

Chaplain Services M.D. 5

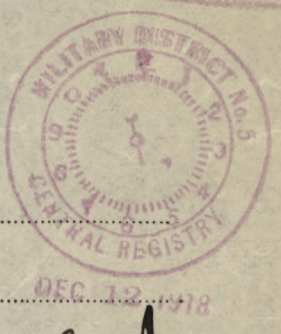
Duplicate

Unit: Rank Captain Name Wm. J. Taylor.

OFFICERS' DECLARATION PAPER

CANADIAN OVER-SEAS EXPEDITIONARY FORCE

17-T-355



QUESTIONS TO BE ANSWERED BY OFFICER

(ANSWERS)

- 1. (a) What is your Surname? Taylor.
- (b) What are your Christian Names? William John
- 2. (a) Where were you born? (State place and country) Sussex, England
- (b) What is your ~~present~~ permanent address? 527 Parliament Street, Toronto
- 3. What is the date of your birth? 1890 - June 17th 1918
1890
28
- 4. What is (a) the name of your next-of-kin? Kathleen M.L. Taylor
- (b) the address of your next-of-kin? 527 Parliament Street Toronto Ont.
- (c) the relationship of your next-of-kin? Wife -
- 5. What is your profession or occupation? Clergyman -
- 6. What is your religion? Anglican
- 7. Are you willing to be vaccinated or re-vaccinated and inoculated? Yes -
- 8. To what Unit of the Active Militia do you belong? Canadian Militia.
- 9. State particulars of any former Military Service. Toronto C.O.T.C. Six months
- 10. Are you willing to serve in the CANADIAN OVER-SEAS EXPEDITIONARY FORCE? Yes.

The undersigned hereby declares that the above answers made by him to the above questions are true.

Wm J Taylor Capt. (Signature of Officer.)

CERTIFICATE OF MEDICAL EXAMINATION

I have examined the above-named Officer in accordance with the Regulations for Army Medical Services.

I consider him* fit for the CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

Date 12/12/18 1918

Place Quebec

Robbin Capt Medical Officer.

*Insert here "fit" or "unfit".

OFFICERS' DECLARATION PAPER

CANADIAN OVERSEAS EXPEDITIONARY FORCE

QUESTIONS TO BE ANSWERED BY OFFICER

(Answer)

(1) What is your name?

(2) What is your Christian name?

(3) What is your rank and country?

(4) How long have you been in the service?

(5) How long have you been in the force?

(6) How long have you been in the force of this country?

(7) How long have you been in the force of this country?

(8) How long have you been in the force of this country?

(9) How long have you been in the force of this country?

(10) How long have you been in the force of this country?

(11) How long have you been in the force of this country?

(12) How long have you been in the force of this country?

(13) How long have you been in the force of this country?

(14) How long have you been in the force of this country?

(15) How long have you been in the force of this country?

CERTIFICATE OF MEDICAL EXAMINATION

I have examined the above named officer in accordance with the regulations of the force and

and find that he is fit for service in the Canadian Overseas Expeditionary Force.

[Handwritten signature]

[Handwritten initials]

REGIMENTAL DOCUMENTS

NAME

TAYLOR

REGT. NO.

403

UNIT

H. Q. FILE NO.



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DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

M. F. W. 2505
REFERENCE

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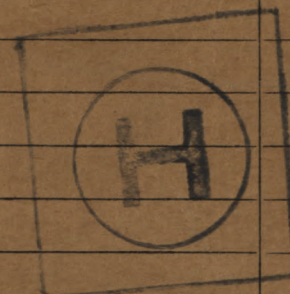
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DEATH

Category

DISCHARGE

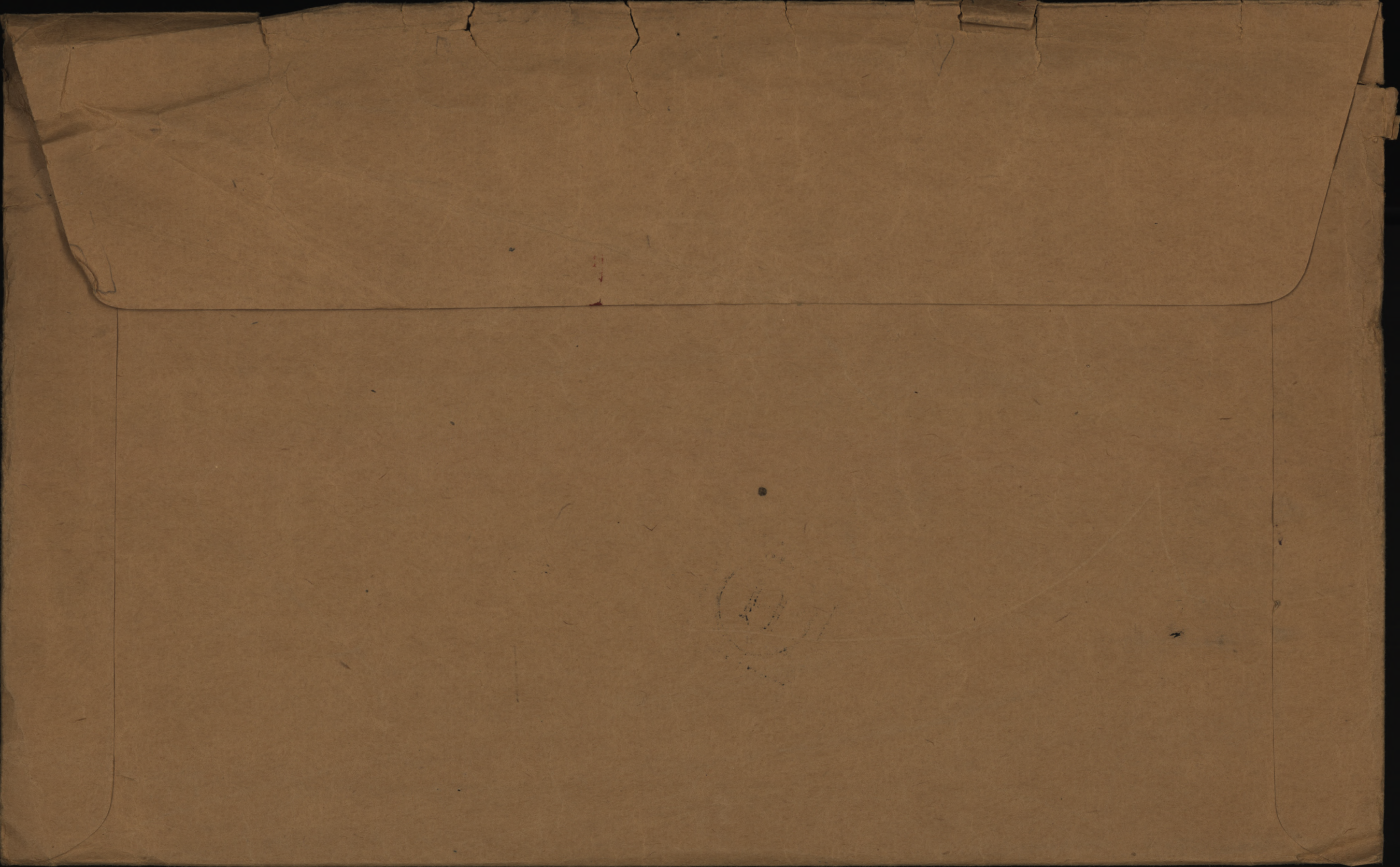
Category

DESERTION

1. *M.F.W. 2618a*
2. *More*



04243



CANADIAN EXPEDITIONARY FORCE

P.M.S. 5-25.

R.A.F.

Certificate of Service

ISSUED TO OFFICERS AND NURSING SISTERS

This is to Certify that (Rank)..... Hon. Captain & Chaplain

(Name in full)..... William John BYLER.

Enlisted in..... Chaplain Services.

CANADIAN EXPEDITIONARY FORCE, on the.....

day of..... 191..... AND WAS APPOINTED to COMMISSIONED RANK

in..... Chaplain Services.

CANADIAN EXPEDITIONARY FORCE on the..... Twenty Fourth day

of..... July 191.....

He SERVED in CANADA,..... with the Chaplain Services.

and was STRUCK OFF THE STRENGTH on the..... Twenty Second day

of..... February 191..... by reason of..... General Disability

Dated at Ottawa, this..... Twenty Second day

of..... March 191.....

also served as Y.M.C.A. Representative on a conducting Staff, att'd to the Clearing Services Command.

DM

Lt. Col.

for Director of Personal Services.

Handwritten initials

CANADIAN EXPEDITIONARY FORCE

Certificate of Service

ISSUED TO OFFICERS AND NURSING SISTERS

This is to certify that (Name)

(Name in full)

Entered in

CANADIAN EXPEDITIONARY FORCE on the

day of 191 and was appointed to COMMISSIONED BARRACK

in

CANADIAN EXPEDITIONARY FORCE

of

HE SERVED IN CANADA

and was STRUCK OFF THE STRENGTH on the

day of 191 by reason of

Dated at Ottawa, this

day of 191

Director of General Services

M. J. W. 1918
1918
1918

CHAPLAIN SERVICES, EASTERN

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

AUDITOR *[Signature]* PAYMASTER *[Signature]*

M. OR S. Married.

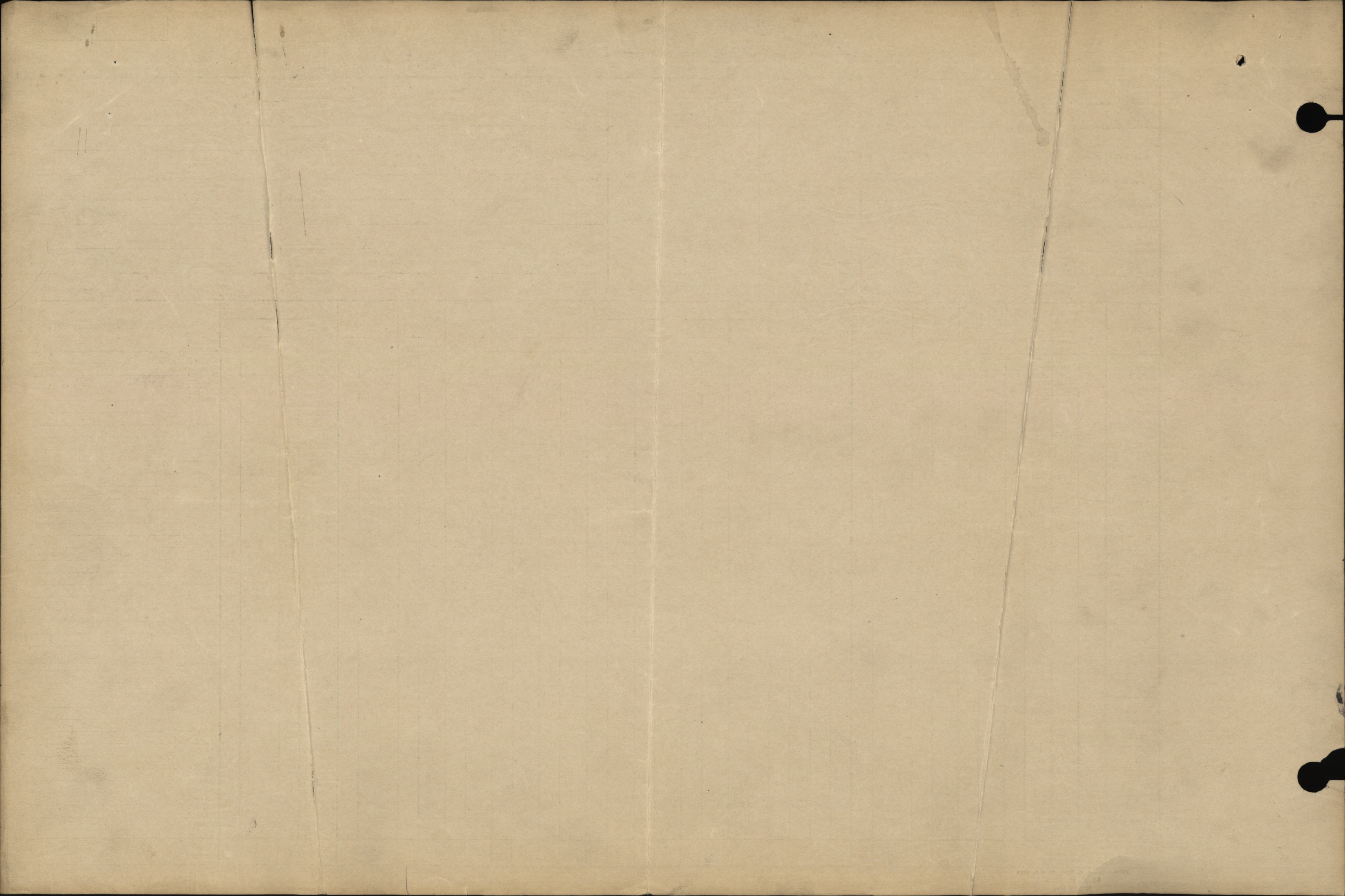
REGT. No.

RANK *H. Capt.* NAME (IN FULL) *TAYLOR, W. J.*

NEXT OF KIN <i>Kathleen M. D. Taylor.</i>	RELATIONSHIP <i>wife.</i>	PARTICULARS	EFFECTIVE DATE	AUTHORITY	ORIGINAL UNIT C.E.F.	IF IN P.F. WHAT UNIT?	(BLOCK LETTERS SURNAME FIRST)
ADDRESS <i>132 Suffolk Street, Toronto, Ontario.</i>					PLACE OF ATTESTATION	TRANSFERRED TO	DATE AUTHORITY
					DATE OF ATTESTATION <i>27.7.18</i>	TRANSFERRED TO	DATE AUTHORITY
IS SEPARATION ALLOWANCE PAID? <i>Yes.</i>	DATE EFFECTIVE <i>27.7.18.</i>				ASSIGNED PAY \$	DATE EFFECTIVE	
TO WHOM PAID <i>wife.</i>	RELATIONSHIP				PAYABLE TO	RELATIONSHIP	ANY CHANGE IN ASSIGNEE OR ADDRESS
ADDRESS <i>As above.</i>					ADDRESS		
					STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE	EFFECTIVE	
					DISCHARGED <i>M.D.No.5.</i>	PLACE <i>22.2.19</i>	DATE <i>Demobilization.</i>
						REASON	AUTHORITY <i>R.O. 1757.</i>
							IF ENTITLED TO POST DISCHARGE PAY

BALANCE FROM PREVIOUS ACCOUNT

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		\$	C.	\$	C.	COL. NO. 1			COL. NO. 2					COL. NO. 3			\$	C.	\$	C.	
			\$	C.					NO.	DATE	NO.	DATE					NO.	DATE						\$
1919.																								
May.					40.		40.						5.80		34.80	40					Ch.No.580 Feb SA depos \$40. \$34.80 overpaid Feb. P. SA 5.80			
<i>Not entitled to any P.M.S.</i>																								
																		<i>Paymaster</i>			<i>Capt. Taylor</i>			



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AUDITOR PAYMASTER

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

M. OR S.

REGT. No.

RANK *Capt.* NAME (IN FULL) *Taylor, W. J.*

NEXT OF KIN *Mr. K. L. M. Taylor* RELATIONSHIP *wife*
ADDRESS *132 Suffolk St
Lowville Ont.*

PARTICULARS EFFECTIVE DATE AUTHORITY

ORIGINAL UNIT C.E.F. *Chaplain Services C.E.F.* AF IN P.F. THAT UNIT?
PLACE OF ATTESTATION TRANSFERRED TO DATE AUTHORITY
DATE OF ATTESTATION TRANSFERRED TO DATE AUTHORITY

IS SEPARATION ALLOWANCE PAID? *40.00* DATE EFFECTIVE

TO WHOM PAID *Mr. K. L. M. Taylor* RELATIONSHIP *wife*
ADDRESS *132 Suffolk St
Lowville Ont.*

ASSIGNED PAY, \$ DATE EFFECTIVE
PAYABLE TO RELATIONSHIP ANY CHANGE IN ASSIGNEE OR ADDRESS
ADDRESS
STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE EFFECTIVE
DISCHARGED PLACE DATE REASON AUTHORITY IF ENTITLED TO POST DISCHARGE PAY

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	Subs		Separation Allow	COL. NO. 1	COL. NO. 2	COL. NO. 3	COL. NO. 1	COL. NO. 2	COL. NO. 3	\$	C.	\$	C.	\$		C.	\$		C.
1919																						
Jan	31	^{1.00} 3.00	124.00	52.76	40.00	216.70																
28-2-19	28	^{1.00} 3.00	112.00	47.60	40.00	199.60																

