

Dec 11 1915
OK

A.C. Coy
No. 725-532

ATTESTATION PAPER.

Folio.



CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

ORIGINAL

1. What is your surname?..... *Scott*
- 1a. What are your Christian names?..... *John*
- 1b. What is your present address?..... *Fenelon Falls Ont.*
2. In what Town, Township or Parish, and in what Country were you born?..... *Carmen Manitoba*
3. What is the name of your next-of-kin?..... *Mrs Annie Scott*
4. What is the address of your next-of-kin?..... *54 Dunn Avenue Toronto Ont*
- 4a. What is the relationship of your next-of-kin?..... *Mother*
5. What is the date of your birth?..... *July 22nd 1897*
6. What is your Trade or Calling?..... *Chauffeur*
7. Are you married?..... *No*
8. Are you willing to be vaccinated or re-vaccinated and inoculated?..... *Yes*
9. Do you now belong to the Active Militia?..... *No*
10. Have you ever served in any Military Force?.. *No*
If so, state particulars of former Service.
11. Do you understand the nature and terms of your engagement?..... *Yes*
12. Are you willing to be attested to serve in the }
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? }

actual age claimed on July 16th 1917 Birth Cert. shows date of birth July 22nd 1900
LIE

FOR LT: COL: I/C RECORDS, C.O.M

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *John Scott*, 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.

Date *Dec 11th 1915* *John Scott* (Signature of Recruit)
Wm St Bamphill (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

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

Date *Dec. 11* 1915 *John Scott* (Signature of Recruit)
Wm St Bamphill (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 *Fenelon Falls* this *11th* day of *December* 1915.
Wm St Bamphill (Signature of Justice)

6
OK



Description of John Scott on Enlistment.

Apparent Age... 18 years 4 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

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

Height..... 5 ft. 3 1/2 ins.

Chest measurement { Girth when fully expanded..... 32 1/2 ins.
Range of expansion..... 2 1/2 ins.

Complexion..... Fair

Eyes..... Brown

Hair..... Brown

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

Small scar on forehead

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 Overseas Expeditionary Force.

Date..... Dec. 11 1915.

Place..... Lindsay

J. McCulloch
H. C. Boyd Capt.
Medical Officer.
109th Overseas Battalion, C. E. F.

*Insert here "fit" or "unfit."

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

CERTIFICATE OF OFFICER COMMANDING UNIT.

John Scott.....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.

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

Date..... JAN 12 1916 1916

Proceedings of Court of Inquiry or on men reported Missing on Active Service.....

Attestation Papers.....

Declaration of change of name.....

Authority for special enlistments.....

Documents of re-enlisted men.....

Regimental Conduct Sheet.....

Compulsory Stoppages.....

Casualty Forms..... 2

Proceedings on discharge..... 1

Corps History Sheet.....

Date and No. of Deposit Receipt for Purchase Money and Amount.....

Parchment Certificate..... X

Medical Report for Invalids..... 1

Medical History Sheet.....

Proceedings of Regt. Court Martial.....

Copies of Convictions by Civil Power.....

Company Conduct Sheet.....

Clothing Transfer Certificate..... 1

Inventory of Kit.....

Last Pay Certificate..... 1

A.F.B. 122-1

M.B. Ramsgate 19-5-17

C.R. 25-2-18

Med Case at

M. F. W. 62.
100m.-6-17.
H. Q. 1778-39-935.



DISCHARGE DOCUMENTS



R. O. No.....

H. Q. No.....



Name Scott John James

Regt. No. 725532 Rank Pte.

Corps E. O. R. D. (Y. P. M., 109th. Bn.)

Being a minor

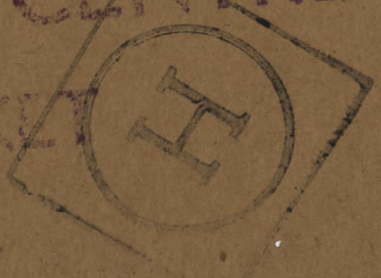
*21
22
23*

PUBLIC ARCHIVES RECORDS CENTRE
DEPOT DES ARCHIVES PUBLIQUES
OTTAWA

CANADIAN FORCES

09122

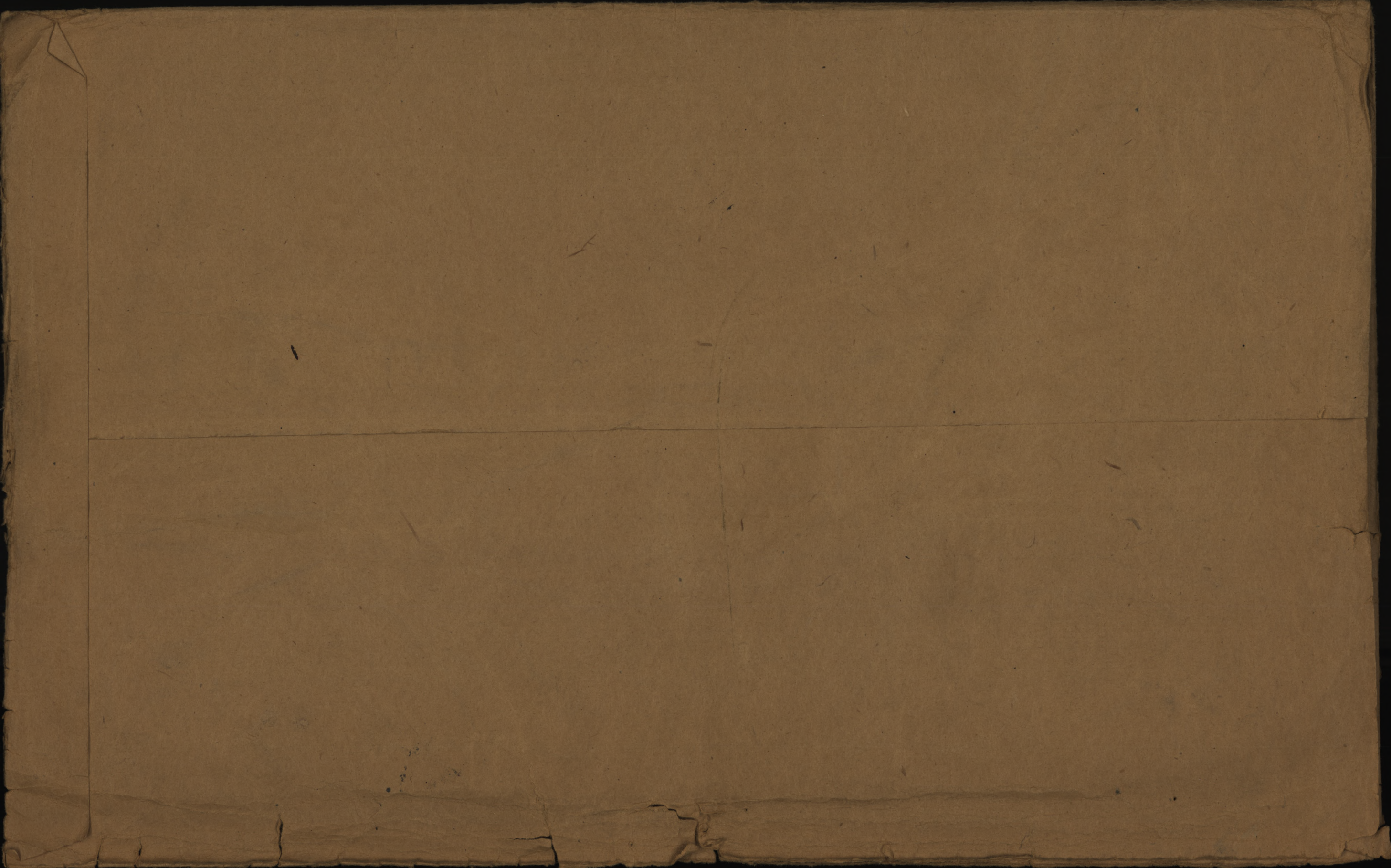
RECORDS CENTRE
PERS JACKET
ROOM



482444

*29-28
23-28
2-28*

W.M.
16
signed



NAME

Scott John.

REGT'L NO

725732.

RANK AND CORPS

Pte. 38th Bn form 109th Bn

FOLLOWS

No.

CABLE

No.

DATE

NATURE OF CASUALTY

FOLLOWS

No.	DATE	NATURE OF CASUALTY
M 2641	22-4-17.	Adm no 2. Australian Gen. Hosp, Wimmera 4 Apr. 11th 1917. U.S. W. Head. ✓
w.s.m M 2139	29-4-17	East Leeds war hosp Leeds U.S.W head
M 3735. W.S.M.	7-5-17.	Wound healed, general health good.
J 349	20-9-17	Sailed from Liverpool for Canada per the Transport No 8261 on Sept. 13th. 1917 (Special Authority)
Auth. letter from G.O.C.		Transferred from "C" Unit, M.H.C.C. Kingston P.M.K. to "F" Unit M.H.C.C. Toronto, Ont. effective Nov. 17th. 1917.
M.D.#3. Dated Kingston Nov. 20th. 1917.		

LIST No

HOSPITAL

DATE OF
ADMISSION

REMARKS

LIST No	HOSPITAL	DATE OF ADMISSION	REMARKS
B 148	2 Australian Gen Winesbury	11-4-17	S.W. Head
B 170	East Leeds War Hospital Road Leeds	14-4-17	S.E. Head
B 193	Prin. Pat. Cant Ramsgate	16-5-17	S.W. Head
B. 239.	Prin. Pat. Ramsgate	22-5-17	" " "
280.	M. H. C. Kingston	6-10-17	Adm Queen's Outp
309	" " " " "	3-11-17	Transf. Sto. O.L. of Queens
320	" " " " "	15-11-17	Trans. to Outp. Queens (with amb)
327	" " " " "	30-11-17	Trans. to '7' Unit for Queens
337	" " " Form to	30-11-17	Trans. Spadina from 'C' Unit
348	" " " " "	12-12-17	To Outp. (with supp) P. 20
63	" " " " "	14-1-18	dis. H.M.S. Spadina
	" " " " "		
	29 - mid 20	3	

Number

725532

Rank

pte

~~B~~

Surname

SCOTT

Christian Name

John

~~X~~

Units

38th C Inf

Theatre of War

France

Date of Service

4-12-16

Remarks

Latest Address

Fenelon Falls
Ont

Roll No

~~B~~
Page 10550

Next of kin _____

Address on leave _____

Address on discharge _____

Transportation issued Yes No Date _____ Character on discharge _____

Previous occupation _____ Date and place of enlistment _____

Diagnosis _____ Date of Medical Boards _____

Date	Remarks

DESP FEB 18 1922
REGN. No. 11/2449

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

No. 725532 RANK Pte.

NAME Scott. John.

T. O. S. 1-12-15- UNIT 109th. Battalion.
 D. O. 20 12-12-15

M. D. U

PAID		SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
FROM	TO		PARTICULARS	AUTHORITY
1915 Decr.	1915 Dec 31	✓		
1916. Jan.	1916 Feb.	✓		
	Mar.	✓		
	April.	✓		
	May.	✓		
	June.	✓		
	July.	✓		

UNIT SAILED
 JUL 23 1916





Surname **Scott** Christian Name or Names **J** Reg. No. **725**
Rank **Pte** Unit **38th Batt** Co. Troop Batty.

Hospital **2 Aus Gen Wimereux** Date of Admission **11-4-17**

E. Leeds War Leeds **11-4-17**
Proc. Pat. Ramsgate Hosp. **16. 5. 17.**

Hosp.

Hosp.

Diagnosis **S.W. Head R**

(1) Later Diagnosis (if changed)

(2)

(3)

Additional Diagnosis: if more than one state present

DISPOSITION
C.L. 25-4-17 A 178
24-4-17 B 170
22. 5. 17. B 193.
18. 7-17 B 239

Date
Dis 22-5-17

REMARKS

A.M.D. 2 DEPT.

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

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.

2.

3.

4.

5.

6.

7.

DEPARTMENT OF VETERANS AFFAIRS

To **Copy for HO file**

Ottawa 4, Ont.
Date **Feb 13, 1969**

Atten **●** of

NAME **SCOTT John James**

SERVICE NUMBER **725532 WW1**

C.P.C. No. **96052**
W.V.A. No.

NAVY
ARMY **x**
R.C.A.F.

The DEPARTMENT has received information from

~~Mrs Agnes Scott Rochester New York Date Feb 4, 1969~~

(State authority and source of information of death)

regarding the death of the above mentioned veteran.

Particulars are as follows:

Date of Death Feb 2, 1969
Cause of Death _____
Place of Death Rochester New York

Name and Address of next of kin (if known) _____

Copies to: **W.S.R.**

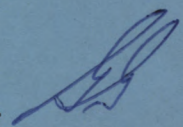
V. I.

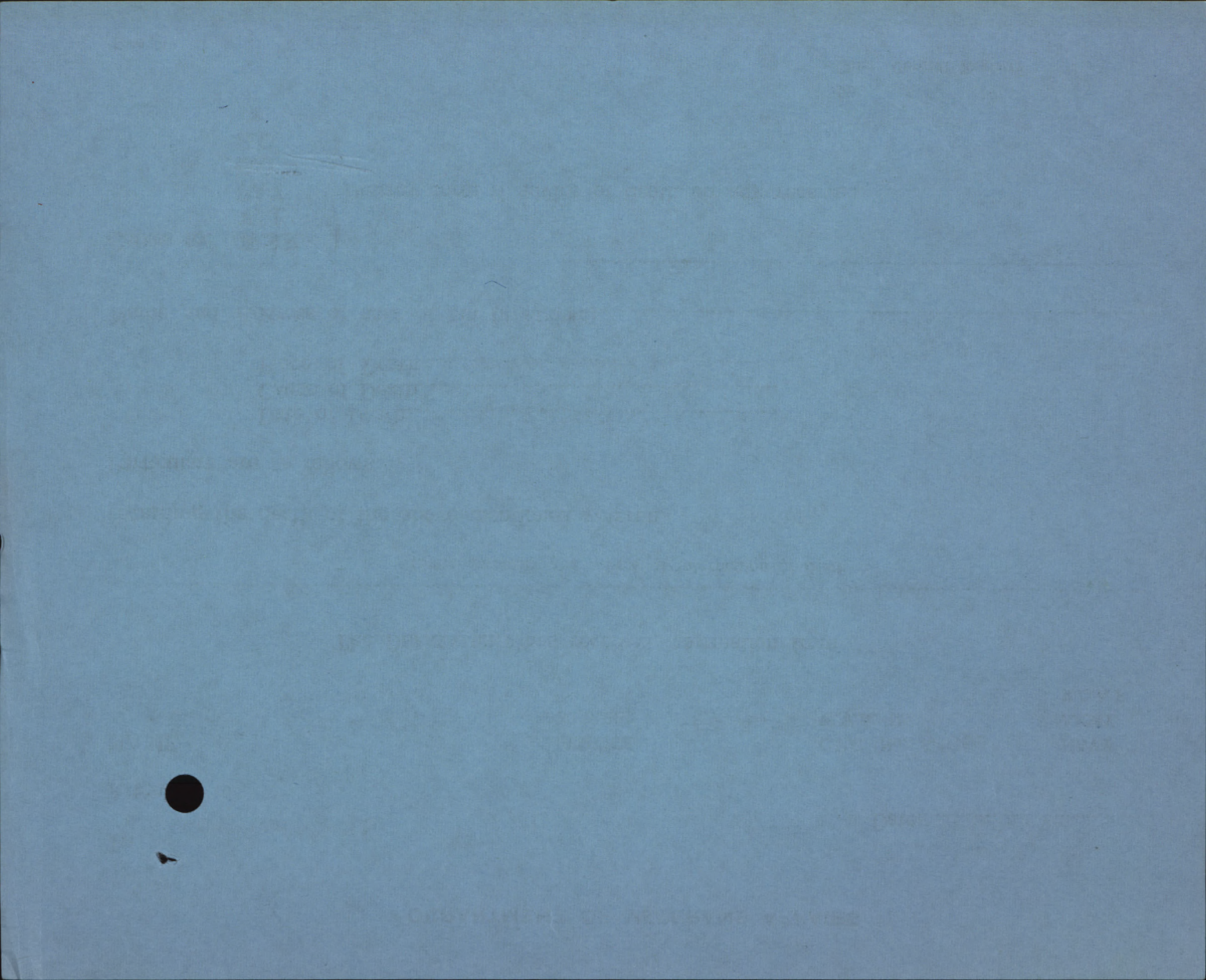
~~**RAY**~~

~~**D.O.**~~

~~**H.O.**~~

Destroy form if advice of death already received.

for 
Chief, Central Registry



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

DUPLICATE

INSTRUCTIONS.

- (a) This form is only required for men joining units for Overseas Service and must be completed immediately the man is warned for draft overseas.
- (b) Care must be taken to see that a man is allotted his correct Regimental Number. No numbers must be duplicated and once it has been allotted to a man, even if he is subsequently discharged, the same number must never be allotted to another man.
- (c) All questions, etc., must be answered.
- (d) One copy of the form is to be forwarded by Officer Commanding unit for each Officer and man to Officer Commanding Division or District at least seven days before man leaves his station to proceed overseas, for transmission to Accountant and Paymaster General, Ottawa.
- (e) Duplicate copy is to be forwarded direct to Officer in charge of Records, C.E.F. London, immediately after arrival in England.

(1) Name of Overseas Unit which Soldier joins.....

109th OVERSEAS BATTALION, C. E. F.

(2) Regimental Number...725532.....

(3) Full Name of Soldier...John James Scott.....

(4) Place of Birth...Carmen Manitoba Canada.....

(5) Are you married, or not? ...No.....

(6) If married, state,
(a) Full name of your wife...Nil.....

(b) Present Postal Address...Nil.....

(7) Are you a widower? ...Nil.....

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

If so, give number of boys and girls...Nil.....

Also their names and ages...Nil.....

(9) Is your Father alive? Yes.

If so, state name and address Thos. Scott Fenelon Falls Ontario Canada.

(10) Is your Mother alive? Yes.

If so, state name and address Sarah Scott 54 Dunn Ave Toronto Ontario Canada

(11) If your Mother is a widow No.

Are you her sole support, or not? Nil.

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

Nil.

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

Nil.

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

Nil.

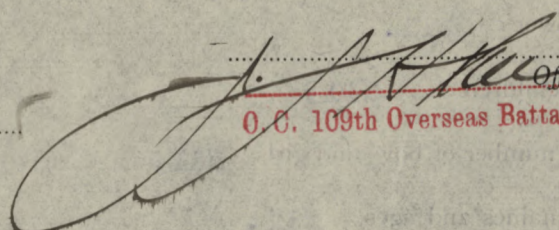
(15) Are you insured? Nil.

If so, in what Company? Nil.

Have you made arrangements for payment of your Insurance premium? Nil.

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

Date July 4. 1916.


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

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

M. F. W. 54. (A. F. B. 103.)

Casualty Form—Active Service.

250M.—1-16.

H. Q. 1772-39-920.

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

Regimental No. 125532 Rank Private Name Scott, John

Enlisted (a) 11-12-15 Terms of Service (a) D of W Service reckons from (a) 11-12-15

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

Extended _____ Re-engaged _____ Qualification (b) Chaffeur.

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.
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	Embarked Canada	Halifax	24.4.16.	
	Disembarked England	Liverpool	31.4.16.	

CERTIFIED CORRECT.
 12 DEC. 1916
 CAN. RECORDS LONDON

4-12-16	C.C. 109th.	Proceeded overseas for service with 38th.Btn.	Witley	4-12-16	D.O.Pt.11 339
---------	-------------	---	--------	---------	---------------

AWTelling

ADJUTANT. Capt.
109th Overseas Battalion, C.E.F.

6.12.16.	C.B.D.	TAKEN on STRENGHT 38 th Havre		6.12.16	N. R. <i>PTID. 242 d 131216.</i>
7.1.17.	"	Left for Unit	FIELD	7.1.17.	N. R.
14.1.17.	<i>4th En Bn</i>	Joined <i>4th En Bn.</i>	FIELD	9.1.17	B. 213. DCS.
1 6 MAR 1917	"	Left for Unit	FIELD	1 6 MAR 1917	N. R. 3 5
1 7 MAR 1917	Unit	Join Unit	FIELD	1 6 MAR 1917	B. 213. DCS. 103

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

725532 Scott, J.

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				
14 AVR 1917 14.4.17.	38 th. 2 Aust Genl	Wounded in Action Inv. Wounded (SW head) and posted to E. Ont. Reg. Dep. Prin. Elizabeth	Field Seaford.	9.4.17 14.4.17.	B. 213. DCS. 114 W 3083/5760 Pt. 2.0.48, d- 28.4.17. Lieut for Major, D.A.A.G. Can Sec 3rd, Ech, G.H.Q.
27-4-17 JWS.	E.O.R.D.	Taken on strength	Seaford	14-4-17	PT II D/O 46 LIEUT.
21.6.17.	as E.O.R.D.	On Command from E.O.R.D. to #10 Can. Stat. Hosp. Eastbourne.	Seaford.	21.6.17.	FOR LT: COL: I/O RECORDS, C.O.M.F. Pt. II D.O. 100 dated. 21.6.17. Lt. Chamberlain Lieut & Adjutant for C.C. East. Bk. Reg. Depot Part II D/O #172, d/21/6/17.
19/6/17	H.Q. Sfd.	Attached for Duty, etc. to #10 Can. Stat. Hospital.	Eastbourne.	11/6/17	Lt. Colonel, Cmdg. No. 10 Stationary Hospital, C.E.F. Part II D/O #216, d/4/8/17
3/8/17.	E.O.R.D.	Ceases to be attached to #10 Can. Stat. Hospl., on returning to E.O.R.D.	Eastbourne	3/8/17	Major, for Lt. Col Cmdg. #10 Can. Stat. Hospital
29. 8. 17.	as E.O.R.D.	on Command from East. Bk. Reg. Depot to Canadian Discharge Depot Buxton	Seaford	29/8/17	Part II D.O. 170 dated 29/8/17 G.B. Wood Lieut & Adjutant for C.C. E.O.R.D.

Casualty Form—Active Service.

Regiment or Corps _____

Regimental No. 725 532 Rank Pte. Name Scott J. J.

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

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

Extended _____ Re-engaged _____ Qualification (b) _____

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				
29 AUG 1917	TAKEN ON STRENGTH C.D.D, BUXTON Pt. 11 ORDER No. 204			Commanding	<i>R. W. M. Lt</i> Lt. Col. Canadian Discharge Depôt.
13 SEP 1917	EMBARKED FOR CANADA FROM LIVERPOOL			Commanding	<i>R. W. M. Lt</i> Lt. Col. Canadian Discharge Depôt.
JAN 1918	M.H.C.C. S.S. MINOR		TORONTO	14.1.18 A.O. PAY LIST,	<i>Obv. Scott</i> <i>For D.A.F.</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, Shoehing Smith, etc., etc., also special qualifications in technical Corps duties.

[P.T.O.]

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				

Casualty Form—Active Service.

Regiment or Corps *E. O. R. D.*
 Rank *Pvt* Surname *Scott* Christian Name *J. J.*
 Religion Age on Enlistment years months
 Enlisted (a) Terms of Service (a) Service reckons from (a)
 Date of promotion to present rank Date of appointment to lance rank
 Extended { } Re-engaged { } Qualification (b)
 or Corps Trade and Rate
 Occupation Signature of Officer

Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B.213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents.
Date	From whom received				
			Embarked ...		
			Disembarked...		
<i>21.6.17</i>	<i>10th C.S. MP</i>	<i>Att'd for duty pay etc.</i>	<i>Eastbourne</i>	<i>11.6.17</i>	<i>ATI DO 172 ✓</i>
<i>4.8.17</i>	<i>do</i>	<i>crisis attached on return to E O R D.</i>	<i>do</i>	<i>3.8.17</i>	<i>216 ✓</i>
<i>XEB P2K</i>					



LTR

Rank _____ Name **SCOTT, John** Reg'l No. **725532**
 Unit **L09th, Bn.** If in perm. Corps, }
 What Unit? } Married or Single **Single.**
 Place and Date of Enlistment **Feulon Falls, 11th, Dec, 1915,** Place of Birth **Carmen, Manitoba.**
 Name and Address, Next-of-Kin **Mrs Annie Scott.**
54 Dunn Ave, Toronto, Ontario, Canada. Relationship **Mother.**

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

N/E. R.B. No. 4801
 File R.L. _____
 Category Can. OR.

Discharge, Date and Place Reason Character

H. W. & V., Ltd.—7165-16.

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS. Taken from Official Documents.
Date.	From whom received.				
		Arrived in England per H. M. T. 2810		31-7-16	
4-12-16	06109 th Bn	SOS on tfr. to 38 th Bn	Witley	4-12-16	PT II DD 339
13-12-16	38 th Bn	T-O-S on tfr from IC9 th Bn	Witley	6-12-16	PT II DD 242
23-4-17	"	N ^o 2 Australian Gen Hos	Winnereux	11-4-17	CL A178 S.W. head Sgt
24-4-17	"	East Leeds War Hosp	Leeds	14-4-17	CL B140 S W Head
28-4-17	"	SOS TO EOR. Depot (M)	Field	14-4-17	PT II 8048
27-4-17	EO R Dep	T.O.S.	Seaford	14-4-17	" 46
22-5-17	38 th Bn	Trans. P.P. Can Red X Spec Hqs.	Ramsgate	16-5-17	CL B193
18-7-17	"	Dis do.	do.	22-5-17	" 239
25-5-17	EO R Dep	ceases to be shown in PV is SOS TO 34th Bn	Seaford	22-5-17	PT II 8048

A.F.B. 105 CHECKED
 11 DEC 1917
 D.S.M.



Cancelled 4 PT II 106 d/26 6/17



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.		Rank.	Place		
2-6-14	EOR Dep.	Taken on strength	Serjeant	"	22-3-17	Cancelled by PTE 106d/26-6-17 PTE 82
21-6-14	EOR Dep	PTI 82 amended to usual Re-taken on strength	PTI	"	"	" 101
"	"	In Com ^d No. 10 Stationary Hsq. Eastbourne	PTI	"	11-6-17	{ 110 ^d C.S.H. PTE 172d/ " 101 21-6-17
5-8-14	"	Comm ^d in Com ^d do.	PTI	Serjeant	4-8-17	{ 110 ^d C.S.H. PTE 216 PTE 146 d/4-8-17
29-8-17	"	Inform. to C. I. D. Buxton pending Embarkation for discharge to Canada	"	"	28-8-17	P. I. D. O. 170
19-9-17	"	Causes on formed C. I. D. S.O.S. on proceeding to Canada for Discharge	"	"	15-9-17	P. I. D. O. 191 K.R.O. para 392 Sec. 6a.
Des. Depot To Cow Home			M.D.3 Kingston		25-9-17	KR 352.
Junior Born 22 nd July 1900						M.M.

725532. **DUPLICATE.** 649-8-12073

MEDICAL HISTORY SHEET.



Surname Scott Christian Name John **DUPLICATE**

Examined { on 11th day of December 1915
at Fenelon Falls

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

Birthplace { City or Town Sarmon
County Manitoba

Apparent age 18 years

Trade or occupation Chauffeur

Height 5 Feet 3 1/2 Inches

Weight 125 Lbs.

Chest measurement { Minimum 30 inches.
Maximum expansion 32 1/2 inches.

Physical development good

Small-Pox Marks none

Vaccination Marks { Arm Right none Left two
Number two

When Vaccinated last February 27th 1916.

(a) Marks indicating congenital peculiarities or previous disease none

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

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT,
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Date	Result	VACCINATIONS.
27-2-16	Nil	J. McCulloch M.O.
10-3-16	Good	J. McCulloch M.O.
		M.O.

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
12/16/16	Good	J. McCulloch M.O.
22/6/16	"	J. McCulloch M.O.
26/6/16	"	J. McCulloch M.O.

Enlisted on 11th day of December 1915 at Fenelon Falls

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>109th Batt.</u>	<u>425532.</u>		<u>11.12.15.</u>
Transferred to.....	<u>C. E. F.</u>			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	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.

2.0



10. Date when the man was discharged from the Navy or Army

11. Present Disability. (How wide the main nature of the disability resulting from the disabling condition—(a) Weakness, slight, moderate, marked, etc. (b) Loss complete or partial, of an organ, its member or of its functions. (c) Necessity for rest of the body, or of some of its parts, for therapeutic reasons. (d) Any other factor contributing to present disability.)

Injury to head, 2. Under age.

12. Present Condition. (a) (Before completing this Section the man should be stripped and subjected to a thorough physical examination.)

(Describe the nature, location of the present disabling condition or conditions only. "History" must be recorded in Section 12. Describe all abnormalities, anatomical and functional, contributing to present disability. Objective findings are to be stated first, then subjective findings.)

Scar on top of head 1" long to rt.

of midline over fronto parietal suture

slight ridge in the bone is not tender and produces no

tenderness at present. Had attacks of headache and dizziness

about once a week lasting a few minutes has had note of

these for three months and feels perfectly alright now. The

hot sun in summer causes nausea and dizziness if he went with

out his hat.

13. Has the man now any affection of the following systems not described in Section 11 (a) above?

(Answer yes or no.—If the answer to any part is yes, give a brief description of the present condition.)

Neurological System

Cardio-Vascular System

Genito-Urinary

(If pulse rate abnormal B.P. will be taken.)

(Albumin and sugar will be excluded.)

Special Senses

Respiratory System

Integumentary

Disturbances of Mentality

Digestive System

Muscular

Bones and Joint System

Any other general condition

14. History. (If not included in Section 11 a.)

15. History. (If not included in Section 11 a.)

Scar 1" long top of head,

stiffness of spinal column of rt, middle finger,

12



E. S.

DEPARTMENT OF SOLDIERS' CIVIL RE-ESTABLISHMENT

MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL REPRESENTATIVES, S. C. R.

1. For use in accordance with Instructions laid down in General Procedure—Medical Branch of this Department. Later amendments should be carefully noted.
2. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" issued by the R. P. C., and Instructions issued by Militia H. Q., Ottawa, will be carefully followed.
3. The Medical Representative in charge of the case is responsible for the proper completion of Sections 1 to 21 of this Form, and will obtain the signature of the man to the "Statement", Page 3. The Senior Medical Representative of the Board of Medical Officers is responsible for the proper completion of the Sections reserved for recording the "Opinion of the Medical Board."
4. In answering the questions, Medical Representatives, S. C. R., will carefully obtain and record the man's statements concerning his condition. They will distinguish observations made by themselves from hearsay. They will distinctly state the authority for statements not resulting from their personal observation; it must be made clear whether such statements are obtained from the man concerned, from witnesses, or from documents, regimental or otherwise.
5. Special care is required in answering question 9. Please read the questions carefully. All questions must be answered.
6. If space provided under any Section is insufficient, add another sheet. Such sheets must be initialed by the Medical Board. A note will be made of attached papers by the Medical Board under the Section, "Opinion of the Medical Board."
7. Under no circumstances may information other than that in sections 9, 10, 11 and 12 be communicated to the man, directly or indirectly.
8. The nomenclature of diseases must be followed, if possible, as described in "List of Diseases" printed in the order in which they appear in the Annual Report on the Health of the Army, published in London (1915), by Messrs. Harrison & Sons.

STATION Spadina Mil, Hosp. DATE Dec. 10, 1917.

(a) Regimental No. 725532. (c) Rank Pte.

(e) Christian Name John James.

(a) Former Unit M.H.C.C.

(b) Surname Scott

(c) Home Address Fenelon Falls, Ont.

(d) Age last birthday 17. Date of birth _____

(e) Enlisted at Fenelon Falls, Ont. on 11-12-15.

(f) Physical Description

(a) Height _____ (b) Weight _____ (c) Complexion _____

(d) Colour of hair _____ (e) Colour of eyes _____ (f) Identification marks _____

(g) Name of Mother and Address Mrs. Sarah Scott Mother, 16 Spencer Ave. Toronto.

(h) Former Medical Occupation Student
Caniffow,

The dates on which the medical history was taken should be entered in this column. If the dates are not available, the dates should be taken from the documents, but if documents are not available, the dates should be taken from the statements. Periods of service should be noted.

Periods	Years	
	From	To
	Dec, 1915,	Dec, 1916,
	Dec, 1916,	Apr, 1917,
	Apr, 1917,	Aug, 1917,
	Aug, 1917,	Sept, 1917,
	Sept, 1917,	To Date,

Pension No. _____ Pension Class _____



13. Do the disabling condition have its origin before enlistment?

14. If so, has it been aggravated on service?
 If aggravated, give a description, as far as it is possible to do so, of the disabling condition at time of enlistment.

Not applicable.

15. Was the disability caused or aggravated: (a) by intemperance, or improper conduct; or, (b) by unreasonable refusal to accept treatment?
 The following comments will be referred to:
 If the answer is in the affirmative, state in percentages to what extent the patient is incapacitated by that intemperance or aggression. In answering this question, extreme cases should be considered. If treatment has been refused, the circumstances surrounding the refusal should be described on Page 2.

16. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one?
 Not applicable.

17. Treatment - If the man has received any treatment since discharge from His Majesty's Forces.

(a) Where treated: Convalescence in Hospital, 2, None.

(b) Duration of treatment: from _____ to _____

(c) Nature of treatment: _____

(d) Results of treatment: _____

18. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit?
 If the answer is yes, state nature of treatment required and probable duration.

19. (a) Can the former trade, or occupation, be resumed?
 If not, briefly state why.

(b) Name of Course in Industrial training, if any, taken by the man.

20. (a) If the man requires any orthopaedic accessories, state exact requirements.

(b) If any such have been supplied, state date.

21. Is the civility of the man satisfactory?

22. Has the discharge certificate been presented?

23. Recommendations for discharge,
 Yes.

A. Taylor Capt. A.M.C.
 Signature of Medical Representative by whom the man is brought forward.

STATEMENT OF THE MAN

(Paragraphs 2, 20, 21 and 22 are to be read to the man, and either "satisfied" or "not satisfied", struck out.)

I have read and heard read the foregoing and history of my disability, and present condition, and am satisfied (or not satisfied) with it, and have no objection or reservation concerning any affection from which I suffered, either prior to, or during service. (If any further statement should follow.)

In addition of _____

RF-1 406



OPINION OF MEDICAL BOARD

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

- 20. We concur,
- 21. We concur
- 22. We concur
- 23. We concur
- 24. We concur
- 25. We concur
- 26. Yes,

24. A. State specifically whether treatment is required or not. (An officer's recommendations as to disposal e.g. Employment or Vocational Training may then be made but the method of disposal must be carefully explained to the man.)

B. It is certified that the man: (a) Does require treatment. (Give the nature of the condition and of the treatment required and its probable duration.)

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

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

We recommend that this man be discharged on account of being under REV. CATEGORY E.

Before signing the Senior Medical Representative of the Medical Board will read the statement signed by the man and differing opinions regarding Sections 9, 10, 11 and 12, as recorded in Section 23, to the man and if no change is indicated, will initial the statement. If, as a result of differing opinions regarding Sections 9, 10, 11 and 12 or if, provided in Section 22, the man is dissatisfied with the statement previously made, the remarks of the Medical Board will be added here.

Place: Spadina Hill, Hospital,

C. J. Currie, Major, A.M.C.

Date: Dec. 16, 1917,

F. Hughes, Capt. A.M.C.

J. D. Loudon Lt. A.M.C.

TO BE COMPLETED WHEN TREATMENT IS REFUSED

I, the undersigned, understand the nature of the treatment which it is recommended that I should undergo and refuse to accept it. I have had read and explained to me the consequences of such refusal as provided for in Order in Council, P.C. 1366, Clause 20.

Signed

Senior Medical Representative

Member

APPROVED BY

Name

Pvt. Scott J.

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

Regimental No. 725532

Unit 109 Bn.

Date of enlistment

Place of " "

Married (yes or no) No.

Amount of pay assigned monthly \$ No.

To whom payable

Name and address of next-of-kin

address Fernelm Falls Ont/13

Date and place discharged Oct. 248.

Reason for discharge

Class 1. D.O.3.

Character on discharge

(Kingston Final check for 195.26 sent to Spd)

Job 5351-M. & D. 6890.

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							
Dec 1	31	31	1	31	31	10	3	10	16	46	60	30	med			Spd/337		
										50	10	49	33	7	20	10	med	
Jan 1	14	14	1	14	14	10	1	40	11	20	26	60	26	60			Pb Dec 12/348	
										13	00	39	60	51	22	39	60	

POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

26841-535-14
016406-J-23

Name **Scott, John James**
Surname Christian Name

Regimental Number **725532** Rank **Pte.** Address (in full) **16 Spencer Ave.**
Unit **38th Bn.** **Toronto, Ont.**

Original Unit

District where paid **M.D.2**

Date of Discharge **14-1-17**

P. D. P. Filing Number **19-328-2**

Rates:—Regimental pay \$ **1.00** per diem; Field Allowance \$ **.10** per diem. Separation Allowance \$ per month.

L. L. 22573—M. & D. 8009.

Total Credits 91 days	FIRST PAYMENT			SECOND PAYMENT			FINAL PAYMENT			Balance Over- payments to be Recovered	Total Amount Paid
	Cheque No. A	Date	Amount 30 days	Cheque No. B	Date	Amount 30 days	Cheque No. C	Date	Amount 31 days		
100 10	5509	11-2-18	33 00	5434	11-3-18	33 00	5318	11-4-18	34 10		100 10
	2667	2nd 405 409	4-4-19								
	2142A	2nd 403555	2-4-19								

Remarks:

M. F. W. 127.
60M - 6 17.
1772 83-1140.

Dec'n No. *26841/535'* W.S.G. File No. *016406/9/99*

Award days at \$ *7025* per day \$ *35000*

S. A. months at \$ per mo. \$ *10010*

Less P. D. P. Credited \$ *10010*

Less further debit balance \$

Net due paid as below *24990*

TO SOLDIER		JOS. BENEDE		NE	
U	ou	ou	ou	ou	ou
<i>4/4/19</i>	<i>2567</i>	<i>405409</i>	<i>76</i>	<i>00</i>	
<i>2/4/19</i>	<i>2142A</i>	<i>403558</i>	<i>76</i>	<i>00</i>	
<i>15-4-19</i>	<i>1707 B</i>	<i>434579</i>	<i>76</i>	<i>00</i>	
<i>22/5/19</i>	<i>1816</i>	<i>470341</i>	<i>39</i>	<i>90</i>	

Senelon Falls
Out

GEN'L AUDITOR
Posting checked by
J. McLaughlin
Date *11-10/19*

26841

Name Scott John

P. C. No. 57242
 M. F. W. 41
 1 OM-7-16
 1772-39 889.

Regimental No. 725532 Home Home
 Name and address of next of kin Fenelon Falls, Ont.
 Unit 109 Bn
 Date of enlistment Dec 1915
 Place of " Fenelon Falls
 Married (yes or no) No
 Amount of pay assigned monthly \$ ml
 Date and place discharged Discharged 14/18
 Reason for discharge
 To whom payable Justicia 25/17
 Character on discharge late D3 NO 649-8-12073

5351-M. & D. 6880.

Date		PAY		Field Allowance		Other Credits	Total Credits	Voucher		Cash Payments	Assigned Pay	Other Charges	Total Debits	Remarks, Casualties, etc.
From	To	No. of Days	Rate	Amount	No. of Days			Rate	Amount					
	10.8.17						19952							E L P C
11.8.17	31.10.17	82	1	82 =	82	10	8 50	28972				110 =		C D Halifax
												973		AR 97
												97312946		L P C sent on 19/17
														for Bal
								28972						16076 showing of acct 21/17
														28972 and ftd to C's unit

R 13 10/17

Engd P. ml

725532 Pte Scott J.

DATE	PAY		FIELD ALLOWANCE		WORKING OR SPECIAL PAY		ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS				CASH PAYMENTS				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS					
	No. OF DAYS	RATE	AMOUNT		No. OF DAYS	RATE				AMOUNT		1	2	3	4	1	2				3	4				CREDIT	DEBIT			
			\$	C.						\$	C.	No.	DATE	No.	DATE	No.	DATE				No.	DATE						No.	DATE	
June			356	40				14	78	371	18			46	23	14	60	27	06	29	20	42	117	57	253	67				
2/30			11							11													9	73	254	94				
July			34	10						34	10														289	04				
1/31										11															300	04				
Aug																														
1/10																														
										X17	X17																			

Hand to Parke off 14/17 295-1-22 20/17
 17 Sub on Ref Pay so. 6. 17

354 FORM REND. LEFFEC. 19/17
 DISCHARGED TO Can DATE 10/8/17
 PAYBOOK VERIFIED 10/8/17
 Ser. BAL 199521 E.P.O. REND. 10/8/17
 AUTHY. A.S. 1.22 20/9/17
 Minor
 Guillocock
 Checked

MONTH	PARTICULARS	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DET. RED. PAY	SER. ALLGE. ENG.
1917	Jan 1 Salvo							304 16		
	M. M. 36 P.L. x. Hoop. 27/17			4 87				299 29		
	u. A. 9777 Buxton 4/9/17			9 73				289 56		
	M. M. 118 P. L. x. Hoop. 27/17			48 67				240 89		
	" 157410 Saty. Hoop. 27/17			7 20				233 66		
	" 1274 " " 27/17			9 73				223 86		
	" 120 SORD. 13-8-17			4 87				218 99		
	• 1767 10 S. Hoop 26-7-17			24 33				194 66		
				29 20				165 46		
	DNAFR 1422 10 S. Hoop. 29/6/17			4 87				189 79		
				4 87				184 92		

Balance transferred to N. E. Branch. *hil.*

CANADIAN
 ASSIGNED PAY AUDITED
 W. Blain
 AUDIT CLERK
 DATE 19-4-19

W. Blain
19-4-19

This space to be left blank for the Chelsea Number.

[Blank box for Chelsea Number]

4

JUSTICIA Army Form B. 268.

6

September 25 1917

Proceedings on Discharge

(When forwarded for confirmation the documents named on page 4 should be enclosed.)

No. 725-532

Army Rank

Name

(The name must agree strictly with that on enlistment, unless changed subsequently by authority.)

Corps

Battalion, Battery, Company, Depot, &c.

(If attached to the Regular Establishment of the Special Reserve or Permanent Staff of the Territorial Force, &c., or to General Staff of the Army, it should be so stated.)

Date of discharge

Place of discharge

1.

Description at the time of discharge.

Age 17 years months

Height 5 feet 6 inches

Chest measurement { girth when fully expanded 32 1/2 ins. range of expansion 2 1/2 ins.

Complexion Fair

Eyes Brown

Hair Brown

Trade Chaffeur

Intended place of residence (To be given as fully as practicable)

Steele's Hall, Ont.

Descriptive marks.

G. S. W. Head.

(The measurements and description should be carefully taken on the day the man leaves his unit, but in the case of men sent home from abroad for discharge, the age and intended place of residence should be left blank to be filled in by the Officer who confirms the discharge at home.)

2. The above-named man is discharged in consequence of

Authority, K. R. & O. Para 392 Sec. VIa and Army Council Instructions 1188 of 1916; Being a Minor

(The cause of discharge must be worded as prescribed in the King's Regulations and be identical with that on the discharge certificate. If discharged by superior authority, the No. and date of the letter to be quoted.)

3. Military character :-

Good

4. Character awarded in accordance with King's Regulations :-

Colours.

To be filled in on the soldier

Certified that the above is an accurate copy of the character given by me on Army Form B. 2067* and that Army Form D. 489 was awarded in this case.

H. S. G. Comp.

Initials of Commanding Officer.

Army Form B. 2088 has been issued to*

D. D. & L., London, E.C.

Forms B. 268

A4502 Wt. 752276 (Mag. 500,000 8/16 Sch. 39)

* Strike out if not applicable.

[OVER.]

Dis. Sent. 4-2-18 C.R.B.

5. He is in possession of the following number of G.C. badges (if the man is a N.C.O. and enlisted prior to 1st July, 1881, the number he would have been entitled to had he not been promoted should be stated).

Is it probable that he will be entitled to another good conduct badge before the confirmation of these proceedings?

Nil

Classification for service, or proficiency pay... .. Class

6. Campaigns, Medals and Decorations

Francis B. Booth

Certificate of education

7. His accounts are correctly balanced, and I have impartially inquired into all matters brought before me in accordance with Regulations.

(Place) *Sgt. M.H.C.C.*

(Date) *Jan 14 - 18*

J. H. C. C. Booth

OC Commanding *M.H.C.C.* *Battn.* *Regiment.*

8. Certificate to be signed by the soldier on discharge.

I hereby acknowledge that I have received all my pay and allowances (including clothing allowance), and all just demands up to the present date, subject to the reservations of the claims noted on the 3rd page.

(Place) *Sgt. M.H.C.C.*

(Date) *Jan 14 - 18*

See Copy (Signature of Soldier.)
_____ (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 at 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 towards engagement to *14.1.18* (the date to which the record of service is completed) *2* years *34* days.

Further service " " (the date of confirmation of discharge) " " " "

Total ... " "

11. Confirmation of discharge.

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

Jan 22 (date) *1918*

(Place) *Sgt. M.H.C.C.*

(Date) *Jan 22 - 1918*

J. H. C. C. Booth (Signature)

Officer in charge of Discharges

"D" Unit M.H.C. Command

Commanding officers (or the Paymaster if at Netley) will issue to every discharged soldier whose claim to pension, either on account of service or disability, is to be brought under the consideration of the Chelsea Board, a memorandum for his guidance on Army Form D. 401, and will at the same time transmit to the Secretary, Royal Hospital Chelsea, a descriptive return of the man on Army Form D. 400.

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.)

See Copy

LIST OF DISCHARGE DOCUMENTS.

1. Proceedings on discharge. (Army Form B. 268.)
2. Proceedings on transfer to reserve (if any). (Army Form B. 2056.)
3. Duplicate attestation.
4. Army Form B. 97 (if any).
5. Declaration of change of name (if any).
6. Re-engagement paper (if any). Army Form B. 136.
7. Authority for continuance, or extension, of service (if any). Army Form B. 221.)
8. Court of Inquiry on an injury (if any) (Army Form A 2.)
9. Regimental conduct sheet. (Army Form B. 120).
10. Company conduct sheet. (Army Form B. 121.)
11. Copies of convictions by Civil Power (if any).
12. Medical history sheet. (Army Form B. 178).
13. Medical report on invalid (if any). (Army Form B. 179).
14. Copy of receipt for purchase money (if any).
15. Attestation of fraudulently enlisted man for corps in which he has not been held to serve (if any).
16. Detailed statement of former service allowed to reckon towards pension (if any).
17. Copy of 3rd page attestation (in the case of men from abroad entitled to deferred pay who go to Netley or the discharge depot for discharge).
18. Descriptive return (Army Form D. 400), where required. See section 11 on second page.
19. Active service casualty form. (Army Form B. 103).
20. Employment sheet. (Army Form B. 2066).

In the case of recruits who are rejected before, or on, final approval, the discharge documents will consist of—

1. Duplicate attestation. (On third page the date and cause of discharge will be entered and signed by the competent military authority).
2. Medical history sheet (if any). (Army Form B. 178).

Instructions as to the preparation, dispatch, and custody, of discharge documents.

1. When a soldier is to be discharged, the documents retained with the duplicate attestation will be placed inside this form. Should any of the documents be missing, an explanation of the deficiency, signed by the commanding officer, must be substituted for the missing document. The officer in charge of records will then extract from the original attestation, any documents required to complete the list of discharge documents enumerated in the margin, which will then be placed in this form in the sequence given.

2. When men are discharged from the colours at home as medically unfit, or with claims to pension, Army Form B. 268 will be sent confirmed, together with the duplicate attestation and documents retained therein to the officer in charge of records 10 days in advance of the date for discharge in the case of invalids, and 14 days in other cases. This officer will then extract from the original attestation any documents required to complete the list of discharge documents enumerated in the margin, place them in this form, and after carefully checking the duplicate attestation with the original forward the whole to the Secretary, Royal Hospital, Chelsea. When such men are discharged abroad, the same procedure will be adopted as above, with the exception that the discharge documents will be sent to the officer in charge of records immediately after discharge takes place (except in the case of men who are granted gratuities on discharge from local battalions or companies, Royal Artillery,

3. When soldiers are sent home from abroad for discharge, the documents retained with the duplicate attestation will be placed inside this form and sent home with the men for transmission to the officer who carries out the discharge, together with the following additional forms:—

- (a) Discharge certificate (Army Form B. 2070 or Army Form B. 264).
- (b) Character Certificate (Army Form B. 2067) if entitled.
- (c) Copy company conduct sheet (Army Form B. 121) when required under King's Regulations.

The duplicate attestation and documents retained therein will be sent to the officer in charge of records, who will extract from the original attestation any documents required to complete the list of discharge documents enumerated in the margin and place them in this form.

4. The discharge documents of re-enlisted pensioners, on re-discharge, will be sent to the officer in charge of records, who will extract from the original attestation any documents required to complete the list of discharge documents enumerated in the margin, place them inside this form, and forward the whole to the Secretary, Royal Hospital, Chelsea, irrespective of the cause of discharge.

5. The original and duplicate attestations of recruits who are rejected before, or on, final approval will be retained by the approving officer for one year, when they will be destroyed.

6. In all other cases the discharge documents will be sent, directly the discharge is carried out, to the officer in charge of records of the unit concerned.

7. Postage need not be paid, and receipts are not required, in the case of documents sent to Chelsea or to the War Office,

8. When the discharge documents of men not entitled to pension are sent to the officer who will have final charge of them, they are to be accompanied by Army Form B. 279, and that officer will, if they are found to be correct, sign and return Army Form B. 279. Should any document be missing, he must at once apply for it.

9. The officers having final charge of the discharge documents will arrange them according to regimental numbers, and enter the names in the alphabetical index, Army Book No. 129.

CANADIAN CONTINGENT EXPEDITIONARY FORCE

HECK.

LAST PAY CERTIFICATE

This form to be used for all Ranks (Vide Articles 122, 130 and 141, Financial Instructions, 25715c, C.E.F., 1916).

Regimental No. 725532 Rank Pte. Name Scott J. J.

Corps 38th Bn. who was* discharged

On Jan 14th 1917, to Mod. unfit.

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from Jan. 1. 1918, to Jan 14 1918 the inclusive date of transfer or discharge.

Dr.	\$	c.	Cr.	\$	c.
Bal. Dr. from prev. month.....			Bal. Cr. from prev. month.....		
Advances } No.....			Reg'tl Pay <u>14</u> days at \$ <u>1</u> c.....	<u>14</u>	<u>00</u>
by } No.....			Field Allow. <u>14</u> days at \$..... c.....	<u>10</u>	<u>40</u>
Cheques } No.....			Separation Allowances* (Monthly).....		
Assigned Pay and Sep'n Allce. No.....			subs.....	<u>11</u>	<u>80</u>
Other charges.....			Other Allowances*.....		
Payment on transfer or discharge No. <u>51922</u>	<u>39</u>	<u>60</u>	Other Credits* <u>Clothing</u>	<u>13</u>	<u>00</u>
Balance Cr. (to be paid by the new unit).....			Bal. Dr. (to be deducted by new unit).....		
Total.....	<u>39</u>	<u>60</u>	Total.....	<u>39</u>	<u>60</u>

* Give particulars.

A monthly stoppage of \$..... (†) has..... (‡) been paid on account of Assigned Pay for the month of Nil 191... } (to) Assignee.....
 { and Sep'n Allce. for month of 191... }
 (Address)

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

On Transfer of an Officer

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

REMARKS:—

- State (1) date of enlistment
- (2) if married and if a Separation Allowance Card has been submitted..... Nil.
- (3) cause of discharge o/c 2/1/18 authority..... D. O. S.
- (4) authority for transfer

NOTE.—Separation Allowance and Assigned pay Card and Index Card (M. F. W. 71) are to accompany the original Last Pay Certificate on transfer.

I have carefully examined this statement of account and find it to be a correct extract from the Pay-list of the unit.

Date 10/1/18. *Malcolm J. Cochrane*
 Place Toronto. *for*
CAPTAIN
Paymaster.

N.B.—For purposes of transfer this form is to be made out in quadruplicate. Original copy to paymaster of new unit; duplicate to District Paymaster; triplicate to accompany the pay-list at the end of the month, and quadruplicate for retention as a record. For purposes of discharge it is to be made out in triplicate. Original copy to accompany discharge papers; duplicate to accompany pay-list at the end of the month, and triplicate for retention as a record. If a man on discharge is entitled to three months' Post Discharge Pay, Last Pay certificate will be made out in quadruplicate. The original Last Pay Certificate will be forwarded with other documents to Paymaster Post Discharge Pay and triplicate, with his discharge documents.

M. F. W. 44.

110M.—12-17.
 H. Q. 1772-33-903.

Dis. Sect.
 22-1-18
 MB

CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

THIS CERTIFICATE IS ISSUED TO THE MEMBER OF THE CANADIAN CONTINGENT EXPEDITIONARY FORCE...

Name of Member: _____

Rank: _____

Service Number: _____

Period of Service: _____

Amount of Pay: _____

Amount of Gratuity: _____

Amount of Allowance: _____

Amount of Pension: _____

Other Details: _____

Total: _____

Signature of Member: _____

Signature of Officer: _____

Date: _____

Place: _____

Remarks: _____

On Transfer to another Force: _____

On Discharge: _____

On Retirement: _____

On Death: _____

On Surrender: _____

On Other: _____

Signature of Officer: _____

Date: _____

Place: _____

Remarks: _____

Signature of Officer: _____

Date: _____

Place: _____

Remarks: _____

RAMSGATE

MEDICAL CASE SHEET.*

FRANCE



No. in
Admission
and
Discharge
Book.

Regimental No.

Rank.

Surname.

Christian Name.

222

720532.

Pvt

Scott

J. J.

Year

Unit.

Age.

Service.

1917

38 Canadian.

17.

13/12.

Station
and Date.

Disease

Shs. W. head

AST LEEDS WAR HOSP
Harehills Road, Leeds

Wounded by shrapnel 9.4.17.

16.4.17.

A. T. C. S. 9.4.17

A. T. C. S. 15.4.17

Superficial wound of scalp behind forehead on
arm.

24-4-17

Healing R. Middle

21-4-17

Rec. for Transfer to Am. H. P. L. U.

24.4.17

Bookridge AMHosp

X

18/5/17

Discharged

202086 call

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

Station
and Date.

NAME OF NEXT OF KIN
 ADDRESS OF NEXT OF KIN
 MAN'S ADDRESS
 RELATIONSHIP

Mrs. Sarah Scott
 16 Spencer Ave Toronto, Can.
 Dundas Falls, Ont.
MEDICAL HISTORY OF AN INVALID.



1. Station. **SPADINA MILITARY HOSPITAL** 8. General remarks on his:—

2. Regiment or Corps. **M.H.C.C. Dunt** (a) Conduct. **Good**

3. Regimental No. and Rank. **Pvt.** (b) Habits. **Good**

4. Name. **Scott: John James** (c) Temperance. **Good**

5. Age last Birthday. **17** (For this purpose the Company defaulter sheets will be obtained from the man's Commanding Officer.)

6. Enlisted on **11. XII. 15'**
 at **Dundas Falls, Ont.**

7. Former Trade or Occupation. **Chauffeur** Date. **DEC 10 1917**

9. Service. **2** Years. Days.

	PERIODS.	
	FROM.	TO.
109. Bn.	Dec. 1915	Dec. 1916
38th Bn.	Dec. 1916	Apr. 1917
E. O. R. D.	Apr. 1917	Aug. 1917
C. D. D.	Aug. 1917	Sept. 1917
M.H.C.C.	Sept. 1917	to date

10. (a) Disease or disability. (1) **Injury to head** (2) **Under Age**
 (b) Date of origin. (1) **April 9, 1917** (2) **Not app.**
 (c) Place of origin. (1) **Vinny Ridge** (2) **" "**
 (d) Cause. (1) **G.S.W.** (2) **" "**

11. **Present Condition.** (Most Important) (1) **Scar on top of head 1" long to ridge**
 (To include full description of present disabling condition or conditions.)
 right of midline over fronto-parietal suture - slight ridge in the bone - is not tender and produces no symptoms at present. Had attacks of headache and dizziness about once a week lasting a few minutes - has had none of these for three weeks and feels perfectly alright now. The hot sun in summer caused nausea and dizziness if he went without his hat.

12. (a) Is the disability the result of service or climate? (1) **Service** (2) **No**
 (b) Has it been aggravated by intemperance, vice or misconduct? (1) **No** (2) **No**

13. (a) For purpose of Identification. (Here a full description of wounds, scars, deformities, etc., is to be given.)

Scars 1" long on top of head
deformity of proximal phalanx of R. middle finger

(b) In case of wounds, or other injuries, state whether sustained on or off duty. If not received in action, was a Court of Inquiry held?

1. on duty
2. not app.

(c) In the event of the disability being attributed to exposure on duty, state clearly the nature of such exposure, and whether it was exceptional or otherwise.

Not app.

14. Treatment

1. Convalescence in Trop.
2. none

15. If the disabling condition had its origin before enlistment, has it been aggravated by service, and to what extent?

(1) + (2) Not app.

16. What is the probable duration of the disability or of each disabling condition, if more than one contributes?

(1) + (2) Not app.

17. To what extent will it prevent his earning a full livelihood in the general labour market? Please state in fractions.

1. 0%
2. 0%

18. State if for discharge on account of unfitness for Service.

yes

A. Taylor
Capt.

Medical Officer by whom the case is brought forward.

OPINION OF THE MEDICAL BOARD.

Does the Board concur with the preceding report? If not, give differing opinion.

- 10. *we concur*
- 11. *we concur*
- 12. *we concur*
- 15. *we concur*
- 16. *we concur*
- 17. *we concur*

19. Is he unfit for Military Service. *Yes*

20. Recommendations: *We recommend that this man be discharged on account of being underage*

Category E.

X

Signatures:—

C. G. Currie, M.D. President.
J. D. Hughes, M.D. Members.

Station. SPADINA MILITARY HOSPITAL
 Date. DEC 10 1917 TORONTO

J. D. London, Lt.

Date. *Dec 18/17*

Chas. Sparshay, Capt.
 Asst. Director of Medical Services.

Approved.

Date.

Director-General of Medical Services.

325/18
17

OPTION OF THE MEDICAL BOARD

7-18-17



(At Station or Hospital where finally disposed of.)

Station and Hospital } Arrived from }

Date

If admitted.	If under treatment.		Disease.	How fully disposed of.	Date of Discharge, &c.
Index No.	From	From			
Date					

Summary of Causes of invaliding, or remarks as to remand to Regiment, Station or Depot.

.....
.....
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.....
.....
.....
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.....
.....
.....

Date of final Medical Board or decision. } Administrative Medical Officer.

DETAILED MEDICAL HISTORY OF INVALID.

Militia Form B. 227.
100 m-2-16.
H. G. 1772-89-117.

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.