

UNIT W C M A CANADIAN CAVALRY
DEPOT.

Regimental No. 115044

ATTESTATION PAPER.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

1. What is your name? Scott John Thomas

2. In what Town, Township or Parish, and in what Country were you born? Keewatin Ontario Canada

3. What is the name of your next-of-kin? James Scott

4. What is the address of your next-of-kin? Sunset Post Office Sask

5. What is the date of your birth? September 2 - 1893

6. What is your Trade or Calling? Farmer

7. Are you married? No

8. Are you willing to be vaccinated or re-vaccinated? Yes

9. Do you now belong to the Active Militia? No

10. Have you ever served in any Military Force? Yes
If so, state particulars of former Service.

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

John T Scott (Signature of Man).
R. Barker (Signature of Witness).
Sergeant.

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, John Thomas Scott, do solemnly declare that the above answers made by me to the above questions 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.

John Thomas Scott (Signature of Recruit).
R. Barker (Signature of Witness).
Sergeant.

Date September 21 1915.

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, John 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.

John Thomas Scott (Signature of Recruit).
R. Barker (Signature of Witness).
Sergeant.

Date September 21 1915.

CERTIFICATE OF MAGISTRATE.

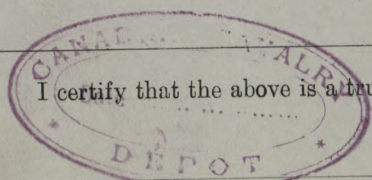
The Recruit above-named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.

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

S. K. Cliffe this 5th day of October 1915.

H. J. Mayes (Signature of Justice).



I certify that the above is a true copy of the Attestation of the above-named Recruit.

Alan Grosman (Approving Officer).
H. J. Mayes

Description of John Thomas Scott on Enlistment.

Apparent Age 22 years 3 weeks months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

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.)

Height 5 ft. 10 ins.

Chest measurement. { Girth when fully expanded 38 ins.
Range of expansion 3 ins.

Complexion Dark

Eyes Grey

Hair Dark

Religious denominations. { Church of England
Presbyterian
Wesleyan ☒
Baptist or Congregationalist
Other Protestants (Denomination to be stated.)
Roman Catholic
Jewish

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 1915

Place

* 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.

John 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.

W. J. Mayes (Signature of Officer).

Date Oct. 5th 1915.

major

ATTESTATION PAPER.

No. 10637

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

1. What is your name?..... John Thos. Scott
 2. In what Town, Township or Parish, and in what Country were you born?..... Keewatin, Ont., Can.
 3. What is the name of your next-of-kin?..... James Scott..... Father
 4. What is the address of your next-of-kin?..... Sunset, Sask.
 5. What is the date of your birth?..... Sep. 2nd 1893
 6. What is your Trade or Calling?..... Farm labourer
 7. Are you married?..... No
 8. Are you willing to be vaccinated or re-vaccinated?..... Yes
 9. Do you now belong to the Active Militia?..... No
 10. Have you ever served in any Military Force?..... No
 - If so, state particulars of former Service.
 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
- J. P. Scott (Signature of Man).
 A. Young (Signature of Witness).

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, John Thos. Scott, do solemnly declare that the above answers made by me to the above questions 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.

Date Feb. 2nd 191 5

..... J. P. Scott (Signature of Recruit)
 A. Young (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, John Thos. 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.

Date Feb. 2nd 191 5

..... J. P. Scott (Signature of Recruit)
 A. Young (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 Regina this 2nd day of Feb. 191 5

..... J. W. McCarthy Jr. (Signature of Justice)

I certify that the above is a true copy of the Attestation of the above-named Recruit.

..... J. B. Washington (Approving Officer)

Description of John Thos. Scott on Enlistment.Apparent Age 21 years.....months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

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.)

Height.....ft. ins.

5 9½Chest measurement { Girth when fully expanded.....ins.
Range of expansion.....ins.39½3

Complexion.....

Fresh

Eyes.....

Grey

Hair.....

Dark

Church of England.....

Presbyterian.....

Yes

Wesleyan.....

Baptist or Congregationalist.....

Other Protestants.....
(Denomination to be stated.)

Roman Catholic.....

Jewish.....

Nil

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.....Jan. 30th.....1916

Place.....

W. B. MacDermott
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.

.....John Thos. 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.Date.....March 17.....1916W. B. MacDermott
(Signature of Officer)

REGIMENTAL DOCUMENTS

NAME

Scott

John Thomas

REGT. NO.

113044

UNIT

29th

H. Q. FILE NO.

S

CONTENTS

DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

M. F. W. 2505
REFERENCE

NON-EFFECTIVE BY

DEATH

Category

DISCHARGE

Category

Demob.

DESERTION

ATTESTATION PAPER (M.F.W. 23, 133, or 51)

CASUALTY FORM (M.F.W. 54 or A.F.B. 103)

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. 263A or A.F.B. 121)

MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)

DENTAL HISTORY SHEET (M.F.B. 465)

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)

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)



09158

37 26
20 26
7 27
2



115044
I.D. number
No. d'identification

Scott
Surname
Nom de famille

John Thomas
Given names
Prénoms

deceased 20/04/54

NATIONAL PERSONNEL RECORDS CENTRE
CENTRE NATIONAL DES DOCUMENTS
DU PERSONNEL

PERSONNEL RECORDS ENVELOPE
ENVELOPPE DES DOSSIERS DU PERSONNEL

Location
Lieu

Box: 8728
09158

“CONTENTS CONFIDENTIAL”
“CONTENU CONFIDENTIEL”

Number

115044

Rank

Surname

SCOTT

Christian Name

John Thomas

Units

7. V.H.

Theatre of War

Hausel

Date of Service

24-2-16

Remarks

Latest Address

G.P.O. Chamberlain
Sask.

Roll No

Page 10802

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

DESP
FEB 28 1922
RECN. NO. 15100

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

2205-

Rank Sgt

Reg. No. 115044

Unit

F. G. H.

Next of Kin

Canada

[illegible]

SCOTT, John Thomas.

 $(S'gt)$

F. G. H.

115044

[illegible]

NAME

Scott, John Thomas

5052 Lemm. 3-8-19
 217. 5/8/19 10/19
 Sup. W. A. O. M. D. 12
 115-044

RANK & No.

T. C.

CORPS

10th (1st R. L.)

L. M. R.

ENLISTMENT, PLACE

Regina, Sask.

DATE

Feb. 2nd. 1915. S.

FORMER CORPS

nil

COUNTRY OF BIRTH

Canada, Kewatin, Ont.

NEXT OF KIN

Scott, James

(Father)

ADDRESS OF NEXT OF KIN

Sunset, Sask.

DISCHARGE, PLACE

DATE

9/5 29-6-15-14³/₁

R/c 28-7-19 379 Sgt.
 74

REMARKS:

No. 10637 RANK Pte

NAME Scott J.

T.

T. O. S.

UNIT 10th Co. 24th R.

M. D. 10

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1915 Feb. 2	1915 Feb. 28	✓		
	Mar.	✓		
	Apr.	✓		
	May	✓		
	June	✓		



A.M.D.2 Dept. Branch of D.G.M.S. O.M.F.C., London.

Surname Christian Name or Names Reg. No.
SCOTT. J T 115044

Rank 1. Sgt. Unit 1. CC FGH
2. 2.
3. 3.
4. 4.

2205

Cas. List.

Hospital and Diagnosis.

Date

26-5-19.B.512.

C.S.Witley.

21-5-19.

V.D.G b.

7.7.19 B537

Dis

4.7.19

Cas. List.

Hospital and Diagnosis.

Date

Rank

C/601

Name

SCOTT, John Thomas

Reg'l No.

115044

R-122.

Unit

10th C.M.R. to C.C.D. What Unit?

If in perm. Corps,

Married or Single

Single

Place and Date of Enlistment

Regina Feb. 2nd 1915.

Place of Birth Keewatin, Ont. Canada

Name and Address, Next-of-Kin

Jarvis Scott,

Sunset, Sask. Canada

Relationship

Father

Assigned Pay Monthly \$

Payable to

Relationship

Separation Allowance \$

Payable to

Relationship

N/F R.B. No. 6083

File R.L.

Category

CAN. OR

Discharge, Date and Place

Reason

Character

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

Arrived in England.

Rein: to C. C. D.

Shorncliffe

NA

7-9-15

00000

Y. be Cpl.

7-9-15

P. II O 220

22-1-16

"

Trans to F. G. H.

"

21-1-16

" " 22.

22-1-16

OK
R. G. Hone

Taken on Strength

"

21-1-16

P. II D O. I

5-2-16

"

Reverts at own request to A/cpl.

"

1-2-16

" " 15

Embarked for Overseas.

24 FEB. 1916

2-5-17

"

Promoted Cpl.

Field

31-3-17

" 38

25-1-18

"

To be A/Pance/Sgt with pay

" A/cpl

11-1-18

" 6

31-1-18

"

Reverts to rank of Cpl

" Cpl

17-1-18

" 4

29-4-18

"

Appointed A/Sgt with pay

" A/cpl

2-4-18

D 234

115044 SCOTT

J. T.

2205

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				
29.5.18	J. G. H.	Confirmed Sergt	Aft Field	26.4.18	Pt 044
28.8.18	"	Proceeded to Hayling Island for Musketry Course	"	17.8.18	Pt 072
22.10.18	"	Rejoined from Musketry Course. H. Isl	"	22.9.18	Pt 094.
APR 21	TCR	TC	TC	Apr 18	DO 38
31.5.19	C. Wing CCCR	S.O.S. to C. R. D.	B. Shott	20.5.19 - 22.5.19	157/30 H. 19 b. 119 b. 66
6.6.19	CCCR	SOS in Hosp	Rhyt	20.5.19	#0153
6.6.19	"	SOS to CCRD	"	"	.. 153
7.7.19	CCCR	SOS to P. Wing	Wiley	6.7.19	DO 172 + 63 d/7-7-19
22.7.19	P. Wing	SOS to 2nd Canada	Sgt	18.7.19	DO 71

Sh 98-0.
18.7.19

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

WAR SERVICE BADGE.

CLASS "A" No. 208335

THIS IS TO CERTIFY that No.

115044.

(Rank)

Sergeant

Name (in full)

John Thomas Scott

enlisted in

the

10th Canadian Mounted Rifles

CANADIAN EXPEDITIONARY FORCE at

Regina

on the

2nd

day of

February

1915.

HE served in

France with F.G.H.

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

25.

Height

5ft. 9³/₄ in

Complexion

Fresh

Eyes

Grey

Hair

Dark

Marks or Scars

Brown skin & birthmark 8 inches below right nipple

Signature of Soldier

J. T. Scott

Issuing Officer

H. J. T. Tupper

Date of Discharge

AUG 3 1919

Rank

CAPT.

Date

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

THIS IS TO CERTIFY that No. _____ (Rank) _____
 Name (in full) _____
 the _____
 CANADIAN EXPEDITIONARY FORCE at _____
 day of _____ 19____

He served in _____
 and is now discharged from the service by reason of _____
 Medical Officer _____

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

Age _____ Marks or Scars _____

Height _____

Complexion _____

Eyes _____

Hair _____

Signature of Soldier _____

Issuing Officer _____

Date of Discharge _____

Rank _____

Date _____

19____

N.B.—As no duplicate of this Certificate will be issued, any person finding same is requested to forward it to the nearest post office, or to the Secretary, Military Control, Ottawa, Canada.

M.B. 20A
 1919-21 2001-11-12
 H.O. 1122-22-282

Casualty Form—Active Service.

2205 Army Form B. 103.

CORRECT.
Canadian Record Office,
New York City, N.Y.
7-1819-1918

Sergeant

Regiment or Corps

Fort Garry Horse

Regimental No. 115044

Rank

Platoon

Name

Scott J. T.

Enlisted (a) 20/1/15

Terms of Service (a) War

Service reckons from (a) 20/1/15

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)

W. S. D. CLASS A

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				
		ARRIVED IN FRANCE	HAVRE	25.2.16	L-R. 4728 & 4730.
6.4.17	F. G. H.	Promoted Corporal vice Spt Smith L.H. promoted		31.3.17	B213 Bo 380/2/5/17
11.8.17	do	Granted 10 days leave		20.8.17	B213 Bo 720/2/21.5.17
25.8.17	do	Rejoined from leave unit		22.8.17	B213 Bo 760/3.9.17
12.1.18	do	Appointed Spt with pay vice Spt Smith		11.1.18	B213 Bo 6
19.1.18	do	Reverts to rank of Spt on return from leave of Spt Smith L.H.		17.1.18	B213 Bo 7
13.4.18	do	Proceeded to course of Instr. on Hotchkiss rifle		10.4.18	B213
13.4.18	do	Take up Spt with pay vice Spt Cheyne		24.1.18	B213 Bo 34
20.4.18	do	From course of Instr. in Hotchkiss Rifle	Field	19.4.18	B213
27.4.18	do	Confirmed in rank of Spt Vice Spt Cheyne (D of W)	Field	26.4.18	B213 Bo 44
17.8.18	do	2. Hawking Island for course in musketry		17.8.18	B213 Bo 100(9) 2/13.8.18
28.9.18	do	Rejoined unit	Field	22.9.18	B213 Bo 93

(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, Shoehing Smith, etc., etc., also special qualifications in technical Corps duties.

(P.T.O.)

2205

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				
16.11.18	JGA	Granted 14 days leave	ing	26.11.18	B213 B2108.
28.12.18	X1 CCS	Reco	admy	14.12.18	{ X3728
18.1.19	JGA	Rejoined unit	to buty	24.12.18	
			Field	12.1.19	B213 Gmell
Proceeded to England.					
17. 5. 19.	P.O. P.	On proceeding to		18 AVR 1919	
		Canada			
		Part II Order. #20-20.5.19.			
		for oc. JGA.			
30-4-19	Cwing	Lvs.	B. shott	18-4-19	
31-5-19		SVS to CC RD	"	20-5-19	
15-6-19	CC RD	Lvs	"	20-5-19	

G. Kelton

Lieut.
Col., A.A.G.,
Canadian Division

MEDICALLY UNFIT,
 DEMOBILIZATION.
 T.O.S. R.O. 14.28
 S.O.S. R.O. 14.28
 REGINA DISPERSAL AREA
 (D.D.O. 217) Para. 3036
 (D.D.O. 217) Para. 3031

LIEUT.
FOR LT: COL: I/O RECORDS

W.M.T.S. WINIFREDIAN
 18-7-19

71 22.7.19
M. St. Chapman
 OFFICER I/O RECORDS,
 WIND O.C.O. WITLEY.

Captn

Andy ORIGINAL.
for recruits enlisting direct into

To be used (a) for recruits enlisting direct into the Regular Army, and (b) for men of the Territorial Force when they are admitted to Hospital. Army Form B. 178^A to be used for Special Reserve recruits and Special Reservists enlisting into the Regular Army.

MEDICAL HISTORY OF

Surname SCOTT Christian Name JOHN. THOMAS

TABLE I.—General Table.

Birthplace { Parish *Keewatin*
 County *Ontario*
 Examined { on *3rd* day of *January* 191*5*
 at *Regina Sask*
 Declared Age *2 1/2* years days
 Trade or Occupation *Farm Labourer*
 Height *51* feet *9 3/4* inches
 Weight lbs
 Chest Measurement { Girth when fully Expanded *39 1/2* inches
 Range of Expansion inches
 Physical Development
 Vaccination Marks { Arm RIGHT LEFT
 Number
 When Vaccinated
 Vision { R.E.—V =
 L.E.—V =
 (a) Marks indicating congenital peculiarities or previous disease—

 (b) Slight defects but not sufficient to cause rejection—

Approved by Sgt W S Mc Dermott
Rank

Medical Officer.

Enlisted { at Regina Sask
on 20 day of February 1915

	Corps	Regtl. No.
Joined on enlistment	10. 6th Regt	115044
Transferred to		

Became non-effective by

 on day of 191.....
 (Signature)
 (Rank)

TABLE III.—Boards; Courts of Enquiry, Vaccination, Inoculations, etc.; Examinations for Field or Foreign Service, Extension, Re-engagement, or Prolongation of Service; Issue of Surgical Appliances; Particulars of Dental Treatment, etc.

[illegible]

TABLE IV.—Service Table.

Station or Troopship	Date of arrival or embarkation	Date of departure or disembarkation
<i>Received as being in order</i> <i>E. M. Smith</i> <i>P. A. Smith</i>		

1400

120
130
140

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GARDIAN

2205

TABLE II.—Only for admissions to Hospital or to the Sick List in case of Warrant Officers treated in quarters.

[illegible]

10 Group

2205

CANADIAN ARMY DENTAL CORPS. O.M.F.C.

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

DIRECTIONS TO
DENTAL OFFICERS

NAME OF SOLDIER (Block Letters)

SCOTT, J.T.

REGIMENT

F.B.H.

RANK

Sgt.

No.

116044

Date of Examination in England

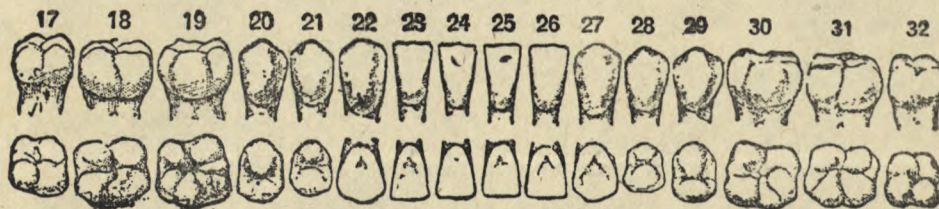
117119

Date of Examination in France

1. This form will be made out for each individual at the time of Demobilization in England or France.

2. Figures as per chart will be used to designate teeth concerned.

3. In reference to Partial Dentures the numbers of teeth thereon will be stated



PRESENT DENTAL REQUIREMENTS

1. FILLINGS

2. EXTRACTIONS

3. CROWNS

4. DENTURES

(a) Full Upper

(b) Part Upper

(c) Full Lower

(d) Part Lower

HAS HE EVER REFUSED DENTAL TREATMENT?

HAS HE EVER RECEIVED DENTAL TREATMENT? (Reply by "Yes" where applicable to any or all of a, b or c.)

(a) In Canada

(b) In England

(c) In France

Signature of Dental Officer.

J G Gavin, Capt.

2205

C. W. King

MEDICAL EXAMINATION UPON LEAVING THE SERVICE OF OFFICERS AND OTHER RANKS WHO HAVE NO DISABILITY.

Officers and Other Ranks leaving the service for reasons other than medical unfitness are to be reported on this form. Where there is evidence of any undetermined or progressive disability, this form will not be used, but the case will be referred to a Medical Board for completion of M.F.B. 227.

No. 115044 Rank Sgt Surname SCOTT
(Given name in full)
John Thomas
Unit or Corps 70th Geny Hosp Birthplace Oularis

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

1. GENERAL DESCRIPTION:

Physique Good Weight 176 lbs. Height 5 ft. 9 in. Colour of Eyes Grey
Nutrition Good
Pulse 72
Condition of arteries Soft
Vision Rt. 6/12+ Left 6/12
Hearing (conversational voice) Rt. 30 ft.
Left 20 ft.

Identification marks, scars, or deformities.
(Give cause and date of origin.)
Slight enlargement of second joint of Rt thumb

Opinion as to general health and physical condition Good

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

Nervous System no Genito Urinary System no Cardio-Vascular System no
Special Senses no Integumentary System no Respiratory System no
Disturbance of mentality no Muscular System no Digestive System no
Osseous and Joint System no Any other general condition no

3. If the answer to any part of Section 2 above is "Yes," here give full particulars, with cause and date of origin; and also a description of the present condition.

At present there is slight tremor in extended ~~arms~~ & finger due to examination? - Reflexes normal and has no disability. Has not been sick or in hospital since enlistment. Had measles in childhood in disability. No record of illness on AFB 103 or AFB 313

2205

EXAMINATIONS.

THIS SECTION FOR USE OVERSEAS—

Examined at Braunschweig (Overseas)

Date 2 May 1919

Signed [Signature] M.O.

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to or during service.

Signature [Signature]

(If not satisfied, M.F.B. 227 will be completed by Medical Board.)

THIS SECTION FOR USE IN CANADA—

Examined at (Canada)

Date

Signed M.O.

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to or during service.

Signature

(If not satisfied, M.F.B. 227 will be completed by Medical Board.)

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

Law

Rank

Name

SCOTT, John Thomas

Reg'l No.

115044

P-56

Unit

10th C.M.R. to C.C.D.

If in perm. Corps,
What Unit?

Married or Single

Single

Place and Date of Enlistment

Regina Feb. 2nd 1915.

Place of Birth

Keewatin, Ont. Canada

Name and Address, Next-of-Kin

Jarvis Scott,

Sunset, Sask. Canada

Relationship

Father

Assigned Pay Monthly \$

Payable to

Relationship

Separation Allowance \$

Payable to

Relationship

Discharge, Date and Place

Reason

Character

Date		PAY		Field Allowance		Other Credits	Total Credits	Voucher		Cash Payments	Assigned pay	Other Charges	Total Debits	Balance	Remarks, Casualties, etc
From	To	No. of Days	Rate	Amount	No. of Days	Rate	Amount	No.	Date						
1.7.15	12.8.15	43	1.05	45.15	62	1.10	68.20			58.89			58.89	1026	John H. R. 310
12.8.15	31.8.15	19	1.05	19.95						29.20			29.20	16.76	L.H. R. 543
1.9.15	6.9.15	6	1.05	6.30											
7.9.15	30.9.15	24	1.10	26.40	30	1.10	33.00	10	26	45.96			29.20	16.76	L.H. R. 543
1.10.15	30.10.15	30	1.10	33.00	31	1.10	34.10			37.20			19.47	34.49	
1.11.15	30.11.15	30		33.00	30		33.00			36			34.55	35.94	
Dec		31		34.10	31		34.10			63.27			63.27	9.87	
1 Jan 21		21	1.10	23.10	21		23.10			19.47			19.47	15.60	
22.1.16	31.1.16	10	1.10	11.00									9.73	51.22	2/0.1/16
1.2.16	29.2.16	29	1.05	30.45	29		30.45			9.73			9.73	51.22	
1 Mar 31		31		32.55	31		32.55			6.10			6.10	80.77	
				293.95			27.50			321.45			240.68	80.77	

[illegible]

* Strike out whichever inapplicable.

ASSIGNED PAY	ENGLAND OR CANADA.	SEPARATION ALLOWANCE.	ENGLAND OR CANADA.
EFFECTIVE DATE:-		EFFECTIVE DATE:-	
AMOUNT:-		AMOUNT:-	

NAME:- **SCOTT** *John Thos*

NUMBER:- **1150HH.**

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.

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
R.O. 34. 29/4/18.	24/18.	bpl.
R.O. 44. 29/4/18.	26/18.	1st Lt. with pay.
		Sgt. (Confirmed)

UNIT AND TRANSFERS

ORIGINAL UNIT:- **10th Bn R**

DATE ACCOUNT FIRST OPENED:-

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'S F'D	UNIT TRANSFERRED TO
			SGN.

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
24.14	61	Field 50p.	713			LPB Cr bal	8659 27
20.4.	554	P Wing 1/15	73			Lesfer	707 94
7/7	9013	Phy.	4864				

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBSCE ALL'CE
Led Bal	110	10		
LPC "	135	15		

PARTICULARS OF RENDERING NON-EFFECTIVE:-

MONTH	PARTICULARS	CR 1	CR 2	PARTICULARS	DR 1	DR 2	DR 3	DR 4	BALANCE	DEFERRED	SEPARATION
Apr.	Led Bal	36		851 31 3/18. SGN.	535				551 43	430 71	
	2-20/4/18 = 29 @ 26	870		10th R. W 3069 8 1/18	28						
				36. 25 1/18 SGN.	1428				576 22		
May	Sgt's Pay	4470			1991				622 72		
		4650	57	15/5 "	714				608 44	460 71	
			82	29/5 "	714				653 44		
June		4650			1428				639 16	460 71	
		45	102	12/6 "	714				68 56		
		45	112	26/6 "	714				671 38	483 71	
Jul		4650			1428				717 88		
		4650			9733				604 49	490 70	
Aug				CR 26587. 24/8. £ 20.00.	714				649 49		
				196. 15/8. SGN.	892						
				198. " "	11339						
Sep.		4650		CR 23068. 17/9. £ 20.	9733				54 50		
		45		280. 25/9. SGN.	714				591 52		
		45			10447						
OCT		4650		317. 9/10. "	746				576 60	520 70	
				350. 28/10. "	746						
		4650			1492						
Nov		45		CR 71046. 28/11/18. £ 17-0-0	8273						
Dec		4650		CR 72312. 28/11. £ 8-0-0	3893						
Jan		4650		4113. 18/11. SGN.	746						
				CR 78179. 7/12. £ 2.	973						
					13885						

COMPILED BY *Ref 125*

CHECKED BY *Ref 125*

COMPILED BY *A. S. Shackleton*

CHECKED BY *Ref 125*

NUMBER	RANK	NAME	MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
31/10/18				Del feed.	138 00			138 88				576 60	585	
							408. 15/11. J.G.N.	7 46				568 29		
					138 00			146 31				65 67		
Feb					42 00		666. 28/1. "	14 93						
							2429. 21/12. O.S.B.	7 46						
							24205. 12/12. "	9 33						
							24572. 9/1. "	5 60						
							735. 15/2. "	7 46						
March					46 50		779. 28/2. "	7 46						
							829. 15/3. J.G.N.	7 46						
							867. 27/3. "	9 33				587 76		
					88 50			69 03				60		
Apr 4/9				Sgt's Pda	45 -		61 7 9 76. 9/4	9 13						
"				Ant. on D Pay	53 14		554. 6. Wing. 20/4	7 3				685 92		
				Sgt Pay May	46 50		894. " Endorsed 6/4	9 33						
							Int on def pay. L.P. 6 lane	53 14				587 40		
					144 64			91 86	53 14					
							3329. 15.5. C.C.C.	24 33	End					
June July					91 50		27 97. 19/6. Spectator W. 1/7	4 87						
				Int on Def Pay	58 24									
					49 74									
					149 74			29 20				707 94		
							903. P.b.l.l.	7 7	48 67			65 9 27		
								48 67						

205 Can 18 7/19

Sh 96. L.H. 12

MARRIED OR SINGLE

PLACE OF BIRTH

NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF KIN

NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF KIN

SEPARATION ALLOWANCE MONTHLY \$

EFFECTIVE (DATE)

PAYABLE TO

RELATIONSHIP OF DEPENDANT

S.
Keewatin, Ont., Canada.
Jarvis Scott
Sunset, Sask., Canada.
Father

CASUALTIES, PROMOTIONS, &c.

PARTICULARS	EFFECTIVE DATE	AUTHORITY
John C. K.	3/1/17	RO 3842/15/17
4th Sgt with pay	11/1/18	RO 6725/1/18
Promoted to Cpl.	17/1/18	RO 7421/1/18

ADMISSIONS TO HOSPITAL, &c.

DATE ADMITTED	DATE DISCHARGED	V. OR A.	NAME OF HOSPITAL

REG'L No. 115044

RANK

NAME

IF IN PERM. CORPS
WHAT UNIT

UNIT 10th B.M.B.

TRANSFERRED TO

DATE

AUTHORITY

PERMANENT FORCE ALLOWANCES

TRANSFERRED TO

DATE

AUTHORITY

PLACE OF ATTESTATION

TRANSFERRED TO

DATE

AUTHORITY

DATE OF ATTESTATION

TRANSFERRED TO

DATE

AUTHORITY

ASSIGNED PAY MONTHLY \$

DATE EFFECTIVE

PAYABLE TO

RELATIONSHIP

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			FIELD ALLOWANCE			WORKING OR SPECIAL PAY			ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS								CASH PAYMENTS				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																											
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C. G.

50-4-32

(Demobilization.)

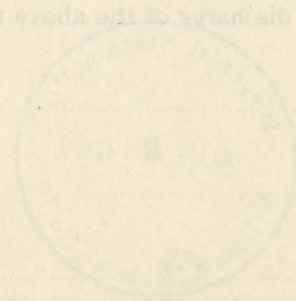
War Service
Class "A"

208335

M.F.B. 218a—300M.-11-18—1772-39-113.

PROCEEDINGS ON DISCHARGE

1. Name of Soldier	
2. Rank	
3. Date	
4. Date of Discharge	
5. Reason for Discharge	
6. Proposed Residence after Discharge	
7. Authority	
8. Certificate to be signed by Soldier	
9. Signature of Soldier	
10. Confirmation	



6

RECEIVED
JAN 10 1961
U.S. AIR FORCE
OFFICE OF THE
JUDGE ADVOCATE
GENERAL
WASHINGTON, D.C.

12 JAN 1961

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12 JAN 1961

RECEIVED JAN 10 1961

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FILE OF DISCHARGE DOCUMENTS

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

1. Triplicate Attestation Paper (M.F.W. 23), or Particulars of Recruit (M.F.W. 133).
2. Casualty Form (A.F.B. 103).
3. Medical History Sheet (M.F.B. 313 or A.F.B. 178).
4. Proceedings of Med. Board (M.F.B. 227 or M.F.W. 129)
5. Dental Certificate (C.A.D.O. 5009a).
6. Field Conduct Sheet (A.F.B. 122)
7. Proceedings on Discharge (M.F.B. 218a)
8. Discharge Certificate (M.F.W. 39)
(Enclosed in special envelope (260M)).
9. Copy of Discharge Certificate (M.F.W. 39a).
10. Dispersal Certificate (C.D. 3).
11. Equipment Statement Q.M.G. Form (D.O.S. 2).
and Clothing
12. Last Pay Certificate (P. 851). *2 sup*
13. Pay Book (A.B. 64).
14. War Service Gratuity (Form M.F.W. 2595).
15. Sundry Documents.

Group *B*
 Checked by No. *17*
 Date *18 JUL 1919*

Group *B*
 Checked by No. *18*
 Date *18 JUL 1919*

Original

2205

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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.

STATION Witley DATE 11-7-19

1. 1 (a) Unit 7 G.H. (b) Regimental No. 115046 (c) Rank Sgt.
(d) Surname Scott (e) Christian name John Thomas
(f) Home address Chamberlain Sack
(g) Next of Kin James J. Scott (h) Relationship Father
(i) Address of Next of Kin P.O. Chamberlain Sack

2. Age last birthday 25 Date of birth Sept 2nd 1893

3. Enlistment, or Appointment (if an Officer) (a) Place Regina (b) Date 2-2-15

4. Personal description: est

(a) Height 5'-10 (b) Weight 170 (c) Complexion Medium

(stripped)

(d) Colour of hair Brown (e) Colour of eyes Gray (f) Identification marks, Scars, etc. None

Brown skin. Birth mark 8" below R. nipple.

5. Former trade or occupation Farmer Labourer

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

4

159

PERIODS

From

To

Canada 30-1-15 24-6-15

England 30-6-15 22-2-16

France or other theatres of War 25-2-16 19-4-19

7. Original disease, or injury D. A. H.

(a) Date of origin since enlistment (b) Place of origin unknown

(c) Cause unknown

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.)

Tachycardia - shortness breath on exertion

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: Well developed well nourished - fine texture of skin - well developed - reflexes normal - Pulse at rest 90 good quality slight irregularities in rate, pulse standing 120 following exercise 180 returning to 90 in three minutes - Ape 5 - interosseal space lines - heart sounds normal - no murmurs - SBP 140 DBP 90

Subjective: Slight nervousness - slight shortness breath on strenuous exertion -

(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 Genito-Urinary System...no
(If pulse rate is abnormal, B. P. will be taken.) (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).)

Has had good health in army and does not complain at present of any marked disability and cannot say just as to when he first noticed any undue shortness of breath on exertion. At present disability is very slight and mostly of nervous origin.

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).)

W. H. H. - 20/8/19 - 4/7/19 - T. D. G.

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

nil

11.—(a) Did the disabling condition have its origin before enlistment? no

(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.)

N. A.

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

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

nil

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit? no
(If the answer is "yes" state nature of treatment required and probable duration)

16. Can the former trade or occupation be resumed? yes
(If not, briefly state why)

17. Recommendations

D. M. Law Capt CAMB

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, John Thomas Scott, 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

nil

J. Scott

Rank. Signature of invalid examined.

4

Yes we concur.

(Category A)	(Yes or No.)
(" B)	(Yes or No.)
(" C)	(Yes or No.)
(" D)	(Yes or No.)
(" E)	(Yes or No.)

(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 ~~discharge~~. (When not for discharge add special recommendation.)

R.T.C. Auto AG Tel 9083 811118

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.

WITLEY CAMP, SURREY.

PLACE.

11.7

DATE _____

Jos. W. Spencer President.
H. M. C. C.

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.

PLACE.

President.

Members

APPROVED BY

APPROVED BY

A.D.M.S. HEADQUARTERS

Assistant Director of Medical Services

.....
Director-General of Medical Services.

DATE _____

1 JUL 1919

DATE _____

THEY SECT ON.

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

REGT. NO. 115044 RANK SGT. NAME (IN FULL) SCOTT, J. T.

M. OR S.

NEXT OF KIN

RELATIONSHIP

PARTICULARS

EFFECTIVE
DATE

AUTHORITY

ORIGINAL UNIT
C.E.F.

RANK *Sgt* NAME (IN FULL)

NAME (IN FULL)

(BLOCK LETTERS SURNAME FIRST)

ADDRESS

.....
IS SEPARATION ALLOWANCE PAID?

DATE EFFECTIVE

.....
TO WHOM PAID

.....
RELATIONSHIP

.....
ADDRESS

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

STOP PAYMENT FORM
ASSIGNED PAY
RENDERED, DATE

..... EFFECTIVE

DISCHARGED

PLACE
Regina

DATE
3. 8. 19.

REASON
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IF ENTITLED TO
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BALANCE
FROM
PREVIOUS
ACCOUNT[illegible]

I certify that all papers submitted in
this account have been completed
J. Campbell Supt
Paymaster for the Credit
Military District No. 2.

GENERAL AUDITOR'S DEPT.
AUDITED
JAN 19 1920
DISTRICT A - 11.12

