

10

M. D.

1st Depot Battalion

Manitoba

Regiment

Regtl. No. 2383495

PARTICULARS OF RECRUIT
DRAFTED UNDER MILITARY SERVICE ACT, 1917

BII

(Class 1.)

1. Surname Taylor, William.

2. Christian name William.

3. Present address Post Office, Keewatin, Ontario, Canada.

4. Military Service Act letter and number 404424. T.R.

5. Date of birth March 2nd. 1888.

6. Place of birth Eckt. Aberdeenshire, Scotland.
(town, township or county and country)

7. Married, widower or single Single.

8. Religion Presbyterian.
Labourer.

9. Trade or calling

10. Name of next-of-kin Mary Taylor.

11. Relationship of next-of-kin Sister.

12. Address of next-of-kin Rnduna Hotel, St. Marys Locks, Sulkirkshire, Scotland.

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 Kenora, Ontario, Canada. (b) Date 12-11-1917. (c) Category A.2.

ORIGINAL

WS

DECLARATION OF RECRUIT

Taylor, William.

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

William Taylor

(Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age 29 yrs 8 mths.

Height 5 ft 7 ins.

Chest measurement } fully expanded 2 ins.
range of expansion 32 1/2 ins.

Complexion Medium.

Eyes Grey.

Hair Dark.

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

nil

H. A. Antler

Major

O. C. "H" Coy. 1st. Depot. Battalion, Manitoba Regiment.

1st. Depot Btl. Manitoba. Regt.

Place Port Arthur, Ontario, Canada. Date January 14th 1918.

BH

PARTICULARS OF RECRUIT

DRAFTED UNDER MILITARY SERVICE ACT 1917

(Class)

ORIGINAL

1. Surname
2. Christian name
3. Present address
4. Military service 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 at present a member of the Army's Militia
14. Particulars of previous military or naval service, if any
15. Medical Examination under Military Service Act 1917

DECLARATION OF RECRUIT

I, the undersigned, do solemnly declare that the above particulars relate to me, and are true.

(Signature of Recruit)

DESCRIPTION ON CALLING UP

Height	ins	Weight	lbs	Complexion	
Chest	ins	Range of expansion	ins	Build	
Forearm	ins			Complexion	
Hand	ins			Complexion	
Forearm	ins			Complexion	
Hand	ins			Complexion	
Forearm	ins			Complexion	
Hand	ins			Complexion	
Forearm	ins			Complexion	
Hand	ins			Complexion	
Forearm	ins			Complexion	
Hand	ins			Complexion	

Signature of Recruiting Officer

Date

Place

M. S. No.

Form No.

NAME *Taylor William*

REGT. NO. *2383495*

UNIT *5th Det. B. S. P.* H. Q. FILE NO.

CONTENTS

DATE RECEIVED

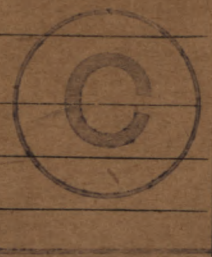
TO WHOM FORWARDED

DATE FORWARDED

M. F. W. 2505
REFERENCE

NON-EFFECTIVE BY

**WILL DESPATCHED
TO M. D. 10
JUN 19 1920**



DEATH

Category

DISCHARGE

Category

Demob

DESERTION

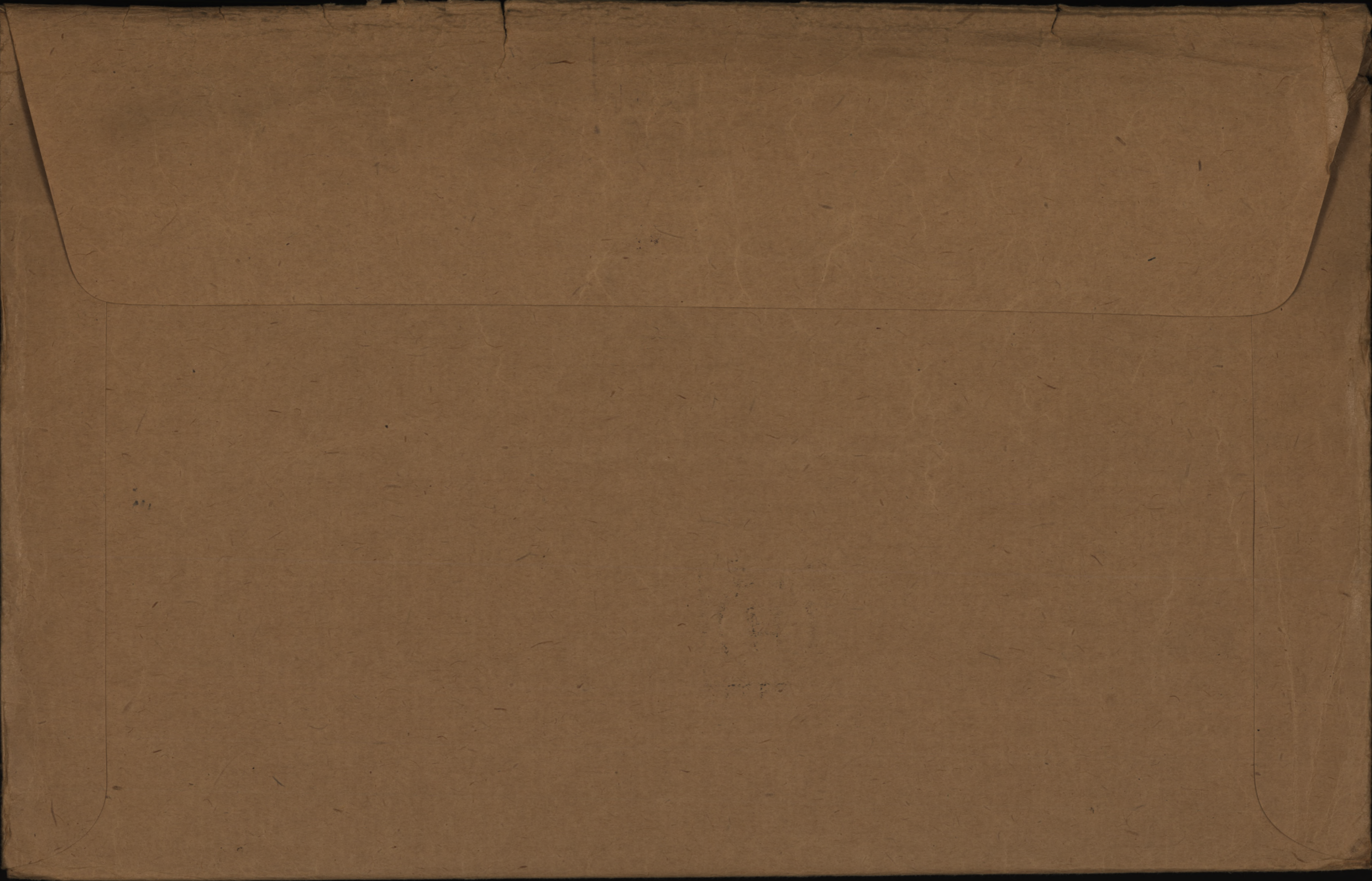
*28-25
16-25
3-25*

04082



- 2 ATTESTATION PAPER (M.F.W. 23, 133, or 51)
- 1 CASUALTY FORM (M.F.W. 54 or A.F.B. 103)
- 1 TRAINING HISTORY SHEET (M.F.W. 113)
- 2 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)
- 1 DENTAL HISTORY SHEET (M.F.B. 465)
- MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)
- 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)
- 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)

*2 misc
photo of wife*



NAME Taylor William

REGIMENTAL NO. 2383495

RANK

Pte

ENLISTED AT Port Arthur Ont

PROMOTIONS, &C.
AND DATE

DATE 14-1-18

IF SERVED PREVIOUSLY, STATE UNIT, &C.

MARRIED, WIDOWER, OR SINGLE Single

Presb

laborer

NEXT OF KIN Mary Taylor

RELATIONSHIP

Sister

ADDRESS OF Rudina Hotel St-Mary Locks Sulkiokshire Scotland

ASSIGNMENT OF PAY \$ C. TO

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	
T.O.S.	39	1-6-18	- -
S.O.S.	205	42-719	R.O.1420 Para (C) H.Q.868-8-1 dated 12-7-19 M.D.5 17-175 -3 dated 14-7-19. Keonanton Ont

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 William
2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule HOWARD JR
3. Consecutive number on schedule of men reporting for service (if he appears) on it 26
4. Address (including street and number, if any) Keewatin Ont

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 12th day of November 1917, by the undersigned medical board sitting at Keewatin Ont

- 5. Age as stated 29 Years 8 Months. 6. Apparent age Years Months
7. Height 57 Feet 1 Inches. 8. Weight 145 Pounds.
9. Chest measurement { Minimum 33 1/2 Ins. Maximum 2 Ins.
10. Complexion Medium { Eyes Grey Hair Dark
11. Physical development Good { Good Fair Poor
12. Smallpox marks
13. Number of vaccination marks { Right arm Left arm 2
14. When vaccinated last Childhood
15. Distinctive marks and marks indicating congenital peculiarities or previous disease

16. Slight defects but not sufficient to cause rejection

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 A2

W.M. Carr. Capt. President.
McBurtke Capt. Member.
Guarante Capt. Member.

Table with columns: Date, Result, VACCINATIONS, Date, Result, ANTI-TYPHOID INOCULATIONS, ETC. Includes rows for 2-2-19 and 19-1-18.

Joined 10 day of Nov. 1916 at Port Arthur

Table with columns: CORPS, REG'TL NUMBER, HABITS, DATE. Includes entries for 1st Depat Batt Ont and O.C. 2 Wire 6-4-18.

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Table with columns: STATION, DATE, DISEASE, RESULT. Includes entry for Quebec 21/7/19 Discharged J. Studdell Capt.

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 762 No. 6

Signature of Man William Taylor

Surname *Layton* Christian Name *William* Station *Beaufort*

STATION.	Date of Arrival at the Station.	DATES OF						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.
		Admission into Hospital			Discharge from Hospital.						
		Day	Month	Year	Day	Month	Year				
<i>Beaufort</i>		<i>8</i>	<i>12</i>	<i>18</i>	<i>24</i>	<i>FEB</i>	<i>1899</i>	<i>Quarantine</i>	<i>82</i>	<i>Cured fit for duty cat A7</i>	<i>J.R. Gobiel</i>

CAPT. A. M. C.
M. O. I/C. BEAUFORT
HOSPITAL.

Keewatin Ont. Can

1197

BASE 10

FORM OF WILL.

207417

I, William Taylor (Name in full)

Regimental Number 2383495 serving in 1st Depot Battalion, M. R.

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

I bequeath all my real estate unto

My Sister Mary Taylor
Podona Hotel, St Mary's Locks
Elkirkshire, Scotland

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

absolutely, and my personal estate I bequeath to

My Sister Mary Taylor
Podona Hotel, St Mary's Locks
Elkirkshire, Scotland

Name and Address of person or persons to receive personal estate* (See note).

IMPORTANT NOTE
This must be Signed and Dated by THE SOLDIER HIMSELF.

this 14th day of January A. D. 1918.

William Taylor Signature of Soldier.

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

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

THE TWO WITNESSES MUST SIGN HERE

Signature of First Witness Samuel J. Prout

Address of Witness 4 Bay 1st Depot Batta. M. R.

Occupation of Witness Soldier

Signature of Second Witness Charles Christopher Jay

Address of Witness "N" Coy 1st Depot Battalion. M. R.

Occupation of Witness Soldier

FORM OF WILL

~~W. D. H.~~
~~J. H. H.~~
1-3-19

REGISTERED
WILLS SECTION
11 JUL 1918
EST

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 2383495 Rank Pte. Surname Taylor
(Give name in full)

William

Unit or Corps 5th C.G.R. Birthplace ~~Scotland~~ Scotland

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

1. GENERAL DESCRIPTION:

Physique Good Weight 145 lbs. Height 5 ft. 7 in. Color of Eyes Blue

Nutrition Good

Pulse 70

Condition of arteries Good

Vision Rt. OK Left OK

Hearing (conversational voice) Rt. OK ft.

Left OK ft.

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

NIL.

Opinion as to general health and physical condition GOOD

2. Has Officer or Other Rank ever suffered from, or has he now, any affection of the following systems? (Answer "Yes" or "No"). (Subjective evidence may be sufficient in certain cases.)

Nervous System NO Genito Urinary System NO Cardio-Vascular System NO

Special Senses NO Integumentary System NO Respiratory System NO

Disturbance of mentality NO Muscular System NO Digestive System NO

Osseous and Joint System NO Any other general condition NO

3. If the answer to any part of Section 2 above is "Yes," here give full particulars, with cause and date of origin; and also a description of the present condition.

EXAMINATIONS.

THIS SECTION FOR USE OVERSEAS—

Examined at.....(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... *Quebec*(Canada)

Date ... *21/7/19* Signed *J. B. Stridell*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 ... *William 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.)

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 2303495 (Rank) Private

Name (in full) Taylor William enlisted in
the 5th Detach. C.G.R.

CANADIAN EXPEDITIONARY FORCE at Port-Arthur Ont. on the 16th
day of January 1919

HE served in Canada

and is now discharged from the service by reason of Disability

H.C. 653-3-1 dated 12-7-19 H.C. 105 IV-175-5 dated 14-7-19

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

Age <u>30 yrs 6 months</u>	Marks or Scars
Height <u>5'6 7/8"</u>	
Complexion <u>Medium</u>	
Eyes <u>Grey</u>	
Hair <u>Dark</u>	<u>Nil</u>

William Taylor
Signature of Soldier

H. Chase
Major
C.G. 5th Detachment C.G.R.

Issuing Officer

Rank

Date of Discharge 24-7-19

Appointment

Signed at Quebec this 24th day of July 1919

in Military District No. 5

File 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.

DENTAL HISTORY SHEET

M.F.B. 466
2-11-17
1772-89 950.

CANADIAN ARMY DENTAL CORPS

DISTRICT *No. 10*

NAME OF SOLDIER *Jaylor Williams*

REGIMENT *25th Prov. Battalion C.M.F.*

RANK *Private*

No. *2383496*



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.

Condition on first Examination	Date	Amalgam	Temporary Filling (a) G.P. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhoza	Synthetic Porcelain	Extracting	Dentures			Gold Clasp	Gold Filling	Crowns		Bridge Work	OPERATOR	Military Dist.	REMARKS
												U	L	P			Gold	Porcelain				
	<i>1918 Jan</i>																					Completed
	<i>79</i>										<i>5</i>									<i>O'Neill</i>	<i>10</i>	Exp. 12.19 <i>Can. 11.13.16.18.31</i>
	<i>Feb 19/18</i>										<i>12</i> <i>19</i>									<i>O'Neill</i>	<i>10</i>	
	<i>Aug 28 1918</i>																			<i>J. J. Lanier capt.</i>	<i>5</i>	Exp. 16.19. <i>Can. 2.11.13.18.31.</i> <i>Exp. 16.</i>

This is to certify that the Dental Treatment to be completed as shown here has been transferred to M. F. B. 484.

[Signature]
Capt.
Dental Discharge D.D. 5

INSTRUCTIONS

1. On examination the condition of patient's mouth to be marked on diagram in red ink.

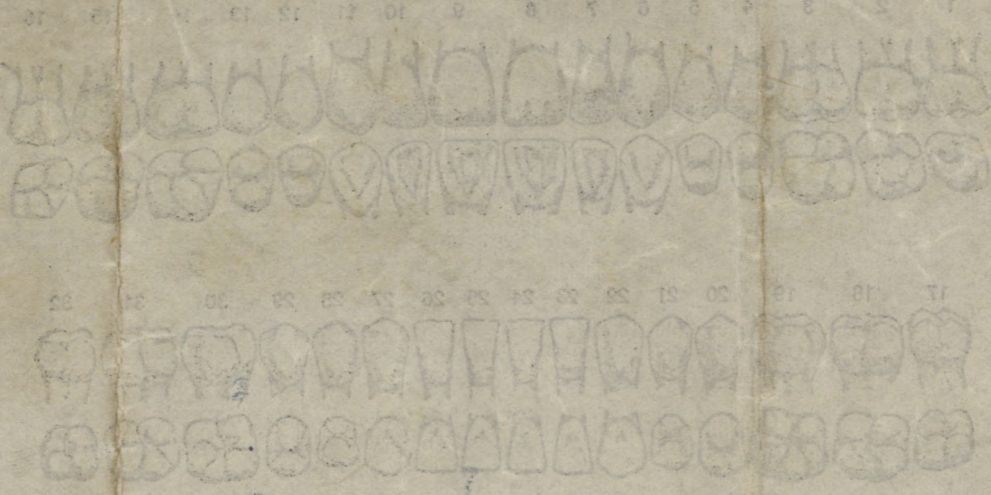
2. On first line of report record of name to be made in red ink.

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 re-examination.



1910-11

Grove

City of

City of

City of

City of

City of

City of

City of

City of

Condition on first examination

MADE IN CANADA

BIRTH NEW ST. II

RD CENTER

RD CENTER

DENTAL HISTORY SHEET

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

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

350M.—5-16

H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps *1st Depot Battalion Manitoba Regiment*

Regimental No. *2383495* Rank *Private* Name *Taylor William*
C. E. F.

Enlisted (a) *14-1-18* Terms of Service (a) *1825* Service reckons from (a) *14-1-18*

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) *Civic Labourer* *Military None*

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				
<i>7/4/18.</i>	<i>A. A. G. M. D. 10.</i>	<i>Transferred. O. C's Wire 6-4-18 do - - A. Coy Manitoba Special Service Unit</i>	<i>Winnipeg</i>	<i>7/4/18.</i>	
S.O.S.H.Q. 868-8-1 M.D. No 5 17-175-3 Part 11 order No 205			<i>Quebec</i>	<i>24-7-19</i>	
DEMOBILIZATION					

H. Chasle
Major
O. C. 5th Detachment C. G. 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				

CLINICAL CHART.

(To be pasted into Case Book opposite Patient's Case.)

Corps *5 OGR*

Hospital Station *Beaufort Zeebruggen*

No. *2189495* Rank and Name *Pte Taylor WM*

Age *30* Service *1 1/2*

Disease *Malaria*

Date of Admission *6/12/18* Date of Discharge *FEB 24 1919*

Result *Cured*

Case Book *898 C Folio*

Dates of Observation																																																									
Days of Disease																																																									
Temperature Fahrenheit		TIME		TIME		TIME		TIME		TIME		TIME		TIME		TIME		TIME		TIME		TIME		TIME		TIME		TIME		TIME																											
		a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.																										
107°	.8 .4 .2	<div style="font-size: 2em; font-family: cursive;">No fever</div>																																																							
106°	.8 .6 .4 .2																																																								
105°	.8 .6 .4 .2																																																								
104°	.8 .6 .4 .2																																																								
103°	.8 .6 .4 .2																																																								
102°	.8 .6 .4 .2																																																								
101°	.8 .6 .4 .2																																																								
100°	.8 .6 .4 .2																																																								
99°	.8 .6 .4 .2																																																								
98°	.8 .6 .4 .2																																																								
97°	.8 .6 .4 .2																																																								
	.8 .6																																																								
Pulse per Minute																																																									
Respirations per Minute																																																									
Motions																																																									

CLINICAL CHART

For patient's use only (Do not write on this chart)

History of Present Illness

General

Head

Heart and Lungs

Abdomen and Genitalia

No.

Date

Diagnosis

Time of Admission

Time of Discharge

Admission Temperature

107°
106°
103°
104°
103°
102°
101°
100°
99°
98°
97°

Pulse per Minute

Respiration per Minute

Weight

Dr. J. H. Hill

Room 1118

H. G. Westcott

Signature

W. B. Keene & Co.

NO 8 1018

Handwritten notes in purple ink, including "5/8/18" and "a.c. 10/18".



VENEREAL DISEASE CASE-SHEET

(GONORRHOEA)

Reg. No. 23234 Rank plc Name Taylor, William Unit C-9-D^{5th}

Diagnosis Gonorrhoea Admitted 8-12-18 Discharged 24-2-19

Medical Officer i/c Case J. P. Gobal Capt.

HISTORY

No. of previous attacks nil.

Where and when acquired Quebec Nov 1918.

Date and character of symptoms Pain on miction, clear white discharge from urethra.

DATE (Day of disease)	Smear	Urine	Urinalysis	Other Lab. Tests	Complications	Medicine	Irrigation	Operations
On admission 8-12-18	Positive	Cloudy				Protargin Balsam	Protargol	
20-12-18	Positive	Cloudy				Copaiba Santal	KMnO4	
10-1-19	Positive	Cloudy						
26-1-19	Positive	Cloudy						
3-2-19	Positive	Clear						✓
15-2-19	Negative	clear	positive	✓				
22-2-19	Negative	clear	negative		✓			

BRAND DISEASE CASE SHEET

HISTORICAL

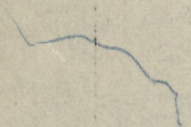
HISTORICAL

STANDARDIZATION

AMERICAN



2210



CASE HISTORY SHEET.

Military Hospital. Quebec Station.
No. 2183495 Rank PLT Name Taylor Wm Age 30
Unit SC 9B Completed years of service Common 1 1/2 }
Date of admission 8-12-18 Date of discharge FEB 24 1919
Diagnosis urethritis Place of origin Quebec

CONDITION ON ADMISSION AND PROGRESS OF CASE.

9-12-18 Microscopic positive for gonococci.
20-12-18 Smear positive.
10-1-19 Smear positive
26-1-19 Smear positive
3-2-19 No discharge to be noticed, microscopical examination still positive.
15-2-19 Smear positive
22-2-19 Smear & urinalysis negative.

FAMILY HISTORY.

(Tuberculosis, mental or nervous diseases.)

Prophylactic irrigations bid
K M n 8^d irrigation
Urotropin. Salol. Balsam Santal.

TREATMENT.

(Especially any specific or special form.)

CONDITION ON DISCHARGE.

(and disposal made of case.)

Smear & urinalysis negative.
Cured fit for duty. Cat. A II

Date FEB 24 1919

J. R. Gobiel Capt.
Medical Officer i/c case.

CASE HISTORY SHEET



DATE: FEB 21 1961
NAME: [illegible]
ADDRESS: [illegible]
CITY: [illegible]
STATE: [illegible]
ZIP: [illegible]

Medical Center

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. <i>22383495</i>	
Rank <i>Plt</i>	
Surname <i>Taylor</i>	
Christian Name <i>William</i> <small>NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.</small>	
Corps (Squadron, Battery or Company) <i>5th Detachment C. G. R.</i>	
Date of Discharge <i>July 24th 1919</i>	
Place of Discharge <i>Quebec P. Q.</i>	
1. DESCRIPTION AT THE TIME OF DISCHARGE.	
Age..... <i>29</i> years..... <i>8</i> months.	Descriptive Marks <i>WT</i>
Height..... <i>5</i> feet..... <i>7</i> inches.	
Complexion <i>med.</i>	
Eyes <i>gray</i>	
Hair <i>Dark</i>	
Trade <i>Labourer</i>	
Intended place of residence <i>Keewatin</i>	
(To be given as fully as practicable.) <i>Ont. Can.</i>	
2. The above-named man is discharged in consequence of <i>Demobilization</i>	
<i>H. D. 868-8-1 - Dated 4/12/19</i>	
<i>M. L. 105-17-175-3 - Dated 4/14/19</i>	
<small>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.</small>	
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.
	<i>Not Applicable</i>
	<i>H. Chaille</i> Major O. C. 5th Detachment C. G. R.
	<small>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.</small>
4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)	<i>Labourer</i>
	<i>H. Chaille</i> Major O. C. 5th Detachment C. G. R.

M. F. B. 218.

100M.—1-17.
H. Q. 1772-39-113.

(OVER)

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

Not Applicable

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

6. Medals and Decorations.....

Not Applicable

H. Chasie

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) *Quebec P.Q.*

H. Chasie

(Date) *July 24th 1919*

Commanding

O. C. 5th Detachment C. G. R.

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.

(Place) *Quebec Que* *William Taylor* (Signature of Soldier.)

(Date) *July 24th 1919* *J. Brown* (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.

Not Applicable

(Signature of Soldier.)

10. Statement of Service.

Service toward Engagement to.....(the date to which the Record of Service is completed).....²¹⁰ years.....days.

Total.....²¹⁰ years.....days.

11. Confirmation of Discharge.

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

(Place) *Quebec P.Q.*

(Signature)

H. Chasie

(Date)

O. C. 5th Detachment C. G. R.

Reservations referred to at Para. 8.

(To be signed by the soldier. When there are none, it is to be so stated, and signed by the soldier.)

List of Discharge Documents.

None William Taylor

Witness
[Signature]

<p>Military Form B. 232</p>	<p>Reg. Conduct Sheet</p>
<p>Military Form B. 313</p>	<p>Conduct Sheet Battery Squadron Company</p>
<p>(a) Proceedings on Discharge</p>	<p>Copies of Convictions, by C. P. in MS.</p>
<p>(b) Attestation</p>	<p>Medical Report for Invalid* Medical Hist. Sheet Military Form B. 313</p>
<p>(c) Medical History Sheet (in the event of each having been prepared)</p>	<p>Statement of Man's Account on Transfer and Last Pay Certificate D. 877</p>

*Only if discharged "Medically unfit"

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.

List of Discharge Documents.

<p>Reg. Conduct Sheet, Militia form B. 263.</p> <p>Squadron } Battery } Conduct Sheet, " B. 263a. Company }</p> <p>Copies of Convictions, by C. P. in MS.</p> <p>Med. Hist. Sheet, Militia Form B. 313</p> <p>Medical Report for Invalid* " B. 227.</p> <p>Statement of Man's Account on Transfer and Last Pay Certificate, " D. 877.</p> <p><small>*Only if discharged "Medically unfit."</small></p>	<p>Attestation Paper, Militia Form B. 235.</p> <p>Proceedings on Discharge " B. 218.</p> <p style="text-align: center;">In the case of recruits who are rejected on final approval, the discharge documents will consist of</p> <p>(a) Proceedings on Discharge.</p> <p>(b) Attestation.</p> <p>(c) Medical History Sheet (in the event of such having been prepared.)</p>
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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.

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.

Statement of Service.

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

Total... years

Confirmation of Discharge.

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

[Signature]

[Signature]

(Date)

(Place)

No. *767*

M. D. No. 5. LABORATORY, Que.

No. *2183495*

RANK. *Private*

NAME. *Taylor W*

COPTS. *566R*

WARD. *—*

DATE. **DEC 8 - 1918**

DEC 8 1918

EXAMINATION OF *pus*

FOR GONOCOCCI ON *transfer*

TO ~~(OR)~~ FROM HOSPITAL.

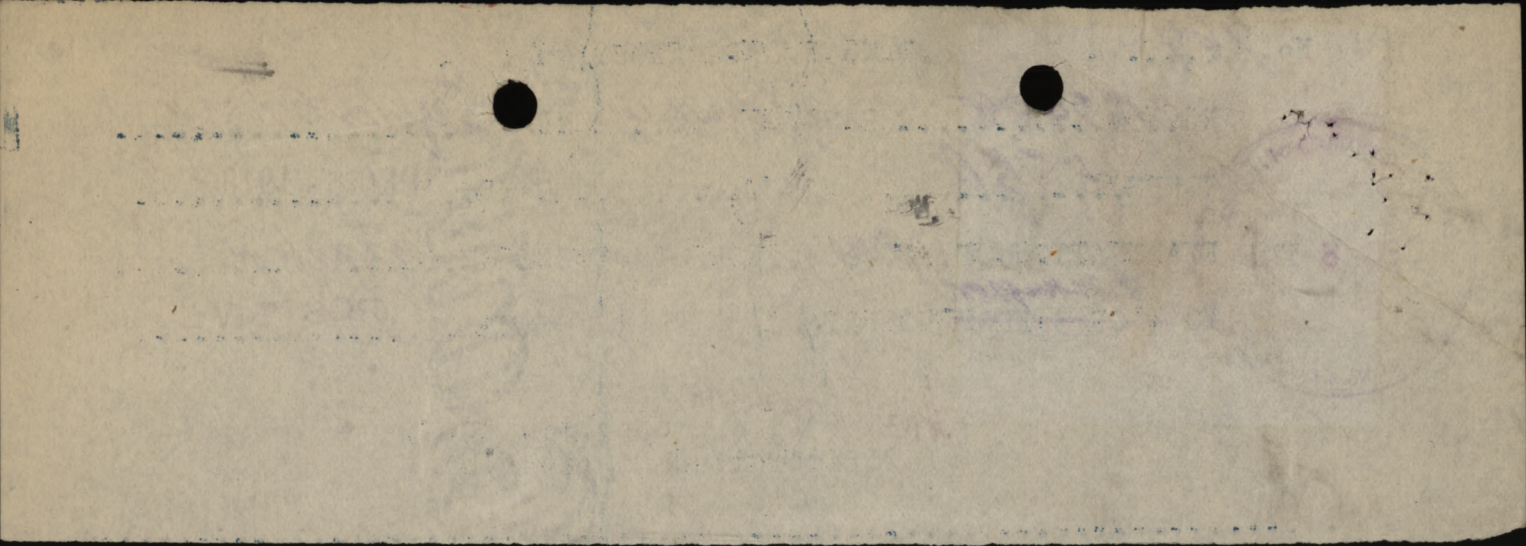
RESULT. **POSITIVE**

Harry Meeley

Capt. A.M.C.

Officer i/c Laboratory.





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

M. OR S. *Single* REGT. No. *2383495* RANK *Pte.* NAME (IN FULL) *Taylor, W.*

NEXT OF KIN <i>Miss Mary Lalor,</i>	RELATIONSHIP <i>Sister</i>	PARTICULARS	EFFECTIVE DATE	AUTHORITY	ORIGINAL UNIT C. E. F. <i>1st Depot Bn Man. Regt.</i>	IF IN P. F. WHAT UNIT?	(BLOCK LETTERS, SURNAME FIRST)
ADDRESS <i>Rodons Hotel,</i>					PLACE OF ATTESTATION <i>Winnipeg</i>	TRANSFERRED TO	DATE
<i>St. Mary's Loch, Selkirk, Scotland.</i>					DATE OF ATTESTATION <i>14-1-18</i>	TRANSFERRED TO	DATE
IS SEPARATION ALLOWANCE PAID? <i>No.</i>	DATE EFFECTIVE				ASSIGNED PAY, \$	DATE EFFECTIVE	
TO WHOM PAID	RELATIONSHIP				PAYABLE TO	RELATIONSHIP	ANY CHANGE IN ASSIGNEE OR ADDRESS
ADDRESS					ADDRESS		
					STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE	EFFECTIVE	
					DISCHARGED	PLACE	DATE
						REASON	AUTHORITY
							IF ENTITLED TO POST DISCHARGE PAY

140

MONTH	PAY AND F. A.		OTHER CREDITS		Credit from Previous Account	TOTAL CREDITS		ACQUITTANCE ROLLS			CASH PAYMENTS			ASSIGNED PAY	REGI-MENTAL CHARGES		OTHER CHARGES		TOTAL DEBITS		BALANCE		PARTICULARS OR REMARKS		
	NO. OF DAYS	RATE	AMOUNT				COL. NO. 1	COL. NO. 2	COL. NO. 3	COL. NO. 1	COL. NO. 2	COL. NO. 3								DEBIT	CREDIT				
			\$ C.	\$ C.	\$ C.	NO.	DATE	NO.	DATE	NO.	DATE	\$ C.	\$ C.	\$ C.	\$ C.	\$ C.	\$ C.	\$ C.	\$ C.	\$ C.					
Balance from previous account																									
<i>Feb</i>	<i>28</i>	<i>1⁰⁰</i>	<i>30 80</i>	<i>✓</i>	<i>77 70</i>	<i>✓</i>	<i>108 50</i>					<i>65</i>	<i>✓</i>		<i>10</i>	<i>33</i>	<i>✓</i>	<i>98 10</i>	<i>✓</i>	<i>10</i>	<i>40</i>		<i>✓</i>	<i>V.D. 33⁰⁰ charges from 18-12-18 to 31-1-19 stop at page 10</i>	
<i>Mar.</i>	<i>31</i>	<i>1⁰⁰</i>	<i>34 10</i>	<i>✓</i>	<i>10 40</i>	<i>✓</i>	<i>44 50</i>					<i>19 10</i>	<i>V.D.</i>	<i>✓</i>	<i>14 40</i>	<i>✓</i>	<i>34 50</i>	<i>✓</i>	<i>10</i>	<i>✓</i>	<i>10</i>	<i>✓</i>	<i>✓</i>	<i>pls. 24 days V.D. chgs Feb stop list \$14.40</i>	
<i>Apr.</i>	<i>30</i>	<i>1⁰⁰</i>	<i>33</i>	<i>✓</i>		<i>✓</i>	<i>33</i>					<i>15</i>	<i>✓</i>	<i>16 75</i>	<i>✓</i>	<i>33</i>	<i>✓</i>	<i>33</i>	<i>✓</i>	<i>10</i>	<i>✓</i>	<i>10</i>	<i>✓</i>	<i>APB</i>	
<i>May</i>	<i>31</i>	<i>1⁰⁰</i>	<i>34 10</i>	<i>✓</i>		<i>✓</i>	<i>34 10</i>	<i>636</i>	<i>1020</i>			<i>15</i>	<i>✓</i>	<i>16 85</i>	<i>✓</i>	<i>60</i>	<i>165</i>	<i>✓</i>	<i>34 10</i>	<i>✓</i>	<i>10</i>	<i>✓</i>	<i>10</i>	<i>✓</i>	<i>4.11.18 APB</i>
<i>June</i>	<i>30</i>	<i>1⁰⁰</i>	<i>33</i>	<i>✓</i>		<i>✓</i>	<i>33</i>	<i>1328</i>	<i>1708</i>			<i>15</i>	<i>✓</i>	<i>17 10</i>	<i>✓</i>	<i>10</i>	<i>80</i>	<i>✓</i>	<i>33</i>	<i>✓</i>	<i>10</i>	<i>✓</i>	<i>10</i>	<i>✓</i>	<i>APB</i>
<i>July</i>	<i>24</i>	<i>1⁰⁰</i>	<i>26 40</i>	<i>✓</i>	<i>10 00</i>	<i>✓</i>	<i>35 00</i>	<i>71 40</i>	<i>2004</i>			<i>15</i>	<i>✓</i>	<i>55 65</i>	<i>✓</i>	<i>75</i>	<i>✓</i>	<i>71 40</i>	<i>✓</i>	<i>10</i>	<i>✓</i>	<i>10</i>	<i>✓</i>	<i>APB</i>	
WAR SERVICE GRATUITY																									
<i>31 days minimum</i>			<i>70</i>	<i>✓</i>	<i>-</i>	<i>-</i>	<i>70</i>	<i>-</i>	<i>-</i>			<i>✓</i>	<i>70</i>	<i>✓</i>	<i>70</i>	<i>-</i>	<i>-</i>	<i>70</i>	<i>-</i>	<i>-</i>	<i>APB</i>	<i>23-7-19 - 1085581</i>	<i>✓</i>		

