100868

ATTESTATION PAPER.

No. 100868

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

1. What is your name? — Scott Samuel David
2. In what Town, Township or Parish, and in what Country were you born? — Clarke Twp Ontario Canada
3. What is the name of your next-of-kin? — Mrs Isabel Scott
4. What is the address of your next-of-kin? — Peterboro Ont.
5. What is the date of your birth? — 1878 Oct 10
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? — Dragoons
10. Have you ever served in any Military Force? 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

S D Scott (Signature of Man).

J Scott (Signature of Witness).

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Samuel David 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.

S D Scott (Signature of Recruit)

Date 15th July 1915 G W Owens (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Samuel David 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.

S D Scott (Signature of Recruit)

Date 15th July 1915 G W Owens (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 Edmonton this 15th day of July 1915

A. E. Hopkins J.P. (Signature of Justice)

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

A. E. Hopkins Capt (Approving Officer)

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

Description of Samuel David Scott on Enlistment.

Apparent Age 37 years ..... months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5 ft. 9 ins.

Chest measurement:
- Girth when fully expanded 40 ins.
- Range of expansion 3 ins.

Complexion clear

Eyes blue

Hair Dk. gray

Religious denominations:
- Church of England
- Presbyterian yes
- 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).

Mole on left chest
one between shoulders

160#

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 15th July 1915

Place Edmonton

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.

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

(Signature of Officer)

Lieut. Col.
Commanding 66th Overseas Battn. C.E.F.

Date 15th July 1915

DISCHARGE DOCUMENTS

R. O. No. .....

H. Q. No. .....

Name Scott Samuel David.

Regt. No. 100868 Rank Sergt

Corps 66th Batt.

Med. Unfit.

Proceedings of Court of Inquiry or on men reported Missing on Active Service.....

Attestation Papers.....2.....

Declaration of change of name.....

Authority for special enlistments.....

Documents of re-enlisted men.....

Regimental Conduct Sheet .....1.....

Compulsory Stoppages.....

Casualty Forms.....

Proceedings on discharge.....1.....

Corps History Sheet.....

Date and No. of Deposit Receipt for Purchase Money and Amount.....

Parchment Certificate.....

Medical Report for Invalids.....

Medical History Sheet.....1.....

Proceedings of Regt. Court Martial.....

Copies of Convictions by Civil Power.....

Company Conduct Sheet.....1.....

Clothing Transfer Certificate.....

Inventory of Kit.....

Last Pay Certificate.....

1 Pay card

09482

1-8
1-8

M. F. W. 62.
25m.—11-15.
H. Q. 1772—39—935.

SURNAME. Scott

CHRISTIAN NAMES Samuel David

REGL. No. 100868 RANK Pte

UNIT 66th

FORMER CORPS Dragoons

CARD No.

S.O.S.-Dis.-4.10.15
XBD B.

Sn.

NEXT OF KIN.

NAMES IN FULL Scott, Mrs. Isabel

RELATIONSHIP TO SOLDIER Not Stated

ADDRESS Peterboro, Ont.

CHANGE OF ADDRESS

COUNTRY OF BIRTH Canada Clarke Twsp. DATE Oct. 10, 1878.

PLACE OF ATTESTATION Edmonton DATE July 5, 1915

m.j.

L. L. 6945. M. & D. 6994.

M. F. W. 22. 100M.—8-16. H. Q. 1772-39-339.

MARRIED SINGLE yes WIDOWER

TRADE OR CALLING Farmer RELIGION Presbyterian

DESCRIPTION.

APPARENT AGE 37 YEARS MONTHS

HEIGHT 5 FEET 9 INCHES

CHEST MEASUREMENT 40 INCHES EXPANSION 3 INCHES

COMPLEXION Clear EYES Blue HAIR Dark Gray

DISTINGUISHING MARKS Mole on left chest, mole between shoulders.

MEDICAL EXAMINATION. PLACE Edmonton DATE July 15, 1915.

Present Address Not Stated

No. 100868 RANK Actg Sgt. NAME Scott, S D

T. O. S. 5-7-15 (D.O. 19 of 15-7-15) UNIT 66th Battalion,

M. D. 13

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1915 July 5	1915 July 31	O.S.	Pro. Sgt. 5-7-15	
Aug 1	Aug 31	"	Pro. Alt. Machine Gun Sgt 28-7-15	D.O. 20 of 15-7-15. D.O. 39 of 28-7-15.
Sept.		"	Confirmed Sgt. from 5-7-15	D.O. #77
Oct. 1	Oct. 4	"	Reverts to Pte. 22-9-15	D.O. #103
			Back pay July 5 to Sept 22	Sept Paylist
			Discharged 4-10-18	D.O. #115 Oct Paylist.

UNIT SAILED

APR 28 1916

a/c closed by payment S

66 Battn.
Sarcee Camp.
Oct. 1st 1915.

From M.O.
66 Battn.

To. O.C.
66 Battn.

Re Sgt. Scott.

Sir.

I have the honor to report that the marginally noted man. Sgt. Scott, is, in my opinion physically unfit. for active or overseas service. He has been on sick parade many times with chronic rheumatism and almost constantly off duty. This condition, it was impossible to detect at time of enlistment.

I have the honor to be, sir.
Your obedient servant.

W. D. Ferris
M.O.

66 Overseas Battalion C.E.F.
OCT 1 - 1915
ORDERLY ROOM

MEDICAL HISTORY SHEET.

Surname Scott *Christian Name* Samuel David

Examined { on 15 day of July 1915
at Edmonton

Birthplace { City or Town Clarke Township
County Ontario

Apparent age 37

Trade or occupation Farmer

Height 5 Feet 9 Inches.

Weight 160 Lbs.

Chest measurement { Minimum 37 40 inches.
Maximum expansion 40 inches.

Physical development Good

Small-Pox Marks None

Vaccination Marks { Arm Right. Left. yes
Number 1

When Vaccinated last in childhood Sept 4

(a) Marks indicating congenital peculiarities or previous disease Mole on left chest
Mole between shoulders

(b) Slight defects but not sufficient to cause rejection

Approved by W. D. Fraser

Rank Capt. M.O

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.	
		W. D. Fraser	M.O.
			M.O.
			M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.	
Aug 13		W. D. Fraser	M.O.
" 23		W. D. Fraser	M.O.
			M.O.

Enlisted on 15 *day of* July 1915 *at* Edmonton

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	66th B. Batt.	100868		
Transferred to..	B. E. F.			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.

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..... Christian Name.....

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.
Sarcee.		3	9	1915	5	9	1915	~~Fantastic~~	3		F. V. Campbell

This space to be for numbers.

C
DEPT. OF MILITIA & DEFENCE
OCT 1 1915
CANADA

Proceedings on Discharge.

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

No. 100,868

Rank Sergeant.

Name Scott. Samuel, David,

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

Corps (Squadron, Battery or Company) 66th O'seas Battalion. C.E.F.

Date of Discharge October 4th 1915

Place of Discharge Calgary, Alta.

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age 37 years — months.
Height 5 feet 9 inches.
Complexion Clear.
Eyes Blue.
Hair Dark Grey.
Trade Farmer
Intended place of residence. (To be given as fully as practicable.) Peace River Crossing, Alta.

Descriptive Marks.
mole on left chest
one between shoulder.

2. The above-named man is discharged in consequence of being medically unfit for further service

N.B.—The causes of discharge must be worded as prescribed in the King's Regulations and be identified with that on the characte 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.

Very Good

N.B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldier 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.
3m.—11-14.
H.Q. 1772-39-113.

(OVER

Carded
J.W.P.

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

Nil

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

6. Medals and Decorations..... Nil

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) Calgary Alta.

(Date) Oct: 4th 1915.

McKinney
Lieut. Col.
Commanding 66th. Overseas Battn. C.E.F.
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.

(Place) Calgary Alta. S. D. Scott (*Signature of Soldier*)

Date) Oct. 4th 1915. M. A. Howard (*Signature of Witness*)
Ok Sergt

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.

S. D. Scott (*Signature of Soldier.*)

10. **Statement of Service.**

Service toward Engagement to.....(the date to which the Record of Service is completed) ✓ years 91 days.

Total ✓ years 91 days.

11. **Confirmation of Discharge.**

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

(Place) Calgary Alta.

(Date) Oct: 4th 1915.

(*Signature*) McKinney
Lieut. Col.
Commanding 66th. Overseas Battn. C.E.F.

Reservations referred to at Para. 8.

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

None.

S H Scott

(OVER)

List of Discharge Documents.

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

*Only if discharged "Medically unfit."

Attestation Paper,	Militia Form	B. 235.
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 (in the event of such having been prepared.)

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