

M. D. Depot Battalion Regiment

Regtl. No. ~~3056114~~ 3056114

PARTICULARS OF RECRUIT

DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class 1

1. Surname..... Foster
2. Christian name..... Cyril G. Foster
3. Present address..... 1288 Helen Ave., Detroit, Mich.
4. Military Service Act letter and number..... PR.580118
5. Date of birth..... June 13, 1885
6. Place of birth..... Birmingham, England.
(town, township or county and country)
7. Married, widower or single..... Married
8. Religion..... C. of E.
9. Trade or calling..... Machinist
10. Name of next-of-kin..... Foster N.A. & Foster N.W.
11. Relationship of next-of-kin..... Sons.
12. Address of next-of-kin..... 1288 Helen Ave., Detroit, Mich.
13. Whether at present a member of the Active Militia..... Yes
14. Particulars of previous military or naval service, if any..... 3rd Field Co., Can. Engineers.
15. Medical Examination under Military Service Act:—
(a) Place..... Renfrew, Ont. (b) Date..... Nov. 1, 1917 (c) Category..... A2

DECLARATION OF RECRUIT

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

Cyril G. Foster

(Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age..... 32 yrs..... 6 mths.
 Height..... 5 ft..... 2 ins.
 Chest measurement } fully expanded..... 36 ins.
 } range of expansion..... 3 ins.
 Complexion..... Dark
 Eyes..... Brown
 Hair..... Black

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

Scar over left eye and a scar on ~~REAR~~ Thumb of left hand.

R. W. Smart Lt. Col.
 O. C. Depot Btl. C. E. F.

..... Regt.

Place..... Kingston, Ont. Date..... Jan. 15, 1918.

TRIPPLICATE

Regiment

Department

M. U.

Rec'd No.

PARTICULARS OF RECRUIT DRAFTED UNDER MILITARY SERVICE ACT, 1917

Class

1. Surname

2. Christian name

3. Present address

4. Military service, if any, and number

5. Date of entry

6. Place of birth

7. Married, widower or single

8. Religion

9. Trade or calling

10. Name of next of kin

11. Relationship of next of kin

12. Address of next of kin

13. Whether he is present a member of the Army, India

14. Particulars of previous military or naval service, if any

15. Medical Examination under Military Service Act

16. Place of birth

DECLARATION OF RECRUIT

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

(Signature of Recruit)

DESCRIPTION ON CALLING UP

Height	inches	
Weight	inches	
Complexion		
Hair		
Build		
Stature		
Complexion		
Hair		
Build		
Stature		

Approved by _____

Signature of Recruit

Date

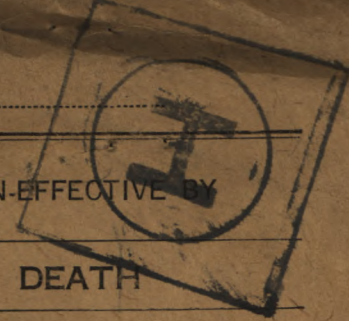
1917

REGIMENTAL DOCUMENTS

NAME *Foster Cyril G.*

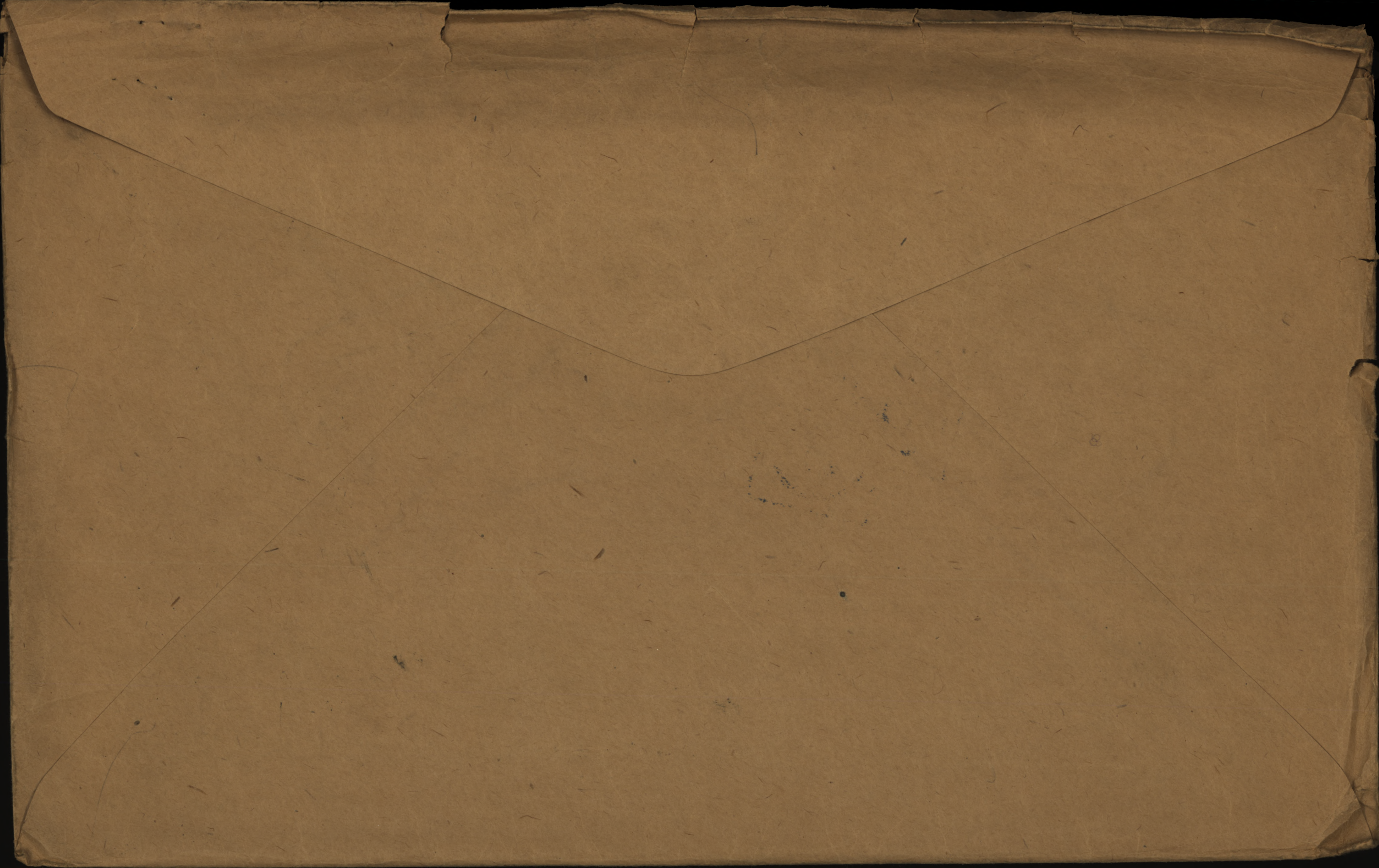
REGT. NO. *3056114* UNIT

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)	<i>X</i>	<i>May 10-11-20</i>			DEATH
CASUALTY FORM (M.F.W. 54 or A.F.B. 103)				14886	Category
TRAINING HISTORY SHEET (M.F.W. 113)		M			
FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)		P			
REGT. CONDUCT SHEET (M.F.B. 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. 178)					DISCHARGE
DENTAL HISTORY SHEET (M.F.B. 465)					Category
MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					<i>Removal Eng</i>
MEDICAL EXAMINATION (M.F.W. 129)					
TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)					
PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)					
DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)					DESERTION
LAST PAY CERTIFICATE (M.F.W. 44)		H			
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)					
<i>1150</i>					
<i>P. 22</i>					
<i>P.C.</i>					

6-1-19



PARTICULARS OF FAMILY OF AN OFFICER OR MAN ENLISTED IN C. E. F.

INSTRUCTIONS.

- (a) This form is only required for men joining units for Overseas Service and must be completed immediately the man is warned for draft overseas.
- (b) Care must be taken to see that a man is allotted his correct Regimental Number. No numbers must be duplicated and once it has been allotted to a man, even if he is subsequently discharged, the same number must never be allotted to another man.
- (c) All questions, etc., must be answered.
- (d) One copy of the form is to be forwarded by Officer Commanding unit for each Officer and man to Officer Commanding Division or District at least seven days before man leaves his station to proceed overseas, for transmission to Accountant and Paymaster General, Ottawa.
- (e) Duplicate copy is to be forwarded direct to Officer in charge of Records, C.E.F. London, immediately after arrival in England.

1st Depot Bn., E. O. Regt., C. E. F.

(1) Name of Overseas Unit which Soldier joins.....

(2) Regimental Number ~~3056~~ 3056114

(3) Full Name of Soldier..... Foster Cyril G.

(4) Place of Birth..... Birmingham, England.

(5) Are you married, or not? yes

(6) If married, state,

(a) Full name of your wife..... Foster Rosina Mrs.

(b) Present Postal Address..... 1288 Helen Ave., Detroit, Mich.

(7) Are you a widower? no

(8) Have you any children? yes

If so, give number of boys and girls..... Two boys

Also their names and ages..... Foster N.A. } Age 7 yrs. 6 months

..... Foster N.W. } Age 7 yrs. 6 Months

..... T

~~402114~~
3056114

No. 1801

MEDICAL HISTORY SHEET. ORIGINAL

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 **Cyril G.**
2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule..... **580118 P.R. ✓**
3. Consecutive number on schedule of men reporting for service (if he appears on it)..... **14**
4. Address (including street and number, if any)..... **194 Melbourne Ave. Detroit, Mich**

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the **1st** day of **November** 1917, by the undersigned medical board sitting at **Renfrew, Ont.**

5. Age as stated **32** Years **6** Months. 6. Apparent age **32** Years **6** Months
7. Height **5** Feet **2½** Inches. 8. Weight **126** Pounds.
9. Chest measurement { Minimum **33** Ins. 10. Complexion **Fair** { Eyes **Brown**
Maximum **36** Ins. { Hair **Black**
11. Physical development **Good** { Good Fair Poor 12. Smallpox marks **None**

13. Number of vaccination marks { Right arm.....
Left arm **I** 14. When vaccinated last **Childhood**

15. Distinctive marks and marks indicating congenital peculiarities or previous disease.....
Vision RD 40 LD 40 Hearing Normal

16. Slight defects but not sufficient to cause rejection.....
The man denies having had { Rheumatism Tuberculosis Syphilis We find no evidence of past { Rheumatism Tuberculosis Syphilis
(Strike out disease admitted or suspected.)

We have examined the above named man in accordance with the C. E. F. Regulations for medical examinations, and he is placed in Category **AII**

W. H. Jones **Capt. C.A.M.C. President.**
W. H. Jones **Capt. C.A.M.C. Member.** *W. H. Jones* **Capt. C.A.M.C. Member.**

Date	Result	VACCINATIONS	Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
20/3/18	M.O.	M.O.	MAR 2 1918	M.O.	Inoculum caps. ans.
	M.O.	M.O.	2/3/18	M.O.	
	M.O.	M.O.	20/3/18	M.O.	

Joined..... day of..... 191 at **Kingston, Ont**

Joined on enlistment	CORPS	REG'TL NUMBER	HABITS	DATE
	12th D.B. Co. R.			
Transferred to.....	SPCH			OCT 10 1918

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION	DATE	DISEASE	RESULT
Kingston	Apr 2/18	nil	AII
Atley	12-1-19	Debility	Dis. Accepted

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.
Second. **28/4/19.** *Belmonte Ch. Pr. C. O. Newn*

Signature of Man *Cyril G. Foster*

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

**DIRECTIONS TO
DENTAL OFFICERS**

NAME OF SOLDIER (Block Letters) FOSTER C G

REGIMENT Gen Depot RANK Pte No. 3056314

Date of Examination in England 2/4/19 Date of Examination in France _____

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



PRESENT DENTAL REQUIREMENTS

1. FILLINGS
2. EXTRACTIONS
3. CROWNS
4. DENTURES

- (a) Full Upper
- (b) Part Upper
- (c) Full Lower
- (d) Part Lower

HAS HE EVER REFUSED DENTAL TREATMENT? 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

Signature of Dental Officer *F. H. ...*
Capt

1912

ROBERT C. B.

ROBERT C. B.

1912

1912

1912

1912

1912

NO

1912

WAR SERVICE GRATUITY and SEPARATION ALLOWANCE

Payable to FOSTER Cyril Gordon 3056114. Dependent
 Address 167 Christleton Rd Address C/o Mrs Pasley
Chester, Cheshire. 9 Priory Road Tottenham N.17.
Edgbaston Birmingham

Date	Cheque No.	Gratuity			Payments			Balance Due.			Remarks
June 30	37359				14	7	8				Dependent: (Ecuadorian)
July 3	49582				32	16	11				Mrs Rosina Mascetelli,
" 4	L.P.C.	28	16	11							54 Leander Street
" 4	CC All	4	0	0							North Detroit, Mich.
" 25	Gen Cr	57	10	8				43	3	0	
" 29	58163				14	7	8	28	15	4	2 nd Instal.
Aug 21					14	7	8	14	7	8	3 rd no entry, G. Brown.
Aug 30	SUPP.C.R.	3	5	9							
" 30	SUPP.C.R.	21	7	5				53	8	6	
Sept 19	C.A.				21	7	5	32	1	11	C.A. to Canada #647 (104.100)
" 22	106062				14	7	8	17	13	5	\$26.00
Oct 7	112275				17	13	5				Final. Cancelled 17/10/19.
					17	13	5				Mrs Rosina Mascetelli
											54 Leander Street
Oct 17	B/D.				17	13	5	17	13	5	North Detroit
" 17	111838				14	7	8	3	5	9	Mich. U.S.A.
" 18	Amended Supp.C.				3	5	9				Entry of Aug 30 should read \$21.7.5
					17	13	5	17	13	5	Instead of \$24.9.2

File No. 06252-6-27

WAR SERVICE GRATUITY.

Register No. 647
English M.L.L.

Reg. No. 3056114

Dependent Mrs Rosina Mascetelli (Guardian)

Name Foster C.G.

Address 54 Leander St. N. Detroit

Address _____

Mich. U.S.A

194 Melbourne Ave.
Detroit, Mich. U.S.A.

Pay Soldier \$ _____

Pay Dependent \$ 104⁰⁰ C.A.N.

Days _____ Rate _____ Due _____

Less P.D.P. credited _____

Clerk _____

Less further Dr. Bal. _____
or overpayment.

Net _____

P. 134
16-1-20

Date	Ck. Order	Ck. No.	Amount	Remarks	Date	Ck. Order	Ck. No.	Amount
1					3.11.19	40743	538076	104 00
2								
3								
4								
5								
6								

GEN'L AUDITOR
Posting checked by
Wolpe
Date 3-11-19

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.

^{4th Off}
3056114 Unit, Regiment or Corps. 1st Depot Bn., E. O. Regt., C. E. F.

Regimental No. ~~402114~~ Rank Plen. Name Cyriel G. Foster

Enlisted (a) Jan. 15/18 Terms of Service (a) 3 Years Service reckons from (a) Jan. 15/18

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

Extended Re-engaged Qualification (b) Grainmachinist

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				

1st Depot Bn., E. O. Regt., C. E. F.

TRANSFERRED OVERSEAS

Xington 14/4/18 D.O. #104 of 14/4/18.

W. J. ... Capt. & Adjt. 1st Depot Bn., E. O. Regt., C. E. F.

30-4-18 O. C. 6th. Res.

T. O. S. 6th. Can. Res. Bn.

Canada
England.
Seaford.

1-4-18. H. M. T. Toloa.
28-4-18.
28-4-18 Pt. 11. E. O. 102.

10 OCT 1918

CAN. RECORDS, LONDON.

DRAFTED

TO *P. P. ...*

SEAFORD 10 OCT 1918 PART II No. 240.

J. B. ... Lt.

OFFICER in RECORDS 6th CAN. RES. BN

11-10-18.	CIBD.	Landed & TOS. PPCLI.	CIBD.	11-10-18.	NR.A790. D.O.98.
13-10-18.	"	Left for CCRC.	Field.	13-10-18.	NR.D1425.
13-10-18.	CCRC.	Arrived at	CCRC	13-10-18.	NR.A1631.
15-10-18.	"	Desp. to Unit	Field.	15-10-18.	NR.D1650.
19-10-18.	O.C. Unit	Joined. Unit.	"	16-10-18.	B.213.
20-11-18.	<i>egbd.</i>	T.O.S. of <i>egbd.</i> from Unit.		20-11-18.	NR.
22-11-18.	<i>2.1.D. Cdn.</i>	<i>Brachitis Chronica. Classed "B.1"</i>		22-11-18.	W3339-840.

(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. [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				
13 th 78	W. B. D.	7th B Coy reported to	G. Out Regt Witley	13 th 78	19
16.12.18	W. B. D.	S.O.S. and attached	Witley	14.12.18	DD 310.
		Depot Coy.			
9/5/19	EARL	license to be detailed	Seaford	2/5/19	PII 108
		depot coy + short release			
10.7.19	H. WING Com. Coy. 1st	S.O.S. Demob	Witley	30.6.19	DD 63
	bm				

Chas B Kapwell
 Lieut. for Lt.-Col., A. A. G.
 Canadian Section, G. H. Q. 3rd Echelon, B. E. F.

DISCHARGED IN ENGLAND,
 K. R. & O. PAR. 392, SEC. XXV.
 30.6.19
A. Mackintosh
 Captain.
 Officer Commanding
 No. 2 Canadian Discharge Depot.

GR. Rank **4th Dft. 1st Bn E, ONT** Name **FOSTER, Cyril G.** Reg'l No. **3056114.**
 Unit **4th Dft. 1st Bn E, ONT** If in perm. Corps, What Unit? **Married or Single** **Married.**
 Place and Date of Enlistment **Kingston, Jan. 15th. 1918.** Place of Birth **Birmingham, England.**
 Name and Address, Next-of-Kin **Foster N.A. & Foster N.W.**
1288 Helen Ave., Detroit, Mich., USA. Relationship **Sons.**
 Assigned Pay Monthly \$ **P. 10** Payable to **Relationship**
 Separation Allowance \$ **Payable to** **Relationship**

N/E. R.B. No. **16647**
 File R.L. _____
 Category _____

Discharge, Date and Place Reason Character
 H. W. & V., Ld.—9546-16.

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.				
	Arrived in England			28-4-18	S TELIA
30-4-18	6th Res Bn	from Canada		28-4-18	Pl. 4 103
10-10-18		posted to P.P.C.L. of sea		10-10-18	240 P.P.C.L. 1st 27098
19-12-18	P.P.C.L.	Posted to EORD (Class. B)	Field	13-12-18	1209 No. R.D. 12/18
4-6-19	EORD	sent to Wing CCC for discharge in UK	Witley	24-5-19	130 270 58 57-12-6-19-
10-7-19	H Wing	S.O.S. on discharge in England.		30.6.19	63.
	Disch in B.D			30-6-19	
	and 4/12892				of 2 C.D.D

CHECKED

SURNAME.

Laster

CARD NO.

11

CHRISTIAN NAMES

Cyril G.

REGL. NO.

3056114

RANK

Pte.

UNIT

East. Ont. Regt. 1st Depo. Bn.

FORMER CORPS

3rd Hld. Co. Com. Eng.

S.O.B. in England 30.6.19

FOLL.

Prisoner Order 163 of 10-7-19

Can. Concentration Camp
Witley.

H. Wing.

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Laster, N.A.

RELATIONSHIP TO SOLDIER

Son

ADDRESS

1288 Helen Ave., Detroit, Mich.

U.S.A.

COUNTRY OF BIRTH

England Birmingham

DATE

June 13th 1885

PLACE OF ATTESTATION

Kingston, Ont.

DATE

Jan. 15th 1918

1162

D/S. 17-4-18. 3.

MARRIED

SINGLE

WIDOWER

TRADE OR CALLING

RELIGION

DESCRIPTION.

APPARENT AGE

YEARS

MONTHS

HEIGHT

FEET

INCHES

CHEST MEASUREMENT

INCHES

EXPANSION

INCHES

COMPLEXION

EYES

HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION. PLACE

DATE

No

114

RANK

Pte

NAME

Foster Cyrel Gordon

T. O. S. 14-1-18

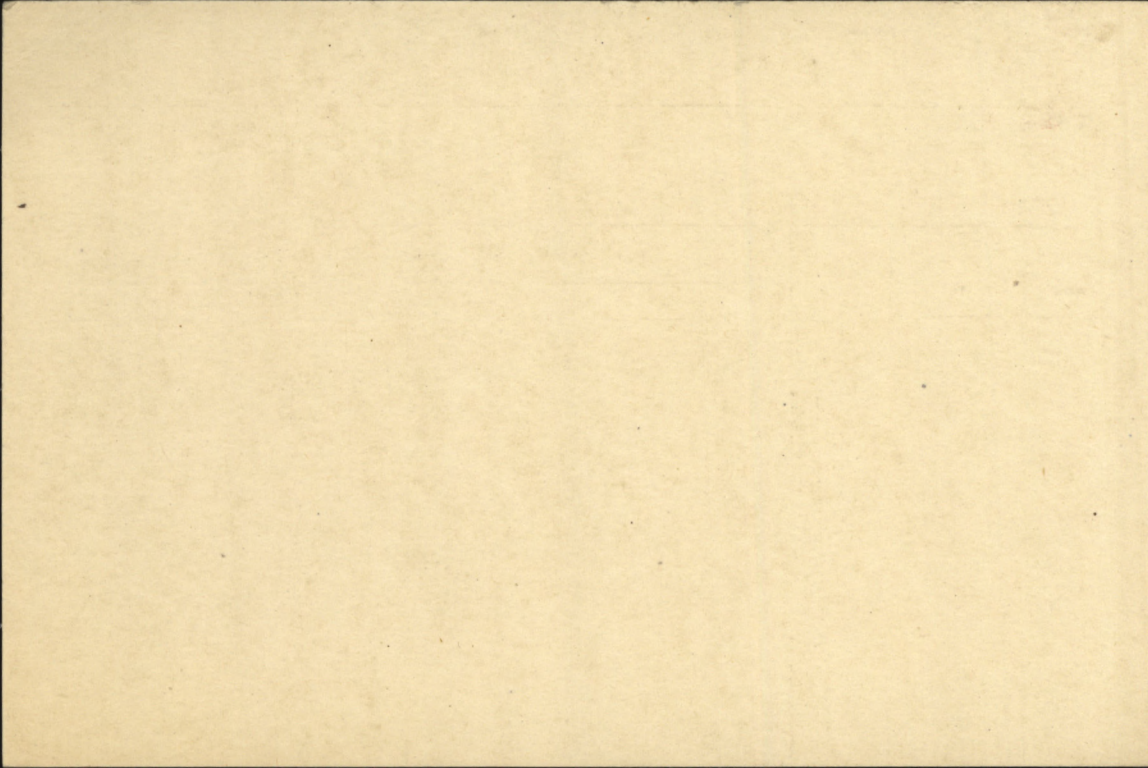
UNIT

1st. Depot. Battalion C. O. Regt.

No 113. 13-1-18

M. D. 3-

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1918 Jan 14	1918 Jan 31	n-		
Feb Mar 1	Mar 16	n-		
Mar 17	Mar 31	n		
Apr 1	Apr 25	n	Transferred O/S.	DO 104. Apr. 1918.



A.D.
ES

Number 3056114 Rank Pte

Surname FOSTER

Christian Name Cyril Gordon

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

Date of Service 11-10-18

Remarks

Latest Address ~~167 Christleton Rd~~
Chester

Roll No. *BPag 17059* 144 Military Ave
Detroit
Mich.
200m.-2-21.M.

[Handwritten marks in red and blue ink, possibly initials or a signature]

DEPT SEP 6 1922

REGN. NO. 35510

NUMBER 3056114. RANK

PTE.

NAME FOSTER C. G.

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4.	BALANCE	DEFERRED	SEPARATION
1919. Apr	Food	64 50		Brought Forward	107 10				200 02	135	
				Choy 35. 7/3/19. 10/11/19	7 30						
				Ken 52153. 21/3/19. Ldn	9 73						
				v 458r 21/3/19 b.g.d	9 73				131 06	165	
		64 90			133 86						
Apr	9.9. Spl. May	67 10		M.R. 300 4/4/19 b.g.d.	4 89						
				G. Rem. 794x1. 19/4/19.	7 33						
				M.R. 177. 15/1/19.	4 8 67						
				v. BYD 25/4/19.	9 93				110 56		
		67 10			87 60						
JUNE	9.9	33		M.R. 12180. 13/6/19. H Wang 666.	9 73						
	Int on Def-Pay.	6 56							140 39		
		39 56			9 73						

110 56
 39 56
 150 12
 9 73
 140 39

CANADIAN OVERSEAS EXPEDITIONARY FORCES

Discharge Certificate

This is to Certify that No. 1273 (Rank) Sapper
(Name in Full) Cyril Gordon Foster enlisted in
The Canadian Engineers
Canadian Overseas Expeditionary Force, on the twentieth of July
1915, and accompanied said unit to London and Petawawa Camp
~~was returned to Canada~~, and discharged from the service at Petawawa Camp
on the fourteenth of January 1918, in consequence of
Reporting to Kingston Out M.S.A.

DESCRIPTION ON DISCHARGE

Age 22 1/2 years
Height 5 feet 10 ins
Complexion Dark
Eyes Blue
Hair Brown
Trade Machinist

Marks or Scars

X

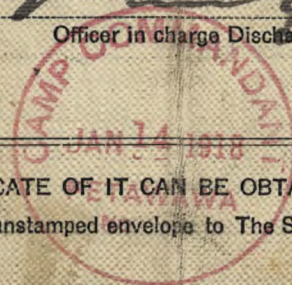
Signature of Man

Cyril Gordon Foster

Officer in charge Discharge Depot

Place and Date

Petawawa Camp 14/18



SHOULD THIS DISCHARGE CERTIFICATE BE LOST, NO DUPLICATE OF IT CAN BE OBTAINED.

N. B.—Any person finding this Certificate is requested to forward it in an unstamped envelope to The Secretary, Militia Council, Ottawa, Canada.

CANADIAN OVERSEAS EXPEDITIONARY FORCES

Discharge Certificate

No. 1273
Rank Sapper
Name Cyril Gordon Foster
Unit 3rd N.S. Coy. Can. Eng. Det
Address on Discharge 188 Helen Ave
Detroit, Mich
U.S.A.

His conduct and character while in the Service have been :

Very good.

Place Petawawa Camp.
Date January 14th 1918 Commanding *[Signature]*
Campaigns Nil.
Medals and Decorations Nil.



Reserved for M.H.C.

Regt. No. 3056/114 Rank Pte Surname Foster Christian Name Cyril G
 Unit or Corps—(a) Overseas from United Kingdom Lab. Coy (b) in United Kingdom Gen. Dept
 Born at—Town Birmingham County or Province Warwick's Country Eng
 Date of Birth—Day 30th Month June Year 1885 Age 33 yrs 6 months
 Joined at Kingston Date 20 July 1917
 Former trade or occupation Machinist

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

*Round scar size of five cent
piece on back of right hand*

Height—feet 5 inches 7 1/2 Colour of eyes Brown

Signature of Soldier (for identification purposes) Cyril Foster

Medical Report

Read carefully the instructions on last page of this form.

1. DISABILITY.

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

Disabilities Group (a)

DEBILITY

Disabilities Group (b)

na

Disabilities Group (c)

na

2. CAUSE OF DISABILITY

		Place of origin.	Date of origin.
(i.) As to Group (a) above.	UNKNOWN	<i>France</i>	<i>Nov 1918</i>
(ii.) As to Group (b) above.	<i>na</i>	<i>na</i>	<i>na</i>
(iii.) As to Group (c) above.			

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

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

If yes, has Active Service aggravated it?

(ii.) As to Group (b) above? *na*

If yes, has Active Service aggravated it?

(iii.) As to Group (c) above? *na*

If yes, has Active Service aggravated it?

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

(i.) As to Group (a) above? *yes*

(ii.) As to Group (b) above? *na*

(iii.) As to Group (c) above?

5. MEDICAL HISTORY. *No serious illness or injury before enlistment.*
 Enlisted 20/7/17. Arrived England 28/4/18. To France
 11/10/18. He was unable to carry pack and keep up with
 battalion. Boarded at Mons - empty and at Etaples 22/11/18.
 B.I. Record in pay book. Returned to England 16/12/18

Man states he is short of breath on marches and falls
 to rear. He coughs in very cold or very hot atmosphere but
 brings up no sputum.

6. PRESENT CONDITION.

Heart and lungs normal.
 Teeth are in bad condition - Pigg's disease
 Other systems normal

Man is 5'2 1/2" tall and weighs 126 lbs

He has no marked disability but has been
 unable to carry on as a man.

7. OPERATION. (i.) Was one performed? *no* (ii.) If so, state what. *na*
 (iii.) Was one advised and declined? *na*

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

8. (i.) Is there loss or decay of teeth attributable to Active Service? *no*
 (ii.) If so, describe. *na*

9. DO YOU RECOMMEND:—

(a) Fit for duty?
 (state category)

B II

(b) Invalid to Canada?

(c) Discharge from the Service
 as permanently unfit?

na

Date of Report... *Jan 13th 1919*

Signed... *R. Dawson Esq*
 Officer in medical charge of case.

Station... *Witley*

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

Not in hospital {Officer i/c Hospital} Strike out one
 {S.M.O. Brigade} of these

Dated at Station, on 191.....

*Delete if inapplicable.

THIS FORM WILL BE USED FOR ALL RANKS
MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" issued by the B.P.C. and instructions issued by Militia H.Q., Ottawa, will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of Sections 1 to 17 of this Form and will obtain the signature of the invalid to the "Statement," page 3. The President of the Board of Medical Officers is responsible for the proper completion of sections reserved for recording the "Opinion of the Medical Board."
3. In answering the questions, Medical Officers will carefully obtain and record the invalid's statements concerning his condition. They will distinguish observations made by themselves from hearsay. They will distinctly state the authority for statements not resulting from their personal observation; it must be made clear whether such statements are obtained from the invalid concerned, from witnesses, or from documents, Regimental or otherwise.
4. Special care is required in answering question 9. Read the questions carefully. All questions must be answered.
5. If space provided under any section is insufficient add another sheet. Such sheets must be initialed by the Medical Board.
6. A note will be made of attached papers by the Medical Board under the section "Opinion of Medical Board."
7. Under no circumstances may information other than that in sections 7, 8, 9 and 10 be communicated to the invalid, directly or indirectly.
8. The nomenclature of diseases must be followed, if possible, as described in "List of Diseases" printed in the order in which they appear in the Annual Report on the Health of the Army, published in London (1915), by Messrs. Harrison & Sons.

STATION Leopard DATE 28.4.19.

1. 1 (a) Unit COY. D. (b) Regimental No. 3056114. (c) Rank Pte.

(d) Surname FOSTER (e) Christian name Cyril Gordon

(f) Home address 167 Christleton Rd Chester Eng.

(g) Next of Kin Mr. M. J. Foster (h) Relationship Father

(i) Address of Next of Kin 104 Colmore Rd Birmingham

2. Age last birthday 33 Date of birth 28/6/1885

3. Enlistment, or Appointment (if an Officer) (a) Place London Cont (b) Date 20/7/1917

4. Personal description:

(a) Height 5' 2" (b) Weight 130⁰⁰ (c) Complexion Ruddy
(stripped)

(d) Colour of hair Black (e) Colour of eyes Brown (f) Identification marks, Scars, etc. none R side

5. Former trade or occupation Machinist

6. Service (The information should be secured from personal documents, but if documents are not available the invalid's statement may be taken and note must be made to that effect. Periods of service in Canada, England, France or elsewhere should be noted).	Years	Days
	28	2

	PERIODS	
	From	To
Canada	<u>20.7.17</u>	<u>14.4.18</u>
England	<u>28.4.18</u>	<u>11.10.18</u>
France or other theatres of War	<u>11.10.18</u>	<u>13.12.18</u>
<u>England</u>	<u>12.12.18</u>	<u>28.4.19</u>

7. Original disease, or injury Bronchitis Chronic

(a) Date of origin Infancy (b) Place of origin England

(c) Cause Congenital

B.P.C.

REFERRED TO

10 JUL 1919

REPLIED TO

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

Weakness on carrying a pack.

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

Obj. negative findings heart & lungs.

Subj. Feels weak carrying a pack.

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

Nervous System...no Cardio-Vascular System...no Genito-Urinary System...no
(If pulse rate is abnormal, B. P. will be taken.) (Albumen and Sugar will be excluded.)
Special Senses...no Respiratory System...no Integumentary System...yes
Disturbances of Mentality...no Digestive System...no Muscular System...no
Osseous and Joint Systems...no Any other general condition...no

Rheumatous Patch Back - Populoi

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

"Is subject to colds since childhood. He could not carry a pack and keep up on the march because of shortness breath."

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

"As a child had bronchitis." Has had repeated attacks but never completely laid up with it.

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

nil

11.—(a) Did the disabling condition have its origin before enlistment?

Yes.

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

no. His general health has improved.

12. Was the disability caused, or aggravated; (a) by intemperance, or improper conduct; or (b) by unreasonable refusal to accept treatment?

a. no. b. no.

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

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

12 mos.

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

Exercise out of doors.

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

no

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

Yes.

17. Recommendations

nil.

G. W. Manning
Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

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

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

I complain in addition of

Cyril Gordon Foster Rank.
Signature of invalid examined.

OPINION OF THE MEDICAL BOARD

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

Yes.

19. Is the invalid fit for

- (a) General service, (Category A) (Yes or No.)
- (b) Service abroad, not general service, (" B) (Yes or No.)
- (c) Home service (Canada only), (" C) (Yes or No.)
- (d) Temporarily unfit. (" D) (Yes or No.)
- (e) Unfit for service in Categories A, B and C (" E) (Yes or No.)

B1

20. It is certified that the invalid

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

- (b) Does not require treatment.
 - (c) Should pass under his own control.
 - (d) Should not pass under his own control.
- (Strike out condition not applicable.)

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

Boarded for discharge in U.K.
Auth HQ. CRO 5222 25/11/19.

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

PLACE

Seaford

C. Douglas Hewson Capt. President.
W. R. Road Captain Members

DATE

28/4/19.

TO BE COMPLETED WHEN TREATMENT IS REFUSED

I, the undersigned.....understand the nature of the treatment which it is recommended that I should undergo and refuse to accept it.

Witness.....

Signed.....

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

PLACE

DATE

APPROVED BY

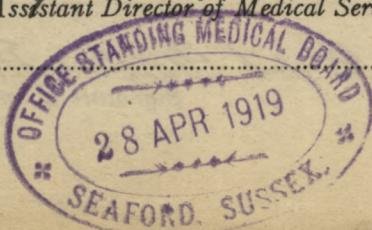
D. P. Byers Capt. Assistant Director of Medical Services.

APPROVED BY

Director-General of Medical Services.

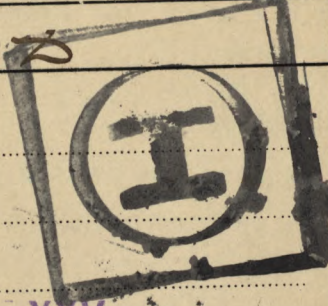

DATE

DATE



SHORT FORM.
PROCEEDINGS ON DISCHARGE.
(Demobilization.)



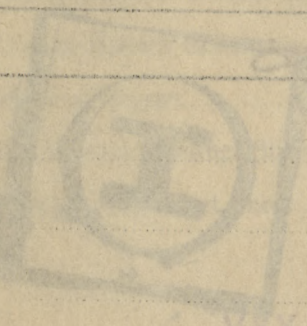
1. No. <u>30156114</u>	
2. Rank. <u>Pte</u>	
3. Name. <u>Foster Cyril Gordon</u>	
4. Unit. <u>P.P.C.L.I</u> <u>GORD</u>	
5. Date of Discharge	Place
<u>30-6-19</u>	<u>2 S.D.D</u>
6. Reason for Discharge..... <u>Demob</u>	
 K. R. & O. Para. 392 Sec. XXV (Being Demobilized in England-C.R.O. 5222)	
7. Authority.	<u>OB 2-F-2055</u> <u>30 6 19</u>
8. Proposed Residence after Discharge..... <u>167 Christleton Rd,</u> <u>Chester</u>	
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.? <u>A 4132079</u> <u>C. G. Foster</u> Signature of Soldier.	
10. CONFIRMATION. The discharge of the above named man is hereby confirmed. Place..... Date.....  <u>30-6-19</u> <u>W. R. Mackaymolds: Capt</u> Signature..... (O. C. Discharging Unit.)	

16 19



SHORT FORM
PROCEEDINGS ON DISCHARGE
(Demobilization)

1. No.	50150111
2. Rank	Private
3. Name	James Earl Ray
4. Unit	4888 Central Postal Directory
5. Date of Discharge	10-19-45
6. Reason for Discharge	Discharged
7. Authority	10-19-45
8. Proposed Residence after Discharge	St. Louis, Mo.
9. CERTIFICATE TO BE SIGNED BY SOLDIER. I hereby acknowledge that at the undersigned place and date I received my discharge Certificate	<p>M. W. W. [Signature]</p> <p>Signature of Soldier</p>
10. CONFIRMATION. The discharge of the above named man is hereby confirmed.	<p>[Signature]</p> <p>(O. C. Discharging Unit)</p>



LIST OF DISCHARGE DOCUMENTS

Attestation Paper, Triplicate	Minutes Form W. 23
or Particulars of Receipt	Minutes Form W. 133
Weld Conduct Sheet	Minutes Form W. 118 or A.F.B. 102
Company Form	Minutes Form W. 54 or A.F.B. 108
Last Pay Certificate	Minutes Form W. 44
Certificate that missing documents are unobtainable	
Medical History Sheet	Minutes Form H. 313 or A.F.B. 112
Proceedings of Medical Board	M.R.B. 217, A.F.B. 119 or A.F.A. 1
Medical History Sheet	Minutes Form H. 167
Medical Report	M. R. W. 129 or D. M. R. 104
Regimental Conduct Sheet	Minutes Form B. 267
Company Conduct Sheet	Minutes Form B. 268

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

Date of Enlistment 14-1-18

MLITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

F 9978

14th Jan. 1918

RATE OF SEPARATION ALLOWANCE

26 ⁰⁰			
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RATE OF ASSIGNMENT

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X 738 S.K.

PARTICULARS OF SEPARATION ALLOWANCE

No. 3056114
 Rank *Pte* Promoted Reverted Discharge
 Soldier's Name *Foster Cyril G.*
 Battalion *1st Dep. Btn.*
 Beneficiary *M^{rs} Rosena Mascetelli*
 Relationship *Guardian*
 Address

PARTICULARS OF ASSIGNMENT

Name
 Address
 Change of Address
 1
 2
 3
 4

MRS. ROSENA MASCETELLI,
 54 LEANDER OFF VAN DYKE,
 N. DETROIT, MICH. U.S.A. 26 26.00
 * 3056114 PTE CYRIL G. FOSTER
 TWENTY SIX DOLLARS

Date 1919	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
July	Z 24200	450		450	19871 S.A. to Guardian at 26 ⁰⁰ Per month from date of enlist 14-1-18
AUG	Z 24567	26		26	- Canc. 12616 Per ruling P.A.B. 17-7-19- a.c.o. 19871-450 ⁰⁰ S.A. from 14-1-18 to 30-6-19-a.g.B. 25 ⁷ / ₁₉ 25 from 14-1-18 to 31-1-18 = 15 1-2-18 to 31-8-18 = 175 26 1-9-18 to 30-6-19 260 Soldier Dis. in Eng. 30-6-19 Per Cable P. 3423-1179 MR0110511-a.g.B. 16-8-19 a.g.B. 14 ⁸ / ₁₉

06252-6-27 NR 3 B1

M. F. W. 128
400M-6-17-1772-33-141
L. L. 2320-M. & D. 1983.

AUDITED.

AUTHORITY FOR NEW ACCT. } P.A.B. ruling on
 F.M.O. 6252-6-27.
 J.W. M... 24/19

