

**177th OVERSEAS BN.
ATTESTATION PAPER.**

ORIGINAL
No. **853029**

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

Folio.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname? Scott
- 1a. What are your Christian names? Albert
- 1b. What is your present address? Bradford
2. In what Town, Township or Parish, and in what Country were you born? Medonte Township, Ontario Prov. Canada
3. What is the name of your next-of-kin? Mrs. Robert Campbell
4. What is the address of your next-of-kin? Bradford P.O. No. 21. P. F. O. Ont.
- 4a. What is the relationship of your next-of-kin? Sister
5. What is the date of your birth? Feb. 15th, 1880
6. What is your Trade or Calling? Farm Labour
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? In 36th Rec Co. Regiment, Can. Militia. 12 camps
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, Albert 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.

Albert + Scott (Signature of Recruit)

Date March 30th, 1916. Maxwell Grantman (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Albert 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.

Albert + Scott (Signature of Recruit)

Date March 30, 1916. Maxwell Grantman (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 Bradford this 30th day of March 1916.

Geo. Elmer (Signature of Justice)

Thos. Pratt, P. M.
Lieut. 177th Batt. C.S.A.

Mar 30/16

Description of Albert Scott on Enlistment.

Apparent Age... 36 years months.
 (To be determined according to the instructions given in the Regulations for Army Medical Services.)

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

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

Height..... 5 ft... 8 ins.

scar about one inch long on right thigh just above knee.

Chest measurement. { Girth when fully expanded..... 35 ins.
 Range of expansion..... 3 ins.

Complexion..... Fair

Eyes..... Gray

Hair..... Brown

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

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..... March 30th 1916

Place..... Bradford

F. C. Stevenson
 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.

Albert 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.

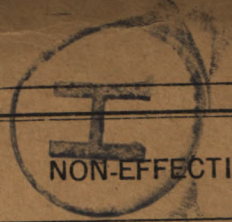
[Signature]..... (Signature of Officer)

Date..... MAY 13 1916 1916

[Signature] Lt.-Col.
 Com'dg. 177th Batt'n C.E.F. BARRON

REGIMENTAL DOCUMENTS

NAME SCOTT, Albert *Pte* REGT. NO. 853029 UNIT 4th Inf. Bn. H. Q. FILE NO. _____



CONTENTS

DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

M. F. W. 2505
REFERENCE

NON-EFFECTIVE BY

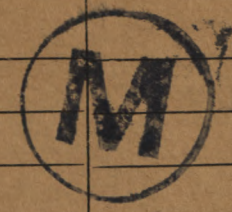
DEATH

Category

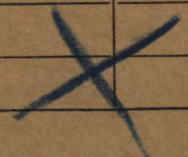
DISCHARGE

Category

DESERTION



08129



7/5/1918



2

1

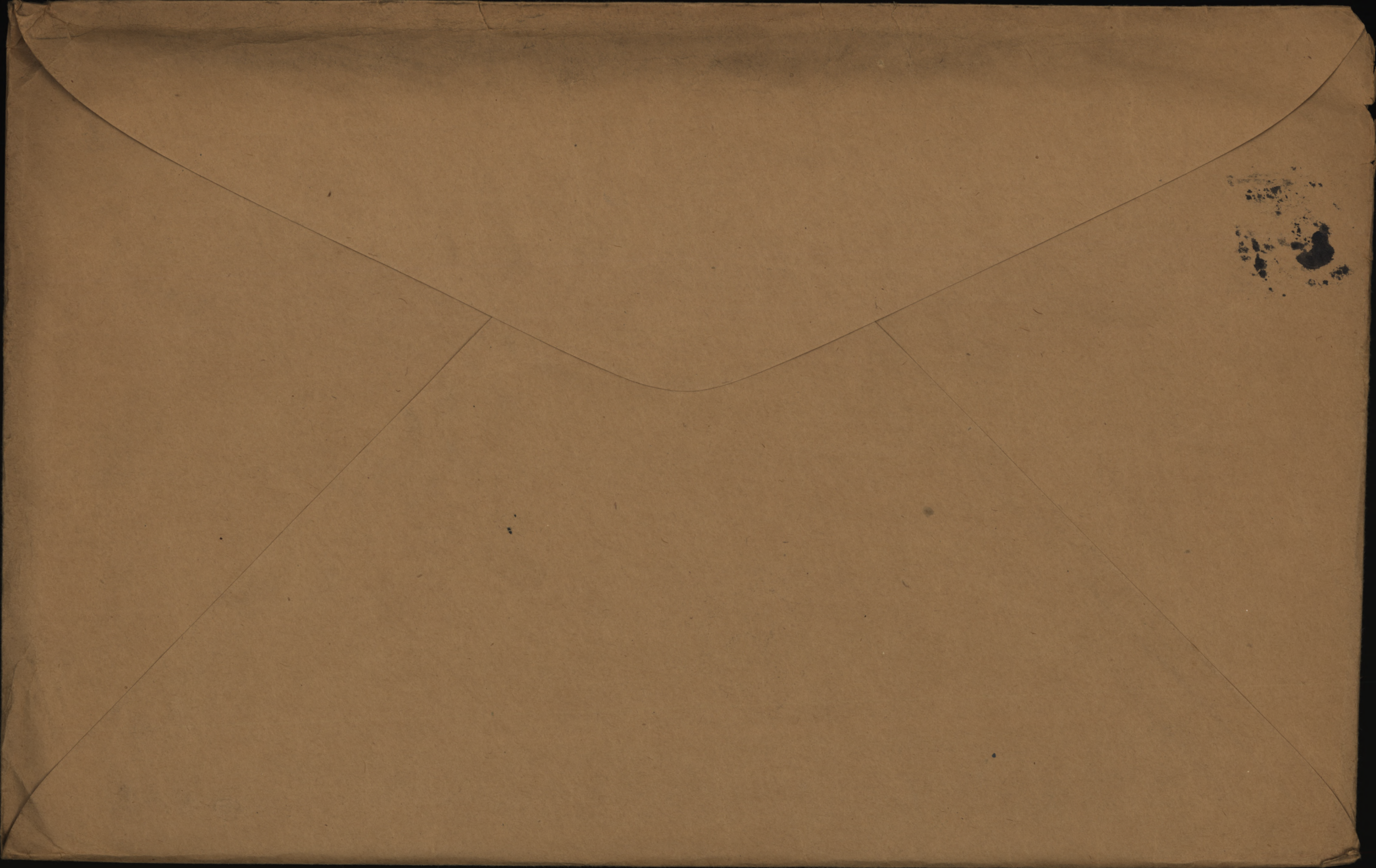
1

1

1

2

*M. F. W. 67.
Miss.
Payton*



M04
Wae

Number 853029 Rank

Pte ~~B~~
✓

Surname SCOTT

Christian Name Albert

Units 4th Bn Can Inf Theatre of War France

Date of Service 6-9-17

Remarks

Latest Address Bradford Ont

Roll No

B
Page 11307

Next of kin _____

Address on leave _____

Address on discharge _____

Transportation issued Yes No Date _____

Character on discharge _____

Previous occupation _____

Date and place of enlistment _____

Diagnosis _____

Date of Medical Boards _____

Date

Remarks

DESP. MAR 11 1922
REGN. NO. 111/209

—Name will be given in full; surname first.

SURNAME. *Scott*

CHRISTIAN NAMES *Albert*

REGL. NO. *853029*

RANK *Pte.*

UNIT *147th*

FORMER CORPS *36th Peel W. Regt. (12 camps)*

CARD NO.

*Disposal Area? No. 2.
SOS 24-4-14 Donob
FOLL.
20119-427-474218*

Bn.

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL *Campbell, Mrs. Robert-*

RELATIONSHIP TO SOLDIER *Sister*

ADDRESS *R. F. H. No. 2, Bradford, Ont.*

COUNTRY OF BIRTH *Canada Medonte Tp. Ont.*

DATE *Feb. 15th, 1880.*

PLACE OF ATTESTATION *Bradford, Ont.*

DATE *Mar. 30th 1916*

2/83-5-17 ⁸³⁸/₁₈

Pte. 21-4-19 ³⁰⁹/₁₇₄

From Halifax Per. Id. "Metagama" 3-5-19

MARRIED

SINGLE yes

WIDOWER

TRADE OR CALLING

Farm Labourer

RELIGION

Church of England

DESCRIPTION.

APPARENT AGE

36

YEARS

MONTHS

HEIGHT

5

FEET

8

INCHES

CHEST MEASUREMENT

35

INCHES

EXPANSION

3

INCHES

COMPLEXION

Fair

EYES

Grey

HAIR

Brown

DISTINGUISHING MARKS

Scar about one inch long on R. thigh,
just-above knee.

MEDICAL EXAMINATION.

PLACE

Bradford, Ont.

DATE

Mar. 30th 1916.

Present address

Bradford, Ont.

No. 653029 RANK

pte

NAME *Scott A.*

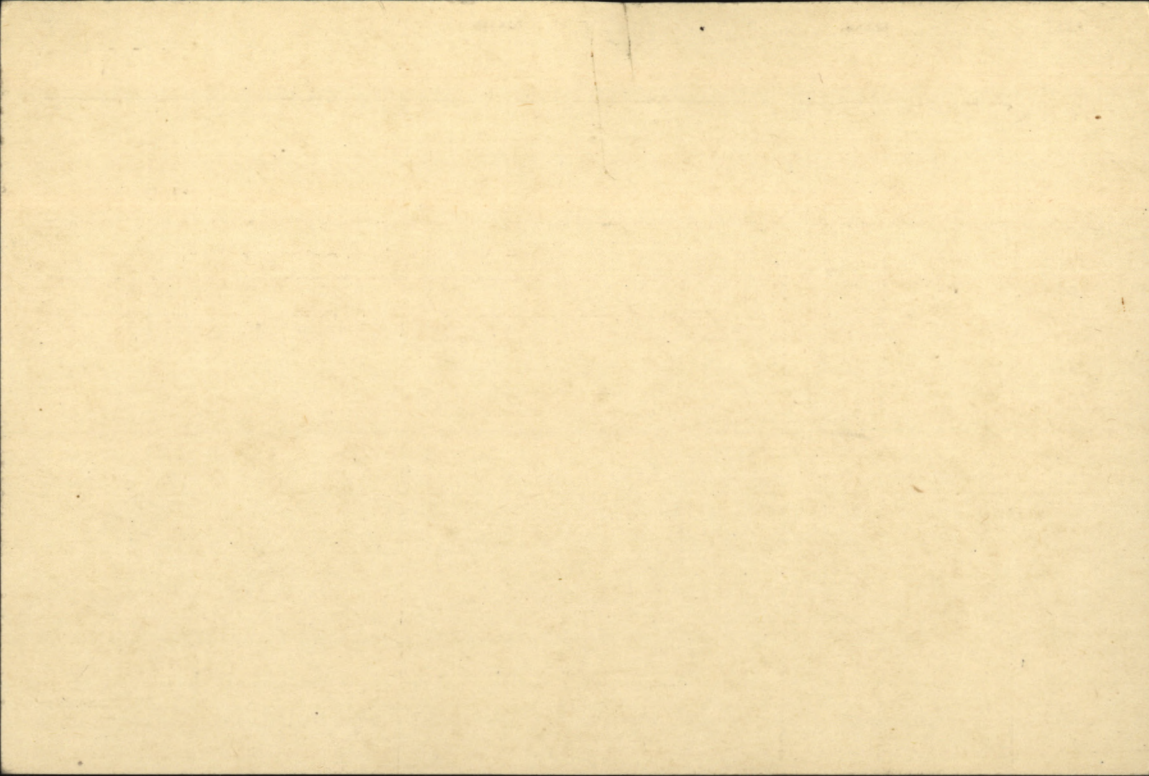
T. O. S. 70-3-16
D.O. # 4-8-4-16

UNIT *177th Battalion
Bradford Detch.*

M. D. *2*

			PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
PAID FROM	PAID TO	SIG. OR REC'T	PARTICULARS	AUTHORITY
<i>1916</i>	<i>1916</i>			
<i>Mar. 30</i>	<i>Apr. 30</i>	<i>✓</i>		
<i>May</i>		<i>✓</i>		
<i>June</i>		<i>✓</i>		
<i>July</i>		<i>✓</i>		
<i>Aug.</i>		<i>✓</i>		
<i>Sept.</i>		<i>✓</i>		
<i>Oct.</i>		<i>✓</i>		
<i>Nov.</i>		<i>✓</i>		
<i>Dec.</i>		<i>✓</i>		
<i>1917</i>	<i>1917</i>			
<i>Jan.</i>		<i>✓</i>		
<i>Feb.</i>		<i>✓</i>		
<i>Mar.</i>		<i>✓</i>		
<i>Apr.</i>		<i>✓</i>		

**UNIT SAILED
MAY 3 1917**



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. 853029 Rank Plt Surname SCOTT
(Given name in full)
Albert
 Unit or Corps 4th Battalion Birthplace Harris Co. Tex

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

1. GENERAL DESCRIPTION:

Estimated

Physique good Weight 150 lbs. Height 5 ft. 7 in. Colour of Eyes Hazel
 Nutrition good
 Pulse 76 regular
 Condition of arteries soft
 Vision Rt. 6/12 Left 6/12
 Hearing (conversational voice) Rt. 20 ft.
 Left 20 ft.

Identification marks, scars, or deformities.
 (Give cause and date of origin.)

Vaccination marks
left arm

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 Sytem 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 no

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.

nil

EXAMINATIONS.

THIS SECTION FOR USE OVERSEAS—

Examined at Blenheim (Overseas)

Date 27/7/19

Signed Alfred Lewis St. John 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 W. J. C. [unclear]

(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 Medical Board.)

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

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canada Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) SCOTT, A.
REGIMENT 4 Can Bde RANK Pte. No. 853029

Date of Examination in England 25.3.19 | 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.



15 I

PRESENT DENTAL REQUIREMENTS

1. FILLINGS _____
2. EXTRACTIONS 7
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 gs
- (b) In England gs
- (c) In France gs

BRAMSHOTT CAMP
HANTS.

Signature of Dental Officer R.A. Aejae
Capt

UNITED STATES DEPARTMENT OF AGRICULTURE
BUREAU OF PLANT INDUSTRY

Washington, D. C.
No. 1000
Date

TO THE DIRECTOR, BUREAU OF PLANT INDUSTRY,
WASHINGTON, D. C.

FROM

REPLY TO

BY

FOR

1000

1697

ORIGINAL ORIGINAL MEDICAL HISTORY SHEET.

Surname Scott Christian Name Albert

Examined { on 30th day of March 1916
at Bradford Approved by F. C. Stevenson

Birthplace { City or Town Bradford Rank _____ M.O.
County Medonte Township

Apparent age 36 Pro. Satisfy

Trade or occupation Farm laborer M.O.

Height 5 Feet 8 Inches M.O.

Weight 150 Lbs. M.O.

Chest measurement { Minimum 32 inches M.O.

{ Maximum expansion 35 inches M.O.

Physical development good M.O.

Small-Pox Marks no M.O.

Vaccination Marks { Arm Right — Left 0 M.O.

{ Number 0

When Vaccinated last no 2/12/16 good Halling M.O.

(a) Marks indicating congenital peculiarities or M.O.

previous disease Scar. at on inchi M.O.

long. on Right thigh also three

(b) Slight defects but not sufficient to cause rejection

no 29/1/16 good Halling M.O.

6/12/16 4 Halling M.O.

12/17/16 1 Halling M.O.

Enlisted on 30th day of March 1916 at Bradford

	CORPS.	REG'T. NUMBER.	MARKS.	DATE.
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Joined on enlistment	<u>177 OS. Bn.</u>	<u>853029</u>	<u>good.</u>	<u>30/3/16</u>
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Transferred to	<u>CEF</u>			<u>5.9.17</u>
	<u>4th Bn. Can.</u>			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
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15

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.

Mar 30/16

J. M. G.

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.

- (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..... 177th. O.S. Bn. C.E.F.

(2) Regimental Number 853029

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

(4) Place of Birth..... Shanty Bay Ont.

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

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

(b) Present Postal Address.....

(7) Are you a widower?

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

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

Also their names and ages.....

(9) Is your Father alive?.....**No.**.....

If so, state name and address

(10) Is your Mother alive?.....**No.**.....

If so, state name and address.....

(11) If your Mother is a widow.....

Are you her sole support, or not?.....

(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.

Mrs Robert Campbell, Bradford Ont.

(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? **One.** **No.**

If so, in what Company?.....

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

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

Geo H Rodgers Major
Acting O. C. 17th O. S. Bn., C. E. F.
Officer Commanding.

Date.....**March 8th 1917**.....

15

1697

HSB Class 'A'

113

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

Casualty Form—Active Service.

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

Unit, Regiment or Corps 177th OVER

Regimental No. 853029 Rank Private Name Scott, Albert

C. E. F.

Enlisted (a) 30/3/16 Terms of Service (a) C.E.F. Service reckons from (a) 30/3/16

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

Extended _____ Re-engaged Qualification (b) Labourer

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 38, 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. 38, or other official documents.
Date	From whom received				

Embarked on		H.M.S. METAGAMA	Halifax	MAY - 1	1917	Remarks Part II. C. ho 113 of 14-5-17
		When embarked	Liverpool	14.5.17		

CERTIFIED CORRECT.
14/5/17
13/5/17
5-9-17
JAN. RECORDS, LONDON.

177 th Bn	TRANSFERRED TO	3RD RES. BATTALION C.E.F.	14/5/17	
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C. 3rd Res. Bn. C.E.F.	Taken on Strength	W Sandling	14/5/17	Pl H Do O 135
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3RD RES. BATTALION C.E.F.	S.O.S. to 4 th Batta	W Sandling	5/9/17	Pl 2 D.O. 245
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W Sandling
Col.
O.C. 3rd RESERVE BN. C.E.F.

(a) In the case of a man who has re-engaged for, or enlisted into Section D. Army Reserve, particulars of such re-engagement or enlistment will be entered.
(b) e.g. Signaller, Shoeing Smith, etc., etc., also special qualifications in technical Corps duties. [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				
6-9-17	1st C. B. D.	ARRIVED ^{1st} C. B. D.	FRANCE	6-9-17	N. R. D. <u>6-9-17.</u> PART II ORDERS No <u>83</u> D <u>10-9-17</u>
	1st ² C. B. D.	LEFT ^{1st} C. B. D. FOR	C. C. R. C.	15-9-17	N. R. D. <u>6-9-17</u>
	O. C. BN	ARRIVED _____ BN.	FIELD		B. 213 D _____
17-9-17	CCRC	arrived	CCRC	17-9-17	N.R.
1.10.17		dep for unit field		1.10.17	N.R.
6.10.17	Alh BN	JOINED UNIT	"	1.10.17	B213
5-1-18	1st Cdu Div Train	Attached for duty	1st Cdu Div Train	4-1-18	do
17-2-18	4th Bn	Attached for duty	do	2-1-18	Letter no 21-286, file K. 9. 16-28636
27-3-18	do	Rejoined 4th Bn	Field	21-2-18	From Roll, AAS, Cdu see file K. 9. 18-5209 & Letter no 21-290 d/3-6-18, file K. 9. 17-335.
3-5-18	do	Attached Town Major Ste Catharines		12-4-18	{ do. SOC 1st C. B. D. no 25/613/30 d/11-4-18.
22-7-18	do	Rejoined unit from Command	Field	6-5-18	Letter no 21-752, AAS, K. 9. 17-335.
SEP 28 1918	4th CAN EN	GRANTED 14 DAYS LEAVE	W.K.	29-9-18	B 213 PL 11 No <u>122</u> d/OCT. 5. 1918
19-10-18	do	Returned from leave	Field	17-10-18	do
JAN 16 1919	4th CAN BN	Awarded one Good Conduct Badge	do	30-3-18	Letter, file K. 9, 18-23616 PL 11 No <u>7</u> d/... JAN 31 1919
	Emb. Camp.	Proceeded to England.		MAR 22 1919	N.R.

W. K. Hewitt

LIEUT.
FOR Lt. COL.
A. A. G.
Pt. 2 O. No. dl.

SERVICE AND CASUALTY FORM (Part I).

Army Form B, 103-I.
Part I.

(1)*Substantive rank *Acting rank *{To be entered in pencil to facilitate alteration.} (4) Surname (5) Christian Names (6) Army Form, number of, Attestation } Form or Record of Service paper } (7) Whether of British or of Alien origin [<i>vide</i> A.C.I. 578 of 1918] (8) Date of birth as stated on enlistment (9) (a)	(2) Regiment or Corps	(3) Regtl. No.
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(10) Enlistment (b)	(11) Engagement (c)
(12) Service reckons from (date)	(13) Special conditions (if any) of enlistment (d)
(14) Any subsequent variations (if any) } of conditions of service }	Initials and Rank of an Officer.
(Authority)	(date)

(15) Category	Date	Medical Authority	Initials and Rank of an Officer	(16) (Record of Occupation in Civil life (<i>vide</i> Army Order 93 of 1917)
				Industrial Group No.
				Trade or Calling
				Married or Single
				Particulars of Trade Test
				Occupation Cards despatched on (date)
				Second Occupation Card despatched on (date)

(17) Next of Kin	
(18) Demobilizer (f)	(Place)
(19) Pivotal-man (f)	(Date)
(20) Qualifications (g)	or (21) Corps trade and rate
(22) Extended }	(23) Re-engaged }
(24) Miscellaneous entries:—	

NOTES.—[a] Here enter particulars of any subsequent claim as to actual age after verification by birth certificate [*vide* A.C.I. 470 of 1918. [b] Whether direct or voluntary enlistment or called up under the Military Service Acts. [c] Whether for specified term of years or for duration of the war. [d] Whether "for Home Service only," or "not to be retained without the soldier's consent, &c. [e] If to be retained on Home Service, period, if specified, to be stated, also authority, and on what grounds. [f] Required for demobilization purposes. [g] Signaller, Shoing-smith, &c.

Army Form B. 103 (II.) to be gummed on here if required.

Nothing to be written in this margin.

W1889—PP 1150 1M 5/18 G.W.P.Co.(3490)

853029. SCOTT. ALBERT.

(A) Report		(B) Authority of Part II. of Orders	(C) 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.	(D) Place of casualty	(E) Date of promotion, reduction, reversion, casualty, &c.	(F) Remarks, and initials and rank of an officer
Date.	From whom received					

12/4/19. S.O.S.

PROCEEDED TO CANADA

but 2 Orders. 12/12. C.B. Hallwood Lt. Col. LIEUT. COL. COMMANDING 4th CANADIAN BATTALION.

OLYMPIC SOUTHAMPTON

15-4-19
~~W. Kelly~~
ADJUTANT H.M.S.

APR 15 1919 O.S. T. O. S. No. 2 DISTRICT DEPOT, TORONTO. 1919 PART II D. 0.119
APR 24 1919 S. O. S. (DISCHARGED FROM H. M. S.) No. 2 DIS. DEPOT, PART II D. 0.119

W. Kohler, Lieut.
For O. C. No. 2 District Depot.

Nothing to be written in this margin.

LTR

Rank

Name SCOTT, Albert

Reg'l No.

853029

Unit

If in perm. Corps, }
What Unit? }

Married or Single Single.

177 Bn to 1st Cent. Ont. Regt.

Place and Date of Enlistment Bradford, March 30th, 1916. Place of Birth Medonte Twp.

Name and Address, Next-of-Kin Mrs Robert Campbell.

Ontario

Bradford, No. 2. R.F.D. Ontario

Relationship

Sister.

Assigned Pay Monthly \$

Payable to

Relationship

Separation Allowance \$

Payable to

Relationship

N/E R. 23124
File R.L.
Category CAN. OR

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 14 5 17. S/S. METAGAMA.					
14-5-17	177Bn S. O.S	to 3rd Res. Bn	Otterpool	14-5-17	3 Res Bn Do. 135. 18.5.17
5.9.17	3 Res	Ad 184 Bn	W. Sand	5.9.17	110 th 215 159-7 4 Bn
31.1.19	4 Bn	1 G. C. Badg.	"	Yield	16.9.18 - 4
25.3.19	" "	Procto England	" "	22.3.19 - 23	107 27.3.19 G. Wing C.C.C.
APR 14	19	CCCC SOS TO	CAN	Apr 14 19	DO 12
49-1-191 14/4/19					

A. B. 103 CHECKED
SERIAL 913

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

War Service Badge
Class "A" No.

THIS IS TO CERTIFY that No. 853029 (Rank) PTE
 Name (in full) SCOTT ALBERT. enlisted in
 the 177. Bn
 CANADIAN EXPEDITIONARY FORCE at Bradford Ont on the 30th
 day of March 19 16
 HE served in 4th Inf Bn
 and is now discharged from the service by reason of
 Demobilization.
~~Medical Unfitness.~~

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

Age <u>39</u> Height <u>5ft 8</u> Complexion <u>Fair</u> Eyes <u>Gray</u> Hair <u>Brown</u> <u>W.D. Ott</u>	Marks or Scars <u>racc marks</u> <u>left arm</u>
--	---

Signature of Soldier

[Handwritten Signature]

Date of Discharge No. 2 DISTRICT DEPOT APR 24 1919 TORONTO 	Issuing Officer FOR O.C. No. 2 District Depot. Rank Date <u>APR 24 1919</u> 19 <u>19</u>
---	--

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

**CANADIAN EXPEDITIONARY FORCE
DISCHARGE CERTIFICATE**



THIS IS TO CERTIFY that No. _____ (Rank) _____

Name (in full) _____

He _____

CANADIAN EXPEDITIONARY FORCE at _____ on the _____ day of _____ 19____

HE served in _____

and is now discharged from the service by reason of _____ (Medical Condition) _____ (Demobilization)

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

Age _____	Rank or Grade _____
Height _____	
Complexion _____	
Eyes _____	
Hair _____	

Signature of Soldier _____

Place of Discharge _____

_____ (Rank) _____

Date _____ 19____

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

FORM OF WILL.

I, Albert Scott. (Name in full)

Regimental Number 853029 serving in 177th OVERSEAS BATT'N, C. E. F.

of the Canadian Expeditionary Force, do hereby revoke all former Wills by me made and declare this to be my last Will.

I bequeath all my real estate unto

<u>Mrs Robert Campbell (Sister)</u>	} Name and Address of person or persons to whom it is to go.
<u>Bradford Ont.</u>	

absolutely, and my personal estate I bequeath to

<u>Mrs Robert Campbell.</u>	} Name and Address of person or persons to receive personal estate* (See note).
<u>Bradford Ont.</u>	

IMPORTANT

NOTE

This must be Signed
and Dated by
THE SOLDIER
HIMSELF.

this Eight day of March A. D. 191 9

Albert X Scott Signature of Soldier.
mark

*N.B.—Personal estate includes pay, effects, money in bank, insurance policy, in fact everything except real estate.

Signed and acknowledged by the Testator as and for his last Will in the presence of us both present at the same time, who in his presence, at his request, and in the presence of each other have hereunto subscribed our names as Witnesses.

The above has been read & fully explained to testator

Signature of First Witness Stanford Capt

Address of Witness 439 Dalmer Rd Toronto

Occupation of Witness Student

Signature of Second Witness J.W. Magnus Lieut

Address of Witness Penetanguishene Ont

Occupation of Witness Supt Boat Factory

THE TWO
WITNESSES
MUST
SIGN HERE



100



FORM OF THE

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ASSIGNED PAY.
MILITIA AND DEFENCE

M. F. W. 11.
50m.—4-16.
H. Q. 1772-39-818.

SEPARATION ALLOWANCE

Name

Mrs Ann Campbell

Name of Soldier

Scott A.

Address

*Bradford
Ont*

Regtl. No.

853029

Rank

Pte

Corps

177 Batta

Relation to Soldier

wife, child or mother

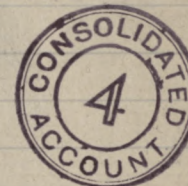
*Rate 2000
MAY 1-1917*

To what Corps belonging

when called out

PAYMENTS

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



1929
1929

ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2.

Mr Ann Campbell

PAYMENTS.

Name of Soldier

Scott A

L. L. Job 4503.-Req. 6832.

Pte 853029

177 Batta

Month.	Year.	Cheque No.	Amt.	Remarks.
			<i>2000</i>	
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1917			
Feb.				
March				
April		<i>L12700</i>	<i>20</i>	
May		<i>L12700</i>	<i>20</i>	
June		<i>U17980</i>	<i>20</i>	<i>cu</i>
July		<i>V25054</i>	<i>20</i>	<i>D</i>
Aug.		<i>M34864</i>	<i>20</i>	
Sept.		<i>S39678</i>	<i>20</i>	
Oct.		<i>L45186</i>	<i>20</i>	
Nov.		<i>P52172</i>	<i>20</i>	
Dec.		<i>W59171</i>	<i>20</i>	
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

MAY 1- 1917

AS MP

1800

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier _____

PAYMENTS.

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

* Strike out whichever inapplicable.

ASSIGNED PAY.	ENGLAND OR CANADA.	SEPARATION ALLOWANCE.	ENGLAND OR CANADA.
EFFECTIVE DATE:- 1.5.17		EFFECTIVE DATE:-	
AMOUNT:- 20 ⁰⁰ / _{XX}		AMOUNT:-	

NAME:- *SCOTT Albert*

NUMBER:- *853029*

NAME, ADDRESS, RELATIONSHIP & AUTHORITY

Mrs A Campbell
Bradford, Ont.
(Sister)
Map 1/4/14

WHEN PAYEE OF A.P. IS THE SAME AS PAYEE OF S.A. THE WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE.

PARTICULARS OF RANK OR APPOINTMENT		
AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		<i>10</i>

UNIT AND TRANSFERS

ORIGINAL UNIT:- *177th Bn.*

DATE ACCOUNT FIRST OPENED:- *15.5.17*

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET TSPD	UNIT TRANSFERRED TO
			<i>4th Bn.</i>

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
<i>27/3.</i>	<i>1287.</i>		<i>18 67</i>				

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
	<i>1</i>	<i>10</i>		

PARTICULARS OF RENDERING NON-EFFECTIVE:- *To Canada 1/4/14 W.R. 2/5/647 28/3. M.D. 2. D-9⁵⁸.*

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
<i>Apr</i>	<i>Balance forward</i>								<i>5521</i>		
	<i>P. Pra.</i>	<i>33</i>		<i>AR 34 11.4.18 4th Bn.</i>	<i>3 57</i>			<i>20</i>	<i>6464</i>		
		<i>33</i>			<i>3 57</i>			<i>20</i>			
<i>May</i>	<i>P. Pra.</i>	<i>34 10</i>		<i>AR 47 3.5.18 8th Bn.</i>	<i>3 57</i>						
				<i>237 18.5.18 4th Bn.</i>	<i>4 46</i>						
				<i>CAP</i>				<i>20</i>	<i>70 71</i>		
		<i>34 10</i>			<i>8 03</i>			<i>20</i>			
<i>June</i>	<i>P. P + A.</i>	<i>33</i>		<i>CAP</i>				<i>20</i>			
				<i>A.R. 301 3.6.18 4th Bn.</i>	<i>3 57</i>						
				<i>A.R. 449 19.6.18 -</i>	<i>4 46</i>				<i>75 68</i>		
		<i>33</i>			<i>8 03</i>			<i>20</i>			
<i>July</i>	<i>P. P + A</i>	<i>34 10</i>		<i>C.A.P.</i>				<i>20</i>			
				<i>A.R. 87 3.7.18 1 Bde. 2.</i>	<i>3 57</i>						
				<i>290. 22.7.18 - " "</i>	<i>4 46</i>				<i>81 85^R</i>		
		<i>34 10</i>			<i>8 03</i>			<i>20</i>			
<i>Aug</i>	<i>"</i>	<i>34 10</i>		<i>CAP</i>				<i>20</i>	<i>95 85</i>		
		<i>34 10</i>						<i>20</i>			
<i>Sept</i>	<i>"</i>	<i>32</i>		<i>AR 554 11g -</i>	<i>3 57</i>						
				<i>599 12g 3 Bde</i>	<i>3 57</i>						
				<i>CAP</i>				<i>20</i>			
				<i>580 28g #2.1 Bde.</i>	<i>3 57</i>						
				<i>6164g. 24g 1. C.B.</i>	<i>9 33</i>				<i>775</i>		
		<i>33</i>			<i>100 00</i>			<i>70</i>	<i>- 81</i>		
<i>Oct.</i>	<i>"</i>	<i>34 10</i>		<i>ban AP</i>	<i>108 04</i>			<i>20</i>			
				<i>899. 26/10/18.</i>	<i>3 73</i>				<i>11 18</i>		
		<i>34 10</i>			<i>3 73</i>			<i>20</i>			

NUMBER 853029 RANK

PH NAME Scott A



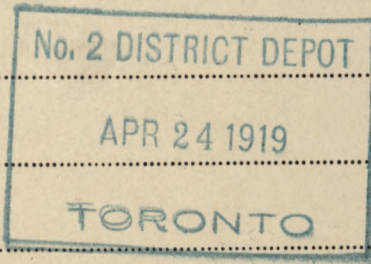
MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
1918	Bgt 701								1118		
Nov	P. Pay	33-		ban. ar.				20			
Dec		3410						20			
Jan		3410		ar. 1323- 16/11. 4th Brn. car.	373			20	4865		
Feb	P.P.	10120			373			60			
Mar	Mer	3080		ar 1601. 17/12 4 Brn	1557						
		3410		✓ 1761. 4/1/19 ✓	377						
				✓ 2021. 7/1/19 ✓	373						
				✓ 2220. 13/2/19 ✓	397						
				C.A.P. Feb Mar				40			
				ar 3888 4/3/19 4 Brn	373				3929		
april		6490			3426			40			
				ar 1487 27/3 4 Brn	4867				938		
					4867						

48 65
 64 20
 113 85
 74 26
 39 29
 48 67
 9 38

So I Canada
 Lt. 49. 14/4/19 MIDV

War Service File No. 28682 H.A.I
Class "B" No. O.G. 1

SHORT FORM.
PROCEEDINGS ON DISCHARGE.
(Demobilization.)

1. No. <u>853029</u>		
2. Rank. <u>PTE</u>		
3. Name. <u>SCOTT. ALBERT.</u>		
4. Unit. <u>4th Inf Bn</u>		
5. Date of Discharge	<u>APR 24 1919</u>	Place <u>Toronto Out Can.</u>
6. Reason for Discharge..... <u>Demobilization</u>		
		
7. Authority. <u>No. 2 District Depot, Part II, D.O. No. 119</u>		
8. Proposed Residence after Discharge..... <u>Bradford Out Can</u>		
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. ?		
		<u>W. S. Scott</u> Signature of Soldier.
10. CONFIRMATION.		
The discharge of the above named man is hereby confirmed.		
Place.....		
Date.....		
Signature.....		<u>[Signature]</u> (O. C. Discharging Unit.)

PROCEEDINGS ON DISCHARGE

(Discharge Proceedings)

1. Name: ALBERT [unclear]

2. Rank: [unclear]

3. Service: [unclear]

4. Unit: [unclear]

5. Date of Discharge: APR 24 1919

6. Reason for Discharge: [unclear]

7. Authority: [unclear]

8. Proposed Residence after Discharge: [unclear]



CERTIFICATE TO BE SIGNED BY SOLDIER

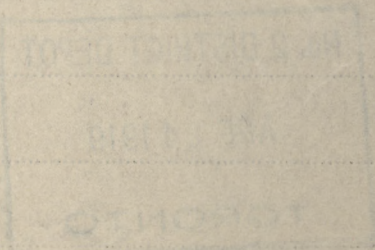
I hereby acknowledge that at the underlined place and date I received my discharge Certificate

M. T. W. [unclear]

Signature of Soldier

CONFIRMATION

The discharge of the above named man is hereby confirmed.



(G. C. Discharge Unit)

LIST OF DISCHARGE DOCUMENTS

Medical History Sheet	Medical History Sheet
Proceedings of Medical Board	Proceedings of Medical Board
Medical Report	Medical Report
Regimental Conduct Sheet	Regimental Conduct Sheet
Company Conduct Sheet	Company Conduct Sheet
Field Conduct Sheet	Field Conduct Sheet
General Form	General Form
Part Pay Certificate	Part Pay Certificate
Certificate that missing documents are undetectable	Certificate that missing documents are undetectable
Medical History Sheet	Medical History Sheet
Proceedings of Medical Board	Proceedings of Medical Board
Medical Report	Medical Report
Regimental Conduct Sheet	Regimental Conduct Sheet
Company Conduct Sheet	Company Conduct Sheet
Field Conduct Sheet	Field Conduct Sheet
General Form	General Form
Part Pay Certificate	Part Pay Certificate
Certificate that missing documents are undetectable	Certificate that missing documents are undetectable

1. Medical History Sheet (M.F. 178)
2. Proceedings of Medical Board (M.F. 179)
3. Medical Report (M.F. 180)
4. Regimental Conduct Sheet (M.F. 181)
5. Company Conduct Sheet (M.F. 182)
6. Field Conduct Sheet (M.F. 183)
7. General Form (M.F. 184)
8. Part Pay Certificate (M.F. 185)
9. Certificate that missing documents are undetectable (M.F. 186)
10. Medical History Sheet (M.F. 187)
11. Proceedings of Medical Board (M.F. 188)
12. Medical Report (M.F. 189)
13. Regimental Conduct Sheet (M.F. 190)
14. Company Conduct Sheet (M.F. 191)
15. Field Conduct Sheet (M.F. 192)
16. General Form (M.F. 193)
17. Part Pay Certificate (M.F. 194)
18. Certificate that missing documents are undetectable (M.F. 195)

Group _____
 Checked by _____
 Date _____

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. 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..... **13**

Checked by No..... **15**

Date..... **12/1/19**

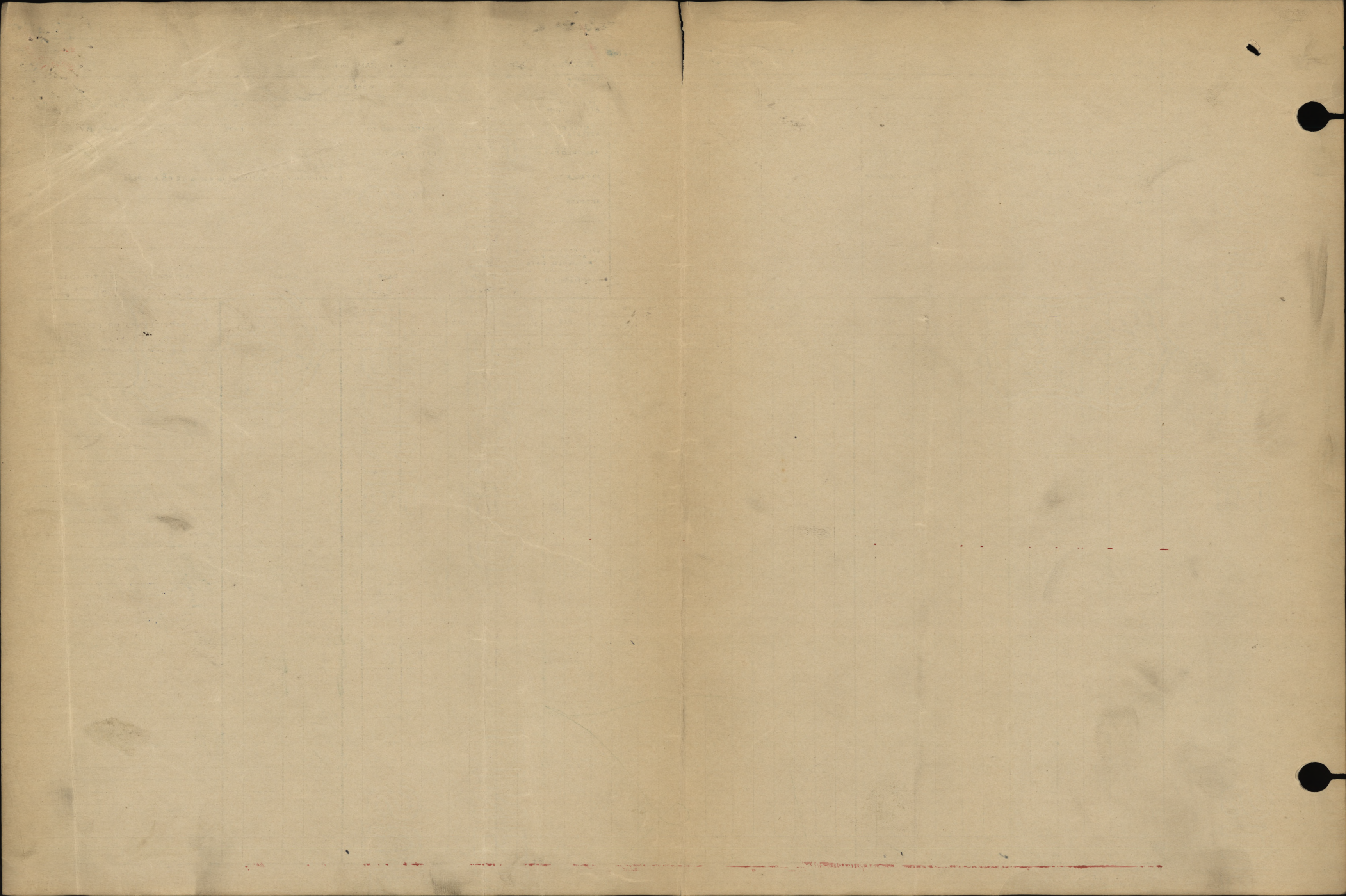
PROMOTIONS, REDUCTIONS AND REVERSIONS AFFECTING DAILY RATE OF PAY AND ALLOWANCES

REGT. No. 853029 RANK Pte. NAME (IN FULL) SCOTT A.

Form with fields: M. OR S., NEXT OF KIN, RELATIONSHIP, PARTICULARS, EFFECTIVE DATE, AUTHORITY, ORIGINAL UNIT C.E.F., PLACE OF ATTESTATION, DATE OF ATTESTATION, TRANSFERRED TO, DATE, AUTHORITY, IS SEPARATION ALLOWANCE PAID?, DATE EFFECTIVE, TO WHOM PAID, RELATIONSHIP, ADDRESS, PAYABLE TO, ADDRESS, STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE, DISCHARGED, PLACE, DATE, REASON, AUTHORITY, IF ENTITLED TO POST DISCHARGE PAY.

Table with columns: MONTH, PAY AND F.A., OTHER CREDITS, TOTAL CREDITS, ACQUITTANCE ROLLS, CASH PAYMENTS, ASSIGNED PAY, REGIMENTAL CHARGES, OTHER CHARGES, TOTAL DEBITS, BALANCE, DEBIT, CREDIT, T.O.S., D.O., SUBPARTICULARS OR REMARKS.

BALANCE FROM PREVIOUS ACCOUNT



Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

01792

May 17

OVERSEAS CONTINGENTS

S

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

20.			
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*721154
HSA*

PARTICULARS OF SEPARATION ALLOWANCE

No. *853029*

Rank *Pte.* Promoted Reverted Discharge

Soldier's Name *A. Scott*

Battalion *174 Battrn.*

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name *Mrs Ann Campbell*

Address *Bradford Ont.*

Change of Address

1

2

3

4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
<i>1917</i>					<i>016401-A-133</i>
<i>Dec 31</i>	<i>—</i>		<i>180</i>	<i>180</i>	
<i>Jan 1918</i>	<i>X 71973</i>		<i>20</i>	<i>20</i>	<i>✓</i>
<i>Feb.</i>	<i>R 73180</i>		<i>20</i>	<i>20</i>	<i>✓</i>
<i>Mar.</i>	<i>S 99500</i>		<i>20</i>	<i>20</i>	<i>✓</i>
<i>Apr.</i>	<i>S 11195</i>		<i>20</i>	<i>20</i>	<i>✓</i>
<i>May</i>	<i>V 19193</i>		<i>20</i>	<i>20</i>	<i>✓</i>
<i>June</i>	<i>U 25105</i>		<i>20</i>	<i>20</i>	<i>✓</i>
<i>July</i>	<i>E 24529</i>		<i>20</i>	<i>20</i>	<i>✓</i>
<i>Aug.</i>	<i>U 37118</i>		<i>20</i>	<i>20</i>	<i>✓</i>
<i>Sept.</i>	<i>X 47054</i>		<i>20</i>	<i>20</i>	<i>✓</i>
<i>Oct</i>	<i>L 51554</i>		<i>20</i>	<i>20</i>	
<i>Nov.</i>	<i>X 59366</i>		<i>20</i>	<i>20</i>	
<i>Dec</i>	<i>S 68527</i>		<i>20</i>	<i>20</i>	
<i>Jan.</i>	<i>S 72454</i>		<i>20</i>	<i>20</i>	
<i>Feb.</i>	<i>H 81024</i>		<i>20</i>	<i>20</i>	<i>✓</i>
<i>Mar.</i>	<i>G 88221</i>		<i>20</i>	<i>20</i>	<i>✓</i>
<i>Apr</i>	<i>S 4659.</i>		<i>20</i>	<i>20</i>	<i>✓</i>

M. F. W. 128
400M-6-17-1772-38-141
L. L. 22220-M. & D. 1593.

*L.P.
MRD Destroy 8/30/19 RW*

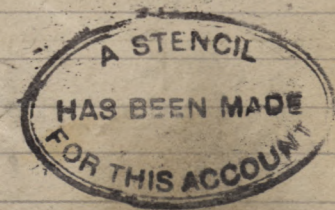
480

.....A/c Closed *30-4-19*

Ret'd per *OLYMPIC*

Date *21-4-19 21*

.....Clerk *JPL 25-4-19*



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.

Rank

Promoted

Reverted

Discharge

Soldier's Name

Battalion

Beneficiary

Relationship

Address

Name

Address

Change of Address

1

2

3

4

	Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS

M. F. W. 128
400M-6-17-177-89-1141
L. L. 22320-M. & D. 7683.