ORIGINAL

CANADIAN ENGINEERS RECRUITING OFFICE Hastings & Hamer Sts. Vancouver, B.C.

CANADIAN ENGINEERS

ATTESTATION PAPER.

No. 22806494.

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname? TAYLOR.
1a. What are your Christian names? WILLIAM JOHN. ✓
1b. What is your present address? Globe, Arizona, USA
2. In what Town, Township or Parish, and in what Country were you born? Redruth, Cornwall, England.
3. What is the name of your next-of kin? Clarice Taylor. 14 South Trefusis
4. What is the address of your next-of-kin? Redruth, Cornwall, England.
4a. What is the relationship of your next-of-kin? Wife.
5. What is the date of your birth? June 4th 1894.
6. What is your Trade or Calling? Tunneller.
7. Are you married? Yes
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 Handed Military Force? No W.J.T.
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
13. Have you ever been discharged from any Branch of His Majesty's Forces as medically unfit? No
14. If so, what was the nature of the disability? --
15. Have you ever offered to serve in any Branch of His Majesty's Forces and been rejected? No
16. If so, what was the reason? --

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, William John 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 John Taylor (Signature of Recruit)

Date January 7th 1918 George H. Slade (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, William John 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 John Taylor (Signature of Recruit)

Date January 7th. 1918 George H. Slade (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 N. Vancouver B.C. this 7th day of January, 1918.

H. Martyn Jenkins J.P. (Signature of Justice)

M. F. W. 23.
750 M.—1-17.
H. Q. 1772-39-841.

N.B.—ATTENTION IS DRAWN TO THE FACT THAT ANY PERSON MAKING A FALSE ANSWER TO ANY OF THE ABOVE QUESTIONS IS LIABLE TO A PENALTY OF SIX MONTHS' IMPRISONMENT.

Description of TAYLOR: WILLIAM JOHN. on Enlistment.

Apparent Age 23 years 7 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5 ft. 8 1/4 ins.

Chest measurement: Girth when fully expanded 38 ins.
Range of expansion 3 ins.

Complexion dark

Eyes hazel

Hair dk. brown

Religious denominations:
Church of England XXX
Presbyterian
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).

Vacc. 1 left arm.

Scar base thumb. Left unable to flex fully 2nd and 3rd finger left hand.

Hearing; Normal. R.L.

VISION: Right 20/20 Left 20/20

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

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

Date January 7th 1918.

Place VANCOUVER B.C.

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:—

MOBILIZATION BOARD
VANCOUVER CENTRE

F. Butler Capt. President

Wm Kennedy Capt. Member

W. F. Mackay Capt.

CERTIFICATE OF OFFICER COMMANDING UNIT.

William John 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 M Mitchell Lt. Colonel C. E. (Signature of Officer)
O. C. Engineer Training Depot,

Date FEB 7 1918 191 .

REGIMENTAL DOCUMENTS

NAME Taylor Wm John REGT. NO 2086994 UNIT H. Q. FILE NO.

	CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
3 X	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)					
1	FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
1	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)					
2	MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
1	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)					
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)					
4	Misc					
1	TP 122					

04245

483280

PUBLIC ARCHIVES CANADA

W. 2589
100M-11-18
1772-30-1377

JCH Love

Number 2006994 Rank L/Cpl

Surname TAYLOR

Christian Name William John

Units C.E. Theatre of War France

Date of Service 17/8/18

Remarks

Latest Address "Ypres"
Trefusis Rd
Redruth
Eng. Cornwall

Roll No. B
Page 11328

200m—2/21.M.

DEEP MAR 8 1922
REGN. NO. A 74753

YCA

Number 2006 994 Rank

Surname TAYLOR

Christian Name William John

Units Theatre of War France

Date of Service

Remarks

Latest Address

Roll No.

200m—2—21. M.

4

CARD NO. M. D. 4

S.O.S. 12/6/19 Dis. O/S.
R.N.S. FOLL.
O/S D.O. 66 of 12/7/19
Can. Con. Camp, Witley

SURNAME. Taylor

CHRISTIAN NAMES William John.

REGL. No. 2006994. RANK Spr.

UNIT Can. Eng. Tr. Dpo.

FORMER CORPS Nil.

NEXT OF KIN.

NAMES IN FULL Taylor, Mrs. Clarice.

RELATIONSHIP TO SOLDIER Wife.

ADDRESS Redruth, Cornwall, Eng.

CHANGE OF ADDRESS

COUNTRY OF BIRTH England, Redruth, Cornwall. DATE June 4th, 1894.

PLACE OF ATTESTATION N. Vancouver, B.C. DATE Jan. 7th, 1918.

L. L. 25989. M. & D. 8191. M. F. W. 22. 100M.—8-17. H. Q. 1772-39-339.

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

No. 2006494 RANK Spr. NAME Taylor W. J.

T. O. S. UNIT District Paymaster (28th Draft) Can. Engrs. Grn. Depot.

M. D. 6 –

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1918 Feb 11	1918 Feb 28	n		

W.S.B. Class A

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.

Unit, Regiment or Corps ENGINEERS ~~TRAINING DEPOT~~

Regimental No. 2006994 Rank Spr. Name Taylor, William John

Enlisted (a) 7/1/18 Terms of Service (a) C.E.F. ~~C.E.T.D.~~ Service reckons from (a) 7/1/18

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) Tunneller

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		7-MAR 1918	
		Disembarked England		18 MAR 1918	
		TAKEN ON STRENGTH C.E.T.D. Canada	Seaford	18 MAR 1918	Part II Order No. 66
19 MAR 1918	C.E.T.D.				
21.5.18	CETD	Posted to 2CERB from CETD	Seaford	21.5.18	Part II Ord 117
21.5.18	CETD	TOS of 2CERB from CETD	Seaford	21.5.18	Part II Ord 1.
14.8.18	2CERB	Pay restricted 2 mos	Seaford	30.7.18	Part II Order 72
19-8-18	2nd CERB	S.O.S. of 2nd.C.E.R.B. to C.E.Pool. France	Seaford	17-8-18	Part II.Order No.76
					A Lowe Lieut.C.E. for Adjt. 2nd.C.E.Res.Bn.

CERTIFIED CORRECT 22 AUG. 1918 CAN. RECORDS, LONDON.

(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 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.
19.8.18	CGBD	ARR FRANCE & TOS CERP		19.8.18	NR730 P89
25 8 18	DC	DESP TO CCRC		25 8 18	NR1357
do	CCRC	ARR AT CCRC		do	NR 1323
28.9.18	CCRC.	S.O.S. to 11th Bn CE		28.9.18	R&R 1730 P/106.
do.	do.	T O S 11-BN CE	Field	29-9-18	do. D.O. 28 d/19-10-18
5-10-18	11 Bn C.E.	JOINED DO	do.	28-9-18	B 213.
29-1-19	C.I.B.D.	T. O. S.	C. I. B. D.	29-1-19	N.R. 602.
27.2.19	C.G.B.D.	S.O.S. posted to N.S.R.D. ~~Seaford~~. South Rippon			
8 MAR 1919	NSR.D	T.O.S. FROM C. E. POSTED TO B. Coy	Ripon	7-3-19	PART II D.O. 54
11 MAR 1919	NSR.D.	Leave 11-3-19 to 19-3-19 Rly. W. 73/636059/60	Ripon	11-3-19	PART II D.O. 56
1 APR 1919	NSR.D.	Absentee	Ripon	19-3-19	PART II D.O. 74

J M Anderson

Lieut. for Lt.-Col., A. A. G.
Canadian Section, G. H. Q. 3rd Echelon, B. E. F.

Army Form B, 103—II
Part II.

(SERVICE AND CASUALTY FORM Part II).

9

Regiment or Corps N.S.R.D. Regimental Number 2006694

*Substantative Rank Pte Surname Taylor Christian Names W. J.

*Acting Rank

(* To be entered in pencil to facilitate alteration.)

(A) Report: Date.	(A) Report: From whom received	(B) Authority of Part II. of Orders	(C) Record of promotions, appointments, reductions, casualties, transfers, postings, &c. All acting as well as substantive promotions to be shown, for method of entry of which see A.C.I. 1816 of 1917. Corps and unit to which transferred and posted to be invariably named.	(D) Place of casualty	(E) Date of promotion, reduction, reversion, casualty, &c.	(F) Remarks, and initials and rank of an officer
17-4-19	N.S.R.D.	88	Illegally absent since 19-3-19 S.O.S. as deserter R E Appleby	Repon	15-4-19	
24-4-19	N.S.R.D.	94	Pt. 2 do. 74 & do. 88 is hereby cancelled	Repon	24-4-19	
27 MAY 1919	N.S.R.D.	121	S.O.S. To H. Wing Wiley	Wiley	24-5-19	

LIEUT,
OFFICER I/c RECORDS,
NOVA SCOTIA REGTL. DEPOT

LIEUT,
OFFICER I/c RECORDS,
NOVA SCOTIA REGTL. DEPOT.

DISCHARGED IN ENGLAND,
K.R. & O. Par. 392, Sec. XXV.

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

To be folded on this line.

Nothing to be written in this margin.

A1834 W.6425—P1600 500,000 10.18 G.W.P.Co.3973.

(A) Report		(B)	(C)	(D)	(E)	(F)
Date.	From whom received	Authority of Part II. of Orders	Record of promotions, appointments, reductions, casualties, transfers, postings, &c. All acting as well as substantive promotions to be shown, for method of entry of which see A.C.I. 1816 of 1917. Corps and unit to which transferred and posted to be invariably named.	Place of casualty	Date of promotion, reduction, reversion, casualty, &c.	Remarks, and initials and rank of an officer

Nothing to be written in this margin.

C.A.D.C. 5009A

U.K.

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

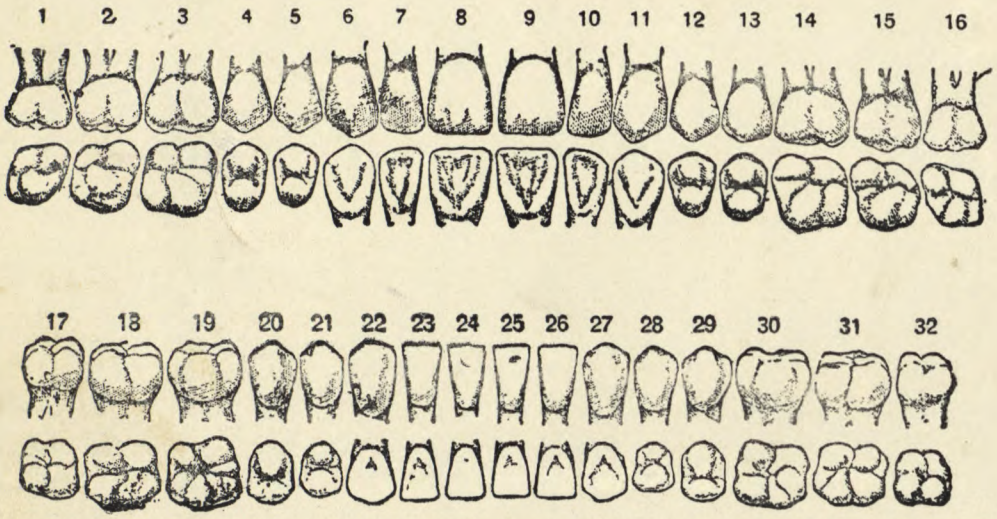
DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) W. J. TAYLOR

REGIMENT CAN: ENG^RS RANK SP^R. No. 2006994.

Date of Examination in England 29-5-19 | Date of Examination in France



DIRECTIONS TO DENTAL OFFICERS

1. This form will be made out for each individual at the time of Demobilization in England or France.
2. Figures as per chart will be used to designate teeth concerned.
3. In reference to Partial Dentures the numbers of teeth thereon will be stated

PRESENT DENTAL REQUIREMENTS

1. FILLINGS 14. 16. 30. 31
2. EXTRACTIONS
3. CROWNS
4. DENTURES
   - (a) Full Upper
   - (b) Part Upper
   - (c) Full Lower
   - (d) Part Lower

HAS HE EVER REFUSED DENTAL TREATMENT? N/D

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

- (a) In Canada
- (b) In England Apl 20
- (c) In France

Signature of Dental Officer N. H. Rutherford Capt.

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

FILE NO. 8244

WAR SERVICE GRATUITY and SEPARATION ALLOWANCE

2006994

Payable to Taylor. Wm John. Dependent Mrs Clara Taylor.

Address Ypres. Trefusis Rd. Address (wife)

Redruth. Cornwall.

Date	Cheque No.	Gratuity			Payments			Balance Due.			Remarks
June 12	23423				19	17	4				
" 12	23424				6	7	4				
" 14.	LPC	1	5	2							
" "	P&A		4	6							
" "	SA		4	1							
" "	CC	4	0	0							
July 9.		57	10	8							
" "		24	13	2				61	12	11	
" 14	44262				14	7	8				
" "	44263				6	3	3	41	2	0	
Aug 13	66945				14	7	8				3
	66946				6	3	3	20	11	1	
Sept 2.	92619				14	7	8				Final
	92620.				6	3	5				
		87	17	7	84	14	4				

G Haw

Form R 122.
2353—100M—9-12-16.

FLH.

Rank

Name TAYLOR, William John

Reg'l No. 2006994

Unit ENGINEERS

If in perm. Corps } What Unit? }

Married or Single MARRIED.

Place and Date of Enlistment N.VANCOUVER.BC. Jan.7.1918.

Place of Birth REDRUTH.

Name and Address, Next-of-Kin CLARICE TAYLOR. CORNWALL. ENG.

14 SOUTH TREFUSIS.REDRUTH.CORNWALL.ENG.

Relationship WIFE.

Assigned Pay Monthly $

Payable to

Relationship

Separation Allowance $

Payable to

Relationship

M/E. R.B. No. 9654
File R.L.
Category OR-Eng.

Discharge, Date and Place

Reason

Character

H. W. V., Ld.—9546-16.

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.
		Arrived in England		28-3-18	S/S TFLEA
		T-O-S 18,3,18 Seaford			
19 MAR 1918		Ctd DO.66			
5.18		Ind.CERB TOS from CETD Seaford		5-18	DO.1 CETD.DO.117
19-8-18	~ " ~	S.O.S to C.E.R Pool	Spn. Seaford	17-8-18	pt 20764 C.E.R.P. 2089-28-8-18
21.10.18	C.E.R.P.	S.O.S to 11th Bn C.E.	Spn	Field 28-9-18	106-11th Bn DO 28 dtd 19/10/18
8-3-19	N.S.R.D.	T.O.S from 11th Bn C.E.	Repon	7.3.19	~ 544 + 10 dtd 10-3-19 11th Bn C.E.
~~1.4.19~~	~~N.S.R.D.~~	~~D.O.S~~	"	19.3.19	Spn Cancelled DO94
24.4.19	N.S.R.D.	DO 74 dtd 1-4-19 para 10 + DO 88 dtd 17-4-19 para 2 re:- M/N are hereby cancelled	" "		~94
27.5.19	— " —	T.O.S to "H" Wing Witley	" "	24.5.19	~121 + 49 dtd. 30.5.19 "H" Wing CCC

2006994

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.
16.7.19.	H. Wing Bbb	SOS on Discharge in B. Isles Spr. Witty		12.6.19	S.O. # 66.
discharged in B Isles 12-6-19. KRoO Para 392 Sec xxv Auth Discharges Board Demobilization CRO 5222 N.R. 863					

B18/109

2834

2006994

MILITARY SERVICE ACT, 1917.

MEDICAL HISTORY SHEET.

ORIGINAL

1994

H

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 John

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

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

4. Address (including street and number, if any) Globe, Arizona, U.S.A.

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the ..... day of JAN 7 1918 1917, by the undersigned medical board sitting at VANCOUVER, B. C.

5. Age as stated 23 Years 7 Months. 6. Apparent age ..... Years ..... Months

7. Height 5' Feet 8½ Inches. 8. Weight 152 Pounds.

9. Chest measurement { Minimum 35 Ins. / Maximum 38 Ins. } 10. Complexion Dark { Eyes Hazel / Hair Dark Brown }

11. Physical development Good { Good / Fair / Poor } 12. Smallpox marks ✓

13. Number of vaccination marks { Right arm ✓ / Left arm One } 14. When vaccinated last Infancy

15. Distinctive marks and marks indicating congenital peculiarities or previous disease Scar base thumb - Left hand Unable to flex 2nd & 3rd joints fingers left hand

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 [A.]

17. (a) Vision R. 20/20 L. 20/20

(b) Hearing. R. Normal L. Normal

J. Bullock Capt. President.

W. T. Mackay Member. W. W. Kennedy Capt. Member.

Signature of Man W. J. Taylor

Date	Result	Vaccinations	Date	Result	Anti-Typhoid Inoculations, Etc.
29/1/18		W. Edwin Newcombe M.O.	8/2/18	good	W. Edwin Newcombe M.O.
		M.O.	15/2/18	good	W. Edwin Newcombe M.O.
		M.O.	22/2/18	good	W. Edwin Newcombe M.O.
			1/6/18		Cross C.B.M.C. M.O.

Joined 7th day of January 1918 at N. Vancouver B.C.

	Corps	Reg'tl Number	Habits	Date
Joined on enlistment	6th Fd. Co., C.E.	2834		
Transferred to.....	C.E. POOL, O/S			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station	Date	Disease	Result
NORTH VANCOUVER	JAN 29 1918		A. J. Bullock Capt. W. W. Kennedy Capt.
ST. JOHNS, P.Q.	FEB 7 1918	nil	A2 J. Bullock Capt. A. attached [illegible]

N.B.—This sheet is to be disposed of in accordance with instructions in the Regulations for Army Medical Service, or the man becoming non-effective. The date and cause being stated on next page.

M. F. B. 313.

300M.—10-17.

1772-39-439.

Surname Taylor Christian Name William Sapper

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				

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 Canadian Engineers. ENGINEER TRAINING DEPOT

(2) Regimental Number 200 6994

(3) Full Name of Soldier Taylor Wm John

(4) Place of Birth Redruth Cornwall Eng

(5) Are you married, or not? Yes.

(6) If married, state,
(a) Full name of your wife Clarice Taylor
Redruth Cornwall Eng.
(b) Present Postal Address " " —

(7) Are you a widower?

(8) Have you any children? No

If so, give number of boys and girls

Also their names and ages

M. F. W. 67.

500M.—9-16.
1772-39-954.

(SEE OTHER SIDE.)

(9) Is your Father alive? Yes

If so, state name and address Stephen Taylor 4 Southgate Redruth Cornwall Eng.

(10) Is your Mother alive? Yes Elizabeth Taylor

If so, state name and address

(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? Yes

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.

Lieut. C. E.
Asst. Adjutant Engineer Training Depot.
Lt. Colonel C. E.
Officer Commanding.
for O. C. Engineer Training Depot.

Date FEB 6 1918

FORM P. 559
8245-150M.-7/3/17

MARRIED OR SINGLE Married

PLACE OF BIRTH Redruth. Cornwall. England

NAME OF NEXT OF KIN Mrs Clarice Taylor RELATIONSHIP Wife

ADDRESS Redruth. Cornwall. England.

NAME OF NEXT OF KIN RELATIONSHIP

ADDRESS

APPOINTMENTS.
PROMOTIONS AND REVERSIONS.

PARTICULARS	EFFECTIVE DATE	AUTHORITY

DATE ADMITTED	ADMISSIONS DATE DISCH'D	V. OR A.	TO HOSPITAL, &c. NAME OF HOSPITAL.

REG'L. NO. 2006994 RANK Sapper. NAME TAYLOR. William John

PLACE OF ATTESTATION North Vancouver Bc DATE OF ATTESTATION 7/1/18 ORIGINAL UNIT

PRESENT UNIT C.E.T.D

ASSIGNED PAY

(1)
PER MONTH $15.00 DATE EFFECTIVE 1-2-18 AUTHY.
PAYABLE TO Clarice Taylor
Redruth Cornwall Eng RELATIONSHIP Wife

(2)
PER MONTH $ DATE EFFECTIVE AUTHY.
PAYABLE TO
RELATIONSHIP

(3)
PER MONTH $ DATE EFFECTIVE AUTHY.
PAYABLE TO
RELATIONSHIP

(4)
PER MONTH $ DATE EFFECTIVE AUTHY.
PAYABLE TO
RELATIONSHIP

(1)
STOPPED EFFECTIVE
CAUSE
DATE A3M FORMS REND.

(2)
STOPPED EFFECTIVE
CAUSE
DATE A3M FORMS REND.

(3)
STOPPED EFFECTIVE
CAUSE
DATE A3M FORMS REND.

(4)
STOPPED EFFECTIVE
CAUSE
DATE A3M FORMS REND.

PARTICULARS OF TRANSFERS

TO UNIT	EFFECTIVE DATE	AUTHORITY

DISCHARGE DATE AND PLACE

REASON AND AUTHORITY

ACCOUNT TRANSFERRED TO N.E. BRANCH (DATE)

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

SEPARATION ALLOWANCE.

SEPARATION ALLOWANCE MONTHLY $ EFFECTIVE (DATE) STOPPED EFFECTIVE (DATE)

PAYABLE TO REASON

RELATIONSHIP AUTHORITY

AUTHORITY FOR ISSUE REMARKS

SEPARATION ALLOWANCE MONTHLY $ EFFECTIVE DATE STOPPED EFFECTIVE (DATE)

PAYABLE TO REASON

RELATIONSHIP AUTHORITY

AUTHORITY FOR ISSUE REMARKS

NEW PAYBOOK ISSUED NEW PAYBOOK ISSUED

PERIOD FROM 1918	TO	PAY AND FIELD ALLOWANCE No. OF DAYS	RATE	$ c.	WORKING PAY No. OF DAYS	RATE	$ c.	SEPARATION ALLOWANCE $ c.	ASSIGNED PAY CREDITS $ c.	ANY OTHER CREDITS $ c.	TOTAL CREDITS $ c.	SEPARATION ALLOWANCE $ c.	CASH PAYMENTS DURING THE MONTH 1 $ c.	2 $ c.	3 $ c.	4 $ c.	ASSIGNED PAY $ c.	OTHER CHARGES $ c.	TOTAL DEBITS $ c.	BALANCE CARRIED FORWARD CREDIT $ c.	DEBIT $ c.	NUMBER OF ACQUITTANCE ROLLS 1	2	NUMBER OF S.A. AND A.P. CHEQUE	REMARKS. ALL CASUALTIES, PROMOTIONS, &c., TO BE NOTED, ALSO PARTICULARS OF "OTHER CREDITS" OR "OTHER CHARGES"
MONTH		PARTICULARS			CR. 1		CR. 2	PARTICULARS			DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFER-RED. PAY	SEP. ALLCE. ENG.								
1-3-18		Balance from Canada											Dr 650												Assigned pay for March deducted in Canadian pay sheets.
8-31 Mar					2640										19 ~~22~~ 90										Pay A.P. from 1/8/18

PERIOD		PAY AND FIELD ALLOWANCE			WORKING PAY			SEPARATION ALLOWANCE	ASSIGNED PAY CREDITS	ANY OTHER CREDITS	TOTAL CREDITS	SEPARATION ALLOWANCE	CASH PAYMENTS DURING THE MONTH				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE CARRIED FORWARD		NUMBER OF ACQUITTANCE ROLLS		NUMBER OF S.A. AND A.P. CHEQUE	REMARKS. ALL CASUALTIES, PROMOTIONS, &c., TO BE NOTED, ALSO PARTICULARS OF "OTHER CREDITS" OR "OTHER CHARGES"
FROM	TO	No. OF DAYS	RATE	$ c.	No. OF DAYS	RATE	$ c.	$ c.	$ c.	$ c.	$ c.	$ c.	1 $ c.	2 $ c.	3 $ c.	4 $ c.	$ c.	$ c.	$ c.	CREDIT $ c.	DEBIT $ c.	1	2		

P 820
12474—375M—13-2-18.

* Strike out whichever inapplicable.

"YPRES"
TREFUSIS RD.

ASSIGNED PAY. * ENGLAND OR ~~CANADA.~~		SEPARATION ALLOWANCE. * ENGLAND OR ~~CANADA.~~	
EFFECTIVE DATE:-	1.2.18	EFFECTIVE DATE:-	7-1-18.
AMOUNT:-	15 00	AMOUNT:-	~~15 00~~ 30.00

NAME:- TAYLOR, William John

NUMBER:- 2006994

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.

Clarice Taylor, (Wife) N.K
Redruth
Cornwall
England.

Same.

Stopped effect 11 6/19

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
L.R.C. Canada		Sapper

UNIT AND TRANSFERS

ORIGINAL UNIT:- 28th Dft, C.E.T.D

DATE ACCOUNT FIRST OPENED:- 8.3.18

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO
			C.E.T.D

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
14/5/19	2783	R.R.D.G.	~~14 60~~				
21/5/19		1 R.D.G.	~~49~~				
26/5/19	8.15	"H." C.E.C.	~~4 89~~ 19-96				

~~Declared by C. of I & have been illegally absent since 19/3/19 is 80 days as a deserter 15/4/19 80 88 R.S.R.O. C.E.D. 1/4/19~~ Cancelled per D.O. 94 24/4/19

PARTICULARS OF RENDERING NON-EFFECTIVE:- Deserter ex England 11/6/19 Rej. S.B. & C.D.S. 10/6/19 L.R.C.C. Balance £6 12s 4d Forfeits Pay Restricted for period of 2 months effect: 30.4.18. D.O. 92. 14/8/18 2nd C.E.R.B.

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
L.P.C. Canada	1 00	10		

MONTH 1918	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
Mar 31	Bal Forward								19 90		
Apr.	Spr. Pay	33 -		A.17609. a/c 1/2/18 30/4/18			45 -				
	C.R.N. 36 Adj't Bal from Can. a/c for Feb & March		30 -	30. C.E.T.D. 4/4/18	4 87						
				420 " 23/4/18	1 94				13 56		
May.	Sap.	33 34 10.	30 -	C.R. 86608	24 34		45 - 15				
				A.R. 966 14-5-18 C.E.Z.D.	4 87						
				174 28.5.18. V.C.E.R.B.	9 73				18 06		
		34 10.			14 60		15				
June	Spr.	33		B.44436 A.98688 - 8 14 5.16. S.A. 7-2-18 30-6-18 £29-16-7.			15				14 5 16.
				333. 14.6.18 V.C.E.R.B.	9 73						
				604 27.6.18 ✓	9 73 -				16 60		
		33			19 46		15				14 5 16.
July	Spl. Pay	34 10		C.17408.			15				25
				11. Feb. Stefx	✓ -						
				911 22.7.18 V.C.E.R.B.	19 47 -						
				874 15.7.18 ✓	9 73 -				15 0		
		34 10			34 20		15				25
Aug	Pay	34 10		C.54031	3 42 0		15				25.
				1494 2 C.E.R.B. 14.8.18	2 43						
				A.W.L. from midnight 1.8.4.18 to 10.50 am 1.8.18 (Absent 3 days. 10 hrs. 50 min.) Awarded 4 days F.P. 2 Forfeit 4 days pay R.W. 4.8.18 D.O. 65 5/8/18 2 C.E.R.B.		12 10					
		34 10			2 43	12 10	15		6 05		25
Sept.	Pay	33		C.94633			15				25
				346 C.M.G.C.R.D. 8.9.18	3 54						
				475 ✓ 17.9.18	3 54						
		33			4 14		15		16 93		25

NUMBER RANK NAME

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
Oct.	Pay	34 10		Forward					16 93		
				D.45432			15 ·				25 ·
				384 11 C.E. 4.10.18	3 43						
				D. note 3448 15/10/18 Y.6.5.8/3/18 D.Bal. 6.50 amended to D.Bal. 25.50 per L.C. 25/3/18	19 00						
				440 11 C.E. 13.10.18	3 43				9 54		
		34 10			26 46		15 ·				25 ·
Nov.	Pay	33 ·		E.22835			15 ·				40 ·
Dec.	✓	34 10		554 11 C.E. 9.11.18	3 43						
Jan	✓	34 10		624 ✓ 16.11.18	13 06						
				E.42832			15 ·				30 ·
				712 11 C.E. 4.12.18	3 43						
				M.25632			15 ·		45 25		30 ·
		101 20			20 52		45 ·				100 ·
Feb	"	30 80		798 11 C.E. 20.12.18	5 60						
				902 ✓ 4.1.19	3 43						
				1040 ✓ 14.1.19	3 43						
				8406 C.S.D. 29.1.19	4 66						
				M.14364			15 ·				30 ·
				6545 C.S.D. 12.2.19	4 66				110 15		
				8678 " 26/2/19	4 66						
Mar	"	34 10		E.28426 L9.11.11			15				30
				HH2 Havre H 3/19	7 46						
				8072 RRD.G. 10/3/19	39 17				6 48		
		64 90			73 67		30				60
April	"	33		A14227 L9.11.11			15				30
	D088 9/17/4/19 cancelled D.R.A.			O/C Pay from 19.3.19 to 30.11.19							
	from 1/3/19 to 30/11/19 re-credited	47 30		143 days S.O.S. as a deserter		47 30					
				1344 IRDG 24/4/19	14 60						
May	D.R.A.	34 10		A 67671 L9.11.11			15		28 98		30
		114 140			14 60	47 30	30		28 98		60
June	11 days D.R.A.	12 10		B112205 L5.6.10			15		12 10 / 41 08		11
				2783. 1275. ④ NSRD	14 60						
				8615. 26/5 ③ ACCC	4 87				661		
		12 10			19 47		15				11

28 98 10
12 10
41 08
34 96
Cr 6 12

Original B Hiving

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 Willey DATE 4.6.19

1. 1 (a) Unit NSRD (b) Regimental No. 2006994 (c) Rank Spr.

(d) Surname TAYLOR (e) Christian name William John

(f) Home address Trefusis Rd Redrath Cornwall

(g) Next of Kin Clarice Taylor (h) Relationship Wife

(i) Address of Next of Kin as above

2. Age last birthday 25 Date of birth ~~25~~ 4-6-94

3. Enlistment, or Appointment (if an Officer) (a) Place Vancouver (b) Date 8.1.18

4. Personal description: Estimated

(a) Height 5' 8¼" (b) Weight 153 (stripped) (c) Complexion Dark

(d) Colour of hair Black (e) Colour of eyes Hazel (f) Identification marks, Scars, etc.

Scar back lt. thumb. Ankylosed middle & ring fingers Left.

5. Former trade or occupation Miner

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
	1	153

	Periods From	Periods To
Canada	8.1.18	7.3.18
England	27.2.19 18.3.18	9.8.18
France or other theatres of War	9.8.18	27.2.19

7. Original disease, or injury

CRUSHING OF TISSUE MIDDLE & RING FINGERS LT.

(a) Date of origin 1912 (b) Place of origin ENGLAND

(c) Cause

Crushed by rock while mining prior enlistment.

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

C.R. B.P.C. 20 JUN 1919

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.)

Partial loss function middle & ring fingers Lt.

(Ankylosed interphalangeal & terminal phalangeal joints middle finger Lt
Partial ankylosis terminal phalangeal joint ring finger Lt)

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:
Interphalangeal & terminal phalangeal joints of middle finger lt, and terminal phalangeal joint ring finger lt: partly ankylosed. Cannot completely flex these fingers actively but can passively. Gripping powers of these two fingers diminished 40 percent.

Subj:
Complains of loss of gripping powers and that when using a pick there is a certain amount of stinging.

(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 ..... Genito-Urinary System ..... no
(If pulse rate is abnormal, B. P. will be taken.) (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

no

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

Had fingers jammed under rock in mine ~~at~~ 1912 since that date has had trouble ~~as~~ mentioned in 9(a)

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*).)

Measles & Diphtheria, Pneumonia 1917 recovered.

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

Ankylosis partial in middle & ring finger Lt & see 9(a)

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 (a & b)

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.)

Surgical attrice J injury

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit? No

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

16. Can the former trade or occupation be resumed? ~~Does not think he can, as joining of hand by tools~~ DWH. Yes

(If not, briefly state why)

17. Recommendations

N/a

S. J. W. Horne

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 W. J. 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 nothing

W. J. Taylor Rank.

Signature of invalid examined.

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.

We concur.

19. Is the invalid fit for

(a) General service,	(Category A)	(Yes ~~or No.~~) yes A.
(b) Service abroad, not general service,	(" ~~B)~~	~~(Yes or No.)~~
(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.)

R.T.C. Auth. Tel. ag. 9083 of 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.

A. Archibald Capt. President.

PLACE Witley — M A Dutton Capt. Camp } Members

DATE 4-6-19.

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..... ~~M. A. Dutton Capt. Camp~~

APPROVED BY — APPROVED BY

[signature] Assistant Director of Medical Services. — Director-General of Medical Services.

DATE..... DATE.....

A.D.M.S. HEADQUARTERS
CANADIAN CORPS CAMP.
- 4 JUN 1919
WITLEY SECTION.

DUPLICATE.

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

P. 851 A.

LAST PAY CERTIFICATE.

Military District.....

Dispersal Area.....

No. 2006994 Rank Sapper Name TAYLOR W.J. Unit C.E.

Nominated for ~~embarkation to Canada~~ Discharge in England Date 11/6/19 Ref DB 2 CDD 10/6/19

CREDIT.	$	¢
BALANCE FORWARD as at 31.5.19 191	28	98
EARNINGS:— From 1.6.19 to 11.6.19		
11 days at $ 1.00	12	10
..... days at $		
..... days at $		
ANY OTHER CREDIT:—		
Interest on Deferred Pay		
	41	08

"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:—		

Date	A.R. No.	Paying Unit	Amount
14.5.19	2783	P.R.D.G.	14.60
21.5.19		P.R.D.G.	-.49
26.5.19	8615	H.C.C.C.	4.87

19 96

OTHER CHARGES:—

WAR LOAN INSTALMENTS CHARGED:—

X ASSIGNED PAY for period from 1.6.19 to 11.6.19 at $ 15.00 per month in favour of:— 15 00

Name Clarice Taylor

Address "Ypres" Trefusis Rd. Redruth Cornwall Eng

Relationship Wife

X SEPARATION ALLOWANCE, if any, in favour of same party as Assignment at $..... per month for 11 days in same = 11.00

$6.12

X BALANCE CREDIT 6 12

41 08

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 11.6.19 191..... 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 Pt Forbes

CHECKED BY [signature]

Date 11/6/19 191.....

CERTIFIED CORRECT..... Capt. Lieut

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

No. 2 Canadian Discharge Depot.
133, Oxford Street, London, W.1.

.....1919.

I HEREBY CERTIFY that I desire to sexure my discharge
n England and waive all claims on the Canadian Government for transportation
o Canada for myself and dependents.

I ACKNOWLEDGE RECEIPT OF :- Certificate of Discharge.

itness..... SIGNATURE .....

M

N.S.R.O

SHORT FORM.

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

1. No. 2006994

2 Rank. Spr

3. Name Taylor William John

4. Unit. C.E.

5 Date of Discharge 12/6/19 Place 2 C.D.D

6 Reason for Discharge

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

7. Authority. DB 10-6-19

8. Proposed Residence after Discharge

"Ypres", Trefusis Ra
Redruth Cornwall

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.J. Taylor
Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place No 2 CANADIAN DISCHARGE DEPOT LONDON

Date 12/6/19

Signature [signature]
(O. C. Discharging Unit.)

M.F.B. 218a—300M.-11-18—1772-39-113.

GD
7.6.62

LIST OF DISCHARGE DOCUMENTS.

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