ORIGINAL

Unit C.A.S.C. Regimental *Rank* Lieutenant *Name* HAROLD TAYLOR

OFFICERS' DECLARATION PAPER

CANADIAN OVER-SEAS EXPEDITIONARY FORCE

QUESTIONS TO BE ANSWERED BY OFFICER

(ANSWERS)

1. (*a*) What is your Surname? TAYLOR

   (*b*) What are your Christian Names? HAROLD

2. (*a*) Where were you born? (State place and country) Winnipeg, Canada.

   (*b*) What is your present address? 458 Bannatyne Ave. Winnipeg, Man.

3. What is the date of your birth? November 12th. 1893.

4. What is (*a*) the name of your next-of-kin? Thomas William Taylor

   (*b*) the address of your next-of-kin? 458 Bannatyne Ave. Winnipeg, Man.

   (*c*) the relationship of your next-of-kin? Father.

5. What is your profession or occupation? Salesman.

6. What is your religion? Church of England.

7. Are you willing to be vaccinated or re-vaccinated and inoculated? Yes.

8. To what Unit of the Active Militia do you belong? C. A. S. C. Regimental.

9. State particulars of any former Military Service None.

10. Are you willing to serve in the

    CANADIAN OVER-SEAS EXPEDITIONARY FORCE? Yes.

The undersigned hereby declares that the above answers made by him to the above questions are true.

Harold Taylor (*Signature of Officer.*)

CERTIFICATE OF MEDICAL EXAMINATION

I have examined the above-named Officer in accordance with the Regulations for Army Medical Services.

I consider him* fit for the CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

Date May 11 1916

Place WINNIPEG, MAN.

D. Lunham
Medical Officer.

*Insert here "fit" or "unfit".

No. 1 Overseas C.A.S.C. Training
MAY 29 1916
ORDERLY ROOM

M. F. W. 51
40m.—12-15.
H. Q. 1772 39 917.

REGIMENTAL DOCUMENTS

NAME TAYLOR, HAROld ~~REGT. NO.~~ Lieut UNIT C.C. Bde H. Q. FILE NO.

	CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
1	ATTESTATION PAPER (M.F.W. 23, 133, or 51)		[illegible]	~~6-6-19~~	~~Pers - 638~~	DEATH
2	CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category
	TRAINING HISTORY SHEET (M.F.W. 113)					
	FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
	REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)					
	COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					
2	MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
2	DENTAL HISTORY SHEET (M.F.B. 465)					Category
3	MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					
	MEDICAL EXAMINATION (M.F.W. 129)					
	TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)					
	PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)					
	DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)					DESERTION
	LAST PAY CERTIFICATE (M.F.W. 44)					
	PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					
	PARTICULARS OF CHARACTER (A.F.W. 3226)					
	COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
1	M.F.W. 25-91					
1	Form C.D.3					
1	M.F.W. 67					

Deceased 19-11-60

02860

PUBLIC ARCHIVES RECORDS CENTRE

483255

W 2589
100M-11-18

Ref. S.S. Carmania d/ 21-5-9

Deceased November 19, 1960

Number ..... Rank LIEUT.

Surname TAYLOR.

Christian Name HAROLD.

Units ..... Theatre of War FRANCE.

Date of Service 9.6.18

Remarks .....

Latest Address 458 Bannatyne Ave,
Winnipeg, Man

Roll No. B Pay 224882.

200m.-6-21. C.A.S.C.

GRATUITY (IMPERIAL)

CHRISTIAN NAME | SURNAME | REG. NO.

SCHEDULE NO. | LINE NO.

UNIT RETIRED OR DISCHARGED FROM

PLACE OF RETIREMENT OR DISCHARGE

DATE RECEIVED FROM OTTAWA | IMPERIAL DEPOT NO.

DATE RECEIVED FROM REG. DEPOT. | DATE FORWARDED TO OTTAWA

NOV 16 1922

568—D.P.—40M-1-12-19.

Surname	Christian Name	Serial No.
TAYLOR	H.	
Rank	Unit	
Lieut.	C.A.S.C.	

Medical Board held at	Date	Condition found by Board
Bramshott Area	4-5-19	Myopia Rt.

Fit for General service.

Remarks.

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

Surname Christian Name

Rank Unit

Casualty List

A.M.D. 2 DEPT.

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

D.M.S.1347. 5M-10-10-18.

108 Canadian Corps Camp Bramshott

To: Officer Commanding: Hdg. Can. Cov. Brigade

The following is a special EYE report on the undermentioned. Your M.O's attention should be called to it, and the csar should now be paraded with this report in triplicate, the Medical History Sheet and the Casualty Form to the LONG Board as there is a disability of the EYE.

NAME Taylor H. NUMBER RANK Lieut. UNIT Hdg. C.C.B.

FORMER OCCUPATION Salesman

ORIGINAL DISEASE OR INJURY? Myopia Rt.

DATE OF ORIGIN Childhood PLACE OF ORIGIN

CAUSE Congenital

PRESENT DISABILITY Defective vision Rt.

~~PRESENT CONDITION~~

VISION...RT:- 6/24 RT:- 6/6

...LT:- 6/24 With Glasses LT:- 6/6

CATEGORY RECOMMENDED A

HISTORY OF PRESENT CONDITION "Has always had defective eyesight - wearing glasses"

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 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

FUNDI:- Minute Cuticular Opacity Rt. divergence

B. P. C. FOLIO
FALSE DOCKET
2

Dt. 4/5/19

J. H. McRae Capt.
Major C.A.M.C.
Officer i/c [illegible] & [illegible] Dept
Medical Board CCC Bramshott

Ind. Reg.

MEDICAL HISTORY SHEET.

Surname Taylor Christian Name Harold

Examined { on 11 day of May 1916
at Winnipeg

Approved by Dr Lindsay

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

Birthplace { City or Town Winnipeg
County Manitoba

Apparent age 22

Trade or occupation Salesman

Height 5 Feet 10 Inches.

Weight 175 Lbs.

Chest measurement { Minimum 38 inches.
Maximum expansion 41 inches.

Physical development good

Small-Pox Marks none

Vaccination Marks { Arm 2 Right. Left.
Number 2

When Vaccinated last 1904

(a) Marks indicating congenital peculiarities or previous disease ?

(b) Slight defects but not sufficient to cause rejection
Scar across R wrist
Palmar hyperh

Date.	Fit or Unfit.	Examined for Re-engagement.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Date.	Result.	Vaccinations.
~~2/12/16~~	~~+~~	~~PBE~~ M.O.
18/1/17	+	PB Grant-Lt M.O.
		M.O.

Date.	Result.	Anti-Typhoid Inoculations, Etc.
2/12/16	+	PBE M.O.
9/2/16	+	PBE M.O.
18/1/17	+	PB Grant-Lt M.O.

Enlisted on 19th day of May 1916 at WINNIPEG, MAN.

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	No. 1 Overseas C.A.S.C. Training Depot.			19th May 1916
Transferred to				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.
Brandon	5-5-19	myopia	"A" A.J. Downey Capt

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

M. F. B. 313.

200M—11-15.
H. Q. 1772 39-4-19.

Surname..... Christian Name.....

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital.			Dates of Discharge from Hospital.			DISEASE.	Number of days in Hospital	Remarks on nature of the disease: how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer.
		Day	Month	Year	Day	Month	Year				

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

NAME OF SOLDIER (Block letters) TAYLOR H

REGIMENT C.A.S.C. A/C C Brig RANK Lieut No.

Date of Examination in England 24/4/19 Date of Examination in France

DIRECTIONS TO DENTAL OFFICERS

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

C A S C
A/C C Brig

PRESENT DENTAL REQUIREMENTS

1. FILLINGS 14-16-30
2. EXTRACTIONS
3. CROWNS
4. DENTURES
   - (*a*) Full Upper
   - (*b*) Part Upper
   - (*c*) Full Lower
   - (*d*) Part Lower

HAS HE EVER REFUSED DENTAL TREATMENT ?

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

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

BRAMSHOTT CAMP HANTS

Signature of Dental Officer A.D. Fraser Capt.

25M.—12-18.
H.Q. 1772-39-950

CANADIAN EXPEDITIONARY FORCE

Certificate of Service

W.R. 10-34.
E.S.

ISSUED TO OFFICERS AND NURSING SISTERS

This is to Certify that (Rank) Lieutenant

(Name in full) Harold TAYLOR,

Enlisted in The #1 Overseas Canadian Army Service Corps Training Depot,

CANADIAN EXPEDITIONARY FORCE, on the XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

day of ..... 191..... AND WAS APPOINTED to COMMISSIONED RANK XXXXXXXXXXXXXXXXXX

in The #1 Overseas Canadian Army Service Corps Training Depot,

CANADIAN EXPEDITIONARY FORCE on the Twenty-ninth day

of May 191 6.

He SERVED in CANADA, ENGLAND and FRANCE with the #1 Overseas Can.Army Service Corps Training Depot, Can.Army Service Corps, Seaford, C.A.S.C.Boxhill, Can.General Base Depot, Headquarters, Can.Cavalry Brigade, C.A.S.C.Pool.

and was STRUCK OFF THE STRENGTH on the Fourth day

of June 191 9 by reason of General Demobilization.

Dated at Ottawa, this Fifteenth day

of December 191 9.

J.C. Cadmoll

Director of Personal Services.

for Lieut.,

M. F. W. 2618a
30m.—4-19.
1772-39-1428.

FORM P.15
2227—10M—1/1/17

ASSIGNED PAY.	UNIT. NAME OF	DATE	AUTHORITY	RANK.	~~DATE~~ Mess	AUTHORITY	NAME.
Beneficiary	C. A. S. C			Lieut	7 2/17	From Canada	Name Taylor
Address						R.O.683 (Seaford)	Initials Harold
						d 9.2.17	Bank of Montreal
Amount. $							
Separation Allowance issued. Yes or No.....							

1916-17

DATE 1917	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialled by P.M. in every case.	INITIALS
Mch 12	P&A 1 2/17 - 28 2/17. Mess fr 7 2/17. Bank	22187		94 80		94 80		
" 14	" 1 2/17 - 28 2/17 " " 7 2/17 Vo 19776		94 80			—		
" 20	March Pay R		111 60					
" 28	Bank	24822		111 60		—		

FORM P.15
2227—10M—1/1/17

ASSIGNED PAY.

UNIT.

NAME OF	DATE	AUTHORITY

RANK.

DATE	AUTHORITY

NAME.

Beneficiary

Address

Amount. $

Separation Allowance issued. Yes or No.....

Name

Initials

Bank

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialled by P.M. in every case.	INITIALS

FORM P.15
2227—10M—1/1/17

ASSIGNED PAY. | UNIT. NAME OF | DATE | AUTHORITY | RANK. | Mess DATE | AUTHORITY | NAME.

Beneficiary — C.A.S.C. — Lieut — 7 2/17 — St Canada — Name Taylor
Address — R.C. 683 Seaford — Initials Harold
9 2/17 — Bank of Montreal.
Amount. $
Separation Allowance issued. Yes or No.....

1917-18

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialled by P.M. in every case.	INITIALS
Apl 23	April Pay R.		108					
30	Bank	3010		108				
May 22	May Pay R		111 60					
26	Bank	6029		111 60				
June 20	June Pay R		108					
	Bank	7999		108				
July 16	Billeting 12-30 6/17	1016					£3-18-1 $19.00	
20	July Pay R		111 60					
26	Bank	13071		111 60				
Aug 9	Billeting July 6/17.	2926					£6-7-5 $31.00	
18	Pay R		111 60					
26	Bank	17361		111 60				
Sep 3	Billeting Aug/17.	4477					£6-7-5 $31.00	
19	Rations 11 6/17.	5336					1/4.	
20	Pay R		108					
	Bank	21814		108				
Oct 18	Subs. Sep/17.	6410					£6-3-3 $30.00	
Oct 6	Pay R.		111 60					
23	Bank	26282		111 60				
Nov. 15	Pay R		108					
20	Subs. Allee 1-29 10/17	9061					£5.19.2 $29.00	
24	Bank	30676		108				
Dec.	Pay R		111 60					
17	Bank	35096		111 60				
	Rations 30.31 10/17	10356					2/8	
Jan 4	Subs Allee 2.30 11/17	11448					£5.19.2 $29.00	

FORM P.15
2227—10M—1/1/17

ASSIGNED PAY. | UNIT. NAME OF | DATE | AUTHORITY | RANK. | DATE | AUTHORITY | NAME.

Beneficiary — Address — Amount. $ — Separation Allowance issued. Yes or No.....

UNIT: NAME OF: C.A.S.C. — AUTHORITY: Pay. 2.00, F.A. .60, Mess 1.00, 3.60

RANK: Lieut.

NAME: Name Taylor, Initials Harold, Bank of Montreal

DATE 1918	PARTICULARS		CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialled by P.M. in every case.	INITIALS
Jan 7	Subs 1-31 12/17		11614					£6.7.5 & 31.00	
Jany	Balce fwd						nil		
18	Pay. R.			111 60					
24	"	Bank	39425		111 60		✓		
Febry	Pay R.			100 80					
13	Subs 1-31/18.		11111					£6-7-5 31.00	
23		Bank	40979		100 80		✓		
Mch 20	Pay. R			111 60					
22		Bank	42598		111 60		✓		

FORM P. 15.
5986—25M—19/1/17

ASSIGNED PAY.	UNIT. NAME OF	DATE	AUTHORITY	RANK.	~~DATE~~ mess.	AUTHORITY	NAME. L27
Beneficiary	C. A. S. C.		Pay. $2. F.A. .60 mess. 1. 3.60	Lieut.	7 2/17	Fr. Canada.	Name Taylor.
Address							Initials Harold.
							Bank of Montreal.
Amount. $							
Separation Allowance issued. Yes or No.....							

Add Outfit Allce 1 8/18

1918-19

DATE 1918.	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialled by P.M. in every case.	INITIALS
Apl. 17	Pay R.		108					
25	Bank	1191		108		—		
May	Pay R		111 60					
25	Bank	2645		111 60		—		
June 7	Adv. June P/a £5. Bank	3137	~~24 33~~	24 33		Dr 24 33		
	~~Bank~~			~~24 33~~		—		
14	Trav allce. 11-14 5/18.	3386					3-3-6 15 45	
	June Pay R		108					
26	Bank	4158		83 67		—		
July	Pay R		111 60					
24	Bank	5625		111 60		—		
Aug 20	Pay R.		111 60					
23	Bank	7207		111 60		—		
Sept 18	Pay R		108					
24	Bank	9162		108		—		
Oct 19	Pay R		111 60					
21	Bank	10403		111 60		—		
31	Add Outfit Allce		100 —					
"	Bank	10930		100 —		—		
Nov. 21	Pay R & E. F. A. to 12 9/18		140					
26	Bank	12615		140		—		
Dec 9	Pay R.		124					
16	Bank	13791		124		—		
1919 Jan 1	Pay R.		124					
	Bank	15558		124		—		
	Forward							

FORM P. 15.
5986—25M—19/1/17

ASSIGNED PAY. | **UNIT.** NAME OF: C.A.S.C. DATE: Pay / F.A. / Mess AUTHORITY: 2nd 1st 1st 4th | **RANK.** Lieut. DATE / AUTHORITY | **NAME.** Name Taylor Initials Harold Bank of Montreal.

Beneficiary
Address
Amount. $
Separation Allowance issued. Yes or No.....

DATE 1919	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialled by P.M. in every case.	INITIALS
Feb	Brought forward					nil		
	Pay R		112.					
	Bank	#1146		112.				
March	Pay R		124.					
25	Bank			124.		0		
Apl	Pay R		120				Rtd to bar	
25	Bank			244		124	L P b to 31/5/19 (B'shott)	
May	Pay R		124			0	Jr to N.S. ledger 13	
June 23	Issue on Rept. France 24/3/19. 6/6. Sec. W.O.	Bank	3883	158		Dr. 158	L23 11/6/19	
Aug. 30.	Charged to Canada	Vo.	621.	1. 58		0	31/8/19 Adv. note to Can. Dr 1. 58	

15 AUG 1919

CERTIFIED CORRECT
9 JUL 1918
CANADIAN RECORD OFFICE

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

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

Casualty Form—Active Service.

Unit, Regiment or Corps No. 1 Overseas C.A.S.C. Training Depot.

Regimental No. ..... Rank Lieut. Name Harold Taylor

C. E. F.

Enlisted (a) 29.5.16 Terms of Service (a) Duration of War ~~6 months after~~ Service reckons from (a) ~~May 29 1916~~ 24.1.17

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

Extended ..... Re-engaged ..... Qualification (b) Salesman

W. S. B. CLASS A

Report: Date	Report: From whom received	Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
		Embarked Canada	Canada	24-1-17	
		arrived	England	7-2-17	
9.2.17	O.C. C.A.S.C.	Taken on Strength	Seaford	7.2.17	Part 2 D.O. ~~43~~ 12.2.17 ~~9.2.17~~
1-11-17	C.A.S.C. Seaford.	S.O.S. on posting to C.A.S.C. Bexhill as Supply Officer.	Seaford	1-11-17	Part II D.O. 305 Lieut Adjutant, For Major, O.C., C.A.S.C., SEAFORD.
5-11-17	C.A.S.C. Seaford.	S.O.S. from C.A.S.C. Sub Depot Bexhill and shown as "On Command" to C.A.S.C. Sub Depot Bexhill.	Seaford.	5-11-17	Part II D.O. No 309. Lieut Adjutant, For Major, O.C., C.A.S.C., SEAFORD.
3-2-18.	C.A.S.C. Seaford.	S.O.S. on posting to R & D. Depot Shoreditte "On Command"	Seaford	2-2-18	Part II Order. No 33. Lieut Adjutant, For Major, O.C., C.A.S.C., SEAFORD.

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

P.T.O.

Report Date	Report From whom received	Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213. Army Form A. 36, or other official documents.
8-2-18	O.C. Case RDD	TOS from Case Seaford	S'cliffe	2-2-18	Part II 33
11-2-18	do	On Command to A.S.C. Train. Est. Aldershot	do	2-2-18	Part II 35
18-3-18	do	"Off. Command" to ASC Training Est Aldershot	do	8-3-18	Part II 65
17-5-18	Do	"On Command" to Bramshott from 11-5-18 to 14-5-18 (Convoy duty)	Do		Part II 116
19-6-18	Do	S.O.S. on proceeding overseas	Do	9-6-18	Part II 147 [illegible] For OC case RDD
14.6.18.	C.G.B.D.	Having arrived from England to TOS CASC Pool as remp.		14/6/18	N.R. (B.E. 1636) KR 29556 P. 2 O. 87 df. 19.6.18
18.6.18	do.	To H.Q. Cdn. Cav. B'de.		18/6/18	N.R. (B.E. 1710)
22.6.18	H.Q. Cdn. Cav. Bde.	Attached for duty to H.Q. Cdn. Cav. Bde.		18/6/18	B213. O. i/c CASC Personnel, 9/6/18. KR 29666. P. 2 O. 101 df.
30.11.18	Do	Granted 14 days leave	U.K.	3-12-18	B213 P II 215 df 1918
28-12-18	HQ Cdn Cav Bde	Rejoined from leave		22-12-18	A F B 213 ~~P II 05 df 1919~~
22-6-18	HQ Cdn Cav Bde	Posted to HQ. Cdn Cav. Bde. from Case Pool		17-6-18.	B213. KR 29666 P II 0 29 d/1919

Army Form B. 103. Regimental Number.....

Casualty Form—Active Service.

Regiment or Corps C. A. S. C. Pool

Rank Lieut. Surname Taylor Christian Name Harold

Religion..... Age on Enlistment.....years.....months

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

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

U. S. B. CLASS. A

Report: Date	Report: From whom received	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.
		Embarked ...			
		Disembarked ..			
22.6.18	O/c Casc P.	T.O.S on posting from Casc Pool.	HQ CCB	18.6.18	Memo of 9.6.18 Ref KL 29666 B09
9.3.19	HQ CCB	Granted 14 days leave	Italy	5.3.19	B213 B014
29.3.19	do	Rejoined from leave	Bargnies	27.3.19	B213
		Proceeded to Englan		16.4.19	
17/5/19	Proceeded to Canada	Pt 2 order		#20	20-5-19

Embkd LIVERPOOL 21-5-19

S. J. Cox Lt for OC. T.G. H.

G. J. Skelton Lieut. for Lt. Col., A.A.G., Canadian Section

(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.

W. 8685—M2733 2000m 9/17 (35611) C. P. & S., Ltd., Form B./103 E/1897. P.T.O.

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.33, or other official documents.
Date	From whom received				
4-6-19			21-5-19		
~~20-5-19~~	M.H.Q. T.O.S. C.E.F. in Canada Ottawa on General Demobilization	M.D. No. 6	~~4-6-19~~	C.E.F. R.O. No.	1995-19
25-6-19	M.H.Q. S.O.S. C.E.F. in Canada Ottawa on General Demobilization	M.D. No. 10	4-6-19	C.E.F. R.O. No.	2045-19
		McMinter, Capt for Director Personal Services		Rec. AS C 3.1.21. Lt. 10 Div. Trans 1.8.24 (Not in 1930 List)	

D.A. AB.
A.G. 3

PROCEEDINGS OF AN OFFICER OR NURSING SISTER
STRUCK OFF STRENGTH
OF THE
CANADIAN EXPEDITIONARY FORCE

15-2

War Service Badge
Class "A" No. .....

1. RANK Lieut
2. NAME Taylor Harold
3. UNIT C. C. Bde.
4. DATE STRUCK OFF STRENGTH | PLACE Winnipeg
5. REASON Demobilization
SOS 4-6-19 RO 2045-19
6. AUTHORITY
7. PROPOSED RESIDENCE W. 458. Bannatyne Ave. Winnipeg Man.

This folder should contain the following documents:

1. Declaration Paper, M. F. W. 51, or Attestation Paper, M. F. W. 23.
2. Casualty Form, A. F. B. 103 or M. F. W. 54.
3. Medical History Sheet, M. F. B. 313 or A. F. B. 178.
4. Proceedings of Medical Boards, A. F. A. 179 or M. F. B. 227.
5. Medical Report M. F. W. 129.
6. Dental History Sheet, M. F. B. 465.
7. Last Pay Certificate, M. F. W. 44.
8. Certificate as to Missing Documents.

Demobilized 19-11-19

M. F. W. 2591.
20M—11-18.
1772-39-1380.

PROCEEDINGS OF AN OFFICER OR NURSING SISTER
STRUCK OFF STRENGTH
OF THE
CANADIAN EXPEDITIONARY FORCE

War Service Badge
Class "A" No.

1. RANK

2. NAME

3. UNIT

4. DATE STRUCK OFF STRENGTH | PLACE

5. REASON

6. AUTHORITY

7. PROPOSED RESIDENCE

This folder should contain the following documents:

1. Declaration Paper, M. F. W. 51, or Attestation Paper, M. F. W. 23.
2. Casualty Form, A. F. B. 103 or M. F. W. 54.
3. Medical History Sheet, M. F. B. 315 or A. F. B. 178.
4. Proceedings of Medical Boards, A. F. A. 179 or M. F. B. 227.
5. Medical Report, M. F. W. 129.
6. Dental History Sheet, M. F. B. 165.
7. Last Pay Certificate, M. F. W. 44.
8. Certificate as to Missing Documents.

1. Triplicate Declaration Paper (M.F.W. 51), or Triplicate Attestation Paper (M.F.W. 23).
2. Casualty Form (A.F.B. 103).
3. Medical History Sheet (M.F.B.313 or A.F.B.178)
4. Proceedings of Med. Board (M.F.B.227 or M.F.W.129)
5. Dental Certificate (C.A.D.C. 5009a).
6. Proceedings on Striking off Strength (M.F.W. 2591).
7. Last Pay Certificate (P. 41)
8. War Service Gratuity Form (M.F.W. 2595).
9. Sundry Documents.
10. dispersal certificate

Group 4B

Checked by No. 15

Date 30-5-19

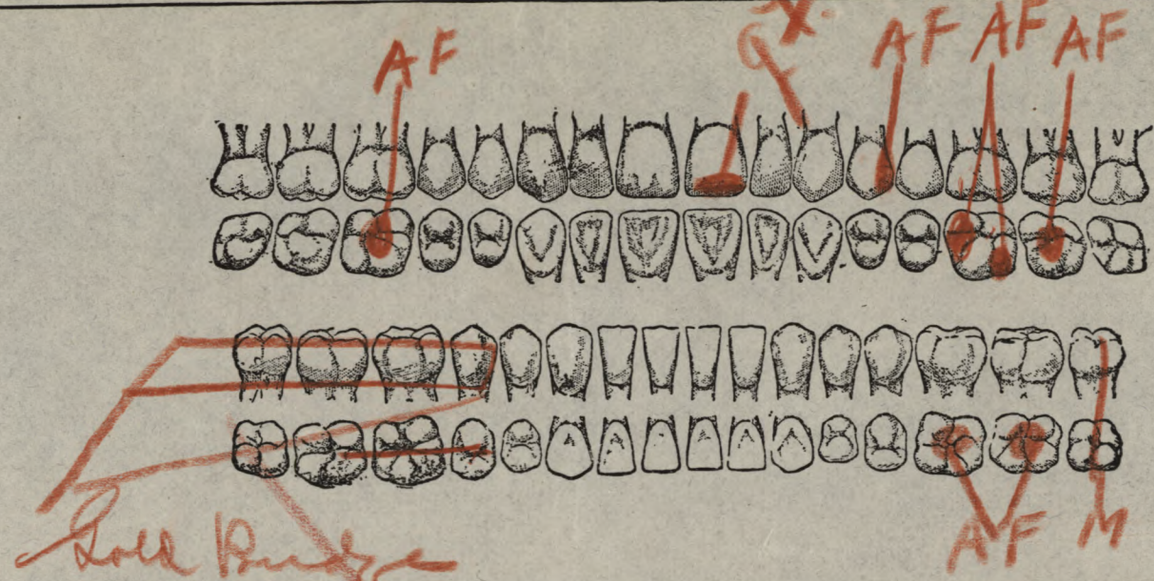
DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

DIVISION M.D. 10

NAME OF SOLDIER Taylor H.

REGIMENT C.A.S.C. RANK Lieutenant. No.



DATE	No.	FILLINGS				Extracted	Anesthetic	Treated	Crowns	Cleaned	As 2° 3	Pulp Removed	Put Pulp	Artificial Teeth	OPERATOR	REMARKS
		Amal.	Phosp.	G. Per.	Cement											
1917																
Jan 16	1														Graham	Complete

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

Patient

| DATE | | |

Name Taylor Enl. 11-5-16.

Date of Embarkation for England 24-1-17.

Proceeded to France 9-6-18 Returned to England 16-4-19 Demob

Date returned to Canada 21-5-19

P.R.2855.

No Hospitalization

"Child" 18.3.20

SOS H-6-19 RO 2045-19

THIS FORM WILL BE USED FOR ALL RANKS

Triplicate EMS

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 Bramshott DATE 4-5-19

1. 1 (a) Unit CASC att. Can. Cav. Bde (b) Regimental No. - (c) Rank Lieut.

(d) Surname TAYLOR (e) Christian name HAROLD

(f) Home address 458, Bannatyne Ave., Winnipeg, Man. Can

(g) Next of Kin T.W. Taylor Wpg. (h) Relationship Father

(i) Address of Next of Kin 458, Bannatyne Ave., Winnipeg

2. Age last birthday 25 Date of birth 12-11-1894

3. Enlistment, or Appointment (if an Officer) (a) Place Winnipeg (b) Date 29-5-16

4. Personal description:

(a) Height 5-10 (b) Weight 190 (stripped) (c) Complexion Fair.

(d) Colour of hair Brown (e) Colour of eyes Brown (f) Identification marks, Scars, etc. Scar on ulnar side of left wrist

5. Former trade or occupation Salesman

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	343

	Periods	
	From	To
Canada	29-5-16	24-1-17
England	29-1-17 ~~14-6-18~~	14-6-18 ~~15-4-19~~
France or other theatres of War England	15-4-19	4-5-19

7. Original disease, or injury Myopia

(a) Date of origin Childhood (b) Place of origin Canada

(c) Cause Congenital

B. P. C. FOLIO TALS' DOCKET

M. F. B. 227.

400M.—11-18.
1772-39-117.

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 Rt.

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.)

Vision Rt. 6/24 with glasses Rt. 6/6

Lt. 6/24 6/6

Fundus:- Minute Lenticular opacity Rt. divergence

Sgd. J.H. McRae, Ca t, CAMC

(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..(If pulse rate is abnormal, B. P. will be taken.) Genito-Urinary System..No..(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).)

Has always had defective eyesight Wearing glasses He says his eyes never troubled him before enlistment nor did he wear glasses When in Seaford he did a great deal of night work and says his eyes pained and felt tired Got glasses in Dec 1917 from an opitian in Brighton Had eye tested in Hospital Wrstcliffe Nov. 1918 was supplied with the glasses he is now wearing

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 p to or since enlistment, and not included in Section 10 (*a*).)

Had Diptheria at age of 6 years Good recovery Has not had any illness since enlistment

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

Scar on ulnar side of left wrist

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? ~~Permanent~~ (a) No (b) No

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.)

Glasses supplied at Westcliffe Eye and Ear Hospital Westcliffe November 1918

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)

No

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

17. Recommendations

None

Sgd. P.D. Stewart, Major, CAMC
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 H. Taylor Lieut. 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

B. P. C. FOLIO
FALSE DOCKET
1

P.J.O.'D Sgd. H. Taylor, Lt. 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

JUL 10 1919

19. Is the invalid fit for

(*a*) General service,	(Category A)	(Yes or No.)	Yes "A"
(*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.~~)	

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.)

RTC Auth. A.G. ~~9083 of 11-11-18~~ 1A/8-1-155 11-1-19

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.

Sgd. L.A% Richmond, Major *President.*

PLACE Bramshott
DATE 5-5-19

Sgd. P.J.O'Dwyer, 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.

.....*President*

PLACE.....
DATE.....

..... } Members

APPROVED BY
Sgd. James C. Fyshe, Major
for *Assistant Director of Medical Services.*
DATE 5-5-19

CERTIFIED A TRUE COPY

CAPT CAMC

APPROVED BY
.....
Director-General of Medical Services.
DATE.....

CERTIFIED TRUE COPY

I concur in the findings of the Board of Medical Officers here recorded.

Captain, D.A.D.M.S.
for D.M.S.
Canadians.

Forms R. 150. E.T.
3232. 15 M. 14/12/16.

Surname TAYLOR

Christian Names Harold.

Rank Lieut.

Name and Address of Next-of-Kin Father.
Thomas William Taylor.
458. Bannatyne Ave. Winnipeg.
Manitoba. Canada.

Promotion

Unit 6th Rein. Draft. No. 1. C.A.S.C. T.D.

Place of birth Winnipeg. Manitoba. Canada.

Married (Yes or No)

Appointments

Date of leaving Canada Sailed 24 1 17

Date and Cause of Resignation

M

Report Date	Report From whom received	Record of Promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case	Place	Date	REMARKS Taken from Official Documents
12-2-17	CASC	T.O.S. on arrival from Canada		7-2-17	Pt-II 043.
		on strength CASC Seaford		28.5.17	Nom Roll
2-11-17	Hqs C.A.S.C.	Posted from CASC Seaford to ditto Bexhill		1-11-17.	C.O. 870 Pt II of 305 S.O.S. Seaford
10-11-17	Hqs Seaford	TOS Shown on Comd. Sub Dep Bexhill		5-11-17	RO 5009 CO 904 d/9-11-17
2-1-18	CASC S'ford	Having proc to Aldershot is S.O.S Seaford & posted to CASC. R&DD S'cliffe		2-2-18	Pt 2 of 33.
18.3.18	Res & D Dep	Cease to be on Comd. to ASC. Aldershot		8.3.18	Pt 2 of 65.
14-6-18	Hqs CASC	SOS on proc of seas from S'cliffe		9-6-18	C.O. 1522
19-6-18	CASC Pool	TOS on arr as reinfs		14-6-18	Pt 2 of 87.
11-7-18	do	Attd for duty to Hq Can Car Bde		18-6-18	Pt 2 of 101 C.A.S.C. Pool Pt II Order 29.
12.12.18	do	Granted 14 days leave to U.K.		3.12.18	Pt II Ord 215
22-3-19.	Hdqrs: Can Cav: Bde.	Granted 14 days leave		5-3-19.	Pt II Ord: 14.
21-4-19.	Do	Proc: to England		16-4-19.	Pt II Ord 17.

A.F.B. 103.
9-[illegible]-1918

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				
	"L" Wing C.C.C.				
5-5-19	Bramshott	T.O.D. pending return to Canada		15-4-19	Pt 4 O/16.
		Sailed for Canada		21-5-19.	Sail List 66.
26-5-19	"C" Wing C.C.C. Bramshott	S.O.S.O.M.4.C. on proc: to Canada		21-5-19.	Pt 5. 20.

18765

THIS FORM WILL BE USED FOR ALL RANKS

Original

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 Bramshot DATE May 4/19.

1. 1 (a) Unit C.A.S.C. can. can. Cav. Bde (b) Regimental No. —— (c) Rank Lieut

(d) Surname Taylor (e) Christian name Harold

(f) Home address 458 Bannatyne Ave. Winnipeg Can.

(g) Next of Kin T.W. Taylor. Wpg. (h) Relationship Father

(i) Address of Next of Kin 458 Bannatyne Ave. Winnipeg

2. Age last birthday 25 Date of birth 12 of Nov. 1894

3. Enlistment, or Appointment (if an Officer) (a) Place Winnipeg (b) Date May 29/16

4. Personal description:

(a) Height 5 ft 10 in (b) Weight 190 (stripped) (c) Complexion fair

(d) Colour of hair Brown (e) Colour of eyes Brown (f) Identification marks, Scars, etc. Scar on ulnar side of left wrist.

5. Former trade or occupation Salesman.

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
	~~3~~ 2	343

	Periods	
	From	To
Canada	May 29/16	Jan 24/17
England	Jan 24/17	June 14/18
France or other theatres of War	June 14/18	April 15/19
England	April 15/19	May 4/19

7. Original disease, or injury ~~Myopia~~ R.P. Myopia.

(a) Date of origin Childhood (b) Place of origin Canada.

(c) Cause Congenital

B.P.C. FALSE DOCKET 2

M. F. B. 227.
400M.—11-18.
1772-39-117.

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 Rt

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.)

Right 6/24 Rt 6/6

Vision With glasses

Left 6/24 Left 6/6

Fundus — minute lenticular opacity Rt

divergence

Signed J H McRae Capt

Cavil

4-5-19

(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 (If pulse rate is abnormal, B. P. will be taken.) Genito-Urinary System no (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).)

Has always had defective eyesight — wearing glasses. He says that his eyes never troubled before enlistment nor did he wear glasses. When at Seaford, he did a great deal of night work and says his eyes pained and felt tired. Got glasses in Dec 1917 from an optician in Brighton, Had eyes tested in hospital Westcliffe, Nov 1918 was supplied with the glasses that he is now wearing.

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*).)

Had Diphtheria at age of 6 yrs. Good recovery
Has not had any illness since enlistment

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

Scar on ulnar side of left wrist.

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? (a) no (b) no

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.)

Glasses supplied at Westcliffe
Eye & Ear Hospl. Nov 1918

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)

no

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

17. Recommendations none

P. S. Stewart Major
Medical Officer by whom the case is brought forward.
C.A.M.C.

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 A Taylor Lieut 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

H. Taylor Lieut Rank.
Signature of invalid examined.

B. P. C. JOLIO
FALSE DOCKET

R.O. JUL 10 1920

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.

JUL 10 1919

19. Is the invalid fit for

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

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.)

R. T. C. auth. A.Y. ~~tel 9083 of 11-11-18~~ 1A/8-1-155 of 4-1-18

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.

L. A. Richmond Major
President.

PLACE Bramshott

R. J. O'Dwyer, Capt.
Members

DATE 5-5-19.

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.

.....President

PLACE.....

Members

DATE.....

APPROVED BY

James C. Fyshe Maj.
for Assistant Director of Medical Services.

DATE 15.5.19.

APPROVED BY

Director-General of Medical Services.

DATE

I concur in the findings of the Board of Medical Officers here recorded.

Captain, ~~D.A.D.M.S.~~ for D.M.S. Canadians,

T. 1051

29-5-19. "Carmania".

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

Auditor	Paymaster
[illegible]	[illegible] 51

M. OR S. REGT. No. RANK Lieut NAME (IN FULL) TAYLOR HAROLD (BLOCK LETTERS SURNAME FIRST)

NEXT OF KIN: RELATIONSHIP:
ADDRESS:
IS SEPARATION ALLOWANCE PAID? Nil DATE EFFECTIVE:
TO WHOM PAID: RELATIONSHIP:
ADDRESS:

PARTICULARS	EFFECTIVE DATE	AUTHORITY

(4)

ORIGINAL UNIT C.E.F.: C.A.S.C. IF IN P.F. WHAT UNIT?
PLACE OF ATTESTATION: TRANSFERRED TO: Disp. Stn. "M" DATE: 21-5-19 AUTHORITY: D.O. 169
DATE OF ATTESTATION: 29.5.16. TRANSFERRED TO: DATE: AUTHORITY:
ASSIGNED PAY $: Nil DATE EFFECTIVE:
PAYABLE TO: RELATIONSHIP: ANY CHANGE IN ASSIGNEE OR ADDRESS:
ADDRESS: Imperial Bank. Wpg:
STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE: EFFECTIVE:
DISCHARGED: PLACE: MD 10 DATE: 4-6-19 REASON: D AUTHORITY: D.O. 169 IF ENTITLED TO POST DISCHARGE PAY:

(4)

Month	Pay and F.A. No. of Days	Rate	Amount $ c.	Other Credits $ c.	$ c.	Total Credits $ c.	Acquittance Rolls Col. No. 1 No.	Date	Col. No. 2 No.	Date	Col. No. 3 No.	Date	Cash Payments Col. No. 1 $ c.	Col. No. 2 $ c.	Col. No. 3 $ c.	Assigned Pay $ c.	Regimental Charges $ c.	Other Charges $ c.	$ c.	Total Debits $ c.	Balance Debit $ c.	Balance Credit $ c.	Particulars or Remarks
Balance from previous account 31-5-19													90.00					9.00		99.00			Overpaid Messing from:- 21/- to 29/5/19 - 9 days @ 1.00
				1.40		1.40															97.60		Cash adv. "Boat" d/29/5/19 (W.S.G.) $90.00. Diff. between Messing & Sub. from 30/- to 31/5/19 = 2 days @ 70c
																							Subsistence @ 1.70 per diem Eff. 1/6/19
1/6/19-4/6	4	3.00	12.00	6.80		18.80			28	4/7				11.20				97.60		108.80	90.00		1st paymt of War Svc Gratuity issued & included in Dr. Bal. to be recovered
			12.00	6.80		18.80								11.20				97.60		108.80	90.00		90.00 to be recov. fr. W.S.G.
July 10. Cng. 4	153	3.-				459.-					789579		90.-					90.00				279.-	90 - 1st pt. W.S.G. as above
											1206070		90.-									189	90 - 2nd
Sep. 3											1230359		90.-									99.-	90. 3rd
Oct. 5											1678103		99.-										90 4th
																							Final
						459.-							369					90		459.-			Cheque No. 1678103 Dated 5-10-19. $99.00. Re-deposited to Rec-Gen 6-10-19. D.R. 2585.
Oct. 6.				99.-		99																99.-	Dr. 158 Issue on Repayment Auth. A.P. 017845-H-211 7/11/1919.
																		1.58				97.42	
							Oct. 12				1682714		97.42										
				99.-		558.-							97.42					1.58		558.-			
30 days W.S.G.				90.00		90.00	Nov. 14				1699919		90.-										Entitled to 183 days W.S.G. Credited with 153 " Difference 30 "

a/c closed

A/c. Closed

90 90.- 90.-

90. issued for W.S.G.

Certified War Serv. Gratuity Account Completed. [illegible signature] Lieut.

AUDITED 10 11 19 1919 Audit Clerk M.D. 10

AUDITED OCT 1 1919 Audit Clerk M.D. 10

200M-3-19.—L. ... 58783-... & D. 9985.
M. F. W. 2596.
1772-39-1390.