

ATTESTATION PAPER.

No. 2014342

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?..... *Patrick J.*
- 1b. What is your present address?..... *1911, Hilton St. Phila.*
2. In what Town, Township or Parish, and in what Country were you born?..... *Castlereagh, Ireland*
3. What is the name of your next-of-kin?..... *Michael Scott*
4. What is the address of your next-of-kin?..... *Castlereagh, Ireland*
- 4a. What is the relationship of your next-of-kin?..... *Father*
5. What is the date of your birth?..... *14-8-96*
6. What is your Trade or Calling?..... *Lead Manufacturer*
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*
13. Have you ever been discharged from any Branch of His Majesty's Forces as medically unfit? .. *No*
14. If so, what was the nature of the disability? .. *No*
15. Have you ever offered to serve in any Branch of His Majesty's Forces and been rejected? .. *No*
16. If so, what was the reason?..... *No*

SUFFICIENT ADDRESS

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *Patrick J. 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.

Patrick J. Scott (Signature of Recruit)

Date *Aug 14* 1918. *G. R. L. Potter Sgt.* (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *Patrick J. 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.

Patrick J. Scott (Signature of Recruit)

Date *Aug 14* 1918. *G. R. L. Potter Sgt.* (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 *Phila* this *14* day of *Aug* 1918.

[Signature] (Signature of Justice)

Description of Scott, Patrick on Enlistment.

Apparent Age 22 years months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

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

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

Height 5 ft. 3 ins.

Chest measurement { Girth when fully expanded 33 ins.
 Range of expansion 2 ins.

Complexion Medium

Eyes Brown

Hair L. Brown

Religious denominations.
 Church of England
 Presbyterian ✓
 Methodist
 Baptist or Congregationalist
 Roman Catholic X
 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 Aug 19 1915

Place Windsor

Wm. S. Richards
 Capt
 Medical Officer.

*Insert here "fit" or "unfit."

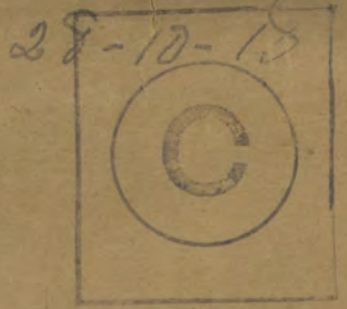
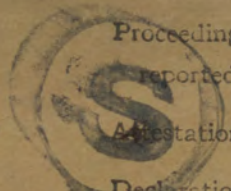
NOTE.—Should the Medical Officer consider the Recruit unfit, he will fill in the foregoing Certificate only in the case of those who have been attested, and will briefly state below the cause of unfitness:—

CERTIFICATE OF OFFICER COMMANDING UNIT.

Patrick 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.

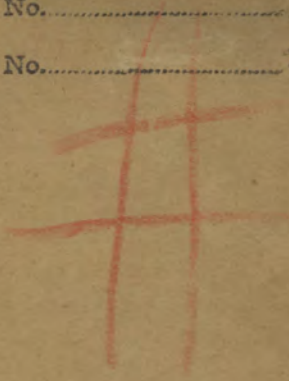
Wm. S. Richards
 Capt
 (Signature of Officer)
 for O. C. Engineer Training Depot

Date Aug 19 1915



Deceased
DISCHARGE DOCUMENTS

R. O. No.
H. Q. No.

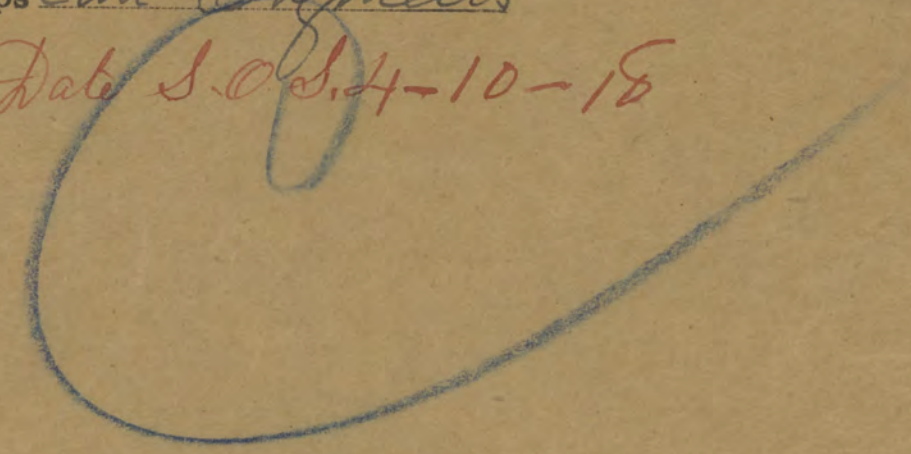


Name **SCOTT. PATRICK**

Regt. No. **2014342** Rank **Sapper**

Corps **Can Engineers**

Date **S.O.S. 4-10-18**



- Proceedings of Court of Inquiry or on men reported Missing on Active Service.....
- Arrestation Papers..... *2*
- Declaration of change of name.....
- Authority for special enlistments.....
- Documents of re-enlisted men.....
- Regimental Conduct Sheet.....
- Compulsory Stoppages.....
- Casualty Forms..... *1*
- Proceedings on discharge..... *Death-1*
- Corps History Sheet.....
- Date and No. of Deposit Receipt for Purchase Money and Amount.....
- Parchment Certificate.....
- Medical Report for Invalids.....
- Medical History Sheet..... *1*
- Proceedings of Regt. Court Martial.....
- Copies of Convictions by Civil Power.....
- Company Conduct Sheet.....
- Clothing Transfer Certificate.....
- Inventory of Kit.....
- Last Pay Certificate.....

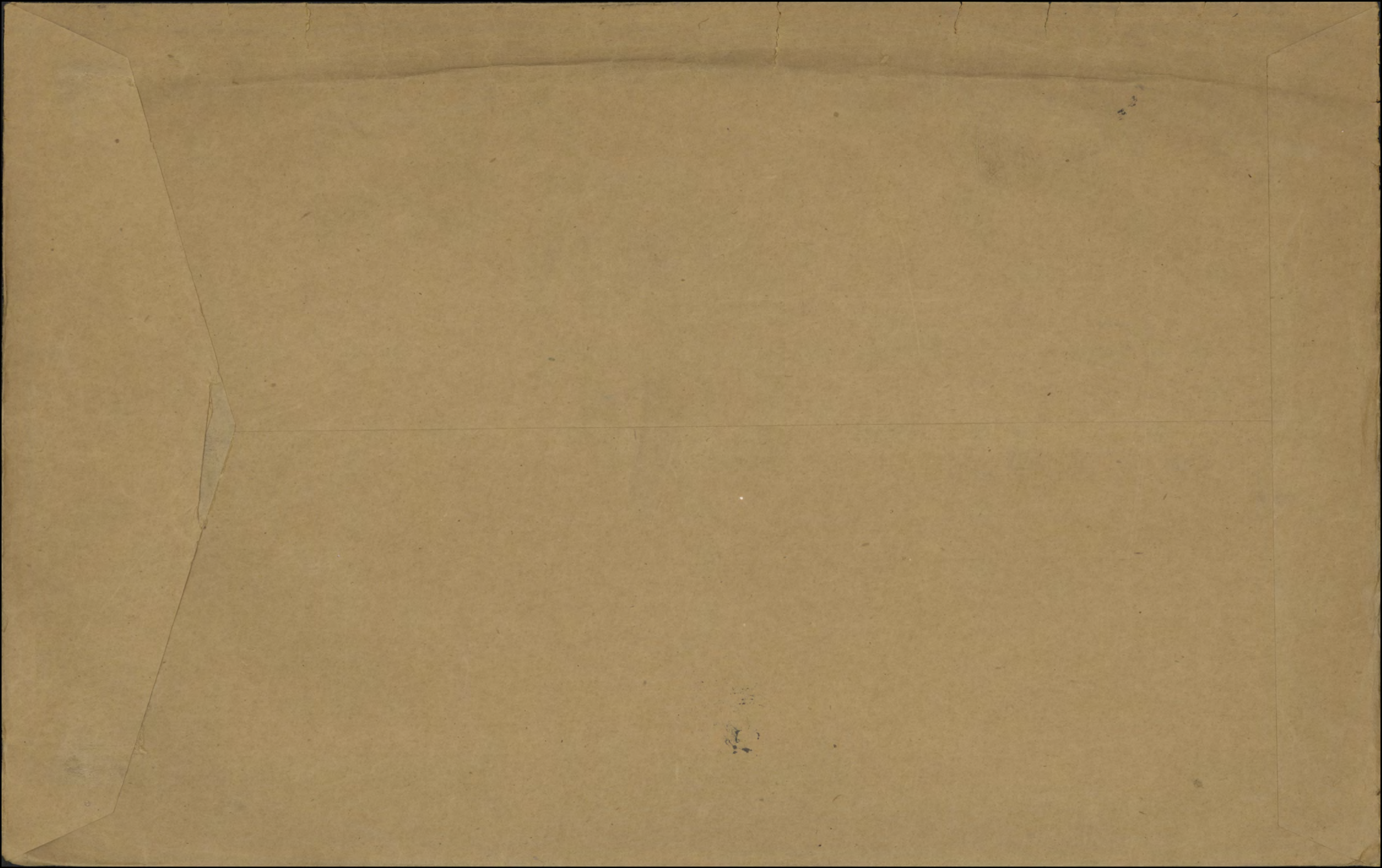
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09304



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1-8



LEDGER NO. *3848 - 118*

SERIAL NO.

REG. NUMBER *204342* NAME *Scott, Patrick*

RANK *Sap.* CORPS *C. E. T. D.*

AGE *1* SERVICE *1*

NAME OF HOSPITAL *Military* PLACE *St. Johns Ave.*

DATE OF ADMISSION

DISEASE *Influenza & Pneumonia*

TRANSFERRED TO OTHER HOSPITALS

OPERATION

DISCHARGED TO

IN CATEGORY

REMARKS:.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

649-S-27133

#2014342 Spr.

SCOTT, Patrick, Cn. Engineers

#4

Medals & Dec. (Mother)

Mrs. Mary Scott,
Castlerea,
Co. Roscommon, Ireland.

P. & S. (Father)

Michael Scott Esq.,
The Cottages,
Church Rd., Castlerea,
Co. Roscommon, Ireland.

See # 808464

Memorial Cross (Mother)

Mrs. Mary Scott,
The Cottages, Church Rd
Castlerea, Co. Ros-
common, Ireland.

MAY 1 1921

scroll Desp.

Reqn. No. 342507

Canada
issue Desp. OCT 18 1921

Reqn. No. 51006

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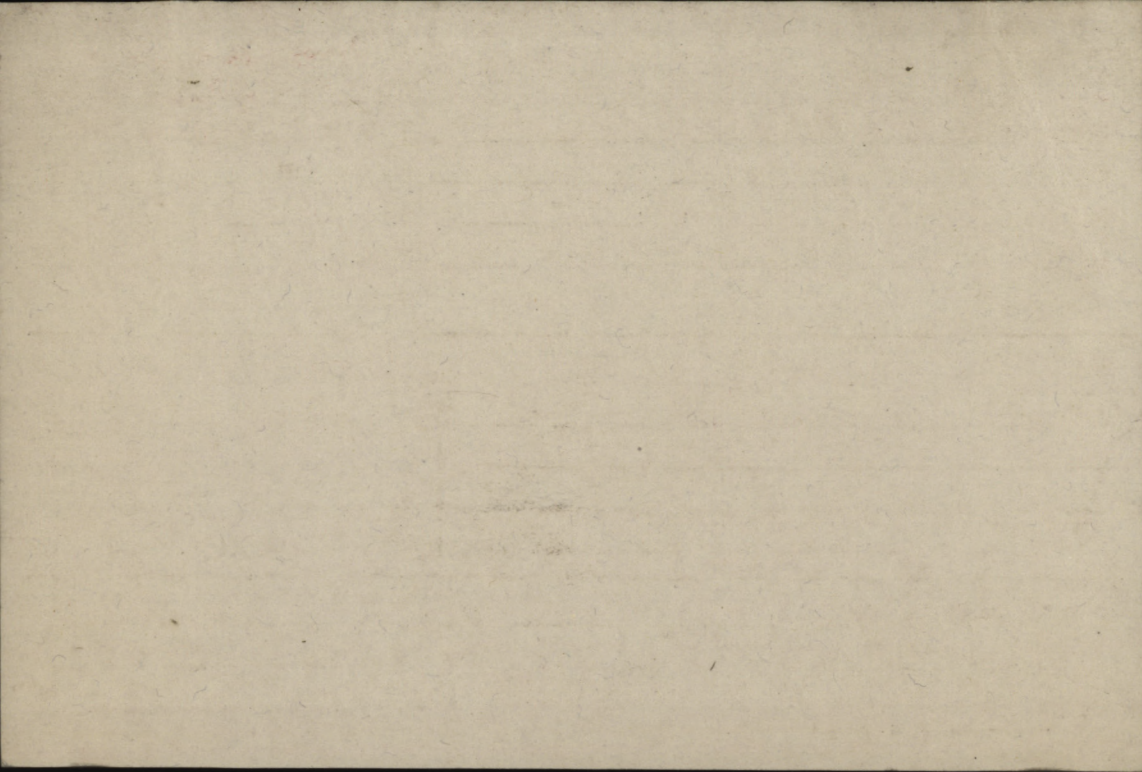
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18

Surname Scott H. Q.
 Christian names Patrick J. M. D. No. 4
 Regtl. No. 2014342 Rank Spr. T. O. S. Aug 14th 19 18
 Unit ban Eng Tr. Dep. D. O. Pt. II 1231 of 19-8-18
 S. O. S. 4-10-18 19
 Reason Dec.
 Auth. 10027805-10-18
Eng T 20 4

Next of kin Scott Michael Relationship Father
 Address Castlereagh, Ire
 Also notify:

BORN—Place Ireland Castlereagh Date Aug 14th 1896
 ATTESTED—Place Philadelphia Pa Date Aug 14th 1918
 O/S R/C



MILITARY SERVICE ACT, 1917.

MEDICAL HISTORY SHEET.

Scott
20 14342

1. Surname *Scott* Christian name *Patrick J*
 2. Number of report for service or claim for exemption according to Postmaster's Receipt or schedule
 3. Consecutive number on schedule of men reporting for service (if he appears on it)
 4. Address (including street and number if any)

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the *8* day of *Aug* 19*18*, by the undersigned medical board sitting at

5. Age as stated *22* Years *3* Months. 6. Apparent age *114* Years *3* Month
 7. Height *5* Feet *3* Inches. 8. Weight *114* Pounds.
 9. Chest measurement (Minimum *33* Ins. Maximum *33* Ins. 10. Complexion { Eyes
 11. Physical development *Fair* { Good Fair Poor 12. Smallpox marks
 13. Number of vaccination marks (Right arm *he.* Left arm *he.* 14. When vaccinated last *July Army*
 15. Distinctive marks and marks indicating congenital peculiarities or previous disease

16. Slight defects but not sufficient to cause rejection
 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.
 (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

17. *P. J. Scott* President.
P. J. Scott Member.
P. J. Scott Member.

Signature of Man *Patrick J Scott*

Date	Result	VACCINATIONS	Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
20-8-18		<i>he.</i>	16-8-18	<i>TA 13</i>	<i>he.</i>
			20-8-18	<i>he.</i>	<i>he.</i>
			21-8-18	<i>he.</i>	<i>he.</i>

Joined *14* day of *August* 19*18* at *Phila.*

JOINED ON ENLISTMENT	CORPS	REG'TL NUMBER	HABITS	DATE
	<i>Canadian Engineers.</i>	<i>2014342</i>		<i>14-8-18</i>
Transferred to				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION	DATE	DISEASE	RESULT
<i>ST. JOHNS, P. Q.</i>	<i>AUG 20 1918</i>		<i>AP</i> President Medical Board, St. Johns, P. Q.

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.

CASE HISTORY SHEET.

Military Hospital. *St. Johns # 2* Station.
 No. *2014342* Rank *Spr.* Name *Scott B. J.* Age *22*
 Unit *64* Completed years of service *3/18* Where and how long }
 Date of admission *30-9-18* Date of discharge *DIED 4-10-18*
 Diagnosis *Infantile Pneumonia* Place of origin

CONDITION ON ADMISSION AND PROGRESS OF CASE.

5 days illness complaints with the
usual grippe symptoms
was sent from barracks in a bad condition
crisping
spitting & vomiting
Blood - Bil
Temp 101 -
lips purple
Face Crisped

Examined: Heart: weak beatings
 lungs: rats crepitant & rales
 dullness
 rats rales in the bronchi
 very weak.

3-10-18 Vomiting blood - nose bleed.
face crisped & eyes injected

FAMILY HISTORY

(Tuberculosis, mental or nervous diseases.)

4-10-18 Vomited blood again
crisped a great deal
facies greenish & lips blue
perspiring

TREATMENT

(Especially any specific or special form.)

CONDITION ON DISCHARGE

(and disposal made of case.)

Date.....

L. B. Chauteau

Medical Officer i/c case.

SHEET

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105
101
160
88

EXAM COPY

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CLINICAL CHART.

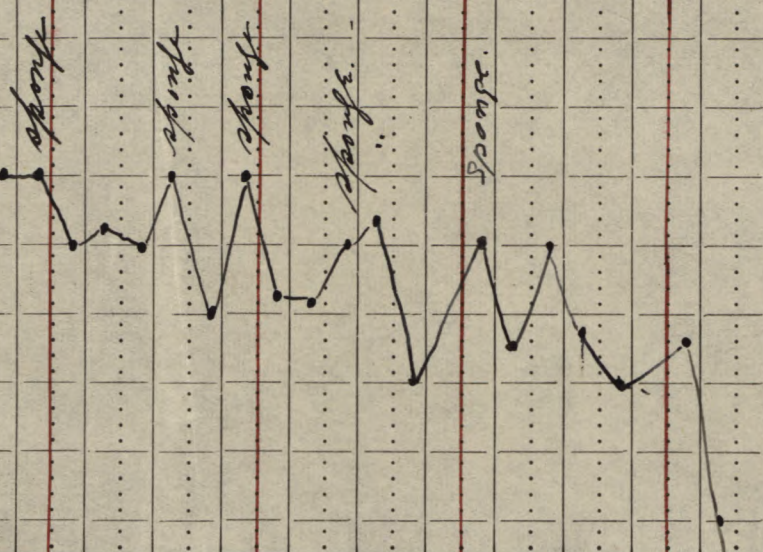
Corps C. E.

Hospital Station St. Johns Que.

No. 2014342 Rank and Name Spr. B. J. Scott Patrick - Age 22 Service 3/12

Disease Influenza Date of Admission 30-9-18 Date of Discharge 4/10/18 Result Urid. - Serial No. A. & D. Book

Dates of Observation	Sept.		Oct.																												
	30		1		2		3		4		5		6		7		8		9		10		11		12		13		14		15
Days of Disease	5		6		7		8		9		10		11		12		13		14		15										
Temperature Fahrenheit	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	
	4 a.m.	8 p.m.	4 a.m.	8 p.m.	4 a.m.	8 p.m.	4 a.m.	8 p.m.	4 a.m.	8 p.m.	4 a.m.	8 p.m.	4 a.m.	8 p.m.	4 a.m.	8 p.m.	4 a.m.	8 p.m.	4 a.m.	8 p.m.	4 a.m.	8 p.m.	4 a.m.	8 p.m.	4 a.m.	8 p.m.	4 a.m.	8 p.m.	4 a.m.	8 p.m.	
107°	8.6	8.4	8.2	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0
106°	8.6	8.4	8.2	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0
105°	8.6	8.4	8.2	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0
104°	8.6	8.4	8.2	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0
103°	8.6	8.4	8.2	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0
102°	8.6	8.4	8.2	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0
101°	8.6	8.4	8.2	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0
100°	8.6	8.4	8.2	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0
99°	8.6	8.4	8.2	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0
98°	8.6	8.4	8.2	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0
97°	8.6	8.4	8.2	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0
Pulse per Minute	90	90	104	104	100	100	112	112	104	104	100	100	116	116	104	104	100	100	112	112	104	104	100	100	116	116	104	104	100	100	
Respirations per Minute	22	22	32	32	32	32	36	36	42	42	44	44	46	46	44	44	40	40	44	44	40	40	44	44	40	40	44	44	40	40	
Motions			0	0	1	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	



Signature J. Chalet In charge of case.

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

Casualty Form—Active Service.

Canadian Engineers.

Unit, Regiment or Corps.....

Regimental No. 2014342 Rank Sapper Name Scott Patrick J

C. E. F.

Enlisted (a) 14/8/18 Terms of Service (a)..... Service reckons from (a) 14/8/18Date of promotion to } Date of appointment } Numerical position on }
present rank } to lance rank } roll of N. C. Os. }Extended..... Re-engaged..... Qualification (b) Head Moulder

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				

(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.]

70a
over

Register No. 081340

WAR SERVICE GRATUITY
TO
DEPENDENTS OF DECEASED SOLDIERS

A.P. File No. 016401-B-9

Reg'tl No. 2014342 Name Patrick Scott
(Christian Name) (Surname)
Unit E.T.O. Rank Spr Date of enlistment 8-8-18
Date of casualty 4-10-18 B.P.C. File No. 182597
Was service performed overseas? No.

DEPENDENT

Name Mr. M. Scott Relationship Father
Address 6 Church Road Cottages,
Castlereagh Co.
Roscommon Ireland.

M.F.W. 2652
25M-6-30.
H.Q. 1772-89-1473

Amount of Special Pension Bonus \$ nil Abstracted by J.M. Davidson

Eligible for Gratuity \$
Less amount of Special Pension Bonus paid \$
Less Debit Balance of S. A. or A.P. \$
Total deductions \$
Balance due \$

Cheque No. Date issued

REMARKS : In applicable
no S.A. paid

Clerk L.H. Keath

Audited by
Date

2/4
26

POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

Name

Surname

Christian Name

Regimental Number

Rank

Address (in full)

Unit

Original Unit

District where paid

Date of Discharge

P. D. P. Filing Number

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

L.L. 53061—M. & D. 9721

Total Credits 91 days	FIRST PAYMENT			SECOND PAYMENT			FINAL PAYMENT			Balance Overpayments to be Recovered	Total Amount Paid
	Cheque No. A	Date	Amount 30 days	Cheque No. B	Date	Amount 30 days	Cheque No. C	Date	Amount 31 days		

Remarks:

M. F. W. 127
 300M-1-19
 1772-39-1140

5556

This space to be for numbers.

Proceedings on Discharge.



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

No. 2014342	
Rank MAPPER	
Name SCOTT, Patrick <small>NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.</small>	
Corps (Squadron, Battery or Company) CANADIAN ENGINEERS	
Date of Discharge ^{Death} October, 4th, 1918.	
Place of Discharge ST. JOHNS, P. Q.	
1. DESCRIPTION AT THE TIME OF DISCHARGE.	
Age..... 22years..... 1months. Height..... 5feet..... 3inches. Complexion Medium Eyes Brown Hair Light Brown Trade Lead Moulder Intended place of residence } (To be given as fully as practicable.)	Descriptive Marks NONE.
2. The above-named man is discharged in consequence of Death.	
<small>N.B.—The cause of discharge must be worded as prescribed in the King's Regulations and be identified with that on the character certificate. If discharged by superior authority, the number and date of the letter to be quoted.</small>	
<small>To be in the handwriting of the Commanding Officer, who will himself make identical entries on the character certificate and initial them.</small>	3. Conduct and character while in the service have been, according to the records, etc. Good
	<small>N. B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldier and the Officer Commanding his Squadron, Battery or Company:</small>
<small>To be in the handwriting of the Commanding Officer, who will himself make identical entries on the character certificate and initial them.</small>	4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.) Lead Moulder

5. He is in possession of the following number of G. C. Badges:

NIL.

No reference to G. C. Badges is to be made on either the discharge or character certificate.

6. Medals and Decorations.....

NIL.

To be copied by the Commanding Officer on to the parchment Discharge Certificate.

7. His account is correctly balanced, and signed by the Officer Commanding his Company. (Squadron or Battery), and I have impartially enquired into all matters brought before me in accordance with Regulations.

(Place) ST. JOHNS, P. Q.

[Signature] Lt. Colonel C. E.
O. C. Engineer Training Depot.

(Date) October, 4th, 1918.

Commanding

8. Certificate to be signed by the Soldier on Discharge

I hereby acknowledge that I received all my Pay, Allowances and Clothing, and all just demands, up to the present date, subject to the reservations of the claims noted on the third page.

(Place) ST. JOHNS, P. Q. (Signature of Soldier.)

(Date) October, 4th, 1918. (Signature of Witness.)

When a soldier is absent through illness or any other cause and it is not desirable to forward these proceedings to him for signature, a manuscript copy should be sent for the man to sign, and when returned, should be attached here.

9. Additional Certificate in the case of a Soldier who takes his discharge on his own request.

I hereby declare that I do of my own free will request to be discharged from His Majesty's Service.

.....(Signature of Soldier.)

10. Statement of Service.

Service toward Engagement to.....(the date to which the Record of Service is completed).....years.....days.

Total.....years.....days.

11. Confirmation of Discharge.

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

(Place) ST. JOHNS, P. Q.

(Signature) *[Signature]* Lt. Colonel C. E.
O. C. Engineer Training Depot.

(Date) October, 4th, 1918.

Reservations referred to at Para. 8.

(To be signed by the soldier. When there are none, it is to be so stated, and signed by the soldier.)

NIL.

List of Discharge Documents.

<p>Reg. Conduct Sheet, Militia form B. 263.</p> <p>Squadron } Battery } Conduct Sheet, " B. 263a. Company }</p> <p>Copies of Convictions, by C. P. in MS.</p> <p>Med. Hist. Sheet, Militia Form B. 313</p> <p>Medical Report for Invalid* " B. 227.</p> <p>Statement of Man's Account on Transfer and Last Pay Certificate, " D. 877.</p> <p>*Only if discharged "Medically unfit."</p>	<p>Attestation Paper, Militia Form B. 235.</p> <p>Proceedings on Discharge " B. 218.</p> <hr/> <p style="text-align: center;">In the case of recruits who are rejected on final approval, the discharge documents will consist of</p> <p style="padding-left: 40px;">(a) Proceedings on Discharge.</p> <p style="padding-left: 40px;">(b) Attestation.</p> <p style="padding-left: 40px;">(c) Medical History Sheet (in the event of such having been prepared.)</p>
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N. B.—In the case of a man discharged by purchase, the date and number of Deposit Receipt with amount of same is to be noted hereon.

NOT APPLICABLE