AMC TRAIN'G DEPOT originals
NO 10

ATTESTATION PAPER.

No. 524172
Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname? Taylor
1a. What are your Christian names? Cecil Owens
1b. What is your present address? 595 River Ave. Winnipeg Can.
2. In what Town, Township or Parish, and in what Country were you born? Winnipeg Man: Canada
3. What is the name of your next-of kin? Mrs C. H. Taylor. Clara Margaret Taylor
4. What is the address of your next-of-kin? 595 River Ave, Winnipeg Canada
4a. What is the relationship of your next-of-kin? Mother.
5. What is the date of your birth? Nov. 10th 1897.
6. What is your Trade or Calling? Student.
7. Are you married? no.
8. Are you willing to be vaccinated or re-vaccinated and inoculated? Yes.
9. Do you now belong to the Active Militia? Yes. (16th Cavalry Field Ambulance)
10. Have you ever served in any Military Force? If so, state particulars of former Service. 2 months in 16th Field Ambulance.
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.

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Cecil Owens 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.

C. O. Taylor (Signature of Recruit)

Date November 20th 1916. R. J. Hawkins (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Cecil Owens 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.

C. O. Taylor (Signature of Recruit)

Date Novmber 20th 1916. R. J. Hawkins (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 Winnipeg this 20th day of November 1916.

R. J. Hawkins Captain (Signature of Justice)

C.C. A.M.C. Commissioner of Oaths

M F. W. 23
750M—3-16
H Q. 1772-39-341

Description of Cecil Owens Taylor on Enlistment.

Apparent Age 19 years — months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 6 ft — ins.

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

Complexion Fresh

Eyes Grey-Brown

Hair Black

Religious denominations:
- Church of England
- Presbyterian
- Methodist
- Baptist or Congregationalist Baptist
- 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).

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 November 20th 1916. E.E. Campbell Lieut. C.A.M.C.

Place Winnipeg Man P.J. Bird Capt. A.M.C. Member

W. Tunnell Capt. 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.

Cecil Owens 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.

J.H. Comeau Major (Signature of Officer)

O.C. A.M.C.T.D. No 10 C E F

Date November 20th 1916

REGIMENTAL DOCUMENTS

NAME Taylor Cecil Owen REGT. NO. 524172 UNIT 4th Ec. S 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
2	CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category
	TRAINING HISTORY SHEET (M.F.W. 113)					
1	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)					
	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)					Demobilization
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)					
1	COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
1	M. F. W. 67			02157		1
4	Miscellaneous					14-19
1	C.R.3					14-19
1	R.H.C.					1 19
1	Casualty					
1	A.F.B. 122					

W. 2589
100M-11-18
1772-39-1377 2/7/1919.

Fwd Ham

Number 524172 Rank Pte

Surname TAYLOR

Christian Name Cecil Owen

Units C.A.M.C. Theatre of War France

Date of Service 1-6-17

Remarks

Latest Address 595 Rupert Ave
Winnipeg Man

Roll No. B Page 10905

200m.—2—21.M.

DESP. FEB 27 1922
REGN. NO 1488

FORM R. 149.
7106—250m—7/2/17.

CECIL OWEN.

Name TAYLOR Rank PTE. Reg. No. 524172

Unit C.A.M.C. No4. C.C.S. (USK)

Next of Kin CANADA.

Date 1917		Movement—	Place	Casualty	List No.	Notified N/K O.	W.O. List
6	12	Admitted		V.D.	48		9857
7	12	To Duty		"	A3	TER	
		Sent					

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List

NAME Taylor C. O.

REGT'L No. 524172

RANK AND CORPS Pte. 4 Cl. Can. C.

H. Q. FILE No. 649.

FOLLOWS No.

FOLLOWS

CABLE

No.	Date

NATURE OF CASUALTY

L. L. 26438. M. & D. 8207.

M. F. W. 42—50M.—8-17.
H. Q. 1772-39-893.

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
487	4 Can. Casualty	6-12-17	Rec'd.
487	Ziv Ct. Hosp.	7-12-17	Rec'd.

No. 5-24172 RANK Pte NAME Taylor, C A

T. O. S. Nov 20-16 UNIT No 10 Training Depot A M C.
Do 94-20-11-16

M. D. 10

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916	1916			
Nov 20	Nov 30	~		
	Dec	~		
1917	1917			
	Jan	~		
	Feb	~	promoted A/S 22-2-17	Do 31-23-2-17.

M10. CARD NO. 4

SOS. 26/5/19. Demob. 86/15-1 of 31/5/19 1882.

SURNAME. Taylor

CHRISTIAN NAMES Cecil Owen

REGL. No. 524172 RANK Pte.

UNIT C.A.M.C. (2 D. no 10) 7th R.D.

FORMER CORPS 16th Cavalry Fld Amb. (2 mos)

NEXT OF KIN.

NAMES IN FULL Taylor Mrs. Clara Margaret,

RELATIONSHIP TO SOLDIER Mother,

ADDRESS 595 River Ave, Winnipeg, Man.

CHANGE OF ADDRESS

COUNTRY OF BIRTH Canada Winnipeg, Man DATE Nov. 10th 1897

PLACE OF ATTESTATION Winnipeg, Man. DATE Nov. 20th, 1916.

R/C 7/5/19. 320/115 - M Pte.

L. L. 10437. M. & D. 7253.

M. F. W. 22. 100M.—11-16. H. Q. 17 2-39-339.

MARRIED SINGLE yes WIDOWER

TRADE OR CALLING Student RELIGION Baptist

DESCRIPTION.

APPARENT AGE 19 YEARS MONTHS

HEIGHT 6 FEET INCHES

CHEST MEASUREMENT 38 INCHES EXPANSION 3 INCHES

COMPLEXION Fresh EYES Grey Brown HAIR Black.

DISTINGUISHING MARKS Not Stated.

MEDICAL EXAMINATION. PLACE Winnipeg. Man. DATE Nov. 20th. 1916.

Present Address 595 River Ave. Winnipeg Man.

FORM D M.S 1300.

SURNAME	CHRISTIAN NAME OR NAMES	REG. NO.
Taylor	C. O.	524172

RANK	UNIT	CO.	TROOP	BATTY.
Pte.	C.A.M.C. (4 C.S.)			

HOSPITAL: No 4 Can. Cas. Cl. Sta.

DATE OF ADMISSION: 6-12-17

1. ..... HOSP. .....

2. ..... HOSP. .....

3. ..... HOSP. .....

4. ..... HOSP. .....

DIAGNOSIS

1 P.U.O.S

2.

3

DISPOSITION: C.E. 14-12-17 A870

To Duty. 7-12-17 DATE

REMARKS

A.M.D. 2 Dept.
Bch. of D.G.M.S. O.M.F.C. London

EPITOME OF HOSPITAL TREATMENT

	HOSPITAL	ADM.
1.		
2.		
3.		
4.		
5.		
6.		
7.		

AMC TRAIN'G DEPOT
NO 10

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.....A.M.C. T.D. No.10. C.E.F.

(2) Regimental Number.....524172

(3) Full Name of Soldier.....Cecil Owen Taylor

(4) Place of Birt.....Winnipeg Man Canada.

(5) Are you married, or not?.....No.

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

(b) Present Postal Address.....

(7) Are you a widower?.....

(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

If so, state name and address.....Clara Margaret Taylor

595 River Ave Winnipeg Man Canada.

(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.

C. H. Green Capt.

Officer Commanding.

Date.....January 11th 1917.

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

Division 10

Name of Soldier Saylor C. C.

Rank Pt

Regiment A.M.C.

No. 6-24172

Red — Condition of mouth at presentation.
Blue — Operations performed
By C.A.D.C.
R. F. — Root filling
A. F. — Amalgam filling
C. F. — Cement filling
G. F. — Gold filling
G. B. — Gold bridge
G. C. — Gold crown
P. C. — Porcelain crown
A. A. — Acute abscess
P. — Pyorrhea
X. — Extractions
F. L. — Full Lower
F. U. — Full Upper
P. L. — Partial Lower
P. U. — Partial Upper

DATE	No.	Fillings: Amal.	Fillings: Phosp.	Fillings: G. Per.	Fillings: Cement	Extracted	Anesthetic	Treated	Crowns	Cleaned	As 2° 3	Pulp Removed	Put Pulp	Artificial Teeth	OPERATOR	REMARKS
Jan 42	1				5										Morrison	

M.F.B. 465
100m.—7-16.
10-1772-39-650

ORDERLY ROOM
Advanced Casualty Clearing Station
CANADIAN

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

Division

ORDERLY ROOM
No. 4 Casualty Clearing Station
CANADIAN.

MEDICAL HISTORY SHEET

ORIGINAL
ORIGINAL
NO. IC
Medical Board

Surname Taylor Christian Name Cecil Owen

Examined { on 20th day of November 191 6
at Winnipeg Man

Approved by [illegible] President
[illegible] Member
Rank [illegible] M.O.

Birthplace { City or Town Winnipeg
County Manitoba

Apparent age 19

Trade or occupation Student

Height 6 feet ... Inches

Weight 165 lbs.

Chest measurement { Minimum 35 inches
Maximum expansion 38 inches

Physical development Good

Small-pox Marks None

Vaccination Marks { Arm Right Left
Number None

When Vaccinated last 10 yrs ago

(a) Marks indicating congential peculiarities or previous disease None

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

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
10/1/17		C W Burns. M.O.
		M.O.
		M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.
25/11/16	6K	G W Staples M.O.
3/12/16	6K	[illegible] M.O.
12/12/16	6K	[illegible] M.O.
23/4/17	6K	[illegible] Capt

Enlisted on 20th day of November 191 6 at Winnipeg Man

	Corps	Regt'l Number	Habits	Date
Joined on enlistment	A.M.C.T.D.No 10	524172		November 20th 16
Transferred to				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

Station	Date	Disease	Result

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

M. F. B. 313.
500M.—3-16.
H. Q. 1772-39-439.

Surname Taylor **Christian Name** Cecil Owen

STATION	Date of Arrival at the Station	DATES OF Admission into Hospital Day	Month	Year	DATES OF Discharge from Hospital Day	Month	Year	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
										I CERTIFY THAT I HAVE EXAMINED THIS SOLDIER, AND FIND HIS DENTAL CONDITION O.K.	
										27 APR. 1917 No. 4 CASUALTY CLEARING STATION C.E.F. W.A. Sangster Captain. C.A.D.C.,	

CANADIAN EXPEDITIONARY FORCE

WAR SERVICE BADGE
CLASS "A" No. 189552

DISCHARGE CERTIFICATE

THIS IS TO CERTIFY that No. 524172 (Rank) Pte.

Name (in full) Taylor, Cecil, Owen. enlisted in

the C.A.M.C.,

CANADIAN EXPEDITIONARY FORCE at Winnipeg, Man. on the 20th,

day of November, 1916

HE served in England and France. with 4th. C.C.S.

and is now discharged from the service by reason of Demobilization. ~~Medical Unfitness~~. Demobilization R.O. 1420 (1)

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

Age 21 yrs 5 mos

Height 6' 0"

Complexion Fresh.

Eyes Light Brown.

Hair Black.

Marks or Scars nil

C. Taylor
Signature of Soldier

Date of Discharge

Dispersal Station "M"
MAY 26 1919
Military District No. 10

J. A. Logan
Issuing Officer

Lieut
Rank

Date May 26 1919

N.B.—As no duplicate of this Certificate will be issued, any person finding same is requested to forward it in an unstamped envelope to the Secretary, Militia Council, Ottawa, Canada.

M.F.B. 39A.
1049-D.P.-300M-11-18.
H.Q. 1772-39-882.

1.—That discharge certificate must be carried when wearing uniform.

2.—That uniform can be worn only thirty (30) days after discharge, or when duly authorized in writing, and

3.—That wearing of uniform renders him liable to usual military discipline, as if on the strength of a unit.

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 C. A. M. C. (4th C.C.C.S.)

Regimental No. 524172 Rank Pte C. E. F. Name Taylor Cecil Owen

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

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				
29.4.19	T.O.S. Dispersal Station	200 151 M	Ca – 2		
	and Dispersed	26-5-19 do	" 3		
		H. E. Patton Lieut. for O. C. 10 District Depot.			

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

[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				

AMC TRAIN'G DEPOT
ORDNANCE STORES
No. 4 Casualty Clearing Station
CANADIAN.

W.S.B. CLASS A

N. W.

in Only.—Unit, Number, Rank and Name.

M. F. W. 54. (A. F. B. 103.)
250M.—1-16.
H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps A.M.C. Training Depot No 10

Regimental No. 524142 Rank Private Name Taylor Cecil Owen.

Enlisted (a) 20.11.16 Terms of Service (a) C. E. F. for Duration of War & 6 months Service reckons from (a) 20-11-16

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) Student

W.S.B. CLASS A.

Report: Date	Report: From whom received	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.
		Embarked	Halifax	3/3/17	
		Disembarked	Liverpool	15/3/17	
21-3-17	C.A.M.C.D.	TAKEN ON STRENGTH	Westenhanger	15/3/17	P.H.D.O. 80
5-4-17	C.A.M.C.D.	S.O.S. to No 4 Can Cas Clearing Station	Westenhanger	3-4-17	Pt II DO 94
					H.H. Lowe ..... CAPT. ASST. ADJUTANT. FOR O.C. C.A.M.C. TRAINING SCHOOL
	No 4 CCS.	Proceeded Overseas with Unit	Ramsgate	1.6.17	Telegram 8535 28 Ross Mitchell ..... Capt. Adjutant No. 4 Casualty Clearing Station C.E.F.
2.6.17	M.L.O.	Arrived in France	Havre	2.6.17	LR 8387
7.12.17.	4.C.C.S.	P.U.O.	Field	6.12.17. 7.12.17.	A36/1193.
9-3-18	—"—	Attd for temp'y duty to 6 CCS	"	4-3-18	B213
18-4-18	—"—	Rejoined Unit	"	25/3/18	RR 17/34.

CERTIFIED CORRECT. 12 JUN 1917 CAN. RECORDS, LONDON

(a) In the case of a man who has re-engaged for, or enlisted into Section D. Army Reserve, particulars of such re-engagement or enlistment will be entered.
(b) e.g. Signaller, Shoeing Smith, etc., etc., also special qualifications 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				
7.7.18.	A.C.C.S.	Granted 14 days leave		7.7.18.	B.213 Pt. II 24. dy-17/7/18
25/7/18.	"	Rejoined Unit from Leave		22/7/18.	B213.
		Proceeded to England			
					C Rutson Capt. for Lt.-Col., A. A. G. Canadian Section, G. H. Q. 3rd Echelon, B. E. F.
24-4-19	R. Wing	T.O.S.	Witley	24-4-19	D.O. No. 12.
29-4-19	" "	S.O.S. On T.C. to C.E.F. in Canada	"	29-4-19	" " 16
					OFFICER i/c RECORDS. R. WING C.C.C., WITLEY.

29th April 1919 Embarked
S.S. Baltic Liverpool.

29-4-19 T.O.S. of No. 10 District Depot.
Part 2 Order No. 103 Para 21
Cancelled
Major
O.C. No. 10 District Depot.

CAPTAIN & ADJUTANT,
No. 16 TRANS. ATLANT
CONDUCTING
O.E.F.

Form R 122.
2353—100M—9-12-16.

J.P. Rank | Name TAYLOR, Cecil Owen. | Reg'l No. 524172.

Unit 11th Dft. A.M.C.T.D. no.10. | If in perm. Corps, What Unit? | Married or Single Single.

Place and Date of Enlistment Winnipeg. 20th nov.1916. | Place of Birth Winnipeg. Man. Canada.

Name and Address, Next-of-Kin Clara Margaret Taylor.

595 River Ave Winnipeg. Man.Canada. | Relationship Mother.

Assigned Pay Monthly $ | Payable to M.

Relationship

Separation Allowance $ | Payable to

Relationship

N/E. R.B No. 8893
File No. CAN
Category

Discharge, Date and Place | Reason | Character

H. W. & V., Ld.—9546-16.

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 ENGLAND ss CANADA		15 MAR 1917	A.F.B. 103 CHECKED 11 JUN. 1917
21-3-17	Camc.T.S.	T.O.S. from Canada	Westenhanger	16-3-17	L.R. 80
4-4-17	P.P.C.L.I. P.P.C.R.C.B.S.B.	S.O.S. from C.A.M.C. Depot to No 4 C.C.C.	R'gate	3-4-17	" " 93.
"	C.A.M.C. Depot.	S.O.S. on posting No 4 C.C.C.	Westenhanger	"	" " 94
1-6-17.	4th C.C.C.	Proceeded Overseas from	Ramsgate.	1-6-17.	P.R. Do. 151.
13-12-17.	C.A.M.C.	adm: No 4 C.C.C. (P.U.O.)	Fle	Field.	6-12-17 C.L.A. 87.
13-12-17.	do.	Disch'd: to Duty. (—"—)	Fle	do.	7-12-17 —"— 87.
sailing no 54 d/ 29/4/19 disp orea M. Emb Roll 113.					
24-4-19	R Wing CCC	T.O.S. from 4 C.C.C.S pending RTC	Fle	Witley	25-4-19 P.R. 12 + 16. 4. C.C.C.S d/ 8. 4. 19
5-5-19	R Wing CCC	S.O.S. to Canada	"	"	29-4-19 — 21.

524142 TAYLOR. C.O.

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
29-4-19	4th Cas. Station	Appointed to L/Cpl.	Clearing Field	24-4-19	— 13
10. 5. 19.	4 Cas Stat.	Appt'd L/Cpl.	do.	22.3.19	DO. — 1.
				29-4-19	Joined Coy

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

NAME OF SOLDIER (Block letters) TAYLOR CECIL OWEN

REGIMENT 4 Can C.C.S. RANK Pte No. 524172

Date of Examination in England ..... | Date of Examination in France .....

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.

PRESENT DENTAL REQUIREMENTS

1. FILLINGS 18.
2. EXTRACTIONS —
3. CROWNS —
4. DENTURES
   - (*a*) Full Upper
   - (*b*) Part Upper
   - (*c*) Full Lower
   - (*d*) Part Lower

Fit dentures.

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 Yes

Signature of Dental Officer .....

25M.—12-18.
H.Q. 1772-39-950

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. 524172 Rank Pte. Surname Taylor
(Given name in full) Cecil, Owen

Unit or Corps 4th. B.C.D.S. Birthplace Winnepeg, Man.

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

1. GENERAL DESCRIPTION:

Physique Good Weight 175 lbs. Height 6 ft. ..... in. Colour of Eyes Blue Grey

Nutrition Good

Pulse 72

Condition of arteries Normal

Vision Rt. 6/6 Left 6/12

Hearing (conversational voice) Rt. 20 ft.

Left 20 ft.

Identification marks, scars, or deformities. (Give cause and date of origin.)

nil

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.

A.D.M.S. HEADQUARTERS CANADIAN CORPS WITLEY, SURREY

Capt. R.A.M.C.

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

[OVER]

EXAMINATIONS.

THIS SECTION FOR USE OVERSEAS—

Examined at Witley (Overseas)

Date 7/4/19 Signed [signature] 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 [signature]

(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.)

[signature]

26-5-19

[signature]

[OVER]

M.F.W. 129.
1033 (D.P.) 500M-11-18.
1772-89-1142.

Pte C.O. Taylor

FORM OF WILL.

I, Cecil Owen Taylor (Name in full)
Regimental Number 524172 serving in Army Medical Corps
of the Canadian Expeditionary Force, do hereby revoke all former Wills by me made and declare this to be my last Will.

I bequeath all my real estate unto

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

absolutely, and my personal estate I bequeath to

Clara Margaret Taylor
595 River Avenue
Winnipeg Canada } Name and Address of person or persons to receive personal estate* *(See note).*

IMPORTANT NOTE
This must be Signed and Dated by THE SOLDIER HIMSELF.

this 15th day of January A. D. 1917

Cecil O. Taylor Signature of Soldier.

*N.B.—Personal estate includes pay, effects, money in bank, insurance policy, in fact everything except real estate.

Signed and acknowledged by the Testator as and for his last Will in the presence of us both present at the same time, who in his presence, at his request, and in the presence of each other have hereunto subscribed our names as Witnesses.

THE TWO WITNESSES MUST SIGN HERE

Signature of First Witness R.O. Taylor
Address of Witness 717 Jessie Ave Winnipeg
Occupation of Witness Branch Mgr Northern Assce Co Ltd
Signature of Second Witness Fred A Lawson
Address of Witness 827 Dorchester Ave
Occupation of Witness Ins Broker

M. F. W. 82
300M-5-16.
1772-39-988.

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

M. F. W. 12a.
50m.—7-16
1772—39—819.

Sheet No. 2. Clara M. Taylor
(Assignee)

PAYMENTS.

Name of Soldier Taylor C. O.
524172 No 10 A.M.C. T.D. Pte

L. L. Job 5470—Req. 6888.

MAR 1 1917

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1917			
Feb.				
March		A 52766	15	
April		H 5228	15	
May		H 11731	15	
June		G 18631	15	Lu
July		O 25671	15	C
Aug.		G 32656	15	
Sept.		S 39515	15	
Oct.		O 46235	15	
Nov.		Y 53643	15	
Dec.		K 60893	15	150
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier_____

PAYMENTS.

Month.	Year.	Cheque No.	Amt.	Remarks.
Aug.	1918			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1919			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1920			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				

L. L. Job 4503.—M. & D. 6832.

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

M. F. W. 12.
50m.—6-16.
H. Q. 1772-39-819.

To Whom Clara M. Taylor

Address 595 River Ave
Winnipeg Man

Rate 15.00

MAR 1 1917

By Whom Assigned Taylor C.O

Regtl. No. 524172

Rank Pte

Corps M.D. 10 A.M.C. F.D

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				

CONSOLIDATED 2 UNT

P. 559
MARRIED OR SINGLE: Single

PLACE OF BIRTH: Winnipeg Man. Canada

NAME AND ADDRESS OF NEXT OF KIN: Clara M. Taylor

595 River Ave. Winnipeg. Man

RELATIONSHIP OF NEXT OF KIN: Mother

NAME AND ADDRESS OF NEXT OF KIN:

RELATIONSHIP OF NEXT OF KIN:

SEPARATION ALLOWANCE MONTHLY $ EFFECTIVE (DATE)

PAYABLE TO

RELATIONSHIP OF DEPENDANT

CASUALTIES, PROMOTIONS, &c.

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ADMISSIONS TO HOSPITAL, &c.

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

REG'L NO. 53414/2 RANK 1st a.m.c.10 NAME Taylor. Cecil. Owen.

IF IN PERMT. CORPS WHAT UNIT } UNIT C.A.M.C.D. TRANSFERRED TO 4 Can Cas Co Station DATE 11/8/17 AUTHORITY A.R.S.

PERMANENT FORCE ALLOWANCES TRANSFERRED TO DATE AUTHORITY

PLACE OF ATTESTATION Winnipeg TRANSFERRED TO DATE AUTHORITY

DATE OF ATTESTATION 20th November 1916 TRANSFERRED TO DATE AUTHORITY

ASSIGNED PAY MONTHLY $ 15 DATE EFFECTIVE 1st March 1917

PAYABLE TO Mrs Clara. M. Taylor 595 River Ave. Winnipeg RELATIONSHIP Mother

ASSIGNED PAY MONTHLY $ DATE EFFECTIVE

PAYABLE TO RELATIONSHIP

STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) EFFECTIVE REASON

DISCHARGE DATE AND PLACE REASON AND AUTHORITY

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

DATE 1917	PAY No. OF DAYS	PAY RATE	PAY AMOUNT $	PAY AMOUNT C.	FIELD ALLOWANCE No. OF DAYS	FIELD ALLOWANCE RATE	FIELD ALLOWANCE AMOUNT $	FIELD ALLOWANCE AMOUNT C.	WORKING OR SPECIAL PAY No. OF DAYS	WORKING OR SPECIAL PAY RATE	WORKING OR SPECIAL PAY AMOUNT $	WORKING OR SPECIAL PAY AMOUNT C.	ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS 1 No	1 Date	2 No.	2 Date	3 No	3 Date	4 No.	4 Date	CASH PAYMENTS 1	2	3	4	ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE CREDIT	BALANCE DEBIT	PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
															20 80															20 80				Balance from Canada
March 1/31	31	10%	34	10											34 10												15		15	39 90				
April/30	30	-	33												33												15		15	57 90				
May/31	31	-	34	10											34 10	33	17/4							19 46			15		34 46	57 54				
June/30	30	-	33												33					15	27/4	Base Ration				9 73	15		24 73	65 81				
July 31	31		24	10											34 10												15		15	84 91				
1/8 10	10		11												11												15		15	80 91				No 4 CCS 11/8
11/31-8-17	21		23	10											200 10 23 10	30	31			8	14-17		2 67			2 68			17 19 2 68	101 33				
30-9-17	30		33												33	24	15-8			Carnegate			2 67			9 24	15		45 17	89 16				
																18	28			25	15-5		2 68			9 73								
																13	15-7			26	28-5		2 68											

524172 Pte Taylor, C. O.

DATE | PAY: No. of Days, Rate, Amount $ c. | FIELD ALLOWANCE: No. of Days, Rate, Amount $ c. | WORKING OR SPECIAL PAY: No. of Days, Rate, Amount $ c. | ASSIGNED PAY CREDITS | OTHER CREDITS | TOTAL CREDITS | ACQUITTANCE ROLLS: 1, 2, 3, 4 (No. Date) | CASH PAYMENTS: 1, 2, 3, 4 | ASSIGNED PAY | OTHER CHARGES | TOTAL DEBITS | BALANCE: Credit, Debit | PAY WITHHELD OR DEFERRED | PAY AVAILABLE FOR ISSUE | REMARKS

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR3	DR.4	BALANCE	DEFER-RED. PAY	SEP. ALLCE. ENG.	MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR3	DR4	BALANCE	DEFER-RED. PAY	SEP. ALLCE ENG.
									89 16														
Oct.	P. Pay	34 10		AR.36, 14-9-17, 4, CCS.	2 67			15															
				.. 42, 28-9-17 ..	2 68																		
		34 10			5 35			15	102 91														
Nov.	P.P.	33 00		AR 48. 14/10/17 4 ccs.	4 46.			15															
				" 55 29/10/17 "	3 57																		
Dec.	P.P.	34 10		" 66. 14-11-17 "	8 92			15	123 06														
1918		67 10			16 95			30	34 10														
Jan	P.P.	34 10		" 75. 29-11-17 "	3 57			15	157 16 26 60														
				" 93. 31-12-17 "	3 57																		
				" 85. 15-12-17 "	4 46				130 56														
		34 10			11 60			15	30 80														
Feb	-	30 80		Can A.P.				15	161 36 13 03 138 33														
				DhaR 99. HCCS (24) 15/1/18	4 46																		
				AR 107 do (28) 31/1/18	3 57				138 33														
		30 80			8 03			15	34 10														
Mar	-	34 10		Can A P				15	172 43														
				" 115 HCCS 59 15/2/18	4 46				31 06 141 37														
				" 124 do 536 2/3/18	3 57																		
				" 193 do 535 23/3/18	3 57 11 60																		
				DhAR 174 do 538 14/3/18	4 46				141 37	NIL		Trans to new ledger											
		34 10			16 06			15															

P 820
12474 —375M— 13-2-18.

* Strike out whichever inapplicable.

ASSIGNED PAY.	* ~~ENGLAND OR~~ CANADA.	SEPARATION ALLOWANCE.	* ENGLAND OR CANADA.
EFFECTIVE DATE:- 1-3-17		EFFECTIVE DATE:-	
AMOUNT:- 15⁰⁰		AMOUNT:-	

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.

Mrs Clara M Taylor. (Mother)
595 River Ave, Winnipeg

Mtg. 6515
Wetaskiwin Alta
Pte

Stopped 1-5-19

NAME:- TAYLOR Cecil Owen

NUMBER:- 524172

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		Pte
DO 18-4 CCS 27/4/19	22/3/19	~~Cpl~~ L/Cpl.

UNIT AND TRANSFERS

ORIGINAL UNIT:- Dpt-A M C 10 Can M D

DATE ACCOUNT FIRST OPENED:- 1-3-17

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO
			4th C.C.S.

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
~~22-3~~	~~164~~	~~Can M Corps~~	~~9 13~~			Lethbridge Bks	20 37
~~8-4~~	~~442~~	~~" Reading~~	~~44 33~~			R O C	~~3 09~~ 4491
			10 46				10 46
		15 2p					

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
	1 10/88	10		

PARTICULARS OF RENDERING NON-EFFECTIVE: Leave Passed 30/4/19 A.P.C. 6515 Wetaskiwin Alta 10/4/19 Pte 10

MONTH 1918	PARTICULARS	CR. 1	CR. 2.	PARTICULARS	DR. 1	DR 2.	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
Mar 31	Balance forward.								141 37	NIL	
Apr	P pay	33		Can a P				15	159 37		
				a/R 9. 4 C C S 21/4/18 S/10	5 35				154 02		
May	P. pay.	33 34 10			5 35			15	188 12		
				Can a P.				15	173 12		
				a/R 83. 4 C C S 15/5/18 S 8	5 35				167 77		
		34 10			5 35			15			
June	" "	33									
				Can a P.				15	185 77		
				a/R 284. 4 C C S. 4/6. 12	4 46				181 31		
		33			4 46			15			
July	P P	34 10							215 41		
				Can a P.				15	200 41		
				a/R 345 1/7 4 C C S 5	5 35				195 06		
				" 1043 6/7 " 5	73				122 06	✓	
		34 10			78 35			15			
Aug	A P	34 10							156 16		
				Can A P.				15	141 16		
				a/R 541 19/8 4 C C S 8	5 35				135 81		
		34 10			5 35			15			
Sept	"	33							168 81		
				Can A P.				15	153 81		
				a/R 624. 21/8. 4 C C S 1	3 57				150 24		
				" 706 5/9 " 5	4 46				145 78		
				" 775 30/9 " 16	3 57				142 21		Expired
		33			11 60			15			
Oct	"	34 10							176 31		
				a/R 880. 15/10, 4 C C S. 24	3 73				142 58		
				& A P.				15	157 58		
		34 10			3 73			15			

NUMBER 524172 RANK NAME TAYLOR Cecil Owen.

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
				Bal. Fwd.					157 58		
Nov.		33									
				C.A.P.				15	175 58		
				1021 14/11 4 CCS 4	18 66				156 92		
Dec		34 10		—				15	176 02		
		67 10		1148 4/12 "	18 66 / 5 60			30	170 42		
1919 Jan		34 10		✓				15	189 52		
Feb		101 20 / 30 80			24 26			45 / 15	205 32		
				1269 28/12/18 " 3	9 33				195 99		
				1395 16/1/19 — 7	5 60				190 39		
				1497 30/1/19 — 10	5 60				184 79		
March		34 10			20 53			15	203 89		
				1618 28/2 " 14	3 73				200 16		
				DR. 1566 16/2 " 15	7 46				192 70		
				AR 1657 14/3 " 16	9 33				183 37		
		64 90			41 05 / 41 05			30			
April		33 -						15	201 37		
				AR 1686 4 CCS 22/3/19 ①	9 33				192 04		
				442 Rwing Written Surrey 1/4/19 ②	97 33				94 71		
	Diff of Pay as/Corpl. 22/3/19 30/4/19	4 00		~ ~ ~	106 66			15	98 71		
		37 00		Paid a/c Error 22/3 - 30/4		2 00			96 71		
		37 00			106 66	2 00		15			

S.B.54 Sailed for Canada 29/4/19

115330

524172
Taylor C. O.

20

Perforated sheet for Will from Pay Book of Reg.

No. 524172

Name Taylor C. O.

Unit No 4 C.C.S

Military Will

In the event of my death I give the whole of my property effects to my mother Mrs. Clara Taylor 595 River Ave Winnipeg Man.

Signature Cecil O. Taylor

Rank and Regt Pte No 4 C.C.S

Date 24/4/17

CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

This form to be used for all Ranks (Vide Article 71, Financial Instructions C.E.F., 1914).

Regimental No.....Rank.....Name.....

Corps.....who was *.....

On.....1915, to.....

* Insert "discharged" or "transferred."

The following is a statement of the account of the above-named to date of transfer or discharge inclusive :—

	Dr.	$	c.		Cr.	$	c.
From ... To ...	Bal. Dr. from previous month.....			From ... To ...	Regimental pay days at $.....c.....		
	Total payments during period				Field allowance " $.....c.....		
	from.....				Other allowances.....		
	Assigned Pay				Other Credits (give particulars).....		
	Other Charges (give particulars).....						
	Bal. Cr. on discharge or transfer.....				Bal. Dr. on discharge or transfer		
	Total.....				Total.....		

The amount shewn as Balance Cr. due on discharge or transfer has †.....paid.

Monthly stoppage on account of assignment of pay is....., and has been charged in Pay-list for month of.....

† Insert "been" or "not been" as case may be.

REMARKS:—

State (1) date of enlistment.....

(2) if married and if a Separation Allowance Card has been submitted.....

(3) cause of discharge and authority .....

If discharged from the Contingent, state if Stop Payment advice for Assigned Pay has been forwarded, and date .....

I have carefully examined this statement of account and find it to be a correct extract from the Pay-list of the unit.

Date.....

Place.....

Paymaster.

M. F. W. 44.

200M—1-16.
H. Q. 1772-39-903.

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS T 605

Date of Assignment

Mar 1 1917

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

15			

PARTICULARS OF SEPARATION ALLOWANCE

No. 524172

Rank Pte Promoted Reverted Discharge

Soldier's Name C. O Taylor

Battalion 10 A. M. C. 7 D.

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name Clara M. Taylor

Address 595 River Ave Winnipeg Man

Change of Address

1

2

3

4

17842-6-89

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
1917 Dec 31	—		150	150	
Jan-18	73998 G		15	15	
Feby.	072130		15	15	D
Mar.	93444 V		15	15	✓
Apr.	8663 V		15	15	✓
May	14692 J		15	15	✓ ✓
June	21674 O		15	15	✓ ✓
July	32287 G		15	15	✓
Aug	40772 R		15	15	✓
Sept	41927 R		15	15	✓
Oct	48751 L		15	15	
Nov	56890 7		15	15	
Dec	63920 4		15	15	
Jan	70610 L		15	15	
Feb	71976 O		15	15	
Mar	76974 B		15	15	
Apr	4050 K		15	15	
May	5191 S		15	15	
			405	405	

A/c Closed 31-5-19

Ret'd per Baltic

Date 7/5/19 M.F.W.187

Clerk J. A. Brown

O.L.P. 78486 Dist. Rec'd 12-5-19

M. F. W. 128
400M.—6-17—1772-39-1141
L. L. 22320—M. & D. 7983.

A STENCIL HAS BEEN MADE FOR THIS ACCOUNT

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Date of Assignment

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank Promoted Reverted Discharge

Soldier's Name

Battalion

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name

Address

Change of Address

1

2

3

4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS

M. F. W. 128
400M.—6-17—1772-39-1141
L. L. 22320—M. & D. 7986.

WAR SERVICE BRCH
CLASS "A" No.

O.S. 19
S.S. 27
D.A.M.

SHORT FORM.

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

1. No. 524172.

2. Rank. PTE.

3. Name. TAYLOR Cecil Owen.

4. Unit. 4TH C.C.S. C.A.M.C.

5. Date of Discharge | 26-5-19 | Place Winnipeg. Man.

6. Reason for Discharge DEMOBILIZATION

7. Authority. DO 151

8. Proposed Residence after Discharge
595 River Ave
Winnipeg Man

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.?

C O Taylor
Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place Dispersal Station (Rail) Military District No. 10

Date MAY 26 1919

Signature J. A. Lamont Lt.
(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

1. Triplicate Attestation Paper (M.F.W. 23), or
   Particulars on Recruit (M.F.W. 133),
2. Casualty Form (A.F.B. 103),
3. Medical History Sheet (M.F.B. 313 or A.F.B. 178),
4. Proceedings of Med. Board (M.F.B. 227 or M.F.W. 129)
5. Dental Certificate (C.A.D.C. 5009a),
6. Field Conduct Sheet (A.F.B. 122)
7. Proceedings on Discharge (M.F.B. 218a)
8. Discharge Certificate (M.F.W. 39)
   (Enclosed in special envelope (260M)),
9. Copy of Discharge Certificate (M.F.W. 39a),
10. Dispersal Certificate (C.D.S.),
11. Equipment and Clothing [Statement O.M.F.G. Form (D.O.S. 2),
12. Last Pay Certificate (P.851), f Dup.
13. Pay Book (A.B.64),
14. War Service Gratuity (Form M.F.W. 2595),
15. Sundry Documents.

Group 88

Checked by No. 30

Date 28/1/19

BALTIC

AUDITOR | PAYMASTER 6

M. OR S. 890

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

REGT. No. 524172 RANK Pte NAME (IN FULL) Taylor C O (BLOCK LETTERS SURNAME FIRST)

26

NEXT OF KIN — RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? No — DATE EFFECTIVE

TO WHOM PAID — RELATIONSHIP

ADDRESS

PARTICULARS	EFFECTIVE DATE	AUTHORITY
		26

ORIGINAL UNIT C.E.F. Can b — IF IN P.F. WHAT UNIT?

PLACE OF ATTESTATION — TRANSFERRED TO Dis Stn M — DATE APR 29 1919 — AUTHORITY D, O, 151

DATE OF ATTESTATION 20 - 11 - 16 — TRANSFERRED TO — DATE — AUTHORITY

ASSIGNED PAY $ 15.00 — DATE EFFECTIVE

PAYABLE TO ~~Edna M Taylor~~ — RELATIONSHIP

ADDRESS ~~595 River Ave Winnipeg~~ ~~Home Investment Co~~

ANY CHANGE IN ASSIGNEE OR ADDRESS: 595 River Ave City 8-8-19

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE — EFFECTIVE

DISCHARGED — PLACE M. D. 10 — DATE MAY 26 1919 — REASON D — AUTHORITY D. O. 151 — IF ENTITLED TO POST DISCHARGE PAY

MONTH	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $	AMOUNT C.	OTHER CREDITS $	OTHER CREDITS C.			TOTAL CREDITS $	TOTAL CREDITS C.	ACQUITTANCE ROLLS COL. NO. 1 NO.	COL. NO. 1 DATE	COL. NO. 2 NO.	COL. NO. 2 DATE	COL. NO. 3 NO.	COL. NO. 3 DATE	CASH PAYMENTS COL. NO. 1 $	COL. NO. 1 C.	COL. NO. 2 $	COL. NO. 2 C.	COL. NO. 3 $	COL. NO. 3 C.	ASSIGNED PAY $	ASSIGNED PAY C.	REGIMENTAL CHARGES $	REGIMENTAL CHARGES C.	OTHER CHARGES $	OTHER CHARGES C.			TOTAL DEBITS $	TOTAL DEBITS C.	BALANCE DEBIT $	BALANCE DEBIT C.	BALANCE CREDIT $	BALANCE CREDIT C.	PARTICULARS OR REMARKS
BALANCE FROM PREVIOUS ACCOUNT									94	91																										94	91	Bal. Eng. L. P. C.
May	30	1.10	22	-	35	-			127	-									4 87	197	04		15	-							221	91					Clothing Allce. 1st payment W.S.G.
					70	-																															Advances - Boat - Train
																																					A.P. ~~Eng. L. P. C.~~ to May
		WSG																					WSG								Soldiers				Dr.
153 days @ min			350	-					350	-														70	-						280	-				1st Payment W. S. G. as above
			6	60					356	60																					286	60				Cr. 6 days @ 44 per
June 12																			766850		6	60									280	-				60
" 26																			771657					70	-						210	-				70 - 2nd
July 26																			1204820					70	-						140	-				70 - 3rd
												26/8/19							1223375					70	-						70	-				70 - 4th
												26/9/19							1245278					70	-						~~70~~	=				70 - 5th
									356	60														356	60					356	60						
																			a/c closed																		
9/16/19			3	30																											3	30				
												16/10/19							1684981		3	30									3	30				
																			a/c closed																		

AUDITED OCT 14 1919 Audit Clerk M.D.

AUDITED SEP 22 1919 Audit C. M.

2000-3-19.—L. ... 59785-11. & D. 9985.
M. F W 2596.
177-39-1390.