

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?
If so, state particulars of former Service. *No*
11. Do you understand the nature and terms of your engagement? *Yes*
12. Are you willing to be attested to serve in the }
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? } *Yes*

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *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 Wale (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.

W/ole on left ear.

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

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 24.....1916

W. Russell Paterson
 Medical Officer.

Place.....Montreal

*Insert here "fit" or "unfit."

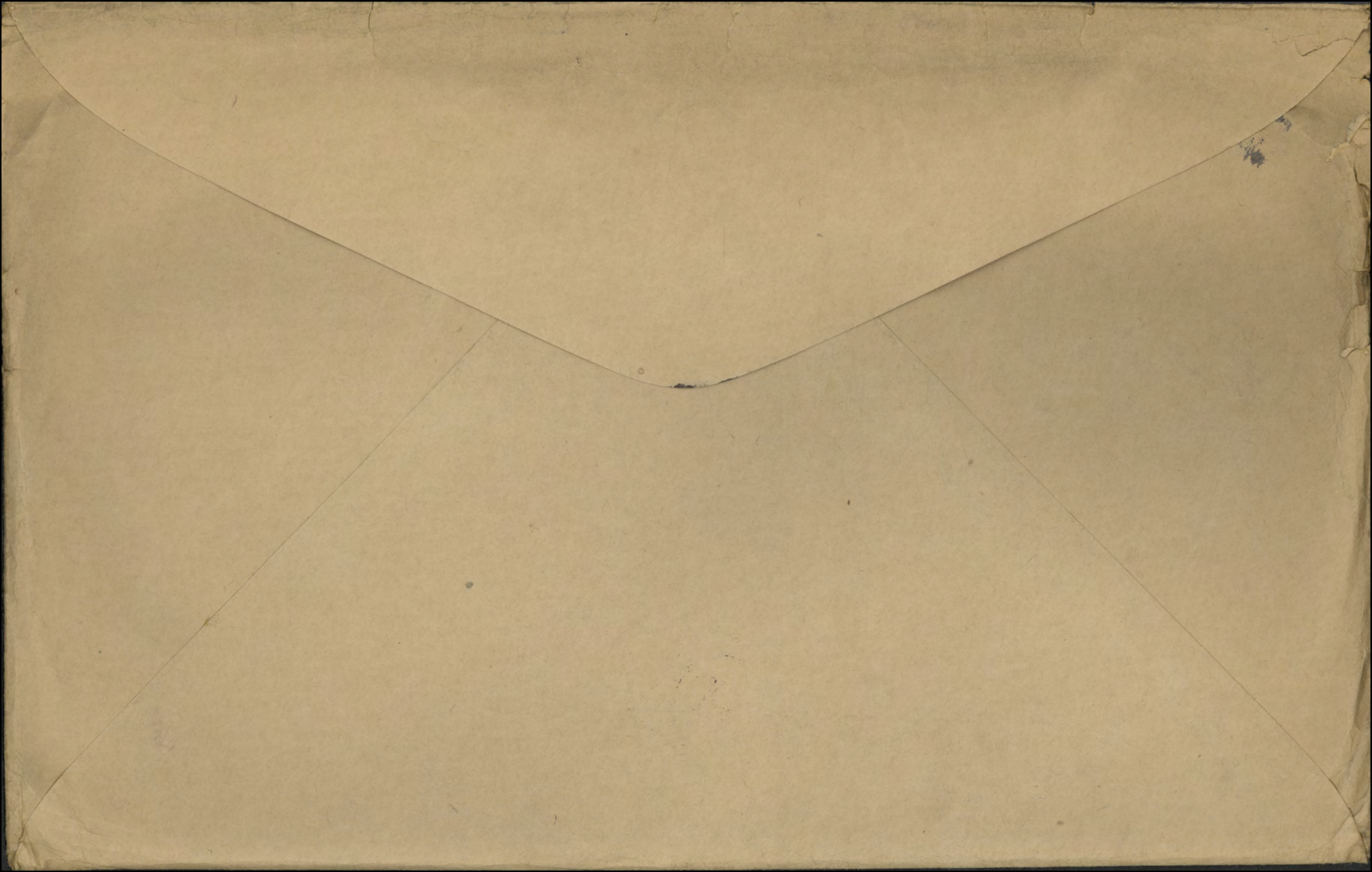
NOTE.—Should the Medical Officer consider the Recruit unfit, he will fill in the foregoing Certificate only in the case of those who have been attested, and will briefly state below the cause of unfitness:—

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)
Lieut.

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



No

RANK

Cvr.

NAME

Scott, W. A.

T. O. S. 13-1-16

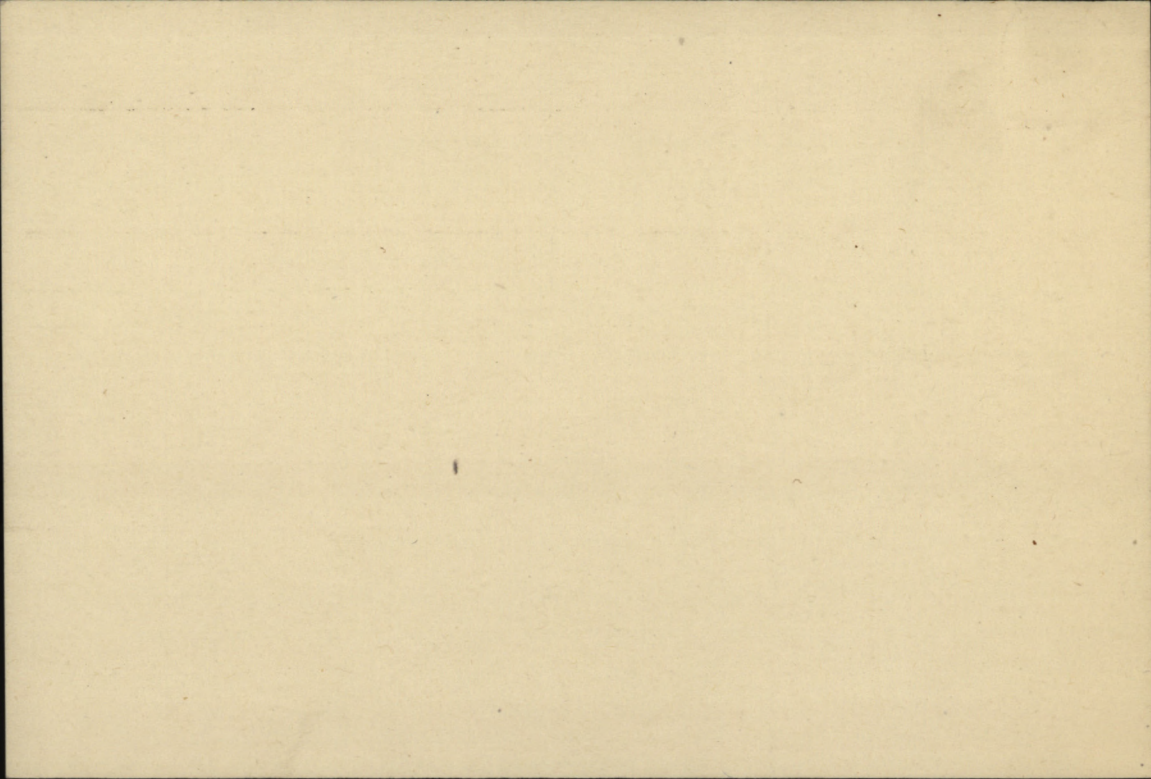
DO-10 of 13-1-16

UNIT

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

M. D. 4.

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			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

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. *Badge.*

Not Eligible for 14-15 Star,

Medals &
Decorations.

(Father)

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

P. & S.

(Father)

Same as above.

Memorial
Cross

(Nil)

17492

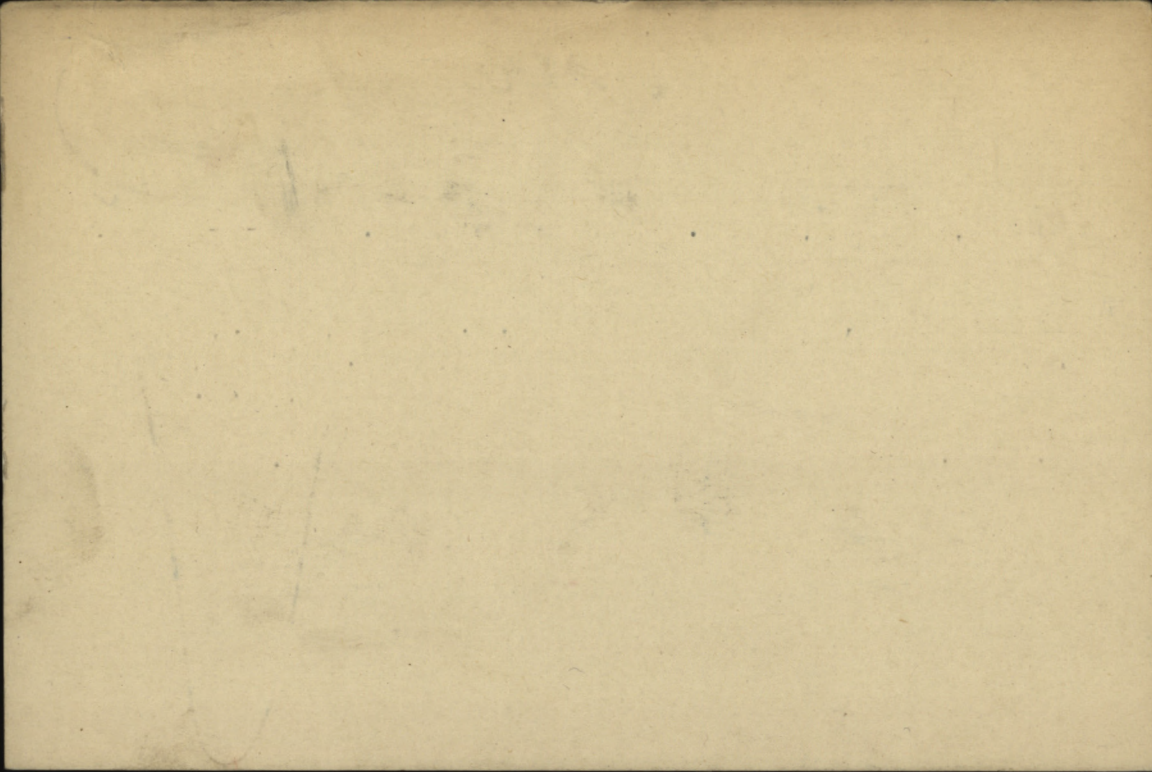
Archibald.

1

Regd. Office

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

Rank 1. Gnr

Unit 1.

W.A.
CA.1DAC.

347538

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.~~ 998. 1.

3-2-19. A489-2

7 G.H. Wimerouse

21-2-19.

8.3.19 A494

3 Can. P. Bailegue

24-2-19

(rose) not

20.3.19. A. 204.

Diac.

13.3.19

A.M.D. 2 DEPT.

Bch. 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				
25-5-19	O-S	T.O.S. D.D.#4	Montreal.	5-5-19	D.O. Pt. II-146
26-5-19		S.O.S. D.D.#4 Demob.	Montreal.	16-5-19	D.O. Pt. II-146 R.O. 1420.

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.

Copy

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 *January* 19 *16*

HE served in *4th Battery C F A Force*

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. Gannon

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. 34523 (Name) [Name] [Rank] [Regiment] [Force]

was discharged from the service by reason of [Reason] [Date]

THE DESCRIPTION OF THIS SOLDIER ON THE DATE below is as follows:

Age	[Age]
Height	[Height]
Complexion	[Complexion]
Hair	[Hair]
Build	[Build]
Complexion	[Complexion]
Height	[Height]
Build	[Build]

Signature of Soldier: [Signature]

Date of Discharge: [Date]

Issuing Officer: [Signature]

Rank: [Rank]

Date: [Date]



NOTE: This certificate of this Certificate will be issued, any person having same is requested to forward it to the [Address]

PRINTED AND PUBLISHED BY THE GOVERNMENT OF CANADA

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..... Rank..... Reg. No. 2475-38

Unit.....

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

Date of first sore..... T. Pallidum 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. Capt.



174
A FLOWERS OF GAGE FOR WHICH WASSERMAN'S TEST IS REQUIRED.

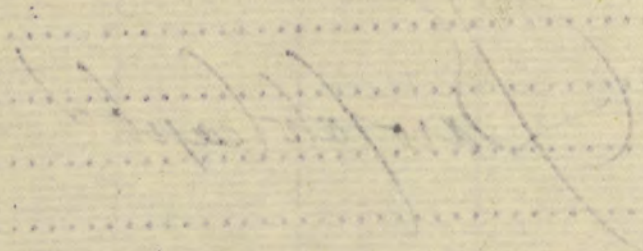
The particulars below are required for statistical purposes and further reference. Unless these are furnished the test will not be carried out.

Name.....
Unit.....
Disease (if Syphilis, what stage).....
Date of first case.....
Schedular, if any.....
Other symptoms.....
Treatment: Arsenical preparations employed.....
Total dosage..... of injections.....
Date of last.....
Molecular preparations employed.....
Total dosage..... of injections.....
Date of last.....
Other treatment.....
Previous Wasserman's date..... Result.....
When 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># Siege Battery 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>ACIP 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
 A. D. D. S. M. D. No. d

Signature of Dental Officer _____ *R. Halise*

SCOTT W. A.
HANTS.

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

OFFICE OF THE ADJUTANT GENERAL
WASHINGTON, D. C.

RECEIVED
ADJUTANT GENERAL
WASHINGTON, D. C.

2nd. Contingent

ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2.

John A. Scott

Name of Soldier

Scott J. W. A.

L. L. Job 5902.—Req. 573.

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.		814673	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	<i>186</i>
May		W 11697	18	<i>18.8.</i>
June		V 18034	18	
July		W 27448	18	<i>18 m-</i>
Aug.		M 32280	18	<i>B.</i>
Sept.		T 39771	18	
Oct.		F 45236	18	
Nov.		K 53150	18	
Dec.		X 59464	18	
Jan.	1918			
Feb.				<i>396</i>
March				
April				
May				
June				
July				

MAR 1 - 1916

*AD**206*

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 *Gvt.*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>	



PI 22E PI 1

PI 22E PI 1

PI 22E PI 1

PI 22E PI 1

PI 22E PI 1

ASSIGNED PAY.	ENGLAND OR CANADA.	SEPARATION ALLOWANCE.	ENGLAND OR CANADA.
EFFECTIVE DATE:-	1/3/16	EFFECTIVE DATE:-	
AMOUNT:-	18	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
Stop 14 19

PARTICULARS OF RANK OR APPOINTMENT		
AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		<i>Cpr</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>Stop</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>2nd</i>	<i>48</i>
			<i>6220</i>				<i>6220</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:- *Stop 31.3.19 WR 5641 Post 29.3.19 Post 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>Post</i>								<i>37 49</i>		
<i>Apr</i>	<i>9 P</i>	<i>33</i>		<i>AP</i>				<i>18</i>			
				<i>AR 39 114 1Bde</i>	<i>4 46</i>				<i>44 46</i>		
				<i>46 254</i>	<i>3 57</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 45</i>	<i>4 46</i>				<i>52 53</i>		
				<i>270 255</i>	<i>3 57</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>59 50</i>		
				<i>280 2716</i>	<i>3 57</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>67 57</i>		
				<i>474 247</i>	<i>3 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>up. paid</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

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 th	373						
Dec		3410		ap				18			
1919				AK 1078. 1. B. 7.12.18	1306						
Jan	G.P.	3410		ap				18	2145		
		10120			12158			54			
				AK 1372. 1. B. 7.1.19	377						
				. 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		
				Comp. stop. 21.2.19 to 27.2.19		1420					
				D. O. 24. 1. B. 16.3.19							
				AK 823. Let Karol 21.3.	933				584		
		6490			4031	420		36			
				Comp. stopp 28 th to 6 th 10.0.39		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	973	420			4331		
					4227	420			6163		

Sal. fwa M. D. H. 59. 4649 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>(man's 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 C J Crawford
capt. comd

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

Gen A

20. It is certified that the invalid

- (a) Does require treatment. (Give the nature of the condition and of the treatment required and its probable duration.)
- (b) Does not require treatment.
- (c) Should pass under his own control.
- (d) Should not pass under his own control. (Strike out condition not applicable.)

Supposed to be dead - with an amputation of the right arm - PC 47 872-1-19

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

Richard A. S. 9053 9/14/19

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 - Bramhall* *C.P. Grant* 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..... President
 DATE..... Members

APPROVED BY *A. McKenzie Capt.* APPROVED BY
 for Assistant Director of Medical Services. Director-General of Medical Services.
 DATE *26/4/19* DATE.....

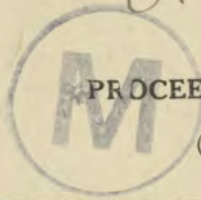
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6190

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

War Service Badge
Class "A" No. 297035

5'66



SHORT FORM.
PROCEEDINGS ON DISCHARGE.
(Demobilization.)

BRB 136997

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



Handwritten notes and signatures at the bottom right, including "31/7/1919" and other illegible marks.

LIST OF DISCHARGE DOCUMENTS

Admission Paper	1880-1881
Discharge Paper	1880-1881
Medical History	1880-1881
Physician's Report	1880-1881
Operative Report	1880-1881
Pathological Report	1880-1881
Prognosis of Medical Board	1880-1881
Final History	1880-1881
Medical History	1880-1881
Physician's Report	1880-1881
Operative Report	1880-1881
Pathological Report	1880-1881
Prognosis of Medical Board	1880-1881
Final History	1880-1881

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. 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

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RATE OF SEPARATION ALLOWANCE

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RATE OF ASSIGNMENT

18.			
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PARTICULARS OF SEPARATION ALLOWANCE

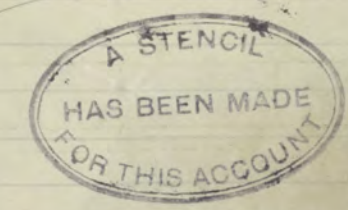
No. *34 7538*
 Rank *Gm.* Promoted Reverted Discharge
 Soldier's Name *W. A. Scott*
 Battalion *no. 1 Siege Batty. 1st. Reinfl.*
 Beneficiary
 Relationship
 Address

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 X 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 18</i>	<i>V 73410</i>		<i>18</i>	<i>18</i>	
<i>Mar 18</i>	<i>S 92935</i>		<i>18</i>	<i>18</i>	<input checked="" type="checkbox"/>
<i>Apr 18</i>	<i>S 11630</i>		<i>18</i>	<i>18</i>	<input checked="" type="checkbox"/>
<i>May 18</i>	<i>V 19659</i>		<i>18</i>	<i>18</i>	<input checked="" type="checkbox"/>
<i>June 18</i>	<i>U 25552</i>		<i>18</i>	<i>18</i>	<input checked="" type="checkbox"/>
<i>July 18</i>	<i>E 24982</i>		<i>18</i>	<i>18</i>	<input checked="" type="checkbox"/>
<i>Aug 18</i>	<i>U 37586</i>		<i>18</i>	<i>18</i>	<input checked="" type="checkbox"/>
<i>Sept 18</i>	<i>X 47539</i>		<i>18</i>	<i>18</i>	
<i>Oct 18</i>	<i>S. 52027</i>		<i>18</i>	<i>18</i>	<input checked="" type="checkbox"/>
<i>Nov 18</i>	<i>X 57834</i>		<i>18</i>	<i>18</i>	<input checked="" type="checkbox"/>
<i>Dec 18</i>	<i>V 68846</i>		<i>18</i>	<i>18</i>	<input checked="" type="checkbox"/>
<i>Jan 19</i>	<i>G. 72889</i>		<i>18</i>	<i>18</i>	<input checked="" type="checkbox"/>
<i>Feb 19</i>	<i>H 81612</i>		<i>18</i>	<i>18</i>	<input checked="" type="checkbox"/>
<i>Mar 19</i>	<i>b. 88564</i>		<i>18</i>	<i>18</i>	<input checked="" type="checkbox"/>
<i>Apr 19</i>	<i>4 67.</i>		<i>18</i>	<i>18</i>	<input checked="" type="checkbox"/>
<i>MAY 19</i>	<i>O 6327</i>		<i>18</i>	<i>18</i>	
				<i>702</i>	

M.R.O. Destroy LP 84389 RW.



M. F. W. 128
 400MG-6-17-1772-38-141
 L. L. 223-20-M. & D. 7488.

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

*521156
1447*

6

RL. 2-5-91

B.2.5. 9117

K.T. 102-953

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

CERTIFIED CORRECT.

Canadian Record Office

Westminster
M. F. W. 54.
150M. 10-15.
H.Q. 1172-30-920.
7, Millbank, S.W.

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*

W.S.B.
Class A.

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.
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Transferred Res. Brigade C.F.C. - 24-3-16 R.B.O. II
Asailed to France to 1st S.A.C. Shomcliff
12 JUL 1916
Reserve Brigade

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	OC Unit	Proceeded on Leave.	do	3-11-17	B213 PII 0 61 d/23-11-17
24-11-17	do	Returned from Leave	do	18-11-17	B213 PII 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	OC 13de	Granted 14 days leave to U.K.	do	4-11-18	B213 P. II 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.

Roll

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	NYD Ven sore	Adm	18/2/19	A 36 N 8501
19-2-18	50	50	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	1st Bde CFA	Grace sick		17/2/19	B 773
27-2-19	7 Gen	V.D.S.C	to 36th Gen	27/2/19	W 3034 N 9274
27-2-19	3 Can Gen	do	Adm	27/2/19	W 3034 N 9595
28-2-19	55 ccs	NYD Ven sore	Adm	19-2-19	A 36 N 9633
6-3-19	DC 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			
13-3-19	3 Can Gen	V.D.S.C	to Base Ambulance	13/3/19	W 3034 P 204
27-3-19	1st Bde CFA	posted to catrol		27/3/19	P 127, 78 d/1919

Emot. Arrived R.M.S. Scotia
 Liverpool
 May 6 1919

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

A. Manser
 22 Gough St
 Part II orders
 6/8/19
 Canadian Section

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? }

Place and Date of Enlistment Montreal, Jan. 12th, 16. Married or Single Single
 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 _____

Separation Allowance \$ _____ Payable to _____

Relationship _____

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	Character
Date.	From whom received.				
		<i>Arrived in England. per I.S. Musanabee</i>		<i>13.3.16</i>	
<i>24.3.16</i>	<i>ie Res Bde</i>	<i>Taken on strength</i>	<i>Shorncliffe</i>	<i>13.3.16</i>	<i>PT 0.72 A 4B.10.34K</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>9.1006</i>	<i>Taken on strength (attached)</i>	<i>France</i>	<i>14.7.16</i>	<i>" 29</i>
<i>27.11.16</i>	<i>"</i>	<i>Case attached posted to Colom</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 + 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>28.3.19</i>	<i>" 28</i>
<i>28.3.19</i>	<i>"</i>	<i>S.O.S. to Art Pool</i>	<i>Trinidad</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>15/1/19</i>	<i>26.3.19</i>	<i>" 1</i>
		<i>To Canada</i>	<i>"</i>	<i>6.3.19</i>	<i>"</i>

A.F.B. 103 CHECKED (N.R.)
 Taken from Official Documents.
27 DEC. 1916

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	Wing C.C.C.	S.O.S on Proceeding to Canada Bramshill		5/5/19	R.I. II O. 25.