"9" Coy.

ATTESTATION PAPER.

No. 72451B

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

ORIGINAL

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your name? — William Davis
2. In what Town, Township or Parish, and in what Country were you born? — Kingston, Ont.
3. What is the name of your next-of kin? — Mrs. Annie Davis (wife)
4. What is the address of your next-of-kin? — 316 Barrie St. Kingston, Ont.
5. What is the date of your birth? — Mar. 17th 1874 Canada
6. What is your Trade or Calling? — Laborer
7. Are you married? — Yes
8. Are you willing to be vaccinated or re-vaccinated? or inoculated — Yes
9. Do you now belong to the Active Militia? — Yes
10. Have you ever served in any Military Force? If so, state particulars of former Service. — 7 years in 14th Regt. P.W.O.R. Guard.
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

X William Davis (Signature of Man.)

J. C. D. Stetson Capt. (Signature of Witness.)

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, William 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.

X William Davis (Signature of Recruit)

Date Nov. 16th 1915. J. C. D. Stetson Capt. (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, William 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.

X William Davis (Signature of Recruit)

Date Nov. 16th 1915. J. C. D. Stetson Capt. (Signature of Witness)

CERTIFICATE OF MAGISTRATE.

The Recruit above-named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.

The above questions were then read to the Recruit in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said Recruit has made and signed the declaration and taken the oath before me, at Lindsay this 20th day of November 1915.

[illegible] (Signature of Justice)

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

Lt. Col.

O.C. 109th Overseas Battalion, C.E.F. (Approving Officer)

M. F. W. 23.
200 M.—7-15.
H. Q. 1772-39-841.

Description of William Davis on Enlistment.

Apparent Age 41 years 8 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5 ft. 3 ins.

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

Complexion Fair

Eyes Blue

Hair Brown

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

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).

Burn right side of chest

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 November 16th 1915.

Place Kingston. Ont

N. J. Kerr
Capt. C.A.M.C.
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.

William 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 DEC 29 1915 191

REGIMENTAL DOCUMENTS

NAME DAVIS WM (Pte) REGT. NO. 724518 UNIT 43 Bn H. Q. FILE NO.

	CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
1	ATTESTATION PAPER (M.F.W. 23, 133, or 51)					DEATH
3	CASUALTY FORM (M.F.W. 54 or A.F.B. 103)				C6275	Category
	TRAINING HISTORY SHEET (M.F.W. 113)					
1	FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
	REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)					
	COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					
2	MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
1	DENTAL HISTORY SHEET (M.F.B. 465)					Category
2	MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					Demob
	MEDICAL EXAMINATION (M.F.W. 129)		SCR 24-3-22			
1	TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)					
	PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)					
	DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)					DESERTION
1	LAST PAY CERTIFICATE (M.F.W. 44)					
1	PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					
	PARTICULARS OF CHARACTER (A.F.W. 3226)					
1	COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
1	M 1 Nov 192					
6	Eng Mem Bds. A 124					
1	Mess					
1	Part of family Pay Card					

H

W. 2589
100M-11-18
12/2 39-13/2

DUPLICATE

To be made out in duplicate.

H.Q. 54-21-23-53

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

INSTRUCTIONS.

(a) This form is only required for men joining units for Overseas Service and must be completed immediately the man is warned for draft overseas.

(b) Care must be taken to see that a man is allotted his correct Regimental Number. No numbers must be duplicated and once it has been allotted to a man, even if he is subsequently discharged, the same number must never be allotted to another man.

(c) All questions, etc., must be answered.

(d) One copy of the form is to be forwarded by Officer Commanding unit for each Officer and man to Officer Commanding Division or District at least seven days before man leaves his station to proceed overseas, for transmission to Accountant and Paymaster General, Ottawa.

(e) Duplicate copy is to be forwarded direct to Officer in charge of Records, C.E.F. London, immediately after arrival in England.

---

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

(2) Regimental Number....724518

(3) Full Name of Soldier.....William James. Davis.

Pte.

(4) Place of Birth.....Wolfe Island. Canada.

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

(6) If married, state,

(a) Full name of your wife.....Anna Poletta. Davis

(b) Present Postal Address.....316 Barry St. Kingston Ont. Canada

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

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

If so, give number of boys and girls.....2 girls 1 Boy

Also their names and ages.....Maria Davis. 6 Years.

Keath William 2½ "

Anna Mary 6 Mths.

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 .....Nil.....

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

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

.....

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

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

(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.

.....Nil.....

.....

(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.

.....Nil.....

.....

.....

(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 ?.....Yes.....

If so, in what Company ?.....London Life.

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

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

Lt. Col.
O.C. 108th Overseas Battalion, C.E.F.
Officer Commanding.

Date JUL - 8 1916

724518.

ORIGINAL ORIGINAL

MEDICAL HISTORY SHEET.

Surname Davis Christian Name William

Examined on 16th day of November 1915 at Kingston

Birthplace City or Town Kingston County Ontario

Apparent age 41 years

Trade or occupation Laborer

Height 5 Feet 3 Inches.

Weight 135 Lbs.

Chest measurement Minimum 34 inches. Maximum expansion 3 inches.

Physical development good

Small-Pox Marks 0

Vaccination Marks Arm Right. None Left. Two Number 0 Two

When Vaccinated last Chil. Hood Feb. 2nd 1916.

(a) Marks indicating congenital peculiarities or previous disease None

(b) Slight defects but not sufficient to cause rejection None

R.V. 6/16

R.V. 6/18

Approved by A. J. Fyfe Capt-Med C. M.O.

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

30 OCT. 1918

Date	Result	Vaccinations.	
2.2.16	good	J. McCullock JMcC	M.O.
			M.O.
			M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.	
18.4.16	Good	J McCullock	M.O.
25.4.16	Good	J McCullock	M.O.
2.5.16	Good	J McCullock	M.O.

Enlisted on 21st day of November 1915 at Kingston

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	109th Bn C.E.F.	724518.		21.11.15.
Transferred to	124th Bn Canadian Forestry Bn			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.
Bramshott.	14th/9/16	myalgia	C.W. P. Lianing
Bramshott Camp, Hants. 14 SEP. 1916 APPROVED.	C.W. Lianing Major, D.A.D.M.S. for A.D.M.S. Canadian Troops, Bramshott Camp.		A.D. Stewart Maj PRESIDENT MEDICAL BOARD, BRAMSHOTT.
	23/1/17	Defective vision	B. W. C. Cooper Capt PRESIDENT. MEDICAL BOARD, BRAMSHOTT.
			A.D. Stewart Major

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

Bramshott 23 JAN. 1917 APPROVED.

M. F. B. 318. 150M.—8-15. H. Q. 1772-39-439.

Defective vision myalgia

Debility due to age

Signing date 21. 11. 18. 1918

17-1-19 Defective vision Myalgia

CANADIAN

Surname Rauro Christian Name William

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

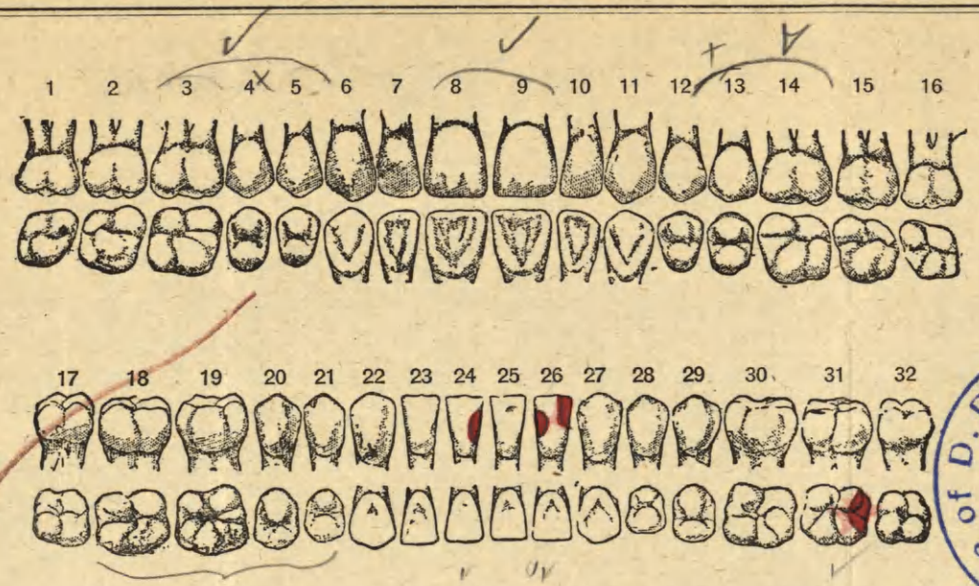
DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

DISTRICT 3

NAME OF SOLDIER DAVIS, W. J. 316 Barnett.

REGIMENT 102T BN. RANK PTE. No. 724518



INSTRUCTIONS

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

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

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

Office of D.D.O. M.D. No. 3 OCT 9 1920

	Date	Amalgam	Temporary Filling (a) G. P. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhœa	Synthetic Porcelain	Extracting	DENTURES U	DENTURES L	DENTURES P	Gold Clasp	Gold Filling	CROWNS Gold	CROWNS Porcelain	Bridge Work	OPERATOR	Military District	REMARKS
Condition on first Examination	Aug 31	1/31							24.26	3	2 4.12			3-5 13-19 8-9	2				1/18-21	E B Jarvis	3	

Completed Oct 1920

H B Stewart CAPTAIN

DISTRICT DENTAL OFFICER, M.D. NO. 3

I hereby acknowledge having received the above treatment.

(SIGNATURE)....

W J Davis

M.F.P. 465. 200m.—6-18. 1772-39-650.

Mr. Davis

To examination	2.
cleaning	1.50
amalgam fillings	2.
1 comp.	
3 synthetic fills	6.
part. upper denture	10.
2 gold clasps (8)	3.
1 bridge 2 abutments	20.
2 dummies	16.
2 extractions	
	60.50

E.B.

C.A.D.C.5009.
20M-19-2-18.

3

724518.
Pte Davis Wm.

636.

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.
CANADIAN DISCHARGE DEPOT DEC 8 1918	Fit	—	—	—
			H Corston Capt. D.C.D.	

D.M.S. 48.

EXAMINATION
BY
STANDING MEDICAL BOARD, BRAMSHOTT.

Sept 14th 1916.

No. 724518 Unit 109th Battn. Rank Pte

Name Davis W. J. Age 42

Examination held at Bramshott, Hants.

DISABILITY. Myalgia

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

Present Condition:

There is no disability -
Eye report states
R.V. 6/18
L.V. 6/18

APPROVED
CAPTAIN, C.A.M.C. FOR D. OF R. & O. FOR
BRIGADIER GENERAL
COMMANDING
CANADIAN TRAINING DIVISION,

Board recommends:

1. Fit for Duty.
2. Fit for duty after 6 weeks physical training. - yes -
3. Fit for Base duty ..... weeks.
4. Fit for Permanent Base Duty.
5. Discharge.

Signatures:

Pres. R. D. Stewart Maj

Members { H. Carruthers Maj
W. McJunction Capt

Approved.

Bramshott 14th Sept. 1916. C. Young. Major.
D.A.D.M.S. for A.D.M.S. & for G.O.C.
Canadian Troops, Bramshott.

D.M.S. 1348.

EXAMINATION

BY

STANDING MEDICAL BOARD, BRAMSHOTT.

Aug 28 1916.

No. 724518 Unit 109. Rank Pte

Name Davies Wm Age 42

Examination held at Bramshott, Hants.

DISABILITY. Myalgia

~~Overseas~~—Local.
(scratch one out)

Present Condition:

He states that he has myalgia pain in left leg and thigh. He also complains of trouble with eyes.

Board recommends:

1. Fit for Duty.
2. Fit for duty after ..... weeks physical training.
3. Fit for Base duty ..... weeks.
4. Fit for Permanent Base Duty.
5. D[illegible]

KINGSTON.

Jun 17. 19.

FROM LT.-COL. J. C. CONNELL

TO M.O. No 3 C.C.D.D.

Pte W.J. Davis
724518

Presbyopia (age 46)

Requires + 1.D to read J 1.

Glasses ordered.

No eye disability

J. Connell
Lt Col
D.M.C.

/HVW

M.F.W. 44.
1183 (D.P. 250M-12-18.
1772-39-903.

CANADIAN EXPEDITIONARY FORCE.

LAST PAY CERTIFICATE ORIGINAL

Regimental No. 724518 Rank Pte. Name Davis, W. (Surname first)

Unit C. F. C. who was* Discharged

On January 22nd 191 9, to Category "A2"

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from 1/12/18 to 22/1/19 191... the inclusive date of transfer or discharge.

	Dr.		Cr.	
Bal. Dr. or Cr. from prev. month L.P.C.	8	00		
Regimental Pay 53 days at $1 c.			53	00
Field Allowance 53 days at $ c. 10			5	30
Separation Allowance			22	00
Clothing Allowance			35	00
Post Discharge Pay				
*Other Credits D.O. 257 Subs.			12	00
Advances				
Separation Allowance and Assigned Pay Cheque No. 2317	32	00		
*Other Charges				
Balance on ~~transfer or on~~ discharge, cheque No. 2316	87	30		
Total	127	30	127	30

*Give particulars.

A monthly stoppage of $ 15.00 (†) has pro rata (‡) been paid on account of

Assigned Pay for the month of January 191 9
and Separation Allce. for month of 22/1/19 191 9 } (to) Assignee Mrs. A. Davis,

(Address) 316 Barrie St., Kingston.

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

ON TRANSFER OF AN OFFICER.

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

REMARKS:—

State (1) date of enlistment.....married or single.....

(2) Separation Allowance, entitled or not Paid to date of discharge (3) Reason for discharge.....

(4) Authority for discharge or ~~xxxxxx~~ 3DD 3-D-361.

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

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

Date January 21st, 1919.

Place Kingston, Ont.

W Peto Lt Captain,
OFFICER I/C DEMOBILIZATION PAY DIV.
MILITARY DISTRICT No. 3
Paymaster.

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

CREDITS, ADVANCES, Etc.

Credits, Advances, Forfeitures, Issues on Repayment, etc., since issue of this L.P.C. are to be entered hereunder:

Date	Place	Cheque No. A.R. No. or Other Particulars.	AMOUNT		Signature of Officer Making Payment.
			Dr.	Cr.	

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 724518 (Rank) Private

Name (in full) DAVIS, William enlisted in

the 109th Overseas Battalion

CANADIAN EXPEDITIONARY FORCE at Lindsay, Ont. on the 16th

day of November 1915

HE served in Canada, England and FRANCE

and is now discharged from the service by reason of in accordance with R.O.1343

Demobilization. Auth. 3DD 3.D.361, D.17.1.19

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

Age 44 years 10 months	Marks or Scars
Height 5 feet 3 inches	Burn on right side of chest
Complexion Fair	
Eyes Blue	
Hair Brown	

W J Davis
Signature of Soldier

F. J. Mooney Capt
Issuing Officer
O. C. Discharge Section
No. 3 District Depot
Rank

Date of Discharge 22.1.19

Appointment

Signed at Kingston, Ont. this 22nd day of January 19

in Military District No. 3

File Reference No. 3DD 3.D.361

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

M. F. W. 39a
200m.—2-18.
H.Q. 1772-39-882

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

No. ..... (Rank) ..... Name .....

Unit .....

Address on Discharge .....

Character and Conduct .....

.....

Former Occupation .....

Special Qualifications of Value in Civil Life .....

.....

Medals and Decorations .....

.....

Remarks .....

.....

Signed at ..... this ..... day of 19

.....
Name of Officer

.....
Rank

.....
Appointment

On demobilization the particulars called for on the back of this certificate will not be completed.

Fill 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. 124518 Rank Private Name Davis William

Enlisted (a) 16-11-15 Terms of Service (a) D of W Service reckons from (a) 16-11-15

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) Laborer

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	
21/10/16	109th Bn	Transferred to C. C. A. C.	Bramshott	13.9.16	G.T.O. 295 Capt. ADJUTANT 109th Overseas Battalion C.E.F.
17.10.16	CCAC	Taken on strength C.C.A.C. Pt. II D.O. No. 45		17/10/16	
6/12/16		Discharged to C.C.A.C.,	Pt 2 D.O.	1037	D. MacKitchie, Adjutant, Canadian Command Depôt,
9/12/16	CCAC	ATTACHED TRANSFERRED FROM C.C.A.C. TO 124th Bn 109th Bn		7/12/16	PART II D.O. No. 542.
19.12.16	124th Bn	Taken on strength of 124th Bn. Ott. from 109th Bn	Witley Camp	7.12.16	Part II Order 276 W T Jones MAJOR. ADJUTAN 124th BATTALION C.E.F.

(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.

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				
19-1-17	124th. Bn.	Transferred to Garrison Duty Battalion	Witley	18-1-17	D.C.Pt.11 No.19. Lieut. Asst. Adjt. 124th. Battalion, C.M. Inf.
30.1.17	124th Bn	Trans. to C.E.F.C. & Adj.	Witley	23.1.17	Part II Orders #30
30-1-17 ~~2-17~~	124th.Bn.	Attached ~~Transferred~~ to Canadian Forestry Corps.	Witley Camp.	23-1-17 ~~1-2-17~~	Part II. Orders No. ~~32.~~ 30 Capt Adjt. 124th. Can. Pnr. Bn.
13.4.17	~~D.of T.O.~~ C.F.C	Taken on strength Can; For; Corps from C.C.A.C.	London	31.1.17	Pt.II Orders No. 87 Lt.& Asst. Adj. C.F.C
28.4.17	~~D.of T.O.~~ C.F.C	Proceeded overseas to C.F.C. France.	London	21.4.17	D.O.Pt.11 Orders No.100 Lt.& A/Adjt. C.F.C.
25/1/17	109th Bn	TOS from C.C.A.C. & SOS to 124th Bn		7/12/16	PT II o# 4.
21/2/17	C.C.A.C	Retaken on strength from Ceases att to 124th Bn & Comm to 124th Bn & SOS to C.F.C	Hastings	23/1/17	PT II o# 88. (14).
31/3/17	—		" — "	31/1/17	PT II o# 108.
		Disembarked	Havre	24.4.17	L.R 8134.
13-10-17.	30 Coy	Granted Leave to	Paris	8-10-17	B213. Pt. 2 ord no 21.
20/10/17.	do.	Rejoined from Leave	Field	18/10/17.	B213 Pt. 2 ord no 22

CERTIFIED TRUE COPY

LIEUT.
FOR LT. COL. I/C RECORDS, C.O.M.F.

92431.—W6490/1535.—2,000,000—J. J. K. & Co., Ltd.—Forms B. 103/1.

Army Form B. 103.

Sheet 3

Casualty Form—Active Service.

Regiment or Corps 109th Bn C. E. F.

Regimental No. 724518 Rank Pte Name Davis William

Enlisted (a) 16.11.15 Terms of Service (a) S. of W. Service reckons from (a) 16.11.15

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) Laborer

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				
3.12.18.		Attached C.D.D. Buxton for return to Canada, Part 11 Order No. 286. Ceases to be attached C.D.D. Buxton on embarking for Canada. F. W. Lock. Lt. for Lt. Col. Commanding Canadian Discharge Depot.			
31/12/18		T.O.S. Casualty Company No. 3 District Depot: for Disposal, Part Two D.O. 257	Kingston	27/12/18	J. L. Williams LIEUT. for O.C. Casualty Co., No. 3 District Depot
22/1/19		S.O.S. Discharged	Kingston	22/1/19	Nil 23 F. J. Mooney Capt. O.C. Discharge Section No. 3 District Depot

(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.

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				

Dist Hqrs

Army Form B. 103. Lhut V. Regimental Number 72451B.

Casualty Form—Active Service.

Regiment or Corps C.G.C.

Rank Pte. Surname Davis Christian Name William

Religion ..... Age on Enlistment ..... years ..... mon

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

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

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

or Corps Trade and rate .....

Occupation ..... Signature of Officer

Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B.213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents.
Date	From whom received				
		Embarked ...			
		Disembarked ...			
24-11-17.	30 Bay.	S.O.S. on Trans to 1 Dist Hqrs.		14-10-17.	B213 P. 8. 29.
24-11-17.	1 Dist Hqrs.	T.O.S. from 30 Bay.		15-10-17.	B.213 P. 8. 19
7-4-18	4. T. D.	Myalgia B. 1		7-4-18	N.R. 456
13-7-18.	1 Dist Hqrs.	S.O.S. on transfer to 45 bay. b.7.b.		5-7-18.	B213. P/36.
13/4/18	43 Co B.G.	T.O.S on Trans from M.2. No. Dist CFC		6-4-18	B213 P/2 No 270 = 24/4/18
11/9/18	C.G.B.D.	Arr at C.G.B.D.		10/9/18	N.R. 1286
12/9/18	A.I.D. Cdns	Classified B3 DA.H + Myalgia		12/9/18	3339 R.R. 712 P2/56d/2/1492

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

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

W. 8635—M2733 2000m 9/17 (35611) C. P. & S., Ltd., Form B./103 E/1807.

P.T.O.

Date	Report: From whom received	Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B.213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents.
19/9/18	Can Labor Pool	S.O.S. No 43 Coy on transfer to Can Labor pool		19/9/18	N.R 16276/8 dd. A.G. Can Sect G.H.Q 3rd Echl, File K.R. 34015 P2/52 d/ Sept 1918
	a.a.g	T.O.S. Can Labor Pool 43 Coy CEC	London	20/9/18	KR 34015 No. 157. 28/9/18.
	a.a.g	Left to England and posted to 5th Shorncliffe	Surplus left	26/9/18	KR 34015
		Captain & Lt Col a.a.g Canadian Infantry			S.O.3rd Echl
30-9-18	Gen Depot	Taken on Strength	Sheffe	27-9-18	Pa 19232
					for Colonel i/c Records. Lieut.
1-10-18	Gen Depot	S.O.S. on Transfer to the C.F.C. Sunningdale	Sheffe	28/10/18	DO 233
					LIEUT, OFFICER i/c RECORDS,
B.O.R.		O.C. C.F.C. T.O.S. Base Depot, C.F.C. Sunningdale from Gen Depot		28/9/18	Pt. 11 D.O. 219 Lt. A/Adjt. For O.C. Base Depot, Canadian Forestry Corps.

R—122

LTR

Rank | Name DAVIS, William | Reg'l No. 724518

Unit 109th, Bn. | If in perm. Corps, What Unit? | Married or Single Married.

Place and Date of Enlistment Lindsay, 16th, November, 1915, | Place of Birth Kingston, Ontario.

Name and Address, Next-of-Kin Mrs Annie Davis. 316 Barrie St, Kingston, Ontario, Canada. | Relationship Wife.

Assigned Pay Monthly $ | Payable to | Relationship

Separation Allowance $ | Payable to | Relationship

Discharge, Date and Place | Reason | Character FC D2

N/E. R.B. No 3,8-88
File R.L.
Category Com OK

H. W. & V., Ld.—7165-16.

Report. Date.	Report. From whom received.	Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS. Taken from Official Documents.
		Arrived in England per H.M.T. 2810 31-7-16			
21-10-16	109th Bn	Trans to C.C.A.C as Loc. Cas.	Branshott	13-9-16	Pt II D.O. 295. C.C.A.C. D.O. 458
17.10.16	C.C.A.C	T.O.S. on Com. to C.C.A.C. Shorncliffe 6th Pl.	Stonee	13-9-16	— 458
9.12.16	"	Found Fit for full Duty S.O.S on trans to 109th Bn.	Hastings	7.12.16	— 542
19.12.16	"	Repted from C.C.A.C	"	7.12.16	— 559
19.12.16	C.C. 124th	T.O.S from 109th Bn.	Witley	7.12.16	" 276
~~19.1.17~~	"	~~S.O.S on tfer to 109 Bn~~	"	18.1.17	" 19 Pt II D.O. 26
25.1.17	109th Bn	T.O.S from C.C.A.C. S.O.S on trans to 124th Bn		7.12.16	109th Pt II D.O. 4
30-1-17	124 Bn	Tfd to C.C.A.C & att to 124 Bn	Witley	23-1-17	Pt II D.030
21-2-17	C.C.A.C	Retaken on strength & on com. to 124th Bn.	Hastings	23-1-17	" " 88(14)

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.
5. 3. 17.	CCAC.	Ceases att. to 124th & S.O.S. to C.F.C. Ceases to be attd to 124th Bn	Hastings	31.1.17.	Pt. II. D.O. 108 (c)
1-2-17	124 Bn	Att'd to Can. For. Corps	Witley	1-2-17	Pt II D.O. 32.
9-2-17	CFC	Att. to CFC for P.D. etc	London	1-2-17	" " 35
13-4-17	"	T.O.S. from CCAC	"	31-1-17	" " 87.
28.4.17	"	S.O.S. to 30 Coy. France	"	21-4-17	" " 100
7-12-17	H.A. No 1 Dist C.F.C.	T.O.S from 30th Coy	Pte Field	15.10.17	30th Coy - France - Pt. II. O. 1. d/28/5/17 Pt II 19 & Pt II 29 of 30th Coy C.F.C d/7-12-17 S.O.S
27.7.18	No 1 Dist CFC	S.O.S on transfer 43 Coy CFC	" "	5.7.18	Pt II O. 36 (p Pt II O. 37. 27.7.18) T.O.S. 43 Coy CFC p 25
28 9. 18	43 Coy B.F.C.	S.O.S to Can Lab Pool	" "	19.9.18	" " 52
28-9-18.	C Lab Pool	T.O.S ex. 43rd B.F.C.	" —·—	20-9-18	—·— 157
		S.O.S to Gen Dep, Scliffe (Surplus Unfit)	· —·—	26-9-18	& Gen Dep D.O. 232 d/30-9-18 T.O.S B.D.C.F.C. pt
1-10-18	Gen Depot	S.O.S to the C.F.C. S'dale	Pte Scliffe	28-9-18	Pt II 233 p Pt II O. 249 18.10.18
2.12.18	B.D.C.F.C.	On Com to C.D.D. Buxton	" S'dale	2.12.18	" 287
		Ceases Com Buxton S.O.S to Canada 12.12.18 B.D.C.F.C. Pt II O-305 23.12.18			

L. Job 310—M. & D. 6574.

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

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

Wife

To Whom Mrs. Annie Davis

Address 316 Barrie St., Kingston

Rate 15.00

AUG 1 1916

By Whom Assigned Davis Wm J

Regtl. No. 724518.

Rank Pte.

Corps 109th Batt. "A" Coy.

PAYMENTS

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

CONSOLIDATED ACCOUNT 2

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

PAYMENTS.

M. F. W. 12a.
50m.—4-16.
1772—39—819.

Sheet No. 2. Mrs Annie Davis Wife

L. L. Job 310.—Req. 6574.

Name of Soldier. Davis Lo^m J.
7242-18 Alex Pte 109th Batt

15-00.

Remarks. AUG 1 1916

Month.	Year.	Cheque No.	Amt.		Remarks.
April	1916				
May					
June					
July					
Aug.		W 5320	15		
Sept.		Y 15879	15		
Oct.		G 204450	15		
Nov.		O 25472	15		
Dec.		K 33230	15		
Jan.	1917	M 37746	15		
Feb.		M 43618	15		15 P
March		N 50371	15		15 E
April		B 1703	15		15 b
May		J 7734	15		
June		D 14103	~~15~~		15 Bus
July		O 21644	15	225	B
Aug.		T. 28700	15		b
Sept.		S 35562	15		Lu
Oct.		H 41059	15		
Nov.		V 53609.0	15		
Dec.		L 56900	15		
Jan.	1918		255.00		
Feb.					
March					
April					
May					
June					
July					

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier.....

PAYMENTS.

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

1 — 3 — 16

L. L. Job 88773—M. & D. 6195.

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

MILITIA AND DEFENCE

SEPARATION ALLOWANCE

Name Mrs Annie Mary Davis

Address ~~PO Box 988~~ ~~P.O. Box 988~~
316 Barriq St, ~~Lindsay~~
Kingston, Ont.

Relation to Soldier wife, child or mother } wife

Name of Soldier Davis, Wm J.

Regtl. No. 724 518

Rank Pte.

Corps 109th Battn

To what Corps belonging when called out }

PAYMENTS

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

MILITIA AND DEFENCE

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

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

Sheet No. 2.

L. L. Job 89002.—Req. 6213.

Mrs. Annie May Davis wife

PAYMENTS.

Name of Soldier Davis, Wm

72518

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916	R 1086	40—	40 to original
May		L 5392	20	20
June		R 8990	20	20
July		S 10881	20	20
Aug.		R 13780	20	20
Sept.		O 15980	20	20
Oct.		P 18717	20	20
Nov.		22279	20 —	20
Dec.		S 25289	20	20
Jan.	1917	S 28611	20	20
Feb.		S 31717	20	20
March		S 34847	20	20
April		S 77	20	20
May		S 4268	20	20
June		7260	20	20
July		U 9873	20	20
Aug.		V 14935	20	
Sept.		17545	20	
Oct.		D 21641	20	
Nov.		Z 24557	20	
Dec.		M 26436	20	
Jan.	1918		440	
Feb.				
March				
April				
May				
June				
July				

MILITIA AND DEFENCE

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier.....

PAYMENTS.

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

(649-D-8976)

CARD NO. 3

S.D.S. Demob. 22.1.19. No 3 D.D.
A.O. 23 of FOLL. 23.1.19 3

SURNAME. Davis,

CHRISTIAN NAMES William

REGL. No. 124518 RANK Pte

UNIT ~~109th~~ No 3 D.D.

FORMER CORPS 14th Regt. P.W.O.R. Hld. ~~Bn.~~

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL Davis, Mrs. Annie

RELATIONSHIP TO SOLDIER Wife

ADD 316 Barrie St. Kingston. Ont.

Auth. S.A.A.P. 1/5/16.

COUNTRY OF BIRTH Canada, Kingston, Ont. DATE

PLACE OF ATTESTATION Lindsay, Ont. DATE Nov. 20th 1915.

O/S. 23/7/16 Halifax. KPR 12

RIC 25-12-18 245 14

L. L. 94501. M. & D. 6512.

M. F. W. 22. 250M.—2-16. H. Q. 1772-39-339.

MARRIED Yes. SINGLE WIDOWER

TRADE OR CALLING RELIGION

DESCRIPTION.

APPARENT AGE YEARS MONTHS

HEIGHT FEET INCHES

CHEST MEASUREMENT INCHES EXPANSION INCHES

COMPLEXION EYES HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION. PLACE DATE

Com.

Number 724518. Rank Pte.

Surname DAVIS

Christian Name William

Units C.F.C. Theatre of War France

Date of Service 21.4.17

Remarks Sydenham Hospital

Latest Address ~~316 Barry St.~~

Kingston Ont.

Roll No. R. Page 21756

200m.-2-21.M.

DATE AND PLACE OF ORIGIN

*DUE TO SERVICE
*NOT DUE TO SERVICE

SPITAL AS AN ADMISSION

WHERE FROM)

T IN CATEGORY

INVALID

WHERE TO)

ITIONS DIAGNOSED

ADDRESS

HOSPITAL STATION

* CROSS OUT CONDITION NOT APPLICABLE.

(OVER)

No. 724518 RANK Pte. NAME Davies. Wm. J.

T. O. S. UNIT 109th Battalion.

Transferred from 14th Regt. 21-11-15. D.O.S. 23-11-15

M. D. 3

PAID FROM	PAID TO	SIG. OR REC'T
1915	1915.	
Nov 21	Nov 30	✓
Dec.		✓
1916 Jan	1916	✓
Feb.		✓
Mar.		✓
April.		✓
May		✓
June.		✓
July.		✓

PROMOTIONS, TRANSFERS, DISCHARGES, ETC.

PARTICULARS	AUTHORITY

UNIT SAILED

JUL 23 1916

*Name Davis, Wm. Rank Pte Regtl. No. 724518

Original unit 109 Bn. Present unit M. or ~~S.~~ Age 44 Religion R. C. Fyle Depot 3-D-361 Ref. H.Q.

Port, ship, and date of arrival St. John. Corsican 25-12-18

Next of kin (W) 316 Barrie St. Kingston Ont.

Address on leave Same

Address on discharge

Transportation issued Yes No Date Character on discharge

Previous occupation Labourer Date and place of enlistment 16-11-15 Kingston.

Diagnosis Date of Medical Boards

Date.	Remarks	Pt. 2 Order No.
31-12-18.	T.O.S. Casualty Company No. 3 District Depot. from W/S.	
	for Disposal, Part Two D.O. 367. Eff 27-12-18.	
	Leave sub. 27-12-18 to 10-1-19.	
22-1-19	T.O.S. Discharged - Kingston - 22-1-19	HQ23

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

(over)

Date.	Remarks.	Pt. 2 Order No.

M.F.W. 192
150M—6-18.
1772-39-1243.

P 820
12474—375M—13-2-18.

* Strike out whichever inapplicable.

ASSIGNED PAY.	* ENGLAND OR CANADA.	SEPARATION ALLOWANCE.	* ENGLAND OR CANADA.
EFFECTIVE DATE:- 1/8/16		EFFECTIVE DATE:-	
AMOUNT:- $15.00		AMOUNT:-	

NAME:- DAVIS William 54882

NUMBER:- 724518

NAME, ADDRESS, RELATIONSHIP & AUTHORITY { WHEN PAYEE OF A.P. IS THE SAME AS PAYEE OF S.A. THE WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE.

Mrs Annie Davis (Wife)
316 Barrie St
Kingston, Ont
Stopped 1/12/18.

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		Private

UNIT AND TRANSFERS

ORIGINAL UNIT:- 109th Battn

DATE ACCOUNT FIRST OPENED:- 1st Aug 1916

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO
			67 to France
157	20.9.18	22.10.18	Lab. Pool D.
249 18.10.18	28.9.18	26.11.18	BD CFC 26

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

DATE OF PAYMENT	NUMBER OF A.R	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A R	UNIT PAID BY	AMOUNT
1/10/14	5396	BD 18.0.4	38 93				
14/11/18	4276	BD 676	~~9 73~~	chgd	no	8/18	
28/11/18	4490	—	~~9 73~~		do		
			19 46				

DAILY RATES OF PAY AND ALLOWANCES

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

PARTICULARS OF RENDERING NON-EFFECTIVE:- Discharge Canada 30/11/18. Disposal 676. AR 427 26/11/18. 427

MONTH 1918	PARTICULARS	CR. 1	CR. 2.	PARTICULARS	DR. 1	DR 2.	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
Mch	Balce forward.								64 38	Nil	
Apl	P. Pay	33		Can AP				15			
				AR 10 - No 1 Dist - 6/4/18	3 57						
				AR 191 - " - 20/4/18	3 57				75 24		
		33			7 14			15			
May	"	34 10		Can: AP				15			
				AR 388 - Hdqrs " 4/5/18	2 68						
				AR 598 - No 1 Dist - 22/5/18	4 46				87 20		
		34 10			7 14			15			
June		33		Can AP				15			
				AR 828 - No 1 Dist - 4/6/18	3 57						
				AR 978 " 22/6/18	3 57				98 01		
		33			7 14			15			
July	P pay	34 10		Can. A.P.				15			
				AR 1171 1D 6.7.18	3 57						
				" 1395 " 22.7.18	3 57				110 02		
		34 10			7 14			15 -			
Aug	P Pay	34 10		Can AP				15			
				AR 1583. 1 Dist 6.8.18	3 57						
				" 1837 " 22.8.18	3 57				121 98		
		34 10			7 14			15			
Sept	P Pay	33		Can A.P.				15			
				A.R 2104 1 Dist 6.9.18	3 57						
				- 10004 C.G.B.D. 15.9.18	4 46				131 95		
		33			8 03			15			
Oct	P P	34 10		Can				15 -	151 05		
				DNAR B3395 1.10.18 CFC BD	38 93				112 12		
				C9 42075 4.10.18	24 33				87 79		
				DNAR B3804 15.10.18 CFC BD	9 73				78 06		
				" " B4021 30.10.18 " "	9 73				68 33		
		34 10			8 27			15 -			

NUMBER 724518 RANK Pte NAME DAVIS W J

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
									68 33		
Nov	P.P.	33		C.A.P.				15	86 33		
				B.4276. B.D. 15.11.18	9 73						
				B.4490 ✓ 25.11.18	9 73						
				4740 Button Endorsed 9.12.18	9 73				57 14		
		33			29 19			15			
				awarded 5 days F.P.2. forfeits one day awl 21/10/16 tattoo 6 ~~21/10/16~~ 6.45 am obs 265 66 ac 20/10/1916.		6 60			50 54		
						6 60					
				6 60							
				P 868.							
				L.A.C. Balce 60 27							
				Endorsed 9 73 Balce 50 54							
				S.o.S. to Canada 13/12/18							
				Do 305 26/12/18 B 2676							

A.3 M. FORM REN'B Stopped EFFEC 11/12/18
DISCHARGED TO Canada DATE 26/12/18
PAY BOOK VERIFIED 27/12/18
Do BAL 66 87 P.C. REN'B 27/12/18
AUTHY. G.R.O. 427 26/12/18

Married or Single: Married

Place of Birth: Kingston Ont.

Name and Address of Next of Kin: Mrs Annie Davis 316 Barrie St. Kingston Ont.

Relationship of Next of Kin: wife

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

N.S. Oct 31/1 250

Reg'l. No. 724518 Rank: Pte Name: Davis William

If in Permt. Corps what unit: Unit: 109th Bn. Transferred to: C.C.A.C. Date: 21/10/16 Authority: 80295

Permanent Force Allowances: Transferred to: Brit Hosp Date: 31/5/17 Authority: ak

Place of Attestation: Lindsay Ont. Transferred to: N.S.R.D. 676 France Date: 1-11-19 1-1-18 Authority:

Date of Attestation: Nov. 16 1915 Transferred to: Date: Authority:

Assigned Pay Monthly $: 15.00 Date Effective: Aug 1-1916

Payable to: Mrs Annie Davis, 316 Barrie St Kingston Ont. Relationship: Wife

Assigned Pay Monthly $: Date Effective:

Payable to: Relationship:

Stop-Payment Form (Assigned Pay) Rendered (Date): Effective: Reason:

Discharge Date and Place: Reason and Authority:

Account transferred to Non-Effective Branch (Date):

Account transferred to Officers' Pay Branch (Date):

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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														4 10	4 10									Bal. from Canada							4 10					
Aug 31	31	1.00	31		31	10	3	10							34 10	79	8 16							9 73				15		24 73	13 47					
Sept	30		30				3								33	40	31 8 16	72	19/9/16					7 30	7 30			15		29 60	16 87					
Oct	20		20				2								22	112	30/9/16							7 30				15		22 30	16 57					80.295 Trans C.C.A.C. 27/10/16
21-31	11	1.00	11	-	11	10	1	10							12 10																28 67					
Nov 1-30	30		30		30		3								33	S 452	30/10							7 30				15		22 30	39 37					
Dec 1-31	31	"	31 - 15 30		31		3	10							34 10	Cash 561	30/11	Cert 631	17/11					7 30	4 86			15		27 16	46 31					
1/1/17	31	1.00	34 10												34 10			2 2 C.D. 335	15/1/16							4 87		15		19 87	60 54			✓	60 54	
28/2/17	28		30 80												30 80			124 R.B. 402	22/12/3							19 46		15		34 46	56 88					
31/3/17	31	1.00	34 10												34 10			41.1 704 157 R.C. 410 124	15.1 28.2 28.1							4 86 17 04 7 74 4 87 12 17	2 53	15		49 17	41 81					R4005 to 397 P 26/12/16
30/4	30	✓	33												33			1126 F.C. 24/3 1564 R.C. 14/3										15		32 04	42 77					
30/5	30		33												33													15		15	60 77					
31/5	1		1	10											1 10																61 87					
			334	40										4 10	338 50									38 93	12 16	73 01		150	2 53	276 63						

Checked J.S.Ross

724518 Pte Davis William. C.A.P. $15.00

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
			334	40										4 10	338 50									38 93	12 16	73 01		150	2 53	276 63	61 87				
30/6	30	1.10	33												33													15	83	15 83	79 04				Qt 1005/282 "14/17
July 31	31		34	10											34 10													15		15	98 14				
Aug	31		34	10											34 10													15		15	117 24				
Sept	30		33												33					CFC 2029	14/4					9 73		15		24 73	125 51				
			468	60										4 10	472 70									38 93	12 16	82 74		210	3 36	247 19					

Month	Particulars	Cr. 1	Cr. 2	Particulars	Dr. 1	Dr. 2	Dr. 3	Dr. 4	Balance	Defer-red Pay	Sep. Allce. Eng.
		~~125 51~~							125 51		
Oct	P.P.	34 10		A.P. Can			15		144 61		
		34 10					15				
Nov.	"	33		A.P. Can			15				
				Dr. AR 1226 4/9/17 30 Ck Cay. Strang & File Flower	3 57						
Dec.	"	34 10		Dr. AR 647 7/7/17 30 Cay & File Figs	3 57						
				Dr. AR 739 21/7/17 30 Cay C.F.C.	3 57						
				" " 954 4/8 " "	3 57						
				A.P. Can Dec.			15				
				Dr. AR 535 22/6 B.F.B. Fr.	3 57						
				Dr. AR 933 7/5/17 C.F.B.C.	3 57						
				" " 437 7/6 C.F.C.	3 57						
				" " 1534 6/10 30 " Fr.	80 30						
				" " 1562 20/9 B.F.B.	3 57						
				" " 1510 6/10 "	3 57						
				" " 1550 20/10 30 "	3 57						
				" " 622 30/11 30 "	7 14						
				" " 1678 7/11 30 "	12 49						
				" " 1080 18/8 B.F.B. Fr.	3 57						
69.10					139 20		20		42 51		

Month	Particulars	Cr. 1	Cr. 2	Particulars	Dr. 1	Dr. 2	Dr. 3	Dr. 4	Balance	Pay Withheld or Deferred	Pay Available for Issue	Remarks
				Balance Fwd					42 51			
1918												
Jany	P. Pay	34 10		Can A Pay						15 00		
				AR 1720 - Hdqrs No 1 Dept 5/1/17	3 54							
				AR 1819 - " 18/12/17	3 54							
				DTU 43756 AR 333 - C.F.B.C. 21/5/17	3 54						50 90	Nil
					10 71					15		
Feby	P. Pay	34 10		Can A.P.						15		
		30 80										
				AR 1939 - Hdqrs No 1 Dept C.F.B. - 5/1/18	3 54							
				AR 2091 - " - 21/1/18	3 54							
				AR 2309 - " - 5/2/18	3 54						55 99	
					10 71					15		
Mch		34 10		Can A.P.						15		
				AR 2524 - C.F.B. No 1 Dept 20/2/18 ~~2334~~	3 57							
				AR 2705 " 4/3/18	3 54							
				AR 2945 " 19/3/18	3 54						64 38	
		34 10			10 71					15		

25-10-38.

SHORT FORM.

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

1. No. 724518

2 Rank. Private

3. Name. Davis, William

4. Unit. No. 3 District Depot.

5 Date of Discharge 22.1.19. Place Kingston, Ont.

6 Reason for Discharge Demobilization

7. Authority. 3DD 3.D.361.D.17.1.19.....R.O.1343

8. Proposed Residence after Discharge 316, Barry St, Kingston, Ont.

Deceased 24 Aug. 1938.
649-D-8976

9. CERTIFICATE TO BE SIGNED BY SOLDIER.

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

M. F. W.? 39

W J Davis
Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place Kingston, Ont.

Date 22.1.19.

Medical Documents Forwarded to ~~S.C.R. or~~ B.P.C. on APR 7 1919

Signature F. J. Mooney Capt Lieut.
(O. C. Discharging Unit)
No. 3 District Depot

M.F.B. 218a—300M.-11-18—1772-39-113.

MM

0

LIST OF DISCHARGE DOCUMENTS.

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

R. & O. 6045 (*Revised*).

PROCEEDINGS OF A MEDICAL BOARD.

Dated at St Leonards Dec 1st 1916.

No. 7 [illegible] Rank Pte Name Davis 109

Local Unit 109 Overseas Unit Age 43

Examination held at C.C.D. St Leonards Sussex

DISABILITY.
Overseas—Local.
(scratch one out)

Myalgia

PRESENT CONDITION.

Recovered

BOARD RECOMMENDS:—

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

Signatures:—

M A Carmichael Capt. President.

Members { A B Burns Capt RAMC

APPROVED

Dated at ..... 1916. L Ashe Capt RAMC

For A.D.M.S.

5 mo

P. S. O. 1045 (Revised).

PROCEEDINGS OF A MEDICAL BOARD.

Dated at.....1916.

No.....Rank.....Name.....

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

Examination held at.....

DISABILITY.
Overseas—Local.
(Scratch one out)

PRESENT CONDITION.

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.....

Signatures:—

.....President.

Members .....

.....

APPROVED

Dated at.....1916.

For A.D.M.S.

Form D.M.S. 1348 (R[illegible]ed).
[illegible]75—30m—2/12/10

EXAMINATION
BY
STANDING MEDICAL BOARD, BRAMSHOTT.

23/1/ 1917

No. 724578 Rank pte Name Davis. W. J.

Local Unit ~~[illegible]~~ 124th Bn Overseas Unit Age 44

Examination held in Bramshott area.

DISABILITY. Defective vision

Overseas—Local.
(scratch one out)

PRESENT CONDITION.

Specialist's report
R. V. 6/18 } not improved
L. V. 6/6 }
Fit

Signed. W. E. Ainley
Capt. CAMC.

He states that he has some pains in his left leg becoming worse on route marching

Board recommends: B. (i)

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

Signatures:

C. R. Cooper Col CAMC Pres.

Members { H. Machan Capt
W. Magaston Capt

Approved.

Bramshott 23-1- 1917 R. A. Stewart Major
for A.D.M.S. and G.O.C.,
Canadian Troops, Bramshott.

Name Dairs 16-11-15

Date of Embarkation for England 24-7-16

Proceeded to France. 24-4-17

Returned to England. 26-9-18 posted

Date returned to Canada. 12.12.18

P.R.2855.

Reserved for M.H.C.

Regt. No. 724518 Rank Pte. Surname Davis Christian Name William

Unit or Corps—(a) Overseas from United Kingdom C. For. Corps (b) in United Kingdom C. For. Corps

Born at—Town Kingston County or Province Ont. Country Canada

Date of Birth—Day 15th Month Jany Year 1873 Age 45 yrs. 10 months.

Joined at Kingston - Ont. Canada Date 21st Nov. 1915

Former trade or occupation Labourer

Permanent Marks or any peculiarity that will serve for future identification :—

Anchor Tattoo on back of left hand

Height—feet 5 inches 3 Colour of eyes Blue

Signature of Soldier (*for identification purposes*) William James Davis

Medical Report

☞ *Read carefully the instructions on last page of this form.*

1. DISABILITY.

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

Disabilities Group (*a*)	RHEUMATISM.
Disabilities Group (*b*)	
Disabilities Group (*c*)	

2. CAUSE OF DISABILITY

		Place of origin.	Date of origin.
(*i.*) As to Group (*a*) above.	EXPOSURE	FRANCE	Aug. 1916
(*ii.*) As to Group (*b*) above.			
(*iii.*) As to Group (*c*) above.			

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

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

(*ii.*) As to Group (*b*) above ? If yes, has Active Service aggravated it ?

(*iii.*) As to Group (*c*) above ? If yes, has Active Service aggravated it ?

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

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

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

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

PART I. (continued).

5. MEDICAL HISTORY. Patient states - Health was good prior to Enlistment
Went to France April 1916 Was in France 14 months and was sent home
from France, because was unable to carry on, on account
of rheumatism Sciatica Pleurisy mostly in the left thigh, knee and
leg extending to the foot. Claims to have been a patient in
Hospital in France, with rheumatism for 8 days. Has not been
in Hospital in treatment in England.
Complaints - Cellar in Elevator.
Specialist Eye Report
A and Res Eye opens
OD 6/9 Right 6/6 Eyes
OS 6/9 Approximating 6/6 Normal
Condition present before Enlistment, and has not
been aggravated

6. PRESENT CONDITION. Only Symptoms - Rheumatism in
the Left Leg and Thigh. Slightly in the Right Leg
Can walk five miles by taking his own time.
Legs are painful at night, and some nights have to walk to get Ease
March wise in damp weather, and are not so bad on dry days
Eyes do not trouble at all
Only Symptom - Tenderness & pressure over the
Sciatic Nerve in the Thigh (L) No Swelling present.
Causes slight pain in extending Thigh outward.
Not Kinably as Made.
Heart and Lungs - Negative
Other Systems Negative

7. OPERATION. (i.) Was one performed? No (ii.) If so, state what.

(iii.) Was one advised and declined?

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

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

(ii.) If so, describe. Six Extracted

9. DO YOU RECOMMEND:—

(a) Fit for duty? (state category) B111

(b) Invalid to Canada?

(c) Discharge from the Service as permanently unfit?

Date of Report 20 11 1918 Signed E. H. Greenson Capt. C.A.M.C.
Officer in medical charge of case.

Station Base Depot Sunningdale Eng.

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

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

Dated at Not in Station, on 191

*Delete if inapplicable.

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

10. Is the disability fully described in Part I. (1)? ~~yes~~ no
If not, describe it.

delete - Rheumatism add - debility due to age - and civil conditions. Canada Prior to Enlistment

11. Is the cause of the disability fully described in Part I. (2)? no.
If not, describe it.

- Conditions of civil life Canada - before Enlistment

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

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

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

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

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

15. Permanency of the Disability due to Service estimated next above in (14).
(i.) Is it permanent? no
(ii.) If not permanent, what is its probable minimum duration *(in months)*? no

16. If an operation was advised and declined, do you consider the refusal to have been unreasonable? no

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

18. REMARKS:—
This man has not sciatica or any disability - he complains of tenderness along a line from anterior superior spine to former boss of patella - but no where sciatic - states that the course of the sciatic nerve is quite free from tenderness. There is no disability except that due to age none due to service or aggravation.

Authority A.G. Telegram 9083 - 11-11-18

19. RECOMMENDATION:—

(a) Fit for duty? *(state category)* B-11

(b) Invalid to Canada?

(c) Discharge from Service as permanently unfit?

Date of Board 21. 11. 18

Signatures of the Board { Swaubrey Capt Chairman President. / J. W. Clarke Capt Chairman }

Station Summerdale.

Approved J. W. Clarke Capt Chairman

A.D.M.S.

Dated at

Station

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Statement of the Soldier

(This is to be completed only in the case of the Soldier taking his Discharge in ~~England~~.)
(Sections 1, 2, 5, and 6 are to be read to the Soldier.)

I, the undersigned Pte. Davis, William James 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 :—

William J. Davis
Signature of Soldier examined.

Instructions to Medical Officers

Question 1.—State the disability in terms of a diagnosis, that is, a diagnosis of the existing condition as distinguished from the disease or injury which caused it. It should be noted that in medical cases the disability may be the actual disease; for example, Tubercle of Lung, Chronic Bronchitis, Myalgia, Gastric conditions and so forth. (Follow the nomenclature as laid down in the "List of Diseases" of 1915, and amended by A. C. I. No. 1587 of 1917.)

Question 2.—The cause of the disability when known should be stated and care should be taken to establish as correctly as possible the place and date of origin. This is important in view of the relationship of Questions 3 and 4 to Question 5.

Questions 3 and 4.—*NOTE*—By Active Service is meant Service with the Colours in Canada, the United Kingdom or elsewhere during the present war, (since the 4th August, 1914.)

Question 5.—MEDICAL HISTORY.—State concisely the essential points of the history of the case as supported by documentary evidence. If further evidence is considered necessary to complete the Medical History, the same not being supported by documents, this should be obtained by questioning the soldier, but should be distinctly shown as "Patient's Statement." It is considered advisable that these latter statements be grouped apart from the evidence supported by documents available to the Medical Officer.

Extracts should be made from all entries on the Medical History Sheet.

If answers to Nos. 2, 3 or 4 show that the Soldier is suffering from some condition which pre-existed enlistment, it is advisable that these answers be substantiated as far as possible by statements obtained from the Soldier showing history of previous illness or injury.

Question 6.—PRESENT CONDITION.—As this question is primarily intended for the Medical Officer's report, in answering show clearly the condition of the Soldier at the time of examination.

It is directed that the objective and subjective matter be arranged in separate groups. The objective matter is considered to be the more important, in that it consists of a statement of the Medical Officer's actual finding.

Specialists' reports bearing on the PRESENT CONDITION should be attached.

In addition to description of the disability, a report on "all systems" is required in order that the whole when completed may be a true pen portrait of the Soldier's condition.

The Medical Officer in charge of the case will fill out pages 1 and 2 of this Form. The original must be wholly in the handwriting of the Medical Officer. The copies may be typewritten but must be signed by the Medical Officer who must be responsible that these are true copies of the original.

Finally the O. C. Hospital or S. M. O. or an Officer delegated for such duty by the A. D. M. S., is required to sign a certificate at the bottom of page 2, which reads as follows :—

"I have satisfied myself of the general accuracy of this report and concur therewith, except....."

This is a most important part of the paper and one to which the attention of the Officers concerned should be frequently drawn as it is by such strict supervision that the accuracy and good results of Medical Board work can be assured.

ENTRIES OF RECATEGORIZATION

Date	Station	Category	Signature of M. O.	Date	Station	Category	Signature of M. O.

CW.

THIS FORM WILL BE USED FOR ALL RANKS

MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" issued by the B.P.C. and instructions issued by Militia H.Q., Ottawa, will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of Sections 1 to 17 of this Form and will obtain the signature of the invalid to the "Statement," page 3. The President of the Board of Medical Officers is responsible for the proper completion of sections reserved for recording the "Opinion of the Medical Board."
3. In answering the questions, Medical Officers will carefully obtain and record the invalid's statements concerning his condition. They will distinguish observations made by themselves from hearsay. They will distinctly state the authority for statements not resulting from their personal observation; it must be made clear whether such statements are obtained from the invalid concerned, from witnesses, or from documents, Regimental or otherwise.
4. Special care is required in answering question 9. Read the questions carefully. All questions must be answered.
5. If space provided under any section is insufficient add another sheet. Such sheets must be initialled by the Medical Board.
6. A note will be made of attached papers by the Medical Board under the section "Opinion of Medical Board."
7. Under no circumstances may information other than that in sections 7, 8, 9 and 10 be communicated to the invalid, directly or indirectly.
8. The nomenclature of diseases must be followed, if possible, as described in "List of Diseases" printed in the order in which they appear in the Annual Report on the Health of the Army, published in London (1915), by Messrs. Harrison & Sons.

STATION Kingston DATE 16-1-19

1. 1 (a) Unit 3rd S.C.D.D. (b) Regimental No. 724518 (c) Rank Pte.

(d) Surname DAVIS (e) Christian name William James

(f) Home address 316 Barrie St., Kingston, Ont.

(g) Next of Kin Mrs. J. Davis (h) Relationship Wife

(i) Address of Next of Kin 316 Barrie St., Kingston, Ont.

2. Age last birthday 46 Date of birth Jan. 15th, 1873

3. Enlistment, or Appointment (if an Officer) (a) Place Kingston (b) Date 15-11-15

4. Personal description:

(a) Height 5' 4" (b) Weight 135 (stripped) (c) Complexion Fair

(d) Colour of hair brown (e) Colour of eyes Blue (f) Identification marks, Scars, etc.

5. Former trade or occupation Fireman.

6. Service (The information should be secured from personal documents, but if documents are not available the invalid's statement may be taken and note must be made to that effect. Periods of service in Canada, England, France or elsewhere should be noted).	Years	Days
	3 yrs 2 months.	

	Periods	
	From	To
Canada	15-11-15	20-7-16
England	20-7-16	25-4-17
France or other theatres of War	25-4-17	15-11-18
Eng.	15-11-18	12-12-18
Can.	12-12-18	To Date.

7. Original disease, or injury

(1) Defective Vision, (2) Myalgia.

(a) Date of origin (1) pre-enlistment (2) Sept. 1917 (b) Place of origin (1) & (2) 1917

(c) Cause (1) Unknown (2) Exposure.

M. F. B. 227.

300M.—8-18.
1772-39-117.

8. Present disability— (Here state the exact nature of the disability resulting from the disabling conditions: e.g. (*a*) Weakness—slight, moderate, marked, etc; (*b*) Loss, complete or partial, of an organ or member, or of its functions; (*c*) Necessity for rest of the body, or of some of its parts, for therapeutic reasons; (*d*) Any other restrictions in choice of occupation.)

(1) Defective Vision (2) Myalgia.

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

Subjective. Man complains of poor eye sight expecially at night.
Objective. Specialists Report. R.V. $\frac{6}{18}$ L.V. $\frac{6}{6}$ not improved fit for Category B-1 (SGD) W.E. Ainsley Capt, C.A.M.C. Bramshot 23-1-17

Subjective. Man says he has rheumatism in left leg and thigh. Slightly in rt leg, he says he can walk about 5 miles by taking his own time. Legs are more painful at night and he says he has to get up often and walk to get ease. He also claims he has more pains and aches when the weather is damp or wet. He also states he has some pains and aches in his left shoulder.
Objective. There is slight tenderness on pressure over the sciatic nerve in the thigh. There is no swelling & the movements of knee joints are normal but the left causes him a little pain on flexion.

(*b*) Has the invalid now any affection of the following systems, not described in Section 9 (*a*) above?
(Answer Yes or No.—if the answer to any part is Yes, give a brief description of the present condition.)

Nervous System: no — Cardio-Vascular System (If pulse rate is abnormal, B. P. will be taken.): no — Genito-Urinary System (Albumen and Sugar will be excluded.): no

Special Senses: as stated in 9a — Respiratory System: no — Integumentary System: no

Disturbances of Mentality: no — Digestive System: no — Muscular System: as stated in 9a

Osseous and Joint Systems: no — Any other general condition: no

Specialists Report. Presbyopia (age 46)
requires + 1 D to read. J I Classes ordered.
No eye disability. (SGD) J.C. Connell, Lt-Col A.M.C. 17-1-19

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

Man states his health was good prior to enlistment, went to France April 1916, was in France 14 mos, and was sent home from France because he was unable to carry on, on account of rheumatism. Claims he was in Hospital in France about 60 days altogether but never in Hospital in England or Canada. He states he did not notice his eyes bother him prior to enlistment.

10.—(*b*) (Here give a complete history, as obtained from invalid, with dates of origin, of any affection from which the invalid, has suffered either prior to or since enlistment, and not included in Section 10 (*a*).)

Was struck on left shoulder by a falling tree in France Aug. 1917 but did not stop work.

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

No

11.—(*a*) Did the disabling condition have its origin before enlistment? 1 & 2 No

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

1 & 2 Yes

12. Was the disability caused, or aggravated; (*a*) by intemperance, or improper conduct; or (*b*) by unreasonable refusal to accept treatment? 1 & 2 No

The regimental documents will be referred to.

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

13. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one? (1) permanent (2) More or less permanent. he will be better some times than other.

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

As stated in 10a

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

(If the answer is "yes" state nature of treatment required and probable duration)

no

16. Can the former trade or occupation be resumed? Yes with limitations.

(If not, briefly state why)

17. Recommendations

Fit for Category C-3

G. S. Goodwin

Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

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

I, the undersigned W. J. Davis have heard the description of my disability and present condition read, and am satisfied (or not satisfied) with it. (If dissatisfied, statement should follow.)

I complain in addition of nothing.

W. J. Davis Rank.

Signature of invalid examined.

OPINION OF THE MEDICAL BOARD

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

Yes.

19. Is the invalid fit for

(*a*) General service,	(Category A)	(Yes or No.)
(*b*) Service abroad, not general service,	(" B)	(Yes or No.)
(*c*) Home service (Canada only),	(" C)	(Yes or No.) C-3
(*d*) Temporarily unfit.	(" D)	(Yes or No.)
(*e*) Unfit for service in Categories A, B and C	(" E)	(Yes or No.)

20. It is certified that the invalid

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

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

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

Disabilities due to service.

Before signing the President of the Medical Board will read the statement signed by the invalid and differing opinions regarding Sections 7, 8, 9 and 10, as recorded in Section 18, to the invalid and if no change is indicated, will initial the statement. If, as a result of differing opinions regarding Sections 7, 8, 9 and 10 only, recorded in Section 18, the invalid is dissatisfied with the statement previously made, remarks of the Medical Board will be added here.

R S Nurse *President.*

PLACE Barriefield

DATE 17-1-19

Members

TO BE COMPLETED WHEN TREATMENT IS REFUSED

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

Witness..... Signed.....

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

President.

PLACE.....

DATE.....

Members

APPROVED BY

Assistant Director of Medical Services, M.D.

DATE 17-1-19

APPROVED BY

Director-General of Medical Services.

DATE.....

Ophthalmic Department

Bramshott.

Date 16-1-17

To M.O. 12th Battn.

Rank & Name Pte W. J. Davis No. 724518

Unit Battn.

Visual acuity R.E. 6/18 L.E. 6/6

" " with glasses R.E. not improved L.E.

~~Unfit.~~ Fit.

Glasses not ordered.

Remarks:-

Sig. W. E. Anley

Captain C.A.M.C.

Date of Enlistment 1-3-16

MILITIA AND DEFENCE

Separation and Assigned Pay Branch D

OVERSEAS CONTINGENTS

1725

Date of Assignment Aug 1-16.

RATE OF SEPARATION ALLOWANCE

~~20~~	~~25~~	30 1-9-18	

1-12-17 PC.2753
P.C.3257 M027878

RATE OF ASSIGNMENT

15			

PARTICULARS OF SEPARATION ALLOWANCE

No. 724518

Rank Pte Promoted Reverted Discharge

Soldier's Name Wm J. Davis

Battalion 109th Battn "A" Coy.

Beneficiary Mrs Annie Mary Davis

Relationship wife

Address

M.F.W.2554 20/8/18

NOV 22 Rec'd

PARTICULARS OF ASSIGNMENT

Name Mrs. Annie Davis (wife)

Address 316 Barrie Stg, Kingston, Ont

Change of Address

1

2

3

4

REMARKS 04319-W-151

Date 1917	Cheque No.	Amount S/A	Amount A/P	Total	
Dec 31		40	25 5	65	
Jan.	V 66018	30	15	45	N
Feb	E 93325	25	15	40	
Mar	A 122515	25	15	40	
April	B 4894	25	15	40	
May	O 13563	25	15	40	
June	J 24706	25	15	40	
July	G 29351	25	15	40	
Aug	I 38561	25	15	40	
Sept	L 49146	25	15	40	
Oct	M 56080	25	15	40	
Nov.	I 58516	25	15	40	
Dec	D 67714	45	15	60	
		765	435	1200	

A/c Closed 31-12-18.
Ret'd per Corsican
Date 25-12-18 M.F.W.187 30-12-18
Clerk [illegible]
Mth 3
MRD. 50266

M. F. W. 128
400M.—6-17—177-39-1141
L. L. 22320—M. & D. 7193.

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—177-39-1141
L. L. 22320—M. & D. 7593.

AUDITOR | PAYMASTER

M. OR S.

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

REGT. No. 724518 RANK Pte NAME (IN FULL) Davis. W.

NEXT OF KIN Mrs Annie Davis RELATIONSHIP
ADDRESS 316 Barrie St Kingston

IS SEPARATION ALLOWANCE PAID? Yes DATE EFFECTIVE
TO WHOM PAID RELATIONSHIP
ADDRESS

PARTICULARS	EFFECTIVE DATE	AUTHORITY
Pte. Davis, William, 316 Barrie St., Kingston, Ont.		

ORIGINAL UNIT C.E.F. C.F.C IF IN P.F. WHAT UNIT? (BLOCK LETTERS, SURNAME FIRST)
PLACE OF ATTESTATION TRANSFERRED TO DATE AUTHORITY
DATE OF ATTESTATION TRANSFERRED TO DATE AUTHORITY
ASSIGNED PAY, $ 15— DATE EFFECTIVE
PAYABLE TO Mrs Annie Davis RELATIONSHIP
ADDRESS 316 Barrie St Kingston
ANY CHANGE IN ASSIGNEE OR ADDRESS
D-365
STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE EFFECTIVE
DISCHARGED PLACE DATE Jan 22/19 REASON AUTHORITY IF ENTITLED TO POST DISCHARGE PAY

326.

MONTH	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $	C.	OTHER CREDITS $	C.	$	C.	TOTAL CREDITS $	C.	ACQUITTANCE ROLLS COL. NO. 1 NO.	DATE	COL. NO. 2 NO.	DATE	COL. NO. 3 NO.	DATE	CASH PAYMENTS COL. NO. 1 $	C.	COL. NO. 2 $	C.	COL. NO. 3 $	C.	ASSIGNED PAY $	C.	REGIMENTAL CHARGES $	C.	OTHER CHARGES $	C.	$	C.	TOTAL DEBITS $	C.	BALANCE DEBIT $	C.	CREDIT $	C.	PARTICULARS OR REMARKS
Balance from previous account Dec 31/18																																					
1-12-18 Jan 1/19	58	1 10/100	59	30	12 35	—	22	—	127	30							87	30					32	—					8	—	127	30					Pte Dr 257 Sub 15 qs 2317 2316
																												660			660			660			Discbgd Colldgs s/a
Jan 22/19	183 days. W. S. G.								600 00		A5427	A5428					70 00		30 00															6 60			Div. Pd. Sup. Advice 6/3/19 OTS
Feb. 26/19											B35130	5131					70 00		30 00																		
Mar. 22/19											G238599	238598					63 40		30 00																		
																	× 6 60																				× Deb. Bal.
~~Mar. 25/19~~											~~G238679~~	~~238680~~					~~70 00~~																				
Apr. 17/19											G321289	321290					70 —		30 —																		
May 21/19											G328468	328469					70 —		30 —																		
June 16/19											927976	—77					70 —		30 —																		
																	420 00		180 00																		

OK WM

W.S.G. form received

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