

ATTESTATION PAPER.
2nd Bn. Canadian Garrison Regt.
CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

Folio.

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 John.
- 1b. What is your present address?..... 71 Metcalf St., Toronto, Canada.
- 2. In what Town, Township or Parish, and in what Country were you born?..... Lanark Co. Ont., Canada.
- 3. What is the name of your next-of-kin?..... Margaret Taylor.
- 4. What is the address of your next-of-kin?..... 71 Metcalf St., Toronto, Canada.
- 4a. What is the relationship of your next-of-kin?..... Wife.
- 5. What is the date of your birth?..... December 4th, 1872.
- 6. What is your Trade or Calling?..... Horseman.
- 7. Are you married?..... Married.
- 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 ^{Naval or} Military Force? ^{app}..... Yes. Camp Police, 2 yrs. 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.
- 13. Have you ever been discharged from any Branch of His Majesty's Forces as medically unfit?..... No.
- 14. If so, what was the nature of the disability?.....
- 15. Have you ever offered to serve in any Branch of His Majesty's Forces and been rejected?..... No.
- 16. If so, what was the reason?.....

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Arthur John Taylor, do solemnly declare that the above are answers made by me to the above questions and that they are true, and that I am willing to fulfil the engagements by me now made, and I hereby engage and agree to serve in the Canadian Over-Seas Expeditionary Force, and to be attached to any arm of the service therein, for the term of one year, or during the war now existing between Great Britain and Germany should that war last longer than one year, and for six months after the termination of that war provided His Majesty should so long require my services, or until legally discharged.

Date October 1st, ~~September~~ 191 8

A. J. Taylor (Signature of Recruit)
[Signature] (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Arthur John 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 October 1st 191 8

A. J. Taylor (Signature of Recruit)
[Signature] (Signature of Witness)

CERTIFICATE OF MAGISTRATE.

The Recruit above-named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act. The above questions were then read to the Recruit in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said Recruit has made and signed the declaration and taken the oath before me, at Toronto, Canada this 1st day of October 1918.

[Signature] (Signature of Justice)

Description of Arthur John Taylor. on Enlistment.

Apparent Age.....45 years 9 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. 6 1/2 ins.

scar right shin.

Chest measurement. (Girth when fully expanded.....37 1/2 ins.
 Range of expansion.....4 ins.)

Complexion.....medium

Eyes.....Blue

Hair.....Light

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

Hearing Normal Nose & throat Normal.
R.D. 40 L.D. 60
Wax both ears, Areas of alopecia on scalp

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.....Sept. 12th 1918.....191 .

Place.....Toronto, Canada.

DECLARED FIT BY MEDICAL BOARD
 TORONTO MOBILIZATION CENTRE
[Signature]
 Medical Officer.

*Insert here "fit" or "unfit."

NOTE.—Should the Medical Officer consider the Recruit unfit, he will fill in the foregoing Certificate only in the case of those who have been attested, and will briefly state below the cause of unfitness:—

CERTIFICATE OF OFFICER COMMANDING UNIT.

Arthur John 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)
 for O. O. 2nd Bn., Canadian Garrison Regt.

Date.....4/10/18.....191 .

REGIMENTAL DOCUMENTS

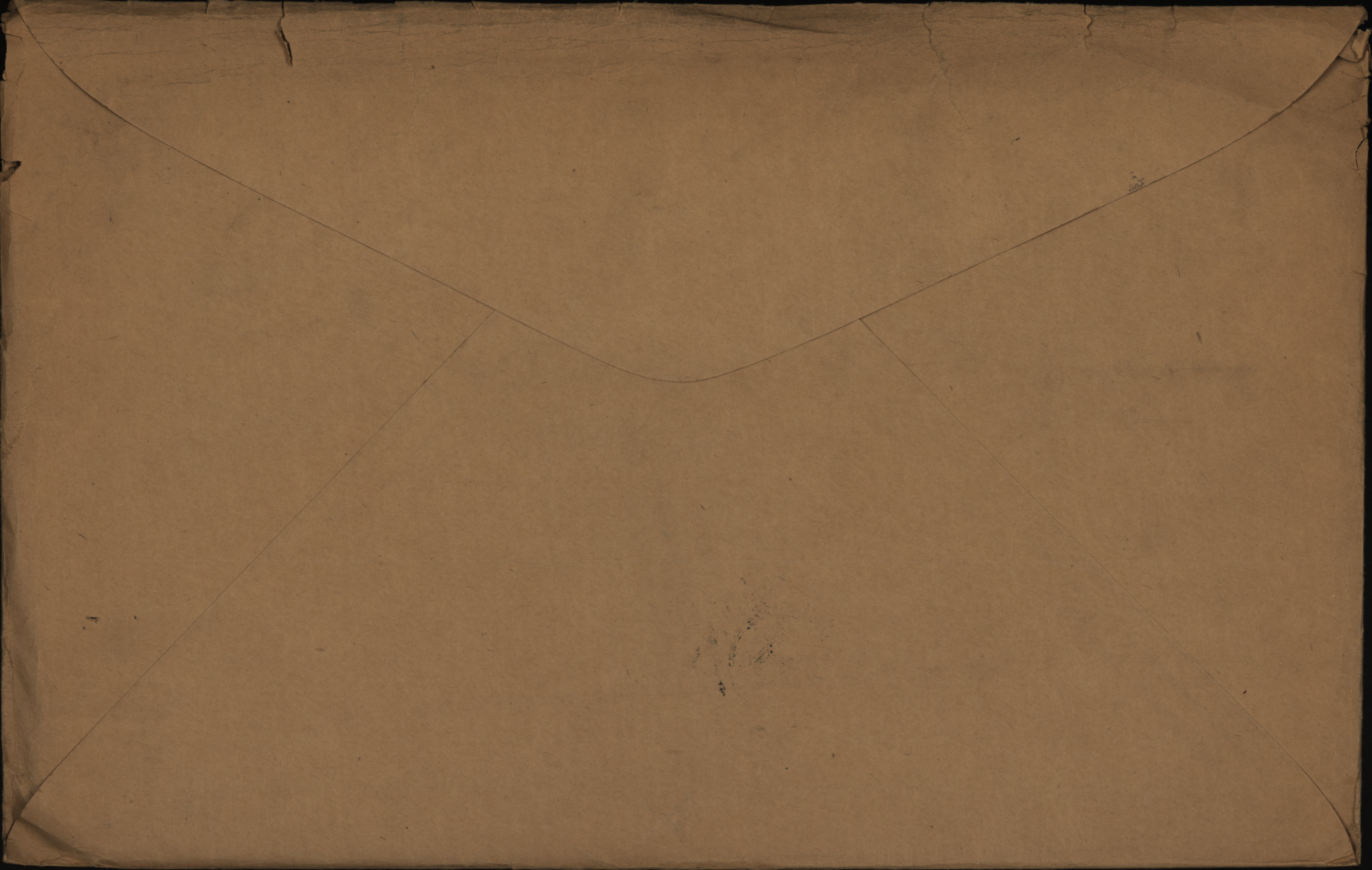
NAME *TAYLOR, ARTHUR, JOHN*

Pvt

REGT. NO. *3236543*

UNIT *2nd Inf. G. R. C.* FILE NO.

CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
<i>1</i> ATTESTATION PAPER (M.F.W. 23, 133, or 51)	<i>20.5.19.20A</i>				DEATH
<i>1</i> CASUALTY FORM (M.F.W. 54 or A.F.B. 103)			Category		
<i>1</i> TRAINING HISTORY SHEET (M.F.W. 113)					
<i>1</i> FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)					
COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					
<i>3</i> MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
<i>1</i> DENTAL HISTORY SHEET (M.F.B. 465)					Category
<i>3</i> MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					<i>Geno</i>
MEDICAL EXAMINATION (M.F.W. 129)					<i>M.U.</i>
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)					
DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)					DESERTION
LAST PAY CERTIFICATE (M.F.W. 44)					
<i>1</i> PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					
PARTICULARS OF CHARACTER (A.F.W. 3226)					
<i>1</i> COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
<i>1</i> <i>In 4 W 7/1</i>			02096		
<i>Misc</i>					



NAME

Taylor. Arthur John

REGIMENTAL NO.

3236543

RANK

1st Lt

ENLISTED AT

London Ont.

PROMOTIONS, &c.
AND DATE

DATE

1-10-18

IF SERVED PREVIOUSLY. STATE UNIT, &c.

MARRIED, WIDOWER, OR SINGLE

NEXT OF KIN

Margaret Taylor

RELATIONSHIP

wife

ADDRESS OF

71. Metcalfe St. London. Ont.

ASSIGNMENT OF PAY \$

C. TO

ADDRESS

SEPARATION ALLOWANCE, ENTITLED OR NOT

DATE APPLICATION FORWARDED TO DIVISIONAL PAYMASTER

IN WHOSE FAVOUR

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

M. F. W. 54. (A. F. B. 103.)

350M.—5-16

H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps **2nd BN. CANADIAN GARRISON REGIMENT**

Regimental No. **3236543** Rank **Pte.** Name **TAYLOR, Arthur John**

Enlisted (a) **1-10-18** Terms of Service (a) **C. E. F. of W & 6 months** Service reckons from (a) **1-10-18**

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

Extended Re-engaged Qualification (b) **Horseman**

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				
8-5-19	2nd Det. C.G.R.	S.O.S. On discharge "ON DEMOBILIZATION MEDICALLY UNFIT FOR GENERAL SERVICE"	Toronto	9-5-19	Part 11 D.O. 128

A. P. Hoeking Lieut.
O. I. C. Records, 2nd Det., Can. Garr. Regt., C. E. F.

(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, Shoering 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				

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.

1. Surname Ex Taylor Christian name Arthur John
 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) 71 Metcalf 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 1918 1917, by the undersigned medical board sitting at Toronto, Canada.

5. Age as stated 45 Years 9 Months. 6. Apparent age 45 Years 9 Months
 7. Height 5 Feet 6 1/2 Inches. 8. Weight 146 Pounds.
 9. Chest measurement { Minimum 33 Ins. 10. Complexion Medium { Eyes Blue
 { Maximum 37 1/2 Ins. { Hair Light
 11. Physical development. Good { Good Fair Poor 12. Smallpox marks Nil

13. Number of vaccination marks { Right arm 1
 { Left arm _____ 14. When vaccinated last Childhood

15. Distinctive marks and marks indicating congenital peculiarities or previous disease Areas of alopecia on scalp, wax both ears.

16. Slight defects but not sufficient to cause rejection _____
 The man denies having had { Rheumatism We find no evidence of past { Rheumatism
 { Tuberculosis { Tuberculosis
 { Syphilis { Syphilis
 (Strike out disease admitted or suspected.)

We have examined the above named man in accordance with the C. E. F. Regulations for medical examinations, and he is placed in Category C3 Hearing Normal Nose & throat Normal
R.D.40 L.D. 60

W. Robertson Capt Member. W. Macle Capt Member. W. Robertson Capt President.

Date	Result	VACCINATIONS	Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
		M.O.			M.O.
		M.O.			M.O.
		M.O.			M.O.

Joined 1st day of October 1918 at Toronto, Canada.

	CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment	<u>2nd Bn.</u>	<u>3236543</u>		
Transferred to.....	<u>Can. Garr. Regt.</u>			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION	DATE	DISEASE	RESULT
<u>Exhibition</u>	<u>24/11/18</u>	<u>Left Infimal Arteria age 48.</u>	<u>C.3. S.P. Wagner</u>
<u>Can. Camp Det</u>	<u>May 3/19</u>	<u>Slight mitral regurg.</u>	<u>Ci. Am. Shuard Capt</u>

N.B.—This sheet is 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.

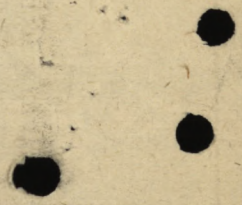
Signature of Man A. J. Taylor

2nd Lt. Vis.

1871

NEW YORK

NEW YORK

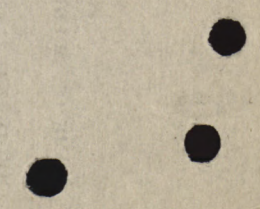


1910

AMERICAN
SOCIETY

AMERICAN
SOCIETY

AMERICAN HISTORICAL SOCIETY



Branch Office, A.D.M.S.,
Exhibition Camp, Toronto, Ont.
May 5th, 1919

From:- A.D.M.S., M.D. #2,

To:- O.C. 2nd Det. C.G.R.?

MEDICAL REPORT. Ex-Camp.

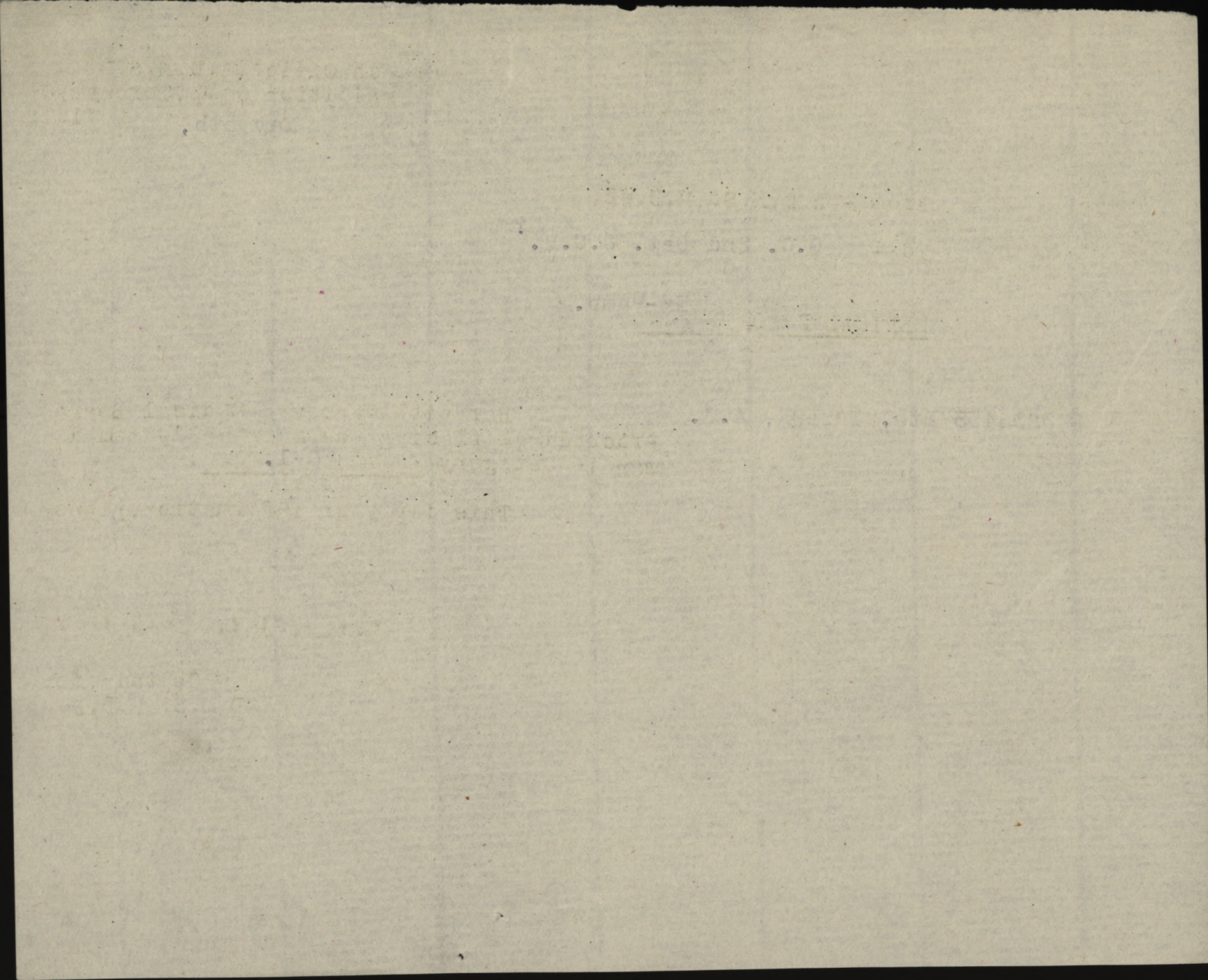
3236453 Pte. TAYLOR, A.J.

Herewith approved Medical Board
proceedings placing the marginally named
man in Category C-1.

This for your information, please

Conrad H. ...

Captain, for
A.D.M.S., M.D. No.



2nd Detachment

MAY 9 1919

2nd Bn., C. G. R., C. E. F.

CANADIAN EXPEDITIONARY FORCE Discharge Certificate

This is to Certify that No. 3236543 (Rank) Private.

Name (in full) TAYLOR, Arthur John. enlisted in
the 2nd Battalion, Canadian Garrison Regiment.

CANADIAN EXPEDITIONARY FORCE at Toronto, Ont on the 1st
day of October 19 18.

HE served inCANADA.....

and is now discharged from the service by reason of
"ON DEMOBILIZATION MEDICALLY UNFIT FOR GENERAL SERVICE"

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

Age 46 Years 5 Months.
Height 5 Feet 6½ Inches.
Complexion Medium
Eyes Blue
Hair Light

Marks or Scars.....
Scar right shin.
1 vaccination right arm.

Arthur John Taylor
Signature of Soldier

J. B. Blaney Major
Issuing Officer
O. C. 2nd Det., Can. Garrison Regt., C. E. F.

Date of Discharge May 9th, 1919.

Rank

Signed at Toronto, Ont this 9th day of May 19 19.

Appointment

in Military District No. 2.

File Reference No.

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

No. (Rank) Name

Unit

Address on Discharge

Character and Conduct

Former Occupation

Special Qualifications of Value in Civil Life

Medals and Decorations

Remarks

Signed at this day of 19

Name of Officer

Rank

Appointment

On demobilization the particulars called for on the back of this certificate will not be completed.

DUPLICATE

MILITARY SERVICE ACT, 1917.

MEDICAL HISTORY SHEET.

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1. Surname Sgt Taylor Christian name Arthur John
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)... 71 Metcalf St., Toronto, Canada.

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 18th day of September 1918 1917, by the undersigned medical board sitting at Toronto, Canada.

5. Age as stated 45 Years 9 Months. 6. Apparent age 45 Years 9 Months
7. Height 5 Feet 6 1/2 Inches. 8. Weight 146 Pounds.
9. Chest measurement { Minimum 33 Ins. 10. Complexion Medium { Eyes Blue
Maximum 37 1/2 Ins. Hair Wight
11. Physical development. Good { Good Fair Poor 12. Smallpox marks Nil

13. Number of vaccination marks { Right arm 1
Left arm _____ 14. When vaccinated last Childhood

15. Distinctive marks and marks indicating congenital peculiarities or previous disease Areas of alopecia on scalp, wax both ears.

16. Slight defects but not sufficient to cause rejection
The man denies having had { Rheumatism Tuberculosis Syphilis We find no evidence of past { Rheumatism Tuberculosis Syphilis
(Strike out disease admitted or suspected.)

We have examined the above named man in accordance with the C. E. F. Regulations for medical examinations, and he is placed in Category C3 R.D.40 L.D. 60
Hearing Normal Nose & throat Normal

W. Robertson Capt Member. W. D. Campbell Capt President. Malce Capt Member.

Date	Result	VACCINATIONS	Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
		M.O.			M.O.
		M.O.			M.O.
		M.O.			M.O.

Joined 1st day of October 1918 at Toronto, Canada.

CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment <u>2nd Bn. Can. Garr. Regt.</u>	<u>3236543</u>		

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION	DATE	DISEASE	RESULT

N. B.—This sheet is 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.

Signature of Man Arthur John Taylor

HEART

2-5-19

SUBJECTIVE: Palpitation of heart at any time worse on exertion.

HISTORY: First had Rheumatism at 20 years of age. Had no recurrence for 15 or 20 years. Never in hospital in army, but has had occasional attacks of it.

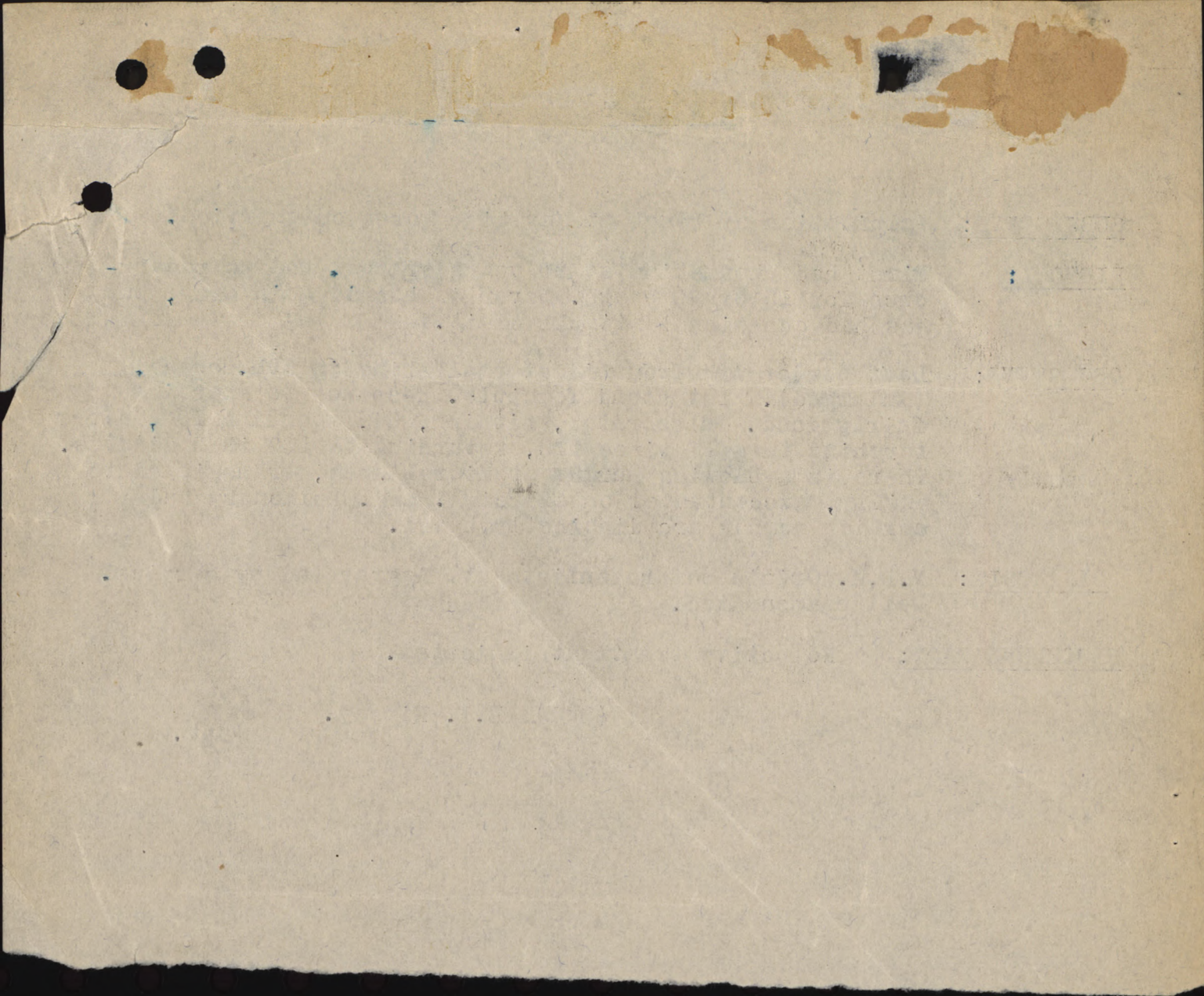
OBJECTIVE: Left border $4\frac{1}{2}$ " from mid sternal line in 5th. space. (Enlarged). 1st sound forcible. Response to exercise fairly good. Pulse rate, sitting, 84, standing 100, after touching toes 10 times 120, returning to 100 in 2 minutes. There is a blowing murmur at mitral area, transmitted to axilla, accentuated on exercise. 2nd. Pulmonary and aortic sounds are distinctly heard.

DIAGNOSIS: V.D.H. Origin before enlistment. Aggravated by service. Well compensated.

RECOMMENDATION: No active treatment indicated.

(Sgd)l H.I. Kinsey.

Capt.



HEART

2-5-19

SUBJECTIVE: Palpitation of heart at any time worse on exertion.

HISTORY: First had Rheumatism at 20 years of age. Had no recurrence for 15 or 20 years. Never in hospital in army, but has had occasional attacks of it.

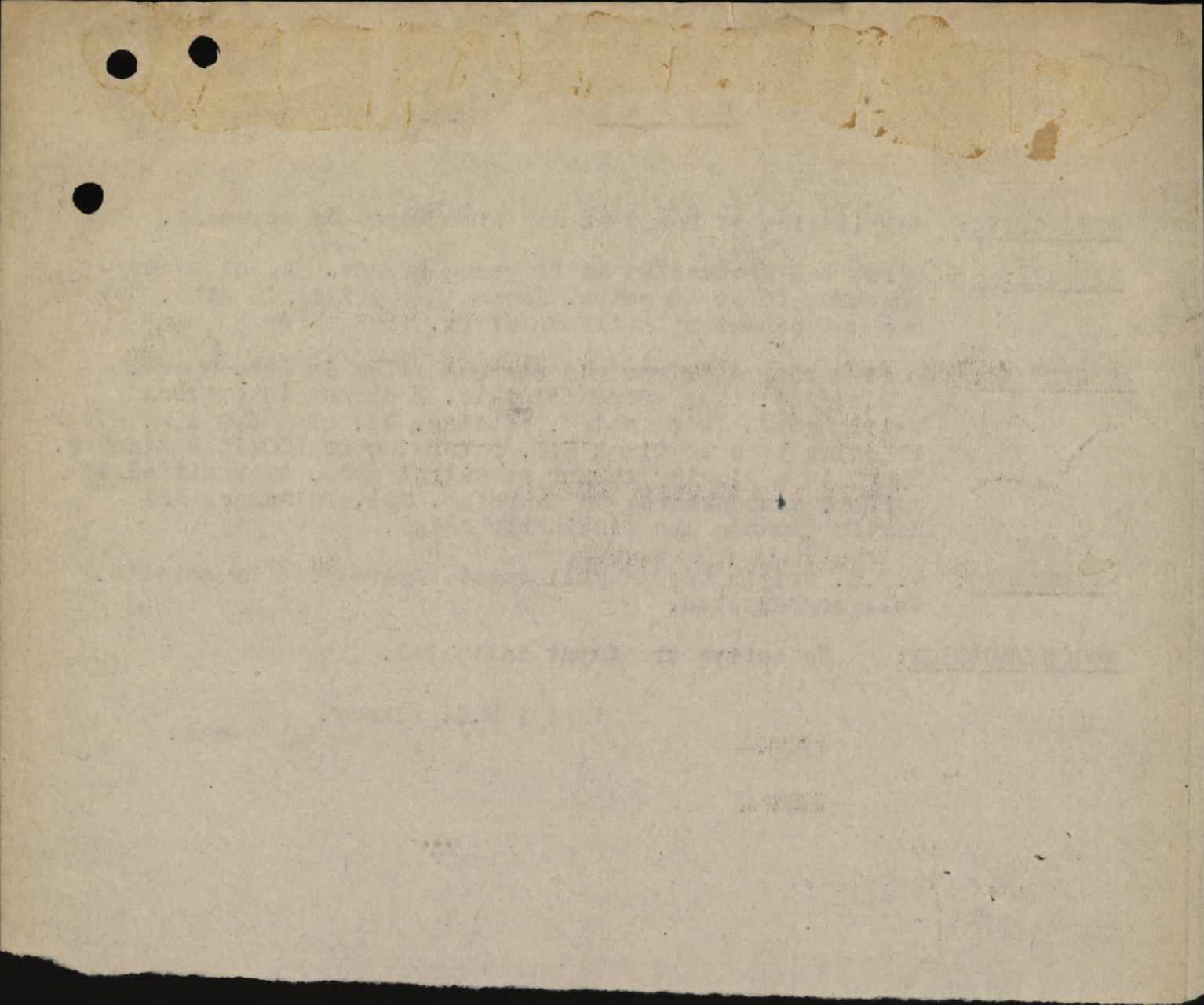
OBJECTIVE: Left border 4½" from mid sternal line in 5th. space. (Enlarged). 1st sound forcible. Response to exercise fairly good. Pulse rate, sitting, 84, standing 100, after touching toes 10 times 120, returning to 100 in 2 minutes. There is a blowing murmur at mitral area, transmitted to axilla; accentuated on exercise. 2nd. Pulmonary and aortic sounds are distinctly heard.

DIAGNOSIS: V.D.H. Origin before enlistment. Aggravated by service. Well compensated.

RECOMMENDATION: No active treatment indicated.

(Sgd)l H.I. Kinsey.

Capt.



HEART

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HISTORY: First had Rheumatism at 20 years of age. Had no recurrence for 15 or 20 years. Never in hospital in army, but has had occasional attacks of it.

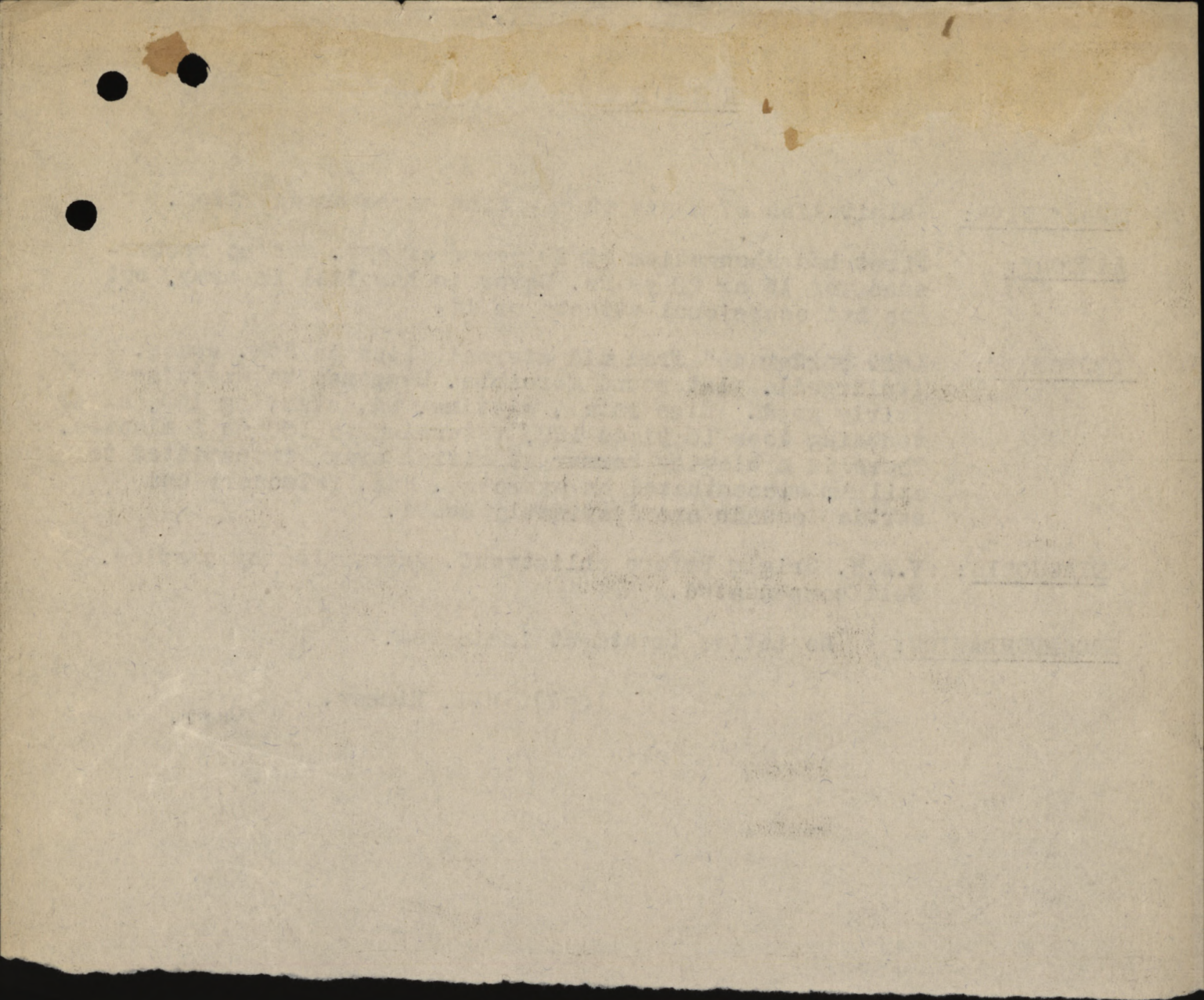
OBJECTIVE: Left border $4\frac{1}{2}$ " from mid sternal line in 5th. space. (Enlarged). 1st sound forcible. Response to exercise fairly good. Pulse rate, sitting, 84, standing 100, after touching toes 10 times 120, returning to 100 in 2 minutes. There is a blowing murmur at mitral area, transmitted to axilla; accentuated on exercise. 2nd. Pulmonary and aortic sounds are distinctly heard.

DIAGNOSIS: V.D.H. Origin before enlistment. Aggravated by service. Well compensated.

RECOMMENDATION: No active treatment indicated.

(Sgd)l H.I. Kinsey.

Capt.



EYE REPORT,

Exhibition Camp, Toronto, Ont.,

DATE

NAME	RANK	NUMBER	May 2nd 1919.	AGE
TAYLOR, A.J.	Pte.	3236543	# 2 D.D.	55

HISTORY

SYMPTOMS

GLASSES WORN **Trouble in reading prints.**

For past four years.

OBJECTIVE EXAMINATION

External Appearance

O D

O S

Normal

1.

Normal Retinoscopy and Ophthalmometer

O D

O S

Ophthalmoscope

Pupils

Lens

Cornea

SUBJECTIVE EXAMINATION

Trial case

O.I.	Before	SPH.	CYL.	AX.	After
	20/60	plus 1.	plus .25	180	20/20
O S.	20/60	1 1.	plus .5	180	20/20

PRESEBYOPIA

Requiring for correction right plus 3. left plus 3.

O D

O S

REMARKS:

a Hyperopic astigmatism, prior to enlistment, no service aggravation.

b Presbyopia, service disability.

CATEGORY AS TO EYES:

"A".

R.G. Smith, M.B.

R.G. Smith M.B.

1912

THE STATE OF TEXAS

Optical Instruments

1912

SUBJECT TO THE PROVISIONS

1912

1912

1912

1912

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 Exhibition Camp. DATE May 3rd. 1919

1. 1 (a) Unit 2nd. C.G.R. (b) Regimental No. 5236543 (c) Rank Pte.
 (d) Surname TAYLOR. (e) Christian name Arthur John.
 (f) Home address 71 Metcalf St., Toronto, Ont.
 (g) Next of Kin Mrs. Margaret Taylor. (h) Relationship Wife/.
 (i) Address of Next of Kin 71 Metcalf St., Toronto, Ont.
2. Age last birthday 54 Date of birth Dec. 4th. 1864
3. Enlistment, or Appointment (if an Officer) (a) Place Toronto, Ont. (b) Date Oct. 1st. 1918
4. Personal description:
 (a) Height 5 ft. 6 in. (b) Weight 148 (c) Complexion Light.
(stripped)
 (d) Colour of hair Gray (e) Colour of eyes Blue (f) Identification marks, Scars, etc.
1. Vaccination right arm.
5. Former trade or occupation "Liveryman Business".

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
	0	187
	PERIODS	
	From	To
Canada	<u>Oct. 1st. 1918</u>	<u>To date.</u>
England <u>NO SERVICE OUT OF CANADA.</u>		
France or other theatres of War		

7. Original disease, or injury 1. Valvular Disease of the heart.
2. Defective vision.
- (a) Date of origin 1 and 2 Prior to enlistment. (b) Place of origin 1 and 2 Canada.
- (c) Cause 1. Infection. 2. (a) Unknown. (b) Senility.

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).

~~Cerebro myelitis, lumbar vertebrae childhood, 2 years duration, resulting~~
~~(in spinal deformity.~~
~~Typhoid Fever 1904, 2 months, good recovery.~~
~~Left Inguinal hernia, started 1911.~~

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

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

(b) If so, has it been aggravated by Service? (If aggravated, give a description, as far as it is possible to do so, of the disabling condition at time of enlistment.)

1. and 2 Yes.

(1) See specialist's report. (2) right arm 20/60, left at enlistment to 20/60 right 20/60 left at present.

12. Was the disability caused, or aggravated; (a) by intemperance, or improper conduct; or (b) by unreasonable refusal to accept treatment? **A and B (1 and 2) No.**

The regimental documents will be referred to.

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

13. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one? **1 and 2 Permanent.**

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

1 and 2 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)

1 and 2 no.

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

17. Recommendations **Category "OK".**

G. H. Smith (ass)
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).

A. J. TAYLOR, PTE.

I, the undersigned..... 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.....

Am

A. J. Taylor, Private 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.

WE CONCUR.

19. Is the invalid fit for

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

Returned to duty in category "C1"

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.

P. J. Sheard Capt
W. H. ... Capt

President.

PLACE..... **Exhibition Camp, Toronto, Ont.**

Members

DATE..... **May 3rd, 1919.**

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
 Assistant Director of Medical Services.
MAY 5 1919
[Signature]
 CAPT.
 FOR A. D. M. S. M. D. 2

DATE.....

APPROVED BY

Director-General of Medical Services.

DATE.....

EYE REPORT,

Exhibition Camp, Toronto, Ont.,

DATE

NAME RANK NUMBER May 2nd 1919. AGE
TAYLOR, A.J. Pte. 3236543 # 2 D.D. 55

HISTORY

SYMPTOMS

GLASSES WORN trouble in reading prints.

For past four years.

OBJECTIVE EXAMINATION

External Appearance

O D

O S Normal

Normal Retinoscopy and Ophthalmometer

O D

O S

Ophthalmoscope

Pupils

Lens

Cornea

SUBJECTIVE EXAMINATION

Trial case

O.S. Before SZH. CYL. AX. After

20/60 plus 1. plus .25 180 20/20

20/60 .1 1. plus .5 180 20/20

Requiring for correction right plus 3. left plus 3.

O D

O S

REMARKS:

a Hyperopic astigmatism, prior to enlistment, no service aggravation.

b Presbyopia, service disability.

CATEGORY AS TO EYES:

"A".

E.G. Smith, M.B.

E.G. Smith M.B.

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF INVESTIGATION

DATE

TIME

NAME

NO.

THOMAS

STATION

STATION

REPORT OF

OFFICER

IN CHARGE

AT

ON

BY

AND

BY

REPORT

NO.

10

20

U.S. DEPARTMENT OF JUSTICE

HISTORY

SYMPTOMS Trouble in reading prints.

GLASSES WORN For past four years.

OBJECTIVE EXAMINATION

External Appearance

O.D. Normal

O.S. Normal

Retinoscopy and Ophthalmometer

O.D. O.S. Ophthalmoscope

Fundus Lens Cornea

SUBJECTIVE EXAMINATION

Trial case

O.D.	Before	SPH.	CYL.	AX.	After
20/60	plus 1.	plus .25	180	20/20	
O.S. 20/60	1 1.	plus .5	180	20/20	

PRESBYOPIA Requiring for correction right plus 3 left plus 3

GLASSES PRESCRIBED

O.D.

O.S.

REMARKS: a. Hyperopic astigmatism, prior to enlistment, no service aggravation. b. Presbyopia, service disability.

CATEGORY AS TO EYES: "A".

E.G. Smith, M.B.

1900

THIS

DE

External Affairs

Retrospect and

Ophthalmoscope

Form

Cornea

SUBJECTIVE TESTS

Visual Acuity

5/20

TYPE

SH

CLASSIFICATION

CLASS

NO. OF PAGES

1900

This space to be for numbers.

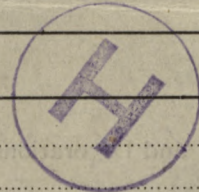
P
La-328

17/12/34

Proceedings on Discharge.

(When forwarded for confirmation these proceedings should be accompanied by the documents specified on fourth page.)

No.	3236543	
Rank	Private	
Surname	TAYLOR	
Christian name	Arthur John	
NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.		
Corps (Squadron, Battery or Company)	2nd Det., C. G. R., C. E. F.	
Date of discharge	May 9th, 1919.	
Place of discharge	TORONTO	
1. DESCRIPTION AT THE TIME OF DISCHARGE.		
Age.....	46.....years.....	5.....months.
Height.....	5.....feet.....	6½.....inches.
Complexion	Medium	
Eyes	Blue	
Hair	Light	
Trade	Horseman	
Intended place of residence	71 Metcalfe St., Toronto, Ont	
(To be given as fully as practicable.)		
Descriptive marks		
Scar right shin.		
1 vaccination right arm.		
2. The above-named man is discharged in consequence of		
"ON DEMOBILIZATION MEDICALLY UNFIT FOR GENERAL SERVICE"		
Routine Order 1420		
Authority for discharge.....		
N.B.—The cause of discharge must be worded as prescribed in the King's Regulations and be identified with that on the character certificate. If discharged by superior authority, the number and date of the letter to be quoted.		
3. Conduct and character while in the service have been, according to the records, etc.		
N.B.—This will be assessed when practicable, by the Commanding Officer in the presence of the soldiers and the Officer Commanding his Squadron, Battery or Company.		
4. Special qualifications for employment in civil life (Vide para. 332, K. R. & O., Canada.)		



71 Metcalfe St., Toronto, Ont

Medical Documents forwarded to S. G. R. or B. P. C. 14/5/19

Quoted 2049-T-114

M. F. B. 218.

200M.—5-18.
H. Q. 1772-39-113.

KCB 2.3.20

(OVER)

22

5. He is in possession of the following number of G. C. Badges

No reference to G. C. Badges is to be made on either the discharge or character certificate.

6. Medals and Decorations.....

To be copied by the Commanding Officer on to the parchment Discharge Certificate.

7. His account is correctly balanced, and signed by the Officer Commanding his Company, (Squadron or Battery), and I have impartially enquired into all matters brought before me in accordance with Regulations.

(Place).....

(Date).....

Commanding.....

8. Certificate to be signed by the Soldier on Discharge

I hereby acknowledge that I received all my Pay, Allowances and Clothing, and all just demands, up to the present date, subject to the reservations of the claims noted on the third page, and that I have received my permanent discharge certificate.

(Place)..... TORONTO Arthur John Taylor (Signature of Soldier.)

(Date)..... May 9th, 1919. (Signature of Witness.)

When a soldier is absent through illness or any other cause and it is not desirable to forward these proceedings to him for signature, a manuscript copy should be sent for the man to sign, and when returned, should be attached here.

9. Additional Certificate in the case of a Soldier who takes his discharge on his own request.

I hereby declare that I do of my own free will request to be discharged from His Majesty's Service.

.....(Signature of Soldier.)

10. Statement of Service.

Service toward Engagement to.... (the date to which the Record of Service is completed).....years.....days.

Total.....years.....days.

11. Confirmation of Discharge.

The discharge of the above-named man is hereby confirmed.

(Place)..... TORONTO

(Date)..... May 9th, 1919.

(Signature)..... Major O. C. 2nd Det., Can. Garr. Regt., C. E. F.

List of Discharge Documents.

Reg. Conduct Sheet,	Militia form B. 263
Squadron } Battery } Company }	Conduct Sheet, " B. 263a
or	
Field Conduct Sheet	" W. 178
Copies of Convictions, by C. P.	in MS.
Med. Hist. Sheet,	Militia form B. 313
Casualty Form	" W. 54
Medical Report for Invalid§	" B. 227
Dental History Sheet	" B. 465
Last Pay Certificate	" W. 44
Duplicate Discharge Certificate	" W. 39A
‡Form of Will	" W. 82

§Only if discharged "Medically unfit."

‡Only if man has not been overseas.

Attestation Paper	Militia Form W. 23
or	
Particulars of Recruit	" W. 133
Proceedings on Discharge	" B. 218

In the case of recruits who are rejected on final approval, the discharge documents will consist of

- (a) Proceedings on Discharge.
- (b) Attestation.
- (c) Medical History Sheet.

Documents not accompanying this form should be crossed out.

I hereby certify that the following documents are unobtainable.

Officer Commanding.

N.B.—In the case of a man discharged by purchase, the date and number of Deposit Receipt with amount of same is to be noted hereon.

THIS FORM WILL BE USED FOR ALL
MEDICAL HISTORY OF AN

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

- In using this Form the "Instructions issued for the guidance of Medical Officers" issued by the B.P.C. and instructions issued by Militia H.Q., Ottawa, will be carefully read.
- The Medical Officer in charge of the case is responsible for the proper completion of Sections 1 to 10 and will obtain the signature of the invalid to the "Statement," page 3. The President of the Medical Officers is responsible for the proper completion of sections reserved for recording by the Medical Board.
- In answering the questions, Medical Officers will carefully obtain and record the invalid's statement of his condition. They will distinguish observations made by themselves from hearsay. They will state the authority for statements not resulting from their personal observation; it must be stated whether such statements are obtained from the invalid concerned, from witnesses, or from the 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 Exhibition Camp. DATE May 3rd. 1919

1. 1 (a) Unit 2nd. C.G.R. (b) Regimental No. 3236543 (c) Rank Pte.
 (d) Surname TAYLOR. (e) Christian name Arthur John.
 (f) Home address 71 Metcalf St., Toronto, Ont.
 (g) Next of Kin Mrs. Margeret Taylor. (h) Relationship Wife/.
 (i) Address of Next of Kin 71 Metcalf St., Toronto, Ont.

2. Age last birthday 54 Date of birth Dec. 4th. 1864

3. Enlistment, or Appointment (if an Officer) (a) Place Toronto, Ont. (b) Date Oct. 1st. 1918

4. Personal description:

(a) Height 5 ft. 6 in. (b) Weight 148 (c) Complexion Light.
(stripped)

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

1. Vaccination right arm.

5. Former trade or occupation "Livery~~xxxx~~ Business".

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
		0

	PERIODS	
	From	To
Canada	<u>Oct. 1st. 1918</u>	<u>To date.</u>
England	<u>NO SERVICE OUT OF CANADA.</u>	
France or other theatres of War		

7. Original disease, or injury 1. Valvular Disease of the heart.
2. Defective vision.

(a) Date of origin 1 and 2 Prior to enlistment. (b) Place of origin 1 and 2 Canada.

(c) Cause

1. Infection. 2. (a) Unknown. (b) Senility.

Exact nature of the disability resulting from the disabling conditions: e.g. (a) Weakness—light, moderate, or severe; (b) Partial, of an organ or member, or of its functions; (c) Necessity for rest of the body, or of some of its parts, for other restrictions in choice of occupation.)

Loss of function of the Heart.

" " " " " Eyes.

Condition—(a) (Before completing this section the invalid should be stripped, and subjected to a thorough physical examination. Important, to be a full description of the present disabling condition, or conditions only. "History" must be recorded in Section 10. Describe all abnormalities, anatomical and functional, contributing to present disability; objective findings to be stated first, then subjective findings.)

1. Objective: See specialist's report.

2. Objective: " " " "

1. Subjective: Shortness of breath brought on by marked exertion. e.g. Can walk two miles without inconvenience but cannot do any heavy lifting without bringing it on. Occasional palpitation.

2. Subjective: See specialist's report.

(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...yes Any other general condition...yes

Left inguinal hernia. Existed prior to enlistment, not aggravated by

service. Haemorrhoids " " " " " " " "

service. Urine...no albumen or sugar. No varicocele, varicose veins, or goitre. Osseous and joint systems. Spinal deformity, Lumbar region existed in childhood. No service disability.

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

See Specialist's report.

Eyes trouble started 1913 for past two years vision has been failing.

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).)

osteomyelitis, lumbar vertebrae childhood, 2 years duration, resulting (in spinal deformity.
Typhoid Fever 1904, 2 months, good recovery.
Left Inguinal hernia, started 1911.

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

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

(b) If so, has it been aggravated by Service? (If aggravated, give a description, as far as it is possible to do so, of the disabling condition at time of enlistment.)

1 and 2 Yes.

(I) See specialist's report. (2) right plus 20/60, left on enlistment to 20/60 right 20/60 left at present.

12. Was the disability caused, or aggravated; (a) by intemperance, or improper conduct; or (b) by unreasonable refusal to accept treatment? A and B (1 and 2) No.

The regimental documents will be referred to.

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

13. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one? 1 and 2 Permanent.

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

1 and 2 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)

1 and 2 no.

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

17. Recommendations. Category "CI".

G. H. Smith 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).

A. J. TAYLOR. PTE.

I, the undersigned, 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 *Ph.*

A. J. Taylor Private 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.

WE CONCUR.

19. Is the invalid fit for

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

Returned to duty in category "C1"

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.

[Handwritten signature]

President.

PLACE... Exhibition Camp., Toronto, Ont.

[Handwritten signature]

Members

DATE... May 3rd. 1919.

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.

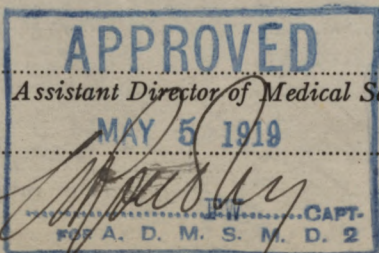
PLACE.....

Members

DATE.....

APPROVED BY

APPROVED BY



DATE.....

Director-General of Medical Services.

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 Exhibition Camp. DATE May 3rd. 1919

1. 1 (a) Unit 2nd. C.G.R. (b) Regimental No. 3236543 (c) Rank Pte.
 (d) Surname TAYLOR. (e) Christian name Arthur John.
 (f) Home address 71 Metcalf St., Toronto, Ont.
 (g) Next of Kin Mrs. Margeret Taylor. (h) Relationship Wife/.
 (i) Address of Next of Kin 71 Metcalf St., Toronto, Ont.

2. Age last birthday 54 Date of birth Dec. 4th. 1864

3. Enlistment, or Appointment (if an Officer) (a) Place Toronto, Ont. (b) Date Oct. 1st. 1918

4. Personal description:

(a) Height 5 ft. 6 in. (b) Weight 148 (c) Complexion Light.
(stripped)

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

1 Vaccination right arm.

5. Former trade or occupation "Liveryman's Business".

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
0	187

	PERIODS	
	From	To
Canada	<u>Oct. 1st. 1918</u>	<u>To date.</u>
England	<u>NO SERVICE OUT OF CANADA.</u>	
France or other theatres of War		

7. Original disease, or injury 1. Valvular Disease of the heart.
2. Defective vision.

(a) Date of origin 1 and 2 Prior to enlistment. (b) Place of origin 1 and 2 Canada.

(c) Cause

1. Infection. 2. (a) Unknown. (b) Senility.

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).)

...tes myelitis, lumbar vertebrae childhood, 2 years duration, resulting (in spinal deformity.
...typhoid fever 1904, 2 months, good recovery,
...left inguinal hernia, started 1911.

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

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

(b) If so, has it been aggravated by Service? (If aggravated, give a description, as far as it is possible to do so, of the disabling condition at time of enlistment.)

1. and 2 Yes.

(1) See specialist's report. (2) right plus 20/60, left 20/60 at enlistment to 20/60 right 20/60 left at present.

12. Was the disability caused, or aggravated; (a) by intemperance, or improper conduct; or (b) by unreasonable refusal to accept treatment? A and B (1 and 2) No.

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

13. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one? 1 and 2 Permanent.

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

1 and 2 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)

1 and 2 no.

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

17. Recommendations. Category "DE".

G. W. Smith 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).

A. J. TAYLOR, PTE.

I, the undersigned, 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. [Signature]

A. J. Taylor Private 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.

WE CONCUR.

19. Is the invalid fit for (a) General service, (b) Service abroad, not general service, (c) Home service (Canada only), (d) Temporarily unfit, (e) Unfit for service in Categories A, B and C

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.)

Returned to duty in category "01"

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.

Handwritten signatures of P. J. Sheard (President) and W. H. Robertson (Capt.)

PLACE: Exhibition Camp, Toronto, Ont. DATE: May 3rd, 1919.

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. DATE. Members

APPROVED BY Assistant Director of Medical Services. APPROVED BY Director-General of Medical Services. DATE MAY 5 1919. CAPT. FOR A. D. M. S. M. D. 2

Original.

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

REGT. No. 3236543¹ RANK *Pte.* NAME (IN FULL) *Taylor A. J.*

M. OR S. *Married* ✓

RELATIONSHIP *Wife*

ADDRESS *71 Metcalfe St., Toronto, Ont.*

IS SEPARATION ALLOWANCE PAID? *Yes* DATE EFFECTIVE

TO WHOM PAID *As above* RELATIONSHIP *Wife*

ADDRESS *" " "*

ORIGINAL UNIT C.E.F. *Toronto, Ont.*

IF IN P.F. WHAT UNIT? *11 Metcalfe Street TORONTO*

PLACE OF ATTESTATION *Toronto, Ont.* TRANSFERRED TO DATE *1/10/18* AUTHORITY

DATE OF ATTESTATION *16/9/16 (2) 1/10/18* TRANSFERRED TO DATE AUTHORITY

ASSIGNED PAY \$ *15.00* DATE EFFECTIVE

PAYABLE TO *Mrs M. Taylor, Wife* ADDRESS *71 Metcalfe St., Toronto, Ont.*

STOP PAYMENT FORM RENDERED, DATE

DISCHARGED *30/9/18* PLACE *Toronto* DATE *9.5.19* REASON *Med Unfit* AUTHORITY *D.O. 128* IF ENTITLED TO POST DISCHARGE PAY *Yes*

MONTH	PAY AND F.A.		OTHER CREDITS		TOTAL CREDITS		ACQUITTANCE ROLLS			CASH PAYMENTS			ASSIGNED PAY	REGI-MENTAL CHARGES	OTHER CHARGES	TOTAL DEBITS		BALANCE		PARTICULARS OR REMARKS	
	NO. OF DAYS	RATE	AMOUNT	C.	C.	C.	COL. NO. 1	COL. NO. 2	COL. NO. 3	COL. NO. 1	COL. NO. 2	COL. NO. 3				DEBIT	CREDIT	DEBIT	CREDIT		
																					\$
<i>1919</i>																					
<i>Jan</i>	<i>31</i>	<i>1.10</i>	<i>34 10</i>	<i>30</i>	<i>24 80</i>	<i>10</i>			<i>98 90</i>	<i>30837</i>	<i>32304</i>	<i>20</i>	<i>23 90</i>	<i>45</i>	<i>25</i>	<i>113 90</i>	<i>15</i>			<i>Subs 25.00 not charged in Jan</i>	
<i>Feb</i>	<i>28</i>	<i>1.30</i>	<i>30 80</i>	<i>22 40</i>	<i>24</i>	<i>30</i>			<i>112 20</i>	<i>35658</i>	<i>36169</i>	<i>20</i>	<i>24 00</i>	<i>3 20</i>	<i>15</i>	<i>112 20</i>				<i>Subs for Oct not credited. \$5.00 adj. S.A. for Sept. not adjusted on R.M.P.C. pay list.</i>	
<i>Mar</i>	<i>31</i>	<i>1.34</i>	<i>34 10</i>	<i>30</i>	<i>24 80</i>				<i>88 90</i>	<i>58034</i>	<i>581236</i>	<i>20</i>	<i>20 90</i>	<i>45</i>		<i>85 90</i>					
<i>Apr</i>	<i>30</i>	<i>1.33</i>	<i>33 00</i>	<i>30 00</i>	<i>24 00</i>	<i>3</i>			<i>90 00</i>	<i>583360</i>	<i>583515</i>	<i>20</i>	<i>20 00</i>	<i>45</i>		<i>85 00</i>					
<i>May</i>	<i>9</i>	<i>9 90</i>	<i>9 90</i>	<i>35</i>	<i>9 00</i>	<i>5</i>			<i>62 90</i>	<i>584785</i>	<i>584784</i>		<i>123 90</i>	<i>39 00</i>		<i>162 90</i>	<i>100</i>			<i>Leaves to draw subs 2.5.19. D.O. 122. Sick leave 3.5.19 to 5.5.19. D.O. 125. S.A. 9 days 9.00. 3.5.19. 35.00. 1st inst. W.S.G. 70.00. 1st inst. S.A. W.S.G. 30.00.</i>	
			<i>141 90</i>	<i>258 00</i>	<i>53 00</i>	<i>452 90</i>			<i>80 00</i>	<i>123 90</i>	<i>131 00</i>	<i>185 00</i>		<i>40 00</i>		<i>559 90</i>	<i>115 00</i>	<i>8 00</i>			
																					<i>W.S.G. 100.00. Amount due Soldier's Dep. 140 - 140 - 140 - 140</i>
																					<i>W.S.G. Paid in Full. W.S.G. Paid by #2 D.D.</i>
																					<i>Lieut. FOR PAYMASTER WAR SERVICE GRATUITY</i>
																					<i>JUNE 16 38/195 70 70 - 190 70 - 30 - 100 - 70 - 30 - 70 - 30 - 200 - 200 - 200 - 200</i>
																					<i>W.S.G. 100.00. Amount due Soldier's Dep. 140 - 140 - 140 - 140</i>

