

Card
17/5/16
S.S.

Duplicate
228142

ATTESTATION PAPER.

No.

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname? Taylor.
- 1a. What are your Christian names? James Younis
- 1b. What is your present address? Macedonia Alta. Can.
2. In what Town, Township or Parish, and in what Country were you born? Quebec Ontario
3. What is the name of your next-of-kin? Mr & G. Gourell.
4. What is the address of your next-of-kin? Sister
- 4a. What is the relationship of your next-of-kin? 27th Aug 1871 Sister
5. What is the date of your birth? 27th Aug 1871
6. What is your Trade or Calling? Farmer
7. Are you married? no
8. Are you willing to be vaccinated or re-vaccinated and inoculated? yes
9. Do you now belong to the Active Militia? no
10. Have you ever served in any Military Force? no
If so, state particulars of former Service.
11. Do you understand the nature and terms of your engagement? yes
12. Are you willing to be attested to serve in the }
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? } yes.

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

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

Date April 6th 1916 J. Y. Taylor (Signature of Recruit)
J. Gourell (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

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

Date April 6th 1916 J. Y. Taylor (Signature of Recruit)
J. Gourell (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 Macedonia this 6th day of April 1916
J. Gourell (Signature of Justice)

Description of James Taylor on Enlistment.

Apparent Age 45 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. 9 ins.

*Hammer toe on right foot
 Sympblepharon on left eye*

Chest measurement: { Girth when fully expanded 40 ins.
 Range of expansion 3 1/2 ins.

Complexion Fair

Eyes Light Brown

Hair Light Brown turning grey

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

CERTIFICATE OF MEDICAL EXAMINATION.

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

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

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

Date April 6 1916.

Place Dracass, Alta

J. W. Weston, M.D.
 Medical Officer.

*Insert here "fit" or "unfit."

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

CERTIFICATE OF OFFICER COMMANDING UNIT.

James Taylor having been finally approved and inspected by me this day, and his Name, Age, Date of Attestation, and every prescribed particular having been recorded, I certify that I am satisfied with the correctness of this Attestation.

[Signature] (Signature of Officer)
1st Col.

Date 11th April 1916.

REGIMENTAL DOCUMENTS

NAME TAYLOR, JAMES YOU MIE

REGT. NO. 228142 UNIT C. F. B. H. Q. FILE NO. _____

CONTENTS

DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

M. F. W. 2505
REFERENCE

H

NON-EFFECTIVE BY

DEATH

Category

DISCHARGE

Category Remot

DESERTION

29/4/1942
✓
3
1
1
3
1
2
1
1
1
1
1
1
1
5

ATTESTATION PAPER (M.F.W. 23, 133, or 51)

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

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)

MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)

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

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)

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PARTICULARS OF CHARACTER (A.F.W. 3226)

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

Eng. Med B

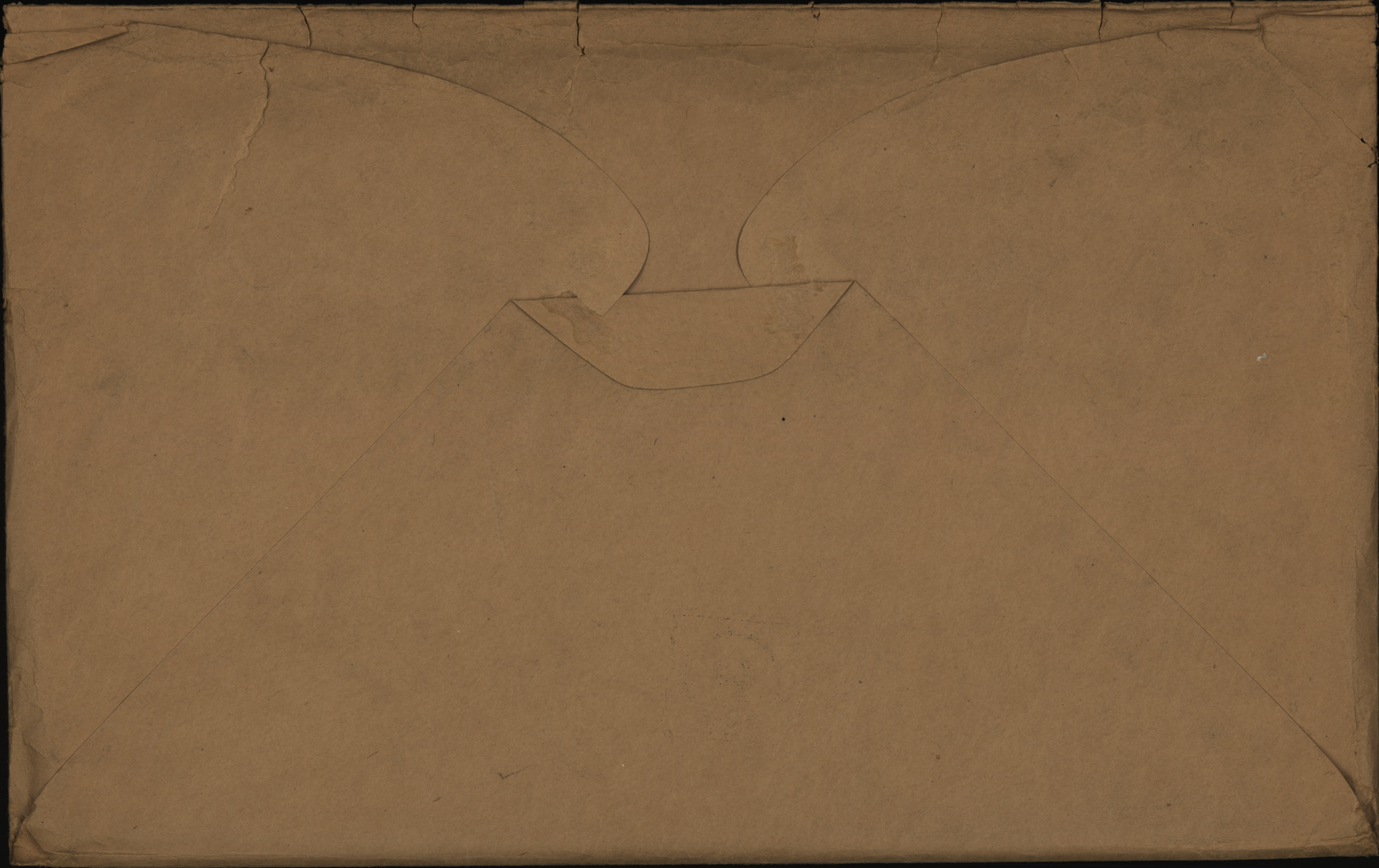
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No. 228142 RANK Plt.

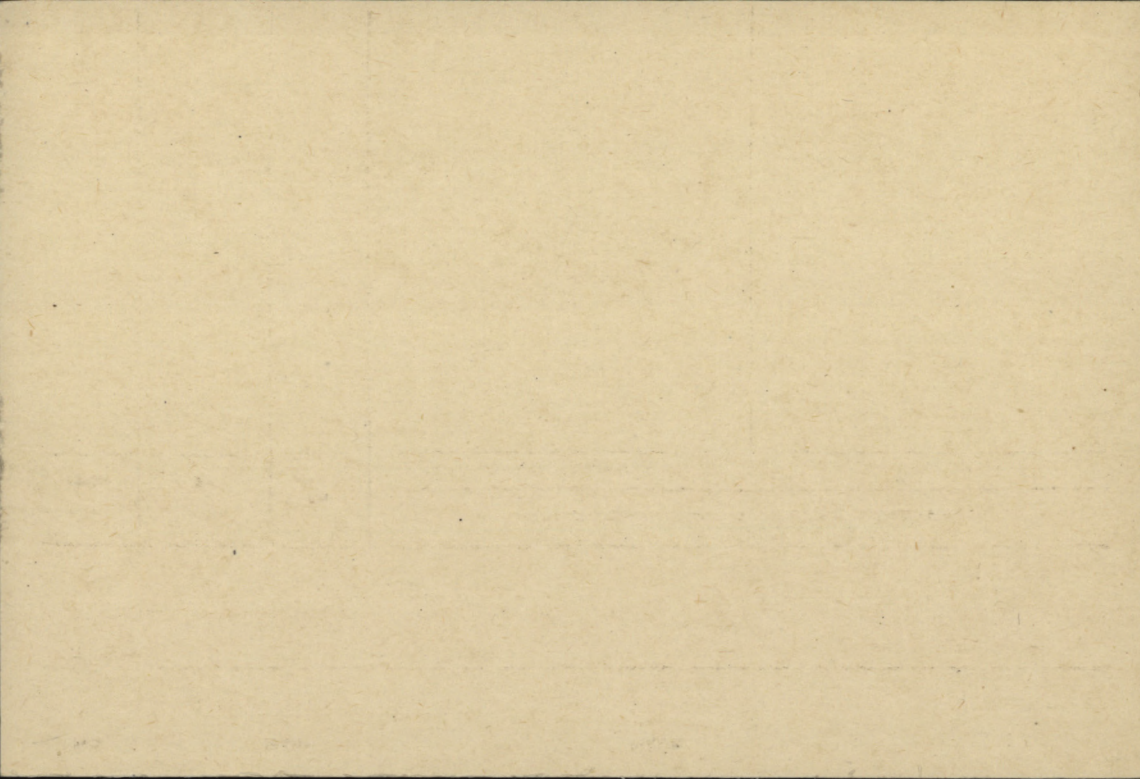
NAME

Taylor J. J.

T. O. S. 6-4-16 UNIT 13th C. M. R.
(DO 86 of 11-4-16)

M. D. 13

PAID		SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
FROM	TO		PARTICULARS	AUTHORITY
1916 Apr. 6	1916 Apr. 30 May	✓ ✓	Abs. from Muslim Janade Forfeits 2 days pay	DO 117-



Jul
Ham

Number 228142 Rank Ote *B*

Surname TAYLOR

Christian Name James Youmie *✓*

Units P C R Theatre of War France

Date of Service 27-8-16

Remarks

Latest Address

*G. P. O.
McLeod*

Roll No. Alta

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

DESP. NOV 21 1927

REGN. NO. 35804

R.F.F.

BKV 2nd 19¹²/₂₇

Theatre of

Number

Serial

Name

Service

Address

FORM OF WILL

(Name in full) _____

_____ serving in _____ Regimental Number _____

of the Canadian Expeditionary Force, do hereby revoke all former Wills
by me made and declare this to be my last Will.

I bequeath all my real estate unto _____

Name & Address
of person or
persons to whom
it is to go

absolutely, and my personal estate I bequeath to _____

Name & Address
of person or
persons to receive
personal estate

In Witness whereof I have hereunto set my hand

this _____ day of _____ A.D. 1911

Signature
I hereby certify that the testator has signed the foregoing Will in full
presence of me and of the witnesses named therein, and that he has read
and understood the contents thereof.

Signed and acknowledged by the testator and read to him in
the presence of the said witnesses and of me, the undersigned, on the
day and date above written, and in the presence of each other, have hereunto subscribed
our names as Witnesses

Name of Witness _____

Address of Witness _____

Occupation of Witness _____

Name of Witness _____

Address of Witness _____

Occupation of Witness _____

FORM OF WILL.

88741

J. James Youlie Taylor (Name in full)
 Regimental Number 228142 serving in 2nd Can Lab. Bn.
 of the Canadian Expeditionary Force, do hereby revoke all former Wills
 by me made and declare this to be my last Will.

*Willed
attas*

I bequeath all my real estate unto

.....

Name & Address
 of person or
 persons to whom
 it is to go.

*This man
 died in return
 Hospital
 Victoria B.C.
 27 Nov 1948*

absolutely, and my personal estate I bequeath to

Mrs Enoch Cornell Ancaster Ont
Mrs Jennie W. Taylor do
Mrs G. E. Bach Chicago
Ancaster Ont

Name & Address
 of person or
 persons to receive
 personal estate*
 (see note).

In Witness whereof I have hereunto set my hand

this 16 day of Jan A.D. 1917

J. J. Taylor Signature.

*N.B.—Personal estate includes pay, effects, money in bank, insurance policy, in fact everything except real estate.

Signed and acknowledged by the Testator as and for his last Will in
 the presence of us both present at the same time, who in his presence, at
 his request, and in the presence of each other have hereunto subscribed
 our names as Witnesses.

Name of Witness Jas Journe

Address of Witness 2nd Canadian Labor Batt

Occupation of Witness Soldier

Name of Witness Sam Holroyd

Address of Witness 2nd Can Lab Batt

Occupation of Witness Soldier



LTR

Rank _____ Name **TAYLOR, James Yvonie** / Reg'l No. **228142**
 Unit **13th, O.M.R.** If in perm. Corps, }
 What Unit? } Married or Single **Single.**
 Place and Date of Enlistment **MacLeod, 6th April, 1916..** Place of Birth **Ancaster, Ontario.**
 Name and Address, Next-of-Kin **Mrs E. Cornell.**
P.O. Ancaster, Ontario, Canada. Relationship **Sister.**

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

N/E. R.B. No. **10961**
 File R.L. _____
 Category _____
B-111

Discharge, Date and Place _____ Reason _____ Character _____

H. W. & V., Ltd. - 7165-16.

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS. Taken from Official Documents.
Date.	From whom received.				
Arrived in England. S.S. Olympic. 6th July 1916.					
22.7.16	13 th O.M.R. RCR	Transf. to RCR & P.P.C.I. Depot	Shorncliffe	19.7.16	Pt II D.O. 175
21-7-16	P.P.C.I. Depot	Taken on strength.	do.	19-7-16	- 72
28-8-16	do	Struck off to RCR	Oversew	27-8-16	Pt II D.O. 104
9-9-16	RCR	Taken on strength.	Field	28-8-16	Pt II D.38. B.N.C.
12.9.16	CCAC	Repts from Base Y.O.S	Shoreham	12.9.16	- 393
14.9.16	.	S.O.S. to RCR & P.P.C.I.	"	14.9.16	- 398
14-9-16	RCR P.P.C.I. Depot	J.O.S. from CCAC.	"	14-9-16	Pt II D.O. 119
30-12-16	RCR	Classified "C" & trans. to CCAC	Field	11-9-16	" 81
13-2-17	CCAC	Retaken on strength and on command as Y th Res Pns	Eastern	16-11-16	- 74
13-2-17	2 nd Bn.	S.O.S. to CCAC & attached.	Seaford	16-11-16	- 38

A.F.B. 103 CHECKED
7-SEP-1916
ATC

228142

Taylor J. G.

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS Taken from Official Documents.
Date.	From whom received.				
16-1-17	1st 7 Res Pm.	Ceases to be attached on transfer to 2 nd Can. Inf Bn.	Leford	15-1-17	PV II Do. 14. Canceled PT II 17
13-2-17	7 Res Pm.	Ceases to be attached S.O.S. on transfer to Can. Forestry Corps.		13-2-17	PT II Do. 38.
26-3-17	C.C.A.C.	ceases at 7th + S.O.S. to S.T.C.	Widening	13-2-17	PT II Do. 132.
19-2-17	C.F.C.	I.O.S. from 7th Res Bn. (27th Co.)	London	13-2-17	" 43. H
12-3-17	C.F.C.	S.O.S. to C.F.C. France	"	2-3-17	61 VPZ/d/4.4.17
		SOS to BDCFC, 13 2.19			Tos BDCFC pto
		27 Coy DO. 7.d.24 2.19			PII 0. 51 20/2/19
14 3 19	BDCFC	Sos to MD 13 Rlyl	" Saan	14 3 19	- 73
15 3 19	13 MDCW Sec-12. CFC	Sos from CFC	" Rlyl	14 3 19	- 63
					33-Q 23-3-19
24 3 19	13 MDCW Sec-12. CFC	Sos to Canada	" "	23 3 19	- 70

 B. B. HAS CHECKED
 17 APR 1917

Casualty Form—Active Service.

Regiment or Corps.....

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

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..			
20-2-19		O.C. C.F.C. T.O.S. Base Depot, C.F.C. Sunningdale from 27 Coy. France.	Sunningdale	17-2-19	11.D.S. 51
14-3-19	B.D.C.F.C.	S.O.S. BASE DEPOT C.F.C. on transfer to M7.13. Can-camp. Rhyf.	SUNNINGDALE	14-3-19	C. I. D. O. 73. M. H. T. Stewart Lt. for O.C. B.D.C.F.C.

(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.

Temporary original not available

Army Form B. 103.

Casualty Form—Active Service.

Regimental Number 228142

Regiment or Corps 13th O.M.R.

Rank Pte Surname Taylor Christian Name James F.

Religion Age on Enlistment 45 years months.

Enlisted (a) 6-4-16 Terms of Service (a) O of W. Service reckons from (a) 6-4-16

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

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

Signature of Officer i/c Records.

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 ... Halifax Can		28-6-16	✓
		Disembarked ... Liverpool		5-7-16	
22-7-16	OC. 13. O.M.R.	Transferred R.C.R. P.P.C. XI Depot	Caesars Camp	19-7-16	B.O. Pt. II 175 ✓
21-7-16	OC R.C.R. P.P.C. XI Depot	Taken on Strength	Caesars Camp	19-7-16	B.O. Pt. II 72 ✓
1-1-17	R.C.R. P.P.C. XI Depot	Transferred to 7 th Res Batta	Seaford	1-1-17	B.O. Pt. II 17 ✓
1-1-17	O.G. 7th RESERVE BATTALION	Taken on strength 7 th Res Batta	Seaford	1-1-17	B.O. Pt. II 67 ✓
13.2.17	O.G. 7th RESERVE BATTALION	Transf. to Can Forestry Corps	Seaford	13.2.17	B.O. Pt. II 38 ✓
					LIEUT. & ASST. ADJT. 7th RESERVE BATTALION.
19.2.17	D. of T.O.	T.O.S. Can Forestry Corps	London	13.2.17	D.O. Pt. II No. 43 ✓
					Lt. & Asst Adj. C.F.C.

(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.

[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. 36, or other official documents
Date	From whom received				
12.3.17	D of T.O. <i>C.F.C.</i>	Proceeded overseas to C.F.C. France	London <i>W. Wilson</i>	2.3.17	D.O.Pt. II No. 61 ✓ Lt. & Asst/Adj. C.F.C.
9-9-16	B. B. C.	J- O.S.	Gill	28-8-16	P- 2038-
9-9-16	E.H.C.	Reptd. from Base T.O.S.	Shorham	12-9-16	— 393
9-9-16	as	S.O.S. to B.G.C. H.P.C. D	do	14-9-16	— 348
9-9-16	as	J.O.S. from C.C.C.	do	14-9-16	— 191
2-1-16	B. B. C.	Classified. C-1 Trans. C.C.C.	Gill	14-9-16	— 81
2-1-16	C.C.C.	Relieved on Station in Command of R.B.	Washington	16-4-16	— 74
2-1-16	H.B. R.	S.O.S. React. att.	Seaford	16-16-16	— 38-
					<i>W.D. Turner</i> Lieut. Colonel i/c Records, G.O.H.F.
		Disembarked	Boulogne	3-3-17	L.R. 7734
19.4.17	Officer in Records	Initials corrected to read "J.F."		—	M.G. 16/1614. Pt. 2. Ord. 5. 27/4/17
27.3.18	A.H. Chis	Overage - Class B.II.		27.3.18	R.R. 457 Ph. II 46 d/Sept 1918
24-8-18	27 days C.F.C.	7 days leave to Paris		18/8/18	B213 P2/44 d/Sept 1918
31-8-18	Do	Rejoined from leave		27/8/18	B213
13/2/19	Comp. Le Havre	S.O.S. for demobilisation to C.F.C. Depot	<i>Winnifred</i>	Pt. 2. O/S.	C.O. 376/12. 7/1919
			<i>E.S. Hewett</i>	13.2.19	Lieut. for Lt. Col A.A.C. Cdn. Sect. G.H.Q.

VERIFIED CORRECT
 25 MAR 1917

CAN RECORDS LONDON

13th *Ombr.* Casualty Form—Active Service.

Orf 25294

Regiment or Corps _____ Regimental Number *228142*

Rank *Plte* Surname *Taylor* Christian Name *James Younie J.F.P.*

Religion *Brest* Age on Enlistment *45* years *10* months.

Enlisted (a) *6.4.16* Terms of Service (a) *DoW* Service reckons from (a) *6.4.16*

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

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

Signature of Officer i/c Records.

CERTIFIED CORRECT
 11 SEP 1916
 CAN. RECORDS, LONDON

B2

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 ...	<i>Halifax N.S.</i>	<i>Olympic</i>	<i>28.6.16</i>
		Disembarked...	<i>Liverpool</i>		<i>6.7.16</i> ✓
<i>22-7-16</i>	<i>13th B.M.Rs. ACR+PPCL</i>	<i>Transferred to R.C.R. & P.P.C.L.I. Depot</i>		<i>Shorncliffe</i>	<i>19.7.16</i>
<i>28-8-16</i>	<i>R.C.R. & P.P.C.L.I. S.O.S.</i>	<i>Proceeded Overseas to R.C.R.</i>		<i>Shorncliffe</i>	<i>27-8-16.</i>
				LIEUT. & ADJT.	
				R.C.R. & P.P.C.L.I. DEPOT.	
<i>9-9-16</i>	<i>O.C.C. B.D. R.C.R.</i>	Landed in France. Taken on strength <i>R.C.B.</i> Cdn. Bn.	Nom Roll d/	<i>28/8/16</i>	
	<i>do</i>	Left for <i>3rd Ammunition Bn.</i>	Nom. Roll d/	<i>9/9/16</i> ✓	
<i>20-9-16</i>	<i>C.C. R.C.B.</i>	Arrived <i>Unit</i>	<i>Field</i> d/	<i>23-9-16</i>	<i>B 213</i>
<i>12-9-16</i>	<i>oc. C.B.D.</i>	classified to (Overage) & trans to <i>labelle Folkestone</i>	England	<i>11/9/16</i>	<i>w 3339</i>

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

Lieut. for Lt.-Col., A. A. G. [P.T.O.]
 Canadian Section, G. H. Q. 3rd Echelon, B. E. F.

17-3-17
 21 FEB 1916

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				
Hastings					
26/2/17	Taken on Strength	G.C.A.G. Pt. II D.O. No 393	- 13/9/16		<i>Walter St John</i> 6626
ATTACHED					
TRANSFERRED FROM G.C.A.G. TO		7 th Res 16/11/16	PART II D.O.	No 74-3-13/2/17	
21-7-16	R.C.R.P.P. Dept.	T.O.S. from 13 th L.M. Co.	Sidcliff	19-7-16	Pt. II-42
13-9-16	L.C.A.C.	T.O.S. from Base	Sharn	12-9-16	" " 393
13-2-17	7 th Bn.	S.O.S. to L.C.A.C. & att.	Seaford	16-11-16	" " 38
26-3-17	L.C.A.C.	ceases att. 7 th Bn. S.O.S. to Lt. L.	Hastings	13-2-17	" " 132
13-2-17	7 th Res. Bn.	ceases to be att. on transfer to L.C.A.C.	Seaford	"	" " 38
29-2-17	L.C.A.C.	T.O.S. from 7 th Res. Bn.	London	"	" " 43
12-3-17	" " "	S.O.S. to 27 th Coy L.C.A.C. Force	"	2-3-17	" " 61
CERTIFIED CORRECT					
24 JG					
CAN. F.					
					LIEUT.
					FOR LT: CGL: I/C RECORDS, C.O.M.F.

WAR SERVICE **CANADIAN EXPEDITIONARY FORCE** BADGE

Class "A" No. *70652*

DISCHARGE CERTIFICATE

APR 4 - 1919

THIS IS TO CERTIFY that No. *228142* (Rank) *Plt.*

Name (in full) *Taylor James Yennie* enlisted in the *13th. C. M.R.*

CANADIAN EXPEDITIONARY FORCE at *Wheles* on the *6th.* day of *April* 19*16*

HE served in *27th. Coy C.F.C.*

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 *48 yrs.*

Height *5'9"*

Complexion *Fair*

Eyes *lt Brown*

Hair *lt Brown turning grey.*

James Yennie

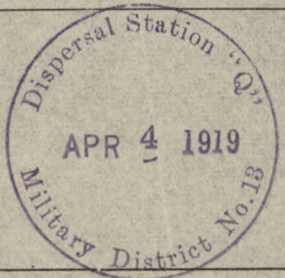
Signature of Soldier

Marks or Scars

Hammer toe rt. foot.

Synblepharion on left eye.

Date of Discharge



Issuing Officer

Whitmore

Rank

Major

Date *March 19th* 19*19.*

APR 4 - 1919

APR 4 - 1919

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.

WAR SERVICE BOARD
 CANADIAN EXPEDITIONARY FORCE
 DISCHARGE CERTIFICATE
 Class "A" No. 1000000000

RECORDED
 INDEXED
 BRITISH

THIS CERTIFICATE is No. 1000000000

Name of Soldier: *John A. Smith*

Rank: *Private*

Company: *1st Battalion, Canadian Expeditionary Force*

Regiment: *1st Canadian Infantry*

Service No.: *1000000000*

He served in the Canadian Expeditionary Force from the 1st day of *1914* to the 1st day of *1918* on the *Western Front*.

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

THE RESOLUTION OF THE BOARD of the DATE below is as follows:

That on *1st day of 1918*

Medical Officer: *John A. Smith*

Date: *1st day of 1918*

As the holder of this certificate will be held responsible for any and all actions taken in respect to forward to the *War Service Board* in accordance with the *War Service Act*, 1917, and the *Regulations* thereunder.

ORIGINAL

MEDICAL HISTORY SHEET

Surname Taylor Christian Name James

Examined on 6 day of April 1916 at Macleod, Alta Birthplace City or Town Airdrester County Wentworth, Ont.

Approved by J. W. Westcott M.D.

Apparent age 45 Trade or occupation Farmer Height 5 Feet 9 Inches Weight 160 Lbs. Chest measurement Minimum 37 1/2 inches Maximum expansion 40 inches

Table with columns: Date, Fit or Unfit, EXAMINED FOR RE-ENGAGEMENT. Includes date 15 SEP 1916 and M.O. status.

Physical development Good Small-Pox Marks None Vaccination Marks Arm Right Left Yes Number Two

Table with columns: Date, Result, VACCINATIONS. Includes date 16/16 and result Good B. F. Steves M.O.

When Vaccinated last 1876 (a) Marks indicating congenital peculiarities or previous disease None

(b) Slight defects but not sufficient to cause rejection Hammer toe right foot Symblepharon left eye

Table with columns: Date, Result, ANTI-TYPHOID INOCULATIONS, ETC. Includes dates 9/16 and 16/16 and results B. F. Steves M.O.

Enlisted on 6 day of April 1916 at Macleod

Table with columns: CORPS, REG'TL NUMBER, HABITS, DATE. Includes 13th Omb, 228142, R.C.R., R.E.A.P.P.C.E.D., 228142, 6-4-16, 19-7-16.

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Table with columns: STATION, DATE, DISEASE, RESULT. Includes Seaford, C.C.A.C., 13-9-16, 17-11-16, Overage, A-0, 26/1/19.

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

CANADIAN

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) TAYLOR J.

REGIMENT CFC. RANK Pte No. 228143

Date of Examination in England _____ 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

PRESENT DENTAL REQUIREMENTS

1. FILLINGS

None

2. EXTRACTIONS

None

3. CROWNS

None

4. DENTURES

- (a) Full Upper
- (b) Part Upper
- (c) Full Lower
- (d) Part Lower

} no

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

R Jamieson
Capt

T. 258143

TAYLOR

REC

1890

1890

1890

1890

1890

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

THIS SECTION FOR USE OVERSEAS

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. 228142 Rank PTE Surname TAYLOR
(Given name in full)
JAMES
 Unit or Corps C.F.C. Birthplace WENTWORTH-ONT.

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

1. GENERAL DESCRIPTION:

Physique good Weight 185 lbs. Height 5-9 1/2 ft. in Colour of Eyes Brown
 Nutrition good
 Pulse 75
 Condition of arteries normal
 Vision Rt. normal Left normal
 Hearing (conversational voice) Rt.ft.
 Leftft. normal

Identification marks, scars, or deformities.
 (Give cause and date of origin.)
None

Opinion as to general health and physical condition good

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.

EXAMINATIONS.

THIS SECTION FOR USE OVERSEAS—

Examined at (Overseas)

Date

Signed *B. J. [unclear]* 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 *D. J. [unclear]*

(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.)

Bank Account

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

Credit

To Whom *Can. Bank of Commerce*
 Address *Macleod*
alta

By Whom Assigned *Taylor J. Y.*
 Regtl. No. *228 142*

Rank *pl*
 Corps *# 13th O. M. R., B.co.*

Rate *\$15.00* **JUL 1916**

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				



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 or CANADA. SEPARATION ALLOWANCE. ENGLAND or CANADA. NAME:- TAYLOR James Yvonne H

EFFECTIVE DATE:- 1-7-16 EFFECTIVE DATE:- NUMBER:- 228142

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.
By A/c. Canadian Bank of Commerce
Macleod,
Alta.
Stopped effec 1.4.19.

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		<u>Pte.</u>

UNIT AND TRANSFERS

ORIGINAL UNIT:- 13th b. M. Co.

DATE ACCOUNT FIRST OPENED - 1-7-16

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'S'D	UNIT TRANSFERRED TO
			<u>b. L. Co France</u>

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
<u>3.3.19</u>	<u>9199</u>	<u>base 270</u>	<u>£3.44.60</u>				

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
	<u>1 00</u>	<u>10</u>		

PARTICULARS OF RENDERING NON-EFFECTIVE Dislan 31/12/19 Auth 11/1/20 Scale 5-3-19 Scale 11/1/19 B. 308 15 322 15

MONTH	PARTICULARS	CR 1	CR 2	PARTICULARS	DR 1	DR 2	DR 3	DR 4	BALANCE	DEFERRED	SEPARATION
1918				Balance Forward					<u>272 16</u>		
March				b. A. Co.				<u>15 -</u>			
April	P. P.	<u>33 -</u>		at 19. 10/4/18 27 Co	<u>* 357</u>			<u>15 -</u>	<u>286 59</u>		
May	P. P.	<u>34 10</u>		b. A. Co.	<u>357</u>			<u>15 -</u>	<u>305 69</u>		
June	P. P.	<u>33</u>		b. A. Co.				<u>15 -</u>			
July	P. P.	<u>34 10</u>		at 15 - 2.6/14 - 27 Co.	<u>357</u>						
				at 19 - 22.6/14 - ✓	<u>357</u>				<u>316 55</u>		
July	P. P.	<u>34 10</u>		G.A.P.	<u>7 14</u>			<u>15 -</u>			
				at 226 - 17.7/14 - 27 Co.	<u>357</u>						
				at 259 - 22.7/14 - 27 Co.	<u>357</u>				<u>328 51</u>		
Aug	P. P.	<u>34 10</u>		G.A.P.	<u>7 14</u>			<u>15 -</u>			
				at 1326 - 9.8/14 - 27 Co.	<u>7 14</u>						
				at 1401 - 16.9/14 - ✓	<u>8 92</u>						
				at 466 - 19.9/14 - ✓	<u>26 74</u>						
				at 510 - 21.9/14 - 27 Co.	<u>26 74</u>						
				at 5364 - 23.9/14 - ✓	<u>35 62</u>						
				at 5525 - 25.9/14 - 27 Co.	<u>8 92</u>						
		<u>34 10</u>			<u>114 21</u>			<u>15 -</u>	<u>233 40</u>		
Sept	P. P.	<u>33</u>		at				<u>15 -</u>			
				AR 1145 (27 Co. 480) 5.9.18	<u>7 14</u>			<u>15 -</u>	<u>244 26</u>		
					<u>7 14</u>						
Oct		<u>34 10</u>		at				<u>15 -</u>			
				at 2076 27 Co	<u>7 46</u>			<u>15 -</u>	<u>255 90</u>		
					<u>7 46</u>						
Nov		<u>33</u>		at				<u>15 -</u>			
				AR 2450 27 Co 8.11.18	<u>7 46</u>						
Dec		<u>34 10</u>		G. P.				<u>15 -</u>			
								<u>30</u>	<u>256 90</u>		

COMPILED BY W. H. Lloyd
CHECKED BY

138645

PROCEEDINGS OF A MEDICAL BOARD.

NOV 17 1916

Dated at SEAFORD Nov 16/1916.

No. 228142 Rank. P6 Name TAYLOR G. Y

Local Unit R.C.R + P.P.C. 4 Overseas Unit Age 46

Examination held at South Camp SEAFORD.

DISABILITY. Overseas—Local. (scratch one out)

Overage -

PRESENT CONDITION.

In France 2 wks - Sent back on account of being overage - Is well recommended - never falls out of march or parade - In good physical condition.

Class B(2)

BOARD RECOMMENDS:-

In Garrison Duty.

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

Signatures:-

Members

H. L. Pavey, Major President.
Newallace Capt

APPROVED

Dated at Seaford Nov 20 1916. A. C. Foster Major

ap adm's

For A.D.M.S.

PROCEEDINGS OF A MEDICAL BOARD

NOV 17 1916

Examination held at
Local Unit Overseas Unit Age
Name Rank
Dated at 1916

DISABILITY
Overseas—Local
(scratch one out)

PRESENT CONDITION

BOARD RECOMMENDS:—

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

Signatures:—

.....President

Members

APPROVED

Dated at 1916

M.O.

PROCEEDINGS OF A MEDICAL BOARD.

Dated at Framingham Sept-13 1916.

No. 228142 Rank Plt Name Taylor J J

Local Unit..... Overseas Unit P.C.R. Age 46

Examination held at C.C.A.C.

DISABILITY.
Overseas—Local.
(scratch one out)

Over eye

In France 2 weeks

PRESENT CONDITION.

no disability wants
to carry on

BOARD RECOMMENDS:—

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

Signatures:—

Members { Shaughnessy Major.....President.
Joseph Allen Capt.....
.....

APPROVED

Dated at 13/9 1916. D. J. McIntyre Capt

PROCEEDINGS OF A MEDICAL BOARD

Dated at..... 1916

No..... Rank..... Name.....

Local Unit..... Overseas Unit..... Age.....

Examination held at.....

DISABILITY
Overseas-Local
(attach one out)

PRESENT CONDITION

BOARD RECOMMENDS—

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

Signatures—

.....President

Members

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

APPROVED

Dated at..... 1916

PROCEEDINGS OF A MEDICAL BOARD.

Dated at Feb 3 1916

No. 228142 Rank Pte Name TAYLOR J. Y.

Local Unit 7th Res Bn Overseas Unit — Age 46

Examination held at London

none

DISABILITY.
Overseas—Local.
(scratch one out)

PRESENT CONDITION.

Has no complaint whatever
in 46 years old

BOARD RECOMMENDS:— A II

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

Signatures:—

Members { H. H. Alger MajPresident.
G. S. Harvie Capt

APPROVED

Dated at London Feb 3 1916 A. C. Fox Major

apadm

For A.D.M.S.

PROCEEDINGS OF A MEDICAL BOARD

Dated at..... 1916

No..... Rank..... Name.....

Local Unit..... Overseas Unit..... Age.....

Examination held at.....

DISABILITY.
 Overseas—Local.
 (attach one out)

PRESENT CONDITION

BOARD RECOMMENDS —

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

Signatures:—

..... President

.....

.....

Members

APPROVED

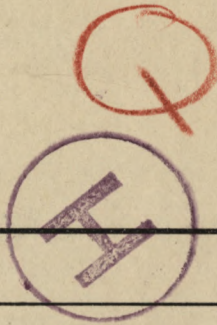
Dated at..... 1916

For A.D.M.S.

War Service Badge
Class "A" No. 40652
SHORT FORM.

PROCEEDINGS ON DISCHARGE.

(Demobilization.)



1. No. 278147

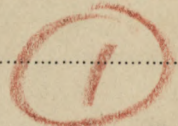
2. Rank. P.C.

3. Name. TAYLOR - JAMES - YOU MIE

4. Unit. C.F.C. - 27 C - CMRS

5. Date of Discharge _____ Place _____

6. Reason for Discharge Demobilization



Sister

~~Bill~~

7. Authority. R.O. 1420 22# 101

8. Proposed Residence after Discharge Med Lead

24

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. ? 39.

~~W. R. T. S. EMPRESS OF BRITAIN
EMBARKEED 23-3-19~~

228142 J F Taylor Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place. Medicine Lab

Date. April 4/19.

Signature. [Signature] (O. C. Discharging Unit.)

War Service Badge
Class No. 100
PROCEEDINGS ON DISCHARGE
(Demobilization)

1. Name	TAYLOR - JAMES - VOUMIE
2. Rank	PC
3. Number	070 - 270 - 0000
4. Date of Discharge	
5. Reason for Discharge	Demobilization
6. Proposed Residence after Discharge	
7. Address	

CERTIFICATE TO BE SIGNED BY SOLDIER

I hereby acknowledge that at the above named place and date I received the above named Certificate

EXEMPTED
UNRECORDED

Signature of Soldier

CONFIRMATION

The discharge of the above named man is hereby confirmed.

Signature
O. E. [Name]

LIST OF DISCHARGE DOCUMENTS

1	Discharge Certificate	1864
2	Medical History Sheet	1864
3	Proceedings of Medical Board	1864
4	General Discharge Sheet	1864
5	Medical Report	1864
6	Discharge Certificate	1864
7	Medical History Sheet	1864
8	Proceedings of Medical Board	1864
9	General Discharge Sheet	1864
10	Medical Report	1864
11	Discharge Certificate	1864
12	Medical History Sheet	1864
13	Proceedings of Medical Board	1864
14	General Discharge Sheet	1864
15	Medical Report	1864

1. Discharge Certificate
 2. Medical History Sheet
 3. Proceedings of Medical Board
 4. General Discharge Sheet
 5. Medical Report
 6. Discharge Certificate
 7. Medical History Sheet
 8. Proceedings of Medical Board
 9. General Discharge Sheet
 10. Medical Report
 11. Discharge Certificate
 12. Medical History Sheet
 13. Proceedings of Medical Board
 14. General Discharge Sheet
 15. Medical Report

LIST OF DISCHARGE DOCUMENTS.

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

1. Triplicate Attestation Paper (M.F.W. 23), or Particulars of Recruit (M.F.W. 133).
2. Casualty Form (A.F.B. 103).
3. Medical History Sheet (M.F.B. 313 or A.F.B. 178).
4. Proceedings of Med. Board (M.F.B. 227 or M.F.W. 129).
5. Dental Certificate (M.F.B. 465).
6. Field Conduct Sheet (A.F.B. 122).
7. Proceedings on Discharge (A.F.B. 218a).
8. Discharge Certificate (M.F.W. 44) (Enclosed in Special envelope (260M) -).
9. Copy of Discharge Certificate (M.F.W. 39a).
10. Dispersal Certificate (D. 3).
11. Equipment Statement Q.M.G. Form (D.O.S. 2) and Cashier.
12. Last Pay Certificate (P. 851).
13. Pay Book (1901).
14. War Service Certificate Form (M.F.W. 2595).
15. Sundry Documents.

Group..... A
 Checked by No. 28
 BM
 Date..... 22. 3. 19

Separation and Assigned Pay Branch

Jul 1/16

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

15.			
-----	--	--	--

Bank Account 1003

PARTICULARS OF SEPARATION ALLOWANCE

No. *228142*

Rank *pte* Promoted _____ Reverted _____ Discharge _____

Soldier's Name *J. Y. Taylor*

Battalion # *13th O.M.P.*

Beneficiary _____

Relationship _____

Address _____

PARTICULARS OF ASSIGNMENT

Name *Can Bk of Commerce* ~~for~~

Address *Macleod Alta* ~~for credit~~

Change of Address

1 _____

2 _____

3 _____

4 _____

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
<i>1917</i>					
<i>Dec 31</i>			<i>270</i>	<i>270</i>	
<i>1918</i>					
<i>Jan</i>	<i>K 69625</i>		<i>15</i>	<i>15</i>	
<i>Feb</i>	<i>68393</i>		<i>15</i>	<i>15</i>	
<i>Mar</i>	<i>V 93813</i>		<i>15</i>	<i>15</i>	
<i>Apr</i>	<i>V 9035</i>		<i>15</i>	<i>15</i>	
<i>May</i>	<i>J 15088</i>		<i>15</i>	<i>15</i>	
<i>June</i>	<i>P 22044</i>		<i>15</i>	<i>15</i>	✓
<i>July</i>	<i>Y 32659</i>		<i>15</i>	<i>15</i>	
<i>Aug</i>	<i>R 41144</i>		<i>15</i>	<i>15</i>	
<i>Sept</i>	<i>P 42293</i>		<i>15</i>	<i>15</i>	
<i>Oct</i>	<i>S 49120</i>		<i>15</i>	<i>15</i>	
<i>Nov</i>	<i>Z 57257</i>		<i>15</i>	<i>15</i>	
<i>Dec</i>	<i>U 64151</i>		<i>15</i>	<i>15</i>	
<i>Jan</i>	<i>T 70925</i>		<i>15</i>	<i>15</i>	
<i>Feb</i>	<i>O 81669</i>		<i>15</i>	<i>15</i>	
<i>Mar</i>	<i>B 87241</i>		<i>15</i>	<i>15</i>	
<i>Apr</i>			<i>15</i>	<i>15</i>	
			<i>495</i>	<i>495</i>	

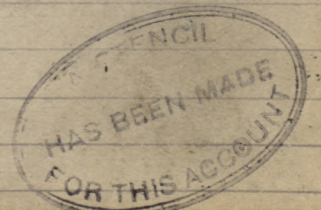
17779-4-13 REMARKS

M. F. W. 128
400M-637-1772-89-1141
L. L. 22320-M. & D. 7498.

Ret'd per... *Emp of Britan*

Date *3/13/19* ... M.F.W.187 *6/4/19*

Closed *20819* ... *13* OK.F.L.



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. _____

Rank _____ Promoted _____ Reverted _____ Discharge _____

Soldier's Name _____

Battalion _____

Beneficiary _____

Relationship _____

Address _____

Name _____

Address _____

Change of Address _____

1 _____

2 _____

3 _____

4 _____

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

M. F. W. 128
 400M-6-17-1772-89-1141
 L. L. 23320-M. & D. 1986.

Medical Report on an Invalid.

Station South Camp Seaford

Date February 2nd / 17

1. Unit. 7th Reserve Battalion

5. Age last birthday 46

2. Regimental No. 228142

6. Enlisted { on April 7th / 16
at McLeod Alberta Can.

3. Rank Pte.

7. Former Trade { Farmer.
or Occupation

4. Name Laylor J. Y.

8. Disability.

Over age

Statement of Case.

Note.—The answers to the following questions are to be filled in by the Officer in medical charge of the case. In answering them he will carefully discriminate between the man's unsupported statements and evidence recorded in his military and medical documents. He will also carefully distinguish cases entirely due to venereal disease.

9. Date of origin of disability.

Not applicable

10. Place of origin of disability.

Not applicable

11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case.

Not applicable

12. (a) Give your opinion as to the causation of the disability.

Not applicable

(b) If you consider it to have been caused by wounds received or illness contracted (1) in the presence of the enemy (2) on active service, explain the specific conditions to which you attribute it. (See notes on page 3).

Not applicable.

Officer in medical charge of case.

I have satisfied myself of the general accuracy of this report and concur therewith.

Signature

Station

Date

13. What is his present condition?

Weight should be given in all cases where it is likely to afford evidence of the progress of the disability.

Medical Report on

This man has been in good health and not losing weight.

Respiratory System - normal
Vascular System - normal
Genito Urinal, normal
Muscular - normal

1. Unit
2. Regimental No.
3. Rank
4. Name
5. Date
6. Enlisted
7. Former Trade or Occupation

14. If the disability is an injury, was caused

- (a) In the presence of the enemy?
(b) On active service?
(c) On duty?
(d) Off duty?

not applicable

Statement of Case

15. Was a Court of Inquiry held on the injury?

- If so—(a) When?
(b) Where?
(c) Opinion?

not applicable

16. Was an operation performed? If so, what?

not applicable

17. If not, was an operation advised and declined?

not applicable

18. In case of loss or decay of teeth. Is the loss of teeth the result of wounds, injury or disease, directly* attributable to active service?

not applicable

19. Do you recommend

- (a) Fit for duty?
(b) Fit for base duty?
(c) Invalided to Canada?
(d) Discharge as permanently unfit?

yes

B. Blunkey Capt. M.C. Acting
Officer in medical charge of case.

I have satisfied myself of the general accuracy of this report, and concur therewith, except†

Station _____

Date _____

Officer in charge of Hospital.

* Loss of teeth on, or immediately after, active service, should be attributed thereto, unless there is evidence that it is due to some other cause.

† Delete this word if no exceptions are to be made.

Opinion of the Medical Board.

NOTES.—(i.) Clear and decisive answers to the following questions are to be carefully filled in by the Board, as it is essential that the Members of the Pensions and Claims Board should be in possession of the most reliable information to enable them to decide upon the man's claim to pension.

(ii.) Expressions such as "may," "might," "probably," &c., should be avoided.

(iii.) The rates of pensions vary according to whether the disability is attributed to wounds or injuries received or illness contracted (1) in the presence of the enemy, (2) on active service. It is therefore essential when assigning the cause of the disability to differentiate between them (see Articles 641 to 648 of the Canadian Pay and Allowance Regulations).

(iv.) In answering question 20 the Board should be careful to discriminate between disease resulting from military conditions and disease to which the soldier would have been equally liable in civil life.

Proceedings.

20. (a) State whether the disability is the result of injuries received or illness contracted, (1) in the presence of the enemy, (2) on active service.

(b) If due to one of these causes, to what specific condition do the Board attribute it?

21. Has the disability been caused or aggravated by

- (a) Intemperance?
- (b) Misconduct?

22. Is the disability permanent?

23. If not permanent, what is its probable minimum duration?

To be stated in months.

24. To what extent is his capacity for earning a full livelihood in the general labour market lessened at present?

In defining the extent of his inability to earn a livelihood, estimate it at $\frac{1}{4}$, $\frac{1}{2}$, $\frac{3}{4}$, or total incapacity.

25. If an operation was advised and declined, was the refusal unreasonable?

26. Do the Board recommend

- (a) Fit for duty?
- (b) Fit for base duty?
- (c) Invalided to Canada?
- (d) Discharge as permanently unfit

27. Remarks.

Signatures :—

President.

Station _____

Date _____

Members.

Approved.

Station _____

Date _____

President

Administrative Medical Officer.

PENSIONS AND CLAIMS BOARD, Canadian Expeditionary Force, assembled, at
 Prior Park, Bath, England, on the _____ day of _____ 191

Members of Board.

(i) Expressions such as "may," "might," "probably," &c., should be avoided.
 (ii) The terms of pensions vary according to whether the disability is attributed to wounds or injuries received or illness contracted (1) in the presence of the enemy (2) on active service. It is therefore essential when assigning the cause of the disability to differentiate between them see Article 641 to 648 of the Canadian Pay and Allowance Regulations.
 (iii) In answering question 20 the Board should be careful to discriminate between disease resulting from military conditions and disease to which the soldier would have been equally liable in civil life.

Proceedings.

The Board having considered the evidence of the man marginally noted, and the documents submitted, hereto attached, which form part of these Presents, marked

- 20. (a) State whether the disability is the result of military service or of disease contracted (1) in the presence of the enemy (2) on active service?
- (b) If due to one of these causes, to what specific condition do the Board attribute it?
- 21. Has the disability been caused or aggravated by
 - (a) Intemperance?
 - (b) Misconduct?
- 22. Is the disability permanent?
- 23. If not permanent, what is its probable minimum duration?
 To be stated in months.
- 24. To what extent is his capacity for earning a full livelihood in the general labour market lessened at present?
 In defining the extent of his inability to earn a livelihood, estimate it at $\frac{1}{2}$, $\frac{3}{4}$, or total incapacity.
- 25. If an operation was advised and declined, was the refusal unreasonable?
- 26. Do the Board recommend
 - (a) Fit for duty?
 - (b) Fit for base duty?
 - (c) Invalided to Canada?
 - (d) Discharge as permanently unfit?
- 27. Remarks.

Signatures:—

 President.
 Signed at Prior Park, Bath, this _____ day

 Members of Board. Station _____
 _____ Date _____

 Approved. Station _____
 _____ Date _____

 Administrative Medical Officer.

Empress of Britain 3/3/19 Despatch

AUDITOR *[Signature]* PAYMASTER *[Signature]*

M. OR S. *S.* PROMOTIONS, REDUCTIONS AND REVERSIONS AFFECTING DAILY RATE OF PAY AND ALLOWANCES REGT. NO. *228142* RANK *Plt* NAME (IN FULL) *TAYLOR JAMES*

NEXT OF KIN	RELATIONSHIP	PARTICULARS	EFFECTIVE DATE	AUTHORITY	ORIGINAL UNIT C.E.F.	IF IN P.F. WHAT UNIT?
ADDRESS					PLACE OF ATTESTATION	TRANSFERRED TO DATE AUTHORITY
IS SEPARATION ALLOWANCE PAID?	DATE EFFECTIVE				DATE OF ATTESTATION	TRANSFERRED TO DATE AUTHORITY
TO WHOM PAID	RELATIONSHIP				ASSIGNED PAY \$ <i>15.00</i>	DATE EFFECTIVE <i>14.19</i>
ADDRESS					PAYABLE TO <i>CAN BANK OF COMMERCE</i>	RELATIONSHIP ANY CHANGE IN ASSIGNEE OR ADDRESS
					ADDRESS <i>MAC HВОН.</i>	
						<i>АЛТА.</i>
					STOP PAYMENT FORM RENDERED, DATE	EFFECTIVE
					DISCHARGED <i>Medicine Det 4/4/19</i>	REASON <i>Demob</i>
					PLACE <i>Star</i>	DATE <i>4/4/19</i>
						AUTHORITY <i>50101</i>
						IF ENTITLED TO POST DISCHARGE PAY

MONTH	PAY AND F.A.		OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS			CASH PAYMENTS			ASSIGNED PAY	REGI-MENTAL CHARGES	OTHER CHARGES	TOTAL DEBITS	BALANCE		PARTICULARS OR REMARKS	
	NO. OF DAYS	RATE			AMOUNT	COL. NO. 1	COL. NO. 2	COL. NO. 3	COL. NO. 1	COL. NO. 2					COL. NO. 3	DEBIT		CREDIT
<i>3/1/19</i>		<i>110</i>		<i>308 15</i>														<i>Pal Eng SpL.</i>
								<i>boat train</i>	<i>4 87</i>	<i>5 00</i>	<i>39 75</i>			<i>15 00</i>				<i>Wife chg in SpL</i>
<i>11/1/19</i>	<i>12</i>	<i>110</i>	<i>13 20</i>	<i>35 00</i>				<i>21 94</i>										<i>Wife instal with</i>
<i>12/1/19</i>				<i>70 00</i>				<i>9 73</i>										<i>Clothing Allowance</i>
			<i>13 20</i>	<i>105</i>	<i>308 15</i>				<i>14 60</i>	<i>5 -</i>	<i>39 75</i>			<i>15 - 1</i>	<i>426 35</i>			
				Certified opening entries on this Ledger Sheet have been audited by <i>W.S.G. SA</i> Date <i>22.5.19/</i>														
				<i>380 -</i>	<i>380 -</i>									<i>70 00</i>	<i>70</i>	<i>280 -</i>		<i>20.1.28 Instal with</i>
										<i>70</i>				<i>70</i>	<i>210 -</i>			<i>May 4/19 CK # 60714</i>
										<i>70</i>				<i>70</i>	<i>140</i>			<i>June 5/19 CK # 61227</i>
										<i>70</i>				<i>70</i>	<i>70</i>			<i>CK # 20334-11 5-7-19</i>
										<i>70</i>				<i>70</i>	<i>70</i>			<i>CK # 164823 5-8-19</i>
			<i>350 00</i>	<i>350 00</i>						<i>280 00</i>		<i>70 00</i>	<i>70</i>	<i>350 00</i>				<i>All Payments Due on this Account have been completed.</i>

403.

