12th

Struck off Sep 4-15
Med Unfit

ATTESTATION PAPER

No.

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE

H 53137

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS)

1. What is your name? — Barney Taylor
2. In what Town, Township, or Parish, and in what Country were you born? — Montreal Que.
3. What is the name of your next-of-kin? — Alexander Taylor
4. What is the address of your next-of-kin? — General Delivery P.O. Cleveland Ohio U.S.A.
5. What is the date of your birth? — Dec 8th 1893
6. What is your trade or calling? — cook
7. Are you married? — no
8. Are you willing to be vaccinated or re-vaccinated? — Yes
9. Do you now belong to the Active Militia? — Yes
10. Have you ever served in any Military Force? If so, state particulars of former Service. — No
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

Barney Taylor (Signature of Man.)

A. O. Ross (Signature of Witness.)

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

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

Barney Taylor (Signature of Recruit.)

Date JUN 30 1915 191 . A. O. Ross (Signature of Witness.)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Barney 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.

Barney Taylor (Signature of Recruit.)

Date JUN 30 1915 191 . A. O. Ross (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 NIAGARA CAMP this 2 day of JUL 1915 191 .

(Signature of Justice.)

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

(Approving Officer.)

M. F. W. 23.
200 M.—3-15.
W.Q. 1772-89-241.

DESCRIPTION OF B. Taylor ON ENLISTMENT.

Apparent Age 22 years months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5 ft. 7 ins.

Chest measurement:
- Girth when fully expanded 36 ins.
- Range of expansion 3 ins.

Complexion dark

Eyes blue

Hair black

Religious Denominations:
- Church of England
- Presbyterian
- Methodist ✓
- Baptist or Congregationalist
- Other Protestants (Denomination to be stated.)
- Roman Catholic
- Jewish

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.)

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 JUN 30 1915 191 .

Place NIAGARA CAMP

CAPT. R.A.M.C.

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

Taylor Barney 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 of Officer.)

Lieut.-Col.

Date JUL 22 1915 191 .

Commanding 58th Batt'n, C. E. F.

REGIMENTAL DOCUMENTS

NAME TAYLOR Barney REGT. NO. 453137 UNIT 58 Bn H. Q. FILE NO.

S

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

Deceased

55

02118

H

W. 2589
100M-11-19
1772-39-1377

No. 453137 RANK Pte. NAME Taylor Barney

T. O. S. 1-7-15
D031-29-7-15

UNIT 58th. Bn. (on Quota for 12th Regt. York Rangers.

M. D.

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1915	1915			
June 14	June 30			
July				
Aug.				
Sept 1	Sept 4.		Discdgd 4-9-15 Medunfit Sept Paylist.	

UNIT SAILED
NOV 22 1915

a/c closed by Payment.

M.9.

X

NAME Taylor Barney

RANK & No. Pte. 453137.

CORPS 58th Co. Ec. F. Battalion

ENLISTMENT, PLACE Niagara Camp, Ont. DATE 17-6-15.

FORMER CORPS

COUNTRY OF BIRTH

NEXT OF KIN Alexander Taylor.

ADDRESS OF NEXT OF KIN Gen. Del., P.O., Cleveland, Ohio, U.S.A.

Struck off strength.

~~DISCHARGE~~, PLACE Toronto DATE 4-9-16

Deserter. ~~Med. Unfit~~ Doc on file.

not located

M. F. W. 22. 100 m.—9-15.

L. L. 85779—M. & D.—6011.

H Q. 1772-39-839.

REMARKS:

Original not available

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

M. F. W. 54. (A. F. B. 105.
500M.—9-16
H. Q. 1772-39-9?0.

Casualty Form—Active Service.

Unit, Regiment or Corps 58 Battalion

Regimental No. 45313 7 Rank Pte Name Taylor Barney

C. E. F.

Enlisted (a) 30.6.15 Terms of Service (a) DW Service reckons from (a) 30.6.15

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) .....

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				
4.9.15	58 Bn	So S. ~~Medically Unfit.~~ (Within 3 mos. of Inl. found medically unfit for further service)	Niagara	4.9.15	Pt II DO #65 Amended by after Order # 27. d/20.5.22.

H

D. Pitchie

for DR

(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 dutie.

[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				

(12) (951337) Struck off Sep 4 Medically Unfit

MEDICAL HISTORY SHEET.

Surname Taylor *Christian Name* Barney

Examined on 30th day of June 1915 at Niagara

Birthplace City or Town Montreal, County Nue

Apparent age 22

Trade or occupation Cook

Height 5 Feet 7 Inches.

Weight 139 Lbs.

Chest measurement Minimum 33 inches. Maximum expansion 3 inches.

Physical development Fair

Small-Pox Marks

Vaccination Marks Arm Right. Left. Number

When Vaccinated last None

(a) Marks indicating congenital peculiarities or previous disease None

(b) Slight defects but not sufficient to cause rejection None

Approved by W. G. Costie CAPT. A.M.C.

Rank M.O.

Date	Fit or Unfit	Examined for Re-engagement,
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Date	Result	Vaccinations.
15/7/15		W. G. Costie Capt M.O.
		M.O.
		M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.
8/7/15		W. G. Costie M.O.
12/7/15		M.O.
16/7/15		Capt M.O.

Enlisted on 19th *day of* June 1915 *at* Toronto

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment				
Transferred to..				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.
Niagara	2/9/15	Rheumatism	Discharged

N. B.—This sheet to be disposed of in accordance with instructions in the Regulations for Army Medical Service, on the man becoming non-effective; the date and cause being stated on next page.

M. F. B. 313.

100M.—1-15.
H. Q. 1772-39-439.

Surname Taylor. Christian Name Barney

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital.			Dates of Discharge from Hospital.			DISEASE.	Number of days in Hospital.	Remarks on nature of the disease: how induced: if mild or severe: if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer.
		Day	Month	Year	Day	Month	Year				