

NAME

*Taylor Albert Victor*

REGT. NO.

*1081266*

UNIT

*18th Bn*

H. Q. FILE NO.

**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)

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)

4 2 MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)

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

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

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

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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)

3 2 *Misc*  
*1 C.D.C. 5709A*  
*1 R-122*

DEATH

Category

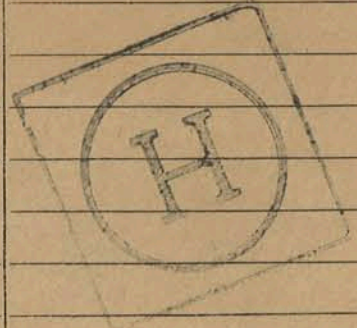
DISCHARGE

Category

*Demob.*

DESERTION

01857



423

WAR SERVICE BADGE  
CLASS "A" No. 261789 SHORT FORM.

PROCEEDINGS ON DISCHARGE.  
(Demobilization.)



1. No. 1081266	
2 Rank. Pte	
3. Name. TAYLOR Albert Victor	
4. Unit. 18th Btn	
5 Date of Discharge	MAY 24 1919 Place London Ont
6 Reason for Discharge..... Demobilization.	
7. Authority. R.O. 1894	
8. Proposed Residence after Discharge..... Rockwood Ont	
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.? A. J. Taylor Signature of Soldier.	
10. CONFIRMATION. The discharge of the above named man is hereby confirmed. Place London Ont Date MAY 24 1919 Signature..... (O. C. Discharging Unit.)	

Handwritten notes and signatures at the bottom of the page.

**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. 5003a).
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. 3).
11. Equipment and Clothing Statement Q.M.G. Form (D.O.S. 2),
12. Last Pay Certificate (P. 851). *9 dup.*
13. Pay Book (A.B. 64).
14. War Service Gratuity (Form M.F.W. 2595),
15. ~~15.~~ **Bundry Documents.**

Group..... *Q*

Checked by No. *14*

Date *5-5-19*

ORIGINAL

ATTESTATION PAPER.

No. 1081266

5

No. 1 Const. Batt'n

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- 1. What is your surname?..... T A Y L O R
- 1a. What are your Christian names?..... Albert Victor
- 1b. What is your present address?..... R.F.D.No.3 Rockwood. Ont. Canada
- 2. In what Town, Township or Parish, and in what Country were you born?..... Rockwood. Ont.
- 3. What is the name of your next-of kin?..... Joseph Lorimer Taylor
- 4. What is the address of your next-of-kin?..... R.F.D.No.3 . Rockwood. Ont. Canada
- 4a. What is the relationship of your next-of-kin?..... Father
- 5. What is the date of your birth?..... September 24th. 1891.
- 6. What is your Trade or Calling?..... Laborer
- 7. Are you married?..... Single
- 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, Albert Victor 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.

Albert V Taylor (Signature of Recruit)  
Date June 15th. 1916. 1916 . B. Faudall (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Albert Victor 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.

Albert V Taylor (Signature of Recruit)  
Date June 15th. 1916 . B. Faudall (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 Toronto. Ont. this 15th day of June 1916. 1916 .  
M. F. W. (Signature of Justice)

**Description of Albert Victor Taylor on Enlistment.**

Apparent Age.....24.....years.....8.....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. 4 1/2 ins.

Tip of 1st & 2nd. fingers  
R hand missing

Chest measurement { Girth when fully expanded.....37 1/2 ins.  
 Range of expansion.....3 1/2 ins.

Complexion.....Fresh

Eyes.....L Blue

Hair.....Auburn

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

**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.....June 15th. 1916. 191 ..

*Jas. W. Barton*  
 Capt  
 Medical Officer.

Place.....Toronto Ont.

Toronto Recruiting Depot *1916 6 6*

\*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.**

.....Albert Victor 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.

*Albert Taylor* (Signature of Officer)

Date.....June 15th.....191 6

LT.-COLONEL  
 O. C. No. 1 CONSTRUCTION BATTALION C.E.F.

J.P.

Rank *Pte.*

Name TAYLOR, Albert Victor. ✓

Reg'l No. 1081266. ✓

Unit No. 1. Const. Bn.

If in perm. Corps, }  
What Unit? }

Married or Single *Single.*

Place and Date of Enlistment Toronto, Ont. 15th June 1916.

Place of Birth Rockwood, Ont. ✓

Name and Address, Next-of-Kin Joseph Lorimer Taylor. ✓

R.F.D. No. 3. Rockwood. Ont. Canada.

Relationship Father.

Assigned Pay Monthly \$

Payable to

Relationship

Separation Allowance \$

Payable to

Relationship

N/E. R.D. No. 8027  
File R.L.  
Category CANOR



Discharge, Date and Place

Reason

Character

H. W. & V., Ltd. - 7165-16.

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 S. S. NORTHLAND 23-9-16.					
25.10.16	t. Con Batt	Proceeded Overseas	Witley	25.10.16	Pt. II I70
9, 2, 17.		Now known as	1st. Battn. Can. Railway Troops.		Pt. II. O. 22.
13.5.18.	18th Bn	T.O.S. from Lt Bulbert	Per field	11.5.18	DO 428 DO 34 of 2/14.5.18
9.4.19	P.W. 666	70\$ from 18 Bn	"	Witley	5.4.19 Pt II 50.2
13 5 19	P Wing	S O S To Canada	Witley	13 5 19	Do 28
				60-N. 92	15.5.19

A.F.B. 103 CHECKED  
8 NOV. 1916

LT BRT

S.L. 60.

*Plus*



CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

WAR SERVICE BADGE

CLASS "A" No. \_\_\_\_\_

THIS IS TO CERTIFY that No. <sup>1021266</sup> (Rank) <sup>Pte</sup>

Name (in full) <sup>Albert Victor Taylor</sup> enlisted in  
the <sup>1st C.R.T.</sup>

CANADIAN EXPEDITIONARY FORCE at <sup>Toronto</sup> on the <sup>15<sup>th</sup></sup>  
day of <sup>June</sup> 19<sup>16</sup>.

HE served in <sup>England and France in 18<sup>th</sup> Bn</sup>

Demobilization.

and is now discharged from the service by reason of

Medical Unfitness.

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

Age <sup>27 years</sup>

Height <sup>5' 4 1/2"</sup>

Complexion <sup>Light Fresh</sup>

Eyes <sup>Light Blue</sup>

Hair <sup>Auburn</sup>

Marks or Scars

<sup>End of right fore-  
finger amputated</sup>

Signature of Soldier.

Issuing Officer.

Date of Discharge

Rank

<sup>pr</sup> O.C. Dispersal Area Sta. &

Date ..... 19.....

DISCHARGE SECTION  
MAY 24 1919  
No. 1 District Depo

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.



Em  
WJ  
Number 1081266 Rank Plt Sgt

Surname TAYLOR

Christian Name Albert Victor

Units 18 Bn Theatre of War France

Date of Service 26/10/14

Remarks

Latest Address ~~Rockwood~~

Roll No. B. Page 11167

200m-2-21.M.

B 11167

DESP  
REGN. NO. 15970  
JAN 26 1923

DESP.  
REGN. NO. 38821  
FEB 28 1923

SURNAME.

Taylor

CARD NO. ✓

CHRISTIAN NAMES

REGL. NO. 1081266

RANK

pte

UNIT

FORMER CORPS

Albert Victor

No. 1 Construction

nil

K.I.  
 01020124-24-5-19  
 FOLL.  
 010148-28-5-19  
 #1. D. D.  
 Bn

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

RELATIONSHIP TO SOLDIER

ADDRESS

Taylor Joseph Lorimer

Father

R. F. D. No 3 Rockwood Ont.

COUNTRY OF BIRTH

PLACE OF ATTESTATION

DATE

DATE

Canada. Rockwood Ont

Toronto. Ont

Sept 24<sup>th</sup> 1891June 15<sup>th</sup> 1916

L. L. 6945. M. &amp; D. 6994.

M. F. W. 22. 100M. -8-16. H. Q. 1772-39-339.

O/S. 12-9-16.  $\frac{529}{28}$ .121C 22-5-19  $\frac{329}{64}$  Pte

MARRIED

SINGLE

yes

WIDOWER

TRADE OR CALLING

Labourer

RELIGION

Congregationalist

DESCRIPTION.

APPARENT AGE

24

YEARS

8

MONTHS

HEIGHT

5

FEET

4 1/2

INCHES

CHEST MEASUREMENT

37 1/2

INCHES

EXPANSION

3 1/2

INCHES

COMPLEXION

Flesh

EYES

L. Blue

HAIR

Auburn.

DISTINGUISHING MARKS

missing

Tip of 1st + 2nd fingers R. hand

MEDICAL EXAMINATION.

PLACE

Toronto. Ont

DATE

June 15<sup>th</sup> 1916

Present Address R. F. L. No-3 Rockwood. Ont.

No 1081266 RANK Pt.

NAME Taylor, Albert Victor

T. O. S. 15-6-16

UNIT / *at*

Construction Battalion

5039-15-6-16

M. D. 2

## PROMOTIONS, TRANSFERS, DISCHARGES, ETC.

PARTICULARS

AUTHORITY

PAID FROM

PAID TO

SIG. OR REC'T

~~1916~~

June 15

July

Aug

Sept

1916

June 20

✓

✓

✓

n

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

M. F. W. 54. (A. F. B. 102.) *HW*  
 350M.-5-16  
 H. Q. 1772-39-920.

W.S.B. CLASS. "A"

Casualty Form—Active Service.

Unit, Regiment or Corps. No. 1 CONSTRUCTION BATT.  
 Regimental No. 1081266 Rank Private Name Taylor  
 Enlisted (a) 15/6/16 Terms of Service (a) D.O.W. Service reckons from (a) 15/6/16  
 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) (Carpenter)

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
		<u>Embarked Canada</u>	<u>Halifax</u>	<u>13/9/16</u>	
		<u>Disembarked England</u>	<u>Liverpool</u>	<u>23/9/16</u>	
	<u>1st Const-Batt</u>	<u>Proceeded overseas</u>		<u>25/10/16</u>	<u>for BC No. 1 CONSTRUCTION Co. D.O. 1704</u>
		<u>Ranked in France</u>	<u>Stave</u>	<u>26.10.16</u>	<u>F.R. 6775 PRE 20. 181-2.12.16</u>
		<u>Designation of Unit changed to 1st Bn. Canadian Railway Troops.</u>			<u>Pt 11 D.O. No. 22 d/- 10/2/17</u>
<u>17.11.17</u>	<u>1st CRT</u>	<u>Granted 14 days leave in</u>	<u>M.K</u>	<u>16.11.17</u>	<u>B213 PRE D.O. 104 dt 27.11.17</u>
<u>8-12-17</u>	<u>✓</u>	<u>Rejd Unit</u>	<u>Field</u>	<u>2.12.17</u>	<u>B213 PRE D.O. 110-1917</u>

CERTIFIED CORRECT.  
 14 NOV. 1916  
 CAN. RECORDS, LONDON.

(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.

OVER

(P.T.O.)

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
21-3-18	1st C.R.T. # 28 # 19	Sentenced to forfeit 3 days Pay, 16-3-18 for W. on A.S. a.w.R from 9.30 am. 15-3-18 until 1.00 pm. 15-3-18 a substitute having to be found. Forfeits 1 day Pay under Rul.	Field	15-3-18	B 2069 Pt II Do. 22 d/1918
10-5-18	A.S. Cdn. Co.	S.O.S in Transfer to 18th Cdn. Inf. Bn	Field	10-5-18	K.E. 28263 Pt II Do. 34 d/1918
		Transferred from 1st Bn., Canadian Railway Troops, and T.O.S. 10th Can. Bn. (Auth: A.A.G., Canadian Section, G.H.Q., Echelon, No. K.E. 28263)	In the Fld.	11-5-18	A.F. B. 241. Pt. II Ord. 42, 13/5/18.
14-5-18	C.C.R. Camp.	Despatched to Can. Corps Reinf. Camp.		14-5-18	Letter 14/5/18 (Can. Sect. No. K.E. 28263)
15-5-18	do	Arrived at Can. Corps Reinf. Camp, & attached to Can. Corps School for training		15-5-18	Nom. Roll.
7-9-18	18th Bn.	Joined 18th Can. Bn.	In the field	31-8-18	B. 213
23-11-18	18th Bn.	Granted 14 days leave to A.K.		18.11.18	B 213 Pt II Ord 121. d/4.12.18.
14.12.18	do	Returned from leave		11/12/18	B 213.
	Cdn. Em Camp				

Proceeded To England

4 AVR 1919

MR. [Signature] an Lt. for Lt. Col., A.A.G., Canadian Section  
Pt. II O.

1000 OFFICERS TO BE REPORTED BY THE END OF THE MONTH

WITLEY.

FOR Q.C. 1st WING, C.O. WITLEY.

4 AVR 1919





MEDICAL HISTORY SHEET.

Surname Taylor Christian Name Albert Victor

Examined { on 15th day of June 1916  
 at Toronto. Ont.

Approved by Jas. W. Barton

Birthplace { City or Town Rockwood.  
 County Ont.

Rank Capt Toronto Recruiting Depot M.O. 71d 60 66

Apparent age 24 yrs 8 mths.

Trade or occupation Laborer

Height 5 Feet 4 1/2 Inches.

Weight 136 Lbs.

Chest measurement { Minimum 34 inches.  
 Maximum expansion 37 1/2 inches.

Physical development Good

Small-Pox Marks Nil

Vaccination Marks { Arm Right Left 3  
 Number 3

When Vaccinated last Childhood

(a) Marks indicating congenital peculiarities or previous disease Nil

(b) Slight defects but not sufficient to cause rejection Nil

Date.	Fit or Unfit.	EXAMINED FOR RE-ENGAGEMENT.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Date.	Result.	VACCINATIONS.
<u>19 8/16</u>	<u>x</u>	<u>CP X serum</u> M.O.
		M.O.
		M.O.

Date.	Result.	ANTI-TYPHOID INOCULATIONS, ETC.
<u>28 7/16</u>	<u>x</u>	<u>CP X serum</u> M.O.
<u>4 8/16</u>	<u>x</u>	<u>CP X serum</u> M.O.
<u>11 8/16</u>	<u>x</u>	<u>CP X serum</u> M.O.

Enlisted on 15th day of June 1916 at Toronto. Ont.

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>No. 1 Const. Batt'n</u>	<u>#1081266</u>		<u>15-6-16</u>
Transferred to				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
<u>C.C.C. Witley</u>	<u>April 15 1919</u>	<u>Old Syphilis                  a) Missed wound                  right forefinger</u>	<u>"A" I.C. W. J. Patten                  J.M.C.</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.

Group 23

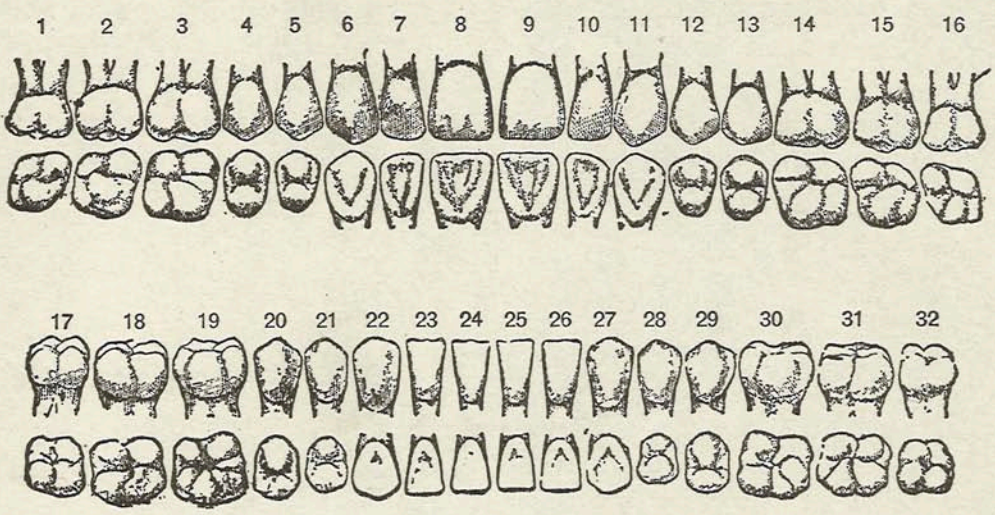
CANADIAN ARMY DENTAL CORPS, O.M.F.C.  
DENTAL CERTIFICATE FOR DEMOBILIZATION

DIRECTIONS TO DENTAL OFFICERS

NAME OF SOLDIER (Block letters) TAYLOR A.V.  
REGIMENT 1st Lt Bn RANK PT No. 1081266

Date of Examination in England 7-4-19 Date of Examination in France

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.



PRESENT DENTAL REQUIREMENTS

1. FILLINGS
2. EXTRACTIONS
3. CROWNS
4. DENTURES
  - (a) Full Upper
  - (b) Part Upper
  - (c) Full Lower
  - (d) Part Lower

CONTENTS COPIED  
C. A. D. C., M. D. No 1

1657

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

Signature of Dental Officer E. M. [unclear] Capt

21

# CANADIAN GENERAL LABORATORY.

## PARTICULARS OF CASE FOR WHICH WASSERMANN TEST IS REQUIRED.

The particulars below are required for statistical purposes and future reference. Unless these are furnished the test will not be carried out.

Name Taylor AVI Regtl. No. 1080R66 Rank. PO

Unit 1805 Date of first Sore May 1913 If T. Pallidum found ..... Secondaries, if any.....

Other Symptoms.....

Treatment, if any..... Arsenical 2 inj' Mercury 10 inj'

Previous Wassermann, date known Result -

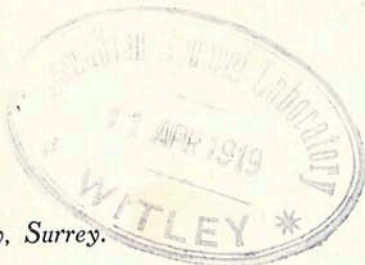
Station and Date Witley 9-4-19

Wassermann test  
no. 1805

### Result of Wassermann (Original) Quarter System.

Date..... Serial No..... Result.....

**WASSERMANN  
NEGATIVE**



Witley, Surrey.

W. H. C. ...  
270  
Major,  
Officer Commanding,  
Canadian General Laboratory.

.....191...

1880

27

1880

1880

1880

1880

1880

1880

1880

1880

1880



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. 10 21966 Rank Pr. Name Taylor Albert Victor  
C. E. F.

Enlisted (a) 13/6/16 Terms of Service (a) 20 of war Service reckons from (a) 13/6/16

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) Laborer

Report		Rec rd 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				
<p style="color: red; font-size: 2em; transform: rotate(180deg);">                     TOS No. 1 Dist Depot                      Displ. Stn. K. 13-5-19                      SOS Dispersed                      24, 5, 19 D.O. No. 148                 </p> <p style="color: blue; font-size: 1.5em; transform: rotate(-15deg);">                     P. O. C. Dispersal Area Sta. K.                 </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, Shoing Smith, etc., etc., also special qualifications in technical Corps duties. [P.T.O.]

Group  
23

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

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

- 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.
- 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."
- 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.
- Special care is required in answering question 9. Read the questions carefully. All questions must be answered.
- If space provided under any section is insufficient add another sheet. Such sheets must be initialled by the Medical Board.
- A note will be made of attached papers by the Medical Board under the section "Opinion of Medical Board."
- Under no circumstances may information other than that in sections 7, 8, 9 and 10 be communicated to the invalid, directly or indirectly.
- 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 Witley DATE 15-4-19

1. 1 (a) Unit 18<sup>th</sup> Stn (b) Regimental No. 1081266 (c) Rank Pte

(d) Surname TAYLOR (e) Christian name Albert Victor

(f) Home address R. F. D. No 3 Rockwood Ont.

(g) Next of Kin Joseph Lorimer Taylor (h) Relationship Father

(i) Address of Next of Kin R. F. D. No 3 Rockwood Ont.

2. Age last birthday 27 years Date of birth Sept 24<sup>th</sup> 1891

3. Enlistment, or Appointment (if an Officer) (a) Place 15<sup>th</sup> St Toronto (b) Date 15-6-16

4. Personal description:

(a) Height 5 ft 4 1/2 in. (b) Weight 130 lb (c) Complexion fair  
(stripped)

(d) Colour of hair red (e) Colour of eyes grey (f) Identification marks, Scars, etc. Amp. end of rt forefinger - 3 scars on rt arm. Brecklet + Chest w/ shoulder.

5. Former trade or occupation Laborer

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
	2	303

	PERIODS	
	From	To
Canada	15-6-16	13-9-16
England	23-9-16	25-10-16
France or other theatres of War	25-10-16	4-4-19

7. Original disease, or injury ① SYPHILIS

② ~~Incised~~ INCISED WOUND RT. FOREFINGER

(a) Date of origin ① 1913 ② 1908 (b) Place of origin ① U.S.A. ② Canada

(c) Cause ① Venereal infection

② Accidental injury

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.)

- ① No present disability.  
 ② Slight loss of function of 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.)

① No open lesions or objective evidence of activity.

Wasserman test - Can - Lp. Lab. Wittenberg  
 9/4/19 - Negative

Signs Capt. Williams, Army

② Terminal phalanx of rt. forefinger has been amputated.  
 Skin firm not tender

(Subjective) Moderate weakness in grip. Difficulty in picking up small objects

(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..... no 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

Hearing - normal

Vision - normal

Urine - normal

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

① Patient states that he had a sore on penis in 1913, which was supposed to be syphilis and for which he took a course of antisyphilitic treatment. Has never had a positive Wasserman test.

② Finger amputated following an accident in childhood.



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).)

*Mumps in childhood - recovered*

(c) (Here give a description of wounds, scars and deformities.)

*Amputation of fat fingers 3 weeks scars left on *Forearm + Chest* and shoulder*

11.—(a) Did the disabling condition have its origin before enlistment?   
 ① *yes*  
 ② *yes*

(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.)

① *no*  
 ② *no*

12. Was the disability caused, or aggravated; (a) by intemperance, or improper conduct; or (b) by unreasonable refusal to accept treatment?   
 ① *a - yes b - no*  
 ② *a - no b - 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?   
 ① *not applicable*  
 ② *permanent*

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

① *no need for*

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit?   
 ① *no*  
 (If the answer is "yes" state nature of treatment required and probable duration)

① *Suggested that he be sent with on return to Canada in accordance with P.C.O. No 47, dated 20-1-19*

16. Can the former trade or occupation be resumed?   
 ① *yes*  
 (If not, briefly state why)

17. Recommendations   
 ① *no*

*B. J. Brain Capt Can*  
 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, *Pte Albert Victor 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.....

*Pte A. V. 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.

Yes

19. Is the invalid fit for

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

Yes "A"

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.)

diagnosed with on arrival in Canada in accordance with P.C. 47 of 20/1/19

Suggested that to be

- (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.)

B.T.C. Auth. A.G. tel 9083 of 11/11/18

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.

[Signature] President  
[Signature] Members

PLACE C.C.C. Withy  
DATE April 15th 1919

TO BE COMPLETED WHEN TREATMENT IS REFUSED

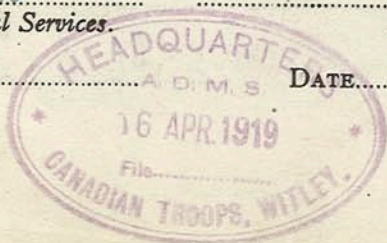
I, the undersigned A.V. Taylor understand the nature of the treatment which it is recommended that I should undergo and refuse to accept it.

Witness [Signature] Signed A.V. Taylor  
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.

Refuses to have Wassermann test taken on arrival in Canada.

PLACE London  
DATE 14.5.19  
President.  
Members

APPROVED BY [Signature] Assistant Director of Medical Services. APPROVED BY [Signature] Director-General of Medical Services.  
DATE



# CANADIAN GENERAL LABORATORY.

## PARTICULARS OF CASE FOR WHICH WASSERMANN TEST IS REQUIRED.

The particulars below are required for statistical purposes and future reference. Unless these are furnished the test will not be carried out.

Name..... *Jaylov AVI* ..... Regtl. No. *1080R66* ..... Rank..... *Pte* .....

Unit..... *1st* ..... Date of first Sore..... *May 1913* ..... If T. Pallidum found ... .. Secondaries,

if any..... Other Symptoms.....

Treatment, if any..... Arsenical..... *2 mg* ..... Mercury..... *10 mg* .....

Previous Wassermann, date..... *heard* ..... Result..... *—* .....

Station and Date..... *Witley 9-4-19* .....

*Wassermann test  
Nov. 18 1913*

### Result of Wassermann (Original) Quarter System.

WASSERMANN  
NEGATIVE

Date..... Serial No..... Result.....

*Wassermann  
test*

Major,  
Officer Commanding,  
Canadian General Laboratory.



Witley, Surrey.

1875

1875

1875

1875

1875

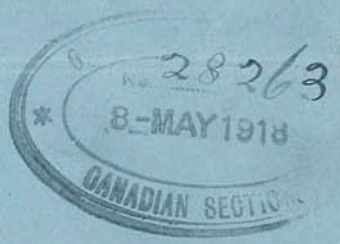
10<sup>5</sup>/<sub>18</sub>

23

DESCRIPTIVE RETURN of a Soldier at present stationed at Field

who is desirous of being\*  $\left\{ \begin{array}{l} \text{transferred} \\ \text{posted} \\ \text{attached} \end{array} \right\}$  from the 1<sup>st</sup> Canadian Railway Troops. Regiment  
at Field to the 18<sup>th</sup> Canadian Infantry Battalion Regiment  
or Corps at Field for the purpose of Joining Infantry  
Battalion.

Regiment and Battalion 1<sup>st</sup> Battalion Canadian Rly. Troops.  
No. 1081266 Rank and Name Sapper. Taylor. A.V.  
Service towards engagement years 10 months  
Date of Attestation June 15 - 1916  
Period for which attested duration Colours 6 months after if needed Reserve  
Age 26 years 216 days. Height 5 feet 6 inches  
Chest Measurement  $\left\{ \begin{array}{l} \text{Girth when fully expanded} \quad \underline{38\frac{1}{2}} \text{ inches.} \\ \text{Range of expansion} \quad \underline{2\frac{1}{2}} \text{ inches} \end{array} \right.$   
Trade or Calling Clerk. [Rigger]  
Where born Rockwood. P.O. County Wellington, Ontario Canada.  
Married or single, if married, } Single  
state if with leave  
Certificate of Education 5<sup>th</sup> Grade Public School.  
Character Excellent  
Good conduct badges nil.  
Musketry qualification and score nil.  
Schools or Courses of Instruction  $\left\{ \begin{array}{l} \text{at which the soldier has} \\ \text{attended and qualified.} \\ \text{Nature of certificates ob-} \\ \text{tained to be stated} \end{array} \right.$  nil.



To be signed by a Soldier applying to be transferred.

I request to be transferred as above, and I understand that, if transferred, my conditions of service will be modified (if necessary) so as to correspond with the general conditions of service in the corps to which I am transferred, in accordance with Section 83 (3) of the Army Act.

Signature of Soldier Albert Victor Taylor

To be signed by a Soldier applying to be posted or attached.

I request to be ‡ \_\_\_\_\_ as above.

Signature of Soldier \_\_\_\_\_

I have examined the above man and find him medically fit for the branch of the service to which it is proposed

to\*  $\left\{ \begin{array}{l} \text{transfer} \\ \text{post} \\ \text{attach} \end{array} \right\}$  him.

Signature of Medical Officer Chas. Smith (Capt) M.C.  
1<sup>st</sup> Battalion Canadian Railway Troops.

I have no objection to this man being † transferred as above.

Signature of applicant's present Commanding Officer [Signature] Lieut.-Colonel  
(Station) Field (Date) 29/4/18 100 O.C. 1st Bn. CANADIAN RAILWAY TROOPS.

I have no objection to this man being † transferred as above.

Signature of Officer Commanding applicant's proposed Regiment, Corps or Battalion [Signature] Lt Col  
(Station) Field (Date) 5/5/19 Comdg 18<sup>th</sup> Can Bn.

Signature of competent authority for transfer [Signature] Capt 5/c

\* See King's Regulations. The words which do not apply to be erased, and in the case of the R.A.M.C., it should also be stated whether suited for the duties of the Corps.  
‡ Insert "transferred," "posted," or "attached," as the case may be. [P.T.O.]

CERTIFICATE to be rendered in the case of a Non-Commissioned Officer who

is to be  $\left. \begin{array}{l} \text{posted} \\ \text{transferred} \\ \text{attached} \end{array} \right\}$  to the Regular Establishment of any arm of the

Special Reserve or to the Permanent Staff of the Territorial Force, &c.

I certify that \_\_\_\_\_

is in every respect competent to undertake and suitable for the duties he will be required to perform as an Instructor in the arm of the Special Reserve or the

Territorial Force to which I recommend he should be  $\left. \begin{array}{l} \text{posted} \\ \text{transferred} \\ \text{attached} \end{array} \right\}$

\_\_\_\_\_ Officer Commanding,

Place \_\_\_\_\_

Date \_\_\_\_\_

DOCUMENTS TO ACCOMPANY THIS FORM.

In all cases .. .. .	Copies of Regimental and Company Conduct Sheets.
In cases of tradesmen .. .. .	Certificate of Proficiency on Army Form B. 195 or 195A, as the case may be.
In case of Clerks (or of any trade if for Royal Army Medical Corps) }	Specimen of handwriting and ciphering.
In case of Candidates for Military Police	Specimen of handwriting.
In case of Candidates for the Military Provost Staff Corps .. .. . }	Copy of Record of Service on Army Form B. 200.

C. Bay

To be made out in duplicate.

H.Q. 54-21-23-53

23

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..... *No. 1 Construction B Co*

(2) Regimental Number..... *1081246*

(3) Full Name of Soldier..... *Taylor Albert Victor*

(4) Place of Birth..... *Neeshwood Ontario*

(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?..... *No*

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

Also their names and ages.....

(9) Is your Father alive? *Yes*

If so, state name and address *Joseph Lorimer Taylor R.D. #3  
Northwood Ont Can*

(10) Is your Mother alive? *No*

If so, state name and address

(11) If your Mother is a widow

Are you her sole support, or not?

(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? *Penn Mutual Delaware Minn*

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.

Date *4/9/16*

*[Signature]*  
for Officer Commanding.

No. 1 CONSTRUCTION BATT.



POST DISCHARGE PAY OFFICE

T. 857

Three months pay and allowances after discharge.

*Mu 1m*

Name *Saylor, Albert Victor.*  
Surname Christian Name

Regimental Number *698.* Rank *Supt.*

Address (in full)

Unit

Original Unit

District where paid

Date of Discharge

P. D. P. Filing Number

Rates:—Regimental pay \$ \_\_\_\_\_ per diem; Field Allowance \$ \_\_\_\_\_ per diem. Separation Allowance \$ \_\_\_\_\_ per month.

L.L. 53961—M. & D. 9721

Total Credits 91 days	FIRST PAYMENT			SECOND PAYMENT			FINAL PAYMENT			Balance Overpayments to be Recovered	Total Amount Paid
	Cheque No. A	Date	Amount 30 days	Cheque No. B	Date	Amount 30 days	Cheque No. C	Date	Amount 31 days		

M. F. W. 127  
 30CM-1-19  
 1772-29-1140

Remarks: *Ledger sheet written from H. S. G. Dec. form. 16/9/19.*

File No. 017841-A-405.

**WAR SERVICE GRATUITY.**

Register No. 7,857

Reg. No. 695. Sgt.  
Name Taylor, Albert V.  
Address 439 Guilmeut St.  
Scranton Pa.

*forward to Mrs. 23/9/19. X 79.*  
Dependent Family Mrs. Elsie Grace Taylor. (Wife)  
Address same address.

Pay Soldier \$ 90<sup>35</sup>-

Pay Dependent \$ 60<sup>00</sup>

*awarded 1-10-19  
Clerk + Sylvain*

Days 61 Rate 100 Due 200<sup>00</sup>  
Less P.D.P. credited 49<sup>65</sup>-

Clerk W.M. Phillips 2-10-19

Less further Dr. Bal. -  
or overpayment.  
Net 150<sup>35</sup>-

*R.  
W 129  
15<sup>10</sup>/<sub>19</sub>*

Date	Ck. Order	Ck. No.	Amount	Remarks	Date	Ck. Order	Ck. No.	Amount.
<u>2-10-19</u>	<u>a.c.o.</u> <u>33036</u>	<u>M. 6-10-19.</u> <u>529347</u>	<u>90</u> <u>35</u>		<u>1</u>			
<u>2</u>					<u>2-10-19</u>	<u>a.c.o.</u> <u>33045</u>	<u>M. 6-10-19.</u> <u>529348</u>	<u>60</u> <u>00</u>
<u>3</u>					<u>3</u>			
<u>4</u>					<u>4</u>			
<u>5</u>					<u>5</u>			
<u>6</u>					<u>6</u>			

GEN'L AUDITOR  
Posting checked by  
[Signature]  
Date 2-10-19

M. OR S.

NEXT OF KIN RELATIONSHIP  
ADDRESS  
IS SEPARATION ALLOWANCE PAID? DATE EFFECTIVE  
TO WHOM PAID RELATIONSHIP  
ADDRESS  
*Nil*

PARTICULARS  
EFFECTIVE DATE  
AUTHORITY

ORIGINAL UNIT C.E.F.  
PLACE OF ATTESTATION  
DATE OF ATTESTATION  
ASSIGNED PAY \$  
*15.00 Paid*  
PAYABLE TO  
*Lawson*  
ADDRESS  
*Zone*  
STOP PAYMENT FORM  
ASSIGNED PAY  
RENDERED, DATE  
DISCHARGED

BALANCE FROM PREVIOUS ACCOUNT

MONTH	PAY AND F.A.			OTHER CREDITS		TOTAL CREDITS		ACQUITTANCE ROLLS						CASH PAYMENTS						ASSIGNED PAY	REGIMENTAL CHARGES	
	NO. OF DAYS	RATE	AMOUNT		\$	C.	\$	C.	COL. NO. 1		COL. NO. 2		COL. NO. 3		COL. NO. 1		COL. NO. 2		COL. NO. 3			
			\$	C.					NO.	DATE	NO.	DATE	NO.	DATE	\$	C.	\$	C.	\$			C.
<i>30-4-19</i>	<i>✓</i>	<i>✓</i>	<i>✓</i>	<i>31 90</i>		<i>35 70</i>		<i>136 90</i>							<i>393 67</i>	<i>4 87</i>	<i>5 -</i>	<i>96 86</i>	<i>15 -</i>			
						<i>H.S. Sp.</i>		<i>(S)</i>										<i>WAR SERVICE</i>	<i>H.S. Sp.</i>			
<i>153 day</i>						<i>350 00</i>		<i>350 00</i>											<i>70</i>			
								<i>350 -</i>											<i>64 50</i>			
																			<i>70</i>			
																			<i>70</i>			
																			<i>70 00</i>			
																			<i>344 50</i>			



MILITIA AND DEFENCE  
**ASSIGNED PAY**  
 OVERSEAS CONTINGENTS

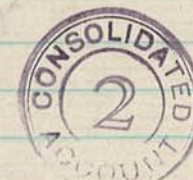
M. F. W. 12  
 50m.--7-16  
 H. Q. 1772-39-819

*Bank Account*

To Whom *Bank of Montreal* By Whom Assigned *Taylor Albert, V.*  
 Address *Yonge & Front St* Regtl. No. *1081266*  
*Toronto* Rank *Pte*  
*Out* Corps *#1 Const Bn.*  
 Rate *15 00* SEP 1916

## PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				



# ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2.

*Bank of Montreal*  
(Assignee)

*(For credit of)*  
PAYMENTS.

Name of Soldier

*Taylor Albert Victor*  
*Pte # 1081266 F #1 Const B*

L. L. Job 5470—Req. 6888.

Month.	Year.	Cheque No.	Amt.	Remarks.
				<i>15 00</i>
April	1916			
May				
June				
July				
Aug.				
Sept.		<i>U 21117</i>	<i>15</i>	<i>Retd. &amp; re-mailed 13 '16 J.P.</i>
Oct.		<i>Q 23768</i>	<i>15</i>	
Nov.		<i>Y 28127</i>	<i>15</i>	
Dec.		<i>W 33170</i>	<i>15</i>	
Jan.	1917	<i>Y 42303</i>	<i>15</i>	
Feb.		<i>A 48793</i>	<i>15</i>	
March		<i>K 53988</i>	<i>15</i>	<i>15</i> <i>(JW)</i>
April		<i>L 5337</i>	<i>15</i>	
May		<i>G 12205</i>	<i>15</i>	
June		<i>F 19210</i>	<i>15</i>	
July		<del><i>Q 25618</i></del>	<del><i>15</i></del>	<i>Q 25618, Retd + cancelled 4/8/17. H.J.M.</i>
Aug.		<del><i>G 32600</i></del>	<del><i>30</i></del>	<i>To adjust July. 32599 card</i>
Sept.		<i>Q 39529</i>	<i>15</i>	<i>15<sup>00</sup> Sept + future H.J.M.</i>
Oct.		<i>O 46179</i>	<i>15</i>	
Nov.		<i>Y 53584</i>	<i>15</i>	
Dec.		<i>K 60841</i>	<i>15</i>	
Jan.	1918			<i>240 -</i>
Feb.				
March				
April				
May				
June				
July				

*JB*

*(Signature)*

MILITIA AND DEFENCE  
**ASSIGNED PAY**  
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

**PAYMENTS.**

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

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

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

# Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

*Sept 1-16*

RATE OF SEPARATION ALLOWANCE

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*Bank Account 555*  
*(for credit)*

RATE OF ASSIGNMENT

<i>15</i>			
-----------	--	--	--

*FR*  
*110*

## PARTICULARS OF SEPARATION ALLOWANCE

No. *1081266*  
 Rank *Pte.* Promoted Reverted Discharge  
 Soldier's Name *Albert V. Taylor*  
 Battalion *no. 1. Const. Battn.*  
 Beneficiary  
 Relationship  
 Address

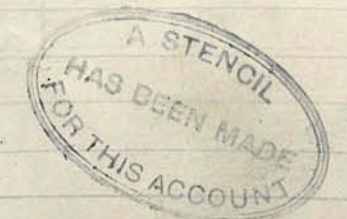
## PARTICULARS OF ASSIGNMENT

Name *Bank of Montreal*  
 Address *Younge & Front Sts.*  
 Change of Address *Toronto Ont.*  
 1  
 2  
 3  
 4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
<i>1917</i>					<i>17841-a-82</i>
<i>Dec. 31</i>			<i>240 -</i>	<i>240 -</i>	
<i>Jan-18</i>	<i>73946</i>		<i>15</i>	<i>15</i>	
<i>July 0</i>	<i>72083</i>		<i>15</i>	<i>15</i>	
<i>Mar.</i>	<i>93394</i>		<i>15</i>	<i>15</i>	
<i>Apr.</i>	<i>8615</i>		<i>15</i>	<i>15</i>	
<i>May</i>	<i>14642</i>		<i>15</i>	<i>15</i>	
<i>June</i>	<i>21630</i>		<i>15</i>	<i>15</i>	
<i>July</i>	<i>32243</i>		<i>15</i>	<i>15</i>	
<i>Aug</i>	<i>40724</i>		<i>15</i>	<i>15</i>	
<i>Sept</i>	<i>41879</i>		<i>15</i>	<i>15</i>	
<i>Oct</i>	<i>48699</i>		<i>15</i>	<i>15</i>	
<i>Nov</i>	<i>56837</i>		<i>15</i>	<i>15</i>	
<i>Dec</i>	<i>63885</i>		<i>15</i>	<i>15</i>	
<i>Jan</i>	<i>710566</i>		<i>15</i>	<i>15</i>	
<i>Feb</i>	<i>81331</i>		<i>15</i>	<i>15</i>	
<i>Mar</i>	<i>86436</i>		<i>15</i>	<i>15</i>	
<i>Apr</i>	<i>4018</i>		<i>15</i>	<i>15</i>	
<i>May</i>	<i>5760</i>		<i>15</i>	<i>15</i>	
			<i>495</i>	<i>495</i>	

*Acc Closed 31-5-19.*  
*Ret'd per. Baron*  
*Date 22/5/19 M.F.W. 187 M.A.1*  
*Clerk J. A. Brown*  
*M.O.L.P. 85371 Dist. J.U.D.*  
*28-5-19*

M. F. W. 128  
 400mc-6-17-1772-38-141  
 L. L. 22520-M. & D. 7993.







\* Strike out whichever inapplicable.

ASSIGNED PAY.	ENGLAND OR CANADA.	SEPARATION ALLOWANCE.	ENGLAND OR CANADA.
EFFECTIVE DATE:-	1-9-16	EFFECTIVE DATE:-	
AMOUNT:-	\$15 <sup>XX</sup> / <sub>100</sub>	AMOUNT:-	

NAME:- TAYLOR, Albert Victor

NUMBER:- 1081266

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.

*40 of A. V. Taylor,  
Bank of Montreal,  
Yonge & Front St.  
Toronto*

*(Self)*

*Stopped eff. 1/5/19.*

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		Sapper

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>Sept 19</i>	<i>235</i>	<i>P. M. C. C. Co.</i>	<i>118.67</i>				

UNIT AND TRANSFERS

ORIGINAL UNIT:- 1st Construction Bn.

DATE ACCOUNT FIRST OPENED:- 1-10-16

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'S F'D	UNIT TRANSFERRED TO
<i>42 11 5/18.</i>	<i>1 6/18</i>	<i>19 6/18</i>	<i>1 C.R.T. 18 Bn</i>
		<i>1/6/19</i>	<i>Leau Sea</i>

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
	<i>1.00</i>	<i>10</i>	-	-

PARTICULARS OF RENDERING NON-EFFECTIVE: *Trans. to Can. 1/5/19. Disposal. NR 86726. B. Short 12/1/19. B. Short. M.D. 1. L.P.C. 5 cents.*

MONTH 1918	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
<i>March 31</i>	<i>Balance forward</i>								<i>45.44</i>		
<i>April</i>	<i>P.P.</i>	<i>33.00</i>		<i>For 4 days pay adv. 16 3/8 @ 224 7/8 CRT.</i>		<i>4.40</i>					
				<i>Can. A.P.</i>				<i>15.00</i>			
				<i>AR. 90 1 CRT. 20 7/18</i>	<i>8.03</i>				<i>51.01</i>		
<i>May</i>	<i>P.P.</i>	<i>33.00</i>		<i>C.A.P.</i>	<i>8.03</i>	<i>4.40</i>		<i>15.-</i>			
		<i>34.10</i>		<i>AR 39 15/5/18 c.c.s. @</i>	<i>5.35</i>				<i>61.19</i>		
				<i>464 w/s. 2 in C.E.R.C.S</i>	<i>3.57</i>				<i>64.76</i>		
<i>June</i>	<i>P.P.</i>	<i>34.10</i>		<i>AR 623 6-6-18 #2 C.E.R.C.</i>	<i>3.57</i>			<i>15.-</i>			
		<i>33</i>		<i>A.G.W. 3069-334 1-6-18</i>	<i>24</i>						
				<i>C.A.P.</i>				<i>15</i>			
				<i>AR 837 19.6.18</i>	<i>4.46</i>				<i>70.92</i>		
<i>July</i>	<i>P.P.</i>	<i>34.10</i>		<i>C.A.P.</i>	<i>8.37</i>			<i>15</i>			
				<i>AR. 1058 4.7.18</i>	<i>4.46</i>						
				<i>1296 16.7.18</i>	<i>3.57</i>						
<i>Aug</i>	<i>P.P.</i>	<i>34.10</i>		<i>C.A.P.</i>	<i>8.03</i>			<i>15</i>			
				<i>AR 1547 3.8.18</i>	<i>3.57</i>				<i>81.99</i>		
				<i>1231 11.8.18</i>	<i>3.57</i>						

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'S'D	UNIT TRANSFERRED TO
42 11 5/18.	1-6-18	19-78	1 CRT. 18 Bn
		1/6/19	loan Soc.

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
8/4/19	235	P. Wimp. CCC	\$10. 118.67				

DAILY RATES OF PAY AND ALLOWANCES				
AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
	1.00	10	-	-

PARTICULARS OF RENDERING NON-EFFECTIVE: *Trans. to Can. 1/5/19. respone. NR 86726. B. Short 12/4/19 B. Short. M.D. 1. L.A.C. 5 cents.*

MONTH 1918	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
March 31	Balance forward								45.44		
April	P.P.	33.00		701/4 day pay av. L. 16 3/8 Bn 224 7/8 CRT. loan av. AR. 90 1 CRT. 20 4/18		4.40		15.00	51.01		
May	P.P.	33.00 34.10		C.A.P. AR 392 15/5/18 c.c.s. @ 464 n/s. 24 in CERC (S)	8.03 8.03	4.40		15.00 15.00	61.19 <del>61.19</del>		
June	P.P.	34.10 33		AR 623 6-6-18 #2 CERC A.G.W. 3069-324 1-6-18 C.A.P.	8.92 3.57			15.00			
July	P.P.	33 34.10		AR 837 19.6.18 C.A.P. A.R. 1058 4.7.18 1196 16.7.18	4.46 8.27			15.00 15.00	70.92		
Aug	P.P.	34.10 34.10		C.A.P. AR 1547 3.8.18 1824 17.8.18 A.G.W. 3069-539 30-7-18	3.57 3.57			15.00	81.99		
Sept	P.P.	34.10 33.00		C.A.P. AR 728 6.9.18 18 Bn 852 26.9.18	3.57 3.57			15.00	93.85		
Oct	P.P.	33 34.10		C.A.P. AR 1091 14/10/18 18 Bn 1196 26/10/18	3.57 3.73			15.00	108.29 104.11		P 2.50 added 25/11/18
Nov	P.P.	34.10 33		C.A.P. A.P. 67063 24/11/18 AR 521 17/11/18 18 Bn	7.46 24.33 3.73			15.00 15.00	116.35		
	Forward	33		Forward	28.06			15.00	116.35		

NUMBER 1081266 RANK *Spr.* NAME TAYLOR A.V.

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
<i>Nov</i>	<i>Forwd</i>	<i>33</i>		<i>Forwd.</i>	<i>2806</i>			<i>15</i>	<i>11635</i>		
				<i>AR LC239 17/11/18 18Pm</i>	<i>9733</i>						
				<i>CP 70356 26/11/18</i>	<i>973</i>						
				<i>✓ 71471 27/11/18</i>	<i>487</i>						
				<i>AR 450 14/11/18 ✓</i>	<i>373</i>						
<i>Dec</i>	<i>P.P</i>	<i>3410</i>		<i>AP</i>				<i>15</i>			
<i>Jan</i>	<i>✓</i>	<i>3410</i>		<i>✓</i>				<i>15</i>	<i>2883</i>		
		<i>10120</i>			<i>14372</i>			<i>45</i>			
<i>Feb</i>	<i>✓</i>	<i>3080</i>		<i>AR 1485 16/12/18 18Pm</i>	<i>649</i>						
				<i>✓ 1735 25/12/18 ✓</i>	<i>130</i>						
				<i>✓ 2546 12/1/19 ✓</i>	<i>377</i>						
				<i>✓ 3212 26/1/19 ✓</i>	<i>373</i>						
				<i>AP</i>				<i>15</i>			
				<i>✓ 3665 10/2/19 ✓</i>	<i>373</i>						
<i>Mar</i>	<i>P.P.</i>	<i>3410</i>		<i>AP</i>				<i>15</i>			
				<i>Rly Trp. Vic - F. stone 7/12/18</i>	<i>146</i>						
				<i>AR 4155 24/2/19 ✓</i>	<i>373</i>						
				<i>✓ 4760 7/3/19 ✓</i>	<i>365</i>						
				<i>✓ 5507 19/3/19 ✓</i>	<i>365</i>						
				<i>DM. 61739 Accts Dr. @ m. chgs ✓</i>	<i>183</i>						
				<i>✓ 62209 ✓ ✓ ✓ ✓ ✓ ✓</i>	<i>29</i>				<i>3010</i>		
		<i>6490</i>			<i>3363</i>			<i>30</i>			
<i>Apr.</i>	<i>P.P</i>	<i>33</i>		<i>AP</i>				<i>15</i>			
				<i>AR 235 8/4/19 P.Wing</i>	<i>4867</i>				<i>-57</i>		
				<i>AR. 1498 28/4. P.W. Cmd.</i>	<i>487</i>						
				<i>✓ 3147 9/5 ✓ Ind.</i>	<i>973</i>				<i>1517</i>		
		<i>33 -</i>			<i>6327</i>			<i>15 -</i>			

*S.O.S. Canada. 13/5/19.  
S/L. \$60. WORK*

Mar P.P.

3410

✓ 2546 12/1/19 ✓ 377  
 ✓ 3212 26/1/19 ✓ 373  
 AP 15  
 ✓ 3665 10/2/19 ✓ 373  
 AP 15  
 Rly. Trk. Vic - F. Stone 7/2/18 146  
 AR 4155 24/2/19 ✓ 373  
 ✓ 4760 7/3/19 ✓ 365  
 ✓ 5507 19/3/19 ✓ 365  
 DN. 61739 Accts Br. G.M. Chgs ✓ 183  
 ✓ 62209 ✓ ✓ ✓ ✓ 29

15

15

33.

15

48.67

debit.

30.10  
 33  
 63.10

63.67  
 .57

Apr P.P.

6490

33

AP 33  
 AR 235 8/4/19 P wing 4867  
 AR. 1498 28/4. P.W. Aud. 487  
 ✓ 3147 9/5 ✓ Ind. 973  
 6327

30

15

3010

-57

1517

15

33

S.O.S. Canada. 13/5/19.  
 S/L. #60. WORK

W. Fogarty  
 12/4/19



REG'L. No. *1081266* ✓ RANK *Pte* NAME *Taylor, Albert Victor* ✓  
 IF IN PERMT. CORPS } UNIT *No 1 Construction* TRANSFERRED TO DATE AUTHORITY  
 WHAT UNIT }  
 PERMANENT FORCE ALLOWANCES TRANSFERRED TO DATE AUTHORITY  
 PLACE OF ATTESTATION *Toronto, Ont.* TRANSFERRED TO DATE AUTHORITY  
 DATE OF ATTESTATION *15/6/16* TRANSFERRED TO DATE AUTHORITY  
 ASSIGNED PAY MONTHLY \$ *15<sup>00</sup>* DATE EFFECTIVE *1/9/16*  
 PAYABLE TO *A/c A. V. Taylor, Bank of Montreal, Yonge & Front St, Toronto* RELATIONSHIP *Self*  
 ASSIGNED PAY MONTHLY \$ DATE EFFECTIVE  
 PAYABLE TO RELATIONSHIP  
 STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) EFFECTIVE REASON  
 DISCHARGE DATE AND PLACE REASON AND AUTHORITY  
 ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)  
 ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

PAYMENT ROLLS				CASH PAYMENTS				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
3		4		1	2	3	4				CREDIT	DEBIT			
No.	DATE	No.	DATE												
											32 10				<i>Sept A.P. paid by A.P. Branch recovered in Sept. pay slip (Com)</i>
				<i>17 03</i>	<i>7 30</i>			<i>15</i>		<i>39 33</i>	<i>26 87</i>				<i>Balance from band</i>
					<i>3 49</i>			<i>15</i>		<i>18 49</i>	<i>41 38</i>				
				<i>5 23</i>				<i>15</i>		<i>20 22</i>	<i>55 25</i>				
				<i>13 07</i>				<i>15</i>		<i>28 07</i>	<i>61 28</i>				
				<i>4 36</i>				<i>15</i>		<i>23 72</i>	<i>68 36</i>				
				<i>4 36</i>				<i>15</i>							
				<i>8 42</i>	<i>8 42</i>			<i>15</i>		<i>32 44</i>	<i>70 02</i>				
				<i>5 27</i>	<i>19 51</i>			<i>90</i>		<i>16 22</i>					
								<i>15</i>		<i>15</i>	<i>88 02</i>				
				<i>17 44</i>				<i>15</i>		<i>32 44</i>	<i>89 68</i>				
				<i>8 92</i>				<i>15</i>		<i>23 92</i>	<i>98 76</i>				
								<i>15</i>		<i>15</i>	<i>117 86</i>				
				<i>8 93</i>				<i>15</i>		<i>23 93</i>	<i>128 03</i>				
				<i>8 92</i>	<i>8 92</i>			<i>15</i>		<i>32 84</i>	<i>128 19</i>				





