

ATTESTATION PAPER.

No.

161255

CANADIAN OVER-SEAS EXPEDITIONARY FORCE

TRIPLICATE

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your name?..... *Arthur Taylor*
2. In what Town, Township or Parish, and in what Country were you born?..... *Sheffield, Yorkshire England*
3. What is the name of your next-of-kin?..... *Wm Taylor Father*
4. What is the address of your next-of-kin?..... *7 Melville Rd Attercliffe, Sheffield Eng*
5. What is the date of your birth?..... *10 Aug 1888*
6. What is your Trade or Calling?..... *P.O. Clerk*
7. Are you married?..... *No*
8. Are you willing to be vaccinated or re-vaccinated?..... *Not* *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*

A. Taylor (Signature of Man.)
A. Bacon (Signature of Witness.)

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *Arthur Taylor*, do solemnly declare that the above answers made by me to the above questions 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 *Jan 5th* 1916. *A. Taylor* (Signature of Recruit)
A. Bacon (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *Arthur 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 *Jan 8th* 1916. *A. Taylor* (Signature of Recruit)
A. Bacon (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 *Calgary* this *8th* day of *Jan* 1916.

[Signature] (Signature of Justice)

I certify that the above is a true copy of the Attestation of the above-named Recruit.

[Signature] (Approving Officer)

Description of Arthur Taylor on Enlistment:

Apparent Age 27 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 ft. 5 ins.

Chest measurement. { Girth when fully expanded 33 ins.
Range of expansion 3 ins.

Complexion Fair

Eyes Blue

Hair Fair

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

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 Jan 8 1916.

Place Calgary

*Insert here "fit" or "unfit."

Charles Dumas
Cap
Medical Officer.

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.

Arthur 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.

Date Jan 8 1916

Charles Dumas
Lt. Colonel
Commanding 2nd Overseas Batt., C. E. F.
(Signature of Officer)

REGIMENTAL DOCUMENTS

NAME

TAYLOR

Arthur

REGT. NO.

161255

UNIT

82nd Ban. 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)

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)

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

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

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

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

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

2. Misc

1. 02005009A

2. R405045

1. 02005009A

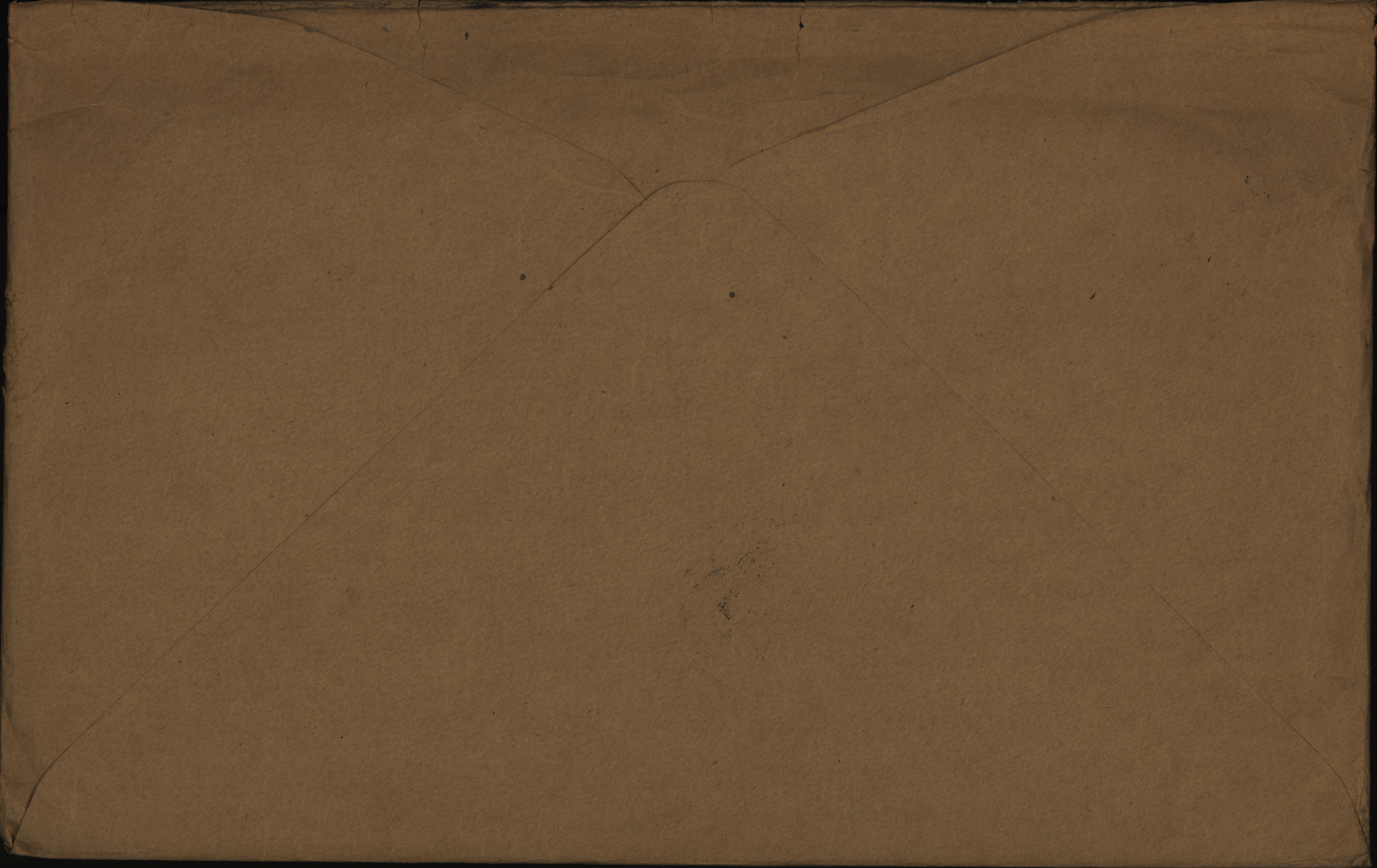
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1. 02005009A

1. 02005009A



649-T-16355

Number

161255

Rank

A/Sgt.

Surname

TAYLOR

Christian Name

Arthur

Units

82nd Bn Cany

Theatre of War

England

Date of Service

30-5-16.

Remarks

2103-1st Lt. N.E.,

Latest Address

~~GPO~~

Calgary Alta.

Roll No.

A Page 2304

200m.-2-21.M.

19 $\frac{4}{33}$

DESP. APR 20 1933

REGN. NO. 287

161255.

Name TAYLOR, Arthur, Rank A/Sgt.

Reg. No.

Unit Can. Postal Corps (82nd Bn)

Next of Kin Mr Wm. Taylor, 7. Melville Rd. Attercliffe.
Sheffield.

[illegible]

[illegible]

No 161255 RANK *Cte*NAME *Taylor A.*T. O. S. *7-1-16*
(N.O. 8 of 8-1-16)UNIT *82nd Battalion*M. D. *13*

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
<i>1916</i> <i>Jan</i>	<i>1916</i> <i>Jan 31</i>	<i>✓</i>	<i>surf. 1 day's pay.</i>	<i>N.O. 32 of 1-2-16</i>
<i>Feb</i>	<i>Mar</i>	<i>✓</i>		
<i>Apr</i>		<i>O.S.</i>		
<i>May</i>		<i>✓</i>		

UNIT SAILED

MAY 20 1916



Surname *Taylor* Christian Name or Names *A.* Reg. No. *161255*
Rank *A/Sgt* Unit *Can. Post Corps Res.* Co. Troop Batty.
Hospital *Hastings Can Mil* Date of Admission *17.4.17*
Transferred Hosp.

Hosp.
Hosp.
Hosp.

Diagnosis *V. W. S. Pl*

- (1)
Later Diagnosis (if changed)
(2)
(3)

Additional Diagnosis: if more than one state present

DISPOSITION

Disch. 1-6-17 Date

C.F. 4.5.17 #34
7-7-17 #42

REMARKS

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.

2.

3.

4.

5.

6.

7.

Casualty Form—Active Service.

Regiment or Corps *C. P. C.*

Rank *A/Sgt.* Surname *Dayton* Christian Name *A*

Religion Age on Enlistment..... years months

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

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

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

Occupation Signature of Officer.

Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B.213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents.
Date	From whom received				

Admitted to 1st C.C.D. from *19.4.14* D.O. Pt. II. No. *135426414*

Embarked
Disembarked.....

26-7-17 *1st C.C.D.* *St. Leonards* *To be A/Sgt. with pay of Corporal whilst employed as N.C.O. in charge of mail dept. effect 19-7-17.* *26-7-17 D.O. pt. I/135*

4-2-18 *1st CCD* *S O S Canadian Postal Corps E Sandling* *Ptii Do34.D/4-2-18.*
on transfer to 1st CCD Effect 31-1-18. (Auth.C.P.C. DO 6 D/1-2-18.)

9-6-18 *1st CCD* *To be A/Sgt with pay and allowances whilst so employed.* *1-3-18 D.O. Pte 157d/8/6/18*

Officer i/c Records,
1st CANADIAN COMMAND DEPOT.

(a) In the case of a man who has re-engaged for, or enlisted into Section D, Army Reserve, particulars of such re-engagement or enlistment will be indicated.

(b) Signaller, Shoeing-Smith, &c.

[illegible]

Ophthalmic Department.
Canadian Military Hospital, Hastings

Date 19-5-17.

To, M.O. _____

Rank and Name Sgt Taylor No. 161255

Unit _____

Visual Acuity R.E. 6/36 L.E. 6/36

Visual Acuity with Glasses R.E. 6/6 L.E. 6/6

Unfit. Fit.

Glasses not ordered.

Elmer he has it.

Remarks.

W. C. Amley
Capt. C.M.H.C.

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

THIS IS TO CERTIFY that No. 161285

(Rank) Sgt.

Name (in full) Taylor Arthur enlisted in

the 8th Bn. C.

CANADIAN EXPEDITIONARY FORCE at Calgary on the 5th

day of January 1916.

HE served in England with 6th Bn. C.

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 30 years

Marks or Scars

Height 5' 5"

Complexion Fair

Eyes Blue

Hair Fair

Signature of Soldier

Issuing Officer

Rank

Date of Discharge

Date JUN 3 1919 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.

HE served in

THIS IS TO CERTIFY THAT

U.S. SERVICE BADGE CLASS "C" NO. 13096 ISS.

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			
1-2-18	O/c P.S.	S.O.S. on trans to	London		Ret C.P.C. L
	O.M.F.C.	1st C.C.W.	London	31-1-18	Lieut. for O/c P.S. O.M.F.C.
		Sail=61 HMT Regina			
		Emb Liver 20 5 19			
		Disembk Halfx 28 5 19			
		☆☆☆☆			

[P.T.O.]

Report		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			
20 3-19	TAKEN ON STRENGTH OF NO. 13 DISTRICT DEPOT	PART 2 ORDER NO. 156	DATED 3-6-19	AND
	DISCHARGED FROM H. M. SERVICE BY NO. 13 DISTRICT DEPOT	PART 2 ORDER NO. 156	DATED 3-6-19	
	AUTH. R12 1420			
				for Officer Commanding No. 13 District Depot

DEPARTMENT OF MILITIA AND DEFENCE.

WAR SERVICE GRATUITY.

Declaration required of Officers, Warrant Officers and Men who claim War Service Gratuity under Order-in-Council (P.C. 3165), dated 21st December, 1918.

A complete reply must be given to every question in this Declaration. There must be no blanks and no dashes. If any questions are not applicable, the words "NOT APPLICABLE" must be written out.

On completion, if soldier discharged in Canada, this Declaration is to be returned to THE DISTRICT PAYMASTER OF THE DISTRICT IN WHICH THE SOLDIER WAS DISCHARGED, or if soldier discharged in England to be returned to Paymaster General O.M.F. of C., 7, Millbank, London, S.W.

1. Christian names *Arthur* 2. Surname *Saylor*
3. Rank *Sgt.* 4. Original Unit *82 Bn* 5. Reg. No. *1692 55*
6. Address, in full, to which future payments of gratuity are to be forwarded.
9 P.O. Calgary Alta Despatch Slitt
7. Date of enlistment in the C.E.F. *5-1-16*
8. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge *Not applicable*
9. Relationship of such dependent *Not applicable*
10. Address, in full, of such dependent *Not applicable*
11. Is said dependent now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? *Not applicable*
12. Were you at any time on the strength for pay and allowances of a unit of the C.E.F. which was out of Canada or the United States when such pay and allowances were issuable? If so, give particulars of one such unit and dates of service overseas with such unit:— *J.C.*
13. Were you on the strength for pay and allowances of the Clearing Services Command, having been at any time on duty outside of Canada or the United States? *J.C.*
14. Were you on active service only in Canada or the United States? If so, give particulars of unit and dates of such service. *J.C.*
15. Give total length of time which you served on active service, whether in Canada or Overseas, setting out particulars of units on whose strength you served.
3 yrs 4 months 82. C.P.C.
16. Were you at the time of enlistment a civil employee of the Dominion Government? If so, state Department *Calgary P.O.*
17. Were you a member of the Permanent Force at the time of enlistment in the C.E.F.? *Not applicable*

18. Have you had more than one enlistment? If so, give particulars of discharges and re-enlistments, and under what regimental numbers and units. *Not applicable*

19. Have you already received any payment of Post Discharge Pay or War Service Gratuity? If so, state amount you and your dependents have already received and by whom paid. *Not applicable*

20. Have you been issued with a War Service Badge? If so what class? *Not applicable*

21. Have you, during the present war, served in the Imperial Forces? *Not applicable*

22. Are you entitled to receive, or have you received any gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled. *Not applicable*

23. (a) Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England? *Not applicable*

(b) If so, was such reversion in consequence of misconduct or inefficiency? *Not applicable*

24. Are you now serving in the C.E.F.? If not, give:—(a) Date of discharge *Feb.*
(b) Reason for discharge

25. Are you at present a member of and in receipt of pay and allowances from any Canadian naval or land forces? If so, give unit. *Feb.*

26. Did you at any time serve at the front in an actual theatre of war? If so, give particulars of one unit in which you served at the front, and dates of such service with that unit. *Feb.*

27. (a) Are you receiving treatment from the Department of Soldiers' Civil Re-establishment? *Feb.*

(b) If so, are you in receipt of full pay and allowances from that Department?

And I make this solemn declaration, conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under oath and in virtue of the Canadian Evidence Act.

Signature of Applicant: *Richard Taylor*

Place of Residence: *Calgary, Alta.*

Declared before me at: *Sarnia, Sussex.*

This *tenth* day of *April*, 19*19*.

Signature of Barrister of the
Supreme Court Stipendiary Magis-
trate, Notary Public, Justice of the
Peace, or Commissioner for the
Administration of Oaths under
P.C. 2767, dated 11th Nov., 1918.

J. L. Carley
Major

POST DISCHARGE PAY.

Date paid.	Paid Soldier	Paid Dependent	War Service Gratuity	Net amount due

Certified Correct.

District Paymaster.

MEDICAL HISTORY SHEET.

Surname

Lawlor,

Christian Name

Arthur

Examined

on *5th* day of *January* 191*6*

at *Caegary*

Birthplace

City or Town *Sheffield*
County *Yorks Eng.*

Apparent age

27

Trade or occupation

Postal Clerk

Height

5 Feet *5* Inches.

Weight

125 Lbs.

Chest measurement

Minimum *30* inches.

Maximum expansion *33* inches.

Physical development

Good

Small-Pox Marks

None

Vaccination Marks

Arm *Right* Left

Number *Three*

When Vaccinated last

Childhood

(a) Marks indicating congenital peculiarities or previous disease

None

(b) Slight defects but not sufficient to cause rejection

None

Approved by

Chas. Davies

Rank

Capt

M.O.

Date.

Fit or Unfit.

EXAMINED FOR RE-ENGAGEMENT.

M.O.

M.O.

M.O.

M.O.

M.O.

M.O.

M.O.

Date.

Result.

VACCINATIONS.

M.O.

M.O.

M.O.

Date.

Result.

ANTI-TYPHOID INOCULATIONS, ETC.

M.O.

M.O.

M.O.

Enlisted on

5th day of *January*

191*6*

at

Caegary

Joined on enlistment

82nd Bde

REG'TL NUMBER *161255*

HABITS.

DATE

5th January 1916

Transferred to

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.

DATE.

DISEASE.

RESULT.

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.

[illegible]

Rank _____ Name **TAYLOR, ARTHUR** Reg'l No. **161255**
 Unit **82nd Bn.** If in perm. Corps, }
 What Unit? } Married or Single **Single**
 Place and Date of Enlistment **Calgary, Alta Jan, 8 1916** Place of Birth **Sheffield, Eng.**
 Name and Address, Next-of-Kin **Wm Taylor**
7 Melville Rd. Attercliffe Sheffield, Eng. Relationship **Father.**
 Assigned Pay Monthly \$ _____ Payable to _____

Relationship _____
 Separation Allowance \$ _____ Payable to _____

1st Sheet filed in Envelope. Relationship _____

Discharge, Date and Place _____ Reason _____ Character _____

N/E. R.B. No. 10116
File R.L.
Category OR Can

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				
	Permanent Grade Rte		Acting Rank.	A/Sgt.	
31-3-19	1st L.C.D.	Leases to be att'd on	Witley	31-3-19	Rt # No 88.
		proceeding Can Gen Report			
10-5-19	13 M.D.C. Wing	Let from Gen Report	K. Park	9-5-19	950543 DO 102 d/10-5-19
		pending return to Canada			109.
20-5-19	13 M.D.C. wing.	S.O.S. on proc. Canada	K. Park	20-5-19	D.O. 117. Sailing No. 61
		61-R-105			Sailing 20-5-19

[illegible]

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

Casualty Form—Active Service.

M. F. W. 54.
15 10-15.
H.Q. 172-39-920.

Unit, Regiment or Corps 82ND O. BN., C. E. F.
Regimental No. 161230 Rank Private Name Taylor, Shamus J.
Enlisted Jan 8th 1916 Terms of Service (a) Duration of war Service reckons from (a) Jan 8th 1916
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) P.O. Clerk.

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				
		Embarked.	Halifax	20/5/16.	
		Arrived	Liverpool	30/5/16.	
		Transferred to 9 th Reserve Bde	St. Montans	8/7/16	Authority C.M.C. 7/7/16. B.O. 190.
8-8-16.	9th Bn.	Transferred to 4th Bde Signalling Base.	Shorncliffe	8-8-16	D.O. 3071 B.O. 223
1-1-17	O.C. & 4th	Struck off strength to Canadian Postal Corps.	Shorncliffe	31-12-16	Pt. 11 Bn. O. 1

L. Balguy
ADJUTANT, 5TH RES. BATTN. C.E.F.
James P. Pason
Captain & Adjutant,
11th (Res.) 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, Shoeing Smith, etc., etc., also special qualifications in technical Corps duties. [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				
6-1-17	q/o. 1/c P.S. C.E.F.	I.O.D. C.P.C. & posted to C.P.C. Details. Shorncliffe.	London Brighton.	31-12-16	Pt. II. Order C.P.C. # 6.
6-1-17	q/o. 1/c P.S. C.E.F.	Appointed A/Sgt. without pay.	London Brighton.	6-1-17	Pt. II. Order C.P.C. # 6.
7/2/17	q/o. 1/c P.S. C.S.A.	Placed on restricted pay by shorn. spec. order	London	27/9/16	PX. II C.P.C. # 38.
7/2/17	q/o. 1/c P.S. C.S.A.	Restorted to full pay	London	15/1/17	PX. II order C.P.C. # 38.
27/6/17	Officer P.S. Om.F.C.	On Command C.P.C. Details Hastings	London	12/3/17	Pt II C.P.C. 79
27/6/17	Officer P.S. Om.F.C.	On Command 1st Can Command Depot for P.F.	London	27/6/17	Pt II C.P.C. 176
20/7/17	Officer P.S. Om.F.C.	On Command C.P.C. Details Hastings	London	18/7/17	Pt II C.P.C. 201.
20/7/17	Officer P.S. Om.F.C.	Posted for duty to 1st Can Command Depot	London	19/7/17	Pt II C.P.C. 201
20/7/17	Officer P.S. Om.F.C.	Appointed A/Sgt with pay of Corporal while on special duty at 1st C.C.D.	London	19/7/17	Pt II C.P.C. 201
25-9-17	off/1/c P.S. Om.F.C.	Ceases to be on Command to C.P.C. Hastings on Posting to B.P.C. Shorncliffe.	London	3-9-17	Pt II & P.L. 268.

161255 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.					
20.4.17	GPB London	Adm Brigade Hosp	Hastings	8-4-17	PT DO 110	VD Suspect.
4.5.17	"	" Can Mil Hosp. Hastings	"	17.4.17	"	34
6.6.17	"	Disch from Hospital	London	30.5.17 6.6.17	A/Sgt, P-II DO 157	CL 42 d/1.6.17
23.6.17	1st CCD	att from Comd. Hastings	Hastings	1.6.17	Sgt	107
25.6.17	CRC.	beast. he att on post. Postal Details	"	2.6.17	Cancelled by 107	DO 108, 107 25.6.17
25.6.17	CRC.	On Com to 1st CCD.	London	24.6.17	Sgt	176
20.7.17	"	On Com 1st CCD & posted to CPO Details Hastings	A/Sgt London	18.7.17	P-II DO 201	1.C.C.D
20.7.17	"	att. 1st CCD	"	19.7.17	"	201 + P-II DO 135/2674
20.7.17	"	to be A/Sgt. with pay of Cpl. ceases to be att.	"	19.7.17	"	201 + P-II DO 135/2674
19-7-17	1st CCD	on dis. to C.P.C. Hastings	A/Sgt Hastings	17-7-17	"	129.
25.9.17	C.P.C.	ceases on com Hastings. proc. to C.P.C. Sharncliffe.	" London	3.9.17	"	268.
5.10.17	C.C.D. G.O.	Returned from B & B.	" Sand.	7.10.17	"	200.
4-2-18	1st B.B.D.	TDS from C.P. Corps	A/Sgt Sandley	31-1-18	P-II DO 324	C.P.C. com. P-II DO 135/2674
8.6.18	1st C.C.D.	To be A/Sgt. with Pay	A/Sgt.	1.3.18	DO 157.	
31-3-19	1st B.B.D.	SOS will be shown as on 1st B.B.D. att. ^{W.F.} Sgt Sharncliffe	"	30.3.19.	DO 88.	
9-4-19	Gen Dep	LOS. from 1st CCD on Comm to 1st CCD Witley	A/Sgt S'ford.	30-3-19	DO 79	
3-4-19	Gen Dep	cross com 1st CCD with	A/Sgt S'ford	1-4-19	DO 74	
1-5-19	Gen Dep	AWL from 23-4-19	"	23-4-19	DO 95	R. A. notified

23-T
T X 27

Christian Name

Approved by

Rank

M.O.

M.O.

-M.O.

MO

MO

MO

M.O.

M.O.

Date.

Result.

VACCINATIONS

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	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100
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M.O.

M-O

MO

Date.

Result.

ANTI-TYPHOID INOCULATIONS, ETC.

31(

M.O

॥ २ ॥

MO

1910

HABITS.

DATE _____

Samy S., 91

Transferred to _____

STATION.	DATE.	DISEASE.	RESULT.
Hastings	18/7/17	Debility	B III J. M. White PRESIDENT, STANDING MEDICAL BOARD
F. C. B. L.	5/7/18.	Debility	B II R. S. Jones
Morley	18-8-18	Myoma	B II G. P. Jones
Wether	12-12-18	debility	
Wether	19-3-19	Def-vision	

M. F. B. *W* 513.

400M.—1-16.

H. Q. 1772-39-439.

Surname.

[illegible]

37563

(Stop)

MILITIA AND DEFENCE ASSIGNED PAY.

Ref. No. 30871

To whom Mrs. Wm. Taylor, (Mother)

By whom assigned Taylor, Arthur

Address 7, Melville Road,

Regtl. No. 161255

Attercliffe,

Rank Pte.

Sheffield, England.

Corps, &c. 11th Res. Bat tn.

Rate \$ 20.00

to Commence 1st Oct. 1916

PAYMENTS.

Month.	Year.	Cheque No.	Amt.	Pay Sheet Deduction.	REMARKS.
Jan.	1916				
Feb.					
Mar.					
April					
May					
June					
July					
Aug.					
Sept.					
Oct.		223057	20	X	
Nov.	40-	241595	20	X	
Dec.		287460	20	X	
Jan.	1917	\$	60		
Feb.					
Mar.					
April					
May					
June					
July					
Aug.					

Payment Stopped
A 3 M Form.

19.12.16.
Personal.
Zab

ASSIGNED PAY.

By whom assigned

Regtl. No.

Month.	Year.	Cheque No.	Amount.		Pay Sheet.		REMARKS.
Sept.	1917						
Oct.							
Nov.							
Dec.							
Jan.	1918						
Feb.							
March							
April							
May							
June							
July							
Aug.							
Sept.							
Oct.							
Nov.							
Dec.							
Jan.	1919						
Feb.							
March							

P. 559
MARRIED OR SINGLE

PLACE OF BIRTH

NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF KIN

NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF KIN

SEPARATION ALLOWANCE MONTHLY \$

EFFECTIVE (DATE)

PAYABLE TO

RELATIONSHIP OF DEPENDANT

CASUALTIES, PROMOTIONS, &c.

PARTICULARS	EFFECTIVE DATE	AUTHORITY
To be repaid with pay of cpl	19.7.17	No 135.26.7.17 HCCG.

ADMISSIONS TO HOSPITAL, &c.

DATE ADMITTED	DATE DISCHARGED	V. OR A.	NAME OF HOSPITAL

REG'L No. 161255

RANK

Private

NAME

Taylor Arthur

IF IN PERMT. CORPS
WHAT UNIT

UNIT 82nd Bn

TRANSFERRED TO 9th Bn

DATE 8/7/16

AUTHORITY 20190

PERMANENT FORCE ALLOWANCES

TRANSFERRED TO 4 Bn

DATE 8/8/16

AUTHORITY 20223

PLACE OF ATTESTATION

Calgary, Alberta

TRANSFERRED TO 128th Bn

DATE 2/3/17

AUTHORITY 201 1/17

DATE OF ATTESTATION

5th January 1916

TRANSFERRED TO

DATE

AUTHORITY

ASSIGNED PAY MONTHLY \$ 20.00

DATE EFFECTIVE 1.10.16

PAYABLE TO

Mrs William Taylor 7 Melville Rd. Attercliffe

RELATIONSHIP

Mother

ASSIGNED PAY MONTHLY \$

DATE EFFECTIVE

PAYABLE TO

RELATIONSHIP

STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) 2.3.17

EFFECTIVE 1.3.17

REASON alleged Drunkenness

DISCHARGE DATE AND PLACE

REASON AND AUTHORITY

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

Restricted Pay B (2012 28/4)

CI

DATE	PAY		FIELD ALLOWANCE				WORKING OR SPECIAL PAY				ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS								CASH PAYMENTS				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																		
	NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE				AMOUNT		1		2		3		4		1	2				3	4				CREDIT	DEBIT																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																
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161255. ~~Swaki~~ Taylor, A.

[illegible]

ASSIGNED PAY ENGLAND OR CANADA. SEPARATION ALLOWANCE. ENGLAND OR CANADA.

EFFECTIVE DATE:- EFFECTIVE DATE:-

AMOUNT:- AMOUNT:-

NAME:- *TAYLOR. Arthur*

NUMBER:- *161255.*

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.

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY DATE EFFECTIVE RANK OR APPOINTMENT

Do to. A/c Sgt. with pay. Do 157. 5/6/18. 1cc.D. *1/3/18.* *(A/Sgt) Cpl*
A. Sgt

UNIT AND TRANSFERS

ORIGINAL UNIT:- *82nd Bn.*

DATE ACCOUNT FIRST OPENED:- *1-6-16*

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

Bo. 1. *1/2/18* *C.P.C. Eng.*
1st RD.

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>28/5/18</i>	<i>156</i>	<i>Head</i>	<i>2-0-0</i>	<i>28/5/18</i>	<i>156</i>	<i>Head</i>	<i>2-0-0</i>
<i>3/6/18</i>	<i>1777</i>	<i>"</i>	<i>1-7</i>	<i>3/6/18</i>	<i>1777</i>	<i>"</i>	<i>1-7</i>
<i>25/6/18</i>	<i>2181</i>	<i>"</i>	<i>2-0-0</i>	<i>25/6/18</i>	<i>2181</i>	<i>"</i>	<i>2-0-0</i>
<i>12/7/18</i>	<i>2655</i>	<i>"</i>	<i>2-0-0</i>	<i>12/7/18</i>	<i>2655</i>	<i>"</i>	<i>2-0-0</i>
<i>7/4/19</i>	<i>636</i>	<i>Gen. Dep.</i>	<i>11-6-0</i>	<i>7/4/19</i>	<i>636</i>	<i>Gen. Dep.</i>	<i>11-6-0</i>
<i>8/4/19</i>	<i>680</i>	<i>do.</i>	<i>11-6-0</i>	<i>8/4/19</i>	<i>680</i>	<i>do.</i>	<i>11-6-0</i>

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY PAY F.A. P.F.A. SUBS'CE ALL'CE

1/10 *10* *15* *15*

PARTICULARS OF RENDERING NON-EFFECTIVE: *Dis to Canada 30/4/19 K.R. 6551 Sford 11/4/19 Sford. WD 13*

MONTH	PARTICULARS	CR 1	CR 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
<i>31/3/18</i>	<i>Balance forward,</i>								<i>218.14</i>	<i>295.</i>	
<i>April</i>	<i>Cpl Pay.</i>	<i>36</i>		<i>DR. AR. 338. 12-4-18. 1cc.D. G. Dep.</i>	<i>9 1/3</i>				<i>244.41</i>	<i>310.</i>	
<i>May</i>	<i>"</i>	<i>37 20</i>		<i>860 28-12-18</i>	<i>9 1/3</i>				<i>281.61</i>		
				<i>1308 14.5-18. 1cc.D.</i>	<i>9 1/3</i>				<i>262.15</i>		
<i>June</i>	<i>"</i>	<i>37 20</i>		<i>19 1/6</i>					<i>262.15</i>		
		<i>36</i>		<i>DR. 1988. 11/6/18. 1cc.D.</i>	<i>148.67</i>				<i>362.15</i>	<i>325</i>	
		<i>36</i>		<i>✓ 2408-26/6/18- ✓</i>	<i>12</i>				<i>249.36</i>	<i>340.</i>	
<i>July</i>	<i>"</i>	<i>37 20</i>		<i>48.79</i>							
	<i>2 1/2 Cpl. 9 Sgt pay 153 days @ 30%.</i>	<i>45 90</i>		<i>DR. 2655. 12/7/18. ✓</i>	<i>9 7/3</i>						
		<i>83 10</i>		<i>✓ 2894. 26/7. ✓</i>	<i>9 85</i>				<i>312.88</i>	<i>355</i>	
<i>Aug</i>	<i>Sgt Pay</i>	<i>46 50</i>		<i>19 58</i>							
				<i>DR. 1777. 4/6/18. ✓</i>	<i>24</i>						
				<i>✓ 2181. 25/6 ✓</i>	<i>9 73</i>						
				<i>✓ 1561. 28/5 ✓</i>	<i>9 73</i>						
				<i>✓ 3139. 13/5 ✓</i>	<i>2 43</i>						
				<i>✓ 3320. 27/5 ✓</i>	<i>255</i>				<i>334.70</i>	<i>370</i>	
<i>Sept</i>	<i>"</i>	<i>46 50</i>		<i>24.68</i>							
		<i>45</i>		<i>DR. 4126. 27/9. 1cc.D.</i>	<i>4.99</i>				<i>374.71</i>	<i>385.</i>	
		<i>45</i>		<i>4.99</i>							
<i>Oct</i>	<i>"</i>	<i>46 50</i>		<i>DR. 5071. 26/8/18. ✓</i>	<i>9 85</i>						
				<i>✓ 44580. 12/10/18 ✓</i>	<i>9 73</i>				<i>401.63</i>	<i>400</i>	
<i>Nov</i>	<i>"</i>	<i>46 50</i>		<i>19 58</i>							
		<i>45</i>		<i>DR. 6021. 24/11/18 ✓</i>	<i>14.60</i>						
<i>Dec</i>	<i>"</i>	<i>46 50</i>		<i>✓ 5621. 15/12/18 ✓</i>	<i>14.60</i>						
<i>Jan 1919</i>	<i>"</i>	<i>46 50</i>		<i>Victory Loan 1918. from Def Pay 300⁰⁰</i>	<i>300 -</i>						
				<i>DR. 197 10/12/18 1cc.D.</i>	<i>29.20</i>				<i>181.23</i>		
				<i>358.48</i>							
										<i>145</i>	

Victory Loan 1918 WD 17 300.00
Restricted Pay BO. 232. 28/9/16.
from deferred pay

McKinnon
Remo

NUMBER

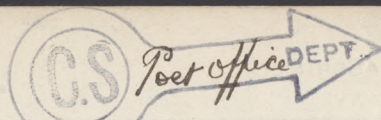
161255

RANK

y/Sgt.

NAME

Taylor A



MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4.	BALANCE	DEFERRED	SEPARATION
1919									181 23	145	
Feb.	Sgt. Pay	42 -		AR 9808 10-1-19 1660	19 47						
Mar		46 50		10653 29-1-19	24 33	43 80					
				11426 13-2-19	9 73						
				11881 25-2-19	14 60						
				12462 24-3-19	24 33				177 27		
		88 50			92 46						
Apr.	Sgt. Pay	45 -								190	
	Int on Dep Pay 30/4/19	26 68		AR 1478 10/4 ELPC Gen Depo	24 33						
				636 7/4	14 60						
				680 18/4	14 60						
				2459 14/5 LDC E Kinnel	9 73				185 69		
		71 68			63 26						

10 f 00/5/19 Lst. 61 Mx 7.9

177 27

248.95

5

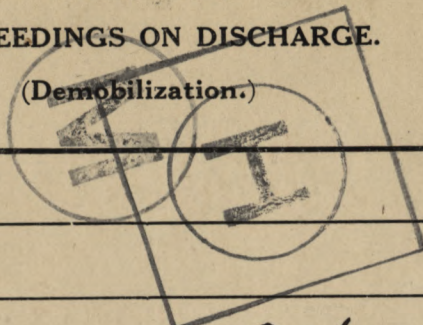
War Service Badge
Class "A" No. C 13096
SHORT FORM.

C 13096

R

PROCEEDINGS ON DISCHARGE.

(Demobilization.)



1. No. 161255

2. Rank. A/SGT.

P+E

3. Name. TAYLOR.

Arthur.

4. Unit. G.D.

C.V.H.

82 BATT.

5. Date of Discharge

JUN 3 1919

Place

CALGARY

6. Reason for Discharge

Demobilization

7. Authority.

D.D. 12 # 136

8. Proposed Residence after Discharge

Calgary.

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.?

Sail-61 HMT Regina

Emb Iiver 20 5 19

Disembk Halifax 28 5 19.

Signature of Soldier.

Arthur Taylor

10.

CONFIRMATION

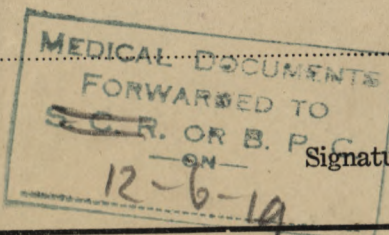
The discharge of the above named man is hereby confirmed.

Place

CALGARY

Date

JUN 3 1919



Signature

Shankar

(O. C. Discharging Unit.)

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. 120).
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..... *A*
 Checked by No. *28*
BAS.
 Date..... *1915/7/9*

TX 27

PROCEEDINGS OF A MEDICAL BOARD.

Dated at Aug 18th 1918 1918

No. 161255 Rank A1 Sgt. Name TAYLOR. ARTHUR.

Local Unit 1st E.C.D. Overseas Unit Age 29

Examination held at St. Martin's Plain.

DISABILITY.
Overseas—Local
(scratch one out).

MYOPIA.
DEBILITY.

PRESENT CONDITION.

Previous to enlistment states that he was in good health. never robust. Enlisted Jan 1916. England June 1916. Has not been to France. boarded and embarked 13th 18/7/17. Debility. raised to 13th 5/1/18. Subjective. Complaints of difficulty in seeing. early tired. short of breath climbing hills. Objective. small undersized man. agitated. 5'6" weight 115 lbs. muscles soft and flabby. no cardiac murmurs or enlargements. sounds rather weak. pulse 90 per cent. 120

BOARD RECOMMENDS:— after exercise. returns to normal in two minutes. no other apparent disability. except man

1. Fit for Duty. is generally undersized. Went off. Nov. 1917. Capt M^{rs} Mill.
2. Fit for duty after 6/60. 6/60. myopia. 6/9 + in other eye with correction. weeks' physical training.
3. Fit for Temporary Base Duty Fit for overseas. Present before enlistment, not due to service. BT for eyes. weeks.
4. Fit for Permanent Base Duty Other system normal. Able to walk four miles
5. Discharge and carry a light pack. 13th

Signatures:—

Members { George Hooper Capt. President.
 Bradenes Capt.

APPROVED

20 AUG 1918

Dated 1917.

 CAPT
FOR A.D.M.S. CANADIAN ARMY MEDICAL SERVICE
For A.D.M.S.

PROCEEDINGS OF A MEDICAL BOARD

No. 11122 Rank: 1st Lt. Name: TAYLOR, ALICE
Local Unit: 1st Cavalry Division Overseas Unit: 1st Cavalry Division
Age: 24

At Washington, D.C.
July 10-18 1917

DISABILITY
Overseas Local
Total (over 100%)

PRESENT CONDITION

Previous to entrance to service, subject had been in good health. However, while in service, he contracted malaria, which was treated by the medical department. He was then sent to the hospital at Fort Belvoir, where he remained for several months. He was then sent to the hospital at Fort Belvoir, where he remained for several months. He was then sent to the hospital at Fort Belvoir, where he remained for several months.

1. Fit for duty after 2 weeks physical training
2. Fit for Temporary Base Duty
3. Fit for Permanent Base Duty
4. Discharge

Signatures

President

Members

APPROVED

20 AUG 1917

1917

PROCEEDINGS OF A MEDICAL BOARD.

Dated at

1916

No

Rank

Name _____

Local Unit

Overseas Unit

Age

Examination held at

DISABILITY.

Overseas—Local.
(scratch one out)

PRESENT CONDITION.

Has not been to France. Came to England
June 1916. Was four mrs in Signal
base but was sent to C.R.C. in Dec 1916.
Has tachycardia, is undersized, thin
& emaciated in appearance.

BOARD RECOMMENDS:—

1. Fit for Duty.....weeks' physical training.
2. Fit for duty after.....weeks' physical training.
3. Fit for Temporary Base Duty.....weeks.
4. Fit for Permanent Base Duty
5. Discharge

Signatures:—

Members

President.

APPROVED 18 JUL 1917

Dated at Hastings, Sussex 1916.

For A. D. M. S. Canadians.

For A.D.M.S.

PROCEEDINGS OF A MEDICAL BOARD

Dated at

188

Name

Rank

Local Rank

Age

Examination held at

DISABILITY

Noted by Board

(Noted on only)

PRESIDENT

BOARD RECOMMENDATIONS

Fit for duty

Fit for duty after

Fit for Temporary Base Duty

Fit for Permanent Base Duty

Discharge

Signature

Members

APPROVED 18 JUL 1917

1816

For A.G.M.S.

Reserved for M.H.C.

Regt. No. 161255 Rank. a/Sgt Surname TAYLOR Christian Name ARTHUR
 Unit or Corps—(a) Overseas from United Kingdom 1st C.C.D. (b) in United Kingdom 1st C.C.D.
 Born at—Town KIDDERMINSTER County or Province WORSTERSHIRE Country ENGLAND
 Date of Birth—Day 10 Month Aug Year 1888 Age 30 yrs. 4 months.
 Joined at CALGARY ALTA CANADA Date 5-1-1916
 Former trade or occupation POSTAL CLERK

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

3 VACCINATION MARKS. L^R ARM.Height—feet 5 inches 5 Colour of eyes Blue

Signature of Soldier (for identification purposes)

A. TaylorMedical Report

Read carefully the instructions on last page of this form.

1. DISABILITY.

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

Disabilities Group (a)

DEFECTIVE VISION

Disabilities Group (b)

NA

Disabilities Group (c)

NA

2. CAUSE OF DISABILITY

		Place of origin.	Date of origin.
(i.) As to Group (a) above.	<u>Unknown.</u>	<u>England.</u>	<u>1908.</u>
(ii.) As to Group (b) above.	<u>NA</u>		
(iii.) As to Group (c) above.	<u>NA</u>		

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

(i.) As to Group (a) above? Yes.If yes, has Active Service aggravated it? NO(ii.) As to Group (b) above? NAIf yes, has Active Service aggravated it? NA(iii.) As to Group (c) above? NAIf yes, has Active Service aggravated it? NA

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

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

5. MEDICAL HISTORY. *fr. England 30.5.16. never to France. Has done postal work since arrival. Hastings 18.7.14 Bit Debility. 1st. C.C.D. 5.7.18. Bit Debility. Shorncliffe 18.8.18. Bit myopia & debility.*

Cannot see that he is particularly a subject of debility at present. Has never been fleshy but has never been subject to sickness. Has always been in office work. Had to wear glasses there last ten years.

6. PRESENT CONDITION. *general condition only fair. Has an ichthyosis on extensor surfaces of both upper arms and lower thighs and legs to ankles. At bend of elbows between thighs and in bend of knee rash resembles psoriasis. Weighed 125 lbs on enlistment. Do not think he has lost any since.*

Heart - normal. - no tachycardia.

Lungs - chest rather flat at apices but no dullness or rales.

Spec. Eye report. Wilkes 11.12.18. by Capt. V.E. Katerine.

R.V. $\frac{6}{60}$ L.V. $\frac{6}{60}$ } with glasses $\frac{6}{6}$ } High myopia but eyes otherwise normal.

7. OPERATION. (i.) Was one performed? *NA* (ii.) If so, state what. *NA*
(iii.) Was one advised and declined? *NA*

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

8. (i.) Is there loss or decay of teeth attributable to Active Service? *NO*

(ii.) If so, describe. *NA*

9. DO YOU RECOMMEND:—

(a) Fit for duty?
(state category)

Yes. B i

(b) Invalid to Canada?

NA

(c) Discharge from the Service
as permanently unfit?

NA

Date of Report *12.12.1918*

Signed *M.W. Rogers Capt.*
Officer in medical charge of case

Station *W. H. L.*

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

Not in Acc.

{ Officer i/c Hospital } Strike out one
{ S.M.O. Brigade } of these

Dated at Station, on 191.....

*Delete if inapplicable.

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

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

yes -

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

yes -

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

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

(b) Misconduct of the Soldier { Caused? *n.a.*
Aggravated?

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

three percent.

14. THE DISABILITY DUE TO SERVICE.—(See Part I. (3). Aggravation on Active Service of a disability existing previous to joining is to be included in this estimate.)

What part of the entire disability estimated next above (13) is due to causes arising during Active Service?
(Estimate at none, 1/10, 2/10, 3/10, etc., or all.)

none

15. Permanency of the Disability due to Service estimated next above in (14).

(i.) Is it permanent?

yes

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

n.a.

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

n.a.

17. Can the former trade or occupation be resumed?

yes -

18. REMARKS:—

Auth. a.g. 9083 - 11-11-18

19. RECOMMENDATION:—

(a) Fit for duty?
(state category)

BT

(b) Invalid to Canada?

no

(c) Discharge from Service
as permanently unfit?

n.a.

Date of Board

12-12-18

Station

Witley Camp Surrey

Signatures
of
the Board

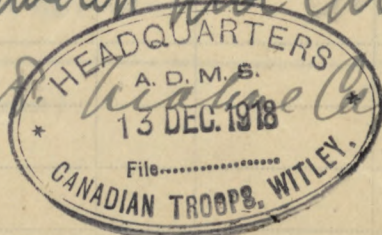
President. [Signature]
[Signature]

Approved

Dated at

[Signature]
CAPTAIN, A.D.M.S.
For A.D.M.S. CANADIAN TROOPS, WITLEY.

Station



Statement of the Soldier

(This is to be completed only in the case of the Soldier taking his Discharge in England.)
(Sections 1, 2, 5, and 6 are to be read to the Soldier.)

I, the undersigned.....have heard the description of my disability read, and am satisfied (or not satisfied) with it. (If dissatisfied, statement should follow.) I complain in addition of :—

Signature of Soldier examined.

Instructions to Medical Officers

Question 1.—State the disability in terms of a diagnosis, that is, a diagnosis of the existing condition as distinguished from the disease or injury which caused it. It should be noted that in medical cases the disability may be the actual disease; for example, Tubercle of Lung, Chronic Bronchitis, Myalgia, Gastric conditions and so forth. (Follow the nomenclature as laid down in the "List of Diseases" of 1915, and amended by A. C. I. No. 1587 of 1917.)

Question 2.—The cause of the disability when known should be stated and care should be taken to establish as correctly as possible the place and date of origin. This is important in view of the relationship of Questions 3 and 4 to Question 5.

Questions

3 and 4.—NOTE—By Active Service is meant Service with the Colours in Canada, the United Kingdom or elsewhere during the present war, (since the 4th August, 1914.)

Question 5.—MEDICAL HISTORY.—State concisely the essential points of the history of the case as supported by documentary evidence. If further evidence is considered necessary to complete the Medical History, the same not being supported by documents, this should be obtained by questioning the soldier, but should be distinctly shown as "Patient's Statement." It is considered advisable that these latter statements be grouped apart from the evidence supported by documents available to the Medical Officer.

Extracts should be made from all entries on the Medical History Sheet.

If answers to Nos. 2, 3 or 4 show that the Soldier is suffering from some condition which pre-existed enlistment, it is advisable that these answers be substantiated as far as possible by statements obtained from the Soldier showing history of previous illness or injury.

Question 6.—PRESENT CONDITION.—As this question is primarily intended for the Medical Officer's report, in answering show clearly the condition of the Soldier at the time of examination.

It is directed that the objective and subjective matter be arranged in separate groups. The objective matter is considered to be the more important, in that it consists of a statement of the Medical Officer's actual finding.

Specialists' reports bearing on the PRESENT CONDITION should be attached.

In addition to description of the disability, a report on "all systems" is required in order that the whole when completed may be a true pen portrait of the Soldier's condition.

The Medical Officer in charge of the case will fill out pages 1 and 2 of this Form. The original must be wholly in the handwriting of the Medical Officer. The copies may be typewritten but must be signed by the Medical Officer who must be responsible that these are true copies of the original.

Finally the O. C. Hospital or S. M. O. or an Officer delegated for such duty by the A. D. M. S., is required to sign a certificate at the bottom of page 2, which reads as follows :—

" I have satisfied myself of the general accuracy of this report and concur therewith, except....."

This is a most important part of the paper and one to which the attention of the Officers concerned should be frequently drawn as it is by such strict supervision that the accuracy and good results of Medical Board work can be assured.

ENTRIES OF RECATEGORIZATION

[illegible]

160902

161255 Sgt. TAYLOR, A.

C.P.C.

- 20 -

Perforated sheet for Will from Pay Book of Reg.

No. 161255

Name Arthur Taylor Sgt

Unit Can Postal Corps (and 1st C.C.D.)
July 19th

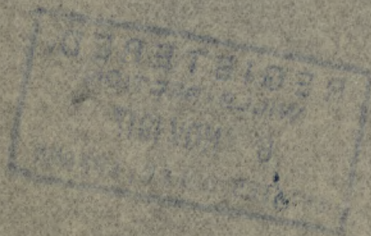
Military Will.

All personal effects to my Mother.
Army pay balance, Insurance
money (\$1000), private banking
account in Sheffield, and
all other monies to be divided
equally between my Mother,
Father, and Sister.

Signature Arthur Taylor

Rank and Regt. Asst Can Postal Corps

Date August 16th 1917



~~Bay Officer~~

2nd CENTRAL ONTARIO REGIMENT

NOMINAL ROLL OF CASUALTIES POSTED TO B COMPANY
11.9.17

MANITOBA REGIMENT

71594	Sgt	Goldie W.J	27th	D.1
722088	Pte	Collett A	43rd	D.1
736161	Pte	Panlowich M	43rd	D.1
859690	Pte	Stewart C	43rd	D.1
425644	Pte	Atwood G.W	78th	D.1
147920	Cpl	Maskell A.J	78th	D.1

OVERSEAS

MANITOBA REGIMENT

874339 Pte Anderson F.D. 8th D.I

OVERSEAS

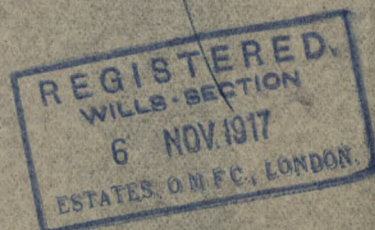
1st CENTRAL ONTARIO REGIMENT

204524	Pte	Baillie R.D	15th	D.1
799955	Pte	Russell A	15th	D.1
211084	Pte	Cole A.G	19th	D.1
213785	Pte	Jones R.E	19th	D.1
210169	Pte	Crawford W.H	20th	D.1

OVERSEAS

1st CENTRAL ONTARIO REGIMENT

63158 Pte Brailsford T 4th C.3



MEDICAL CASE SHEET.*

No. in
Admission
and
Discharge
Book.

1501

Year

1917

Station
and Date.

Regimental No.

161255

Rank.

Sgt.

Surname.

Taylor.

Christian Name.

A.

Unit.

CPS

Age.

28.

Service.

16/12

Disease

V.D.S.

Exposed - Feb. 13/17.

Onset - Mar 3/17 - there on forehead.

Prod. - Mar 11/17. position -

Treatments -

Present Condition - There were two on forehead

+ one on top of head -

Treatments. Apr 12/17. 0.45 Novarsenobellars

" 17/17 - 0.45 Hg. Intramuscular.

" 23 " 0.45 -

" 29 " 0.45 -

May 7 " 0.6 Nov a -

May 15/17

Sore healed. Free from infection.

To return for outdoor treatment.

M. Howard Capt came

DISCHARGED TO DUTY

- 1 JUN 1917

Station
and Date.

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

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" issued by the B.P.C. and instructions issued by Militia H.Q., Ottawa, will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of Sections 1 to 17 of this Form and will obtain the signature of the invalid to the "Statement," page 3. The President of the Board of Medical Officers is responsible for the proper completion of sections reserved for recording the "Opinion of the Medical Board."
3. In answering the questions, Medical Officers will carefully obtain and record the invalid's statements concerning his condition. They will distinguish observations made by themselves from hearsay. They will distinctly state the authority for statements not resulting from their personal observation; it must be made clear whether such statements are obtained from the invalid concerned, from witnesses, or from documents, Regimental or otherwise.
4. Special care is required in answering question 9. Read the questions carefully. All questions must be answered.
5. If space provided under any section is insufficient add another sheet. Such sheets must be 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.....Witley..... DATE.....18-319.....

1. 1 (a) Unit.....C.P.C. Att. Ist. Co. B...... (b) Regimental No.....161255..... (c) Rank.....Sgt......

(d) Surname.....Taylor..... (e) Christian name.....Arthur.....

(f) Home address.....P.O. Calgary Alberta.....

(g) Next of Kin.....William Taylor..... (h) Relationship.....Father.....

(i) Address of Next of Kin.....7 Melville Road Albertcliffe Sheffield.....

2. Age last birthday.....30..... Date of birth.....August 10th. 1888.....

3. Enlistment, or Appointment (if an Officer) (a) Place.....Calgary..... (b) Date.....January 5th. 1916.....

4. Personal description:

(a) Height.....5-5..... (b) Weight.....120..... (c) Complexion.....Ruddy.....

(stripped)

(d) Colour of hair.....Blond..... (e) Colour of eyes.....Blue..... (f) Identification marks, Scars, etc.

5. Former trade or occupation.....Postal Clerk.....

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

Years

Days

3

2 Months

PERIODS

From

To

Canada.....January 5th. 1916.....May 13 1916.....

England.....June 1st. 1916.....

France or other theatres of War.....

7. Original disease, or injury.....Myopia.....

(a) Date of origin.....Before enlistment..... (b) Place of origin.....England.....

(c) Cause.....Unknown.....

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.)

Defective Vision (Myopia)

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.)

Eye Specialists Report Witley Dec. 11th. 1918 States:

V.A.R. 6/60 V.A.L. 6/60 Category Recommended B.II High Myopia. Eyes otherwise normal. Condition was present before enlistment, has not been caused by service, and has not been aggravated by service." V. Latimer

Complains of defective vision, and occasional headaches.

Ears. 21---- 21

- (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

Urine; 1020 Acid Albumen, and Sugar Nil.

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

Man states that he first noticed Eyes being weak ten years ago

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? **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.)

No

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

The regimental documents will be referred to.

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

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

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

Boarded B.2 Myopia, and debility Shorncliffe 18-8-18

Boarded BI Defective Vision Witley 12-12-18

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit?

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

No

16. Can the former trade or occupation be resumed? **Yes.**

(If not, briefly state why)

17. Recommendations

J. P. Walsley Capt. C.A.M.C.

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. 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

H McI

A Taylor Sergt.

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.) |

20. It is certified that the invalid

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

(b) Does not require treatment.

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

(d) ~~Should not pass under his own control.~~

(Strike out condition not applicable.)

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

Boarded for return to Canada. Authority A.G. ~~XXXXXX~~ 9083 II-9 II-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.

Jessie Hammond Capt C.A.M. President.

PLACE Witley Camp Surrey

Horace McIntyre Capt C.A.M.C.

DATE 1913-19

Members

TO BE COMPLETED WHEN TREATMENT IS REFUSED

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

Witness.....

Signed.....

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

President

PLACE.....

Members

DATE.....

APPROVED BY

APPROVED BY

CERTIFIED TRUE COPY
 Assistant Director of Medical Services.
 DATE.....
 For A.D.M.S. CANADIAN TROOPS, WITLEY.

Director-General of Medical Services.

DATE.....



