

27  
ATTESTATION PAPER.

No. 922 ✓

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

1. What is your name?.....
2. In what Town, Township or Parish, and in what Country were you born?.....
3. What is the name of your next-of-kin?.....
4. What is the address of your next-of-kin?.....
5. What is the date of your Birth?.....
6. What is your Trade or Calling?.....
7. Are you married?.....
8. Are you willing to be vaccinated or re-vaccinated?.....
9. Do you now belong to the Active Militia?.....
10. Have you ever served in any Military Force?..  
If so, state particulars of former Service.
11. Do you understand the nature and terms of your engagement?.....
12. Are you willing to be attested to serve in the CANADIAN OVER-SEAS EXPEDITIONARY FORCE?.....

8th BATTALION

John Scott  
 Derry Ireland  
 Mr W Scott Father  
 Bellisroeley, Inverness County Derry Ireland  
 Oct 19<sup>th</sup> 1890  
 Farmer  
 Single  
 No  
 Yes  
 No  
 Yes  
 Yes  
 John Scott (Signature of Man).  
 Sub. Capt. J. Farrell (Signature of Witness).

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, John Scott, do solemnly declare that the above answers made by me to the above questions 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.

Date Sep 21 1914. John Scott (Signature of Recruit)  
Sub. Capt. J. Farrell (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, John 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.

Date Sep 21 1914. John Scott (Signature of Recruit)  
Sub. Capt. J. Farrell (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..... this..... day of..... 1914.

..... (Signature of Justice)

I certify that the above is a true copy of the Attestation of the above-named Recruit.

ORRUM (Approving Officer)

John Scott

Description of John Scott on Enlistment.

Apparent Age 23 years 11 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. 4 1/2 ins.

Scar on left knee  
Scar on left But  
203

Chest measurement { Girth when fully expanded 36 ins.  
Range of expansion 3 ins.

Complexion Fair

Eyes Hazel

Hair Brown

- Religious denominations. { Church of England X
- Presbyterian
- Wesleyan
- Baptist or Congregationalist
- Other Protestants (Denomination to be stated.)
- Roman Catholic
- Jewish

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 Sept 8 1914.

Place Valcartier

D. F. McLaughlin  
Cap C.M.S. 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.

John 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.

Robert C. (Signature of Officer)

Date Apr-22 1914.

D.V.A. 26 H. O.

DEPARTMENT OF VETERANS AFFAIRS  
CANADA

O. H. M. S.

SCOTT, JOHN 922

WW 1

CANADIAN FORCES  
RECORDS CENTRE  
PERS JACKET  
ROOM 482443



No. 922

RANK *private*

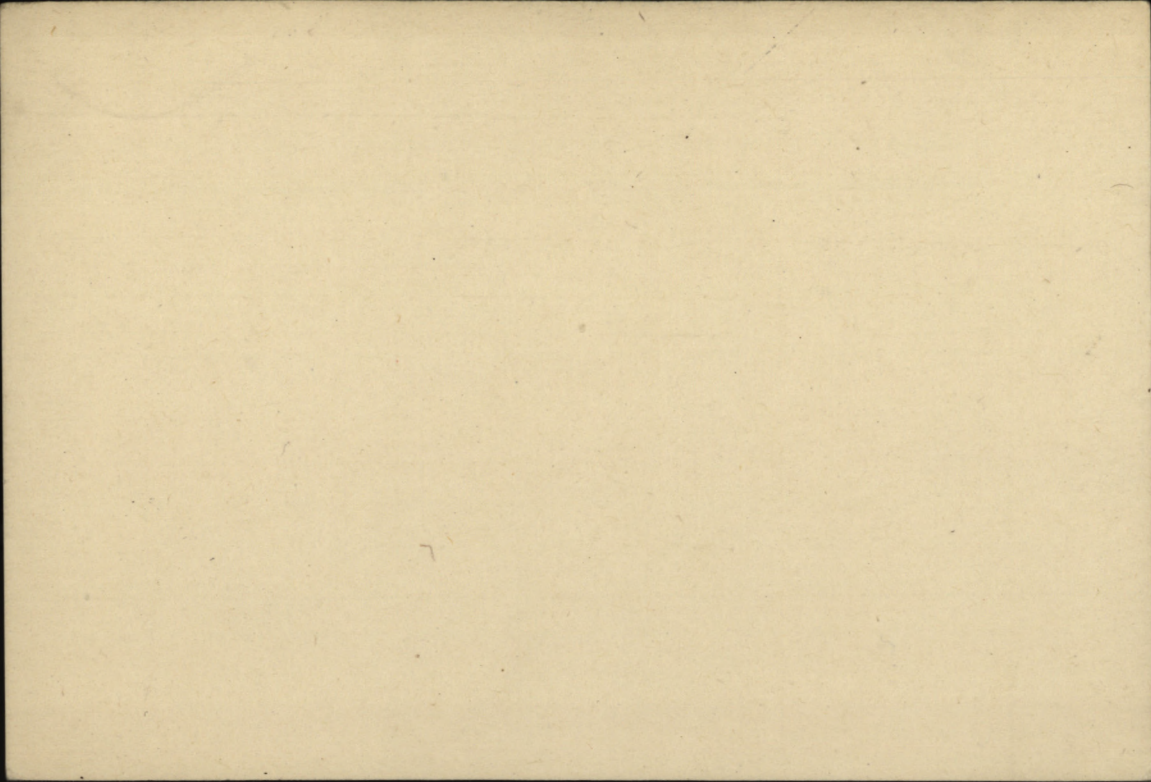
NAME *Scott John*

T. O. S.

UNIT *90th Regt (Winnipeg Rifles)*

M. D. 10

PAID		SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
FROM	TO		PARTICULARS	AUTHORITY
1914	1914			
<i>Aug 12<sup>th</sup></i>	<i>Aug 21<sup>st</sup></i>	<i>✓</i>	<i>on the pay list.</i>	
<i>Aug 22<sup>nd</sup></i>	<i>Aug 27<sup>th</sup></i>	<i>✓</i>		
<i>Aug 28</i>	<i>Sept 21</i>	<i>✓</i>		
<i>Sept 22</i>	<i>Oct. 31</i>	<i>✓</i>		
<b>UNIT SAILED</b> <b>OCT 3 1914</b>				



No. 922.

RANK Pte. (8 Bn.)

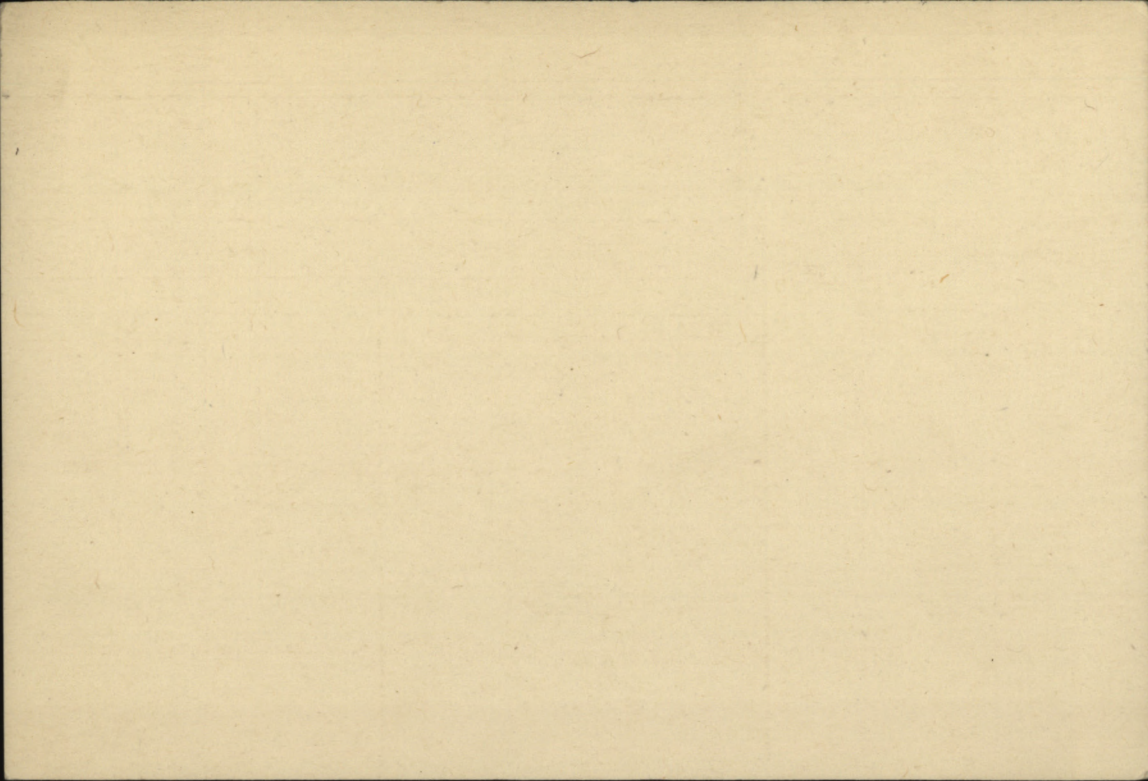
NAME Scott J.

T. O. S.

UNIT Discharge Depot (Quebec.)

M. D. 5.

PAID		SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
FROM	TO		PARTICULARS	AUTHORITY
1915. Nov.	1915. Nov.	✓	No dates stated.	





Name Scott, J.

Rank Pte.

Reg. No. 922.

Unit 8th. Battn.

Next of Kin W. Scott,  
Ballygervoley, Monegmore, Co.Derry, Ireland.

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
15-7-15.	No.2 Canadian Genl.Hospital)	Le Treport	Flat Feet	113		
17-7-15.	do. do. Dis.	"B" Havre.	do.	116		
28-7-15.	3 Gen.Base D.	Taken on strength		123		
7-8-15.	3.Gen Base Depot.	Perm unfit.Trans to England.		144		



NAME

Scott, John

H. Q. FILE No. 649-

REG'T'L. No.

922 ✓

RANK AND CORPS

Pte. 8th Battalion.

NO. 416X

CABLE

NO.

DATE

NATURE OF CASUALTY

FOLL. +

C2232 13/6/15 Wounded.

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
50	Rep. Base by Telegram.	6-5-15.	Wounded.
81.		4-6-15	Wounded.
113(2)	No. 2 Can. Gen., Le Depot	15-7-15.	Flat Feet
116.	Dis. "B" Haver	<del>17-7-15</del>	Flat Feet.
123	O.C. No. 3 Gen. Base Depot	<del>17-7-15</del> <del>26-7-15</del>	Taken on strength (Flat feet.)
144.	Trans. to England. Perm. Infantry	7-8-15-	✓

Number. *922* ..... Rank. *Plt* .....

Surname *SCOTT* .....

Christian Names. *John* .....

Unit. *8<sup>th</sup> Bn. Canadian* Theatre of War. *France* .....

Dates of Service. ....

Remarks. ....

Latest Address. *41. Stargrave St.* .....

Roll No. *B* ..... *Winnipeg N. Can.* .....

*Page 829*

G. 2776 Desf.

MAR 3 - 1921

G. 35309 Desf.

JUL 15 1921

Surname  
*Scott*

Christian Name or Names

*John*

4690

Reg. No.

*922*

Rank

*Pte.*

Unit

*8th Batt*

Co.

Troop

Batty.

Hospital

*O. C. 3. Gen Base Depot Reports*

Date of Admission

*28. 7. 15*

Transferred

*2. C. Gen. Le. Report*

Hosp.

*15. 7. 15*

Hosp.

Hosp.

Hosp.

Diagnosis

*Flat Feet. wounded. 4. 6. 15*

(1)

Later Diagnosis (if changed)

(2)

(3)

Additional Diagnoses, if more than one state present

**E**

DISPOSITION

*Taken on Strength  
Dis to "B" Harve*

Date

*28. 7. 15*

*17. 7. 15*

*C.L. 14. 6. 15 # 81*

*C.L. 3. 8. 15 # 123*

REMARKS

*" 22. 7. 15 # 113*

*" 26. 7. 15 # 116*

*" 27. 8. 15 O.C. 3. Gen Base Depot Reports  
Trans to England. "Aum Unfit."*

*7. 8. 15*

A.M.D. 2 DEPT.

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

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.

2.

3.

4.

5.

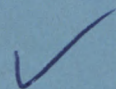
6.

7.



DEPARTMENT OF VETERANS AFFAIRS  
MINISTÈRE DES AFFAIRES DES ANCIENS COMBATTANTS

DEATH NOTIFICATION  
AVIS DE DÉCÈS



TO:  
À:

DATE 17/9/76

NAME Scott, John  
NOM

Service No. W.W.1  
Matricule No° 922-ARMY-

CPC No. 3301  
CCP No°

WVA No.  
AAC No°

Information Received from:  
Information reçue de:

Telex from CPC - WI dept.

Date of Death 20/8/76  
Date du Décès

Place NK  
Endroit

Distribution: WSR-DASG  
VI - ASS  
DO - BD  
HO - BC

Pour le chef,  
[Signature]  
le Chef, Central Registry Division  
Dépôt central des dossiers.

DEPARTMENT OF VETERANS AFFAIRS  
MINISTÈRE DES AFFAIRES DES ANCIENS COMBATTANTS  
DEATH NOTIFICATION  
AVIS DE DÉCÈS

TO  
A:

NAME  
NOM

Service No.  
Matricule No.

CPC No.  
CPR No.

WVA No.  
AVC No.

Information received from  
Information reçue de

Date of Death  
Date du décès

Place  
Endroit

Distribution WVA 10420  
VI - 157  
10 - 10  
10 - 10

For Chief, Central Region, Ottawa  
Dépôt central des documents  
1000

Form to be used instead of blank space on Army Form 179

Proceedings of Medical Board at Discharge Depot.

Number, Rank, Name and Corps of disabled soldier:-

G

922 Pte John Scott

Previous civilian occupation:- Checker in C.P.R.

Cause of disability

Flat Feet

Condition, in detail, which prevent the soldier earning a full

livelihood:- (General condition good. arches of both feet broken down allowing soles of feet to touch the floor at all points.)

Opinion of the Board.

Degree of incapacity, (please state in fractions)

1/8

Probable duration of incapacity:-

Permanent\*

Does it render him permanently unfit for Military Service? Yes.

Would operation, special treatment, or the use of appliances, etc., lessen incapacity?

(The Board recommends he be supplied with proper arch supports.)

Signature:-

W. W. Cameron Capt A.M.C. President.

Station. Quebec

Conrad Gleggie Capt A.M.C.

R. M. Wilson Lieut A.M.C. Members.

Date. Dec 2/15

Approved.

Date Dec. 2<sup>nd</sup> 1915

Rawlinson Major  
Asst. Director Medical Services.

Date 20<sup>th</sup> / 15

Director General Medical Services.

Form to be used instead of blank space on Army Form 179

Proceedings of Medical Board at Discharge Depot.

Number, Rank, Name and Corps of disabled soldier:-

Previous civilian occupation:-

Cause of disability

Condition, in detail, which prevent the soldier earning a full livelihood:-

Opinion of the Board.

Degree of incapacity. (please state in fractions)

Probable duration of incapacity:-

Does it render him permanently unfit for Military Service?  
Would operation, special treatment, or the use of appliances, etc., lessen incapacity?

Signature:- \_\_\_\_\_ President.

Station.

Members.

Date.

Approved.

Date

Asst. Director Medical Services.

Date

Director General Medical Services.

**WARNING.**—If you lose this Certificate a duplicate cannot be issued.

N.B.—Any person finding this Certificate is requested to forward it, in an unstamped envelope, to the Secretary, War Office, London, S.W.

Certificate of discharge of No. <u>922</u> (Rank) <u>Pte</u>	
(Name) <u>Scott, John</u>	
(Regiment) <u>8th Battalion, C.E.F.</u>	
who was enlisted at <u>Winnipeg</u>	
on the <u>10/8/14</u> 19 <u>14</u>	
He is discharged in consequence of <u>Medically unfit for further service</u>	
Auth. <u>392 xvi K.R.O.</u>	
after serving _____ years _____ days with the Colours, and _____ years _____ days in the Army Reserve.	
(Place) <u>Shorncliffe</u>	Signature of <u>Haukka, Harold</u>
(Date) <u>1/1/15</u>	Commanding Officer <u>LIEUT.-COLONEL</u>
<b>COMMANDING 11th BATTALION, C.E.F.</b>	
*Description of the above-named man on <u>4/11/15</u> when he left the Colours.	
Age <u>24 yrs</u>	Marks or Scars, whether on face or other parts of body.
Height <u>5' &amp; 7"</u>	_____
Complexion <u>Fair</u>	_____
Eyes <u>Blue</u>	_____
Hair <u>Lt Brown</u>	_____

\* Should agree with the description on Character Certificate, Army Form B. 2067.

## Recruiting Agents.

The following is an extract from the Recruiting Regulations, 1912:—

“Any man, whether Soldier or Civilian, who brings a Recruit to  
“a Recruiter, or to a Military Barrack, is a Recruiting Agent,  
“and it is not necessary that he should have been formally  
“appointed as such.”

The effect of this Regulation is that anyone, whether ex-Soldier or Civilian, bringing a Recruit under the above Regulations is entitled to the reward if the Recruit is passed into the Service.

Recruiting Rewards will not be paid for—

- (a) Boys under 17 years of age.
- (b) Re-enlisted Pensioners.
- (c) Recruits for the Armourer Section and the Machinery Artificer Section of the Army Ordnance Corps.
- (d) Any Non-Commissioned Officer or Man of the Special Reserve who enlists into the Regular Army.

Recruiting Rewards will be paid to *Recruiting Agents* for each Recruit raised and finally approved for the Regular Army or the Special Reserve, at the following rates, viz.:—

**5s. to 2s. 6d. Regular Army.**

**1s. 6d. Special Reserve.**

Leaflets showing the conditions and advantages of the Army or Special Reserve are supplied gratis at every Post Office.

Men wishing to enlist should apply personally or by letter to the Officer Commanding the Regimental Depot nearest to their homes, or to any Serjeant Instructor of the Territorial Force or other Recruiter.

Men who have served in the Regular Army for 3 years or more are eligible under certain conditions for enlistment into the Special Reserve up to the age of 40.

# CANADIAN EXPEDITIONARY FORCE

## Discharge Certificate

4890  
H

This is to Certify that No. 925 (Rank) Private

Name (in full) 33071, John enlisted in the 8th Overseas Battalion

CANADIAN EXPEDITIONARY FORCE at Valcartier on the 22nd day of September 1914.

HE served in France, England, France and Belgium and is now discharged from the service by reason of Being medically unfit for further War Service

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

Age 25 years 2 months

Height 5 feet 7 inches

Complexion Fair

Eyes Blue

Hair Light Brown

Marks or Scars Scar on right knee

Scar on left big toe

Signature of Soldier

[Signature]  
Issuing Officer

Rank

Date of Discharge Winnipeg, 31st Dec. 1915

Appointment Private (C)

Signed at Ottawa this 24th day of August 1915

in Military District No. Headquarters

File Reference No. 619-3-1067

N.B.—As no duplicate of this Certificate will be issued, any person finding same is requested to forward it in an unstamped envelope to the Secretary, Militia Council, Ottawa, Canada.

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

No. 922 (Rank) Private Name 3021, John

Unit 1114 Reserve Battalion

Address on Discharge 602 Walker Avenue, Winnipeg, Man.

Character and Conduct VERY GOOD

Former Occupation Farmer ✓

Special Qualifications of Value in Civil Life

Medals and Decorations

Remarks Wounded in action on June 6th 1915

Signed at OTTAWA this 24th day of August 1918

Name of Officer

Rank

Appointment



124,127

## Casualty Form—Active Service.

8<sup>th</sup> CANADIAN INFANTRY BATTNRegiment or Corps (90<sup>th</sup> RIFLES)Regimental No. 922 Rank Pte Name Scott J. CEnlisted (a) 21/9/14 Terms of Service (a) One year Service reckons from (a) 22/9/14Date 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				
4-6-15	OR. 8 Bn.	Wounded in action	Field	4-6-15	K4-7-8
15-7-15	2 Can Gen Corp.	Flat feet. - admitted	2 Can Gen Corp.	15/7/15	103034
17-7-15	2 Can Gen Corp.	Flat feet. To Class "B"	Home	17.7.15	103034
14-8-15	3 <sup>rd</sup> Bn.	Transferred to	England	7.8.15	2970/15
7-8-15	Base	Leaving 3 <sup>rd</sup> Can Band Sgt Boulter.	9-8-15	2 R. + R01803	
10-8-15	of 32 <sup>nd</sup>	Taken on Strength	Schiff	10-8-15	PTI 0210/1
3-9-15	of 32 <sup>nd</sup>	Trans 5 <sup>th</sup> Bn.		3-9-15	235
7-11-15	of 11	Dr to Canada		19-11-15	2639

*W. J. Smith*  
CAPT.  
OFFICER IN CHARGE RECORDS  
CANADIAN SECTION G. H. Q.

*W. J. Smith* LIEUT.  
FOR LT: COL: I/C RECORDS, C.O.M.F.

(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.

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				
		<i>S. S. [unclear] [unclear] 31.12.16 [unclear]</i>			

## Casualty Form—Active Service.

COPY VERIFIED

Regiment or Corps 8th. Battn.Regimental No. 922 Rank Pte. Name SCOTT J.Enlisted (a) 12.8.14. Terms of Service (a) \_\_\_\_\_ Service reckons from (a) 12.8.14.Date of promotion } \_\_\_\_\_ Date of appointment } \_\_\_\_\_ Numerical position on } \_\_\_\_\_  
to 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				
		Original at Records as per instructions.			
		Frank Howard. Lt. Col. Commdg. 11th. Battn. C.E.F.			

mm

(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.

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				

Casualty Form—Active Service.

Regiment or Corps 8th. Battalion.

Regimental No. 922 Rank Pte Name Scott, J.

Enlisted (a) 12/8/14 Terms of Service (a) \_\_\_\_\_ Service reckons from (a) 12/8/14

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				
		<i>Original at Records as per instructions</i>			
					<i>Frank [Signature]</i> ..... LIEUT.-COLONEL, COMMANDING 11th BATTALION, C. E. F.

(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.

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.D. 10 →	S.O.A. "Med. unfit"		Winnipeg Man	31 <sup>12</sup> / <sub>15</sub>	Auth: 649. S. 1067 Folio 42 S. <del>Cleveland, Ohio</del> for work

Rank and Name SCOTT, John

4890

29562

Regimental No. 8th Batt 922

Name and Address of Next-of-kin

Unit 21 Sept. 1914.

W. Scott - father

Date of enlistment 8th Batt

Ballygerooley, Monegmore,

Place of birth Ireland.

Co. Derry, Ireland.

Married (Yes or No) No.

Date and place of discharge

If in Permanent Force

Reason for discharge

Character on discharge

Promotions or appointments

File No.	4
Category	M.U.C.

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				
1. 4. 15.		On Nominal Roll.	France.		
14. 6. 15.	W.O.	Wounded.	Basle	4. 6. 15.	Cas. Rep 81. ON.NK.
22. 7. 15.	W.O.	Adm. N <sup>o</sup> 2 Can. Gen. Hosp. <sup>Flat Feet.</sup>	Le Treport.	15. 7. 15.	113. (2).
2. 1. 15.	O.C. 8 Bu.	Overstaying pass: for 2 days	Lark Hill.		Part II. 114.
26. 7. 15.	W.O.	Disch. "B" (Flat Feet).	Havre	17. 7. 15.	116.
25. 7. 15.	O.C. 3 Gen. Base Depot.	Taken on strength 3 G.B.D.	Rouelles.	25. 7. 15.	Nominal Roll.
7. 8. 15.	do.	Leaving 3 Gen. Base Dep.	do	7. 8. 15.	do.
	ac. Shorncliffe. Lieutenant. Canadian	Posted to 32nd Bu.	Shorncliffe.		Routine O. 1803.
10. 8. 15		Arrived from France P.B.		10. 8. 15	H. 20-5-1.
29. 8. 15	W.O.	Trans. to England - <sup>Permanent. Mujis.</sup>	No 3 General Base Depot.	7. 8. 15	C.R. 146-8. 13. 27
10. 8. 15	o/c. 32nd Bu.	Taken on Strength.	Shorncliffe	10. 8. 15	Part II. O. 214.
3. 9. 15		T name to 11 <sup>th</sup> Bu. Det		3. 9. 15	235

P.T.O.

922 Scott. J.

D

4890

Report		Name and Address of next of kin	Place	Date	REMARKS Taken from Official Documents
Date	From whom received				
9.11.					
22.11.15	Dr. H. C. [unclear]			16.11.15	b. Reg. 11.22.8.100.
24.11.15	O.C. 11 <sup>th</sup>			22.11.15	Att 11 Q 2598.
27.11.16	"			19.11.15	" " 2639.

Rec. to be sent to  
Barada for disposal  
Pensions Claims  
Board recommend  
that this man be  
invalided to Canada  
for med. evacuation  
& final dis. of his case

ABB149

b. Reg.

Att 11 Q 2598.

" " 2639.



POST DISCHARGE PAY OFFICE

30083/600MR

Three months pay and allowances after discharge.

Name **Scott, John**  
Surname Christian Name

016406-J-7

Regimental Number **922** Rank **Pte.**

Address (in full) **662 Walker Ave,**

Unit **8th Bn.**

**Winnipeg, Man.**

Original Unit

*New add  
454 Spence St  
Winnipeg  
Man*

District where paid **Ottawa**

Date of Discharge **31-12-15** X

P. D. P. Filing Number **1819**

Rates:—Regimental pay \$ **1.00** per diem; Field Allowance \$ **.10** per diem. Separation Allowance \$ **20.00** 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		
160 10	4316	19/9/17	53 00	4310	18/10/17	53 00	4237	19/11/17	54 10		160 10

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

Remarks:



NAME SCOTT, John <sup>0</sup>

Regimental No. 922. 922

Name and address of next-of-kin

Unit ~~9th~~ Battalion 4 Co

Mr. W. Scott, (father)

Date of enlistment Sept. 21st 1914.

Ballygerooley, Monegmore,  
Co. Derry, Ireland.

Married (yes or no) No

Date and place discharged Return Canada 19/11/15

Amount of pay assigned monthly \$ <sup>4.10</sup> 4.10

Reason for discharge Return Canada <sup>19/11/15</sup> <sup>12/1/15</sup> <sup>13/1/15</sup>

To whom payable

Character on discharge *Out*



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.	Date						
1914																	
Sept	Oct 31	40	1.40	56.00	10	4	40					40			56.00		
Nov	1-30	30	1.30	39.00	10	3	30					35			35		
Dec	1-31	31	1.00	31.00	10	3	30					35			35		
Jan	1-31	31	1.00	31.00	10	3	30					25		2.20	27.45	paid 2 days pay forfeits	
Feb	1-28	28	1.00	28.00	10	2.80	28.00					3			3		
Mar	1-31	31	1.00	31.00	10	3.10	30.55					6			6		
Apr	1-30	30	1.00	30.00	10	3.00	28.55					3			3		
May	1-31	31	1.00	31.00	10	3.10	28.55					3		2.20	30.45		
June	1-30	30	1.00	30.00	10	3.00	27.75					3			3		
July	1-31	31	1.00	31.00	10	3.10	27.75					6			6		
Ex. 417																	
185.85												156.25					
Aug.	1-31	31	1.00	31.00	10	3.10	190.02					63.01			63.01		
Sept.	1-30	30	1.00	30.00	10	3.00	161.11					-			-	Trans. to 11 <sup>th</sup> 1/10/15	
Oct. 1	Oct. 31	31	1.00	31.00	10	3.10	194.11					64.6			64.6		
Nov. 1	Nov. 19	19	1.00	19.00	10	1.90	228.21					24.34			24.34		
N.E. Branch - Feb																	
200.43												111.69		200.43	200.43		Transferred to 200 <sup>43</sup> Recd M. Genl Liability Can direct



Name..... *Scott Ste J* .....

M. F. W. 41.  
10m.-11-15.  
1772-39-889.

228

Regimental No. *922*

Name and address of next of kin *662 Wacker Ave*

Unit *36th R B 8th Bu*

*Winnipeg*

Date of enlistment

Place of " "

Married (yes or no)

Date and place discharged

Amount of pay assigned monthly \$

Reason for discharge

To whom payable *S/O B. A. 3/12/16*

Character on discharge

*Corsican 19-11-15 29-11-15*

*Class III*

*649 81067*

587694. M. & D. 6128.

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.	Date					
	19-11-15							190 70								
20-11-15	31/12/15	42	1-	42-	42	10	420		236 90	1674	15	176 90	X	60 00	236 90	L.P.C. x 20.00 av. pd H & P Paid

*S/O adj. overpaid 116 - 29/16.*

*P. B. Notified this man had up to 31-12-15*

*40 00*

*199/17*

**Pensioned**  
*1-1-16*

*Winnipeg*



4890

Medical Report on an Invalid.

DEC 16 1915

H.C. CANADA  
F

Station Shorncliffe

Date Oct. 27<sup>th</sup>/15

- 1. Unit 11<sup>th</sup> Reserve Battalion
- 2. Regimental No. 922-8<sup>th</sup> Battalion
- 3. Rank Private
- 4. Name John Scott

- 5. Age last birthday 24 yrs.
- 6. Enlisted { on Aug. 8<sup>th</sup>/14  
at Winnipeg }
- 7. Former Trade or Occupation { Checker in G.P.R. }

8. Disability.

Pain in feet & legs  
+ flat feet.

Statement of Case.

Note.—The answers to the following questions are to be filled in by the Officer in medical charge of the case. In answering them he will carefully discriminate between the man's unsupported statements and evidence recorded in his military and medical documents. He will also carefully distinguish cases entirely due to venereal disease.

- 9. Date of origin of disability. Feb. /15
- 10. Place of origin of disability. Heubus

11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case.

While in trenches, his feet were slightly frost-bitten - He was treated while in shelter for five days. He returned to the trenches and on June 3<sup>rd</sup>, he was buried to the thighs, by the parapet being blown down on him. Had to be helped out, & taken to the hospital and was there 2 weeks. Then went to 2<sup>nd</sup> Depot Harve for 2 weeks. Put before Board, & recommended Permanent Base in England. Was sent in Sept. 15 before a Board at More Barracks which recommended Permanent light duty - Board papers not available.

- 12. (a) Give your opinion as to the causation of the disability.
- (b) If you consider it to have been caused by active service, climate, or ordinary military service, explain the specific conditions to which you attribute it (See notes on page 3).

Wear aches, increased leg pressure of earth on feet.

as in 12 (a)

662 Walker Ave  
Winnipeg  
Manit

4  
Examined 13-12-15  
M.M.

4890

13. What is his present condition?

Weight should be given in all cases when it is likely to afford evidence of the progress of the disability.

*Bodily condition good  
Arches of both feet flattened - Ankles  
and feet swell if he has to do any marching*

*F*

14. If the disability is an injury, was it caused

- (a) In action? *-*
- (b) On field service? *yes*
- (c) On duty? *-*
- (d) Off duty? *-*

15. Was a Court of Inquiry held on the injury?

- If so—(a) When? *no*
- (b) Where? *-*
- (c) Opinion? *-*

16. Was an operation performed? If so, what? *no*

17. If not, was an operation advised and declined? *no*

18. *In case of loss or decay of teeth.* Is the loss of teeth the result of wounds, injury or disease, directly\* attributable to active service? *no*

19. Do you recommend

- (a) Discharge as permanently unfit,  
or
- (b) Change to England?

*Home Service without marching.*

*R. Gibson Capt. G.A.M.C.*  
Officer in medical charge of case.

I have satisfied myself of the general accuracy of this report, and concur therewith, except †

Station \_\_\_\_\_

Officer in charge of Hospital.

Date \_\_\_\_\_

\* Loss of teeth on, or immediately after, active service, should be attributed thereto, unless there is evidence that it is due to some other cause.

† Delete this word if no exceptions are to be made.





4890

(On leaving Corps or Station where invalided.)

Transfer	{	Date _____	Name	{	Conveyance _____
		Station _____			Vessel _____
or Embarkation	{	Date _____	of	{	Officer in
		Port _____			medical charge _____

Brief remarks on case during transit, and state on transfer for final disposal.

Re-transferred { Date \_\_\_\_\_  
Hospital or } \_\_\_\_\_  
Station } \_\_\_\_\_

Officer in medical charge.

(At Station or Hospital where finally disposed of.)

Station and Hospital } \_\_\_\_\_  
Arrived from \_\_\_\_\_ Date \_\_\_\_\_

If admitted	If under treatment		Disease	How finally disposed of	Date of Discharge, &c.
	From	To			
Date					

Detailed statement as to condition on discharge and whether discharged as an invalid, to corps, to station, or to depôt. In cases of discharge from the service it should be stated whether the answers to questions 22, 23 and 24 are concurred in.

Date of final Medical Board, or decision } \_\_\_\_\_

Administrative Medical Officer.

Army Form B. 179.

**MEDICAL REPORT ON AN INVALID.**

---

Station \_\_\_\_\_

Corps \_\_\_\_\_

Regimental No. \_\_\_\_\_

Rank \_\_\_\_\_

Name \_\_\_\_\_

Disability \_\_\_\_\_

Date \_\_\_\_\_

Hospital or Station }  
transferred to for }  
final disposal } \_\_\_\_\_

Date of final }  
disposal } \_\_\_\_\_

How finally }  
disposed of } \_\_\_\_\_

The original Report is invariably to accompany the discharge documents of Invalids.

(xs) (88579) Wt. 1836 475M 5-15 W B & L

Forms B. 179. 34

Medical Report on an Invalid.

Station Monmouth

Date Sept 1<sup>st</sup> 1915

1. Unit 32<sup>nd</sup> Res Batt.

5. Age last birthday 24

2. Regimental No. 922

6. Enlisted { on August 12/14  
at Winnipeg Man

3. Rank Pte.

7. Former Trade { Block  
or Occupation {

4. Name Scott John

8. Disability.

Flat feet.

Statement of Case.

Note.—The answers to the following questions are to be filled in by the Officer in medical charge of the case. In answering them he will carefully discriminate between the man's unsupported statements and evidence recorded in his military and medical documents. He will also carefully distinguish cases entirely due to venereal disease.

9. Date of origin of disability. February 1915.

10. Place of origin of disability. Ploegsteert, Belgium.

11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case.

Never had trouble with feet before Feb. 15. he states. He says that then while in the trenches he had pains in legs and ankles but with medicine these disappeared. On June 3<sup>rd</sup> a parapet was blown in on him. he was bruised about body and had eight wounds from unknown cause on right knee and left shin. These have not been troublesome. At the same time a plank fell across both insteps and bruised feet so that he was unable to walk and had to be carried. Ever since feet have been tender and painful on exertion mostly about the instep and aching pains in legs up to

12. (a) Give your opinion as to the causation of the disability.

Flat feet

(b) If you consider it to have been caused by active service, climate, or ordinary military service, explain the specific conditions to which you attribute it (See notes on page 3).

Aggravated by active service.

31  
Dis. Section  
29-8-15

13. What is his present condition? *General physical condition good. Sealed wound over right knee cap also over upper 1/3 left tibia, neither are troublesome. Both feet show marked falling of the arches.*

*Weight should be given in all cases when it is likely to afford evidence of the progress of the disability.*

14. If the disability is an injury, was it caused

- (a) In action? *yes* *not applicable.*
- (b) On field service? *no*
- (c) On duty?
- (d) Off duty?

15. Was a Court of Inquiry held on the injury?

- If so—
- (a) When? *not applicable.*
  - (b) Where?
  - (c) Opinion?

16. Was an operation performed? If so, what? *no.*

17. If not, was an operation advised and declined? *no.*

18. *In case of loss or decay of teeth.* Is the loss of teeth the result of wounds, injury or disease, directly\* attributable to active service? *not applicable.*

19. Do you recommend

- (a) Discharge as permanently unfit, or
- (b) Change to England? *no.*

*U. Waugh* ..... Capt.  
 Medical Officer 32nd. Battalion.  
**CANADIAN EXPEDITIONARY FORCE**

Officer in medical charge of case.

I have satisfied myself of the general accuracy of this report, and concur therewith, *except†*

Station \_\_\_\_\_

Officer in charge of Hospital.

Date \_\_\_\_\_

\* Loss of teeth on, or immediately after, active service, should be attributed thereto, unless there is evidence that it is due to some other cause.

† Delete this word if no exceptions are to be made.

Opinion of the Medical Board.

NOTES.—(i.) Clear and decisive answers to the following questions are to be carefully filled in by the Board, as in the event of the man being invalided, it is essential that the Commissioners of Chelsea Hospital should be in possession of the most reliable information to enable them to decide upon the man's claim to pension.

(ii.) Expressions such as "may," "might," "probably," &c., should be avoided.

(iii.) The rates of pension vary directly according to whether the disability is attributed to (a) active service, (b) climate, or (c) ordinary military service. It is therefore essential when assigning the cause of the disability to differentiate between them (see Articles 1162 and 1165, Pay Warrant, 1913).

(iv.) In answering question 20 the Board should be careful to discriminate between disease resulting from military conditions and disease to which the soldier would have been equally liable in civil life.

(v.) A disability is to be regarded as due to climate when it is caused by military service abroad in climates where there is a special liability to contract the disease.

20. (a) State whether the disability is the result of (i.) active service, (ii.) climate, or (iii) ordinary military service.

*I P  
u No  
14 No*

(b) If due to one of these causes, to what specific conditions do the Board attribute it?

*Marching & f.s. - W*

21. Has the disability been aggravated by

(a) Intemperance?

*No  
No*

(b) Misconduct?

22. Is the disability permanent?

*Yes*

23. If not permanent, what is its probable minimum duration?

*Not applicable*

To be stated in months.

24. To what extent is his capacity for earning a full livelihood in the general labour market lessened at present?

*1/4*

In defining the extent of his inability to earn a livelihood, estimate it at  $\frac{1}{4}$ ,  $\frac{1}{2}$ ,  $\frac{3}{4}$ , or total incapacity.

25. If an operation was advised and declined, was the refusal unreasonable?

*Not applicable*

26. Do the Board recommend

(a) Discharge as permanently unfit, or

(b) Change to England?

*No Home service without marching*

Signatures:—

*John W. Keown Lt Col*  
President.

Station

*Shorncliffe*

*Fred E. Watto Capt.*

Date

*Sept 2<sup>nd</sup> 15*

*J. M. C. Phedran Capt.*

Members.

Approved

Station

*Shorncliffe*  
*3<sup>rd</sup> 1915*

*Godwin*  
Capt. A/D.A.D.M.S.  
Administrative Medical Officer, Shorncliffe.

Date

I concur in the findings of the Board of Medical Officers here recorded.  
*C.W.*  
4.9.15  
Captain, C.A.M.C.  
For D.M.S.  
Canadian Contingents.

(On leaving Corps or Station where invalided.)

Transfer or Embarkation	{	Date _____	Name of	{	Conveyance _____
		Station _____			Vessel _____
	{	Date _____		{	Officer in
		Port _____			medical charge} _____

Brief remarks on case during transit, and state on transfer for final disposal.

Re-transferred { Date \_\_\_\_\_  
Hospital or } \_\_\_\_\_  
Station } \_\_\_\_\_

Officer in medical charge.

(At Station or Hospital where finally disposed of.)

Station and Hospital } \_\_\_\_\_  
Arrived from \_\_\_\_\_ Date \_\_\_\_\_

If admitted	If under treatment		Disease	How finally disposed of	Date of Discharge, &c.
	Date	From			

Detailed statement as to condition on discharge and whether discharged as an invalid, to corps, to station, or to depôt. In cases of discharge from the service it should be stated whether the answers to questions 22, 23 and 24 are concurred in.

Date of final Medical Board, or decision } \_\_\_\_\_

Administrative Medical Officer.

Army Form B. 179.

MEDICAL REPORT ON AN  
INVALID.

Station \_\_\_\_\_  
Corps \_\_\_\_\_  
Regimental No. \_\_\_\_\_  
Rank \_\_\_\_\_  
Name \_\_\_\_\_  
Disability \_\_\_\_\_  
Date \_\_\_\_\_

Hospital or Station transferred to for final disposal } \_\_\_\_\_  
Date of final disposal } \_\_\_\_\_  
How finally disposed of } \_\_\_\_\_

The original Report is invariably to accompany the discharge documents of Invalids.  
(20) (88579) Wt. 1886 475M 5-15 W B & L  
Forms B. 179. 34

B

To be used (a) for recruits enlisting direct into the Regular Army and (b) for men of the Territorial Force when they are admitted to Hospital. Army Form B. 178<sup>A</sup> to be used for Special Reserve recruits and Special Reservists enlisting into the Regular Army.

Discharged 22-15

MEDICAL HISTORY of

Surname SCOTT Christian Name John

TABLE I.—GENERAL TABLE.

Birthplace ... Parish Derry County Derry Ireland

DEPT MILITIA & DEFENCE AUG 28 1917

Examined ... (on 21st day of Sept. at Valcartier)

H.Q. 1917 CANADA

Declared Age ... 23 years 11 mos. days.

Trade or occupation ... Farmer.

Height ... 5 feet 4 1/2 inches.

Weight ... lbs.

Chest Measurement { Girth when fully Expanded 36 inches. Range of Expansion 3 inches.

Physical Development ...

Vaccination Marks { Arm ... Right Left Number ... 3

When Vaccinated ... 1912

Vision ... { R.E.—V= L.E.—V=

(a) Marks indicating congenital peculiarities or previous disease ... { Scar on right knee Scar on left big toe.

(b) Slight defects but not sufficient to cause rejection ... {

Approved by (Signature) G.S. Mothersill (Rank) Major. Medical Officer.

Enlisted ... { at Valcartier on 21st day of September 1914

Table with 2 columns: Corps, Serv. No. Row 1: 8th Battalion C.E.F., 922

Became non-effective by

This Medical History Sheet has been compared with the Corresponding Attestation Paper, and entries made in red have been taken from the Attestation Paper. on day of 191

(Signature) (Rank) Lt. Col.

The Medical History Sheets of all men proceeding overseas, must be returned by the Officer commanding their unit to the Record Office when they leave England.

Lieut.-Col. In Charge of Records.

B









208

430

41 Harprowe St  
W. P.

Feb 15.

WILL

M 10

In the event of my death I give the whole of my property and effects to

M<sup>r</sup> Willie Scott

Ballygrooby

Money more

Co Derry

Ireland

Signature John Scott

Private No 922

1st. Can Conty. 2nd Brigade

8th Battalion

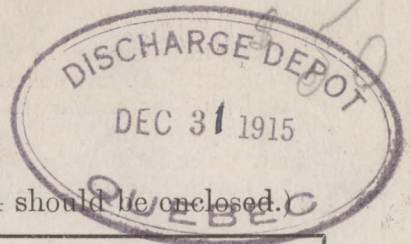
S 44



This space to be left blank for the Chelsea Number.

Army Form B. 268.

# Proceedings on Discharge.



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

No. 922 Army Rank Private 31/12/15

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

Corps 8th Battalion C 67

Battalion, Battery, Company, Depot, &c. 11th Reserve Battalion  
(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.)

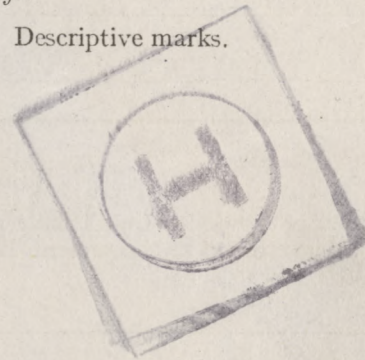
Date of discharge \_\_\_\_\_

Place of discharge \_\_\_\_\_

1. Description at the time of discharge.

Age 24 years \_\_\_\_\_ months  
Height 5 feet 7 inches  
Chest measurement { girth when fully expanded 37 ins.  
range of expansion 3 ins.  
Complexion Fair  
Eyes Blue  
Hair Lt. Brown  
Trade Checker

Descriptive marks.



Intended place of residence { 662 Walker Ave  
W/peg.  
(To be given as fully as practicable)

(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 \_\_\_\_\_

Medically unfit for further service  
auth. 392 xvi K.R.O.

(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 :— very good.

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

very good

To be filled in on the soldier quitting the Colours.

*Ken 2-2-20*

*|||||*

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

*[Signature]*  
Initials of Commanding Officer.

Army Form B. 2088 has been issued to\*

*17-11-52 AS*

*Star 15-10-19 K.R.O.*

*W.S.G. - Compt 31/12/15*

[OVER]

*13-12-15 m*

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) Shorncliffe

(Date) 1/1/15

*Francis W. Harvey*
LIEUT. COLONEL
COMMANDING 11th BATTALION, C.E.F.
Commanding \_\_\_\_\_ Battn. \_\_\_\_\_ Regiment.

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) \_\_\_\_\_ (Signature of Soldier.)

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

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

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

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.)

---

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 depôt 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, despatch,  
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.