

# ATTESTATION PAPER.

1st Depot Bn., 1st C.O.R.

No. 3039673

Folio.

## 8 CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

### QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- 1. What is your surname?..... Scott.
- 1a. What are your Christian names?..... Walter B.
- 1b. What is your present address?..... 2252 Fremont St. Chicago Ill.
- 2. In what Town, Township or Parish, and in what Country were you born?..... Westport, Co. Mayo, Ireland
- 3. What is the name of your next-of kin?..... Mrs. Ellen Scott
- 4. What is the address of your next-of-kin?..... 2252 Fremont St., Chicago Ill. U.S.A.
- 4a. What is the relationship of your next-of-kin?..... Mother
- 5. What is the date of your birth?..... April 7, 1897
- 6. What is your Trade or Calling?..... Printer & Reamer
- 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
- 13. Have you ever been discharged from any Branch of His Majesty's Forces as medically unfit? .. No
- 14. If so, what was the nature of the disability? None
- 15. Have you ever offered to serve in any Branch of His Majesty's Forces and been rejected?..... No
- 16. If so, what was the reason?..... W.B.S.

### DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Walter B. 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.

Walter B. Scott (Signature of Recruit)

Date June 3 191 8 E. Malcom (Signature of Witness)

### OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Walter B. 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.

Walter B. Scott (Signature of Recruit)

Date June 3 191 8 E. Malcom (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 Chicago this 3rd day of June 191 8.

[Signature] (Signature of Justice)

Description of Scott, Walter B. on Enlistment.

Apparent Age 20 years 2 months.  
 (To be determined according to the instructions given in the Regulations for Army Medical Services.)

Distinctive marks, and marks indicating congenital peculiarities or previous disease.

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

Height 5 ft 6 1/2 ins.

Chest measurement: Girth when fully expanded 35 ins.  
 Range of expansion 4 ins.

Complexion Dark

Eyes Brown

Hair Brown

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

N11

Both eyes D. 20-25  
 Hearing normal  
 nose throat normal.

CERTIFICATE OF MEDICAL EXAMINATION.

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

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

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

Date JUN 3 1918 191

Place Chicago

*[Signature]*  
 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.

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

*[Signature]* Major (Signature of Officer)  
 for O. C. 1st Depot Bn., 1st C. O. R.

Date JUN 4 - 1918 191

7.5  
30/1/19

REGIMENTAL DOCUMENTS

NAME **SCOTT**, Walter Bernard

REGT. NO. 3039673

UNIT **C.M.G.C.** H.Q. FILE NO.

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)

1 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)

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

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

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

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

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

1 MEDICAL EXAMINATION (M.F.W. 129)

1 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.W. 3226)

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

C.D. 3

misc

1 Pay Cert

M

CANADIAN  
RECORDS CENTRE  
PERS JACKET

II

09641

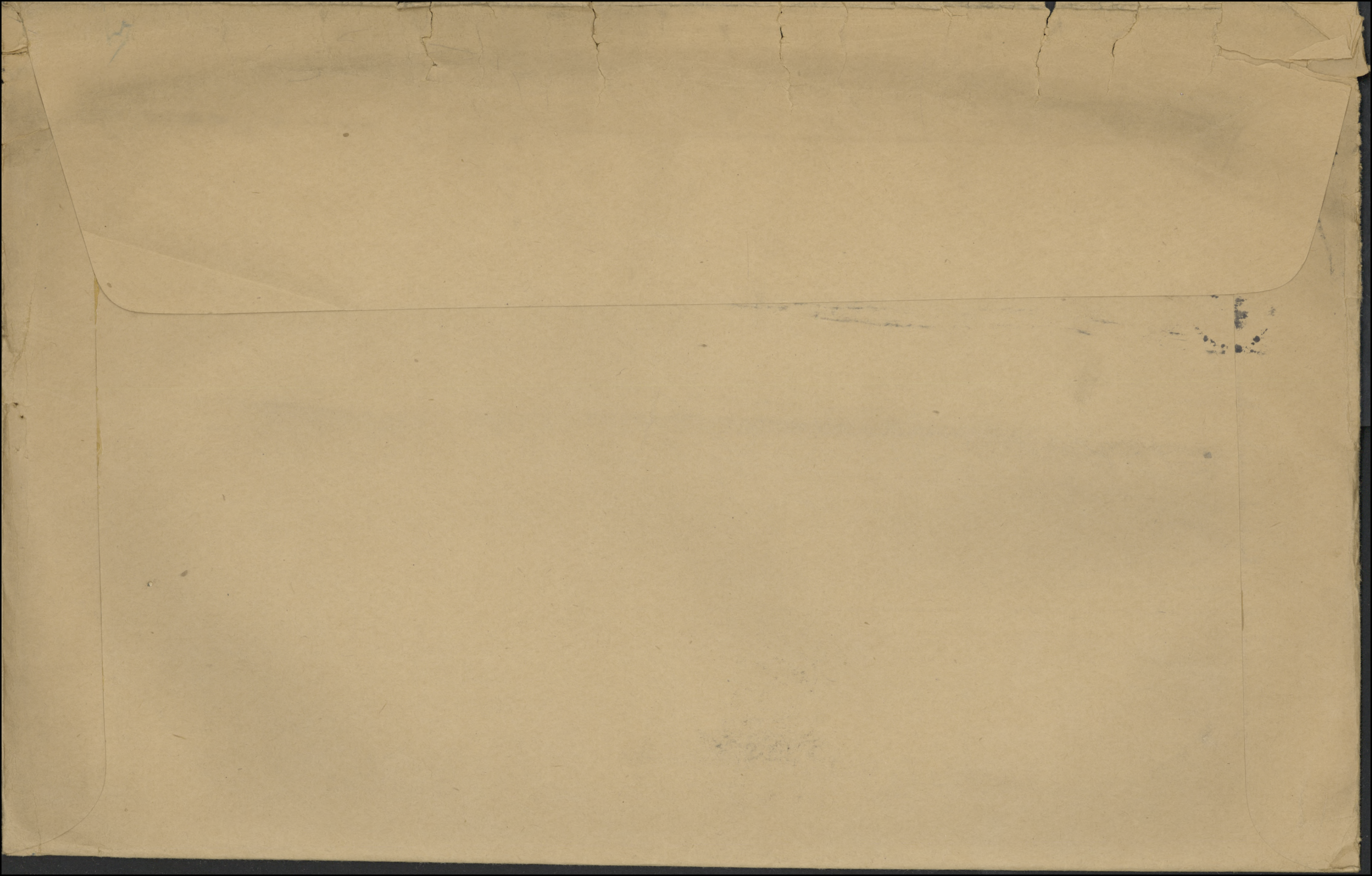
CARD

482 454

DEATH  
Category

DISCHARGE  
Category *Demob.*

DESERTION



No. 3039673 RANK *Pto*

NAME

*Scott W B*~~T-O-S~~*Transferred from  
1st W. B. 1st C. W. C.  
24-6-18 to O. 183 of  
7-18*

UNIT

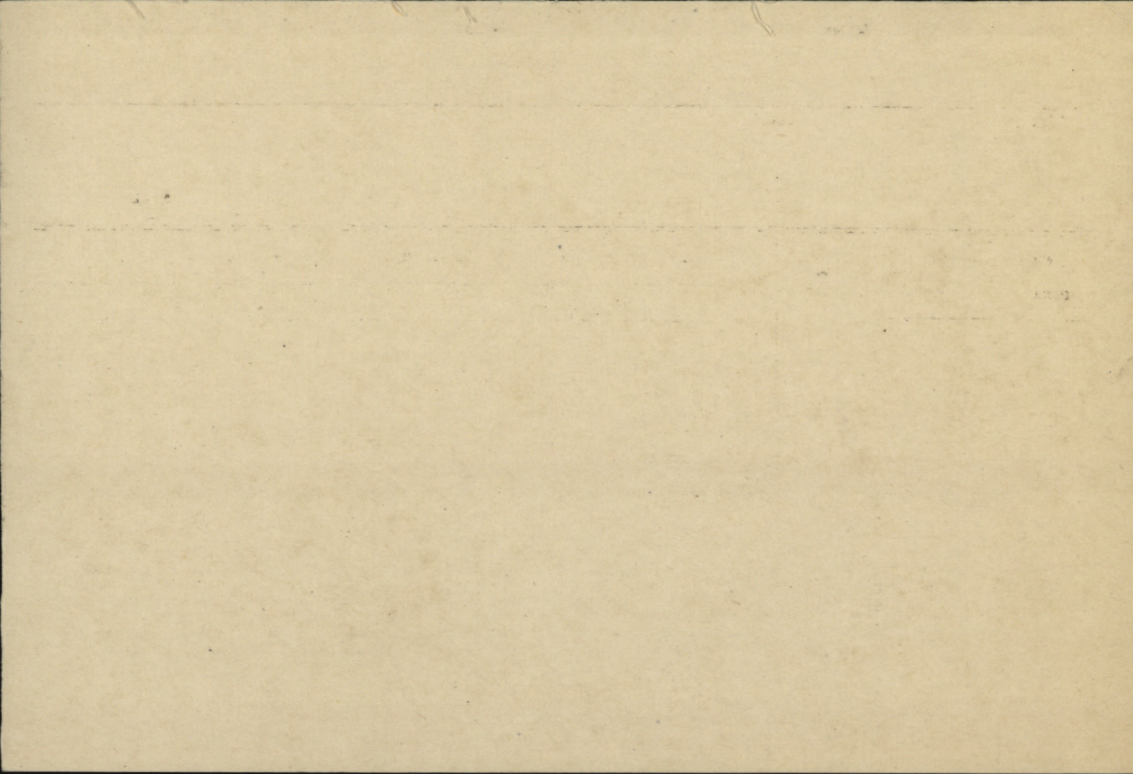
*#3 Sect. Machine Gun Corps, C. E. F.*M. D. *2*

## PROMOTIONS, TRANSFERS, DISCHARGES, ETC.

PARTICULARS

AUTHORITY

PAID  
FROMPAID  
TOSIG.  
OR  
REC'T*1918**1918**June**No account**No L. P. C. received*



Deceased 24. 11. 1974

482434 PARC B

Number 3039673

Rank Pte

Surname SCOTT

Christian Name Walter Bernard

Units Can M G Pde Theatre of War France

Date of Service 8-11-18

Remarks 2217 Cleveland Ave.

~~2250 Fremont St~~

Latest Address Chicago Ill

USA

Roll No B

Page 10012  
10.2.75

Next of kin \_\_\_\_\_

Address on leave \_\_\_\_\_

Address on discharge \_\_\_\_\_

Transportation issued  Yes  No Date \_\_\_\_\_ Character on discharge \_\_\_\_\_

Previous occupation \_\_\_\_\_ Date and place of enlistment \_\_\_\_\_

Diagnosis \_\_\_\_\_ Date of Medical Boards \_\_\_\_\_

Date \_\_\_\_\_ Remarks \_\_\_\_\_

REPLACEMENT ON PREPAYMENT (\$3.00 Rec'd)

4132 N. Albany Ave., Chicago, Ill.

U.S.A. 60618

(BWM & VM)

MAR 13 1975

DESP FEB 11 1922  
REGON. NO. 47800

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



Sept. 7-4

H. Q. ....

M. D. No. 2 .....

T. O. S. June 7<sup>th</sup> 1918 .....

D. O. Pt. II 138 of 7-6-18 .....

S. O. S. 1-7-19 19 .....

Reason Disc. Demof. .....

Auth. Do. 18645-7-19  
#450. 7

Surname Scott .....

Christian names Walter Bernard .....

Regtl. No. 3039673 Rank Pvt .....

Unit 1<sup>st</sup> Gen Ont Regt 1<sup>st</sup> Dep Bn .....

Next of kin Scott, Mrs Ellen .....

Relationship Mother .....

Address 2252 Fremont St. Chicago Ill  
2. Ill.

Also notify: .....

BORN—Place Ireland, Westport .....

Date Apr. 7<sup>th</sup> 1897 .....

ATTESTED—Place Chicago Ill .....

Date June 3<sup>rd</sup> 1918 .....

O/S 3-8-18 1378  
3-

R/C 28.6-19 353 Capt.  
23.



Rank \_\_\_\_\_ Name **SCOTT WALTER BERNARD** Reg'l No. **3039673**  
 Unit **87<sup>th</sup> Aft M.G.C.** If in perm. Corps, }  
 What Unit? } Married or Single **Single**  
 Place and Date of Enlistment **Chicago Ill 3-6-18** Place of Birth **Westport, Mayo, Ireland**  
 Name and Address, Next-of-Kin **Mrs Ellen Scott**  
**2252 Fremont St Chicago Ill** Relationship **Mother**  
 Assigned Pay Monthly \$ \_\_\_\_\_ Payable to \_\_\_\_\_  
 Relationship \_\_\_\_\_  
 Separation Allowance \$ \_\_\_\_\_ Payable to \_\_\_\_\_  
 Relationship \_\_\_\_\_

Discharge, Date and Place Reason Character

H. W. V., Ld.—9546-16.

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS Taken from Official Documents.
Date.	From whom received.				
		Arrived in England 8/18/18			Carnarvonshire
13.9.18	C.M.G.D	Taken on strength	Shop	Pt 15.8.18	Pt 247
9.11.18.	C.M.G.D.	SOS to M.C.R.Poc.	Shop	Pt 9.11.18	M.G.P.F 296 120 of 28, 11.18
19.2.19	M.S.R.Pool	Sos to C.C.R.C.	Field	Pt 7.1.19.	Pt 4 Do. #18.4 C.C.R.C. 12 9/24-2/19
30-4-19	C.C.R.C	Sos to serial B.Sep	-	-	8-4-19-26
<b>87-F-41 d 18.6.19</b>					
<b>SOS TO CAN 18/6 MGC. After, O, *1 y C.M.G.C.D 209.</b>					
C.A. Dept. 12-6-19		Sos en proceeding to England Le Havre	-	16-5-19	- 32
28 7 19	C.M.G.C.D.	S.O.S. from C.C.R.C	Witley	20 5 19	- 209.

303 CHECKED



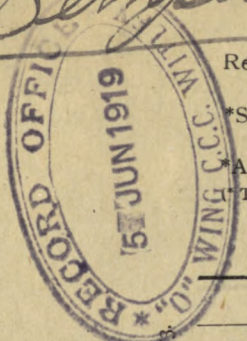


W.S.B. Class AA Form - Active Service

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				
4/4/19	1st Ech.	So secret	CABD	8/4/19	K.A. 37498 P 026/19
		108 of 6 & 135		9.4.19	Do 18/19
16-5-19.	C.E.O.	Proceeded to England		16-5-19.	M.R. H.96. DO.32-19.
					Capt. for Lt.Col. I-c. C.R.O. Havre.

*M. Henson*

*Temporary Original Not Available*  
(SERVICE AND CASUALTY FORM Part II).



Regiment or Corps \_\_\_\_\_ Regimental Number 3039673  
 \*Substantive Rank \_\_\_\_\_ Surname SCOTT Christian Names Walter Bernard  
 \*Acting Rank \_\_\_\_\_  
 (To be entered in pencil to facilitate alteration.)

To be folded on this line.

Nothing to be written in this margin.

AI834 W.6425-P1600 No. 10118 G.W.P. Co. 3073

(A) Report		(B)	(C)	(D)	(E)	(F)
Date.	From whom received	Authority of Part II. of Orders	Record of promotions, appointments, reductions, casualties, transfers, postings, &c. All acting as well as substantive promotions to be shown, for method of entry of which see A.C.I., 1816 of 1917. Corps and unit to which transferred and posted to be invariably named.	Place of casualty	Date of promotion, reversion, casualty, &c.	Remarks, and initials and rank of an officer
			arrived in England H.M.T. Barnarstonshire 16-8-18			
13-9-18	W.G.D.	#NO 247	Taken on strength	St. Dunford	16-8-18	
2-11-18	✓	✓ 296	S.O.S. to M.G.R. Pool	✓	7-11-18	
28-1-18	M.G.R. Pool	✓ 120	T.O.S. from M.G.R. Pool	✓ Guild	28-1-18	
19-2-19	✓	✓ 18	S.O.S. to S.S.R. Camp	✓	7-1-19	
24-2-19	S.S.R. Camp	✓ 12	T.O.S. from M.G.R. Pool	✓	24-2-19	
17-5-19	"O" Wing	Ill.	Ill. # 38			

*A. H. H. H.*  
FOR LT: COL: I/O RECORDS, C.O.M.F. LIUT:

"O" WING

S.O.S., O.M.F.C. ON PROCEEDING TO CANADA

WITLEY JUN 14 1919 D.O. FT. 2 NO.

H.M.T. → SATURNIA ←  
 L E M B G L G G O W 18 6 - 19  
 D I S E M B . M O N T R E A L 28 6 19

*A. H. H. H.*  
OFFICER I/O RECORDS,  
"O" Wing C.C.C.

(A) Report		(B)	(C)	(D)	(E)	(F)
Date.	From whom received	Authority of Part II. of Orders	Record of promotions, appointments, reductions, casualties, transfers, postings, &c. All acting as well as substantive promotions to be shown, for method of entry of which see A.C.I. 1816 of 1917. Corps and unit to which transferred and posted to be invariably named.	Place of casualty	Date of promotion, reduction, reversion, casualty, &c.	Remarks, and initials and rank of an officer
5-7-19	O/S.		TOS. D.D.#4. Dis Sta. "F" Montreal		18-6-19	D.O. PT.11.#186
5-7-19			S.O.S. DD#4 Demob.	"	1-7-19	D.O. Pt.11#186 R.O. 1420.
			<i>G.H. Stebbins</i> Lieutenant, of Assistant Adjutant, District Depot No. 4.			

Nothing to be written in this margin.



CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

WAR SERVICE BADGE

CLASS "A" No.....

THIS IS TO CERTIFY that No. 3039673 (Rank) Cpl

Name (in full) Walter Bernard Scott enlisted in

the 1st Depot Bn., 1st CO Regt

CANADIAN EXPEDITIONARY FORCE at Toronto on the 3rd

day of June 1918

HE served in CMGC 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 20

Marks or Scars none

Height 5' 6 1/2"

Complexion dark

Eyes brown

Hair black

corp. Scott W.B.

Signature of Soldier.

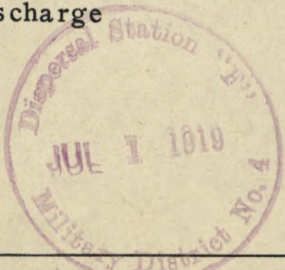
Issuing Officer.

[Handwritten signature of Issuing Officer]

Official Use Discharge Section, Dispersal Station

Rank

Date July 1 1919



Date of Discharge

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.



MILITARY SERVICE ACT, 1917.

MEDICAL HISTORY SHEET.

IMPORTANT.—If the man's name does not appear upon the schedule of men reporting for service, or if he has not made an application for exemption or a report for service, or, although having made one, he does not know the number, he will be instructed that the copy of this medical history sheet (which will be handed to him) must be attached by him to a report for service or claim for exemption which he may make on application to any Postmaster in Canada, or be sent by him after he has noted upon it the number on the receipt he obtained from the Postmaster to a Registrar or Deputy Registrar under the Military Service Act. In any event the duplicate medical history sheet will be sent by the Medical Board to the District Officer Commanding unless instructions have been given by the latter to forward it direct to a Registrar or Deputy Registrar.

1. Surname SCOTT Christian name WALTER B. Scott  
2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule.  
3. Consecutive number on schedule of men reporting for service (if he appears on it).  
4. Address (including street and number, if any) 2252 Fremont St., Chicago, Ill.



The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 3rd day of June 1918, by the undersigned medical board sitting at Chicago, Ill.

5. Age as stated 20 Years 2 Months. 6. Apparent age 20 Years 2 Months

7. Height 5 Feet 6 1/2 Inches. 8. Weight 117 Pounds.

9. Chest measurement { Minimum 31 Ins. Maximum 35 Ins. 10. Complexion dark { Eyes brown Hair dk brown

11. Physical development good { Good Fair Poor 12. Smallpox marks nil

13. Number of vaccination marks { Right arm 4 Left arm 14. When vaccinated last childhood

15. Distinctive marks and marks indicating congenital peculiarities or previous disease

16. Slight defects but not sufficient to cause rejection. The man denies having had Rheumatism Tuberculosis Syphilis We find no evidence of past Rheumatism Tuberculosis Syphilis EYES 20/25 EARS 20/25 OK

We have examined the above named man in accordance with the C. E. F. Regulations for medical examinations, and he is placed in Category A-2 C.E.F. nose throat normal.



Signature of Man Walter B. Scott Member. President. Capt. C.A.M.C.

Signature of Man Walter B. Scott

Table with columns: Date, Result, VACCINATIONS, Date, Result, ANTI-TYPHOID INOCULATIONS, ETC. Includes handwritten entries for dates like 11/6/18 and 15/6/18 with results like 'Good' and 'M.O.'.

Joined 3rd day of June, 1918 at Chicago Ill. U.S.A.

Table with columns: CORPS, REG'TL NUMBER, HABITS, DATE. Includes handwritten entries: 1st Depot Bn., 1st C.O.R., MACHINE GUN CORPS, M.G. Pool, C.E.F., M.D., 3039673.

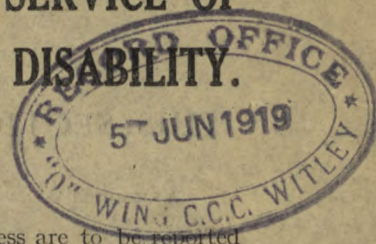
EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Table with columns: STATION, DATE, DISEASE, RESULT. Includes handwritten entry: Niagara Camp June 13/18 As Wt Post Capt Res Smt 13

N. B.—This sheet is 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.



# MEDICAL EXAMINATION UPON LEAVING THE SERVICE OF OFFICERS AND OTHER RANKS WHO HAVE NO DISABILITY.



Officers and Other Ranks leaving the service for reasons other than medical unfitness are to be reported on this form. Where there is evidence of any undetermined or progressive disability, this form will not be used, but the case will be referred to a Medical Board for completion of M.F.B. 227.

No. 3039673 Rank Cpl. Surname SCOTT.  
 (Given name in full) WALTER. BERNARD.  
 Unit or Corps C.C.C. Birthplace C. Mayo Ireland.

(Examination of Officer or Other Rank (stripped) to be made by one Medical Officer.)

I. GENERAL DESCRIPTION:

Physique Good Weight 134 lbs. Height 5-5 ft. Colour of Eyes Brown  
 Nutrition Good  
 Pulse 90 Regular  
 Condition of arteries Soft  
 Vision Rt. 6/12 Left 6/12  
 Hearing (conversational voice) Rt. 21 ft.  
 Left 21 ft.

Identification marks, scars, or deformities.  
 (Give cause and date of origin).  
Four vacc. scars on right arm: Infancy.

Opinion as to general health and physical condition Good

2. Has Officer or Other Rank ever suffered from, or has he now, any affection of the following systems? (Answer "Yes" or "No") (Subjective evidence may be sufficient in certain cases.)

Nervous System No Genito Urinary System No Cardio-Vascular System No  
 Special Senses No Integumentary System No Respiratory System No  
 Disturbance of Mentality No Muscular System No Digestive System No  
 Osseous and Joint System No Any other general condition Yes

3. If the answer to any part of Section 2 above is "Yes," here give full particulars, with cause and date of origin; and also a description of the present condition.

Measles: Infancy  
91

# EXAMINATIONS

## THIS SECTION FOR USE OVERSEAS

Examined at Witley (Overseas)

Date 6-6-19

Signed [Signature] M.O.

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to or during service.

Signature [Signature]

(If not satisfied, M.F.B. 227 will be completed by Medical Board.)

## THIS SECTION FOR USE IN CANADA

Examined at ..... (Canada)

Date .....

Signed ..... M.O.

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to or during service.

Signature .....

(If not satisfied, M.F.B. 227 will be completed by a Medical Board.)

(This space to be used, if necessary, in connection with Section 3, overleaf, only.)

[Handwritten mark]

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

Canadian Printing and Stationery Services, London

## DIRECTIONS TO DENTAL OFFICERS

NAME OF SOLDIER (Block Letters) Scott, W.B.

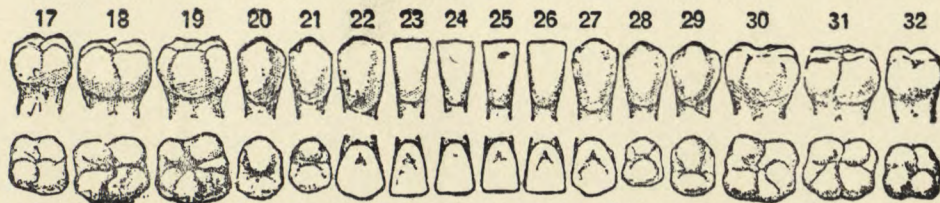
REGIMENT C.M.G.C. RANK Op1 No. 3039673

Date of Examination in England 19.5.19 Date of Examination in France \_\_\_\_\_

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

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

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



### PRESENT DENTAL REQUIREMENTS

1. FILLINGS 5.

2. EXTRACTIONS \_\_\_\_\_

3. CROWNS \_\_\_\_\_

4. DENTURES

(a) Full Upper

(b) Part Upper

(c) Full Lower

(d) Part Lower

HAS HE EVER REFUSED DENTAL TREATMENT ?

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

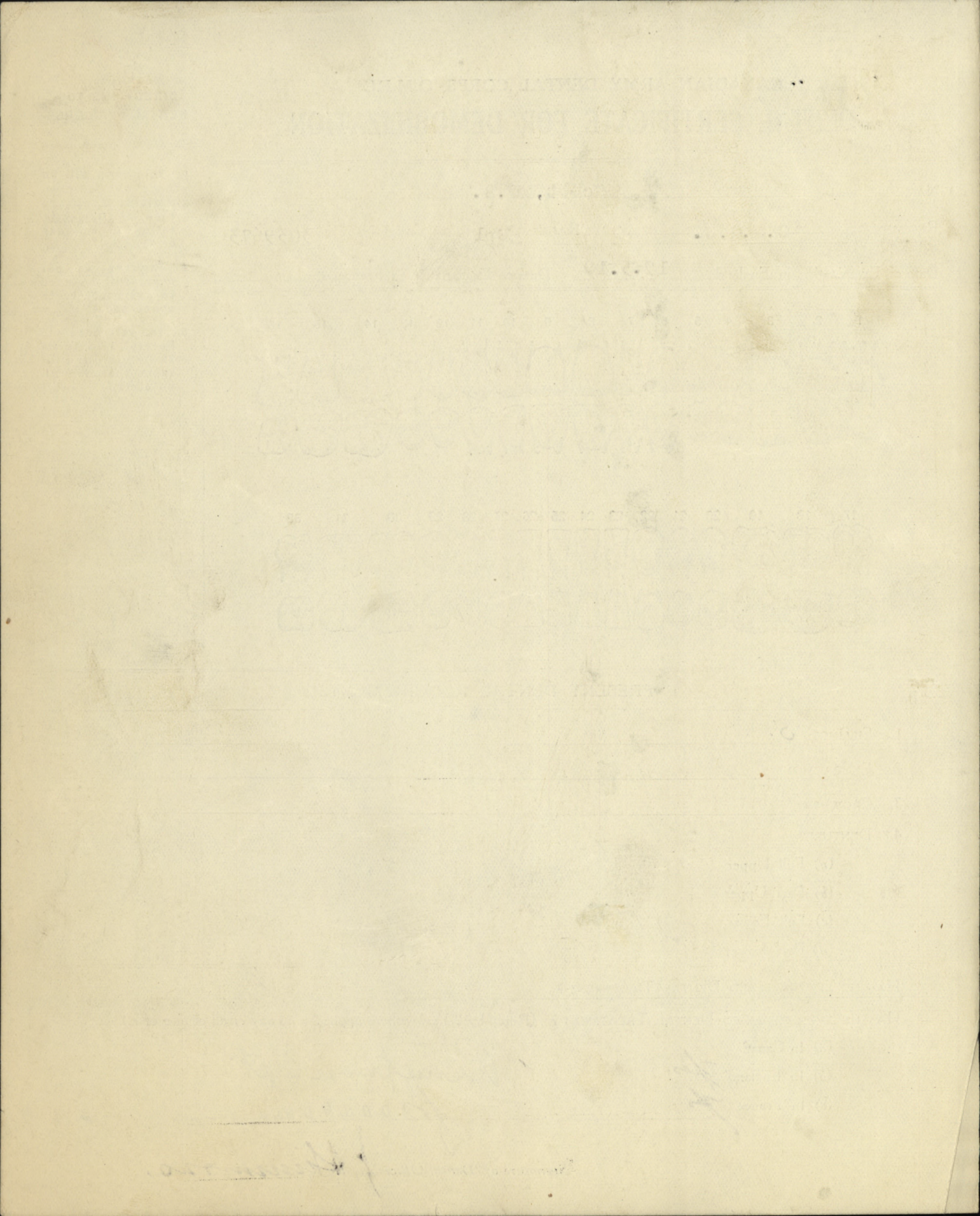
(a) In Canada

(b) In England yes.

(c) In France yes.

*R. Simpson capt*  
for A. D. D. S. M. D. No. 4

Signature of Dental Officer *J. K. [unclear]*





ASSIGNED PAY.	ENGLAND or CANADA.	SEPARATION ALLOWANCE.	ENGLAND or CANADA.	NAME:- SCOTT Walter Bernard								
EFFECTIVE DATE:- 1/8/18		EFFECTIVE DATE:-		NUMBER:- 3039673								
AMOUNT:- 20.00		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.										
Mrs Ellen Scott (Mother). 2252 Fremont Str. Chicago, Ill.				<table border="1"> <tr> <th>AUTHORITY</th> <th>DATE EFFECTIVE</th> <th>RANK OR APPOINTMENT</th> </tr> <tr> <td>L.P. Law</td> <td>1/8/18</td> <td>plc</td> </tr> </table>	AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT	L.P. Law	1/8/18	plc		
AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT										
L.P. Law	1/8/18	plc										
				UNIT AND TRANSFERS								
				ORIGINAL UNIT:- 87 M.G.D.F.								
				DATE ACCOUNT FIRST OPENED:- 1/8/18								
				<table border="1"> <tr> <th>AUTHORITY</th> <th>DATE EFFECTIVE</th> <th>DATE LEDGER SHEET T'S'D</th> <th>UNIT TRANSFERRED TO</th> </tr> <tr> <td></td> <td></td> <td></td> <td>6 M G D.</td> </tr> </table>	AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'S'D	UNIT TRANSFERRED TO				6 M G D.
AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'S'D	UNIT TRANSFERRED TO									
			6 M G D.									
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					
<del>20/18</del>	<del>2162</del>	<del>Willey</del>	<del>48.67</del>									
				DAILY RATES OF PAY AND ALLOWANCES								
				AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE				
					100	10						

PARTICULARS OF RENDERING NON-EFFECTIVE: *1/7/18 Bal from 10105 B. Law 1/8/18 Bal from 10104 B. Law 1/13/18 Bal from 10104 B. Law*

MONTH 1918	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
July 31	Bal from Law								33 60		
Aug	P. Pay	34 10		AR 17, 21/8 Law Pay	4 87			20	42 83		
					4 87			30			
Sept	"	33		to A.P.				20			
				A350. Halifax 20-7-18	5-						
				AR 1354 Bowley 3-9-18	4 87						
				" 4319 B.M.G.D.F. 20-9-18	4 87						
				" 4361 " 20-9-18	14 60				26 49		
					29 34			20			
Oct	"	34 10		to A.P.				20	40 59		
				AR 5011 B.M.G.D.F. 12-10-18	4 87						
				" 5290 " 26-10-18	4 87				30 85		
Nov	"	33		Cap.	9 74			20			
				" 5536 " 13-11	4 87						
				" 1278 C.M.S.R. 19-11	13 06						
Dec	"	34 10		Cap.				20			
				" 1562 " 3-12	3 73						
				" 1852 " 17-12	3 73						
Jan		34 10		Cap.				20	46 66		
					25 39			60			
Feb	P. Pay	30 80		to A.P. (Feb)				20			
				" 2237 " 6-1	3 73						
				" 5547 2nd W. C.A.C. 31.1.19	3 73						
				" 3492 C.M.S.R. 6-2	3 73						
Mar	"	34 10		Cap.				20			
				" 4152 " 18-2	3 73				56 64		
				" 4798 " 10-3	3 73						
				Forward	64 90			40			

NUMBER	RANK	NAME	MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
			31.1.19									46 66		
			24 Mar	Forward	6490			18 65			40			
							DR. 5792 . 17.3. Cuesdale	3 73				4918		
					6490			2238			40			
			Apr.		33		Left.				20			
			May		3410		1507 14/4/19 Le Harve	5 48						
							1402 15/4/19 Lf Harve	3 65						
							78 4 Apr. Reinf Dpt	3 65						
							4703 29/4 Le Harve	9 13						
							6017 15/5/19 ✓	5 23						
							Left.				20	4914		
					2710			2714			40			
			June		33		"				20			
							5162 666 26 29 4867							
							8151 " 10 19 973 Endorsed					374		
					33			5840			20			

49.18  
 67.10  
 -----  
 116.28  
 67.14  
 -----  
 49.14  
 13  
 -----  
 62.14  
 48.67  
 -----  
 13.47

Sailed Canada 18<sup>th</sup> 1911 S.L. 87, C.C.



INSTRUCTIONS

1. The first number of the code is the number of the month in which the work was done. The second number is the number of the day in the month. The third number is the number of the year. The fourth number is the number of the sheet. The fifth number is the number of the page.

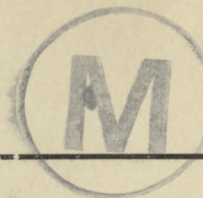
1945  
10  
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DEPT. OF HISTORICAL RECORDS

WAR SERVICE BADGE  
CLASS "A" NO. 293341

SHORT FORM.  
PROCEEDINGS ON DISCHARGE.  
(Demobilization.)



Dispersal: FA  
Occupational Group: 16

1. No. 3039673	
2. Rank. Cpl.	
3. Name. Walter Bernard Scott	
4. Unit. C. M. & C.	
5. Date of Discharge 1-7-19	Place Montreal Frontenac, Ont.
6. Reason for Discharge Demobilization	
7. Authority. R.O. 1420. D.D.#4. D.O. Pt. 11. #186	
8. Proposed Residence after Discharge 2252 Fremont St. Chicago Ill. U.S.A.	
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.? B. 39 Montreal July 1/19 Capt Scott W 10 Signature of Soldier.	
10. CONFIRMATION. The discharge of the above named man is hereby confirmed. Place Montreal H. M. T. SATURNIA Date EMB. GL' SGOW 18 6 19 DISEMB. MONTREAL 28 6 19 Signature [Signature] Discharge Section - Dispersal Station (O. C. Discharging Unit.)	



LIST OF DISCHARGE DOCUMENTS

1. Discharge Certificate	1
2. Discharge Certificate	1
3. Discharge Certificate	1
4. Discharge Certificate	1
5. Discharge Certificate	1
6. Discharge Certificate	1
7. Discharge Certificate	1
8. Discharge Certificate	1
9. Discharge Certificate	1
10. Discharge Certificate	1
11. Discharge Certificate	1
12. Discharge Certificate	1
13. Discharge Certificate	1
14. Discharge Certificate	1
15. Discharge Certificate	1
16. Discharge Certificate	1
17. Discharge Certificate	1
18. Discharge Certificate	1
19. Discharge Certificate	1
20. Discharge Certificate	1

**LIST OF DISCHARGE DOCUMENTS.**

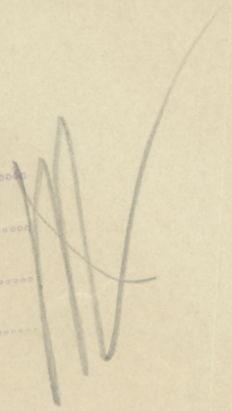
Attestation Paper, Triplicate.....	Militia Form W. 23
or Particulars of Recruit.....	Militia Form W. 133
Field Conduct Sheet.....	Militia Form W. 178 or A.F.B. 122
Casualty Form.....	Militia Form W. 54 or A.F.B. 103
Last Pay Certificate.....	Militia Form W. 44
Certificate that missing documents are unobtainable.....	
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. Triplicate 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. 5000a).
6. Field Conduct Sheet (A.F.B. 122)
7. Proceedings on Discharge (M.F.B. 218a)
8. Discharge Certificate (M.F.W. 53)  
(Enclosed in special envelope (CCM) ).
9. Copy of Discharge Certificate (M.F.W. 53).
10. Dispersal Certificate (C.D. 3).
11. Equipment [Statement Q.W.G. Form (D.O.S. 2), and Clothing]
12. Last Pay Certificate (P. 851). + *Dupe*
13. Pay Book (A.B. 64).
14. War Service Gratuity (Form M.F.W. 2595),
15. Sundry Documents.

Group..... *B*

Checked by No..... *9*

Date..... **14 JUN 1919**





Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

3<sup>rd</sup> June 1918

# Separation and Assigned Pay Branch <sup>S</sup>

16437

1<sup>st</sup> August 1918

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

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RATE OF ASSIGNMENT

\$20.00			
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*921258 HWT*

## PARTICULARS OF SEPARATION ALLOWANCE

No. 3039673  
 Rank Pte Promoted Reverted Discharge  
 Soldier's Name Scott, Walter, Bernard  
 Battalion Can. Mach. Gun Corps. Draft 87  
 Beneficiary  
 Relationship  
 Address

## PARTICULARS OF ASSIGNMENT

Name  
 Address  
 Change of Address  
 1 MRS. ELLEN SCOTT,  
 2252 FREMONT ST.,  
 2 CHICAGO, ILL. U.S.A. 20 20.00  
 3 % 3039673 PTE WALTER BERNARD SCOTT  
 4 TWENTY DOLLARS

Date 1918.	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
Aug.	X 41762		20	20	✓
Sept.	Z 53516		20	20	✓
Oct.	W 68452		20	20	✓
Nov.	Z 83024		20	20	✓
Dec.	Z 99791		20	20	✓
Jan.	Z 113591		20	20	✓
Feb.	Z 126646		20	20	✓
Mar.	Z 138482		20	20	✓
Apr.	Z 7257		20	20	✓
MAY	Z 14931		20	20	
JUNE	Z 20163		20	20	

*016409-N-164*  
*Mar 3/19 MKO.C.P. 1035-96 - Destroy 3/19*

ENTERED IN  
 AUG 22 1918  
*1870*

M. F. W. 128.  
 40M. 6-17-172-39-1164  
 L. L. 2320-M. & D. 799.

A/c Closed 30-6-19  
 Ret'd per Saturnia  
 Date 29/6/19 M.F.W 187 3/7/19  
 Closed J. Bradney M.D. 4

AUTHORITY M.D. 2B-8  
 FOR y. Bouchard  
 NEW ACCT. 21-8-18





