Original

ATTESTATION PAPER.

No. 1114632

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

	(ANSWERS).
1. What is your name?	Robert Hall Scott.
2. In what Town, Township or Parish, and in what Country were you born?	Christchurch, Hants, England.
3. What is the name of your next-of-kin?	mother. Mrs. R. Scott.
4. What is the address of your next-of-kin?	Castle St. Christchurch, Hants, Eng.
5. What is the date of your birth?	January 14th., 1884.
6. What is your Trade or Calling?	Teamster.
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? If so, state particulars of former Service.	8 yrs. 2nd. Batt. Hampshire Regt.
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.

Robert H. Scott (Signature of Man).

L. M. Frederick (Signature of Witness).

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Robert Hall 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.

Robert H. Scott (Signature of Recruit)

Date August 15th., 1915. L. M. Frederick (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Robert Hall 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.

Robert H. Scott (Signature of Recruit)

Date August 15th., 1915. L. M. Frederick (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 Sewell Camp, Man. this 15th., day of August. 1915.

M. A. Owens (Signature of Justice)

J. P for Manitoba

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

Lt. Col. (Approving Officer)

O.C. 9th Regiment Canadian Mounted Rifles

M. F. W. 23.
200 M.—5-15.
H. Q. 1772-39-841.

Description of Robert Hall Scott. on Enlistment.

Apparent Age 31 years 7 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5 ft. 8 ins.

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

Complexion dark.

Eyes brown.

Hair dark brown.

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

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).

Tattooed, snakes around neck. Stork & fly, left forearm. American Eagle, upper right.

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 August 17th 1915. H. V. Pedell

Place Sewell Camp, Man. Lieut.

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.

Robert Hall 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.

Lt. Col. (Signature of Officer)
O.C. 8th Regiment Canadian Mounted Rifles

Date August 17th 1915.

REGIMENTAL DOCUMENTS

NAME SCOTT, ROBERT. HALL. REGT. NO. 114632 UNIT 9th L. M. R. H. Q. FILE NO.

	CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE
1	ATTESTATION PAPER (M.F.W. 23, 133, or 51)				
1	CASUALTY FORM (M.F.W. 54 or A.F.B. 103)				
1	TRAINING HISTORY SHEET (M.F.W. 113)				
2	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)				
2	MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)				
1	DENTAL HISTORY SHEET (M.F.B. 465)				
2	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)				
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. 192.				
1	A.F.W. 3997.				
1	Record R22 Parcel R149				

Now card. 11-1-18 & 3-5-19

H 6 49

09420

NON-EFFECTIVE BY
DEATH
Category
DISCHARGE
Category
Demobn
DESERTION
2.
25-26
2226
5-26
2

W. 2589
100M-11 18
[illegible]

H4

*Name SCOTT Robert H. Rank Pte. Regtl. No. 114632

Fyle Depot

Original unit 9th CMR Present unit 5th CMR M. or S. Age Religion Ref. H.Q.

Port, ship and date of arrival Quebec, Lapland, 1-3-19

Next of kin

Address on leave Ravenscrag, Sask.

Address on discharge

Transportation issued Yes / No Date Character on discharge

Previous occupation Date and place of enlistment Sewell Camp, Man. 15-8-15

Diagnosis Date of Medical Boards

Date.	Remarks.	Pt. 2 Order No.
21-2-19	T.O.S.#12DD and posted to Casualty Coy from 6-3-19	66-422
	Granted leave from 7-3-19 to 21-3-19 inc.	
	Entitled to wear 4 blue chevrons.	

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

(over)

Date.	Remarks	Pt. 2 Order No.
22-3-19	Posted from Casualty Coy. to Discharge Sec.	81-516
24-3-19	Discharged- M.U.Sickness	81-515

M. F. W. 192
150m.—5 18
1772-39-1243

D.M.S. 1500.

Surname: Scott | Christian Name or Names: R.N. | Reg. No.: 114632

Rank: Pte | Unit: 5th C.M.R. | Co. | Troop | Batty.

Hospital: 62nd Fld. Ambulance | Date of Admission: 25.5.16

Transferred 3 Can. Gen. Boulogne Hosp. 22-6-16

" 10 Can. Boulogne Hosp. 3.7.16

Hosp.

Hosp.

Diagnosis

(1) Scalded L. Foot

Later Diagnosis (if changed)

(2)

(3)

Additional Diagnoses: If more than one state present

DISPOSITION | Date

Ch. 7.6.16 A 137

C.L. 3-7-16 A 156

13.7.16 A 162

17.7.16 A 164

REMARKS

Base Details 7.7.16

A.M.D. 2 DEPT.

Boh. of D.G.M.S. O.M.F.C. London.

DF

EPITOME OF HOSPITAL TREATMENT.

	Hospital	Adm.
1.		
2.		
3.		
4.		
5.		
6.		
7.		

Number 14632 Rank Pte

Surname SCOTT

Christian Name Robert Hall

Units 5th C.M.R. Theatre of War France

Date of Service 29-1-16

Remarks

Latest Address Ravenscraig. Sask.

Roll No "B" Page 1043.

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

DESP. MAY 12 1923
REGN. NO. 1,148,827

Name will be given in full; surname first.

R. 149.

Name SCOTT Robert Hall *Rank* Pte. *Reg. No.* 114632

Unit 5th. Bn. C.M.R.

Next of Kin Mrs.Scott Castle St. Christchurch Hants.

Date 1916	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
25-5	62nd. Field Amb.		Scalded Foot L.	A137		
22-6-16	Ca Gen Hosp	Boulogne	Do.	A/56		
2-7-16	No1 Con. Depot	Boulogne	Do.	A162		
7-7-16	Base Details		(Do)	A164.		

Date	Movement	Place	Casualty	List No.	Notified N/K O.		W.O. List

NAME Scott Robert Hall

H. Q. FILE No. 649-

REGT'L. No. 1146'32

RANK AND CORPS Pte - 5th Battn. Can. Mounted Rifles (2nd Can Div.)

CABLE

NO.	DATE

NATURE OF CASUALTY

L. L. Job 86907- -M. & D. 16065.

M. F. W. 42—50m.-10-15.
H. Q. 1772—39-893.

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
A 137	62nd Field Amb.	25-5-16	Scalded Foot. Left.
A 156	No 3 Can. Gen. Boulogne	22-6-16	Scalded Rt. Foot.
A 162	No 1 Conv. Depot "	3-7-16	" L. "
A 164	Le Base Details	7-7-16	Scalded Foot

SURNAME. Scott.

CHRISTIAN NAMES Robert. Hall.

REGL. No. 114632. RANK Pt.

UNIT 9th C. M. R.

FORMER CORPS Imp Forces (8 yrs)

CARD No. Res. Mil. 24/3/19 V2
Do. 81. 23/3/19. 10 2012
FOLL.

NEXT OF KIN.

NAMES IN FULL Scott, Mrs. R.

RELATIONSHIP TO SOLDIER Mother

ADDRESS Castle St, Christchurch, Hants Eng.

CHANGE OF ADDRESS

COUNTRY OF BIRTH England Christchurch, Hants. DATE Jan. 14th 1884

PLACE OF ATTESTATION Sewell. Man. DATE Aug. 15th 1915 18

O/s. 23-11-15 276/14

Pte. 1-3-19 273/67 Pte.

L. L. 94504. M. & D. 6512.

M. F. W. 22. 250M.—2-16. H. Q. 1772-39-339.

From St. John Ter S.S. "California" 23-11-15

MARRIED SINGLE Yes. WIDOWER

TRADE OR CALLING Teamster. RELIGION Church of England.

DESCRIPTION.

APPARENT AGE 31 YEARS 7. MONTHS

HEIGHT 5. FEET 8. INCHES

CHEST MEASUREMENT 38. INCHES EXPANSION 3. INCHES

COMPLEXION Dark. EYES Brown. HAIR D. Brown.

DISTINGUISHING MARKS Tattooed Snakes around neck. Stork and fly on left forearm, eagle upper right forearm.

MEDICAL EXAMINATION. PLACE Sewell. Man. DATE Aug. 17th, 1913.

Present Address, Sewell. Man.

No. 114632 RANK Pte NAME Scott R H

T.O.S. 1/7/8/15
D.O. 1060 1/7/8/15 UNIT 9th Can. Mounted Rifles.

M.D. 10

PAID FROM	PAID TO	SIG OR REC'T
1/15	1/15	
Aug. 15	Aug 31	✓
	Sept	✓
	Oct.	✓
	Nov.	✓

PROMOTIONS, TRANSFERS, DISCHARGES, ETC.

PARTICULARS	AUTHORITY
	UNIT SAILED NOV 23 1915

ORIGINAL.

MEDICAL HISTORY SHEET.

193

Surname Scott *Christian Name* ~~R. H.~~ Robert Hall

Examined { on 15th day of Aug 1915
at Lowell Camp

Approved by T. J. Gray
~~H. C. Paddell~~

Rank ~~Lieut.~~ Capt. M.O

Birthplace { City or Town Christchurch
County ~~Hants.~~ Engd.

Apparent age 31 yrs 7 mths

Trade or occupation Teamster.

Height 5 Feet 9 Inches.

Weight 155 Lbs.

Chest measurement { Minimum 35 inches.
Maximum expansion 3 inches.

Physical development good

Small-Pox Marks None.

Vaccination Marks { Arm ~~Right.~~ Left.
Number 2

When Vaccinated last Childhood

(a) Marks indicating congenital peculiarities or previous disease Nil

(b) Slight defects but not sufficient to cause rejection

Date	Fit or Unfit	Examined for Re-engagement,
		M.O
		M.O.
		M.O
		M.O.
		M.O.
		M.O.
		M.O.

Date	Result	Vaccinations.
20 Aug	Pos	T. J. Gray M.O.
		M.O.
		M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.
20 Aug	Pos	T. J. Gray M.O.
30 "	"	" M.O.
17 Sept	"	" M.O.

Enlisted on 15th *day of* Aug 1915 *at* Lowell

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	9th C.M.R.	114632	Good	15th Aug 1915
Transferred to..				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.
Brandhatt Regina	6/1/19	Myalgia	B. J. Mackenzie MAJOR C.A.M.C.
	20-3-19	"	Sam Palmer 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.
100M.—5-15.
H. Q. 1772-39-439

Surname Scott Christian Name R. H. Robert Hall

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital. Day	Month	Year	Dates of Discharge from Hospital. Day	Month	Year	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.
Lewell	17th Aug.										
Bramshott Camp	3rd Dec 1915										

C.A.D.C. 5009A

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

DIRECTIONS TO DENTAL OFFICERS

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.

NAME OF SOLDIER (Block Letters) SCOTT R.H.

REGIMENT QRD RANK PTE No. 114632

Date of Examination in England 31 JAN 1919 Date of Examination in France —

PRESENT DENTAL REQUIREMENTS

1. FILLINGS nil.
2. EXTRACTIONS
3. CROWNS
4. DENTURES
   - (a) Full Upper
   - (b) Part Upper
   - (c) Full Lower
   - (d) Part Lower

A.D.D.S.-BRAMSHOTT HEADQUARTERS 31 JAN 1919

HAS HE EVER REFUSED DENTAL TREATMENT? No.

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 K. Berry Capt.

Army Form B. 103—II.
Part II.

(SERVICE AND CASUALTY FORM Part II).

Regiment or Corps 5th C. M. R. Regimental Number 114632.

*Substantative Rank Pte. Surname Scott Christian Names Robert Hall.

*Acting Rank

(* To be entered in pencil to facilitate alteration.)

Temporary. Original not available

(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
26-1-19.	Q.R.D.	D.O. 297.	T.O.S. & Posted to "D." Coy.	Brumshot	7-12-18.	
26-1-19.	Q.R.D.	D.O. 299.	Furlough, 10-12-18 to 20-12-18.	Bishop	10-12-18.	
26-1-19.	Q.R.D.	D.O. 309.	Posted to "A." Coy.	Bishop	20-12-18.	
11-2-19.	L.R.D.	D.O. 32.	S.O.S. M.D. 12. Rhyl.	Repon	11-2-19.	

Attached C.C.C. Kinmel Park for return to Canada Part II Orders No. 36. Ceases to be attached C.C.C. Kinmel Park on embarking for Canada, Part II Order No:

11/2/19

R. E. Appleby Capt.

Commanding Wing,
Kinmel Park Camp,

20 FEB 1919

A. Rottomley
Lieut.
i/c Records, M.D. 12.

D.D.O. Part II O.S. No. 12 DISTRICT DEPOT REGINA

4.3.19. 66-422— Cleaning Depot 21.2.19

Name of Ship LAPLAND
Embarked — FEB 20 1919
Disembarked —

O.C. Casualty Company, No. 12 District Depot Capt.

To be folded on this line.

Nothing to be written in this margin.

A1834 W.6425—P1600 300,000 10/18 G.W.P.Co.3973.

(A) Report		(B)	(C)	(D)	(E)	(F)
Date.	From whom received	Authority of Part II. of Orders	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.	Place of casualty	Date of promotion, reduction, reversion, casualty, &c.	Remarks, and initials and rank of an officer
27-3-19	Cas Co.		Discharged M-U. Sickness	Regina	24-3-19	81-515

Lieut. & A/Adjt.
No. 12 District Depot

Nothing to be written in this margin.

SERVICE AND CASUALTY FORM (Part I).

Army Form B. 103—I.
Part I.

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

Nothing to be written in this margin.

W1889—PP1150 1M 5/18 G.W.P.Co.(3490)

(1)*Substantative rank Pte *Acting rank *[To be entered in pencil to facilitate alteration.]	(2) Regiment or Corps	(3) Regtl. No.
(4) Surname SCOTT (5) Christian Names Robert Hall (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 Jan 14th 1884 (9) (*a*)	9th - C.M.R	114632

(10) Enlistment (*b*) (11) Engagement (*c*)

(12) Service reckons from (*date*) 15th Aug 1915 (13) Special conditions (if any) of enlistment (*d*)

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

Initials and Rank of an Officer.

(Authority) (*date*)

(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 Teamster

Married or Single Single

Particulars of Trade Test

Occupation Cards despatched on (*date*)

Second Occupation Card despatched on (*date*)

(17) Next of Kin Mrs R Scott. Castle Street. Christchurch. Hants Eng

(18) Demobilizer (*f*) (Place) (Signature of Posting Officer

(19) Pivotal-man (*f*) (Date)

(20) Qualifications (*g*) *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.

Temporary — Taken from Record Sheet

(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
			Arrived in England		3.12.15	
1.2.16	9th CmR	Ptn. 32	SOS o/seas	B'Shott	28.1.16	
21.2.16	5th "	" 9	TOS from England	Tweld	29-1-16	
6.1.19	" "	" 2	SOS to QRD	"	5.12.18	
8.12.18	QRD	" 297	TOS from 5th CmR	B'Shott	"	
11.2.19	"	" 32	SOS to C.D.D - Rhyl	"	11.2.19	

Certified true copy. Taken from Record Sheet
for Lt Col i/c Records, O.M.F.C. A.J. O'Brien Lieut

Nothing to be written in this margin.

Reference copy of original C.E.F. Discharge Certificate issued to the soldier shown hereon.

This copy is to be attached to a soldier's discharge documents and must contain the exact wording which appears on the original certificate, and must be signed by the Officer carrying out discharge.

This is to Certify that No. --114632 --- (Rank) ------ Private ----------

(Name in Full) ---------- Robert Hall Scott ---------- enlisted in

---------- Ninth Canadian Mounted Rifles ----------

Canadian Overseas Expeditionary Force, on the ------ 15th ---- of ---- August -------

191 5, and accompanied said unit to France Thirty Four & Half Mos. with 5th. CMR.

was returned to Canada, and discharged from the service at Regina, Saskatchewan -------

on the ---24th ------ of ---- March ----- 191 9 in consequence of ---------- being

Physically Unfit: "Sickness." ----------

DESCRIPTION ON DISCHARGE

Age ------ 35 years ----------	Marks or Scars ----------
Height ---- 5 feet 8 inches ------	----------
Complexion ---- Dark ----------	----------
Eyes ------- Brown ----------	----------
Hair ------- Dark Brown ----------	----------
Todex File No. 448-S-12 D.D. ----	----------

Signature of Man R H Scott

L W Gladwin Maj.
Lt-Col.,
Officer in charge Discharge Depot.
O.C. #12 District Depot.

Place and Date Regina, Sask., 24-3-19.

M. F. W. 39 a.
50m.—8-17.
H. Q. 1772-39-882.

1-11-18
15-12-1

CANADIAN OVERSEAS EXPEDITIONARY FORCES

Discharge Certificate

War Service Badge, Class ... Issued

A. No. 66938

B. No. 45623

No. .....

Rank .....

Name .....

Unit .....

Address on Discharge .....

.....

.....

.....

.....

On demobilization the particulars called for on the back of this certificate will not be completed.

1.—That discharge certificate must be carried when wearing uniform.

2.—That uniform can be worn only thirty (30) days after discharge, or when duly authorized in writing, and

3.—That wearing of uniform renders him liable to usual military discipline, as if on the strength of a unit.

Discharge Section

MAR 24 1919

NO. 12 DISTRICT DEPOT

His conduct and character while in the Service have been : .....

.....

.....

On demobilization the particulars called for on the back of this certificate will not be completed.

Place .....

Date ..... Commanding .....

Campaigns .....

Medals and Decorations .....

Entitled to wear Four Blue Service Chevrons.

.....

.....

R—122.

Rank **Private** Name **SCOTT Robert Hall** Reg'l No. **114632**

Unit **9th C.M.R.** If in perm. Corps, What Unit? Married or Single **Single**

Place and Date of Enlistment **Sewell Camp.Man.15th Aug.1915** Place of Birth **Christchurch.Hants.Eng**

Name and Address, Next-of-Kin **Mrs R. Scott,**

Castle St, Christchurch, Hants, England. Relationship **Mother**

Assigned Pay Monthly $ Payable to

Relationship

Separation Allowance $ Payable to

Relationship

Discharge, Date and Place Reason Character

NIL R.L. No 19660
File R.L.
Category O R CANADA

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		3 - DEC 1915	
1.2.16	O.C. 9th M.R.	S.O.Son Insp Overseas	Bramshott	28.1.16	Pte to DO 32
21-2-16	O/C 5th.	Taken on Strength	Field	29 1/16	—"— 9.
7.6.16	5 Can R	62nd Field Amb:	—"—	25 5/16.	C/L A137. Scalded foot left 23
3.7.16	—"—	#3 Can Gen Hosp e/62nd	Boulogne	22 6/16	—"— 155. —"— Rl.
13.7.16	—"—	#1 Conv Depot: e/#3.	—"—	3 7/16	—"— 162. —"—
17.7.16	—"—	Rlse to Base Detail	Field	7 7/16	C/L # A164 —"—
6-1-19	—"—	S.O.S. to C R D	"	5-12-18	D.O. 2 Do 29 9 RD 8-12-18
7-1-19	C R D	am't from 10.00 20 12/18 to 23.50, 30 12/18 forfeits 11 days pay by P to a leg Awarded 11 days F P No 2 Total forfeiture 22 days pay		31-12-18	" 5

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					
11-2-19	QRD	Sol to C&D Rhyl	Rhyl	Pte	11-2-19	Do 32
12-2-19	12 Wing	TOS from QRD	Rhyl	"	11-2-19	" 36
Do 2-19	"	Sol to CEF Canada	"	"	Do 2-19	" 43

Form P. 812A.
7777 15m. 12/12/18 D509

C.R. FILE NO. 2465

ASSIGNED PAY and/or SEPARATION ALLOWANCE

Payable to Mrs J. R. Scott

Address Castle St., Christchurch - Hants.

Name SCOTT - R. H

From Canada: No. 114632 Rank Dte Unit 5 CAN R.D

ASSIGNED PAY

Authority	Dol.	Effect
ASSIGNED PAY SEPARATION ALLOWANCE	"	"
20	"	"
1-2-19	"	"

Rank	Authority	Unit
	ASSIGNED PAY AND SEPARATION ALLOWANCE BEING PAID UNTIL FURTHER ADVICE FROM OTTAWA OF DISCHARGE OF SOLDIER NAMED HEREIN. Noted on LPB	

Month	Cheque No.	Assigned Pay	Amount Separation Allce.	Total A.P. and S.A.	REMARKS
DEC. 191					DISCHARGED TO CANADA
JAN.					
FEB.	F57960	20			NR 2394 28/1/19
MARCH	G34854	20			Repton Disposal
APRIL					
MAY		Discharged 24 3/19		final payment	
JUNE					
JULY		O.T. 362 = 3 4/19.			
AUG.					
SEPT.					
OCT					
NOV.					
DEC.					
JAN.					
FEB.					
MAR.					
APRIL					
MAY					
JUNE					
JULY					
AUG.					

P—56

Rank Private Name SCOTT Robert Hall Reg'l No. 114632

If in perm. Corps, What Unit?

Unit 9th C.M.R. Married or Single Single

Place and Date of Enlistment Sewell Camp. Man. 15th Aug. 1915 Place of Birth Christchurch. Hants. Eng

Name and Address, Next-of-Kin Mrs R. Scott,

Castle St, Christchurch, Hants, England. Relationship Mother

Assigned Pay Monthly $ Payable to

Relationship

Separation Allowance $ Payable to

Relationship

Discharge, Date and Place Reason Character

Date From	Date To	PAY No. of Days	PAY Rate	PAY Amount	Field Allowance No. of Days	Field Allowance Rate	Field Allowance Amount	Other Credits	Total Credits	Voucher No.	Voucher Date	Cash Payments	Assigned pay	Other Charges	Total Debits	Balance	Remarks, Casualties, etc
1915																	
Dec 1	31	31	1.00	31	31	.10	3.10	.10	34.10			34.07			34.07	.03	$10 to Clerk Allce
1916 Jan 1	28	28	1.00	28	28	.10	2.80		30.80			12.17			12.17	28.66	Do 32 Nafford to Inf Bridge.
Jan 29	Feb 29	32		32	32		3.20		35.20			5.22			5.22	58.64	
Mar 1	31	31		31	31		3.10		34.10			7.62			7.62	90.12	
				122			12.20	.10	162.20			84.08			84.08		Fd to new Ledger

CANADIAN
ASSIGNED PAY AUDITED
per [illegible]
AUDIT CLERK
DATE 13-6-19

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						

MARRIED OR SINGLE: S.

PLACE OF BIRTH: Christchurch, Hants.

NAME AND ADDRESS OF NEXT OF KIN: Mrs. R. Scott, Castle St. Christchurch, Hants, Eng.

RELATIONSHIP OF NEXT OF KIN: Mother.

NAME AND ADDRESS OF NEXT OF KIN:

RELATIONSHIP OF NEXT OF KIN:

SEPARATION ALLOWANCE MONTHLY $ 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. 114632 RANK Pte. NAME Scott, Robert Hall,

IF IN PERMT. CORPS WHAT UNIT } UNIT 5th C.M.R.

PERMANENT FORCE ALLOWANCES

PLACE OF ATTESTATION Sewell Camp, Man.

DATE OF ATTESTATION Aug. 15th 1915.

TRANSFERRED TO | DATE | AUTHORITY

ASSIGNED PAY MONTHLY $ 20.00 DATE EFFECTIVE 1-4-17.

PAYABLE TO Mrs. R. Scott, Castle St. Christchurch, Hants, Eng. RELATIONSHIP Mother.

ASSIGNED PAY MONTHLY $ DATE EFFECTIVE

PAYABLE TO RELATIONSHIP

ALLOWANCE AT AND SEPARATION ALLOWANCE BEING PAID IN ENGLAND UNTIL ADVICE FROM OTTAWA OF DISCHARGE OF SOLDIER NAMED HEREIN

STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) stopped EFFECTIVE 1/2/19 REASON Dis. to Can

DISCHARGE DATE AND PLACE 31/1/19 Can. REASON AND AUTHORITY Rlf D. 2394 - 28/1/19

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

C1.

DATE 1916	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
														Forward from Old ledger	144 20														5408	90 12				
Apl-30	30	1/00	30		30	.10	3	12 20							33	588 30/3/16								261						5422	117 90				
																546								261											
May/31	31	1	31		31	10	3	10							34 10			620	15/5/16					255						2551	149 45				
30-6-16	30	1	30		30	10	3								33															182 45				
31-7-16	31	1	31		31	10	3	10							34 10															216 55				
31-8-16	31	1	31		31	10	3	10							34 10															250 65				
30-9-16	30	1	30		30	10	3								33			1096	15/9/16	48 / 5313 / 5168 / 4412 / 1674 / 5677	21/8 / 15/9 / 7/7 / 13/7 / 15/8 / 26/7/16			261	262 / 697 / 436 / 436 / 262 / 698											
																													3052	253 13				
31-10-16	31	1	31		31	10	3	10							34 10	1113	30/9/16	1153	31/10/16					262	349	243				854	278 69				
30/11/16	30	1	30		30	10	3								33	187	31-10-16							262						262	309 07		165.		
31-12-16	31		31		31		3	10							34 10	1257	31-11-16							523						523	33 94		180-		
1917			39	70			39	70																										
31-1-17	31	1/10	34	10											34 10	1313	31-12-16	1413	15/1/17					10	46	5	23			15	69 356 35		195.		
			348	80											480 80															124 45				

275 / 8 / 15+6+15 = 2000 / 2 / 1775 / 175 / 24) 6900 (287.5 / 48 / 210 / 192 / 180 / 168 / 120

275 / 45%

2/R 324-w3069 2/16

CANADIAN ASSIGNED PAY AUDITED Nil — A Beach AUDIT CLERK DATE 13.6.19

1146 32

Pte Scott R. H.

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
Frwd			348	80											480	80														124 45	356 35		195 00		
28-3-17	28	1s	30	80											30	80	1467							3 49						3 49	383 66				
31-3-17	31	1/90	34	10											34	10	1088 1482		1705 1645					5 23	2 61		2 61	2 62			13 04	404 69		225 00		
30-4-17	30	1s	33												33						479616							20		20 .	417 69				
31-5-17	31		34	10											34	10	102				500325			2 61		5 23		20		27 84	423 95				13-4-17 107 Warren Batt
30-6-17	30		33	-											33	-	112				a47717.			2 68				20		22 68	434 27				
31-7-17	31		34	10											34	10					a95984							20		20 .	448 37				
Aug	31		34	10											34	10	246		214		a158738			268	5 35		4869	20		76 70	405 77				
Sept	30		33	00											33	00	390 995		554 945		337 9.7.17 337 9.7.17 a186740.			5 35 267	5 36 268	9 73 8760		20		136 09	30 7 76		225 00		

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFER-RED. PAY	SEP. ALLCE. ENG.
July 30									302 70. 225 00		
Oct.	P. Pay	34 10		ab Check A238346.			20		316 80		
Nov.	P. Pay	34 10		AP 20332 £4-2-2.			20				
				ab 6445 56 MR 4-10-17		2 57					
				ab 688 56 MR 12-10-17		4 46					
				ab 577 56 MR 17-9-17		2 67					
Dec	P. Pay	34 10		AP. C12932 £4. 2. 2			20				
				AR 720 56 MR 8-11-17		3 57			329 63		
		67 10				14 27	40				
JAN 1918				AP Cheque no C34134 £4. 2/2			20				
	P Pay	34 10		AR 747 56 MR 9-11-17		13 38					
				AR 794 56 MR 2-12-17		3 57					
				" 853 "	26/12/17	3 57					
				" 826 "	13/12/17	4 46			318 75		
		34 10				24 98	20				
Jan	P Pay	30 80		AP C73512 £4. 2/2			20				
				AR 910 56 MR 19/1/18		4 46					
				" 2307 cl 24/1/18		97 33			227 76 225		
March		30 80				101 79	20				
				AP D32317 £4. 2/2			20				
				AR 1010 56 MR 13.2.18		4 46			205 30		
	PP	34 10		" AR 1062 " 26.2.18		3 57			233 83		
				" 1133 " 14.3.18		3 57			230 26 25 7 10		
		24 10				11 60	20				

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFER-RED. PAY	SEP. ALLCE. ENG.

P 820
12474--375M—13-2-18.

* Strike out whichever inapplicable.

ASSIGNED PAY.	* ENGLAND OR ~~CANADA.~~	SEPARATION ALLOWANCE.	* ENGLAND OR CANADA.
EFFECTIVE DATE:-	1-4-17	EFFECTIVE DATE:-	
AMOUNT:-	~~4/-~~ stopped 1/2/19	AMOUNT:-	

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.

Mrs J R Scott mother
Castle St Christchurch Hants Eng

L

ASSIGNED PAY AND SEPARATION ALLOWANCE BEING PAID IN ENGLAND TIL ADVICE FROM OTTAWA OF DISCHARGE OF SOLDIER NAMED HEREIN

NAME:- SCOTT Robert Hall

NUMBER:- 114632

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		Pte

UNIT AND TRANSFERS

ORIGINAL UNIT:-

DATE ACCOUNT FIRST OPENED:-

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO
			5bmR

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
31/12	a713269 - AWL 11/57 11/57 P.		~~24 20~~				
26/1	4557	R.R.D.G. £2	~~9 23~~ 3 3 93				
LPC - Bal. 31/1/19 Cr.			199 66				

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBSISTENCE ALLOWANCE

PARTICULARS OF RENDERING NON-EFFECTIVE:- Mis. to Can 1/2/19. Ref D 2394 - 28/1/19. Ripon to Ripon M.D. II 12 Compiled 28/1/19.

MONTH 1918	PARTICULARS	CR. 1	CR. 2.	PARTICULARS	DR. 1	DR 2.	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
March	Balance Forward								230 26	225	
Apl.	P Pay	33		AP R° A 32338 £4.2/2			20		243 26		
				AR 12 5 Cm R " 4/18	7 14				236 12		
				" 74 " 26/4/18	3 57				232 55	225	
		33.			10 71		20				
May	O.C.	34 10		A.P. A 60750 £4.2/2			20		246 65		
				AR 123 5 Cm R. 8 5 18	3 57				243 08	225	
				" 169 " 26.5.18	3 57				239 51		
		34 10			7 14		20				
June	O.C.	33		AP B 66957 £4.2/2			20		252 51		
				AR 229 5 Cm R 9/6/18	3 57				248 94	225	
				" 27. 8 C.F.B. 27/6/18	3 57				245 37		
		33.			7 14		20				
July	OP	34 10		AP C 1348 £4.2/2			20		259 47		
				AR 126 8 C I B 12/7/18	4 46				255 01		
				" 502. " 27.7.18.	3 57				251 44	225	
		34 10			8 03		20				
AUG	P.P.	34 10		AP G 36342 £4.2.2			20		265 54		
				AR 714 8 C I B 12/8/18	4 46						
				" 865 " 27/8/18	3 54				257 51	225	
		34 10			8 03		20				
Sept	OP	33		AR D 10921 £4.2.2			20		270 51		
				A.R. 1116 8 C I B 15/9/18	4 46				266 05	225	
		33			4 46		20				
OCT	P.O.	34 10		AK D 47025 £4.2.2			20		280 15		
				AR 1528 8 C I B 3.0.18.	3 73				276 42	225	
				" 2061 " 19.10	3 73				272 69		
				" 2391 5 Cm R 29.10	3 73				268 96		after pay 10/1/19
		34 10			11 19		20				

NUMBER 114632 RANK Pte. NAME SCOTT. R.H.

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
NOV				Bro Ford					268 96	225	
				CL E 25420 L.S.D.			20		248 96		
				Encroachment on Staff P/G 10.12.18						4 8 67	
				CR 3020. S.C. 23 14.11.18	3 3				245 23		
				Dec'd E 79818 L.S.D.			20		225 23		
				CR 4910. C.R.D. 19.11.18.	13 99				211 24		
				C.F. 80488. 10-12-18.	48 67				162 57		
				2 C.D. CR 3341 9/12	38 93				123 64		
Dec. O.P. & Mot		6 5 10							190 74		
Ldry.				C. F. Drury L.S.D.	105 32		20				
Cmy.		3 5 10							204 84		
		101 20			105 32		60				
Ldry.											
	Int. on Def. Pay	28 75							233 59		
				A.H.L. 20 Tr. 30 Tr. 11 75 F.P. 4231. 1918							
				L.S.D. 7 49. R.R.D.		24 20			209 39		
				CR 4551. Kipton. 261.	9 3				199 66		
				" 667 K.P. 17.2.	9 3				189 93		
		28 75		Ldry endorsed.	19 46	24 20					

V.P.C.

L.D.L. 20 Tr 19 L.L. 17.
R.R.D.

1906

CANADIAN
ASSIGNED PAY AUDITED
Ald Bloggett
AUDIT CLERK
DATE 13 6 19

20484
3393
17091
2875
199.66

105.32
973

File — S. 542. S/S Lapland. 1/19.

AUDITOR | PAYMASTER

M. OR S.

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

REGT. No. 114632 RANK Pte NAME (IN FULL) SCOTT, R. H.

NEXT OF KIN — RELATIONSHIP

ADDRESS Ravenscrag, Sask.

IS SEPARATION ALLOWANCE PAID? No. — DATE EFFECTIVE

TO WHOM PAID — RELATIONSHIP

ADDRESS

PARTICULARS	EFFECTIVE DATE	AUTHORITY
Dstd Fr Can C. 4/3		D.O. 66

ORIGINAL UNIT C.E.F. 9th C.M.R. — IF IN P.F. WHAT UNIT? — (BLOCK LETTERS SURNAME FIRST)

PLACE OF ATTESTATION — TRANSFERRED TO — DATE — AUTHORITY

No. 12 DISTRICT DEPOT

DATE OF ATTESTATION 15-8-15. — TRANSFERRED TO — DATE — AUTHORITY

ASSIGNED PAY $ 20.00 — DATE EFFECTIVE 1/3/19 — OPEN ENG.

PAYABLE TO Mrs J.R. Scott. — RELATIONSHIP M — ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS Castle Street, Christchurch, Hants. Eng.

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE — EFFECTIVE

DISCHARGED — PLACE REGINA, SASK. — DATE MAR 24 1919 — REASON On Demob — AUTHORITY D.O. 81 — IF ENTITLED TO POST DISCHARGE PAY

BALANCE FROM PREVIOUS ACCOUNT

MONTH	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $	AMOUNT C.	OTHER CREDITS $	OTHER CREDITS C.	C/Bal f/a $	C/Bal f/a C.	TOTAL CREDITS $	TOTAL CREDITS C.	ACQUITTANCE ROLLS COL. NO. 1 NO.	COL. NO. 1 DATE	COL. NO. 2 NO.	COL. NO. 2 DATE	COL. NO. 3 NO.	COL. NO. 3 DATE	CASH PAYMENTS COL. NO. 1 $	COL. NO. 1 C.	COL. NO. 2 $	COL. NO. 2 C.	COL. NO. 3 $	COL. NO. 3 C.	ASSIGNED PAY $	ASSIGNED PAY C.	REGIMENTAL CHARGES $	REGIMENTAL CHARGES C.	OTHER CHARGES $	OTHER CHARGES C.	$	C.	TOTAL DEBITS $	TOTAL DEBITS C.	BALANCE DEBIT $	BALANCE DEBIT C.	BALANCE CREDIT $	BALANCE CREDIT C.	PARTICULARS OR REMARKS
31/1/19					199	66	~~199 66~~		199	66																											
																	Kinmel Park																					
																	~~to Lapland~~																					
																	Cheque	50																				
																	Cash	5																				
12—24/3	52	1/10	57	20	35/12		~~134 93~~ 104	~~10 66~~ 29	20	24/3					29	24/3	35				252	92	20/121						64	73			124	~~93~~ 10	66				
			57	20	27	66			303	86							99	73			252	92	21	21					373	86	70	00					
																	WAR SERVICE GRATUITY.																				
																	WAR SERVICE GRATUITY M.D. 12																				
			W.S.G.																				W.S.G.								Soldier.						
	183		420				420																70						70		350						
																							70						140		280						
																	I certify that all payments due on this account have been completed.						70						210		210						
																							70						280		140						
																							70						350		70						
																							70						420		0						
			420				420																420						420								

Paymaster War Service Gratuity Military District No. 12.

APR 24 1919

24/5/19

24/6/19

JUL 24 1919

AUG 24 1919

GENERAL ACCOUNTANT'S DEPT. AUDITED OCT 8 1919 DISTRICT AUDITOR M. D. 12

100M-1-19.—L. L. 53962-M. & D. 9723.
M. F. W. 2596.
1772-39-1800.

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

CERTIFIED CORRECT
Canadian Records
Westminster
7, Millbank

M. F. W. 54.
150M. 10-15.
H.Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps 8TH OVERSEAS CANADIAN MOUNTED RIFLE REGIMENT C. E. F.

Regimental No. 114632. Rank Private. Name Scott, Robert. H.

Enlisted (a) 15-8-15 Terms of Service (a) Duration of War Service reckons from (a) 15-8-15

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) Teamster

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.
		TRANSFERRED TO THE 8th. INFANTRY BRIGADE, OVERSEAS. A. Stewart Lieut & Adjutant. for Lieut. Colonel. O. C. 9th. C. M. R. R.			
30/1/16.	C.B.D.	Landed in France and taken on Strength 5th.Bn.C.M.R.	C.B.D.	29/1/16.	101/CM/G/2.
7/2/16	do	Left C.B.D.for Unit	Field	7/2/16	101/BD/3/214.
12/2/16	Unit	Joined Unit	do	8/2/16	B.213.
3/6/16	6th Bde F.A.	Scald L. foot. adm	6th. F.A.	25/5/16	A36. 27/5/16 D.C.S 137
11.6.16	"	" " " to.	20.O.R.S.	29/5/16	- 3/6/16 D.C.S. 137
18.6.16	20 O.R.S	- . . adm	20 O.R.S.	"	~~W3034~~ A36.
3.7.16 ~~22.6.16~~	Casuals.	" " Adm	3 Gen.	22/6/16.	Casualty Clearing H. 186
3.4.16.	3 Gen Hosp.	" " Sick to	1 Con. Dep.	3/4/16.	W3034
3.4.16.	1 Con Dep.	Sick. Adm.	1 Con Dep.	3/4/16.	W3034

(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.

114632 Pte Pecott. R.N.

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.
4/4/16.	1 Corps.	Sick.	To	Base details.	4/4/16.	W3034.
10.4.16.	CBD.	Taken on str. "A"		CBD	10/4/16	A.R. Dbs. 146.
22.6.16	3 Cav Gen.	Dvr Saddler R. Foot.	Adm	3 Cav Gen.	22/6/16	W3034.
24.6.16	3 bbs.	do	Adm	3 bbs	21/6/16 } 22/6/16 }	A.36. Dbs 153.
12/8/16	CBD	Left for 3rd Entrenching	To Bn	H.T. 17 Field	12/8/16	A.R. Dbs } 158 d/29/8/16
14/8/16	3rd Cav Bn	Arrived do.		do	14/8/16	A.R. Dbs. }
23/9/16	Unit	Rejoined Unit		Field	17/9/16	B213 DCS 192 d/10.10.16
3-2-17	"	Influenza.		not stated.	24-1-17	B213. DCS 203 17/2/17.
3-2-17	"	Rejoined Unit		Field.	28-1-17	B213. DCS 203 17/2/17.
31-3-17	"	In Command, 9th Dn. Dump		"	29-3-17	B213 DCS 223 10/4/17
14.7.17	"	Granted Leave of Absence 11.7.17		to 25.7.17.		B213 folio 68 21/4/17.
28.7.17.	"	Rejoined Unit.		Field	23/7/17	B213 DCS 261.
24.1.18	"	Granted 21 days Leave to U.K.		—	26/1/18	B213 Pantin Hosp.
16.2.18		Rejoined from Leave		—	12/2/18	B213.
18.11.18	CBD	To Q.S. for Board from Unit		CBD	18.11.18	AR 512
19.11.18	abd.	Class "Z" Myalgia		"	19.11.18	W 3339-825
21.11.18	CBD	To Labor Pool		CBD	21.11.18	AR 574.
5/12/18	CBD	Trans. to Eng. Posted to O.R.D. Bramshott		Eng.	5.12.18	R II 2 6/1/19.

Lieut.
for Lt. Col., A.A.G.,
Canadian Section

REGINA, SASK. General Medical Board

THIS FORM WILL BE USED FOR ALL RANKS

MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

A. D. M. S. MAR 20 1919 M.D. No. 12 MAR 21 1919 Regina, Sask.

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 Regina Sask DATE March 20th 1919

1. 1 (a) Unit "12 DD (b) Regimental No. 114 632 (c) Rank Pte

(d) Surname SCOTT (e) Christian name Robert Hall

(f) Home address Pavenseraig Sask.

(g) Next of Kin Mrs E. M. Scott (h) Relationship Mother

(i) Address of Next of Kin Castle Street Christ Church Hants England

2. Age last birthday 35 Date of birth Jan 14th 1884

3. Enlistment, ~~or Appointment (if an Officer)~~ (a) Place Duell Manitoba (b) Date Aug 15th 1915

4. Personal description:

(a) Height 5.8 (b) Weight 137 (stripped) (c) Complexion Medium

(d) Colour of hair Brown (e) Colour of eyes Brown (f) Identification marks, Scars, etc. Tattoo - Neck & Both Arms - Snake & Lizard

5. Former trade or occupation Teamster

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
	3 7/12	5

Statements I II III

		PERIODS From	To
Canada	5	March 8th 1919.	Present Time.
	1	Aug 15th 1915.	Dec 2nd 1915 - I
England	4½	Dec 2nd 1915.	Feb 21st 1919
			Jan 29th 1916 II
France or other theatres of War	3	Jan 27th 1916.	Dec 7th 1918 - III

As no record of Casualty on sheet

7. Original disease, or injury Myalgia

(a) Date of origin 1917 (b) Place of origin France

(c) Cause Infection

M. F. B. 227.

400M—11-18.

F 1772-39-117.

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.)

Myalgia.

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.)

Man is thin. good muscular development: fairly healthy appearance— States he has lost 10 to 12 lbs in weight since he enlisted - Had trench fever in 1916. from which time he has complained of pains in legs & hips chiefly L. hip. Hurts when he moves; bends over & straightens up - shin bones ache at night. Pain keeps him awake - has poor appetite — Pulse 66-S BP-116. Has had attacks when he would have to stay in bed 3 or 4 days — Never had any trouble previous to enlistment - Attacks have disabled him on average 3 or 4 days a month - no hospital reports — No debility present & no objective findings to account for complaints —

(*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*).)

Condition found trench fever.

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*).)

None

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

None

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? Should improve in 6 months -

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

None

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

Nil

J. M. Palmer Capt

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 R H 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

R H Scott 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.

Yes

19. Is the invalid fit for

(*a*) General service,	(Category A)	(Yes or No.)
(*b*) Service abroad, not general service,	(" B)	(Yes or No.)
(*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.)

no

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.

W. E. Brack Capt *President.*

PLACE Regina — S. McKinnon Capt — Members

DATE 20 - 3 - 19

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..... — Members

DATE.....

APPROVED BY — APPROVED BY

A. T. Macnee Major
Assistant Director of Medical Services.

DATE 20 - 3 - 19

Director-General of Medical Services.

DATE.....

PART I. A.F.B. 179 Canada (Revised 1918). 40266 10/8/18 D1343

Reserved for M.H.C.

Regt. No. 114632 Rank PTE Surname SCOTT Christian Name ROBT HALL

Unit or Corps—(a) Overseas from United Kingdom 54 CMR (b) in United Kingdom BRDG

Born at—Town Christchurch County or Province Hants Country England

Date of Birth—Day 14 Month Jan Year 1884 Age 34 yrs. 11 months.

Joined at Sewell - Ont Canada Date 15th Aug 1915

Former trade or occupation Teamster

Permanent Marks or any peculiarity that will serve for future identification :—

two snake around neck
flying bird on left fore arm

Height—feet 5 inches 8 Colour of eyes brown

Signature of Soldier (*for identification purposes*) [illegible]

Medical Report

☞ *Read carefully the instructions on last page of this form.*

1. DISABILITY.

Group the disabilities, placing those resulting from separate causes in separate groups.

Disabilities Group (*a*): MYALGIA

Disabilities Group (*b*): N A

Disabilities Group (*c*): N. A.

2. CAUSE OF DISABILITY

		Place of origin.	Date of origin.
(*i.*) As to Group (*a*) above.	INFECTION	France.	April 1917
(*ii.*) As to Group (*b*) above.	N A		
(*iii.*) As to Group (*c*) above.	N A		

3. Is the disability due to disease contracted or injuries received prior to Active Service ?

(*i.*) As to Group (*a*) above ? no If yes, has Active Service aggravated it ? na

(*ii.*) As to Group (*b*) above ? na If yes, has Active Service aggravated it ? na

(*iii.*) As to Group (*c*) above ? na If yes, has Active Service aggravated it ? na

4. Is the disability due to disease contracted or injuries received while on Active Service ?

(*i.*) As to Group (*a*) above ? yes

(*ii.*) As to Group (*b*) above ? na

(*iii.*) As to Group (*c*) above ? na

PART I. (continued).

5. MEDICAL HISTORY. Soldier enlisted aug. 1915 went to France Jan 1916. Here 3 4/12. No gen. H. entire Corps in entire Dec 15-1916. reports sick. Bronchs 19th Nov 1916 Bn. Myalgia - Soldier states he suffered mine explosion - with pain in back and legs but did not go sick. until 19th Nov 1916 when he was bronchs - Had malaria 7 years previous to joining the army - at present complains pain in ankle. Tenderness of both shins - pain in left thigh and left hip. When attack is on had has soreness in both elbows also tender on touch -

6. PRESENT CONDITION. Soldier has lost 10 pounds in weight. looks worn out - muscular development fair examination. both tibia are tender to touch no tenderness of muscles - Gastro-intestinal - heart. lungs - Genito G. U and other systems normal.

7. OPERATION. (i.) Was one performed? no (ii.) If so, state what. na

(iii.) Was one advised and declined? na

NOTE.—Loss of teeth on or immediately after Active Service should be attributed thereto, unless there is evidence to the contrary.

8. (i.) Is there loss or decay of teeth attributable to Active Service? no

(ii.) If so, describe. na

9. DO YOU RECOMMEND:—

(a) Fit for duty? (*state category*) yes B1

(b) Invalid to Canada? no

(c) Discharge from the Service as permanently unfit? no

Date of Report 6-1 191 9 Signed W H Wilson Capt

Station Brantford *Officer in medical charge of case.*

I have satisfied myself of the general accuracy of the above Report, and concur therein *except not in hospital

{Officer i/c Hospital / S.M.O. Brigade} Strike out one of these

Dated at Station, on 191

*Delete if inapplicable.

PART II.

Proceedings of a Medical Board on the Soldier mentioned in Part I.

10. Is the diasbility fully described in Part I. (1)? Yes
If not, describe it.

11. Is the cause of the disability fully described in Part I. (2)? Yes
If not, describe it.

12. From the medical information now adduced, was the disability caused or aggravated by:— (a) Negligence of the Soldier { Caused? No / Aggravated? No } (b) Misconduct of the Soldier { Caused? No / Aggravated? No }

13. THE ENTIRE DISABILITY.—Without regard to his regular occupation, to what extent is his capacity lessened at present for earning a full livelihood in the general market for untrained labour?
(Estimate at none, 5%, 10%, 15%, 20%, etc.) Nil.

14. THE DISABILITY DUE TO SERVICE.—*(See Part I. (3). Aggravation on Active Service of a disability existing previous to joining is to be included in this estimate.)*
What part of the entire disability estimated next above (13) is due to causes arising during Active Service?
(Estimate at none, 1/10, 2/10, 3/10, etc., or all.) Nil.

15. Permanency of the Disability due to Service estimated next above in (14).
(i.) Is it permanent? Nil.
(ii.) If not permanent, what is its probable minimum duration *(in months)*?

16. If an operation was advised and declined, do you consider the refusal to have been unreasonable? Nil.

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

18. REMARKS:— Boarded under Authority A.G. telegram 9085 dated 11-12-18

19. RECOMMENDATION:— (a) Fit for duty? (state category) Yes B1 for 6 mos (b) Invalid to Canada? No (c) Discharge from Service as permanently unfit? No

Date of Board 6 JAN 1919

Signatures of the Board { [illegible] MAJOR C.A.M.C. President. / [illegible] Capt C.A.M.C. / D. MacKenzie Capt C.A.M.C. }

Station Bramshott

Approved [illegible] Major, D.A.D.M.S. for A.D.M.S., Canadian Troops, Bramshott Camp

A.D.M.S.

Dated at Bramshott Station 6 JAN 1919 191

Statement of the Soldier

(This is to be completed only in the case of the Soldier taking his ~~Discharge in England.~~)
(Sections 1, 2, 5, and 6 are to be read to the Soldier.)

I, the undersigned R H Scott ..... have heard the description of my disability read, and am satisfied (~~or not satisfied~~) with it. (If dissatisfied, statement should follow.) ~~I complain in addition of :—~~

R H Scott
Signature of Soldier examined.

Instructions to Medical Officers

Question 1.—State the disability in terms of a diagnosis, that is, a diagnosis of the existing condition as distinguished from the disease or injury which caused it. (It should be noted that in medical cases the disability may be the actual disease; for example, Tubercle of Lung, Chronic Bronchitis, Myalgia, Gastric conditions and so forth. (Follow the nomenclature as laid down in the "List of Diseases" of 1915, and amended by A. C. I. No. 1587 of 1917.)

Question 2.—The cause of the disability when known should be stated and care should be taken to establish as correctly as possible the place and date of origin. This is important in view of the relationship of Questions 3 and 4 to Question 5.

Questions 3 and 4.—*NOTE*—By Active Service is meant Service with the Colours in Canada, the United Kingdom or elsewhere during the present war, (since the 4th August, 1914.)

Question 5.—MEDICAL HISTORY.—State concisely the essential points of the history of the case as supported by documentary evidence. If further evidence is considered necessary to complete the Medical History, the same not being supported by documents, this should be obtained by questioning the soldier, but should be distinctly shown as "Patient's Statement." It is considered advisable that these latter statements be grouped apart from the evidence supported by documents available to the Medical Officer.

Extracts should be made from all entries on the Medical History Sheet.

If answers to Nos. 2, 3 or 4 show that the Soldier is suffering from some condition which pre-existed enlistment, it is advisable that these answers be substantiated as far as possible by statements obtained from the Soldier showing history of previous illness or injury.

Question 6.—PRESENT CONDITION.—As this question is primarily intended for the Medical Officer's report, in answering show clearly the condition of the Soldier at the time of examination.

It is directed that the objective and subjective matter be arranged in separate groups. The objective matter is considered to be the more important, in that it consists of a statement of the Medical Officer's actual finding.

Specialists' reports bearing on the PRESENT CONDITION should be attached.

In addition to description of the disability, a report on "all systems" is required in order that the whole when completed may be a true pen portrait of the Soldier's condition.

The Medical Officer in charge of the case will fill out pages 1 and 2 of this Form. The original must be wholly in the handwriting of the Medical Officer. The copies may be typewritten but must be signed by the Medical Officer who must be responsible that these are true copies of the original.

Finally the O. C. Hospital or S. M. O. or an Officer delegated for such duty by the A. D. M. S., is required to sign a certificate at the bottom of page 2, which reads as follows :—

"I have satisfied myself of the general accuracy of this report and concur therewith, except....."

This is a most important part of the paper and one to which the attention of the Officers concerned should be frequently drawn as it is by such strict supervision that the accuracy and good results of Medical Board work can be assured.

ENTRIES OF RECATEGORIZATION

Date	Station	Category	Signature of M. O.	Date	Station	Category	Signature of M. O.

This space to be for numbers.

M

War Service Badge, Class
Issued
A. No. 66938.
B. No. 45623

Proceedings on Discharge.

31-10-19 15-5-442

Military District No. 12
MAR 28
Regina, Sask.

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

No.	114632
Rank	Private
Surname	Scott.
Christian name	Robert Stalker
NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.	
Corps (Squadron, Battery or Company)	9th C. M. R.
Date of discharge	24. 3. 19.
Place of discharge	Regina

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age	35 years ..... months.
Height	5 feet 8 inches.
Complexion	Dark
Eyes	Brown
Hair	D Brown
Trade	Seamstress
Intended place of residence (To be given as fully as practicable.)	Kaeencraig.
Descriptive marks	

11-7-18
25-7-16

2. The above-named man is discharged in consequence of Demobilization

Authority for discharge S.D.-81-515 P.C. 1420

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.

Weak heart

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.)

M. F. B. 218.
200M.—5-18.
H. Q. 1772-39-113.

Medical Documents forwarded to ~~S. C. R.~~ or B. P. C. on MAR 29 1919

(OVER)

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

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

6. Medals and Decorations.....

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).....

(Date).....

Commanding.....

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, and that I have received my permanent discharge certificate.

(Place) Regina F H Scott *(Signature of Soldier.)*

(Date) 24.3.19 J K Lucas *(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).....years.....days.

Total.....years.....days.

11. Confirmation of Discharge.

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

(Place) Regina

(Signature) C H Bradbrooke Maj Lt. Col

(Date) 24.3.19

Officer Commanding

No. 12 District Depot

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.)

I hereby certify that there are no reservations. [signature]

List of Discharge Documents.

Reg. Conduct Sheet,	Militia form	B. 263
Squadron / Battery / Company Conduct Sheet,	"	B. 263a
or		
Field Conduct Sheet	"	W. 178
Copies of Convictions, by C. P.		in MS.
Med. Hist. Sheet,	Militia form	B. 313
Casualty Form	"	W. 54
Medical Report for Invalid§	"	B. 227
Dental History Sheet	"	B. 465
Last Pay Certificate	"	W. 44
Duplicate Discharge Certificate	"	W. 39A
‡Form of Will	"	W. 82

§Only if discharged "Medically unfit."

‡Only if man has not been overseas.

Attestation Paper	Militia Form	W. 23
or		
Particulars of Recruit	"	W. 133
Proceedings on Discharge	"	B. 218

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.

Documents not accompanying this form should be crossed out.

I hereby certify that the following documents are unobtainable.

Officer Commanding.

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.