

25127

DISCHARGE DOCUMENTS

R. O. No.

H. Q. No.



Proceedings of Court of Inquiry or on men reported Missing on Active Service.....

Attestation Papers..... *1*

Declaration of change of name.....

Authority for special enlistments.....

Documents of re-enlisted men.....

Regimental Conduct Sheet.....

Compulsory Stoppages.....

Casualty Forms..... *1*

Proceedings on discharge..... *2*

Corps History Sheet.....

Date and No. of Deposit Receipt for Purchase Money and Amount.....

Parchment Certificate.....

Medical Report for Invalids.....

Medical History Sheet..... *1 sent to B. P. Co. 5-4-18*

Proceedings of Regt. Court Martial.....

Copies of Convictions by Civil Power.....

Company Conduct Sheet.....

Clothing Transfer Certificate.....

Inventory of Kit.....

Last Pay Certificate..... *2*

Name *Baker Foster E.*

Regt. No. *748850* Rank *lpl.*

Corps *117th Bn. I.C. 9th*

Med. Unfit.



402241

*14-17
18-17
33-18
1*

MM

Q. T. B. 122.1

*1 cas card
1 small copy IR 1, 2, 4
1 pay card*

Number

448850

Rank

a/cpl

Surname

BAKER

Christian Name

Foster Euan

Units

114th Bn Inf. Theatre of War England.

Date of Service

24-8-16

Remarks

Latest Address

Magog, Stanstead,
Ips

Roll No.

A page 4173

200m.-6-21.

DESP. NOV 11 1922
REG. NO. 2047

0/27
6/1/18

This space to be for numbers.

Proceedings on Discharge.

913

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

No. 748850	
Rank Corporal	
Name Baker, Foster Euan <small>NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.</small>	
Corps (Squadron, Battery or Company) 117th. Battalion CEF.	
Date of Discharge 6th. Feb. 1918.	
Place of Discharge Montreal, P. Q.	
1. DESCRIPTION AT THE TIME OF DISCHARGE.	
Age.....26.....years.....5.....months.	Descriptive Marks 1 Vacc. Mark
Height.....5.....feet.....4 1/2.....inches.	
Complexion Fair	
Eyes Blue	
Hair Fair	
Trade Clerk	
Intended place of residence } <i>Magog</i> (To be given as fully as practicable.) } <i>the Blainhead P.Q.</i>	
2. The above-named man is discharged in consequence of Medically Unfit (Sickness) AAG MD4, 22-B-1581, d/2-2-18.	
<small>N.B.—The cause of discharge must be worded as prescribed in the King's Regulations and be identified with that on the character certificate. If discharged by superior authority, the number and date of the letter to be quoted.</small>	
To be in the handwriting of the Commanding Officer, who will himself make identical entries on the character certificate and initial them.	3. Conduct and character while in the service have been, according to the records, etc. <i>Good</i>
	<small>N. B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldier and the Officer Commanding his Squadron, Battery or Company:</small>
	4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.) <i>Clerk</i>



M. F. B. 218.

50m.—3-16.

H. Q. 1772-39-113.

(OVER)

*Non effective
Branch
21-2-18
O.O*

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

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

6. Medals and Decorations.....

To be copied by the Commanding Officer on to the parchment Discharge Certificate.

7. His account is correctly balanced, and signed by the Officer Commanding his Company. (*Squadron or Battery*), and I have impartially enquired into all matters brought before me in accordance with Regulations.

(Place).....

(Date)..... Commanding

8. **Certificate to be signed by the Soldier on Discharge**

I hereby acknowledge that I received all my Pay, Allowances and Clothing, and all just demands, up to the present date, subject to the reservations of the claims noted on the third page.

(Place)..... Montreal, P.Q. *J.E. Burt*..... (Signature of Soldier.)

(Date)..... 6th. Feb. 1918. *J.M. Hocking*..... (Signature of Witness.)

When a soldier is absent through illness or any other cause and it is not desirable to forward these proceedings to him for signature, a manuscript copy should be sent for the man to sign, and when returned, should be attached here.

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

I hereby declare that I do of my own free will request to be discharged from His Majesty's Service.

..... (Signature of Soldier.)

10. **Statement of Service.**

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

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

11. **Confirmation of Discharge.**

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

(Place) Montreal, P.Q......

(Date) 6th. Feb. 1918......

W.A. Stevens Lt. Col.
(Signature) O.C. Composite Regiment CEF.

Reservations referred to at Para. 8.

(To be signed by the soldier. When there are none, it is to be so stated, and signed by the soldier.)

J. E. Butler

List of Discharge Documents.

<p>Reg. Conduct Sheet, Militia form B. 263.</p> <p>Squadron } Battery } Conduct Sheet, " B. 263a. Company }</p> <p>Copies of Convictions, by C. P. in MS.</p> <p>Med. Hist. Sheet, Militia Form B. 313</p> <p>Medical Report for Invalid* " B. 227.</p> <p>Statement of Man's Account on Transfer and Last Pay Cer- tificate, " D. 877.</p> <p>*Only if discharged "Medically unfit."</p>	<p>Attestation Paper, Militia Form B. 235.</p> <p>Proceedings on Discharge " B. 218.</p> <hr/> <p style="text-align: center;">In the case of recruits who are rejected on final approval, the discharge documents will consist of</p> <p style="padding-left: 40px;">(a) Proceedings on Discharge.</p> <p style="padding-left: 40px;">(b) Attestation.</p> <p style="padding-left: 40px;">(c) Medical History Sheet (in the event of such having been prepared.)</p>
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N. B.—In the case of a man discharged by purchase, the date and number of Deposit Receipt with amount of same is to be noted hereon.

A.G.R. Rank Name **BAKER, Foster Euan** Reg'l No. **748850**
 Unit **117th Bn.** If in perm. Corps, }
 What Unit? } **Married or Single** **Single.**
 Place and Date of Enlistment **Sherbrooke,**
18th March, 1916. Place of Birth **Napton, Warw^{ick}, England**
 Name and Address, Next-of-Kin **Kate Baker,**
No 1 Southside
Mayfield Park, Fishponds, Bristol, England. Relationship **Mother.**

Assigned Pay Monthly \$ Payable to

Relationship

Separation Allowance \$ Payable to

Relationship

Discharge, Date and Place

Reason

Character

H. W. & V., Ltd.—7165-16.



Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS. Taken from Official Documents.
Date.	From whom received.				
		<i>Arrived in England.</i>	<i>Emp of Britain</i>	<i>24 AUG. 1916</i>	
<i>19.11.16</i>	<i>O.C 117</i>	<i>Appointed A/Corporal</i>	<i>Seaford</i>	<i>15.11.16</i>	<i>S.O.P. II 272</i>
<i>6.1.17-0</i>	<i>C, 117th-S-O-S</i>	<i>to 23rd Res Bn.</i>	<i>Shoreham,</i>	<i>6.1.17.</i>	<i>Pt II.D.O. 6a</i>
<i>6.1.17</i>	<i>OC 23 Bn</i>	<i>T.O.S. FROM 117th. Bn</i>	<i>Shoreham</i>	<i>6.1.17</i>	<i>Pt II DO 3</i>
<i>7.4.17</i>	<i>"</i>	<i>S.O.S. to 1st QRD + att from 1st QRD.</i>		<i>7.4.17</i>	<i>94. 1st QRD.</i>
<i>11.6.17</i>	<i>--</i>	<i>Adm to Barnwell Mil Hosp.</i>	<i>Cambridge</i>	<i>5.6.17</i>	<i>6235. V.D.G. + Pt II 0152. 2th.</i>
<i>13.6.17</i>	<i>--</i>	<i>bears to be attached on Adm to Hosp</i>	<i>Shoreham</i>	<i>4.6.17</i>	<i>Pt II DO 161</i>
<i>14.6.17</i>	<i>1st Lie.</i>	<i>bears to be on Com 23 Res.</i>	<i>--</i>	<i>4.6.17</i>	<i>Pt II DO 88</i>
<i>16.7.17</i>	<i>23 Res Bn</i>	<i>Discharged Barnwell Mil Hosp.</i>	<i>Cambridge</i>	<i>14.7.17</i>	<i>6252. V.D.G.</i>
<i>24.7.17</i>	<i>1st Lie</i>	<i>On Com to C O D Buxton for Disch</i>	<i>Shoreham</i>	<i>23.7.17</i>	<i>Pt II DO 122</i>

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS Taken from Official Documents.
Date.	From whom received.				
18.8.17	1 st Lieut	leaves to be on Com to CDD } 1 SOS to Canada for Disch }	Shoreham	10.8.17	PH Do 144.
	Dis Depot	Founda fil for duty	Stn Dhs + Montreal.	28-8-17	NR338

(Medical Officers will please read this Form carefully before using it. See instructions, page 4.)

FORM TO BE USED FOR WARRANT OFFICERS, N.C.O'S, AND MEN

MEDICAL HISTORY OF AN INVALID

STATION Montreal. DATE 30th Jan 1918

DEPT. OF MILITIA & DEFENCE
FEB 14 1918
CANADA

1. (a) Unit Special Service (b) Regimental No. 748850 (c) Rank Cpl.
(d) Surname Baker (e) Christian name Foster Edward.

2. Age last birthday 28 Sherbrooke. Date of birth 18th Mar. 1916 4th Aug. 1889

3. Enlisted at Sherbrooke. on 18th Mar. 1916

4. Personal description :-

(a) Height 5ft 6 1/2" (b) Weight 135 lbs (c) Complexion Fair.
(d) Colour of hair Fair (e) Colour of eyes blue (f) Identification marks

5. Address after discharge (for the use of the Board of Pension Commissioners.)

Magog. P.Q.

6. Former trade or occupation Clerk.

	PERIODS	
	From	To
117th Batt. C.E.F.	18th Mar. 1916	1st Sept. 1917
Special Service Batt.	1st Sept. 1917	30th Jan 1918

(b) Has he been Overseas? Yes.

8. Present disease or disability (use authorized nomenclature if possible). Defective Vision.

(a) Date of origin Prior to enlistment. (b) Place of origin England.

(c) Cause* Measles.
*(Here include original disease or injury)

9. Present condition. (Important, to be a full description of the present disabling condition or conditions).

He complains of defective vision, strong sunlight hurts his eyes and requires to wear a shade.

Specialists report dated 29/1/18 states " Pupils are equal, regular and active. Fundi normal. Vision R.E. D.200, L.E. D.30. Defective vision with the right eye is not due to service. Scar of the Cornea being present for several years prior to enlistment.

Condition of right eye cannot be improved by glasses or treatment.

(sgd) Fred Tooke, Capt. A.M.C.

He has a crushed right leg, prior to enlistment, causing no disability. Other systems normal.

[After describing all abnormalities, anatomical and functional, contributing to present incapacity (see section 11) state whether such incapacity is directly due to (a) weakness, (b) loss (complete or partial) of an organ or member or of its functions, or (c) to the necessity for rest of the body or of some of its parts.]

10. History ;

Here give a description of wounds, scars, deformities, and signs and symptoms of abnormal conditions present and not included in answer 8. This section cannot be completed without stripping the soldier and subjecting him to a thorough physical examination

He spent 13 months in France/ England doing clerical work most of the time.

11. To what extent, state in percentages, is capacity to earn a livelihood in the untrained labour market reduced? If there is more than one disabling condition, estimate the incapacity due to each, and that due to all combined. 50%, none due to service.

12. Did the disability arise on or off duty? Prior to enlistment.

13. Was a Court of Inquiry held? No.

14. If the disabling condition had its origin before enlistment, has it been aggravated on service? Not aggravated by service.

15. Was the disability caused or aggravated by negligence, by vice or by misconduct, or by unreasonable refusal to accept treatment? No.

16. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one? Permanent.

17. Treatment (Case reports, general or special, should be secured and attached where possible). None reported.

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

19. Can the former trade or occupation be resumed? Yes.

20. Recommendations Cir. letter 240 Para c dated 6-11-17 H.O. 16-1-25.

Medical Officer by whom the case is brought forward.

STATEMENT OF THE SOLDIER.

(Sections 8, 9 and 10 are to be read to the soldier.)

I, the undersigned NCO. have heard the description of my disability read, and am satisfied (or not satisfied) with it. (If dissatisfied, statement should follow.) I complain in addition of nothing.

Signature of soldier examined.

OPINION OF THE MEDICAL BOARD

21. Does the Board concur with the preceding report? If not, give differing opinions, with reasons, quoting the number of the answer criticized.

CONCUR.

22. Is the soldier fit for

- (a) General service, (Category A) (Yes or No).
- (b) Service abroad, not general service, (" B) (Yes or No).
- (c) Home service, (Canada only), (" C) (Yes or No).
- (d) Temporarily unfit, (" D) (Yes or No).
- (e) Unfit for service in Categories A, B and C, (" E) (Yes or No).

23. It is certified that the soldier

- (a) ~~Does require treatment.~~
- (b) Does not require treatment.
- (c) Should pass under his own control.
- (d) ~~Should not pass under his own control.~~

(Strike out condition not applicable).

24. It is recommended that the soldier be ~~discharged~~, (When not for discharge add special recommendation).

Category "B"

Discharged by special authorization. Fit for service class "B".
(Cir letter 240 Para C dated 6-11-17
H.Q. 16-1-25

TO BE COMPLETED WHEN TREATMENT IS REFUSED

Ad. Molester Capt

President.

W. J. Barlow Capt

Members.

D. C. Kingston Capt

STATION Montreal, Que.

DATE 30th January 1918

APPROVED BY

DATE _____ *W. J. Barlow*
MAJOR For A.D.M.S.
Assistant Director of Medical Services.

APPROVED BY

DATE _____ Director-General of Medical Services.

8117 15-2-18
14-1-18
15502

FEB 15 1918
65-15-2/18 4

21. Does the Board concur with the preceding report? If not, give detailed reasons, and number of the answer criticized.

CONCUR

Lined area for writing answers to questions 21-24.

TO BE COMPLETED WHEN TREATMENT IS REFUSED

I, the undersigned,.....understand the nature of the treatment which it is recommended that I should undergo and refuse to accept it.

Witness..... Signed.....
Should the refusal of the soldier to accept treatment appear to be unreasonable, or should he decline to sign this statement the Board of medical officers should so state.

INSTRUCTIONS

- 1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of pages 1 and 2 of this Form. The President of the Board of Medical Officers is responsible for the proper completion of the space, of page 3, reserved for recording the Proceedings of a Board of Medical Officers.
3. In answering the questions, Medical Officers will carefully obtain and record the soldier's statements concerning his condition. They will distinguish observations made by themselves from hearsay. They will distinctly state the authority for statements not resulting from their personal observation; it must be made clear whether such statements are obtained from the soldier concerned, from witnesses, or from documents.
4. If a complete answer to any question requires more space than that reserved for it, the answer may be continued on the blank space on this page.
5. The nomenclature of diseases to be followed is that described in "List of Diseases" printed in the order in which they appear in the Annual Report on the Health of the Army, published in London, (1915), by Messrs. Harrison and Sons.

PROCEEDINGS OF A MEDICAL BOARD.

Dated at Apr. 27th 1916

No. 748650 Rank Cpl. Name BAKER - F. E.

Local Unit 23 Bus Bath Overseas Unit 117th Bath Age 26

Examination held at Shoreham

DISABILITY.
Overseas—Local.
(scratch one out)

Defective Vision -

1

PRESENT CONDITION.

See specialist report.
R.V. 6/60 - L. 6/60 -
classic

General condition good.

BOARD RECOMMENDS:—

C.3.

SMB. Shoreham.
cannot be raised to
higher category than
C.3. unless 6 mon.
service by Shoreham
Capt.

1. Fit for Duty.....
2. Fit for duty after.....weeks' physical training.
3. Fit for Temporary Base Duty.....weeks.
4. Fit for Permanent Base Duty.....
5. Discharge.....

Signatures:—

Members

[Signature] President.

[Signature]

APPROVED

Dated at SHOREHAM 30 APR 1917 1916.

[Signature] CAPT
D.A.D.M.S. CANADIANS,
SHOREHAM, SEA.

Duty

C 777

Proceedings of Medical Board at Discharge Depot, QUEBEC, Que.

SEP 15 1917

SEP 13 1917

No. Rank Name and Corps of disabled Soldier:—

748850 Corporal

Baker Foster Euan

H.O. 117

Previous civilian occupation:—

Clerk.

Cause of Disability:—

Defective Vision

649-B-19348

B. P. C.

S. D.

Condition, in detail, which prevents the soldier earning a full livelihood:—

This man states he had defective eyes before enlistment. He had a crushed leg which troubled him previous to enlistment. He is able to walk three miles. Strong sun light hurts his eyes he states. The slightest bit of cold he says settles in his eyes.

On examination there is an old angular bone deformity in upper two thirds of anterior tibia of right leg. Specialists eye report

Right Eye vision $\frac{6}{60}$ corneal opacity

Left Eye vision $\frac{6}{6}$

Remarks: History of inflammation of right eye in Childhood. -- Recommend patient for class III

The glasses given soldier are not satisfactory. General health good. Concomitant has improved. OPINION OF THE BOARD. Cleared up.

Degree of incapacity. (Please state in fractions)

10% not due to service

Probable duration of incapacity:—

permanent

Does it render him permanently unfit for Military Service? No

Would operation, Special treatment, or use of appliances, etc., lessen incapacity? No

Signature:—

E. Robertson

President.

Station:—

Quebec

Ramsay Capt

Members

W. R. Grant Capt

Date:—

Sept 7th 1917

APPROVED.

Date:—

7 ⁹/₁₇

N. W. Carr

Asst. Director Medical Services.

Date:—

Director General Medical Service.

2
New Sec 8-10-17
S.W.

ATTESTATION PAPER.

No. 748850

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- 1. What is your surname?..... Baker.....
- 1a. What are your Christian names?..... Foster Euan.....
- 1b. What is your present address?..... Magog, Que.....
- 2. In what Town, Township or Parish, and in what Country were you born?..... Napton, Warwick Eng.....
- 3. What is the name of your next-of-kin?..... Kate Baker.....
- 4. What is the address of your next-of-kin?..... ^{no, Southwick} Mayfield Park, Fishponds, Bristol, Eng.....
- 4a. What is the relationship of your next-of-kin?..... Mother.....
- 5. What is the date of your birth?..... Aug. 4th. 1891.....
- 6. What is your Trade or Calling?..... Clerk.....
- 7. Are you married?..... No.....
- 8. Are you willing to be vaccinated or re-vaccinated and inoculated?..... Yes.....
- 9. Do you now belong to the Active Militia?..... 53rd. Reg. Corporal.....
- 10. Have you ever served in any Military Force?..... 53rd. as above.....
If so, state particulars of former Service.
- 11. Do you understand the nature and terms of your engagement?..... Yes.....
- 12. Are you willing to be attested to serve in the }
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? }

aw

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, ^{no, Euan} Foster E. Baker, do solemnly declare that the above are answers made by me to the above questions and that they are true, and that I am willing to fulfil the engagements by me now made, and I hereby engage and agree to serve in the Canadian Over-Seas Expeditionary Force, and to be attached to any arm of the service therein, for the term of one year, or during the war now existing between Great Britain and Germany should that war last longer than one year, and for six months after the termination of that war provided His Majesty should so long require my services, or until legally discharged.

Foster E Baker (Signature of Recruit)

Date... March 18 1916 1916 (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, ^{no, Euan} F. E. Baker, do make Oath, that I will be faithful and bear true Allegiance to His Majesty King George the Fifth, His Heirs and Successors, and that I will as in duty bound honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity, against all enemies, and will observe and obey all orders of His Majesty, His Heirs and Successors, and of all the Generals and Officers set over me. So help me God.

F E Baker (Signature of Recruit)

Date... March 18th 1916 91 (Signature of Witness)

CERTIFICATE OF MAGISTRATE.

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

The above questions were then read to the Recruit in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said Recruit has made and signed the declaration and taken the oath

before me, at *Herbrook* this *18* day of *Mar* 1916

J E Smith (Signature of Justice)

93

Description of Baker Foster Euan Enlistment.

Apparent Age 25 years 7 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Distinctive marks, and marks indicating congenital peculiarities or previous disease.
(Should the Medical Officer be of opinion that the recruit has served before, he will, unless the man acknowledges to any previous service, attach a slip to that effect, for the information of the Approving Officer.)

Height 5 ft. 1/2 ins.

Chest measurement { Girth when fully expanded 34 1/2 ins.
 Range of expansion 38 ins.

Complexion Fair
 Eyes Blue
 Hair Fair

Religious denominations { Church of England yes
 Presbyterian
 Methodist
 Baptist or Congregationalist
 Roman Catholic
 Jewish
 Other denominations
(Denomination to be stated.)

CERTIFICATE OF MEDICAL EXAMINATION.

I have examined the above-named Recruit and find that he does not present any of the causes of rejection specified in the Regulations for Army Medical Services.

He can see at the required distance with either eye; his heart and lungs are healthy; he has the free use of his joints and limbs, and he declares that he is not subject to fits of any description.

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

Date 18/3 1916 L. P. Cook

Place Shelburne Canada
 Medical Officer.

*Insert here "fit" or "unfit."

NOTE.—Should the Medical Officer consider the Recruit unfit, he will fill in the foregoing Certificate only in the case of those who have been attested, and will briefly state below the cause of unfitness:—

CERTIFICATE OF OFFICER COMMANDING UNIT.

Baker Foster Euan having been finally approved and inspected by me this day, and his Name, Age, Date of Attestation, and every prescribed particular having been recorded, I certify that I am satisfied with the correctness of this Attestation.

Lieut. G. P. Cook (Signature of Officer)

Date MAR 20 1916 1916

117TH EASTERN TOWNSHIP,
 O/S BATTALION C. E. F.

B. 257- J.O.S. W.I. 30-7-4-17- Depot Coy.

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

M. F. W. 54. (A. F. B. 103.)

Casualty Form—Active Service.

117th EASTERN TOWNSHIPS

250M.—1-16.
H. Q. 1772-39-920.

Unit, Regiment or Corps OVERSEAS BATT., C. E. F.

Regimental No. 748850 Rank Private Name Foster Euan Baker

C. E. F.

Enlisted (a) 18-3-16 Terms of Service (Duration of war) Service reckons from (a) 18-3-16

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) best

Date	Report		Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
	From whom received	Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.			

Embarkation

Canada Aug. 14/16

Arrival

England Aug. 24/16

appointed at / Rangoon Seaford Nov 5/16 Part 2. "24/2 Nov 19/16

6.1.17 117th. Bn. Transferred to 23rd. Reserve Battalion, C.E.F. Shoreham 6.1.17 D.P. II O.6A

Abolished Captain
Adjutant 117th. Bn. C.E.F.

6.1.17 23rd. R. Bn. Taken on strength from 117th. Battalion, C.E.F. Shoreham 6.1.17 D.P. II O.3

7.4.17 23rd. Res. Bn. Posted to 1st. Q.R.D. and att. to 23rd. Res. Bn. for duty. Shoreham 7.4.17 D.P. II O.94.

A. Humphrey
Lt. Asst. Adj.
23rd. Res. Bn.

13.6.17 do pages to be attached to 23rd Res Bn

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

[P.T.O.]

for O.C. 23rd. Res. Bn.

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				
9.4.17	23.7.17	TAKEN ON STRENGTH 1st. Quebec Regt'l, Depot, SHOREHAM. Pt. II. D.S.		30.7.17	
23.7.17	1st. Que. Regt'l. Depot. ON COMMAND TO	C.D.D. Buxton.	Pt. II. D.S.	122. 23.7.17	ADJUTANT, 1ST. QUEBEC REG'TL DEPOT.
24 JUL 1917	TAKEN ON STRENGTH C.D.D., BUXTON. Pt. II. ORDER, No. 173				Westman Capt for Lt. Col. Commanding Canadian Discharge Depôt.
	EMBARKED FOR CANADA FROM LIVERPOOL			4 AUG 1917	Westman Capt for Lt. Col. Commanding Canadian Discharge Depôt.

649-B-19348

SURNAME. Baker

S.O.S. Dis.

CHRISTIAN NAMES Gustav Euan.

16-2-18. 4

REGL. No. 748850

RANK Pte.

UNIT 114 th

Batt.

FORMER CORPS 53rd Reg. Corporal.

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL Baker Mrs Kate.

RELATIONSHIP TO SOLDIER Mother

ADDRESS Mayfield Park Fishponds
Bristol Eng.

COUNTRY OF BIRTH England Napton

DATE Aug 4th 1891

PLACE OF ATTESTATION Sherbrooke P. 2

DATE Mar 18th 1916

Sailed from Halifax 14/8/16 per S.S. "Empress of Britain"

L. L. 94504. M. & D. 6512. 6773

M. F. W. 22. 250M.-2-16. H. Q. 1772-39-339.

P/C. 14-8-17.

MARRIED

SINGLE

Yes

WIDOWER

TRADE OR CALLING

Clerk

RELIGION

Church of England

DESCRIPTION.

APPARENT AGE

25

YEARS

7

MONTHS

HEIGHT

5

FEET

4 1/2

INCHES

CHEST MEASUREMENT

34 1/2

INCHES

EXPANSION

3 1/2

INCHES

COMPLEXION

Fair

EYES

Blue

HAIR

Fair

DISTINGUISHING MARKS

Nil

MEDICAL EXAMINATION.

PLACE

Sherbrooke P.Q.

DATE

Mar. 18th 1916

Returned to Canada per S.S. Megantic 14-5-17 aulk
7346.

BETA 90
AUG 28 1917

This space to be left blank for the Chelsea Number.

Army Form B. 268.

A

ADJUTANT 40

Proceedings on Discharge.

(When forwarded for confirmation the documents named on page 4 should be enclosed.)

No. 748850 Army Rank Corporal
Name Baker Foster E.
(The name must agree strictly with that on enlistment, unless changed subsequently by authority.)

Corps 1. Quebec - P. S.
Battalion, Battery, Company, Depot, &c. 117th Bn
(If attached to the Regular Establishment of the Special Reserve or Permanent Staff of the Territorial Force, &c., or to General Staff of the Army, it should be so stated.)

Date of discharge _____

Place of discharge _____

1. *Description at the time of discharge.*

Age	years	months	Descriptive marks.
28			1. Vacc. Mark.
5	feet	6 1/2 inches	
Chest measurement	girth when fully expanded _____ ins.		
	range of expansion _____ ins.		
Complexion _____			
Eyes _____			
Hair _____			
Trade <u> Clerk </u>			
Intended place of residence <u> 5 </u>			
(To be given as fully as practicable) <u> Magog, Quebec. </u>			

(The measurements and description should be carefully taken on the day the man leaves his unit, but in the case of men sent home from abroad for discharge, the age and intended place of residence should be left blank to be filled in by the Officer who confirms the discharge at home.)

2. The above-named man is discharged in consequence of _____

(The cause of discharge must be worded as prescribed in the King's Regulations and be identical with that on the discharge certificate. If discharged by superior authority, the No. and date of the letter to be quoted.)

3. Military character:—

4. Character awarded in accordance with King's Regulations:—

To be filled in on the soldier quitting the Colours.

Certified that the above is an accurate copy of the character given by me on Army Form B. 2067* and that Army Form D. 489 was awarded in this case.

Initials of Commanding Officer.

Army Form B. 2088 has been issued to*

5. He is in possession of the following number of G.C. badges (if the man is a N.C.O. and enlisted prior to 1st July, 1881, the number he would have been entitled to had he not been promoted should be stated).

Is it probable that he will be entitled to another good conduct badge before the confirmation of these proceedings?

Classification for service, or proficiency pay... .. Class _____

6. Campaigns, Medals and Decorations

Local

Certificate of education

7. His accounts are correctly balanced, and I have impartially inquired into all matters brought before me in accordance with Regulations.

(Place) _____

(Date) _____ Commanding _____ Battn. _____ Regiment.

8. *Certificate to be signed by the soldier on discharge.*

I hereby acknowledge that I have received all my pay and allowances (including clothing allowance), and all just demands up to the present date, subject to the reservations of the claims noted on the 3rd page.

(Place) _____ (Signature of Soldier.)

(Date) _____ (Signature of Witness.)

(When a soldier is absent through illness or any other cause, and it is not desirable to forward these proceedings to him for signature, a manuscript copy should be sent for the man to sign, and when returned should be attached here.)

9. *Additional certificate in the case of a soldier who takes his discharge at his own request.*

I hereby declare that I do of my own free will request to be discharged from His Majesty's Service.

(Signature of Soldier.)

10. *Statement of service.*

Service towards engagement to _____ (the date to which the record of service is completed) _____ years _____ days.

Further service " " _____ (the date of confirmation of discharge) " " _____

Total " " _____

11. *Confirmation of discharge.*

The discharge of the above-named man is hereby confirmed for _____ (date)

(Place) _____

Signature _____

(Date) _____

Commanding officers (or the Paymaster if at Netley) will issue to every discharged soldier whose claim to pension, either on account of service or disability, is to be brought under the consideration of the Chelsea Board, a memorandum for his guidance on Army Form D. 401, and will at the same time transmit to the Secretary, Royal Hospital Chelsea, a descriptive return of the man on Army Form D. 400.

RESERVATIONS REFERRED TO AT PARA. 8.

(To be signed by the soldier. When there are none, it is to be so stated and signed by the soldier.)

LIST OF DISCHARGE
DOCUMENTS.

1. Proceedings on discharge.
(Army Form B. 268.)
2. Proceedings on transfer to re-serve (if any).
(Army Form B. 2056.)
3. Duplicate attestation.
4. Army Form B. 97 (if any).
5. Declaration of change of name (if any).
6. Re-engagement paper (if any).
Army Form B. 136.)
7. Authority for continuance, or extension, of service (if any).
Army Form B. 221.)
8. Court of Inquiry on an injury (if any)
(Army Form A 2.)
9. Regimental conduct sheet.
(Army Form B. 120).
10. Company conduct sheet.
(Army Form B. 121.)
11. Copies of convictions by Civil Power (if any).
12. Medical history sheet.
(Army Form B. 178).
13. Medical report on invalid (if any).
(Army Form B. 179).
14. Copy of receipt for purchase money (if any).
15. Attestation of fraudulently enlisted man for corps in which he has not been held to serve (if any).
16. Detailed statement of former service allowed to reckon towards pension (if any).
17. Copy of 3rd page attestation (in the case of men from abroad entitled to deferred pay who go to Netley or the discharge depot for discharge).
18. Descriptive return (Army Form D. 400), where required.
See section 11 on second page.
19. Active service casualty form.
(Army Form B. 103).
20. Employment sheet.
(Army Form B. 2066).

In the case of recruits who are rejected before, or on, final approval, the discharge documents will consist of—

1. Duplicate attestation.
(On third page the date and cause of discharge will be entered and signed by the competent military authority).
2. Medical history sheet (if any).
(Army Form B. 178).

Instructions as to the preparation, dispatch,
and custody, of discharge documents.

1. When a soldier is to be discharged, the documents retained with the duplicate attestation will be placed inside this form. Should any of the documents be missing, an explanation of the deficiency, signed by the commanding officer, must be substituted for the missing document. The officer in charge of records will then extract from the original attestation, any documents required to complete the list of discharge documents enumerated in the margin, which will then be placed in this form in the sequence given.

2. When men are discharged from the colours at home as medically unfit, or with claims to pension, Army Form B. 268 will be sent confirmed, together with the duplicate attestation and documents retained therein to the officer in charge of records 10 days in advance of the date for discharge in the case of invalids, and 14 days in other cases. This officer will then extract from the original attestation any documents required to complete the list of discharge documents enumerated in the margin, place them in this form, and after carefully checking the duplicate attestation with the original forward the whole to the Secretary, Royal Hospital, Chelsea. When such men are discharged abroad, the same procedure will be adopted as above, with the exception that the discharge documents will be sent to the officer in charge of records immediately after discharge takes place (except in the case of men who are granted gratuities on discharge from local battalions or companies, Royal Artillery,

3. When soldiers are sent home from abroad for discharge, the documents retained with the duplicate attestation will be placed inside this form and sent home with the men for transmission to the officer who carries out the discharge, together with the following additional forms:—

- (a) Discharge certificate (Army Form B. 2079 or Army Form B. 264).
- (b) Character Certificate (Army Form B. 2067) if entitled.
- (c) Copy company conduct sheet (Army Form B. 121) when required under King's Regulations.

The duplicate attestation and documents retained therein will be sent to the officer in charge of records, who will extract from the original attestation any documents required to complete the list of discharge documents enumerated in the margin and place them in this form.

4. The discharge documents of re-enlisted pensioners, on re-discharge, will be sent to the officer in charge of records, who will extract from the original attestation any documents required to complete the list of discharge documents enumerated in the margin, place them inside this form, and forward the whole to the Secretary, Royal Hospital, Chelsea, irrespective of the cause of discharge.

5. The original and duplicate attestations of recruits who are rejected before, or on, final approval will be retained by the approving officer for one year, when they will be destroyed.

6. In all other cases the discharge documents will be sent, directly the discharge is carried out, to the officer in charge of records of the unit concerned.

7. Postage need not be paid, and receipts are not required, in the case of documents sent to Chelsea or to the War Office,

8. When the discharge documents of men not entitled to pension are sent to the officer who will have final charge of them, they are to be accompanied by Army Form B. 279, and that officer will, if they are found to be correct, sign and return Army Form B. 279. Should any document be missing, he must at once apply for it.

9. The officers having final charge of the discharge documents will arrange them according to regimental numbers, and enter the names in the alphabetical index, Army Book No. 129.

No. 748850. RANK *Pte*
748350 *Aug. pay list.*

NAME *Baker, Foster, E.*

T. O. S. 17-3-16.
(D. O. 67 of 20-3-16.)

UNIT *117th. Battalion*

M. D. *4.*

PAID FROM	PAID TO	SIG OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
<i>1916.</i> <i>Mar. 17.</i>	<i>1916.</i> <i>Mar. 31.</i>	<i>v</i> <i>v</i> <i>v</i> <i>v</i> <i>v</i>		
	<i>Apr.</i> <i>May</i> <i>June</i> <i>July</i> <i>Aug.</i>			
				UNIT SAILED AUG 14 1916

CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

This form to be used for all Ranks (Vide Articles 122, 130 and 141, Financial Instructions, 25715c, C.E.F., 1916).

Regimental No. 758850 Rank Corporal Name Baker F.E.

Corps Special Service MD.4. who was* Discharged

On February 6th. 1918, to.....

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from February 1st. 1918, to February 6th. 1918, the inclusive date of transfer or discharge.

Dr.	\$	c.	Cr.	\$	c.
Bal. Dr. from prev. month.....			Bal. Cr. from prev. month.....		
Advances } No.....			Reg't Pay..... <u>6</u> days at \$ <u>1.</u> c. <u>10</u>	<u>6</u>	<u>60</u>
by } No.....			Field Allow. <u>6</u> days at \$..... c. <u>10</u>		<u>60</u>
Cheques } No.....			Separation Allowances* (Monthly)	-	--
Assigned Pay and Sep'n Allee. No.....			Other Allowances*	-	--
Other charges			Other Credits* <u>Civilian Clothes</u>	<u>13</u>	<u>00</u>
Payment on transfer or discharge No. <u>2395</u>	<u>20</u>	<u>20</u>	Bal. Dr. (to be deducted by new unit).....	--	--
Balance Cr. (to be paid by the new unit).....	--	--			
Total.....	20	20	Total.....	20	20

* Give particulars.

A monthly stoppage of \$.....(†) has.....(‡) been paid on account of Assigned Pay for the month of.....191..... } (to) Assignee..... }
 and Sep'n Allee. for month of191..... }
 (Address)

(†) Insert amount to be assigned, whether it has been paid or not.
 (‡) Insert "not" if amount has not been paid for period of account.

On Transfer of an Officer

Outfit Allowance of \$..... has been paid by Paymaster, Military District No.....

REMARKS:—

- State (1) date of enlistment 12-5-16.....
 (2) if married and if a Separation Allowance Card has been submitted No Record.....
 (3) cause of discharge Medically Unfit..... authority AAG MD.4......
 (4) authority for transfer 22 B. 1581 D/2-2-18.....

NOTE.—Separation Allowance and Assigned pay Card and Index Card (M. F. W. 71) are to accompany the original Last Pay Certificate on transfer.

I have carefully examined this statement of account and find it to be a correct extract from the Pay-list of the unit.

Date February 5th. 1918.....

Place MONTREAL P.Q......

[Signature]
Special Service Co. Paymaster.

Capt.

N.B.—For purposes of transfer this form is to be made out in quadruplicate. Original copy to paymaster of new unit; duplicate to District Paymaster; triplicate to accompany the pay-list at the end of the month, and quadruplicate for retention as a record.

For purposes of discharge it is to be made out in triplicate. Original copy to accompany discharge papers; duplicate to accompany pay-list at the end of the month, and triplicate for retention as a record.

If a man on discharge is entitled to three months' Post Discharge Pay, Last Pay certificate will be made out in quadruplicate. The original Last Pay Certificate will be forwarded with other documents to Paymaster Post Discharge Pay and triplicate, with his discharge documents.

FORM OF WILL.

J. Foster Evan Baker (Name in full)
Regimental Number 741850 serving in 114 C.I.B. Bn
of the Canadian Expeditionary Force, do hereby revoke all former Wills by me
made and declare this to be my last Will.

I bequeath all my real estate unto

Kate Baker Name and Address
1, Southside, Marlborough of person or
St Albans persons to whom
British, England it is to go.

absolutely, and my personal estate I bequeath to

Kate Baker Name and Address
1, Southside, Marlborough of person or
St Albans, British persons to receive
England personal estate*
(See note.)

**IMPORTANT
NOTE**
This must be Signed
and Dated by
THE SOLDIER
HIMSELF.

this 10th day of August A. D. 1916
J. E. Baker Signature of Soldier.

*N.B.—Personal estate includes pay, effects, money in bank, insurance policy, in fact everything
except real estate.

Signed and acknowledged by the Testator as and for his last Will in the presence
of us both 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.

THE TWO
WITNESSES
MUST
SIGN HERE

Signature of First Witness C. J. Hamilton
Address of Witness Sawy Brwell Ind
Occupation of Witness Soldier
Signature of Second Witness C. J. Franklin
Address of Witness Battleford Sask
Occupation of Witness Soldier

CERTIFIED A TRUE COPY

H. Spencer Reep R.

OFFICER $\frac{1}{c}$ ESTATES, M. & D.

ESTATES BRANCH

SEP 22 1916

MILITIA DEPT.

DUPLICATE

To be made out in duplicate.

DUPLICATE

H.Q. 54-21-23-53

PARTICULARS OF FAMILY OF AN OFFICER OR MAN ENLISTED IN C. E. F.

INSTRUCTIONS.

- (a) This form is only required for men joining units for Overseas Service and must be completed immediately the man is warned for draft overseas.
- (b) Care must be taken to see that a man is allotted his correct Regimental Number. No numbers must be duplicated and once it has been allotted to a man, even if he is subsequently discharged, the same number must never be allotted to another man.
- (c) All questions, etc., must be answered.
- (d) One copy of the form is to be forwarded by Officer Commanding unit for each Officer and man to Officer Commanding Division or District at least seven days before man leaves his station to proceed overseas, for transmission to Accountant and Paymaster General, Ottawa.
- (e) Duplicate copy is to be forwarded direct to Officer in charge of Records, C.E.F. London, immediately after arrival in England.

- (1) Name of Overseas Unit which Soldier joins..... **117th EASTERN TOWNSHIPS OVERSEAS BATT., C. E. F.**
- (2) Regimental Number ~~748826~~ **748850**
- (3) Full Name of Soldier **Foster Euan Batten**
- (4) Place of Birth **Mapton**
Warwickshire Eng.
- (5) Are you married, or not? **No**
- (6) If married, state,
(a) Full name of your wife.....
- (b) Present Postal Address.....
- (7) Are you a widower?
- (8) Have you any children?.....
- If so, give number of boys and girls.....
- Also their names and ages.....

(9) Is your Father alive? *No*.....

If so, state name and address.....

(10) Is your Mother alive? *Yes*.....

If so, state name and address. *#1 South Side, Mansfield Park*

Kate (Dyer) Baker } Fish Pond's Bristol Eng.

(11) If your Mother is a widow. *Yes*.....

Are you her sole support, or not? *No*.....

(12) If sole support of widowed mother, state what amount you have given her per month prior to your enlistment, also reason she has no other support than yourself.

(13) If you have no wife, father, mother or children, state the name and relationship with full postal address of your next of kin, to whom you would desire any communication to be sent concerning you.

(14) If you have a wife, or children, or a widowed mother who depends on you as her sole support, have you applied to the Paymaster of your unit for Separation Allowance? If not, this must be done.

(15) Are you insured? *No*.....

If so, in what Company?.....

Have you made arrangements for payment of your Insurance premium.....

If not, and it is a monthly premium, you can assign the amount in addition to any other assignment you wish to make.

A. Whitehead

CAPT. & ADJT.
FOR O. C. 117th E. T. O/S BATT. C. E. F.
Officer Commanding.

Date *2.3/5/16*.....

Surname
Baker.

Christian Name or Names
F.E.

Reg. No.
748850.

Rank
A.Cp.

Unit

Co. Troop Batty.
23rd. Res. Bn.

Hospital

Date of Admission

Transferred Barnwell. Mil. 5-6-17. Hosp.

Hosp.

Hosp.

Hosp.

Diagnosis

V.D.G. *gh*

(1) Later Diagnosis (if changed)

(2)

(3)

Additional Diagnosis: if more than one state present

DISPOSITION

Date

C.L. 11-6-17. 35.

REMARKS

16-7-17

52. Dis 11-7-17

A.M.D. 2 DEPT.

Bch. of D.G.M.S. O.M.F.C. London,

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.

2.

3.

4.

5.

6.

7.

P.P.P. Complete
B 2016

DEPARTMENT OF MILITIA AND DEFENCE.

S. A. & A. P.
SEP 19 1919
P.C. 285

WAR SERVICE GRATUITY.

DISCHARGE
SEP 16 1919
Military District No. 4
MONTREAL

MILITARY DISTRICT No. 4
SEP 13 1919

OTTAWA, CANADA.

Declaration required of Officers, Warrant Officers and Men who claim War Service Gratuity under Orders-in-Council (P.C. 3165), dated 21st December, 1918, as amended by P.C. 285, dated 8th February 1919, and P.C. 1168, dated 23rd June 1919.

If the applicant will enquire at the local Branch of the Canadian Patriotic Fund he will be informed if there is an official who will take this Declaration free of charge.

A complete reply must be given to every question in this Declaration. There must be no blanks and no dashes. If any questions are not applicable, the words "NOT APPLICABLE" must be written in.

On completion this Declaration is to be returned to THE ASSISTANT DIRECTOR PAY SERVICES OF THE DISTRICT IN WHICH THE SOLDIER WAS DISCHARGED.

1. Reg. No. 748850 2. Rank Corp 3. Original C.E.F. Unit 117th B.I. Batta.
 4. Christian Names Joseph Juan 5. Surname Baker
 6. Address, in full, to which future payments of gratuity are to be forwarded 82 Angyle St. East Braintree, Mass.

7. Give the following particulars of service with Pay and Allowances for each enlistment which you have had in the Naval or Land Forces of Canada or the British Empire on or since the 4th August, 1914. Answer in the following order in space allotted.

	Regt. No.	Rank on Enlistment.	Unit. (State whether Active Militia, Permanent Force, C.E.F. or Naval. If R.A.F. state Wing.)
1st Enl.	<u>848850</u>	<u>Plt.</u>	<u>CANADIAN SERVICE. C.E.F.</u>
2nd Enl.			
3rd Enl.			
4th Enl.			
Imp. Enl.			<u>IMPERIAL SERVICE.</u>

	Date of Enlistment	Date of Discharge.	Rank on Discharge.	Unit from which discharged	Place of Discharge.	Reason for Discharge.
1st Enl.	<u>March 18th 1916.</u>	<u>20th 1918</u>	<u>Corp.</u>	<u>23rd Reg.</u>	<u>Special Service Batta Montreal</u>	<u>Unfit.</u>
2nd Enl.						
3rd Enl.						
4th Enl.						
Imp. Enl.						<u>IMPERIAL SERVICE.</u>

8. (a) Did you revert overseas to a rank lower than the temporary substantive rank held by you on your arrival in England? No. (b) If so, give date and ranks and state if such reversion was in consequence of misconduct or inefficiency Not Applicable
9. Were you at any time on the strength for pay and allowances of a unit of the C.E.F. which was out of Canada or the United States when such pay and allowances were issuable? If so, give particulars of one such unit and dates of service overseas with such unit: No.
10. Were you on the strength for pay and allowances of the Clearing Services Command, having been at any time on duty outside of Canada or the United States? No.
11. Have you been issued with a War Service Badge? If so, give number and class. "C" 10947
12. Are you at present a member of and in receipt of pay and allowances from any Canadian Naval or Land Forces? If so, give unit No.
13. Have you already received any payment of Post Discharge Pay or War Service Gratuity? If so, state amount you and your dependents have already received, from where paid, and on what dates. Yes, \$108.00 or 96.00 - I am not quite sure which of these two amounts I received altogether, but my pay was \$36.00 per month, so presume get the first named amount.
14. Are you entitled to receive, or have you received any payment in the nature of Post Discharge Gratuity from the Imperial Forces? If so, state amount received, or to which you are entitled. No.
15. Were you at the time of enlistment a civil employee of the Dominion or a Provincial Government? If so, state what Government, what Department, and whether civil pay was issued on your account while you were on active service No.
16. (a) Are you receiving treatment from the Department of Soldiers' Civil Re-Establishment? No.
 (b) If so, are you in receipt of full pay and allowances from that Department? No.
17. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge. None.
18. Relationship of such dependent. Not Applicable
19. Present address, in full, of such dependent. Not Applicable
20. Is said dependent now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? If so, give his regimental number, rank, unit and full name. Not Applicable

I have no record of debts

REMARKS

I have previously forwarded a copy of this application duly filled in and signed to Military District #4 and was advised that ~~nothing~~ nothing further was due me as I had received my three months Post Discharge Pay. However, I served two years looking one month and according to schedule of payments for length of service forwarded voluntarily to me, it appears that I am still entitled to a balance of approximately \$40.00 am I right? Obidiesky 400, H.E. Baker.

And I make this solemn declaration, conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under oath and by virtue of the Canada Evidence Act.

Signature of applicant: Foster Evan Baker

Place of Residence: 82 Angyle St. East Brewster Mass

Declared before me at: Quincy, Mass

This 11 day of Sept 1919

Signature of Barrister of the Supreme Court, Stipendiary Magistrate, Notary Public, Justice of the Peace, or Commissioner for the Administration of Oaths.

Ernest L. Crane
Notary Public

Commission Expires December 23, 1921

NOTICE.—If the dependent has not forwarded a Statutory Declaration to Ottawa, in connection with Separation Allowance, it will be necessary to forward one with this application. These are for wife, M.F.W. 148, mother, M.F.W. 147, and guardian, M.F.W. 149, and may be obtained from the Assistant Directors Pay Service, or the Patriotic Fund. Guardian forms must be completed by the present guardian.

Space below this line to be used only by the Assistant Directors Pay Service.

POST DISCHARGE PAY.

Dates paid.	Amounts paid soldier.	Amount paid dependent.
<u>July 2/18</u>	<u>\$ 36⁰⁰</u>	
<u>March 2/18</u>	<u>\$ 36⁰⁰</u>	
<u>April 3/18</u>	<u>\$ 37²⁰</u>	

REMARKS No Overpayments

Certified correct. [Signature]

SEP 17 1919 For Assistant Director Pay Services, Mil. Dist. No. 4

Date _____

MEDICAL HISTORY SHEET.

Surname Baker Christian Name Foster Euan

Examined { on 18th day of March 1916 Approved by L. P. Clark
at Sherbrooke, P. Q.

Birthplace { City or Town Wapton, Warw. Rank Capt. RMC M.O.
County England

Apparent age 25

Trade or occupation Clerk M.O.

Height 5 Feet 4 1/2 Inches. M.O.

Weight 150 Lbs. M.O.

Chest measurement { Minimum 34 1/2 inches. M.O.
Maximum expansion 35 1/2 inches. M.O.

Physical development Good M.O.

Small-Pox Marks M.O.

Vaccination Marks { Arm Right Left M.O.
Number 1

When Vaccinated last 1915 7/5/16 222 M.O.

(a) Marks indicating congenital peculiarities or previous disease M.O.

(b) Slight defects but not sufficient to cause rejection M.O.

ANTI-TYPHOID INOCULATIONS, ETC.

4/26/16 1/2 B 222 M.O.

5/31/16 7 B 222 M.O.

6/23/16 1 B 222 M.O.

Enlisted on 18 day of March 1916 at Sherbrooke P. Q.

	CORPS.	REG'L NUMBER.	HABITS.	DATE.
Joined on enlistment	117TH EASTERN TOWNSHIPS, O/S BATTALION C. E. F.	<u>748850</u>		<u>18/3/16</u>
Transferred to				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
<u>Shoreham</u>	<u>27/4/17</u>	<u>Dysentery</u>	<u>R-3 - Discharge efft C. E. F.</u>

N. B.—This sheet 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.

REGT'L. No.

H. Q. FILE No. 649

NAME

RANK AND CORPS

CABLE

NO.

DATE

NATURE OF CASUALTY

FOLLOWS

No.

FOLLOWS

LIST NO.

HOSPITAL

DATE OF
ADMISSION

REMARKS

35.	Barnwell Mt; Cambridge	5-6-17	V. D. G.
52.	" " " " " " "	14-7-17	" " "

POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

mt

Name Baker, F.E.
Surname

Christian Name

0754-F-5

Regimental Number 748850

Rank

Cpl.

Address (in full)

Magog, C.C. Hanna,

Unit 117th Bn.

P.O.

Original Unit

District where paid M.D.4.

Date of Discharge 6-2-18.

P. D. P. Filing Number 3-99-4.

Rates:—Regimental pay \$ 1.10 per diem; Field Allowance \$.10 per diem. Separation Allowance \$ per month.

L. L. 22573—M. & D. 8009.

Total Credits 91 days	FIRST PAYMENT			SECOND PAYMENT			FINAL PAYMENT			Balance Over- payments to be Recovered	Total Amount Paid
	Cheque No. A	Date	Amount 30 days	Cheque No. B	Date	Amount 30 days	Cheque No. C	Date	Amount 31 days		
109 20	1965	5-2-18	36 00	1935	5-3-18	36 00	1915	5-4-18	37 20		109 20

Remarks:

M. F. W. 127.
50M-617.
1772 30-1140.

File No. 0754-F12

WAR SERVICE GRATUITY.

Register No. B2016

1 NV-29-9-19 2448

Reg. No. 748850 Cpl

Dependent nil

Name Baker, Joster E. S. E. File No.

Address

Address 82 Argyle St. Award ... days at \$... per day \$

East Braintree S. A. ... months at \$... per mo. Less P.D.P. Credited

Masa Less further debit balance Net due paid as below

Pay Soldier \$ TO SOLDIER TO DEPENDENT

Pay Dependent \$

Ag. No.	Ch. No.	Amount
1		
2		
3		
4		
5		
6		
Total		170.80

Days 122 Rate 70 Due 280

Less P.D.P. credited 109.20

Less further Dr. Bal. or overpayment.

Net 170.80

R w 109 11-14-19

Clerk J. H. Peart

Date	Ck. Order	Ck. No.	Amount	Remarks	Date	Ck. Order	Ck. No.	Amount.
17.10.19	31260	529702	170.80		1			
2					2			
3					3			
4					4			
5					5			
6					6			

GEN'L AUDITOR
 Posting checked by
 O.B.B.
 Date 4-10-19

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

M. F. W. 12.
 50m.—6-16.
 H. Q. 1772-39-819.

To Whom

Address

Rate

Bank Account
 Can. Bank of Commerce
 Magog
 Que

By Whom Assigned

Regtl. No.

Rank

Corps

Baker *S-E*
 748850
 Plé
 117th Battalion "A" Co

15.00

SEP 7 1918

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				



MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

M. F. W. 12a.
 50m.-4-16.
 1772-39-819.

Sheet No. 2. *Can. Bank of Commerce*

Name of Soldier *Baker F E.*
117th Batt "a" Co

L. L. Job 310.-Req. 6574.

PAYMENTS

Ph 748850

Month.	Year.	Cheque No.	Amt.	Remarks.
			<i>\$15.00</i>	
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.		<i>L 415716</i>	<i>15</i>	
Nov.		<i>L 19730</i>	<i>15</i>	
Dec.		<i>L 24396</i>	<i>15</i>	
Jan.	1917	<i>L 32439</i>	<i>15</i>	
Feb.		<i>U 36296</i>	<i>15</i>	
March		<i>V 38059</i>	<i>15</i>	<i>15 (JW)</i>
April		<i>W 44868</i>	<i>15</i>	<i>15 L</i>
May		<i>K 358</i>	<i>15</i>	<i>15 Ch</i>
June		<i>Q 6238</i>	<i>15</i>	
July		<i>D 13124</i>	<i>15</i>	<i>15 Ch</i>
Aug.		<i>V 19886</i>	<i>15</i>	<i>S</i>
Sept.		<i>W 28895</i>	<i>15</i>	<i>OB</i>
Oct.		<i>V 32953</i>	<i>15</i>	<i>Cancelled V 32953 R.L.</i>
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

SEP 1 1916

..... A/c Closed *31-8-17*
 Ret'd per *Mugantie*
 Date *14/8/17* F X *9/1/17*
 Clerk *R. Foisy*

180.

J.P.

A.Y.

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

PAYMENTS.

Name of Soldier _____

Month.	Year.	Cheque No.	Amt.	Remarks.
Aug.	1918			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1919			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1920			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

Sept. 1/16.

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

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RATE OF ASSIGNMENT

Bank Account.

<i>15.</i>			
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PARTICULARS OF SEPARATION ALLOWANCE

No. *748850.*
 Rank *Pte.* Promoted Reverted Discharge
 Soldier's Name *F. E. Baker.*
 Battalion *117 Battr. 'a' Coy.*
 Beneficiary
 Relationship
 Address

For Credit PARTICULARS OF ASSIGNMENT

Name *F. E. Baker.*
 Address *Can. Bank of Commerce*
 Change of Address *Magog. Que.*
 1
 2
 3
 4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
<i>1917</i> <i>Aug 21</i>			<i>180</i>	<i>180 -</i>	<i>AP a/c closed Returned "Mergantie" 14-8-17- 31/8/17</i>

12029
2929

748850.

Baker,

Fos

DATE	PAY		FIELD ALLOWANCE		WORKING OR SPECIAL PAY		ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS				CASH PAYMENTS		
	NO. OF DAYS	RATE	AMOUNT	NO. OF DAYS	RATE	AMOUNT				NO. OF DAYS	RATE	AMOUNT	NO.	DATE	NO.	DATE

Balance Inward.

6662 7/5 (Bux)

1460.

5429 25/7 (Bux)

973.

MONTH	PARTICULARS	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFER. PAY	SEC. ALICE ENG.
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04/12 Bal fwd 1069

1069

Bankability of

1069

Nil

Balance transferred to N. E. Branch

nil

Foster Evans

PAYMENTS		ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
3	4				CREDIT	DEBIT			
					59 02				
		9 ✓		24 33	34 69				
		15 ✓		24	10 69 ✓				

\$900; V.D. 20-6-17 = 14-7-17. 16 days @ 60¢.
 M 528 Barnwell.
 \$1500; V.D. 5-6-17 = 29-6-17 25 " @ 60¢.
 M 424 Barnwell.
 A.L.P.C. 27/9/17 Ottawa
 by L.P.C. Bch.