MM
20-2-19

Proceedings of Court of Inquiry or on men reported Missing on Active Service.....

Attestation Papers.....

Declaration of change of name.....

Authority for special enlistments.....

Documents of re-enlisted men.....

Regimental Conduct Sheet.....

Compulsory Stoppages.....

Casualty Forms.....

Proceedings on discharge.....

Corps History Sheet.....

Date and No. of Deposit Receipt for Purchase Money and Amount.....

Parchment Certificate.....

Medical Report for Invalids.....

Medical History Sheet.....1.....

Proceedings of Regt. Court Martial.....

Copies of Convictions by Civil Power.....

Company Conduct Sheet.....

Clothing Transfer Certificate.....

Inventory of Kit.....

Last Pay Certificate.....

MTB 259 — 1

M. F. W. 62.
50m.—9-16.
H. Q. 1772—30 935.

DISCHARGE DOCUMENTS

R. O. No.....

H. Q. No.....

Name TAYLOR ROBERT. HENRY

Regt. No. 2384123 Rank PTE

Corps 1st Depot Bn M.R

Incomplete

03737

M.S.A. 15.

NOV 24 1917

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 Robert. Henry.

2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule 692434.

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

4. Address (including street and number, if any) II(9th St. Fort William, Ont.

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 20th day of November. 1917, by the undersigned medical board sitting at Fort William, Ont.

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

7. Height 5 Feet 4½ Inches. 8. Weight 126. Pounds.

9. Chest measurement { Minimum 34 Ins. / Maximum 37 Ins. } 10. Complexion Ruddy. { Eyes Blue. / Hair Black. }

11. Physical development. Fair. { Good / Fair / Poor } 12. Smallpox marks None.

13. Number of vaccination marks { Right arm / Left arm I } 14. When vaccinated last Childhood.

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

Scar over right ear.

16. Slight defects but not sufficient to cause rejection Pronated feet.

The man denies having had { Rheumatism / Tuberculosis / Syphilis } We find no evidence of past { Rheumatism / Tuberculosis / Syphilis }

(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 B.II.

V/R. 20/40.
V/L. 20/30.
H/R. Normal.
H/L. Normal.

[illegible] President.

[illegible] Capt. Member. [illegible] Member.

Date	Result	Vaccinations	Date	Result	Anti-Typhoid Inoculations, Etc.
		M.O.			M.O.
		M.O.			M.O.
		M.O.			M.O.

Joined ..... *day of* ..... *191* ..... *at* .....

	Corps	Reg'tl Number	Habits	Date
Joined on enlistment				
Transferred to.....				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station	Date	Disease	Result

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.

Ckd. to Schedule by 360 12

Signature of Man Robert Henry Taylor

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

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

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.

Unit, Regiment or Corps 1 Dep Bn Man Regt.,

Regimental No. 2384/23 Rank Pte., Name Taylor, Robert, Henry,

Enlisted (a) 6/6/18 Terms of Service (a) C. E. F. D. of W. Service reckons from (a) 6/6/18

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

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

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				
25-1-19	1 D. Bn M.R.	S.O.S. as a Deserter by C. of I.	Winnipeg	6/6/18.	Pt. 11. D.O. No 25

Capt.,
for D. of R.

(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				