

ATTESTATION PAPER.

No. 87422

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

1. What is your name?..... *Lyon blyde Foster*
 2. In what Town, Township or Parish, and in what Country were you born?..... *Montreal Can*
 3. What is the name of your next-of-kin?..... *Father J B Foster*
 4. What is the address of your next-of-kin?..... *Lunenburg Falls Maine*
 5. What is the date of your birth?..... *April 3. 1894*
 6. What is your Trade or Calling?..... *bleck*
 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?.. *H. A. S. B. P. J. J. J.*
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*
- L. G. Foster*.....(Signature of Man).
Walter B. Ross.....(Signature of Witness).

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *L. G. 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.

Date *Feb 1st* 1914 *L. G. Foster* (Signature of Recruit)
Walter B. Ross (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *L. G. 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.

Date *Feb 1st* 1914 *L. G. Foster* (Signature of Recruit)
Walter B. Ross (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 *Montreal* this *1st* day of *February* 1914

A. D. H. J. P. (Signature of Justice)

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

.....(Approving Officer)

Description of Lyon Clyde Foster on Enlistment.

Apparent Age.....21.....years 9.....months.
 (To be determined according to the instructions given in the Regulations for Army Medical Services.)

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

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

Height.....5 ft. 8 3/4 ins.

Vacc left arm

Chest measurement { Girth when fully expanded.....35 1/2 ins.
 Range of expansion.....3 ins.

scar back right thigh

Complexion.....Fair

Eyes.....Blue

Hair.....Fair

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

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.....Feb. 2nd.....1915.

Place.....Peel St Barracks, Montreal

H. L. Paves, Capt.
 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.

.....Lyon Clyde 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.

A. J. Mum.....(Signature of Officer)
 Capt & Adjt

6th Brigade F.A.C.E.F.

Date.....15th Feby.....1915.

copy.

ATTESTATION PAPER.

No. 5287

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

110170

1. What is your name? *Ceyde Leon Foster*
2. In what Town, Township or Parish, and in what Country were you born? *Neutral*
3. What is the name of your next-of-kin? *Mrs. G. L. Foster*
4. What is the address of your next-of-kin? *Livermore Falls Maine*
5. What is the date of your birth? *3rd April 1893*
6. What is your Trade or Calling? *Sawmill*
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? If so, state particulars of former Service. *2nd Infantry N.Y.*
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*

(Sgt) G.L. Foster (Signature of Man).

Cpl. J. Lindsay (Signature of Witness).

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *G.L. 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.

(Sgt) G.L. Foster (Signature of Recruit)

Date *May 25th* 1915 *Cpl. J. Lindsay* (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *G.L. 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.

(Sgt) G.L. Foster (Signature of Recruit)

Date *May 25th* 1915 *(Cpl) J. Lindsay* (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 *Neutral* this *25th* day of *May* 1915

(Sgt) G.A. Hamilton (Signature of Justice)

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

G.A. Hamilton (Approving Officer)

certified to be a true copy

[Signature]

Description of B. L. Foster on Enlistment.

Apparent Age 22 years 1 months.
 (To be determined according to the instructions given in the Regulations for Army Medical Services.)

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

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

Height 5 ft. 8 1/2 ins.

*Scar. left groin
 our vaccination mark
 left arm*

Chest measurement { Girth when fully expanded 34 1/2 ins.
 Range of expansion 3 1/4 ins.

Complexion Fair

Eyes Blue

Hair Fair

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

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 May 25 1915

Place Montreal

M. Laubsman Major
 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.

B. L. 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.

Date 25.6.15 1915 (sgd) W. B. Baker (Signature of Officer)
 Lt. Colonel
 O. C., 5th CANADIAN MOUNTED RIFLES

REGIMENTAL DOCUMENTS

NAME

POSTER, CLYDE LEON

REGT. NO.

110170

UNIT

5th CMA

H. Q. FILE NO.

110170

CONTENTS

DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

M. F. W. 2505
REFERENCE

NON-EFFECTIVE BY

1 ATTESTATION PAPER (M.F.W. 23, 133, or 51)

2 CASUALTY FORM (M.F.W. 54 or A.F.B. 103)

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)

2 COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)

2 MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)

DENTAL HISTORY SHEET (M.F.B. 465)

MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)

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)

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)

1 COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)

1 Form CD 3.

1 CAPC 5009H.

1 SCR Form 132.

1 MFC 762.

1 Misc.

DEATH

Category

DISCHARGE

Category

DEMOB.

DESERTION

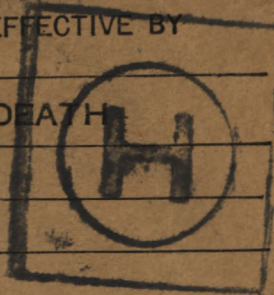
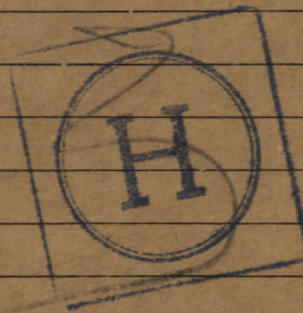
14881

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9-11

9-11

2-11





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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters)

FOSTER C.L.

REGIMENT

23rd Res Bn

RANK

PTE

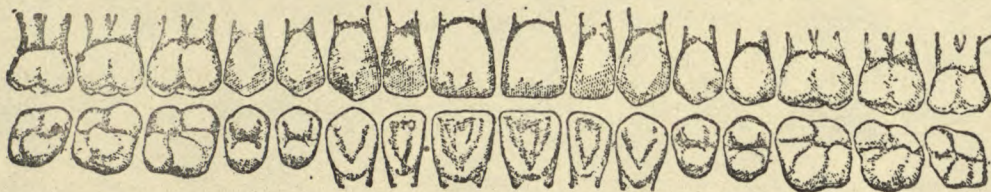
No.

110170

Date of Examination in England

Date of Examination in France

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16

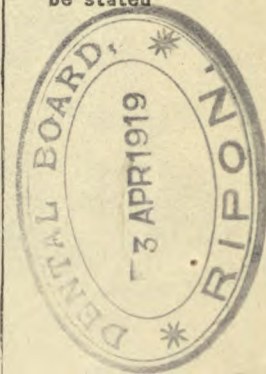


17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32



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, 12, 14, 15, 17, 18.

2. EXTRACTIONS

—

3. CROWNS

—

4. DENTURES

(a) Full Upper

(b) Part Upper

(c) Full Lower

(d) Part Lower

HAS HE EVER REFUSED DENTAL TREATMENT?

no

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

(a) In Canada

(b) In England

(c) In France

yes

R. Ross
A.D.D. & M. S. No. 4

Signature of Dental Officer

R. Ross

MEMORANDUM FOR THE DIRECTOR

TO : THE DIRECTOR
FROM : [Illegible]

[Illegible text]

[Illegible text]

[Illegible text]

[Illegible signature]

[Illegible text]

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 110170, (Rank) Private

Name (in full) FOSTER, Clyde, Leon, enlisted in
the 5th Canadian Mounted Rifles,

CANADIAN EXPEDITIONARY FORCE at Montreal, P. Q., on the Twenty-Sixth
day of May, 19 15.

HE served in 5th C.M.R., 3rd Entrenching Bn., in FRANCE.

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

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

Age 26 years.

Height 5 ft. 8½ in.

Complexion Fair.

Eyes Blue.

Hair Fair.

C. L. Foster

Signature of Soldier

Marks or Scars

Scar, left groin.

J. Fisher

Issuing Officer

Lieutenant "F"

Officer i/c. Discharge Section, Dispersal Station

Rank

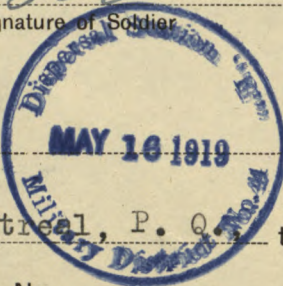
Appointment

Date of Discharge MAY 16 1919

Signed at Montreal, P. Q. this Sixteenth day of May, 19 19.

in Military District No. _____

File Reference No. _____



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.

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

Discharge Certificate

No. (Rank) Name

Unit

Address on Discharge

Character and Conduct

Former Occupation

Special Qualifications of Value in Civil Life

Medals and Decorations

Remarks

Signed at this day of 19

Name of Officer

Rank

Appointment

On demobilization the particulars called for on the back of this certificate will not be completed.

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

THIS SECTION FOR USE OVERSEAS

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. 118178 Rank Pte Surname FOSTER
(Given name in full)

Unit or Corps 23 Res Birthplace Calder
Montreal, P.Q.

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

1. GENERAL DESCRIPTION:

Physique Slight Weight 140 lbs. Height 5 ft. 8 3/4 in. Colour of Eyes Blue
 Nutrition Good
 Pulse 72
 Condition of arteries Good
 Vision Rt. 6/6 Left 6/6
 Hearing (conversational voice) Rt. 20 ft.
 Left 20 ft.

Identification marks, scars, or deformities.
 (Give cause and date of origin).
Herniotomy scar
left inguinal 1914

Opinion as to general health and physical condition Good

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

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

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.

no 12/12/18 to 23/1/19 usual army treatment
 clearance certificate of 1/4/19 attached
id
Left Inguinal Hernia 1914 before evisceration
operation successful
no disability

EXAMINATIONS.

THIS SECTION FOR USE OVERSEAS—

Examined at Algeria (Overseas)

Date 11/14/19

Signed [Signature] M.O.

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

Signature [Signature]

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

THIS SECTION FOR USE IN CANADA—

Examined at (Canada)

Date

Signed M.O.

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

Signature

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

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

[OVER]

Casualty Form—Active Service.

101/EAR/5/1

Regiment or Corps 5th Canadian Mounted RiflesRegimental No. 110170 Rank Pte Name Foster, Clyde LeonEnlisted (a) 25.5.15 Terms of Service (a) Duration of war Service reckons from (a) 25.5.15Date of promotion to } Date of appointment } Numerical position on }
present rank } to lance rank } roll of N.C.Os. }

Extended _____ Re-engaged _____ Qualification (b) _____

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				
6-1-17	O.C. Unit	Granted 10 days leave of absence		4-1-17	B213 Pt II of 5 215/17
21-1-17	"	let a from leave	Field	18-1-17	B213 Dec 19 8 24/17
17-2-17	"	no g.	to Hosp.	15-2-17	B213 Dec 20 8 25/17
17-2-17	O.C. Unit	Gonorrhoea 15-2-17	to 23 CCS.	16-2-17	A36 (25532) Dec 210 28/2/17
24-2-17	39 Gen.	Nyd. Sgt.	39 Gen.	24-2-17	W3034 (238)
24-2-17	23 CCS.	no g. 16-2-17	to 23. 20	20-2-17	A36 (2750) Dec 214
27-3-17	39 Gen.	Forfeit 50 cts. per diem & feed allow. whilst in hosp. from 25-2-17 to 27-3-17 (8 days)	39 Gen.	27-3-17	O1642 (2252) Pt II 32 24/17
27-3-17	"	V.D.G.	to G.B.D.	27-3-17	W3034 (269)
28-3-17	CBD	200. "a"	CBD.	28-3-17	NR (88)
7-4-17	C.B.D.	Left for 3rd Ent. Bn.	Field	7-4-17	N.R. (222)
9-4-17	3rd Ent Bn	Arrived " " "	"	9-4-17	NR.
18-4-17	Unit	Joined Unit	"	18-4-17	B213 Dec 232
23.9.17	"	When Corp King Camp.	"	19.9.17	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				
2/11/17	86 RC.	Leave for drink.	—	2. 11. 17	nkall
10/11/17	drink	Joining drink	—	6. 11. 17	3213.
19/1/18	"	Granted 14 days leave to U.K.	—	18. 1. 18	13213. Part II Nos.
9/2/18	"	Reported from leave	—	5-2-18	10213.
7. 12. 18	86 GA	NYS. Ven Sores adm etc	ces.	6. 12. 18	71 9755
12. 12. 18	51 Gen	o.d.s.b.	adm 51 Gen	12. 12. 18	71 690.
14. 12. 18	41 ces.	v. sores.	to ad 27.	9. 12. 18	71 952
23. 1. 19	51 Gen	o.d.s.	51 Gen	23. 1. 19	71 5615
23. 1. 19	7 candidates	o.d.s.	Reduction	23. 1. 19	71 5956.
23. 1. 19	51 Gen	Hosp stoppages 12-12-18 to 23. 1. 19 (43 days)		23. 1. 19	0.1643/10753 P.D. D.O. 10.
6. 2. 19	7 candidate	o.d.s.	to Base	6. 2. 19	71 7395.
6. 2. 19	64 BD	2. o.d.	CLBD	6. 2. 19	PL 4345.
13. 2. 19	aa. 4.	His ban Rec. List		13. 2. 19	K 38-1. R II 10/19
	✓	TOG C Rec List		14/2/19	D. 1
8/2/19	70 C Sq	Hosp. Stopp (V.D) 23/1/19 to 6/2/19 - 15 days			01643/11481 D: 1
7-3-19	CLBD.	S.O.S. & posted to Quebec Reg. Sq. Reform		7-3-19	E 19 K 4-4 Pt II 20/19
					E. J. Hewitt
10. 3. 19	2RD	705 from 5. CMR	Pipem	9/3/19	2055
10. 3. 19	do	505 to 23 Res Bn	do	9/3/19	2055

Lieut.
for Lt. Col., A.A.G.,
Canadian Section

Casualty Form - Active Service.

Regiment or Corps 23rd Can Res Bn.

Rank Pte. Surname Foster Christian Name Clyde Leon

Religion Age on Enlistment years months

Enlisted (a) 25.5.15 Terms of Service (a) Service reckons from (a) 25.5.15

Date of promotion to present rank Date of appointment to lance rank

Extended { } Re-engaged { } Qualification (b)
or Corps Trade and Rate

Occupation Signature of Officer

Date	Report From whom received	Record of promotions, reductions, transfers, casualties, &c., 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 of Casualty	Date of Casualty	Remarks
					Taken from Army Form B.213, Army Form A.36, or other official documents
					Embarked ... Disembarked...
<u>10/3/19</u>	<u>23rd Can Res Bn.</u>	<u>TAKEN ON STRENGTH</u>	<u>Ripon</u>	<u>9.3.19</u>	<u>60</u>
<u>12-4-19</u>	<u>23rd Can Res Bn.</u>	<u>Having proceeded to Rhyll for return to Canada is S.O.S. on transfer to Can. Conc. Camp. Rhyll. ID No <u>#</u></u>	<u>Ripon.</u>	<u>12-4-19</u>	<u>DPIIO 89</u>
					<u>Lt</u> <u>Capt & Adj</u> <u>23rd Canadian Reserve Batt'n.</u>

(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) Signaller, Shoeing-Smith, &c.

E

Rank Name FOSTER, Clyde Leon

Reg'l No. 110170

R-122.

Unit 5th C.M.R.

If in perm. Corps,
What Unit?

Married or Single Single.

Place and Date of Enlistment Montreal, 25th May, 1915.

Place of Birth Montreal.

Name and Address, Next-of-Kin Mrs. G.L. Foster, Livermore Falls, Maine.

Relationship

Assigned Pay Monthly \$

Payable to

Relationship

Separation Allowance \$

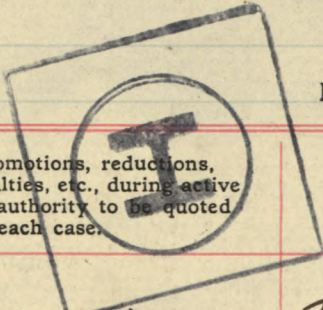
Payable to

Relationship

Discharge, Date and Place

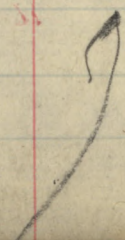
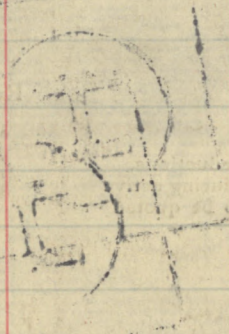
Reason

N/E. R.B. No. 24482
File R.L.
Character U. R. CANADA



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					
7.15	OC Stk.	Adm: Hospital V.I	Valcartier	7/15	Pt II R.O. 70	
13.7.15	---	Retd from Hospital	---	12 2/5	--- 72	
		Embarked for France.		2.4 OCT 1915		
5.3.17	5 bnr	Adm 39 General Hospital	Haare.	24.2.17	CLL 324 NY.D. Sgt. 100	
3.4.17	---	dis from " "	"	Pt 27.3.17	CLL 343 V.D.G.	
24.2.19	5 C.M.R.	S.O.S. to Can Rec list	Held	13-2-19	D.O. 15 4 D O 19.8-3-19 Edm Rec list	
10.3.19	22 No	T.O.S. from A.R.D.	Nipon	7.3.19	D.O. 60 4 D O 55-10.3.19	
11.3.19	Adm. Rec list	S.O.S. & puted to A.R.D.	Hld.	7-3-19	D.O. 20 4 D O 7 4 24.3.19	
14.4.19	Adm C-4.	T.O.S.	Phys C	12.4.19	D.O. 90 4 D O 87 4 12.4.19	
		Proc to Canada		3.5.19	48-7-13.	

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				
12-5-19	MDC	So. Ste. Canada	Royal	3-5-19	No 111



Regt. no 12 09287

allocated 12-1-23

Orig Not Available
Fill in only.—Unit, Number, Rank and Name.

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

500M.—9-16

H. Q. 1772-39-920.

for Record purpose only.

Casualty Form—Active Service.

Unit, Regiment or Corps.

No 6 Coy Bn 1st Div Train

Regimental No.

1289287

Rank

Pte

Name

Foster Clyde Leon

Enlisted (a)

14.11.14

Terms of Service (a)

DoF

Service reckons from (a)

14.11.14

Date of promotion to present rank

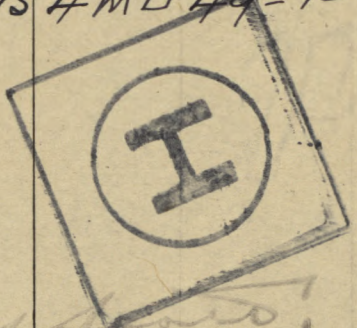
Date of appointment to lance rank

Numerical position on roll of N. C. Os.

Extended

Re-engaged

Qualification (b)

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				
16.1.15	#6 Coy C.A.S.E.	S.O.S. med unfit within 3 months of end med unfit for service	Montreal	13.1.15	HMD 49-1-18  Clyde Foster For. Soft.

W.B.S.

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

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				

145

MILITIA AND DEFENCE
ASSIGNED PAY
OVERSEAS CONTINGENTS

M. F. W. 12.
20m.—11-15.
H. Q. 1772-39-819.

To Whom

Address

145

Mr J. L. Foster
Lacrimore Falls
Maine U.S.A.

By Whom Assigned

Regtl. No.

Rank

Corps

Foster, C. L.

110170.

Pte

5th Co M.R. Squad.

Rate

\$20 Dec 1/15
2 M 1-12-15 WFS

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
Marc'				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916	<i>110416</i>	<i>40</i>	
Feb.		<i>113781</i>	<i>20</i>	
March		<i>114241</i>	<i>20</i>	





ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2.

L. L. Job 8902.-Req. 6213.

Mrs. ¹⁴⁵
J. L. Foster

PAYMENTS.

Name of Soldier

Foster, C. L.

Pte.

5th C.M.R.

a. Sgdn.

Month.	Year.	Cheque No.	Amt.	Remarks.
			\$20 ⁰⁰	
April	1916	S 455	20	
May		73417	20	
June		Q 6635	20	
July		J 8336	20	
Aug.		Q 214459	20	
Sept.		D 16365	20	
Oct.		D 20816	20	
Nov.		B 25974	20	
Dec.		F 33632	20	
Jan.	1917	A 40172	20	
Feb.		A 45151	20	20 P.
March		V 46421	20	20.7h
April		F 156	20	20 W.
May		U 7903	20	
June		T 15046	20	20 W.
July		B 22259	20	
Aug.		333747 78827	20	20 42827 cancelled R.S.
Sept.		T 35760	20	
Oct.		W 43396	20	
Nov.		A 27443	20	
Dec.		I 54091	20	
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

10.B

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

PAYMENTS.

Name of Soldier _____

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

Surname **Foster** Christian Name or Names **C.L.** Reg. No. **111070**
Rank _____ Unit **Queb R 5th. C.M.R.** Co. _____ Troop _____ Batty. _____

Pte _____ Hospital _____ Date of Admission **39 Gen Havre 24-2 17**

Transferred **51 Gen to Etaples** Hosp. **12. 12. 18**

7th Can. Batty. H. Camiers. Hosp. **23-1-19.**

Hosp. _____

Hosp. _____

Diagnosis **N.Y.D V.D. &**

(1) Later Diagnosis (if changed) ~~V.D.S.C.~~

(2)

VDS (Correct diagnosis) R

(3)

Additional Diagnosis: if more than one state present

DISPOSITION

Disc. 27-3-17 Date

C..L.5-3-17 A234

Dis. 6-2-19

REMARKS

" **3-4-17 A 343**
20. 12. 18 A 402 (2)

4-2-19 A438 (2)

13-2-19 A 446 (1)

A.M.D. 2 Dept.

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

R

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.

2.

3.

4.

5.

6.

7.

1
5

No 5287 RANK Pte

NAME Traster C. L.

T. O. S. 25-5-15 UNIT 5th Canadian Mounted Rifles
(20.0.47. 2-6-15)

M. D. 4.

			PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
PAID FROM	PAID TO	SIG. OR REC'T	PARTICULARS	AUTHORITY
1915 may 25	1915 may 31	n. ✓		
	June July			

UNIT SAILED

JUL 18 1915



NAME Foster, Clyde Leon

"Over" No card
C.P.

RANK & No.

CORPS No 6 Co, Div: Train,

ENLISTMENT, PLACE montreal,

DATE nov: 14th / 1914. S.

FORMER CORPS nil,

COUNTRY OF BIRTH Toronto, Ont.

NEXT OF KIN maxwell, F. E. (uncle)

ADDRESS OF NEXT OF KIN 232 LaGauchetiere St, montreal,
P. Q.

DISCHARGE, PLACE

DATE

REMARKS: We have Pte Clyde Leon Foster in
5th Co. M. R. no. 110170

Rank

Name

FOSTER, Clyde Leon

Reg'l No.

110170 P-56

Unit

5th C.M.R.

If in perm. Corps,
What Unit?

Married or Single

Single.

Place and Date of Enlistment

Montreal, 25th May, 1915.

Place of Birth

Montreal.

Name and Address, Next-of-Kin

Mrs. G.L. Foster, Liveria Falls, Maine. U.S.A. /

Relationship

Assigned Pay Monthly \$

20.⁰⁰

1/2/15 Payable to

above.

Relationship

Separation Allowance \$

Payable to

Relationship

Discharge, Date and Place

Reason

Character

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							
Aug 1	Aug 31	31	1.00	31	31	1.00	31.00	6.30	40.40			29.20			29.20	11.20		
Sep 1	30	30	1.00	30	30	1.00	30.00		44.20			31.63			31.63	12.57		
Oct 1	31	31	1.00	31	31	1.00	31.00		46.67			17.26			17.26	29.41		
Nov 1	30	30		30	30		30.00		62.41			2.68		83	3.51	58.90		
Dec 1	31	31		31	31		31.00		93			16.83	20		36.83	56.14		
Jan 1	31	31		31	31		31.00		34.10			5.23	20		25.23	65.04		
Feb 1	29	29		29	29		29.00		31.90			5.23	20		25.23	71.71		
Mar 1	31	31		31	31		31.00		34.10			2.61	20		24.61	83.20		
				244			24.40	6.30	27.70			110.67	80		83	191.50	83.20	fd to new ledger

File 496
✓

B
V

Number *110170*

Rank *Pte*

Surname *FOSTER*

Christian Name *Clyde Leon*

Unit *5th C.M.B.*

Theatre of War *France*

Date of Service *24.10.15*

Remarks

Latest Address *Rivermore Falls
Maine*

Roll No. *B. Page 3065. USA*

G.A. 11102. Sep

MAY 3 0 1921

NAME *Foster, C. L.*

REGT'L No *110170.*

RANK AND CORPS *Pvt. 5th C. M. R.*

H. Q. FILE No. 649-

FOLLOWS
No.
FOLLOWS

CABLE

NATURE OF CASUALTY

No. DATE

LIST No

HOSPITAL

DATE OF
ADMISSION

REMARKS

A. 324

No. 39 Gen., Havre

24-2-17

N. Y. D. slt. Q.

A. 343.

Discharged

27-3-17.

V. H. G.

R. 149.
2345-5m-5/12/16.

Name

Foster, Clyde

Rank

private

Reg. No. 110140.

Unit

5th C. M. A. Co. Leov.

Next of Kin

USA.

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
24. 2. 14	No 39 Genl Ho.	Narre.	N. Y. N. Sect. A. 324.			
24. 3. 14	Discharged.	(No	(V. No 9)	A. 343.		
16. 4. 14	Rejoined Unit.	B. C. Co.	232. 28/14.			

NAME

Foster *le. S.*

REGT. No.

110170.

RANK AND UNIT

Pte *Que. Regt.*

NEXT OF KIN

CABLE

NATURE OF CASUALTY

No.

DATE

*

LIST NO.

HOSPITAL

DATE OF
ADMISSION

REMARKS

LIST NO.	HOSPITAL	DATE OF ADMISSION	REMARKS
9402 ²¹⁵	Gen. Hospital	12-18	736.
9438	San. Stat. Camera	23-19	42
9446	Discharged	6-2-19	42.

NAME

Foster Leon Clyde.

RANK & NO.

Gt. or Lt. 85322 87422

CORPS

A.Q. Staff. 6th Brigade C.I.A.

ENLISTMENT. PLACE

Montreal

DATE

FORMER CORPS

C.A.S.C.

COUNTRY OF BIRTH

Canada.

NEXT OF KIN

Foster, Mrs J. L.

ADDRESS OF NEXT OF KIN

Livermore Falls Maine.

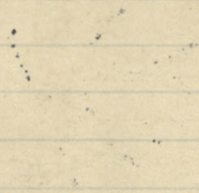
DISCHARGE, PLACE

Got before May 25th
when recalled in 5th CMR.

DATE

[Handwritten signature]

REMARKS :



* Strike out whichever inapplicable.

ASSIGNED PAY.	ENGLAND OR CANADA.	SEPARATION ALLOWANCE.	ENGLAND OR CANADA.				
EFFECTIVE DATE:-	1/12/15	EFFECTIVE DATE:-					
AMOUNT:-	8.20 Stop eff 1.5.19	AMOUNT:-					
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.					
Mr. P. Foster Linnmore Falls Maine U.S.A.							
PARTICULARS OF RANK OR APPOINTMENT							
AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT					
		Pte					
UNIT AND TRANSFERS							
ORIGINAL UNIT:- 5 cmr.							
DATE ACCOUNT FIRST OPENED:-							
AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'S F D	UNIT TRANSFERRED TO				
	1-6-19	12/19	Can Sec.				
EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS							
DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT
2-4-19	12	23rd Reg	£3.0.0				
L.P.C. a Bal (13 cents) 30 ⁴ / ₁₉				Compaid 4 ⁴ / ₁₉			
DAILY RATES OF PAY AND ALLOWANCES							
AUTHORITY	PAY	F.A.	P.F.A.	SUBSCE ALLCE			
	1.00	10					

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
1918											
Mar 31	Bal forward								2 52		
April	Pay & Allow	33		a.p.				20	15 52		
				AR 10 11/4/18 5 th CMR	3 57				11 95		
				" 73 25/4/18	3 57				8 38		
		33 -			7 14			20 -			
May	P Pay	34 10		a.p. ban				20	22 48		
				AR 96 8-8-18 5 th CMR	3 57				18 91		
				" 201 30-5-18	3 57				15 34		
		34 10			7 14			20 -			
June	P Pay	33		a.p. leave				20	28 34		
				AR 226 5 cmr. 9/6/18	3 57				24 77		
				" 5 8 C 2 B 22.6.18	3 57				21 20		
		33			7 14			20			
July	P P	34 10		a.p.				20	35 30		
				AR 125 8 C 2 B 12/7/18	4 46				30 84		
				" 577 27/7/18	3 57				27 27		
		34 10			8 03			20			
Aug	P Pay	34 10		a.p.				20	41 37		
				AR 685 17-8-18 8 th C 2 B	4 46				36 91		
				AR 863 27-8-18	3 57				33 34		
		34 10			8 03			20			
Sept	P.P.	33		a.p.				20	46 34		
				AR 1160 19-9-18 8 C 2 B	4 46				41 88		
		33			4 46			20			
Oct	-	34 10		C.A. 12				20	55 98		
				A.P. 1897 12-10-18	3 73				52 25		
				" 7218 5 th CMR 28.12.18	7 14				45 09		
		34 10			11 19			20			

acc. agreed 16-12-18.

NUMBER 110170

RANK

NAME FOSTER

blyde Leon

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
	M. L. Wood								44 79		
Nov	P.P.	33	-	C.A.P.				20	57 79		
				A.R. 3002, 8.C.I.B. 14.11.18. ✓	3 73						
				" 3515 " 23.11.18. ✓	13 06				41 00		
Dec		34	10	C.A.P.				20	55 10		
Jan		34	10					20	69 20		
		101	20		16 79			60			
Feb		20	80					20	80 00		
				A.P. 6022, C.9.B.10. 8.2.19	4 66				75 34		
				V.D. 1274-2319, D.O. 10. 5.C.M.R. 579		25 80			49 54		
				AR 225 C 9 B D. 22/2/19	4 66						
				" 8299. " 22.2.19 ✓	4 66				40 22		
				" 5008, Cdn. Int. Camp. 6.3.19	4 66				35 56		
Mar		34	10	C.A.P.				20	49 66		
				A.P. 3146, 23 Pen. 13.3.19	17 03				32 63		
				" 3212. " 14.3.19	21 90				10 73		
				V.D. 2319-679, D.O. 19. C. Rev. 19. 679		8 40			2 33		
				1 dy. ed. on ... with 20.10.5.2.19		9 88 c					
		64	90		57 57	34 20		40			
apl	P.P.	33	-					20	15 33		
				A.P. 12. 23 Pen. 4.4.19	14 60						
				" 1037 K.P. 1679. L.P.C. Ind.	4 87						
				" 1140 " 1879 " "	4 87	24 34			9 01		
				" 2252. " 1979 " "	4 87	29 21			13 88		
		33	-		29 21			20			

13.73
15.33
14.63
1.73

L P C
SOS Lan 35
SLWE PRD

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

M. OR S. *ONE*

REGT. No. *110170* RANK *PTE* NAME (IN FULL) *FOSTER, C. I.*

ORIGINAL UNIT *5th Co. 1st Regt.* IF IN P.F. WHAT UNIT? *Block Letters Surname First*

ADDRESS *J.O.S.* EFFECTIVE DATE *3-3-9* AUTHORITY *DD 146 Supp 2 7-3-98*

PLACE OF ATTESTATION *25-5-15* TRANSFERRED TO *X* DATE *1-6-19* AUTHORITY

DATE OF ATTESTATION *25-5-15* TRANSFERRED TO *X* DATE *1-6-19* AUTHORITY

ASSIGNED PAY \$ *20.00* DATE EFFECTIVE *1-6-19*

IS SEPARATION ALLOWANCE PAID? *Yes* DATE EFFECTIVE

TO WHOM PAID *Mr J. L. Foster* RELATIONSHIP *W.S.G.* ANY CHANGE IN ASSIGNEE OR ADDRESS *Same Address*

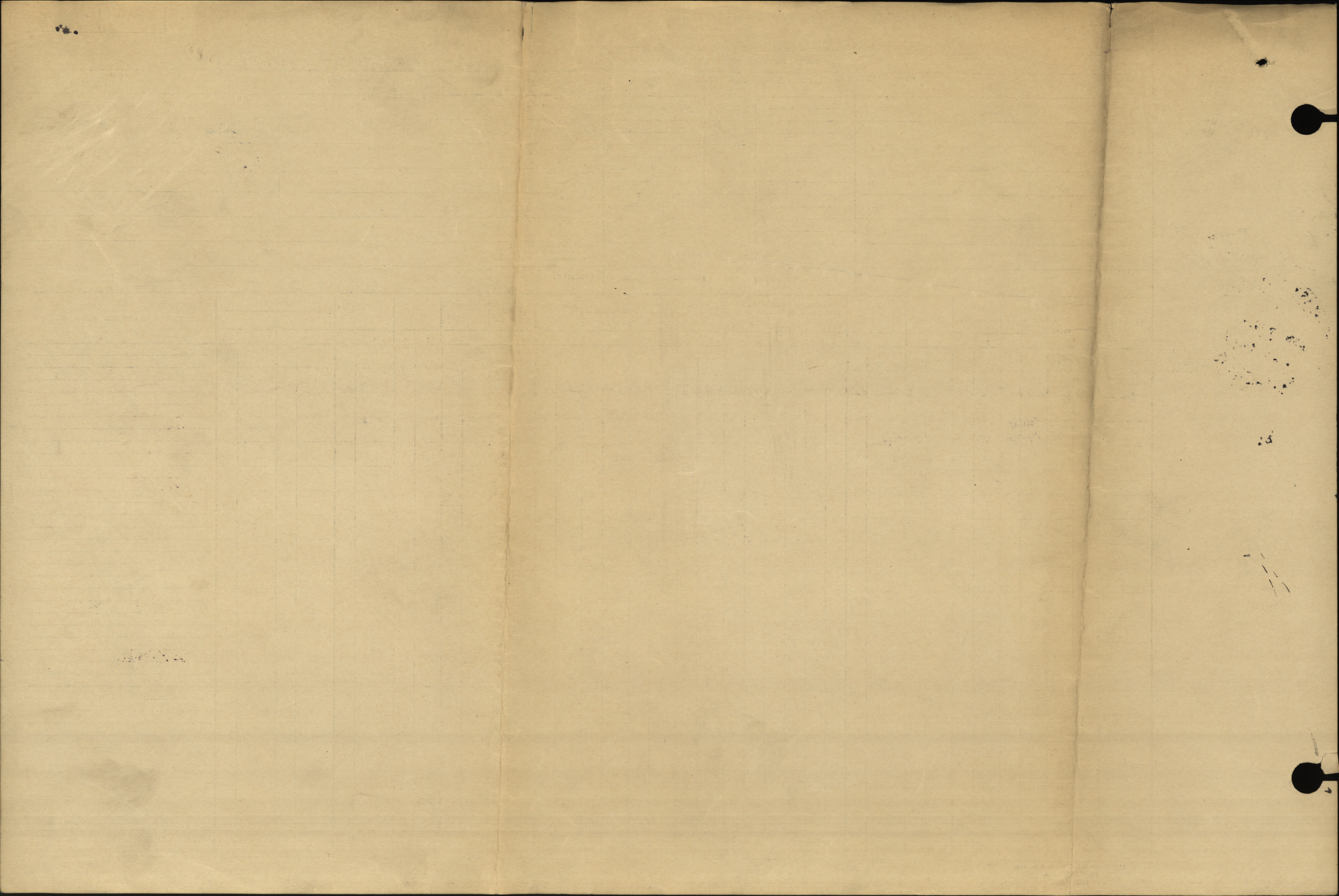
ADDRESS *Livermore Falls, Maine U.S.A.*

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE

DISCHARGED *Nautical* PLACE *16-5-19* DATE *16-5-19* REASON *Demot.* AUTHORITY *DD 146 Supp 2 7-3-98* IF ENTITLED TO POST DISCHARGE PAY



MONTH	PAY AND F.A.		OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS			CASH PAYMENTS			ASSIGNED PAY	REGI-MENTAL CHARGES	OTHER CHARGES	TOTAL DEBITS		BALANCE		PARTICULARS OR REMARKS
	NO. OF DAYS	RATE			AMOUNT	COL. NO. 1	COL. NO. 2	COL. NO. 3	COL. NO. 1	COL. NO. 2				COL. NO. 3	DEBIT	CREDIT	DEBIT	
																		<i>Royal George</i>
<i>1-5-19</i>	<i>18</i>	<i>110</i>	<i>1980</i>	<i>3300</i>				<i>487</i>	<i>500</i>	<i>8105</i>	<i>2000</i>		<i>220</i>	<i>1388</i>	<i>1388</i>	<i>1388</i>	<i>220</i>	<i>2000</i>
<i>18-5-19</i>																		<i>2000</i>
			<i>Other Credits</i>	<i>W.S.C.S.A. Total</i>									<i>Other Charges</i>	<i>W.S.G.</i>	<i>S.A.</i>	<i>Total</i>	<i>Soldier Dependant</i>	
			<i>420</i>	<i>420</i>									<i>70</i>	<i>70</i>	<i>350</i>			<i>War Service Gratuity</i>
													<i>70</i>	<i>70</i>	<i>347.80</i>			
<i>16-6-19</i>													<i>70</i>	<i>70</i>	<i>277.80</i>			<i>903318</i>
<i>16-7-19</i>													<i>70</i>	<i>70</i>	<i>207.80</i>			<i>1067217</i>
<i>16-8-19</i>													<i>70</i>	<i>70</i>	<i>137.80</i>			<i>1277839</i>
<i>16-9-19</i>													<i>67.80</i>	<i>67.80</i>	<i>70</i>			<i>1531624</i>
<i>16-10-19</i>													<i>70</i>	<i>70</i>				<i>1639741</i>
														<i>420</i>				<i>Final</i>



Date of Enlistment

MILITIA AND DEFENCE

4382

Date of Assignment

Separation and Assigned Pay Branch

F

#271

Dec 1/15

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

20			
----	--	--	--

82378
S.H.

PARTICULARS OF SEPARATION ALLOWANCE

No. 110170
 Rank Pte Promoted Reverted Discharge
 Soldier's Name C. L. Foster
 Battalion 5th C. M. R. "A" Squad
 Beneficiary
 Relationship
 Address

PARTICULARS OF ASSIGNMENT

Name Mrs. J. L. Foster
 Address Livermore Falls, Maine, U.S.A.
 Change of Address
 1
 2
 3
 4

M. F. W. 128
400M-6-17-1772-39-141
L. L. 22220-M. & D. 1483.

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
1917					06252-6-50
Dec. 31 1918			500	500	
Jan.	8 67702		20	20	S
Feb	1 95841		20	20	
Mar	a 135674		20	20	S
Apr.	5 12936		20	20	S
May	Q 19693		20	20	
June	3 10100		20	20	C
July	3 21229		20	20	C
Aug	3 33408		20	20	C
Sept	7 46799		20	20	C
Oct	3 61429		20	20	C
Nov	3 75978		20	20	C
Dec	3 95545		20	20	C
Jan	2 106781		20	20	C
Feb	3 120385		20	20	M
Mar	3 132695		20	20	M
Apr	3 2692		20	20	M
May	3 11259		20	20	
			840	840	

A/c Closed 31-5-19
 Ret'd per Royal George
 Date 145-19 M.F.W. 187 1905-19. M.D. 4
 M. Cameron
 Closed MRO 106705

AUDITED



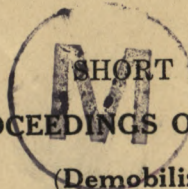
Cat. A.

12-4-19

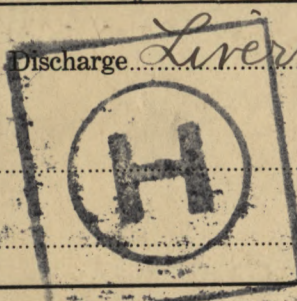
F

S.G. 21

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 SHORT FORM.
 PROCEEDINGS ON DISCHARGE
 (Demobilization.)

WAR SERVICE BADGE
 Class "A" No. 242990 ISSUED

1. No. 110170	
2. Rank. Pte.	
3. Name. Foster Clyde Leon.	
4. Unit. 23 rd Res. 5 th C.M.A.	
5. Date of Discharge	2 16-5-19 Place Montreal.
6. Reason for Discharge. Demob.	
7. Authority. R.O. 1420. D.D.#4 D.O.Pt.II-146.	
8. Proposed Residence after Discharge. Livermore Falls, Me.	
	
<p>9. CERTIFICATE TO BE SIGNED BY SOLDIER.</p> <p>I hereby acknowledge that at the undernoted place and date I received my discharge Certificate</p> <p>M. F. W. B-39 Montreal</p> <p style="text-align: center;">MAY 16 1919</p> <p style="text-align: right;"><i>C. L. Foster</i> Signature of Soldier.</p>	
<p>10. CONFIRMATION.</p> <p>The discharge of the above named man is hereby confirmed.</p> <p>Place Montreal</p> <p style="text-align: center;">MAY 16 1919</p> <p>Date.....</p> <p style="text-align: right;"> <i>W. Fisher</i> Lieutenant O.C. Discharging Unit Station Officer in Charge Discharge Section </p>	

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1. No. of Discharge	
2. Rank	
3. Name	
4. Unit	
5. Date of Discharge	6. Place
7. Reason for Discharge	
8. Remarks	
9. Signature of Dischargee	
10. Signature of Officer	
11. Signature of Chaplain	
12. Signature of Medical Officer	
13. Signature of Adjutant	
14. Signature of Quartermaster	
15. Signature of Commissary	
16. Signature of Paymaster	
17. Signature of Provost Marshal	
18. Signature of Prisoner Representative	
19. Signature of Other	
20. Signature of Other	
21. Signature of Other	
22. Signature of Other	
23. Signature of Other	
24. Signature of Other	
25. Signature of Other	
26. Signature of Other	
27. Signature of Other	
28. Signature of Other	
29. Signature of Other	
30. Signature of Other	



CERTIFICATE TO BE SIGNED BY SOLDIER

I hereby acknowledge that the undersigned class and date I received my discharge Certificate

MAY 1918

Signature of Soldier

CERTIFICATION

The discharge of the above named person is hereby certified

MAY 1918

Signature of Officer

LIST OF DISCHARGE DOCUMENTS

Attestation Paper, Trilphonia	William Form W. 20
or Testimony of Receipt	William Form W. 18
Field Certificate Sheet	William Form W. 17
Cause Paper	William Form W. 16
Last Post Certificate	William Form W. 15
Certificates that missing documents are unobtainable	
Medical History Sheet	William Form B. 14
Proceedings of Medical Board	M. B. R. 13
Dental History Sheet	William Form B. 12
Medical Report	William Form B. 11
Reimbursement Certificate Sheet	William Form B. 10
Company Certificate Sheet	William Form B. 9

THE NATIONAL ARCHIVES
 COLLEGE PARK, MARYLAND
 20740

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
2. Particulars of Recruit (M.F.W. 133).
3. Casualty Form (A.F.B. 103).
4. Medical History Sheet (M.F.B. 313 or A.F.B. 178).
5. Proceedings of Med. Board (M.F.B. 227 or M.F.W. 129)
6. Dental Certificate (C.A.D.C. 5009a).
7. Field Conduct Sheet (A.F.B. 122)
8. Discharge Certificate (M.F.B. 218a)
(Enclosed in special envelope (260M)).
9. Copy of Discharge Certificate (M.F.W. 39a).
10. Dispersal Certificate (C.D.3).
11. Equipment Statement Q.M.G. Form (D.O.S. 2),
and Clothing
12. Last Pay Certificate (P. 851).
13. Pay Book (A.B. 64).
14. War Service Gratuity (Form M.F.W. 2595).
15. Sundry Documents.

Pen

Group..... *a*
 Checked by No. *22*
 Date *25/4/19*