ORIGINAL

ATTESTATION PAPER.

No. 432704

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

1. What is your name? ..... CYRIL CHARLES FOSTER
2. In what Town, Township or Parish, and in what Country were you born? ..... Sheffield, Yorks, Eng.
3. What is the name of your next-of-kin? ..... Wife, Elsie Foster.
4. What is the address of your next-of-kin? ..... 8924, 85th Ave., Edmonton, Alta.
5. What is the date of your birth? ..... January 8th. 1890
6. What is your Trade or Calling? ..... Butcher
7. Are you married? ..... Yes
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

C. C. Foster. ..... (Signature of Man).

A. Maxey ..... (Signature of Witness).

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, CYRIL CHARLES 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.

C. C. Foster ..... (Signature of Recruit)

Date 5th January 1914. A. Maxey ..... (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, CYRIL CHARLES 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.

C. C. Foster ..... (Signature of Recruit)

Date 5th January 1914. C. Y. Weaver ..... (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 Edmonton this 5th day of January 1914.

C. Y. Weaver ..... (Signature of Justice)

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

Geo. J. Snider Lieut. ..... (Approving Officer)

200 M.—8-14.
H.Q. 1772-1-13.

Description of C. C. FOSTER. on Enlistment.

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

Height ..... 5 ft. 9½ ins.

Chest measurement.
- Girth when fully expanded ..... ins.
- Range of expansion 3 .36 ins.

Complexion ..... fair

Eyes ..... grey

Hair ..... fair

Religious denominations
- Church of England ..... yes
- Presbyterian .....
- Wesleyan .....
- 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).

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 January 5th. 1914.

Place Edmonton

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.

C. C. 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.

(Signature of Officer)

Lieut-Col

Date 5th January 1914.

REGIMENTAL DOCUMENTS

NAME FOSTER, CYRIL CHARLES. (Pte) REGT. NO. 432204 UNIT 49th Batln. H. Q. FILE NO.

	CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
B	ATTESTATION PAPER (M.F.W. 23, 133, or 51)	4/9				DEATH
	CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category
	TRAINING HISTORY SHEET (M.F.W. 113)					
1	FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)				14885	
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)					
2	MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
	DENTAL HISTORY SHEET (M.F.B. 465)	2149				Category
	MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					Demobilization
2	MEDICAL EXAMINATION (M.F.W. 129)		M			
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)					
	DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)					DESERTION
	LAST PAY CERTIFICATE (M.F.W. 44)		H			
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	Dent Cert for Demob					1-9
2 T	Dispersal Cert.					19-9
T	Fronthead					3-9
	Army					1

W. 2589
100M-11-18
1772-39-1377

CANADIAN EXPEDITIONARY FORCE

War Service Badge
Class "A" No. [redacted]

DISCHARGE CERTIFICATE

THIS IS TO CERTIFY that No. 432204 (Rank) PTE

Name (in full) FOSTER CYRIL CHARLES enlisted in

the 49TH BN

CANADIAN EXPEDITIONARY FORCE at EDMONTON on the 5TH

day of JANUARY 19 17

HE served in 49TH BN

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 25

Height 5' 9¼"

Complexion FAIR

Eyes GREY

Hair FAIR

Marks or Scars NIL

C B Foster.
Signature of Soldier

Date of Discharge

Dispersal Station "S"
MAR 23 1919
Military District No. 13

W Fonseca
Issuing Officer
Captain
For O. C., Dispersal Station "S"
Rank

Date MAR. 23 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.
1049-D.P.-300M-11-18.
H.Q. 1772-39-882.

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

THIS IS TO CERTIFY that No. Rank

Name (in full) enlisted in

the

CANADIAN EXPEDITIONARY FORCE at on the

day of 19

He served in

and is now discharged from the service by reason of

Demobilization

Medical Certificate

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

Age

Height

Complexion

Eyes

Hair

Signature of Soldier

Date of Discharge

Issuing Officer

Rank

Date 19

MARCH 1919

NOTE—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.

Rank | Name FOSTER, Cyril Charles | Reg'l No. 432204

If in perm. Corps, What Unit?

Unit 49th Bn. | Married or Single Married

Place and Date of Enlistment Edmonton Alta 5th Jan. 1915 | Place of Birth Sheffield Eng.

Name and Address, Next-of-Kin Elsie Foster

~~8934, 85th Ave, Edmonton, Alta.~~ | Relationship Wife.

Assigned Pay Monthly $ | Payable to ~~261 City Road~~ 264 Granville Rd. Sheffield England | Relationship RL29 3 6/16

Separation Allowance $ | Payable to | Relationship

Discharge, Date and Place | Reason | Character

N/E. R.B. No. 3984 CAN.OR.

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
		Arrived England		14/6/15	
		Embarked for France		9 OCT 1915	
15-6-16	49th	3rd Div. Rest Stn	France	3-6-16	C.L. 146 Shell shock
19-6-16	Do.	No 3 Can. Gen. Hosp.	Boulogne	7-6-16	C.L. A179 S.W. Left leg slt.
19-12-16	Do.	Discharged from Hosp.	Field	23-6-16	C.L.A. 302 T.O.S. Lab Pool
4-11-18	49th Bn	S.O.S. on trans. to C. Lab. Pool	"	17-10-18	P.O. 111. D01782/5-11-18
24-1-19	Lab. Pool	S.O.S. to 49th Bn.	Re-Field	17-1-19	P.O. 11. 49. Bn. D.O. 8 9/28/19
8-3-19	49.	— Canada SL 28.	MD 5	8-3-19	— 23.

H322204 Foster, C. C.

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					

Original 432204

MEDICAL HISTORY SHEET.

Surname Foster Christian Name Cyril Charles

Examined on 5 day of January 1915
at Edmonton

Approved by L C Harris

Rank Maj o M.O

Birthplace City or Town Sheffield
County Yorks

Apparent age 25

Trade or occupation Butcher

Height 5 Feet 9 4 Inches.

Weight 160 Lbs.

Chest measurement Minimum 33 inches.
Maximum expansion 3 inches.

Physical development Good

Small-Pox Marks nil

Vaccination Marks Arm Right. Left.
Number 40 1

When Vaccinated last Dufaucy

(a) Marks indicating congenital peculiarities or previous disease nil

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

Date	Fit or Unfit	Examined for Re-engagement.
		M.O
		M.O
		M O
		M.O.
		M.O.
		M.O.
		M.O.

Date	Result	Vaccinations.
25/4/15	+	L C H M.O.
		M.O.
		M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.
19/3/15	+	L C H M.O.
20/3/15	+	L C H M.O.
		M.O.

Enlisted on 5 day of January 1915 at Edmonton

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	49th Batt'n C. E. F.	432 204		
Transferred to..				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.

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.

50M—9-14.
H. Q. 1772-39-439.

Surname Foster Christian Name Cyril Charles

ATION.	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.

(641)—Wt. W1751-1403.—500,000.—5-15.—C. & G. Forms B. 103/1.

Army Form B. 103.

Casualty Form—Active Service.

Regiment or Corps 49th Batt. 663

Regimental No. 432204 Rank Pte Name Zocket. C. C.

Enlisted (a) 5/1/15 Terms of Service (a) Duration of War Service reckons from (a) 5/1/15

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) ____

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.
		DISEMBARKED COLOGNE 9 10 15			Nom Roll 101/Inf/49/1.
3.6.16	3.D.R.S.	Shell shock.	Hdn. 3.D.R.S.	3.6.16	A36. D.C.S. 155.
5.6.16	8.C.C.a	do	" 8.C.C.a	3.6.16	A.36. " 164
			Trans 3.D.R.S.	" "	
23.7.16	O.C Unit	Rejoined Unit	Field	23.6.16	B213
19-5-17	"	Granted 10 days leave	"	14-5-17	B213 Part II Orders No 61 of 29-5-17
2-6-17		Returned from leave	"	29-5-17	B213.
1-12-17	7th C/Bde	Granted 14 days Leave to U.K.		25.11.17	B213. DO II. 142 d 15-12-17.
15.12.17	"	Returned from leave	"	10.12.17	"
31.12.17	O.C. 49th	Attached H.Q. 7th Can. Inf. Bde.		25.4.17	H.R. K.I. 16-27 693.
17.10.18	A.D.C.Gns.	Classified B1 by a Medical Bd. SOS. 49th Bn to Cdn. Labour Pool.		17.10.18	F.W. 3339/782. K.R. 16276. DO. II 110, a/4.11.18.
	A.A.G.	T.O.S. Cdn Lab Pool from 4 9th C.D. Bn		18/10/18	P.II O 198 d 25/11/18
24-11-18	Hdqrs 7th Cdn Inf Bde	Granted 14 days Leave to U.K.		18-11-18	B213. Pt II O 193 d 4-12-18
8/1/19		Rejoined from L. to U.K.		3/1/19	B 213

(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				
17/1/19	A.A.G.	Trans. to 49th Inf. Batt. and S.O.S. Cdn. Labor Pool.		17/1/19	K.X. 18/23903
~	~	Tos. 49th Bn.		18/1/19	Pt. II O 11 24/1/19. D.O. II 8, a/28-1-19.
		O.C. Cdn. S.O.S. for demobilisation to C.F.C. Cons. Camp. Le Havre	A.R. Depot S. Rifm	7/2/19	N/R. Pt. 2. O/S. 13, a/1919

A.A. Brander
Lieut. for Lt. Col A.A.G.
Cdn. Sect. G.H.Q.

5X-3-19 S.O.A. Proceeding to Canada 5-3-19.
South 3rd Can Div. A120-39.
1st Limit
for C.O. 49th Can Bn.

8.3.19 SAILED FROM LIVERPOOL

W.P. Sulley CAPT.
ADJUTANT H.M.T.
Carmania

TAKEN ON STRENGTH OF NO. 13 DISTRICT DEPOT PART 2 ORDER NO. 86. DATED 8-3-19 AND

DISCHARGED FROM H. M. SERVICE BY NO. 13 DISTRICT DEPOT PART 2 ORDER NO. 86. DATED 23-3-19

AUTH. R6. 1420.

N.E. White capt.
Officer Commanding No. 13 District Depot

C.A.D.C. 5009A

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

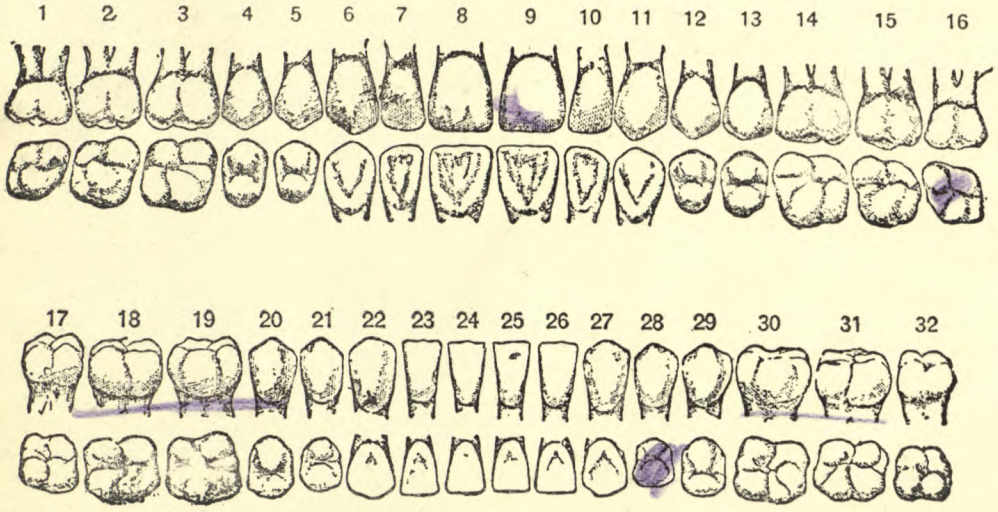
DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) Foster C. S

REGIMENT 49th Bn RANK Pte No. 432804

Date of Examination in England _____ Date of Examination in France _____



DIRECTIONS TO DENTAL OFFICE

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 28.9.16.
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 Yes

Signature of Dental Officer Gallivan Capt.

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. 432204 Rank PTE Surname FOSTER
(Given name in full)
CYRIL CHARLES

Unit or Corps 49TH BN Birthplace SHEFFIELD YORKSHIRE E H G

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

1. GENERAL DESCRIPTION: estimate

Physique good Weight 166 lbs. Height 5 ft. 11½ in. Colour of Eyes Grey

Nutrition good

Pulse 80 Regular

Condition of arteries Soft

Vision Rt. 6/12 Left 6/12

Hearing (conversational voice) Rt. 20 ft.

Left 20 ft.

Identification marks, scars, or deformities. (Give cause and date of origin).
Red birth mark. inner side left arm. upper ⅓.

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 Sytem 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 yes 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.

3.6.16 Shell shock. - 23-7-16. Recovered.
Fracture rgt humerus. when 7 yrs old - recovered

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

[OVER]

EXAMINATIONS.

THIS SECTION FOR USE OVERSEAS—

Examined at Bramshott (Overseas)

Date 23-2-19 Signed L.A. Richmond 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 Cyril B. Foster

(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]

M.F.W. 120.
1036 (D.P.) 500M-11-18.
1772-39-1142.

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. 432204 Rank PRIVATE Surname FOSTER
(Given name in full) CYRIL CHARLES

Unit or Corps 49th Battalion Birthplace Sheffield Yorks Eng.
Stafford 4.C.I.B.

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

1. GENERAL DESCRIPTION:

Physique Good Weight 160 lbs. Height 5 ft. 11½ in. Colour of Eyes Blue.

Nutrition Good

Pulse Good

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).
mole back of neck left of 6th cervical vertebra
mole over right lower ribs
mole 2" above right crest of ilium
Birthmark inner border left biceps muscle

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.

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

[OVER]

EXAMINATIONS

THIS SECTION FOR USE OVERSEAS—

Examined at Field .....(Overseas)

Date 16-1-19..... Signed A. Mealone ....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 Cyril Charles Foster

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

THIS SECTION FOR USE IN CANADA—

Examined at .....(Canada)

Date ..... Signed .....M.O.

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

Signature .....

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

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

[OVER]

M.F.W. 129.
1033 (D.P.) 500M-11-18.
1772-89-1142.

D.M.S. 1300.

Surname	Christian Name or Names		Reg. No.
Foster	C.	C.	432204

Rank	Unit	Co.	Troop	Batty
Pte.	49th Batt.			

Hospital — Date of Admission

Transferred #3 Div. Rest. Stat. Hosp. 3. 6. 16

Hosp.

Hosp.

Hosp.

Diagnosis Shell Shock.

(1)
Later Diagnosis (if changed)

(2)

(3)

Additional Diagnosis: if more than one state present

DISPOSITION — Date

Died. 23.6.16

REMARKS

C.6. 15.6.16 A176.

19.12.16 9/302

A.M.D. 2 Dept.

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

EPITOME OF HOSPITAL TREATMENT.

	Hospital	Adm.
1.		
2.		
3.		
4.		
5.		
6.		
7.		

NAME Foster Cyril Charles 13 SOS Demob 23.3.19 WO 86 = 27.3.19 # 13 Dd. 13

RANK & No. Pte -432204

CORPS 49th Battalion

ENLISTMENT, PLACE Edmonton. DATE Jan. 5. 1915 — M

FORMER CORPS Nil.

COUNTRY OF BIRTH England Sheffield. Yorks.

NEXT OF KIN Foster Elsie (Wife.)

103 Woodycrest Ave, Toronto, Ont.

L. 11-10-18.

Sailed 6-15. 26/6 SS. "Metagama", Montreal

RHC 17.3.19 281/32 Pte

L. L. 71518—M. & D. 5271.

M. F. A. 22.—50m—12-14.
H. Q. 1772—39—8-39.

REMARKS:

AD.
RS

Number 432204 Rank Pte

Surname FOSTER

Christian Name Cyril Charles

Units 49th Bn Can Inf Theatre of War France

Date of Service 9-10-15

Remarks

Latest Address 116 Medland St
N. Toronto Ont

Roll No. B Page 1635-7

200m.-2-21.M.

267 Granville Rd.
Sheffield
Eng.

DESP SEP 2 1922
LOV. DEPT.
JV5361

No. 204
32204
4322 04

RANK Pte.

NAME Foster, Cyril C. Harr

T. O. S. 5-1-15 (D. O. 6 of 6-1-15) UNIT 49th. Battalion C. E. F.

M. D. 13

PAID FROM	PAID TO	SIG. OR REC'T
1915 Jan. 5	1915 Jan. 31	✓
Feb.		✓
Mar.		✓
Apr.		✓
May		✓
June		✓

PROMOTIONS, TRANSFERS, DISCHARGES, ETC.

PARTICULARS	AUTHORITY

UNIT SAILED
JUN 4 1915

NAME Foster Cyril Charles

RANK AND CORPS Pte. 49th Bn.

REGT'L No 432204

H. Q. FILE No. 649-

FOLLOWS No.

FOLLOWS

CABLE No.	CABLE Date	NATURE OF CASUALTY
M 8/11	14/6/16	Adm. 3rd Div. Rest stat. June 3rd. "Shock"

L. L. Job 90581—M. & D. 6314.

M. F. W. 42—50M—1-16.
H. Q. 1772-39-893.

LIST No	HOSPITAL	DATE OF ADMISSION	REMARKS
#176	3rd Div Rest Station	24-3-16	Shell Shock
A. 302	Discharged	23-6-16	" "

R. 149.

Name FOSTER, Cyril Chas. *Rank* Pte. *Reg. No.* 432204

Unit 49th Battalion.

Next of Kin Elsie Foster, 267 Granville Rd., Sheffield.

Date 1916.	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
3-6	3rd Divl. Rest Stn.		Shell Shk.	A. 176	14/6 M. 8111	17/6/16
23-6	Discharged		1	A302		

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

Rank Pte. Name FOSTER, Cyril Charles Reg'l No. A.32204

If in perm. Corps, What Unit?

Unit 49th Bn. Married or Single Married

Place and Date of Enlistment Edmonton Alta 5th Jan. 1915 Place of Birth Sheffield Eng.

Name and Address, Next-of-Kin Elsie Foster

~~261 City Road, Sheffield, Eng.~~
267, Granville Road ~~6924 65th Ave. Edmonton. Alta.~~ Relationship Wife.

Assigned Pay Monthly $ ~~16.25~~ Payable to Mrs Elsie Foster.
Rep/65 of 4/5/16 2nd (Eff. 1/4/16) marked 3/4/16.

20 eff 1/5/16. Relationship Wife.

Separation Allowance $ Payable to

Relationship

Discharge, Date and Place Reason Character E.

Date From 1918	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.
June 1	30	30	1.	30	30	10	3.		33.			12 50	16		28 50	4 50	
July 1	31	31	1.	31	31	10	3 10		34 10			15	16		31.	7 60	✓
		Adjustment of Exchange						73.				27 50				8 33	
Aug 1	31	31	1	31	31	10	3 10		34 10			14 60	16		30 60	11 83	✓
Sept 1	30	30	1	30	30	10	3		33.			14 60	16		30 60	14 23	✓
Oct 1	31	31	1	31	31	10	3 10	14 23.	48 33.			5 04	16		21 04	27 29	✓
Nov 1	30	30	1.	30	30	10	3	27 29	60 29			6 18	16		22 18	38 11	
Dec 1	31	31	1.	31	31	10	3 10	38 11	72 21			16 61	16		32 61	39 60	
1916. Jan 1	31	31	1.	31	31	10	3 10	39 60	73 70			52 24	16		21 24	52 46	
Feb 1	29	29	1.	29	29	10	2 90	52 46	84 36	983		5 24	16		21 24	63 12	
Mch 1	31	31	1	31	31	10	3 10		34 10	999		261 262	16		21 23	75 99	
		305				30 50		73 33	6 23			100 24	160		260 24	75 99	

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.

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

9037 2nd Contingent

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

Duplicate.

To Whom Mrs Elsie Foster

Address ~~261 City Road~~ ~~Sheffield England~~

5/14/16 T.R. ~~$20.00~~ ~~April 1st/16~~

Rate ~~16.00~~ ~~$25~~ JUN 1 1915 May/16

By Whom Assigned Foster L. C.

Regtl. No. ~~32204~~ 32204

Rank Pte

Corps D Coy 49th Battn.

PAYMENTS

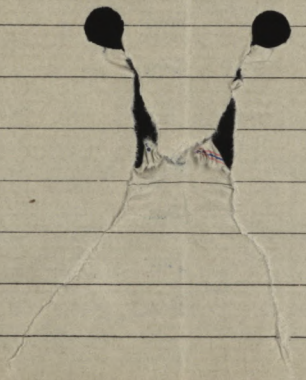
Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			New Address 8.5.16 T.S.R. 267 Granville Rd., Sheffield
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			RECEIVING SEPARATION ALLOWANCE $ 20.00 EFFECTIVE Jan 1915 RELATIONSHIP Wife
Feb.				
March				
April				
May				
June				
July		20036	37	June + July
Aug.		76750	16	
Sept.		39650	16	
Oct.		50326	16	
Nov.	✓	64669	16	
Dec.		85435	16	
Jan.	1916			
Feb.				
March			$ 112	Carried Forward.

ASSIGNED PAY.

By whom assigned Foster 6.6

Regtl. No. 32204. Pte "D" Coy 49th Battn ✓

Month	Year	Cheque No.	ASSIGNED PAY Amt.		SEPARATION ALLOWANCE Pay Sheet		REMARKS.
Jan.	1916	104725	16	-			
Feb.		127230	16				
March		150325	16				
Apl.		~~5618~~ 5618	~~16~~ 25				
May.		33223	25.				
June		58851	25				
July		94633	10				Pay $10 only in July to adjust May & June
Aug.		125226	20				
Sept.		160456	20				
Oct.		196272	20				
Nov. ✓	325	234707	20.				
Dec.		273323	20				
Jan.	1917	314834	20		497	00	TOTAL SEP. ALL. PAID TO 31 JAN. 1917. FROM SEP. ALL. LEDGER.
Feb.		358264	20	-	20	00	
March		402707	20		20		
Apl.			#405	-	537	-	APs Sa checked & found correct Lt Lord Pay Sgt 21/3/17
May							
June							
July							
Aug.							
Sept.							
Oct.							
Nov.							
Dec.							



L. L. Job 71782—M. & D. 5292.

Duplicate

5/1/15

2458

M. F. W. T.
25m.-12-14.
H.Q. 1772—39-819.

6552

2ND CANADIAN CONTINGENT.
MILITIA AND DEFENCE
SEPARATION ALLOWANCE

Name Mrs Elsie Foster

Address 261 City Road
264 Granville Road Sheffield, England.
122 High Street Chesterfield Derbyshire

Name of Soldier Foster Cyril Chas.

Regtl. No. A 32204

Rank Pte.

Corps 49th Battn.

Relation to Soldier wife, child or mother } Wife

To what Corps belonging when called out }

P.O. City Rd. Sheffield. (29/5/16)

25/10/15

PAYMENTS $25 29/5/16

Month	Year	Cheque No.	Amount	REMARKS
Aug.	1914			Marriage Certificate Produced APRIL 21 1915
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March		1.4843.	54 ..	
Apl.			~~40~~	
May				
June			60 ..	cc 1.006800/12.
July				
Aug.			60 ..	cc 083123/135. ✓✓
Sept.				
Oct.				
Nov.			60 ..	cc 124502-14 ✓
Dec.				
Jan.	1916			
Feb.			60	cc 307828/840
March				
			294	

FEE

MILITIA AND DEFENCE. S. 203.

SEPARATION ALLOWANCE.

PAY & RECORD
APR 21 1916
CANADIAN CONTINGENT

Name of Dependant: Mrs. Elsie Foster.
Relation to Soldier: Wife.

1
P.O.
2 26 Granville Road Sheffield 3/3/16 KH
P.O.

3
P.O.
4
P.O.

Name of Soldier: Foster - Cyril Chas.
Regtl. No. 432204.
Rank Pte.
Corps 49th Batt.
To what Corps belonging when called out

SEPARATION ALLCE. BRANCH 21 APR. 1915 CANADIAN CONTINGENT

Month.	Year.	Cheque No. or Postal Draft Book No.	Amount. $ c.	Amount. £ s. d.	Date.	£ s. d.	REMARKS.
		Brought Forward ...	297				
Apl.	1916	B 14956	20 00				
May		B 10341	20 —				
June		B 23193	20				
July		B 29784	20				
Aug.		B 38319	20				
Sept.		B 52503	20				
Oct.		B 63331	20 —				
Nov.		B. 71693	20 —				
Dec.		B 77787	20				
Jan.	1917	B 91539	20				
Feb.			497				Total Separation Allowance paid to end of January, 1917.
Mar.							
Apl.							
May							
June							
July							
Aug.							
Sept.							

TRANSFERRED TO ASSIGNED PAY LEDGER.

GW./ ENTERED

CHECKED

Carried Forward ...

L. L. Job 71782—M. & D. 5292.

M. F. W. 71
25m.-12-14.
H. Q. 1772—39-819.

5/1/15

MILITIA AND DEFENCE

SEPARATION ALLOWANCE

Name Mrs Elsie Foster

Address ~~267~~ 267. Granville Road ~~City Road~~
Sheffield
England

Relation to Soldier wife, child or mother: Wife

Name of Soldier: Foster Cyril Chas. 409

Regtl. No.

Rank: Pte

Corps: 49th Battn

To what Corps belonging when called out

PAYMENTS

ENGLISH

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

Duplicate sent to England for payments.

L. L. Job 80137—M. & D. 5683.

2nd Contingent C

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

563

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

To Whom Mrs. Elsie Foster.

Address 261 City Road.
Sheffield.
England

Rate 16 00

JUN 1 1915

By Whom Assigned Foster & Co.

Regtl. No. 432 204

Rank Pte.

Corps D Coy. 49 Battn.

PAYMENTS

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

P 820
12474--375M—13-2-18.

*Strike out whichever inapplicable.

ASSIGNED PAY. Eff 1-9-18 CANADA. * ~~ENGLAND or CANADA.~~

SEPARATION ALLOWANCE. * ENGLAND or ~~CANADA.~~

NAME:- FOSTER, Cyril Charles.

NUMBER:- 432204

EFFECTIVE DATE:- 1-11-16

AMOUNT:- ~~20.00~~

EFFECTIVE DATE:- ~~Jan 10/15~~

AMOUNT:- ~~25~~

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

Mrs. Elsie Foster, (Wife)
~~2 by Granville Road, Sheffield~~
6 Chisholm Block eff 1/9/18
10357 Jasper Ave West
Edmonton Alta
Stopped eff 1.7.19.

Same.

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		Pte.

UNIT AND TRANSFERS

ORIGINAL UNIT:- 1G to Battn.

DATE ACCOUNT FIRST OPENED:-

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO
178 S/11		1-2-19	Lab. Pool 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
~~24 12/18~~	~~5167~~	~~Brassard~~	~~9 33~~				
~~22 1/19~~	~~6380~~	~~Fcd.~~	~~3 73~~				
~~11 2/19~~	~~3937~~	~~B'slett~~	~~24 33~~				

32.11
37.39
5.28

LPC-Bal. 28 2/19 - Debit - 5 28

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
	1 00	10		

PARTICULARS OF RENDERING NON-EFFECTIVE:- Dis to Can 1 3/19 - IVR 3008 Class D - 12 2/19 - Bslett to Bslett - MD13 - LPC 14.2.19

MONTH 1918	PARTICULARS	CR. 1	CR. 2.	PARTICULARS	DR. 1	DR 2.	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
March 31	Balance Forward.								33 42		
April	Pte Pay	33		A 34070 Lg-H-11			20				25
				AR 18 3/H/18 H2 Bn.	3 54						
				✓ 39 18/H/18 ✓	H H 6				38 39		
		33			8 03		20				25
May	Pte. Pay	3H 10		A 76872 Lg-H-11			20				25
				AR 136 H/5/18 H2 Bn.	H H 6						
				✓ 210 15/5/18 ✓	3 54				H H H 6		
		3H 10			8 03		20				25
June	Pte. Pay.	33		B 65665 Lg-H-11			20				25
				AR 234 1/6/18 H2 Bn	H H 6						
				✓ 104 16/6/18 ~~7th C.F. A.H.G.~~	3 54				H9 H3		
		33			8 03		20				25
July	Pte. Pay	3H 10		B 85670 L: 9-4-11			20				25
				AR 244 4/7/18 7 Bde. H.Q.	3 54						
				✓ 506 20/7/18 ✓	H H 6				55 50		
		3H 10			8 03		20				25
Aug.	Pte. Pay	3H 10		C 31672. L: 9.4-11			20				25
				AR 720 H-8-18 7 Bde	3 54						
				✓ 1024 16-8-18 ✓	3 54				62 H6		
		3H 10			7 H		20		95 H6		25
Sept	Pte. Pay	33		Can A.P.				20	68 32		
				AR 1109 1-9-18 H9 Bn	3 54						
				✓ 1295 1H-9-18 ✓	3 54				68 32		
		33			7 H		20				
OCT 1918		34 10		✓ 1891 5/10 7 C Bde	3 73						
				Cap			20				
				✓ 2319 17/10 "	3 73				74 96		
		34 10			7 46		20		over		

NUMBER #32201 RANK NAME FOSTER. C.C.

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
									74 96		
NOV 1918	PP	67 10		AR 2726 1/11 7 2B	3 73						
	"	34 10		" 3431 17/11 "	4 66						
				" 69 17/11 "	82 73						
				CAP				40			
				" 4486 19/12 "	3 73						
				CAP				20	21 31		
		101 20			94 85			60			
Feb	P.P.	30 80		C. & P.				20	32 11		
				AR 5168. 7 C.I.B. Hq 27 12/18	9 33						
				" 6380 " 22/1/19	3 73				19 05		
				" 3937. A.Wing. CCS. 11 2/19	13 01 24 33				5 28		
		30 80			37 39			20			

Sds to Can. 8 3/19.
S.L.28. Unit. Alta.

MARRIED OR SINGLE M

PLACE OF BIRTH Sheffield England

NAME AND ADDRESS OF NEXT OF KIN Mrs. Elsie Foster

267 Granville Rd, Sheffield, England

RELATIONSHIP OF NEXT OF KIN Wife

NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF KIN

SEPARATION ALLOWANCE MONTHLY $ ~~20~~ 25 00 EFFECTIVE (DATE) ~~Jan/16~~ 1.12.17.

PAYABLE TO as above.

RELATIONSHIP OF DEPENDANT Wife.

Sara Pchecked & found correct. Pay Ledgers. Pay Sgt 21/3/17

CASUALTIES, PROMOTIONS, &c.

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ADMISSIONS TO HOSPITAL, &c.

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

REG'L. NO. 432204 RANK Private NAME Foster, Cyril Charles

IF IN PERMT. CORPS WHAT UNIT UNIT 49th Bn

PERMANENT FORCE ALLOWANCES

PLACE OF ATTESTATION Edmonton Alta

DATE OF ATTESTATION 5-1-15

ASSIGNED PAY MONTHLY $ ~~25~~ + 20 00 DATE EFFECTIVE 1-4-16 Reduced 1/5/16. C.P.M.C. d/3/5/16 – P.L. 44

PAYABLE TO Mrs Elsie Foster, 267 Granville Rd Sheffield Eng RELATIONSHIP wife

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)

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

	TRANSFERRED TO	DATE	AUTHORITY

E

C1

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
			305				30	50						73	336	23								100	24			Rec 160		260	24	75	99			
1/4/16-30/4/16	30	1.	30	-	30	10	3	-							33	-	105	8/4/16	1137	24/4/16				262	262			25	-	30	24	78	75			
May	31		31		31		3	10							34	10	1287	16/5/16	1367	25/5/16				255				20		25	10	87	75			
June	30		30		30		3								33				1239	16/6/16					341			20		23	41	97	34			
July 1-31	31		31		31		3	10							34	10			1449	7/7/16					523			20		25	23	106	21			
Aug	31		31		31		3	10							34	10	1662	17/8						262	261			20		25	23	115	08			
Sept	30		30		30		3	-							33	-	1747	26/8						262				20		22	62	125	46			
Oct	31		31		31		3	10							34	10	1856 1866	27/9	1991	15/10				262 262	262			20		27	86	131	70			
Nov	30		30		30		3	-							33	-	2008	29/10						174				20		31	74	142	96		nil	
Dec	31		31		31		3	10							34	10	2117	14/11	2191	29/11				349	871			20		32	20	144	86		nil	
1917			58				58	00																											
Jan	31	1/30	34	10										73	34	10	2239	23/12	2347	15/1				349	349			20		76	98	151	98			
			672	10											672	83								1246	1 3124			365		520	85					
Feb	28		30	80											30	80	2511	29/1						349				20		23	49	159	29		nil	
			702	90										73	703	63								1281	0 3124			385		544	34					

#432204 Pte Foster C. C.

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
Sept.			70	290										73	70363									128 10	31 24			385		544 34	159 29		Nil.		
Mch	31	1/10	34	10			537-								34 10	2589	17/2	2676 2/3 7303 15/3 2621 26/3						349 -	345 - 175 - 174 -			20 537		30 46	162 93	Nil		Total S.A. to 31/3/17
April	30		33				20								53							473591		349 ✓				20 20		40	175 93	M			
May	31		34	10			20								54 10	92	2/4			159 428 3/5 3.C.R.		A14584		174 ✓		268 ✓		20 20		47 91	182 12				
June	30		33				20								53	255	2/5			213 15/5		A50589		893 ✓		73 - ✓ 2433 ✓		20 20		116 26	88 86	.			
July	31		34	10			20								54 10					2R368 2/6		A84587					4867 -	20 20		88 67	54 29				
Aug	31		34	10			20								54 10	414	29/6			42 Bn 4HB 9/7 240 8/8 5/8 27/7		A137283		446 -		268 - 268 - 268 -		20 20		49 82	58 57				
Sept	30		33				20								53					579 5/9		A194879				268 -		20 20		45 36	66 21		—		

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED PAY	SER. ALLCE. ENG.
		~~66 21~~							66 21		
Oct	P Pay	34 10		999850			20		$22 20		
				AR 792 26.8.17 112 Bn	2 67	-					
				AR 707 11-8-17 DO	5 36	-					
				AR 855 8-9-17 DO	2 68	-			69 60		
		34 10			10 71		20				
Nov.	P Pay	33 -		B37481 S.H.H			20		$22 20		
	P Pay (Dec)	34 10		AR 1004 3/10 H2nd Bn.	3 54	-					
				AR 1078 19/10/17 " "	HH6	-					
				" 950 19/9 "	2 68	-					
				16075 G.H.11 (Rec)	10 71		20		$25 25		
Jan 1918	P.P.	67 10		AR 1269 21/11/14 H2nd Bn.	13 38	-	40		72 61		45
		34 10		630764 G.H.11	24 69		20				25
				AR 1161 7/12/14 H2nd Bn.	3 54	-					
				" 1086 25/11/14 H2nd Bn.	HH6	-					
				" 1529 30/11/14 " "	38 93	-					
				" 1429 19/12/14 H2nd Bn.	7 11	-					
FEB	P Pay	34 10			5H 10		20		32 61		25
		30 80		676068 G.H.11			20				25
				AR 1532 7/1/18 H2nd Bn.	HH6	-					
				" 1611 24/1/18 "	3 54	-					
				" 1660 1/2/18 "	3 54	-			31 81		
		30 80			11 60		20				25

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED PAY	SER. ALLCE. ENG.
									31 81		
MAR 1918	P. Pay	34 10		D Hort 69 G.H. 11			20				25
				AR 1421 16/2/18 H2nd Bn	HH6	-					
				" 1455 1/2/18 "	354	-					
				" 1841 23/2/18 "	HH6	✓					
		34 10			12 H4		20		39 H2		25
		34 10									

"Carmania" Hfx NS. Dispersal "S" 16-3-19.

AUDITOR | PAYMASTER

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

M. OR S. M | REGT. No. 422204 | RANK Pte | NAME (IN FULL) FOSTER. CC

NEXT OF KIN | RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? yes | DATE EFFECTIVE 1-4-19

TO WHOM PAID | RELATIONSHIP

ADDRESS Mrs Elsie Foster Wife
6 Chrisholm Blk
Cor. 104th & Jasper Ave West
Edmonton Alta

PARTICULARS	EFFECTIVE DATE	AUTHORITY
Bank of Montreal Edmonton		

Certified opening entries on this Ledger Sheet have been audited by R
Date 5/4/19

ORIGINAL UNIT C.E.F. 49th Bn. | IF IN P.F. WHAT UNIT? | (BLOCK LETTERS SURNAME FIRST)

PLACE OF ATTESTATION | TRANSFERRED TO | DATE | AUTHORITY

DATE OF ATTESTATION | TRANSFERRED TO | DATE | AUTHORITY

ASSIGNED PAY $ 20 00 | DATE EFFECTIVE 1-4-19

PAYABLE TO Mrs Elsie Foster | RELATIONSHIP Wife | ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS 6 Chrisholm Blk
Cor 104th & Jasper ave W. Edmonton Alta

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE | EFFECTIVE

DISCHARGED | PLACE EDMONTON | DATE MAR-23-1919 | REASON | AUTHORITY D.O. 86. | IF ENTITLED TO POST DISCHARGE PAY

MONTH	PAY AND F.A. NO. OF DAYS	PAY AND F.A. RATE	PAY AND F.A. AMOUNT $	PAY AND F.A. AMOUNT C.	OTHER CREDITS $	OTHER CREDITS C.			TOTAL CREDITS $	TOTAL CREDITS C.	ACQUITTANCE ROLLS COL. NO. 1 NO.	ACQUITTANCE ROLLS COL. NO. 1 DATE	ACQUITTANCE ROLLS COL. NO. 2 NO.	ACQUITTANCE ROLLS COL. NO. 2 DATE	ACQUITTANCE ROLLS COL. NO. 3 NO.	ACQUITTANCE ROLLS COL. NO. 3 DATE	CASH PAYMENTS COL. NO. 1 $	CASH PAYMENTS COL. NO. 1 C.	CASH PAYMENTS COL. NO. 2 $	CASH PAYMENTS COL. NO. 2 C.	CASH PAYMENTS COL. NO. 3 $	CASH PAYMENTS COL. NO. 3 C.	ASSIGNED PAY $	ASSIGNED PAY C.	REGIMENTAL CHARGES $	REGIMENTAL CHARGES C.	OTHER CHARGES $	OTHER CHARGES C.			TOTAL DEBITS $	TOTAL DEBITS C.	BALANCE DEBIT $	BALANCE DEBIT C.	BALANCE CREDIT $	BALANCE CREDIT C.	PARTICULARS OR REMARKS
BALANCE FROM PREVIOUS ACCOUNT																															3	28						Bal Eng A.F.C.
1/3/96	28	1 10	30	80	35	00					Book	OR	6040				4	87	5	00	100	65			20	00										a Taiable March 1919.
	28/3				70	00			135	80																							135	80					le Lodging allowance
			30	80	105	00			135	80							4	87	5		100	65			20	00			5	28	135	80					1st Edmonton Wpg
											Entries on this Ledger Sheet have been audited by [illegible] Date 28 April 1919																											
Days																											W.S.G.	8	a						Balance Soldier		Balance Dependt	
183			420	00	180	00	600	00																	5 40	50	4	00	12	56	244	50	150	00		Dr overpaid Rd 5 days
																											64	50	53	00	187	56	280	00	120	00		1st Instl Cost.
																											70	00	20	00	100		210	00	90	00		2nd overpaid Rd 7 days
																											70	00	30	00	100		140	00	60	00		135-8 23-824 23/5/19.
																											70	00	30	00	100		70	00	30	00		610888-899. 21/5/19
																											70	00	30	00	100							853602-603 23/6/19
																											70	00	30	00	100							862287-288. 23/7/19.
																											70	00	30	00	100							1101033-1034. 23/8/19
			420	-	180	-	600	-																			344	56	173	-	75	50	4	00	600	00	Nil	Nil	

All Payments Due on This Account have been completed.

O. C. Caldwell Lieut
Paymaster War Service Gratuity M. D. 13

100M-1-19.—L. L. 53962-M & D. 9723.
M. F. W. 2596.
1772-39-1390.

349

AUDITOR | PAYMASTER

PROMOTIONS, REDUCTIONS AND REVERSIONS AFFECTING

DAILY RATE OF PAY AND ALLOWANCES | REGT. NO

RANK | NAME (In full) | (IN U.S. WHAT UNIT?) | ORIGINAL UNIT C.E.F.

PARTICULARS | EFFECTIVE DATE | AUTHORITY

TRANSFERRED TO | PLACE OF ATTESTATION

TRANSFERRED TO | DATE OF ATTESTATION

DATE EFFECTIVE | ASSIGNED PAY $

PAYABLE TO

ADDRESS

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE

DISCHARGED | PLACE | DATE | REASON | AUTHORITY | IF ENTITLED TO POST DISCHARGE PAY

M. OR S.

NEXT OF KIN | RELATIONSHIP

ADDRESS

IN SEPARATION ALLOWANCE PAID | DATE EFFECTIVE

TO W/CM'M | RELATIONSHIP

ADDRESS

(BLOCK LETTERS SURNAME FIRST) | RELATIONSHIP | ANY CHANGE IN ASSIGNEE OR ADDRESS | AUTHORITY | DATE | AUTHORITY

MONTH	PAY AND P.A.			OTHER CREDITS		TOTAL CREDITS		ACQUITTANCE ROLLS						CASH PAYMENTS						ASSIGNED PAY	REGIMENTAL CHARGES	OTHER CHARGES		TOTAL DEBITS		BALANCE				PARTICULARS OF 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	
				$	C.	$	C.	NO.	DATE	NO.	DATE	NO.	DATE	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	
BALANCE FROM PREVIOUS ACCOUNT																													

Date of Enlistment 3. 1. 18.

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

7-7023 Date of Assignment 1st Sept. 1918.

5 L 7 7 13 S.K.

1st Sept. 1918.

RATE OF SEPARATION ALLOWANCE

25.00	30		

1.9.18
P.C. 2753
M.D 33480

RATE OF ASSIGNMENT

20.00			

PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank Promoted Reverted Discharge

Soldier's Name

Battalion 49th Battalion.

Beneficiary Mrs. Elsie Foster.

Relationship Wife.

Address 103 Woodycrest Ave, Toronto, Ontario.

PARTICULARS OF ASSIGNMENT

Name

Address

Change of Address

1 MRS. ELSIE FOSTER,

2 ~~103 WOODYCREST AVE.~~,
~~TORONTO, ONT.~~ 20 25 45.00
% 432204 PTE C.C.FOSTER

3 FORTY FIVE DOLLARS

4 #6 Chisholm Block. Cor 104th St. & Jasper Ave W. Edmonton Alta.

7-06252-C-34 REMARKS M. Roll 49.

Date	Cheque No.	Amount S/A	Amount A/P	Total		
Sept	M 3695	25	20	45	C	A.C.O 6546. to adj S.A. & A.P. for Sept & Oct 31.10.18
Oct		25	20	45	C	M.R.O 45541
Nov	M 56773	25	20	45	C	~~S.A.~~
Dec	~~M 64467~~	~~45~~	~~20~~	65	C	Vacant, by Ch. Maingay.
"	M 6916.	45	20	65	C	A.C.O 12861-16.12.18
Jan	M 75314	30	20	50	C	
Feb	M 72372	30	20	50	M	
Mar	M 85061	30	20	50	M	
		210	140	350	M	

A/c Closed 31/3/19

Ret'd per Germania

Date 16/3/19 F.X 24/3/19

A PH 140
D.A. 210
M.D. 2.
M.R.O - 82756

Clerk J. Maher

AUDITED

AUTHORITY FOR NEW ACC'T. Transfer of S & A P 30.8.18 M. Hollerand 17.10.18

M. F. W. 128.
4'0M. 6-7—1772-39-1141
L. L. 22920—M. & D. 7993.

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.—4-17—1772 39-1141
L. L. 22320—M. & D. 7933.

Change of Address

432204 Pte. Foster C. C.

116. Medland Street
W. Toronto
Ontario

Auth. N.S. file.

H.Q. 28/10/20.
O.N.

Occupational Group 4
Dispersal Area. S13.

War Service Badge, Class "C" No. 237267 issued.

66.

SHORT FORM.

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

M

H

1. No. 432204
2. Rank. PTE
3. Name. FOSTER CYRIL CHARLES
4. Unit. 49TH BN
5. Date of Discharge 23.3.19. Place EDMONTON
6. Reason for Discharge DEMOB
7. Authority. M.O. 1420
8. Proposed Residence after Discharge EDMONTON

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.?

C. C. Foster
Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place EDMONTON

Date MAR 2 31919

W. Scudder Captain
Signature for O. C. Dispersal Station
(O. C. Discharging Unit.)

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. 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. 5099a).
6. Field Conduct Sheet (A.F.B. 122.)
7. Proceedings on Discharge (M.F.B. 218a)
8. Discharge Certificate (M.F.W. 39)
   (Enclosed in special envelope (240M)).
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. 9.
    and Clothing
12. Last Pay Certificate (P.851). and duplicate
13. Pay Book (A.F.B. 64).
14. War Service Gratuity (Form M.F.W. 2595).
15. Sundry Documents

Group B

Checked by No. 3

Dickinson

Date 2/5/19