

I2 M. D. First Depot Battalion Sask. Regiment
Regtl. No. 3356318

PARTICULARS OF RECRUIT Coy. I
DRAFTED UNDER MILITARY SERVICE ACT, 1917

31/10/18

(Class One)

DUPLICATE

1. Surname Foster
2. Christian name Colin
3. Present address I832-I6th. Ave. Regina Sask.
4. Military Service Act letter and number I9L 7160
(If man is defaulter, i.e., has not registered under Proclamation, this fact should be stated, together with date of apprehension, or surrender)
5. Date of birth Oct. 1st. 1899
6. Place of birth Vaudreuil Station Que.
(town, township or county and country)
7. Married, widower or single Single
8. Religion Anglican
9. Trade or calling Bank Clerk
10. Name of next-of-kin Mills Collins Foster
11. Relationship of next-of-kin Father
12. Address of next-of-kin I832 I6th. Ave. Regina Sask.
13. Whether at present a member of the Active Militia No
14. Particulars of previous military or naval service, if any None
15. Medical Examination under Military Service Act :—
(a) Place Regina Sask. (b) Date Oct. 8th. 1918 (c) Category A2

DECLARATION OF RECRUIT

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

Colin Foster (Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age 19 yrs. mths.
Height 5 ft. 8 ins.
Chest measurement } fully expanded 35 ins.
 } range of expansion 2 ins.
Complexion Fresh
Eyes Blue
Hair Fair

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

[Signature]
O. C. Depot Btin.

Place Regina Sask. Date Oct. 8th. 1918.

1918 OCT 21 1918

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Class One

DEPARTMENT OF THE INTERIOR

BUREAU OF LANDS OF KESWILL

C.E.F. REGIMENTAL DOCUMENTS

NAME **FOSTER, COLIN**

REGT. No. **5356318** UNIT **16 AMB** H. Q. FILE No.

CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
ATTESTATION PAPER (M.F.W. 23, 133 or 51)					DEATH
CASUALTY FORM (M.F.W. 54 or A.F.B. 103)				14882	CATEGORY
TRAINING HISTORY SHEET (M.F.W. 113)					
FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
REGT. CONDUCT SHEET (M.B.W. 263 or A.F.B. 120)					
COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					
MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 173)					DISCHARGE
DENTAL HISTORY SHEET (M.F.B. 465)					CATEGORY
MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					
MEDICAL EXAMINATION (M.F.W. 129)					
TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)					DEMOB
PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)					
DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)					DESERTION
LAST PAY CERTIFICATE (M.F.W. 44)					
PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					
PARTICULARS OF CHARACTER (A.F.W. 3226)					
COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
CARDS					
PAY-SHEETS					

(Handwritten circled 'C')

(Handwritten circled 'M')

(Blue stamped 'H' in a square)

(Red stamped 'H' in a square)



MILITARY SERVICE ACT, 1917.

MEDICAL HISTORY SHEET.

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

1. Surname Foster Christian name Bolin
2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule. Volunteer
3. Consecutive number on schedule of men reporting for service (if he appears on it) 19-2-1916
4. Address (including street and number, if any) 1832-16th Ave Regina, Sask.

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 8th day of October 1918, by the undersigned medical board sitting at Regina, Sask

5. Age as stated 19 Years 0 Months. 6. Apparent age 19 Years 0 Months
7. Height 5 Feet 8 Inches. 8. Weight 138 Pounds.
9. Chest measurement { Minimum 33 Ins. Maximum 35 Ins. 10. Complexion Fresh { Eyes Blue Hair Fair
11. Physical development. Good { Good Fair Poor 12. Smallpox marks —
13. Number of vaccination marks { Right arm — Left arm one 14. When vaccinated last childhood
15. Distinctive marks and marks indicating congenital peculiarities or previous disease —

16. Slight defects but not sufficient to cause rejection Septic Head Myxoma eye
The man denies having had { Rheumatism Tuberculosis Syphilis We find no evidence of past { Rheumatism Tuberculosis Syphilis Vision
(Strike out disease admitted or suspected.) R 20/20 h 20/20

We have examined the above named man in accordance with the C. E. F. Regulations for medical examinations, and he is placed in Category A2 Stunning normal
General Medical Board W. E. Bruce Capt. President.
REGINA, SASK. R. J. Grier Capt. Member.

Date	Result	VACCINATIONS	Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
9/10/18	—	<u>W. E. Bruce Capt. M.O.</u>	9/10/18	+	<u>W. E. Bruce Capt. M.O.</u>
8/2/19	—	<u>Arthur Capt. M.O.</u>	3/2/19	+	<u>Arthur Capt. M.O.</u>
		<u>M.O.</u>	10-2-19	—	<u>meadows Lt. M.O.</u>

Joined 8 day of Oct. 1918 at Regina, Sask.

	CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment	<u>1st Depot Batta</u>			
Transferred to.....	<u>Sask Regt.</u>	<u>3356318</u>		<u>8-10-1918</u>

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION	DATE	DISEASE	RESULT
<u>Regina</u>	<u>3-2-19</u>	<u>fit</u>	<u>A2 Arthur Capt.</u>
<u>Regina, Sask</u>	<u>2/17/19</u>	<u>129</u>	<u>John Whyte, Capt</u>

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

Signature of Man C. Foster

1 Coy.

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 3356318 (Rank) P/Sergeant

Name (in full) Foster, Colin enlisted in

the First Depot Battalion, Sask. Regiment

CANADIAN EXPEDITIONARY FORCE at Regina on the 8th

day of October 19 18.

HE served in SIBERIA

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

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

Age 20 years Marks or Scars

Height 5 feet 8 inches

Complexion Fresh

Eyes Blue

Hair Fair

C. Foster
Signature of Soldier

H. J. Campbell
Issuing Officer

Capt to Lt-Col.
Rank

Date of Discharge 21-7-19.

O.C. #12 District Depot.
Appointment

Signed at Regina this 21st day of July 19 19.

in Military District No. 12

File Reference No. 208-P-12 D.D.

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.

War Service Badge, Class
issued
A. No. 209075
B. No. _____

CANADIAN EXPEDITIONARY FORCE

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

Discharge Section
JUL 21 1919
NO. 12 DISTRICT DEPOT

On demobilization the
particulars called for on
the back of this cer-
tificate will not be com-
pleted.

- 1.—That discharge certificate must be carried when wearing uniform.
- 2.—That uniform can be worn only thirty (30) days after discharge, or when duly authorized in writing, and
- 3.—That wearing of uniform renders him liable to usual military discipline, as if on the strength of a unit.

DENTAL HISTORY SHEET

James Clark
1871

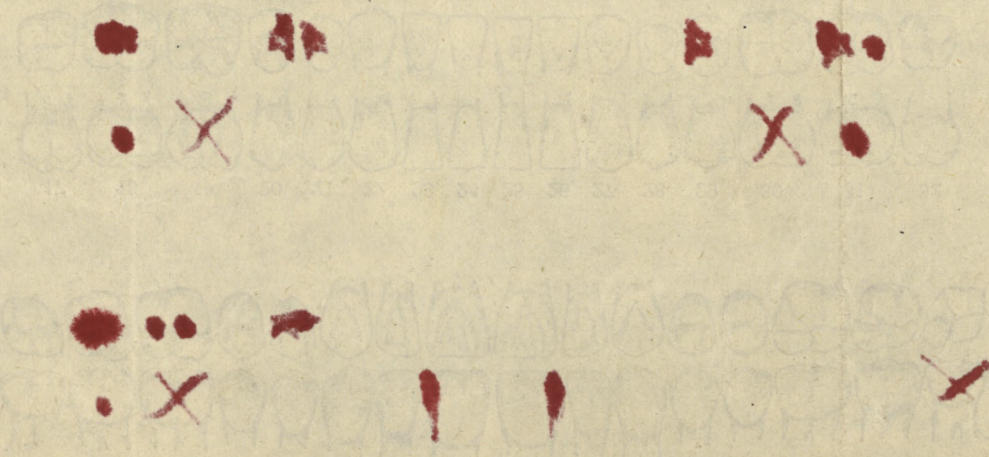
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1871

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

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

No. 3356318 Rank Lgt Surname FOSTER
(Given name in full)
Colin
 Unit or Corps 12th D.D. Birthplace Quebec

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

1. GENERAL DESCRIPTION:

Physique Good Weight 137 lbs. Height 5 ft. 2 1/2 in. Colour of Eyes Blue
 Nutrition Normal
 Pulse 74 Regular
 Condition of arteries Normal
 Vision Rt. 20/20 Left 20/20
 Hearing (conversational voice) Rt. 21 ft.
 Left 21 ft.

Identification marks, scars, or deformities.
 (Give cause and date of origin.)
nil

Opinion as to general health and physical condition Good

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

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

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

EXAMINATIONS.

THIS SECTION FOR USE OVERSEAS—

Examined at.....(Overseas)

Date SignedM.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 SECTION FOR USE IN CANADA—

Examined at.....(Canada)

Date 21/7/19 Signed John Whyte, CaptM.O. Edna

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 E. J. [unclear].....

(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]

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

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

No. 3356318 Rank 1st Lt. Surname Colin Foster
(Give name in full)

Unit or Corps 28th Field Ambulance Birthplace Ireland

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

1. GENERAL DESCRIPTION:

Physique good Weight 138 lbs. Height 5 ft. 8 in. Colour of Eyes Blue
 Nutrition good
 Pulse normal
 Condition of arteries normal
 Vision Rt. 20/20 Left 20/20
 Hearing (conversational voice) Rt. 20 ft.
 Left 20 ft.

Identification marks, scars, or deformities.
 (Give cause and date of origin.)

Opinion as to general health and physical condition good

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

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

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

EXAMINATIONS.

THIS SECTION FOR USE OVERSEAS—

Examined at.....(Overseas)

Date SignedM.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 SECTION FOR USE IN CANADA—

Examined at...*Regina*.....(Canada)

Date *June 6/19*..... 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 space to be used, if necessary, in connection with Section 3, overleaf, only.)

[OVER]

Record of Promotions, Reductions, Transfers,
Casualties, Reports, &c.

Place

Rank
Shewn

Effective
Date

Unit

Authority

Part II D.O. No.,
Cas. List &c.

Dated

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

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

350M.—5-16
H. Q. 1772-39-920.

Casualty Form—Active Service.

1st Depot Bn. Sask. Regt.

THIS WAS
WITH ATTEST

J. J. J. J.

Unit, Regiment or Corps

Regimental No. *3356318* Rank *pte* Name *Foster Colin*

Enlisted (a) *oct 8-1918* Terms of Service (a) *7 1/2 years* Service reckons from (a) *oct 8 1918*

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

Extended Re-engaged Qualification (b) *mil nil civilian Bank Clerk*

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				
<i>8-2-19</i>	<i>1st Depot Bn Sask Regt</i>	<i>T.O.S. 16th Field Amb. C.E.F.S</i>	<i>Victoria B.C.</i>	<i>8-2-19</i>	<i>MD 11 99-4-134-12 AB Fennell no. Commanding 8th Signal Co. C. E. F. Siberia. Capt C. E.</i>
		<i>Embarked. Canada. Disembarked. Siberia.</i>	<i>Victoris. Vladivostok.</i>	<i>12-2-19. FEB 27 1919.</i>	<i>Major. O.C. Troops, S.S. Empress of Japan.</i>
<i>4-3-19</i>	<i>O.C. 16th Field Amb</i>	<i>T.O.S.</i>	<i>Vladivostok</i>	<i>27-2-19</i>	<i>Pl-I D.O. #22</i>
		<i>Embarked Siberia S.S. Empress of Russia</i>		<i>MAY 19 1919</i>	

*D. A. A. G. BASE RECORDS
CAN. EXPED. FORCE (SIBERIA)*

(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, Shoeling Smith, etc., etc., also special qualifications in technical Corps duties. [P.T.O.]

Casualty Form - Active Service

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				
19.5.19	157.928	From <u>Clearing Dept</u>	<u>REGINA</u>	6.6.19	
21.7.19		Detachment Discharged on De-mobilization	<u>Regina</u>	21.7.19	

DISREMARKED
VANCOUVER
MAY 29 1919

D.D.O. Part I T.O.S. No. 12 DISTRICT DEPOT

Ron Murphy Capt.
O.C. Casualty Company, No. 12 District Depot

DDO 202-2053

Ron Murphy Capt.

Lieut. & Actg.
No. 12 District Depot

*Name FOSTER, C. Rank Prov-Sgt Regtl. No. 3356318

Original unit _____ Present unit 15th F. Amb. M. or S. Age _____ Religion _____ Fyle Depot _____ Ref. H.Q. _____

Port, ship, and date of arrival _____

Next of kin _____

Address on leave _____

Address on discharge _____

Transportation issued Yes No Date _____ Character on discharge _____

Previous occupation _____ Date and place of enlistment _____

Diagnosis _____ Date of Medical Boards _____

Date.	Remarks.	Pt. 2 Order No.
19-5-19.	TOS #12DD. and posted to Gas. Coy. 5-6-19.	157-928
6-6-19.	Promoted to Prov. Sergeant.	158-938
6-6-19.	Posted to Details Company.	160-944

OVER

*—Name will be given in full; surname first.

[OVER]

Date

Remarks.

Pt. 2 Order No.

21-7-19. Posted to Disch. Sect;

202-2054

21-7-19. Discharged from HMS. On demob.

202-2053

TRANSFERRED TO C. E. F. (Siberia) *St. Empress of Japan* 12-2-19

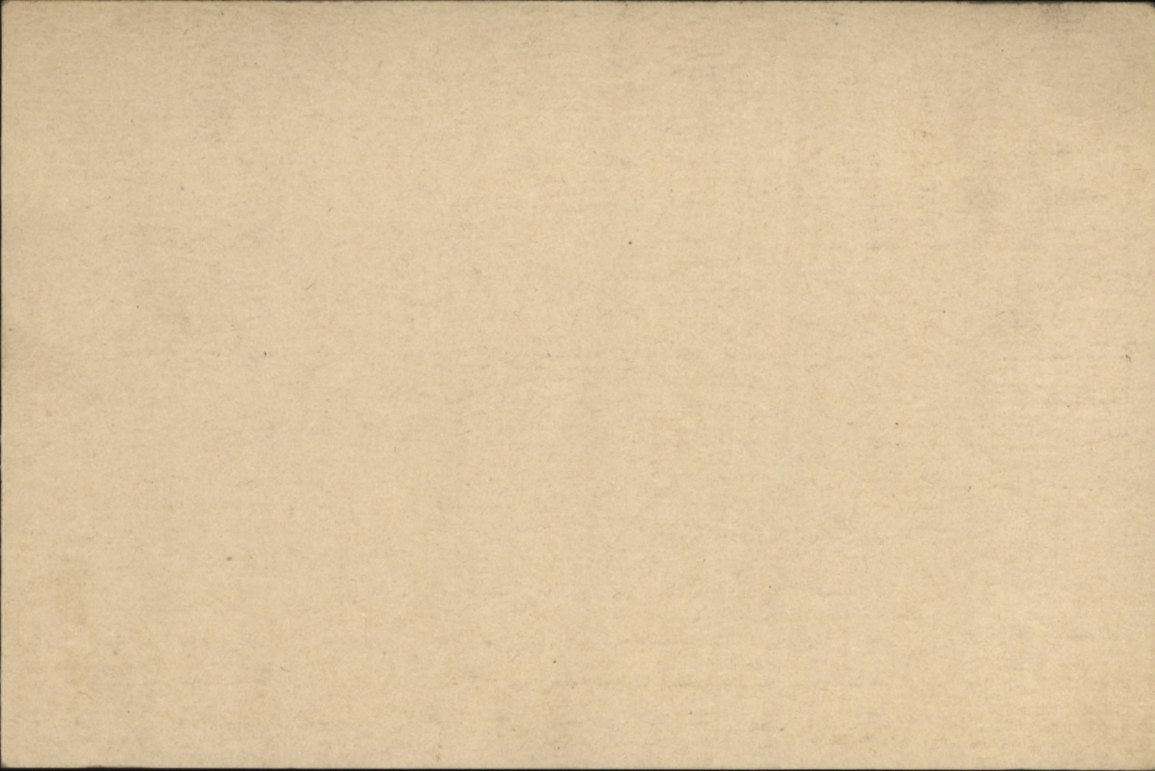
Surname *Foster*
Christian names *Colin*
Regtl. No. *3356318* Rank *Pte*
Unit *Sask Regt 1st Depo Bn*
BOD 16th Fld Amb.
Reason *desol*
Auth. *DD202 21-5-19*

H. Q.
M. D. No. *12*
T. O. S. 19...
D. O. Pt. II of
S. O. S. *21-7* 19...
Auth. *DD202 21-5-19*

Next of kin *Foster Mills Collins* Relationship *Father*
Address *1832 16th Ave*
Regina Sask

Also notify:

BORN—Place *Canada Vaudreuil P.Q.* Date *Oct 1st 1899*
ATTESTED—Place *Regina Sask* Date *Oct 8th 1915*
O/S R/C *29-5-19 4/50 Pte.*



A.M.
R8

Number 3356318

Rank Plt-



Surname FOSTER

Christian Name Colin

Units C.S.E. 7. Theatre of War Siberia

Date of Service 27-2-19

Remarks 1832-16th Ave

Latest Address Regina, Sask-

Roll No. B Page 1635-7

200m. -2-21.M.

SEP 1 1922
REGN. NO. *35050*

CEF

FOSTER, Colin Lt. Col.

Medals: Prev. Despd.

Cross: Widow: Not eligible

Mother: Mrs. Anne Foster
1717 Victoria Ave.,
Regina, Sask.

DESP. NOV 7 1949

REGN No. 1118

S.O.S. 21-7-19



M. or S. *S.*

Name and Address of Next of Kin *Father
Mills Collins Foster
1832 - 16th Ave. Regina, Sask.*

Separation Allowance \$ *Nil* Effective Date

By Whom Paid

Payable to Relationship

Address

CASUALTIES, AFFECTING PAY AND ALLOWANCES

PARTICULARS	EFFECTIVE DATE	AUTHORITY

Regimental No. *3356318* Rank *Pte.* Name *Foster, Colin*
If in P.F. What Unit P. F. Allowances

Place of Attestation *Regina, Sask* Transferred to Date Authority
Original Unit C.E.F. *16th Field Amb*

Date of Attestation *8-10-18* Transferred to Date Authority

Assigned Pay \$ *15^{xx}* Date Effective *1/31/19* Authority

Payable to *Miss Lella Foster* Relationship *Sister*

Address *1832 - 16th Ave., Regina, Sask.*

Stop-Payment Form (Assigned Pay) Rendered (Date) Effective

Discharged. Date and Place Authority

L.L. 51643 M. & D. 9587
25-11-18-5m.

MONTH	PAY					ACQUITTANCE ROLLS								CASH PAYMENTS				ASSIGNED PAY CANADA	ASSIGNED PAY OTHER COUNTRIES	OTHER CHARGES	Regimental Charges	TOTAL DEBITS	BALANCE		DEFERRED PAY	PAY AVAILABLE FOR ISSUE	SEP. ALL'CE	REMARKS						
	No. of Days	RATE	AMOUNT		OTHER CREDITS	ASSIGNED PAY CREDITS	TOTAL CREDITS	COL. NO.				COL. NO.				DEBIT	CREDIT																	
			\$	c				1	2	3	4	1	2	3	4																			
<i>1919</i>																																		
<i>Feb 24</i>	<i>10</i>	<i>26</i>	<i>40</i>	<i>21</i>	<i>65</i>	<i>48</i>	<i>05</i>	<i>18</i>	<i>10</i>	<i>20</i>	<i>13</i>	<i>10</i>	<i>17</i>	<i>6</i>					<i>2176</i>				<i>2629</i>			<i>26</i>	<i>29</i>					<i>Lo. Bat. L.P.C. 4-2-19</i>		
<i>Mar 31</i>	<i>1.10</i>	<i>34</i>	<i>10</i>			<i>34</i>	<i>10</i>	<i>25</i>	<i>15</i>			<i>17</i>	<i>31</i>			<i>15</i>	<i>00</i>	<i>20</i>		<i>3251</i>		<i>159</i>			<i>27</i>	<i>88</i>					<i>*M.C. 12 Jun 1919.7.</i>			
<i>April 30</i>	<i>1.10</i>	<i>33</i>	<i>00</i>			<i>33</i>	<i>00</i>	<i>33</i>	<i>31</i>	<i>34</i>	<i>17</i>	<i>42</i>	<i>30</i>	<i>899</i>	<i>5</i>	<i>10</i>	<i>833</i>		<i>1500</i>			<i>3742</i>	<i>442</i>		<i>23</i>	<i>46</i>								
<i>May 31</i>	<i>1.10</i>	<i>34</i>	<i>10</i>			<i>34</i>	<i>10</i>												<i>1500</i>			<i>1500</i>	<i>1910</i>		<i>42</i>	<i>56</i>	<i>✓</i>							

13 6 15/5

10

M. or S. *S.*

Name and Address of Next of Kin *Father*
Mills Collins Foster
1832-16 Ave. Regina, Sask.
 Separation Allowance \$ *Nil* Effective Date
 By Whom Paid
 Payable to Relationship
 Address

CASUALTIES, AFFECTING PAY AND ALLOWANCES

PARTICULARS	EFFECTIVE DATE	AUTHORITY

Regimental No. *3356318* Rank *Pte* Name *Foster, Colin*
 If in P.F. What Unit P. F. Allowances Original Unit C.E.F. *16 Field Amb.*
 Place of Attestation *Regina, Sask.* Transferred to Date Authority
 Date of Attestation *18-10-18* Transferred to Date Authority
 Assigned Pay \$ *15^{xx}* Date Effective *1-31-19* Authority
 Payable to *Miss Zella Foster* Relationship *Sister*
 Address *1832-16 Ave. Regina, Sask.*
 Stop-Payment Form (Assigned Pay) Rendered (Date) Effective
 Discharged. Date and Place Authority

L.L. 51643 M. & D. 9587
25-11-18-5m.

MONTH	PAY					ACQUITTANCE ROLLS								CASH PAYMENTS				ASSIGNED PAY CANADA	ASSIGNED PAY OTHER COUNTRIES	OTHER CHARGES	Regimental Charges	TOTAL DEBITS	BALANCE		DEFERRED PAY	PAY AVAILABLE FOR ISSUE	SEP. ALL. CE	REMARKS			
	No. of Days	RATE	AMOUNT		OTHER CREDITS	ASSIGNED PAY CREDITS	TOTAL CREDITS	COL. No. 1-4				COL. No. 1-4				DEBIT							CREDIT								
			\$	c				\$	c	No.	Date	No.	Date	No.	Date	No.	Date						\$	c					\$	c	\$
<i>1919</i>	<i>Feb 24</i>	<i>1.00</i>			<i>2165</i>		<i>183210</i>						<i>10</i>																		<i>Col. Bal. h. P. L. 4-2-19 1st D. B. Sask. Regt.</i>

7.5.48

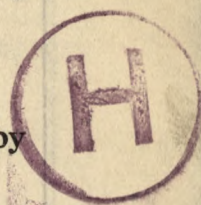
27.8.



War Service Badge, Class issued
A. No. 209075
B. No. _____

This space to be for numbers.

Proceedings on Discharge.



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

No.	3356318
Rank	Pvt
Surname	Foster
Christian name	John
NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.	
Corps (Squadron, Battery or Company)	16th Field Amb.
Date of discharge	July 21 st 1919
Place of discharge	Regina

1. DESCRIPTION AT THE TIME OF DISCHARGE.

	Descriptive marks
Age..... 20 years..... months.	/
Height..... 5 feet..... 8 inches.	
Complexion Fresh	
Eyes Blue	
Hair Fair	
Trade Bank clerk	
Intended place of residence Regina Sask	
(To be given as fully as practicable.)	

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

DEMobilIZATION

Authority for discharge..... R.O 1420 + 2280 20 2-2053

N.B.—The cause of discharge must be worded as prescribed in the King's Regulations and be identified with that on the character certificate. If discharged by superior authority, the number and date of the letter to be quoted.

3. Conduct and character while in the service have been, according to the records, etc.

/

N.B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldiers and the Officer Commanding his Squadron, Battery or Company.

4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)

/

M. F. B. 218.
200M.—5-18.
H. Q. 1772-39-113.

(OVER)

17-11-47
1254
17444
13-9-49

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

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

6. Medals and Decorations.....

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

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

(Place).....

(Date).....

Commanding.....

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

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

(Place) *Regina, Sask* *E. Foster* (Signature of Soldier.)

(Date) *July 21st 1919* *W. Bannister* (Signature of Witness.)

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

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

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

..... (Signature of Soldier.)

10. **Statement of Service.**

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

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

11. **Confirmation of Discharge.**

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

(Place) *Regina, Sask*

(Date) *July 21st 1919*

(Signature) *H. J. Stupp* Capt

Reservations referred to at Para. 8.

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

List of Discharge Documents

I hereby certify that there are

no reservations.

C. Foster

<p>Attestation Paper Militia Form W. 23</p>	<p>Minutes Form H. 103</p>	<p>Reg. Conduct Sheet</p>
<p>Articles of Reserve W. 12</p>	<p>Proceedings on Discharge B. 212</p>	<p>Squadron Battery Company of Field Conduct Sheet</p>
<p>In the case of recruits who are retained on final approval, the discharge documents will consist of:</p>	<p>W. 178 in MS.</p>	<p>Copies of Convictions, by C. P.</p>
<p>(a) Proceedings on Discharge</p>	<p>Militia Form H. 313 W. 24</p>	<p>Med. Hist. Sheet Casualty Form</p>
<p>(b) Attestation</p>	<p>B. 222 B. 402</p>	<p>Medical Report for Invalids Dental History Sheet</p>
<p>(c) Medical History Sheet</p>	<p>W. 44 W. 304 W. 82</p>	<p>Last Pay Certificate Duplicate Discharge Certificate Form of Will</p>
		<p>Only if discharged "Medically unfit" Only if man has not been over-ear</p>

Documents not accompanying this form should be crossed out.

I hereby certify that the following documents are unobtainable:

Chief Commanding

N.B.—In the case of a man discharged by purchase, the date and number of Deposit Receipt with amount of same is to be noted hereon.

Reservations referred to at Para. 8.
(To be signed by the soldier. When there are none, it is to be so stated, and signed by the soldier.)

List of Discharge Documents.

Reg. Conduct Sheet, Militia form B. 263 Squadron } Battery } Conduct Sheet, " B. 263a Company } or Field Conduct Sheet " W. 178	Attestation Paper Militia Form W. 23 or Particulars of Recruit " W. 133 Proceedings on Discharge " B. 218
Copies of Convictions, by C. P. in MS. Med. Hist. Sheet, Militia form B. 313 Casualty Form " W. 54 Medical Report for Invalid§ " B. 227 Dental History Sheet " B. 465 Last Pay Certificate " W. 44 Duplicate Discharge Certificate " W. 39A ‡Form of Will " W. 82 §Only if discharged "Medically unfit." †Only if man has not been overseas.	In the case of recruits who are rejected on final approval, the discharge documents will consist of (a) Proceedings on Discharge. (b) Attestation. (c) Medical History Sheet.

Documents not accompanying this form should be crossed out.

I hereby certify that the following documents are unobtainable.

Officer Commanding.

N.B.—In the case of a man discharged by purchase, the date and number of Deposit Receipt with amount of same is to be noted hereon.

FILE. F-367
 S.S. Empress of Russia
 Pte - 29.6.19
 Sgt Foster C.

AUDITOR
 PAYMASTER

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

REGT. No. 3356318 RANK Sgt NAME (IN FULL) Foster C.

M. OR S.

NEXT OF KIN	RELATIONSHIP	PARTICULARS	EFFECTIVE DATE	AUTHORITY	ORIGINAL UNIT C.E.F.	IF IN P.F. WHAT UNIT?	(BLOCK LETTERS SURNAME FIRST)			
ADDRESS		1st Regt Ba. Regina	5/6/19	D.O. 157 ✓	1st Regt Ba. Regina	12 District Depot				
1832 - 16th Avenue		Regina, Sask.	6/4/19	D.O. 158 ✓						
		Details Co	6/2/19	D.O. 160 ✓						
IS SEPARATION ALLOWANCE PAID?	DATE EFFECTIVE				DATE OF ATTESTATION	DATE	AUTHORITY			
No					8.10.18.					
TO WHOM PAID	RELATIONSHIP				ASSIGNED PAY \$	DATE EFFECTIVE				
					15.00	1.7.19.				
ADDRESS					PAYABLE TO	RELATIONSHIP	ANY CHANGE IN ASSIGNEE OR ADDRESS			
					Miss Zelia Foster					
					1832 - 16th Ave.					
					Regina, Sask.					
					STOP PAYMENT FORM RENDERED, DATE	EFFECTIVE				
					DISCHARGED	PLACE	DATE	REASON	AUTHORITY	IF ENTITLED TO POST DISCHARGE PAY
					REGINA, SASK.		JUL 21 1919	demob.	D.O. 202 ✓	Yes ✓

BALANCE FROM PREVIOUS ACCOUNT

MONTH	PAY AND F.A.		OTHER CREDITS	S. Bal	TOTAL CREDITS	ACQUITTANCE ROLLS			CASH PAYMENTS			ASSIGNED PAY	REGI-MENTAL CHARGES	OTHER CHARGES	Dr. Bal	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	
31.5.19			42.56	42.56	42.56													42.56	
1.6.19	30	1.10	33	20	53														
6/6-30/19	25	1.50	40	10	50														
11/7-21/19	21	1.50	31.50	16.80	48.30														
<div style="border: 1px solid red; padding: 5px;"> <p>WAR SERVICE GRATUITY M. 1914-15</p> <p>40 - 1914-15 - 15 - 15</p> <p>5.50</p> <p>258.86</p> <p>70</p> </div>																			
92			210		210														
			210		210														
			5		5														

I certify that all payments due on this account have been completed.

Paymaster War Service Gratuity
 Military District No. 12.

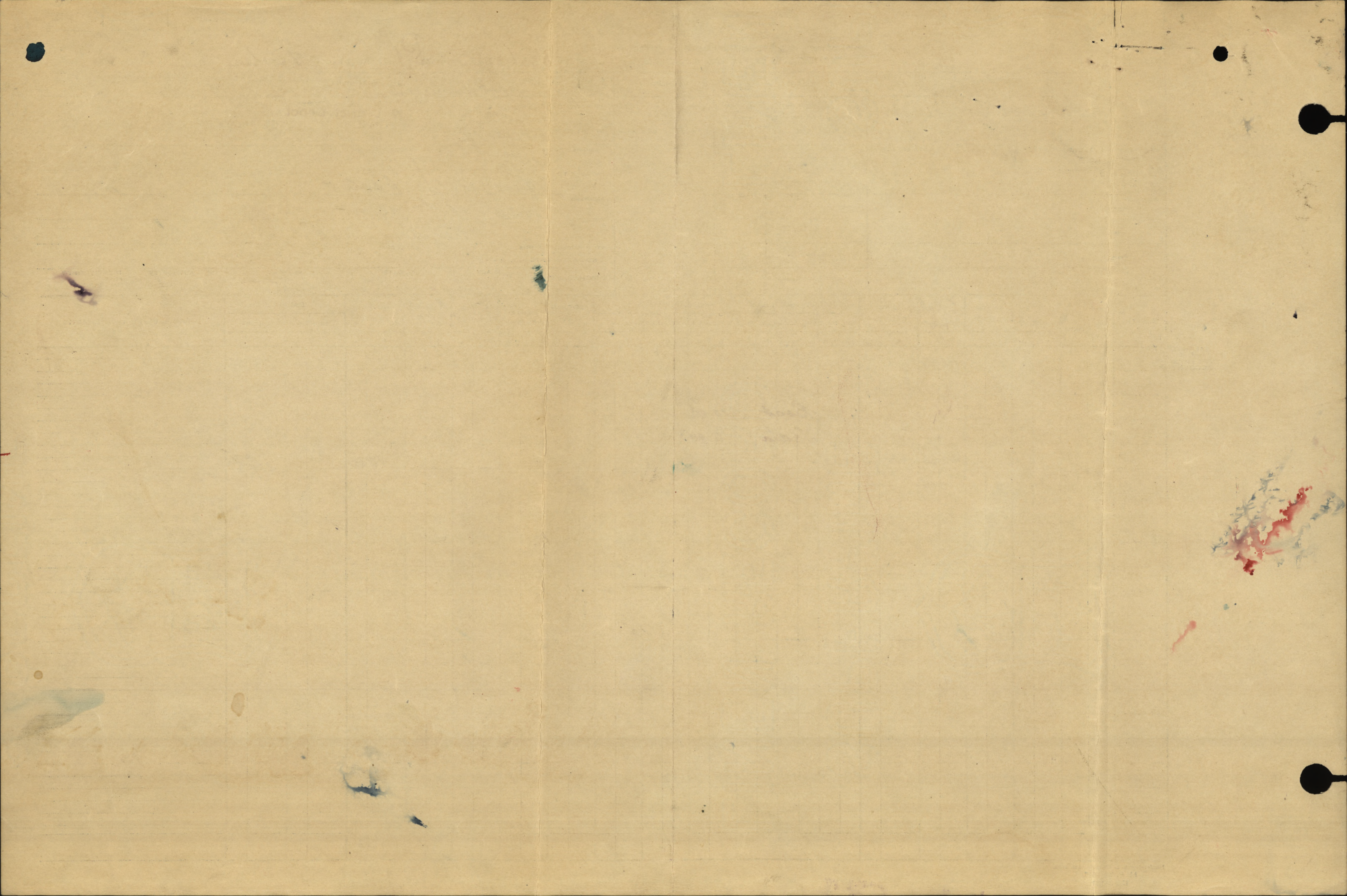
CAPTAIN
 ASST. DIRECTOR OF PAY SERVICES
 MILITARY DISTRICT No. 12

12 Dec

636608 ✓ AUG 21 1919

646044 ✓ SEP 21 1919

Refer to Memo to H.D.K.J.
 Ref. Ch. 646685



Date of Enlistment 8-10-18

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

F 9940

1 Mar. 1919

OVERSEAS CONTINGENTS

Siberian.

RATE OF SEPARATION ALLOWANCE

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RATE OF ASSIGNMENT

15.00			
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PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

No.				
Rank	Promoted	Reverted	Discharge	
Soldier's Name				
Battalion	167d Amb.			
Beneficiary				
Relationship				
Address				

Name			
Address			
	Change of Address		
1	MISS. ZELLA FOSTER, 1832 16TH AVE., REGINA, SASK.		
2	A-C 3356318 A. SGT COLIN FOSTER	15	15.00
3	FIFTEEN DOLLARS		
4			

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
Mar	285059		15	15	M
Apr	04852		15	15	M
May	716070		15	15	£
June	719919		15	15	£
			60	60	

A/c Closed 30/6/19
Ret'd per S.S. Empress of Russia
Date 31/5/19 M.F.W. 187 14/6/19
Closed Mary Cameron

AUDITED.

M. F. W. 128.
400M. 17-1772 89-1141
L. L. 22320-M. & D. 7983.

AUTHORITY FOR NEW ACCT 06252-C-42
H. Duncan 28-2-19

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

PARTICULARS OF ASSIGNMENT

No.

Name

Rank

Promoted

Reverted

Discharge

Address

Soldier's Name

Change of Address

Battalion

1

Beneficiary

2

Relationship

3

Address

4

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

M. F. W. 128.
 4001. 6-7-1772-89-1141
 1. L. 22320-M. & D. 7993.