

21-9-18
AWB

PARTICULARS OF RECRUIT

DRAFTED UNDER MILITARY SERVICE ACT, 1917.

(Class.....)

DUPLICATE

1. Surname..... Scott.....

2. Christian name..... Francis Irving.....

3. Present address..... RR#1, Bathrust, Glou Co NB.....

4. Military Service Act letter and number..... 653565 FC.....

5. Date of birth..... Feb. 26, 1897.....

6. Place of birth..... Jeneville, NB......
(town, township or county and country)

7. Married, widower or single..... Single.....

8. Religion..... Presbyterian.....

9. Trade or calling..... Farmer.....

10. Name of next-of-kin..... Mrs. Ellen Scott.....

11. Relationship of next-of-kin..... Mother.....

12. Address of next-of-kin..... RR#1, Bathrust, Glou Co NB.....

13. Whether at present a member of the Active Militia..... No.....

14. Particulars of previous military or naval service, if any..... Nil.....

15. Medical Examination under Military Service Act:—
(a) Place..... Bathrust, NB..... (b) Date..... Oct. 26, 1917..... (c) Category..... A2.....

DECLARATION OF RECRUIT

I, Francis Irving Scott, do solemnly declare that the above particulars refer to me, and are true.

Francis I Scott (Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age.....	<u>21</u> yrs.	<u>3</u> mths	} Distinctive marks, and marks indicating congenital peculiarities of previous disease.
Height.....	<u>5</u> ft.	<u>9</u> ins.	
Chest measurement } fully expanded.....	<u>37</u> ins.		
	range of expansion.....	<u>3</u> ins.	
Complexion.....	<u>Fair</u>		
Eyes.....	<u>Blue</u>		
Hair.....	<u>Brown</u>		Nil

O. C. [Signature] Depot Btln. **New Brunswick Regiment** Regt.

Place..... Sussex, NB..... Date..... July 3, 1918.....

PARTICULARS OF RECRUIT

BRITISH INDIAN ARMY SERVICE ACT 1919

DUPLICATE

1	NAME	...
2	REGIMENT	...
3	COMPANY	...
4	PLATOON	...
5	SECTION	...
6	POST	...
7	GRADE	...
8	DATE OF ENTRY INTO SERVICE	...
9	DATE OF LAST PROMOTION	...
10	DATE OF LAST TRANSFER	...
11	DATE OF LAST CHANGE OF REGIMENT	...
12	DATE OF LAST CHANGE OF COMPANY	...
13	DATE OF LAST CHANGE OF PLATOON	...
14	DATE OF LAST CHANGE OF SECTION	...
15	DATE OF LAST CHANGE OF POST	...
16	DATE OF LAST CHANGE OF GRADE	...
17	DATE OF LAST CHANGE OF SERVICE	...
18	DATE OF LAST CHANGE OF REGIMENT	...
19	DATE OF LAST CHANGE OF COMPANY	...
20	DATE OF LAST CHANGE OF PLATOON	...
21	DATE OF LAST CHANGE OF SECTION	...
22	DATE OF LAST CHANGE OF POST	...
23	DATE OF LAST CHANGE OF GRADE	...
24	DATE OF LAST CHANGE OF SERVICE	...

DECLARATION OF RECRUIT

I, the undersigned, being the commanding officer of the above-named unit, do hereby certify that the above particulars are true and correct to the best of my knowledge and belief.

Signature of Recruit: _____

DESCRIPTION OF CALLING UP

1	NAME	...
2	REGIMENT	...
3	COMPANY	...
4	PLATOON	...
5	SECTION	...
6	POST	...
7	GRADE	...
8	DATE OF ENTRY INTO SERVICE	...
9	DATE OF LAST PROMOTION	...
10	DATE OF LAST TRANSFER	...
11	DATE OF LAST CHANGE OF REGIMENT	...
12	DATE OF LAST CHANGE OF COMPANY	...
13	DATE OF LAST CHANGE OF PLATOON	...
14	DATE OF LAST CHANGE OF SECTION	...
15	DATE OF LAST CHANGE OF POST	...
16	DATE OF LAST CHANGE OF GRADE	...
17	DATE OF LAST CHANGE OF SERVICE	...
18	DATE OF LAST CHANGE OF REGIMENT	...
19	DATE OF LAST CHANGE OF COMPANY	...
20	DATE OF LAST CHANGE OF PLATOON	...
21	DATE OF LAST CHANGE OF SECTION	...
22	DATE OF LAST CHANGE OF POST	...
23	DATE OF LAST CHANGE OF GRADE	...
24	DATE OF LAST CHANGE OF SERVICE	...

Signature of Recruit: _____

Signature of Commanding Officer: _____

Date: _____

07/19/19

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

Attestation Papers..... 23

Declaration of change of name.....

Authority for special enlistments.....

Documents of re-enlisted men.....

Regimental Conduct Sheet.....

Compulsory Stoppages.....

Casualty Forms..... 1

Proceedings on discharge..... 1

Corps History Sheet.....

Date and No. of Deposit Receipt for Purchase Money and Amount.....

Disc. Certificate..... 1

Medical Report for Invalids.....

Medical History Sheet..... 1

Proceedings of Regt. Court Martial.....

Copies of Convictions by Civil Power.....

Company Conduct Sheet.....

Clothing Transfer Certificate.....

Inventory of Kit.....

Last Pay Certificate..... 1

M. F. W. 178..... 1

M. F. W. 71..... 1

D. H. S..... 1

M. F. W. 129..... 1

M. F. W. 2572..... 1

M. F. W. 62.

100ml.-6-17.

Il. Q. 1772-39 935.

DISCHARGE DOCUMENTS

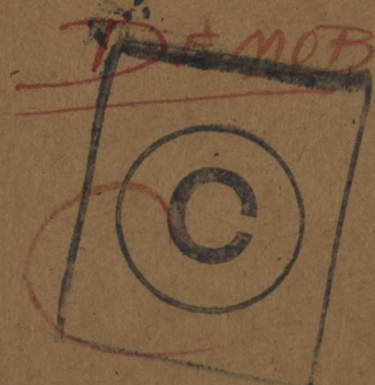
R. O. No.....

H. O. No.....

Name SCOTT FRANCIS IRVING

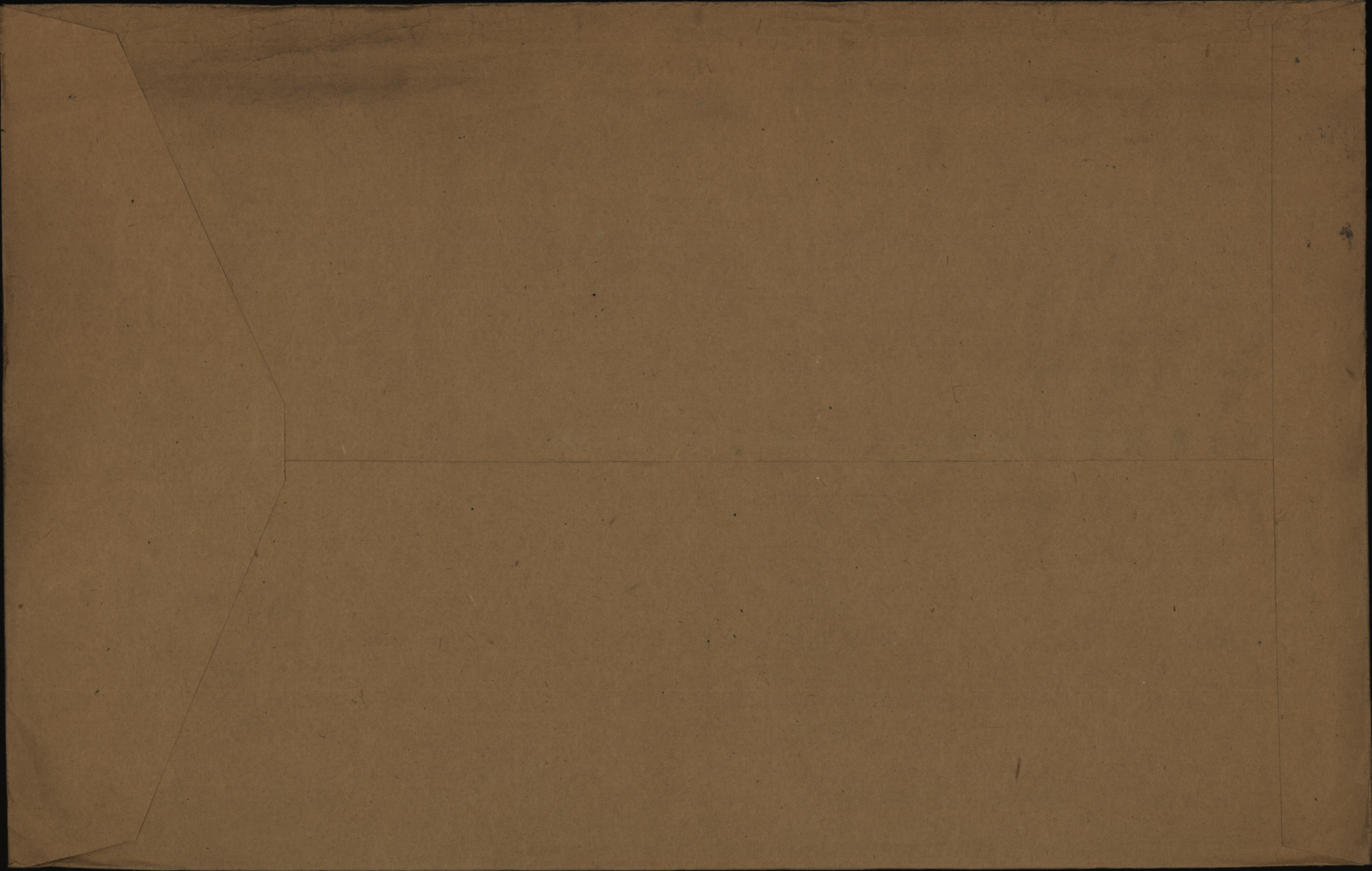
Regt. No. 4061057 Rank Pte.

Corps 1st Depot Battalion W.D.K.



08521





Dental Examination on Discharge

File No.....

Rank....**Pte.**..... Name.....**scott F.I.**..... Regt. No..**4061054**

Date of enlistment.....**3-7-18.**..... Service, where..**Canada**.....

If any dental treatment in army, where.....**Nil.**.....

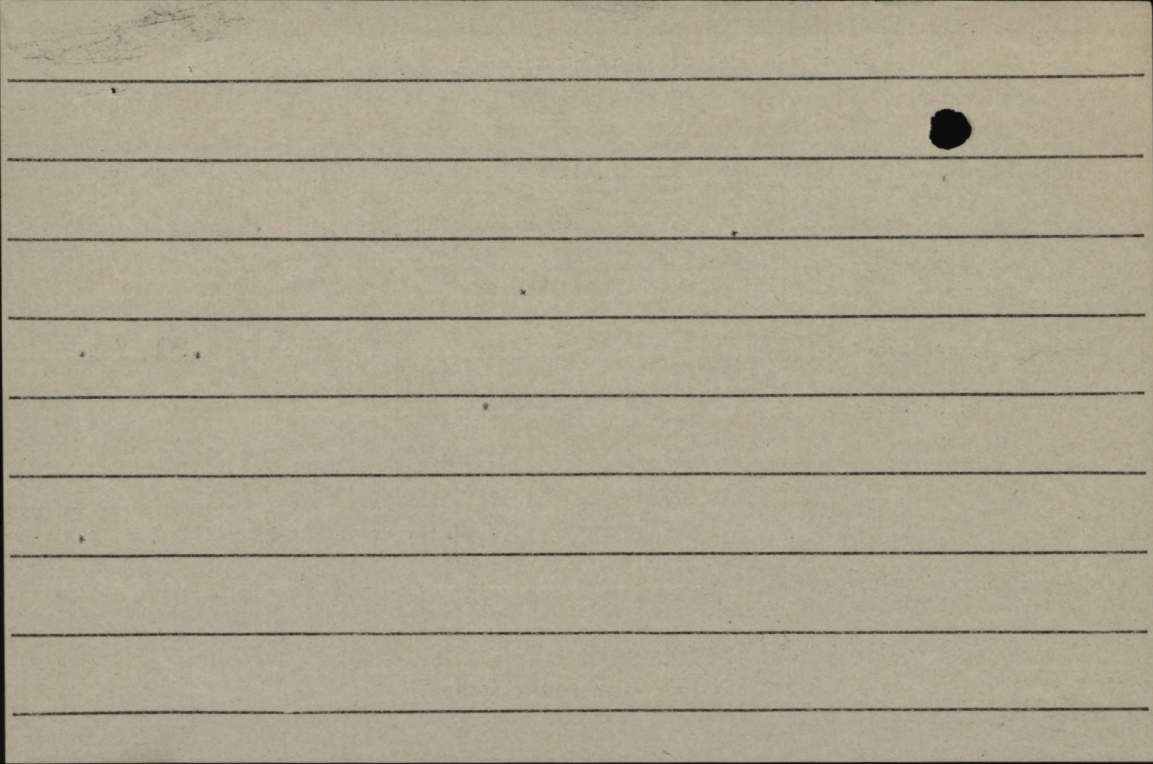
Discharge examination at.....**St. John N.B.**..... Date..**Dec.31/18.**.....

Treatment to be received.....**Completed.**.....

At..... Examined by.....**J.G. Harrington Lieut.**.....

Above treatment completed by..... Date.....

Completed History Sheet File No.....



*cut A 2*Occupation. farmerNAME Scott, Francis I.

Pres.

REGIMENTAL NO. 4061054RANK PteENLISTED AT St. John. N.B?PROMOTIONS, &C.
AND DATEDATE 3-7-18 D.C. 203Age 21M.S.A.IF SERVED PREVIOUSLY, STATE UNIT, &C. NilMARRIED, WIDOWER, OR SINGLE Single.NEXT OF KIN Mrs Ellen Scott

RELATIONSHIP

MotherADDRESS OF Bathurst. N.B.R.M.D. #1ASSIGNMENT OF PAY \$ Nil TO

ADDRESS

SEPARATION ALLOWANCE, ENTITLED OR NOT no

DATE APPLICATION FORWARDED TO DIVISIONAL PAYMASTER

IN WHOSE FAVOUR

CASUALTIES, &C.

NATURE

E.G. ABSENCE, PROMOTION, &C.

PART II. D. O.

No.

DATE

REMARKS

IF IN HOSPITAL, NOTE NAME, &C.

S.O.S 31-12-18

Demobilization

365

31/12/18

Auth 35-2-5al RD 1357
D/25-12-18 P.M.S.

Surname *Scott*.....

H. Q.

Christian names *Francis Irving*.....

M. D. No. *7*.....

T. O. S. *July 3rd 1918*.....

Regtl. No. *4061054* Rank *Pvt*.....

D. O. Pt. II *185* of *4-7-18*.....

S. O. S. *31. 12. 1918*.....

Unit *H. B. Regt 1st Depo Bn*.....

Reason *Demob.*.....

Auth. *101365 of 31.12.18*.....

Next of kin *Scott Mrs. Ellen*.....

Relationship *Mother*.....

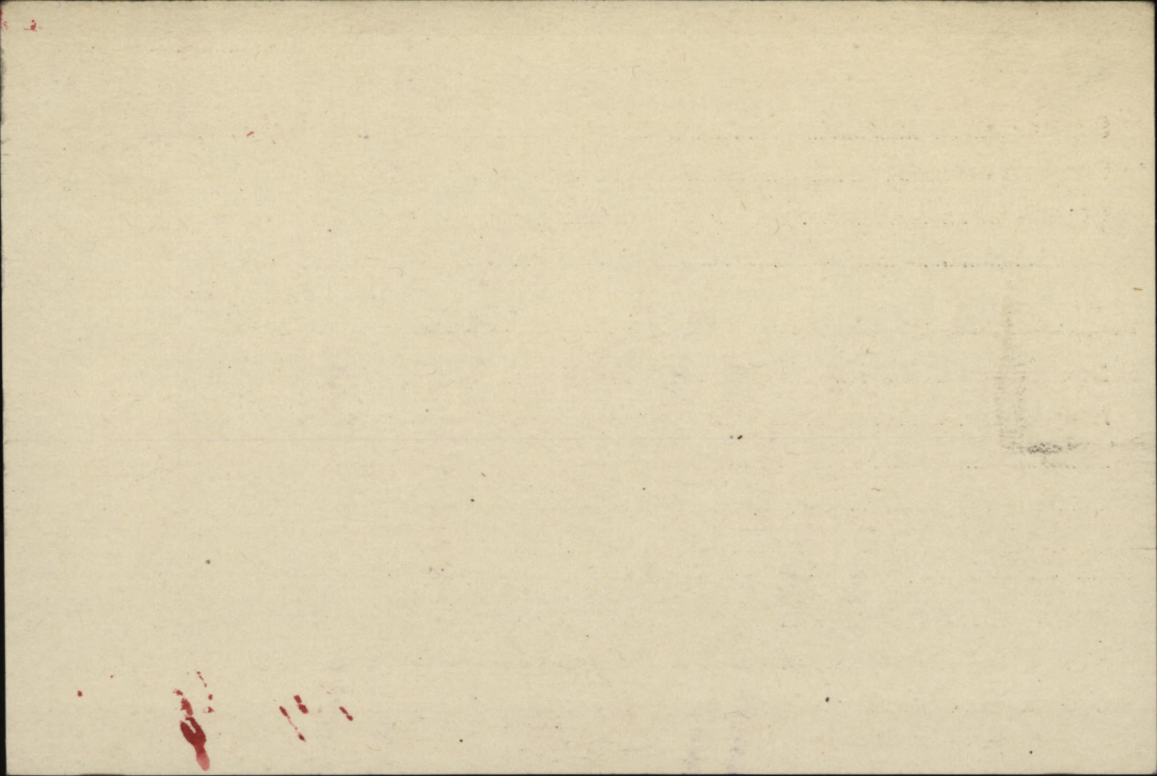
Address *P. O. No 1 Bathurst,
Worcester Co - N. B.*.....

Also notify:.....

BORN—Place *Canada, Amherst N. B.* Date *Feb 26th 1897*.....

ATTESTED—Place *Worcester N. B.* Date *July 3rd 1918*.....

O/S..... R/C.....



CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 4061054 (Rank) Private.
 Name (in full) Scott Francis Irving. enlisted in
 the 1st. Depot Battalion New Brunswick Regt.
 CANADIAN EXPEDITIONARY FORCE at Sussex N.B. on the 3rd.
 day of July 1918
 HE served in Canada.
 and is now discharged from the service by reason of Demobilization.
35-2-5A1 R.O.1357 Date 25-11-18

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

Age 21-----3
 Height 5-----9
 Complexion Fair.
 Eyes Blue.
 Hair Brown.

Marks or Scars.....
 Nil.

Francis Irving
 Signature of Soldier

J. H. M. Ostry
 Issuing Officer

Date of Discharge December 31, 1918.

Rank Lt.-Col.
 Appointment O. C. 1st Depot Battalion
 New Brunswick Regiment.

Signed at St. John N.B. this 31st day of December 1918.

in Military District No. 7

File Reference No.

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

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

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

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

M. F. W. 54. (A. F. B. 10s.

500M.—9-16

H. Q. 1772-39*920.

Casualty Form—Active Service.

Unit, Regiment or Corps..... **1ST. DEPOT BATTALION. N. B. REGT.**

Regimental No. **4061054** Rank **Private** Name **SCOTT. Francis Irving.**

C. E. F.

Enlisted (a)..... **3/7/18** Terms of Service (a) **Duration of War** Service reckons from (a)..... **3/7/18**

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)..... **Farmer.**

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>3 1/2/18</i>	<i>OC 1st Depot Bn N.B. Regt.</i>	<i>P.O. 1st Depot Bn N.B. Regt. Demobilization 35-2-5 ad. PD 1357 d 25/11/18</i>	<i>Septm 18</i>	<i>31/12/18</i>	<i>D.O 365 Part 11 Pt 1 31/12/18</i>
<i>J. V. Keintad Capt.</i> Asst. Adjutant 1st Depot Bn. N. B. Regt.					

(1) 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.

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				

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

DISTRICT 7

M. F. B. 465,
15091, -1-18,
177-39-850.

NAME OF SOLDIER

Scott, Francis J.

REGIMENT

1st Depot Batt.

RANK

Pte.

No.

4061054



INSTRUCTIONS

1. On examination the condition of patient's mouth to be marked on diagram in red ink.
2. On first line of report record of same to be made in red ink.

Only such entries to be made on this sheet as will show:

1. Condition on examination (in red).
2. Condition on leaving Canada.
3. Condition on discharge.

Condition on first Examination	Date	Amalgam Temporary Filling (a) G. P. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhoecia	Synthetic Porcelain	Extracting	DENTURES			Gold Clasp	Gold Filling	CROWNS		Bridge Work	OPERATOR	Military District	REMARKS
											U	L	P			Gold	Porcelain				
	<i>1918</i> <i>Dec 31st</i>																		<i>Examined by</i> <i>J. G. Harrington Lieut.</i>		<i>Op:-</i> <i>Ex:-</i>
<i>Examined for discharge</i>																					
<i>Dec 31st 1918. Complete</i>																					
<i>Francis J. Scott</i>																					
<i>J. G. Harrington Lieut</i>																					

TESTIMONY

STATE OF TEXAS
COUNTY OF DALLAS

BEFORE ME, the undersigned authority, on this day personally appeared _____, known to me to be the person whose name is subscribed to the foregoing instrument, and acknowledged to me that he executed the same for the purposes and consideration therein expressed.

My commission expires _____

NOTARY PUBLIC IN AND FOR THE STATE OF TEXAS

4

4061054
D. Leary

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.

- 1. Surname Scott Christian name Irwin Thomas
- 2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule..... } 653565
- 3. Consecutive number on schedule of men reporting for service (if he appears on it)..... }
- 4. Address (including street and number, if any)..... Bathurst, P.M.O. 1-247271. B.

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 26 day of October, 1917, by the undersigned medical board sitting at Bathurst, N.B.

- 5. Age as stated 20 Years 8 Months. 6. Apparent age 20 Years 8 Months
- 7. Height 5 Feet 9 Inches. 8. Weight 155 Pounds.
- 9. Chest measurement { Minimum 34 Ins. 10. Complexion Fair { Eyes Blue
Maximum 37 Ins. { Hair Brown
- 11. Physical development Good { Good Fair Poor 12. Smallpox marks nil
- 13. Number of vaccination marks { Right arm nil
Left arm nil 14. When vaccinated last —
- 15. Distinctive marks and marks indicating congenital peculiarities or previous disease.....

16. Slight defects but not sufficient to cause rejection.....
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

A2

W. Lowery President.
J. Muschand Member. R. G. Duncanson Member.

Date	Result	VACCINATIONS	Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>9/7/18</u>	<u>blouse fever</u>	<u>M.O.</u>	<u>5/7/18</u>	<u>blouse fever</u>	<u>M.O.</u>
<u>18/7/18</u>	<u>WR cast</u>	<u>M.O.</u>	<u>18/7/18</u>	<u>WR</u>	<u>M.O.</u>
		<u>M.O.</u>			<u>M.O.</u>

Joined 3rd day of July, 1918 at Sussex

	CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment	<u>1st Depot Bn</u>	<u>46061054</u>		
Transferred to.....	<u>9th Regt</u>			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION	DATE	DISEASE	RESULT
<u>St. John N.B.</u>	<u>20/12/18</u>	<u>cat</u>	<u>As A.C. Longstaffe M.D. C. J. P. O'Connell M.D.</u>

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

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. **4061054** ... Rank **Pte.** ... Surname **SCOTT**
(Given name in full)

..... **Francis Irving**

Unit or Corps **1st. Dep. Bn., N. B. Reg.** Birthplace **Bathurst, N. B.**

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

1. GENERAL DESCRIPTION:

Physique .. **good** Weight **142** lbs. Height **5** ft. **8** in. Colour of Eyes **blue** ...

Nutrition **good**

Pulse **100**

Condition of arteries ... **normal**

Vision Rt. ... **20/20** Left **20/20** ...

Hearing (conversational voice) Rt. **20** ft.

Left **20** ft.

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

**3" scar base left buttook
 from saw cut 5 years ago.**

Opinion as to general health and physical condition **good**

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

Nervous System ... **no** Genito Urinary 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.

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 **St. John, N. B.** (Canada)

Date .. **Dec. 30th, 1918.**

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 a Medical Board.)

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

General health and physical condition	NO
Cardiovascular System	NO
Respiratory System	NO
Intestines	NO
Urinary System	NO
Genital System	NO
Special Senses	NO
Neurological System	NO
Muscular System	NO
Osseous and Joint System	NO

If the answer to any part of Section 3 shows "Yes," here give full description of condition of organ; and also a description of the present condition.

15-2-1937

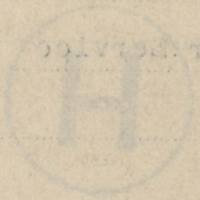
SHORT FORM.
PROCEEDINGS ON DISCHARGE.
(Demobilization.)

1. No.	4061054	
2 Rank.	Private.	
3. Name.	<u>Scott Francis Irving.</u>	
4. Unit.	1st Depot Battalion New Brunswick. Regt.	
5 Date of Discharge	Dec. 31, 1918	Place St. John N.B.
6 Reason for Discharge	Demobilization No Further Service	
7. Authority.	35-2-5A1 R.O.1357 Date 25-11-18	
8. Proposed Residence after Discharge	R.R.# 1 Bathurst Glou Co. N.B.	
9.	<p style="text-align: center;">CERTIFICATE TO BE SIGNED BY SOLDIER.</p> <p>I hereby acknowledge that at the undernoted place and date I received my discharge Certificate</p> <p>M. F. W.? (39) St. John N.B. December 31, 1918</p> <p style="text-align: center;"><i>Francis I Scott</i></p> <p style="text-align: right;">Signature of Soldier.</p>	
10.	<p style="text-align: center;">CONFIRMATION.</p> <p>The discharge of the above named man is hereby confirmed.</p> <p>Place St. John N.B.</p> <p>Date Dec. 31, 1918.</p> <p style="text-align: center;"><i>J. L. M. ardy</i></p> <p style="text-align: right;">Lt.-Col.</p> <p style="text-align: center;">O. C. 1st Depot Battalion New Brunswick Regiment (O. C. Discharging Unit.)</p> <p>Signature</p>	

PROCEEDINGS ON DISCHARGE

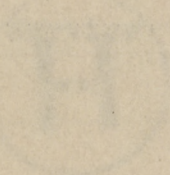
(Reenlistment)

1. No.	40000
2. Rank	Private
3. Name	Scott Francis Davis
4. Unit	1st Depot Battalion New Brunswick Regt.
5. Date of Discharge	Dec. 31, 1918 Place St. John N.B.
6. Reason for Discharge	Demobilization
7. Authority	H. O. 457 Date 22-11-18
8. Proposed Residence after Discharge	P.O. Box 1, Eschmum GLEN CO. N.B.
<p>CERTIFICATE TO BE SIGNED BY SOLDIER</p> <p>I hereby acknowledge that at the underlined place and date I received my discharge Certificate</p> <p>M. F. W. (S) St. John N.B. December 31, 1918</p> <p>Signature of Soldier</p>	
<p>CONFIRMATION</p> <p>The discharge of the above named man is hereby confirmed</p> <p>Place St. John N.B.</p> <p>Date Dec. 31, 1918</p> <p>Signature</p> <p>(O. F. Discharge Unit)</p>	



LIST OF DISCHARGE DOCUMENTS

Accretion Paper, Thibodeau	Medical Form W-13
or Particulars of Record	Medical Form W-132
Field Contact Sheet	Medical Form W-133 or A.F.B. 133
Casualty Form	Medical Form W-134 or A.F.B. 134
Lost by Certificate	Medical Form W-14
Certificate that missing documents are undestroyed	
Medical History Sheet	Medical Form B-313 or A.F.B. 313
Proceedings of Medical Board	M.M.B. 301, A.F.B. 310 or A.F.B. 310
Theatrical History Sheet	Medical Form B-405
Medical Report	Dr. P. W. L. S. or Dr. M. S. 301
Regimental Contact Sheet	Medical Form B-301
Company Contact Sheet	Medical Form I-301



Continued on next page

See also...

Reference to...

Medical Form W-133 or A.F.B. 133

Medical Form W-134 or A.F.B. 134

Medical Form B-313 or A.F.B. 313

Medical Form B-405

Medical Form B-301

Medical Form I-301

LIST OF DISCHARGE DOCUMENTS.

Attestation Paper, Triplicate.....	Militia Form W. 23
or Particulars of Recruit.....	Militia Form W. 133
Field Conduct Sheet.....	Militia Form W. 178 or A.F.B. 122
Casualty Form.....	Militia Form W. 54 or A.F.B. 103
Last Pay Certificate.....	Militia Form W. 44
Certificate that missing documents are unobtainable.....	
Medical History Sheet.....	Militia Form B. 313 or A.F.B. 178
Proceedings of Medical Board.....	M.F.B. 227, A.F.B. 179 or A.F.A. 45
Dental History Sheet.....	Militia Form B. 465
Medical Report.....	M. F. W. 129 or D. M. S. 1375
Regimental Conduct Sheet.....	Militia Form B. 263
Company Conduct Sheet.....	Militia Form B. 263a

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. 4061054 Rank Pte. Name Scott F.I.
 Corps 1st. Depot. Batt., N.B. Regt. who was* Discharged.
 On 31/12/18 191....., to
 *Insert "discharged" or "transferred."

The following is a statement of the account of the above named from 1/12/18 191.....
 to 31/12/18 191....., the inclusive date of transfer or discharge.

Dr.	\$	c.	Cr.	\$	c.
Bal. Dr. from prev. month.....	57.	35	Balance Cr. from prev. month.....		
Advances by Cheques } No. 5946.....	35		Reg'tl. Pay.... 31.... days at \$... 1 c.00	31	
} No. 6745.....	10		Field Allow.... 31.... days at \$.... c.10	3	10
Assigned Pay and Sep'n Allee. No.....			Separation Allowance* (Monthly).....		
Other charges.....			Other Allowances* <u>Clothing All.</u>	35	
Payment on transfer or discharge No.....			<u>L of 4 1/1/19 to 30/1/19 Can.</u>	33	
Bal. Cr. (to be paid by the new unit).....			<u>Refund Barrack Damages</u>		25
			Bal. Dr. (to be deducted by new unit).....		
Total	102.	35	Total	102.	35

*Give particulars.

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

(†) 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.

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

REMARKS:—

State (1) date of enlistment..... 2-7-18.....
 (2) if married and if a Separation Allowance Card has been submitted.....
 (3) cause of discharge..... Demob...... authority D.O. 365.....
 (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 Jany. 3rd., 1919.

Place St. John, N.B.

[Signature] **Captain,**
 Paymaster.

Batt. 1st. Depot N.B. Regt.

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.

CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

Form No. 100 (Revised 1918) to be filled up by the commanding officer of the contingent and forwarded to the Adjutant-General, Ottawa, O.C.F. (1918)

Name of Contingent: ... Rank: ...

Name of Soldier: ... Rank: ...

Number of the account of the contingent: ...

Number of the date of issue of this certificate: ...

Table with columns for Name, Rank, and Amount. Includes entries for 'Balance forward', 'Pay for 1 month', 'Pay for 2 months', etc.

On Transfer of an Officer: ...

On Transfer of a Soldier: ...

Signature of the commanding officer: ...