

190th. OVERSEAS BATTALION C.E.F.
ATTESTATION PAPER.

TRIPPLICATE

No. **892634**

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- | | |
|---|---|
| 1. What is your surname?..... | <u>Taylor</u> |
| 1a. What are your Christian names?..... | <u>Edwin James</u> |
| 1b. What is your present address?..... | <u>Fleming, Manitoba, Canada.</u> |
| 2. In what Town, Township or Parish, and in what Country were you born?..... | <u>Wimborne, Dorsetshire, England.</u> |
| 3. What is the name of your next-of-kin?..... | <u>Albert Ross Taylor</u> |
| 4. What is the address of your next-of-kin?..... | <u>"Hope Cottage" West Row, Wimborne, Dorsetshire, England.</u> |
| 4a. What is the relationship of your next-of-kin?..... | <u>Father</u> |
| 5. What is the date of your birth?..... | <u>October 12, 1889</u> |
| 6. What is your Trade or Calling?..... | <u>Farmer</u> |
| 7. Are you married?..... | <u>No</u> |
| 8. Are you willing to be vaccinated or re-vaccinated and inoculated?..... | <u>Yes</u> |
| 9. Do you now belong to the Active Militia?..... | <u>No</u> |
| 10. Have you ever served in any Military Force?..
If so, state particulars of former Service. | <u>No</u> |
| 11. Do you understand the nature and terms of your engagement?..... | <u>Yes</u> |
| 12. Are you willing to be attested to serve in the }
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? } | <u>Yes</u> |

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Edwin James 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.

.....E. J. Taylor..... (Signature of Recruit)

Date.....December 9, 1916.....R. G. McKeen..... (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Edwin James 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.

.....E. J. Taylor..... (Signature of Recruit)

Date.....December 9, 1916.....R. G. McKeen..... (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, Man. this.....ninth day of.....December.....191 6

.....[Signature]..... (Signature of Justice)
LT-COL.
O. C. 190th. OVERSEAS BATTALION, C. E. F.

Description of Edwin James Taylor on Enlistment.

Apparent Age... 27 years ... 2 months.
 (To be determined according to the instructions given in the Regulations for Army Medical Services.)

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

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

Height..... 5 ft. 5 ins.

None

Chest measurement { Girth when fully expanded..... 35½ ins.
 Range of expansion..... 3½ ins.

Complexion..... Fair

Eyes..... Gray

Hair..... Fair

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

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..... December 9,..... 191 6

W. Williams..... CAPT.
190TH. OVERSEAS BATTALION, C.E.F.

Place..... Winnipeg, Manitoba.

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:—

APPROVED.

SPECIAL SERVICE BATTALION BOARD M.D. 10

DATE

W. J. Gunn
Winnipeg, Man.

C.A.M.C. PRESIDENT

C.A.M.C. MEMBER

C.A.M.C. MEMBER

CERTIFICATE OF OFFICER COMMANDING UNIT.

..... Edwin James 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.

W. J. Gunn

W. J. Gunn..... LT.-COL. (Signature of Officer)
O. C. 190th. OVERSEAS BATTALION, C. E. F.

Date..... December 9,..... 191 6.

REGIMENTAL DOCUMENTS

NAME

TAYLOR, EDWIN JAMES

Rate

REGT. NO.

892 634

UNIT

5-2nd Bn

H. Q. FILE NO.

CONTENTS

DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

M. F. W. 2505
REFERENCE

NON-EFFECTIVE BY

ATTESTATION PAPER (M.F.W. 23, 133, or 51)

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.F.B. 263 or A.F.B. 120)

COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)

MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)

DENTAL HISTORY SHEET (M.F.B. 465)

MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)

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)

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)

Misc.
M.F.W. 67

2nd Card

M

ret'd - 3-20

DEATH
Category

DISCHARGE

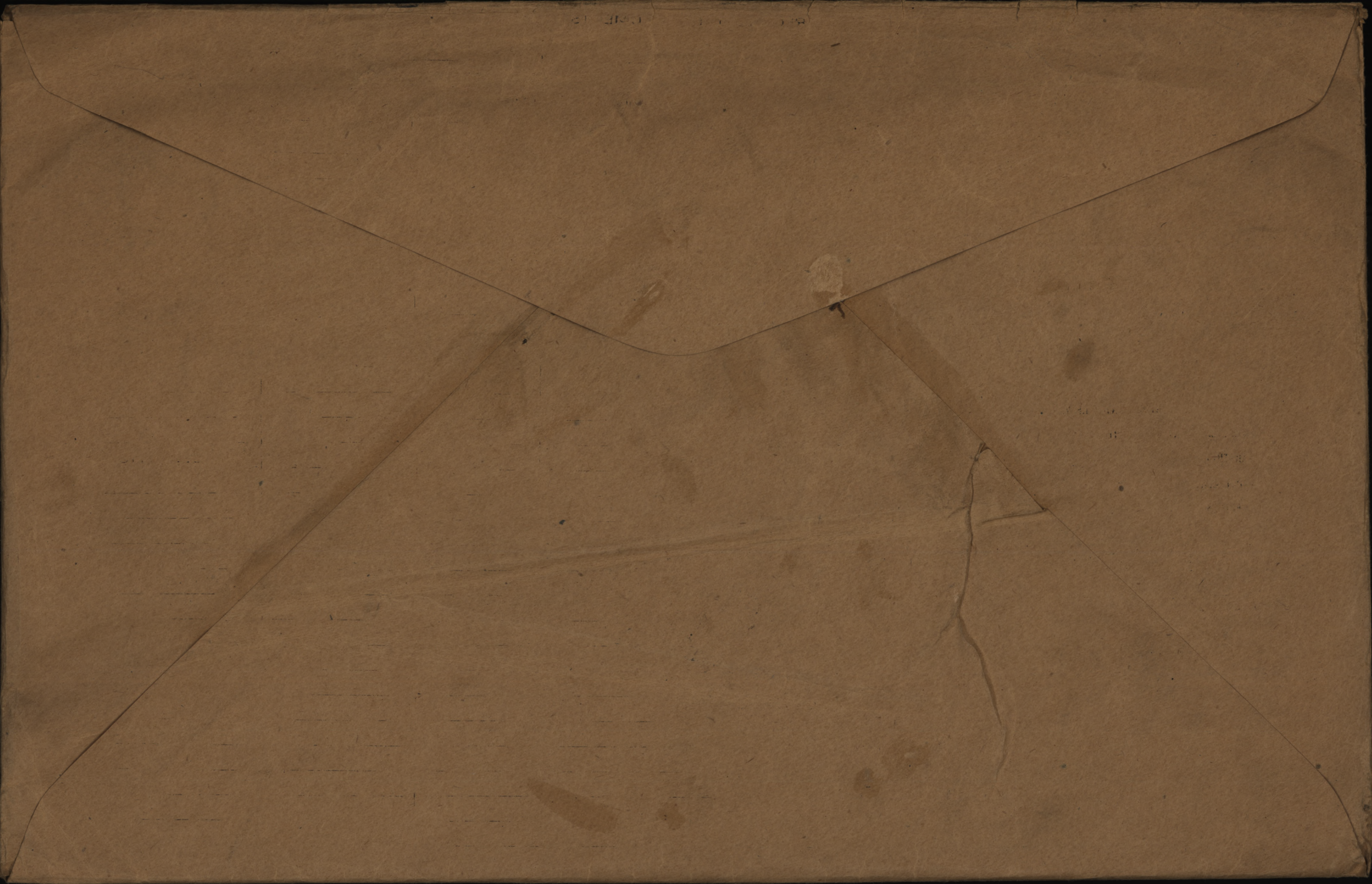
Category Demob

DESERTION

28-21
11-21
3-22
2

C2440

H



SURNAME. *Taylor.*

"2" CARD NO. *L 70*

CHRISTIAN NAMES *Edwin James.*

S 65. 31/3/19. Demd
FOLL. *1080*
1694 of 4/4/19

REGL. NO. *892634.* RANK *Act. 4 Cpl.*

UNIT *190th.*

BR

FORMER CORPS *Nil.*

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL *Taylor, Albert Ross.*

RELATIONSHIP TO SOLDIER *Father.*

ADDRESS *"Hope Cottage" West Row.
Wimborne, Dorset, Eng.*

COUNTRY OF BIRTH *England, Wimborne.*

DATE *Oct. 12th, 1889.*

PLACE OF ATTESTATION *Winnipeg, Man.*

DATE *Dec. 9th, 1916.*

Pro- O/s. 3/5/14. 827/15.

RIC 24-3-19 290 p/c.

From Halifax per SS

"Justicia" 3/5/17

MARRIED SINGLE WIDOWER

TRADE OR CALLING Farmer. RELIGION Church of England

DESCRIPTION.

APPARENT AGE 27. YEARS 2. MONTHS

HEIGHT 5. FEET 5. INCHES

CHEST MEASUREMENT 35 1/2. INCHES EXPANSION 3 1/2. INCHES

COMPLEXION Fair. EYES Gray. HAIR Fair.

DISTINGUISHING MARKS Nil.

MEDICAL EXAMINATION. PLACE Winnipeg, Man. DATE Dec. 9th, 1916.

Present Address - Fleming, Man.

Reg. No. 892634 Name Taylor E J
Rank pte Corps 190 Bu Age Service
Ledger No. Serial No.

HOSPITALS

DATE

DIAGNOSIS

Gen. Winnipeg
Des to unit

29-1-17

6-2-17

Stomach trouble

HOSPITALS**DATE****DIAGNOSIS**

M. F. W. 2553.
75M.—9-19.
1772-39-1332.

No. 892634 RANK

Pte

NAME

Taylor E. J.

T. O. S. 3-12-16

UNIT

B.D. 244-9-12-16

190th Battalion C. E. F.

M. D. 10

PAID FROM	PAID TO	SIG. CR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916 Dec 3	1916 Dec 31	✓		
1917 Jan.	1917	✓		
Feb		✓		
Mar		✓		
Apr		✓	app. R/Plb. 1-3-17	B.O. 211-1-3-17



es
18

Number 892634

Rank A/L/Cpl ~~B~~

Surname TAYLOR

Christian Name Edwin James ~~V~~

Units 52nd Bu Coy Theatre of War France

Date of Service 29-5-18

Remarks

Latest Address ~~Port Arthur~~
~~Out~~

Roll No. Elkhorn, Man.

200m.-2-21.M. B Page 10692

DESP FEB 25 1922

REGN. NO. 417798

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..... **190th. OVERSEAS BATTALION C.E.F.**

.....

(2) Regimental Number..... **892634**

(3) Full Name of Soldier..... **TAYLOR, Edwin James**

.....

(4) Place of Birth..... **Wimborne, Dorsetshire, England.**

.....

(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..... **-**

.....

.....

.....

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

If so, state name and address..... **Albert Ross Taylor, "Hope Cottage"**
West Row, Wimborne, Dorsetshire, England.

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

If so, state name and address..... **Ada Elizabeth Taylor, "Hope Cottage"**
West Row, Wimborne, Dorsetshire, England.

(11) If your Mother is a widow..... -.....

Are you her sole support, or not?..... -.....

(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.

W. K. Munnabau..... **Lieut. Colonel.**
W. K. Munnabau..... **Officer Commanding.**

Date..... **December 9, 1916.**

190th Overseas Battalion, C.E.F.

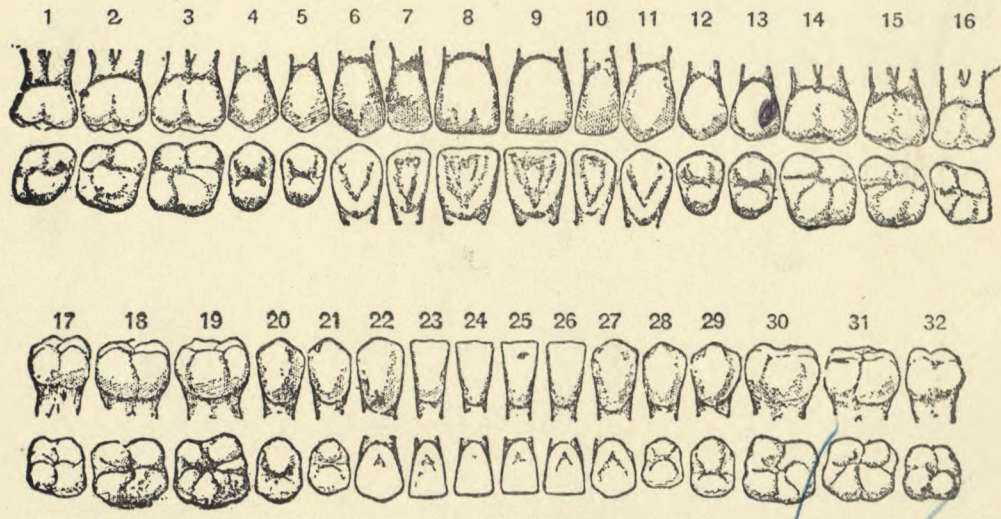
CANADIAN ARMY DENTAL CORPS, O.M.F.C.

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) TAYLOR, E. J.
REGIMENT 52nd Bn RANK Pte No 892634

Date of Examination in England _____ Date of Examination in France 7/1/19



- 56.
- 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 13.
2. EXTRACTIONS
3. CROWNS
4. DENTURES
 - (a) Full Upper
 - (b) Part Upper
 - (c) Full Lower
 - (d) Part Lower

HAS HE EVER REFUSED DENTAL TREATMENT ?

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

- (a) In Canada YES
- (b) In England
- (c) In France YES.

Signature of Dental Officer [Signature]

LABORATORY REPORT

Name of Student: _____
 Date: _____
 Title of Experiment: _____

1. Objective of the experiment: _____
 2. Theory: _____
 3. Apparatus: _____

4. Procedure: _____
 5. Observations: _____
 6. Results: _____

7. Discussion: _____
 8. Conclusion: _____

1. Purpose
2. Theory
3. Apparatus
4. Diagram

- (a) Part 1
- (b) Part 2
- (c) Part 3
- (d) Part 4

- (a) Part 1
- (b) Part 2
- (c) Part 3

Surname TAYLOR Christian Name EDWIN JAMES

STATION	Date of Arrival at the Station	DATES OF						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
		Admission into Hospital			Discharge from Hospital						
		Day	Month	Year	Day	Month	Year				
<i>Winnipeg</i>	<i>9-12-16</i>	<i>29</i>	<i>1</i>	<i>17</i>	<i>10</i>	<i>2</i>	<i>17</i>	<i>Appendicitis</i>	<i>12</i>	<i>Recovery</i>	<i>G. W. Staples</i>
<i>2nd CR Brigade</i>		<i>26</i>	<i>3</i>	<i>18</i>	<i>31</i>	<i>3</i>	<i>18</i>	<i>Influenza</i>	<i>6</i>	<i>Discharged to unit</i>	

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. 592634 Rank Pte. Surname Jayles Edwin James
(Given name in full)

Unit or Corps 52nd Man Coy Birthplace Wimborne Dorset

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

1. GENERAL DESCRIPTION: *estimated*

Physique good Weight 150 lbs. Height 5' 6 in. Colour of Eyes grey
 Nutrition good
 Pulse 78 regular
 Condition of arteries soft
 Vision Rt. 6/12 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 yes
 Osseous and Joint System no Any other general condition yes

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.

2.9/1/17 Appendicitis no disability
26/3/18 influenza " " "

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

[OVER]

EXAMINATIONS.

THIS SECTION FOR USE OVERSEAS—

Examined at Bramshott (Overseas)

Date 21/2/19

Signed J. M. O'Leary M.O.
Capt

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 E. J. O'Leary

(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.)

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

War Service Badge

Class "A" No.

74273

THIS IS TO CERTIFY that No. 892634 (Rank) Plt.

Name (in full) TAYLOR, Edwin James, enlisted in the 190th Battalion

CANADIAN EXPEDITIONARY FORCE at Uminipeg on the 9th day of December 1916.

HE served in 52nd Battalion MP

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

~~Medical Unfitness.~~

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

Age 29.

Marks or Scars Nil.

Height 5'5"

Complexion Fair

Eyes Grey

Hair Fair

E. J. Taylor
Signature of Soldier

W. R. Sumner
Issuing Officer

Date of Discharge



Issuing Officer

Lieut.
Rank

Date Mar. 31st 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.

C.R. Rank

Name TAYLOR, Edwin James.

Reg'l No. 892634.

Unit

If in perm. Corps, }
What Unit? }

Married or Single Single.

190th Bn to Manitoba Regt.

Place and Date of Enlistment

Winnipeg, Man. Dec. 9th, 1916.

Place of Birth Wimborne,
Dorsetshire, England.

Name and Address, Next-of-Kin Albert Ross Taylor.

"Hope Cottage", West Row, Wimborne,
Dorsetshire, England.

Relationship Father.

Assigned Pay Monthly \$

Payable to

Relationship

Separation Allowance \$

Payable to

Relationship

Discharge, Date and Place

Reason

Character

H. W. V., Ld.-9546-16.

N/E. R. N. No.	18541
File R.L.	
Category	O. P. C. 1

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS Taken from Official Documents.
Date.	From whom received.				
ARRIVED IN ENGLAND 14 5 17. S/S. JUSTOLA.					
22 5 17	18th Res	Taken on Strength <i>a/2/pe</i>	Shorncliffe	14.5.17	Pt. II 123
21-5-17		Reverts to the ranks surplus to Estab		14-5-17	Pt II 0.128 appen B
29 5 18	18th Res	Lost to 52nd Bn ops	Seaford	29 5 18	DO149 9100 50 of 7.6.18
21.1.19	52 Bn	Granted 1 G. C. Badge	Field	9.12.18	-1-4.
19 2 19	52ND BN	PROC, TO ENGLAND		10.2-19.	D O, 9
15 3 19	52BN	PROC TO CANADA		17 3 19	D O 19
S L NO 41 & DISP AREA, L					

A.F.B. 103 CHECKED 4 JUN 1918

Fill **Only**.—Unit, Number, Rank and Name.

War Service Badge

Class "A" No. 24273

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

Casualty Form—Active Service.

250M.—1-16.
H. Q. 1772-39-920.

Unit, Regiment or Corps 190th. OVERSEAS BATTALION C.E.F. *Lo Man Regt*
 Regimental No. 892634 Rank Private Name Taylor, Edwin James
 Enlisted (a) 9/12/16 Terms of Service (a) Duration war Service reckons from (a) 9/12/16
 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) Farmer

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	Halifax N.S.	1917 May 3	H.M.S. F628
		Disembarked	Liverpool	" 14	H.M.S. "
<u>17/5/14</u>	<u>190th Bn</u>	Transferred to 18th Res Bn.	Dibgate	14/5/14	Pt 2 D.O. 116. <i>P.O. W. Warrington. Maj.</i> <i>for</i>
					<i>O.C. 190th. OVERSEAS BATTALION, C. E. F.</i>
					<i>22-5-17 18 RES BN T.O.S. FROM 190TH BN DIBGATE 14 '5/17 PT.2 DO128</i>
<u>30/5/18</u>	<u>18th Res. Bn</u>	<i>as Capt</i> <u>Drafted to 52nd Bn in France</u>	<u>Seaford</u>	<u>29/5/18</u>	<u>Part II D.O. 150.</u>
		<u>S.O.S. omfc. to be E.F. daily orders part II No 19/1823-19</u>			<i>CAPTAIN</i> <i>Adjutant</i> 18TH CAN RES BN
		<u>O.C. 52nd. Canadian Infantry Battalion.</u>			

(c) 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.
 (d) e.g. Signaller, Shoeing Smith, etc., etc., also special qualifications in technical Corps duties.

892634 *Pte Taylor E.J.*

CERTIFIED CORRECT.

CAN. RECORDS

LONDON

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.
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21-5-1917 5 JUL 1917	<i>8. Res Bn.</i>	<i>Reverts to Banks</i>	<i>S'cliffe</i>	<i>14-5-17</i> <i>Pte - 128</i>
-------------------------	-------------------	-------------------------	-----------------	------------------------------------

[Signature] LIEUT.
FOR LT: COL: W/C RECORDS, C.O.M.F.

O.C. C. B. D.	Landed in France. Taken on strength 32nd Cdn. Bn. 30.5.18	Nom. Roll d/20.5.18		
— do. —	Landed 6.6.18	Pt II D.O. 50 d/7.6.18		
O.C. 52nd Bn.	Assigned for duty 17.7.18	Nom. Roll d/6.6.18		
6.6.18	<i>Joined</i>	B. 213 d/20.7.18		
15.7.18	<i>To unit</i>	<i>Res. 6.6.18 N.R.</i>		
11.1.19	<i>awd. Good Conduct Badge</i>	<i>15.7.18 "</i>		
		<i>9.12.18 B. 213 11.4.19</i>		
O.C. 52nd Bn.	for demobilisation to C.F.C. Depot	N/R.		
Le Havre	<i>Proceeded to England</i>	Pt. 2. 0/5.		<i>8/19</i>
	<i>Depot</i>	<i>10.2.19.</i>		

EMBARKED S S OLYMPIC SOUTHAMPTON 17-3-19

R. S. Blandford

Capt.
Adjutant, No. 8 Trans-Atlantic Conducting Staff

Lea Bennett

Lieut. for Lt. Col. A. A. G. Cdn. Sect. G.H.Q.

17/3/19 T.O.S. Dispersal Station D. 0924 Pa 2

and Dispersed *31.3.19* D. 0924 Pa 3

Japack Lieut. for O. C. 10 District Depot.

FORM OF WILL.

122928

I, Edwin James Taylor (Name in full)

Regimental number 8926311 serving in 195th O/B C.S.F

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

Ada Elizabeth Taylor
West St.
Wimborne Dorset

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

absolutely, and my personal estate I bequeath England

Ada Elizabeth Taylor
West St.
Wimborne Dorset

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 2nd day of February A. D. 191 7

Edwin James Taylor Signature of Soldier.

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

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

Signature of First Witness E. G. Wells

Address of Witness 195th O/B C.S.F

Occupation of Witness Soldier

THE TWO WITNESSES MUST SIGN HERE

Signature of Second Witness F. Kanoyuki

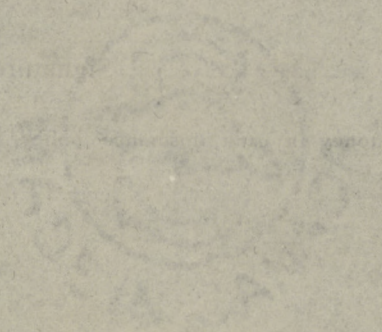
Address of Witness 1149 Selkirk Ave

Occupation of Witness Soldier

FORM OF WILL

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FRIEDLANDER BOND



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126314

FORM OF WILL.

I, Edwin James Taylor (Name in full)
 Regimental Number 892634 serving in 190th Battalion C/S
 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

<u>M^{rs} A. E. Taylor</u>	} Name and Address of person or persons to receive personal estate* (See note).
<u>West St. Wimborne</u>	
<u>Dorset England</u>	

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

this first day of March A. D. 191 4

Edwin James 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 Sergt A Martin
 Address of Witness Broadway Drill Hall
 Occupation of Witness Soldier
 Signature of Second Witness James H. Burrows
 Address of Witness Broadway Drill Hall
 Occupation of Witness Bandsman

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FORM OF WILL.

Name in full.

I Edwin James Taylor.

Regimental Number 892634 serving in 18th Can. Res. Batta

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

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

I DEVISE and BEQUEATH all my real estate unto

.....
.....
.....
.....
.....

absolutely, and my personal estate I bequeath to

Name & Address of persons or person to receive personal estate (see Note 1.)

£ 50.0.0 to my father, Albert R. Taylor, West. Row. Wimborne, Dorsetshire, Eng. £ 50.0.0 to my mother Mrs. Ada E. Taylor (same address) and balance to be divided between my brothers & sisters (same address)

Fill in Date and Year.

IN WITNESS WHEREOF I have hereunto set my hand this Sixteenth day of July A.D. 1917.

Edwin James Taylor.
(Signature)

Signed by the said Testator as his last Will and Testament, the same having been read over and explained to him, in the presence of us both present at the same time who at his request and in his presence and in the presence of each other have subscribed our names as witnesses.

Name of Witness Phar. E. Blosser
Address of Witness 6 Minerva Court, Winnipeg Canada
Occupation of Witness Commercial Traveller.
Name of Witness Cecil C. Duff
Address of Witness 211 Fern Ave Toronto.
Occupation of Witness Clerk

N.B.—Personal Estate includes pay, effects, money in Bank, insurance policy, in fact everything except real Estate.

FORM OF WILL

Name in full

Regimental Number

I HEREBY BEQUEATH TO

My Executor
My Administrator
My Trustee

Name of Beneficiary
Address of Beneficiary
Relationship to Testator

IN WITNESS WHEREOF

[Faint signature and text]

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* Strike out whichever inapplicable.

ASSIGNED PAY.	ENGLAND or CANADA.	SEPARATION ALLOWANCE.	ENGLAND or CANADA.
EFFECTIVE DATE:-	1-5-17	EFFECTIVE DATE:-	
AMOUNT:-	\$1000	AMOUNT:-	

NAME:- TAYLOR Edmund James
NUMBER:- 892634.

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.

Mr. A. B. Taylor
West Row
Wimbourne Dorset
England

Stopped Effic 1.4.19.

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		Private

UNIT AND TRANSFERS

ORIGINAL UNIT:- 190th Bn
DATE ACCOUNT FIRST OPENED:- 15-5-17.

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T SP'D	UNIT TRANSFERRED TO
			M.R.D. 1/4/18 52 Bn

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
22.19	5150	Field	933				
22.19	820	B'shall	942				
			1906				

DAILY RATES OF PAY AND ALLOWANCES

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

PARTICULARS OF RENDERING NON-EFFECTIVE:- Discharged to Canada E3602 B'shall 22.2.19. B'shall M.D. 10
Ledger Bal. 208 53 L.P.C. 189. 22

MONTH 1918.	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
March	Bal fwd.								56 42	52 50	
April	P. Pay	33		A. 12242			10				
				AR 85. 11/4/18 18 Res	9 73						
				" 153 29/4/18 " "	9 73				59 96	52 50	
		33			19 46		10				
May	P. Pay	34 10		B 7319			10				
				AR 296. 13/5/18 18 Res	9 73						
				" 440 24/5/18 " "	9 73				64 60	52 50	
		34 10			19 46		10				
June	P. Pay	33		B 59422. £2-1-1			10				
				DR. AR 403 13/6/18 66 RB	3 57						
				AR 810 24/6/18 35 RB	4 46				79 57	67 50	
		33			8 03		10				
July	P. P.	34 10		B 73590 £2. 1. 1.			10				
				1084 12/7	3 57						
				508 9 Bgt. 24/7	4 46				95 64		
		34 10			8 03		10				
Aug	P. P.	34 10		B 21984			10				
				716 17/8	4 46						77 50
				921 26/8	3 57				111 71		
		34 10			8 03		10		134 71		
Sept	P. P.	33		B 22268			10				
				1117 15/9	3 57				107 57		
				1281 21/9	3 57				127 57		
		33			7 14		10				

NUMBER

892654

RANK

Pte

NAME

TAYLOR E. J.

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4.	BALANCE*	DEFERRED	SEPARATION
1918									127 57		Agreed
Oct	P. Pay	34 10		D. 64278			621.1	10			
	C.N. 3298. 9R. 929 29.9.17. 18 Res chgd in Dec 1917 & Jan 1918.		974	AR 1696. 7.10.18. 9 Page	3 73						
				1999. 16.10.18	3 73				153 95		
		34 10	974		7 46		10				
Nov	P.P.	33		E 14014				10			
Dec	"	34 10		AR 2458. 2.11.18. 52 Rn.	3 73						
Jan	"	34 10		E 43813. Dec.				10			
				AR 2767. 15.11.18	9 33						
				" 3302. 1.12.18	7 46						
				" 3715. 19.12.18	3 73						
				J 3212.	24 25			10	200 90	102 50	
		101 20			24 25		30				
Feb.	P.P.	30 80		AR 4205. 4.1.19	3 73						
	Int on Def. Pay	4 59		" 4788. 18.1.19	3 73						
				J 55663.				10			
				F 54138 March app.				10			
				AR 5150 3.2.19 52 Rn.	9 33				205 63		
				" 320. 22.2.19. 52 Rn.	9 73						
				" 1193. 8.3.19	9 73				18004		
		35 39			36 25		20				
				Sailed for Canada. 17.3.19							
				S.L. 41. M.R.D.							

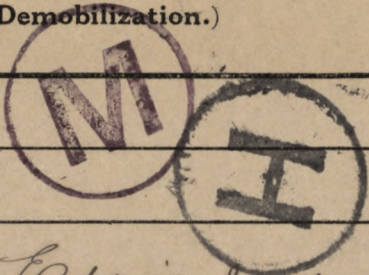
208.83
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18977

002 MD 10
09 #1

War Service Badge
Class "A" No. 74273

SHORT FORM.
PROCEEDINGS ON DISCHARGE.
(Demobilization.)

E.A.



1. No. 892634

2. Rank. *pt*

3. Name. TAYLOR Edwin James

4. Unit. 3rd Battalion

5. Date of Discharge MAR 31 1919 Place Port Arthur Ont.

6. Reason for Discharge Demobilization

7. Authority. D.O. 94

8. Proposed Residence after Discharge Port Arthur Ont

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.?

E. J. Taylor Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place.....

Date MAR 31 1919 PORT ARTHUR, ONT.

Signature *W. J. [unclear]* (O. C. Discharging Unit.)

PROCEEDINGS OF DISCHARGE

<p>THE BOARD OF DISCHARGE</p> <p>OF THE</p> <p>ARMY</p> <p>OF THE UNITED STATES</p> <p>OF AMERICA</p>	<p>NO. 1</p> <p>OF THE</p> <p>ARMY</p> <p>OF THE UNITED STATES</p> <p>OF AMERICA</p>
<p>NAME OF DISCHARGE</p> <p>...</p>	<p>...</p>
<p>...</p>	<p>...</p>
<p>...</p>	<p>...</p>
<p>...</p>	<p>...</p>
<p>...</p>	<p>...</p>

LIST OF DISCHARGE EXHIBITS

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LIST OF DISCHARGE DOCUMENTS.

Attestation Paper, Triplicate.....	Militia Form W. 23
or Particulars of Recruit.....	Militia Form W. 133
Field Conduct Sheet.....	Militia Form W. 178 or A.F.B. 122
Casualty Form.....	Militia Form W. 54 or A.F.B. 103
Last Pay Certificate.....	Militia Form W. 44
Certificate that missing documents are unobtainable.....	
Medical History Sheet.....	Militia Form B. 313 or A.F.B. 178
Proceedings of Medical Board.....	M.F.B. 227, A.F.B. 179 or A.F.A. 45
Dental History Sheet.....	Militia Form B. 465
Medical Report.....	M. F. W. 129 or D. M. S. 1375
Regimental Conduct Sheet.....	Militia Form B. 263
Company Conduct Sheet.....	Militia Form B. 263a

1. Triplicate Attestation Paper (M.F.W. 23), or Particulars of Recruit (M.F.W. 133).
2. Casualty Form (A.F.B. 103).
3. Medical History Sheet (M.F.B. 313 or A.F.B. 178).
4. Proceedings of Med. Board (M.F.B. 227 or M.F.W. 129)
5. Dental Certificate (C.A.D.C. 50094).
6. Field Conduct Sheet (A.F.B. 122.)
7. Proceedings on Discharge (M.F.B. 218a)
8. Discharge Certificate (M.F.W. 39)
(Enclosed in special envelope (260M)).
9. Copy of Discharge Certificate (M.F.W. 39a).
10. Dispersal Certificate (C.D.3).
11. Equipment and Clothing Statement Q.M.G. Form (D.O.S. 2).
12. Last Pay Certificate (P. 851). *+ duplicate*
13. Pay Book (A.B.64).
14. War Service Gratuity (Form M.F.W. 2595),
15. Sundry Documents.

Group B

Checked by [Signature]

Date 14/3/19

