REGIMENTAL DOCUMENTS

NAME Scott James Wallace Tait REGT. No. Capt UNIT C.A.M.C. H. Q. FILE No.

CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
ATTESTATION PAPER (M.F.W. 23, 133 or 51)					DEATH
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.B.W. 263 or A.F.B. 120)					
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
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)					
CARDS			09005		
PAY-SHEETS					

W. 2589
25M.—1-23
1772-39-1377

			C.E.F. Rank	C.E.F. Unit	Militia Rank	Militia Unit
Name	Scott. James Wallace Tait					
File No.	602-19-141					
M.D. No.	6	Date	Hon Capt (P.M)	CAPC	Hon Lieut	CMC.

	Date		Reference
Appointed Hon Capt (P.M) CAPC	1.9.17	Struck off C.E.F. 28.2.19	1822
Promoted		Reason Demob.	
		Struck off C.E.F.	
Transferred		Reason	
TRANSFERRED TO R.O. G.O. 26.22		Transfer to R.O., C.E.F. 1.3.19	2036
		Transfer to Active List on appt. as	
Sailed		Date	
		Transfer to R.O., C.E.F.	
O.M.F.C. to C.E.F.		Transfer to Active List on appt. as 12.95	
		Transfer to R.O., C.E.F.	
Active Operations			

(OVER)

REMARKS

M. F. W. 2579.
405-D.P.-10M-5-19.
1772-39-1366 (10159)

Date of Birth. 14 - 4 - 88

Extract of Information Coded for Hollerith

Regtl. No. Capt. Name { Surname Scott, Christian Names James Wallace Dait

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

Extracted by: [illegible] Coded by: Checked by: [illegible]

	SOURCE OF INFORMATION			CODE USED	LONGHAND EXTRACT	CODE NO.
A. No. of Card 1, 2, 3, 4, 5, 6					Cards to be punched 1	1
B. Professional Soldier	A.P.			1	Nil	0
C. Theatre of Service		Cas.		2	Canada	6
D. Personnel Seconded to W.O., R.A.F., etc.		Cas.		3	N.S.	0
E. Rank on Discharge			P.D.	4	Officer	2
F. Date Discharged 24-1-24			P.D.	5	Feb. 25/19	62
G. Disposition on Discharge			P.D.	6	Resigned	94
H. Place proceeding to			P.D.	7	N.S.	1
J. Unit Enlisted in	A.P.C.			12 (a) 12 (b)	Gen List	3911
K. Country of Birth	A.P.			8	N.S.	08
L. Occupation	A.P.			9	Accountant	09
M. Date of Enlistment	A.P.C.			5	Sept. 1/17	45
N. Place of Enlistment	A.P.C.			13	Halifax	671

O. Age on Enlistment	A.P.			Years	29	29
P. Religion	A.P.			10		9
Q. Rank when left Canada		Cas.		4		
R. Unit left Canada with		Cas.		12 (b)		
S. Date left Canada		Cas.		5		
T. Unit in England		Cas.		12 (b)		
U. Date first proceeded to Theatre of War		Cas.		5		

Source of Information—Casualty Form.

1st Unit in T. of W.	2nd Unit in T. of W.	3rd Unit in T. of W.	4th Unit in T. of W.
Period of Service	Period of Service	Period of Service	Period of Service
Months:	Months:	Months:	Months:

X. Check Column						~~CHECK~~
Z. Casualties		Cas.		11	2 W	1
YA. Honours and Awards		Cas.		~~1. Yes.~~ 2. No.		~~1~~ 2
YB. Married or Single	A.P.			4. M. ~~5. S.~~ ~~6. W.~~		4 ~~5~~ ~~6~~
YC. Service Unit Transfer		Cas.		7. Subsequent Unit or Units. 8. First Unit.	All cards subsequent to 1st. Last or only card.	8 WATCH

725M.—6-8-20
H.Q. 54-21-40-96

James Wallace Tait Scott

Appt. Hon Capt. & P.M. 1-9-17.

Col. " " 28.2.19.

Mod 6. Stationary Hospital Halifax.

Absorbed into Ca.P.C. 10-1-19.

H

$1,000. All other persons, $2,000.

Persons having income during 1919 exceeding statutory exemption must file returns without special notice from the Department. All persons requested by the Department to file returns must do so whatever the amount or source of income may be.

PENALTIES

For failure to file returns on or before 30th April:

(a) 25% of the amount of the tax.

(b) $100 per day in case of persons who fail to file

AUDITOR | PAYMASTER

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

M. OR S. | REGT. No. — | RANK Capt. | NAME (IN FULL) Scott. James Wallace Tait (BLOCK LETTERS, SURNAME FIRST)

NEXT OF KIN | RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? | DATE EFFECTIVE

TO WHOM PAID | RELATIONSHIP

ADDRESS Mrs. Kathryn Scott Wife
64 Bayfield St.
Charlottetown
P.E.I.

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ORIGINAL UNIT C.E.F. Cam C. | IF IN P.F. WHAT UNIT?

PLACE OF ATTESTATION | TRANSFERRED TO | DATE | AUTHORITY

DATE OF ATTESTATION | TRANSFERRED TO | DATE | AUTHORITY

ASSIGNED PAY, $ | DATE EFFECTIVE

PAYABLE TO | RELATIONSHIP | ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS 64 Bayfield St.
Charlottetown P.E.I.

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE | EFFECTIVE

DISCHARGED | PLACE | DATE 28 2/19. | REASON Trans Reserve Officers | AUTHORITY | IF ENTITLED TO POST DISCHARGE PAY

MONTH	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $ C.	OTHER CREDITS $ C.	$ C.	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.	CREDIT $ C.	PARTICULARS OR REMARKS
Balance from previous account							War Gratuity													Doc No 418
	31	Dy.	124 00	40 00		164 00						124 00								Ck. 149628 April 5
													40 00					nil	nil	Ck 149629 April 5
			124	40		164						124	40				164			

All Payments made.
H A Allum Lt

60m.-11-18 L. L. 51777. M. & D. 9585.

MONTH	PAY AND F. A.				OTHER CREDITS				TOTAL CREDITS		ACQUITTANCE ROLLS						CASH PAYMENTS						ASSIGNED PAY		REGI-MENTAL CHARGES		OTHER CHARGES				TOTAL DEBITS		BALANCE				PARTICULARS OR REMARKS
	NO. OF DAYS	RATE	AMOUNT								COL. NO. 1		COL. NO. 2		COL. NO. 3		COL. NO. 1		COL. NO. 2		COL. NO. 3												DEBIT		CREDIT		
			$	C.	$	C.	$	C.	$	C.	NO.	DATE	NO.	DATE	NO.	DATE	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	