

11/11/1917
10.4.4
29/11/17

DUPLICATE

ATTESTATION PAPER.
York & Simcoe Foresters Const.

No. 2498971
Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.
(ANSWERS.)

1. What is your surname?.....	TAYLOR	No	No
1a. What are your Christian names?.....	James Stewart		
1b. What is your present address?.....	18 Greenslitt Ave., Pawtucket, R.I. USA		
2. In what Town, Township or Parish, and in what Country were you born?.....	Greenock, Scotland		
3. What is the name of your next-of-kin?.....	Ellen Taylor		
4. What is the address of your next-of-kin?.....	18 Greenslitt Ave., Pawtucket, R.I. USA		
4a. What is the relationship of your next-of-kin?.....	Wife		
5. What is the date of your birth?.....	May 7th, 1880		
6. What is your Trade or Calling?.....	Conductor		
7. Are you married?.....	Married		
8. Are you willing to be vaccinated or re-vaccinated and inoculated?.....	Yes		
9. Do you now belong to the Active Militia?.....	No		
10. Have you ever served in any Military Force?..... <small>If so, state particulars of former Service.</small>	No		
11. Do you understand the nature and terms of your engagement?.....	Yes		
12. Are you willing to be attested to serve in the } CANADIAN OVER-SEAS EXPEDITIONARY FORCE? }	Yes		

13. Have you ever been discharged from any Branch of His Majesty's Forces as medically unfit?
14. If so, what was the nature of your disability?
15. Have you ever offered to serve in any Branch of His Majesty's Forces and been rejected?
16. If so, what was the reason?

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

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

Date October 9th 1917.
James Stewart Taylor (Signature of Recruit)
McE... (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, James Stewart Taylor, do make Oath, that I will be faithful and bear true Allegiance to His Majesty King George the Fifth, His Heirs and Successors, and that I will as in duty bound honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity, against all enemies, and will observe and obey all orders of His Majesty, His Heirs and Successors, and of all the Generals and Officers set over me. So help me God.

Date October 9th 1917.
James Stewart Taylor (Signature of Recruit)
McE... (Signature of Witness)

CERTIFICATE OF MAGISTRATE.

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

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said Recruit has made and signed the declaration and taken the oath before me, at Toronto Canada this 9th day of October 1917.

[Signature] (Signature of Justice)

Description of James Stewart Taylor on Enlistment.

Apparent Age 33 years 6 months.

(To be determined according to the instructions given in the Regulations for Army Medical Services.)

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

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

Height 5 ft. 7 ins.

ball pate. mossaon back and r
side of neck.

Chest measurement { Girth when fully expanded 36 1/2 ins.
Range of expansion 5 3/4 ins.

Complexion Dark

Eyes Blue

Hair Dark

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

Hearing good nose & throat B.X.
each eye D20

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..... October 9th 191 7

Place..... Toronto Canada

DECEASED FIT BY MEDICAL BOARD
TORONTO MOBILIZATION CENTRE
O. Hock
Medical Officer. **M.O. PRESIDENT**

*Insert here "fit" or "unfit."

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

CERTIFICATE OF OFFICER COMMANDING UNIT.

James Stewart 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.

Arkus (Signature of Officer)
Capt.

Date..... 9th Oct 191 7

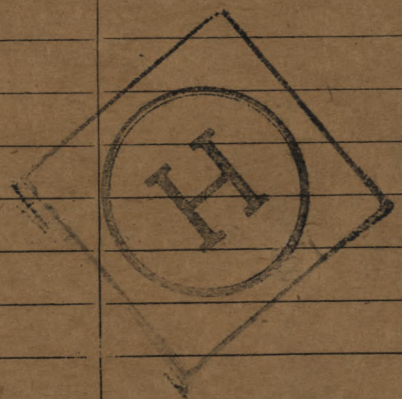
REGIMENTAL DOCUMENTS

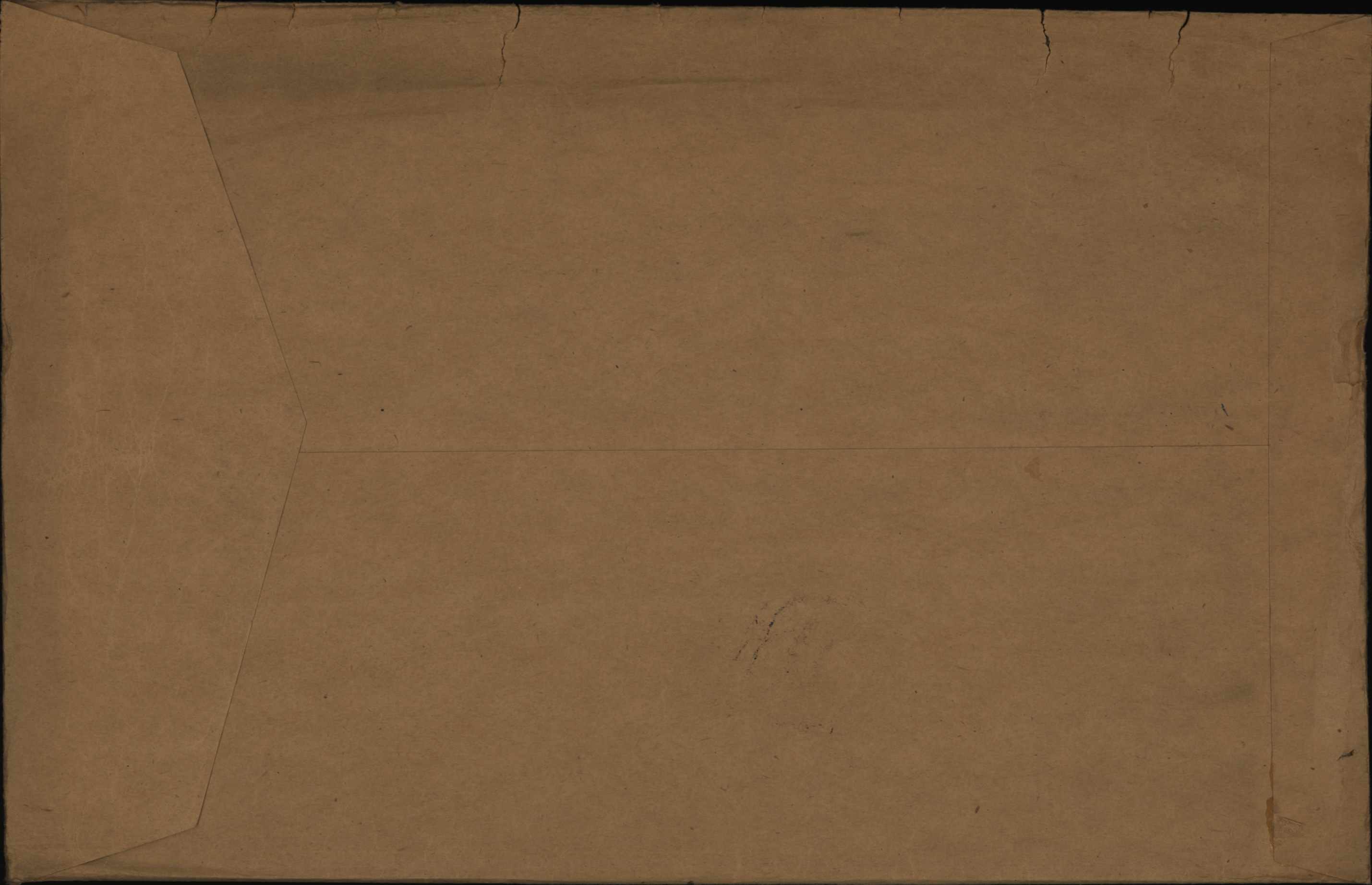
NAME TAYLOR JAMES STEWART REGT. NO. 2498971 UNIT C7C H. Q. FILE NO. _____

CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
✓ ATTESTATION PAPER (M.F.W. 23, 133, or 51)					<div style="border: 1px solid black; border-radius: 50%; width: 40px; height: 40px; display: flex; align-items: center; justify-content: center; margin: 0 auto;"> H </div> DEATH Category
✓ 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)					
1 REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)					
1 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 Category <i>Dismiss</i>
DENTAL HISTORY SHEET (M.F.B. 465)					
MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					
1 MEDICAL EXAMINATION (M.F.W. 129)					
1 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)					
LAST PAY CERTIFICATE (M.F.W. 44)					
1 PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					
PARTICULARS OF CHARACTER (A.F.W. 3226)					
1 COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
3 Misc					
1 CB					
1 R122					



03206





Ind
Ham
Number 2498971 Rank Oto^B

Surname JAYLOR

Christian Name James Stewart

Units 676 Theatre of War France

Date of Service 26-1-18

Remarks

Latest Address 42 Powell Ave

Roll No. Pawtucket

Page 10258
200m.-2-21.M.

P.O. USA

DESP. FEB 16 1922

REGN. NO.

468959

SURNAME.

Taylor

649-J.4043.

92

CARD NO. ✓

CHRISTIAN NAMES

James Stewart

SOS, 11/4/19. Demit
\$6.106 g. 16/4/19
1/298.

REGL. No.

2498971

RANK

Pte.

UNIT

Forestry Coy (M.D. 2)

FORMER CORPS

Mil

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Taylor, Mrs. Ellen

RELATIONSHIP TO SOLDIER

Wife

ADDRESS

18 Greenslitt Ave., Pawtucket, R. I.
U.S.A.

COUNTRY OF BIRTH

Scotland Greenock

DATE

May 7th 1880

PLACE OF ATTESTATION

Toronto. Ont.

DATE

Oct. 9th 1917

R/E 10/4/19 $\frac{300}{40}$ Pte. g.

MARRIED *yes*

SINGLE

WIDOWER

TRADE OR CALLING *Conductor*

RELIGION *Presbyterian*

DESCRIPTION.

APPARENT AGE

37 YEARS

6 MONTHS

HEIGHT

5- FEET

7 INCHES

CHEST MEASUREMENT

36½ INCHES

EXPANSION

5- INCHES

COMPLEXION *Dark*

EYES *Blue*

HAIR *Dark*

DISTINGUISHING MARKS

Moles on back and R. side of neck.

MEDICAL EXAMINATION.

PLACE

Toronto, Ont.

DATE

Oct. 9th 1917

Present address 18 Greenslitt Ave., Pawtucket, R. I., U.S.A.

No 6 Toronto For Dft To B.D O F C

TLH Rank Name TAYLOR, James Stewart, Reg'l No. 2498971
 Unit If in perm. Corps, } Married or Single Married
 What Unit? }
 Place and Date of Enlistment Toronto, Can. Octr. 9th. 1917 Place of Birth Greenock, Scotland.
 Name and Address, Next-of-Kin Ellen Taylor,
 18 Greenslitt Ave., Pawtucket, R. I. USA Relationship Wife

Assigned Pay Monthly \$ Payable to

Separation Allowance \$ Payable to

Discharge, Date and Place Reason Character

H. W. & V., Ld.—9546-16.

N/E. R.B. No. 11064
 File R.L.
 Category O.L. Gen

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		31-12-17	S/S GRAMPIAN
7-1-18	BDOFC T.O.S. from Canada Pt S'dale			"	PRIO 6
28-1-18	" S.O.S. to France		" "	26-1-18	" 24 (PRIO 8 of 21-2-18) (46 CoyCAC. T.O.S)
	SOS to BDOFC, 15 2. 18				
	to C. D. 5. 27 2. 19 &				
	TO BDOFC S'dale				
	DO 52 d 21 2 9				
19.3.19	BDOFC S.O.S to M.D. 2 Rlyc		35-2	30.3.19.	
22.3.19	2MDCW 208 from C 76		Pt S'dale	19.3.19 - 78	
31.3.19	See 1 CFC 2MDCW S.O.S to Canada		Rlyc	19.3.19 - 69	
	See 2 CFC			30.3.19. 76	

46

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

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

500M.—9-16

H. Q. 1772-39-920.

Casualty Form Active Service.

2498 97 1

Unit, Regiment or Corps *WORK & SIMCOE FORESTERS C.F.C. Toronto Staff - B.W.C.F.*

Regimental No. Rank *Pte* ✓ Name *Taylor, James Stewart*

Enlisted (a) *14th Oct 17* ✓ Terms of Service (a) *Duration of war and six months thereafter.* Service reckons from (a) *14th Oct 17*

Date of promotion to present rank } Date of appointment to lance rank } Numerical position on roll of N. C. Os. } *9* ✓

Extended Re-engaged Qualification (b) *Motorman (St Ry)*

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				

CORRECTED, 1 FEB. 1918

RECORD, LONDON.

<i>7/1/18</i>	<i>Booth</i>	<i>Embarked St. John's</i>	<i>St. John's</i>	<i>18/12/17 10.30 PM</i>	
		<i>N.M. 2 Lympian</i>		<i>31/12/17 6.00 P.M.</i>	
		<i>Disembarked</i>	<i>Glasgow</i>	<i>31/12/17 Pt. 11 D.O. 6</i>	
<i>28-1-18</i>	<i>O.C. P.F.C.</i>	<i>S.O.S. BASE DEPOT C.F.C. SUNNINGDALE</i>	<i>C.F.C. Sunningdale</i>	<i>26/1/18</i>	<i>PT. II. DO. NO. 24</i>
		<i>on transfer to France</i>			<i>Aug 1918 for O.C. C.F.C.</i>
<i>27-1-18</i>	<i>C.F.C. 2</i>	<i>1/0/15 of 46" boy & to Field</i>		<i>27-1-18</i>	<i>NR R.R. 9/8</i>
<i>23-11-18</i>	<i>46 Coy.</i>	<i>Granted 14 days leave to U.K</i>		<i>19-11-18</i>	<i>B213 P2/56,</i>
<i>14-12-18</i>	<i>DO</i>	<i>Rejoined</i>		<i>12-12-18</i>	<i>B213</i>
<i>15/2/19</i>	<i>all 4</i>	<i>S. for demobilisation to C.F.C. Depot</i>	<i>Sunningdale</i>	<i>15/2/19</i>	<i>NR. KA 37612 Pt. 2.0/8. 5 19.9</i>

W. Hewitt

Lieut. for Lt. Col A.A.G.

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

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				

21-2-19

O.C. C.F.C. T.O. 8. Base Depot, C.F.C. Sunningdale 18-2-19 Pl. 11 D.O. 53.

from 46 bay France.

19-3-19

B.D.O.F.C. S.O.S. BASE DEPOT O.F.C. SUNNINGDALE 19-3-19 Pl. 11 78.

Trans M.A. 2. on posting to C.R. Ryd.

M. T. Stewart
Lt. for O.C. B.D.C.

Attached C.C.C. Kinmel Park for return to Canada. Part 11 Order No. _____. Ceases to be attached C.C.C. Kinmel Park on embarking for Canada, Part 11 Order No. 76

2 R.P. left 30/3/19
Commanding 2 Wing, Kinmel Park Camp.

MAR 30 1919 O.S. T.O.S. No. 2 DISTRICT DEPOT, TORONTO 1919

APR 11 1919 S.O.S. (DISCHARGED FROM H.M.S.) No. 2 DIS. DEPOT, PART II D.O. 106



[Signature]
For O.C. No. 2 District Depot

DUPLICATE

To be made out in duplicate.

H.Q. 54-21-23-53

PARTICULARS OF FAMILY OF AN OFFICER OR MAN ENLISTED IN C. E. F.

INSTRUCTIONS.

- (a) This form is only required for men joining units for Overseas Service and must be completed immediately the man is warned for draft overseas.
- (b) Care must be taken to see that a man is allotted his correct Regimental Number. No numbers must be duplicated and once it has been allotted to a man, even if he is subsequently discharged, the same number must never be allotted to another man.
- (c) All questions, etc., must be answered.
- (d) One copy of the form is to be forwarded by Officer Commanding unit for each Officer and man to Officer Commanding Division or District at least seven days before man leaves his station to proceed overseas, for transmission to Accountant and Paymaster General, Ottawa.
- (e) Duplicate copy is to be forwarded direct to Officer in charge of Records, C.E.F. London, immediately after arrival in England.

YORK & SIMCOE FORESTERS C. E. F.

(1) Name of Overseas Unit which Soldier joins.....

(2) Regimental Number..... **2498 971**

(3) Full Name of Soldier..... **Taylor, James Stewart**

(4) Place of Birth..... **Greenock, Scotland**

(5) Are you married, or not?..... **Yes**

(6) If married, state,
(a) Full name of your wife..... **Taylor, Ellen Charlotte**

(b) Present Postal Address..... **18 Greenslitt Ave
Pawtucket, Rhode Island U.S.A.**

(7) Are you a widower?.....

(8) Have you any children?..... **Yes**

If so, give number of boys and girls..... **2 Girls 1 Boy**

Also their names and ages..... **James David...Age..5 Yrs..5 Months**

Ellen Margaret Age..13 Yrs..10 Months

Doris Mary.....Age..1 Year.. 10 Months

DUPLICATE

(9) Is your Father alive? **No**

If so, state name and address

(10) Is your Mother alive? **Yes**

If so, state name and address **Taylor, Mary**

Address to be furnished later.

(11) If your Mother is a widow

Are you her sole support, or not? **No**

(12) If sole support of widowed mother, state what amount you have given her per month prior to your enlistment, also reason she has no other support than yourself.

(13) If you have no wife, father, mother or children, state the name and relationship with full postal address of your next of kin, to whom you would desire any communication to be sent concerning you.

(14) If you have a wife, or children, or a widowed mother who depends on you as her sole support, have you applied to the Paymaster of your unit for Separation Allowance? If not, this must be done.

Yes

(15) Are you insured?

Yes

If so, in what Company? **Hancock of America.**

Have you made arrangements for payment of your Insurance premium? **Yes**

If not, and it is a monthly premium, you can assign the amount in addition to any other assignment you wish to make.

[Signature]
Capt
Officer Commanding

Date **11th October 1917**

CANADIAN ARMY DENTAL CORPS, O.M.F.C. DENTAL CERTIFICATE FOR DEMOBILIZATION

DIRECTIONS TO
DENTAL OFFICERS

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) TAYLOR, J.S.
REGIMENT C. F. C. RANK Pte. No. 2498941

Date of Examination in England 20-2-14 Date of Examination in France _____



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

PRESENT DENTAL REQUIREMENTS

1. FILLINGS

none

2. EXTRACTIONS

4

3. CROWNS

1

4. DENTURES

(a) Full Upper

(b) Part Upper

(c) Full Lower

(d) Part Lower

} *none*

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

(b) In England

(c) In France

} *no*

Signature of Dental Officer

J. H. Reid Capt



COMMERCIAL BANK OF THE CITY OF NEW YORK

NEW YORK, N.Y. *[Faint handwritten text]*

[Faint handwritten text]

[Faint handwritten text]

[Faint handwritten text]

[Faint handwritten text]

[Faint handwritten text]

[Faint handwritten text]

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

THIS IS TO CERTIFY that No. 2498971 (Rank) Pl

Name (in full) James S Taylor enlisted in

the York & Mercer Tunnellers

CANADIAN EXPEDITIONARY FORCE at Toronto on the 9th

day of Oct 1917

HE served in France

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 39

Height 5' 7"

Complexion Dark

Eyes Blue

Hair Dark

Marks or Scars Mole on

back side of
neck

James S Taylor
Signature of Soldier

[Signature]
Issuing Officer

Date of Discharge

No. 2 DISTRICT DEPOT
APR 11 1919
TORONTO

Issuing Officer

For

O.C. No. 2 District Depot.
Rank

APR 11 1919

Date _____ 19____

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

CANADIAN EXPEDITIONARY FORCE
DISCHARGE CERTIFICATE

THIS IS TO CERTIFY that No. _____ (Rank) _____

Name (in full) _____ enlisted in _____

the _____ CANADIAN EXPEDITIONARY FORCE at _____ on the _____ day of _____ 1917

HE served in _____

and is now discharged from the service by reason of _____ Demobilization _____

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

Marks or scars _____ _____ _____ _____	Age _____ Height _____ Complexion _____ Eyes _____ Hair _____
--	--

Signature of Soldier _____

Date of Discharge _____

Rank _____

Date _____

TORONTO
APR 1 1917
No. 2 DISTRICT DEPOT

K.B.—A duplicate of this Certificate will be issued, any person having same is requested to forward it to an unslamped envelope to the Secretary, Military Council, Ottawa, Canada.

M. B. 304
2010-1-10-100
100-1-10-100

11

MEDICAL EXAMINATION UPON LEAVING THE SERVICE OF OFFICERS AND OTHER RANKS WHO HAVE NO DISABILITY.

Officers and Other Ranks leaving the service for reasons other than medical unfitness are to be reported on this form. Where there is evidence of any undetermined or progressive disability, this form will not be used, but the case will be referred to a Medical Board for completion of M.F.B. 227.

No. 2498971 Rank PTF Surname TAYLOR
(Given name in full) JAMES S.
Unit or Corps C.I.F.C. Birthplace GREENOCK, SCOTL.

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

1. GENERAL DESCRIPTION:

Physique good Weight 150 lbs. Height 5 ft. 8 in. Colour of Eyes Blue
Nutrition normal
Pulse 72
Condition of arteries normal
Vision Rt. 6/6 Left 6/6
Hearing (conversational voice) Rt. 2.1 ft.
Left 2.1 ft.

Identification marks, scars, or deformities.
(Give cause and date of origin.)
nil

Opinion as to general health and physical condition normal

2. Has Officer or Other Rank ever suffered from, or has he now, any affection of the following systems? (Answer "Yes" or "No"). (Subjective evidence may be sufficient in certain cases.)

Nervous System no Genito Urinary System no Cardio-Vascular System no
Special Senses no Integumentary System no Respiratory System no
Disturbance of mentality no Muscular System no Digestive System no
Osseous and Joint System no Any other general condition no

3. If the answer to any part of Section 2 above is "Yes," here give full particulars, with cause and date of origin; and also a description of the present condition.

no

EXAMINATIONS.

THIS SECTION FOR USE OVERSEAS—

Examined at Swimmingdale (Overseas)

Date Mar 3/19

Signed E. A. Queborough M.O.

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to or during service.

Signature J. C. Taylor

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

THIS SECTION FOR USE IN CANADA—

Examined at (Canada)

Date

Signed M.O.

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to or during service.

Signature

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

(This space to be used, if necessary, in connection with Section 3, overleaf, only.)

Condition of general health and physical condition
The Officer or Other Rank (applicant) has no now, nor has he ever suffered from any affection of the following systems:
(Answer "Yes" or "No") (Subjective evidence may be sufficient in certain cases.)
Nervous System
Respiratory System
Digestive System
Genito-Urinary System
Any other special condition

[OVER]

MEDICAL HISTORY SHEET.

IMPORTANT.—If the man's name does not appear upon the schedule of men reporting for service, or if he has not made an application for exemption or a report for service, or, although having made one, he does not know the number, he will be instructed that the copy of this medical history sheet (which will be handed to him) must be attached by him to a report for service or claim for exemption which he may make on application to any Postmaster in Canada, or be sent by him after he has noted upon it the number on the receipt he obtained from the Postmaster to a Registrar or Deputy Registrar under the Military Service Act. In any event the duplicate medical history sheet will be sent by the Medical Board to the District Officer Commanding unless instructions have been given by the latter to forward it direct to a Registrar or Deputy Registrar.

1. Surname Taylor Christian name James Stewart

2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule.

3. Consecutive number on schedule of men reporting for service (if he appears on it)

4. Address (including street and number, if any) 18 - Greenleaf Ave, Pawnee R. 9.

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 9th day of October 1917, by the undersigned medical board sitting at Toronto Canada.

5. Age as stated 30 37 Years 6 Months. 6. Apparent age Years Months

7. Height 5 Feet 7 Inches. 8. Weight 130 Pounds.

9. Chest measurement { Minimum 32 1/2 Ins. Maximum 36 1/2 Ins. 10. Complexion dark { Eyes Blue Hair dark

11. Physical development good { Good Fair Poor 12. Smallpox marks nil

13. Number of vaccination marks { Right arm Left arm 5 14. When vaccinated last Childhood

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

16. Slight defects but not sufficient to cause rejection Hearing good Nose & throat O.K.

The man denies having had { Rheumatism Tuberculosis Syphilis We find no evidence of past { Rheumatism Tuberculosis Syphilis each eye D20. (Strike out disease admitted or suspected.)

We have examined the above named man in accordance with the C. E. F. Regulations for medical examinations, and he is placed in Category

A2

DECLARED FIT BY MEDICAL BOARD TORONTO MOBILIZATION CENTRE

President. H. Toth M.O. Member. M.O. PRESIDENT

Signature of Man

Table with columns: Date, Result, VACCINATIONS, Date, Result, ANTI-TYPHOID INOCULATIONS, ETC. Includes handwritten entries for 3/4/17 and 12/10/17.

Joined 9th day of October 1917 at Toronto Canada

Table with columns: CORPS, REG'TL NUMBER, HABITS, DATE. Includes York & Simcoe, Foresters Const., and C.E.C. 0498 971.

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Table with columns: STATION, DATE, DISEASE, RESULT. Includes Camp Downes, 8-1-18, and A2 W.B. Donald.

DJE. 9. 10. 17.

MILITIA AND DEFENCE

M. F. W. 11.

25m.—10-17.

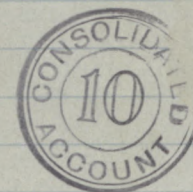
H. Q. 1772-39-818.

SEPARATION ALLOWANCE

Name Ellen Taylor Name of Soldier Taylor Jas. Stewart
 Address 18 Greenslett Ave Regtl. No. 2498971
Pawtucket Rank PL
R. I. U. S. A. Corps Depot Forestry Units
 Relation to Soldier }
 wife, child or mother } Wife
 To what Corps belonging }
 when called out }

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				





D/E 9. 10. 17.
MILITIA AND DEFENCE

M. F. W. 11a.
50m.-6-16.
1772-39-813.

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

Sheet No. 2.

Ellen Taylor

Wife
PAYMENTS.

Name of Soldier

Taylor Jas E.

L. L. Job 4503.-Req. 6832.

Pte. 2498971.

Depot 4 tryllint

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1917			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.		U 21778	34	54. 34 (U) mailed 7/11/17
Dec.		O 28729.	20	R
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

MILITIA AND DEFENCE
SEPARATION ALLOWANCE
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

PAYMENTS.

Name of Soldier: _____

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.				

* Strike out whichever inapplicable.

ASSIGNED PAY	ENGLAND or CANADA.	SEPARATION ALLOWANCE.	ENGLAND or CANADA.				
EFFECTIVE DATE:-	1 - 7 - 18	EFFECTIVE DATE:-					
AMOUNT:-	20	AMOUNT:-					
NAME, ADDRESS, RELATIONSHIP & AUTHORITY		WHEN PAYEE OF A.P. IS THE SAME AS PAYEE OF S.A. THE WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE.					
Mrs Ellen Taylor <i>Wife</i> 18 Greenstall Avenue Pasquet R. I. U.S.A.							
Stopped eff. 1.4.19							
PARTICULARS OF RANK OR APPOINTMENT							
AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT					
		Pte.					
UNIT AND TRANSFERS							
ORIGINAL UNIT:- #6 Toronto Forestry							
DATE ACCOUNT FIRST OPENED - 1 - 1 - 18							
AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'S F'D	UNIT TRANSFERRED TO				
			La.F. France.				
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
9531	7319	A.D.	230.00				
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:- Was to Can 31³/₁₉ for Disposal Authy R.R. 43342779/5dall M.D.D.2

MONTH 1918	PARTICULARS	CR 1	CR 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
Feb				Balance Forward.					19.52		
Apr	P. P.	33		B. A.B.				20			
May	P. P.	34	10	AR 183. 20/4/18 No.12 Dist. B.F.B.	7.14			20	25.38		
June	P.P.	33	10	B. A.B.	7.14			20			
July	P.P.	34	10	AR 552. 17/5/18 No.12 Dist	7.14			20	32.34		
Aug	P.P.	34	10	B. A.B.	7.14			20			
Sept	P.P.	33		AR 439. 12.6/18 - No.12 dist.	7.14			20	39.20		
Oct	P.P.	34	10	G.A.P.	7.14			20			
Nov	P.P.	34	10	AR 1144 - 10.7/18 - No.12 dist.	7.14			20	45.16		
Dec	P.P.	34	10	AR 1033 - 15.7/18 - No.	7.14			20			
Jan	P.P.	33		G.A.P.	7.14			20	52.12		
Feb	P.P.	33		AR 1937. 12 dist 18-9-18	7.14			20	57.98		
Mar	P.P.	34	10	AR 2173 12 Dist - 12-10-18	7.46			20	64.62		
Apr	P.P.	34	10	A.P.	7.46			20			
May	P.P.	33		AR 2513 12 Dist. 8.11.18	7.46			20			
June	P.P.	34	10	LC 12 ✓ 20.11.18	48.67			20			
July	P.P.	34	10	✓ 2604 ✓ 27.11.18	3.73			20			
Aug	P.P.	34	10	A.P.				20			
Sept	P.P.	34	10	AR 2821 12 Dist 9.12.18	11.19			20			
Oct	P.P.	34	10	A.P.				20			
Nov	P.P.	34	10					20			
Dec	P.P.	34	10					20			
Jan	P.P.	34	10					20			
Feb	P.P.	34	10					20			
Mar	P.P.	34	10					20			
Apr	P.P.	34	10					20			
May	P.P.	34	10					20			
June	P.P.	34	10					20			
July	P.P.	34	10					20			
Aug	P.P.	34	10					20			
Sept	P.P.	34	10					20			
Oct	P.P.	34	10					20			
Nov	P.P.	34	10					20			
Dec	P.P.	34	10					20			
Jan	P.P.	34	10					20			
Feb	P.P.	34	10					20			
Mar	P.P.	34	10					20			
Apr	P.P.	34	10					20			
May	P.P.	34	10					20			
June	P.P.	34	10					20			
July	P.P.	34	10					20			
Aug	P.P.	34	10					20			
Sept	P.P.	34	10					20			
Oct	P.P.	34	10					20			
Nov	P.P.	34	10					20			
Dec	P.P.	34	10					20			
Jan	P.P.	34	10					20			
Feb	P.P.	34	10					20			
Mar	P.P.	34	10					20			
Apr	P.P.	34	10					20			
May	P.P.	34	10					20			
June	P.P.	34	10					20			
July	P.P.	34	10					20			
Aug	P.P.	34	10					20			
Sept	P.P.	34	10					20			
Oct	P.P.	34	10					20			
Nov	P.P.	34	10					20			
Dec	P.P.	34	10					20			
Jan	P.P.	34	10					20			
Feb	P.P.	34	10					20			
Mar	P.P.	34	10					20			
Apr	P.P.	34	10					20			
May	P.P.	34	10					20			
June	P.P.	34	10					20			
July	P.P.	34	10					20			
Aug	P.P.	34	10					20			
Sept	P.P.	34	10					20			
Oct	P.P.	34	10					20			
Nov	P.P.	34	10					20			
Dec	P.P.	34	10					20			
Jan	P.P.	34	10					20			
Feb	P.P.	34	10					20			
Mar	P.P.	34	10					20			
Apr	P.P.	34	10					20			
May	P.P.	34	10					20			
June	P.P.	34	10					20			
July	P.P.	34	10					20			
Aug	P.P.	34	10					20			
Sept	P.P.	34	10					20			
Oct	P.P.	34	10					20			
Nov	P.P.	34	10					20			
Dec	P.P.	34	10					20			
Jan	P.P.	34	10					20			
Feb	P.P.	34	10					20			
Mar	P.P.	34	10					20			
Apr	P.P.	34	10					20			
May	P.P.	34	10					20			
June	P.P.	34	10					20			
July	P.P.	34	10					20			
Aug	P.P.	34	10					20			
Sept	P.P.	34	10					20			
Oct	P.P.	34	10					20			
Nov	P.P.	34	10					20			
Dec	P.P.	34	10					20			
Jan	P.P.	34	10					20			
Feb	P.P.	34	10					20			
Mar	P.P.	34	10					20			
Apr	P.P.	34	10					20			
May	P.P.	34	10					20			
June	P.P.	34	10					20			
July	P.P.	34	10					20			
Aug	P.P.	34	10					20			
Sept	P.P.	34	10					20			
Oct	P.P.	34	10					20			
Nov	P.P.	34	10					20			
Dec	P.P.	34	10					20			
Jan	P.P.	34	10					20			
Feb	P.P.	34	10					20			
Mar	P.P.	34	10					20			
Apr	P.P.	34	10					20			
May	P.P.	34	10					20			
June	P.P.	34	10					20			
July	P.P.	34	10					20			
Aug	P.P.	34	10					20			
Sept	P.P.	34	10					20			
Oct	P.P.	34	10					20			
Nov	P.P.	34	10					20			
Dec	P.P.	34	10					20			
Jan	P.P.	34	10					20			
Feb	P.P.	34	10					20			
Mar	P.P.	34	10					20			
Apr	P.P.	34	10					20			
May	P.P.	34	10					20			
June	P.P.	34	10					20			
July	P.P.	34	10					20			
Aug	P.P.	34	10					20			
Sept	P.P.	34	10					20			
Oct	P.P.	34	10					20			
Nov	P.P.	34	10					20			
Dec	P.P.	34	10					20			
Jan	P.P.	34	10					20			
Feb	P.P.	34	10					20			
Mar	P.P.	34	10					20			
Apr	P.P.	34									

NUMBER 2498971

RANK

NAME

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4.	BALANCE	DEFERRED	SEPARATION
				Gal. B. Prov.					24 77		
Feb.	P.P.	30 80		AR 3171. No. 12 dist. 9.1.19	7 46						
				✓ 3421 4.2.19	7 46						
				✓ B3632 BDL Flc 22.2.19	24 83						
				G.A.P.				20			
March	✓	34 10		G.A.P.				20	2040		
		64 90		AR. B9531. BDL Flc. 7.3.19	14 60			40	5 82		
		64 90			53 85			40			
Apr				AR 10268. Arif - 21/1/19	9 43				3 91		
					9 73						

2042
1460
582

A 3 M. FORM REN'S Stopped. EFFEC. 1.15
DISCHARGED TO Canada. DATE 31/12
PAY BOOK VERIFIED 11.3.19
Ct BAL 5.52 L.P.O. REN'S 11.19
AUTOV MR. 4354 Scale 7.19 M.D.V
for disposal

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

S.S. to Canada 28/3/19
MR 2 - 435

End 21/3/19 Debit 9 73
Dr Bal. 3 91

Separation and Assigned Pay Branch

9-10-17.

Dec. 1, 17

OVERSEAS CONTINGENTS

T

990

RATE OF SEPARATION ALLOWANCE

20.	25/12/17	20 1/2
-----	----------	--------

Pe 2753
ms 34819

RATE OF ASSIGNMENT

20			
----	--	--	--

PARTICULARS OF SEPARATION ALLOWANCE

No. 2498971.

Rank *Pte.* Promoted Reverted Discharge

Soldier's Name *Jas. Stewart Taylor.*

Battalion *Depot Forestry Units.*

Beneficiary *Ellen Taylor.*

Relationship *Wife.*

Address *18 Grennelt Ave. Pawtucket R.I. U.S.A.*

PARTICULARS OF ASSIGNMENT

Name *Mrs. Ellen Taylor*

Address *18 Grennelt Ave., Pawtucket, R.I. U.S.A.*

54 Rowe Ave. Pawtucket R.I. U.S.A.
Change of Address

- 1
- 2
- 3
- 4

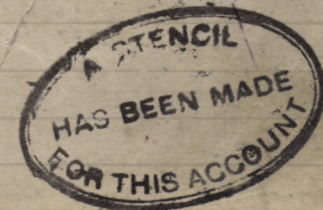
mfw 3524 30/7/18

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
1917					
Dec. 31.		54.	nil.	54.	
Jan 18	V 71892	30	+	30	Mailed 14-2-18 grc
Jan	U 69492	+	40	40	Mailed 16-1-18.
Feb	V 68382	25	20	45	
Mar	V 93798	25	20	45	
Apr	V 9019	25	20	45	
May	J 15073	25	20	45	
June	Z 16203	25	20	45	✓
July	Z 27622	25	20	45	✓
Aug	Z 40393	25	20	45	✓
Sept.	Z 54541	25	20	45	✓
Oct	Z 69538	25	20	45	
Nov	Z 84114	25	20	45	✓
Dec	Z 92400	45	20	65	
Jan	Z 114659	30	20	50	
Feb	Z 127627	30	20	50	
Mar	Z 134383	30	20	50	
Apr	Z 7960	30	20	50	
		499	340	839	

017846-J-201

M. F. W. 128.
FORM 6-17-1772-35-1141
L. L. 2230-M. & D. 1981.

Ret'd per *Saturday*
 Date *10/4/19* M.F.W. 187 *15/4/19* m 22
 Closed *mfw 70 89 3* *OK 15/4/19* RW



Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

--	--	--	--

PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

No.

Name

Rank

Promoted

Reverted

Discharge

Address

Soldier's Name

Change of Address

Battalion

1

Beneficiary

2

Relationship

3

Address

4

Date

Cheque No.

Amount S/A

Amount A/P

Total

REMARKS

M. F. W. 128.
 400x6-17-1772-20-1141
 L. L. 22320-M. & D. 7893.

SERVICE GROUP 13

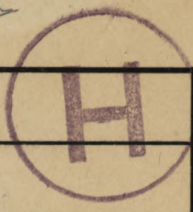
SHORT FORM.

War Service Badge. Toronto
Class A Wife
No. 289446 Motorman
issued. CS

OCCUPATIONAL GROUP 21

PROCEEDINGS ON DISCHARGE.

(Demobilization.) A



1. No. 2498971

2. Rank. Pte

3. Name. Taylor James Stewart

4. Unit. CTC CTC

5. Date of Discharge APR 11 1919 Place TORONTO, ONT.

6. Reason for Discharge

DEMOBILIZATION

Embarked S S Saturn
Sawney March 2...

7. Authority. No. 2 District Depot, Part II, D.O. No. 106.

8. Proposed Residence after Discharge

42 Rowe Ave Pawtucket R.I.

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.?

James Stewart
Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place TORONTO, ONT.

Date APR 11 1919

Signature
(O. C. Discharging, Unit.)

C

SHORT FORM

PROCEEDINGS ON DISCHARGE

Demobilization

MAY 1 1919

DEMobilIZATION

CERTIFICATE TO BE SIGNED BY SOLDIER

Signature of Soldier

CONFIRMATION

The discharge of the above named man is hereby confirmed

TORONTO, ONT.

APR 1 1919

(O. C. Discharge Unit)

LIST OF DISCHARGE DOCUMENTS

Medical Form W. 100	Attendance Report, Hospital
Medical Form W. 100	or Particulars of Discharge
Medical Form W. 100 or A.R. 100	Field Conduct Sheet
Medical Form W. 100 or A.R. 100	Casualty Form
Medical Form W. 100	Last Day Certificate
	Certificates that missing documents are replaceable
Medical Form B. 310 or A.R. 310	Medical History Sheet
M.F.R. 201, A.R. B. 100 or A.R. A. 4	Proceedings of Medical Board
Medical Form B. 400	Dental History Sheet
M.F. W. 100 or B. 310 or 100	Medical Report
Medical Form H. 200	Recreational Conduct Sheet
Medical Form H. 200	Company Conduct Sheet

REMARKS ON DISCHARGE FORM

Remarks on which the medical board has based its decision as to the discharge of the patient.

[Faint signature]

Medical Officer

NO. 100

100

[Faint signature]

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

Group
Checked by No. *[Signature]*
Date *27 MAR 1918*

"SATURNIA" 10-4-19

DISPERSAL "T" - 1-1400
AUDITOR: JAW
PAYMASTER: J.S.
NAME (IN FULL): TAYLOR, J.S.

PROMOTIONS, REDUCTIONS AND REVERSIONS AFFECTING
DAILY RATE OF PAY AND ALLOWANCES
REGT. No. 2498971

M. OR S. _____ RANK: Pte. NAME (IN FULL): TAYLOR, J.S.

ORIGINAL UNIT C.E.F.: C.C.

IF IN P.F. WHAT UNIT? _____ (BLOCK LETTERS SURNAME FIRST)

PLACE OF ATTESTATION: _____ TRANSFERRED TO: _____ DATE: _____ AUTHORITY: _____

DATE OF ATTESTATION: 9.10.17 TRANSFERRED TO: _____ DATE: _____ AUTHORITY: _____

ASSIGNED PAY \$: 2000 DATE EFFECTIVE: Closed by Ottawa 30-4-19 ✓

PAYABLE TO: Mrs Ellen Taylor. RELATIONSHIP: _____ ANY CHANGE IN ASSIGNEE OR ADDRESS: _____

ADDRESS: 54 Rowe Ave. Pawtucket, R.I. USA. ✓

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE: _____ EFFECTIVE: _____

DISCHARGED: Toronto PLACE: Toronto DATE: 11-4-19 REASON: Demob AUTHORITY: DO 106 IF ENTITLED TO POST DISCHARGE PAY: Yes

MONTH	PAY AND F.A.		OTHER CREDITS		TOTAL CREDITS		ACQUITTANCE ROLLS			CASH PAYMENTS			ASSIGNED PAY		REGI-MENTAL CHARGES		OTHER CHARGES		TOTAL DEBITS		BALANCE		T.O.S. PARTICULARS OR REMARKS SUBS. TO D.O.
	NO. OF DAYS	RATE	AMOUNT		\$	C.	NO.	DATE	NO.	DATE	NO.	DATE	\$	C.	\$	C.	\$	C.	\$	C.	\$	C.	
			\$	C.																			
					582																		582 Bal. B.P.C.
14-4-19	14	150	15	40																			973 endorsed on R.P.C.
					35 00																		42 P.A. 1-4-19 to 4-19 Clothing allowance W.P. payment
					70 00																		2000 ✓
																							487 50 ✓
																							86 62 ✓
					120	40																	126 22 ✓
																							70 00 ✓
																							330 ✓
																							19 00 ✓
122 days																							122 30 206 70 71 00 ✓
																							Apr. 9th 283 512 30 - ✓
																							May 10 287 773 66 70 257 774 11 200 00 140 60 ✓
																							JUNE 5 379 103 70 00 379 104 30 00 300 00 170 30 ✓
																							JULY 29 743 384 70 174 338 5 30 400 ✓ Closed
					240																		30 - 276 70 22 30 71 00 400 00 131 ✓
					120	400																	1st W. S. G. paid by #2 ✓
																							AR 99
																							W. S. G. PAID IN FULL

