

Dubinski  
Card  
# M 15  
31-5-16

# ATTESTATION PAPER

No. 1009987

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?..... Douglas Ewart
- 1b. What is your present address?..... Moose Jaw, Sask.
2. In what Town, Township or Parish, and in what County were you born?..... Guelph, Ont.
3. What is the name of your next-of-kin?..... Annie Margaret Scott
4. What is the address of your next-of-kin?..... 1047 Connought Ave. Moose Jaw
- 4a. What is the relationship of your next-of-kin?..... Mother
5. What is the date of your birth?..... April 14th 1898
6. What is your Trade or Calling?..... Student
7. Are you married?..... No.
8. Are you willing to be vaccinated or re-vaccinated and inoculated?..... Yes
9. Do you now belong to the Active Militia?..... No.
10. Have you ever served in any Military Force?..... No.  
If so, state particulars of former service.
11. Do you understand the nature and terms of your engagement?..... Yes
12. Are you willing to be attested to serve in the CANADIAN OVER-SEAS EXPEDITIONARY FORCE..... Yes

## DECLARATION TO BE MADE BY MAN ON ATTESTATION

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

Date May 5 1916  
Douglas Ewart Scott (Signature of Recruit)  
J. M. Baxter (Signature of Witness)

## OATH TO BE TAKEN BY MAN ON ATTESTATION.

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

Date May 5 1916  
Douglas Ewart Scott (Signature of Recruit)  
J. M. Baxter (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 and replied to, and the said Recruit has made and signed the declaration and taken the oath before me, at Moose Jaw this 5 May day of May 1916

Edw. Kemp (Signature of Justice)

DESCRIPTION OF **DOUGLAS EWART SCOTT** ON ENLISTMENT.

Apparent Age **18** 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. **5½** ins.

Chest measurement { Girth when fully expanded ..... **33½** ins.  
 Range of expansion ..... **1½** ins.

Complexion ..... **Ruddy**

Eyes ..... **Blue**

Hair ..... **Auburn**

Religious Denominations { ~~Church of England~~ .....  
 Presbyterian **Yes** .....  
 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 declares that he is not subject to fits of any description.

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

Date ..... **April** ..... 191 **6**.

Place ..... **Moose Jaw, Sask.**

*C. H. Christie*  
 Capt.  
 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.

**DOUGLAS EWART 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 ..... **April** ..... 191 **6**.

**Lt. Col.**  
*Com'd'g 229 Overseas Battn.*

SCOTT

DOUGLAS EWART 1009987

229th Bn.

CONTENTS

O. H. M. S.

REGIMENTAL DOCUMENTS

REGT No. UNIT

NON-EFFECTIVE BY ..... CATEGORY *Demob*

*6-3-19*

*R 23/2/20*

*ms Thompson*  
*24/2/20 183*

*Thompson 10/20*

*R 15/4/20*

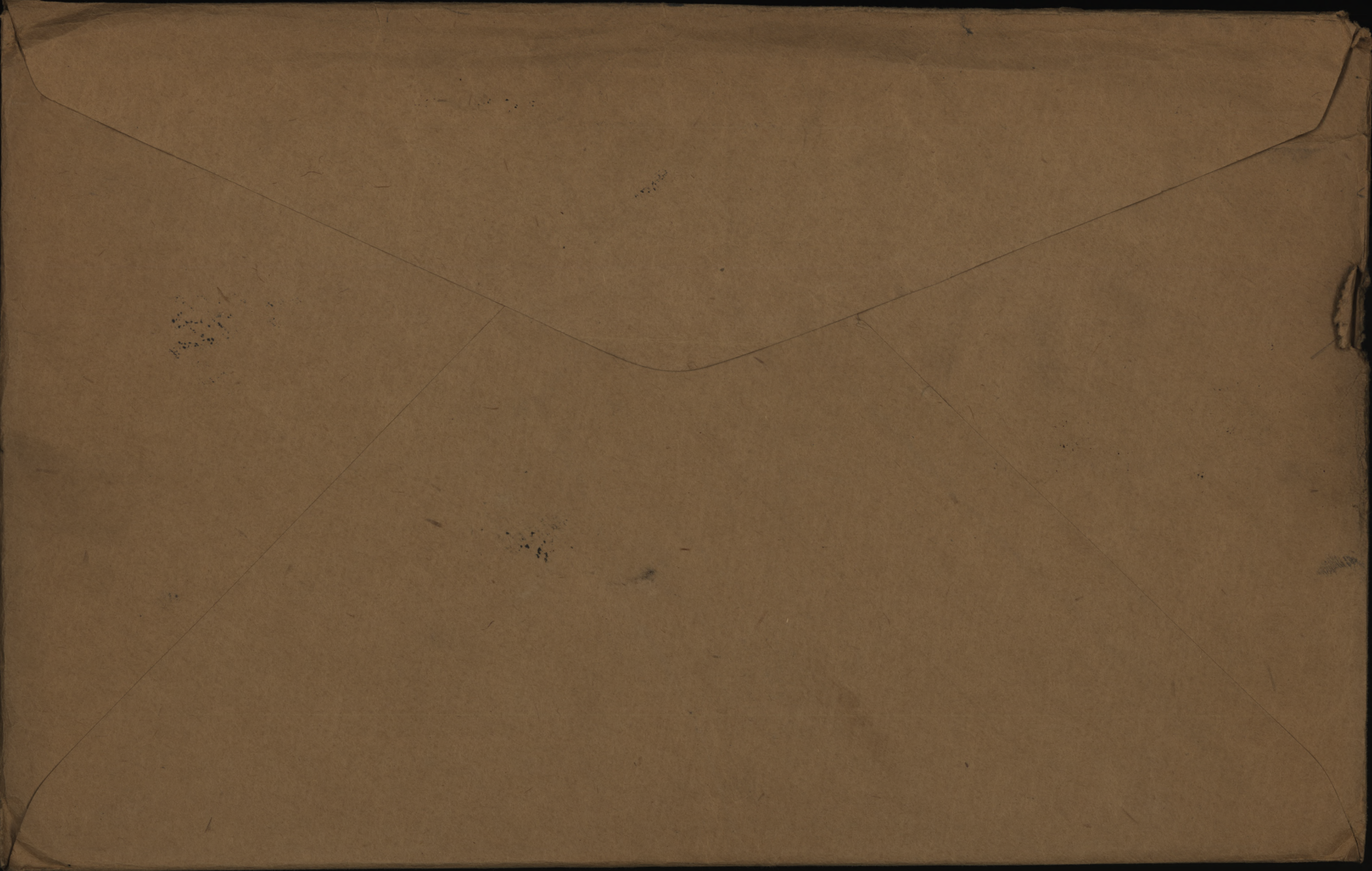
108430

*31-26*  
*22-26*  
*5-26*  
*2*



- 3 ATTESTATION PAPER (M. F. W. 23, 133 or 51)
- 3 CASUALTY FORM (M. F. W. 54 or A. F. B. 103)
- 2 TRAINING HISTORY SHEET (M. F. W. 113)
- 2 FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)
- REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 121)
- COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)
- 2 MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)
- DENTAL HISTORY SHEET (M. F. B. 465)
- MEDICAL REPORT (M. F. B. 227 or A. F. B. 179)
- / MEDICAL EXAMINATION (M. F. W. 129)
- TRANSFER CLOTHING STATEMENT (M. F. W. 97, or D. O. S. 2)
- PROCEEDINGS, COURT OF INQUIRY (M. F. B. 303 or A. F. A. 2)
- DECLARATION, COURT OF INQUIRY (M. F. B. 259 or A. F. B. 115)
- / LAST PAY CERTIFICATE (M. F. W. 44)
- / PROCEEDINGS ON DISCHARGE (M. F. W. 218 or A. F. B. 268)
- PARTICULARS OF CHARACTER (A. F. W. 3226)
- / COPY OF PARCHMENT DISCHARGE CERTIFICATE (M. F. W. 39A)
- DENTAL CERTIFICATE ON DISCHARGE (C. A. D. C. 5009)
- / UNIT INDEX (M. F. W. 11 or 192)

*1 m JW67*  
*1 TP149*  
*1 cascad*



Emk.  
R

B

Number 1009987 Rank a/c/lpe.

Surname SCOTT

V

Christian Name Douglas Ewart

Units 5th Machine Inf. Theatre of War France.

Date of Service 8-12-17

Remarks

Latest Address 1057 Connaught Ave.  
Moose Jaw Sask

Roll No B.

Page 10010

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. FEB 11 1922  
REGN. NO. 16267

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







NAME

*Scott J*

RANK AND CORPS

*Pfc*

*E*

*5<sup>th</sup> Bn*

*Asst Regt*

REG'TL No.

*1009987*

H. Q. FILE No. 649.

FOLLOWS

No.

FOLLOWS

CABLE

No.

DATE

NATURE OF CASUALTY

LIST No.

HOSPITAL

DATE OF  
ADMISSION

REMARKS

A 250 <sup>1</sup>	No 2 Can 7A. Amb.	17-6-18	Influenza
A 250 <sup>1</sup>	Disch to Duty	21-6-18	"

No. 1009987 RANK

Plt

NAME

Scott D.

E

T. O. S.

UNIT

229th Battalion

M. D. 12

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916 May 12	1916 May 31	✓		
June		✓		
July		✓	Ar. L. July 12/16	B.O. 170 of July Payroll.
Aug.		✓		
Sept.		✓		
Oct.		✓		
Nov.		✓		
Dec. 1914.		✓	Pro. L/Coy. Dec. 10/16.	B.O. 301 of 13.12.16.
Jan.		✓		
Feb.		✓		

1009987

Plé

Scott D

E.

229<sup>th</sup> Battalion

121.

19 17.

Mar.

Apr.

✓  
✓

SURNAME. *Scott*

CHRISTIAN NAMES *Douglas Ewart.*

REGL. No. *1009987* RANK *Pte*

UNIT *229th*

FORMER CORPS *Nil*

*M.O. 12* CARD NO. *2081012 6/3/19*  
*100.64 5/3/19-101012*  
FOLL.

*Bn*

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL *Scott, Mrs Annie Margaret*

RELATIONSHIP TO SOLDIER *Mother*

ADDRESS *1047 Connaught Ave Moose Jaw.  
Sask.*

COUNTRY OF BIRTH *Canada, Guelph. Ont*

DATE *Apr 14th 1898.*

PLACE OF ATTESTATION *Moose Jaw. Sask.*

DATE *May 5th 1916.*

*O/S. 18.4.17. 764/11*

*B/C. 9-2-19 263/108 (Pte.)*

From Halifax Per **S.S. "Northland," 18-4-17**

MARRIED

SINGLE *yes*

WIDOWER

TRADE OR CALLING

*Student*

RELIGION

*Presbyterian*

DESCRIPTION.

APPARENT AGE *18*

YEARS

MONTHS

HEIGHT *5*

FEET *5 1/2*

INCHES

CHEST MEASUREMENT *33 1/2*

INCHES

EXPANSION *1 1/2*

INCHES

COMPLEXION *Ruddy*

EYES *Blue*

HAIR *Auburn*

DISTINGUISHING MARKS *Nil.*

MEDICAL EXAMINATION.

PLACE

*Moose Jaw, Sask.*

DATE

*Apr*

*1916.*

*Present Address, Moose Jaw, Sask.*

H. Q. Reference

No. 1009987. Rank SIGNALER. Unit 229<sup>th</sup> INF BATT.

Surname SCOTT.

Christian names DOUGLAS. EWART.

Kindly forward Medals, to which I am entitled by reason of my  
service in FRANCE AND BELGIUM.....  
(Theatre of War)

with 5<sup>th</sup> CAN. INF.....  
(Unit with which served in Theatre of War)

No. 29.....

Street. DAVRD-ST.....

Town. STRATFORD.....


County. ONT.....

D. E. Scott.....  
(Signature)

(WRITE IN BLOCK LETTERS AND IN INK)

O.H.M.S.

POSTAGE  
FREE



SECRETARY, MILITIA COUNCIL,

DIRECTOR OF RECORDS,

OTTAWA, ONT.



SURNAME

CHRISTIAN NAME OR NAMES

REG. NO.

SCOTT.

D.E.

1009987.

RANK  
pte.

UNIT

Co.  
Sask. 5.

TROOP

BATTY.

HOSPITAL

2. C.F. Amb.

DATE OF ADMISSION

17-6-18.

1.

HOSP.

2.

HOSP.

3.

HOSP.

4.

HOSP.

Influ'za. R

DIAGNOSIS

1.

2.

3.

DISPOSITION

Dis. to duty. 21-6-18.

DATE

C.L. 27-6-18. A250.

REMARKS

A.M.D. 2 DEPT.

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

EPITOME OF HOSPITAL TREATMENT

HOSPITAL

ADM.

1.

2.

3.

4.

5.

6.

7.

\*Name..... **SCOTT. D.E.** ..... Rank **Pte.** .. Regtl. No. **1009987** .....

Original unit ..... Present unit **229th Bn.** ..... M. or S. Age..... Religion..... Ref. H.Q.....  
Fyle Depot.....

Port, ship and date of arrival ..... **Carmania 8-2-19** .....

Next of kin.....

Address on leave..... **1047 Connought Ave. Moose Jaw, Sask.** .....

Address on discharge.....

Transportation issued <sup>Yes</sup> No Date..... Character on discharge.....

Previous occupation..... **Student** ..... Date and place of enlistment..... **Moose Jaw 5-5-16** .....

Diagnosis..... Date of Medical Boards.....

Date.	Remarks.	Pt. 2 Order No.
1-2-19	T.O.S. #12 D.D. and posted to Cas. Coy 14-2-19 Granted leave from 14-2-19 to 28-2-19 inc. Entitled to wear 2 blue chevrons.	46/298

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

Date.

Remarks

Pt. 2 Order No.

5-23-19

Posted from Casualty Coy. to Discharge Sec.

64-411

6-3-19

Discharged- On demob.

64-410

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

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

350M.—5-16

H. Q. 1772-39-920.

# Casualty Form—Active Service.

Unit, Regiment or Corps *229th Bn. C.B. 687*

Regimental No. *1009987* Rank *Pte* Name *Douglas Edward Scott*

Enlisted (a) *May 18/16* Terms of Service (a) **DURATION OF WAR** Service reckons from (a) *May 18/16*

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

Extended ..... Re-engaged ..... Qualification (b) *Student*

Report	Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
	Embarked Canada	Halifax	17/4/17	"Northland"
	Debarked England	Liverpool	29/4/17	
	Entered Segregation Camp	Bramshott	30/4/17	
				<i>Gen. A. Gollin Capt. &amp; Adj. for O.C. Segregation Camp.</i>
<i>11/5/17</i> <i>18.5.17</i>	O.C. 19th Res	Taken on strength of 19th Reserve Battalion	Bramshott <i>10/5/17</i> <i>30/4/17</i>	Part 2 D.O. 131 <i>2138</i>
<i>20.6.17</i>	O.C. 19th Res Bn	Acting Lance Corporal.	Bramshott.	<i>30.4.17</i> Part 2 D.O. #171
<i>17.7.17</i>	O.C. 19th Reserve	Reverts to Private to comply with establishment	Bramshott	<i>17-7-17</i> Part 2 D.O. 198
<i>14-10</i> <i>1917.</i>	O.C. 19th Res Bn	Posted to the 15th Reserve Battalion, absorbing the 19th Reserve Battalion.	Bramshott	<i>14-10</i> <i>1917.</i> Part 11 D.O. 287-A <i>W. Moxton</i> Capt a/Adj. 19th Can. Res. Bn.
<i>15.10.17</i>	O.C. 15th RES. BN.	T.O.S. from 19th Res. Bn.	Bramshott	<i>14.10.17</i> part II order # 281

(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.)

CERTIFIED CORRECT.

Date	Report From whom received	Record of promotions, reductions, transfers, casualties, etc., during active service, as re- ported 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
9 DEC 1917	O.C. 15 <sup>th</sup> RESERVE	PROCEEDED OVERSEAS FOR SERVICE WITH <sup>5<sup>th</sup></sup> BATTALION	BRAMSHOTT	DEC 8 1917	PART II. DAILY ORDERS No. 336 D Campbell Lt. ADJUTANT, 15 <sup>th</sup> RESERVE BATTALION
10.12.17	C. B. D.	ARRIVED C. B. D.	FRANCE	9.12.17	N. R. D. PART II ORDERS No. 149 D 14.12.17
14.12.17	G. B. D. CERC	LEFT C. B. D. for CERC	CERC	14.12.17	MR 816
"	O.C. B. D.	ARRIVED CERC BN.	FIELD	"	B. 213 D MR 91
3-1-18	"	Left for Unit	"	3-1-18	MR 119
5-1-18	sm bn	joined "	"	"	B 213
21.6.18	2 CFA	Influenza Rem. Adm.	"	17.6.18	77965
23-6-18	2 "	"	"	21.6.18	78258
22.6.18	sm bn	To Hospital	FLS	17.6.18	B 213.
2.7.18	"	Returned Unit	"	21.6.18	"
2.7.18	"	awarded 1 GC Badge	"	5.5.18	K 18/2027 Pro. 77
23.11.18	"	14 days leave to UK	"	18.11.18	B 213 Pro 141
6-12-18	C B D	Arrived C B D from Leave	"	6-12-18	MR. 530
31-12-18	B D B D	Trans to Eng posted to Sask R & Bramshott	"	31 12 18	MR 17

Lieut. for Lt.-Col., A. A. G.  
Canadian Section, G. H. Q. 3rd Echelon, B. E.

# SERVICE AND CASUALTY FORM (Part I).

Army Form B, 103-1.  
Part I.

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

**Nothing to be written in this margin.**

W1889-PP 1150 IM 5/18 G.W.P.Co (3496)

(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 [vide 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 (vide 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 transferred 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, Shoemg-smith, &c.

(A) Report		(B)	(C)	(D)	(E)	(F)
Date.	From whom received.	Authority of Part II. of Orders	Record of promotions, appointments, reductions, casualties, transfers, postings, &c. All acting as well as substantive promotions to be shown, for method of entry of which see A.C.I. 1816 of 1917. Corps and unit to which transferred and posted to be invariably named.	Place of casualty	Date of promotion, reduction, reversion, casualty, &c.	Remarks, and initials and rank of an officer

6.1.19	SRA	4	SOS from C.I.B.D France	B'shott	5-1-19	
6.1.19	"	4	SOS to 15th Res	"	6-1-19	

*J. G. G. G. G.*  
Lieut.  
FOR O.C. Sask. Regt'l. Depot

7-1-19	C.C. 15th RES. BN.		TAKEN ON STRENGTH FROM <i>BRD.</i>	BRAMSHOTT.	6-1-19	<i>P. H. D. O. 7</i>
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20-1-19	C.C. 15th RES. BN.		<i>S.O.S. Kinmel Park Camp M.D. 12 Wing</i>	BRAMSHOTT.	19-1-19	<i>ADJUTANT 15th RESERVE BATTALION.</i>
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Attached C.C.C. Kinmel Park for return to Canada Part II Orders No. 16. Geases to be attached C.C.C. Kinmel Park, on embarking for Canada, Part II Order No: \_\_\_\_\_

Commanding \_\_\_\_\_ Wing,  
Kinmel Park Camp,

*A. P. P. P.*  
Lieut.  
i/c Records, M.D. 12.

D.D.O. Part II *C.O.S. No. 12 DISTRICT DEPOT*  
15-2-19 446.298 *From Clearing Depot*

1-2-19 *W. W. W. W.* Capt.  
C.C. Casualty Company, No. 12 District Depot

Embarked S.S. Carmania  
 19/1/19  
 Lt. Col. F. J. J. J.  
 1 FEB 1919

Nothing to be written in this margin.



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

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

350M.—5-16

H. Q. 1772-39-920.

# Casualty Form—Active Service.

Unit, Regiment or Corps. *229 Battalion*

Regimental No. *1009987* Rank *Pte* Name *Scott D.O.*

Enlisted (a) *5.5.16* Terms of Service (a) *3 Yrs* Service reckons from (a) *5.5.16*

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) *Student*

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
<i>5.3.19</i>	<i>Cas. Coy.</i>	<i>Discharged on demobilization</i>	<i>Requin</i>	<i>6.3.19</i>	<i>D.O. 64.410</i>

*John Macdonald* Lieut. & Adj. No. 12 District Depot

(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.



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..... **229th Overseas Battalion** .....

(2) Regimental Number **1009987** .....

(3) Full Name of Soldier **Douglas Ewart Scott.** .....

(4) Place of Birth **Guelph, Ont.** .....

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

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

(b) Present Postal Address **Moose Jaw, Sask.** .....

(7) Are you a widower? **No** .....

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

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

Also their names and ages.....

(9) Is your Father alive? Yes

If so, state name and address D.A. Scott, #1047 Connaught Ave. Moose Jaw ( Sask. )

(10) Is your Mother alive? Yes

If so, state name and address Annie Margaret Scott,

#1047, Connaught Ave. Moose Jaw, Sask.

(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.

(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? 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.

Date May 5th 1916

A. Hanson

Officer Commanding.  
Lt. Col.  
Com'd'g 229 Overseas Batta.

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) SCOTT, D.E M.D 12.  
REGIMENT 5th Batt. RANK PLS. No. 1009987

Date of Examination in England 21/1/19 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.

PRESENT DENTAL REQUIREMENTS

1. FILLINGS
2. EXTRACTIONS
3. CROWNS
4. DENTURES
  - (a) Full Upper
  - (b) Part Upper
  - (c) Full Lower
  - (d) Part Lower

*[Handwritten signature]*

HAS HE EVER REFUSED DENTAL TREATMENT ?

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

- (a) In Canada
- (b) In England
- (c) In France

*[Handwritten signature]*

KINMEL PARK,  
NORTH WALES.

Signature of Dental Officer *[Handwritten signature]*

SCOTT. P. E. W. D. 19.  
1008883

21/1/18

*[Faint signature]*

*[Faint signature]*

# 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. 1009987 Rank Plt Surname SCOTT  
 (Give name in full)  
 Unit or Corps \*12 DD Birthplace Douglas twait  
Queph. Ont.

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

### 1. GENERAL DESCRIPTION:

Physique Fair Weight 127 lbs. Height 5 6 1/2 ft. in. Colour of Eyes blue  
 Nutrition Fair  
 Pulse 74  
 Condition of arteries normal  
 Vision Rt. 22/20 Left 20/80  
 Hearing (conversational voice) Rt. 21 ft.  
 Left N ft.

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

Opinion as to general health and physical condition 21 A

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

Nervous System no Genito Urinary System no Cardio-Vascular System no  
 Special Senses no Integumentary System no Respiratory System no  
 Disturbance of mentality no Muscular System no Digestive System no  
 Osseous and Joint System no Any other general condition 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.

Left eye was poor before enlistment  
no disability due to service

# EXAMINATIONS.

## THIS SECTION FOR USE OVERSEAS—

Examined at.....(Overseas)

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 SECTION FOR USE IN CANADA—

Examined at.....(Canada)

Date 3. 3. 19 ..... Signed [Signature] .....M.O.

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

Signature [Signature] .....

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

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

[OVER]



### Medical Examination upon leaving the Service

of an Officer fit for general service or a Soldier fit for duty.

Officers leaving the Service upon being found unfit for general service by a Medical Board, and Soldiers leaving the Service upon being found otherwise than fit for duty by a Medical Board, are not to be reported on this Form.

Rank... *1st Lt* Name... *Douglas Ewart* Surname... *Scott*  
 Unit or Corps... *5th Bn* (If a soldier) Regtl. No. *1009987*  
 Born at... *Quincy, Ont.* on, date... *Apr 14th 1898*  
 Signature (for identification)... *D E Scott*

The examination is to be made jointly by two Medical Officers.

1. PHYSIQUE—Any deformity, maiming or lameness? If so, describe. *no*

Weight *140* lbs. *est*  
 Height *5* ft. *7* ins.

2. NUTRITION AND DIATHESIS? *good*

After searching inquiry and thorough examination is any evidence found of disease or impairment of the parts indicated below? If so, describe.

3. NERVOUS SYSTEM? *no*

4. RESPIRATORY SYSTEM. *no*

5. HEART? *no*

Abnormal Sounds? *no*  
 Abnormal Size? *no*  
 Pulse Rate? *74* Intermittence or irregularity? *no*

6. ARTERIES.—Any hardening? *no*

7. DIGESTIVE SYSTEM? *no*

8. GENITO-URINARY SYSTEM? *no*

Urinalysis—s.g.? *1020* Reaction? *ac* Albumen? *no* Sugar? *no*

9. SKIN, MIDDLE EAR, EYE or any other part? *no*

10. Is there any evidence of impairment of health or physical condition not mentioned above? If so, describe. *no*

11. Opinion as to the health and physical condition of the one examined? *good*

Examined at... *Kimberly B.* Signed... *H. Thibault* M.O.  
 Date... *21-1-19* Signed... *W. September* M.O.

If any disease or impairment of health or physical condition is discovered, this report should be sent at once to the O.C. concerned for the Officer or Soldier to be sent before a Medical Board for regular boarding.

Medical Examination upon leaving the service

of the Officer in the regular service or a Soldier in the

of the Regular Army or the National Guard

*Handwritten notes at the top of the page, including the name "Walter" and other illegible text.*

of the Regular Army or the National Guard

*Handwritten notes in the middle section of the page.*

of the Regular Army or the National Guard

of the Regular Army or the National Guard

of the Regular Army or the National Guard

of the Regular Army or the National Guard

of the Regular Army or the National Guard

*Small handwritten marks or numbers.*

of the Regular Army or the National Guard

*Handwritten notes at the bottom of the page, including the name "Walter" and other illegible text.*

of the Regular Army or the National Guard

# CANADIAN CONTINGENT EXPEDITIONARY FORCE

## LAST PAY CERTIFICATE

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

Regimental No. 1029987 Rank Pvt Name Scott D.E.  
 Corps 12. DISTRICT DEPOT who was\* Discharged  
 On MAR 6 1919 191... to 191...  
 \*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from 1/27/19 191...  
 to MAR 6 1919 191..., the inclusive date of transfer or discharge.

Dr.			Cr.		
	\$	c		\$	c
Bal. Dr. from prev. month			Balance Cr. from prev. month	28	61
Advances by Cheques } No. <u>226/225</u>	35		Reg'l. Pay <u>34</u> days at \$ <u>1</u> c.	34	
} No. ....			Field Allow. <u>34</u> days at \$ ... c.	10	34
Assigned Pay and Sep'n All'ce No. ....			Separation Allowances* (Monthly) .....		
Other charges <u>CD 19</u>	18		Other Allowances* <u>Cloth. Alide.</u>	35	
Payment on transfer or discharge No. <u>147/83</u>	147	83	Other Credits* <u>Subs</u>	12	
Balance Cr. (to be paid by the new unit) .....			Bal. Dr. (to be deducted by new unit) .....	70	
<b>Total</b> .....	<b>183</b>	<b>01</b>	<b>Total</b> .....	<b>183</b>	<b>01</b>

\*Give particulars.

A monthly stoppage of \$ 10.00 (†) has been received for Feb (‡) been paid on account of Assigned  
 Pay for the month of ..... 191... } (to) Assignee Mr D.E. Scott  
 and Sep'n All'ce. for month of ..... 191... } 1047 Connaught Ave  
 (Address) Regina Sask

(†) 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 Do 64 .....
- (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 MAR 6 1919  
 Place REGINA, SASK

[Signature]  
 Paymaster, No. 12 District Depot  
 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.

M. F. W. 44.

H.Q. 1772-39-903.  
 100M-9-18, D.P. 874.

CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

THE FOLLOWING IS A SUMMARY OF THE PAY AND ALLOWANCES PAID TO THE MEMBER DURING HIS SERVICE IN THE CANADIAN CONTINGENT EXPEDITIONARY FORCE...

Table with columns for Description, Amount, and Remarks. Rows include: Basic Pay, Allowances, and Total Pay.

THE TOTAL AMOUNT PAID TO THE MEMBER DURING HIS SERVICE IN THE CANADIAN CONTINGENT EXPEDITIONARY FORCE IS...

On Transfer to an Officer

THE FOLLOWING IS A SUMMARY OF THE PAY AND ALLOWANCES PAID TO THE MEMBER DURING HIS SERVICE AS AN OFFICER...

THE TOTAL AMOUNT PAID TO THE MEMBER DURING HIS SERVICE AS AN OFFICER IS...

M. W. H. H.

# CANADIAN EXPEDITIONARY FORCE

## Discharge Certificate

This is to Certify that No. ---1009987--- (Rank) --- Private ---

Name (in full) ----- Douglas Ewart Scott ----- enlisted in  
the ----- 229th. Battalion -----

CANADIAN EXPEDITIONARY FORCE at --- Moose Jaw --- on the --- 5th ---  
day of --- May --- 16. 19  
-----

HE served in France Thirteen (13) Months with the 5th. Battalion.

and is now discharged from the service by reason of XXXXXX x On Demobilization. Entitled to  
wear Two (2) Blue Service Chevrons -----

---

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

<p>Age <u>----- 20 years -----</u></p> <p>Height <u>----- 5 feet 5½ inches -----</u></p> <p>Complexion <u>--- Ruddy ---</u></p> <p>Eyes <u>--- Blue ---</u></p> <p>Hair <u>--- Auburn ---</u></p>	<p>Marks or Scars <u>-----</u></p> <p><u>-----</u></p> <p><u>-----</u></p> <p><u>-----</u></p>
---	--

W. E. Scott  
Signature of Soldier

[Signature]  
Issuing Officer  
Lt-Col.,  
Rank  
O.C. #12 District Depot.  
Appointment

Date of Discharge --- 6-3-19 ---

Signed at --- Regina --- this --- 6th --- day of --- March --- 19 --- 19. ---

in Military District No. 12 -----

File Reference No. 372-8-120.D.

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.

A. No. 65284  
War Service Badge, Class  
issued  
B. No.

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

No. (Rank) Name

Unit

Address on Discharge

Character and Conduct

Former Occupation

Special Qualifications of Value in Civil Life

Medals and Decorations

Remarks

Signed at this day of 19

On demobilization the particulars called for on the back of this certificate will not be completed.

Name of Officer

Rank

Appointment

Discharge Section  
MAR 6 1919  
NO. 12 DISTRICT DEPOT

MILITIA AND DEFENCE  
**ASSIGNED PAY**  
 OVERSEAS CONTINGENTS

M. F. W. 12a.  
 50m.—7-16  
 1772—39—819.

Sheet No. 2. Mr D. A. Scott  
 (Assignee)

Name of Soldier E. Scott

PAYMENTS. # 1009987

229 Bala Corp.

L. L. Job 5470—Req. 6888.

Month.	Year.	Cheque No.	Amt.	Remarks
				<u>\$10.00</u>
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1917			
Feb.				
March				
April		<u>Z 6158</u>	<u>10</u>	
May		<u>I 9664</u>	<u>10</u>	<u>10 wt</u>
June		<u>U 18071</u>	<u>10</u>	<u>cu</u>
July		<u>V 25147</u>	<u>10</u>	<u>d</u>
Aug.		<u>M 34960</u>	<u>10</u>	
Sept.		<u>S 39768</u>	<u>10</u>	
Oct.		<u>E 25277</u>	<u>10</u>	
Nov.		<u>P 52259</u>	<u>10</u>	
Dec.		<u>W 59253</u>	<u>10</u>	
Jan.	1918		<u>90</u>	
Feb.				
March				
April				
May				
June				
July				

APR 1 1917

226

CANADIAN  
 ASSIGNED PAY AUDITED  
 OK  
Buff Rogers  
 ADJT CLERK  
 DATE 13 6 19

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.				



## ASSIGNED PAY MILITIA AND DEFENCE

M. F. W. 11.

50m.—6-16.

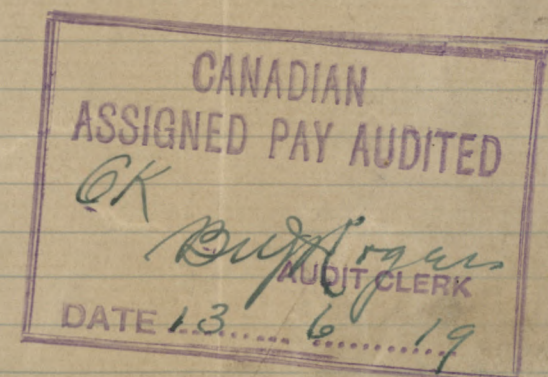
H. Q. 1774-39-818.

~~SEPARATION ALLOWANCE~~

Name *Mrs D.A. Scott* Name of Soldier *E. Scott*  
 Address *1047 Connaught Ave.* Regtl. No. *1009987*  
*Moose Jaw* Rank *2 Corp.*  
*Sask* Corps *229th Battery*  
 Relation to Soldier } *\$ 10* To what Corps belonging }  
 wife, child or mother } *April 1917* when called out }

APR 1- 1917 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				



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1009987

Li Scott Douglaswert

asp #10

DATE	PAY		FIELD ALLOWANCE		WORKING OR SPECIAL PAY		ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS				CASH PAYMENTS				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
	NO. OF DAYS	RATE	AMOUNT	NO. OF DAYS	RATE	AMOUNT				NO. OF DAYS	RATE	AMOUNT	1	2	3	4	1				2	3			
MONTH	PARTICULARS		CR.1	CR.2	PARTICULARS		DR.1	DR.2	DR.3	DR.4	BALANCE	DATE				DATE		DATE							
1918						Forward					8323														
	Jan	1st pay	3410			asp.					10														
	"					A Q 207 29/1/17	183																		
	"					AR 707 18/1/17	446																		
	"					DRAR 1350 15th R 30/1/17	993				9131														
		Feb	3410			A.P.	1602				10														
	"	ate pay	3080			AR 469 5Rn 18/1/18	357																		
	"					AR 470 18/1/18	1533																		
	"					" 774 18006 5/1/18	446																		
	"					AR 1556 5Rn 4/2/18	446																		
	"					DR 1397 15th R 14/1/17	487				89.40														
		Mar	3080			A.P.	2271				10														
	"	ate pay	3410			AR 1621 5Rn 27/2/18	357																		
	"					" 1669 2/3/18	446	809																	
	"					" 1746 22/3/18	357	1160																	
			3410				1160				10190	57													

CANADIAN  
 ASSIGNED PAY AUDITED  
 OK  
 R Beach  
 AUDIT CLERK  
 DATE 13 6 19

ASSIGNED PAY.	ENGLAND OR CANADA.	SEPARATION ALLOWANCE.	ENGLAND OR CANADA.	NAME: <b>SCOTT Douglas Stewart</b>								
EFFECTIVE DATE: <b>1/4/17</b>		EFFECTIVE DATE: -		NUMBER: <b>1009987</b>								
AMOUNT: <b>10 00</b>		AMOUNT: -		PARTICULARS OF RANK OR APPOINTMENT								
NAME, ADDRESS, RELATIONSHIP & AUTHORITY				AUTHORITY								
Mrs A M Scott (Mother) 1049 Connaught Ave Moore Jaw				DATE EFFECTIVE								
				RANK OR APPOINTMENT								
				Private								
				UNIT AND TRANSFERS								
				ORIGINAL UNIT - <b>229th Bn</b>								
				DATE ACCOUNT FIRST OPENED: <b>1/5/17</b>								
				UNIT TRANSFERRED TO								
				5th Bn Canada Section								
EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS				DAILY RATES OF PAY AND ALLOWANCES								
DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT	AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
20/2/18	6532	2280	4 66	20/2/18	6532	2280	4 66					
4/2/18	3236	15 Ar	19 47	4/2/18	3236	15 Ar	19 47		1 00	10		
17/4/18	3374	2-0-0	9 73	17/4/18	3374	2-0-0	9 73					

PARTICULARS OF RENDERING NON-EFFECTIVE: *Dec to Canada 31/1/19 NR.F 2008 Belcott 20/19 to Rhyll. M D J 2*

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
1918											
Mar 31	Bal forward								101 90	55	
Apr	P.P.	33		A.P. Can.				10			
				OR 35: 5th Bn. 4/4/18.	4 46						
		33		OR 139 " 24/4/18.	3 57			10	116 87	60	
					8 03						
May	P.P.	34 10		A.P.				10			
				OR 203. 5th Bn 7/5/18.	4 46						
		34 10		M 246 " 17/5/18.	3 57			10	132 94	65	
					8 03						
June	✓	33		C.A.P.				10			
				OR 94. 1.6.18. Set 1 day:	4 46						
				✓ 382. 15.6.18. 5 Ar.	3 57						
		33 00		✓ 211. 29.6.18 ✓	4 46			10 00	143 45	70	
					12 49						
July	✓	34 10		C.A.P.				10 00			
				✓ 115. 25.7.18. 2 E. Inf. Bde	3 57			10 00	163 98	75 00	
		34 10			3 57				16 96		
					7 14						
Aug	✓	34 10		C.A.P.				10 00			
				✓ 235. 1.8.18 ✓	3 57						
		34 10		✓ 312. 23.8.18. ✓	3 57			10 00	180 94	80 00	
					7 14						
Sep	-	33 00		C.A.P.				10 00			
				✓ 443. 5.9.18. ✓	3 57						
		33 00		✓ 462. 14.9.18 ✓	3 57			10 00	196 80		85 00
					7 14						
Oct	✓	34 10		Can A/P				10	220 90		
				✓ 1859 24/10 1st Detain 1st Canad	7 46			10	213 44	70	
		34 10			7 46						

NUMBER 1009987

RANK

Private

NAME

SCOTT

Douglas Ewart

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
Nov 1918	Bal. Ford.								21344	90	
	p p	33		CAP				10	6710 25044 16740 11514		
			✓	AR. 1299 14/11/18 5-Rm	373						
			✓	v 1042 1/11/18 ✓	373						
			✓	v 4921 20/11/18 <sup>Pen</sup> Credit Bond	2799						
			✓	v 4830 18/11 ✓	2799						
			✓	v 5234 22/11 ✓	2799						
			✓	v 5501 25/11 ✓	2799						
			✓	v 556 27/11 ✓	933						
			✓	v 572 29/11 ✓	1399						
Dec	✓	3410		CAP	14244			10			
			✓	v 5384 7/12 exad	466				11314	100-	
Jan	✓	3410		AR	14740			10	11314	105-	
		10120			14740			30-	13724		
	Interest on defr Pay to 3/1/19	430							14154		
				AR. 3263 7/1/19 15-Rm	3873						
				AR 3374 18/1/19 15-Rm	973						
				v 1458 27/1/19 K PK	4366				8315-		
				AR. 9275 21/12/18 BRR	57139				7849		
		430		AR 3236	6303						
March 19				AR 3236 15-Rm 6/12/18	1947						
				" 3236 " " 6/12/18	1947				3955		
				SOS Canada 1/1/19 SL 13 15-Rm MD 12							

CANADIAN  
ASSIGNED PAY AUDITED

OK DBeach  
AUDITOR

DATE 13.6.19

LTR

Rank

Name SCOTT, Douglas Ewart

Reg'l No. 1009981

Unit 229th Bn. to Sask, Regt. What Unit?   
 If in perm. Corps, }

Married or Single Single.

Place and Date of Enlistment Moose Jaw, May 5th, 1916.

Place of Birth Guelph, Ont.

Name and Address, Next-of-Kin Annie Margaret Scott.

1047 Connaught Ave. Moose Jaw. Sask,

Relationship

Mother.

Assigned Pay Monthly \$

Payable to

Relationship

Separation Allowance \$

Payable to

Relationship

N.E. R.D. No. 9451  
File R.L.  
Category O.R. Can.



Discharge, Date and Place

Reason

Character

H. W. & V., Ltd.—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.				
<b>ARRIVED IN ENGLAND 29 4 '17 SS NORTHLAND</b>					
11.5.17	19th Res	Taken on strength from 229th	Bramshott	30.4.17	PTI 198
20.6.17	"	Promoted A/S Corporal	"	30.4.17	PTI 171
17.7.17	"	Reverted to permanent grade on posting to Signal Section	"	17.7.17	PTI 198
14.10.17	"	S.O.S. to 15th Res Bn.	Pte	14.10.17	PTI 281 (15th Res Pte 281 d/151017)
9-12-17	15th Res Bn	S.O.S. on posting to 5th Am O'neal	Pte	9-12-17	PTI 336 (5th Bn. Pte 149 d/141217)
10-7-18	5th Bu	Awarded Bre G. C. Bdg.	-	5-5-18	PTI 77
7.1.19	S.R.D.	Taken on strength	-	5.1.19	20 5th Res Bn.
7.1.19	"	S.O.S. to 15th Res	-	6.1.19	20 5th Res Bn. 7 of 7.1.19
23.1.19	15 Res	S.O.S. to CC. in 10/12	"	19.1.19	100234 10/16 d/20.1.19

RECEIVED  
 12 DEC 1917





# ORIGINAL MEDICAL HISTORY SHEET

Surname Scott Christian Name Douglas Stewart

EXAMINED ON 5<sup>th</sup> DAY OF May 1916  
 AT Moore Jaw  
 BIRTHPLACE CITY OR TOWN Quepht Ont.  
 COUNTY .....

APPROVED BY C.H. Christie  
 RANK Capt M.O. Came

APPARENT AGE 18 years  
 TRADE OR OCCUPATION Student  
 HEIGHT 5 FEET 5 1/2 INCHES  
 WEIGHT 125 lbs. LBS.  
 CHEST MEASUREMENT { MINIMUM 33 1/2 INCHES  
 MAXIMUM EXPANSION 15 INCHES  
 PHYSICAL DEVELOPMENT Slight  
 SMALL-POX MARKS None  
 VACCINATION MARKS { ARM RIGHT None LEFT None  
 NUMBER .....

Date	Fit or Unfit	Examined for Re-Engagement
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

WHEN VACCINATED LAST Never  
 (a) MARKS INDICATING CONGENITAL PECULIARITIES OR PREVIOUS DISEASE None

Date	Result	Vaccinations
<u>3/7/16</u>	<u>OK</u>	<u>C.H. Christie</u> M.O.
		M.O.
		M.O.

(b) SLIGHT DEFECTS, BUT NOT SUFFICIENT TO CAUSE REJECTION  
Scar between little  
& ring fingers

Date	Result	Anti-Typhoid Inoculations, Etc.
<u>13/5/16</u>	<u>OK</u>	<u>C.H. Christie</u> M.O.
<u>26/5/16</u>	<u>OK</u>	<u>C.H. Christie</u> M.O.
<u>5/6/16</u>	<u>OK</u>	<u>C.H. Christie</u> M.O.

Enlisted on 5<sup>th</sup> day of May 1916 at Moore Jaw

	Corps	Reg't Number	Habits	Date
JOINED ON ENLISTMENT	<u>229<sup>th</sup> O.B.</u>	<u>1009987</u>		<u>May 5<sup>th</sup> 1916</u>
	<u>19<sup>th</sup> Res. Bn.</u>			<u>30.4.1917.</u>
	<u>15<sup>th</sup> Res. Bn.</u>			<u>14.10.17.</u>
TRANSFERRED TO	<u>5<sup>th</sup> Battr.</u>			<u>DEC 8 1917</u>
	<u>15th CAN. RES. BATTN.</u>			<u>JAN 6 1919</u>

### EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station	Date	Disease	Result
<u>Regt</u>	<u>3.3.19</u>	<u>nil</u>	<u>A certificate</u>

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 case being stated on next page.

J.M.C.

Surname *Scott* Christian Name *Douglas* *Robert*

STATION.	Date of Arrival at the Station	DATES OF						DISEASE.	Number of days in Hospital	Remarks on nature of the disease; how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of Inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances sup- plied. Particulars of prophylactic inoculations.	Signature of Medical Officer.
		Admission into Hospital.			Discharge from Hospital.						
		Day	Month	Year	Day	Month	Year				
<i>Moosejaw</i>	<i>26/10/16</i>	<i>8</i>	<i>1</i>	<i>17</i>	<i>21</i>	<i>1</i>	<i>17</i>	<i>Mumps</i>	<i>13</i>	<i>Mild.</i>	<i>W.B. Bursell</i>

✓

A. No. 65284

War Service Badge, Class issued

B. No.

This space to be for numbers.

# Proceedings on Discharge.

M

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

B

No.	1009987
Rank	Private
Surname	Scott
Christian name	Douglas Ewart
NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.	
Corps (Squadron, Battery or Company)	229 <sup>th</sup> Bn.
Date of discharge	6-3-19
Place of discharge	Regina

H

## 1. DESCRIPTION AT THE TIME OF DISCHARGE.

	Descriptive marks
Age..... 20 years..... months.	
Height..... 5 feet 8 1/2 inches.	
Complexion Ruddy	
Eyes Blue	✓
Hair auburn	
Trade Student	
Intended place of residence	
(To be given as fully as practicable.)	Moose-Jaw.

2. The above-named man is discharged in consequence of

DEMobilIZATION

Authority for discharge... DDO 64410

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.

To be in the handwriting of the Commanding Officer, who will himself make identical entries on the character certificate and initial them.

3. Conduct and character while in the service have been, according to the records, etc.

N.B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldiers and the Officer Commanding his Squadron, Battery or Company.

4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)

M. F. B. 218.

200M.—5-18.  
H. Q. 1772-39-113.

(OVER)

9

10

64

✓

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

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

6. Medals and Decorations

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).....

(Date).....

Commanding.....

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, and that I have received my permanent discharge certificate.

(Place) *Regina* *W E Scott* (Signature of Soldier.)

(Date) *6. 3. 19* *J. Gillespie* (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)..... years..... days.

Total..... years..... days.

11. Confirmation of Discharge.

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

(Place) *Regina*

(Date) *6. 3. 19*

(Signature) *W E Scott*

Officer Commanding

*No. 12 District Depot*

**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.**

*I hereby certify that there are  
no reservations.*

*W. E. Smith*

<p>Attestation Paper Military Form W. 23</p>	<p>Particulars of Record W. 133</p>	<p>Proceedings on Discharge B. 218</p>	<p>Reg. Conduct Sheet Military Form B. 203</p>	<p>Company Battery Regiment Field Conduct Sheet W. 178</p>
<p>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.</p>	<p>Copies of Certificates by C. P. in M.S.</p> <p>Med. Hist. Sheet Military Form B. 313</p> <p>Casualty Form W. 24</p> <p>Medical Report for Invalidity B. 207</p> <p>Dental History Sheet B. 483</p> <p>Last Pay Certificate W. 44</p> <p>Duplicate Discharge Certificate W. 307</p> <p>Form of Will W. 33</p> <p>Only if man has not been overseas.</p> <p>Only if discharged "Medically unfit."</p>

Documents not accompanying this form should be crossed out.

*I hereby certify that the following documents are unobtainable.*

Officer Commanding

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.

## List of Discharge Documents.

<p>Reg. Conduct Sheet, Militia form B. 263</p> <p>Squadron }          Battery } Conduct Sheet, " B. 263a          Company }                    or          Field Conduct Sheet " W. 178</p> <p>Copies of Convictions, by C. P. in MS.</p> <p>Med. Hist. Sheet, Militia form B. 313</p> <p>Casualty Form " W. 54</p> <p>Medical Report for Invalid§ " B. 227</p> <p>Dental History Sheet " B. 465</p> <p>Last Pay Certificate " W. 44</p> <p>Duplicate Discharge Certificate " W. 39A</p> <p>‡Form of Will " W. 82</p> <p>§Only if discharged "Medically unfit."          ‡Only if man has not been overseas.</p>	<p>Attestation Paper Militia Form W. 23                            or          Particulars of Recruit " W. 133</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 style="text-align: center;">(a) Proceedings on Discharge.</p> <p style="text-align: center;">(b) Attestation.</p> <p style="text-align: center;">(c) Medical History Sheet.</p>
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Documents not accompanying this form should be crossed out.

*I hereby certify that the following documents are unobtainable.*

*Officer Commanding.*

*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.*

*Kill. S. 464. Carman 8<sup>2</sup>/<sub>19</sub>* AUDITOR *[Signature]* PAYMASTER *[Signature]*

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

REGT. No. *1009987* RANK *plc* NAME (IN FULL) *SCOTT D.E.*

NEXT OF KIN	RELATIONSHIP	PARTICULARS	EFFECTIVE DATE	AUTHORITY	ORIGINAL UNIT C.E.F. <i>229<sup>th</sup> Bn</i>	IF IN P.F. WHAT UNIT? <i>No. 12 DISTRICT DEPOT</i>
ADDRESS <i>1047 Connaught ave Moose Jaw Sask</i>					PLACE OF ATTESTATION	DATE
					DATE OF ATTESTATION <i>5-5-16</i>	DATE
IS SEPARATION ALLOWANCE PAID?	DATE EFFECTIVE				ASSIGNED PAY \$ <i>100</i>	DATE EFFECTIVE <i>1<sup>st</sup> 19</i>
TO WHOM PAID	RELATIONSHIP				PAYABLE TO <i>Mrs. D. E. Scott</i>	RELATIONSHIP ANY CHANGE IN ASSIGNEE OR ADDRESS
ADDRESS <i>[Blank]</i>					ADDRESS <i>1047 Connaught ave Moose Jaw Sask</i>	
					STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE	EFFECTIVE
					DISCHARGED <i>REGINA, SASK.</i>	DATE <i>MAR 6 1919</i>
					REASON <i>On Demand</i>	AUTHORITY <i>Do. b. h.</i>
						IF ENTITLED TO POST DISCHARGE PAY

BALANCE FROM PREVIOUS ACCOUNT

MONTH	PAY AND F.A.		OTHER CREDITS			TOTAL CREDITS		ACQUITTANCE ROLLS			CASH PAYMENTS			ASSIGNED PAY		REGI-MENTAL CHARGES		OTHER CHARGES		TOTAL DEBITS		BALANCE		PARTICULARS OR REMARKS			
	NO. OF DAYS	RATE	AMOUNT	S	C.	S	C.	S	C.	NO.	DATE	NO.	DATE	NO.	DATE	S	C.	S	C.	S	C.	S	C.		S	C.	
																											DEBIT
<i>3/1/19</i>						<i>8821</i>																					
<i>12-6/3</i>	<i>31/110</i>	<i>37 40</i>	<i>35</i>	<i>12</i>	<i>28 61</i>	<i>112 01</i>																					<i>On Demand</i>
		<i>37 40</i>			<i>135 21</i>																						<i>Captain Campbell</i>
						<i>172 61</i>																					<i>ASST. DIR. OF PAY SERVICES</i>
																											<i>MILITARY DISTRICT No. 12</i>
																											<i>WAR SERVICE GRATUITY M.D. 12</i>
	<i>15<sup>th</sup></i>				<i>350</i>																						<i>70 - 1</i>
						<i>350</i>																					<i>70 - 1</i>
																											<i>70 - 1</i>
<i>16. H. 19</i>																											<i>38 93</i>
																											<i>70 - 1</i>
																											<i>70 - 1</i>
																											<i>31 07</i>
																											<i>350</i>
																											<i>350</i>

I certify that all payments due on this account have been completed.  
*Hansen*  
Paymaster War Service Gratuity  
Military District No. 12





Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

# Separation and Assigned Pay Branch

01880

*April 17*

OVERSEAS CONTINGENTS

# S

RATE OF SEPARATION ALLOWANCE

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RATE OF ASSIGNMENT

<i>10</i>			
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### PARTICULARS OF SEPARATION ALLOWANCE

No. *1009987*  
 Rank *L. Corp* Promoted Reverted Discharge  
 Soldier's Name *E. Scott*  
 Battalion *229 Batta*  
 Beneficiary  
 Relationship  
 Address

### PARTICULARS OF ASSIGNMENT

Name *Mr D. A. Scott*  
 Address *1047 Cornaught Ave. Moose Jaw Sask.*  
 Change of Address  
 1  
 2  
 3  
 4

Date	Cheque No.	Amount S/A	Amount A/P	Total
<i>1917</i>				
<i>Dec 31</i>			<i>90</i>	<i>90</i>
<i>Jan 18</i>	<i>M 71324</i>		<i>10</i>	<i>10</i>
<i>Feb.</i>	<i>K 72160</i>		<i>10</i>	<i>10</i>
<i>Mar.</i>	<i>S 92582</i>		<i>10</i>	<i>10</i>
<i>Apr.</i>	<i>S 11274</i>		<i>10</i>	<i>10</i>
<i>May</i>	<i>V 19275</i>		<i>10</i>	<i>10</i>
<i>June</i>	<i>U 25184</i>		<i>10</i>	<i>10</i>
<i>July</i>	<i>E 24612</i>		<i>10</i>	<i>10</i>
<i>Aug.</i>	<i>U 37203</i>		<i>10</i>	<i>10</i>
<i>Sept.</i>	<i>X 47142</i>		<i>10</i>	<i>10</i>
<i>Oct.</i>	<i>L 51642</i>		<i>10</i>	<i>10</i>
<i>Nov.</i>	<i>X 59451</i>		<i>10</i>	<i>10</i>
<i>Dec.</i>	<i>J 68585</i>		<i>10</i>	<i>10</i>
<i>Jan.</i>	<i>S 72536</i>		<i>10</i>	<i>10</i>
<i>Feb.</i>	<i>H 81299</i>		<i>10</i>	<i>10</i>
			<i>230</i>	<i>230</i>

016403 - D-40 REMARKS

CANADIAN  
 ASSIGNED PAY AUDITED  
 OK  
*B. A. Ryan*  
 AUDIT CLERK  
 DATE *13-6-19*

M. F. W. 128  
 400M-6-17-1772-39-141  
 L. L. 22220-M. & D. 1488.

Acc Closed *28-2-19.*  
 P'd per *Carmania*  
 Date *8-2-19* M.F.W. 187 *M.D. 12.*  
 Clerk *G. B. Eastman*  
 Destroy *S. 52795-13-2-19. OK. 14/19 F.L.*

A STENCIL  
 HAS BEEN MADE  
 FOR THIS ACCOUNT

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

# Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

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RATE OF ASSIGNMENT

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PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

No.

Name

Rank

Promoted

Reverted

Discharge

Address

Soldier's Name

Change of Address

Battalion

1

Beneficiary

2

Relationship

3

Address

4

Date

Cheque No.

Amount S/A

Amount A/P

Total

REMARKS

M. F. W. 128  
 4004-617-1772-89-1141  
 L. L. 22520-M. & D. 7383.