

13 M. D. First Depot Battalion Alberta Regiment  
Regtl. No. 3208724

PARTICULARS OF RECRUIT  
DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class 1)

- 1. Surname..... ~~Siddoway~~ Taylor
- 2. Christian name..... ~~Robin Taylor~~ ~~Siddoway~~ Robin Siddoway
- 3. Present address..... Magrath, Alta.
- 4. Military Service Act letter and number..... 344984
- 5. Date of birth..... March 5th. 1895
- 6. Place of birth..... Cardston, Alberta  
(town, township or county and country)
- 7. Married, widower or single..... Single
- 8. Religion..... Latter Day Saint
- 9. Trade or calling..... Farmer
- 10. Name of next-of-kin..... Mrs. Louise Taylor
- 11. Relationship of next-of-kin..... Mother
- 12. Address of next-of-kin..... Magrath, Alta.
- 13. Whether at present a member of the Active Militia..... no
- 14. Particulars of previous military or naval service, if any..... no
- 15. Medical Examination under Military Service Act:—  
(a) Place..... Calgary, Alta. (b) Date..... 8-5-18 (c) Category..... A 2

DECLARATION OF RECRUIT

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

*Robin Siddoway Taylor* (Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age..... 23	yrs. 2	mths. 1	Distinctive marks, and marks indicating congenital peculiarities or previous disease.  scar on upper lip
Height..... 5	ft. 7	3/4	
Chest measurement } fully expanded..... 37	ins. 1		
	range of expansion..... 3	ins. 1	
Complexion..... Ruddy	med.		
Eyes..... Blue			
Hair..... Dk Br Own			

*Bannon* Lt. Col.  
Commanding 1st Depot Batt'n, Alta. Reg't  
O. C. Depot Btl.

Place..... Calgary, Alta. Date..... 8-5-18



# PARTICULARS OF RECRUIT

## DRAFTED UNDER MILITARY SERVICE ACT 1917

Class 1

1. Surname: [Faintly visible name]

2. Christian name: [Faintly visible name]

3. Present address: [Faintly visible address]

4. Military Service Act letter and number: [Faintly visible number]

5. Date of birth: [Faintly visible date]

6. Place of birth: [Faintly visible location]

7. Married, widower or single: [Faintly visible status]

8. Religion: [Faintly visible religion]

9. Trade or calling: [Faintly visible occupation]

10. Name of next-of-kin: [Faintly visible name]

11. Relationship of next-of-kin: [Faintly visible relationship]

12. Address of next-of-kin: [Faintly visible address]

13. Whether he present a member of the Active Militia: [Faintly visible 'No']

14. Particulars of previous military or naval service, if any: [Faintly visible 'No']

15. Medical Examination under Military Service Act: [Faintly visible 'No']

(a) Place: [Faintly visible location], (b) Date: [Faintly visible date] - 15

(c) Category: [Faintly visible category]

### DECLARATION OF RECRUIT

I, [Faintly visible name], do solemnly declare that the above particulars true to me, and are true.

Signature of Recruit: [Faintly visible signature]

### DESCRIPTION ON CALLING UP

Apparent age: [Faintly visible age]

Height: [Faintly visible height]

Chest: [Faintly visible chest measurement]

range of expansion: [Faintly visible range]

fully expanded: [Faintly visible chest measurement]

Complexion: [Faintly visible complexion]

Eyes: [Faintly visible eye color]

Hair: [Faintly visible hair color]

Distinctive marks and marks indicating congenital peculiarities or previous disease: [Faintly visible 'None']

scar on upper lip: [Faintly visible 'None']



15-7-14  
F.L.O.

REGIMENTAL DOCUMENTS

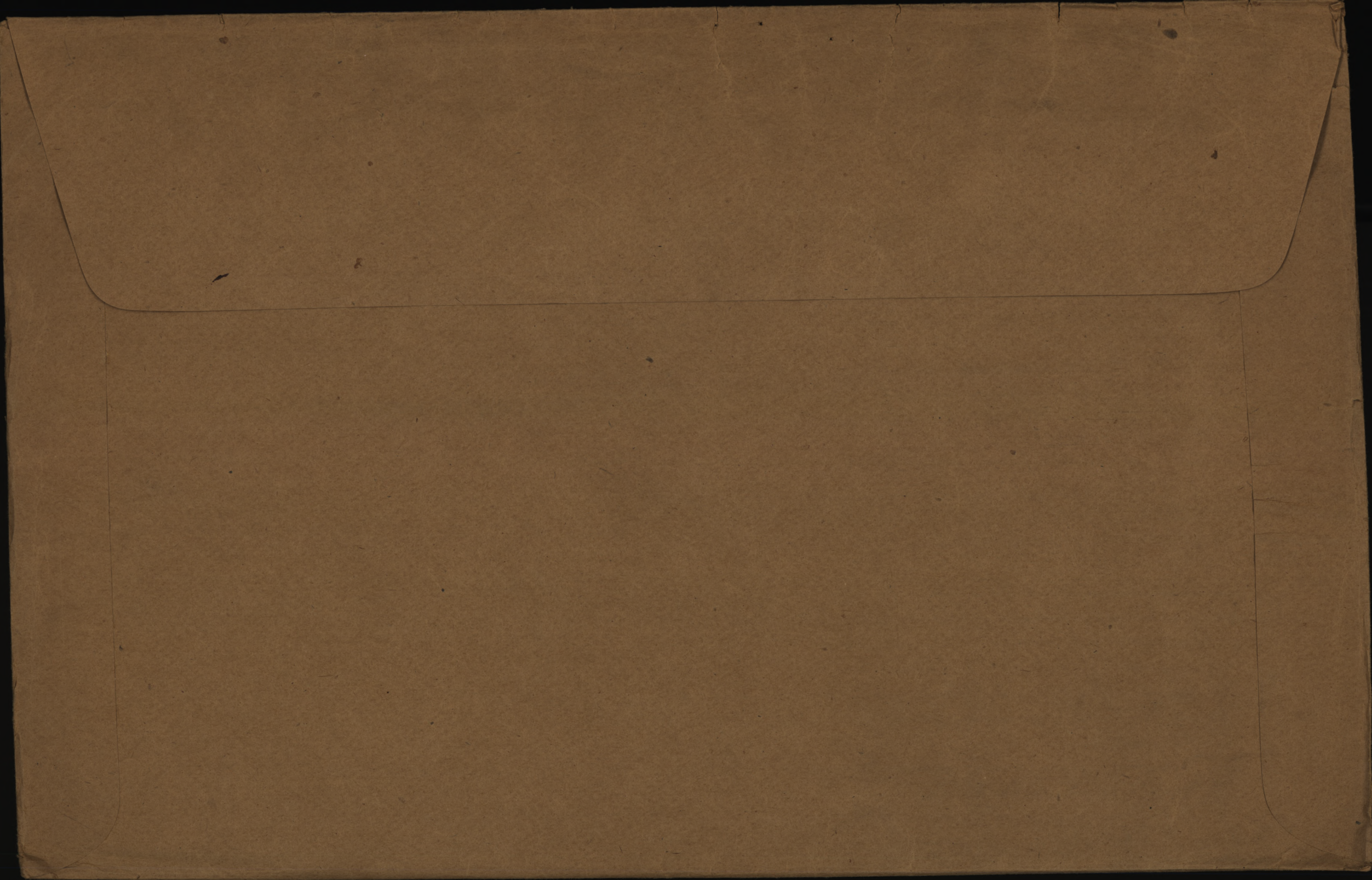
NAME TAYLOR Robin Siddoway REGT. NO. 3208724 UNIT 21st R.B.M. H. Q. FILE NO. \_\_\_\_\_

CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
19 ATTESTATION PAPER (M.F.W. 23, 133, or 51)		M			DEATH
/ CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category
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)					DISCHARGE
/ DENTAL HISTORY SHEET (M.F.B. 465)					Category
MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					Demob.
/ 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)					
1 COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
3 Miss					
1 28122					
		H			

03758









*MD*  
*MD*

Number *3208724* Rank *Plt*

Surname *TAYLOR*

Christian Name *Robin Siddoway*

Units *A.R.* Theatre of War *England*

Date of Service *15/8/18*

Remarks

Latest Address

*Magrath*

Roll No. *A Page 23/6* *also*



DESP. NOV 22 1927

REGN. NO. 35-820

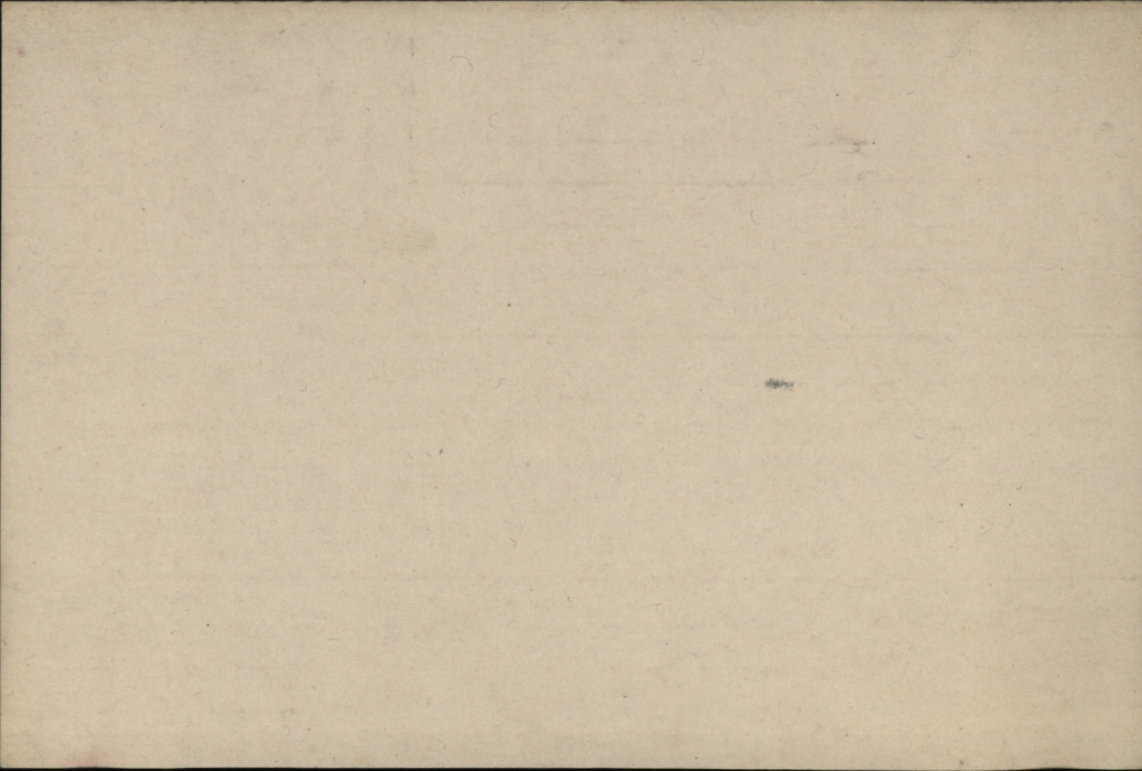


Surname *Taylor* H. Q. ....  
 Christian names *Robin Siddoway* M. D. No. *13 R.* .....  
 Regtl. No. *3208724* Rank *Pte.* T. O. S. .... 19  
 Unit *Alta. Regt., 1st. Depo. Bn.* D. O. Pt. II. .... of .....  
 S. O. S. *2576/119* 19  
 Reason *Demot*  
 Auth. *P. 8 179 of 28-6-1928 D13*

Next of kin *Taylor Mrs. Louise* Relationship *Mother*  
 Address *Magrath, Alta.* Also notify: .....  
 .....  
 .....

BORN—Place *Canada, Cardston, Alta.* Date *Mar. 5th, 1895.*  
 ATTESTED—Place *Calgary, Alta.* Date *May 7th, 1918.*  
 O/S ..... R/C *2076/119 <sup>351</sup>/<sub>209</sub> R Pte.*







Rank \_\_\_\_\_ Name *TAYLOR Robin Siddoway* Reg'l No. *3208724*  
 Unit *84th Draft Atta* If in perm. Corps, }  
 What Unit? } Married or Single *Single*  
 Place and Date of Enlistment *Calgary Atta. 7/5/18* Place of Birth *Cardston, Atta.*  
 Name and Address, Next-of-Kin *Mrs Louise Taylor,*  
*Magrath, Alberta.* Relationship *Mother.*

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

*14582*  
 N/E. R.B. No. \_\_\_\_\_  
 File No. \_\_\_\_\_  
 Date \_\_\_\_\_  
**CAN. OR.**

Discharge, Date and Place \_\_\_\_\_ Reason \_\_\_\_\_ Character \_\_\_\_\_  
 H. W. & V., Ltd.—9546-16.

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.				
		<i>Arrived in England</i>	<i>5 AUG 1918</i>		<i>AM S. Lennison,</i>
<i>22.8.18</i>	<i>*Z1 Res Bn</i>	<i>T.O.S from *CANADA</i>	<i>B. shott</i>	<i>16 AUG 18</i>	<i>DO-198</i>
<i>16-5-19</i>	<i>"</i>	<i>M. Camp Wm. G. Gun</i>	<i>Pt. Lepa</i>	<i>16-5-19</i>	<i>50112</i>
<i>24-5-19</i>	<i>"</i>	<i>Beaus (perm) "</i>	<i>" "</i>	<i>23-5-19</i>	<i>119</i>
		<i>85 B 87</i>		<i>14 6 19</i>	
<i>13-6-19</i>	<i>"</i>	<i>S.O.S. to Canada</i>	<i>" "</i>	<i>14-6-19</i>	<i>D.O. 136.</i>







# CANADIAN EXPEDITIONARY FORCE

## DISCHARGE CERTIFICATE

War Service Badge, Class \_\_\_\_\_ No. \_\_\_\_\_ Issued \_\_\_\_\_

THIS IS TO CERTIFY that No. 3208724 (Rank) Pte

Name (in full) Robin Siddaway Taylor enlisted in  
the 1st Depot Bn Alta

CANADIAN EXPEDITIONARY FORCE at Cabary, Alta. on the 10<sup>th</sup>  
day of May 19 '18

HE served in England 21st Can Res Battn. Alberta

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 23 yrs 11 mos

Height 5' 9"

Complexion Med.

Eyes D. Blue

Hair L. Brown

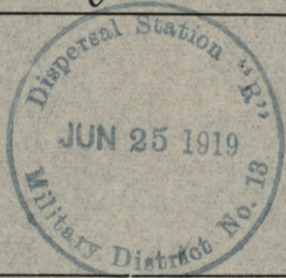
R. S. Taylor  
Signature of Soldier

Marks or Scars Small scar

left superior lip

cause: accidental 1907

Date of Discharge



[Signature]  
Issuing Officer

Rank

Date JUN 25 1919 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. 2308 (Rank) Private Name (in full) James [unclear] enlisted in the Canadian Expeditionary Force on the 18 day of Nov 1918 HE served in [unclear] 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	<u>23</u>
Height	<u>5' 8"</u>
Complexion	<u>[unclear]</u>
Eyes	<u>[unclear]</u>
Hair	<u>[unclear]</u>
Signature of Soldier	<u>[unclear]</u>
Date of Discharge	<u>1918</u>
Issuing Officer	<u>[unclear]</u>
Rank	<u>[unclear]</u>
Date	<u>1918</u>

ORDER IN COUNCIL

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



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

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

350M.—5-16

H. Q. 1772-39-9-0.

# Casualty Form—Active Service.

Unit, Regiment or Corps. First Depot Battalion A.R.

Regimental No. 3208724 Rank Pte Name Taylor ~~Sixxey~~ Robin Siddoway  
C. E. F.

Enlisted (a) 7-5-18 Terms of Service (a) duration of War Service reckons from (a) 8-5-18

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

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

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				
		EMBARKED.	Montreal	30 JUL '18	Wm J. Jenson
		DISEMBARKED.	Manchester	15 AUG '18	
AUG 22 1918	21st RES. Bn	Taken on strength on arrival from Canada.	BRAMSHOTT.	15 AUG '18	Pt. II D.O. No. 198.
7-6-19		S.O.S. from O.M.F. Co. to 6.E.F.			6 at night Lt.
		Debk: de Halifax Fmbd S'hamton-Aq'ia-14 6.19			

(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.



Casualty Form - 2013

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				
14-6-19					
25-6-19					

TAKEN ON STRENGTH OF NO. 13 DISTRICT DEPOT PART 2 ORDER NO. 179 DATED 28-6-19 AND  
DISCHARGED FROM H. M. SERVICE BY NO. 13 DISTRICT DEPOT PART 2 ORDER NO. 179 DATED 28-6-19  
AUTH. RU-1420

*J. G. Fuller*  
Lieut - Col.  
Officer Commanding No. 13 District Depot



# 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. 3208724 Rank Pte. Surname TAYLOR  
 (Given name in full) Robin Siddaway  
 Unit or Corps 21<sup>st</sup> Res. Birthplace Cardston - Alberta.

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

**I. GENERAL DESCRIPTION :**

Physique good Weight 145 lbs. Height 5 ft. 7 in. Colour of Eyes Dark Blue  
 Nutrition good  
 Pulse 70  
 Condition of arteries good  
 Vision Rt. 4/6 Left 4/6  
 Hearing (conversational voice) Rt. 20 ft.  
 Left 20 ft.

Identification marks, scars, or deformities.  
 (Give cause and date of origin).  
Small scar left superior lip  
cause: accidental - 1907

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.**

No disability



# EXAMINATIONS

## THIS SECTION FOR USE OVERSEAS—

Examined at..... *Repton, Ceylon* (Overseas)  
Date ..... *2-25-19* ..... Signed..... *J. M. Taylor* ..... 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..... *R. S. Taylor*.....

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

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## 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 a Medical Board.)

---

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



3208724  
T

# 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

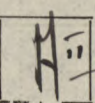
- 1. Surname Taylor Christian name Reginald L.
- 2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule. 335839mc
- 3. Consecutive number on schedule of men reporting for service (if he appears on it) \_\_\_\_\_
- 4. Address (including street and number, if any) Bow Island, Alberta.,

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 10th day of May 1918, by the undersigned medical board sitting at CALGARY

- 5. Age as stated 22 Years 11 Months. 6. Apparent age 23 Years \_\_\_\_\_ Months
- 7. Height 5 Feet 9 Inches. 8. Weight 156 Pounds.
- 9. Chest measurement { Minimum 34 Ins. Maximum 37 1/2 Ins. 10. Complexion Medium { Eyes Dk. Blue Hair Lt. Bro
- 11. Physical development Good { Good Fair Poor 12. Smallpox marks None
- 13. Number of vaccination marks { Right arm X Left arm X 14. When vaccinated last Never
- 15. Distinctive marks and marks indicating congenital peculiarities or previous disease None

- 16. Slight defects but not sufficient to cause rejection None
- 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



Vision R. D. 20/20 L. D. 20/20  
Hearing RT. normal LFT. normal

Signature of Man R. L. Taylor

R. B. Francis Member. W. J. Collett Member.

Date	Result	VACCINATIONS	Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
23 5 18	<u>M. Renewed</u>	<u>Captain C.A.M.C.</u> M.O.	23 5 18	<u>M. Renewed</u>	<u>Captain C.A.M.C.</u> M.O.
		M.O.	30 5 18	<u>M. Renewed</u>	<u>Captain C.A.M.C.</u> M.O.
		M.O.	6.6.18	<u>re-capsule</u>	<u>Captain C.A.M.C.</u> M.O. MAJOR C.A.M.C.

Joined 10th day of May 1918 at Calgary Alta

CORPS	REG'TL NUMBER	HABITS	DATE
<u>1st DEPOT BATT. ALBERTA REGT.</u>	<u>3208724</u>		<u>10-5-18</u>
Transferred to.....	<u>21st. Reserve Battalion.</u>		<u>AUG 16 1918</u>

### 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.







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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

DIRECTIONS TO DENTAL OFFICERS

NAME OF SOLDIER (Block Letters) TAYLOR, R.S.

REGIMENT 218th Res Bn. RANK Pte. No. 3208724

Date of Examination in England 12-5-19 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 15. 18.

2. EXTRACTIONS -

3. CROWNS -

- 4. DENTURES
  - (a) Full Upper -
  - (b) Part Upper -
  - (c) Full Lower -
  - (d) Part Lower -

----- Capt.  
A. D. D. S., M. D. 13

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 -

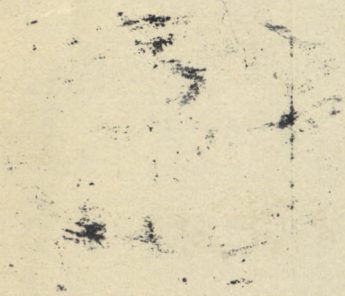
Signature of Dental Officer [Handwritten Signature]



REPUBLICAN PARTY  
STATE OF TEXAS

THE STATE OF TEXAS,  
COUNTY OF \_\_\_\_\_

BEFORE ME, the undersigned authority, on this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_, personally appeared \_\_\_\_\_, known to me to be the person whose name is subscribed to the foregoing instrument, and acknowledged to me that he executed the same for the purposes and consideration therein expressed.



14



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

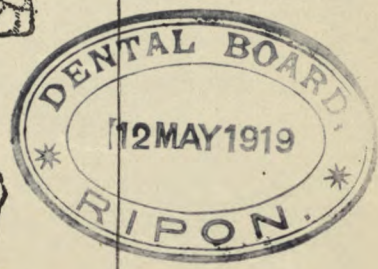
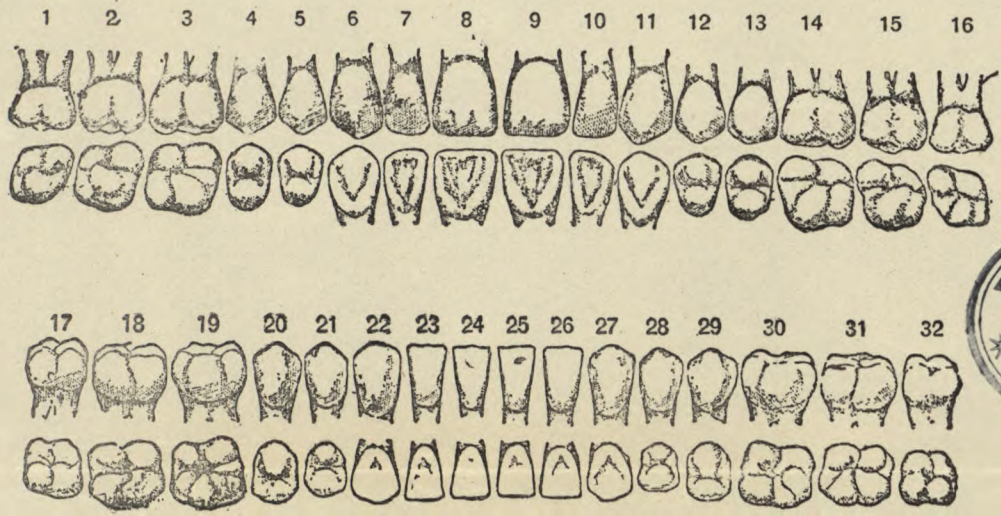
Canadian Printing and Stationery Services, London

DIRECTIONS TO  
DENTAL OFFICERS

NAME OF SOLDIER (Block Letters) TAYLOR R.S.  
REGIMENT 21st Res Bn RANK Pte No 3208724

Date of Examination in England 12-5-19 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 15. 18.
2. EXTRACTIONS —
3. CROWNS —
4. DENTURES
  - (a) Full Upper —
  - (b) Part Upper —
  - (c) Full Lower —
  - (d) Part Lower —

HAS HE EVER REFUSED DENTAL TREATMENT? no

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

- (a) In Canada —
- (b) In England —
- (c) In France —

Signature of Dental Officer P. Ross



UNITED STATES DEPARTMENT OF JUSTICE  
FEDERAL BUREAU OF INVESTIGATION

TO: SAC, NEW YORK  
FROM: SAC, PHOENIX  
SUBJECT: [Illegible]

RE: [Illegible]

Enclosed for the New York Office are two copies of a letterhead memorandum dated and captioned as above. One copy of the LHM is being furnished to the Phoenix Office for its information.

Very truly yours,  
Special Agent in Charge

1-15-68



\* Strike out whichever inapplicable.

ASSIGNED PAY	ENGLAND OR CANADA.	SEPARATION ALLOWANCE	ENGLAND OR CANADA.	NAME:- TAYLOR Robbin Sadoway				
EFFECTIVE DATE:- 1/17/18		EFFECTIVE DATE:-		NUMBER:- 3208724				
AMOUNT:- 15		AMOUNT:-		PARTICULARS OF RANK OR APPOINTMENT				
NAME, ADDRESS, RELATIONSHIP & AUTHORITY Mrs Louis Taylor Chagnath Alta (Mother)				WHEN PAYEE OF A.P. IS THE SAME AS PAYEE OF S.A. THE WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE.				
				AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT		
				NR	1/8/18	plu		
UNIT AND TRANSFERS				ORIGINAL UNIT				
				21 <sup>st</sup> Res. 1 <sup>st</sup> Dep Bn, Alta Reg				
DATE ACCOUNT FIRST OPENED:- 1/8/18				AUTHORITY		DATE EFFECTIVE	DATE LEDGER SHEET T.S.P.O.	UNIT TRANSFERRED TO
								21 <sup>st</sup> Res.

Stopped Eff 1/6/19

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
13/1/19	343	21 <sup>st</sup> Res	£1.10	7/30			
24/5/19	537	"	£5	24/55			
			31 63				

Leger Bal \$33 53  
Lpl Credit Bal \$7 90

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:-

Canada 1/5/19 NR 9648 2/5/19 Resm An 113

MONTH 1918	PARTICULARS	CR 1	CR 2	PARTICULARS	DR 1	DR 2	DR 3	DR 4	BALANCE	DEFERRED	SEPARATION
July 31	Bal from Can								30.10		
Aug	P.P.	34 10		b.a.p.				15	32.10		
				at 22. 20/8/18. Bourley	487				46.33		
Sept		34 10			487			15			
		33 -		b.a.p.				15			
				a.R. 476. 2/9	487						
				2697. 24/9	487				54.59		
Oct		33 -			9 74			15			
		34 10		Can. A.P.				15			
				1725 15/10/18	9 73						
				1863 31.10.18 21 Res	24 33				39.63		
Nov		34 10			34 06			15			
		33 -		Can A.P.				15			
Dec		34 10		Can A.P. Dec				15			
				2097 22/11/18	9 73						
				2142 26/11/18	29 20						
Jan 1919		34 10		Can A.P.	38 93			15	56.90		
		101 20			38 93			45			
Feb.	P. Pay	30 80		a.R. 2479 23.12.18 21 Res.	22 14						
Mar.		34 10		2697 13.1.19	9 73						
				b.a.p.				15			
				2917 31.1.19	9 73						
				3133 15.2.19	4 87						
				3279 28.2.19	9 73						
				b.a.p. Mar				15			
				3458 15/3	9 94						
				3613 24.3.19	9 73				15.90		
					75 90			30			

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

64.90



NUMBER 3208724 RANK

NAME Taylor R.S.

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
Apr	Brought Fd								1590		
	P.P.S.	32		Card				15			
May				AR 49 13/4 21 Pus	1460						
		3410		Card				15			
				AR 258 20/4	1947	489					
				AR 353 17/5	2677	730			2623		
June		6710			2677			30			
				AR 537 21/5 21 Pus	2433				190		
					2433						

1590  
 6710  
 8300  
 4947  
 3353

LOS. 14/6/19 List 85 CARD No 13







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DK

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ТАБЛИЦА УРОТЯН ДАТНОЕ  
СВЕТЛОТНА СКАЛА



Date of Enlistment 7-5-18.

MILITIA AND DEFENCE

T 7282.

Date of Assignment

Separation and Assigned Pay Branch

August 1st 1918.

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

15.00			
-------	--	--	--

PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

9/5/18  
EJF

No.				
Rank	Promoted	Reverted	Discharge	
Soldier's Name				
Battalion	1st Depot Bn. Alta Regt. Draft 84.			
Beneficiary				
Relationship				
Address				

Name			
Address			
Change of Address			
1	MRS. LOUISE TAYLOR,		
	MAGRATH,		
2	ALTA.	15	15.00
3	A-C 3208724 PTE. ROBIN S. TAYLOR		
	FIFTEEN DOLLARS		
4			

Date	Cheque No.	Amount S/A	Amount A/P	Total
Aug 1	H 594		15	15
Sept 8	P 42400		15	15
Oct 2	Q 49229		15	15
Nov 7	R 57366		15	15
Dec 16	S 60227		15	15
Jan 7	T 71027		15	15
Feb 0	U 81754		15	15
Mar 12	V 87322		15	15
Apr 18	W 4326		15	15
May 5	X 5422		15	15
June 11	Y 11062		15	15
			165	165

017848-R-84 REMARKS  
 acc. 5-5-19 cheque 4594 adv aug mailed 17-9-18  
 A/c Closed 30-6-19  
 Ret'd per... Aquitania  
 Date 20/6/19 M.F.W. 187 22/6/19 m 4013  
 Clerk... pay  
 MKO LP 99099 gud

M. F. W. 128  
4000-517-1772 89-114  
L. L. 2520-M. & D. 7888.

AUTHORITY FOR  
 N-6-folio 4-84  
 C. Leslie  
 11-9-18.

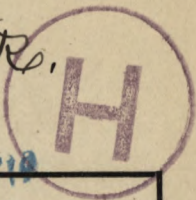
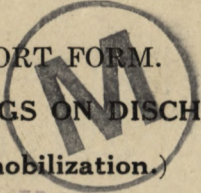






SHORT FORM.  
PROCEEDINGS ON DISCHARGE.  
(Demobilization.)

S. G. 33.  
P. G. 1.  
D. A. R.



War Service Badge, Class No. Embd 5 Hamilton - Aq 12-14 6-18  
Debkt: d. Halifax 30-0-19

1. No. 020 8724

2. Rank. Private. Robin Siddoway

3. Name. Taylor.

4. Unit. 21st Can Res Battn, Alberta (1st Depot Battn)

5. Date of Discharge JUN 25 1919 Place CALGARY Alberta

6. Reason for Discharge.....  
Demobilization category A  
Religion Latter Day Saint  
Service in France Jul  
Yof K. Mocher.

7. Authority. DD.O-179

8. Proposed Residence after Discharge.....  
Meynath Alberta

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.?

R. A. Taylor  
Signature of Soldier.

10. CONFIRMATION.  
The discharge of the above named man is hereby confirmed.

Place.....  
Date JUN 25 1919

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

50 18.11.60



SHORT FORM  
 PROCEEDINGS ON DISCHARGE  
 (Demobilization)

1. No.	2. Rank	3. Name	4. Unit	5. Date of Discharge	6. Reason for Discharge
1000	Private	J. Taylor	1st Battalion	15/11/45	Medical Certificate
7. Authority					
8. Proposed Residence after Discharge					
9. Certificate to be signed by Soldier					
I hereby acknowledge that at the undernoted place and date I received my discharge Certificate					
M. P. W.?					
Signature of Soldier					
10. CONFIRMATION					
The discharge of the above named man is hereby confirmed.					
Place					
Date					
Signature					
(O. C. Discharging Unit)					



LIST OF DISCHARGE DOCUMENTS

Attestation Paper, Triphost	Medical Form W. 28
or Particulars of Resunit	Medical Form W. 132
Field Conduct Sheet	Medical Form W. 177 or A.F.R. 112
Casualty Form	Medical Form W. 84 or A.P. 103
Last Pay Certificate	Medical Form W. 44
(certificates that missing documents are unobtainable)	
Medical History Sheet	Medical Form H. 314 or A.F.D. 101
Proceedings of Medical Board	M.P.B. EX. AL. B. 1 or A.F. 1. 48
Dental History Sheet	Medical Form B. 485
Medical Report	M. R. W. 120 or D. M. S. 1817
Regimental Conduct Sheet	Medical Form B. 201
Company Conduct Sheet	Medical Form B. 202

1. Certificate of Discharge (Form W. 177, 1921)  
 2. Certificate of Discharge (Form W. 177, 1921)  
 3. Certificate of Discharge (Form W. 177, 1921)  
 4. Certificate of Discharge (Form W. 177, 1921)  
 5. Certificate of Discharge (Form W. 177, 1921)  
 6. Certificate of Discharge (Form W. 177, 1921)  
 7. Certificate of Discharge (Form W. 177, 1921)  
 8. Certificate of Discharge (Form W. 177, 1921)  
 9. Certificate of Discharge (Form W. 177, 1921)  
 10. Certificate of Discharge (Form W. 177, 1921)  
 11. Certificate of Discharge (Form W. 177, 1921)  
 12. Certificate of Discharge (Form W. 177, 1921)  
 13. Certificate of Discharge (Form W. 177, 1921)  
 14. Certificate of Discharge (Form W. 177, 1921)  
 15. Certificate of Discharge (Form W. 177, 1921)  
 16. Certificate of Discharge (Form W. 177, 1921)  
 17. Certificate of Discharge (Form W. 177, 1921)  
 18. Certificate of Discharge (Form W. 177, 1921)  
 19. Certificate of Discharge (Form W. 177, 1921)  
 20. Certificate of Discharge (Form W. 177, 1921)

Group \_\_\_\_\_  
 Checked by \_\_\_\_\_  
 Date \_\_\_\_\_



**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 (C.A.D.C. 5009a).
6. Field Conduct Sheet (A.F.B. 122).
7. Proceedings on Discharge (A.F.B. 218a).
8. Discharge Certificate (M.F.W. 39).  
(Enclosed in special envelope (260M)).
9. Copy of Discharge Certificate (M.F.W. 39a).
10. Dispersal Certificate (C.D. 3).
11. Equipment and Clothing Statement Q.M.G. Form (D.O.S. 2).
12. Last Pay Certificate (P. 351).
13. Pay Book (A.B. 64).
14. War Service Gratuity (Form M.F.W. 2896).
15. Sundry Documents.

Group..... A

Checked by No. 23  
*Wynne Hammond*

Date 3-6-19 *LH*



M. OR S.

ADDRESS

IS SEPARATION ALLOWANCE PAID?

TO WHOM PAID

ADDRESS

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

REGT. NO. 3208724 RANK PTE. NAME (IN FULL) TAYLOR, ROBIN S.

AUDITOR PAYMASTER

Form with fields for ORIGINAL UNIT C.E.F., PLACE OF ATTESTATION, TRANSFERRED TO, DATE, AUTHORITY, ASSIGNED PAY \$, DATE EFFECTIVE, PAYABLE TO, RELATIONSHIP, ANY CHANGE IN ASSIGNEE OR ADDRESS, STOP PAYMENT FORM, DISCHARGED, PLACE, DATE, REASON, AUTHORITY, IF ENTITLED TO POST DISCHARGE PAY.

Table with columns: MONTH, PAY AND F.A., OTHER CREDITS, TOTAL CREDITS, ACQUITTANCE ROLLS, CASH PAYMENTS, ASSIGNED PAY, REGIMENTAL CHARGES, OTHER CHARGES, TOTAL DEBITS, BALANCE, PARTICULARS OR REMARKS.



