

7 M. D. First Depot Battalion New Brunswick Regiment

1st DEPOT BATTALION, N. B. REGIMENT.

Regtl. No. 3255 778

## PARTICULARS OF RECRUIT

DRAFTED UNDER MILITARY SERVICE ACT, 1917

Original,

(Class one)

1. Surname Taylor
2. Christian name John
3. Present address 46 Archibald St., Moncton, N.B.
4. Military Service Act letter and number 652006FC 3255778
5. Date of birth 11/1/1894
6. Place of birth Apple River, N.S.  
(town, township or county and country)
7. Married, widower or single Single
8. Religion Methodist
9. Trade or calling Stenographer
10. Name of next-of-kin Thomas Taylor
11. Relationship of next-of-kin Father
12. Address of next-of-kin Apple River, N. S.
13. Whether at present a member of the Active Militia No
14. Particulars of previous military or naval service, if any Nil
15. Medical Examination under Military Service Act:—  
(a) Place Moncton, N.B. (b) Date 12/9/17 (c) Category A2

### DECLARATION OF RECRUIT

I, John Taylor, do solemnly declare that the above particulars refer to me, and are true.

John Taylor (Signature of Recruit)

### DESCRIPTION ON CALLING UP

Apparent age 23 yrs. 5 mths.  
Height 5 ft. 8 ins.  
Chest } fully expanded 37 ins.  
measurement } range of expansion 5 ins.  
Complexion Medium  
Eyes Blue  
Hair Brown

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

O. C. D. D. McArthur Major  
for O. C. 1st Depot Battalion  
New Brunswick Regiment. Regt.

Place St. John, N.B. Date 18/1/18







## REGIMENTAL DOCUMENTS

NAME

TAYLOR JOHN

REGT. NO.

3255778

UNIT

1/200A

H. Q. FILE NO.

## CONTENTS

DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

M. F. W. 2505  
REFERENCE

NON-EFFECTIVE BY

ATTESTATION PAPER (M.F.W. 23, 133, or 51)

CASUALTY FORM (M.F.W. 54 or A.F.B. 103)

TRAINING HISTORY SHEET (M.F.W. 113)

FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)

REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)

COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)

MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)

DENTAL HISTORY SHEET (M.F.B. 465)

MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)

MEDICAL EXAMINATION (M.F.W. 129)

TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)

PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)

DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)

LAST PAY CERTIFICATE (M.F.W. 44)

PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)

PARTICULARS OF CHARACTER (A.F.W. 3226)

COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)

DEATH

Category

DISCHARGE

Category

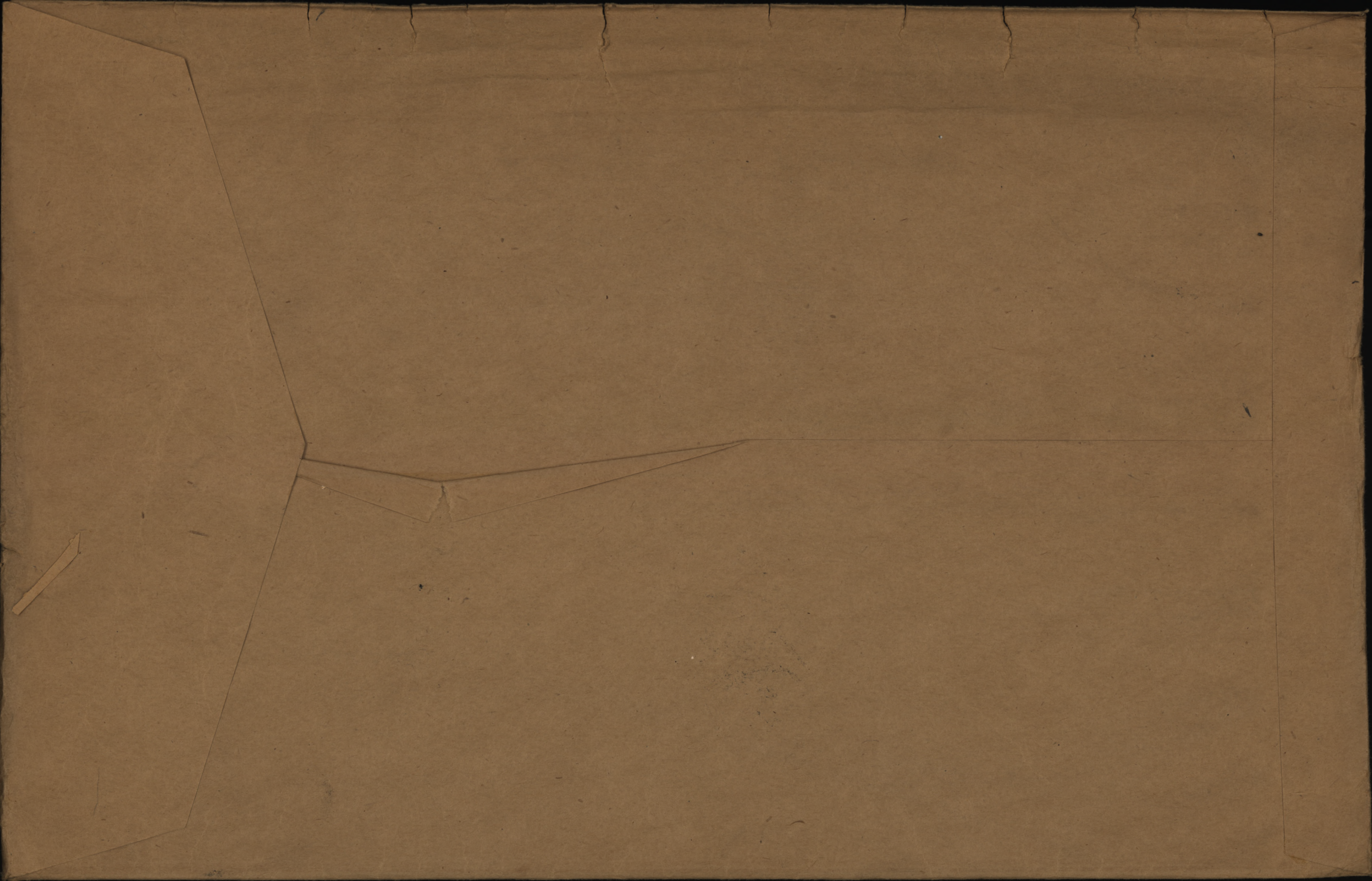
DESERTION

03231

26 - 22  
4 - 22  
6 - 22

483262







*meth.*

*bat.*  
*c. 3.*

M. F. W. 71-500M.-5 18.  
1772-39-961.

NAME

*Taylor John.*

REGIMENTAL NO.

*3255778.*

RANK

*4. Sgt.*

ENLISTED AT

*St John N. B.*

PROMOTIONS, &c.  
AND DATE

DATE

*18/1/18.*

IF SERVED PREVIOUSLY, STATE UNIT, &c.

MARRIED, WIDOWER, OR SINGLE

*S.*

NEXT OF KIN

*Thos. Taylor*

RELATIONSHIP

ADDRESS OF

*Apple River N. S.*

ASSIGNMENT OF PAY &

*nil*

C.

TO

ADDRESS

SEPARATION ALLOWANCE, ENTITLED OR NOT

*not*

DATE APPLICATION FORWARDED TO DIVISIONAL PAYMASTER

IN WHOSE FAVOUR

*Beth & Room*



# CASUALTIES, &c.

NATURE E.G. ABSENCE, PROMOTION, &c.	PART II. D. O.		REMARKS IF IN HOSPITAL, NOTE NAME, &c.
	NO.	DATE	
<i>S/S. Demobilization</i> <i>RO 1420 Para C</i> <i>12/12/18</i>	<i>116</i>	<i>26/4/19</i>	



9811.

REG. NO. 3255717 NAME Taylor John.  
(SURNAME FIRST) 3  
RANK Pte. CORPS 1st. D. B. N. B.  
AGE 23 SERVICE 639-365.  
NAME OF HOSPITAL Military PLACE St. John N. B.  
DATE OF ADMISSION 26-2-18.  
DISEASE Measles.  
DISCHARGE 13-3-18.  
OPERATION  
DISCHARGED TO DUTY yes.  
TRANSFERRED TO  
DISCHARGED BY MEDICAL BOARD  
100M-9-17-H.Q. 1211-8-30.



REMARKS .....

This image shows a single sheet of off-white or cream-colored paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or printed text on the paper. A small red mark is visible near the top center edge.



# CANADIAN EXPEDITIONARY FORCE

## Discharge Certificate

This is to Certify that No. **3,255,778** (Rank) **A/Sergeant**

Name (in full) **John Taylor** enlisted in  
the **First Depot Battalion, N.B. Regiment.**

CANADIAN EXPEDITIONARY FORCE at **St. John, N.B.** on the **Eighteenth**  
day of **January** 19 **18.**

HE served in **Canada**

and is now discharged from the service by reason of **Demobilization**

**Auth. R.O. 1420, Para. C, d-12-12-18.**

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

Age **23.....5**

Height **5.....8**

Complexion **Medium**

Eyes **Blue**

Hair **Brown**

Marks or Scars

**N I L**

*John Taylor*

Signature of Soldier

Issuing Officer

Date of Discharge **April 26th, 1919.**

Signed at **St. John, N.B.** this

**26th**

day of

**April**

19

**19.**

in Military District No. **Seven (7)**

File Reference No.

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. .... (Rank) ..... Name .....

Unit .....

Address on Discharge .....

Character and Conduct .....

Former Occupation .....

Special Qualifications of Value in Civil Life .....

Medals and Decorations .....

Remarks .....

Signed at ..... this ..... day of ..... 19 .....

.....  
Name of Officer

.....  
Rank

.....  
Appointment

On demobilization the particulars called for on this certificate will not be completed.



M. F. W. 54. (A. F. B. 103.)

350m. — 5-16

H. Q. 1772-39-920.

## Casualty Form—Active Service.

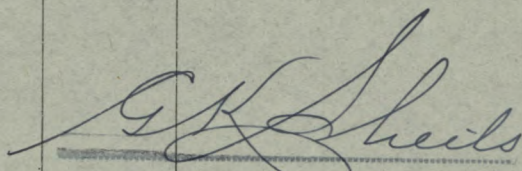
Unit, Regiment or Corps. 1st DEPOT BATTALION, N. B. REGIMENT.

Regimental No. 3,255,778 Rank Private Name TAYLOR John  
C. E. F.

Enlisted (a) 18-1-18 Terms of Service (a) Duration of War Service reckons from (a) 18-1-18

Date of promotion to }  
present rank } ..... Date of appointment }  
to lance rank } ..... Numerical position on }  
roll of N. C. Os. } .....

Extended. . . . . Re-engaged. . . . . Qualification (b). Stenographer

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				
19	OC 18 DB MR	805 Demoralization 201420. Para C. 12/12/18	848 NB	16/4/19	DD. 116 Sheet Part II 16/4
					 Adjutant, 1st. Depot Battalion New Brunswick Regiment.

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

[P.T.O.]



Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				



# MEDICAL EXAMINATION UPON LEAVING THE SERVICE OF OFFICERS AND OTHER RANKS WHO HAVE NO DISABILITY.

Officers and Other Ranks leaving the service for reasons other than medical unfitness are to be reported on this form. Where there is evidence of any undetermined or progressive disability, this form will not be used, but the case will be referred to a Medical Board for completion of M.F.B. 227.

No. 3255778 Rank Lgt. Surname TAYLOR  
(Given name in full) JOHN  
Unit or Corps 1st Depot Bn Birthplace Apple River NS

(Examination of Officer or Other Rank (stripped) to be made by one Medical Officer).

## 1. GENERAL DESCRIPTION:

Physique good Weight 150 lbs. Height 5 ft. 9 in. Colour of Eyes blue  
Nutrition good  
Pulse 70  
Condition of arteries good  
Vision Rt. 20 Left 20  
Hearing (conversational voice) Rt. 18 ft.  
Left 18 ft.

Identification marks, scars, or deformities.  
(Give cause and date of origin).

Opinion as to general health and physical condition good

## 2. Has Officer or Other Rank ever suffered from, or has he now, any affection of the following systems? (Answer "Yes" or "No"). (Subjective evidence may be sufficient in certain cases.)

Nervous System no Genito Urinary Sytem no Cardio-Vascular System no  
Special Senses no Integumentary System yes Respiratory System no  
Disturbance of mentality no Muscular System no Digestive System no  
Osseous and Joint System no Any other general condition no

## 3. If the answer to any part of Section 2 above is "Yes," here give full particulars, with cause and date of origin; and also a description of the present condition.

Measles . 26-2-18 . no disability



EXAMINATIONS.  
OFFICERS AND OTHER RANKS WHO HAVE NO DISABILITY

THIS SECTION FOR USE OVERSEAS—

Examined at ..... (Overseas)

Date ..... Signed ..... M.O.

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to or during service.

Signature .....

(If not satisfied, M.F.B. 227 will be completed by Medical Board.)

THIS SECTION FOR USE IN CANADA—

Examined at *St John N.S.* ..... (Canada)

Date *25 April 1919* ..... Signed *B. Washburn* ..... M.O.

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to, or during service.

Signature *John Taylor* .....

(If not satisfied, M.F.B. 227 will be completed by Medical Board.)

(This space to be used, if necessary, in connection with Section 3, overleaf, only.)



## MILITARY SERVICE ACT, 1917.

## MEDICAL HISTORY SHEET.

IMPORTANT.—If the man's name does not appear upon the schedule of men reporting for service, or if he has not made an application for exemption or a report for service, or, although having made one, he does not know the number, he will be instructed that the copy of this medical history sheet (which will be handed to him) must be attached by him to a report for service or claim for exemption which he may make on application to any Postmaster in Canada, or be sent by him after he has noted upon it the number on the receipt he obtained from the Postmaster to a Registrar or Deputy Registrar under the Military Service Act. In any event the duplicate medical history sheet will be sent by the Medical Board to the District Officer Commanding unless instructions have been given by the latter to forward it direct to a Registrar or Deputy Registrar.

1. Surname Laylor Christian name John  
2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule 652006 FC  
3. Consecutive number on schedule of men reporting for service (if he appears on it) .....  
4. Address (including street and number, if any) 46 Archibald

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 12 day of Oct. 1917, by the undersigned medical board sitting at Moncton, N.B.

5. Age as stated 23 Years 5 Months. 6. Apparent age 23 Years ..... Months  
7. Height 5 Feet 8 Inches. 8. Weight 146 Pounds.  
9. Chest measurement { Minimum 32 Ins. 10. Complexion Med. { Eyes Blue  
Maximum 37 Ins. { Hair Brown  
11. Physical development good { Good  
Fair  
Poor 12. Smallpox marks .....  
13. Number of vaccination marks { Right arm .....  
Left arm 1 14. When vaccinated last 1901  
15. Distinctive marks and marks indicating congenital peculiarities or previous disease .....

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

The man denies having had { Rheumatism ✓  
Tuberculosis ✓  
Syphilis ✓ We find no evidence of past { Rheumatism ✓  
Tuberculosis ✓  
Syphilis ✓  
(Strike out disease admitted or suspected.)

We have examined the above named man in accordance with the C. E. F. Regulations for medical examinations, and he is placed in Category A2

A. A. Duggan Member. W. Bourque Member.  
President.

Date	Result	VACCINATIONS	Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>23/18</u>		<u>F. Smith Capt. M.O.</u>	<u>23/18</u>	<u>1</u>	<u>F. Smith Capt. M.O.</u>
<u>13/18</u>		<u>F. Smith Capt. M.O.</u>	<u>13/18</u>	<u>2</u>	<u>F. Smith Capt. M.O.</u>
		<u>M.O.</u>			<u>M.O.</u>

Joined 18 day of January 1919 at St John N.B.

	CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment	<u>15th Depot Bn.</u>	<u>3255778</u>		
Transferred to.....	<u>N.B. Regt</u>			

## EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION	DATE	DISEASE	RESULT

Signature of Man

No. 6

Ckd. to Schedule by



Layton

John

[illegible]



# CASE HISTORY SHEET.

No. 3255717 Rank. Pte. Name. Taylor, John Age. 23

Unit. 1st. D. Batl N.B. Completed years of service <sup>Where and how long</sup> } C- 39/365

Date of admission. 26-2-18 Date of discharge. 13-3-18

Diagnosis. Measles Place of origin. St. John, N.B.

## CONDITION ON ADMISSION AND PROGRESS OF CASE

Very severe case Rash all over body Marked eye and throat  
symptoms

FAMILY HISTORY Negative.

(Tuberculosis, mental or nervous diseases.)

TREATMENT Usual

(Especially any specific or special form.)

CONDITION ON DISCHARGE Good to duty

(and disposal made of case.)

Date. 13-3-18

Eastman  
Medical Officer i/c case.



CASE HISTORY SHEET

Case No. \_\_\_\_\_  
Patient Name \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
Sex \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Referral Source \_\_\_\_\_  
Referral Date \_\_\_\_\_  
Referral Physician \_\_\_\_\_  
Referral Diagnosis \_\_\_\_\_

Presenting Complaint \_\_\_\_\_  
History of Present Illness \_\_\_\_\_  
Past Medical History \_\_\_\_\_

Family History \_\_\_\_\_  
Social History \_\_\_\_\_  
Review of Systems \_\_\_\_\_

Physical Examination \_\_\_\_\_  
Vital Signs \_\_\_\_\_  
Laboratory Studies \_\_\_\_\_

Imaging Studies \_\_\_\_\_  
Pathology \_\_\_\_\_  
Differential Diagnosis \_\_\_\_\_

Final Diagnosis \_\_\_\_\_  
Treatment Plan \_\_\_\_\_  
Prognosis \_\_\_\_\_

Follow-up \_\_\_\_\_  
Patient Education \_\_\_\_\_  
Discharge Instructions \_\_\_\_\_

Physician Signature \_\_\_\_\_  
Physician Title \_\_\_\_\_  
Institution \_\_\_\_\_

Date \_\_\_\_\_  
Page \_\_\_\_\_ of \_\_\_\_\_



(To be pasted into Case Book opposite Patient's Case.)

*Hospital Station* St. John, N.B.

Folio.

50M-11-16.  
H. Q. 1772-39-513.

*In charge of case.*



50

1

1

10



# Proceedings on Discharge.

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

No.	3255778		
Rank	A/Sergeant		
Surname	TAYLOR.		
Christian name	John		
NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.			
Corps (Squadron, Battery or Company)	1st Depot Bn., N.B.Regt.		
Date of discharge	April 26th, 1919.		
Place of discharge	Saint John, New Brunswick.		
1. DESCRIPTION AT THE TIME OF DISCHARGE.			
Age	23	years	5 months.
Height	5	feet	8 inches.
Complexion	Medium		
Eyes	Blue		
Hair	Brown		
Trade	Bookkeeper		
Intended place of residence	65 Williams St., Moncton, N.B.		
(To be given as fully as practicable.)			
Descriptive marks			
Nil			
2. The above-named man is discharged in consequence of Demobilization.			
Authority for discharge R.O. 1420, Para C. d-12-12-18.			
N.B.—The cause of discharge must be worded as prescribed in the King's Regulations and be identified with that on the character certificate. If discharged by superior authority, the number and date of the letter to be quoted.			
3. Conduct and character while in the service have been, according to the records, etc.			
N.B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldiers and the Officer Commanding his Squadron, Battery or Company.			
4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)			

M. F. B. 218.

200M.—5-18.  
H. Q. 1772-39-113.

(OVER)



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

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

6. Medals and Decorations.....

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

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

(Place).....

(Date).....

Commanding  
O. C. 1st Depot Battalion  
New Brunswick Regiment.

8. **Certificate to be signed by the Soldier on Discharge**

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

(Place) St. John, N.B. John Taylor (Signature of Soldier.)

(Date) April 26th, 1919. M. Clarkson (Signature of Witness.)

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

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

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

.....(Signature of Soldier.)

10. **Statement of Service.**

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

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

11. **Confirmation of Discharge.**

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

(Place) St. John, N.B.

(Signature)

(Date) April 26th, 1919.

G. H. Sheel  
O. C. 1st Depot Battalion  
New Brunswick Regiment.







## List of Discharge Documents.

Reg. Conduct Sheet, Militia form B. 263

Squadron }  
Battery } Conduct Sheet, " B. 263a  
Company }

or  
Field Conduct Sheet " W. 178

Copies of Convictions, by C. P. in MS.

Med. Hist. Sheet, Militia form B. 313

Casualty Form " W. 54

Medical Report for Invalid§ " B. 227

Dental History Sheet " B. 465

Last Pay Certificate " W. 44

Duplicate Discharge Certificate " W. 39A

†Form of Will " W. 82

§Only if discharged "Medically unfit."

†Only if man has not been overseas.

Attestation Paper Militia Form W. 23

or  
Particulars of Recruit " W. 133

Proceedings on Discharge " B. 218

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

(a) Proceedings on Discharge

(b) Attestation.

(c) Medical History Sheet.

Documents not accompanying this form should be crossed out.

*I hereby certify that the following documents are unobtainable.*

*G. H. Shields*

Officer Commanding.

O. C. 1st Depot Battalion  
New Brunswick Regiment

N.B.—In the case of a man discharged by purchase,  
the date and number of Deposit Receipt with  
amount of same is to be noted hereon.



# DENTAL HISTORY SHEET

DISTRICT

CANADIAN ARMY DENTAL CORPS

NAME OF SOLDIER

REGIMENT

RANK

Sgt.

No.

3205718

Condition on first Examination	Date	Amalgam Temporary Filling (a) G. P. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhoia	Synthetic Porcelain	Extracting	DENTURES			Gold Clasp	Gold Filling	CROWNS		Bridge Work	OPERATOR	Military District	REMARKS
											U	L	P			Gold	Porcelain				
	1918	3012	2.15							4.29					7.810				Put Turner	70	Op. 2.16. 2.1.22
	Nov. 14/18	1314	1.6																	7	Completed.
	" 14	28	1/2							1									A. H. LeBlanc	7	
	Nov 29	12.32	1/2																K. L. Williamson		
	25/4/19																		J. Taylor	58	

## INSTRUCTIONS

1. On examination the condition of patient's mouth to be marked on diagram in red ink.

2. On first line of report record of same to be made in red ink.

Only such entries to be made on this sheet as will show:

1. Condition on examination (in red).
2. Condition on leaving Canada.
3. Condition on discharge.





INSTRUCTIONS

On receiving the contents of patient's mouth to be marked on

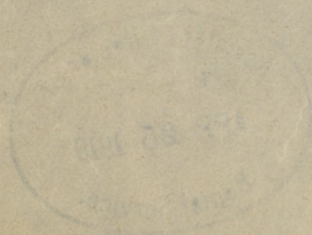
On this line of record of teeth in the models and ink

any such entries to be made on this side will show

Condition on examination (to be)

Condition on delivery of model

Condition on delivery





M. OR S.

#65 Williams St.,  
Moncton N.B.

### NEXT OF KIN

RELATIONSHIP

## PARTICULARS

EFFECTIVE  
DATE

**AUTHORITY**

ORIGINAL UNIT  
C.E.F.

IF IN P.F.  
WHAT UNIT?

(BLOCK LETTERS SURNAME FIRST)

Thomas Taylor.

Father.

ADDRESS

Apple River. N.S.

.....

**IS SEPARATION ALLOWANCE PAID?**

No. 100

DATE EFFECTIVE

.....  
TO WHOM PAID

## RELATIONSHIP

ADDRESS

1st Depot Batt. N.B.R.

PLACE OF

ATTESTATION  
St. John N.B.

DATE OF  
ATTESTATION

18-1-18 ✓  
ASSIGNED PAY \$ Nil ✓

TRANSFERRED TO

DATE \_\_\_\_\_

\*\*\*\*\*  
AUTHORITY

.....  
TRANSFERRED TO

DATE \_\_\_\_\_

.....  
AUTHORITY

DATE EFFECTIVE

PAYABLE TO

RELATIONSHIP

\*\*\*\*\*  
 IF ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS

STOP PAYMENT FORM  
ASSIGNED PAY  
RENDERED. DATE \_\_\_\_\_

EFFECTIVE

DISCHARGED

PLACE

DATE \_\_\_\_\_

REASON

.....  
**AUTHORITY**

IF ENTITLED TO  
POST  
DISCHARGE  
PAY

[illegible]







P.874.

3M-24-3-

GROUP " 1 "

No. 3083733 Rank Pte Name TAYLOR J B Unit 23 Res Bn

True Extract of Pt. II D.O. 109 para: d/ 6. 5. 19 Unit.

(Subject)

Will be shown as in Wandsworth Detention  
Barracks from 6. 5. 19. to 26. 5. 19.

B

24. 7. 19. 1919.

Certified

M Davis, for  
Pay & Record Inquiries.  
Pet Orders

S/Sgt.



TELEGRAM & CABLE ADDRESS:

"PAYCANEX." LONDON.

Please address all communications to

"CHIEF PAYMASTER"

and quote No.

# OVERSEAS MILITARY FORCES OF CANADA,

PAY OFFICE,

7, MILLBANK. LONDON, S.W. 1.

Officer Commanding,

1917

10.79

## Last Pay Certificate.

As requested in your communication .....  
I beg to advise that I have to-day forwarded Last Pay Certificate  
(s), Statements (s) of Assigned Pay, and Active Service Pay Book  
(s), for the following Other Ranks, to the:- .....

No.

Rank.

Name.

Unit.

122.28  
67.10  
189.38  
85.99  
103.39

43.79  
42.20  
85.99

P.725b-8M.

Lieut.  
For Chief Paymaster.



Urgent for R.P.C.

GROUP "B"

No. 3083713 Rank Plt Name TAYLOR J Unit 23rd Res Bn Q.R.

True Extract of Pt. II D.O. 122 para: d/ 21-5-19 Unit 23rd Res Bn  
(Subject)

leads - on return from Wandsworth Detention barracks  
23-5-19, is granted 4 days remission with Eff 22-5-19.

We have no record of this man ever having been  
sentenced to undergo detention. please advise.

Declared by Col 2 to have been illegally absent since Dec 24/18  
is SOS as a deserter 18/1/19 DO 21 of 21/1/19 (23 Res)

Having been apprehended as a deserter } DO 21 of 21/1/19 (23 Res)  
is re-T.O.S. of 23 Res 19/1/19

Note: Record Sheet only shows as follows:-

In Wandsworth detention Bks from 6/5/19 to 26/5/19  
DO 109 of 6/5/19 (23 Res)

Certified

S/Sgt.

16-7 1919.  
Copy of DO 109 of 6/5/19 (23 Res) can be obtained from PTIC. Depart.  
Pay 1 Record Inquiries. pay 2



TELEGRAM & CABLE ADDRESS:

"PAYCANEX." LONDON.

Please address all communications to

"CHIEF PAYMASTER

and quote

No.

# OVERSEAS MILITARY FORCES OF CANADA,

PAY OFFICE,

7. MILLBANK. LONDON. S.W. 1.

Officer Commanding,

1917

## Last Pay Certificate.

As requested in your communication .....  
I beg to advise that I have to-day forwarded Last Pay Certificate  
(s), Statements (s) of Assigned Pay, and Active Service Pay Book  
(s), for the following Other Ranks, to the:- .....

No.	Rank.	Name.	Unit.
-----	-------	-------	-------

P.725b-8M.

Lieut.  
For Chief Paymaster.



P. 874.

3M-24-3

GROUP " J "

No. 3083733 Rank Pte Name TAYLOR J

Unit 23<sup>rd</sup> Regt Bn QRD

True Extract of Pt. 11 D.O. para: d/ Unit.  
(Subject)

Please give full record of punishments against this man.

No Punishment ~~not~~ posted

1919.

Certified

S/Sgt.

Pay 11 Record Inquiries.



TELEGRAM & CABLE ADDRESS:

"PAYCANEX." LONDON.

Please address all communications to-

"CHIEF PAYMASTER"

and quote

No. 1

## OVERSEAS MILITARY FORCES OF CANADA,

PAY OFFICE,

7, MILLBANK. LONDON, S.W. 1.

Officer Commanding,

1917

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