DAVIS, ROBERT WEIR

AT

~~ORIGINAL~~
~~DUPLICATE~~
~~TRIPLICATE~~

Dup

M.F.M. 1
56M—8-39 (1695)
H.Q. 1772-45-18

(*To be completed in triplicate. Copy designation to be shown by striking out terms not applicable*)

Unit R.C.A.M.C. Rank Lieut. (Q.M.)

Personal No. Name Robert Weir DAVIS.

# ACTIVE SERVICE
# CANADIAN [redacted] FORCE

## OFFICER'S DECLARATION PAPER

Also applicable to Nursing Sisters

1. Surname DAVIS.
2. Christian Names Robert Weir.
3. Present Address 533 Clarke Avenue, Westmount, Quebec, Canada.
4. Date of birth 11th December, 1912
5. Place of birth CANADA (Country) QUEBEC (County or Province) MONTREAL (Town or Twp.)
6. Religion (state denomination) Church of England
7. Profession or occupation Buyer
8. Married, widower or single ~~Single~~ Married
9. Name of next of kin ~~Henry Lawrence Davis,~~
10. Relationship ~~Father~~ See change
11. Address of next of kin ~~533 Clarke Avenue, Westmount, Que. Canada.~~
12. (a) State unit of Active Militia in which you are serving or have served
    No.6 Casualty Clearing Station, R.C.A.M.C.
    (b) Present rank Lieutenant (Q.M.)
13. State particulars of former war service None

I, Robert Weir Davis, do solemnly declare that the above particulars are true, that I hold His Majesty's Commission in the Canadian Militia and I am willing to serve in the Canadian [redacted] Force if, when and so long as required.
Active Service

Date 3rd January, 1940. Robert Weir Davis Lieut (QM)
(Signature and rank)

### CERTIFICATE OF OFFICER COMMANDING

The application of Robert Weir Davis, (Rank and name) for appointment to the R.C.A.M.C., C.A.S.F. (Unit) with the rank of Lieutenant (Q.M.) and appointment No.1 Neurological Hospital, RCAMC. (~~was~~ recommended, appointment (is) ~~----------~~ has been approved. is recommended for approval.

to date from 2nd January, 1940

Authority A.G. Radiogram Para.8. (H.Q.372-5-352) dated 2-1-40.

(C.K.Russel) Lieut.Colonel.
(Signature of O.C.) (Rank)

Date 3rd January, 1940. A.O.C.No.1 Neurological Hospital RCAMC.CASF.
(Unit)

Record of Service of Robert Weir DAVIS.
(Name)

Active Militia Unit R.C.A.M.C.

Rank Lieut. (Q.M.) Date of Rank 10th February, 1937.

Highest rank for which qualified by examination Captain (Q.M.)

Staff College -
Militia Staff Course -
Advanced Course -

Languages English

University or College Degrees No.

Civil Technical Training or qualifications (specify) Buyer for Manfacturing Pharmacists

Other military qualifications or special courses (specify) Quartermasters Course.

| Report | | Record of Promotions, Reductions, Transfers, Casualties, Reports, etc., from date of appointment to Field Force | Rank Shown | Effective Date | Unit | Place | Authority | |
|---|---|---|---|---|---|---|---|---|
| Date | From whom received | | | | | | Part II D.O. No. Cas. List, etc. | Dated |
| | | Joined on appointment | | | | | | |
| | | T.O.S.No.1 Neurological Hospital. | Lt.Qm. | 4-1-40 | No.1 Neur. Hosp. | Ottawa | D.O.Pt.II No.1 | 4-1-40 |
| | | Granted subsistence allowance. | Lt.Qm. | 4-1-40 | " " | " " | D.O.Pt.II No.1 | 4-1-40 |
| | | Promoted to rank of Captain | Cpt.Qm. | 24-4-40 | " " | " " | D.O.Pt.II.No.127 | 26-5-40 |
| | | Auth. to draw Subs. allce. | " | | | B | | |
| | | Ceases to draw Subsistence allowance | " | 7-6-40 | " " | E. 43 | " " " " 137 | 12-6-40 |
| | | ~~Proceeded on Overseas Service~~ | " | ~~7-6-40~~ | " " | ~~E. 43~~ | ~~D.O. Pt.II.No. 137~~ | ~~12-6-40~~ |
| | | S.O.S. C.A. Canada Halifax | | 11 June 40 | | | | |
| | | T.O.S. C.A. Overseas 12 June 40 | | | | | | |
| | | Disembarked Liverpool | | TO | | | | |
| | | T.O.S. | | 20 June 40 | 1 Neuro Hosp | Rdn | 1 | 2 Jan 41 |
| | | Adm. to 1 Neuro. Hosp. | Capt. | 18-10-40 | 1 Neuro H. | " | 61 | 18-10-40 |
| | | Disch. 1 Neuro Hosp. | | 20-10-40 | 1 Neuro H | " | 63 | 20 Oct 40 |

For additional entries use **M.F.M. 1 and 2 (a)**

## CERTIFICATE OF MEDICAL EXAMINATION

Name in full: Robert Weir Davis  Date: Jan 2/40

**PART 1. Information obtained from the applicant.**

1. Age: 27  2. Have you ever suffered from any of the following diseases?

| | | | |
|---|---|---|---|
| a. Rheumatism | No | j. Nasal trouble | No |
| b. Tuberculosis | No | k. Ear disease | No |
| c. Bronchitis or ~~asthma~~ | yes | l. Eye disease | No |
| d. Heart disease | No | m. Epilepsy | No |
| e. Kidney or bladder disease | No | n. Nervous or mental disease | No |
| f. Gastro-intestinal | No | o. Syphilis | No |
| g. Rupture | No | p. Gonorrhoea | yes cured |
| h. Varicose veins | No | q. Have you ever worn glasses? | No |
| i. Flat or deformed feet | No | | |

Robert Weir Davis
(Signature of Applicant)

Examiner's remarks *re* above: c/ no symptoms of Bronchitis - now -

**PART 2. Information obtained by medical examination. The applicant must be stripped.**

1. Identification marks or scars. (If operative obtain history.) Scar on Tose-head, Scar Right Buttock, C. Vaccination Left arm
2. Height: 5 feet 4 inches.  3. Weight: 142 pounds.
4. Complexion: Fair  Eyes: Brown  Hair: Brown  5. Development: Good (~~Good~~ Fair ~~Poor~~)
6. Chest measurement—Girth on full expansion: 35 inches.
   Range of expansion: 2½ inches.
7. Vision, right: 20/20 left: 20/20  8. Hearing, right: W.V. 20 left: W.V. 20
9. Condition of mouth and teeth: Good
10. The abnormalities (congenital and pathological) found on examination are as follows:

A
C.O.

**PART 3.** We, the examiners find no evidence of the diseases mentioned in Question 2. Part 1, except as reported in the remarks. We have examined the Applicant in accordance with the pamphlet "Physical standards and Instructions for the medical examination of recruits" and he is found fit for Category: Category A

Special remarks when category lower than A:

President  Member  Member

VACCINATIONS, INOCULATIONS, BOARDS, RECLASSIFICATION OF MEDICAL CATEGORY

| Date | Brief details and signature | Date | Brief details and signature |
|---|---|---|---|
| 2nd Jan/40. | Reexamined: Thinks, Ears, reflexes: normal. Colour Vision: Normal. Category A. R. Vanwyckt Lt. | | |
| 3-2-40 | VACCINATION Recorded. | | |
| 3-2-40 | TETANUS TOXOID I recorded " | | |
| 10-2-40 | T.A.B. I recorded " | | |
| 16-2-40 | T.A.B. II recorded " | | |
| 24-2-40 | T.A.B. III recorded " | | |
| 11-3-40 | TETANUS TOXOID II recorded " | | |
| 3-11-42 | Vacc. PBA | | |

Are you receiving or have you in the past received, disability pension or compensation? If so give details .....

Rank Lieut. (A.M.) Surname DAVIS, Christian Name Robert Weir,

| 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. | Signature of Medical Officer |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Day | Month | Year | Day | Month | Year | | | | |
| | | | | | | | | | | | |

For additional entries use **M.F.M. 1 and 2 (b)**

S.O.S.

NAME DAVIS, ROBERT WEIR H.Q. File 372-5-352

RANK ~~LT. (QR-MR.)~~ CAPT (QR-MR.)

C.A.S.F. UNIT No. 1 NEUR. LOG. HOSP., R.C.A.M.C.

N.P.A.M. UNIT GEN. LIST, R.C.A.M.C.

Appt. R.O. No. 283. Date 31-1-40. Effective date of appt. 4-1-40.

CANADA GAZETTE

TRANSFERS, PROMOTIONS and REVERSIONS

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TO BE CAPT. (QR-MR.), No 1 NEUR. HOSP., 22-4-40 R.O.# 551, 5-7-40

EMBARKED CANADA - SAILING LIST No. 206 JUN 9 1940

DISEMBARKED ENGLAND

RET. CANADA NOV 13 1942
S/L 132.

POSTED FOR DUTY TO No. 4 I.D.D. FROM CDN. ARMY O/S. 7-11-42 RO# 2985; 15-3-43

3M—11-39 (3039)
H.Q. 1772-45-8

DROWNED AT SEA enroute to CANADA, JUMPED OVERBOARD 8 Nov. 42.
AUTH. H.Q. 372-5-332.

#1 Neurological Hosp., OVERSEAS, AS AT 10-4-41

S.O.S.

Statement of the Service of No..... Rank.....Capt.....

Sheet No.....

R.W.Davis

Name.....

M.F.M. 1 & 2A
40/P & S/119

| REPORT | | Record of Promotions, Reductions, Transfers, Casualties, Reports, etc. (Continuation of Folio 2, M.F.M. 1 or M.F.M. 2) | Rank Shown | Effective Date | Unit | Place | Authority | |
|---|---|---|---|---|---|---|---|---|
| Date | From whom received | | | | | | Part II D.O. No. Cas. List, etc. | Dated |
| 16 Dec 42 | 4 D.D. | T.O.S. from Canadian Army Overseas. | Capt. | | 4 D.D. | Mtl.So. | 4 DD PtII DO 301 | 15 Dec 42 |
| | | RECORDS PURPOSES------ | | 7 Nov 42 | | | | |
| | | FOR ALL PURPOSES-------- | " | 1 Dec 42 | " | " | " | " |
| 16 Dec 42 | 4 D.D. | S.O.S. the Canadian Army (active) having | | | | | | |
| | | died at sea. | " | 8 Nov 42 | " | " | " | " |
| 16 Dec 42 | 4 D.D. | Died at Sea on 8 Nov. 42. | | | | | | |

Statement of the Service of No..... Rank..... Sheet No. 2.

M.F.M. 1 & 2A
40/P & S/119

Name DAVIS, ROBERT, WEIR.

| REPORT Date | REPORT From whom received | Record of Promotions, Reductions, Transfers, Casualties, Reports, etc. (Continuation of Folio 2, M.F.M. 1 or M.F.M. 2) | Rank Shown | Effective Date | Unit | Place | Authority Part II D.O. No. Cas. List, etc. | Authority Dated |
|---|---|---|---|---|---|---|---|---|
| | | Married with permission | Capt. | 22 Mar 41 | 1 Neuro H. | B'stoke | 73 | 31 Mar 41 |
| | | Auth. to draw. subs. allce. | " | 22 May 41 | 1 Neuro H. | B'stoke | 99 | 6 May 41 |
| | | Priv-leave 7 days | " | 21 Sept 41 | 1 Neuro H | UK | 206 | 22 Sept 41 |
| | | Returned from leave | " | 27 Sept 41 | 1 Neuro H | " | 213 | 30 Sept 41 |
| Change of address N of K. | (WIFE) | Mrs. Vera K. Davis 67 Chiddersden Rd. | | | | | | |
| | | Basingstoke England. | Capt | 23 Oct 41 | 1 Neuro H. | " | 234 | 23 Oct 41 |
| | | Priv-leave FTW. to 29 Dec 41 | " | 22 Dec 41 | 1 Neuro H | " | 250 | 23 Dec 41 |
| | | Priv-leave (P3) to 26 Jul 42 | " | 13 Jul 42 | 1 Neuro H | " | 33 | 28 Jul 42 |
| | | SOS. to #1 Neuro on being posted to #1 CGRU. | | | | | | |
| | | (Auth: CRU O/Davis RU.11 d/ 26 Sept. 42. | Capt | 1 Oct. 42 | " | UK. | 43 | 6 Oct. 42. |
| | | TOS from. 1 Neuro Hosp and is att f.a.p. | | | | | | |
| | | to Perth R(M) from Oct 2 to Dec 2 | . | 2 Oct 42 | 1 GRU | UK | 208 | 13 Oct. 42. |
| | | Ceases att to Perth Hgt. and adm. 1 Neuro Hosp. | Capt. | 3 Oct. 42 | " | " | 211 | 16 Oct. 42. |
| | | SOS. to 1 NETD on disch from 1 Neuro Hosp | Capt. | 12 Oct 42 | 1 GRU | UK | 216. | 22 Oct. 42. |
| | | TOS. from 5 CIRU (on disch. from 1 Neuro) | Capt | 13 Oct. 42 | NETD | UK | 139 | 14-10-42. |
| | | Gr. Sv. of absence 10.00 hrs 16 Oct 42 to 23.59 hrs. | | | | | | |
| | | 19 Oct. 42 (Money allowance in lieu of rations) | Capt | 16 Oct. 42 | NETD | UK | 141 | 16-10-42 |
| | | SOS to Cdn Army O/S & NETD | Capt | 6 Nov 42 | NETD | UK. | 149B | 5 Nov 42 |

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION NO. DATE OF DESPATCH

(1) MEDALS
PERSON ENTITLED TO: Mrs. Vera K. Davis (Widow)

ADDRESS: FLAT 10
23, QUEENS GATE
~~533 Clarke Avenue~~, LONDON, S.W.7
~~Westmount, P. Q.~~ ENG.

14-11-49.

(1) comes on file.

(2) MEMORIAL CROSS
WIDOW: Mrs. Vera K. Davis (widow)
~~Flat 10,~~
23 Queens Gate,
Londson S.W.7, Eng.

C/53

ADDRESS:

(2) DESP. FEB 1 1950
REGN No. 1215

(3) MEMORIAL CROSS
MOTHER: Eva
Mrs. Henry L. Davis,
~~533 Clarke Avenue,~~
Westmount, P. Que.

C/53

ADDRESS:

(3) DESP. FEB 1 1950
REGN No. 1216

6377- 23-11-49.

MEMORIAL BAR
DATE DESP.....
REGN. NO 1074

DECEASED 6-11-42
Died while serving

AWARDS—CANADIAN ARMY (ACTIVE)

M.

| SURNAME (IN BLOCK LETTERS) | CHRISTIAN NAMES | REG. NO. | RANK ON DISCHARGE | C.A.S.F. UNIT |
|---|---|---|---|---|
| DAVIS, | Robert Weir | | Capt | FILE NO. 372-5-352 |

C/53

WAR SERVICE BADGE (CLASS) No. DATE DESPATCHED:

ADDRESS:

| CAMPAIGN MEDALS | REGISTRATION NUMBER AND DATE DESPATCHED |
|---|---|
| Defence Medal | |
| CVSM & Clasp | |
| War Medal, 1939-45 | |

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

*To be made out in duplicate.*

M.F.M. 5
400M—8-39 (1702)
H.Q. 1772-45-18

# PARTICULARS OF FAMILY OF AN OFFICER OR SOLDIER OF THE CANADIAN [redacted] FORCE ACTIVE SERVICE

DIST. PAYMASTER
RECEIVED
MAR 30 1940
M.D. 3 Kingston, Ont.

INSTRUCTIONS.

(*a*) This form is to be completed immediately an officer or soldier is appointed to, or enlisted in, the [redacted] C.A.S.F.

(*b*) All questions, etc., must be completed.

(*c*) Both copies of the form are to be forwarded by the Officer Commanding the unit for each officer and soldier, to the Paymaster, or Officer acting as such. The latter will transmit one copy, through the District or Camp Paymaster, to the Chief Paymaster, N.D.H.Q., Ottawa. The other copy will be retained by the Paymaster until the unit arrives Overseas, when it will be forwarded to the Chief Paymaster, Canadian Overseas Intermediate Base.

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(1) Name of Officer or ~~Soldier~~ XXXXX Robert Weir Davis.
(Surname first—Christian names in full—Block capitals)

(2) Regimental Number --- 2 LIEUT.

(3) Unit R.C.A.M.C. (No.1 Neurological Hospital)

(4) Are you married? No.

(5) If married, state,

(*a*) Full name of your wife N.A.

(*b*) Present postal address of wife N.A.

(6) If married, have you been regularly supporting your wife? If not—state reasons
N.A.

(7) Are you a widower? No.

(8) Have you any children? No.

If so, give number of boys and girls -

Also their names and ages -

(9) If Separation Allowance is claimed in respect of children—state whether you have been regularly supporting them N.A.

Give particulars of Guardian to whom Separation Allowance should be paid—if authorized—

Name N.A.

Postal Address

(SEE OTHER SIDE).

(10) Have you a common-law wife—whom you have been regularly supporting and publicly representing as your wife? No.

If so, state her full name and Postal Address —

(11) Is your father alive? Yes.

If so, state name and address Henry Lawrence Davis,
533 Clarke Avenue, Westmount, Que.

(12) If your father is a widower and is totally incapacitated from earning a living—are you his sole support?
N.A.

(13) If sole support of father who is a widower—state what amount per month you have given him prior to joining [redacted] C.A.S.F. N.A.

Also state reason he has no other means of support N.A.

(14) Is your mother alive? Yes.

If so, state name and address Eva Weir (Davis)
533 Clarke Ave., Westmount, Que.

(15) If your mother is a widow, are you her sole support? N.A.

(16) If sole support of widowed mother—state what amount per month you have given her prior to joining [redacted] C.A.S.F. N.A.

Also state reason why she has no other means of support N.A.

(17) Are you insured? Yes.

If so, in what Company? Prudential Assurance Co. of England.

Have you made arrangements for payment of your Insurance Premium? Yes.

If not, and it is a monthly premium, you may assign the amount in addition to any other assignment you wish to make, provided the total assignment is not in excess of the maximum monthly amount which may be assigned.

I hereby certify that the information given by me on this form is correct in each and every particular.

Robert Wiley Davis
(Signature of officer or man)

Date 3rd January, 1940.

Officer Commanding

Date 3rd January, 1940.

42 Previous Experience in Armed Forces

| ARM or CORPS | Type (C.E.F., N.P., etc.) | Years Highest Rank | Last Discharge (Yr.) | Special Training Received |
|---|---|---|---|---|
| | | | | |

43 CURRENT SERVICE: Date Enlisted 2/6/41. Place Enlisted Victoria B.C.

| Date From—to | Country | Corps | Unit and Sub-unit | Rank 44 | Principal Duty | Performance |
|---|---|---|---|---|---|---|
| 2/6/41-24/6/41 | Can. | D.D. | #11 Dist Dep. | | | |
| 25/6/41-1/1/42. | " | R.C. R.M.C | Eng. Milit. Dep. | Pte. | Janitor. H. | |
| 2/1/42-10/6/42. | " | " | H. Ilus. Dep. | " | Janitor. Duty & Batman. | 047 Def. |
| 11/6/42-1/9/42. | Eng. | " | " " " | " | Janitor. | 249 Sat |
| 2/9/42- | " | " | " " " | ✓ | ~~Clerk~~ RUNNER Duty. H. | 362 " |

A

45 COURSES ATTENDED

| COURSES ATTENDED | PLACE | Date: From—to | Qualified as | Rating |
|---|---|---|---|---|
| Nil | | | | |

46 Crime: Number Courts Martial Convictions ..... Hospitalization 2/3 Sdys. (ruptured appendix & shingles).

Number Civil Convictions ..... Minor Offender ..... Occasional Offender .....

Chronic Major Offender ..... Chronic Minor Offender ..... Occasional Offender .....

49 Psychiatric ☐☐☐☐☐

C.M.H.Q. 1000:1.5
40/P & S/1246

47 Classification: Military Specialties and Trades

| Designation | Degree of Proficiency | Date | Authority |
|---|---|---|---|
| Pte. | | | |
| Batman. | Def. | 2-2-42. | Paybook. |
| ~~Clerk~~. Runner 362 | Sat | | |

55 Type of Service Desired (1) Satisfied as Runner (2) Undecided

Remarks re Outstanding or Limiting Factors dep – Fair +

app. Casual phys app. Sat disp. ~~Cheerful~~ ~~Casual~~
Milit. Def Map. R. Def. Mil. Def.

His intelligence is of very low intelligence. He is quite simple but very co-operative and anxious to please. Would appear quite satisfactory for routine jobs but not suitable for technical work or responsibility. Commnd Confirmed.

MAG (Org) Allot.

CO's remarks: Proven to be poor class of personnel & unfit for every job called upon to do. Even employed at civilian occupation the results left much to be desired.

R. Alloc Centre: One of twin-both in army-always together. Mental calibre renders too obtuse for normal tasks in army. Psychiatrist's rating M.3. Return to Canada.

Capt. R. A. D. Holloway, Capt
No. 2 Interviewing Board
Cdn. Re-Allocation Centre.

R.A.D. 17/1/44

Attitude to Interview: Antagonistic ..... Overanxious ..... Co-operative ..... Indifferent .....

Reason for Joining Cdn. Army (if ascertainable) Was called up; Curiosity & tired of his other jobs

48 Suggested Possibilities for Employment (1) Canada

(2) .....

Tests Indicated: 2nd Mental ..... Mech. Apt. ..... Clerical Apt. .....

Other Apt. ..... Pers. ..... Trade Test as .....

Interviewed by Lt. E. Evans Cdn Date 9/1/43.

Reviewed by ..... Date .....

CARDS PUNCHED

CONFIDENTIAL.

Soldiers Qualification Card

Regt'l. Number: K-82012 | Last Name: DAVIS | First Name: ROBERT | Middle Names: TAYLOR

Unit: No. 16. Gen. Hosp.

1 Corps: R.C.A.M.C. 050

2 Nationality: Can. 08 | By Birth: r | By Naturalization: | Country of Birth: Canada

3 Racial Origin: BR. | 4 Language spoken in home: French ..... Other ..... English ✓

5 Age: 26 ✓ 12-2-1916 | 6 Height: 5'6" | 7 Weight: 145 | 8 Silhouette: 1 2 3 4

9 Eyes: Colour of: BLUE | 10 Acuity: 1 2 3 | 10 Glasses ..... | 11 Colour Vision: 1 2 3 4

27

12 Hearing: Acuity: 1 2 3 | 13 Speech Defects .....

14 Handedness: R L A | 15 Med Category: A-2/6/41

Cause .....

Attitude to own health: Reasonable | To Medical attention: Rheumatic

Health History: appendectomy & shingles in army; fever when he was 18

16 Education Level: Illiterate ..... E 7/14 ..... S ..... (Grade completed)

Conduct during school life .....

| 17 University or 18 Professional | Course Taken | Years Completed | Degree |
|---|---|---|---|
| | | | |
| | | | |

| 19 Post Graduate | Course | From—To | Degree |
|---|---|---|---|
| | | | |
| | | | |

Specialized Training:

20 1. ..... (Course)
At ..... From—To ..... Completed.....

21 2. ..... (Course)
At ..... From—To ..... Completed.....

22 3. ..... (Course)
At ..... From—To ..... Completed.....

Other trades papers. Diplomas Certificates or Qualifications .....

23 Languages: Spoken fluently English
02 Written well .....

24 Main occupation: Description: Dairy Farming - washing bottles, milking by machine, cleaning barns
2360
Estimate of skill .....
Duration (from—to) 1935 — 1938 | Weekly Wage $18.00
Employer's Name and Address John Dean, Victoria B.C.

50 "M" Test — E

| Test | Score | SM | |
|---|---|---|---|
| 1 | 9 | | S. Tot. |
| 2 | 5 | | SM |
| 3 | 0 | | |
| 4 | 14 | | S. Tot. |
| 5 | 7 | | SM |
| 6 | 1 | | S. Tot. |
| 7 | 4 | | SM |
| 8 | 2 | | |
| Tot. | 42 | SM | Grade E- |
| 9 | | | |

51 OTHER MENTAL
Test .....
Score ..... L. Grade .....
Date .....

52 MECHANICAL
Test .....
Score ..... Grade .....
Date .....

52 CLERICAL APT.
Test .....
Score ..... Grade .....
Date .....

53 TRADE TEST
1. Score .... G. .... Date ....
2. Score .... G. .... Date ....
3. Score .... G. .... Date ....
4. Score .... G. .... Date ....

54 OTHER
Test .....
Score ..... Grade .....
Date .....

25 Second Most Important Occupation: Description:
4294 Hospital Janitor.
Estimate of skill .....
Duration (from—to) 1937-40-41 | Weekly Wage $18.00
Employer's Name and Address St. Joseph's Hosp. Victoria, B.C.

26 Third Most Important Occupation:
0488 Bakery Worker - mixing dough 1 year.
Estimate of skill .....
Duration (from—to) 1934-35 | Weekly Wage $12.00
Employer's Name and Address his mother's Bakery. Victoria, B.C.

Trade Union or Professional Society .....

Vehicles: 27 Heavy Truck ..... 28 Light Truck ..... 29 Auto ..... 30 Motorcycle .....
31 Farm Tractor ..... 32 Tracked Vehicle ..... 33 Power Launch ..... 34 Aeroplane .....
35 Accident Prone .....

Farming Experience: Wide ..... Limited ✓
District Victoria B.C. | Type Dairy

Job promised after discharge No. | By whom? Name .....
Address .....
Other provision for post-discharge occupation .....
Type of work desired Steamship Work (Firing).
Occupational history: Ambitious ..... Accidental .....
Stable ..... Erratic .....

36 Material Status: M ..... S ✓ ..... W ..... D ..... Sep. .....
Marital Problems ..... (Remarks)
2
Age of wife ..... Wife's attitude to Service ..... Wife's Health .....

37 No. of Children ..... No. Brothers 1 (TWIN) No. Sisters 3
Position in family 3 | 38 No. Dependents 0
Relationship of Dependents .....
Status of home in childhood .....

39 Hobbies: Photography M ..... S ..... Radio ..... Engines .....
Mechanics ..... Other .....

40 Sports: (1) Swimming (2) Fishing (3) .....
P Team Games and Position (1) Baseball — fielder.
F
3 (2) ..... (3) .....

41 Ability to Entertain: Music: String ..... Brass .....
Woodwind ..... Percussion ..... Piano ..... Vocal .....
Theatrical ..... Other .....

No _____ Rank Captain Name DAVIS, Robert Weir

Unit R.C.A.M.C. Date of death 8th Nov., 1942.

Died at Sea.

Cause Drowned at sea en route UK to Canada. Jumped overboard.

Death occurred on strength of Forces.HQ 372-5-352 d _____

N/K Mrs. Vera Kathleen Davis, Relationship Widow
c/o Mr. Henry Lawrence Davis,
Address 533 Clarke Avenue, Westmount, Montreal, P.Q.

Remains buried in At Sea. Cemetery

HALIFAX MEMORIAL

Grave location

CHK

DEATH CERT. TO N/K.

BUR. REPORT TO N/K.

RETURN TO BUR. STAT.

ROYAL MESSAGE DESP'D.

CAN. MESSAGE DESP'D. 26-11-42

TO MOTHER 12-1-43.

# OFFICIAL CANADIAN ARMY OVERSEAS CASUALTY NOTIFICATION

NUMBER

RANK Captain

SERVICE UNIT No. 1 Neurological Hospital RCAMC

NAME DAVIS Robert Weir

DATE OF BIRTH
DAY 11th MONTH December YEAR 1912

MARITAL STATUS Married

NEXT OF KIN AS SHOWN ON M.F.M. 1, 2 & 5 RELATIONSHIP Wife

NAME Mrs. Vera Kathleen Davis

ADDRESS c/o Mr. Henry Lawrence Davis,

ADDRESS D.A.B. 533 Clarke Avenue Westmount, Montreal Quebec

ADDITIONAL PERSON TO BE NOTIFIED

ADDRESS

PARENTS NAME Mr. Henry Lawrence Davis,

ADDRESS (IF SOLDIER MARRIED OVERSEAS) 533 Clarke Avenue, Westmount, Montreal, Quebec.

AUTHORITY CAS. SIG. NO. H.Q. 372-5-352

CASUALTY DETAILS Drowned at sea enroute to Canada.

Jumped overboard.

DATE 8-11-42

LAST WILL ATTACHED TO NOTIFICATION TO A. OF E.? YES/NO

M.F.M.5. ATTACHED TO NOTIFICATION TO A. OF E.? YES/NO

DATE 20-11-42

G. Robertson Lieut.
for OFFICER I/C RECORDS

6

COPY FOR DOCUMENT FILE

# SERVICE AND CASUALTY FORM

(PART II)

M.F.M. 4(a) (Part II)
(A.F.B. 103) (Part II)
500M—8-39 (1701)
H.Q. 1772-45-18

Regiment or Corps: R.C.A.M.C. Regimental Number:

Substantive Rank: Lieut. (Q.M.) Surname: Davis. Christian Names: Robert Weir

Acting Temporary or Local Rank:
(To be entered in pencil to facilitate alteration)

| (a) Report: Date | (a) Report: From whom received | (b) Unit | (c) Record of all casualties regarding promotions (acting, temporary, local or substantive), appointments, transfers, postings, attachments, &c., forfeiture of pay, wounds, accidents, admission to and discharge from Hospital, Casualty Clearing Stations, &c. Date of disembarkation and embarkation from a theatre of war (including furlough, &c.) in accordance with para. 2 of Note to Table I of Appendix III of Field Service Regulations, Volume I | (d) Place of Casualty | (e) Date of Casualty | (f) Army rank as at (e) | (g) Army Form or other authority for entry to be shown |
|---|---|---|---|---|---|---|---|
| | | #1 NEURO | (Further entitlements to subsistence | 13' Stoke | | Capt | |
| | | | allowance will be submitted on | | | | |
| | | | General Allowance Claim M.7/M.572) | | | | |
| | | " | crossest duties subsistence allowance | " | 13' MAR 42 | " | # 13 d/20 MAR 42 |
| | | (P3) | GRANTED 14 DAYS LEAVE FROM 0001 HRS 13 JULY 42 | | | | |
| | | | TO 2400 HRS 26 JULY 42. | " | 13 JULY 42 | " | " 33 d/28 JULY 42. |
| | | | SOS #1 NEURO ON BEING posted to #1 CYRU | | | | |
| | | | (Auth: CRU 6/DAVIS R.W./1 d/26 Sep 42) | " | 1 Oct 42 | " | # 43 d/6 Oct 42 |
| T.O.S | | 1 GAU. | T.O.S from 1 Neuro Hosp and ex | | | | |
| | | | att'd Fap to Perth R(M) from Oct 2 to Dec 2. | UK | 2 Oct 42 | Capt | 208. 13 Oct 42 |
| | | 1 GAU | Leaves to be att Perth Regt | | | | |
| | | | on a dem to 1 Neuro Hdsp | UK | 30 Oct 42 | Capt | 211. 16 Oct 42 |
| | | " | SOS to 1 NETD on desc | | | | |
| | | | from 1 Neuro Hosp | UK | 12 Oct 42 | Capt | 216 21 Oct 42 |
| | | NETD | T.O.S. from 5 CIR W/on discharge | | | | |
| | | | from 1 Neuro | UK | 13 Oct 42 | Capt | 139 d/14-10-42 |
| | | NETD | Gr. Sr of absence 10 wks 16 Oct 42 to | | | | |
| | | | 23.59 hrs 19 Oct 42 (money allowance in lieu follows) | UK | 16 Oct 42 | Capt | 141 16-10-42 |
| | | NETD | S.O.S Adm Army O/S to METD | UK | 6 Nov 42 | Capt | 149B. 5 Nov 42. |

# SERVICE AND CASUALTY FORM

PART I (For all ranks)

M.F.M. 4 (Part I)
A.F.B. 103 (Part I)
500M—8-39 (1700)
H.Q. 1772-45-18

Unit No.1 Neurological Hospital, R.C.A.M.C. Regimental Number

1. Surname Davis,
2. Christian Names Robert Weir,
3. *Substantive Rank and Appointment
   *Acting Temporary or Local Rank ~~Lieut (Q.M.)~~ Capt.
   giving date 10-2-39

*To be entered in pencil to facilitate alteration.

4. Place of birth Montreal, Que. Canada.
5. Date of birth as declared on attestation 11th December, 1912.
   (A)
6. Date of enlistment 2nd January, 1940
7. Place of enlistment Montreal, P.Q.
8. Residence at time of enlistment 533 Clarke Ave. Westmount, Que.
9. (B) Special conditions (if any) of enlistment or rate of pay
10. (C) Any subsequent variations of conditions of service
11. Religion C. of E.
12. If married, state date Single.
13. Trade on enlistment Buyer
14. Corps, trade and grade
15. (D) Qualifications
16. (E) Miscellaneous entries

(17) Regiment or Corps: R.C.A.M.C.

Unit (Battn., etc): No.1 Neurological Hospital.

(18) Medical

| Category | Date | Authority |
|---|---|---|
| "A" | 2-1-40 | MFM. 1 |

(19) Next of kin (entries to be made in pencil)

~~Henry Lawrence Davis (Father) 533 Clarke Ave Westmount Que~~
Mrs Vera K. Davis
67 Chiddesden Road Winchester Hants England

(20) E.
(21) E.
(22) E.

NOTES—

(A) Here enter particulars of any subsequent claim as to actual age after verification of birth certificate.
(B) Whether for home service only, enlisted at special rates of pay, etc.
(C) If to be retained on home service, period if specified to be stated; also authority and on what grounds: see (A) above.
(D) Signaller, Farrier, etc.
(E) Instructions regarding allotment of these sub-heads will be made as may be necessary after mobilization.

| (a) Report: Date | (a) Report: From whom received | (b) Unit | (c) Record of all casualties regarding promotions (acting, temporary, local or substantive), appointments, transfers, postings, attachments, &c., forfeiture of pay, wounds, accidents, admission to and discharge from Hospital, Casualty Clearing Stations, &c. Date of disembarkation and embarkation from a theatre of war (including furlough, &c.) in accordance with para. 2 of Note to Table I of Appendix III of Field Service Regulations, Volume I | (d) Place of Casualty | (e) Date of Casualty | (f) Army rank as at (e) | (g) Army Form or other authority for entry to be shown |
|---|---|---|---|---|---|---|---|
| | | | TOS. No. Neurological Hospital | Ottawa | 4-1-40 | Lt. Qm. | D.O.Pt.II.No.1 d/ 4-1-40 |
| | | | Granted Subsistence Allowance | " | 4-1-40 | " " | D.O.Pt.II.No.1 d/ 4-1-40 |
| | | | Promoted to rank of Captain | Ottawa | 24-4-40 | " Capt | D.O.Pt.II.No.127 26-5-40 |
| | | | Ceases to draw Sub. allowance | E. 43 | 7-6-40 | " | " " " " 137 d/12-6-40 |
| | | | **Proceeded on Overseas Service** | E. 43 | 7-6-40 | " | D.O.Pt.II.No. 137 d/12-6-40 |
| | | | ADMITTED to No. 1 Neurological Hospital | BASINGSTOKE | | | |
| | | | RCAMC CASF, Basingstoke, Hants. | HANTS | 18-10-40 | " | " " " " " 61 d/18-10-40. |
| | | | TOS. C.A.S.F. (OVERSEAS) on DISEMBARKATION, OVERSEAS. | " " | 20-6-40 | " | " " " " " 63 d/20-10-40. |
| | | | Discharged FROM No. 1 NEUROLOGICAL Hospital | | | | |
| | | | RCAM CASF, BASINGSTOKE, HANTS. | " " | 20-10-40 | " " | " " " " " 63 d/20-10-40. |
| | | | CORRECTION: ALL other ENTRIES in Pt II DAILY ORDERS | | | | |
| | | | of this Unit, during 1940, REFERRING to | | | | |
| | | | EMBARKATION AND DISEMBARKATION ON OVERSEAS SERVICE | | | | |
| | | | ARE hereby CANCELLED AND the UNDERMENTIONED | | | | |
| | | | Substituted: | | | | |
| | | | EMBARKED ON 11-6-40 AT HALIFAX, FOR OVERSEAS | | | | |
| | | | AND is S.O.S. C.A.S.F. CANADA. | " " | 11-6-40 | " " | " " " " " 1 d/ 2-1-41. |
| | | | DISEMBARKATION OCCURRED ON 20-6-40 AT | | | | |
| | | | LIVERPOOL AND is T.O.S. C.A.S.F. OVERSEAS on TRANSFER | " " | 12-6-40 | " " | " " " " " 1 d/ 2-1-41. |
| | | | HAVING BEEN GRANTED PERMISSION TO MARRY, WAS | | | | |
| | | | MARRIED to Miss VERA KATHLEEN WILLIAMS 22-3-41. | " " | 22-3-41 | " " | " " " " " 73 d/31-3-41. |
| | | | NEXT of KIN, MRS. R.W. DAVIS, ADDRESS is: | | | | |
| | | | 67 CLISSESDEN ROAD, BASINGSTOKE, HANTS. | " " | | " " | " " " " " 74 d/1-4-41. |
| | | | is AUTHORIZED to DRAW SUBSISTENCE ALLOWANCE IN | | | | |
| | | | ACCORDANCE with ARTICLE 794 (2) F.R.&I. (OVERSEAS) | | | | |
| | | | Auth: 12/ALLCES/2 (A.A.&Q.(org)) d/27-3-41. | " " | 22-3-41 | " " | " " " " " 99 d/6-5-41. |
| | | | Granted 7 days leave of absence from 0001 hrs | " " | 21 Sep 41 | " " | " " " " 206 d/22 Sep 41. |
| | | | Returned from leave of absence at 1700 hrs. | " " | 27 Sep 41 | " " | " " " " 213 d/30 Sep 41. |
| | | | Change of address of next of kin to: wife, Mrs. | | 20 Oct 41 | " " | " " " " 234 d/23 Oct 41. |
| | | | Vera K. Davis, 67 Clidsden Road, Basingstoke, Hants. | " | | | |
| | | | (F.12.P.2) Granted 7 days Leave of absence - 0001 hrs | " | 22 Dec 41 | " " | " " " " " 250 d/23 Dec 41. |
| | | | Returned from Leave at 2400 hrs 28 Dec 41 | " | 28 Dec 41 | " " | " " " " " 251 d/30 Dec 41. |
| | | #1 Neuro Hosp. | Ceases to be entitled to receive subsistence | | | | |
| | | | allowance automatically through his pay | | | | |
| | | | account under provisions of Art. 794(2)(a) | | | | |
| | | | F.R.&I. (O/S). | " | 31 Jan 42 | " " | " " " " 8 d/9 Feb 42. |

P.T.O.

SUPPLEMENTARY MFM 4

S.O.S. 8-1-46

# SERVICE AND CASUALTY FORM

PART I (For all ranks)

3/14A MFM 4 (Part I)
AFB 103 (Part I)
40/P&S/318 (6564

Unit..... Regimental Number C79305

1. Surname DAVIS
2. Christian Names R W
3. *Substantive Rank and Appointment
   *Acting Temporary or Local Rank Lcpl (A/Sgt)
   giving date
   *To be entered in pencil to facilitate alteration
4. Place of birth
5. Date of birth as declared on attestation
   (A)
6. Date of enlistment
7. Place of enlistment
8. Residence at time of enlistment
9. (B) Special conditions (if any) of enlistment or rate of pay
10. (C) Any subsequent variations of conditions of service
11. Religion
12. If married, state date
13. Trade on enlistment
14. Corps, trade and grade
15. (D) Qualifications
16. (E) Miscellaneous entries

XVII 237

| (17) Regiment or Corps | Unit (Battn, etc) |
|---|---|
| | |

(18) Medical

| Category | Date | Authority |
|---|---|---|
| | | |

(19) Next of kin (entries to be made in pencil)

(20) E
(21) E
(22) E

CFEF | Mor S | Score 101
MD | Disp

NOTES—

(A) Here enter particulars of any subsequent claim as to actual age after verification of birth certificate.
(B) Whether for home service only, enlisted at special rates of pay, etc.
(C) If to be retained on home service, period if specified to be stated ; also authority and on what grounds : see (A) above.
(D) Signaller, Farrier, etc.
(E) Instructions regarding allotment of these sub-heads will be made as may be necessary after mobilization.

| (a) Report | | (b) | (c) | (d) | (e) | (f) | (g) |
|---|---|---|---|---|---|---|---|
| Date | From whom received | Unit | Record of all casualties regarding promotions (acting, temporary, local or substantive), appointments, transfers, postings, attachments, &c., forfeiture of pay, wounds, accidents, admission to and discharge from Hospital, Casualty Clearing Stations, &c. Date of disembarkation and embarkation from a theatre of war (including furlough, &c.) in accordance with para 2 of Note to Table I of Appendix III of Field Service Regulations, Volume 1. | Place of Casualty | Date of Casualty | Army rank as at (e) | Army Form or other authority for entry to be shown |
| | HQ | CFN | TOS from 5 Cdn Fd Educ Sec | NWE | 15JUL45 | Cpl | 19/Oct 45 |
| | HQ ✓ | CFN ✓ | Tofa Pl Sgt | ✓ | 16Jul45 | Pl Sgt | 19/45 |
| | | | SOS to Royal Regt of Canada | ✓ | 11SEP45 | ✓ | 7/MAR 46 |