

871046

871046
ORIGINAL

ATTESTATION PAPER.

No.

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? *Albert*
- 1b. What is your present address? *Lillyfield, Manitoba*
2. In what Town, Township or Parish, and in what Country were you born? *Kensington, Middlesex, Eng.*
3. What is the name of your next-of-kin? *Mrs. Ann Taylor*
4. What is the address of your next-of-kin? *23 Avenue St. Fulham, Middlesex, Eng.*
- 4a. What is the relationship of your next-of-kin? *Mother*
5. What is the date of your birth? *30th August 1897*
6. What is your Trade or Calling? *Farmers Help*
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, *Albert Taylor*, do solemnly declare that the above are answers made by me to the above questions and that they are true, and that I am willing to fulfil the engagements by me now made, and I hereby engage and agree to serve in the **Canadian Over-Seas Expeditionary Force**, and to be attached to any arm of the service therein, for the term of one year, or during the war now existing between Great Britain and Germany should that war last longer than one year, and for six months after the termination of that war provided His Majesty should so long require my services, or until legally discharged.

Date *3rd February* 1916. *Albert Taylor* (Signature of Recruit)
R. H. Foulds Lieut. (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

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

Date *3rd February* 1916. *Albert Taylor* (Signature of Recruit)
R. H. Foulds Lieut. (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 *Winnipeg* this *3rd* day of *February* 1916.
Hawes (Signature of Justice)

Description of Albert Taylor on Enlistment.

Apparent Age.....18.....years.....5.....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.....5-2 1/2.....ins.

Chest measurement { Girth when fully expanded.....33.....ins.
Range of expansion.....31.....ins.

Complexion.....Dark

Eyes.....Brown

Hair.....Brown

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

✓ L-2

Scar on middle finger left hand

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.....3rd February.....1916.

Place.....Winnipeg

D. W. Lineham
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.

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

W. F. Ferguson.....(Signature of Officer)

Date.....3rd Feby.....1916.

REGIMENTAL DOCUMENTS

NAME

TAYLOR Albert Philip

REGT. NO.

871046

UNIT

16th 15th

H. Q. FILE NO.

(S)

CONTENTS

DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

M. F. W. 2505
REFERENCE

NON-EFFECTIVE BY

DEATH

Category

DISCHARGE

Category

DESERTION

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

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

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

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

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

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

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

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

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

MEDICAL EXAMINATION (M.F.W. 129)

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

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

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

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

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

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

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

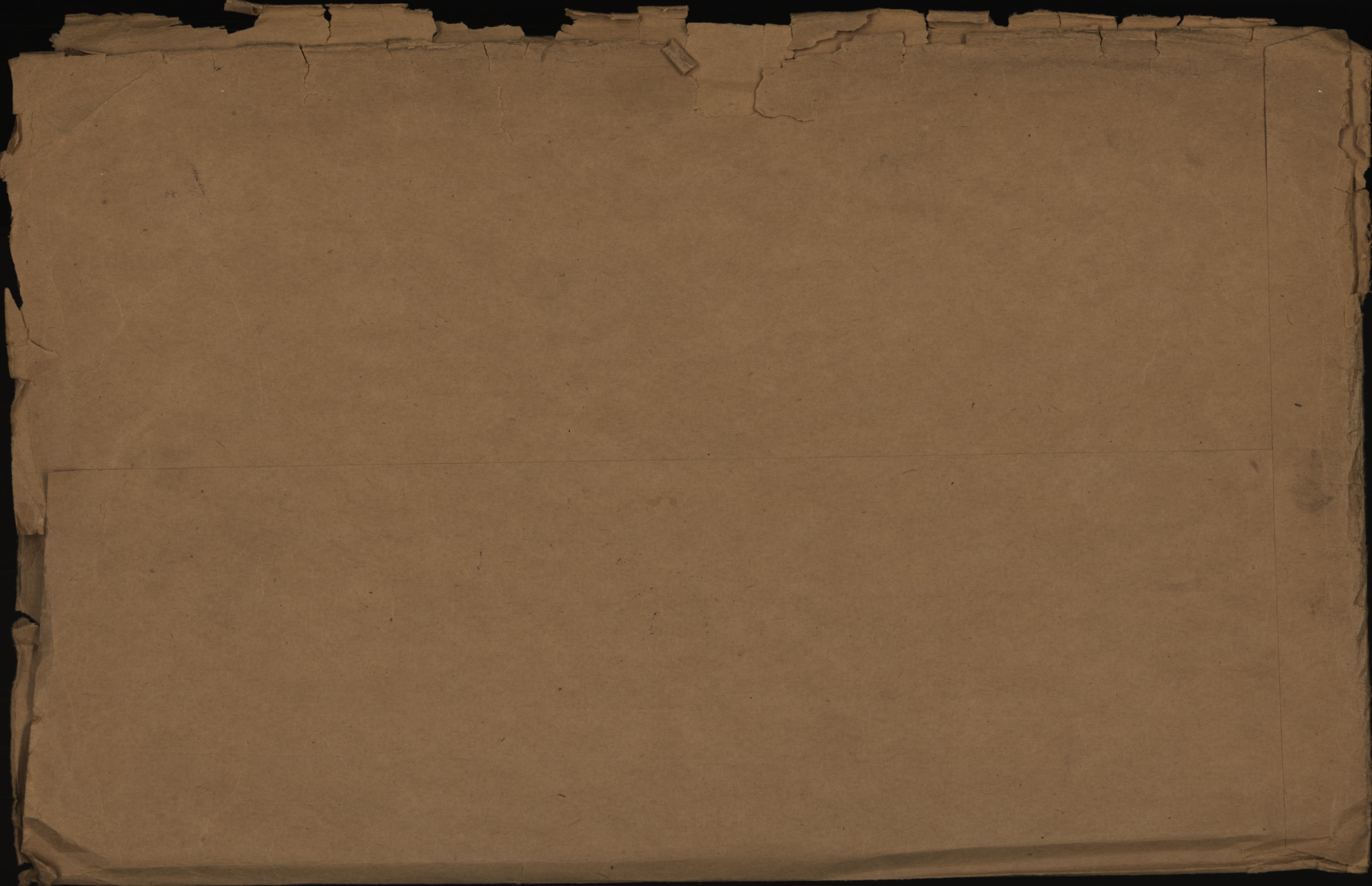
3. Misc

1. CADC 50092



01853

*26-19
4-19
6-19*



SURNAME.

Taylor,

CHRISTIAN NAMES

Albert.

REGL. No.

871046.

RANK

Pte.

UNIT

183rd

FORMER CORPS

Nil.

CARD NO.

SOS 8/5/19

FOLL

M.O.R. 80/329 Remt.
12/5/19.

1088.

Batt.

NEXT OF KIN.

NAMES IN FULL

Taylor, Mrs Ann.

RELATIONSHIP TO SOLDIER

mother.

ADDRESS

23 Avenial St, Fulham.
Middlesex, England.

CHANGE OF ADDRESS

COUNTRY OF BIRTH

England, Middlesex.

DATE

Aug. 30th 1897.

PLACE OF ATTESTATION

Winnipeg, Man.

DATE

Feb. 3rd 1916.Sailed from Halifaxst 1 Part 3/10/16nd 2 Part per S.S. Saxonia

L. L. 94504. M. & D. 6512.

M. F. W. 22. 250M.-2-16. H. Q. 1772-39-333.

per S.S. Messanahie

3/10/16 RIC 4-5-19 3124 Pte.

MARRIED

SINGLE

yes
WIDOWER

TRADE OR CALLING

Farmer's help

RELIGION

Church of England

DESCRIPTION.

APPARENT AGE

18 YEARS

5 MONTHS

HEIGHT

5 FEET

2½ INCHES

CHEST MEASUREMENT

33 INCHES

EXPANSION

3 INCHES

COMPLEXION

Dark

EYES

Brown

HAIR

Brown

DISTINGUISHING MARKS

N. L. 2.

Scar on middle finger
of left hand

MEDICAL EXAMINATION.

PLACE

Winnipeg, Man

DATE

Nov. 3rd 1916

Present Address - Lillyfield, Man.

No. 871046 RANK *PC*NAME *Taylor A.*

T. O. S. 3-2-14

UNIT

*183rd Battalion, C. E. F.**(10.0.1.9-2-14)*

M. D. 10

PAID FROM	PAID TO	SIG. OR REC'D	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
<i>1916</i>	<i>1916</i>			
<i>Feb 3</i>	<i>Feb 29</i>	<i>✓</i>		
<i>mar</i>		<i>✓</i>		
<i>apr</i>		<i>✓</i>		
<i>may</i>		<i>✓</i>		
<i>june</i>		<i>✓</i>		
<i>july</i>		<i>✓</i>		
<i>aug</i>		<i>n.</i>		
<i>sept</i>		<i>✓</i>		
<i>Oct</i>		<i>n</i>	<i>trans to 108th Bn 26-10-16</i>	<i>Oct pay list</i>



NAME

RANK AND CORPS

CABLE

NO.

DATE

NATURE OF CASUALTY

REGT'L. No.

H. Q. FILE No. 649

FOLLOWS

No.

FOLLOWS

LIST NO.	HOSPITAL	DATE OF ADMISSION	REMARKS
A 169	13 Ward I & II Amh	15-3-16	V.D. G
A 170	#6 Cas Clg Stat	16-3-18	" "
A 173	51 Gen Etaples	19-3-18	V.D. G
A 203 ⁴	6 Conu Lep Etaples	19-4-18	V.D. G
A 220 ²	Disch to Medical Board Etaples	13-5-18	

Albert

Name **TAYLOR**Rank **Pte**Reg. No. **871046**Unit **16th Batt**Next of Kin **M^{rs} Ann Taylor. 23 Aerial St. Fulham. London.**

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
15.3.18	No 13 C.S.A.		V.D.G.	A 169		15351
16-3	666 S.		do	A 170		15447
18-3	51 S.N. Staples		do	A 173		406/174
19-4	666 S. do		do	A 203		972-18
13-5	Discharged to M.B. Staples			A 220		1303-14
				422/5		

[illegible]

Em
~~md~~

Number

871046

Rank

Pte

Surname

TAYLOR

Christian Name

Albert

Units

16 Bn Canby

Theatre of War

France

Date of Service

21/4/17

Remarks

Latest Address

GRO

~~Winning Man~~

P.O. Sturgeon Falls, Ont.

Roll No.

B. Page 11167

200m-2-21.M.

DESP. MAR 2 1922

REGN. NO. *HC 73254*

SURNAME

CHRISTIAN NAME OR NAMES

REG. No.

Taylor-

A.

871046.

RANK

UNIT

Co.

TROOP

BATTY.

Pl.

16. Man.

HOS. ITAL

DATE OF ADMISSION

1. 13 Lau Hld Amb. - HOSP. 15.3.18.
2. 6 Cas. C. Station HOSP. 16-3-18
2. 51 Gen Hosp Etaples HOSP. 18.3.18.
3. 6 Conv. Dep HOSP. 19.4.18
4. HOSP.

DIAGNOSIS

V. O. G. Ho

1.

2.

3.

DISPOSITION

Died to MRS BS Etaples 13.3.18

REMARKS

21.3.18. A 169.

22-3-18 A 170.

26.3.18 A 173.1

2-5-18 (1203 (4)

22-5-18 A 220.11.

A.M.D. 2 Dept.

Beh. of D.G.M.S. O.M.F.C. London

EPITOME OF HOSPITAL TREATMENT

HOSPITAL

ADM.

1.

2.

3.

4.

5.

6.

7.

J.P.

Rank

16

Name

TAYLOR, Albert -

Reg'l No.

R-122
8,401-50,000-21-10-16.
871046.-

Unit 183rd Bn.

If in perm. Corps, }
What Unit?

Married or Single Single.-

Place and Date of Enlistment Winnipeg. 3rd Feb. 1916.-

Place of Birth Kensington. Middlesex
England. -

Name and Address, Next-of-Kin Mrs. Ann Taylor. -

23 Aerial St. Fulham. Middlesex. Eng. -

Relationship Mother. -

Assigned Pay Monthly \$

Payable to

Relationship

Separation Allowance \$

Payable to

Relationship

Discharge, Date and Place

Reason

Character

N/E. R.B. No. 205-13

File R.L.

Category. *O.K. Plan*

Report.

Date.

From whom
received.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.

Arrived in England S.S.

13/10/16

27-10-16 06183rd Bn. 10 Bn. to 108th Bn.

Ditely

26-10-16 Pt. 2 D.O. 215

28-10-16 108th Bn. 10 Bn. to 183rd Bn.

26-10-16 183.

10-1-17 108 Bn S.O.S To 14th Res. Bn.

Dibgate

10-1-17 Pt. 2 D.O. 10

18.1.17 14 Res Bn T.O.S. fr 108th. Bn. E. Sanding.

10-1-17 Pt. 2 D.O. 10

20th 17. " S.O.S to 16th Bn Operas

Dibgate

20th 17. Pt. 106 H.W. (16th Bn
Pt. 43d/28th)

30 3 19 16BN PROC TO ENGLAND

26 3 19 D O 22

27.3.19 Winnipeg from 16 Bn.

Bolt 27.3.19 - 11

29th 4 19 D.W CCC SOS TO CANADA26.4.19
91 4 26 D O 31

871046

Taylor, A.

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.

Canada 56-M-107.

16.4.19

WSB. Class a,

250M.—I-16.

H. Q. 1772-39-920.

183rd OVERSEAS BATTALION G. F. F.

Unit, Regiment or Corps

Rank

PtE

C. E. F

Name _____

Taylor Albert

Enlisted (a) Feb 3/16

Terms of Service (a)

to

Service reckons from (a) Feb. 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) Farmer's Helper

Mr. J. Hagwood
183rd OVERSEAS BATTALION

(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, Shooing Smith, etc., etc., also special qualifications in technical Corps duties. [P.T.]

{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				
10.1.17	14 th Res. Batt. (Man)	Taken on Strength	Dibgate	10.1.17	B.O. 10 th Pt. II Para. 1. <i>App.</i> Capt Adj. 14 th Res. Batt. (Man)
20-4-17	O.C. 14 th R.B.	S.O. 3. on transfer to 16 th Battalion (O/S)	Dibgate	20-4-17	Pt. 2 Order #106, Para. #2, 20/4/17. Capt. & Adj. 14 th Res. Battalion (Manitoba)...
C. B. D.	ARRIVED C. B. D.	FRANCE	21.4.17	N. R. D.	PART II ORDERS No 43 D 284.17
C. B. D.	LEFT C. B. D. FOR			N. R. D.	
O. C. BN	ARRIVED 16 BN.	FIELD	9-5-17	B. 213 D	12.5.17-456
2.3.18	O.C. BN	GRANTED 14 DAYS LEAVE	U.K.	25.2.18	Pt. 11 No 73. d/11.3.18
16/3/18	13.6 FA	V.D. ad	13.6.18	13/3/18	D 8161
16/3/18	16th	Required from leave	Fin	13/3/18	B 113
17-3-18	13.6 FH	V.D. to	6. 668	16/3/18	D 8238
16/3/18	6. 668	M. T. S. C. MPR-SS 0-1717	6. 668	16/3/18	D. 8294
18/3/18	6. 668	EMBARKED 13.4.18	30 AT	18/3/18	D. 8365
18/3/18	51 G. A. P.	ad.	51 G. A. P.	18/3/18	D 8618
23/3/18	16th	To Hospital	Shield	15/3/18	B 113
19.4.18	57 G. A. P.	U. D. S.	6. 6. Depot	19.4.18	6. 7. 357
19.4.18	6. 6. Depot	Forfeit 7th. alle. 150 G. A. P. Res. 18.3.18	6. 6. Depot	19.4.18	6. 7. 288
19.4.18	57 G. A. P.	which in hospital from 18.3.18 to 19.4.18 - 33 days.	to 19.4.18		0. 6. 4. 3. 3299
14.5.18	6. 6. Depot	on Strength	to 14.5.18	14.5.18	19.6.1129
13.5.18	6. 6. Depot	to 13.5.18	to 13.5.18	13.5.18	7. 1732

CERTIFIED CORRECT.

16 MAY 1917

CANADIAN RECORDS, LONDON.

FORM OF WILL.

111912

3, Albert Taylor (Name in full)Regimental Number 871046 serving in _____

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

I bequeath all my real estate unto

_____	} Name & Address of person or persons to whom it is to go.
<u>Id</u>	

absolutely, and my personal estate I bequeath to my Mother.

<u>M^{rs} A Taylor</u>	} Name & Address of person or persons to receive personal estate* (see note).
<u>23. Aveil St.</u>	
<u>London England</u>	

In Witness whereof I have hereunto set my hand

this 27th day of March A.D. 1917.Albert Taylor Signature.

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

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

Name of Witness Robert McMillan a/csmAddress of Witness 14th Reserve BattOccupation of Witness SoldierName of Witness Alfred Grabb 7091Address of Witness Horncliffe KentOccupation of Witness Soldier

FORM OF WILL

Know all men by these presents, that I, _____

of the County of _____ State of _____

do hereby certify that I am of sound mind and memory, and

of legal age, and being so, I hereby make, publish, and declare this to be my last will and testament.

I hereby give, devise, and bequeath all and singular the

ORIGINAL

MEDICAL HISTORY SHEET.

Surname TAYLOR. Christian Name Albert

Examined	on <u>3rd.</u> day of <u>Feby</u> 191 <u>6</u> at <u>Winnipeg, Man.</u>	Approved by <u>[Signature]</u>
Birthplace	City or Town <u>Kensington,</u> County <u>Middlesex, England.</u>	Rank <u>Captain C.A.M.C.</u> M.O.
Apparent age	<u>18 Years 5 Mos.</u>	
Trade or occupation	<u>Farm Hand</u>	
Height	<u>5</u> Feet <u>2 1/2</u> Inches.	
Weight	<u> </u> Lbs.	
Chest measurement	Minimum <u>31</u> inches. Maximum expansion <u>2</u> inches.	
Physical development		
Small-Pox Marks		
Vaccination Marks	Arm <u>Right.</u> Left <u>X</u> Number <u>Two</u>	
When Vaccinated last		
(a) Marks indicating congenital peculiarities or previous disease	<u>Scar on middle finger left hand.</u>	
(b) Slight defects but not sufficient to cause rejection	<u>W.C. 8 x 8.</u> <u>R.D. 4 x 4 1/2</u> <u>L.D. 4 x 4 1/2</u> <u>Glans 2 x 1/2 6-2-17</u>	
Enlisted on	<u>3rd</u> day of <u>February</u> 191 <u>6</u> at <u>Winnipeg, Man.</u>	

JOINED ON ENLISTMENT	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
	<u>183rd., Batt</u>	<u>871046</u>		<u>Feby 3rd., 1916.</u>
Transferred to	<u>108th Bn</u> <u>14 C.R.B.</u>			<u>26/10/16.</u> <u>10-11-17</u>

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
<u>Bramshott</u>	<u>April 11</u> <u>1919</u>	<u>(1) Defect in vision</u> <u>R + L</u> <u>(2) V.D.S</u>	<u>Cat (A)</u> <u>Bedroom</u> <u>capt.</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.

Christian Name Albert

Albert

[illegible]

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.

183rd OVERSEAS BATTALION C. E. F.

(1) Name of Overseas Unit which Soldier joins.....

(2) Regimental Number.....871046

(3) Full Name of Soldier.....Albert Philip Taylor

(4) Place of Birth.....London Eng

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

(6) If married, state,
(a) Full name of your wife.....

(b) Present Postal Address.....

(7) Are you a widower?.....No

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

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

Also their names and ages.....

(9) Is your Father alive?.....*No*.....

If so, state name and address

(10) Is your Mother alive?.....*Yes*.....

If so, state name and address.....

Annies Taylor
13 Avenel St London Eng

(11) If your Mother is a widow.....*Yes*.....

Are you her sole support, or not?.....*No*.....

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

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

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

No
(15) Are you insured?.....*No*.....

If so, in what Company?.....

Have you made arrangements for payment of your Insurance premium.....

If not, and it is a monthly premium, you can assign the amount in addition to any other assignment you wish to make.

SEP 20 1916

Date.....

W. H. Spencer
Officer Commanding.
26

900

PARTICULARS OF CASES 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. *Jayfore, A.* Reg. No. *871046* Rank. *Pte.*
Unit. *16. Batt.* Date of Service.
If T. Pallidum found. Secondaries if any.
Other symptoms.
Treatment if any. Arsenical.
Mercury. Previous Wassermann Date.
Result. Station and Date.

W.R. Stackhouse
Capt Carver

Result of Wassermann (Original) ~~Quarter~~ system.

WASSERMANN
NEGATIVE

Date. Serial No. Result.

L. Williams Capt
Major,
Officer Commanding,
Canadian General Laboratory.

Witley, Surrey,

. 1919.



91-4-2

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

DIRECTIONS TO
DENTAL OFFICERS

NAME OF SOLDIER (Block Letters)

TAYLOR A.P.

REGIMENT

16 Bn

RANK

Plt

No.

821046

Date of Examination in England

29-3-19.

Date of Examination in France

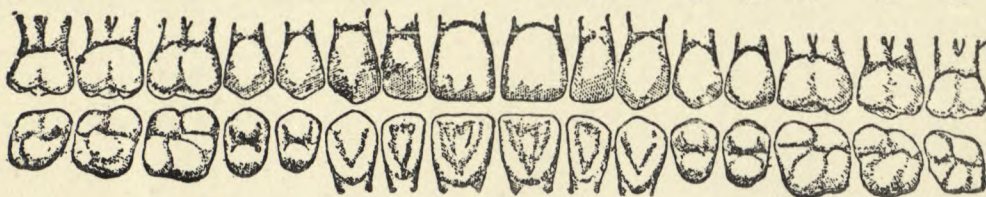
1. This form will be made out for each individual at the time of Demobilization in England or France.

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

26
-m-

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16



17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32



PRESENT DENTAL REQUIREMENTS

1. FILLINGS

15, 17, 18 81

2. EXTRACTIONS

3. CROWNS

4. DENTURES

(a) Full Upper

(b) Part Upper

(c) Full Lower

(d) Part Lower

W. Hanson Capt

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

GRAMSHOTT CAMP
HANTS.

Signature of Dental Officer

R.H. Aylmer Capt

12-11-1941
TAYLOR A. P.
1941

11-11-1941

- () in France
- () in England
- () in India
- () in China
- () in Japan
- () in the U.S.A.
- () in the U.S.S.R.
- () in the U.S.A.
- () in the U.S.A.
- () in the U.S.A.

To:- Officer Commanding, 16th Batt

The following is a special V.M. report on the undermentioned. Your M.O.'s attention should be called to it, and the case should now be paraded with this report in triplicate, the Medical History Sheet and the Casualty Form to

LONG IS
The Board as there is a disability of the V.M.

Name Taylor, T.P. Number 871046 Rank pte

Unit 16th Batt Former Occupation farmer

Original Disease or Injury My Ma back

Date of Origin Chestnut Place of Origin

Cause Congenital

Present Disability Defective Vision

Present Condition:-

Vision Rt:- 6/18 Lt:- 6/9 With glasses Rt:- 6/9 Lt:- 6/9

Category recommended A

History of present condition Vision always poor

Did the disabling condition have origin before enlistment? No

If so, has it been aggravated by service? No

Has the disability been caused or aggravated by intemperance or improper conduct or unreasonable refusal to accept treatment? No

What is the proper duration (in months) of the disability? Permanent

Can the former Trade or Occupation be resumed? No

Fundi:-

Refused

Date 1/4/11

Shaw Major, C.A.M.C.,
Officer i/c. Eye & Ear Dept.,
Medical Boards, Bramshott.

10-13-14

etc

but

perhaps

Charles
Carpenter
of New York

1/11/14

1/11/14

A

if

to

1/11/14

1/11/14

1/11/14

1/11/14

CANADIAN EXPEDITIONARY FORCE

War Service Badge

DISCHARGE CERTIFICATE

Class "A" No. 164895

THIS IS TO CERTIFY that No. 871046

(Rank) Pte

Name (in full)

Taylor Albert Phillip

enlisted in

the

183rd Bn

CANADIAN EXPEDITIONARY FORCE at

Winnipeg

on the

3rd

day of

February

1916

HE served in

England and France

16th Bn

Demobilization.

and is now discharged from the service by reason of

Demobilization R.O. 1420 (c)
~~Medical Unfitness.~~

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

Age

Marks or Scars

Height

5 ft 4"

Scar on middle finger left hand

Complexion

Dark

Eyes

Brown

Hair

Brown

A. P. Taylor

Signature of Soldier.

Date of Discharge



Issuing Officer.

J. Colwell

Rank

Capt

Date

8th May

1919

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

- 1.—That discharge certificate must be carried when wearing uniform.
- 2.—That uniform can be worn only thirty (30) days after discharge, or when duly authorized in writing, and
- 3.—That wearing of uniform renders him liable to usual military discipline, as if on the strength of a unit.

C.A. 6411.

FILE NO

WAR SERVICE GRATUITY and SEPARATION ALLOWANCE

Payable to TAYLOR do^{ls} A. - wife -

Dependent 841046 Pte A. P. Taylor.

Address 23 Averil St Sutham Rd
London.

Address

Date	Cheque No.	Gratuity	Paymen	Balance Due	Remarks
1919		32 9 4 ✓			f 13 19 5 (3) 68 ⁰⁰
Oct 20	102073		13 19 5	18 9 11 ✓	
Oct 8.	124012		6 3 3	12 6 8 ✓	
Nov 4	132511.		6 3 3	6 3 5	
Dec 9	154208		6 3 5	.	
		32 9 4	32 9 4 ✓		

WAR SERVICE GRATUITY AND SEPARATION ALLOWANCE

11-10-1918
11-10-1918
11-10-1918

11-10-1918

MILITIA AND DEFENCE

Ref. No. 43320

ASSIGNED PAY.

To whom Mrs. Annie Taylor. (Mother)

Address 23 Avervill Street

Fulham Palace Road

London, W.

Rate \$15.00 per month

Date to Commence 1st Feb/1917.

By whom assigned Taylor, Albert P.

Regtl. No. 871046

Rank Pte.

Corps, &c. 14th Can. Res. Bn.

PAYMENTS.

Month.	Year	Cheque No.	Amt.	Pay Sheet Deduction.	REMARKS.
Jan.	1916				
Feb.					
March					
Apl.					
May					
June					
July					
Aug.					
Sept.					
Oct.					
Nov.					
Dec.					
Jan.	1917				
Feb.		386878	15 - -		
March		431639	15 - -		
April			30		
May					
June					
July					
Aug.					

AP. Checked & found correct 23/4/17
 R. M. Williams for Pay Dept 14th Can. Res. Bn.

ASSIGNED PAY.

By whom assigned

Taylor, Albert. J. (Fk)

Regtl. No.

871046

14th Res. Bn.

[illegible]

ASSIGNED PAY EFFECTIVE DATE: 1-2-17 AMOUNT: 1500		ENGLAND OR CANADA SEPARATION ALLOWANCE EFFECTIVE DATE: 1.3.187. AMOUNT: £5.00 3000		NAME: TAYLOR Albert Philip NUMBER: 871046							
NAME, ADDRESS, RELATIONSHIP & AUTHORITY Mrs. Annie Taylor 23 Averill St. Fulham Palace Rd. London W. Mother (Widow) Stopped off. 1.6.19.				WHEN PAYEE OF A.P. IS THE SAME AS PAYEE OF S.A. THE WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE. Same.							
PARTICULARS OF RANK OR APPOINTMENT AUTHORITY DATE EFFECTIVE RANK OR APPOINTMENT Pte				UNIT AND TRANSFERS ORIGINAL UNIT: 183 Bn DATE ACCOUNT FIRST OPENED: 1-10-16							
EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS DATE OF PAYMENT NUMBER OF A.R. UNIT PAID BY AMOUNT DATE OF PAYMENT NUMBER OF A.R. UNIT PAID BY AMOUNT				DAILY RATES OF PAY AND ALLOWANCES AUTHORITY PAY F.A. P.F.A. SUBS'CE ALL'CE							
PARTICULARS OF RENDERING NON-EFFECTIVE: 1.6.19. Dis to Canada 7 5816. B/shett 19 B/shett M.D. Ledger Bal 180 50 P.P. Bal. 107 50											
MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
Mar 31	Bal fwdg apl. P. Pay	33		A13151 L.S. 4-5			15		81 61 60		25
				AR. 1179 C.B.D. 21.4.18	4 46						
				BO H.I. 30/4/18 16 Bn. Y.D. 18.3.18 to 19.4.18		19 80					
		33		33 days @ 60 cents.	4 46	19 80	15		75 35 60		25
May	P. Pay	34 10		B.5950 L.S. 4-5			15				25
				AR 1968 C.B.D.	12/5/18	4 46					
				✓ 479 ✓	18.5.18	4 46			85 53 60		
June	do	33		B.60436 L.S. 4-5			15				25
				AR. 492 1200 C.C.R.C. 5.6.18	3 57						
		33		✓ 542 ✓	20.6.18	4 46			95 50 60		25
July	do	34 10		A.19340 L.S. 4-5			15				25
				AR. 50 16 Bn 2.7.18	4 46						
		34 10		✓ 209 ✓	14.7.18	3 57			106 57 60		25
Aug	do	34 10		C.70939 L.S. 4-5			15				25
				AR. 320 ✓	2.8.18	3 57					
		34 10		✓ 410 ✓	24.8.18	3 57			118 53 60		25
Sept	✓	33		D.21515 L.S. 4-5			15				25
				AR. 480 ✓	6.9.18	3 57					
		33		✓ 604 ✓	14.9.18	3 57			129 39 60		25

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
1918									129 39	60	9/25/19
Feb	P. Pay	34 10		D. 64273			15				25
				a R 909. 15. 10. 18 3 Rge	3 73						
				" 1013. 27. 10. 18 "	3 73				141 03		
		34 10			7 46		15				25
Nov.	P. P	33		614009			15				40
Dec	-	34 10		a R. 1169. 8. 11. 18. 16 Rm.	3 73						
1919.				643808. Dec.			15				30
Jan	P. P	34 10		a R 1679. 23. 11. 18 "	3 73						
				" 1801 16. 12. 18 "	12 98						
				73208. Jan.	20 44		15		176 79	60	30
		101 20			20 44		45		64 90		100
Feb.	P. P.	64 90		a R. 1928 30. 12. 18. 16 Rm	7 79				241 69		
Mar.	Int on Def. Pay to 31. 2. 19	7 44		" 2086 15. 1. 19 "	3 73				103 01		
				755659.			15		138 68		30
				a R 2346 1. 7. 19.	3 73						
				" 2409 10. 2. 19 "	9 33						
				" 2466 15. 2. 19 "	3 73						
				G. 16467.			15				30
				a R 2649 3. 3. 19 "	9 33						
				" 9291 15. 3. 19 "	3 65						
				" 3307 6. 3. 19 "	27 99						
				" 3361 20. 3. 19 "	3 73				138 68		
		64 90			73 01		30				60
Apr	P. P	33		A 35478			15				30
	Int on Def. P	7 12		A 35479			15				30
				a R. 1098 29. 3. 19. 16 Rm.	73				180 62		30
				" 789 17. 4. 19 "	9 73				66 07		
		40 12			82 73		30				60
				Sailed for Canada 26. 4. 19							
				S. L. 56. M. R. D							

[illegible]

891046 Private Taylor Albert Philip

[illegible]

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

(26)

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 initialled 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 Bramshott DATE 11-4-19

1. 1 (a) Unit 16th Bn (b) Regimental No. 871046 (c) Rank Pte
 (d) Surname TAYLOR (e) Christian name Albert
 (f) Home address G.P.O. Winnipeg
 (g) Next of Kin Mrs A Taylor (h) Relationship Mother
 (i) Address of Next of Kin 23 Averil St Fulham Palace Rd, London
2. Age last birthday 21 Date of birth Aug 30th 1897 Eng.
3. Enlistment, or Appointment (if an Officer) (a) Place Winnipeg (b) Date 3/2/16
4. Personal description:
 (a) Height 5' 4" (b) Weight 145 (c) Complexion dark
 (d) Colour of hair brown (e) Colour of eyes brown (f) Identification marks, Scars, etc. hid
Scar palmar surface middle finger left
5. Former trade or occupation.....

	PERIODS	
	From	To
Canada	<u>13/2/16</u>	<u>4/10/16</u>
England	<u>4/10/16</u>	<u>20/4/17</u>
France or other theatres of War	<u>20/4/17</u>	<u>26/3/19</u>

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).
7. Original disease, or injury.....
 (1) v. DS
 (2) Myopia R.L.
 (a) Date of origin (1) Jan 1918 (2) Childhood (b) Place of origin (1) Paris (2) England
 (c) Cause (1) Infection (2) Congenital

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) V. D. S. Wasserman neg.
 (2) Defective vision

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) Can. Gen. Lab. Witley - 2-4-19.
 Wasserman neg.
 (2) Spec Report Bramshatt 1-4-19.
 Vision - R. 6/18 with glasses 6/9
 L. 6/9.
 Sgd. Macmillan Mq.

(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

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

- (1) Exposure Paris - Chacore Jan 1918.
 Treatment S. Gen H. - 7 injections "606"
 (2) Vision always poor 6/11g.

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).
nil

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

11.—(a) Did the disabling condition have its origin before enlistment? (2) *yes* (1) *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.)
 (2) *no* (1) *na*

12. Was the disability caused, or aggravated; (a) by intemperance, or improper conduct; or (b) by unreasonable refusal to accept treatment? (a) (1) *yes* (2) *no* (b) (1) *yes* (2) *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) *3 mos* (2) *permanent*

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

(1) *Regular antisyphitic*

(2) *Spec report attached*

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit? (2) *no*
 (If the answer is "yes" state nature of treatment required and probable duration)

(1) *Suggested that he be dealt with in accord with PCO 47 of 20-1-19. on arrival in Canada*

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

17. Recommendations
na

H. Amkhell Capt. Cameron
 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, *A.P. 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 *nothing*

A.P. 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.)

dealt with on arrival in Canada according to G.P.C.O. 47 of 20.11.19

Suggest he 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.)

Authority a.g. 2083 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.

PLACE

Bramshott

Godwin President.

DATE

April 11.1919.

L. J. Johnson Capt. 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.

PLACE

DATE

APPROVED BY

APPROVED BY

J. J. Sheehan
Assistant Director of Medical Services.
DATE *11.4.19*

Director-General of Medical Services.

DATE.....

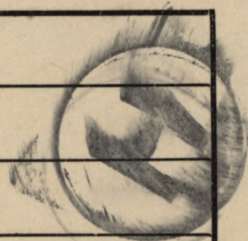
M.D. 10
D.A. M
O.G. 1

SHORT FORM.

War Service Badge
Class "A" No. 164895

PROCEEDINGS ON DISCHARGE.

(Demobilization.)



1. No.

871046

2. Rank.

Pte

3. Name.

Taylor

Albert Phillip

4. Unit.

16th Bn

5. Date of Discharge

8/5/19

Place

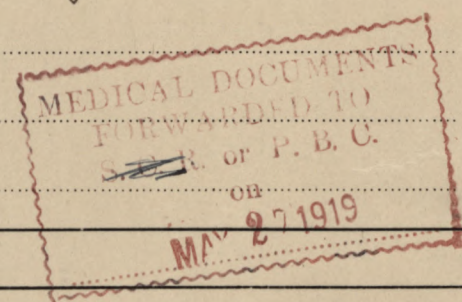
Winnipeg

6. Reason for Discharge

Demobilization

7. Authority

D.O. 132.



8. Proposed Residence after Discharge

980

Winnipeg Man

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. P. Taylor.

Signature of Soldier.

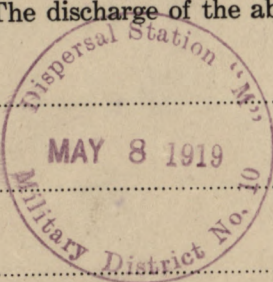
10.

CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place

Date



Signature

J. Calverell Capt
(O. C. Discharging Unit.)

M.D. 10
D.H. M
O.G. 1



PROCEEDINGS ON DISCHARGE
(Demobilization)

1. No.		811-04	
2. Rank		Pfc	
3. Name		Joseph Albert Bishop	
4. Unit		1st Co. 1st Div.	
5. Date of Discharge		7/8/45	
6. Reason for Discharge		Wounded	
7. Authority		[Signature]	
8. Proposed Residence after Discharge		[Signature]	
9. CERTIFICATE TO BE SIGNED BY SOLDIER I hereby acknowledge that at the undersigned place and date I received my discharge Certificate M.F.W.I. [Signature] Signature of Soldier			
10. CONFIRMATION The discharge of the above named man is hereby confirmed. Place Date [Signature] Signature (O.C. Discharging Unit)			

LIST OF DISCHARGE DOCUMENTS

Attestation Form, T-100	Medical Form W-23
or Particulars of History	Medical Form W-100
Field Contact Sheet	Medical Form W-100 or A-F-B-100
Casualty Form	Medical Form W-24 or A-F-B-100
Lost Pay Certificate	Medical Form W-44
(Particulars of Injury)	
Medical History Sheet	Medical Form H-610 or A-F-B-100
Proceedings of Medical Board	M.P.B. 927 A-F-B-100 or A-F-B-100
Dental History Sheet	Medical Form D-400
Medical Report	M.P.W. 100 or D-400 or 1000
Regimental Contact Sheet	Medical Form B-200
Company Contact Sheet	Medical Form B-200

1. Attestation Form, T-100
2. Medical Form W-23
3. Medical History Sheet
4. Proceedings of Medical Board
5. Dental History Sheet
6. Medical Report
7. Regimental Contact Sheet
8. Company Contact Sheet
9. Lost Pay Certificate
10. Field Contact Sheet
11. Casualty Form
12. Particulars of History
13. Medical Form W-100
14. Medical Form W-24
15. Medical Form W-44
16. Medical Form H-610
17. M.P.B. 927
18. M.P.W. 100
19. Medical Form D-400
20. Medical Form B-200

LIST OF DISCHARGE DOCUMENTS.

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

1. Triplicate Attestation Paper (M.F.W. 23), or Particulars of Recruit (M.F.W. 133).
2. Casualty Form (A.F.B. 103).
3. Medical History Sheet (M.F.B. 313 or A.F.B. 178).
4. Proceedings of Med. Board (M.F.B. 227 or M.F.W. 129).
5. Dental Certificate (C.A.D.C. 5009a).
6. Field Conduct Sheet (A.F.B. 122)
7. Proceedings on Discharge (M.F.B. 218a)
8. Discharge Certificate (M.F.W. 39)
(Enclosed in special envelope (260M)).
9. Copy of Discharge Certificate (M.F.W. 39a).
10. Dispersal Certificate (C.D. 3).
11. Equipment and Clothing } Statement Q.M.G. Form (D.O.S. 2).
12. Last Pay Certificate (P. 851).
13. Pay Book (A.B. 64).
14. War Service Gratuity (Form M.F.W. 2595).
15. Sundry Documents.

Group..... *B*
 Checked by No. *18* *ESP*
 Date *2/4/14*

Casualty Form—Active Service.

Regiment or Corps *16th*
 Rank *Pte* Surname *Taylor* Christian Name *Albert*
 Religion Age on Enlistment years months
 Enlisted (a) *3/2/16* Terms of Service (a) *Sofa* Service reckons from (a) *3/2/16*
 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 ...			
22 MAY 1918	<i>C.B.B.</i>	<i>To CAN. CORPS REINF. CAMP</i>		22 MAY 1918	<i>1831</i>
22 MAY 1918	<i>ackc</i>	<i>joined</i>		22 MAY 1918	<i>723</i>
17.6.18	<i>S.</i>	<i>left for Unit</i>		17.6.18	<i>S. 1050</i>
22.6.18	<i>deben</i>	<i>joined Unit</i>		18.6.18	<i>B213</i>
	Emb. Camp.	Proceeded to England.	26 MAR 1918		N.R.
					Pt.2 O.No. d/
	<i>To S. D wing CCC</i>	<i>27/3/19</i>			
<i>To S.</i>	PROCEEDED TO CANADA	<i>26/4/19</i>			
					LIEUT.
					FOR LT COL.
					A.A.G.

(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) Signaller, Shoeing-Smith, &c.

