

A two.
ATTESTATION PAPER.

No. 2499009

York—13th Foresters Const.

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.
(ANSWERS.)

- 1. What is your surname?..... T A Y L O R
- 1a. What are your Christian names?..... Arthur
- 1b. What is your present address?..... 143 Richmond St., Toronto
Canada.
- 2. In what Town, Township or Parish, and in what Country were you born?..... Scarborough, England
- 3. What is the name of your next-of-kin?..... Fred Taylor
- 4. What is the address of your next-of-kin?..... North Frodingham, England
- 4a. What is the relationship of your next-of-kin?..... Father
- 5. What is the date of your birth?..... February 13th, 1890
- 6. What is your Trade or Calling?..... Teamster
- 7. Are you married?..... Single
- 8. Are you willing to be vaccinated or re-vaccinated and inoculated?..... Yes
- 9. Do you now belong to the Active Militia?..... No
- 10. Have you ever served in any Military Force?..... Yes. 83rd Bn. 3 mos. pte.
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.

2499009
 13. Have you ever been discharged from any Branch of His Majesty's Forces as medically unfit? Yes.
 14. If so, what was the nature of your disability? Varicoccele.
 15. Have you ever affirmed to some for any Branch of His Majesty's Forces as medically unfit? Yes.
 16. If so, what was the reason? varicoccele

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Arthur 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.

A. Taylor (Signature of Recruit)
[Signature] (Signature of Witness)
 Date..... October 12th 1917

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.

A. Taylor (Signature of Recruit)
[Signature] (Signature of Witness)
 Date..... October 12th 1917

CERTIFICATE OF MAGISTRATE.

The Recruit above-named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.
 The above questions were then read to the Recruit in my presence.
 I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said Recruit has made and signed the declaration and taken the oath before me, at Toronto Canada this 12th day of October 1917.

[Signature] (Signature of Justice)

5933

Description of Arthur Taylor on Enlistment.

Apparent Age 27 years 8 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Distinctive marks, and marks indicating congenital peculiarities or previous disease.

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

Height 5 ft 2 ins.

operation scar. tattoo on r arm. scar on rt leg.

Chest measurement: Girth when fully expanded 35 ins.
Range of expansion 3 ins.

Complexion Fair

Eyes Blue

Hair Brown

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

Hearing good Nose & throat O.K. each eye R 20 L 30. flat foot. dental needs. varicosele.

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 October 12th 1917

Place Toronto Canada.

DECLARED FIT BY MEDICAL BOARD
TORONTO MOBILIZATION CENTRE
G. M. McHenry
Medical Officer M.O. PRESIDENT

*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:—

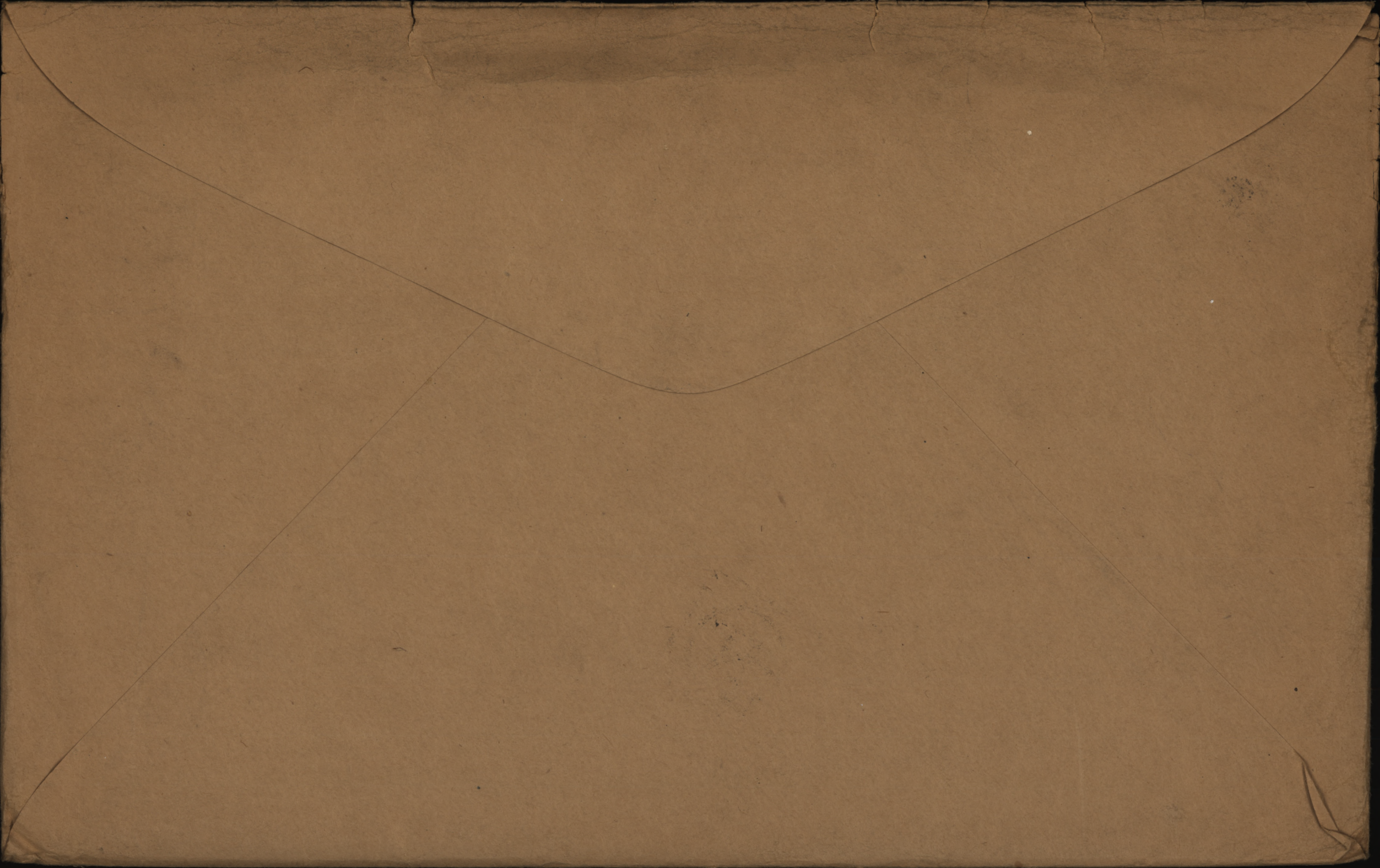
CERTIFICATE OF OFFICER COMMANDING UNIT.

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.

[Signature]
MAJOR (Signature of Officer)

Date OCT 16 1917 1917

O. C. FORESTRY DEPOT M. D. No. 2



17910

Number

2499009

Rank

pti. B

Surname

TAYLOR

Christian Name

Arthur

Units

C.F.C.

Theatre of War

France

Date of Service

26-1-18

Remarks

Latest Address

2543 Yonge St.
Toronto Ont.

Roll No.

B Page 10908

DESP. APR 19 38
REGN. NO. 419

Certificate of Service

(Issued following loss of Permanent Discharge Certificate M. F. W. 39)

2499009

Private

This is to Certify that No. TAYLOR, Arthur (Rank)

(Name in full) Canadian Forestry Corps

Enlisted in October 17 12th

Canadian Expeditionary Force, on the CANADA ENGLAND & FRANCE day

of C.F.C. & 3rd Battalion 19

Toronto, Ont.

He served in 24th April 19

and was discharged at DEMOBILIZATION on

the day of 19

Good

by reason of

BRITISH WAR & VICTORY MEDALS

His conduct and character while in the Service were

29 Years

5'2"

Fair

Blue

Brown

Address

Director of Records

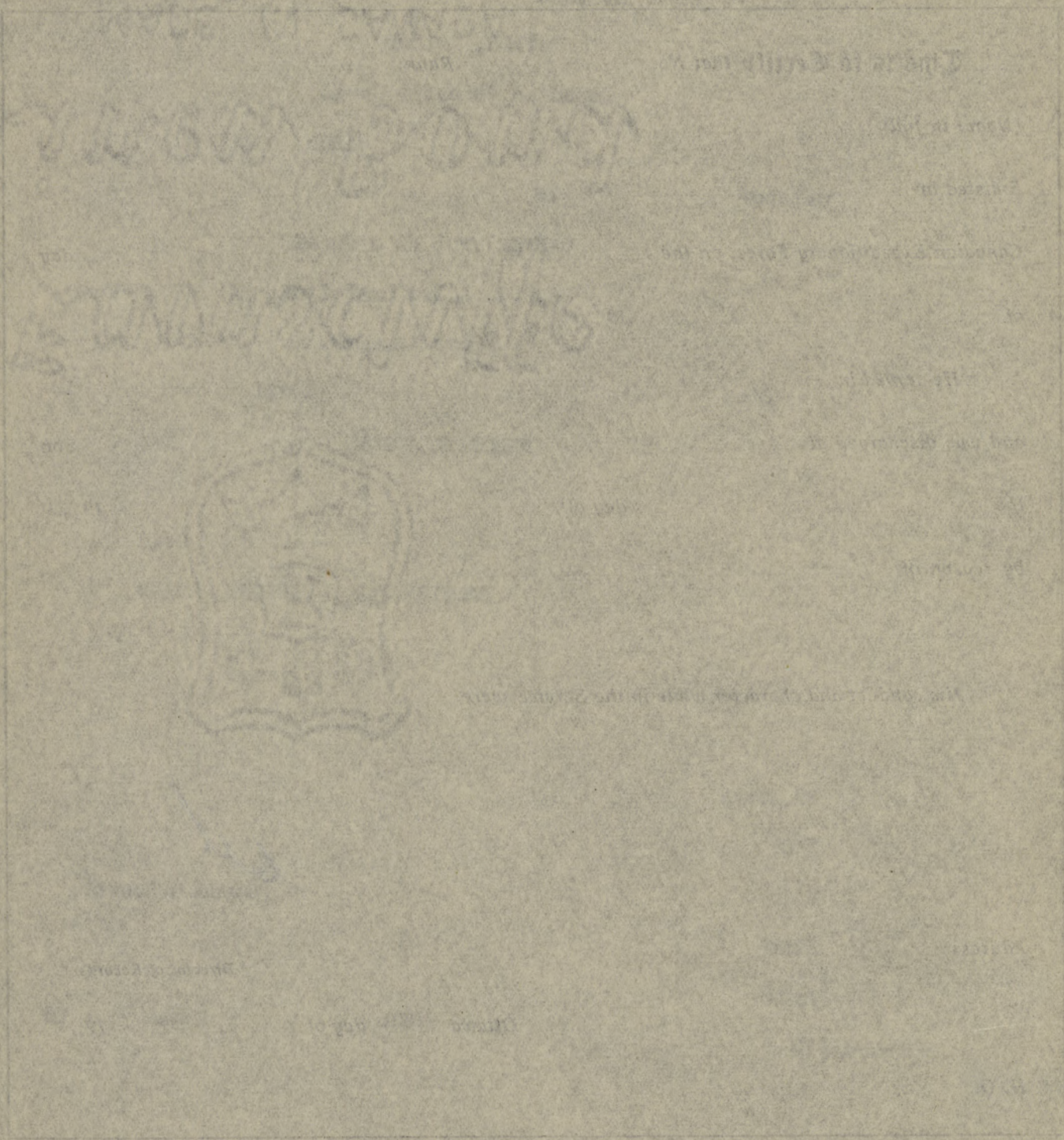
Ottawa 19th day of March 19 31

649-T-16573

H. Q.

Centennial of Berlin

Journal of the Board of Trustees of the University of Berlin, 1810-1910



PARTICULARS OF FAMILY OF AN OFFICER OR MAN ENLISTED IN C.E.F. **DUPLICATE**

INSTRUCTIONS.

- (a) This form is only required for men joining units for Overseas Service and must be completed immediately the man is warned for draft overseas.
- (b) Care must be taken to see that a man is allotted his correct Regimental Number. No numbers must be duplicated and once it has been allotted to a man, even if he is subsequently discharged, the same number must never be allotted to another man.
- (c) All questions, etc., must be answered.
- (d) One copy of the form is to be forwarded by Officer Commanding unit for each Officer and man to Officer Commanding Division or District at least seven days before man leaves his station to proceed overseas, for transmission to Accountant and Paymaster General, Ottawa.
- (e) Duplicate copy is to be forwarded direct to Officer in charge of Records, C.E.F. London, immediately after arrival in England.

(1) Name of Overseas Unit which Soldier joins Forestry & Railway Construction Depot.

M.D.#2.

(2) Regimental Number 2499009

(3) Full Name of Soldier Arthur Taylor.

(4) Place of Birth Scarboro England.

(5) Are you married, or not? Single.

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

(b) Present Postal Address.....

(7) Are you a widower? No.

(8) Have you any children? No.

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

Also their names and ages.....

(9) Is your Father alive?..... Yes.....

If so, state name and address.. Frank Taylor.. North Frodingham.. England..

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

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

..... Address same as above.....

(11) If your Mother is a widow..... No.....

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.

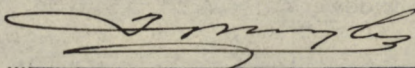
.....

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.


..... MAJOR
O. C. FORESTRY Officer Commanding.

Date.. November 26th/17.....

CANADA
FRODINGHAM

FORM OF WILL

354

I, Arthur Taylor (Name in full)
Regimental Number 2499009 serving in FORESTRY DRAFT No. #2

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

Mother.

I devise all my real estate unto

Sarah Taylor
North Hordingham,
East Yorkshire
England

Name and Address
of person or
persons to whom
it is to go.

absolutely, and my personal estate I bequeath to
Sarah Taylor
Same address.

Name and Address
of person or
persons to receive
personal estate*
(See note).

NOTE

This space for the
appointment of
Executor if
necessary.

IMPORTANT
NOTE

this 26 day of Nov A.D. 1917

This must be signed
and Dated by
THE SOLDIER
HIMSELF.

Arthur Taylor

Signature of Soldier.

*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.

Signature of First Witness Douglas Jennings Lt
Address of Witness 39 St Clair Ave E

THE TWO
WITNESSES

Occupation of Witness Soldier

MUST
SIGN HERE

Signature of Second Witness A. Power
Address of Witness 5 Bittern Ave Toronto Ont.
Occupation of Witness Soldier

ESTATES BRANCH,

MAR 2 1918

MILITIA DEPT.

MEDICAL HISTORY SHEET

DUPLICATE

IMPORTANT.—If the man's name does not appear upon the schedule of men reporting for service, or if he has not made an application for exemption or a report for service, or, although having made one, he does not know the number, he will be instructed that the copy of this medical history sheet (which will be handed to him) must be attached by him to a report for service or claim for exemption which he may make on application to any Postmaster in Canada, or be sent by him after he has noted upon it the number on the receipt he obtained from the Postmaster to a Registrar or Deputy Registrar under the Military Service Act. In any event the duplicate medical history sheet will be sent by the Medical Board to the District Officer Commanding unless instructions have been given by the latter to forward it direct to a Registrar or Deputy Registrar.

- 1. Surname Taylor Christian name Arthur
- 2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule.....
- 3. Consecutive number on schedule of men reporting for service (if he appears on it).....
- 4. Address (including street and number, if any) 143 Richmond St., Toronto Canada.

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 12th day of September 1917, by the undersigned medical board sitting at Toronto Canada.

- 5. Age as stated 27 Years 8 Months.
- 6. Apparent age _____ Years _____ Months
- 7. Height 5 Feet 2 Inches.
- 8. Weight 126 Pounds.
- 9. Chest measurement { Minimum 32 Ins. Maximum 35 Ins.
- 10. Complexion fair { Eyes blue Hair brown
- 11. Physical development fair { Good Fair Poor
- 12. Smallpox marks nil
- 13. Number of vaccination marks { Right arm _____ Left arm 1
- 14. When vaccinated last 1915
- 15. Distinctive marks and marks indicating congenital peculiarities or previous disease nil

16. Slight defects but not sufficient to cause rejection. Hearing good Nose & throat O.K.
The man denies having had { Rheumatism Tuberculosis Syphilis } We find no evidence of past { Rheumatism Tuberculosis Syphilis } each eye 220 L30 flatt foot slight Varicocele. Dental needs.

We have examined the above named man in accordance with the C. E. F. Regulations for medical examinations, and he is placed in Category

A2 DECLARED FIT BY MEDICAL BOARD
TORONTO MOBILIZATION CENTRE
J. McEwan
President M.O. PRESIDENT Member.

Date	Result	VACCINATIONS	Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>17/10/17</u>		<u>A. W. Gregory</u> M.O.	<u>20/10/17</u>		<u>A. W. Gregory</u> M.O.
		M.O.	<u>26/10/17</u>		M.O.
		M.O.	<u>30/10/17</u>		M.O.

Joined 12th day of October 1917 at Toronto Canada.

	CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment	<u>12 Foresters</u>			
Transferred to.....				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION	DATE	DISEASE	RESULT
<u>Ess. Camp Toronto</u>	<u>22-11-17</u>		<u>A 2</u>

5933

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.

REGIMENT

2nd

RANK

plc

No.

249909

Date of Examination in England

25/9/49

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.

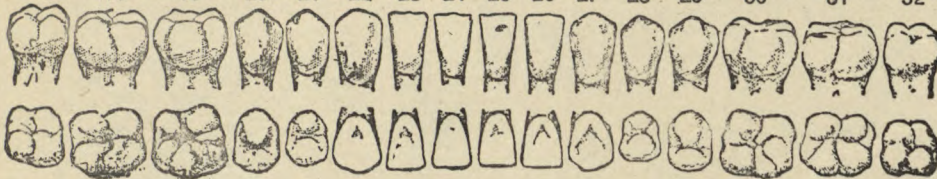
3. In reference to Partial Dentures the numbers of teeth thereon will be stated

14A

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

17

2. EXTRACTIONS

3. CROWNS

4. DENTURES

(a) Full Upper

(b) Part Upper

(c) Full Lower

(d) Part Lower

HAS HE EVER REFUSED DENTAL TREATMENT?

HAS HE EVER RECEIVED DENTAL TREATMENT? (Reply by "Yes" where applicable to any or all of a, b or c.)

(a) In Canada

(b) In England

(c) In France

Signature of Dental Officer

[Handwritten signature]

BRAMSHOTT
HANTS.



Handwritten text, possibly a signature or name, located in the upper middle section of the page. The text is faint and difficult to decipher.

Handwritten text or markings in the lower right quadrant of the page, appearing as a series of connected, somewhat illegible characters or a signature.

5933

CANADIAN EXPEDITIONARY FORCE

War Service Badge
DISCHARGE CERTIFICATE Class "A" No. 289836

THIS IS TO CERTIFY that No. 2499009 (Rank) Pte.

Name (in full) TAYLOR ARTHUR enlisted in
the 12th Foresters Bn.

CANADIAN EXPEDITIONARY FORCE at Toronto on the 12th
day of October 1917.

HE served in 7th Bn.

and is now discharged from the service by reason of Demobilization.
~~Medical Unfitness.~~

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

Age 29 yrs. 1 mo.

Marks or Scars _____

Height 5 ft. 2 in.

Operation scar. Tattoo

Complexion Fair

right arm. Scar right

Eyes Blue

leg.

Hair Brown

A Taylor

Signature of Soldier

H. J. [unclear]

Issuing Officer

Date of Discharge

No. 2 DISTRICT DEPOT
APR 24 1919
TORONTO

For
O.C. No. 2 District Depot. Rank

Date APR 24 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.

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

THIS IS TO CERTIFY THAT

Name (in full) _____ (Rank) _____ enlisted in

CANADIAN EXPEDITIONARY FORCE on the _____

He served in _____

and is now discharged from the service by reason of _____

THE DESCRIPTION OF THIS SOLDIER ON THE FACE BELOW IS AS FOLLOWS:—

Marked scars _____

Height _____

Complexion _____

Hair _____

Signature of Soldier _____

Signature of Officer _____

Date of Discharge _____

APR 2 1919
DISCHARGE

for
D. C. King's Hospital
Depot

APR 2 1919
Date _____

NOTE:—As no duplicate of this Certificate will be issued, any person finding same is requested to forward it to an authorized address to the Director, Military Department, Ottawa, Canada.

MILITARY SERVICE ACT, 1917.

MEDICAL HISTORY SHEET ORIGINAL

IMPORTANT.—If the man's name does not appear upon the schedule of men reporting for service, or if he has not made an application for exemption or a report for service, or, although having made one, he does not know the number, he will be instructed that the copy of this medical history sheet (which will be handed to him) must be attached by him to a report for service or claim for exemption which he may make on application to any Postmaster in Canada, or be sent by him after he has noted upon it the number on the receipt he obtained from the Postmaster to a Registrar or Deputy Registrar under the Military Service Act. In any event the duplicate medical history sheet will be sent by the Medical Board to the District Officer Commanding unless instructions have been given by the latter to forward it direct to a Registrar or Deputy Registrar.

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- 7. Height 5 Feet 2 Inches. 8. Weight 126 Pounds.
- 9. Chest measurement { Minimum 32 Ins. 10. Complexion fair Eyes blue
Maximum 35 Ins. Hair brown
- 11. Physical development fair { Good Fair Poor 12. Smallpox marks nil
- 13. Number of vaccination marks { Right arm.....
Left arm 1 14. When vaccinated last 1915
- 15. Distinctive marks and marks indicating congenital peculiarities or previous disease nil

16. Slight defects but not sufficient to cause rejection Hearing good Nose & throat O.K.

The man denies having had { Rheumatism Tuberculosis Syphilis We find no evidence of past { Rheumatism Tuberculosis Syphilis each eye R20 L30 flatt foot slight Varicocoele. Dental needs.

We have examined the above named man in accordance with the C. E. F. Regulations for medical examinations, and he is placed in Category

A2

DECLARED FIT BY MEDICAL BOARD TORONTO MOBILIZATION CENTRE

Signature of Man *W. McQuinn* President. M.O. PRESIDENT

Member.			Member.		
Date	Result	VACCINATIONS	Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
17/10/17		<i>W. McQuinn</i> M.O.	20/10/17		<i>W. McQuinn</i> M.O.
		M.O.	26/10/17		M.O.
		M.O.	30/10/17		M.O.

Joined 12th day of October 1917 at Toronto Canada.

	CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment	<u>12 Foresters</u>			
Transferred to.....	<u>C.F.C.I.O.S</u>			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION	DATE	DISEASE	RESULT
<i>Ex Camp Toronto</i>	<i>22-11-17</i>		<i>A2</i>
<i>Promholt</i>	<i>8-1-18</i>		<i>A2 Lt Roberts</i>
	<i>26-3-19</i>	<i>Vancouver</i>	<i>"A" W. McQuinn</i>

WA S. B. CLASS. A.

5933

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

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

2499 009

Casualty Form—Active Service.

Unit, Regiment or Corps *no 7 Toronto Bn 6 Bde 41*
Heresby Depot

Regimental No. Rank *Pte.* Name *Taylor, Arthur*
C. E. F.

Enlisted (a) *18/10/17* Terms of Service (a) *D. of. W.* Service reckons from (a) *18/10/17*

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) *Jeans*

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				
		<i>Embarked St John's</i>		<i>18/12/17 10.30 P.M.</i>	
		<i>Disembarked Glasgow</i>		<i>31/12/17 6.00 P.M.</i>	
<i>8/1/18</i>	<i>Wolfe</i>	<i>O.C. C.F.C. T.O.S. Base Depot, C.F.C. Sunningdale</i>		<i>31/12/17 Pt. 11 D.O.</i>	<i>7</i> ✓
<i>28.1.18</i>	<i>O.C. C.F.C.</i>	<i>S.O.S. BASE DEPOT C.F.C. SUNNINGDALE</i>		<i>21.1.18 PT. II. DO. NO 24</i>	✓ <i>AK Angus C.F.C.</i>
<i>27/18</i>	<i>C.F.C. S.</i>	<i>4/0/5 46th Coy V.T.C.</i>	<i>Field</i>	<i>27/18</i>	<i>76 R 84 R 98</i>
<i>10-8-18</i>	<i>46 Coy C.F.C.</i>	<i>S.O.S on trans to 49 Coy. C.F.C.</i>	<i>"</i>	<i>11-8-18</i>	<i>B213 P2/39</i>
<i>Do</i>	<i>45 " "</i>	<i>I.O.S. " " from 46 " "</i>	<i>"</i>	<i>12-8-18</i>	<i>B213 P2/40</i>
<i>29.9.18</i>	<i>C.F.C. S.</i>	<i>Arrived for Board.</i>	<i>C.F.C. S.</i>	<i>28.9.18</i>	<i>76 R 84 R 1472</i>
<i>30.9.18</i>	<i>A.I.D. Cdus</i>	<i>Classified "A."</i>		<i>30-9-18</i>	<i>W3339/748</i>

STAMPED DIRECT, FEB. 1918, LONDON.

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

U. S. B. CLASS. A.

5933

2499009 Pte. Taylor A.

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				
2-10-18	C.C.G.B.	S.O.S. of No 49 Coy C.F.C. on transfers to 3rd Cadets Battr.		15-10-18	N.R. Ref Can Sect 9th & 3rd Ech File K.R. 31664/1 P2/47
2-10-18.	C.G.B.D.	T. on 3rd Bn. on transfer from 49th Coy. C.F.C.	Field.	16-10-18.	N.R. K.R. 31664/1. Pl. 11 No. 116.dj. 30-10-18.
27-10-18.	C.C.R.C.	Str. at C.C.R.C. from	C.G.B.D.	27-10-18.	N.R. A/1716.
23-11-18.	3RD CAN BN.	JOINED UNIT		13-11-18.	B 213.
4-1-18.	do.	Attd. Y.M.C.A., WAHN.		28-1-18.	"
25-1-19.	"	JOINED UNIT		22-1-19.	"
25-1-19.	"	Attd. 4th Army Pack Train Guard.		24-1-19.	"
22-2-19.	"	JOINED UNIT		17-2-19.	"
	Emb. Camp.	Proceeded to England.		MAR 22 1919	N.R. Pt. 2 O No. d/.....
	S.O.S.	PROCEEDED TO CANADA	Part II.	12/12.	LIEUT. FOR Lt-COL. A.A.G. 12-4-19

Wm. Sargent
CAPT. & ADJT.
3rd CANADIAN BN. TORONTO REGIMENT.

R. Sully
ADJUTANT H.M.T.

OLYMP 10
SOUTHAMPTON
15.4.19

2

5933

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

M. F. W. 54. (A.)
500M.—9-16
H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps.....

Regimental No. 2499009 Rank Cte Name Taylor J.
C. E. F.

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

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

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

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
APR 15 1919	S. O. S.	T. Q. S. No. 2 DISTRICT DEPOT, TORONTO		1919	PART II D. O. 119
APR 24 1919	S. O. S.	(DISCHARGED FROM H. M. S.) No. 2 DIS. DEPOT,			PART II D. O. 119

J. W. Roberts
Lieut.
For O. C. No. 2 District Depot.

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

5933

E. T. Rank Name TAYLOR, Arthur Reg'l No. 2499009
 Unit If in perm. Corps }
 What Unit? }
 No. 7 Toronto Dft Forestry To B D C F C }
 Place and Date of Enlistment Tor ont o. Oct. 12th. 1917. }
 Married or Single Single.
 Place of Birth Scarboro.
 England.

Name and Address, Next-of-Kin Fred. Taylor,
 North Frodingham, East York, England. Relationship Father.

Assigned Pay Monthly \$ Payable to Relationship

Separation Allowance \$ Payable to Relationship

N/E. R.B. No. 22484
 File R.L.
 Category CANLOR

1. Out on



Discharge, Date and Place Reason Character

H. W. V., Ltd.—11319-17.

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS Taken from Official Documents.
Date.	From whom received.				
		Arrived in England		31-12-17	S/S GRAMPION
8.1.18	B D C F C	T.O.S from Canada	Pte Sdell	31.12.17	No 7
28-1-18	"	S.O.B. to France	"	26-1-18	"
21.8.18	46 Coy. C.F.C.	S.O.S. to 490 C.F.C.	" Field	11/18	" 39/
29.10.18	49..	S.O.S. to 3rd C. Inf. Bn	Pte.	15.10.18	50 49. 1169/30-10-18
21.3.19	3 Btm	On to Eng.	"	22.3.19 - 24/	207 27.3.19 C. Wing C.C.C.
14.4.19	C Wing C.C.C.	Sos to Canada	" Brishott	14-4-19	-12

exc

JAN 1918

*49-1-166
14-1-19*

* Strike out whichever inapplicable.

ASSIGNED PAY	ENGLAND or CANADA	SEPARATION ALLOWANCE	ENGLAND or CANADA
EFFECTIVE DATE:-	1-3-18 ✓	EFFECTIVE DATE:-	
AMOUNT:-	20 ⁰⁰ ✓	AMOUNT:-	

NAME: TAYLOR Arthur. *a*

NUMBER: 2499009. *15*

PARTICULARS OF RANK OR APPOINTMENT

NAME, ADDRESS, RELATIONSHIP & AUTHORITY

Mrs S. Taylor, Mother ✓
North Frodingham,
Foston Lane, East Yorks. ✓
Stopped Eff 1-5-19

WHEN PAYEE OF A.P. IS THE SAME AS PAYEE OF S.A. THE WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE.

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		Pte.
		<i>3rd Bn</i>

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
27/3	1080	Cwing	£10				
			48.67				

UNIT AND TRANSFERS

ORIGINAL UNIT:- #7 Toronto Forestry.

DATE ACCOUNT FIRST OPENED:- 1-1-18 ✓

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SFD	UNIT TRANSFERRED TO
	1/11/18		3rd Bn

PARTICULARS OF RENDERING NON-EFFECTIVE: *Notes on A.R. 504 & 505 & 506 & 507 & 508 & 509 & 510 & 511 & 512 & 513 & 514 & 515 & 516 & 517 & 518 & 519 & 520*

MONTH 1918	PARTICULARS	CR 1	CR 2	PARTICULARS	DR 1	DR 2	DR 3	DR 4	BALANCE	DEFERRED	SEPARATION
March				Balance Forward					74 25		
April	P. P.	33		AP A. 53715 £4-2-2			20		80 11		
May	P. P.	33	34 10	AP B. 13934 £4-2-2	7 14		20		87 07		
June	P.P.	34 10	33	AP B. 58739 £4-2-2	7 14		20		92 93		
July	P.P.	33	34 10	AP B. 92804 £4-2-2	7 14		20		99 84		
Aug	P.P.	34 10	34 10	AP C. 69104 £4-2-2	7 14		20		106 85		
Sept	P.P.	34 10	33	AP C. 99214 £4-2-2	7 14		20		108 25		
Oct	P.P.	33	34 10	AP D. 1937 12 Dis 18.9.18	7 14		20		117 69		
Nov	P.P.	34 10	33	AP E. 74020 £4-2-2	7 14		20		124 83		
Dec	P.P.	34 10	34 10	AP F. 3709 7/11. C.A.P. det	3 73		20		128 56		
Jan	P.P.	34 10	34 10	AP G. 3102 7/10 C.A.P. det	3 73		20		132 29		
	P.P.	34 10	34 10	AP H. 1383 20/11 3 Batt.	3 73		20		136 02		
	P.P.	34 10	101 20	AP I. 74900 £4-2-2	11 19		60		147 90		
				Carried For							

APPROVED BY *A Barnes*

CHECKED BY *A Barnes*

War Service Badge
Class "A" No. *289836*

5933
289836

SHORT FORM.

PROCEEDINGS ON DISCHARGE.
(Demobilization.)

H.A. 2
A.G. 23. 7
25-11-2
15-2-40

1. No.	<i>2499009</i>	W	H
2. Rank.	<i>Pte.</i>		
3. Name.	<i>TAYLOR ARTHUR</i>		
4. Unit.	<i>3rd. Bn.</i>		
5. Date of Discharge	<i>APR 24 1919</i>	Place	<i>Toronto</i>
6. Reason for Discharge	<i>Demobilization</i>		
7. Authority.	<i>No. 2 District Depot, Part IV, D.O. No. <i>119</i></i>		
8. Proposed Residence after Discharge	<i>2543 Yonge St. Toronto.</i>		
9.	<p>CERTIFICATE TO BE SIGNED BY SOLDIER.</p> <p>I hereby acknowledge that at the undernoted place and date I received my discharge Certificate</p> <p>M. F. W.?</p> <p><i>A Taylor</i></p> <p>Signature of Soldier.</p>		
10.	<p>CONFIRMATION.</p> <p>The discharge of the above named man is hereby confirmed.</p> <div style="border: 1px solid black; padding: 5px; width: fit-content;"> <p>No. 2 DISTRICT DEPOT</p> <p>APR 24 1919</p> <p>TORONTO</p> </div> <p>Place</p> <p>Date</p> <p><i>H J. J. J.</i></p> <p>Signature</p> <p>(O. C. Discharging Unit.)</p>		

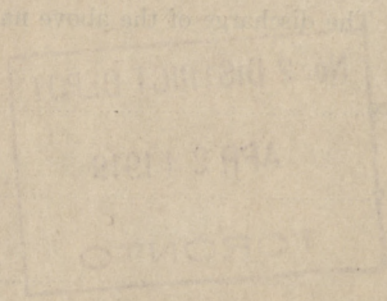
PROCEEDINGS ON DISCHARGE

(Demobilization)

1. Name of Soldier		2. Service Number	
3. Branch		4. Date of Discharge	
5. Reason for Discharge		6. Remarks	
7. Signature of Soldier			
8. Signature of Officer			
9. Signature of Captain			
10. Signature of Major			
11. Signature of Colonel			
12. Signature of Lieutenant Colonel			
13. Signature of Major General			
14. Signature of Brigadier General			
15. Signature of Colonel			
16. Signature of Lieutenant Colonel			
17. Signature of Major			
18. Signature of Captain			
19. Signature of Lieutenant			
20. Signature of Sergeant			
21. Signature of Corporal			
22. Signature of Private			
23. Signature of Private First Class			
24. Signature of Private Second Class			
25. Signature of Private Third Class			
26. Signature of Private Fourth Class			
27. Signature of Private Fifth Class			
28. Signature of Private Sixth Class			
29. Signature of Private Seventh Class			
30. Signature of Private Eighth Class			
31. Signature of Private Ninth Class			
32. Signature of Private Tenth Class			
33. Signature of Private Eleventh Class			
34. Signature of Private Twelfth Class			
35. Signature of Private Thirteenth Class			
36. Signature of Private Fourteenth Class			
37. Signature of Private Fifteenth Class			
38. Signature of Private Sixteenth Class			
39. Signature of Private Seventeenth Class			
40. Signature of Private Eighteenth Class			
41. Signature of Private Nineteenth Class			
42. Signature of Private Twentieth Class			
43. Signature of Private Twenty-first Class			
44. Signature of Private Twenty-second Class			
45. Signature of Private Twenty-third Class			
46. Signature of Private Twenty-fourth Class			
47. Signature of Private Twenty-fifth Class			
48. Signature of Private Twenty-sixth Class			
49. Signature of Private Twenty-seventh Class			
50. Signature of Private Twenty-eighth Class			
51. Signature of Private Twenty-ninth Class			
52. Signature of Private Thirtieth Class			
53. Signature of Private Thirty-first Class			
54. Signature of Private Thirty-second Class			
55. Signature of Private Thirty-third Class			
56. Signature of Private Thirty-fourth Class			
57. Signature of Private Thirty-fifth Class			
58. Signature of Private Thirty-sixth Class			
59. Signature of Private Thirty-seventh Class			
60. Signature of Private Thirty-eighth Class			
61. Signature of Private Thirty-ninth Class			
62. Signature of Private Fortieth Class			
63. Signature of Private Forty-first Class			
64. Signature of Private Forty-second Class			
65. Signature of Private Forty-third Class			
66. Signature of Private Forty-fourth Class			
67. Signature of Private Forty-fifth Class			
68. Signature of Private Forty-sixth Class			
69. Signature of Private Forty-seventh Class			
70. Signature of Private Forty-eighth Class			
71. Signature of Private Forty-ninth Class			
72. Signature of Private Fiftieth Class			
73. Signature of Private Fifty-first Class			
74. Signature of Private Fifty-second Class			
75. Signature of Private Fifty-third Class			
76. Signature of Private Fifty-fourth Class			
77. Signature of Private Fifty-fifth Class			
78. Signature of Private Fifty-sixth Class			
79. Signature of Private Fifty-seventh Class			
80. Signature of Private Fifty-eighth Class			
81. Signature of Private Fifty-ninth Class			
82. Signature of Private Sixtieth Class			
83. Signature of Private Sixty-first Class			
84. Signature of Private Sixty-second Class			
85. Signature of Private Sixty-third Class			
86. Signature of Private Sixty-fourth Class			
87. Signature of Private Sixty-fifth Class			
88. Signature of Private Sixty-sixth Class			
89. Signature of Private Sixty-seventh Class			
90. Signature of Private Sixty-eighth Class			
91. Signature of Private Sixty-ninth Class			
92. Signature of Private Seventieth Class			
93. Signature of Private Seventy-first Class			
94. Signature of Private Seventy-second Class			
95. Signature of Private Seventy-third Class			
96. Signature of Private Seventy-fourth Class			
97. Signature of Private Seventy-fifth Class			
98. Signature of Private Seventy-sixth Class			
99. Signature of Private Seventy-seventh Class			
100. Signature of Private Seventy-eighth Class			
101. Signature of Private Seventy-ninth Class			
102. Signature of Private Eightieth Class			
103. Signature of Private Eighty-first Class			
104. Signature of Private Eighty-second Class			
105. Signature of Private Eighty-third Class			
106. Signature of Private Eighty-fourth Class			
107. Signature of Private Eighty-fifth Class			
108. Signature of Private Eighty-sixth Class			
109. Signature of Private Eighty-seventh Class			
110. Signature of Private Eighty-eighth Class			
111. Signature of Private Eighty-ninth Class			
112. Signature of Private Ninetieth Class			
113. Signature of Private Ninety-first Class			
114. Signature of Private Ninety-second Class			
115. Signature of Private Ninety-third Class			
116. Signature of Private Ninety-fourth Class			
117. Signature of Private Ninety-fifth Class			
118. Signature of Private Ninety-sixth Class			
119. Signature of Private Ninety-seventh Class			
120. Signature of Private Ninety-eighth Class			
121. Signature of Private Ninety-ninth Class			
122. Signature of Private One Hundred Class			



Vertical handwritten text or stamp running down the center of the page.



LIST OF DISCHARGE DOCUMENTS

Medical Form W-11	Attendance Form (F-100)
Medical Form W-12	Statement of Discharge
Medical Form W-13	Discharge Summary
Medical Form W-14	Discharge Instructions
Medical Form W-15	Discharge Medication List
Medical Form W-16	Discharge Follow-up Schedule
Medical Form W-17	Discharge Contact Information
Medical Form W-18	Discharge Patient Education
Medical Form W-19	Discharge Assessment
Medical Form W-20	Discharge Planning
Medical Form W-21	Discharge Evaluation
Medical Form W-22	Discharge Feedback
Medical Form W-23	Discharge Research
Medical Form W-24	Discharge Quality Improvement
Medical Form W-25	Discharge Compliance
Medical Form W-26	Discharge Safety
Medical Form W-27	Discharge Security
Medical Form W-28	Discharge Privacy
Medical Form W-29	Discharge Ethics
Medical Form W-30	Discharge Law

1. Discharge Summary
 2. Discharge Instructions
 3. Discharge Medication List
 4. Discharge Follow-up Schedule
 5. Discharge Contact Information
 6. Discharge Patient Education
 7. Discharge Assessment
 8. Discharge Planning
 9. Discharge Evaluation
 10. Discharge Feedback
 11. Discharge Research
 12. Discharge Quality Improvement
 13. Discharge Compliance
 14. Discharge Safety
 15. Discharge Security
 16. Discharge Privacy
 17. Discharge Ethics
 18. Discharge Law

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 Statement Q.M.G. Form (D.O.S. 2), and Clothing
12. ~~Last Pay Certificate (M.F.W. 44)~~
13. ~~Pay Book (M.F.W. 44)~~
14. War Service Gratuity (Form M.F.W. 2595).
15. Salary Documents.

Group..... **B**

Checked by No..... **15**

Date..... **11/4/19**

PEER

5933

Original

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

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

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

STATION *Bramshott* DATE *March 26, 1919*

1. 1 (a) Unit *3rd Batt* (b) Regimental No. *2499009* (c) Rank *Pt*
 (d) Surname *Taylor* (e) Christian name *Arthur*
 (f) Home address *Toronto (25713 Younger St.)*
 (g) Next of Kin *Mrs Fred Taylor* (h) Relationship *Mother*
 (i) Address of Next of Kin *N. Widdingham, E York, Eng*

2. Age last birthday *29* Date of birth *13 2 90*

3. Enlistment, or Appointment (if an Officer) (a) Place *Toronto* (b) Date *12 10 17*

4. Personal description:
 (a) Height *5.2* (b) Weight *126* (c) Complexion *Fair*
(stripped)

S.M.M. Appendix
 (d) Colour of hair *Brown* (e) Colour of eyes *Blue* (f) Identification marks, Scars, etc. *Operation scar, tattoo R arm, scar R leg*

5. Former trade or occupation *Steamster*

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
	<i>1</i>	<i>164</i>

	PERIODS	
	From	To
Canada	<i>12. 10. 17</i>	<i>31. 12. 17</i>
England	<i>31. 12. 17</i>	<i>27. 1. 18</i>
France or other theatres of War	<i>27. 1. 18</i>	<i>Pres</i>

7. Original disease, or injury *Varicocle left side*

(a) Date of origin *1917* (b) Place of origin *Canada*
 (c) Cause *condition of civil life*

8. Present disability— (Here state the exact nature of the disability resulting from the disabling conditions: e.g. (a) Weakness—slight, moderate, 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.)

Varicocele left side.

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.)

Has moderate varicocele left side. moderate mass of vein Test left testicle does not hang much lower than right. states he has pain in groin on long marches or standing long. wore a support for one month only. states it gave him no relief.

(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).)

states he had a very slight varicocele before enlistment. states it has got about "twice as bad" since enlistment

10. (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).)

Had appendicitis about ten years ago.

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

Appendix operation scar.

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.)

yes. states it never troubled him before enlistment.

12. Was the disability caused, or aggravated; (a) by intemperance, or improper conduct; or (b) by unreasonable refusal to accept treatment? never

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? 6 months

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

none

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 not applicable

E. N. Macdonald Capt Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

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

I, the undersigned Arthur 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

Arthur Taylor Rank. Signature of invalid examined.

5933

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"
na.

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.)

R. 7. b. and. a.s. let 9083 of 11-11-18.

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

PLACE

Bromhaet

Chas. P. Juntscap
A. H. Dwyer

President.

Members

DATE

16-3-19.

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

President.

Members

APPROVED BY

APPROVED BY

for A. Mellenzie Capt
Assistant Director of Medical Services.

Director-General of Medical Services.

DATE 26/3/19.

DATE

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

M. OR S. REGT. NO. 2499009 RANK Pte. NAME (IN FULL) TAYLOR

ORIGINAL UNIT C.E.F. **3BW** IF IN P.F. WHAT UNIT? **2543 Yonge St Toronto Ont.**

PLACE OF ATTESTATION DATE

DATE OF ATTESTATION **12.10.17** DATE

ASSIGNED PAY **20⁰⁰** DATE EFFECTIVE **30-4-19** by **England**

PAYABLE TO **Mr S Taylor** RELATIONSHIP **mother**

ADDRESS **7 Frodingham Foston Lane Ebbw Vale Eng**

DISCHARGED **Toronto** DATE **24-4-19** REASON **Demob.** AUTHORITY **D.O. 119** IF ENTITLED TO POST DISCHARGE PAY

BALANCE FROM PREVIOUS ACCOUNT

MONTH	PAY AND F.A.		OTHER CREDITS		TOTAL CREDITS		ACQUITTANCE ROLLS			CASH PAYMENTS			ASSIGNED PAY		REGIMENTAL CHARGES		OTHER CHARGES		TOTAL DEBITS		BALANCE		PARTICULARS OR REMARKS							
	NO. OF DAYS	RATE	AMOUNT		CREDITS		COL. NO. 1	COL. NO. 2	COL. NO. 3	COL. NO. 1	COL. NO. 2	COL. NO. 3	PAY	CHARGES	CHARGES	DEBIT	CREDIT	DEBIT	CREDIT	DEBIT	CREDIT									
			\$	C.	\$	C.	\$	C.	No.	DATE	No.	DATE										No.		DATE	\$	C.	\$	C.	\$	C.
31/3/19							81 21															81 21	Bal on L/C							
1.4.19 29.4.19	29	110	31 90										487 500										136 90	1.4 to 29.4.19 W.S.G. pay Train & Boat						
													208 24											218 11						
																									70 00	Due Soldier				
																										75 50	204 50			
																											140 00	140 00		
																												210 00	70 00	
																												280	Closed	
																													280	

LIEUT. PDR PAYMASTER WAR SERVICE GRATUITY

