



# FIRST NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 3949 Name John S Scott Corps Co. E

### Questions to be put to the Recruit before Enlistment.

1. What is your name? ..... 1. John Samuel Scott
2. What is your full Address? ..... 2. Penning, Queen Quay, St. John's
3. Are you a British Subject? ..... 3. Yes
4. What is your age? ..... 4. 21 Years 2 Months
5. What is your Trade or Calling? ..... 5. Fireman
6. Are you Married? ..... 6. No
7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,\* which? ..... 7. No
8. Are you willing to be vaccinated or re-vaccinated? ..... 8. Yes
9. Are you willing to be enlisted for General Service? ..... 9. Yes
10. Did you receive a Notice, and do you understand its meaning, and who gave it to you?.... 10. { Name .....  
Corps .....
11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? ..... 11. Yes

I, John Samuel 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 made.

4. 11-9-17

John S. Scott SIGNATURE OF RECRUIT.  
R. Edward Signature of Witness.

### OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, John Samuel 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, according to the conditions of my service.

### CERTIFICATE OF MAGISTRATE OR ATTESTING OFFICER.

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.....  
on this.....day of.....1911  
Signature of Attesting Officer .....

### †CERTIFICATE OF APPROVING OFFICER.

I certify that this Attestation of the above-named Recruit is correct, and properly filled up, and that the required forms appear to have been complied with. I accordingly approve, and appoint him to the.....  
if enlisted by special authority, such will be attached to the original attestation.  
Date Sept. 11/9/17 .....  
Place St. John's .....  
Approving Officer.

† The signature of the Approving Officer is to be affixed in the presence of the Recruit.  
‡ Here insert the "Corps" for which the Recruit has been enlisted.

\* If so, Recruit is to be asked the particulars of his former service, and to produce, if possible, his Certificate of Discharge and Certificate of Character, which should be returned to him conspicuously endorsed in red ink, as follows, viz:—(Name).....re-enlisted in the (Regiment).....on the (Date).....

# DESCRIPTIVE REPORT ON ENLISTMENT

Applicable to all ranks. To correspond with entries on the Medical History Sheet.

Name Private Samuel Scott  
 Apparent age 21 years 2 months. Height 5 feet 6 inches  
 Chest Measurement { Girth when fully expanded 35 inches  
 Range of expansion 3 inches  
 Distinctive marks \_\_\_\_\_

## INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Lambert Scott  
Leeming Arms | Relationship Father  
Bay of Islands Particulars as to Marriage

(a) Christian and Surname of Woman to whom married, and whether spinster or widow. (b) Place and date of marriage.  
 (c) Present address. (d) Initials of Officer verifying entry.

(a)	(b)	(c)	(d)

## Particulars as to Children

Christian Names	Date and Place of Birth

## STATEMENT

Corps in which served	Rgt. or Depot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards limited engagement reckons from <u>11-9-17</u>									
Joined at <u>St John's</u> on <u>September 11-1917</u>									
<del>Discharged August 16-1919</del>									
<u>Embarked St John's St. Thomas 11-12-17</u>					<u>Embarked for St. 25-18</u>				
<u>Joined Batten. 31-5-18</u>					<u>Transfer leave from St. to Batten 10-19-18</u>				
<u>Admitted on short leave from 1863</u>					<u>Joined Winchester 25-4-19</u>				
<u>Admitted for demobilization 22-5-19</u>					<u>Arrived Newfoundland 1-6-19</u>				
<u>Admitted General Hospital St John's 16-7-19</u>									
<u>Demobilization St John's 16-7-19</u>									
Total Service forfeited as above.....									
Total Service towards Engagement to <u>16-8-19</u> (date of discharge)					<u>1</u> years <u>340</u> days				
Pensions									

NEWFOUNDLAND REGIMENT.

MEMORANDUM.

C.R. 3949

No. 1175/VII/P&A.

From  
PAY & RECORD OFFICE,  
58 Victoria Street,  
LONDON, E.W.I.

To  
THE MINISTER OF MILITIA  
St. John's,  
Newfoundland.

October 8th, 1919

SUBJECT:  
ACQUITTANCE ROLLS

REPLY  
October 28.

Memorandum enclosures from  
The Command Paymaster 7 & 8/10/19  
are enclosed for inquiry and reply.  
Demand Note H.C. 5130 18/2/19

£91.1.4.  
our P.M.A. No. 223, Regd No 8906-8955

Re-3949 Pte. J. Scott Acq Rolls  
Nos 24 & 35  
H.C. No 5105 6/2/19 P.M.A.  
No 213 Rd No 8747-8759.

Kindly supply full particulars  
to enable reply to be forwarded to  
the Chief Paymaster, c/o Clearing  
House, Base, France by this office.

Urgent attention to this matter will  
be much appreciated, please.

H.A. Timewell  
Major.  
Chief Staff Officer (London)

(2)

Reference obverse-3949 Scott the  
payments of 20 and 40 Francs  
made to this Soldier on dates  
26/11/18 and 30/11/18 respectively  
were included in claims by Command  
Paymaster.  
P.M.A's H.C's 3042-3046 of 15/1/19  
and also P.M.A's H.C. 3101-3107  
of 6/2/19 and refunds were made  
(included in extension on H.F.P.4.  
for £16.15.6) per our P.M.A. No  
198 of 25/2/19 for amount of £1.297.  
15.5, and also (included in extension  
on H.F.P.4 for £25.13.8) in our P.M.A.  
No. 213 of 8/3/19 for amount of £1.  
069.8.9. Amounts to be recovered from  
Command Paymaster 60 Francs or 5 Francs  
equals 3/10. Amount £2.6.0. These  
payments have only been charged to  
this soldier ones.

(1)

In refunds to Command Paymaster per  
our P.M.A. 223 for amount of £42.  
10.8, payments of 50 marks made to  
3458 Sergt. Penny 24/12/18 was in-  
cluded in above refund as 70 marks  
but only 50 marks refund was charged  
to this H.C.O's account. £91.1.4  
should read £90.10.8. Amount for re-  
covery from Command Paymaster 20  
marks or 5 marks equals 2/6d. 10/6d.

Correspondence is returned, please

A.B. Hickman,  
MINISTER OF MILITIA.

C.R.

No 3949 Name Pte J Scott. Sqn., Batty., or Company }

Corps H Royal Norfolk Date of enlistment } 111 9114

G.C. Badges }

Service or Proficiency Pay }

Date of last entry in Company Conduct Sheet }

No. and date of last drunk }

Period not reckoning towards freedom from extra fine }

Sheet No.

Signature O.C. Company, etc.

Character

J. M. G. ...

Place	Date of offence	Rank	Cases of Drunkenness	Offence	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	Remarks
Rowen	29/3/19	PL		Def. of kit	Ch. Mrs. Water	pay for same	1-4-19	May Bernard	White

Army Form B. 122

MEMORANDUM

*ma*  
*223*

*3949*  
*Scott*

COMMAND PAY OFFICE  
LONDON DISTRICT.  
8 OCT. 1918.  
168, REGENT STREET, W.  
No.....

From COMMAND PAY OFFICE.  
LONDON DISTRICT.  
168, Regent Street, W.

To The Paymaster & O.I/c Records, Newfoundland Contg.  
58, Victoria Street, S.W. 1.

With reference to minute L, will you please verify the account of No. 3949, Pte. J. Scott Newfoundland Regiment, as regards the double charge of 60 Francs.

Will you please reply direct to the Chief Paymaster i/c Clearing House, Crystal Palace, London. S.E.19.

?

Colonel.  
COMMAND PAYMASTER.  
LONDON DISTRICT.

*Original returned to London Office.*  
*2/4/19*

Inc/Misc. 811

3949  
Scott.

Regimental Paymaster,  
(Newfoundland Regt.)  
London.

RMA 22 3

COMMAND PAYMASTER.  
London District  
7 Oct. 1919.  
168 Regent St. W.

Ne  
3105  
12/6/19

Feb. 1919

Base P.M.A.No. 544, January 1919 Extracts. No.....  
Payments to 3949, Pte. Scott, J. Newfoundland Regt.  
Acq.Roll No. 24 dated 24;11;18. Francs. 20  
" " " 35 30;11;18 " 40.

It appears that these extracts for francs 60 have already been included in my P.M.A. No. 1190 December '18. I shall be glad if you will now verify this, and advise me as to the result. If a double charge has been made against the man concerned, I will, on receipt of your reply, forward you credit for this amount. An early reply is requested, Please.

Crystal Palace,  
London S.E. 19.  
Oct. 6th, 1919.  
(D.M.S.)

A.Greenwood.

Lieut.  
for Colonel.

Chief Paymaster i/c Clearing House.

C.R. 3949

Extract from Daily Orders Part II Royal Newfoundland  
Regiment Depot St. John's dated Aug. 22nd 1919.

The discharge of the undernoted on demobilization has  
been CONFIRMED by Officer i/c Records from noted date  
16-8-19.

3949, Pte. John Scott.

C.R. <sup>6</sup>3949

Extract from Daily Orders Part III Depot, St. John's,

Date June 18th 1919.

3949, Pte. J. Scott.

Reported at Headquarters 1/6/19. ex "Corsican"  
which sailed Liverpool May 22/1919.



C.R. 3949

Extract from Casualties from Pay & Record Office, London  
dated May 2nd 1919.

The undermentioned on short leave from the B.E.F. reported  
to the Pay & Record Office, on 25/4/19 and proceeded to Depot  
Winchester, same date

3949, J. Scott.

C.R. 3949

Extract from Medical Roll of R.I.A. Regt. No. 48  
from 2nd Bn. Depot, to 1st Bn. B.L.F. Infantry Folke-  
stone, 25-5-18.

3949 Pte. J.S. Scott.

C.R. 3949

Extract of Nominal Roll Draft. (All Ranks) to 1st  
Bn. B.E.F. Embarked Folkestone.

3949 Pte. J.S.Scott.

25-5-18.

C.R. 3949

NEWFOUNDLAND CONTINGENT.

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Extract of Nominal Roll of Draft No. 46, - 170 Other Ranks from 2nd. Inf.,  
Depot, Winchester to 1st. Bttn., The Royal Newfoundland Regiment, B.E.F.  
Embarked Folkestone, 26/5/18.

3949 Pte. J.S.Scott.

A.F. B. 105 (one  
for each soldier  
sent to 3rd. Bn.  
1st. B.E.F.)

C.R. 3949

Extract from Nominal Roll Embarked St. John's for Bverseas,  
per S.S. "Florizel" Dec.11,1917.

3949 PTE. J. SCOTT.

C.R. 3949

Extract from Daily Orders Parttll Unit The Royal Nfld.  
Regt., St. John's, St. John's, Sept. 11th, 1917.

3949 Pte. J.S. Scott.

Attested and posted to G. Company and assigned number as  
shown *this day*.



*Depot 3949*

**DEPARTMENT OF MILITIA**

ST. JOHN'S, NEWFOUNDLAND



June 20th., 1919.

From:- D. M. S.  
To :- O. C., Discharge Depot.

3949, Pte. Scott, J.

Please note that the marginally noted man  
was admitted to the General Hospital  
June 16th., 1919.

*Cluny Macpherson*

AMB.

Major, D. M. S.

C.R. 3949

Extract from Med. Board held on July 29th.  
at the Genl. Hospital. the following were  
the findings.

3949 Pre. J. Scott.

Recommended discharge from the Army.  
Remain in General HOSPITAL.



C.R. 3949

Extract from Daily Orders Part II Royal Newfoundland Regt.

Depot

St. John's dated Aug. 11th 1919.

The discharged of the undernoted on demobilization has been

APPROVED by O.C. Discharge Depot from noted date

2-8-19

3949 Pte. J.S. Scott.

J. Scott

C.R. 3949

Handwritten scribbles or symbols, possibly initials or a signature, located in the upper middle section of the page.

Medical Report on an Invalid.

Station Hazel D. Camp

Date 30-4-19

- 1. Unit Royal Newfoundland
- 2. Regimental No. 3949
- 3. Rank Pte
- 4. Name Scott John
- 5. Age last birthday 24
- 6. Enlisted { on Aug 14/17  
at St Johns

- 7. Former Trade } Fisherman  
or Occupation }
- 7A. If with previous service in Army, state—
  - (a) Former Unit;
  - (b) Regimental No.;
  - (c) Date of Discharge;
  - (d) Cause of Discharge.

**8. Disability in respect of which invaliding is Proposed.**  
*(Other disabilities should be reported upon in answer to question No. 19).*

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. nil
- 10. Place of origin of disability. nil
- 11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case. nil
- 12: Give your opinion as to the causation of the disability, stating whether in your opinion it is—
  - (a) attributable to or aggravated by service during the present war, climate, or ordinary military service. (The specific condition to which it is attributed should be stated, see Notes on page 3).
  - (b) constitutional or hereditary, and not aggravated by service during the present war.
  - (c) attributable to or aggravated by want of proper care on the man's part, e.g., intemperance, misconduct, &c.

na

13. What is his present condition?

*He complains of no disability*

*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?
- (b) On field service?
- (c) On duty?
- (d) Off duty?

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

- If so—
- (a) When?
  - (b) Where?
  - (c) Opinion?

16. Was an operation performed? If so, what?

*h a*

17. If not, was an operation advised and declined?

*h a*

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?

*h a*

19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding, and state whether they are attributable to or have been aggravated by service during the present war.

*h a*

*Repatriation*

20. Do you recommend—

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

*Sgd*  
*W.F. [Signature]*

*W.F. [Signature] Capt R.A. Mc*  
Officer in medical charge of case.

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

Station *Langley D. Camp*

\_\_\_\_\_  
Officer in charge of Hospital.

Date *30-4-19*

\*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.

No. 4252

*Noted  
4/3/18 John Doe  
9/6/22*

**ORIGINAL**

N.F.P. / 13.

NEWFOUNDLAND CONTINGENT

ALLOTMENT

I, (No.) 3949 (Rank) Pte (Name) Scott J  
 hereby agree, until further notification by me, and in required form,  
 to make an allotment of        dollars and Forty cents  
 per diem, from my pay, to and for the benefit of the undermentioned  
 Person and/or Persons. Such payments to be made on proof of identity  
 of the Person and/or Persons concerned, viz.,

Whether Wife Child, other Relative, or Friend	NAME (In Full.)	ADDRESS	AMOUNT (Each Person)	
			\$	c
Father	Lambert Scott	Woods Is Bay of Islands		40

This Allotment to take effect from and including April #1<sup>st</sup> 1918

NOTE:- This Form must be completed and Signed by the Soldier, counter-  
signed by the Officer Commanding his Company, and forwarded to the  
C/Paymaster in accordance with P.&R.O. C.L./10, 9/12/16.

(Sig.) J. M. Emerson  
Officer Commanding,  
"C" Company.

Dated at Stapley Down Camp  
Mar. 6 1916

(Sig.) John Scott  
his  
mark Allotter.

Witness John Doe  
21/3/18  
*9/6/22*

*Noted  
4/3/18 John Doe  
9/6/22*

NEWFOUNDLAND CONTINGENT

CANCELLATION OF ALLOTMENT

1. I, (No) 3919 (Rank) Pte (Name) Scott J.

hereby apply for cancellation of Allotment made by me on N.F.P./11 No. 2665 dated 1/10/17 in favour of

Lambert Scott Bay of Islands  
for \$ \_\_\_ cts 60 per diem.

Such cancellation to take effect on the Thirtieth day of April March, 1918.

2. I agree to accept all risks and consequences of this application failing to reach Headquarters, St. John's, in time to become operative at above nominated cancelling date; and that in the event of such non-delivery, and thereby the allotment continuing to be paid to the Allottee, I also agree to such further stoppage in the Pay Books as may be necessary, or otherwise to refund such overpaid amount or amounts.

Dated at

Hayley Down Camp  
Windsor

Mar 6 1918.

John X Scott  
Allotter.

Approved and Witnessed:

J. M. Emerson L.  
O.C. "C" Company.

Witness John L. De  
9/6/18

*Noted  
6/3/18  
John L. De  
9/6/18  
to boy*

To be made out in TRIPPLICATE and delivered at the Pay & Record Office not later than date of cancellation, in accordance with P.&R.O. C.L./10, 9/12/16.

W.M.  
1/3/18

No. 3665



1st. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, J. Scott, Regl. No. 3949

hereby agree, until further notification by me, and in similar official form to make an Allotment of 60 Dollars and Sixty Cents, per diem, from my Pay, to, and for the benefit of the undermentioned Person <sup>and</sup>/<sub>or</sub> Persons, such payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person <sup>and</sup>/<sub>or</sub> Persons concerned, viz.:

Allotment begins October 1st 1917

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
3179	Wife	James Scott	St. John's, Nfld.	60
			Total Allotment, \$	60

NOTE.—This form must be completed by the Officer Commanding Company, signed by the Volunteer, countersigned by the Officer Commanding Company and handed to the Paymaster as authority to make the required payments on application.

(Sig.) W. J. Scott  
 Officer Commanding  
 Company  
Oct 1 1917

(Sig.) J. Scott  
 (Rank) Private  
W. J. Scott

Nº 3665



**1ST. NEWFOUNDLAND REGIMENT**

**ALLOTMENTS**

I, James Scott, Regl. No. 3949

hereby agree, until further notification by me, and in similar official form to make an Allotment of Sixty Dollars and Sixty Cents, per diem, from my Pay, to, and for the benefit of the undermentioned Person <sup>and</sup>/<sub>or</sub> Persons, such payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person <sup>and</sup>/<sub>or</sub> Persons concerned, viz.:

Allotment begins October 1<sup>st</sup> 1917

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
3119	Wife	James Scott	Penguin Arms Bay of Islands	60
		Cancelled 31/3/18. See R. 4252		
Total Allotment, \$				60

NOTE.—This form must be completed by the Officer Commanding Company, signed by the Volunteer, countersigned by the Officer Commanding Company and handed to the Paymaster as authority to make the required payments on application.

(Sig.) W. J. [Signature]  
 Officer Commanding  
 Company  
St. John's [Signature]  
 Oct 1 1917

(Sig.) J. Scott  
 (Rank) Private  
William B. [Signature]



Scott, J.S.

3949

Ray Sept

*copy*

N.F.P./12.

NEWFOUNDLAND CONTINGENT

**DUPLICATE MAIL COPY**  
Posted 16- APR 1918

CANCELLATION OF ALLOTMENT

I, (No) 3949 (Rank) Pte (Name) Scott J.  
 hereby apply for cancellation of Allotment made by me on N.F.P./11  
 No. \_\_\_\_\_ dated \_\_\_\_\_ in favour of  
Lambert Scott Bay of Islands  
 for \$ \_\_\_\_\_ cts 60 per diem.  
 Such cancellation to take effect on the First day of  
April 1918

2. I agree to accept all risks and consequences of this application failing to reach Headquarters, St. John's, in time to become operative at above nominated cancelling date; and that in the event of such non-delivery, and thereby the allotment continuing to be paid to the Allottee, I also agree to such further stoppage in the Pay Books as may be necessary, or otherwise to refund such overpaid amount or amounts.

*Handwritten initials*

Dated at  
Steyley Down Camp  
Winchester  
Mar 6 1918.

John X Scott  
 his  
 Allotter.

Approved and Witnessed:  
J. M. Emerson  
 O.C. "E" Company.

Witness John De  
*Handwritten signature*

*Noted 6/3/18*  
*John De*  
*6/3/18*  
*by*

*Handwritten initials*  
 21/3/18

To be made out in TRIPLICATE and delivered at the Pay & Record Office not later than date of cancellation, in accordance with P.&R.O. C.L./10, 9/12/16.

*copy*

NEWFOUNDLAND CONTINGENT

**DUPLICATE MAIL COPY**  
Posted 16 - APR 1918

ALLOTMENT

I, (No.) 3949 (Rank) Pte (Name) Scott J.

hereby agree, until further notification by me, and in required form, to make an allotment of \_\_\_\_\_ dollars and Forty cents per diem, from my pay, to and for the benefit of the undermentioned Person and/or Persons. Such payments to be made on proof of identity of the Person and/or Persons concerned, viz.,

Whether Wife Child, other Relative, or Friend	NAME (In Full.)	ADDRESS	AMOUNT (Each Person)	
			\$	c
<u>Father</u>  <i>OK</i>	<u>Lambert Scott</u>	<u>Woods Is Bay of Islands</u>		<u>10</u>

This Allotment to take effect from and including April 10<sup>th</sup> 1918

NOTE:- This Form must be completed and Signed by the Soldier, counter-signed by the Officer Commanding his Company, and forwarded to the C/Paymaster in accordance with P.&.R.O. C.L./10, 9/12/16.

(Sig.) [Signature]  
Officer Commanding,  
"C" Company.

Dated at Bayley's Down Camp  
Mar 8 1918

*Noted*  
*John Doe*  
*2/6/18*  
*6/2/18*

(Sig.) John<sup>his</sup> Scott  
Mark Allotter.

Witness  
[Signature]  
21/3/18

August 18, 1919

#3949 Pte. John Scott,  
Bay of Islands.

Dear Sir:-

Please find enclosed Discharge Certificate #3790.

Yours truly.

Captain & Paymaster.

# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 3949 Rank Pvt Name Scott J.S.  
 Intended place of residence Bay St. John  
 2. Occupation Fisherman  
 Classification of soldier B Medical Category F

3. The above named man is discharged in consequence of  
**DEMobilIZATION**  
**Eligible for War Service Gratuity**

4. His accounts are correctly balanced and I have impartially inquired into all matters brought before me, in accordance with Regulations.  
 Place, ST. JOHN'S  
 Date 2-8-19 *J.A. Snow capt*  
 Commanding Discharge Depot  
 The Royal Newfoundland Regiment

## CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

5. I hereby acknowledge that I have received all my pay and allowances (including clothing allowance) and all just demands up to the present date, and hereby release the Discharge Depot, Royal Newfoundland Regiment, of all financial responsibility in my connection.  
 Place, ST. JOHN'S  
 Date 2-8-19 *J.S. Scott*  
 Signature of soldier  
*J.A. Snow capt*  
 Signature of witness

## CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

6. I hereby certify that I am in a position to resume civilian occupation immediately on discharge.  
 Place, ST. JOHN'S  
 Date 2-8-19 *J.S. Scott*  
 Signature of soldier  
*James O'Sullivan*  
 Signature of witness

## STATEMENT OF SERVICE

7. Enlisted for service 11-9-17 No. of days on Military  
 Discharged from service 2-8-19 Plus 14 days Service 705

## APPROVAL OF DISCHARGE

8. The discharge of the above mentioned soldier is hereby approved to be confirmed by the Officer in Charge, The Royal Newfoundland Regiment, twenty 14 days from date.  
 Place, ST. JOHN'S  
 Date AUG 2 1919 *N. R. Cooper Capt*  
 Officer Commanding Discharge Depot  
 The Royal Newfoundland Regiment

## CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed.  
 Place, ST. JOHN'S  
 Date August 16/1919 *J. M. Bowley Capt*  
 Officer in Charge  
 The Royal Newfoundland Regiment

*27320791 3790*

20  
31  
30  
31  
31  
24  
31  
30  
31  
30  
31  
16  
0

# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 5949 Rank Plr Name Scott J G  
 Date of Enlistment 11-9-17 Address Bay of Sts District District St Georges  
 Occupation Fisherman Classification for Discharge B Medical Category E1  
 Recommendation S.M.B. Commandant Disability Rating Total White m/Up  
 Passed to Demobilization Officer with following documents:—

N.F. P/36	B 268	B 121	N.F. Med	D.F. 1
B 178	W 3494	B 122	Board 1st	" 2
B 178a	D 400A	B 1915	do 2nd	" 3
B 179	D 400B	Form L	do 3rd	" 4
B 179a	D 400C	Form K	do 4th	" 5
B 179b	B 103	ME 2		" 6
B 179c	B 120	M 93		

Date 1-8-19

O. C. Discharge Depot.

### PARTICULARS FOR DEMOBILIZATION

#### 1. Civil Re-Establishment.

I am ..... in a position to resume civilian occupation.

*J. G. Scott*  
*man*

Particulars passed to Vocational Officer for information and action.

Date 1-8-19

#### 2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable

(b) Clothing Supplied

Date 2-8-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. \_\_\_\_\_ to his home  
 at Bay of Islands and Release Certificate No. 3787 issued.

Date 2-8-19 *J.A. Snow capt*  
 Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection  
 therewith settled. He has received pay and allowances to 16-8-19

Date 2-8-19 *J.A. Snow capt*  
 Depot Paymaster.

Discharge approved for 2-8-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P 36	B 268	B 121	1	N.F. Med.	D.F. 1	1
F 178	W 3494	B 122		Board 1st	" 2	1
B 178a	D 400A	B 1915	1	do 2nd	" 3	2
B 179	D 400B	Form L		do 3rd	" 4	1
B 179a	D 400C	Form K		do 4th	" 5	1
B 179b	B 103	ME 2	1		" 6	
B 179c	B 120	M 93				

Date 2-8-19 *J.A. Snow capt*  
 Demobilization Officer.

APPROVED.

Documents as above forwarded to:-  
 Officer i/c Records.  
 Board of Pension Commissioners.  
 with following additional documents.

Eligible for War Service Gratuity

Date AUG 2 1919 **L. R. COOPER, CAPT.**  
 O. C. Discharge Depot.

Received the above noted documents from O. C. Discharge Depot.

Date .....

## Civil Re-establishment Committee



I HEREBY CERTIFY that I have had an interview with the Vocational Officer of the Civil Re-establishment Committee or other recognized vocational agent of the Committee who has explained to me the provisions made by the Committee for the industrial re-training of disabled or partially disabled sailors and soldiers as well as the readiness of the Committee to assist any returned sailors and soldiers (whether disabled or not) to find employment. My decision is as follows:

To Remain in Hospital

*J. Scott*  
man  
Signature of Man.

Reg. No. 3949

*J. A. Newcomb*  
Signature of the Vocational Officer or his Representative.

Place

*Al-Johns*

Date

*2-8-19*

191



To be used only for Special Reserve Recruits, and for Special Reservists enlisting into the Regular Army.

# MEDICAL HISTORY

Surname Scott OF Christian Name Steu Samuel

Table I.—GENERAL TABLE.

Birthplace:—Parish Bay of Islands, County \_\_\_\_\_

	SPECIAL RESERVE.		REGULAR ARMY.	
	Right	Left	Right	Left
Examined	on 11 day of Sept. 1917	on	day of	191
	at Headquarters	at		
Declared Age	21 years 2 months		years	days
Trade or Occupation	Fisherman			
Height	5 feet 6 inches		feet	inches
Weight	124 1/2 lbs.		lbs.	lbs.
Chest Measurement	Girth when fully expanded...	35 inches		inches
	Range of Expansion..	3 inches		inches
Physical Development				
Vaccination Marks	Arms			
	Number			
When Vaccinated				
Vision	R.E.—V=	6/6	R.E.—V=	
	L.E.—V=	6/6	L.E.—V=	
(a) Marks indicating congenital peculiarities or previous disease	(a)		(a)	
(b) Slight defects but not sufficient to cause rejection	(b)		(b)	
Approved by (Signature)	<u>Samuel Paterson</u>			
(Rank)	Major			
	Medical Officer.		Medical Officer.	
Enlisted	at St Johns	at		
	on 11 day of Sep 1917	on	day of	191
Joined on Enlistment	Corps.	Regtl. No.	Corps.	Regtl. No.
	H/11 B.L.D. 6 Regt	3949		
Transferred to				
Became non-effective by	on	day of	191	on
			day of	191
[Signature]				
[Rank]				





## Descriptive Return of a Soldier Discharged on Account of Disability

**INSTRUCTIONS**—This form is to be completed in the case of every discharged soldier whose claim to pension, on account of disability, is to be submitted for the consideration of the Pensions and Disabilities Board.

This section should be completed in the Hospital at which a man is attending at the time of his examination by a Medical Board, or, if the man is not in Hospital, by the Medical Officer of the Unit or Command Depot. The Soldier should be given a full opportunity of examining it, as, if awarded a pension, his subsequent identification depends on his confirming this declaration. The "Rank," "Station" and "Date" should be in his own handwriting.

The form will then be attached to the Proceedings of the man's Medical Board and will be forwarded to the O. i. c. Records together with the remainder of the man's documents.

Changes occurring in the description subsequent to the date of admission to pension should be noted in red ink.

Name in full *John Scott*

Regiment from which discharged *Royal Newfoundland*

Regimental number *3949*

Intended address

Height on discharge *5'* Feet *3"*

Color of hair on discharge *Brown*

Complexion *Dark*

Color of eyes *Brown*

Descriptive Marks

Figure on discharge

Christian name of Father

Christian name of Mother

Wife's maiden name in full

Date and place of marriage

Christian names of children

Place and date of soldier's birth

Nature and locality of civil employment required

I declare that I am the soldier referred to above and that all the particulars contained in the above statement are, to the best of my knowledge, correct

(Soldier's signature in full)

(Rank)

Station

Date

I certify that the above named soldier signed the foregoing declaration in my presence, and that the above description and details are, to the best of my knowledge correct.



*J. Jones*  
Medical Officer i/c Hospital.  
Unit, or Command Depot.

Station

Date

*28/7/09*

  
 Department of Militia, Newfoundland  
 Medical Department

*Medical Report on an Invalid*

## NOTES:

- (a) This report is solely concerned with Pensions.
- (b) A single copy only is required.
- (c) "Aggravated" being now a technical term, carrying right to pension, discrimination in its use is essential.
- (d) Be as brief as possible compatible with lucidity.
- (e) Avoid dubiety—"perhaps," "possibly," "might" and the like.
- (f) Only sufficient clinical data need be given to establish the degree of disability and assist the Board in arriving at a decision.

STATEMENT OF CASE

Station.....**St. John's**.....Date.....**28-7-19**.....1. Unit *Royal Newfoundland*5. Age last birthday **22**2. Regimental No. **3949**6. Enlisted on **August 1917**3. Rank **Pte**at **St John's**4. Name **Scott John**7. Former trade or occupation **Fisherman**

8. Disability

**Accidentally injured feet**

9. History

**Whilst on home leave after returning with "Corsican" draft, injured left foot, with are fracturing 2nd phalanx of big toe but not severing tendons, as movements of toe are free and full, except great toe which is weak.**

10. What is his present condition ?

**Transverse scar across dorsal surface, left foot result of big toe of are enjury, 2nd phalanx fractured and movements limited and weak. Otherwise system negative**

(This is the important question. Be brief—the clearer the case the less need be written. Read note f above)

11. Was sanatorium advised and refused ?  
operation

**N-A**

12. Do you recommend discharge as permanently unfit ?

**Yes**

Signature

**J. B. O'REILLY.....**

Rank or Qualification

**....Captain.....**

Remarks if any by Officer i | c Hospital.

Place

Signature

Date

Rank

## Opinion of the Medical Board

In para. 13, the President should write "may" or "cannot" at x  
Erase inapplicable words

13. For pension purposes, the disability x be considered as aggravated by :—  
due to
- (a) Service during this war. (b) Climate. (c) Ordinary Military Service  
Remarks if any :—
14. Does the Board concur in preceding report ? (see Sect. 10). If not give differing opinion and additional findings.

**Yes**

15. (a) **THE ENTIRE DISABILITY**—To what extent is his capacity lessened at present for earning a full livelihood in the general labor market ? **Total**
- (b) **PENSIONABLE DISABILITY**—To what extent is his capacity at present for earning a full livelihood in the general labor market lessened by that portion of his disability to or incurred during service ? **Total while in hospital**
- (State in percentage.)

Remarks if any :—

16. Is the disability permanent ? **Yes**
17. Has the disability been aggravated by (a) Intemperance (b) Misconduct
18. The refusal of operation sanitorium is :— (a) Reasonable (b) Unreasonable

Remarks if any :—

19. If fit subject for Hospital do you recommend admittance to { General Hospital  
Naval and Military Convalescent Hospital,  
Jensen Tuberculosis Camp.

20. We recommend discharge from retention in the Army

Remarks if any :—

Remain in hospital

.....**L. PATERSON, MAJOR**.....  
President

Signatures.....**J. S. TAIT**.....

.....**J. B. O'REILLY**.....

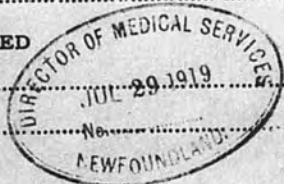
Place .....**St. John's**.....

Date ....**29.7.19**.....

APPROVED

Station .....

Date .....



.....**GLUNY MACPHERSON, MAJOR**.....  
Administrative Medical Officer.

Army Form B. 103.

Regimental Number 3949

**Casualty Form—Active Service.**

Regiment or Corps Royal Newfoundland  
 Rank Pte Surname Scott Christian Name John Samuel  
 Religion C of E Age on Enlistment 21 years 2 months  
 Enlisted (a) 11-9-17 Terms of Service (a) duration Service reckons from (a) 11-9-17  
 Date of promotion to present rank..... Date of appointment to lance rank.....  
 Extended { ..... } Re-engaged { ..... } Qualification (b).....  
 or Corps Trade and rate 2.5 MAY 1918  
 Occupation Fisherman L. F. Garland, Lieut. Signature of Officer.



Report		Record of promotions, reductions, transfers, casualties, &c., 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 of Casualty	Date of Casualty	Remarks Taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				
		Embarked ...	<u>25-5-18</u>		
		Disembarked	<u>27-5-18</u>		
		Imperial Station	<u>31-5-18</u>		
		<u>leave to W.N. 19/4/19 to 25/4/19.</u>			<u>B213</u>
		<del>to Depot at Cape St. John's</del>			
		<u>Joined Depot UK 25-4-19</u>			

*ms*

(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) Signaller, Shoeing-Smith, &c.  
 W. 5327—M2093 1000m 7/17 (25686) C. P. & S., Ltd. Forms B./103 E/1555.

# The Royal Newfoundland Regiment

Class for Demobilization:—

*B*

Report of Demobilization  
Travelling Board, held on soldier for  
discharge.

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date

*29-7-19*

Regimental No.

*3949*

Name

*John Scott*

Address

Present Medical Category

*F*

Recommended for:—

- (a) ~~Immediate discharge~~
- (b) Standing Medical Board

Members of Board

O.C. Discharge Depot.

*J. P. A. ...*  
Senior Medical Officer

M.O. Depot



**Medical Report on an Invalid.**

Station Wazley Down

Date 30/11/19

- 1. Unit Royal Newfoundland
- 2. Regimental No. 3949
- 3. Rank plc
- 4. Name Scott John
- 5. Age last birthday 24
- 6. Enlisted { on aug 14/17  
at St John

7. Former Trade } Tradesman  
or Occupation }

- 7A. If with previous service in Army, state—

  - (a) Former Unit;
  - (b) Regimental No.;
  - (c) Date of Discharge;
  - (d) Cause of Discharge.

**8. Disability in respect of which invaliding is Proposed.**  
(Other disabilities should be reported upon in answer to question No. 19).

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. nil
- 10. Place of origin of disability. nil
- 11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case. nil  
nil

- 12. Give your opinion as to the causation of the disability, stating whether in your opinion it is—

  - (a) attributable to or aggravated by service during the present war, climate, or ordinary military service. (The specific condition to which it is attributed should be stated, see Notes on page 3).
  - (b) constitutional or hereditary, and not aggravated by service during the present war.
  - (c) attributable to or aggravated by want of proper care on the man's part, e.g., intemperance, misconduct, &c.

na.

*No complains of no disability*

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.*

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

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

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

- If so—
- (a) When?
  - (b) Where?
  - (c) Opinion?

16. Was an operation performed? If so, what?

*na.*

17. If not, was an operation advised and declined?

*na.*

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?

*na.*

19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding, and state whether they are attributable to or have been aggravated by service during the present war.

*na.*

*Repatriation*

20. Do you recommend—

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

*W.S. Proctor*      *Capt Rame*

Officer in medical charge of case.

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

Station *Stazely Barr*

Officer in charge of Hospital.

Date *30/1/19*

\*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.

Sept. .11, 1919

#3949 Pte. John Scott,  
Bay of Islands.

Dear Sir-

Referring to your application I enclose  
cheque for Seventy dollars (\$70.00), being amount  
of first payment due you on account of War Service  
Gratu ty.

Yours truly

Captain & Paymaster.

11/10  
6711

DEPARTMENT OF MILITIA.  
WAR SERVICE GRATUITY.

St. John's, Newfoundland.

Declaration required of Officers and men of the Royal Newfoundland Regiment, who claims War Service Gratuity under Order-in-Council dated January 28th. 1919.

A complete reply must be given to every question in this Declaration there must be no blanks and no dashes. If any questions are not applicable, the words "NOT APPLICABLE" must be written out.

On completion this Declaration is to be returned to THE OFFICER I/C RECORDS, PAY & RECORD OFFICE, ST. JOHN'S.

Christian name *John* ..... S. Name *Scott* .....

3. Rank *Plt* ..... 4. Regtl. No. *3949* .....

5. Address in full to which future payments of gratuity are to be forwarded. *Bay of Islands, St. George's* .....

6. Date of enlistment in the Regiment. *Aug. 17/17* .....

7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge.....

8. Relationship of such dependents.....

9. Address in full of such dependents.....

10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier?.....

11. Were you on active service only in Nfld, if so, give dates and particulars of such service. *Overseas* .....

12. Give total length of time which you served on active service, whether in Nfld. or Overseas. *From Aug. 17/17 to Aug. 14/19* ..... 1  $\frac{2}{2}$  .....

13. Have you had more than one enlistment? If so, give particulars of discharge and re-enlistments, and under what regimental numbers.

*No*

14. Have you already received any payment of Post Discharge pay or War Service Gratuity? If so, state amount you and your dependents have already received and by whom paid.

15. Have you been issued with a War Service Badge?

*No*

16. Have you, during the present war, served in the Imperial Forces?

*No*

17. Are you entitled to receive, or have you received any Gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled.

*No*

18. Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England?

*No*

(b) If so, was such reversion in consequence of Misconduct or inefficiency?

19. Are you now serving in the Rest? If not give - (a) date of discharge. (b) Reason for discharge.

*Aug 9, 14/19  
Slumpottery*

*Reinstatement*

20. Did you at any time serve at the front in an actual theatre of War? If so give particulars of places, and dates of such service.

*France, Belgium + Germany - Arras  
Cpl. 1918 to January 1919*

21. (a) Are you receiving treatment from the Civil Re-Establishment Com. (b) If so are you in receipt of full pay and allowances from that Committee.

And I make this solemn declaration, conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under Oath.

*John Scott*

Signature of Applicant:

Place of Residence: *Bay of Islands, St. George's*

Declared before me at: *St. John's, Nfld*

This *14th* day of *August* 19*.17*...

Signature of Barrister of the  
Supreme Court, Stipendiary Magistrate,  
Notary Public, Justice of the Peace,  
or Commissioner of affidavits.

*John McCarthy*  
*J.P.*

POST DISCHARGE PAY.				Net amount due
Date paid	Paid Soldier.	Paid Dependent.	War Service Gratuity.	
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
Certified correct.			Paymaster	

# ORIGINAL.

No. 10505

N.F.P./54.

NEWFOUNDLAND CONTINGENT

To: **The Minister of Militia,  
St. Johns  
Newfoundland**No. 506

" " Company.

MEMORANDUM OF ~~STOPPAGES~~/CREDITS on account of  
**Error in Payments**

NOTE: - Charge under

Column.

~~Debits~~

Pay and Record Office London

Regtl No.	Rank & Name	Particulars & Authority	AMOUNT					
			£	s	d			
✓ 3949	Pte. Scott J.	Charged in error 10/- As per observation 1st. Bn. Boks. Period ended 20/5/19				10	0	
						10	0	

Pay & Record Office,  
58 Victoria Street,  
London, S.W. 1.*Aug. 16th* 1919.*A. A. Minshall Maj.*  
Chief Staff Officer (London).CERTIFIED THAT the above ~~Stoppages~~/Credits have been made

in the Pay Book "Hqrs." Co'y for Period / / to / /

and Debited to P. and R. Office, London

Dated at \_\_\_\_\_

\_\_\_\_\_ 1919.

O.C. " " Company,

\_\_\_\_\_ Battalion.

Return ORIGINAL, retain DUPLICATE.

# DUPLICATE.

No. 10505

N.F.P./54.

NEWFOUNDLAND CONTINGENT

No. 506

To: **The Minister of Militia,  
St. Johns  
Newfoundland**

" " Company.

MEMORANDUM OF STOPPAGES/CREDITS on account of

## Error in Payments

NOTE:- Charge under

Column.

~~Debit~~

Regtl No.	Rank & Name	Pay and Record Office London Authority	AMOUNT					
			£	s	d			
3949	Pte. Scott J.	Charged in error 10/- As per observation 1st. Bn. Bombs. Period ended 20/5/19			10	0		
					10	0		

CHECKED  
*S.P.*  
16/8/19

Pay & Record Office,  
58 Victoria Street,  
London, S.W. 1.

*Aug. 16<sup>th</sup>* 1919.

*B.A. [Signature]*  
Chief Staff Officer (London).

CERTIFIED THAT the above ~~Stoppages~~ Credits have been made

in the Pay Book " " Co'y for Period / / to / /  
Hrs.

and Debited to P. and R. Office, London

\_\_\_\_\_ 1919.

O.C. " " Company,  
\_\_\_\_\_ Battalion.

Return ORIGINAL, retain DUPLICATE.





Receipt for Army Book 64

No. 3949 Name J. Scott

To Certify that I have received the AB 64 of the above  
named Soldier.

3949 J. Scott  
Name .....

Date Jan 25

Place Bluff Hall O.N.C.  
Canada

N.B. For completion and return to the Department of Militia  
insert in corner of envelope "AB 64"

*File*

DUPLICATE.  
ORIGINAL

N.F.P./12.

NEWFOUNDLAND CONTINGENT

CANCELLATION OF ALLOTMENT

1. I, (No) 5949 (Rank) Pte (Name) Scott J.

hereby apply for cancellation of Allotment made by me on N.F.P./11

No. \_\_\_\_\_ dated \_\_\_\_\_ in favour of

Lambert Scott Bay of Islands  
for \$ — cts 50 per diem.

Such cancellation to take effect on the First day of  
April 1918

2. I agree to accept all risks and consequences of this application failing to reach Headquarters, St. John's, in time to become operative at above nominated cancelling date; and that in the event of such non-delivery, and thereby the allotment continuing to be paid to the Allottee, I also agree to such further stoppage in the Pay Books as may be necessary, or otherwise to refund such overpaid amount or amounts.

Dated at

Hayley Down Camp  
Winchester  
Mar 6 1918

John X Scott  
Allottee.

Approved and Witnessed:

[Signature]  
O.C. "C" Company.

Witness [Signature]  
9/6/18

*Noted  
9/3/18  
John X Scott  
9/6/18  
"C" Coy.*

[Signature]  
2/3/18

To be made out in TRIPLICATE and delivered at the Pay & Record Office not later than date of cancellation, in accordance with P.&R.O. C.L./10, 9/12/16.

NEWFOUNDLAND CONTINGENT

ALLOTMENT

I, (No.) 3949 (Rank) Pte (Name) Scott J.  
 hereby agree, until further notification by me, and in required form,  
 to make an allotment of — dollars and Forty cents  
 per diem, from my pay, to and for the benefit of the undermentioned  
 Person and/or Persons. Such payments to be made on proof of identity  
 of the Person and/or Persons concerned, viz.,

Whether Wife Child, other Relative, or Friend	NAME (In Full.)	ADDRESS	AMOUNT (Each Person)	
			\$	c
Father  <i>OK. U.S. Bureau</i>	Lambert Scott	Woods Is Bay of Island		40

This Allotment to take effect from and including April 1<sup>st</sup> 1918

NOTE:- This Form must be completed and Signed by the Soldier, counter-  
 signed by the Officer Commanding his Company, and forwarded to the  
 C/Paymaster in accordance with P.&R.O. G.L./10, 9/12/16.

(Sig.) J. M. Emerson C.  
 Officer Commanding,  
 "C" Company.

Dated at Hayley Down Camp  
Mar 8 1918

(Sig.) John X Scott  
 Mak. Allotter.

Witness  
John De  
 9/28/18  
MM  
 21/3/18

*Noted  
 6/3/18  
 John De  
 4/6/18  
 6/6/18*

C.R. 3949

RECEIPT.

FOR ISSUE OF RIBAND OF VICTORY MEDAL 1914-1919.

I certify that I have received an issue of 2 inches  
of Riband of Victory Medal 1914-1919.

NO. 3949.. NAME *Pte. John. Scott*  
DATE. *7 Feb*  
PLACE. *Regiment. arm.* *Bay of Islands*

1801

Fold Here

**ON HIS MAJESTY'S SERVICE**

To the Officer in Charge of Records,

*Royal Nfld. Regt.*

*Dept. of Militia,*

*ST. JOHN'S. Nfld.*

Fold Here

PRINTED

PL

1801

Address

[10.1.0]

*Handwritten initials*

SEP 23 1921.

The accompanying **Victory Medal** and/or **British War Medal**

is/are forwarded herewith to

John S. Scott

in respect of his service as No. 3949 Rank Pte.

Name J. S. Scott

Royal Nfld. Regt.

Receipt of the same should be acknowledged hereon.

Received March. Th 23

Signature P. A. [unclear]

P. A. [unclear]

Date 19.23.

Address Sovis East P. E. I.

Fold Here

---

**ON HIS MAJESTY'S SERVICE**

To the Officer in Charge of Records,

The Royal Nfld Regt.,

Dept of Militia,

St. John's Nfld.

---

Fold Here



July 9th. 1921. 1917.

The accompanying King's Certificate, on his discharge,

(No. 1514), is forwarded herewith to

John S. Scott, Bluff Labredore

in respect of his service as No. 3949 Rank Pvte.

Name John S. Scott, Corps Royal Nfld Regt.,

Receipt of the same should be acknowledged hereon *Hof.*

Received August 1st 1921 *Hof.*

Signature John S Scott

Date August 7 1921 *Hof.*

Address Conradien Labredore

# Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms  
B 121  
39.

Regiment of

*1st Newfoundland.*

Number of Sheet

*First.*

Signature of O. C. Company

*W. J. G.*

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay	
No.	<i>3949 Scott John S.</i>	Age on	<i>21</i> years <i>2</i> months	<i>Fisherman</i>		
Joined		Date	Place and Date of Enlistment	Religion		
Joined		Date	<i>St John's 11-9-17</i>	<i>C. of E.</i>		Place of Birth
Joined		Date				
Joined		Date				
Period of	with Colours	<i>340</i> years.				
	with Reserve	<i>365</i> years.				

Place	Date of Offence	Rank	Cases of Drunkenness	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
<i>St. Johns N.F.</i>	<i>22-9-17</i>	<i>Pvt.</i>		<i>Neglect of Duty</i>	<i>Sgt Huxsey</i>	<i>1 Extra Guard.</i>	<i>22-9-17</i>	<i>J. O. Brady Esq. &amp; Adj.</i>	<i>As</i>
<i>Demobilized St John's, 16/8/19</i>									

To be carried over

23949

# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 3949 Rank Private Name Scott J. J.  
 Date of Enlistment 11-9-17 Address Bay of St. Georges District St. Georges  
 Occupation Fisherman Classification for Discharge B Medical Category F  
 Recommendation S.M.B. Permitted Disability Rating Total While in Hosp  
 Passed to Demobilization Officer with following documents:—

N.F. P 36	B 268	B 121	1	N.F. Med.	D.F. 1	1
B 178	W 3494	B 122		Board 1st	" 2	
B 178a	1 D 400A	1 B 1915	1	do 2nd	" 3	3
B 179	2 D 400B	Form L		do 3rd	" 4	
B 179a	D 400C	Form K		do 4th	" 5	
B 179b	B 103	ME 2			" 6	
B 179c	B 120	M 93				

Date 1-8-19 O. C. Discharge Depot St. John's

### PARTICULARS FOR DEMOBILIZATION

#### i. Civil Re-Establishment.

I am.....in a position to resume civilian occupation.  
J. J. Scott  
man

Particulars passed to Vocational Officer for information and action.

Date 1-8-19

#### 2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable \$65.00
- (b) ~~Clothing Supplied~~ None

Date 2-8-19 O i/c. Re-clothing

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. \_\_\_\_\_ to his home  
 at Bay of Islands and Release Certificate No. 3787 issued.

Date 2-9-19

*J.A. Snow capt*  
 Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection  
 therewith settled. He has received pay and allowances to 16-8-19

Date 2-9-19

*J.A. Snow capt*  
 Depot Paymaster

Discharge approved for 2-8-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P/36	B 268	B 121	N.F. Med.	D.F. 1
B 178	W 3494	B 122	Board 1st	" 2
B 178a	D 400A	B 1915	do 2nd	" 3
B 179	D 400B	Form L	do 3rd	" 4
B 179a	D 400C	Form K	do 4th	" 5
B 179b	B 103	ME 2		" 6
B 179c	B 120	M 93		

Date 2-9-19

*J.A. Snow capt*  
 Demobilization Officer.

APPROVED.

Documents as above forwarded to:—

Officer i/c Records.  
 Board of Pension Commissioners.

with following additional documents.

**Eligible for War Service Gratuity**

Date AUG 2 1919

**L. R. COSPER, CAPT.**  
 O. C. Discharge Depot.

Received the above noted documents from O. C. Discharge Depot.

Date Aug 15/19

*J.H.T.*

Aug. 6th, 1919

From Officer Commanding,  
Discharge Depot

To Office of D.M.S.,  
Militia Department.

The undermentioned men, patients of the General Hospital, were before the Standing Medical Board on 22-7-19 and were recommended for discharge but to remain in the General Hospital.

They have been discharged from 2-8-19.

4239	Pte.	H. Piercy
3949	"	J. Scott
2640	"	J. Edgar
4901	"	T. Drake

Copy to Bd. of Pension Commissioners