2.

D

ORIGINAL "7"
Canadian

ATTESTATION PAPER.

1st Depot Bn 1st C. O. Regt.

No. 3031168

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?	Ezra ALfred
1b. What is your present address?	156 Landon Ave., Chicago, Ill., U.S.
2. In what Town, Township or Parish, and in what Country were you born?	Toronto, Canada
3. What is the name of your next-of kin?	May Lawlor
4. What is the address of your next-of-kin?	156 Landon Ave., Chicago, Ill., U.S.
4a. What is the relationship of your next-of-kin?	Sister
5. What is the date of your birth?	January, 30th, 1882
6. What is your Trade or Calling?	Laborer
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.	No
11. Do you understand the nature and terms of your engagement?	Yes
12. Are you willing to be attested to serve in the CANADIAN OVER-SEAS EXPEDITIONARY FORCE?	Yes
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, Ezra Alfred 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.

Ezra A. Taylor (Signature of Recruit)

Date November, 16th 1917. [signature] (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Ezra Alfred 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.

Ezra A. Taylor (Signature of Recruit)

Date November, 16th 1917. [signature] (Signature of Witness)

CERTIFICATE OF MAGISTRATE.

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

The above questions were then read to the Recruit in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said Recruit has made and signed the declaration and taken the oath before me, at Toronto, Canada this 16th day of November, 1917 191 .

[signature] (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 Mere Alfred Taylor on Enlistment.

Apparent Age 35 years 10 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5 ft. 5½ ins.

Chest measurement.
- Girth when fully expanded 39 ins.
- Range of expansion 3 ins.

Complexion Medium

Eyes Brown

Hair Black

Religious denominations.
- Church of England
- Presbyterian
- Methodist
- Baptist or Congregationalist
- Roman Catholic R.C.
- 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).

Nil.

Hearing O.K. R20/30L20/40 Eyesight.

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.
Passed by the M.B., Chicago

Date November, 16th 1917. J.B. Willoughby, Capt. M.O

Place Chicago, Ill., U.S. A. Stewart, Capt. M.O.

J.C. Ghose Medical Officer. M.O.

*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.

Mere Alfred Taylor having been finally approved and inspected by me this day, and his Name, Age, Date of Attestation, and every prescribed particular having been recorded, I certify that I am satisfied with the correctness of this Attestation.

(Signature of Officer)

Date NOV 17 1917 1917 for O. C. 1st Depot Bn., 1st C. O. R.

Proceedings of Court of Inquiry or on men reported Missing on Active Service.....

Attestation Papers.....1 x.....

Declaration of change of name.....

Authority for special enlistments.....

Documents of re-enlisted men.....

Regimental Conduct Sheet.....1.....

Compulsory Stoppages.....

Casualty Forms.....2.....

Proceedings on discharge.....2.....

Dent
Corps History Sheet.....2.....

Date and No. of Deposit Receipt for Purchase Money and Amount.....

Copy
Parchment Certificate.....1.....

Medical Report for Invalids.....

Medical History Sheet.....x 3.....

Proceedings of Regt. Court Martial.....

Copies of Convictions by Civil Power.....

Company Conduct Sheet.....1.....

Clothing Transfer Certificate.....

Inventory of Kit.....

Last Pay Certificate.....1.....

M.F.W. 129 - 2
M.F.W. 192 1
Misc 3.4
M F W 67 - 1

M. F. W. 62.
100m.—6-17.
H. Q. 1772—39—935.

Discard 1
1 - a H 9 1237

DISCHARGE DOCUMENTS

R. O. No.....

H. Q. No.....

Name TAYLOR - EZRA ALFRED

Regt. No. 3031168 Rank Pte

Corps 1st DPO. BN. 1st C.O.R. (H2DDS)

DEMOB

02514

13-21
13-21
7 22
1

Form R. 149.

Ezra. Alfred.

Name TAYLOR Rank Pte. Reg. No. 3031168

Unit 20. Bn

Next of Kin U.S.A.

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
12-10-18	L. G. H. Camiers	C. S. W.	Thigh. L	A 34	2 46	4846/3
18-10.	Norfolk R. H. Norwich	do		B 35		29695
25 10	Mil Cont. Epsom	do		B 35		30142
6 11	Discharged	do		B 370		9320
		to RCD Wally				RL 1419

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

REGT'L. No. 3031168

NAME Taylor, Ezra Alfred

H. Q. FILE No 649

RANK AND CORPS Pte. 20th Bn. (form. 1st. C.O.R. 1st. Dpo. Bn.)

FOLLOWS No.

FOLLOWS

CABLE No.	CABLE Date	"U.S.A." NATURE OF CASUALTY
N. of kin.		May Lawlor, "Sister" 156 North Lamon Ave. Chicago Ill. U.S.A.
Q646. 19-1.	19-1018.	Adm. 4 Gen. H. Dannes Camiers Oct. 12th. 1918. GSW. L. thigh.

L. L. 31493. M. & D. 8476.

M. F. W. 42—100M.—28-11-17.
H. Q. 1772-39-893.

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
A 347-3	No 4 Gen Canniers	12-10-18	G.S.W.L Thigh
B 352-2	Norfolk War		
"	" Thorpe Norwich	18-10-18	G.S.W.L Thigh
B 358-4	Mil Conv Wd etc Pk Epsom	25-10-18	" " " " "
B 370-3	Discharged	6-11-18	G.S.W. L. Thigh

a2E

Number 3031168 Rank Pte. B

Surname TAYLOR

Christian Name Ezra Alfred V

Units 58th Bn Can Inf Theatre of War France

Date of Service D. 30-8-18

Remarks

Latest Address 1516 North Lamon ave
Chicago Ill, USA

Roll No.

200m.-2-21.M. B Page 10690.

DESP FEB 25 1922
REGN. NO. 107817

C

SURNAME. Taylor

CHRISTIAN NAMES Ezra Alfred

REGL. No. 3031168 RANK Pte.

UNIT ~~1st Cen. Ont. Regt. 1st Dpo. Bn.~~ #2 Dist Dpo.

FORMER CORPS Nil.

2 CARD NO.

S.O.D. Demob. 15-2-19-2

FOLL.

auth. Documents.

DO 44 of 13-2-19. #2 DD.

NEXT OF KIN.

NAMES IN FULL Lawlor. May

RELATIONSHIP TO SOLDIER Sister

ADDRESS ~~156 Landon Ave.~~ (Chicago. Ill. U.S.A.

156., North. Lamon Ave.

54-21-38-1. 10-10-18.

CHANGE OF ADDRESS

COUNTRY OF BIRTH Canada Toronto, Ont. DATE Jan. 30th 1882

PLACE OF ATTESTATION Toronto, Ont. DATE Nov. 16th 1917

O/S. 5/2/18. 1112.

R/C. 25/1/19. 25-8/64.

L. L. 26989 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

*Name L TAYL'R E'RA Alfred Rank Pte. Regtl. No. 3031168

Fyle Depot 24-Ta-149

Original unit ... Present unit 12th Res. M. or S. Age 36 Religion R.C. Ref. H.Q.

Port, ship and date of arrival Halifax Aquitania 25-1-19

Next of kin Sister May Lawler 156 London Ave. Chicago Ill USA

Address on leave Same

Address on discharge 156 North Lamon Ave., Chicago, Ill. U.S.A.

Transportation issued ~~No~~ Yes Date 15-2-19 Chicago Character on discharge

Previous occupation Labourer Date and place of enlistment Toronto Ont. Nov 16-17

Diagnosis Demobilization Date of Medical Boards 10-2-19

Date.	Remarks.	Pt. 2 Order No.
TOS 18-1-19 Posted to Cas Co Ex Camp 25-1-19		
	leave with subs from 30-1-19 to 14-2-19 32.	
15-2-19	SOS DISCHARGED "DEMOB'N" entitled to W.S.G.	44

*—Name will be given in full; surname first.

(over)

Date.	Remarks	P[redacted] Order No.

M. F. W. 192
150m.—5-18
1772-39-1243

Surname	Christian Name or Names	Reg. No.
Taylor	E. A.	3031168

Rank	Unit
Pte.	1st Co 20.

Cas. List.	
17.10.18 a347[3]	4 G.S. Camer's 12.10.18
	G.S.W. h. thigh [illegible]
23-10-18 B352[2]	Norfolk War Norwich 18.10.18
30.10.18 B358	-4. Woodcote Pk. Epsom. 25.10.18
13-11-18 B370[3]	Dis. 6-11-18

A.M.D. 2 Dept.

Bch. of D.G.M.S. O.M.F.C. London

D.M.S. 1300. 50M-30-8-18.

Cas. List.

Forms
I. 1237
12

Army Form I. 1237.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
	303 1164.	Pte.	Taylor	E.A.

Year.	Unit.	Age.	Service.
1918	20th Rn.	37.	2/12.

Station and Date.
MCH. Epsom.
24. 10. 18.

Disease G.S.W. Left Thigh. flesh

25. 10. 18 Wound healed, Heart & Lungs neg. Has lost glasses. to Horton for examination, no other disability. D/.

Capt CAMC

TAB 2 1/11/18

* The first and last entries will be signed, and transfers from one Medical Officer to another, attested by their signatures.

(6365) W2944/P138 2,950,000 1/18 McA & W Ltd Forms/I. 1237/13 (E 2349)

[P.T.O.

Station and Date.	

CANADIAN RECORD OFFICE

OLD BAILEY E.C. 4.

NOVA SCOTIA REGIMENT

July 6th 1918 "A-257"

CASUALTY LIST "A"

Date of Adm	Number	Rank and Name	Unit	Nature of Casualty
(All Privates unless otherwise stated)				
PREVIOUSLY REPORTED MISSING NOW FOR OFFICIAL PURPOSES PRESUMED TO HAVE DIED ON OR SINCE				
. . .	415345	SPRACKLIN W.	(RCR)	
31-10-17				
No.12.(U.S.A.)GENERAL HOSPITAL ROUEN				
DANGEROUSLY ILL IMPROVED				
30-6-18	414044	MCDONALD G.S.	(25)	G.S.W. Legs
No.5.CANADIAN FIELD AMBULANCE				
Discharged				
28-6-18	445380	GRIMBLY A.E.	(25)	S.W. Rt. Toe
No.12.CANADIAN FIELD AMBULANCE				
30-6-18	901297	BRYAN H.	(85)	Pleurodynia

FORM.R.2. 124.

For attaching to Original & Triplicate A.F.

No. 303168 Rank Pte Name Taylor Ea. Unit 8 Res

Next of kin changed from:-

May Lawlor
156 Landon ave. Chicago Dec, USA

To:- May Lawlor
156 North Lamon ave. Chicago Ill USA

Authority R.I.29/ D 22.8.18. Clerks Initials EG

MILITARY SERVICE ACT, 1917. DUPLICATE

MEDICAL HISTORY SHEET. 303168

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 Ezra Alfred

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) 156 Landon Ave., Chicago, Ill., U.S.

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 16th day of November 1917, by the undersigned medical board sitting at Chicago

5. Age as stated 35 Years 10 Months. 6. Apparent age ..... Years ..... Months

7. Height 5 Feet 5½ Inches. 8. Weight 140 Pounds.

9. Chest measurement { Minimum 36 Ins. / Maximum 39 Ins. } 10. Complexion Medium { Eyes Brown / Hair Black }

11. Physical development. Good { Good / Fair / Poor } 12. Smallpox marks .....

13. Number of vaccination marks { Right arm ..... / Left arm 2 } 14. When vaccinated last 6 yrs ago

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

16. Slight defects but not sufficient to cause rejection Hearing O.K. 20/30 20/40

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 Passed by Medical Board at Chicago

17. (a) Vision R. ..... L. .....

(b) Hearing. R. ..... L. .....

J.B. Willoughby President. M.O.

A. Stewart Member M.O. J.C. Ghose Member. M.O

Date	Result	Vaccinations		Date	Result	Anti-Typhoid Inoculations, Etc.	
1-12-17		J.R. Adamson	M.O.	24-11-17			M.O.
			M.O.	1-12-17		J.R. Adamson	M.O.
			M.O.	7-12-17			M.O.

Joined 16th day of November 1917 at Toronto, Canada

	Corps	Reg'tl Number	Habits	Date
Joined on enlistment	1st Depot Bn 1st C. O. Regt.	303168		
Transferred to.....				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station	Date	Disease	Result

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

M. F. B. 313.
300M.—10-17.
1772-39-430.

Signature of Man Ezra A. Taylor

Surname Taylor Christian Name Ezra Alfred

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				

EYE, EAR, NOSE AND THROAT CLINIC.

Witley Camp,
Surrey,
JUN 4 1918 1918.

No. 303148 Rank Pte Name Taylor E A

Unit 8 Res Bn

	WITHOUT GLASSES		WITH GLASSES (as per prescription below)			
			SPH	CYL	AXIS	
VISUAL ACUITY R.-	6/12	with	-100	-100	180	=6/6
VISUAL ACUITY L.-	6/9	with		-100	180	=6/6

Category recommended is A

Glasses are Ordered.

REMARKS:-

R Rutherford

Lt.Col. C.A.M.C.
Eye and Ear Specialist.

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..... 1st D.B. 2nd C.O.R.

(2) Regimental Number..... 3031168

(3) Full Name of Soldier..... Taylor Ezra Alfred.

(4) Place of Birth..... Chicago. Ill U.S.A.

(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 ?..... no

(8) Have you any children ?..... no

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? ..... no .....

If so, state name and address .....

.....

(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? .....

If so, in what Company? ..... no .....

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 H Richardson Lieut

Officer Commanding.

Date Jan 8th 1918.

E W Clifford Mgr for LIEUT.-COL.
O. C. 1st Depot Bn., 2nd C. O. R.

MILITARY SERVICE ACT, 1917.

ORIGINAL

MEDICAL HISTORY SHEET.

3031168

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 Ezra Alfred

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) 156 Landon Ave., Chicago, Ill., U.S.

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 16th day of November 1917, by the undersigned medical board sitting at Chicago

5. Age as stated 35 Years 10 Months. 6. Apparent age Years Months

7. Height 5 Feet 5½ Inches. 8. Weight 140 Pounds.

9. Chest measurement { Minimum 36 Ins. / Maximum 39 Ins. } 10. Complexion Medium { Eyes Brown / Hair Black }

11. Physical development. Good { Good / Fair / Poor } 12. Smallpox marks

13. Number of vaccination marks { Right arm / Left arm 2 } 14. When vaccinated last 6 yrs ago

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

16. Slight defects but not sufficient to cause rejection Hearing O.K. 20/30 20/40

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

17. (a) Vision R. L.

(b) Hearing. R. L.

Passed by Medical Board at Chicago

J.B. Willoughby M.O. President.

A. Stewart M.O. Member. J.C. Ghose M.O Member.

Date	Result	Vaccinations	Date	Result	Anti-Typhoid Inoculations, Etc.
9/12/17		H F Adams M.O.	9/12/17		M.O.
		M.O.	1/12/17		H F Adams M.O.
		M.O.	7-12-17		M.O.

Joined 16th day of November 191 7 at Toronto, Canada

	Corps	Reg'tl Number	Habits	Date
Joined on enlistment	1st Depot Bn 1st C. O. Regt.	3031168		
Transferred to.....	8th RES. Bn. 58 Bn.			AUG 29 1918

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station	Date	Disease	Result

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

Signature of Man Ezra A. Taylor

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

Surname Taylor Christian Name Ezra Alfred

23 OCT 1918

CANADIAN

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital Day	Month	Year	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.
NORFOLK WAR HOSPITAL THORPE, NORWICH		18	10	18	24	10	18	G S W ft thigh	6	flesh Flesh wd inner side lt thigh General mmt feeling Improved Trans to Woodcote Park	[illegible]
McHepson		24	10	18	6 - NOV		1918	do	14	Wound healed heart & lungs reg no evidence of disability D1	[illegible] Capt Cam C

MAJOR, FOR LT. COL., R.A.M.C. OFFICER IN CHARGE

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

M. F. W. 54. (A. F. B. 103.
500M.—9-16
H. Q. 1772-39-9.

Casualty Form—Active Service.

Unit, Regiment or Corps 2nd Dept 1st DEPOT BATTALION 2nd 1st C.O.R.

Regimental No. 3031168 Rank Pte Name TAYLOR, Ezra Alfred

C. E. F.

Enlisted (a) 16-11-17 Terms of Service (a) Duration of War Service reckons from (a) 16-11-17

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) Laborer

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	Halifax	3-2-18	
		Disembarked England	Liverpool	16-2-18	
26-2-18	8th R.Bn.	T.O.S. from 1st Depot Bn. 2nd C.O.R., on arrival from Canada.	E.Sandling	3-2-18	D.O. Pt 2. 57 & 58.
30 AUG 1918	8th Res.	Proceeded overseas for Service with 58 Bn.	Witley	29 AUG 1918	D.O. 242
C. C. B. D.		Landed in France: Taken on strength 58th Cdn. Bn. 30.8.18.		Nom. Roll d/546.	
— do. —		Left for Base 29.9.18.		Pt II D.O. 94 d/19.9.18.	
C. C.	Bn.	Arrived		Nom. Roll d/136	
7.9.18	Adj	Transf-to 20 Bn.		d/137	
— " —	— " —	T.O.S. 20 Bn. from 58 Bn.		8.9.18.	K.R. 358. Pt 2 No. 400/73.
14 SEP 18	20 Bn	Arrives	20 Bn	9.9.18.	— " — Pte O/a 16.9.18
12.10.18	8 Corps	4th Entrenching Bn.	Corps	10 SEP 18	B 213
				12.10.18	7893

CERTIFIED CORRECT 4 SEP 1918 C. C. B. D. LONDON

J. Edwards Capt
Adjutant, 8th Canadian Reserve Bn.

(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				
18.10.18.	4 Gen	G Sr. Thigh R To	England	18.10.18	L 4173.
18-10-18.	do	Inv (Wdd) & posted to 1st Depot, Witley per AT Stad	Centl Ont. Regl Antwerpen	18-10-18.	W3083 - 6291. Pt 2.0.105-1918
		Whogan	Major for Lt.-Col., A.A.G. Canadian Section. G.H.O. 3rd Echelon B.E.F		
26.10.18	1CCRD	T.O.S. from 20th Ctr	Witley	18.10.18	— 294
					FOR LT. COL: I/C RECORDS, C.O.M.F
10-12-18	Ceases to be attached on proceeding to 12th Res				D.O.No. 3410 10/12/18
					Lieut for Adjutant Canadian Command Depot
11-12.18	12th Res.	T.O.S. 12th Res.	Witley	10.12.18	Pt 2.294
6-1-19	12th Res	On Com Kinmel Pk	do	6-1-19	Pt 2.4

H.M.T. AQUITANIA
EMBKD. LVP. JAN. 18. 1919
DEBKD. HALIFAX. N.S.
JAN. 24. 1919

Attached C.C.C.K.P. 21 Part 2 Orders pending transfer to C. E. F. Canada.

25 JAN 1919

Ceases to be attached on transfer to C.E.F. Canada. Part 2 Orders 21

Lieutenant for Officer Comd'g M.D.2. C.W. Kinmel Park Camp, Rhyl.

25 JAN 1919

2.

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

M. F. W. 54. (A. F. B. 103.
500M.—9-16
H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps .....

Regimental No. 303168 Rank Pte C. E. F. Name Taylor Ezra Alfred

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				
JAN 18 1919	O. S.	T. O. S. No. 2 DISTRICT DEPOT, TORONTO		1919	PART II D. O. 32
		W. C. Robertson Lieut. For O. C. No. 2 District Dep.			
15-2-19		O.S. (Discharged) No. 2 District Depot Part II, D.O. No. 44. H. Sargent Capt			
		T. O. C. Discharge Sections, No. 2 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				

C.A.D.C. 1009 A

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

DENTAL CERTIFICATE FOR DEMOBILIZATION N.D.H.

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 E. A.

REGIMENT 20th Bn. RANK Pte. No. 303168

Date of Examination in England 8/1/19 | Date of Examination in France

PRESENT DENTAL REQUIREMENTS

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

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~~

KINMEL PARK, NORTH WALES.

Signature of Dental Officer A. Dental Capt

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

IC.

This is to Certify that No. 3031168 (Rank) Pte.

Name (in full) TAYLOR, Ezra Alfred enlisted in

the 1st Depot Bn. 1st C.O.R. (2 D.D.)

CANADIAN EXPEDITIONARY FORCE at Toronto, Ont. on the 16th

day of November 19 17.

HE served in "England & France"

and is now discharged from the service by reason of "Demobilisation"

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

Age 37

Height 5' 5½"

Complexion Medium

Eyes Brown

Hair Black

Marks or Scars

1 vacc. scar on left arm.

G.S.W. right thigh - 18-10-18.

E. A. Taylor.
Signature of Soldier

Wm Greene Capt
Issuing Officer

Feb. 15th, 1919.
Date of Discharge

For
Rank
O.C. No. 2 District Depot.
Appointment

Signed at Toronto this 15th day of Feb. 19 19

in Military District No. 2

File Reference No.

No. 2
FEB 15 1919
DISTRICT DEPOT

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. W. 39a.
250m —6-18.
H. Q. 1772-39-882.

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

No. ..... (Rank) ..... Name .....

Unit .....

Address on Discharge .....

Character and Conduct .....

.....

Former Occupation .....

Special Qualifications of Value in Civil Life .....

.....

Medals and Decorations .....

.....

Remarks .....

.....

Signed at ..... this ..... day of 19

.....
Name of Officer

.....
Rank

.....
Appointment

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

Uniform is not to be worn after expiration of one month from date of discharge, except by special permission of G. O. C. district.

D.M.S.-1375.

Medical Examination upon leaving the Service of an Officer fit for general service or a Soldier fit for duty.

☛ *Officers leaving the Service upon being found unfit for general service by a Medical Board, and Soldiers leaving the Service upon being found otherwise than fit for duty by a Medical Board, are not to be reported on this Form.*

Rank Pt. Name Taylor Surname E. A.

Unit or Corps 2 C.C.R. - 12 Res (If a soldier) Regtl. No. 303168

Born at Chicago U.S.A. on, date 1/30/82

Signature (for identification) Ezra A. Taylor.

The examination is to be made jointly by two Medical Officers.

1. **PHYSIQUE**—Any deformity, maiming or lameness? If so, describe. None.

Weight 156 lbs.

Height 5 ft. 6 ins.

2. **NUTRITION AND DIATHESIS?**

Good.

After searching inquiry and thorough examination is any evidence found of disease or impairment of the parts indicated below? If so, describe.

3. **NERVOUS SYSTEM?**

No.

4. **RESPIRATORY SYSTEM.**

No.

5. **HEART?** No.

Abnormal Sounds? None.

Abnormal Size? No.

Pulse Rate? 72. Intermittence or irregularity? No.

6. **ARTERIES.**—Any hardening? No.

7. **DIGESTIVE SYSTEM?**

No.

8. **GENITO-URINARY SYSTEM?** No.

Urinalysis—S.G.? 1022. Reaction? Acid. Albumen? 0. Sugar? 0.

9. **SKIN, MIDDLE EAR, EYE** or any other part?

No.

10. Is there any evidence of impairment of health or physical condition not mentioned above? If so, describe. None.

11. Opinion as to the health and physical condition of the one examined? Good.

Examined at Kinnel Park Signed J A Locke Capt M.O.

Date 7/1/19 Signed M W Buttle Capt M.O.

☛ *If any disease or impairment of health or physical condition is discovered, this report should be sent at once to the O.C. concerned for the Officer or Soldier to be sent before a Medical Board for regular boarding.*

A2

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. 3031168 Rank Pte. Surname TAYLOR
(Given name in full)
Ezra Alfred

Unit or Corps #2 DD Birthplace

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

1. GENERAL DESCRIPTION:

Physique Good Weight 136 lbs. Height 5 ft. 5 1/2 in. Colour of Eyes Brown

Nutrition Good

Pulse 72

Condition of arteries Good

Vision Rt 6/6 Left 6/6

Hearing (conversational voice) Rt. 20 ft.

Left 20 ft.

Identification marks, scars, or deformities.
(Give cause and date of origin.)
GSW scar left thigh 1918

Opinion as to general health and physical condition Fit for category A2

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 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.

No hernia haemorrhoids, varicocele
varicose veins or goitre
Left hydrocele - pre existing enlistment
No aggravation by service
GSW left thigh - 1918 - No disability.

APPROVED
FEB 10 1919
R. A. Richardson CAPT.
FOR A. D. M. S. D. 2

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

EXAMINATIONS.

THIS SECTION FOR USE OVERSEAS—

Examined at.....(Overseas)

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 SECTION FOR USE IN CANADA—

Examined at Ex Camp Dorm'ts (Canada)

Date 10/2/19 Signed W H Butt 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 Ezra A. Taylor

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

(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.

M.D. 2

No. 56

M.F.W. 44.
1133 (D.P.) 250M.-12-18.
1772-39-903.

CANADIAN EXPEDITIONARY FORCE.

LAST PAY CERTIFICATE

Regimental No. 3031168 Rank Pte Name Taylor E A
(Surname first)

DISCHARGED

Unit 2 D D who was* .....

On Feby 15 191 9 to .....

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from Feby 1 to Feby 15 191 9 the inclusive date of transfer or discharge.

	Dr.		Cr.	
Bal. Dr. ~~or Cr.~~ from prev. month	9	67		
Regimental Pay 15 days at $ 1 c 10			16	50
Field Allowance ..... days at $ ..... c				
Separation Allowance			35	00
Clothing Allowance			7	00
Post Discharge Pay				
*Other Credits Subsce 30/- 14/6			12	80
Advances 9.10.18	5	00		
Separation Allowance and Assigned Pay Cheque No.				
*Other Charges				
91646	119	63		
Balance on transfer or on discharge, cheque No.				
Total	134	30	134	30

*Give particulars.

A monthly stoppage of $ 2 (†) has ..... (‡) been paid on account of

Assigned Pay for the month of Feby 191 .....
and Separation Allce. for month of ..... 191 ..... } (to) Assignee .....

(Address) .....

(†) Insert amount to be assigned, whether it has been paid or not. (‡) Insert "not" if amount has not been paid for period of account.

ON TRANSFER OF AN OFFICER.

Outfit Allowance of $ ..... has been paid by Paymaster, Military District No. .....

REMARKS:—

State (1) date of enlistment ..... married or single Single

(2) Separation Allowance, entitled or not not (3) Reason for discharge Demob.

(4) Authority for discharge or transfer ~~D.O.~~ 44

NOTE.—S.A. & A.P. Card and Index Card (M.F.W. 71) are to accompany Last Pay Certificate on transfer.

I have carefully examined this statement of account and find it to be a correct extract from the Pay Account of the officer or soldier.

Date Feby 14/19

Place TORONTO, ...

.....
Paymaster.

N.B.—(A) This form is to be used for all ranks (vide Article 122-130 and 141) Financial Instructions, C.E.F., 1916.
(B) For purposes of transfer it is to be made out in triplicate. Copies will be disposed of in accordance with instructions as laid down in Routine Order No. 1307, dated 12th Nov., 1918. Payment of the balance will not be made and the words "or on discharge cheque No." will be deleted.
(C) For purpose of discharge it is to be made out in duplicate. One copy to accompany discharge papers, and one copy for retention as a record. As payment of the balance will have been made, the words "on transfer or" will be deleted.
(D) If a man on discharge is entitled to Post Discharge Pay, Last Pay Certificates will be made out as in "C" with an additional copy to be forwarded to the District Paymaster.

CREDITS, ADVANCES, Etc.

Credits, Advances, Forfeitures, Issues on Repayment, etc., since issue of this L.P.C. are to be entered hereunder:

Date	Place	Cheque No. A.R. No. or Other Particulars.	AMOUNT		Signature of Officer Making Payment.
			Dr.	Cr.	

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

NAME OF SOLDIER Taylor, Ezra A. DISTRICT ✓

REGIMENT ..... RANK ..... No. 303116 8

INSTRUCTIONS

1. On examination the condition of patient's mouth to be marked on diagram in red ink.
2. On first line of report record of same to be made in red ink.

Only such entries to be made on this sheet as will show:

1. Condition on examination (in red).
2. Condition on leaving Canada.
3. Condition on discharge.

	Date		Amalgam	Temporary Filling (a) G. P. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhœa	Synthetic Porcelain	Extracting	DENTURES U	DENTURES L	DENTURES P	Gold Clasp	Gold Filling	CROWNS Gold	CROWNS Porcelain	Bridge Work	OPERATOR	Military District	REMARKS
Condition on first Examination																							

Discharge Exam.
At Exhibition Camp
Date FEB 1 0 1919
} Certificate issued for

DENTALLY FIT

Hasemple
Major

M.F.B. 465.
200M.—6-18.
1772-39-950.

TORONTO NOV 16 1917 ORIGINAL CHICAGO 25 OCT 1918 3168 1665 T151

1.

MEDICAL HISTORY SHEET

Surname Taylor, Christian Name Ezra, 3031168 ~~Boy~~

Examined on 15th. day of Nov. 1917 at Chicago, Ill.

Birthplace City or Town Toronto, County Canada,

Apparent age 35

Trade or occupation Laborer,

Height 5 feet 5¼ Inches

Weight 140 lbs.

Chest measurement Minimum 36 inches, Maximum expansion 39 inches

Physical development Good

Small-pox Marks nil

Vaccination Marks Arm Right Left, Number 0 2

When Vaccinated last Childhood

(a) Marks indicating congential peculiarities or previous disease nil

(b) Slight defects but not sufficient to cause rejection. ~~XXX~~

Encysted hydrocele of left testicle.

Approved by [signature] APPROVED BY MEDICAL BOARD NOV 15 1917 BRITISH RECRUITING MISSION

Rank Capt, C.A.M.C. M.O.

Date	Fit or Unfit	Examined for Re-Engagement
31/10/18	D1.	G. O. Mlaudy M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Date	Result	Vaccinations
1/12-17		[signature] Adams Sr M.O.
		M.O.
		M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.
24-11-17		M.O.
1-12-17		[signature] Adams Sr M.O.
7-12-17		M.O.

10/8/18 TAB + E.G.

TAB 1/11/18 2 1917 Chicago, Ill

Enlisted on 15th day of November

	Corps	Regt'l Number	Habits	Date
Joined on enlistment	1st D. Bn. 2nd C OR	3031168		FEB 3 1918
Transferred to	8th RES. Bn., 58 Bn., 20th			AUG 29 1918

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

Station	Date	Disease	Result
1st. C.C.D. Witley	6.12.18	Nil	A [signature]
Kinmel Park.	11.1.19.	Nil.	"A" J A Locke Capt [signature]
Ex Camp Toronto	10/2/19	Nil	A W H Butt Capt

CANADIAN

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

M. F. B. 313.

300M.—1-17.
H. Q. 1772-39-439.

Surname Taylor, Christian Name Ezra,

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				

NO. & RANK 3031168 Pli
NAME Taylor. E.A.
CORPS 20 C

DATE OF EXAM: 28. 10. 18
DATE OF ISSUE:
OPHTH. CENTRE: 28
FRAME No: (OR MEASUREMENTS) P.D. 66 mm
W.B. 3 " wk
3 " inset

	VISION W'OUT GLS	SPH	CYL	AXIS STANDARD NOTATION	VISION WITH GLS
R	6/36	-0.75	-1.00	180°	6/6
L	6/24	-	-1.00	180°	6/6

SIGNATURE OF M.O. } J A Mason
Capt. R.A.M.C.

OPTICIAN'S INITIALS F. S.

(K18/53)

Military Convalescent Hospital,
Woodcote Park Epsom. Surrey.

Division "A" Hut R.G.2

25 · 10 — 1918

CASES FOR EXAMINATION AND REPORT BY:-

{OPHTHALMIC SURGEON.
{~~AURAL SURGEON.~~

37 20

AT COUNTY OF LONDON WAR HOSPITAL, HORTON, EPSOM.

Reg.No. 3031168 Rank and Name Pte. Taylor Ell.

Complains of Eyes. (Lost Glasses).

[signature] Captain
C.A.M.C.

QUESTIONS	ANSWERS BY {OPHTHALMIC SURGEON. {~~AURAL SURGEON.~~
(1) Does he need Hospital treatment?	(1) No
(2) Will he be fit for Overseas?	(2) Yes
(a) With glasses.	(a) Yes
(b) With treatment.	Yes
(c) Is any prescription given for glasses?	

Old Rx -0.75
-1.00 90 H
L -1.00 90 GLH

6/24 W above 1 E 6 [signature]

REMARKS Lot Bone [illegible]
X Very Hyd. Ox. Flav. [illegible]

28/10 [signature]
Signature of M.O. examining case

Form R 122.
2353—100M—9-12-16.

2nd Sec 1st Depot Bn 2nd C C R To 8th Res Bn

CR. Rank Name TAYLOR, Ezra Alfred. Reg'l No. 3031168.

Unit If in perm. Corps, What Unit? Married or Single Single.

Place and Date of Enlistment Toronto, Nov.16th. 1917. Place of Birth Toronto, Canada.

Name and Address, Next-of-Kin May Lawlor,
156 North Lamon ave.
~~156 Landon Ave.~~, Chicago, Ill., USA. Relationship Sister.

Assigned Pay Monthly $ Payable to RZ29 B.D/22.8.18 Relationship

Separation Allowance $ Payable to Relationship

Discharge, Date and Place Reason Character 6 Seas Ter

H. W. & V., Ld.—9546-16.

1 cert

N.O.D.P
M/E. R.B. No. 18469.
File R.L.
Category CAN.OR

Report. Date.	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.
		C A.F.B. 103 CHECKED 3 SEP 1918			
		Arrived in England		16-2-18	S/S SCANDINAVIAN
26-2-18	8 Res	Taken on strength.	E Sandling	3-2-18	Pte II D05
30.8.18	8 Res Bn.	Sd Sqft To 58 Bn.	Witley	29.8.18	Pte II DO 58 Bn DO 94 D/4.9.18
13.9.18	38 Bn.	Sqft To 20 Bn.	Field	8.9.18	Pte II DO 100 20th Bn DO 80 9/16.9.18
17.10.18	1 COR. 20	Wounded		12-10-18	C.R.O 344
26.10.18.	1. 20 RD.	T.O.S. from 20th. Bn.	Pte. Witley	18.10.18.	O/C Pte II 297 4105 d/26 10 18 20 Bn
9.11.18	✓	Au conv. 1 CCD	"	6.11.18	00311
11.12.18	12 Res	TOS from 1 CORD	— —	10/12/18	8294/16 CRO II 5304/16 12/18
6-1-19	✓	Au conv Kinmel Pk	✓ ✓	6-1-19	-5-
29-1-19	✓	Ceased com T SOS to CEF Can	✓ ✓	18-1-19	-24

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.				

P. 559.

MARRIED OR SINGLE: Single

PLACE OF BIRTH: Toronto Ontario

NAME AND ADDRESS OF NEXT OF KIN: Mrs May Lawlor.
156 Landon Ave Chicago. Ill. U.S.A.

RELATIONSHIP OF NEXT OF KIN: Sister.

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. 3031168 RANK Pte NAME Taylor Ezra Alfred

IF IN PERMT. CORPS WHAT UNIT UNIT 2nd Draft 2nd C.O.R. TRANSFERRED TO 8th Res. Bn DATE 26.2.18 AUTHORITY DO 57

PERMANENT FORCE ALLOWANCES TRANSFERRED TO DATE AUTHORITY

PLACE OF ATTESTATION Toronto Ontario TRANSFERRED TO DATE AUTHORITY

DATE OF ATTESTATION Nov. 16th 1917. TRANSFERRED TO DATE AUTHORITY

ASSIGNED PAY MONTHLY $ 15.00 DATE EFFECTIVE Feb 1st 1918.

PAYABLE TO Bank of Nova Scotia, King & Sherman Hamilton Ontario RELATIONSHIP

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	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
MONTH	PARTICULARS				CR. 1		CR. 2		PARTICULARS					DR. 1	DR. 2	DR. 3	DR. 4	BALANCE		DEFER-RED. PAY	SEP. ALLCE. ENG.														
~~FEB 1~~	~~1918~~ 31/1/18				Balance from Canada													34	45																
Feb	P. Pay				30	80			A.R. 2631.	27 2/18	8 Res			4	87.																				
March	"				34	10			" 3228	18 3/18	"			4	87.																				
									A.P. Feb & Mar									30	59	61															
					64	90								9	74			30																	

DATE	PAY				FIELD ALLOWANCE				WORKING OR SPECIAL PAY				ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS								CASH PAYMENTS				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
	NO. OF DAYS	RATE	AMOUNT $	AMOUNT C.	NO. OF DAYS	RATE	AMOUNT $	AMOUNT C.	NO. OF DAYS	RATE	AMOUNT $	AMOUNT C.				1 NO.	1 DATE	2 NO.	2 DATE	3 NO.	3 DATE	4 NO.	4 DATE	1	2	3	4				CREDIT	DEBIT			

P 820
12474—375M—13-2-18.

* Strike out whichever inapplicable.

ASSIGNED PAY	* ~~ENGLAND OR~~ CANADA.	SEPARATION ALLOWANCE.	* ENGLAND OR CANADA.
EFFECTIVE DATE:-	1/2/18 Stopped	EFFECTIVE DATE:-	
AMOUNT:-	1.5.00 1/2/19.	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.

Bank of Nova Scotia
King & Sherman Ave
Hamilton Ont.

A.P. and ½ Stopped eff. 1/2/19.

NAME:- TAYLOR Ezra Alfred
NUMBER:- 303168

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
LGOCaw	—	Pte

UNIT AND TRANSFERS

ORIGINAL UNIT:- 2 Aff 1 Depot Bn 2 C.O.R.

DATE ACCOUNT FIRST OPENED:- 1/2/18

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO
			8 Res
54	1-9-18	28 9-18	58 Bn
NR	1.11.18		1 C.O.R.

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
26/12/18		London. £1.	~~1.0.0~~				

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
LGOCaw	1 00 = 10			
	1.5.0			

PARTICULARS OF RENDERING NON-EFFECTIVE:- Discharged to Canada 1/2/19. Rhyl NR 12. 4/1/19. MD2. LPC. Bal. # 30.20/

MONTH 1918	PARTICULARS	CR 1	CR 2.	PARTICULARS	DR. 1	DR 2.	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
March 31	Bal Forward								59 61		
April	Pte Pay	33		A.O.				15			
				QR 82. 5.4.18 8 Res.	7 30						
				" 422. 12.4.18 "	7 30						
				Q40034 Mar. 18 N037	56						
				QR 781 28.4.18.	4 87				57 58		
		33			20 03			15			
May	P. Pay.	34 10		" 997 8/5/18. 8 Res.	38 93						
				A.O.				15			
				QR 1707 23/5/18 "	14 60				23 15		
		34 10			53 53			15			
June	Pte Pay	33		A Pay				15			
				Q4005 1061 21/5/18 8 Res.	6/						
				QR 2336 13/6/18 "	9 73						
				Q4005 1383 14/6/18 ✓	26						
				QR 2671 26/6/18 ✓	14 60				15 89		
		33			25 26			15			
July	Pte Pay	34 10		A Pay				15			
				QR 2853 10/7/18 8 Res	9 73						
				✓ 3470 26/7/18 ✓	9 73				15 53		
		34 10			19 46			15			
Augt	Pte Pay	34 10		A Pay				15			
				QR 3744 11/8/18 ✓	9 73						
				Q4005 1704 9/8/18 ✓	56						
				QR 4154 28/8/18 ✓	9 73				14 61		
		34 10			20 02			15			
Sept	Pte Pay	33		A Pay				15			
				QR 4392 7/9/18 GOH	3 57						
				DN-AR 893 27/9/18 20 Rs	3 57				25 47	✓	
		33 20	30		14 5 / 14 84			15 90			

Compiled by Clerk 12.15. 6/1/19.

NUMBER 3031168 RANK NAME TAYLOR Ezra Alfred

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4.	BALANCE	DEFERRED	SEPARATION
									25 47		
Oct.	P Pay	34 10		af				15	47 57		
				AR 6450 26/10 CCH Epsom	4 87				39 70	af agreed 25/12/18	
		34 10			4 87			15			
Nov	"	33		C.af				15			
				aR 5499 15/11 1662	2 43						
Dec	"	34 10		C Cer				15			
Jan	"	34 10		aR 6548 28/11 "	4 87						
				" 7041 9/12 "	9 93						
				" 3744 16/12 12 Rus	43 80						
				Cap Jan.				15			
				CR 9457 25/12 London	4 87				30 20		
		101 20			65 70			45			

(S.O.S to Canada 18/1/19. Std 4. 12 Res. N-D2)

LC.

This space to be for numbers.

1-3-19

Proceedings on Discharge.

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

No.	3031168
Rank	Pte.
Surname	TAYLOR, Ezra Alfred
Christian name	

NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.

Corps (Squadron, Battery or Company)	1st Depot Bn. 1st C.O.R. (2 D.D.)
Date of discharge	Feb. 15th, 1919.
Place of discharge	TORONTO, ONT.

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age	37 years - months.
Height	5 feet 5½ inches.
Complexion	Medium
Eyes	Brown
Hair	Black
Trade	Laborer
Intended place of residence (To be given as fully as practicable.)	156 North Lamon Ave., Chicago, Ill.

Descriptive marks
1 vacc. scar on left arm.
G.S.W. right thigh - 12-10-18.

2. The above-named man is discharged in consequence of ON GENERAL DEMOBILIZATION

Authority for discharge 2 D.D. - D.O. #44 - Pt. 11.

N.B.—The cause of discharge must be worded as prescribed in the King's Regulations and be identified with that on the character certificate. If discharged by superior authority, the number and date of the letter to be quoted.

To be in the handwriting of the Commanding Officer, who will himself make identical entries on the character certificate and initial them.

3. Conduct and character while in the service have been, according to the records, etc.

N.B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldiers and the Officer Commanding his Squadron, Battery or Company.

4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)

Deceased March 14, 1936.
649-T-10605.

M. F. B. 218.

200M.—5-18.
H. Q. 1772-39-113.

(OVER)

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

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

6. Medals and Decorations.....

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

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

(Place).....

(Date).....

.....

Commanding.....

8. Certificate to be signed by the Soldier on Discharge

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

(Place) Toronto Pte. Alfred Taylor. *(Signature of Soldier.)*

(Date) Feb. 15th, 1919. H Sargent Capt *(Signature of Witness.)*

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

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

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

.....*(Signature of Soldier.)*

10. Statement of Service.

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

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

11. Confirmation of Discharge.

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

(Place) Toronto,

(Date) Feb. 15th, 1919.

(Signature) L J Johnston Lieut.

For

O.C. No. 2 District Depot.

Reservations referred to at Para. 8.

(To be signed by the soldier. When there are none, it is to be so stated, and signed by the soldier.)

List of Discharge Documents.

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

§Only if discharged "Medically unfit."

‡Only if man has not been overseas.

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

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

(a) Proceedings on Discharge

(b) Attestation.

(c) Medical History Sheet.

Documents not accompanying this form should be crossed out.

I hereby certify that the following documents are unobtainable.

Officer Commanding.

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

660. CS 186. W.503/P.36. 20,000 Pads. 10/17. N.P.A. Ltd. E. 1955.

Walker

Army Form W. 3172.
(In pads of 50.)

_____ Hospital.

Ward V No. of Bed _____ Date _____

Regl. No.	Rank and Name.	Corps.	Part to be X-Rayed.
	Taylor		L Thigh

Short History of Case.
(To be completed by M.O. i/c case.)

G S W Thigh
? F B
Localise

Signature of M.O. Chelage

Date Oct 19 18

Report on Result of X-Ray Examination.
(To be completed by Radiographer.)

No. of Plate _____

No F.B. seen By Screen
No Localisation

Signature of Radiographer _____

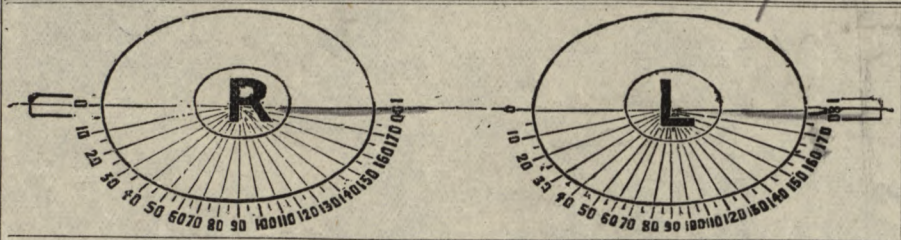
Date 25/10/18

ALL DETAILS TO BE FILLED IN. Woodcott. Div A RQ2

Date 28.10.18 *Address of Ophth. Centre* Horton (County of London) War Hospital, Epsom.

Regt. No 3031168 *Rank and Name* Pte Taylor E. A. *Age* 37.

Unit 20th Can. *Address of Unit* Witley



V.A. without Glasses		6/36	**V.A.** without Glasses		6/24
SPH	CYL	PRS.	SPH.	CYL	PRS.
-0.75	-1.00	180	-	-1.00	180
V.A. with Glasses		6/6	**V.A.** with Glasses		6/6

Frame No.

Alteration (if any)

PD. 66 mm

WB. 3 Moms wh.

3 " inset

Soldier's Receipt:

One Pair Spectacles and Case.

Ezra. A. Taylor

Date

Signature of Ophth. Surgeon J. A. Mason Capt. Game

ESTABLISHED 1840.

A. HAWES & SON,

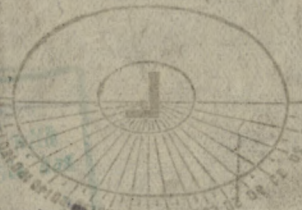
Opticians,

79, LEADENHALL STREET,

LONDON, E.C.3.

TEL. No. AVENUE 7758.

Chas. Pearson & Son, Ltd., 49, Leadenhall St., E.C.3. Binder and holes in leaves, Pat'd. No. 6775, 1906.



S. M. F.

A copy of the Prescription
all necessary [illegible]
been registered under
Ref. No. Ex 5378
DATE
A. HAWES & SON
EST. 1840
79, LEADENHALL ST. E.C.3

W O Mush

ALL DETAILS TO BE FILLED IN. Woodcott. Div A RQ2

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Regt. No 3031168 *Rank and Name* Pte Taylor E. A. *Age* 37.

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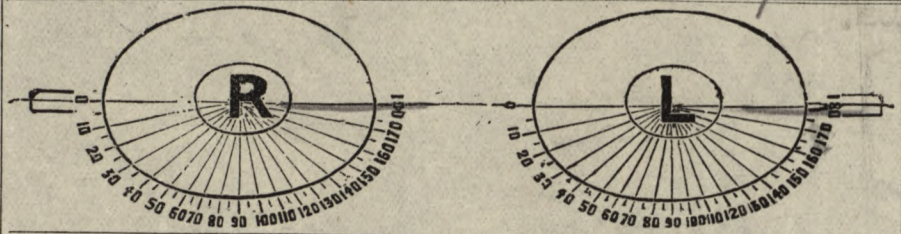

V.A. without Glasses		6/36	**V.A.** without Glasses		6/24
SPH	CYL	PRS.	SPH.	CYL	PRS.
-0.75	-1.00	180	-	-1.00	180
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LONDON, E.C.3.

TEL. No. AVENUE 7758.

Chas. Pearson & Son, Ltd., 49, Leadenhall St., E.C.3. Binder and holes in leaves, Pat'd. No. 6775, 1906.

G. M. F. C.
A copy of the Prescription
all necessary measurements
been registered under
Ref. No. Ex 5378
DATE
A. HAWES & SON,
EST. 1840,
79, LEADENHALL ST. E.C.3.
W O Mush

Date of Enlistment

Auth N.R.

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Date of Assignment 1-2-18

T 648

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

15.00			

F. Coy

PARTICULARS OF SEPARATION ALLOWANCE

No. 3031168

Rank Pte Promoted Reverted Discharge

Soldier's Name Ezra Taylor

Battalion 1 St Depot Battn - 2nd C.O. Regt

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name Bank of Nova Scotia

Address Hamilton Ont

Change of Address King & Sherman St

1

2

3

4

Date	Cheque No.	Amount S/A	Amount A/P	Total		REMARKS
Feb 1918	M 75293		15	15	R	017843 E-92
Mar	M 78012		15	15	R	
Apr.	V 8700		15	15	✓	
May	T 14733		15	15	✓	
June	P 21713		15	15	✓	✓
July	E 32326		15	15	✓	
Aug	R 40812		15	15	✓	
Sept	P 41969		15	15	✓	
Oct	S 48793		15	15		
Nov	F 56932		15	15		
Dec	U 63948		15	15		
Jan	F 70649		15	15		
			180	180		

A/c Closed

Ret'd per Apitania

Date 25/1/19 M.F.W.187 31/1/19

Clerk M.R.W. 5415-9 destroy OK WS

Mad 2

M. F. W. 128.
400M. 6-17—1772-39-1141
L. L. 22320—M. & D. 7993.

27/2/18

Stencil has been made
M.R.O. Ia. Rendered
MAR 13 1918

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. 6-7—1772-39-1141
L. L. 22330—M. & D. 7993.

AQUITANIA 25-1-19

T 649

AUDITOR DJM PAYMASTER B

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

M. OR S.

REGT. No. 303116~~0~~8 RANK Pte. NAME (IN FULL) TAYLOR, E.A.

NEXT OF KIN — RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? — DATE EFFECTIVE

TO WHOM PAID — RELATIONSHIP

ADDRESS

Nil

PARTICULARS	EFFECTIVE DATE	AUTHORITY
Complete		

ORIGINAL UNIT C.E.F. 1st CORD. — IF IN P.F. WHAT UNIT? — (BLOCK LETTERS, SURNAME FIRST)

PLACE OF ATTESTATION — TRANSFERRED TO — DATE — AUTHORITY

DATE OF ATTESTATION 15-11-17 — TRANSFERRED TO — DATE — AUTHORITY

ASSIGNED PAY, $ 15.00 — DATE EFFECTIVE 1-2-19

PAYABLE TO Bank of Nova Scotia N.S. Hamilton, Ontario — RELATIONSHIP

ADDRESS

ANY CHANGE IN ASSIGNEE OR ADDRESS 156 North Lamon Ave. Chicago Ill.

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE — EFFECTIVE

DISCHARGED — PLACE Toronto — DATE 15-2-19 — REASON Demob — AUTHORITY DO 44 — IF ENTITLED TO POST DISCHARGE PAY Yes

MONTH	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $ C.	OTHER CREDITS $ C.	$ C.	TOTAL CREDITS $ C.	ACQUITTANCE ROLLS COL. NO. 1 NO. DATE	COL. NO. 2 NO. DATE	COL. NO. 3 NO. DATE	CASH PAYMENTS COL. NO. 1 $ C.	COL. NO. 2 $ C.	COL. NO. 3 $ C.	ASSIGNED PAY $ C.	REGIMENTAL CHARGES $ C.	OTHER CHARGES $ C.	$ C.	TOTAL DEBITS $ C.	BALANCE DEBIT $ C.	CREDIT $ C.	PARTICULARS OR REMARKS
Balance from previous account 31-1-19		1.10			30 20															
						30 20		1345 Boat		4 87										
								0X45 Boat		5 00										
								2724 Boat		30 00										
																	39 87	9 67		T.O.S. 18/1. 32 DJM MR
1-2-19	15	1.10	16 50	12 80		134 30	91073			5					9 67					SUBS. 30/1. 14/2 32
				35	70	~~119 63~~	91646			119 63							134 30			
1 year						210				Mar 13	222402		70 00				70 00		140 00	m.o. 15242. 70.00. 20-3-19.
										Apl 14	282036		70				140		70	DJM
										MAY 30	377726		70 00				210		Closed.	
					70	280 -				15/2/19.			70 -				280 -			1st payment W.S.G.
						280 -							280 -				280 00			

W. S. G. PAID IN FULL

LIEUT.

FOR PAYMASTER WAR SERVICE GRATUITY

60m.-11-18. L. L. 51777. M. & D. 9585.

MONTH	PAY AND F. A.				OTHER CREDITS				TOTAL CREDITS		ACQUITTANCE ROLLS						CASH PAYMENTS						ASSIGNED PAY		REGIMENTAL CHARGES		OTHER CHARGES				TOTAL DEBITS		BALANCE				PARTICULARS OR REMARKS
	NO. OF DAYS	RATE	AMOUNT								COL. NO. 1		COL. NO. 2		COL. NO. 3		COL. NO. 1		COL. NO. 2		COL. NO. 3										DEBIT		CREDIT		
			$	C.	$	C.	$	C.	$	C.	NO.	DATE	NO.	DATE	NO.	DATE	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	