ORIGINAL

ATTESTATION PAPER.

No. 2497481

Folio. 2497481

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname?	Scott.
1a. What are your Christian names?	Gilbert.
1b. What is your present address?	15 Holton Ave S. Hamilton, Ont. Canada.
2. In what Town, Township or Parish, and in what Country were you born?	Glasgow, Scotland.
3. What is the name of your next-of kin?	Mother Jane I. Scott.
4. What is the address of your next-of-kin?	19 Montrose Gardens, Milngavie Glasgow, Scotland.
4a. What is the relationship of your next-of-kin?	Mother.
5. What is the date of your birth?	12th August 1886.
6. What is your Trade or Calling?	Machinist.
7. Are you married?	No.
8. Are you willing to be vaccinated or re-vaccinated and inoculated?	Yes.
9. Do you now belong to the Active Militia?	No.
10. Have you ever served in any Military Force? If so, state particulars of former Service.	No.
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.
13. Have you ever been discharged from any Branch of His Majesty's Forces as medically unfit?	No.
14. If so, what was the nature of the disability?	-
15. Have you ever offered to serve in any Branch of His Majesty's Forces and been rejected?	Yes.
16. If so, what was the reason?	Defective eyesight.

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

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

Gilbert Scott (Signature of Recruit)

Date 26th June 1917 191 . Roland Ray (Signature of Witness)

Sergt.

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Gilbert 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.

Gilbert Scott (Signature of Recruit)

Date 26th June 1917 191 . Roland Ray (Signature of Witness)

Sergt.

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 Hamilton, Ont. this 26th day of June 191 7.

[signature] (Signature of Justice)

Wentworth County.

M. F. W. 23.
750 M.—1-17.
H. Q. 1772-39-841.

N.B.—ATTENTION IS DRAWN TO THE FACT THAT ANY PERSON MAKING A FALSE ANSWER TO ANY OF THE ABOVE QUESTIONS IS LIABLE TO A PENALTY OF SIX MONTHS' IMPRISONMENT.

Description of Scott, Gilbert. on Enlistment.

Apparent Age 30 years 9 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5 ft. 9½ ins.

Chest measurement.
- Girth when fully expanded 36 ins.
- Range of expansion 3 ins.

Complexion Medium.

Eyes Blue.

Hair Dark Brown.

Teeth ... Good.

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

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).

Vaccs... 3 left.

Vaccinated 10 years ago.

Visual acuity:- R.E.D60 without glasses.
with glasses D15.
L.E.Artificial.

Hearing Normal.

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 16th June 1917. 191 .

Place Hamilton, Ont. Canada.

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:—

FIT BOARD:- Class B2.

MAJOR.

CAPT.

CAPT.

HAMILTON MOBILIZATION CENTRE

CERTIFICATE OF OFFICER COMMANDING UNIT.

GILBERT SCOTT. having been finally approved and inspected by me this day, and his Name, Age, Date of Attestation, and every prescribed particular having been recorded, I certify that I am satisfied with the correctness of this Attestation.

(Signature of Officer)

O.C. FORESTRY DEPOT M.D. No. 2

Date JUN 29 1917 191 .

7/5/19 1.m

REGIMENTAL DOCUMENTS

NAME SCOTT, GILBERT Spr. REGT. NO. 2497481 UNIT 7 C.R.S. H. Q. FILE NO.

	CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
3 1	ATTESTATION PAPER (M.F.W. 23, 133, or 51)					DEATH
2.	CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category
	TRAINING HISTORY SHEET (M.F.W. 113)					
1	FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
1	REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)					
1	COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					
	MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
	DENTAL HISTORY SHEET (M.F.B. 465)					Category Demob
	MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					
	MEDICAL EXAMINATION (M.F.W. 129)					
1.	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)					
1	PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					
	PARTICULARS OF CHARACTER (A.F.W. 3226)					
1	COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
1	M.F.W. 67.					
1	Misc.					
1.	P.P. Will					
1	R 122					

08722

W. 2589
100M-11-18
1772-39-1377

a z E

Found

Number 2497481 Rank Spr

Surname SCOTT

Christian Name Gilbert

Units 5th Can Rdy Tps Theatre of War France

Date of Service 3-10-17

Remarks

Latest Address ~~75 Bolton Ave~~ S.
23 Maple Ave Hamilton, Ont

Roll No B

Cap 11309

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

DEPT MAR 11 1922 RECD NO 11175

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

SURNAME. Scott

CHRISTIAN NAMES Gilbert

REGL. No. 2497481 RANK ~~Pte.~~ Corpl.

UNIT Rly Constr & Forestry Draft (M.D.2)

FORMER CORPS "Nil."

CARD NO. J.2

SOS 30-3-19 Demob

FOLL. Corps of 4-4-19 25/8

NEXT OF KIN.

NAMES IN FULL Scott. Mrs. Jane S.

RELATIONSHIP TO SOLDIER Mother

ADDRESS ~~19 Montrose Gardens. Milngavie,~~ 8 Louise Terrace, Broughty Ferry, ~~Glasgow~~ Scot.

CHANGE OF ADDRESS

COUNTRY OF BIRTH Scotland Glasgow. DATE Aug. 12th 1886

PLACE OF ATTESTATION Hamilton, Ont. DATE June 26th 1914

O/S. 13/8/17. 907/17.

R/6. 27-3-19. 292/106. (2yr)

MARRIED SINGLE yes WIDOWER

TRADE OR CALLING Machinist RELIGION Presbyterian

DESCRIPTION.

APPARENT AGE 30 YEARS 9 MONTHS

HEIGHT 5- FEET 9½ INCHES

CHEST MEASUREMENT 36 INCHES EXPANSION 3 INCHES

COMPLEXION Medium EYES Blue HAIR Dk. Brown

DISTINGUISHING MARKS 3 vaccs. L.

MEDICAL EXAMINATION. PLACE Hamilton. Ont. DATE June 16th 1914

Present address 15 Holton Ave. S., Hamilton. Ont.

No. R.2.C.95 Rank Pte Name Scott Gilbert

T. O. S. 26/6/17 (AO 1779 26/6/17) Unit Hamilton Recruiting Depot

M. D. 2

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1917 June 26	1917 June 26	M	Transf to 11 Draft to Ry Const Bn	AO 1779 26-6-17

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

THIS IS TO CERTIFY that No. 497481 (Rank) Spr

Name (in full) Gilbert Scott enlisted in

the 67 C. Depot

CANADIAN EXPEDITIONARY FORCE at Hamilton on the 26

day of June 19 17

HE served in 7th C.R.T.

and is now discharged from the service by reason of Demobilization.
~~Medical Unfitness.~~

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

Age 32

Height 5-9½

Complexion Med

Eyes Blue

Hair D Brown

Marks or Scars Nil

G Scott.
Signature of Soldier

Jas Young Lt
Issuing Officer

Date of Discharge HAMILTON, ONT.

NO. 2
MAR 30 1919
DISTRICT DEPOT.

For Rank
O. C. No. 2 District Depot.

Date Mar 30 19 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.

M.F.B. 39A.
1049-D.P.-300M-11-18.
H.Q. 1772-39-882.

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

THIS IS TO CERTIFY that No. (Rank)

Name (in full) enlisted in

the

CANADIAN EXPEDITIONARY FORCE at on the

day of 19

HE served in

and is now discharged from the service by reason of Demobilization. Medical Unfitness.

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

Age	Marks or Scars
Height	
Complexion	
Eyes	
Hair	

Uniform is not to be worn after expiration of one month from date of discharge, except by special permission of O. C. D. District.

Signature of Soldier

Date of Discharge Issuing Officer

For Rank

D. O. No. 3 District Depot

Date 19

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

Form R 122.
2353—100M—9-12-16.

CR. Rank Name SCOTT. Gilbert. Reg'l No. 2497481.

Unit If in perm. Corps, What Unit? FORESTRY, &Ry Con Dft, To C R T D Married or Single Single.

Place and Date of Enlistment Hamilton, Ont. June 26th, 1917. Place of Birth Glasgow, Scotland.

Name and Address, Next-of-Kin Jane. I. Scott.
8 Louise Terrace, Broughty Ferry, Scotland R.L. 29 5 8/7/18
~~19 Montrose Gardens, Milngavie, Glasgow, Scotland.~~ Relationship Mother.

Assigned Pay Monthly $ Payable to

Relationship

Separation Allowance $ Payable to

Relationship

Discharge, Date and Place Reason Character

N/E. R.B. No. 15844
File R.L. Can. O. R.
Category

H. W. & V., Ld.—9546-16.

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		23-8-17	S/S Missanabie
24.8.17	16th CRT	T. U. S.	Spr	Rejtd 24.8.17	DO II 225 7 CRT
3.10.17	Do	S.O.S. proceed & reg to 7 CRT	Spr	do 2.10.17	DO II 266 DO II 158 8/10/17
30 1 19	7 CRT	Posted to C R T D Smithy ash	Spr	fitd 26-1-19	DO 10 6 CRTD. Pte 2027 Dj 1/2/19
		29-J.-17		19.3.19.	
25-2-19	CRTD	SOS to MD Wring 2	L	K's Ash 24-2-19	DO 51 DO 50 24-2-19
24 3 19	M.D.C.#2	SOS to Canada	L	Rhyl 19-3-19	— 70

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS Taken from Official Documents	
Date.	From whom received.					

SERVICE AND CASUALTY FORM (Part I).

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

Nothing to be written in this margin.

W1889—P2150 1M 5/18 G.W.P.Co(3490)

(1)*Substantative rank

*Acting rank

*[To be entered in pencil to facilitate alteration.]

(2) Regiment or Corps

(4) Surname

(5) Christian Names

(6) Army Form, number of, Attestation Form or Record of Service paper

(7) Whether of British or of Alien origin [*vide* A.C.I. 578 of 1918]

(8) Date of birth as stated on enlistment

(9) (*a*)

(10) Enlistment (*b*)

(11) Engagement (*c*)

(12) Service reckons from (*date*)

(13) Special conditions (if any) of enlistment (*d*)

(14) Any subsequent variations (if any) of conditions of service

(Authority) (*date*)

Initials and Rank of an Officer.

(15) Category	Date	Medical Authority	Initials and Rank of an Officer

(16) (Record of Occupation in Civil life (*vide* Army Order 93 of 1917)

Industrial Group No.

Trade or Calling

Married or Single

Particulars of Trade Test

Occupation Cards despatched on (*date*)

Second Occupation Card despatched on (*date*)

(17) Next of Kin

(18) Demobilizer (*f*)

(19) Pivotal-man (*f*)

(20) Qualifications (*g*)

(Place)

(Date)

(Signature of Posting Officer

or (21) Corps trade and rate

(22) Extended

(23) Re-engaged

(24) Miscellaneous entries:—

NOTES.—[a] Here enter particulars of any subsequent claim as to actual age after verification by birth certificate [*vide* A.C.I. 470 of 1918. [b] Whether direct or voluntary enlistment or called up under the Military Service Acts. [c] Whether for specified term of years or for duration of the war. [d] Whether "for Home Service only," or "not to be transferred without the soldier's consent, &c. [e] If to be retained on Home Service, period, if specified, to be stated, also authority, and on what grounds. [f] Required for demobilization purposes. [g] Signaller, Shoeing-smith, &c.

(A) Report: Date.	(A) Report: From whom received	(B) Authority of Part II. of Orders	(C) Record of promotions, appointments, reductions, casualties, transfers, postings, &c. All acting as well as substantive promotions to be shown, for method of entry of which see A.C.I. 1816 of 1917. Corps and unit to which transferred and posted to be invariably named.	(D) Place of casualty	(E) Date of promotion, reduction, reversion, casualty, &c.	(F) Remarks, and initials and rank of an officer
			Attached C.C.C. Kinmel Park for return to Canada. Part II Orders No. _____. Ceases to be attached C,C,C, Kinmel Park on embarking for Canada, Part II Order No. 70 24/3/19 for Commanding 2 Wing, Kinmel Park Camp.		26 FEB 1919	

MAR 19 1919 O. S. T. O. S. No. 2 DISTRICT DEPOT, TORONTO PART II D. O. 94

MAR 30 1919

S.O.S. (Discharged) No.2 District Depot,
Part II, D.O. No. 94

Lieut.
For O. C. No. 2 District Dep.

Nothing to be written in this margin.

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FORM OF WILL

2497481

I, Gilbert Scott (Name in full)

Regimental Number 2497481 serving in Ely Ops Draft.

of the Canadian Expeditionary Force, do hereby revoke all former Wills by me made and declare this to be my last Will.

I devise all my real estate unto

Mrs Jane S. Scott
19 Montrose Gardens
Milngavie Glasgow Scotland

Name and Address of person or persons to whom it is to go.

absolutely, and my personal estate I bequeath to

Mrs Jane S. Scott
19 Montrose Gardens
Milngavie Glasgow Scotland

Name and Address of person or persons to receive personal estate* (*See note*).

NOTE

This space for the appointment of Executor if necessary.

IMPORTANT NOTE

This must be signed and Dated by THE SOLDIER HIMSELF.

this 18th day of July A.D. 1917.

Gilbert Scott Signature of Soldier.

*N.B. Personal estate includes pay, effects, money in bank, insurance policy, in fact everything except real estate.

Signed and acknowledged by the Testator as and for his last Will in the presence of us both present at the same time, who in his presence, at his request, and in the presence of each other have hereunto subscribed our names as Witnesses.

THE TWO WITNESSES MUST SIGN HERE

Signature of First Witness D Cullis

Address of Witness Camp Borden

Occupation of Witness Lieut C.E.F.

Signature of Second Witness N. Frank Allan

Address of Witness Camp Borden

Occupation of Witness Lieut C.E.F.

M. F. W. 82.
*300M.-12-16.
1772-39-983.

ESTATES BRANCH,
SEP 24 1917
MILITIA DEPT.

CERTIFIED A TRUE COPY
H. Spencer Reeve
OFFICER i/c ESTATES, M. & D.

ORIGINAL

ORIGINAL Br

MEDICAL HISTORY SHEET

Surname Scott. Christian Name Gilbert 249748

Examined on 16th day of June 1917 at Hamilton

Birthplace City or Town Glasgow County Scotland

Apparent age 30

Trade or occupation machinist

Height 5- feet 9½ Inches

Weight 145- lbs.

Chest measurement Minimum 33 inches Maximum expansion 36 inches

Physical development Good

Small-pox Marks Nil

Vaccination Marks Arm Right Left X Number 3

When Vaccinated last 10 yrs. ago.

(a) Marks indicating congential peculiarities or previous disease Nil.

(b) Slight defects but not sufficient to cause rejection Vision - Rt. E = D 60 without glasses. = D 15 with glasses. Lt. E. = Artificial

Approved by

Rank M.O.

Date	Fit or Unfit	Examined for Re-Engagement	
		Fit Board	Clon Br M.O.
		[illegible]	major M.O.
		[illegible]	Capt. M.O.
		[illegible]	Capt M.O.
			M.O.
		HAMILTON MOBILIZATION CENTRE	M.O.
			M.O.

Date	Result	Vaccinations	
27/7/17		[illegible]	M.O.
			M.O.
			M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.	
6/7/17		[illegible]	M.O.
13/7/17			M.O.
20/7/17		[illegible]	M.O.

Enlisted on 26th day of June 1917 at Hamilton, Canada

	Corps	Regt'l Number	Habits	Date
Joined on enlistment		249748		
Transferred to	7th C R T			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

Station	Date	Disease	Result
Purfleet	4/8/17	Defective Vision	Bt [illegible] Capt R.A.M.C.
Knotty ash camps	20.2.19	do	Bt Mycock Capt

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.

J.Mc

M. F. B. 313.
300M.—1-17.
H. Q. 1772-39-439.

Christian Name.....

Surname.....

STATION	Date of Arrival at the Station	Dates of Admission into Hospital			Dates of Discharge from Hospital			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
		Day	Month	Year	Day	Month	Year				

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MARRIED OR SINGLE: Single.

PLACE OF BIRTH: Glasgow, Scotland

NAME AND ADDRESS OF NEXT OF KIN: Jane I. Scott

19 Montrose Gardens, Milngavie, Glasgow. Scotland.

RELATIONSHIP OF NEXT OF KIN: Mother.

NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF KIN

SEPARATION ALLOWANCE MONTHLY $: Nil. 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 2497481. RANK Sapper NAME Scott. Gilbert. F

IF IN PERMT. CORPS) WHAT UNIT — UNIT 6.R.E. Draft M.D. 12. TRANSFERRED TO CRD DATE 1/8/17 AUTHORITY

PERMANENT FORCE ALLOWANCES — TRANSFERRED TO 7 CRD DATE 1/11/17 AUTHORITY N Roll

PLACE OF ATTESTATION Hamilton. Ont. TRANSFERRED TO DATE AUTHORITY

DATE OF ATTESTATION 26th June 1917. TRANSFERRED TO DATE AUTHORITY

ASSIGNED PAY MONTHLY $ 15.00. DATE EFFECTIVE 1/8/17 A/C Card sent 24/11/17.

PAYABLE TO Jane I. Scott. 19 Montrose Gardens. Milngavie Glasgow. Scotland. RELATIONSHIP Mother.

ASSIGNED PAY MONTHLY $ DATE EFFECTIVE

PAYABLE TO RELATIONSHIP

STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) EFFECTIVE REASON

DISCHARGE DATE AND PLACE REASON AND AUTHORITY

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

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
														10 -	10 -																10 -				Bal from Can
Aug	31	1/-	34	10											34 10																44 10			
Sept	30		33												33	682	29/8							4720/951	244			30		32 44	44 66			of Sept & Aug.
			67 10											10	77 10																			

MONTH 1917	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED PAY	SEP. ALLCE. ENG.
	Bal.	~~44 66~~							4466		
Oct	PP	34 10		A 22527			15				
		34 10		CRTO aR 752 10-8-17	26 77		15		3699		
Nov.	4	33 - 0		B19076 £3.1.8.			15				
Dec.	4	34 10		AR 3447 14-10-17 CRD	4 46						
				" 3853 31-10-17 "	4 47						
				B83077 £3.1.8			15				
				aR 761 16.11.17 To RT	357						
				" To RT 1-11-17 "	3 57						
				RR 871 29/9/17 CRTO	4 87				6316		
		69 10			20.93		30				

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
MONTH	PARTICULARS	CR.1	CR.2	PARTICULARS									DR.1	DR.2	DR3	DR4	BALANCE	DATE SEP. REG. ALLDE PAY ENG.											MONTH	PARTICULARS	CR.1	CR.2	PARTICULARS	DR.1	DR.2	DR3	DR4	BALANCE	DATE SEP. REG. ALLDE PAY ENG.
																																			53 76
Jan	R.P.		34	10												15																			
			34	10												15																			
Feb	R.P.		30	80												15																			
"																																			
Mar	R.P.		30	80												15																			
			34	10												15																			
			34	10												15																			

P 820
12474—375M—13-2-18.

* Strike out whichever inapplicable.

ASSIGNED PAY. * ENGLAND ~~or CANADA~~.	SEPARATION ALLOWANCE. * ENGLAND or CANADA.	NAME:- SCOTT Gilbert E
EFFECTIVE DATE:- 1-8-17	EFFECTIVE DATE:-	NUMBER:- 2497481
AMOUNT:- ~~18~~	AMOUNT:-	PARTICULARS OF RANK OR APPOINTMENT

NAME, ADDRESS, RELATIONSHIP & AUTHORITY { WHEN PAYEE OF A.P. IS THE SAME AS PAYEE OF S.A. THE WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE.

June J Scott
~~19 Montrose Gardens~~
~~Mutungavieu Glasgow Scot~~
8 Louise Terr
Broughty Ferry
Forfarshire
Cancelled Scot. Cft. 1/4/19

L.S. Bal 86 78
L&C " 10 05 Cr.

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		Sapper

UNIT AND TRANSFERS

ORIGINAL UNIT:-

DATE ACCOUNT FIRST OPENED:- 1-8-17

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO
			7 CRT

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS | UPON CLEARANCE OF VOUCHERS, ENTRIES WILL BE CANCELLED BY INSERTION OF DATE CHARGED IN RED INK

DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT
15/1.	1983.	7 CRT.	~~3 75~~				
7/2.	5501	CRTD.	~~75~~ .				
			76 73				

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
	1 - - 10			

PARTICULARS OF RENDERING NON-EFFECTIVE:- Dis to Canada 1/3/19. L3016 Knotty Ash to Knotty Ash 5/3/19 M. D. 2.

MONTH 1918	PARTICULARS	CR. 1	CR. 2.	PARTICULARS	DR. 1	DR 2.	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
									33		
March 31	Bal Forward								73 25		
Apr.	PP	33		A49617 £3:1:8			15		106 25		
				38-3-4-18-7 CRT 1	357				22 14		
				109-15-4-18- " 8	357				34 10 84 11		
					7 14				11 8 21		
		33			7 14		15		2036		
May	PP	34 10		A89218 £3:1:8			15				
				225 2/5 7 CRT 1	268						
				297 16/5 " 7	268				9785		
		34 10			336		15				
June	PP	33		£3:1:8 B21418			15		115 85 6 25		
				390 2/6/18 - 7 CRT 1	268						
				499 6/6 " 6	357				10960		
		33			625		15				
July	PP	34 10		£3:1:8 C4820			15		128 70		
				614 2/7 7 CRT 1	357						
				734 16/7 " 5	357				12156		
		34 10			7 14		15		15566		
Aug	PP	34 10		C63820 £3-1-8			15		14066		
				774 2/8 7 CRT 2	357						
				857 16/8 " 10	357				13352		
		34 10			7 14		15				
Sept	PP	33		D28022 £3:1:8			15		15152		
				994 2:9:18 7 CRT 1	357						
				1099 16/9 " 5	357				14438		
		33			7 14		15		30/9/18 Agreed		

Forward

NUMBER 2497481 RANK Spr. NAME SCOTT G.

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
				Balance Forward					14438		
Oct	PP	34 10		£3-1-8 D53824			15		16348		
				1222 2/10/18 7 CRJ 6	3 73				15975		
				1277 12/10/18 " 20	3 73				15602		
				6418 12/10/18 7 CRJ 32	9 73				5869		
				1379 31/10/18 CgBR 43	104 79				5403		
		34 10			4 66						
					109 45						
					109 45		15				
Nov	PP.	33		£3-1-8 E1014			15		7203		
				1523. 16/11/18. 7 CRJ 25.	3 73				6830		
				£3-1-8 E60420			15		5330		
				1657 2/12 7 CRJ 45	13 06				4024		
Dec	PP	34 10			16 79				7434		
Jan	P.P.	34 10							10844		
				£3-1-8 E39520			15		9344		
				1753 15/12 7 CRJ 55	3 73				8971		
		101 20			20 52		45				
Feb.	PP.	30 80.									
				1880. 1/1 J 16	3 73						
				Feb 74514 £3-1-8 Feb.			15				
				Mar 7.9668. £3-1-8			15		8678		
				1983. 15/1 ✓ 25.	3 73						
				5501 7/2 6RYD. 60	73				1005		
				49. 6/3 KIPR 102	9 73 E				32		
		30 80		advised 28/2/19.	90 19		30				
				21							
				SOSto 6 am 1/3/19 S. L. 29.	6R 9A.						

W S B. Class A M.D.2 156430 H/AMILTON

SERVICE GROUP 29 SHORT FORM. M MOTHER

OCCUPATIONAL GROUP 13 PROCEEDINGS ON DISCHARGE. MACHINIST.

(Demobilization.) B-1.

1. No. 2497481 24-Sc-212 H

2 Rank. SPR.

3. Name. SCOTT. Gilbert

4. Unit. CRTD. 76RT

5 Date of Discharge | MAR 30 1919 | Place HAMILTON, ONT.

6 Reason for Discharge DEMOBILIZATION

7. Authority. No.2 District Depot, Part II. D.O.No. 94.

8. Proposed Residence after Discharge

15 Holton Ave South
Hamilton Ont

9. CERTIFICATE TO BE SIGNED BY SOLDIER.

I hereby acknowledge that at the undernoted place and date I received my discharge Certificate

M. F. W.?

Gilbert Scott
Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place HAMILTON, ONT.

Date MAR 30 1919

Signature Jas Rough Lt
(O. C. Discharging Unit.)
For
O. C. No.2 District Depot.

M.F.B. 218a—300M.-11-18—1772-39-113.

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

Group
Checked by No.
Date

DUPLICATE
2497481

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.

---

(1) Name of Overseas Unit which Soldier joins.....Rly Construction Draft

(2) Regimental Number.....2497481

(3) Full Name of Soldier.....Gilbert Scott

(4) Place of Birth.....Glasgow Scotland

(5) Are you married, or not?.....no

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

(b) Present Postal Address.....15 Holton Ave Hamilton Ont. Can

(7) Are you a widower?.....no

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

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

Also their names and ages.....

M. F. W. 67.

500M.—9-16.
1772-39-954.

(SEE OTHER SIDE.)

(9) Is your Father alive? no

If so, state name and address

(10) Is your Mother alive? Yes Jane S Scott

If so, state name and address 19 Montrose Gardens Shelgarve Glasgow Scotland

(11) If your Mother is a widow Yes

Are you her sole support, or not? no

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

—

—

(13) If you have no wife, father, mother or children, state the name and relationship with full postal address of your next of kin, to whom you would desire any communication to be sent concerning you.

—

—

—

(14) If you have a wife, or children, or a widowed mother who depends on you as her sole support, have you applied to the Paymaster of your unit for Separation Allowance? If not, this must be done.

(15) Are you insured? Yes

If so, in what Company? Sun Life England

Have you made arrangements for payment of your Insurance premium Yes

If not, and it is a monthly premium, you can assign the amount in addition to any other assignment you wish to make.

G Harris MAJOR

O.C. FORESTRY DEPT. M.D. No. 1

Officer Commanding.

Date July 18th 1917

THIS FORM WILL BE USED FOR ALL RANKS

MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" issued by the B.P.C. and instructions issued by Militia H.Q., Ottawa, will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of Sections 1 to 17 of this Form and will obtain the signature of the invalid to the "Statement," page 3. The President of the Board of Medical Officers is responsible for the proper completion of sections reserved for recording the "Opinion of the Medical Board."
3. In answering the questions, Medical Officers will carefully obtain and record the invalid'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 invalid concerned, from witnesses, or from documents, Regimental or otherwise.
4. Special care is required in answering question 9. Read the questions carefully. All questions must be answered.
5. If space provided under any section is insufficient add another sheet. Such sheets must be initialled by the Medical Board.
6. A note will be made of attached papers by the Medical Board under the section "Opinion of Medical Board."
7. Under no circumstances may information other than that in sections 7, 8, 9 and 10 be communicated to the invalid, directly or indirectly.
8. The nomenclature of diseases must be followed, if possible, as 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 & Sons.

KNOTTY ASH CAMP, LIVERPOOL

STATION..... DATE 20th Feb. 1919

1. 1 (a) Unit C.R.T.D. (b) Regimental No. 2497481 (c) Rank Spr.

(d) Surname Scott (e) Christian name Gilbert.

(f) Home address 15 Holton Av: S: Hamilton, Ont:

(g) Next of Kin Mrs J. I. Scott (h) Relationship Mother

(i) Address of Next of Kin 8 Louise Terrace, Broughty Ferry, Scotland.

2. Age last birthday 32 Date of birth 1886.

3. Enlistment, or Appointment (if an Officer) (a) Place Hamilton (b) Date 26/6/17.

4. Personal description:

(a) Height 5 ft 9½ (b) Weight Est. 145. (stripped) (c) Complexion Ruddy

(d) Colour of hair Dark. (e) Colour of eyes Blue (f) Identification marks, Scars, etc. L. artificial Eye.

5. Former trade or occupation Machinist.

6. Service (The information should be secured from personal documents, but if documents are not available the invalid's statement may be taken and note must be made to that effect. Periods of service in Canada, England, France or elsewhere should be noted).

	Years	Days	Periods From	Periods To
Canada C R T.	1.	239	26/6/17.	11-8-17.
England 7 C R T			23-8-17.	8-10-17.
France or other theatres of War 7 C R T.			8-10-17	25-1-19.

7. Original disease, or injury Defective Vision Endophthalmos.

(a) Date of origin Previous to Enlistment (b) Place of origin: Scotland Glasgow.

(c) Cause Accident. Following which Left Eye had to be Enucleated.

8. Present disability— (Here state the exact nature of the disability resulting from the disabling conditions: e.g. (a) Weakness—slight, moderate, marked, etc; (b) Loss, complete or partial, of an organ or member, or of its functions; (c) Necessity for rest of the body, or of some of its parts, for therapeutic reasons; (d) Any other restrictions in choice of occupation.)

Complete loss Vision R. Eye
Army Occupation Restricted
owing to loss of Eye.

9. Present condition—(a) (Before completing this section the invalid should be stripped, and subjected to a thorough physical examination. Important, to be a full description of the present disabling condition, or conditions only. "History" must be recorded in Section 10. Describe all abnormalities, anatomical and functional, contributing to present disability; objective findings to be stated first, then subjective findings.)

Objective - Speculest Report
R. Eye, 2 / Eye Vis
R. Eye with Glasses 6/6
Colectomy Recommended Bill
Left Eye Injured 15 yrs ago & Enucleated
Ophthalmos. Condition was
present before Enlistment & not
aggravated in Service.
R B Ellis Capt Cam
Subjective - Man states his R. Eye is
Good with Glasses No Complaints regarding
Good Eye.

(b) Has the invalid now any affection of the following systems, not described in Section 9 (a) above?
(Answer Yes or No.—if the answer to any part is Yes, give a brief description of the present condition.)

Nervous System No Cardio-Vascular System No (If pulse rate is abnormal, B. P. will be taken.) Genito-Urinary System No (Albumen and Sugar will be excluded)

Special Senses No Respiratory System No Integumentary System No

Disturbances of Mentality No Digestive System No Muscular System No

Osseous and Joint Systems No Any other general condition No.

10. (a) History (of the condition referred to in Section 9 (a).)

Original M.H.S. reports artificial
Eye on Enlistment
Board Purplet Bi Depatios Vision
Man states he could carry on route
his present unit satisfactorily.

10.—(*b*) (Here give a complete history, as obtained from invalid, with dates of origin, of any affection from which the invalid, has suffered either prior to or since enlistment, and not included in Section 10 (*a*).)

Had Measles when a Boy.

(*c*) (Here give a description of wounds, scars and deformities.

N A

11.—(*a*) Did the disabling condition have its origin before enlistment? Yes

(*b*) If so, has it been aggravated by Service? (If aggravated, give a description, as far as it is possible to do so, of the disabling condition at time of enlistment.)

12. Was the disability caused, or aggravated; (*a*) by intemperance, or improper conduct; or (*b*) by unreasonable refusal to accept treatment? No

The regimental documents will be referred to.

(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.)

13. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one? Permanent

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

N A

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

(If the answer is "yes" state nature of treatment required and probable duration)

N A

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

(If not, briefly state why)

17. Recommendations D.

D.I.

Surg Cook Capt Can. C.

Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

(Sections 7, 8, 9 and 10 are to be read to the invalid and either "satisfied" or "~~not satisfied~~" ~~struck out~~).

I, the undersigned.....have heard the description of my disability and present condition read, and am satisfied (~~or not satisfied~~) with it. (If dissatisfied, statement should follow.)

I complain in addition of.....

Gilbert Smith Spr. .....Rank.

Signature of invalid examined.

OPINION OF THE MEDICAL BOARD

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

We concur

19. Is the invalid fit for

(*a*) General service,	(Category A)	(Yes or No.)	
(*b*) Service abroad, not general service,	(" B)	(Yes or No.)	Yes Bi
(*c*) Home service (Canada only),	(" C)	(Yes or No.)	
(*d*) Temporarily unfit.	(" D)	(Yes or No.)	
(*e*) Unfit for service in Categories A, B and C	(" E)	(Yes or No.)	

20. It is certified that the invalid

(*a*) ~~Does require treatment~~. (Give the nature of the condition and of the treatment required and its probable duration.)

(*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.)

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

Boarded for return to Canada.
Asst. A.G. Tel 1/9483 11/1/19

Before signing the President of the Medical Board will read the statement signed by the invalid and differing opinions regarding Sections 7, 8, 9 and 10, as recorded in Section 18, to the invalid and if no change is indicated, will initial the statement. If, as a result of differing opinions regarding Sections 7, 8, 9 and 10 only, recorded in Section 18, the invalid is dissatisfied with the statement previously made, remarks of the Medical Board will be added here.

n/a

KNOTTY ASH CAMP, LIVERPOOL

PLACE

DATE 20.2.19

Geo. F. Fuller Capt RAMC — *President.*

Members

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 invalid to accept treatment appear to be unreasonable, or should he decline to sign this statement the Board of medical officers should so state.

President.

PLACE

DATE

Members

APPROVED BY

Assistant Director of Medical Services.

DATE.....

APPROVED BY

Director-General of Medical Services.

DATE.....

Form D.M.S. 1394.
—100M.—5/2/17.

PROCEEDINGS OF A MEDICAL BOARD.

Dated at Purfleet Sept '14 1917

No 2497481 Rank Name SCOTT G

Local Unit 6 R T D Overseas Unit Age 30

Examination held at Purfleet

DISABILITY. Defective Vision
Overseas—Local
(scratch one out).

PRESENT CONDITION.

Referred to Glasses
Fairly good vision in
Right eye

BOARD RECOMMENDS :—

1. Fit for Duty.....

2. Fit for duty after BT weeks' physical training.

3. Fit for Temporary Base Duty .....weeks.

4. Fit for Permanent Base Duty.....

5. Discharge .....

Signatures

.....President.

Members .....

.....

APPROVED

Dated 10 SEP 1917 1917.

For A.D.M.S.
Captain C.A.M.C.
for A.D.M.S., Canadians, London Area.

Form D.M.S. 1394.
[illegible]100M.—5/2/17.

PROCEEDINGS OF A MEDICAL BOARD.

Dated at Purfleet Sept 14 1917

No 249748 Rank Name SCOTT. G

Local Unit 6 R T D Overseas Unit Age 30

Examination held at Purfleet

DISABILITY.
~~Overseas~~—Local
(scratch one out).

Defective Vision

PRESENT CONDITION.

Rt eye is glass.
Fairly good vision in
Rt eye

BOARD RECOMMENDS:—

1. Fit for Duty ——

2. Fit for duty after ..... weeks' physical training.

3. Fit for Temporary Base Duty B1 ..... weeks.

4. Fit for Permanent Base Duty ——

5. Discharge ——

Signatures:—

J Adamson Capt RAMC President

Members { Capt RAMC

Capt RAMC

APPROVED

10 SEP 1917

Dated ..... 1917.

For A.D.M.S.

Captain R.A.M.C.,
for A.D.M.S., Canadians, London Area.

Form D.M.S. 1394.
70[illegible]00M.—5/2/17.

PROCEEDINGS OF A MEDICAL BOARD.

Dated at [illegible] 1917

No 2[illegible]1 Rank [illegible] Name [illegible] STOTT G

Local Unit [illegible] Overseas Unit [illegible] Age 3[illegible]

Examination held at [illegible]

DISABILITY. Defective Vision
Overseas—Local
(scratch one out).

PRESENT CONDITION.

Retains ~~ex~~ glasses
Vision good with
Right eye

BOARD RECOMMENDS:—

1. Fit for Duty ....

2. Fit for duty after .... weeks' physical training.

3. Fit for Temporary Base Duty .... weeks. BT

4. Fit for Permanent Base Duty ....

5. Discharge ....

Signatures:—

.... President.

Members .... Capt. for Lt Col

....

APPROVED

Dated 10 SEP 1917 1917. .... Captain C.A.M.C.
For A.D.M.S.
for A.D.M.S., Canadians, London Area.

Canadian Railway Troops Depot,
Knotty Ash, Liverpool,

Date 15-2-19

Rank and Name SCOTT-GILBERT. 2497461

Unit 7- C.R.T.

Visual Acuity _____ R.E. 6/12 L.E. NIL

" " with glasses L.E. 6/9.+ L.E. —

Hearing, R. _____

" L. _____

Category Recommended B III

Remarks :- Rt. Eye injured 8 years ago
& now cleared
ant/phth/ulcus. el

This condition was _____ present before enlistment,
and has not been aggravated by service.

W.H. Ellis
Captain, C.A.M.C.

DUPLICATE. DUPLICATE B2

MEDICAL HISTORY SHEET 2497481

Surname Scott Christian Name Gilbert

Examined { on 16th day of June 1917 / at Hamilton

Birthplace { City or Town Glasgow / County Scotland

Apparent age 30

Trade or occupation machinist

Height 5 feet 9½ Inches

Weight 145 lbs.

Chest measurement { Minimum 33 inches / Maximum expansion 36 inches

Physical development Good

Small-pox Marks nil

Vaccination Marks { Arm Right Left X / Number 3

When Vaccinated last 10 yrs. ago.

(a) Marks indicating congential peculiarities or previous disease nil.

(b) Slight defects but not sufficient to cause rejection Vision Rt. E. = With glasses D 15 / without glasses D 6 / Lt. E. artificial / Hearing normal

Approved by

Rank M.O.

Date	Fit or Unfit	Examined for Re-Engagement	
	Fit	Board	Class B2 M.O.
		Major M.O.	
		Capt. M.O.	
		Capt. M.O.	
		M.O.	
		HAMILTON MOBILIZATION CENTRE M.O.	
		M.O.	

Date	Result	Vaccinations	
22/6/17			M.O.
			M.O.
			M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.	
6/7/17			M.O.
13/7/17			M.O.
27/7/17			M.O.

Enlisted on 20th day of June 1917 at Hamilton, Canada

	Corps	Regt'l Number	Habits	Date
Joined on enlistment	2/S For. R/Const. Dy.	2497481		20-6-17
Transferred to	C. R.T.D.			24-8-17

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

Station	Date	Disease	Result
Knotty Ash Camp	20.2.19	Defective Vision	B. McCook Capt.

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.
300M.—1-17.
H. Q. 1772-39-439.

Surname ..... Christian Name .....

STATION	Date of Arrival at the Station	Dates of Admission into Hospital			Dates of Discharge from Hospital			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
		Day	Month	Year	Day	Month	Year				

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

M. F. W. [illegible]
500M[illegible]
H. Q. 1772-[illegible]

Casualty Form—Active Service.

2497481

Unit, Regiment or Corps. Forestry and Railway Construction Depot.

Regimental No. 2497481 Rank Pte. Name SCOTT, Gilbert

C. E. F.

Enlisted (a) 26.6.17 Terms of Service (a) C. E. F Dom. Service reckons from (a) 26. 6. 17

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) Machinist.

Report: Date	Report: From whom received	Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
		Embarked N.M.T. Musanabie Halifax		11/8/17	3 p.m.
		Disembarked	Liverpool	23/8/17	
23/8/17	O/S. For & Rly. C. Draft	Transferred to C.R.T. Depot	Purfleet	25/8/17	D.O. Part II No 16. Lieut for O.C.
24/8/17	C.R.T. Depot.	Taken on strength.	Purfleet.	24/8/17	D.O. Part II No. 225.
3/10/17	C.R.T. Depot.	S.O.S. this Depot to 7th Bn. C.R.T., Overseas.	Purfleet	2/10/17	D.O. 265, Pt. 2. Lieut. for O.C. C.R.T. Depot.
8/10/17	4th C.R.T	Passed in France to T.O.S.	Folkestone	3/10/17	Pt. D.O. 158

(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				
24/10/17	CRTD	TOS "	CRTD	6/10/17	Let. KH. 16/27079.
23/10/17	CRTD	Left as Reinfcts. for Unit		23/10/17	RR 666 d/24/10/17
1/12/17	7 CRT.	Joined unit.	Joined	31/10/17	B213. 1/12/17
10/8/18	O.C. Unit	Ordered Adm	Hosp. L.S.	6/8/18	B213
10/8/18	O.C. Unit	Rejoined Unit	Field	7/8/18	B213
19/10/18	O.C. Unit	Granted 14 days Leave U.K.		13/10/18	B213 Pte d 138 d 28/10/18
9/11/18	O.C. Unit	Rejoined from Leave Field		5/11/18	B213
25.1.19	6 2 B2.	Trans. to England for purpose of demob. posted to CRTD Knotty Ash, near Liverpool		26.1.19	R.R. 10 d/4/19

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

CRTD Taken On Strength
Knotty Ash 31/1/19 pt 2 27

CRTD T.O.S. to KNOTTY ASH PART 2.

Park, M.D.Winn. 2

25 FEB 1919

Lieut
for O.C.

"CEDRIC" 27.3.19 — DISPERSAL "J" — D.2982 — AUDITOR | PAYMASTER

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

M. OR S. S. — REGT. No. 2497481 — RANK Spr. — NAME (IN FULL) SCOTT/ G.

NEXT OF KIN — RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? — DATE EFFECTIVE

Nil.

TO WHOM PAID — RELATIONSHIP

ADDRESS

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ORIGINAL UNIT C.E.F. — 7 b. R.J. — IF IN P.F. WHAT UNIT? — (BLOCK LETTERS SURNAME FIRST)

PLACE OF ATTESTATION — TRANSFERRED TO — Bank of Montreal Carlton Branch Toronto Ont. — DATE — AUTHORITY

DATE OF ATTESTATION 20/6/17 — TRANSFERRED TO — DATE — AUTHORITY

ASSIGNED PAY $ 15.00 — DATE EFFECTIVE — closed by England 31.3.19.

PAYABLE TO — RELATIONSHIP — ANY CHANGE IN ASSIGNEE OR ADDRESS

Mrs James L. Scott —

ADDRESS

8 Louise Terrace, Broughty Ferry, Forfar, Scotland.

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE — EFFECTIVE

DISCHARGED — PLACE Hamilton — DATE 19.6.19 — 30.3.19 — REASON Dsch from S.C.R. — Demob. — AUTHORITY D.O. 94 — IF ENTITLED TO POST DISCHARGE PAY Yes.

MONTH	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $	AMOUNT C.	OTHER CREDITS $	OTHER CREDITS C.	$	C.	TOTAL CREDITS $	TOTAL CREDITS C.	ACQUITTANCE ROLLS COL. NO. 1 NO.	DATE	COL. NO. 2 NO.	DATE	COL. NO. 3 NO.	DATE	CASH PAYMENTS COL. NO. 1 $	C.	COL. NO. 2 $	C.	COL. NO. 3 $	C.	ASSIGNED PAY $	C.	REGIMENTAL CHARGES $	C.	OTHER CHARGES $	C.	$	C.	TOTAL DEBITS $	C.	BALANCE DEBIT $	C.	BALANCE CREDIT $	C.
BALANCE FROM PREVIOUS ACCOUNT																																				
28.2.19.									1	0	0	5	1	0	0	5																				1	0	0	5
3/19-3/19.	34	1:10	37	40																																
					35	00																														
					70	00																														
																	487		5	00																
																	Cheque D79075		142	58																
									142	40																							152	45				
																									70	00										
1224		4 5/7	980						980								Cash										4	40	Solchis		74	46	205	60		
																	May 30														140	00	140	00		
																	May 7		279254		65	60														
																	May 23		374535		70	00									210	00	70	00		
																AR88	July 15		1020777		60	27					9	73			280	0	ϕ	00		
			70	-					70	-							151	Sept 30	1447	138.	70	-									70	-	ϕ			
			350	-					350	-															335	87		14	13		350	-	ϕ			

C & E. taken on this a/c
taken from Deal Ledger.

PARTICULARS OR REMARKS T.O.S. 19311 D.O. 374

SUBS. TO. D.O.

Bal- Exp 2.P.6.

1.3.19-3.4.19 — P80.

Clothing allowances.

1st Payment W.S.G.

Boat & Train Expenses.

W.S.G. paid as above

Overpaid 4 days P80.

1st W.S.G. Paid by #2 D.D. Emb.

Out Patient Class I 11/6/19

D.1.9.73 Advance 6.3.19

Dis S.C.R. 19.6.19 @1.70.00 to 30.8.19.

W.S.G. PAID IN FULL

LIEUT.
FOR PAYMASTER. WAR SERVICE GRATUITY

100M-1-19.—L. L. 53962-M. & D. 9723.
M. F. W. 2596.
1772-39-1390.