

Thursday
Morning

FIRST REINFORCEMENTS

JAN 12 1916

No. 1 SIGGE BATTERY. ATTESTATION PAPER.

No. 347538

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? Walter Archibald
- 1b. What is your present address? Cote St. Michel, Montreal.
2. In what Town, Township or Parish, and in what Country were you born? Montreal
3. What is the name of your next-of-kin? John Archibald Scott.
4. What is the address of your next-of-kin? Cote St. Michel, Montreal.
- 4a. What is the relationship of your next-of-kin? Father.
5. What is the date of your birth? Oct. 15, 1897.
6. What is your Trade or Calling? Inspecting Shells
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, Walter Archibald 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.

Walter Archibald Scott (Signature of Recruit)

Date Jan 12 1916. Geo. R. Robinson (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Walter Archibald 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.

Walter Archibald Scott (Signature of Recruit)

Date Jan 12th 1916. Geo. R. Robinson (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 Montreal this 13th day of January 1916.

Alfred J. [Signature] (Signature of Justice)

Description of Scott, Walter Archibald on Enlistment.

Apparent Age.....18.....years 3.....months.
 (To be determined according to the instructions given in the Regulations for Army Medical Services.)

Distinctive marks, and marks indicating congenital peculiarities or previous disease.

(Should the Medical Officer be of opinion that the recruit has served before, he will, unless the man acknowledges to any previous service, attach a slip to that effect, for the information of the Approving Officer).

Height.....5 ft. 7 1/2 ins.

Chest measurement. { Girth when fully expanded.....35 1/2 ins.
 { Range of expansion.....1 1/2 ins.

Woke on left ear.

Complexion.....Light

Eyes.....Blue

Hair.....Fair

Religious denominations. { Church of England.....
 { Presbyterian.....X
 { 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.....Jan 12th.....1916

Place.....Montreal

W. Russell Paterson
 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.

Walter Archibald 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. Russell Paterson (Signature of Officer)

Date.....January 13th.....1916

Lieut.

REGIMENTAL DOCUMENTS

NAME SCOTT, Walter Archibald REGT. NO. 347538 UNIT 4th. Cty. C.F. H. Q. FILE NO. _____

S

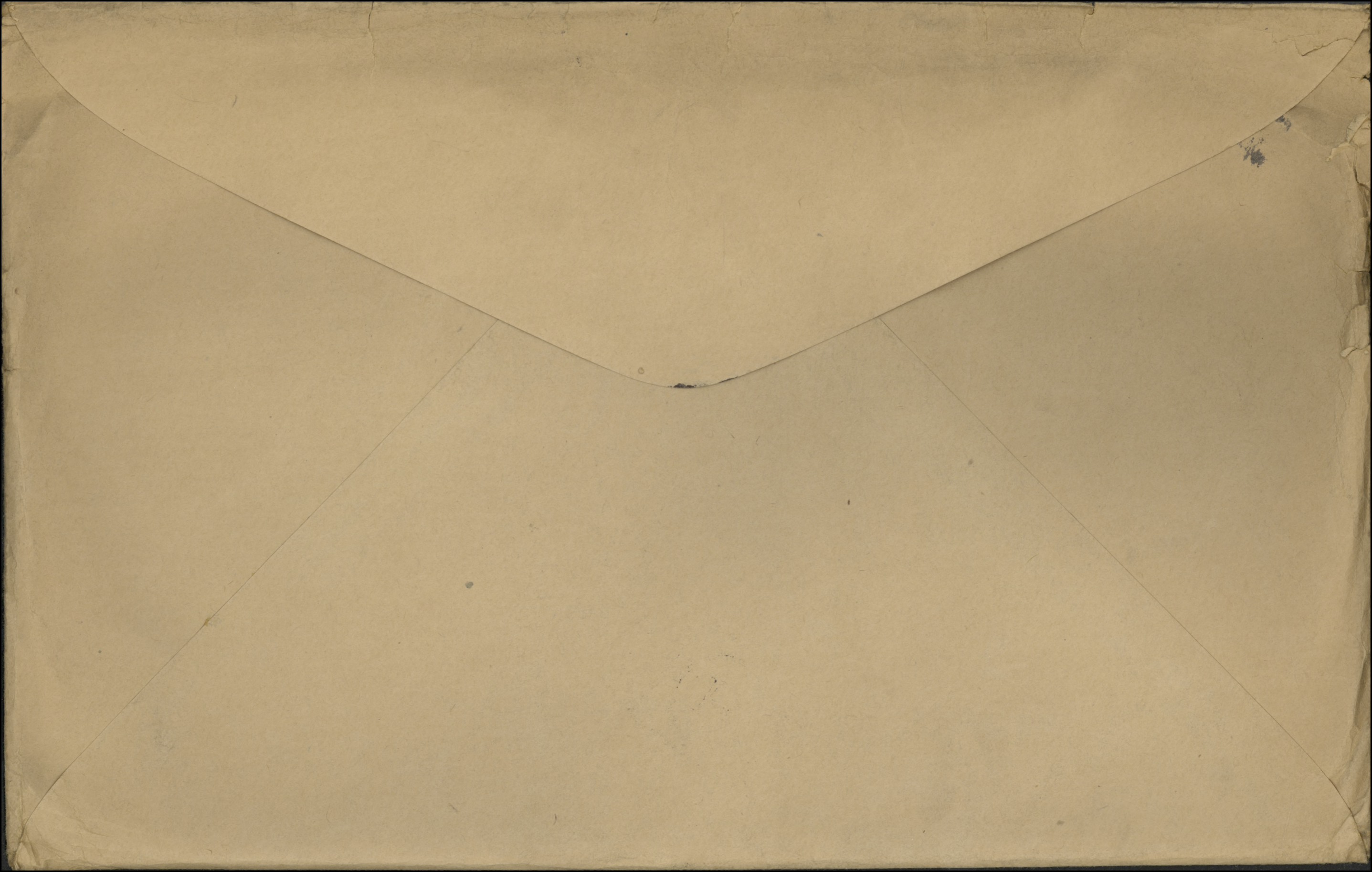
(H)

CONTENTS	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)		Pro on Disc to BPC	7-8-19	Rf BPC-spec. 566	Category
TRAINING HISTORY SHEET (M.F.W. 113)					
1 FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
1 REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)					
1 COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					
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)					Demob.
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. 303 or A.F.A. 2)					
DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)					DESERTION
LAST PAY CERTIFICATE (M.F.W. 44)					
1 PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					
PARTICULARS OF CHARACTER (A.F.W. 3226)					
1 COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
1 Army form W. 3997				09639	1
2 Misc.					
1 Card					
					25-27
					22-27
					5-27
					7

M

(H)

MX
31720
JAS.



No

RANK

Cvr.

NAME

Scott, W. A.

T. O. S. 13-1-16

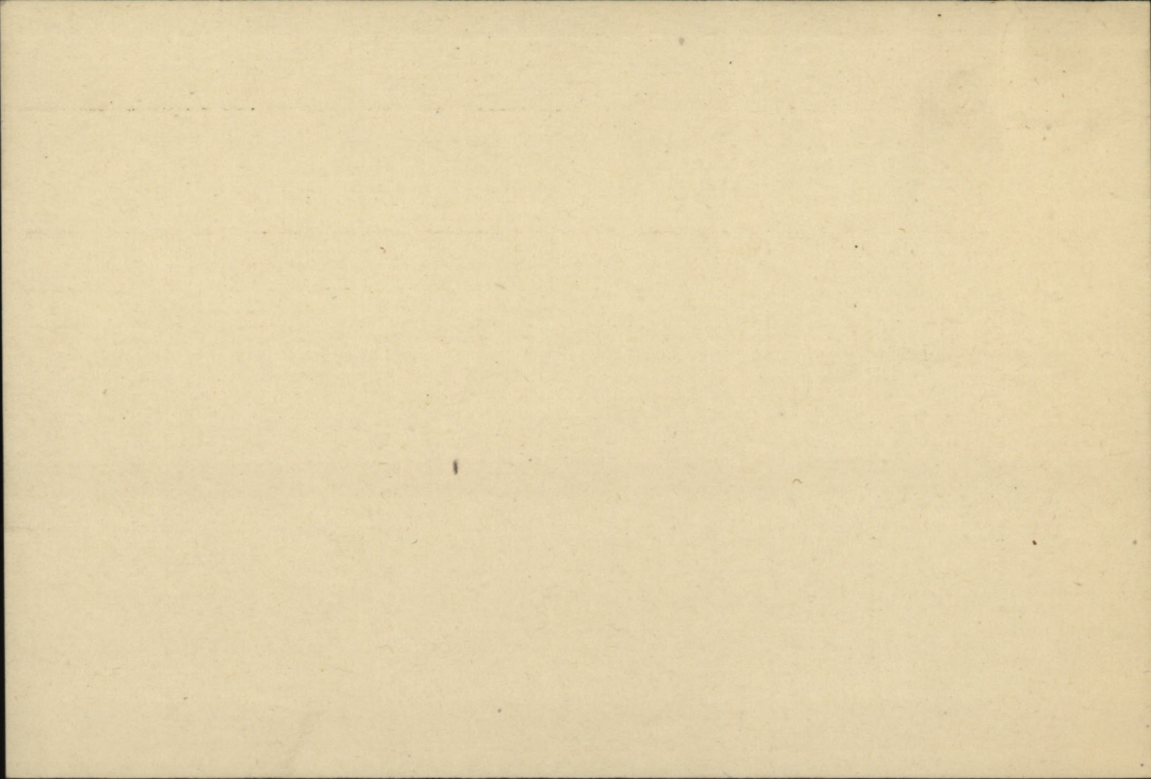
DO-10 of 13-1-16

UNIT

3rd. Overseas Battery Siege Artillery
(1st. Reinforcements)

M. D. 4.

			PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
PAID FROM	PAID TO	SIG. OR REC'T	PARTICULARS	AUTHORITY
1916 Jan. 13	1916 Jan. 31. ✓			



29
4
20
SURNAME.

Scott

B. 7706 H
CARD No.

CHRISTIAN NAMES

Walter Archibald

L.O.B. Dis. 16-5-19
Demol. FOLL.
D.D. 146 of 26-5-19
0 400

REGL. No.

347538

RANK

Snr.

UNIT

97th Bat. Siege Art. Reinforcement
nil

FORMER CORPS

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Scott, John Archibald

RELATIONSHIP TO SOLDIER

father

ADDRESS

Cole St. Michel, Montreal.
P.Q.

COUNTRY OF BIRTH

Canada, Montreal

DATE

Oct 15 - 1897.

PLACE OF ATTESTATION

Montreal, P.Q.

DATE

Jan. 13, 1916.

Dec. 15-3-19 321
8 Lm

MARRIED

SINGLE *eyes*

WIDOWER

TRADE OR CALLING

Inspector of Shells

RELIGION

Presbyterian

DESCRIPTION.

APPARENT AGE

18

YEARS

3.

MONTHS

HEIGHT

5

FEET

7 1/2

INCHES

CHEST MEASUREMENT

35 1/2

INCHES

EXPANSION

1 1/2

INCHES

COMPLEXION

light

EYES

Blue

HAIR

Fair

DISTINGUISHING MARKS

mole on left ear.

MEDICAL EXAMINATION.

PLACE

Montreal P. Q.

DATE

Jan-12-1916.

Scott, Walter, Gnr. 347538 4th Bn. 649-S-35466.

Archibald.
Not Eligible for 14-15 Star,

Badge.

Medals &
Decorations.

(Father)

J.A. Scott, Esq.,
Cote St. Michel,
Montreal, P.Q.

P. & S.

(Father)

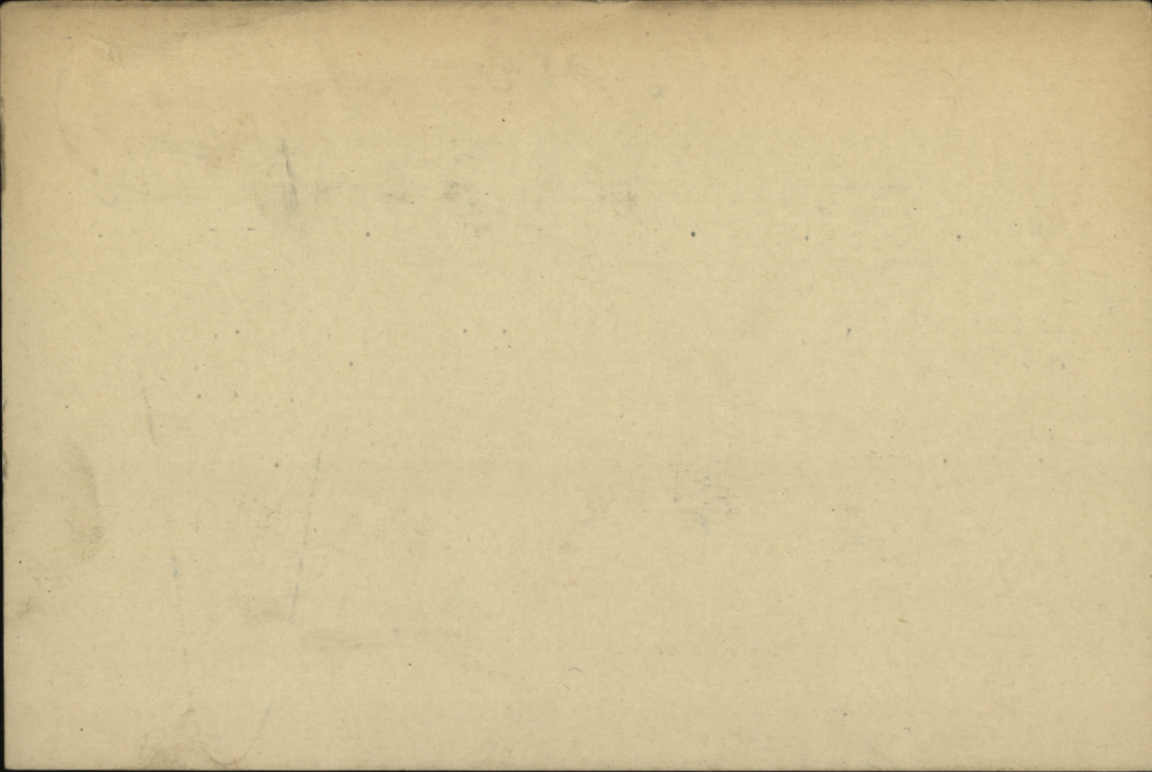
Same as above.

Memorial
Cross

(Nil)

17492

J.A.S.
1920



HEB

B

Ynr

Number 347538

Rank

Surname

SCOTT

Christian Name

Walter Archibald

Units

C. F. A.

Theatre of War

France

Date of Service

12-7-16

Remarks

J. A. Scott, Esq. ^{Director}
Cote St Michel P.O.

Latest Address

Montreal P.Q.

Roll No

B

Page 10012

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 MAR 25 1922
REGN. NO. 4914

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

NAME

Scott, H. A.

REGT. NO.

347538

RANK AND UNIT

Ens. Cav. Det (I.D.A.C.)

NEXT OF KIN

CABLE

No.

DATE

NATURE OF CASUALTY

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
A 487 ¹	3 Cav. Old. Amb.	18-2-19	M. Y. A.
A 489 ²	7 Gen. Himerus	21-2-19	42
A 494 ¹	3 Cav. Gen. Boulogne	27-2-19	736
A 504 ²	Discharged.	13-3-19	736

Surname

Christian Name or Names

Reg. No.

SCOTT

W.A.

347538

Rank 1. Gnr

Unit 1. CA.1DAC.

2.

2.

3.

3.

4.

4.

Cas List.

Hospital and Diagnosis

Date

28-2-19A487

3 C.F.A.

18-2-19

~~N.Y.D.~~ 99.8.1.

3-2-19. A 489-2

7 G.H. Wimerouse

21-2-19.

8.3.19 A 494

3 Can G. Bailegue

24-2-19

(Vose) not

20.3.19. A. 204.

Diac.

13.3.19

A.M.D. 2 DEPT.

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

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.F.A......Regimental No... 347538 Rank Gnr. Name SCOTT, W.A.
C. E. F.

Enlisted (a)..... Terms of Service (a)..... Service reckons from (a).....

Date of promotion to } Date of appointment } Numerical position on }
present rank } to lance rank } 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				
<u>25-5-19</u>	<u>O-S</u>	<u>T.O.S. D.D.#4</u>	<u>Montreal.</u>	<u>5-5-19</u>	<u>D.O. Pt. II-146</u>
<u>26-5-19</u>		<u>S.O.S. D.D.#4</u> <u>Demob.</u>	<u>Montreal.</u>	<u>16-5-19</u>	<u>D.O. Pt. II-146</u> <u>R.O. 1420.</u>

W. H. Fletcher
Lieutenant,
Assistant Adjutant,
District Depot No. 4.

(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.

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

War Service Badge

Class "A" No.

THIS IS TO CERTIFY that No. 347538 (Rank) Gunner

Name (in full) SCOTT Walter Archibald enlisted in

the 1st Reinforcement 1st Cdn Siege Batty

CANADIAN EXPEDITIONARY FORCE at Montreal on the 12th

day of 4 January 19 16

HE served in 4th Battery C 7 A. Trench

and is now discharged from the service by reason of Demobilization.

Medical Unfitness.

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

Age 18 yrs 3 mths

Marks or Scars Mole

Height 5ft 7 1/2 ins

on left ear

Complexion Light

Eyes Blue

Hair Fair

W. Scott

Signature of Soldier

J. J. J. J.

Issuing Officer

Major
Commanding Dispersal Station "F"

Date of Discharge



Rank

Date May 16 19 19


N.B.—As no duplicate of this Certificate will be issued, any person finding same is requested to forward it in an unstamped envelope to the Secretary, Militia Council, Ottawa, Canada.

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

THIS IS TO CERTIFY that No. *1045* (Rank) *Private*
 Name (in full) *SCOTT, James*
 The *1st Battalion*
 CANADIAN EXPEDITIONARY FORCE in *the*
 day of *January* 19 *1918*
 He served in *the*
 Demobilisation
 and is now discharged from the service by reason of
 Medical Unfitness

THE DESCRIPTION OF THIS SOLDIER ON THE DATE below is as follows:
 Name or Surname *James Scott*
 Age *16 years*
 Height *5 ft 6 in*
 Complexion *Light*
 Eyes *Blue*
 Hair *Light*
 Signature of Soldier *James Scott*

Leaving Office *Company Sergeant Major*
 Rank *Private*
 Date *10/1/18*
 Date of Discharge *10/1/18*


NOTE: This certificate on the discharge will be issued, any person having same is requested to forward it to the District Military Officer, Ottawa.

M. E. B. 100
 100 D. 100
 100 L. 100

1st Div Pool 15 (2384) King

PARTICULARS OF CASE FOR WHICH WASSERMAN'S TEST IS REQUIRED.

The particulars below are required for statistical purposes and further reference. Unless these are furnished the Test will not be carried out.

Name Scott W. Rank, Jr. Rank Jr. Reg. No. 2475-38

Unit.....

Diagnosis (If Syphillis, what stage).....

Date of first sore..... T. Pallidus found, date & Place.....

.....

Secondaries, if any..... Date.....

Other Symptoms.....

Treatment:- Arsenical preparations employed.....

Total Dosage..... Of Injections.....

Date of last.....

Mercurial preparations employed.....

Total Dosage..... of Injections.....

Date of last.....

Other Treatment.....

Previous Wasserman's date..... Result.....

Where performed.....

Station and date..... Signature.....

Result of Test (Original Wasserman) Quarter System.....

Date..... Serial..... Result.....

REMARKS.....

WASSERMANN
NEGATIVE

Prof. J. C. ...



17

EXAMINATION OF CASE FOR WHICH WASSERMAN'S TEST IS REQUIRED.

The particulars below are provided for statistical purposes and further reference. Unless there are furnished the test will not be carried out.

Name.....

Unit.....

Disease (if Syphilis, what stage).....

Date of first case.....

Residence, if any.....

Other symptoms.....

Treatment: Arsenical preparations employed.....

Total dosage..... of injections.....

Date of last.....

Mercurial preparations employed.....

Total dosage..... of injections.....

Date of last.....

Other treatment.....

Previous Wasserman's date..... Result.....

Where performed.....

Station and date..... Signature.....

Factor of last (Original Wasserman) Quarter System.

Date..... Serial..... Result.....

REMARKS.....

MEDICAL HISTORY SHEET.

6

Surname Scott Christian Name Walter Archibald

Examined { on 12th day of Jan 1916
 at Montreal
 Birthplace { City or Town Montreal
 County P. Q.

Approved by [Signature]
 Rank Capt

Apparent age 18 - 3 mos.
 Trade or occupation Inspecting Shells
 Height 5 Feet 7 1/2 Inches.
 Weight 136 Lbs.
 Chest measurement { Minimum 33 inches.
 Maximum expansion 35 1/2 inches.
 Physical development Good
 Small-Pox Marks None

Date.	Fit or Unfit.	EXAMINED FOR RE-ENGAGEMENT.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Vaccination Marks { Arm Right Left.
 Number 2
 When Vaccinated last Childhood

Date.	Result.	VACCINATIONS.
		M.O.
		M.O.
		M.O.

(a) Marks indicating congenital peculiarities or previous disease None

(b) Slight defects but not sufficient to cause rejection
Refer Dental Corps

Date.	Result.	ANTI-TYPHOID INOCULATIONS, ETC.
<u>17th</u>		<u>J. A. Fairie</u> M.O.
		M.O.
		M.O.

Enlisted on 12th day of January 1916 at Montreal P. Q.

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>Reinforcements</u>	<u>347538</u>		
Transferred to	<u>1st D.A.C.</u>			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
<u>Bramhall</u>	<u>20/4/19</u>	<u>VOS</u>	<u>A.C.P. Joints caps</u>

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.

CANADIAN ARMY DENTAL CORPS, O.M.F.C.
DENTAL CERTIFICATE FOR DEMOBILIZATION

**DIRECTIONS TO
DENTAL OFFICERS**

NAME OF SOLDIER (Block letters) SCOTT W. A.
REGIMENT 4th Battery, C.F.A. RANK Geo No. 347538
Date of Examination in England 26/4/19 Date of Examination in France _____

1. This form will be made out for each individual at the time of demobilization in England or France.
2. Figures as per chart will be used to designate teeth concerned.
3. In reference to Partial Dentures the numbers of teeth thereon will be stated.

*Div.
Pool*



PRESENT DENTAL REQUIREMENTS

1. FILLINGS 6, 12,
2. EXTRACTIONS 20,
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 ~~_____~~

R. Halise
for A. D. D. S. M. D No. 4

Signature of Dental Officer R. Halise
Sup

*SCOTT CAMP
HANTS.*

DEPARTMENT OF THE ARMY
MEDICAL CENTER FOR BEMOBI EXAMINATION

ORDER NO. 1
DATE OF ISSUE
NAME OF PATIENT
MILITARY UNIT
MILITARY ADDRESS
MILITARY GRADE
MILITARY SERVICE NO.
MILITARY BRANCH
MILITARY DISTRICT
MILITARY ZONE
MILITARY COMMAND
MILITARY POST OFFICE
MILITARY TELEPHONE NO.
MILITARY TELETYPE NO.
MILITARY CABLE ADDRESS
MILITARY AIR MAIL ADDRESS
MILITARY AIR MAIL TELEPHONE NO.
MILITARY AIR MAIL TELETYPE NO.
MILITARY AIR MAIL CABLE ADDRESS
MILITARY AIR MAIL AIR MAIL ADDRESS

1. NAME OF PATIENT
2. MILITARY UNIT
3. MILITARY ADDRESS
4. MILITARY GRADE
5. MILITARY SERVICE NO.
6. MILITARY BRANCH
7. MILITARY DISTRICT
8. MILITARY ZONE
9. MILITARY COMMAND
10. MILITARY POST OFFICE
11. MILITARY TELEPHONE NO.
12. MILITARY TELETYPE NO.
13. MILITARY CABLE ADDRESS
14. MILITARY AIR MAIL ADDRESS
15. MILITARY AIR MAIL TELEPHONE NO.
16. MILITARY AIR MAIL TELETYPE NO.
17. MILITARY AIR MAIL CABLE ADDRESS
18. MILITARY AIR MAIL AIR MAIL ADDRESS

2nd. Contingent

ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2.

John A. Scott

Name of Soldier

Scott J. W. A.

L. L. Job 8902.—Req. 673.

PAYMENTS.

1st Reinf. #1 Siege Battery

Month.	Year.	Cheque No.	Amt. #	Remarks.
			<i># 18.00</i>	
April	1916	0 2989	18	
May		06452	18	
June		A 4890	18	
July		X 11394	18	
Aug.		614673	18	
Sept.		X 19 356	18	
Oct.		X 24468	18	
Nov.		028175	18	
Dec.		X 30337	18	
Jan.	1917	L 42123	18	
Feb.		L 47205	18	
March		U 52484	18	
April		W 4840	18	
May		W 11697	18	
June		V 18034	18	
July		W 27448	18	
Aug.		M 32280	18	
Sept.		T 39771	18	
Oct.		F 45236	18	
Nov.		X 53180	18	
Dec.		X 69464	18	
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

MAR 1 - 1916

*186
18.8.**18 m.
B.**396*

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

PAYMENTS.

Name of Soldier.....

Month.	Year.	Cheque No.	Amt.	Remarks.
Aug.	1918			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1919			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1920			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				

2nd. Contingent

MILITIA AND DEFENCE
ASSIGNED PAY
OVERSEAS CONTINGENTSTo Whom *John A. Scott*
Address *Cote St. Michel*
*Montreal Que.*By Whom Assigned *Scott W. A.*Regtl. No. *(347538)*Rank *Gr. 1st*Corps *1st Reinforcements*
*#1 Siege Battery*Rate *\$18⁰⁰_{xx}*

MAR 1 - 1916

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March		<i>R 16505</i>	<i>18 -</i>	



RECEIVED

NOV 19 1950

250

11/19/50

PI 122 PI 1

11 21 1950

11 21 1950

11 21 1950

11 21 1950

* Strike out whichever inapplicable.

ASSIGNED PAY.	<i>ENGLAND OR CANADA.</i>	SEPARATION ALLOWANCE.	<i>ENGLAND OR CANADA.</i>
EFFECTIVE DATE: -	<i>1/3/16</i>	EFFECTIVE DATE: -	
AMOUNT: -	<i>18</i>	AMOUNT: -	

NAME: - *SCOTT Walker Archibald*

NUMBER: - *347538*

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.

John A Scott
Cote St Michael
Montreal

John
Ship 14 19

PARTICULARS OF RANK OR APPOINTMENT		
AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		<i>Cnr.</i>

UNIT AND TRANSFERS

ORIGINAL UNIT: - *DA 1B*

DATE ACCOUNT FIRST OPENED: - *13/3/16*

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T SP D	UNIT TRANSFERRED TO
<i>80125 12AC</i>	<i>21/8/17</i>		<i>1 Bde CFA</i>

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
<i>13.3</i>	<i>Noop</i>	<i>Stop 7 days</i>	<i>42</i>	<i>21.3</i>	<i>8253</i>	<i>2nd</i>	<i>933</i>
<i>21.3</i>	<i>8253</i>	<i>2nd</i>	<i>48</i>	<i>27.3</i>	<i>2559</i>	<i>Sw</i>	<i>62</i>
			<i>1220</i>				<i>62 20</i>

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS CE ALL CE
	<i>1 00</i>	<i>10</i>		

PARTICULARS OF RENDERING NON-EFFECTIVE: - *Man 31.3.19 WR 5641 Pascott 29.3.19 Pascott 1204*

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
<i>1918</i>											
<i>Mar</i>	<i>Portfor</i>								<i>37 49</i>		
<i>Apr</i>	<i>GP</i>	<i>33</i>		<i>AP</i>				<i>18</i>			
				<i>AR 39 114 1Bde</i>	<i>4 46</i>						
				<i>96 254</i>	<i>3 57</i>				<i>44 46</i>		
		<i>33</i>			<i>8 03</i>			<i>18</i>			
<i>May</i>		<i>34 10</i>		<i>AP</i>				<i>18</i>			
				<i>149 115</i>	<i>4 46</i>						
				<i>270 255</i>	<i>3 57</i>				<i>52 53</i>		
		<i>34 10</i>			<i>8 03</i>			<i>18</i>			
<i>June</i>		<i>33</i>		<i>AP</i>				<i>18</i>			
				<i>262 1316</i>	<i>4 46</i>						
				<i>280 2716</i>	<i>3 57</i>				<i>59 50</i>		
		<i>33</i>			<i>8 03</i>			<i>18</i>			
<i>July</i>		<i>34 10</i>		<i>AP</i>				<i>18</i>			
				<i>420 877</i>	<i>4 46</i>						
				<i>474 247</i>	<i>3 57</i>				<i>67 57</i>		
		<i>34 10</i>			<i>8 03</i>			<i>18</i>			
<i>Aug</i>		<i>34 10</i>		<i>AP</i>				<i>18</i>			
				<i>520 2318</i>	<i>7 14</i>				<i>76 53</i>		
		<i>34 10</i>			<i>7 14</i>			<i>18</i>			
<i>Sept</i>		<i>33</i>		<i>AP</i>				<i>18</i>			
				<i>592 879</i>	<i>3 57</i>						
				<i>652 1819</i>	<i>3 57</i>				<i>84 39</i>	<i>ag. 104</i>	
		<i>33</i>			<i>7 14</i>			<i>18</i>			
<i>Oct</i>		<i>34 10</i>		<i>AP</i>				<i>18</i>			
				<i>AR 732. 1. B. 26.10.18</i>	<i>4 66</i>				<i>95 93</i>		
		<i>34 10</i>			<i>4 66</i>			<i>18</i>			

NUMBER 347.538 RANK

Gr. NAME SCOTT. Walter Archibald

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4.	BALANCE	DEFERRED	SEPARATION
1918	Sal. fwa								9583		
Nov	G.P.	33		ap				18			
				ak 857. C.R.A. 6.11.18	746						
				ak 2. C. 8. 1. B. 3.11.18	973						
				ak 823. S.S. 6648 19 1/8	373						
Dec		3410		ap				18			
1919				ak 1078. 1. B. 7.12.18	1306						
Jan	G.P.	3410		ap				18	2145		
		10120						54			
				ak 1372. 1. B. 7.1.19	277						
				1227. 1. B. 23.12.18	389						
				1502. 1. do 23.1.19	373						
				2223. 1. Sig. 24.1.19	280						
				1599. 1. B. 6.2.19	1306						
				1733. 1. B. 14.2.19	373						
Feb		3080		ap				18	327		
March		3410		ap				18	1937		
				Resp. stop. 21.2.19 to 27.2.19		1420					
				D. O. 24. 1. B. 16.3.19							
				ak 823. Let Kare 21.3.	933				584		
		6490						36			
				Resp. stopp 28 1/4 to 6 3/4. D. O. 392		420					
				act. pool 8.4.19							
				ak 2259. 4. B. 27.3.19	4867						
				2452. C.C.C. 25.4	487				7221		
				922. C.C.C. 11.4.19	473	420			4331		
					4327	420			6163		

Sal. fwa M. D. 4. 1/59 4659 6.5.19

Dis Pos

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 Bramshot DATE Apr 26-1919

1. 1 (a) Unit 4th Batt CFA (b) Regimental No. 347538 (c) Rank Gun
 (d) Surname SCOTT (e) Christian name WALTER ARCHIBALD
 (f) Home address MONTREAL (COTE ST MICHAEL)
 (g) Next of Kin J. A. SCOTT (h) Relationship FATHER
 (i) Address of Next of Kin same as above

2. Age last birthday 21 Date of birth Oct 15-1897

3. Enlistment, or Appointment (if an Officer) (a) Place Montreal (b) Date Jan 13-1916

4. Personal description:
 (a) Height 5' 7 1/2" (b) Weight 136 (est) (c) Complexion fair
(stripped)
 (d) Colour of hair light (e) Colour of eyes Blue (f) Identification marks, Scars, etc. small mole on back of neck.

5. Former trade or occupation Shell inspector

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
	<u>3</u>	<u>104</u>

	PERIODS	
	From	To
Canada <u>(main statement)</u>	<u>Jan 12-1916</u>	<u>Mar 3-1916</u>
England	<u>Mar 3-1916</u>	<u>July 12-1916</u>
France or other theatres of War	<u>July 12-1916</u>	<u>Mar 25-1919</u>
<u>England</u>	<u>Mar 25-1919</u>	<u>To present time</u>

7. Original disease, or injury V. D. S.

(a) Date of origin FEB 1919 (b) Place of origin FRANCE
 (c) Cause INFECTION

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.)

- V.D.S.

Wassermann Negative

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 present symptoms

Specialists Report - Wassermann Negative dated Apr 23 - 1919

Can Gen Laboratory - Withey

sgt of Crawford
Capt. [unclear]

(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...yes
(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

Left Varicocele - moderate in size - causes no trouble and was present previous to enlistment

10. (a) History (of the condition referred to in Section 9 (a).)

Man states he first noticed Venereal sore on Feb 8 - 1919 in France

Venereal sore - 18-2-19 - 3rd C.F.A.

V. D. S - 21-2-19 - 7th Gen.

V. D. S - 27-2-19 - 3 Can Gen.

V. D. S - 13-3-19 - do -

Man states he received local treatment for Venereal sore but no 606 or Hg.
Man states that Wassermann test made on Mar 6 - 1919 was negative.

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).)

Typhoid fever - montreal 1913.
measles - childhood
mumps - - do -

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

— nil —

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

(b) If so, has it been aggravated by Service? (If aggravated, give a description, as far as it is possible to do so, of the disabling condition at time of enlistment.)

n. A.

12. Was the disability caused, or aggravated; (a) by intemperance, or improper conduct; or (b) by unreasonable refusal to accept treatment? (a) yes (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? n. A.

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

Local treatment only.
no 606 or Hg.

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)

It is suggested that he be dealt with on arrival in Canada, in accordance with P.C.O. no 47. 20-1-19.

16. Can the former trade or occupation be resumed? yes

(If not, briefly state why)

17. Recommendations.

W. A. Scott Capt. comd
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, W. A. 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

C.P.O.
Guy W. Scott Rank.
Signature of invalid examined.

OPINION OF THE MEDICAL BOARD

18. Does the Board concur with the preceding report? If not, give differing opinions, with reasons, quoting the number of the answer criticised.

Casualty Form

No specific - 103, 104, 105, 106, 107, 108, 109, 110, 111, 112, 113, 114, 115, 116, 117, 118, 119, 120, 121, 122, 123, 124, 125, 126, 127, 128, 129, 130, 131, 132, 133, 134, 135, 136, 137, 138, 139, 140, 141, 142, 143, 144, 145, 146, 147, 148, 149, 150, 151, 152, 153, 154, 155, 156, 157, 158, 159, 160, 161, 162, 163, 164, 165, 166, 167, 168, 169, 170, 171, 172, 173, 174, 175, 176, 177, 178, 179, 180, 181, 182, 183, 184, 185, 186, 187, 188, 189, 190, 191, 192, 193, 194, 195, 196, 197, 198, 199, 200, 201, 202, 203, 204, 205, 206, 207, 208, 209, 210, 211, 212, 213, 214, 215, 216, 217, 218, 219, 220, 221, 222, 223, 224, 225, 226, 227, 228, 229, 230, 231, 232, 233, 234, 235, 236, 237, 238, 239, 240, 241, 242, 243, 244, 245, 246, 247, 248, 249, 250, 251, 252, 253, 254, 255, 256, 257, 258, 259, 260, 261, 262, 263, 264, 265, 266, 267, 268, 269, 270, 271, 272, 273, 274, 275, 276, 277, 278, 279, 280, 281, 282, 283, 284, 285, 286, 287, 288, 289, 290, 291, 292, 293, 294, 295, 296, 297, 298, 299, 300, 301, 302, 303, 304, 305, 306, 307, 308, 309, 310, 311, 312, 313, 314, 315, 316, 317, 318, 319, 320, 321, 322, 323, 324, 325, 326, 327, 328, 329, 330, 331, 332, 333, 334, 335, 336, 337, 338, 339, 340, 341, 342, 343, 344, 345, 346, 347, 348, 349, 350, 351, 352, 353, 354, 355, 356, 357, 358, 359, 360, 361, 362, 363, 364, 365, 366, 367, 368, 369, 370, 371, 372, 373, 374, 375, 376, 377, 378, 379, 380, 381, 382, 383, 384, 385, 386, 387, 388, 389, 390, 391, 392, 393, 394, 395, 396, 397, 398, 399, 400, 401, 402, 403, 404, 405, 406, 407, 408, 409, 410, 411, 412, 413, 414, 415, 416, 417, 418, 419, 420, 421, 422, 423, 424, 425, 426, 427, 428, 429, 430, 431, 432, 433, 434, 435, 436, 437, 438, 439, 440, 441, 442, 443, 444, 445, 446, 447, 448, 449, 450, 451, 452, 453, 454, 455, 456, 457, 458, 459, 460, 461, 462, 463, 464, 465, 466, 467, 468, 469, 470, 471, 472, 473, 474, 475, 476, 477, 478, 479, 480, 481, 482, 483, 484, 485, 486, 487, 488, 489, 490, 491, 492, 493, 494, 495, 496, 497, 498, 499, 500, 501, 502, 503, 504, 505, 506, 507, 508, 509, 510, 511, 512, 513, 514, 515, 516, 517, 518, 519, 520, 521, 522, 523, 524, 525, 526, 527, 528, 529, 530, 531, 532, 533, 534, 535, 536, 537, 538, 539, 540, 541, 542, 543, 544, 545, 546, 547, 548, 549, 550, 551, 552, 553, 554, 555, 556, 557, 558, 559, 560, 561, 562, 563, 564, 565, 566, 567, 568, 569, 570, 571, 572, 573, 574, 575, 576, 577, 578, 579, 580, 581, 582, 583, 584, 585, 586, 587, 588, 589, 590, 591, 592, 593, 594, 595, 596, 597, 598, 599, 600, 601, 602, 603, 604, 605, 606, 607, 608, 609, 610, 611, 612, 613, 614, 615, 616, 617, 618, 619, 620, 621, 622, 623, 624, 625, 626, 627, 628, 629, 630, 631, 632, 633, 634, 635, 636, 637, 638, 639, 640, 641, 642, 643, 644, 645, 646, 647, 648, 649, 650, 651, 652, 653, 654, 655, 656, 657, 658, 659, 660, 661, 662, 663, 664, 665, 666, 667, 668, 669, 670, 671, 672, 673, 674, 675, 676, 677, 678, 679, 680, 681, 682, 683, 684, 685, 686, 687, 688, 689, 690, 691, 692, 693, 694, 695, 696, 697, 698, 699, 700, 701, 702, 703, 704, 705, 706, 707, 708, 709, 710, 711, 712, 713, 714, 715, 716, 717, 718, 719, 720, 721, 722, 723, 724, 725, 726, 727, 728, 729, 730, 731, 732, 733, 734, 735, 736, 737, 738, 739, 740, 741, 742, 743, 744, 745, 746, 747, 748, 749, 750, 751, 752, 753, 754, 755, 756, 757, 758, 759, 760, 761, 762, 763, 764, 765, 766, 767, 768, 769, 770, 771, 772, 773, 774, 775, 776, 777, 778, 779, 780, 781, 782, 783, 784, 785, 786, 787, 788, 789, 790, 791, 792, 793, 794, 795, 796, 797, 798, 799, 800, 801, 802, 803, 804, 805, 806, 807, 808, 809, 810, 811, 812, 813, 814, 815, 816, 817, 818, 819, 820, 821, 822, 823, 824, 825, 826, 827, 828, 829, 830, 831, 832, 833, 834, 835, 836, 837, 838, 839, 840, 841, 842, 843, 844, 845, 846, 847, 848, 849, 850, 851, 852, 853, 854, 855, 856, 857, 858, 859, 860, 861, 862, 863, 864, 865, 866, 867, 868, 869, 870, 871, 872, 873, 874, 875, 876, 877, 878, 879, 880, 881, 882, 883, 884, 885, 886, 887, 888, 889, 890, 891, 892, 893, 894, 895, 896, 897, 898, 899, 900, 901, 902, 903, 904, 905, 906, 907, 908, 909, 910, 911, 912, 913, 914, 915, 916, 917, 918, 919, 920, 921, 922, 923, 924, 925, 926, 927, 928, 929, 930, 931, 932, 933, 934, 935, 936, 937, 938, 939, 940, 941, 942, 943, 944, 945, 946, 947, 948, 949, 950, 951, 952, 953, 954, 955, 956, 957, 958, 959, 960, 961, 962, 963, 964, 965, 966, 967, 968, 969, 970, 971, 972, 973, 974, 975, 976, 977, 978, 979, 980, 981, 982, 983, 984, 985, 986, 987, 988, 989, 990, 991, 992, 993, 994, 995, 996, 997, 998, 999, 1000

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

20. It is certified that the invalid (a) Does require treatment. (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.)

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.

PLACE Bramhall C.P. Gault Capt. President. DATE 20/4/19 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.

PLACE DATE President Members

APPROVED BY APPROVED BY Assistant Director of Medical Services. Director-General of Medical Services. DATE 26/4/19 DATE

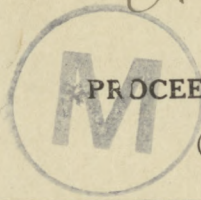
6190

6190

D. A. F. B.
O. C. I.

War Service Badge
Class "A" No. 297035

5'66



SHORT FORM.

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

BRL 136997

1. No. <i>347538</i>		
2. Rank. <i>Gunner.</i>		
3. Name. <i>SCOTT WALTER ARCHIBALD.</i>		
4. Unit. <i>4th Battery Canadian Field Artillery</i>		
5. Date of Discharge	<i>16-5-19</i>	Place <i>Montreal</i>
6. Reason for Discharge <i>Demobilization</i>		
7. Authority. <i>R.O. 1420. D.D.#4 D.O.Pt.II-146.</i>		
8. Proposed Residence after Discharge <i>Montreal</i> <i>Cote St. Michel.</i>		
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. <i>B39</i>	<i>Montreal</i>	
<i>W. Scott</i>		Signature of Soldier.
10. CONFIRMATION.		
The discharge of the above named man is hereby confirmed.		
Place	<i>Montreal</i>	
Date	<i>MAY 16 1919</i>	
Signature	<i>L. G. [unclear]</i>	
	Major C. C. Discharging (Mental) Station Commanding (Mental) Station	

MAY 20 31 1919

UNITED STATES DEPARTMENT OF THE ARMY
OFFICE OF THE ADJUTANT GENERAL
WASHINGTON, D. C.

1. Name of Soldier	
2. Grade	
3. Component	
4. Date of Discharge	
5. Reason for Discharge	
6. Remarks	
7. Signature of Soldier	
8. Signature of Official	
9. Date	

LIST OF DISCHARGE DOCUMENTS

Admission Papers	1-10
Medical History	11-20
Physical Examination	21-30
Diagnosis and Treatment	31-40
Prognosis	41-50
Discharge Papers	51-60
Medical History	61-70
Physical Examination	71-80
Diagnosis and Treatment	81-90
Prognosis	91-100
Discharge Papers	101-110
Medical History	111-120
Physical Examination	121-130
Diagnosis and Treatment	131-140
Prognosis	141-150
Discharge Papers	151-160
Medical History	161-170
Physical Examination	171-180
Diagnosis and Treatment	181-190
Prognosis	191-200
Discharge Papers	201-210
Medical History	211-220
Physical Examination	221-230
Diagnosis and Treatment	231-240
Prognosis	241-250
Discharge Papers	251-260
Medical History	261-270
Physical Examination	271-280
Diagnosis and Treatment	281-290
Prognosis	291-300
Discharge Papers	301-310
Medical History	311-320
Physical Examination	321-330
Diagnosis and Treatment	331-340
Prognosis	341-350
Discharge Papers	351-360
Medical History	361-370
Physical Examination	371-380
Diagnosis and Treatment	381-390
Prognosis	391-400
Discharge Papers	401-410
Medical History	411-420
Physical Examination	421-430
Diagnosis and Treatment	431-440
Prognosis	441-450
Discharge Papers	451-460
Medical History	461-470
Physical Examination	471-480
Diagnosis and Treatment	481-490
Prognosis	491-500
Discharge Papers	501-510

LIST OF DISCHARGE DOCUMENTS.

Attestation Paper, Triplicate.....	Militia Form W. 23
or Particulars of Recruit.....	Militia Form W. 133
Field Conduct Sheet.....	Militia Form W. 178 or A.F.B. 122
Casualty Form.....	Militia Form W. 54 or A.F.B. 103
Last Pay Certificate.....	Militia Form W. 44
Certificate that missing documents are unobtainable.....	
Medical History Sheet.....	Militia Form B. 313 or A.F.B. 178
Proceedings of Medical Board.....	M.F.B. 227, A.F.B. 179 or A.F.A. 45
Dental History Sheet.....	Militia Form B. 465
Medical Report.....	M. F. W. 129 or D. M. S. 1375
Regimental Conduct Sheet.....	Militia Form B. 263
Company Conduct Sheet.....	Militia Form B. 263a

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

Group B
 Checked by No. 18 *ASB*
 Date 3/5/19

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

02277 *May 1-1916*

OVERSEAS CONTINGENTS

S

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

18.			
-----	--	--	--

PARTICULARS OF SEPARATION ALLOWANCE

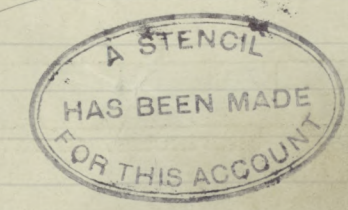
No. *34 7538*
 Rank *Gm.* Promoted Reverted Discharge
 Soldier's Name *W. A. Scott*
 Battalion *no. 1 Siege Batty. 1st. Reinfl.*
 Beneficiary
 Relationship
 Address

PARTICULARS OF ASSIGNMENT

Name *John A. Scott*
 Address *Cote St. Michel, Montreal, P. Q.*
 Change of Address
 1
 2
 3
 4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
<i>917</i>					<i>16409-4-242</i>
<i>Dec 31</i>			<i>396</i>	<i>396</i>	
<i>Jan 18</i>	<i>M 71704</i>		<i>18</i>	<i>18</i>	
<i>Feb</i>	<i>✓ 73410</i>		<i>18</i>	<i>18</i>	
<i>Mar</i>	<i>S 72935</i>		<i>18</i>	<i>18</i>	<i>✓</i>
<i>Apr</i>	<i>S 11630</i>		<i>18</i>	<i>18</i>	<i>✓</i>
<i>May</i>	<i>✓ 19659</i>		<i>18</i>	<i>18</i>	<i>✓</i>
<i>June</i>	<i>U 25552</i>		<i>18</i>	<i>18</i>	<i>✓</i>
<i>July</i>	<i>E 24982</i>		<i>18</i>	<i>18</i>	<i>✓</i>
<i>Aug</i>	<i>U 37586</i>		<i>18</i>	<i>18</i>	<i>✓</i>
<i>Sept</i>	<i>X 47539</i>		<i>18</i>	<i>18</i>	
<i>Oct</i>	<i>S. 52027</i>		<i>18</i>	<i>18</i>	<i>✓</i>
<i>Nov</i>	<i>X 57834</i>		<i>18</i>	<i>18</i>	<i>✓</i>
<i>Dec</i>	<i>S 68846</i>		<i>18</i>	<i>18</i>	<i>✓</i>
<i>Jan</i>	<i>G. 72889</i>		<i>18</i>	<i>18</i>	<i>✓</i>
<i>Feb</i>	<i>H 81612</i>		<i>18</i>	<i>18</i>	<i>✓</i>
<i>Mar</i>	<i>b. 88564</i>		<i>18</i>	<i>18</i>	<i>✓</i>
<i>Apr</i>	<i>4 67.</i>		<i>18</i>	<i>18</i>	<i>✓</i>
<i>MAY</i>	<i>0 6327</i>		<i>18</i>	<i>18</i>	
				<i>702</i>	

M.R.O. Destroy LP 84389 RW.



M. F. W. 128
 40000-6-17-1772-39-141
 L. L. 22320-M. & D. 7498.

.....A/c Closed *31-5-19*
 Ret'd per *SCOTIAN*
 Date *16-5-1916*
 Clerk *SPL 20579*

*521156
1447*

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

--	--	--	--

PARTICULARS OF SEPARATION ALLOWANCE

No.	Promoted	Reverted	Discharge
Rank			
Soldier's Name			
Battalion			
Beneficiary			
Relationship			
Address			

PARTICULARS OF ASSIGNMENT

Name
Address
Change of Address
1
2
3
4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
------	------------	------------	------------	-------	---------

M. F. W. 128
400M.-6-17-1772-88-141
L. L. 22320-M. & D. 7953.

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

M. & R. S. REGT. No. *347538* RANK *Sgt* NAME (IN FULL) *Scott W.A.* (BLOCK LETTERS SURNAME FIRST)

ORIGINAL UNIT C.E.F. *1 Sign Battery* IF IN P.F. WHAT UNIT?

PLACE OF ATTESTATION *Montreal* TRANSFERRED TO *Montreal* DATE *16/1/19* AUTHORITY *S.O.S.*

DATE OF ATTESTATION *12/1/16* TRANSFERRED TO *Montreal* DATE *16/1/19* AUTHORITY *S.O.S.*

ASSIGNED PAY \$ *18.00* DATE EFFECTIVE *1/6/19*

PAYABLE TO *Mr J. P. Scott* RELATIONSHIP *S.O.S.* ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS *Cote St Michel Montreal* *Montreal P.Q.*

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE

DISCHARGED *Montreal* PLACE *Montreal* DATE *16/1/19* REASON *Small S.O.S.* AUTHORITY *S.O.S.* IF ENTITLED TO POST DISCHARGE PAY



MONTH	PAY AND F.A.		OTHER CREDITS		TOTAL CREDITS		ACQUITTANCE ROLLS			CASH PAYMENTS			ASSIGNED PAY	REGI-MENTAL CHARGES	OTHER CHARGES	TOTAL DEBITS		BALANCE		PARTICULARS OR REMARKS
	NO. OF DAYS	RATE	AMOUNT				COL. NO. 1	COL. NO. 2	COL. NO. 3	COL. NO. 1	COL. NO. 2	COL. NO. 3				DEBIT	CREDIT	DEBIT	CREDIT	
<i>1/1/19</i>				<i>35 00</i>																<i>Scott W.A.</i>
<i>2/1/19</i>	<i>51</i>	<i>110</i>	<i>56 10</i>	<i>70 00</i>		<i>161 10</i>	<i>Boot</i>	<i>4847</i>	<i>497</i>	<i>500</i>	<i>7580</i>	<i>18 00</i>		<i>5 50</i>		<i>57 43</i>	<i>57 43</i>	<i>57 43</i>	<i>554</i>	<i>Postage by effect 1800</i>
			<i>Other Credits</i>	<i>W.S.C.S.A.</i>	<i>Total</i>		<i>War Service Gratuity</i>						<i>Other</i>	<i>18 00</i>					<i>Balance</i>	<i>not chargeable</i>
			<i>420</i>	<i>W</i>	<i>420</i>	<i>W</i>							<i>23 50</i>			<i>70</i>	<i>70</i>	<i>350</i>		
<i>17/6/19</i>																<i>70</i>	<i>70</i>	<i>256 50</i>		<i>309224</i>
<i>16/4/19</i>																<i>70</i>	<i>70</i>	<i>186 50</i>		<i>106740 14</i>
<i>4/10/19</i>															<i>140 00</i>	<i>140 00</i>	<i>46 50</i>		<i>1632667</i>	<i>475</i>
<i>30-10-19</i>			<i>70 00</i>		<i>70 00</i>													<i>116 50</i>		<i>DR. #432 purchased with cheque no 909224.</i>
																		<i>116 50</i>		<i>Ch made out to Sir Military Cote # 721, 8-6-20</i>

6

RL. 2-5-91

B25 9117

K.F. 102-953

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

CERTIFIED CORRECT.

Canadian Record Office

Westminster, Ont.
M. F. W. 54.
150M, 10-15,
H.O. 1772-30-920.

7, Millbank, Ont.

Casualty Form—Active Service.

Unit, Regiment or Corps *Reinforcements #1 Siege Battery*Regimental No. *347538* Rank *Gunner* Name *Scott, Walter Archibald*

C. E. F.

Enlisted (a) *12-1-16* Terms of Service (a) *was 6 months* Service reckons from (a) *12-1-16*

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) *Steel 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				

		<i>Transferred Res. Brigade C.F.C.</i>	<i>24-3-16</i>	<i>R.B.O. #1</i>	<i>12 JUL 1916</i>	<i>St. J. Sep 1916</i>
		<i>Drasped to France to 1st S.A.C. Shomcliff</i>				<i>Reserve Brigade</i>
14-7-16	CBD	Arrived as reinforcement attached to 1st C.D.A.C.	Field	14-7-16	NR Pt. 2 O.d/- 21-7-16.	
21-6-17	A.H.Q.	Posted to 1st Brigade.	do	21-6-17	12-73 Pt. 11.125 d/30-6-17	
do	do	T. on S. 1st Brigade.	do	21-6-17	do do 96 d/29-6-17	
20-11-16	CRA 1st Can. Div.	Posted to 1st C.D.A.C.	Field	14-7-16	9-153 Pt. 2 Orders 101 d/- 27-11-16.	
10-11-17	O.C. Unit	Proceeded on Leave.	do	3-11-17	B213 P.H. 0 61 d/23-11-17.	
24-11-17	do	Returned from Leave	do	18-11-17	B212 P.H. 0 167 d/1-12-17.	
16-2-18	do	Awarded I.G.C. Badge	do	12-1-18	" " 17 d/23-2-18	
8-11-18	O.C. Bde	Granted 14 days leave to U.K.		4-11-18	B215 P. 11-0.134	
29-11-18	do	Rejoined Unit.	Fld.	29-11-18	B213	

(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.

Part

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				
18-2-18	307domb	N Y D Ven Lore adm		18/2/19	A 36 N 8501
19-2-18	50	do	Trans 55 ccs	19/2/19	A 36 N 8881
21-2-19	7 Gen	V D S.	adm	21/2/19	W 3034 N 8877
21-2-19	1 Bdr C70	Grace sick		17/2/19	B 773
27-2-19	7 Gen	V D S C	to 36an Gen	27/2/19	W 3034 N 9224
27-2-19	3 Can Gen	do	adm	27/2/19	W 3034 N 9595
28-2-19	55 ccs	N Y D Ven Lore	adm	19-2-19	A 36 N 9633
6-3-19	DE 7 Gen	Forfeits Field allowance			0 1643-13560
		is placed under stoppage at the rate of 50 cents per diem whilst in hospital from 21-2-19 to 27-2-19 7 days			P 12 wd 74 d/1919
13-3-19	3 Can Gen	V D S C	to Base Ambulance	13/3/19	W 3034 P 204
27-3-19	1 Bdr C70	1st Bdr C70	is posted to caloul	27/3/19	P 127.78 d/1919

Emot. R. M. G. Sec. Liverpool 1919 May 6

S.O.S. OF O.M.F.C. ON PROCEEDING TO CANADA.

A. Manser
Lt. Col. & Canadian Section
Part II orders 6/8/19

Rank _____ Name SCOTT Walter Archibald Reg'l No. 347538
 Dft. 97th. Siege Bty If in perm. Corps, }
 Unit to R.B.C.F.A What Unit? }

Married or Single Single

Place and Date of Enlistment Montreal, Jan. 12th, 16. Place of Birth Montreal.

Name and Address, Next-of-Kin John Archibald Scott,

Cote St. Michel, Montreal, Canada. Relationship Father.

Assigned Pay Monthly \$ _____ Payable to _____

Relationship _____

Separation Allowance \$ _____ Payable to _____

Relationship _____

Handwritten stamp:
 16427
 [Signature]

Discharge, Date and Place _____ Reason _____ Character _____

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date	A.F.B. 103 CHECKED (N.R) Taken from Official Documents. 27 DEC. 1916
Date.	From whom received.				
	<i>B.</i>				
		<i>Arrived in England. per S.S. Musanabee</i>		<i>13 2 16</i>	
<i>24.3.16</i>	<i>ie Res Bde</i>	<i>Taken on strength</i>	<i>Shotcliffe</i>	<i>13.3.16</i>	<i>PT 0.72 A 4 B. 10.3.16</i>
<i>12 7. 16</i>	<i>"</i>	<i>Embarked for France. 1st DAE</i>	<i>"</i>	<i>12 7 16</i>	<i>" 167</i>
<i>21. 7. 16</i>	<i>9c 1006</i>	<i>Taken on strength (attchd)</i>	<i>France</i>	<i>14.7.16</i>	<i>" " 29</i>
<i>27.11.16</i>	<i>"</i>	<i>Case attached posted to Colm</i>	<i>"</i>	<i>14.7.16</i>	<i>" " 101</i>
<i>30.6.17</i>	<i>" "</i>	<i>Posted to 1st Bde CFA</i>	<i>"</i>	<i>21.6.17</i>	<i>" " 125 + 1st Bde P 100 96 4 29 1/2</i>
<i>25.2.18</i>	<i>" "</i>	<i>awd Good Conduct Badge</i>	<i>"</i>	<i>2.1.18</i>	<i>" " 17</i>
<i>28 3. 19.</i>	<i>" "</i>	<i>Proc to Aug</i>	<i>"</i>	<i>25.3.19.</i>	<i>" " 28</i>
<i>28.3.19</i>	<i>" "</i>	<i>S.O.S. to Art Pool</i>	<i>Miss</i>	<i>27.3.19</i>	<i>" " 28 Pool 36 2/4</i>
<i>3.4.19</i>	<i>Quing I.C.P. Pool</i>	<i>T.O.S. from 4 Batt. C.F.A.</i>	<i>" 15/10/19</i>	<i>26.3.19</i>	<i>" " 1</i>
		<i>To Canada</i>	<i>"</i>	<i>6.3.19</i>	<i>" " 1</i>

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.				
7/5/19	8 Wing CCC	SOS on Proceeding to Canada Bramshill		5/5/19	RI. II O. 25.