

copy.

ATTESTATION PAPER.

No. 1420385

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname?..... *Davies*
- 1a. What are your Christian names?..... *George Albert*
- 1b. What is your present address?.....
2. In what Town, Township or Parish, and in what Country were you born?..... *Nottingham Eng.*
3. What is the name of your next-of-kin?..... *J. W. Davies (Father)*
4. What is the address of your next-of-kin?..... *Old Walks Home Portage Man.*
- 4a. What is the relationship of your next-of-kin?.....
5. What is the date of your birth?..... *14/2/86*
6. What is your Trade or Calling?..... *no*
7. Are you married?..... *yes*
8. Are you willing to be vaccinated or re-vaccinated and inoculated?..... *no*
9. Do you now belong to the Active Militia?..... *no*
10. Have you ever served in any Military Force?..... *yes*
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? }
13. Have you ever been discharged from any Branch of His Majesty's Forces as medically unfit? ..
14. If so, what was the nature of the disability? ..
15. Have you ever offered to serve in any Branch of His Majesty's Forces and been rejected? ..
16. If so, what was the reason?.....

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *G. A. Davies*, 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.

G. A. Davies..... (Signature of Recruit)

Date *Jan. 11* 1915. *Jno. Barker*..... (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *G. A. Davies*, 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.

G. A. Davies..... (Signature of Recruit)

Date *Jan. 11* 1915. *Jno. Barker*..... (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 *Winnipeg* this *11* day of *Jan* 1915.

W. H. Bell..... (Signature of Justice)

M. F. W. 23.
750 M.-1-17.
H. Q. 1772-39-841.

N.B.—ATTENTION IS DRAWN TO THE FACT THAT ANY PERSON MAKING A FALSE ANSWER TO ANY OF THE ABOVE QUESTIONS IS LIABLE TO A PENALTY OF SIX MONTHS' IMPRISONMENT.

W. H. Bell Lieut. Col (app. off.)
Comd'g 43 Btd. (C. E. F.)

Description of G. A. Davies on Enlistment.

Apparent Age.....28 years.....11 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. 10 ins.

Chest measurement { Girth when fully expanded.....41 ins.
 Range of expansion.....3 ins.

mil.

Complexion.....dark

Eyes.....brown

Hair.....dark

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

CERTIFICATE OF MEDICAL EXAMINATION.

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

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

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

Date.....Jan. 11 1915.....W. J. Gardner **Capt.**

Place.....Winnipeg.....
 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.

.....G. A. Davies.....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. J. Gardner.....(Signature of Officer)

Date.....Jan. 11 1915



- Proceedings of Court of Inquiry or on men reported Missing on Active Service.....
- Attestation Papers..... 1-3
- Declaration of change of name.....
- Authority for special enlistments.....
- Documents of re-enlisted men.....
- Regimental Conduct Sheet..... 1
- Compulsory Stoppages.....
- Casualty Forms..... 1
- Proceedings on discharge..... 2
- Corps History Sheet.....
- Date and No. of Deposit Receipt for Purchase Money and Amount.....
- Payment Certificate..... Discharge
- Medical Report for Invalids.....
- Medical History Sheet.....
- Proceedings of Regt. Court Martial.....
- Copies of Convictions by Civil Power.....
- Company Conduct Sheet..... 1
- Clothing Transfer Certificate.....
- Inventory of Kit.....
- Last Pay Certificate.....

43

DISCHARGE DOCUMENTS

Name Davies, George Albert
 Regt. No. 420385 Rank Pte
 Corps 43rd O/S. Batt. C-E
Medically Unfit

C4731



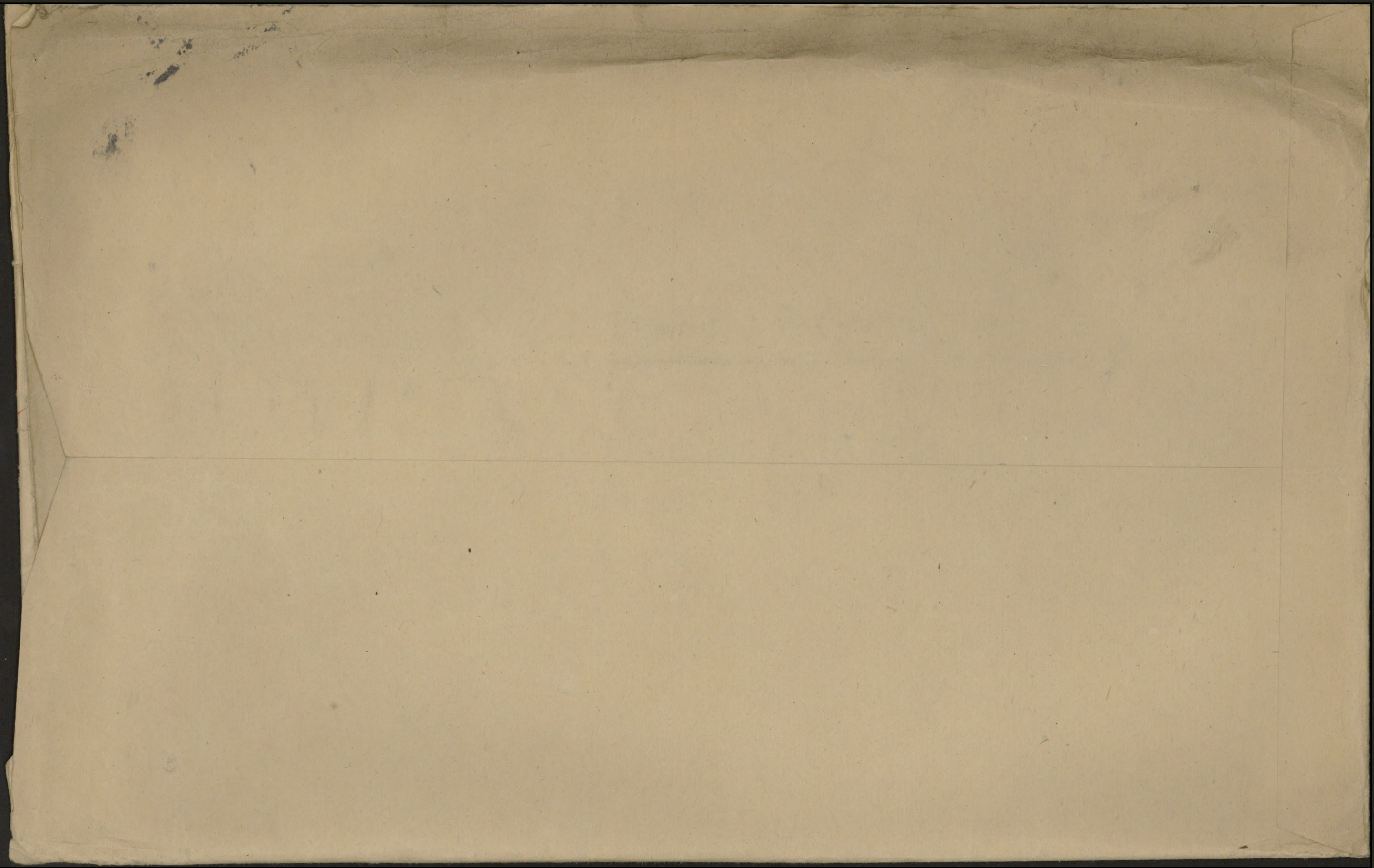
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R. O. No.
 H. Q. No.

241. 1207 ~ 2.

1 pay card
 1 pay card
 B. 122 - 1
 1 Pay Card

6-8
 17-8
 26 8
 1



MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
Year 1915	20385	Pte.	Davis G.	G.
		Unit.	Age.	Service.
		45 th Batt (P.C.I.)	30 42	7/12
Station and Date.	Disease	<u>Cut Throat</u>		
Sep ^r 15 th Shorncliffe M. H.	Throat was incised & entered with the left hand, the cut being deeper on the left side. The line of incision runs almost horizontally around the ^{front of the} neck at the level of the Prominence of the Larynx. <u>Hallucinations of sight & hearing</u>	On the left side the Sterno-hyoides was cut thro but otherwise no important structures were severed.		
	When and after the skin surface was incompletely closed with interrupted silk sutures, the margins of the cut surfaces gaping considerably. There was a haematoma on the left side of the neck.			
	The deep structures had not been sutured and in addition to bringing them into apposition with sutures, several bleeding points were secured and ligatured.			
	The skin surfaces were brought into apposition with continuous silk sutures.			
	Patient was in good condition at the close of the operation.			
Sep ^r 17-15	Dressing taken down - neck in good condition. Complains of slight difficulty in swallowing.			

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

Station
and Date.

Sep^r 23-15

Wound healed. No suppuration.
Patient has hallucinations of sight and
hearing.

Sight.

States he has one enemy, a small man
who appears to be chasing him and keeps
whirling around. He claims he tried
to get in the window of the ward a few
days ago and patient threw a glass at
him. He states this enemy has bothered
him ever since he was a child.

Hearing

Claims he hears voices saying "that is
the man, kill him, kill him". This is of
more recent development.

States he has had some trouble with
another man of late but thinks he cannot
trust me with the information about it.
Regarding his attempt at suicide he states
that he was about to do it near a forest
in Western Canada but that he was
prevented from doing so by a pack of wolves
≠ chasing him.

He has made his explanation as to the previous
attempt he made saying that the razor was
dull and he was disappointed with it
on that account.

Sep^r 27-15

Patient had a dream last night in which he heard
voices saying "Come" and he saw someone beckoning
with their finger.

He talks about "getting" the little man who whirled about.

R. L. Miller, Capt.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
	20385	Pte	Davie, J.	J
Year	Unit.		Age.	Service.
1916	45 th Bn. C. I. P.		30	7/2
Station and Date.	<p style="text-align: center;"><u>Attempted suicide</u></p> <p>Disease <u>Mental activity much reduced. Never seen to volunteer a remark or to open a conversation.</u></p> <p><u>Shorecliff M. H. September 25th</u></p> <p><u>During examination thought procedure slow. Requires several minutes to answer simple question.</u></p> <p><u>Memory moderately impaired. Cannot remember exact date of enlistment. Does not remember name of ship on which he came to England. Does not remember where he sailed from. Does not remember name of ship on which he went to Canada four years ago.</u></p> <p><u>Power of calculation poor. Cannot calculate what year it was in which he went to Canada, though he knows it was four years ago, knows what year this is.</u></p> <p><u>Emotional activity reduced. Cannot be provoked out of a condition of almost indifference. With difficulty can be persuaded to talk of a fair man in red, whom he thinks is the devil who constantly chases him about, whistling around, shouting "Kill him, kill him." Does not manifest any fear or he talks of him.</u></p> <p><u>Claims that he cut his throat on account of some dealings with a soldier of another unit, whom he had never seen before in his life with whom he had no quarrel.</u></p>			

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

Station
and Date.

Realizes that he might be punished for cutting
his throat. Shows no sense of right or
wrong with regard to suicide. States that
he is rather taken with the idea of it,
& that he can give no guarantee or reason
why he should not attempt it again.

States that on first going to Canada
he was employed by Dr. James at the Lunatic
Asylum. Denies that he was ever a
patient in an asylum.

Robert G. Stewart.

Rank _____ Name **DAVIES. George A** ✓ Reg'l No. **420385** ³ *EW* R-122.
 Unit **43rd Bn.** If in perm. Corps, }
 What Unit? } Married or Single **Single.**

Place and Date of Enlistment **Winnipeg. 11th Jan. 1915.** Place of Birth **England.**

Name and Address, Next-of-Kin **J W Davies. Old Folk's Home. Portage Man. Can.**
 Relationship **Father**

Assigned Pay Monthly \$ _____ Payable to _____
 Relationship _____

Separation Allowance \$ _____ Payable to _____
 Relationship _____

N/E R B No. 7
 File R.L. _____
 Category M.V.B.

Discharge, Date and Place _____ Reason _____ Character _____

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		10.6.15	<i>Imm. Can. 7</i>
17.9.15	<i>CL 43rd</i>	} Attempted Suicide } } <i>Dangerously ill</i> } } admitted to A.D. M.S. Hosp. }	} Shorncliffe }	16.9.15	<i>CL #20 O.N.</i>
16.9.15	<i>O.C. 43rd</i>			15.9.15	<i>PH 6 #12</i>
11.11.15	<i>C.D. 43</i>	Dischd from Hosp	<i>do</i>	28.10.15	<i>CL #51 (Cut Throat)</i>
3.11.15	<i>O.P. 43</i>	Struck off strength on departure to Canada for discharge & landing		29.10.15	<i>(D.R.C. 33574 2.11.15) PH 6 #46</i>
28.11.15	<i>H.Q.</i>	Pension Board recommend to be invalided to Canada for medical observation and final disposition - that he be not granted a pension			<i>A.F. 92</i>

Casualty Form—Active Service.

Regiment or Corps

43rd Battn. C.E.F.

Regimental No.

20385

Rank

Sgt

Name

Davies Geo. A

Enlisted (a)

11/11/15

Terms of Service (a)

Service reckons from (a)

Date of promotion to
present rankDate of appointment
to lance rankNumerical position on
roll of N.C.Os.

Extended

Re-engaged

Qualification (b)

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				
		<i>Medically unfit</i>			
		<i>2nd Lt Capt + Adjt</i>			
		<i>43rd Battn. C.E.F.</i>			
		<i>Cameron Highlanders of Canada</i>			

(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.

Surname

Christian Name or Names

Reg. No.

Davies.

G. A.

420385.

Rank

Unit

Co.

Troop

Batty.

Pte.

43rd Bat.

Hospital

Date of Admission

Transferred A.D.M.S. Can Shorncliffe Hosp. 16.9.15.

Mil Hosp. Shorncliffe

Hosp.

Hosp.

Hosp.

Diagnosis

Dangerously ill.
attempted suicide.

(1)
Later Diagnosis (if changed)

(2)
(3)

Cut throat.

Additional Diagnoses, if more than one state present

DISPOSITION

Date

dis 28/10/15

REMARKS

C.L. 17.9.15

21.

L. 11/10/15 #51

A.M.D. 2 DEPT.

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

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.

2.

3.

4.

5.

6.

7.

No. 420385 RANK Pte. (43 Bn.)

NAME Davies J.

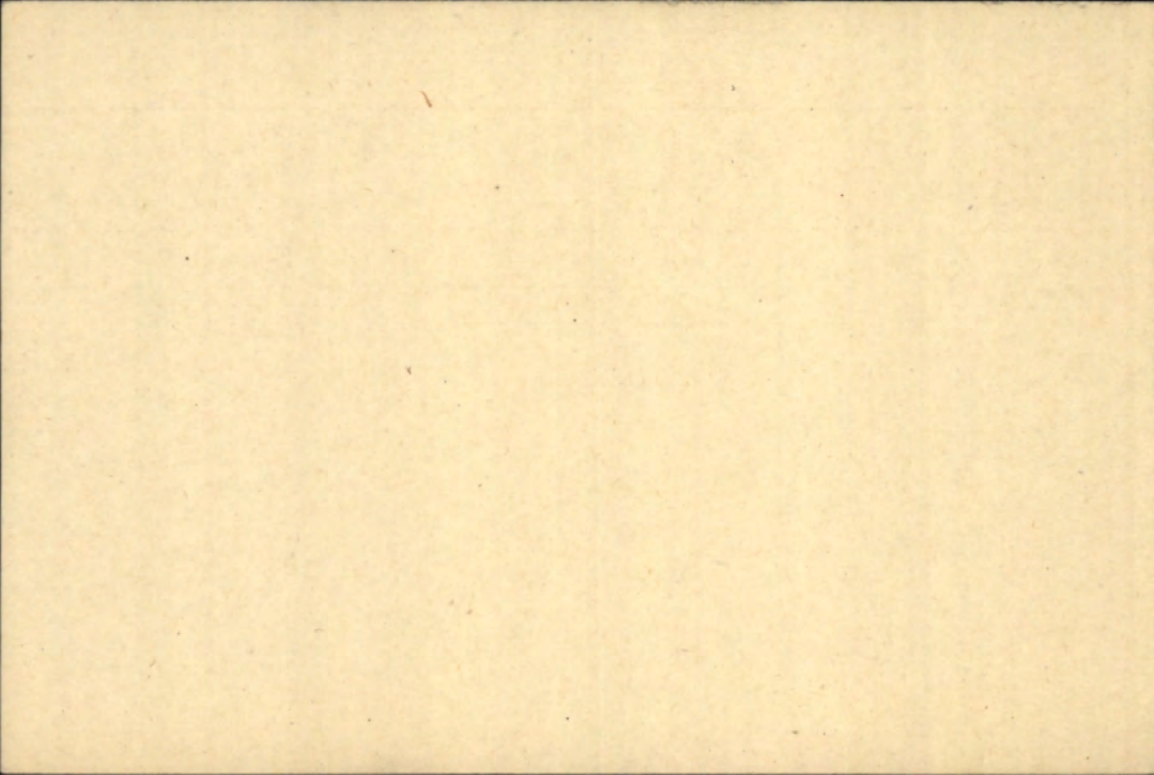
Q.

T. O. S.

UNIT Discharge Depot (Quebec)

M. D. 3-

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1915 Sept. 15.		n.	Confined to Insane Asylum	Nov. Paylist



No. 3087 RANK Pte.
a 20885 mar payroll.

NAME Davis George Albert

420385

T. O. S. 11-1-16 UNIT 43rd Battalion.
{D.O. no 1 Jan 1915}

M. D. 10.

			PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
PAID FROM	PAID TO	SIG OR REC'T	PARTICULARS	AUTHORITY
1915- Jan 11	1915- Jan 31	✓		
	Feb	✓		
	Mar	✓		
	Apr	✓		
	May	✓		
	June	✓		

UNIT SAILED
JUN 1 1915



MOORE BARRACKS, CANADIAN HOSPITAL, SHORNCLIFFE.

ADMITTING CARD.

Regt. No. *H 20385* A. & D. No. *H 618*
Rank *Pte.*
Name *Davis Geo.*
Corps *H 3 B^m* Age *6/12*
Religion *Presby.*
M. H. Rec'd *15-9-15*. M. H. Requested M. H. Ret'd
Disease *Cut Throat.*
Admitted *15-9-15*.
Discharged
Place in Hospital *2*
Transferred *15/9/15 Military Hospital.*
Results

REMARKS:

Reg. No. 420385 Name Davis, G. A.
Rank 7th Corps 43 Bn Age — Service —

Ledger No. Serial No.

HOSPITALS

DATE

DIAGNOSIS

Beaufort Asylum, Dec 11. 11. 15 Mental Depression

HOSPITALS**DATE****DIAGNOSIS**

M. F. W. 2553.
75M.—9-19.
1772-39-1332.

26
Number 420385- Rank Pte

Surname DAVIES

Christian Name George Albert

Units 43 Bn Can Coy Theatre of War England

Date of Service ~~16/9/15~~ 10-6-15

Remarks

Latest Address Not Stated
1-3-23.

Roll No. A Page 4021

200m.-2-21.M.

M.D. No.

NUMBER

RANK

SURNAME

INITIALS

.....
Full postal address.....
(Street) (City or Town) (Province)

Name of one person to be notified of arrival.....

Address.....

Railway Station in Military District to which a furlough warrant is required.....

..... Railway.....

If married, is your wife on board..... Number of children on board.....

Their destination.....

(Sgd.).....

M. F. W. 2502.

NAME *Davies. G. A.*

H. Q. FILE No. 649- ✓

REG'TL. No. *A. 20385*

RANK AND CORPS *Pte.*

4 3rd Batt. 420385

CABLE

NO.

DATE

NATURE OF CASUALTY

M. 1006

16-9-15.

Dang. ill at Mooroo Bks Hosp. Shorncliffe. Sept. 16, 1915. attempted suicide.

NO. *264*

FOLL.

LIST No.

HOSPITAL

DATE OF
ADMISSION

REMARKS

- | LIST No. | HOSPITAL | DATE OF
ADMISSION | REMARKS |
|----------|--------------------------------|----------------------|-----------------------------|
| 20. | A.D.M.S. Guardians, Shorn rep. | 16/9/15. | Daup Ill. Attempted Suicide |
| 57. | Mil. Shorncliffe | 28-10-15 | Cut throat. Discharged |

m D. 5-

(649-D-610)

CARD NO.

SURNAME. *A. Davies.*

CHRISTIAN NAMES *George. Albert,*

REGL. No. *420385,* RANK *Pte.*

UNIT *43rd*

FORMER CORPS *nil*

S.O.S. ltr. 4-5-16. 5

Batt.

NEXT OF KIN.

NAMES IN FULL *Davies. J. W.*

RELATIONSHIP TO SOLDIER *(Father)*

ADDRESS *Old. Folk's, Home, Portage,
Man.*

auth. 649-D-610.
CHANGE OF ADDRESS

*also notify
ada David.
(sister) Denbigh
Villa, Denbigh Terr.
Nottingham Lon.
Eng.*

COUNTRY OF BIRTH *England, Nottingham* DATE *14/2/86.*

PLACE OF ATTESTATION *Winnipeg, Man.* DATE *11/1/15.*

Sailed 1-6-15 "Gaulpian" Montreal

R.H. 7-11-15

MARRIED

SINGLE *yes,*

WIDOWER

TRADE OR CALLING

Electrician

RELIGION

C. of E.

DESCRIPTION.

APPARENT AGE

28.

YEARS

11.

MONTHS

HEIGHT

5.

FEET

10.

INCHES

CHEST MEASUREMENT

41.

INCHES

EXPANSION

3.

INCHES

COMPLEXION

Dark

EYES

Brown

HAIR

Dark.

DISTINGUISHING MARKS

Nil.

MEDICAL EXAMINATION.

PLACE

Winnipeg Man.

DATE

Jan. 11/15.

No 420350 RANK

Pte.

NAME

Davio, G. Co. Albert.

Davies

T. O. S.

UNIT

Cassette, C. E. F.

43rd

M. D. 5-

PAID
FROMPAID
TOSIG.
OR
REC'T

PROMOTIONS, TRANSFERS, DISCHARGES, ETC.

PARTICULARS

AUTHORITY

1916

Nov. 8

1917

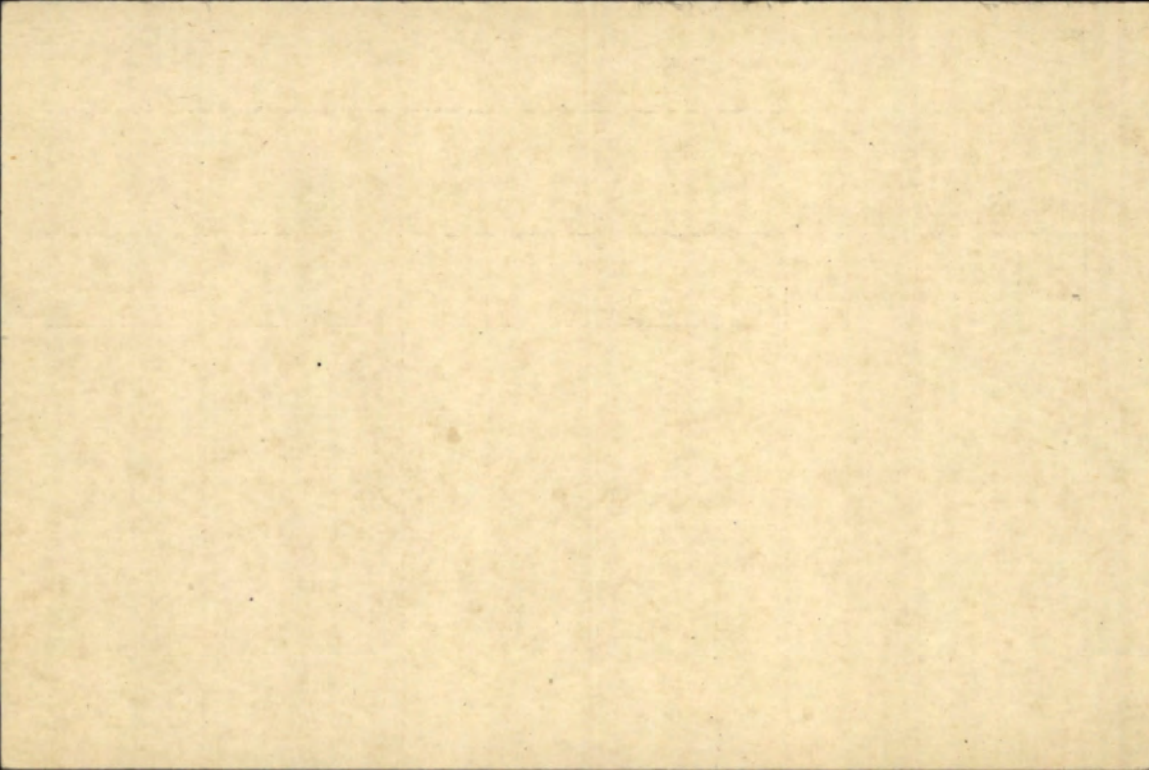
Jan. 31

July

Mar.

H.
H.
W.Trans. 43rd Regt.
43rd Bn.

Jan. 1917



No. 420385 RANK Pte.

NAME Davis George Albert
Davies

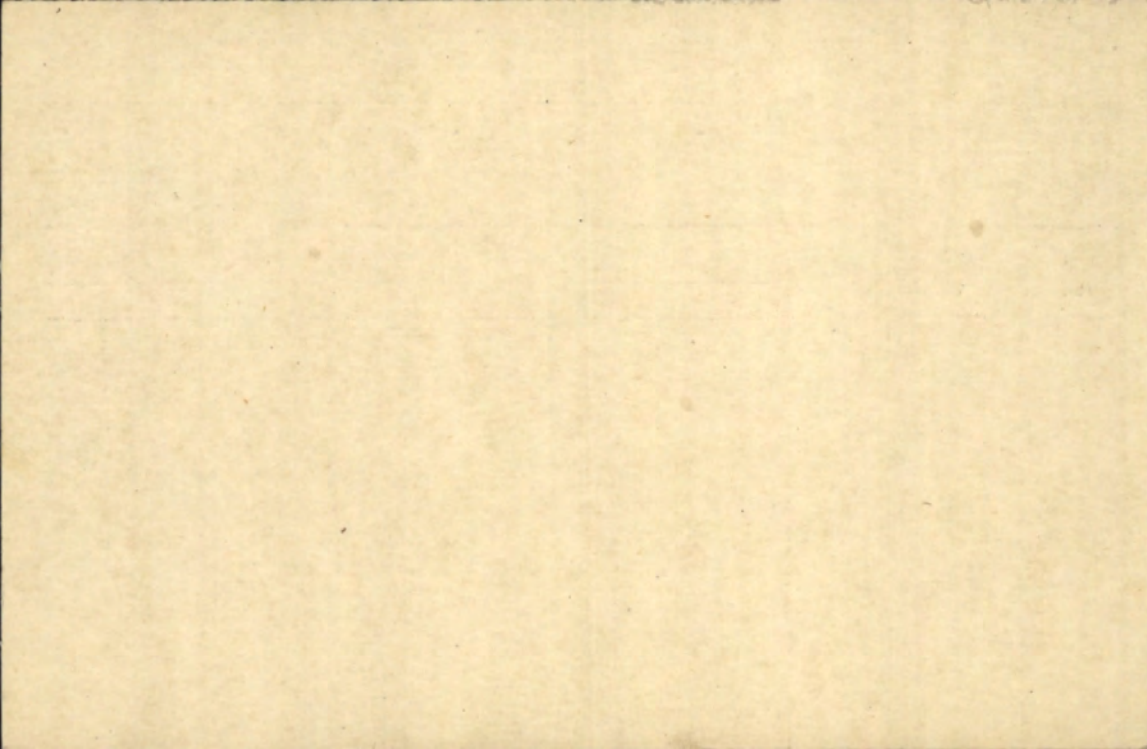
T. O. S.

UNIT Casualties

43rd Bn.

M. D. 5

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1917 Apr. 1	1917 Apr. 30	N		



Name *James P. G. G.*

M. F. W. 41.
5m.-6-15.
1772-39-889.

Regimental No. *20385*
Unit *3rd Bu. 43rd Mn.*
Date of enlistment
Place of
Married (yes or no) *no*
Amount of pay assigned monthly \$ *nil*
To whom payable *s/a lv*

Name and address of next-of-kin *J. W. Davies (father)
ced Folks Home
Portage la Prairie,
Man.*
ced Folks Home, Portage la Prairie
Ent *Insane Asylum, Beaufort, Q. 4.11.15*
still in asylum. 1.4.16.
attempted suicide
Date and place discharged
Reason for discharge
Character on discharge

S. S. Missanabee

7.11.15

649-D-610

L. 82314. M. & D. 5736-25-6-15-5000.

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					
							<i>2148</i>							<i>L.P.C. England</i>
<i>15⁹/₁₅</i>	<i>7¹⁴/₁₉</i>	<i>54</i>	<i>1⁰⁰/₅₄</i>	<i>54</i>	<i>10</i>	<i>540</i>								<i>for Bal. 8088</i>
							<i>8088</i>							<i>8088</i>
														<i>137 15¹⁴/₁₇</i>
														<i>7d to 2nd 5 7¹⁴/₁₅</i>
														<i>type 137 for 15¹⁴/₁₆</i>
														<i>type 137 18¹⁴/₁₇</i>

to mtd

1

D.D. 130.

WAR SERVICE GRATUITY

TO

DEPENDENTS OF DECEASED SOLDIERS

A.P. File No.

no file 117
04314.5
113

Register No. *420385*

Reg'tl No. *420835* Name *George Albert Davies*
(Christian Name) (Surname)

Unit *43rd Bn.* Rank *Pte.* Date of enlistment.....

Date of casualty *19. 12. 17.* B.P.C. File No. *8383*

Was service performed overseas? *yes*

DEPENDENT

Name *Mr. John Wm. Davies* Relationship.....

Address *132 7th St. N. W.,
Portage La Prairie,
Manitoba.*

Amount of Special Pension Bonus \$ *nil* Abstracted by *M. Knox*

Eligible for Gratuity \$ *✓*

Less amount of Special Pension Bonus paid..... \$.....

Less Debit Balance of S. A. or A.P..... \$.....

Total deductions \$ *✓*

Balance due \$ *✓*

Cheque No..... Date issued.....

REMARKS: *Not eligible no SA paid*
✓

Clerk *JW Patterson*

Audited by
[Signature]
Date *16/7/20* *nil.*

M.F.W. 2652
25M-6-20.
H.Q. 1772-30-1473

D.P.
9/7/20

POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

Name

Surname

Christian Name

Regimental Number

Rank

Address (in full)

Unit

Original Unit

District where paid

Date of Discharge

P. D. P. Filing Number

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

L.L. 53961—M. & D. 9721

Total Credits 91 days	FIRST PAYMENT			SECOND PAYMENT			FINAL PAYMENT			Balance Overpayments 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		

M. F. W. 127
 800M-1-19
 1772-39-1140

Remarks:

Rank *Pte* Name *Davies George A* Reg'l No. *A 20385* P-56
 Unit *43rd Batta* If in perm. Corps, What Unit? Married or Single *Single*
 Place and Date of Enlistment *Winnipeg 11 Jan 1915* Place of Birth *England*
 Name and Address, Next-of-Kin *Jr. Davies, Old Folk's Home, Fortage, Man. Can.*
 Relationship *Father*

Assigned Pay Monthly \$ Payable to Relationship

Separation Allowance \$ Payable to Relationship

Discharge, Date and Place *Oct. 15/15 To Canada* Reason *H.P. 12/19* *Oct 9/15* Character

Date		PAY			Field Allowance			Other Credits	Total Credits	Voucher		Cash Payments	Assigned pay	Other Charges	Total Debits	Balance	Remarks, Casualties, etc
From	To	No. of Days	Rate	Amount	No. of Days	Rate	Amount			No.	Date						
<i>July 1</i>	<i>July 31</i>	<i>31</i>	<i>1.00</i>	<i>31</i>	<i>31</i>	<i>.10</i>	<i>3.10</i>	<i>1.13</i>	<i>35.23</i>			<i>15</i>		<i>15</i>	<i>20.23</i>	<i>13 Cr from June</i>	
<i>Adjustment of exchange</i>															<i>20.64</i>		
<i>Aug 1</i>	<i>Aug 31</i>	<i>31</i>	<i>1.00</i>	<i>31</i>	<i>31</i>	<i>.10</i>	<i>3.10</i>		<i>34.10</i>			<i>48.66</i>		<i>48.66</i>	<i>6.08</i>		
<i>Sep 1</i>	<i>Sep 30</i>	<i>30</i>		<i>30</i>	<i>30</i>		<i>3</i>		<i>33</i>					<i>39.08</i>	<i>39.08</i>	<i>Attempted suicide 15-9-15. pay stopped pending investigation</i>	
<i>Oct 1</i>	<i>Oct 15</i>	<i>15</i>		<i>15</i>	<i>15</i>		<i>1.50</i>		<i>16.50</i>			<i>7.43</i>	<i>34.10</i>	<i>21.48</i>	<i>21.48</i>	<i>H.P. 12/19 Oct 9/15</i>	
<i>7th March 76.</i>									<i>21.48</i>				<i>21.48</i>	<i>21.48</i>	<i>21.48</i>	<i>Discharged to Canada owing to being in same payment of 9-13 was not made</i>	

B. Mason

21 48 transferred to acct of pm fund that liability can disc's

517
1915
55

Name

The Harris Y.

M. F. W. 41
100M-1-18,
1772-39-389.

Regimental No.

420385

Name and address of next-of-kin

Unit

Date of enlistment

Place of

Married (yes or no)

Date and place discharged

Amount of pay assigned monthly \$

Reason for discharge

To whom payable

Character on discharge

D66

	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					
1917															
Jan.	8-11-16	31-1-17	85	1. ⁰⁰	85.00	85	10	8.50	80.88						C.F. 174.38
Feb.	1	28	28	1. ⁰⁰	28.00	28	10	2.80	174.38						C.F. 205.18
Mar.	1	31	31	1. ⁰⁰	31.00	31	10	3.10	205.18						C.F. 239.28
April.	1	30	30	1. ⁰⁰	30.00	30	10	3.00	239.28						C.F. 272.28
In Report. Assylum.															
May.	1	31	31	1. ⁰⁰	31.00	31	10	3.10	272.28						C.F. 306.38
June.	1	30	30	1. ⁰⁰	30.00	30	10	3.00	306.38						C.F. 339.38
July.	1	31	31	1. ⁰⁰	31.00	31	10	3.10	339.38						C.F. 373.48
Aug.	1	31	31	1. ⁰⁰	31.00	31	10	3.10	373.48						C.F. 407.58
Sep.	1	30	30	1. ⁰⁰	30.00	30	10	3.00	407.58						C.F. 440.58
Oct.	1	31	31	1. ⁰⁰	31.00	31	10	3.10	440.58						C.F. 474.68
Nov.	1	30	30	1. ⁰⁰	30.00	30	10	3.00	474.68						C.F. 507.68
Dec.	1	31	31	1. ⁰⁰	31.00	31	10	3.10	507.68 ^{0.25}						C.F. 542.03
1918															
Jan.	1	31	31	1. ⁰⁰	31.00	31	10	3.10	542.03						C.F. 576.13
Feb.	1	28	28	1. ⁰⁰	28.00	28	10	2.80	576.13						C.F. 606.93
Mar.	1	31	31	1. ⁰⁰	31.00	31	10	3.10	606.93						C.F. 641.03
April.	1	17	17	1. ⁰⁰	17.00	17	10	1.70	641.03						C.F. 659.73
					526.00			526.00	6188						136760473

J.M.P.

Name

Pfc. Davis G

M. F. W. 41
100a-1-18.
1773-29-338.

Regimental No.

470 385

Name and address of next-of-kin

Unit

Date of enlistment

Place of "

Married (yes or no)

Date and place discharged

Amount of pay assigned monthly \$

Reason for discharge

To whom payable

Character on discharge

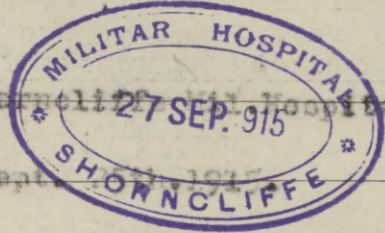
Date		PAY			Field Allowance			Other Credits	Total Credits	Voucher		Cash Payments	Assigned Pay	Other Charges	Total Debits	Remarks, Casualties, etc.
From	To	No. of Days	Rate	Amount	No. of Days	Rate	Amount			No.	Date					
1918																
April 10	30	13	1. ⁰⁰	13.00	13	10	1.30	659.73	674.03							C.F. 674.03
May 1	31	31	1. ⁰⁰	31.00	31	10	3.10	674.03	708.13							C.F. 708.13
June 1	30	30	1. ⁰⁰	30.00	30	10	3.00	708.13	741.13							C.F. 741.13
July 1	31	31	1. ⁰⁰	31.00	31	10	3.10	741.13	775.23							C.F. 775.23
Aug 1	31	31	1. ⁰⁰	31.00	31	10	3.10	775.23	809.33							C.F. 809.33
Sept 1	30	30	1. ⁰⁰	30.00	30	10	3.00	809.33	842.33							C.F. 842.33
Oct 1	31	31	1. ⁰⁰	31.00	31	10	3.10	842.33	876.43							C.F. 876.43
Nov 1	30	30	1. ⁰⁰	30.00	30	10	3.00	876.43	909.43							C.F. 909.43
Dec 1	31	31	1. ⁰⁰	31.00	31	10	3.10	909.43	943.78							C.F. 943.78
								0.00								
				258.00				2580.00	1296.02	1179.82						

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Medical Report on an Invalid. *no card*

Station Shorncliffe Military Hospital.

Date Sept 27 1915



- 1. Unit 43rd Battalion CEF
- 2. Regimental No. 20385
- 3. Rank Private
- 4. Name Davies G.

- 5. Age last birthday 30
- 6. Enlisted { on Jan. 1915.
at Winnipeg Man
- 7. Former Trade { Electrician
or Occupation {

8. Disability.

Prucop
Dementia ~~parva~~.
Attempted suicide.

Statement of Case.

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

9. Date of origin of disability. Uncertain.

10. Place of origin of disability. Uncertain.

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

Patient was admitted to Hospital on Sept. 15th. 1915 with a large transverse gash in his throat, the result of an attempt at suicide. The sterno-mastoid muscle on the left side was almost severed, otherwise no important structures were injured. He does not attempt to explain his act but state that he had decided to do it once before in Canada. He has hallucinations of sight and hearing, and from what he says these have been present for years.

- 12. (a) Give your opinion as to the causation of the disability.
- (b) If you consider it to have been caused by active service, climate, or ordinary military service, explain the specific conditions to which you attribute it (See notes on page 3).

Insanity. aggravated by active service
Not Military service.

13. What is his present condition?

His wound is healed.

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

Visual hallucinations.

States he as an enemy, a small man who is constantly worrying him and keeps whirling about. He says he attempted to enter the window of the Ward a few days ago and patient then threw a glass at him.

Auditory hallucinations.

He hears voices saying "That is the man, kill him, kill him."

He says he "Worked" at Mimico and Hamilton Asylums.

He ordered the Sister out of the Ward as he says he cannot trust her.

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

Not applicable.

- (a) In action?
- (b) On field service?
- (c) On duty?
- (d) Off duty?

15. Was a Court of Inquiry held on the injury?

Not applicable.

- If so—
- (a) When?
 - (b) Where?
 - (c) Opinion?

16. Was an operation performed? If so, what?

Yes, wound sutured.

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

Not applicable.

18. In case of loss or decay of teeth. Is the loss of teeth the result of wounds, injury or disease, directly* attributable to active service?

Not applicable.

19. Do you recommend

- (a) Discharge as permanently unfit, or
- (b) Change to England?

Yes and admitted to an asylum.

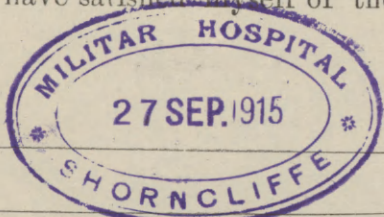
Not applicable.

S. B. D. Hewitt M.D.

Officer in medical charge of case.

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

except†



Station

Date

W. M. Munday M.D.
Officer in charge of Hospital.

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

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

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Date

Statio

Date

Opinion of the Medical Board.

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

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

(iii.) The rates of pension vary directly according to whether the disability is attributed to (a) active service, (b) climate, or (c) ordinary military service. It is therefore essential when assigning the cause of the disability to differentiate between them (see Articles 1162 and 1163, Pay Warrant, 1913).

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

(v.) A disability is to be regarded as due to climate when it is caused by military service abroad in climates where there is a special liability to contract the disease.

20. (a) State whether the disability is the result of (i.) active service, (ii.) climate, or (iii.) ordinary military service.

Previous mental condition aggravated by active service

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

mental strain

21. Has the disability been aggravated by

(a) Intemperance? *no*

(b) Misconduct? *no*

22. Is the disability permanent? *yes*

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

Not applicable

To be stated in months.

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

Total

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

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

Not applicable

26. Do the Board recommend

(c) If unfit for general service at home is he fit for light duty at home. *no*

(d) If not fit, how long is he likely to be unfit for light duty at home? *not applicable*

H. Wray President.

Station *Home Life Military Hospital*

Qu Campbell Capt

Date *Sept 27/15*

S.R. De Witt Capt

Members.

Approved.

Station *Home Life*

G. G. Jones Capt. A/D.A.D.M.S.

Date *28 Sep 1915*

Administrative Medical Officer. Canadian Training Division, Shoeliffe.

Opinion of the Medical Board.

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

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

(iii.) The rates of pension vary directly according to whether the disability is attributed to (a) active service, (b) climate, or (c) ordinary military service. It is therefore essential when assigning the cause of the disability to differentiate between them (see Articles 1162 and 1165, Pay Warrant, 1913).

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

(v.) A disability is to be regarded as due to climate when it is caused by military service abroad in climates where there is a special liability to contract the disease.

20. (a) State whether the disability is the result of (i.) active service, (ii.) climate, or (iii) ordinary military service.

Pre-existing mental condition aggravated by active service

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

mental strain.

21. Has the disability been aggravated by

(a) Intemperance? *no*

(b) Misconduct? *no*

22. Is the disability permanent? *yes*

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

Not applicable

To be stated in months.

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

Total

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

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

Not applicable

26. Do the Board recommend

(a) Discharge as permanently unfit, *yes*

or

(b) Change to England? *Not applicable*

Signatures:—

K. W. Smith Esq. President.

Station *Shorncliffe Military Hospital*

W. Campbell Capt

Date *Sept 27/15*

S. R. Stewart Capt

Members.

Approved.

Station *Shorncliffe*

G. J. Smith

Date *28 Sep 1915*

G. J. Smith Capt. A/D.A.D.M.S.
Canadian Training Division, Shorncliffe.
Administrative Medical Officer.

(On leaving Corps or Station where invalided.)

Transfer	{	Date _____	Name	{	Conveyance _____
		Station _____			Vessel _____
or			of		
Embark- ation	{	Date _____	}	Officer in	} _____
		Port _____			

Brief remarks on case during transit, and state on transfer for final disposal.

Re-transferred { Date _____
Hospital or } _____
Station } _____

Officer in medical charge.

(At Station or Hospital where finally disposed of.)

Station and Hospital } _____
Arrived from _____ Date _____

If admitted	If under treatment		Disease	How finally disposed of	Date of Discharge, &c.
	From	To			
Date					

Detailed statement as to condition on discharge and whether discharged as an invalid, to corps, to station, or to depôt. In cases of discharge from the service it should be stated whether the answers to questions 22, 23 and 24 are concurred in.

Date of final Medical Board, or decision } _____

Administrative Medical Officer. _____

Army Form B. 179.

MEDICAL REPORT ON AN
INVALID.

Station _____
Corps _____
Regimental No. _____
Rank _____
Name _____
Disability _____
Date _____

Hospital or Station }
transferred to for }
final disposal

Date of final }
disposal }

How finally }
disposed of }

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

X31 (88579) Wt. 1886 475M 5-15 W E & L

Forms
B. 179.
34

Detailed Information on a Case of Mental Disability.

1. Regimental Number. **420385** Rank. **Private**
 Surname. **Davies.** Christian Name. **G.**
 2. Regiment or Corps. **43rd Battalion CEF.**
 3. Age last birthday. **30** Religion. **C. of E.**
 4. Place of birth.
 5. Married or single. **Single.**
 6. Names and addresses of nearest surviving relatives.

7—Service.	Years.	Days.
STATIONS, viz. :— Home, Mediterranean, India, China, Ceylon, Mauritius, Cape, West Indies, Canada, to be entered below in the order of Service.	PERIODS	
	From	To
43rd Batt. Canadian E.F.	Jan'y 1915	to Sept 1915

The answers to the following questions will be in the handwriting of the Medical Officer in charge of the case.

8. Character, especial regard being paid as to whether temperate or otherwise.
 (For guidance in forming an opinion, the Company Defaulter Sheet will be obtained from the soldier's Commanding Officer.)

Frequently asks for whiskey.

9. Form of mental disease.

Dementia Parecox.

10. Whether a first attack.

No.

15. Has

11. Duration of present attack.

Uncertain.

16. WI

12. Whether the attack was sudden or insidious?

If the latter, mention any peculiarity of behaviour or change in habits which preceded it.

Apparently sudden as yo attempt at suicide which patient made..
Disease is of insidious type.

17. WI

13. Whether insanity was preceded or accompanied by any particular illness, as fever, rheumatism, syphilis, &c.

Impossible to say.

18. W

14. What are the supposed causes (moral or physical) of the attack? Whether the patient has suffered from sunstroke, concussion, or injury of the head?

Impossible to say.

15. Has the disability been caused or aggravated
by his service as a soldier?

Not caused but probably
aggravated.

16. Whether any hereditary predisposition
exists.

Impossible to say

17. What are the particular ideas or actions
which have induced the belief of insanity?

Hallucinations of sight and hearing.

(a) Observed by you.

(b) Communicated to you by others.

18. Whether the disease is complicated with
epilepsy, paralysis, or homicidal or
suicidal impulses? If suicidal tendency
exists, the way in which self-destruction
has been attempted should be stated.

Suicidal tendencies very prominent
and patient was admitted to Hospital
with his Throat cut by a Razor in
his own hand.

I would say that patient is very
likely to have homicidal tendencies.

19. Whether the patient is noisy, dangerous, mischievous, or given to steal? Whether his habits are cleanly or the reverse?

He is quite quiet but is suspicious of almost everyone and I judge might be dangerous.

20. What treatment has been adopted since the invasion of disease?

None so far as I am aware.

Station _____

S. R. D. Hewitt

Cap + Co. M.C.

Medical Officer in charge of the case.

Date _____

The Principal Medical Officer,

_____ District.

I recommend that this soldier be brought before a Medical Board, with a view to his mental condition being definitely affirmed. I am of opinion that the case is one for* *treatment at Netley*

Station _____

W. S. Murray

Lieut Colonel

W Medical Officer in charge, Military Hospital.

Date _____

* State whether it is recommended that the patient be discharged from the Service as a harmless or as a dangerous lunatic or transferred to the Lunatic Hospital, Netley, for treatment. (See King's Regulations.)

This space to be for numbers.

Proceedings on Discharge

DEP'T
MILITIA & DEFENCE
SEP 20 1916
H. 649-10-610
CANADA

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

No. 420385	
Rank Private	
Name George Elbert Davies <small>NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.</small>	
Corps (Squadron, Battery or Company) 43rd O/Battalion C.F.C.	
Date of Discharge 4th May 1916.	
Place of Discharge Quebec, P.Q.	
1. DESCRIPTION AT THE TIME OF DISCHARGE.	
Age 30.....years.....5.....months. Height 5.....feet.....10.....inches. Complexion Dark Eyes Brown Hair Dark Trade Electrician Intended place of residence <small>(To be given as fully as practicable.)</small>	Descriptive Marks Nil.
2. The above-named man is discharged in consequence of being found Medically Unfit H.C. 649-D-610 of the 7-9-16	
<small>N.B.—The cause of discharge must be worded as prescribed in the King's Regulations and be identified with that on the character certificate. If discharged by superior authority, the number and date of the letter to be quoted.</small>	
<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. - good - Major, a/A.A.G., M.D. No. 5.
	4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.) - Electrician - Major, a/A.A.G., M.D., No. 5.

M. F. B. 218.

50m.—3-16.
H. Q. 1772-39-113.

(OVER)

Carded
21-9-14
J.M.S.

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

Nil.

No reference to G. O. 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).....Quebec, P.C.....

R. H. Ireland Major,

(Date).....5th May 1916.....

CommandingA.A.C., M.D., No. 5.

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).....Quebec, P.C..... *See page 3* X (Signature of Soldier.)

(Date).....4-5-16..... (Signature of Witness.)

When a soldier is absent through illness or any other cause and it is not desirable to forward these proceedings to him for signature, a manuscript copy should be sent for the man to sign, and when returned, should be attached here.

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

I hereby declare that I do of my own free will request to be discharged from His Majesty's Service.

..... (Signature of Soldier.)

10. Statement of Service.

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

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

11. Confirmation of Discharge.

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

(Place).....Quebec, P.C.....

R. H. Ireland Major,

(Date).....4-5-16.....

A.A.C., M.D., No. 5.

(To

18/

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.)

+

This soldier is at present insane
& an inmate of Beauport Asylum,
near Quebec, P.Q., consequently
his signature would be of no
value in law.

Que.
18/9/16

R. A. Ireland M.C.
a/c. a. l. M. D. 5

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>Statement of Man's Account on Transfer and Last Pay Certificate, " 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="text-align: center;">(a) Proceedings on Discharge.</p> <p style="text-align: center;">(b) Attestation.</p> <p style="text-align: center;">(c) Medical History Sheet (in the event of such having been prepared.)</p>
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N. B.—In the case of a man discharged by purchase, the date and number of Deposit Receipt with amount of same is to be noted hereon.