. 41
1 0M — -16
1772-39 889.

Name.....

Regimental No.

Unit

Date of enlistment

Place of "

Married (yes or no)

Amount of pay assigned monthly $

To whom payable

Name and address of next-of-kin

Date and place discharged

Reason for discharge

Character on discharge

| Date | | PAY | | | Field Allowance | | | Other Credits | Total Credits | Voucher | | Cash Payments | Assigned Pay | Other Charges | Total Debits | Remarks, Casualties, etc. |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| From | To | No. of Days | Rate | Amount | No. of Days | Rate | Amount | | | No. | Date | | | | | |
| | | | | | | | | | | | | | | | | |

1 - 3 - 16

L. L. Job 88773—M. & D. 6195.

MILITIA AND DEFENCE

M. F. W. 11.
20m.—11-15.
H. Q. 1772-39-818.

# SEPARATION ALLOWANCE

30

Name Mrs Elizabeth Walker

Address Minden Ont

Relation to Soldier wife, child or mother } Mother

Name of Soldier Davis, James

Regtl. No. 726029

Rank Pte.

Corps 109th Batt

To what Corps belonging when called out }

## PAYMENTS

| Month | Year | Cheque No. | Amt. | REMARKS |
|---|---|---|---|---|
| | | | | 04315 · A32 |
| Aug. | 1914 | | | |
| Sept. | | | | |
| Oct. | | | | |
| Nov. | | | | |
| Dec. | | | | |
| Jan. | 1915 | | | |
| Feb. | | | | |
| March | | | | |
| Apl. | | | | |
| May | | | | |
| June | | | | |
| July | | | | |
| Aug. | | | | |
| Sept. | | | | |
| Oct. | | | | |
| Nov. | | | | |
| Dec. | | | | |
| Jan. | 1916 | | | |
| Feb. | | | | |
| March | | | | |

COPIED FOR 5 CASUALTIES.

ACCOUNT CLOSED
DATE..... PER.....

MILITIA AND DEFENCE

# SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

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

Sheet No. 2. Mrs Elizabeth Walker Mother Pte Name of Soldier Davis, James

PAYMENTS. 72 6029

L. L. Job 89002.—Req. 6213.

| Month. | Year. | Cheque No. | Amt. | Remarks. |
|---|---|---|---|---|
| April | 1916 | ~~M3482~~ M3728 | ~~40~~ 40 | 40 M.3482 Canc. |
| May | | J7111 | 20 | 20 |
| June | | J6830 | 20 | 20 |
| July | | Y10934 | 20 | 20 |
| Aug. | | Z12266 | 20 | 20 |
| Sept. | | Z17223 | 20 | 20 |
| Oct. | | Z20390 | 20 | 20 |
| Nov. | | a24627 | 20 | 20 |
| Dec. | | A27897 | 20 | 20 |
| Jan. | 1917 | Y31145 | 20 | 20 |
| Feb. | | Y33834 | 20 | 20 |
| March | | Z36686 | 20 | 20 |
| April | | S662 | 20 | 20 |
| May | | S4214 | 20 300 | 20 |
| June | | V7204 | 20 | 20 |
| July | | U9816 | 20 | 20 |
| Aug. | | | ~~20~~ | ~~20~~ |
| Sept. | | | $340.00 | |
| Oct. | | | | |
| Nov. | | | | |
| Dec. | | | | |
| Jan. | 1918 | | | |
| Feb. | | | | |
| March | | | | |
| April | | | | |
| May | | | | |
| June | | | | |
| July | | | | |

A/c Closed

Ret'd per Araguay

Date 11-6-17 F. X 23/7/17

Clerk L.C

ACCOUNT CLOSED

DATE ..... PER W

MILITIA AND DEFENCE

# SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier.....

## PAYMENTS.

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

# POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

30518/D2609

4315-H-4.

Name Davis, Howard James
Surname Christian Name

Regimental Number 726029 Rank Pte.

Address (in full) Minden, Ont.

Unit 29th Bn. & 20th Bn.

Original Unit 109th Bn.

District where paid M.D.2.

Date of Discharge 30-9-17.

P. D. P. Filing Number 9-119-2.

Rates:—Regimental pay $ 1.00 per diem: Field Allowance $ ~~.10~~ per diem. Separation Allowance $ 20.00 per month.

L. L. 22573—M. & D. 8009.

| 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 | | |
| 160 10 | 1806 | 27-10-17 | 53 00 | 1790 | 27-11-17 | 53 00 | 1771 | 27-12-17 | 54 10 | | 160 10 |

M. F. W. 127.
60M—6 17.
1772 39-1140.

Remarks:

Amended 18/6/19 - [illegible]

Dec'n No 30518/60 W. S. G. File No. 04315-11-39.

Award 122 days at $ 70.00 per ~~day~~ mon. $ 400.00

S. A. ..... months at $ ... per mo. $ ..... $ 160.10

Less P, D. P. Credited $ 239.90

Less further debit balance $ nil

Net due paid as below 239.90

TO SOLDIER DEPENDENT

| | O | Ag | [illegible] | Amount | | Ch No | Amount | |
|---|---|---|---|---|---|---|---|---|
| 19.5.19 | 1 | 5286 | 456737 | 70 00 | C.O. 906 | 495502 | 120 00 | 15/7/19. |
| 26/6/19 | | a.c.O 22241 | 476538 | 49.90 | | | | |
| | | | | 119 10. | Total | | | |

GEN'L AUDITOR
Posting checked by
C B B [illegible]
Date 24-6-19

10 Clifford St.
Toronto
Ont.

Mrs. Elizabeth Walker
(mother)

same address.

M. F. W. 41
10 M.—5-16.
1772-39-889.

971

Name Davis. H. J. Pte

Regimental No. 726029

Unit 109 Batt

Date of enlistment

Place of "SA. 20.00 Fr 1 3/16 to 31 7/17

Married (yes or no) No (mother)

Amount of pay assigned monthly $ 15.00 Fr 1 8/16 to 31 7/17

To whom payable Elizabeth Walker
Mindon out

~~Name and~~ address ~~of next-of-kin~~

213 Franklin Ave Toronto. ont.

Date and place discharged Disch M.D #2 30 9/17 L.P.C fyled

Reason for discharge Class II

Character on discharge

Araguaya 23/6/17 HQ. 649-II-5003.

Job 2376. M. & D. 6692.

| Date From | Date To | PAY No. of Days | PAY Rate | PAY Amount | Field Allowance No. of Days | Field Allowance Rate | Field Allowance Amount | Other Credits | Total Credits | Voucher No. | Voucher Date | Cash Payments | Assigned Pay | Other Charges | Total Debits | Remarks, Casualties, etc. |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 29 4/17 | | | | | | | 52 13 | | | | | | | | Eng L.P.C |
| 30 4/17 | 30 6/17 | 62 | 1.00 | 62 00 | 62 | 10 | 6 20 | | | | | | | 60 00 | | ~~D D~~ Que |
| | | | | | | | | | | | | | | 45 00 | | AP. May June July |
| | | | | | | | | | 120 33 | | | Bal Cr | | 15 33 | 120 33 | Fr 1 7/17 "D" limit |

Pensioned
B.P.C. 15232. fr. 1.10.17. $96.00

PDP 10.10.17 [illegible]

E. AP. 30 4/17

Name.....

Regimental No.

Unit

Date of enlistment

Place of "

Married (yes or no)

Amount of pay assigned monthly $

To whom payable

Name and address of next-of-kin

Date and place discharged

Reason for discharge

Character on discharge

| Date | | PAY | | | Field Allowance | | | Other Credits | Total Credits | Voucher | | Cash Payments | Assigned Pay | Other Charges | Total Debits | Remarks, Casualties, etc. |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| From | To | No. of Days | Rate | Amount | No. of Days | Rate | Amount | | | No. | Date | | | | | |

L-[illegible] Job 310—M. & D. 6574.

MILITIA AND DEFENCE

# ASSIGNED PAY

OVERSEAS CONTINGENTS

M. F. W. 12.
50m.—4-16.
H. Q. 1772-39-819.

To Whom Elizabeth Walker

Address Minden, Ont

By Whom Assigned Davis James

Regtl. No. 726029

Rank Pte

Corps 109th Batt. D Coy

Rate 15.00 AUG 1 1916

## PAYMENTS

| Month | Year | Cheque No. | Amt. | REMARKS |
|---|---|---|---|---|
| Aug. | 1914 | | | |
| Sept. | | | | |
| Oct. | | | | |
| Nov. | | | | |
| Dec. | | | | |
| Jan. | 1915 | | | |
| Feb. | | | | |
| March | | | | |
| April | | | | |
| May | | | | |
| June | | | | |
| July | | | | |
| Aug. | | | | |
| Sept. | | | | |
| Oct. | | | | |
| Nov. | | | | |
| Dec. | | | | |
| Jan. | 1916 | | | |
| Feb. | | | | a/c closed. |
| March | | | | |

CONSOLIDATED 2 ACCOUNT

COPIED FOR 0 CASUALTIES.

MILITIA AND DEFENCE

# ASSIGNED PAY

OVERSEAS CONTINGENTS

PAYMENTS.

M. F. W. 12a.
50m.—4-16.
1772—39—819.

Sheet No. 2. Elizabeth Walker

L. L. Job 310.—Req. 6574.

Name of Soldier Davis James H

726029 D'Coy Pte 109th Batt

15.00

AUG 1 1916

| Month. | Year. | Cheque No. | Amt. | Remarks. |
|---|---|---|---|---|
| April | 1916 | | | |
| May | | | | |
| June | | | | |
| July | | | | |
| Aug. | | V 15314 | 15 | |
| Sept. | | F 17142 | 15 | |
| Oct. | | F 21537 | 15 | |
| Nov. | | N 24799 | 15 | |
| Dec. | | J 33934 | 15 | |
| Jan. | 1917 | M 37604 | 15 | |
| Feb. | | M 43473 | 15 | 15 P. |
| March | | N 50254 | 15 | 15 E |
| April | | B 1584 | 15 | 15 C |
| May | | J 7613 | 15 | |
| June | | D13996 ~~D13995~~ | ~~15~~ 15 | 15 Br D13995 Can. [illegible] |
| July | | O 21536 | 15 | B. |
| Aug. | | | 15 | C |
| Sept. | | | | |
| Oct. | | | 180.00 | A/c Closed 31-7-17. |
| Nov. | | | | Ret'd per Araguaya |
| Dec. | | | | Date 11.6.17 F. X 23.7.17. |
| Jan. | 1918 | | | Clerk [illegible] |
| Feb. | | | | |
| March | | | | |
| April | | | | |
| May | | | | |
| June | | | | |
| July | | | | |

Total Paid $180.00 J.L.

MILITIA AND DEFENCE

# ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier.....

## PAYMENTS.

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

L. [illegible] JCB. 85506 M. & D. 5997.

14-10-15

M. F. W. 11. 10m.—[illegible]15. H. [illegible] 1772-[illegible]

435

MILITIA AND DEFENCE

# SEPARATION ALLOWANCE

Name Elizabeth Davis

Address 279 Weston Rd
Toronto
Ont

Relation to Soldier wife, child or mother } Wife

Name of Soldier Davis Jas. H.

Regtl. No.

Rank Pte

Corps 2nd Can. Pioneers

To what Corps belonging when called out }

## PAYMENTS

| Month | Year | Cheque No. | Amt. | REMARKS |
|---|---|---|---|---|
| Aug. | 1914 | | | ACCOUNT CLOSED DATE MAR 2 1916 PER ✓ |
| Sept. | | | | |
| Oct. | | | | |
| Nov. | | | | |
| Dec. | | | | |
| Jan | 1915 | | | |
| Feb. | | | | |
| March | | | | |
| Apl. | | | | |
| May | | | | |
| June | | | | |
| July | | | | |
| Aug. | | | | |
| Sept. | | | | |
| Oct. | | 07674 | 11 | 11 |
| Nov. | | M 10571 | 20 | 20 (E 23082 Cancelled) |
| Dec. | | ~~E 23082~~ | ~~20~~ | 20 Discharged 5/12/15 (pmt 2/1/16) |
| Jan. | 1916 | | | Soldier's Letter 30/11/15. |
| Feb. | | F 29917 | 3.00 | ~~3.00 due to [illegible]~~ ✓ |
| March | | | | |

MARRIED OR SINGLE: Single

PLACE OF BIRTH: Gravenhurst Ont.

NAME AND ADDRESS OF NEXT OF KIN: Elizabeth Davis Minden Ont.

RELATIONSHIP OF NEXT OF KIN: Mother

NAME AND ADDRESS OF NEXT OF KIN:

RELATIONSHIP OF NEXT OF KIN:

SEPARATION ALLOWANCE MONTHLY $ EFFECTIVE (DATE)

PAYABLE TO

RELATIONSHIP OF DEPENDANT

**CASUALTIES, PROMOTIONS, &c.**

| PARTICULARS | EFFECTIVE DATE | AUTHORITY |
|---|---|---|
| | | |

**ADMISSIONS TO HOSPITAL, &c.**

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

REG'L. NO. 726029 RANK Pte NAME Davis Howard James

IF IN PERMT. CORPS WHAT UNIT | UNIT 109th Bn

PERMANENT FORCE ALLOWANCES

PLACE OF ATTESTATION Minden

DATE OF ATTESTATION Dec. 11th 1916

TRANSFERRED TO 20th Bn DATE 5/10/16 AUTHORITY D.O. 279

TRANSFERRED TO C.C.A.C. DATE 16/1/17 AUTHORITY Ch B 250 16/1/17

TRANSFERRED TO Pay 2L DATE 29/4/17 AUTHORITY Op. 18 a/9 27/4/17

TRANSFERRED TO Dft 16 DATE 30.4.17 AUTHORITY

JAN 19 1918

ASSIGNED PAY MONTHLY $ 15.00 DATE EFFECTIVE Aug 1 - 1916

PAYABLE TO Mrs Elizabeth Walker, Minden Ont. RELATIONSHIP Mother

ASSIGNED PAY MONTHLY $ DATE EFFECTIVE

PAYABLE TO RELATIONSHIP

STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) 30/4/17 EFFECTIVE 8wk 1/5/17 REASON Dis to Canada

DISCHARGE DATE AND PLACE Canada 29/4/17 REASON AND AUTHORITY Op. 18 a/9 27/4/17

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE) Posted on I.E. Card Index KR Invalided

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE) Checked by A.T.M.C.E. CJV

| DATE | PAY No. OF DAYS | PAY RATE | PAY AMOUNT $ | PAY AMOUNT C. | FIELD ALLOWANCE No. OF DAYS | FIELD ALLOWANCE RATE | FIELD ALLOWANCE AMOUNT $ | FIELD ALLOWANCE AMOUNT C. | WORKING OR SPECIAL PAY No. OF DAYS | WORKING OR SPECIAL PAY RATE | WORKING OR SPECIAL PAY AMOUNT $ | WORKING OR SPECIAL PAY AMOUNT C. | ASSIGNED PAY CREDITS | OTHER CREDITS | TOTAL CREDITS | ACQUITTANCE ROLLS 1 No. | 1 Date | 2 No. | 2 Date | 3 No. | 3 Date | 4 No. | 4 Date | CASH PAYMENTS 1 | 2 | 3 | 4 | ASSIGNED PAY | OTHER CHARGES | TOTAL DEBITS | BALANCE CREDIT | BALANCE DEBIT | PAY WITHHELD OR DEFERRED | PAY AVAILABLE FOR ISSUE | REMARKS |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| July 31 | | | | | | | | | | | | | | | 1 70 | | | | | | | | | Bal from Canada | | | | | | | 1 70 | | | | Bal from Can |
| Aug 31 | 31 | 1 00 | 31 | | 31 | 10 | 3 10 | | | | | | 3 | | 34 10 | 29 | 9-8-16 | | | | | | | .974 | | | | 15 | | 24 74 | 11 06 | | | | |
| Sept 30 | 30 | | 30 | | | | 3 | | | | | | | | 33 | 60 | 31-8-16 | 91 | 15/9/16 | | | | | .730 | .730 | | | 15 | | 29 60 | 14 46 | | | | |
| Oct 1-5 | 5 | | 5 | | | | 50 | | | | | | | | 5 50 | | | | | | | | | | | | | 15 | | 15 | 4 96 | | | | D.O. 27 from 20th Bn 5/10/16 |
| 6/31 | 26 | 1. | 26 | | 26 | 10 | 2 60 | | | | | | | | 28 60 | | | 121 | 31/10/16 | | | | | .487 | | | | | | 6 87 | 4 87 | 28 69 | | | |
| Nov 30 | 30 | 1. | 30 | | 30 | 10 | 3 | | | | | | | | 33 | | | 829 | 31/10/16 | | | | | .697 | | | | 15 | 20 | 22 17 | 39 52 | | | | D.H. 005 - H 121 |
| Dec. 31 | 31 | 1. | 31 | | 31 | 10 | 3 10 | | | | | | | | 34 10 | | | 24/6 | 3/12 | | | | | .261 | | | | | | | | | | | |
| | | | 15 30 | | | | 15 30 | | | | | | | | 170 00 | | | 3 | 26/11 | | | | | .1103 | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | 742 | 26/11 | | | | | .262 | | | | | | 31 56 | 42 06 | | 76 | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 17 94 | | | | | |
| Jan. 1/16 | 15 | 1 10 | 16 | 50 | | | | | | | | | | | 16 50 | | | | | | | | | | | | | 15 | | 15 00 | 4 356 | | | | Trans. C.C.A.C. 16/1/17 Ch B 250 |
| 16. 31/1/17 | 16 | | 17 | 60 | | | | | | | | | | | 17 60 | | | | | | | | | | | | | | | | 61 16 | | ✓ 61 16 | | |
| 28/2/17 | 28 | | 30 | 80 | | | | | | | | | | | 30 80 | | | | | | | | | | | | | 15 | | 15 - | 76 96 | | | | |
| 31/3/17 | 31 | 1 10 | 34 | 10 | | | | | | | | | | | 34 10 | | | 48-7-17 | 7/1 | | | | | .243 | | | | 15 | | 17 43 | 93 63 | | | | |
| April 28 | 28 | | 30 | 80 | | | | | | | | | | | 30 80 | | | | | | | | | | | | | 15 | | 15 | 109 43 | | | | To Pay 2L 29/4/17 To Op 18 a/9 27/4/17 |
| | | | 298 | 10 | | | | | | | | | | 1 70 | 299 80 | | | | | | | | | 17 04 | 7 30 | 30 83 | | 135 | 20 | 190 37 | | | | | |

Checked ..... G.S.W. Mims

726029 Pte Davis Howard James

| Date | Pay No. of Days | Pay Rate | Pay Amount $ | Pay Amount C. | Field Allowance No. of Days | Field Allowance Rate | Field Allowance Amount $ | Field Allowance Amount C. | Working or Special Pay No. of Days | Working or Special Pay Rate | Working or Special Pay Amount $ | Working or Special Pay Amount C. | Assigned Pay Credits | Other Credits | Total Credits | Acquittance Rolls 1 No. | Acquittance Rolls 1 Date | Acquittance Rolls 2 No. | Acquittance Rolls 2 Date | Acquittance Rolls 3 No. | Acquittance Rolls 3 Date | Acquittance Rolls 4 No. | Acquittance Rolls 4 Date | Cash Payments 1 | Cash Payments 2 | Cash Payments 3 | Cash Payments 4 | Assigned Pay | Other Charges | Total Debits | Balance Credit | Balance Debit | Pay Withheld or Deferred | Pay Available for Issue | Remarks |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | 298 | 10 | | | | | | | | | | 1 70 | 2 299 80 | | | | | | | | | 17 04 | 7 30 | 30 83 | | 135 | 20 | 190 37 | 109 43 | | | | |
| Apr 29 | 1 | 1.10 | 1 | 10 | | | | | | | | | | | 1 10 | | | | | 911<br>1321<br>257 | 21/2<br>21/3<br>20/4 | | | | | .487<br>.486<br>.4867 * | | | | 5840 | 52 13 ✓ | | | | * Ent from A A P B |

| MONTH | PART[illegible] | [illegible] | DR. 1 | CR. 2 | PARTICULARS | DR. 1 | DR. 2 | DR. 3 | DR. 4 | BALANCE | DEFER-RED PAY | SEP. ALLCE. ENG. |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Oct/17 | Bal fo | | | | | | | | | 52 13 | | |

Balance transferred to Canadian Liability a/c

Balance transferred to N. E. Branch Nil.

A3M. FORM REN^D. 30 4/17 EFFEC. 1 4/17
DISCHARGED TO Can. DATE 29 4/17
PAYBOOK VERIFIED 30 4/17
Cr BAL. 52.13 L.P.C. REN^D. 30 4/17
AUTHY. Op 18 9/9 27.4.17
Invalid Ind

Checked [illegible]

129 D 15 Mrd

Date of Enlistment

MILITIA AND DEFENCE

# Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Date of Assignment

Aug 1/16

RATE OF SEPARATION ALLOWANCE

| | | | |
|---|---|---|---|
| | | | |

RATE OF ASSIGNMENT

| | | | |
|---|---|---|---|
| 15 | | | |

PARTICULARS OF SEPARATION ALLOWANCE

No. 726029

Rank Pte Promoted Reverted Discharge

Soldier's Name James H. Davis

Battalion 109 Battn. ("D" Coy.)

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name Elizabeth Walker

Address Minden. Ont.

Change of Address

1

2

3

4

| Date 1917 | Cheque No. | Amount S/A | Amount A/P | Total | REMARKS |
|---|---|---|---|---|---|
| July 31 | | | 180 | 180 | Account closed 31.7.17. Rec'd. Avaguay 11.6.17 F X 23.7.17. |

M. F. W. 128
400M.—6-17—1772-39-1141
L. L. 22320—M. & D. 7993.

Date of Enlistment

MILITIA AND DEFENCE

# Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Date of Assignment

RATE OF SEPARATION ALLOWANCE

| | | | |
|---|---|---|---|
| | | | |

RATE OF ASSIGNMENT

| | | | |
|---|---|---|---|
| | | | |

## PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank Promoted Reverted Discharge

Soldier's Name

Battalion

Beneficiary

Relationship

Address

## PARTICULARS OF ASSIGNMENT

Name

Address

Change of Address

1

2

3

4

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

M. F. W. 128
400M.—6-17—1772-39-1141
L. L. 22320—M. & D. 7993.