

9690

5th M. D. **FIRA** Depot Battalion **SECOND QUEBEC** Regiment

Regtl. No. 3280266

PARTICULARS OF RECRUIT

DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class ONE)

REGISTRY OFFICE
1/2 QUEBEC REGT.
FEB 3 1918
1/2 Q. R. 1-8-81

- 1. Surname Scott
- 2. Christian name William
- 3. Present address 19 Culbert Street, Quebec, P.Q., Canada.
- 4. Military Service Act letter and number 805609 E.C.
(If man is defaulter, i.e., has not registered under Proclamation, this fact should be stated, together with date of apprehension, or surrender)
- 5. Date of birth March 25th, 1893
- 6. Place of birth Quebec, P.Q.
(town, township or county and country)
- 7. Married, widower or single Single
- 8. Religion Roman Catholic
- 9. Trade or calling Mechanic
- 10. Name of next-of-kin Almire Brousseau-Scott
- 11. Relationship of next-of-kin Mother
- 12. Address of next-of-kin 19 Culbert Street, Quebec, P.Q., Canada.
- 13. Whether at present a member of the Active Militia No
- 14. Particulars of previous military or naval service, if any Nil
- 15. Medical Examination under Military Service Act :—
(a) Place Drill Hall Quebec (b) Date 13-6-18 (c) Category A2

DECLARATION OF RECRUIT

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

William Scott (Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age	<u>25</u>	yrs.	<u>3</u>	mths.	} Distinctive marks, and marks indicating congenital peculiarities or previous disease.
Height	<u>5</u>	ft.	<u>2</u>	ins.	
Chest measurement	fully expanded		<u>35-1/2</u>	ins.	
	range of expansion		<u>3</u>	ins.	
Complexion	<u>Fair</u>				
Eyes	<u>Blue</u>				
Hair	<u>Brown</u>				

PA 176
27-6-18

W. H. H. H. H.
O. C. FIRST Depot Btin.
SECOND QUEBEC Regt.

Place Quebec Date June 13th, 1918

M.S.A.

PARTICULARS OF RECRUIT

PRINTED UNDER MILITARY SERVICE ACT, 1917

Class _____

1. Name (in full) _____

2. Present address _____

3. Military service (if any) and when _____

4. Place of birth _____

5. District and county _____

6. Religion _____

7. Trade or calling _____

8. Name of service _____

9. Reason for service _____

10. Address of next of kin _____

11. Whether in receipt of gratuity of the late King _____

12. Particulars of previous military or naval service _____

13. Medical examination under Military Service Act _____

14. Place of birth (if different from above) _____

DECLARATION OF RECRUIT

I, the undersigned, do hereby declare that the above particulars are true and correct to the best of my knowledge and belief.

(Signature of Recruit)

DESCRIPTION ON CALLING UP

Height	Weight	Complexion	Build	Age	Appearance
5-10	140	Fair	Slender	21	Well dressed

Place of birth _____

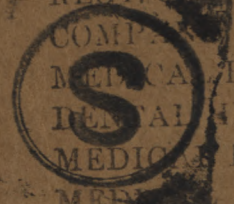
Signature of Recruit _____

Date _____

27-3-1927

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- REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 121)
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- DENTAL CERTIFICATE ON DISCHARGE (C. A. D. C. 5009)
- UNIT INDEX CARD (M. F. W. 71 or 192)



O. H. M. S.

REGIMENTAL DOCUMENTS

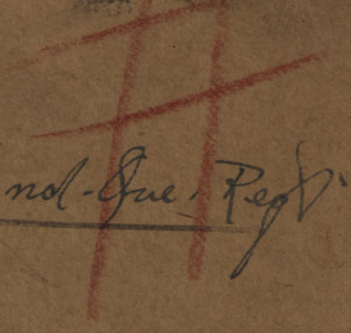
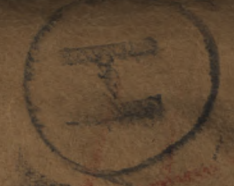
SCOTT William REGT. No *32 80266* UNIT *1st/2nd Que Regt*

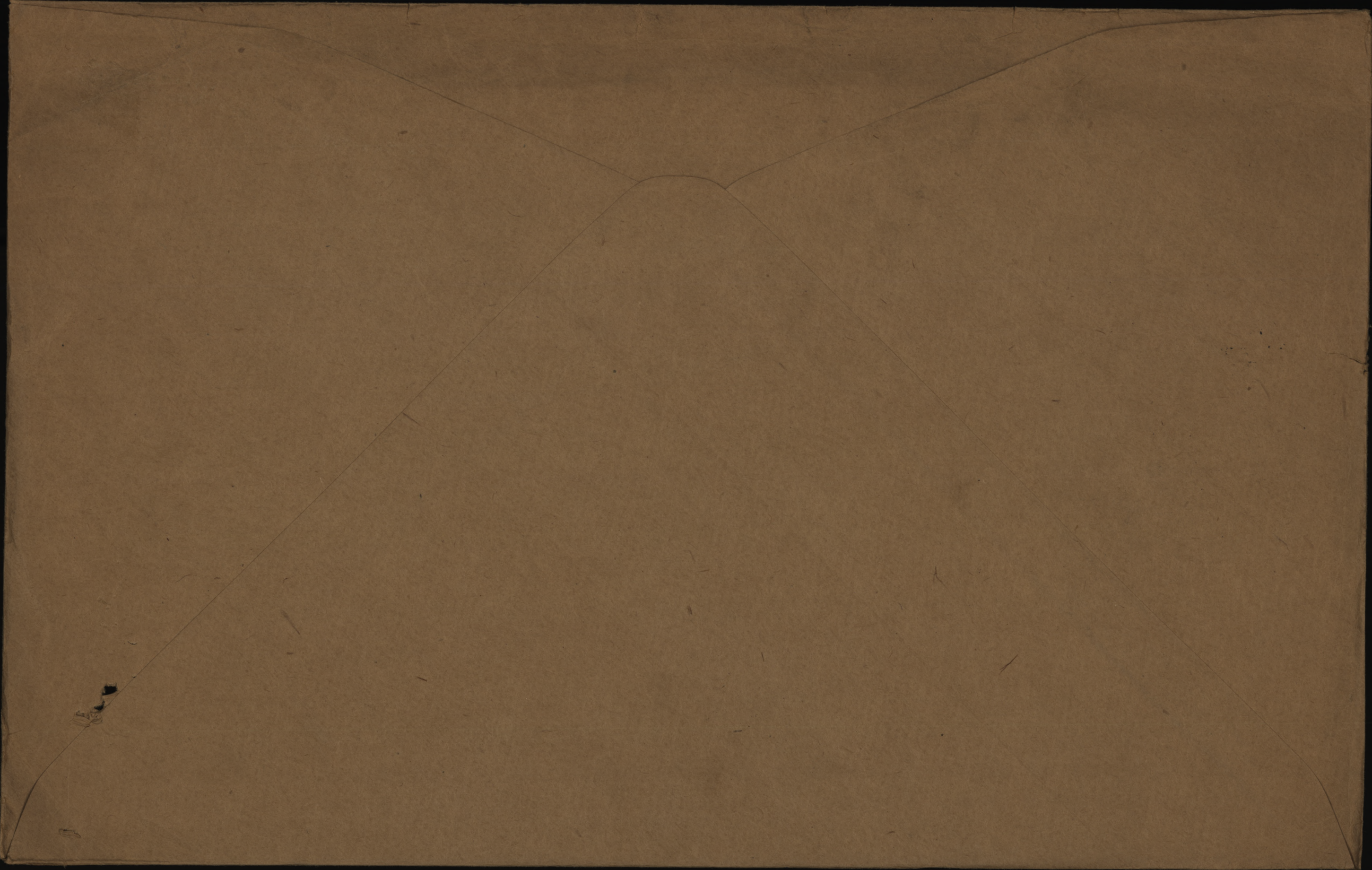
NON-EFFECTIVE BY *Demob* CATEGORY



leard. /
m. f. w. 565 *2*

09759





NAME

Scott William

RANK.

Pte.

*SOS 24.2-19
25 2 19 1/20
S.O.S. 1-193
Cancelled
H.O. FILE 1/2 Q.R.*

No. *328 0266*

Ind. Que. Regt.

CORPS, /st. & po. *Regt.*

ENLISTMENT, PLACE.

Quebec, P.Q.

DATE.

June 13th 1918

DISCHARGE, PLACE.

Birth

Canada Quebec P.Q.

DATE.

March 25th 1893

REASON.

ADDRESS ON DISCHARGE.

T. O. S. 19...

D.O. Part II No. *134*

DOCUMENTS.

*N of K. Scott, Mrs. Almere Brossseau (mother)
19 Culbert Street,
Quebec, P.Q.*

CHARGED OUT

RETURNED

CHARGED OUT

RETURNED

TO DATE BY RECEIVED BY DATE TO DATE BY RECEIVED BY DATE

5. 11. 14

1st DEPOT BATTALION 2nd QUEBEC REGIMENT

Name in full: SCOTT William Rank: Pte No. 3280266

Enlisted at: Quebec Date: 13-6-18

Married, Widower or Single: Single Previous Unit: NONE

Mother

Next-of-Kin and Address: Mrs Almere Rousseau Scott

Religion: R. C. Category: A-2 Company: N

Occupation: Mechanic

Remarks:

CASUALTIES Extracts from Part II Orders

Nature of Casualty

D. O. Part II
Number

Nature of Casualty

D. O. Part II
Number

H.A. 23-8-18

233-5

D.H. 29-8-18

242

C.L. 17-9-18

259

S.D. 24-2-19

56-9

DEMOBILIZATION

9690

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

REGISTRY OFFICE
1/2 QUEBEC REGT.

MAR 11 1919

This is to Certify that No. 3280266 (Rank) Pte.
Name (in full) William Scott enlisted in

the 1st/ 2nd Quebec Regiment.

CANADIAN EXPEDITIONARY FORCE at QUEBEC, QUE. on the 13th
day of June..1918. 19

HE served in Canada.....

and is now discharged from the service by reason of DEMOBILIZATION

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

Age 25 years 11 months

Height 5 feet 2 inches

Complexion Fair

Eyes Blue

Hair Brown

Marks or Scars

nil

William Scott

Signature of Soldier

W. B. Bamber LT.-COL.
O. C. 1st DEPOT BATTALION, 2nd QUEBEC REGIMENT

Issuing Officer

FEB 24 1919

Date of Discharge

Rank

FEB 24 1919

Appointment

Signed at QUEBEC, QUE. this _____ day of _____ 19____

in Military District No. 5

File Reference No. 1-S-87.

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

No. (Rank) Name

Unit

Address on Discharge

Character and Conduct

Former Occupation

Special Qualifications of Value in Civil Life

Medals and Decorations

Remarks

Signed at this day of 19.....

On demobilization the particulars called for on the back of this certificate will not be completed.

.....
Name of Officer

.....
Rank

.....
Appointment

CANADIAN EXPEDITIONARY FORCE.

M.F.W. 44.
1133 (D.P.) 250M.-12-18.
1772-39-908.

LAST PAY CERTIFICATE

M.D. 5

26

Regimental No. 3280266 Rank Pte Name Scott, William
(Surname first)
Unit 1st/2nd. Que. Regt. who was* Discharged
On 24-2-19 191....., to.....
*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from.....to191...
the inclusive date of transfer or discharge.

	Dr.	Cr.
Bal. Dr. or Cr. from prev. month		
Regimental Pay..... days at \$.....c.....		
Field Allowance..... days at \$.....c.....		
Separation Allowance		
Clothing Allowance		
Post Discharge Pay		
*Other Credits		
Advances		
Separation Allowance and Assigned Pay Cheque No.		
*Other Charges		
Balance on transfer or on discharge, cheque No.		
Total		<u>NIL</u>

*Give particulars.

A monthly stoppage of \$.....NIL..... (†) has.....(‡) been paid on account of
Assigned Pay for the month of.....191..... }
and Separation Allee. for month of.....191..... } (to) Assignee

(Address)

(†) 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 13-6-18 married or single Single
(2) Separation Allowance, entitled or not NIL..... (3) Reason for discharge..... Demobilization
(4) Authority for discharge or transfer B.O. 56 of 25-2-19

NOTE.—S.A. & A.P. Card and Index Card (M.F.W. 71) are to accompany Last Pay Certificate on transfer.

I have carefully examined this statement of account and find it to be a correct extract from the Pay Account of the officer or soldier.

Date 24-2-19
Place Quebec P.Q.

W. J. Pousauson
1st/2nd. Que. Regt. Lieut
Paymaster.

N.B.—(A) This form is to be used for all ranks (vide Article 122-130 and 141) Financial Instructions, C.E.F., 1916.
(B) For purposes of transfer it is to be made out in triplicate. Copies will be disposed of in accordance with instructions as laid down in Routine Order No. 1307, dated 12th Nov., 1918. Payment of the balance will not be made and the words "or on discharge cheque No." will be deleted.
(C) For purpose of discharge it is to be made out in duplicate. One copy to accompany discharge papers, and one copy for retention as a record. As payment of the balance will have been made, the words "on transfer or" will be deleted.
(D) If a man on discharge is entitled to Post Discharge Pay, Last Pay Certificates will be made out as in "C" with an additional copy to be forwarded to the District Paymaster.

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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. 32080266 Rank Pte..... Surname .. Scott.....
(Given name in full)

.....William.....

Unit or Corps ... 1/2 Que. Regt..... Birthplace .. Quebec City.....

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

1. GENERAL DESCRIPTION:

Physique ... Good..... Weight .. 121lbs. Height 5...ft..2 in. Colour of Eyes Blue...

Nutrition ... Normal.....

Pulse 84.....

Condition of arteries ... Normal.....

Vision Rt. ... OK..... Left ... OK.....

Hearing (conversational voice) OK...ft.

Left .. OK.ft.

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

N I L

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 Sytem ... 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... YES 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.

Rheumatism both legs prior to enlistment and not aggravated by his service . Apparently no evidence.

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EXAMINATIONS.

THIS SECTION FOR USE OVERSEAS—

Examined at (Overseas)

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 SECTION FOR USE IN CANADA—

Examined at Quebec (Canada)

Date 24-2-19 Signed J. L. Heude 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 .. William Scott ..

(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.)

0 0

X

X

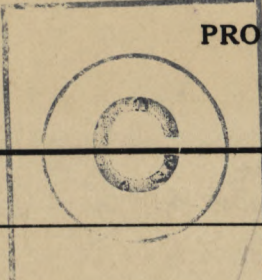
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SHORT FORM.

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

REGISTRY OFFICE
1/2 QUEBEC REGT.
MAR 11 1919
1/2 Q. R.



1. No.	3280266	
2. Rank.	Private	
3. Name.	William Scott	
4. Unit.	1st/2nd Quebec Regiment.	
5. Date of Discharge	FEB 24 1919	Place QUEBEC, QUE.
6. Reason for Discharge	DEMORILIZATION	
7. Authority.	R.O.1357. of 25-11-18. D.O.Part.11.No.56.	
8. Proposed Residence after Discharge	19 Culbert Street Quebec City. Que.	
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.? 39 William Scott Signature of Soldier.	
10.	CONFIRMATION. The discharge of the above named man is hereby confirmed. Place QUEBEC, QUE. Date FEB 24 1919 Signature [Signature] LT-COL. O. C. 1st DEPOT BATTALION, 2nd QUEBEC REGIMENT. (O. C. Discharging Unit.)	

LIST OF DISCHARGE DOCUMENTS

Attestation Paper, Triplicate	Medical Form W. 23
or Physicians of Records	Medical Form W. 203
Field Conduct Sheet	Medical Form W. 178 or A. F. B. 122
Company Form	Medical Form W. 24 or A. F. B. 102
Last Day Certificate	Medical Form W. 24
Certificates that missing documents are unobtainable	
Medical History Sheet	Medical Form W. 212 or A. F. B. 172
Proceedings of Medical Board	Medical Form W. 212, A. F. B. 172 or A. F. B. 170
Dental History Sheet	Medical Form W. 203
Medical Report	Medical Form W. 220 or A. F. B. 187E
Regimental Conduct Sheet	Medical Form W. 203
Company Conduct Sheet	Medical Form W. 203

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

MILITARY SERVICE ACT, 1917.

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MEDICAL HISTORY SHEET.

3280266

Scott

Christian name

William

Report for service or claim for exemption according to Postmaster's schedule
 Distinctive number on schedule of men reporting for service (if he appears on it)

4. Address (including street and number if any).... 19 Culbert St City

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 13th day of June 1918 by the undersigned medical board sitting at 2 rue d'Arceville Quebec

5. Age as stated 25 Years 3 Months. 6. Apparent age 25 Years Month

7. Height 5 Feet 2 Inches. 8. Weight 109 Pounds.

9. Chest measurement { Minimum 32 1/2 Ins. Maximum 35 1/2 Ins. } 10. Complexion Fair { Eyes Blue Hair Brown }

11. Physical development Fair { Good Fair Poor } 12. Smallpox marks -

13. Number of vaccination marks { Right arm - Left arm - } 14. When vaccinated last -

15. Distinctive marks and marks indicating congenital peculiarities or previous disease nil

16. Slight defects but not sufficient to cause rejection nil

The man denies having had { Rheumatism, Tuberculosis, Nervous or Mental disorder. Epilepsy, Syphilis, Asthma. } We find no evidence of past { Rheumatism, Tuberculosis, Nervous or Mental disorder. Epilepsy, Syphilis, Asthma. }

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

A2

17. (a) Vision R. 20 L. 20 (b) Hearing R. L.

Member. Macd. Ford Capt. Member. Asst. Surgeon Capt. President.

Signature of Man

Date	Result	VACCINATIONS	Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
		M. O.			M. O.
		M. O.			M. O.
		M. O.			M. O.

Joined 13th day of June 1918 at Quebec

	CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment				13-6-18
Transferred to				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION	DATE	DISEASE	RESULT
Quebec	24/2/19	Nil	A # J. L. Kondebaf. Macd. Ford Capt.
for discharge			

N.B.—This sheet is 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.

If raised in category, record category in a square. The M. O. will initial and date.

9670
 Fill in only.—Unit, Number, Rank and Name.

M. F. W. 54. (A. F. B. 10s.)

500M.—9-16

H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps 1st DEPOT BATTALION 2nd. QUEBEC REGIMENT

Regimental No. 3280266 Rank Private Name William Scott

C. E. F.

Enlisted (a) 13-6-18 Terms of Service (a) Can. Exp. Force Service reckons from (a) 13-6-18

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) Mechanic

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>R.O.1357. of 25-11-18.</p> <p>D.O.Part.11.No.56.</p>	Quebec Que.		<p>DEMOBILIZATION</p> <p>FEB 24 1919</p>

1st DEPOT BATTALION 2nd QUEBEC REGIMENT.

.....Adjutant.

James D. ... Officer i/c R. & S.

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, Shoing Smith, etc., etc., also special qualifications in technical Corps duties. [P.T.O.]

