Original 27880 N PAPER No.

ATTESTATION PAPER.

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PU	T BEFORE ATTESTATION.
1. What is your name?	0
2. In what Town, Township or Parish, and in what Country were you born?	
3. What is the name of your part of bin ?	and the solution of the
4. What is the address of your next-of-kin?	12 14 6 Daviden mother
5. What is the date of your birth?	
6. What is your Trade or Calling?	1000
7. Are you married?	
8. Are you willing to be vaccinated or re-	
vaccinated?	
9. Do you now belong to the Active Militia?	
10. Have you ever served in any Military Force? If so, state particulars of former Service.	ho
11. Do you understand the nature and terms of your engagement?	-yo
12. Are you willing to be attested to serve in the)	lista
Canadian Over-Seas Expeditionary Force?	1900
	All Mary (Signature of Man).
	(Signature of Witness).
between Great Britain and Germany should that was the termination of that war provided His Maje discharged.	the term of one year, or during the war now existing ar last longer than one year, and for six months after sty should so long require my services, or until legally (Signature of Recruit) (Signature of Witness)
pear true Allegiance to His Majesty King George of the duty bound honestly and faithfully defend His M Dignity, against all enemies, and will observe and of all the Generals and Officers set over me.	MAN ON ATTESTATION. do make Oath, that I will be faithful and the Fifth, His Heirs and Successors, and that I will as ajesty, His Heirs and Successors, in Person, Crown and bey all orders of His Majesty, His Heirs and Successors, belop me God. (Signature of Recruit)
	OF MAGISTRATE.
The Recruit above-named was cautioned by nuestions he would be liable to be punished as provi The above questions were then read to the R I have taken care that he understands each q luly entered as replied to, and the said Recruit has pefore me, at	ne that if he made any false answer to any of the above ded in the Army Act.
I certify that the above is a true copy of the	
Tha	

HO BU

Description of Davison on Enlistment.

pparent Age years months.	Distinctive marks, and marks indicating congenital peculiarities or previous disease.
lations for Army Medical Services.)	(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 Omcery.
Height 5 ft. 8 ins.	Scar over eft eye.
THE RESIDENCE OF THE PARTY OF T	mare were up.
Girth when fully expanded ins. Range of expansion 3 ins.	
Range of expansion3ins.	
Complexion San	
lyes the	
Tair blade	
/Church of England	
Presbyterian	
Wesleyan	
5 #	
Sold Baptist or Congregationalist	
Other Protestants(Denomination to be stated.)	
Roman Catholic	
Jewish	
I have examined the above-named Recruit and rejection specified in the Regulations for Army M	
I have examined the above-named Recruit and rejection specified in the Regulations for Army M. He can see at the required distance with either the use of his joints and limbs, and he declares that I consider him* for the Cana Pate 1914. Place 1914. *Insert here "fit" or "unfit."	d find that he does not present any of the causes ledical Services. Her eye; his heart and lungs are healthy; he has the the is not subject to fits of any description. I have the manner of the causes ledical Officer.
I have examined the above-named Recruit and rejection specified in the Regulations for Army M. He can see at the required distance with either the use of his joints and limbs, and he declares that I consider him* for the Canadate 1914. Place Jack Lastice "Insert here "fit" or "unfit."	d find that he does not present any of the causes ledical Services. Her eye; his heart and lungs are healthy; he has the the is not subject to fits of any description. I dian Over-Seas Expeditionary Force. Medical Officer.
I have examined the above-named Recruit and rejection specified in the Regulations for Army M. He can see at the required distance with either the use of his joints and limbs, and he declares that I consider him* for the Cana Pate 1914. Place 1914. *Insert here "fit" or "unfit."	d find that he does not present any of the causes ledical Services. Her eye; his heart and lungs are healthy; he has the the is not subject to fits of any description. I dian Over-Seas Expeditionary Force. Medical Officer.
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I have examined the above-named Recruit and rejection specified in the Regulations for Army M. He can see at the required distance with either the use of his joints and limbs, and he declares that I consider him* for the Cana Date 1914. Place 1914. Place 1914. Place 1914. CERTIFICATE OF OFFICE CERTIFICATE CERTIFICATE CERTIFICATE CERTIFICATE CERTIFICATE CERTIFICATE CERTIFICATE OF OFFICE CERTIFICATE CERT	d find that he does not present any of the causes redical Services. he eye; his heart and lungs are healthy; he has the the is not subject to fits of any description. dian Over-Seas Expeditionary Force. Medical Officer. he will fill in the foregoing Certificate only in the case of those who have having been finally approved and
I have examined the above-named Recruit and rejection specified in the Regulations for Army M. He can see at the required distance with either the use of his joints and limbs, and he declares that I consider him* for the Cana Date 1914. Place 1914. Place 1914. Place 1914. CERTIFICATE OF OFFICE CERTIFICATE CERTIFICATE CERTIFICATE CERTIFICATE CERTIFICATE CERTIFICATE CERTIFICATE OF OFFICE CERTIFICATE CERT	d find that he does not present any of the causes dedical Services. her eye; his heart and lungs are healthy; he has the the is not subject to fits of any description. dian Over-Seas Expeditionary Force. Medical Officer. he will fill in the foregoing Certificate only in the case of those who have having been finally approved and of Attestation, and every prescribed particular having

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

DISCHARGE DOCUMENTS

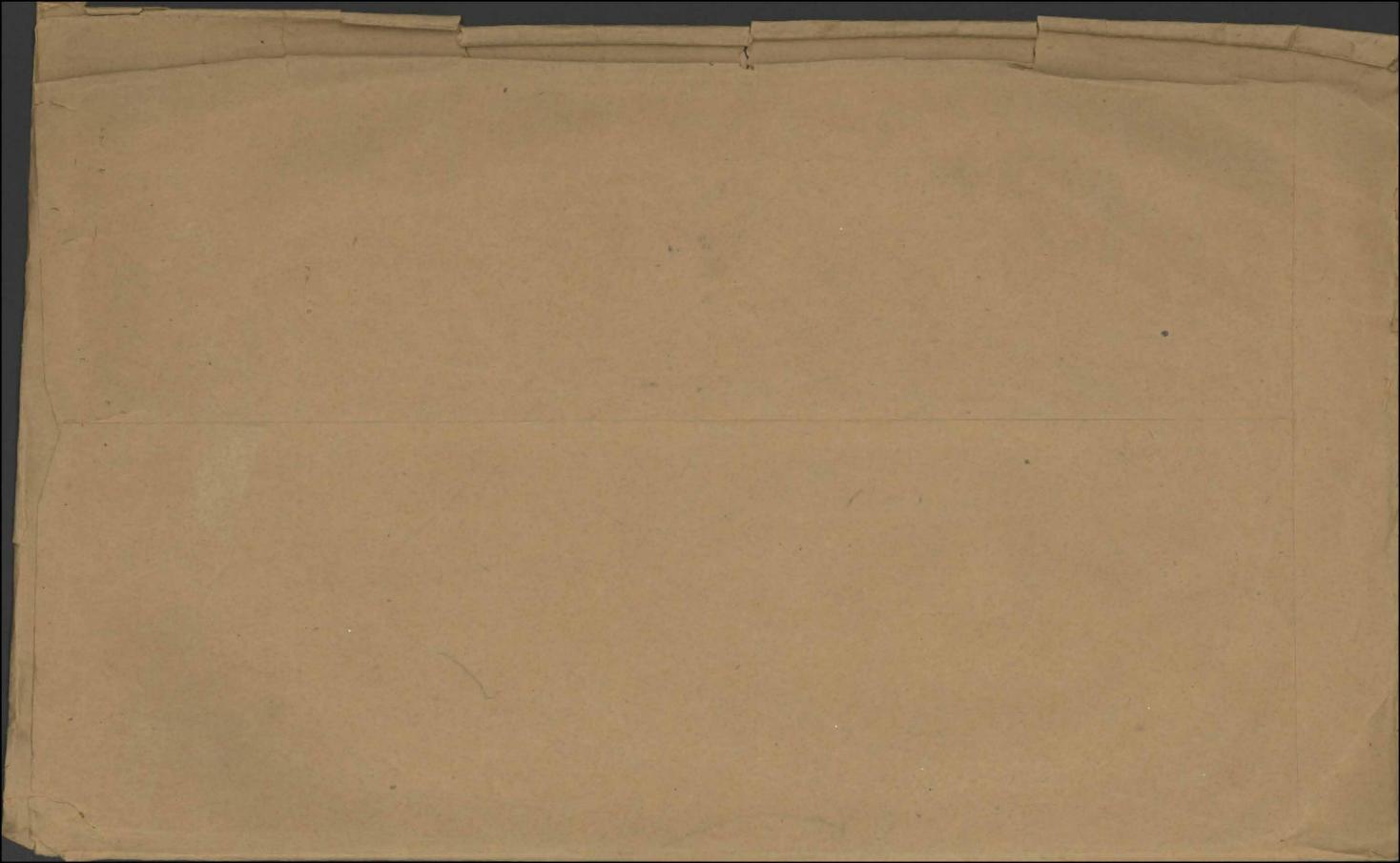
Name Davison MEN

Regt. No.2/88 CRank

Killed in action 4.11.16

R. O. No.

H. Q. No.



R. 149, Nan	ne Davis	son Wi	Illiana.	nh Pte	3.	29 W	Reg.	No. 2	7880.	
Unit	Name Davison Williamank Pte. Reg. No. 27880. Unit 15th.Batt.									
Nex	t of Kin	Mrs.l	M.E.Dav	ison.	Mo:	ther.)c/cleraine.	o.Mrs.	D.H.C.	hristie	
Date 1916.	Ŋ	Movement		Place		Casualty	List No.		W.O. List	
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10-17			- 1							
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Date	Movement	Place	Casualty List	Notified W.C. List
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Number, 27. 18.9. Rapk. P. Fa. sumane. P.A. V. 1. S. O. N. 4-1.688 Musp = 281 Christian Names . H. Lly agr. M. Unit. 15 th Can & B. Theatre of War . Trance. Dates of Service mother Latest Address n. U. M. E. Marison 9.7. St. George's Rd London, I. w. England Roll No. /3

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649-D-4671

Davison W.N. Pte,., #27880 15th Btn.

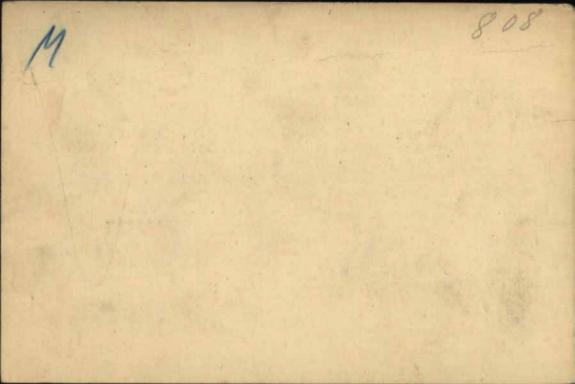
Meds. & Decs. Mother Mrs M.E. Davison
97 St. George's Rd.,
Scroll Desp. No2.24337 London S.W.
England.

Serial mo. 785871. Rean No. 43309 Mr. H.C. Davison Address as above.

Mem. Cross Mother Same as above.

Elig. 14/15 star Pla. 15 Bm. 32859

of " os. w. m Deep 23.11.20 (m) @ 322/82



SURNAME. [Quisson (649-2-4691)	CARD NO.
CHRISTIAN NAMES William 7.	FOLL.
REGL. NO. 27880 RANK Pte.	
UNIT 15th	Bn.
FORMER CORPS Mil.	
NEXT OF KIN.	CHANGE OF ADDRESS
NAMES IN FULL Davison, Mrs. M. E.	
RELATIONSHIP TO SOLDIER TO ATHON	
ADDRE 97, M. Seorges Rd. London. S. Gr. England. anti-1649-0-4671-30-1-16 40 COUNTRY OF BIRTH 1	
ilso notify has NA. Christie, mount Pleasant-	
Coleraine, Co Derry, aut 5-4-21-38-1.	3-7-16
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PLACE OF ATTESTATION Valcartier P.Q. DATE	Sept, 22rd, 1914
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L. L. 6945. M. & D. 6994. M. F. W. 22. 100M	8-16. H. Q. 1772-39-339.

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From Quebec pe		8.85	bregantie 4/11	114
MARRIED	SINGLE WES	,	WIDOWER	//
TRADE OR CALLING Silk	4	RELIGION	Presbyterías	1
	DESCRIP	TION.	4	
APPARENT AGE 20	YEARS	3	MONTHS	
HEIGHT 3	FEET	87	INCHES	
CHEST MEASUREMENT 36	INCHES	Contract	XPANSION 3	INCHES
COMPLEXION Frais	EYES	Blue	HAIR BY	une
DISTINGUISHING MARKS	ar over	left	eye, mole	left
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MEDICAL EXAMINATION. PLA	ce Valcar	tier, R	Q. DATE Sept.	74/19/

Present address !- not Stated .

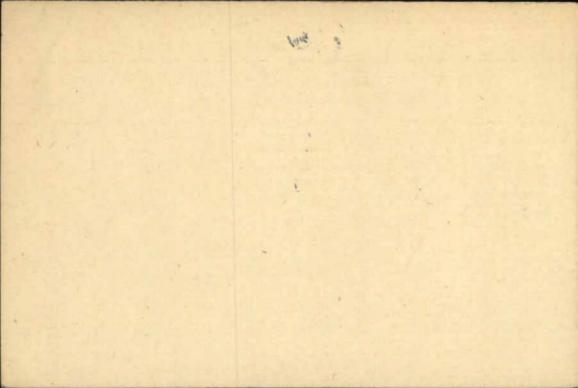
NAME Davison W.

T. O. S.

UNIT 48th Megh (Nighlanders)

M. D. 2

PAID	PAID	SIG. OR	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.			
1914 ·	1919	REC'T	PARTICULARS	AUTHORITY		
ang 12th 31 sipt 22	Sept 21 oct 31	11	on 15th Bm paylit.	Act paylish		
		1		UNIT SAILED		



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NAME /	aviers	v, Wil	liam	m. in	I.Q. FILE		
FANK AND C	CORPS Pto.		/	5 # Bn		FOLLOWS No.	*
No.	DATE	2.	The state of the s	OF CASUALTY			Follows
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a. 7.03.	20900	11	1/	11	11	,	11
Roven	18-11-16			(Orcal	14-2	1-17)	
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							7
L. L. Job 90581-	-M. & D. 6314.						12—50м—1-16. 772-39-893.

DATE OF ADMISSION LIST No HOSPITAL REMARKS (1500 Rep. from Base 4-11-16 Hilled in action

27780 belong	oto Ed C. Lavellon, s. 2000,
Surname Christian Name or Na	Ly 27880 Reg. No.
Davidson unit win W	Co. Troop 7780
Hospital # 1 Gen	Date of Admission / 2-1-13
Transferred	Hosp.
	Hosp.
	Hosp.
	Hosp.
Diagnosis Syphilis (1) Later Diagnosis (if changed) (2) (3) Additional Diagnoses: if more than one state prese	nt
DISPOSITION	Date
1401241(#/Lon 7	Duly 3-4-15-

A.M.D. 2 Dept. Beh. of D.G.M.S. O.M.F.C. London

EPITOME OF HOSPITAL TREATMENT.

1	Hospital	Adm,
2.		
3.		
4		
5.	v/wfb.00(((((()))))	
6.		

	Si	ILE	ıa	m	e.	
D	37				-	20

Christian Name or Names

W.N.

Reg. No. 27880

Rank

Unit

Co.

Troop Batty.

Pte. Hospital 15th Bn.

Date of Admission

Transferred

Hosp.

Hosp.

Hosp.

Hosp.

Diagnosis

(1) Later Diagnosis (if changed)

(2)

(3)

Additional Diagnosis: if more than one state present

Killed in Action 4.11.16

DISPOSITION

Date

0.L. 22.11.16 A500 REMARKS Reported from Base

A.M.D. 2 DEPT. Beh. of D.G.M.S. O M F.C. London,

EPITOME OF HOSPITAL TREATMENT.

	Hospital	Adm.
1.	*	
2.	•	
3,		
4.		
5.		
6.		
	***************************************	-

Regimental No.

24880

Unit

15th Battalion

Date of enlistment

Sept. 22nd 1914

Place of birth

Ireland

Married (yes or no)

No

Name and address of next-of-kin

Mrs. M. E. Davison (mother)

5, Golf Terrace,

Portrush, Ireland.

Date and place discharged

Reason for discharge

Amount of pay assigned monthly \$ 15.00 mrs St. C. Davison

To whom payable

Entered on Water Card Index... Character on discharge 60 Princess Square Qayswater PAY Date Field Allowance Voucher Other Total Assigned Total Cash No. of Days Remarks, From Credits Credits Payments Debits Rate Amount Casualties, etc. No. Date 19,4 South 44 00 Be 40 44000 44 00 33 33 33 30 3410 yeer 34 10. 3810 31 23 10 5 90 13 10.78. Febr. Incl 31 59 2 50 Statement of apl. apl 30. 70 85 103 85 30 1 95, 9 70 13 days Van. Jany 13-25. 30 30 75. 31/5 31 31 310 941572825 Account rende 30/6 30 12825/6/25 15 Carried forward to 31 3 10 146 25 180 35 26 Large Ledger sheet 15435 142 35

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ORIGINAL-

MEDICAL HISTORY SHEET.

SurnameZ	Javison	Chr	istian	Name_	G	J. h		
Examined on at	7 day of Sep	1914	Appro	oved by	c. 2	Pre	sta.	
Birthplace City or T	own Inonena	~		Rar	ık C	apt.		м.о.
(County	Co Derry , he		Date	Fit or Unfit	EXAM	INED FOR RE-E	NGAGEMENT,	
Trade or occupation		***************************************				********		м.о.
	5 Feet 8/2	Inches	***************************************					M.O.
	137						-	м.о.
(Minimum			-				M.O.
Chest measurement {	Maximum expansion	36 inches			***************************************			M.O.
Physical development.	me	duin				***************************************		м.о.
Small-Pox Marks					************			M.O.
Vanningtion Maulea	Arm Right.		Date	Result		VACCINATIO	NS.	
(Number		1611	AL	0	19.	1	
	t		19	0,11	a.f	may	1	
	g congenital peculiarities	s or previous	3					M.O.
disease								М.О.
(b) Slight defects b	out not sufficient to cau	se rejection	Date	Result		YPHOID INOCUI		
				OK	a.f	mach	ngil	M.O.
***************************************						***************************************		M.O.
						*************	***********	M.O.
Enlisted on 18	day of Sept	4	191_	4 at	Oak	carle	7	
	Corps.	REGT'L NUME	BER.	Навітя	s.	D	ATE.	MA
Joined on enlistment	15.0 Batt.	2788	0				1889	
(17th Bat.							
Transferred to	15th Battalion							
EX	AMINED OR DISC	CHARGEL	BY A	A MED	ICAL B	OARD.	No.	
STATION.	DATE.		DISEASE.		1	RESULT		-

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

DATES OF 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. Date of Arrival Number of days in Hospital. Signature Discharge from Hospital. Admission into Hospital. DISEASE. STATION. at the of Medical Officer. Station. Day Month Year Day Month Year Christian Name. Surname

MEDICAL CASE SHEET.*

No. in Admission	Regimental No.	Rank.	Surname.	Christi	an Name.
and Discharge	27850	Pt-	Worldson	Mu	
Book.	27586	Unit.	Dasies	on Will	iam n.
Year			O. April	Age.	Service.
1913		15 Bu		20	112
Station	01	nervid			
and Date.	Disease Cha	norma -	7	1	
13/1/15	bedriss -	founds	Can	1 10/2/	M. S.
11	Complant:	Sore on	Jenio	7	
	History:	-// 0	En hor 14.	holices som	The lays 9/10.
	Faminalion	-/		· ou pupuce	
	Treatment:	d	Haris aline		
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	15 -	*			
	16		V	V	
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	181		1	~	
	19/1/15				
	291/15-		1		
-	2/	AN CO	5/	, _	
	22/1/15	-	In for	- hours	
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	24/1/15		1		
	25/1/18				
	26/1/15		-		
	27/1/2				
	25/1/10	Service Servic	/		
	29/11/1		-		
	80/1/18		-	_	
	3/		1 - 1		
-,4	1/2/13		,		
	72/19				
	8/2/15				
* The first and I	ast entries will be signed	and transfers fr	om one Medical Off	deer to another attested	by their cignotures

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

Station and Date. 4/18/15 8/2/15 10/2/15 2 1/2/10 Had Thee Salvaisain + one speries Jecond Drey Oil March & the Hod three Datersan & Fire Drey 6 il. to be discharged Egge leamle

WILL

In event of my death
I give the whole of my
property beffects to
my mether/ Mary E.
Davison

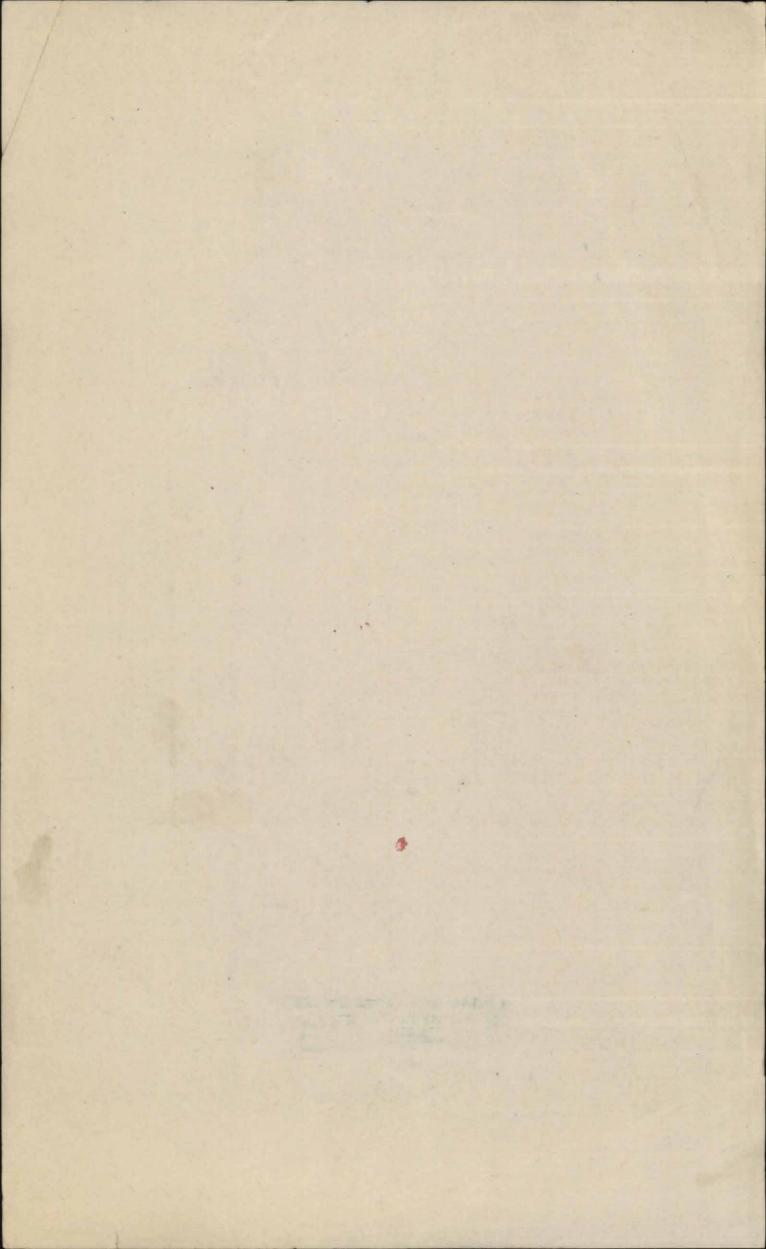
Singed.

William Norman Davison Private no. 27880. 12th October 19015

Extracted from Pay Book Page 14. Holograph.

27880. Ptc W. B. Davison.

15th Batt.



NAME Davison REG'L NO. 2 7880 RANK The. PARTICULARS MARRIED OR SINGLE UNIT 15th Bon TRANSFERRED TO how & fg. 4-11-16 10-81.18-11-16. DATE 5/11/16. AUTHORITY 18.11.16 PLACE OF BIRTH Killed in action NAME AND ADDRESS OF NEXT OF KIN 10 16 16. Davison PERMANENT FORCE ALLOWANCES TRANSFERRED TO 5 Golf Ferrace, Lort Rush Ireland PLACE OF ATTESTATION TRANSFERRED TO DATE OF ATTESTATION Sept 22-1914 NAME AND ADDRESS OF NEXT OF KIN PAYABLE TO HUS DIG Davison to Princess Equare, Bayswater N RELATIONSHIP OF NEXT OF ADMISSIONS TO HOSPITAL, &c SEPARATION ALLOWANCE MONTHLY \$ EFFECTIVE (DATE) PAYABLE TO Mrs. m. E. Dovison of Mrs. D. H. Christie, mount Pleasant, Coleraine Co. Derry, Ine PAYABLE TO STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) 23-11-16 EFFECTIVE 1-12-16 REASON Killed in Cotton RELATIONSHIP OF DEPENDANT DISCHARGE DATE AND PLACE ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH 'DATE) ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE) REMARKS 547 31 69 09 616 40 7days 7.P. "1 B.O. 17 7. 70 72 20 79 39 33. 341 3 41 24,38 89.11 1-33131 42, 73,79.38 34. 10 1271 30/6. 1344 21/7 21.03 92.45 261 21 10 105 45 5 23 261 34 10 1621 1/10 1648 13/10 26 32 12514 2 Fr. non 8 fg. 5/11 13.0.81 13.11 16 K. in Q. 4/11/16 120.01 18.11.16. 10° Exchange lef Cocole text. hov 4 260 17.62 111.92 4.40/694-111 Dec 112 02 aufin. An. 11202 Sufule# 12152, 16/8/17. V150. 11202 Statement of no Canadian a P. In agreement with Ottawa slip JUN 19 1917 7. A. 59/3-1-12 00/20-12-16.

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Army Form B. 178.

To be used for recruits enlisting direct into the Regular Army only.

Army Form B. 178^A to be used for Special Reserve recruits and Special Reservists enlisting into the Regular Army.

MEDICAL HISTORY of

Surname DAVISON	Christian NameW.N	0
Birthplace Parish_1	TABLE I.—GENERAL TABLE. Moneymore County De	TTY
Examined	on 20th day of Au at Toronto	8. 1914.
Declared Age	20 years 60	days.
Trade or Occupation	Book-keeper	
Height Weight	5	
Girth when fully	40	
Measurement Range of Expansion		monos.
Physical Development	Good	g
Vaccination Marks	Right	Left
Number		2
When Vaccinated	Infancy (R.E.—V—	
Vision	L.E.—V=	
(a) Marks indicating congenital peculiarities or previous disease	(a)	
(b) Slight defects but not sufficient to cause rejection	(b)	
Approved by (Signature)	S.M.Morrell	
(Rank)	A.M.C.	15 11 1 0 10
		Medical Officer.
	(at Toronto	
Enlisted	on 22nd day of September	1914 .
Joined on Enlistment	Corps.	Regtl. No.
	15th Batt.48th Highlanders	27880
Transferred to	16th	
Became non-effective by		The life of the last of the la
		and state the
100	on day of	** 191 0° 4.
(Signature) (Rank)		SA SE SE PLAN STATE OF THE
(Italik)		200

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

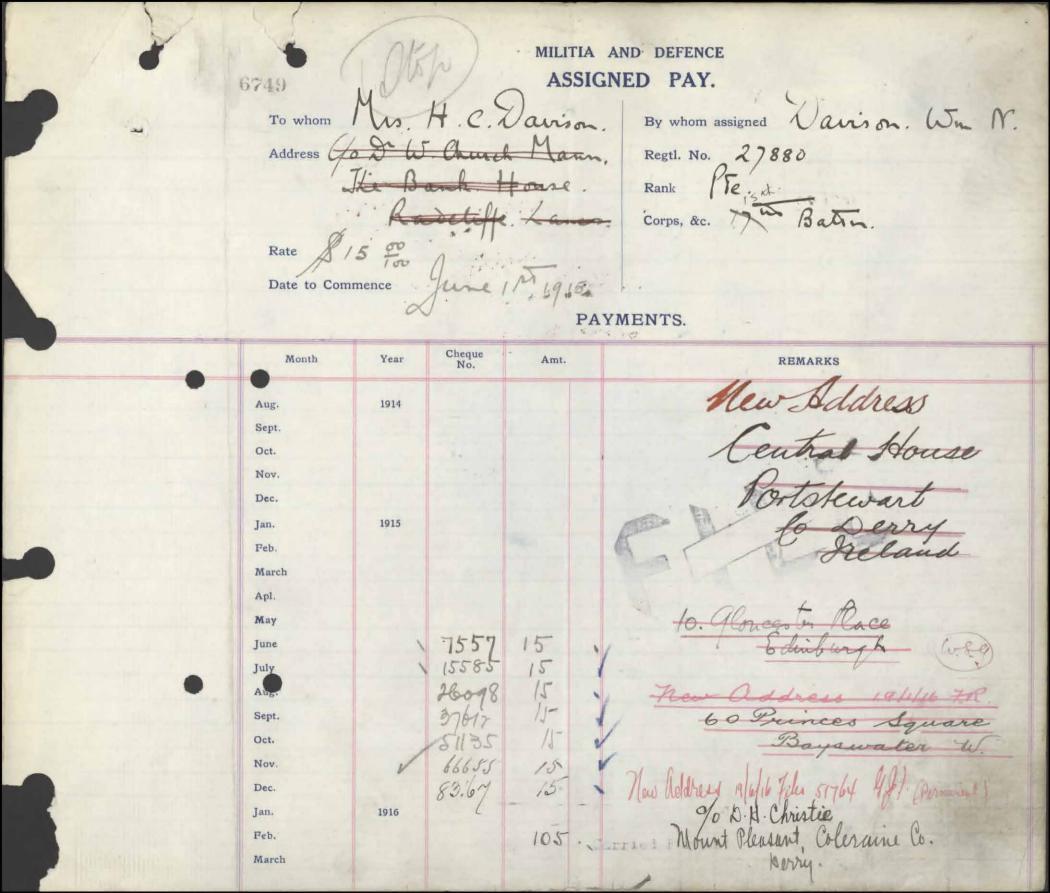
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Name of Hospital		Month			harged f Hospital		Disease	Number of days in Hospital	Ren	ks bearing on the cuse. In cases of sysubsequent progress, given in the special s
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or to the Sie List in the case of Warrant Officers treated in quarters.

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Number of days in Hospital	Ren	ks bearing on the cause, nature, or treatment of the case, likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet.	Signature of Medical Officer

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

Date		I	Brief details, and signature		
				1	-
Medical	1	Table IV.—	Service Table.		
Station of Troopship	Date of arrival or embarkation	Date of departure or disembarkation	Station or Troopship	Date of arrival or embarkation	Date of departure or disembarkation
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ASSIGNED PAY.

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Regtl. No. 2788 0

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15th Boat

Month	Year	Cheque No.	Amt.	Pay Sheet	REMARKS.
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Feb.		125 728	15		
March		151155	15	-	
Apl.		4741	15		
May.		30449	15	_	
June	1	58281	15		
July		93299	15	-	
Aug.		126764	15	*	
Sept.		15/345	15	x Co	
Oct.		195427	15	× (2)	
Nov.		231890	15	*	
Dec.		(1)	200	Payment Stopm	23.11.16. 20h
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Ewelope 4262 DAVISON, W. Name and Address of Next-of-kin Regimental No. 27880 Mrs M.E. Davison, (mother) Unit 15th Battalion 5, Golf Terrace, % Mrs DH Christie Date of enlistment Sept 22 nd., 1914. Portruch, Ireland. Mount Heasant Ireland Place of birth Coleraine, Co, Derry No. Date and place of discharge Married (Yes or No) If in Permanent Force Character on discharge Promotions or appointments FleRL25-D-1284 Report Record of promotions, reductions, transfers, casualties, etc., during active Place Date REMARKS From whom service. The authority to be quoted Date Taken from Official Documents received in each case. 19/2/15 O. 6.14 draw to 17 Och Tedworth 1/2/15 Part II Orders 19/2/15 66.17! Taken on 17th Blue Shoulliffe 3/4/15: Vall TI Embarker to 13 MBn. France 26.4.15 16.5.15 Ob 15th Lakenon Strongth. 15th 3rd Echelm. 3.5.15 17.1.15 do 10 day 4.0. 1. W.K. harkfill. 17.1.15 do #536 Bulford. 12.1.15 | Styphilis hed this or kop. adm. ho , gen kop. 11- 12- 15 % 15th Granted y Days leave 7 days 7. 90=1. Prouen 8.4.16 Yart 4.11.16 Yart

Rank and Name

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Date	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	
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Casualty Form-Active Service.

		Regiment or Corps/6 de	nadian Bas	W. 48 th	Highlanders of broads
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Extended_		Re-engaged	Qualification (b)		
Repo	rt -	Record of promotions, reductions, transfers, casualties, etc., during active service, as			Remarks
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Oate	From whom received	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	taken from Army Form B. 213, Army Form A. 36, or other official documents.
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