

**24th BATTALION C. E. F. ORIGINAL**  
**ATTESTATION PAPER.**

No. 1048558

CANADIAN OVER-SEAS EXPEDITIONARY FORCE. Folio. 161 91 331

**QUESTIONS TO BE PUT BEFORE ATTESTATION.**  
 (ANSWERS.)

- |   |                                  |
|---|----------------------------------|
| 1. What is your surname?.....   | Scott,                           |
| 1a. What are your Christian names?.....   | William.                         |
| 1b. What is your present address?.....  | No permanent address.            |
| 2. In what Town, Township or Parish, and in what Country were you born?.....                      | Abernethy, Scotland.             |
| 3. What is the name of your next-of-kin?.....   | Duncan McIntyre.                 |
| 4. What is the address of your next-of-kin?.....  | 16 Mill Street, Perth, Scotland. |
| 4a. What is the relationship of your next-of-kin?.....  | Brother-in-law.                  |
| 5. What is the date of your birth?.....   | Jan. 22nd. 1872.                 |
| 6. What is your Trade or Calling?.....  | Mason.                           |
| 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?..<br>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 }<br>CANADIAN OVER-SEAS EXPEDITIONARY FORCE? } | Yes.                             |

**DECLARATION TO BE MADE BY MAN ON ATTESTATION.**

I, William 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.

*William Scott* (Signature of Recruit)

Date..... 18th. Sept...... 1916. *[Signature]* (Signature of Witness)

**OATH TO BE TAKEN BY MAN ON ATTESTATION.**

I, William 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.

*William Scott* (Signature of Recruit)

Date..... 18th. Sept...... 1916. *[Signature]* (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 P.Q. this 18th day of September 1916.

*[Signature]* (Signature of Justice)

Description of William Scott. on Enlistment.

Apparent Age.....44.....years.....7.....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.....10 1/2.....ins.

Chest measurement { Girth when fully expanded.....37 1/4.....ins.  
 Range of expansion.....4.....ins.

Complexion.....Dark......

Eyes.....Hazel......

Hair.....Grey......

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.....18th September 1916.

Place.....Montreal P.Q.

(Sd) D.G. Campbell  
Capt. G.M.C.  
 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:—

George M. C. Campbell  
242nd. Can. Forestry Battalion, C. E. F.

CERTIFICATE OF OFFICER COMMANDING UNIT.

William 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.

B. White  
 Lt. Col. (Signature of Officer)  
 242nd. Can. Forestry Battalion, C. E. F.

Date.....18th September 1916.

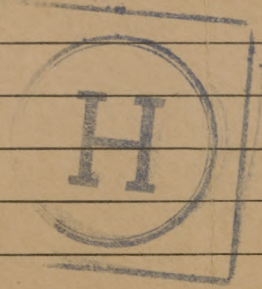
S

NAME *Aggart William*

MENTAL DOCUMENTS

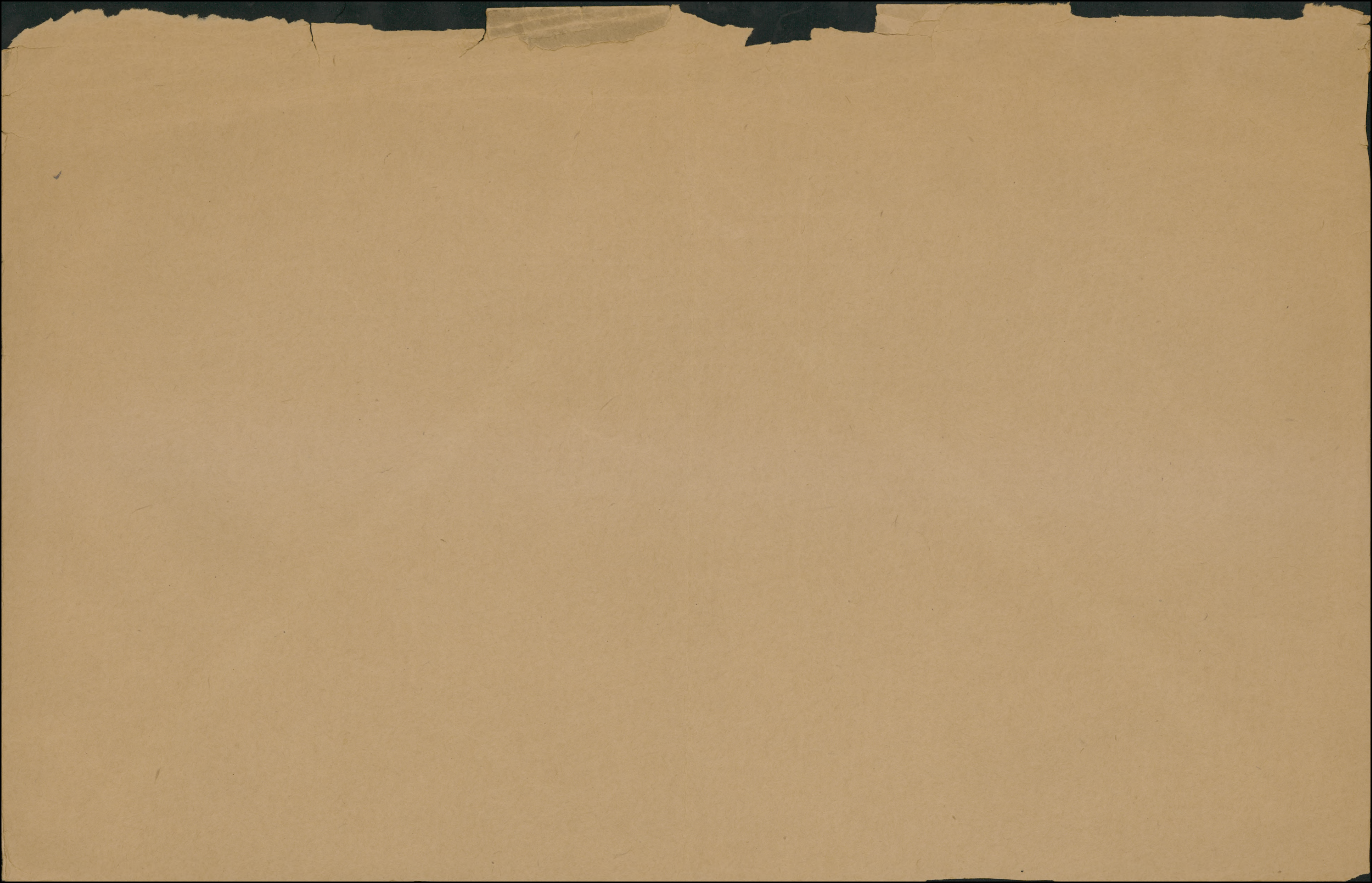
REGT. NO. *1048558* UNIT *242nd Bn* H.Q. FILE NO. *649-S-15575*

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)					DEATH
CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category
TRAINING HISTORY SHEET (M.F.W. 113)					
FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)	<i>For full particulars see documents #1048558 Pte William Scott.</i>				
REGT. CONDUCT SHEET (M.B.W. 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)				00843	DISCHARGE
DENTAL HISTORY SHEET (M.F.B. 465)					Category
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)					DESERTION
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)					



*M O D*

*Documents*



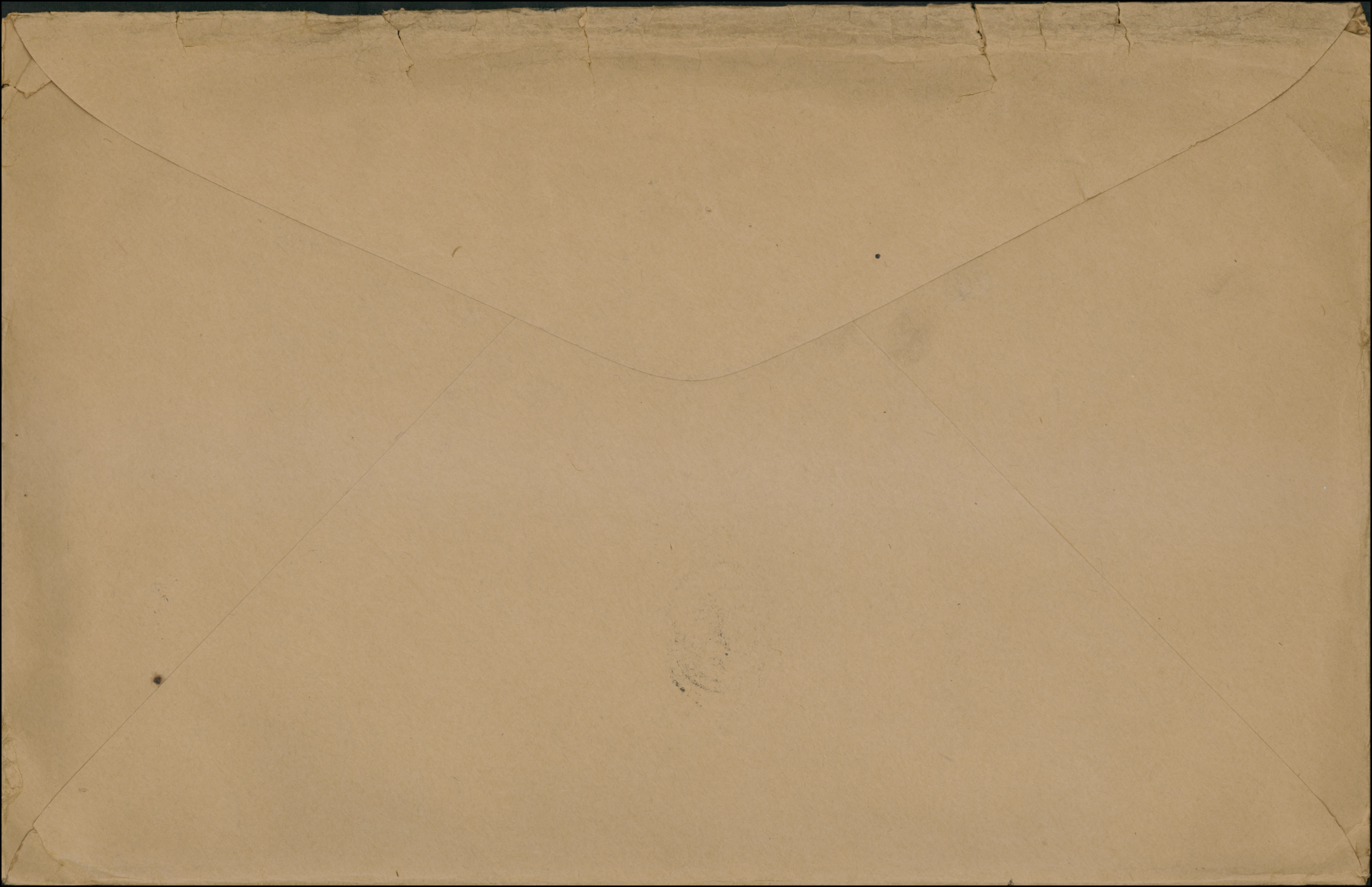
REGIMENTAL DOCUMENTS

NAME *SCOTT W.M.*

Pte. REGT. NO. *1048558* UNIT *242* 2nd Bn. H. Q. FILE NO.

CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
3 ATTESTATION PAPER (M.F.W. 23, 133, or 51)					DEATH
1 CASUALTY FORM (M.F.W. 54 or A.F.B. 103)		<i>See docs under 1048558 Pte &amp; Mr. Scott</i>			Category
1 TRAINING HISTORY SHEET (M.F.W. 113)					
1 FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)		<b>M</b>			
1 REGT. CONDUCT SHEET (M.B.W. 263 or A.F.B. 120)					
1 COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					
2 MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
DENTAL HISTORY SHEET (M.F.B. 465)					Category
MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					<i>Permanently Unfit</i>
MEDICAL EXAMINATION (M.F.W. 129)					
1 TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)					
PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)					
DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)					DESERTION
LAST PAY CERTIFICATE (M.F.W. 44)					
1 PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					
PARTICULARS OF CHARACTER (A.F.W. 3226)					
COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
1 <i>change of add.</i>				<i>09753</i>	<i>1</i>
1 <i>index card</i>					
1 <i>R 149</i>					<i>27-27</i>
1 <i>pay card</i>					<i>14-27</i>
1 <i>cas. card</i>					<i>1 27</i>
1 <i>W.S. B</i>					
1 <i>a 711237</i>					
1 <i>Form of will</i>					
1 <i>R-122</i>					





B

Number *1048558* Rank *Plt*

~~1048558~~

Surname *SCOTT*

Christian Name *William*

V

p

Units *C.F.C.* Theatre of War *France*

Date of Service *2-1-17*

Remarks *D 6 3/21*

Latest Address *410 Guy St.*

*Montreal*

Roll No

*B Page 9524 P2*





Correct Name: *Alva Daggart W.*  
*auth Liff 607d/15-8-21*  
NAME *Scott.* REG'T'L No. *1048558*  
H. Q. FILE No. *649*

RANK AND CORRS

*Pte. Can. Forestry Companies*

FOLLOWS  
No.

CABLE

NO.

DATE

NATURE OF CASUALTY

FOLLOWS

*1344*

*26-7-17*

*Sailed from Liverpool for Canada as  
per Adv. Ship "Leticia" on July 21st. 1917  
(Nephritis.)*

LIST NO.	HOSPITAL	DATE OF ADMISSION	REMARKS
a. 67. #12.	Gen. Rouen.	11-5-17.	Myalgia.
B. 31.	Footing Mil. Church Lane Footing S. W. Ex " " " " " "	21-5-17.	Debility. S.L.
B 32	Can Couv. Bromley Kent	26.5.17	Debility
B. 62.	" " " "	21-7-17.	" (Disc.)

No. 104855 RANK *Pte*

NAME *Scott 95*

T. O. S. 18-9-16

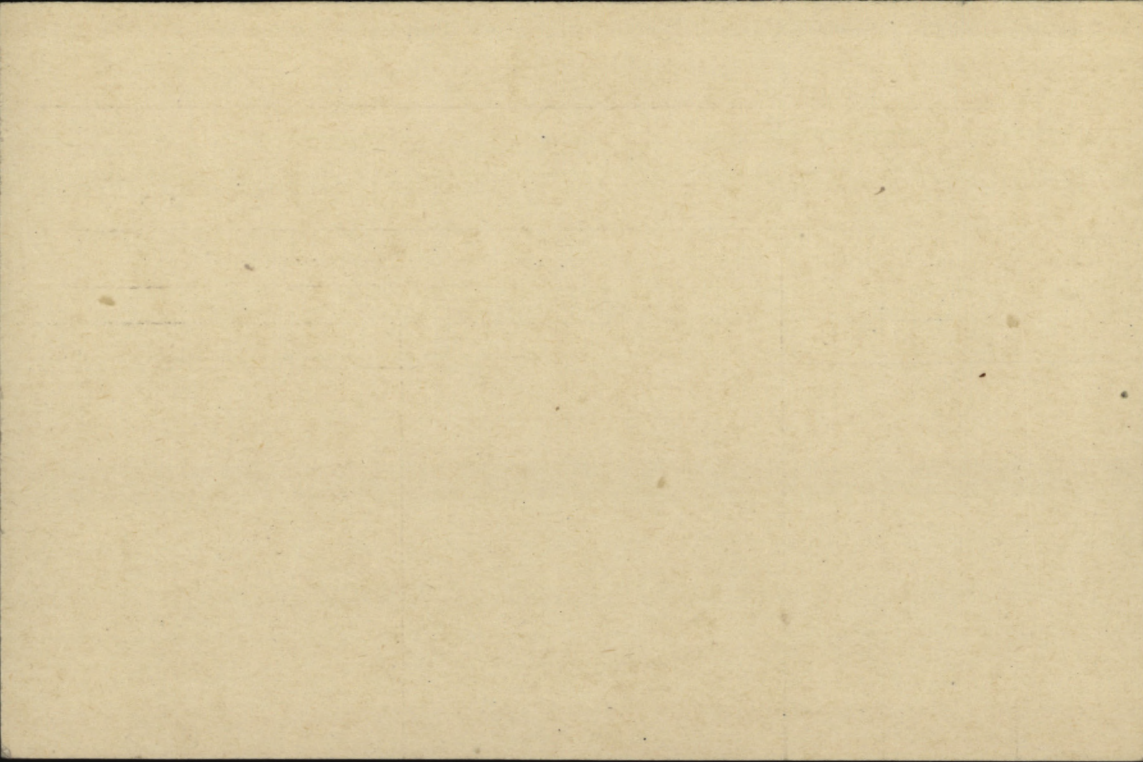
UNIT *242nd Battalion P & F*

*1744 19-9-16*

M. D. *4*

			PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
PAID FROM	PAID TO	SIG. OR REC'T	PARTICULARS	AUTHORITY
<i>1916 Sept 18</i>	<i>1916 Sept 30</i>	<i>N</i>		
	<i>Oct</i>	<i>L</i>		
	<i>Nov</i>	<i>L</i>		

UNIT SAILED  
NOV 23 1918







SURNAME

66 S. BR. *Scott*649-5-15575  
*align W. Haggart*

CHRISTIAN NAMES

*William*  
auth List 607 A 15-8-21*SOS-DW-31-8-17**5.*

REGL. NO.

*1048558*

RANK

*Pte.*

UNIT

*242<sup>nd</sup>**Bn*

FORMER CORPS

*nil*

## NEXT OF KIN.

## CHANGE OF ADDRESS

NAMES IN FULL

*M<sup>r</sup> Intyre Duncan*

RELATIONSHIP TO SOLDIER

*Brother-in-law*

ADDRESS

*Mill St, Perth, Scot.**56 George St.**auth Ld 7-3-21*

COUNTRY OF BIRTH

*Scotland Abernethy*

DATE

*Jan. 22<sup>nd</sup> 1872.*

PLACE OF ATTESTATION

*Montreal, P. Q.*

DATE

*Sept. 18<sup>th</sup> 1916.**R/B. 2/8/17. 5.*

from Halifax per S.S. "Mauretania" 23/11/16

Returning to Canada per S.S. "Setitia" 21/7/21. Auth. T. 344.

MARRIED

SINGLE

Yes

WIDOWER

TRADE OR CALLING

Mason

RELIGION

Presbyterian

DESCRIPTION.

APPARENT AGE

44

YEARS

7

MONTHS

HEIGHT

5

FEET

10 1/2

INCHES

CHEST MEASUREMENT

37 1/2

INCHES

EXPANSION

INCHES

COMPLEXION

Dark

EYES

Hazel

HAIR

Grey<sup>4</sup>

DISTINGUISHING MARKS

Not Stated

MEDICAL EXAMINATION.

PLACE

Montreal, P. Q.

DATE

Sept 18<sup>th</sup> 1916.

Present Address - Not Stated



Surname  
Scott.

Christian Name or Names  
W.

Reg. No.  
1048558.

Rank Unit Co. Troop Batty.

Pte. Forr Co.  
Hospital

Date of Admission

12. Gen. Rouen.

11-5-17.

Transferred *Loosing Mil*

Hosp. 21.5.17

*Canlaw. Brodley.*

Hosp. 26.5.17

Hosp.

Hosp.

Diagnosis

*Myalgia. of*

(1) Later Diagnosis (if changed)

*Debility*

*A.D. cad.*

(2)

(3)

Additional Diagnosis: if more than one state present

A.M.D. 2 DEPT.

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

DISPOSITION

Date

REMARKS

C.L. 17-5-17. A.67.

*26.5.17 B31*

To Canada per H.S. "LETITIA"  
from Liverpool 21-7-17.

*2-6.17 B32*

*28-7-17 B63 Dis. 21-7-17*

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.

2.

3.

4.

5.

6.

7.

410 9<sup>th</sup> St Montreal  
FORM OF WILL.

I, William Scott (Name in full)  
Regimental Number 104P. 558 serving in 242<sup>nd</sup> Battalion  
of the Canadian Expeditionary Force, do hereby revoke all former Wills by me  
made and declare this to be my last Will.

I bequeath all my real estate unto

Buncan W. Intyre Name and Address  
16 Mill Street of person or  
Perth Scotland persons to whom  
it is to go.

absolutely, and my personal estate I bequeath to

Buncan W. Intyre Name and Address  
16 Mill Street of person or  
Perth Scotland persons to receive  
personal estate\*  
(See note).

**IMPORTANT  
NOTE**

This must be Signed  
and Dated by  
THE SOLDIER  
HIMSELF.

this ~~14~~ 4<sup>th</sup> day of October A. D. 1916

William Scott Signature of Soldier.

\*N.B.—Personal estate includes pay, effects, money in bank, insurance policy, in fact everything  
except real estate.

Signed and acknowledged by the Testator as and for his last Will in the presence  
of us both present at the same time, who in his presence, at his request, and in  
the presence of each other have hereunto subscribed our names as Witnesses.

Signature of First Witness James Thomas Sheridan  
Address of Witness 2800 Sophia Street Vancouver B.C.  
Occupation of Witness Conductor 2nd BN  
Signature of Second Witness Charles Herbert Alley  
Address of Witness Sandwich P.O. B.C.  
Occupation of Witness Blacksmith 2nd BN

**THE TWO  
WITNESSES  
MUST  
SIGN HERE**

FORM OF WILL

I, \_\_\_\_\_ of the County of \_\_\_\_\_ State of \_\_\_\_\_ do hereby certify that the foregoing is a true and correct copy of the original of the will of \_\_\_\_\_ deceased, as the same appears from the records of the \_\_\_\_\_ Court of said County, and that the same is a true and correct copy of the original of the will of \_\_\_\_\_ deceased, as the same appears from the records of the \_\_\_\_\_ Court of said County, and that the same is a true and correct copy of the original of the will of \_\_\_\_\_ deceased, as the same appears from the records of the \_\_\_\_\_ Court of said County.

Witness my hand and seal of office this \_\_\_\_\_ day of \_\_\_\_\_ 19\_\_\_\_.

Notary Public for the State of \_\_\_\_\_

NOTE: This form is subject to the provisions of the will and the laws of the State of \_\_\_\_\_.

It is the duty of the testator to make a will, and it is the duty of the executor to see that the will is carried out.

The will of \_\_\_\_\_ deceased, as the same appears from the records of the \_\_\_\_\_ Court of said County, and that the same is a true and correct copy of the original of the will of \_\_\_\_\_ deceased, as the same appears from the records of the \_\_\_\_\_ Court of said County.

It is the duty of the testator to make a will, and it is the duty of the executor to see that the will is carried out.

The will of \_\_\_\_\_ deceased, as the same appears from the records of the \_\_\_\_\_ Court of said County, and that the same is a true and correct copy of the original of the will of \_\_\_\_\_ deceased, as the same appears from the records of the \_\_\_\_\_ Court of said County.

It is the duty of the testator to make a will, and it is the duty of the executor to see that the will is carried out.

PARTICULARS OF FAMILY OF AN OFFICER OR MAN ENLISTED IN C. E. F.

INSTRUCTIONS.

- (a) This form is only required for men joining units for Overseas Service and must be completed immediately the man is warned for draft overseas.
- (b) Care must be taken to see that a man is allotted his correct Regimental Number. No numbers must be duplicated and once it has been allotted to a man, even if he is subsequently discharged, the same number must never be allotted to another man.
- (c) All questions, etc., must be answered.
- (d) One copy of the form is to be forwarded by Officer Commanding unit for each Officer and man to Officer Commanding Division or District at least seven days before man leaves his station to proceed overseas, for transmission to Accountant and Paymaster General, Ottawa.
- (e) Duplicate copy is to be forwarded direct to Officer in charge of Records, C.E.F. London, immediately after arrival in England.

(1) Name of Overseas Unit which Soldier joins..... **242 Poesters Battalio, C.E.F.**

(2) Regimental Number ..... **108558**

(3) Full Name of Soldier..... **Scott William**

(4) Place of Birth..... **Abernethy, Scotland**

(5) Are you married, or not? ..... **No**

(6) If married, state,  
(a) Full name of your wife.....

(b) Present Postal Address.....

(7) Are you a widower? .....

(8) Have you any children? .....

If so, give number of boys and girls.....

Also their names and ages.....

(9) Is your Father alive?..... *No* .....

If so, state name and address .....

(10) Is your Mother alive?..... *No* .....

If so, state name and address.....

(11) If your Mother is a widow.....

Are you her sole support, or not?.....

(12) If sole support of widowed mother, state what amount you have given her per month prior to your enlistment, also reason she has no other support than yourself.

(13) If you have no wife, father, mother or children, state the name and relationship with full postal address of your next of kin, to whom you would desire any communication to be sent concerning you.

..... *Duncan McIntyre* ..... *(Brother in Law)* .....

..... *Mill Street, Perth Scotland* .....

(14) If you have a wife, or children, or a widowed mother who depends on you as her sole support, have you applied to the Paymaster of your unit for Separation Allowance? If not, this must be done.

15) Are you insured?..... *No* .....

If so, in what Company?.....

Have you made arrangements for payment of your Insurance premium.....

If not, and it is a monthly premium, you can assign the amount in addition to any other assignment you wish to make.

*Bonnally Major*  
.....  
Officer Commanding.

Date..... *18th Sept. 1916* .....

20 Jones

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.

alias Taggart & auth List 6072 158 21

Unit, Regiment or Corps. 242nd BATTALION C. E. F.

Regimental No. 1048558 Rank Pte Name Scott William

Enlisted (a) 18/9/16 Terms of Service (a) 2 of 4 Service reckons from (a) 18/9/16

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) Mason

CERTIFIED CORRECT. CAN. RECORDS LONDON. JAN. 1917

Report From whom received	Date	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
			Halifax Army	Mauritania	23-11-16
			Liverpool	30-11-16	
	1.2.17	242nd Proceeded for service ops.	Whitley	1.1.17	Part 2 Order 1 Fred Morse Adjutant 242nd. Battalion C. E. F.
			Disembarked Havre	2.1.17	L.R. 4244
	4/2/17	oe attached to	19th Co.	31/1/17	B.213-PTW.5 of-231/17
	4.3.17	19th Co. Ceases to be attached to	19th Co.	4.3.17	B.212 Pt. 2 ord *9 13/3/17
	14.5.17	20 Coy. Evacuated Sick	50 12 Gen Hosp.	11.5.17	B213
	11.5.17	12 Gen Hos Humbago Ser adm	"	11.5.17	W3024
	19.5.17	12 Gen Hos s/s S. David Reliability. General weakness 70 England.	s/s S. David	19.5.17	W3083/24172 9/20. 1620. dl 5/6/17

(a) In the case of a man who has re-engaged for, or enlisted into Section D. Army Reserve, particulars of such re-engagement or enlistment will be entered.  
(b) e.g. Signaller, Shoeing Smith, etc., etc., also special qualifications in technical Corps duties. [P.T.O.]

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				

*M. L. Locksho*  
 Lieut. for Lt.-Col., A. A. G.  
 Canadian Section, G. H. Q. 3rd Echelon, B. E. F.

18-5-17 B260A  
 27-7-17 "

J.O.S  
 S.O.S on embarkation to  
 Canada for further  
 medical treatment

Sunningdale 21.5.17 O#25

" 21.7.17 O#78  
*J. D. Duruel*  
 LIEUT.  
 FOR LT: COL: MC RECORDS, C.O.M.F.

Dis. Def. F.O.S.  
 M.S. S. F.O.S.

Aug. 1917.

S.O.S. Med. Unit-

Quebec. 5-6-17 Auth.  
 do. 31-8-17 Pay list

*Chyler*

*J.D.*

*For S of R.*



CHS Rank Name SCOTT William *align W. Taggart*  
 Unit 242nd. Bn. If in perm. Corps, What Unit? } *auth List 07dis-8-21* Reg'l No. 1048558 ✓  
 Married or Single Single ✓  
 Place and Date of Enlistment Montreal. P.Q. Sept. 18th. 1916. ✓ Place of Birth Abernethy, Scotland. ✓  
 Name and Address, Next-of-Kin Duncan Mc Intyre ✓  
 16, Mill Street, Perth, Scotland. Relationship Brother-in-Law ✓

Assigned Pay Monthly \$ Payable to

Separation Allowance \$ Payable to

Relationship

N/E. R.B. No. *242*  
 File R.L.  
 Category *M.U. Can.*

Relationship

Discharge, Date and Place

Reason

*Ph.*

Character *Dr. Cao.*

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.				
			Arrived In England	30*11*16	S. S. Mauretania
1-1-17	242nd Bn	S.S. on proceed. to France	Witley	1-1-17	<i>OT II D.O. 1.</i>
31.1.17.	20, C.F.C.	DISEMBARKED.	FIELD	2.1.17	<i>Pt II, C. 1.</i>
23.2.17	" "	Attchd to 19th Coy C.F.C.	"	31-1-17	" " 5.
23.2.17.	19th Coy. C.F.C.	Attchd. from 20th Coy. C.F.C.	"	31.1.17	" " 7.
17.5.17	" "	Ad. No 12 Gen. Hosp.	Rouen	11.5.17	C. L. A 67 <i>Malgia</i>
26.5.17	" "	Go Footing M.H. Church Lane	Footing S.W.	21.5.17	" B 31 <i>stability slt.</i>
2.6.17	" "	Go Can. Conv. Hosp.	Bromley.	<del>26.5.17</del>	" B. 32. "
28.5.17	C.F.C. B.D.	Having been adm. to Hosp.	in England is T.O.S.	Sun Dale 21.5.17	" 25. <i>(20 Co. C.F.C. OT II 20/5.6.17)</i>

A.F.B. 103 CHECKED

WB. 9 - JAN 1917

*P.T.O.*

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.				
28-7-17	C7.C	bio. from C.C.N.	Bromley	21-7-17	CLB62 Debility
27-7-17	C.F.C.B.D.	P.O.S. on embarkation to CANADA for further medical treatment.	Summingdale	21-7-17	Pt 2 D.O. 78
	Dis Dept	Finally Discharged	Quebec	31-8-17	410 Guy St Montreal PQ NR No 320

# ORIGINAL ORIGINAL MEDICAL HISTORY SHEET

Surname Scott Christian Name William.

Examined { on 18th. day of Sept. 1916.  
at Montreal.

Approved by [Signature]  
Rank Capt M.O.

Birthplace { City or Town Abernethy, Scot.  
County \_\_\_\_\_

Apparent age 44yrs. 7mos.

Trade or occupation Mason.

Height 5 feet 10 1/2 inches

Weight 137 lbs.

Chest measurement { Minimum 33 1/2 inches  
Maximum expansion 37 1/2 inches

Physical development Good

Small-pox Marks None

Vaccination Marks { Arm Right Left  
Number 2

When Vaccinated last as child 31/10/16

(a) Marks indicating congenital peculiarities or previous disease \_\_\_\_\_

(b) Slight defects but not sufficient to cause rejection None

Enlisted on 18th day of September 1916 at Montreal P.Q.

	CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment	<u>242nd. BATTALION C. E. F.</u>	<u>1048558</u>		
Transferred to				

INVALIDATED TO CANADA FOR FURTHER MEDICAL TREATMENT  
HOSPITAL REPRESENTATIVE, CANADIAN CONVALESCENT HOSPITAL, BROMLEY

## EXAMINED OR DISCHARGED BY A MEDICAL BOARD

STATION	DATE	DISEASE	RESULT
<u>Bromley Can. Conv. Hospital</u>	<u>June 1/17</u>	<u>Arterio Sclerosis</u>	<u>Invalided to Canada</u>
<u>MONTREAL</u>	<u>2/10/16</u>		<u>[Signature]</u>
<u>LONDON AREA</u>	<u>6 JUN 1917</u>		<u>[Signature]</u>

CANADIAN

Capt., C. A. M. C.  
M. O. 242nd BTN.

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.

Surname *Scott,* Christian Name *William.*

STATION	Date of Arrival at the Station	DATES OF						DISEASE	Number of days in Hospital	Remarks on nature of the disease; how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer
		Admission into Hospital			Discharge from Hospital						
		Day	Month	Year	Day	Month	Year				
<i>Montreal</i>											
<i>Tooting Mil. Hosp.</i>		<i>20</i>	<i>5</i>	<i>17</i>	<i>26</i>	<i>5</i>	<i>17</i>	<i>308. Arterio- sclerosis</i>	<i>6</i>	<i>From France. Amputated Arterio-sclerosis Discharged London H.S. Army</i>	<i>W. H. Marshall</i>
<b>CANADIAN CONVALESCENT HOSPITAL, BROMLEY, KENT.</b>		<i>27</i>	<i>5</i>	<i>17</i>				<i>do</i>		<i>This man is over age - has lost 15 lbs in weight. As present - he is very feeble and unable to carry on. He has a marked arterio sclerosis, heart - is rapid and slightly enlarged. Tremor of hands</i>	<i>On this man - Carr</i>
<i>North Street</i>		<i>21</i>	<i>7</i>	<i>17</i>	<i>1</i>	<i>8</i>	<i>17</i>	<i>- do -</i>		<i>Condition same as on admission</i>	<i>S. R. Johnson Capt. R.M.C.</i>

EXTRACTS FROM ACTIVE SERVICE PAY-BOOK.

Date of Payment.	No. of Acc. Roll.	A M O U N T.						Place of Payment.	Name of Paymaster.	Remarks.
		Francs	P	S	\$	¢				
<del>Apr 23</del>	<del>129</del>	<del>20</del>			<del>3</del>	<del>49</del>	<del>Field</del>	<del>J. C. Harper</del>	<del>chgd Sept</del>	
<del>May 7</del>	<del>222</del>	<del>20</del>			<del>3</del>	<del>49</del>	<del>✓</del>	<del>✓</del>		
					<del>6</del>	<del>45</del>	<del>698</del>			



POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

5379/108

Name **Scott, William**  
Surname Christian Name

016409-W-2

Regimental Number **1048558** Rank **Pte.**

Address (in full) **Soldiers Aid Comm.**

Unit **242nd For. Bn.**

**116 College St.**

Original Unit

**Toronto, Ont.**

District where paid **Ottawa**

Date of Discharge **31-8-17**

P. D. P. Filing Number **19829**

Rates:—Regimental pay \$ **1.00** per diem; Field Allowance \$ **.10** per diem. Separation Allowance \$ \_\_\_\_\_ per month.

L. L. 22573—M. & D. 8008.

Total Credits 91 days	FIRST PAYMENT			SECOND PAYMENT			FINAL PAYMENT			Balance Over-payments 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		
	100 10 6460	22/12/17	33 00	6197	23/1/18	33 00	5988	28/2/18	34 10		100 10
	<del>1st 95778</del>	<del>17/2/19</del>	<del>70 00</del>								
	785A 2nd 22966	3/3/19	39 90								

M. F. W. 127.  
50M-6 17.  
1772 39-1140.

Remarks:

25. Augusta Ave.  
Toronto.

Dec'n No 5379/108 W. S. G. File No 016409-W-202

Award . . . . days at \$ 70<sup>00</sup> per day \$ 210<sup>00</sup> <sup>Mon</sup>

S. A. . . . . months at \$ . . . . per mo. \$ . . . . \$

Less P, D. P. Credited \$100<sup>10</sup>

\$

Less further debit balance \$ . . . . .

Net due paid as below 109<sup>90</sup>

TO SOLDIER (OD) PEN						
Q	Ag. No	Ch No	A. ou	Ch No	Ch No	Amount
17/2/19	1	376	5718	70 <sup>00</sup>	✓	
3/2/19	2	785A	22966	39 <sup>90</sup>	✓	

GEN'L AUDITOR  
Posting checked by  
*[Signature]*  
10/15

JW



Name Scott Wm Pte

M. F. W. 741  
1 OM 7-16-1863  
1772-39 889.

Regimental No. 1048558

Name and address of next-of-kin 410 Guy St. Montreal P.Q.

Unit 242<sup>nd</sup> Bu.

Date of enlistment

Place of spa "nil"

*ly*

*Civilian clothing issued*  
Date and place discharged

Married (yes or no) No

Amount of pay assigned monthly \$ "nil"

Reason for discharge Mde unfit Dischgd 31/7<sup>8</sup>

To whom payable  
Mrs. Letitia 28-17

Character on discharge  
Class I H.Q. 649 S. 15575

5351-M. & D. 6880.

Date		PAY		Field Allowance		Other Credits	Total Credits	Voucher		Cash Payments	Assigned Pay	Other Charges	Total Debits	Remarks, Casualties, etc.	
From	To	No. of Days	Rate	Amount	No. of Days			Rate	Amount						No.
	8 <sup>6</sup> / <sub>17</sub>														
7 <sup>6</sup> / <sub>17</sub>	31 <sup>8</sup> / <sub>17</sub>	85	100	8500	85	10	850	18067				300	28017	28317	Eng L.P. Canteen charges S.P. Quebec
21 <sup>18</sup> / <sub>18</sub>				Eng Sup L.P. b. Int on Def Pay to 30 <sup>4</sup> / <sub>7</sub>				- 93	- 93	Eng Sup L.P. b. 21 <sup>18</sup> / <sub>18</sub>		- 08			Understand change on at 123 - 11-4-18 93 <i>Balance</i> 93 - 93 Sup L.P. b. P.S. 11-4-18

*P.P.P.  
13/9  
Wheat*

*E.A.P. Nil*







**A**

This space to be left blank for the Chelsea Number.

H M H S. H 1.

Army Form B. 268.

AUG 2 1917

Proceedings on Discharge.



*Deceased 6-3-21 S.C.A.*

(When forwarded for confirmation the documents named on page 4 should be enclosed.)

No. 1048558

Army Rank

Private

Name SCOTT, W

(The name must agree strictly with that on enlistment, unless changed subsequently by authority.)

*(alias) Correct name Daggart & auth 607d/138/21*

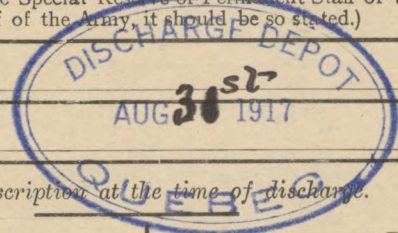
Corps Canadian Forestry Corps

Battalion, Battery, Company, Depot, &c.

*242nd Batt*

(If attached to the Regular Establishment of the Special Reserve or Permanent Staff of the Territorial Force, &c., or to General Staff of the Army, it should be so stated.)

Date of discharge



Place of discharge Canada

1.

Description at the time of discharge.

Age 57 years 7 months

Height 5 feet 10 inches

Chest measurement { girth when fully expanded 37 1/2 ins. range of expansion 4 ins.

Complexion Ruddy

Eyes Hazel

Hair Gray

Trade Mason

Descriptive marks.

*2 vac. left arm. Marked as Sclerotic*

Intended place of residence (To be given as fully as practicable)

*410 Guy St. Montreal*

(The measurements and description should be carefully taken on the day the man leaves his unit, but in the case of men sent home from abroad for discharge, the age and intended place of residence should be left blank to be filled in by the Officer who confirms the discharge at home.)

2. The above-named man is discharged in consequence of being no longer physically fit for war service, Para. 392, Sec. 16. K.R. & O. 1912.

(The cause of discharge must be worded as prescribed in the King's Regulations and be identical with that on the discharge certificate. If discharged by superior authority, the No. and date of the letter to be quoted.)

3. Military character:—

*Good*

*Haber... CAPT. & ADJUTANT GEN. C. Discharge Depot Quebec*

4. Character awarded in accordance with King's Regulations:—

To be filled in on the soldier's quitting the Colours.

Certified that the above is an accurate copy of the character given by me on Army Form B. 2067\* and that Army Form D. 489 was awarded in this case.

Initials of Commanding Officer.

Army Form B. 2088 has been issued to\*

*USC Camp 28-1-19*

*Yeb Disc. Section 22-8-17*

5. He is in possession of the following number of G.C. badges (if the man is a N.C.O. and enlisted prior to 1st July, 1881, the number he would have been entitled to had he not been promoted should be stated).

Is it probable that he will be entitled to another good conduct badge before the confirmation of these proceedings?

Classification for service, or proficiency pay... .. Class \_\_\_\_\_

6. Campaigns, Medals and Decorations

\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

Certificate of education .....

7. His accounts are correctly balanced, and I have impartially inquired into all matters brought before me in accordance with Regulations.

(Place) \_\_\_\_\_

(Date) \_\_\_\_\_

Signature of Hospital Representative: H. ...
HOSPITAL REPRESENTATIVE
CANADIAN CONVALESCENT HOSPITAL, BROMLEY

8. Certificate to be signed by the soldier on discharge.

I hereby acknowledge that I have received all my pay and allowances (including clothing allowance), and all just demands up to the present date, subject to the reservations of the claims noted on the 3rd page.

(Place) \_\_\_\_\_

(Date) \_\_\_\_\_

Signature of Soldier: W. Devitt
Signature of Witness: J. ...

(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 at 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 towards engagement to \_\_\_\_\_ (the date to which the record of service is completed) \_\_\_\_\_ years \_\_\_\_\_ days.

Further service " " \_\_\_\_\_ (the date of confirmation of discharge) ... .. " " \_\_\_\_\_

Total ... .. " " \_\_\_\_\_

11. Confirmation of discharge.

The discharge of the above named man is hereby confirmed for AUG 31 1917 (date)

(Place) \_\_\_\_\_

(Date) \_\_\_\_\_

Signature: Goumarion
Lt. Col. Comd'g. Discharge Depot Quebec.

Commanding officers (or the Paymaster if at Netley) will issue to every discharged soldier whose claim to pension, either on account of service or disability, is to be brought under the consideration of the Chelsea Board, a memorandum for his guidance on Army Form D. 401, and will at the same time transmit to the Secretary, Royal Hospital Chelsea, a descriptive return of the man on Army Form D. 400.

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.)

None

W. A. Scott

ore me

*[Handwritten signature]*

iment.

*[Handwritten signature]*

and all

Soldier.)

itness.)

nature, a

Soldier.)

days.

"

"

..... Lt. Col.  
of Quebec.

claim to  
Board,  
cretary,

LIST OF DISCHARGE DOCUMENTS.

1. Proceedings on discharge. (Army Form B. 268.)
2. Proceedings on transfer to reserve (if any). (Army Form B. 2056.)
3. Duplicate attestation.
4. Army Form B. 97 (if any).
5. Declaration of change of name (if any).
6. Re-engagement paper (if any). Army Form B. 136.
7. Authority for continuance, or extension, of service (if any). Army Form B. 221.)
8. Court of Inquiry on an injury (if any) (Army Form A 2.)
9. Regimental conduct sheet. (Army Form B. 120).
10. Company conduct sheet. (Army Form B. 121.)
11. Copies of convictions by Civil Power (if any).
12. Medical history sheet. (Army Form B. 178).
13. Medical report on invalid (if any). (Army Form B. 179).
14. Copy of receipt for purchase money (if any).
15. Attestation of fraudulently enlisted man for corps in which he has not been held to serve (if any).
16. Detailed statement of former service allowed to reckon towards pension (if any).
17. Copy of 3rd page attestation (in the case of men from abroad entitled to deferred pay who go to Netley or the discharge depot for discharge).
18. Descriptive return (Army Form D. 400), where required. See section 11 on second page.
19. Active service casualty form. (Army Form B. 103).
20. Employment sheet. (Army Form B. 2066).

In the case of recruits who are rejected before, or on, final approval, the discharge documents will consist of—

1. Duplicate attestation. (On third page the date and cause of discharge will be entered and signed by the competent military authority).
2. Medical history sheet (if any). (Army Form B. 178).

Instructions as to the preparation, dispatch, and custody, of discharge documents.

1. When a soldier is to be discharged, the documents retained with the duplicate attestation will be placed inside this form. Should any of the documents be missing, an explanation of the deficiency, signed by the commanding officer, must be substituted for the missing document. The officer in charge of records will then extract from the original attestation, any documents required to complete the list of discharge documents enumerated in the margin, which will then be placed in this form in the sequence given.

2. When men are discharged from the colours at home as medically unfit, or with claims to pension, Army Form B. 268 will be sent confirmed, together with the duplicate attestation and documents retained therein to the officer in charge of records 10 days in advance of the date for discharge in the case of invalids, and 14 days in other cases. This officer will then extract from the original attestation any documents required to complete the list of discharge documents enumerated in the margin, place them in this form, and after carefully checking the duplicate attestation with the original forward the whole to the Secretary, Royal Hospital, Chelsea. When such men are discharged abroad, the same procedure will be adopted as above, with the exception that the discharge documents will be sent to the officer in charge of records immediately after discharge takes place (except in the case of men who are granted gratuities on discharge from local battalions or companies, Royal Artillery).

3. When soldiers are sent home from abroad for discharge, the documents retained with the duplicate attestation will be placed inside this form and sent home with the men for transmission to the officer who carries out the discharge, together with the following additional forms:—

- (a) Discharge certificate (Army Form B. 2079 or Army Form B. 264).
- (b) Character Certificate (Army Form B. 2067) if entitled.
- (c) Copy company conduct sheet (Army Form B. 121) when required under King's Regulations.

The duplicate attestation and documents retained therein will be sent to the officer in charge of records, who will extract from the original attestation any documents required to complete the list of discharge documents enumerated in the margin and place them in this form.

4. The discharge documents of re-enlisted pensioners, on re-discharge, will be sent to the officer in charge of records, who will extract from the original attestation any documents required to complete the list of discharge documents enumerated in the margin, place them inside this form, and forward the whole to the Secretary, Royal Hospital, Chelsea, irrespective of the cause of discharge.

5. The original and duplicate attestations of recruits who are rejected before, or on, final approval will be retained by the approving officer for one year, when they will be destroyed.

6. In all other cases the discharge documents will be sent, directly the discharge is carried out, to the officer in charge of records of the unit concerned.

7. Postage need not be paid, and receipts are not required, in the case of documents sent to Chelsea or to the War Office,

8. When the discharge documents of men not entitled to pension are sent to the officer who will have final charge of them, they are to be accompanied by Army Form B. 279, and that officer will, if they are found to be correct, sign and return Army Form B. 279. Should any document be missing, he must at once apply for it.

9. The officers having final charge of the discharge documents will arrange them according to regimental numbers, and enter the names in the alphabetical index, Army Book No. 129.

This sp  
for th

Dea

(Who

No.

Name

Corps

Battal  
(If att

Date

Place

1.

Age

Heig

Chest  
meas  
ment

Com

Eyes

Hair

Trac

Intenc  
re

(To be  
as p  
(T  
home f  
confir

2

(T  
certific

To be filled in on the soldier's quitting the Colours.

Army



MEDICAL CASE SHEET.\*

NOTE

E  
E

No. in  
Admission  
and  
Discharge  
Book

Regimental No.

Rank.

Surname.

Christian Name.

1048558

Pte

Scott.

William

Year

17

Unit.

Canadian Foresters

Age.

57

Service.

9  
12

20 MAY 1917  
Station  
and Date.

Disease (N.Y.D.) Arterio-sclerosis - 308

Went to France Jan 1. 1917 - was well & doing lumber work  
in Forest for a month - then back gave out - & pain attacked  
him in sides & legs. He had dyspnoea when "axeing" & general  
weakness - Sent to 12 Gen. Hosp. J. J. Palmer  
Commander on adm<sup>n</sup>  
Patient has thickened arteries as shown in radial & temporal



Heart & Lungs - No Murmurs - accentuated aortic closure but not  
very marked - Lungs - Shallow breathing - dull<sup>o</sup> percussion  
note R.L. chest - V. + T. from O<sub>2</sub> No cough nor expect<sup>n</sup> L<sup>o</sup>

22.5.17

No physical signs of aortic dis: but general weakness - R.H. Kicini  
3; h.g. Labial Distention - R. wrist: Cicca: Sapsa: 3; his dis s.  
begin tomorrow I.P

23.5.17

Lang out in front of V.D.

25.5.17

Lang out on Pass V.D.

Discharged Canadian P. Bromley

26.5.17 57142

CANADIAN CONVALESCENT HOSPITAL  
BROMLEY, KENT.

21/7/17

Invalided to Canada

B. Lyon Lieut TAIN O.A.M.C.  
CANADIAN CONVALESCENT HOSPITAL

\*The first and last entries will be signed, and transfers from one Medical Officer to another, attested by their signatures.

Station  
and Date.