TRIPLICATE

ATTESTATION PAPER.

No. 349492

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 Charles
1b. What is your present address?	9 Rutherford Ave, Toronto. Ont.
2. In what Town, Township or Parish, and in what Country were you born?	Diss, Norfolk, England.
3. What is the name of your next-of kin?	Mrs Marie Scott
4. What is the address of your next-of-kin?	Diss, Norfolk. England.
4a. What is the relationship of your next-of-kin?	Mother
5. What is the date of your birth?	August 21st. 1891
6. What is your Trade or Calling?	Amunition Inspector
7. Are you married?	No
8. Are you willing to be vaccinated or re-vaccinated and inoculated?	Ye
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.	No
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 Charles 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.

Thomas C Scott (Signature of Recruit)

Date November 13th. 1916 F. Gy (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Thomas Charles 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.

Thomas C Scott (Signature of Recruit)

Date November 13th. 1916. F. Gy (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 Kingston, Ont. this day of November 1916.

At 2 P.M. J. Hamilton Major J.P. (Signature of Justice)

M. F. W. 23
750M—8-16
N. O. 1772-20-241

Description of Thomas Charles Scott on Enlistment.

Apparent Age 25 years 2 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5 ft. 7½ ins.

Chest measurement.
- Girth when fully expanded 36 ins.
- Range of expansion 3 ins.

Complexion Fair

Eyes Blue

Hair Lt brown

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

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

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 Nov 14 1916. H. A. Coyne Capt AMC

Place Kingston, Ont. 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 Charles 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.

Lieut. R.C.H.A. (Signature of Officer)
Officer Commanding "C" Bty., R.C.H.A.

Date November 13th. 1916.

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

Attestation Papers. 1

Declaration of change of name.....

Authority for special enlistments.....

Documents of re-enlisted men.....

Regimental Conduct Sheet 2

Compulsory Stoppages.....

Casualty Forms.....

Proceedings on discharge 2

Corps History Sheet.....

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

Parchment Certificate.....

Medical Report for Invalids.....

Medical History Sheet.....

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

1-Photo of will

1.213.122

R.O. 60641

a-B-179-1

Proc. MB-1

M. F. W. 62.
100m.—6-17.
H. Q. 1772—39—935.

Name Scott Thomas Charles.

Regt. No 349492 Rank Gnr.

Corps #2 Dis. Dep.

Physical Unfitness.

R. O. No.....

H. Q. No.....

B.P.

109551

1

25-27
12-27
5-28
1

13202.

REG. NO. 349492. NAME (SURNAME FIRST) Scott. J.C.

RANK Gnr. CORPS R.C.H.A.

AGE 26. SERVICE 30/12.

NAME OF HOSPITAL Base PLACE Toronto

DATE OF ADMISSION 16-4-18.

DISEASE Influenza.

DISCHARGE

OPERATION

DISCHARGED TO DUTY Yes. 22-4-18.

TRANSFERRED TO

DISCHARGED BY MEDICAL BOARD

100M—9-17—H.Q. 1211-8-30.

REMARKS

Number 349492 Rank Gnr. B

Surname SCOTT

Christian Name Thomas Charles

Units R.C.H.A. Theatre of War England

Date of Service 7/4/17

Remarks 37092

Latest Address 171 Oak Ave. Hamilton, Ont.

Roll No a Page 1656 229 W. Delevan Ave Buffalo NY USA

BPC

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. APR 7 1925

REGN. NO. 12311

Receipt rec'd. 12-4-

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

CARD NO.

~~S.D.S. Since 22-4-18~~ 42

~~auth. H.Q. of 1-5-18~~

Cancelled

~~2 Dist. Dep.~~

auth. 2 D 1140 of 9-8-18

SURNAME. Scott

CHRISTIAN NAMES Thomas Charles

REGL. No. 349492 RANK ~~Dr.~~ Gr.

UNIT C. Bty. R. C. H. A. (1 1th. R.D.)

FORMER CORPS Nil

NEXT OF KIN.

NAMES IN FULL Scott, Mrs. Marie

RELATIONSHIP TO SOLDIER Mother

ADDRESS Diss, Norfolk, Eng.

CHANGE OF ADDRESS

COUNTRY OF BIRTH England Diss Norfolk DATE Aug. 21st 1891

PLACE OF ATTESTATION Kingston Ont. DATE Nov. 1916

L. L. 6945. M. & D. 6994. R/6.203-182 7/24.

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

MARRIED SINGLE yes WIDOWER

TRADE OR CALLING Ammunition Inspector RELIGION Church of England

DESCRIPTION.

APPARENT AGE 25 YEARS 2 MONTHS

HEIGHT 5 FEET 7½ INCHES

CHEST MEASUREMENT 36 INCHES EXPANSION 3 INCHES

COMPLEXION Fair EYES Blue HAIR Lt. Brown

DISTINGUISHING MARKS Nil

MEDICAL EXAMINATION. PLACE Kingston Ont. DATE Nov 14th 1916

Present address 9 Rutherford Ave. Toronto. Ont.

*Name Scott Thomas Charles Rank GNR Regtl. No. 349492

Original unit RCHA Present unit #2 D.D. M. or S. S Age 26 Religion C. OF E. Fyle Depot Ref. H.Q.

Port, ship, and date of arrival

Next of kin Mother, Muria, 2 Eton St., Dissnorfolk

Address on leave 171 Oak Ave., Hamilton

Address on discharge Same as above

Transportation issued Yes ~~No~~ Date 3/5/18 Character on discharge Very good

Previous occupation Machinist Date and place of enlistment 13 Nov. 1916 Kingston, Ont

Diagnosis Defective vision Date of Medical Boards 15/4/18

Date.	Remarks.	Pt. 2 Order No.
18/4/18.	T.O.S. From No. 2 Cas. Unit D.O.	1
	In Hospital since 15/4/18 when Trans. to #2. DD.	
22/4/18.	Discharged Base Hospital. Dil. DO #5.	
MAY 3 1918	T.O.S. Discharged 'Thy. Unfit' Dil. DO #16.	

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

(over)

Date.	Remarks.	Pt. 2 Order No.
7-5-18	Camp Orders.	

M.F.W. 192.
60M-3-18 (D.P.) 353.
1772-39-1243.

DEPARTMENT OF VETERANS AFFAIRS

Ottawa Ont

To ● Copy for H.O. FILE VF-1017-2

Date April 26/63

Attention of

NAME SCOTT, Thomas Charles. SERVICE NUMBER 349492 CEF C.P.C. No. 37092 W.V.A. No.

NAVY
ARMY x
R.C.A.F.

The DEPARTMENT has received information from

Veterans Insurance. Ottawa, Ontario. April 24/63

(State authority and source of information of death)

regarding the death of the above mentioned veteran.

Particulars are as follows:

Date of Death April 13/63
Cause of Death
Place of Death Not stated

Name and Address of next of kin (if known)

Copies to: W.S.R.
~~V.I.~~
~~RAY~~
~~D.C.~~
H.O.

Destroy form if advice of death already received.

for M J Wyell
Chief, Central Registry

DVA 24

119234

FORM OF WILL.

I, Thomas Charles Scott (Name in full)

Regimental Number 349492 serving in "C" BATTERY, R. C. H. A.

of the Canadian Expeditionary Force, do hereby revoke all former Wills by me made and declare this to be my last Will.

I bequeath all my real estate unto

Mrs Maria Scott
3 Store St Diss
Norfolk England

Name and Address of person or persons to whom it is to go.

absolutely, and my personal estate I bequeath to

Mrs Maria Scott
3 Store St Diss
Norfolk England

Name and Address of person or persons to receive personal estate* *(See note).*

IMPORTANT NOTE
This must be Signed and Dated by THE SOLDIER HIMSELF.

this 22 day of Jan A. D. 1917

Thomas Charles Scott Signature of Soldier.

*N.B.—Personal estate includes pay, effects, money in bank, insurance policy, in fact everything except real estate.

Signed and acknowledged by the Testator as and for His last Will in the presence of us both present at the same time, who in his presence, at his request, and in the presence of each other have hereunto subscribed our names as Witnesses.

THE TWO WITNESSES MUST SIGN HERE

Signature of First Witness Flyer

Address of Witness R.C.H.A. Kingston Ont.

Occupation of Witness Soldier

Signature of Second Witness R Eckel

Address of Witness R.C.H.A. Kingston Ont

Occupation of Witness Soldier

M. F. W. 82
300M-5-16.
1772-39-983.

171 Cook St
Albany

MEDICAL HISTORY SHEET

Surname Scott Christian Name Thos. Chas

Examined { on 14 day of Nov 1916 / at Kingston, Ont

Birthplace { City or Town Diss / County Norfolk Eng

Apparent age 25 years 2 mos

Trade or occupation Ammunition Insp.

Height 5 feet 7½ Inches

Weight 137 lbs.

Chest measurement { Minimum 33 inches / Maximum expansion 3 inches

Physical development Good

Small-pox Marks nil

Vaccination Marks { Arm Right ✓ Left / Number One

When Vaccinated last Infancy

(a) Marks indicating congential peculiarities or previous disease

✓

(b) Slight defects but not sufficient to cause rejection

✓

Approved by H. A. Boyce

Rank Capt Arpc 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
5/12/16		H. A. Boyce M.O.
		M.O.
		M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.
15/11/16		H A Boyce M.O.
22/11/16		H A Boyce M.O.
29/11/16		H A Boyce M.O.

Enlisted on 13th day of Nov 1916 at Kingston

	Corps	Regt'l Number	Habits	Date
Joined on enlistment	6 Bty RCHA	849492		13.11.16
Transferred to				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

Station	Date	Disease	Result
Approved.	2-10-17	Defective Vision	B2 J3. Crock Cass Cancel
	8-10-17	C.O. Confirmed.	Major H. Barnes. 5 Can Inf
Withdrawn	25-2-18	do	B H E Boyce Capt
Ravina Bks, Toronto	Apr. 25/18	Def. vision.	E. W. T. McKee Major AMC Pres. S.M.B.

N.B.—This sheet to be disposed of in accordance with instructions in the Regulations for Army Medical Servcie, on the man becoming non-effective; the date and cause being stated on next page.

M. F. B. 313.
500M.—3-16.
H. Q. 1772-39-439.

Surname Scott Christian Name Chas Chas

STATION	Date of Arrival at the Station	Dates of Admission into Hospital			Dates of Discharge from Hospital			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
		Day	Month	Year	Day	Month	Year				
Base Hosp	Toronto	16	4	18	22	4	1918	Influenza	7.	Cured.	G Lumsden

To be made out in duplicate. I.O. 51-21-23-53

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.

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(1) Name of Overseas Unit which Soldier joins "C" Battery, R.C.H.A.

(2) Regimental Number 349492

(3) Full Name of Soldier Thomas Charles Scott

(4) Place of Birth Diss, Norfolk, England

(5) Are you married, or not? No

(6) If married, state,

(a) Full name of your wife

(b) Present Postal Address

(7) Are you a widower? No

(8) Have you any children?

If so, give number of boys and girls

Also their names and ages

M. F. W. 67.

300M.—5-16.
1772-39-954.

(SEE OTHER SIDE.)

(9) Is your Father alive ? Yes

If so, state name and address Charles Scott, Diss, Norfolk, England

(10) Is your Mother alive ? Yes

If so, state name and address Maria Scott, Diss, Norfolk, England

(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.

(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 ? Yes

If so, in what Company ? Oddfellows (Independant Order)

Have you made arrangements for payment of your Insurance premium Yes

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

Lieut. R.C.H.A.
Officer Commanding "C" Battery, R.C.H.A.
Officer Commanding.

Date November 14th, 1916

M D 2

No. 23

CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

This form to be used for all Ranks (Vide Articles 122, 130 and 141, Financial Instructions, 25715c, C.E.F., 1916).

Regimental No. 349492 Rank Gnr Name T.C.Scott

Corps No 2 Dis. Depot who was* Discharged

On May 3 1918 191....., to

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from May 1 1918 191...., to May 3 1918 191...., the inclusive date of transfer or discharge.

Dr.	$	c.	Cr.	$	c.
Bal. Dr. from prev. month	8	71	Bal. Cr. from prev. month		
Advances by Cheques No.			Regt'l Pay 3 days at $ 1 c.	3	
Advances by Cheques No.			Field Allow. 3 days at $ c. 10		30
Assigned Pay and Sep'n Allce. No.			Separation Allowances* (Monthly)		
Other charges			Other Allowances*		
Payment on transfer or discharge N81570	35	59	Other Credits* Clothing	8	
Balance Cr. (to be paid by the new unit)			Bal. Dr. (to be deducted by new unit)	33	
Total	44	30	Total	44	30

* Give particulars.

A monthly stoppage of $ 20.00 (†) has (‡) been paid on account of Assigned Pay for the month of Apr 1918 and Sep'n Allce. for month of 191.... (to) Assignee Mrs Maria Scott

(Address) 3 Store St., Diss., Norfolk, England.

(†) Insert amount to be assigned, whether it has been paid or not.
(‡) Insert "not" if amount has not been paid for period of account.

On Transfer of an Officer

Outfit Allowance of $..... has been paid by Paymaster, Military District No.....

REMARKS:—

State (1) date of enlistment

(2) if married and if a Separation Allowance Card has been submitted Yes

(3) cause of discharge authority D.O. 16

(4) authority for transfer

NOTE.—Separation Allowance and Assigned pay Card and Index Card (M. F. W. 71) are to accompany the original Last Pay Certificate on transfer.

I have carefully examined this statement of account and find it to be a correct extract from the Pay-list of the unit.

Date 3-5-18

Place Toronto

L Warnse
Paymaster.

N.B.—For purposes of transfer this form is to be made out in quadruplicate. Original copy to paymaster of new unit; duplicate to District Paymaster; triplicate to accompany the pay-list at the end of the month, and quadruplicate for retention as a record.

For purposes of discharge it is to be made out in triplicate. Original copy to accompany discharge papers; duplicate to accompany pay-list at the end of the month, and triplicate for retention as a record.

If a man on discharge is entitled to three months' Post Discharge Pay, Last Pay certificate will be made out in quadruplicate. The original Last Pay Certificate will be forwarded with other documents to Paymaster Post Discharge Pay and triplicate, with his discharge documents.

M. F. W. 44.

100M.—1-18.
H. Q. 1772-39-903.

C.A.D.C.5009-10M.
3494-3[illegible]-8-17.

349492
Gnr. Scott J.C.
C.F.A.

DENTAL CERTIFICATE.

The following Certificates will be attached to the Medical History Sheets of all Other Ranks being returned to Canada for disposal.

Date of Examination.	Present Dental Condition.	In case of loss or decay of teeth. Is the loss due to wounds, injury or disease directly attributed to Active Service?	Has he ever declined Dental Treatment.	Recommendation.
7/3/18	Fit			F. A. Irwin Capt. C.A.D.C.

Date of Examination.	Present Dental Condition.	In case of loss of teeth, is the loss due to caries, injury or disease directly attributed to military service?	Has no crown, bridge or denture been fractured?	Recommendation.

Other Remarks pertinent to Change for disposal

be attached to the Medical History Sheet.

DENTAL CERTIFICATE

The following certificate will

C.A.D.C. 2000-1M

CANADIAN ARMY DENTAL CORPS, MILITARY DISTRICT NO.

DENTAL CERTIFICATE ON DISCHARGE.

M.F.B.484.
100m-2-18.
1772-39-1219.

To Officer i-c Dental Services at Hamilton

Name Scott. T. C. Regimental Number 349492

has been given Dental examination previous to discharge and is entitled to Dental treatment to the extent of:- amalgam

This certificate to be presented within two months of the date on discharge papers.

H. V. Temple Capt.,
Officer i-c Dental Examination on Discharge.

Examined at Ravina Date APR 22 1918

BASE HOSPITAL. M.D. No. 2.

From Officer i/c Eye Clinic
Base Hospital, Toronto.

To O.C. Casualty Department,
District Depot,
Regina Barracks.

Special Report on Eyes of:-

No. 349492

Name SCOTT, T.C.

Outpatient.

Unit R.C.H.A.

Right Vision, without glasses near distant with glasses, near distant

Left Vision, without glasses, near D.5 distant 6/6 with glasses near distant

He is Fit for Category B ii Glasses have not been ordered.

Condition was present before enlistment and is not due to service.

Recommendxx patient for

Disability from eyes Nil

Diagnosis Right blind eye. ~~Digamitive~~ degeneration of Retina & Optic atrophy, Left normal.

Remarks. Glasses or treatment would not help vision.

H.D. ~~Welch~~ Veitch, Capt.
.....Signed.
for Lt.- Col. O.C. Base Hospital, M.D. No. 2.

W. T. McL

10

No Case CR498

EYE, EAR, NOSE AND THROAT CLINIC.

Witley Camp, Surrey,

10-9 1917.

Number 34949 Rank Gnr Name Scott J.C.

Unit L.R.A. 6. Bty

Visual Acuity without glasses; R.E. no vision L.E. 6/6

Visual Acuity with glasses; R.E. _____ L.E. _____

Fit UNFIT.

Glasses ordered.

Remarks;

advise boarding

This man is suffering from opacity of vitreous humour which cannot be improved - treatment

E. Atkinson

Capt. CAMC,
O. i/c Clinic.

APR 22 1918

CASE HISTORY SHEET. 11177

No. 349492 Rank Gnr. Name Scott J. C. Age 26

Unit Can R. C. H. A. Completed years of service (Where and how long) 30/12 Ravina

APR 16 1918

Date of admission ..... Date of discharge .....

Diagnosis Influenza Place of origin .....

CONDITION ON ADMISSION AND PROGRESS OF CASE

Complaint	Duration
1/ Headache & gen malaise	one day
2/ Cough with expectoration	"

Before enlistment was machinist – Always had good health – at age 14 yrs only illness pleuro-pneumonia

Uses no alcohol. Smokes 4-5 cigarettes daily & about 3 oz. per week. Denies venereal disease.

Present Illness began with chill followed by above symptoms.

Chest – normal.
Heart – not enlarged – Sounds normal char.
Abdomen Nothing abnormal found.

April 18/18 – much improved

April 21/18 – Quite fit – Discharged.

FAMILY HISTORY

(Tuberculosis, mental or nervous diseases.)

TREATMENT

(Especially any specific or special form.)

CONDITION ON DISCHARGE

(and disposal made of case.)

Date April 21/18

G. M. Dale Capt
Medical Officer i/c case.

M. F. B. 313a.
50M.-11-17.
1772—39-439.

C, 13202

apr 12/18 - 1028 - acid - otherwise neg.
apr 18/18
Spec Urine S. G 1034 - Reac. acid. Albumin, Blood, glucose, Bile } all neg.

CLINICAL CHART.

(To be pasted into Case Book opposite Patient's Case.)

Corps Can. R.C. H.A. Ravira Hospital Station

No. 349492 Rank and Name Pte Scott J.C. Age 26 Service 30/12

Disease Influenza Date of Admission Date of Discharge Result Case Book 11177 Folio

Dates of Observation	16	17	18	19	20
Days of Disease	1	2	3	4	5
Temperature Fahrenheit (TIME a.m. p.m.)					
Pulse per Minute	80	76/78	70	70	70
Respirations per Minute	20	20/20	20	20	20
Motions					

Temperature: 107°, 106°, 105°, 104°, 103°, 102°, 101°, 100°, 99°, 98°, 97°

M. F. B. 288.

50M—11-16.
H. Q. 1772-39-513.

Signature In charge of case.

Forms
I. 1237
10

Army Form I. 1237.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
	349492	Gnr.	Scott.	Thomas Chas

Year	Unit.	Age.	Service.
1917	2nd Bgde C.R.A.	26	10 mos.

Station and Date.	Disease
Witley Sept 18	Impaired vision. See report attached. G. M. Dobbin Lt CAMC.

*The first and last entries will be signed, and transfers from one Medical Officer to another, attested by their signatures.

(J 3521.) Wt. W 5606—2621. 2,000,000. 7/15. D & S.

P.T.O.

Station and Date.	

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Form R 122.
2353—100M—9-12-16

J.P. Rank Name SCOTT, Thomas Charles. Reg'l No. 349492.

Unit Dft C.Batty R.C.H.A. If in perm. Corps, What Unit? Married or Single Single.

Place and Date of Enlistment Kingston.Ont. 13th Nov.1916. Place of Birth Diss.Norfolk.Eng.

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

Diss.Norfolk.England. Relationship Mother.

Assigned Pay Monthly $ Payable to

Relationship

Separation Allowance $ Payable to

Relationship

N/E. R.B. No. H6 31
File R.L.
Category O.R.C.

Discharge, Date and Place Reason Character

H. W. & V., Ld.—9546-16.

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 7 4 17 S.S. MISSANABIE			
14.4.17	ResBde	TOS from Canada	S'Cliffe	8.4.17	P.II O# 104
23-6-17	" "	Posted to 2nd Res Arty	"	22.6.17	A.O.17482 2nd Res Arty P.O.1
7-11-17	C.A.R.D.	T.O.S. on posting from 2nd Res Arty.	Witley	Gur. 7.10.17	" — 243 & R.O.138 of 6.11.17 of 2nd Res Arty.
8.3.18	"	of Coy & C&D Bnglow pending discharge to Canada	"	6.3.18	P.O. 69.
27.3.18	"	SOS proceeding to Canada for disposal by A.G. O/c Records RL.23-6 Vol 13. 23318	"	Gur 12.3.18	" " 86 C

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.					

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 "C" Battery, R.C.H.A. (CEF)

Regimental No. 349492 Rank Private Name Thomas Charles Scott

Enlisted (a) 3/11/16 Terms of Service (a) War + 6 mos. C. E. F. Service reckons from (a) 3/11/16

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) Ammunition Inspector.

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	Halifax	28-3-17	
14/4/16	O.C. Res. Bde C.F.A.	Disembarked	Liverpool	7-4-17	
		T.O.S. Res. Bde C.F.A. & posted to 5th Bty	Shorncliffe	8-4-17	B.O. #104 p. II 14-4-16.
23:6:17	OC Res Bde CFA	S.O.S from Res Bde C.F.A. to 2nd Bde CRA on absorption	Scliffe	22:6:17.	B.O. 174 Part II
23 6 17	OC Res Bde CFA	T.O.S. 2nd Bde CRA	"	22 6 17	Bo 174 II
6:11:17	OC. 2nd Bde C.R.A.	S.O.S. on posting to C.A.R.D.	Witley	6:11:17.	B.O 138 part II
7-11-17	OC C.A.R.D	To & from 2 Bde CRA shown on com 2 Bde CRA	Witley	3-10-17	P II 00243
22-11-17	do	Shown on com Res Bde CFA under Act 3384/1917	do	17-11-17	P II 00258

J. Bagnall Capt. ADJT.
FOR O.C. CAN. ART REGIMENTAL DEPOT.

(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				
13-11-17	O.C. Res Bde C.F.A	Attached from CARD for Emp	Witley	17-11-17	Bo Rt II 4
22-11-17	CARD	On Com. Res Bde C.F.A.	Witley	17-11-17	Rt II D.O. 258
8-3-18	Do	On Com. C.D.D. Buxton	Do	6-3-18	Rt II D.O. 67

J S Bagnall
CAPT. & ADJT
For O.C. CAN. ART. REGIMENTAL DEPOT

MAR 7 1918 TAKEN ON STRENGTH C.D.D, BUXTON Pt. 11 ORDER No. 56

MAR 12 1918 EMBARKED FOR CANADA FROM LIVERPOOL

J. Lock, Lt. for Lieut.-Col.
Commanding Canadian Discharge Depôt.

T.O.S. #2 Casualty Unit, Toronto, effect from 25-3-18. Pt.11 #92.
DIS. #2 District Depot, Toronto, 3rd May, 1918 Part 11.....#16.

W. S. Meeuman
Lieut.
for O.C. #2 District Depot.

A—315.

List 377 J.

ASSIGNED PAY.

PAID IN ~~CANADA~~.

To whom Mrs Maria Scott

Address 3 Stoar St

Shelfanger Diss Norfolk.

By whom assigned Scott. J. C.

Regtl. No. 349492

Rank Gnr

Corps, &c. Res C.F.A.

	ASSIGNED PAY	SEPARATION ALLOWANCE
Rate	20^00	25^00
Date to Commence	1. 3. 18	

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

Noted on L.P.C.

Month.	Cheque No.	ASSIGNED PAY Amt.	SEPARATION ALLOWANCE Amt. Debited	REMARKS.
1914.7 Oct.				Discharge to Canada 8. 3. 18 Ad. 3. 1807.
Nov.				
Dec.				
1915.8 Jan.				
Feb.				
March	C83708	20	25	Mch. Supp
April	a 3539	20	25	
May	a78822	20	25	
June	B17881	20	25	
July	B70105	20	25	
Aug.	C19866	20	25	
Sept.	C74148	20	25	
Oct.	C21393	20	25	
Nov.	D.78951	20	40	Includes S.A. adj. Sept. & Oct.
Dec.	E48218	20	30	
1916.9 Jan.	Discharged 3/5/18 Att Cable 7037 d/21.12.18			
Feb.				
March				

ASSIGNED PAY.

Month.	Cheque No.	Amt. ASSIGNED PAY	Amt. Debited. SEPARATION ALLOWANCE	REMARKS.	
1916. April					
May					
June					
July					
Aug.					
Sept.					
Oct.					
Nov.					
Dec.					
1917. Jan.					
Feb.					
March					
April					
May					
June					
July					
Aug.					
Sept.					
Oct.					
Nov.					
Dec.					
1918. Jan.					
Feb.					
March					
April					
May					
June					

M. F. W. 41a.
120m. 1-18
1772-39-1213

English L.P.C. No. S-308.

Name Scott, Thomas Charles

Regt'l No. 349492 Rank Gunner File Numbers P.M.-25-59.

Former Units C.A.R.D. Original Unit Dft. C. Bty, R.C.H.A.

Date of arrival in Canada 20/3/18 Boat Olympic Port of Disembarkation Halifax.

Rates of Pay:—Regt'l. $1.00 Field 10 Date of arrival in M.D. 2

Separation Allowance. England Date paid to 28/2/18 Rate $25.00 If continued by Chief Paymaster, England Yes.

Assigned Pay. England Date paid to 28/2/18 Rate $20.00 If continued by Chief Paymaster, England Yes.

Name and address of Beneficiary Mrs. Maria Scott, 3 Store St., Diss, Norfolk, England.

Pay claimed on English L.P.C. to 7/3/18 to be paid by new Unit from 8/3/18

Name of new Unit No. 2 Casualty. Date L.P.C. forwarded to new Unit 19/4/18

A/P. charged on English L.P.C. to 28/2/18.

L.L. 34682—M. & D. 8645.

Credit Balance shown on English L.P.C.	OTHER CREDITS DUE	TOTAL CREDITS	Charges to be made on account of advances since English L.P.C. made out: On Boat	At Cl. Depot &c.	OTHER CHARGES	TOTAL DEBITS	BALANCE TO NEW UNIT: Credit	Debit	REMARKS
$ c.	$ c.	$ c.	$ c.	$ c.	$ c.	$ c.	$ c.	$ c.	
					524				Balance from Eng. L.P.C.
			487						15/3/18
			10 00						18/3/18 Halifax.
			5 00						18/3/18 Halifax.
Debit Balance		25 11				25 11			
		25 11				25 11		25 11	

CAM. 12/4/18
15-4-18

M. F. W. 41a.
120m. 1-18
1772-39-1213

English L.P.C. No.....

Name.....

Regt'l No.....Rank.....File Numbers { .....
.....

Former Units.....Original Unit.....

Date of arrival in Canada.....Boat.....Port of Disembarkation.....

Rates of Pay:—Regt'l.....Field..... Date of arrival in M.D.....

Separation Allowance. Date paid to.....Rate..... If continued by Chief Paymaster, England
.....

Assigned Pay. Date paid to.....Rate..... If continued by Chief Paymaster, England
.....

Name and address of Beneficiary { .....
.....

Pay claimed on English L.P.C. to.....to be paid by new Unit from.....

Name of new Unit.....Date L.P.C. forwarded to new Unit.....

Credit Balance shown on English L.P.C.		OTHER CREDITS DUE		TOTAL CREDITS		Charges to be made on account of advances since English L.P.C. made out				OTHER CHARGES		TOTAL DEBITS		BALANCE TO NEW UNIT				REMARKS
						On Boat		At Cl. Depot &c.						Credit		Debit		
$	c.	$	c.	$	c.	$	c.	$	c.	$	c.	$	c.	$	c.	$	c.	

POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

T-7.

Name Scott, T.C.
Surname Christian Name

Regimental Number 349492 Rank Gnr.

Unit R.C.H.A.

Original Unit

District where paid M.D. 2.

Date of Discharge

P. D. P. Filing Number 13-526-2.

Address (in full) 171 Oak Ave., Hamilton, Ont.

Rates:—Regimental pay $ per diem: Field Allowance $ per diem. Separation Allowance $ per month.

L. L. 22573—M. & D. 8009.

Total Credits 91 days		FIRST PAYMENT Cheque No. A	Date	Amount 30 days		SECOND PAYMENT Cheque No. B	Date	Amount 30 days		FINAL PAYMENT Cheque No. C	Date	Amount 31 days		Balance Over-payments to be Recovered		Total Amount Paid	
100	10	8726	3-6-18	33	00	8375	3-7-18	34	10					33	00	67	10
										dep Postrice				75.00			

Remarks: Debit. M.D. 2 of mit. S.A. & A.P. recovered from P.D.P.

M. F. W. 127.
60M—6 17.
1772 39-1140.

File No. 016409-T-~~66~~ 27
25-7-19

WAR SERVICE GRATUITY.

Register No. S. 686

Reg. No. 349492

Name Gnr Thomas C. Scott

Address ~~52 Nightingale St~~ 539 Barton St. E. Hamilton, Ont ~~787 171 Oak Cove Sounds~~

Pay Soldier $ Nil

Sinclair + Haydon 6-3-20

Clerk W. M. Phillips 9-3-20

Dependent Mrs Charles Scott "Mother"

Address 3 Glos St. Shelfanger Rd Diss, Norfolk, England

Dec'd No ..... W. S. G. File No .....
Award ..... days at $ per day $
S. A. ..... months per mo. $ ..... $
Less P.D.P. Credited $ .....
$
Less further debit balance $
Net due paid as below
TO SOLDIER TO DEPENDENT
6-3-20 ou

Pay Dependent $ Nil

Days 122 Rate 100 Due 400.00

Less P.D.P. credited 175.10

Less further Dr. Bal. or overpayment. 302.55

Net 477.65

Slet. Bal $77.65

R 1113 17-9-20

Date	Ck. Order	Ck. No.	Amount	Remarks.	Date	Ck. Order	Ck. No.	Amount.
1		✓		$77.65 Slebit	1		✓	
2				Balance out-	2			
3				standing.	3			
4					4			
5					5			
6					6			

495-D.P.-100M-6-19 (10248).

GEN'L AUDITOR
Posting checked by
L. Gow
Date 9/2/20

M. F. W. 41
100M-1-18.
1772-39-889.

Name Gnr T. C. Scott

Regimental No. 349498

Unit RGA

Date of enlistment

Place of "

Married (yes or no) Yes

Amount of pay assigned monthly $ 20 00 pd Feb

To whom payable Mrs Maria Scott
SPC 3 Store St. Diss. Norfolk. Eng

Name and address of next-of-kin

(10 00 sold and conv)
pd 21275

Date and place discharged

Reason for discharge

Character on discharge

Less Pay stg allcd paid by cpne not 8/5/18

MAY 2 1918

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	Remarks, Casualties, etc.
															Orbal 09	
Mch 8	apr. 30	54	1	54	54	10	540	12	7140	21088		5		2511	871	Bal Mch 25 - apr 8
										21275		10				sdm Hosp 15/4/18 00107
										~~21~~				40		Hoap Mch apr
														~~Orbal~~	~~Orbal~~	Dis Hosp 005
May 1	3	3	1	3	3	10	30	8	1130	21570		3559		871	33	Dis 2016

M. F. W. 41
100M-1-18.
1772-39-889.

Name.....

Regimental No.

Unit

Date of enlistment

Place of "

Married (yes or no)

Amount of pay assigned monthly $

To whom payable

Name and address of next-of-kin

Date and place discharged

Reason for discharge

Character on discharge

Date		PAY			Field Allowance			Other Credits	Total Credits	Voucher		Cash Payments	Assigned Pay	Other Charges	Total Debits	Remarks, Casualties, etc.
From	To	No. of Days	Rate	Amount	No. of Days	Rate	Amount			No.	Date					

P. 559.

MARRIED OR SINGLE: Single.

PLACE OF BIRTH: Diss. Norfolk, Eng.

NAME AND ADDRESS OF NEXT OF KIN: Mrs. Marie Scott. Diss. Norfolk, Eng.

RELATIONSHIP OF NEXT OF KIN: Mother.

NAME AND ADDRESS OF NEXT OF KIN:

RELATIONSHIP OF NEXT OF KIN:

SEPARATION ALLOWANCE MONTHLY: $ ~~20.00~~ 25.00 1/12/17 EFFECTIVE (DATE) 1.7.17 ~~2015~~

PAYABLE TO: Mrs Maria Scott, Shelfanger Road, Roydon, 3 Store St., Diss, Norfolk.

RELATIONSHIP OF DEPENDANT: Mother.

A.P. 5 S.A. checked Bound correct.

CASUALTIES, PROMOTIONS, &c.

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ADMISSIONS TO HOSPITAL, &c.

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

REG'L. NO. 349492 RANK Gnr. NAME Scott. Thomas Charles.

IF IN PERMT. CORPS WHAT UNIT: UNIT Off. C. Bty. R.C.A.

TRANSFERRED TO / DATE / AUTHORITY

PERMANENT FORCE ALLOWANCES

TRANSFERRED TO N.E.F. / DATE / AUTHORITY

PLACE OF ATTESTATION: Kingston, Ont.

TRANSFERRED TO Pay 20. DATE 6/9/18 AUTHORITY Min PC 4-9

DATE OF ATTESTATION: Nov. 18th 1916.

TRANSFERRED TO / DATE / AUTHORITY

ASSIGNED PAY MONTHLY $ 20.00 DATE EFFECTIVE April 1st 1917

PAYABLE TO: Maria Scott, 3 Store St. Diss Norfolk England RELATIONSHIP: Mother

ASSIGNED PAY MONTHLY $ DATE EFFECTIVE

PAYABLE TO RELATIONSHIP

SEP 10 1918

STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) 6. 3 18 EFFECTIVE 1. 3 18 REASON Dis

DISCHARGE DATE AND PLACE: Canada 7. 3 18. REASON AND AUTHORITY: Fam'l. A 93. 1807.

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	C.J. Remarks
														10	10																10 00				
Apl	30	100%	33	-											33 -			106	14/4						4 87			Balance from Canada		4 87	38 13				
May	31	"	34	10											34 10			428	6/5			447996			2 43 ✓			20 20		42 43	29 80				At Apr & May
June	30		33	-											33 -	765 996	19/5 30/5					31958		2 44 ✓ 2 44 ✓				20		24 88	37 92				
July	31		34	10			20								54 10							A111762 A9398 A155866						20 20		40 00	52 02				
Aug	31		34	10			20								54 10	1485	30/6							2 43 ✓				20 20		42 43	63 69				
Sep.	30		33	-			20								53 -	1894 1721 5213	4.8 24.7 20.8							2 43 ✓ 2 43 ✓ 24 34 ✓				20 20		69 20	47 49				At 18.39
															271 30									36 51	7 30			120 60		223 81					

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE
		~~47 49~~							47 49
Oct.	p.p.	34 10		A 24 448			20		61 59 20
				AR 2586 11/9/17	4 86				56 73 Nil
		34 10			4 86		20		

Open Leaf

349492 Gnr Scott, T.C. Eng A.P. 20.00

DATE | PAY (No. of Days, Rate, Amount $ c.) | FIELD ALLOWANCE (No. of Days, Rate, Amount $ c.) | WORKING OR SPECIAL PAY (No. of Days, Rate, Amount $ c.) | ASSIGNED PAY CREDITS | OTHER CREDITS | TOTAL CREDITS | ACQUITTANCE ROLLS (1, 2, 3, 4: No., Date) | CASH PAYMENTS (1, 2, 3, 4) | ASSIGNED PAY | OTHER CHARGES | TOTAL DEBITS | BALANCE (Credit, Debit) | PAY WITHHELD OR DEFERRED | PAY AVAILABLE FOR ISSUE | REMARKS

MONTH	PARTICULARS	CR.1	DR.2	PARTICULARS	CR.1	DR.2	DR.4	BALANCE	PAY	SEP. ALLCE ENG.
Fwd								56 73		
Nov	G.P.	33 00		B48623 £8.4.4			20			20
	Dec "	34 10		aR2789 CRa 25/9/17	9 73					
				aR3044 " 16/10/17	4 87					
				aR3187 " 25/10/17	4 87					
				" 2294 " 27/8/17	9 73					
				B78579 £9.4.11 Dec			20			25
				Dr aR2065 CRa 17/8/17	24 33					
				aR420 aRD 17/11/17	4 87			25 43		
		67 10			58 40		40			
Jan	G.P.	34 10		C28023 £9-4-11			20			25
				aR433 CRa 27/11/17	4 87					
				aR472 CRa 4/12/17	4 87					
				" 4027 " 27/12/17	9 73					
		34 10			19 47		20	20 06		25
Feb	G.P.	30 80		aR068820 £9.4.11			20			25
				aR 511. CRa 18/12/17	9 73					
				" 4364 15/1/18 CRa	4 87					
				aR4530 28/1/18 "	14 60 9 73 24 33					
Mar.	G.P. 1-7	4 40						14 23		
		38 50			24 33		20			
Mch				aR.4751 11/1/18 CRa	9 73					
				aR5038 25/2/18 CRa	4 87					
				aR.5243 4/3/18 CRa	4 87			5 24		Ch 5 24 P27-7-4
					19 47		0			
July	Spl Ch. 2403 to close a/c. #8. 12-3-18.		5 24							

Checked [illegible]

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

Checked

9-8-33

This space to be for numbers.

M

Proceedings on Discharge.

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

No. # 349492

Rank Gnr.

Name SCOTT, THOMAS CHARLES
NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.

Corps (Squadron, Battery or Company) #2 Dis. Depot (R C H A) C F A

Date of Discharge 3rd May, 1918

Place of Discharge Toronto, Ont.

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age 26 years 8½ months.
Height 5 feet 7½ inches.
Complexion Fair
Eyes Blue
Hair L. Brown
Trade Machinist
Intended place of residence (To be given as fully as practicable.) 171 Oak Ave. Hamilton, Ont.

Descriptive Marks

Scar L. Hand
" Little Finger

H

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

PHYSICAL UNFITNESS

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.

Very good [illegible]

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.)

Machinist

M. F. B. 218.
100m.—6-16.
H. Q. 1772-39-133

(OVER)

Seen 10-10-19

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) Toronto, Ont.

(Date) 3rd May, 1918

Captain,
For Lieut.-Colonel,
Commanding O.C. No. 2 District Depot.

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) Toronto, Ont. J. L. Scott (*Signature of Soldier.*)

(Date) 3rd May, 1918 H. S. Bennett (*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) 1 years 171 days.

Total 1 years 171 days.

11. **Confirmation of Discharge.**

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

(Place) Toronto, Ont.

(Date) 3rd May, 1918

(*Signature*) Captain,
For Lieut.-Colonel,
O.C. No. 2 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.)

(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.
Statement 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.

N O 2 Mother) Maria Scott, Ex. by H.A. Boyce, Toronto
5 Stone St. Is., Norfolk, Eng. Nov. 13/16

MEDICAL HISTORY OF AN INVALID

Mans address 171 Oak Ave., Hamilton.

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 soldier 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 soldier'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 soldier concerned, from witnesses, or from documents.
4. Special care is required in answering question 13. Please read the questions carefully. All questions must be answered.
5. If space provided under any sections is insufficient use blank space, page 4 or add another sheet. Such entries or 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 8, 9 and 10 be communicated to the soldier, 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 Ravina Bks, Toronto DATE Apr. 15/18

1. 1 (a) Unit #2 Gas. (b) Regimental No. 349492 (c) Rank Gnr.

(d) Surname SCOTT (e) Christian name Thomas Charles.

2. Age last birthday 26 Date of birth Aug. 21, 1891

3. Enlisted at Toronto on Nov. 13/16

4. Personal description:—

(a) Height 5' 7½" (b) Weight 165 (stripped) (c) Complexion Fair

(d) Colour of hair L. Brown (e) Colour of eyes Blue (f) Identification marks Nil.

5. Address after discharge (for the use of the Board of Pension Commissioners) 171 Oak Ave., Hamilton.

6. Former trade or occupation Machinist.

7. (a) Service	Years	Days
	2	152

	Periods From	Periods To
R.C.H.A.-	Nov. 13/16	Mar. 22/17
C.F.A.	Mar. 21/17	Mar. 19/18
#2 Gas.	Mar. 19/18	To Date.

(b) Has he been overseas? England. 8. Original disease or disability Defective vision.

(a) Date of origin Unknown. (b) Place of origin Unknown.

(c) Cause* Unknown.

(d) Present disease or disability Defective vision and Headaches.

9. Present condition (a) (Important to be a full description of the present disabling condition or conditions only.) "History" must be recorded in Section 10.

[After describing all abnormalities, anatomical and functional, contributing to present disability (see section 11) state whether such disability is directly due to (a) weakness, (b) loss (complete or partial) of any organ or member of its functions, or (c) to the necessity for rest of the body or of some of its parts.]

SUBJECTIVE- Pain over right xx eye and to lesser degree left eye. Not continuous, comes on 3 or 4 times each week, lasting from 20 mins. to 2 hours, at times much more severe than at other times.

M. F. B. 227.

300M.—2-18.
1772—39—117.

9. Present condition.—(*Continued.*)

OBJECTIVE- Man is fairly well nourished , heart normal position and no murmurs. Had occasional headaches in civil life but more never severe enough to require treatment, never considered that they had any connection with the eyes, for present condition. See specialist's report.

(b) Are the following systems normal ? If not, briefly state abnormality

Nervous normal Digestive normal Respiratory normal Cardiac normal

Genito-Urinary normal Skin, Middle Ear, Eye or any other part normal, except as stated above.

Incapacity due to partial loss of function of the eye.

10. History: (*a*) of Condition referred to in "a" section 9.

Two vaccination marks on left arm. Some small varicose veins back of left leg. No worse than on enlistment, they have never caused any trouble before or after enlistment.

(*b*) Here give a description of wounds, scars, deformities, and signs and symptoms of abnormal conditions present and not included in answer 8. This section cannot be completed without stripping the soldier and subjecting him to a thorough physical examination.

11. If the disabling condition had its origin before enlistment, has it been aggravated on service ?

I am of the opinion that origin was re-enlistment but has been aggravated 75% since enlistment.

12. Was the disability caused or aggravated by negligence, by vice or by misconduct, or by unreasonable refusal to accept treatment ? 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 ? Permanent.

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

No treatment in Hospital.

OPINION OF THE MEDICAL BOARD

14. (*Continued*).

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.)

No.

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

17. Recommendations

Cat. E.

A K Farrell capt
Medical Officer by whom the case is brought forward.

STATEMENT OF THE SOLDIER.

(Sections 8, 9 and 10 are to be read to the soldier and either "satisfied" or "not satisfied" struck out.)

I, the undersigned Gnr. Scott, T.C. 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 W.T.M.

Gnr Scott T C
Signature of soldier 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 criticized.

#11. We do not concur with this estimate , think specialist's should state amount.

Otherwise.

19. Is the soldier fit for

(a) General service,	(Category A) (Yes or No).	no
(b) Service abroad, not general service,	(" B) (Yes or No).	no
(c) Home service, (Canada only),	(" C) (Yes or No).	no
(d) Temporarily unfit,	(" D) (Yes or No).	no
(e) Unfit for service in Categories A, B and C,	(" E) (Yes or No).	yes

9

20. It is certified that the soldier
~~(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).

OPINION OF THE MEDICAL BOARD—(*Continued*).

21. It is recommended that the soldier be discharged. (When not for discharge add special recommendation).

That he be placed in Category E and be discharged as physically unfit.

Before signing the President of the Medical Board will read the certificate signed by the soldier, to the soldier, and if no change is indicated will initial the certificate.

W. T. McKean Major *President.*

PLACE Ravina Bks., Toronto. W. A. McLeod Capt

DATE Apr. 25/18 E. H. Robinson M.D. } Members.

APPROVED BY J. A. Ruddick Capt *Assistant Director of Medical Services.*

DATE 29/4/18.

APPROVED BY ..... *Director-General of Medical Services.*

DATE .....

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 soldier 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 .....

Reserved for M.H.C.

Regt. No. 349497 Rank Gnr Surname SCOTT Christian Name THOMAS C.

Unit or Corps—(a) Overseas from United Kingdom C Batt RCHA (b) In United Kingdom Sub Staff C FA

Born at—Town Diss County or Province Norfolk Country England

Date of Birth—Day 21 Month August Year 1892 Age 26 yrs 6 months.

Joined at Kingston Ont. Date 13th Nov 1916

Former Trade or Occupation Architectural Draftsman

Permanent marks or peculiarities that will serve for future identification:

Scar outside left first finger left hand

Height—feet 5 inches 7½ Colour of eyes Blue

Signature of Soldier (*for identification purposes*)

Medical Report.

☞ *The answers to the questions below are to be filled in by the Officer in medical charge of the case. He will carefully discriminate between the soldier's unsupported statements and the evidence as recorded in the medical or other military documents bearing on the case. He will plainly state the existence of any of the disability prior to the soldier joining for the present war.*

1. DISABILITY (*State the actual disabling conditions as distinguished from the diseases or injuries from which they resulted*). (*Follow the official nomenclature as far as possible.*)

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

Disabilities Group (*a*)	IMPAIRED VISION Rt. EYE HEADACHE
Disabilities Group (*b*)	Not applicable
Disabilities Group (*c*).	Not applicable

2. CAUSE OF DISABILITY. (*Follow the official nomenclature in stating the disease or injury.*)

	Disease or injury to which the disability is due.	Place of origin.	Date of origin.
(*i.*) As to Group (*a*) above.	OPACITY VITREOUS HUMOR Rt. EYE	England	Sept 10th 1917
(*ii.*) As to Group (*b*) above.	Not applicable		
(*iii.*) As to Group (*c*) above.	Not applicable		

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

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?

(*ii.*) As to Group (*b*) above? Not applicable — If yes, has Active Service aggravated it?

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

Not applicable

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? Not applicable

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

6

5. If a cause of disability was an injury received on Active Service, was it received—

(*i.*) While on duty? (*ii*) While off duty?

(*iii.*) Was a Court of Inquiry held? not applicable (*iv.*) Where? (*v.*) When?

(*vi.*) Opinion of the Court?

6. HISTORY OF THE CASE. (*State concisely the essential points of the history, noting the entries made on the Medical History Sheet and other records*).

States he was never bothered with his eyes until 10-9-17. when he reported to his medical officer with pain over right eye and headache was sent to Eye specialist Witley who reports man suffering from opacity vitreous humor which cannot be improved by treatment board was recommended and held 3-10-17. and he was marked category B ii

7. PRESENT CONDITION. (*Give previous and present weight if likely to indicate progress of disability.*)

States not any pain over eye at present but is considerably bothered with headaches has some difficulty in seeing at night states that the left eye occasionally becomes blurred if much strain on eyes. Heart circulatory system normal. Vision R.E. NIL L.E. 6/6 Eyelids

8. OPERATION. (*i.*) Was one performed? not applicable

(*ii.*) If so, state what.

(*iii.*). Was one advised and declined?

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

9. (*i.*) Is there loss or decay of teeth attributable to Active Service?

(*ii.*) If so, describe.

10. DO YOU RECOMMEND:—

(*a*) Fit for duty? no

(*b*) Fit for base duty? yes B ii

(*c*) Invalid to Canada? no

(*d*) Discharge from the Service as permanently unfit? no

Date of Report 7 Feb 19 1918 Signed [illegible] Capt

Officer in medical charge of case.

Station Witley Camp.

I have satisfied myself of the general accuracy of the above Report, and concur therein *except

[illegible] Major { ~~Officer i/c Hospital~~ S.M.O. / Brigade } Strike out one of these.

Dated at Witley Camp Station, on 21-2- 1918

* Delete if inapplicable.

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

☞ *Clear and decisive answers are to be given to all questions. Such terms as "may," "perhaps," "probably," "possibly," are not to be employed. Disability due to causes arising on Active Service is to be clearly shown in order that the Pensions Authorities may deal with the case properly.*

11. Is the disability fully indicated in Part I. (1)? yes
If not, indicate it.

12. Is the cause of the disability fully indicated in Part I. (2)? yes
If not, indicate it.

13. 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 }

14. 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*, 10%, 20%, 30%, 40%, 50%, 60%, 70%, 80%, 90%, *or* 100%.)
not applicable

15. THE PENSIONABLE DISABILITY.—*see Part I.* (3). *Aggravation on Active Service of a disability existing previous to joining is to be included in the estimate*).
What part of the entire disability estimated next above in (14) is due to causes arising during Active Service?
(*Estimate at none*, $\frac{1}{5}$, $\frac{2}{5}$, $\frac{3}{5}$, $\frac{4}{5}$, *or all.*)
not applicable

16. Permanency of the Pensionable Disability estimated next above in (15).
(*i.*) Is it permanent? not applicable
(*ii.*) If not permanent, what is its probable minimum duration (*in months*)?

17. If an operation was advised and declined, do you consider the refusal to have been unreasonable? not applicable

18. Remarks.

19. Recommendation :—(*a*) Fit for duty?
(*b*) Fit for base duty? yes B ii
(*c*) Invalid to Canada?
(*d*) Discharge from service as permanently unfit?

Classification for the Military Hospitals Commission.

Date of Board 25-2-18

Station Witley

Signatures of the Board. { J. H. Beaupre Captain President. / James Colby Capt Comm }

3

Approved [signature] Major A.D.M.S.

Dated at D.A.D.M.S. Canadian, Witley. Station 25. 2. 18 191

Proceedings of the Pensions and Claims Board on the Soldier mentioned in Part I.

The Pensions and Claims Board, Canadian Expeditionary Force, assembled at

on the day of 191

Members of the Board :—

The Board having considered the evidence of the soldier marginally named, together with the documents submitted, recommend :—

Dated at this day of 191

Signatures of the Board

.....
President.

.....

.....

.....

Form D.M.S. 1304
50M-11478-17-4

6

PROCEEDINGS OF A MEDICAL BOARD.

Dated at Witley 2-10 1917.

No. 349492 Rank Gnr Name Scott T. C.

Local Unit 2nd Byde C.R.A. Overseas Unit — Age 26

Examination held at Witley

DISABILITY.
~~Overseas~~-Local
(SCRATCH ONE OUT).

DEFECTIVE VISION

PRESENT CONDITION.

Spectacles report attached

R.E. 20 Vision
L.E. 6/6

B2

BOARD RECOMMENDS:-

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

Signatures:-

Members
(H. Cock Capt RAMC President.
(J. de Beaupré Captain.

APPROVED

Dated 3-10-17. 1917. C. Young. Major For A.D.M.S.

4

Form D.M.S. [illegible]
SOW-1147-8-17-4[illegible]

PROCEEDINGS OF A MEDICAL BOARD.

Dated at ..... 1917.

No. ..... Rank ..... Name .....

Local Unit ..... Overseas Unit ..... Age .....

Examination held at .....

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 Temporary Base Duty ..... weeks
4. Fit for Permanent Base Duty .....
5. Discharge .....

Signatures:-

.....) President.
)
)
Members) .....
)
)
)

APPROVED

Dated ..... 1917. ..... For A.D.M.S.

349492 [illegible]

1. L.F.C. issued, date 7/3/18

2. Authority A.G. 3/1807

3. Discharged to Canada

4. Pay Book verified 7/3/18

5. Balance shown on L.F.C. $ [illegible] Dr

6. Balance shown in Ledger Sheet £ 14 23

7. Full particulars of entries making difference between 5 and 6 if any.

No.	Date.	Unit & Particulars of entries.	Amount Debit	Amount Credit
~~4751~~	~~11/1/18~~	~~Milford Camp~~	~~9 73~~	
~~5038~~	~~25/2/18~~	" "	~~4 87~~	
~~5243~~	~~3/3/18~~	" "	~~4 87~~	
		Net Difference £ 19 4½		

8. Assigned Pay ~~cancelled~~ ~~A.F. [illegible] rendered~~ still continues

or

9. Separation Allowance and Assigned Pay continued to dependent in England and transferred to Accounts Branch for payment. 7/3/18

Certified correct. R. Wheadon Capt

for Office i/c Group 3