

ATTESTATION PAPER.
156th OVERSEAS BATTALION, C. E. F.
CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

Duplicate
 No. *639605*

Folio.

TAYLOR, HARRY BANKS

QUESTIONS TO BE PUT BEFORE ATTESTATION.

- (ANSWERS.)
1. What is your name? *Harry Banks Taylor*
 2. In what Town, Township or Parish, and in what Country were you born? *Liverpool England*
 3. What is the name of your next-of-kin? *Harold Taylor*
 4. What is the address of your next-of-kin? *Liverpool England*
 5. What is the date of your birth? *Aug 6 1893*
 6. What is your Trade or Calling? *Farmer*
 7. Are you married? *no*
 8. Are you willing to be vaccinated or re-vaccinated? *yes*
 9. Do you now belong to the Active Militia? *no*
 10. Have you ever served in any Military Force? *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 } *yes*
 CANADIAN OVER-SEAS EXPEDITIONARY FORCE? }
- Harry Banks Taylor* (Signature of Man.)
Leut. F. V. Murlagh (Signature of Witness.)

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

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

Harry Banks Taylor (Signature of Recruit)
 Date *Feb 14* 191*6* *Leut. F. V. Murlagh* (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

Harry Banks 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.

Harry Banks Taylor (Signature of Recruit)
 Date *Feb 14* 191*6* *Leut. F. V. Murlagh* (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 *Empbell's Bay* this *14* day of *Feb* 191*6*

J. J. McManus (Signature of Justice)

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

Leut. F. V. Murlagh (Approving Officer)

Description of Harry Banks Taylor on Enlistment.
at Campbell's Bay 2nd

Apparent Age 23 years months.
 (To be determined according to the instructions given in the Regulations for Army Medical Services.)

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

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

Height 5 ft. 5 ins.

*Scar on right ear
Scar over left eye*

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

Complexion Fair

Eyes Grey

Hair Fair

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

CERTIFICATE OF MEDICAL EXAMINATION.

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

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

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

Date Feb 19 1916

Brudenell

Place Rockville

Medical Officer
Medical Officer
 156th Battalion

*Insert here "fit" or "unfit."

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

CERTIFICATE OF OFFICER COMMANDING UNIT.

Harry Banks 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.

Date February 17 1916
T. D. Beville Lt. Colonel (Signature of Officer)
 C. 156th OVERSEAS BATTALION, C.E.F.

REGIMENTAL DOCUMENTS

NAME TAYLOR, Harry Banks REGT. NO. 639605 UNIT 3rd Bn M.C.G. Co.

2/15/49 km
 (S)

CONTENTS

DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

M. F. W. 2505
REFERENCE

NON-EFFECTIVE BY

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2. CASUALTY FORM (M.F.W. 54 or A.F.B. 103)

TRAINING HISTORY SHEET (M.F.W. 113)

1. 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)

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

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

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1. TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)

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1. COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)

M.F.W. 67

3. Misc.

1. Pay card

15-5-55

ceased

(M)

02929

(H)

DEATH

Category

DISCHARGE

Category

Demob

DESERTION



Deceased 15 May 55

639605
Number

Rank

pte

Surname

TAYLOR

Christian Name

Harry Banks

Units

PPCLI

Theatre of War

Thailand

Date of Service

28-2-18

Remarks

Latest Address

Milly
Dask

Roll No.

200m.-2-21.M.

"B" Page 11050.

DESP. MAY 10 1922

REGN. NO. ~~4~~ 33265 ✓

A.G. 10427. 25M-27-12-18.

Number 639605 Rank Pte Name TAYLOR H. B.

3rd. Batt'n. Canadian Machine Gun Corps.
Regiment L.P.C.; Received

Taken on Strength

Embarked for Canada

REMARKS - Affecting disposition of Man or Documents

Ms. A. 9. 2. 11. 18.

Bank of America

Received of

for

No 63 9605

RANK

Pte.

NAME

Taylor Harry B.

T. O. S. 14-2-16

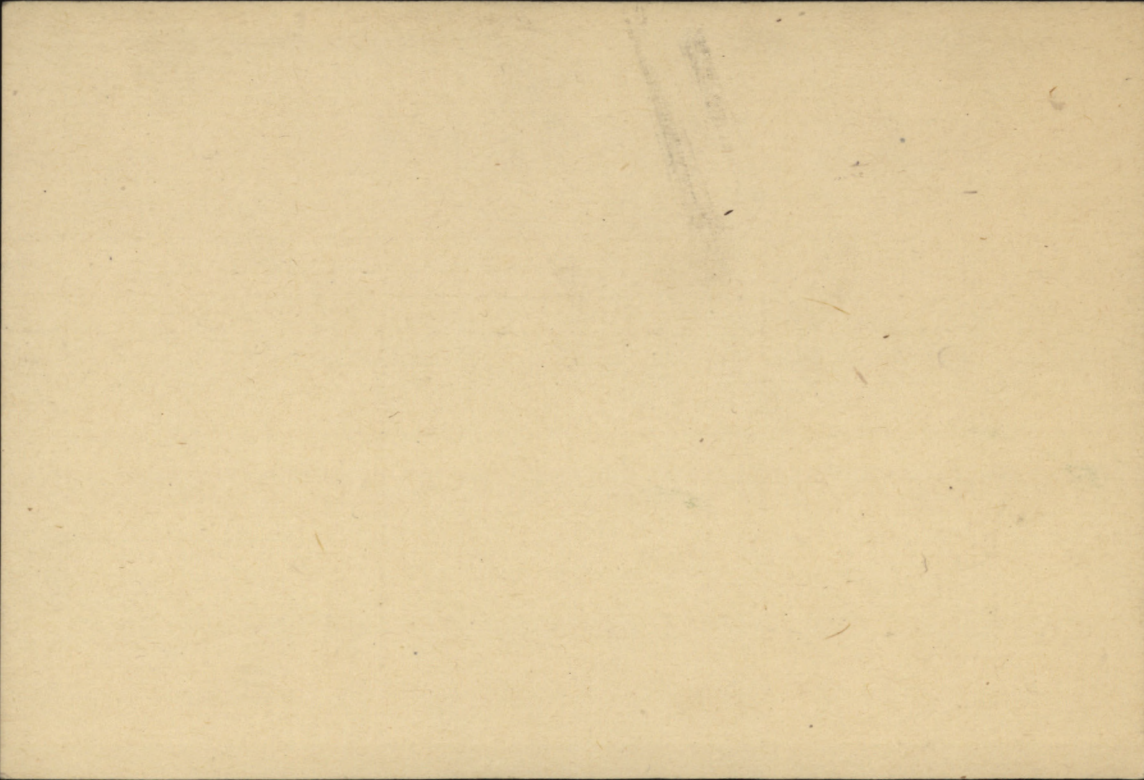
UNIT

156th. Battalion c. E. A.

D.O. 40 of 172-16

M. D. 3

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916 Feb. 14	1916 Feb. 29	✓		
	Mar.	✓		
	Apr.	✓		
	May	✓		
	June	✓		
	July	✓		
	Aug.	✓		
	Sept.	✓		
	Oct	u		
				UNIT SAILED OCT 17 1916



SURNAME.

Taylor (649-T-11796)

CARD NO.

2
SOS. 28/3/19
FOLL. remol
8694 of 4/4/19
W.D.
W.D.

CHRISTIAN NAMES

Harry Banks

REGL. No. *639605*

RANK *Pte*

UNIT *156th*

FORMER CORPS

Nil

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Taylor. Horatio

RELATIONSHIP TO SOLDIER

Not Stated

ADDRESS

Liverpool Eng.

COUNTRY OF BIRTH

England Liverpool

DATE

Aug. 6th 1899

PLACE OF ATTESTATION

Campbell Bay. P.O.

DATE

Feb. 14th 1916

RIC 24-3-19²⁹²/₉₈ Pte

MARRIED

SINGLE

Yes

WIDOWER

TRADE OR CALLING

Farmer

RELIGION

Presbyterian

DESCRIPTION.

APPARENT AGE

29

YEARS

—

MONTHS

HEIGHT

5

FEET

5

INCHES

CHEST MEASUREMENT

38

INCHES

EXPANSION

—

INCHES

COMPLEXION

Fair

EYES

Grey

HAIR

Fair

DISTINGUISHING MARKS

Wart on R ear

Scar over

left eye

MEDICAL EXAMINATION.

PLACE

Brookville, Ont.

DATE

Feb. 18th 1916

Present Address Not Stated.

CANADIAN EXPEDITIONARY FORCE

War Service Badge
Class "A" No. *150971*

DISCHARGE CERTIFICATE

THIS IS TO CERTIFY that No. *634605* (Rank) *Pte*
 Name (in full) *Taylor Harry Banks* enlisted in
 the *156 Bn.*
 CANADIAN EXPEDITIONARY FORCE at *Brockville* on the *14th*
 day of *February* 19*16*
 HE served in *3rd Bn Landing Corps*
 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 <i>26 years</i>	Marks or Scars <i>wart on left ear</i>
Height <i>5-1 5-11</i>	<i>scar over left eye</i>
Complexion <i>Fair</i>	
Eyes <i>Grey</i>	
Hair <i>Fair</i>	

A. B. Taylor
Signature of Soldier

F. M. [Signature]
 Issuing Officer
 For *Captain*
 O.C. No. 2 District Depot.
 Rank
MAR 29 1919 *MAR 29 1919*
 Date _____ 19____

Date of Discharge

No. 2
MAR 29 1919
 DISTRICT DEPOT

N.B.—As no duplicate of this Certificate will be issued, any person finding same is requested to forward it in an unstamped envelope to the Secretary, Militia Council, Ottawa, Canada.

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

No. 1000

THIS IS TO CERTIFY that No. 1000 (Rank)

Name (in full) *John J. ...*

the *1st* *Canadian Expeditionary Force*

Canadian Expeditionary Force at *...*

day of *...* 191*8*

has served in *...*

and is now discharged from the service by reason of *Medical Certificate*

Medical Certificate

Medical Certificate

THE DESCRIPTION OF THIS SOLDIER ON THE DATE below is as follows:

Age *21*

Height *5' 10"*

Complexion *Fair*

Eyes *Blue*

Hair *Dark*

...

...

Signature of Soldier *John J. ...*

Leading Officer *...*

...

...

...

...

...

...

...

...

Date of Discharge
MAY 1918
DISCHARGE CERTIFICATE

NOTE - A copy of this Certificate will be sent to the Secretary, Ministry of War, Ottawa, Canada.

Printed and Published by the Government of Canada, Ottawa, 1918.

G.C. Rank Name TAYLOR. Harry Banks. ✓ Reg'l No. 639605. ✓
 Unit 156th Bn. If in perm. Corps, }
 What Unit? } Married or Single
 Single. ✓
 Place and Date of Enlistment Campbell Bay. 14th. Feb. 1916 ✓ Place of Birth Liverpool. England. ✓
 Name and Address, Next-of-Kin John
Kimbourne, Ontario Canada Horatio Taylor. ✓
~~Liverpool. England.~~ ✓ Relationship Brother.
 Assigned Pay Monthly \$ Payable to

Separation Allowance \$ Payable to Relationship

Relationship

Pre

N/E. R.B. No. 6660
 File R.L. OR CAN
 Category

Discharge, Date and Place Reason

Character

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS Taken from Official Documents.
Date.	From whom received.				
ARRIVED IN ENGLAND, S-S-NORTHLAND 28. 10. 16,					
1. 11. 16	156 th Bn.	S.O.S. on transfer to 119 th Bn.	Witley Camp	1. 11. 16	P.I. D.O. '5
2. 11. 16	^{Cl} 119 th Bn.	S.O.S. on trans. from 156 th Bn	Bramshott	1-11-16	P.I. D.O. 214.
9-1-17	119 th Bn	S.O.S. on trans to 156 th Bn	Bramshott	9-1-17	P.I. D.O. 8.
10. 1. 17	156 th	S.O.S. from 119 th Bn.	Witley	9. 1. 17	" 10
27-2-18	"	Awarded 1 Good Conduct Badge	Pt "	14-2-18	" 42 <i>y. B. 103. A. Sheepfold 6-3-18. H</i>
2. 3. 18	"	Posted to POC 29 Operas	Pt "	28-2-18	" 44 <i>y POC 29. 19d/8.3.18</i>
3-6-18	POC 29.	SOS to C.M.G. Corps. (Pool)	Pt Field	13-5-18	" 48 <i>Pool 45/6-6-18</i>
13. 8. 18	MORP	SOS to 3 BN MGC	-	11. 8. 18	" 75 & 93 <i>d/23. 8. 18 3 MGC</i>
AFB 174 Compiled 10/1/19					

W. G. S. 10

ESK

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.				
	8Bn-CMGC	Proc To England	Field	8-7-19	Pt 2.10
					Sailing No 41 date 17, 3.19 Dis, Area- 1
17-3-19	3CMGC	Sailed to Law Dept Dft 10031	Essex	Pte	17-3-19 — 24
		<i>S.S. Olympic</i>			

Sheet # 2

War Service Badge Army Form B. 103.

Regimental Number 639605

Class "A" No. **Casualty Form - Active Service.**

Rank *Private* Surname *Taylor* Regiment or Corps *Cmlt Corps* Christian Name *Harry Banks*
 Religion Age on Enlistment years months
 Enlisted (a) Terms of Service (a) 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

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...			
12-8-18	CCRC	SOS Cmlt Pool on posting Field to 3rd Bn. Cmlt Corps	Field	11-8-18	NR. 1399 PTT 75
do	do	P.O.S. 3rd Bn. Cmlt Corps	do	12-8-18	PT 93/1918
17-8-18	CC Unit	Joined unit for duty	do	14-8-18	B 213
7.12.18	do	Granted leave of absence from	6.12.18 to	20.12.18	B 213 P.O. 145/1918
4.1.19	do	Resigned from leave	Field	3.1.19	B 213
15 ² /19	CC Co.	Proceeded to England		15 ² /19	B 16 1919
15/3/19		SOS proceeding to Canada OM.F.C.		15/3/19	PT II Lieut.
					Canadian Section

(a) In the case of a man who has re-engaged for, or enlisted in Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.
 (b) Signaller, Shoeing-Smith, &c.

Casualty Form—Active Service.

Unit, Regiment or Corps 156th Battalion C.E.F.
 Regimental No. 639605 Rank Private Name Jaylor, Harry Banks
 Enlisted (a) 14-2-16 Terms of Service (a) 1 of W 6 m Service reckons from (a) 14-2-16
 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) SOUTHAMPTON ARMY CAMP

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				
	156th Bn	Embarked	Halifax	18-10-16	
	156th Bn	Disembarked	Liverpool	28-10-16	
1-10-16 1-7-16	SK 413 156th Bn	Transferred to 119th Part II D.O. No. 45	Witley	1-10-16	Part II D.O. No. 5
		<u>E. J. Kyle</u> CAPTAIN ADJUTANT FOR O/C 156TH "OVERSEAS" BATTALION, C.E.F.			
NOV - 7 1916	119th Bn	Taken on Strength of 119th Battalion	Bramshott Camp	NOV-1-1916	Part II D.O. No. 214
9 - JAN 1917	119th	Transferred to 156th Battalion, C.E.F.	Bramshott Camp	9-1-17	Part II D.O. No. 8
					<u>W. Howard</u> LT. COL. COMMANDING 119th CAN. INF. BATTALION, C.E.F.
10-7-17	156th Bn	Taken on 156th Bn C.E.F.	Witley	9-1-17	Part II D.O. No. 10

(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.]

ORIGINAL
MEDICAL HISTORY SHEET.

Christian Surname Jerry Banks Christian Name Jay ^{Sgt} W

Examined on 14 day of Feb 1916
 at Campbell's Bay
 Birthplace { City or Town Liverpool Eng.
 County Lancashire

Approved by Sgt Mally
 Rank Blue Head Capt M.O.

Apparent age 23 years
 Trade or occupation _____
 Height 5 Feet 5 Inches.
 Weight 142 Lbs.
 Chest measurement { Minimum 35 inches.
 Maximum expansion 38 inches.

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT,
<u>21/10/16</u>	<u>fit</u>	<u>Blue Head M.O.</u>
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Physical development good
 Small-Pox Marks no
 Vaccination Marks { Arm Right yes Left yes
 Number 6

Date	Result	VACCINATIONS.
<u>21/9/16</u>	<u>Good</u>	<u>C. E. M. Team M.O.</u>
		M.O.
		M.O.

When Vaccinated last 1906
 (a) Marks indicating congenital peculiarities or previous disease no

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>21/9/16</u>	<u>Good</u>	<u>Blue Head M.O.</u>
		M.O.
		M.O.

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

Enlisted on 14 day of Feb 1916 at Campbell's Bay

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>156th Bn</u>	<u>639605</u>		<u>Feb 14-16</u>
Transferred to.....	<u>C.E.F.</u>			
	<u>119th Bn</u>			<u>Nov 1-1916</u>
	<u>156th Battalion, C.E.F.</u>			<u>9 - JAN 1917</u>

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
<u>Bramshott</u>	<u>Mar 10 1919</u>	<u>Dysentery</u>	<u>Col A B Edmond Capt</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.

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..... 156th Bn. C.E.F.

(2) Regimental Number..... 639605

(3) Full Name of Soldier..... Harry Banks Taylor

(4) Place of Birth..... Liverpool

(5) Are you married, or not?..... no

(6) If married, state,
(a) Full name of your wife..... no

(b) Present Postal Address..... no

(7) Are you a widower?..... no

(8) Have you any children?..... nil

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

Also their names and ages..... no

(9) Is your Father alive? Yes
If so, state name and address Mr. Horatio Taylor Somewhere in the Navy

(10) Is your Mother alive? No
If so, state name and address nil

(11) If your Mother is a widow nil
Are you her sole support, or not? nil

(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.
nil

(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.
John Taylor Trocher
Kenburn. Ont.

(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.
nil

(15) Are you insured? no
If so, in what Company? _____
Have you made arrangements for payment of your Insurance premium? _____
If not, and it is a monthly premium, you can assign the amount in addition to any other assignment you wish to make.

Date Oct 11/16

T. G. B. B. B. B.
Officer Commanding.

No. 3 Coy.

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

DIRECTIONS TO DENTAL OFFICERS

NAME OF SOLDIER (Block Letters)

TAYLOR, H. B.

REGIMENT

3rd Bn. C.P.S.

RANK

Pte.

No.

639605

Date of Examination in England

Date of Examination in France

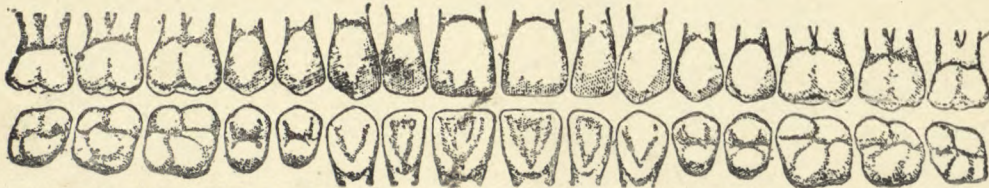
16/1/19

1. This form will be made out for each individual at the time of Demobilization in England or France.

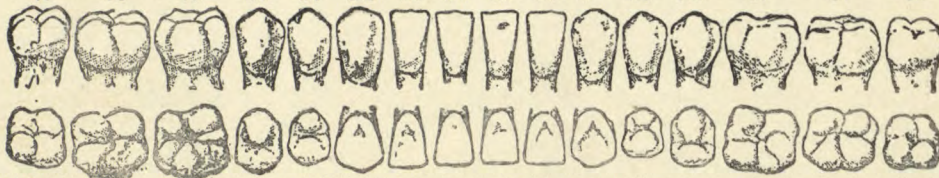
2. Figures as per chart will be used to designate teeth concerned.

3. In reference to Partial Dentures the numbers of teeth thereon will be stated.

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16



17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32



PRESENT DENTAL REQUIREMENTS

1. FILLINGS *1, 2, 31.*

2. EXTRACTIONS

3. CROWNS

4. DENTURES

(a) Full Upper

(b) Part Upper

(c) Full Lower

(d) Part Lower

HAS HE EVER REFUSED DENTAL TREATMENT?

No

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

(a) In Canada

yes.

(b) In England

(c) In France

Signature of Dental Officer

Sgt Marlatt
Capt.

Handwritten marks and scribbles at the top right corner.

Large area of diagonal hatching or scribbles across the upper middle section of the page.

Large, faint, illegible characters or markings in the middle section of the page.

Series of faint, illegible markings or characters arranged in a row in the lower middle section.

Faint, illegible markings or characters in the lower right quadrant of the page.

Large, faint, illegible markings or characters at the bottom of the page.

M.B. 108.

Date 25 2 1919

To:-

Officer Commanding..... 3 C M 9 Bn.....

The following is a special ~~EAR~~ 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 LONG IS. SHORT Board as there ~~IS~~ NOT a disability of the ~~EAR~~ EYE.

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

Name Taylor, H B. Number 639605 Rank Pte. Date 25 2 19

Unit 3 C M 9 Bn. Former Occupation Farmer

Original Disease or Injury Hyperopic astigmatism Rt.

Date of origin childhood. Place of Origin.....

Cause congenital

Present disability Defective vision Rt.

Present Condition:-

Vision R. - 6/36 cor 6/6 - R.-
L. - 6/9 Hearing L.-

Category recommended A.....

History of present condition He always had

poor vision Rt. Eye.

Did the disabling condition have origin before enlistment?.....

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

J. M. P. R. S.
Capt. C. A. M. C.
3

[The page contains extremely faint, illegible text, likely bleed-through from the reverse side. The text is scattered across the page and is mostly obscured by noise and low contrast.]

MILITIA AND DEFENCE
 ASSIGNED PAY
 OVERSEAS CONTINGENTS

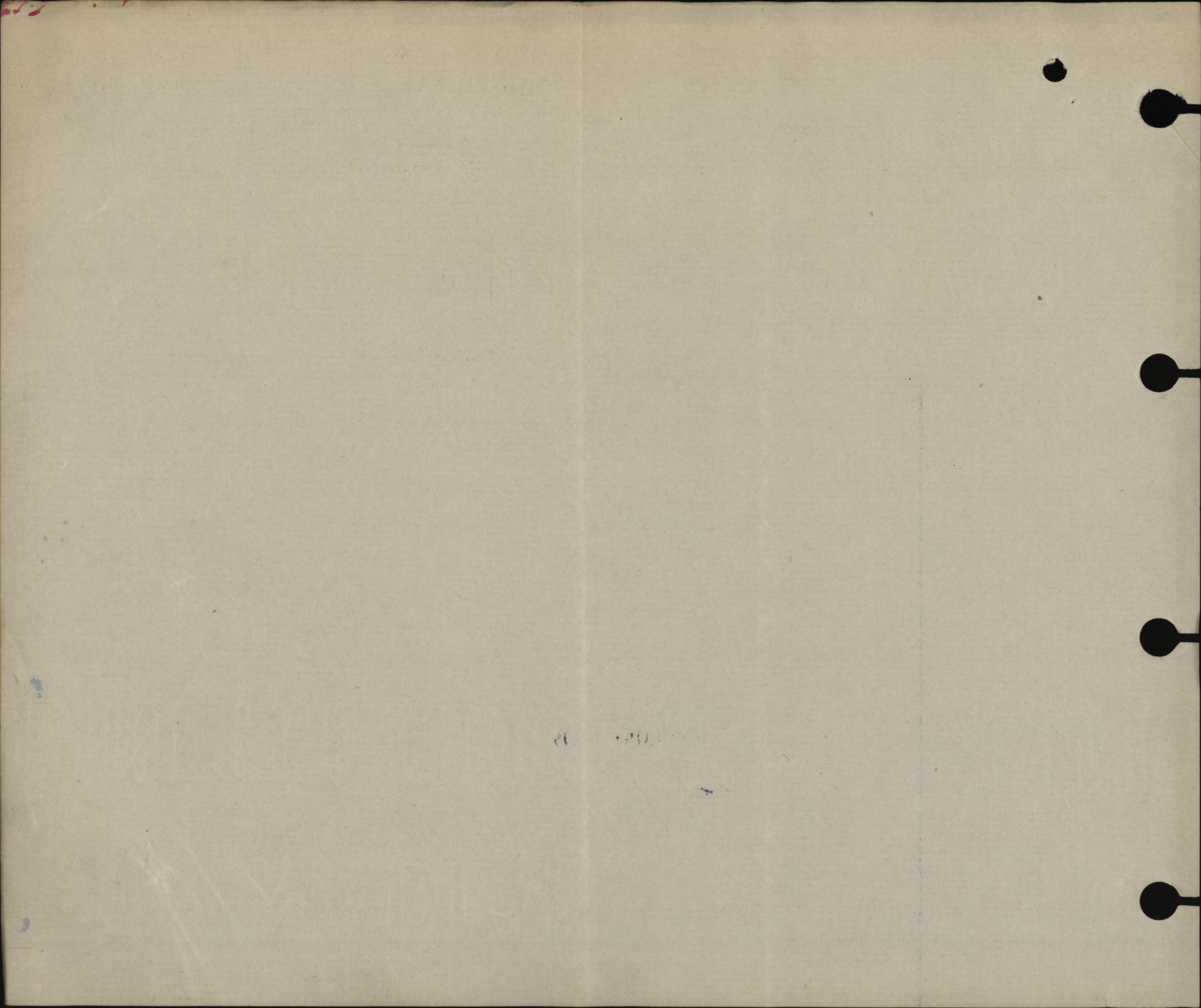
M. F. W. 12.
 25m-4-17.
 H. Q. 1772-39-819.

To Whom John B Taylor By Whom Assigned Taylor H.B.
 Address C/o Bank of Toronto Regtl. No. 639605
Meyronne, Rank Pte
Sask Corps 156th Battrn
 Rate 15⁰⁰ July 1/17

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			<i>2 M 25/7/17 JBC 7/18/17</i>
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				





ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2

(Assignee)

John B. Taylor

PAYMENTS.

Name of Soldier

*Taylor H.B.**Pte 639605**156 Bn*

L. L. Job 19227 - M. & D. 7814.

Month.	Year.	Cheque No.	Amt.	Remarks.
				<i>15⁰⁰ July 1/17</i>
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1917			
Feb.				
March				
April				
May				
June				
July				
Aug.		<i>B 30550</i>	<i>30</i>	<i>6</i>
Sept.		<i>40577</i>	<i>15</i>	<i>15 6</i>
Oct.		<i>P 45446</i>	<i>15</i>	
Nov.		<i>Z 51075</i>	<i>15</i>	
Dec.		<i>L 63311</i>	<i>15</i>	<i>90⁰⁰</i>
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier _____

PAYMENTS.

Month.	Year.	Cheque No.	Amt.	Remarks.
Aug.	1918			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1919			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1920			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				

ASSIGNED PAY	ENGLAND CANADA	SEPARATION ALLOWANCE	ENGLAND OR CANADA	NAME: TAYLOR Henry Banks					
EFFECTIVE DATE: 1-7-17		EFFECTIVE DATE: -		NUMBER: 639605					
AMOUNT: 15 ⁰⁰		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					
John A. Taylor Brother 20 Bank of Toronto, Mayenne, Sask. Stopped eff. 1/3/19				DATE EFFECTIVE					
				RANK OR APPOINTMENT					
				Pte					
UNIT AND TRANSFERS									
ORIGINAL UNIT: 1sb Bv									
DATE ACCOUNT FIRST OPENED: 1-11-16									
				AUTHORITY					
				DATE EFFECTIVE					
				DATE LEDGER SHEET T'S P'D					
				UNIT TRANSFERRED TO					
		3537 Draw to Draw 17		Do. 19. 8/3/18 1/4/18 25/4/18 P.P. 29					
				45 4/6/18 11/7/18 23/7/18 m SR Pte					
EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS UPON CLEARANCE OF VOUCHERS, ENTRIES WILL BE CANCELLED BY INSERTION OF DATE CHARGED IN RED INK									
DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT		
12/18		Forward		5/2/19	4076	Field 20/18	373		
12/18				24/19	491	"G" CCC 25-0-0	2433		
							2806		
DAILY RATES OF PAY AND ALLOWANCES									
AUTHORITY		PAY		F.A.		P.F.A.		SUBS'CE ALL'CE	
		1 ⁰⁰		10					

PARTICULARS OF RENDERING NON-EFFECTIVE: *Drawn to Can. eff. 1/3/19 OR 3537 Bram. 24/1/19 Bram. M.D. 12
4 P.P. Bal. Co. 116.84 Paid Bal. Co. 144.90*

MONTH	PARTICULARS	CR 1	CR 2	PARTICULARS	DR 1	DR 2	DR 3	DR 4	BALANCE	DEFERRED	SEPARATION
1918	Mar. Adv. Paid								151 52	120 00	
	Apr. P.P.	33		A.P.C.				15			
				No. 33 5/4/18 P.P. 22	357						
				463 7/4/18 label 6	8 03				157 92	120	
	May P.P.	33		W.S.B.	1160			15			
		3410		v. 248 9/15/18	357						
				v. 509 22/5/18	446				768 99	120	
	June P.P.	33		CR 8	8 03			15			
		3410		DR 204 10/6 C.C.S.	357						
				v. 1076 20/6	406			15	178 96		
	July P.P.	33		CR	8 03			15			
		3410		AR 1304, G.C. Sch 10/7/18	357						
				DR 204, In G Pool July '18	07						
				" 203 "	08						
				AR 1747 G.C. Sch 29/7/18	444				189 88	of Agis	
	Aug "	33		to AP	818			15			
		3410		" 64, In G Pool 5/5/18	357			15			
				" 1859, 3 In G Pool 24/8/18	357				201 84		
	Sept "	33		AP	714			15			
		3410		" 2001 "	714			15			
				DR/AR 189, In G Pool 9/9/18	357				209 13		
				to AP	1071			15	228 23		
	Oct "	33		AR 2301 13/10/18 3-6-18-18	373			15			
		3410		2418 22/10 "	373				280 77		
					746			15	220 77		

COMPILED BY *[Signature]*
CHECKED BY *[Signature]*

NUMBER 639605 RANK

Plt.

NAME Taylor A. B.

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
Nov & Dec	P.P.	67	10						22071		
				b. af				30			
				2727. 15 Nov. 3 mlt. 933							
				2612. 11/11. 3 mlt. 373							
				2951. 30/11. 3 mlt. 373							
				3044. 10/12. 3 mlt. 933							
				85057. 14/12. len. 1460							
				lb 259. 2/12. 3 bath. 4787							
				681459. 12/12. len. 3407							
Jan		340		b. af				15	12431		
		10120						45			
Feb	Trans P. Pay	449		b. af				15			
"	Int on D. Pay	3080		3458. 8 Jan. 3 mlt. 343				15			
"	Int on D. Pay	1225		3629. 20 Jan. 3 mlt. 373					14490		
				3827. 6 Feb. 3 mlt. 373							
				491. 20/2. 4 ccc. 2433							
				Vict to 3rd Lt Stone RN 60/984 146							
				1263. 8 mch. ccc. 935					10565		
		4305		on 1/16				15			

of L. to Jan. 17. 3. 19. List 41

P. 559
MARRIED OR SINGLE *a*

PLACE OF BIRTH

NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF KIN

NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF KIN

SEPARATION ALLOWANCE MONTHLY \$

EFFECTIVE (DATE)

PAYABLE TO

RELATIONSHIP OF DEPENDANT

CASUALTIES, PROMOTIONS, &c.

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ADMISSIONS TO HOSPITAL, &c.

DATE ADMITTED	DATE DISCHARGED	V. OR A.	NAME OF HOSPITAL

REG'L No. *639608* RANK *Private* NAME *Taylor Henry Ranker* *K*

IF IN PERM. CORPS
WHAT UNIT

UNIT *156th*

TRANSFERRED TO *11912*

DATE *11-1-16*

AUTHORITY *#1246*

PERMANENT FORCE ALLOWANCES

TRANSFERRED TO *156th*

DATE *11/1/17*

AUTHORITY *P208*

PLACE OF ATTESTATION *Brookville Ont.*

TRANSFERRED TO *P.P.C.L.I*

DATE *1/4/18*

AUTHORITY *Pa. 44 1/2*

DATE OF ATTESTATION *14-7-16*

TRANSFERRED TO

DATE

AUTHORITY

ASSIGNED PAY MONTHLY \$ *15.00*

DATE EFFECTIVE *July 1st 1917*

A2M form recd. 29.6.17.

PAYABLE TO *John B Taylor*

% Bank of Toronto, Meyronne, Sask Canada

RELATIONSHIP *Brother.*

ASSIGNED PAY MONTHLY \$

DATE EFFECTIVE

PAYABLE TO

RELATIONSHIP

STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE)

EFFECTIVE

REASON

DISCHARGE DATE AND PLACE

REASON AND AUTHORITY

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

e 9

DATE <i>1916</i>	PAY				FIELD ALLOWANCE				WORKING OR SPECIAL PAY				ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS				CASH PAYMENTS				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS <i>b</i>
	NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE	AMOUNT					1	2	3	4	1	2	3	4				CREDIT	DEBIT			
			\$	c.			\$	c.			\$	c.																			
<i>Oct 31</i>													<i>29 10</i>	<i>29 10</i>									<i>29 10</i>					<i>Balance forward</i>			
<i>Nov 10</i>	<i>10</i>	<i>10.00</i>	<i>1000</i>	<i>10</i>	<i>10</i>	<i>100</i>							<i>1100</i>										<i>40 10</i>								
<i>Nov</i>	<i>20</i>	<i>1.00</i>	<i>20 00</i>	<i>20</i>	<i>10</i>	<i>200</i>							<i>2200</i>	<i>262</i>	<i>311</i>	<i>15/11</i>	<i>344</i>	<i>30h</i>				<i>973</i>	<i>974</i>	<i>7 30</i>			<i>26 77</i>	<i>35 33</i>	<i>1500</i>	<i>2433</i>	
<i>Dec</i>	<i>31</i>	<i>1.00</i>	<i>31 00</i>	<i>31</i>	<i>10</i>	<i>310</i>							<i>3410</i>	<i>389</i>								<i>1703</i>					<i>17 03</i>	<i>52 40</i>	<i>7050</i>	<i>2190</i>	
<i>Jan</i>	<i>10</i>	<i>1.00</i>	<i>1000</i>	<i>10</i>	<i>10</i>	<i>100</i>							<i>1100</i>											<i>63 40</i>							
<i>Feb</i>	<i>21</i>	<i>1.00</i>	<i>21 00</i>	<i>21</i>	<i>10</i>	<i>210</i>							<i>2310</i>											<i>86 50</i>			<i>31 00</i>	<i>55 60</i>			
<i>Feb</i>	<i>28</i>	<i>1.20</i>	<i>33 60</i>			<i>33 60</i>							<i>30 80</i>	<i>101</i>	<i>12/15</i>	<i>186</i>	<i>27 1/2</i>						<i>973</i>	<i>4380</i>			<i>53 53</i>	<i>63 77</i>	<i>60 00</i>	<i>3 77</i>	
<i>Mar</i>	<i>31</i>	<i>1.10</i>	<i>34 10</i>										<i>34 10</i>											<i>97 87</i>							
<i>Apr</i>	<i>30</i>	<i>1.10</i>	<i>33 00</i>										<i>33 00</i>											<i>130 87</i>			<i>90 00</i>				
<i>May</i>	<i>31</i>	<i>1.10</i>	<i>34 10</i>										<i>34 10</i>	<i>69</i>	<i>24/4</i>	<i>20</i>	<i>15/4</i>						<i>17 03</i>	<i>19 47</i>			<i>36 50</i>	<i>128 47</i>	<i>105 00</i>		
<i>June</i>	<i>30</i>	<i>1.10</i>	<i>33 00</i>										<i>33 00</i>	<i>238</i>	<i>20/5</i>	<i>133</i>	<i>12/5</i>						<i>7 30</i>	<i>973</i>			<i>17 03</i>	<i>144 44</i>	<i>120 00</i>		
<i>July</i>	<i>31</i>	<i>1.10</i>	<i>34 10</i>										<i>34 10</i>		<i>290</i>	<i>17/2</i>							<i>973</i>		<i>15</i>	<i>15</i>	<i>163 54</i>	<i>120 00</i>			
<i>Aug</i>	<i>31</i>	<i>1.10</i>	<i>34 10</i>										<i>34 10</i>		<i>331</i>	<i>27/6</i>							<i>730</i>		<i>15</i>	<i>3203</i>	<i>165 61</i>				
			<i>334 40</i>										<i>29 10</i>	<i>363 50</i>									<i>116 79</i>	<i>51 10</i>	<i>30</i>	<i>19 789</i>					

6-1-38

War Service Badge
Class "A" No. 150974

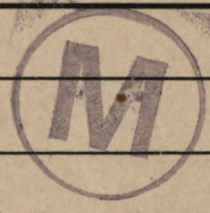
SHORT FORM.

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

War Service Badge
Class "A" No. 09.1

09.1
Dd-I



1. No. 639605

2. Rank. Pte

3. Name. Taylor, Harry Banks

4. Unit. 3rd. Batt'n. Canadian Machine Gun Corps.

5. Date of Discharge MAR 29 1919 Place Toronto

6. Reason for Discharge MAR 29 1919 Demobilization



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

8. Proposed Residence after Discharge Milly Park

Release

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.?

H. B. Taylor
Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place TORONTO, ONT.

Date MAR 29 1919 MAR 29 1919

Signature J. McShane Capt.
(O. C. Discharging Unit.)

SHORT FORM
PROCEEDINGS ON DISCHARGE
(Demobilization)

1. Name of Soldier
2. Grade
3. Branch
4. Station
5. Date of Discharge
6. Reason for Discharge
7. Remarks

CERTIFICATE TO BE SIGNED BY SOLDIER

I hereby certify and acknowledge that on the undersigned place and date I received my discharge Certificate

Signature of Soldier

CONFIRMATION

The discharge of the above named man is hereby confirmed.

Place

Date

Signature

(O. C. Discharge Unit)

LIST OF DISCHARGE DOCUMENTS

Allegation Report, Epiphany	10
or Richardson, N. Pacini	11
First (Kadant) Report	12
Company Report	13
First (Kadant) Report	14
Company Report	15
Medical History Sheet	16
Proceedings of Medical Board	17
Dental History Sheet	18
Medical Report	19
Neurological Consult Sheet	20
Company Contact Sheet	21

SEARCHED
SERIALIZED
INDEXED
FILED

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. Discharge Certificate (C.A.D.C. 5009a).
6. Field Conduct Sheet (M.F.B. 122)
7. Proceedings on Discharge (A.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. Personal Certificate (C.D. 5)
11. Equipment Statement Q.M.G. Form (D.O.S. 2) and Clothing
12. Last Pay Certificate (P. 851).
13. Pay Book (A.B. 64).
14. War Service Gratuity (Form M.F.W. 2595).
15. Sundry Documents.

Group..... *B*

Checked by No:..... *14*

Date..... *13/3/19*

2 Duplicate

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 Bramstott DATE 10/3/19

1. 1 (a) Unit 3rd C.M.S. (b) Regimental No. 639605 (c) Rank Pte
 (d) Surname PAYLOR (e) Christian name Harry Parker
 (f) Home address Meyroune Sask.
 (g) Next of Kin John Paylor (h) Relationship brother
 (i) Address of Next of Kin same address

2. Age last birthday 25 Date of birth Aug 6th 1895

3. Enlistment, or Appointment (if an Officer) (a) Place Campbell Bay (b) Date Feb 16

4. Personal description: estimated
 (a) Height 5'6" (b) Weight 140 (c) Complexion fair
(stripped)
 (d) Colour of hair dark brown (e) Colour of eyes grey (f) Identification marks, Scars, etc. Wen in front of R. ear.

5. Former trade or occupation farmer

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 <u>3</u>	Days <u>8</u>
---	-------------------	------------------

	PERIODS	
	From	To
Canada	<u>6/8/16</u>	<u>18/10/16</u>
England	<u>18/10/16</u>	<u>28/2/18</u>
France or other theatres of War	<u>28/2/18</u>	<u>15/2/19</u>

7. Original disease, or injury Hyperopic Astigmatism RT.

(a) Date of origin Congenital (b) Place of origin —
 (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 R.T.

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 R.T. $\frac{6}{36}$ L $\frac{6}{9}$

25.2.19

Signed J.H. KeRae capt.

(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*
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 poor vision

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).)

*Presumably May 1916 in Canada
5 weeks Hospital Recovery*

Patient's Statement re Record in M.H.S.

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

None

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.)

Special eye report attached signed

*J.H. MacCallister
Capt
C.M.C.*

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit? *no*
(If the answer is "yes" state nature of treatment required and probable duration)

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

17. Recommendations

J.M. [Signature]
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.B. 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 *nil*

BB

H. B. Taylor P.T.F. Rank.
Signature of invalid examined.

4
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.

19. Is the invalid fit for

- (a) General service,
- (b) Service abroad, not general service,
- (c) Home service (Canada only),
- (d) Temporarily unfit.
- (e) Unfit for service in Categories A, B and C

- | | | |
|--------------|--------------|--------------|
| (Category A) | (Yes or No.) | <i>yes A</i> |
| (" B) | (Yes or No.) | |
| (" C) | (Yes or No.) | |
| (" D) | (Yes or No.) | |
| (" 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.)

Authority A G 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 *Granby*

DATE *March 10 1919*

Agoswagubast President.

J. H. Edmiston } 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.....

DATE.....

.....President

.....} Members

APPROVED BY

APPROVED BY

Asst. Dir. of Med. Serv.
Assistant Director of Medical Services.

.....Director-General of Medical Services.

DATE *10-3-19*

DATE.....

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Jul 1/17

RATE OF SEPARATION ALLOWANCE

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T

829

RATE OF ASSIGNMENT

15			
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PARTICULARS OF SEPARATION ALLOWANCE

No. *639603*
 Rank *Pte* Promoted Reverted Discharge
 Soldier's Name *H. B. Taylor*
 Battalion *156th Battr*
 Beneficiary
 Relationship
 Address

PARTICULARS OF ASSIGNMENT

Name *John B. Taylor*
 Address *c/o Bank of Toronto*
 Change of Address *Meyroune, Sask*
 1
 2
 3
 4

Date 1917	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
<i>Dec 31</i>	<i>-</i>		<i>90</i>	<i>90</i>	
<i>Jan 18</i>	<i>C 74218</i>		<i>15</i>	<i>15</i>	
<i>Feb</i>	<i>O 72349</i>		<i>15</i>	<i>15</i>	<i>27</i>
<i>Mar</i>	<i>V 93658</i>		<i>15</i>	<i>15</i>	<i>✓</i>
<i>Apr</i>	<i>V 8875</i>		<i>15</i>	<i>15</i>	<i>✓</i>
<i>May</i>	<i>J 14918</i>		<i>15</i>	<i>15</i>	<i>✓</i>
<i>June</i>	<i>P 21889</i>		<i>15</i>	<i>15</i>	<i>✓</i>
<i>July</i>	<i>G 32502</i>		<i>15</i>	<i>15</i>	<i>✓</i>
<i>Aug</i>	<i>R 40987</i>		<i>15</i>	<i>15</i>	<i>✓</i>
<i>Sept</i>	<i>P 42127</i>		<i>15</i>	<i>15</i>	<i>✓</i>
<i>Oct</i>	<i>D 48964</i>		<i>15</i>	<i>15</i>	
<i>Nov</i>	<i>Z 57097</i>		<i>15</i>	<i>15</i>	
<i>Dec</i>	<i>G 64042</i>		<i>15</i>	<i>15</i>	
<i>Jan</i>	<i>Z 70794</i>		<i>15</i>	<i>15</i>	
<i>Feb</i>	<i>O 81538</i>		<i>15</i>	<i>15</i>	
<i>Mar</i>	<i>B 87123</i>		<i>15</i>	<i>15</i>	
<i>Apr</i>			<i>15</i>	<i>15</i>	
			<i>315</i>	<i>315</i>	

017845-X-188

M. F. W. 128
400M-6-17-1772-89-141
L. L. 2220-M. & D. 1483.

Ret'd per. *Olympic*
 Date *26/3/19* M. F. W. 187 *3/4/19*
 Closed *Rob 62257 O.K.F.L.*
2



Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

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RATE OF ASSIGNMENT

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PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

No.

Name

Rank

Promoted

Reverted

Discharge

Address

Soldier's Name

Change of Address

Battalion

1

Beneficiary

*11 157
85088 P*

2

Relationship

3

Address

4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
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M. F. W. 128
 400M-6-17-1772-89-1141
 L. L. 22220-M. & D. 7993.

