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4一十十

ATTESTATION

NON-PERMANENT ACTIVE MILITIA OF CANADA

UNIT 3rd BN. THE CANADIAN SCOTTISH REGT. REGTL. No. V-47585
1. Surname? (Block letters) TAYLOR 2. Christian names? PHILIP BLANT 2. Christian names? PHILIP BLANT
2. Christian names? 1854 Newfort Victoria &
Phone No. 150383
4. Date of Birth?* 12 Ang 1913 5. British subject?
6. Occupation? Proceed CP. 7. Religion? 6 of E
8. Next of Kin Philip Taylor 9. Relationship? Faller
Address 854 Newsport And Victoria 86
10. Previous Naval, Military or Air Force Service
(Give particulars, qualifications, etc.)
4)-1/11
1000
CERTIFICATE OF MEDICAL EXAMINATION
Height 6 Weight 175 Chest max 40 min 37
Descriptive marks
the R.C.A.M.C. and C.D.C. 1937 Appendix V and find him
DECLARATION TO BE MADE ON ATTESTATION
I, the undersigned 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, or my next of kin to my Commanding Officer.
I, do sincerely promise and swear (or solemnly declare) that I will be faithful and bear true allegiance to His Majesty.
Signature of Witness Dated this 29 day of day of 19 oat free to sea
CERTIFICATE OF ATTECTING OFFICER

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

Statement of Services

Promotions, Reductions, Transfers, Casualties, Annual Training, Qualification Certificates, etc.	Effective Date	Authority for Entry	Signatures of Officers Certifying Correctness of entries
41 1 1 100	29/7/40	P.TO. 1. 30/2	Officer Commanding
& posted to B Coy	•		Unit 3rd Bn Co
Grantes leave of absence	7/8/40 10	P20#15 1061	o say fambers
	13/8/40	~ ^	111 4 111 1000
Hoals Rance Com	8/9/40	Po 000 10/9/40	Was James
Shuch of strength Heale Range Campo Returned to the unit.	22/9/16		
Campo Returned to theount.	2/1/11	Pa 09. 30/1/41.	Willen 6
Conhibited to A-H-P.	20/1/71	0 0 /2/1/1	Myanos
Posted to Hearts Raises Comps	15.6.41	P2055. 15	A Sylvenos
Promoted to A-HCP! Completed Annual Training Posted to Hearts Raises Camps Struct off strength, Heals Range Camp Returned to this Unit Granted leave of absence	29/6/41	BO62 29/6/41	10 maginior
Granted leave of absence	10/9/41 to	Pa 082 11/9/41	Esolique
Completed Annual Training.	2419141	BO12 26/2/42	E prem
Granted leave of absence	VI 1	BO19 31/3/42.	Entigina
			Entrecia
S.O.S. His unit	12/4/42	BO24 20/4/42.	
Medals and Decorations			

ORDGINAL DUPLICATE TRIPETCATE

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

M.F.W. 2 A.F.B. 271 200M—10-40 (7370) H.Q. 1772-39-1645

Unit Royal Rifles of Canada CASF

Regimental Number E-29853

CANADIAN ACTIVE SERVICE FORCE

CANADIAN ACTIVE SERVICE FORCE ATTESTATION PAPER

1 9	Surname	Marr I or	
	Christian Names	D	•••••••••••••••••••••••••••••••••••••••
	Present address	• • • • • • • • • • • • • • • • • • • •	ton Co. P.Q.
	Date of birth		
5. F	Place of birth Canada (Country) Religion (state denomination)		Sawyerville (Town or Township)
		777	•••••••••••••••••••••••••••••••••••••••
		•••••••••••••••••••••••••••••••••••••••	•••••••••••••••••••••••••••••••••••••••
	Aarried, Widower or Single		•••••••••••••••••••••••••••••••••••••••
		Luciana Taylor	•••••••••••••••••••••••••••••••••••••••
	Relationship		
	ddress of next of kin		
••	Oo you belong to, or have you served in	Nil Zes. Give Unit and Dates of Service)	
Force	Iave you served in (a) The Canadian Action (If Yes, Give Regimental No. and Unity)	Nil	(Yes or No) (b) Any other Naval, Military, or Air
14. D	(Yes or No) (I old you serve during the Great War 1914)	f Yes, specify Unit and Period of Service) 1-1918?	
		ify Regimental No., Unit and Dates of Services BE MADE BY MAN ON A	
.e., waid e	Reginald Taylor culars are true, and I hereby engage to sever, invasion, riot or insurrection, real emergency ceases to exist, and in any every services.	erve in the Canadian Active Sor apprehended, exists, and	do solemnly declare that the above Service Force so long as an emergency, for the period of demobilization after
	July 18, 1940 ness: Pte Paul Gadbois		ald Taylor (Signature of recruit)
	OATH TO BE TA	KEN BY MAN ON ATTI	ESTATION
I, leclar	Reginald Taylor e) that I will be faithful and bear true	allegiance to His Majesty.	cerely promise and swear (or solemnly
			(Signature of Recruit)
C	CERTIFICATE OF MAGISTRATE,		
uesti T I	The Recruit above-named was cautioned as ons he would be liable to be punished as the above questions and answers were the have taken care that he understands each as replied to, and the said recruit has	s provided by law. en read to the recruit in my ach question, and that his a	presence. nswer to each question has been duly
t	Bury, P.Q. this		July 19.4Q.
	(Sgd).T.G.	MacAulay, Major	Signature of Magistrate, Justice or Attesting Officer.
	(T.GMacAulay)	D.R.O. (E) M.D. 5	Office or Rank and Unit or Appointment.
I.B.	ATTENTION IS DRAWN TO THE FACT	THAT ANY PERSON MAKING	A FALSE ANSWER TO ANY OF THE

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.

Report Date From whom received		Record of Promotions, Reductions, Transfers, Casualties, Reports, etc., from date taken on Strength of Field Force	D I- CI	Tree - time To -t-	TTLIL	Diana	Authority		
		on Strength of Field Force	Rank Shown	Effective Date	Unit	Place -	Part II D.O. No. Cas. List, etc.	Dated	
		Joined on appointment T.O.S. Royal Rifles of Canada CASF	Rfn	18 Jul 40	R.R.C. CASF	Quebec	16	24 Jul 40	
		EMBARKED CANADA /SAILING LIST "W" FORCE	<u></u>	21 Nov 40					
••••••		Admitted to Hospital, Botwood	99	18 Dec 40	**	"W"Force	149	31 Dec 40	
		Discharged from Botwood Mil Hosp	***	31 Dec 40	11	99	9	13 Jan 41	
		Granted 14 days leave of absence commenci	ng "	1.Apr.41	P P	99	69	31 Mar 41	
		Granted 7 days leave in addition to							
		furlough granted for travelling purposes	**		17	77	69	31.Mar.41	
		RETURNED CANADA/SAILING/51B	99	18 Aug 41					
		Admonished & forfeits 3 days pay for AWL							
		from 1200 hrs 24 Aug 41 to 1700 hrs							
		26 Aug 41 (total 2 days, 5 hrs)	**	1Sep.41		Valcarti	er 181	l Sep 41	
		Admitted to St. James St. Hosp	11	10 Oct 41	17	St. John	21.5	14.0ct.41	

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

CERTIFICATE OF MEDICAL EXAMINATION

Place		Reginald	•••••		
			• • • • • • • • • • • • • • • • • • • •	Date July 18, 1940	
		obtained from the re			
		ve you ever suffered fro		ne following diseases?	
		NO	k. Ea	r disease	NO
		<u>No</u>		e disease	NO_
		NO	m. Ep	ilepsy	NO
		<u>NO</u>		vous or mental disease	NO
		<u>NO</u>	o. Syr	ohilis	NO_
		NO		norrhoea	
		NO		ve you ever worn glasses?	NO
	e veins		r Are	you now or have you in the past eceived disability pension or com-	
. Flat or	deformed feet	<u>NO</u>	p	ensation? If so, give details	\$12.63/
. Nasal ti	rouble	<u>NO</u>	(Sgo	Reginald Taylor Signature of Applicant	
			• • • • • • • • • • • • • • • • • • • •	••••••••••••••••••••••••	
	•••••••••••••••••••••••••••••••••••••••		•••••••	• • • • • • • • • • • • • • • • • • • •	
		s. (If operative obtain		on. The recruit must be strippe	d.
. Lacitori	TOWN TO CALL TICHES OF SCALL	TE TE	u mstory).		
••••••	• • • • • • • • • • • • • • • • • • • •		••••••	• • • • • • • • • • • • • • • • • • • •	•••••
••••••••		1	• • • • • • • • • • • • • • • • • • • •	•••••••••••••••••••••••••••••	• • • • • • • • • • • • • • • • • • • •
2. Height	feet	9āinches.	3. Weigh	itpounds.	Good
4. Comple	exionMed	EyesBrown	5. Devel	opmentGo.od	Fair
		HairBrown			Poor
6. Chest r	neasurement—Girth	on full expansion	36	inches.	
	Range	of expansion	4	inches.	
7. Vision,	right. 20/20	left20/.20	8. Hear	ing, right. W. V. 20 left. W. V.	20
		th mand			
9. Conditi				***************************************	
9. Conditi 0. The ab	normalities (congenit	al and pathological) fo	und on exa	nination are as follows	
9. Condition of the about the second of the	normalities (congenita ne-reflexes	al and pathological) for ears-normal	und on exai	nination are as follows	
9. Condition of the about the second of the	normalities (congenita ne-reflexes	al and pathological) for ears-normal	und on exai		
9. Condition of the above of the second seco	normalities (congenitance reflexes	al and pathological) for ears—normal. y. Chest.—nega:	und on exam	nination are as followsgd.)ChasKirouac., Capt	RCAMC
9. Condition of the above of th	normalities (congenitate) ne-reflexes Jul 1940 X-Ra; We, the examiner	al and pathological) for ears—normal. y. Chest.—nega: s, find no evidence of	the disease	nination are as follows	except as
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9. Condition of the above of th	normalities (congenitate reflexes - reflexes - Jul 1940 X-Ray Level the remarks. We have the remarks. We have the remarks when category level arks when category level to the remarks when cate	al and pathological) for ears—normal. y. Chest.—negations, find no evidence of examined the Recruit ower than A. (Sgd). A. INOCULATIONS, BOARDS, and signature	the diseases uit in accords and he in MacRa MacRa Member 1	capt Signature Capt Signature Capt Signature Capt Signature Capt Capt	except as standards ember MFM 2
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OTLA TITO NT	Date of Arrival at	A dimination	DATES OF Discharge	TOTOTA ACTO	Number of	Remarks on nature of the disease; how induced; if mild or severe; if completely recovered from;	Signature
STATION	the Station	Admission into Hospita		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 Medical Officer
		Day Month	Year Day Month Year				*
		0					

Regimental	No. E-298.53.
0	

Rank Rfn

Sheet No.....

M.F.M. 1 & 2 (a) 50M-3-44 (4002) H.Q. 1772-39-1646

Name Taylor, Reginald

Record of Promotions, Reductions, Transfers, Casualties, Reports, etc.—	Rank Shown	Egesting Date	T.T.	DI	Authority		
record of Fromotions, Transfers, Casuatties, Reports, etc.—	Rank Shown	Effective Date	Unit	Place	D.O. Number	Dated	
Discharged from Hospital	Rfn	16 Oct 41	R.R.C.	ST. John	219	18 Oct 41	
EMBARKED CANADA /SAILING LIST 966 "C" FORCE	**	27 Oct 4]					
Granted increased rate of pay	11	l Jan 4	Records	NDHQ Ottawa	AO 3	12 Feb 43	
Reported P.W.	***	25. Dec. 4.	R.R.C. "C"Force	11	A015	10Sep45	
Awarded CVSM & Clasp	***	20 Jan 42	2 79	99	A0 16	10 Sep 45	
Awarded 1939-45 Star	11	8 Dec. 4	***	***	A0.16	10 Sep 45	
SOS died whilst P.W.	11	23 Dec. 4	3	**	A0 14	7. S.e.p. 4.5	

	(1)	I, Reginald TAYLOR , of the Village (Name in Full) (City, Town, Village, Township)
Address in civil life.		of Sawyerville , in the County of Compton ,
		Province of Quebec , Factory Clerk (Civil Occupation)
		Regimental No. E-29853 , Unit R.R.C. (C.A.S.F.), do hereby revoke all former Wills by me made and declare this to be my LAST WILL.
Relationship, names and address of benefic aries, and what each is to	(2)	I GIVE, DEVISE AND BEQUEATH unto my mother, Luciana TAYLOR, East Angus, Compton Co. P.Q. all my estate.
receive.		
Relationship, names and address of residuary beneficiaries.	(3)	LONG PROCESS AND BROWN STREET AND RESIDENCE STREET AND
	(4)	I appoint Nil (Name) (Address)
		, to be the Executor Executrix of this my Last Will.
		(Civil Occupaton) IN WITNESS WHEREOF I have hereunto set my hand this 2.2day of
		19.4.0
	t l	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. (Signature of soldier)
First witness sign here.	(5)	Signature WBBsadley
		Civil Address 26 St Demis aux Quelux PQ.
		Civil Occupation Fire Sudderwille.
Second witness sign here.		Signature & Civil Address & S. Grille St Shalve . F. Q.
		Civil Occupation infuner offers?
		(Witnesses are not to be beneficiaries.)

							aylo	r,			
		Eε	st	Aı	ıgu	S.,	Com	pton	Co.	.	Que.
a Fait is	did.	,,,,,,	•••••	2015			••••••				

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

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

and the following number quoted:-

H.Q. 405-T-3343-FD.-154

DEPARTMENT OF NATIONAL DEFENCE ESTATES BRANCH

OTTAWA, ONT.

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

TAYLOR, Reginald, Rifleman,

E.29853. (C.A.

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.

(P.S. Deis)Capt., for(L.M. Firth)Lt.-Col.

Administrator of Estates.

PSD/PM

M.F.W. 77 5M-1-44 (3371) 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:

egrees			INFORMANT'S STATEMENT							
grees of lela- ion- hip	required to b	ATIVES oe accounted for	NAME IN FULL of any Relative, if any, in each degree specified	ADDRESS IN FULL of each surviving Relative, opposite his or her name, and date of death of each deceased relative						
1	Widow of the I	Deceased	ml							
2	Children of the dates of their	Deceased and Births								
			nel							
3	Father of the D	eceased	nil							
4	Mother of the I	Deceased	Im Luciane Taylor	Cast Engus De						
			Robert Laylor	Samperville Q.						
	Brothers	Full Blood	6 lyde de	Ceotland						
5	of the Deceased		Une ent	d.						
		Half Blood								
			Villa aulis	Lamperi elle P&						
		Full Blood								
6 "	Sisters of the Deceased									
		Half Blood								
7	Names of brother of the full or the Deceased, who death of each.	s or sisters (whether ne half blood) of the are dead, and date of	Names and ages of their children (if any)	Address of their children						
			Di.							

ANSWER FULLY EACH QUESTION ON THIS PAGE PARTICULARS AS TO IDENTITY

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site his

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8	Full names of the deceased.	Refinand Laylor
9	Date of his birth.	19 20 mm
10	Place and date of his marriage.	Lingles
11	Place and date of his parents' marriage.	Eale hooke MH. use July 1908
	PARTICULARS OF	
12	Place where deceased was born.	Lawyouriell P. D.
13	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each.	(a) Due bre Pror (b) cancea (c) all lishe
14	Nature of employment before enlistment.	Barrel Lactory Employee
15	State whether he owned the premises in which he lived, and, if so, where situated.	me.
16	Name place where deceased stated he intended to make his permanent home.	Langeriels RO
	PARTICULARS OF	F ESTATE.
17	Did he leave a Will? If in your custody, please forward.	y_1 ,
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?	M. marma
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?	not to my know edge
20	Amount of War Savings Certificates held by deceased. Indicate where located.	ne de.
21	Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.	nie dr.
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	To not thinkso I have no know reage
23	Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary.	ne
	OTHER PARTI	CULARS
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.	E. 29853 Pela
	(Note:—The Government pays funeral expenses within the and burial is made Overseas as well as where death occurs and zone, and if a relative has already paid those expenses the Government authorized in the Regulations. Any amount of such expenses in the Government nor is it chargeable against the service estate of	burial is made in Canada or elsewhere in the North American rument will reimburse such relative to the extent of the amount excess of those authorized in the Regulations is not payable by

DECLARATION

*Insert degree		ECLARATION	
of relationship for example, "Widow", "Father".	I hereby declare that all the particular statement of all the relatives that the dece	s shown on this form are correct, an ased ever had in the degrees specific	d a true and complete ed; and that I am the
"Brother", et	* Mother	of the deceased.	udado sumba lbrilla.
			(C:
N.B.—To la presence of a Magistrate, C	be signed in full in the Clergyman, Priest, Local commissioner or Notary nmissioned Officer of any	na gayler.	Signature of Informant
of His Majest	y's Forces.	fus l'	Address
S A N		CERTIFICATE	
	I hereby certify that to the best of my	knowlege and belief mo aue	cana Taylor
See above.	Cast Cufus D. { Name of }	is the Mothey	of the Deceased
	above described, and believe the above Demade by the Informant and signed in my p		THE RESERVE OF THE PROPERTY OF
		1.1	

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.

Signature of Clergyman,

Notary Public or Commissioned Officer of any

of His Majesty's Forces.

(I. IVE WHILE THAT!

Priest, Magistrate, Commissioner or

(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.)

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

OTHER PARTICULARS.

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THE RESIDENCE OF A ROLL OF THE RESIDENCE OF THE PARTY OF THE PROPERTY OF THE PARTY OF THE PARTY

25M-12-44 (6215) H.Q. 1064-81-3 DEPARTMENT OF NATIONAL DEFENCE ARMY AIR FORCE ARMY WAR SERVICE GRATUITY STATEMENT OF DECEASED MEMBER'S NAME REGISTER NO. (CHRISTIAN NAMES) (SURNAME) FILE NO. PAYEE DATE **ADDRESS** SERVICE NO. FINAL RANK OR RATING DATE OF TERMINATION OF OVERSEAS SERVICE DATE OF DISCHARGE A. TOTAL QUALIFYING SERVICE NO. OF DAYS 1254 EQUAL TO 41 COMPLETE PERIODS AT \$7.50 B. QUALIFYING OVERSEAS SERVICE No. of Days 787 LESS 24 INELIGIBLE DAYS, EQUAL TO SEE PAR. 2 OVERLEAF FOR EXPLANATION 190.75 763 DAYS @ 25c. PER DAY C. SUPPLEMENT FOR OVERSEAS SERVICE DAILY RATES AT DISCHARGE PAY SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE ADDITIONAL PAY DEPENDENTS' ALLOWANCE 1/30 OF \$ TOTAL D. WAR SERVICE GRATUITY E. DEDUCTIONS OVERPAYMENT OF PAY AND ALLOWANCES \$ DEPENDENTS' ALLOWANCE AND ASSIGNED PAY \$ OTHER DEDUCTIONS 606.02 F. TOTAL AMOUNT PAYABLE 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

TREASURY

CHECKED BY

DATE

30-8-45

SERVICE REPRESENTATIVE

COMPUTATION OF WAR SERVICE GRATUITY (Christian Names) (Surname) (Surname) (Christian Names) EAST ANGUS - P.Q. Final Rank . AMOUNT A. TOTAL QUALIFYING SERVICE No. of day 1254 Periods @ \$7.50 B. QUALIFYING OVERSEAS SÉRVICE No. of days.....7.8.7....less...2.4... Ineligible days, C. SUPPLEMENT FOR OVERSEAS SERVICE Daily Rate of Pay Subsistence Allowance Additional Pay Dependents' Allowance 1/30 \$ \$ \$ \$ No. of Days_______ X \$......25.06. D. WAR SERVICE GRATUITY Computed By E. DEDUCTIONS Overpayment of (1) Pay & Allowance (2) D.A. & A.P. Other Deductions Entered By F. AMOUNT PAYABLE (This amount is payable in monthly instalments of \$... G. Monthly instalment not to exceed daily rate of Pay & Allowances per (C) REMARKS

100M-11-44 (6087) H.Q. 1764-81-3

收 容 所 Camp	東京俘虜收容所第五分所 青港 昭和17年1月7日	番 No.	新华亚 98
姓 Name	TAYLOR, Samuel Reginal 719-, Tizzi T'+, L	生年月日 Date of Birth	
國 籍 Nationality			No. E-29853
階級身分 Rank	Rifleman	所屬部隊 Unit	Royal Rifles of Canada.
捕獲場所 Place of Capture	者智路標準地	捕獲年月日 Date of Capture	昭和16年12月25日
父 ノ 名 Father's Name	LEWIS		TAYLOR, Lucina
本籍地 Place of Origin	SAWYER VILLE, QUEBEC, CANADA.	職 ② Compation	
通報 先 Destination	MRS. L. TAYLOR, EAST ANGUS, QUEBEC, CANADA.	特記事項 Remarks	

補	修 欄 Other Informations
1	昭和十八年二月十二月第一个遣附一入陛 新潮
1	路和十八年三月二月退院
1	联和八年七月一月入皇 下痢
2	昭和八年七月七月退皇
	跟和十八年几月一月集副军事收答时 埃西分阶收答
2	跟和十八年几月十一日 胜京 补等 同年十月几日治薨
2	昭和十八年10月14日一10月24日 急性咽頭炎体等
1	昭和十八年十一月一日第五分时一个入室
1	昭和十八年12月23月午前川時分分。 无己第五分中一一一

東京水 番 No. TAYLOR, Samuel Reginald. 生年月日 1919.11.22 Name Date of Birth サミュエルレイチャド Nationality E-29853 所屬部隊 Royal Rifles of 階級身分 Rifleman Canada. Unit Rank 捕獲場所 Place of Capture 香港島防禦陣地 捕獲年月日 昭和 16年 12月 25日 Date of Capture ノ名 Lewis Father's Name 母、 TAYLOR, Lucina Mother's Name 本 籍 地 Sawyer Ville, 業 Place of Origin Queboc, Canada. Occupation 通 報 先 Mrs. L. Taylor, 特記事項 Destination East Angus, Quebec, Remarks Canada. Report

補 修 欄 Other Informations	
昭和8年9月2日東京収容所入移管之。第1分所	
18.11 2. 爱病 追加	
昭18,12,23 急性陽炎兼急性肺炎==死亡又、午前11時55分(火)	
死亡3号对军争中国为	
of the intestines 23, 12-43	
的和20年9月10日東京收入下午一个一大一大为军能车部	
LT. BRYAN James = 3/1/87.	

E 1 600

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A ST LEADING

29853 RFN. TAYLOR R.S. BIELL Roy Horlon 香港俘虜收容所 Daarrhoea (Demisitis (2) Thoropoitis Liarrhoea n. P. Jamy Nosp. 29-3-42-31-3-42 LSP ... 13-2-43-2-3-12. 2-7-43-7-7-43 27.93 bleaubres pray Tolkep.

13.7.43 Afterioritis of Nei Acid 204 xs.

31.7.43. Block on to as exert four Pelus (40. Allia Cucrio. F-29853 TAYLOR-Reginald Royal Reflex & Can 2-AUG 151943

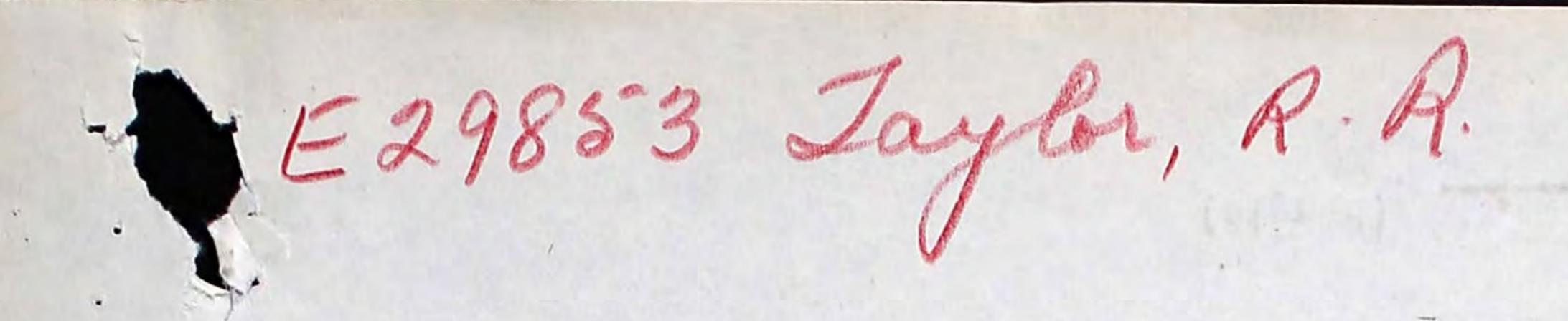
	CAMP NO. RANK.	MAMIE TAYLOR R.S.	UNIT
DATIE	DISERSE DIARRHOEA.		AGE.
	Onset of diamhoea and	cramps 24 hrs. epo.	18. Lausea ++.
	ho woming the premior language feet for	us depenten.	
	My bed, may suppling then 3		
14/4/43.	5/4. C=+. Strol: wetery, pre	z, udij. Food.	
14/2/43	5/1 C= 0.		- Syst
16/2/43.	3/1. C=0. hansea lest right. har	omon.	- felt ".
1/3/7/4-			
18/2/43.	2/1. C= +, la hansee. 2/2. C= +. Varnité d'ance. X Mist. Na Br 355 t 2/8. C= + will Brs.		
20/2/43.	1/1 C:0. Siftstail will an	muc.	
2/2/43.	2/1. C: + Watery stool - undig.	ford.	- Gift
	14. C= #-Cm.		-Gelt
242/43.	1/1. C=+		- light
24/2/43.	2/0 C=0.		Full
	1/1. C= 0.		Full
26/4/43.	2/0.C=0.		Tull
27/2/43.	1/2. C= 0. Aladache++. X aspini pri		
26/2/43.	1/2 C. t stool; solid. no bl. or v	nuc	Fill.
1/3/43.	1/2. C=0. Wt. 126 (hormal cut. 15	To. Sept./12-129).	Full."
2/3/43	1/2. C=0. Wt. 126 (hormal cut. 15) 1/2 C=0. Wischarge	Man Mar	-7.a.
		Man Jan.	

679	3. PANK PANK	NAME	V 1/17.
DATE	_DISKNSE	1-45 K.S.	17 G F.
	PIARRHOEA.		23.
11 3.	3-5 Bm 5 perday since last admi	mi , C= + occ	a. Bece
	frien on 30/0/43. Thenolphila	ho. 17/2. c=+	Pared fut.
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	to other complexits.		
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	· You was		Ren I sh
7/43.	2/0. C= 0. 1. C= 0. Ithi Am. Obd.ache Manual stool.		Spend of
5/43.	1/1 C=0. Whi Am. Ald allo	1:1	
	menuel stool.	7 /3//2 hory.	- Great
1/42			
1.	2. C. = 0. hormal stool. Vague als	lache.	7 Jull.
V	C=0.	A,	- mill
43. 10	. C=0. Mis Am. Discharge.	May is	- Full
		Work CAM.	
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DEPARTMENT OF NATIONAL DEFENCE OTTAWA

INTERROGATION REPORT

1.	No.	Rank	Mame	Unit	
		RFN.	FINDLEY, JOE	R.R.	OF C.
2.	Home add	ress:			
	SA	WYERVILLE,	Co. COMPTON, QU		
3.	Do you k	now of the dea	ath of any Prisone		YES es or no)
PNUÉMO TAYLOR	ATE & PLA NIA, LACK ATE & PLA LACK OF	OF TREATMENT.	ental Nos., Ranks, of C. Home AD H: 23-11-# NIIGHT, STARVATION. R. OF C. HOME AD H 23-12- NIIGHT PLA of death; where are	Names, Units: DRESS: SAWYER ATA, JAPAN. PLACE OF BUR DDRESS: SAWYE A, JAPAN. CA CE OF BURIAL	VILLE, COMPTON CAUSE OF DEATH IAL: NIIGATA. RVILLE, COMPTON USE OF DEATH: : NIIGATA.
					Month
4.	atrociti		or were you infor	med of any war	crimes
	Mame and	particulars	if necessary of yo	our informant:	
5.	Full par comrades		ny bad treatment	of yourself or	your
6.		the names of imes or bad t	the enemy person reatment?	nel responsible	for

If unable to do so, how can they be identified?

8.	Numes of Medical Officers of hospitals:
9.	Mames of allied personnel suspected of, or known to have been engaged in collaboration with the enemy:
	Particulars
10.	Details of escapes or attempted escapes of yourself or other P/
11.	Any other Intelligence information:
11.	Any other Intelligence information:
11.	
	Any other Intelligence information:
12.	Any other Intelligence information: Information regarding specially good work of other P/W:
12.	Any other Intelligence information: Information regarding specially good work of other P/W:
12.	Any other Intelligence information: Information regarding specially good work of other P/W:
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12.	Any other Intelligence information: Information regarding specially good work of other P/W:

(signed)

OFFICIAL CANADIAN ARMY OVERSEAS CASUALTY NOTIFICATION (DEATH)

NUMBER RANK SERVICE UNIT THE ROYAL 到事業都可能的財政 **经** 其此 配 但 自 后两艘点型森 TAYLOR NEGOTIALE DATE OF ENLISTMENT DATE OF BIRTH 22-11-19 MARITAL STATUS RELIGION 學對於學院意掌為持掌 2. 1特级严权 NEXT OF KIN AS SHOWN ON 据政治。 机过程量高强点 了点型私位钱 NAME M.F.M. 1, 2 & 5 RELATIONSHIP **ADDRESS** ADDRESS CVGA VIGORA CONNAAOM COAR D.A.B. ADDITIONAL PERSON TO BE NOTIFIED **ADDRESS** PARENTS NAME **ADDRESS** IF SOLDIER MARRIED OVERSEAS / AUTHORITY CAS. SIG. NO. CASUALTY DETAILS DATE 官總通事的機 复疏沿行 真豬忽记 特拉 里 超级投票额 類 超 解 超重证 海野在领兵位 业具掌兵都量章科 下成 经高额 海南 网络约翰特鲁里里到特 DATE M.F.M.5. ATTACHED TO LAST WILL ATTACHED TO YES/NO YES/NO NOTIFICATION TO A. OF E.? NOTIFICATION TO A. OF E.?

FORM NO. CAS. 6 25M-4-44 (4184) H.Q. 1772-39-1989-1990

COPY FOR DOCUMENT FILE

DIRECTOR OF RECORDS

6

H.Q. 405-T-3343 D.R. 2(B) 30TH NOVEMBER, 1945. MRS. LUCIANA TAYLOR, EAST ANGUS, COMPTON CO., QUE. DEAR MRS. TAYLOR: WITH REFERENCE TO PREVIOUS COMMUNICATIONS FROM THIS HEADQUARTERS CONCERNING THE REGRETTED DEATH OF YOUR LATE SON, E29853 RIFLEMAN REGINALD TAYLOR, I NOW WISH TO INFORM YOU IT HAS BEEN OFFICIALLY CONFIRMED THAT RIFLEMAN TAYLOR DIED ON THE 23RD DAY OF DECEMBER, 1943 AS RESULT OF BERI BERI. PLEASE BE ASSURED THAT SHOULD FURTHER PARTICULARS BE RECEIVED REGARDING YOUR LATE SON'S DEATH OR BURIAL YOU WILL BE INFORMED WITHOUT DELAY. YOURS TRULY, LAURIN) COLONEL, DIRECTOR OF RECORDS. FOR ADJUTANT-GENERAL.

FORM 6 DOMINION BUREAU OF STATE	rictice	OHERE MEATH TEM	ARCODIOT	
DE ACE Muni-	e of		Place an X over the word applies to this municipality o	which this territory
OF county IN THE FIELD (JAPAN) ty or town		1 TT	City Town Village Parish	
DEATH Street No.		Hospital or Institution		
2. LENGTH (a) In hospital or institution	Months	Days Years Months (c) In Province	Days (d) In Canada (if immigrant) Years M. (if immigrant)	onths Days
3. NAME Surname TAYLOR	Do not	CONFIDENTIAL MEDIC	CAL CERTIFICATE OF DEAT	H
OF (Block letters)	this space	22. Date of death Dece	aber 23rd	10 4.3
DECEASED Given names		(Month		(Year)
Street		23. I HEREBY CERTIFY that I attended	d deceased from	
4. E Official name of civil municipality or township. Sawyerville.		•••••••••••••••••••••••••••••••••••••••	19 to	19
Municipal		and last saw halive or	1	19
		24. CAU	SE OF DEATH	
5. SEX 6. NATIONALITY (Citizenship) 7. RACIAL ORIGIN Widowed or Divorced (Write the word)		Immediate cause Give disease, injury or complica-	(a) Beri Beri, whil	st Poly
M. Single.		tion which caused death, not the mode of dying, such as heart failure,	due to	
9. If married give name of wife or hus-		asphyxia, asthenia, etc.		
band of deceased		Morbid conditions, if any, giving rise to immediate cause (stated in order proceeding backwards from	(b)due to	
10. BIRTHPLACE		immediate cause).	(c)	
(Province or Country) QUEDEC.		Other morbid conditions (if impor-		
BIRTH November 22nd 1919. (Month) Worth	5	tant) contributing to death but not causally related to immediate		
12. AGE OF Years Months Days If less than one day old DECEASED		cause.		
24hrs. ormin.		If a communicable disease is { (a) Da mentioned on this certificate, {	te of appearance	19
		The state of the s	ration of disease	days
13. Trade, profession or kind of work, as spinner, teamster, office clerk, etc. Factory clerk.		25. If a woman, was there a puerperal cond	Hickory Constitution of the second	
14. Kind of industry or business, as cotton-mill,		25. If a woman, was there a puerperar cond		
business, as cotton-mill, lumbering, bank, etc		26. Was there a surgical operation?	Date of	19
O 15. Date deceased last spent in this occupation occupation		State findings		osy?
17. NAME 18. BIRTHPLACE (Province or		27. If death was due to external causes (vic		
Country)		Accident, suicide or homicide	Date	19
FATHER			e which)	
MOTHER		Manner of injury	(How sustained)	
(Maiden Name)				
19. Place of burial, cremation or removal		Specify whether injury occurred in industry, in home, or in public place	e	
o apan.				
20. Date of burial19		Signed		M.D.
(a) Name of parish or church		Address	Date	19
(b) Civil municipality of	28. Sig	nature of person who fills in the form rate, coroner, hospital authority, etc.)	29. Name of clergyman in charge of Civil Status in which registra	of Register of ation of this
₽ ₹ A I	Canada y	Total and the state of the stat	burial was made.	4
OF SIH (c) Municipal county		But and Const.		2
(d) Date	This sign	nature authorizes the collector to accept this form as authentic.	(Voir l'autre côté pour l	e français)

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

Director of Records, Dept. of National Defence.

No.E.29853 Rank Rifleman Name TAYLOR, Reginald.						
Unit Royal Rifles of Canada Date of death 23rd December, 1943.						
Died at A Tokyo Camp. NIIGATA, JAPAN. Cause Acute stomach illness whilst a prisoner of war.						
Death occurred on strength of Forces. HQ 405-T-3343 d 21-2-44						
N/K Mrs. Luciana Taylor, Relationship Mother.						
Address East Angus, Compton County, P.Q.						
Remains buried in Cemetery						
Niigata, Japan.						
Grave Zocation						
OVER						

REBURIAL British Commonwealth War Cemetery. Yokohama, Japan. Cdn. Section. Grave 8, Row B, Plot B. Photographs STI Despatcheu Quest Form Desp'd ROYAL MESSAGE

REGINALD TAYLOR,

E-29853

MRS.LUCINA TAYLOR,

512,157

BOX 457,
EAST ANGUS, COMPTON CO., P.Q.

(1) MEDALS	MEMORIAL BAR
PERSON ENTITLED TO Mrs. Luciana Taylor Mother	DATE DESP
ADDRESS: East Angus, Comton Co., Que.	REGN. NO. 2346
(2) MEMORIAL CROSS	
WIDOW	2)
ADDRESS:	
(3) MEMORIAL CROSS	DESP. MAR 13 1944
Mother Mrs. Luciana TAYLOR,	REGN No. 6182
(1556)	
ADDRESS: EAST ANGUS, Compton Co., Que.	

23-12-43 (0.C.L439) A	WARDS—CANA	DIAN ARMY	ACTIVE)	FB 100M-10-41 (2195) H.Q. 1772-45-8
				FILE NO. 405-T-3343
TAYLOR, Reginald		E-29853	Rfmn.	Roy. Rifles of Can
SURNAME (IN BLOCK LETTERS) CH	HRISTIAN NAMES	REG. NO	RANKON	C.A.S.F. UNIT
(CLASS) No. ADDRESS:	DATE DE	SPATCHED:		
CAMPAIGN MEDALS		REGISTRATION NU	MBER AND DATE	DESPATCHED
1939-45 Star Pacific Star	9-45 Star ific Star 88/8 26-1-50			
War Medal, 1939-45 CVSM & Clasp				

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)