

10-14

Original

ky

# ATTESTATION PAPER

No. 252424

Folio.

## CANADIAN OVER-SEAS EXPEDITIONARY FORCE

### QUESTIONS TO BE PUT BEFORE ATTESTATION

(ANSWERS.)

1. What is your surname? *Taylor*
- 1a. What are your Christian names? *John Sanford*
- 1b. What is your present address? *Webb, Sask*
2. In what Town, Township or Parish, and in what Country were you born? *Rockton Ontario*
3. What is the name of your next-of-kin? *Taylor John*
4. What is the address of your next-of-kin? *167 Duke St. Hamilton Ont*
- 4a. What is the relationship of your next-of-kin? *Father*
5. What is the date of your birth? *24 April 1896*
6. What is your Trade or Calling? *blank*
7. Are you married? *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? *No*  
If so, state particulars of former service.
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*

### DECLARATION TO BE MADE BY MAN ON ATTESTATION

I, *John Sanford 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 *9<sup>th</sup> March* 191*6* *J. S. Taylor* (Signature of Recruit)  
*Capt. H. Sheehan* (Signature of Witness)

### OATH TO BE TAKEN BY MAN ON ATTESTATION

I, *John Sanford 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 *9<sup>th</sup> March* 191*6* *J. S. Taylor* (Signature of Recruit)  
*Capt. H. Sheehan* (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 *Swift Current Sask* *9<sup>th</sup>* day of *March* 191*6*.  
*R. R. Anderson* (Signature of Justice)

DESCRIPTION OF John Sanford Taylor ON ENLISTMENT

Apparent Age ... 19 ... years ... 11 ... months  
 (To be determined according to the instructions given in the Regulations for Army Medical Services.)

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

Height ..... 5 feet ... 8 . ins.

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

Complexion ... Fair .

Eyes ... Blue .

Hair ... Brown .

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

No Marks .

CERTIFICATE OF MEDICAL EXAMINATION

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

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

I consider him\* fit . . . . . for the *Canadian Over-Seas Expeditionary Force*.

Date . 9th March . . . . . 191 6

Place . Swift Current, Sask . . . . .

J. Cairns  
 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 Sanford 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 of Officer)

Date . 9th March . . . . . 191 .

J. Cairns  
 Lieut.-Col.  
 O.C. 209th Overseas Battalion C.E.F.

**CONTENTS**

DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

M. F. W. 2505  
REFERENCE

NON-EFFECTIVE BY

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)

2 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 *FW 3997*

1 *misc*

1 *ISS 132*

1 *M FW 192*

1 *CADC 5009a*

1 *A FW 1237*

1 *A FW 3172*

1 *PRD*

1 *PRD*

1 *FW 19*

1 *FW 19*

*10*

*(M)*

*1000  
2112*

*483264*

DEATH

Category

DISCHARGE

Category

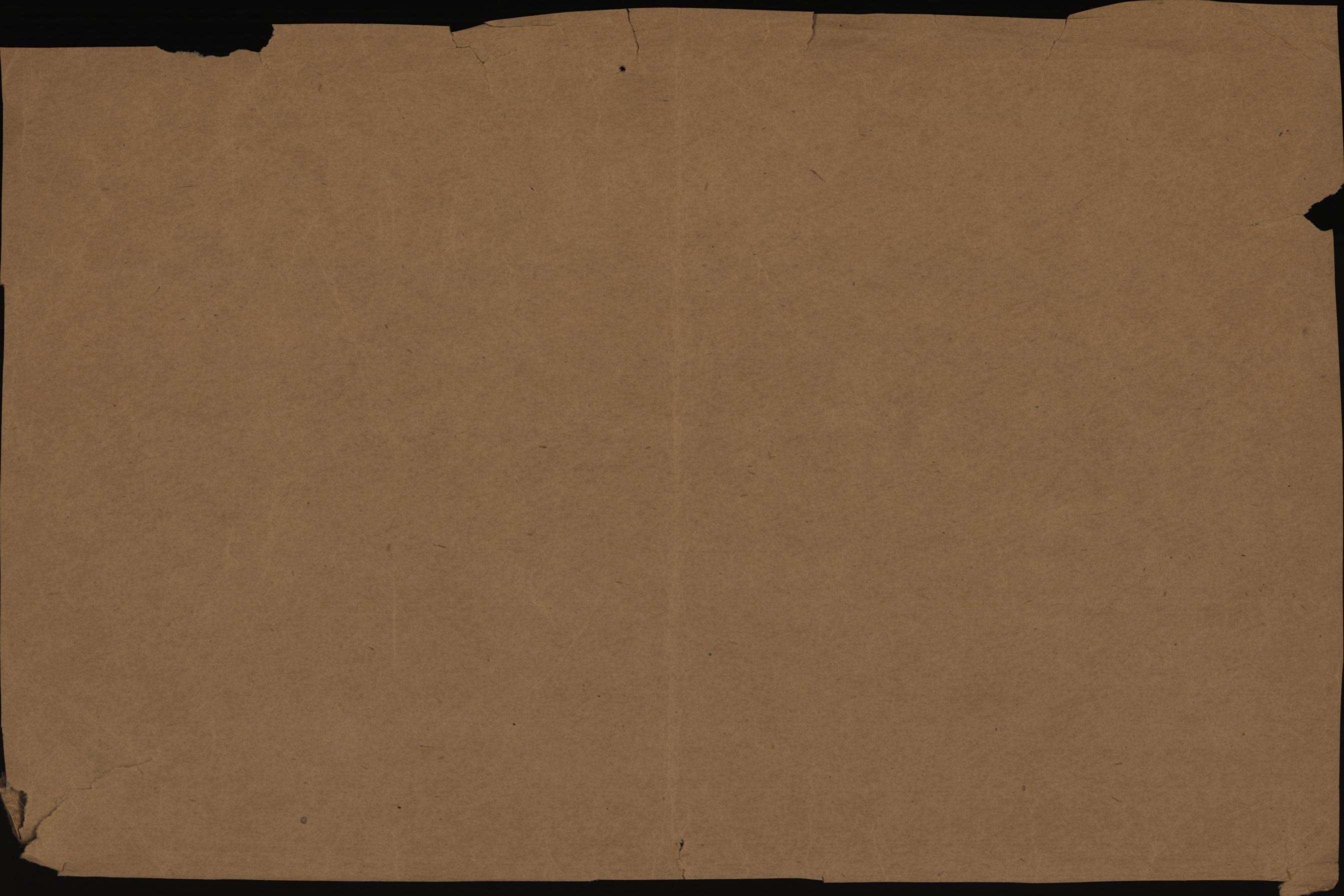
*Med. unfit*

DESERTION

**PUBLIC ARCHIVES  
RECORDS CENTER**  
03388

*48 3264*

*3  
21 - 22  
16 - 22  
3 - 23  
3*



252424

**I.D. number**  
**No. d'identification**

TAYLOR

**Surname**  
**Nom de famille**

John SANFORD

**Given names**  
**Prénoms**

**PERSONNEL RECORDS CENTRE**  
**CENTRE DES DOCUMENTS DU**  
**PERSONNEL**

**Location**

**Lieu**

9539



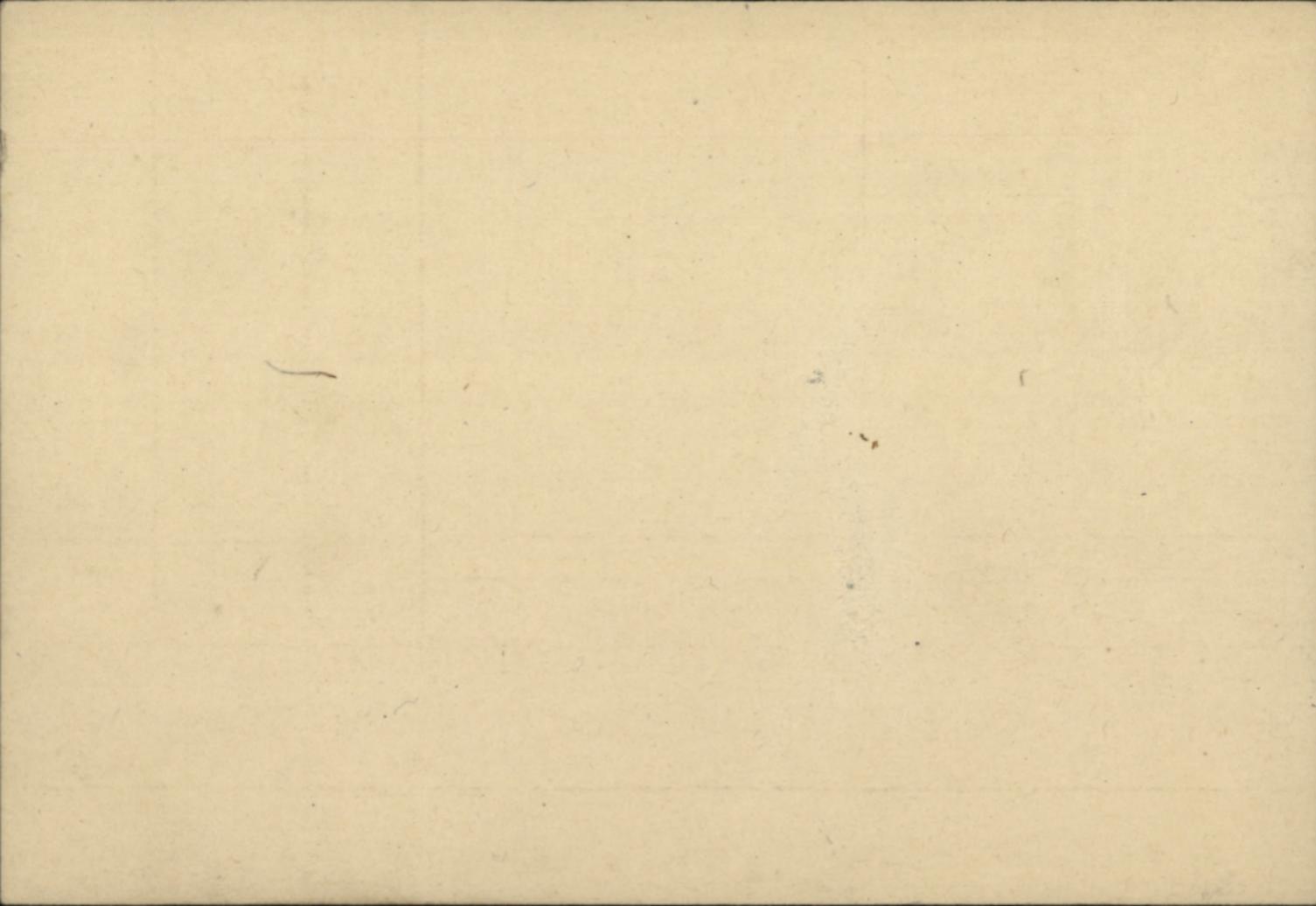
No. 252424 RANK O-6

NAME Taylor, J S

T. O. S. 9-3-16 UNIT 209 Battalion 6.6.F  
(O.O. 22 of 10-3-16)

M. D. 10<sup>th</sup> 12<sup>th</sup> 1916

			PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
PAID FROM	PAID TO	SIG. OR REC'T	PARTICULARS	AUTHORITY
1916 Mar 9	1916 Mar 31	L		
	Apr.	M		
	May	L		
	June	L		
	July	L		
	Aug	L		
	Sept.	M		
	Oct.	L		
	Nov.	M	Forfeits 14 days pay.	O.O.#203-







~~649-J-825-2~~ ✓

NAME

Taylor John Sanford

RANK & No.

Pte

252.424.

CORPS

209th

Batt

ENLISTMENT, PLACE

Swiftcurrent, Sask.

DATE

Mar, 9th, 1916.

FORMER CORPS

Mil

COUNTRY OF BIRTH

Canada, Rockton, Ont

NEXT OF KIN

Taylor, John

(Father)

ADDRESS OF NEXT OF KIN

~~167. Duke St. 52 Canada St.~~

~~S. A. P. 11/5/18.~~

Hamilton, Ont.

DISCHARGE, PLACE

54-2138 1.21/6/18.

DATE

S.O.S. 22/3/19. M.W.

86.79 of 20/3/19. 288.

Sailed from Halifax N.S.

S.S. Lazonia

31-10-16  
M. F. W. 22. 100 m. -9-15.

L. L. 85779-M. & D.-6011.

R/C 25-2-19  $\frac{270}{42}$   $\frac{2}{2}$  Pte H Q. 1772 39 839.

MARRIED

SINGLE

*yes*

WIDOWER

TRADE OR CALLING

*Clerk*

RELIGION

*Presbyterian*

DESCRIPTION.

APPARENT AGE

*19.*

YEARS

*11.*

MONTHS

HEIGHT

*5*

FEET

*8.*

INCHES

CHEST MEASUREMENT

*36.*

INCHES

EXPANSION

*3.*

INCHES

COMPLEXION

*Fair*

EYES

*Blue*

HAIR

*Brown*

DISTINGUISHING MARKS

*Nil.*

MEDICAL EXAMINATION.

PLACE

*Swift Current, Sask.*

DATE

*Mar, 9th, 1916.*

REMARKS:

Name *Taylor John Sanford* Rank *Pte.*Reg. No. *252 424.*Unit *10<sup>th</sup> B.N.*Next of Kin *Canada*

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
<i>1918.</i>						
<i>9-8</i>	<i>18/1050 Gen Hosp</i>	<i>Comiers</i>	<i>Wounded</i>	<i>A 292</i>	<i>26158</i>	<i>3166/8</i>
<i>23-8</i>	<i>Mil Hosp</i>	<i>Leutham</i>	<i>do</i>	<i>B 304</i>		<i>25039</i>
<i>27-8</i>	<i>O.T. Can. T. &amp; Hosp</i>	<i>Bechell</i>	<i>do</i>	<i>B 305</i>		<i>25758</i>
<i>13-12</i>	<i>Wise</i>		<i>do</i>	<i>B 402</i>		<i>521.</i>
<i>R.L. 13/12/18</i>	<i>S.F. 13/12/18 to</i>	<i>23/12/18</i>	<i>Report of</i>	<i>W. J. P.</i>	<i>Transit</i>	



REGT'L No 25-2424

H. Q. FILE NO. 649-

NAME

RANK AND CORPS

CABLE

FOLLOWS

No. 7000209th

FOLLOWS

No.

DATE

NATURE OF CASUALTY

M 5850  
30-1

8-8-17

Rept Wounded July 21st, 1917 ✓

M 5882

14-8-17

Prev. rept. wounded now not  
wounded July 21st. 1917 ✓3-3.  
34-4  
M 5929~~22-8-17~~Adm'd 10 Ad amb aug 15th 1917 lgs w  
nose ✓M 6008  
w.7-9-17  
a.m.disch from Hosp to duty. Aug 21st  
after suffering from lgs w,  
nose

N. of K.

John Taylor ● Father 5-2 Canada St.  
Hamilton Ont.

LIST No

HOSPITAL

DATE OF  
ADMISSION

REMARKS

24	Mil. Iso., Aldershot	8-3-17	Parotiditis
32	& " " "	30-3-17	" " Disch.
A714	Rept from base	21-7-17	all wounded
A719	Prev. rept wd. Now rept,	Not wd.	21-7-17
A726	No 10 Can. Fld. Amb.	15-8-17	sw. nose
A731-2	Discharged to duty	21-8-17	sw nose
A292. (3)	#18, Gen. H. Camiers,	9-8-18.	GSW. left arm.
B304-1	Mil. Fort Pitt Chatham	23-8-18	" " " " "
B305-1 to	T.P.C.R.C. Bephill	27-8-18	" " " " "
B4021	Discharged	13-12-18	" " "

Name **TAYLOR** John Sanford Rank **Pte.**

Reg. No. 252424

Unit **10th. Bn.**

Next of Kin **C anada**

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
21-7-17	Rptd. fr. Base Wounded "Q"			A714	M5850.	
21-7-17	Now Rptd. NOT WOUNDED			A719	M5882	34
15-8-17	<u>No. 10 C.F.A.</u>		S.W. Nose	A726	M5929	8.
21-8	to Duty		do	A721		22-88
						91-9-17 RIII
						92-9-17



Princess Patricia Canadian Red Cross Hospital,

T 801  
D.M.S. 1317

Cooden Camp, Bexhill. HOSPITAL.

A. & D. No. \_\_\_\_\_ Ward *br . 2 .*

Unit *10<sup>th</sup> Battalion* *a Coy.* Sick or Wounded.

Regtl. No. *252424.* Pl. of Act'n. *Amiens*

Rank *Pte.* Name *Taylor J.S.*

Age *22* Religion *Presb.*

Service Compl'd *30/12.* Time with Field Force *17 1/2.*

Diagnosis *Sw. left arm.*

Admitted *26 8 . 18* *2008* *Pitt* *Expt.* *Beckett* *13-12-18* *Branshott.*  
Discharged *21st Dec 18*

Transferred \_\_\_\_\_  
DISCHARGED TO DUTY.  
*cut a*

RECORD FURTHER REMARKS ON BACK.

*James*

111

RECORD FURTHER MARKED IN EACH

*msd jr*

Number 252424 Rank Pte -

Surname TAYLOR

Christian Name John Sanford

Units 10<sup>th</sup> Bn Can Inf Theatre of War France

Date of Service 22-3<sup>rd</sup>-17

Remarks

Latest Address ~~52 Canada St.~~

76 Pearl St. W., Hamilton.

Roll No. Ont.

200m-2-21.M. *"B" Page 11046.*

*B*  
*V*

DESP. MAR 16 1922  
REGN. NO. *YC 2359*

NAME

Taylor John

REGT'L No.

23-2424

H. Q. FILE No. 649.

RANK AND COPPS

Plc: 10 th. Bu. (form 209th Bu.)

FOLLOWS  
No.

FOLLOWS

CABLE

NO.

DATE

NATURE OF CASUALTY

CABLE NO.	DATE	NATURE OF CASUALTY
N. 25-8	18-8-18	Adm. 18 Gen. H. Dannes Camiers
	68-7.	Aug. 9 th. 1918. U. S. W. L. Am
W. S. M.	165	Officer 1/c Patricia Hoop. Rexhill
	21-9-18	Reports Glw. left. arm, wound healed loss movement wrist, fingers' left hand. slightly improved, having massage.

LIST No.

HOSPITAL

DATE OF  
ADMISSION

REMARKS



TREATMENT OF WOUNDS AND INJURIES

Surname *Taylor* Christian Name or Names *J. S.* Reg. No. *252424*  
 Rank \_\_\_\_\_ Unit \_\_\_\_\_ Co. \_\_\_\_\_ Troop \_\_\_\_\_ Batty. \_\_\_\_\_

Hospital *9 Res. Batt. 10th. Batt. Alta.* Date of Admission \_\_\_\_\_

Transferred *Milit Isolation Aldershot. 8.3.17*  
*10 Can. Hd Amb. Hosp. 16.8.17*

*18 Gen Carriers Hosp. 9.8.18.*  
*Mil F., Fort Sil, Chatham. Hosp. 23-8-18*

*P.O.C.R.C. Beuhell. Hosp. 27-8-18*

Diagnosis *Parotiditis*  
 (1) Later Diagnosis (if changed) *Wounded "Q"*  
 (2) *W. Nose*  
 (3) *R. Hand*

Additional Diagnosis: if more than one state present

DISPOSITION *Dis. 30.3.17* Date

REMARKS  
~~6.2.16.3.17 24~~  
~~11.4.4.17 32~~  
~~8.8.17 A 714. Reported from Base. 21.7.17.~~  
~~14.8.17 A 719. now Rep. not wd. 21.7.17.~~  
~~22.8.17 A 726~~  
~~28.8.17 A 731(2) Dis to duty. 21.8.17~~  
~~16.8.18 A 292.3 Disc 13-12-18~~  
~~29-8-18 B/304-1.~~  
~~30-8-18 B 305~~  
~~21-12-18 B 402~~

A.M.D. 2 Dept.  
 Bch. of D.G.M.S. O.M.F.C. London

# EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.

2.

3.

4.

5.

6.

7.

Name L TAYLOR John Sanford. Rank Pte. Regtl. No. 252424 LH  
 Original unit 209th Bn M. or S.  Age 22 Religion Presb. Fyle Depot 24-Ta-176  
 Present unit 209th Bn Ref. H.Q.   
 Port, ship and date of arrival Halifax Empress Britain 25-2-19  
 Next of kin John Taylor 52 Canada St., Hamilton, Ont. Canada, Father.  
 Address on leave 52 Canada St., Hamilton, Ont.  
 Address on discharge 52 Canada St., Hamilton, Ont.  
 Transportation issued No Yes Date no Character on discharge -----  
 Previous occupation Clerk Date and place of enlistment Swift Current March 9-16  
 Diagnosis G.S.W. of left forearm and wrist Date of Medical Boards Mar. 19, 1919.

Date.	Remarks.	Pt. 2 Order No.
TOS 17-2--19	posted to Hamilton Dispersal area 25-2-19 leave with subs from 3-3-19 to 17-3-19	63
22-3-19	S.O.S. Discharged "Medically Unfit" entitled to 183 days W.S.G.	79

Date.

Remarks

Pt. 2 Or  No.

M. F. W. 192

150m.—5'18

1772-39-1243

# ORIGINAL MEDICAL HISTORY SHEET.

Surname Taylor Christian Name John Sanford

Examined { on 9th day of March 1916.  
at Swift Current, Sask.

Approved by K Cairns  
K. C. Cairns

Birthplace { City or Town Rockton  
County Ontario, Canada

Rank Captain M.O.

Apparent age 19 years & 11 months

Date.	Fit or Unfit.	EXAMINED FOR RE-ENGAGEMENT.
		<u>29 AUG 1918</u> M.O.
		<u>3 DEC 1918</u> M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Trade or occupation clerk

Height 5 Feet 8 Inches

Weight 140 Lbs.

Chest measurement { Minimum 33 inches M.O.

{ Maximum expansion 3 inches M.O.

Physical development fair M.O.

Small-Pox Marks none M.O.

Vaccination Marks { Arm Right 0 Left 0  
Number none

Date.	Result.	VACCINATIONS.
<u>1917</u>		<u>K Cairns</u> M.O.
		M.O.
		M.O.

When Vaccinated last X

(a) Marks indicating congenital peculiarities or previous disease none M.O.

(b) Slight defects but not sufficient to cause rejection  
Slightly flat footed - never gave any trouble walking

Date.	Result.	ANTI-TYPHOID INOCULATIONS, ETC.
<u>5-8-16</u> <u>5-26-16</u>	<u>OK</u>	<u>K Cairns</u> M.O.
		M.O.
		M.O.

Enlisted on 9th day of March 1916 at Swift Current, Sask.

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>209th. O. Batt.</u>	<u>252, 424.</u>		<u>March. 9th. 1916</u>
Transferred to	<u>9th Reserve Bn</u>			<u>DEC 5 1916</u>
	<u>10th Bn O.C.</u>			<u>APR 21 1917</u>

### EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
<u>Kimmel park</u>	<u>Jan 27-19</u>	<u>g.w. left arm.</u>	<u>Bit Swellton of</u>
<u>Hamm</u>	<u>18-2-19</u>	<u>s.o.w. left arm c.</u>	<u>D. Cairns</u>

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

CANADIAN

Surname Taylor. Christian Name John. Sanford. No. 10.C.F.A.

STATION.	Date of Arrival at the Station.	DATES OF						DISEASE.	Number of days in Hospital.	Remarks on nature of the disease: how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer.
		Admission into Hospital.			Discharge from Hospital.						
		Day	Month	Year	Day	Month	Year				
Isolation Dept A. S. H. O.		18	3	17	30	3	17	<u>Mumps</u>	23	<u>Recovery</u>	<u>Bron</u> <u>Capt</u>
No. 10.C.F.A.		15	8	17	21	8	17	<u>S.W. Nose.</u>		<u>to duty</u>	lito A726-A731 JP
Fort Pitt Hoop Chatham		23	8	18	26	8	18	<u>9 Sw L Arm</u>	3	L. A. H.	Idwards chp
Princess Victoria Canadian Red Cross Hospital, Corden Camp, Bevil, Hill		26	8	18	13	12	18			<u>Disc fit for Duty</u>	<u>J. Mackenzie</u>

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 209th Overseas Battalion

(2) Regimental Number 252421

(3) Full Name of Soldier John Sanford Taylor

(4) Place of Birth Rockton, Ontario

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

(6) If married, state,

(a) Full name of your wife nil

(b) Present Postal Address nil

(7) Are you a widower? No.

(8) Have you any children? No.

If so, give number of boys and girls                     

Also their names and ages

(9) Is your Father alive? *Yes.* *John Taylor*  
If so, state name and address *167 Duke St. Hamilton Ont.*

(10) Is your Mother alive? *Yes.*  
If so, state name and address *Fipine Taylor*  
*Same as above*

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

(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.  
*Nil*

(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.  
*Nil*

(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.  
*Nil*

(15) Are you insured? *Yes.*  
*H.C. Toronto* If so, in what Company? *National Life of Canada*  
*H.C. London* *Took out Policies London Life Assurance Co.*  
*Out.* Have you made arrangements for payment of your Insurance premium *at Webb.*  
If not, and it is a monthly premium, you can assign the amount in addition to any other assignment you wish to make.

*Stanley M. F.* Lieut.-Col.  
O.C. 209th Overseas Battalion C.E.F.  
Officer Commanding.

Date *October 3<sup>rd</sup> 1916*





(4)

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

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

500M.—9-16

H. Q. 1772-39-920.

# Casualty Form—Active Service.

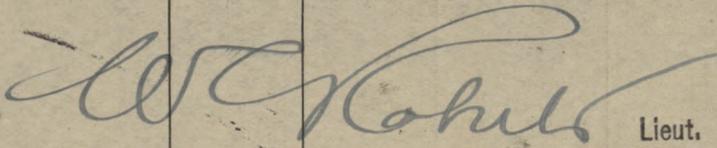
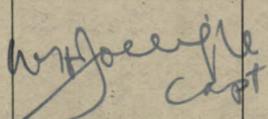
Unit, Regiment or Corps.....

Regimental No. 252424 Rank Pfc Name Taylor John Sanford  
C. E. F.

Enlisted (a)..... Terms of Service (a)..... Service reckons from (a).....

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

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

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
FEB 17 1919	O. S.	T. O. S. No. 2 DISTRICT DEPOT. TORONTO		1919	PART II D. O. 63
	22-3-19	S.O.S. (Discharged) No. 2 District Depot Part II, D.O. No. 79			 Lieut. For O. C. No. 2 District Dep.
					For  Capt. O. C. No. 2 District Depot.

(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



# SERVICE AND CASUALTY FORM (Part I).

Army Form B, 103—I.  
Part I.

(1)*Substantive rank *Acting rank [To be entered in pencil to facilitate alteration.] (4) Surname (5) Christian Names (6) Army Form, number of, Attestation } Form or Record of Service paper } (7) Whether of British or of Alien origin [vide A.C.I. 578 of 1918] (8) Date of birth as stated on enlistment (9) (a)	(2) Regiment or Corps	(3) Regtl. No.
---	-----------------------	----------------

(10) Enlistment (b)	(11) Engagement (c)
(12) Service reckons from (date)	(13) Special conditions (if any) of enlistment (d)
(14) Any subsequent variations (if any) } of conditions of service }	Initials and Rank of an Officer.

(15) Category	Date	Medical Authority	Initials and Rank of an Officer	(16) (Record of Occupation in Civil life (vide Army Order 93 of 1917)
				Industrial Group No. Trade or Calling Married or Single Particulars of Trade Test  Occupation Cards despatched on (date) Second Occupation Card despatched on (date)

(17) Next of Kin

(18) Demobilizer (f) (Place) (Signature of  
Posting Officer)

(19) Pivotal-man (f) (Date)

(20) Qualifications (g) or (21) Corps trade and rate

(22) Extended { (23) Re-engaged {

(24) Miscellaneous entries:—

**NOTES.**—[a] Here enter particulars of any subsequent claim as to actual age after verification by birth certificate [vide A.C.I. 470 of 1918. [b] Whether direct or voluntary enlistment or called up under the Military Service Acts. [c] Whether for specified term of years or for duration of the war. [d] Whether "for Home Service only," or not to be transferred without the soldier's consent, &c. [e] If to be retained on Home Service, period, if specified, to be stated, also authority, and on what grounds. [f] Required for demobilization purposes. [g] Signaller, Shoering-smith, &c.

**Army Form B. 103 (II.) to be gummed on here if required.**  
**Nothing to be written in this margin.**

W.1889—PP 1150 IM 5/18 G.W.P.Co (3490)

(A) Report		(B) Authority of Part II. of Orders	(C) Record of promotions, appointments, reductions, casualties, transfers, postings, &c. All acting as well as substantive promotions to be shown, for method of entry of which see A.C.I. 1816 of 1917. Corps and unit to which transferred and posted to be invariably named.	(D) Place of casualty	(E) Date of promotion, reduction, reversion, casualty, &c.	(F) Remarks, and initials and rank of an officer
Date.	From whom received.					

25 JAN 1919

Attached C.O.C. Kinmel Park for  
return to Canada. Part 11 Orders  
No.           . Ceases to be attached  
C.O.C. Kinmel Park on embark-  
ing for Canada, Part 11 Order  
No: ~~22133~~ 46.47 <sup>78/2/19</sup> 24.25  
Commanding M.B. 2. Wing,  
Kinmel Park Camp.

*M. McIntosh H.*

EMERALD OF BRITAIN

SAILED  
FEB 17 1919  
ARRIVED  
FEB 25 1919  
*SH*

Nothing to be written in this margin.

M. D. 2

CANADIAN EXPEDITIONARY FORCE.

M.F.W. 44.  
1133 (D.P. 250M-12-18.  
1772-89-903.

LAST PAY CERTIFICATE

No. 56

Regimental No. 252424 Rank Pte Name Taylor J.S.  
**DISCHARGED** (Surname first)  
Unit No. 2 District Depot. who was\*  
On March. 22 1919, to.....  
\*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from March 1 to March 22 1919  
the inclusive date of transfer or discharge.

	Dr.	Cr.
Bal. Dr. or Cr. from prev. month.....		34-52
Regimental Pay..... <u>22</u> days at \$..... <u>1.10</u> c.....		24-20
Field Allowance.....days at \$.....c.....		
Separation Allowance.....		
Clothing Allowance.....		35 -
Post Discharge Pay.....		70 -
*Other Credits .....		
Advances .....		
Separation Allowance and Assigned Pay Cheque NO.....		
*Other Charges .....		
Balance on transfer or on discharge, cheque No..... <u>159093</u>	163-72	
Total .....	<u>163-72</u>	<u>163-72</u>

FCP

\*Give particulars.



DEPARTMENT OF VETERANS AFFAIRS  
MINISTÈRE DES AFFAIRES DES ANCIENS COMBATTANTS

DEATH NOTIFICATION  
AVIS DE DÉCÈS

TO:  
A:

DATE ..... 30 Apr 73 .....

NAME TAYLOR John S.  
NOM .....

Service No. 252424  
Matricule No .....

*CAF*

CPC No.  
CCP No 111249 .....

WVA No.

AAC No .....

Information Received from: S.P.M.E. "HM" Dist.  
Information reçue de: .....

Date of Death  
Date du Décès ..... 25 Apr 73 .....

Place Not Stated.  
Endroit .....

Distribution: WSR-DASG

VI - ASS

DO - BD

HO - BC

Pour le chef,  
*[Signature]*  
for Chief, Central Registry Division.  
Dépôt central des dossiers.

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

30-11-73

11100  
11100  
11100  
11100

NAME  
MILITARY

DATE OF DEATH  
PLACE OF DEATH

12  
12  
12  
12

11100  
11100  
11100  
11100

11100  
11100  
11100  
11100

11100  
11100  
11100  
11100

# CANADIAN EXPEDITIONARY FORCE

## Discharge Certificate

This is to Certify that No. 252424 (Rank) Pte.

Name (in full) TAYLOR, JOHN SANFORD enlisted in

the 209th. Batt'n

CANADIAN EXPEDITIONARY FORCE at Swift Current, Sask. on the 9th.

day of March 1916.

HE served in ENGLAND and FRANCE.

and is now discharged from the service by reason of MEDICALLY UNFIT.

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

Age 22 yrs. 11 mos.

Height 5 ft. 8 in.

Complexion Fair

Eyes Blue

Hair Brown.

Marks or Scars

G.S.W. Right arm--2-2-18.

*John Sanford Taylor*  
Signature of Soldier

*James Young Lt.*  
Issuing Officer

Date of Discharge 22nd. March 1919.

For Rank

C. C. No. 2 District Depot.  
Appointment

Signed at Hamilton, Ont. this 22nd. day of March, 1919.

in Military District No. NO. 2

**MAR 22 1919**

File Reference No. DISTRICT DEPOT.

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

### 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.

Uniform is not to be worn after expiration of one month from date of discharge, except by special permission of G. O. C. District.

JM. Rank Name **TAYLOR, John Sanford.** ✓ Reg'l No.  
 Unit **209th Bn.** If in perm. Corps, } ✓ Married or Single **Single.** ✓  
 What Unit ? }  
 Place and Date of Enlistment **Swift Current. 9th March 1916.** Place of Birth **Rockton, Ontario.**  
 Name and Address, Next-of-Kin **John Taylor.** ✓  
**52. Canada St**  
**167 Duke St.,** Hamilton, Ont. ✓ Relationship **Father.** ✓  
 Assigned Pay Monthly \$ Payable to **And. R. D. 29-J.**  
 Relationship **4/17/18.**  
 Separation Allowance \$ Payable to  
 Relationship  
 Discharge, Date and Place Reason Character

N/E. R.B. N° **11605**  
 File R.L.  
 Category **CAN. OR.**

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.				
		<i>Arrived in England.</i>			
5-12-16	209th Bn.	S.O.S to 9th Res. Bn.	Shorncliffe	5.12.16	per SS Caronia D.O. 254
7-12-16	9th Res. Bn.	Taken on strength.	"	5-12-16	Pt II D.O. 342
26-1-17	9th Res. Bn.	IT SLUCK OF. TO 9th CAN I	BRIMS HOTT	25-1-17	P D O-26
26-1-17	9th Res. Bn.	Taken on strength.	BRIMS HOTT	25-1-17	Pt II D.O. 1
7-3-17	" "	Adm to Isolation Hosp.	Aldershot	6-3-17	41. B. 24 (Ammy)
30-3-17	" "	From m. Isolation Hos	Aldershot	30-3-17	Pt II n° 65
4-4-17	" "	Discharged.	Aldershot	30-3-17	C. L. n° 32.
21-4-17	" "	S.O.S to 10th Bn. of seas	BRIMS HOTT	21-4-17	Pt II. n° 86
28-4-17	10th Bn	T.O.S of Bn	Field	22-3-17	" " 48
8-8-17	" "	Reported from Base "W"	"	21-7-17	C.L.A. 714
14-8-17	" "	" Not wounded.	"	"	" " 719

A.F.P. 103 CHECKED  
4 MAY 1917

252424

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.				
22.8.17	10 <sup>th</sup> Bn.	adm: n <sup>o</sup> 10. C. F. Amb	Field	15.8.17	C. d. A726 S.W. rose.
28.8.17	" "	dis: to duty	"	21.8.17	" " 731 "
3.5.18	" "	Awarded G.C. Badge	"	9.3.18	A 10. 45
16.8.18.	a.R. 10.	Wounded	"	9.8.18.	La 292.
2.9.18.	a.R. D.	T.O.S. from 10 <sup>th</sup> Bn	"	23.8.18.	H.I. 227. 10 <sup>th</sup> Bn Lt II 95/21/8.
14.12.18	-	S.O.S. to 21 <sup>st</sup> Res Bn	"	13.12.18	A. II 319
3.1.19	21 <sup>st</sup> Res Bn	Absentee from hr.	Brantford	27.12.18	Pl II NO 2
13.1.19	-	Awarded 7 days F.P No 2 + forfeit 8 days pay for	"	6.1.19	" 10
<del>20 1 19 21 RES SOS TO CANADA 2112 is DO is</del>					
21-1-19	21 Res B.	On Com. Kinel Pt. Camp pending return to Canada	Bshott	19-1-19	DO. 16
31-1-19	No 2 M.D.	T.O.S. from 21 <sup>st</sup> Res Bn.	Rhyl	14-1-19	DO 26 2 <sup>nd</sup> DO. 90. 19 19 <sup>4</sup>
24-2-19	"	S.O.S. to Canada	"	17-2-19	DO 46

MILITIA AND DEFENCE  
ASSIGNED PAY  
OVERSEAS CONTINGENTS

M. F. W. 12.  
25m-4-17.  
H. Q. 1772-39-819.

To Whom *Mrs John Taylor*  
Address *125 ~~Caroline St. South~~  
Duke St.  
Hamilton  
Ont.*

By Whom Assigned *Taylor John Stanford*  
Regtl. No. *252424*  
Rank *Pte.*  
Corps *209th Bn*

Rate *15.00*

*April 1-17*

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			<i>2 M 11-4-17 P.H.H. 31-5-17</i>
Sept.				<i>② 2M. 21<sup>7</sup>/<sub>17</sub> - CD - 8<sup>8</sup>/<sub>17</sub></i>
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				



1 17 00 1/2

# ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2  
(Assignee)

*Mrs John Taylor*

PAYMENTS. #

Name of Soldier

*Taylor John Starr,*  
*252424 Pte J 209<sup>th</sup> Bn*

L. L. Job 19227 - M. & D. 1811

Month.	Year.	Cheque No.	Amt.	Remarks.
			\$15.00	April 1-17
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1917			
Feb.				
March				
April				
May				
June		J 17282 45		} 9/15.00
July		R 25722 15		
Aug.		H 32928 15		② 125 Caroline St, South, Hamilton Ont.
Sept.		R 40077 15		
Oct.		P 45602 15		
Nov.		25122 15		
Dec.		L 63460 15	\$135	
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

*WKE*

**CANADIAN  
ASSIGNED PAY AUDITED**  
AUDIT CLERK  
DATE 19-6-19

MILITIA AND DEFENCE  
**ASSIGNED PAY**  
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier \_\_\_\_\_

**PAYMENTS.**

Month.	Year.	Cheque No.	Amt.	Remarks.
Aug.	1918			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1919			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1920			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				





\* Strike out whichever inapplicable.

ASSIGNED PAY.	ENGLAND or CANADA.	SEPARATION ALLOWANCE.	ENGLAND or CANADA.	NAME: <i>TAYLOR, J. Sanford</i>		
EFFECTIVE DATE: <i>Apr. 1. 17</i>		EFFECTIVE DATE: -		NUMBER: <i>252424</i>		
AMOUNT: -		AMOUNT: -		PARTICULARS OF RANK OR APPOINTMENT		
NAME, ADDRESS, RELATIONSHIP & AUTHORITY { WHEN PAYEE OF A.P. IS THE SAME AS PAYEE OF S.A. THE WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE.				AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
				<i>Mrs. Taylor A2M 11.4.17</i>		
<i>125 Caroline St - 5th</i>						
<i>Hallowell Out Can</i>						
<i>Stopped by 1/2/19.</i>						
				UNIT AND TRANSFERS		
				ORIGINAL UNIT: <i>209.</i>		
				DATE ACCOUNT FIRST OPENED: <i>1.11.16</i>		
				AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'S'D
						UNIT TRANSFERRED TO
						<i>10</i>
				<i>227.</i>	<i>2/9/18</i>	<i>23/8/18 20/9/18</i>
						<i>ARD</i>

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS { UPON CLEARANCE OF VOUCHERS, ENTRIES WILL BE CANCELLED BY INSERTION OF DATE CHARGED IN RED INK

DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT
<i>1/19/17</i>	<i>2697</i>	<i>Bktr #1</i>	<i>4.87</i>	<i>Feb</i>			
<i>for full days pay</i>	<i>8-10-11-12-13-14-15-16-17-18-19</i>		<i>16.50</i>	<i>Feb</i>			
			<i>21.37</i>				

PARTICULARS OF RENDERING NON-EFFECTIVE

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
<i>1918</i>											
<i>Mar</i>	<i>Bal Fwd</i>								<i>109.26</i>	<i>75</i>	
<i>Apr</i>	<i>P. Pay</i>	<i>33</i>		<i>Canada AP</i>				<i>15</i>			
				<i>AR 31. 1-4-18 10 Pm</i>	<i>3.57</i>						
				<i>" 56. 18.4.18 - "</i>	<i>4.46</i>						
<i>May</i>	<i>P. P</i>	<i>33</i>	<i>34 10</i>	<i>Can AP</i>				<i>15</i>	<i>119.23</i>	<i>75</i>	
				<i>AR 109 5/18 10 Pm</i>	<i>3.57</i>						
				<i>✓ 349 20/18 10 Div Wing CCR</i>	<i>4.46</i>				<i>130.30</i>	<i>75</i>	
		<i>34 10</i>			<i>8.03</i>			<i>15</i>			
<i>June</i>		<i>33</i>		<i>Canada AP</i>				<i>15</i>			
				<i>AR 194 1/6/18 10 Pm</i>	<i>3.57</i>						
				<i>AR 325 14/4/18</i>	<i>4.46</i>				<i>140.27</i>	<i>75</i>	
		<i>33</i>			<i>8.03</i>			<i>15</i>			
<i>July</i>	<i>P P</i>	<i>34 10</i>		<i>Can AP</i>				<i>15</i>			
				<i>AR 19 1/7/18</i>	<i>3.57</i>						
				<i>AR 128 12/7/18</i>	<i>4.46</i>						<i>75</i>
		<i>34 10</i>			<i>8.03</i>			<i>15</i>	<i>151.34</i>		
<i>Aug</i>	<i>P. P</i>	<i>34 10</i>		<i>Can AP</i>				<i>15</i>			
				<i>AR 390 3/9/18</i>	<i>3.57</i>						
		<i>34 10</i>			<i>3.57</i>			<i>15</i>	<i>166.87</i>	<i>75</i>	
<i>Sept</i>	<i>✓</i>	<i>33</i>		<i>Can AP</i>				<i>15</i>			
				<i>AR 4293 14/9/18 PPR x Mont</i>	<i>9.73</i>						
				<i>✓ 6286. 27/9/18</i>	<i>9.73</i>				<i>165.41</i>	<i>75</i>	
		<i>33</i>			<i>19.46</i>			<i>15</i>			
<i>Oct</i>	<i>✓</i>	<i>34 10</i>		<i>Can AP</i>				<i>15</i>			
				<i>AR 10388 29.10.18 PPR+</i>	<i>9.73</i>				<i>174.78</i>	<i>75</i>	
		<i>34 10</i>			<i>9.73</i>			<i>15</i>			

*Forward*



THIS FORM WILL BE USED FOR ALL RANKS  
**MEDICAL HISTORY OF AN INVALID**

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" issued by the B.P.C. and instructions issued by Militia H.Q., Ottawa, will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of Sections 1 to 17 of this Form and will obtain the signature of the invalid to the "Statement," page 3. The President of the Board of Medical Officers is responsible for the proper completion of sections reserved for recording the "Opinion of the Medical Board."
3. In answering the questions, Medical Officers will carefully obtain and record the invalid's statements concerning his condition. They will distinguish observations made by themselves from hearsay. They will distinctly state the authority for statements not resulting from their personal observation; it must be made clear whether such statements are obtained from the invalid concerned, from witnesses, or from documents, Regimental or otherwise.
4. Special care is required in answering question 9. Read the questions carefully. All questions must be answered.
5. If space provided under any section is insufficient add another sheet. Such sheets must be initialed by the Medical Board.
6. A note will be made of attached papers by the Medical Board under the section "Opinion of Medical Board."
7. Under no circumstances may information other than that in sections 7, 8, 9 and 10 be communicated to the invalid, directly or indirectly.
8. The nomenclature of diseases must be followed, if possible, as described in "List of Diseases" printed in the order in which they appear in the Annual Report on the Health of the Army, published in London (1915), by Messrs. Harrison & Sons.

STATION..... **Hamilton, Ont.** ..... DATE..... **18/3/19.**

1. 1 (a) Unit **#2 District Depot** (b) Regimental No. **252424** (c) Rank **Pte.**  
 (d) Surname..... **TAYLOR.** (e) Christian name..... **John Sanford.**  
 (f) Home address..... **52 Canada St., Hamilton, Ont.**  
 (g) Next of Kin..... **Mrs. John Taylor,** (h) Relationship **Father.**  
 (i) Address of Next of Kin..... **52 Canada St., Hamilton, Ont.**

2. Age last birthday..... **22 years.** Date of birth..... **Apr. 24/96.**

3. Enlistment, or Appointment (if an Officer) (a) Place..... **Swift Current, Sask.** (b) Date..... **9/3/16.**

4. Personal description:  
 (a) Height **5' 8"** (b) Weight **135 lbs.** (c) Complexion..... **Fair.**  
(stripped)  
 (d) Colour of hair..... **Brown.** (e) Colour of eyes..... **Blue.** (f) Identification marks, Scars, etc. ....  
**F.B. under the right eye. Deformed left hand.**

5. Former trade or occupation..... **Clerk.**

6. Service (The information should be secured from personal documents, but if documents are not available the invalid's statement may be taken and note must be made to that effect. Periods of service in Canada, England, France or elsewhere should be noted).

	Years	Days
	<b>3</b>	<b>9</b>

	PERIODS	
	From	To
Canada.....	<b>9/3/16</b>	<b>11/11/16.</b>
England.....	<b>11/11/16</b>	<b>21/4/17.</b>
France or other theatres of War..... <b>England and Canada.</b>	<b>21/4/17</b> <b>23/8/18</b>	<b>23/8/18.</b> <b>Date.</b>

7. Original disease, or injury..... **G.S.W. of left forearm and wrist.**

(a) Date of origin..... **8/8/18.** (b) Place of origin..... **France.**  
 (c) Cause..... **G.S.W. of left wrist and forearm.**

8. Present disability— (Here state the exact nature of the disability resulting from the disabling conditions: e.g. (a) Weakness—slight, moderate, marked, etc; (b) Loss, complete or partial, of an organ or member, or of its functions; (c) Necessity for rest of the body, or of some of its parts; for therapeutic reasons; (d) Any other restrictions in choice of occupation.)

Partial loss of function of the left hand.

9. Present condition—(a) (Before completing this section the invalid should be stripped, and subjected to a thorough physical examination. Important, to be a full description of the present disabling condition, or conditions only. "History" must be recorded in Section 10. Describe all abnormalities, anatomical and functional, contributing to present disability; objective findings to be stated first, then subjective findings.)

OBJECTIVE:- Linear scar 2" long on the flexor surface of the forearm 2" above the wrist. (Scar of operation for removing F.B.) An irregular scar below the styloid process of the ulna (Point of entry of F.B.) Dorsi-flexion right wrist 90°, left wrist 80°. Palmar-flexion right wrist 85°, left wrist 85°. Abduction left wrist normal. Adduction Nil. Flexion of all fingers left hand, normal. Extension of all except ring and little finger is normal. Extension of these two fingers at the metacarpo-phalangeal joint is normal. At the proximal phalangeal joint of each finger Active extension is about 135°. Passive extension is normal. Loss of power of grip in little and ring finger 50%. Well marked atrophy of the dorsal and palmar muscles of the left hand. Small finger and ulnar side of the ring finger is numb.

SUBJECTIVE:- Complains of weakness of the left hand, loss of sensation of the small and ring fingers, limited movement of the wrist. Hand gets cold easily.

(b) Has the invalid now any affection of the following systems, not described in Section 9 (a) above? (Answer Yes or No.—if the answer to any part is Yes, give a brief description of the present condition.)

Nervous System No. Cardio-Vascular System No. Genito-Urinary System No.  
(If pulse rate is abnormal, B. P. will be taken.) (Albumen and Sugar will be excluded.)  
Special Senses Yes. Respiratory System No. Integumentary System No.  
Disturbances of Mentality No. Digestive System No. Muscular System No.  
Osseous and Joint Systems No. Any other general condition No.

Has no piles, hernia, varicose veins or goitre. Slight left varicocele. No disability. No sugar or albumin in the urine. He has defective vision in the left eye, existing before service with no service aggravation.

10. (a) History (of the condition referred to in Section 9 (a).)

He received a G.S.W. of the left arm in France Aug. 1918. Since the wounds healed he has limited motion and atrophy as described above.

10.—(b) (Here give a complete history, as obtained from invalid, with dates of origin, of any affection from which the invalid, has suffered either prior to or since enlistment, and not included in Section 10 (a).)

Before service - no sickness.

Since service had mumps and S.W. of the nose. F.B. still remains but no disability.

(c) (Here give a description of wounds, scars, and deformities. F.B. below right eye. Scar on the left wrist and forearm with deformed left hand.

11.—(a) Did the disabling condition have its origin before enlistment? No.

(b) If so, has it been aggravated by Service? (If aggravated, give a description, as far as it is possible to do so, of the disabling condition at time of enlistment.)

Not applicable.

12. Was the disability caused, or aggravated; (a) by intemperance, or improper conduct; or (b) by unreasonable refusal to accept treatment? No.

The regimental documents will be referred to.

(If the answer is in the affirmative, state in percentages, to what extent the patient is incapacitated by that causation or aggravation. In answering this question, conduct sheets should be considered. If treatment has been refused, the circumstances surrounding the refusal should be described on page 4.)

13. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one? Permanent.

14. Treatment (Case reports, general or special, should be secured and attached where possible.)

He was treated for G.S.W. in France and England.

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit? No.

(If the answer is "yes" state nature of treatment required and probable duration)

16. Can the former trade or occupation be resumed? Not to full extent on account of the hand.

(If not, briefly state why)

17. Recommendations. "C - 1"

*R.A. Oillane Capt*  
Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

(Sections 7, 8, 9 and 10 are to be read to the invalid and either "satisfied" or "not satisfied" struck out).

I, the undersigned, John S. Taylor, have heard the description of my disability and present condition read, and am satisfied (~~or not satisfied~~) with it. (If dissatisfied, statement should follow.)

I complain in addition of

*(Handwritten scribble)*

*J.S. Taylor*  
Rank. Signature of invalid examined.

OPINION OF THE MEDICAL BOARD

18. Does the Board concur with the preceding report? If not, give differing opinions, with reasons, quoting the number of the answer criticised.

We concur.

19. Is the invalid fit for

- (a) General service, ~~Category A~~ (Yes or No.)
- (b) Service abroad, not general service, ~~Category B~~ (Yes or No.)
- (c) Home service (Canada only), ~~Category C~~ (Yes or No.)
- (d) Temporarily unfit, ~~Category D~~ (Yes or No.)
- (e) Unfit for service in Categories A, B and C ~~Category E~~ (Yes or No.)

20. It is certified that the invalid

~~(a) Does require treatment~~ (Give the nature of the condition and of the treatment required and its probable duration.)

(b) Does not require treatment.

~~(c) Should pass under his own control~~

(d) Should not pass under his own control.  
(Strike out condition not applicable.)

21. It is recommended that the invalid be ~~discharged~~. (When not for discharge add special recommendation.)

placed in Category "C - 1".

Before signing the President of the Medical Board will read the statement signed by the invalid and differing opinions regarding Sections 7, 8, 9 and 10, as recorded in Section 18, to the invalid and if no change is indicated, will initial the statement. If, as a result of differing opinions regarding Sections 7, 8, 9 and 10 only, recorded in Section 18, the invalid is dissatisfied with the statement previously made, remarks of the Medical Board will be added here.

*Paul D. ...* President.

PLACE Hamilton, Ont.

DATE 18/3/19.

*Julian ...* Members

TO BE COMPLETED WHEN TREATMENT IS REFUSED

I, the undersigned.....understand the nature of the treatment which it is recommended that I should undergo and refuse to accept it.

Witness..... Signed.....

Should the refusal of the invalid to accept treatment appear to be unreasonable, or should he decline to sign this statement the Board of medical officers should so state.

..... President.

PLACE.....

DATE.....

..... Members

APPROVED BY *Charles Carter M.D.*  
Assistant Director of Medical Services.

DATE Mar 19<sup>th</sup> 1919.

APPROVED BY  
Director-General of Medical Services.

DATE.....

This space to be for numbers.

War Service Certificate  
Class A  
No. 137507

# Proceedings on Discharge.

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

No.	252424	
Rank	pte.	
Surname	TAYLOR,	
Christian name	JOHN SANFORD	
NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.		
Corps (Squadron, Battery or Company)	209th. Batt'n.	
Date of discharge	22nd. March 1919.	
Place of discharge	HAMILTON, ONT.	

### 1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age 22 years 11 months.  
 Height 5 feet 8 inches.  
 Complexion Fair  
 Eyes Blue  
 Hair Brown,  
 Trade Clerk,  
 Intended place of residence 52 Canada St.  
 (To be given as fully as practicable.) Hamilton, Ont.

Descriptive marks  
G.S. W. Right arm..8-8-18

2. The above-named man is discharged in consequence of **MEDICALLY UNFIT**

Authority for discharge #2, D.D. Pt. 2, D.O. #79

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.

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

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.

MV.

200M.—5-18.  
H. Q. 1772-39-113.

*Handwritten signature:* K E H  
*Date:* 21/2/20 AM

(OVER)

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

Proceedings on Discharge

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

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

6. Medals and Decorations.....

Empty box for listing 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.....

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) Hamilton, Ont. John Sanford Taylor (Signature of Soldier.)

(Date) 22nd, March 1919 W. J. [Signature] (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) Hamilton, Ont.

(Date) 22nd March 1919

(Signature)

Gas A. Spring Lt  
For  
O. C. No. 2 District Depot.



Reservations referred to at Part 8.  
When there are none it is to be omitted and signed by the soldier.

## 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.*

*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.*

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

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

Casualty Form—Active Service.

250M.—1-16.

H. Q. 1772-39-970.

209th Overseas Battalion

Unit, Regiment or Corps

Regimental No. 252424 Rank Pte Name John Sanford Taylor

Enlisted (a) 9/3/16 Terms of Service (a) Period of War Service reckons from (a) 9/3/16

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) Clerk

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				
		1. Embarked	Canada	11/11/16	
		2. Arrived	England	11/11/16	
5.12.16	O.C. 209th	3 Tsfd. to 9th Res. Batt.	St. Martins Plain	5.12.16	Pt. 2 Orders #254
			Certified correct		
					<i>W. C. [Signature]</i> Lieut.-Col. O.C. 209th Overseas Battalion C.E.F.
7.12.16	O.C. 9th Res. Batt.	taken on strength	St. Martin Plain	5.12.16	Pt II 342
21.4.17	O.C. 9th Res. Batt.	Proceeded overseas for service with 10 <sup>th</sup> Bn	Stamstott	21.4.17	Pt II 86

CERTIFIED CORRECT.  
 21 MAY 1971  
 RECORDS, LONDON.

*[Signature]*  
 ADJUTANT, 9TH RES. BATTN. C.E.F.

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

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				
22.4.17	C. B. D.	ARRIVED C. B. D.	FRANCE	22.4.17	N. R. D. PART II ORDERS No. 48 D 28.4.17
24-4-17	C. B. D.	LEFT C. B. D. FOR	Bn.	24-4-17	N. R. D. 24-4-17
28-4-17	O. C. 10 <sup>th</sup> Bn	ARRIVED 10 <sup>th</sup> Bn.	FIELD	27-4-17	B. 213 D. 6.5.17
21.7.17	"	Wounded to hospo.		21.7.17	B 213 - 475
28.7.17	"	Reptd. Wnd in error 21.7.17 now " with unit.			B 213 - 476
9.8.17	Ob. 10 <sup>th</sup> Bn.	Sentenced to 5 days P. H. O. for when on duty neglect to the prejudice of good order & military discipline in that he neglected to clean ammunition when same required to be cleaned.		8.8.17	B 2069 P. H. O. 94/16.8.17
18/8/17	10 <sup>th</sup> Bn	Wounded to hospital	Field	15/8/17	B 213. D. C. 8 483 dated 3/9/17
25.8.17	"	JOINED UNIT	"	20.8.17	B 213. D. C. 8 484 dated 4/9/17
19.1.18	do	Granted 14 days leave Paris		17.12.17	B 213 P. H. O. 15-
19.1.18	do	Joined Unit		1.1.18	do
13.4.18	do	Good Conduct Badge.		9.3.18	do P. H. O. 45 d/ 3/5/18-
4.5.18	do	CAN. CORPS REINF. CAMP	Field.	3.5.18	do. Cdn Corps. P. 939/15-9 d/ 23/4/18.
19.5.18	ccrc.	To unit	"	19.5.18	MR 776
4.5.18	do	Arrived	"	4.5.18	653
26.5.18	10 <sup>th</sup> Bn	Joined unit.	"	21.5.18	B 213
8.8.18	6 Aust. F. G.	S. 10. R. Arm to C. C. S.		8.8.18	G. 7766

Reserved for M.H.C.

Regt. No. 252424 Rank Otk Surname Faylor Christian Name John S.  
 Unit or Corps (a) Overseas from United Kingdom 209 Bde (b) in United Kingdom 10 Bde 41 Div  
 Born at—Town Orkney County or Province Out Country Canada  
 Date of Birth—Day 24 Month April Year 1896 Age 21 yrs. 9 months.  
 Joined at Shift Sergeant Sask. Day March 9-1916  
 Former trade or occupation Farmer

Permanent Marks or any peculiarity that will serve for future identification :—

Height—feet 5 inches 8 Color of eyes Blue  
 Signature of Soldier (for identification purposes) J. S. Faylor

Medical Report

Read carefully the instructions on last page of this form.

1. DISABILITY.

Group the disabilities, placing those resulting from separate causes in separate groups.

Disabilities Group (a) ATROPHY LEFT HAND  
 Disabilities Group (b) n.a.  
 Disabilities Group (c) n.a.

2. CAUSE OF DISABILITY.

		Place of origin.	Date of origin.
(i) As to Group (a) above.	<u>J.S.W.</u>	<u>France</u>	<u>Aug. 8/18</u>
(ii) As to Group (b) above.	<u>n.a.</u>		
(iii) As to Group (c) above.	<u>n.a.</u>		

3. Is the disability due to disease contracted or injuries received prior to Active Service ?

(i) As to Group (a) above ? no If yes, has Active Service aggravated it ? n.a.  
 (ii) As to Group (b) above ? n.a. If yes, has Active Service aggravated it ? n.a.  
 (iii) As to Group (c) above ? n.a. If yes, has Active Service aggravated it ? n.a.

4. Is the disability due to disease contracted or injuries received while on Active Service ?

(i) As to Group (a) above ? yes  
 (ii) As to Group (b) above ? n.a.  
 (iii) As to Group (c) above ? n.a.

5. MEDICAL HISTORY.

Following g.w. in Aug. 18 patient was taken to hospital for 4 months. His left hand was smaller <sup>weaker</sup> than leaving hospital which condition persists to date.

Hosp. entries Chatham 25/8/18 to 26/8/18 g.w. arm  
 Bristol 26/8/18 to 13/12/18

6. PRESENT CONDITION

Subjective - Soldier's complaint of inability to carry or lift as much to left hand as prior to wounds. Has not got much feeling in 5<sup>th</sup> left finger & hand gets colder very easily.

Objective - This is a scar 4" long on ventrum left forearm for removal of shrapnel (healed & good nutrition). Small circular scar over tip of left styloid process (healthy). The muscles of this hand are nearly all atrophied - left grip weaker by 50% than right. All movements of muscles of left hand & forearm are normal. Postoperative & epicritic sensation absent over ulnar distribution fingers of left hand - normal above wrist. Heat & cold sensation absent over this area also.

Other systems normal. Incapacity due to partial loss of function left hand.

7. OPERATION. (i.) Was one performed? yes (ii.) If so, state what. for removal of shrapnel left arm.  
(iii.) Was one advised and declined?

NOTE.—Loss of teeth on or immediately after Active Service should be attributed thereto, unless there is evidence to the contrary.

8. (i.) Is there loss or decay of teeth attributable to Active Service? yes  
(ii.) If so, describe. one tooth extracted.

9. DO YOU RECOMMEND:—  
(a) Fit for duty? Cat B  
(state category)  
(b) Invalid to Canada? no  
(c) Discharge from the Service as permanently unfit? no

Date of Report 26/1/19 191

Signed J. Lawrence L.  
Officer in medical charge of case.

Station Princes Park

I have satisfied myself of the general accuracy of the above Report, and concur therein \*except my in Hospital

Kimmel Rank (Officer in Hospital) Strike out one of these (S.M.O.) Brigade

Dated at Kimmel Rank Station, on 27-1- 191

\*Delete if inapplicable.

Proceedings of a Medical Board on the Soldier mentioned in Part I.

10. Is the disability fully described in Part I. (1) ?  
If not, describe it.

yes.

11. Is the cause of the disability fully described in Part I. (2) ?  
If not, describe it.

yes.

12. From the medical information now adduced, was the disability caused or aggravated by:—

(a) Negligence of the Soldier (Caused? no Aggravated? no)

(b) Misconduct of the Soldier (Caused? no Aggravated? no)

13. THE ENTIRE DISABILITY.—Without regard to his regular occupation, to what extent is his capacity lessened at present for earning a full livelihood in the general market for untrained labour ?  
(Estimate at none, 5%, 10%, 15%, 20%, etc.)

N.A.

14. THE DISABILITY DUE TO SERVICE.—(See Part I (3). Aggravation on Active Service of a disability existing previous to joining is to be included in this estimate.)  
What part of the entire disability estimated next above (13) is due to causes arising during Active Service ?  
(Estimate at none, 1/10, 2/10, 3/10, etc., or all.)

N.A.

15. Permanency of the Disability due to Service estimated next above in (14).  
(i) Is it permanent ?

N.A.

(ii) If not permanent, what is its probable minimum duration (in months) ?

16. If an operation was advised and declined, do you consider the refusal to have been unreasonable ?

not declined.

17. Can the former trade or occupation be resumed ?

yes.

18. REMARKS:—

a.g.t. Telegram 9083 of 11-11-18,

19. RECOMMENDATION:—

(a) Fit for duty ? (state category) Bii

(b) Invalid to Canada ? no

(c) Discharge from Service as permanently unfit ? no

Date of Board Jan. 27-1919.

Signatures of the Board

Swettenham Capt. President.

R. L. ...

Station Kimmel Park Wales.

Approved M. H. ... A.D.M.S.

Dated at Kimmel Park Station

27-2 1919



**Casualty Form—Active Service.**

Regiment or Corps *10th Battalion*

Rank *Pte* Surname *Taylor* Christian Name *John Sanford*

Religion ..... Age on Enlistment ..... years ..... months

Enlisted (a) ..... Terms of Service (a) ..... Service reckons from (a) .....

Date of promotion to present rank ..... Date of appointment to lance rank .....

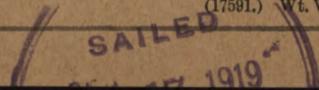
Extended { ..... } Re-engaged { ..... } Qualification (b) .....  
or Corps Trade and Rate .....

Occupation ..... 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 ...			
		Disembarked...			
<i>9.8.18</i>	<i>18 Gen.</i>	<i>P.S.W. Li. Arm. Sec.</i>	<i>Adm.</i>	<i>9.8.18</i>	<i>B.8023</i>
<i>11.8.18</i>	<i>61 CCS.</i>	<i>do do To A.Y. 23.</i>		<i>8.8.18</i>	<i>A.7454 9.9849</i>
<i>17.8.18</i>	<i>10th Bn</i>	<i>10th to Hosp</i>	<i>Field.</i>	<i>9.8.18</i>	<i>B.213</i>
<i>23.8.18.</i>	<i>18 Gen.</i>	<i>Ins. W. posted to ARD Bramshott.</i>		<i>23.8.18</i>	<i>W.2083-5806 R+II O.</i>
		<i>per M/S Jan Bryddel.</i>			<i>95d/ <del>2222</del> 31/8/18</i>

*John Howard*  
*Lieut. for*  
*Lt. Col. RAG*

(a) In the case of a man who has re-engaged for, or enlisted in Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.  
(b) Signaller, Shoeing-Smith, &c





Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

# Separation and Assigned Pay Branch

*Apr 17*

OVERSEAS CONTINGENTS

# T

RATE OF SEPARATION ALLOWANCE

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RATE OF ASSIGNMENT

<i>15.</i>			
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## 991

### PARTICULARS OF SEPARATION ALLOWANCE

No. *252424*

Rank *Pte.* Promoted Reverted Discharge

Soldier's Name *John Stanford Taylor.*

Battalion *209<sup>th</sup> Battrn.*

Beneficiary

Relationship

Address

### PARTICULARS OF ASSIGNMENT

Name *Mrs. John Taylor.*

Address *125 Caroline St South Hamilton*

Change of Address *Ont.*

1 *52 Canada St, Hamilton 29<sup>th</sup>*

2

3

4

Date	Cheque No.	Amount S/A	Amount A/P	Total
<i>1917</i>				
<i>Dec 31 1918</i>			<i>135</i>	<i>135</i>
<i>Jan</i>	<i>69614</i>		<i>15</i>	<i>15</i>
<i>Feb</i>	<i>6828</i>		<i>15</i>	<i>15</i>
<i>Mar</i>	<i>93749</i>		<i>15</i>	<i>15</i>
<i>Apr</i>	<i>9020</i>		<i>15</i>	<i>15</i>
<i>May</i>	<i>15074</i>		<i>15</i>	<i>15</i>
<i>June</i>	<i>22031</i>		<i>15</i>	<i>15</i>
<i>July</i>	<i>32648</i>		<i>15</i>	<i>15</i>
<i>Aug</i>	<i>41133</i>		<i>15</i>	<i>15</i>
<i>Sept</i>	<i>42282</i>		<i>15</i>	<i>15</i>
<i>Oct</i>	<i>49109</i>		<i>15</i>	<i>15</i>
<i>Nov</i>	<i>57246</i>		<i>15</i>	<i>15</i>
<i>Dec</i>	<i>64145</i>		<i>15</i>	<i>15</i>
<i>Jan</i>	<i>70926</i>		<i>15</i>	<i>15</i>
<i>Feb</i>	<i>81660</i>		<i>15</i>	<i>15</i>
<i>Mar</i>				
			<i>345</i>	<i>345</i>

*017846-2-106* REMARKS

CANADIAN ASSIGNED PAY AUDITED

*[Signature]*

AUDIT CLERK

DATE *19-6-19*

M. F. W. 128  
400M-6-17-1772-38-1141  
L. L. 22220-M. & D. 7663.

A/c Closed *Cupoff Putan*

Ret'd per .....

Date *2/2/19* M.F.W.187 *3/3/19*

Clerk *M.P. 57036 dishoy*

*m e # 2 ok 25*

STENCIL

HAS BEEN MADE FOR THIS ACCOUNT





