Dec 10 1915

Original

ATTESTATION PAPER.

No.

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

No. 421.183

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

1. What is your surname? ..... Taylor
1a. What are your Christian names? ..... William
1b. What is your present address? ..... Winnipeg
2. In what Town, Township or Parish, and in what Country were you born? ..... Dundee Scotland.
3. What is the name of your next-of-kin? ..... Jane Lowson
4. What is the address of your next-of-kin? ..... 12 Constable St Dundee
4a. What is the relationship of your next-of-kin? ..... Mother
5. What is the date of your birth? ..... 1st July 1886
6. What is your Trade or Calling? ..... Farm Laborer
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 William 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.

William Taylor (Signature of Recruit)

Date 9th Dec 1915 H. Patterson (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I William 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.

William Taylor (Signature of Recruit)

Date 9th Dec 1915 H. Patterson (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 Winnipeg this 9th day of December 1915

G. Machras (Signature of Justice)

M. F. W. 23
200 M—9-15
H. Q. 1772-39-841

Description of William Taylor on Enlistment.

Apparent Age 29 years 5 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height		5 ft. 6 3/4 ins.
Chest measurement.	Girth when fully expanded	39 ins.
	Range of expansion	3 ins.
Complexion		fair
Eyes		grey
Hair		fair
Religious denominations	Church of England	—
	Presbyterian	X
	Methodist	—
	Baptist or Congregationalist	—
	Roman Catholic	—
	Jewish	—
	Other Denominations (Denomination to be stated)	—

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.)

scar on right cheek

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 declares that he is not subject to fits of any description.

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

Date Dec 10th 1915

Place Winnipeg

[signature]
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.

William 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.

W. S. Colclough Major (Signature of Officer)

Date 9th Dec 1915

W. LIEUT. COL.
COMMANDING- 108th OVERSEAS BATTN.

REGIMENTAL DOCUMENTS

NAME Taylor Wm REGT. NO. 721183 UNIT H. Q. FILE NO.

	CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
3 1	ATTESTATION PAPER (M.F.W. 23, 133, or 51)					DEATH
2	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)					
1	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)					
	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
1	LAST PAY CERTIFICATE (M.F.W. 44)					
1	PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					
	PARTICULARS OF CHARACTER (A.F.W. 3226)					
	COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)			04069		
4 1	Discharge R 122					

W. 2589
100M-11-18
1772-39-1327

E. M. W.

Number 721183 Rank Spr

Surname TAYLOR

Christian Name William

Units R.E. 6. R. Y. Theatre of War France

Date of Service 10/2/17

Remarks

Latest Address 60 Kembeck St
Dundee Scot.

Roll No B Page 1345

200m.-2-21.M.

DEEP MAR 8 1922
REGN. A 74758

No. 721183 RANK Pte. NAME Taylor W.
81 (Mar. pay list)

T.O.S. 9/12/15 UNIT 108th. Battalion
(D.O. 5) of 13/12/15

M.D. 10

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC. PARTICULARS	AUTHORITY
1915 Dec. 9	1915 Dec. 31	✓		
1916	1916			
Jan.		✓		
Feb.		✓		
Mar.		✓		
Apr		✓		
May		✓		
June		✓		
July		✓		
Aug		✓		
Sept 1	Sept 18	n	Transto Clearing Depot Halifax 18-9-16	BO 220 of 20-9-16.

UNIT SAILED
SEP 18 1916

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

M. F. W. 54. (A. F. B. 103.)
250M.—1-16.
H. Q. 1772-39-920.

Casualty Form—Active Service.

421.183. 2nd Labor

Unit, Regiment or Corps ~~108th OVERSEAS~~ BATTALION

Regimental No. ~~421/183~~ Rank Pte. Name Taylor Williams

Enlisted (a) 9/12/15. Terms of Service (a) C. E. F. Period of war Service reckons from (a) 9.12.15.

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) Labourer

Report Date	Report From whom received	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.
		Embarked Canada	Halifax	18/9/16	
		Disembarked England	Liverpool	25/9/16	
14/10/16	108th	T.O.S. on arriving from Halifax	Witley	12/10/16.	P II O. 140.
1/1/17.	108th	Transferred to 2nd C L Bn	Seaford	1/1/17	B.O. Pt II O ~~Para~~ 1

Walter Gate Lieut.
Asst Adjt 108 Battn C.S.

~~Transferred to Second Labor Battn~~ Seaford

Lieut
Ass't Adjt 108th Battalion C.S.

(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.

CERTIFIED CORRECT.
26 MAR 1917
CAN. RECORDS, LONDON.

Report Date	Report From whom received	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.
2-1-17.	2 C.L.B.	T. O. S.	Seaford	2-1-17.	Pt II O. 8.
8-2-17.	"	Proceeded o'seas,	"	8-2-17	Pt II O. 34

Wm C. McBrien Capt.,
Adjutant, 2nd Can. Labour Battn.

Disembarked FRANCE 10-2-17 NR

The designation 2nd.Can Lab Bn
wjll in future be 12.th Bn Can,
Ry Troops A Gs A-51-2 M-1
d-21 Nov 17 DO No 1 d25 Nov 17

16 2/18	Ob unit	Granted 14 days leave	Field	11 2/18	B213 Pt II O. 14 d 25 2/18
27 2/18	do	Joined from leave	do	27 2/18	"
9 3/18	do	awrd, Good, Cond, Bdge	do	9 12/17	" Pt III O 26 d 17 3/18
2.1.19	CGBD	Trans to Eng. + posted to CRTD Witley		3.1.19	NR Gro Pro 1 d. 1919
11-1-19	C.R.T.D.	T.O.S. from C.G.B.D	Bordon	3-1-19	Chas B. Chapwell BO Pt II 11

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

M. F. W. 54.
150M. 10-15.
H.Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps

Regimental No. 721153 Rank C. E. F. Name Taylor W

Enlisted (a) Terms of Service (a) Service reckons from (a)

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: Date	Report: From whom received	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.
31-1-19	C.R.T.D.	S.O.S. to Res.Bde CFA	Bordon	31-1-19	BO Pt.11 No.31 A. N. Gray Lieut. for O.C. Comp.Bde. C.R.A.
5-2-19	Res.Bde. C.F.A.	T.O.S. from Can. Railway Troops Base, France, on reporting from Comp.Bde.CRA	Witley	31-1-19	BO Pt.11 No.37
17-2-19	O.C. C.R.A.	S.O.S. on proceeding to 12th Res. Bn.	Witley	14-2-19	DO PtII.48 A. N. Gray Lieut. for O.C. Can. Res. Artillery
3/4/19	N Wing	On Command 2nd CDD London	Witley	3/4/19	Pt II 3 G Mass. Capt N Wing CCC Witley

(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				

DISCHARGED IN ENGLAND,
K. R. & O. PAR. 392, SEC. XXV.

[illegible] Captain
Officer Commanding,
No. 2 Canadian Discharge Depôt,

D.M.S. 1375.

Medical Examination upon leaving the Service

of an Officer fit for general service or a Soldier fit for duty.

☞ *Officers leaving the Service upon being found unfit for general service by a Medical Board, and Soldiers leaving the Service upon being found otherwise than fit for duty by a Medical Board, are not to be reported on this Form.*

Rank Spr. Name WILLIAM Surname TAYLOR

Unit or Corps 12th L. A. Train (If a soldier) Regtl. No. 72178 3

Born at Dundee, Scotland on, date July 1st 1896

Signature (for identification) William Taylor.

The examination is to be made jointly by two Medical Officers.

1. **PHYSIQUE**—Any deformity, maiming or lameness? If so, describe.

Nil

Weight 130 lbs.

Height 5 ft. 7 ins.

2. **NUTRITION AND DIATHESIS?**

Good & no diathesis

After searching inquiry and thorough examination is any evidence found of disease or impairment of the parts indicated below? If so, describe.

3. **NERVOUS SYSTEM?**

Normal

4. **RESPIRATORY SYSTEM.**

Normal

5. **HEART?**

Abnormal Sounds? No

Abnormal Size? No

Pulse Rate? Normal Intermittence or irregularity? No

6. **ARTERIES.**—Any hardening? No

7. **DIGESTIVE SYSTEM?**

Normal

8. **GENITO-URINARY SYSTEM?**

Urinalysis—s.g.? 1024 Reaction? Acid Albumen? Nil Sugar? Nil

9. **SKIN, MIDDLE EAR, EYE** or any other part? Slight deafness left ear. Condition existing prior to enlistment.

10. Is there any evidence of impairment of health or physical condition not mentioned above? If so, describe. No

11. Opinion as to the health and physical condition of the one examined? Good

Examined at Can. Gen. Hosp. Etaples France Signed [illegible] Capt. M.O.

Date 27-12-18 Signed [illegible] Capt. M.O

☞ *If any disease or impairment of health or physical condition is discovered, this report should be sent at once to the O.C. concerned for the Officer or Soldier to be sent before a Medical Board for regular boarding.*

To be made out in duplicate. H.Q. 54-21-23-53

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

INSTRUCTIONS.

(a) This form is only required for men joining units for Overseas Service and must be completed immediately the man is warned for draft overseas.

(b) Care must be taken to see that a man is allotted his correct Regimental Number. No numbers must be duplicated and once it has been allotted to a man, even if he is subsequently discharged, the same number must never be allotted to another man.

(c) All questions, etc., must be answered.

(d) One copy of the form is to be forwarded by Officer Commanding unit for each Officer and man to Officer Commanding Division or District at least seven days before man leaves his station to proceed overseas, for transmission to Accountant and Paymaster General, Ottawa.

(e) Duplicate copy is to be forwarded direct to Officer in charge of Records, C.E.F. London, immediately after arrival in England.

---

(1) Name of Overseas Unit which Soldier joins 108th Batt'n

(2) Regimental Number 721183

(3) Full Name of Soldier Taylor Williams

(4) Place of Birth Dundee Scotland

(5) Are you married, or not ? No

(6) If married, state,
(a) Full name of your wife

(b) Present Postal Address

(7) Are you a widower ?

(8) Have you any children ?

If so, give number of boys and girls

Also their names and ages

M. F. W. 67.

200M.—3-16.
1772 39-954.

(SEE OTHER SIDE.)

(9) Is your Father alive ? Yes

If so, state name and address James Taylor 66 Hambrick St Dundee Scotland

(10) Is your Mother alive ? Yes Mrs James Taylor

If so, state name and address 66 Hambrick St Dundee Scotland

(11) If your Mother is a widow

Are you her sole support, or not ?

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

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

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

(15) Are you insured ? No

If so, in what Company ?

Have you made arrangements for payment of your Insurance premium

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

J. E. R. Richmond Major
for Officer Commanding.

Date AUG 21 1916

108th OVERSEAS BATTALION

MEDICAL HISTORY SHEET.

ORIGINAL

No. 721183

Surname Taylor *Christian Name* William

Examined on 10th day of Dec 1915 at Winnipeg

Birthplace City or Town Dundee County Scotland.

Apparent age 29

Trade or occupation

Height 5' Feet 6 3/4 Inches.

Weight 164 Lbs.

Chest measurement Minimum 36 inches. Maximum expansion 39 inches.

Physical development good

Small-Pox Marks None

Vaccination Marks Arm Right. Left. Number (2)

When Vaccinated last Childhood

(*a*) Marks indicating congenital peculiarities or previous disease

None

(*b*) Slight defects but not sufficient to cause rejection

very slightly dull in hearing

Approved by O. Kwaire

Rank M.O.

Date	Fit or Unfit	Examined for Re-engagement,
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Date	Result	Vaccinations.
7/4/5	Neg	S. Dunn M.O.
		M.O.
		M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.
8/5/16	+V/2	S. Dunn M.O.
8/5/16	+O/2	S. Dunn M.O.
20/10/16	+OB/2	S. Dunn M.O.

Enlisted on 10th *day of* Dec 1916 *at* Winnipeg

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	108th. O.S. Battn	721183		10/12/15.
Transferred to..	2nd. Lab. Bn			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.
Seaford	17/11/16	Deafness Flat feet	Permanent Base F. Walker Capt

Certified Correct Copy S. Dunn Capt Camc 108 Bott

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.

M. F. B. 313.

150M.—8-15.
H. Q. 1772-39-439.

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				

EYE, EAR, NOSE AND THROAT CLINIC.
Witley Camp, Surrey.

FEB 13 1919 1919.

UNIT R. D. G

Reg. No. 721183 Rank Spr Name Taylor

Diagnosis:-

Remarks:-

O. M. C. S - left - Ear

Polypus left - Ear -

HEARING:-	Rt.	Lt.		Rt.	Lt.
VOICE	21	3'	RINNE	--	1 - left -
WHISPER			WEBER		
WATCH			SCHWABACK		
			FORK. 256		
			FORK. 2048		
			BONE COND'N		

CATEGORY RECOMMENDED:-

CONDITION WAS — PRESENT BEFORE ENLISTMENT AND HAS BEEN CAUSED BY SERVICE. not -

HAS not - BEEN AGGRAVATED BY SERVICE.

V. R. E 6/9
V. L. E 6/9

C. W. Hume

Captain, C.A.M.C.,
Eye and Ear Specialist,
Witley Camp, Surrey.

R—122
8,401—50,000—21-10-16

E.T. Rank Name TAYLOR, William Reg'l No. 721183

Unit 108th Battn If in perm. Corps, What Unit? Married or Single Single.

Place and Date of Enlistment Winnipeg. Dec. 9th. 1915. Place of Birth Dundee. Scotland.

Name and Address, Next-of-Kin Jane Lawson.

72, Constable St. Dundee. Scotland. Relationship Mother.

Assigned Pay Monthly $ Payable to

Relationship

Separation Allowance $ Payable to

Relationship

Discharge, Date and Place Reason Character

N/E. R.B. No. 14720
File R.L.
Category CR Eng

Report. Date.	Report. From whom received.	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.
14:10:16	O/c 108th Bn	T.O.S on arrival from Clearing Depot Halifax	Witley	12:10:16	Pt. II 100. 170
1:1:17	" " "	SOS on tsfr to 2nd Can Lab Bn	Seaford	1:1:17	" " " 1
8.1.17	2nd Co/s L Bn	T.O.S. from 108th Bn	"	2.1.17	" " 8
9.2.17	2LabBn,	Proceeded O/Seas-	Seaford	8-2-17	Nom. Roll
		DESIGNATION CHANGED TO 12thBn Rly. Trps 25Nov17			2nd Lab Bn Pt II 91 D/25 11/17
17.3.18	12 C.R.T.	Awarded 1 Good Cond. Badge.	Field	9.12.17	Pt II 26.
11-1-19	Camp Bde CRA	T O S	Spr Borden	3-1-19	— " — 11
9-1-19	12th C.R.T.	Posted to C.R.T.D.	Field	"	— 1
15-2-19	12 Res CRA	TOS 12 Res Bn on repor from CRA	" Witley	14-2-19	" 39

A.F.B. 103 CHECKED
W.B. 15 MAR 1917

Report. Date.	From whom received.	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.
1.4.19.	12th Pres	Sos to C.R.T.D. "N" Wing for Demob.	Spr.	Knotty Ash	1.4.19.	Pt II Do 77.
28.2.19.	12th Pres	AWL from 06.30 o'clock 24-2-19	"	Witley	24.2.19.	Do 50.
4.3.19.	Do.	Reported A.W.L. in Error	"	"	4.3.19	D.O. No 53.
31.1.19.	Comp. Bde C.R.A.	S.O.S. to Res Bde. C.F.A	"	Bordon	31.1.19	Do. No 31.
17.4.19	CRTD.	TOS from N Wing CCC. Witley shown as on comm and 2 CDD. London pending disc. in UK.	"	Kfash	3.4.19	Pt II 102
10.5.19	"	S.O.S. to Genl. Depot. Seaford	"	"	3.4.19	— 123
19.5.19.	Gen Depot.	S.O.S. from CRTD. on com. to 2nd CDD London	"	Seaford	3.4.19.	— 109.
12.4.19	E. Wing	~~T.O.S. pend. ret. to Canada~~	"	Witley	3.4.19	Do. 2.
12.4.19	Do.	on Com ~~S.O.S.~~ to 2nd C.D.D. pen. Dis. in U.K.	"	"	3.4.19	Do. 2
11.6.19	Gen. Depot.	Ceases o/c to 2 CDD & Sol disch. in B.I.	"	"	4.4.19	— 126.

Error

General Depots

Form P. 812B
7961 10m 1/5/19 D.671

FILE NO. 10842

WAR SERVICE GRATUITY and SEPARATION ALLOWANCE

721183

Payable to TAYLOR William

Address 60 Kembeck Street

Dundee Scotland

Dependent .....

Address .....

Date	Cheque No.	Gratuity			Payments			Balance Due.			Remarks
July 18	488441.				14	7	8				1st Seal
24		86	6	0				71	18	4	
Aug 16	71353				14	7	8	57	10	8	2
Sept 2.	92612.				14	7	8	43	3	—	3
Oct 7	119111				14	7	8	28	15	4	
Nov. 5	143084.				14	7	8	14	7	8	5th.
Dec 3	150072				14	7	8	0.		0	Final
		86	6	0	86	6	0				

P. 559.
MARRIED OR SINGLE S.

PLACE OF BIRTH Dundee Scot.

NAME AND ADDRESS OF NEXT OF KIN Jane Lawson.
72 Constable St Dundee Scot

RELATIONSHIP OF NEXT OF KIN Mother.

NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF KIN

SEPARATION ALLOWANCE MONTHLY $ EFFECTIVE (DATE)

PAYABLE TO

RELATIONSHIP OF DEPENDANT

CASUALTIES, PROMOTIONS, &c.

PARTICULARS	EFFECTIVE DATE	AUTHORITY
Award'd Good Conduct Badge	9/7/17	Bo 76 17/48.

ADMISSIONS TO HOSPITAL, &c.

DATE ADMITTED	DATE DISCHARGED	V. OR A.	NAME OF HOSPITAL

REG'L. NO. 721183 RANK Pte NAME Taylor William

IF IN PERMT. CORPS | WHAT UNIT | UNIT 108th Bn

PERMANENT FORCE ALLOWANCES

PLACE OF ATTESTATION Winnipeg

DATE OF ATTESTATION Dec 9/15

TRANSFERRED TO 14 Res DATE 1/2/17 AUTHORITY Bo 10 10/1/17

TRANSFERRED TO 2 Lab Bn DATE 21.8.17 AUTHORITY OR 180

TRANSFERRED TO DATE AUTHORITY

TRANSFERRED TO DATE AUTHORITY

ASSIGNED PAY MONTHLY $ DATE EFFECTIVE

PAYABLE TO RELATIONSHIP

ASSIGNED PAY MONTHLY $ DATE EFFECTIVE

PAYABLE TO RELATIONSHIP

STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) EFFECTIVE REASON

DISCHARGE DATE AND PLACE REASON AND AUTHORITY

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE) C. I

DATE	PAY No. OF DAYS	PAY RATE	PAY AMOUNT $	PAY AMOUNT c.	FIELD ALLOWANCE No. OF DAYS	FIELD ALLOWANCE RATE	FIELD ALLOWANCE AMOUNT $	FIELD ALLOWANCE AMOUNT c.	WORKING OR SPECIAL PAY No. OF DAYS	WORKING OR SPECIAL PAY RATE	WORKING OR SPECIAL PAY AMOUNT $	WORKING OR SPECIAL PAY AMOUNT c.	ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS 1 NO	1 DATE	2 No.	2 DATE	3 No.	3 DATE	4 No.	4 DATE	CASH PAYMENTS 1	2	3	4	ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE CREDIT	BALANCE DEBIT	PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
														4 80	4 80																4 80				Bal L.P.S. Canada
17/10/16 to 31/1/17	112	1d	123	20										75 30	148 50	H 1995 15/11 G 2651 21/11 G 3413 15/11 G 3941 30/11 F 1663 24/10								973 730 973 973 730							43 79	109 51		60		Taken on 17/10/16 B.O. 170 14/10/16 LAC made upto 17/10/16: B.O. 170 Stores taken on 17/10/16 as per Ledger
1/28-2	28	"	30	80										~~30 80~~	30 80	368 29/12 1447 13/3 11462 13/7 16/1 86 2/7 107 15/12 195 31/13.		2nd Lab Bn B.B. 3rd Lab Bn								962. 962. 487 177 261 262.			(Russos Hosp 1/11/17) 3 50	13 23	127 08		70	52 08	73 dys @ 1d ~~£3 0 0~~ 3rd 14 Res B.O. 10 10/1/17
1/31/3	31	1d	34	10											34 10															27 51	133 67		90		
1-30/4	30	..	33	-											33 -																166 67		105		
1.31.5.	31	1d	34	10											34 10																200 77		120		
June	30	..	33	-											33 -															2 62	231 15		135		
July	31	"	34	10											34 10																265 25		150		
Aug 1-30	30	1d	33												33																298 25				Trans to 2nd Lab Bn 27/7/17 OR
	11	1d	12	10											12 10	152 26/5 244 24/6 129 14/5 226 9/6 325 2/9 287 13/9 379 15/8 425 26/8								267 267 535 268 264 265 267 268							13 37	285 98		165		
Sept	30	1d 10/10	33	—											33 —																10 72	308 26.		180 -		
			389	40										30 10	419 50									24 09	43 79	39 86			3 50	111 24	308 26		180 -		

MONTH PARTICULARS CR. 1 CR. 2 PARTICULARS DR. 1 DR. 2 DR. 3 DR. 4 BALANCE

721183 Pte Taylor. W.

DATE | PAY (No. of Days, Rate, Amount $ c.) | FIELD ALLOWANCE (No. of Days, Rate, Amount $ c.) | WORKING OR SPECIAL PAY (No. of Days, Rate, Amount $ c.) | ASSIGNED PAY CREDITS | OTHER CREDITS | TOTAL CREDITS | ACQUITTANCE ROLLS (1, 2, 3, 4: No., Date) | CASH PAYMENTS (1, 2, 3, 4) | ASSIGNED PAY | OTHER CHARGES | TOTAL DEBITS | BALANCE (Credit, Debit) | PAY WITHHELD OR DEFERRED | PAY AVAILABLE FOR ISSUE | REMARKS

MONTH	PARTICULARS	CR. 1	PARTICULARS	DR. 1	BALANCE	DEFER-RED. PAY	SEP. ALLCE. ENG.
1917		~~308 26~~			308 26	180	
Oct 1/31	P.P.	34 10 34 10 (red)			342 36	195	
Nov.	P.P.	33	ak. 572. 14.10.17. 2nd Labbr.	4.46			
			ak. 521. 29.9.17 ✓ ✓	2.68			
			ak. 622. 28.10.17 ✓ ✓	3.57			
			ak. 677. 13.11.17 ✓ ✓	4.46			
Dec	P.P.	34 10	ak 470 13.9.17 ✓ ✓	2.67	391 62	225	
		67.10 (red)		17.84 (red)			
1918							
Jan	P.P.	34 10	ak 736. 27/11/17 ✓ ✓	12.49			
			ak 40. 21.12.17 12 CRT.	8.03	405 20	240	
		34 10 (red)		20 52 (red)			
Feb.	P.P.	30 80	ak 126 18/1/18 12 CRT.	8 03			
			ak 97526 CP London 25/2/18 12 CRT.	19 47			
			ak 195 10/2/18 ✓ ✓ ✓	3 57	404 93		
		30 80 (red)		31 67 (red)			
Mar.	P.P.	34 10	ak 3472 10/2/18 12 CRT.	97 33			
			" 361 15/3/18 " "	4 46	337 24	270	
		34 10 (red)		101 79 (red)			

P 820
12474—375M—13-2-18.

* Strike out whichever inapplicable.

ASSIGNED PAY. * ENGLAND OR CANADA.	SEPARAT[redacted] ALLOWA[redacted] * ENGLAND OR CANADA.
EFFECTIVE DATE:–	EFFECTI[redacted] DATE:–
AMOUNT:–	AMOUNT:–

NAME, ADDRESS, RELATIONSHIP & AUTHORITY { WHEN PAYEE OF A.P. IS THE SAME AS PAYEE OF S.A. THE WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE.

L. P. B Completed 4/4/19
Discharged in England

NAME:– TAYLOR, William

NUMBER:– 721183

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		Pte

UNIT AND TRANSFERS

ORIGINAL UNIT:– 108th Battn

DATE ACCOUNT FIRST OPENED:– 12/10/16

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO
			12th Can Rly Tpo.

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
28/1/19	Forfeits 18 days P. & A.		19 80	Balance Ledger			580 90
28/3/19	7 days F. P. No 2		7 70	Balance L. P. C.	446 34/100		446 34
26/3/19	5502	12th Res.	9 73				
3/4/19		London	9 73				
4/4/19		—	87 60				
			134 56				

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
	1 –	– 10	4	

PARTICULARS OF RENDERING NON-EFFECTIVE:– Discharged in England 4/4/19 Ref. Dis. Board 4/4/19.

1918 MONTH	PARTICULARS	CR. 1	CR. 2.	PARTICULARS	DR. 1	DR 2.	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
Mar.	Balance Forward.								337 24	270 –	
April.	P.P.	33 –		AR 4112 CR T. 12/18	803					285 –	
				" 132 " 25/1/18	268				359 53		
		33 00			1071						
May	P.P.	34 10									
				AR 205 5/5 12 RT (1)	268						
				" 302 20/5 " (9)	268				388 27	300	
		34 10			536						
June	P. Pay	33 –		" 384 6/6 " (1)	268						
				" 481 22/6 " (10)	446				414 13	315.	
		33 00			714						
July	P.P.	34 10		" 573 6/7 " (1)	357						
				" 667 19/7 " (5)	357				441 09	330 00	
		34 10			714						
Aug	P.P.	34 10		" 853 5/8. " (1)	357						
				" 1037 18/8. " (9)	357				468 05	345 00	
		34 10			714						
Sep	P.P.	33 00		" 1296 3/9 " (1)	357						
				" 1389 18/9 " (5)	357				493 91	360	
		33 00			714						
Oct.	P.P.	34 10							528 01		
				" 1491 4/10/18. " (6)	373				524 28		
				" 1585 20/10 " (26)	373				520 55	375 –	
		34 10			746						

NUMBER 721183 RANK Spr NAME Taylor, W.

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
									520 55	375-	
Nov	A.A.	33 00							553 55		
				" 1693 8/11/18. 12 R.T. (9)	3 73				549 82	390	
				" 1783 24/11/18 " (19)	13 06				536 76		
Dec	A.A.	34 10							570 86	405	
				" 1868 8/12 " (46)	3 73				567 13		
Jan	A.A.	34 10							601 23	420	
		101 70			20 57						
				" 43 1/1/19 GRO. (10)	4 66				596 57		
				" 1941 23/1 12 R.T. (18)	4 66				591 91		
				" 2657 13/1 C.R.A. (20)	73 00				518 91		
				" 3103 4/2 Bordeaux (47)	4 87				514 04		
				" 4539 18/2 12 Res (68)	4 87				509 17		
				" 4844 26/2 ✓ (81)	9 73				499 44	405	
Feby	P. Pay.	20 80									
				101.79 ✓							
Mch	P. Pay.	34 10							564 34 ✓		
				" 5289 13/3 12 Res (109)	14 60				549 74	450	
Apr	apr P. Pay 4/4/19	4 40			11 639				554 14		
	Int on Def. Pay. 4/4/19.	26 76			176 39				58090		
		96 06			116 39						
apr				5502. 12 Res Bn 27/3 5	9 73				57817		
				59038. C.P.M. 4/4 9.	87 60				46X 57		
				58645 " 3/4 9	9 73				48X 84		
				78079. " Sent Sick 7 apr. 15.	446 34				27 3550		
				Awd 7 days F.P.#2. 28/3/19 Do 82 12 CORD. 15/4/19		7 70			1980		
					553 40	7 70					
				Forfeits 18 days pay. 28/1/19	1980						
					1980						

NON EFFECTIVE. ACT.

DUPLICATE.

For use of A.P. and S.A. Branch, Ottawa.

P. 851 A.

LAST PAY CERTIFICATE.

Military District England

Dispersal Area

No. 721183 Rank Spr. Name Taylor W. Unit 6 R.I.D.

Nominated for embarkation to ~~Canada~~ England: Date 4/4/19 Ref 4/4/19

CREDIT.	$	¢
BALANCE FORWARD as at 31/3/19 191	564	34
EARNINGS:— From 1/4/19 to 4/4/19		
4 days at $ 1.10	4	40
days at $		
days at $		
ANY OTHER CREDIT:—		
Interest on Deferred Pay 4/4/19	26	76
	595	50

"VICTORY" WAR LOAN

Amount Subscribed - $

Amount Paid - -

Balance due -

I hereby Certify that I am satisfied that the balance of my account as shown on this statement is correct.

(Signature of Soldier.)

X ~~BALANCE DEBIT~~

DEBIT.	$	¢
CASH PAYMENTS:—		
13/3 5289 12 Res 1460		
26/3 5502 " 973		
3/4 1 London 973		
4/4 ✓ 8760		
121.66		
	121	66
OTHER CHARGES:—		
28/1/19 Forfeits 18 days P&A 19.80		
28/3/19 7 days F.P. No 2 7.70	27	50
27.50		
WAR LOAN INSTALMENTS CHARGED:—		
X ASSIGNED PAY for period from to at $ per month in favour of:— Name Address Relationship		
X SEPARATION ALLOWANCE, if any, in favour of same party as Assignment at $ NIL per month		
X BALANCE CREDIT	446	34
	595	50

all Deferred. £91.14 3

BALANCE GIVEN IS SUBJECT TO ANY CHARGES AND/OR CREDITS ENDORSED ON THE REVERSE HEREOF.

THESE PAYMENTS TO DEPENDENTS:— X (Strike out whichever inapplicable.)

X ~~Have been stopped. Effective 191 and will only be re-opened on receipt of instructions from P.M.G., Ottawa, or Military District Paymaster, Canada.~~

or

X ~~Being a Canadian payment, cancellation or otherwise of future payments will be dealt with by Ottawa.~~

COMPILED BY Barker

CHECKED BY [signature]

Date 7/4/19 191

CERTIFIED CORRECT [signature] Capt. ~~Lieut.~~

FOR BRIGADIER GENERAL
PAYMASTER GENERAL, O.M.F.C.

M

SHORT FORM.
PROCEEDINGS ON DISCHARGE.
(Demobilization.)

1. No. 721183
2. Rank Spr
3. Name Taylor William
4. Unit 108 Batt^n
5. Date of Discharge 4/4/19 Place 2nd CDD
6. Reason for Discharge

K. R. & O. Para. 392 Sec. XXV
(Being Demobilized in England-C.R.O. 5222)

7. Authority DB. 6/5/1919
8. Proposed Residence after Discharge 60 Idombeck Street
Dundee

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.?~~ AFB 2079

W. Taylor.
Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place

Date

No. 2 CANADIAN DISCHARGE DEPOT
4/4/1919
LONDON

Signature T. V. Mackeynolds: Capt.
(O. C. Discharging Unit.)

M.F.B. 218a—50M.-12-18—1772-39-113.

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

THIS FORM WILL BE USED FOR ALL RANKS

MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" issued by the B.P.C. and instructions issued by Militia H.Q., Ottawa, will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of Sections 1 to 17 of this Form and will obtain the signature of the invalid to the "Statement," page 3. The President of the Board of Medical Officers is responsible for the proper completion of sections reserved for recording the "Opinion of the Medical Board."
3. In answering the questions, Medical Officers will carefully obtain and record the invalid's statements concerning his condition. They will distinguish observations made by themselves from hearsay. They will distinctly state the authority for statements not resulting from their personal observation; it must be made clear whether such statements are obtained from the invalid concerned, from witnesses, or from documents, Regimental or otherwise.
4. Special care is required in answering question 9. Read the questions carefully. All questions must be answered.
5. If space provided under any section is insufficient add another sheet. Such sheets must be initialled by the Medical Board.
6. A note will be made of attached papers by the Medical Board under the section "Opinion of Medical Board."
7. Under no circumstances may information other than that in sections 7, 8, 9 and 10 be communicated to the invalid, directly or indirectly.
8. The nomenclature of diseases must be followed, if possible, as described in "List of Diseases" printed in the order in which they appear in the Annual Report on the Health of the Army, published in London (1915), by Messrs. Harrison & Sons.

STATION Witley DATE 13-2-19

1. 1 (a) Unit 12th CRT (b) Regimental No. 721183 (c) Rank Spr.

(d) Surname Taylor (e) Christian name William

(f) Home address 60 Kembeck St., Dundee, Scotland

(g) Next of Kin James Taylor (h) Relationship Father

(i) Address of Next of Kin 60 Kembeck St. Dundee Scotland

2. Age last birthday 32 Date of birth 1-7-86

3. Enlistment, or Appointment (if an Officer) (a) Place Winnipeg, Can. (b) Date 10-12-15

4. Personal description:

(a) Height 5' 6¾" (b) Weight 164 (stripped) (c) Complexion Fair

(d) Colour of hair Fair (e) Colour of eyes Grey (f) Identification marks, Scars, etc. Scars on both cheeks

5. Former trade or occupation Boiler Maker

6. Service (The information should be secured from personal documents, but if documents are not available the invalid's statement may be taken and note must be made to that effect. Periods of service in Canada, England, France or elsewhere should be noted).	Years	Days
	3	3 months 1 day

	Periods	
	From	To
Canada	10-12-15	12-8-16
England	12-8-16	10-2-17
France or other theatres of War	10-2-17	7-1-19

7. Original disease, or injury Otitis Media

(a) Date of origin Prior enlistment (b) Place of origin Canada

(c) Cause Infection

C.R. B.P.C.
REFERRED TO
27 MAY 1919

M. F. B. 227.
400M.—11-18.
1772-39-117.

8. Present disability— (Here state the exact nature of the disability resulting from the disabling conditions: e.g. (*a*) Weakness—slight, moderate, marked, etc; (*b*) Loss, complete or partial, of an organ or member, or of its functions; (*c*) Necessity for rest of the body, or of some of its parts, for therapeutic reasons; (*d*) Any other restrictions in choice of occupation.)

Incapacity due to (1) Partial loss of auditory sense (O.M.C.S.)

9. Present condition—(*a*) (Before completing this section the invalid should be stripped, and subjected to a thorough physical examination. Important, to be a full description of the present disabling condition, or conditions only. "History" must be recorded in Section 10. Describe all abnormalities, anatomical and functional, contributing to present disability; objective findings to be stated first, then subjective findings.)

Obj: OMCS Left ear Specialists Report 13-2-19

Poly pus left ear

Hearing R 21' L 3' R L

Rønni --- 1-left

Condition was present before enlistment and has not been caused by service, and has not been aggravated by service --W.W. Hume Capt.

Subj. Deafness in left ear continuous discharge and tennetus.

No pain

(*b*) Has the invalid now any affection of the following systems, not described in Section 9 (*a*) above?
(Answer Yes or No.—if the answer to any part is Yes, give a brief description of the present condition.)

Nervous System No Cardio-Vascular System No (If pulse rate is abnormal, B. P. will be taken.) Genito-Urinary System No (Albumen and Sugar will be excluded.)

Special Senses No Respiratory System No Integumentary System No

Disturbances of Mentality No Digestive System No Muscular System No

Osseous and Joint Systems No Any other general condition No

Urine: 1020 Acid No Alb. No sugar

10. (*a*) History (of the condition referred to in Section 9 (*a*).)

Was deaf in the left ear when he joined the army. Condition has not become any worse.

10.—(*b*) (Here give a complete history, as obtained from invalid, with dates of origin, of any affection from which the invalid, has suffered either prior to or since enlistment, and not included in Section 10 (*a*).)

None

(*c*) (Here give a description of wounds, scars and deformities.

Semelunai scar from ~~natural~~ canthus down over right cheek.

11.—(*a*) Did the disabling condition have its origin before enlistment? Yes

(*b*) If so, has it been aggravated by Service? (If aggravated, give a description, as far as it is possible to do so, of the disabling condition at time of enlistment.)

No

12. Was the disability caused, or aggravated; (*a*) by intemperance, or improper conduct; or (*b*) by unreasonable refusal to accept treatment? No

The regimental documents will be referred to.

(If the answer is in the affirmative, state in percentages, to what extent the patient is incapacitated by that causation or aggravation. In answering this question, conduct sheets should be considered. If treatment has been refused, the circumstances surrounding the refusal should be described on page 4.)

13. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one? Permanent

14. Treatment (Case reports, general or special, should be secured and attached where possible.)

None

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit?

(If the answer is "yes" state nature of treatment required and probable duration)

No

16. Can the former trade or occupation be resumed? Yes

(If not, briefly state why)

17. Recommendations

E.D. Coutts, Capt. CAMC

Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

(Sections 7, 8, 9 and 10 are to be read to the invalid and either "satisfied" or "not satisfied" struck out).

I, the undersigned Wm. Taylor have heard the description of my disability and present condition read, and am satisfied ~~(or not satisfied)~~ with it. (If dissatisfied, statement should follow.)

I complain in addition of

William Taylor Rank.

Signature of invalid examined.

MJB.

OPINION OF THE MEDICAL BOARD

18. Does the Board concur with the preceding report? If not, give differing opinions, with reasons, quoting the number of the answer criticised.

Yes

19. Is the invalid fit for

(*a*) General service,	(Category A)	(Yes or No.)	
(*b*) Service abroad, not general service,	(" B)	(Yes or No.)	Yes Bii
(*c*) Home service (Canada only),	(" C)	(Yes or No.)	
(*d*) Temporarily unfit.	(" D)	(Yes or No.)	
(*e*) Unfit for service in Categories A, B and C	(" E)	(Yes or No.)	

20. It is certified that the invalid

(*a*) Does require treatment. (Give the nature of the condition and of the treatment required and its probable duration.)

(*b*) Does not require treatment.
(*c*) Should pass under his own control.
(*d*) Should not pass under his own control.
(Strike out condition not applicable.)

21. It is recommended that the invalid be discharged. (When not for discharge add special recommendation.)

Boarded for Canada Auth. Telegram AG I- 9083 11-11-18

Before signing the President of the Medical Board will read the statement signed by the invalid and differing opinions regarding Sections 7, 8, 9 and 10, as recorded in Section 18, to the invalid and if no change is indicated, will initial the statement. If, as a result of differing opinions regarding Sections 7, 8, 9 and 10 only, recorded in Section 18, the invalid is dissatisfied with the statement previously made, remarks of the Medical Board will be added here.

M.J. Barton, Major, CAMC *President.*

PLACE Witley Camp W C Givens, Capt. CAMC } Members

DATE 14-2-19

TO BE COMPLETED WHEN TREATMENT IS REFUSED

I, the undersigned.....understand the nature of the treatment which it is recommended that I should undergo and refuse to accept it.

Witness..... Signed.....

Should the refusal of the invalid to accept treatment appear to be unreasonable, or should he decline to sign this statement the Board of medical officers should so state.

President.

PLACE..... } Members

DATE.....

APPROVED BY

Assistant Director of Medical Services.

DATE.....

APPROVED BY

Director-General of Medical Services.

DATE.....

CAPTAIN, CANADIAN TROOPS, WITLEY. For A.B.M.S.

HEADQUARTERS A.D.M.S. 15 FEB. 1919 File..... CANADIAN TROOPS, WITLEY.