

No 10 M. B. First Depot Battalion Manitoba Regiment
 Regtl. No. D3346619

PARTICULARS OF RECRUIT
DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class One)

al

1. Surname..... Taylor
 2. Christian name..... John
 3. Present address..... St Agathe, Manitoba, Canada
 4. Military Service Act letter and number..... 301448JC
 5. Date of birth..... 9th July 1889
 6. Place of birth..... Cruden, Aberdeen, Scotland
(town, township or county and country)
 7. Married, widower or single..... Single
 8. Religion..... Presbyterian
 9. Trade or calling..... Farm Hand
 10. Name of next-of-kin..... Mrs Ann Taylor
 11. Relationship of next-of-kin..... Mother
 12. Address of next-of-kin..... Ravenscleugh, Cults P.O. Aberdeen, Scotland
 13. Whether at present a member of the Active Militia..... No
 14. Particulars of previous military or naval service, if any..... None
 15. Medical Examination under Military Service Act:—
 (a) Place Winnipeg, Canada (b) Date 23rd May 1918 (c) Category B 2

DECLARATION OF RECRUIT

I, John Taylor, do solemnly declare that the above particulars refer to me, and are true.

John Taylor (Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age.....	<u>28</u>	yrs.....	<u>10</u>	mths.....	Distinctive marks, and marks indicating congenital peculiarities or previous disease.
Height.....	<u>5</u>	ft.....	<u>9</u>	ins.....	
Chest measurement } fully expanded..... range of expansion.....			<u>39</u>	ins.....	Scar back neck Mole left buttock
			<u>3½</u>	ins.....	
Complexion.....			<u>Ruddy</u>		
Eyes.....			<u>Brown</u>		
Hair.....			<u>Black</u>		

B. C. Shaw Major for
 Commanding, 1st Depot Battalion Manitoba Regiment
 O. C. Depot Btn.
 Regt.

Place Winnipeg, Canada Date 23rd May 1918

PARTICULARS OF RECRUIT
DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class) _____

1. Surname _____
 2. Christian name _____
 3. Present address _____
 4. Military Service Act letter and number _____
 5. Date of birth _____
 6. Place of birth _____
 7. Married, widower, or single _____
 8. Religion _____
 9. Trade or calling _____
 10. Name of next-of-kin _____
 11. Relationship of next-of-kin _____
 12. Address of next-of-kin _____
 13. Whether a present member of the Armed Forces _____
 14. Particulars of previous military or naval service, if any _____
 15. Medical Examination under Military Service Act _____
 16. Place of birth (a) _____ (b) _____ (c) Category _____

DECLARATION OF RECRUIT

I, _____ do hereby declare that the above particulars refer to me, and are true.

(Signature of Recruit)

DESCRIPTION ON CALLING UP

Distinctive marks and marks indicating congenital peculiarities or previous disease	Height	_____	Chest measurement	Complexion	Eyes	Hair
	Weight	_____				
Best of feet	Chest	_____	Change of expansion	Build	Front	Back
	Feet	_____				

Place _____

M. S. W. No. _____

M. S. No. _____

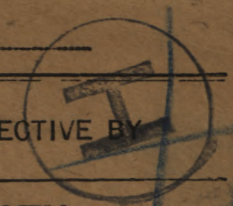
177-30-1118

REGIMENTAL DOCUMENTS

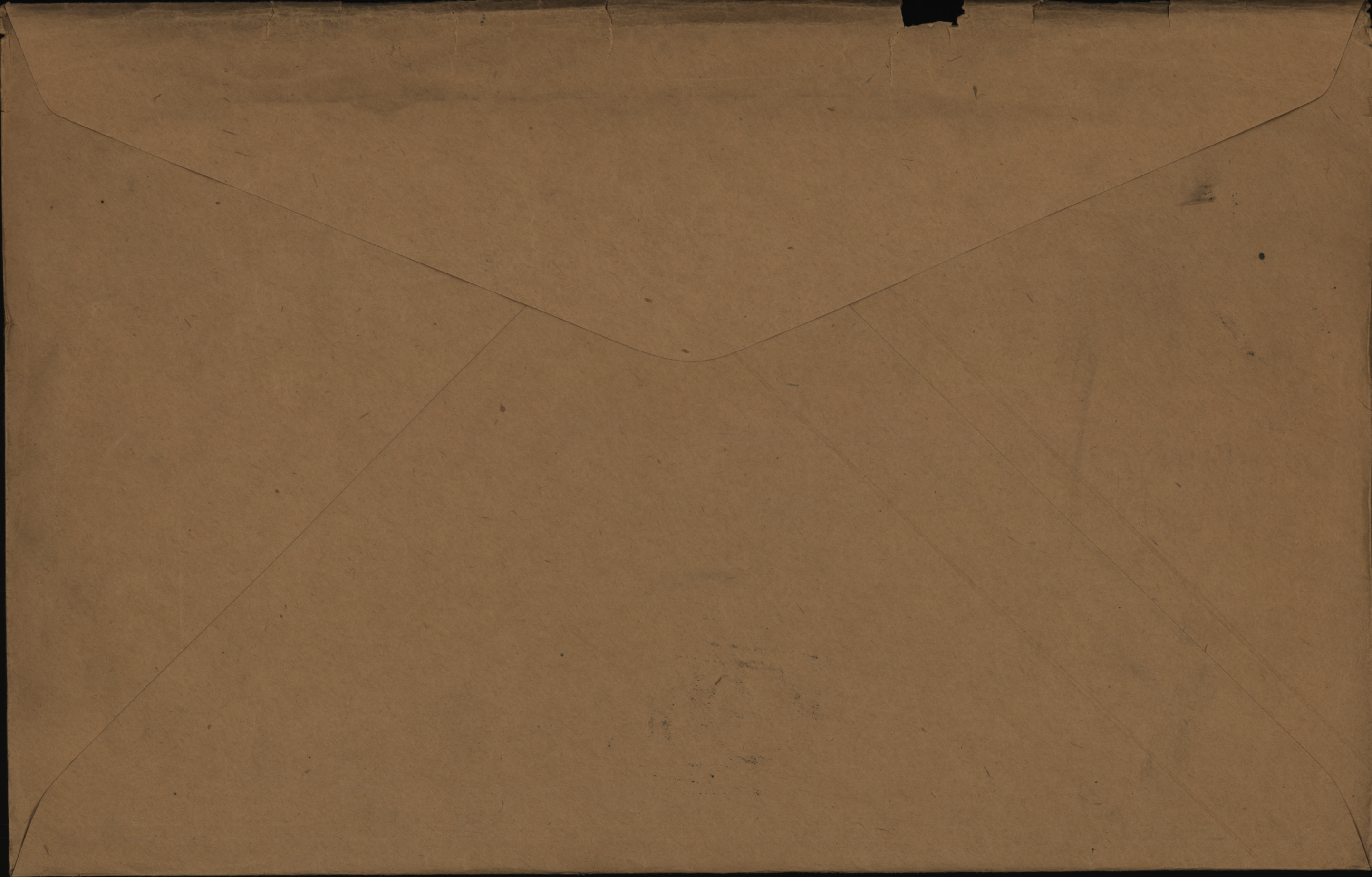
8/9/19
 NAME **TAYLOR** John

REGT. NO. **3346619**

UNIT **10th Mountain Hq. Co.** FILE NO.



CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
4 ATTESTATION PAPER (M.F.W. 23, 133, or 51)					DEATH
1 CASUALTY FORM (M.F.W. 54 or A.F.B. 103)			Category		
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)					
1 MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)			DISCHARGE		
1 DENTAL HISTORY SHEET (M.F.B. 465)			Category		
MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)			<i>Demol</i>		
1 MEDICAL EXAMINATION (M.F.W. 129)					
TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)					
PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)					
DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)		DESERTION			
LAST PAY CERTIFICATE (M.F.W. 44)					
PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					
PARTICULARS OF CHARACTER (A.F.W. 3226)			03238		
1 COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
2 misc					



NAME *Taylor John*

REGIMENTAL NO. *3346619* RANK *Private*

ENLISTED AT *1st Dep Batta M. Wp. Man.* PROMOTIONS, &C. AND DATE

DATE *23/5/18* Category *B. 2*

IF SERVED PREVIOUSLY, STATE UNIT, &C. *No Trade farmer*

MARRIED, WIDOWER, OR SINGLE *Single Farmhand Presby.*

NEXT OF KIN *Anne Taylor.* RELATIONSHIP *Washer*

ADDRESS OF *Ravensclough Cully Aberdeen Scotland*

ASSIGNMENT OF PAY \$ *C.* TO *Presbyterian*

ADDRESS

SEPARATION ALLOWANCE, ENTITLED OR NOT

DATE APPLICATION FORWARDED TO DIVISIONAL PAYMASTER

IN WHOSE FAVOUR

CASUALTIES, &c.

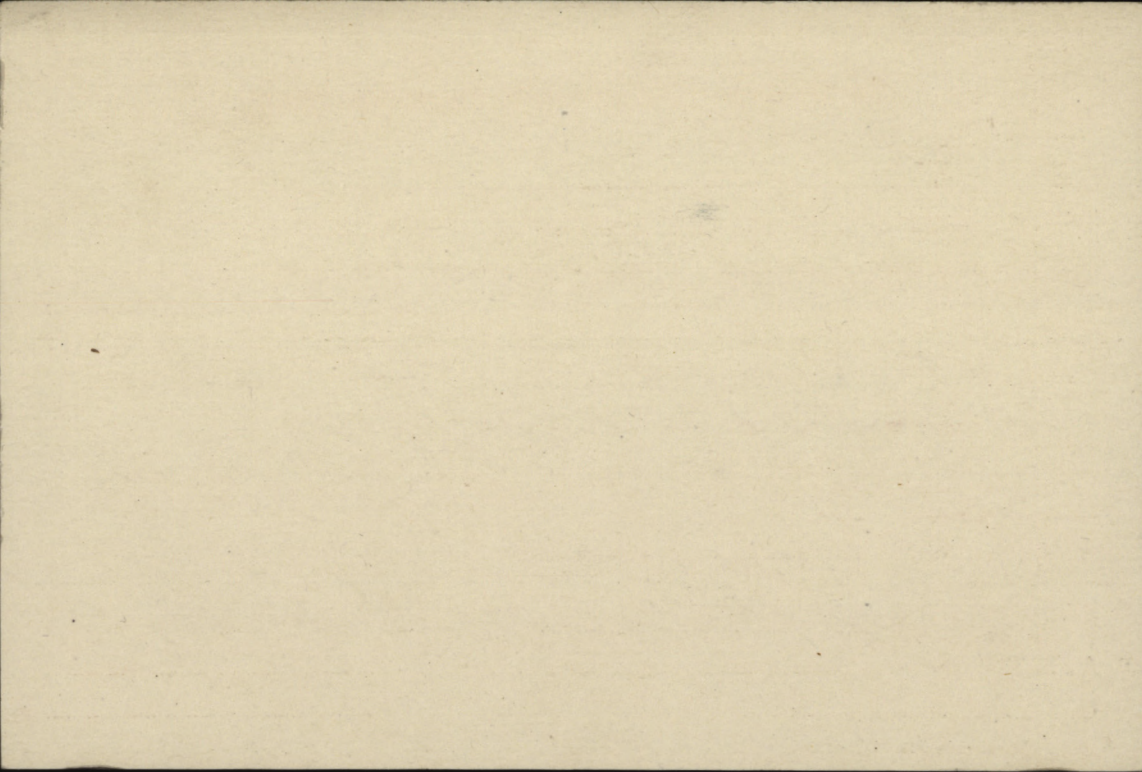
NATURE E.G. ABSENCE, PROMOTION, &c.	PART II. D. O.		REMARKS IF IN HOSPITAL, NOTE NAME, &c.
	No.	DATE	
Tran. N. to D.	148	25/5/18	
Trans. in from 64 R to AMB	253	Sept 10/18	Effect Sept 5/18.
Transferred from A.M.C.T.D. NO. 10 to Man Mil Hosp Feb 1st 1919. Con O 26 Para 309 Part Two Orders 32 A.D.M.S. Orders 11 Para 80.			
J.O.S. 10 M.M.H. S.O. 1/1			effect 1/2/19
Discharged	S.O. 20/2		" 21/8/19

4

Surname *Taylor*.....
Christian names *John*.....
Regtl. No. *33466109* Rank *Plt*.....
Unit *Man Regt. 18th Bns Bn*.....
H. Q.
M. D. No. *10*.....
T. O. S. *May 23rd 1918*.....
D. O. Pt. II *145* of *25-5-18*.....
S. O. S. *21-8* 19 *19*.....
Reason *Demob*.....
Auth. *80 2019-20/8/19*.....

Next of kin *Taylor Mrs. Ann*..... Relationship *Mother*.....
Address *Ravenhough, Gaults, Aberdeen*..... Also notify:.....
Scot......

BORN—Place *Scotland Cruden Aberdeen* Date *July 9th 1889*.....
ATTESTED—Place *Stinnipeg Mass* Date *July 23rd 1918*.....
O/S..... R/C.....



CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

14256

This is to Certify that No. 2346619 (Rank) Private

Name (in full) John Taylor enlisted in

the 1st Depot Battalion, Manitoba Regiment

CANADIAN EXPEDITIONARY FORCE at Winnipeg, Canada on the Twentythird

day of May 1918

HE served in Canada,

and is now discharged from the service by reason of Demobilization, under

Route Order 1420/c. 10 M. M. H. D. O. 202 Para 2.

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

Age 30 years 1 Month

Height 5 feet 9 inches

Complexion Ruddy

Eyes Brown

Hair Black

Marks or Scars Mole "L"

Buttock

John Taylor
Signature of Soldier

J. Fraser
Issuing Officer

L Colonel
Rank

Date of Discharge August 21st 1919

O.C. 10. M. M. H.
Appointment

Signed at Suxedo, Man. this Twentyfirst day of August 1919

in Military District No. 10.

File Reference No. NO. REFERENCE NO

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. (Rank) Name

Unit

Address on Discharge

Character and Conduct

Former Occupation

Special Qualifications of Value in Civil Life

Medals and Decorations

Remarks

Signed at this day of 19

.....
Name of Officer

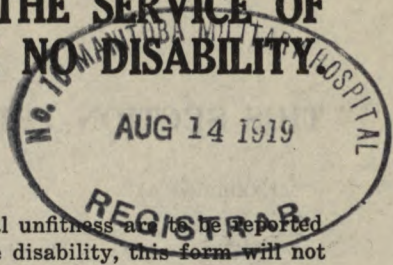
.....
Rank

.....
Appointment

On demobilization the
particulars called for on
the back of this cer-
tificate will not be com-
pleted.

44-T-329

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. 3346619 Rank Pte. Surname TAYLOR, John
(Give name in full)
Address- c/o Mr. J.B. Duncan, 98 Monk Ave, Winnipeg,
1st D.B.M.R.
Unit or Corps... C.A.M.C., M.M.H. Birthplace Aberdeenshire, Scotland.

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

1. GENERAL DESCRIPTION:

Physique Good Weight 142 lbs. Height 5 ft. 9 in. Color of Eyes Brown
Nutrition Good
Pulse 80
Condition of arteries Normal
Vision Rt. 20/20 Left 20/20
Hearing (conversational voice) Rt. 20 ft.
Left 20 ft.

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

Mole 'L' Buttock.

Opinion as to general health and physical condition Good 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.)

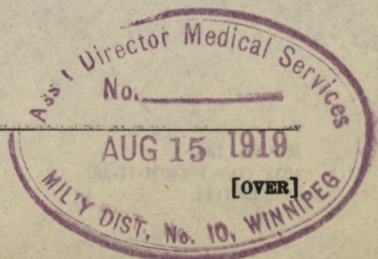
Nervous System NO Genito Urinary System NO Cardio-Vascular System YES
Special Senses NO Integumentary System NO Respiratory System NO
Disturbance of mentality NO Muscular System NO Digestive System NO
Osseous and Joint System Yes Any other general condition NO

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.

Flat feet-Exact date of origin unknown. Pre-existed enlistment. Not aggravated by service.

Varicoccele Rt- Exact date of origin unknown. Pre-existed enlistment. Not aggravated by service.

(If space is insufficient, continue on back of form.)



EXAMINATIONS.

THIS SECTION FOR USE OVERSEAS—

Examined at..... (Canada)

Date SignedM.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 SECTION FOR USE IN CANADA—

Examined at Winnipeg, Man. (Canada)

Date .. August 14th 1919. SignedM.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 ... John Taylor

(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.)

APPROVED

M. J. Chapman
AUG 15 1919

FOR A. D. M. S., M. D. No. 10
WINNIPEG, MAN.

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS DISTRICT NO 10

NAME OF SOLDIER **John Taylor**

REGIMENT **1st. Depot. Battalion, Manitoba. Regiments**

PRIVATE

No P. 5346619



INSTRUCTIONS

1. On examination the condition of patient's mouth to be marked on diagram in red ink.
2. On first line of report record of same to be made in red ink.

Only such entries to be made on this sheet as will show :

1. Condition on examination (in red).
2. Condition on leaving Canada.
3. Condition on discharge.

Date	Amalgam	Temporary Filling (a) G.P. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhea	Synthetic Porcelain	Extracting	Dentures			Gold Clasp	Gold Filling	Crowns		Bridge Work	OPERATOR	Military Dist.	REMARKS	
											U	L	P			Gold	Porcelain					
1918 May 23										2 1.32						2 2.3		3 13-16 17-18 29-31	T.G. McCarten, 10		To Ext- Cavities-	

INSTRUCTIONS

On examination the condition of paper's receipt to be marked on

margin in red ink

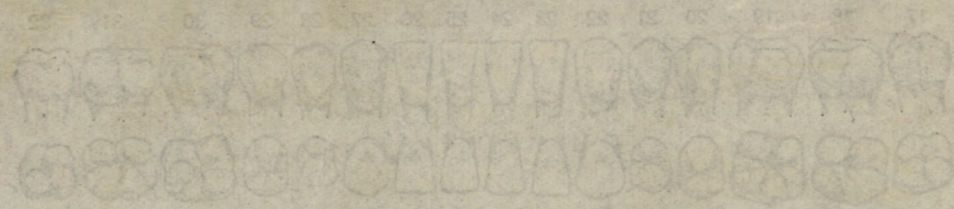
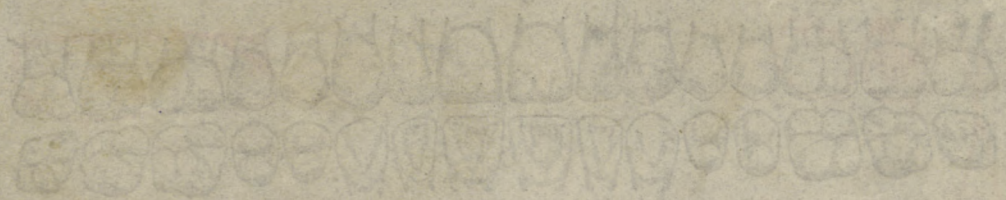
On first board first mark of name to be made in red ink

Only such entries to be made on this card as will show

Condition on examination in red

in relation to testing Canada

Condition on discharge



70 B 22VCE6T0

FLAVYLE

1961 1212101

1000

1000

1000

1000

MADE IN CANADA

20110101

STANDARD AIR

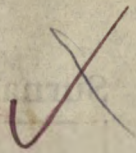
BENILIFA

MADE IN CANADA

MADE

MILITARY SERVICE ACT, 1917.

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 John
 2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule 301448 Jg
 3. Consecutive number on schedule of men reporting for service (if he appears on it) _____
 4. Address (including street and number, if any) St. Agathe P.O. Manitoba, Canada

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 23rd day of May 1918, by the undersigned medical board sitting at WINNIPEG, MANITOBA, CANADA.

5. Age as stated 28 Years 10 Months. 6. Apparent age _____ Years _____ Months
 7. Height 5 Feet 9 Inches. 8. Weight 140 Pounds.
 9. Chest measurement { Minimum 25 1/2 Ins. 10. Complexion Ruddy { Eyes Brown
 { Maximum 39 Ins. { Hair Black
 11. Physical development Good { Good
 { Fair
 { Poor 12. Smallpox marks _____

13. Number of vaccination marks { Right arm Nil
 { Left arm Nil 14. When vaccinated last _____

15. Distinctive marks and marks indicating congenital peculiarities or previous disease scar back
Wash, Mole L buttock

16. Slight defects but not sufficient to cause rejection Flat feet + varicose
 The man denies having had { Rheumatism We find no evidence of past { Rheumatism
 { Tuberculosis { Tuberculosis
 { Syphilis { Syphilis
 (Strike out disease admitted or suspected.) Vision R. Eye 20/20
 " L. Eye 20/20

We have examined the above named man in accordance with the C. E. F. Regulations for medical examinations, and he is placed in Category B2
J. B. Burrows Capt. Member. W. B. Burrows Member.
 President.

Date	Result	VACCINATIONS	Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
			<u>8/6/18</u>		<u>Ed Hoodkin Capt</u>
					M.O.
					M.O.
					M.O.

Joined 23rd day of May 1918 at WINNIPEG, MANITOBA, CANADA.

CORPS	REG'TL NUMBER	HABITS	DATE
<u>1st Depot Battalion</u>			
Joined on enlistment <u>Manitoba Regiment</u>	<u>D 3346619</u>	<u>1-2-199</u>	
Transferred to..... <u>10th Bn C.P.K.</u>			<u>10/6/18</u>

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION	DATE	DISEASE	RESULT
<u>front camp</u>			<u>5/9/18</u>

Signature of Man of John Taylor

N. B.—This sheet is 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.

This space to be for numbers.

Proceedings on Discharge.

(When forwarded for confirmation these proceedings should be accompanied by the documents specified on fourth page.)

No. **3 3 4 6 6 1 9.**

Rank **Private**

Surname **Taylor.**

Christian name **John.**
NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.

Corps (Squadron, Battery or Company) **#10 Manitoba Military Hospitals.**

Date of discharge **August 21st. 1919.**

Place of discharge

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age **30** years **1** months.

Height **5** feet **9** inches.

Complexion **Ruddy**

Eyes **Brown**

Hair **Black**

Trade **Farm Hand.**

Intended place of residence **98 Monck Ave. Norwood, Manitoba.**

(To be given as fully as practicable.)

Descriptive marks

Mole "L" Buttock.



2. The above-named man is discharged in consequence of

Routine Order 1420/c.

Demobilization under

10 M.M.H. D.O.#202, Para. 2.

Authority for discharge.....

N.B.—The cause of discharge must be worded as prescribed in the King's Regulations and be identified with that on the character certificate. If discharged by superior authority, the number and date of the letter to be quoted.

To be in the handwriting of the Commanding Officer, who will himself make identical entries on the character certificate and initial them.

3. Conduct and character while in the service have been, according to the records, etc.

N.B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldiers and the Officer Commanding his Squadron, Battery or Company.

4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)

M. F. B. 218.

200M.—5-18.
H. Q. 1772-39-113.

(OVER)

5. He is in possession of the following number of G. C. Badges:

No reference to G. C. Badges is to be made on either the discharge or character certificate.

6. Medals and Decorations.....

To be copied by the Commanding Officer on to the parchment Discharge Certificate.

7. His account is correctly balanced, and signed by the Officer Commanding his Company, (*Squadron or Battery*), and I have impartially enquired into all matters brought before me in accordance with Regulations.

(Place) **Tuxedo, Manitoba.**.....

(Date) **August 21st, 1919.**.....

Commanding.....

J. Fraser
M. M. N.

8. Certificate to be signed by the Soldier on Discharge

I hereby acknowledge that I received all my Pay, Allowances and Clothing, and all just demands, up to the present date, subject to the reservations of the claims noted on the third page, and that I have received my permanent discharge certificate.

(Place) **Tuxedo, Manitoba.**.....

(Date) **August 21st, 1919.**.....

John Taylor

(Signature of Soldier.)

A. J. Sinclair

(Signature of Witness.)

When a soldier is absent through illness or any other cause and it is not desirable to forward these proceedings to him for signature, a manuscript copy should be sent for the man to sign, and when returned, should be attached here.

9. Additional Certificate in the case of a Soldier who takes his discharge on his own request.

I hereby declare that I do of my own free will request to be discharged from His Majesty's Service.

John Taylor

(Signature of Soldier.)

10. Statement of Service.

Service toward Engagement to..... (the date to which the Record of Service is completed)..... years:..... days.

Total..... years..... days.

11. Confirmation of Discharge.

The discharge of the above-named man is hereby confirmed.

(Place) **Tuxedo, Manitoba.**.....

(Date) **August, 21st, 1919.**.....

(Signature).....

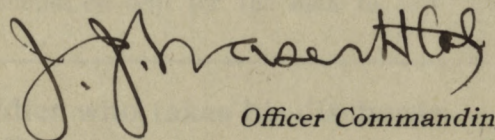
J. Fraser

List of Discharge Documents.

<p>Reg. Conduct Sheet, Militia form B. 263</p> <p>Squadron } Battery } Conduct Sheet, " B. 263a Company } or Field Conduct Sheet " W. 178</p> <p>Copies of Convictions, by C. P. in MS.</p> <p>Med. Hist. Sheet, Militia form B. 313</p> <p>Casualty Form " W. 54</p> <p>Medical Report for Invalid§ " B. 227</p> <p>Dental History Sheet " B. 465</p> <p>Last Pay Certificate " W. 44</p> <p>Duplicate Discharge Certificate " W. 39A</p> <p>‡Form of Will " W. 82</p> <p>§Only if discharged "Medically unfit."</p> <p>‡Only if man has not been overseas.</p>	<p>Attestation Paper Militia Form W. 23 or Particulars of Recruit " W. 133</p> <p>Proceedings on Discharge " B. 218</p> <hr/> <p style="text-align: center;">In the case of recruits who are rejected on final approval, the discharge documents will consist of</p> <p style="padding-left: 40px;">(a) Proceedings on Discharge</p> <p style="padding-left: 40px;">(b) Attestation.</p> <p style="padding-left: 40px;">(c) Medical History Sheet.</p>
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Documents not accompanying this form should be crossed out.

I hereby certify that the following documents are unobtainable.


 Officer Commanding.

N.B.—In the case of a man discharged by purchase, the date and number of Deposit Receipt with amount of same is to be noted hereon.

T. 1265

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

M. & R. S. *Single*

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

REGT. No. *3346619* RANK *Private* NAME (IN FULL) *TAYLOR, JOHN*

NEXT OF KIN *Anne Taylor* RELATIONSHIP *Mother*

ADDRESS *Ravensburgh, Culter, Aberdeen Scotland*

ORIGINAL UNIT *1st DRM* PLACE OF ATTESTATION *WINNIPEG* DATE OF ATTESTATION *May 23rd 1918*

IF IN P.F. WHAT UNIT? _____

TRANSFERRED TO _____ DATE _____ AUTHORITY _____

TRANSFERRED TO _____ DATE _____ AUTHORITY _____

ASSIGNED PAY *Nil* DATE EFFECTIVE _____

PAYABLE TO _____ RELATIONSHIP _____ ANY CHANGE IN ASSIGNEE OR ADDRESS *1st Lt*

ADDRESS _____

STOP PAYMENT FORM RENDERED, DATE _____ EFFECTIVE _____

DISCHARGED *Winnipeg* PLACE *Aug 24/19* DATE *Demobilization* REASON *CO 19200201* AUTHORITY *Entitled to 31 Days to 1st Lt* IF ENTITLED TO POST DISCHARGE PAY *Yes*

BALANCE FROM PREVIOUS ACCOUNT

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		NO.	DATE	NO.	DATE	NO.	DATE	NO.	DATE				\$	C.	\$	C.		\$	C.	\$	C.
			\$	C.																				
Mar 31																								
April	30	1.10	33.00			14	29			15.00	18.00						33.00							
May	31	1.10	34.10			14	28			15.00	19.10						34.10							
June	30	1.10	33.00	36.40		13	26			15.00	54.40						69.40			Inc pay April June 30 836.40				
July	31	1.50	46.50			14	25			20.00	26.50						46.50							
Aug	31	1.50	46.50	35.00		13	21			20.00	46.50			15.00			81.50			Civil Dist Allow 835.00 DO 201 pay 1st chgd back Aug 22-31 15.00				
			193.10	71.40						85.00	164.50			15.00			264.50							
31 Days				70.00													70.00							
							2/9/19			1229608	70.00						70.00			70.00 paid Final pay 2nd Lt				
											70.00						70.00							

AK closed

AUDITED
 1919
 Audit Clerk
 M. D. 19

