

9588 D

Enlisted 20/3/16

MAR 20 1916

ATTESTATION PAPER.

No. 72 of 114

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

ORIGINAL

Folio.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- 1. What is your surname?..... *Davis*
- 1a. What are your Christian names?..... *Morley*
- 1b. What is your present address?..... *Halburton*
- 2. In what Town, Township or Parish, and in what Country were you born?..... *Township of Dysart, County of Halburton*
- 3. What is the name of your next-of-kin?..... *William Davis*
- 4. What is the address of your next-of-kin?..... *Rd. Halburton Ont. Canada*
- 4a. What is the relationship of your next-of-kin?..... *Father*
- 5. What is the date of your birth?..... *May 24th 1895*
- 6. What is your Trade or Calling?..... *Submarine 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?..... *yes* *H. I. Regiment "5" Co.*
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, *Morley Davis*, do solemnly declare that the above are answers made by me to the above questions and that they are true, and that I am willing to fulfil the engagements by me now made, and I hereby engage and agree to serve in the Canadian Over-Seas Expeditionary Force, and to be attached to any arm of the service therein, for the term of one year, or during the war now existing between Great Britain and Germany should that war last longer than one year, and for six months after the termination of that war provided His Majesty should so long require my services, or until legally discharged.

Morley Davis (Signature of Recruit)

Date *March 20* 1916. *S. N. Potts* (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

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

Morley Davis (Signature of Recruit)

Date *March 20* 1916. *S. N. Potts* (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 *Halburton* this *20th* day of *March* 1916

S. N. Potts (Signature of Justice)

Description of Marley Davis on Enlistment.

Apparent Age.....26 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.....5 ft. 2 ins.

Chest measurement. (Girth when fully expanded.....34 1/2 ins.
Range of expansion.....36 1/2 ins.)

Scar on right wrist
Scar on right Shin

Complexion.....Fair

Eyes.....blue

Hair.....light brown

Religious denominations. (Church of England.....
Presbyterian.....
Methodist.....X
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.....March 20th 1916

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.

.....Marley 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.

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

Date.....MAR 20 1916.....1916

ATTESTATION PAPER

No. 219751

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

Folio.

QUESTIONS TO BE PUT BEFORE ATTESTATION

(ANSWERS)

- 1. What is your name?..... *Morley Davis*
- 2. In what Town, Township or Parish, and in what Country were you born?..... *Haliburton Ontario*
- 3. What is the name of your next-of-kin?..... *Mother Sarah Davis*
- 4. What is the address of your next-of-kin?..... *Manuk Ontario*
- 5. What is the date of your birth?..... *May 24 1895*
- 6. What is your Trade or Calling?..... *Gasoline Engineer*
- 7. Are you married?..... *no*
- 8. Are you willing to be vaccinated or re-vaccinated?..... *yes* *no* *no*
- 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*

Morley Davis.....(Signature of Man.)
R. Anderson.....(Signature of Witness.)

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *Morley Davis*, do solemnly declare that the above answers made by me to the above questions 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.

Date *September 16* 1915. *Morley Davis*.....(Signature of Recruit)
R. Anderson.....(Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

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

Date *September 16* 1915. *Morley Davis*.....(Signature of Recruit)
R. Anderson.....(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 *Dundee* this *16* day of *Sept* 1915.

[Signature].....(Signature of Justice)
[Signature].....(Approving Officer)

Description of Morley Davis on Enlistment.

Apparent Age 20 years 3 months.
 (To be determined according to the instructions given in the Regulations for Army Medical Services.)

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

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

Height 5 ft. 3 ins.

Scar on right wrist

Chest measurement: (Girth when fully expanded) 37 ins.
 Range of expansion 3 ins.

Complexion Fair

Eyes Blue

Hair Brown

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

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 September 14 1915.

J. McCulloch

Place Russday

Lieut
 Medical Officer.

*Insert here "fit" or "unfit."

NOTE.—Should the Medical Officer consider the Recruit unfit, he will fill in the foregoing Certificate only in the case of those who have been attested, and will briefly state below the cause of unfitness:—

CERTIFICATE OF OFFICER COMMANDING UNIT.

Morley 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.

W. G. Hatcher (Signature of Officer)
 COLONEL

Date OCT 6 1915 . O. C. 80th Battalion, C.E.F.

80th Battalion, C.E.F.
ATTESTATION PAPER.

9588
Original
No. 219751

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

Folio.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your name? *Morley Davis*
 2. In what Town, Township or Parish, and in what Country were you born? *Haliburton Ontario*
 3. What is the name of your next-of-kin? *Mother Pearl Davis*
 4. What is the address of your next-of-kin? *Manoth Ontario*
 5. What is the date of your birth? *May 24 1895*
 6. What is your Trade or Calling? *Engineer (Gasline)*
 7. Are you married? *No*
 8. Are you willing to be vaccinated or re-vaccinated? *and inoculated M.D. 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*
- Morley Davis* (Signature of Man.)
R.A. Anderson (Signature of Witness.)

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *Morley Davis*, do solemnly declare that the above answers made by me to the above questions 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.

Morley Davis (Signature of Recruit)
Date *September 16 1915* *R.A. Anderson* (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

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

Morley Davis (Signature of Recruit)
Date *September 16 1915* *R.A. Anderson* (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 *Hudsonay* this *16* day of *September* 1915.

[Signature] (Signature of Justice)

I certify that the above is a true copy of the Attestation of the above-named Recruit.

[Signature] (Approving Officer)

9588

Description of Monley Davis on Enlistment.

Apparent Age 20 years 7 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

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

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

Height 5 ft. 3 ins.

Chest measurement { Girth when fully expanded 37 ins.
Range of expansion 3 ins.

Complexion Fair

Eyes Blue

Hair Brown

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

Scar on right wrist

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 September 14 1915

Place London

J McCulloch
Recruit
Medical Officer.

*Insert here "fit" or "unfit."

NOTE.—Should the Medical Officer consider the Recruit unfit, he will fill in the foregoing Certificate only in the case of those who have been attested, and will briefly state below the cause of unfitness:—

CERTIFICATE OF OFFICER COMMANDING UNIT.

Monley 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.

W. G. H. Johnson (Signature of Officer)
COLONEL

O. C. 80th Battalion, C.E.F.

Date OCT 6 1915

(H)

DISCHARGE DOCUMENTS

R. O. No.

H. Q. No.

- S** Proceedings of Court of Inquiry or on men reported Missing on Active Service.....
- Attestation Papers.....
- Declaration of change of name.....
- Authority for special enlistments.....
- Documents of re-enlisted men.....
- Regimental Conduct Sheet.....
- Compulsory Stoppages.....
- Casualty Forms.....
- Proceedings on discharge.....
- Corps History Sheet.....
- Date and No. of Deposit Receipt for Purchase Money and Amount.....
- Parchment Certificate.....
- Medical Report for Invalids.....
- Medical History Sheet.....
- Proceedings of Regt. Court Martial.....
- Copies of Convictions by Civil Power.....
- Company Conduct Sheet.....
- Clothing Transfer Certificate.....
- Inventory of Kit.....
- Last Pay Certificate.....

2nd Enlistment

JO

Name *KARIS Morley*
 2nd Lt. 704/57
 1st Lt. 9/4/57
 Regt. No. *7th Batt.* Rank *Pt.*
 Corps *Med. Dept.* # 2 Spec. Ser. Co.
1st

06022

Services no longer Required 2nd.

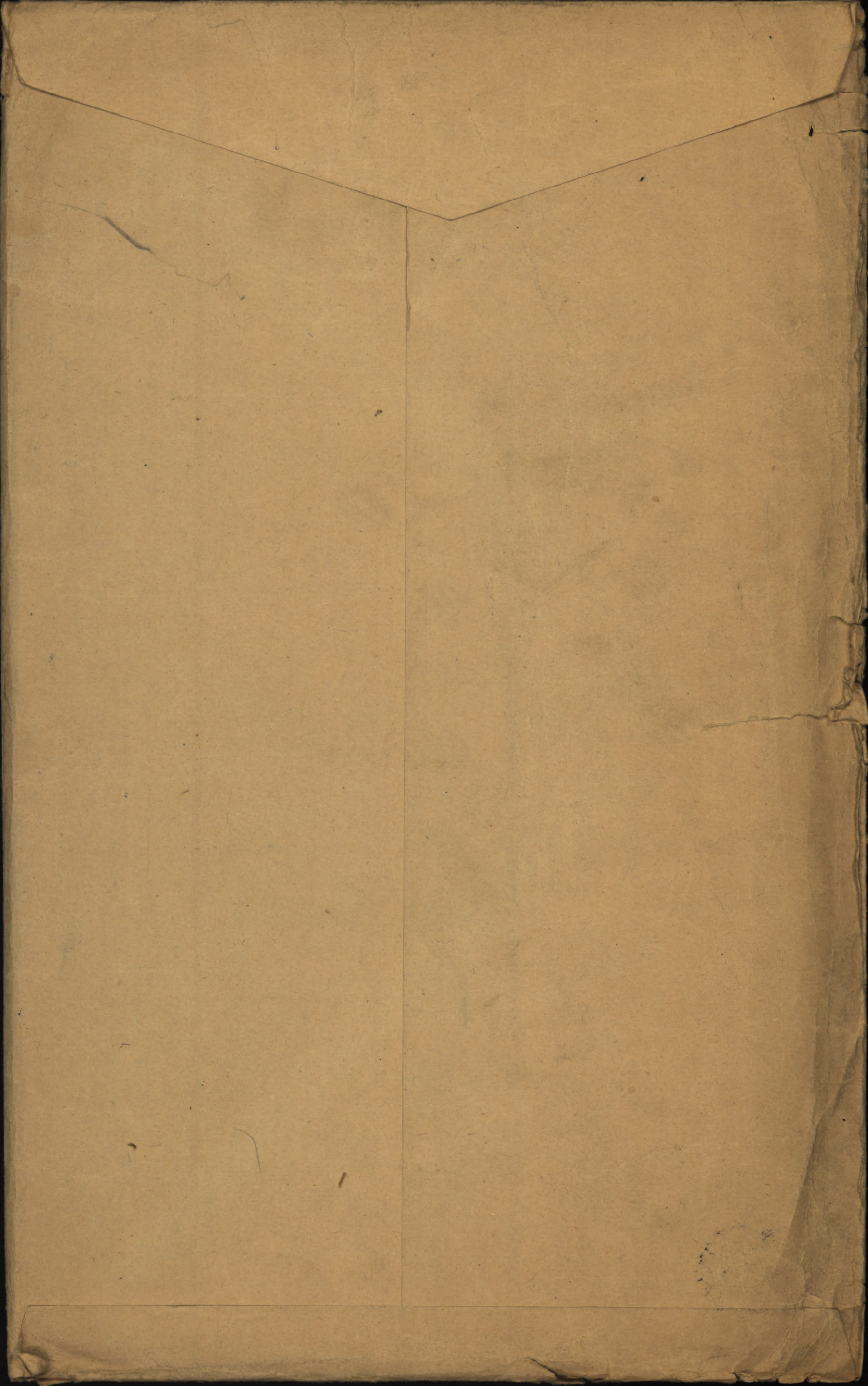
R. O. No.

F-CC
 R4 D-6045-1
 a. F. B. 122-1
 Dent Cert-1
 misc. 2
 M. F. B. 218-2
 a. F. B. 268-1
 R. O. No. 1257-1

(H)

404281

5-124
19-14
27-15-
3



ORIGINAL
724114
9588

MEDICAL HISTORY SHEET ORIGINAL

Surname Davis Christian Name Morley

Examined { on 20 day of March 1916
at Haliburton
Birthplace { City or Township of Deser
County Haliburton

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

Apparent age 21
Trade or occupation Gasoline Engineer
Height 5 Feet 3 Inches. M.O.
Weight 138 Lbs. M.O.
Chest measurement { Minimum 34 1/2 inches. M.O.
Maximum expansion 36 1/2 inches. M.O.
Physical development Good. M.O.
Small-Pox Marks none M.O.

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT,
		<u>17 MAY 1917</u>

Vaccination Marks { Arm Right none Left none
Number
When Vaccinated last 20/3/16 20.3.16 good J. McCulloch M.O.
(a) Marks indicating congenital peculiarities or previous disease none M.O.

Date	Result	VACCINATIONS.
<u>20.3.16</u>	<u>good</u>	<u>J. McCulloch</u> M.O.

(b) Slight defects but not sufficient to cause rejection none
Enlisted on 20 day of March 1916 at Haliburton

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>26.4.16</u>	<u>good</u>	<u>J. McCulloch</u> M.O.
<u>4.5.16</u>	<u>"</u>	<u>J. McCulloch</u> M.O.
<u>12.5.16</u>	<u>"</u>	<u>J. McCulloch</u> M.O.
<u>22.9.16</u>	<u>"</u>	<u>H. Boyd</u> <u>do</u>

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>109th Bn. C.E.F.</u>	<u>724114</u>		<u>20.3.16</u>
Transferred to..	<u>21st Bn</u>			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
<u>Kwisshin</u>	<u>Dec 11/17</u>	<u>Arthritis neuritis Congenital shortening of R. leg.</u>	<u>fit Captain</u>

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

REG. FOLIO
 FALSE DOCKET
8

CANADIAN

9588

DEPARTMENT OF MILITARY MEDICINE
SEP 18 1916
HOSPITAL

Christian Name *Marley*

Surname *Davis*

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				
No.5 Can. Fld; Amb. Div. Rest Station.		29	10	16	30	10	16	Otitis Media		A 374- A 374. KT	
No.4 Can. Fld. Amb.		30	10	16	2	11	16	P.U.O.	Discharged to duty	A 384.	
Fort Pitt Military Hosp. Chatham		12	4	17	13	4	17	French Fever.	2	Transferred to "Mount" & a. Drained	
The Mount Hosp! Faversham V.A.D. Kent 140		13	4	17	27	4	17	French fever	14	Pains on admission. Discharged well. Temperature normal	
Fort Pitt Military Hosp. Chatham		27	4	17	7	5	17	Sciatica		Transferred to Uxbridge.	
Can. Gen. Hosp. Wellington N. Uxbridge.											
Canadian Red Cross Special Hospital BUXTON, DERBY.		19	5	17	6	4	17	Neuritis.	48	Has had Sciatic trouble since childhood. To France Sept. 1916. March 1917 took sick with pains in legs, back, all joints. Evac. to England to Faversham, finally to Buxton. On admission, walked lame, & complained of pains in legs, ankles & all joints. Movements somewhat limited. No apparent lesion of Rt. knee & Shldr. Heart, lungs OK. Treatment. W.M. Balthus. 25/5/17 Has been observed walking well when on street. Pres cond: Feeling good. Pains vary according to weather conditions. Dis. from Hosp. Category 131.	Major G. M. B.

Duplicate original history posted to here. A 384.
Lt. Colonel
Officer in Charge Military Hospital, Chatham
Charles J. Evans
Major G. M. B.

9588

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

PROCEEDINGS OF MEDICAL BOARD AT DISCHARGE DEPOT.

Number, Rank, Name, Name & Corps of disabled Soldier:-

724114 P6. Davis M. 20th Bu.

Previous civilian occupation:- Engineer

Is he able to resume previous civilian occupation:-

yes

Cause of disability:- None appreciable

Condition, in detail, which prevents the Soldier from earning a full livelihood:-

Complete loss of pain all through the body. Heart & lungs negative. Nothing definite can be found on the examination.

OPINION OF THE BOARD

Degree of incapacity - (please state in fractions)

None appreciable

Disability due to Service:-

nil

Probable duration of incapacity:-

Not applicable

Does it render him permanently unfit for Military Service:-

No

Would operation, special treatment or the use of appliances etc., lessen incapacity:-

Recommendation of Medical Board:-

that he be retained in service

Station:- Halifax, N.S.

S. J. Wadsworth President

Class:- #

B 7

H. B. Schmitt Member

Date

Sept 25/1917

G. M. J. Ford Member

APPROVED

Date

25-9-1917

Asst. Director Medical Services.

Date

APPROVED

Director General Medical Services.

Gowland D.G.M.S.

B. P. C. FOLIO
FALSE DOCKET

3
20/17
100

325-11.1

016212 11/17

FORM TO BE USED IN THE MEDICAL BOARD AT DISCHARGE BOARD

ASSISTANT SURGEON GENERAL AT DISCHARGE BOARD

Name, Rank, Name & Corps of Discharged Soldier:-

14

136-12

Previous civilian occupation:-

Is he able to resume previous civilian occupation:-

Grade of disability:-

Condition, in detail, which prevents the Soldier from earning a full livelihood:-

OPINION OF THE BOARD

Degree of incapacity - (Specify date in fractions)

Disability due to Service:-

Probable duration of incapacity:-

Does he render any valuable service for Military Service:-

What operation, special treatment or the use of appliances etc., lessen disability:-

Recommendation of Medical Board:-

Station:- Hospital, U.S. Army

Class:-

Date

APPROVED

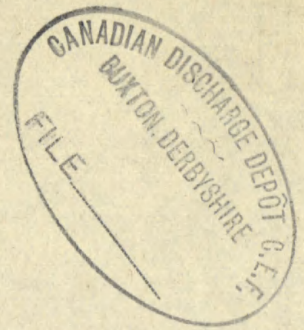
Date

Asst. Director Medical Services.

Date

Director General Medical Services.

9588



No 424114
Pte Davis W.
20 Batt.

DENTAL CERTIFICATE.

The following Certificates will
be attached to the Medical History Sheets of all
Other Ranks being returned to Canada for disposal.

Date of Examination.	Present Dental Condition.	In case of loss or decay of teeth. Is the loss due to wounds, injury or disease directly attributed to Active Service?	Has he ever declined Dental Treatment.	Recommendation.
20. 8. 17	Dentally Fit.			

R James
Caplade

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.

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

.....

(2) Regimental Number 724114

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

.....

(4) Place of Birth..... Haliburton, Ont. Canada

.....

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

(6) If married, state,

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

..... Box 505

(b) Present Postal Address..... Lindsay, Ont., Canada

.....

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

(8) Have you any children?..... —

..... —

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 Davis - Haliburton Ont. Canada

(10) Is your Mother alive? No

If so, state name and address _____

(11) If your Mother is a widow _____

Are you her sole support, or not? _____

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

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

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

No

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.
Officer Commanding.
C. C. 109th Overseas Battalion, C. E. F.

FORM OF WILL.

I, Marley Davis (Name in full)
Regimental Number 724114 serving in 109th OVERSEAS BN., C.E.F.

of the Canadian Expeditionary Force, do hereby revoke all former Wills by me made and declare this to be my last Will.

I bequeath all my real estate unto

Matilda Davis
Box # 505
Lindsay, Ont. Can. } Name and Address
of person or
persons to whom
it is to go.

absolutely, and my personal estate I bequeath to

Matilda Davis
Box # 505
Lindsay, Ont. Canada } Name and Address
of person or
persons to receive
personal estate*
(See note).

**IMPORTANT
NOTE**
This must be Signed
and Dated by
THE SOLDIER
HIMSELF.

this 13 day of July A. D. 1916

Marley Davis Signature of Soldier.

*N.B.—Personal estate includes pay, effects, money in bank, insurance policy, in fact everything except real estate.

Signed and acknowledged by the Testator as and for his last Will in the presence of us both present at the same time, who in his presence, at his request, and in the presence of each other have hereunto subscribed our names as Witnesses.

**THE TWO
WITNESSES
MUST
SIGN HERE**

Signature of First Witness J. B. Russell

Address of Witness 42 Daly Ave. Ottawa

Occupation of Witness Boat-keeper

Signature of Second Witness Walter E. Arden

Address of Witness 136 Baywater Avenue Ottawa

Occupation of Witness Clerk

FORM OF WILL

I, *Charles D. [illegible]*
do hereby declare that I am of sound mind and memory
and am capable of making a will and of understanding the contents thereof

and I do hereby declare that I am not under any duress, coercion, fraud, or undue influence
of any person, and that I am making this will of my own free will and of my own accord

and I do hereby declare that I am not making this will in contemplation of death
and I do hereby declare that I am not making this will in fraud of any person
and I do hereby declare that I am not making this will in violation of any law

and I do hereby declare that I am not making this will in violation of any public policy
and I do hereby declare that I am not making this will in violation of any moral law

and I do hereby declare that I am not making this will in violation of any religious law
and I do hereby declare that I am not making this will in violation of any natural law

and I do hereby declare that I am not making this will in violation of any divine law
and I do hereby declare that I am not making this will in violation of any human law

9588

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 Cms Name Morley Surname Davis
Unit of Corps #3.8 S Coy (If a soldier) Regtl. No. 724114
Born at Haliburton Ont on, (date) May 24th 1895
Signature (for identification) Morley Davis

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

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

Weight 166 lbs. Colour of eyes blue
Height 5 ft. 4 in. Identification Marks ml

DEPT. MILITIA & DEFENCE
FEB 18 1918
649-D-9302
CANADA

2. NUTRITION AND DIATHESIS?

good

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?

yes mania for 8 mo

4. RESPIRATORY SYSTEM? Is there a history of lung trouble?

no

5. HEART?

Abnormal Sounds? no
Abnormal Size? no
Pulse Rate? 78 Intermittence or Irregularity? no Muscular Tone? good

6. ARTERIES.—(a) Any hardening or nodulation? no

(b) Blood Pressure.

7. DIGESTIVE SYSTEM? (Condition of teeth and tonsils to be included).

good.

8. GENITO-URINARY SYSTEM?

Urinalysis—S.G.? 1020 Reaction? acid Albumen? nil Sugar? nil

9. SKIN, MIDDLE EAR, EYE or any other part?

no shift deafness left ear.
(specimens report attached)
D. D. S.—NIL

10. Is there any evidence of impairment of health or physical condition not mentioned above? If so, describe.

congenital strabismus of R. eye.
X Ray report: negative

11. Opinion as to the health and physical condition of the one examined?

fair

Examined at Ford Henry Signed A B Early Capt RMC M. O.
Date Dec 7/17 Signed Alvan Capt RMC M. O.
Morley Davis

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

P. C. FOLIO
Signature note of Soldier.
FALSE DOCKET
4

Medical Examination upon leaving the Service
of an Officer in for general service or a Soldier for duty

The Officer leaving the service upon being found unfit for general service or the Soldier leaving the service upon being found otherwise than fit for duty by a Medical Board, is not to be reported on this form.

Rank: *Major* Name: *James H. [unclear]*
 Left Service: *1918* Date of Birth: *1888*
 Service No.: *100000000* Signature for Identification: *[Signature]*

The examination is to be made by the Medical Officer
 1. PHYSIQUE - any disability, including or including: H. or L. eye
 Weight: *150* Color of eyes: *Blue*
 Height: *5' 8"* Identification Mark: *[unclear]*

2. NUTRITION AND DENTISTRY

The attending physician and the dental examination is to be made on the basis of the facts indicated below: H. or L. eye

3. NERVOUS SYSTEM - is there history of previous attacks?

4. RESPIRATORY SYSTEM - is there history of lung trouble?

5. HEART
 Abdominal sounds: *[unclear]*
 Abdominal wall: *[unclear]*
 Pulse rate: *[unclear]* Intensity of heartbeats: *[unclear]*

6. LIVER - is there tenderness, enlargement?
 in blood, urine

7. URINARY SYSTEM - condition of testis and vesicle to be included

8. CENTRO-BRANIAL SYSTEM
 Reflexes: *[unclear]* *[unclear]* *[unclear]* *[unclear]*

9. SKIN - is there any disease of any other part?
[unclear]

10. IS THERE ANY OTHER DISEASE?
[unclear]

11. IS THERE ANY OTHER DISEASE?
[unclear]

12. IS THERE ANY OTHER DISEASE?
[unclear]

It is the duty of the Medical Officer to report on the physical condition of the Officer or Soldier in the form of a Medical Certificate for general service or a Soldier for duty.

33202
663

DEPARTMENT OF MILITIA AND DEFENCE

FILE No. _____
RECEIVED
FEB 8 1919
PAYMASTER
MILITARY DISTRICT No. 2
OTTAWA, CANADA.

WAR SERVICE GRATUITY.

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 *Marley*..... 2. Surname *Davis*.....
3. Rank *Pte.*..... 4. Original Unit *4th C.T.M.* 5. Reg. No. *724.114*
6. Address, in full, to which future payments of gratuity are to be forwarded
6. Oda St. St. Catharines Ont.
7. Date of enlistment in the C.E.F. *18 March 1915*.....
8. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge *Matilda Davis*.....
9. Relationship of such dependent *Wife*.....
10. Address, in full, of such dependent *6. Oda St. St. Catharines Ontario*.....
11. Is said dependent now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? *no*.....
12. Were you at any time on the strength for pay and allowances of a unit of the C.E.F. which was out of Canada or the United States when such pay and allowances were issuable? If so, give particulars of one such unit and dates of service overseas with such unit:—
4th C. Mortar Coy. - July 20th 1915.
12 Feb 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? *no*.....
14. Were you on active service only in Canada or the United States? If so, give particulars of unit and dates of such service
not applicable.....
15. Give total length of time which you served on active service, whether in Canada or Overseas, setting out particulars of units on whose strength you served *18 March 1915.*
San. Trench Motor Coy. -
12th Feb 1918.....
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.

Enlisted in the Eightieth Batt Aug 12th 1915
Discharged 3rd of Oct 1915

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 month. Paymaster M D # 2

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

12 Feb 1918 (b) Reason for discharge

Physical unfit

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

Oct 3, 1916 Trench mortar
France 13 April 1917

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:

Morley Davis

Place of Residence:

6 Ida Street, St Catharines

Declared before me at:

This 6 day of February 1919

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

Spinningham
Commissioner

POST DISCHARGE PAY.

Date paid.	Paid Soldier	Paid Dependent	War Service Gratuity	Net amount due
No Record P.D.P. Toronto				

Certified Correct.

District Paymaster.

FOR PAYMASTER, MILITARY DISTRICT No. 2

9588 J.W.G.

D 243

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

M. F. W. 54.
1502a, 10-15.
H.Q. 1772-50-925.

Casualty Form—Active Service.

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

Regimental No. 24114 Rank Private Name Davis Morley

Enlisted (a) 20.3.16 Terms of Service (a) D of W. Service reckons from (a) 20.3.16

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

Extended _____ Re-engaged _____ Qualification (b) Gasoline Engineer.

CERTIFIED CORRECT.

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				
			<u>Halifax</u>	<u>24.7.16</u>	
			<u>Liverpool</u>	<u>31.7.16</u>	
<p>Transferred for Overseas Service with <u>20th</u> Batt'n <u>OCT 5 1916</u></p> <p style="text-align: right;">D.O. Pt All No. <u>279</u> 109th Overseas Battalion, C. E. F.</p>					
<u>6/10/16</u>	<u>C B Dep</u>	<u>Arrd & taken on strength</u>	<u>20th Bn</u>	<u>6/10/16</u>	<u>NR Pt 2 O'rs 55d11/10/16</u>
<u>do</u>	<u>do</u>	<u>Left for</u>	<u>do</u>	<u>20/10/16</u>	<u>5th</u>
<u>27/10/16</u>	<u>20th Bn</u>	<u>Arrived</u>	<u>do</u>	<u>23/10/16</u>	<u>Adjutant</u>
<u>4/11/16</u>	<u>5 Can F A</u>	<u>Otitis Media</u>	<u>adm trsf'd 5 Can F A D R S</u>	<u>29/10/16</u>	<u>A36 DCS 247d16/11.</u>
<u>4/11/16</u>	<u>4th CFA</u>	<u>PUO</u>	<u>adm disc 4th CFA To duty</u>	<u>30/10/16</u>	<u>ADJUTANT.</u>
<u>7/1/17</u>	<u>C B Dep</u>	<u>Classified TB from ADMS</u>	<u>C B Dep</u>	<u>7/1/17</u>	<u>109TH BATTALION CAN. INFANTRY.</u>
<u>12/1/17</u>	<u>20th Bn</u>	<u>Evacuated to Perm Base</u>		<u>3/1/17</u>	<u>A36 DCS 250 28/11/16</u>
<u>22-12-16</u>	<u>do</u>	<u>Att for duty 4th T.M. Batty Fld</u>		<u>2/11/16</u>	<u>do do do</u>
<u>18-1-17</u>	<u>C.B. Dep</u>	<u>Left for A. 4th Bde T.M.</u>		<u>7/1/17</u>	<u>N.R.</u>
<u>10-2-17</u>	<u>20th Bn</u>	<u>Reg. T. M. Batty from Perm Base Fld.</u>		<u>15-12-16</u>	<u>B213 Pt 2 O'rs 10d3-2-17.</u>
<u>25-3-17</u>	<u>2. C.F.A</u>	<u>Softening adm 14217 Fld. C.F.S.</u>		<u>3/1/17</u>	<u>B213.</u>
<u>1-4-17</u>	<u>1 Can Gyn</u>	<u>French fever</u>	<u>adm 1 Can Gyn</u>	<u>19-3-17</u>	<u>A36. DCS 284d11-417.</u>

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

9588

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				
11-4-17?	1 Cdn Gen.	Inv (Sick) & posted to Ont. Regl Dep. Shorncliffe	1st Central HSCambria	11-4-17	W3083(1723) Pt. 2 O'rs 30D/19-4-17.
					<i>W. Hogan</i> Captain. for Major D.A.A.C.
26-4-17	1st C.D.R.D.	T.O.S. in posting from 20th Bn.	W. Sandling	12-2-17	Pt 50. 48 <i>Lt. J. Maturin</i> Capt for Colonel i/c Records, Comd.
18.8.17	Records	Atth 1st C.D. Buxton	W. Sandling	18.8.17	Pt 51 D 0162 <i>J. Watton</i> Lieut. & Assist. Adjt. for O. C. Lt C. C. D.
20 AUG 1917		TAKEN ON STRENGTH C.D.D, BUXTON Pt.		11 ORDER No. 196	<i>J. J. Earl</i> Capt Commanding Canadian Discharge Depot. Lt. Col.
13 SEP 1917		EMBARKED FOR CANADA FROM LIVERPOOL			<i>J. J. Earl</i> Capt Commanding Canadian Discharge Depot. Lt. Col.

MILITIA AND DEFENCE
ASSIGNED PAY
OVERSEAS CONTINGENTS

To Whom *Mrs Matilda Davis* ^{*Wife*} By Whom Assigned *Davis M.*
Address *Lindsay*
(Box 205) Regtl. No. *124 114*
Rank *Pte*
Corps *109th Batt. D Coy*
Rate *15-0-0.* **AUG 1 1916** ^{*Ont*}

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				



0 1201
SIRTS
11/11/11
11/11/11
11/11/11

POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

33202/663 29

Name Davis, Morley
Surname Christian Name

4317-M-1.

Regimental Number 724114 Rank Pte.

Address (in full) Box 505,
Lindsay, Ont.

Unit # 3 S.S. Co.

Original Unit

District where paid M.D.3.

Date of Discharge 12-2-18.

P. D. P. Filing Number 12-80-3.

Rates:—Regimental pay \$ 1.00 per diem: Field Allowance \$.10 per diem. Separation Allowance \$ _____ 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		
100 10	1585	12-3-18	33 00	1553	12-4-18	34 10				33 00	67 10

Remarks:

M. F. W. 127.
 50M-617.
 1973-39-1140.

MILITIA AND DEFENCE
ASSIGNED PAY

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

OVERSEAS CONTINGENTS

Sheet No. 2.

Mrs Matilda Davis Wife

Name of Soldier

Davis M
724114 "Lévy" Plé 109th Batt

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

PAYMENTS.

Month.	Year.	Cheque No.	Amt.	Remarks.
				<i>15-00</i>
				AUG 1 1916
April	1916			<i>Unpaid \$15 for Sept & Oct. Received by CP HQ 649-D-9302. Letter file 64317-M-19. 26/11/17 JCS 12/12/17.</i>
May				
June				
July				
Aug.		<i>815316</i>	<i>15</i>	
Sept.		<i>717188</i>	<i>15</i>	
Oct.		<i>7 21588</i>	<i>15</i>	
Nov.		<i>7 24849</i>	<i>15</i>	
Dec.		<i>33980</i>	<i>15</i>	
Jan.	1917	<i>37664</i>	<i>15</i>	
Feb.		<i>M 43535</i>	<i>15</i>	<i>15P.</i>
March		<i>N 50286</i>	<i>15</i>	<i>15.8.</i>
April		<i>21616</i>	<i>15</i>	<i>156</i>
May		<i>81645</i>	<i>15</i>	
June		<i>D 14027</i>	<i>15</i>	<i>15 BN</i>
July		<i>0 21567</i>	<i>15</i>	<i>B.</i>
Aug.		<i>J. 28621</i>	<i>15</i>	<i>6</i>
Sept.		<i>S 35486</i>	<i>15</i>	<i>Lu</i>
Oct.		<i>F 41061</i>	<i>15</i>	
Nov.		<i>W 54874</i>	<i>15</i>	
Dec.				<i>Cancelled</i>
Jan.	1918			<i>Ret'd per 31/10/17</i>
Feb.				<i>\$225, Ret'd per 8/2/17</i>
March				<i>Date 13/9/17 F. X 8/10/17</i>
April				<i>Clerk... H. Meredith</i>
May				
June				
July				

cm

See

225

Cancelled
Ret'd per 31/10/17
\$225, Ret'd per 8/2/17
Date 13/9/17 F. X 8/10/17
Clerk... H. Meredith

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

PAYMENTS.

Name of Soldier _____

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

7-7-16

MILITIA AND DEFENCE

M. F. W. 11.

50m.—6-16.

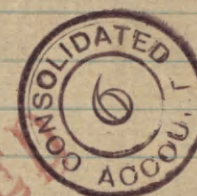
H. Q. 177-39-813.

SEPARATION ALLOWANCE

Name *Mrs. Matilda Davis,* Name of Soldier *Davis, Morley*
 Address *Box # 505,* Regtl. No. *724114*
Lindsay, Ont. Rank *Pte.*
 Corps *109th Batts.*
 Relation to Soldier } *wife* To what Corps belonging }
 wife, child or mother } when called out }

PAYMENTS

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



ACCOUNT CLOSED
 DATE..... PER.....
W-

SEPARATION ALLOWANCE

MILITIA AND DEFENCE

OVERSEAS CONTINGENTS
PAYMENTS.

Name of Soldier

David, Mervin, Mervin

Sheet No. 2.
L. L. Job 310-Req. 6374.

Month.

Year.

Cheque No.

Amt.

Remarks.

April

1916

May

June

July

Aug.

Sept.

Oct.

Nov.

Dec.

Jan.

1917

R 25064 116

116

\$28585 20

20

Feb.

\$31691 90

20

March

534820 20

20

April

8690 20

20

May

54241 80

20

Y. / 2231

4734 20

20

July

114900 20

20

Aug.

17520 20

20

Sept.

21515 20

20

Nov.

24532 20

20

Dec.

1918

Jan.

March

April

May

June

July

ACCOUNT CLOSED

Date 1919/17. F. X. 8/11/17

Ret'd per *Wimpship 82.64*

A/c Closed 8/11/17

\$316

3.24532 balance

copy

PC-WRITE

no 119845 card 8/11/17

responda sheets in connection

MILITIA AND DEFENCE
SEPARATION ALLOWANCE
 OVERSEAS CONTINGENTS
 PAYMENTS.

Sheet No. 2 (Contd.)

PAYMENTS.

Name of Soldier

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

REG. NO. NAME *Davis M.* 9588
(SURNAME FIRST)

RANK *Pte.* CORPS *109 Batt.*

AGE *20.* SERVICE

NAME OF HOSPITAL *Military (Queen M.)* PLACE *Kingston.*

DATE OF ADMISSION *15.6.16.*

DISEASE *Syphilis*

DISCHARGE *29.6.16.*

OPERATION

DISCHARGED TO DUTY *yes.*

TRANSFERRED TO

DISCHARGED BY MEDICAL BOARD

NAME

*Davis, M.
Pte.*

RANK AND CORPS

CABLE

No.

DATE

20th Bn.
NATURE OF CASUALTY

REG'T L NO 724114

H. Q. FILE NO. 649-

FOLLOWS

No.

FOLLOWS

LIST No

HOSPITAL

DATE OF ADMISSION

REMARKS

A374 #5 Can. Hd. Amb. 29-10-16 Otitis media

A374⁽¹⁾ Div. Rest Station 30-10-16 " " " "

A384 #4 Can. Hd. Amb. 30-10-16 P. W. O.

A384 Discharged to Duty 2-11-16 " " " "

A486⁽²⁾ #2 Can. Hd. Amb. 18-3-17 influenza

A486⁽²⁾ Can. Rest Station 19-3-17 " " " "

B325- Gent. Mil. Fort Pitt 13-4-17 trench fever

B409. to Can. Hd. x Spee ^{Chatham} 21-5-17 " " "

B409. Discharged 6-7-17 " " "

No. 724114 RANK *Pte*

NAME *Davis. M.*

T. O. S.

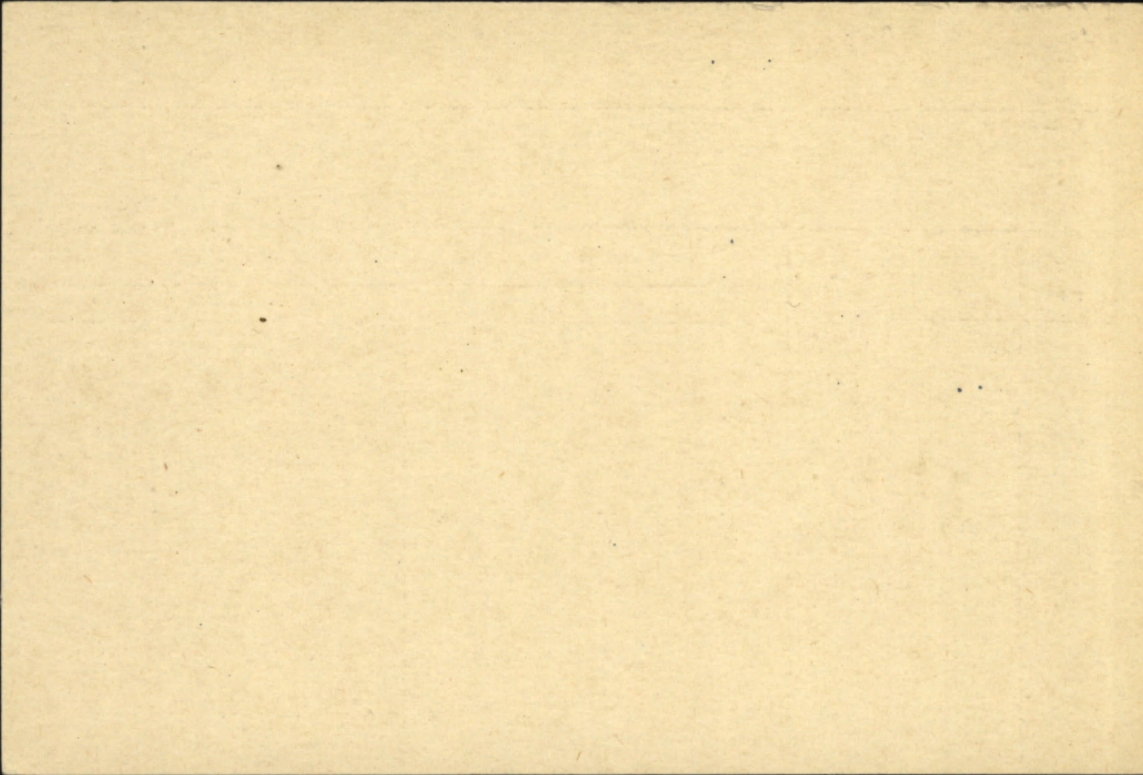
UNIT *Special Service Battalion*

*Transferred from Casualties 1-11-17
#0287427-11-17*

#3 Albany

M. D. *3*

PAID		SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
FROM	TO		PARTICULARS	AUTHORITY
<i>1917 Nov. 1</i>	<i>1917 Dec.</i>	<i>u</i>		
<i>1918 Jan.</i>	<i>1918 Feb-12</i>	<i>u</i>	<i>Feb. 12-2-18 - Pul</i>	<i>#048.</i>
<i>Declosed by payment S.</i>				



No. 724114. RANK

Pte

NAME

Davis M.

T. O. S. 20-3-16

UNIT

109th. Battalion

D.O. 106.23-3-16

M. D. 13

			PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
PAID FROM	PAID TO	SIG. OR REC'T	PARTICULARS	AUTHORITY
1916 Mar 20	1916 Mar 31	✓		
	April.	✓		
	May.	✓		
	June.	✓		
	July.	✓		

UNIT SAILED

JUL 23 1916



9588

Name DAVIS.Morley. Rank Pte.

Reg. No.724114

Unit 20th.Battalion.

Next of Kin Canada.

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
29-10-16	No.5 Can.F.Amb.	Otitis Media.		A374.		
30-10	Div.Rest Station	do.		A374.		
30-10	No.4 Can.F.Amb.	P.U.O.& Otitis Med.		A384		
2-11	Discharged to Duty.	do.		A384		
18-3-17	No.2 C. F. A.	Influenza.		A486		
19-3	Can. Rest Stat.	do.		A486		
13-4	Gen.M.H.Fort Pitt, Chatham.	Tr.Fever.		B325		
21-5	Can.R.C.S.H.Buxton.	do		B409		
6-7	Discharged.	do		B409		

No. 219757. RANK

Pte

NAME Davis Marley.

T. O. S. 14-9-15
508614-9-15

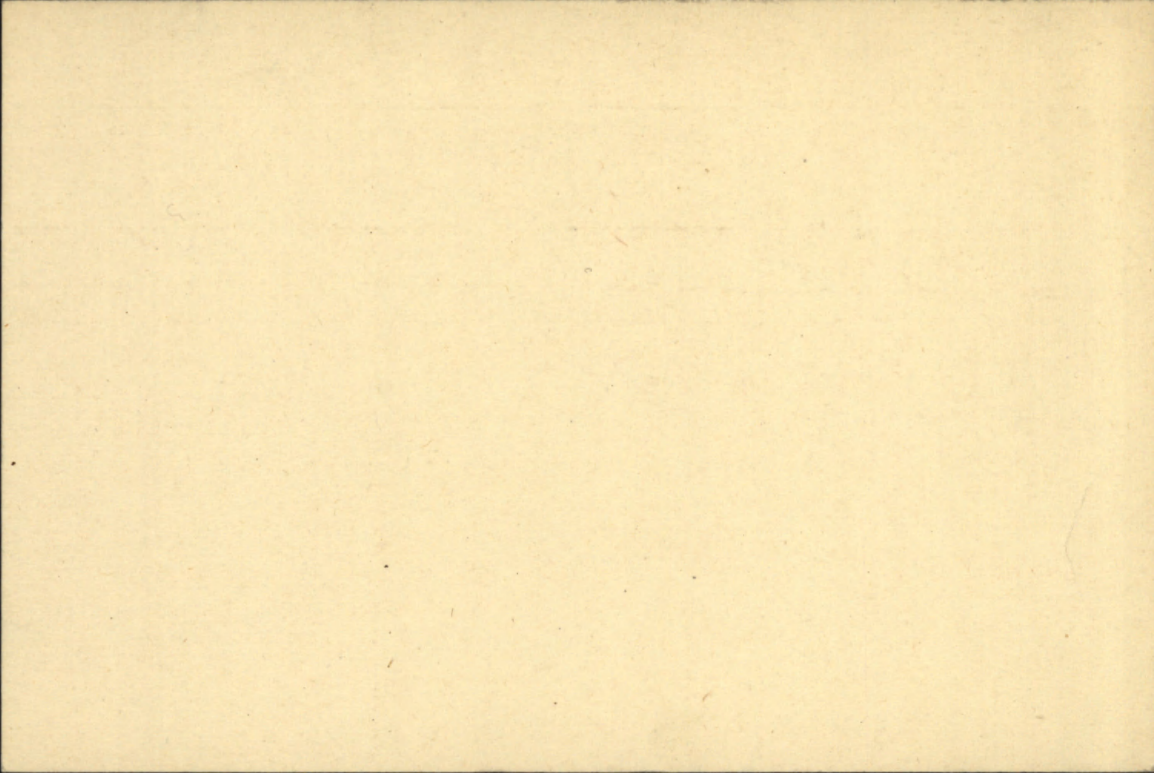
UNIT 45th Victoria Regt
O.S. Cont

M. D. 3

			PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
PAID FROM	PAID TO	SIG. OR REC'T	PARTICULARS	AUTHORITY
1916 Sept 14	1915 Sept 28	✓	Transfd to 80th Br. 28-9-15	2092 28-9-15
Sept. 29	Sept. 30	✓	Chambers 80th Br paylist	
Nov. 1	Nov 5	✓	Dischgd (M.H.) 5-11-15.	D. O. 54. 5-11-15.

UNIT SAILED
MAY 16 1916

a/c closed by payment C.



mus
km

Number 724114 Rank Pte

Surname DAVIS

Christian Name Morley

Units 20 Bn C Inf Theatre of War France

Date of Service 6.10.16

Remarks

Latest Address Col 505

Lendsey Onb

Roll No.

B. Page 22072.

200m. - 2-21.M.

B

REGT. NO. RANK NAME
UNIT AGE SERIAL NO. IN A. AND D.
TOTAL SERVICE WHERE DATE AND PLACE OF ORIGIN
AND HOW LONG
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

DEPT. SEP 22 1925
REGN. No. / 6344

9588

Surname *Harris* Christian Name or Names *M.* Reg. No. *724,114*
 Rank *Pfc.* Unit *20th.* Co. *Batt'n.* Troop Batty.
 Hospital *# 5 Can. Field Ambul.* Date of Admission *29.10.16.*
 Transferred *Div. Rest Station.* Hosp. *30.10.16.*
no 4 Can. F. Amb. Hosp. *30-10-16*
no 2 Can. Fld. Amb Hosp. *18. 3. 17*
Can. Rest. Str. Hosp. *19. 3. 17*

Diagnosis *Otitis Media*
 (1) *P.V.O.*
 Later Diagnosis (if changed) *(Influenza^{sw})*
 (2)
 (3)
 Additional Diagnosis: if more than one state present *French Fever B*

DISPOSITION

Disc. to Duty, 2-11-16 Date

62. 21-11-16 A 374 (1)(2)
" 2-12-16 Q 334
" 17. 4. 17 7486.
24. 7. 17 B 325
~~*13-8-17 B 409*~~

Disc 6-7-17
 REMARKS

9588

EPITOME OF HOSPITAL TREATMENT.

Central Mil Hospital Fort Pitt Chatham
1. Can Red Spel, Buxton

Adm.
13. 4. 17
2125-47

2.

3.

4.

5.

6.

7.

This space to be for Numbers.

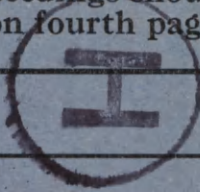
9588

77-12-40

6/4/45

Proceedings on Discharge.

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



No. <i>219751</i>	
Rank <i>Private</i>	
Name <i>Morley Davis</i> <small>NOTE.—The name must agree strictly with that on enlistment unless changed subsequently by authority.</small>	
Corps (Squadron, Battery or Company) 80th "OVERSEAS" BATTALION, C. E. F.	
Date of Discharge <i>5/11/18</i>	
Place of Discharge <i>Barriefield Camp</i>	
1. DESCRIPTION AT THE TIME OF DISCHARGE.	
Age <i>20</i> years <i>3</i> months.	Descriptive Marks. <i>Scar on right wrist.</i>
Height <i>5</i> feet <i>3</i> inches.	
Complexion <i>Fair</i>	
Eyes <i>Blue</i>	
Hair <i>Brown</i>	
Trade <i>Engineer (Gasoline)</i>	
Intended place of residence. } <i>Ramsay</i> (To be given as fully as practicable.) } <i>Out</i>	
2. The above-named man is discharged in consequence of <i>being medically unfit.</i>	
<small>N.B.—The causes 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>	
<small>To be in the handwriting of the Commanding Officer, who will himself make identical entries on the character certificate and initial them.</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 soldier 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.) <i>Engineer (Gasoline)</i>

*be advised
EB
19.7.16.*

List of Discharge Documents.

<p>Reg. Conduct Sheet, Militia Form B. 263.</p> <p>Squadron } Battery } Conduct Sheet, " B. 263a. Company }</p> <p>Copies of Convictions, by C. P. in MS.</p> <p>Med. Hist. Sheet, Militia Form B. 313.</p> <p>Medical Report for Invalid* " B. 227.</p> <p>Settlement of Man's Account on Transfer and Last Pay Cer- tificate, " D. 877.</p> <p>*Only if discharged "Medically unfit."</p>	<p>Attestation Paper, Militia Form B. 235.</p> <p>Proceedings on Discharge, " B. 218.</p> <hr/> <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="padding-left: 40px;">(a) Proceedings on Discharge.</p> <p style="padding-left: 40px;">(b) Attestation.</p> <p style="padding-left: 40px;">(c) Medical History Sheet (in the event of such having been prepared.)</p>
---	---

N.B. In the case of a man discharged by purchase, the date and number of Deposit Receipt with amount of same is to be noted hereon.

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

None

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

6. Medals and Decorations.....

None

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) *Barriefield Camp*

(Date) *5/11/15*

W G Ketcheson Lt. Colonel
O.C. 80th OVERSEAS BATTALION, C.E.F.
Commanding

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

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

(Place) *Barriefield Camp* *Morley Davis* (Signature of Soldier.)

(Date) *5/11/15* *W G Ketcheson* (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.

Morley Davis (Signature of Soldier.)

10. Statement of Service.

Service toward Engagement to..... (the date to which the Record of Service is completed)..... years *4* days.

Total..... years *4* days.

11. Confirmation of Discharge.

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

(Place) *Barriefield Camp*

(Date) *5/11/15*

(Signature) *W G Ketcheson* Lt. Colonel
O.C. 80th OVERSEAS BATTALION, C.E.F.

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.)

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Aug 4/16

*129815
mad*

9-7-16

RATE OF SEPARATION ALLOWANCE

#	1/12/17		
20	25		

703257

RATE OF ASSIGNMENT

#			
20			

PARTICULARS OF SEPARATION ALLOWANCE

No. 724114

Rank pte Promoted Reverted Discharge

Soldier's Name M. Davis

Battalion 109th Batta "W" Co.

Beneficiary Mrs Matilda Davis

Relationship wife

Address

PARTICULARS OF ASSIGNMENT

Name Matilda Davis *wife*

Address Lindsay Cmt (Box 505)

Change of Address

1

2

3

4

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

<u>1917</u>					
<u>Oct 31</u>		<u>316</u>	<u>225</u>	<u>541</u>	
<u>Nov & Dec</u>	<u>52939 E</u>	<u>40</u>	<u>x x</u>	<u>40</u>	<i>by mailed 17/17</i>
<u>Jan</u>	<u>Q 70515</u>	<u>30</u>		<u>30</u>	<i>A. Paid to 31/10/17 and a/c closed 31-10-17</i>
<u>Feb</u>		<u>25</u>		<u>25</u>	<i>Ret'd Per Ips. 5261 13-9-17 P.X. 8-11-17.</i>

Reopen SA acct only and continue payments until further advised as per Pro L. 26-11-17

XQ 649-W-9302 on file

04317-M-19. Mr. Peterkin

14-12-17

Acct closed 14/2/18 and paid to 31/1/18

© to D issued

Paymaster Paying

From 1-2-18

To M.D.#3

A STENCIL
HAS BEEN MADE
FOR THIS ACCOUNT

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

--	--	--	--

PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

No.

Name

Rank

Promoted

Reverted

Discharge

Address

Soldier's Name

Change of Address

Battalion

1

Beneficiary

2

Relationship

3

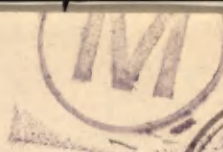
Address

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. 1883.

9588



27-12-40

This space to be for numbers

6/4/45

Proceedings on Discharge.

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

No. <i>724114</i>	
Rank <i>Private</i>	
Surname <i>Davis</i>	
Christian Name <i>Morley</i>	
CORPS (Squadron, Battery or Company) <i>No 3 Spec. Serv. Co.</i>	
Date of Discharge <i>February 12th, 1918</i>	
Place of Discharge <i>Fort Henry</i>	
1. DESCRIPTION AT THE TIME OF DISCHARGE.	
Age <i>22</i> years..... months.	Descriptive Marks <i>scar on right wrist.</i>
Height <i>5</i> feet..... <i>4</i> inches.	
Complexion <i>Fair.</i>	
Eyes <i>Blue</i>	
Hair <i>Light Brown</i>	
Trade <i>Engineer</i>	
Intended place of residence <i>505 Box P.O. Lindsay Ont</i>	
2. The above-named man is discharged in consequence of <i>Services no longer required. Auth 3rd 88-D-188 dated 8-2-18.</i>	
N.B.—The cause of discharge must be worded as prescribed in the King's Regulations and be identified with that on the character certificate. If discharged by superior authority, the number and date of the letter to be quoted.	
To be in the handwriting of the Commanding Officer, who will himself make identical entries on the character certificate and initial them.	3. Conduct and character while in the service have been, according to the records, etc. <i>- Very Good -</i>
	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.
To be in the handwriting of the Commanding Officer, who will himself make identical entries on the character certificate and initial them.	4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.) <i>Engineer</i>

M. F. B. 218.

100M. - 1-17.

H. Q. 1772-39-113.

(OVER)

WS & Comp
25/4/19 ac

M. G. Lew
25-2-18

Reservations referred to at Para. 8.
 (To be signed by the soldier. When there are notes it is to be so stated, and signed by the soldier.)

List of Discharge Documents.

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

*Only if discharged "Medically unfit."

N. B.—In the case of a man discharged by purchase, the date and number of Deposit Receipt with amount of same is to be noted hereon.

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

Mr. Davis

Statement of Service

My service is accounted to (the date to which the Record of Service is complete)

Confirmation of Discharge.

I hereby certify that the above is a true and correct copy of the original as it appears in the records of the War Office.

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) *Fort Henry*

(Date) *12-1-18*

Commanding

A. B. Bernal MAJOR
O. C. No. 3 Special Service, C. E. F.

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) *Fort Henry* *M. Davis* (Signature of Soldier.)

(Date) *Feb. 12th 1918* *M. J. James* (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.

M. Davis (Signature of Soldier.)

10. Statement of Service.

Service toward Engagement to.....(the date to which the Record of Service is completed).....years.....days.

Total.....years.....days.

11. Confirmation of Discharge.

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

(Place) *Fort Henry*

(Date) *12-7-18*

(Signature)

A. B. Bernal MAJOR
O. C. No. 3 Special Service, C. E. F.

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.)

W. Davis
W. Davis

<p>Militia Form B 282 Attestation Paper</p>	<p>Militia Form B 283 Reg. Conduct Sheet</p>
<p>Proceedings on Discharge E. 112</p>	<p>B. 285 Conduct Sheet Squadron Battery Company</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>(a) Proceedings on Discharge.</p>	<p>Med. Hist. Sheet Militia Form B 313</p>
<p>(b) Attestation</p>	<p>Medical Report for Invalids B. 277</p>
<p>(c) Medical History Sheet (in the event of such having been prepared)</p>	<p>Statement of Man's Account on Transfer and Last Pay Certificate D. 877</p>

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

9588

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 Gunner Name Morley Surname Davis
Unit of Corps no 3 S.S. Co. (If a soldier) Regt. No. 424114
Born at Haliburton Ont. on, (date) May 24 1895
Signature (for identification) Morley Davis

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

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

Weight 148 lbs. Colour of eyes Blue
Height 5 ft. 4 in. Identification Marks Scar Pt Wrist

DEPT. MILITIA & DEFENCE
FEB 18 1918
649-D-9302
H.C. CANADA

2. NUTRITION AND DIATHESIS?

good, rheumatic

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?

normal

4. RESPIRATORY SYSTEM? Is there a history of lung trouble?

normal

5. HEART?

Abnormal Sounds? nil
Abnormal Size? nil
Pulse Rate? normal. Intermittence or Irregularity? nil Muscular Tone? good

6. ARTERIES.—(a) Any hardening or nodulation? none

(b) Blood Pressure. normal

7. DIGESTIVE SYSTEM? (Condition of teeth and tonsils to be included).

good

8. GENITO-URINARY SYSTEM?

Urinalysis—S.G.? 1.020 Reaction? well Albumen? ft trace Sugar? nil

9. SKIN, MIDDLE EAR, EYE or any other part?

nil

10. Is there any evidence of impairment of health or physical condition not mentioned above? If so, describe.

no

11. Opinion as to the health and physical condition of the one examined?
troubled with neuritis

Examined at St. Mary's Signed W. J. Lloyd M. O.

Date Feb 5/18 Signed Morley Davis M. O.

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

B. P. C. FOLIO
FALSE DOCKET
5

194-18-2-18

R.C.

FEB 18 1918

18.2.18
457
A 458
18.2.18

REFER TO FILE.

In reply please quote No. **92653**
and date of letter

THE CANADIAN DISCHARGE DEPOT,
BUXTON.

STATEMENT ON DISCHARGE.

STATEMENT OF...Name

Davies M

Reg. No.

724114

Rank

Pte

Unit

BORD

Place

BUXTON

Date

7-9-14

To OFFICER i/c, EMBARKATION, at

BUXTON

I hereby request my Discharge in

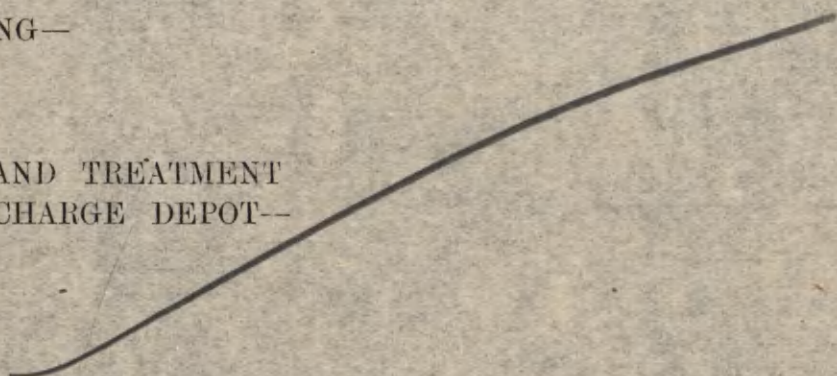
Canada

I desire to make the following remarks, on the understanding that this statement may be produced as evidence in any subsequent inquiry, in regard to the following matters:—

CLOTHING—

FOOD, AND TREATMENT
AT DISCHARGE DEPOT—

PAY—



I understand that it is my privilege to make these remarks, and with the exception of the points raised, I hereby affirm that I have no complaints to make regarding my treatment at the Canadian Discharge Depot, Buxton.

I also certify that any delay in the carrying out of my Discharge has been explained to my satisfaction.

Signature

M Davies

Rank

Pte

Witnesses

W. D. D. Buxton

(Adjutant, C.D.D., Buxton).

Sgt Walker

(O.C., C.D.D. Buxton).

N.B.—This statement will be prepared in duplicate, and disposed of as follows:—

ORIGINAL—To be forwarded with Discharge Documents.

DUPLICATE—To be filed, for reference, by the O.C., Canadian Discharge Depot, BUXTON.

Complaints, if any, will be noted hereon, opposite the corresponding headings.

53
53

THE CANADIAN DISCHARGE DEPOT

BUXTON

STATEMENT ON DISCHARGE

STATEMENT OF NAME

NO. 2

FAIR

THE BUXTON

DATE

OF THE CANADIAN DISCHARGE DEPOT

I hereby certify that the following is a true and correct statement of the discharge of the above named individual.

I have to certify that the following is a true and correct statement of the discharge of the above named individual. I have to certify that the following is a true and correct statement of the discharge of the above named individual.

THE BUXTON
NO. 2

STATEMENT ON DISCHARGE

I have to certify that the following is a true and correct statement of the discharge of the above named individual. I have to certify that the following is a true and correct statement of the discharge of the above named individual.

SIGNATURE

NAME

THE BUXTON

NO. 2

I have to certify that the following is a true and correct statement of the discharge of the above named individual. I have to certify that the following is a true and correct statement of the discharge of the above named individual.

88-20-188

9588

B.P.C. ORIGINAL

(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 Fort Henry. DATE Feb. 6th/18.

1. (a) Unit # 3 S.S.CO. (b) Regimental No. 724114. (c) Rank Gnr.

(d) Surname Davis. (e) Christian name Morley.

2. Age last birthday 22. Date of birth May 24th, 1895.

3. Enlisted at Haliburton. on March 20th, 1916.

4. Personal description :-

(a) Height 5' 4". (b) Weight 148. (c) Complexion Fresh.

(d) Colour of hair Brown. (e) Colour of eyes Blue. (f) Identification marks

Scar right wrist.

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

Box 505, Lindsay, P.O. Ont.

6. Former trade or occupation Machinist.

7. (a) Service

	PERIODS	
	From	To
<u>109th. Bn.</u>	<u>March 1916.</u>	<u>Oct. 1916.</u>
<u>4th. T.M.B.</u>	<u>Oct. 1916.</u>	<u>Oct. 1917.</u>
<u># 3 S.S.CO.</u>	<u>Oct. 1917.</u>	<u>Date.</u>

(b) Has he been overseas? France 8 months.

8. Present disease or disability (use authorized nomenclature if possible)

Neuritis.

(a) Date of origin 8 years ago. (b) Place of origin Canada.

(c) Cause* Exposure at work on farm.
*(Here include original disease or injury)

If further space is needed for this or other answer, use page 4

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

Subjective:-

Complains of sharp pains in right knee if knee is subjected to any movement of a twisting character. Also pains in right shoulders. Condition in knee and shoulder aggravated by cold or wet weather. Complains of pain over lumbar region on bending. Says he is unable to lift any heavy weight.

Objective:-

Right leg 1" shorter than left this condition is likely congenital. Unable to completely flex knee. No lameness apart from that caused by shortness of right leg. Heart and lungs normal. Pain around knee when forcible flexion is attempted. Unable to raise right arm but little beyond straight out from shoulder.

[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.]

B.P.C. FALSE DOCKET
10

9588

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.

Scar on right wrist, scar of G.S.W. on lower end of right shin.

11. What is the extent (state in percentages) of the disability in earning a livelihood in the untrained labour market? If there is more than one disabling condition, estimate the disability, due to each, and that due to all combined.

20%.

12. Did the disability arise on or off duty? Not applicable.

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.

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

50%.

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? Likely permanent.

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

Hospital England.

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.

Fit for Category "C"3.

W. St. George
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..... 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

x *Wesley Davis*
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.

Yes.

22. Is the soldier fit for

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

23. It is certified that the soldier

(a) Does ~~require treatment~~. (Give the nature of the condition and of the treatment required and its probable duration).

No.

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

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

Fit for Category "C"3. No treatment indicated. Able to pass under his own control.

W. A. Jones Capt. AMC. President
 G. J. Johnson Capt. AMC. } Members.
 A. Macdonald Capt. 2 }

STATION.....Fort Henry.....

DATE.....Feb. 6th/18.....

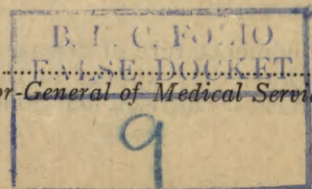
APPROVED BY

DATE FEB 7 - 1918

APPROVED BY

DATE.....

M. C. Craig Captain A. M. C.
Assistant Director of Medical Services.
For A. D. M. S. Mil. District No. 9



PROCEEDINGS OF A MEDICAL BOARD.

Dated at... Buxton, Derbyshire... 5th... July... 1917..... 1916.

No. 724114 Rank Pte. Name DAVIS Morley

Local Unit Overseas Unit 4th. Can. Trench Mortar Bty. Age 22

Examination held at Canadian Red X Special Hospital, Buxton, Derbyshire.

DISABILITY.
Overseas—~~Local~~
(scratch one out)

NEURITIS.

PRESENT x CONDITION.

Has had Sciatic trouble as long as he can remember. To France Sept. 16. First reported ill middle of March 17. with pains in legs, back, and all Joints. Sent to 4th. F. Amb.-C.C.S.- Etaples- Evac. to England to Mil. Hosp. Chatham-to Favarsham 2 weeks- Uxbridge 2 weeks- then to Buxton 19/5/17 On admission complained of pains in both legs, ankles, hips, back, shldrs, All Joints. Walks lame. Unable to flex. Rt. Knee less than right angle Unable to extend rt. arm above head. Bends & Twists well. Heart & Lungs O.K. Urine 1027. Alb. & Sug. Nil. No apparent lesion of right knee or shoulder.

TREATMENT:- Warm Mineral Baths.

25/5/17. Has been observed walking well when on the street.

PRESENT CONDITION:- Improved greatly. Feeling good. In bad weather feels some pain in right arm. Discharged from Hosp.,

BOARD RECOMMENDS:- B1.

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

Signatures:-

Thos Bradley Major, C.A.M.C., President.

Members

W. M. B. H. Major, C.A.M.C.,

R. C. D. H. M. Captain, C.A.M.C.,

APPROVED



Dated at..... 1916.

Thos Bradley Major, C.A.M.C.,

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

PROCEEDINGS OF A MEDICAL BOARD

Dated at Albany, New York, this 15th day of April, 1953.

No. 1111 Rank 1st Lt. Name John J. ...

Local Unit ... Overseas Unit ...

Examination held at Medical Hospital, Duxbury, Massachusetts

DISABILITY:
Overseas - Local
(insert one out)

PRESENT CONDITION

The left shoulder joint was found to be in a position of flexion and abduction. The patient reported that he had pain in the shoulder joint, particularly when he attempted to lift or carry heavy objects. The pain was described as a dull, aching pain, which was aggravated by any movement of the joint. The patient had been unable to perform his normal duties for several weeks. The patient had been treated with rest, painkillers, and physical therapy, but the pain had not improved. The patient had been hospitalized for several weeks, but the pain had not improved. The patient had been unable to perform his normal duties for several weeks. The patient had been treated with rest, painkillers, and physical therapy, but the pain had not improved. The patient had been hospitalized for several weeks, but the pain had not improved.

TREATMENT: - Warm mineral baths, physical therapy, and rest. The patient has been advised to avoid heavy lifting and to use proper lifting techniques. The patient has been advised to use a shoulder brace to provide additional support and stability. The patient has been advised to use painkillers as needed to control the pain. The patient has been advised to continue with physical therapy to improve the strength and flexibility of the shoulder joint. The patient has been advised to continue with rest to allow the shoulder joint to heal. The patient has been advised to continue with the use of a shoulder brace to provide additional support and stability. The patient has been advised to continue with the use of painkillers as needed to control the pain. The patient has been advised to continue with physical therapy to improve the strength and flexibility of the shoulder joint. The patient has been advised to continue with rest to allow the shoulder joint to heal.

BOARD RECOMMENDS: -

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

Signature: ...

Members: ...

President: ...

Secretary: ...

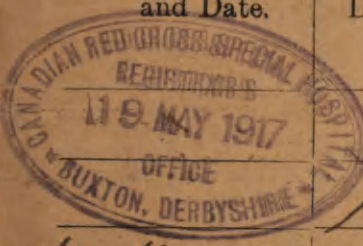
Members: ...

APPROVED

Dated at Albany, New York, this 15th day of April, 1953.

For A.D.M.S. ...

No. in Admission and Discharge Book. 1a-T-959	Regimental No. 724114	Rank. Pte.	Surname. Davis	Christian Name. Morley.
Year 1917.	Unit. 4th Can. T.M.Bty.	Age. 22	Service. 14/12.	



Station and Date.

Disease Neuritis.

Prior to enlistment, health was not good. Had sciatic trouble as long as he can remember. Had measles when two days old. Walked on inside of feet until 4. On crutches until about 5. After that, walked without crutches. During dry weather health has been good. Enlisted during dry spell. Health was temporarily ok. Mar 20, 1916. Halliburton. Unable to do route marches in Canada. To France Sept. 1916. Full duty 7mo. First upated ill middle of March. Sent to 4 F. A. wk. 7a 14d. Hersin 1 night. CES (184) 10. Etaples 14d. Calais 10. Chatham 10. Faversham 2wk. Chatham wk. Arbridge 2wk. Buxton.

Chauffeur +
Carpenter.
Fr. 7mo.
4 1/2 mo.

Condition on Admission. Pains in both legs, ankles, knees, hips, back, shoulders, all joints. Walks lame, unable to flex rt. knee to less than right angle. Unable to extend rt arm above head. Bends well. Twists well. Heart ok. Lungs ok. Urine 1027. Gp. A.M.D.S. No. 70 apparent lesion of rt knee or shoulder.

Treatment.

AMID 96° Tue. Thur. Sat.
Requires dental trmt.
W.M. Entwistle M.D. CAMC

25-5-17.

Says no better. This man appears to be malingering. Has been observed walking well when on street with

5-6-17

Quite improved; still feels a pain
about the chest once in a while

19-6-17

Feels all right - Except for ~~the~~
some pain in both feet - no pain in
ankles - Says he cannot walk long on
account of pain across the feet -

23-6-17

Feels good - in bad weather feels some pain
in right arm -

25-6-17

Board rec. disch from hosp. Category B,
W. M. Ditch Major

9588

LTR

Rank _____ Name DAVIS, Morley Reg'l No. 724114
 Unit 109th, Bn. If in perm. Corps, }
 What Unit? } Married or Single Single..
 Place and Date of Enlistment Halibuston, 20th, March, 1916. Place of Birth Tp of Dysail, Co
Halibustin of Halibuston.
 Name and Address, Next-of-Kin P.O. ~~Halibuston~~, Ontario, Canada,
William Davis Relationship Father.

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



N/E. R.B. No. 8283
 File R.L. _____
 Category Can OR

Discharge, Date and Place _____ Reason _____ Character _____

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

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS. Taken from Official Documents.
Date.	From whom received.				
		Arrived in England per H. M. T. 2810		31-7-16	
5-10-16	109 th Bn	S.O.S. to 20 th Bn	Bramsholl	5-10-16	P th II. 50.279. J.W.G.
16-10-16	20 th ..	T.O.S. from 109 th Bn	Field	6-10-16	" II 55.
21-11-16	"	Adm No 5 Can Fed Amb	"	29-10-16	GRP 374 Otitis Media
"	"	Transf to Div Rest Stn	"	30-10-16	" " " "
2-12-16	"	Trans. to 4 th Can. fld. Amb.	"	30.10.16	" 354 . "
"	"	Discharged to duty	"	2.11.16	" " " "
3-2-17	"	Atch 4 th T. No. Bn	"	15-12-16	Page 0.10.
12-4-17	6 th 20 th Bn	No. 2. Can Field Amb.		18-3-17	62.2.486 Influenza
12-4-17	"	Trfd to Can. Rest Station		19-3-17	" " "

A.F.B. 103
 17 OCT 1916
 CREWES

9588

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.					
19.4.17	20 Bn	Invalided (w/it) & posted to 1 COR D	Field	11.4.17	Pt II O. 36	
24.4.17	6 L 20 Bn	Genl. Mil Hoop. Ft Pitt. Chatham		13.4.17	6 L. B 325	
26.4.17	1 COR D	T.O.S. on posting from 20 Bn	W Sandling	12.4.17	Pt II O. 48	Depot 1304/17/7/17
13-8-17	20 ^R BN.	To Can Red X Spec. Hoop.	Buxton	21-5-17	C.L.B. 409	French Fever
—	—	Disch	—	6-7-17	—	—
18-8-17	1 st C.O.R.D.	Ceases to be att ^d to Depot Coy. + proceed. on Com C.D.D. Buxton. pseud. Disch. to Can. (Services being no longer req. W Sandling)		18-8-17	Pt II - 162	
19-9-17	1 st C.O.R.D.	Ceases to be att ^d to C.D.D. Buxton + having been dispatched to Canada services being no longer required para 392 Sect 85 A.R.F.O. 1912 S.O.S. to Canada (auth 1 st C.D.D. EMBARK ROLL d/13/9/17)	W Sandling	13-9-17	Pt II - 194	
	Dis Dep	For duty to A.A.S.	MDI Conson	25.9.17	NR 350	

No Name Davis, Morley

M. F. W. 41
1 0M-7-16
1772-39 889
L. P. C.

Regimental No. 724114
Unit 109 Bcu
Date of enlistment Mar 19, 16
Place of " Haliburton
Married (yes or no) No

Name and address of next-of-kin Mrs. 25-9-17 Darty.
Hudson Bay

Date and place discharged
Mar 20th 17-7-16-31-10-17-316
Via Centre by Ottawa

Amount of pay assigned monthly \$15.⁰⁰ 1-8-16-31-10-17
Reason for discharge
To whom payable Mrs Maheda Davis
Character on discharge

Justitia 25⁹/₁₇
Box 505 - Hudson Bay B.C. H.A. 649-II-9302

Ob 5351-M. & D. 6880

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					
24/17	23/17						96 03							Eng R.P.C.
	31/17	69	1-	69-	69	10	690					487		A.R. 8325-
												973		" 10283
												973		" Boat
												100-		b. D. Stalipa
												30-		a.P. Dept Oct 17
														15433 R.P. mnd m
														1160 throwing of Ady 31/17
														16593 17/17 to m.d. 3.
							16593							

MILITIA & DEFENCE, OTTAWA
NOV 19 1917
Casualty Branch, C. E. F.

15/17/17
Ward

Eng R.P.C. 1-8-16-31-8-17-195⁰⁰

D12

