

DUPLICATE

ATTESTATION PAPER.

182nd O. S. Bn., C. E. F.

No. 868194

Folio.

6/6/16
Cecil
A.B.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname? *Taylor*
- 1a. What are your Christian names? *Gilbert*
- 1b. What is your present address? *Sunderland, Ontario Canada*
2. In what Town, Township or Parish, and in what Country were you born? *Keyland Lancashire England*
3. What is the name of your next-of-kin? *Thomas Taylor*
4. What is the address of your next-of-kin? *9 Trinity Rd, Chorley Lancs Eng*
- 4a. What is the relationship of your next-of-kin? *Father*
5. What is the date of your birth? *August 16th 1893*
6. What is your Trade or Calling? *Shoemaker*
7. Are you married? *No*
8. Are you willing to be vaccinated or re-vaccinated and inoculated? *Yes*
9. Do you now belong to the Active Militia? *No*
10. Have you ever served in any Military Force? *No*
If so, state particulars of former Service.
11. Do you understand the nature and terms of your engagement? *Yes*
12. Are you willing to be attested to serve in the }
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? } *Yes*

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *Gilbert 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.

Date *April 26th* 191*6* *Gilbert Taylor* (Signature of Recruit)
Sam M. Wylie Lieut. (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *Gilbert 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.

Date *April 26th* 191*6* *Gilbert Taylor* (Signature of Recruit)
Sam M. Wylie Lieut. (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 *Sunderland* this *26th* day of *April* 191*6*

Dean Punch (Signature of Justice)

Description of Gilbert Taylor on Enlistment.

Apparent Age... 22 years ... 6 months.
 (To be determined according to the instructions given in the Regulations for Army Medical Services.)

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

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

Height... 5 ft. 11 ins.

Chest measurement: Girth when fully expanded... 38 ins.
 Range of expansion... 3 ins.

Scar on inner side of calf of left leg about size of 50 piece

Complexion... Fair

Eyes... Blue

Hair... Light Brown

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

CERTIFICATE OF MEDICAL EXAMINATION.

I have examined the above-named Recruit and find that he does not present any of the causes of rejection specified in the Regulations for Army Medical Services.

He can see at the required distance with either eye; his heart and lungs are healthy; he has the free use of his joints and limbs, and he declares that he is not subject to fits of any description.

I consider him* fit for the Canadian Over-Seas Expeditionary Force.

Date... April 22nd 1916

H. P. Deacon

Place... Sunderland

H. Col.

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.

Gilbert 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.

A. A. Cockburn Lt. Col. (Signature of Officer)

Date... May 16 1916

REGIMENTAL DOCUMENTS

NAME *TAYLOR GILBERT*

Plt

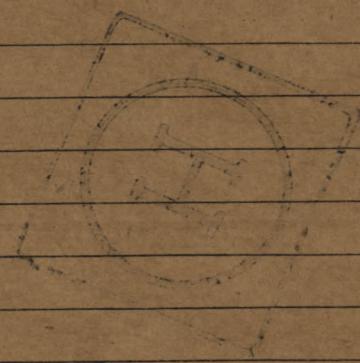
REGT. NO. *968194*

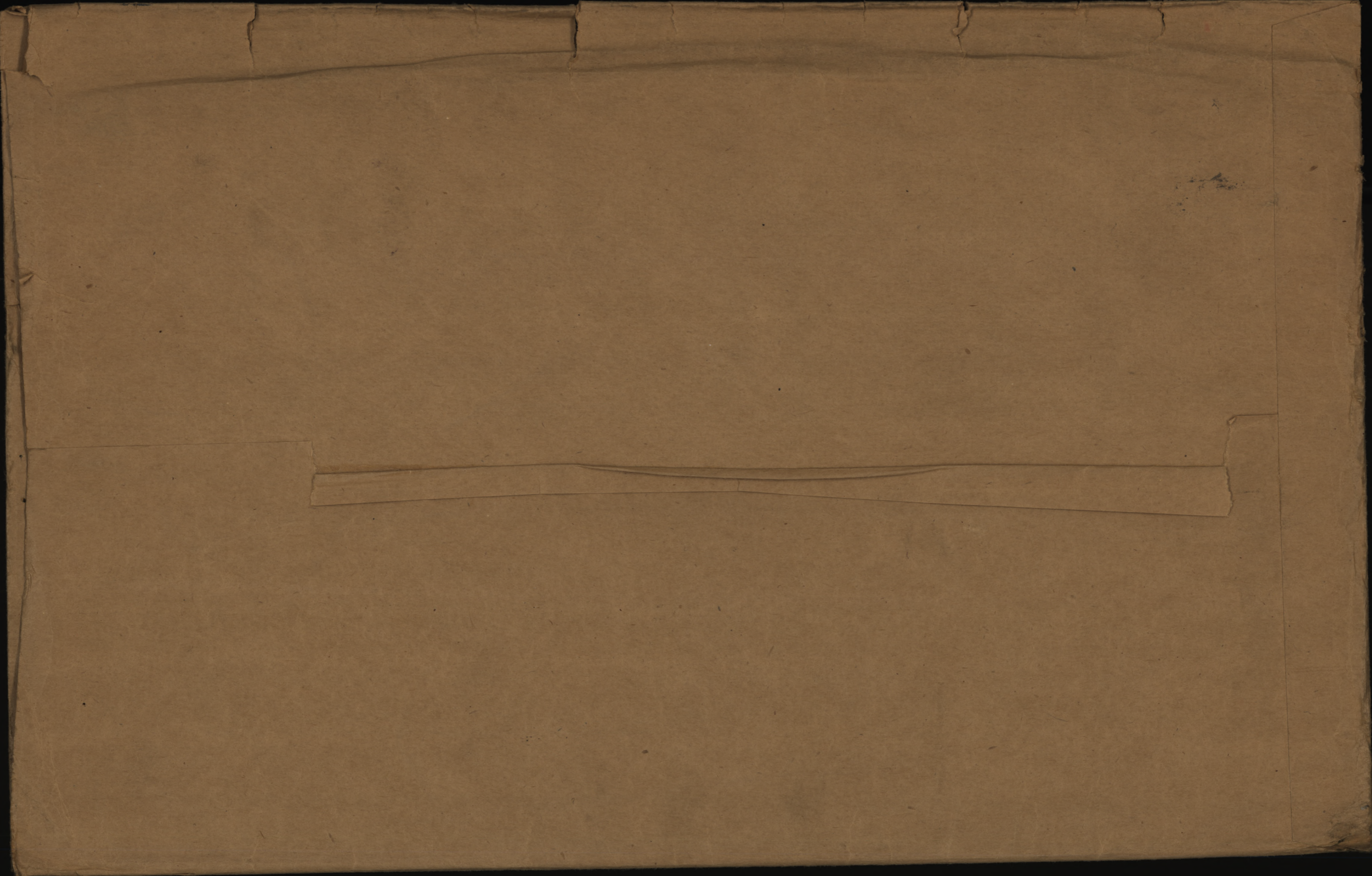
UNIT *10th Pan Field Bn* FILE NO.

U.S. MC



CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
<i>2</i> ATTESTATION PAPER (M.F.W. 23, 133, or 51)	<i>25119.1.23</i>	M			DEATH
<i>3</i> CASUALTY FORM (M.F.W. 54 or A.F.B. 103)			Category		
TRAINING HISTORY SHEET (M.F.W. 113)					
<i>1</i> FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
<i>1</i> REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)					
<i>1</i> COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					
<i>2</i> MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)				DISCHARGE	
DENTAL HISTORY SHEET (M.F.B. 465)				Category	
<i>1</i> MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)				<i>Demo</i>	
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<i>1</i> COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
<i>1</i> <i>M & W 67</i>			02834		
<i>1</i> <i>misc</i>					
<i>3</i> <i>DM 51394</i>					
<i>1</i> <i>pass 5009</i>					
<i>1</i> <i>from 6033</i>					
<i>1</i> <i>pay card</i>					
					483254





649-F-8190

SURNAME. *Taylor*

CARD NO. *52* ✓
805. 28/3/19. *Remd*
8694 of 4/4/19
280.

CHRISTIAN NAMES *Isilbert*

REGL. NO. *868194* RANK *Plt*

UNIT *182nd*

FORMER CORPS *Nil*

Bn

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL *Taylor Thomas*

RELATIONSHIP TO SOLDIER *Father*

ADDRESS *9 Trinity Rd. Chorley Lancs. Eng.*

COUNTRY OF BIRTH *England Leyland Lancashire* DATE *Aug 16th 1893*

PLACE OF ATTESTATION *Sunderland. Ont.* DATE *April 26th 1916*

Sailed from Halifax per S.S. Justicia 3/5/17

RIC 24-3-19-290-153 pta.

FROM HALIFAX PER

S S' JUSTICIA '3-5-17

MARRIED

SINGLE

WIDOWER

TRADE OR CALLING

Farmer

RELIGION

yes
Congregationalist

DESCRIPTION.

APPARENT AGE

22

YEARS

8

MONTHS

HEIGHT

5

FEET

11

INCHES

CHEST MEASUREMENT

38

INCHES

EXPANSION

3

INCHES

COMPLEXION

Fair

EYES

Blue

HAIR

Light Brown

DISTINGUISHING MARKS

*Scar on inner side of calf of left leg
about size of 5¢ piece*

MEDICAL EXAMINATION.

PLACE

Sunderland, Ont.

DATE

April 22nd 1916

Present Address. Sunderland, Ont.

No. 868194 RANK

Plt.

NAME

Taylor Gilbert

T. O. S. 26-4-16.
(202079-5-16)

UNIT

182nd Battalion:

M. D. 2

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916 Apr. 26	1916 May 31	✓		
	June	✓		
	July	✓		
	Aug.	✓		
	Sept.	✓		
	Oct.	✓		
	Nov.	✓		
	Dec.	✓		
1917 Jan	1917 Feb	✓		
	Mar	✓		
Apr 1	Apr 26.	✓		
Apr 27.	May 14	✓	Trans to 3rd Res Bn 145	1201 of 15-5-17

UNIT SAILED

MAY 3 1917



Number

868194

Rank

Pte

Surname

TAYLOR

Christian Name

Gilbert

Units

C.A.M.C.

Theatre of War

France

Date of Service

25-9-18

Remarks

Latest Address

c/o Mrs. A. Wustard, P.O. Lewisdale
~~Sunderland~~

Roll No.

B. Page 11302

out

200m.-2-21.M.

Number

Signature

Christianity

Name

Rank

DESP MAR 11 1922
REC'D. NO. *W/18660*

M.B. 108.

Date.....

To:-

Officer Commanding.....

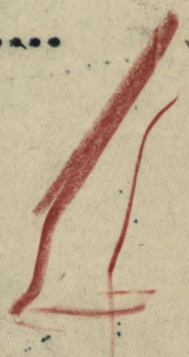
The following is a special EYE report on the under-mentioned of your Unit. Your M.O.'s attention should be called of it, and the case should now be paraded with this report in triplicate, the Medical History Sheet and the

Casualty Form to the ~~SHORT~~ LONG Board as there ~~IS~~ IS a disability of the ~~EAR~~ EYE.

.....Major CAMC
Officer i/c Eye & Ear Dept.,
Medical Board, C.C.C. Bramshott.

Name *Taylor G.*.....Number *868194*.....Rank *PLT*.....Date *7/3/19*
 Unit *10 Can Feet Cont*.....Former Occupation *Farmer*
 Original Disease or Injury *Myopia Both*
 Date of Origin *Childhood*.....Place of Origin.....
 Cause *Congenital*
 Present disability *Defective Vision*
 Present Condition:-
 Vision R.- *1/2 with glass* R.-
 L.- *1/2* L.-
 Hearing *by both*
 Category recommended *A*
 History of present condition *Vision always poor*
 Did the disabling condition have origin before enlistment? *Yes*
 If so, has it been aggravated by Service? *No*
 Has the disability been caused or aggravated by Intemperance or improper conduct or by unreasonable refusal to accept treatment? *No*
 What is the probable duration (in months) of the disability? *Permanent*
 Can the former trade or occupation be resumed? *Yes*

Smithell



THE UNIVERSITY OF CHICAGO PRESS
54 EAST LAKE STREET
CHICAGO, ILL. 60601

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CHICAGO, ILL. 60601

MEDICAL HISTORY SHEET.

R 334

Surname Taylor Christian Name Gilbert

Examined { on 22 day of Apr 1916 Approved by J. H. Oliver
 at Sunderland

Birthplace { City or Town Leyland - England Rank Civilian M.O.
 County Lancashire

Apparent age 22

Trade or occupation Home Laborer M.O.

Height 5 Feet 11 Inches. M.O.

Weight 146 Lbs. M.O.

Chest measurement { Minimum 35 inches. M.O.

{ Maximum expansion 38 inches. M.O.

Physical development Good M.O.

Small-Pox Marks no M.O.

Vaccination Marks { Arm Right Left.
 Number 2

When Vaccinated last 15 years ago M.O.

(a) Marks indicating congenital peculiarities or previous disease none M.O.

(b) Slight defects but not sufficient to cause rejection none M.O.

None R & D 70 L D 70

Enlisted on 26 day of April 1916 at Sunderland.

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	182nd O. S. Bn., C. E. F.	<u>868194</u>		<u>Apr. 26. 1916</u>
Transferred to	<u>1st. Coy. R. G. I.</u>			<u>20/8/17</u>

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
<u>W. Sandling</u>	<u>8-8-17</u>	<u>V.D.</u>	<u>Civ. perm.</u>
<u>Noxi e.g. H</u>	<u>29/4/18</u>	<u>2d A.H.</u>	<u>AB. 2 hours</u>
<u>1st C. E. D.</u>	<u>10.7.18</u>	<u>Neurathemia</u>	<u>Dr. George ...</u>
		<u>Hemorrhoids</u>	<u>...</u>

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) Taylor G.

REGIMENT No. 10 CANADIAN FIELD AMBULANCE RANK R/S No. 868194

Date of Examination in England _____ Date of Examination in France 12-1-19



DIRECTIONS TO DENTAL OFFICERS

1. This form will be made out for each individual at the time of Demobilization in England or France.
2. Figures as per chart will be used to designate teeth concerned.
3. In reference to Partial Dentures the numbers of teeth thereon will be stated.

PRESENT DENTAL REQUIREMENTS

1. FILLINGS 2-19-29-31

2. EXTRACTIONS 5 30

3. CROWNS

4. DENTURES
- (a) Full Upper
 - (b) Part Upper
 - (c) Full Lower
 - (d) Part Lower

HAS HE EVER REFUSED DENTAL TREATMENT ?

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

- (a) In Canada
- (b) In England
- (c) In France Yes

Signature of Dental Officer G. A. Munroe

Form of Court Order

1. To the Clerk of the Court
2. To the Sheriff of the County
3. To the Sheriff of the County
4. To the Sheriff of the County
5. To the Sheriff of the County
6. To the Sheriff of the County
7. To the Sheriff of the County
8. To the Sheriff of the County
9. To the Sheriff of the County
10. To the Sheriff of the County

IN SENATE
JANUARY 18 1890

IN SENATE
JANUARY 18 1890

IN SENATE

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()
()
()

()
()
()

3
 Fill in only.—Unit, Number, Rank and Name.

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

500M.—9-16

H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps.....

Regimental No. 468194

Rank Pte

Name Saylor, Gilbert

C. E. F.

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				
MAR 17 1919	O. S.	T. O. S. No. 2 DISTRICT DEPOT, TORONTO.	1919	PART II D. O.	-94
MAR 28 1919	S. O. S.	(DISCHARGED FROM H. M. S.) No. 2 DIS. DEPOT,		PART II D. O.	-94

M. J. M. M.
 Lieut.
 For O. C. No. 2 District Depot.

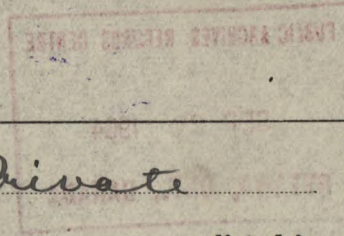
(a) In the case of a man who has re-engaged for, or enlisted into Section D. Army Reserve, particulars of such re-engagement or enlistment will be entered.
 (b) e.g. Signaller, Shoeing Smith, etc., etc., also special qualifications in technical Corps duties.

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				

CANADIAN EXPEDITIONARY FORCE

War Service Badge *150 888*

DISCHARGE CERTIFICATE



Class "A" No. *150 888*

THIS IS TO CERTIFY that No. *868 194*. (Rank) *Private*

Name (in full) *TAYLOR GILBERT* enlisted in

the *Canadian Army Medical Corps*

CANADIAN EXPEDITIONARY FORCE at *Sunderland* on the *26th*

day of *April* 191*6*.

HE served in *No 10. Canadian Field Ambulance*

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

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

Age *25 years & 8 months*

Height *5 ft. 11 inches*

Complexion *Fair*

Eyes *Blue*

Hair *Light Brown*

G. Taylor

Signature of Soldier

Marks or Scars

Scar on inner side of calf of left leg.

J. McShane

Issuing Officer

Captain
For
D.C. No. *2* District Depot!
Rank

Date of Discharge

No. 2
MAR 28 1919
DISTRICT DEPOT

Date *MAR 28 1919* 19

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.

(1)

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

PUBLIC ARCHIVES RECORDS CENTRE
SEP 22 1964
OTTAWA, ONT., CANADA

THIS IS TO CERTIFY that No. [Name] [Rank]

has served in the [Name (in full)]

CANADIAN EXPEDITIONARY FORCE and is now discharged from the service by reason of [Reason]

and is now discharged from the service by reason of [Reason] [Medical Statement]

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

NAME OF SOLDIER [Name]

HEIGHT [Height]

COMPLEXION [Complexion]

HAIR [Hair]

EYES [Eyes]

Signature of Soldier

Date of Discharge

DISCHARGE DEPARTMENT
MAR 1964

Issuing Office


for [Name] [Rank] [Address]

Date [Date]

If a duplicate of this Certificate will be required, any corresponding forms requested to forward it should be accompanied by a copy of the original. With a Journal, Ottawa, Canada

100-117-00000

DEPARTMENT OF VETERANS AFFAIRS

To  Copy for HO file

Ottawa 4, Ont
Jan 8, 1968
Date.....

Attention of

NAME	TAYLOR Gilbert	SERVICE	868194 WW1	C.P.C. No.	119453	NAVY
		NUMBER		W.V.A. No.	203341	ARMY x
						R.C.A.F.

The DEPARTMENT has received information from

.....
DVA 93. Toronto Date Nov 20, 1967
.....
(State authority and source of information of death)

regarding the death of the above mentioned veteran.

Particulars are as follows:

Date of Death..... Oct 27, 1967.....
Cause of Death.....
Place of Death..... BROCK Twp., Ont.....

Name and Address of next of kin (if known).....
.....

Copies to: W.S.R.
V. I.
BAY
~~DOX~~
H.O.

} Destroy form if advice of death already received.

E.C. Richards
for
Chief, Central Registry

Published Weekly
Jan 2, 1934

Subscription Office
535 North Dearborn St., Chicago, Ill.



Volume 41
Number 1

January 2, 1934

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Editor: Dr. J. C. Brantley

Associate Editor: Dr. W. B. Keen

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Subscription Office
535 North Dearborn St., Chicago, Ill.

War Service Badge
Class "A" No. _____

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

M. F. W. 5
150M. 10-15.
H.Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps 182nd O.S. Bn., C.E.F. 12th Col

Regimental No. 868194 Rank Pte. Name Taylor, Gilbert,
C. E. F.

Enlisted (a) 26-4-16 Terms of Service (a) C.E.F. Defn Service reckons from (a) 26-4-16

Date of promotion to present rank } Date of appointment to lance rank } Numerical position on roll of N. C. Os. }

Extended _____ Re-engaged _____ Qualification (b) Signaller Farm Labourer

Report Date	From whom received	Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
		Embarked	Halifax	May 3-17	H.M.T. F.628 "Justicia"
		Disembarked	Liverpool	" 14-17	# 3 Part II Orders May 15-17.
		Transferred to 3rd Canadian Reserve Bn.	West Sandling	Capt. & Adj. 182nd O.S. Bn. C.E.F.	
		<i>17/5/17</i> C.C. 3rd Res. Bn. C.E.F.		Taken on Strength	W Sandling <i>15/5/17</i> Pt II Bn C. <i>134</i>
<i>20/8/17</i>	<i>1st C.O.R.D.</i>	<i>S.O.S. on posting to 1st C.O.R.D.</i>	<i>W. Sandling</i>	<i>20/8/17</i>	<i>Pt. II D.O. 229</i>
					<i>J. R. ... Lt. Col.</i>
<i>21-8-17</i>	<i>1st C.O.R.D.</i>	<i>T.O.S. 1st C.O.R.D.</i>	<i>West Sandling</i>	<i>20-8-17</i>	<i>Pt. II D.O. No. 165</i>
<i>22-8-17</i>	<i>1st C.O.R.D.</i>	<i>S.O.S. on transfer to 6 Amb Depot</i>	<i>West Sandling</i>	<i>22-8-17</i>	<i>Pt. II D.O. N. 166</i>
					<i>Lieut. & Assist. Adj. P.T.O.</i>

(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.

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				
23-8-17	C.A.M.C. 9	TAKEN ON STRENGTH from	W. Hanger	22-8-17	Pl II DO 235
4-9-17	C.A.M.C. 9	^{1st CORPS} S.O.S. to M.B. Hosp	W. Hanger	1-9-17	Pl II D.O. 242 W. Hanger
4-9-17	C.A.M.C. 9	J.O.S. to B.C. Hosp.	Shcliffe	1-9-17	Pl II D.O. 248, 5-9-17.
17-10-17	M.B.C.H.	S.O.S. to C.C.V. Monks Horton.	do.	16-10-17	Pl II D.O. 285 Company Officer, For Colonel, Officer i/c Hospital.
20-10-17	ccst Monks Horton	S.O.S. ccst monks Horton on return to M.B.C.H.	Shcliffe	19 20-10-17	Part II DO No 260. 20-10-17 J. J. Estlin capt Lieut.-Colonel, C.A.M.C. C.C. Canadian Conv. Hospital. Monks Horton, Kent.
22-10-17	O.C. #116 S.F.H.	2 O.S. from C.A. Monks Horton	Shcliffe	20-10-17	Pl II D.O. 288 22-10-17
22-5-18	-do-	S.O.S. to C.A.M.C. Depot on being raised to 62. D.I. & despatches to 1st C.C.D. -do-	Shcliffe	20/5/18	Pl II D.O. #40. Lieut. Colonel, C.A.M.C. GENERAL No. XI CANADIAN GENERAL HOSPITAL MOORE BARRACKS, SPORLETT
22-5-18	Camclash	Taken on strength shown on command to 1st C.C.D. Shcliffe	Shcliffe	20/5/18	Pl II D.O. 13.

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..... 182nd., C.S. Bn., C. E. F.

(2) Regimental Number 868194

(3) Full Name of Soldier..... Gilbert Taylor,

(4) Place of Birth..... Leylan, Lancs. England.

(5) Are you married, or not? Single.

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

(b) Present Postal Address.....

(7) Are you a widower? NO.

(8) Have you any children? NO.

If so, give number of boys and girls.....

Also their names and ages.....

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

If so, state name and address.....T. Taylor, 9 Trinity Rd. Chorley, Lancs. England.

(10) Is your Mother alive?.....NO.....~~Lancashire, England~~

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?.....No.....

If so, in what Company?.....None.....

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. Robinson Lieut. Col.
O. C. 182nd O. S. Bn., C. E. P. Officer Commanding.

Date...April 1st...1917.....

C.R. Rank **TAYLOR. Gilbert.** Name **TAYLOR. Gilbert.** Reg'l No. **868194.**
 Unit **182nd. to 1st Cent. Ont. Regt.** If in perm. Corps,)
 What Unit?) Married or Single **Single.**
 Place and Date of Enlistment **Sunderland. Apr. 26th, 1916.** Place of Birth **Leyland, Lancs. England.**
 Name and Address, Next-of-Kin **Thomas Taylor.**
9 Trinity Road, Chorley, Lancs, England. Relationship **Father.**

Assigned Pay Monthly \$ Payable to

Separation Allowance \$ Payable to

Relationship
Relationship
Relationship

N/E. R.B. NS **9856**
 File R.L.
 Category **OK CAN**

Discharge, Date and Place Reason Character

H. W. V., Ld.—9546-16.

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS Taken from Official Documents.
Date.	From whom received.				
ARRIVED IN ENGLAND 14-5-17 SS. JUSTICIA.					
15-5-17	182nd Sn	S.O.S. to 3rd Res. Sn	Otterpool	14-5-17	Pt. II 03. (Pt. II 0134-17) 160RD
22-8-17	160RD	S.O.S. to Caml	W. Wandy	22-8-17	Pt. II 0166 + 165-21 17
20-8-17	3rd Res	S.O.S. to 15760RD	"	20-8-17	— 229
23-8-17	C. Amb. Dpt.	T.O.S. on trans: from 1st C.O.R.D.	"	W'hangar	22-8-17. — 235.
5-9-17	M. Bks. HP	T.O.S. on postig: from C. A. M.C.D.M.	"	S'cliffe	1-9-17 — " — 248. (C. A. M.C.D.M. Pt. II 20247 d/4-9-17 (S.O.S.))
17-10-17	No 11 C.S. HP	S.O.S. on postig: to C. C. H. Monks Horton	Pte.	do.	16-10-17 — " — 285. (C. C. H. Monks Horton Pt. II 20259 d/19-10-17 (T.O.S.))
21-10-17	C. C. H. M. H.	S.O.S. on ret: to Moore Bks HP S'cliffe	Pte.	Monks Horton	19-10-17 — " — 260. (No 11 C.S. HP Pt. II 288 d/23-10-17 (T.O.S.))
29-10-17	No 11 C.S. H.	Moore Bks HP now known as No 11 Can. Gen HP Shorncliffe.	Pte.	S'cliffe	29-10-17 — " — 290.

K1

D

868194 ^W Taylor. G.

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.				
22-5-18.	11 C. G. A. P.	SOS on posting to C. a. m. c. Dep.	Stamcliffe	20-5-18	PT 120. 140.
21-5-18.	1st C. C. D.	Attd from C. a. m. C.	St	20-5-18	— " — 139. ^{Camb C. D. H. # 2013} _{of 22-5-18.}
22-5-18.	Camb. C. D.	T.O.S. on postg. from No 11 C. G. A.	St	20-5-18	— " — 13
16-7-18	1 C. C. D.	ceased att on ^{Proc to} Camced.	St	16-7-18	PT 120. 144 & # 62. ^{camecd.} _{7/19-7-18}
19-7-18	camecd	SOS to Camced.	St. Schliffe	16-7-18	— 62 & # 205. ^{camecd} _{of 21-7-18}
25-9-18.	Camb. G. P.	S.O.S. on prodg. overseas for serv.	St. Schliffe.	25-9-18.	— " — 268.
3-10-18.	Camb. Gen.	T.O.S. on arrival in France as reinf.	St. Field.	26-9-18.	— " — 64.
7-11-18.	No 10 F. Amb.	T.O.S. on postg. from Camb. Gen.	St. Field.	22-10-18.	— " — 55. ^{Camb Gen. H. # 2072} _{of 11-11-18 (S.O.S.)}
12-2-19	— " —	Proceeded to England	"	8-2-19	— 6.
Sailing No. 41 date 17.3.19					
Dispersal Area - 1-2					
11-3-19	10 th Fed Cbr	SOS to 3 rd Bdw. Dir. Pool	B' Sh. St.	12-3-19	— 18.
26.3.19	2 nd Bdw Pool	Leaves att 3 rd Bdw Pool on proceeding to Canada	"	14.3.19	— 5

A.F.B. 103 CHECKED
 1 OCT. 1918

ASSIGNED PAY.	ENGLAND OR CANADA.	SEPARATION ALLOWANCE.	ENGLAND OR CANADA.	NAME: TAYLOR Gilbert.
EFFECTIVE DATE: 1-5-17		EFFECTIVE DATE: -		NUMBER: 868194
AMOUNT: 20.2		AMOUNT: -		PARTICULARS OF RANK OR APPOINTMENT
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.		AUTHORITY
Thomas Taylor (Father) 9 Trinity Road, Charley, Lancashire.				DATE EFFECTIVE
				RANK OR APPOINTMENT
				UNIT AND TRANSFERS
				ORIGINAL UNIT: 182nd Bn.
				DATE ACCOUNT FIRST OPENED: 15-5-17
				AUTHORITY
				DATE EFFECTIVE
				DATE LEDGER SHEET T'S F'D
				UNIT TRANSFERRED TO:
				11th Gen Hosp (M.B.)

DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT
5/2/19	1153	same	3.73			League Club	23.25
13/2/19	4145		24.33			L.P.	4.81
			28.06				28.06

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

MONTH 1918	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
Mar 31	Balance forward								18.40	NIL	
Apr	P. pay	33		A10218 £4.2.2			20		31.40		
				AR 79. 11 Gen Hosp 14/4/18 S4	4.87				26.53		
				" 149. " " 26/4/18 S12	9.73				16.80		
		33			14.60		20		50.90		
May	P. pay	34.10		A95018 £4-2-2			20		30.90		
				AR 307. 11 Gen Hosp. 14/5/18 S4	4.87				26.03		
				" 1529 1002 29/5/18 S17	4.87				21.16		
		34.10			9.74		20		34.16		
June		33		B31118 £4.2.2			20		33.92		
				AR 1755 1002 4/6 2	24				29.05		
				" 2009 " 12/6 3	4.87				19.32		
				" 2073 Camed 20/6 7	9.73		20		53.42		
July		33		B95617 £4-2-2			20		33.42		
				AR 2727 12/7 1002	4.87				28.55		
				P4005. 10/7/18.	7.17				27.38		
				AR 1558 26/7 Camed	7.42		20		19.96		
Aug		34.10			13.46		20		54.06		
				C46018 £4-2-2			20		34.06		
				AR 1682 13/8 Camed	4.99				29.07		
				PR 1503. 29/8	7.30		20		21.77		
Sept		34.10		D 80419 £4-2-2			20		54.77		
		33		AR 1962 16/9 Camed	7.42				34.77		
				" 2029 24/9 "	7.30		20		27.35		
				Yord	14.72		20		20.05		

War Service Badge
Class "A" No.

Casualty Form—Active Service.

Regiment or Corps CAME 182nd Bn No 1st Coy
Rank Pte Surname Taylor Christian Name Gilbert

Religion Age on Enlistment years months

Enlisted (a) 26-4-16 Terms of Service (a) Dofw Service reckons from (a) 26-4-16

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...		
		Admitted to 1st C.C.D. from <u>No 11. G. H. D.O. Pt. II. No. 139</u>		<u>21-5-18</u>	
<u>16-7-18</u>	<u> </u>	<u> </u>	<u> </u>	<u>16-7-18</u>	<u> </u>
					<u> </u>
					<u> </u>
<u>19/7/18</u>	<u> </u>	<u> </u>	<u> </u>	<u>16/7/18</u>	<u> </u>
					<u> </u>
<u>24-7-18</u>	<u> </u>	<u> </u>	<u> </u>	<u>16-7-18</u>	<u> </u>

 Lieut.
 for Adjutant,
1st Canadian Command 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) Signaller, Shoemakers, &c. in proceeding to Canada. W. 1084—M1488 1/17 (2/22) S.P. & Co., Ltd. Forms B/107/16 B5/9541 I.P.T.O. 15-3-19

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.
25-9-1918	O.C., C.A.M.C. R. & T. Depot, S.O.S. to <u>Quissias</u>		SHORNCLIFFE	25-9-18	P ² DO 268 AP Davis Capt. Asst. Adjutant For O.C. C.A.M.C. Reserve
10-17	G. G. N. M.K. Station	T.O.S. from No 11 b.g. H	Monk's Horton	16-10-17	P ² DO. 259 J. Doolin LIEUT. FOR LT. COL. I/C RECORDS, C.O.M.F.
		DISEMBARKED	HAVRE		N.A.
26/9/18	L. F. B. D	Having arrived as Reinforcement is taken at the strength of C.A.M.C. Gen.	Field	26/9/18	Rank II 64/1918
6/10/18	...	Left for C.C.R.C.		6/10/18	NR. 1416
...	Col B.C.	Around C.C.R.C.		6/10/18	NR. 1579
20/10/18	...	Left for 3 rd Can Div		15/10/18	NR. 1886
26/10/18	10 th C.F. Amb	Posted to 10 th Cdn S. Amb. (Adm. 3 rd Can Div.)		2/10/18	B213
26-10-18		26/5 from Camp Gen		27/10/18	B713 R/2 "55 of 7/1/18
8/2/19		C. Cdn. S.O.S. for demobilisation to G.F.C. Gene Camp Le Havre C. Coy. Depot	S' Cliff	8/2/19	N.R. Pt. 2.0/5. 6/1919
14-2-19		Granted 8 days eulial leave from part of order up to date			Lieut. for Lt. Col A. F.C. Cdn. Sect. G.H.Q.
		S.O.S. on proceeding to Canada Dio base 12/11/19 part of order 21-1919			

CERTIFIED COPY
 2 OCT. 1940

CAN. RECORD

ENLISTED 17-8-18
 SOUTH AFRICAN INFANTRY

CANADIAN FIELD AMB. (M.C.)

PROCEEDINGS OF A MEDICAL BOARD.

Dated at 8- -8 1917.

No. 868194 Rank Pte Name Taylor G

Local Unit 3 Res Bn Overseas Unit Age 24

Examination held at W. Sandling

DISABILITY: Overseas—Local (scratch one out).

Same feet. V.W.A.

PRESENT CONDITION.

Had feet frozen last winter. Feet now tender. Unable to march. Heart is rapid in action with a Mitral Systolic murmur. Apex 2 in below + 1 1/2 in to right nipple. Compensation good.

BOARD RECOMMENDS:—C. III permanently

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

Signatures:—

A.B. Thomson Capt President
D.H. M... Capt

APPROVED

10 AUG 1917

Dated 1917.

Signature of Capt. Shorncliffe

FOR A.D.M.S. CANADIANS, SHORNLIFFE.

For A.D.M.S.

PROCEEDINGS OF A MEDICAL BOARD

Date of 1917

Name Rank

Local Unit Overseas Unit

Examination held at

DISABILITY
Overseas-Local
Fit for one year

PRESSENT CONDITION

BOARD RECOMMENDATIONS

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

Signatures:-

President

Members

APPROVED

Date 1917

War Service Badge

Class "A" No. 150888

SHORT FORM.

Dispersal Area I 2
Occupational Group 1

PROCEEDINGS ON DISCHARGE.

(Demobilization.)



1. No. 868194

2. Rank. Pte.

3. Name. Taylor Gilbert

4. Unit.

10th CANADIAN FIELD AMBULANCE

10th CANADIAN FIELD AMBULANCE

5. Date of Discharge

MAR 28 1919

Place

Toronto

6. Reason for Discharge

Demob.

7. Authority.

No. 2, D.D., Part II, D.O. No. 94

8. Proposed Residence after Discharge

Toronto
Sunderland Ont

9.

CERTIFICATE TO BE SIGNED BY SOLDIER.

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

M. F. W.?

Signature of Soldier.

10.

CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place

TORONTO, ONT.

Date

MAR 28 1919

Signature

(O. C. Discharging Unit.)

100

LIST OF DISCHARGE DOCUMENTS

1. Discharge Certificate
 2. Discharge Certificate
 3. Discharge Certificate
 4. Discharge Certificate
 5. Discharge Certificate
 6. Discharge Certificate
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 94. Discharge Certificate
 95. Discharge Certificate
 96. Discharge Certificate
 97. Discharge Certificate
 98. Discharge Certificate
 99. Discharge Certificate
 100. Discharge Certificate

100
 100
 100
 100

LIST OF DISCHARGE DOCUMENTS.

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

1. Triplicate Attestation Paper (M.F.W. 23), or Particulars of Recruit (M.F.W. 133).
2. Casualty Form (A.F.B. 103).
3. Medical History Sheet (M.F.B. 313 or A.F.B. 178).
4. Proceedings of Med. Board (M.F.B. 227 or M.F.W. 129)
5. Dental Certificate (A.F.B. 465).
6. Field Conduct Sheet (A.F.B. 122.)
7. Proceedings on Discharge (M.F.B. 218a)
8. Discharge Certificate (M.F.W. 39)
(Enclosed in special envelope (260M)).
9. Copy of Discharge Certificate (M.F.W. 39a).
10. Dispersal Certificate (C.D. 3).
11. Equipment and Clothing Statement Q.M.G. Form (D.O.S. 2).
12. Last Pay Certificate (P. 851). *2 duplicates*
13. Pay Book (A.B. 64).
14. War Service Gratuity (Form M.F.W. 2595).
15. Sundry Documents.

Group.....
 Checked by No.....
 Date..... *15-3-19*

THIS FORM WILL BE USED FOR ALL RANKS
MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" issued by the B.P.C. and instructions issued by Militia H.Q., Ottawa, will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of Sections 1 to 17 of this Form and will obtain the signature of the invalid to the "Statement," page 3. The President of the Board of Medical Officers is responsible for the proper completion of sections reserved for recording the "Opinion of the Medical Board."
3. In answering the questions, Medical Officers will carefully obtain and record the invalid's statements concerning his condition. They will distinguish observations made by themselves from hearsay. They will distinctly state the authority for statements not resulting from their personal observation; it must be made clear whether such statements are obtained from the invalid concerned, from witnesses, or from documents, Regimental or otherwise.
4. Special care is required in answering question 9. Read the questions carefully. All questions must be answered.
5. If space provided under any section is insufficient add another sheet. Such sheets must be initialled by the Medical Board.
6. A note will be made of attached papers by the Medical Board under the section "Opinion of Medical Board."
7. Under no circumstances may information other than that in sections 7, 8, 9 and 10 be communicated to the invalid, directly or indirectly.
8. The nomenclature of diseases must be followed, if possible, as described in "List of Diseases" printed in the order in which they appear in the Annual Report on the Health of the Army, published in London (1915), by Messrs. Harrison & Sons.

STATION Brampton DATE 3.3.19

1. 1 (a) Unit 10th Cdn Pld Amb (b) Regimental No. 868194 (c) Rank PTE
 (d) Surname TAYLOR (e) Christian name GILBERT
 (f) Home address % Mr M. SULLIVAN SUNDERLAND (ONT)
 (g) Next of Kin Mr T. TAYLOR (h) Relationship FATHER
 (i) Address of Next of Kin 9 TRINITY RD. CHORLEY (LANCS. ENG)
 2. Age last birthday 25 Date of birth 16/8/1893
 3. Enlistment, or Appointment (if an Officer) (a) Place SUNDERLAND (ONT) (b) Date 26/4/16
 4. Personal description:
 (a) Height 5-11 (b) Weight 140 (c) Complexion Ruddy
(stripped)
 (d) Colour of hair Bain (e) Colour of eyes Blue (f) Identification marks, Scars, etc.
scar on back of left ring finger
 5. Former trade or occupation Warmer

6. Service (The information should be secured from personal documents, but if documents are not available the invalid's statement may be taken and note must be made to that effect. Periods of service in Canada, England, France or elsewhere should be noted).	Years	Days
	2	310

	PERIODS	
	From	To
Canada	26-4-16	3-5-17
England.....	14-5-17	26-9-18
France or other theatres of War.....	26-9-18	10-2-19

7. Original disease, or injury Myopia R + L.

(a) Date of origin Childhood (b) Place of origin Eng.
 (c) Cause congenital

8. Present disability— (Here state the exact nature of the disability resulting from the disabling conditions: e.g. (a) Weakness—slight, moderate, marked, etc; (b) Loss, complete or partial, of an organ or member, or of its functions; (c) Necessity for rest of the body, or of some of its parts, for therapeutic reasons; (d) Any other restrictions in choice of occupation.)

Defective vision
(Myopia)

9. Present condition—(a) (Before completing this section the invalid should be stripped, and subjected to a thorough physical examination. Important, to be a full description of the present disabling condition, or conditions only. "History" must be recorded in Section 10. Describe all abnormalities, anatomical and functional, contributing to present disability; objective findings to be stated first, then subjective findings.)

Sp. Report

Vision

R of 24
L of 24 with glasses of both

2/3/19

Sgd. J Macmillan
maj

(b) Has the invalid now any affection of the following systems, not described in Section 9 (a) above? (Answer Yes or No.—if the answer to any part is Yes, give a brief description of the present condition.)

Nervous System.....	No	Cardio-Vascular System.....	No	Genito-Urinary System.....	No
		(If pulse rate is abnormal, B. P. will be taken.)		(Albumen and Sugar will be excluded.)	
Special Senses.....	No	Respiratory System.....	No	Integumentary System.....	No
Disturbances of Mentality.....	No	Digestive System.....	No	Muscular System.....	No
Osseous and Joint Systems.....	No	Any other general condition.....	No		

10. (a) History (of the condition referred to in Section 9 (a).)

Vision always poor

0718

10.—(b) (Here give a complete history, as obtained from invalid, with dates of origin, of any affection from which the invalid, has suffered either prior to or since enlistment, and not included in Section 10 (a).)

Frozen feet in Canada Nov 16 - condition now normal

(c) (Here give a description of wounds, scars and deformities.)

NA

11.—(a) Did the disabling condition have its origin before enlistment? *yes*

(b) If so, has it been aggravated by Service? (If aggravated, give a description, as far as it is possible to do so, of the disabling condition at time of enlistment.)

No

12. Was the disability caused, or aggravated; (a) by intemperance, or improper conduct; or (b) by unreasonable refusal to accept treatment? *No (a & b)*

The regimental documents will be referred to. (If the answer is in the affirmative, state in percentages, to what extent the patient is incapacitated by that causation or aggravation. In answering this question, conduct sheets should be considered. If treatment has been refused, the circumstances surrounding the refusal should be described on page 4.)

13. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one? *permanent*

14. Treatment (Case reports, general or special, should be secured and attached where possible.)

Spec. report attached

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit? (If the answer is "yes" state nature of treatment required and probable duration)

NA

16. Can the former trade or occupation be resumed? (If not, briefly state why) *yes*

17. Recommendations

na

H. A. Cook Capt. Cav.
Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

(Sections 7, 8, 9 and 10 are to be read to the invalid and either "satisfied" or "not satisfied" struck out).

I, the undersigned, *G Taylor*, have heard the description of my disability and present condition read, and am satisfied (or not satisfied) with it. (If dissatisfied, statement should follow.)

I complain in addition of.....

Hamp

G Taylor Rank.
Signature of invalid examined.

OPINION OF THE MEDICAL BOARD

18. Does the Board concur with the preceding report? If not, give differing opinions, with reasons, quoting the number of the answer criticised.

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

yes

19. Is the invalid fit for

- (a) General service, (Category A) (Yes or No.)
- (b) Service abroad, not general service, (" B) (Yes or No.)
- (c) Home service (Canada only), (" C) (Yes or No.)
- (d) Temporarily unfit. (" D) (Yes or No.)
- (e) Unfit for service in Categories A, B and C (" E) (Yes or No.)

yes A.

20. It is certified that the invalid

(a) ~~Does require treatment.~~ (Give the nature of the condition and of the treatment required and its probable duration.)

- (b) Does not require treatment.
- (c) ~~Should pass under his own control.~~
- (d) ~~Should not pass under his own control.~~
(Strike out condition not applicable.)

21. It is recommended that the invalid be discharged. (When not for discharge add special recommendation.)

Boarded on auth a 4 tel 9083 of 11-11-18

Before signing the President of the Medical Board will read the statement signed by the invalid and differing opinions regarding Sections 7, 8, 9 and 10, as recorded in Section 18, to the invalid and if no change is indicated, will initial the statement. If, as a result of differing opinions regarding Sections 7, 8, 9 and 10 only, recorded in Section 18, the invalid is dissatisfied with the statement previously made, remarks of the Medical Board will be added here.

PLACE Bramshott

W. McKenzie Capt President.

DATE 3-3-19.

Hamickell Capt } Members

TO BE COMPLETED WHEN TREATMENT IS REFUSED

I, the undersigned..... understand the nature of the treatment which it is recommended that I should undergo and refuse to accept it.

Witness..... Signed.....
Should the refusal of the invalid to accept treatment appear to be unreasonable, or should he decline to sign this statement the Board of medical officers should so state.

PLACE.....

..... President

DATE.....

..... } Members

APPROVED BY

APPROVED BY

James. Z. [Signature]
Assistant Director of Medical Services.

Director-General of Medical Services.

DATE 3.3.19

DATE.....

Handwritten text in red ink, possibly a signature or date, located in the lower-left quadrant of the page.

Small, faint handwritten text or markings located near the bottom center of the page.

Small, faint handwritten text or markings located at the bottom left of the page.

A small, faint handwritten mark or number located near the bottom center of the page.

A faint horizontal line or mark located in the lower-right quadrant of the page.