Regtl. No. 321 2282

PARTICULARS OF RECRUIT

DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class1)
1. Surname Scott	/
2. Christian name George Co	owper /
3. Present address	Mechech O Alta
4. Military Service Act letter and number. 1888 51M	g /
5. Date of birth	8286
6. Place of birth	cland Co Down
.7. Married, widower or singlesinglesingle	The state of the s
8. Religion Presbyte	
9. Trade or calling	
10. Name of next-of-kin	rt Scott
11. Relationship of next-of-kin Father	r
12. Address of next-of-kin 378 Victoria	
13. Whether at present a member of the Active Militia no.	10000
14. Particulars of previous military or naval service, if any	
15. Medical Examination under Military Service Act:—	-
(a) PlaceCalgaryAlta(b) DateMay8th, 19	918 (c) CategoryB2
DECLARATION OF BE	COLUT
DECLARATION OF RE	
I, George Comper Scot t	, do solemnly declare that the
above particulars refer to me, and are true.	of
George Comper	Cignature of Recruit)
DESCRIPTION ON CALL	ING UP
Apparent age32 yrs	mths. \ Distinctive marks, and
Height 5 ft 20 2	ins. gential peculiarities or
Chest) fully expanded381	previous disease.
measurement range of expansion	ins. Glass eye , right
Complexion Ded.	
Eyes. Hay	
Hair	
	117 D D 200 300
	W. B. Russell ma Blatt Depot Biln.
O. C.	16Mma
0. C.	LEARC Rept.

Place Calgary Alta Date 30-5-18

M. F. W. 133. 500 M.—8-17. 1772—39—1158.

PARTICULARS OF RECRUIT

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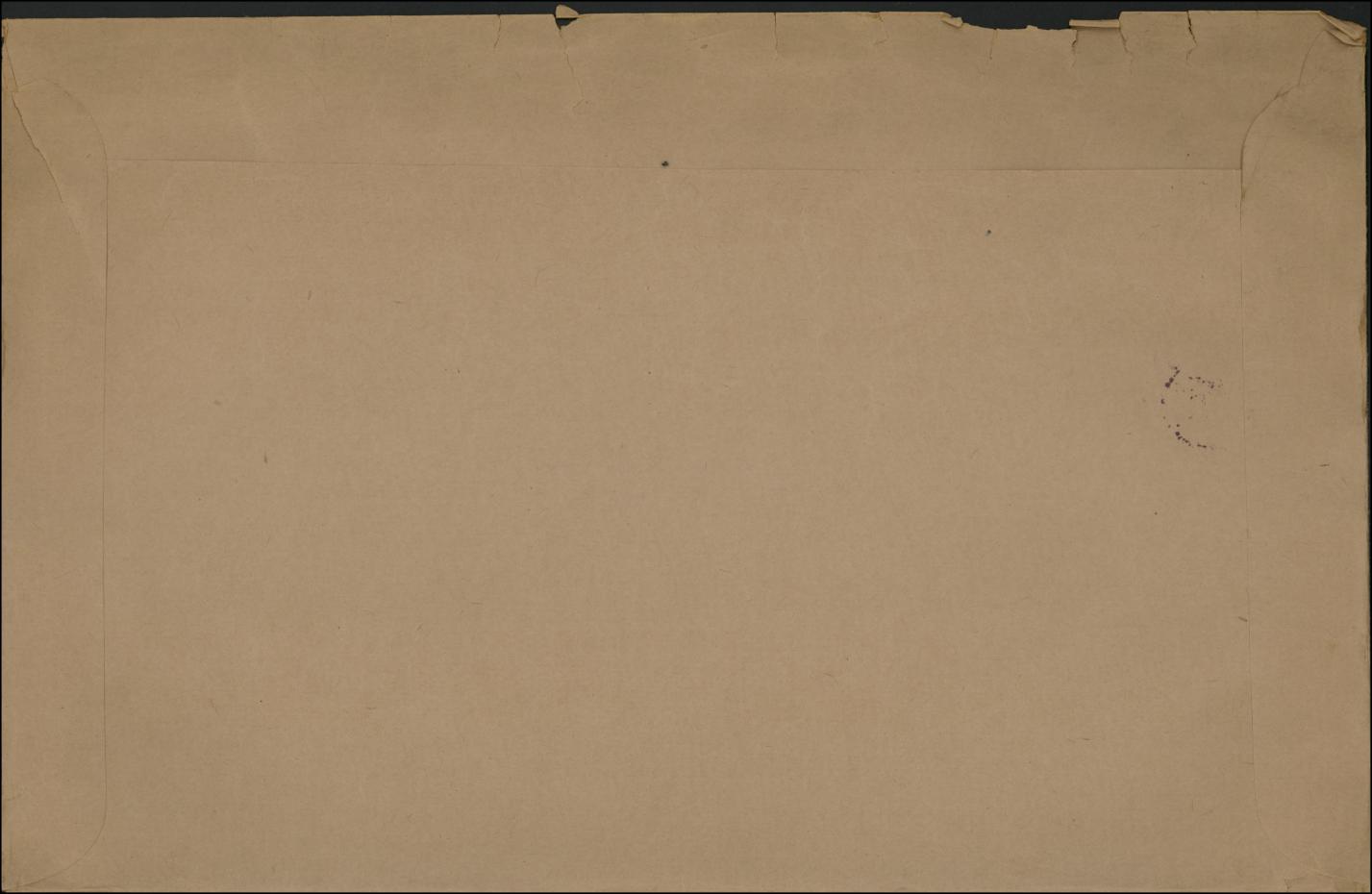
Car Place a substant of the Late Day Ber as Extended as

DECLARATION OF TREASPAR

Les y & Company Des Aprendance and Comment

DESCRIPTION ON CALLING UP

REGIMENTAL DOCUMENTS Seott George Cowper REGT. NO. 3212282 UNIT L. S. H. H. Q. FILE NO. M. F. W. 2505 DATE RECEIVED TO WHOM FORWARDED DATE FORWARDED NON-EFFECTIVE REFERENCE DEATH ATTESTATION PAPER (M.F.W. 23, 133, or 51) CASUALTY FORM (M.F.W. 54 or A.F.B. 103) Category TRAINING HISTORY SHEET (M.F.W. 113) FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122) REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120) COMPANY CONDUCT SHEET (M.F.B. 288A or A.F.B. 121) MEDICAL HISTORY SHEET (M.F.B. 313 et A.F.B. 178) DISCHARGE DENTAL HISTORY SHEET (M.F.B. 465) Category MEDICAL REPORT (M.F.B. 227 or A.F.B. 179) MEDICAL EXAMINATION (M.F.W. 129) TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2) PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2) DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115) DESERTION LAST PAY CERTIFICATE (M.F.W. 44) PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268) PARTICULARS OF CHARACTER (A.F.W. 3226) COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)



NAME Scott. Leorge Couper.
REGIMENTAL NO. 3212282. RANK Private.
ENLISTED AT Calgary, alta PROMOTIONS, &c.
DATE 3075-718.
IF SERVED PREVIOUSLY, STATE UNIT, &c. This
MARRIED, WIDOWER, OR SINGLE Single.
NEXT OF KIN Pur. Pak Scott. RELATIONSHIP Hather.
ADDRESS OF 378 Victoria ave. Hagara Falls. Ont. Can.
ASSIGNMENT OF PAY \$ C. TO
Annerse

SEPARATION ALLOWANCE, ENTITLED OR NOT

DATE APPLICATION FORWARDED TO DIVISIONAL PAYMASTER

IN WHOSE FAVOUR

CASUALTIES, &c.

NATURE	PA	RT II. D. O.	REMARKS		
E.G. ABSENCE, PROMOTION, &c.	No.	DATE	IF IN HOSPITAL, NOTE NAME, &c.		
Rut Drom H.J. Dischanger	280	7-10-18	29-9-18		
Dischary	304	23-7-19	23.7-19		
			OLGORA W. CONTROL AND		

	X On
	H. Q.
0 1	M. D. No.13
Surname Scott	T. O. S. May 30 th 1918
Christian names Deorge lowpers.	D. O. Pt. 11 /47 of 27-5-18
Regtl. No. 32/2282 Rank Pt	S. O. S19
Unit alta Regt, 1st Opo Bn.	Reason
	Auth
	Relationship Lather
Address 3 48 Victorial ave	Also notify:
Miagara Falls Ons	/
1 1 1 5	
BORN-Place Irelandi leo. Down Dat	te apri 21st, 1886.
ATTESTED—Place leal gary alta Dat	te May 30th , 1918.
0/S	R/C
W. 22-75m-5-18. 1772-39 839.	

Serroms smooth state of the service of the se Hand No. · 10 31 310

Casualty Form—Active Service.

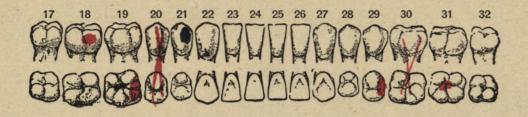
Unit, Regiment or Corps First Depot Battalion A.R. Regimental No. 321 2282 Rank Pte Name FKKEKXDEPAXXENTALXXXX Enlisted (a) 30 - 5-18 Terms of Service (a) duration of war. Service reckons from (a) 30 - 5-18 Numerical position on Date of promotion to) Date of appointment roll of N. C. Os. to lance rank present rank Oualification (b) farmer Extended.... Re-engaged..... Report Record of promotions, reductions, transfers, Remarks casualties, etc., during active service, as retaken from Army Form B. 213, ported on Army Form B. 213, Army Form Place Date Army Form A. 36, or other From whom A. 36, or in other official documents. The Date official documents received authority to be quoted in each case Discharged (Denet Sarcee Camp 23-7-19 Demobiles ation.
Calgary.
R.O. 142/0. Para 1.
200.204 - 23-7-19 emmanding L. S. H. (R. C.) Depot

- 1	Report	Record of promotions, reductions, transfers, casualties, etc., during active service, as re-	and the energy	o from the	Remarks taken from Army Form B. 213,
Date	From whom received	ported on Army Form B. 213, Army Form A 36, or in other official documents. The authority to be quoted in each case	Place	Date	Army Form A. 36, or other official documents
					The optioning price
			-		
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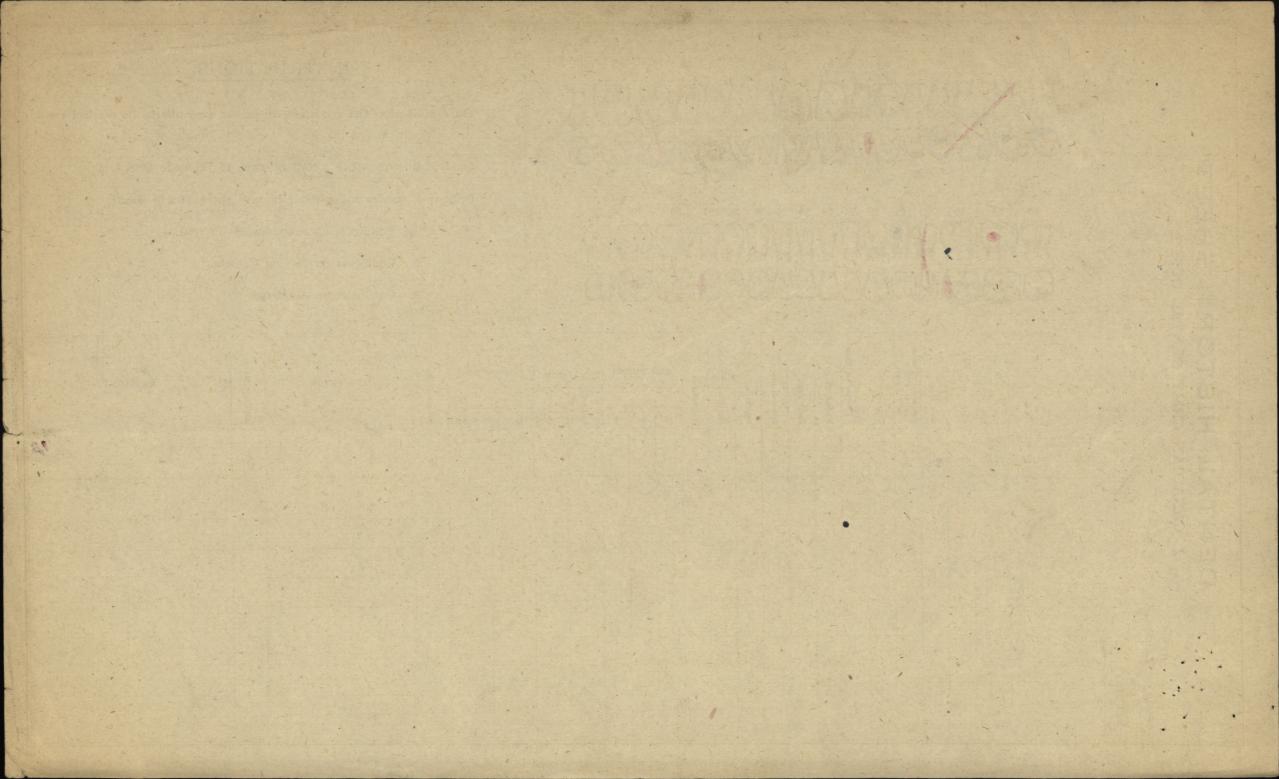


INSTRUCTIONS

- 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.

ζ		Date	e	gam	nporary Filling () G. P. () Cement	Cement	Treatment Putrescent Pulp	ot Filling	p Cap	evitalization	yrrhœa	thetic Porcelain	racting	DE	NTU	RES	d Clasp	d Filling	CRO	owns	dge Work	OPERATOR	itary District	REMARKS
KANK	Condition on first	. 1		Am	Temp	Cen	Tre	Root	Pulp	Der	Pyr	Synth	Extr	U	L	P	Gold	Gold	Gold	Porcelain	Bric		Milli	
	Condition on first Examination	guy	9.	15.19									4,4									P W Rushway	13	Contie 1:12. 21 0%
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AENI.																			7.	*				
NEGIMENT																								
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MILITARY SERVICE ACT, 1917 ORIGINAL 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.

Deputy Registrar.	1 / Dt - \ // ZOT 0000
1. Surname Scott Christian name Geo. Cowper	(Pte)#3212282.
2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule.	
3. Consecutive number on schedule of men reporting for service (if he appears on it)	
4. Address (including street and number, if any)	
The following are accurate particulars with regard to the above named man	as ascertained by the
medical examination on the 27th day of May	.918 7917, by the
undersigned medical board sitting at CALGARY	3
5. Age as stated 32 Years 1 Months. 6. Apparent age 32	Years 1 Months
7. Height 5 Feet 3 Inches. 8. Weight 143	
(Minimum 32 Ins.	(Eves Blue
9. Chest measurement \{ \begin{align*} \text{Minimum} & 32 & Ins. \\ \text{Maximum} & 38 & Ins. \end{align*} \]	Dk.Bro.
Good	(Hair
11. Physical development. Good Fair Poor 12. Smallpox mark	None
13. Number of vaccination marks Right arm 1 Left arm X 14. When vaccinated last	Chilabood
13. Number of vaccination marks Left arm 14. When vaccinated last	Man and an
15. Distinctive marks and marks indicating congenital peculiarities or previous disease	f 2
Nil	0
16. Slight defects but not sufficient to cause rejection Nil	gnature
The man denies having had { Rheumatism Tuberculosis We find no evidence of past } Rheumatism Tuberculosis	, and a second
(Strike out disease admitted or suspected.)	ve/s
We have examined the above named man in accordance with the C. F. F. Regulations for	ro/ro
medical examinations, and he is placed in Category	OK
Camurty Project.	TATKY O
	ALLA Ca Ala Ma Ca
Member.	Member C. A.
Date Result MACCINATIONS Date Result ANTI-TYP	HOID INOCULATIONS, ETO
AUG & Celeacdonald M.O. UL 2 1918 cma	ednoes Cafe
1919 Caftelle N 31 Mac	donald Call'
C. A.M. G. Allo lesses	Jone e. A Ochli
M.O. 369	delice
Joined 30th day of May 191 8 at Calgary	Alberta
CORPS REG'TL NUMBER HABITS	DATE
Joined on enlistment 1st. Depot Btn'	
Transferred to 3212282	30-5-18
L.S.H. (R.C.) C.E,F.	27-5-18
EXAMINED OR DISCHARGED BY A MEDICAL E	BOARD.
STATION DATE DISEASE	RESULT

DATES OF 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 Number of Date of Arrival Discharge from Hospital. Admission into Hospital Medical DISEASE. STATION. days in at the Officer. Hospital. Station. Day Day Month Year Month Year 8 GRONGE Name Christian SCOTT urname

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 be	this form. Where there is evidence of any undete used, but the case will be referred to a Medical B	rmined or progressive disability, this form will not oard for completion of M.F.B. 227.
	321 228 Rank Ple:	(Given name in full)
Un —	it or Corps	
	(Examination of Officer or Other Rank (st	ripped) to be made by one Medical Officer.)
1.	GENERAL DESCRIPTION:	en en
	Physique Quenas Weight 149. lbs.	Heightftin. Colour of Eyes Dee
	Nutrition	Identification moules seem on Jefenniking
	Pulse Meg.	Identification marks, scars, or deformities. (Give cause and date of origin.)
	Condition of arteries	solution of the state of the st
	Vision RtLeft	none
	Hearing (conversational voice) Rtft.	
	Left 2.0ft.	The process of the second of t
Op	inion as to general health and physical condition	On
2.	Has Officer or Other Rank ever suffered from, o (Answer "Yes" or "No"). (Subjective evidence	r has he now, any affection of the following systems? may be sufficient in certain cases.)
	Nervous System	ystem
	Special Senses	ystem Respiratory System
	Disturbance of mentality Muscular System	no Digestive System
	Osseous and Joint System LAny other genera	

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.

Magne Falls

EXAMINATIONS.

THIS SECTION FOR USE OVERSEAS-

Examined at(Overseas)
Date
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.)
Date
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 space to be used, if necessary, in connection with Section 3, overleaf, only)

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

THIS IS TO CERTIFY that I	No. 3212282 (Rank) Pte.
Name (in full) Geor	ge Cowper SCOTT enlisted in
the lst.	Depot Bn.A.R.
CANADIAN EXPEDITIONARY day of May 1918.	FORCE at Calgary Alberta on the Thirtieth
HE served in	Canada
and is now discharged from the s	ervice by reason of Medical Unitaries.
	OLDIER on the DATE below is as follows:— Three mos Marks or Scars
Complexion Medium	Right Glass Eye
Eyes Grey	
Hair Black	
Wes & God Signature of Soldie	A Shrackin'
Date of Discharge	Issuing Officer
23-7-19	Lieut-Cel. Rank
	Commanding Regtl.Depot L.S.H.(RC)
	Date July 23rd.1919. 19

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

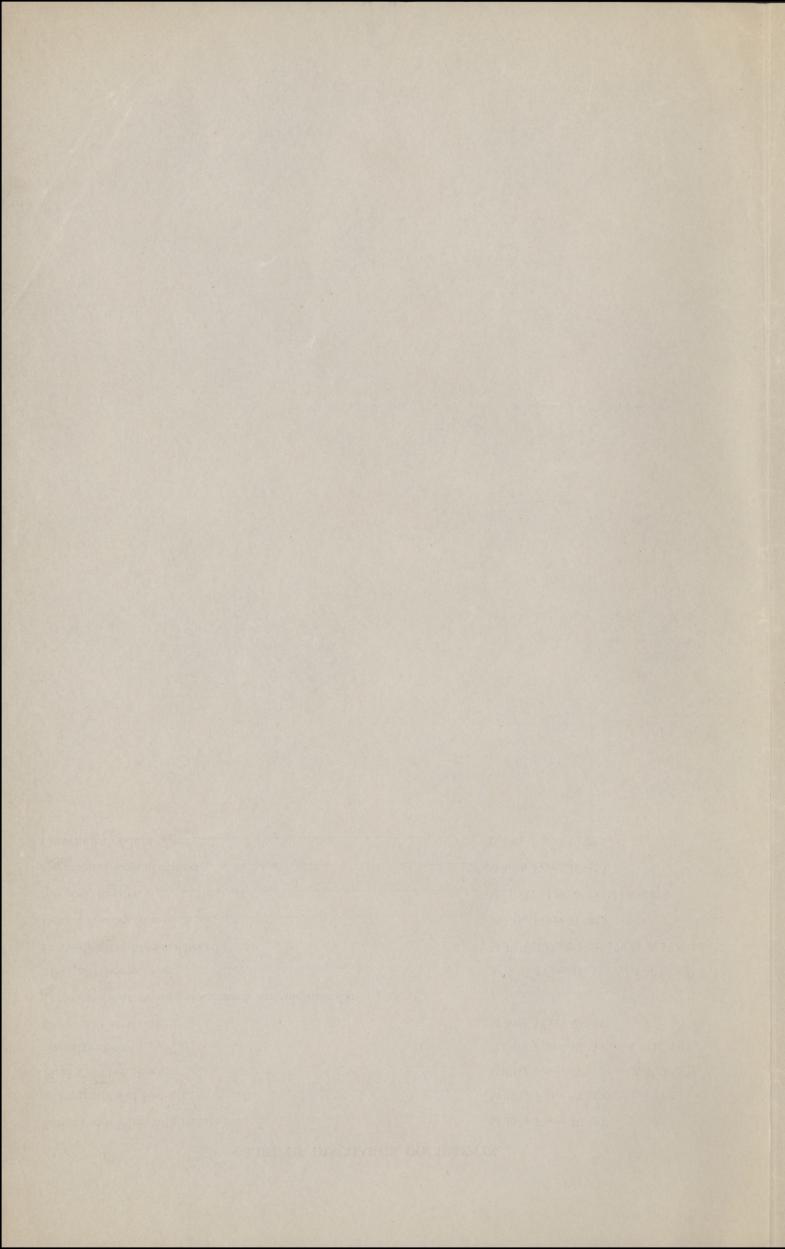
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SHORT FORM. PROCEEDINGS ON DISCHARGE.

(Demobilization.)

1.	No.	3212282
2.	Rank	Private.
3.	Name	George Cowper SCOTT
4.	Unit	LoS.H.(RC).
5.	Date of Discharge	23-7-19. Place Sarce Camp, Alberta.
6.	Reason for Discharge	R.O.1420 para 1 (c) Demobilization
7.	Authority 20.	204-23-7-19
8.		ter Discharge Niagara Falls, Ontario.
9.		ERTIFICATE TO BE SIGNED BY SOLDIER. e that at the undernoted place and date I received my discharge Certificate
	M. F. W.? 39	
		Mes & Wests Signature of Soldier.
10.	The discharge of the	CONFIRMATION. above named man is hereby confirmed. Alberta.
Da	ate July23rd.191	19.
		Signature Lieut-Col. Commanding Regtl.Depot L.S.H. (RC).

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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

AUDITOR PAYMASTER NAME (IN FULL) SCOTT, George Cowper PROMOTIONS, REDUCTIONS AND REVERSIONS AFFECTING SINGLE DAILY RATE OF PAY AND ALLOWANCES REGT. No. M. OR S. NEXT OF KIN RELATIONSHIP (BLOCK LETTERS SURNAME FIRST) EFFECTIVE DATE PARTICULARS AUTHORITY lst.D.B.A.R. Mr. Robert Scott, Father 378 Victoria Avanue, AUTHORITY L.S.H.(R.RC.) Niagra Falls, AUTHORITY ont .. DATE EFFECTIVE DATE EFFECTIVE IS SEPARATION ALLOWANCE PAID? TO WHOM PAID RELATIONSHIP PAYABLE TO RELATIONSHIP | ANY CHANGE IN ASSIGNEE OR ADDRESS ADDRESS ADDRESS STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE EFFECTIVE PLACE DATE AUTHORITY IF ENTITLED TO POST DISCHARGE PAY REASON JUL 23 1919 Galgary Alta. ~ PAY AND F.A. ACQUITTANCE ROLLS CASH PAYMENTS REGI-BALANCE OTHER TOTAL TOTAL MENTAL CREDITS CREDITS CHARGES DEBITS MONTH NO. OF DAYS MONTH COL. NO. 1 COL. NO. 2 COL. NO. 3 COL. NO. 1 COL. NO. 2 COL. NO. 3 CHARGES PARTICULARS OR REMARKS AMOUNT DEBIT CREDIT PATE 10 54 10 54 30 1.10 33 00 20 00 32 88 10 86 Clashing all. 3500 572 150° N.S.G. 7000 19/3 2374 All Payments Due on This Account 19/3 237 70 00 GENE 188 97 125 40 115 54 240.94 40 00 240

M. F. W. 2596.

