

# ATTESTATION PAPER.

No. 182/42

Folio.

## CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

### QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

1. What is your name?..... *David Ernest Scott*
2. In what Town, Township or Parish, and in what Country were you born?..... *Wellington, Ont. Can*
3. What is the name of your next-of-kin?..... *Mr. J. H. Scott*  
What is the address of your next-of-kin?..... *Wellington, Ont. Can*
5. What is the date of your birth?..... *March 26th 1891*
7. What is your Trade or Calling?..... *Electrician*
7. Are you married?..... *m*
8. Are you willing to be vaccinated or re-vaccinated?..... *Yes*
9. Do you now belong to the Active Militia?..... *Yes*
10. Have you ever served in any Military Force?.. *2 years in Can Militia*  
If so, state particulars of former Service. *36th Infantry*
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*
- David E. Scott* (Signature of Man).  
*Shawn A. Howes* (Signature of Witness).

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

I, *David Ernest Scott*, do solemnly declare that the above answers made by me to the above questions 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.

*DE Scott* (Signature of Recruit)  
Date *Sept 19th* 1914. *Shawn A. Howes* (Signature of Witness)

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

I, *David Ernest 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.

*DE Scott* (Signature of Recruit)  
Date *Sept 19th* 1914. *Shawn A. Howes* (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 entered as replied to, and the said Recruit has made and signed the declaration and taken the oath before me, at *Talbot* this *23* day of *Sept* 1914.

*W. H. Major* (Signature of Justice)

I certify that the above is a true copy of the Attestation of the above-named Recruit.

*Sam Reynolds* (Approving Officer)





2 B  
9/23/14

# Description of David Ernest Scott on Enlistment.

Apparent Age 23 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. 9 ins.

Chest measurement { Girth when fully expanded..... 35 1/2 ins.  
Range of expansion..... 2 1/2 ins.

Complexion..... Fair

Eyes..... Blue

Hair..... Fair

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



## 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..... Sept. 4<sup>th</sup> 1914.

Place..... Valcartier Camp..... James S. Nelson  
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.

Pte Ernest 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.

W. H. ... (Signature of Officer)

Date..... Sept 23<sup>rd</sup> 1914.

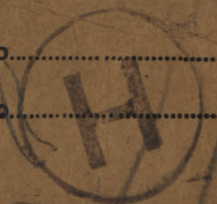


3/5/18

DISCHARGE DOCUMENTS

R. O. No.....

H. Q. No.....



Name SCOTT, DANIEL ERNEST,

Regt. No. 18242 Rank Pte

Corps 2<sup>nd</sup> Gas. Unit.

*Physically Unfit*  
*18-4-18*

*Medals 28.7*

*20/3/18*  
*19/12/18*  
*12/11/18*  
*12/11/18*

*AO-8714*

08389



*99' 24*  
*23- 24*  
*10 26*

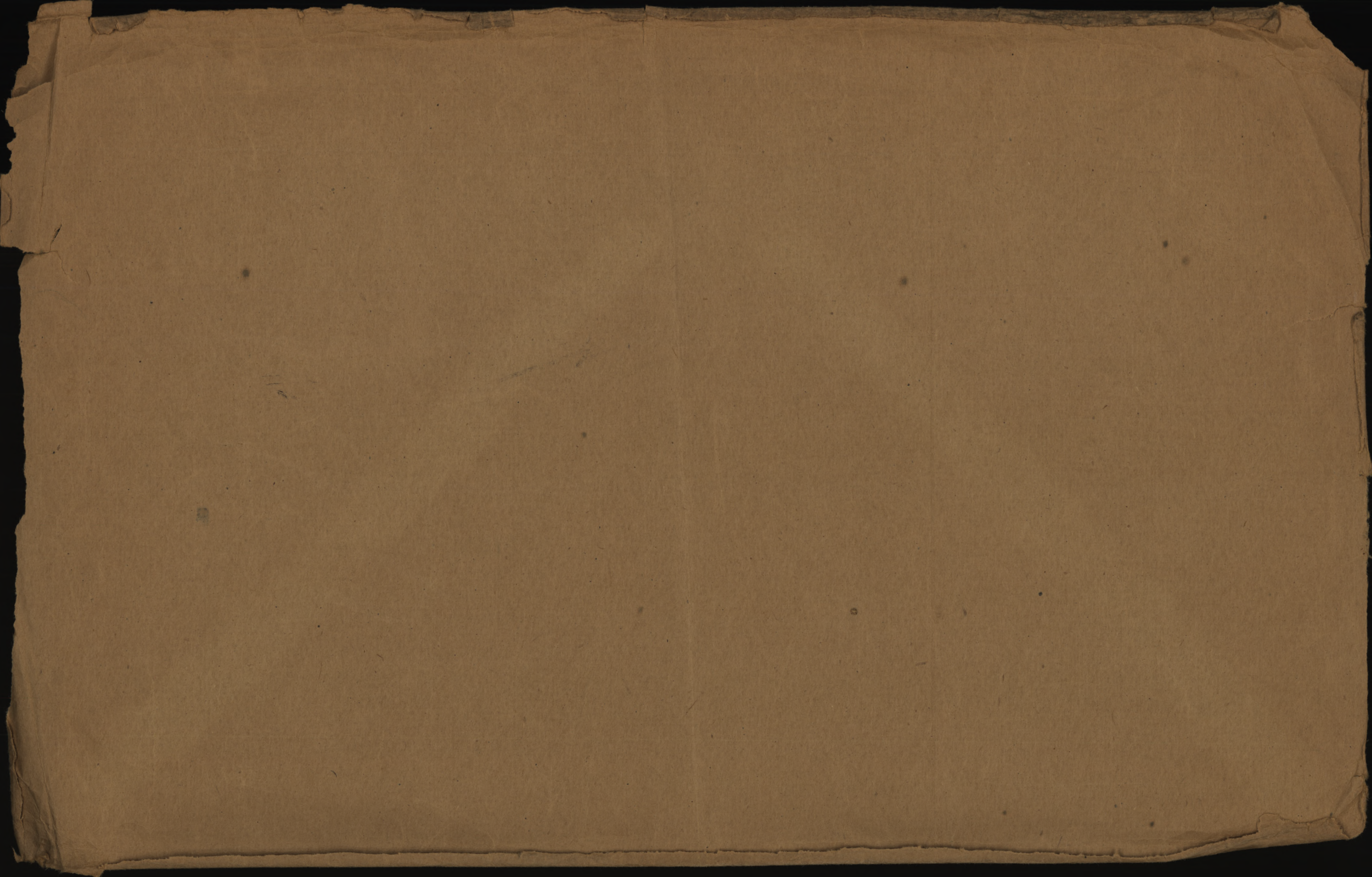
- Proceedings of Court of Inquiry or on men reported Missing on Active Service.....
- Attestation Papers.....
- Declaration of change of name.....
- Authority for special enlistments.....
- Documents of re-enlisted men.....
- Regimental Conduct Sheet.....
- Compulsory Stoppages.....
- Casualty Forms.....
- Proceedings on discharge.....
- Corps History Sheet.....
- Date and No. of Deposit Receipt for Purchase Money and Amount.....
- Parchment Certificate.....
- Medical Report for Invalids.....
- Medical History Sheet.....
- Proceedings of Regt. Court Martial.....
- Copies of Convictions by Civil Power.....
- Company Conduct Sheet.....
- Clothing Transfer Certificate.....
- Inventory of Kit.....
- Last Pay Certificate.....

*R102*

*1A+B122*  
*misc. - 1*  
*m 440 - 1*  
*a 1207 - 1*

*expand*  
*Pauland*







18242  
SIN/NAS

Scott  
Surname/Nom

DANIEL ERNEST  
Given names/Prénoms

**CANADIAN FORCES  
FORCES CANADIENNES**

**PERSONNEL RECORDS ENVELOPE  
ENVELOPPE DES DOSSIERS DU PERSONNEL**

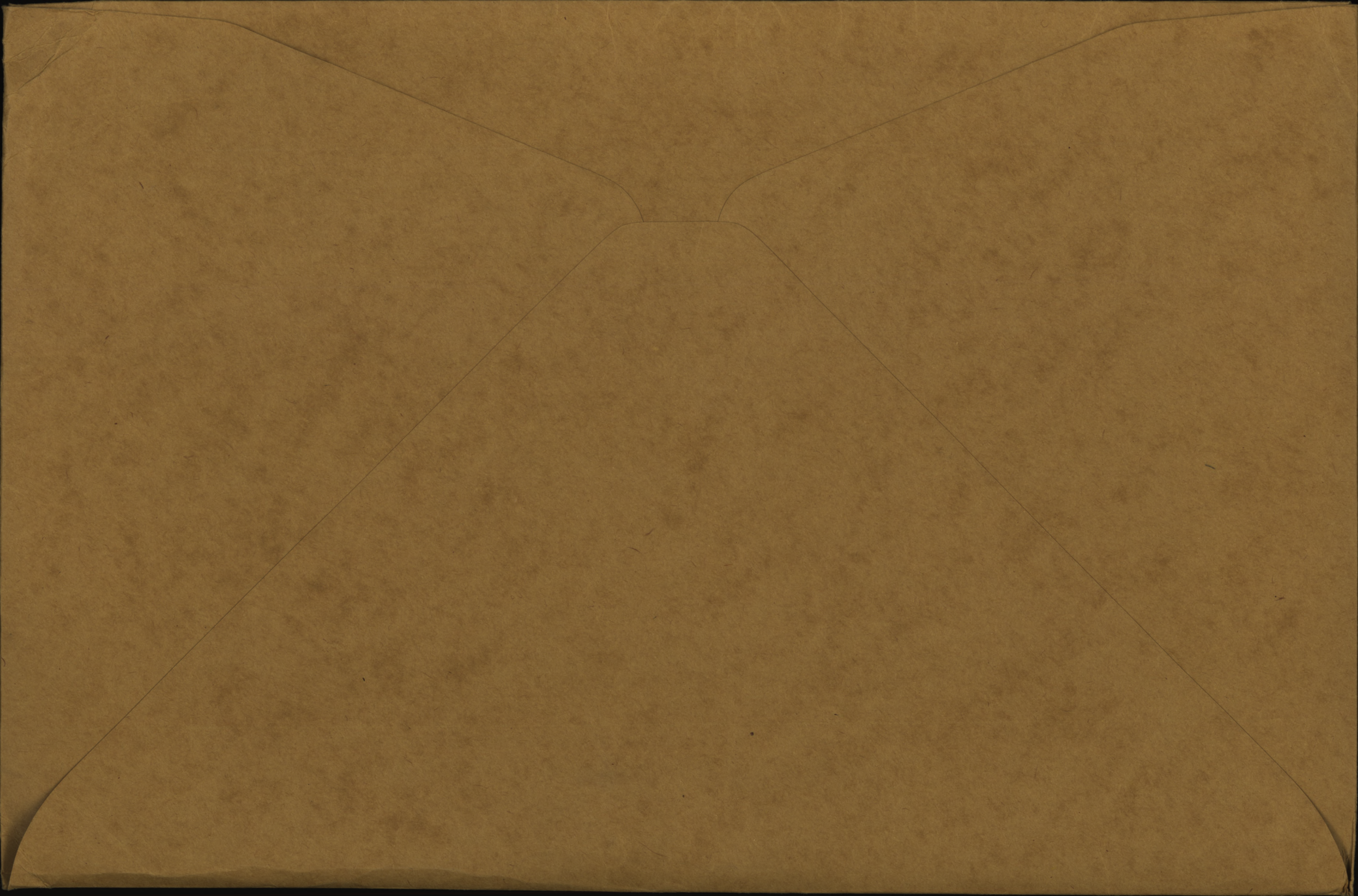
"CONTENTS CONFIDENTIAL" Box  
"CONTENU CONFIDENTIEL" 8714

08388

**COMPONENT  
ÉLÉMENT**

CEF







H. Q. Reference

No. 18242

Rank Private

Unit 9th Battalion 9

C.A.M.C.

Surname Scott

Christian names Daniel Ernest

Kindly forward Medals, to which I am entitled by reason of my  
service in France

(Theatre of War)

with 1st Battalion

(Unit with which served in Theatre of War)

No. Room #8 Allen Theatre Bldg.

Street Ouellette Ave.

Town Windsor, Ont.

County

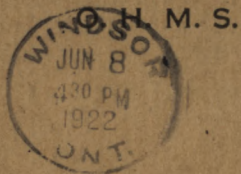
*D. Scott*

(Signature)

(WRITE IN BLOCK LETTERS AND IN INK)

JUN 12 1922





POSTAGE  
FREE

-ADVISE YOUR-  
CORRESPONDENTS  
OF YOUR CORRECT  
POST OFFICE ADDRESS

SECRETARY, MILITIA COUNCIL,

DIRECTOR OF RECORDS,

OTTAWA, ONT.



25 4/21  
6

A

Number... 18242 Rank... Plt

Surname... SCOTT

Christian Names... Daniel Ernest

Unit... 1st Bn. Can. Inf. Theatre of War... France

Dates of Service... 17-10-14 = 7-4-15 = 26-2-18

Remarks...

Latest Address... 18, Hurley St., Toronto

Page 125

Roll No. B



DESP. JUN 24 1922

REGN. NO. 41309



SURNAME.

Scott

CARD NO.

~~S.O.S.I. Dec 13-4-18-2~~  
Auth. A II 106 of 104155  
FOLL. 2 Col Unit  
Cancelled - 112 of 7818

CHRISTIAN NAMES

Daniel Ernest.

REGL. NO.

18242

RANK

Pte

UNIT

9th ~~1st~~ ~~I. Brth~~ Can. B. S. L.

Bn.

FORMER CORPS

36th. Regt.

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Scott Mrs. John.

RELATIONSHIP TO SOLDIER

not stated

ADDRESS

Alliston Ont.

COUNTRY OF BIRTH

Canada, Alliston Ont

DATE Mar. 26th. 1891.

PLACE OF ATTESTATION

Ualcartier P. Q

DATE Sept. 23rd. 1914

7/P/C 16/3/18-5-2

L. L. 6945. M. & D. 6994

M. F. W. 22. 100M. -8-16. H. Q. 1772-39-339.

0/5-7-10-14 2/8

2826-3-18

55



*From Quebec per S. S. Zealand 4-10-14*

MARRIED

SINGLE *yes.*

WIDOWER

TRADE OR CALLING

*Electrician*

RELIGION

*Wesleyan.*

DESCRIPTION.

APPARENT AGE

*23* YEARS

MONTHS

HEIGHT

*5* FEET

*9* INCHES

CHEST MEASUREMENT

*35 $\frac{1}{2}$*  INCHES

EXPANSION

*2 $\frac{1}{2}$*  INCHES

COMPLEXION

*Fair*

EYES

*Blue*

HAIR

*Fair.*

DISTINGUISHING MARKS

*not stated.*

MEDICAL EXAMINATION.

PLACE

*Valcartier P. Q.*

DATE

*Sept. 4th. 1914.*

*Present Address. not stated.*

*Trans to Can B. S. D. 1/5/15 (auth part, II @ 7014. Rowen 30/5/15 -*



CANADIAN CONVALESCENT HOSPITAL,  
MONKS HORTON.

ADMISSION CARD.

Regt. No. 18242 A. & D. No. 2-61  
Rank Pte.  
Name Scott.D.E.  
Corps 1st.Bn.  
Religion Meth. Age 23  
Disease G.S.W.Back.  
Admitted 27-7-15 Gen.Infirmery Stafford.  
Discharged  
Place in Hospital  
M. H. Rec'd M. H. Requested M. H. Ret'd 15 SEP  
Transferred To Epsom 13/9/15.  
Results



REMARKS:

Apr 23-4-15-

- St. Omers 3 weeks

- Genl Inf. Stafford 12 weeks

X Ray revealed nothing



NAME *Scott A. E.*

H. Q. FILE No. 649-

REG'T'L. No. *18242*

RANK AND CORPS *Pte.*

*1st Battalion*

CABLE

NO. DATE

NATURE OF CASUALTY

NO. *343*  
+ FOLL. *X*



LIST No.

HOSPITAL

DATE OF  
ADMISSION

REMARKS

495 Cent. Mil. Stormcliffe 27-10-15 Disch. G. S. W. Back.



NAME

*Scott Daniel Earnest*

H. Q. FILE No. 649-

*S. 95*

REG'TL. NO. 18242

RANK AND CORPS

*Pte. 1st Batt.*

*(Form 9th)*

CABLE

NO.

DATE

NATURE OF CASUALTY

NO.

*358*

FOLL.

*C. 434*

*28/4/15*

*Wounded.*



LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
48	Rep. from Base		wounded
69	Staffordshire Gen Infirm. Lichfield	1/5/15	B. W. Back & Chest
100	Staffordshire Gen Infirm. Stafford. 20 Johnson Hall Eccleshaw Con. Home	24/6/15	B. W. Back & Chest.
125	Can. Con. Frank Horton	27/7/15	G. S. W. Back.
166	.. .. Mil. Epsom.	13-9-15.	Wd. back. ✓ X
186	Mil. Conolt. Epsom. Disch. to Co. of Lon. War.	30-9-15	G. S. W. Back. <i>in view</i>
194	Mil. Conolt, Woodcote Park, Epsom.	21-10-15	G. S. W. Chest.



No. 18242

RANK

Pte.

NAME

Scott. W.

C.

T. O. S.

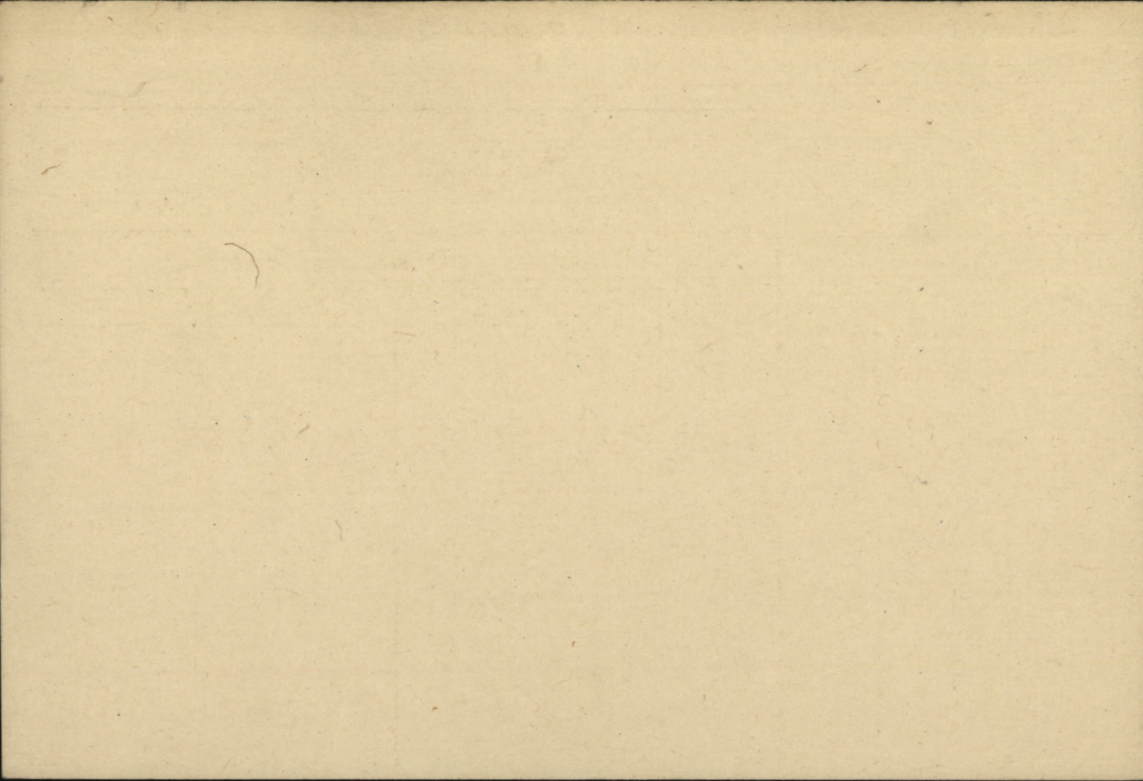
UNIT 10<sup>th</sup> Regiment (Edmonton Fusiliers)

#  
M. D. 13

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1914 Aug. 19.	1914 Aug. 26	✓	volunteer.	
" 27	Sept 21	✓		
Sept 22	Oct 31	✓	on <u>9<sup>th</sup></u> <u>Box</u> pay list	Oct pay list.

UNIT SAILED  
OCT 3 1914







Surname

Christian Name or Names

Reg. No.

Scott,

~~W. D. E.~~

18242

Rank

Unit

Co.

Troop

Batty.

Pte

1 Batt.

Hospital

Johnson Hall Eccleshaw

24.6.15

Can. Conv. Works Horton

Date of Admission

27.7.15

Transferred

County of London War Hosp

Hosp. 30-9-15

Can. Conv. Hosp. Epsom

Hosp. 13.9.15

Hosp. 21.10.15

Central Military Hosp. Shorncliffe

Hosp. 27-10-15.

Diagnosis

Wd. G.S.W. Back.

G.S.W. Chest.

(1) Later Diagnosis (if changed)

(2)

(3)

Additional Diagnoses, if more than one state present

DISPOSITION

Date

C.L. 30.6.15 #100

6228 Apr 1915

C.L. 30.7.15 #125 48

C.L. 15-10-15

Reported from Base

C.L. 18.9.15 166

.. 28-10-15 = 194

C.L. 29-10-15. = 195.

C.L. 25.5.15 69.

REMARKS

A.M.D. 2 DEPT.

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



EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.

Staffordshire Gen. Litchfield 11.5.15

2.

3.

4.

5.

6.

7.



34083  
CRYS

**MEDICAL CASE SHEET.\***

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
	18242.	Pte	Scott.	Daniel
Year	Unit.		Age.	Service.
1915.	1st Batt (attached to 36th)		23.	1 year.
Station and Date.	Disease <u>Bullet-wound. L. chest.</u>			
Monks Horton August 19. 1915.	<p>On April 23/15 at Ypres, was struck by bullet which passed below angle of L. scapula &amp; apparently passed through lung, emerging a little lower down. He spit blood in large quantities after, &amp; has spit a little blood till 6 weeks ago. Was unconscious from the accident, &amp; in bed for 3 weeks, propped up in bed. Then Genl. Infirmary, Stafford. X Rays showed no foreign body. Began walking 2 months ago &amp; has been improving. Monks Horton - 3 weeks.</p>			
	<p><u>Present Condition:</u> - Complain of pressing feeling in the L side, &amp; a sharp pain when he exerts himself on the L side. There is a little retraction of L side behind &amp; the L lung behind does not expand quite so well - breath sounds a little fainter. "No F. B in chest". X Ray-report from Moore Barracks.</p>			



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







# CANADIAN CONTINGENT EXPEDITIONARY FORCE

## LAST PAY CERTIFICATE

# No. 23

This form to be used for all Ranks (Vide Articles 122, 130 and 141, Financial Instructions, 25715c, C.E.F., 1916).

Regimental No. 18242 Rank Pte. Name D.E. Scott

Corps #2 Cas. Unit who was\* Discharged

On Apr. 18, 1918 1918, to Feb. 20, 1918 1918

\*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from Feb. 20, 1918 1918 to Apr. 18, 1918 1918, the inclusive date of transfer or discharge.

Dr.	\$	c.	Cr.	\$	c.
Bal. Dr. from prev. month.....			Bal. Cr. from prev. month.....	244	56
Advances } No.....			Reg'tl Pay..... 58 days at \$ 1 c.....	58	
by } No.....			Field Allow. 58 days at \$ c 10	5	80
Assigned Pay and Sep'n Allee. No.....			Separation Allowances* (Monthly) Sub.	12	
Other charges.....			Other Allowances* <u>Clothing</u>	8	
Payment on transfer or discharge No <u>20189</u>	361	36	Other Credits* <u>Clothing</u>	8	
Balance Cr. (to be paid by the new unit).....			<u>Exp.</u>	12	
			Bal. Dr. (to be deducted by new unit).....	33	
Total.....	361	36	Total.....	361	36

\*Give particulars.

A monthly stoppage of \$.....(†) has.....(‡) been paid on account of Assigned Pay for the month of.....1918 } (to) Assignee.....  
 { and Sep'n Allee. for month of.....1918 }  
 (Address) .....

(†) Insert amount to be assigned, whether it has been paid or not.  
 (‡) Insert "not" if amount has not been paid for period of account.

### On Transfer of an Officer

Outfit Allowance of \$..... has been paid by Paymaster, Military District No.....

#### REMARKS:—

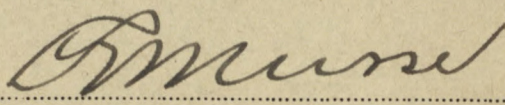
- State (1) date of enlistment .....
- (2) if married and if a Separation Allowance Card has been submitted..... No
- (3) cause of discharge..... authority..... D.O. 106
- (4) authority for transfer .....

NOTE.—Separation Allowance and Assigned pay Card and Index Card (M. F. W. 71) are to accompany the original Last Pay Certificate on transfer.

I have carefully examined this statement of account and find it to be a correct extract from the Pay-list of the unit.

Date 16/4/18

Place Toronto



Paymaster.

N.B.—For purposes of transfer this form is to be made out in quadruplicate. Original copy to paymaster of new unit; duplicate to District Paymaster; triplicate to accompany the pay-list at the end of the month, and quadruplicate for retention as a record.

For purposes of discharge it is to be made out in triplicate. Original copy to accompany discharge papers; duplicate to accompany pay-list at the end of the month, and triplicate for retention as a record.

If a man on discharge is entitled to three months' Post Discharge Pay, Last Pay certificate will be made out in quadruplicate. The original Last Pay Certificate will be forwarded with other documents to Paymaster Post Discharge Pay and triplicate, with his discharge documents.



CONTINGENT EXPENDITURE

LAST PAY CERTIFICATE

THE HON. THE SECRETARY OF DEFENSE, WASHINGTON, D. C.

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

POST OFFICE ADDRESS: \_\_\_\_\_

REGIMENT: \_\_\_\_\_

COMPANY: \_\_\_\_\_

GRADE: \_\_\_\_\_

STATUS: \_\_\_\_\_

THIS CERTIFICATE IS ISSUED TO YOU AS A FINAL PAYMENT OF YOUR LAST PAY AND ALLOWANCES.

AMOUNT: \_\_\_\_\_

THIS PAYMENT IS MADE IN FULL OF ALL PAY AND ALLOWANCES DUE TO YOU FOR THE PERIOD OF YOUR SERVICE.

IT IS THE POLICY OF THE DEPARTMENT OF DEFENSE TO PAY ALL PAY AND ALLOWANCES TO THE MEMBER OF THE SERVICE.

IF YOU ARE A MEMBER OF THE SERVICE, YOU WILL RECEIVE THIS PAYMENT BY CHECK OR MONEY ORDER.

IF YOU ARE A NEXT OF KIN, YOU WILL RECEIVE THIS PAYMENT BY CHECK OR MONEY ORDER.

IF YOU ARE A NEXT OF KIN, YOU WILL RECEIVE THIS PAYMENT BY CHECK OR MONEY ORDER.

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NAME - SCOTT, Daniel Ernest

Regimental No.

18242 ✓

Name and address of next-of-kin

Unit

36 9th Battalion

Mrs. Jno. Scott,

Date of enlistment

Sept. 19th, 1914

Alliston, Ont.

Place of birth

Alliston, Ont.

Married (yes or no)

No

Date and place discharged

Dec 31  
Nov 26 Canada

Amount of pay assigned monthly \$

Nil

Reason for discharge

J.P. 12.25 of Nov 24 15

To whom payable

Character on discharge

J.P. 12/31 Dec 1915

8 OCT 1918

Date		PAY			Field Allowance			Other Credits	Total Credits	Voucher		Cash Payments	Assigned pay	Other Charges	Total Debits	Remarks, Casualties, etc.
From	To	No. of Days	Rate	Amount	No. of Days	Rate	Amount			No.	Date					
Sept 1914	Oct 31	40	1 <sup>00</sup>	40 00	10	10	4 00	44 00			30 00			30 00		
Nov 1	Nov 30	30	1 <sup>00</sup>	30	30	10	3	14 00	47		47			47		
1 Dec.	31	31	1 <sup>00</sup>	31	31	10	3 10	34 10			34			34		
1915	Jan 31	31	1 <sup>00</sup>	31	31	10	3 10	34 20			30			30		
Feb 28	Feb 26	28	"	28	28	"	2 80	42 00	35				11	11	at 2 days 10 days de br 10 days pay 10 days pay	
1-3	14-3	14		14			1 40	24 00	39 40							
Mar 15	Mar 31	17	1	17	17	10	1 70	39 40	58 10		10					
Apr. 1	Apr 30	30	1	30	30	10	3	48 10	81 10		3					
May 1	May 31	31	1	31	31	10	3 10	48 10	112 20		100					
June 1	June 30	30	1	30	30	10	3	12 20	45 20							
July 1	July 31	31	1	31	31	10	3 10	45 20	49 30							
								49 30								
				Exchange adjut				6 78								
Aug 1	Aug 31	31	1	31	31	10	3 10	49 30	120 18		59 60					
Sept 1	Sept 30	30	1	30	30	10	3	60 58	93 58							
Oct 1	Oct 15	15	1	15	15	10	1 50	93 58	110 08							
	16 31	16	1	16	16	10	1 60	109 23	126 83		30 05					
Nov 1	26	26	1	26	26	10	2 60	96 78	125 38		99 03					
	27 30	4	1	4 00	4	10	40	52 78	4 40		34 09					
				H35				H3 50	6 78	485 28	477 60					

CANADIAN-  
ASSIGNED PAY ADJUSTED  
DATE 21/6/19  
AUDIT CLERK  
1/2 B.H. 403. Actuals 202 r/6.  
2/10. London 25/6.

- 85  
- 85  
30 05  
30 05  
25 02  
32 70  
15/10/15  
20 200 for 2 days pay  
P.P. 6 rend. 26/11/15  
Jm



Date		PAY		Field Allowance		Other Credits	Total Credits	Voucher		Assigned pay	Other Charges	Total Debits	Remarks, Casualties, etc.
From	To	No. of Days	Rate	Amount	No. of Days			Rate	Amount				
1915													
				435			435.50	6 98	6 78	488 28	477 60	32 70	510 30
Dr. Bala forward.													
Dec 1	31	31	1	31	31	10	310					3410	
W. E. Heby.													
												<del>9.08</del>	<del>9.08</del>
W. E. March.													
Jan 1	31	31	1	31	31	10	310	908			4318	1947	1947
Feb 1	29	29	1	29	29	10	290	2371			5561	986	1958
March 1	31	31	1	31	31	10	310	3603	7013	922		972	973
							6040						
				559			5570	6 78	619 48		526 38	32 70	559 08

Carried forward to Large Ledger sheet

Trans. Acct. P.M.  
 Genl. Genl. liability  
 Ban. Dir's.  
 9.08 other credits trans. back from Genl. liability Ban. Dir's.  
 Trans. to 36th. Battr.  
 18/4/16 Auth. letter Capt. Harrison. 15/4/16

Trans to 7.5 Branch in error.



















22

8

# POST DISCHARGE PAY OFFICE

25716/513. ml

Three months pay and allowances after discharge.

Name **Scott, Daniel Ernest**  
Surname Christian Name

Regimental Number **18242** Rank **Pte.** Address (in full) **18 Shirley St.,  
Toronto, Ont.**

Unit **9th Bn.**

Original Unit

District where paid **M.D. 2.**

Date of Discharge **18-4-18.**

P. D. P. Filing Number **7-493-2.**

Rates:—Regimental pay \$ **1.00** per diem: Field Allowance \$ **.10** per diem. Separation Allowance \$ **—** per month.

L. L. 22573—M. & D. 8009.

Total Credits 91 days	FIRST PAYMENT			SECOND PAYMENT			FINAL PAYMENT			Balance Over- payments to be Recovered	Total Amount Paid
	Cheque No. A	Date	Amount 30 days	Cheque No. B	Date	Amount 30 days	Cheque No. C	Date	Amount 31 days		
100 10	8187	18-5-18	33 00	7896	18-6-18	34 10				33 00	67 10
2867	4408397	8-4-19	70								
2142A	4403574	2-4-19	70 00								

M. F. W. 127.  
50M-617.  
1772 39-1140.

Remarks: **Debit P.D.P. #2. Cas. Unit.**



Dec'n No. 25716/513 W. S. G. File No. 016403/0/24  
 Award ... days at \$ 700 per day \$ 420.00  
 S. A. .... months at \$ ... per mo. \$ ..... \$ 108.10  
 Less P, D. P. Credited 319.90  
 Less further debit balance \$ .487  
 Net due paid as below 3.523

TO SOLDIER		TO DEPENDENT	
Ch No	Amount	Ch No	Amount
<u>2567</u>	<u>405397</u>		<u>70.00</u>
<u>2142</u>	<u>463894</u>		<u>70.00</u>
<u>1579B</u>	<u>462890</u>		<u>70.00</u>
<u>1571C</u>	<u>469269</u>		<u>70.00</u>
<u>490888</u>	<u>35.03</u>		

*C/o Hydro Electric Tower  
 City Hall  
 Windsor  
 Ont*

*4/14/19  
 2/14/19  
 2/7/19  
 22.5.19*

GEN'L AUDITOR  
 Posting checked by  
*Redhorse*  
 Date 15/19



**ASSIGNED PAY**

MILITIA AND DEFENCE

M. F. W. 11.  
15m.—6-17.  
H. Q. 1772-39-818.**SEPARATION ALLOWANCE**

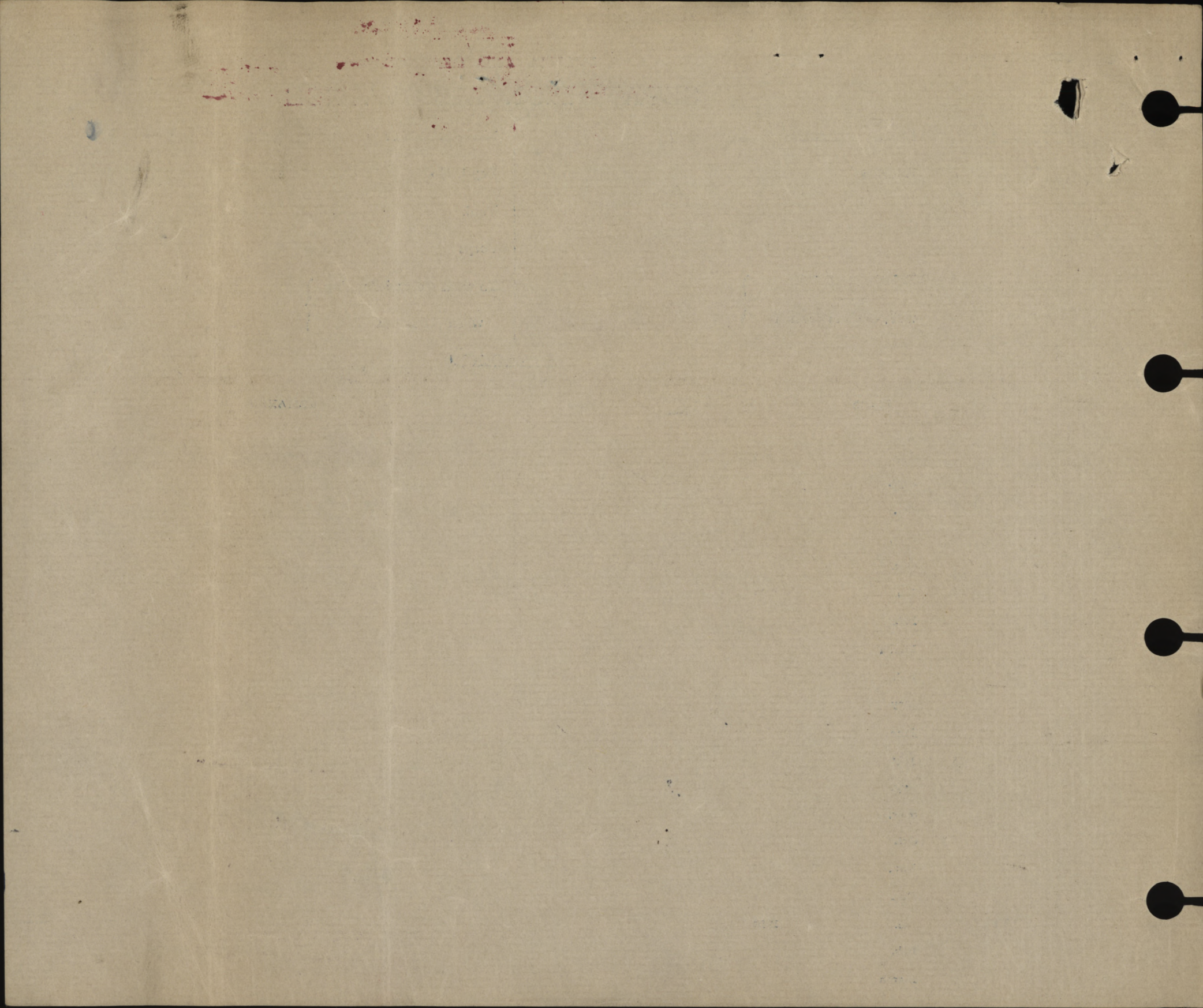
Name *Mrs John. Scott.* Name of Soldier *Scott Daniel E.*  
 Address *Box 288 Alliston* Regtl. No.  
*Ont.* Rank *Pte.*  
 Corps *9 Bn. C.A.M.C.*  
 Relation to Soldier }  
 wife, child or mother } *Rate \$15.00 Aug 1st/17.*  
 To what Corps belonging }  
 when called out }

**PAYMENTS**

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			<i>2 m. #68/7 HB. 24-8-17.</i>
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
Apl.				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				









MILITIA AND DEFENCE  
**ASSIGNED PAY**  
 OVERSEAS CONTINGENTS

M. F. W. 12a.  
 18m.-4-17.  
 1772-39-819.

Sheet No. 2 Mrs. John Scott  
 (Assignee) m.

Name of Soldier Scott Daniel C.  
Pte 9 Bn. C.A.M.C.

PAYMENTS.

L. L. Job 19227 - M. & D. 7814.

Month.	Year.	Cheque No.	Amt.	Rate	Remarks
April	1916				
May					
June					
July					
Aug.					
Sept.					
Oct.					
Nov.					
Dec.					
Jan.	1917				
Feb.					
March					
April					
May					
June					
July					
Aug.		X 33209	15		lo
Sept.		U 39725	15		lo
Oct.		W 46412	15		
Nov.		Z 54957	15		
Dec.		R 62187	15		75
Jan.	1918				
Feb.					
March					
April					
May					
June					
July					

Rate \$15-00 Aug 17/17

CANADIAN  
 ASSIGNED PAY AUDITED  
 2/6/18  
 AUDIT-CLERK



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.				











150450

20

Perforated sheet for Will from Pay Book of Reg.

No. 18242

Name Daniel Ernest Scott

Unit Canadian Army Medical Corps

**Military Will**

In the event of my death  
I give the whole of my  
property and effects to

my mother. Mrs. John

Scott, Alliston, Ontario

Bot. 288,

Signature D. E. Scott

Rank and Regt. Private C.A.M.C.

Date July 27<sup>th</sup> 1917



18 Shirley St.  
Toronto



Rank and Name SCOTT Daniel Ernest  
 Regimental No. 18242m  
 Unit 9th., Batt.  
 Date of enlistment Sept. 19th, 1914

Name and Address of Next-of-kin

Mrs. John Scott  
 Alliston, Ont.

Place of birth Ontario

Married (Yes or No) No

Date and place of discharge

If in Permanent Force

Reason for discharge

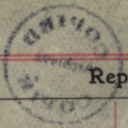
Character on discharge

Promotions or appointments

COPIED Archives  
 Date  
 From whom received  
 M/E. B.B. No. 2419  
 File R.L.  
 Category OK Can  
 Pte 6<sup>th</sup> O/S.

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				
15.3.15	Comdt.	Posted to Inf. Base Sept		14.3.15	Genl. Base Adms.
7-4-15	O.C.	Transferred to France		7-4-15	Pt. II 92 Inf. Base Depot.
25-4-15	O.C. 1 <sup>st</sup>	Taken on strength 1 <sup>st</sup> Bt	Rouen	12-4-15	PT II - 9
28-4-15	O.D. 48	Reported wounded	Base	28-4-15	O.N.
25-5-15	B.D. 69	B.W. back of chest	Milly, H. Ppt Lichfield.	11-5-15	
30-6-15	100/104	Holmeson Staffora Ge.	Staffora Primary	24-6-15	to Holmeson Home Sedechan Conv
30-7-15	CB 125	1 <sup>st</sup> Bn. G.S. 7 <sup>th</sup> Bact.	Can: Com Hqs Northampton	27-7-15	
18/9/15	" 166	do.	Mid Com Hqs Excom.	13-9-15	Disch from C. M. Hosp. S. Camp 27/10 9/195-10
15.10.15	W.O.	Trans. to County of London	near Harp.	20-9-15	CR. 186-1 <sup>st</sup>
30.10.15	O.E. 36.	" " 36 <sup>th</sup> Bn. pr. 9 <sup>th</sup> Bn.	W. Sandling	25-9-15	
16.11.15	A.F.B. 199	Rec. Despatch. by Mil. Authority Canada - Home Service	Charcliffe	29-10-15	H. 22-S-208. Q.S. w. l. lung.
22.11.15	O.E. 36	(Awd. 14 days G.P. No 2 74 Days. 7 " Pay - Absence)	W. Sandling	22.11.15	Pt. II O. 200.





18242M Scott D. E

Rank and Name

Regimental No.

REMARKS  
Taken from Official Documents  
Date of enlistment

Place of birth

Batt. Date

Place

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

Report

From whom received

Date



20.3.16	Ob 36 <sup>th</sup>	Trans to bbal	Wandling	16.3.16	PT# 80 + PT# 53 bbal
16.3.16	ccac	Taken on strength.	J' ston	16.3.16	PT# 0-53
15-2-17	ccac	So & to 1 <sup>st</sup> Bn	Hastings	6-6-16	PT# 0 78 Cancelled by P# 90
17-2-17	b.b.a.b	On board to the 3 <sup>rd</sup> Res Bn P# 0 78 amended to read	Hastings	4-1-17	P# 0 82
26-2-17	b.b.a.b	So & to 3 <sup>rd</sup> Res Bn	Hastings	5-6-16	P# 0 96
2 18.4.17	3 <sup>rd</sup> Res Bn	Ceases job attached to 3 <sup>rd</sup> fan. Res. Bn. on proceeding to the West Ontario Regimental Depot	Bramshott	18.4.17	" O.105 + 0037 word
25.4.17	word	act 10 of Comm. Bramshott	W. Sandling	25.4.17	PT# 0 42
8.5.17	word	So & to 3 <sup>rd</sup> Res Bn Taplow	18thott	3.5.17	" 53
26.4.17	Det b.b.RXIII	Att'd from 1 <sup>st</sup> W.O.R.D.	Taplow	25.4.17	" " 116
9.5.17	"	beared att'd + T.O.S. from b.b.m.b.	"	3.5.17	" " 128
18.6.17	came	T.O.S. from C. & D. 4 <sup>th</sup> Bn No. of b.b.RXIII Taplow	Bramshott	3.5.17	app to PT# 0 169
18-2-18	#15.6 94	S.O.S. on postg. to b.amb. & pt	Taplow	18-2-18	PT# 0 42 + 419-2-18 (T.O.S.) Camb. app to 2050
20-2-18	Cam. & pt	no com to 1 <sup>st</sup> B. & D. Buxton for ret. to Canada.	S.cliffe	20-2-18	"-51
9-3-18	do	S.O.S. on ret. to Can. for dish. by a. g. award.	do	26-2-18	"-68

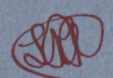


This space to be for numbers.



# Proceedings on Discharge.

(When forwarded for confirmation these proceedings should be accompanied by the documents specified on fourth page.)

No <b>18242</b>	
Rank	<b>Private</b>
Name	<b>SCOTT Daniel Ernest</b>
<small>NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.</small>	
Corps (Squadron, Battery or Company)	<b>#2 Cas Unit (9th Bn) (CAM C)</b>
Date of Discharge	<b>18th April. 1918.</b>
Place of Discharge	<b>Toronto. Ont.</b>
1. DESCRIPTION AT THE TIME OF DISCHARGE.	
Age..... <b>28</b> .....years.....-.....months.	Descriptive Marks  <b>GSW Chest</b>  <b>Scar Forehead</b>
Height..... <b>5</b> .....feet..... <b>9</b> .....inches.	
Complexion <b>Fair</b>	
Eyes <b>Blue</b>	
Hair <b>Fair</b>	
Trade <b>Electrician</b>	
Intended place of residence } <b>18 Shirley St</b>	
(To be given as fully as practicable.) } <b>Toronto. Ont.</b>	
2. The above-named man is discharged in consequence of	
<b>Physical Unfitness</b>	
<small>N.B.—The cause of discharge must be worded as prescribed in the King's Regulations and be identified with that on the character certificate. If discharged by superior authority, the number and date of the letter to be quoted.</small>	
<small>To be in the handwriting of the Commanding Officer, who will himself make identical entries on the character certificate and initial them.</small>	3. Conduct and character while in the service have been, according to the records, etc.
	<b>Fair</b> 
<small>N. B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldier and the Officer Commanding his Squadron, Battery or Company:</small>	
4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)	
<b>Electrician</b>	

M. F. B. 218.

*11-3-19-G.G.*

100m.—6-16.  
H. Q. 1772-38-113.

(OVER)

*Wesl  
12/3/20  
H.K.  
Stan  
24/10/19*



5. He is in possession of the following number of G. C. Badges:

**NIL**

No reference to G. C. Badges is to be made on either the discharge or character certificate.

6. Medals and Decorations.....

**NIL**

To be copied by the Commanding Officer on to the parchment Discharge Certificate.

7. His account is correctly balanced, and signed by the Officer Commanding his Company. (Squadron or Battery), and I have impartially enquired into all matters brought before me in accordance with Regulations.

(Place)..... **Toronto.Ont.**.....

(Date)..... **18th April.1918.**.....

Commanding.....

**For O. C. Casualties, C. E. F., M. D. No. 2**

Lieut.

8. **Certificate to be signed by the Soldier on Discharge**

I hereby acknowledge that I received all my Pay, Allowances and Clothing, and all just demands, up to the present date, subject to the reservations of the claims noted on the third page.

(Place)..... **Toronto.Ont.**..... *D. E. Scott*..... (Signature of Soldier.)

(Date)..... **18th April.1918.**..... *W. H. Scott*..... (Signature of Witness.)

When a soldier is absent through illness or any other cause and it is not desirable to forward these proceedings to him for signature, a manuscript copy should be sent for the man to sign, and when returned, should be attached here.

9. **Additional Certificate in the case of a Soldier who takes his discharge on his own request.**

I hereby declare that I do of my own free will request to be discharged from His Majesty's Service.

.....(Signature of Soldier.)

10. **Statement of Service.**

Service toward Engagement to.....(the date to which the Record of Service is completed)..... **3** years..... **211** days.

Total..... **3** years..... **211** days.

11. **Confirmation of Discharge.**

The discharge of the above-named man is hereby confirmed.

(Place)..... **Toronto.Ont.**.....

(Date)..... **18th April.1918.**.....

(Signature).....

**For O. C. Casualties, C. E. F., M. D. No. 2**

Lieut.



**Reservations referred to at Para. 8.**

(To be signed by the soldier. When there are none, it is to be so stated, and signed by the soldier.)



## List of Discharge Documents.

<p>Reg. Conduct Sheet, Militia form B. 263.</p> <p>Squadron }          Battery } Conduct Sheet, " B. 263a.          Company }</p> <p>Copies of Convictions, by C. P. in MS.</p> <p>Med. Hist. Sheet, Militia Form B. 313</p> <p>Medical Report for Invalid* " B. 227.</p> <p>Statement of Man's Account on          Transfer and Last Pay Cer-          tificate, " D. 877.</p> <p>*Only if discharged "Medically unfit."</p>	<p>Attestation Paper, Militia Form B. 235.</p> <p>Proceedings on Discharge " B. 218.</p> <hr/> <p style="text-align: center;">In the case of recruits who are rejected on final approval, the discharge documents will consist of</p> <p>(a) Proceedings on Discharge.</p> <p>(b) Attestation.</p> <p>(c) Medical History Sheet (in the event of such having been prepared.)</p>
---	--

*N. B.—In the case of a man discharged by purchase, the date and number of Deposit Receipt with amount of same is to be noted hereon.*



# Medical Report on an Invalid.

Station West Sandling

Date March 8<sup>th</sup> 1916

1. Unit 1st Can Batt

5. Age last birthday 24

2. Regimental No. 36 Can Res Batt

6. Enlisted { on August 19<sup>th</sup> 1914  
at Edmonton Alberta

3. Rank Pvt

7. Former Trade or Occupation { Electrician

4. Name Scott Daniel Ernest

### 8. Disability.

Gunshot wound in left lung

### Statement of Case.

Note.—The answers to the following questions are to be filled in by the Officer in medical charge of the case. In answering them he will carefully discriminate between the man's unsupported statements and evidence recorded in his military and medical documents. He will also carefully distinguish cases entirely due to venereal disease.

9. Date of origin of disability.

April 28<sup>th</sup> 1915

10. Place of origin of disability.

Near Hill 60  
Ypres Belgium

11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case.

was shot through left lung near Hill 60 Ypres Belgium on April 28<sup>th</sup> 1915 was for 6 months in hospitals now he is coughing and short of breath and can not take long marches

12. (a) Give your opinion as to the causation of the disability.

Gunshot in left lung

(b) If you consider it to have been caused by wounds received or illness contracted (1) in the presence of the enemy (2) on active service, explain the specific conditions to which you attribute it. (See notes on page 3).

in the presence of the enemy through gunshot



13. What is his present condition ?

Weight should be given in all cases when it is likely to afford evidence of the progress of the disability.

Shortness of breath worse on walking or doing any work Coughing is troublesome at times nothing very apparent only slight diminution of expansion pain induced by deep breathing Was boarded but papers are lost

14. If the disability is an injury, was it caused

- (a) In the presence of the enemy ?
- (b) On active service ?
- (c) On duty ?
- (d) Off duty ?

yes  
yes  
yes  
not applicable

15. Was a Court of Inquiry held on the injury ?

- (a) When ?
- (b) Where ?
- (c) Opinion ?

no  
not applicable  
not applicable  
not applicable

16. Was an operation performed ? If so, what ?

no

17. If not, was an operation advised and declined ?

no

18. In case of loss or decay of teeth. Is the loss of teeth the result of wounds, injury or disease, directly\* attributable to active service ?

not applicable

19. Do you recommend

- (a) Fit for duty ?
- (b) Fit for base duty ?
- (c) Invalided to Canada ?
- (d) Discharge as permanently unfit ?

yes

Guay Couturier Capt. C.M.D.  
Officer in medical charge of case.

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

except†

Station \_\_\_\_\_

Officer in charge of Hospital.

Date \_\_\_\_\_

\* Loss of teeth on, or immediately after, active service, should be attributed thereto, unless there is evidence that it is due to some other cause.

† Delete this word if no exceptions are to be made.



Opinion of the Medical Board.

NOTES—(i.) Clear and decisive answers to the following questions are to be carefully filled in by the Board, as it is essential that the Members of the Pensions and Claims Board should be in possession of the most reliable information to enable them to decide upon the man's claim to pension.

(ii.) Expressions such as "may," "might," "probably," &c., should be avoided.

(iii.) The rates of pensions vary according to whether the disability is attributed to wounds or injuries received or illness contracted, (1) in the presence of the enemy, (2) on active service. It is therefore essential when assigning the cause of the disability to differentiate between them (see Articles 641 to 648 of the Canadian Pay and Allowance Regulations).

(iv.) In answering question 20 the Board should be careful to discriminate between disease resulting from military conditions and disease to which the soldier would have been equally liable in civil life.

20. (a) State whether the disability is the result of injuries received or illness contracted, (1) in the presence of the enemy, (2) on active service.

a1

a2

(b) If due to one of these causes, to what specific conditions do the Board attribute it?

21. Has the disability been caused or aggravated by

(a) Intemperance?

(b) Misconduct?

22. Is the disability permanent?

23. If not permanent, what is its probable minimum duration?

To be stated in months.

24. To what extent is his capacity for earning a full livelihood in the general labour market lessened at present?

In defining the extent of his inability to earn a livelihood, estimate it at 1/4, 1/2, 3/4, or total incapacity.

25. If an operation was advised and declined, was the refusal unreasonable?

26. Do the Board recommend

(a) Fit for duty?

(b) Fit for base duty?

(c) Invalided to Canada?

(d) Discharge as permanently unfit?

27. Remarks.

Signatures:—

President.

SHORNCLIFFE—C. C. A. C. (19, Westbourne Gardens, Folkestone.)

Station \_\_\_\_\_

Members.

Date \_\_\_\_\_

Approved.

Station \_\_\_\_\_

Administrative Medical Officer.

Date \_\_\_\_\_







22-5-208

ENTERED

Army Form B. 179.

Medical Report ON an Invalid.

BOARD CARD

Station West Sandling.

Date October, 1915.

1. Unit 9th Batt, Now 36th Batt.  
2. Regimental No. 18242  
3. Rank Pte  
4. Name Scott, D.E.

5. Age last birthday 23  
6. Enlisted { on Aug 19th 1914.  
at Edmonton, Canada.  
7. Former Trade or Occupation { Electrician

8. Disability.

G.S.W, Left Lung.

Statement of Case.

Note.—The answers to the following questions are to be filled in by the Officer in medical charge of the case. In answering them he will carefully discriminate between the man's unsupported statements and evidence recorded in his military and medical documents. He will also carefully distinguish cases entirely due to venereal disease.

9. Date of origin of disability. April, 23rd 1915.

10. Place of origin of disability. Ypres.

11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case.

Was shot during charge, sent to Gen Informary Stafford, 3 weeks Months Then Monks Horton for 3 weeks, then woodcote conv Home 3 weeks, then to London county War Hospital 1 Month. Then Woodcote 1 day and back to camp. has done 2 days light duty since.

12. (a) Give your opinion as to the causation of the disability.

Gun shot wound left lung.

(b) If you consider it to have been caused by active service, climate, or ordinary military service, explain the specific conditions to which you attribute it (See notes on page 8).

Active service.



13. What is his present condition ?

*Weight should be given in all cases when it is likely to afford evidence of the progress of the disability.*

Physical condition poor.

Complains of pain in chest and shortness of breath, is unable to exert himself at all.

14. If the disability is an injury, was it caused

- (a) In action ? Yes
- (b) On field service ? Yes
- (c) On duty ? Yes
- (d) Off duty ? No

15. Was a Court of Inquiry held on the injury ?

If so—(a) When ?

(b) Where ?

(c) Opinion ?

Not applicable.

16. Was an operation performed ? If so, what ?

No

17. If not, was an operation advised and declined ?

No

18. *In case of loss or decay of teeth.* Is the loss of teeth the result of wounds, injury or disease, directly\* attributable to active service ?

Not applicable.

19. Do you recommend

- (a) Discharge as permanently unfit, or
- (b) Change to England ?

Discharge for Munitions.

EC Whitehouse Capt. A.M.C.  
Officer in medical charge of case.

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

Station \_\_\_\_\_

Officer in charge of Hospital.

Date \_\_\_\_\_

\* Loss of teeth on, or immediately after, active service, should be attributed thereto, unless there is evidence that it is due to some other cause.

† Delete this word if no exceptions are to be made.



## Opinion of the Medical Board.

NOTES:—(i.) Clear and decisive answers to the following questions are to be carefully filled in by the Board, as in the event of the man being invalided, it is essential that the Commissioners of Chelsea Hospital should be in possession of the most reliable information to enable them to decide upon the man's claim to pension.

(ii.) Expressions such as "may," "might," "probably," &c., should be avoided.

(iii.) The rates of pension vary directly according to whether the disability is attributed to (a) active service, (b) climate, or (c) ordinary military service. It is therefore essential when assigning the cause of the disability to differentiate between them (see Articles 1162 and 1165, Pay Warrant, 1913).

(iv.) In answering question 20 the Board should be careful to discriminate between disease resulting from military conditions and disease to which the soldier would have been equally liable in civil life.

(v.) A disability is to be regarded as due to climate when it is caused by military service abroad in climates where there is a special liability to contract the disease.

20. (a) State whether the disability is the result of (i.) active service, (ii.) climate, or (iii.) ordinary military service.

1. Yes
2. No
3. No

(b) If due to one of these causes, to what specific conditions do the Board attribute it?

G.S.W.

21. Has the disability been aggravated by

(a) Intemperance?

No

(b) Misconduct?

No

(c) Any of the conditions mentioned in question 20, and if so, which?

Active service in presence of enemy

22. Is the disability permanent?

No

23. If not permanent, what is its probable minimum duration?

two months,

To be stated in months.

24. To what extent is his capacity for earning a full livelihood in the general labour market lessened at present?

1/4

In defining the extent of his inability to earn a livelihood, estimate it at 1/4, 1/2, 3/4, or total incapacity.

24A. Is the man suffering from a disability which would obviously, as far as you can judge, cause him to be rejected by an Approved Society under the National Insurance Act?

No

25. If an operation was advised and declined, was the refusal unreasonable?

Not applicable.

26. Do the Board recommend

(a) Discharge as permanently unfit, or

(b) Change to England?

No

Home service Canada,

Signatures:—

K. D. Pantin *Local* President.  
A. C. Frost *Capt* *Chm*

Station Shorncliffe

Date October 23th 1915.

} Members.

Approved.

Station Shorncliffe

Date Nov 29th 15.

Administrative Medical Officer.

.....Capt. A/D.A.D.M.S.  
Canadian Training Division, Shorncliffe.

Approved.

*J. W. Kiley*  
Captain A/D.A.A.G.  
for Brigadier-General.  
Train. Div., Shorncliffe.

Comdg. Can. Train. Div., Shorncliffe.



*(On leaving Corps or Station where invalidated.)*

Transfer	Date _____	Station _____	Name of _____	Conveyance _____	Vessel _____
or Embarkation	Date _____	Port _____		Officer in	} _____
				medical charge	}

Brief remarks on case during transit, and state on transfer for final disposal.

Re-transferred { Date \_\_\_\_\_  
Hospital or Station } \_\_\_\_\_ Officer in medical charge.

*(At Station or Hospital where finally disposed of.)*

Station and Hospital } \_\_\_\_\_  
Arrived from \_\_\_\_\_ Date \_\_\_\_\_

If admitted	If under treatment		Disease	How finally disposed of	Date of Discharge, &c.
	From	To			
Date					

Detailed statement as to condition on discharge and whether discharged as an invalid, to corps, to station, or to depôt. In cases of discharge from the service it should be stated whether the answers to questions 22, 23 and 24 are concurred in.

Date of final Medical Board, or decision } \_\_\_\_\_

Administrative Medical Officer.

Army Form B. 179.  
MEDICAL REPORT ON AN  
INVALID.

Station	Corps	Regimental No.	Rank	Name	Disability	Date
Hospital or Station transferred to for final disposal	Date of final disposal	How finally disposed of				

The original Report is invariably to accompany the discharge documents of Invalids.

Wt. W8530/2774 500M 9-15 M.&C.Ld.



ORIGINAL

To be used for recruits enlisting direct into the Regular Army only, Army Form B. 178<sup>A</sup> to be used for Special Reserve recruits and Special Reservists enlisting into the Regular Army.

MEDICAL HISTORY of

Surname SCOTT.

Christian Name D.E. DANIEL ERNEST

TABLE I.—GENERAL TABLE.

Birthplace ... Parish Alliston. County Ont Canada.

Examined ... { on 4th day of September 1914. at Valcartier Camp

Declared Age ... 23 years ... days.

Trade or Occupation ... Electrician.

Height ... 5 feet, 9 inches.

Weight ... lbs.

Chest Measurement { Girth when fully Expanded. 35 1/2 inches. Range of Expansion. 2 1/2 inches.

Physical Development ...

Vaccination Marks { Arm ... Right Left Number ...

When Vaccinated ...

Vision ... { R.E.—V= L.E.—V=

(a) Marks indicating congenital peculiarities or previous disease ... (a)

(b) Slight defects but not sufficient to cause rejection ... (b)

Approved by (Signature) Jas S. Nelson. (Rank) Capt. A.M.C. Medical Officer.

Enlisted ... { at Valcartier. on 23rd day of September 1914.

Table with 2 columns: Corps (1st. Batt., Canadian, 9th Bn.) and Regtl. No. (18242).

Became non-effective by ...

on ... day of ... 191 ...

(Signature) ...

(Rank) ...







the Sick List in the case of Warrant Officers treated in quarters.

Number of days in Hospital	Remarks bearing on the cause, nature, or treatment of the case, likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet.	Signature of Medical Officer
	<p>Ypres 23-4-15.                      St. Omer 3 weeks.                      Gen'l. Inf. Stafford 12 weeks.                      X Ray revealed nothing.</p> <p>T. Lyon,                      Capt.                      D.T.R.</p>	
18.	<p><i>Transferred to Co. of London War Hospital to be treated for</i></p>	<p><i>Walsby, Capt.</i></p>
7	<p><i>fit</i></p>	<p><i>Walsby, Capt.</i></p>
78	<p>Recovery</p> <p>Monks Horton Aug. 19/15. Received bullet wound at Ypres April 23/15. Entered below angle of scapula &amp; apparently thro lung (1) as he spit large amount of blood after &amp; continued still about 6 wks after Unconscious from wound St. Omer for 3 days wks. Then Stafford infirmary (No. F.B.) in chest X-ray report from Moore Barracks.</p>	

?. Duplicate Medical History sheet posted to here. Medical Registrar Record Office.







BPC 34083  
N/E

Reserved for H.C.

Regt. No. **18242** Rank **Pte** Surname **SCOTT** Christian Name **DANIAL E.**  
 Unit or Corps—(a) Overseas from United Kingdom **1st Bn** (b) In United Kingdom **CAMC**  
 Born at—Town **Alleston** County or Province **Ontario** Country **Canada**  
 Date of Birth—Day **26th** Month **March** Year **1892** Age **26** **11** months.  
 Joined at **Edmonton Alta** Date **17th August 1914**  
 Former Trade or Occupation **Electrician**

Permanent marks or peculiarities that will serve for future identification :—

Height—feet **5** inches **9** Colour of eyes **Blue**  
 Signature of Soldier (for identification purposes) **D.E.Scott**

**Medical Report.**

The answers to the questions below are to be filled in by the Officer in medical charge of the case. He will carefully discriminate between the soldier's unsupported statements and the evidence as recorded in the medical or other military documents bearing on the case. He will plainly state the existence of any of the disability prior to the soldier joining for the present war.

1. DISABILITY (State the actual disabling conditions as distinguished from the diseases or injuries from which they resulted). (Follow the official nomenclature as far as possible.)

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

Disabilities Group (a)  
 Disabilities Group (b)  
 Disabilities Group (c)

**IMPAIRED FUNCTION LUNGS**

2. CAUSE OF DISABILITY. (Follow the official nomenclature in stating the disease or injury.)

	Disease or injury to which the disability is due.	Place of origin.	Date of origin.
(i.) As to Group (a) above.	<b>G.S.W.</b>	<b>Ypres</b>	<b>23-4-15</b>
(ii.) As to Group (b) above.			
(iii.) As to Group (c) above.			

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

3. Is the disability due to disease contracted or injuries received prior to Active Service? **No**

- (i.) As to Group (a) above? **No** If yes, has Active Service aggravated it?
- (ii.) As to Group (b) above? If yes, has Active Service aggravated it?
- (iii.) As to Group (c) above? If yes, has Active Service aggravated it?

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

- (i.) As to Group (a) above? **Yes**
- (ii.) As to Group (b) above?
- (iii.) As to Group (c) above?





5. If a cause of disability was an injury received on Active Service, was it received —

(i.) While on duty? **Yes**

(ii.) While off duty? **No**

(iii.) Was a Court of Inquiry held? **No**

(iv.) Where? **N.A.**

(v.) When? **N.A.**

(vi.) Opinion of the Court? **N.A.**

6. HISTORY OF THE CASE. (State concisely the essential points of the history, noting the entries made on the Medical History Sheet and other records).

On April 23rd 1915 in action at Ypres was shot thru left Lung Spit up blood for several weeks. Was unconscious for 2 days. Was invalided to England and was in Hospital for 6 months. Was put on Base Duty February 1916.

7. PRESENT CONDITION. (Give previous and present weight if likely to indicate progress of disability.)

Has persistant ache in muscels of back and cannot carry pack. Slight shortness of breath on exertion. Gets dizzy at times. Scar below left of left scapula. 1st T.P. other systems normal. present over both lungs. Percussion note flat over left base. Breath sounds rough. A peculiar blowing sound heard at end of inspiration over left base. V.R. diminished. Apex 9 C.M. from mid line. P.M.I. diffuse.

8. OPERATION. (i.) Was one performed? **No**

(ii.) If so, state what.

(iii.) Was one advised and declined? **No**

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

9. (i.) Is there loss or decay of teeth attributable to Active Service? **No**

(ii.) If so, describe.

**N.A.**

10. DO YOU RECOMMEND:—

(a) Fit for duty?

(b) Fit for base duty? **No**

(c) Invalid to Canada? **B111**

(d) Discharge from the Service as permanently unfit? **No**

Date of Report.....191

Signed.....**A. E. Munroe Capt**  
Officer in medical charge of case.

Station.....**15-2-13**  
**Taplow, Bucks.**

I have satisfied myself of the general accuracy of the above Report, and concur therein \*except

Dated at.....



**Harry W. Lewis. Officer Commanding**

\* THE DUCHESS OF CONNAUGHT CANADIAN RED CROSS HOSPITAL  
Delete if inapplicable.

Officer in Hospital | Strike out one  
S.M.O. | Brigade | of these.



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

Clear and decisive answers are to be given to all questions. Such terms as "may," "perhaps," "probably," "possibly," are not to be employed. Disability due to causes arising on Active Service is to be clearly shown in order that the Pensions Authorities may deal with the case properly.

11. Is the disability fully indicated in Part I. (1)?

Yes

If not, indicate it.

12. Is the cause of the disability fully indicated in Part I. (2)?

Yes

If not, indicate it.

13. Was the disability caused or aggravated by—

(a) Negligence of the Soldier

Caused?

No

Aggravated?

No

(b) Misconduct of the Soldier

Caused?

No

Aggravated?

No

14. THE ENTIRE DISABILITY.—Without regard to his regular occupation, to what extent is his capacity lessened at present for earning a full livelihood in the general market for untrained labour? (Estimate at none, 10%, 20%, 30%, 40%, 50%, 60%, 70%, 80%, 90%, or 100%.)

Forty percent

15. THE PENSIONABLE DISABILITY.—see Part I. (3). Aggravation on Active Service of a disability existing previous to joining is to be included in the estimate.

What part of the entire disability estimated next above in (14) is due to causes arising during Active Service? (Estimate at none,  $\frac{1}{5}$ ,  $\frac{2}{5}$ ,  $\frac{3}{5}$ ,  $\frac{4}{5}$ , or all.)

All

16. Permanency of the Pensionable Disability estimated next above in (15).

(i.) Is it permanent?

Yes

(ii.) If not permanent, what is its probable minimum duration (in months)?

N.A.

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

N.A.

18. Remarks.

*W. G. Meakins*

19. Recommendation:—(a) Fit for duty?

No

(b) Fit for base duty?

B111

(c) Invalid to Canada?

No

(d) Discharge from service as permanently unfit?

No

Classification for the Military Hospitals Commission.

Date of Board

STANDING MEDICAL BOARD

15 FEB. 1917

DUCHESS OF CONNAUGHT

CANADIAN RED CROSS HOSPITAL

TABLOW, DUCKS.

Station

Signatures of the Board.

J.C. Meakins Lt. Col. CAMC

F.B. Green Capt CAMC

LONDON AREA

LONDON

Approved

*W. G. Meakins*

A.D.M.S.

Dated at

London, C.A.M.C.

Station

17 FEB 1917

191







126/5  
27/10/15

27/10/15  
36 WBY

D  
Army Form B. 179

# Medical Report on an Invalid.

Station MONKS HORTON, KENT.

Date Aug: 19<sup>th</sup> 1915

- 1. Unit 1<sup>st</sup> Batt<sup>n</sup> (attached to 36<sup>th</sup>)
- 2. Regimental No. 18242.
- 3. Rank Plc.
- 4. Name Scott, David L.
- 5. Age last birthday 23.
- 6. Enlisted { on Aug 19<sup>th</sup> 1914.  
at Edmonton.
- 7. Former Trade { Electrician.  
or Occupation {

## 8. Disability.

Bullet wound  
L. Chest

## Statement of Case.

Note.—The answers to the following questions are to be filled in by the Officer in medical charge of the case. In answering them he will carefully discriminate between the man's unsupported statements and evidence recorded in his military and medical documents. He will also carefully distinguish cases entirely due to venereal disease.

- 9. Date of origin of disability. April 23<sup>rd</sup> 1915.
- 10. Place of origin of disability. France.
- 11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case.
 

Was advancing when he struck by bullet which passed below angle of R. Scapula & apparent thro' lung, emerging - little blood. He spit blood in large quantities after that spit a little blood till he fell up - Was unconscious from the accident. Pt Omar for Swells - propped up in bed - then Gen. Inspiring, Stafford. X Ray showed no foreign body. Began walking 2 months ago, has been improving - Monks Horton Swells.
- 12. (a) Give your opinion as to the causation of the disability. Active Service
- (b) If you consider it to have been caused by active service, climate, or ordinary military service, explain the specific conditions to which you attribute it (See notes on page 3). Bullet.



13. What is his present condition?

Weight should be given in all cases when it is likely to afford evidence of the progress of the disability.

Complains of a pressing feeling on the L. side & a sharp pain when he exerts himself, on the

Left side - There is a slight retraction of L. side behind & the L. lung behind does not expand quite so well: breath sounds a little fainter. "No 7. B. in chest" (report from Home Base)

14. If the disability is an injury, was it caused

(a) In action?

Yes

(b) On field service?

Yes

(c) On duty?

Yes

(d) Off duty?

No

15. Was a Court of Inquiry held on the injury?

No.

If so—(a) When?

(b) Where?

(c) Opinion?

16. Was an operation performed? If so, what?

No.

17. If not, was an operation advised and declined?

No.

18. In case of loss or decay of teeth. Is the loss of teeth the result of wounds, injury or disease, directly\* attributable to active service?

Not applicable.

19. Do you recommend

(a) Discharge as permanently unfit, or

(b) Change to England?

Officer in medical charge of case.

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

except†

*[Signature]*

Station MONKS HORTON, KENT

Officer in charge of Hospital.

Date August 19, 1915

\* Loss of teeth on, or immediately after, active service, should be attributed thereto, unless there is evidence that it is due to some other cause.

† Delete this word if no exceptions are to be made.



## Opinion of the Medical Board.

NOTES.—(i.) Clear and decisive answers to the following questions are to be carefully filled in by the Board, as in the event of the man being invalided, it is essential that the Commissioners of Chelsea Hospital should be in possession of the most reliable information to enable them to decide upon the man's claim to pension.

(ii.) Expressions such as "may," "might," "probably," &c., should be avoided.

(iii.) The rates of pension vary directly according to whether the disability is attributed to (a) active service, (b) climate, or (c) ordinary military service. It is therefore essential when assigning the cause of the disability to differentiate between them (*see* Articles 1162 and 1165, Pay Warrant, 1913).

(iv.) In answering question 20 the Board should be careful to discriminate between disease resulting from military conditions and disease to which the soldier would have been equally liable in civil life.

(v.) A disability is to be regarded as due to climate when it is caused by military service abroad in climates where there is a special liability to contract the disease.

20. (a) State whether the disability is the result of (i.) active service, (ii.) climate, or (iii) ordinary military service.

(b) If due to one of these causes, to what specific conditions do the Board attribute it?

21. Has the disability been aggravated by

(a) Intemperance?

(b) Misconduct?

22. Is the disability permanent?

23. If not permanent, what is its probable minimum duration?

*To be stated in months.*

24. To what extent is his capacity for earning a full livelihood in the general labour market lessened at present?

*In defining the extent of his inability to earn a livelihood, estimate it at  $\frac{1}{4}$ ,  $\frac{1}{2}$ ,  $\frac{3}{4}$ , or total incapacity.*

25. If an operation was advised and declined, was the refusal unreasonable?

26. Do the Board recommend

(a) Discharge as permanently unfit,  
or

(b) Change to England?

Signatures :—

\_\_\_\_\_  
President.

Station MONKS HORTON, KENT.

\_\_\_\_\_  
Members.

Date \_\_\_\_\_

Approved.

Station \_\_\_\_\_

\_\_\_\_\_  
Administrative Medical Officer.

Date \_\_\_\_\_



(On leaving Corps or Station where invalided.)

Transfer	{	Date _____	Name	{	Conveyance _____
		Station _____			Vessel _____
or			of		
Embarkation	{	Date _____	}	}	Officer in
		Port _____			medical charge _____

Brief remarks on case during transit, and state on transfer for final disposal.

Re-transferred { Date \_\_\_\_\_  
 Hospital or } \_\_\_\_\_  
 Station } \_\_\_\_\_

Officer in medical charge.

(At Station or Hospital where finally disposed of.)

Station and Hospital } \_\_\_\_\_  
 Arrived from \_\_\_\_\_ Date \_\_\_\_\_

If admitted	If under treatment		Disease	How finally disposed of	Date of Discharge, &c.
	Date	From			

Detailed statement as to condition on discharge and whether discharged as an invalid, to corps, to station, or to depôt. In cases of discharge from the service it should be stated whether the answers to questions 22, 23 and 24 are concurred in.

Date of final Medical Board, or decision } \_\_\_\_\_

Administrative Medical Officer.

Army Form B. 179.

MEDICAL REPORT ON AN  
INVALID.

Station \_\_\_\_\_  
 Corps \_\_\_\_\_  
 Regimental No. \_\_\_\_\_  
 Rank \_\_\_\_\_  
 Name \_\_\_\_\_  
 Disability \_\_\_\_\_  
 Date \_\_\_\_\_

Hospital or Station transferred to for final disposal } \_\_\_\_\_  
 Date of final disposal } \_\_\_\_\_  
 How finally disposed of } \_\_\_\_\_

The original Report is invariably to accompany the discharge documents of Invalids.

(K's' (88579) Wk. 1886 476M 5-15 W B & L



# MEDICAL HISTORY OF AN INVALID

Mans address same.

## INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

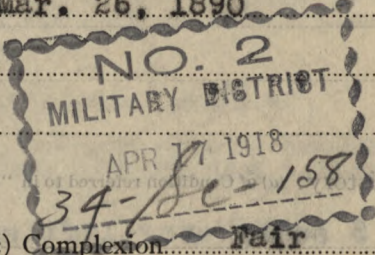
1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" issued by the B.P.C. and instructions issued by Militia H.Q., Ottawa, will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of Sections 1 to 17 of this Form and will obtain the signature of the soldier 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 soldier'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 soldier concerned, from witnesses, or from documents.
4. Special care is required in answering question 13. Please read the questions carefully. All questions must be answered.
5. If space provided under any sections is insufficient use blank space, page 4 or add another sheet. Such entries or 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 8, 9 and 10 be communicated to the soldier, 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 Ravina Bks, Toronto DATE Apr. 11/18

1. 1 (a) Unit #2 Cas. (b) Regimental No. 18242 (c) Rank Pte.  
 (d) Surname SCOTT (e) Christian name Daniel Ernest

2. Age last birthday 28 Date of birth Mar. 26, 1890

3. Enlisted at Edmonton, Alb. on Aug. 17/14



4. Personal description:—  
 (a) Height 5' 9" (b) Weight 135 (c) Complexion Fair  
 (d) Colour of hair Fair (e) Colour of eyes Blue (f) Identification marks None.

5. Address after discharge (for the use of the Board of Pension Commissioners) 18 Shriley St., Toronto.

6. Former trade or occupation Electrician.

7. (a) Service 

Years	3	Days	235
-------	---	------	-----

	PERIODS	
	From	To
- 9th Bn. C.A.M.C. #2 Cas.	Aug 17/14 Apr. 25/17 Mar. 25/18	Apr. 25/17 Mar. 25/18 To Date.

(b) Has he been overseas? France. 8. Original disease or disability

G.S.W. Chest (Penetrating)

(a) Date of origin Apr. 23/15 (b) Place of origin France.

(c) Cause\* G.S.W. chest.

(d) Present disease or disability Pain in chest and shortness of breath.

9. Present condition (a) (Important to be a full description of the present disabling condition or conditions only.) "History" must be recorded in Section 10.

[After describing all abnormalities, anatomical and functional, contributing to present disability (see section 11) state whether such disability is directly due to (a) weakness, (b) loss (complete or partial) of any organ or member of its functions, or (c) to the necessity for rest of the body or of some of its parts.]

SUBJECTIVE- Occasional sharp pain through left side of chest. Lasts. 10 or 15 mins. and intermittedly 2 or 3 days. Soreness in back when lying in bed. Shortness of breath on exertion, such as lying hurrying



9. Present condition.—(Continued.)

after car or running up stairs. Sleeps well. Appetite fair. Irritating cough after exertion. Very little sputum.

OBJECTIVE— Chest measures 32½" - 34½". Expansion left has apex base poor. 2 scars lower end of left scapulae. Dullness over left base on percussion. Breath sounds distant. R. 22. L. 96. at rest after walking rapidly 25 yds. R. 24. L. 120. No dyspnoea. In 2 mins. R. 20. P. 94. Heart normal. Other systems apparently normal.

Incapacity due to pain in chest and shortness of breath. Specialist's report attached.

(b) Are the following systems normal? If not, briefly state abnormality.

Nervous normal Digestive normal Respiratory See Sec. 9 Cardiac normal Genito-Urinary normal Skin, Middle Ear, Eye or any other part normal

10. History: (a) of Condition referred to in "a" section 9.

3 scars over left scapulae. Small scar on forehead

(b) Here give a description of wounds, scars, deformities, and signs and symptoms of abnormal conditions present and not included in answer 8. This section cannot be completed without stripping the soldier and subjecting him to a thorough physical examination.

11. If the disabling condition had its origin before enlistment, has it been aggravated on service?

Not applicable.

12. Was the disability caused or aggravated by negligence, by vice or by misconduct, or by unreasonable refusal to accept treatment?

No.

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

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

6 months

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

10 months in hospital.



OPINION OF THE MEDICAL BOARD

14. (Continued).

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit?

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

No.

16. Can the former trade or occupation be resumed? Yes. in 6 months.

(If not, briefly state why.)

17. Recommendations That he be placed in Category E.

APPROVED BY

*M. Seaton*

Medical Officer by whom the case is brought forward.

STATEMENT OF THE SOLDIER.

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

I, the undersigned P. H. Seaton, 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

*P. H. Seaton*

Signature of soldier examined.

OPINION OF THE MEDICAL BOARD

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

We concur.

19. Is the soldier fit for

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

20. It is certified that the soldier

(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).



OPINION OF THE MEDICAL BOARD—(Continued).

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

That he be placed in Category E and be discharged as physically unfit.

Before signing the President of the Medical Board will read the certificate signed by the soldier, to the soldier, and if no change is indicated will initial the certificate.

PLACE Ravina Bks, Toronto.

DATE Apr. 11/18.

W.T. McLean Major President.
P. Reilly Capt.
W. P. Clark Capt. Members.

APPROVED BY [Signature] Assistant Director of Medical Services.

APPROVED BY [Signature] Director-General of Medical Services.

DATE 15/4/18.

DATE

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 soldier to accept treatment appear to be unreasonable, or should he decline to sign this statement the Board of medical officers should so state.

OPINION OF THE MEDICAL BOARD

PLACE DATE
President.
Members.

- 19. Is the soldier fit for:
(a) General service?
(b) Service abroad, not general service?
(c) Home service (Canada only)?
(d) Temporary unit?
(e) Further for service in Category A, B and C?
20. It is certified that the soldier:
(1) Does require treatment. (Give the nature of the condition and of the treatment required and the reasons therefor.)
(a) Does not require treatment.
(b) Should pass under his own control.
(c) Should not pass under his own control.
(d) Should not pass under his own control. (Strike out condition not applicable.)



Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

# Separation and Assigned Pay Branch

*Aug 1/17*

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

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RATE OF ASSIGNMENT

<i>15</i>			
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## PARTICULARS OF SEPARATION ALLOWANCE

No. \_\_\_\_\_  
 Rank *Pte* Promoted \_\_\_\_\_ Reverted \_\_\_\_\_ Discharge \_\_\_\_\_  
 Soldier's Name *Daniel E. Scott*  
 Battalion *9 Battrn C.A.M.C.*  
 Beneficiary \_\_\_\_\_  
 Relationship \_\_\_\_\_  
 Address \_\_\_\_\_

## PARTICULARS OF ASSIGNMENT

Name *Mrs John Scott*  
 Address *Box 288, Alliston, Ont.*  
 Change of Address \_\_\_\_\_  
 1 \_\_\_\_\_  
 2 \_\_\_\_\_  
 3 \_\_\_\_\_  
 4 \_\_\_\_\_

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
<i>1917</i>					<i>016403-D-24</i>
<i>Dec 31</i>	<i>—</i>		<i>75</i>	<i>75</i>	<i>M.A.O. 713. Rendered. A.S. Plythe. 26-3-18.</i>
<i>Jan 18</i>	<i>M 71312</i>		<i>15</i>	<i>15</i>	<i>2 M. 16/8/17.</i>
<i>Feb.</i>	<i>K 72148</i>		<i>15</i>	<i>15</i>	
<i>Mar.</i>	<i>S 92571</i>		<i>15</i>	<i>15</i>	

.....A/c Closed *31-3-18*  
*U.S. \$170.* Ret'd per *Canada*  
 Date *31-3-18 M.F.W. 187 26-3-18.*  
 .....Clerk *A.S. Plythe*  
*M. D. #2.*

CANADIAN  
 ASSIGNED PAY AUDITED  
*Amford*  
 CLERK  
 DATE *2/6/19*

M. F. W. 128.  
 400X 6. 7. 1. 72-39-1141  
 L. L. 22320-M. & D. 1993.

A STENCIL  
 HAS BEEN MADE  
 FOR THIS ACCOUNT



