92ND BN

ATTESTATION PAPER.

No. 192328

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

1. What is your name? — Edwin Boyd Scott
2. In what Town, Township or Parish, and in what Country were you born? — Port Elgin Ont
3. What is the name of your next-of-kin? — Violet Scott (wife)
4. What is the address of your next-of-kin? — 139 Hazelton Ave. Toronto
5. What is the date of your birth? — 17th Oct 1876
6. What is your Trade or Calling? — Barber
7. Are you married? — Yes
8. Are you willing to be vaccinated or re-vaccinated? — Inoculated C.B.S. 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

Edwin B. Scott (Signature of Man).

Douglas W McKenzie (Signature of Witness).

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Edwin Boyd 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.

Edwin B. Scott (Signature of Recruit)

Date August 14th 1916 Douglas W McKenzie (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Edwin Boyd 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.

Edwin B Scott (Signature of Recruit)

August 14th 1915 Douglas W McKenzie (Signature of Witness)

CERTIFICATE OF MAGISTRATE.

The Recruit above-named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.

The above questions were then read to the Recruit in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said Recruit has made and signed the declaration and taken the oath before me, at Toronto this 14th day of August 1915

W. W. Wood (Signature of Justice)

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

A. C. Thwaites Capt. (Approving Officer)

A. F. W. 23.
2,000 M.—5-15.
H. Q. 1772-39-841.

Description of Edwin Boyd Scott on Enlistment.

Apparent Age 39 years ..... months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

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

Chest measurement: Girth when fully expanded ..... 36½ ins.
Range of expansion ..... 3 ins.

Complexion ..... dark

Eyes ..... grey

Hair ..... brown dark

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

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).

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 August 30 1915

Place Toronto

Lieut. McLaughlin
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.

Edwin Boyd 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.

S. T. Thurston ..... (Signature of Officer)

Date 31 August 1915

Proceedings of Court of Inquiry or on men reported Missing on Active Service.....

Attestation Papers..... 7

Declaration of change of name.....

Authority for special enlistments.....

Documents of re-enlisted men.....

Regimental Conduct Sheet 1

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..... 1

Medical History Sheet..... 1

Proceedings of Regt. Court Martial.....

Copies of Convictions by Civil Power.....

Company Conduct Sheet..... 1

Clothing Transfer Certificate.....

Inventory of Kit.....

Last Pay Certificate..... 1

M17B 227 — 1

M17B 313 — 1

Mine — 1

M 4/162 — 1

Kit — 1

Pay Card

M. F. W. 62.
50M.—9-16.
H. Q. 1772—39—935.

DISCHARGE DOCUMENTS

R. O. No.....

H. Q. No.....

Name Scott Edwin Boyd

Regt. No 92326 Rank

Corps 92nd O/S. Battalion H. Form 48th Bn.

No longer fit for war service.

B.P.6
12-4-2
Spec 4673

22/412

108471

1
49-24
16-24
4-24

No. 192328 RANK Pte. NAME Scott E B

T. O. S. UNIT 92nd Battalion (on Quota 48th Highlanders)

M. D. 2

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1915	1915			
Aug 4	Aug 31	C		
Sept		C		
Oct		C	72 hrs det	D.O. 41 of 19-10-15.
Nov		C		
Dec		C	14 dys det. drunkenness, 1st offence $2.00, 2nd 6.00 forfeits	
1916				
Jan		C	6 dys pay drunkenness A.W.L.	D.O. 86 of 21-12-15;
Feb		C		
Mar		C		
apr.		C	Forfeits 5 days pay.	
May.		C	" 2 " "	apps. Paylist D.O. 120

UNIT SAILED MAY 20 1916

SURNAME. Scott

CHRISTIAN NAMES Edwin Boyd

REGL. No. 192328 RANK Pte

UNIT 92nd

FORMER CORPS Nil.

CARD NO.

FOLL. SOS Lists 1-4-18 21st Londn

Batt'n.

NEXT OF KIN.

NAMES IN FULL Scott Mrs Violet

RELATIONSHIP TO SOLDIER Wife

184 Wallace Ave., Toronto, Ont.

S.a.a.f. 29/2/16.

CHANGE OF ADDRESS

COUNTRY OF BIRTH Canada Port Elgin Ont.

DATE Oct. 17th 1874

PLACE OF ATTESTATION Toronto Ont.

DATE Aug. 14th 1915

Sailed from Halifax Per SS Empress Britain 20-8-16

P/C 21-7-17.

4241

37

L. L. 94504. M. & D. 6512.

M. F. W. 22. 250M.—2-16. H. Q. 1772-39-339.

MARRIED Yes SINGLE WIDOWER

TRADE OR CALLING Barber RELIGION Methodist-

DESCRIPTION.

APPARENT AGE 39 YEARS MONTHS

HEIGHT 5 FEET 8 INCHES

CHEST MEASUREMENT 36½ INCHES EXPANSION 3 INCHES

COMPLEXION Dark EYES Grey HAIR B. Dark

DISTINGUISHING MARKS

MEDICAL EXAMINATION. PLACE Toronto Ont- DATE Aug: 30th 1915

Present Address. NS- stated

M.E.C.

Number 192328 Rank Pte

Surname SCOTT

Christian Name Edwin Boyd

Units 92nd Bn Can Inf Theatre of War England

Date of Service 29-5-16.

Remarks

Latest Address ~~184 McDonald Ave Toronto Ont~~

326 Dundas St. West.
Toronto Ont.

Roll No a Page 1597.

200m.-2-21.M.

Next of kin

Address on leave

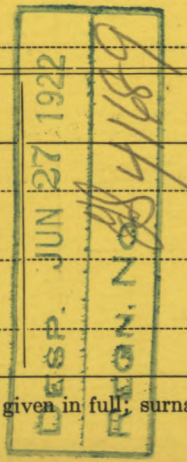
Address on discharge

Transportation issued Yes / No Date Character on discharge

Previous occupation Date and place of enlistment

Diagnosis Date of Medical Boards

Date	Remarks



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

D.M S 1300.

Surname	Christian Name or Names	Reg. No.
Scott.	A. W.	192328? 192329

Rank	Unit	Co.	Troop	Batty.
Pte.	42nd Bn. 1st Que.			

Hospital — Date of Admission

Transferred 9 Can Fld Amb Hosp. 11-11-16
26 Gen. Etaples Hosp. 12.6.17
51 General Etaples. Hosp. 2.9.17.
4. Stationary Argues. Hosp. 10.11.17.

Diagnosis P. U. O.

(1) Later Diagnosis (if changed) Syn. L. Ankle Acc. Jt.

(2) I.D.G. 1/1

(3) Piles. 2°.

Additional Diagnosis: if more than one state present

Structure Rectum 2°. add.

DISPOSITION

C/S 29.11.16 a304
6.12.16 a307
21.6.17 a450
5.7.17 a460.
14.9.17 a1027
21.11.17. a 68. (6)
29.12.17 a99 (2)
22. 5. 18 a220. (3)
19. 6. 18 A2444-III
8.9.18 a255 (4)
17.7.18 a267-d
" 7-8-18 a285 (5)
14.8.18. a291 (5)
24-9-18 a327-4

Date
Dis 16.11.16
Dis. B.D Etaples. 21.6.17

REMARKS
Dis to Det. Argues.
Dis 25-6-18. 15.12.17
Dis to Reinf Etaples 30-9-18

A.M.D. 2 DEPT.
Boh. of D.G.M.S. O.M.F.C. London

EPITOME OF HOSPITAL TREATMENT.

	Hospital	Adm.
1.	47. Gen. Le Treport	13. 5. 18.
	3 Conv Dep Le Treport	14. 6. 18
2.	7 C. G. Etaples	10. 7. 18
	~~C. G~~ 6 Con. Dep. Etaples.	29-7-18
3.	74 Gen Trouville	7. 8. 18
	13. C. D. do.	16-9-18
4.		
5.		
6.		
7.		

C-S. 26-9-18 a 329-3

R—122

C.T. Rank Name SCOTT Edwin Boyd Reg'l No. 192328

Unit 92ND BN If in perm. Corps, What Unit? Married or ~~Single~~

Place and Date of Enlistment Toronto Aug. 14th 1915. Place of Birth Port Elgin Ont.

Name and Address, Next-of-Kin Violet Scott.

Pt II O. 197 12/8/16 → 184 Wallace Ave. Toronto Relationship wife.

Assigned Pay Monthly $ Payable to

Relationship

Separation Allowance $ Payable to

Relationship

N/S R.B. No. 5-773
File R.L.
Category Can CR.

Discharge, Date and Place Reason Character

Report. Date.	Report. From whom received.	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.
		Arrived in England. Empress of Britain. 29 MAY 1916			
13.6.16.	Asst Adjt 92nd Bn	a wl. from 10 p.m 11.6.16 till 1 p.m 12.6.16. (2) Drunk on Hill 8 Blythe (1st Offence) Forfeits 2 days pay & 7 days F.P. No 2.	E. Sandling	12.6.16	Pt II D.O. 140.
5.1.17	92nd Bn	SOS to 5th Res Bn	do	11.1.17	Pt II D.O. 5. } Cancelled see P.I. D.O. 67 sup.
5.1.17	5th Res Bn	Taken on Strength Bramshott C.3.		4.1.17	Pt.II.O.* 1
18-1-17	b.b.a.b.	T.O.S. & on Bond to 92nd Bn	Folstone	12-12-16	— 30.B.
14-3-17	5th Res. Bn	D.O.S. 92nd Bn to b.b.a.b. & attd 92nd Bn for b.3	W Sandling	12-12-16	— 67 Sup.
14-3-17	"	ceases to be attd 92nd Bn & rejd 5th Res. Bn.	"	4-1-17	— 67 "
19-3-17	1 C.O.R.	To S. from C.C. 46 & remains On Com. @ 5 Res. B.	"	10.3.17	— 10 (& 115 5 Res)

Report. Date.	Report. From whom received.	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.
29.6.17	5 Res. ~~29.6.17~~	Ceases attached to 5 Res. Bn. on being returned to 1st CORD	K. Sandling	29.6.17	P.20. 1764. Do. 112. COKD.
29-6-17	1 C.O.R.D. ~~29-6-17~~	On com to 1 C.D.D. Buxton	"	28-6-17	Do 112.
16 7 17		S.O.S. to Canada	"	10 7.17	" 129.
	Discl Dep.	To Convl Home. ~~Fit for duty~~	No. 2 Toronto	21.7.17.	NR. 319.

Orig not available

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

M. F. W. 54. (A. F. B. 103.
500M.—9-16
H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps. 4th Unit- M.H.C.C.

Regimental No. 192328 Rank Ste Name Scott Edwin Boyd.

Enlisted (a) 14-8-15 Terms of Service (a) C. E. F. Duration Service reckons from (a) 14-8-15

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

Extended. Re-engaged. Qualification (b).

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				
26-3-18	MHCC 2	A.O. "Med. unfit"	Toronto	1-4-18	Pt-II No 86

Adopted A.O. 86

(For previous service see record sheet)

Sgt Clerk
Corps

(a) In the case of a man who has re-engaged for, or enlisted into Section D. Army Reserve, particulars of such re-engagement or enlistment will be entered.
(b) e.g. Signaller, Shoeing Smith, etc., etc., also special qualifications in technical Corps duties.

[P.T.O.

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				

To be made out in duplicate. H.Q. 54-21-23-53

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

INSTRUCTIONS.

(a) This form is only required for men joining units for Overseas Service and must be completed immediately the man is warned for draft overseas.

(b) Care must be taken to see that a man is allotted his correct Regimental Number. No numbers must be duplicated and once it has been allotted to a man, even if he is subsequently discharged, the same number must never be allotted to another man.

(c) All questions, etc., must be answered.

(d) One copy of the form is to be forwarded by Officer Commanding unit for each Officer and man to Officer Commanding Division or District at least seven days before man leaves his station to proceed overseas, for transmission to Accountant and Paymaster General, Ottawa.

(e) Duplicate copy is to be forwarded direct to Officer in charge of Records, C.E.F. London, immediately after arrival in England.

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(1) Name of Overseas Unit which Soldier joins 92nd. O. S. BATTALION (48th HIGHLANDERS) C.E.F.

(2) Regimental Number 192328

(3) Full Name of Soldier Edwin Boyd Scott

(4) Place of Birth Port Elgin, Ont.

(5) Are you married, or not ? Yes

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

(b) Present Postal Address 392 Church St., Toronto, Ont.

(7) Are you a widower ?

(8) Have you any children ? No

If so, give number of boys and girls

Also their names and ages

M. F. W. 67.

200M.—3-16.
1772-39-954.

(SEE OTHER SIDE.)

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

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

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

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

.....

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

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

(12) If sole support of widowed mother, state what amount you have given her per month prior to your enlistment, also reason she has no other support than yourself.

.....

.....

(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.

.....Yes.....

(15) Are you insured ?..... $1,000 TORONTO CIVIC INSURANCE .....

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.

S. I. Christoe

Officer Commanding.

LT. COL.

O. C. 92nd. OVERSEAS BATTALION
(48th HIGHLANDERS) C.E.F.

Date APR 25 1916

M.D. 2

CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

No. 7

LMB.

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

Regimental No. 192328 Rank Pte. Name E.R. SCOTT. - CAS.

Corps "D" Unit MHCC who was* Discharged

On 1/4/ 191 8 to Class III

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from 1/3/ 1918., to 1/4/ 1918., the inclusive date of transfer or discharge.

Dr.	$	c.	Cr.	$	c.
Bal. Dr. from prev. month			Bal. Cr. from prev. month		
Advances by Cheques No. 62712	15	00	Regt'l Pay 32 days at $ 1 c.	32	00
No. April 66164	25	00	Field Allow. 32 days at $ 10	3	20
Assigned Pay and Sep'n Allce. No 63389	45	00	Separation Allowances* (Monthly) Mar. Apr.	25	00
Other charges			Other Allowances* Subs.	25	00
Payment on transfer or discharge No. 66165	33	80	Other Credits* Clothing	25	60
Balance Cr. (to be paid by the new unit)				8	00
			Bal. Dr. (to be deducted by new unit)		
Total	118	80	Total	118	80

*Give particulars.

A monthly stoppage of $ 20.00 (†) has been (‡) been paid on account of Assigned Pay for the month of March 1918. and Sep'n Allce. for month of March&April 1918. (to) Assignee Mrs. V.A. Scott.

(Address) 706 Lansdowne Ave., Toronto.

(†) 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 Yes pd for Apr.

(3) cause of discharge A.A.G. 22/3/18 authority D.O.

(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 26/3/18

Place Toronto.

Malcolm J. Coulthurst CAPTAIN.
PAYMASTER, M.H.C.C. "D" UNIT, C.E.F. *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.

10M.—1-18.
H. Q. 1772-39-903.

AMENDED.

M.D.2

CANADIAN CONTINGENT EXPEDITIONARY FORCE

No. 2 DISTRICT DEPOT

LAST PAY CERTIFICATE

No. 56

This form to be used for all Ranks (Vide Articles 122, 130 and 141, Financial Instructions, 25/15c, C.E.F., 1916).

Regimental No. 192328 Rank Pte. Name Scott E.B.

Corps No. 2 District Depot. who was* Discharged

On 1.4.1918. 191....., to.....

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from.....191...., to.....191...., the inclusive date of transfer or discharge.

Dr.	$	c.	Cr.	$	c.
Bal. Dr. from prev. month			Bal. Cr. from prev. month		
Advances by Cheques No. 77370	27	.00	Regt'l Pay.....days at $.....c.		
Advances by Cheques No.			Field Allow. .....days at $.....c.		
Assigned Pay and Sep'n Allce. No.			Separation Allowances* (Monthly)		
Other charges			Other Allowances* R.O. 716 25.6.18 C166 H.	27	.00
Payment on transfer or discharge No.			Other Credits*		
Balance Cr. (to be paid by the new unit)			Bal. Dr. (to be deducted by new unit)		
Total	27	.00	Total	27	.00

*Give particulars.

A monthly stoppage of $.....(†) has.....(‡) been paid on account of Assigned {Pay for the month of.....191.... / and Sep'n Allce. for month of.....191....} (to) Assignee.....

(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.....

(3) cause of discharge..... authority..... D.O. 86

(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..... 4.9.18

Place..... TORONTO, ONT. .....

CAPT.
PAYMASTER, No. 2 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.

300M—2-18.
H. O 1772-39-903.

M. F. W. 41
1 0M—7-16
1772-39 889.

Name Pte E B Scott.

Regimental No. 192328

Unit 1st Bord 92nd Bn

Date of enlistment

Place of "

Married (yes or no) Yes

Amount of pay assigned monthly $ 20.00 pd July

To whom payable Mrs Violet Scott
706 Lansdowne ave
Toronto

Name and address of next-of-kin

Date and place discharged

Reason for discharge

Character on discharge

Notfd Trans 8/917

Error ands

Form 5351—M. & D. 6880.

Date From	Date To	PAY No. of Days	PAY Rate	PAY Amount	Field Allowance No. of Days	Field Allowance Rate	Field Allowance Amount	Other Credits	Total Credits	Voucher No.	Voucher Date	Cash Payments	Assigned Pay	Other Charges	Total Debits	Remarks, Casualties, etc.
								9	9	4[illegible]20					16	DO 184
										9604 5						Sub Aug 1 & 15
																DO 184
																(absent 15/8/17
																DO 195 cancelled DO 197
																Trans M 466
																DO 203 cancelled 205
														5 Bal	C7	Trans M 466 DO 207
Aug 1	Sep 1	32	1	32	32	10	320	34	386					16	276	

Re letter re pte ass pay

M. F. W. 41
1 0M — -16
1772-39 889

Name .....

Regimental No.

Unit

Date of enlistment

Place of "

Married (yes or no)

Amount of pay assigned monthly $

To whom payable

Name and address of next-of-kin

Date and place discharged

Reason for discharge

Character on discharge

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					

M. F. W. 41
1 0M—7-16
1772-39 889.

Name Scott E B

Regimental No. 192328

Unit Casualties

Date of enlistment

Place of "

Married (yes or no) yes

Amount of pay assigned monthly $ 20 00 3rd July

To whom payable Mrs. ~~E. B~~ V. ~~Address~~ 706 Lansdowne Ave Toronto

Name and address of next-of-kin

Pay S/a. from Oct 1st A.F. 016403-E-6

Date and place discharged

Reason for discharge

Character on discharge

L. [illegible] Job 5351—M. & D. 6880.

Date From	Date To	PAY No. of Days	PAY Rate	PAY Amount	Field Allowance No. of Days	Field Allowance Rate	Field Allowance Amount	Other Credits	Total Credits	Voucher No.	Voucher Date	Cash Payments	Assigned Pay	Other Charges	Total Debits	Remarks, Casualties, etc.
Sept 2	30	29	1	29	29	10	2 90	22 62	2	33249 32126		10	40			
									54 52	34253.		4 52	9 Jno		54 52	
Oct 1	31	31	1	31	31	10	3 10	20	54 10	35249		10				
										36931			40			
										37758		4 10			54 10	
										39407		34 20	Mrs cheque			Subs from Sep 5/304
Nov 1	30	30	1	30	30	10	3	34 20 20	10 52 20	40429			40			
								18 00	14 20	44984	31				18 20	NJ
Dec 1	31	31	1	31	31	10	3 10	6		44579			40			A.W.L. Dec 17/353
								24 80		46157	15	NJ		7 60		Increase Subs. Nov.
								20	84 90	49334		22 30	NJ		84 90	
Jan 1	31	31	1	31	31	10	3 10	25		52564		15 00				
								5		54643			10 00			
								24 00	88 90	56489		23 90	NJ		88 90	
									88 20							
								D. Bal	70							

M. F. W 41
1 0M—7-16
1772-39 889

Name.....

Regimental No.

Unit

Date of enlistment

Place of "

Married (yes or no)

Amount of pay assigned monthly $

To whom payable

Name and address of next-of-kin .

Date and place discharged

Reason for discharge

Character on discharge

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					

M. F. W. 41
1 0M—7-16
1772-39 889.

Name Pte. E. B. Scott.

Regimental No. 192328.

Unit Leas.

Date of enlistment

Place of "

Married (yes or no) Yes,

Amount of pay assigned monthly $ 20.00

To whom payable Mrs. E.A. (Scott.)
706 Lansdowne Ave. Toronto

Name and address of next-of-kin
Hold a/c until

Date and place discharged Ale Y. Mar 22/18.

Reason for discharge Class 11

Character on discharge Stat DO/86

Job 5351—M. & D. 6890.

Date From	Date To	PAY No. of Days	PAY Rate	PAY Amount	Field Allowance No. of Days	Field Allowance Rate	Field Allowance Amount	Other Credits	Total Credits	Voucher No.	Voucher Date	Cash Payments	Assigned Pay	Other Charges	Total Debits	Remarks, Casualties, etc.
																A 9/57
Feb 1	28	28	1.00	28	28	10	2.80	25.00		58940		15.00				~~Cert Gam. Feb. 57~~
								22.40	78.20	61381			45.00	70		Cancelled Do 58
										61524		6 10		12 10	78.20	Can't. Feb 17 to Feb 25/58
																Forf. 11 days P. 2a /58
~~Dr. Paid~~								~~A/c Bal~~	~~70~~							
March Oct 1st		32	1.00	32	32	10	3.20									
								25.00		62712		15.00				
								25.00		63389			45.00			
								8.00		66164			25.00			
								24.80	118.80	66165		33.80				
Sept.								27.04	27.00	77370		27.00	✓		27.00	R.O. 716 - 25.6.18. Cls. all
								- 70						880		Obs. 262 Jan/18 ~~48~~ 81 Feb
														- 70		" 59 Mar/18

M. F. W 41
1 0M—7.16
1772-39 889

Name.....

Regimental No.

Unit

Date of enlistment

Place of "

Married (yes or no)

Amount of pay assigned monthly $

To whom payable

Name and address of next-of-kin

Date and place discharged

Reason for discharge

Character on discharge

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					

POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

016403 - E - 6.

Name Scott, E.B.
Surname Christian Name

Regimental Number 192328 Rank Pte.

Unit M.H.C.C.

Original Unit

District where paid M.D.2

Date of Discharge 1-4-18

P. D. P. Filing Number 8-392-2

Address (in full) 184 McDonell Ave.
Toronto, Ont.

Rates:—Regimental pay $ 1.00 per diem: Field Allowance $.10 per diem. Separation Allowance $ 25.00 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		
175 10	6529	1-4-18	58 00	6368	1-5-18	58 00	6049	1-6-18	34 95	24 15	150 95

M. F. W.—127.
80M—6 17.
1772-39-1140.

Remarks: Debit 29 days S.A. Debit balance of .70 is outstanding on the above Soldiers account from 11 H C C Toronto with file 016403 - E - 6

File No. 016403-E-6
21-7-19

WAR SERVICE GRATUITY.

Register No. S. 571

Pte

Reg. No. 192328 92nd Bn

Name Scott, Edwin V.B. G. File No .....

Address 18 Macdonnell Ave Toronto Ont

Dependent Mrs Violet Scott

Address 5/8/19 121 Dovercourt Rd. Toronto, Ont

Date ... days at $ ... per day $

Less P. D. P. Credited $ .....

$

Less further debit balance $ .....

Net due paid as below

TO SOLDIER TO DEPENDENT

Pay Soldier $ 350,00 Pay Dependent $ 150,00

J. H. Rettallack
W. C. Haydon

Clerk H Davidson

Days 153 Rate 70,00 Due $500.00

Less P.D.P. credited Sdp. $24.15 Soldier 150.95 a.D.P.S. .70 175,10

Less further Dr. Bal. or overpayment. M.D. 2. 8.10 8,80 183,90

Net $316.10

R W109 22-10-19

Date	Ck. Order	Ck. No.	Amount		Remarks.	Date	Ck. Order	Ck. No.	Amount.	
1			70	00		1			30	00
2 30/7/19	2527	496014	70	00		2 30/7/19	2528	496015	30	00
3 2.9.19	13536	502817	50	25		3 2.9.19	13537	502816	30	00
4						4 19/9/19	28752	523075	36	85
5						5			126	85
6						6				

495-D.P.-100M-6-19 (10248).

GEN'L AUDITOR
Posting checked by
.....
Date 29-7-19

M. F. W. 41
1 0M—7-16
1772-39 889.

Name Scott (Pte) E. B.

706 Lansdown Ave
Toronto Ont.

Regimental No. 192328

Name and address ~~of next of kin~~

Unit 92nd Battn

Date of enlistment

Place of "

Married (yes or no) Yes. Sta. Pd. Fr. 4/8/15 to 31/7/17 a/c. open

Date and place discharged

Amount of pay assigned monthly $20.00 Fr. 1/6/16 to 31/7/17 a/c closed.

Reason for discharge Retd for Duty M.D. No 2

To whom payable Mrs Violet Scott
706 Lansdown Ave
Toronto Ont.

Character on discharge

Olympic 21.7.17.

H. Q 649-S-15260

Ob 5351—M. & D. 6880.

Date From	Date To	PAY No. of Days	PAY Rate	PAY Amount	Field Allowance No. of Days	Field Allowance Rate	Field Allowance Amount	Other Credits	Total Credits	Voucher No.	Voucher Date	Cash Payments	Assigned Pay	Other Charges	Total Debits	Remarks, Casualties, etc.
																L. P. & Tro.
	6/7/17							40 52								Eng. L. P. &
7/7/17	31/7/17	25	1.00	25 00	25	10	2 50		68 02					x 487		x A.R. 3637.
														o 973		o On Boat
														✓ 50 00		✓ D. D. Quebec
																Credit Balance 3 42
									68 02						68 02	Trans to M. D No 2. 1.8.17
															68 02	Letter 29.8.17 Sask. requires s/a.

E. AP 31-7-17

M. F. W. 41
1 0M—-16
1772-39 889.

Name.....

Regimental No.

Unit

Date of enlistment

Place of "

Married (yes or no)

Amount of pay assigned monthly $

To whom payable

Name and address of next-of-kin

Date and place discharged

Reason for discharge

Character on discharge

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					

L. L. Job 310—M. & D. 6574.

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

M. F. W. 12.
50m.—4-16.
H. Q. 1772-39-819.

Wife

To whom ~~Mrs Violet Scott~~ Mrs. Violet Scott
c/o W. J. Scott

Address ~~706 Lansdowne~~ 184 Wallace Ave.,
706 Lansdowne Ave ~~Toronto~~,
Toronto Ont. ~~Ont.~~

Rate $20.00

JUN 1 1916

By Whom Assigned Scott, E. B.

Regtl. No. 192328

Rank Pte.

Corps 92nd Bn. "A" Co.

PAYMENTS

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

CANADIAN
ASSIGNED PAY AUDITED
AUDIT CLERK
DATE 3/6/19

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

PAYMENTS.

M. F. W. 12a.
50m.—4-16.
1772—39—819.

Sheet No. 2. Mrs. Violet Scott, Wife

Name of Soldier Scott, E. B.

192328 "A" Co

L. L. Job 310.—Req. 6574.

Month.	Year.	Cheque No.	Amt.	Remarks.
			$ 20.00	JUN 1 1916
April	1916			
May				
June		D5686	20	
July		10588	20 -	
Aug.		14475	20	
Sept.		W 19439	20	
Oct.		W 24755	20	
Nov.		A 28433	20	
Dec.		V 32268	20	
Jan.	1917	K42005	20	
Feb.		K 47289	20	
March		K 52377	20	
April		V47624	20 -	20 L
May		V11664	20	
June		U18072	20	20 Bo
July		V 25148	20.	D
Aug.		~~M 34961~~	~~20~~	M 34961 Cancelled
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

CANADIAN ASSIGNED PAY AUDITED OK

AUDIT CLERK

DATE 13/6/19

280 00

A/c Closed 31/7/17

Ret'd per Woodship 280

Date 21/7/17 F. X. 14/8/17

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.				

4/8/15

MILITIA AND DEFENCE

SEPARATION ALLOWANCE

Name Violet Scott

Address ~~199 Gladstone Ave~~ 706 Lansdowne Ave Toronto Ont

~~St. W. Scott 184 Wallace Ave~~

706 Lansdowne Ave
c/ Mrs. Lang

Relation to Soldier, wife, child or mother: Wife

Name of Soldier Scott, Edwin B

Regtl. No.

Rank ~~PTE~~ PTE #2 casualties ~~7/8/17~~ Rooms 8/9/17

Corps ~~92nd~~ Batt'n "D" Unit M 866 1/9/17 #2 Rooms 8/9/17 Sawn 25/9/17

To what Corps belonging

when called out

PAYMENTS

42229 M. CO.

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
Apl.				
May				
June				
July				
Aug.				
Sept.				
Oct.		J 14083	58	58
Nov.		D 17216	20	20
Dec.		R 14620	20	20
Jan.	1916	K 19555	20	20
Feb.		M 22924	20	20
March		F 33271	20	20

CONSOLIDATED ACCOUNT

CANADIAN ASSIGNED PAY ACCTS

ACCOUNT CLOSED

DATE ..... AUDIT CLERK

DATE .....

MILITIA AND DEFENCE

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

M. F. W. 11a.
50m.–6-16.
1772—39—818.

Sheet No. 2.

L. L. Job 4503.–Req. 6832.

Violet Scott — Wife

PAYMENTS.

Name of Soldier Scott. Edwin 73

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916	J 34955	20	Reopen acct. without loss of time and until further advised per P. M. G. 12-9-17 M. 2. 649 - S - 15260. File no. 016403 - E - 6. F. X. W. 13-9-17.
May		M 7300	20	
June		S. 9580	20	
July		Y 10402	20	
Aug.		V 13810	20	
Sept.		E 16412	20	
Oct.		I 19232	20	Retd Troopship 2810 21-7-17. G. R. Rochon 15-8-17
Nov.		S 24167	20	
Dec.		S 27123	20	
Jan.	1917	P 30155	20	
Feb.		P 33423	20	
March		Q 3672	20	
April		M 2439	20	
May		P 6044	20	
June		P 9326	20	
July		P 12680	20	
Aug.		~~Z 15375~~	~~20~~	Z 15375 Cancelled
Sept.		A 10318	40 518	40 R mailed 14/9/17
Oct.			~~20~~	K No ch til returns to b b f, Gas matter noted Shapard
Nov.				K 30
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

CANADIAN ASSIGNED PAY ACCTS
AUDIT CLERK
DATE .....

MILITIA AND DEFENCE

SEPARATION ALLOWANCE

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.				

MILITIA AND DEFENCE

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

PAYMENTS.

M. F. W. 11a.
60m.—12-15.
1772—39—818.

Sheet No. 2. Violet Scott — Wife

Name of Soldier. Scott Edwin B.

L. L. Job 89002.—Req. 6213.

Violet Scott

Month.	Year.	Cheque No.	Amt.		Remarks.
April	1916	B 1951	20 –	20	Reopen acct. without loss
May		(M) 7300	20	20	of time and until further
June	21	G 9580	20	20	advised per P. M. G 12-9-17
July	14	V 10402	20	20	14. 2. 649 - S - 15260. File no
Aug.		V 13810	20	20	01640.3 - E - 6.
Sept.		E 16412	20	20	F. X. M. P. 13-9-17.
Oct.		I 19232	20	20	
Nov.		S 24167	20	20	
Dec.		S 27123	20	20	
Jan.	1917	P 30155	20	20	
Feb.		P 33423	20	20	
March		Q 36712	20	20	
April		AM 2439	20	20	
May		C. 6044	20	20	
June		P 9345 –	20	20	
July		P 12680	20	20	
Aug.		Z 15375	20		Z 15375 Cancelled
Sept.					A/c Closed Z 15375
Oct.			H78		Ret'd per 2810
Nov.					Date 21/11/17 F. X. 15/11/17
Dec.					Clerk [illegible]
Jan.	1918				
Feb.					
March					
April					
May					
June					
July					

ACCOUNT CLOSED

DATE ..... PER W

MILITIA AND DEFENCE

SEPARATION ALLOWANCE

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.				

MARRIED OR SINGLE: Married

PLACE OF BIRTH: Port Elgin, Ont.

NAME AND ADDRESS OF NEXT OF KIN: Violet Scott
184 Wallace Ave., Toronto, Ont.

RELATIONSHIP OF NEXT OF KIN: Wife.

NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF KIN

SEPARATION ALLOWANCE MONTHLY $ — EFFECTIVE (DATE)

PAYABLE TO

RELATIONSHIP OF DEPENDANT

CASUALTIES, PROMOTIONS, &c.

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ADMISSIONS TO HOSPITAL, &c.

DATE ADMITTED	DATE DISCHARGED	V. OR A.	NAME OF HOSPITAL

REG'L NO. 192328 RANK Pte. NAME Scott, C. B

IF IN PERMT. CORPS WHAT UNIT — UNIT 92nd Batt. TRANSFERRED TO 5th Res Bn DATE 1-2-17 AUTHORITY DO 69 27/1/17

PERMANENT FORCE ALLOWANCES — TRANSFERRED TO Base 11"L" Dist to Canada DATE 6-7-17 AUTHORITY A.G. 2-1-29 29-6

PLACE OF ATTESTATION Toronto — TRANSFERRED TO No 6 — DATE ✓ AUTHORITY ✓

DATE OF ATTESTATION 4/8/15 — TRANSFERRED TO — DATE — AUTHORITY

ASSIGNED PAY MONTHLY $ 20 DATE EFFECTIVE 1/6/16.

PAYABLE TO Mrs Violet Scott, 184 Wallace Ave Toronto RELATIONSHIP Wife

ASSIGNED PAY MONTHLY $ DATE EFFECTIVE

PAYABLE TO RELATIONSHIP

STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) Stopped EFFECTIVE 1-8-17. REASON Discharge

DISCHARGE DATE AND PLACE Canada. 6-7-17 REASON AND AUTHORITY A.G. 2-1-29. 29-6-17. Med unfit

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE) Entered on N.E. Card Index. Checked by H.C. Wolfe

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

C.I.

DATE 1916	PAY No. OF DAYS	PAY RATE	PAY AMOUNT $	PAY AMOUNT c.	FIELD ALLOWANCE No. OF DAYS	FIELD ALLOWANCE RATE	FIELD ALLOWANCE AMOUNT $	FIELD ALLOWANCE AMOUNT c.	WORKING OR SPECIAL PAY No. OF DAYS	WORKING OR SPECIAL PAY RATE	WORKING OR SPECIAL PAY AMOUNT $	WORKING OR SPECIAL PAY AMOUNT c.	ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS 1 No.	1 Date	2 No.	2 Date	3 No.	3 Date	4 No.	4 Date	CASH PAYMENTS 1	2	3	4	ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE CREDIT	BALANCE DEBIT	PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
														11 40	11 40													Balance from Canada			11 40				
June	30	1.00	30	00	30	10	3	00							33 00	29 7th								9 74				20 00	220 770	39 64	4 76				a.W.L. 2 days 7 9/07 F.P.2. B.O. 140.
July	31	1.00	31	00	31	1.10	3	10							34 10			219	15 7/16						243			20 00		22 43	16 43				
Aug.	31	1.00	31	00	31	1.10	3	10							34 10	271	29 7/16	350	12 9/16					243	243			20 00		24 86	25 67				
Sept.	30	1.00	30	00	30	1.10	3	00							33 00	452	31/8	511	15 9					243	1486			20 00		27 29	31 38				
Oct	31		31	-	31		3	10							34 10	571	30/9	633	14/10					243	243			20 00		24 86	40 62				
Nov.	30		30	-	30		3	-							33 00	733	31/10/16	818	27/11/16					243	243			20	9 70	34 56	39 06				B.O. 289 12/11/16 7 days F.P. 2 & Fined 2.00 Drunk. (Rank Off).
Dec.	31		31	-	31		3	10							34 10	890	2 of Jan							243				20		22 43	50 73				
Jan	31	1.00	21 30	40											34 10	968	29/12							244				20		22 44	62 39				Hfd 5th Res Bn 1/2/17 RO 69 27/1/17
			34	10											v 40 90														v 18 51					
Feb	28		30	80											30 80	7 2	31/1/17	1009	16/1/17	3307	24/1/17			243	243	487		20		29 73	63 46				
Mar.	31		34	10											34 10			298	2/3	496	14/3			X 487	2 43										
																		190	15/2	356	7/3			v 43	2 43			20	14 30	46 46	51 10				13 days 7 P 2 B.O. 81 24.3.17
Apr.	30		33												33													20		20	64 10				
Prof.																								X 486											
1.81	21		34	10											34 10	124	22/4							243				20	15 40	42 69	55 51				44 days 28.00 2 Drunk B.O. 134 29/6/17
			401	50										11 40	412 90									41 35	21 87	4 87		340	49 30	357 39	55 51				
			401	50										11 40	412 90									41 35	21 87	4 87		340	49 30	357 39					

Sailing List #41 - 10/7/17, Cr Bal 35.65

ASSIGNED PAY AUDITED
OK Hawthorne
AUDIT CLERK
DATE 13/5/19

192328 Pte Scott E. B.

DATE	PAY No. of Days	PAY Rate	PAY Amount $	PAY Amount c.	FIELD ALLOWANCE No. of Days	FIELD ALLOWANCE Rate	FIELD ALLOWANCE Amount $	FIELD ALLOWANCE Amount c.	WORKING OR SPECIAL PAY No. of Days	WORKING OR SPECIAL PAY Rate	WORKING OR SPECIAL PAY Amount $	WORKING OR SPECIAL PAY Amount c.	ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS 1 No.	1 Date	2 No.	2 Date	3 No.	3 Date	4 No.	4 Date	CASH PAYMENTS 1	2	3	4	ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE Credit	BALANCE Debit	PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
			401	50										11 40	412 90									41 35	21 87	4 87		240	44 80	357 39	55 51				
June	20		33												33	169	14/5							243				20		22 43	66 08				Loans Pay 11 2nd 6-7-17 Dis to Can a/c 2-1-29 29-6
July	5		5	50											5 50													20		20	51 58				
6	1		1	10											1 10															399 82	52 68		12 16		
Sept.																		Bmo 3631	37					43 18	21 87	4 87								
																									4 87				4 87	47 81				

MONTH	PART		Cr 1	Cr 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFER-RED PAY	SUP-ALLOC ENS.
Oct 1	Balce									47 81		
					A/C 470 29/9/1 5th Reo Bn	4 87				42 94		
					D/A M 368 - 5th Reo Bn 1/6/17	2 43				40 51		
					" 393 " 29.5.17	4 87				35 64		
						7 30						
						4 87						

Balance transferred to Canadian Liability a/c

Balance transferred to N. E. Branch. Nil.

A3M. FORM REN.D 15/1 not EFFEC. 1/8/17
DISCHARGED TO Canada DATE 9/7/17
PAYBOOK VERIFIED B Burley
Cr BAL. 40 52 L.P.C. REN.D 9/7/17
AUTHY. A/c 2-1-29 29/6/17.
Med unfit

Checked D&K Ltr. A.F.O.

DUTY

649-1-15260
40

4075

This space to be left blank for the Chelsea Number.

D

H.M.T 2810
July 21 1917

Army Form B. 268.

BR64942

Proceedings on Discharge.

(When forwarded for confirmation the documents named on page 4 should be enclosed.)

No. 192328 Army Rank Pte.

Name Scott, Edward Boyd

(The name must agree strictly with that on enlistment, unless changed subsequently by authority.)

Corps 1 C.O.R.D.

Battalion, Battery, Company, Depôt, &c. 48th Highrs.

(If attached to the Regular Establishment of the Special Reserve or Permanent Staff of the Territorial Force, &c., or to General Staff of the Army, it should be so stated.)

Date of discharge APR 1 1918

Place of discharge "D" Unit M.H.C.C.

1. *Description at the time of discharge.*

Age 41 years — months

Height 5' feet 8½ inches

Chest measurement { girth when fully expanded ____ ins. / range of expansion ____ ins.

Complexion Dark

Eyes Grey

Hair D Brown

Trade Barber

Intended place of residence (To be given as fully as practicable) N Toronto

Descriptive marks.

1. Vacc Rt. L. Arm

(The measurements and description should be carefully taken on the day the man leaves his unit, but in the case of men sent home from abroad for discharge, the age and intended place of residence should be left blank to be filled in by the Officer who confirms the discharge at home.)

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

Being no longer fit for war service.

Para. 392. Sec. 16 K. R. & O. 1912

(The cause of discharge must be worded as prescribed in the King's Regulations and be identical with that on the discharge certificate. If discharged by superior authority, the No. and date of the letter to be quoted.)

To be filled in on the soldier quitting the Colours.

3. Military character :— Good

4. Character awarded in accordance with King's Regulations :—

Certified that the above is an accurate copy of the character given by me on Army Form B. 2067* and that Army Form D. 489 was awarded in this case.

Initials of Commanding Officer.

Army Form B. 2088 has been issued to*

* Strike out if not applicable.

D. D. & L., London, E.C.
A4508 Wt. W17176/M291 500,000 8/16 Sch. 39
Forms B. 268 40

[OVER.

5. He is in possession of the following number of G.C. badges (if the man is a N.C.O. and enlisted prior to 1st July, 1881, the number he would have been entitled to had he not been promoted should be stated).

Is it probable that he will be entitled to another good conduct badge before the confirmation of these proceedings?

Nil

Classification for service, or proficiency pay... ... ... Class _____

6. Campaigns, Medals and Decorations

Local

Certificate of education .....

7. His accounts are correctly balanced, and I have impartially inquired into all matters brought before me in accordance with Regulations.

(Place) "D" Unit M.H.C.C.

(Date) MAR 30 1918

G. B. Wallace Lt for OC

Commanding "D" Unit M.H.C.C. Battn. Regiment.

8. *Certificate to be signed by the soldier on discharge.*

I hereby acknowledge that I have received all my pay and allowances (including clothing allowance), and all just demands up to the present date, subject to the reservations of the claims noted on the 3rd page.

(Place) "D" Unit M.H.C.C.

(Date) APR 1 1918

E. B. Scott (Signature of Soldier.)

L Cowell (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 at 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 towards engagement to APR 1 - 1918 (the date to which the record of service is completed) 2 years 231 days.

Further service " " _____ (the date of confirmation of discharge) ... ..._____ " _____ "

Total ..._____ " _____ "

11. *Confirmation of discharge.*

The discharge of the above-named man is hereby confirmed for APR 1 1918 (date)

(Place) "D" Unit M.H.C.C.

(Date) MAR 30 1918

Signature G. B. Wallace Lt

Officer in charge of Discharges

"D" Unit M.H.C. Command

Commanding officers (or the Paymaster if at Netley) will issue to every discharged soldier entitled to pension, either on account of service or disability, is to be brought under the consideration of the Chelsea Board, a memorandum for his guidance on Army Form D. 401, and will at the same time transmit to the Secretary, Royal Hospital Chelsea, a descriptive return of the man on Army Form D. 400.

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.)

E. B. Scott

Nil.

366-17-4-18

LIST OF DISCHARGE DOCUMENTS.

1. Proceedings on discharge. (Army Form B. 268.)
2. Proceedings on transfer to reserve (if any). (Army Form B. 2056.)
3. Duplicate attestation.
4. Army Form B. 97 (if any).
5. Declaration of change of name (if any).
6. Re-engagement paper (if any). Army Form B. 136).
7. Authority for continuance, or extension, of service (if any). Army Form B. 221.)
8. Court of Inquiry on an injury (if any) (Army Form A 2.)
9. Regimental conduct sheet. (Army Form B. 120).
10. Company conduct sheet. (Army Form B. 121.)
11. Copies of convictions by Civil Power (if any).
12. Medical history sheet. (Army Form B. 178).
13. Medical report on invalid (if any). (Army Form B. 179).
14. Copy of receipt for purchase money (if any).
15. Attestation of fraudulently enlisted man for corps in which he has not been held to serve (if any).
16. Detailed statement of former service allowed to reckon towards pension (if any).
17. Copy of 3rd page attestation (in the case of men from abroad entitled to deferred pay who go to Netley or the discharge depot for discharge).
18. Descriptive return (Army Form D. 400), where required. See section 11 on second page.
19. Active service casualty form. (Army Form B. 103).
20. Employment sheet. (Army Form B. 2066).

In the case of recruits who are rejected before, or on, final approval, the discharge documents will consist of—

1. Duplicate attestation. (On third page the date and cause of discharge will be entered and signed by the competent military authority).
2. Medical history sheet (if any). (Army Form B. 178).

Instructions as to the preparation, dispatch, and custody, of discharge documents.

1. When a soldier is to be discharged, the documents retained with the duplicate attestation will be placed inside this form. Should any of the documents be missing, an explanation of the deficiency, signed by the commanding officer, must be substituted for the missing document. The officer in charge of records will then extract from the original attestation, any documents required to complete the list of discharge documents enumerated in the margin, which will then be placed in this form in the sequence given.

2. When men are discharged from the colours at home as medically unfit, or with claims to pension, Army Form B. 268 will be sent confirmed, together with the duplicate attestation and documents retained therein to the officer in charge of records 10 days in advance of the date for discharge in the case of invalids, and 14 days in other cases. This officer will then extract from the original attestation any documents required to complete the list of discharge documents enumerated in the margin, place them in this form, and after carefully checking the duplicate attestation with the original forward the whole to the Secretary, Royal Hospital, Chelsea. When such men are discharged abroad, the same procedure will be adopted as above, with the exception that the discharge documents will be sent to the officer in charge of records immediately after discharge takes place (except in the case of men who are granted gratuities on discharge from local battalions or companies, Royal Artillery.

3. When soldiers are sent home from abroad for discharge, the documents retained with the duplicate attestation will be placed inside this form and sent home with the men for transmission to the officer who carries out the discharge, together with the following additional forms :—

(*a*) Discharge certificate (Army Form B. 2079 or Army Form B. 264).
(*b*) Character Certificate (Army Form B. 2067) if entitled.
(*c*) Copy company conduct sheet (Army Form B. 121) when required under King's Regulations.

The duplicate attestation and documents retained therein will be sent to the officer in charge of records, who will extract from the original attestation any documents required to complete the list of discharge documents enumerated in the margin and place them in this form.

4. The discharge documents of re-enlisted pensioners, on re-discharge, will be sent to the officer in charge of records, who will extract from the original attestation any documents required to complete the list of discharge documents enumerated in the margin, place them inside this form, and forward the whole to the Secretary, Royal Hospital, Chelsea, irrespective of the cause of discharge.

5. The original and duplicate attestations of recruits who are rejected before, or on, final approval will be retained by the approving officer for one year, when they will be destroyed.

6. In all other cases the discharge documents will be sent, directly the discharge is carried out, to the officer in charge of records of the unit concerned.

7. Postage need not be paid, and receipts are not required, in the case of documents sent to Chelsea or to the War Office,

8. When the discharge documents of men not entitled to pension are sent to the officer who will have final charge of them, they are to be accompanied by Army Form B. 279, and that officer will, if they are found to be correct, sign and return Army Form B. 279. Should any document be missing, he must at once apply for it.

9. The officers having final charge of the discharge documents will arrange them according to regimental numbers, and enter the names in the alphabetical index, Army Book No. 129.

MEDICAL HISTORY SHEET.

Surname Scott Christian Name Edwin Boyd

Examined { on 13 day of Aug 1915 / at Armouries

Birthplace { City or Town Toronto / County

Apparent age 39

Trade or occupation Barber

Height 5 Feet 8 Inches.

Weight 150 Lbs.

Chest measurement { Minimum 33½ inches. / Maximum expansion 36½ inches.

Physical development good

Small-Pox Marks none

Vaccination Marks { Arm Right. Left. / Number

When Vaccinated last never

(a) Marks indicating congenital peculiarities or previous disease ✓

none

(b) Slight defects but not sufficient to cause rejection

none

Approved by [signature]

Rank Lieut. M.O.

Date	Fit or Unfit	Examined for Re-engagement,
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Date	Result	Vaccinations.
Sep 13	✗	[illegible] Capt M.O.
		M.O.
		M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.
Sep 6	✗	[illegible] M.O.
" 10	✗	M.O.
" 14	✗	M.O.

Enlisted on 13 14th day of August 1915 at Toronto.

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	48th Highlanders	192378		
Transferred to...	92nd. OVERSEAS BATTALION (HIGHLANDERS) C. E. F.			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.
7/12/16 East Finchley	7/12/16	Burns	P B Chitty Lt Col RAMC Lieut Medical Major

N. B.—This sheet to be disposed of in accordance with instructions in the Regulations for Army Medical Service, on the man becoming non-effective; the date and cause being stated on next page.

M. F. B. 313.

100M.—5-15.
H. Q. 1772-39-439.

Surname Scott Christian Name Edwin Boyd

STATION.	Date of Arrival at the Station.	DATES OF Admission into Hospital. Day	Month	Year	DATES OF Discharge from Hospital. Day	Month	Year	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 supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer
EXHIBITION CAMP	Dec 6/15	6	12	15	18	12	15	La Grippe		Rome. Co. Certificate. Complete Recovery.	J. O. Campbell. Capt.

R[illegible] O. 6045 (*Revised*).

PROCEEDINGS OF A MEDICAL BOARD.

Scott 6 B

Dated at Shorncliffe Dec 7 1916.

No. 192325 Rank Pte Name S. B. Scott

Local Unit 92nd Batt Overseas Unit —— Age 40

Examination held at Shorncliffe

DISABILITY. Overseas—Local. (scratch one out) Bad foot (corns, bunions) Rheumatism

PRESENT CONDITION.

Has some corns bunions on R foot. no signs of rheumatism

C III

I certify that this man will be unfit for a further category in 6 months from Date hereof

Barber

25/6/17

BOARD RECOMMENDS:—

1. Fit for Duty ..... D
2. Fit for duty after ..... weeks' physical training.
3. Fit for Temporary Base Duty ..... weeks.
4. Fit for Permanent Base Duty ..... no
5. Discharge .....

Signatures:—

Members { Fred Hitchcock Capt. President.
J. A. Nelson Capt.
.....

APPROVED

Dated at 9 DEC 1916 1916. J L Wadsley Capt.

For A.D.M.S.

FOR A.D.M.S. CANADIANS, SHORNCLIFFE.

PROCEEDINGS OF A MEDICAL BOARD.

Dated at ..... 1918.

No. ..... Rank ..... Name .....

Local Unit ..... Overseas Unit ..... Age .....

Examination held at .....

DISABILITY.
Overseas—Local.
(scratch one out)

PRESENT CONDITION.

BOARD RECOMMENDS:—

1. Fit for Duty .....
2. Fit for duty after ..... weeks' physical training
3. Fit for Temporary Base Duty ..... weeks
4. Fit for Permanent Base Duty .....
5. Discharge .....

Signatures:—

President .....

Members .....

.....

APPROVED

Dated at 1918

For A.D.M.S.

SC-41

(Medical Officers will please read this Form carefully before using it. See instructions, page 4.)

FORM TO BE USED FOR WARRANT OFFICERS, N.C.O'S, AND MEN

MEDICAL HISTORY OF AN INVALID

Station: Military Orthopedic Hospital Date: 6/3/18

1. (a) Unit: M. H. C. (b) Regimental No. 192328 (c) Rank: Pte.
   (d) Surname: Scott. (e) Christian name: Edwin Boyd.
2. Age last birthday: 41. Date of birth: October 17th 1876.
3. Enlisted at: Toronto on: August 4th 1915.

4. Personal description :—
   (a) Height: 5 ft 8. (b) Weight: 150 (stripped) (c) Complexion: Dark
   (d) Colour of hair: English Brown (e) Colour of eyes: Blue (f) Identification marks:
   Scar on nose Scar on back

5. Address after discharge (for the use of the Board of Pension Commissioners.) 2 MD 34 - SC - 90
   184 Macdonell Avenue Toronto

6. Former trade or occupation: Barber

7. (a) Service	Years	Days
	2	6 Months.

	Periods	
	From	To
92nd Batt	Aug 4th 1915.	Jany 1916
5th Reserve.	Jany 1916	August 1917.
M. H. C.	August 1917	To date.

(b) Has he been Overseas? Yes England.

8. Present disease or disability (use authorized nomenclature if possible). (1) & allux Valgus - Right foot and Corns and Callosities. (2) Myalgia - Rheumatism
   (a) Date of origin: (1)+(2) Began insidiously Early 1916 (b) Place of origin: England
   (c) Cause* (1)+(2) Began insidiously. Bad feet, Corns & Bunions
   *(Here include original disease or injury)

9. Present condition. (Important, to be a full description of the present disabling condition or conditions).

(1) Subjective

(1) Pains and swelling in 1st Rt Metatarsophalangeal joint - Painful corns on 2nd, 3rd, 4th & 5th toes and callus on sole of foot - over metatarsal-phalangeal joints of 2nd & third toes. Cannot walk over half a mile without pain in rt foot.

(1) Objective — Enlargement of the 1st Rt. Metatarsophalangeal joint - Corns on 2nd — 5th toes & callus on sole of Rt foot.

(2) Subjective - Pains in muscles and joints especially in ankles and Knee joints - in damp weather. Not constantly present.

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

Page 4

NEXT OF KIN: Violet Scott (Wife).
ADDRESS: 184 Macdonell Avenue. Toronto
HOME ADDRESS: Same as above.
MEDICAL OFFICER: Lieut Langfeld.

M. F. B. 227.
15/M.-6-17.
1772-39-117.

10. History ;

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

was troubled with Corns before Enlistment but wearing rough shoes and marching has made them worse.

11. To what extent, state in percentages, is capacity to earn a livelihood in the untrained labour market reduced ? If there is more than one disabling condition, estimate the incapacity due to each, and that due to all combined.

(1) 10% (2) Nil

12. Did the disability arise on or off duty ? on duty 1+2 off duty

13. Was a Court of Inquiry held ? (1)+(2) No

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

Yes (1) 10 % (2) No ~~No~~

(If the answer is in the affirmative, state in percentages, to what extent the soldier is incapacitated by that aggravation.)

15. Was the disability caused or aggravated by negligence, by vice or by misconduct, or by unreasonable refusal to accept treatment ? (1) No (2) no

(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.)

16. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one ? ~~Yes~~ (1) Six months (2) nil

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

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

No

19. Can the former trade or occupation be resumed ? Yes.

20. Recommendations ~~That no further treatment will benefit his condition~~ that he be discharged

F. J. Snelgrove Capt

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.)

I, the undersigned Edwin B. Scott have heard the description of my disability read, and am satisfied (or not satisfied) with it. (If dissatisfied, statement should follow.) I complain in addition of

Edwin B. Scott

Signature of soldier examined.

OPINION OF THE MEDICAL BOARD

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

We concur

22. 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

23. It is certified that the soldier

~~(a) Does require treatment.~~
(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).

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

We recommend

That he be discharged as
~~physically unfit~~

C. J. Cummings Maj — *President.*
F. W. Hughes Capt
J. D. London, Lt — *Members.*

STATION Military Orthopedic Hospital

DATE MAR 6 1918

APPROVED BY

DATE 12/3/18

Chas Thomas Lt Col
Assistant Director of Medical Services.

APPROVED BY

DATE

Director-General of Medical Services.

(4) Objective. Shows no swelling of joints or tenderness of muscles or joints on pressure or manipulation - No signs of Rheumatism or myalgia - Man says he had Rheumatism before enlistment, not aggravated by service -

Heart, lungs and other systems normal - Incapacity Partial loss of function due to Right Hallux Valgus and Corns and callous on Right foot (3) The myalgia and Rheumatism he complains of give no disability.

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.

INSTRUCTIONS

1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of pages 1 and 2 of this Form. The President of the Board of Medical Officers is responsible for the proper completion of the space, of page 3, reserved for recording the Proceedings of a Board of Medical Officers.
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. If a complete answer to any question requires more space than that reserved for it, the answer may be continued on the blank space on this page.
5. The nomenclature of diseases to be followed is that 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 and Sons.

Date of Enlistment

4-8-15

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Date of Assignment

1/6/16.

RATE OF SEPARATION ALLOWANCE

20			

RATE OF ASSIGNMENT

$20.00			

PARTICULARS OF SEPARATION ALLOWANCE

No. 192328

Rank Pte Promoted Reverted Discharge

Soldier's Name Edwin B. Scott

Battalion D. Unit M. H. C. C.

Beneficiary Violet Scott

Relationship Wife

Address 706 Lansdowne Ave c/o Mrs Lang Toronto Ont.

PARTICULARS OF ASSIGNMENT

Name Violet Scott

Address 706 Lansdowne Ave., Toronto, Ont.

Change of Address

1

2

3

4

Date 1917	Cheque No.	Amount S/A	Amount A/P	Total
Dec 31	—	518 xx	280	~~518~~ xx

016403-E-6

REMARKS

(A.P. closed 31/7/17. F.X 14/8/17 See old a/p. sht.)

S.A. a/c suspended until re transferred to C.E.F.

S.A. Acct paid to 30-9-17

Aug 9 18

Discharged 1 4/18 auth. M.O. 649-S-15260 ~~Edk~~ 24 4/18

CANADIAN ASSIGNED PAY AUDIT

13/6/18

M. F. W. 128.
400m.—7-17—1772 39-1141
L. L. 22320—M. & D. 7993.

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Date of Assignment

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank Promoted Reverted Discharge

Soldier's Name

Battalion

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name

Address

Change of Address

1

2

3

4

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

M. F. W. 128
400M.—6-17—1772-39-1141
L. L. 22330—M. & D. 7988.