

ly4

Extract of Information Coded for Hollerith

84

Regtl. No. 3231685 Name { Surname Scott
 Christian Names Evangelist

Abbreviations used:—A.P., Attestation Paper, Particulars of Recruit, Officer's Declaration Paper.
 A.P.C., Attestation Paper and Pay-roll Card.
 Cas., Casualty Form and Record Sheet.
 P.D., Proceedings on Discharge.

Extracted by: JW S Coded by: _____ Checked by: 9N

	SOURCE OF INFORMATION	CODE USED	LONGHAND EXTRACT	CODE NO.
A. No. of Card 1, 2, 3, 4, 5, 6			Cards to be punched.....	111
B. Professional Soldier	A.P.	1	No Pre-ser: 0	
C. Theatre of Service	Cas.	2	Canada 6	
D. Personnel Seconded to W.O., R.A.F., etc.	Cas.	3	Not Rec: 0	
E. Rank on Discharge		P.D.	6 R 11	
F. Date Discharged		P.D.	Jan-25-1918	49
G. Disposition on Discharge		P.D.	Deserter	58
H. Place proceeding to		P.D.	n.a.	0
J. Unit Enlisted in	A.P.C.	12 (a) 12 (b)	1 st Depot Batt. 26 th BR	4404
K. Country of Birth	A.P.	8	n.a.	00
L. Occupation	A.P.	9	1111	00
M. Date of Enlistment	A.P.C.	5	Jan-25-1918	49
N. Place of Enlistment	A.P.C.	13	Hamilton	2316

O. Age on Enlistment	A.P.		Years	22	99
P. Religion	A.P.		10	Not stated	9
Q. Rank when left Canada		Cas.	4	n.a.	0
R. Unit left Canada with		Cas.	12 (b)	—	000
S. Date left Canada		Cas.	5	—	00
T. Unit in England		Cas.	12 (b)	—	000
U. Date first proceeded to Theatre of War		Cas.	5	—	00

Source of Information—Casualty Form.

1st Unit in T. of W.

0	0	0
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Period of Service

Months:

0	0
---	---

2nd Unit in T. of W.

--	--	--

Period of Service

Months:

--	--

3rd Unit in T. of W.

--	--	--

Period of Service

Months:

--	--

4th Unit in T. of W.

--	--	--

Period of Service

Months:

--	--

X. Check Column

CHECK

Z. Casualties

Cas.

11

YA. Honours and Awards

Cas.

~~1. Yes.~~
2. No.

2

YB. Married or Single

A.P.

~~4. M.~~
5. S.
~~6. W.~~

5

6

YC. Service Unit Transfer

Cas.

7. Subsequent Unit or Units.

All cards subsequent to 1st.

8. First Unit.

Last or only card.

WATCH

8

DECLARATION

Ser 818218

Reg. 3231685 Pte. Scott. Evange/list

The Court declare that No.....

illegally absented himself without leave 1st DEPOT BN., 2nd C. O. R.

Toronto

noon

25th

at..... day

January 1918

of.....; that he is still so absent, and that on the.....

20TH

December 1918 he was deficient, and that he is still deficient of the following articles:—

ARTICLES	VALUE	ARTICLES	VALUE
NIL		NIL	

J. D. President.

Ernest } Members.

J. G. }

Signed at..... HAMILTON, ONT......

this..... 20TH day of December 1918 191....

Approved

W. M. Lt. Colonel
O. C.

DECLARATION

2

DEPT. OF THE INTERIOR

1914

That the result of the examination of the land is as follows:

Section 1, Township 10 N., Range 10 E., 1st Meridian, 1914

Section	Acres	Remarks
1	36	
2	36	
3	36	
4	36	
5	36	
6	36	
7	36	
8	36	
9	36	
10	36	
11	36	
12	36	
13	36	
14	36	
15	36	
16	36	
17	36	
18	36	
19	36	
20	36	
21	36	
22	36	
23	36	
24	36	

Witness my hand and seal this 1st day of

1914

DEPT. OF THE INTERIOR

to the

1914

MILITARY SERVICE ACT, 1917.

MEDICAL HISTORY SHEET.

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

M.S.A.

- 1. Surname SCOTT Christian name Evangeliste
- 2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule. 818218
- 3. Consecutive number on schedule of men reporting for service (if he appears on it) _____
- 4. Address (including street and number, if any) General Delivery. S.Ste. Marie. Ont.

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 10th. day of November 1917, by the undersigned medical board sitting at Sault Ste. Marie. Ont. #20.

- 5. Age as stated 22 Years I Months.
- 6. Apparent age 22 Years _____ Months
- 7. Height 5 Feet 5 Inches.
- 8. Weight 123½ Pounds.
- 9. Chest measurement { Minimum 30 Ins. Maximum 33½ Ins.
- 10. Complexion Medium { Eyes blue Hair brown
- 11. Physical development. good { Good Fair Poor
- 12. Smallpox marks no
- 13. Number of vaccination marks { Right arm _____ Left arm one
- 14. When vaccinated last childhood
- 15. Distinctive marks and marks indicating congenital peculiarities or previous disease no

16. Slight defects but not sufficient to cause rejection enlarged Inguinal Gland
The man denies having had { Rheumatism Tuberculosis Syphilis We find no evidence of past { Rheumatism Tuberculosis Syphilis
(Strike out disease admitted or suspected.)

We have examined the above named man in accordance with the C. E. F. Regulations for medical examinations, and he is placed in Category A 2 Eyesight R: D.20 L: D.20 Hearing R: normal L: normal.

W. Armstrong Member. J. P. Keitt President. J. P. Keitt Member.

Date	Result	VACCINATIONS	Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
		M.O.			M.O.
		M.O.			M.O.
		M.O.			M.O.

DUPLICATE FROM MEDICAL BOARD

Joined _____ day of _____ 191 at _____

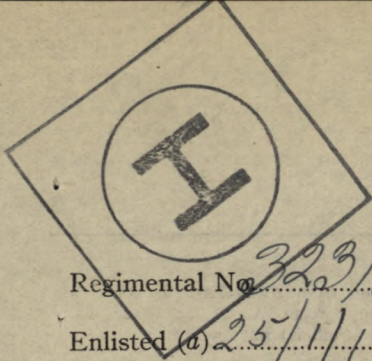
	CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment		<u>3231685</u>		
Transferred to.....				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION	DATE	DISEASE	RESULT

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

Signature of Man Evangeliste Scott



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

M. F. W. 54. (A. F. B. 193.

500M.—9-16

H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps 1st DEP Bn 2nd C.O. R.

Regimental No 3223/1685 Rank Pte. Name Scott, Evangelist
C. E. F.

Enlisted (a) 25/1/18 Terms of Service (a) D. of W Service reckons from (a) 25/1/18

Date of promotion to } Date of appointment } Numerical position on }
 present rank } to lance rank } 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				
<u>20/1/19.</u>	<u>1 D. Bn 2 C.O.R.</u>	<u>S.O.S. as a Deserter by C. of I</u>	<u>Toronto</u>	<u>25/1/18</u>	<u>Pt. II D.O. 20.</u>
					<u>Capt., for D. of R</u>

(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.]

Casualty Form - Active Service

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

Comment