2. Class A 2 Irish. ORIGINAL

ATTESTATION PAPER.

Depot ARtillery Brigade

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

No. 340493

Folio.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname?	TAYLOR
1a. What are your Christian names?	Benjamin
1b. What is your present address?	Franklin House, Syracuse, N.Y., U.S.
2. In what Town, Township or Parish, and in what Country were you born?	Galway, Ireland
3. What is the name of your next-of kin?	Mary Taylor
4. What is the address of your next-of-kin?	Tynagh, Galway, Ireland
4a. What is the relationship of your next-of-kin?	Mother
5. What is the date of your birth?	March, 13th, 1889
6. What is your Trade or Calling?	Fireman (Marine)
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 Naval or Military Force? If so, state particulars of former Service.	Yes Irish Guards 6 mos (Pte)
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, Benjamin 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.

Benjamin Taylor (Signature of Recruit)

Date February, 15th 1918. Benjamin Taylor (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Benjamin 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.

Benjamin Taylor (Signature of Recruit)

Date February, 15th 1918. (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 15th day of February, 1918 191 .

(Signature of Justice)

M. F. W. 23.
750 M.—1-17.
H. Q. 1772-39-841.

N.B.—ATTENTION IS DRAWN TO THE FACT THAT ANY PERSON MAKING A FALSE ANSWER TO ANY OF THE ABOVE QUESTIONS IS LIABLE TO A PENALTY OF SIX MONTHS' IMPRISONMENT.

Description of Benjamin Taylor on Enlistment.

Apparent Age 27 years 11 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5 ft 8½ ins.

Chest measurement.
- Girth when fully expanded 36 ins.
- Range of expansion 3½ ins.

Complexion FRESH

Eyes Brown

Hair Dark

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

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).

Large scar r. shin.

Hearing O.K. R.D. 20 L.D. 20
THROAT o.k. Spur left.

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 February, 15th 1916

Place Toronto, Canada

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:—

Passed by J. A. Balch, Sprague.

DECLARED FIT BY MEDICAL BOARD
TORONTO MOBILIZATION CENTRE
M.O.
PRESIDENT.

CERTIFICATE OF OFFICER COMMANDING UNIT.

Benjamin 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.

Major
Commanding 39 Battery, C. F. A., C. E. F.
(Signature of Officer)

Date FEB 25 1918 191

REGIMENTAL DOCUMENTS

NAME Taylor Benjamin REGT. NO. 340493 UNIT 69th Bty H. Q. FILE NO.

	CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
1	ATTESTATION PAPER (M.F.W. 23, 133, or 51)					DEATH
1	CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category
	TRAINING HISTORY SHEET (M.F.W. 113)					
	FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
1	REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)					
1	COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					
2	MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
1	DENTAL HISTORY SHEET (M.F.B. 465)					Category
	MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					Demob
1	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)					
	DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)					DESERTION
	LAST PAY CERTIFICATE (M.F.W. 44)					
1	PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					
	PARTICULARS OF CHARACTER (A.F.W. 3226)					26-19
	COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)				02124	8-19
1	M7967 (R)					6-19
1	Pay Cert					
1	Ind Card					2

W. 2589
100M-11-18
1772-39-1377

SURNAME. Taylor.

CHRISTIAN NAMES Benjamin

REGL. No. 340493 RANK Gnr.

UNIT 69th. Dpo. Bty.

FORMER CORPS Ire Guards. 6 mos.

2. CARD NO. 4

S.O.S. 17/6/19 Dis. O/S R.N.S. FOLL.

O/S DO. 66 of 16/7/19

Can. Con. Camp, Wiley

NEXT OF KIN.

NAMES IN FULL Taylor. Mrs Mary.

RELATIONSHIP TO SOLDIER Mother

ADDRESS Tynagh. Galway. Ire.

CHANGE OF ADDRESS

COUNTRY OF BIRTH Ireland. Galway. DATE Mar. 13th. 1889.

PLACE OF ATTESTATION Toronto. Ont. DATE Feb. 15th. 1918.

O/S. 17.4-18. 1165/14.

L. L. 25989. M. & D. 8191.

M. F. W. 22. 100M.—8-17. H. Q. 1772-39-339.

MARRIED SINGLE WIDOWER

TRADE OR CALLING RELIGION

DESCRIPTION.

APPARENT AGE YEARS MONTHS

HEIGHT FEET INCHES

CHEST MEASUREMENT INCHES EXPANSION INCHES

COMPLEXION EYES HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION. PLACE DATE

No. 340493 RANK Pte NAME Taylor, B.

T. O. S. UNIT 69th Depot Battery, C.F.A.

Transfd. to T.M.C. 16-2-18.
D.B. 56 of 25-2-18.

M. D. 2

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1918	1918.			
Feb. 17	Feb. 28	✓		
	Mar.	✓		

Number 340498 Rank Gnr.

Surname TAYLOR

Christian Name Benjamin

Units C.Y.C. Theatre of War Eng.

Date of Service 28-4-18.

Remarks

Latest Address Tynagh
Loughrea
Co. Galway
Ireland

Roll No A Page 2304

200m.—2—21.M.

DESP. NOV 7 1924
REGN. NO. 7309

Reg. No. 340493 Name Taylor . B

Rank Gnr Corps C F A Age 28 Service 5/12

Ledger No. V 213 2800 Serial No. 26108

30

HOSPITALS	DATE	DIAGNOSIS
Base Toronto	12 3 18	V Dermatitis
Dis Duty	18 3 18	
" "	25 3 18	V Measles
Dis Duty	11 4 18	

P. T. O.

HOSPITALS	DATE	DIAGNOSIS

M. F. W. 2553.
50M-6-19.
1772—39-1332.

CLINICAL CHART.

(To be pasted into Case Book opposite Patient's case.)

Corps 69th C.F.A. Hospital Station EXHIBITION CAMP HOSPITAL

No. 340493 Rank and Name Gnr. Taylor, B. Age 28 Service 1 month.

Disease Dermatitis Date of Admission Mar 13/18. Date of Discharge MAR 18 1918 Result Cured Case Book Folio

Dates of Observation	13	14	15	16	17																										
Days of Disease	1	2	3.	4	5.																										
Temperature Fahrenheit	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.
107°	8 6 4 2																														
106°	8 6 4 2																														
105°	8 6 4 2																														
104°	8 6 4 2																														
103°	8 6 4 2																														
102°	8 6 4 2																														
101°	8 6 4 2																														
100°	8 6 4 2																														
99°	8 6 4 2																														
98°	8 6 4 2																														
97°	8 6 4 2																														
	8 6																														
Pulse per Minute	72	72	72	76	72																										
Respirations per Minute	20	20	20	20	20																										
Motions																															

M. F. B. 288.

50m.—7-16.
H. Q. 1772-39-513.

Signature R. W. Macintyre *In charge of case.*

CLINICAL CHART.

(To be pasted into Case Book opposite Patient's Case.)

Corps 69th C. F. A. Ex. Hospital Station TORONTO

No. 340493 Rank and Name Gnr Taylor B. Age 28 Service 5/12

Disease Measles Date of Admission Date of Discharge Result Case Book 10555 Folio

Dates of Observation	25		26	27	28	29	30	31	1	2	3	4	5	6	7	8	9	10	11
Days of Disease	1		2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
Temperature Fahrenheit (TIME a.m. p.m.)	12.4		.4																
107°																			
106°																			
105°																			
104°																			
103°																			
102°																			
101°																			
100°																			
99°																			
98°																			
97°																			
Pulse per Minute	90 98	92	90 92	62 76	76 66	72 80	76 76	76 80	76	80	84	70	84	92	82	96	76	100	80
Respirations per Minute	22 20	24	20 24	20 18	20 20	18 20	16 20	16 16	16	16	16	16	16	16	16	20	20	18	18
Motions																			

M. F. B. 288.

50M—11-16.
H. Q. 1772-39-513.

Signature W. W. Moberton Capt In charge of case.

No. 2 Canadian Discharge Depot.
133 Oxford Street. London. W.1.

.....1919.

I HEREBY CERTIFY that I desire to secure my discharge in England and waive all claim on the Canadian Government for transportation to Canada for myself and dependents.

I ACKNOWLEDGE RECEIPT OF:- Certificate of Discharge.

Witness ..... Signature .....

C.A.D.C. 5009A

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

DIRECTIONS TO DENTAL OFFICERS

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

NAME OF SOLDIER (Block Letters) TAYLOR B.

REGIMENT C.F.A. RANK GNR. No. 340493

Date of Examination in England [illegible] | Date of Examination in France

PRESENT DENTAL REQUIREMENTS

1. FILLINGS
2. EXTRACTIONS
3. CROWNS
4. DENTURES
   - (*a*) Full Upper — Nil
   - (*b*) Part Upper
   - (*c*) Full Lower
   - (*d*) Part Lower

HAS HE EVER REFUSED DENTAL TREATMENT? No

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 W. Rutherford Capt.

COPY

AJS

Certificate of Service

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

This is to Certify *that No.* 340493 *(Rank)* Gunner

(Name in full) TAYLOR, Benjamin.

Enlisted in Canadian Field Artillery.

Canadian Expeditionary Force, on the Fifteenth *day*

of February *19*18.

He served in CANADA & ENGLAND

and was discharged at London, England. *on*

the Sixteenth *day of* June *19*19

by reason of Demobilization

His conduct and character while in the Service were "GOOD"

Description on Discharge; Age 30 Years; Height 5' 8½";

Complexion Fresh; Eyes Brown; Hair Dark.

Address

Major,
Assistant *Director of Records*

Ottawa 14th *day of* July *19*27

H. Q. 649-T-12702

M. F. W. 39d.
5M.—4-23
1772-39-882

DUPLICATE

To be made out in duplicate.

H.Q. 54-21-23-53

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

INSTRUCTIONS.

(a) This form is only required for men joining units for Overseas Service and must be completed immediately the man is warned for draft overseas.

(b) Care must be taken to see that a man is allotted his correct Regimental Number. No numbers must be duplicated and once it has been allotted to a man, even if he is subsequently discharged, the same number must never be allotted to another man.

(c) All questions, etc., must be answered.

(d) One copy of the form is to be forwarded by Officer Commanding unit for each Officer and man to Officer Commanding Division or District at least seven days before man leaves his station to proceed overseas, for transmission to Accountant and Paymaster General, Ottawa.

(e) Duplicate copy is to be forwarded direct to Officer in charge of Records, C.E.F. London, immediately after arrival in England.

---

(1) Name of Overseas Unit which Soldier joins 69th Battery, CFA., C.E.F.

(2) Regimental Number 340493

(3) Full Name of Soldier TAYLOR Benjamin

(4) Place of Birth County Galway, Ireland

(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 ?

If so, give number of boys and girls

Also their names and ages

M. F. W. 67.

500M.—9-16.
1772-39-954.

(SEE OTHER SIDE.)

(9) Is your Father alive? No

If so, state name and address ----

(10) Is your Mother alive? Yes Mrs Mary Taylor, Dynagh County Galway, Ireland

If so, state name and address

(11) If your Mother is a widow Yes

Are you her sole support, or not? No

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

---

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

---

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

---

(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

Officer Commanding.

Date Feb. 16th 1918. O.C., 69th Battery, CF., C.E.F.

ORIGINAL

MILITARY SERVICE ACT, 1917.

MEDICAL HISTORY SHEET.

340493

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 Benjamin
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) Franklin House, Syracuse, N.Y., U.S.

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 15th day of FEBRUARY? 1918 1917, by the undersigned medical board sitting at Toronto

5. Age as stated ~~22~~ 27 Years 11 Months.
6. Apparent age Years Months
7. Height 5 Feet 8¾ Inches.
8. Weight 146½ Pounds.
9. Chest measurement { Minimum 31½ Ins. / Maximum 36 Ins.
10. Complexion FRESH { Eyes Brown / Hair Dark
11. Physical development Good { Good / Fair / Poor
12. Smallpox marks
13. Number of vaccination marks { Right arm 1 / Left arm 1
14. When vaccinated last 8 yrs ago
15. Distinctive marks and marks indicating congenital peculiarities or previous disease
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 **A2**

17. (a) Vision R. 20 L. 20
(b) Hearing. R. O.K. L. O.K.
throat O.K. SPUR left.

E. R. Howard Capt. President.

E. R. Howard Capt. Member. D. Mulligan Lt. Member.

Date	Result	Vaccinations	Date	Result	Anti-Typhoid Inoculations, Etc.
2-3-18		[signature] M.O.	2-3-18		[signature] Capt. M.O.
		M.O.	9-3-18		M.O.
		M.O.	16-3-18		M.O.

Joined 15th day of February, 1918 191 at TORonto, Canada

	Corps	Reg'tl Number	Habits	Date
Joined on enlistment	D. A. B.	340493		
Transferred to				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station	Date	Disease	Result
Witley Camp	13/2/19		A. B. Shelton Capt

Signature of Man Benjamin Taylor

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.

M. F. B. 313.
300M.—10-17.
1772-39-439.

Surname Taylor Christian Name Benjamin

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				

MEDICAL EXAMINATION UPON LEAVING THE SERVICE OF OFFICERS AND OTHER RANKS WHO HAVE NO DISABILITY.

Officers and Other Ranks leaving the service for reasons other than medical unfitness are to be reported on this form. Where there is evidence of any undetermined or progressive disability, this form will not be used, but the case will be referred to a Medical Board for completion of M.F.B. 227.

No. 340493 Rank Gunner Surname Taylor
(Given name in full)
Benjamin

Unit or Corps C. R. A. Birthplace Galway Ireland

(Examination of Officer or Other Rank (stripped) to be made by one Medical Officer.)

1. GENERAL DESCRIPTION:

Physique good Weight 140 lbs. Height 5 ft. 8½ in. Colour of Eyes Hazel

Nutrition good

Pulse 72.

Condition of arteries normal

Vision Rt. 6/6 Left 6/6

Hearing (conversational voice) Rt. 21 ft.

Left 21 ft.

Identification marks, scars, or deformities.
(Give cause and date of origin.)
SCAR on R. ~~shin~~ 1" ant. surface prior-enlist.

Opinion as to general health and physical condition good

2. Has Officer or Other Rank ever suffered from, or has he now, any affection of the following systems? (Answer "Yes" or "No"). (Subjective evidence may be sufficient in certain cases.)

Nervous System no Genito Urinary System no Cardio-Vascular System no

Special Senses no Integumentary System no Respiratory System no

Disturbance of mentality no Muscular System no Digestive System no

Osseous and Joint System no Any other general condition no

3. If the answer to any part of Section 2 above is "Yes," here give full particulars, with cause and date of origin; and also a description of the present condition.

slight varicose veins same as on enlistment
no disability

(If space is insufficient, continue on back of form.)

[OVER]

A.D.M.S. - HEADQUARTERS CANADIAN TROOPS. 15 FEB. 1919 WITLEY, SURREY.

EXAMINATIONS.

THIS SECTION FOR USE OVERSEAS—

Examined at Witley (Overseas)

Date 13/2/19 Signed R B Kennedy Capt. M.O.

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to or during service.

Signature B Taylor

(If not satisfied, M.F.B. 227 will be completed by Medical Board.)

THIS SECTION FOR USE IN CANADA—

Examined at.....(Canada)

Date ..... Signed .....M.O.

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to or during service.

Signature .....

(If not satisfied, M.F.B. 227 will be completed by Medical Board.)

(This space to be used, if necessary, in connection with Section 3, overleaf, only.)

[OVER]

M.F.W. 129.
1033 (D.P.) 500M-11-18.
1772-39-1142.

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 69th Battery, CFA., C.E.F.

Regimental No. 340493 Rank Private Name TAYLOR, Benjamin
C. E. F.

Enlisted (a). Feb.15/18 Terms of Service (a) C.E.F. Service reckons from (a) Feb. 15/18.

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) Fireman (Civil) Gunner (Military)

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
		Embarked Canada date 17-4-18 H.M.T.			
		Disembarked England date 28-4-18			
2-5-18	Res Bde CFA	T.O.S. from Canada to Frenshe Camp	Witley	28-4-18	B.O. Pt.11 122
		Arrived - England			
13-7-18	ResBde CFA	Off Command, Frensham Pond	Witley	12-7-18	B.O.Pt.11 194

[redacted] IN ENGLAND,
K.R. & O. Par. 392, Sec. XXV.

Capt.
Officer
No. 2 Canadian

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

[P.T.O.

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

MEDICAL CASE-HISTORY SHEET

Hospital EXHIBITION CAMP HOSPITAL Station Toronto Ont

No. 340493 Rank Gnr Name (Given) TAYLOR, B. (Surname) Age 28

Unit 69th C.F.A. Service 1 month

Date of Admission March 13-1918 Date of Discharge MAR 18 1918

Diagnosis Dermatitis

Date of Origin. Place of Origin Toronto Ont.

CAUSE OF ILLNESS OR INJURY:

?

HISTORY OF PRESENT ILLNESS OR INJURY.
(Is Illness or Injury result of Service?) Patient has been suffering from a severe cold in head and chest for about 10 days. Skin eruption under the chin, small papular in character with a few pustules. These have been present for two days.

CONDITION ON ADMISSION.

Patient is very hoarse, throat somewhat inflammed, voice is weak. Few papules and pustules under the chin on the skin of the neck. Some itching with the skin condition Mar 14/18. Condition very much improved

TREATMENT.

Calamine Lotion.
Lassars Paste.
Mar 16/18. D.W.

CONDITION ON DISCHARGE FROM HOSPITAL.

Cured

R.W. Macauley
Medical Officer i/c Case.

Date Mch 18/18

M. F. B. 313a.
15M.—8-17.
1772—39-439.

26108
b

Form R 122.
10287—65M—28-7-17.

CR. Rank Name TAYLOR, Benjamin. Reg'l No. 340493.

Unit 9th Dft. Toronto Arty Bde If in perm. Corps, What Unit? Married or Single Single.

Place and Date of Enlistment Toronto, Feb.15th. 1918. Place of Birth Galway, Ireland.

Name and Address, Next-of-Kin Mary Taylor,

Tynagh, Galway, Ireland. Relationship Mother.

Assigned Pay Monthly $ Payable to

Relationship

Separation Allowance $ Payable to

Relationship

Discharge, Date and Place Reason Character

N/E. R.B. No. 30297
File R.L.
Category

Report. Date.	Report. From whom received.	Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS Taken from Official Documents
		Arrived in England	28-4-18 S/S SCOTIAN		
2 5 18	Res B.C.F.A	Taken on strength	Gnr Witley	28 4 18	Pm. 122
23-2-19	" "	Awarded 4 days C.B. for absent from 7.00 till 8.00 24-1-19	" "	23-1-19	" 34.
16 4.	CARD	TOS from Res Bde CFA Having proceeded on indy leave pending dis in U.K.	" Ripon	21.3.19	- 106
6-6-19	H Wing CCC	T.O.S. from CARD	" Witley	26-5-19	- 52
31.5.19	CARD	Cease att'd depot & sol to H Wing	✓ ✓	26.5.19	— 157.
16.7.19	H. Wing	S O S. Disc in U K.	" "	14.6.19	— 66

340493 Taylor. B

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.					

Form P. 812B
7961 10m 1/5/19 D.671

FILE NO. 8480

WAR SERVICE GRATUITY and SEPARATION ALLOWANCE

340495.

Payable to TAYLOR. Benjamin

Address Tynagh Loughrea
Co Galway Ireland.

Dependent

Address

Date	Cheque No.	Gratuity			Payments			Balance Due.			Remarks
June. 16.	25977				14	7	8				
" 17	29532				16	3	—				
" 20	RPC	12	3	0							
" "	66.	4	0	0							
July 9.		57 4/3	10 13	8 8				43	3	0	
" 17	56507				14	7	8	28	15	4	
Aug 16	71335.				14	7	8	14	7	8	3
Sept 1.	92556.				14	7	8				Final
		43	13	8	43	13	8				

P 820
12474—375M—13-2-18.

* Strike out whichever inapplicable.

ASSIGNED PAY.	~~ENGLAND~~ OR CANADA.	SEPARATION ALLOWANCE.	ENGLAND OR CANADA.
EFFECTIVE DATE:- ✓	1-8-18.	EFFECTIVE DATE:-	
AMOUNT:- ✓	15/-	AMOUNT:-	

NAME:- Taylor, Benjamin
NUMBER:- 340493

NAME, ADDRESS, RELATIONSHIP & AUTHORITY | WHEN PAYEE OF A.P. IS THE SAME AS PAYEE OF S.A. THE WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE.

The
Mrs Mary Taylor
Taynagh. Loughrea
Co. Galway.
(mother) Ireland

Stopped
1-9.
1-4-19

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
2 Pte from base	—	Pte

UNIT AND TRANSFERS

ORIGINAL UNIT:- Tor Art Bde.

DATE ACCOUNT FIRST OPENED:- 1-5-18

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO
RB.P2/10122 d. 2-5-18.	28-4-18		CRA

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
2 Pte from base	1 00	10		

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS | UPON CLEARANCE OF VOUCHERS, ENTRIES WILL BE CANCELLED BY INSERTION OF DATE CHARGED IN RED INK

DATE OF PAYMENT	NUMBER OF A.R	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R	UNIT PAID BY	AMOUNT
9.6.19	1170	ACCC	9/3	June Adv		1500 only.	
				July Adv		7500.	

Struck in England 16-6-19 Auth. VCDD 14-6-19 DBLPC & Blee 59/14 Jmc.

PARTICULARS OF RENDERING NONEFFECTIVE—

MONTH	PARTICULARS	CR. 1	CR. 2.	PARTICULARS	DR. 1	DR 2.	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
30-4-18	Bge from Canada								43 00		
May	Gen Pay	34 10		AR 1133 CRA. 10/5/18	2 43					15 00	
				AR 1210 " 22/5/18	4 87				69 80	Fit	
		34 10			7 30						
June.	GP.	33 -							102 80		
				AR. 1994. CRA. 18/6/18.	4 87				97 93	30 00	
		33.			4 87						
July.	GP.	34 10		AR 2431 CRA. 4.7.18	58 40						
				AR 2921 do 23-7-18.	9 73				63 90	45 00 Adv	
		34 10			68 13						
Aug.	GP.	34 10		AP. CK 6.29537 £3-1-8.			15		83 00		
				Q4005. *V591 1-8-18. CRA.	1 72						
				AR. 3387. 13-8-18. do.	4 87						
				AR. 3797. 26-8-18 do.	9 73				66 8		
		34 10			16 32		15				
Sept.	GP.	33 -		AP. CK. 85733 £3-1-8.			15		84 68		
				AR. 4444. 12-9-18. CRA	38 93				45 75	apvd	
		33 -			38 93		15				
Oct	"	34 10		D31419 £3.1.8			15				
				5139 7/10 "	4 87						
				6055. 30/10 "	9 73				50 25		
		34 10			14 60		15				
Nov.	Gpay.	33		D83418 £3/8			15				
		34 10		AR 350 CRA 13/11.	4 87						
				C4149. £3/8			15				
				1596 " 29/11.	9 73						
				1496 ✓ 16/12.	24 33						
Dec	✓	34 10		F40818. £3/8			15		67 5/2		
		101 20			38 93		45				

E.A.F. 15th

NUMBER 340493. · RANK Gr. NAME TAYLOR. B.

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
1919	Brought Fwd								67 52		
Feb.				Cash. 24x7. Chq. 8/1.	5 11						
				₹88820 £3 2/8	5 11		15				
				3448 ✓ 23/11.	9 73						
				~~2448~~ 4414 ✓ 11/2.	4 87						
February		64 90		2817. £3 1/8			15				
				Cash. 4948. Chq. 24/2.	19 47						
				" 5625 " 11 3	4 87						
				6005 " 20 3	19 47				38 90		
		64 90			63 52		30				
April May		67 10		Cash 25215 Apl £5.1.8			15				
				Cash 87816 May do			15				
				7227 Ripon 16/5	9 73				66 27		
		67 10			9 73		30				
June 1-16 Gr.		14 60		Cash 95660. £3.1.8			15				
				Cash 11707. 9.8.19.	9 73						
									59 14		
		14 60			9 73		15				

DUPLICATE.

For use of A.P. and S.A. Branch, Ottawa.

P. 851 A.

LAST PAY CERTIFICATE.

Military District.....

Dispersal Area.....

No. 340493 Rank Gr Name TAYLOR B Unit CKQ

Nominated for ~~embarkation to Canada~~ Dish in England: Date 17-6-19 2CDD 14-6-19 DB

CREDIT.	$	¢
BALANCE FORWARD as at 31-5-19 191	66	27
EARNINGS:— From 1-6-19 to 16-6-19		
16 days at $ 1.10	17	60
..... days at $		
..... days at $		
ANY OTHER CREDIT:—		
Interest on Deferred Pay		
X BALANCE DEBIT	83	87

"VICTORY" WAR LOAN

Amount Subscribed - $.....

Amount Paid - - .....

Balance due - .....

I hereby Certify that I am satisfied that the balance of my account as shown on this statement is correct.

.....

(*Signature of Soldier.*)

DEBIT.	$	¢
CASH PAYMENTS:—		

Date	A.R. No.	Paying Unit	Amount	$	¢
9-6-19	1120		9.73	9	73

OTHER CHARGES:—

WAR LOAN INSTALMENTS CHARGED:—

X ASSIGNED PAY for period from 1-6-19 to 30-6-19 at $ 15.00 per month in favour of:— 15 00

Name Mrs M Taylor

Address Tayragh, Loughrea, Co Galway Ireland

Relationship mother

X SEPARATION ALLOWANCE, if any, in favour of same party as Assignment at $..... per month

X BALANCE CREDIT 59.14 30-6-19 59 14

Of which Nil is deferred 83 87

BALANCE GIVEN IS SUBJECT TO ANY CHARGES AND/OR CREDITS ENDORSED ON THE REVERSE HEREOF.

THESE PAYMENTS TO DEPENDENTS:— 1-8-19 X (Strike out whichever inapplicable.)

X Have been stopped. Effective ..... 191 ..... and will only be re-opened on receipt of instructions from P.M.G., Ottawa, or Military District Paymaster, Canada.

or

X Being a Canadian payment, cancellation or otherwise of future payments will be dealt with by Ottawa.

COMPILED BY J M Lutherton

CHECKED BY W K Wood

Date 16-6-19 191

CERTIFIED CORRECT Robinson Capt. Lieut.

FOR BRIGADIER GENERAL
PAYMASTER GENERAL, O.M.F.C.

DUPLICATE.

LAST PAY CERTIFICATE.

Military District
Dispersal Area

N. ..... Rank ..... Name .....

Nominated for embarkation to Canada: Date .....

CREDIT.	$	DEBIT.
BALANCE FORWARD as at 191		CASH PAYMENTS
EARNINGS		
From ..... to		
..... days at $		
..... days at $		
..... days at $		
ANY OTHER CREDIT:		OTHER CHARGES
Interest on Deferred Pay		
		WAR LOAN INSTALMENT CHARGED
		X ASSIGNED PAY for period
		from ..... to ..... at $ .....
		per month until your effective
		Name .....
		Address .....
		Relationship .....
		X SEPARATION ALLOWANCE if a wife in receipt of same ..... Assignment at $ ..... per month
X BALANCE DEBIT		X BALANCE CREDIT

"VICTORY" WAR LOAN

Amount subscribed - $ .....

Amount Paid - .....

Balance due - .....

I hereby Certify that I am satisfied that the balance of my account as shown on this statement is correct.

.....
(Signature of Soldier)

BALANCE GIVEN IS SUBJECT TO ANY CHARGES AND/OR CREDITS ENDORSED ON THE REVERSE HEREOF.

THESE PAYMENTS TO DEPENDENTS — X (Strike out if not applicable)

X Have been stopped. Effective ..... Pay and will only be receipt of instructions from P.M.G., Ottawa, or Military District Paymaster, Canada

or

X Being a Canadian payment, cancellation or otherwise of future payments will be dealt with in the Dispersal Area.

COMPILED BY .....

CHECKED BY .....

CERTIFIED CORRECT

Date ..... 191 .....

FOR CHARGES ONLY
PAYMASTER GENERAL

CASE HISTORY SHEET. 10555

No. 340493 Rank Gnr Name Taylor B. Age 28

Unit 69th C.F.A. Ex. Completed years of service Where and how long 5/12

Date of admission MAR 25 1918 Date of discharge 4/4/18

Diagnosis Measles Place of origin Toronto

CONDITION ON ADMISSION AND PROGRESS OF CASE

March 26th Slight cough, some frontal headache. Throat slightly sores. Resting fairly comfortably

April Temp. normal. Improved

FAMILY HISTORY

(Tuberculosis, mental or nervous diseases.)

TREATMENT

(Especially any specific or special form.) No complications. Patient cured.

CONDITION ON DISCHARGE,

(and disposal made of case.)

Date

W. W. Robertson Capt
Medical Officer i/c case.

M. F. B. 313a.
50M.-11-17.
1772—39-439.

APR 11 1918

C/10424

M

5-6.

12-9-36

SHORT FORM.

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

H

1. No. 340493

2 Rank. Gnr

3. Name. Taylor Benjamin

4. Unit. C.F.A

5 Date of Discharge 16/6/19 Place 2 CDD

6 Reason for Discharge

K. R. & O. Para. 392 Sec. XXV
(Being Demobilized in England-C.R.O. 5222)

7. Authority. D B. 14.6.19

8. Proposed Residence after Discharge

Tynagh
Loughrea Co Galway Ireland

9. CERTIFICATE TO BE SIGNED BY SOLDIER.

I hereby acknowledge that at the undernoted place and date I received my discharge Certificate

~~M. F. W.?~~ A FB 2079

B Taylor
Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place

Date 16/6/19

No. 2 CANADIAN DISCHARGE DEPOT LONDON

Signature H Hallcraft
(O. C. Discharging Unit.)

M.F.B. 218a—300M.-11-18—1772-39-113.

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