

M D 3 - Serial 2-1-19

Car. Coy
3-8-712

109th OVERSEAS BATTALION, C. E. F.

ATTESTATION PAPER.

No. 724216

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

TRIPPLICATE

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- 1. What is your surname?..... *Scott.*
- 1a. What are your Christian names?..... *Wallace.*
- 1b. What is your present address?..... *Kinnmount.*
- 2. In what Town, Township or Parish, and in what Country were you born?..... *Minden, Township.*
- 3. What is the name of your next-of-kin?..... *Jessie Scott.*
- 4. What is the address of your next-of-kin?..... *Kinnmount.*
- 4a. What is the relationship of your next-of-kin?..... *Mother*
- 5. What is the date of your birth?..... *October, 1, 1896.*
- 6. What is your Trade or Calling?..... *Laborer.*
- 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? } *yes.*

S. J. P. RR

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *Wallace 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 *APR 1 1916* 1916. *W. Scott* (Signature of Recruit)
W. Scott (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *Wallace 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 *APR 1 1916* 1916. *W. Scott* (Signature of Recruit)
W. Scott (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 *Kinnmount* this *5th* day of *April* 1916
E. White (Signature of Justice)

Description of Wallace Scott on Enlistment.

Apparent Age 20 years 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. 8½ ins.

Chest measurement. { Girth when fully expanded..... 38½ ins.
 Range of expansion..... 4½ ins.

Complexion Fair

Eyes Blue

Hair Fair

Religious denominations. { Church of England..... yes

Presbyterian.....

Methodist.....

Baptist or Congregationalist.....

Roman Catholic.....

Jewish.....

Other denominations.....
 (Denomination to be stated.)

Long scar on ball of left thumb,

CERTIFICATE OF MEDICAL EXAMINATION.

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

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

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

Date..... APR 1 1916 191 .

J. McCulloch Capt.

Place..... Kenmount

Medical Officer

109th Overseas Medical Officer, 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:—

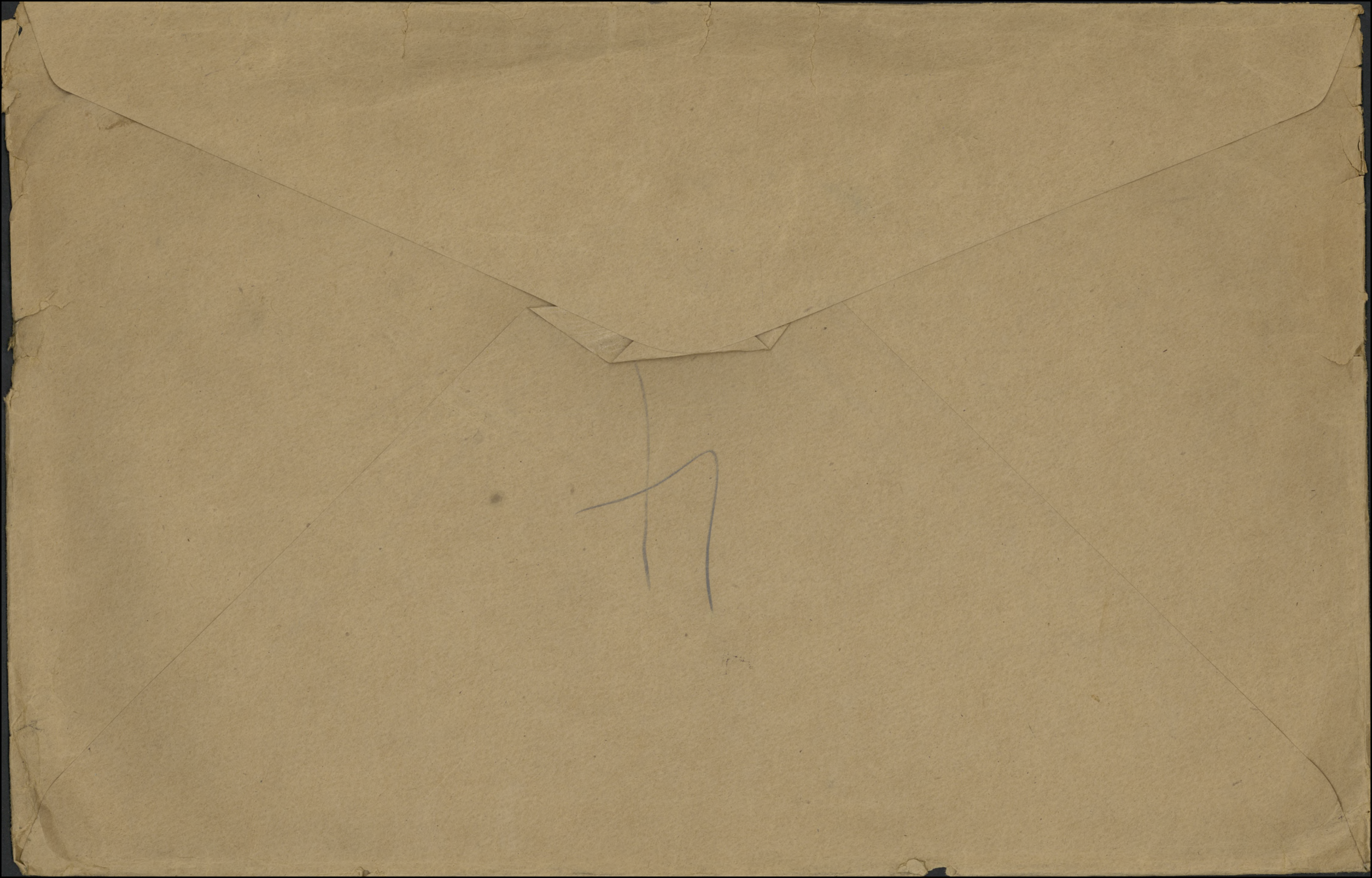
.....

CERTIFICATE OF OFFICER COMMANDING UNIT.

Wallace 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.

J. J. Miller (Signature of Officer)

Date..... APR 1 1916 191 .



Princess Patricia Canadian Red Cross Hospital

HOSPITAL.

Cooden Camp, Berhill.

 B II T 3845
 A. & D.
 CARD

Reg. No. 724126. AT.....
 A. & D. No. Pls PL. OF ACTION Aman
 RANK..... REG. NO..... UNIT 21st Bn 6 day SICK OR WOUNDED
 NAME Scott, W. AGE 22 RELIGION C of E
 PLACE IN HOSPITAL Div I
 DIAGNOSIS W. Leg RT. & S.W. Thigh Lt.
 ADMITTED 28-10-19 FROM 1st Southern Gen B'ham
 DISCHARGED 12-12-18 TO CAD Boston
 TRANSFERRED.....
 SERVICE AT HOME 3/2 IN FIELD 3/2
 RESULTS.....

DISCHARGED TO DUTY.

Cat. B II

(See Document Card for M.H. Sheet and other Documents.)

REMARKS.

James

JHB
①

Number

124216

Rank

Pte

B

Surname

SCOTT

Christian Name

Wallace

Units

21 Am Cav Inf Theatre of War France

Date of Service

6-10-16

Remarks

Kennion's Det

Latest Address

Roll No

B
Page 10011

Port, ship, and date of arrival

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 _____

D
FEB 11 1922
REGN. NO. 400 1701

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

Name SCOTT Wallace Rank Private

Reg. No. 724216

Unit 21st Battalion

Next of Kin Canada

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
21-1-17	4. Gen Hosp Camiers	GSW	Face Sev	A428	0.8225	31-1
29-1-17	Vol Aid Temp Hosp	Exeter	Do.	B264		
10-4-17	Do Can Con Hosp	B.W.Wokingham	Do.	B324.		
13-4-17	Do Can Con Hosp	W.P.Epsom	Do.	B333		
11-5	Discharg3d.		do	B386		

SURNAME.

Scott,

3

CARD NO.

CHRISTIAN NAMES

Wallace

S.O. S. S. 13/2/19. 3.

FOLL.

S.O. 45 of 14/2/19.

REGL. NO.

724216.

RANK

Pte.

Demol. 3rd Bn.

UNIT

109th

Batt.

FORMER CORPS

Nil.

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Mrs Jessie Scott.

RELATIONSHIP TO SOLDIER

Mother

ADD

178 Kinnmount, Ont.
Toronto, Ont.

2.12/1918.

COUNTRY OF BIRTH

Canada, Minden, Ont

DATE

Oct 1st 1896

PLACE OF ATTESTATION

Kinnmount, Ont.

DATE

Apr 5th 1916

Sailed from Halifax per. S. S. "Olympic"

L. L. 10437. M. & D. 7253.

23-7-16. ⁴⁸⁸/₃₁

M. F. W. 22. 100M. 21-16. H. Q. 1772-39-339.

Rp. 15-1-19. 20. R6.

MARRIED

SINGLE

WIDOWER

TRADE OR CALLING

Labourer.

RELIGION

eyes
Church of England

DESCRIPTION.

APPARENT AGE

20

YEARS

MONTHS

HEIGHT

5-

FEET

8 1/2

INCHES

CHEST MEASUREMENT

38 1/2

INCHES

EXPANSION

4 1/2

INCHES

COMPLEXION

Fair.

EYES

Blue

HAIR

Fair.

DISTINGUISHING MARKS

Long scar on ball of left thumb.

MEDICAL EXAMINATION.

PLACE

Kinnmount.

DATE

April - 1916.

Registrar, Canadian Convalescent Hospital,

Bear Wood, Wokingham, Berks. HOSPITAL.A. & D. No. *OS 7447* Ward *Sub 7.*Unit *21st Bant* Sick or Wounded.Regtl. No. *724216* Pl. of Act'nRank *Pte* Name *Scott W.*Age *21* Religion *98.*Service Compl'd *12/12* Time with Field Force *4/12*Diagnosis *9 Sw Face.*Admitted *9 APR 1917* Discharged *402 402 Exeter*Transferred *12 APR 1917* *C. C. & Epsom*

Vinn Ridge
18 Gen. Etapping
C. V. A. D. Butler
Of. W. A. H. D.
Comps from head
R.

Jan 17. 17
21
Feb 28

No. 724216. RANK *Pte.*NAME *Scott, W.*

T. O. S. 1-4-16.

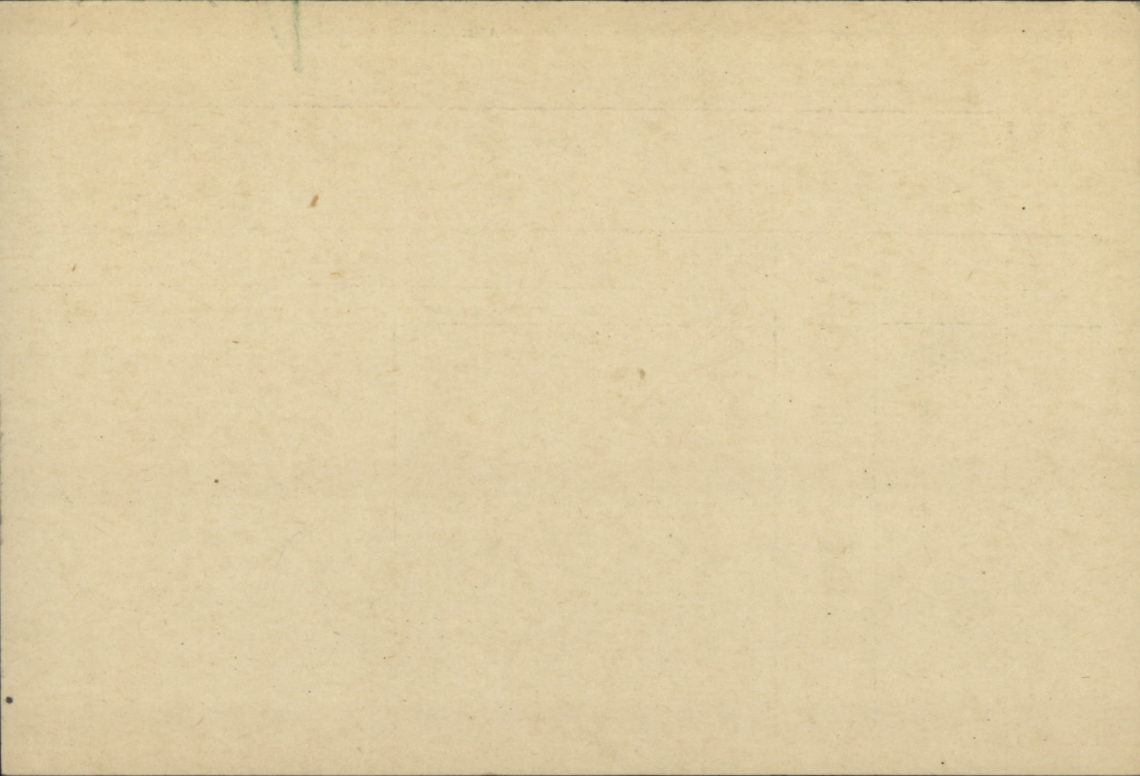
UNIT

*(N.O. 121 of 10-4-16) 109th Battalion.*M. D. *3*

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
<i>1916. April 1.</i>	<i>1916. April 30</i>	<i>V.</i>		
<i>May.</i>		<i>V.</i>		
<i>June.</i>		<i>V.</i>		
<i>July.</i>		<i>V.</i>		

UNIT SAILED

JUL 23 1916



7106-250m-7/2/17.

Name

Scott

Wallace

Rank

Pte

Reg. No.

724216

Unit

~~21st Battalion~~

Jessie Scott

Next of Kin

Mother Canada

PO Binmount E.S. out

Date

Movement

Place

Casualty

List
No.Notified
N/K O.

W.O. List

21-6-17	14. Can Gen Hosp	Eastbourne	Varicella	83			
5.10-17	Discharged	do	Paralysis Facial			Left CN 5 635	
24.8.18	394	Le Treport	Gen Inf			3664/4	
1-9-18	21	S. N. Dudley Rd	Shigh L.	3309		25488	
		Bromingham	do	3359		14	
24-10-18	Discharged	do	do	3396		378	
12-12-18	Discharged	do	do			378	
	Will Proceed on 2.12 to Gen Discharge Depot Buxton						Gooden S 423

W.S.M.

REGT'L No 724216.

H. Q. FILE NO. 649-

NAME Scott Wallace.

RANK AND CORPS

Pte 21st Bn, (form. 109th Bn)

FOLLOWS

NO.

CABLE

No.

DATE

NATURE OF CASUALTY

FOLLOWS

C.

08225	31-1-17.	Adm. to no 4 General Hosp Camiers Jan. 21st 1917. (G. S. W. face. severe) ✓
n. of K. 37-8	^(Lv. 12-9-18) <u>Kinnmount, Ont.</u>	Mrs. Jessie Scott (Mother) 178 University Ave Toronto Ont
Q 5-00 A 2 309-2 (4-6)	4-9-18.	Adm 3 Gen. H. Lee Transport Aug 28th 1918. G. S. W. R. leg G. S. W. L. thigh
WSM 182	1-10-18	1st So. Gen. H. Edgbaston, Birmingham Condition quite satisfactory.

LIST No	HOSPITAL	DATE OF ADMISSION	REMARKS
A 428.	4 Gen. Camiers	21-1-17	L. S. W. face. sev
B 264	Voluntary aid Temporary Exeter	29-1-17.	" " " " "
B. 324	Gen. Consl. Bearwood Wokingham	10-4-17.	" " " " "
B. 333 ²	To Gen. Consl. Woodcl. Pk. Epsom	13-4-17	G. S. W. Face sev.
83.	Gen. mil. Eastbourne	21-6-17.	Varicoele.
B. 386.	Gen. Consl. Wd. cote Pk. Epsom	11-5-17	H. S. W. Face. (Disc.)
	Ex 14 Gen. Eastbourne		
C 45	Discharged	5.10.17	Varicoeles Paralysis Facialt
B 309 ²	2/1st South Gen. Dudley		
	Road Birmingham	1918	Gsw R Leg to Thigh
B 359-1	TO P. Consl. Spee. Red Cross,	29-10-18	Gsw. R. Leg & L. thigh
	Bey hill - on - sea		
B 396 ²	Disc.	12-12-18	" " " " " "

Surname

Christian Name or Names

Reg. No.

Scott
Rank

W.

724216
Batty

Unit

Co. Troop

Debat 6 out.

Pte
Hospital

21st Bn

Date of Admission

Transferred 4 Gen Camiers 21-1-17 Hosp.

July Aid Camp Exeter Hosp. 29-1-17
C. C. H. Bearwood, Wokingham Hosp. 10-4-17
Epsom conv Hosp. 13-4-17

Diagnosis

G.S.W. Face

(1) Later Diagnosis (if changed)

(2)

Varicocele left & Paralysis

(3)

Facial L. 5. Had had.

Additional Diagnosis: if more than one state present

Weak leg and High R.

DISPOSITION

Date

- Disch - 5-10-17

C.L. 31-1-17A428

REMARKS

- 5-2-17 B264.

18-4-17 B324

30-4-17 B333

28.6.17 8.3

4.7.17 B386. Disch. 11.5.17

- 26-10-17 - C45-

dis. 12. 12. 18.

3.9.18 A309

5-9-18 B309

A.M.D. 2 DEPT.

2. 11. 18 B359.

16. 12. 18 B396-2

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

P. J. O.

R.

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm

- | | Hospital | Adm |
|----|----------------------------|-----------|
| 1. | Can Mil Eastbourne | 21-6-17 |
| | 3 Gen. Le Troport | 28.8-18 |
| 2. | 2/1st & G. Audley Rd B'Ham | 1-9-18 |
| | P. P. Beschill. | 29.10.18. |
| 3. | | |
| 4. | | |
| 5. | | |
| 6. | | |
| 7. | | |

PUBLIC ARCHIVES RECORDS CENTRE

War Veterans Allowance District Authority

Address Towont,

Mark your reply:

For Attention of:

Head,
Reference Section,
Public Archives Records Centre,
Ottawa 3, Ontario.

Re: SCOTT Wallace Service No. 724216
(Surname) (Christian Names)

Veteran is stated to have served during WW1 (State War or Wars)

in the following units 21 Bn *

To enable this WAR VETERANS ALLOWANCE DISTRICT AUTHORITY to determine the eligibility of the above-named, will you kindly furnish the following particulars concerning his services:

1. THEATRES OF SERVICE

(1) South African War
Date and port of embarkation for S.A. _____

Date and port of disembarkation in S.A. _____

(2) World War I -- (If Canada only, state if with territorial limitations).

Canada - Britain - France

Date(s) embarked for U.K. _____

Date(s) disembarked in Canada _____

Period(s) of desertion in U.K. _____

PUBLIC ARCHIVES RECORDS CENTRE
APR 27 1965
OTTAWA, ONT., CANADA

(3) World War II -- (If Canada only, state if with territorial limitations).

Date of embarkation _____

2. Date and place of all enlistments. 1 April 1916 - Kinmount, Ont.

3. Date of all discharges and reason. 13 Feb 1919 - Demob.

4. Date and place of birth as per attestation paper. 10 Oct 1896 - Minden, Ont.

5. Marital status; if married, name in full of wife. Single

6. Any other military service. Nil

7. Decorations, if any. Nil

Mr. [Name] [Address] [City] [State] [Zip]

Dear Mr. [Name]:

Thank you very much for your letter of [Date].

I am sorry that I cannot give you a more definite answer at this time.

Very truly yours,

Enclosure

Reference Section

United States Archives Records Center

College Park, Maryland

Telephone [Number]

Service No. [Number]

(Official Name)

(Address)

(State, Zip)

(Date)

(Subject)

The following information is being furnished to you for your information. It is based on the records of the [Agency] and is not intended to constitute an official statement of the [Agency].

(1) [Information]

(2) [Information]

(3) [Information]

(4) [Information]

(5) [Information]

(6) [Information]

(7) [Information]

(8) [Information]

(9) [Information]

(10) [Information]

(11) [Information]

(12) [Information]

(13) [Information]

(14) [Information]

(15) [Information]

(16) [Information]

(17) [Information]

(18) [Information]

(19) [Information]

(20) [Information]

Very truly yours,

[Signature]

[Title]

[Address]

[City]

[State]

[Zip]

Sheet No. 1.

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

M. F. W. 54.
150M. 10-15.
H.Q. 1772-39-920.

Casualty Form—Active Service.

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

Regimental No. 424216 Rank Private Name Scott Wallace

Enlisted (a) 1-4-16 Terms of Service (a) D of W. Service reckons from (a) 1-4-16

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

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

CERTIFIED CORRECT.
15 OCT. 1916
CAN. PERS. LONDON.

Report Date	From whom received	Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
5-10-16	Embarked Canada		Halifax	24-7-16	
	Disembarked England		Liverpool	31-7-16	
	Transferred for Overseas Service with C.B.D.	Arrived & Taken on Strength	21st Batt	OCT. 5 1916	D.O. Pt. 11 No. 279
	Do.	Left for unit.	C.B.D. en route.	6/10.	Pt. II. O. 58. 9-10-16
				20/10.	N.R. 20-10-16. CAPTAIN, ADJUTANT, 109th BATTALION CAN. INFANTRY.
	21st BATTALION	Joined unit.	21st BATTALION	22/10.	B. 213. 27/10.
	21st BATTALION	Wounded to	7th amb.	17-1-17	B-213 1/1. D.C.S. 259. 27/1/17.
21-1-17.	4. Gen Hosp: G.S.W. Face. (ser)		4 Gen Hosp.	21-1-17.	W-3034.
20-1-17.	5.C.F.A. Do		22.C.C.S. "warilda"	17-1-17.	A.36. D.C.S. 24. 2/2/17.
	4 General Invalided to England on HS			28/1	W 3083 No. 6383. Pt. II O. 14 2/3-2-17.

W. Whogan
Capt. for Lt.-Col., A. A. G.
Canadian Section, G. H. Q. 3rd Echelon, B. E. F.

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

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				
11-2-17 ✓	CCAG	Taken on strength	Hastings	29-1-17	PT II 00 72
11-3-17 ✓	"	5050 EOR.	"	10-3-17	" 117 ✓
16-3-17 ✓ JWS.	EOR Dept	Taken on strength	Seaford	11-3-17 ✓	" 5 ✓ <i>BRM 2/17</i>
14-5-17 ✓	66th Res Bn.	Taken on strength 6th Res	Seaford	11-5-17	PT II 111 FOR LT: COL: I/C RECORDS, C.O.M.F.
6-10-17 ✓	P.C. 6th Res	S.O.S. 6th Res on posting to EOR RD.	Seaford.	5-10-17	OR II 236 <i>Rhoades</i>
8. 10. 17 ✓ <u>LWT</u>	OR EOR RD.	Retaken on strength EOR RD & shown on command to 3rd C.C.D.	Seaford	8.10.17	PT II 20 210 OFFICER I/C RECORDS 6th CAN. RES. BN. <i>H. G. Amberlain</i> <i>1st Capt for</i> <i>OR EOR RD</i>
24/1/18 ✓	3rd C.C.D.	DISCHARGED FROM 3RD C. C. D. Seaford TO 6th Res Bn. PART II D. O. No. 20 25-1-18	Seaford		<i>R. Chum</i> For O.C. 3rd Canadian Command Depot.
24/1/18 ✓	P.C. 6th Res	S.O.S. 6th Res on posting from EOR RD.	Seaford	24/1/18.	PT II B.O. 20
11.4.18 ✓	P.C. 6th Res	Drafted to 2/2nd Bn.	Seaford	11.4.18	PT II B.O. 86 <i>R. Mitchell</i> OFFICER I/C RECORDS 6th CAN. RES. BN.

LTR.

~~XXXX. Wallace~~

Rank Name Scott. Wallace

Reg'l No. 724216

Unit 109th, Bn. If in perm. Corps, }
What Unit? }

Married or Single Single.

Place and Date of Enlistment Kinmount, 1st, April, 1916,

Place of Birth Minden Tp.

Name and Address, Next-of-Kin Jessie Scott.

P.O. Kinmount, Ontario, Canada.

Relationship Mother.

Assigned Pay Monthly \$ Payable to

Relationship

Separation Allowance \$ Payable to

Relationship

N/E-R.B. No. 16882
 File R.L.
 Category
0.3.1303

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.				
C		Arrived in England per H. M. T. 2810 31-7-16			
5-10-16	109 th Bn	S.O.S. to 21 st Bn	Bransholt	5-10-16	Pt II 50-279
9-10-16	21 st Bn	T.O.S. from 109 th Bn	Field	6-10-16	" 458.
31-1-17	"	adm of 4 Gen Corps	Camiers	21-1-17	GRA 428 & Lt Jace Ser M.
5-2-17	"	Voluntary Aid Tempy Corps	Exeter	29-1-17	" B264 " "
3-2-17	"	Wd trans to C.C.A.C.	Field	28-1-17	Pt II 04 W.
11-2-17	CCAC	Taken on strength	Hastings	29-1-17	Pt II 72/A
11-3-17	C.C.A.C.	S.O.S. on transfer to Eastern Regiment	Hastings	10.3.17	Pt. II D.O. 117
16.3.17.	E.O.R.P.	T.O.S. from CCAC	Seaford	11-3-17	Pt. II D.O. 5.

9-2-17

A.F.B. 103 CHECKED
11 0 OCT 16

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Rank	Place.	Date.	REMARKS Taken from Official Documents.
Date.	From whom received.					
18-4-14	21 st B ⁿ	Trans Can Con Hqs. Beaulieu		Wokingham	10-4-14	CL B324 S.S.W. face Sev.
30-4-14	"	Trans Can Con Hqs. Woodcote Pk.		Epsom	13-4-14	" 333. do.
16-5-14	EOR Dep.	Ceases to be shown in Hqs in SOSTO 6 th Res Bn.		Seaford	11-5-14	PTII 2065 .111d/14 ⁵ /17
4-7-14	21 st Bn.	CC. Hqs. Woodcote Pk.		Epsom	11-5-14	CL B386 GSW face
28-6-14	6 th Res Bn.	Adm Can Mil Hqs.		Eartbourne	21-6-14	CL 83. Varroiale
25-10-17	EOR	Discha. " " "		"	5-10-17	Ch. 6.45 "
6-10-14	6 th Res Bn.	Revised dis. from Hqs. to 3 rd CCD in Posted to EOR Dept		Seaford	5-10-14	PTII 236. 3 rd CCD. pt. II 196 9/17
24-1-18	6 th Res Bn.	Posted from EOR Dept, on reporting from 3 rd CCD		"	24-1-18	" 20 9 th EOR D. PTD 28d/25-1-18
11-4-18	6 th Res Bn.	Posted to 21 st Batt opcas		Seaford	11-4-18	PTII 86. 27d/16-4-18 9 th 3 rd CCD PTD 20d/24-1-18 9 th 21 st Batt PTD
13-7-18	21 st Bn.	Awarded G.C. Badge		Field	1-4-18	" 50
3-9-18	EOR.	Wounded		"	28-8-18	G.S.W. CRA. 309 R Reg 9 L. High
11-9-18	21 st Bn.	Inv ^d Wound ^d & posted to EOR D.		"	30-8-18	PTII 68. 228d/10-9-18 off. 1/18 9 th EOR D. PTD
24-11-18	S.O.D.	Posted to 6 th Res Bn.		Witley	21-11-18	Sp 294.
31-7-19	EOR.	S.O.S. to Canada		CRA Lond	3-1-19	- Aft Brd 4

Disg April 14th

"was never TD S by 6th Res Bn
of 6th Res.

CANADIAN EXPEDITIONARY FORCE.

M.F.W. 44.
1133 (D.P. 250M-12-18.
1772-39-903.

LAST PAY CERTIFICATE

ORIGINAL

Regimental No. 124216 Rank Pte Name Scott W.
(Surname first)
Unit 109 Bn who was discharged
On 13 February 1919, to Category B2
*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from 1-2-19 to 13-2-19 the inclusive date of transfer or discharge.

	Dr.	Cr.
Bal. Dr. or Cr. from prev. month		42.50
Regimental Pay <u>13</u> days at \$ <u>1</u> c.		13.00
Field Allowance <u>13</u> days at \$ <u>10</u> c.		13.00
Separation Allowance		35.-
Clothing Allowance		
Post Discharge Pay		
*Other Credits <u>6018</u>		11.20
Advances		
Separation Allowance and Assigned Pay Cheque No. <u>#3844</u>	13.-	
*Other Charges <u>#3845</u>	103.00	
Balance on transfer or on discharge, cheque No.		
Total	<u>116.00</u>	<u>116.00</u>

*Give particulars.

A monthly stoppage of \$ 15 (†) has (‡) been paid on account of
Assigned Pay for the month of January 1919 } (to) Assignee W. J. Scott
and Separation Allice. for month of 1919 } 16 in amount out
(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.....married or single.....
(2) Separation Allowance, entitled or not..... (3) Reason for discharge.....
(4) Authority for discharge or transfer..... 3.8.12

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

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

Date February 12th 1919
Place Kingston

W. Peter Captain,
OFFICER IN CHARGE DEMOBILIZATION PAY DIV.
MILITARY DISTRICT No. 3
Paymaster.

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

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book. 01.7446 Year	Regimental No.	Rank.	Surname.	Christian Name.
	724216	Pte,	Scott	W. C/E
	Unit.	Age.	Service.	
	21 st	21	12/12	

Station and Date.
16/4/17

Disease G.L.W. face.

Spring Ridge Jan 17/17.
 18 Gen Hosp. Staples 21/17
 706. V. A. D. Hosp. Epsom Feb. 28/17.
 Bear Wood. April 10/17

A.P.
operation

P.C.
wound healed. G.C. Fair
complains pain in head,

Rest

April 12th/17. Transferred to Epsom.

C. Stewart
 Captain,
 Med. Off., Canadian Convalescent Hospital,
 Bear Wood, Wokingham, Berks.

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

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book	Regimental No.	Rank.	Surname.	Christian Name.
Year	Unit.		Age.	Service.
22	724216	Pte	Scott	6
22	21 st Infan.			
22	Disease S. Wds Leg (R) + L thigh			
22	11.18 179. Rumour Whiston up B II			
22	12.12.18 70 senty B II			
	W Scott C/O			

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

Station
and Date.

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 724216 (Rank) Private

Name (in full) SCOTT, Wallace enlisted in
the 109th Overseas Battalion
CANADIAN EXPEDITIONARY FORCE at Kinmount, Ont. on the 1st
day of April 1916.

HE served in Canada, England and France
and is now discharged from the service by reason of In accordance with R.O. 1343
"Demobilization" Authority 3DD-3-8-712- D/ 10-2-19

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

Age <u>23 yrs. 4 months</u>	Marks or Scars <u></u>
Height <u>5ft. 8½ ins.</u>	Scars <u>left cheek, left buttock,</u>
Complexion <u>Dark</u>	<u>left thigh and right leg.</u>
Eyes <u>Grey</u>	
Hair <u>Brown</u>	

Signature of Soldier

Issuing Officer

J. J. Money Capt.
O. C. Discharge Section
No. 3 District Depot

Appointment

Date of Discharge 13-2-19

Signed at Kingston, Ont. this 13th day of February 1919

in Military District No. 3

File Reference No. 3DD-3-8-712

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

CANADIAN EXPEDITIONARY FORCE
Discharge Certificate

No. (Rank) Name

Unit

Address on Discharge

Character and Conduct

Former Occupation

Special Qualifications of Value in Civil Life

Medals and Decorations

Remarks

Signed at this day of 19

Name of Officer

Rank

Appointment

On demobilization the
particulars called for on
the back of this cer-
tificate will not be com-
pleted.

To be made out in duplicate.

I.C. 51-12-53
DUPLICATE

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

INSTRUCTIONS.

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

- (1) Name of Overseas Unit which Soldier joins... *D Coy 102th Batt C.E.F.*
- (2) Regimental Number... *29216*
- (3) Full Name of Soldier... *Wallace Scott*
- (4) Place of Birth... *Minster Ontario Canada*
- (5) Are you married, or not? *No*
- (6) If married, state,
 (a) Full name of your wife...
 (b) Present Postal Address...
- (7) Are you a widower?
- (8) Have you any children?
- If so, give number of boys and girls...
 Also their names and ages...

(9) Is your Father alive? No
If so, state name and address _____

(10) Is your Mother alive? Yes
If so, state name and address Mrs. Pearl Scott

Summunt Cent Canada

(11) If your Mother is a widow Yes
Are you her sole support, or not? Yes

(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.

(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.

(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.

(15) Are you insured? No

If so, in what Company? _____

Have you made arrangements for payment of your Insurance premium? _____

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 19 1916

J. L. Cannon
Officer Commanding
10th Overseas Battalion, C. E. F.

CANADIAN ARMY DENTAL CORPS, O.M.F.C. DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

DIRECTIONS TO DENTAL OFFICERS

NAME OF SOLDIER (Block Letters) Scott W.
 REGIMENT 60th RANK Plc. No. 724216
 Date of Examination in England Dec 23/18 Date of Examination in France _____

1. This form will be made out for each individual at the time of Demobilization in England or France.

2. Figures as per chart will be used to designate teeth concerned.

3. In reference to Partial Dentures the numbers of teeth thereon will be stated.



PRESENT DENTAL REQUIREMENTS

- 1. FILLINGS
- 2. EXTRACTIONS
- 3. CROWNS
- 4. DENTURES
 - (a) Full Upper
 - (b) Part Upper
 - (c) Full Lower
 - (d) Part Lower

Nil

Nil

HAS HE EVER REFUSED DENTAL TREATMENT ?

HAS HE EVER RECEIVED DENTAL TREATMENT ? (Reply by "Yes" where applicable to any or all of a, b or c.)

- (a) In Canada
- (b) In England *yes*
- (c) In France

Signature of Dental Officer *H. Cowan bapt*



UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

OFFICE OF THE DISTRICT MANAGER
DENVER, COLORADO

WARRANT OF ASSISTANCE

H. Carter
1947

EXAMINATION BY STANDING MEDICAL BOARD, BRAMSHOTT.

..... Aug 28th 1916.

No. **724216** Unit **109th Battalion.** Rank **Pte.**

Name **Scott, Wallace.** Age **20**

Examination held at Bramshott, Hants.

DISABILITY. No disability.

~~Overseas~~—Local.
(scratch one out)

Present Condition: **This man has slight varicocele which is no disability.**

Board recommends:

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

Signatures:

Members { *A. Stewart Maj* Pres.
H. Macharen Capt
D. J. McKay Capt

Approved.

Bramshott..... **29 AUG 1916** 1916.

[Signature] Major.
D.A.D.M.S. for A.D.M.S. & for G.O.C.
Canadian Troops, Bramshott.

EXAMINATION

STANDING MEDICAL BOARD BRAMSHOTT

THE BOARD OF MEDICAL EXAMINERS

THE BOARD OF MEDICAL EXAMINERS

THE BOARD OF MEDICAL EXAMINERS

THE BOARD OF MEDICAL EXAMINERS

THE BOARD OF MEDICAL EXAMINERS

Handwritten notes and signatures in the center of the page, including the name "G. J. GOR" and other illegible scribbles.

Handwritten signature or scribble at the bottom center of the page.

Casualty Form—Active Service.

Regiment or Corps 109th BnRegimental No. 724216 Rank Pte Name Scott W.

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				
<u>23/12/18</u>		Attached C.D.D. Buxton for return to Canada, Part II Order No. 303 Ceases to be attached C.D.D. Buxton on embarkation for Canada.			
<u>3. JAN 1919</u>		<u>Sailing 104</u>	<u>"SCOTIAN"</u>	<u>14 JAN 1919</u>	<u>Lt. for Lt. Col. Commanding Canadian Discharge Depot.</u>
<u>21/1/19</u>	<u>T.O.S. Casualty Company No. 3 District Depot. for Disposal, Part Two D.O. #21.</u>	<u>Williams</u>	<u>Kingston</u>	<u>16/1/19</u>	
		<u>Lieut.</u> <u>for O.C. Casualty Co., No. 3 District Depot</u>			

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

[P.T.O.]

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				
17-2-19	S.O.S.	Discharged	Kingston	17-2-19	A B 48 J. J. Mooney Capt O. C. Discharge Section No. 3 District Depot
31-7-19	E.O.R.D. Personnel	S.O.S. of O.M. 7.b. to Canada	London	31-19	A.G. 4 J. J. Mooney For Dof R.

DEPARTMENT OF VETERANS AFFAIRS

To Copy for H.O. File

P.A.

Ottawa, Ont.
Date March 25, 1965

Attention of

NAME SCOTT, Wallace

SERVICE 724216 WW1
NUMBER

C.P.C. No. 103249
W.V.A. No.

NAVY
ARMY XXXX
R.C.A.F.

Box 48245-4

The DEPARTMENT has received information from

Mrs. Hazel Margaret Scott, (widow), Kilmount, Ontario. Letter d/March 16, 1965

(State authority and source of information of death)

regarding the death of the above mentioned veteran.

Particulars are as follows:

Date of Death March 9, 1965
Cause of Death _____
Place of Death not stated

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

Copies to: W.S.R. ✓
V. I.
~~PAIX~~
D.O.
H.O.

} Destroy form if advice of death already received.
TORONTO

E.C. Richards

for
Chief, Central Registry

DEPARTMENT OF VETERANS AFFAIRS

Post Office, etc.

Post Office, etc.

Post Office, etc.

UNITED STATES DEPARTMENT OF VETERANS AFFAIRS
WASHINGTON, D. C. 20330

The Department has received information from

that you are the owner of the property described in the attached schedule of assets and liabilities.

The Department is interested in the

information you can provide regarding

the property and the

value of the property.

You are requested to complete and return the attached schedule of assets and liabilities to the Department of Veterans Affairs, Department of Health, Education and Welfare, Washington, D. C. 20330.

Very truly yours,
Director

Director

Director

Director

Director

Director
Department of Health, Education and Welfare

Casualty Form - Active Service.

Regiment or Corps 109th Bn
 Rank Pte Surname Scott Christian Name Wallace
 Religion..... Age on Enlistment years..... months
 Enlisted (a) 1.4.16 Terms of Service (a) DofW Service reckons from (a) 1.4.16
 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.....

CERTIFIED CORRECT.
 23 APR 1918
 G.H. RECORDS, LONDON.

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 ..		
<u>16/5</u>	<u>EO RD</u>	<u>So Sth 6th Res Bn.</u>	<u>Seaford.</u>	<u>11/5/17</u>	<u>Pt No #65.</u>
<u>9/10/17</u>	<u>3rd CCD</u>	<u>Att from EO RD</u>	<u>do</u>	<u>5/10/17</u>	<u>— 196</u>
<u>28/11/18</u>	<u>EO RD</u>	<u>Ceases att from 3rd CCD & So Sth to 6th Res Bn</u>	<u>do</u>	<u>24/11/18</u>	<u>— 28 WISS</u>
					<u>LIEUT:</u>
					<u>FOR LT. COL: 1/C RECORDS, C.O.M.F.</u>
	<u>2 C.C. B.D.</u>	<u>Arrived & Taken on Strength</u>	<u>2 C.C. B.D</u>	<u>11-4-18</u>	<u>Part II Ord. 27</u>
	<u>2 C.C. B.D.</u>	<u>Left for C.C. Rein C.</u>	<u>Field</u>	<u>14-4-18</u>	<u>NR</u>
	<u>C.C. Rein. C.</u>	<u>Arrived.</u>	<u>Field</u>	<u>16-4-18</u>	<u>NR</u>
	<u>Do</u>	<u>Left for Unit</u>	<u>Field</u>	<u>10-5-18</u>	<u>NR 630</u>
<u>18/5</u>	<u>21st BATTALION</u>	<u>Arrived</u>	<u>Field</u>	<u>12/5/18</u>	<u>B-213.</u>
<u>6/17</u>	<u>Do</u>	<u>Awarded Good Conduct Badge</u>	<u>Field</u>	<u>14-18</u>	

(a) In the case of a man who has re-engaged, his original date of enlistment may be entered.
 (b) Signature, Washington, DC. W. S. G. P. & Co., Ltd., Form B.103 B/107. P.115.

724216

Scott W.

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				
26/8	4 C7.A.	S.W. legs - Adm & trans	C.C.S.	26/8/18	A 36.
	3 Gen'l	Adm	3 Gen'l	29-8-18	H 3296.
	42 CCS	Adm	42 CCS	26-8-18	} A 36.
	D.	Trans to	23 rd A.T.	27-8-18	
	"Essequibo"	Invalided. Wounded	England	30-8-18	W. 3083-5875.
		Posted to Eastern Ontario Regt. Depot, Seaford.			Part II Ord. 65 2/11-9-18.
		Whogau	Major for Lt.-Col., A.A.G.		
			Canadian Section, G. H. O.		3rd Echelon B.F.F.
10-9-18	EOR Depot	Posted from 21 st Pm Yeas	Seaford	1-9-18	Pt 00 228
27-11-18	EOR Depot	Posted to 6 th Res Bn.	Witley	27-11-18	" 294
	J.W.S.		<i>J.W.S.</i>		
					Lt. Col. J.W.S.
					for Major i/c Records.

SEPARATION ALLOWANCE

1-4-16

Name Jessie Scott Name of Soldier Scott Wallace
 Address Kinmount Regtl. No. 724216
Ont. Rank Pte.
 Corps 109 Battr.
 Relation to Soldier } mother To what Corps belonging }
 wife, child or mother } when called out }

PAYMENTS

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



1000

1000

1000

1000

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

Sheet No. 2.

L. L. Job 310.—Req. 6574.

Mrs.
Jessie Scott

PAYMENTS.

Name of Soldier

724216

Scott Wallace
Pte. 109 Batta.

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May		Y 2219	40	40
June		Z 9729	20	20
July		2/10545	20	20
Aug.		V 13960	20	20
Sept.		T 15904	20	20
Oct.		I 19390	20	20
Nov.		J 24324	20	20
Dec.		S 27275	20	20
Jan.	1917	P 30309	20	20
Feb.		P 33579	20	20
March		Q 36866	20	20
April		M 2591	20	20
May		P 6197	20	20
June		P 9481	20	20
July		P 12833	20	20
Aug.		Z 15529	20	20
Sept.		B 20486	20	20
Oct.		P 21953	20	20
Nov.		Y 24371	20	20
Dec.		Q 28539	20	20
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

MILITIA AND DEFENCE
SEPARATION ALLOWANCE
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

PAYMENTS.

Name of Soldier _____

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

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

M. F. W. 12a.
 50m.-4-16.
 1772-39-319.

Sheet No. 2.

L. L. Job 310.-Req. 6574

Name of Soldier

Walker Scott

PAYMENTS

Mrs. Jennie Scott (Mother)

724216 (Pte) 109 Bw

\$15⁰⁰

Remarks.

AUG 1 1916

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May				
June				
July				
Aug.		<i>X 15253</i>	<i>15</i>	
Sept.		<i>X 19383</i>	<i>10</i>	
Oct.		<i>X 24495</i>	<i>15</i>	
Nov.		<i>028204</i>	<i>15</i>	
Dec.		<i>X 30365</i>	<i>15</i>	
Jan.	1917	<i>H 42163</i>	<i>15</i>	
Feb.		<i>L 47244</i>	<i>15</i>	
March		<i>J 52525</i>	<i>15</i>	<i>15.6</i>
April		<i>W 4884</i>	<i>15</i>	<i>15.8</i>
May		<i>W 11736</i>	<i>15</i>	
June		<i>V 18083</i>	<i>15</i>	<i>15. m</i>
July		<i>W 27605</i>	<i>15</i>	<i>Ba</i>
Aug.		<i>M 32336</i>	<i>15</i>	
Sept.		<i>T 39785</i>	<i>15</i>	
Oct.		<i>F 45280</i>	<i>15</i>	
Nov.		<i>K 53222</i>	<i>15</i>	
Dec.		<i>X 59503</i>	<i>15</i>	<i>25.5</i>
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

PK

PK

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

PAYMENTS.

Name of Soldier.....

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

MILITIA AND DEFENCE
ASSIGNED PAY
OVERSEAS CONTINGENTS

M. F. W. 12.
50m.—416.
H. Q. 1772-39-819.

293373

To Whom Mrs Jennie Scott (Mother)
Address Kinnmount
Kinnmount, Ont.
By Whom Assigned Walter Scott
Regtl. No. 724216
Rank pte
Corps 109 Btn Coy
Rate \$13.00 AUG 1 1916

PAYMENTS

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



11
12

13

14
15
16
17
18
19
20

ASSIGNED PAY	ENGLAND OR CANADA.	SEPARATION ALLOWANCE.	ENGLAND OR CANADA.	NAME: SCOTT WALLACE
EFFECTIVE DATE: 1.8.16		EFFECTIVE DATE:		NUMBER: 724216
AMOUNT: 1500		AMOUNT:		PARTICULARS OF RANK OR APPOINTMENT
NAME, ADDRESS, RELATIONSHIP & AUTHORITY				AUTHORITY
Mrs Jessie Scott Kinmount Ontario Mother Stopped 5/1/19				DATE EFFECTIVE
UNIT AND TRANSFERS				RANK OR APPOINTMENT
ORIGINAL UNIT: 10 Glt Bn				
DATE ACCOUNT FIRST OPENED: 1.8.16				
EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS				UNIT TRANSFERRED TO
UPON CLEARANCE OF VOUCHERS, ENTRIES WILL BE CANCELLED BY INSERTION OF DATE CHARGED IN RED INK				
DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT	
21.11.18	13551		973	
12.12.18	421		4567	
DAILY RATES OF PAY AND ALLOWANCES				
AUTHORITY	PAY	F.A.	P.F.A.	SUBSCE ALLCE
	1	10		

MONTH	PARTICULARS	CR 1	CR 2	PARTICULARS	DR 1	DR 2	DR 3	DR 4	BALANCE	DEFERRED	SEPARATION
Mar 31	Bac Term								3888		
Apr	Pte Pay	33		AR 92 10/4/18 6th Res Bn C.A.P.	487			15			
		33		Donar 221 23/4/18 2nd 66 RB	357			15	4844		
May	rc	34 10		ban at.				15			
				AR 353 29-5-18 26 RB	446				5951		
				v 139 19-5-18 21 Bn	357				5251		
		34 10			813			15			
June		33		ban at				15			
				AR 221 8/6 21 Bn	446						
				v 385 23/6	357				6948		
July		33		at	813			15			
		34 10		AR 32 8/7 21 Bn	446						
				v 629 21/7	357				8055		
Aug		34 10		at	803			15			
		34 10		AR 720 2/8	357				9251		
				- 963 24/8	357						
Sept		34 10		C.A.P.	714			15			
		33		R 31443 17/9	973				10078		
Oct		33		C.A.P.	973			15			
		34 10		A. 46503 - 24/10 Don	973						
				AR 10499 30/10 O.P. Res Bn	487						
				v 0.5140 Oct. B'ham	256						
				v 0.3325	85				10187		
Nov		34 10		10187	1801			15			
		33		v 12275 18/11 O.P.C.R.X.	487			15			
	Forward	33		Forward	487			15			

NUMBER 724216 RANK

Plt

NAME SCOTT W

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4.	BALANCE	DEFERRED	SEPARATION
	Forward	33-		Forward	4 87			15-	101 87		
				AR. 13551 - 27.11. 6 Rs.	9 43						
				10.6158 (N.E. Branch) Nov. So Gen Inspr	85						
					15 45						
Dec	21/12			bal				15-			
	Sick leave. 12.12.18 - 22.12.18 10 days (N.O. 297, 16.12.18 CC/D Bndly)			v 421. 12/12. P.P.C.R.K.H.	48 67				82.15		
				v 7162. 31/12. (L.P.C. C.A.D. END) Anston	64 12			30-	72.42		
					9 43						
					4 43						

W. J. ...
Checked 17/12/18

Adm June 23/17

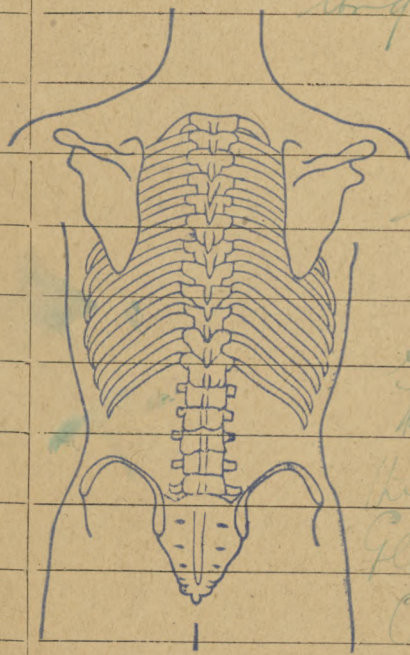
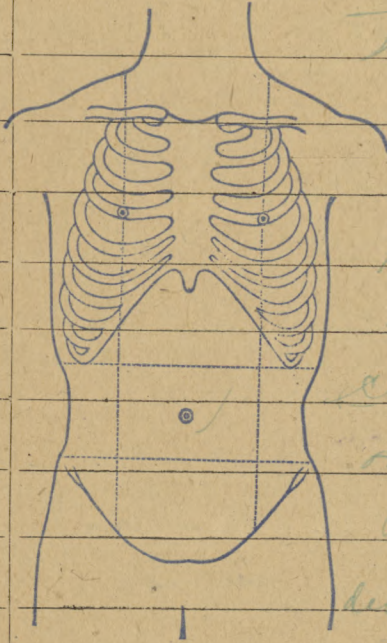
MEDICAL CASE SHEET.*

**14 CAN HP,
EASTBOURNE**
Christian Name.

No. in Admission and Discharge Book. 500 Year 1917	Regimental No.	Rank.	Surname.	Christian Name.
	124216	Pte	Scott	J.
	Unit.	Age.	Service.	
	6th Cav Res Bn	21	17/2	

Station and Date.
**Raven's Croft,
Military Hpl.
Seaford, Suss.**

Disease **Varicocoele & Facial Paralysis**
Enlisted **Ramours Bn.** 1st April 1916 109th.
82 C.E. 4. Came to England July 1916. went to
France. Sep 1916. Returned Jan 1917. with **B.O.** left face **swell 3 1/2**
Beanoat 3 days. Eye on 4 weeks
then Seaford. **Pleural pneumonia**
1915. Denies venereal disease
complaint. - Pain on exertion
on left side of Scapulae
Physical Examination - well
developed well nourished skin
clear. Scap. about 1 1/2 inches
long on left chest. **Perforated**
on left axilla well defined
margin. **Discoloration** not well def.
Eyes pupils equal react
normally
ears - clear
Mouth - **teeth in first condition**
throat slightly congested
Glands - **no general enlargement**
Cardiac - heart border not out
regular no abnormal sounds heard.
Respiratory - Resonant. no abnormal
sounds heard
Nervous - Nothing abnormal found. **Sherrill**



Station
and Date.

Mercuric Iodine comes down
below testicle.

July 7
Patient sent to Eastbourne for
lowering of Category
of Ulcer

Aug 4/17 Only slight redness left face
Anaesthesia over skin & mucous
membrane mouth on left side
Fargidrin daily.

13/8/17 On Lt duty - both sensation &
motion improving

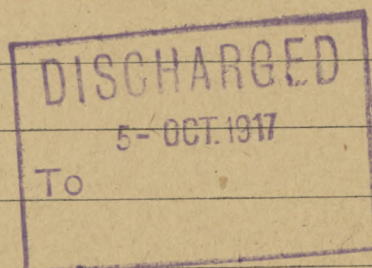
20/8/17 Only small patch of anaesthesia of buccal
mucous membrane & skin on cheek about wound,
& on rt half of upper lip - has good motion
of left face. Lt lateral mirror tooth feels numb.

4/9/17 Great improvt in face -

10/9/17 Awaiting arrangement for transfer to a
non combatant unit

5/10/17 Discharged Lt

Ed. J. M. Capt



DEPARTMENT OF SOLDIERS' CIVIL RE-ESTABLISHMENT

ERS

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 B. 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 initialled 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..... Kingston, Ont. DATE..... 20-3-19

1. (a) Former Unit..... #3 C.C.D.D. (b) Regimental No..... 724216 (c) Rank..... Ex-Pte.
 (d) Surname..... SCOTT (e) Christian Name..... Wallace
 (f) Home Address..... Kimmount
2. Age last birthday..... 23 Date of birth..... Oct. 1, 1895
3. Enlisted at..... Kimmount, Ont. on..... April 1, 1916
4. Personal description :
 (a) Height..... 5' 8½" (b) Weight..... 150 (c) Complexion..... Dark
 (d) Colour of hair..... Brown (e) Colour of eyes..... Grey (f) Identification marks.....
Scar left cheek, scar left buttock. Scar antero medial aspect left thigh. Scar right leg anteriorly just below attachment patellar ligament. Scar right leg posteriorly.
5. Next of kin and Address..... Kimmount, Ont.
6. Former trade or occupation..... Labourer.

7. (a) Service : (The information should be secured from personal documents, but if documents are not available, the man's statement may be taken and note must be made to that effect. Periods of service in Canada, England, France or elsewhere should be noted.)

	Years	Days

	PERIODS	
	From	To
In Canada..... <u>109th Infantry</u>	<u>1-4-16</u>	<u>31-7-16</u>
In England..... <u>109th Infantry</u>	<u>31-7-16</u>	<u>15-10-16</u>
In France..... <u>21st Infantry</u>	<u>(1)15-10-16 (2)1-4-18</u>	<u>(1)31-10-17 (2)1-19-18</u>
In other parts... <u>England 1-9-18. To Canada 16-1-19.</u>		

- (b) Date of Discharge..... 13-2-19 Pension No. Not known Pension Class..... Nil
8. Original disease or injury..... (1)G.S.W. left cheek. (2)Left buttock, left thigh; right leg.
- (a) Date of origin..... (1)Jan. 17/17 (2)Aug. 26/18 (b) Place of origin..... (1)Vimy (2)Arras
- (c) Cause..... (1) Bullet (2) Shrapnel.

This Form is to be completed in quadruplicate and forwarded, together with all other available Medical Documents, to the Unit Medical Director for approval and disposal as follows :

1. Secy. B.P.C., Ottawa.
2. District Office, B.P.C.
3. Chief Inspector, Dept. S.C.R.
4. Unit Medical Director, S.C.R.

9. Disability for which the man was discharged from the Navy or Army Demobilization.

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

(1) Slight facial disfigurement. (2) Weakness left thigh and right leg. (3) Impaired sensation left thigh, upper lip and right leg.

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

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

OBJECTIVE: Physical development and nourishment good. 4 S.W. of left thigh antero internal surface. Point of entry indicated by a scar 3" long transverse to axis of leg. The lower end being opposite the left tuber-ischii. Exit by a scar 5 1/2" long overlying the sartorius muscle and beginning about 2" below poupart's ligament. A recent sinus well healed about the centre of latter scar. No foreign body could be located. No injury to bones or nerves, excepting a few filaments of the cutaneous branches of anterior tibial, that is over joint of ankle. X-RAY, Q.U.M. HOSPITAL, 6-3-19 as follows:- "No bony lesion visible." Scar semilunar in shape on left cheek 1" below molar bone. The only effect of latter being some interference with fibres of left facial as movement of left side of mouth is slightly interfered with. S.W. of right leg, point of entry indicated by a scar close to outer side of tibia, exit immediately opposite 1" behind the head of fibula. The other side of head of tibia was bruised. No effects on muscles. Leg measurements normal.

SUBJECTIVE: Man complains of numbness of calf right leg. Pins and needle sensation when anything comes in contact with scar left leg. Walking 1/2 mile causes aching in right leg, and left thigh. Legs feel tired in morning. Outer side of right leg has sensation of being asleep. Some impairment of sensation of upper lip.

(b) 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.)

Nervous System As below Cardio-Vascular System No Genito-Urinary No
(If pulse rate abnormal B.P. will be taken). (Albumin and sugar will be excluded).

Special Senses No Respiratory System No Integumentary No

Disturbances of Mentality No Digestive System No Muscular As above

Osseous and Joint System No Any other general condition No
Man says he is easily excited and trembles for about 10 minutes but recovers when he sees cause of excitement. About two nights a week man sleeps well but other nights retires about 11 P.M. unable to sleep till 3 A.M. and wakens about 5 A.M. Easily startled from sleep.

12. History (a) (of condition referred to in Section 11 a.)

Was wounded in cheek by bullet Jan. 17/17. Wound healed, no loss of function resulting, but sensation over upper lip somewhat deficient. Wounded on 26th August 1918 left buttock, left thigh, right leg as stated above. Discharged C.E.F. 13-2-19. Q.U.M. Hospital 3-3-19 to 20-3-19. Discharged S.C.R. 20-3-19.

(b) (Here give a complete history, with dates of origin, of any affection, from which the man has suffered, either prior to, or since enlistment, and not included in answer to Section 12 (a) above.)

Pneumonia and pleurisy when 17 years old.

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

See section 11(a)

13. (a) Did the disabling condition have its origin before enlistment? (1) (2) & (3) No.

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

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

The Regimental Documents will be referred to. (If the answer is in the affirmative, state in percentages to what extent the patient is incapacitated by that causation or aggravation. In answering this question Conduct Sheets should be considered. If treatment has been refused, the circumstances surrounding the refusal should be described on Page 4.)

15. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one (1) Permanent (2) Indefinite (3) Permanent.

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

(a) Where treated Queen's University Military Hospital

(b) Duration of treatment: from 3-3-19 to 20-3-19

(c) Nature of treatment X-Ray. Daily dressing with Eusol.

(d) Results of treatment Sinus healed. Fit for discharge from hospital.

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

No

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

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

19. (a) If the man requires any orthopaedic accessories, state exact requirements No

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

20. (a) Is the identity of the man satisfactory? Yes

(b) Has the discharge certificate been presented? Yes

21. Recommendations: Discharge from S.C.R.

E. J. Rutledge

Signature of Medical Representative by whom the case is brought forward.

STATEMENT OF THE MAN

22. (Sections 9, 10, 11 and 12 are to be read to the man, and either "satisfied" or "not satisfied", struck out.)

I, the undersigned, _____ have heard read the description and history of my disability, and present condition, and am satisfied (or not satisfied) with it, and have not withheld any information concerning any affection from which I suffered, either prior to, or during service. (If dissatisfied, statement should follow.)

I complain, in addition of: _____

RWC
W.P. [Signature]

Signature of man examined.

OPINION OF MEDICAL BOARD

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

Yes

24. A. State specifically whether treatment is required or not.

(Any further 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.~~

(Strike out condition not applicable.)

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

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 only, recorded in Section 22, the man is dissatisfied with the statement previously made, the remarks of the Medical Board will be added here.

Place Kingston, Ont.

Date 20-3-19

R.W. Clark

Senior Medical Representative.

E. J. Rutledge

Member.

26. 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.

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

(Should the refusal of the man to accept treatment appear to be unreasonable, or should he decline to sign this statement the Board of Medical Officers should so state.)

Place.....

Senior Medical Representative.

Date.....

Member.

APPROVED BY

APPROVED BY

[Signature]
Unit Medical Director..... Unit, S.C.R.

.....
Director of Medical Services, S.C.R.

Date MAR 26 1919

Date.....

THIS FORM WILL BE USED FOR ALL RANKS
MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

- In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" issued by the B.P.C. and instructions issued by Militia H.Q., Ottawa, will be carefully followed.
- The Medical Officer in charge of the case is responsible for the proper completion of Sections 1 to 17 of this Form and will obtain the signature of the invalid to the "Statement," page 3. The President of the Board of Medical Officers is responsible for the proper completion of sections reserved for recording the "Opinion of the Medical Board."
- In answering the questions, Medical Officers will carefully obtain and record the invalid's statements concerning his condition. They will distinguish observations made by themselves from hearsay. They will distinctly state the authority for statements not resulting from their personal observation; it must be made clear whether such statements are obtained from the invalid concerned, from witnesses, or from documents, Regimental or otherwise.
- Special care is required in answering question 9. Read the questions carefully. All questions must be answered.
- If space provided under any section is insufficient add another sheet. Such sheets must be initialled by the Medical Board.
- A note will be made of attached papers by the Medical Board under the section "Opinion of Medical Board."
- Under no circumstances may information other than that in sections 7, 8, 9 and 10 be communicated to the invalid, directly or indirectly.
- 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 Barriefield, Ont. DATE 7-2-19.

1. 1 (a) Unit No. 3 C.C.D.D. (b) Regimental No. 724216 (c) Rank Pte.
 (d) Surname Scott. (e) Christian name Wallace.
 (f) Home address Kinmount, Ont.
 (g) Next of Kin Jessie Scott. (h) Relationship Mother.
 (i) Address of Next of Kin Kinmount, Ont.

2. Age last birthday 23 Date of birth Oct. 1st., 1895.

3. Enlistment, or Appointment (if an Officer) (a) Place Kinmount, Ont. (b) Date Aprl. 1st/16.

4. Personal description:
 (a) Height 5' 8 1/2" (b) Weight 150 (c) Complexion Dark
(stripped)
 (d) Colour of hair brown (e) Colour of eyes grey (f) Identification marks, Scars, etc. scar left cheek. Scar left buttock. Scar antero medial aspect left thigh. Scar rt. leg anteriorly just below attachment patellar ligament. Scar rt. leg posteriorly.

5. Former trade or occupation Labourer.

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

	PERIODS	
	From	To
Canada	1-4-16	31-7-16.
England	31-7-16	15-10-16.
France or other theatres of War	15-10-16 1-4-18.	31-1-17. 1-9-18.

7. Original disease, or injury Eng. 1-9-18 to 16-1-19. Can. 16-1-19-- Date. G.S.W. left cheek (2) Left buttock left thigh. rt. leg.

(a) Date of origin 1. Jan: 17/16;
2. Aug: 26/16. (b) Place of origin 1. Vimy.
2. Arras.
 (c) Cause 1. Bullet.
2. Shrapnel.

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

Weakness of left thigh and right leg. Impaired sensation left thigh
Upper lip and rt. leg.

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

Objective. Semi lunar scar left cheek causing impairment of sensation over left side of upper lip. Scar about 2" long postero-medial aspect of left buttock also scar on antero-medial aspect left thigh upper third which is somewhat depressed & adherent. Full flexion or extension of adductor muscles.

There is scar anterior aspect rt. leg, just below attachment of patellar ligament causing no disability. There is a scar about 4" long over calf muscles, posterior aspect rt. leg which is adherent to muscles.

Subjective. Walking $\frac{1}{2}$ of a mile to a mile causes aching in rt. leg and left thigh. Aching at night continues for an hour or so. Legs feel tires in the morning. Rt. side of leg has sensation of being asleep. Anterior aspect of left thigh has sensation of pins and needles when anything comes in contact with it. Some impairment of sensations upper lip.

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

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

Special Senses.....no..... Respiratory System.....no..... Integumentary System.....as stated.....

Disturbances of Mentality.....no..... Digestive System.....no..... Muscular System.....as stated.....

Osseous and Joint Systems.....no..... Any other general condition.....no.....

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

Was wounded in cheek by bullet Jan. 17-17 wound healed no loss of function resulting but sensation over upper lip somewhat deficient.

Wounded on 26th. Aug/18 left buttock left thigh, right leg as stated above.

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

Has pneumonia in 1913, made good recovery. Had measles 1903 recovery good.

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

11.—(a) Did the disabling condition have its origin before enlistment? no

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

Not applicable.

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

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

13. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one? Permanent with some improvement.

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

Hospitals France & England.

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

no

16. Can the former trade or occupation be resumed? Yes, with some limitations. (If not, briefly state why)

17. Recommendations

Fit for B 2.

M.F. Coglon, Capt. C.A.M.C.

Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

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

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

I complain in addition of nothing.

W. Scott.

Rank.

Signature of invalid examined.

OPINION OF THE MEDICAL BOARD

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

yes.

19. Is the invalid fit for

- (a) General service, (Category A) ~~X(Yes or No)XXXX~~
- (b) Service abroad, not general service, (" B) (Yes or ~~No~~) B 2.
- (c) Home service (Canada only), (" C) ~~XX(Yes or No)XX~~
- (d) Temporarily unfit. (" D) ~~X(Yes or No.)~~
- (e) Unfit for service in Categories A, B and C (" E) ~~X(Yes or No)X~~

20. It is certified that the invalid

- ~~(a) Does require treatment~~ (Give the nature of the condition and of the treatment required and its probable duration.)
- (b) Does not require treatment.
- (c) Should pass under his own control.
- ~~X(d) Should not pass under his own control.~~
(Strike out condition not applicable.)

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

Fit for B 2. Disability due to service.

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

PLACE Barriefield, Ont. E.N. Bissell, Capt. W. Fred Jackson, Capt. C.A.M.C.
 DATE 7-2-19. President. Members

TO BE COMPLETED WHEN TREATMENT IS REFUSED

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

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

PLACE..... President.
 DATE..... Members

APPROVED BY E.M. MacCoy, Lieut. Assistant Director of Medical Services. APPROVED BY..... Director-General of Medical Services.
 DATE 8-2-19. DATE.....

ORIGINAL MEDICAL HISTORY SHEET ORIGINAL

Surname Scott Christian Name Wallace

Examined on 1st day of April 1916
 at Himmount
 Birthplace { City or Town St. Menden
 County Haliburton

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

Apparent age 20
 Trade or occupation Laborer
 Height 5 Feet 8 1/2 Inches.
 Weight 150 Lbs.

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT,
<u>3/10/17</u>	<u>Fit</u>	<u>J. McCulloch</u> M.O. MAJOR, C.A.M.C. PRES. BOARD FOR M.O.'S HO
		4 SEP 1918 M.O.
		M.O.
		M.O.
		M.O.

Chest measurement { Minimum 34 inches.
 Maximum expansion 98 1/2 inches.

Physical development Good
 Small-Pox Marks None

Vaccination Marks { Arm Right None Left one
 Number One

Date	Result	VACCINATIONS.
<u>5/4/16</u>	<u>Good</u>	<u>J. McCulloch</u> M.O.
		M.O.
<u>26/7/16</u>	<u>Good</u>	<u>J. McCulloch</u> M.O.

When Vaccinated last April 5th 1916
 (a) Marks indicating congenital peculiarities or previous disease None

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

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>26/4/16</u>	<u>Good</u>	<u>J. McCulloch</u> M.O.
<u>7/5/16</u>	<u>"</u>	<u>J. McCulloch</u> M.O.
<u>12/5/16</u>	<u>"</u>	<u>J. McCulloch</u> M.O.
<u>22-9-16</u>	<u>"</u>	<u>J. McCulloch</u> M.O.

Enlisted on 1st day of April 1916 at Himmount

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>109th Bn. C.E.F.</u>	<u>724216.</u>		<u>1.4.16.</u>
Transferred to.. ..	<u>21st Bn 6th Res. 21st Bn.</u>			<u>11-5-17</u> <u>24-6-18</u> <u>11.4.18.</u>

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
<u>Bramshott</u>	<u>28/8/16</u>	<u>no disability</u>	<u>J. Stewart</u> PRESIDENT.
<u>Approved Bramshott</u>	<u>29 AUG 1916</u>		
<u>Cooder</u>	<u>6-12-18</u>	<u>adherent scars</u>	<u>J. Stewart</u> PRESIDENT.
<u>D.A.D.M.S. for A.D.M.S.</u>	<u>19-11-1918</u>	<u>adherent scars</u>	<u>J. Stewart</u> PRESIDENT.

Canadian Troops, Bramshott Camp

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.

3rd C.E.F. 18-1-18 - Fit for duty A. J. Dinsley
M. F. B. 313. 7-2-19. Adherent scars Major cause
Barrifield Off Buttock, left thigh in right leg

724216 Pfc Scott W.

21st Bde

Date examined... 4/12/18

Dental condition... Fit

Whether due to Active Service or War in any way... No

Ever refused Dental Treatment... No

Recommends... None

.....

J. H. Shute

Capt. C. A. D. C.

Handwritten text at the top left, possibly a date or reference number.

Handwritten text at the top right, possibly a name or title.

Main body of faint, illegible text, possibly a letter or document.

Second section of faint, illegible text.

Third section of faint, illegible text.

Large handwritten signature or name at the bottom center.

#1210

656

Report No. _____

Army Form W. 3212.

(In books of 100.)

Regtl. No., Rank and Name } 124216 1/2 Scott, W. Age 23 Corps 6th Cav.

Disease Both legs. Hospital Cooden County

To Officer i/c Laboratory. Ward F Unit B 84

Please carry out an examination of the accompanying specimen of Urine

with special regard to _____

Nos. of previous Reports (if any) _____

In Pathological Reports a résumé of clinical history, treatment or progress since last report should be given.

Date 3/12/18 O. i/c _____ Ward _____

LABORATORY REPORT.

Color = Dark Amber & Clear

S.G. = 1020

Litmus = Acid

Albumen = Neg.

Sugar = Neg.

Date of Examination 4/12/18

W. H. H. H.
O. i/c Laboratory

Patient Name: *[Handwritten Name]*
 Date: *[Handwritten Date]*
 Hospital: *[Handwritten Hospital Name]*
 Ward: *[Handwritten Ward]*
 Please send full or examination of the accompanying specimen of *[Handwritten Specimen]*

The patient is a *[Handwritten Description]*
 in the *[Handwritten Department]* Report is a *[Handwritten Description]* of clinical history, treatment or progress since last report.
 Date: *[Handwritten Date]*
 Initials: *[Handwritten Initials]*

LABORATORY REPORT

[Faint, mostly illegible handwritten text, possibly describing laboratory findings or test results.]

Date of Exam: *[Handwritten Date]*
 Initials: *[Handwritten Initials]*

I

Seaford

PROCEEDINGS OF A MEDICAL BOARD.

Dated at COODEN CAMP 9.11.18 1917.

No. 724216 Rank PTE Name SCOTT, C

Local Unit 6th CAN RES Overseas Unit 21st CAN BN Age 22

Examination held at P.P.C.R.C. HOST COODEN

DISABILITY. 1 ADHERENT SCAR RT LEG
2 ADHERENT SCARS RT THIGH
Overseas-Local
(SCRATCH ONE OUT).

PRESENT CONDITION.

complains ① Pain in region of scars of both legs in walking.
History S. W ds Leg R. & L. thigh 26.8.18
Eyam. L. thigh 4" adherent scar front of upper half
3" adherent scar left Buttock
RT leg. 2 1/2" adherent scar below & to inner side popliteal space.
These scars are adherent to muscles & cause pain in walking.

BOARD RECOMMENDS:-

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

Signatures:-

(G P Hornellman President.
(
Members (H Phillips Capt
(
(
(

APPROVED

Dated 20-11-18 1917. H Gordon Capt For A.D.M.S.

PROCEEDINGS OF A MEDICAL BOARD

dated at COOLIDGE CAMP, WASHINGTON
Name of SCOTT Rank 1st Lt.

Post Office Washington, D.C.

Examination held at Fort Detrick, Washington, D.C.
Date 10/10/17
By Medical Board

PRESENT CONDITION

The patient is a white male, aged 30, with a history of tuberculosis of the lungs. He has been in the military service since 1914. He was discharged in 1916 on account of tuberculosis. He has since been treated with various methods, including rest, diet, and medicine. He is now in the military service again, and is being examined for fitness for duty. He is in good health, and is able to perform his duties. He has no symptoms of tuberculosis, and his chest is clear. He is able to walk, run, and perform other physical activities. He is in good spirits, and is able to work. He is in good health, and is able to perform his duties.

BOARD RECOMMENDS

1. Fit for duty.
2. Fit for duty after 4 weeks physical training.
3. Fit for temporary base duty.
4. Fit for permanent base duty.
5. Discharge.

Signature:

W. H. ... President

Members

APPROVED

Date 10/10/17

7

PROCEEDINGS OF A MEDICAL BOARD.

Dated at Eastbourne 2nd October 1917.

No. 24216 Rank Pte Name Scott, W.

Local Unit 6th Res. Bn. Overseas Unit Age 21

Examination held at Canadian Military Hospital, Eastbourne.

DISABILITY.
Overseas—Local
(scratch one out).

Varicocele & Paralysis facial Left.

PRESENT CONDITION.

*Varicocele causes no inconvenience with suspensory
Facial paralysis - most good -
Small patch of anaesthesia
left lip.*

CANADIAN
MILITARY HOSPITAL.
→ 3-OCT-1917 ←
EASTBOURNE, SUSSEX.

BOARD RECOMMENDS:-

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

Signatures:-

[Signature] Major CAMC President.
[Signature] Capt. CAMC
 Members *[Signature]* Capt. CAMC
[Signature] Capt. CAMC

APPROVED

Dated 3 OCT 1917 1917.

For A.D.M.S.

NOT 10/10/17

PROCEEDINGS OF A MEDICAL BOARD

Dated at _____ 1917

No. _____ Rank _____

Post Office _____ Overseas Unit _____

Age _____

Examination held at _____

DEBILITY
Disease Local

PRESENT CONDITION

BOARD RECOMMENDATIONS:-

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

Signature

President

Members

APPROVED

Dated _____ 1917

For A.C.M.S.

Reserved for M.H.C.

Regt. No. 724216 Rank PTE Surname SCOTT Christian Name WALLACE

Unit or Corps—(a) Overseas from United Kingdom 2 VBN (b) in United Kingdom 6 RES.

Born at—Town MINDEN County or Province ONT. Country CANADA

Date of Birth—Day 1 Month OCTOBER Year 1895 Age 23 yrs. 1 months.

Joined at KINMOUNT, ONT. Date 1-4-16

Former trade or occupation LABOURER

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

Scar left cheek. Scar across right knee.

Scar left thigh.

Scar left buttock.

Height—feet 5 inches 8 1/2 Colour of eyes GREY

Signature of Soldier (for identification purposes) M. Scott

Medical Report

Read carefully the instructions on last page of this form.

1. DISABILITY.

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

Disabilities Group (a)

ADHESIONS OF MUSCLES, RIGHT LEG & OF LEFT THIGH.

Disabilities Group (b)

NA

Disabilities Group (c)

NA

2. CAUSE OF DISABILITY

Table with 3 columns: (i) As to Group (a) above, (ii) As to Group (b) above, (iii) As to Group (c) above. Row 1: G.S.W. RIGHT LEG & LEFT THIGH, FRANCE, 26-8-18. Row 2: NA. Row 3: NA.

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

- (i) As to Group (a) above? NA If yes, has Active Service aggravated it? NA
(ii) As to Group (b) above? NA If yes, has Active Service aggravated it? NA
(iii) As to Group (c) above? NA If yes, has Active Service aggravated it? NA

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

- (i) As to Group (a) above? YES
(ii) As to Group (b) above? NA
(iii) As to Group (c) above? NA

Handwritten signatures and stamps, including a circular stamp with 'DEC 1918'.

5. MEDICAL HISTORY.

Received for M.H.C. ... J.M.C. ... Date of birth ... 1-1-92 ... Date ... 1-1-92 ... Former trade or occupation ...

6. PRESENT CONDITION.

Instructions to Medical Officer ... I suffer from left hand ... joint becomes painful ... Disabilities Group (a) ... Group (b) ... Group (c) ...

7. OPERATION. (i) Was one performed? yes (ii) If so, state what. Right hand (iii) Was one advised and declined? no

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

8. (i) Is there loss or decay of teeth attributable to Active Service? yes (ii) If so, describe. One filling required

9. DO YOU RECOMMEND:— (a) Fit for duty? B II (b) Invalid to Canada? no (c) Discharge from the Service as permanently unfit? no

Date of Report ... 1918 ... Station ... Signed ... Officer in medical charge of case ...

I have satisfied myself of the general accuracy of the above Report, and concur therein *except ... Dated at ... Station, on ... *Delete if inapplicable.

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

10. Is the disability fully described in Part I. (1)? If not, describe it. (This is to be completed only in the case of the Soldier taking the examination in the case of the Soldier.)

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

11. Is the cause of the disability fully described in Part I. (2)? If not, describe it.

12. From the medical information now adduced, was the disability caused or aggravated by: (a) Negligence of the Soldier (b) Misconduct of the Soldier

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

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

15. Permanency of the Disability due to Service estimated next above in (14). (i.) Is it permanent? (ii.) If not permanent, what is its probable minimum duration (in months)?

16. If an operation was advised and declined, do you consider the refusal to have been unreasonable?

17. Can the former trade or occupation be resumed?

18. REMARKS:—

Question 6.—PRESENT CONDITION.—As the question is primarily intended for the Medical Officer's report in answer- ing show clearly the condition of the Soldier at the time of examination. It is directed that the objective and subjective matter be arranged in separate groups. The objective matter is considered to be the more important in that it consists of a statement of the Medical Officer's actual findings.

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

19. RECOMMENDATION: (a) Fit for duty? (state category) (b) Invalid to Canada? (c) Discharge from Service as permanently unfit?

ENTRIES OF RE-CATEGORIZATION. Date of Board, Station, Signatures of M. O., Station, Signatures of the Board, Approved, Dated at.



Proceedings of a Medical Board
Statement of the Soldier

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

I, the undersigned, William Smith have heard the description of my disability read, and am satisfied (or not satisfied) with it. (If dissatisfied, statement should follow.) I complain in addition of:—

11. Is the cause of the disability fully described in Part I. (2)?
 If not, describe it.

12. From the medical information now advanced, was the disability caused or aggravated by:
 (a) Negligence of the Soldier? No
 (b) Misconduct of the Soldier? No
 (c) Aggravated? No

13. THE ENTIRE DISABILITY.—Without regard to his regular occupation, to what extent is his capacity lessened present for earning a full livelihood in the general market for untrained labour?

Instructions to Medical Officers

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

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

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

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

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

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

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

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

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

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

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

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

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

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

ENTRIES OF RECATEGORY

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



CLINICAL CHART.

(To be attached to Case Sheet.)

21st - Can.
No. 724216

Rank and Name Pte W. Scott

Age 22y

Military Hospital

21st Army Form B 181
Southern Gen.

Service 2 9/12 p

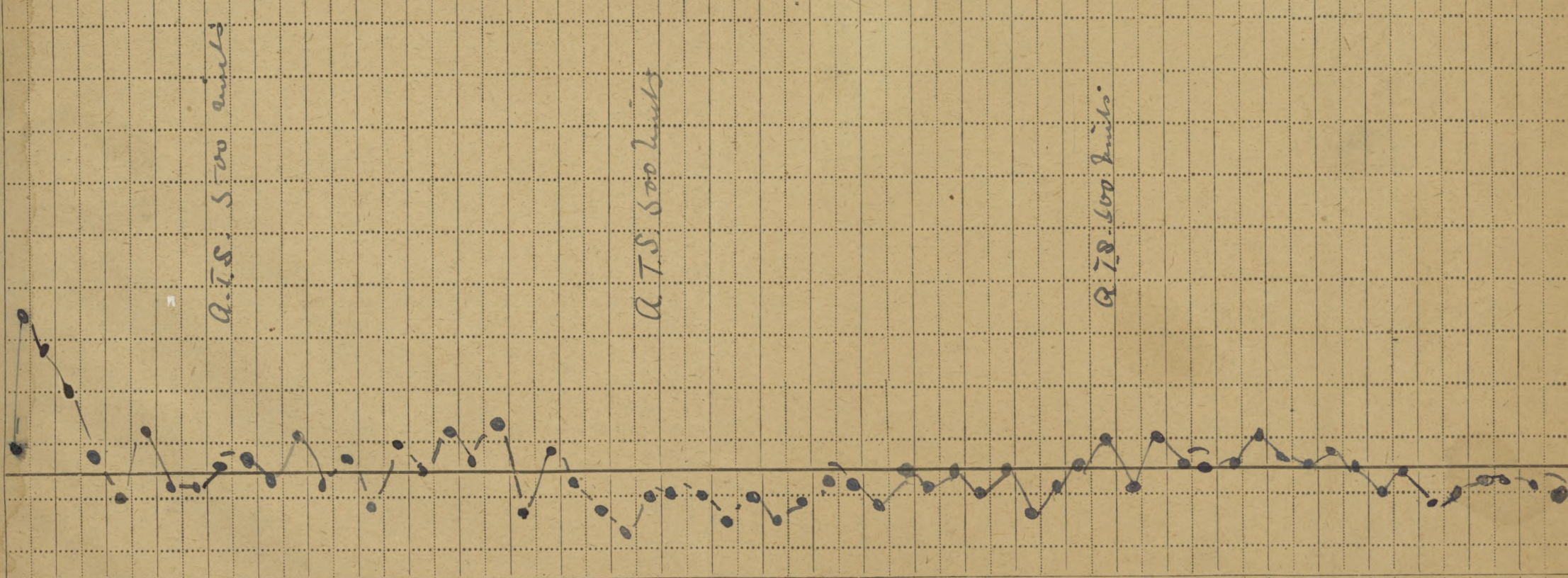
Date of admission 1-9-18

Date of discharge _____

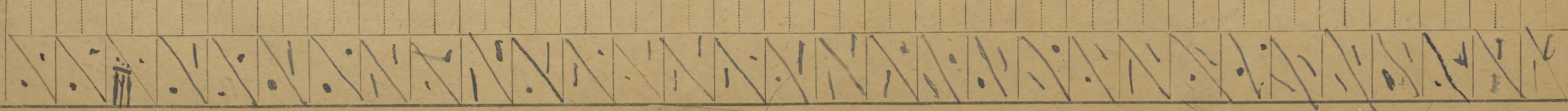
Result _____

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	<u>31</u>
---	---	---	---	---	---	---	---	---	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	-----------

Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time
A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	



Minute	100	101	98	96																													
--------	-----	-----	----	----	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--



Signature _____ In charge of case.

CLINICAL CHART.

(To be attached to Case Sheet.)

Army Form

Corps _____

No. _____

Rank and Name _____

Age _____

Military Hospital _____

Service _____

Disease _____

Date of admission _____

Date of discharge **28 OCT 1918**

Result _____

Dates of Observation	Days of Disease	Temperature Fahrenheit																												
		Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time
		A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.
	21 3 4 5 6 7																													
107°																														
106°																														
105°																														
104°																														
103°																														
102°																														
101°																														
100°																														
99°																														
98°																														
97°																														
Pulse per Minute																														
Respirations per Minute																														
Motions per 24 hours																														

Signature _____

In charge of case. _____

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
C 544	7242106	Pvt	Nott	Wallace
Year 1918	Unit.	21st Canadian		Age.
Station and Date. 1-9-18	Disease	Gls. R. leg & L. Thigh		
271st. SOUTHERN GENERAL HOSPITAL DUDLEY ROAD, BIRMINGHAM.	Fract. R. Thigh 26.5.15 new wound			
1.9.15.	Pre-admission X-Ray FB thigh palpable Bullock frag. & trace of wds appear to have been repaired. 1. case undependable? Profound removal FB wound L. Thigh leg wound			
	Admission wound very dirty. T-T R. leg but wd found clean & posterior wd found clean. L. Thigh Very large & dirty wd dirty, missing a good deal of packing L. Bullock wound open wd			
4/9/18	R. T.S. 500 units.			
13-9-18	Q. T.S. 500 units			
22-9-18.	Q T.S. 500 units.			
18.9.15.	Wound less dis change & healing.			
25.9.15.	Injury to calf muscles - R. leg.			
2.10.15	L. Thigh wd well healed. R " wd practically healed.			
	To Report (Chis) to Report (Chis) To Report (Chis)			

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

To Report (Chis)
To Report (Chis)

4/10/18 Admitted to wetlands w/ Clarke
message to Mt. Calif. (Spain)
16/10/18 Improving w/c

W. J. C.

W. J. C.

21/10/18

Station
and Date.

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

DISTRICT **3**

NAME OF SOLDIER *Scott W*

REGIMENT *40th* RANK *Pte*

No. *724216*



INSTRUCTIONS

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

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

- Condition on examination (in red).
- Condition on leaving Canada.
- Condition on discharge.

Condition on first Examination	Date	Amalgam	Temporary Filling (a) G. P. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhoea	Synthetic Porcelain	Extracting	DENTURES			Gold Clasp	Gold Filling	CROWNS		Bridge Work	OPERATOR	Military District	REMARKS
												U	L	P			Gold	Porcelain				
												<i>1919</i>	<i>Feb 7</i>	<i>2.</i>			<i>3, 4.</i>	<i>1</i>				

INVERTED

1880
1881
1882
1883
1884
1885
1886
1887
1888
1889
1890
1891
1892
1893
1894
1895
1896
1897
1898
1899
1900

1901
1902
1903
1904
1905
1906
1907
1908
1909
1910
1911
1912
1913
1914
1915
1916
1917
1918
1919
1920

THE ORIGINAL SHEET

SHORT FORM.
PROCEEDINGS ON DISCHARGE.
(Demobilization.)

M
2-27-19

1. No. 724216		
2 Rank. Private		
3. Name. SCOTT, Wallace		
4. Unit. No. 3 District Depot.		
5 Date of Discharge	13-2-19	Place Kingston, Ont.
6 Reason for Discharge "Demobilization"		
7. Authority. 3DD-3-S-712 D/ .10-2-19 R.O. 1343		
8. Proposed Residence after Discharge. Kinmount, Ont.		
9. CERTIFICATE TO BE SIGNED BY SOLDIER. I hereby acknowledge that at the undernoted place and date I received my discharge Certificate M. F. W.? 39		
		<i>W. Scott</i> Signature of Soldier.
10. CONFIRMATION. The discharge of the above named man is hereby confirmed. Place. Kingston, Ont. Date. 13-2-19		
Signature.....		<i>J. P. Mooney Capt.</i> (O. C. Discharging Unit.) No. 3 District Depot

H

Medical Documents
Forwarded to
~~S. C. R.~~ or B. P. C.
on
Date. MAR 10 1919

Pres noted
Snyder
JM

PROCEEDINGS ON DISCHARGE

Demobilization

1. Name of Soldier	
2. Rank	
3. Branch of Service	
4. Date of Discharge	
5. Reason for Discharge	

Address: _____

Proposed Residence after Discharge: _____

CERTIFICATE TO BE SIGNED BY SOLDIER

I hereby acknowledge that on the undersigned place and date I received my discharge certificate

DATE: _____

Signature of Soldier

CONFIRMATION

The discharge of the above named man is hereby confirmed.

Time

Date

Signature

O. C. (Issuing Unit)

LIST OF DISCHARGE DOCUMENTS

Attestation Paper, Triplicate	.....	Form W. 20
of Particulars of Record	.....	Form W. 193
Form Conduct Sheet	.....	Form W. 118 or A. 1. B. 121
Casualty Form	.....	Form W. 54 or A. 1. B. 104
Last Day Certificate	.....	Form W. 41
Certificate that missing documents are under review	.....
Medical History Sheet	.....	Form H. 100 or A. 1. B. 108
Proceedings of Medical Board	.....	Form W. 102, A. 1. B. 105 or A. 1. A. 10
Dental History Sheet	.....	Form H. 104
Medical Report	.....	Form W. 100 or A. 1. B. 103
Regimental Conduct Sheet	.....	Form H. 106
Company Conduct Sheet	.....	Form H. 108

LIST OF DISCHARGE DOCUMENTS.

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

(Canada Sect)

P. 878.

Extract D.O. No. 104

Unit:- ~~EORD~~

Date:-

Reg. No.

Rank

Name

Struck off Strength of O.M.F. of C.
on transfer to C.E.F. Canada.

MD3

724216

Pte

SCOTT.

W.

Acted on

4. 1. 19

Ledger Ck.

D..... T..... C..... Passed to..... Rec'd. by.....

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

1. 4. 16

Separation and Assigned Pay Branch

02255

Aug. 1. 16

OVERSEAS CONTINGENTS

S 275 45 10

RATE OF SEPARATION ALLOWANCE

20	25/10/17	3000	1-9-18
----	----------	------	--------

P.C. 275
M.O. 290.40.

RATE OF ASSIGNMENT

15-			
-----	--	--	--

PARTICULARS OF SEPARATION ALLOWANCE

No. 724 216
 Rank *Lt* Promoted Reverted Discharge
 Soldier's Name *Walter Scott*
 Battalion *109th Battn.*
 Beneficiary *Mr. Jennie Scott*
 Relationship *Mother M.P.N. 2554-31-7-18*
 Address *Sturmount. Ont.*

PARTICULARS OF ASSIGNMENT

Name *Mr. Jennie Scott (Mother)*
 Address
 Change of Address
 1
 2
 3
 4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
1917					
Dec. 31 st	—	420	25-5	6.75	
Jan 18	P 72665	30	15	45	
Feb.	V 73389	25	15	40	
Mar	S 92915	25	15	40	✓
Apl	S 11611	25	15	40	✓
May	V 19639	25	15	40	✓
June	U 25532	25	15	40	✓
July	E 24963	25	15	40	✓
Aug.	U 37567	25	15	40	✓
Sept.	X 47510	25	15	40	✓
Oct	S. 52005	25	15	40	✓
Nov	X 59814	25	15	40	✓
Dec	H. 68394	45	15	60	✓
Jan	S. 72875	30	15	45	
		775	450	1220	✓

A/c Closed Jan 21-19.
 Ret'd per... *Scotian*...
 Date 15-1-19 M.F.W. 187 T.H.D. #3. 18-1-19.
G. Postman
 T.H.P.O. Destroy 49867. 18-1-19. O.K. 20/19 F.W.

M. F. W. 128.
40M. 6-7-1-72-39-1144
L. L. 22220-M. & D. 1903.

