

ATTESTATION PAPER.

No. 867

Folio. 434 897

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

- 1. What is your name?..... Frederick Taylor
 - 2. In what Town, Township or Parish, and in what Country were you born?..... Nottingham Eng.
 - 3. What is the name of your next-of-kin?..... Mrs Maria Taylor
 - 4. What is the address of your next-of-kin?..... 8th Ave. 215 Street, East-Calgary
 - 5. What is the date of your birth?..... April 3rd 1876
 - 6. What is your Trade or Calling?..... Teamster
 - 7. Are you married?..... No
 - 8. Are you willing to be vaccinated or re-vaccinated?..... Yes
 - 9. Do you now belong to the Active Militia?..... No
 - 10. Have you ever served in any Military Force?.. If so, state particulars of former Service. No
 - 11. Do you understand the nature and terms of your engagement?..... Yes
 - 12. Are you willing to be attested to serve in the CANADIAN OVER-SEAS EXPEDITIONARY FORCE? Yes.
- Frederick Taylor (Signature of Man).
J. Coon (Signature of Witness).

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

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

Frederick Taylor (Signature of Recruit)
Date July 8th 1915 J. Coon (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Frederick 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.

Frederick Taylor (Signature of Recruit)
Date July 8th 1915 J. Coon (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 Calgary this 8th day of July 1915

Geo W. Morfitt (Signature of Justice)

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

Geo W. Morfitt (Approving Officer)

Description of Frederick Taylor on Enlistment:

Apparent Age 38 years 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.)

*Scar on back left wrist
Scar on chin*

Height 5 ft 5 1/2 ins.

Chest measurement { Girth when fully expanded 35 ins.
 Range of expansion 2 1/2 ins.

Complexion Dark
 Eyes Grey
 Hair Dark

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

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 8 Feb 1915 1915

Place Calgary Alta

[Signature]
[Signature]
 Medical Officer.

*Insert here "fit" or "unfit."

NOTE.—Should the Medical Officer consider the Recruit unfit, he will fill in the foregoing Certificate only in the case of those who have been attested, and will briefly state below the cause of unfitness:—

CERTIFICATE OF OFFICER COMMANDING UNIT.

Frederick 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] (Signature of Officer)

Date SEP 15 1915 1915

..... Lieut. Colonel
 Commanding 20th Battalion C. G. I. P.

18-18-20

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

Attestation Papers.....

Declaration of change of name.....

Authority for special enlistments.....

Documents of re-enlisted men.....

Regimental Conduct Sheet.....

Compulsory Stoppages.....

Casualty Forms.....

Proceedings on discharge.....

Corps History Sheet.....

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

Parchment Certificate.....

Medical Report for Invalids.....

Medical History Sheet.....

Proceedings of Regt. Court Martial.....

Copies of Convictions by Civil Power.....

Company Conduct Sheet.....

Clothing Transfer Certificate.....

Inventory of Kit.....

Last Pay Certificate.....

a 715-1221

Eng. Medical Board - 1

a. 7. B. 178 - 1

Form No. 5-B - 3

M. F. W. 63.
50m.-9-16.
H. Q. 1772-39-935.

Form No. 5-C - 1

(pay card)

cas card

1-R/221

Eng. Cas Cd

DISCHARGE DOCUMENTS

Name.....

Name, *Taylor, Frederick*

Regt. N.....

Regt, No. *H. 34. 86. 7.* Rank, *Pvt.*

Corps.....

50th BN

Medically Unfit.

- Index Card.....
- Casualty Card
- Non-Effective Card.....
- Part II Order Card
- Change of Address Card.....
- Honour & Award Card.....

02622



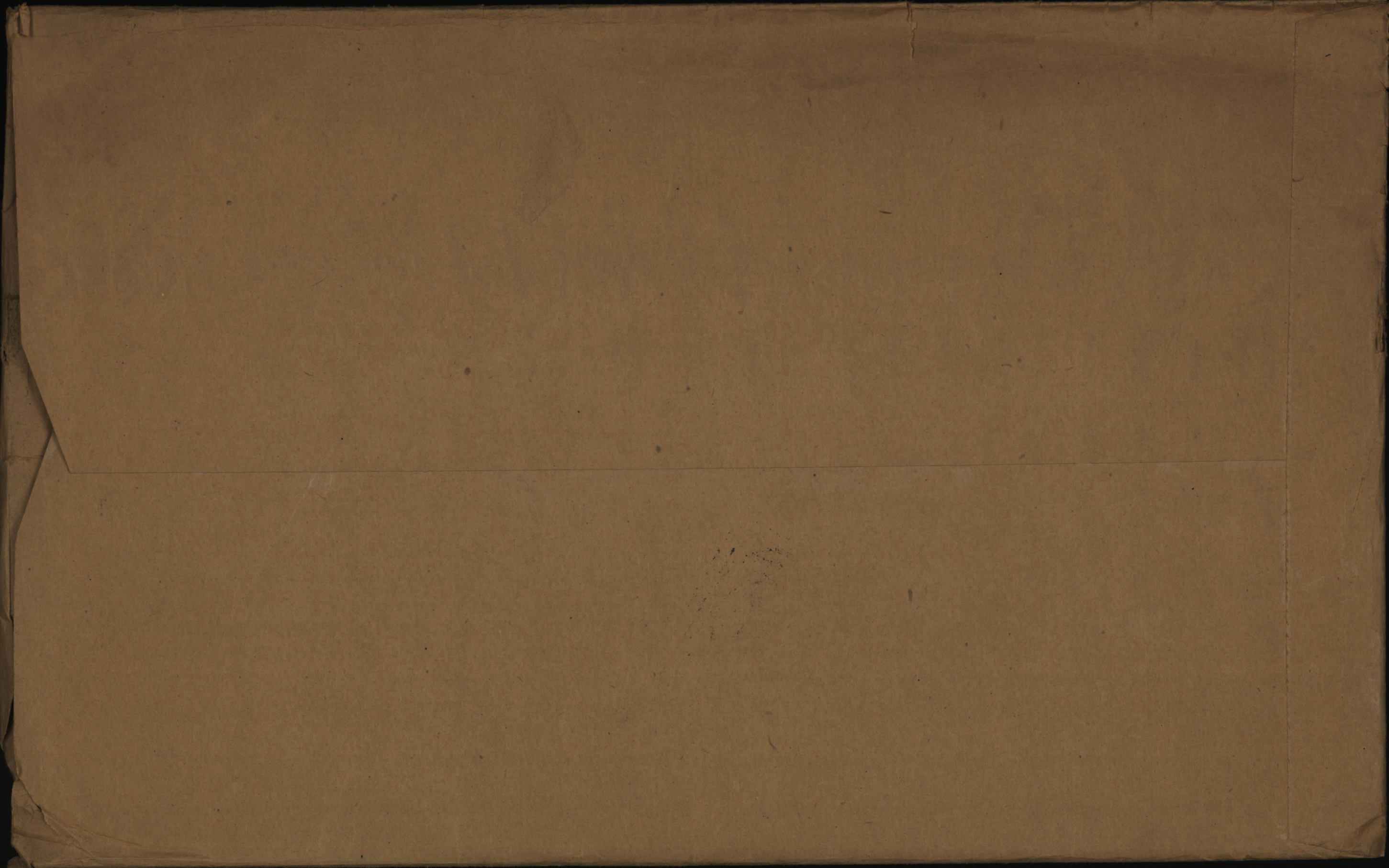
R. O. No.....

H. Q. No.....

WILL BE DISPATCHED
TO M. D. 13
JUN 15 1920

13-20
13-20
1 20





Number

434867

Rank

Pvt

Surname

TAYLOR

Christian Name

Frederick

Units

50th ABn Coy

Theatre of War

France

Date of Service

10-8-16

Remarks

2609 Pasadena Ave.

Latest Address

~~1211-8th Ave East~~

Calgary Alta

Roll No.

B Page 11076 Long Beach

200m.-2-21.M.

California

U.S.A.

DESP NOV 9 1922
REGN. No. 49057

No. *767* RANK *Pte.*

NAME *Taylor J.*

034867 mar. pay list.
434867

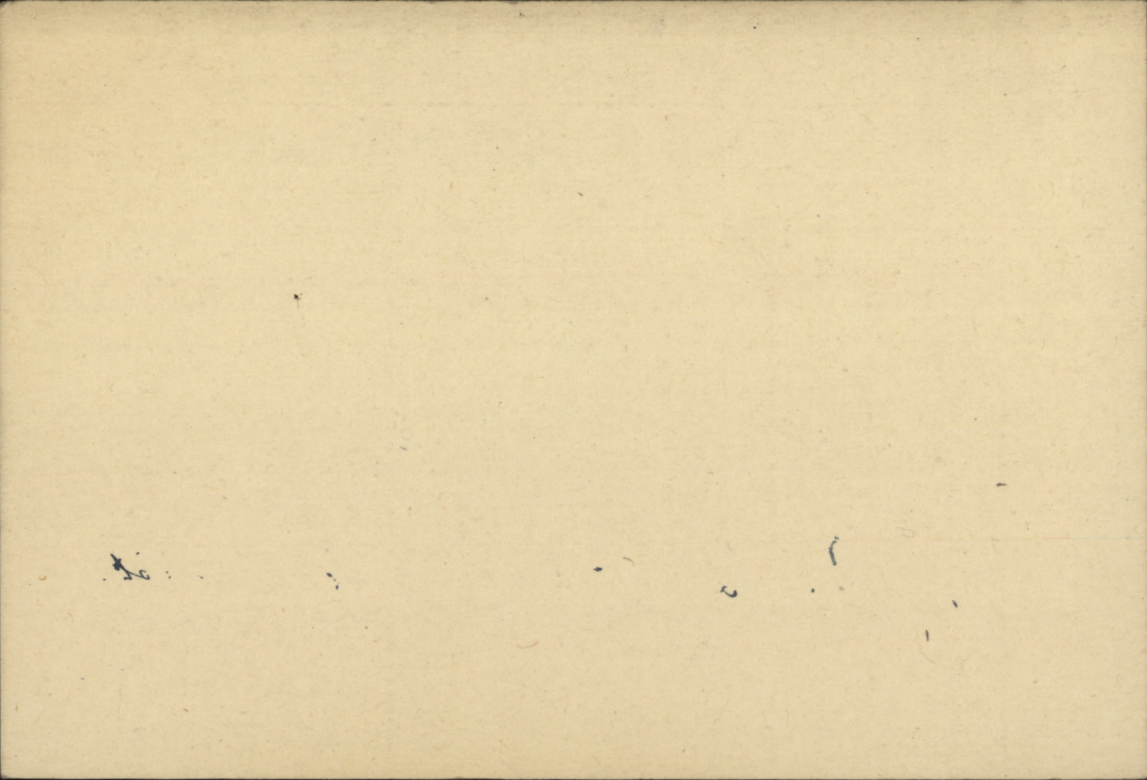
T. O. S. *8-2-15 (0.0 #39.8-2-15)*

UNIT *5th Battalion C. O. E. F.*

M. D. *#13.*

PAID		SIG OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
FROM	TO		PARTICULARS	AUTHORITY
<i>1915</i>	<i>1915</i>			
<i>Feb. 8</i>	<i>Feb. 28</i>	<i>✓</i>		
<i>mar</i>		<i>✓</i>		
<i>Apr.</i>		<i>✓</i>		
<i>May</i>		<i>✓</i>		
<i>June</i>		<i>✓</i>		
<i>July</i>		<i>✓</i>		
<i>Aug.</i>		<i>o.s.</i>	<i>Harvest. 19-3 to 19-9-15.</i>	<i>Aug. pay list.</i>
<i>Sept.</i>		<i>n.</i>		
<i>Oct.</i>		<i>✓</i>		

UNIT SAILED
OCT 27 1915



✓
SURNAME.

Taylor

CARD NO.

CHRISTIAN NAMES

Frederick

REGL. NO.

434867

RANK

Pte.

UNIT

~~50th~~

13 Dist dep.

FOLL.

S. OS & is 7/5/18.13.

PSE II 127-9 7/6/18.

Bn.

FORMER CORPS

nil.

NEXT OF KIN.

NAMES IN FULL

Taylor, Mrs. Maria

RELATIONSHIP TO SOLDIER

(R.M.S.)

ADDRESS

8th & 15th St. East, Calgary, Alta.
Canada.

CHANGE OF ADDRESS

COUNTRY OF BIRTH

England, Nottingham

DATE

PLACE OF ATTESTATION

Calgary

DATE

Feb. 8, 1915.

Sailed from Halifax, Pev. S.S. ● A/C. 17-3-18. 6/49. 13
"Orduna" 27-10-15 ²⁵²/₂₂

MARRIED

SINGLE

yes.

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

Saylor S.

H. Q. FILE No. 649-

REGT'L No.

434867

RANK AND CORPS

Pvt 50th Bn

CABLE

NO.

DATE

NATURE OF CASUALTY

LIST No.

HOSPITAL

DATE OF
ADMISSION

REMARKS

A. 38	No 10 Stat. St. Omer	26-9-16	N. Y. D. : Q:
A 34	To #1 Cow. Depot Boulogne	1-10-16	V. H. V. S.
A 35	To #9 Gen. Havre	3-10-16	V. H. V. S.
A 79	" " " "	22-11-16	V. D. S (Tisch)

Name **Taylor Frederick** Rank **Pte**

Reg. No. **434867**

Unit **50th Battalion.**

Next of Kin **Canada.**

Date 1916	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
26-9.	No 10 Stat Hosp	St Omer	N.Y.D.	A30.		
1-10	No 1 Conv Depot	Boulogne	V.D. V.S.	A34		
3-10	39. Gen Hosp	Havre	do	A35		
22-11	Discharged		do	A79		
<p><i>Released to Base 7/12/16 for nat. of Wds. present condition 7 where at birth</i></p> <p><i>30-11 To unit DCS. 76</i></p>						

Surname

Christian Name or Names

Reg. No.

Taylor F

434867

Rank

Unit

Co.

Troop

Batty

P4-
Hospital

50 Baki

Date of Admission

Transferred

10 Mar. St. Denis

Hosp. 26-9-16

1st Conv. Depot Boulogne

Hosp. 1-10-16.

39 Gen. Havre

Hosp. 3-10-16

Hosp.

Diagnosis

V.D. V.S.

(1)

Later Diagnosis (if changed)

(2)

(3)

Additional Diagnosis: if more than one state present

DISPOSITION

Dis. 22. 11. 16

Date

REMARKS

Ref. 11. 10. 16 A33
" 10-10-16. A34.
C.L. 11-10-16 A35
1. 12. 16 a 79.

A.M.D. 2 Dept.

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

10/11

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.

2.

3.

4.

5.

6.

7.

EXAMINATION

BY

STANDING MEDICAL BOARD, BRAMSHOTT.

19. 1. 1918
No. 134867 Rank Pte. Name Jaylan J.
Local Unit WRD Overseas Unit 50th Bn Age 41

Examination held in Bramshott area.

DISABILITY. ~~IT~~ MYALGIA
DEBILITY
Overseas—Local.
(scratch one out)

PRESENT CONDITION.

Has been ret'd from France as "unfit for any further service in France". He complains of myalgic pain in back. He states he is 50 yrs. of age. He looks younger. Otherwise he is in fair condition.

Board recommends: BTT six mo.

1. Fit for Duty.
2. Fit for duty after _____ weeks physical training.
3. Fit for Base duty _____ weeks.
4. Fit for Permanent Base Duty.
5. Discharge.

Signatures:

W. J. Mayhew Major Pres.
Members: WR Stackhouse Capt
W. H. Buellie Capt

Approved.

Bramshott 19th Jan. 1918. M. MacFarlane
for A.D.M.S. and G.O.C.,
Canadian Troops, Bramshott.

EXAMINATION BY STANDING MEDICAL BOARD, BRAMSHOTT

101

No. _____ Rank _____ Name _____
Local Unit _____ Overseas Unit _____

Examination held in Bramshott area

DISABILITY

Overseas—Local
(attach one out)

PRESENT CONDITION

- 1. Fit for duty
- 2. Fit for duty after _____ weeks physical training
- 3. Fit for Base duty _____ weeks
- 4. Fit for Permanent Base Duty
- 5. Discharge

Signature

Pres

Members

Approved

Bramshott

101

Rank **Pte.** Name **TAYLOR, Frederick** Reg'l No. **434867**
 Unit **50th Bn.** If in perm. Corps, }
 What Unit? } Married or Single **Single.**
 Place and Date of Enlistment **Calgary, 8th Feb. 1915.** Place of Birth **Nottingham, Eng.**
 Name and Address, Next-of-Kin **Mrs. Maria Taylor,**
8th Ave. and 15th St. E., Calgary. Relationship

Assigned Pay Monthly \$ Payable to Relationship
 Separation Allowance \$ Payable to Relationship

N/E R.B. No. **6480**
 File R.L. **Can O.K.**
 Category

Discharge, Date and Place Reason Character

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				
		<i>Arrived in England.</i>	<i>St. Diduna</i>	<i>6 NOV. 1915</i>	<i>478103 checked 23/5/16 DTD.</i>
32-9-16	50th Bn	Proceeded Overseas	,,	10-8-16	Pt. 2 D. O. 246
<i>4.10.16</i>	<i>"</i>	<i>Adm #10 St. At Hosp</i>	<i>St. Omer</i>	<i>26.9.16</i>	<i>C.L. A30</i>
<i>10.10.16</i>	<i>-</i>	<i>Hd #1 Conv. Depot</i>	<i>Boulogne</i>	<i>1.10.16</i>	<i>- A34</i>
<i>11.10.16</i>	<i>-</i>	<i>TEDTO #39 Gen Hosp</i>	<i>Haarlem</i>	<i>3.10.16</i>	<i>- A35</i>
<i>1-12-16</i>	<i>✓</i>	<i>Disch from</i>	<i>-</i>	<i>22-11-16</i>	<i>- A79 (P.D.S.)</i>
<i>10-3-17</i>	<i>✓</i>	<i>Entitled to wear Good Conduct Badge</i>	<i>Field</i>	<i>25-2-17</i>	<i>Pt. 2 D. O. H6</i>
<i>28.12.17</i>	<i>Altard</i>	<i>Y.O.S. from 50th Bn 079F</i>	<i>Pte Bishott</i>	<i>26.12.17</i>	<i>294 (50th Bn No 3 214.1.18)</i>
<i>28.5.17</i>	<i>50th Bn</i>	<i>Deprived of Good Conduct Badge for Drunkeness</i>	<i>Field</i>	<i>14.5.17</i>	<i>" " 90.</i>

434867 Taylor. F.

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				
4.2.18	Alta RO	On board COO Buxton to ready return to Canada for disposal by A.G.	Bhitt	3.2.18	W 00 35.
4.3.18	"	Seases Du Cind + SOS to ban for disp by A.G. UMEE KRO 392 Dec 25	"	23.2.18	" 66.

2 SEP 1916

Casualty Form—Active Service.

WR 24 91
Pr B4 91

CAN. RECORDS, LONDON.

Regiment or Corps 50th Overseas Battalion C&I

Regimental No. 434867 Rank Pte Name Frederick Taylor

Enlisted (a) 2 Feb 1915 Terms of Service (a) Duration of war Service reckons from (a) Feb 8 - 1915

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) (Teamster)

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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Embarked Canada
Arrived England

Halifax
Canada
England
Plymouth

27-10-15
4-11-15

Wm J. Orduna

~~Proceeded overseas for service with~~ Bn. 1/6/16.

~~Capt. Adj. for O.C. 50th Bn.~~

Proceeded overseas for service Aug. 10 1916

Wright

Capt. Adj't for O.C. 50th Bn Can. Inf.

		Disembarked <u>Strand</u>	<u>Stavre</u>	11.8.16	<u>NR.</u>
30-9-16	O.C. 50 th	Sick. To 11 th Fld Amb.	In the Field.	26-9-16	B 213 <u>Obs 27 d/6-10-16.</u>
26-9-16	No. 10 Staty	N.Y.D. adm.	D ^o	26-9-16	W 3034
30-9-16	11 th C&I	Primary Syphilis adm.	D ^o	26-9-16	A 36 } <u>Obs. 29 d/9-10-16</u>
"	D ^o	D ^o 3rd to 10 th Staty	D ^o	26-9-16	A 36 }
1-10-16	No. 10 Staty	D ^o To Base. adm.	D ^o	1-10-16	W 3034
"	No. 1. Conv. Depot	D ^o adm.	D ^o	1-10-16	W 3034
3-10-16	No. 10 Staty	Stoppages (venereal) at 50 th per dem 27-9-16 to 1-10-16 (5 days)	D ^o	3-10-16	O. 1643 <u>Pt II No 263 d/14-10-16</u>
2-10-16	No. 1. Conv. Depot	Sick. To No. 39 General.	D ^o	2-10-16	W 3034.
3-10-16	No. 39 Genl	N.Y.D. slight adm.	D ^o	3-10-16	W 3034
25-11-16	O.C. C.B.A.	Left to join 4 th Ent B ⁿ	D ^o	25-11-16	NR

(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.G.]

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				
22-11-16	No. 39 Genl.	V.S.S. To Reinforcements	Stavee	22-11-16	W3034-120.
23-11-16	O.B. 680	"Taken on" 680. "A"	In the Field	23-11-16	NR.
22-11-16	No. 39 Genl.	Forfeits Field Allowance and is placed under stoppage at the rate of 50¢ per diem whilst in Hosp. 2 ¹ / ₆ - 22 ¹ / ₆ (60 days)	5 ⁰	22-11-16	O1643 a a G. Law Sect. 1758 Pt II Order 307 d/ 2-12-16
2-12-16	O.B. 50 th	Rejoined Unit	In the Field	30-11-16	B213 AOS 46 d/ 11-12-16
25-2-17	5 ⁰	Granted Good Conduct Badge	5 ⁰	25-2-17	B213 Pt II A.O. 46 d/ 10-3-17
17-5-17	5 ⁰	Sentenced to 14 days No. 1 F.P. and deprived of Good Conduct Stripe for "Drunkenness"	5 ⁰	14-5-17	B2069 Pt II A.O. 90 d/ 28-5-17
18-8-17	5 ⁰	Granted 10 days leave	5 ⁰	18-8-17	B213 Pt II A.O. 121 d/
25-8-17	do	Rejoined from leave	do	24-8-17	B212
13-10-17	do	To 4 th Div. Reinfn	do	10-10-17	B213
10-10-17	466RF	Joined 466RF	do	10-10-17	NR 14
3-11-17	Unit	Rejoined Unit	do	31-10-17	B213
11-12-17	acms 4 th Div.	To action S.M.B. Reliability	Elaples	11-12-17	acms 44571. d/ 19/17. K 810228 NR 173
15-12-17	46880	Taken on Board	do	15-12-17	B213
do	Unit	To base for S.M.B.	do	13-12-17	B213
20-12-17	46880	Classified U.F.S.F.	do	19-12-17	NR. K 22151.
27-12-17	do	do U.F.S.F.	do	27-12-17	NR 185
27-12-17	do	Transferred to England unfit for further service in France posted to 2 nd Regt. Depot.	Bramshott	do	K 822151 Pt II No 307 d/ 7-18 NR 230

J. Anderson
 Lieut
 46880. acg
 Canadian Sec.

Name *Taylor, Frederick* Rank *Pte* Regtl. No. *434867*
 Original Present Fyle Depot. *13 DT 44*
 Unit *501* Unit *501* M. or S. *5* Age *50* Religion... Ref. E. O. *M7-T288*

Port, ship, and date of arrival.....

Next of kin.....

Address on leave.....

Address on discharge *1211-8th Ave. E. Calgary*

Transportation issued ~~Yes~~ No Date..... Character on discharge **GOOD**

Previous occupation *Teamster* Date and place of enlistment *8-2-15 Calgary*

Diagnosis *Myalgia Debility* Date of Medical Boards *13-4-18*

Date	Remarks	Pt. 2 Order No.
<i>T.O.S</i> <i>18.4.18</i>	<i>Posted to Casualty Co</i>	<i>18.4.18</i> <i>108</i>

7.5.18 DISCHARGED FROM THE SERVICE BY DISTRICT DEPOT NO. 13, PART 2 ORDER NO. *127*

AUTHORITY _____ Lieut. Col.
 Officer Commanding District Depot No. 13

Name will be given in full; surname first.

Name
 Grade
 Unit
 Port, ship, and date of arrival
 Next of kin
 Address on leave
 Address on discharge
 Transfer station issued No. Date of discharge
 Previous occupation Date and office of
 Date of medical
 Remarks

No. of Order Rec.	Name	Rank	Branch	Date
108		A. L. R.	Transportation	1917

Name will be given in full; surname first.

CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

This form to be used for all Ranks (Vide Articles 122, 130 and 141, Financial Instructions, 25715c, C.E.F., 1916).

Regimental No. 434867 Rank Pte. Name Taylor, F.

Corps 50th Bn. P.I. who was* Discharged.

On 7-5-18 1918

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from 1-5-18 1918 to 7-5-18 1918, the inclusive date of ~~transfer~~ discharge.

Dr.	\$	c.	Cr.	\$	c.
Bal. Dr. from prev. month.....			Bal. Cr. from prev. month.....		
Advances } No.....			Regt'l Pay..... 7 days at \$ 1.00 <u>1.00</u>		7.00
by } No.....			Field Allow. 7 days at \$ <u>10</u>		.70
Cheques } No.....			Separation Allowances* (Monthly).....		
Assigned Pay and Sep'n Allee. No.....			Other Allowances* <u>Clothing Allee.</u>		8.00
Other charges.....			Other Credits*.....		
Payment on transfer discharge No <u>1566</u>	15.70		Bal: Dr. (to be deducted by new unit).....		
Balance Cr. (to be paid by the new unit).....					
Total.....	15.70		Total.....	15.70	

* Give particulars.

A monthly stoppage of \$ 15.00 (†) has..... (‡) been paid on account of Assigned
 { Pay for the month of April 1918 } (to) Assignee Mrs. A. Smith,
 { and Sep'n Allee. for month of N.I.L. 1918 }
 (Address) 1211-8th Ave. East,
Calgary, Alta.

(†) 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.....
 (2) if married and if a Separation Allowance Card has been submitted..... No--Single
 (3) cause of discharge..... authority..... A.A.C. M.D. 13.
 (4) authority for transfer.....

NOTE.—Separation Allowance and Assigned pay Card and Index Card (M. F. W. 71) are to accompany the original Last Pay Certificate on transfer.

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

Date..... May 1st, 1918.

Place..... Calgary, Alta.

C. J. G. [Signature]
 Paymaster No. 13 Casualty Unit, C. Paymaster.

N.B.—For purposes of transfer this form is to be made out in quadruplicate. Original copy to paymaster of new unit; duplicate to District Paymaster; triplicate to accompany the pay-list at the end of the month, and quadruplicate for retention as a record.
 For purposes of discharge it is to be made out in triplicate. Original copy to accompany discharge papers; duplicate to accompany pay-list at the end of the month, and triplicate for retention as a record.
 If a man on discharge is entitled to three months' Post Discharge Pay, Last Pay certificate will be made out in quadruplicate. The original Last Pay Certificate will be forwarded with other documents to Paymaster Post Discharge Pay and triplicate, with his discharge documents.

434867

St Taylor J

DENTAL CERTIFICATE.

The following Certificates will
be attached to the Medical History Sheets of all
Other Ranks being returned to Canada for disposal.

ARID

Date of Examination.	Present Dental Condition.	In case of loss or decay of teeth. Is the loss due to wounds, injury or disease directly attributed to Active Service?	Has he ever declined Dental Treatment.	Recommendation.
13. 2. 18.	Sent to report for Examination			
			J. C. Quinn Capt. C.A.D.C.	

DENTAL CERTIFICATE

The following Certificates will
 be attached to the Medical History Sheets of all
 Other Ranks being returned to Canada for disposal

Date of Examination	Present Dental Condition	In case of loss of teeth the loss due to wounds, injury or disease directly attributed to Active Services	Has he ever declined Dental Treatment	Remarks
				<p style="text-align: center;">1</p>

234867

ORIGINAL.

434867

MEDICAL HISTORY SHEET.

Surname #567 Taylor Christian Name Frederick

Examined { on 8th day of July 1915 at Calgary
Birthplace { City or Town Nottingham County England
Apparent age 38 years
Trade or occupation Steamster
Height 5 Feet 5 1/2 Inches
Weight Lbs.
Chest measurement { Minimum 32 1/2 inches Maximum expansion 35 inches
Physical development Good
Small-Pox Marks

Approved by Alberto L... Rank Captain M.O.

Table with columns: Date, Fit or Unfit, EXAMINED FOR RE-ENGAGEMENT. Includes a large circled '0' and dates like 27/3/15.

Vaccination Marks { Arm Right 2 Left Number Two
When Vaccinated last Infancy
(a) Marks indicating congenital peculiarities or previous disease scar on back of left wrist scar on chin

Table with columns: Date, Result, VACCINATIONS. Includes entries for 27/3/15 and 24/4/15.

(b) Slight defects but not sufficient to cause rejection

Table with columns: Date, Result, ANTI-TYPHOID INOCULATIONS, ETC. Includes entries for 24/4/15, 7/5/15, and 11.7.16.

Enlisted on 8 day of February 1915 at Calgary

Table with columns: CORPS, REG'T NUMBER, HABITS, DATE. Includes entry for 50th Batt, 687, 24867, 1134867, 8th Feb 1915.

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Table with columns: STATION, DATE, DISEASE, RESULT. Includes entries for Bramshott (19.1.18) and Calgary (18.4.18) with medical board details.

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.

CANADIAN

Rank **Pte.** Name **TAYLOR, Frederick**

Reg'l No. **434867**

Unit **50th Bn.** If in perm. Corps, What Unit?

Married or Single **Single.**

Place and Date of Enlistment **Calgary, 8th Feb. 1915.**

Place of Birth **Nottingham, Eng.**

Name and Address, Next-of-Kin **Mrs. Maria Taylor,
8th Ave. and 15th St. E., Calgary.**

Relationship

Assigned Pay Monthly \$ Payable to

Relationship

Separation Allowance \$ Payable to

Relationship

Discharge, Date and Place **To Canada 23/1/18** Reason

Character



*Entered on N.E. Card 1/16
Checked by J. Sullivan*

Date		PAY			Field Allowance			Other Credits	Total Credits	Voucher		Cash Payments	Assigned pay	Other Charges	Total Debits	Balance	Remarks, Casualties, etc.
From	To	No. of Days	Rate	Amount	No. of Days	Rate	Amount			No.	Date						
11/1/15	20/11/15	20	1 ⁰⁰	20	✓ 20	10	3		33			29 20			29 20	3 80	
11/2/15	31/12/15	31	1 ⁰⁰	31	✓ 31	10	3 10	3 80	34 90			36 50			36 50	1 40	
1/1/16	31/1/16	31	1 ⁰⁰	31	✓ 31	10	3 10	1 40	35 50			19 47			19 47	16 03	
1/2/16	29/2/16	29	1 ⁰⁰	29	✓ 29	10	2 90	16 03	47 93			17 04			17 04	30 89	
1/3/16	31/3/16	31	1 ⁰⁰	31	✓ 31	10	3 10	30 89	64 99			19 47			19 47	45 52 ✓	
				152				15 20				121 68			121 68		

Carried forward to Large Ledger sheet

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

407

To Whom *Mrs. R. Smith,*
 Address *1211 - 8th Ave. E.*
Calgary.
Alta.

By Whom Assigned *Taylor F.*
 Regtl. No. *434667.*
 Rank *Pte.*
 Corps *50th Bn.*

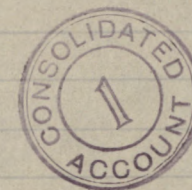
Rate *\$40⁰⁰*

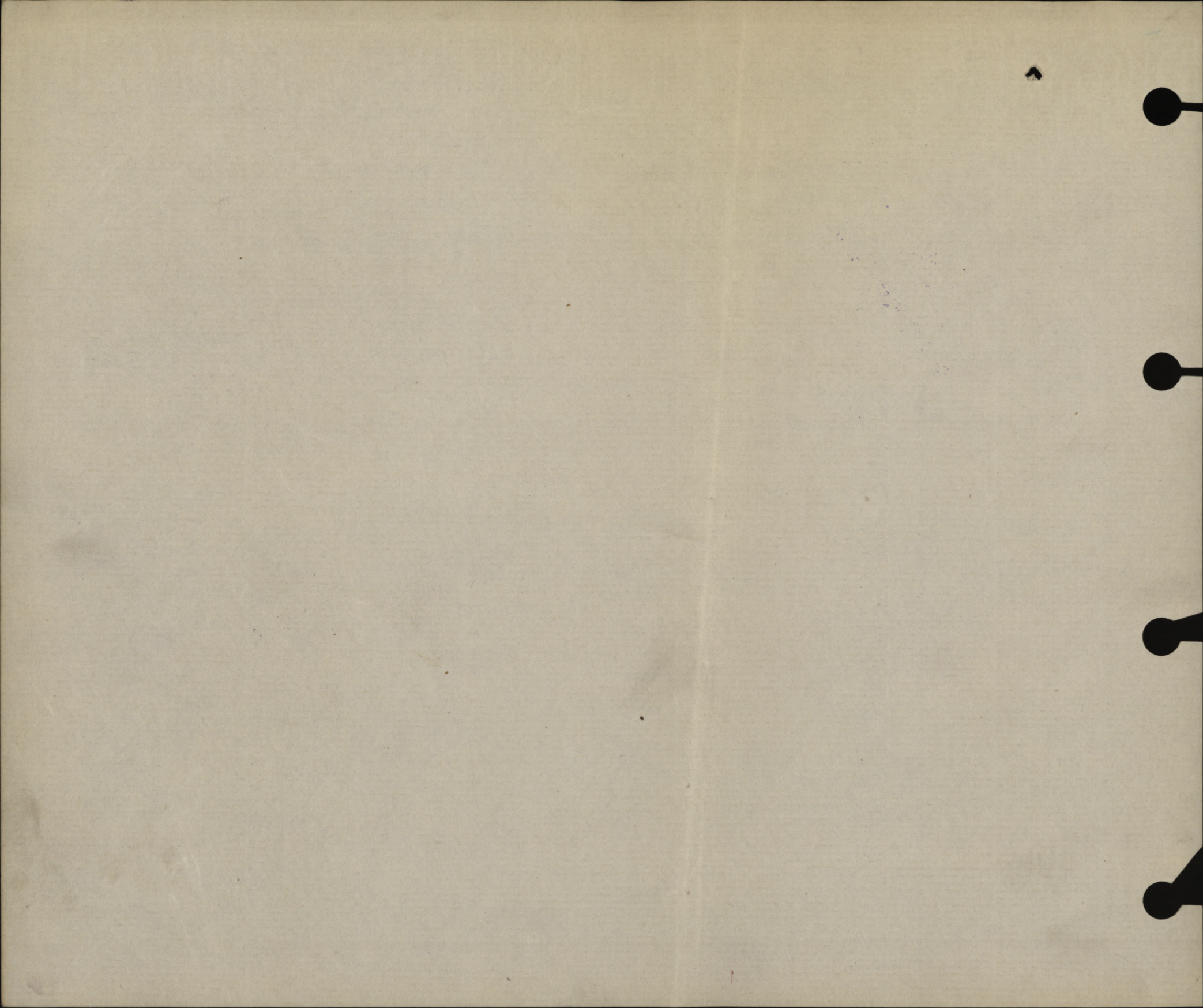
SPECIAL REMITTANCE

Sched 375, 6/6/17.

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June		<i>A 13361</i>	<i>40</i>	
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				





POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

10535/209.

017844-F-13

Name **Taylor, Frederick**
Surname Christian Name

Regimental Number **434867** Rank **Pte.**

Address (in full) **1211- 8th Ave.E.**

Unit **50th Bn.**

Calgary, Alta.

Original Unit

District where paid **M.D.13**

Date of Discharge **7-5-18**

P. D. P. Filing Number **5-146-13**

Rates:—Regimental pay \$ **1.00** per diem: Field Allowance \$ **.10** per diem. Separation Allowance \$ **3** per month.

L. L. 22573—M. & D. 8009.

Total Credits 91 days	FIRST PAYMENT			SECOND PAYMENT			FINAL PAYMENT			Balance Over- payments to be Recovered	Total Amount Paid
	Cheque No. A	Date	Amount 30 days	Cheque No. B	Date	Amount 30 days	Cheque No. C	Date	Amount 31 days		
100 10	2453	8-5-18	33 00	2408	8-6-18	33 00	2443	8-7-18	34 10		100 10
	1 st. 36772	12-2-19	30 00								
	699 ARM 427547	5-3-19	70 00								

M. F. W. 127.
6DM -6 17.
1772 33-1140.

Remarks:

Dec'n N 105.35/209 File N 17844 F-68

Award ... days at \$ 70.00
 S. A. ... months at \$... per mo. \$ 420.00
 Less I. E. P. Credit \$ 100.10

Less further debit balance \$...
 Less paid as below 319.90

1211-8 Ave. East
 Calgary Alta

13/2/19
 5/3/19
 9-4-19
 8-5-19

TO SOLDIER		TO DEPENDENT				
Q	Ag. No	Ch. No	Amount	Ag. No	Ch. No	Amount
1	576	6772	76.00			
2	699a	27847	76.00			
3	771B	419209	70.00			
4	782c	455554	76.00			
5		488755	39.90			
Total				Total		

+ received 2 checks 488755 returned cancelled 6-8-19
 asked to return last 17/6/19

Trans 15074
 1974

GEN'L AUDITOR
 Posting checked by
 Date 27/10/19

acct in order. Letters
 on file show that
 4 cheques for 70.00 & 1 for 39.90
 rec'd. Do not make payment
 on strength of 488755 being cancelled.

A.W. Cantelo

Evidently written from Journal
 & A.C. number omitted. HWP 25/10/19

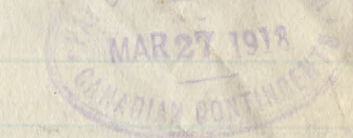
[Handwritten signature]

MARRIED OR SINGLE *S*
 PLACE OF BIRTH *Nottingham, England.*
 NAME AND ADDRESS OF NEXT OF KIN *M^{rs} Maria Taylor,*

CASUALTIES, PROMOTIONS, &c.

PARTICULARS	EFFECTIVE DATE	AUTHORITY

REG'L. NO. *434867* RANK *Plc.* NAME *Taylor Frederick*
 UNIT *50th Bn.* TRANSFERRED TO *Alta RD.* DATE *1-2-18* AUTHORITY *294*
 PERMANENT FORCE ALLOWANCES TRANSFERRED TO *N.E.C.* DATE *1-3-18* AUTHORITY
 PLACE OF ATTESTATION *Calgary,* TRANSFERRED TO DATE AUTHORITY
 DATE OF ATTESTATION *8th February 1915.* TRANSFERRED TO DATE AUTHORITY
 ASSIGNED PAY MONTHLY \$ *15⁰⁰* DATE EFFECTIVE *1-10-14 (A2M 24/1/17) (KAY)*
 PAYABLE TO *Mr R. Smith - 1211 - 8th Ave. East, Calgary, Alta. Canada* RELATIONSHIP *Wife & Guardian of 2 children*
 ASSIGNED PAY MONTHLY \$ DATE EFFECTIVE
 PAYABLE TO *off H.* RELATIONSHIP
 STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) *Stopped* EFFECTIVE *1/2/18* REASON *Discharge*
 DISCHARGE DATE AND PLACE *23/1/18 Canada.* REASON AND AUTHORITY *Alta. 19/18 AG. 2-1-29*
 ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)
 ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)
 Checked by *J. G. ...*



P. 697-25M.
 3989-31-19-17.

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS.

434867 Taylor 7

Date of Payment.	No. of Acq. Roll	AMOUNT				Place of Payment.	Name of Paymaster.	Remarks.
		Francs	£	S.	\$			
<i>24/1/17</i>	<i>1409</i>	<i>70</i>			<i>12 48</i>			
<i>4/12/17</i>	<i>1539</i>	<i>20</i>			<i>3 57</i>			
<i>15/12/17</i>	<i>1233</i>	<i>25</i>			<i>4 46</i>			
<i>2/1/18</i>	<i>190</i>	<i>10</i>			<i>48 67</i>			

ADMISSIONS TO HOSPITAL, &c.
 DATE DISCHARGED V. OR NAME OF HOSPITAL
4-10-16 V. 10 Stationery Dept. A.F.O. 1643 B. 13.10.16 + A.L.A.S. Can. Section. C.R. 1383 B. 13.10.16.
22.11.16 V. 002307 4.12.16 (50 days)

TOTAL CREDITS	ACQUITTANCE ROLLS				CASH PAYMENTS				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS	
	1		2		3		4					CREDIT	DEBIT				
	No.	DATE	No.	DATE	No.	DATE	No.	DATE									
<i>67 20</i>											<i>121 68</i>						
<i>33</i>	<i>384</i>	<i>14/16</i>	<i>420</i>	<i>29/16</i>							<i>730 973</i>						
<i>34 10</i>	<i>457</i>	<i>15/16</i>	<i>507</i>	<i>30/16</i>							<i>730 1217</i>						
<i>33</i>			<i>587</i>	<i>15/16</i>							<i>730</i>						
<i>34 10</i>	<i>631</i>	<i>20/16</i>	<i>674</i>	<i>15/16</i>							<i>973 730</i>						
<i>34 10</i>	<i>727</i>	<i>21/16</i>									<i>1216</i>						
<i>33</i>	<i>43</i>	<i>26/16</i>	<i>100</i>	<i>9/16</i>							<i>262 762</i>						
<i>34 10</i>	<i>155</i>	<i>27/16</i>									<i>262</i>						
<i>33</i>																	
<i>34 10</i>	<i>490</i>	<i>4</i>	<i>490</i>	<i>6/16</i>							<i>3 00</i>						<i>General charges</i>
<i>33</i>	<i>455</i>	<i>60</i>									<i>230 07</i>						
<i>34 10</i>	<i>490</i>	<i>4</i>	<i>490</i>	<i>6/16</i>							<i>205 83</i>						
											<i>11 34 1570</i>						
<i>34 10</i>	<i>554</i>	<i>29/16</i>									<i>3 62</i>						
<i>33</i>	<i>503</i>	<i>80</i>									<i>162 182</i>						
<i>34 10</i>	<i>641</i>	<i>16</i>	<i>70</i>	<i>1/17</i>							<i>2 61</i>						
											<i>50 46 15 70</i>						
											<i>171 26 50 46 15 70</i>						
											<i>33</i>						
											<i>2 62 238 61</i>						
											<i>262 762 18</i>						
											<i>2 70 42</i>						

1-31/9/16 31 1⁰⁰ 31 31 10 3 10
1-30/9/16 30 1⁰⁰ 30 30 10 3
1-31/10/16 31 1⁰⁰ 31 31 10 3 10
1-30/1/16 30 1⁰⁰ 30 30 10 3
1-31/1/16 31 1⁰⁰ 31 31 10 3 10
1917 42 70 42 70
1-31/1/17 31 1⁰⁰ 31 31 10
1-28/1/17 30 80
534 60

Hospital from 4-10-16 to 22-11-16 V 50 days @ 60th p.m. 8 30 0-0-307. 4-12-16

434867. Taylor J.

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		NO. OF DAYS	RATE				AMOUNT		1	2	3	4	1	2				3	4				CREDIT	DEBIT		
			\$	c.						\$	c.	NO.	DATE	NO.	DATE	NO.	DATE				NO.	DATE							
									534 60										191 26	50 46	15 40		33	270 42	264 18		177		
Mar 1-31	31	1.00	34	10				34 10	816 28 1/2	965 26 1/3				2 62	2 61				2 61					10 46	287 82				
April 30			33					33																	320 82				
May 31			34	10				34 10	149 30 1/4					2 62					2 62				15 40	23 32	331 60				44 Days YP #1 44/1/14 50.90 28/1/17
June 30			33					33	259 20 1/5					2 68										42 68	321 92				
July 31			34	10				34 10	400 9 1/6					2 68										2 68	333 34				
Aug 31			34	10				34 10	491 21 1/6					2 67										2 67	384 77				
Sept 30			33					33	645 18 1/2	715 5 1/8				5 55	4 46									2 68	41 38	333 90		282	51 90
			440	00				440 00	560 7 1/2	816 20 1/8				197 79	131 53								48 40	436 10					

MONTH	PARTICULARS	CR.1	CR.2	PARTICULARS	DR.1	DR.2	DR.3	DR.4	BALANCE	DEFER. PAY	SER. ENG.	MONTH	PARTICULARS	CR.1	CR.2	PARTICULARS	DR.1	DR.2	DR.3	DR.4	BALANCE	DEFER. PAY	SER. ENG.
1917	1st Oct Balance		333 90						333 90		282												
	P. Pay	34 10		C Ass Pay		15 35 3			00		282												
	Nov Do	33		Do		15																	
				AR 1140 7/10 30th 30	3 57																		
				AR 198 18/10/17 4th 20th 18th	4 46																		
				951 12/19 30th 13th	2 68																		
				1045 18/19	2 68																		
				1334 7/11	14 46																		
	Dec P Pay	34 10		Can AP		15 372 25			282		282												
	Jan 23 d	67 10		Do	17 85				30														
	Int Def Pay	25 30				15 382 55																	
		15 47		AR 1408 26/11 30th	12 49																		
				1233 15/12 2 CB2	4 46																		
		40 77		1839 4/12 50 Pm	3 57				15 364 00														
				Ph. 170 17/11 alford	20 52				377 50														
					48 67				328 83														
					48 67																		
1918	Endorsed Trans to "Canada" Disc'ge a/c	24 33		Balance transferred to N. E. Branch					NIL														
March				AR 2080 14/2/18 100 Buxton					24 33														
				AR 2067 5 19/2/18 100 Buxton					14 60														
June				AR 1968 6/2/18 Buxton					9 73														
									24 33														
									NIL														

A3M. FORM RENEW S EFFEC 1/2/18
 DISCHARGED TO CAN DATE 23/1/18
 PAYBOOK VERIFIED 2/18
 BAL 328 P.C. RENEW 23/1/18
 AUTH. 09 5.7.22

Checked [Signature]

5 list not yet hand 18-4-18

To be used (a) for recruits enlisting direct into the Regular Army and (b) for men of the Territorial Force when they are admitted to Hospital. Army Form B, 178^a to be used for Special Reserve recruits and Special Reservists enlisting into the Regular Army.

MEDICAL HISTORY of

Surname TAYLOR Christian Name FREDERICK.

TABLE I.—GENERAL TABLE.

Birthplace ... Parish Nottingham County England.

Examined... { on 8th day of February 1915.
at Calgary.

Declared Age ... 38 years days.

Trade or occupation ... Teamster.

Height ... 5 feet 5½ inches.

Weight ... lbs.

Chest Measurement { Girth when fully Expanded 35. inches.
Range of Expansion 2½ inches.

Physical Development ... Good.

Vaccination Marks { Arm ... Right Left
Number ... 2.

When Vaccinated ... Infancy.

Vision ... { R.E.—V=
L.E.—V=

(a) Marks indicating congenital peculiarities or previous disease ... { (a) Scar on back of left wrist.
Scar on chin.

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

Approved by (Signature) A.C.C. Johnston.
(Rank) Capt.
Medical Officer.

Enlisted ... { at Calgary,
on 8th day of February 1915.

Joined on Enlistment ...	Corps.	Re. No.
	<u>50th. Batt. C.E.F.</u>	<u>434867.</u>
Transferred to ...		

Became non-effective by

This Medical History Sheet has been compared with the Corresponding Attestation Paper, and entries made in red have been taken from the Attestation Paper. on day of 191 .

(Signature) W. A. ...
(Rank) Lieut. Col.

Table III.—Boards; Courts of Inquiry, Vaccination, Inoculations, etc.; Examinations for Field or Foreign Service, Extension, Re-engagement, or Prolongation of Service; Issue of Surgical Appliances; Particulars of Dental Treatment, etc.

Date	Brief details, and Signature
27-3-15.	Vaccination X A.C.C.J.
24-4-15.	Anti-typhoid Inoc. X "
7-5-15.	" " X "

Table IV.—Service Table.

Station or Troopship	Date of arrival or embarkation	Date of departure of disembarkation	Station or Troopship	Date of arrival or embarkation	Date of departure or disembarkation

Certify the foregoing to be a true copy of an original entry on the Medical History Sheet of this man.
 C. A. M. O.
 Officer in Charge of Records
 Canadian Contingents.

CONFIDENTIAL INFORMATION

Report No. **3917,**
 "1"
 Unit

CATEGORY
Taylor, Frederick.

No. of M.H.C. File
 No. of Local File
 No. of H.Q. File

Surname **1211-8th** Christian Name
 Permanent Address **Calgary.**

M. D. No. **13.**

No.* **434867** Rank **Pte.** Original Unit **50th** Service Unit **50th**

Age* **50** Height **5** ft. **6** ins. Complexion **Fair** Eyes **Blue** Hair **Reddish**

Date of enlistment **8/2/15,** Where enlisted **Calgary.** Where seen service **St Johns**

Ship returned by **Crampian,** Date of arrival **18/3/18,** Port of arrival

Birthplace* **England** Cause of disability **(1) Overage, (2) Myalgia, (3) Debility (slight) shoeing horse when horse lunged forward and jammed him between horse & manger injuring his back.**

Condition in detail which prevents the soldier from earning a livelihood: **Development good; has impetigo lentiginosa about neck and lower jaw, nates and fingers in various forms and stages of development. Digestion seems good and appearance otherwise healthy; claims pain over lower lumbar and right sciatic nerve region; no pain at present or other objective symptoms. Debility seems slight. States could do any ordinary job, but not previous one of horse shoeing, nor very heavy lifting. Circulation normal; heart and lungs normal, also vision and hearing. No nasal or throat trouble. Good feet, limbs and joints. No varicose veins or varicocele or other disabilities.**

Degree of Incapacity—Eng. Board. **Yes.** Canadian Board

Is disability due to or aggravated by Service? **Yes.**

Probable duration of incapacity **Three months.**

Does it render him permanently unfit for Military Service? **Yes.**

Is further treatment or use of appliances recommended, if so which? **None.**

Destination to which transportation issued

Members of Board
Capt. J. D. Stewart, Capt. H. P. Cox, Capt. J. W. MacKay.

INFORMATION TO BE FURNISHED BY SOLDIER

DEPENDENTS	NAME	AGE	WHERE—IF EMPLOYED	WAGES	STATE OF HEALTH
Wife					
Children 1					
2					
3					
4					
5					

Name and address next of kin **Mother, Mrs. G. Taylor, 63 New St, E, Calgary.**

Notification of return to be sent to

Occupation prior to enlistment **Teamster,** And for how long followed

Regular trade or occupation

Average earnings previous to enlistment **\$85.00 month** Any other income? **---**

Name and address of last employer **Press Brick Co, Calgary.**

Rent per month. **---** If owner of or purchasing property amount due and annual payment \$ **---**

Taxes **---** If Homestead, or Farm, where located

If carrying life or accident insurance, annual premium \$ **---** Name of Society

If unable to follow previous occupation, name preference

References **I declare that the above statement is correct.**

Witness **H. R. Gray,** Signature **F. Taylor.**

Date **18/4/18,** Place **Calgary.**

Remarks by Interviewer:

Last Pay Cert. Cr., \$ **---** Dr., \$ **---** Amount paid at Depot H.Q., \$ **---** L.P.C. leaving Depot, \$ **---**

Amount forwarded to H.Q. Unit, \$ **---** Credit Clothing allowances, \$ **---**

PENSION—Class **---** Amount per year, \$ **---** Period granted for **---** Dating from **---**

First payment date **---**

Reports on men returned for Discharge under Sp. Auth. on White (Black Printed) Forms.
 E. 1. Discharge, no pensionable disability. (Yellow copies).
 E. 2. Waiting Reclassification. (Pink copies).
 E. 3. Discharge with claim for pension. (Blue copies).
 Reports of men returned for duty to be typed on White (Red printed) Forms.
 C. Service in Canada. (White red printed forms).
 D. Treatment. (Pink copies).
 A. General Service.
 B. Service abroad, not general.

CONFIDENTIAL INFORMATION

Report No.	Unit	Category	No. of M.H. File	No. of Local File	No. of H.O. File
------------	------	----------	------------------	-------------------	------------------

No. *	Rank	Original Unit	Services Unit *
Age *	Height	Complexion	Eyes
Date of enlistment	Where enlisted	When seen service *	Hair
Ship returned by	Date of arrival	Port of arrival	Conduct *
Birthplace *	Reason		
Cause of disability			

INFORMATION TO BE FURNISHED BY SOLDIER

DEPARTMENT	NAME	AGE	WHERE-IF EMPLOYED	WORKER	STATE OF HEALTH

Name and address next of kin
 Notification of return to be sent to
 Occupation prior to enlistment
 Previous trade or occupation
 Average earnings previous to enlistment
 Name and address of last employer
 Rent per month
 If owner of or purchasing property amount due and annual payment \$
 Taxes
 If Homestead or farm where located
 Name of Society
 If carrying life or accident insurance, annual premium \$
 If unable to follow previous occupation, name preference
 Interference
 Witness
 Date
 Place
 Signature
 I declare that the above statement is correct.

Remarks by interviewer:

Last Pay Cert. Gr. \$
 Amount paid at Depot H.Q. \$
 Amount forwarded to H.Q. Unit \$
 Credit Clothing Allowance \$
 Pension—Class
 Amount per year \$
 Period granted for
 Dating from

Total payment date
 Form No. 37

Report to be furnished to Disciplinary Board for review on M.H. File (18) (19) (20) (21) (22) (23) (24) (25) (26) (27) (28) (29) (30) (31) (32) (33) (34) (35) (36) (37) (38) (39) (40) (41) (42) (43) (44) (45) (46) (47) (48) (49) (50) (51) (52) (53) (54) (55) (56) (57) (58) (59) (60) (61) (62) (63) (64) (65) (66) (67) (68) (69) (70) (71) (72) (73) (74) (75) (76) (77) (78) (79) (80) (81) (82) (83) (84) (85) (86) (87) (88) (89) (90) (91) (92) (93) (94) (95) (96) (97) (98) (99) (100)

CONFIDENTIAL INFORMATION

T-44

Report No. **3917,**
 "I"
 Unit

CATEGORY
Taylor, Frederick.

No. of M.H.C. File
 No. of Local File
 No. of H.Q. File

Surname **1211-8th Ave, E,**
 Child's Name
 Permanent Address
Calgary.

M. D. No. **13.**

No. **434887** Rank **Pte,** Original Unit **50th** Service Unit **50th**
 Age **50** Height **5** ft. **6** ins. Complexion **Fair** Eyes **Blue** Hair **Brown**
 Date of enlistment **8/2/15,** Where enlisted **Calgary.** Where seen service **Fredericton.**
 Ship returned by **Grampian,** Date of arrival **18/3/18,** Port of arrival **St Johns**
 Birthplace **England**
 Cause of disability **(1) Overage, (2) Myalgia, (3) Debility (slight)**
Shoeing horse when horse lunged forward and jammed him between horse & manger injuring his back.

Condition in detail which prevents the soldier from participating in general development good; has impetigo lentiginosa about neck and lower jaw, nates and fingers in various forms and stages of development. Digestion seems good and appearance otherwise healthy; claims pain over lower lumbar and right sciatic nerve region; no pain at present or other objective symptoms. Debility seems slight. States could do any ordinary job, but not previous one of horse shoeing, nor very heavy lifting. Circulation normal; heart and lungs normal, also vision and hearing. No nasal or throat trouble. Good feet, limbs and joints. No varicose veins or varicocele or other disabilities.

Degree of Incapacity—Eng. Board. Canadian Board
 Is disability due to or aggravated by Service? **Yes.**
 Probable duration of incapacity **Three months.**
 Does it render him permanently unfit for Military Service? **Yes.**
 Is further treatment or use of appliances recommended, if so which? **None.**
 Destination to which transportation issued

Members of Board
Capt. J. D. Stewart, Capt. H. P. Cox, Capt. J. W. MacKay.

INFORMATION TO BE FURNISHED BY SOLDIER

DEPENDENTS	NAME	AGE	WHERE—IF EMPLOYED	WAGES	STATE OF HEALTH
Wife					
Children 1					
2					
3					
4					
5					

Name and address next of kin **Mother, Mrs. G. Taylor, 63 New St, E, Calgary.**

Notification of return to be sent to

Occupation prior to enlistment **Teamster,** And for how long followed

Regular trade or occupation **"**

Average earnings previous to enlistment **\$85.00 month** Any other income? **---**

Name and address of last employer **Press Brick Co, Calgary.**

Rent per month. **---** If owner of or purchasing property amount due and annual payment \$ **---**

Taxes **---** If Homestead, or Farm, where located

If carrying life or accident insurance, annual premium \$ **---** Name of Society

If unable to follow previous occupation, name preference

References **I declare that the above statement is correct.**

Witness **H. R. Gray,** Signature **F. Taylor.**

Date **18/4/18,** Place **Calgary.**

Remarks by Interviewer:

Last Pay Cert. Cr., \$ _____ Dr., \$ _____ Amount paid at Depot H.Q., \$ _____ L.P.C. leaving Depot, \$ _____
 Amount forwarded to H.Q. Unit, \$ _____ Credit Clothing allowances, \$ _____

PENSION—Class _____ Amount per year, \$ _____ Period granted for _____ Dating from _____

First payment date _____

Reports on men returned for Discharge under Sp. Auth. on White (Black Printed) Forms.
 E. 1. Discharge, no pensionable disability. (Yellow copies).
 E. 2. Waiting Reclassification. (Pink copies).
 E. 3. Discharge with claim for pension. (Blue copies).

Reports of men returned for duty to be typed on White (Red printed) Forms.
 C. Service in Canada. (White red printed forms).
 D. Treatment. (Pink copies).
 A. General Service.
 B. Service abroad, not general.

CONFIDENTIAL INFORMATION

Report No. _____

Unit _____

Rank _____

Service Unit _____

Where seen service _____

Where of arrival _____

Date of arrival _____

Date of discharge _____

Place of discharge _____

Case of discharge _____

Place of discharge _____

Date of arrival _____

Date of discharge _____

Place of discharge _____

Case of discharge _____

is further treatment or one of appliances recommended, if so which?

Destination to which transportation desired

Members of Board

Does it render him permanently unfit for Military Service?

Probable duration of incapacity

Is disability due to or aggravated by Service?

Degree of Incapacity—Final Board

Canadian Board

INFORMATION TO BE FURNISHED BY SOLDIER

DATE	NAME	AGE	WHERE EMPLOYED	WAGES	STATE OF HEALTH

I declare that the above statement is correct.

Name and address of last employer _____

Average earnings previous to enlistment _____

Occupation prior to enlistment _____

Position held or occupation _____

And for how long followed _____

Location of return to be sent to _____

Name and address next of kin _____

Reference _____

Witness _____

Date _____

Place _____

Signature _____

Remarks by interviewer: _____

First payment date _____

Amount per year \$ _____

Period granted for _____

Amount forwarded to H.Q. Unit \$ _____

Credit Clothing allowances \$ _____

Dr. \$ _____

Amount paid at Depot H.Q. \$ _____

L.P.C. leaving Depot \$ _____

Form No. 55

Amount per year \$

Period granted for

Amount forwarded to H.Q. Unit \$

Credit Clothing allowances \$

Dr. \$

Amount paid at Depot H.Q. \$

L.P.C. leaving Depot \$

Remarks by interviewer:

Signature

Place

Date

Witness

Reference

I declare that the above statement is correct.

Name and address of last employer

Average earnings previous to enlistment

Occupation prior to enlistment

Position held or occupation

And for how long followed

Location of return to be sent to

Name and address next of kin

CONFIDENTIAL INFORMATION

Report No. **3917,** CATEGORY **B,** No. of M.H.C. File _____ No. of Local File _____ No. of H.Q. File _____

"1" Unit **Taylor, Frederick.**

Surname **1211-8th Ave. E.** Christian Name _____

Permanent Address **Calgary.**

M. D. No. **13.**

No. **434657** Rank **Pte.** Original Unit **50th** Service Unit **50th**

Age **50** Height **5** ft. **6** ins. Complexion **Fair** Eyes **Blue** Hair **Brown** Conduct _____

Date of enlistment **8/2/15.** Where enlisted **Calgary.** Where seen service* **France.**

Ship returned by **Grampian.** Date of arrival **18/3/18.** Port of arrival **St Johns**

Birthplace* **England.** Religion **C of E.**

Cause of disability **(1) Overage, (2) Myalgia, (3) Debility (slight) shoeing horse when horse lunged forward and jammed him between horse & manger injuring his back.**

Condition in detail which prevents the soldier from earning a full livelihood
 Does not look over age stated; general development good; has impetigo lentiginosum about neck and lower jaw, nates and fingers in various forms and stages of development. Digestion seems good and appearance otherwise healthy; cleans pain over lower lumbar and right sciatic nerve region; no pain at present or other objective symptoms. Debility seems slight. States could do any ordinary job, but not previous one of horse shoeing, nor very heavy lifting. Circulation normal; heart and lungs normal, also vision and hearing. No nasal or throat trouble. Good feet, limbs and joints. No varicose veins or varicocele or other disabilities.

Degree of Incapacity—Eng. Board. _____ Canadian Board _____

Is disability due to or aggravated by Service? **Yes.**

Probable duration of incapacity **Three months.**

Does it render him permanently unfit for Military Service? **Yes.**

Is further treatment or use of appliances recommended, if so which? **None.**

Destination to which transportation issued _____

Members of Board _____

Capt. J. D. Stewart, Capt. H. P. Cox, Capt. J. W. Mackay.
 INFORMATION TO BE FURNISHED BY SOLDIER

DEPENDENTS	NAME	AGE	WHERE—IF EMPLOYED	WAGES	STATE OF HEALTH
Wife					
Children 1					
2					
3					
4					
5					

Name and address next of kin **Mother, Mrs. G. Taylor, 63 New St. N. Calgary.**

Notification of return to be sent to **---**

Occupation prior to enlistment **Teamster.** And for how long followed _____

Regular trade or occupation **"**

Average earnings previous to enlistment **\$85.00 month.** Any other income? **---**

Name and address of last employer **Press Brick Co, Calgary.**

Rent per month. **---** If owner of or purchasing property amount due and annual payment \$ **---**

Taxes **---** If Homestead, or Farm, where located **---**

If carrying life or accident insurance, annual premium \$ **---** Name of Society _____

If unable to follow previous occupation, name preference _____

References _____ I declare that the above statement is correct.

Witness **H. B. Gray,**

Date **18/4/18.** Place **Calgary.** Signature **F. Taylor.**

Remarks by Interviewer:

Last Pay Cert. Cr., \$ _____ Dr., \$ _____ Amount paid at Depot H.Q., \$ _____ L.P.C. leaving Depot, \$ _____

Amount forwarded to H.Q. Unit, \$ _____ Credit Clothing allowances, \$ _____

PENSION—Class _____ Amount per year, \$ _____ Period granted for _____ Dating from _____

First payment date _____

Reports on men returned for Discharge under Sp. Auth. on White (Black Printed) Forms.

Reports of men returned for duty to be typed on White (Red printed) Forms.

- E. 1. Discharge, no pensionable disability. (Yellow copies).
- E. 2. Waiting Reclassification. (Pink copies).
- E. 3. Discharge with claim for pension. (Blue copies).

- C. Service in Canada. (White red printed forms).
- D. Treatment. (Pink copies).

- A. General Service.
- B. Service abroad, not general.

CONFIDENTIAL INFORMATION

Report No.	Unit	CATEGORY	No. of Local File	No. of Local File	No. of Local File
------------	------	----------	-------------------	-------------------	-------------------

Rank	Original Unit	Service Unit	Date of enlistment	Where enlisted	Date of arrival	Where seen service	Rank	Date of arrival	Where seen service	Conduct

Information in detail which prevents the soldier from earning a full livelihood

Members of Board: _____

Destination to which transportation issued: _____

Is further treatment or use of appliances recommended, if so which? _____

Does it render him permanently unfit for Military Service? _____

Probable duration of incapacity: _____

Is disability due to or aggravated by Service? _____

Degree of incapacity—Eng. Board: _____

Canadian Board

INFORMATION TO BE FURNISHED BY SOLDIER

NAME	AGE	WHERE EMPLOYED	WAGES	STATE OF RESIDENCE

Name and address next of kin: _____

Occupation prior to enlistment: _____

Regular trade or occupation: _____

Average earnings previous to enlistment: _____

Name and address of last employer: _____

Rate per month: _____

If owner of or purchasing property amount due and annual payment: \$ _____

Taxes: _____

If carrying life or accident insurance, annual premium: \$ _____

Name of Society: _____

If unable to follow previous occupation, name preference: _____

References: _____

Witness: _____

Date: _____

Place: _____

Signature: _____

I declare that the above statement is correct.

Remarks by interviewer: _____

First payment date: _____

Class: _____

Amount per year: \$ _____

Period granted for: _____

Debit from: _____

Amount forwarded to H.Q. Unit: \$ _____

Credit Clothing allowances: \$ _____

Last Pay Cert. Or: \$ _____

Dr: \$ _____

Amount paid at Depot H.Q.: \$ _____

L.E.C. leaving Depot: \$ _____

Form No. 55
 A. B. Pension—Class _____ Amount per year: \$ _____ Period granted for: _____ Debit from: _____
 Amount forwarded to H.Q. Unit: \$ _____ Credit Clothing allowances: \$ _____
 Last Pay Cert. Or: \$ _____ Dr: \$ _____ Amount paid at Depot H.Q.: \$ _____ L.E.C. leaving Depot: \$ _____
 References: _____
 Witness: _____
 Date: _____ Place: _____
 Signature: _____
 I declare that the above statement is correct.
 If unable to follow previous occupation, name preference: _____
 If carrying life or accident insurance, annual premium: \$ _____ Name of Society: _____
 Taxes: _____
 If owner of or purchasing property amount due and annual payment: \$ _____
 Rate per month: _____
 Name and address of last employer: _____
 Average earnings previous to enlistment: _____
 Regular trade or occupation: _____
 Occupation prior to enlistment: _____
 Name and address next of kin: _____

CONFIDENTIAL INFORMATION

Report No.

Category

No. of M. H. C. File

No. of Local File

No. of H. Q. File

F
Taylor, Frederick
1211-8th Ave. S.
Calgary

3917

No. *434867* Rank *Pte.* Original Unit *50th Pn* Present Unit *50th Pn*

Age *50* Height *5* ft. *6* ins. Complexion *Fair* Eyes *Blue* Hair *Gr. Br.* Character

Date of enlistment *8/2/15* Where enlisted *Calgary* Where seen service *France*

Ship returned by *Franklin* Date of arrival *16/3/18* Port of arrival *St. John*

Birthplace *Ontario* Religion *Cof. S.*

Name and address next of kin *Mother Mrs G. Taylor*

Notification of return to be sent to *63 New Street S. Calgary*

Cause of disability *Stomach when home jumped forward & returned between boxes & oranges, injuring his back*

Condition in detail which prevents the soldier from earning a full livelihood *Does not look over a status. General development good. Has impetigo*

of development, typhoid seems good & appearance other wise healthy

claims pain over lower lumbar & sciatic nerve region, so pain at

present, on other objective symptoms. Debility seems slight.

Stalls could do any ordinary job, but not previous one of horse shoeing

or any heavy lifting. Circulation normal. Heart lungs normal, also

vision & hearing. No nasal or throat trouble. Good feet, limbs & joints

no various sensor or nerve or other disabilities.

E. 1. Discharge, no pensionable disability.
E. 2. Waiting Reclassification.
E. 3. Discharge with claim for pension.

Degree of incapacity (Please state in fractions) Eng. Board Canadian Board

Probable duration of incapacity *2 or 3. Three m*

Does it render him permanently unfit for Military Service?

Would operation, Special treatment, or use of appliances etc., lessen incapacity?

Destination to which transportation issued

Members of Board *Col Stewart Capt W. Co Capt Whitehead*

INFORMATION TO BE FURNISHED BY SOLDIER

DEPENDENTS	NAME	AGE	WHERE—IF EMPLOYED	WAGES	STATE OF HEALTH
Wife					
Children 1					
2					
3					
4					
5					

Occupation prior to enlistment *Scavenger*

Regular trade or profession

Average earnings previous to enlistment *\$85⁰⁰ P.M.* Any other income?

Name and address of last employer *Scient. Dress Bldg Co. Calgary*

Rent per month — If purchasing property amount due and annual payment, \$ — \$

Taxes — If Homestead, when is patent due? —

If carrying life or accident insurance, annual premium —

If in receipt of sick benefits or other insurance—name of society — Amt. per mo. \$

If unable to follow previous occupation, name preference —

At what age soldier left school? What grade, standard, &c., was he in?

Has he taken any Technical or Continuation Classes, if so what?

Whether given Vocational Training while in Hospital in England. If so, what subjects?

References

Witness *A. Brown* I declare that the above statement is correct.

Date *19/4/18* Signature *F. Taylor*

Recommendation by Interviewer as to classes likely to be of use, and general remarks:

Last Pay Cert. Cr., \$ Dr., \$ Amount paid at Depot H.Q., \$ L. P. C. leaving Depot, \$

Amount forwarded to H. Q. Unit, \$ Credit Clothing allowances, \$

Transf'd to Unit—Date Transf'd Class 1—Date Transf'd Class 3—Date

PENSION—Class.....Amount per year, \$.....Period granted for.....Dating from.....

First payment date.....

C. Service in Canada.
D. Treatment.

A. General Service.
B. Service abroad, not general.

CONFIDENTIAL INFORMATION

Report No. 5177

Category

No. of I. I. C. 8310

No. of Local File

No. of H. Q. File

Handwritten notes and signatures at the top of the page, including 'Lester K. ...' and '...'

Vertical text on the right side: 'This document is classified as CONFIDENTIAL' and 'All information contained herein is confidential'.

Members of Board: ...
Destination to which transportation issued: ...
World operation, special treatment, or use of appliances etc., lesser incapacity? ...
Does it render him permanently unfit for Military Service? ...
Probable duration of incapacity: ...
Degree of incapacity (Please state in fractions) Eng. Board

INFORMATION TO BE FURNISHED BY SOLDIER

Table with 5 columns: DEPENDENTS, NAME, AGE, WHERE-IF EMPLOYED, WORKS, STATE OF HEALTH. Rows include Wife, Children 1, 2, 3, 4, 5.

Vertical text on the right side: 'This document is classified as CONFIDENTIAL'.

Occupation prior to enlistment: ...
Regular trade or profession: ...
Average earnings previous to enlistment: ...
Name and address of last employer: ...
Rent per month: ...
Taxes: ...
If carrying life or accident insurance annual premium: ...
If in receipt of sick benefits or other insurance—name of society: ...
Is he taking any Technical or Conductor Classes, if so what? ...
Whether given Vocational Training while in Regular's Enlistment. If so, what subject? ...
What grade soldier last school? ...
What grade, standard, etc., was he in? ...
Is his receipt of sick benefits or other insurance—name of society: ...
If carrying life or accident insurance annual premium: ...
Taxes: ...
Rent per month: ...
Name and address of last employer: ...
Average earnings previous to enlistment: ...
Regular trade or profession: ...
Occupation prior to enlistment: ...

I declare that the above statement is correct.
Signature: ...
Date: ...
Recommendation by Interviewer as to classes likely to be of use, and general remarks: ...
Transferred to Class 3 - Date: ...
Transferred to Class 1 - Date: ...
Amount forwarded to H. Q. Unit: ...
Credit Clothing Allowance: ...
Amount paid to Depot H. Q. 4: ...
L. P. C. Levin, D. 601 2

Casualty Form—Active Service.

302

Regiment or Corps... *50th Bn*

Rank... *Plt* Surname... *Taylor* Christian Name... *Frederick*

Religion... *Crescent* Age on Enlistment... *38* years... months

Enlisted (a)... *8-2-15* Terms of Service (a)... *Sup of War* Service reckons from (a)... *8-2-15*

Date of promotion to present rank... Date of appointment to lance rank...

Extended { } Re-engaged { } Qualification (b) or Corps Trade and Rate

Occupation... Signature of Officer...

Report		Record of promotions, reductions, transfers, casualties, &c., 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 of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents
Date	From whom received				
		Embarked ...			
		Disembarked...			
<i>28-12-17</i>	<i>Alta RD</i>	<i>Y.O.S from 50th Bn VESF</i>	<i>Bahott</i>	<i>26-12-17</i>	<i>PR 20294</i>
<i>3-2-18</i>	<i>Alta RD. In Command to 6000 Buxton</i>	<i>pending Discharge to Canada</i>	<i>Pratt</i>	<i>3-2-18</i>	<i>PR 2035/4-2-18</i>

H.P. Charter
 LIEUT.
 FOR LT. COL. I/S RECORDS, C.O.M.F.

(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) Signaller, Shoeing-Smith, &c.

Report		Record of promotions, reductions, transfers, casualties, &c., 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 of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents
Date	From whom received				
4/2/18	TAKEN ON STRENGTH C.D.D, BUXTON Pt. 11 ORDER No. 29				Lieut.-Col. Canadian Discharge Depôt.
				<i>J. Lock L. J. J.</i> Commanding	
FEB 23 1918	EMBARKED FOR CANADA FROM LIVERPOOL				Lieut.-Col. Canadian Discharge Depôt.
				<i>J. Lock L. J. J.</i> Commanding	
18.4.18	TAKEN ON STRENGTH OF DISTRICT DEPOT 13, PART 2 ORDER NO. 108				Lieut. Col. Officer Commanding District Depot No. 13
				<i>A. Bennett</i> Officer Commanding No. 13 Casualty Unit	
	Transferred to No. 13 Casualty Unit 21/3/18				
	Auth. District Order No. 87				
8/5/18	DISCHARGED FROM THE SERVICE BY DISTRICT DEPOT NO. 13, PART 2 ORDER NO. 127				Lieut. Col. Officer Commanding District Depot No. 13
	AUTHORITY: 10.16-1-25 5/12/17 CA 300			<i>10th Deatt M. H.</i> Officer Commanding District Depot No. 13	
	Discharged from the Service by No. 13				
	Casualty Unit Auth.				Officer Commanding No. 13 Casualty Unit

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

Oct. 1.17

OVERSEAS CONTINGENTS

T

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

<i>15</i>			
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*1/2 10 T 92
CP*

PARTICULARS OF SEPARATION ALLOWANCE

No. *H34867*
 Rank *Pte* Promoted Reverted Discharge
 Soldier's Name *Fred. Taylor*
 Battalion *50th Batta*
 Beneficiary
 Relationship
 Address

PARTICULARS OF ASSIGNMENT

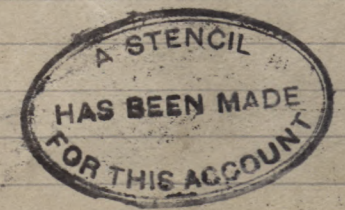
Name *Mr. R. Smith*
 Address *1211-8th Ave East Calgary, Alta.*
 Change of Address
 1
 2
 3
 4

<i>1917</i> Date	Cheque No.	Amount S/A	Amount A/P	Total	
<i>Nov.</i>	<i>D 56835</i>		<i>30</i>	<i>30</i>	<i>m</i>
<i>Dec</i>	<i>A 53338</i>		<i>15</i>	<i>15</i>	<i>Bo</i>
<i>Jan 18</i>	<i>G 60912</i>		<i>15</i>	<i>15</i>	<i>F</i>
<i>July</i>	<i>O 72214</i>		<i>15</i>	<i>15</i>	<i>OT</i>
<i>Mar.</i>	<i>V 93532</i>		<i>15</i>	<i>15</i>	<i>V</i>
			<i>90</i>	<i>90</i>	

REMARKS

2. m. 27. 10. 17 *G 60912*
at A/c Closed *31-3-18*
 Ret'd per *munro*
90 Date *20/3/18* F.X. *22-3/18*
 Clerk *H. Smith*
m d 13
mro. expended A 27-3-18

M. F. W. 126.
 400M-17-1772-1141
 L. L. 22320-M. & D. 7993.



Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

--	--	--	--

PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

No.

Name

Rank

Promoted

Reverted

Discharge

Address

Soldier's Name

Change of Address

Battalion

1

Beneficiary

2

Relationship

3

Address

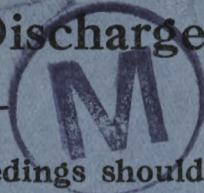
4

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

M. F. W. 128.
 400M. 6-17-1772 89-1141
 L. L. 22320-M. & D. 7995.

This space to be for numbers.

Proceedings on Discharge.



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

No.	434867	
Rank	Private	
Name	Frederick Taylor	
<small>NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.</small>		
Corps (Squadron, Battery or Company)	The 50th Overseas Battalion	
Date of Discharge	May 7th, 1918	
Place of Discharge	Calgary, Alberta.	
1. DESCRIPTION AT THE TIME OF DISCHARGE.		
Age.....	50	years.....months.
Height.....	5	feet.....6.....inches.
Complexion	Fair. Blue.	
Eyes	Blue.	
Hair	Dark Brown.	
Trade	Teamster.	
Intended place of residence	1211-8th Ave. East Calgary, Alberta,	
<small>(To be given as fully as practicable.)</small>		
2. The above-named man is discharged in consequence of		
Being Medically Unfit for Further Service on Account of Sickness.		
Authority H.Q. 16-1-25 dated Ottawa 5-12-17 C.L. 330		
<small>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.</small>		
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.	
	GOOD	
<small>N. B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldier and the Officer Commanding his Squadron, Battery or Company:</small>		
4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)		

M. F. B. 218.

50m.—3-16.
H. Q. 1772-39-113.

(OVER)

*W.S.G. comp
4/2/19 ER*

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.....

Three horizontal dashed lines for listing 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) Calgary, Alberta,

W. W. Masmyth

(Date) May 7th, 1918

Commanding Commanding District Depot M. D. 13 Lieut.-Col.

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.

(Place) Calgary *F. Taylor* (Signature of Soldier.)

(Date) 7 May 18 *M. Matheson* (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) 3 years 100 days.

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

11. Confirmation of Discharge.

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

(Place) Calgary, Alberta,

A. White

(Signature) Discharge Section District Depot M. D. 13

(Date) May 7th, 1918

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.)

J Taylor noe

List of Discharge Documents.

<p>Reg. Conduct Sheet, Militia form B. 263.</p> <p>Squadron } Battery } Conduct Sheet, " B. 263a. Company }</p> <p>Copies of Convictions, by C. P. in MS.</p> <p>Med. Hist. Sheet, Militia Form B. 313</p> <p>Medical Report for Invalid* " B. 227.</p> <p>Statement of Man's Account on Transfer and Last Pay Cer- tificate, " D. 877.</p> <p>*Only if discharged "Medically unfit."</p>	<p>Attestation Paper, Militia Form B. 235.</p> <p>Proceedings on Discharge " B. 218.</p> <hr/> <p style="text-align: center;">In the case of recruits who are rejected on final approval, the discharge documents will consist of</p> <p>(a) Proceedings on Discharge.</p> <p>(b) Attestation.</p> <p>(c) Medical History Sheet (in the event of such having been prepared.)</p>
---	--

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.