ORIGINAL.

4

Mc G. 1006

ATTESTATION PAPER

No.

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS)

476012

1. What is your name? Charles S Foster
2. In what Town, Township, or Parish and in what Country were you born? Corning, N. Y. U. S. A.
3. What is the name of your next-of-kin? Frank P. Foster (Father)
4. What is the address of your next-of-kin? 136 Cedar St. Corning, N. Y.
5. What is the date of your birth? December 2, 1890
6. What is your trade or calling? Electrician
7. Are you married? no
8. Are you willing to be vaccinated or re-vaccinated? yes
9. Do you now belong to the Active Militia? No
10. Have you ever served in any Military Force? no
    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? yes

Charles Foster (Signature of Man.)

J. T. Murphy (Signature of Witness.)

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Charles S Foster, do solemnly declare that the above answers made by me to the above questions 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.

Charles S Foster (Signature of Recruit.)

Date July 28 1916. J. T. Murphy (Signature of Witness.)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Charles S. Foster, 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.

Charles S Foster (Signature of Recruit.)

Date July 28 1916 J. T. Murphy (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 Hamilton this 28th day of July 1916

Robt. E. Kemble (Signature of Justice.) Colonel

I certify that the above is a true copy of the Attestation of the above-named Recruit.

C. S. Lucas (Approving Officer.)

M. F. W. 23.
200 M.—3-15.
H.Q. 1772-39-841.

3rd UNIVERSITY CO. C.E.F.

DESCRIPTION OF Charles S. Foster ON ENLISTMENT.

Apparent Age 24 years 7 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5 ft. 10½ ins.

Chest measurement
- Girth when fully expanded 38 ins.
- Range of expansion 3 3 ins.

Complexion Fair

Eyes Blue

Hair Very fair

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

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.)

Scar of burn on left forearm about ¾" long.

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 July 29 1915 Wm. J. Jackson

Place Haileybury Ont

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

Charles S. Foster 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.

AUG 24 1915

Date 191 .

(Signature of Officer.)

3rd UNIVERSITY CO. C.E.F.

REGIMENTAL DOCUMENTS

NAME Foster Charles Stuart (Cpl) REGT. NO. 476012 UNIT 3rd University Coy. H.Q. FILE NO.

	CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
	Identity Card					DEATH
1	ATTESTATION PAPER (M.F.W. 23, 133, or 51)					Category
3	CASUALTY FORM (M.F.W. 54 or A.F.B. 103)				14862	
	TRAINING HISTORY SHEET (M.F.W. 113)					
1	FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
1	REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)					
1	COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					
1	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)					Demobd.
	MEDICAL EXAMINATION (M.F.W. 129)					
1	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)					DESERTION
	DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)					
	LAST PAY CERTIFICATE (M.F.W. 44)					2
1	PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					
	PARTICULARS OF CHARACTER (A.F.W. 3226)					
1	COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					7-11
1	C.D.D.					7-11
9	Disp. cert.					12-11
1	B.P.C. Form 782					
1	CADC 5009A					
1	misc					
1	Cas. card					
	Med Case sheets					
	Remarks					

W. 2503
1-'14-11-18
C72-1977

A76012 Cpl
I.D. number
No. d'identification

FOSTER
Surname
Nom de famille

Charles Stewart
Given names
Prénoms

PERSONNEL RECORDS CENTRE
CENTRE DES DOCUMENTS DU PERSONNEL

Location
Lieu 3226

ORIGINAL

MEDICAL HISTORY SHEET.

Surname Foster, Christian Name Charles

Examined { on 29 day of July 1915
at Haileybury

Birthplace { City or Town Corning
County Steuben

Apparent age 24

Trade or occupation Electrician

Height 5 Feet 8 Inches.

Weight 153 Lbs.

Chest measurement { Minimum 35 inches.
Maximum expansion 38 inches.

Physical development medium

Small-Pox Marks Leo

Vaccination Marks { Arm Right X Left.
Number one

When Vaccinated last 17 years ago

(a) Marks indicating congenital peculiarities or previous disease Scar of burn about 4" long on left forearm

(b) Slight defects but not sufficient to cause rejection

Approved by Gordon D. Jackson
Rank Lieut 97th M.O.

Date	Fit or Unfit	Examined for Re-engagement,	
17.12.17	Fit		22 OCT 1917 M.O.
			M.O.
			M.O.
			M.O.
			M.O.
			M.O.
			M.O.

Date	Result	Vaccinations.	
Sept 22/15		R Gibson	M.O.
			M.O.
			M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.	
AUG 7 1915	✓	F. B. Harvey	M.O.
AUG 17 1915	✓	F. B. Harvey	M.O.
AUG 27 1915		F. B. Harvey	M.O.

Enlisted on 28th day of July 1915 at Haileybury, Ont.

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	3rd University Coy. C.E.F.	~~No. 1006~~ 476012		
Transferred to..				

CANADIAN

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.
Witley	31-8-17	V.D.S.	A.S.T. Major Corps

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.

M. F. B. 313.
100M.—1-15.
H. Q. 1772-39-439.

Surname Prater Christian Name Leonard

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital. Day	Month	Year	Dates of Discharge from Hospital. Day	Month	Year	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.
SOUTHERN GENERAL HOSPITAL STOURBRIDGE SECTION.		15	10	17	27	11	17	Gs. Shrapnel R Thigh	44	Recovery nearly complete Transfered to Epsom.	A. H. Dunn Capt.
McH Epsom		27	11	17	~~24 12 17~~ 24 DEC 1917			G/W Lt thigh shrap flesh	~~25~~ 28	wound on anterior surface upper third of left thigh healed complained that it was painful on standing Extension complete Flexion slightly impaired has made good recovery with R.T. treatment Catagory Aiii	J H Stewart CAPT: C.A.M.C. "H" DIVISION.
CANADIAN SPECIAL HOSPITAL WITLEY, SURREY		6	6	19	18	7	19	V.D.'s Scabies	43	2 x 6 a 6 x 2 x 1 q. Seaton's Specific Lesions healed discharged as D. P Stoppages as per date	D Kennedy

FOSTER. C.

476012 C

R—122.

Rank — Name FOSTER Charles S. — Reg'l No. 476012

If in perm. Corps, What Unit?

Unit No 3 Un Coy to 11th BN. — Married or Single Single.

Place and Date of Enlistment Haileyburg, 28th July. 1915 — Place of Birth Corning. N.Y. U.S.A.

Name and Address, Next-of-Kin Frank P. Foster, 136, Cedar St, Corning, N.Y.

Relationship Father

Assigned Pay Monthly $ — Payable to

Relationship

X 240

Separation Allowance $ — Payable to

Relationship

Discharge, Date and Place — Reason — Character

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		14 SEP 1915	
30.11.15	OC 11.	Trans. to P.P.C.L.I.	Caesrea	30.11.15	Pte 02667
1=12=15	O C	Taken on Strength		11=12=15	" " 51
11. 12. 16	P.P.C.L.I.	Adm No 3 Gen Hospt	Le Treport	1. 12. 16	G.L. A 508 G.L. A 510 Gsw L. Thigh (Accidental)
1. 1. 17	"	Disch'd No 3 Gen Hospt	"	19. 12. 16	G.L. A 521 "
9 10/17.	E.O.R.	Adm. No. 42. Cas. Clearing Stn.	Fields.	5 10/17	— A. 32. Old wd. L. Thigh.
19 10/17.	"	Trans. to:- No. 8. Gen. Hosp.	Rouen	10 10/17.	— 41. " " " " "
20 10/17.	"	Adm. 1st Southern. Gen. Hosp.	Stourbridge Sick. Birmingham.	16 10/17	— B. 42. " — Gsw. L. Thigh.
20 10/17.	P.P.C.L.I.	Invalided (Wounded) Posted to the E.O.R.D.	"	Fields.	14 10/17. Pte. D/o. 88. D/o. 227 d/25 10/17. R.O.R.D.
30 11/17.	E.O.R.	Trans. to:- Can. Conv. Hosp. W.P.K.	"	Epsom.	26 11/17. C.L.B. 77 G.Sw. L. Thigh. Old

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				
		ceases to be in Hosp. &			E.o.R.D. D/o. 2914/28 12/17.
29 12/17.	7th Res Bn.	Posted from E.o.R.D.	Seaford	24 12/17.	Pt. II D/o. 313.
C. 16.2.18	6th Res. Bn.	Posted from 7th Res. Bn	✓	15.2.18	Pt. II 40.
20.3.18	✓	Appointed. A/L/Cpl. paid	✓	20.3.18	Pt. II 67
24.2.19	✓.	appt'd a/Cpl. with pay.	✓.	22.2.19	E.o.R.D. D/01324 D/-9-6-19
6-6-19	"	S.O.S. to No 3 R.D. Group Witley	a/Cpl	"	6-6-19 — 128
1-8-19	M. Wing	att for all purposes pending disposal	—	Witley	18.7.19 — 113
30.7.19	E.O.R.D.	S.O.S. to "M" Wing. CCC	—	—	20 7/19 — 180.
E.O.R.		103 - L — 84			6.9.19
12/9/19.	Rtwng	S.O.S. to Canada.	"		6/9/19 D.O. 133

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

M. F. W. 54. (A. F. B. 103.)
250M.—1-16.
H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps 6th Can. Res. Bn.

Regimental No. 476012 Rank Pte. Name Foster Charles - Steward.

C. E. F.

Enlisted (a) 28/7/15 Terms of Service (a) D.S.W. Service reckons from (a) 28/7/15.

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) Electrician

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				
20.3.18	O.C. 6th Res	Appointed a/L/Cpl. with pay and allowances to complete establishment	Seaford	20.3.18	Pt II B 067.
24-2-19	O.C. 6th Res.	appointed a/Corp with pay & allowances	Seaford	22.2.19	Pt II Bo 143
6-6-19	O.C. 6th	S.O.S. on posting to 3 Reg Depot Group	Seaford	6.6.19	Pt II Bo 128

OFFICER i/c RECORDS 6th CAN. 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, 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				
		TOS. 23.8.19 WITLEY.			
		SOS, OMFC. TO CEF CANADA 3.9.19			
		J Brown Lieut for OFFICER i/c RECORDS. R. WING C.C.S., WITLEY.			
		EMB'KD TILBURY 6-9-19			
		DISEMB'KD HALIFAX			
		E T Greeley Li			
SEP 6 1919	O. S.	T. O. S. No. 2 DISTRICT DEPOT, TORONTO	1919	PART I D. O.	263
SEP 17 1919	S.O.S.	(DISCHARGED FROM H. M. S.) No. 2. DIS. DEPOT,		PART II.	263

Captain,
For O. C. No. 2 District Depot.

(9178)—Wt. W12165—2146.—1,250,000.—2-15.—C. & G. Forms B. 103/1.

Army Form B. 103.

Casualty Form—Active Service.

CERTIFIED CORRECT.
Canadian Record Office,
Westminster House,
7, Millbank, S.W.

Regiment or Corps C. P. C. L. I.

Regimental No. 476012 McG1006 Rank Pte. Name Foster C. S.

Enlisted (a) 28/7/15 Terms of Service (a) 1 year or duration of war Service reckons from (a) 28/7/15.

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) Electrician

Report Date	Report 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.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
30/11/15		Proceeded overseas			K.R. Reg Lpl
1-12-15	Can. Base	Arrived in France and taken on strength.	Can. Base D.	1-12-15	Nom. Roll.
7-2-16.	Can Base D.	Left C.B.D. for Unit in the Field.		7-2-16.	101/BD/3/214.
12-2-16.	O.C. Battn.	Joined Unit in the Field.		9-2-16.	B.213.
1 12/16	#3 General	G.S.W. L. Thigh	Adm. #3 General	1 12/16	W3034-127
2 12/16	D.C.Bn.	accidentally Wounded	Field	27 11/16	B213 D.B.S. 441
3-12-16.	9. C.F. Amb.	Sh. L. Thigh.	Adm to No 9. C.F. Amb.	27-11-16.	a36. D.C.S. 462 d/ 15-12-16.
3-12-16.	9. C.F. Amb	— do —	Transf to 6 C.B. Stn.	27-11-16.	a36. ____ do ____
2-12-16.	30 to 6 C.B. Stn.	— do —	Adm to. 30 to 6 C.B. Stn.	27-11-16.	a36. ____ do ____
2-12-16.	— do	— do —	Transf to No 30 A. Train.	30-11-16.	a36 ____ do ____
19.12.16	#3 General	G.S.W. Thigh L.	To C.B.D.	19.12.16	W3034/144
20-12-16.	C.B.D.	Taken on strength of C.B.D. "A"		20-12-16.	Nom Roll
28-12-16.	C.B.D.	Left C.B.D. for Unit	Field.	28-12-16.	N.R. D.C.S. 449. d/-
6-1-17	C.F.A.S.	Joined from C.B.D.	Unit	31.12.16	B213

(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				
11-2-17	4th C. I. B.	Granted 10 dys Leave	England.	8-2-17.	B213.
5-10-17	8 C.F.A.	D.W.S.W. High Lt Adm 4/10/17 Trans of to #2 C.C.S.		4-10-17	A9447 - A3495
5-10-17	#2 C.C.Stn	" " " " adm to #2 C.C.Stn		4-10-17	A9564 - A3829
9-10-17	#2 C.C.Stn	" " " " adm 4/10/17 Transf to A Train		9-10-17	A9807 - A4596
10-10-17	8 General	" " " " adm to 8 General		10-10-17	W1466 - A5286
14-10-17	H/S Warilda	" " " " Invalided and Posted to Eastern Ontario Regt'l Depot, Seaford. Per H/S Warilda,		14-10-17	W3083 - 4072. Part II Ords 88 d/ 20/10/17.
12-10-17	O.C. Battn	Evacuated Wounded	Not Stated	5-10-17	B213.

F. Johnston
Capt. for Lt.-Col., A. A. G.
Canadian Section, G. H. Q. 3rd Echelon, B. E. F.

25/10/17.	Eastern Ont. R.	Posted from P.P.C.L.I.	Seaford	16/10/17.	Pt. II B.O. 227.

W.

for Lieut. Col. i/c Records. Lieut. Comdt

28.12.17	O.C. E.O.R.D.	S.O.S. on posting to 7th Res. Bn.	Seaford	24.12.17	Pt. II B.O. 291.

Lieut. & Asst. Adjutant,
for Officer Commanding,
East. Ont. Regt'l Depot.

29-12-17	7th Res Bn	T.O.S. from 7th Res Bn	Seaford.	24.12.17.	Pt 2 B.O. 313.
16/2/18.	O.C. 6th Res.	S.O.S. 7th Res. T.O.S. 6th Res	Seaford.	15/2/18.	Pt II B.O. 40

Forms
I. 1237
12

Copy

Army Form I. 1237.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
TC260	476 012	Pte	Foster	Charles
Year	Unit.	Age.	Service.	
1917	P.P.C.L.I. 3rd Can Div.	26	2 4/12	

Station and Date.

1st Southern General Hospital, Stourbridge Section.

Disease G.S.W. Shrapnel thigh Rt Date of Discharge. Epsom 27.11.17

Date of Admission. 15.10.17

History by Patient. (events leading up to injury or disease).

Wounded Nov: 27/16

Returned to the Line Jan 1/17

Oct 8/17.

Duty at the Time. ab.

PLACE. Lens Date. Oct 8/17

CONDITION ON ADMISSION.

2 Small septic wds front & outer side Rt thigh F.B present

X Ray please 5/11/17 Month or 7/4 if nec:

OPERATION (Description of) Removal pus Shrap: R thigh 26/11/17.

20/11/17 Military Convalescent Home.

Operation 26.10.17

RESULT.

Has Patient had Operation in France?

CONDITION ON LEAVING HOSPITAL.

Wd healed and man in good condition.

Fit for (a) Discharge (b) C.M.H. (c) V.A.D. (d) cases if suitable should be recommended for a C.M.H. in preference to V.A.D.

CONDITION ON LEAVING V.A.D. HOSPITAL.

FURTHER REPORT ON CONDITION WHILE IN HOSPITAL.

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

Wt. W 6604/M 2870—1,500,000—8/17—H. & Sr. (10938). Forms/I. 1237/12. (E239)

P.T.O.

Station and Date.	

E

CANADIAN GENERAL LABORATORY

PARTICULARS OF CASE FOR WHICH WASSERMAN TEST IS REQUIRED

The particulars below are required for statistical purposes and future reference.

Unless these are furnished the test will not be carried out.

NAME Foster C.S. REGT'L NO. 476012 RANK Cpl.

UNIT C.C.C.L. DATE OF FIRST SORE 1919 IF "T" PALLIDIUM FOUND....

SECONDARISE IF ANY.....OTHER SYMPTOMS.....

TREATMENT IF ANY.....ARSENICAL.....MERCURY.....

PREVIOUS WASSERMAN TEST 25-6-19 RESULT ++++

STATION AND DATE 27-8-19

K.R. Johnston

.....CAPT. CAMC.
M.O. "R" WING. CDN. CON. CAMP. WITLEY.

RESULTS OF WASSERMAN (ORIGINAL) QUARIER SYSTEM.

DATE 28.8.19 SERIAL NO.....RESULT. WASSERMAN NEG.

.....MAJOR.
OFFICER COMMANDING.
CANADIAN CAMP GENERAL LABORATORY.

WITLEY. SURREY.
27.8.19.

VDS Clinic

CAN. SPC. HOSP. WITLEY.

C.A.D.C. 5009A

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

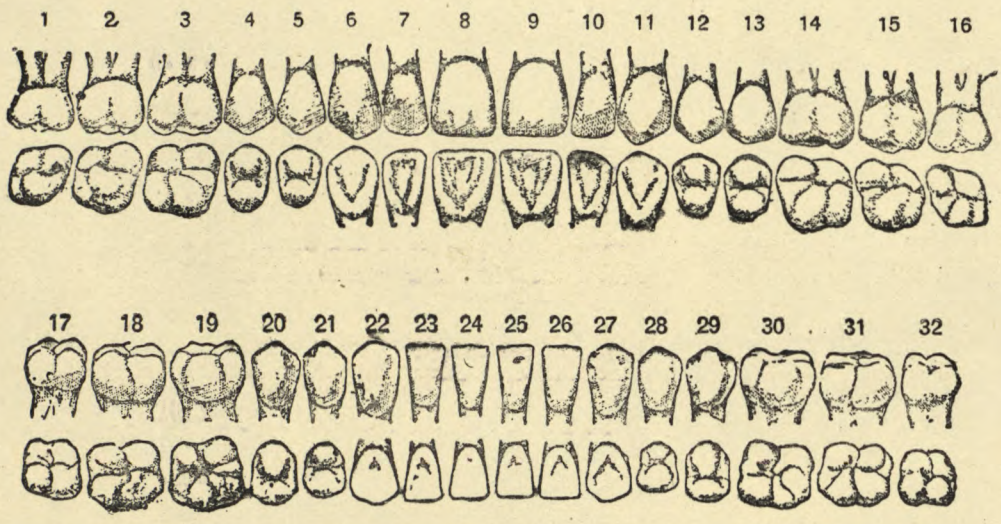
DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) Foster, Charles Edward

REGIMENT P.P.C.L.I. RANK Corpl. No. 436812

Date of Examination in England 6.8.19 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
2. EXTRACTIONS
3. CROWNS
4. DENTURES
   - (*a*) Full Upper
   - (*b*) Part Upper
   - (*c*) Full Lower
   - (*d*) Part Lower

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
- (*c*) In France

Signature of Dental Officer

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

War Service Badge
Class "A" No. V 01704

THIS IS TO CERTIFY that No. 476012 (Rank) Corporal

Name (in full) Foster, Charles Stuart enlisted in

the 3rd Universities Company

CANADIAN EXPEDITIONARY FORCE at Haileybury on the Twenty-eighth

day of July 1915

HE served in France Belgium P.P.C.L.I.

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 28 years

Height 5' 9"

Complexion Fair

Eyes Blue

Hair Light.

Marks or Scars Scar of burn on inside of left elbow.

Charles Stuart Foster
Signature of Soldier.

J. W. Fagg
Issuing Officer.

Capt.
Rank

Date of Discharge

Dispersal Station "T"
SEP 17 1919
Military District No. 2

For O.C. No. 2 Dispersal Depot

Date SEP 17 1919 19

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

M.F.B. 39A.

Uniform is not to be worn after expiration of one month from date of discharge, except by special permission of G. O. C. District.

P—56

Rank Name ~~Foster~~ FOSTER Charles S. Reg'l No. 476012

Unit No 3 Un Coy to 11th BN. If in perm. Corps, What Unit? Married or Single Single.

Place and Date of Enlistment Haileyburg, 28th July. 1915 Place of Birth Corning. N.Y. U.S.A.

Name and Address, Next-of-Kin Frank P. Foster, 136, Cedar St, Corning, N.Y.

Relationship Father

Assigned Pay Monthly $ 15.00. Payable to Annie. East. 88. Church Hill Westmount Montreal

Relationship

Separation Allowance $ Payable to

Relationship

Discharge, Date and Place Reason Character

Date From	Date To	PAY No. of Days	PAY Rate	PAY Amount	Field Allowance No. of Days	Field Allowance Rate	Field Allowance Amount	Other Credits	Total Credits	Voucher No.	Voucher Date	Cash Payments	Assigned pay	Other Charges	Total Debits	Balance	Remarks, Casualties, etc.
Sept.	30	30	1.00	30.	30	.10	3.	10.	43.	458	-	2 43					
										481	-	14 60	15.		32 03	10 97	
Oct.	31	31	1.00	31.	31	.10	3 10		34 10				15.		15.	30 07	
Nov.	30	30	1.00	30.	30	.10	3.		33.	658	-	14 60					
										698	-	4 87	15.		34 47	28 60	
Dec.	31	31	1.00	31.	31	.10	3 10		34 10	942	-	4 87					
										984	-	1 74					
										1164	-	1 74	15.		28 59	34 11	
										1086	-	1 74					
										1263	-	3 49					
1916																	
Jan.	31	31	1.00	31.	31	.10	3 10		34 10	1531	-	1 75					
										1417	-	3 49		x			
										1350	-	1 75	15.	67	22 66	45 55	x Clothing.
Feb.	29	29	1.00	29.	29	.10	2 90		31 90	1866	-	2 62		46			
										1788	-	5 23	15.	63	24 36	53 09	Gloves & Fld Dressing
														42			Waist Coat, Sam R. & Clothing.
Mch.	31	31	1.00	31.	31	.10	3 10		34 10	1933	-	2 62	15.		17 62	69 57	
				213.			21 30	10.	244 30			67 55	105.	218	174 72	69 57	

Date		PAY			Field Allowance			Other Credits	Total Credits	Voucher		Cash Payments	Assigned pay	Other Charges	Total Debits	Balance	Remarks, Casualties, etc.
From	To	No. of Days	Rate	Amount	No. of Days	Rate	Amount			No.	Date						

L. L. Job 80137—M. & D. 5683.

"~~Station B~~"
~~St Catherine~~ St.

MILITIA AND DEFENCE
~~10/3/17~~
ASSIGNED PAY
~~C. S.~~ OVERSEAS CONTINGENTS

M. F. W. 12.
20m.—5-15.
H. Q. 1772-39-819

Envelope OK

To Whom Annie East (Friend)
Address ~~88 Church Hill~~
~~Westmount~~ Montreal Que
88 Church Hill
Westmount Montreal
Rate $15.00

SEP 1 1915

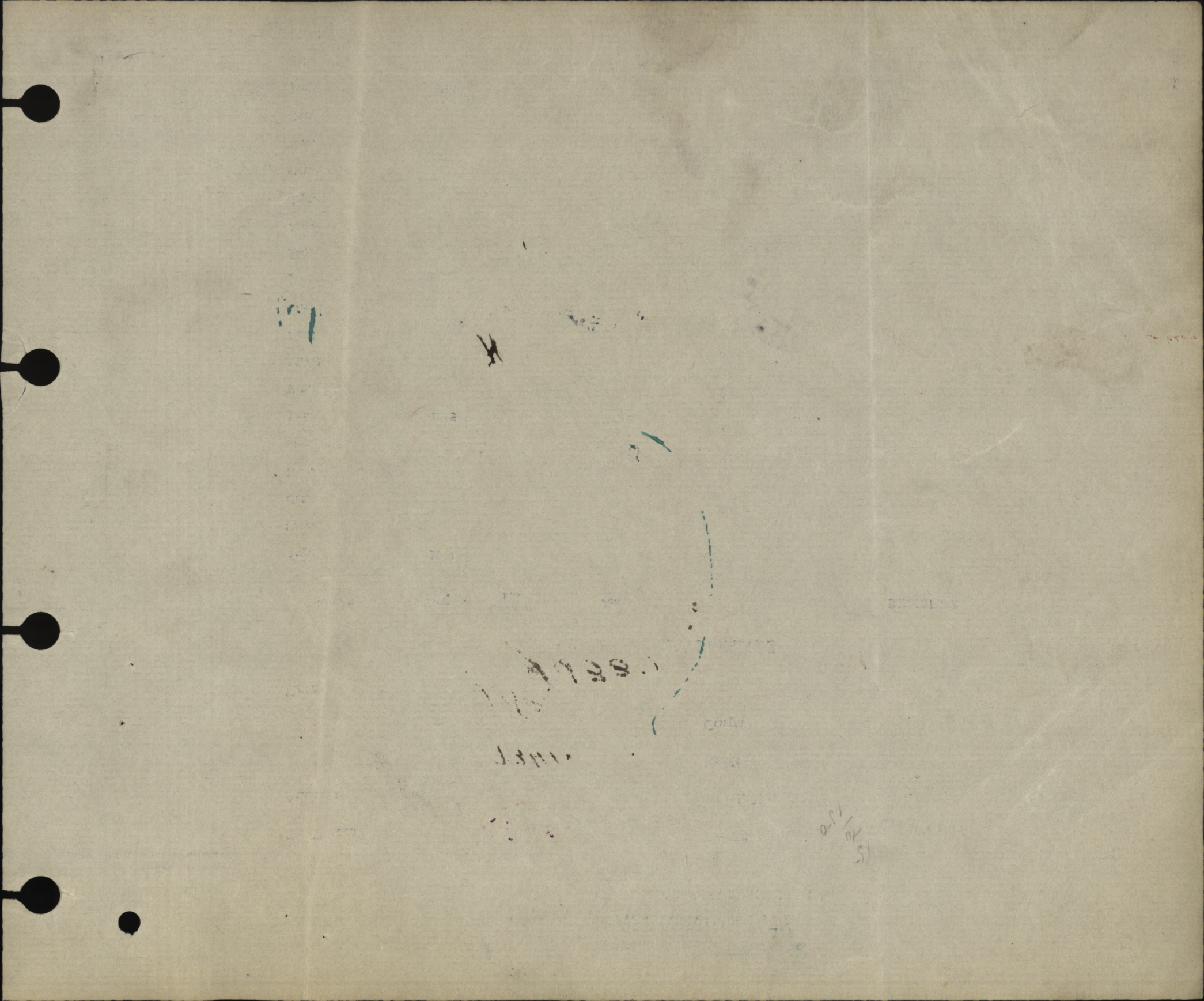
Due 4/17

By Whom Assigned Foster C. S.
Regtl. No. McS. 1006 476012
Rank Pte.
Corps 3rd. University Co.

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			Corres fyle 06252. C. 9.
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.		X777	15 00	
Oct.		Q7771	15—	
Nov.		Q8172	15	
Dec.		T9997	15	
Jan.	1916	O13180	15	
Feb.		Q13706	15	
March		U15732	15	

CONSOLIDATED ACCOUNT



MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

M. F. W. 12a.
60m.—12-15.
1772—39—819.

Sheet No. 2. Annie East PAYMENTS.

Name of Soldier Foster C.S. #76012

M.C.S. 1006 3rd Can. C.

L. L. Job 89002.—Req. 6213.

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916	S 456	15	
May		T3418	15	
June		~~6686~~	~~15~~	Cancelled
July		~~8337~~	~~15~~	Cancelled
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1917			
Feb.				
March			+50	to adjust a/c in full
April		F1563	15	$15 in future 10/3/17 C.S.J.
May		U7906	165	"B" Station B
June		T 15248	15	St Catherine St.,
July		B23762	15	Montreal, Que 10/3/17 C.S.J.
Aug.		N28830	15	3088 Church Hill, Westmount Montreal
Sept.		T 35765	15	Chge 24/9/17 J.B.
Oct.		W 43399	15	
Nov.		A 27446	15	420
Dec.		I54094	15	
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier.....

PAYMENTS.

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.				

D.M.S. 1300.

Surname	Christian Name or Names	Reg. No.
Foster	C. S.	476012

Rank	Unit	Co.	Troop	Batty
Pte Cpl	P.P.C.L.I. E.D. 6 R.			

Hospital: 3 Gen & Import — Date of Admission: 1-12-16

Transferred 42 C.C.S. Stn. — Hosp. 5.10.17

87 Gen. Rouen. — Hosp. 10.10.17.

14 D. Gen., Stourbridge Sec., Birmingham — Hosp. 16.10.17.

Can Conv. Epsom. — Hosp. 28.11.17.

Diagnosis: G.S.W. L. Thigh Acc.

(1) Later Diagnosis (if changed): G.S.W. Old Wound L. Thigh NYD

(2)

(3) ~~N.Y.D.~~ "Q" Scabies R.T.

Additional Diagnosis: if more than one state present

Scabies R.T.D.S.

DISPOSITION — Dis. 19.12.16. — Date

CL 11-12-16	A508
CL. 15.12.16.	A510
1.1.17.	A521
12-10-17	A82-2.
20.10.17	A141
22.10.17	B42.
1.12.17	B74-2.
12.1.17	B110.1
12.6.19	C531
26.6.19	C542
8.7.19	C550
23.7.19	C560

REMARKS

24.12.17

Dis 18-7-19

Ref C531 report N.Y.D changed to Scabies

Note Ref C531. Diag now as above.

R

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

EPITOME OF HOSPITAL TREATMENT.

	Hospital	Adm
1.	Can. Spec. Witley	8.6.19.
2.		
3.		
4.		
5.		
6.		
7.		

C L 24. y. 19 C 561 Ref. C 560 rep Ch D Scabies
D.V.D.S.

SURNAME. Foster 649-F-35-23

CARD NO. 2-2.

Pos Dezro 11-9-17
D026 35 20-9-19
FOLL. 2 P.S.

CHRISTIAN NAMES Charles. S

REGL. No. 47612 RANK Pte.

UNIT P.P.C.L.I. (R.D.) 3rd Univ. Co.

FORMER CORPS Nil

NEXT OF KIN.

NAMES IN FULL Foster, Frank. P.

RELATIONSHIP TO SOLDIER Father

ADDRESS 136 Cedar St, Corning N.Y. U.S.A.

also Notify

CHANGE OF ADDRESS

Mrs Annie East.
88 Church Hill
ave., Westmount,
P.Q.

S.A.A.P. 25-3-17

COUNTRY OF BIRTH U.S.A. Corning. N.Y. DATE Dec. 7th 1890

PLACE OF ATTESTATION Haileybury. DATE July 30th 1915

R/C 14-9-1940

L. L. 6945. M. & D. 6994.

M. F. W. 22. 100M.—8-16. H. Q. 1772-39-339. 24

MARRIED SINGLE yes WIDOWER

TRADE OR CALLING Electrician RELIGION Church of England

DESCRIPTION.

APPARENT AGE 24 YEARS 7 MONTHS

HEIGHT 5 FEET 10½ INCHES

CHEST MEASUREMENT 33. INCHES EXPANSION 5 INCHES

COMPLEXION Fair EYES Blue. HAIR Very Fair

DISTINGUISHING MARKS Scar of burn on left forearm 4" long.

MEDICAL EXAMINATION. PLACE Haileybury Ont. DATE July 29th/915

a12 RS

649. 7. 3523

Number 476012 Rank a/cpl.

Surname FOSTER

Christian Name Charles Stuart

Units P.P.C.L.I. Theatre of War France

Date of Service 30-11-15

Remarks c/o Windo-Craft Display Service
70 Oxford St., Rochester N.Y. USA

Latest Address ~~136 Cedar St~~ 31/12/26
~~Lansing N.Y. USA~~

Roll No. B Page 17059

200m.-2-21.M.

DESP. JAN 4 1927
REGN. No. 2F2F4

No 1006 RANK Pte. NAME Foster, Charles S.

T. O. S. 28-4-15 (D.O.26 of 4-8-15) UNIT 3rd University Coy., C. E. F.

M. D. 27

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1915 July 28	1915 Aug. 31	V		

REGT'L No 476012.

NAME Foster, Charles S.

H. Q. FILE No. 649-

RANK AND CORPS Pte. P.P.C.L.I.

FOLLOWS No.

FOLLOWS

CABLE No.	CABLE Date	NATURE OF CASUALTY
06151	9-12-16	U.S.A. Adm. to No. 3 Gen. Hosp, Le Treport Dec. 1st 1916. G.S.W. left thigh.

L. L. Job 8885—M. & D. 7146.

M. F. W. 42—25M —4-10-16.
H. Q. 1772-39-893.

LIST No	HOSPITAL	DATE OF ADMISSION	REMARKS
A 508 –	No. 3. Gen. Hosp Le. Treport.	1-12-16	q. sw. L. thigh – (GSW. L Thigh accidental perl. 510)
521	Discharged		G.S.W. Thigh Acc.
A 32	#42 Bas. Hlg. Stat.	5-10-17	Mld wd. L. Thigh
A 41	#8 Gen. Rouen	10-10-17	Old wd. L. Thigh
B 42	1st. S Gen. Stourbridge	16-10-17	GSW. L. Thigh Old.
B 77-2	C.C.S. "sec. Birmt.	28-11-17	" " " " 21-12-17 "D.O.R.
B 110-1	Discharged	24-12-17	" " " " "
C 531	Gen Spec. Hitley	7-6-19	~~Scabies~~ per D 542
C 560	Dieth	18-7-19	Scabies 7-36 42 (as per C 561)

R. 149.

Name **Foster. Charles** *Rank* **Private.** *Reg. No.* **476012.**

Unit **P.P.C.L.I.**

Next of Kin **U.S.A.**

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1916						
1 12	To Base Depot	Le Treport	Sick to Hospl	A/508	6/151	11/12/16.
15 11	Evacuation cancelled Sick to Hospl	Le Treport	Sick to Hospl	A/510.		
19 12	Struck off Strength as Dead.			A/521	A/521	

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

FORM R. 149.
7106—250m—7/2/17.

Name Foster. C Charles Rank Pte Reg. No. 476012

Unit P.P.C.L.I S

Next of Kin U.S.A. N.S.

Date 1917	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. Li
5-10	No 42. C.C.S.	Card Correct. G.S. Old	Wound L. Thigh	A32		4776
10-10	No. 8. G.H. Rouen.		Do	A41		15066
16-10	1st South G.H. Stourbridge		Do	B42		3892
28-11	Woodcote Pk.		Do	B77		7173.
24-12	Discharged.		Do	B110		2275.
	S.R.					

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

Form R. 149.

Charles S. EOR

Name FOSTER Rank Capt. Reg. No. 476012

Unit 6th Res. Bn.

Next of Kin U. S. A.

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1919						
7-6	Can. Sp. Hospital		N.Y.D. A	C531		11159
Repl. h.q.	D on C531	12-6-19 Chgd to	Scal-ds	C542		9374
			& 536	C550		
18-4-19	Djacks		do	C560		4748
	Rej C500 rebort —		do			
	Chgd to (Spanish Fl.)			C561		

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

MARRIED OR SINGLE S.

PLACE OF BIRTH Corning N.Y. U.S.A.

NAME AND ADDRESS OF NEXT OF KIN Frank P. Foster
136 Cedar St. Corning N.Y.

RELATIONSHIP OF NEXT OF KIN Father.

NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF KIN

SEPARATION ALLOWANCE MONTHLY $ EFFECTIVE (DATE)

PAYABLE TO

RELATIONSHIP OF DEPENDANT

CASUALTIES, PROMOTIONS, &c.

PARTICULARS	EFFECTIVE DATE	AUTHORITY
L. 6th.	~~L 20/5/18~~	20.67. 6 Res 20.3.18

ADMISSIONS TO HOSPITAL, &c.

DATE ADMITTED	DATE DISCHARGED	V. OR A.	NAME OF HOSPITAL

REG'L NO. 476012 RANK ~~L 6th Pte~~ NAME Foster Charles S.

IF IN PERMT. CORPS WHAT UNIT UNIT PPCLI TRANSFERRED TO E O R D DATE 1-11-17 AUTHORITY Nom Roll

PERMANENT FORCE ALLOWANCES TRANSFERRED TO DATE AUTHORITY

PLACE OF ATTESTATION Haileyburgh TRANSFERRED TO DATE AUTHORITY

DATE OF ATTESTATION 28th July 1915. TRANSFERRED TO DATE AUTHORITY

ASSIGNED PAY MONTHLY $ 15.00 DATE EFFECTIVE 1/9/15 Station 13 ~~Pl~~ Cathcarts st- Qrs 7953 24-3-17.

PAYABLE TO Annie East. ~~88 Churchill Westmount~~ Montreal RELATIONSHIP

ASSIGNED PAY MONTHLY $ DATE EFFECTIVE

PAYABLE TO RELATIONSHIP

STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) EFFECTIVE REASON

DISCHARGE DATE AND PLACE REASON AND AUTHORITY

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE) C.

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

DATE	PAY No. OF DAYS	PAY RATE	PAY AMOUNT $	PAY AMOUNT c.	FIELD ALLOWANCE No. OF DAYS	FIELD ALLOWANCE RATE	FIELD ALLOWANCE AMOUNT $	FIELD ALLOWANCE AMOUNT c.	WORKING OR SPECIAL PAY No. OF DAYS	WORKING OR SPECIAL PAY RATE	WORKING OR SPECIAL PAY AMOUNT $	WORKING OR SPECIAL PAY AMOUNT c.	ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS 1 NO	1 DATE	2 NO.	2 DATE	3 NO.	3 DATE	4 NO.	4 DATE	CASH PAYMENTS 1	2	3	4	ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE CREDIT	BALANCE DEBIT	PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
1916			213				2130							10.	244 30												6755	105	218	174 73	69 57			
1-30-4/16	30	1	30		30	10	3								33		2003 14/4		2067 23/4					3 49	3 49			15		21 98	80 59			
1/31/5/16	31	1	31	00	31	10	3	10							34	10	2134 5/5/16		2208 29/5/16					3 41	1 70			15	00	20 11	94 58			
1/31-6-16	30	1	30		30	10	3								33				2275 15/6/16						3 41			15		18 41	109 17			
July	31		31		31		3	10							34	10	2318 30/6/16							3 48				15		18 48	124 79			
1/8-31/12	31	..	31		31	..	3	10							34	10	2439 30/7/16		2477 15/8/16					4 36	3 49			15		22 85	136 64			
~~Sept~~	30		30		30		3								33		2554 30/8/16		2621 59/16		269 19/9/16			1 74	3 49	4 36		15		24 59	144 45			
																					412 19/10					4 36								
Oct	31	1	31		31	10	3	10							34	10					397 17/10	7 Days				4 36		15		23 72	154 83			
Nov	30	1	30		30	10	3								33						429 4/11/16	7th "				4 36		15		19 36	168 47		Nil	168 47
															5 12	70					468 20/11	"				4 36				34 42 3				
Dec	31	1	31		31	10	3	10							34	10					497 27/11	"				8 72		15		28 08	174 49		Nil	174 49
1917			48	80			48	80																											
Jan 1-31	31	100/10	34	10											34	10					1031 4/4	23/4				487		15		15	193 59		18.	178 59
Feb 1-28	28	100/10	30	80											30	80					882 4/4	23/2/17				648 262	24 33 87 33 243	15		15 356	70 83		Nil	70 83
			601	70										10.	611	70								16 48	15 58	40 12	196 51	290.	2 18	540 87					

2668

476012 A/L Foster C.S.

Can A Pay 15 00/100

DATE	PAY No. of Days	PAY Rate	PAY Amount $	PAY Amount c.	FIELD ALLOWANCE No. of Days	FIELD ALLOWANCE Rate	FIELD ALLOWANCE Amount $	FIELD ALLOWANCE Amount c.	WORKING OR SPECIAL PAY No. of Days	WORKING OR SPECIAL PAY Rate	WORKING OR SPECIAL PAY Amount $	WORKING OR SPECIAL PAY Amount c.	ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS 1 No.	1 Date	2 No.	2 Date	3 No.	3 Date	4 No.	4 Date	CASH PAYMENTS 1	2	3	4	ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE Credit	BALANCE Debit	PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
			6 01	70										10 00	6 11	70								16 48	15 38	40 12	196 51	270 00	2 18	5 40 87	70 83		Nil	70 83	
Mar 1-31	31	1 00/100	34	10											34	10	3780	3/3/17	3769	16/3/17	65-7 7259 1259	9/2/17 6/2/17 8/2/17	M. Duty Bapaume Lot 2 and 12	5 26	1 74	± 26 93 9 74				7 26	31 67		"		
April 1-30	30	"	33												33		34	3/4/17						3 48						18 48	46 19		"		
																	83	26/4/17						1 74											
May	31	"	34	10											34	10	151	3/5/17						2 68						19 42	60 87		"		
																	267	3.6.17						2.67											
June 1-30	30	"	33												33		213	31.5.17	296	13.6.17				2 68	5 35					25 70	68 17		"		
July	31		34	10											34	10														15		87 27		"		
Aug	31		34	10											34	10	383	11/9	5 375	11/8	934	18.6.17	£5 5			2 67				17 67	103 70		"		
Sept	30		33												33		449	30/9	516	13/8				2 68	2 68					28 39	108 31		✓		
			837	10										10	837	10								40 32	30 70	94 08	196 51	375	2 18	738 19					

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR 3	DR 4	BALANCE	DEFERRED PAY	SEP. ALLCE. ENG.
Sept	30 Bal	~~108 31~~							108 31		
Oct	Pay.	34 10		A/C Canada			15				
				AR 778 W 10/17 P B L D	267						
				R 2124 9.10.17 "	4 87						
				A R 895 8.9.17 42nd Bn	5 35				114 52		
		34 10			1289		15				
Nov	Pay.	33.		L & P			15				
				R 3471 7.11.17 London	4 87						
				R 5015 5.11.17 "	4 87						
				M A R 80 1962. 1.10.17	3 57						
Dec. 1918	Pay	34 10					15		38 31		
		57 10			13 31		80				
Jany.	"	34 10					15				
				A R 128 Con. 24.12.17	4 87						
				O.S.L. 7 fm. 31.1.18 to 6 fm 8.1.18							
				Yorkists 5 days under R.U.D. 5 days							
				by R.T.O. 46 2 Lt. Pos. 10.1.18 Fres.		1210					
				M A R 1332 Con. 5.12.17	9 73						
				Rest Pay to 15.1.18 Jan							
				2 months 30 13. 7 Res. 16/1/18.	58 40	12 10	15		86 91		
		34 10					15				
Feby.	"	30 80					15				
				A R 1005 T Res. 16.1.18	2 Lt 33						
				& 30.10s " awarded 10							
				regd. 6 days Pay total							
		30 80		forfeiture 11 days. Pos 26-12-18							
				T Res 11 " charged as above.	2 Lt 33		15		38	10 10	
							15				
				A R 1085 T Res. 26.1.18	9 73						

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR 3	DR 4	BALANCE	DEFERRED PAY	SEP. ALLCE. ENG.
Mch.	1.19 20.3	2 6	9				20 90 13 80				
				A R 1387 62 es					27 2 18		
				" 1553 "					8 3 18		
				" 1698 "			34 70		27 3 18		
									24 32		

P 820
12474—375H—13-2-18.

* Strike out whichever inapplicable

ASSIGNED PAY.	* ~~ENGLAND OR~~ CANADA.	SEPARATION ALLOWANCE.	* ENGLAND OR CANADA.
EFFECTIVE DATE:-	1.9.15 / 1/11/18	EFFECTIVE DATE:-	
AMOUNT:-	15 xx / 15 00	AMOUNT:-	

NAME:- FOSTER. Charles D. 6

NUMBER:- H76012

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
D.O.67. 6 Res.	20. 3. 18	~~Pvt~~ A/Cpl
D.O. 43 24/1/19 6 Res.	22. 2. 19	a/cpl

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.

~~Anne East~~
~~Sister B. St Catherine St~~
~~Montreal. Que.~~
Bank of Montreal, St. James St.,
Montreal, P.Q.
Stopped & Effective
~~Stopped eff. 1-6-19.~~ 1/9/19

UNIT AND TRANSFERS

ORIGINAL UNIT:-

DATE ACCOUNT FIRST OPENED:-

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO
			E.O.R.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
~~26/5/18~~	~~1745~~	~~Espd~~	~~24 33~~			Led. Bal. Cr.	31 99
23/8	12836	Kwirs	14 60	~~Led Bal~~		LPC ~~14 72~~ Cr.	14 39
				~~LPC~~		~~20 40~~	
				Canada	1/9/19	7/8 12739 23/8/19 Settled to 31/12/19	25 8 99

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
	1 05	10		
D.O. 43 24/1/19 6 Res.	1 10	10		

PARTICULARS OF RENDERING NON-EFFECTIVE: ~~D.O. Canada 6/19 Effective 7/8/19 Cancelled 7/8/19 Cancelled~~

MONTH 1918	PARTICULARS	CR. 1	CR. 2.	PARTICULARS	DR. 1	DR 2.	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
Mch 31	Bal forward.								73 76	1 0 40	
Apl.	L 6 Res.	34 50						15			
				A.R. 119. 6. Res. 15.4.18	34 50						
				" 319 " 26.4.18	4 87				54 32	10 40	
		34 50			38 94			15			
May	S/Cpl/P	35 65						15			
				A.R. 634. 6 Res. 14.5.18.	9 73						
				" 994 " 29.5.18.	9 73				55 51	1 0 40	
		35 65			19 46			15			
June	"	34 50		C.A.P.				15			
				A.R. 1337. 6 Res. 13-6-18.	19 47						
				" 1594 " 26.6.18	9 73				45 81	10 40	
		34 50			29 20			15			
July	S/C-P.	35 65		C.A.P.				15			
				A.R. 1905. 6 Res. 9.7.18	19 47						
				" 2440 " 27.7.18.	4 87				42 12	10 40	
		35 65			24 34			15			
Aug	"	35 65						15			
				✓ 2945. ✓ 15/8/18	7 30						
				✓ 4697 French 28/8/18 ✓	9 73				45 74	10 40	
		35 65			17 03			15			
Sept	"	34 50						15			
				✓ 4166. 6 Res. 14/9/18	19 47						
				4723 " 28/9/18	4 87				40 90	1 0 40	
		1 24 50		C.A.P.	24 34			15			
Oct	✓	35 65						15			
				A.R. 5339 26/10/18 6 Res	9 73				51 87	10 40	
		35 65		C.A.P.	9 73			15			
Nov	L/Cpl P.	34 50						15			
				A.R. 5741. 15/11/18 ✓	9 73						
				A.R. 6241. 28/11/18 ✓	9 73						
				C.A.P.				15			
Dec	✓	35 65									
				A.R. 6784. 13/12/18. ✓	9 73						
				" 6993. 19/12/18 ✓	17 03						
				C.A.P.				15	~~42 12~~ 66 40	10 40	
Jan.	✓	35 65									
		105 80			46 22			45			

COMPILED BY... W.R.A.
CHECKED BY... C. Lang

COMPILED BY... C.B. Crawford
CHECKED BY... Broadbent

NUMBER 476012. RANK A/Cph. NAME FOSTER C. S.

MONTH	PARTICULARS	Cr. 1.	Cr. 2.	PARTICULARS	Dr. 1	Dr. 2	Dr. 3.	Dr. 4.	BALANCE	DEFERRED	SEPARATION
1919.		Forwd.		Brought Forward					66 40	10 40	
Feb	L/C 1-21	21 days 2 4 15		Capt				15			
	C/E 22-28	7 days 8 40		A.R. 7407 6/1/19 6 Mos.	1 7 03						
				8258 24/1/19	2 43						
Mch	L/C.	37 20		8124 13/2/19	7 30						
				9073 26/2/19	2 4 33						
				Capt	51 09			15			
				9891 21/3/19 6 Mos.	9 73				45 33		
		69 75			60 82			30			
Apl.	C/Es Pay Apl. & May	73 20		251 10/4/19	7 30						
				500 16/4/19	19 47						
				C.d.P. Apl & May.				30			
				AR. 761 24/4/19	9 73						
				1705 12/5/19	7 30				44 73		
		73 20			43 80			30			
June	C/Es Pay.	36		C.d.P				15			
				AR 1745 26/5/19 6 Mos	24 33				41 40		
July	"	37 20		C.d.P.				15	63 60		
				Dnar 2637 19/6/19	4 87				58 73		
		73 20			29 20			30			
				3443. CORP 6 Mos	14 60						
				4057 " 18/7/19	28						
				3656 CORP 16/7/19	9 73						
				7302. CORP 22/7/19	9 73						
					34 34				24 39		
				82682 Ldn 7-8-19	14 60						
				Capt				15	46 59		
Aug	C/Es Pay	37 20		12836 R.C.C.C. 23-8	14 60				31 99		
		37 20			39 20			15	17 39		

SOS 6.9.19 SL 103

Forms
I. 1237.
11

D-3
7 mts.
4TH CAV HP
WOODCOCK PK
EPSOM

Army Form I. 1237.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
IC 260	476012	Pte	Fosters	Charles

Year	Unit.	Age.	Service.
1917.	9. 9. C. L. I. 3rd Can. Div.	26	2 4/12.

Station and Date.

1ST. SOUTHERN GENERAL HOSPITAL. SCOURBRIDGE SECTION.

Disease G.S.W. thigh (R.) discharged Epsom

Date of Admission. 15-10-17. Date of Discharge. 27.11.17

HISTORY OF PATIENT. (event leading up to injury or Disease.)

Wounded 22/4/16.
Returned to the line June 1/17.
Oct. 8/17

DUTY AT THE TIME. A/S.

PLACE. Lens. DATE. Oct. 8/17.

CONDITION ON ADMISSION.

2 Mod. Septic wds. Rt. thigh & outside Rt. thigh. Fr. Femur.
X Ray plate. 5/11/17 Morphia 1/4 gr. nec.

OPERATION. (description of.) Removed splinters Rt. thigh 26/11/17 a.m.

20/11/17 To Military Convalescent Home

Operation

RESULT

~~Has patient had a operation in France?.~~

CONDITION ON LEAVING HOSPITAL. Wd healed and man in good condition.

Fit for (a) Discharge (b) A.M.H. (c). V.A.D. (d) Cases if suitable should be recommended for A.M.H. in preference to V.A.D

~~CONDITION ON LEAVING V.A.D. HOSPITAL.~~

~~F. T. H. REPORT ON CONDITION WHILE IN HOSPITAL.~~

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

(23205) Wt.W 4234—M 627. 1,000,000. 8/16. C.F.&S. Forms/I. 1237/11. P.T.O.

Station and Date.	
14.11.17	Cured of Scabies Return to Work P.T. Lavan

10,000 bks.—John Rissen, Ltd.—3067/2/17—Forms W 3172/3.

Epsom

Army Form W. 3172.
(In pads of 50.)

42 C C S Hospital.

Ward B No. of Bed Date 4 - 10 - 17

Regl. No.	Rank and Name	Corps	Part to be X-Rayed
	Pte FOSTER. CS.	R.P.C. L.I	

SHORT HISTORY OF CASE.
(To be completed by M.O. i/c case.)

GSW L Thigh
X-ray F.B.

Signature of M.O. (Illegible)
Date 4-10-17

REPORT ON RESULT OF X-RAY EXAMINATION.
(To be completed by Radiographer.)

No. of Plate 4040.

Rea. sized F.B. marked in both axes — in front of Femur near Sinus.

Signature of Radiographer A C A Capt
Date 4.10.17

2192. W.6526./M.2849. 10,000 Pads. 8/17. A. J. W. & Co., Ltd. E.1631.

Stonebridge
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CLINICAL CHART.

(To be attached to Case Sheet.)

Corps 476012. Military Hospital Clon

No. P.P.C.L.I. Rank and Name Pte Foster. Age 26. Service 2 & 2.

Disease _____ Date of admission 15.10.17 Date of discharge 27.11.17 Result _____

Dates of Observation	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Nov. 1	2	3	4	5	6	7	8	9
Days of Disease																										

Temperature, Fahrenheit — Time A.M. P.M. (each day)

107° 106° 105° 104° 103° 102° 101° 100° 99° 98° 97°

Collapse in

Pulse per Minute: 96 84 80

Respirations per Minute: 20 18 18

Motions per 24 Hours: 1 0 0 1 1 1 1 1 1 1

Wt. W8723/M2313—2,000,000—6/17—H. & Sp. (10693)—A.F.B. 151/5 (E. 735)

Signature _____ In charge of case.

CLINICAL CHART.

(To be attached to Case Sheet.)

Army Form B. 181.

_____ Military Hospital _____

_____ Rank and Name _____ Age _____ Service _____

_____ Date of admission _____ Date of discharge _____ Result _____

...renheit	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.
107°	8 6 4 2																															
106°	8 6 4 2																															
105°	8 6 4 2																															
104°	8 6 4 2																															
103°	8 6 4 2																															
102°	8 6 4 2																															
101°	8 6 4 2																															
100°	8 6 4 2																															
99°	8 6 4 2																															
98°	8 6 4 2																															
97°	8 6 4 2																															
	8 6																															
Pulse per Minute																																
Respirations per Minute																																
Motions per 24 Hours																																

Wt. W3728/M2318—2,000,000—6/17—H. & Sp. (16038)—A. F. B. 181/5 (E. 729)

Signature _____ In charge of case.

THIS FORM WILL BE USED FOR ALL RANKS

MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" issued by the B.P.C. and instructions issued by Militia H.Q., Ottawa, will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of Sections 1 to 17 of this Form and will obtain the signature of the invalid to the "Statement," page 3. The President of the Board of Medical Officers is responsible for the proper completion of sections reserved for recording the "Opinion of the Medical Board."
3. In answering the questions, Medical Officers will carefully obtain and record the invalid'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 invalid concerned, from witnesses, or from documents, Regimental or otherwise.
4. Special care is required in answering question 9. Read the questions carefully. All questions must be answered.
5. If space provided under any section is insufficient add another sheet. Such sheets must be initialled by the Medical Board.
6. A note will be made of attached papers by the Medical Board under the section "Opinion of Medical Board."
7. Under no circumstances may information other than that in sections 7, 8, 9 and 10 be communicated to the invalid, directly or indirectly.
8. The nomenclature of diseases must be followed, if possible, as 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 & Sons.

STATION Mutley Camp DATE 31. 29-8-19

1. 1 (a) Unit "R" Wing (b) Regimental No. 476012 (c) Rank Cpl.

(d) Surname FOSTER. (e) Christian name Charles Stuart

(f) Home address G.P.O. Corning N.Y. U.S.A.

(g) Next of Kin Frank P. Foster (h) Relationship Father

(i) Address of Next of Kin 136 Cedar Street Corning N.Y.

2. Age last birthday 28 yrs. Date of birth 7-12-1896

3. Enlistment, or Appointment (if an Officer) (a) Place Haileybury Ont (b) Date 26-7-15

4. Personal description: at

(a) Height 5-4 (b) Weight 155 (stripped) (c) Complexion Fair

(d) Colour of hair Fair (e) Colour of eyes Blue (f) Identification marks, Scars, etc. Scar left thumb - left arm

5. Former trade or occupation Electrician

6. Service (The information should be secured from personal documents, but if documents are not available the invalid's statement may be taken and note must be made to that effect. Periods of service in Canada, England, France or elsewhere should be noted).	Years	Days
	4	34

	Periods	
	From	To
Canada	26-7-15	12-9-15
England	12-9-15	1-12-15
France or other theatres of War	1-12-15	5-10-17

7. Original disease, or injury V.D.S.

(a) Date of origin June 1919 (b) Place of origin England

(c) Cause exposure to infection

M. F. B. 227.

400M.—11-18.
1772-39-117.

8. Present disability— (Here state the exact nature of the disability resulting from the disabling conditions: e.g. (a) Weakness—slight, moderate, marked, etc; (b) Loss, complete or partial, of an organ or member, or of its functions; (c) Necessity for rest of the body, or of some of its parts, for therapeutic reasons; (d) Any other restrictions in choice of occupation.)

Nil

9. Present condition—(a) (Before completing this section the invalid should be stripped, and subjected to a thorough physical examination. Important, to be a full description of the present disabling condition, or conditions only. "History" must be recorded in Section 10. Describe all abnormalities, anatomical and functional, contributing to present disability; objective findings to be stated first, then subjective findings.)

Objective: No pneumonic affection. Lungs – Wassermann

Pregative – 27-8-19 – J.R. Atkinson Capt

Subjective: Nil

(b) Has the invalid now any affection of the following systems, not described in Section 9 (a) above?
(Answer Yes or No.—if the answer to any part is Yes, give a brief description of the present condition.)

Nervous System..No.....Cardio-Vascular System..No.....Genito-Urinary System..No.....
(If pulse rate is abnormal, B. P. will be taken.) (Albumen and Sugar will be excluded.)

Special Senses..No.....Respiratory System..No.....Integumentary System..No.....

Disturbances of Mentality..No.....Digestive System..No.....Muscular System..No.....

Osseous and Joint Systems..No.....Any other general condition..No.....

10. (a) History (of the condition referred to in Section 9 (a).)

Contracted V. D. I. about June 1919 in England and treated Witley 6/6/19 – 16/7/19

10.—(*b*) (Here give a complete history, as obtained from invalid, with dates of origin, of any affection from which the invalid has suffered either prior to or since enlistment, and not included in Section 10 (*a*).)

G.S.W. Left Thigh - 15/10/17 - Exposure - 24/12/17

(*c*) (Here give a description of wounds, scars and deformities.)

Scar left thigh - left arm

11.—(*a*) Did the disabling condition have its origin before enlistment? No

(*b*) If so, has it been aggravated by Service? (If aggravated, give a description, as far as it is possible to do so, of the disabling condition at time of enlistment.)

N.A.

12. Was the disability caused, or aggravated; (*a*) by intemperance, or improper conduct; or (*b*) by unreasonable refusal to accept treatment? (a) yes (b) no

The regimental documents will be referred to.
(If the answer is in the affirmative, state in percentages, to what extent the patient is incapacitated by that causation or aggravation. In answering this question, conduct sheets should be considered. If treatment has been refused, the circumstances surrounding the refusal should be described on page 4.)

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

14. Treatment (Case reports, general or special, should be secured and attached where possible.)

Witley - 6/6/19 - 14/7/19 - V.D.S.

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit? Suggest that
(If the answer is "yes" state nature of treatment required and probable duration)

he be dealt with on arrival in Canada in accordance with P.C. 47 20-1-19

16. Can the former trade or occupation be resumed? yes
(If not, briefly state why)

17. Recommendations

D.M. Lond Capt C.A.M.C.
Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

(Sections 7, 8, 9 and 10 are to be read to the invalid and either "satisfied" or "not satisfied" struck out).

I, the undersigned Charles Stuart Foster have heard the description of my disability and present condition read, and am satisfied ~~(or not satisfied)~~ with it. (If dissatisfied, statement should follow.)

I complain in addition of

Nil

Chas. S. Foster Lt.
Rank.
Signature of invalid examined.

OPINION OF THE MEDICAL BOARD

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

Yes we concur

19. Is the invalid fit for

(*a*) General service,	(Category A)	~~(Yes or No.)~~ Yes A
(*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.)~~

20. It is certified that the invalid

(*a*) ~~Does require treatment.~~ (Give the nature of the condition and of the treatment required and its probable duration.)

suggested that he be dealt with on annual re Canada in accordance PC 45 25-1-19

(*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.)

21. It is recommended that the invalid be ~~discharged~~. (When not for discharge add special recommendation.)

RTC auth AG file 1883 11-1-19

Before signing the President of the Medical Board will read the statement signed by the invalid and differing opinions regarding Sections 7, 8, 9 and 10, as recorded in Section 18, to the invalid and if no change is indicated, will initial the statement. If, as a result of differing opinions regarding Sections 7, 8, 9 and 10 only, recorded in Section 18, the invalid is dissatisfied with the statement previously made, remarks of the Medical Board will be added here.

W. Grayden Capt. *President.*

PLACE Wimbledon

DATE 31-8-19.

} Members

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 invalid to accept treatment appear to be unreasonable, or should he decline to sign this statement the Board of medical officers should so state.

President

PLACE.....

DATE.....

} Members

APPROVED BY

Assistant Director of Medical Services.

DATE.....

APPROVED BY

Director-General of Medical Services.

DATE.....

A.D.M.S. HEADQUARTERS CANADIAN CORPS. ARMY 31 AUG 1919 WITLEY SECTION.

War Service Badge Class A No.

Dispersal Area 7
Occ Group 13
I. G 21

SHORT FORM.

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

W.D. A.H.Q. 1704

1. No. 476012

2. Rank. Corporal

3. Name. Foster, Charles Stuart

4. Unit. 6th Canadian Reserve Bn.

5. Date of Discharge SEP 17 1919 Place Toronto, Ont.

6. Reason for Discharge Demobilization

7. Authority. No. 2, D.D., Part II, D.O.No. 263

8. Proposed Residence after Discharge

136 Cedar St.
Corning, N.Y. U.S.A.

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.?

Charles Stuart Foster
Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place

Date SEP 17 1919

Signature
(O. C. Discharging Unit.)

Star 15/11/19

M.F.B. 218a—300M.-11-18—1772-39-113.

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

1. Triplicate Attestation Paper (M F W. 23), or
   Particulars of Recruit (M.F.W. 133).
2. Casualty Form (A.F.B. 103).
3. Medical History Sheet (M.F.B. 313 or A.F.B. 178).
4. Proceedings of Med. Board (M.F.B. 227 or M.F.W. 129)
5. Dental Certificate (C.A.D.C. 5009a).
6. Field Conduct Sheet (A.F.B. 122)
7. Proceedings on Discharge (M.F.B. 218a)
8. Discharge Certificate (M.F.W. 38)
   (Enclosed in special envelope (260M)).
9. Copy of Discharge Certificate (M.F.W. 39a).
10. Dispersal Certificate (C.D.3).
11. Equipment [illegible]
    and Clothing [illegible] Statement Q.M.G. Form (D.O.S. 2).
12. Last Pay Certificate (P.351). 2. dup
13. Pay Book (A.B.64).
14. War Service Gratuity (Form M.F.W. 2595).
15. Sundry Vouchers.

Group..... B .....

Checked by No..... 11 .....

.....

Date..... SEP 4 1919 .....

MINNEKAHDA 14-9-19

DISPERSAL "I"

AUDITOR 80 | PAYMASTER

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

M. OR S. | REGT. No. 478012 | RANK Cpl. | NAME (IN FULL) FUSTER. | C.S. 2842

NEXT OF KIN | RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? N/L | DATE EFFECTIVE

TO WHOM PAID | RELATIONSHIP

ADDRESS

DCor

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ORIGINAL UNIT C.E.F. C.D.R.D. | IF IN P.F. WHAT UNIT? | (BLOCK LETTERS SURNAME FIRST)

PLACE OF ATTESTATION | TRANSFERRED TO 1st National Bank Corning N.Y. U.S.A. | DATE | AUTHORITY

DATE OF ATTESTATION 28/7/15 | TRANSFERRED TO | DATE | AUTHORITY

ASSIGNED PAY $ 15 00 | DATE EFFECTIVE 30-9-19 closed in Ottawa.

PAYABLE TO Bank of Montreal. | RELATIONSHIP

ADDRESS St James St. Montreal Que | ANY CHANGE IN ASSIGNEE OR ADDRESS For Deposit in 2 W. Wellington St Co Corning N.Y. U.S.A. (Bank 27-10-19

STOP PAYMENT FOR ASSIGNED PAY RENDERED, DATE | EFFECTIVE

DISCHARGED | PLACE Toronto. | DATE 17-9-19 | REASON Demob. | AUTHORITY D.O.#263 | IF ENTITLED TO POST DISCHARGE PAY Yes

MONTH	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $	AMOUNT C.	OTHER CREDITS $	OTHER CREDITS C.	$	C.	TOTAL CREDITS $	TOTAL CREDITS C.	ACQUITTANCE ROLLS COL. NO. 1 NO.	COL. NO. 1 DATE	COL. NO. 2 NO.	COL. NO. 2 DATE	COL. NO. 3 NO.	COL. NO. 3 DATE	CASH PAYMENTS COL. NO. 1 $	COL. NO. 1 C.	COL. NO. 2 $	COL. NO. 2 C.	COL. NO. 3 $	COL. NO. 3 C.	ASSIGNED PAY $	ASSIGNED PAY C.	RIGIMENTAL CHARGES $	RIGIMENTAL CHARGES C.	OTHER CHARGES $	OTHER CHARGES C.	$	C.	TOTAL DEBITS $	TOTAL DEBITS C.	BALANCE DEBIT $	BALANCE DEBIT C.	BALANCE CREDIT $	BALANCE CREDIT C.	PARTICULARS OR REMARKS
BALANCE FROM PREVIOUS ACCOUNT																																			17	39	T.O.S. L 917 D.O. 263
31/8/19					35	00	17	39	17	39																											Ler. L.P.C.
30/9/19	20	120	94	00	70	00			129	00					162858		4	87	5	00	121	52	15	00							146	39					Cloth Allce. 12/6 W.H. Boat train Boat chrg.
									146	39																					146	39					80.
183 days		420					420					17/9/19																			73	60	346	40			W.S. Gas above
											4K160	Dec 10			139423		66	40													140		280				Do a over er 3 days Lewis
											" 186	Nov 11			171557		70														210		210				Tim
											2K164	Dec 13			170405		70														280		140				Lee
											4K320	Jan 14			174025		70														350		70				Lee
											4K265	Feb 11			177951		70														420						
		420					420										346	40											73	60		420						

20M-3-19.—L. L. 58788—M. & D. 9985.
M. F. W. 2596.
1772-39-1398.

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch F 9441

OVERSEAS CONTINGENTS

Date of Assignment Sep 1/15

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

15			

Nov 6-18 per a.p. 2 no. on file
April 1-18 per 2nd

PARTICULARS OF SEPARATION ALLOWANCE

No. McG (1006) (~~176012~~)

Rank Pte Promoted Reverted Discharge

Soldier's Name C. S. Foster

Battalion 3rd University Co

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name Annie East (~~Friend~~)

Address ~~88 Church Hill. Westmount~~

Change of Address ~~Montreal Que~~

1 Bank of Montreal

2 St James St. Montreal P.Q.

3

4

Date 1917	Cheque No.	Amount S/A	Amount A/P	Total	
Dec 31. 1918			420	420	
Jan	67707	O	15	15	S
Feb	95845	F	15	15	
Mar	135678	a	15	15	S
Nov	56782	R	15	15	e
Dec	66654	T	15	15	e
Jan	75322	Q	15	15	e
Feb	72379	Y	15	15	m
Dec 25/18	672	B	105	105	m
March	85067	L	15	15	M
Apr	4856	O	15	15	M
May	60737	N	15	15	e
June	99257	M	15	15	e
July	12380	m	15	15	✓
AUG	13230	H	15	15	✓
Sept	15544	a	15	15	✓
			735	735	

06252-6-24

REMARKS 649—F.3552.

M.R. 016777 + 16778. 22-10-18

a.p. reopened effective from 1-11-18. as per A 2 M. on file 06252-6 24

a.p from 1-4-18 to 31-10-18

a&o 16792

ENTERED IN AUDIT LEDGER OCT 22 1918 BY ... VOUCHER SECTION

M. F. W. 128 400M.—6-17—172-38-1141 L. L. 22320—M. & D. 7993.

A/c Closed 30-9-19

Ret'd per ... Minnekahda

Date 14-9-19 M.F.W.187 Md 2

Clerk ... A. J. Bedard 23-9-19

M 1802 A

M20123603

AUDITED

CONSOLIDATED ACCOUNT

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

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

M. F. W. 128
400M.—6-17—177-39-1141
L. L. 22320—M. & D. 7693.

H. Q. Reference 51-13-3.

No. 476012 Rank Pte. Unit PPCLI

Surname FOSTER,

Christian names C. S.

Directorate of Records HONOURS AND AWARDS JUL 15 1920 Dept. of M. & D. W. E. S.

Kindly forward 1914-1915 Star, to which I am entitled by reason of my service in FRANCE + BELGIUM
(Theatre of War.)

with PRINCESS PATRICIA'S CAN. LIGHT INF.
(Unit with which served in Theatre of War 1914-1915)

No. 136

Street CEDAR

Town CORNING, N. Y.

County STEUBEN,

Chas S. Foster
(Signature)

(WRITE IN BLOCK LETTERS AND IN INK.)

1914-1915 STAR.

ROCHESTER JUL 13 5:30 PM 1920 N.Y.

POST CARD

SECRETARY, MILITIA COUNCIL,

DIRECTOR OF RECORDS,

OTTAWA, ONT.

5M.—11-19.