

Unit 109th Btu Rank Lieut Name Scott Harold R.

OFFICERS' DECLARATION PAPER

CANADIAN OVER-SEAS EXPEDITIONARY FORCE

QUADRUPLICATE

QUESTIONS TO BE ANSWERED BY OFFICER

(ANSWERS)

- 1. (a) What is your Surname? Scott
- (b) What are your Christian Names? Harold Robinson
- 2. (a) Where were you born? (State place and country) Shawbridge Que.
- (b) What is your present address? Lindsay, Ont.
- 3. What is the date of your birth? Oct 14th 1894
- 4. What is (a) the name of your next-of-kin? Mrs L. J. Scott
- (b) the address of your next-of-kin? Lochaber Bay, Que.
- (c) the relationship of your next-of-kin? Mother
- 5. What is your profession or occupation? Student
- 6. What is your religion? Baptist
- 7. Are you willing to be vaccinated or re-vaccinated and inoculated? Yes
- 8. To what Unit of the Active Militia do you belong? 45th Victoria Reg't.
- 9. State particulars of any former Military Service.....
- 10. Are you willing to serve in the

CANADIAN OVER-SEAS EXPEDITIONARY FORCE? Yes

The undersigned hereby declares that the above answers made by him to the above questions are true.

H. R. Scott, Lieut. (Signature of Officer.)

CERTIFICATE OF MEDICAL EXAMINATION

I have examined the above-named Officer in accordance with the Regulations for Army Medical Services.

I consider him* fit for the CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

Date April 20 1916

Place Lindsay

James C. Wood Capt.
Medical Officer
109th Overseas Bn. Medical Officer.

*Insert here "fit" or "unfit".

OFFICERS' DECLARATION PAPER

CANADIAN OVERSEAS EXPEDITIONARY FORCE

OF THE

QUESTIONS TO BE ANSWERED BY OFFICERS

[Faint, illegible handwritten text]

STATEMENT OF ANSWERS

[Faint, illegible text, likely bleed-through from the reverse side]

REGIMENTAL DOCUMENTS

NAME *SCOTT, HAROLD. ROBINSON* REGT. NO. *Lieut.* UNIT *109th Bn* M. F. W. Q. FILE NO.

S

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1

2

1

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DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

M. F. W. 2505
REFERENCE

NON-EFFECTIVE BY

ATTESTATION PAPER (M.F.W. 23, 133, or 51)

CASUALTY FORM (M.F.W. 54 or A.F.B. 103)

TRAINING HISTORY SHEET (M.F.W. 113)

FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)

REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)

COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)

MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)

DENTAL HISTORY SHEET (M.F.B. 465)

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COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)

*Misc Boe's
car card
Bulld
Packard
out of car*

Copy 10/1/19

M

H

08759

DEATH

Category

H

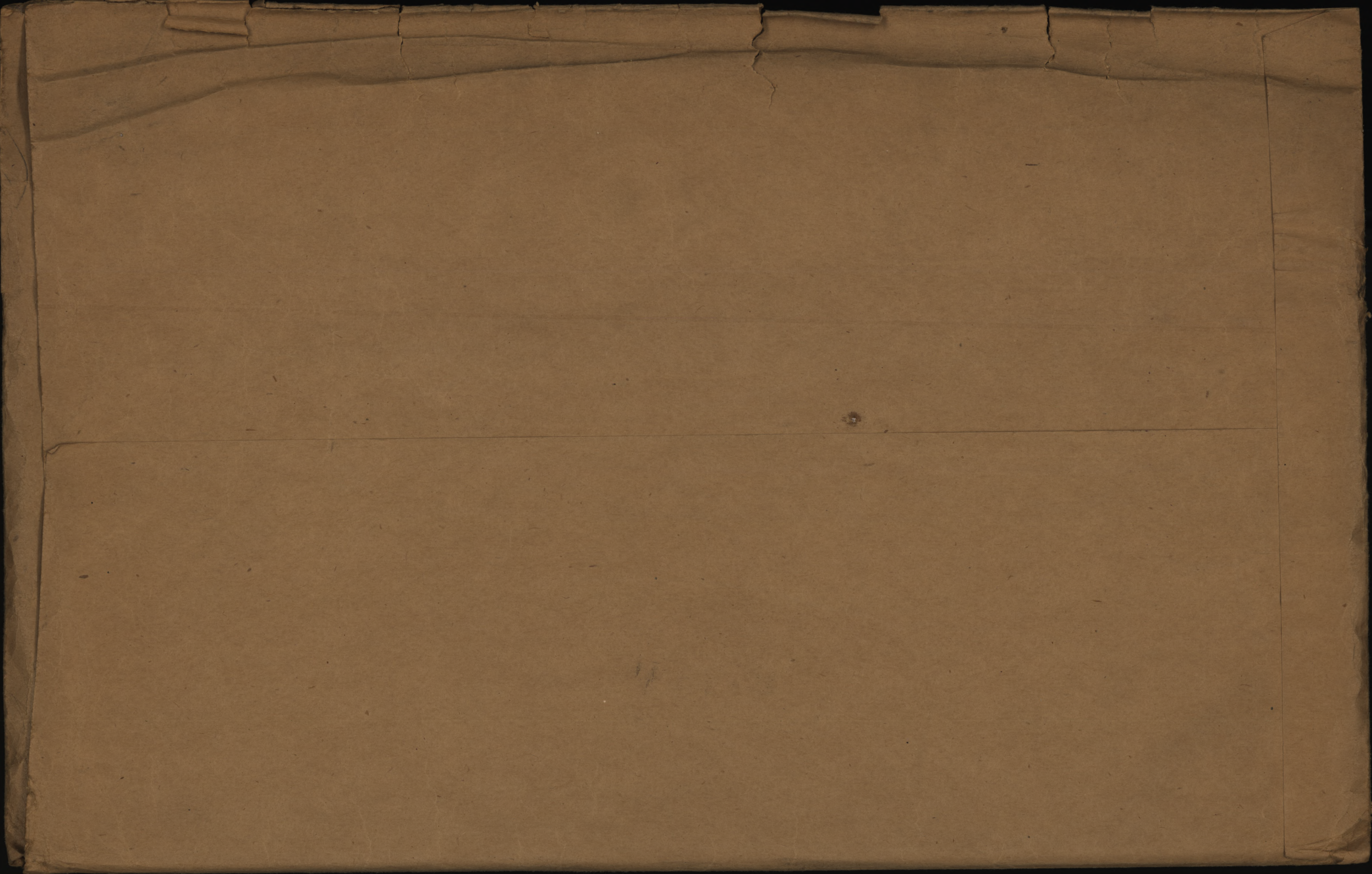
DISCHARGE

Category

Removal

DESERTION

*2-4
2-4*



SURNAME.

Scott

CHRISTIAN NAMES

Harold Robinson

REGL. NO.

RANK

Lieut.

UNIT

109th

FORMER CORPS

45th Victoria Regt.

3	CARD NO.
<i>1808</i>	<i>3/2/19</i>
<i>2078</i>	<i>19/3/19, 10103</i>
<i>R.O. 1795</i>	FOLL.

Bw.

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Scott Mrs. L. J.

RELATIONSHIP TO SOLDIER

Mother

ADDRESS

Lochaber Bay, P. Q.

COUNTRY OF BIRTH

Canada Shawbridge, P. Q.

DATE

Oct. 14th 1894

PLACE OF ATTESTATION

DATE

Sailed from Halifax

29/7/16⁴⁸⁸/₂ per R/C 14-179 ²⁵⁴/₄ S.S. Olympic

Date of sailing 23-7-16 per

S.S. "Of Olympia."

MARRIED

SINGLE

WIDOWER

TRADE OR CALLING

Student

RELIGION

Baptist

DESCRIPTION.

APPARENT AGE

YEARS

MONTHS

HEIGHT

FEET

INCHES

CHEST MEASUREMENT

INCHES

EXPANSION

INCHES

COMPLEXION

EYES

HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION.

PLACE

Lindsay Ont

DATE

Apr. 20th 1916

Present address: Lindsay, Ont.

No.

RANK

Serjeant.

NAME

*Scott. J. H.**R.*

T. O. S.

UNIT

109th. Battalion.

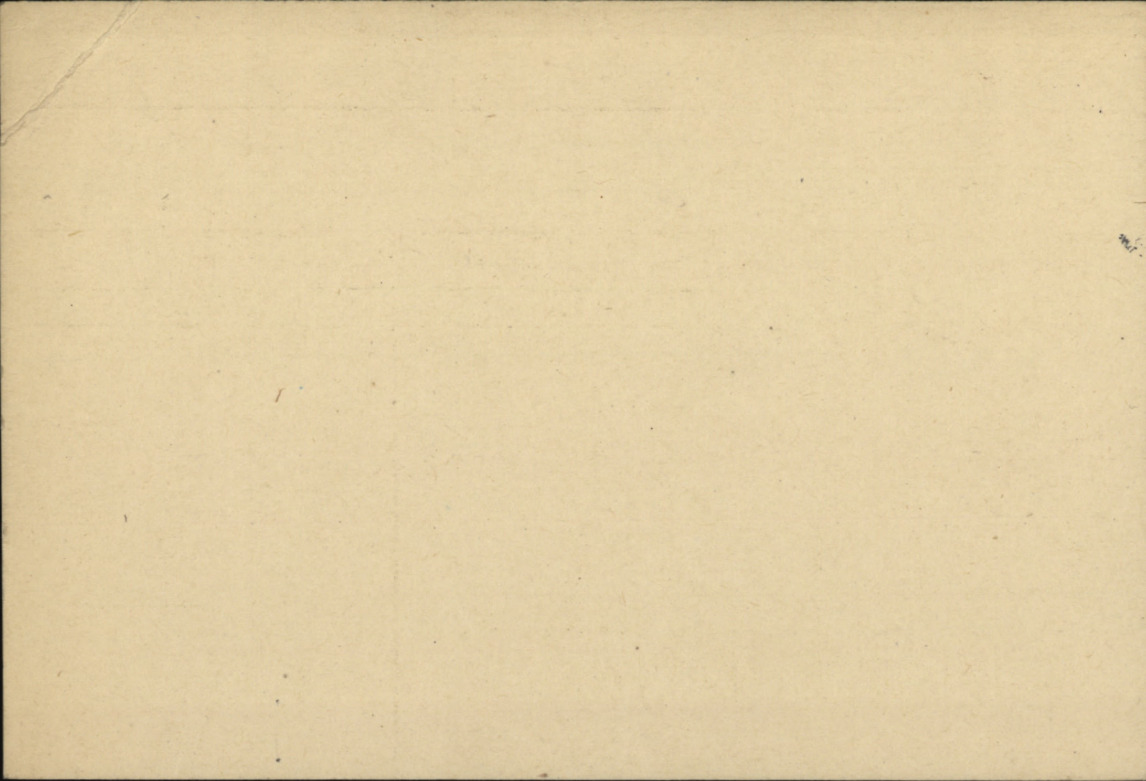
M. D.

3

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
<i>1916 Mar 24</i>	<i>1916. Mar. 31</i>	<i>✓</i>	<i>Act. for Duty & Inst. 24-3-16</i>	<i>A.O. 108. 25-3-16.</i>
	<i>April.</i>	<i>✓</i>		
	<i>May.</i>	<i>✓</i>		
	<i>June.</i>	<i>✓</i>		
	<i>July.</i>	<i>✓</i>		

UNIT SAILED

JUL 23 1916



Number Rank. **LIEUT.**

Surname, **SCOTT.**

Christian Name, **HAROLD ROBINSON.**

Units Theatre of war **FRANCE.**

Date of Service, **23. 7. 16. 4. 3. 17. 9. 1. 19.**

Remarks, **8. Adelaide St S.**

C. F. C.

Latest Address, **Dundas St**
Ontario.

Roll No. **B. Page 5494.**

No.

RANK

NAME

T. O. S.

UNIT

M. D.

AUG 12 1921

PAID

PAID

FROM

TO

SIG.
OR
REC'T

PROMOTIONS, TRANSFERS, DISCHARGES, ETC.
PARTICULARS
AUTHORITY

9230632. Dep

Scott.

REG'TL NO

NAME

Scott, H.R.

H. Q. FILE NO. 649-

RANK AND CORPS

Lieutenant

109th Bn.

FOLLOWS

No.

CABLE

NATURE OF CASUALTY

No.

DATE

FOLLOWS

Scott.

LIST No

HOSPITAL

DATE OF
ADMISSION

REMARKS

no 4516) Mil. Bramshott
466 1 from

17-8-16
6-9-16

N.Y.D.
Influenza Disc.

Name **SCOTT,** Rank **Lieut.**
Harold Robinson

Reg. No.

Unit **109th Battalion.**

Next of Kin **Canada.**

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
17-8-16 6.9 16	Mil. Hos. Bramshott. do	N.Y.D.(Q) <u>Dischd.</u>	Influenza	451 466		

*Name SCOTT, Harold Robinson Rank Lieut Regtl. No. _____
 Fyle Depot 2-5-62
 Original unit 109 B'n Present unit C.G.C. M. or S. Age 25 Religion Bapt Ref. H.Q. 7-5-105
 Port, ship, and date of arrival Halifax Olympic 17-1-19
 Next of kin mother, Mrs L J Scott
 Address on leave Lochaber Bay One
 Address on discharge Same
 Transportation issued Yes No Date _____ Character on discharge _____
 Previous occupation Lumberman Date and place of enlistment 24-3-16 Lindsay Ont
 Diagnosis _____ Date of Medical Boards _____

Date.	Remarks	Pt. 2 Order No.
10-1-19	Posted to Sub Depot 20-1-19 MS 21-1-19 3-2-19	KO-24
3-2-19	with H.Q. 332-45-69 R.O. 1795	KO-78

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

Date.

Remarks.

Pt. 2 Order No.

M.F.W. 192
150M-6-18.
1772-39-1243.

Surname

Christian Name

Reg. No.

SCOTT.

H.R.

(DMS. 10-S-757)

Rank

Unit

Lieut.

109th. Bn.

MEDICAL BOARD held at

Date

Serial No.

(1) Bramshott.

6.9.16.

Other Medical Boards at

Date

Serial No.

(2) Bramshott

30-9-16

(3)

(4)

(5)

Condition found by Board Debility following tonsillitis.

Debility following Influenza.

Disposition Recommended

(1) Unfit for any duty - 3 weeks.

(2) Fit for General Service.

(3)

(4)

(5)

PENSIONS & CLAIMS BOARD held at

Date.....

Disposition

Remarks

Lt. J.E. Tilley, c/o Royal Automobile Club,
London, S.W.,

Address 109th. Battn. Bramshott.

13

Scott. H. R.

Lieut. 109th. Battn.

Mil. Hosp. Bramshott.

17-8-16.

N.Y.D.(Q).

Influenza.

Discharged:-- 6-9-16.

C.L. 24-8-16. 451-2.

11-9-16. 466.

A.M.D. 2 DEPT.

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

jr

CANADIAN EXPEDITIONARY FORCE

D.F. 5-26.
R.I.P.

Certificate of Service

ISSUED TO OFFICERS AND NURSING SISTERS

This is to Certify that (Rank)..... Lieutenant.....

(Name in full)..... Harold Robinson SCOTT,.....

Enlisted in..... 109th Battalion......

CANADIAN EXPEDITIONARY FORCE, on the..... ~~.....~~.....

day of..... ~~.....~~ 191..... AND WAS APPOINTED to COMMISSIONED RANK

in..... 109th Battalion......

CANADIAN EXPEDITIONARY FORCE on the..... Twenty Fourth..... day

of..... March..... 191..... 6

He SERVED in CANADA,..... England and France with the 109th Battalion,

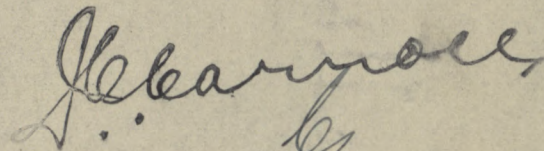
..... 123rd Battalion, C.P.C., 26th Coy., C.P.C., No. 1 Coy., C.P.C., 23rd B., 43.

and was STRUCK OFF THE STRENGTH on the..... Third..... day

of..... February..... 191..... 9 by reason of..... General Demobilization.

Dated at Ottawa, this..... Seventeenth..... day

of..... October..... 191..... 9



..... Lieut.
for Director of Personal Services.

CANADIAN EXPEDITIONARY FORCE

Certificate of Service

ISSUED TO OFFICERS AND NURSING OFFICERS

This is to certify that the _____
of the _____
in the _____
CANADIAN EXPEDITIONARY FORCE on the _____
of _____ (NAME) WAS APPOINTED TO COMMISSIONED RANK
in _____
CANADIAN EXPEDITIONARY FORCE on the _____
of _____
THE REGIMENT IN CANADA _____
and was STRUCK OFF THE STRENGTH OF THE
on _____
of _____
of _____

REG. NO. _____
CLASS. NO. _____
DATE ISSUED _____

Original

MEDICAL HISTORY SHEET.

ORIGINAL

Surname Scott Christian Name Harold Robinson

Examined { on 20 day of April 1916
at Lindsay
Birthplace { City or Town Hawbridge
County Quebec

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

Apparent age 21 years
Trade or occupation Student
Height 6 Feet Inches.
Weight 150 Lbs.
Chest measurement { Minimum 33 1/2 inches.
Maximum expansion 38 1/2 inches.

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

Physical development Good
Small-Pox Marks None
Vaccination Marks { Arm Right None Left Two
Number Two

Date.	Result.	VACCINATIONS.
<u>25-4-16</u>	<u>Good</u>	<u>J. McCulloch</u> M.O.
<u>25-4-16</u>	<u>Good</u>	<u>W. A. Hutton</u> M.O.
		<u>W. A. Hutton</u> M.O.

When Vaccinated last April 25th 1916
(a) Marks indicating congenital peculiarities or previous disease None

Date.	Result.	ANTI-TYPHOID INOCULATIONS, ETC.
<u>18-4-16</u>	<u>Good</u>	<u>J. McCulloch</u> M.O.
<u>25-4-16</u>	<u>Good</u>	<u>J. McCulloch</u> M.O.
<u>25-4-16</u>	<u>Good</u>	<u>J. McCulloch</u> M.O.
<u>28-4-16</u>	<u>Good</u>	<u>J. McCulloch</u> M.O.
		<u>W. A. Hutton</u> M.O.

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

Enlisted on day of 1916 at Lindsay

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>109th Am. C.F. 7</u>	<u>Lieut</u>		
Transferred to	<u>Can. Infantry Corps</u>			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.

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

2

PROCEEDINGS OF A MEDICAL BOARD

assembled at Bramshott on Sept 20th 1916.

order of A. D. M. S. Canadians

for the purpose of examining and reporting upon the present state of health of

(Rank and Name) Lieut H.R. Scott (Corps) 109th Battⁿ

Age 22 Service 9/12 Disability Debility following Influenza.

Date of commencement of leave granted for present disability 6-9-16.

Date on which placed on half-pay for present disability Not applicable.

The Board having assembled pursuant to order, and having read the instructions on the back of the form, proceed to examine the above-named officer and find that

this officer has now recovered and is fit for full service.

Address
109th Battⁿ Bramshott Navy

The opinion of the Board upon the questions herein is as follows:—

- (1.) a. Is the officer fit for "General Service"? Yes.
- b. If not so fit, how long is he likely to be unfit? Not applicable.
- (2.) a. If unfit for General Service, is he fit for service at home? Not applicable.
- b. If not so fit, how long is he likely to be unfit for service at home? Not applicable.
- c. If unfit for General Service at home, is he fit for light duty at home? Not applicable.
- d. If not so fit, how long is he likely to be unfit for light duty at home? Not applicable.
- (3.) Was the disability contracted in the service? Yes.
- (4.) Was it contracted under circumstances over which he had no control? Yes.
- (5.) Was it caused by military service? Yes.
- (6.) If caused by military service, to what specific conditions is it attributed? Hyperemia and Infestation.
- (7.) If the disability was not caused by military service, was it aggravated by it? Not applicable.

Bramshott Camp, Hants.

30 SEP 1916

APPROVED.

[Signature]
Signatures
D. A. D. M. S. for A. D. M. S.,
Canadian Troops, Bramshott Camp

[Signature] President.
[Signature] Major Co. Comd.
[Signature] Capt Co. Comd.
 Members.

I concur in the findings of the Board of Medical Officers here recorded. [Signature]

2 OCT 1916 Captain, C.A.M.C. For D.M.S. Canadian Contingents.

Instructions.

1. On the occasion of an Officer's first appearance before a Medical Board for his present disability, the circumstances under which the disability was contracted will be fully detailed; whenever possible a statement of the case by his medical attendant will also be attached.

2. In recording the proceedings of subsequent Boards, the progress of the individual since his last appearance will be clearly and concisely stated so as to ensure a continuous medical history of the case being available.

3. Enteric Fever, Dysentery, Malaria, etc., contracted when on service abroad, in countries where there is a special liability to the disease, are to be regarded as caused by military service.

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.....

109th OVERSEAS BATTALION, C. E. F.

(2) Regimental Number.....

(3) Full Name of Soldier.....

Harold Robinson Scott

(4) Place of Birth.....

Shawbridge, Que.

(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?.....

No

(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 Lucy J. Scott
Lochaber Bay, Que*

(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.

Approximately \$25.00 per month. I am only child and sole support

(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.

no

(15) Are you insured? *yes*

If so, in what Company? *North American Life, COOF*

Have you made arrangements for payment of your Insurance premium *yes*

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

Date *10/7/16*

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

DUPLICATE.

Casualty Form—Active Service.

Regiment or Corps *Canadian Forestry Corps*

Rank *Lieut.* Surname *Scott* Christian Name *Harold Robinson*

Religion..... Age on Enlistment..... years..... months

Enlisted (a)..... Terms of Service (a) *D of W* Service reckons from (a) *23.7.16*

Date of promotion to present rank *23.7.16* Date of appointment to lance rank.....

Extended {.....} Re-engaged {.....} Qualification (b).....
or Corps Trade and Rate.....

Occupation..... Signature of Officer.....

Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B.213, Army Form A.36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents
Date	From whom received				
		Embarked ...	<i>23.7.16</i>		
		Disembarked...			
<i>24.8.16</i>	<i>AMS.</i>	<i>Admitted Mil Hosp Bramshott</i>		<i>11.8.16.</i>	<i>CL 451 NYD.</i>
<i>9.9.16.</i>	<i>109th Bn</i>	<i>Granted three weeks' sick leave from</i>		<i>6.9.16</i> <i>7.9.16</i>	<i>CL 466.</i> <i>Pt 9253</i>
<i>26.12.16</i>	<i>123rd Bn</i>	<i>Attached for Ops, rations and duty</i>		<i>22.12.16.</i>	<i>Pt 9309 Pt 9340</i>
<i>24.3.17.</i>	<i>C76</i>	<i>TOS on transfer from 123rd Bn</i>		<i>22.2.17</i>	<i>Pt 972.</i>
<i>24.2.17</i>	<i>123rd Bn</i>	<i>TOS on transfer to C.76.</i>		<i>22.2.17</i>	<i>Pt 954 RO 799</i>
<i>24.3.17</i>	<i>C76</i>	<i>SOS C76 in Eng on t/f to 26 Coy France</i>		<i>4.3.17</i>	<i>Pt 972</i>
<i>12.4.17.</i>	<i>WO</i>	<i>To be Temp Lieut C76.</i>		<i>2.2.17</i>	<i>SL 30016.</i>
<i>26.10.17</i>	<i>26 Coy C76</i>	<i>Granted leave from 11.10.17 to</i>		<i>21.10.17</i>	<i>Pt 931</i>
<i>9.11.17.</i>	<i>-do-</i>	<i>Returned from leave</i>		<i>22.10.17</i>	<i>Pt 933</i>
<i>12.6.18</i>	<i>No 1 Coy C76</i>	<i>TOS on transfer from 26 Coy C76.</i>		<i>8.5.18</i>	<i>Pt 924 Pt 929</i>
<i>10.9.18.</i>	<i>-do-</i>	<i>Granted 14 days leave to UK</i>		<i>30.8.18</i>	<i>Pt 939</i>

(a) In the case of a man who has re-engaged for, or enlisted into Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.

(b) Signaller, Shoeing-Smith, &c.

14
Fill in Only.—Unit, Number, Rank and Name.

M. F. W. 54.
 15021, 10-15.
 H.Q. 1772-30-920.

Casualty Form—Active Service.

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

CERTIFIED CORRECT
 13 APR 1917
 CANADIAN RECORD OFFICE

Regimental No. _____ Rank Lieut Name Scott *HAROLD ROBINSON*

Enlisted (a) 24.3.16 Terms of Service (a) D. of War Service reckons from (a) 23.7.1916

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) Student

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				

		Embarked Canada	Halifax	23/	
		Disembarked England	Liverpool	31.7.16.	

22-12-16	O.C. 109th.	Attached to 123rd. Btn.	Witley	22-12-16	D.O. Pt. 11 348
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Aut. W. Wilson Capt.
ADJUTANT
 109th Overseas Battalion, C. E. F.

24.3.17	D. of T.O.	Taken on strength C.F.C. from 109th Bn (123rd Bn) Auth. London Gazette.	London	2.2.17	D.O. Pt. II No. 72
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24.3.17	D. of T.O.	Proceeded overseas to C.F.C. France	London	4.3.17	D.O. Pt. II No. 72
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12-3-17	O.C. C.F.C.	Disembarked	Boulogne	6-3-17	RR 7758 d/6-3-17 P.I.O. 1 d/26-3-17
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14-10-1917	O.P. 26th leave	Created leave of absence from 11-10-1917 to 21-10-1917	Field	11-10-1917	B213 P.I.O. no 31 of 26-10-1917.
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28-10-1917	26th leave	Returned unit from leave of absence	Field	22-10-1917	B213 P.I.O. no 33 of 9-11-1917
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(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				
11/5/18	1 C.F.A.	Attached to 1 C.F.A. for duty.		8/5/18	B213 PT# 24
1/6/18	26 Coy	LOS 26 Coy on transfer to 1st Coy C.C.		7/5/18	B213 9 Det M.D. D RO 65/557 d/30/5/18. PT# 29 d. 12/6/18
2/6/18	1 Coy C.C.	LOS 1 Coy on transfer from 26 Coy C.C.		8/5/18	B213 PT# 24 d 12/6/18
31-8-18	do	Granted 14 days leave to U.K.		30-8-18	B213 PT# 39 sept 1918
14-9-18	do	Rejoined from leave		14-9-18	B213
30-11-18	do	Granted 10 days special leave in France			B213
14-12-18	OC unit	Rejoined from L.O.A.		28-11-18	PT# 0 574 Dec 1918
				8-12-18	B. 213.
					Imbedded in Lieut. for Lieut Col. R. A. B. J. Canadian Section. 3 rd Bn.

PROCEEDINGS OF A MEDICAL BOARD

assembled at Bramshott on 6/9/16

order of A.D.M.S. Canadian

for the purpose of examining and reporting upon the present state of health of

(Rank and Name) Lieut H. R. Scott (Corps) 109

Age 22 Service 8/12 Disability debility following influenza

Date of commencement of leave granted for present disability 6/9/16

Date on which placed on half-pay for present disability not applicable

The Board having assembled pursuant to order, and having read the instructions on the back of the form, proceed to examine the above-named officer and find that

This officer has been three weeks in the hospital suffering from influenza. He is now weak & easily exhausted on slight exertion & is now unfit for any duty.

The opinion of the Board upon the questions herein is as follows:—

- (1.) a. Is the officer fit for "General Service"? no
- b. If not so fit, how long is he likely to be unfit? 3 wks
- (2.) a. If unfit for General Service, is he fit for service at home? no
- b. If not so fit, how long is he likely to be unfit for service at home? 3 wks
- c. If unfit for General Service at home, is he fit for light duty at home? no
- d. If not so fit, how long is he likely to be unfit for light duty at home? 3 wks
- (3.) Was the disability contracted in the service? yes
- (4.) Was it contracted under circumstances over which he had no control? yes
- (5.) Was it caused by military service? yes
- (6.) If caused by military service, to what specific conditions is it attributed? exposure + infection
- (7.) If the disability was not caused by military service, was it aggravated by it? not applicable

Signatures { A. Stewart Maj President
J. Merreker Maj Member
H. Macharen Capt Member

I concur in the findings of the Board of Medical Officers here recorded.

W. B. Macdermott

Captain, C.A.M.C. For D.M.S.

Canadian Contingents.

9 SEP 1916

Bram Stirling M.B.

Instructions.

1. On the occasion of an Officer's first appearance before a Medical Board for his present disability, the circumstances under which the disability was contracted will be fully detailed; whenever possible a statement of the case by his medical attendant will also be attached.

2. In recording the proceedings of subsequent Boards, the progress of the individual since his last appearance will be clearly and concisely stated so as to ensure a continuous medical history of the case being available.

3. Enteric Fever, Dysentery, Malaria, etc., contracted when on service abroad, in countries where there is a special liability to the disease, are to be regarded as caused by military service.

MILITIA AND DEFENCE
SEPARATION ALLOWANCE
 OVERSEAS CONTINGENTS

L 240

M. F. W. 11a.
 50m.-4-16.
 1772-30-818.

Sheet No. 2. *Lucy J. Scott.*

Name of Soldier *Scott H. R.*
Lieut.

L. L. Job 310.—Req. 6574.

PAYMENTS.
(w) mother

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May				
June				
July				
Aug.				
Sept.		<i>K 1835 2</i>	<i>187</i>	<i>187</i>
Oct.		<i>I 19275</i>	<i>30</i>	<i>30</i>
Nov.		<i>S 24210</i>	<i>30</i>	<i>30</i>
Dec.		<i>S 27163</i>	<i>30</i>	<i>30</i>
Jan.	1917	<i>P 30195</i>	<i>30</i>	<i>30</i>
Feb.		<i>P 33452</i>	<i>30</i>	<i>30</i>
March		<i>P 39719</i>	<i>30</i>	<i>30</i>
April		<i>m 2479</i>	<i>30</i>	<i>30</i>
May		<i>P 6084</i>	<i>30</i>	<i>30</i>
June		<i>P 9364</i>	<i>30</i>	<i>30</i>
July		<i>P 12716</i>	<i>30</i>	<i>30</i>
Aug.		<i>Z 15417</i>	<i>30</i>	<i>m</i>
Sept.		<i>B 21333</i>	<i>30</i>	<i>T</i>
Oct.		<i>P 21843</i>	<i>30</i>	<i>B</i>
Nov.		<i>Y 24254</i>	<i>30</i>	<i>B</i>
Dec.	<i>28 1917</i>	<i>P 28421</i>	<i>30</i>	<i>30</i>
Jan.	1918			<i>637</i>
Feb.				
March				
April				
May				
June				
July				

P 33462 *Cancel Write C.*
A 36757

RE-WRITE

A 28131 leave.

MILITIA AND DEFENCE
SEPARATION ALLOWANCE
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

PAYMENTS.

Name of Soldier _____

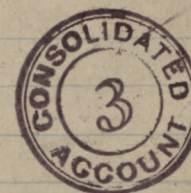
Month.	Year.	Cheque No.	Amt.	Remarks.
Aug.	1918			
Sept.				
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April				
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Aug.				
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Jan.	1920			
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Nov.				

SEPARATION ALLOWANCE L240

Name *Lucy J. Scott* Name of Soldier *Scott Harold R.*
 Address *Lochaber Bay* Regtl. No. *—*
Dur. Rank *Lieut.*
 Corps *109th Bn.*
 Relation to Soldier } *widowed* To what Corps belonging }
 wife, child or mother } *mother* when called out }

PAYMENTS

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



181 1832 3

181 1832 3

ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2.
(Assignee)

Name of Soldier

PAYMENTS

I. L. Job 5470—Req. 6888.

M. L. Scott

*Scott H.R.
109 Bn*

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.		<i>Q 35447</i>	<i>78</i>	
Jan.	<i>✓ 1917</i>	<i>K 42699</i>	<i>25</i>	
Feb.		<i>K 47385</i>	<i>25</i>	
March		<i>X 52472</i>	<i>25</i>	
April		<i>V 4797</i>	<i>25</i>	<i>25-L</i>
May		<i>V 11759</i>	<i>25</i>	
June		<i>U 18120</i>	<i>25</i>	<i>25 B0</i>
July	<i>F 29671</i>	<i>V 25252</i>	<i>25</i>	<i>25 V 25252 Canc. May</i>
Aug.		<i>M 35063</i>	<i>25</i>	<i>25</i>
Sept.		<i>S 39870</i>	<i>25</i>	
Oct.		<i>E 45376</i>	<i>25</i>	
Nov.		<i>P 52357</i>	<i>25</i>	
Dec.		<i>W 59348</i>	<i>25</i>	
Jan.	1918		<i>375</i>	
Feb.				
March				
April				
May				
June				
July				

2500 out of 1/16

not

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier _____

PAYMENTS.

Month.	Year.	Cheque No.	Amt.	Remarks.
Aug.	1918			
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Jan.	1919			
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Dec.				
Jan.	1920			
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Nov.				

MILITIA AND DEFENCE
 ASSIGNED PAY
 OVERSEAS CONTINGENTS

To Whom *Miss J. Scott* By Whom Assigned *Scott H.K.*
 Address *110 Chasman Bay Que.* Regtl. No. _____ Rank *Lieut*
 Corps *109 Bn*

Rate *25⁰⁰ Oct 1/16*

2-M-18⁹/₁₆ GEN 20¹²/₁₆ PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
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Dec.				
Jan.	1915			
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Dec.				
Jan.	1916			
Feb.				
March				



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A. 2. M.
22-9-16.

26

WAS

*Assignment as at
OCTOBER 1 1916

Scott

Lieut Harold R.

For
109th Bn

\$25 00

Mrs L. J. Scott
Lochaber Bay
Quebec.

\$ 12/19
Payment Stopped
A. 3 M Form
Canada

Canada

Date		PAY		Field Allowance		Other		Total		Voucher		Cash		Assigned		Other		Charges		Total		Debits		Balance		Remarks, Casualties, etc.	
From	To	No. of Days	Rate	Amount	No. of Days	Rate	Amount	Credits	Other	Total	Credits	Other	Cash	Payments	Assigned	Other	Charges	Total	Debits	Balance	Remarks, Casualties, etc.	Debits	Balance	Remarks, Casualties, etc.	Debits	Balance	

ASSIGNED PAY.

UNIT.

RANK.

NAME.

95240

Beneficiary

109th Bn.

DATE

AUTHORITY

ISSUED DATE

AUTHORITY

Lieut.

31-7-16

From Canada

Name

Scott

Address

Canada

10 R.O. #1225 C.T.D.

Initials

H.R.

Amount.

\$ 75- 1/16

2/7-8-16

Bank

of Montreal.

Separation Allowance issued. Yes or No.....

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialed by P.M. in every case.	INITIALS.
1916								
Aug 16	Bank Credit balance forward 31/7/16			40 60				
21	Pr. A. credit rate br Bal from bank		40 60					
	Aug. Pay R.		112 60					
	Bank.	7408		112 60				
Sep 21	Sept Pay R.		108.					
25	Bank			108				
Oct 19	Oct Pay		111 60					
	A.P. ban.				25			
26	Bank			86 60				
Nov 20	Nov Pay.		108					
	A.P. Can				25			
27	Bank			73				
Dec 11	A.P. ban				25			
12	Dec Pay R.		111 60					
15	Bank			86 60				
1917								
Jan 17	A.P. ban				25			
" 22	Jan Pay R.		111 60					
" 24	Bank	19290		86 60				
Feb 19	A.P. ban.				25			
20	Feb Pay R.		100 80					
21	Bank.	21913		75 80				
Mar 12	March Pay R.		111 60					
14	A.P. ban.				25			
24	Bank.			86 60				

NAME

NO.

DATE

TIME

NAME

NO.

DATE

TIME

DATE

TIME

STATUS ON ALLOWANCE ISSUED

Yes or No

DATE

FORMAL APPROVAL

DATE

TIME

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ASSIGNED PAY.

UNIT.

RANK.

NAME.

Beneficiary

Address

Amount. \$25⁰⁰

Separation Allowance issued. Yes or No.....

Forestry corps

Lieut

37716

Canada

Name Scott

Initials A.R.

Bank of Montreal

Canada

D.R.O. 1225654

47 8/16

1 10/16

1917-18

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialled by P.M. in every case.	INITIALS
1917								
Apr 18	A.P. Can.				25			
23	Apr. Pay (R.)		108					
26	Bank			83				
May	A.P. Can.				25			
23	May Pay (R.)		111 60					
24	Bank	6049		86 60				
June 15	A.P. Canada				25			
20	Pay R		108					
23	Bank	7999		83				
July 18	A.P. Canada				25			
19	Pay July R.		111 60					
23	Bank	13029		86 60				
Aug 14	A.P. Canada				25			
17	Pay Aug R		111 60					
21	Bank	17394		86 60				
Sept 17	Pay R A.P. Can		108					
21	Bank	21863		83				
Oct 10	A.P. Can				25			
13	Pay R		111 60					
20	Bank	26053		86 60				
Nov 16	A.P. Can				25			
17	Pay R		108					
20	Bank	30553		83				
Dec 8	A.P. Can				25			
12	Pay R		111 60			86 60		

Up to 26 Feb 24 49 1/2

ASSIGNED PAY.

UNIT.

RANK.

NAME.

Beneficiary

Address

Amount.

Separation Allowance issued. Yes or No.....

NAME OF

DATE

AUTHORITY

DATE

AUTHORITY

Name

Initials

Bank

C.F.C.

Pay 260
mess 1
360

Lieut

Scott

SR

Mentual

25⁰⁰
25⁰⁰
\$25 Canada.

DATE

PARTICULARS

CK. NO.

CR.

DR.

ASSIGNED
PAY PAID IN
CANADA

BALANCE

SPECIAL AUTHORITIES
To be initialed by P.M. in every case.

INITIALS

Bal Brought forward

86 60

Dec 15

Bank 22995

86 60

1918
Jan 15 a Canada

25

17 Pay R

111 60

22

Bank 39354

86 60

Feb 13 a Paylan

25

18 Pay R

100 80

21

Bank 40999

75 80

Mar 19 a Paylan

25

20 Pay R

111 60

22

Bank 41598

86 60

ASSIGNED PAY.

UNIT.

RANK.

NAME.

Beneficiary

Address

Amount.

Separation Allowance issued. Yes or No.....

6 Fl
(1st bay.)

Pay

F.A.

Messing

2

60

3.60

Lieut

31 7/16

1 Can

DRO 1225072

d 7 8/16

Name

Initials

Bank

Scott
H R

~~of Montreal~~
Union Bank of Canada

Add. Credit Acc. 1-8-18.

Primo Sergio

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialed by P.M. in every case.	INITIALS
1918								
Apr	A.P. Can				25			
23	Pay Apr R		105					
	Bank	1186		83				
May 11	A.P. Can				25			
21	May Pay (R)		111 60					
25	Bank	2699		86 60				
June 11	A.P. Can				25			
19	June Pay (R)		108					
21	Bank	4155		83				
July 12	A.P. Can				25			
15	July Pay (R)		111 60					
23	Bank	5420		86 60				
26	Paymaster for 8 31/18. 24 days @ 50¢ p.d. auth. b.n. 106785. Claim filed 9-5-20.		12					
26	Bank	5636		12				
Aug 1	Extra duty pay as Paymaster for 1-30/18. 30 days @ 50¢ p.d. No. 6829. Auth. by blain file 9-5-20.		15					
1	Bank	5823		15				
20	A.P. Can				25			
22	Aug Pay (R)		111 60					
22	Bank	6962		86 60				
27	Extra Duty Pay as Paymaster for 31/18. 30 days @ 50¢ p.d. Auth. by blain file 9-5-20.		15 50					
29	Bank	7261		15 50				
Sept 11	A.P. Can				25			
18	Sept. Pay (R)		108					
19	1 on R. 12/18. 1 Book, article 35/ Sent 178. Sep. 102922.				8 52			
24	Bank	8950		74 118				

And

ASSIGNED PAY.

UNIT.

RANK.

Mess. DATE

NAME.

NAME OF RATE OF P. AND A.

AUTHORITY

Beneficiary

Address

Amount.

Separation Allowance issued. Yes or No.....

L.P.B. 1st bay.

Pay 2⁰⁰

F.A. 60¢

Messing 1⁰⁰
83⁰⁰

Serjeant

31⁷/₁₆

Fr Can

S.R.D. 1225 CTD.

47⁸/₁₆

Name

Scott

Initials

H.R.

Bank

Union Bk of Can.
Princes St.

\$ 25⁰⁰ ban.

add outfit allowance 1⁰⁰/₁₆

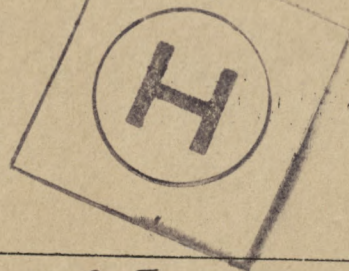
DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialed by P.M. in every case.	INITIALS
1918								
Dec. 1 st	Auth. b. blain 3 ⁹ / ₁₆ to 12354		15 50					
1	Beneficiary pay as Paymaster for 31 ⁸ / ₁₆ 31 days @ 50¢ p.d.			15 50				
1	Bank 9329.							
11	A.P. ban.				25			
18	Dec Pay (R.)		111 60					
21	Bank 10678.			86 60				
23	Paymaster for 1-30 ⁹ / ₁₆ , Auth. b. blain in file 2 ¹⁰ / ₁₆ to 13608.		15					
23	Bank 10456.			15				
28	add outfit allowance 1-8-18.		100					
29	Bank 11005.			100				
Nov. 19	A.P. ban.				25			
21	Nov Pay		140					
29	Bank 12441.			115				
Dec. 2	Paymaster 1-31 ¹⁰ / ₁₆ , Auth. b. blain in file 3 ¹⁰ / ₁₆ to 14983		15 50					
2	Bank 12847.			15 50				
12	A.P. ban.				25			
13	Dec Pay (R.)		124					
14	Bank 13644.			99				
21	Paymaster 1-30 ¹¹ / ₁₆ , Auth. b. blain 13 ¹² / ₁₆ to 18170.		15					
21	Bank 13944.			15				
1919								
Jan 2	Adv. Jan. P.M.			99		99		
18	A.P. ban.				25			
20	Paymaster for 1-28 ¹² / ₁₆ , 28 days @ 50¢, Auth. b. blain 28 ¹² / ₁₆ . } file 9-210. to 20916.		14					
23	Jan Pay (R.)		124					
Feb 15	Chit # 3197/4 of 12 ¹¹ / ₁₆ , 125 fcs, L4-166 Cox & G #19043			23 48				
Apr 30	5 fcs to Can. No. 452		9 48					

Retd. to ban.
R.P.C. to 31¹⁹/₁₆
Refer. to M.E. Ledger
10d 12 pd 7 Feb. '19.
9⁴/₁₆ of R.P.C. to ban
to Ban #948

30. APR. 1919

PROCEEDINGS OF AN OFFICER OR NURSING SISTER
STRUCK OFF STRENGTH
OF THE
CANADIAN EXPEDITIONARY FORCE

1. RANK *Lieutenant*
2. NAME *Scott, Harold Robinson*
3. UNIT *109 Battalion*
4. DATE STRUCK OFF STRENGTH *3-2-19* PLACE *Kingston*
5. REASON *Gen. Demobilization*



6. AUTHORITY *H.O. 332-45-69, R.O. 1795*

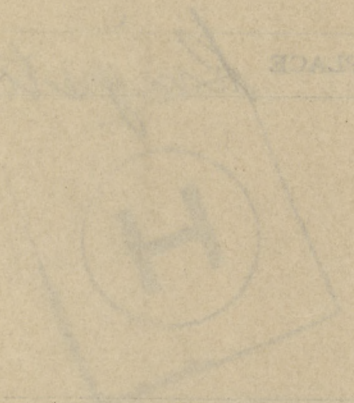
7. PROPOSED RESIDENCE *Lindsay, Ontario*

This folder should contain the following documents:

1. Declaration Paper, M. F. W. 51, or Attestation Paper, M. F. W. 23.
2. Casualty Form, A. F. B. 103 or M. F. W. 54.
3. Medical History Sheet, M. F. B. 313 or A. F. B. 178.
4. Proceedings of Medical Boards, A. F. A. 179 or M. F. B. 227.
5. Medical Report M. F. W. 129.
6. Dental History Sheet, M. F. B. 465.
7. Last Pay Certificate, M. F. W. 44.
8. Certificate as to Missing Documents.

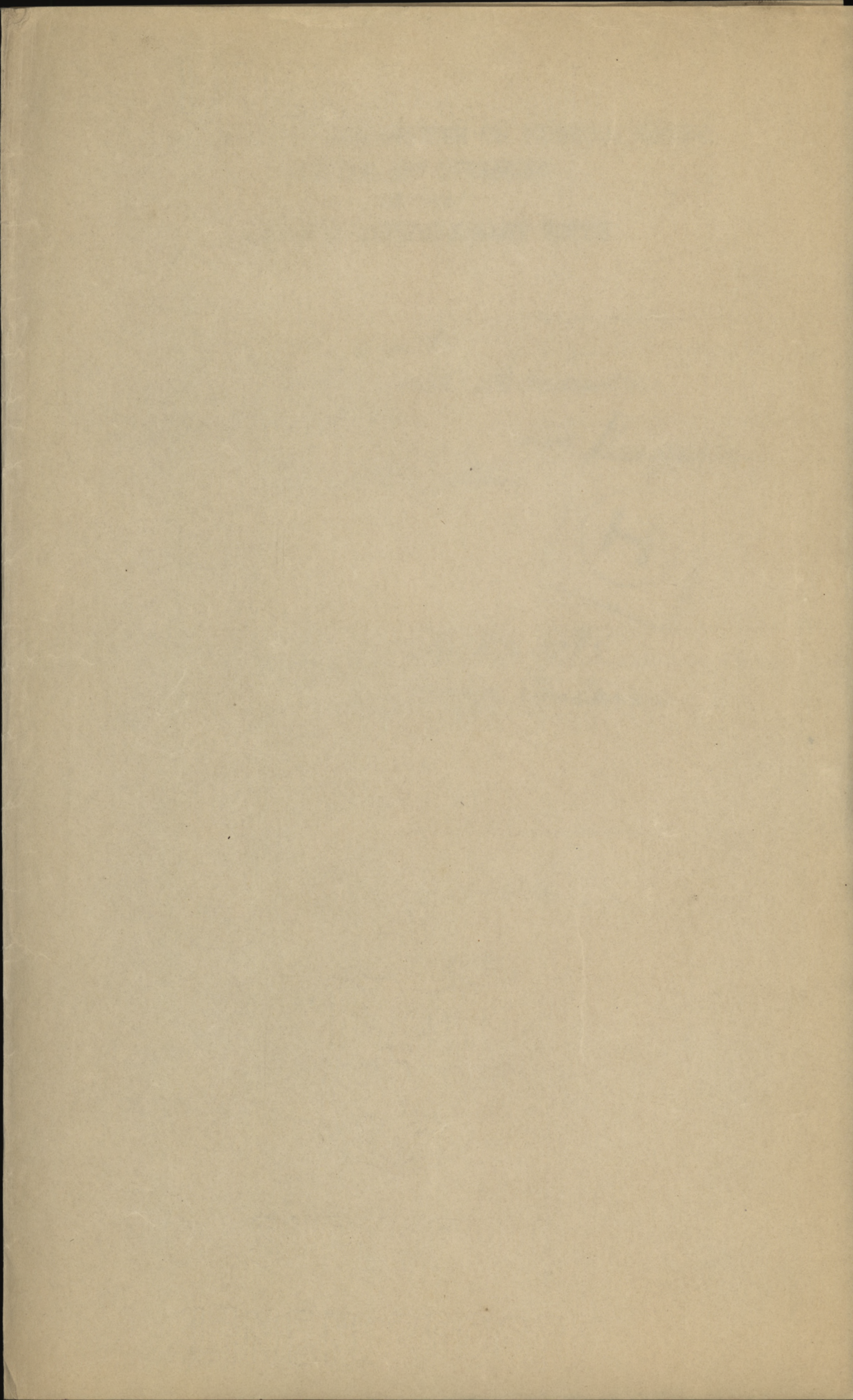
PROCEEDINGS OF AN OFFICER OR NURSED SISTER
STRUCK OFF STRENGTH
OF THE
CANADIAN EXPEDITIONARY FORCE

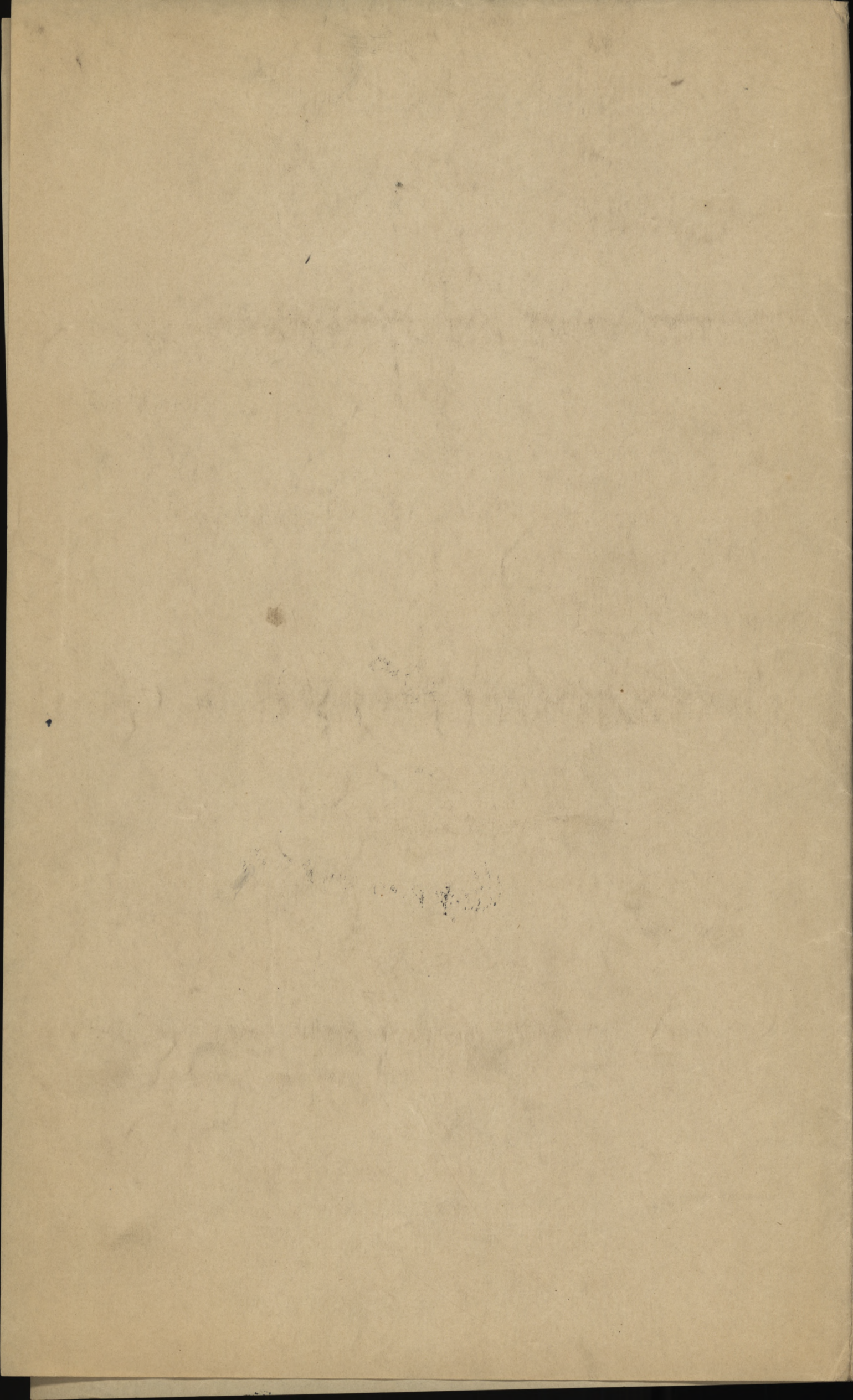
NAME _____
RANK _____
REGIMENT _____
PLACE _____
DATE STRUCK OFF STRENGTH _____
REASON _____
AUTHORITY _____
PLACE OF RESIDENCE _____



The following is a list of names and comments:

1. [Name] [Rank] [Regiment] [Comments]
2. [Name] [Rank] [Regiment] [Comments]
3. [Name] [Rank] [Regiment] [Comments]
4. [Name] [Rank] [Regiment] [Comments]
5. [Name] [Rank] [Regiment] [Comments]
6. [Name] [Rank] [Regiment] [Comments]
7. [Name] [Rank] [Regiment] [Comments]
8. [Name] [Rank] [Regiment] [Comments]





Rank and Name

SCOTT, Harold Robinson Lieut.

Regimental No.

Name and Address of Next-of-Kin

Mother.

Unit 109th Battn.

Mrs L.J. Scott.

Date of enlistment

Lochaber Bay, Quebec. Canada.

Place of birth Shawbridge, Quebec. Canada.

Married (Yes or No) No.

Date and place of discharge

If in Permanent Force

Reason for discharge

Character on discharge

M

Promotions or appointments

LEFT CANADA 23-7-16

Report	Date	From whom received	Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place	Date	REMARKS Taken from Official Documents
						Part 2 order 252. (109).
						Discharged bot 466. 6-9-16
1	24-8-16	A.M.S.	admitted Milt. Hosp. Bromshott.		11-8-16	C.L. 451 N.Y.D.
	9-9-16	109 Bn.	Granted 3 weeks sick leave from		26-9-16	Returned Pt II Do. 271. (109 Bn)
	26.12.16	123 Bn.	at In. Nations + Quarters + Duty		22-12-16	Pt II order 309. Pt II order 348. 109th Bn
	24-3-17	C.F.C.	1st Coy of the Corps on transfer from 123rd Bn		2-2-17	Pt II 072
2	24-2-17	123rd Bn	S.O.S. on transfer to Can. Forestry Corps		22-2-17	Pt II 0.54 Ro 799-5th Bn
4	24-3-17	C.F.C.	S.O.S. of the Corps in England to Coy 26th Bn		4-3-17	Pt II 0.72
3	12-4-17	W.O.	Job temporary Lieut, C.F.C.		2-2-17	C.S. 30.016.
	26-10-17	26th Bn.	Granted leave from	11-10-17 to	21-10-17	Pt II 31
	9-11-17	-do-	Rejoined from leave		22-10-17	Pt II 0/33 +
5	12.6.18	No. 1 Coy. C.F.C.	I.O. Show trans. from 26th Coy. C.F.C.		8.5.18	Pt II 0/24. Pt II 0/29. 26 Coy. C.F.C.
	10.9.18	-do-	Granted 14 days leave to UK		30.8.18	Pt II 939
	24.12.18	-do-	Granted 10 days leave		29.11.18	Pt II 934.
6	13.1.19	-do-	SOS and Est. and posted to B.D. 76.		30.12.18	Pt II 92.

A.F.B. 196,
JAN. 1917123rd to
Can Forestry Corps
M.T.25-8-16
26 Coy C.F.C. 1/10/17

REMARKS
Taken from Official Documents

Report

Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.

Place

Date

Date

From whom received

4.1.19

BDE76

Att from E76 France pending orders

31.12.18

P294

1.2.19

Hq 07776

JOS on transfer to E87 in Canada

9.1.19

RO5252

11154

CANADA
H.O.

THIS FORM WILL BE USED FOR ALL RANKS

MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

1. 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.
2. 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."
3. 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.
4. Special care is required in answering question 9. Read the questions carefully. All questions must be answered.
5. If space provided under any section is insufficient add another sheet. Such sheets must be initialled by the Medical Board.
6. A note will be made of attached papers by the Medical Board under the section "Opinion of Medical Board."
7. Under no circumstances may information other than that in sections 7, 8, 9 and 10 be communicated to the invalid, 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 Ottawa, Ont. DATE 10/2/19.

1. 1 (a) Unit 109th Battn. (b) Regimental No. SCOTT (c) Rank Lieut.
 (d) Surname SCOTT (e) Christian name Harold Robinson
 (f) Home address Lochaber Bay, Que.
 (g) Next of Kin Mrs. L. J. Scott (h) Relationship Mother
 (i) Address of Next of Kin Lochaber Bay, Que.

2. Age last birthday 24 Date of birth Oct. 14/94

3. Enlistment, or Appointment (if an Officer) (a) Place Lindsay, Ont. (b) Date Mar. 24/16.

4. Personal description:
 (a) Height 6' (b) Weight 150 (c) Complexion Medium
(stripped)
 (d) Colour of hair Brown (e) Colour of eyes Blue (f) Identification marks, Scars, etc. Small
scar 1" long along supra orbital ridge left eye.

5. Former trade or occupation Lumbering & building.

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).	Years	Days
	<u>2</u>	<u>331</u>

	PERIODS	
	From	To
Canada <u>109th Batt.</u>	<u>Mar. 24/16</u>	<u>Dec. 22/16</u>
England <u>109th Batt.</u>	<u>Dec. 22/16</u>	<u>Mar. 6/17</u>
France or other theatres of War <u>C.P.C. No. 1</u>	<u>Mar. 6/17</u>	<u>Date.</u>

7. Original disease, or injury Myx. cordia.

Officer does not know but has not felt right since attack of "Flu" in Aug. 1916.

(a) Date of origin England - Man's statement
 (b) Place of origin England - Man's statement
 (c) Cause Unknown. Possibly an attack of influenza, Officer's statement.

B. P. C. FOLIO
 FALSE DOCKET
 NOTED
 10/2/19

13

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.)

Moderate weakness.

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:— Officer fairly well nourished & developed. Exam. of heart. Apex beat impulse pronounced but inside nipple line, pulse 120 per min. at rest, after touching toes with hands, by swinging arms over shoulders 10 times, pulse 150 per min. returning to 120 in 2 mins. Slight cyanosis on P.P. No cyanosis. There appears to be some cardiac hypertrophy - transverse dia. No murmurs. Rhythms normal. Other systems apparently normal.

SUBJECTIVE:— On exertion says he is short of breath, especially in attempting to run half mile says he has never fallen out route march but finds it quite a strain for him to march over 5 miles. Notices difficulty at times in lying on left side owing to palpitation of heart.

(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..... YES Integumentary System..... NO
- Disturbances of Mentality..... NO Digestive System..... NO Muscular System..... NO
- Osseous and Joint Systems..... NO Any other general condition.....

Respiratory System—states he had "Flu" in England in 1916 & in Aug. 1918 had a second attack more mild than first one.

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

States after attack of influenza in England lasting about five weeks noticed that he became short of breath much more easily than at any time previous to it, & has noticed very little improvement since. No documents available. Authority for Board R.O. 763.

RECEIVED
MAY 10 1919

CANADA
H.O.
MILITARY REFERENCE

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).)

Peritonitis in 1911.

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

11.—(a) Did the disabling condition have its origin before enlistment? Unable to state but don't believe so.

(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.)

N/A.

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? Unable to state - believe a year at least.

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

No treatment except for "Flu" at Branshott, England. Officer's statement.

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 limitations.
(If not, briefly state why)

17. Recommendations Cat. C I. Some disability due to service.

R. H. Adams Capt
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).

Lieut. H. E. Scott

I, the undersigned..... 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.....

(and H. E. Scott)
B. P. C. FOLIO
FALSE DOCKET Rank.
Signature of invalid examined.

12

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

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.
- (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.)

Cat. C I. Some 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 Ottawa, Ont.

W. J. L. ... President.

DATE 18/2/19.

W. S. ... 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 *R. M. ...* Assistant Director of Medical Services.

APPROVED BY *J. W. ...* Director-General of Medical Services.

DATE Feb 18/19

DATE 6/3/19

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

24-3-16

Separation and Assigned Pay Branch

02011

Oct 1/16

OVERSEAS CONTINGENTS

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RATE OF SEPARATION ALLOWANCE

30	40 ⁰⁰ 19-18		
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PE2953
no 28827

RATE OF ASSIGNMENT

25			
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PARTICULARS OF SEPARATION ALLOWANCE

No.
 Rank *Lieut. Promoted* Reverted Discharge
 Soldier's Name *A. R. Scott*
 Battalion *109th Battrn.*
 Beneficiary *Mrs L. J. Scott*
 Relationship *Wid - mother M.F.W. 2554-29-7-18.*
 Address *" 2554 Retd OK 25/18.*

PARTICULARS OF ASSIGNMENT

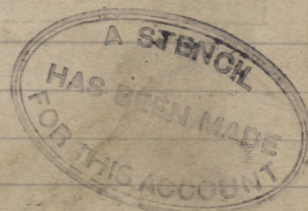
Name *Mrs. L. J. Scott*
 Address *Lochabar Bay, Que.*
 Change of Address
 1
 2
 3
 4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
1917					016405-H-40.
Dec 31	—	637	375	1012	✓
Jan 18	M 71448	20	25	55	✓
Feb.	K 72283	30	25	55	✓
Mar.	S 92699	30	25	55	✓
Apr	S 11389	30	25	55	✓
May	V 19398	30	25	55	✓
June	U 25304	30	25	55	✓
July	E 24734	30	25	55	✓
Aug	U 37332	30	25	55	✓
Sept	X 47270	30	25	55	✓
Oct	L 51769	30	25	55	✓
Nov	X 59574	30	25	55	✓
Dec.	H 68320	70	25	95	✓
Jan.	S 72657	40	25	65	✓

A/c Closed 31-1-19
 Ret'd per. *Olympic*
 Date *17-1-19* M.F.W. 18770.3.
Inf. Quarters 33-1-19.

TRIP 52737. Pen to Desting O.K. 24/19 F.L.

M. F. W. 128
 400M-6-17-1772-39-141
 L. L. 22320-M. & D. 1993.



Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

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RATE OF ASSIGNMENT

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PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

No.

Name

Rank

Promoted

Reverted

Discharge

Address

Soldier's Name

d i

Change of Address

Battalion

1

Beneficiary

2

Relationship

3

Address

4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
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M. F. W. 128
 4004-6-17-1772-39-1141
 L. L. 22220-M. & D. 1986.

2

