DUPLICATE

59th Regt
Card - W.E.
20-4-16

# ATTESTATION PAPER.

No. 633991

Folio.

## CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

## QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname? ..... Scott
1a. What are your Christian names? ..... Thomas
1b. What is your present address? ..... Dunnegan Ont
2. In what Town, Township or Parish, and in what Country were you born? ..... Liverpool Lancashere Eng.
3. What is the name of your next-of kin? ..... Robert Scott
4. What is the address of your next-of-kin? ..... 87 Arkright St. Liverpool Eng
4a. What is the relationship of your next-of-kin? ..... Brother
5. What is the date of your birth? ..... May 20. 1896
6. What is your Trade or Calling? ..... Farm Laborer
7. Are you married? ..... No
8. Are you willing to be vaccinated or re-vaccinated and inoculated? ..... yes
9. Do you now belong to the Active Militia? ..... No
10. Have you ever served in any 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

## DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Thomas Scott, do solemnly declare that the above are answers made by me to the above questions and that they are true, and that I am willing to fulfil the engagements by me now made, and I hereby engage and agree to serve in the **Canadian Over-Seas Expeditionary Force**, and to be attached to any arm of the service therein, for the term of one year, or during the war now existing between Great Britain and Germany should that war last longer than one year, and for six months after the termination of that war provided His Majesty should so long require my services, or until legally discharged.

Thos Scott (Signature of Recruit)

Date Apr 3 1916. A Sweet (Signature of Witness)

## OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, 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.

Thos Scott (Signature of Recruit)

Date Apr 3 1916. A Sweet (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 Winchester this 3rd day of April 1916.

A Sweet (Signature of Justice)

M. F. W. 23.
600M.—2-16.
H. Q. 1772-39 841.

A Commissioner

## Description of Thomas Scott on Enlistment.

Apparent Age 19 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).

Nil

Height ..... 5 ft. 4 ins.

Chest measurement.
- Girth when fully expanded ..... 37 ins.
- Range of expansion ..... 2 ins.

Complexion fair

Eyes grey

Hair brown

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

### 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 Apr. 3 1916.

Place Winchester

Neil Malloch M.D.
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.

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. H. Haywood Major
~~Lieut.-Col.~~ (Signature of Officer)
for O.C. 154th. Overseas Battalion. C.E.F.
d.o.d.

Date APR 6 1916 191 .

NTAL DOCUMENTS

NAME Scott Thomas REGT. NO. 633991 UNIT H. Q. FILE NO.

| | CONTENTS 21 | DATE RECEIVED | TO WHOM FORWARDED | DATE FORWARDED | M. F. W. 2505 REFERENCE | NON-EFFECTIVE BY |
|---|---|---|---|---|---|---|
| 1 | ATTESTATION PAPER (M.F.W. 23, 133, or 51) | | | | | DEATH |
| 2 | CASUALTY FORM (M.F.W. 54 or A.F.B. 103) | | | | | Category |
| | TRAINING HISTORY SHEET (M.F.W. 113) | | | | | |
| | FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122) | | | | | |
| | REGT. CONDUCT SHEET (M.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) | | | | | DISCHARGE |
| | DENTAL HISTORY SHEET (M.F.B. 465) | | | | | Category |
| | MEDICAL REPORT (M.F.B. 227 or A.F.B. 179) | | | | | |
| | MEDICAL EXAMINATION (M.F.W. 129) | | | | | |
| 1 | TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2) | | | | | |
| | PROCEEDINGS, COURT OF INQUIRY (M.F.B. 393 or A.F.A. 2) | | | | | |
| | DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115) | | | | | DESERTION |
| 1 | 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) | | | | | |
| | COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A) | | | | | |
| 1 | Proc Med Bd | | | | | |
| 1 | Misc | | | | | |
| 1 | M7W67 | | | | | |
| 1 | Pay Book | | | | | |

09525

W. 2583
100M-11-18
1772-39-1327

REGIME

E-M-W.

Number 633991 Rank Pte B

Surname SCOTT

Christian Name Thomas

Units 3rd Can Lab Bn Theatre of War France

Date of Service 11/2/17

Remarks

Latest Address 105a Rose Vale
Everton Liverpool

Roll No B
Page 11117

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 |
| --- | --- |
| | |
| | |
| | |
| | |
| | |

DISP MAR 6 1922 REGN. NO W 14140

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

SURNAME. Scott, Thomas

CHRISTIAN NAMES

REGL. No. 633991 RANK Pte.

UNIT 154th Bn.

FORMER CORPS Nil

CARD NO. SOS 19-6-19 D/S

Demob D.O.39 of 24.7.19. Class B

FOLL. 10-7-19

D/S Soldier returning from Corps Camp

NEXT OF KIN.

NAMES IN FULL Scott, Robert

RELATIONSHIP TO SOLDIER Brother

ADDRESS 84 Arkright St., Liverpool, Eng.

CHANGE OF ADDRESS

COUNTRY OF BIRTH England, Liverpool DATE May 20th, 1896.

PLACE OF ATTESTATION Winchester, Ont. DATE Apr. 3rd, 1916.

Sailed from Halifax per S.S. Mauretania 25.10.16

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

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

MARRIED SINGLE Yes WIDOWER

TRADE OR CALLING Farm Laborer RELIGION Presbyterian

DESCRIPTION.

APPARENT AGE 19 YEARS — MONTHS

HEIGHT 5 FEET 4 INCHES

CHEST MEASUREMENT 37 INCHES EXPANSION 2 INCHES

COMPLEXION Fair EYES Grey HAIR Brown

DISTINGUISHING MARKS Nil

MEDICAL EXAMINATION. PLACE Winchester, Ont. DATE Apr. 3rd, 1916

No. 633991 RANK Pte NAME Scott J.

T. O. S. 7-4-16 UNIT 154th Battalion 6th F.
SO 7H of 5-4-16.

M. D. J.

| PAID FROM | PAID TO | SIG. OR REC'T |
|---|---|---|
| 1916 | 1916 | |
| apr 3 | apr 30 | L |
| may | | L |
| June | | L |
| July | | L |
| Aug | | L |
| Sept | | L |
| Oct | | L |

PROMOTIONS, TRANSFERS, DISCHARGES, ETC.

| PARTICULARS | AUTHORITY |
|---|---|
| | |

W. S. B. CLASS. A.

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

M. F. W. 54. (A. F. B. 103.)
350M.—5-16
H. Q. 1772-39-920.

# Casualty Form—Active Service.

Unit, Regiment or Corps. 154th. OVERSEAS BATTALION, C. E. F.

Regimental No. 633991 Rank Pte. Name Thomas Scott

C. E. F.

Enlisted (a) 3/4/16 Terms of Service (a) Dur. War & 6 mos. Service reckons from (a) 3/4/16

War Service Badge Class "A" Awarded

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) .....

| 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 | | | | |
| | | Embarked Canada Oct 25/16<br>Arrived England Oct 31/16. | | | |
| 18-1-17 | 154th | Trnsfd. to 3rd Can Labour Battalion | Witley | 18-1-17 | D.O.Pt.11 No.18<br>Ked Johnson Capt. & Adjt.,<br>154th Batt. Hldrs. C.I. |
| 24-1-17 | 3rd Lab Bn. | Taken on Strength | Bramshott | 28/1/17 | Part II D.O. |
| 9/2/17 | 3rd Lab Bn. | Proceeded Overseas with 3rd Can. Lab. Bn. | B'shott | 9/2/17 | Part 2. D.O. No. 11 |
| 24-8-17 | 3rd Lab Bn. | S.O.S. to 2nd Bn. | Field | 27/7/17 | Pte 20-45 85 |
| 27-8-17 | 2nd Bn. | T.O.S. from 3rd Can. Lab Bn. | " | " | " " " |

for Lt.-Col. i/c Records C.O.M.F.

CERTIFIED CORRECT. CAN. RECORDS, LONDON.

(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.

| 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 | | | | |
| | | | | | |

R—122
8,401—50,000—21-10-16.

JM.

Rank | Name SCOTT, Thomas. | Reg'l No. 633991

Unit 154th Bn. | If in perm. Corps, What Unit? | Married or Single Single.

Place and Date of Enlistment Winchester. 3rd April 1916. | Place of Birth Liverpool, Lancashire, England.

Name and Address, Next-of-Kin Robert Scott.

87 Arkwright St, Liverpool, Eng. | Relationship Brother.

Assigned Pay Monthly $ | Payable to

Relationship

Separation Allowance $ | Payable to

Relationship

Discharge, Date and Place | Reason | Character

16720

| Report. Date. | Report. From whom received. | Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case. | Rank | Place. | Date. | REMARKS Taken from Official Documents. |
|---|---|---|---|---|---|---|
| | | Arrived in England S.S. Mauretania | | | 31 OCT 1916 | |
| 18-1-17 | O/C. 154th | S.O. & Transfd. 3rd Can Lab Bn | Pte | Witley | 18-1-17 | pt. III D.O. 18. |
| 24-1-17. | ccac | T.O.S. & on Com. to 154th | | Hastings | 4-1-17 | pt III O. 40 |
| 28-1-17 | C.C.A.C. | Ceases to be att to 154th & att to 3rd Lab Bn. | | Hastings. | 28-1-17. | Pt III D.O. 47 |
| 29-1-17 | 3rd Lab Bn | T.O.S. from C.C.A.C | | B'shott | 28-1-17 | Pt III DO 1. |
| 9-2-17 | -"- | Proceeded O/Seas | — | — | 9-2-17 | —"— 11 |
| 24-8-17 | —"— | S.O.S. to 2nd Can. Bn. | | Field | 27-7-17 | Pt II 645. 2nd Bn pt. II 85. 27/8/17 |
| 25-3-19 | 2nd Bn | Proceeded to England | Pte | " | 20-3-19 | " 18 |
| 19 4 19 | 5 Wing 1 Div pool | TOS pending Discharge in U K | — | B'shott | 18 4 19 | — " |

| 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. |
|---|---|---|---|---|---|
| 7.4.19. | "A" Wing CCC | Permission to Marry Granted. | Pte. | Bramshott. 6.7.19 | Pn No. 15. |
| 22.4.19. | " | SOS to P.C.D. Pool. "S" Wing. | " | " 19.4.19 | " 19 |
| 28.3.19 | " | T.D.S. fund put to Can. | " | " 21.3.19 | " 12 |
| 22-6-19 | C.C.C. Pool | On cond. to 2nd C.D.D. Ldn. pdg. dis. U.K. | " | " 20-6-19 | — 60. |
| 10-7-19 | "A" Wing CCC | Leave on cond 2nd CDD & SOS on disch in B. Isles. | " | " 19-6-19 | — 39 |
| 21-7-19 | CCC Pool | SOS. of OMFC on disch in UK. | " | " 19-6-19 | — 77(2) |

ORIGINAL.

ORIGINAL

# MEDICAL HISTORY SHEET. 633991

Surname Scott Christian Name Thomas

Examined { on 3rd day of April 1916 / at Winchester Ont.

Birthplace { City or Town Liverpool Eng. / County Lancashire

Apparent age 19 Years.

Trade or occupation Labourer

Height 5 Feet 4 Inches.

Weight 130 Lbs.

Chest measurement { Minimum ~~37~~ 35 inches. / Maximum expansion 2 inches.

Physical development Good

Small-Pox Marks None

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

When Vaccinated last 1907

(a) Marks indicating congenital peculiarities or previous disease None

(b) Slight defects but not sufficient to cause rejection

Approved by J. Munroe

Rank Capt. A.M.C. 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. |
|---|---|---|
| 25/6/16 | | J. Munroe M.O. |
| | | M.O. |
| | | M.O. |

| Date. | Result. | Anti-Typhoid Inoculations, Etc. |
|---|---|---|
| 10.7.16 | | J. Munroe M.O. |
| 22/5/16 | Res. | J. D. Munroe M.O. |
| | | M.O. |

Enlisted on 3 day of April 1916 at Winchester, Ont.

| | Corps. | Regt'l Number. | Habits. | Date. |
|---|---|---|---|---|
| Joined on enlistment | 154 Bn. | 633991 | | 3/4/16 |
| Transferred to | 3rd Canadian Labour Bn. | | | 28/1/17 (18th Jan. 17) |

## EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

| Station. | Date. | Disease. | Result. |
|---|---|---|---|
| Bramshott Camp, Hants. | | | |
| 4 JAN. 1917 APPROVED | P. L. Stewart Maj. For A.D.M.S. | Myaegia | Class B1 C. Capstick Lieut. Col. PRESIDENT MEDICAL BOARD. BRAMSHOTT. |
| Bramshott Re-examined | 6-4-19 | Myalgia | A. Macfarlane Capt. A.D.M.S. Command |
| | 16-6-19 | Myaegia | |

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.

200M—11-15.
H. Q. 1772-39-439.

Surname Scott Christian Name Thomas

| 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. |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | | |

3rd Canadian Tobacco Bn.
18th Jan. 17

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 T.

REGIMENT 2nd. Bn. RANK Pte. No. 633991

Date of Examination in England 22/3/19. Date of Examination in France

G. 9.

## PRESENT DENTAL REQUIREMENTS

1. FILLINGS 2 - 3 0
2. EXTRACTIONS 14
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 Yes

BRAMSHOTT CAMP HANTS.

*Signature of Dental Officer* J Martin Capt

To be made out in duplicate. H.Q. 54-21-23-53

# PARTICULARS OF FAMILY OF AN OFFICER OR MAN ENLISTED IN C. E. F.

INSTRUCTIONS.

(a) This form is only required for men joining units for Overseas Service and must be completed immediately the man is warned for draft overseas.

(b) Care must be taken to see that a man is allotted his correct Regimental Number. No numbers must be duplicated and once it has been allotted to a man, even if he is subsequently discharged, the same number must never be allotted to another man.

(c) All questions, etc., must be answered.

(d) One copy of the form is to be forwarded by Officer Commanding unit for each Officer and man to Officer Commanding Division or District at least seven days before man leaves his station to proceed overseas, for transmission to Accountant and Paymaster General, Ottawa.

(e) Duplicate copy is to be forwarded direct to Officer in charge of Records, C.E.F. London, immediately after arrival in England.

---

(1) Name of Overseas Unit which Soldier joins 15th Batt C. E. F.

(2) Regimental Number 633991

(3) Full Name of Soldier Thomas Scott.

Liverpool Eng.

(4) Place of Birth Liverpool Eng.

(5) Are you married, or not? no

(6) If married, state,
(a) Full name of your wife no

(b) Present Postal Address

(7) Are you a widower? no

(8) Have you any children? no

If so, give number of boys and girls

Also their names and ages

9

M. F. W. 67.

300M.—5-16.
1772 39-954.

(SEE OTHER SIDE.)

(9) Is your Father alive? no

If so, state name and address

(10) Is your Mother alive? no

If so, state name and address

(11) If your Mother is a widow

Are you her sole support, or not?

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

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

Mrs. Robert Scott
107 Rose Vale off Gt. Homast
Liverpool Eng

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

(15) Are you insured? no

If so, in what Company? no

Have you made arrangements for payment of your Insurance premium no

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

Fred G Robinson CAPT.
154th Bn. C.E.F.
for *Officer Commanding.*

Date OCT 11 1916

A-305

41974

Ref. No. N.R.

# MILITIA AND DEFENCE

## ASSIGNED PAY.

To whom Mrs. R. Scott,

Address 87 Arkright Street,
Liverpool. Eng.

By whom assigned Scott, Thos.

Regtl. No. 633991

Rank Private

Corps, &c. 154th Battalion

Rate $15.00

Date to Commence Nov.1st; 1916.

## PAYMENTS.

| Month. | Year. | Cheque No. | Amt. | Pay Sheet Deduction. | REMARKS. |
|---|---|---|---|---|---|
| Jan. | 1916 | | | | |
| Feb. | | | | | |
| Mar. | | | | | |
| April | | | | | |
| May | | | | | |
| June | | | | | |
| July | | | | | |
| Aug. | | | | | |
| Sept | | | | | |
| Oct. | | | | | |
| Nov. | 1500 | 263269 | 15 | | |
| Dec. | | 300926 | 16 | | |
| Jan. | 1917 | 336491 | 15 | | |
| Feb. | | 344744 | 15 | | |
| Mar. | | 418420 | 15. | | |
| April | | | 75 | | |
| May | | | | | |
| June | | | | | |
| July | | | | | |
| Aug. | | | | | |

Acctd found correct 21/3/17
J.M.Bourke

# ASSIGNED PAY.

By whom assigned Scott Thos.

Regtl. No. 633991 9/E 154th Bn.

| Month. | Year. | Cheque No. | Amount. | Pay Sheet. | REMARKS. |
|---|---|---|---|---|---|
| Sept. | 1917 | | | | |
| Oct. | | | | | |
| Nov. | | | | | |
| Dec. | | | | | |
| Jan. | 1918 | | | | |
| Feb. | | | | | |
| March | | | | | |
| April | | | | | |
| May | | | | | |
| June | | | | | |
| July | | | | | |
| Aug. | | | | | |
| Sept. | | | | | |
| Oct. | | | | | |
| Nov. | | | | | |
| Dec. | | | | | |
| Jan. | 1919 | | | | |
| Feb. | | | | | |
| March | | | | | |

Form P. 812B
7961 10m 1/5/19 D.671

FILE NO. 8737

# WAR SERVICE GRATUITY and SEPARATION ALLOWANCE

Payable to Scott. Tommy. 633991. Dependent Mrs Ethel Scott.

Address 105a Rose Vale. Address (wife)

Everton. Liverpool.

| Date | Cheque No. | Gratuity | | | Payments | | | Balance Due. | | | Remarks |
|---|---|---|---|---|---|---|---|---|---|---|---|
| June 19. | 27888 | | | | 20 | 15 | 3 | | | | |
| " 19 | 27889 | | | | 6 | 7 | 4 | | | | |
| " 20 | L.R.C. | 2 | 3 | 1 | | | | | | | |
| " | P.A. | | 4 | 6 | | | | | | | |
| " | S.A. | | 4 | 1 | | | | | | | |
| " | C.C. | 4 | 0 | 0 | | | | | | | |
| July 10 | | 86 | 6 | 0 | | | | | | | |
| " | | 36 129 | 19 13 | 9 5 | 27 | 2 | 7 | 102 | 14 | 10 | |
| " 22 | 51302 | | | | 14 | 7 | 8 | | | | |
| " " | 51303 | | | | 6 | 3 | 3 | 82 | 3 | 11 | |
| Aug 15 | 78523 | | | | 14 | 7 | 8 | | | | 3 |
| | 78524 | | | | 6 | 3 | 3 | 61 | 13 | - | |
| Sept | 100197 | | | | 14 | 7 | 8 | | | | 4 |
| | 100198 | | | | 6 | 3 | 3 | 41 | 2 | 1 | |
| Oct 7 | 118159 | | | | 14 | 7 | 8 | | | | 5 |
| | 118160 | | | | 6 | 3 | 3 | 20 | 11 | 2 | |
| Nov 7 | 142619 | | | | 14 | 7 | 8 | | | | |
| 7 | 142620 | | | | 6 | 3 | 6 | | | | Final |
| | | 129 | 14 | 5 | 129 | 14 | 5 | | | | |

# WAR SERVICE GRATUITY and SEPARATION ALLOWANCE

Payable to ..... Dependant .....

Address ..... Address .....

| Date | Cheque No. | Credits | Payments | Balance Due | Remarks |
|---|---|---|---|---|---|
| | | | | | |

P. 559.
MARRIED OR SINGLE S.

PLACE OF BIRTH Liverpool, Lancashire, England

NAME AND ADDRESS OF NEXT OF KIN Robert Scott
87 Arkright st. Liverpool, Eng.

RELATIONSHIP OF NEXT OF KIN Brother

NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF KIN

SEPARATION ALLOWANCE MONTHLY $ EFFECTIVE (DATE)

PAYABLE TO

RELATIONSHIP OF DEPENDANT

Pt checked found correct 21/3/17 Pte.

**CASUALTIES, PROMOTIONS, &c.**

| PARTICULARS | EFFECTIVE DATE | AUTHORITY |
|---|---|---|
| | | |

**ADMISSIONS TO HOSPITAL, &c.**

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

REG'L. No. 633991 RANK Private NAME Scott, Thomas.

IF IN PERMT. CORPS } WHAT UNIT } UNIT 154th Bn TRANSFERRED TO 3rd Can Labour Bn DATE 11-5-17. AUTHORITY PC 078.

PERMANENT FORCE ALLOWANCES TRANSFERRED TO 2nd Bn DATE 1/11/17 AUTHORITY Non Rolls

PLACE OF ATTESTATION Winchester, Ont, TRANSFERRED TO DATE AUTHORITY

DATE OF ATTESTATION April 3rd 1916 TRANSFERRED TO DATE AUTHORITY

ASSIGNED PAY MONTHLY $ 15.00 DATE EFFECTIVE November 1/16. E

PAYABLE TO Mrs Robt. Scott. 87 Arkright St. Liverpool Eng. 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: 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 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1916 Nov | | | | | | | | | | | | | | 23 64 | 23 64 | | | | | | | | | | | | | | | | 23 64 | | | | Bal from Canada |
| Mar | 31 | 1.00 | 31 | 00 | 31 | 10 | 31 | 00 | | | | | | | 33 00 | 20 | 9/11/16 | 48 | 31/11/16 | | | | | 19 46 | 14 60 | | | 15 00 | | 49 06 | 7 58 | | 7 50 | 08 | |
| Dec | 31 | 1.00 | 31 | 00 | 31 | 10 | 31 | 10 | | | | | | | 34 10 | 88 | 16/12 | 154 | 31/12/17 | | | | | 24 3 | 48 7 | | | 15 00 | | 22 30 | 19 38 | | 15 50 | 388 | |
| Jan | 31 | 1.00 | 31 | 00 | 31 | 10 | 31 | 10 | | | | | | | 34 10 | | | | | | | | | | | | | 15 00 | | 15 00 | 38 48 | | | | |
| Feb. | 28 | 1.00 | 30 | 80 | | | | | | | | | | | 30 80 | 9 | 31/1/17 | | | | | | | 4 86 | | | | 15 00 | | 19 86 | 49 42 | | | | |
| Mch 31 | 31 | | 34 | 20 10 | | | | | | | | | | | 34 10 | 58 | 14.2 | 136 98 | 16/3 3/3 | | | | | 2 61 | 262 262 | 1 30 | | 15 · | 1 52 1 31 | 33 05 | 50 44 | | | | |
| Apr | 30 | | 33 | 00 | | | | | | | | | | | 33 00 | 8 | 3/4 | | | | | 475672 | | 2 61 | | | | 15 · | ~~1 52~~ ~~1 31~~ | 14 61 | 65 86 | | | | 2 4005 #240 8/2/17 |
| May | 31 | | 34 | 10 | | | | | | | | | | | 34 10 | 73 40 | 3/5 17/4 | | | | | 30#3340. | | 2 67 2 61 | | | | 15 | | 20 28 | 79 68 | | | | 2 4005 141 7/2/17. |
| June | 30 | | 33 | 00 | | | | | | | | | | | 33 00 | 25 6 80 | 11 5/5 | | | | | #49606 | | 2 68 | | | | 15 | | 17 68 | 95 00 | | | | |
| July | 31 | | 34 | 10 | | | | | | | | | | | 34 10 | 243 177 177 | 2/7 11/6 6/6 | | | | | a 91092 | | 2 67 2 67 | | | | 15 | 77 | 23 79 | 105 31 | | | | A7W 3069 (1397) 30/4/17 |
| Aug | 31 | | 34 | 10 | | | | | | | | | | | 34 10 | | | | | | | #13947 | | | | | | 15 · | | 15 · | 120 41 | | | | |
| Sep | 30 | | 33 | | | | | | | | | | | | 33 | 291 | 16/8 | | | | | A18593? | | 2 68 | | | | 15 | | 17 68 | 137 73 | | | | |
| | | | 364 | 40 | | | | | | | | | | 23 64 | 391 04 | | | | | | | | | 50 63 | 24 1/1 | 4 30 | | 165 | 3 64 | 25 31 | | | | | |

~~AF checked found correct 21/3/17. Pte Heath~~

#633991. Pte Scott. J. at 15. (Engs)

| 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 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | NO. OF DAYS | RATE | AMOUNT $ | NO. OF DAYS | RATE | AMOUNT $ | NO. OF DAYS | RATE | AMOUNT $ | | | | 1 NO. | 1 DATE | 2 NO. | 2 DATE | 3 NO. | 3 DATE | 4 NO. | 4 DATE | 1 | 2 | 3 | 4 | | | | CREDIT | DEBIT | | | |
| MONTH | PARTICULARS | | CR. 1 | CR. 2 | PARTICULARS | | | | | | DR. 1 | DR. 2 | DR. 3 | DR. 4 | BALANCE | DEFER-RED PAY | SER. ALLCE. ENG. | | MONTH | PARTICULARS | CR. 1 | CR. 2 | PARTIC | | | DR. 1 | DR. 2 | DR | BALANCE | DEFER-RED. ALLCE. PAY ENG. | |
| | Bal B/F Down | | ~~139 13~~ | | | | | | | | | | | | | | 139 13 | | | | | | | | | | | | | | | |
| | | | | | | | | | | A241324 | | | | | | | | | | | | | | | | | | | | | | |
| Oct | Pres Pa 1/31/10/17 | | 34 10 | | | | | | | | | | 15 | | | | | | | | | | | | | | | | | | |
| | | | | | DN-AR.234. Sqn. MBD 11/8 | | | | | | 4 44 | | | | 154 33 | | | | | | | | | | | | | | | | | |
| | | | 34 10 | | B31795 £3-1-8 | | | | | | 4 44 | | 15 | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | 15 | | | | | | | | | | | | | | | | | | |
| Nov | P.P. | | 33 | | ak 910 · 2nd Lw. | | | | | 28/9 | 2 67 | | | | | | | | | | | | | | | | | | | | | |
| Dec | P.P. | | 34 10 | | " 988 " | | | | | 5/10. | 4 46 | | | | | | | | | | | | | | | | | | | | | |
| | | | | | " 849 " | | | | | 20/9 | 2 68 | | | | | | | | | | | | | | | | | | | | | |
| | | | | | 66387. £3-1-8 | | | | | | | | 15 | | | | | | | | | | | | | | | | | | | | |
| | | | | | " 1070 2=13= | | | | | 24/10 | 3 57 | | | | | | | | | | | | | | | | | | | | | |
| | | | | | " 1138 " | | | | | 14/11 | 8 03 | | | | | | | | | | | | | | | | | | | | | |
| | | | | | " 292 3rd C.D.D. | | | | | 18/8 | 4 46 | | | | | | | | | | | | | | | | | | | | | |
| | | | | | War Loan 1st P. | | | | | | 5 | | | | | | 160 56 | | | | | | | | | | | | | | | |
| | | | 67 10 | | C50173 £3-1-8 | | | | | | 30 87 | | 30 | | | | | | | | | | | | | | | | | | | |
| 1918 | | | | | | | | | | | | | 15 | | | | | | | | | | | | | | | | | | |
| Jan | P.P. | | 34 10 | | ak 1270 15/12 | | 2 Bk | | | | 4 46 | | | | | | | | | | | | | | | | | | | | | |
| | | | | | War Loan 2 P. | | | | | | 5 | | | | | | | | | | | | | | | | | | | | | |
| | | | | | ak 1200 25/11 | | 2 Bk | | | | 4 46 | | | | | | | | | | | | | | | | | | | | | |
| | | | | | " 1334 22/12 | | " | | | | 8 03 | | | | | | 157 71 | | | | | | | | | | | | | | | |
| | | | 34 10 | | | | | | | | 21 95 | | 15 | | | | | | | | | | | | | | | | | | | |
| Feb. | P. P. | | 30 80 | | D2565 £3-1-8 | | | | | | | | 15 | | | | | | | | | | | | | | | | | | | |
| | | | | | ak 1474 23/1 | | 2 Bk. | | | | 3 57 | | | | | | | | | | | | | | | | | | | | | |
| | | | | | " 1424 17/1 | | " | | | | 4 46 | | | | | | | | | | | | | | | | | | | | | |
| | | | | | War Loan 3 P. | | | | | | 20 - | | | | | | | | | | | | | | | | | | | | | |
| | | | | | ak 1547 13/2 | | 2 Bk | | | | 4 46 | | | | | | 141 02 | | | | | | | | | | | | | | | |
| | | | 30 80 | | | | | | | | 32 49 | | 15 | | | | | | | | | | | | | | | | | | | |
| Mar | P P | | 34 10 | | D45157 £3-1-8. | | | | | | | | 15 | | | | | | | | | | | | | | | | | | | |
| | | | | | YB1 2437. 2/3. | | 2 Bk | | | | 38 93 | | | | | | | | | | | | | | | | | | | | | |
| | | | | | ex P 6584. | | | | | 15/3/18 | 48 67 | | | | | | | | | | | | | | | | | | | | | |
| | | | | | ak 1577 5/3 | | 2 Bk | | | | 4 46 | | | | | | 68 06 | | | | | | | | | | | | | | | |
| | | | 34 10 | | | | | | | | ~~92 06~~ | | 15 | | | | | | | | | | | | | | | | | | | |

P 820
12474—375M—13-2-18.

* Strike out whichever inapplicable.

| ASSIGNED PAY. | * ENGLAND OR ~~CANADA.~~ | SEPARATION ALLOWANCE. | * ENGLAND OR CANADA. |
|---|---|---|---|
| EFFECTIVE DATE:- | ~~1/11/16.~~ 1/5/19 | EFFECTIVE DATE:- | 1/4/19 |
| AMOUNT:- | 15 00 | AMOUNT:- | 30 00 |

NAME:- E Scott, Thomas. E

NUMBER:- 633991.

PARTICULARS OF RANK OR APPOINTMENT

| AUTHORITY | DATE EFFECTIVE | RANK OR APPOINTMENT |
|---|---|---|
| | | Pte |

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 Robt Scott~~
~~87 Ackright St.~~
~~Liverpool~~ ~~Engs.~~
Ethel Scott wife
105a Rose Vale Everton Lane
~~1/6/19~~
~~Stopped Eff. 1/6/19~~
(stopped eff 1/6/19)

Same
(stopped eff 19/6/19)

Granted Pro rata Marriage Allce
DO 15 7/4/19 a Wing CCC

UNIT AND TRANSFERS

ORIGINAL UNIT:- 154th

DATE ACCOUNT FIRST OPENED:- 1/11/16

| AUTHORITY | DATE EFFECTIVE | DATE LEDGER SHEET T'SF'D | UNIT TRANSFERRED TO |
|---|---|---|---|
| | | | 2 Bte |

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 |
|---|---|---|---|---|---|---|---|
| 24-3 | 7/35 | A. Wing C.C.C. | ~~4 8 00~~ | | | | |
| 2/6 | 4519 | | ~~4 8 7~~ | | | | |
| 16/6 | 11017 | | ~~4 8 7~~ | | | | |
| | | | Dis in England 19/6/19 | | | | |

DAILY RATES OF PAY AND ALLOWANCES

| AUTHORITY | PAY | F.A. | P.F.A. | SUBS'CE ALL'CE |
|---|---|---|---|---|
| | 1 00 | 10 | | ~~1/8~~ 1/4 |

Ins in England 19/6/19 Wd CCC 17/6/19 Ref DB 18/6/19 NID 3 L.P.C. 1/10

PARTICULARS OF RENDERING NON-EFFECTIVE:- ~~Leave to Com. 1-4-19 NRB 3324 11-3-19 Warn to Return MD 3 L.P.C. Bal. 8~~ Cancelled Auth A.P.M. Brandent 17-4-19.

| MONTH 1918 | PARTICULARS | CR. 1 | CR. 2 | PARTICULARS | DR. 1 | DR 2 | DR. 3. | DR. 4. | BALANCE | DEFERRED | SEPARATION |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Mar 31 | Bal. Forward | | | | | | | | 68 06 | | |
| Apr | P. P. | 33 | | A 41161 £3-1-8. | | | 15 | | | | |
| | | | | AR 44. 8/4. 2 Bn | 3 57 | | | | | | |
| | | | | AR 440 19/4 CC Sig Co | 4 16 | | | | | | |
| | | | | War Loan 5th & 6th Inst | 20 - | | | | 58 03 | | |
| | | 33 - | | a 66753 £3-1-8. | 28 03 | | 15 | | | | |
| | | | | | | | 15 | | | | |
| May | ✓ | 34 10 | | AR 182. 9/5. 2 Bn | 4 46 | | | | | | |
| | | | | AR 234 20/5 — | 3 57 | | | | 69 10 | | |
| | | 34 10 | | | 8 03 | | 15 | | | | |
| June | ✓ | 33 - | | B 51556 £3-1-8 | | | 15 | | | | |
| | | | | 64 4/6 ✓ | 4 46 | | | | | | |
| | | | | 407 15/6 1 Bde. | 3 57 | | | | 49 04 | | |
| | | 33 | | | 8 03 | | 15 | | | | |
| July | " | 34 10 | | A 68557 £3-1/8 | | | 15 | | | | |
| | | | | T. 40-46 S.O.S. 26-6-18 | 1 83 | | | | | | |
| | | | | 41 2-7-18 10 Bde | 4 46 | | | | | | |
| | | | | 248. 21.7.18. " | 3 57 | | | | 88 31 | | |
| | | 34 10 | | | 9 86 | | 15 | | | | |
| Aug | " | 34 10 | | 652356 3-1-8 | | | 15 | | | | |
| | | | | 304. 14.8.18. 1st Bde. | 3 57 | | | | 103 84 | | |
| | | 34 10 | | D 8545 3/11/8 | 3 57 | | 15 | | | | |
| Sept | " | 33 | | 522. 17.9.18. 2nd Eng | 7 14 | | | | 114 40 | | Bal agreed 15/12/18 |
| Oct. | ✓ | 33 34 10 | | D. 60681 £3.1.8. | 7 14 | | 15 | | | | |
| | | | | 815. 1 Bde. 4.10.18. | 3 73 | | | | | | |
| | | | | 1067. 2nd Eng. Bn. 24/10. | 3 73 | | | | 126 34 | | |
| Nov. | ✓ | 34 10 33 . | | E. 3680. £3-1-8 | 4 46 | | 15 15 | | | | |
| Dec. | ✓ | 34 10 | | E. 68277 (Dec). £3-1-8 | | | 15 | | | | |
| | | | | 1150. 4/11/18. 2 Bn | 3 73 | | | | | | |
| | Forward | 64 10 | | Forward | 3 73 | | 30 | | | | |

NUMBER 633991 RANK Pte NAME SCOTT T.

| MONTH | PARTICULARS | CR. 1. | CR. 2. | PARTICULARS | DR. 1 | DR. 2 | DR. 3. | DR. 4. | BALANCE | DEFERRED | SEPARATION |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | Forward | 64 10 | | Brot. forward | 3 73 | | 30 - | | 126 34 | | |
| | | | | AR. 1397. 17/11. 2 Bn. | 3 73 | | | | | | |
| | | | | ✓ 1605. 5/12 - ✓ | 14 93 | | | | | | |
| Jan | P.P | 34 10 | | F. 12268. £3.1.8 | | | 15. | | 160 15 | | |
| Feb | - | 101 20 | | ✓ 7163, r Bn, 14/1/19 £3 | 23 20 | | 45. | | | | |
| | | 30 80 | | ✓ 1857 ✓ 23/12/18 | 3 89 | | | | | | |
| | | | | ✓ 2412 ✓ 24/1. | 3 73 | | | | | | |
| | | | | F67307 £3-1-8 | | | 15 | | 164 60 | | |
| | | | | ✓ 2664. 6/2 2ND Bn. | 13 06 | | | | 151 54 | | |
| | | | | ✓ 2924. 15/2 - | 3 73 | | | | 147 81 | | |
| Mar | ✓ | 34 10 | | F17848 £3-1-8 | | | 15 | | 166 91 | | |
| | | | | ✓ 6698. 28/2. 2 Bn. ✓ | 37 31 | | | | 129 60 | | |
| | | | | ✓ 3173. 26/2. ✓ | 9 33 | | | | 120 27 | | |
| | | | | ✓ 7318. 2/3 ✓ | 18 25 | | | | 102 02 | | |
| | | | | ✓ 8426 [illegible] | 36 [illegible] | | | | | | |
| | | | | ✓ 7635 24/3 " | 73 | | | | 7 48 | | |
| | | 64 90 | | | 202 53 | | 30 | | | | |
| Apr | ✓ | 33 | | A8055 (Hfl) £3.1.8 | | | 15 | | | | |
| | | | | AR 2489 12/4/19 (LTC END) 2 Bn | 4 87 | | | | | | |
| May | ✓ | 34 10 | | ✓ 3786 14/4 (") ✓ | 9 73 | | | | | | |
| | | | | ✓ 3435 3/5 2 Bn | 4 87 | | | | | | |
| | | | | AQ0431 £3-1-8. | 19 47 | | 15 | | | | |
| | | | | AR 4511 17/5 2 Bn | 9 73 | | | | 4/2 | | |
| | | 67 10 | | | 29 20 | | 30 | | | | |
| June | ✓ 18 days | 19 80 | | A35131. Sappr CHR June SA 14/4/19 - 31/5/19 K12 6 4 | | | | | | | 60 |
| | | | | AQ0551. SA June (18 days) £3-14-0 | | | | | | | 18 |
| | | | | AR 4577. 7/6/19. C Wing | 4 87 | | | | | | |
| | | | | ✓ 11008. 16/6/19. Bshott | 4 87 | | | | 10 48 | | |
| | | 19 80 | | | 9 74 | | | | | | 78 - |

F D Smith
26-3-19.

19 80
20 22
9 74
10 48

9. 74

agfolo
18-6-19.

SHORT FORM.

**PROCEEDINGS ON DISCHARGE.**

(Demobilization.)

1. No. 633991

2 Rank. Pte

3. Name. Scott Thomas

4. Unit. 2/Batt EORD

5 Date of Discharge | 19-6-19 | Place 2 C.D.D

6 Reason for Discharge.....

K. R. & O. Para. 392 Sec. XXV
(Being Demobilized in England-C.R.O. 5229)

7. Authority. D B 14.6.19

8. Proposed Residence after Discharge.....

105A Rose Vale
Everton Liverpool

9. CERTIFICATE TO BE SIGNED BY SOLDIER.

I hereby acknowledge that at the undernoted place and date I received my discharge Certificate

~~M. F. W.~~? A 413 2079

Thomas Scott
Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place.....

Date 19-6-19

CANADIAN DISCHARGE DEPOT LONDON

Signature.....
(O. C. Discharging Unit.)

M.F.B. 218a—300M.-11-18—1772-39-113.

## 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 unobt: inable | |
| 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 |

THIS FORM WILL BE USED FOR ALL RANKS W H

# 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 Beamshott DATE 6-4-19

1. 1 (a) Unit 2nd Inf Btn (b) Regimental No. 633991 (c) Rank Pte

(d) Surname SCOTT (e) Christian name THOMAS

(f) Home address Dunvegan Ont

(g) Next of Kin Robert Scott (h) Relationship

(i) Address of Next of Kin 87 Arkwright St Liverpool Eng

2. Age last birthday 24 Date of birth May 4th 1894

3. Enlistment, or Appointment (if an Officer) (a) Place Winchester Ont (b) Date April 3 1916

4. Personal description:

(a) Height 5'4" (b) Weight 130 est (stripped) (c) Complexion Medium

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

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 |
|---|---|---|
| | 2 | 357 |

| | Periods | |
|---|---|---|
| | From | To |
| Canada | 3-4-16 | 31-10-16 |
| England | 31-10-16 | 9-2-17 |
| France or other theatres of War | 9-2-17 | 19-3-19 |

7. Original disease, or injury Myalgia

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

(c) Cause Exposure on active service.

M. F. B. 227.

40DM.—11-18.
1772-30-117.

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) partial loss function L leg.

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.)

No objective findings, feet not flat. No varicose veins.

Subj:- Man states he has pain in L leg from ankle to knee.

Pains worse in damp and wet weather. Had had to fall out of route marches. States he can walk or march 5 miles now.

(*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*).)

First noticed pains in legs spring 1917 when in France. Soldiers statement

Was boarded B.11. Myalgia feet 4-1-17. Condition has been improving. Has been carrying on as a fit man. No hospital treatment.

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? 6 months

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

Treatment from his M O.

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit?
(If the answer is "yes" state nature of treatment required and probable duration)

N A

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

17. Recommendations

N A

sd/ J W Horne

*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 Thos 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

sd/ T Scott Pte

Rank.

*Signature of invalid examined.*

AHM

## 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.) | Yes "A" |
| (*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.)

Discharge in England Auth HQ CRO 5222 of 25-1-19.

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.

Re-examined previous findings confirmed

Bronchial. Emphysema.

16-6-19 sd/ C P Jento Capt. *President.*

PLACE Bramshott sd/ A H MacLaren Capt. } Members

DATE 6-4-19

### 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

for H. McKenzie Capt
*Assistant Director of Medical Services.*

DATE 6-4-19

APPROVED BY

*Director-General of Medical Services.*

DATE.....

Certified a true copy.
H. H. Williamson
Major

Replacing Original

Army Form B. 103. Regimental Number 633991

## Casualty Form—Active Service.

Regiment or Corps 15th Battalion

Rank Pte Surname Scott Christian Name Thomas

Religion ..... Age on Enlistment ..... years ..... months

Enlisted (a) 3:4:16 Terms of Service (a) Dur War 9 6 mths Service reckons from (a) 3:4:16

Date of promotion to present rank ..... Date of appointment to lance rank .....

Extended (.....) Re-engaged (.....) Qualification (b) .....

(.....) (.....) or Corps Trade and Rate .....

Occupation ..... Signature of Officer.

| Report Date | Report From whom received | Record of promotions, reductions, transfers, casualties, &c., 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 of Casualty | Date of Casualty | Remarks Taken from Army Form B.213, Army Form A.36, or other official documents. |
|---|---|---|---|---|---|
| | | Embarked ... | | | |
| | | Disembarked... | England | 31.10.16 | |
| 18.1.17 | OC 15th Battn | S.O.Son trans 3rd Can L. Bn | Witley | 18.1.17 | Part II O.18 |
| 24.1.17 | C.C.A.C | Taken on Strength | Hastings | 4.1.17 | " " " 40 |
| 28.1.17 | do | attached to 3rd Labour Bn | do | 28.1.17 | " " " 44 |
| 29.1.17 | 3rd Labour Bn | Taken on Strength from C.C.A.C | Bramshott | 28.1.17 | " " " I |

LIEUT.
FOR LT: COL: I/C RECORDS. C.O.M.F.

| | | | | | |
|---|---|---|---|---|---|
| 11/2/17 | CBD | Disembarked | Havre | 11/2/17 | nk |
| 27/7/17 | A.A.G. | Hfrd to 2nd Bn | | 27/7/17 | K.R.13419/x |
| | | | | | P.L.D.O.U.S. |
| 27-7-17 | A.A.G. | Taken on strength 2nd Bn. on transfer from 3rd Can. Labour Bn. | | 28-7-17 | Can.Sec.K.R.13419 P.2.0.85 d/27-8- |

RECEIVED CORRECT. 25 APR. 1917 CAN. RECORDS, LONDON

(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) Signaller, Shoeing-Smith, &c.

W. 11814—M1188 1000m 1/17 (27227) S P & Co, Ltd. Forms B./103/4 E./354. P.T.O.

| Report | | Record of promotions, reductions, transfers, casualties, &c., 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 of Casualty | Date of Casualty | Remarks Taken from Army Form B.213, Army Form A.36, or other official documents. |
|---|---|---|---|---|---|
| Date | From whom received | | | | |
| 3.8.17. | 1 C B D | From G B D "A" | On Base | 3.8.17 | N R |
| 21.8.17 | 1st Ent Bn | Joined 1st Ent Bn | Field | 21.8.17 | N R A C S 486 |
| 23.8.17 | 2ND CAN BN | Joined 2nd Bn. | do | 23.8.17 | B213 " 487 |
| 2.3.18 | do | GRANTED 14 DAYS LEAVE | U.K. | 1.3.18 | Pt. 11 No 20 d/ 14.3.18 |
| 23.3.18 | do | Returned from Leave | Field | 18.3.18 | B213 |
| 20-4-18 | do | Att 3rd Can M.G. Coy | do | 13-4-18 | B213. |
| 1-5-18 | do | To Duty from M G Coy | do | 30-4-18 | B213. |
| | Kmb. Camp. | Proceeded to England. | | | N.R. Pt.2 O.No. d/..... |

MAR 19 1919

G.H. Skelton LIEUT. FOR LT-COL. A.A.G.

A.O.S Q.M.F. of C. ON PROCEEDING TO CANADA FOR DEMOBILIZATION.

DISCHARGED IN ENGLAND,
K.R. & O. Par. 392, Sec. XXV.

H.C. Maguire Lt

W Wade Captain
Officer Commanding,
No. 2 Canadian Discharge Depôt,

Form D.M.S. 1348 (Revised).
2075—30m—2/12/16.

137437

# EXAMINATION
BY
# STANDING MEDICAL BOARD, BRAMSHOTT.

4—1— 191 7

No. 633991 Rank pte Name SCOTT. THOS. Scott Thos

Local Unit 154 Bn Overseas Unit ~~Overseas~~ Age 18

Examination held in Bramshott area.

**DISABILITY.** Myalgia- feet

~~Overseas~~—Local.
(scratch one out)

**PRESENT CONDITION.**

Feet- ache after route marches
Can walk 5 miles -

9

Board recommends :

1. Fit for Duty.
2. Fit for duty after ..... weeks physical training.
3. Fit for Base duty ..... weeks.
4. Fit for Permanent Base Duty. Class B
5. Discharge.

NOF 19-2-17

Signatures :

Members { C. E. Cooper Col Can Pres.
J. A. Dickson Major
H. Thos Jackson Capt

Approved.

Bramshott 4/1 191 7

A. A. Stewart Maj
for A.D.M.S. and G.O.C.,
Canadian Troops, Bramshott.

G.W.V.A.

# EXAMINATION

BY

# STANDING MEDICAL BOARD, BRAMSHOTT.

No. Rank Name

Local Unit Overseas Unit Age

Examination held in Bramshott area.

DISABILITY.

Overseas—Local.
(scratch one out)

PRESENT CONDITION.

Board recommends:—

1. Fit for Duty.

2. Fit for duty after ... weeks physical training.

3. Fit for Base duty ... weeks.

4. Fit for Permanent Base Duty.

5. Discharge.

Signature:

Pres.

Members

Approved.

Bramshott 19

for A.D.M.S. and G.O.C.,
Canadian Troops, Bramshott.

**DUPLICATE.**

For use of A.P. and S.A. Branch, Ottawa

P. 851 A.

# LAST PAY CERTIFICATE.

Military District.....

Dispersal Area.....

No. 6337 Rank Pte Name SCOTT T Unit 2 Bn

Nominated for embarkation to Canada: Date 19/5/19 to CLO

| CREDIT. | $ | ¢ | DEBIT. | $ | ¢ |
|---|---|---|---|---|---|
| BALANCE FORWARD as at 31/5/19 191 | | | CASH PAYMENTS:— | | |
| EARNINGS:— | | | | | |
| From 1/6/19 to 19/6/19 | | | | | |
| 19 days at $ 1 00 | 19 | 00 | | | |
| 1 days at $ 10 | | | | | |
| ..... days at $ ..... | | | | | |
| ANY OTHER CREDIT:— | | | OTHER CHARGES:— | | |
| Interest on Deferred Pay NIL | | | | | |
| | | | WAR LOAN INSTALMENTS CHARGED:— | | |
| | | | X ASSIGNED PAY for period from ..... to ..... at $ 15 00 per month in favour of:— | | |
| | | | Name Mrs Ethel Scott | | |
| | | | Address 103 Rose Vale Liverpool | | |
| | | | Relationship Wife stopped effective 1/6/19 | | |
| | | | X SEPARATION ALLOWANCE, if any, in favour of same party as Assignment at $ 30 per month Paid up to 18/6/19 + 5/- + 10/- | | |
| X BALANCE DEBIT | | | X BALANCE CREDIT | 10 | 46 |
| | 20 | 22 | | 20 | 22 |

Def Pay NIL

**"VICTORY" WAR LOAN**

Amount Subscribed - $.....

Amount Paid - - .....

Balance due - .....

I hereby Certify that I am satisfied that the balance of my account as shown on this statement is correct.

.....

*(Signature of Soldier.)*

BALANCE GIVEN IS SUBJECT TO ANY CHARGES AND/OR CREDITS ENDORSED ON THE REVERSE HEREOF.

THESE PAYMENTS TO DEPENDENTS:— X (Strike out whichever inapplicable.)

X Have been stopped. Effective 19/6/19 191 and will only be re-opened on receipt of instructions from P.M.G., Ottawa, or Military District Paymaster, Canada.

or

X Being a Canadian payment, cancellation or otherwise of future payments will be dealt with by Ottawa.

COMPILED BY .....

CHECKED BY .....

Date 19/6/19 191

CERTIFIED CORRECT .....

Capt. Lieut

FOR BRIGADIER GENERAL
PAYMASTER GENERAL, O.M.F.C

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 Bramshott DATE 6-4-19

1. 1 (a) Unit 2nd Inf Btn (b) Regimental No. 633991 (c) Rank Pte.

(d) Surname Scott (e) Christian name Thomas

(f) Home address Dunvegan Ont

(g) Next of Kin Robert Scott (h) Relationship

(i) Address of Next of Kin 87 Arkwright St Liverpool Eng

2. Age last birthday 24 Date of birth May 4 1894

3. Enlistment, or Appointment (if an Officer) (a) Place Winchester Ont (b) Date 3 Apl 1916

4. Personal description:

(a) Height 5'-4" (b) Weight 130 lbs (stripped) (c) Complexion Medium

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

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 |
|---|---|---|
| | Two | 357 |

| | Periods | |
|---|---|---|
| | From | To |
| Canada | 3/4/16 | 31/10/16 |
| England | 31/10/16 | 9/2/17 |
| France or other theatres of War | 9/2/17 | 19/3/19 |

7. Original disease, or injury MYALGIA

(a) Date of origin Spring 1917 (b) Place of origin England. France

(c) Cause Exposure on Active Service

C.R. B.P.C.
REFERRED TO
30 JUN.1919
REPLIED TO

M. F. B. 227.
400M.—11-18.
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) Partial loss function left leg.

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.)

No objective findings, feet not flat, no varicose veins.

Subjective:

Man states he has pains in left leg from ankle to knee. Pain worse in damp and wet weather. Has had to fall out on route marches. States he can walk & march five miles now.

(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).)

First noticed pains in legs spring 1917 when in France. Soldiers statement. Was boarded B'ham Myalgia Feb 4/1918. Condition has been improving. Has been carrying on as a fitman. No hospital treatment.

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.) ~~Yes~~ No + app.

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

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? Six months

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

Treatment from the M.O.

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit? N/a
(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

N/a

D. W. Howe
*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 Thos. 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

T. Scott Rank. Pte
*Signature of invalid examined.*

Adam

## 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.~~) | yes A |
| (*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.)

Discharge in England. auth. HQ CRO 5222 y 25-1-19

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.

~~Boarded under auth 1st Adj 9083 of 11-11-18~~
6-months Physio finding ankle
Brenshaw 16-6-19

*President.*

PLACE Braunshaw
DATE 6-4-19

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.

*President*

PLACE.....
DATE.....

Members

APPROVED BY

H Mackenzie Capt.
for *Assistant Director of Medical Services.*

DATE 6/4/19.

APPROVED BY

*Director-General of Medical Services.*

DATE.....

16-6-19
V.D. Davidson Capt
for A.D.M.S.