

12 M. D. Depot Battalion 1st Depot Battn. Sask. Regt. Regiment

Regtl. No. 3353171

PARTICULARS OF RECRUIT DRAFTED UNDER MILITARY SERVICE ACT, 1917

# 7 Coy

(Class 1)

ORIGINAL

1. Surname Jaster
2. Christian name Anzaph
3. Present address Big Stick Lake, Sask
4. Military Service Act letter and number L.C. 46627
5. Date of birth Jan. 17th, 1896
6. Place of birth Edmonton, Alta
7. Married, widower or single Single
8. Religion Baptist
9. Trade or calling Farmer
10. Name of next-of-kin Gottfried Jaster
11. Relationship of next-of-kin Father
12. Address of next-of-kin Big Stick Lake, P.O. Sask
13. Whether at present a member of the Active Militia No
14. Particulars of previous military or naval service, if any Nil
15. Medical Examination under Military Service Act:—
(a) Place Swift Current (b) Date Dec. 22/1917 (c) Category A.2

DECLARATION OF RECRUIT

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

Anzaph Jaster (Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age 21 yrs 11 mths
Height 5- ft 9 ins
Chest measurement fully expanded 36 ins
range of expansion 2 1/2 ins
Complexion Fair
Eyes Blue
Hair Brown

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

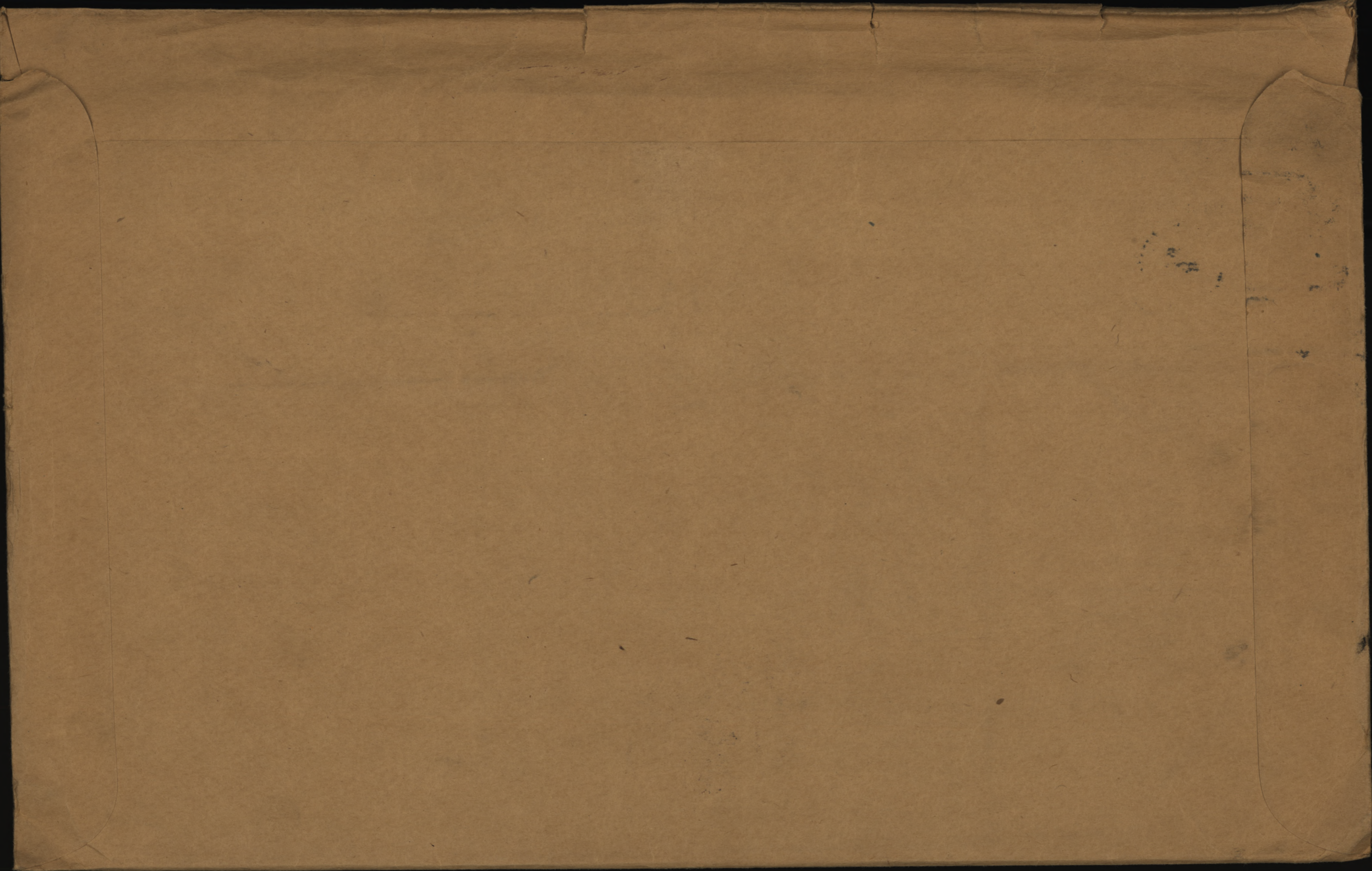
Signature of Officer

J. O. C. 1st Depot Battn. Sask. Regt. Depot Btin. Regt.

Place Regina, Sask Date June 22/1918







# CANADIAN EXPEDITIONARY FORCE

## DISCHARGE CERTIFICATE

THIS IS TO CERTIFY that No. 3353171 (Rank) Pte

Name (in full) Azzaph Jaster enlisted in

the 1st Depot Batta Sask

CANADIAN EXPEDITIONARY FORCE at Regina on the Twenty-second

day of June 1918

HE served in Sask Regt. in England

and is now discharged from the service by reason of Demobilization.  
~~Medical Unfitness.~~

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

Age 22 yrs 11 mths

Height 5 ft, 9 ins

Complexion fair

Eyes blue

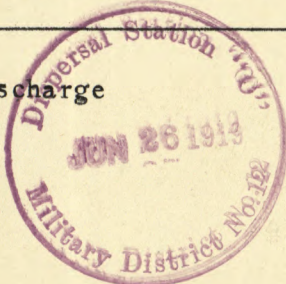
Hair Brown

Marks or Scars

*A. Jaster*  
Signature of Soldier.

*A. Badcock*  
Issuing Officer.

Date of Discharge



Rank MAJOR

Date ..... 19.....

N.B. - AS NO DUPLICATE OF THIS CERTIFICATE WILL BE ISSUED, ANY PERSON FINDING SAME IS REQUESTED TO FORWARD IT IN AN UNSTAMPED ENVELOPE TO THE SECRETARY, MILITIA COUNCIL, OTTAWA, CANADA.

1718

333171

George Easton

Int. Dept. of State

London

18

June

Dear Sir, in London

XXXXXXXXXX

22 June 1918

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

DEPARTMENT OF VETERANS AFFAIRS

WAR VETERANS ALLOWANCE DISTRICT AUTHORITY

*Att.*

Address \_\_\_\_\_

The Public Archives Records Centre,  
Tunney's Pasture,  
Ottawa 3, Ontario.

MARK YOUR REPLY:

Attention: Reference Section,

For attention of:

Re: MASTER Azzaph  
(Surname) (Christian Names)

Service No. \* 3353171

Veteran is stated to have served during S. African War( ) World War I (✓)

To enable this WAR VETERANS ALLOWANCE DISTRICT AUTHORITY to determine the eligibility of the above-named, will you kindly furnish the following particulars:

1. UNITS (including that of discharge) HIGHEST RANK IN UNIT:
- |     |   |            |
|-----|---|------------|
| (a) | <u>1 Depot Bn Sask Regt</u>                                       | <u>Pte</u> |
| (b) | <u>15 Res Bn</u>  | <u>Pte</u> |
| (c) | _____   | _____      |
| (d) | _____   | _____      |
| (e) | _____   | _____      |
| (f) | (If other than CEF please so designate following applicable unit) |            |

PUBLIC ARCHIVES RECORDS CENTRE  
FEB 18 1966  
OTTAWA, ONT., CANADA

2. THEATRES OF SERVICE

- (a) South African War  
Date and port of embarkation \_\_\_\_\_
- (b) World War I - (If Canada only, state if with territorial limitations).  
Canada - Britain Date(s) embarked for U.K. 29 July 1918  
 IF CANADA AND U.K. ONLY Date(s) disembarked in Canada from U.K. 20 April 1919  
 Period(s) of desertion in U.K. \_\_\_\_\_

3. Any other military service. Nil

4. Date and place of all enlistments. 22 June 1918 - Regina, Sask

5. Date of all discharges and reason. 26 June 1919 - demob.

6. Date and place of birth as per attestation paper. 17 January 1896 - Edmonton,

7. Marital status; If married, name in full of wife. Single Alberta

8. Religion. Baptist

9. Decorations, if any. Nil

DEPARTMENT OF VETERANS AFFAIRS

WAR VETERANS ALLOWANCE DISTRICT AUTHORITY

Address

The Public Archives Records Centre,  
Tunney's Pasture,  
Ottawa 2, Ontario.

MARK YOUR REPLY:

Attention: Reference Section. For attention of:

Service No. \_\_\_\_\_

(Christian Name) \_\_\_\_\_  
(Surname) \_\_\_\_\_

Veteran is stated to have served during S. African War (World War I) ( )

To enable this WAR VETERANS ALLOWANCE DISTRICT AUTHORITY to determine the eligibility of the above-named, will you kindly furnish the following particulars:

1. UNITS (including field of discharge) \_\_\_\_\_  
HIGHEST RANK IN UNIT: \_\_\_\_\_

(a)

(b)

(c)

(d)

(e)

(f)

(If other than G.C. please so designate following applicable unit)

2. CHARACTER OF SERVICE

(a) South African War

Date and port of embarkation \_\_\_\_\_

(b) World War I - (If Canada only, state in which territorial limitations) \_\_\_\_\_

Date(s) embarked for U.K. \_\_\_\_\_

IF CANADA

Date(s) disembarked in Canada from U.K. \_\_\_\_\_

U.S. ONLY

Period(s) of absence in U.K. \_\_\_\_\_

3. Any other military service \_\_\_\_\_

4. Date and place of all enlistments \_\_\_\_\_

5. Date of all discharges and reasons \_\_\_\_\_

6. Date and place of birth as per attestation papers \_\_\_\_\_

7. Marital status; if married, name in full of wife \_\_\_\_\_

8. Religion \_\_\_\_\_

9. Occupations, if any \_\_\_\_\_

WAR 12.

Head, Reference Section



Rank \_\_\_\_\_ Name *JASTER AZZAPH* Reg'l No. *3353171*  
 Unit *106<sup>th</sup> Dft. Sask.* If in perm. Corps, }  
 What Unit? } Married or Single *Singl.*  
 Place and Date of Enlistment *Regina, Sask. 22/6/18.* Place of Birth *Edmonton, Alta.*  
 Name and Address, Next-of-Kin *Gotthield Jaster*  
*Big Stick Lake P.O. Sask.* Relationship *Father*

Assigned Pay Monthly \$ \_\_\_\_\_ Payable to \_\_\_\_\_ Relationship *14515*  
 Separation Allowance \$ \_\_\_\_\_ Payable to \_\_\_\_\_ Relationship \_\_\_\_\_  
 Relationship *O.F. Con*

Discharge, Date and Place \_\_\_\_\_ Reason \_\_\_\_\_ Character \_\_\_\_\_

| Report.        |                     | Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case. | Place.             | Date.           | REMARKS<br>Taken from Official Documents |
|----------------|---------------------|--|--------------------|-----------------|--|
| Date.          | From whom received. |  |                    |                 |  |
| <i>15</i>      | <i>Res</i>          | <i>Arrived in England</i>  | <i>15 AUG 1918</i> | <i>HM 9</i>     | <i>Cassandra.</i>                        |
| <i>22.8.18</i> | <i>15 Res</i>       | <i>T.O.S FROM Canada</i>   | <i>Bramshott</i>   | <i>16, 8</i>    | <i>18 Pt. II O 234</i>                   |
| <i>14.6.19</i> | <i>15 Res</i>       | <i>SOS to Canada</i>   | <i>Ripon</i>       | <i>14 6 19</i>  | <i>Pt. II 164</i>                        |
|                |                     | <i>To Canada 85-0-299.</i>   |                    | <i>14.6.19.</i> |  |



*W Ham*

Number *3353171*

Rank *Ote* ✓

Surname *JASTER*

Christian Name *Azzah*

Units *S. R.*

Theatre of War *England.*

Date of Service *15-8-18*

Remarks *Big Stick Lake*

Latest Address *Maple Creek  
Sask*

Roll No. *A page 3116*

DESP. JUN 7 1923

REGN. NO. 1487

# No. 12 CAN. GENERAL HOSPITAL

HOSPITAL.

|                             |
|-----------------------------|
| <b>A. &amp; D.<br/>CARD</b> |
|-----------------------------|

AT .....

A. &amp; D. No. .... PL. OF ACTION .....

 RANK ..... REG. No. 3353171 UNIT 15th Res G Co. SICK OR WOUNDED .....

 NAME Jaster A. AGE 22 RELIGION Bapt.
PLACE IN HOSPITAL AmnDIAGNOSIS Influenza.
 ADMITTED 26 SEP 1918 FROM .....

 DISCHARGED OCT 14 1918 TO Home

TRANSFERRED .....

 SERVICE AT HOME 3/12. IN FIELD .....

RESULTS .....

(See Document Card for M.H. Sheet and other Documents.)



NAME

*Jaster A.*

REGT. No.

*335317F*

RANK AND UNIT

*Pte 15<sup>th</sup> R.*

NEXT OF KIN

CABLE

NATURE OF CASUALTY

No.

DATE

LIST No.

HOSPITAL

DATE OF  
ADMISSION

REMARKS

C 320<sup>1</sup>

12 Can Gen Bramshott 27-9-18. Influenza







Surname *Jaster*  
Christian names *Azzaph*  
Regtl. No. *335-31711* Rank *Pte*  
Unit *Sask Regt 1st Dep Bn (10.6<sup>th</sup> P.P.)*

H. Q. ....  
M. D. No. *12 9*  
T. O. S. *June 23<sup>rd</sup> 1918*  
D. O. Pt. II *172 of 21-6-18*  
S. O. S. *26-6-1919*  
Reason *demob*  
Auth. *10178 25-6-19*  
*1919*

Next of kin *Jaster, Gottfried*  
Address *Big Stick Lake, P.O.*  
*Sask*

Relationship *Father*  
Also notify: .....

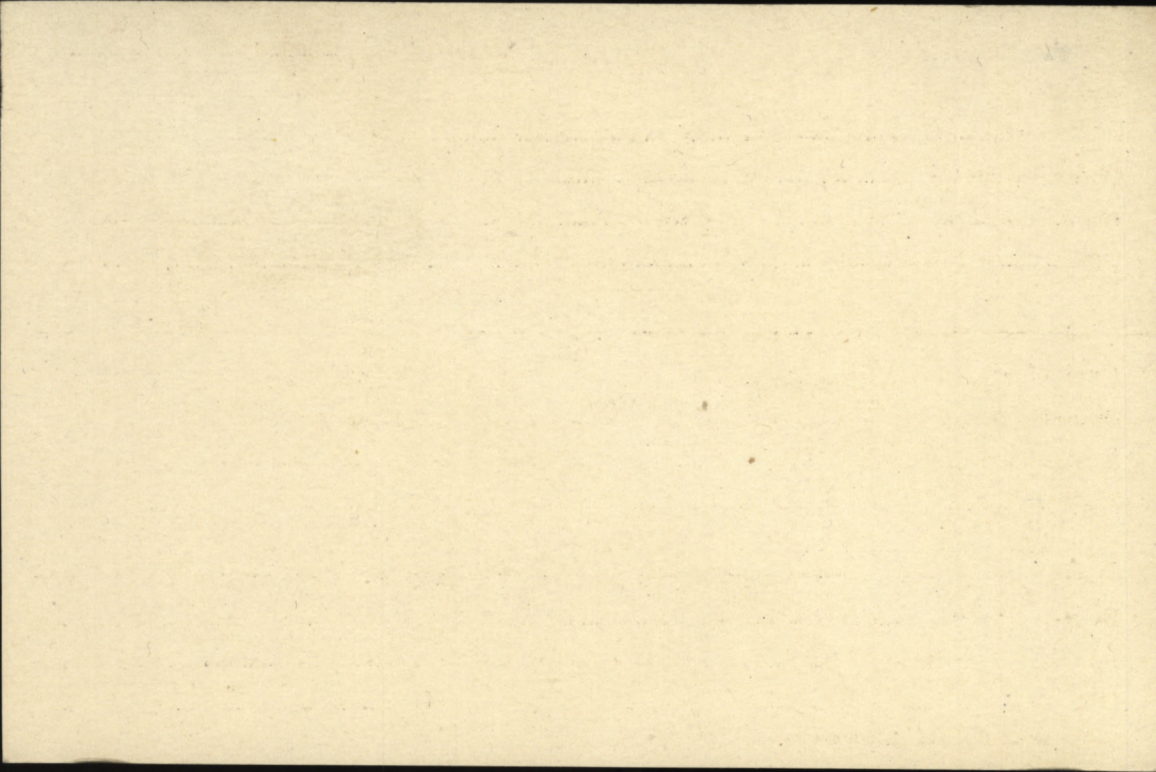
BORN—Place *Canada, Edmonton, Alta* Date *Jan 17<sup>th</sup> 1896*

ATTESTED—Place *Regina, Sask* Date *June 22<sup>nd</sup> 1918*

O/S. *24-7-18* *1351*  
*1.0*

R/C. *20-6-19 351 Pte*

*120 144*



Surname

Christian Name or Names

Reg. No.

Jaster

a.

3353171

Rank

Unit

Pfc

Squad 15 R.

Cas. List.

1-10-18 6330.

1269 Bohott

27-9-18

Influenza 4.

17-10-18 6334-2.

Dis. 14-10-18.

A.M.D. 2 DEPT.

Reg. of D.M.S. 1300

Cas. List.

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

DIRECTIONS TO DENTAL OFFICERS

NAME OF SOLDIER (Block Letters) JASTER A.  
REGIMENT 15 Res Bn RANK Pto No. 3253171

Date of Examination in England \_\_\_\_\_ Date of Examination in France \_\_\_\_\_



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

PRESENT DENTAL REQUIREMENTS

- 1. FILLINGS 12
2. EXTRACTIONS
3. CROWNS
4. DENTURES
(a) Full Upper
(b) Part Upper
(c) Full Lower
(d) Part Lower

Major J. G. M. ... A.D.D.S., G.A.D.C., M.D. 12

HAS HE EVER REFUSED DENTAL TREATMENT? no.

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

- (a) In Canada
(b) In England yes
(c) In France

Signature of Dental Officer M. Barbeau Capt

*Handwritten text, possibly a signature or name, written diagonally across the page.*

*Handwritten text at the bottom left corner, possibly a signature or name.*



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

M. F. W. 54. (A. F. B. 109.  
500M.—9-16  
H. Q. 1772-39-910.

# Casualty Form—Active Service.

Unit, Regiment or Corps. 1st Depot Batta. Sask. Regt.

Regimental No. 3353171 Rank pte Name Jaster, Agnash

Enlisted (a) 22-6-18 Terms of Service (a) DURATION OF WAR Service reckons from (a) 22-6-1918

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

Extended. Re-engaged. Qualification (b) mil. nil. civil Farmer

| Report   |                      | Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case | Place                              | Date  | Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents |
|--|----------------------|---|------------------------------------|---|---|
| Date   | From whom received   |   |                                    |   |   |
| 22-8-18  | Taken on strength    | Embarked<br>Disembarked<br>15th Can. Res. Bn.   | Montreal<br>Liverpool<br>Bramshott | 28-7-18.<br>15-8-18.<br>15-8-18.  | Part 11 D.O. No. 234.   |
| 14/6/19  | T.C. 15th RES. BATT. | STRUCK OFF STRENGTH TO  | RIPON.                             | 14/6/19   | PART II DAILY ORDERS No. 165<br>ADJUTANT,<br>1st RESERVE BATTALION.               |
| REGINA DISPERSAL AREA "O"<br>T.C. R.O. 1420 (D.D.O. 178 Para 10.43)<br>S.C. R.O. (D.D.O. Para 10.44) |                      | MEDICALLY UNFIT,<br>DEMORILLATION.  |                                    | I, M, T & AQUITAINE<br>ENE D & SOUTHOMPTON, 14. 6. 19<br>DISEMB D & HALIFAX, 20, 6-11 |   |
|  |                      | LIEUT.  |                                    |   |   |

1) In the case of a man who has re-engaged for, or enlisted into Section D. Army Reserve, particulars of such re-engagement or enlistment will be entered.  
2) e.g. Signaller, Shoeing Smith, etc., etc., also special qualifications in technical Corps duties.



# MEDICAL EXAMINATION UPON LEAVING THE SERVICE OF OFFICERS AND OTHER RANKS WHO HAVE NO DISABILITY.

Officers and Other Ranks leaving the service for reasons other than medical unfitness are to be reported on this form. Where there is evidence of any undetermined or progressive disability, this form will not be used, but the case will be referred to a Medical Board for completion of M.F.B. 227.

No. 3353171 Rank Pte. Surname JASTER  
 (Given name in full) Azzaph  
 Unit or Corps 15th Res. Birthplace Big Stick Lake Sask.

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

**I. GENERAL DESCRIPTION:**

Physique Good Weight 168 lbs. Height 5 9 ft. in. Colour of Eyes Blue  
 Nutrition Good  
 Pulse 72  
 Condition of arteries Soft  
 Vision Rt. 20/20 Left 20/20  
 Hearing (conversational voice) Rt. 20 ft. Left 20 ft.

Identification marks, scars, or deformities.  
 (Give cause and date of origin).  
Knife wound left forearm approx 1914

Opinion as to general health and physical condition Good

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

Nervous System No Genito Urinary System No Cardio-Vascular System No  
 Special Senses No Integumentary System No Respiratory System No  
 Disturbance of Mentality No Muscular System No Digestive System No  
 Osseous and Joint System No Any other general condition No

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

Knife wound accidental 1914  
Healed 5/6/18 - 74/10/18  
No disability

# EXAMINATIONS

## THIS SECTION FOR USE OVERSEAS—

Examined at London (Overseas)

Date 18/5/19

Signed [Signature] M.O.

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to or during service.

Signature [Signature]

(If not satisfied, M.F.B. 227 will be completed by Medical Board.)

## THIS SECTION FOR USE IN CANADA—

Examined at ..... (Canada)

Date .....

Signed ..... M.O.

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to or during service.

Signature .....

(If not satisfied, M.F.B. 227 will be completed by a Medical Board.)

(This space to be used, if necessary, in connection with Section 3, overleaf, only.)





69

48

M.S.A. 15.

~~DEC 27 1917~~ DEC 26 1917

# ORIGINAL MILITARY SERVICE ACT, 1917. 335317/

## MEDICAL HISTORY SHEET.

IMPORTANT.—If the man's name does not appear upon the schedule of men reporting for service, or if he has not made an application for exemption or a report for service, or, although having made one, he does not know the number, he will be instructed that the copy of this medical history sheet (which will be handed to him) must be attached by him to a report for service or claim for exemption which he may make on application to any Postmaster in Canada, or be sent by him after he has noted upon it the number on the receipt he obtained from the Postmaster to a Registrar or Deputy Registrar under the Military Service Act. In any event the duplicate medical history sheet will be sent by the Medical Board to the District Officer Commanding unless instructions have been given by the latter to forward it direct to a Registrar or Deputy Registrar.

- 1. Surname Juster Christian name Agzaph.
- 2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule 466271 26
- 3. Consecutive number on schedule of men reporting for service (if he appears) on it
- 4. Address (including street and number, if any) Big Stick Lake, Ont.

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 22 day of December, 1917, by the undersigned medical board sitting at Swift Current, Sask.

- 5. Age as stated 21 Years 11 Months.
- 6. Apparent age \_\_\_\_\_ Years \_\_\_\_\_ Months
- 7. Height 5 Feet 9 Inches.
- 8. Weight 155 Pounds.
- 9. Chest measurement { Minimum 33 1/2 Ins. Maximum 36 Ins.
- 10. Complexion fair { Eyes blue Hair brown
- 11. Physical development. { Good Fair Poor
- 12. Smallpox marks No
- 13. Number of vaccination marks { Right arm None Left arm None
- 14. When vaccinated last No.
- 15. Distinctive marks and marks indicating congenital peculiarities or previous disease Scar on left elbow

Ord. to Schedule by Lawson No. 5

Signature of Man Agzaph Juster

16. Slight defects but not sufficient to cause rejection  
The man denies having had { Rheumatism Tuberculosis Syphilis We find no evidence of past { Rheumatism Tuberculosis Syphilis  
(Strike out disease admitted or suspected.)

We have examined the above named man in accordance with the C. E. F. Regulations for medical examinations, and he is placed in Category A2 20 each eye 20 20 + " ear # 76

C. M. Wilson Member. Dr. G. L. ... President. ... Member.

| Date    | Result | VACCINATIONS | Date    | Result | ANTI-TYPHOID INOCULATIONS, ETC. |
|---------|--------|--------------|---------|--------|---------------------------------|
| 23/6/18 | -      | H. T. Gurcay | 23/6/18 | +      | M.O.                            |
| 12/8/18 | +      |              | 2/7/18  | +      | H. T. Gurcay M.O.               |
| 23/7/18 | x      |              | 23/7/18 | x      | M.O.                            |

Joined 22 day of June 1918 at Regina

| CORPS                         | REG'TL NUMBER  | HABITS | DATE               |
|-------------------------------|----------------|--------|--------------------|
| <u>1st ...</u>                | <u>335317/</u> |        | <u>22/6/18</u>     |
| <u>15th Canadian Res. Bn.</u> |                |        | <u>16 AUG 1918</u> |

### EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

| STATION | DATE | DISEASE | RESULT |
|---------|------|---------|--------|
|         |      |         |        |

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









WAR SERVICE BADGE

CLASS No. 16

0-12

SHORT FORM.

Dispersal Area No. 0 PROCEEDINGS ON DISCHARGE.

(Demobilization)

Occupational Group No. 1



REGIMENTAL HEADQUARTERS  
14.6.19  
20.6.19

1. No. 3353171

2. Rank. Private

3. Name. Jaster Azzaph

4. Unit. 15th Res Batta 12BS

5. Date of Discharge REGINA SASK. JUN 26 1919 Place

6. Reason for Discharge On Demobilization

Category A.1 Occupation Farmer

Next of Kin. Father DEMOBILIZATION

Religion Bapt

7. Authority R.O. 1420 (D.D.O. 178 Para 10.4)

8. Proposed Residence after Discharge

Maple Creek  
Sask

9. CERTIFICATE TO BE SIGNED BY SOLDIER.

I hereby acknowledge that at the undernoted place and date I received my discharge Certificate

M. F. W. ?

A. Jaster

Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place Dispersal Station

Date JUN 20 1919



Signature

A. B. Backhouse

MAJOR (O. C. Discharging Unit.)



|    |  |                               |
|----|--|-------------------------------|
| 1  | Rank   | Private                       |
| 2  | Name   | John A. Doe                   |
| 3  | Unit   | 1st Infantry Division         |
| 4  | Date of Discharge  | 10/15/1918                    |
| 5  | Place  | Paris, France                 |
| 6  | Reason for Discharge   | Completion of term of service |
| 7  | Authority  | D.O. 1234                     |
| 8  | Proposed Residence after Discharge   | 123 Main St, New York, NY     |
| 9  | <p>CERTIFICATE TO BE SIGNED BY SOLDIER</p> <p>I hereby acknowledge that at the undernoted place and date I received my discharge Certificate</p> <p>M. A. W.</p> <p>Signature of Soldier</p>       |                               |
| 10 | <p>CONFIRMATION</p> <p>The discharge of the above named man is hereby confirmed.</p> <p>Date: 10/15/1918</p> <p>Place: Paris, France</p> <p>Signature: [Signature]</p> <p>(O C Discharge Unit)</p> |                               |

LIST OF DISCHARGE DOCUMENTS

12

Allocation Report, Form W-2  
 or Particulars of Return  
 Full Control Sheet  
 General Form  
 Last Tax Certificate  
 Certificate that residing in foreign country  
 Medical History Sheet  
 Prescription of Medical Supplies  
 Dental History Sheet  
 Medical Report  
 Regimental Control Sheet  
 Company Control Sheet

(Faint, illegible text, likely bleed-through from the reverse side of the page)

(Faint, illegible text at the bottom of the page, possibly a signature or stamp)

**LIST OF DISCHARGE DOCUMENTS.**

|   |                                     |
|---|-------------------------------------|
| Attestation Paper, Triplicate .....                       | Militia Form W. 23                  |
| or Particulars of Recruit.....                            | Militia Form W. 133                 |
| Field Conduct Sheet .....                                 | Militia Form W. 178 or A.F.B. 122   |
| Casualty Form .....                                       | Militia Form W. 54 or A.F.B. 103    |
| Last Pay Certificate .....                                | Militia Form W. 44                  |
| Certificate that missing documents are unobtainable ..... |                                     |
| Medical History Sheet.....                                | Militia Form B. 313 or A.F.B. 178   |
| Proceedings of Medical Board.....                         | M.F.B. 227, A.F.B. 179 or A.F.A. 45 |
| Dental History Sheet.....                                 | Militia Form B. 465                 |
| Medical Report .....                                      | M. F. W. 129 or D. M. S. 1375       |
| Regimental Conduct Sheet .....                            | Militia Form B. 263                 |
| Company Conduct Sheet .....                               | Militia Form B. 263a                |

Group.....  
Checked by No.....  
Date.....

*22*  
*12/6/19*

Report No. \_\_\_\_\_

Army Form W. 3212.

(In books of 100.)

Regtl. No.,  
Rank and Name

3353171 Pte Foster

Age \_\_\_\_\_  
Corps 15 Res

Disease

Influenza

Hospital

Beambott

To Officer i/c Laboratory

Ward

Army 3

Please carry out an examination of the accompanying specimen of

Urine

with special regard to

Examination

Nos. of previous Reports (if any)

In Pathological Reports a résumé of clinical history, treatment or progress since last report should be given.

Date

26.9.18

O. i/c

Ward.

**LABORATORY REPORT.**

Acid acid  
Alb neg

10.25  
negative

Date of Examination

27/9/18

13

A. Montgomery Capt  
O. i/c Laboratory.

12 Nov

3353171 The Foster

Form No

Infantry

Company 3

Thames

in the execution of the assignment of

Thames

1. A detailed report of the results of physical fitness tests conducted on the above named personnel during the period

12 Nov

Word

LABORATORY REPORT

A. Thompson

12/1/12



G. Jaster - Father  
Big Stick Lake

Jask

MEDICAL CASE SHEET.\*

|                                     |                |        |          |                 |
|-------------------------------------|----------------|--------|----------|-----------------|
| No. in Admission and Discharge Book | Regimental No. | Rank.  | Surname. | Christian Name. |
|                                     | 3353171        | Pte    | Jaster   | A               |
| Year                                |                | Unit.  | Age.     | Service.        |
| 1918                                |                | 15 Res | 22       | 3/12            |

Station and Date. *Bransholt 26.9.18*

Disease *Influenza* *Temp 102*

*Illness began a day ago with cold, headache, cough, expectoration, pain in chest, dyspnoea, nausea & vomiting, indigestion*

Exam. *face flushed, heart full, tongue moist coated.*

*Chest Expansion equal good.*

*breathing vesicular, râles scattered over chest.*

*lungs firmament.*

*12-10-18 Recovered for leave*

*D. J. Jaster*



CLINICAL CHART.

Army Form B. 181

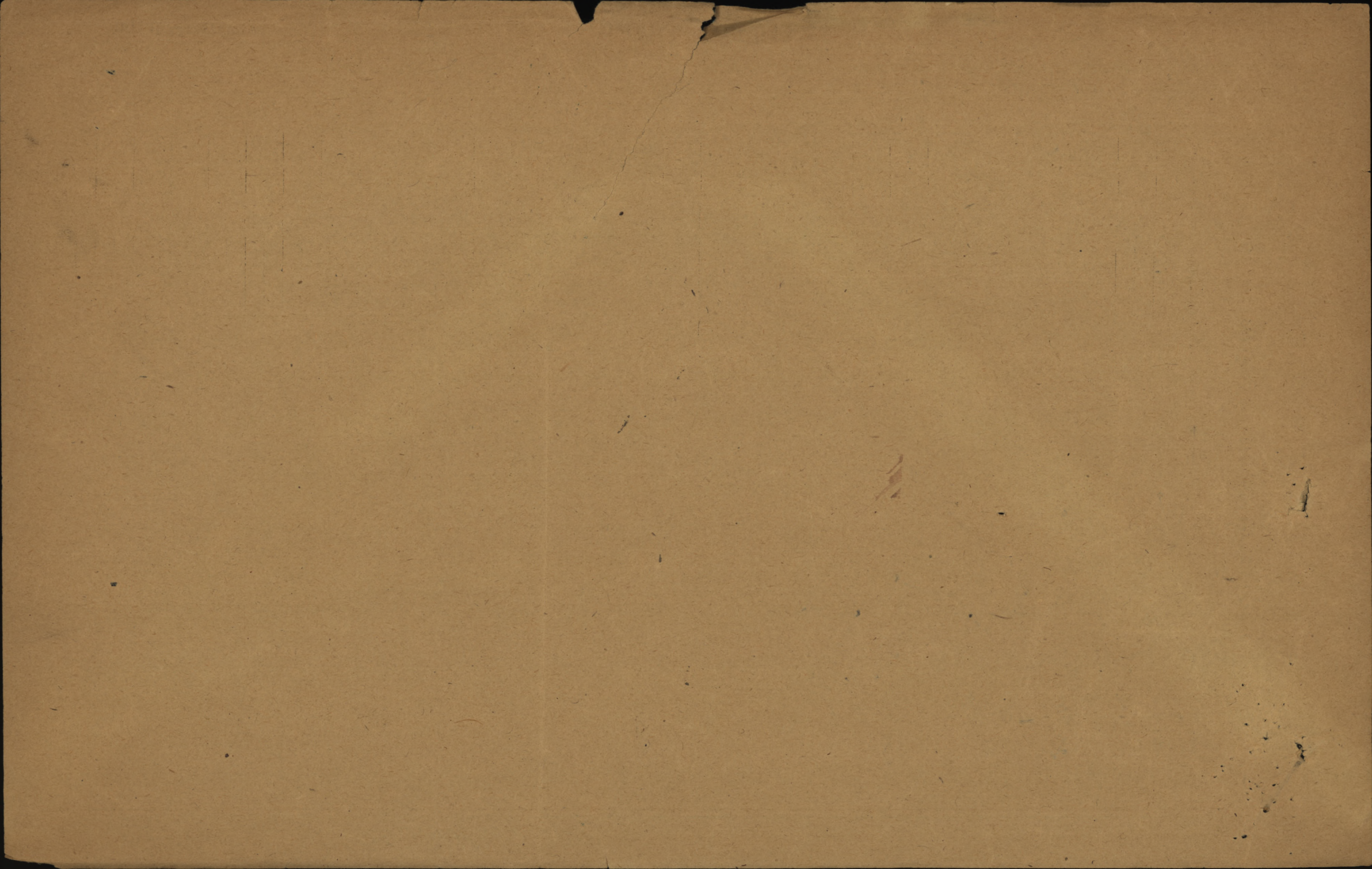
Corps 15 Res (To be attached to Case Sheet.) Military Hospital Branshott  
 No. 3353171 Rank and Name Pte Jaster A Age 22 Service 3/2  
 Disease Influenza Date of admission 26.9.18 Date of discharge 14.10.18 Result Recovered

| Dates of Observation    | Days of Disease |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |
|-------------------------|-----------------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|
|                         | 1               | 2    | 3    | 4    | 5    | 6    | 7    | 8    | 9    | 10   | 11   | 12   | 13   | 14   | 15   | 16   | 17   | 18   | 19   | 20   | 21   | 22   | 23   | 24   | 25   | 26   | 27   | 28   | 29   | 30   |
| Temperature Fahrenheit  | Time            |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |
|                         | A.M.            | P.M. | A.M. | P.M. | A.M. | P.M. | A.M. | P.M. | A.M. | P.M. | A.M. | P.M. | A.M. | P.M. | A.M. | P.M. | A.M. | P.M. | A.M. | P.M. | A.M. | P.M. | A.M. | P.M. | A.M. | P.M. | A.M. | P.M. | A.M. | P.M. |
| 107°                    |                 |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |
| 106°                    |                 |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |
| 105°                    |                 |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |
| 104°                    |                 |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |
| 103°                    |                 |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |
| 102°                    |                 |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |
| 101°                    |                 |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |
| 100°                    |                 |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |
| 99°                     |                 |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |
| 98°                     |                 |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |
| 97°                     |                 |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |
| Pulse per Minute        | 100             | 85   | 92   | 88   | 76   | 78   | 78   | 66   | 58   | 60   |      | 70   | 69   | 68   | 76   | 64   |      |      |      |      |      |      |      |      |      |      |      |      |      |      |
| Respirations per Minute | 40              | 36   | 26   | 34   | 22   | 22   | 26   | 20   | 21   | 20   |      | 20   | 20   | 20   | 18   | 20   |      |      |      |      |      |      |      |      |      |      |      |      |      |      |
| Motions per 24 hours    |                 |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |

On admission  
 cal spec in  
 mag spec 1000

Signature W. J. J. J.

In charge of case.



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

REGT. No. 3353171 RANK *Pte* NAME (IN FULL) *JASTER, A.*

M. OR S. \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_

ADDRESS *Merchants Bank of Canada, Maple Creek, Sask.*

IS SEPARATION ALLOWANCE PAID? \_\_\_\_\_ DATE EFFECTIVE \_\_\_\_\_

TO WHOM PAID *nil* RELATIONSHIP \_\_\_\_\_

ADDRESS \_\_\_\_\_

ORIGINAL UNIT C.E.F. *15128R* IF IN P.F. WHAT UNIT? \_\_\_\_\_

PLACE OF ATTESTATION \_\_\_\_\_ TRANSFERRED TO \_\_\_\_\_ DATE \_\_\_\_\_ AUTHORITY \_\_\_\_\_

DATE OF ATTESTATION *22/6/18* TRANSFERRED TO \_\_\_\_\_ DATE \_\_\_\_\_ AUTHORITY \_\_\_\_\_

ASSIGNED PAY \$ \_\_\_\_\_ DATE EFFECTIVE \_\_\_\_\_

PAYABLE TO *nil* RELATIONSHIP \_\_\_\_\_ ANY CHANGE IN ASSIGNEE OR ADDRESS \_\_\_\_\_

ADDRESS \_\_\_\_\_

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE \_\_\_\_\_ EFFECTIVE \_\_\_\_\_

DISCHARGED *Regina* PLACE \_\_\_\_\_ DATE *JUN 26 1919* REASON *Demob* AUTHORITY *DO 18* IF ENTITLED TO POST DISCHARGE PAY \_\_\_\_\_

BALANCE FROM PREVIOUS ACCOUNT

| MONTH   | PAY AND F.A. |      | OTHER CREDITS |        | TOTAL CREDITS |        | ACQUITTANCE ROLLS |            |            | CASH PAYMENTS |            |            | ASSIGNED PAY | REGIMENTAL CHARGES |  | OTHER CHARGES |  | TOTAL DEBITS |        | BALANCE |        | PARTICULARS OR REMARKS        |   |
|---------|--------------|------|---------------|--------|---------------|--------|-------------------|------------|------------|---------------|------------|------------|--------------|--------------------|--|---------------|--|--------------|--------|---------|--------|-------------------------------|---|
|         | NO. OF DAYS  | RATE | AMOUNT        |        |               |        | COL. NO. 1        | COL. NO. 2 | COL. NO. 3 | COL. NO. 1    | COL. NO. 2 | COL. NO. 3 |              |                    |  |               |  | DEBIT        | CREDIT | DEBIT   | CREDIT |                               |   |
| 3/15/19 |              |      |               |        | 143.47        | 143.47 |                   |            |            |               |            |            |              |                    |  |               |  |              |        |         | 143.47 | <i>143.47 Cr. from L.T.C.</i> |   |
|         |              |      |               |        |               |        |                   |            |            |               |            |            |              |                    |  |               |  |              |        |         |        |                               |   |
| 6/4/19  | 36           | 1.10 | 39.60         | 35.00  | 74.60         |        |                   |            |            |               |            |            |              |                    |  |               |  |              |        |         |        |                               | <i>8.00 paid 27/6 4/19</i>  |
|         |              |      | 37.40         | 178.47 | 215.87        |        |                   |            |            |               |            |            |              |                    |  |               |  |              |        |         |        |                               | <i>WAR SERVICE GRATUITY M.D. 12</i>                                     |
|         | 122          |      |               |        | 280.00        | 280.00 |                   |            |            |               |            |            |              |                    |  |               |  |              |        |         |        |                               | <i>12.00</i>  |
|         |              |      |               |        |               |        |                   |            |            |               |            |            |              |                    |  |               |  |              |        |         |        |                               | <i>I certify that all payments on this account have been completed.</i> |
|         |              |      |               |        | 280.00        | 280.00 |                   |            |            |               |            |            |              |                    |  |               |  |              |        |         |        |                               | <i>70.00</i>  |
|         |              |      |               |        |               |        |                   |            |            |               |            |            |              |                    |  |               |  |              |        |         |        |                               | <i>70.00</i>  |
|         |              |      |               |        |               |        |                   |            |            |               |            |            |              |                    |  |               |  |              |        |         |        |                               | <i>61.20</i>  |
|         |              |      |               |        |               |        |                   |            |            |               |            |            |              |                    |  |               |  |              |        |         |        |                               | <i>280.00</i>   |
|         |              |      |               |        |               |        |                   |            |            |               |            |            |              |                    |  |               |  |              |        |         |        |                               | <i>280.00</i>   |

*[Signature]* Capt. Paymaster War Service Gratuity Military District No. 12

GENERAL ACCOUNTS DEPT. DISTRICT AUDITOR M. D. 12  
OCT 21 1919

JUL 26 1919  
AUG 26 1919  
SEP 26 1919

