

PARTICULARS OF RECRUIT
DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class **ONE**)

ORIGINAL

1. Surname..... **TAYLOR**
 2. Christian name..... **WILLIAM AIKEN**
 3. Present address..... **274 CARLTON STREET WINNIPEG CANADA**
 4. Military Service Act letter and number..... **542645 JC 8**
 5. Date of birth..... **6th Dec. 1893**
 6. Place of birth..... **BELFAST, ULSTER, IRELAND**
 (town, township or county and country)
 7. Married, widower or single..... **SINGLE**
 8. Religion..... **PRES**
 9. Trade or calling..... **PHOTOGRAPHER**
 10. Name of next-of-kin..... **WILLIAM TAYLOR**
 11. Relationship of next-of-kin..... **FATHER**
 12. Address of next-of-kin..... **274 CARL TON STREET WINNIPEG CANADA**
 13. Whether at present a member of the Active Militia..... **NO**
 14. Particulars of previous military or naval service, if any..... **NONE**
 15. Medical Examination under Military Service Act:—
 (a) Place **WINNIPEG CANADA** (b) Date **16th Nov. 1917** (c) Category **A2**

DECLARATION OF RECRUIT

WILLIAM AIKEN TAYLOR

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

William Aiken Taylor (Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age.....	34	yrs.....	1	mths.....	Distinctive marks, and marks indicating congenital peculiarities or previous disease.	
Height.....	5	ft.....	5	ins.....		
Chest measurement } fully expanded.....	}	}	35½	ins.....		
			range of expansion.....	2½		ins.....
Complexion.....	RUDDY					NIL
Eyes.....	BROWN					
Hair.....	BROWN					

W. A. Moske Major for Commanding, 1st Depot Battalion Manitoba Regiment
 O. C. **FIRST** Depot Btln. **MANITOBA** Regt.

Place **WINNIPEG C ANADA** Date **JANUARY 21th 1918**

PARTICULARS OF RECRUIT

DRAFTED UNDER MILITARY SERVICE ACT, 1917

Class: ONE

1. Surname: TAYLOR
 2. Christian name: WILLIAM ALLEN
 3. Present address: 215 CAMBOD STREET, WILLOW PARK
 4. Military service Act number and number of part of part: 104200 1000
 5. Date of birth: 10/01/1892
 6. Place of birth: WEST DUBLIN, IRELAND
 7. Married, widow or single: Single
 8. Religion: Protestant
 9. Trade or calling: None
 10. Name of next of kin: WILLIAM TAYLOR
 11. Relationship of next of kin: Father
 12. Address of next of kin: 215 CAMBOD STREET, WILLOW PARK
 13. Whether present a member of the Army Reserve: None
 14. Particulars of any other military or naval service if any: None
 15. Medical Examination under Military Service Act: (a) Passed, (b) Failed, (c) Rejected, (d) Discharged, (e) Invalid, (f) Other

DECLARATION OF RECRUIT

I, WILLIAM ALLEN TAYLOR, do solemnly declare that the above particulars are true and are true to the best of my knowledge and belief.

DESCRIPTION ON CALLING UP

Appearance	1
Height	5' 6"
Build	Slender
Complexion	Ruddy
Eyes	Blue
Hair	Dark
Complexion	Ruddy
Eyes	Blue
Hair	Dark

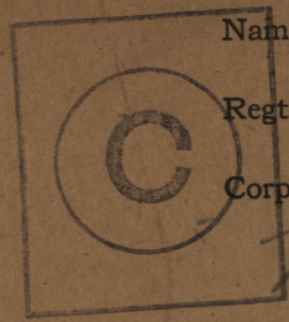
Date: JANUARY 11, 1918
 Place: WILLOW PARK
 M. E. W. 1917
 10/11/17

L.P. 7/5/18

DISCHARGE DOCUMENTS

R. O. No.....
H. Q. No.....

- Proceedings of Court of Inquiry or on men reported Missing on Active Service.....
- Attestation Papers..... 4
- Declaration of change of name.....
- Authority for special enlistments.....
- Documents of re-enlisted men.....
- Regimental Conduct Sheet..... 1
- Compulsory Stoppages.....
- Casualty Forms..... 1
- Proceedings on discharge..... 1
- Corps History Sheet.....
- Date and No. of Deposit Receipt for Purchase Money and Amount.....
- Parchment Certificate.....
- Medical Report for Invalids.....
- Medical History Sheet.....
- Proceedings of Regt. Court Martial.....
- Copies of Convictions by Civil Power.....
- Company Conduct Sheet..... 1
- Clothing Transfer Certificate.....
- Inventory of Kit.....
- Last Pay Certificate.....

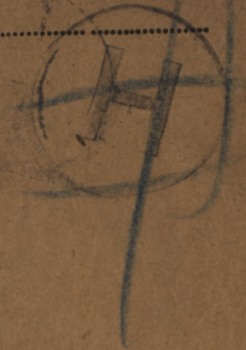


Name *TAYLOR, WM AIKEN*

Regt. No. *3379879* Rank *Private*

Corps *1st Depot Bn*

Med Dept

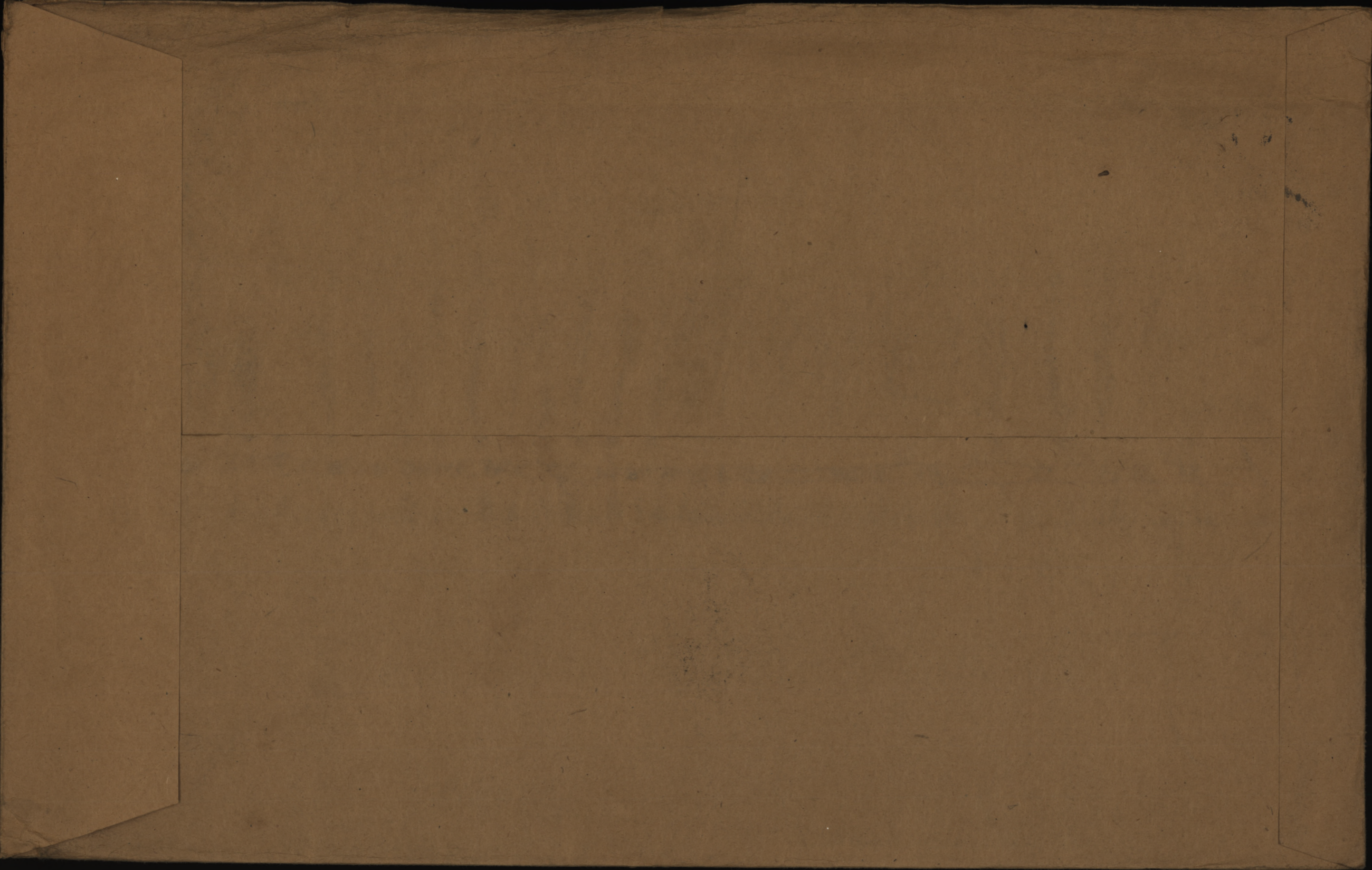


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1-4
1-4

M. J. W. 67 — 2



No. 2379879 RANK

1st Lt

NAME

Taylor, W.

a.

T. O. S. 11-1-18. UNIT

1st. Depot Bn. Manitoba Regt.

(D.O.#10. 1-18)

M. D. 10.

PROMOTIONS, TRANSFERS, DISCHARGES, ETC.

PARTICULARS

AUTHORITY

PAID
FROMPAID
TOSIG.
OR
REC'T

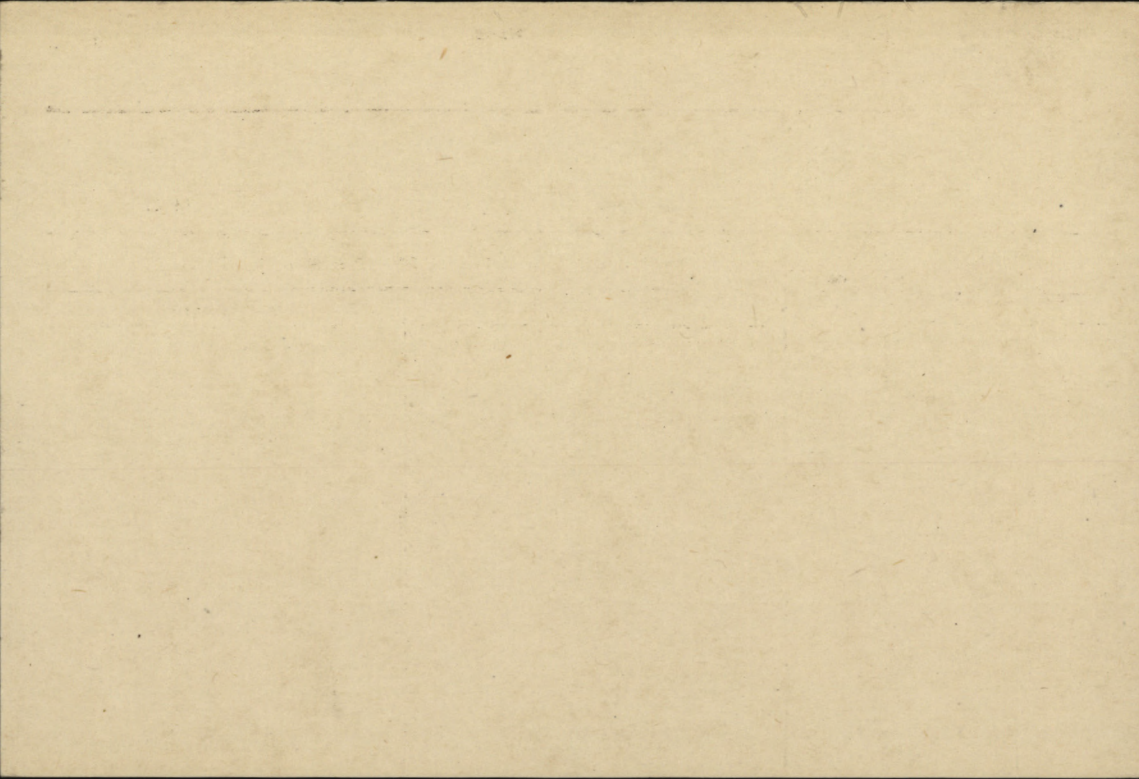
1918

1918

n.

Jan 11

Jan 31



11565

REG. NO. 239879 NAME ^W Taylor, Wm
(SURNAME FIRST)

RANK Plt. CORPS 1st Depot Bn

AGE 34 SERVICE 1/12 Can.

NAME OF HOSPITAL Winnipeg Gen. PLACE Winnipeg

DATE OF ADMISSION 19. 2. 18.

DISEASE Influenza

DISCHARGE 26. 2. 18.

OPERATION

DISCHARGED TO DUTY Yes.

TRANSFERRED TO

DISCHARGED BY MEDICAL BOARD

MSA
SURNAME. *Taylor*

CARD NO. *10* ✓

CHRISTIAN NAMES *William Aiken*

S.O.S. & is 16/4/18.
Auth. P⁶ FOLL # 106 of 16/4/18.

REGL. No. *2379879* RANK *Pte.*

UNIT *Man Regt 1st Dps Bn* *Cas. Unit: M.D. 10*

FORMER CORPS *Nil*

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL *Taylor, William*

RELATIONSHIP TO SOLDIER *Father*

ADDRESS *274 Carlton St., Winnipeg, Man*

COUNTRY OF BIRTH *Ireland* *Belfast*

DATE *Dec. 6th 1883*

PLACE OF ATTESTATION *Winnipeg, Man*

DATE *Jan. 11th 1918*

MARRIED

SINGLE

WIDOWER

TRADE OR CALLING

RELIGION

DESCRIPTION.

APPARENT AGE

YEARS

MONTHS

HEIGHT

FEET

INCHES

CHEST MEASUREMENT

INCHES

EXPANSION

INCHES

COMPLEXION

EYES

HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION. PLACE

DATE

MEDICAL CASE-HISTORY SHEET.

HOSPITAL Wpaq Gen Hospital STATION

No. 239849 Rank Plt Name Saylor Wm Age 34

Unit 1st Dep Batt Service 12th Gen

Date of Admission 19th Feby 1918 Date of Discharge 26th Feby 1918

Diagnosis Influenza

Date of Origin Place of Origin

CAUSE OF ILLNESS OR INJURY:

Unknown.

HISTORY OF PRESENT ILLNESS OR INJURY.

(Is Illness or Injury result of Service?)

Soreness of Throat.
Pain in limbs
Headache
Pain in small of back

CONDITION ON ADMISSION.

Throat inflamed.
Tonsils greatly enlarged. E. follicular discharge
Temp 101'
Pulse 120
Eyes discharging

TREATMENT.

Heat & Lymph etc
Dobell Gargle
Aspirin
Throat Painted

CONDITION ON DISCHARGE FROM HOSPITAL.

Throat looking well & condition etc

Date 26th Feby '18

Geo Sault
.....
Medical Officer i/c Case.

MEDICAL CASE-HISTORY SHEET.

Hospital No. 101
No. 101
Date of Admission
Date of Discharge
Place of Origin

History of Present Illness or Injury
(to be filled in by the attending physician)

Condition on Admission

TREATMENT

Condition on Discharge from Hospital

Medical Director's Case

Date
Signature

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.

1st. DEPOT BATTALION, MANITOBA REGIMENT.

(1) Name of Overseas Unit which Soldier joins.....

(2) Regimental Number..... **2379879**.....

(3) Full Name of Soldier..... **WILLIAM AIKEN TAYLOR**.....

(4) Place of Birth..... **BELFAST, ULSTER, IRELAND**.....

(5) Are you married, or not?..... **SINGLE**.....

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

(b) Present Postal Address.....

(7) Are you a widower?..... **NO**.....

(8) Have you any children?.....

If so, give number of boys and girls.....

Also their names and ages.....

(9) Is your Father alive?..... **YES. WILLIAM TAYLOR**
If so, state name and address..... **22x 274 CARLTON STREET WINNIPEG CANADA**

(10) Is your Mother alive?..... **YES**
If so, state name and address..... **MRS ANNA TAYLOR**
SAINT IVES GARDENS. BELFAST ULSTER IRELAND

(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.
WILLIAM TAYLOR (FATHER)
274 CARLTON STREET WINNIPEG MANITOBA CANADA

(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.
.....

..... **YES**
15) Are you insured?.....
If so, in what Company?..... **METROPOLITAN. WINNIPEG CANADA**
YES
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.

..... *John Amstutz* Major for
Commanding, 1st Depot Battalion Manitoba Regiment
.....
Officer Commanding.

Date..... **JANUARY 11th 1918**

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. 2379879 Rank pte Name TAYLOR, WILLIAM AIKEN
~~TAYLOR~~

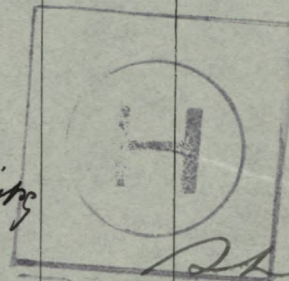
Enlisted (a) 11-1-18 Terms of Service (a) C.E.F. Service reckons from (a) 11-1-18

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

Photographer

Extended Re-engaged Qualification (b)

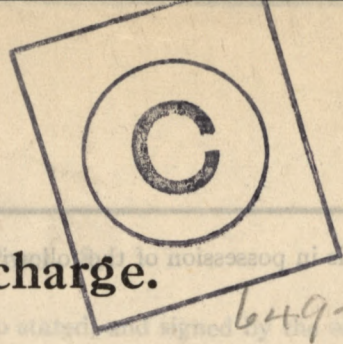
Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
<u>25-3-18</u>	<u>A.A.G.</u>	<u>Towns No 10 C.C.D.</u> EMBARKED	<u>Winnipeg</u> <u>in Manitoba</u>	<u>27-3-18</u>	<u>An C.O. 71 of 25-3-1918</u>
		DISSEMBARKED			
<u>27.3.18.</u>	<u>NO 84.</u>	<u>TOS #10 Casualty Unit</u>	<u>Winnipeg</u>		
<u>16.4.18</u>	<u>NO 106.</u>	<u>Dis. Co 87. - 2035</u>	<u>"</u>		



W. Goldstone Capt
O.C. NO. 10 CASUALTY UNIT, Winnipeg.

(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.

This space to be for numbers



6497-8709
DEPT. MILITIA & DEFENCE
1918
H.Q. CANADA

Proceedings on Discharge.

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

No.	2379879	
Rank	Private	
Surname	Taylor, William Aiken	
Christian Name		
<small>NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.</small>		
Corps (Squadron, Battery or Company)	1st Depot Battalion	
Date of Discharge	April 16th, 1918	
Place of Discharge	Winnipeg	
1.	DESCRIPTION AT THE TIME OF DISCHARGE.	
Age	34 years 1 months	 Descriptive Marks NIL
Height	5 feet 5 inches	
Complexion	Ruddy Brown	
Eyes	Brown	
Hair	Brown	
Trade	Photographer	
Intended place of residence	274 Carlton St. Winnipeg	
<small>(To be given as fully as practicable.)</small>		
2.	The above-named man is discharged in consequence of Being Medically Unfit For Further War Service.	
<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>		
3.	Conduct and character while in the service have been, according to the records, etc. Good	
<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.) Photographer	

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

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

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

6. Medals and Decorations.....

Nil

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)..... Winnipeg.....

S. Goldstone Capt.

(Date)..... April 16th. 1918.....

Commanding .. #10 Casualty Unit M.D. 10

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)..... Winnipeg.....

W. A. Taylor (Signature of Soldier.)

(Date)..... April 16th. 1918.....

S. Steed (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.

..... (Signature of Soldier.)

10. Statement of Service.

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

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

11. Confirmation of Discharge.

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

(Place)..... Winnipeg.....

(Signature) *S. Goldstone* Capt.
O/C #10 Casualty Unit M. D. 10

(Date)..... April 16th. 1918.....

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.)

W. A. Luykot.

Reg. Conduct Sheet	Military Form B. 203	Attestation Paper	Military Form B. 255
Squadron Battery Company	Conduct Sheet	Proceedings on Discharge	B. 218
Copies of Convictions by C. P.		In the case of recruits who are rejected on final approval, the discharge documents will consist of	
Medical Report for Invalid*	B. 221	(a) Proceedings on Discharge	
Statement of Man's Account on Transfer and Last Pay Certificate	D. 877	(b) Attestation	
*Only if discharged "Medically unfit."		(c) Medical History Sheet (in the event of such having been prepared)	

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.

I 288
3-5-18
a162-3 5/18

Reservations referred to at Form 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.

469-3-5

Reg. Conduct Sheet, Militia form B. 263.	Attestation Paper, Militia Form B. 235.
Squadron } Battery } Conduct Sheet, " B. 263a. Company }	Proceedings on Discharge " B. 218.
Copies of Convictions, by C. P. in MS.	<p>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>
Med. Hist. Sheet, Militia Form B. 313	
Medical Report for Invalid* " B. 227.	
Statement of Man's Account on Transfer and Last Pay Certificate, " D. 877.	
*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.

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

I hereby declare that I am a Soldier who request to be discharged from the service.

Statement of Service.

The date to which the Record of Service is complete.

Confirmation of Discharge.

The discharge of the soldier named above is hereby confirmed.