

PARTICULARS OF RECRUIT
DRAFTED UNDER MILITARY SERVICE ACT, 1917

ORIGINAL

(Class I)

- 1. Surname Scott
- 2. Christian name Willard James
- 3. Present address 420 North Harold street Fort William Ontario Canada
- 4. Military Service Act letter and number 69224I TC
- 5. Date of birth January 15th. 1896
- 6. Place of birth Fort William Ontario Canada
(town, township or county and country)
- 7. Married, widower or single Single
- 8. Religion Methodist
- 9. Trade or calling Government Weighman
- 10. Name of next-of-kin Minnie Scott
- 11. Relationship of next-of-kin Mother
- 12. Address of next-of-kin 420 North Harold street Fort William Ontario Canada
- 13. Whether at present a member of the Active Militia No
- 14. Particulars of previous military or naval service, if any No
- 15. Medical Examination under Military Service Act:—
(a) Place Fort William Ontario Canada (b) Date Nov. 5, 1917 (c) Category A2

DECLARATION OF RECRUIT

I, Willard James Scott, do solemnly declare that the above particulars refer to me, and are true.

Willard James Scott (Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age	<u>21</u>	yrs.	<u>10</u>	mths.	} Distinctive marks, and marks indicating congenital peculiarities or previous disease.	
Height	<u>5</u>	ft.	<u>10</u>	ins.		
Chest measurement	} fully expanded		<u>38</u>	ins.		
		range of expansion	<u>2</u>	ins.		
Complexion	<u>Medium</u>					<u>Nil</u>
Eyes	<u>Blue</u>					
Hair	<u>Light</u>					

H A Nutman Major
O. C. "H" Coy. 1st. Depot. Battalion, Manitoba Regiment. Depot Btlh.
Regt.

Place Port Arthur Ontario Date April May 1, 1918
Canada

REGIMENTAL DOCUMENTS

22-4-10
W.M.

NAME SCOTT, WILLARD JAMES, REGT. NO. 2383859, UNIT 52 and 12th H. Q. FILE NO. _____

3x

(S)

DEATH

|

DISCHARGE
Category
Demol'n

DESERTION

09706

(H)

CONTENTS

DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

M. F. W. 2505
REFERENCE

NON-EFFECTIVE BY

ATTESTATION PAPER (M.F.W. 23, 133, or 51)

CASUALTY FORM (M.F.W. 54 or A.F.B. 103)

TRAINING HISTORY SHEET (M.F.W. 113)

FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)

REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)

COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)

MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)

DENTAL HISTORY SHEET (M.F.B. 465)

MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)

MEDICAL EXAMINATION (M.F.W. 129)

TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)

PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)

DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)

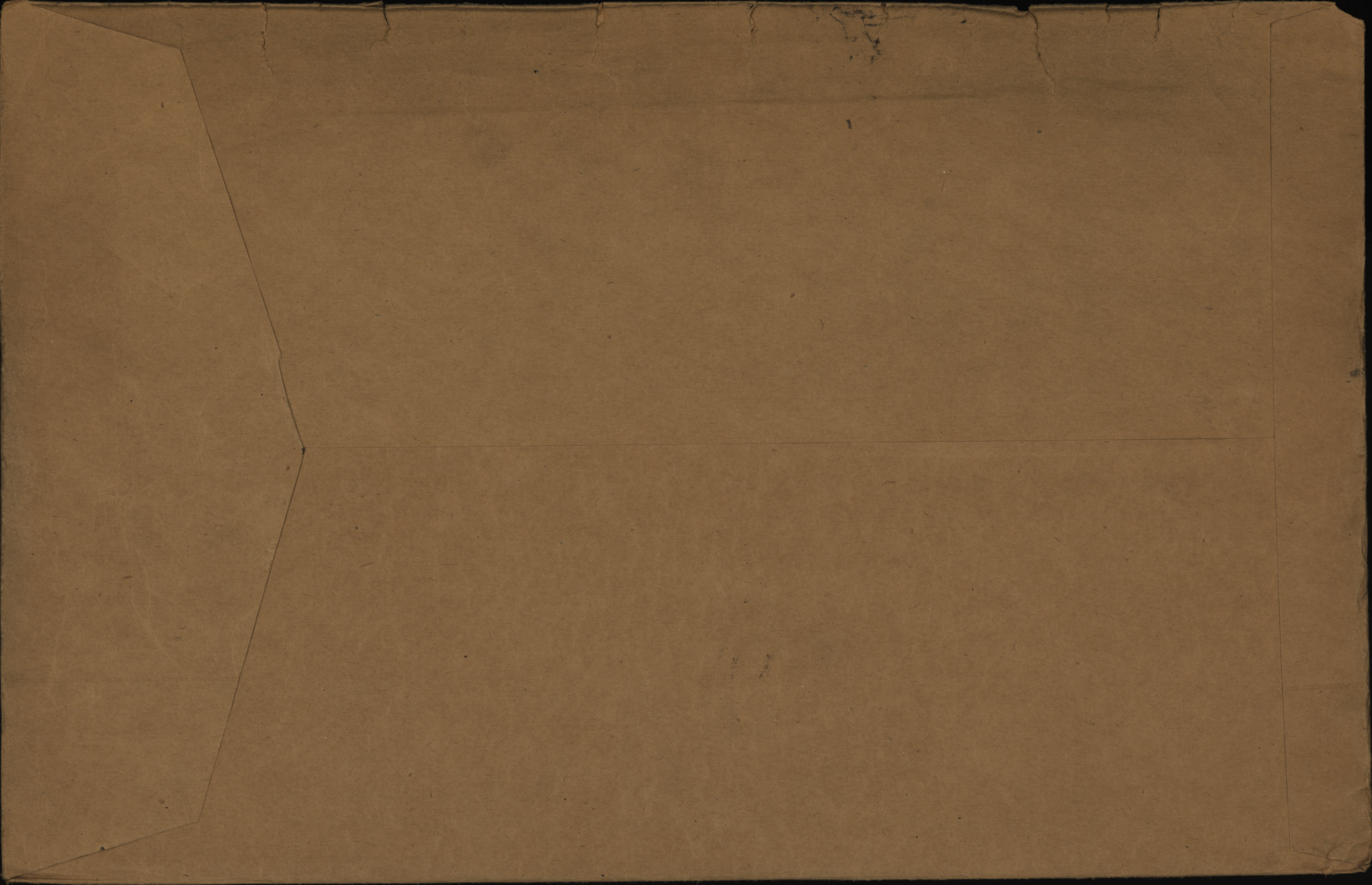
LAST PAY CERTIFICATE (M.F.W. 44)

| PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)

PARTICULARS OF CHARACTER (A.F.W. 3226)

| COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)

3. misc Docs.
1 CUB
1 R/22



Mom
Jim

Number

2383859

Rank

Pte *B*

Surname

SCOTT

Christian Name

Willard James

Units

M. B

Theatre of War

England

Date of Service

15-8-18

Remarks

Latest Address

Port Arthur Cent
U.P.O.

Roll No

a Page 1656

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

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

H.C.W.

Rank _____ Name *Scott Willard James* Reg'l No. *2383859*

Unit *81st. Dft. Man.* If in perm. Corps, }
What Unit? } Married or Single *Single*

Place and Date of Enlistment *Port Arthur Ont. 1/5/18* Place of Birth *Fort William Ont*

Name and Address, Next-of-Kin *Minnie Scott.*
421 North Harold St. Fort William Ont. Relationship *Mother*

Assigned Pay Monthly \$ _____ Payable to _____ Relationship _____

Separation Allowance \$ _____ Payable to _____ Relationship _____

Discharge, Date and Place _____ Reason _____ Character _____

H. W. & V., Ltd.—9546-16.

N/E R/B No. *18501*
File R.L. *O.R. CAN*
Category _____

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.				
		<i>Arrived in England</i>		<i>AUG 15 1918</i>	<i>Am.T. Yellowe</i>
<i>24. 9. 18</i>	<i>18 Res</i>	<i>T.O.S FROM Canada</i>	<i>Seaford</i>	<i>16. 8. 13</i>	<i>Pt. II O. 267</i>
<i>18 11-18</i>	<i>-</i>	<i>S.O.S. to 52nd Bn</i>	<i>Pt " "</i>	<i>16-11-18</i>	<i>Pt. II O. 322 Tr II 29. II. 18</i>
<i>19 2 19</i>	<i>52NDBN</i>	<i>PROC, TO ENGLAND</i>		<i>'10.2-19, D O, 9</i>	
<i>15 3 19</i>	<i>52BN</i>	<i>PROC TO CANADA</i>		<i>17 3 19 D O 19</i>	
		<i>S L NO 41 & DISP AREA, T.</i>			

2. 11. 18 - 5. 11. 18 - S.P.

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

War Service Badge

Class "A" No. 24364

THIS IS TO CERTIFY that No. 2383859 (Rank) PTF

Name (in full) Scott Willard James enlisted in

the 1st Depot In M.R.

CANADIAN EXPEDITIONARY FORCE at Port Arthur on the 1st

day of May 1918

HE served in 52nd Battalion MAN. REGT.

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 22 yrs

Marks or Scars ✓

Height 5' 10"

Complexion Medium

Eyes Blue

Hair Light

W. J. Scott
Signature of Soldier

W. R. Hummel
Issuing Officer

Date of Discharge



Rank

Lieut.
Rank

Date March 31st 1919

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

War Service Number

THIS IS TO CERTIFY that No.

(Rank)

Name (in full)

entered in

the

on the

CANADIAN EXPEDITIONARY FORCE

day of

HE served in

Demobilization

Medical Certificate

and is now discharged from the service by reason of

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

Age

Stature or Scars

Height

Complexion

Eyes

Hair

Signature of Soldier

Signature of Officer

Date of Discharge

Rank

WAR 31 1918

10

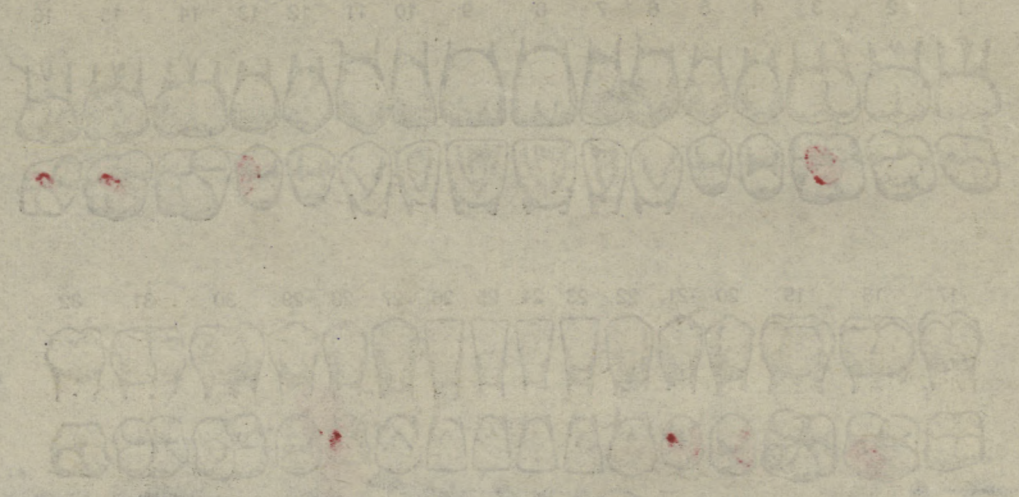
Date

A duplicate of this certificate will be issued, any person having same is requested to forward it to the Secretary, Military Council, Ottawa, Canada.

INSTRUCTIONS

1. On examination the condition of patient's mouth should be marked on diagram in red ink.
 2. On first line of report word of entry to be made in red ink.
- (Only such entries to be made on this sheet as will show:

1. Condition on examination (in red).
2. Condition on leaving (in red).
3. Condition on discharge.



100-100-100

САНДИВІЯ ТЪЛЪ ДІВІУТЪ СЪСЪ ДІВІУТЪ

ДЕНТАЛЪНІСЛОВЪ SHEET

2 E

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

War Service Badge
Class "A" No. 74364

M. F. W. 54. (A. F. B. 103.)

250M.—1-16.

H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps 81st Dft. 1st Depot Battalion Manitoba Regiment

Regimental No. 2383859 Rank Pte Name Willard, James. Scott Williard James

Enlisted (a) 1-5-18 Terms of Service (a) Period of war Service reckons from (a) May 1-1918

Date of promotion to present rank } Date of appointment to lance rank } Numerical position on roll of N. C. Os. }

Civil-Gov't Weighman

Extended _____ Re-engaged _____ Qualification (b) Military- Nil

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				

Transferred to # 81 Draft

3-7-18

Major O/C "H" Coy. 1st Depot Battalion Manitoba Regiment

Embarked

4-8-18

Disembarked on 24-9-18

15-8-18

24-9-18

18th. Res. Btn. arrival from Canada

SEAFORD

16-8-18

Pt. II. I. O. No. 267

18th. Res. Btn.

SEAFORD

Pt. II. I. O. No. 322

Drafted to 52nd Batta

18.11.18

for Capt. Adj. Staff 18th. Cdn. Res. Btn.

18-11-18 CIBD.

Rfet. T.O.S. 52nd Bn.

17-11-18 N/R. 112/18.

20-11-18

To CCRC.

Fld.

20-11-18

CCRC.

Jd.

"

"

14.12.18

To Unit

"

14.12.18

28.12.18

52nd Bn.

Jd.

"

24.12.18

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.

2383859 Pte Scott W J

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				
		<p>O.C. Cdn. S.O.S. for demobilization in A.F.C. Cone. Camp Lo Havre</p> <p><i>W.A. Depot Seaforth</i> <i>Proceeded to England</i></p> <p><i>Lt. A. A. G.</i> <i>Cdn. Sect. G.H.Q.</i></p> <p><i>S.O.S. OMFC. to CEF D.O. Pte IF 15-3-19.</i></p> <p><i>Lt. Col.</i> <i>O.C. 52nd Canadian Infantry Battalion</i></p> <p>EMBARKED S S OLYMPIC SOUTHAMPTON 17-3-19</p> <p><i>A. S. Standford</i> Adjutant, No. 8 Trans-Atlantic Conducting Staff</p> <p><i>L. D. O. 94 Pa. 2.</i></p>			<p><i>N/A.</i> <i>Pt. 2. O/S. 8/19</i> <i>10.2.19.</i></p>
		<p><i>17.3.19. T.O.S. Dispersal Station</i></p> <p>and Dispersed... <i>31.3.19. D.O. 94 Pa. 3.</i></p> <p><i>Wm Halladay</i>... Lieut. for O. C. 10 District Depot.</p>			

FORM OF WILL.

Name in full.

I Wm James Scott

Regimental Number 2383859 serving in 18th CRB

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

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

I DEVISE and BEQUEATH all my real estate unto his.

Name & Address of persons or person to receive personal estate (see Note 1.)

absolutely, and my personal estate I bequeath to my mother Mrs Minnie Scott
420 North Harold St.
St. William Ont.

Fill in Date and Year.

IN WITNESS WHEREOF I have hereunto set my hand this Thirtieth day of November A.D. 1918.

Willard L. Scott
(Signature)

Signed by the said Testator as his last Will and Testament, the same having been read over and explained to him, in the presence of us both present at the same time who at his request and in his presence and in the presence of each other have subscribed our names as witnesses.

Name of Witness Alfred

Address of Witness 18th Bawles Batho

Occupation of Witness Pay Sergeant

Name of Witness Reeontzomeie

Address of Witness Brandon man

Occupation of Witness clerk

N.B.—Personal Estate includes pay, effects, money in Bank, insurance policy, in fact everything except real Estate.

FORM OF WILL

REGISTERED.
WILLS SECTION
29 NOV 1918
LEGATES, O. & F., LONDON.

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

DIRECTIONS TO DENTAL OFFICERS

NAME OF SOLDIER (Block Letters) SCOTT, W. J.

REGIMENT 52nd Bn RANK Pte No 2383859

Date of Examination in England Date of Examination in France 7/1/19

- 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.



PRESENT DENTAL REQUIREMENTS

- 1. FILLINGS 4
- 2. EXTRACTIONS
- 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 No
- (c) In France

Signature of Dental Officer J. Knight

UNITED STATES DEPARTMENT OF AGRICULTURE

OFFICE OF THE ASSISTANT SECRETARY
FOR TECHNICAL ASSISTANCE
WASHINGTON, D. C. 20250

Name of Recipient: _____
Address: _____
City: _____ State: _____ Zip: _____

Project Title: _____
Project Description: _____

Project Objectives: _____
Project Budget: _____

Project Status: _____
Project Dates: _____

Project Location: _____
Project Contact: _____

Project Sponsor: _____
Project Approval: _____

MEDICAL EXAMINATION UPON LEAVING THE SERVICE OF OFFICERS AND OTHER RANKS WHO HAVE NO DISABILITY.

Officers and Other Ranks leaving the service for reasons other than medical unfitness are to be reported on this form. Where there is evidence of any undetermined or progressive disability, this form will not be used, but the case will be referred to a Medical Board for completion of M.F.B. 227.

No. 2383859 Rank PTE Surname SCOTT Willard James
(Given name in full)

Unit or Corps 5 2nd Man Regt Birthplace Fort William Pitt

(Examination of Officer or Other Rank (stripped) to be made by one Medical Officer.)

1. GENERAL DESCRIPTION: estimated

Physique good Weight 190 lbs. Height 5 ft. 11 in. Colour of Eyes blue
 Nutrition good
 Pulse 74 regular
 Condition of arteries soft
 Vision Rt. $\frac{6}{12}$ Left $\frac{6}{12}$
 Hearing (conversational voice) Rt. 30 ft.
 Left 30 ft.

Identification marks, scars, or deformities.
 (Give cause and date of origin.)

nil

Opinion as to general health and physical condition good

2. Has Officer or Other Rank ever suffered from, or has he now, any affection of the following systems? (Answer "Yes" or "No"). (Subjective evidence may be sufficient in certain cases.)

Nervous System no Genito Urinary System no Cardio-Vascular System no
 Special Senses no Integumentary System no Respiratory System no
 Disturbance of mentality no Muscular System no Digestive System no
 Osseous and Joint System no Any other general condition no

3. If the answer to any part of Section 2 above is "Yes," here give full particulars, with cause and date of origin; and also a description of the present condition.

EXAMINATIONS.

THIS SECTION FOR USE OVERSEAS—

Examined at Bramshot (Overseas)

Date 21/2/19

Signed J. M. O'Keefe M.O.
Capt

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to or during service.

Signature W. M. S. Scott

(If not satisfied, M.F.B. 227 will be completed by Medical Board.)

THIS SECTION FOR USE IN CANADA—

Examined at..... (Canada)

Date

Signed M.O.

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to or during service.

Signature

(If not satisfied, M.F.B. 227 will be completed by Medical Board.)

(This space to be used, if necessary, in connection with Section 3, overleaf, only.)

NOV 9 1917

JAN 24 1918

MILITARY SERVICE ACT, 1917.

MEDICAL HISTORY SHEET.

ORIGINAL

IMPORTANT.—If the man's name does not appear upon the schedule of men reporting for service, or if he has not made an application for exemption or a report for service, or, although having made one, he does not know the number, he will be instructed that the copy of this medical history sheet (which will be handed to him) must be attached by him to a report for service or claim for exemption which he may make on application to any Postmaster in Canada, or be sent by him after he has noted upon it the number on the receipt he obtained from the Postmaster to a Registrar or Deputy Registrar under the Military Service Act. In any event the duplicate medical history sheet will be sent by the Medical Board to the District Officer Commanding unless instructions have been given by the latter to forward it direct to a Registrar or Deputy Registrar.

- 1. Surname Scott. Christian name Willard. James.
- 2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule..... } 69224I
- 3. Consecutive number on schedule of men reporting for service (if he appears on it)..... }
- 4. Address (including street and number, if any)..... } 420 N. Harold St. Fort William, Ont.

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 5th. day of November. 1917, by the undersigned medical board sitting at Fort William, Ont.

- 5. Age as stated 21 Years 10 Months.
- 6. Apparent age 21 Years 10 Months
- 7. Height 5 Feet 10 Inches.
- 8. Weight 155 Pounds.
- 9. Chest measurement { Minimum 36 Ins. Maximum 38 Ins.
- 10. Complexion Medium. { Eyes Blue. Hair Light.
- 11. Physical development Good. { Good Fair Poor
- 12. Smallpox marks None.
- 13. Number of vaccination marks { Right arm _____ Left arm I
- 14. When vaccinated last 6 Years ago.
- 15. Distinctive marks and marks indicating congenital peculiarities or previous disease None.

16. Slight defects but not sufficient to cause rejection None.
The man denies having had { Rheumatism Tuberculosis Syphilis We find no evidence of past { Rheumatism Tuberculosis Syphilis
(Strike out disease admitted or suspected.)

We have examined the above named man in accordance with the C. E. F. Regulations for medical examinations, and he is placed in Category A.II.

V/R. 20/20
V/L. 20/20
H/R. Normal.
H/L. Normal.

[Signatures]
Member. President. Member.

Date	Result	VACCINATIONS	Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
25-5-18		<i>[Signature]</i> M.O.	11-5-18		<i>[Signature]</i> M.O.
		M.O.	18-5-18		<i>[Signature]</i> M.O.
		M.O.	25-5-18		<i>[Signature]</i> M.O.

Joined I day of May 1918 at Port Arthur Ontario

	CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment	<u>Ist. Depot</u>			
Transferred to.....	<u>Batt. M.R.</u>	<u>2383859</u>	<u>AUG 16 1918</u>	<u>1-5-18</u>
	<u>#81 Draft</u>	<u>10th Res. Br.</u>		<u>3-7-18</u>

EXAMINED OR DISCHARGED BY A MEDICAL BOARD. 18-11-18

STATION	DATE	DISEASE	RESULT

No. 6
309
Ord. to Schedule by

Signature of Man

ASSIGNED PAY.	ENGLAND or CANADA.	SEPARATION ALLOWANCE.	ENGLAND or CANADA.
EFFECTIVE DATE: -	1/8/18	EFFECTIVE DATE: -	
AMOUNT: -	15 ⁰⁰	AMOUNT: -	

NAME: SCOTT, Willard, Jas

NUMBER: 2383859

NAME, ADDRESS, RELATIONSHIP & AUTHORITY

Minnie Scott (Mother)
420 North Harold St.
St William Out Can
Stopped office 1.3.19

WHEN PAYEE OF A.P. IS THE SAME AS PAYEE OF S.A. THE WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE.

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
L.P.C.		Pte.

UNIT AND TRANSFERS

ORIGINAL UNIT: - Dpt 81. 18th Dep. Bn. M.R.

DATE ACCOUNT FIRST OPENED: - 1/8/18

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'S'D	UNIT TRANSFERRED TO
			11 Res

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS

DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT
3/4/19	3746	Fida	933				
4/4/19	25911	Randm	3407				
16/2/19	156	Bstrott	973				
			5313				

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
	1-	10		

Disch'd to Canada 26-2-19 M.E. 3257 Strains both 17-2-19 Strains both H.D. 10⁰⁰ Bal \$59.89 - P.P.B. \$6.46 -
 Recd. 19-2-19

PARTICULARS OF RENDERING NON-EFFECTIVE:

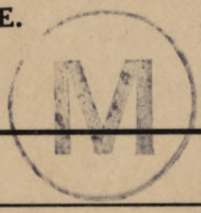
MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
31/7/18	Bal fr Can								2410		
Aug	P.P.	3410		b.c.s.d				15			
				AR 12 20/8/18 Barclay	457			15			
Sept	PP	33		b.c.s.d				15			
				AR 86 12/9/18 Barclay	457			15			5746 acct agreed 3/19/18
OCT	"	3410		b.a.p				15			
				" 1753 3/10/18 18 Res	2433						
				" 1924 15/10/18 "	973						
				" 2003 29/10/18 "	973						
		3410			4379			15			2677
NOV	" Nov Dec & Jan	10120		b.a.p Nov				15			
				" 2252 12/11/18 "	973						
				24005 B472 15/11/18 "	117						
				b.a.p Dec				15			
				AR 3439 28/11/18 30 W b b r b	1306						
				" 3701 9/12/18 "	373						
				b.a.p Jan				15			5528 acct agreed 31/1/19
		10120			1679			45			
Feb	P. Pay	3080		" 324 31/12/18 b & Hq Det	373						
				" 4201 4/1/19 52 Bn	373						
				" 4784 18/1/19 b.a.p	373						
		3080		AR 25911 6/2/19 London	3407			15			5000
				AR 5146 3/2/19 52 Bn	933						
				" 156 16/2/19 "	973						676
					6432			15			

So 17-3-19-8/24/1. m.a.d.

Da. L. M.D. 10.
09# 23.

War Service Badge
Class "A" No. 74364

SHORT FORM.
PROCEEDINGS ON DISCHARGE.
(Demobilization.)



b

1. No. 2383889	
2. Rank. Private	
3. Name. Scott Willard James	
4. Unit. 52nd Bn.	
5. Date of Discharge	Place
MAR 31 1919	Fort Arthur, Cal.
6. Reason for Discharge Demobilization	
7. Authority. D.O. gk	
8. Proposed Residence after Discharge Fort Arthur	
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. ? W. J. Scott Signature of Soldier.	
10. CONFIRMATION. The discharge of the above named man is hereby confirmed. Place Date MAR 31 1919 Fort Arthur, Cal. Signature J. Griffiths Lieut for (O. C. Discharging Unit)	

PROCEEDINGS ON DISCHARGE
(Discharge)

1	Serial Number	528211
2	Rank	Private
3	Name	William M. ...
4	Regiment	101st Airborne Division
5	Location of Discharge	Germany
6	Reason for Discharge	Medical - ...
7	Date	March 21, 1945
8	Authority	...
9	Proposed Discharge after Discharge	...
10	CERTIFICATE TO BE SIGNED BY SOLDIER	I hereby acknowledge that at the undersigned and that I received my discharge Certificate
11	Signature of Soldier	...
12	CONFIRMATION	The discharge of the above named man is hereby confirmed
13	Place	...
14	Date	...
15	Signature	...

(G. C. Eisenhower, Gen.)

LIST OF DISCHARGE DOCUMENTS

Medical Form W. 22	Attestation Paper, Triplicate
Medical Form W. 137	or Partitions of Record
Medical Form W. 178 or A. F. 121	Final Contact Sheet
Medical Form W. 82 or A. F. 102	Discharge Form
Medical Form W. 44	Last Pay Certificate
	Certificates that missing documents are unobtainable
Medical Form B. 212 or A. F. 118	Medical History Sheet
Medical Form A. 141 or A. F. 142	Proceedings of Medical Board
Medical Form F. 402	Dental History Sheet
Medical Form W. 120 or A. F. 120	Medical Report
Medical Form B. 102	Regimental Contact Sheet
Medical Form W. 204	Company Contact Sheet

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. 129)
5. Dental Certificate (C.A.D.C. 5002a).
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.B).
11. Equipment and Clothing } Statement Q.M.G. Form (D.O.S. 2).
12. Last Pay Certificate (P. 851). *+ duplicate*
13. Pay Book (A.B.64).
14. War Service Gratuity (Form M.F.W. 2595).
15. Sundry Documents.

Group.....
 Checked by *[Signature]* No.....
 Date *14/3/99*

Date of Enlistment 1-5-18

MILITIA AND DEFENCE

S 17744

Date of Assignment

Separation and Assigned Pay Branch

1st. Aug. 18.

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

15			
----	--	--	--

PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

No.
 Rank Promoted Reverted Discharge
 Soldier's Name
 Battalion 1st. Depot Battr. Man. Regt. Hq. 81.
 Beneficiary
 Relationship
 Address

Name
 Address
 Change of Address
 1
 2 MRS. MINNIE SCOTT,
 420 NORTH HAROLD ST.,
 3 FORT WILLIAM, ONT. 15 James. 15.00
 % 2383859 PTE ~~WILLARD~~ WILLARD SCOTT
 4 FIFTEEN DOLLARS

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
Oct. 7th	3258		45	45	29-10-18 ✓ ACO SP 4591. Pen. to adjust A/P for Aug, Sept & Oct. 25/10/18 inf
Nov. X	59668		15	15	✓
Dec J.	68879		15	15	✓ Oct 18 722. 8-11-18. changing name of soldier
Jan Y.	72934		15	15	✓
Feb. H	81649		15	15	✓
Mar. K	88600		15	15	✓
			120	120	

Atc Closed 31-3-19.
 Ret'd per... olympic
 Date... 26-3-19 M.F.W. 187
 Clerk... G.B. Eastman
 Mestroy St. 67960.
 3-4-19 WLB

M. F. W. 128.
 4090c-6-17-1772 39-1141
 L. L. 25820-M. & D. 7983.

AUTHORITY M.R.M.W. 10-B-2
 FOR NEW ACCT. G. Raymond 25-10-18

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

PARTICULARS OF ASSIGNMENT

No.

Name

Rank

Promoted

Reverted

Discharge

Address

Soldier's Name

Change of Address

Battalion

1

Beneficiary

2

Relationship

3

Address

4

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

M. F. W. 128.
 400M. 17-1772 39-1141
 L. L. 22320—M. & D. 7693.

Olympic

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

AUDITOR *[Signature]* PAYMASTER *[Signature]*

M. OR S.

REGT. No. *2383859* RANK *Pte* NAME (IN FULL) *Scott Willard Jas 36*

RELATIONSHIP: *[Blank]* PARTICULARS: *[Blank]* EFFECTIVE DATE: *[Blank]* AUTHORITY: *[Blank]*

ADDRESS: *[Blank]*

IS SEPARATION ALLOWANCE PAID? *[Blank]* DATE EFFECTIVE: *[Blank]*

TO WHOM PAID: *[Blank]* RELATIONSHIP: *[Blank]*

ADDRESS: *[Blank]*

ORIGINAL UNIT C.E.F. *1913* IF IN P.F. WHAT UNIT? *[Blank]*

PLACE OF ATTESTATION: *[Blank]* TRANSFERRED TO: *Des Stn L* DATE: *MAR 17 1919* AUTHORITY: *D O G U*

DATE OF ATTESTATION: *1-5-19* TRANSFERRED TO: *[Blank]* DATE: *[Blank]* AUTHORITY: *[Blank]*

ASSIGNED PAY \$ *15⁰⁰* DATE EFFECTIVE: *1-4-19*

PAYABLE TO: *Mrs M Scott* RELATIONSHIP: *Mother* ANY CHANGE IN ASSIGNEE OR ADDRESS: *[Blank]*

ADDRESS: *420 North Harold St*

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE: *Genl. Delivery Jos William Out* EFFECTIVE: *[Blank]*

DISCHARGED: *MD10* PLACE: *[Blank]* DATE: *MAR 31 1919* REASON: *D* AUTHORITY: *D O G U* IF ENTITLED TO POST DISCHARGE PAY: *[Blank]*

5867

BALANCE FROM PREVIOUS ACCOUNT

MONTH	NO. OF DAYS	RATE	PAY AND F.A. AMOUNT		OTHER CREDITS		TOTAL CREDITS			ACQUITTANCE ROLLS			CASH PAYMENTS			ASSIGNED PAY	REGI-MENTAL CHARGES	OTHER CHARGES	TOTAL DEBITS	BALANCE		PARTICULARS OR REMARKS
			\$	C.	\$	C.	\$	C.	\$	C.	COL. NO. 1	COL. NO. 2	COL. NO. 3	COL. NO. 1	COL. NO. 2					COL. NO. 3	DEBIT	
<i>28 2-19</i>								<i>6 76</i>												<i>6 76</i>	<i>BAL. ENG. L. P. O. 6 76</i>	
<i>1/3 to 3/3/19</i>	<i>31</i>	<i>1¹⁰</i>	<i>34 10</i>		<i>35</i>		<i>6 76</i>							<i>4 87</i>						<i>6 76</i>	<i>Ptd. to Est date of disch</i>	
					<i>70</i>		<i>145 86</i>							<i>5 00</i>					<i>15 00</i>	<i>145 86</i>	<i>Clothing Alice, 1st payment W.S.G.</i>	
																					<i>Advances - Boat - Train</i>	
																					<i>P. chgd. on Eng. L. P. C. to Inck</i>	
																					<i>Cheque</i>	
<i>92 days at 1¹⁰</i>							<i>210 00</i>													<i>210 -</i>	<i>War Service Gratuity,</i>	
<i>May 1 19</i>							<i>210 -</i>													<i>210 -</i>	<i>War Service Gratuity,</i>	
							<i>210 -</i>													<i>210 -</i>	<i>War Service Gratuity,</i>	
																					<i>War Service Gratuity,</i>	
																					<i>War Service Gratuity,</i>	

AUDITED
 JUN 8 1919
[Signature]
 Auditor Clerk
 M. D. 10

1000

100

1000

100

1000