

Original

2nd DEPOT BATT B.C. REGT.
ATTESTATION PAPER.

No. 21383 2
Folio. R
2138332

Exc. B. B. R. 9th. U.S.A.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

SUFFICIENT ADDRESS

fa

1. What is your surname?..... TAYLOR
- 1a. What are your Christian names?..... John Albert
- 1b. What is your present address?..... Pocatello, Idaho, U.S.A.
2. In what Town, Township or Parish, and in what Country were you born?..... Caldecote, Nuneton, Warwickshire, England
3. What is the name of your next-of kin?..... Mrs. John Taylor
4. What is the address of your next-of-kin?..... No. 18 Caldecote, Nuneaton, Warwickshire
- 4a. What is the relationship of your next-of-kin?..... Mother. England
5. What is the date of your birth?..... 7 October 1892
6. What is your Trade or Calling?..... Horseman
7. Are you married?..... ~~Yes~~ No
8. Are you willing to be vaccinated or re-vaccinated and inoculated?..... Yes
9. Do you now belong to the Active Militia?..... No
10. Have you ever served in any Military Force?..... Yes. 19th Hussars, Aldershot, England
If so, state particulars of former Service. 1910
11. Do you understand the nature and terms of your engagement?..... Yes
12. Are you willing to be attested to serve in the } CANADIAN OVER-SEAS EXPEDITIONARY FORCE? } Yes
13. Have you ever been discharged from any Branch of His Majesty's Forces as medically unfit? .. No
14. If so, what was the nature of the disability? .. -
15. Have you ever offered to serve in any Branch of His Majesty's Forces and been rejected? .. No
16. If so, what was the reason?..... -

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, John Albert Taylor, do solemnly declare that the above are answers made by me to the above questions and that they are true, and that I am willing to fulfil the engagements by me now made, and I hereby engage and agree to serve in the Canadian Over-Seas Expeditionary Force, and to be attached to any arm of the service therein, for the term of one year, or during the war now existing between Great Britain and Germany should that war last longer than one year, and for six months after the termination of that war provided His Majesty should so long require my services, or until legally discharged.

Date 10th January 1918. John A Taylor (Signature of Recruit)
Claude Emery (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, John Albert Taylor, do make Oath, that I will be faithful and bear true Allegiance to His Majesty King George the Fifth, His Heirs and Successors, and that I will as in duty bound honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity, against all enemies, and will observe and obey all orders of His Majesty, His Heirs and Successors, and of all the Generals and Officers set over me. So help me God.

Date 10th January 1918. John A Taylor (Signature of Recruit)
Claude Emery (Signature of Witness)

CERTIFICATE OF MAGISTRATE.

The Recruit above-named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.

The above questions were then read to the Recruit in my presence. I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said Recruit has made and signed the declaration and taken the oath

before me, at VICTORIA, B. C. this tenth day of January 1918.
Angus (Signature of Justice)
LIEUT.-COL.

M. F. W. 23.
750 M.-1-17.
H. Q. 1772-39-841.

N.B.—ATTENTION IS DRAWN TO THE FACT THAT ANY PERSON MAKING A FALSE ANSWER TO ANY OF THE ABOVE QUESTIONS IS LIABLE TO A PENALTY OF SIX MONTHS' IMPRISONMENT.

Description of JOHN ALBERT TAYLOR on Enlistment.

Apparent Age... 26 years ... 3 months.
 (To be determined according to the instructions given in the Regulations for Army Medical Services.)

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

(Should the Medical Officer be of opinion that the recruit has served before, he will, unless the man acknowledges to any previous service, attach a slip to that effect, for the information of the Approving Officer).

Height 5 ft 8 1/4 ins.

Chest measurement { Girth when fully expanded 39 ins.
 Range of expansion 5 ins.

Complexion Ruddy

Eyes Hazel

Hair Brown

Religious denominations. { Church of England Yes
 Presbyterian
 Methodist
 Baptist or Congregationalist
 Roman Catholic
 Jewish
 Other denominations
 (Denomination to be stated.)

20 / 30 20 / 20
 n - n.

CERTIFICATE OF MEDICAL EXAMINATION.

I have examined the above-named Recruit and find that he does not present any of the causes of rejection specified in the Regulations for Army Medical Services.

He can see at the required distance with either eye; his heart and lungs are healthy; he has the free use of his joints and limbs, and he declares that he is not subject to fits of any description.

I consider him* A₂ for the Canadian Over-Sea Expeditionary Force.

Date Tenth January 1918 Pres. [Signature]

Place VICTORIA, B. C. Member [Signature] Medical Officer.

*Insert here "fit" or "unfit."

NOTE.—Should the Medical Officer consider the Recruit unfit, he will fill in the foregoing Certificate only in the case of those who have been attested, and will briefly state below the cause of unfitness:—

CERTIFICATE OF OFFICER COMMANDING UNIT.

John Albert Taylor having been finally approved and inspected by me this day, and his Name, Age, Date of Attestation, and every prescribed particular having been recorded, I certify that I am satisfied with the correctness of this Attestation.

[Signature] Lt. Col. (Signature of Officer)

O/C 2nd Depot Bn. B. C. Regt.

Date Jan 14 1918

REGIMENTAL DOCUMENTS

NAME *TAYLOR John Albert*

REGT. NO. *2138332*

UNIT *9 Battery*

H. Q. FILE NO.

CONTENTS

DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

M. F. W. 2505
REFERENCE

NON-EFFECTIVE BY

DEATH

Category

DISCHARGE

Category

Demob

DESERTION

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

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

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)

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

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

1 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)

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

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

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

5 *Miss*

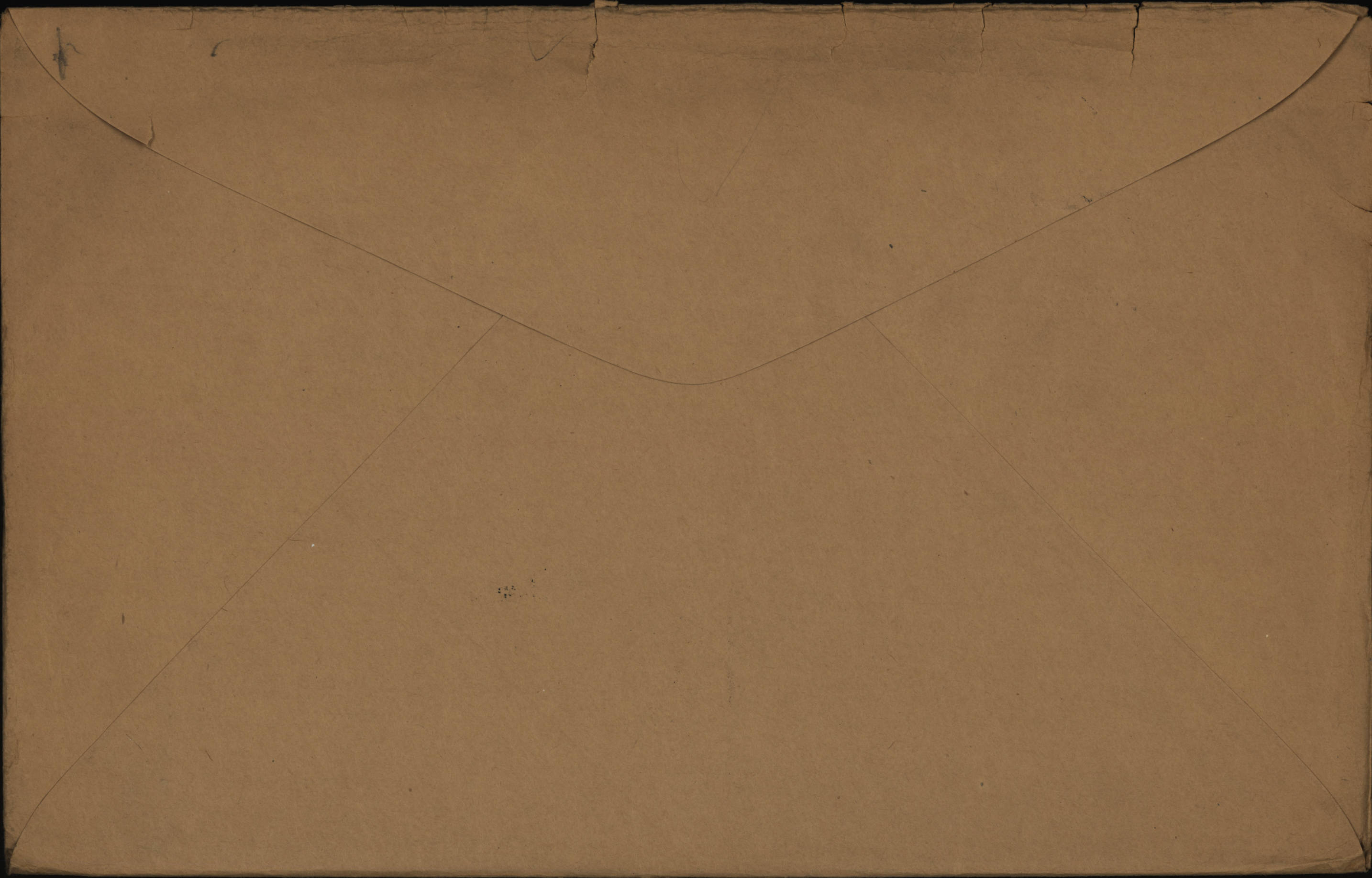
1 *Handout*

1 *Photo of roll*

1 *R123*



03285



SURNAME. *Taylor,*
CHRISTIAN NAMES *John Albert.*
REGL. No. *2138332* RANK *Pte.*
UNIT *B. C. Regt. 2nd Dps. Bn.*
FORMER CORPS *19th Hussars.*

V11 CARD NO. *VY*
I.O.S. 27/5/19 Demob.
FOLL. # *2A.D.*
28.161 of 10/6/19

NEXT OF KIN.
NAMES IN FULL *Taylor, Mrs. John*
RELATIONSHIP TO SOLDIER *Mother*
ADDRESS *18 Caldecot, Nuneaton
Warwick, Eng.*

CHANGE OF ADDRESS

COUNTRY OF BIRTH *England, Nuneaton, Warwick* DATE *Oct. 7th 1892*
PLACE OF ATTESTATION *Victoria B. C.* DATE *Jan. 10th 1918*
1/89-4-18. 1149
1.

R/C 25/5/19 334
100. V Gen.

MARRIED

SINGLE

WIDOWER

TRADE OR CALLING

RELIGION

DESCRIPTION.

APPARENT AGE

YEARS

MONTHS

HEIGHT

FEET

INCHES

CHEST MEASUREMENT

INCHES

EXPANSION

INCHES

COMPLEXION

EYES

HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION. PLACE

DATE

Present - Add. 218 Knollin Office
Pocatello Idaho. Usa.
Auto Lett. 25/7/19.

non
Q

Number 2138332 Rank ~~1st~~ *1st* *Ynr.*

Surname TAYLOR

Christian Name John Albert

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

Date of Service 27-10-18

Remarks 101 British Consulate, Market St

Latest Address ~~Wilson Hotel, San Francisco~~

Calif. U.S.A ~~Salt Lake City, Utah~~

Roll No. ~~218.7 Enrollin Office~~

B
Page 10256
200m.-2-21.M.

~~Pocatello Idaho U.S.A.~~

DESP. FEB 16 1922

REGN. No. *Yc 68883*

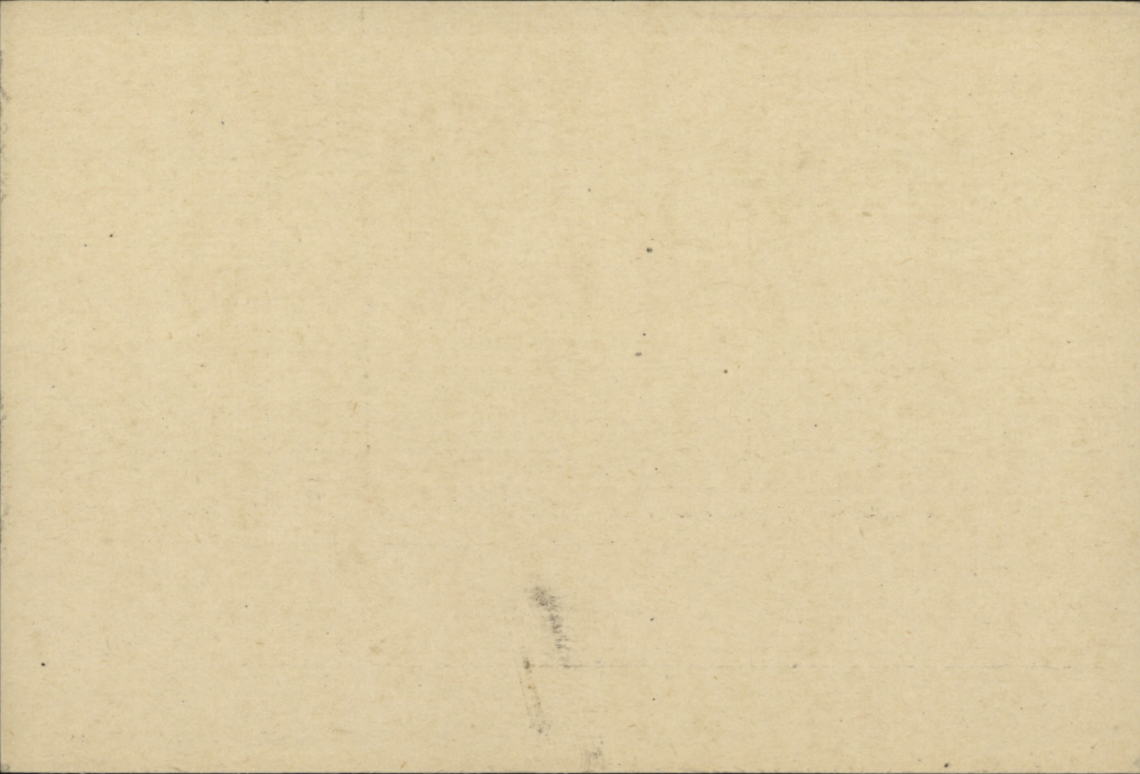
No. 2138332 RANK *Pte*NAME *Taylor. J**a*

T. O. S.

UNIT

*#5 Coy Royal Canadian Garrison Artillery**Transfd from 2nd Dep 185 Regt. 9-2-18**no 45 of 14-2-18.*M. D. *11*

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
<i>1918</i>	<i>1918</i>			
<i>Feb. 9</i>	<i>Feb-28</i>	<i>U</i>	<i>Proceeded. o/p 31-3-18</i>	<i>no 91 of 1-4-18</i>
<i>max.</i>		<i>U.</i>		



CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

WAR SERVICE BADGE
(CLASS-A-NO.)

THIS IS TO CERTIFY that No. 2138332 (Rank) Inv.
Name (in full) TAYLOR, John Albert, enlisted in
the 2nd Depot Bn. B.C. Regt.
CANADIAN EXPEDITIONARY FORCE at Victoria on the 10th
day of January 1918
HE served in 3rd Bde C.I.A. France.

and is now discharged from the service by reason of
Demobilization.
~~Medical Unfitness.~~

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

Age 26.
Height 5" 8 1/4"
Complexion Ruddy.
Eyes Hazel.
Hair Brown

Marks or Scars.....
.....
.....
.....

J. A. Taylor
Signature of Soldier.

[Signature]

Issuing Officer.
For
O.C. No. 2 District Depot.
Rank

No. 2 DISTRICT DEPOT
MAY 27 1919
TORONTO

Date of Discharge

Date MAY 27 1919 19

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

DEPARTMENT OF MEDICINE

LABORATORY CERTIFICATE



THIS IS TO CERTIFY THAT THE FOLLOWING SAMPLES OF URINE
SUBMITTED TO THE LABORATORY OF THE DEPARTMENT OF MEDICINE

ON THE _____ DAY OF _____ 19____
WAS FOUND TO CONTAIN _____

BY _____

ANALYST _____

LABORATORY OF THE DEPARTMENT OF MEDICINE

"B" groups 13

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. 2134332 Rank Gunner Surname TAYLOR
(Given name in full)

Unit or Corps 9th Bty C.F.A. Birthplace John Albert Keneaton, War, England

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

1. GENERAL DESCRIPTION:
Physique Good Weight 170 lbs. Height 5 ft. 7 1/2 in. Colour of Eyes Gray
Nutrition Good
Pulse 76 Regular
Condition of arteries Soft
Vision Rt. 6/5 Left 6/12
Hearing (conversational voice) Rt. 30 ft. Left 20 ft.

Identification marks, scars, or deformities.
(Give cause and date of origin.)
4 Vaccin marks left forearm. 2 left arm - near back of left wrist (see checkbook)
Mole on left clavicle

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 System No Cardio-Vascular System No
Special Senses No Integumentary System No 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.

~~Answer~~
No illness either prior to or during service

EXAMINATIONS.

THIS SECTION FOR USE OVERSEAS—

Examined at Reusport (Overseas)

Date 14-5-19 Signed Chawoff 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 J.A. Taylor

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

THIS SECTION FOR USE IN CANADA—

Examined at (Canada)

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

[OVER]

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

INSTRUCTIONS.

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

(1) Name of Overseas Unit which Soldier joins 2nd DEPOT BATT. B.C. REGT.

(2) Regimental Number 2138332

(3) Full Name of Soldier JOHN ALBERT TAYLOR.

(4) Place of Birth Dunedin, Caldercote, No. 18.

Wawickshire, Eng.

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

(6) If married, state,

(a) Full name of your wife.....

(b) Present Postal Address.....

(7) Are you a widower? No.

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

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

Also their names and ages.....

(9) Is your Father alive?..... Yes. Wawickshire, England.
If so, state name and address John Taylor, Dunedin, Caldecote, No. 18,

(10) Is your Mother alive?..... Yes.
If so, state name and address Julia Taylor, Dunedin, Caldecote,
No. 18, Wawickshire, England.

(11) If your Mother is a widow..... No.
Are you her sole support, or not?..... No.

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

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

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

15) Are you insured?..... Yes.
If so, in what Company?..... Prudential Life Ins, Co.
Have you made arrangements for payment of your Insurance premium..... Yes.
If not, and it is a monthly premium, you can assign the amount in addition to any other assignment you wish to make.

M. J. Major..... Lt. Col.
O / O 2nd Depot Batt. B. C. Regt.
Officer Commanding.

Date..... January 16, 1918.

CANADIAN ARMY DENTAL CORPS, O.M.F.C.

DENTAL CERTIFICATE FOR DEMOBILIZATION

Can Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters)

REGIMENT

RANK

No.

Date of Examination in England

Date of Examination in France

DIRECTIONS TO DENTAL OFFICERS

1. This form will be made out for each individual at the time of Demobilization in England or France.
2. Figures as per chart will be used to designate teeth concerned.
3. In reference to Partial Dentures the numbers of teeth thereon will be stated

13-1



PRESENT DENTAL REQUIREMENTS

1. FILLINGS

2-17

2. EXTRACTIONS

3. CROWNS

4. DENTURES

(a) Full Upper

(b) Part Upper

(c) Full Lower

(d) Part Lower

HAS HE EVER REFUSED DENTAL TREATMENT?

HAS HE EVER RECEIVED DENTAL TREATMENT? (Reply by "Yes" where applicable to any or all of a, b or c.)

(a) In Canada

(b) In England

(c) In France

BRAMSHOTT CAMP HANTS.

Signature of Dental Officer

W. Brueckert

INSTITUTION FOR THE DEAF

1875
No. 1
1875

1875
1875

1875
1875

1875

1875



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

M. F. W. 54. (A. P.)

500M.—9-16

H. Q. 1772-39-8

Casualty Form—Active Service.

Unit, Regiment or Corps.....
 Regimental No. 2138332 Rank Jul Name Jay C. Roberts
 Enlisted (a)..... Terms of Service (a)..... Service reckons from (a).....
 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).....

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				
MAY 18 1919 O. S.		T. O. S. No. 2 DISTRICT DEPOT, TORONTO 1919			PART II D. C. 161
MAY 27 1919 S. O. S.		(DISCHARGED FROM H. M. S.) No. 2 DIS. DEPOT, PART II D. C.			161
					<p><i>J. C. Roberts</i></p> <p>Lieut. For O. C. No. 2 District Depot</p>

(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.

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				

FORM OF WILL.

I, John Albert Taylor (Name in full)
Regimental Number 2138 332 serving in 2nd Depot Batt. B.C. Regt.

of the Canadian Expeditionary Force, do hereby revoke all former Wills by me made and declare this to be my last Will.

I bequeath all my real estate unto

home

Name and Address of person or persons to whom it is to go.

absolutely, and my personal estate I bequeath to

My beloved Mother
Mrs. Julian Taylor
18 Caldecote, Nuneaton, Warwickshire
(15th) Eng.

Name and Address of person or persons to receive personal estate*

IMPORTANT NOTE
This must be Signed and Dated by THE SOLDIER HIMSELF.

this Fifteenth day of January A. D. 191 5

John Albert Taylor Signature of Soldier.

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

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

Signature of First Witness E.P. Gillespie
Address of Witness 1021 Moss St. Victoria B.C.
Occupation of Witness Lieut 2nd Depot Batt B.C. Regt.
Signature of Second Witness W. G. Manson
Address of Witness 1404 Harview St.
Occupation of Witness Lieut 2nd Depot Batt. B.C. Regt.

THE TWO WITNESSES MUST SIGN HERE

ESTATES BRANCH

APR 9 1918

MILITIA DEPT.

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

M. F. 54. (A. 103.

350M.—5-16

H. Q. 1772-39-920.

H. S. B. CLASS. A

Casualty Form—Active Service.

Unit, Regiment or Corps. 3rd Lt. 5th Coy R.C.G.A. 2nd DEPOT BATT. B.C. REGT.

Regimental No. 2130332 Rank Pte. Name John Albert TAYLOR

Enlisted (a) 10-1-18 Terms of Service (a) C.E.F. of W. Service reckons from (a) 10-1-18

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) Horseman

Date	Report From whom received	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
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		Taken on strength 2nd Depot Batt. B.C. Regt.	Victoria, B.C.	10-1-18	P.2.O. #23 23-1-18
8-2-18	O.C. 2nd Depot Batt	Transferred to R.C.G.A. Esquimalt	Esquimalt, B.C.	8-2-18	P.2.O. #41 10-2-18
8-2-18	O.C. 2nd Dpt. Batt	Taken on strength C.E.F. draft No. 5 Coy. R.C.G.A.	Esquimalt, B.C.	9-2-18	D.O. Pt. II No. 45 a/14-2-18

EMBARKED AT Halifax N.S. ON H.M.T. Tunisian DATE April 8th 1918

DISEMBARKED AT Liverpool FROM H.M.T. Tunisian DATE April 29th 1918

25 APR 1918

Rehebe I. O. S. from b. F. A. Canada withy 20 APR 1918 Bo P. H. 115

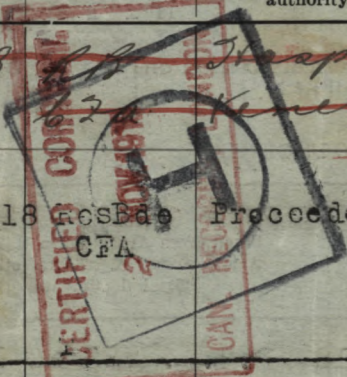
(a) In the case of a man who has re-engaged for, or enlisted into Section D. Army Reserve, particulars of such re-engagement or enlistment will be entered.
 (b) e.g. Signaller, Shoing Smith, etc., etc., also special qualifications in technical Corps duties.

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				

~~11-9-18~~ ~~From whom received~~ ~~Witley~~
~~General 148 days~~

~~Witley~~ ~~Bob 5754~~
 Entered in error. *Witley's Records since;*



28-10-18 ResBde Proceeded O/Seas to CFA

Witley 27-10-18 B.O.Pt. 11 300
Don Gray
 Lieut. & Asst. Adjutant,
 Reserve Brigade, C.F.A.

28-10-18	CGBD.	Reinf - TOS.Art.Pool from	England	28-10-18	NR.803 Pt. II O.164
30-10-18	CGBD.	Left Base for C.C.R.C.	Etaples	30-10-18	NR.1445
30-10-18	CCRC.	Arrived at C.C.R.C.	Field	30-10-18	NR.1730
<i>22-12-18</i>	CCRC.	Posted to 3rd Brigade C.F.A.		27-12-18	NR.OD.800 Pt. II. O. 14/1919
	CCRC.	T.O.S. 3rd Brigade C.F.A.		28-12-18	" " " 10/1919

Proceeded To England

25 NOV 1918

G. Skelton
 Lt

Capt. for Lt.-Col., A. A. G.
 Canadian Section, G. H. O. 3rd Echelon, B. E. F.

Solon Proceeding to Canada
at McCantock Pt. D O
for Col of 3rd Bde 57A

LTR

Rank

Name

TAYLOR, John Albert

Reg'l No.

2138332

3rd Dft, 5th Coy R, C. G. A

If in perm. Corps, }
What Unit? }

Married or Single **Single.**

Place and Date of Enlistment

Victoria 10th Jan, 1918.

Place of Birth **Caldcote**

Name and Address, Next-of-Kin

Mrs John Taylor

Warwickshire ENG.

No. 18. Caldote Nuneaton

Warwickshire England

Relationship

Mother.

Assigned Pay Monthly \$

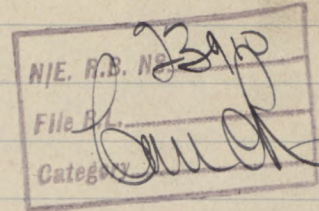
Payable to

Relationship

Separation Allowance \$

Payable to

Relationship



Discharge, Date and Place

Reason

Character

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place	Date.	REMARKS Taken from Official Documents
Date.	From whom received.				
			Arrived in England	19-4-18	S/S TUNISIAN
25-4-18	Res Bde	Taken on strength	Sgt	20-4-18	PM. 115
27-10-18	" "	S.O.S. op.		26-10-18	" 300-7th Pool. 164 4/18
15-2-19	3rd Bde	J.O.S. from 1st Pool	Field	28-12-18	" 10th Pool P. 11-14 7/13/19
26-4	"	Proceeded to England	"	25-4-19	" 33.
30-4	B. King CCC	J.O.S. pending ret to Canada	Bramshott	26-4	- 13
31-5-19	B. Winy. CCC	J.O.S. To Canada	Bramshott	77-V-49	18-5-19 - 17

* Strike out whichever inapplicable.

ASSIGNED PAY.	ENGLAND OR CANADA.	SEPARATION ALLOWANCE.	ENGLAND OR CANADA.
EFFECTIVE DATE: 1/4/18.		EFFECTIVE DATE: -	
AMOUNT: 15 ⁰⁰		AMOUNT: -	

NAME: TAYLOR, John Albert
NUMBER: 2138332

NAME, ADDRESS, RELATIONSHIP & AUTHORITY

Wife Taylor (Mother)
18, Coldegate, Nuneaton,
Warwickshire, Eng
stopped 1-7-19

WHEN PAYEE OF A.P. IS THE SAME AS PAYEE OF S.A. THE WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE.

PARTICULARS OF RANK OR APPOINTMENT		
AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
J.P.C. from bar	-	Five

UNIT AND TRANSFERS

ORIGINAL UNIT: No. 2. Regt
DATE ACCOUNT FIRST OPENED: 1/4/18

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'S'D	UNIT TRANSFERRED TO
			bankes art

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS

DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT
14-5-1209	77-10-19		1747				

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
J.P.C. from bar	1 ⁰⁰	10		

PARTICULARS OF RENDERING NON-EFFECTIVE

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
5/13/18	Balance from bar								10 ⁰⁰		
Apr	G.P.	33-		AR 806 CRA 10/5/18	243						
May		3410		AR 1387 " 23/5/18	487				67 80		
		6710			730						
June	G.P.	33-		ap. bk B26903 £ 9.5.0.			15		57 80		
				AR 1659 CRA. 11/6/18.	487						
				AR. 1575 ✓ 7/6/18.	1947						
				AR. 2157. ✓ 23/6/18.	1460				18 86		
July	G.P.	33.			38 94		45				
		3410		ap. bk B. 90735 £ 3. 1. 8			15		37 96		
				AR. 2718. CRA. 10-7-18.	487						
				AR. 3017. ✓ 24-7-18.	973				23 36		
Aug	G.P.	3410			1460		15				
		3410		ap. bk. 29501 £ 3-1-8.			15		42 16		
				AR. 3527. 13-8-18. CRA	487						
				AR 3946. 28-8-18. do.	973				27 86		
Sept.	G.P.	3410			1460		15				
		33-		ap. bk. 685736 £ 3-1-8.			15		45 86		
				AR 4444 12-9-18. CRA. 2433							
				2 1/2 days pay CW. 19-9-18. Auth. 17-9-18			220				
				18-9-18. SD. 263 20-9-18. CRA.							
				AR. 4916. 25-9-18 CRA.	243				16 90		
Oct		33			2670		220 10				
		3410		D 3426 £ 3. 1. 8			15				
				5174 9/10 CRA	487						
				5642 19/10	243				28 70		
					730		15				

NUMBER 2138332 RANK

Im

NAME

TAYLOR

JA

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4.	BALANCE	DEFERRED	SEPARATION
									28/0		
Nov	Bal fwd										
	Pay	33		283425. £ 3/8			15				
		34/10		64627. £ 3/8			15				
				ak 2110. 3 CTA 14/11.	373	-					
				2154 — 28/11.	13/06						
				2347. ✓ 7/12.	373						
Jan		34/10		40875. £ 3/8			15		64 38		
		10/20			20 62		45				
				ak 2453. 3 CTA 24/12	373						
				2731. ✓ 14/1.	1306						
				88876. £ 3/8	1679		15				
Feb		64 90		2849 — 28/1.	373						
				3054. ✓ 5/2	373						
				4821 — £ 3/8			15				
				3265 3 CTA. 20/2	373						
				3344 ✓ 6/3	365				67 65		
		64 90			31 63		30				
				a 25220 £ 3/8			15				
				3745 3 CTA 26/3	913						
				3708 ✓ 26/3	365						
				143 ✓ 5/4	349						
				3099 ✓ 20/4	365						
March	April P.A.	33		316 ✓ 10/4	349						
May		34/10		May a 87821 £ 3/8			15				
				June a 87822 do			15				
				1209 13/5/19 N Wing	1947				46 87		
		67 10			42 88		45				

S.O.S. to can 18.5.19 8/11 CTA.

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 ALBERT

2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule.....

3. Consecutive number on schedule of men reporting for service (if he appears on it).....

4. Address (including street and number, if any)..... Pocatello, Idaho, U.S.A.

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the tenth day of January 1918, by the undersigned medical board sitting at VICTORIA, B. C.

5. Age as stated 26 Years 3 Months. 6. Apparent age 26 Years 3 Months

7. Height 5 Feet 8 1/4 Inches. 8. Weight 160 Pounds.

9. Chest measurement { Minimum 34 Ins. Maximum 39 Ins. 10. Complexion Ruddy { Eyes Hazel Hair Brown

11. Physical development Good { Good Fair Poor 12. Smallpox marks nil

13. Number of vaccination marks { Right arm ✓ Left arm 3 14. When vaccinated last childhood.

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

17. (a) Vision R. 20/30 L. 20/30 (b) Hearing. R. n. L. n.

J. H. Ryan Captain President.
M. Bryant Captain Member.
W. H. Morrison Captain Member.

Date	Result	VACCINATIONS	Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
6/2/18		<u>John Hunter</u> M.O.	19/1-18	G	<u>John Hunter</u> M.O.
		M.O.	26/1-18	G	<u>John Hunter</u> M.O.
		M.O.	22/2-18	G	<u>John Hunter</u> M.O.

Joined tenth day of January 1918 at VICTORIA, B. C.

	CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment	<u>2nd Depot Batt. B.C. Regt.</u>	<u>2138332</u>	<u>good</u>	<u>10-1-18</u>
Transferred to.....	<u>No. 5 Coy. RCGA., CEF</u>	<u>2138332</u>		<u>9-2-18</u>

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION	DATE	DISEASE	RESULT

N. B.—This sheet is to be disposed of in accordance with instructions in the Regulations for Army Medical Service, or the man becoming non-effective; the date and cause being stated on next page.

ORIGINAL
Signature of Man John A. Taylor

SHORT FORM.

WAR SERVICE BADGE PROCEEDINGS ON DISCHARGE.

CLASS-A-NO.. 32490 (Demobilization.)

D.A. ~~1~~
O.G. 1

1. No. 2138332

2. Rank. *Private*

3. Name. TAYLOR John Albert

4. Unit. 9 Battery

5. Date of Discharge MAY 27 1919 Place TORONTO, ONT.

6. Reason for Discharge DEMOBILIZATION

7. Authority. No. 2 District Depot, Part II, D.O. No. *101*

8. Proposed Residence after Discharge. 218 7 Enrollin Office
Pocatello Idaho, U.S.A.
*with Letter 28-7-19, ~~at the above address, Utah~~
~~Wilson Hotel U.S.A.~~*

9. CERTIFICATE TO BE SIGNED BY SOLDIER.
I hereby acknowledge that at the undernoted place and date I received my discharge Certificate
M. F. W.?
John Albert Taylor
Signature of Soldier.

10. CONFIRMATION.
The discharge of the above named man is hereby confirmed.
Place No. 2 DISTRICT DEPOT
Date MAY 27 1919
TORONTO
Signature *[Signature]*
(O. C. Discharging Unit.)

PROCEEDINGS ON DISCHARGE
(Demobilization)

1	Name	
2	Rank	
3	Branch	
4	Unit	
5	Date of Discharge	
6	Reason for Discharge	
7	Authority	
8	Proposed Residence after Discharge	
9	CERTIFICATE TO BE SIGNED BY SOLDIER I hereby acknowledge that at the attached place and date I received my discharge Certificate M. E. W. J.	
10	COMPLETION The discharge of the above named man is hereby confirmed. Place Date Signature (C. O. Issuing Unit)	

LIST OF DISCHARGE DOCUMENTS

Medical Form W. 118 or A. 118	Field Conduct Sheet
Medical Form W. 118 or A. 118	Company Form
Medical Form W. 118 or A. 118	Final Tax Certificate
Medical Form W. 118 or A. 118	Certificates that missing documents are supplied
Medical Form W. 118 or A. 118	Medical History Sheet
Medical Form W. 118 or A. 118	Proceedings of Medical Board
Medical Form W. 118 or A. 118	Dental History Sheet
Medical Form W. 118 or A. 118	Medical Report
Medical Form W. 118 or A. 118	Regimental Conduct Sheet
Medical Form W. 118 or A. 118	Company Conduct Sheet

Medical Form W. 118 or A. 118

Medical Form W. 118 or A. 118

Medical Form W. 118 or A. 118

Medical Form W. 118 or A. 118

Medical Form W. 118 or A. 118

Medical Form W. 118 or A. 118

LIST OF DISCHARGE DOCUMENTS.

Attestation Paper, Triplicate.....	Militia Form W. 23
or Particulars of Recruit.....	Militia Form W. 133
Field Conduct Sheet.....	Militia Form W. 178 or A.F.B. 122
Casualty Form.....	Militia Form W. 54 or A.F.B. 103
Last Pay Certificate.....	Militia Form W. 44
Certificate that missing documents are unobtainable.....	
Medical History Sheet.....	Militia Form B. 313 or A.F.B. 178
Proceedings of Medical Board.....	M.F.B. 227, A.F.B. 179 or A.F.A. 45
Dental History Sheet.....	Militia Form B. 465
Medical Report.....	M. F. W. 129 or D. M. S. 1375
Regimental Conduct Sheet.....	Militia Form B. 263
Company Conduct Sheet.....	Militia Form B. 263a

1. Triplicate Attestation Paper (M.F.W. 23), or Particulars of Recruit (M.F.W. 133).
2. Casualty Form (A.F.B. 103).
3. Medical History Sheet (M.F.B. 313 or A.F.B. 178).
4. Proceedings of Med. Board (M.F.B. 227 or M.F.W. 129)
5. Dental Certificate (C.A.D.C. 5009a).
6. Field Conduct Sheet (A.F.B. 122.)
7. Proceedings on Discharge (M.F.B. 218a)
8. Discharge Certificate (M.F.W. 39)
(Enclosed in special envelope (260M)).
9. Copy of Discharge Certificate (M.F.W. 39a).
10. Dispersal Certificate (C.D.S).
11. Equipment and Clothing Statement Q.M.G. Form (D.O.S. 2).
12. Last Pay Certificate (P. 851). *not dup*
13. Pay Book (A.B.64).
14. War Service Gratuity (Form M.F.W. 2595).
15. Sundry Documents.

Group..... *b*

Checked by No. *11*

Date *14 MAY 1919*

2138332 Gnr

DISPERSAL "I" TAYLOR, J.A.

AUDITOR PAYMASTER 27

PROMOTIONS, REDUCTIONS AND REVERSIONS AFFECTING DAILY RATE OF PAY AND ALLOWANCES

M. & R. S. REGT. No. 2138332 RANK Gnr NAME (IN FULL) TAYLOR, J.A.

ORIGINAL UNIT C.E.F. 9 Bly Ari IF IN P.F. WHAT UNIT? Wilson Hotel Salt Lake City Utah. (BLOCK LETTERS SURNAME FIRST)

PLACE OF ATTESTATION TRANSFERRED TO DATE AUTHORITY USA.

DATE OF ATTESTATION 1/1/18 TRANSFERRED TO DATE AUTHORITY

ASSIGNED PAY 12 DATE EFFECTIVE 31-5-19 Closed by Eng

PAYABLE TO Mrs J Taylor RELATIONSHIP ANY CHANGE IN ASSIGNEE OR ADDRESS 218 Fenollow office

ADDRESS 18 Coldean, Muncialon, Warwickshire, Eng. 218 Fenollow office, Salt National Bn, 218 Fenollow office, Proctorville, Idaho, USA

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE EFFECTIVE 218 Fenollow office, Proctorville, Idaho, USA 21-6-19

DISCHARGED PLACE Toronto DATE 27-5-19 REASON Demob AUTHORITY Do 161 IF ENTITLED TO POST DISCHARGE PAY Yes

MONTH	PAY AND F.A.		OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS			CASH PAYMENTS			ASSIGNED PAY	REGI-MENTAL CHARGES	OTHER CHARGES	TOTAL DEBITS	BALANCE		PARTICULARS OR REMARKS	
	NO. OF DAYS	RATE			AMOUNT	COL. NO. 1	COL. NO. 2	COL. NO. 3	COL. NO. 1	COL. NO. 2					COL. NO. 3	DEBIT		CREDIT
31.5.19				46 87												46 87	or bal on ppe	
2.6.19	2	110	3 30														1.6 to 2.6 ppe	
																	clothing	
																	wsg	
																	Brain train	
																	cheques	
																	AMOUNT DUE SOLDIER DEPENDENT	
																	W.S.G.	
																	70 -	
																	6 60	
																	16 60 203 40	
																	140 140	
																	210 70	
																	280 closed	
																	280 00	
																	W.S.G. PAID IN FULL	
																	LIGHT.	
																	FOR PAYMASTER'S WAR SERVICE GRATUITY	

