1st DEPOT BATTALION, N. B. REGIMENT

7

M. D. ..... Depot Battalion ..... Regiment

Regtl. No. 4062154

DMR 25-9-18

PARTICULARS OF RECRUIT

DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class .....)

DUPLICATE.

1. Surname ..... Foster
2. Christian name ..... Basil
3. Present address ..... Grand Harbor, Grand Manan, NB
4. Military Service Act letter and number ..... 659283 FC
   (If man is defaulter, i.e., has not registered under Proclamation, this fact should be stated, together with date of apprehension, or surrender)
5. Date of birth ..... Sept. 3, 1894
6. Place of birth ..... Grand Harbor, NB
   (town, township or county and country)
7. Married, widower or single ..... Single
8. Religion ..... Baptist
9. Trade or calling ..... Fisherman
10. Name of next-of-kin ..... Mrs. Melvin Foster
11. Relationship of next-of-kin ..... Mother
12. Address of next-of-kin ..... Grand Harbor, Grand Manan, NB
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 Grand Manan NB (b) Date Oct. 26, 1917 (c) Category A2

DECLARATION OF RECRUIT

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

Basil Foster (Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age	23 yrs. 10 mths.	Distinctive marks, and marks indicating congential peculiarities or previous disease.
Height	5 ft. 2½ ins.	
Chest measurement	fully expanded 36 ins.	
	range of expansion 3 ins.	1 vacc left arm.
Complexion	Medium	1 scar left side.
Eyes	Grey	
Hair	Brown	

B. Smith Major

O. C. 1st. Depot Battalion New Brunswick Regiment

O. C. ..... Depot Btln.

..... Regt.

Place Sussex NB Date July 30, 1918.

M. F. W. 133.
500M.—5-18.
1772—39—1158.

M. D. DEPOT BATTALION REGIMENT

CERTIFIED TRUE COPY
SUBSTITUTED FOR TRIPLICATE
K.R. & O. PARA. 1904

REGIMENTAL No. 4062154

PARTICULARS OF RECRUIT
DRAFTED UNDER MILITARY SERVICE ACT, 1917.

CLASS

1. Surname: FOSTER
2. Christian name: Basil
3. Present address: Grand Harbor Grand Manan N B
4. Military Service Act letter and number: 659283 F C
5. Date of birth: SEPT 3rd 1894
6. Place of birth: Grand Harbor N B
   (town, township or county and country)
7. Married, widower or single: Single
8. Religion: Baptist
9. Trade or calling: Fisherman
10. Name of next-of-kin: Mrs Melvin Foster
11. Relationship of next-of-kin: mother
12. Address of next-of-kin: Grand Harbor Grand Manan NB
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 Grand Manan NB (b) Date Oct 26 - 1917 (c) Category A 2

DECLARATION OF RECRUIT

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

Basil Foster (Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age 23 yrs 10 mths.

Height 5 ft 2 1/2 ins.

Chest measurement: fully expanded 36 ins.; range of expansion 3 ins.

Complexion medium

Eyes Grey Hair Brown

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

Certified true copy
J. S. Roe Lt
for Lt Col Officer Commanding

O.C. 1st Depot Btln.
New Brunswick Regt Regt.

Place Sussex N B Date July 20th 1918

M.F.W.133. 3M-19-4-18.

REGIMENTAL DOCUMENTS

NAME Pte FOSTER BASIL REGT. NO. 406254 UNIT 1st DBNBR H. Q. FILE NO.

	CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
	ATTESTATION PAPER (M.F.W. 23, 133, or 51)					DEATH
2	CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category
	TRAINING HISTORY SHEET (M.F.W. 113)					
1	FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)				14820	
	REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)					
	COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					
3	MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
	DENTAL HISTORY SHEET (M.F.B. 465)					Category
1	MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					Demob
1	MEDICAL EXAMINATION (M.F.W. 129)					
	TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)					
	PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)					
	DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)					DESERTION
	LAST PAY CERTIFICATE (M.F.W. 44)					
1	PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					
	PARTICULARS OF CHARACTER (A.F.W. 3226)					2
1	COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
1	Disp Cert					14-9
1	Dent "					
1	Misc					14-9
1	Medical					11-9
2	A.A.2.1237					
1	A.F.O.					
	Mess					

W. 2569
100M-11-18
1772-39-1377

Form R 122.
2353—100M—9-12-16.

Rank | Name FOSTER, BASIL. | Reg'l No. 4062154

Unit 174th Dft Bv Troops | If in perm. Corps, What Unit? | Married or Single Single

Place and Date of Enlistment Sussex N.B. July 30/18 | Place of Birth Grand Harbor N.B. Grand Manan.

Name and Address, Next-of-Kin Mrs. Melvin Foster - Grand Harbor, Grand Manan N.B. | Relationship Mother.

Assigned Pay Monthly $ | Payable to | Relationship

Separation Allowance $ | Payable to | Relationship

Discharge, Date and Place | Reason | Character

H. W. & V., Ld.—9546-16.

Report. Date.	Report. From whom received.	Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS Taken from Official Documents.
C/		Arrived in England	HUNTSEND 12 10 18 S S [redacted]		
24-10-18	C R T D	T O S. from Canada.	Purfleet	Spr 12-10-18	Do 295
5-5-19	-	S-O-S. to Gen. Depot	14 Corps	- 1-5-19	- 118 & D/O 106. GD. d/14/5/19
26.5.19	J. Wing C.C.C. C.R.T.	T.O.S. from Gen. Depot	Witley	- 22.5.19	- 20
		96.6.10		3.7.19	
5.7.19	J Wing	S.O.S. to Canada	"	3.7.19	32

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.				

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. 406215-4 Rank Pte Surname FOSTER
(Given name in full)
Basil

Unit or Corps 1st C.R.T. Birthplace Grand Manan N.B.

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

1. GENERAL DESCRIPTION:

Physique good Weight ~~140~~ 150 lbs. Height 5 ft. 3 in. Colour of Eyes ~~grey~~ grey.

Nutrition good

Pulse 68

Condition of arteries normal

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).
1 vaccination mark left arm - linear scar back of right chest

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 yes Cardio-Vascular System no

Special Senses no Integumentary System no Respiratory System yes

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.

Pneumonia and empyema 6 yrs. ago in New Brunswick
V.D.G. in no 81 Can. Gen. Hosp. 14-3-19 to 13-5-19
Discharged fit after four neg. smears.

O.K. E.N.T. C.O. M.D. 4

(If space is insufficient, continue on back of form.)

[OVER]

EXAMINATIONS

THIS SECTION FOR USE OVERSEAS—

Examined at H.M.T. Empress of Britain (Overseas)

Date 7-7-19 Signed W. H. McMillan, Capt 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 B. Foster Pte

(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.)

[OVER]

M.F.W. 129.
1033 (D.P.) 500M-11-18.
1772-39-1142.

C.A.D.C. 5009A

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

2 10 36

NAME OF SOLDIER (Block Letters) FOSTER Basil

REGIMENT 2 Wing C groups RANK pte No. 4062154

Date of Examination in England 7/7/19 Date of Examination in France

DIRECTIONS TO DENTAL OFFICERS

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

PRESENT DENTAL REQUIREMENTS

1. FILLINGS 5, 1831
2. EXTRACTIONS
3. CROWNS
4. DENTURES
   - (a) Full Upper
   - (b) Part Upper
   - (c) Full Lower
   - (d) Part Lower

Assistant Director of Dental Service. M. D. No. 7 JUL 12 1919

HAS HE EVER REFUSED DENTAL TREATMENT ?

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 H. O. Hardy Capt

406215 f

2nd ORIGINAL

Army Form B. 178

To be used (a) for recruits enlisting direct into the Regular Army, and (b) for men of the Territorial Force when they are admitted to Hospital. Army Form B. 178A to be used for Special Reserve recruits and Special Reservists enlisting into the Regular Army.

MEDICAL HISTORY OF

Surname Foster *Christian Name* Basil.

TABLE I.—General Table.

Birthplace { Parish Grand Harbour. / County N Brunswick

Examined { on 26 day of October 191 7 / at Grand Manan N.B.

Declared Age 23 years 0 mths days.

Trade or Occupation Fisherman

Height 5 feet 2½ inches

Weight lbs.

Chest Measurement { Girth when fully Expanded 36 inches / Range of Expansion 3. inches

Physical Development

Vaccination Marks { Arm — RIGHT | LEFT / Number

When Vaccinated

Vision { R.E.—V= / L.E.—V=

(a) Marks indicating congenital peculiarities or previous disease—

One Vacc left arm.

(b) Slight defects but not sufficient to cause rejection—

Approved by Lgd B Smith

Rank for OC 12th Depot Bn

Medical Officer.

Enlisted { at Grand Manan NB / on 26 day of Oct 191 7

	Corps	Regtl. No.
Joined on enlistment		406215 f
Transferred to	Rly Troops	

Became non-effective by

on day of 191

(*Signature*)

(*Rank*)

TABLE III.—Boards; Courts of Enquiry, Vaccination, Inoculations, etc.; Examinations for Field or Foreign Service, Extension, Re-engagement, or Prolongation of Service; Issue of Surgical Appliances; Particulars of Dental Treatment, etc.

Date	Brief Details and Signature
7-7-19.	Vd. Fit a. A E Morgan capt Comdg

TABLE IV.—Service Table.

Station or Troopship	Date of arrival or embarkation	Date of departure or disembarkation

CANADIAN

[11,823] W2836/M2217 1,800,000 6/17 W. P. & Co. (1349)

TABLE II.—Only for admissions to Hospital or to the Sick List in case of Warrant Officers treated in quarters.

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number of days in Hospital	Remarks bearing on the cause, nature, or treatment of the case, likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet.	Signature of Medical Officer
	Day	Month	Year	Day	Month	Year				
No. XI CANADIAN GENERAL HOSPITAL, MOORE BARRACKS, SHORNCLIFFE	14	3	19	13	5	19	V.D.G.	60	On admission F.P.D. G6+++ pus+++ Routine treatment. 4 neg. smears following wounds pmt's etc. Recovered. Discharge to duty Cat A.	C.W. Burns Capt.

Temporary

Army Form B. 178

To be used *(a)* for recruits enlisting direct into the Regular Army, and *(b)* for men of the Territorial Force when they are admitted to Hospital. Army Form B. 178[A] to be used for Special Reserve recruits and Special Reservists enlisting into the Regular Army.

MEDICAL HISTORY OF

Surname Foster *Christian Name* Basil

TABLE I.—General Table.

Birthplace { Parish... / County ....

Examined { on.....day of.....191 , / at .....

Declared Age .....years.....days

Trade or Occupation.....

Height.....feet.....inches

Weight .....lbs.

Chest Measurement { Girth when fully Expanded .....inches / Range of Expansion .....inches

Physical Development .....

Vaccination Marks { Arm..... RIGHT | LEFT / Number ..... | ..... }

When Vaccinated .....

Vision { R.E.—V= ..... / L.E.—V= ..... }

(a) Marks indicating congenital peculiarities or previous disease—

.....

.....

(b) Slight defects but not sufficient to cause rejection—

.....

.....

Approved by .....

Rank .....

Medical Officer.

Enlisted { at..... / on..... day of .....191... }

	Corps	Regtl. No.
Joined on enlistment	Can: Rail Troops	406215
Transferred to		

Became non-effective by .....

.....

on..... day of .....191...

(Signature).....

(Rank).....

TABLE III.—Boards; Courts of Enquiry, Vaccination, Inoculations, etc.; Examinations for Field or Foreign Service, Extension, Re-engagement, or Prolongation of Service; Issue of Surgical Appliances; Particulars of Dental Treatment, etc.

Date	Brief Details and Signature
23/9/18	T.A.B Lockhead
Boscombe 9-1-19	B.II E.P. Lewis Capt. RAMC

TABLE IV.—Service Table.

Station or Troopship	Date of arrival or embarkation	Date of departure or disembarkation

[11,823] W2836/M2217 1,800,000 6/17 W. P. & Co. (1349)

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	Day	Month	Year	Day	Month	Year				
4 T.R. SOUTHERN GENERAL DEVONPORT HOSPITAL	11	10	18	12	11	18	Influenza.	58	admitted with influenza - uneventful recovery. discharged to Millbay.	J. J. Montgomery
V.A. HOSPITAL 20 NOV 1918 Millbay	12	11	18	28	11	18	"	49	Discharged Well to Basingstoke	Capt. RAMC
No. 4 Canadian Gen. Hospital Basingstoke.	28	11	18.	17	2	19	"	81	Recovered. Boarded on old Pleural adhesions	Lt. Col. RAMC

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

M. F. W. 54. (A. F. B. 103.)
350M:—5-16
H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps 1st DEPOT BN, N. B. REG'T.

Regimental No. 406215-4 Rank Pte. Name Foster Basil

Enlisted (a) 30-7-18 Terms of Service (a) Duration of War C. E. F. Service reckons from (a) 30-7-18

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

Extended ..... Re-engaged ..... Qualification (b) Fisherman

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				
		Embarked	Quebec	26/9/18	H.M.T.
		Arrd	Devonport	17/10/18	" Huntsend

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

[P.T.O.

Report		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				

SERVICE AND CASUALTY FORM (Part I).

Army Form B.103—I.
Part I.

(1) *Substantive rank *Acting rank *(To be entered in pencil to facilitate alteration.)	(2) Regiment or Corps	(3) Regtl. No.
(4) Surname FOSTER (5) Christian Names Basil	174 Bde 18th Lks	462134
(6) Army Form, number of, Attestation Form or Record of Service paper		
(7) Whether of British or of Alien origin (*vide* A.C.I. 578 of 1918)		
(8) Date of birth as stated on enlistment		
(9) (*a*)		

(10) Enlistment (*b*) (11) Engagement (*c*)

(12) Service reckons from (*date*) (13) Special conditions (if any) of enlistment (*d*)

(14) Any subsequent variations (if any) of conditions of service

Initials and Rank of an Officer.

(Authority) (*date*)

(15) Category	Date	Medical Authority	Initials and Rank of an Officer

(16) Record of Occupation in Civil life (*vide* Army Order 93 of 1917)

Industrial Group No.
Trade or Calling
Married or Single
Particulars of Trade Test

Occupation Cards despatched on (*date*)
Second Occupation Card despatched on (*date*)

(17) Next of Kin

(18) Demobilizer (*f*) (Place)

(19) Pivotal-man (*f*) (Date) Signature of Posting Officer

(20) Qualifications (*g*) *or* (21) Corps trade and rate

(22) Extended (23) Re-engaged

(24) Miscellaneous entries:—

NOTES.—(a) Here enter particulars of any subsequent claim as to actual age after verification by birth certificate (*vide* A.C.I. 470 of 1918). (b) Whether direct or voluntary enlistment, or called up under the Military Service Acts. (c) Whether for specified term of years or for duration of the war. (d) Whether "for Home Service only," or "not to be transferred without the soldier's consent," &c. (e) If to be retained on Home Service, period, if specified, to be stated, also authority, and on what grounds. (f) Required for demobilization purposes. (g) Signaller, Shoeing-smith, &c.

Army Form B. 103 (II.) to be gummed on here, if required.

Nothing to be written in this margin.

(6 28 19) W10416—P2151 100,000 3/19 HWV(R1460) Forms/B. 103/3

(A) Report: Date	(A) Report: From whom received	(B) Authority of Part II. of Orders	(C) Record of promotions, appointments, reductions, casualties, transfers, postings, &c. All acting as well as substantive promotions to be shown, for method of entry of which see A.C.I. 1816 of 1917. Corps and unit to which transferred and posted to be invariably named	(D) Place of casualty	(E) Date of promotion, reduction, reversion, casualty, &c.	(F) Remarks, and initials and rank of an officer
			Ctr in England SS Huronian		12 10 18	
24 10 18	C R T O		TOS from Canada	Spr Liverpool	20 10 18	DO 295
5 5 19	✓		SOS to Gen Dep	Kly ash	1 5 19	— 1184 & /o 105 GT d/14-5-19
26 8 19	J Wing CCC		TOS from Gen Dep	Witley	22 5 19	— 20

Certified Correct
D Russell Lieut.
for OC i/c Records.

Nothing to be written in this margin.

19/7/19 Eng. TAKEN ON STRENGTH *District Depot No. 7.*
PART II. ORDER No. 200
ST. JOHN, N. B.
2/7/19 *For O. C. District Depot No. 7.*
R W Lane *Lieut. & Asst. Adjt.*

19/7/19 Dis HMS. STRUCK OFF STRENGTH *District Depot No. 7.*
PART II. ORDER No. 200
12/7/19 *For O. C. District Depot No. 7.*
R W Lane *Lieut. & Asst. Adjt.*

MILITARY SERVICE ACT, 1917.

Temporary

MEDICAL HISTORY SHEET.

Foster — Basil

1. Surname ..... Christian name .....

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

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

4. Address (including street and number if any) .... Grand Manan Chocolate Co N B

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 23 day of Sept 1918, by the undersigned medical board sitting at Camp Sussex N B

5. Age as stated 24 Years — Months. 6. Apparent age 24 Years — Month

7. Height 5 Feet 3 Inches. 8. Weight 144 Pounds.

9. Chest measurement { Minimum 33 Ins. / Maximum 35 Ins. } 10. Complexion Fair { Eyes Blue / Hair Brown }

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

13. Number of vaccination marks { Right arm 0 / Left arm 4 } 14. When vaccinated last Recently

15. Distinctive marks and marks indicating congenital peculiarities or previous disease Scar in front of left lung

16. Slight defects but not sufficient to cause rejection .....

The man denies having had { Rheumatism, Tuberculosis, Nervous or Mental disorder. / Epilepsy Syphilis, Asthma. } We find no evidence of past { Rheumatism Tuberculosis, Nervous or Mental disorder. / Epilepsy Syphilis Asthma }

(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 B2

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

(b) Hearing. R. Normal L. .....

Wm Renaud Capt President.

E. T. Kennedy Capt Member. Member.

Signature of Man Basil Foster

Date	Result	Vaccinations	Date	Result	Anti-Typhoid Inoculations, Etc.
23-9-18	WR	M. O.	20-9-18	WR	M. O.
		M. O.	22-9-18	WR	M. O.
		M. O.	23-9-18	WR	M. O.

Joined 30th day of July 1918 at Sussex N B

	Corps	Regtl. Number	Habits	Date
Joined on enlistment		4062152		
Transferred to 1st DEPOT BN. N. B. REG'T.				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station	Date	Disease	Result

If raised in category, record category in a square. The M. O. will initial and date.

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.

M. F. B. 313.
300M —4-18.
1772-39-439.

Surname Foster Christian Name Ethel

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital			Dates of Discharge from Hospital.			DISEASE.	Number of days in Hospital.	Remarks on nature of the disease; how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer.
		Day	Month	Year	Day	Month	Year				

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

THIS IS TO CERTIFY that No. 406154 (Rank) Pte.

Name (in full) FOSTER, Basil enlisted in

the 1st D.B. N.B.R.

CANADIAN EXPEDITIONARY FORCE at Sussex N.B. on the 30th

day of July 1918

HE served in 1st 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 24 yrs. 10 mos.

Height 5' 2 1/2"

Complexion Medium

Eyes Grey

Hair Brown

Marks or Scars

B Foster

Signature of Soldier.

Roman Capt

O. C. DISPERSAL STATION, ST. JOHN, N. B. FOR

Issuing Officer DEPOT #7

Rank

Date JUL 12 1918 19

Date of Discharge

Dispersal Station "C" St. John N.B. No. 1

JUL 12 1918

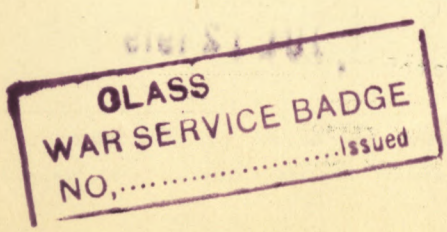
NB- AS NO DUPLICATE OF THIS CERTIFICATE WILL BE ISSUED, ANY PERSON FINDING SAME IS REQUESTED TO FORWARD IT IN AN UNSTAMPED ENVELOPE TO THE SECRETARY, MILITIA COUNCIL OTTAWA, CANADA.

M.F.B. 39A.

1.—That discharge certificate must be carried when wearing uniform.

2.—That uniform can be worn only thirty (30) days after discharge, or when duly authorized in writing, and

3.—That wearing of uniform renders him liable to usual military discipline, as if on the strength of a unit.



Surname	Christian Name or Names	Reg. No.
Foster	B.	4062154.

Rank	Unit
Spr	C.R.T. Dep.

Cas. List.	
31-10-18. C348	4th S. G. Devonport. 11-10-18
	Influenza ~~D.D.E.~~
3. 12. 18 C376	4. C. G. Basingstoke 29. 11. 18.
22-2-19. C437	Dis. 17. 2-19
19.3.19 C458	11 C. Gen Stoneliffe 15.3.19
	V.D.G.C.
15.5.19 C505	Dose 13.5.19

A.M.D. 2 Dept.
Bch. of D.G.M.S. O.M.F.C. London

D.M.S. 1300. 50M-30-8-18.

Cas. List.

D 26-1-20 Auth. B.P.C. d/ 12 Feb. 24

H. Q.

M. D. No. 7

Surname Foster.

T. O. S. July 30th 1918

Christian names Basil.

D. O. Pt. II 212 of 31-7-18

Regtl. No. 4069154 Rank Pte.

S. O. S. 12.7.1919

Unit N.B. Regt. 1st Dpo BW

Reason Demob

Auth DO 200 19.7.19. 1000

Next of kin Foster Mrs. Melvin Relationship Mother

Address Grand Harbor, Grand Manan N.B.

Also notify:

BORN—Place Canada Grand Harbor N.B. Date Sept 3rd 1894

ATTESTED—Place Sussex N.B. Date July 30th 1918

O/S 28/9/18 1459

R/C

W. 22—100M-7-18. 1772-39-839

a7z.
RS

Number 406213-4 Rank Spr B

Surname FOSTER

Christian Name Basil

Units Can Rly Tps Theatre of War England

Date of Service 12-10-18 D.

Remarks

Latest Address Grand Harbour, M-B

Roll No. A Page 3417

200m.-2-21.M.

Form R. 149.

Name Foster Basil Rank Spr Reg. No. 4062154

Unit CRT ~~CE~~ Depot

Next of Kin Mrs Melvin Foster Grand Harbor Grand Manan N B

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
11.10.18	24 S Fen H Devonport		Influenza	C348		30071
29-11-18	14 C. Gen. Base Depot		-do-	C376		2772
17-2-19	Discharged		-do-	C434		17886
10-3-19	11 Egn. Sicilie		20	C458		18662
13-5-19	Discharged		20	C505		37644

Date	Movement	Place	Casualty	List No.	Notified N/K O.		W.O. List

NAME Foster, B.

REGT. No. 406215-4

RANK AND UNIT Spr. Can. Rlwy Troops.

NEXT OF KIN

CABLE	
No.	DATE

NATURE OF CASUALTY

M. F. W. 42—100M.—8-18.
H.Q. 1772-39-893.

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
C348'	4th South. Gen. Devonport	11-10-18	Influenza
C376	4th Can. Gen. Basingstoke	29-11-18	" "
C437	Dutch	17-2-19	"
	11 Cav Fld Ambce.	15-3-19	20
C505	Dutch	13-5-19	21

Form DMS 1401.

C-33-5.

No. 4 Canadian Gen. Hospital HOSPITAL.

A. & D. CARD

AT Basingstoke.

A. & D. No. B1T423 Pl. of Action U.K.

Rank Pte Reg. No. 4062154 Unit C.R.T. 1st Depot. Sick or Wounded

Name Foster B.F. Age 24 Religion Bapt.

Place in Hospital GV

Diagnosis Influenza

Admitted 28-11-18 From Mill Bay area, Plymouth

Discharged 17.2.19 To C.R.T. Ref. Dep. Liverpool

Transferred

Service at Home 4 mos. In Field

Results "B 2"

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

P.T.O.

REMARKS.

P 820
12474—375M—13-2-18.

KINMEL PARK

AUTHORITY
A.P. NOM. ROLL

* Strike out whichever inapplicable.

ASSIGNED PAY. * ~~ENGLAND OR~~ CANADA.	SEPARATION ALLOWANCE. * ENGLAND OR CANADA.
EFFECTIVE DATE:- 1-10-18	EFFECTIVE DATE:-
AMOUNT:- 20.00	AMOUNT:-

NAME:- FOSTER Basil

NUMBER:- 4062154

NAME, ADDRESS, RELATIONSHIP & AUTHORITY | WHEN PAYEE OF A.P. IS THE SAME AS PAYEE OF S.A. THE WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE.

Mrs. Melvin Foster (Mother)
Grand Harbour
Grand Manan
N.B.

~~Stopped 1-4-19~~

N.R. 4-27 K(A-L
K(A-L to P.D. 2

L.P.C compiled 6.6.19
A.P. cancelled 1.7.19

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
L.P.C. from Canada	1-10-18	Pte

UNIT AND TRANSFERS

ORIGINAL UNIT:- Draft No. 174. Can. Ry Troops

DATE ACCOUNT FIRST OPENED:- 1-10-18

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

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS | UPON CLEARANCE OF VOUCHERS, ENTRIES WILL BE CANCELLED BY INSERTION OF DATE CHARGED IN RED INK

DATE OF PAYMENT	NUMBER OF A.R	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R	UNIT PAID BY	AMOUNT
~~6/2/19~~	~~13631~~	B'Stoke	~~4 87~~	26/2/19		94005 a 151 ~~CRTD~~	8 07
~~17/2/19~~	~~114965~~	—	~~4 87~~	26/2/19		" a 152 —	78
~~20/2/19~~	~~6052~~	~~CRTD~~	~~38 93~~			Lct-Bal. 44.98	8 85 20 00
~~5/3/19~~	~~6452~~	—	~~24 33~~			L.P.C. " 10.92	—
~~29.5.19~~ 7.6.19	~~A2466~~ A934	J WINS	~~24 33~~ 34.06				7 3 00

From 16 base 30.6.19. N.R. 10,291. A.6.19. B'stott to Westley M.D.7 "J" Wing.

PARTICULARS OF DEFERRING NON-DEFERRING 31/3/19 Ac Stoke Lct Bal. Hastings Hospital 3/4/19 Lct Bal. 31/3/19 L.P.C. Balance ~~44 98~~ 96 83

DAILY RATES OF PAY AND ALLOWANCES

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

MONTH	PARTICULARS	CR. 1	CR. 2.	PARTICULARS	DR. 1	DR 2.	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
30-9-18	Bal. from Canada								36 10		
Oct.		34 10		C.A.P.				20	50 20		
"		~~34 10~~			— —			~~20~~			
Nov.		33		C.A.P.				20	63 20		
				H A 54147/3 9/11	H 87				58 33		
Dec		34 10		C.A.P.				20	72 43		
				A.A. 10381/19 7/12 "	9 73				62 70		
JAN		31 10		C.A.P.				20	76 80		
		101 20			~~44~~ 60			60			
				1303/16 9/1 B'stoke	H 87				71 93		
Feb.	P.P.	30 80		C.A.P.				20	82 73		
Mar	"	34 10		"				20	96 83		
				" 13881/59 6/2 "	H 87				91 96		
				14865/67 7/2 "	4 87				87 09		
				" 6052/86 20/2 CRTD	38 93				48 16		
				" 6452/93 5/3 "	24 33				23 83		
				94005/151/109 26/2	8 07				15 76		
				" 152/109 26/2	77				14 99		
		~~64 90~~			86 71			~~40~~			
Apl		33		C.A.P.				20	27 99		
				339 12/4/19 M Banks. 12	H 87				23 12		
				94005/168 15/4	37				22 75		
				1588. 8/5. 119 H. 84	4 87				17 88		
May		34 10		C.A.P.				20	31 98		
		67 10			10 11			40			
June	RP	33 —		C.A.P.	— —			20	44 98		

COMPILED BY.....

CHECKED BY.....

COMPILED BY J Stothart

CHECKED BY E A Sweeney

NUMBER 4062154 RANK Pte NAME Foster B.

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
	Bal Fwd	33						20	44 98		
				5266 29/5/19 KP 9	9 73				35 25		
				5934 15/6/19 " 44	24 33				10 92		
				10171 20/6 Welfare 60	9 73				1 19		
				VD 4/3 - 13/5 20. 120 4/6/19 Gen Dpt.		36 00			34 81		
		33.			43 79	36		20			

SOS to Can 3/7/19
SL 96 CRT

Date of Enlistment 30-7-18

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

F 6973

Date of Assignment 1 Oct. 1918

10 L 27 18 S.K.

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

20 00			

PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank Promoted Reverted Discharge

Soldier's Name

Battalion 1 St. Depot. Batt. N. B. Regt. Hfx. 174

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name

Address

Change of Address

1

2 MRS. MELVIN FOSTER, GRAND HARBOUR, GRAND MANAN, N.B. 20 20.00

3 % 4062154 PTE BASIL FOSTER TWENTY DOLLARS

4

Date	Cheque No.	Amount S/A	Amount A/P	Total		REMARKS
Oct.	R 5-39514		20	20	c	
Nov	N 5-6760		20	20	c	
Dec	V 66643		20	20	c	
Jan	Q 75302		20	20	c	
Feb	Y 72361		20	20	m	
Mar	L 8505		20	20	m	
Apr	O 484		20	20	m	
May	Y 6066		20	20	c	
June	M 9917		20	20	c	
July	M 12376		20	20		
			200	200		

06251-B-9.

A/c Closed 31-7-19

Ret'd per Empress of Britain

Date 11-7-19 M.F.W.187 T.N.D.7

Clerk A.J.B. 22-7-19

M.R.0100185

AUTHORITY FOR NEW ACC'T. N.R. M.21-7-B-1 A. Gibson 5-10-18

AUDITED.

M. F. W. 126.
400m.-1-17—172'19-1141
L. L. 22320—M. & D. 7093.

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

CANCELLED

Date of Assignment

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank Promoted Reverted Discharge

Soldier's Name

Battalion

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name

Address

Change of Address

1

2

3

4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS

AUTHORITY FOR NEW ACC'T. .....

M. F. W. 128.
4'OM.—6-17—1'72-39-1141
L. L. 22320—M. & D. 1934.

M.D. No. 7

M. OR S.

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

Grand Harbor. N.B.

AUDITOR | PAYMASTER

REGT. No. 406254 RANK Pte NAME (IN FULL) Foster, Basil (BLOCK LETTERS SURNAME FIRST)

ORIGINAL UNIT C.E.F. 1st D. Batt. IF IN P.F. WHAT UNIT?

PLACE OF ATTESTATION TRANSFERRED TO DATE AUTHORITY

DATE OF ATTESTATION July 20 - 1918. TRANSFERRED TO DATE AUTHORITY 2595-

ASSIGNED PAY $ 20 00 DATE EFFECTIVE

NEXT OF KIN RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? Jul DATE EFFECTIVE

TO WHOM PAID RELATIONSHIP

ADDRESS

PARTICULARS | EFFECTIVE DATE | AUTHORITY

PAYABLE TO Mrs. M. Foster RELATIONSHIP Mother ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS Grand Harbour. Grand Manon N.B.

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE EFFECTIVE

DISCHARGED PLACE St John N.B. DATE 12-7-19 REASON Demob AUTHORITY 100 #200 IF ENTITLED TO POST DISCHARGE PAY

MONTH	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $	C.	OTHER CREDITS $	C.			TOTAL CREDITS $	C.	ACQUITTANCE ROLLS COL. NO. 1 NO.	DATE	COL. NO. 2 NO.	DATE	COL. NO. 3 NO.	DATE	CASH PAYMENTS COL. NO. 1 $	C.	COL. NO. 2 $	C.	COL. NO. 3 $	C.	ASSIGNED PAY $	C.	REGIMENTAL CHARGES $	C.	OTHER CHARGES $	C.			TOTAL DEBITS $	C.	BALANCE DEBIT $	C.	BALANCE CREDIT $	C.	PARTICULARS OR REMARKS
BALANCE FROM PREVIOUS ACCOUNT																																					Emp of Britain 11-7-19
June.							1	19	1	19																											Cr balting L.P.C. 30-6-19
July. 18	1	18	19	80	35 70	00			12	48	cs		cs		ck.	487	5	00	96	12			20	00					125	99							Less allce 1st P.W.S.G.
					WAR SERVICE GRATUITY.																																		2 a Pd by Ott Jucy.
					W.S.G.																				W.S.G.										Soldier			
92 dupat Trin			210	00			210	00															70	00					70	00	140	00					Less P.W.S.G. as above.
																											6	60			6	60	133	40			O.C.T.P. & A on disc
																							63	40							63	40	70	-			Ck. 125715 Apl 15.
																											11	00			11	00	59	00			See Amended L.P.C. on Fyle. 7-7-261
																							59	00							59						Ck 156215 N.R. 241 13/20
Ja			210	-			210	-															192	40			17	60			210	-					NON-EFFECTIVE

200M-3-19.—L. ... 58788-i.t. & D. 9985.
M. F. W. 2496.
1772-39-1390.

Name Foster Enl 30/7/18

Date of Embarkation for England Arrived 12-10-18

Proceeded to France. No

Returned to England.

Date returned to Canada. 3/7/19

Left Ld. 24/10/63

P.R.2855.

Name

Date of Embarkation for England

Proceeded to France.

Returned to England.

Date returned to France.

Millbay / Lieut Montgomery

Forms I. 1237 12

Army Form I. 1237.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
U Hosp 35	406454	Pte	Foster 46	Basil
Year	**Unit.**		**Age.**	**Service.**
1918	Can Rly Trs		24	B/12

Station and Date.	Disease Influenza
Ford House 11.10.18	Admitted from S.S. City of Cork with slight attack of fever
14 15	Improving no fever Improving
7/11/18 12.11.18	Discharge to Con Camp Transferred to Millbay. J. T. Montgomery Lt. RAMC.O.S.a
V.A. HOSPITAL 10 NOV 1918	Discharged well to Basingstoke LDR Cmr.

* The first and last entries will be signed, and transfers from one Medical Officer to another, attested by their signatures.

(6365) W2944/P138 2,950,000 1/18 McA & W Ltd Forms/I. 1237/13 (E 2349)

[P.T.O.

Station and Date.	

CASE HISTORY SHEET.

No 1 Hospital Hospital. H.M.T. Huntsend Station.

No. 4062154 Rank Pte Name Foster B Age 24

Unit 174th Completed years of service (Where and how long)

Date of admission Sept. 30th/18 Date of discharge

Diagnosis Influenza Place of origin Ship.

CONDITION ON ADMISSION AND PROGRESS OF CASE

Complaints: Headache, cough and spitting blood.

Present Condition: General condition poor. Epistaxis. Dull appearance. Irritable. Semiconscious and delirious. Lips cyanosed and covered with herpes. Tongue coated. Throat otherwise negative. Heart negative. Breathing harsh and numerous subcrepitant rales throughout the chest. Breathing distant at bases.
P. 124. R. 30. T. 103.
Abdomen negative.

FAMILY HISTORY (Tuberculosis, mental or nervous diseases.) Not obtained

TREATMENT (Especially any specific or special form.) Bed. Forced fluids. Mouth, nose & throat wash. Paint nose and throat with protargol 50%. A.S. Enema q.2.d. Sponging prn. Teeth & tongue swabbed q.2.h.

CONDITION ON DISCHARGE (and disposal made of case.) General condition improved. Patient feels well. No complaints. Awaiting discharge

Date Oct 9/18

A B Ellerington Capt
Medical Officer i/c case.

M. F. B. 313a.
100M.—6-18.
1772—39-439.

Bed 20 G A

Forms I. 1237 12

Army Form I. 1237.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
B1 1423	406234	Pte	Foster	H B.
Year	Unit.		Age.	Service.
	1st Depot C.R.T.		24	4/12.

Station and Date.

Disease Influenza

28-11-18 Previous Occupation Fisherman Category B ii

Enlisted September 3rd 1918.

England. - September. 28th 1918.

Hospitals. H.M.T. "Hantonia" - 30-9-18.

Ford House Hospital 11-10-18.

Millbay Hospital 12-11-18.

No 4 Canadian General Hospital 28-11-18.

Synopsis of Case Sheet

S.S. "Hantonia" Headache, cough - Hæmoptysis.

F.C. poor. - Epistaxis. Dull appearance. Irritable.

Semiconscious & Delirious. Lips cyanosed & covered with Herpes. Tongue coated. Throat Tonsils hyperæmic Heart hyperæmic Breath sounds harsh & numerous sub crepitant. rales throughout. Breathing distant 42 bases. Temp. 103 Abdomen hyp.

Ford House. Cough & Fever 14-10-18. Improving 7-11-18. To Convalescent Camp.

12-11-18. To Millbay.

20-11-18. To Basingstoke.

Taken sick on transport en route to England. Sent Hospital on Landing - Has been in Hospital since. Typical case of Epidemic Influenza. Has had no elevation of temperature - no Cough. Can walk to Basingstoke & back, 5 miles without difficulty.

Well developed - well nourished in appearance. Good physical condition.

* The first and last entries will be signed, and transfers from one Medical Officer to another, attested by their signatures.

(6365) W2944/P438 2,950,000 1/18 McA & W Ltd Forms/I. 1237/13 (E 2349) [P.T.O.

Station and Date.	
	Heart not enlarged – no murmur heard. regular in rate + rhythm.
	Lungs. Note clear. Breath sounds a little harsher than normal. Crepitation + P. Friction rub heard just to left of nipple line 5th + 6th ribs.
	Luis Kent Clarke Capt.
21.12.18.	Fully recovered. Passed for Base Duty.
	B1 Category on Perm. adhesions
	Chest Luis Kent Clarke Capt.
	Expansion of chest fair almost equal on both sides. Some diminution of descent of right Diaphragm. Base descend almost equally. No Dulness. A fine friction Bruit heard in lower right chest. Axillary line Breath sounds vesicular. Had Emphysema 8 yrs ago. Has never been strong since. Worked as a Bay of Fundy Fisherman.
	Luis Kent Clarke Capt

G. 22.

PART I. A.F.B. 1/9 Canada (Revised 1918). 100m. 16/11/18 D.495

Reserved for M.H.C.

Regt. No. 406215 Rank Pte Surname Foster Christian Name Basil

Unit or Corps—(a) Overseas from United Kingdom C.R.T. (b) in United Kingdom C.R.T. DEPOT

Born at—Town Grand ~~Coast~~ Harbour County or Province New Brunswick Country Canada.

Date of Birth—Day 3rd Month September Year 1894 Age 24 yrs. 3 months.

Joined at ~~July 15~~ Sussex, N.B. Date July 15. 1915

Former trade or occupation Fisherman.

Permanent Marks or any peculiarity that will serve for future identification :—

Scar from operation - Empyema - Right chest.

Height—feet 5 inches 2 Colour of eyes Grey.

Signature of Soldier (*for identification purposes*) Pte Basil Foster

Medical Report

☞ *Read carefully the instructions on last page of this form.*

1. DISABILITY.

Group the disabilities, placing those resulting from separate causes in separate groups.

Disabilities Group (*a*): Old Pleural Adhesions

Disabilities Group (*b*): not applicable

Disabilities Group (*c*): not applicable

2. CAUSE OF DISABILITY

		Place of origin.	Date of origin.
(*i.*) As to Group (*a*) above.	Infection.	Civil life prior to Enlistment	
(*ii.*) As to Group (*b*) above.	not applicable	not applicable	
(*iii.*) As to Group (*c*) above.	not applicable	not applicable	

3. Is the disability due to disease contracted or injuries received prior to Active Service ?

(*i.*) As to Group (*a*) above ? yes. If yes, has Active Service aggravated it ? no

(*ii.*) As to Group (*b*) above ? not applic If yes, has Active Service aggravated it ? not applic

(*iii.*) As to Group (*c*) above ? not applic If yes, has Active Service aggravated it ? not applic

4. Is the disability due to disease contracted or injuries received while on Active Service ?

(*i.*) As to Group (*a*) above ? no

(*ii.*) As to Group (*b*) above ? not applicable

(*iii.*) As to Group (*c*) above ? not applicable

PART I. (continued)

5. MEDICAL HISTORY.

Patient States ① Had Pneumonia 2 years ago - Had an operation on Chest & thick fluid drawn off (about 2 pints.) was sick almost a year afterwards, but gradually got strong.

② Before enlistment could work along at moderately hard work, could do no heavy lifting - but worked as a fisherman in Bay of Fundy on a fishing boat.

③ Called up under Military Service Act September 1918 Sent to England 3 weeks later. Caught Influenza on Transport - Has been in Hospital since.

④ He states he now feels as well as at any time in the last few years.

6. PRESENT CONDITION.

① Well nourished, well developed, in good physical condition. Colour good.

② Has small scar, linear, over 8th rib in the scapular line, right side from old operation

③ Lungs. Expansion of chest fair, almost equal. Some diminution of ~~Expansion~~ descent of the right diaphragm. Bases descend almost equally. No dulness. A fine friction to be heard in lower right chest, axillary line. Breath sounds Vesicular. No moisture

④ Heart.

⑤ Other Systems } No apparent organic lesion

7. OPERATION. (i.) Was one performed? no (ii.) If so, state what,, no

(iii.) Was one advised and declined? not applic

NOTE.—Loss of teeth on or immediately after Active Service should be attributed thereto, unless there is evidence to the contrary.

8. (i.) Is there loss or decay of teeth attributable to Active Service? no

(ii.) If so, describe. not applic

9. DO YOU RECOMMEND:—

(a) Fit for duty? (state category) Yes B1 Category

(b) Invalid to Canada? no

(c) Discharge from the Service as permanently unfit? no

Date of Report. December 22nd 1918

Signed. Lieut Capt Clarke Officer in medical charge.

Station. 4th Canadian General Hospital Basingstoke Hants.

I have satisfied myself of the general accuracy of the above Report, and concur except

Fredk Watts Major for (Officer i/c Hospital) Strike out one (S.M.O. ~~Brigade~~) of these

CANADIAN GENERAL HOSPITAL No. 4 REGISTRAR'S JAN 7 1919 OFFICE BASINGSTOKE

Dated at Station, on 191

*Delete if inapplicable.

PART II.

Proceedings of a Medical Board on the Soldier mentioned in Part I.

10. Is the disability fully described in Part I. (1)? yes
If not, describe it. h.a.

11. Is the cause of the disability fully described in Part I. (2)? yes
If not, describe it. h.a.

12. From the medical information now adduced, was the disability caused or aggravated by :—
(a) Negligence of the Soldier { Caused? no / Aggravated? no }
(b) Misconduct of the Soldier { Caused? no / Aggravated? no }

13. THE ENTIRE DISABILITY.—Without regard to his regular occupation, to what extent is his capacity lessened at present for earning a full livelihood in the general market for untrained labour?
(Estimate at none, 5%, 10%, 15%, 20%, etc.) Not attributable

14. THE DISABILITY DUE TO SERVICE.—*(See Part I. (3)). Aggravation on Active Service of a disability existing previous to joining is to be included in this estimate.)*
What part of the entire disability estimated next above (13) is due to causes arising during Active Service?
(Estimate at none, 1/10, 2/10, 3/10, etc., or all.)

15. Permanency of the Disability due to Service estimated next above in (14).
(i.) Is it permanent?
(ii.) If not permanent, what is its probable minimum duration (*in months*)?

16. If an operation was advised and declined, do you consider the refusal to have been unreasonable?

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

18. REMARKS :—
Category confirmed. C Lewis Capt CAMC.

A.G.1. 9053- 11-11-18

19. RECOMMENDATION :—
(a) Fit for duty? (*state category*) B11
(b) Invalid to Canada? no
(c) Discharge from Service as permanently unfit? no

Date of Board 8-1-19

Station #1 C.G.H. Basingstoke

Signatures of the Board: C Lewis Capt CAMC. *President.*
Wm Goldie Capt CAMC
Reveal Graham Capt CAMC

Approved C Lewis Capt CAMC. for A.D.M.S.

Dated at Basingstoke 8-1-19. Station

Captain, C.A.M.C.
for A.D.M.S., Canadians, London Area.

ASSISTANT DIRECTOR OF MEDICAL SERVICES, CANADIANS, LONDON AREA. FEB 10 1919 13 BERNERS ST. LONDON, W.1

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PART III.

Statement of the Soldier

(This is to be completed only in the case of the Soldier taking his Discharge in England.)
(Sections 1, 2, 5, and 6 are to be read to the Soldier.)

I, the undersigned.....Basil Foster.....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 :—

.....Basil Foster.....
Signature of Soldier examined.

Instructions to Medical Officers

Question 1.—State the disability in terms of a diagnosis, that is, a diagnosis of the existing condition as distinguished from the disease or injury which caused it. It should be noted that in medical cases the disability may be the actual disease; for example, Tubercle of Lung, Chronic Bronchitis, Myalgia, Gastric conditions and so forth. (Follow the nomenclature as laid down in the "List of Diseases" of 1915, and amended by A. C. I. No. 1587 of 1917.)

Question 2.—The cause of the disability when known should be stated and care should be taken to establish as correctly as possible the place and date of origin. This is important in view of the relationship of Questions 3 and 4 to Question 5.

Questions 3 and 4.—*NOTE*—By Active Service is meant Service with the Colours in Canada, the United Kingdom or elsewhere during the present war, (since the 4th August, 1914.)

Question 5.—MEDICAL HISTORY.—State concisely the essential points of the history of the case as supported by documentary evidence. If further evidence is considered necessary to complete the Medical History, the same not being supported by documents, this should be obtained by questioning the soldier, but should be distinctly shown as "Patient's Statement." It is considered advisable that these latter statements be grouped apart from the evidence supported by documents available to the Medical Officer.

Extracts should be made from all entries on the Medical History Sheet.

If answers to Nos. 2, 3 or 4 show that the Soldier is suffering from some condition which pre-existed enlistment, it is advisable that these answers be substantiated as far as possible by statements obtained from the Soldier showing history of previous illness or injury.

Question 6.—PRESENT CONDITION.—As this question is primarily intended for the Medical Officer's report, in answering show clearly the condition of the Soldier at the time of examination.

It is directed that the objective and subjective matter be arranged in separate groups. The objective matter is considered to be the more important, in that it consists of a statement of the Medical Officer's actual finding.

Specialists' reports bearing on the PRESENT CONDITION should be attached.

In addition to description of the disability, a report on "all systems" is required in order that the whole when completed may be a true pen portrait of the Soldier's condition.

The Medical Officer in charge of the case will fill out pages 1 and 2 of this Form. The original must be wholly in the handwriting of the Medical Officer. The copies may be typewritten but must be signed by the Medical Officer who must be responsible that these are true copies of the original.

Finally the O. C. Hospital or S. M. O. or an Officer delegated for such duty by the A. D. M. S., is required to sign a certificate at the bottom of page 2, which reads as follows :—

"I have satisfied myself of the general accuracy of this report and concur therewith, except....."

This is a most important part of the paper and one to which the attention of the Officers concerned should be frequently drawn as it is by such strict supervision that the accuracy and good results of Medical Board work can be assured.

ENTRIES OF RECATEGORIZATION

Date	Station	Category	Signature of M. O.	Date	Station	Category	Signature of M. O.

O.G. - 2.
D.a - C.

SHORT FORM.

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

1. No. 4062157

2. Rank. Pte.

3. Name. Foster — Basil

4. Unit. C.R.T. D.D. No. 7

5. Date of Discharge JUL 12 1919 | Place ST. JOHN, N.B.

6. Reason for Discharge ..... Demobolyzation

7. Authority. [illegible] 1020 (C)

8. Proposed Residence after Discharge ..... Grand Harbour, N.B.

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.? ..... 3rd & Class 'A'

W.S. No.

B. Foster

Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place .....

Date ..... JUL 12 1919

Dispersal Station, St. John, N.B. Military District No. 7

Ramsay Capt.

DISPERSAL STATION, ST. JOHN, N. B. FOR O. C. DISTRICT DEPOT #7 O. C.

Signature .....

(O. C. Discharging Unit.)

M.F.B. 218a

(1184) Wt. /P53 5/19 25M (2) D.St.

E. R. J.

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