

ATTESTATION PAPER.
164TH BATTALION
CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

No. 663210

Folio.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

1. What is your surname? *Scott*
- 1a. What are your Christian names? *Alvin John*
- 1b. What is your present address? *Oranville ont.*
2. In what Town, Township or Parish, and in what Country were you born? *Melville Cross Canada*
3. What is the name of your next-of-kin? *Charles Scott*
4. What is the address of your next-of-kin? *Melville Cross ont.*
- 4a. What is the relationship of your next-of-kin? *Father*
5. What is the date of your birth? *Dec 29th 1892*
6. What is your Trade or Calling? *Student*
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*

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *Alvin John Scott*, do solemnly declare that the above are answers made by me to the above questions and that they are true, and that I am willing to fulfil the engagements by me now made, and I hereby engage and agree to serve in the **Canadian Over-Seas Expeditionary Force**, and to be attached to any arm of the service therein, for the term of one year, or during the war now existing between Great Britain and Germany should that war last longer than one year, and for six months after the termination of that war provided His Majesty should so long require my services, or until legally discharged.

Date. *Dec 13th 1915* *Alvin John Scott* (Signature of Recruit)
..... *L. W. Green* (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

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

Date. *Dec 13th 1915* *Alvin John Scott* (Signature of Recruit)
..... *L. W. Green* (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 *Oranville Ont.* this *13th* day of *December* 191*5*

..... (Signature of Justice)

Description of Alvin John Scott on Enlistment.

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

Height.....5 ft. 11 ins.

Chest measurement. { Girth when fully expanded.....37 ins.
Range of expansion.....4 ins.

Complexion.....Fair

Eyes.....Blue

Hair.....Fair

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

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.)

None

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 declares that he is not subject to fits of any description.

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

Date.....Dec. 13th.....1915

Place.....Orangeville Ont

R. N. Styles

Medical Officer.

* 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.

Alvin John Scott.....having been finally approved and inspected by me this day, and his Name, Age, Date of Attestation, and every prescribed particular having been recorded, I certify that I am satisfied with the correctness of this attestation.

Chas. D. M. M. M.
104 Battalion C. E. F.

(Signature of Officer)

Date.....MAR 13 1916.....191

REGIMENTAL DOCUMENTS

NAME

Scott Alvin John

REGT. NO.

663210

UNIT

88th

H. Q. FILE NO.

649-S-18835

CONTENTS

DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

M. F. W. 2505
REFERENCE

NON-EFFECTIVE BY

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

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

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

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

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

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

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

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

3 MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)

MEDICAL EXAMINATION (M.F.W. 129)

TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)

PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)

DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)

LAST PAY CERTIFICATE (M.F.W. 44)

1 PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)

PARTICULARS OF CHARACTER (A.F.V. 3226)

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

2 *Notes*

1 *Pay Card*

1 *Pay Card*

1 *Pay Card*

1 *Pay Card*

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1 *Pay Card*

DEATH

Category

DISCHARGE

Category

DESERTION

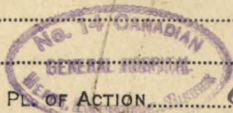
08201

31-24
22-24
5-24
2



A. & D.
CARD

HOSPITAL.



AT.....
 A. & D. No. 438 PL. OF ACTION 663210
 RANK Pte REG. No. 7th Res SICK OR WOUNDED
 NAME Scott A J AGE 25 RELIGION Pres
 PLACE IN HOSPITAL R
 DIAGNOSIS myalgia
 ADMITTED 4 FEB 1918 A FROM 7th Can Res
 DISCHARGED 26 FEB 1918 A TO 4th Can Res
 TRANSFERRED
 SERVICE AT HOME 24/12 IN FIELD.....
 RESULTS

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

No

P.T.O.

REMARKS.

ORIGINAL HISTORY SHEET.

Requested

From

Date

Reply

Date

1

2

3

4

Orig. in

Orig. Dup. Sent to

Recd. from Regl. this Orig. Dup.

7th Re. B.

H. R.

1/12/18

2/12/1918

27 FEB 1918

Prof. Fred
H. C. Howard

Name

Scott

Rank

Alvin John

Reg. No. 663210

Unit

~~14th~~ ~~Bn. 38th Bn.~~

Next of Kin

Charles Scott
(father) Canada Vatten Crs. - Can.

Date

Movement

Place

Casualty

List
No.Notified
N/K O.

W.O. List

5-2-18

14 Can G. H. Eastbourne

Myalgia

C 129

12010

26-2-18

Discharged

Do B 145

3404

30-5-18

14 Can G. H. Eastbourne

Myalgia

C 220

18947

10-6

Discharged

Do C 228

5644

4-11

13 Can. F. Amb.

S.W. Head neck

J 750

39198

4-11

Do amb.

- do -

[illegible]

Alvin.

Number

663216

Rank A1 Cpl.

B
X

Surname

SCOTT

Christian Name

Alvin John

Units

38th Bu. Can. Inf. Theatre of War France

Date of Service

13-9-18

Remarks

Latest Address

Westree Ont.
~~27 Norton Ave.~~
~~Toronto, Ont.~~

Burlington

Roll No

B. Page 9943.

Next of kin _____

Address on leave _____

Address on discharge _____

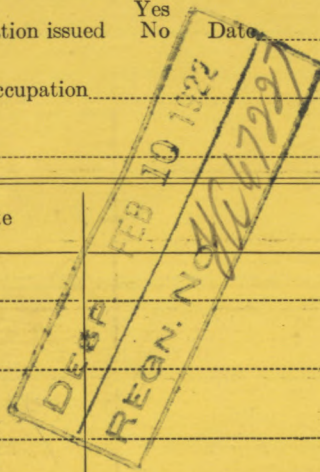
Transportation issued Yes Character on
 No discharge

Previous occupation _____ Date and place of
enlistment _____

Diagnosis _____ Date of Medical
Boards _____

Date

Remarks



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

No. 663210

RANK

Sgt.

NAME

Scott, A.

J.

T. O. S. 1/1/16 (DO. 10 of 29/1/16) UNIT 164 Battalion, C. E. G.

M. D. 2

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1915	1916			
Dec. 13	Dec. 31	✓		
1916				
Jan.		✓	Prom. Sgt. 16/12/15	DO. 10 of 29/1/16.
Feb.		✓		
Mar.		✓		
April		✓		
May		✓		
June		✓		
July		✓		
Aug.		✓		
Sept.		✓		
Oct.		✓		
Nov.		✓		
Dec.		✓		
1917				

Over.

1917	1917
Jan. 1st	Jan. 31st ✓
Feb.	✓
Mar. 1st	Mar. 14th ✓

Prom. to Perm. Grade 13-2-17 D.O. 21 of 21-2-17.
 Absent from Parade
 Transfd. to Div.
 Signallers from 14-3-17 D.O. 37 of 15-3-17.

No. 668210 RANK

Pto

NAME

Scott, A. J.

T. O. S. 30. 3. 17

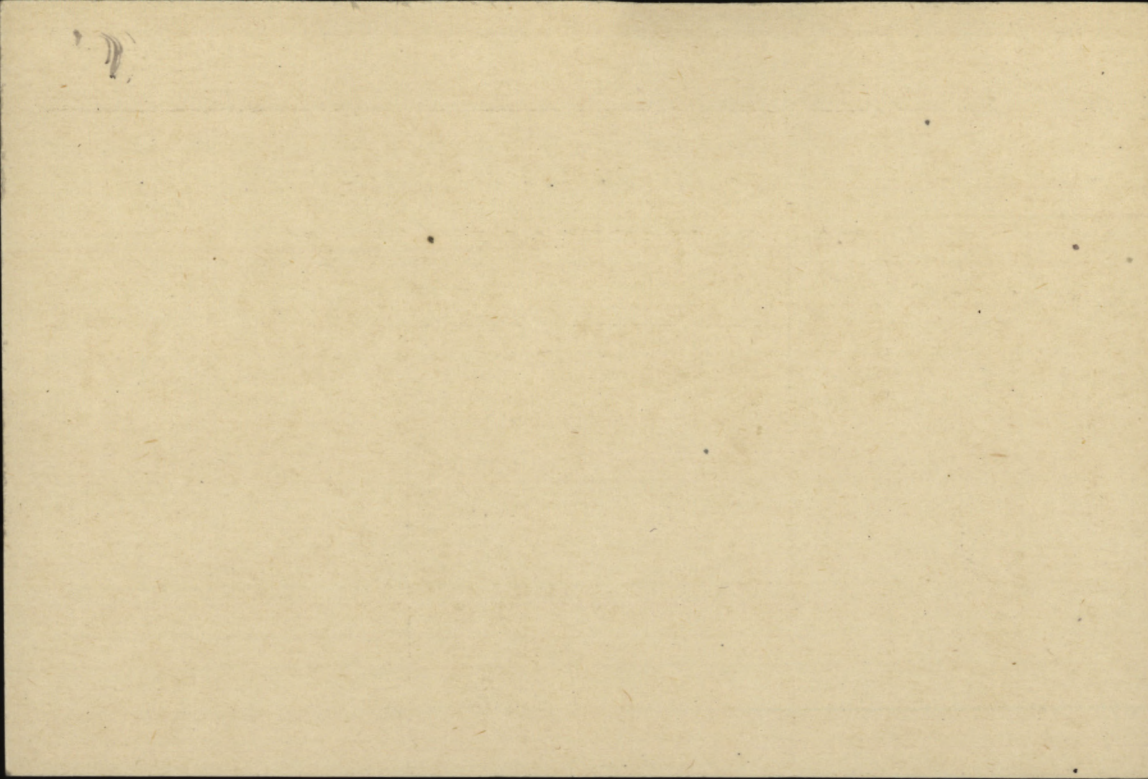
UNIT

4th Divisional Signal Training Depot

D.O.B. of 2. 4. 17

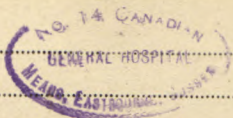
M. D. H. P.

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1917 Mar. 30	1917 Apr. 30	✓	overseas.	
May		✓	P. 1. 1. 17	D.O. 109 of 9. 5. 17
June		✓		
July		✓		
Aug.		✓		
Sept.		✓		
Oct.		✓		
Nov.		✓	a/c. d. m. s. 19-11-17. Overseas 30-11-17.	D.O. 275 of 19-11-17. D.O. 276 of 20-11-17.



V

**A. & D.
CARD**



HOSPITAL



AT _____

A. & D. No. 9318 PL. OF ACTION _____

RANK Pte. REG. No. 663210 UNIT 6th Can. Res. SICK OR WOUNDED _____

NAME Scott A. J. AGE 25 RELIGION Yeth.

PLACE IN HOSPITAL _____

DIAGNOSIS Gyalgia

ADMITTED 29 MAY 1918 FROM H.

DISCHARGED 10 JUN 1918 TO 6th Res.

TRANSFERRED _____

SERVICE AT HOME 30/12 IN FIELD _____

RESULTS _____

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

REMARKS.

NAME

RANK AND CORPS

CABLE

NO.

DATE

NATURE OF CASUALTY

REG'T'L. No.

H. Q. FILE NO. 649

FOLLOWS

No.

FOLLOWS

LIST NO.	HOSPITAL	DATE OF ADMISSION	REMARKS
6129	#14 Can. Gen. Eastbourne	5-2-18.	Myalgia
6. 145.	" " Discharged.	26-2-18.	"
Q 220	No 14 Can. Gen. Eastbourne	30 5-18.	"
Q 328	" " Disch.	10-6-18	
Q 370-1.	13 Sat. ed. Amb.	4-11-18.	S. W. Head & neck.
Q 370-1.	Disch.	4-11-18	S. W. Head & neck.

649-8-18835

CARD NO.

SURNAME. Scott

CHRISTIAN NAMES Alvin John

REGL. NO. 663210

RANK ~~Private~~ a/c.Q.M.S.

UNIT ~~164th~~ Sig. Train. Depot 13th C.D. / to P.P.C. Co. I. Bn.

FORMER CORPS Nil.

dis. area: ly: 3.
SOS. 16-6-19
Remot. FOLL
to 177 of 96-6-19
1350

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL Scott, Charles

RELATIONSHIP TO SOLDIER Father

ADDRESS Melville Cross, Ont.
Undelivered

COUNTRY OF BIRTH Canada Melville Cross, Ont.

DATE Dec. 29th 1892

PLACE OF ATTESTATION Orangeville, Ont.

DATE Dec. 13th 1915

Trans. from 164th Bn. to Sig. S.D.
O/S. 26/11/17. 976
8-

auth. Sig. S.D. N.R. 12-12-17.
RIC. 13-6-19. 347
45

FROM HALIFAX PER

~~S.S. MEGANTIC 26/11/17~~
MARRIED SINGLE

WIDOWER

TRADE OR CALLING Student

RELIGION Methodist

DESCRIPTION.

APPARENT AGE 23 YEARS MONTHS
HEIGHT 5 FEET 11 INCHES
CHEST MEASUREMENT 37 INCHES EXPANSION 4 INCHES
COMPLEXION Fair EYES Blue HAIR Fair
DISTINGUISHING MARKS Nil.

MEDICAL EXAMINATION. PLACE Orangetown, Ont. DATE Dec. 13th, 1915

Present Address: - Orangetown, Ont.

SURNAME

CHRISTIAN NAME OR NAMES

REG. NO.

SCOTT.

A.J.

663210.

RANK

UNIT

Co.

TROOP

BATTY

Pte.
HOSPITAL

E.O. 7R. 38.

DATE OF ADMISSION

14. Can. Gen. Eastbourne.

5-2-18.

1.

¹⁴
13. Can. Fed. Amb.

HOSP. 30-6-18

4.11.18.

2.

HOSP.

3.

HOSP.

4.

HOSP.

DIAGNOSIS

Myalgia. ^{ho}

1.

myalgia ^{ho}

2.

SW. Head. & neck ^{sw.}

3.

DISPOSITION

C.L. 8-2-18. C129.

Dis. 26-2-18

his. 10. 6. 18.

DATE

REMARKS

his. 4.11.18.

28. 2. 18 C145

3-6-18 C220

12. 6. 18 C328

13. 11. 18 C370 ①

A.M.D. 2 DEPT.

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

EPITOME OF HOSPITAL TREATMENT

HOSPITAL

ADM.

1.

2.

3.

4.

5.

6.

7.

Admitted 4/2/18
 RAVENSCROFT MILITARY HOSPITAL, SEAFORD.
MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname	Christian Name.
	663210	Plt.	Scott	A. J.
Year	Unit.		Age.	Service.
4/2/18	7 Can. Div.		25	24/12
Station and Date	Disease	RAVENSCROFT MILITARY HOSPITAL SEAFORD		
4/2/18	Complaints			
	Pains & soreness in left arm & shoulder.			
	Duration ^{One} week.			
	Past illnesses - Had similar attack 3 years ago - was not in bed.			
	Examination -			
	Slight tenderness in muscles left arm - complaint of pain in same. No swelling in shoulder. Says that has had pains in joints of right arm at times also ankle joints but these only last for a short time.			
	No bony abnormality found.			
	D.J. S. Lisle Capt.			
26/2/18	Discharged to Duty through Bexley Hospital			
	Cpt. A			
	D.J. S. Lisle Capt.			
	Capt. C. A. MC			
	DISCHARGED 26 FEB. 1918 To			

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

Station
and Date.

18 SEP 1918

MEDICAL HISTORY SHEET.

Surname

Scott

Christian Name

Alvin John

Examined

on 13th day of December 1918
at Orangeville Ont

Approved by

R. N. Styles

Birthplace

City or Town Melville Cross
County Peel

Rank

M.O.

Apparent age

22

Trade or occupation

Student

Height

5

Feet

11

Inches

Weight

170

Lbs.

Chest measurement

Minimum 33 inches

Maximum expansion 37 inches

Physical development

good

Small-Pox Marks

no

Vaccination Marks

Arm Right Left
Number none

When Vaccinated last

none

(a) Marks indicating congenital peculiarities or previous

disease

none

(b) Slight defects but not sufficient to cause rejection

none

Date

Fit or Unfit

EXAMINED FOR RE-ENGAGEMENT,

M.O.

M.O.

M.O.

M.O.

M.O.

M.O.

M.O.

Date

Result

VACCINATIONS.

M.O.

M.O.

M.O.

Date

Result

ANTI-TYPHOID INOCULATIONS, ETC.

M.O.

M.O.

M.O.

Enlisted on

13 day of Dec

1918-at

Orangeville Ont

CORPS.

REG'TL NUMBER.

HABITS.

DATE.

Joined on enlistment

164th Battalion C. E. F.

663210

13-12-15

Transferred to..

DIVISIONAL SIGNAL COMPANY, C. E. F.

6th Bn
38th Bn

30-3-17

15-2-18

12 SEP 1918

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.

DATE.

DISEASE.

RESULT.

Grimsclott

11-5-19

Myalgia

A. R. Johnston Capt

Christian Name

40 in.

MAJOR, G. A. M. C.
REGISTRAR.
Amos P. F. 38
MAJOR, G. A. M. C.
REGISTRAR.

DUPLICATE

To be made out in duplicate.

H.Q. 54-21-23-53

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

INSTRUCTIONS.

- This form is only required for men joining units for Overseas Service and must be completed immediately the man is warned for draft overseas.
- 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.
- All questions, etc., must be answered.
- 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.
- 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.....**164TH BATTALION**.....
- (2) Regimental Number **663210**.....
- (3) Full Name of Soldier.....**Scott**.....
.....**Alvin John**.....
- (4) Place of Birth.....**Melville. Jct. Ont.**.....
- (5) Are you married, or not? ...**No**.....
- (6) If married, state,
(a) Full name of your wife.....**no**.....
- (b) Present Postal Address.....**nil**.....
- (7) Are you a widower? ...**No**.....
- (8) Have you any children?.....**no**.....

If so, give number of boys and girls.....**nil**.....

Also their names and ages.....**nil**.....

Wam

(9) Is your Father alive? Yes

If so, state name and address Chas Scott, Alton, R.R. #2, Ont.

(10) Is your Mother alive? No

If so, state name and address Nil

(11) If your Mother is a widow no

Are you her sole support, or not? no

(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.

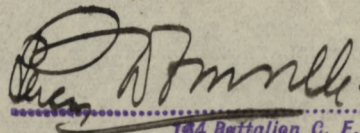
(14) If you have a wife, or children, or a widowed mother who depends on you as her sole support, have you applied to the Paymaster of your unit for Separation Allowance? If not, this must be done.

(15) Are you insured? Yes

If so, in what Company? The Northern Life Assurance Co.

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.



Lieut. Col,
104 Battalion C. E. F.

Officer Commanding.

Date December, 1, 1916.

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

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

350M.—5-16

H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps.

SIGNAL TRAINING DEPOT

Regimental No. 663210 Rank *Private* Name *Scott, Alvin John*

C. E. F.

Enlisted (a) 13-12-15 Terms of Service (a) *12-12-15* Service reckons from (a) 12-12-15

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

Extended Re-engaged Qualification (b) *Telegraph Operator*

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				
		<i>Appl^d a/cpl 5.9.17 Daily Order No. 211</i>			
		<i>Prom Sergt 2.11.17 " " " 268</i>			
		<i>Appl^d a/cqms 19.11.17 " " " 275</i>			
		<i>Embarked Canada 2.4. NOV. 1917</i>			<i>No Record.</i>
		<i>Disembarked England 8. DEC. 1917</i>			
10 DEC 1917	O.E.T.D.	TAKEN ON STRENGTH C.E.T.D. <i>Canada Seaford</i>		8.12.17	<i>Part II Order No. 287</i>
19 DEC 1917	O.E.T.D.	<i>Struck off strength of C.E.T.D. to 7th Res Bn</i>	<i>Seaford</i>	19.12.17	<i>Part II Order No. 285</i>
19-12-17	7th Res. Bn.	T.O.S. from C.E.T.D. Seaford.	Seaford.	19-12-17	Pt.2.D.O. 306
21-12-17	7th Res Bn.	<i>Appointed R/corporal with pay</i>	<i>Seaford</i>	21-12-17	<i>Part II Order No. 308</i>

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

(b) e.g. Signaller, Shoeing Smith, etc., etc., also special qualifications in technical Corps duties.

[P.T.O.]

66340.
Scattaf

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				

7-1-18	O.C. 7th RESERVE BATTALION.	Reverts to permanent grade at own request	Seaford	7-1-18	PTII B.O. 5 ✓
16/2/18	cc. 6th Res. S.O.S. 7th Res. + J.O.S. 6th Res.		Seaford	15/2/18	PTII B.O. 40 ✓
13.3.18	C. 6th Res.	Granted permission to wear one good conduct badge with	Seaford	13.12.17	PTII B.O. 71 ✓ Hg.
SEP 12 1918		Drafted 38th Bn. L TO	SEAFORD.	SEP 12 1918	PART II No. 216
13 SEP 18	C.B.D.	TAKEN ON STRENGTH 38th		13 SEP 18	NO 090 - 199,18
16 SEP 18		Left for Unit	FIELD	16 SEP 18	N.R. NR 21388.
18.9.18		On strength of 6th Res. Bn.	FIELD	18.9.18	K.I. 18/18848.
5 OCT 18	Unit	Joined Unit	FIELD	5 OCT 18	B. 213
30.9.18	cc. 6th Res.	to Unit.		30.9.18	NR. 21741.
5. 11. 18	1367a	Subhead neck set. adm. to Duty.		4. 11. 18	A 1842.
7 NOV 18	38th.	Wounded in Action	Field	4. 11. 18	17-1300.
		and rejoined unit.			
5.4.19.	38th	14 days leave to U.K.		31.3.19.	B213, DO.23/19.
	Unit	Joined Unit	FIELD		

for R. R. Mitchell
OFFICER in CHARGE RECORDS 6th CAN. RES. BN.

CERTIFIED CORRECT.
10 SEP 1918
SEP 12 1918

[illegible]

CR. Rank

Name SCOTT, Alvin John

Reg'l No. 663210.

Unit

If in perm. Corps }
What Unit? }

Married or Single Single.

DEC 13 1915 SIGNAL DET TO CETO

Place and Date of Enlistment Orangeville, Dec. 13th, 1915.

Place of Birth Melville Cross,
Canada.

Name and Address, Next-of-Kin

Charles Scott.

Valton, Ont., Canada.

Relationship

Father.

Assigned Pay Monthly \$

Payable to

Relationship

Separation Allowance \$

Payable to

Relationship

N/E. R.B. No. 15992
File R.L.
Category Can. O.R.

Discharge, Date and Place

Reason

Character

H. W. V., Ld.-11319-17.

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.					
		Arrived in England			7-12-17	S/S Megantic
10-12-17	C.I.E.T.O	To S from Canada		Seaford	12-17	Pr. S.O. 284. Pte
19-12-17		SO S to 7th Res Bn	Sf		12-18	97th Res Bn. Pte 293-306 d/19-12-17
21-12-17	7th Res Bn.	To be a/cpl with pay & allowances	Pte	Seaford	21-12-17	Pte 20308
7-1-18	7th Res Bn.	Reverts to permit grade own request	a/cpl	Seaford	7-1-18	Pte 20305
16-2-18	6th Res Bn	Posted from 7th Res Bn	Pte	"	15-2-18	" 40 (7th Res absorbed)
25-3-18	"	Awarded 1 B.C. Badge	Pte	"	13-12-17	" 71
12-9-18	6th Res Bn.	Posted to 38th Bn. Opus	Pte	"	12-9-18	" 216 38th Bn. Pte 90 d/19-9-18
13-11-18	EOR	Wounded		Field	4-11-18	CL A 370 S.W. Head & neck
9-5-19	38 Bn	Proceeded to England		Harve	5-5-19	Pte 30

A.E.B. 103 CHECKED

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.					
20.5.19	FMing CCC.	T.O.S. pending R.T.C.	Pte	Bransholt	5.5.19	Pt II 21
		83-G-74			6-6-19	
14-6-19	" " "	S.O.S. to Canada.	"	"	6-6-19	-24

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

War Service Badge

Class "A" No. 192792

THIS IS TO CERTIFY that No. 663210 (Rank) A / 095

Name (in full) SCOTT Alvin John enlisted in
the 164th B^yCANADIAN EXPEDITIONARY FORCE at Orangeville on the 13th
day of December 1915HE served in 38th B^y in France

Demobilization.

and is now discharged from the service by reason of

~~Medical Unfitness.~~

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

Age 26

Height 5' 11"

Complexion Fair

Eyes Blue

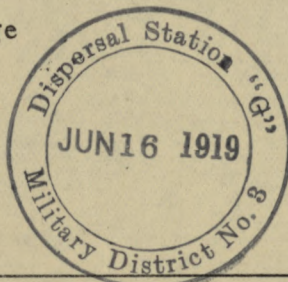
Hair Fair

Marks or Scars

Shrapnel Scar left
side of Neck

Signature of Soldier.

Date of Discharge



Issuing Officer.

Rank

Date 19

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.

3009A

CANADIAN ARMY DENTAL CORPS, O.M.F.C.

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters)

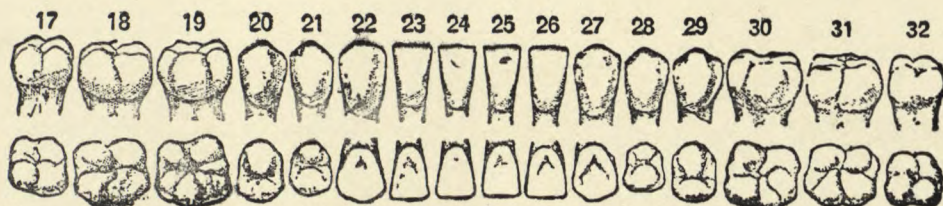
REGIMENT

RANK

No

Date of Examination in England

Date of Examination in France



DIRECTIONS TO DENTAL OFFICERS

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

99

PRESENT DENTAL REQUIREMENTS

1. FILLINGS

2. EXTRACTIONS

3. CROWNS

4. DENTURES

(a) Full Upper

(b) Part Upper

(c) Full Lower

(d) Part Lower

A.D.D.S. #2

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 *Yes*

(b) In England *Yes*

(c) In France

BRAMSHOTT CAMP

Signature of Dental Officer

A. D. D. S. #2

2501 T A 1
1813
1/11

10

GREEN

1. Green
2. Denture
3. Total Up
4. On Up
5. Full

1. Green
2. Denture
3. Total Up
4. On Up
5. Full

MARRIED OR SINGLE

APPOINTMENTS.
PROMOTIONS AND REVERSIONS

MARRIED OR SINGLE *Single*

PLACE OF BIRTH *Melville Cross.*

NAME OF NEXT OF KIN *C. Scott* RELATIONSHIP *Father*

ADDRESS *RR#2, Alton Ont*

NAME OF NEXT OF KIN	RELATIONSHIP
ADDRESS	

[illegible]

SEPARATION ALLOWANCE.

SEPARATION ALLOWANCE MONTHLY \$	EFFECTIVE (DATE)	STOPPED EFFECTIVE (DATE)
PAYABLE TO		REASON
	RELATIONSHIP	AUTHORITY
AUTHORITY FOR ISSUE		REMARKS
SEPARATION ALLOWANCE MONTHLY \$	EFFECTIVE DATE	STOPPED EFFECTIVE (DATE)
PAYABLE TO		REASON
	RELATIONSHIP	AUTHORITY
AUTHORITY FOR ISSUE		REMARKS
NEW PAYBOOK ISSUED		NEW PAYBOOK ISSUED

REG'L. No. 669210 RANK ~~Major~~ NAME

PLACE OF ATTESTATION *Orangetown, Ont*

DATE OF ATTESTATION

ORIGINAL
UNIT

Signal Training Depot
1898

ASSIGNED PAY

PER MONTH \$	25.00	DATE EFFECTIVE	11/27/44	AUTH.
PAYABLE TO	J. H. Scott, C.P.R. Agent			
	Arthur Ont			
		RELATIONSHIP		
PER MONTH \$	20.00	DATE EFFECTIVE	1/3/48	AUTH.
PAYABLE TO	J. H. Scott, C.P.R. Agent			
	Breken Ontario			
		RELATIONSHIP	Brother	
PER MONTH \$		DATE EFFECTIVE		AUTH.
PAYABLE TO				
		RELATIONSHIP		
PER MONTH \$		DATE EFFECTIVE		AUTH.
PAYABLE TO				
		RELATIONSHIP		
DISCHARGE DATE AND PLACE				
REASON AND AUTHORITY				

PRESENT UNIT 6.6.0.e

PARTICULARS OF TRANSFERS

TO UNIT	EFFECTIVE DATE	AUTHORITY
4/1/82	1/2/8	206 19/12/

[illegible]

ASSIGNED PAY ENGLAND OR CANADA.

SEPARATION ALLOWANCE. ENGLAND OR CANADA.

NAME:- SCOTT. John

EFFECTIVE DATE:- 1.12.17 1.8.18

EFFECTIVE DATE:-

NUMBER:- 663210

AMOUNT: 2820

AMOUNT:-

PARTICULARS OF RANK OR APPOINTMENT

NAME, ADDRESS, RELATIONSHIP & AUTHORITY { WHEN PAYEE OF A.P. IS THE SAME AS PAYEE OF S.A. THE WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE.

AUTHORITY DATE EFFECTIVE RANK OR APPOINTMENT

J.H. Scott.
C.P.R. Agent Arthur Ontario
Brother
Stopped 1/6/19

UNIT AND TRANSFERS

ORIGINAL UNIT:- C.P.R. Depot

DATE ACCOUNT FIRST OPENED:- 1.8.18

AUTHORITY DATE EFFECTIVE DATE LEDGER SHEET T.S.F.D. UNIT TRANSFERRED TO

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS { 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	DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT
28/4	453	Bel. 306.	5478				
7/5/19	2599	J. 66.6.	4867				
			5415				

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY PAY F.A. P.F.A. SUBS/CE ALL/CE

1 10

Ind. 3 R.P.C. \$ 33.28

PARTICULARS OF RENDERING NON-EFFECTIVE:- Jan. to Jan. 1/6/19. W.P.B. 8614. Bham. to Bham. 10/5/19 Placed on Res Pay 3/9/18 for 2 mos

MONTH	PARTICULARS	CR 1	CR 2	PARTICULARS	DR 1	DR 2	DR 3	DR 4	BALANCE	DEFERRED	SEPARATION
Mar 31	Base Pay										
Apr	Pte Pay	33		C.A.P.							
				AR 186 15/4/18 6th Res.	487				25		
				AR 297 26/4/18 ✓ ✓	730				384		
May	P.P.	33	10	C.A.P.					20		
				AR 5301 10/5/18 ✓ ✓	973				23		
June	Pte Pay	33	10	C.A.P.					20		
				AR 1447 13/6/18 ✓	973						
				✓ 1745 26/6/18 ✓	243				137		
July	Pte Pay	33	10	C.A.P.					20		
				AR 2036 13/7/18 ✓	243						
				✓ 2673 27/7/18 ✓	243				1061		
Aug	Pte Pay	33	10	C.A.P.					20		
				✓ 3210 15/8/18 ✓	487						
				✓ 3442 19/8/18 ✓	487						
				7 days 302 20/8/18 C.A.P. Res. 27/8/18 to 12-35 PM 18/18 2 days Rtd. 10/1 day C.A.P. 2nd 10/20 21/8/18 6 Res	974	1100			397		
Sept	✓	33	10	C.A.P.					20		
				AR 4029 14/9/18 ✓	243						
				DN 2876 23/9/18 C.C.S.	268	511			1186	7	
Oct	✓	33	10	C.A.P.					20		
				AR 1452 6.10.18 12 C.L.B.	373						
				✓ 1933 15.10.18 ✓	373				1850	1490 R.P.	
Nov	✓	33	10						20		
				✓ 2333 9/11/18 38 Res.	373						
				✓ 2645 1/12 ✓	373						
				✓ 2502 19/11 ✓	306						
Dec	✓	33	10	C.A.P.					20		
	Forward			Carr Forward	2052				40		

F 5 (8)

F 6 (8)

NUMBER 663270 RANK Lt NAME Scott A. J.

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1.	DR. 2.	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
	Forward	6710		Bro't forward	20 52			40 -	18 50	14 90	
Jan	P. P.	34 10		Ad. 2843 12/12 38 th	3 73						
		101 20		C. A. 8				20 -	35 45	14 90	
Feb		30 80		✓ 1806 1/1	24 25			60 -			
					3 73						
				✓ 3142 24/1	18 66						
				✓ 3011 17/1	5 60				18 26		
				✓ 2263 4/2	5 60				12 66		
				✓ 3408 15/1	5 60				7 06		
Mar		34 10						20 -	21 16		
				✓ 3570 3/3	5 48						
				✓ 3718 15/3	9 13						
				✓ 3835 21/3	3 65				2 90		
		64 90			57 45			40 -			
Apr		33		Cap				20 -			
				✓ 3903 27/3	9 13						
May		34 10		Cap				20 -			
				✓ 483 26/4	5 23				15 64		
		67 10			14 36			40 -	73 -		
				✓ 7559 8/5/5 6CC	48 67						
				✓ 5076 28/5 (End)	24 33				57 36		
					73 00						
					73 -						

*Scott A. J. Ltr to
6/1/19 50R*

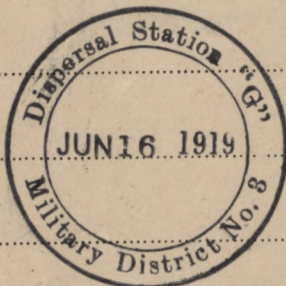
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AP 40
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33 28 15
FD March
10-5-19

War Service Badge
Class "A" No. 192792
SHORT FORM.
PROCEEDINGS ON DISCHARGE.
(Demobilization.)

Occupational Group No. 21

1. No.	663210		
2. Rank.	Sgt.		
3. Name.	SCOTT, Alvin John		
4. Unit.	382 Bn Inf.		
5. Date of Discharge	JUN 10 1919	Place	Ottawa - G.
6. Reason for Discharge	Demob		
P.M.T. Cyprus SAILED E.M. 10N 3/6-19 ARR'D HALIF'X June 12 1919			
7. Authority.	R.O. 1420 1894.		
8. Proposed Residence after Discharge	27 Norton Ave Toronto, 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 Signature of Soldier.			
10. CONFIRMATION. The discharge of the above named man is hereby confirmed. Place Date Signature (O. C. Discharging Unit.)			

Medical Documents Forwarded to S.C.R. or B.P.C. on JUL 15 1919 Date
--



Captain
for O. C. Dispersal Area Station G.

SHORT FORM
PROCEEDINGS ON DISCHARGE
(Discharge)

1.	No.		
2.	Rank		
3.	Name		
4.	Unit		
5.	Date of Discharge	Place	
6.	Reason for Discharge		
7.	Authority		
8.	Proposed Residence after Discharge		
9.	CERTIFICATE TO BE SIGNED BY SOLDIER I hereby acknowledge that at the aforesaid place and date I received my discharge Certificate M. R. W. J. Signature of Soldier		
10.	CONFIRMATION The discharge of the above named man is hereby confirmed. (O. C. Discharge Unit)  Date Place		

LIST OF DISCHARGE DOCUMENTS

Attestation Paper, Triplicate	MINIA Form W. 23
or Particulars of Receipt	MINIA Form W. 183
Field Conduct Sheet	MINIA Form W. 178 or A.P. B. 173
Campory Form	MINIA Form W. 84 or A.P. B. 108
Last Day Certificate	MINIA Form W. 44
Certificates that missing documents are unobtainable	
Medical History Sheet	MINIA Form B. 213 or A.P. B. 178
Proceedings of Medical Board	M.P. B. 213 or A.P. B. 178 or A.P. B. 173
Dental History Sheet	MINIA Form H. 233
Medical Report	M. R. W. 121 or H. M. 1. 121
Regimental Conduct Sheet	MINIA Form B. 233
Company Conduct Sheet	MINIA Form B. 233

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

1. Attestation Paper (M.F.W. 23). or
Particulars of Recruit (M.F.W. 133).
2. Casualty Form (A.F.B. 103).
3. Medical History Sheet (M.F.B. 313 or A.F.B. 178).
4. Proceedings of Med. Board (M.F.B. 227 or M.F.W. 129)
5. Dental Certificate (C.A.D.C. 5009a).
6. Field Conduct Sheet (A.F.B. 122.)
7. Proceedings on Discharge (M.F.B. 218a)
8. Discharge Certificate (M.F.W. 39)
(Enclosed in special envelope (260M)).
9. Copy of Discharge Certificate (M.F.W. 39a).
10. Dispersal Certificate (C.D 3).
11. Equipment and Clothing Statement Q.M.G. Form (D.O.S. 2).
12. Last Pay Certificate (P. 851).
13. Pay Book (A.B. 64).
14. War Service Gratuity (Form M.F.W. 2595).
15. Sundry Documents.

Group..... **B**

Checked by No..... **16**

Date..... **3 JUN 1919**

Service Badge Class. "1" No.

DIA. 9

Regt. No. 663210 Rank. ~~Staff~~ Sgt. A/Sgt.
Name. Scott. Alvin John
(Surname) (Christian Name in Full)

Regt. or Corps.

Unit. 38th Bⁿ

Original Unit. 164th Bⁿ

Category. A

Occupation Group. Telegrapher. 21

Next of Kin. Father

Religion. Meth.

Place of Residence. 27. Moton Ave - Toronto

Post Office or Bank Desired.

Documents

I-M-T Olympic

Date

SATLED & HMTON 6/6/19

Trip. Attestation Paper. ARR'D HALIF X June 12 1919

Casualty Form (A.F.B. 103). 2

Med. History Sheet. 2

Proceedings of Med. Board. 1

Dental Certificate (O.A.D.C. 5009 A). 1

Field Conduct Sheet (A.F.B. 122). 1

Proceedings of Discharge (M. 218 A). 1

Discharge Certificate. (M.F.W. 39). 1

Special Envelope (M. 260). 1

Copy of Discharge Cert. (M.F.W. 39 A). 1

M.G. Form D.O.S. 2. 1

Last Pay Certificate (P. 851). 1

Pay Book (A.B. 64). 1

Gratuity (P. 880). 1

Approved Certificate (C.D. 3). 1

Regt. and Coy. Conduct Sheets. 2

Particulars of Family (M.F.W. 67). 1

21-11-1901
21-11-1901





THIS IS TO CERTIFY THAT THE ABOVE NAMED PERSON
HAS BEEN DISCHARGED FROM THE SERVICE OF THE
UNITED STATES DEPARTMENT OF JUSTICE

DISCHARGE DOCUMENTS

FOR

COLEBY

UNITED STATES DEPARTMENT OF JUSTICE
BUREAU OF PRISONS
WASHINGTON, D. C.
1914
1915
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2100

Regtl. No..... Rank.....

Name
(Christian Names in full) (Surname)

Unit..... or
Corps

Date of { Discharge*
Disembodiment*
Transfer to the Reserve* }191.....
* Strike out whichever inapplicable.

COVER

FOR

DISCHARGE DOCUMENTS.

NOTE.—In every case where A.F. Z.22 is included among the documents the letter Z is to be stamped in the space provided below.



THIS FORM WILL BE USED FOR ALL RANKS E. P. 969

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 Bramshott DATE 8-5-19

1. 1 (a) Unit 38th Bn. (b) Regimental No. 663210 (c) Rank A1 Sgt.
 (d) Surname Scott (e) Christian name Alvin John
 (f) Home address 27 Norton Ave. Toronto
 (g) Next of Kin Charles Scott (h) Relationship Father
 (i) Address of Next of Kin Alton Ont.

2. Age last birthday 26 Date of birth Dec 29-1892

3. Enlistment, or Appointment (if an Officer) (a) Place Cranville Ont. (b) Date 13-12-15

4. Personal description: "estimated" Small
 (a) Height 5' 11 3/4" (b) Weight 175 (c) Complexion Fair
 (d) Colour of hair Light Brown (e) Colour of eyes Blue (f) Identification marks, Scars, etc. Small
shaped scar left side of neck

5. Former trade or occupation Student

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>Three.</u>	<u>125.</u>

	PERIODS	
	From	To
Canada	<u>13-12-15</u>	<u>24-10-17.</u>
England	<u>24-10-17</u>	<u>13-8-18</u>
France or other theatres of War	<u>13-8-18</u>	<u>5-5-19</u>

7. Original disease, or injury Exposure

(a) Date of origin Jan. 1917 (b) Place of origin Ottawa
 (c) Cause Exposure

8. Present disability— (Here state the exact nature of the disability resulting from the disabling conditions: e.g. (a) Weakness—light, 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.)

Myalgia, pains in legs, small of back and chest, left side.

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.)

He states that he has periodical pain in legs, back and left side of chest.

Examination negative.

Urine examination - negative

- (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..... *no*

Disturbances of Mentality..... *no* Digestive System..... *no* Muscular System..... *no*

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

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

He states that he caught cold owing to exposure at Ottawa Jan 1917 while in training.

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).)

Thump overhooping cough in childhood

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

Small shaped scar left side of neck.

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.)

na

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

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

usual treatment

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit? *No*

(If the answer is "yes" state nature of treatment required and probable duration)

16. Can the former trade or occupation be resumed? *Yes*

(If not, briefly state why)

17. Recommendations *na*

John D Russell 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).

I, the undersigned *Alvin John 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*

BJ

John D Russell Rank.
Signature of invalid examined.
R.R.

4
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.

*Sub for 16 with
allow 20. 11-11-18*

Yes

19. Is the invalid fit for

- (a) General service,
(b) Service abroad, not general service,
(c) Home service (Canada only),
(d) Temporarily unfit.
(e) Unfit for service in Categories A, B and C

(Category A) (Yes or No.)
(" B) (Yes or No.)
(" C) (Yes or No.)
(" D) (Yes or No.)
(" E) (Yes or No.)

Category A

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.)

Boarded with A.G. 7083 of 11-11-18

21. It is recommended that the invalid be discharged.

(When not for discharge add special recommendation.)

Boarded with A.G. 7083 of 11-11-18

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

Bramhall

R. M. Natfaw Capt
R. E. Johnston Capt

President.

Members

DATE

11-5-17

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

Members

DATE

APPROVED BY

APPROVED BY

for H. McKenzie Capt
Assistant Director of Medical Services.

Director-General of Medical Services.

DATE *11/5/17*

DATE

Admitted 29.5.18

Army Form I. 1237.

RAVENSCHROFT MILITARY HOSPITAL SEAFORD
MEDICAL CASE SHEET.*14 CAS HP,
EASTBOURNENo. in
Admission
and
Discharge
Book.

Regimental No.

Rank.

Surname.

Christian Name.

Unit.

Age.

Service.

Year

Station
and Date.

Disease

Complaint

Pains in shins & left
knee joint

Duration - Four months.

Past Illnesses -

Rheumatism four months ago -
had been troubled same in private
life.

Examination -

Complaining of pains in
both ankles, running up anterior
surface of Tibia, also in left knee
joint.No swelling present - slight
tenderness to pressure - especially along
inner ^{side} of Tibia. No swelling of
knee present.

4/6/18

Wassermann test - negative

D. Shute

DISCHARGED

110 JUN. 1918.

To

Category H

10 JUN 1918

Discharged to Duty Category A

D. Shute

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

Station
and Date.

(To be attached to Case Sheet.)

RAVENS CROFT MILITARY HOSPITAL, SEAFORD.

No.

Rank and Name

Age

Service

Disease

Date of admission

Date of discharge.

Result

Dates of
Observation

Days of Disease

Temperature
Fahrenheit

107°

106°

105°

104°

103°

102°

101°

100°

99°

98°

97°

Pulse per Minute

Respirations per
Minute

Motions per 24
hours

(6201) Wt. W. 11421/M1165 2,000,000 12/16 McA & W Ltd. A.F.B. 181 (E. 735)

Signature.

In charge of case.



Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

C1813

May 1-18
Dec 1/17

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

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RATE OF ASSIGNMENT

2500	20.		
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PARTICULARS OF SEPARATION ALLOWANCE

No. 663210

Rank *atc/ms* PromotedReverted *Pte*

Discharge

Soldier's Name

*A J Scott*Battalion *Signal Training Depot P.P.C.I.S Draft Nov/17*

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name

J H Scott

Address

C.P.R. Agent Arthur Ont

Change of Address

1

2

3

4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
Dec. 19 17	F60052	—	25	25	Br.
Jan. H	60349	—	25	25	✓
Feb. U	79574	—	25	25	✓
Mar. S	97521	—	25	25	✓
Apr. S	11214	—	25	25	✓
May. S	474	—	20	20	✓
June. U	25124	—	20	20	✓
July E	24550	—	20	20	✓
Aug. U	37140	—	20	20	✓
Sept. X	47076	—	20	20	✓
Oct. L	51577	—	20	20	✓
Nov. X	59387	—	20	20	✓
Dec. J.	68543	—	20	20	✓
Jan. S	72474	—	20	20	✓
Feb. H	81241	—	20	20	✓
Mar. G	88237	—	20	20	✓
Apr. S	4674	—	20	20	✓
MAY O	6118	—	20	20	✓
JUNE P	7021	—	20	20	✓

16401-A-80

M.R.O. 1B. Rendered. at Blythe 10-4-18.

O & M. 8-4-18. at Blythe 10-4-18.

(L.P. 780)
March Adj. ch. adjusting Feb. 1918 mailed 9-3-18 at Blythe 11/18.mailed 21/5/18. a.c.o. #6610 H.P. for May und 21/5/18. Jnos. 1419
J20417 cancelled - M. - G. - G. - G.M. F. W. 128.
40m. 6-7-1723-39-1141
L.L. 22340-M. & D. 1933.

A/c Closed

Ret'd per

Date

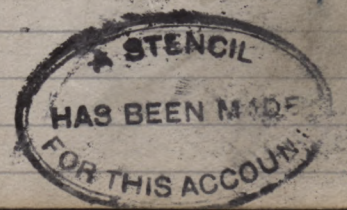
Clerk

OLYMPIC

12-6-19

J.P.L. 20-6-19

MR.D.D. Destroy L.P. 93887 and



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

--	--	--	--

PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

No.

Name

Rank

Promoted

Reverted

Discharge

Address

Soldier's Name

Change of Address

Battalion

1

Beneficiary

2

Relationship

3

Address

4

Date

Cheque
No.

Amount
S/A

Amount
A/P

Total

REMARKS

M. F. W. 128.
40M. 6-17-1772-39-1141
L. L. 22220-M. & D. 1903.

AUDITOR PAYMASTER
WM JMS

PROMOTIONS, REDUCTIONS AND REVERSIONS AFFECTING
DAILY RATE OF PAY AND ALLOWANCES

M. OR S. *hl*

REGT. No. *663 210* RANK *Sgt.* NAME (IN FULL) *Scott Alvin John*

ORIGINAL UNIT C.E.F. *164th Am.* IF IN P.F. WHAT UNIT? *(BLOCK LETTERS SURNAME FIRST)*

PLACE OF ATTESTATION *13-12-15* TRANSFERRED TO *1-12-17* DATE *13-12-15* AUTHORITY *1-12-17*

DATE OF ATTESTATION *13-12-15* TRANSFERRED TO *1-12-17* DATE *13-12-15* AUTHORITY *1-12-17*

ASSIGNED PAY \$ *20.00* DATE EFFECTIVE *1-12-17*

PAYABLE TO *T. H. Scott,* RELATIONSHIP *Brother* ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS *C.P.R. Agent, Arthur, Ont.*

STOP PAYMENT FORM
ASSIGNED PAY RENDERED, DATE *16-6-19* EFFECTIVE *16-6-19*

DISCHARGED *Kingston* PLACE *16-6-19* DATE *16-6-19* REASON *Demob.* AUTHORITY *1359* IF ENTITLED TO POST DISCHARGE PAY

MONTH	PAY AND F.A.		OTHER CREDITS		TOTAL CREDITS		ACQUITTANCE ROLLS			CASH PAYMENTS			ASSIGNED PAY		REGI-MENTAL CHARGES		OTHER CHARGES		TOTAL DEBITS		BALANCE		PARTICULARS OR REMARKS		
	NO. OF DAYS	RATE	AMOUNT		CREDITS		COL. NO. 1	COL. NO. 2	COL. NO. 3	COL. NO. 1	COL. NO. 2	COL. NO. 3	PAY		CHARGES		CHARGES		DEBITS		DEBIT			CREDIT	
			\$	C.	\$	C.	\$	C.	NO.	DATE	NO.	DATE	NO.	DATE	\$	C.	\$	C.	\$	C.	\$	C.		\$	C.
BALANCE FROM PREVIOUS ACCOUNT																									
June	21	10	23	10	35	00							487	50	70	00	20	00	33	28	33	28	Returned "Olympic". Bal. per Eng. L. P. C. Clothing Allow. and 1st Payment W. S. G. Pay to Estimate date of discharge. Advances in England. Front Money, Train Money. Overpaid 5 days on discharge. O/P on dis. cheque		
																		550	550	34	88				

