D140624
TAYLER
JAMES

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8

Cat A B E

~~ORIGINAL~~
~~DUPLICATE~~
TRIPLICATE

OCCUPATIONAL HISTORY FORM COMPLETED

Bling

M.F.M. 2
A.F.B. 271
750M—5-42 (4398)
H.Q. 1772-39-1645

(*To be completed in triplicate. Copy designation to be shown by striking out terms not applicable.*)

Unit INFANTRY (R.C.A. - (FLD) CA Regimental Number D-140624

N.T.

ACTIVE FORMATIONS AND UNITS OF THE CANADIAN ARMY

MAY 25 1943

ATTESTATION PAPER

FINGERPRINTED
PHOTOGRAPHED

1. Surname TAYLOR
2. Christian Names JAMES
3. Present address 7 ~~XXXXXX~~ Laurin St., Ville St. Laurent, Que., Canada.
4. Date of birth 26 May 1918
5. Place of birth England (Country) Yorkshire (County or Province) Sheffield (Town or Township)
6. Citizenship Canada (Of What Country are You Now a Citizen)
7. Religion (state denomination) Church of England
8. Trade or Calling Machine Operator (~~Munitions~~ SETTER.)
9. Married, Widower or Single Married
10. Name of next of kin Mrs. Yloda Taylor (Hebert.)
11. Relationship Wife
12. Address of next of kin 7 Laurin St., Ville St. Laurent, Que., Canada.
13. Do you belong to, or have you served in a Reserve Formation or Unit of The Canadian Army? Yes
17th DYRCH., RF., From 1937 to 1939.
(If Yes, Give Unit and Dates of Service)
14. Have you served in (*a*) an Active Formation or Unit of The Canadian Army? No (Yes or No)
(If Yes, Give Regimental No. and Unit) (*b*) Any other Naval, Military, or Air Force? No
(Yes or No) (If Yes, specify Unit and Period of Service)
15. Did you serve during the Great War 1914-1918? No
(If Yes, specify Regimental No., Unit and Dates of Service)

WSG COMPLETED

DECLARATION TO BE MADE BY MAN ON ATTESTATION

I, James TAYLOR, do solemnly declare that the above particulars are true, and I hereby engage to serve in any Active Formation or Unit of The Canadian Army so long as an emergency, i.e., war, invasion, riot or insurrection, real or apprehended, exists, and for the period of demobilization after said emergency ceases to exist, and in any event for a period of not less than one year, provided His Majesty should so require my services.

Date 24 mai 43. James Taylor
(Signature of recruit)

OATH TO BE TAKEN BY MAN ON ATTESTATION

I, James TAYLOR do sincerely promise and swear (or solemnly declare) that I will be faithful and bear true allegiance to His Majesty.

Witness (Name) (Rank) James Taylor
(Signature of Recruit)

CERTIFICATE OF MAGISTRATE, JUSTICE OF THE PEACE OR ATTESTING OFFICER

The Recruit above-named was cautioned by me that if he made any false answers to any of the above questions he would be liable to be punished as provided by law.

The above questions and answers 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 MONTREAL SUD QUE this 24e day of mai 19 43.

Signature of Magistrate, Justice or Attesting Officer.

NO. 4-DISTRICT DEPOT A.F. Special Recruiting Officer — Officer or Rank and Unit or appointment.

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

Record of Service of TAYLOR (Surname) JAMES (Christian Names) Regimental Number D-140624

Qualifications

Military NIL

Business or Professional NIL

Trade or Civil MACHINE OPERATOR

Technical NON

Languages ENGLISH & FRENCH

Educational Qualifications

High School or Collegiate: NON (years completed)

Graduation or Matriculation: NIL (specify)

*College NON

*University NON

3e EC PUBLIQUE

*(Name of institution, courses or years completed, and degrees obtained to be shown)

All enlisted personnel will be taken on as Private soldiers, appointments and promotions to higher rank to be shown as provided in the space below.

Record of Promotions, Reductions, Transfers, Casualties, Reports, etc., from date taken on Strength of Field Force	Rank Shown	Effective Date	Unit	Place	Authority: Part II D.O. No. Cas. List, etc.	Authority: Dated
Joined on appointment 25-5-43 DRO TOS No 4 DISTRICT DEPOT CA	GNR	24-5-43	4 DD	MTL STH	4 DD PT II 124	25-5-43
S.O.S. ON TRANS. TO CA(B)TC #41 HUNTINGDON QUE	GNR	3 Jun 43	"	"	" " 132	3 Jun 43
4-6-43 TC 41 TOS from 4 D.D.	"	**4-6-43**	"	"	" " **132-A**	**4-6-43**
23-7-43 " Re-allocated to Infantry from R.C.A.(Auth. M.S. 2-48-55 (A/MOV) dated 19 Jul. 43)	Pte.	21-7-43	TC 41	Huntgdn.	TC41 PT II 174A	23-7-43
10-8-43 " SOS to A-12, Farnham, Que.	"	11 Aug 43	"	"	" " 190-A	11 Aug 43
T.O.S. ON TEMP ATT FROM C.A.(B)T.C. NO. 41HUNTINGDON, QUE.	"	**12-8-43**	**A-12**	**Farnham**	**A-188**	**12-8-43**
Granted daily rates of pay of $1.40	"	25-9-43	"	"	A-247	20-10-43
S.O.S. on return to C.A.B.T.C. No. 41 Huntingdon, Que.	Pte.	29-10-43	A-12	Farnham	A-256	30-10-43
2-11-43 TC41 Appointed L/CPL	L/CPL	1-11-43	TC41	Hntingdon	TC41 261A	2-11-43
2-11-43 " T.O.S. from A-12 Farnham Que.	"	30-10-43	"	"	" 261A	2-11-43

For additional entries use M.F.M. 1 and 2 (a)

133

CERTIFICATE OF MEDICAL EXAMINATION

Name in full TAYLOR, JAMES Place MONTREAL Date of Medical Examination 19 May 1943.

Part 1. Information obtained from the recruit.

1. Age 24 2. Have you ever suffered from any of the following diseases?

a. Rheumatism	no	k. Ear disease	no
b. Tuberculosis or pleurisy	no	l. Eye disease	no
c. Bronchitis or asthma	no	m. Fits	no
d. Heart disease	no	n. Nervous or mental disease	no
e. Kidney or bladder disease	no	o. Syphilis	no
f. Stomach or bowel trouble	no	p. Gonorrhoea	no
g. Rupture	no	q. Have you ever worn glasses?	no
h. Varicose veins	yes	r. Are you now or have you in the past received disability pension or compensation? If so, give details	no
i. Foot trouble	no		
j. Nasal trouble	no		

I hereby declare that I have not suffered from any diseases whatsoever except as stated above.

James Taylor
Signature of Applicant

Part 2. Information obtained by medical examination. THE RECRUIT MUST BE STRIPPED.

Medical Officer's Remarks on information as stated in Part 1

1. Identification marks or scars 1 vac. left arm.
2. Height 5 feet 7¼ inches. 3. Weight 131 pounds.
4. Complexion med. Eyes blue Hair brown 5. Development fair (Good / Fair / Poor)
6. Chest measurement—Girth on full expansion 34 inches. Range of expansion 2 inches.
7. Vision, right 20-20 left 20-20
   With Glasses— right left 8. Hearing, right cv 20 left cv 20
9. Condition of mouth and teeth Upper denture - lowers good.
10. Blood Pressure:— S. D. (Required if recruit is over 35 years of age, or if otherwise indicated)
11. Urinalysis -N
12. The abnormalities (congenital and pathological) found on examination are as follows:—
COLOR VISION ISHIHARA (CN) EARS NOSE THROAT NEG. J.C CALHOUN MAJOR.
Lungs neg. Inconstant apical systolic, skeletal neg. no hernia, left varicocele, reflexes active. Functional murmur.
No psychiatric disability. T.E.D.
13. Chest X-Ray N No. 188385 Laboratory at which taken D. P. & N. H. Mtl.

Part 3. We, the examiners, find no evidence of the diseases mentioned in question 2, Part 1, except as reported in the remarks. We have examined the Recruit in accordance with the pamphlet "Physical Standards and Instructions for the medical examination of Recruits" and he is found fit for Category A

Special remarks when category lower than A

M. Aronovitch Capt rank (President) — M. ARONOVITCH CAPT.
H.F. Owen Lieut rank (Member) — H.F. OWEN LIEUT
A. Cooperberg Lieut rank (Member) — A. COOPERBERG LIEUT.

Date 19 May 1943.

VACCINATIONS, INOCULATIONS, BOARDS, RECLASSIFICATION OF MEDICAL CATEGORY

Date	Brief details and signature	Date	Brief details and signature
MAY 25 '43	TAB. T ICC H. Farrell [illegible]		CATEGORY CONFIRMED JUL 27 1943 S. Aber, Capt
	VACCINATION A37 / T.A.B.T. 1		CATEGORY CONFIRMED 10 AUG 1943 [illegible] Lt
JUN 18 '43	T.A.B.T. 2 S. Aber, Capt		CATEGORY CONFIRMED 11 NOV 1943 S. Aber, Capt
16 JUL '43	T.A.B.T. 3 S. Aber, Capt	8 DEC '43	YOB P U L H E M S: 18 1 1 1 1 1 1 1 — N. Green Lt.
27 JUL '43	YOB P U L H E M S: 18 1 1 1 1 1 1 1 — S. Aber, Capt	23-12-43	YOB P U L H E M S: 18 1 1 6 6 6 6 6 — HBY [illegible]

NOTE: Any corrections to entries made must be initialled by the Officer making them. Such Officer will indicate his rank and corps. Corrections are not to be written over the original entry.

Regtl. No. D-140624 Rank GNR Surname TAYLOR Christian Name JAMES

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.	Signature of Medical Officer
		Day	Month	Year	Day	Month	Year				

For additional entries use M.F.M. 1 and 2 (b)

Soldiers Qualification Card

CONFIDENTIAL

D140624 | TAYLER | JAMES |
Regimental Number | Last Name (Block letters) | First Name | Middle Names

Unit: 5 C.I.R.U. — A.T. 81 A/S. coded

1 Corps: Infantry C.I.C.

2 Nationality: Canadian — By Birth — By Naturalization: 1920 — Country of Birth: ENGLAND

3 Racial Origin: Father: English; Mother: English

4 Language spoken in home: French ...... English ✓ ...... Other ......

5 Age: 25/8 (26 May 18.) 6 Height: 5 ft. 7¼ in. 7 Weight: 145 8 Silhouette: 1 2 3 4

Eyes 9 Colour of: blue 10 Acuity: 1 2 3 10 Glasses ...... 11 Colour Vision: 1 2 3 4

12 Hearing: Acuity: 1 2 3 13 Speech Defects ......

14 Handedness: R L A 15 Med. Category: A

Cause ......

Attitude to own health ...... To Medical attention ......

Health History ......

16 Education Level: Illiterate ...... El. 3 (15) Sec. ( ) (Grade completed)

Conduct during school life: (Father was sick at times (Last War Veteran) Had to work)

17 18 University or Professional Institution	Course Taken	Years completed	Degree	Year

19 Post Graduate	Course	From—To	Degree	Year

20 Specialized Training:
1. (Course) ......
At ...... From—To ...... Completed ? ......

21 2. (Course) ......
At ...... From—To ...... Completed ? ......

22 3. (Course) ......
At ...... From—To ...... Completed ? ......

Other trades papers, Diplomas Certificates or Qualifications ......

23 Languages: Spoken fluently: English
Written well: "

24 Main occupation: Description: machine setter — Estimate of skill: superior
Duration (from—to): 1936–1943. (7 yrs.) Weekly Wage: $25.00
Employer's Name and Address: Continental Can. Co. near Montreal, Que.

50 "M"

Test	Score	S.M.	Test 9 Score
1	16		Sub-total 36
2	12		S.M.
3	8		
4	22	CANADA	Sub-total 46
5	24		S.M.
6	3		Sub-total 51
7	21		S.M.
8	27		Grade
Tot.	133		6

English ✓ French ......

51 OTHER MENTAL
Test ......
Score ...... Grade ......
Date ......

52a MECHANICAL APT.
Test ......
Score ...... Grade ......
Date ......

52b CLERICAL APT.
Test ......
Score ...... Grade ......
Date ......

53 TRADE TESTS

Trade and Grading	Date

54 OTHER
Test ......
Score ...... Grade ......
Date ......

25 Second Most Important Occupation: Description: ...... Estimate of skill ......
Duration (from—to) ...... Weekly Wage ......
Employer's Name and Address: —

26 Third Most Important Occupation: ...... Estimate of skill ......
Duration (from—to) ...... Weekly Wage ......
Employer's Name and Address ......

Trade Union or Professional Society ......

Vehicles: 27 Heavy Truck — 28 Light Truck D 29 Auto W R 30 Motorcycle —

31 Farm Tractor — 32 Tracked Vehicle — 33 Power Launch — 34 Aeroplane —

35 Accident Prone: none Teamster: —

Farming Experience: Wide ...... Limited ✓ None ......
District: Woodstock Ontario Type: mixed

Job promised after discharge ? yes By whom? Name: Continental Can Co.
Job: 24 Address: near Montreal, Que.

Other provision for post-discharge occupation ......
Type of work desired ......

Occupational history: Ambitious ...... Stable ✓ Accidental ...... Erratic ......

36 Marital Status: M. Jul. 1939 S. ...... W. ...... D. ...... Sep. ......
Marital Problems: Normal
Wife's or Husband's Age: 23 Attitude to Service: Agreeable Health: good

37 No. of Children: 1 38 No. of Dependents: 2
Relationship of Dependents: Wife and child.
No. of Brothers: 2 No. of Sisters: 1 Position in family: 2
Status of home in childhood: Father died 1939.
Religious Denomination: C of E.

39 Hobbies: Photography M ...... S ...... Radio ...... Engines ......
Mechanics ...... Other: Woodworking.

40 Sports: (1) swimming (2) skating (3) ......
Team Games and Position (1) baseball (1st base) (2) hockey (defence) (3) ......

41 Ability to Entertain: Music: String ...... Brass ......
Woodwind ...... Percussion: accordion Piano ...... Vocal ......
Theatrical ...... Other ......

42 Previous Experience in Armed Forces

ARM or CORPS	Type (C.E.F., N.P., etc.)	Years	Highest Rank	Last Discharge (Yr.)	Special Training Received
17 Hussars	N.P.	2	Pte.	1939	Cavalry drill.

43 CURRENT SERVICE: Date Enlisted 24 May 43. Place Enlisted

Date From—to	Country	Corps	Unit and Sub-unit	Rank 44	Principal Duty	Performance
24/5/43-5/7/43	Canada	Inf.	41 C.A.B.T.C.	Pte.	Basic Training	
9/7/43-9/10/43	"	"	A12 C.I.T.C (S of I)	"	Advance " (C)	
10/10/43-2/11/43	"	"	41 C.A.B.T.C.	"	Instructing	
3/11/43-26/12/43	"	"	A12 C.I.T.C.	L/Cpl.	"	
27/12/43-	England	"	5 CIRU	Pte.	Reinforcement	
13 march 44	"	"	R.H.C.	"	"	

45

COURSES ATTENDED	PLACE	Date: From—to	Qualified as	Rating
A/1 Course S of I.	A12 C.I.T.C.	1/10/43-29/10/43	54%	Q II.

46 Crime: Courts Martial Convictions..... Major Offences..... Minor Offences —

Civil Convictions..... Fines..... Hospitalization —

49 Psychiatric ☐ ☐ ☐ ☐ ☐

YEAR OF BIRTH	F	W	U	H	E	M	S
18	/	/	/	/	/	/	/

C.M.H.Q. 1000:115
40/P&S/1246(2609)

47 Classification: Military Specialties and Trades

CONFIDENTIAL

Designation	Degree of Proficiency	Date	Authority

55 Type of Service Desired (1) M.T. (2).....

Remarks re Outstanding or Limiting Factors

Deportment
Disposition
Appearance (grooming)
Physical appearance
Map Reading
Military Knowledge
Mechanical Knowledge

Sayles was born in England but went to Canada in 1925 at age 7 yrs. His education at least his formal education is limited but he is intelligent & ambitious - capable of very good work. His home life was difficult due to father's illness & death but this helped him to accept responsibility. His mechanical knowledge is quite good.

Reason for Joining Cdn. Army Called.

Attitude to Interview: Antagonistic..... Overanxious..... Co-operative ✓ Indifferent.....

Tests Indicated: 51..... 52a..... 52b..... 53..... Other.....

48 Suggested Possibilities (1) Bfr G.D.
for employment (2) Possible Dr M/C.

Interviewed by A. A. Robertson, Capt Date 6 Jan 44.

Reviewed by..... Date.....

No. D.140624 Rank Private Name TAYLER, James

Unit North Nova Scotia High Date of death 6th Dec., 1944

Died at ~~France~~ Holland

Cause Killled in action

Death occurred on strength of Forces H.Q. 405-T-12,671

N/K Mrs. Yloda Tayler Relationship Widow

Address ~~7 Laurin St.~~ 38 St. Mathieu st, Ville St. Laurent, Que.

Remains buried in Holland Nijmegen Cdn Temp Mil Cemetery
Jonkersbosch E 690595 sh 5

CHK

Grave location

OVER

REBURIAL

Nijmegen Canadian Military Cemetery,
4 miles S.E. of Nijmegen, Holland.

Grave 1, row B, plot 2.

HI & CR Form Despd. JAN 28 1947

Photographs
Despatched
JAN 26 1948

BURIAL REPORT TO N.K.

RETURN TO BUR. OF STAT. JUL 9 1945

ROYAL MESSAGE DESP'D. DEC 30 1941

CAN. MESSAGE DESP'D. FEB 8 1945

Temp B R sent to N K

AUG 10 1946

5M-10-44 (M-4414)

CONTINUATION CARD MFM 14

TEMP.

Regimental No. D140624 Name Taylor. J

Pte.

Part II DO		PARTICULARS OF CASUALTIES
No.	Date	
		Los. MNS Highrs from 11 Bn. wef 10 July 44
left	6 Dec 44	SOS - Killed in action. wef 6 Dec 44.

Tayler James

D140624

MFM—14A
40/P&S/2310

6-12-44

AWARDS—CANADIAN ARMY (ACTIVE) M 1855

FEB.

500M—1-44 (3467)
H.Q. 1772-45-8

FILE NO. 405-T-12671

SURNAME (IN BLOCK LETTERS)	CHRISTIAN NAMES	REG. NO.	RANK ON DISCHARGE	C.A.S.F. UNIT
TAYLER,	James	D.140624	Pte.	N.Nova Scotia Highrs

WAR SERVICE
BADGE
(CLASS) NO. DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED
1939-45 Star	
~~France & Germany Star~~	
Defence Medal	
War Medal 1939-45	
C.V.S.M. & Clasp	

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION NO. DATE OF DESPATCH

MEMORIAL BANK
DATE DESP
REGN. NO 8160

(1) MEDALS
PERSON ENTITLED TO Mrs. Yloda Tayler Widow

ADDRESS: 7Laurin St. Ville, St. Laurent, Que.

(2) MEMORIAL CROSS

WIDOW Mrs. Yloda Tayler (ENGLISH)

1855
ADDRESS: 7 Laurin St., Ville St. Laurent, Que.,

(2) DESP. FEB 27 1945
14853

(3) MEMORIAL CROSS

MOTHER Mrs. Florence Tayler (ENGLISH)

1855
ADDRESS: 150 Rue St-Germain Ville, St-Laurent, Que.,

(MFM5.)

(3) DESP. FEB 27 1945
REGN No. 14854

1261-24-10-49

INFANTRY (R) Q 55

This form will accompany the soldier's regimental documents at all times.

DEPARTMENT OF NATIONAL DEFENCE
(Army)

Personnel Selection Record

~~R.C.A.~~ (~~FIELD~~) — Arm or Corps

Trade (if Tradesman or Trade Trainee)

Ammunition number. — Work in Arm (if Non-Tradesman)

I. D140624 — Regt. No.; Gnr. — Rank; TAYLER, James — Name (surname first); A — A or R; 24 — Age (26 May 14); A — Med. Cat.

English — Main Language; French — Other Language(s); Montreal South, Que. — Place (Unit) Interviewed; 25 May 43 — Date Interviewed

II. Revised Examination "M"

D. D. 4 — Place Tested; 19 May 43 — Date Tested; F. T. Brown, Major — By Whom

133 — Total; III — Group; Subtests 16 (1) 12 (2) 8 (3) 22 (4) 24 (5) 3 (6) 21 (7) 27 (8); Subtotals 36 (1-3) 46 (4-5) 51 (6-8); English — English or French

Other Tests

YOB	P	U	L	H	E	M	S
18	1	1	1	1	1	1	1

III. Educational Background

Completed 3rd grade in Woodstock, Ont., started at 5 and finished at 13.
Schooling was broken due to father being incapacitated at times.

IV. Occupational Background Born in Eng., went to Canada 1920 at age of two.

3 years working in a horse stable as a groom.
6 years at Continental Can as machine setter and operator. ($25.00 wk.)
Drives:- Heavy Truck; Car.

V. Military Background A/1 Course - "QU" - Canada.

17th D.Y.R.C.H. (R) 1936 - 1939.
Reported for Active Service at D.D.4 on 19 May 43.
T.O.S. at D.D.4 on 24 May 43.

VI. Other Personal History and Appraisal

This man is 5' 7¼" and 131 lbs. He is polite and has a fairly pleasant personality. He has been married since July 1939 and has a son 2½ years old. He says he is in good health and has never been seriously sick. He is fairly active in outdoor sports, plays baseball and hockey, and fishes. He is the fairly quiet type and likes to putter around the house or work in his garden.
Although his education is poor, his intelligence is average. He has a good mechanical knowledge, has been driving for about 4 years, and did all his own repairs.
He should be very useful around an M.T. garage or as a driver within a limited area.

Racial Origin { Eng. / Eng. Rel. C of E.
Acuity - 2; Hearing - 1; Left Handed.

VII. Recommendations

INF. (R)

~~R.C.A.~~ (~~FIELD~~) AMMUNITION NUMBER NON-TRADESMAN

(Signed) T D Sinclair Lieut — Army Examiner

(T.H.) Sgt. T. D. Sinclair, Lieut.

M.F.M. 196
200M—1-43 (8312)
H.Q. 1772-39-1916

vdc

See reverse side for further information and follow-up

FURTHER INFORMATION AND FOLLOW-UP

C.A.(B)T.C. 41, Huntingdon, Que.
21st July, 1943.

Re-allocated to Infantry (R).
Auth: M.S. 2-48-55 (A/MOV) dated 19/7/43.

(W.Sykes) Capt.- A.E.

28/7/43.

T.O.S. T.C. 41, 3/6/43. No sickness whilst here.
Training: No difficulties so far.
Allocation: Transferred to Infantry. Should go to Transport Group.

(W.Sykes) Capt.- A.E.

INFORMATION:

This man has completed his Infantry advanced training at A-12 Farnham, has adapted himself to the army and is considered suitable for overseas service.

(M. LeBel) Capt.,
Army Examiner,
CITC A-12.

20th. Dec. '43

O/S 27 Dec 43.
"Q" carded 6 Jan 44.
His formal education is limited but he is intelligent and ambitious, capable of very good work. His home life was difficult due to fathers illness and death but this helped him to accept responsibility. His mechanical knowledge is quite good.

SOS RHC(FU)

this whole Form and Instructions on other side before commencing to complete.

WILL

M.F.M. 10
150M—2-43 (8280)
H.Q. 1772-39-1656

(1) I, James TAYLOR, of the VILLE
(Name in Full) (City, Town, Village, Township)

Address in civil life.

of ST-LAURENT, in the County/District of JACQUES-CARTIER

Province of QUEBEC, OPERATEUR DE MACHINE
(Civil Occupation)

Regimental No. D-140624, Unit RCA (FLD) CA, do hereby revoke all former Wills by me made and declare this to be my LAST WILL.

Relationship, names and address of beneficiaries, and what each is to receive.

(2) I GIVE, DEVISE AND BEQUEATH unto "MON EPOUSE" MDE YLODA TAYLOR (HEBERT)

RESIDANT A:- 7 RUE LAURIN VILLE ST-LAURENT QUE CANADA

ALL MY ESTATE BOTH REAL AND PERSONAL.

J.T.

Relationship, names and address of residuary beneficiaries.

(3) I GIVE, DEVISE AND BEQUEATH all the rest and residue of my estate, both real and personal, of whatsoever kind and wheresoever situate unto

J.T.

(4) I appoint ....
(Name) (Address)

.........., to be the Executor/Executrix of this my Last Will.
(Civil Occupation)

IN WITNESS WHEREOF I have hereunto set my hand this 25e day of mai 1943.

Signed and acknowledged by the Testator, in the presence of us 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.

James Taylor
(Signature of soldier)

First witness sign here.

(5) Signature Miss Irene G. Thurman.
Civil Address 10945 Bruxelles Ave. Mtl. North. Que
Civil Occupation Cashier.

Second witness sign here.

Signature Vic. Dugas
Civil Address 7108 Delorimier? Montreal
Civil Occupation Clerk.

(Witnesses are not to be beneficiaries.)

[OVER]

NOTE

If you have already made your Will, do not fill in this Will, but mark on the front where your Will can be located or with whom it is deposited.

(1) Example: I, John Charles Jones, of the City of Marlowe, in the County of Carleton, Province of Ontario, Mechanic, Regimental No. 1234, Royal Blankshire Regiment.

(2) If only *one* beneficiary for all your estate, complete as example: "my wife, Mary Jones of 26 Cherry Ave., Ottawa, Ont., all my estate," in which event, strike out clause (3) entirely.

If *more than one* beneficiary, set out in clause (2) what each is to receive, such as

"my wife, Mary Jones, 26 Cherry Ave., Ottawa, Ont., $.....00, and my household goods and effects,"
"my brother, Thomas Jones, 80 Yonge St., Toronto, Ont., $.....00,"
"my sister, Margaret Jones, 80 Yonge St., Toronto, Ont., $.....00,"
"my friend, John Smith, 60 LaSalle St., Winnipeg, Man., $.....00,"

and any personal gift, if desired. Then complete clause (3) as to the balance of your estate.

(3) If balance of estate is to one person, complete as example: "my wife, Mary Jones, 26 Cherry Ave., Ottawa, Ont." Another example: "my father, Jack Jones, and mother, Jessie Jones, 80 Yonge St., Toronto, Ont., equally," or as desired.

(4) Fill in name of Executor or Executrix, example: "John Doe, 24 Smith Street, Blankville, Ontario, Salesman," or, if Executrix, "Jane Doe" and address. A beneficiary under the Will may be appointed Executor or Executrix. It is preferable that the person appointed as Executor should not be on, or likely to be on, Active Service.

(5) The soldier will date the Will and sign same. Two witnesses must sign in the presence of the soldier, and each witness should fill in his or her full civil address and occupation. No one who is a beneficiary shall act as a witness. It is preferable, though not essential, that the witnesses be persons not on Active Service.

When completed, leave Will with Commanding Officer for transmission to the Records Office for safe custody.

GENERAL

The laws of all but one of the Provinces of Canada provide that marriage subsequent to the date of the Will revokes that Will. Therefore, a soldier immediately upon his marriage must make a new Will in order that, in the event of his death, his estate may be distributed in accordance with his wishes as set out in such new Will.

D. R. 10

RECEIVED
D OF RECORDS
APR 18 1946
WILL SEC.
N. D. H. Q.

Regimental No. D-140624 Rank Pte Sheet No. 1

M.F.M. 1 & 2 (a)
250M—5-42 (4722)
H.Q. 1772-39-1646

Name TAYLER J.

Record of Promotions, Reductions, Transfers, Casualties, Reports, etc.—	Rank Shown	Effective Date	Unit	Place	Authority D.O. Number	Authority Dated
5-11-43 TC41 Grant. 14 dys. furlough & $.50 per day	5-11-43 18-11-43		TC41	Huntingdon	264A	5-11-43
13-11-43 " REVERTS TO RANK OF "PRIVATE" & entit. to recv. $1.50 per day.	PTE	13-11-43	"	"	271A	13-11-43
13-11-43 " SOS to A-12 Farnham, Que.	"	13-11-43	"	"	271A	13-11-43
T.O.S. on repos ting from TC 41 Huntingdon, Que	"	14-11-43	A-12	Farnham	A-271	17-11-43
Special furlough from 10-12-43 to 14-12-43 Incl. W.T. No. A-472753	"	10-12-43	"	"	A-295	15-12-43
SOS ON PROCEEDING TO SERIAL No. 599	"	25-12-43	"	"	304	27-12-43
S.O.S. C.A.(A.F.) CANADA ON EMBARKATION ON 26 Dec. 43						
T.O.S. C.A.(A.F.) OVERSEAS ON TRANSFER ON 27 Dec. 43						
AND DISEMBARKED ON 3 Jan. 44.						
T.O.S. — 5 C.I.R.U.	Pte.	4 Jan. 44	5 C.I.R.U.	U.K.	5	6 Jan. 44.
SOS (C62) - S.O.S. to Black Watch	Pte	13 Mar 44	5 C.I.R.U.	UK	54	13 Mar 44.
- TOS T.O.S. from 5 C.I.R.U.	Pte	14 Mar 44	Blk Watch	UK	15	17 Mar 44
SOS - SOS to X 4 list (1 RHC)	Pte.	23 April 44	1 Bn BHW	UK.	22.	29 April 44
TOS.						
OK Embarked at UK on 2 July 44 / Disembarked at France on 3 July 44	Pte.	2 July 44 / 3 July 44	XL 1 RHC	21 A Gp.	23A	13 July 44
OK - Posted from X10L to X4L a/c att to HQ. 1 CA.	Pte.	9 July 44	X4 Blk W.	21 A G	25	25 July 44

Regimental No. .... Rank .... Sheet No. ....

M.F.M. 1 & 2 (a)
250M—5-42 (4722)
H.Q. 1772-39-1646

Name ....

Record of Promotions, Reductions, Transfers, Casualties, Reports, etc.—	Rank Shown	Effective Date	Unit	Place	Authority D.O. Number	Authority Dated
C8 SOS - TOS to S from X4 L. BLRW	Pte	10 Jul 44	NNSH	21 AG	39	28 Jul 44
Killed 6 Dec 44 — KILLED	Pte	6 Dec 44	NNSH.	Cas List	" A 523	15/12/44
Att to 7 Fd Hyg Sec	Pte	27 Nov to 6 Dec 44	NNSH	21 A Grp	73	17 Dec 44
SOS. Died of Wounds on Adm to 22. C. Fd Amb.	Pte	6 Dec 44	NNSH	21 A Grp	73	17 Dec 44
Died of wounds	Pte	6 Dec 44		CLAS 26	23	Dec 44

SERVICE AND CASUALTY FORM

PART I (For all ranks)

M.F.M. 4 (Part I)
A.F.B. 103 (Part I)
200M—8-42 (5892)
H.Q. 1772-39-1649

Unit R.C.A. (FLD) INFANTRY C.A. Regimental Number D-140624

1. Surname TAYLOR,
2. Christian Names James
3. *Substantive Rank and Appointment Pte
   *Acting Temporary or Local Rank
   giving date 21-7-43

*To be entered in pencil to facilitate alteration.

4. Place of birth Sheffield, Yorkshire, England
5. Date of birth as declared on attestation 26-May-18
   (A)
6. Date of enlistment 24-5-43
7. Place of enlistment Montreal South, Que., Can.
8. Residence at time of enlistment 7 Laurin St. Ville St. Laurent, Que., Can.
9. (B) Special conditions (if any) of enlistment or rate of pay
10. (C) Any subsequent variations of conditions of service
11. Religion Church of England
12. If married, state date 8-July-39
13. Trade on enlistment Machine Operator (Munitions) SETTER
14. Corps, trade and grade
15. (D) Qualifications
16. (E) Miscellaneous entries

(17) Regiment or Corps	Unit (Battn., etc.)

(18) Medical

Category	Date	Authority
"A	19-5-43	M.F.M. 2.

8 DEC '43

Y.O.B.	P	U	L	H	E	M	S
18	1	1	1	1	1	1	1

T. Green
J.K.

(19) Next of kin (entries to be made in pencil) Wife
Mrs. Gladys Taylor
7 Laurin St. Ville St. Laurent, Que., Can.

(20) E
(21) E
(22) E

NOTES—
(A) Here enter particulars of any subsequent claim as to actual age after verification of birth certificate.
(B) Whether for home service only, enlisted at special rates of pay, etc.
(C) If to be retained on home service, period if specified to be stated; also authority and on what grounds; see (A) above.
(D) Signaller, Farrier, etc.
(E) Instructions regarding allotment of these sub-heads will be made as may be necessary after mobilization.

(a) Report: Date	(a) Report: From whom received	(b) Unit	(c) Record of all casualties regarding promotions (acting, temporary, local or substantive), appointments, transfers, postings, attachments, &c., forfeiture of pay, wounds, accidents, admission to and discharge from Hospital, Casualty Clearing Stations, &c. Date of disembarkation and embarkation from a theatre of war (including furlough, &c.) in accordance with para. 2 of Note to Table I of Appendix III of Field Service Regulations, Volume I	(d) Place of Casualty	(e) Date of Casualty	(f) Army rank as at (e)	(g) Army Form or other authority for entry to be shown
			Non Tradesman				
			Daily Rates of 1.50			Pte	
			S.O.S. C.A.(A.F.) CANADA ON				
			EMBARKATION ON 26 Dec 43				
			T.O.S. C.A.(A.F.) OVERSEAS ON				
			TRANSFER ON 27 Dec 43				
			AND DISEMBARKED ON 3 Jan 44				
			T.O.S. — 5 C.I.R.U.	UK	4 Jan 44	Pte	5 – 6 Jan 44.
		5 CIRU.	SOS to RHC.	UK.	13 Mar 44	Pte.	54. 13 Mar 44.
	OC	1 RHC	TOS from 5 CIRU.	Fd	14 Mar 44	Pte	15 – 17 Mar 44
	✓	✓	SOS to X4 List 1 RHC auth CA 5/2439	✓	23 Apr 44	✓	22 – 29 Apr 44
1 May 44	X4	Black Watch	TOS from 1 Bn Black Watch	"	24 Apr 44	"	13 – 2 May 44
	X4	—	Posted from X4 to X10 List on att to HQ 1 Cdn Army	✓	6 May 44	—	16 – 23 May 44
X10	CHR	—	SOS to X4 List on ceasing attd to HQ 1 Cdn Army	✓	9 Jul	✓	25 1944
X4	✓		SOS to NNSH	✓	9 Jul	✓	25 Jul 44
2? Jul 44	Co	NNSH	TOS from X4 List (Reinf)	✓	10 Jul 44	✓	39 – Jul 44
15 Dec 44	"	"	Att to 77 Fd Hygiene Sec to 1 Dec 44	"	27 Nov 44	"	73 – Dec 44
"	"	"	SOS Died of wounds on adm to 22 Cdn Fd Amb	"	6 Dec 44	"	73 – Dec 44

OCCUPATIONAL HISTORY FORM

THIS FORM IS TO BE COMPLETED FOR EACH MEMBER OF THE ARMED FORCES. THE INFORMATION SOUGHT IS FOR THE USE OF GENERAL ADVISORY COMMITTEE ON DEMOBILIZATION AND REHABILITATION, A COMMITTEE SET UP BY THE GOVERNMENT OF CANADA TO STUDY PLANS FOR ESTABLISHING IN INDUSTRIAL LIFE THE MEMBERS OF THE ARMED FORCES, AFTER DISCHARGE. ACCURACY AND COMPLETENESS IN ANSWERING WILL BE OF MUCH HELP TO THE COMMITTEE.

PLEASE READ CAREFULLY THE INSTRUCTIONS GIVEN ON THE INSIDE OF COVER BEFORE COMPLETING FORM

PLEASE LEAVE BLANK

Section A—GENERAL INFORMATION

1. (a) Print name in full TAYLOR James (b) Reg'l. No. D-140624
2. (a) Arm of service ARMEE (b) Unit R.C.A. (FLD) CA (c) Rank GNR
3. (a) Date of birth 26 mai 1918 (b) Have you any dependents? OUI (c) Place of residence at time of enlistment VILLE ST-LAURENT
4. (a) Place of enlistment MONTREAL SUD QUE (b) Date of enlistment 24-5-43 QUE

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school 13 ans (b) Were you attending school or college up to the time of enlistment? NON
6. State definitely highest standing reached at public, technical or high school (for instance—"4 years, Public School", "two years, High School", "Junior Matriculation", or "4 years technical course in printing", etc.) 3e EC PUBLIQUE
7. If you attended a university, give name of university and standing or degree secured NON
8. (a) Did you ever enter upon a trade apprenticeship? NON (b) If so, for what occupation? NIL (c) Did you finish it? NIL (d) If you did not finish it, how long did you serve at it? NIL
9. (a) What languages do you speak fluently? EN. & FR. (b) What languages do you read well? EN.

Section C—EMPLOYMENT CONDITION AT TIME OF ENLISTMENT

10. (a) State whether you were WORKING or NOT WORKING at time of enlistment. (Enter here only "Working" or "Not Working", as case may be; particulars are asked for below) EN EMPLOI (b) At time of enlistment of what trade union or professional society were you a member? NON

Section D—PARTICULARS CONCERNING THOSE WHO WERE UNEMPLOYED AT TIME OF ENLISTMENT

QUESTIONS 11 TO 17 REFER ONLY TO THOSE WHO ANSWER "NOT WORKING" IN QUESTION 10 (a)

11. Had you ever been employed fairly regularly since leaving school?
12. (a) If answer to 11 be "Yes", state exact trade or occupation at which you actually worked (b) State how long you had worked at this trade or occupation
13. If answer to 11 be "No", state exact trade or occupation for which you feel qualified
14. If you had been employed after leaving school, state when you last worked fairly regularly before enlistment
15. Give details of last employer, if any: Name Address
16. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.)
17. (a) If your last employment was in a business of your own, state nature and address of business (b) Date of discontinuing it

Section E—PARTICULARS CONCERNING THOSE WHO WERE EMPLOYED AT TIME OF ENLISTMENT

QUESTIONS 18 TO 23 REFER ONLY TO THOSE WHO ANSWER "WORKING" IN QUESTION 10 (a). PLEASE READ THESE QUESTIONS AND REPLY TO THOSE APPLYING TO YOU AT TIME OF ENLISTMENT

IF YOU WERE AN EMPLOYEE WORKING FOR AN EMPLOYER UP TO THE TIME OF ENLISTMENT, PLEASE ANSWER QUESTIONS 18 TO 21

18. Name of employer CONTINENTAL CAN CO. Address VILLE ST-LAURENT.
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) MFG OF CANS.
20. (a) Your specific occupation MACHINE OPERATOR (SETTER) (b) Number of years' experience at this occupation with any employer 6 ans.
21. (a) Did your employer promise definitely to give you employment on discharge? OUI (b) Did your employer refuse to promise you employment on discharge? NON (c) Do you wish to return to your former employment? OUI

IF YOU WERE WORKING ON YOUR OWN UP TO THE TIME OF ENLISTMENT, THAT IS TO SAY, OPERATING A FARM, A STORE, AN AGENCY, OR IN PROFESSIONAL PRACTICE, OR AS A PARTNER IN ANY SUCH LINE, PLEASE ANSWER QUESTIONS 22 AND 23

22. (a) State nature of business, or professional practice NIL (b) Where was it located?
23. (a) Number of years engaged in this business (b) Have you made, or will you make plans to return to the same or a similar business on discharge?

Section F—PARTICULARS OF FARMING EXPERIENCE

24. (a) Do you wish to engage in farming after the war? NON (b) Do you feel competent to operate a farm? NON (c) If so, in what kind of farming? NIL
25. (a) Were you born on a farm? NIL (b) How many years' actual farming experience have you had? NIL (c) In what provinces did you have experience? NIL

Section G—MISCELLANEOUS

26. Have you made any arrangements other than indicated above, for re-establishment in civil life after discharge? NON
27. If so, state nature of your plans (for example, do you plan to return to school, or have you been assured of a job, etc.) NIL
28. State any employment preference or ambition you may have, other than indicated elsewhere in this form RETOURNER AU MEME EMPLOI.

DATE 25 mai 43. 194..... SIGNATURE James Taylor

For Completion and Return by

Form P. 64

G/5-7

(3) 4/6

Mrs. Yloda Tayler,
7 Laurin Street,
VILLE ST LAURENT,
P.Q.

Any further communication on this subject should be addressed to:—

THE DIRECTOR OF ESTATES,
DEPARTMENT OF NATIONAL DEFENCE,
OTTAWA, ONTARIO.

and the following number quoted:—

H.Q. 405-T-12,671 FD266

DEPARTMENT OF NATIONAL DEFENCE
ESTATES BRANCH
OTTAWA, ONT.

Ottawa, April 3rd. 1945

For the purpose of record and in the event of there being any Service estate available for distribution (according to law) on account of the late

TAYLER, James. Pte.(Deceased)

No. D-140624, Canadian Army

ESTATES BRANCH JUL 16 H.Q. OTTAWA NATIONAL DEFENCE

it is necessary that certain information regarding the deceased and his relatives should be furnished the Estates Branch. You are asked therefore to read the enclosed memorandum before completing pages 2 and 3 of this form. The particulars required are to be carefully filled in and the Declaration on page 4 should then be signed in the presence of a Clergyman, Priest, Local Magistrate, Commissioner for Oaths, Notary Public or a Commissioned Officer of any of His Majesty's Forces who should be asked to complete and sign the Certificate. This form should then be returned to the above address.

If there is insufficient space for complete particulars to be given opposite any question on pages 2 and 3 of this form, the space under "additional remarks" on page 4 should be used.

for Director of Estates.

M.F.W. 77
16M-10-44 (5854)
H.Q. 1772-39-972

ANSWER IN FULL ALL APPLICABLE QUESTIONS

STATEMENT of the Names, Ages and Addresses or Dates of Death, of all the relatives that the deceased ever had in each of the degrees specified below:

Degrees of Relationship	RELATIVES required to be accounted for		INFORMANT'S STATEMENT: NAME IN FULL of any Relative, if any, in each degree specified	Age	ADDRESS IN FULL of each surviving Relative, opposite his or her name, and date of death of each deceased relative
1	Widow of the Deceased		Mrs Gloda Fayler	24	7 Laurier st Ville st Laurent
2	Children of the Deceased and dates of their Births		Ralph James Fayler 12 octobre 1940	4	7 Laurier st Ville st Laurent
3	Father of the Deceased		Mr Walter James Fayler deceased		150 St Germain st Laurent 19 May 1940
4	Mother of the Deceased		Mrs Florence Fayler		
5	Brothers of the Deceased	Full Blood	Nelson Fayler	14	150 St Germain st Laurent
			Maurice Fayler	14	150 St Germain st Laurent
		Half Blood			
6	Sisters of the Deceased	Full Blood	Mrs Winnifred Onsworth		150 St Germain st Laurent
		Half Blood			
7	Names of brothers or sisters (whether of the full or the half blood) of the Deceased, *who are dead*, and date of death of each.		Names and ages of their children (if any)		Address of their children

ANSWER FULLY EACH QUESTION ON THIS PAGE

PARTICULARS AS TO IDENTITY

8	Full names of the deceased. James Tayler	
9	Date of his birth. 26 May 1918	
10	Place and date of his marriage. St Laurent 8 July 1939	
11	Place and date of his parents' marriage. Sheffield England 23 April 1911	

PARTICULARS OF DOMICILE

12	Place where deceased was born. Holmesfield England	
13	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each.	(a) Holmesfield 1918 – 1930 England (b) Ontario 1930 – 1934 (c) Quebec 1934 – (d)
14	Nature of employment before enlistment. Continental Can Co. Machine Operator	
15	State whether he owned the premises in which he lived, and, if so, where situated.	
16	Name place where deceased stated he intended to make his permanent home.	

PARTICULARS OF ESTATE

17	Did he leave a Will? If in your custody, please forward.	
18	If married, and domiciled in the Province of Quebec or in a State in the U.S.A. or in a Country under the laws of which there is community of property between spouses,—was there a marriage contract dealing with property?	
19	Did he have a Bank, Post Office or other deposit account? If so, give name and address of bank, etc., and the amount on deposit. Do you wish it administered with the pay account?	
20	Amount of War Savings Certificates held by deceased. Indicate where located.	
21	Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.	
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	
23	Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary.	

OTHER PARTICULARS

24	Did the deceased after enlistment incur any debts for:— *(a)* His own separate board and lodging while on service. *(b)* Service clothing and equipment. An itemized account for each such debt should be attached hereto, and if same is correct you should mark the bill "approved" and sign same. If believed incorrect, give particulars.	
25	Have you or any other relative paid the funeral expenses or any part thereof? If so, attach itemized accounts showing amount paid, and by whom.	

(NOTE:—The government pays funeral expenses within the amounts authorized in the Regulations, where death occurs and burial is made Overseas as well as where death occurs and burial is made in Canada or elsewhere in the North American zone, and if a relative has already paid those expenses the Government will reimburse such relative to the extent of the amount authorized in the Regulations. Any amount of such expenses in excess of those authorized in the Regulations is not payable by the Government nor is it chargeable against the service estate of the deceased.)

(PLEASE TURN OVER)

DECLARATION

*Insert degree of relationship for example, "Widow", "Father", "Brother", etc.

I hereby declare that all the particulars shown on this form are correct, and a true and complete statement of all the relatives that the deceased ever had in the degrees specified; and that I am the

* Widow of the deceased.

N.B.—To be signed in full in the presence of a Clergyman, Priest, Local Magistrate, Commissioner or Notary Public or Commissioned Officer of any of His Majesty's Forces.

Mrs Ylodu Tayler — Signature of Informant

7 Laurin st St Laurent — Address

CERTIFICATE

I hereby certify that to the best of my knowledge and belief Mrs Ylodu Tayler

See above. { Name of informant } is the Widow of the Deceased above described. The above Declaration was made by the Informant and signed in my presence.

Dated at St Laurent this 23rd day of June 1945

Signature of Clergyman, Priest, Magistrate, Commissioner or Notary Public or Commissioned Officer of any of His Majesty's Forces. L Rm Ceorbm

Qualification C.S.C.

Address 8067 St Denis Montreal.

NOTE.—Before granting the above Certificate, care should be taken to see that the informant gives particulars concerning the death of any Relative stated by him or her to have died, and that the full name and address and age of each surviving Relative specified is stated in its proper place in the Statement opposite.

(If the deceased has no living relatives of the degrees shown on page 2, the names and addresses and relationship of other relatives should be set out below.)

USE SPACE BELOW FOR ANY ADDITIONAL REMARKS YOU MAY WISH TO MAKE

MILITIA BOOK M. 1

250M-10-42 ([illegible])
H.Q. 1772-39-1672

T

CANADIAN ARMY

SOLDIER'S SERVICE AND PAY BOOK

B/

H. Westhorpe
29 Sycamore Road
Ecclesfield
near Sheffield

Militia Book M. 1 (Part I) Revised 1-10-42
250M—10-42 (5040-2 & 5232)
H.Q. 1772-39-1672

SOLDIER'S SERVICE BOOK

(Soldier's Pay Book, Militia Book M. 1 (Part II) will be issued for active service.)

Every entry in this book (other than those on page 24 of this part of Militia Book M. 1, connected with the making of a Soldier's short form of Will) is to be made under the superintendence of the Officer Commanding the squadron, battery or company to which the man belongs or is attached.

Alterations in any of the entries will be initialled by an officer.

INSTRUCTIONS TO SOLDIER

1. You will be held **personally responsible** for the safe custody of this book.

2. You will **always carry this book** on your person when on duty, and on active service.

3. You must produce the book whenever called upon to do so by a competent military authority, viz.: Officer, Warrant Officer, N.C.O. or Military Policeman.

4. You must not alter or make any entry in this book (except as regards short form of Will on page 24; see instructions on pages 20 to 23), and disobedience of this order will be treated as a serious offence.

5. Should you consider that any entry is lacking or incorrect, or should you lose the book, you will report the matter to your immediate military superior.

6. You will be permitted to retain this book after discharge as a record of your services, but should you lose the book after discharge it cannot be replaced.

DON'T FORGET

Report immediately to your Commanding Officer any changes in name, address or relationship of your next-of-kin.

This is essential in the interests of yourself and your next-of-kin.

500 PADS OF 100-5-43 (21)
H. Q. 1772-39-1672-K. P. 80493

(I) SOLDIER'S NAME AND DESCRIPTION ON ATTESTATION

Regtl. No. D 140624

Surname (in capitals) TAYLER.

Christian Names (in full) JAMES.

Date of Birth MAY 26 1918

Place of Birth SHEFFIELD ENGLAND.

Citizenship CANADIAN

Trade on Enlistment MACHINE SETTER

Nationality of Father at Birth English.

Nationality of Mother at Birth "

Religion CHURCH OF ENGLAND

Enlisted at Montreal South Que Canada

Date 24/5/43

Particulars of former service (if any) i.e. Regtl. No., Corps or Regiment and period. 17 DY RCH (RF) 1927 TO 1939

Signature of Soldier James Tayler

Signature of Officer [illegible]

Place Mtl Sth Que Canada Date 25/5/43

(IV) NEXT OF KIN

Any change becoming known is to be duly noted with date of such change and reported by O.C. Unit to the Officer i/c Records.
NOTE.—No entry in these pages has any legal effect as a WILL (see pages 20 to 23)

Nearest degree of relationship		Names	Date	Latest known Address in full
1st	Wife	MRS YVODA TAYLER	24/5/43	7 LAURIN St. Ville St. Laurent Que Canada
	Children	RALPH JAMES TAYLER.		7 Laurin St. Ville St. Laurent, P.Q.
2nd	Father	Deceased.		
	Mother	Mrs Florence Taylor	24/5/43	150 St Germain St. Ville St Laurent Que. Canada
3rd	*Brothers and Sisters	Y Nelson E. Taylor.		150 St Germain St, Ville St. Laurent, P.Q.
		Y Mr George Taylor		do do do.
		Y/O Mrs Winnifred Cardsworth.		do do. do.
4th	Other Relations (stating relationship)			

*State whether brothers are older or younger.

NOW LIVING

(V) RANK and APPOINTMENT

Date	Rank and Appointment	Substantive, Temporary, Acting or Local (with or without pay)	Authority of Part II Orders	Signature of Officer
24/5/43	Gnr		LIDD 124	[illegible] Lt
-7-43	Pte		TC 41 #1947	[illegible] Capt
-4-43	L/Cpl.		TC 41 #2619	[illegible] Capt
-11-43	Pte.		TC 41 #2714	[illegible] Capt

(VI) Certificate Applicable to all Arms, to be completed and signed by the C.O. Bn., etc., before a Soldier proceeds Overseas

TRAINED (passed Basic Training, and Advanced Training as laid down for his arm of the Service) *except that he requires further training in:—**

COMPLETED BASIC TRAINING IN ACCORDANCE WITH STANDARD SYLLABUS 13 AUG '43

H. B. Brennan Capt

Completed TOET. 5 CIRU. 14 Jan 44 D. Stewart Lieut

Comds Basic Trg. completed 5 CIRU 9/4 [illegible]
[illegible] Lt.

Qualified in addition as under:—

Completed adv. training in accordance with standard syllabus at C.I.-12. Inf. (R)

Date 9/10/43 — [illegible] Capt
O/C "E" Company
Commanding

*If no further training required, strike out words in italics and initial

(VII) PARTICULARS OF TRAINING

Courses and Schools. Specialist Qualifications. Swimming, etc., showing result, Certificate number or authority. (Two lines may be used for each entry)	Date	Signature of Officer
A/I Course QII (547) (School of Instruction)	1.10.43–29.10.43	[illegible]
A-17, C.I.T.C.		
Ex Winter & Chemical Gas	21/3/44	[illegible] Capt.

(VIII) SMALL ARMS RANGE COURSES

Year	Classification	Type of Weapon	If Table not completed, state parts fired	Signature of Officer
1943	1	Rifle		[illegible] Capt
1943	1	S.A.M.G.	1–5	[illegible]
18 Feb 44	II	Rifle		[illegible]
18 Feb 44	II	L.M.G.	1–3	
11 Feb 44	Q	2" Mortar	#36 #64	[illegible]
11 Feb 44	Q	Grenade	15A-10R	[illegible]
1944	Q	SMC		[illegible]

(IX) EDUCATIONAL QUALIFICATIONS

Certificate, Specialist Qualifications, etc., ~~Certificate number or authority~~. (Two lines may be used for each entry)	Place	Date	Signature of Officer
Public School 3 year	Ville St Laurent	1925 - 1929	D Williamson Capt

(X) TRADE QUALIFICATIONS

(For men who have passed Trade Tests)

Trade	Group	Grade	Part II Order	Date	Signature of Officer

(XI) EMPLOYMENT WHILST SERVING

Period		Nature of Employment	Remarks and Signature of O.C. Coy., etc.
From	To		

To include (1) Regimental, (2) as Skilled Tradesmen, (3) as Specialist, e.g., Signaller or M. Gunner.

(XII) MEDICAL CLASSIFICATION

Date	Category or Grade	Medical Examiner of Recruits, or other Medical Authority	Date of last Examination	Signature of Medical Officer
19/5/42	A	MEM 2		P Brown capt
27/12/43	(18-1-1-1-1-1-1-1)	M3M2		R H Bennett
8-12-43	Y.O.B. 18, P 1, U 1, L 1, H 1, E 1, M 1, S 1			T. Green
24-12-43	Y.O.B. 18, P 1, U 1, L 1, H 1, E 1, M 1, S 1			H B [illegible] Lieut

(XIII) PRESCRIPTION FOR GLASSES*

	Vision without Glasses	SPH	CYL	Axis Standard Notation	Vision with Glasses	Ophth., Centre:	Date of Exam.:	Date of Issue:
R								
L								

Signature of M.O.....

	Vision without Glasses	SPH	CYL	Axis Standard Notation	Vision with Glasses	Ophth., Centre:	Date of Exam.:	Date of Issue:
R								
L								

Signature of M.O.....

(XIV) PARTICULARS OF DENTAL TREATMENT

Date	Required	Completed	Specification: Use authorized Abbreviations and Symbols	Signature of Dental Officer
25 Nov 43	✓		3-F, P.L.D, P.R, P.U.D.	[illegible]
28-JUN-43		✓	2F.	W. Fletcher Capt.
14 Dec 43	✓		1F PUD & PLD - Pro [illegible]	Raymond Capt
5: JAN: 44	✓		NIL.	Geo. E. Deline Capt

(XV) PARTICULARS OF SURGICAL APPLIANCES ISSUED

Particulars	Date	Signature of Medical Officer

(XVI) PROTECTIVE INOCULATIONS

Nature of Vaccine, "T.A.B.T." Cholera, Plague, etc.	Date	Signature of Medical Officer
T.A.B.T.	MAY 25 '43	[illegible] Capt
	JUN 18 '43	[illegible] Capt
3	JUL 16 '43	[illegible]
Typhus 1cc	FEB 2 1944	[illegible]
Typhus 1cc	8-2-44	[illegible]
" 1cc	17 Feb 44	[illegible]
" 1cc	24-5-44	[illegible] Capt
TABT ½cc	27 Jun 44	[illegible]

(XVII) VACCINATION

Date Vaccinated	Signature of Medical Officer
MAY 25 1943	[illegible]

(XVIII) MISCELLANEOUS ENTRIES

(For entries for which space is not otherwise provided)

NOTE.—No entry on this page has any legal effect as a WILL

Particulars	Date	Signature of Officer
XRAY II 178385	19/5/43	O [illegible] Capt
[illegible] (REV.) [illegible] RECORD COMPLETE	6 Jan 44	A. R. Robertson Capt.
FINGERPRINTED	—	D. [illegible] Stewart, Lieut
ExP [illegible]	15/7/43	[illegible] Lt
ExP [illegible]	2/2/44	
MBMI H-III issued	4 Mar 44	J. B. [illegible] Lt.
Issued 1 red chevron	24th May 44	

(XIX) SOLDIERS' WILLS

1. The particulars of the next-of-kin should always b carefully inserted in the Form on pages 4 and 5 of thi Book, but the Soldier must understand that the entrie made there have no legal effect in respect to the dispositio of his estate in the event of his death and therefore d not relieve him from the necessity of making a Wil Unless a Soldier duly makes a Will, his estate is deal with in the same manner as that of any other perso who dies without leaving a Will, and not only may th relative or person desired or intended to be benefite receive little or no share of the estate but the distributio thereof is delayed until such of the next-of-kin as may b legally entitled can be located. Therefore, though hi estate may consist of no assets other than the amount o pay and allowances at credit and the belongings he ha on his person or in camp, it is urgent that he make a Wi which, when completed, is left with his Commandin Officer for transmission to the Record Office for saf custody and in the event of his death is forwarded firstly to the Estates Branch, Department of National Defence Ottawa, for administration and distribution of th Service estate, and secondly, if other assets (includin real estate) make it necessary, to the Executor named i the Will.

2. The Soldier's Will should **preferably** be made ou on the Will Form,—M.F.M. 10 (English) or M.F.M. 10 (French)—provided for that purpose and on which ar also printed a number of helpful instructions. Thes forms are obtained through the Commanding Office of each Unit. A separate sheet of paper **may** be use but in such case the general form of the Will as shown i the Form M.F.M. 10 or 10a should be carefully followed The Soldier will date the Will and at the bottom of i sign his name in the presence of two witnesses who a the same time in the presence of each other and of th Soldier will also sign their respective names. If th Soldier cannot write, he will make his mark in the plac

Date Certificate or Will extracted 17.1.44 To whom sent

Signature of Officer Unit or Dept.

To whom sent.............................. Unit or Dept..............................

Date Will extracted.............................. Signature of Officer..............................

Solely for use on Active Service. The Will, on page 24, must **NOT** be used until you have been placed under orders for Active Service.

SHORT FORM OF WILL

(Write Will on next page)

If a Soldier on active service, or under orders for active service, wishes to make a short Will, he may do so on next page. **It must be entirely in his own handwriting and must be signed by him and dated.** The full names and addresses of the persons whom he desires to benefit, and the sum of money or the articles of property which he desires to leave to them, must be clearly stated. **The mere entry of the name of an intended legatee on the next page without any mention of what the legatee is to receive is of no legal value.**

The following is a specimen of a Will leaving all to one person:—

In the event of my death I give all my estate to my mother, Mrs. Mary Bull, 999 High Street, Toronto.

(Signature) GEORGE BULL,
Private No. 30000,
Date 5th August, 1936. Cameron Highlanders.

The following is a specimen of a Will leaving legacies to more than one person:—

In the event of my death, I give $10.00 to my friend, Miss Rose Smith, of No. 1, High Street, London, and I give $5.00 to my sister, Miss Maud Bull, 999 High Street, Toronto, and I give the remainder of my estate to my mother, Mrs. Mary Bull, 999 High Street, Toronto.

(Signature) GEORGE BULL,
Private No. 30000,
Date 5th August, 1936. Cameron Highlanders.

MILITIA BOOK M. 1

PART I

250M—10-42 (5040-2 & 5232)
H.Q.1772-39-1672

CANADIAN ARMY

SOLDIER'S SERVICE BOOK

(For use on Active Service)

Reg. No. D. 140624

Surname (Capitals) TAYLER

Christian Names in full JAMES.

20th December, 1944.

Mrs. Ylcda Tayler,
7 Laurin Street,
Ville St. Laurent, Quebec.

Dear Mrs. Tayler:

It was with deep regret that I learned of the death of your husband, D140624 Private James Tayler, who gave his life in the Service of his Country in the Western European Theatre of War on the 6th day of December, 1944.

From official information we have received, your husband was killed in action against the enemy. You may be assured that any additional information received will be communicated to you without delay.

The Minister of National Defence and the Members of the Army Council have asked me to express to you and your family their sincere sympathy in your bereavement.

We pay tribute to the sacrifice he so bravely made.

Yours sincerely,

A. E. WALFORD
Major - General
Adjutant - General

DEC 13 1944

(A.E. Walford),
Major-General,
Adjutant-General.

/MLA

7

OFFICIAL CANADIAN ARMY OVERSEAS CASUALTY NOTIFICATION

NUMBER D-140624 RANK Private SERVICE UNIT North Nova Scotia Highlanders (CA)

NAME TAYLER, James

DATE OF BIRTH DAY 26th MONTH May YEAR 1918 Date enlisted: 24-5-43

MARITAL STATUS Married Religion: Church of England

NEXT OF KIN AS SHOWN ON M.F.M. 1, 2 & 5 RELATIONSHIP Wife NAME ADDRESS D.A.B. Mrs. Yloda Tayler

ADDRESS 7 Laurin St., Ville St Laurent, Que.

ADDITIONAL PERSON TO BE NOTIFIED ADDRESS

PARENTS NAME

ADDRESS (IF SOLDIER MARRIED OVERSEAS)

AUTHORITY CAS. SIG. NO. 4391A H.Q.405-T-12671

CASUALTY DETAILS Killed in action DATE 6-12-44

FRANCE

S/L 3529
O/S #5 C.I.R.U.

LAST WILL ATTACHED TO NOTIFICATION TO A. OF E.? MCL YES/NO M.F.M.5. ATTACHED TO NOTIFICATION TO A. OF E.? YES/NO DATE 18-12-44

OFFICER I/C RECORDS

Bk 5

COPY FOR C.R. FILE

H.Q. 405-T-12671 D.R. 2(D)

1st June, 1945.

Mrs. Yloda Tayler,
7 Laurin Street,
Ville St. Laurent, Quebec.

Dear Madam:

Information has now been received from the overseas military authorities that your husband, D140624 Private James Taylor, was buried with religious rites in a temporary grave located at Jonker Bosch, approximately two miles South-West on Nijmegen, Holland.

The grave will have been temporarily marked with a wooden cross for identification purposes and in due course the remains will be reverently exhumed and removed to a recognized military burial ground when the concentration of graves in the area takes place. On this being completed the new location will be advised to you, but for obvious reasons it will likely take approximately one year before this information is received.

Yours faithfully,

R.

for C.L.Laurin, Colonel,
Director of Records,
for Adjutant-General.

/EMA

18

FORM 6

DOMINION BUREAU OF STATISTICS—QUEBEC DEATH TRANSCRIPT

Do not write in this space

1. PLACE OF DEATH — Municipal county: IN THE FIELD (HOLLAND) — Official name of civil municipality or township: — Place an X over the word which applies to this municipality or this territ[illegible]: City | Town | Village | Parish | Townshi[illegible]

Street — No. — Hospital or Institution

2. LENGTH OF STAY — (a) In hospital or institution ..... Years ..... Months ..... Days ..... (b) In municipality where death occurred ..... Years ..... Months ..... Days ..... (c) In Province ..... Years ..... Months ..... Days ..... (d) In Canada (if immigrant) ..... Years ..... Months ..... Days .....

3. NAME OF DECEASED — Surname: TAYLER (Block letters) — Given names: James

Do not write in this space

4. RESIDENCE — Street: Laurin St — No. 7 — Official name of civil municipality or township: Ville St. Laurent — Municipal county: — Province: Que.

5. SEX	6. NATIONALITY (Citizenship)	7. RACIAL ORIGIN	8. Single, Married, Widowed or Divorced (*Write the word*)
M			Married

9. If married give name of wife or husband of deceased

10. BIRTHPLACE (Province or Country): England

11. DATE OF BIRTH: May (Month) 26th, (Day) 1918 (Year)

12. AGE OF DECEASED	Years	Months	Days	If less than one day old
	26			.....hrs. or.....min.

OCCUPATION

13. Trade, profession or kind of work, as **spinner, teamster, office clerk,** etc.: Machine Operator

14. Kind of industry or business, as **cotton-mill, lumbering, bank,** etc.:

15. Date deceased last worked at this occupation

16. Total years spent in this occupation

	17. NAME	18. BIRTHPLACE (Province or Country)
FATHER		
MOTHER (Maiden Name)		

19. Place of burial, cremation or removal: Holland

20. Date of burial .....19.....

21. PLACE OF REGISTRATION OF THIS BURIAL

(a) Name of parish or church

(b) Civil municipality of

(c) Municipal county

(d) Date ..... (Month) ..... (Day) .....19..... (Year)

CONFIDENTIAL MEDICAL CERTIFICATE OF DEATH

22. Date of death: Dec., (Month) 6th (Day) 19 44 (Year)

23. I HEREBY CERTIFY that I attended deceased from

.....19..... to .....19.....

and last saw h..... alive on .....19.....

24. CAUSE OF DEATH

I

Immediate cause — Give disease, injury or complication which caused death, **not** the mode of dying, such as heart failure, asphyxia, asthenia, etc.

(a) Killed in action

due to

Morbid conditions, if any, giving rise to immediate cause (stated in order proceeding backwards from immediate cause).

(b)

due to

(c)

II

Other morbid conditions (if important) contributing to death but **not causally related to immediate cause.**

III If a communicable disease is mentioned on this certificate, give

(a) Date of appearance .....19.....

(b) Duration of disease .....days

25. If a woman, was there a puerperal condition?

26. Was there a surgical operation? ..... Date of .....19.....

State findings ..... Was there an autopsy?

27. If death was due to external causes (violence) fill in also the following:—

Accident, suicide or homicide ..... (State which) Date .....19.....

Manner of injury ..... (How sustained)

Nature of injury

Specify whether injury occurred in **industry, in home, or in public place**

Signed ..... M.D.

Address ..... Date .....19.....

OVERSEAS CASUALTY CANADIAN ARMY

JUL 9 1945

28. Signature of person who fills in the form (curate, coroner, hospital authority, etc.)

This signature authorizes the collector to accept this form as authentic.

29. Name of clergyman in charge of Register of Civil Status in which registration of this burial was made.

(Voir l'autre côté pour le français)

Director of Record[illegible]

2200

Form No. 1

Register No. C.D. 1957 Nominal Roll No. D-600

H.Q. File No. 405-T-12671

TO: P.M.G.

CANADIAN ARMY (ACTIVE)
COMPUTATION OF SERVICE
WAR SERVICE GRANT

Regt. No.	Rank When S.O.S.	Surname	Christian Name in Full
D140624	PTE	TAYLER	JAMES

Reason for Termination of Service:

1st Enlistment Died of Wounds CARO ( )

2nd Enlistment CARO ( )

3rd Enlistment CARO ( )

TOTAL SERVICE

1st Enlistment	2nd Enlistment	3rd Enlistment
T.O.S. 24 May 43	T.O.S.	T.O.S.
S.O.S. 6 Dec 44 MD O/S	S.O.S. MD	S.O.S. MD
Total Days 563	Total Days	Total Days

TOTAL SERVICE 563 DAYS

	Total Service	Less Non-qualifying Service	Net Service
WESTERN HEMISPHERE	217	nil	217
OVERSEAS SERVICE	346	nil	346
Totals	563	✓	563
Add Non-qualifying Service			✓
TOTAL SERVICE			563

EMBARKATION DETAILS:

1. Date S.O.S. Overseas 6 Dec 44 2. Date S.O.S. Overseas

REMARKS: Died of Wounds 6 Dec 44

DIED WHILST IN SERVICE

Computer's Signature G.G. Wilson

Checker's Signature R. Lemoine

Date Computed 19 Mar 45

Certified that entitlement to benefits under the War Service Grants Act, 1944, has been established, based on service shown herein.

(C.L. Laurin) Colonel,
Director of Records

DETAILS OF NON-QUALIFYING SERVICE

WESTERN HEMISPHERE

Forfeits for	from	to	Eff. Date	Days	Total
				TOTAL	

OVERSEAS

T.O.S. *27 Dec 43* T.O.S. .... T.O.S. ....

S.O.S. *6 Dec 44* S.O.S. .... S.O.S. ....

				TOTAL	

5M-1-46 (8548)
H.Q. 1064-81-3

4
ARMY

DEPARTMENT OF NATIONAL DEFENCE

NAVY ═══ ARMY ═══ AIR FORCE

STATEMENT OF WAR SERVICE GRATUITY

DECEASED MEMBER'S NAME: James (CHRISTIAN NAMES) TAYLER (SURNAME)

REGISTER NO. D-20601

FILE NO. 405-T-12671

PAYEE: Mrs. Yloda TAYLER,

DATE 20-3-46

ADDRESS: 38 St. Mathieu St., Ville St. Laurent, Montreal - P.Q.

SERVICE NO. D-140624

FINAL RANK OR RATING Pte.

DATE OF TERMINATION OF OVERSEAS SERVICE 6-12-44

DATE OF DISCHARGE 6-12-44

		$ ¢
A. TOTAL QUALIFYING SERVICE	NO. OF DAYS 563 / 30 EQUAL TO 18 COMPLETE PERIODS AT $7.50	135.00
B. QUALIFYING OVERSEAS SERVICE	No. OF DAYS 346 LESS 23 INELIGIBLE DAYS, EQUAL TO 323 DAYS @ 25c. PER DAY	80.75
		215.75
C. SUPPLEMENT FOR OVERSEAS SERVICE		
	DAILY RATES AT DISCHARGE	
	PAY $ 1.50	
	SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE $ 1.25	
	ADDITIONAL PAY $	
	$	
	$	
	DEPENDENTS' ALLOWANCE 1/30 OF $ 51.12 $ 1.70	
	TOTAL $ 4.45 X7 = $ 31.15	
	NO. OF DAYS 346 / 183 X$ 31.15	58.90
D. WAR SERVICE GRATUITY		274.65
E. DEDUCTIONS	OVERPAYMENT OF PAY AND ALLOWANCES $	
	DEPENDENTS' ALLOWANCE AND ASSIGNED PAY $	
	OTHER DEDUCTIONS $	
F. TOTAL AMOUNT PAYABLE		274.65

G. YOUR PORTION OF GRATUITY IS— 100%

DEPENDENTS' ALLOWANCE IN ISSUE TO YOU $_____ OF $ = $

TOTAL DEPENDENTS' ALLOWANCE IN ISSUE $

CERTIFICATE I CERTIFY THAT THE AMOUNT HAS BEEN CORRECTLY COMPUTED AND IS PAYABLE IN ACCORDANCE WITH THE TERMS OF THE WAR SERVICE GRANTS ACT, 1944 AND THE REGULATIONS ISSUED THEREUNDER.

PREPARED BY	CHECKED BY
[redacted]	

TREASURY	
CHECKED BY	DATE
Birmingham	26/8/46

SERVICE REPRESENTATIVE

"A" SQAD

D-403225

N.C.

"A"

RE

ATTESTATION

NON-PERMANENT ACTIVE MILITIA OF CANADA

UNIT 17TH DYR C.HUSSARS REGT. No. 786

1. What is your surname? (Block letters) TAYLER T-460
2. What are your Christian names? JAMES
3. What is your present address? 40 ST. MATHEW Phone No.
4. Employer's name and address? 17TH HUSSARS STABLES Phone No.
5. Date of Birth 26/5/18 6. (a) Country of Birth ENGLAND (b) Nationality ENGLISH
7. Are you Single? YES Married? — Widower? —
8. What is your trade or calling? GROOM 9. Religious persuasion? PROT
10. Previous Naval, Military or Air Force Service
    Give particulars, qualifications, etc.
    NONE
    H2-68046
11. Name, Relationship and Address of Next of Kin MOTHER
    SAME ADDRESS

CERTIFICATE OF MEDICAL EXAMINATION

Height 5'9½" Weight 136 Chest max. 34 min. 32

Descriptive marks Scar at base of left thumb (dorsum)

I have examined the above named man in accordance with instructions laid down in Regulations for the Canadian Medical Services and find him Fit Category A

Date May 29/39 Signature [signature]

DECLARATION TO BE MADE ON ATTESTATION

I, the undersigned james Tayler do sincerely and solemnly declare that to the best of my knowledge and belief, the above answers to the foregoing questions made and signed by me are true; that I am willing to be attested for the term of three years or until legally discharged, and do understand the nature and terms of this engagement, that I will safeguard all clothing, arms and equipment issued to me and will return same when required, and that I will report any change in address of myself, my employer or my next of kin to my Commanding Officer.

OATH TO BE TAKEN

I, James Taylor do sincerely promise and swear (or solemnly declare) that I will be faithful and bear true allegiance to His Majesty.

[signature] Signature of Witness

james Tayler Signature of Man

Dated this 26 day of June 1939 at Montreal

CERTIFICATE OF ATTESTING OFFICER

The recruit above-named was cautioned by me that if he made any false answers to any of the above questions he would be liable to be punished by law. 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 and replied to, and the said recruit has made and signed the declaration and taken the oath.

C. F. Smith

Signature of Magistrate, Justice of Peace, or Attesting Officer

M.F.B. 235d.
50M—3-38
H.Q. 1772-39-1545

Statement of Services

Promotions, Reductions, Transfers, Casualties, Annual Training, Qualification Certificates, etc.	Effective Date	Authority for Entry	Signatures of Officers Certifying Correctness of entries
Accepted for Service with effect from	26/6/39	R.O. 23/39	..... Officer Commanding Unit "A" Sqdn
Re engaged	5/8/40	R.O. 1.	W.H.R.
S.O.S.	21/11/40	R.O. 55 absence Parades	
Medals and Decorations			

NOTE:—These entries are to be made from time to time as they occur and certified by the Officer making the entry.

Attestations to be made out in duplicate, the original being forwarded to be filed in Regimental Orderly Room, the duplicate to be kept in the Battery, Squadron, Company, etc.

File No. 405-T-12.671

P.A.

VERIFICATION FORM

WAR SERVICE MEDALS 1939-45

No. L-140624 Name Sayler James

Rank on Discharge pte Date of Discharge 6-12-44

Authority for Discharge or Retirement Deceased

Served in:

				Non-qualifying service
Canada	from 24-5-43	to	26-12-43	
	from	to		
United Kingdom	from 27-12-43	to	2-7-44	
	from	to		
Italy	from	to		
Northwest Europe	from 3-7-44	to	6-12-44	Dn
----------	from	to		
----------	from	to		

Eligible for award of:

1939 - 45 Star Dh

Italy Star

France-Germany Star Dh

Defence Medal Dh

War Medal Dh

Canadian Volunteer Service Medal with clasp Dh

M

Verified by D Foster

Date 11-9-46

Carded SEP 14 1946

HA 165

NO RIBBON DESPATCH

DISTRIBUTION OF SERVICE ESTATES

Estates Form "P. 4"

ARMY JG

Name: TAYLER, James No.: D140624
Surname Christian Names

Pte. C.A. 03 6-12-44
Rank Unit Date of Death

AMOUNT

L.P.C. $ 38.32

Date: 1-9-45 Other Credits

Total 38.32

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
All	Widow	Mrs. Yloda Tayler, ~~Jolicoeur St.,~~ 38 St Mathieu St., ~~Ville St Laurent, Que.~~ Ville St Laurent, Montréal, P.Q. (Sole beneficiary under will)	38.32 R

P4. TO TREAS. 10-1-46 a m

AUTHORITY

H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	731	00	00	001	38.32

CLASSIFIED BY

D

EXAMINED BY

For Chief Treasury Officer

DISTRIBUTION APPROVED AND AUTHORIZED

(L. M. Firth) Colonel
Director of Estates

AUDITED FOR PAYMENT

For Chief Treasury Officer

N.R-216

75M—2-45 (6771)
H.Q. 1772-80-2

H.Q. 405-T-12671
(D.R. 2(C))

10th August, 1946.

Mrs. Yloda Tayler,
38 St. Mathieu Street,
Ville St. Laurent, Quebec.

Dear Madam:

Information has just been received from overseas that the remains of your husband, D140624 Private James Tayler, have been carefully exhumed from the original place of interment and reverently reburied in grave 1, row B, plot 2, of Nijmegen Canadian Military Cemetery, four miles South-East of Nijmegen, Holland. Marked map is enclosed. This is a recognized military burial ground and will receive care and maintenance in perpetuity.

The grave will have been marked with a temporary cross which will be replaced in due course by a permanent headstone suitably inscribed. While it cannot now be stated when this work of permanent commemoration will begin, before any action is taken you will be communicated with and an opportunity will be given you to submit a short personal inscription of your own choice for engraving on the headstone. Therefore, if you should change your address would you be good enough to inform the undersigned.

Yours faithfully,

for C.L. Laurin, Colonel,
Director of Records,
for Adjutant-General.

/EMA

5/7B CFA 187
40/P & S/2180 (7060)

CANADIAN MILITARY HEADQUARTERS

ESTATES BRANCH
INVENTORY

of personal effects received by
Casualty Section, No. 1 CKSD

No., RANK and NAME D.140624 Pte. Taylor J. (Dec'd)

RECEIVED FROM Cdn 2nd Tch ~~XXX~~ 21 A Gp

CHECKED BY B.131628 Sgt. Smith, E.L. DATE 12 Feb 45

AND D.106961 Pte. Glick, I.

1	Prayer Book		
2	Leather Wallets		
2	Crucifixes		
2	Rings		
2	Souvenir Medals		
2	German Notes (souvenir)		
3	Souvenir Notes		
1	Watch Chain		
1	B.E. Service Pin		
	Photos & Shapshots		
	Personal Letters		
1	Leather Case		
1	pr Regtl. Patches		
1	4 leaf Clover, in pendant (~~xxxxx~~	(glass)	
1	Souvenir Coin		
1	Religious Booklet		
1	25c Cdn Bill - - To C. P. M.		

ORIGINAL
DUPLICATE } To Officer i/c Estates with original inventory, if any.
TRIPLICATE

QUADRUPLICATE—with effects.

E.L. Smith Sgt
for OC 1 Cdn KSD

MFM 510
40/P & S/254 (3444)

CANADIAN ACTIVE SERVICE FORCE
OVERSEAS
LAST PAY CERTIFICATE
(All Ranks)

District.....

Dispersal Area.....

Regtl No. D140624 Rank and Name TAYLOR. J. Pte.

of (Unit)..... on.....

(~~Transfer~~ or Discharge) ~~to~~ on 6th. December. 19 44.

Reason Death Authority : C.C.L."A" 526 d/23rd Dec.44.

The following is a statement of the account of the above-named from 1st December to 31st December 19 44. the inclusive date of transfer or discharge.

Dr Particulars	Amount		Cr Particulars	Amount	
Balance Dr from last account			Balance Cr from last account	14	58
First Monthly Payment			Regimental Pay 31days at $ 1.50	46	50
Casual Payments			Tradesmen's Pay ....days at ....$		
Payments on Transfer or Discharge			Additional Pay (Give particulars) ....days at ....$		
Assigned Pay	23	00			
Regimental Charges			Allowances (Give particulars) ....days at ....$		
Public Stoppages (Give particulars) :			Cash Effects SOCR 41567		24
To Balance Cr Free	38	32			
Deferred			By Balance Dr		
Total	61	32	Total	61	32

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

Remarks:

Assnd Pay $23.00 (W) Stopped eff Jan.1945.

Compiled by C.A. Brown.

Checked by

Date 18th. June. 1945. 19

Certified correct D. Fowler
for Chief Treasury Officer, Overseas

MW