7.

American.

ORIGINAL

ATTESTATION PAPER.

No. 2498295

York and Simcoe Foresters.

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

2498295.

(ANSWERS.)

1. What is your surname?	S C O T T
1a. What are your Christian names?	James Thomas
1b. What is your present address?	167 Phelps St. Lyons, N.Y. City.
2. In what Town, Township or Parish, and in what Country were you born?	Lyons, New York City. U.S.A.
3. What is the name of your next-of kin?	Bertha Scott
4. What is the address of your next-of-kin?	167 Phelps St., Lyons, New York, USA
4a. What is the relationship of your next-of-kin?	Mother.
5. What is the date of your birth?	September 10th. 1895.
6. What is your Trade or Calling?	Forestry Work.
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 Naval or 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?	No.
16. If so, what was the reason?	

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, James Thomas 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.

J. T. Scott (Signature of Recruit)

Date August 30th. 1917. (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, James Thomas 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.

J. T. Scott (Signature of Recruit)

Date August 30th 1917. (Signature of Witness)

CERTIFICATE OF MAGISTRATE.

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

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

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said Recruit has made and signed the declaration and taken the oath before me, at Toronto, Canada this 30th. day of August 1917.

(Signature of Justice)

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 James Thomas Scott on Enlistment.

Apparent Age 21 years 11 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5 ft 7½ ins.

Chest measurement:
- Girth when fully expanded 36 ins.
- Range of expansion 5 ins.

Complexion Dark

Eyes Grey

Hair D.Brown.

Religious denominations:
- Church of England C.of E.
- Presbyterian
- 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).

Scar on left and right knee.
Scar on forehead.

Hearing Good
RD 20 LD 200.
Nose and Throat O.K.

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.

DECLARED FIT BY MEDICAL BOARD
TORONTO MOBILIZATION CENTRE

Date August 30th. 1917

Place Toronto, Canada.

J. M. Dalyrymple Capt. M.O.
PRESIDENT
Medical Officer.

*Insert here "fit" or "unfit."

NOTE.—Should the Medical Officer consider the Recruit unfit, he will fill in the foregoing Certificate only in the case of those who have been attested, and will briefly state below the cause of unfitness:—

CERTIFICATE OF OFFICER COMMANDING UNIT.

James Thomas 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.

G. R. Beardmore Lieut. (Signature of Officer)

Date Aug 30th 1917

SCOTT JAMES THOMAS
2408295 PTE FORESTRY DEPOT

SEDVICE NO LONGER REQUIRED

08997

C.E.F. REGIMENTAL DOCUMENTS
WAR SERVICE RECORDS D.V.A.

H

ASSIGNED PAY

To whom Mrs Bertha Scott

Address 167 Phelps St.,

Lyons N.Y., USA

Amount per month, $ 20.

By whom assigned 2498295 Pte J.T.Scott
Fill in Rank

Corps Forestry & Construction Depot MD 2.

Former Corps

M. F. W. 10.

500m.-4-16—H. Q. 1772-39-817.

CARD NO. 4

S.D.S. Disc.
6-4-18. 3 98/1.
FOLL.

SURNAME. Scott.

CHRISTIAN NAMES James Thomas.

REGL. No. 2498295. RANK Gte

UNIT Rly. Constr. & For Co (M.W.2)

FORMER CORPS Nil

NEXT OF KIN.

NAMES IN FULL Scott, Mrs Bertha.

RELATIONSHIP TO SOLDIER Mother.

ADDRESS 167 Phelps St. Lyons New York, N.Y. U.S.A.

CHANGE OF ADDRESS

COUNTRY OF BIRTH U.S.A. Lyons, N.Y. DATE Sept. 10th 1895.

PLACE OF ATTESTATION Toronto, Ont. DATE Aug. 30th 1917.

MARRIED SINGLE Yes WIDOWER

TRADE OR CALLING Forestry Work RELIGION Church of England.

DESCRIPTION.

APPARENT AGE 21 YEARS 11 MONTHS

HEIGHT 5 FEET 7½ INCHES

CHEST MEASUREMENT 36 INCHES EXPANSION 5 INCHES

COMPLEXION Dark. EYES Grey HAIR Dk. Brown.

DISTINGUISHING MARKS Scar on left & right knee. Scar on forehead.

MEDICAL EXAMINATION. PLACE Toronto, Ont. DATE Aug. 30th 1917.

Present address 167 Phelps St. Lyons, New York, N. Y., U. S. A. ?

M. F. W. 71.—500M.—5-16.
1772—30—961.

NAME Scott, J. T.

REGIMENTAL NO. 249825 RANK

ENLISTED AT Toronto, Ont PROMOTIONS, &c. AND DATE

DATE 30 - 8 - 17

IF SERVED PREVIOUSLY, STATE UNIT, &c. No.

MARRIED, WIDOWER, OR SINGLE Single

NEXT OF KIN Bertha Scott RELATIONSHIP Mother

ADDRESS OF 167 Phelps St., Lyons, N. Y.

ASSIGNMENT OF PAY $ 20. C. TO Mrs Bertha Scott

ADDRESS 167 Phelps St Lyons N. Y. U. S. A

SEPARATION ALLOWANCE, ENTITLED OR NOT

DATE APPLICATION FORWARDED TO DIVISIONAL PAYMASTER

IN WHOSE FAVOUR

CASUALTIES, &c.

NATURE E.G. ABSENCE, PROMOTION, &c.	PART II, D. O.		REMARKS IF IN HOSPITAL, NOTE NAME &c.
	No.	DATE	

DUPLICATE
2498295

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 YORK & SIMCOE FORESTERS C. E. F.

(2) Regimental Number 2498295

(3) Full Name of Soldier Scott, James Thomas

(4) Place of Birth 167 Phelps St., Lyons, N.Y. U.S.A.

(5) Are you married, or not? No

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

(b) Present Postal Address

(7) Are you a widower?

(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? Yes

If so, state name and address Scott William Spire . 63 Wall St, New York N.Y. U.S.A.

(10) Is your Mother alive? Yes

If so, state name and address Scott, Bertha , 63 Wall st New York. N.Y. U.S.A.

(11) If your Mother is a widow

Are you her sole support, or not?

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

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

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

(15) Are you insured? No

If so, in what Company?

Have you made arrangements for payment of your Insurance premium

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

G.G. Beardmore Capt.
For Officer Commanding.

Date 30th August 17.

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

M. F. W. 54. (A. F. B. 19s.
500M.—9-16
H. Q. 1772-39-9-20.

Casualty Form—Active Service.

Unit, Regiment or Corps YORK & SIMCOE FORESTERS C. E. F.

Regimental No. 2498295 Rank Pte Name Scott, James Thomas

Enlisted (a) 30th August 17 Terms of Service (a) C.E.F. Duration of war and six months thereafter. Service reckons from (a) 30th August 1

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) Practical Forester.

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				

(a) In the case of a man who has re-engaged for, or enlisted into Section D. Army Reserve, particulars of such
(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				

This space to be for numbers

Proceedings on Discharge.

(When forwarded for confirmation these proceedings should be accompanied by the documents specified on fourth page).

No. 2498295

Rank Private.

Surname Scott.

Christian Name James Thomas

NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.

Corps (Squadron, Battery or Company) FORESTRY DEPOT, C.E.F.

Date of Discharge April 6th, 1918.

Place of Discharge Brockville, Ont.

1. DESCRIPTION AT THE TIME OF DISCHARGE.

		Descriptive Marks
Age	21 years 11 months.	Scar on left and right knee.
Height	5 feet 7½ inches.	Scar on forehead.
Complexion	Dark	
Eyes	Gray	
Hair	Dark Brown	
Trade	Forestry Work	
Intended place of residence (To be given as fully as practicable.)	167 Phelps St. Lyons, N.Y. U.S.A.	

2. The above-named man is discharged in consequence of "Services no longer required." H.Q. 16-1-25, dated 31-10-17, 3MD. 44-S-485, of 4-4-18.

N.B.—The cause of discharge must be worded as prescribed in the King's Regulations and be identified with that on the character certificate. If discharged by superior authority, the number and date of the letter to be quoted.

To be in the handwriting of the Commanding Officer, who will himself make identical entries on the character certificate and initial them.

3. Conduct and character while in the service have been, according to the records, etc.

Good A.G.H.

N.B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldiers and the Officer Commanding his Squadron, Battery or Company.

4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)

Graduate of School of Forestry Syracuse University

A.G.H.

M. F. B. 218.

100M.—1-17.
H. Q. 1772-39-113.

(OVER)

5. He is in possession of the following number of G. C. Badges:

N I L.

No reference to G. C Badges is to be made on either the discharge or character certificate.

6. Medals and Decorations ..... N I L.

To be copied by the Commanding Officer on to the parchment Discharge Certificate.

7. His account is correctly balanced, and signed by the Officer Commanding his Company. (*Squadron or Battery*), and I have impartially enquired into all matters brought before me in accordance with Regulations.

(Place) Brockville, Ont. ..... [signature] Captain.

(Date) April 6th, 1918. ..... *Commanding* Forestry Depot, CEF.

8. **Certificate to be signed by the Soldier on Discharge**

I hereby acknowledge that I received all my Pay, Allowances and Clothing, and all just demands, up to the present date, subject to the reservations of the claims noted on the third page.

(Place) Brockville, Ont. [signature] *(Signature of Soldier.)*

(Date) April 6th, 1918. [signature] S.O.R. Sgt. *(Signature of Witness.)*

When a soldier is absent through illness or any other cause and it is not desirable to forward these proceedings to him for signature, a manuscript copy should be sent for the man to sign, and when returned, should be attached here.

9. **Additional Certificate in the case of a Soldier who takes his discharge on his own request.**

I hereby declare that I do of my own free will request to be discharged from His Majesty's Service.

..... *(Signature of Soldier.)*

10. **Statement of Service.**

Service toward Engagement to.....(the date to which the Record of Service is completed)..... 220 dys. years..... days.

Total..... 220 dys. years..... days.

11. **Confirmation of Discharge.**

The discharge of the above-named man is hereby confirmed.

(Place) Brockville, Ont.

(Signature) [signature] Capt.,

(Date) April 6th, 1918. O.C., Forestry Depot, C.E.F.

Reservations referred to at Para. 8.

(To be signed by the soldier. When there are none, it is to be so stated, and signed by the soldier.)

N I L.

J. T. Ford

(OVER)

List of Discharge Documents.

Reg. Conduct Sheet,	Militia form B. 263.	Attestation Paper,	Militia Form B. 235.
Squadron / Battery / Company } Conduct Sheet,	" B. 263a.	Proceedings on Discharge	" B. 218.
Copies of Convictions, by C. P.	in MS.		
Med. Hist. Sheet,	Militia Form B. 313		
Medical Report for Invalid*	" B. 227.		
Statement of Man's Account on Transfer and Last Pay Certificate,	" D. 877.		

*Only if discharged "Medically unfit."

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

(a) Proceedings on Discharge.

(b) Attestation.

(c) Medical History Sheet (in the event of such having been prepared.)

N. B.—In the case of a man discharged by purchase, the date and number of Deposit Receipt with amount of same is to be noted hereon.

CANADIAN CONTINGENT EXPEDITIONARY FORCE

1-ORIGINAL

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. 2498295 Rank Pte. Name Scott, J.T.

Corps Forestry Depot who was* Discharged

On 6 - 4 - 18 191....., to

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from 1 - 4 - 18 191...., to 6 - 4 - 18 191...., the inclusive date of transfer or discharge.

Dr.	$	c.	Cr.	$	c.
Bal. Dr. from prev. month			Bal. Cr. from prev. month	56	71
Advances by Cheques No.			Regt'l Pay 6 days at $ 1 c. 00	6	00
Advances by Cheques No.			Field Allow. 6 days at $ 10 c.		60
Assigned Pay and Sep'n Allce. No.			Separation Allowances* (Monthly)		
Other charges M.F.C.512	8	35	Other Allowances*		
Payment on transfer or discharge No. 5561	54	96	Other Credits*		
Balance Cr. (to be paid by the new unit)			Bal. Dr. (to be deducted by new unit)		
Total	63	31	Total	63	31

*Give particulars.

A monthly stoppage of $ 20.00 (†) has Not (‡) been paid on account of Assigned Pay for the month of April 1918 and Sep'n Allce. for month of 191.... (to) Assignee Mrs. B. Scott,

(Address) 167 Phelps Street, Lyons, N.Y., U.S.A.

(†) Insert amount to be assigned, whether it has been paid or not.
(‡) Insert "not" if amount has not been paid for period of account.

M.D. 3

No. 19

On Transfer of an Officer

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

REMARKS:—

State (1) date of enlistment 30-8-17

(2) if married and if a Separation Allowance Card has been submitted

(3) cause of discharge Services no longer required. authority 3 M.D.44-S-485

(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 6-4-17

Place Brockville, Ont.

Capt.

Forestry Depot *Paymaster.*

N.B.—For purposes of transfer this form is to be made out in quadruplicate. Original copy to paymaster of new unit; duplicate to District Paymaster; triplicate to accompany the pay-list at the end of the month, and quadruplicate for retention as a record.

For purposes of discharge it is to be made out in triplicate. Original copy to accompany discharge papers; duplicate to accompany pay-list at the end of the month, and triplicate for retention as a record.

If a man on discharge is entitled to three months' Post Discharge Pay, Last Pay certificate will be made out in quadruplicate. The original Last Pay Certificate will be forwarded with other documents to Paymaster Post Discharge Pay and triplicate, with his discharge documents.

M. F. W. 44.

100M.—12-17.
H. Q. 1772-33-903.