

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	<u>23</u>	yrs.	<u>5</u>	mths.	} Distinctive marks, and marks indicating congenital peculiarities or previous disease.
Height	<u>5</u>	ft.	<u>8</u>	ins.	
Chest measurement	} fully expanded		<u>37</u>	ins.	
		range of expansion	<u>5</u>	ins.	
Complexion	<u>Medium</u>				
Eyes	<u>Blue</u>				
Hair	<u>Brown</u>				

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

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

Regt. No. 35578

PARTICULARS OF RECRUIT DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class)

1. Name of recruit: **John Taylor**

2. Christian name: **John**

3. Present address: **46 Apple River St., Moncton, N.B.**

4. Military Service Act letter and number: **652005FD**

5. Date of birth: **11/1/1894**

6. Place of birth: **Apple River, N.B.**

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.B.**

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: **AS**

(a) Place: **Moncton, N.B.** (b) Date: **12/2/17** (c) Category: **AS**

DECLARATION OF RECRUIT

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

(Signature of Recruit)

DESCRIPTION ON CALLING UP

Height	5	ft	0	in
Weight	140	lb		
Build	fully expanded			
Complexion	fair			
Hair	brunet			
Eyes	blue			
Complexion	fair			
Build	fully expanded			
Weight	140	lb		
Height	5	ft	0	in
Distinctive marks and marks indicating congenital peculiarities or previous disease.				

Approved: **[Signature]**  
 Depot Battalion  
 New Brunswick Regiment

Place: **St. John, N.B.** Date: **12/2/17**

REGIMENTAL DOCUMENTS

64-19  
5-5

NAME TAYLOR JOHN

*Asst*

REGT. NO. 3255778

UNIT 1/200A

H. Q. FILE NO.

**H**

**CONTENTS**

DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

M. F. W. 2505  
REFERENCE

NON-EFFECTIVE BY

**S**

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

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

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

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

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

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

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

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

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

1 MEDICAL EXAMINATION (M.F.W. 129)

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

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

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

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

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

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

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

1 *misc*

**C**

**DEATH**

Category

**DISCHARGE**

Category

*Demob*

**DESERTION**

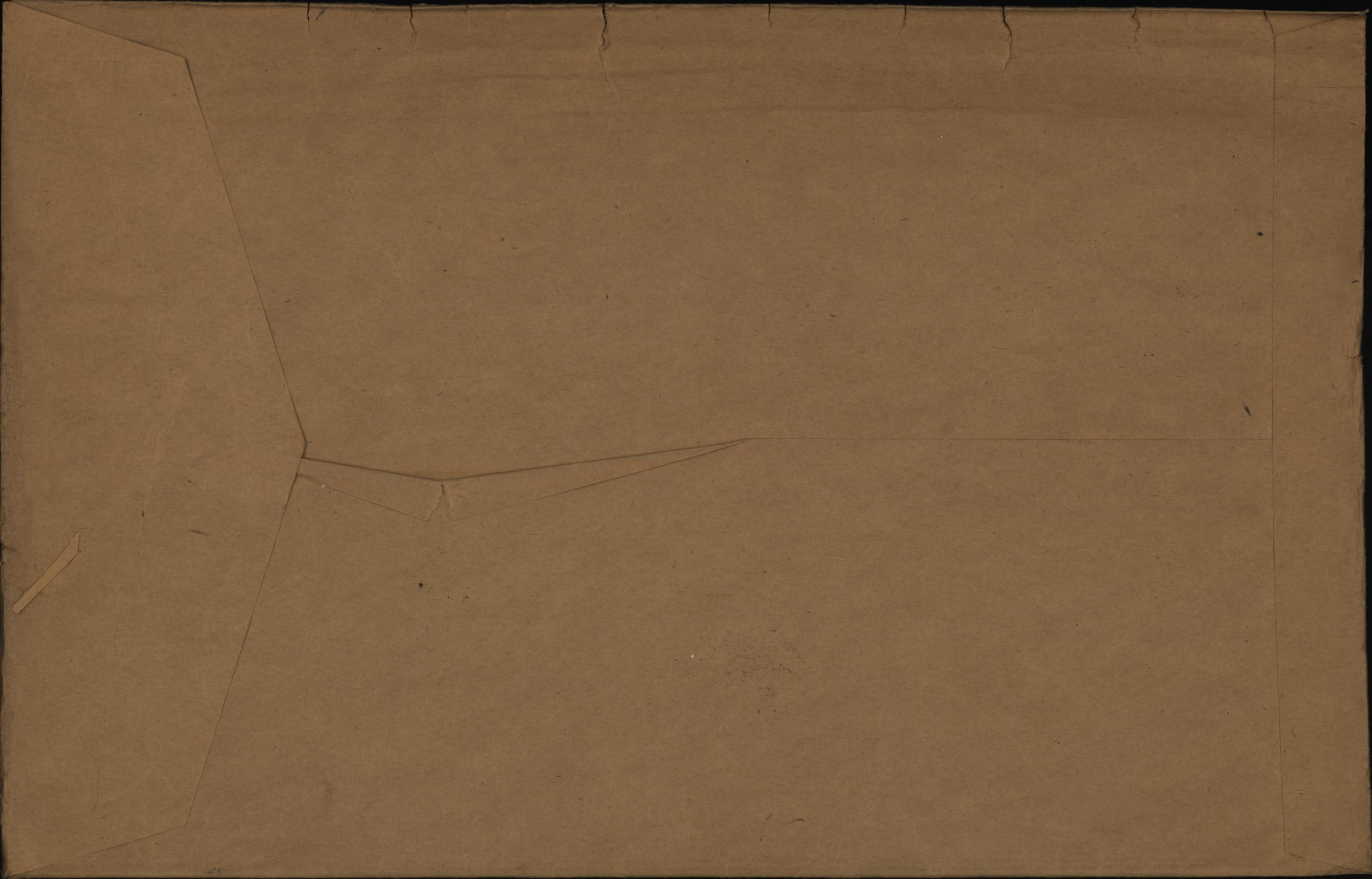
**03231**

**H**

26 - 29  
4 - 22  
6 - 22

483262

~~483262~~



*meth.*

*bat.*  
*b. 3.*

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

NAME *Taylor John.*

REGIMENTAL NO. *3255774.*

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 J. Brown*

## CASUALTIES, &amp;c.

NATURE E.G. ABSENCE, PROMOTION, &c.	PART II. D. O.		REMARKS IF IN HOSPITAL, NOTE NAME, &c.
	NO.	DATE	
<i>S/S. Demobilization R.O. 1420 Para C 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

REMARKS .....

Blank lined area for writing remarks, consisting of 11 horizontal lines.

# 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.**

*G. K. Sheehan*  
Rank **Col.**  
Appointment **O. C. 1st Depot Battalion**

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 the back of this certificate will not be completed.

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

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

350m.—5-16

H. Q. 1772-39-920.

# Casualty Form—Active Service.

Unit, Regiment or Corps 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 } Date of appointment } Numerical position on }  
 present rank } to lance rank } 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				
<u>26/4/19</u>	<u>OC 1st</u> <u>AS MR</u>	<u>805 Despatch</u> <u>201420. Para C</u> <u>12/12/18</u>	<u>840th</u> <u>NB</u>	<u>26/4/19</u>	<u>D.O. 116 Sheet I</u> <u>Part II 26/4/19</u>

*G. K. Shields*  
 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.T.O.]

CASUALTY FORM - ACTIVE SERVICE

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.

THIS SECTION FOR USE OVERLEAF

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 Lt 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

MEDICAL 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 *Alpha 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 Lt.*

(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.)

3-1-890  
3255778

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 Taylor 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. Maximum 37 Ins.
- 10. Complexion Med. { Eyes Blue 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. [Signature] Member. [Signature] President. [Signature] Member.

Signature of Man John Taylor

No. 6  
Ckd. to Schedule by \_\_\_\_\_

Date	Result	VACCINATIONS	Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>23/18</u>		<u>F. Smith Capt. M.O.</u>	<u>25/18</u>	<u>1</u>	<u>F. Smith Capt. M.O.</u>
<u>1/3/18</u>		<u>F. Smith Capt. M.O.</u>	<u>13/3/18</u>	<u>2</u>	<u>F. Smith Capt. M.O.</u>
		<u>M.O.</u>			<u>M.O.</u>

Joined 10 day of January 1919 at A-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



# 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

*Coathman*  
Medical Officer i/c case.

9811.  
8.

CASE HISTORY SHEET

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

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

Presenting Complaint \_\_\_\_\_  
History of Present Illness \_\_\_\_\_  
Past Medical History \_\_\_\_\_  
Surgical History \_\_\_\_\_  
Social History \_\_\_\_\_  
Family History \_\_\_\_\_

Physical Examination \_\_\_\_\_  
Vital Signs \_\_\_\_\_  
Laboratory Studies \_\_\_\_\_  
Imaging Studies \_\_\_\_\_  
Pathology \_\_\_\_\_  
Other Studies \_\_\_\_\_

Diagnosis \_\_\_\_\_  
Differential Diagnosis \_\_\_\_\_  
Treatment Plan \_\_\_\_\_  
Prognosis \_\_\_\_\_  
Patient Education \_\_\_\_\_  
Follow-up \_\_\_\_\_

Physician Signature \_\_\_\_\_  
Date \_\_\_\_\_  
Nurse Signature \_\_\_\_\_  
Date \_\_\_\_\_  
Patient Signature \_\_\_\_\_  
Date \_\_\_\_\_

Other Comments \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



For use in connection with the Beck-Younger Chart (250)

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_  
STATE: \_\_\_\_\_  
DATE OF ADMISSION: \_\_\_\_\_

# BIOMEDICAL SERVICE

MADE IN CANADA

100  
101  
102  
103  
104  
105  
106  
107  
108  
109  
110  
111  
112  
113  
114  
115  
116  
117  
118  
119  
120

This space to be for numbers.

# 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.)

To be in the handwriting of the Commanding Officer, who will himself make identical entries on the character certificate and initial them.

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)

*G. K. Sheel*

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

(Date) **April 26th, 1919.**.....



(To be signed by the soldier. When there are none, it is to be so stated, and signed by the soldier.)  
 Reservations referred to at Part 8.

## 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

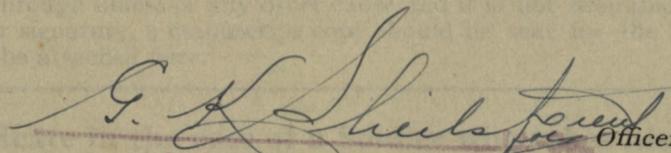
(a) Proceedings on Discharge

(b) Attestation.

(c) Medical History Sheet.

Documents not accompanying this form should be crossed out.

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

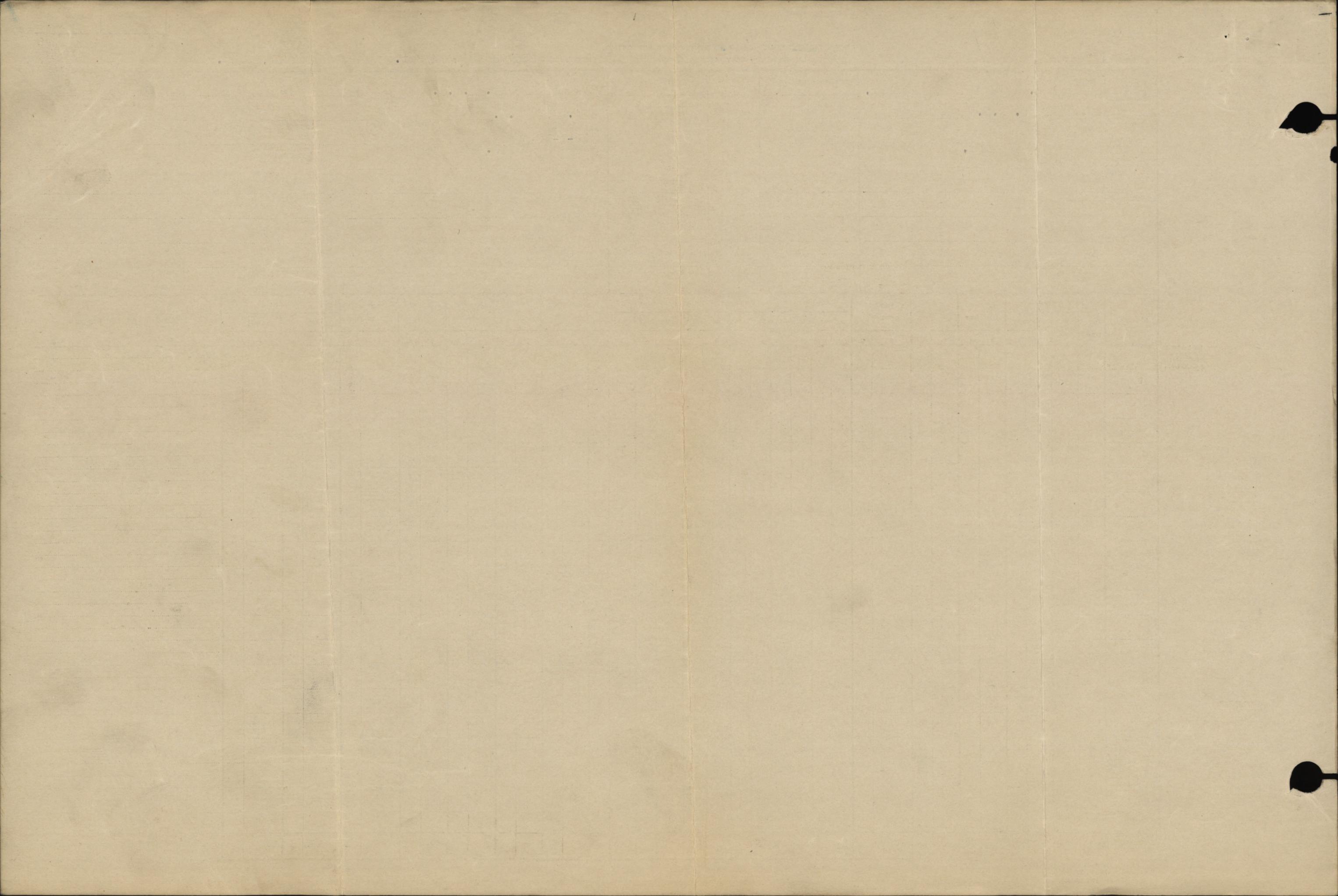
  
 Officer Commanding.  
 O. C. 1st Depot Battalion  
 New Brunswick Regiment

*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.*









P.874.

3M-24-3-

GROUP " 1 "

No. 5083733 Rank Pte Name TAYLOR J B Unit 23 Res Bn

True Extract of Pt. II D.O. 109 para: d/6.5.19 Unit.

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 S/Sgt.

Pay II Record Inquiries.

Pt II Orders

# OVERSEAS MILITARY FORCES OF CANADA,

PAY OFFICE,

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

Officer Commanding,

.....  
.....

10.79

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.
-----	-------	-------	-------

122.28	43.79
67.10	42.20
<hr/>	<hr/>
189.38	85.99
85.99	
<hr/>	
103.39	

Urgent for R.P.C.

GROUP "B"

No. 308373 Rank Plt Name TAYLOR J Unit 23rd Res Bn Q.R.S.

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 J to have been illegally absent since Rev. 29/12/18  
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)

16-7 1919. Certified ..... S/Sgt.  
Copy of DO 109 of 6/5/19 (23 Res) can be obtained from P.H.C. Depart. 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.

28/00

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.
-----	-------	-------	-------

*Handwritten notes and scribbles:*  
 5  
 2768  
 2692  
 2732  
 28  
 68  
 PPR  
 PPR  
 PPR

P. 874.  
3M-24-3

GROUP " J "

No. 3083733 Rank Pte Name TAYLOR J Unit 23<sup>rd</sup> Bn QRD

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

Please give full record of punishments against this man.

No Punishment ~~not~~ posted

..... 1919.

Certified ..... S/Sgt.

Pay II Record Inquiries.

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.