Triplicate

ATTESTATION PAPER.

No. 16549

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

1. What is your name? — Foster Edward Edgar
2. In what Town, Township or Parish, and in what Country were you born? — Lakenheath Suffolk Eng.
3. What is the name of your next-of-kin? — Mrs Emma Foster (Mother)
4. What is the address of your next-of-kin? — Lakenheath Suffolk Eng
5. What is the date of your birth? — 27th July 1880
6. What is your Trade or Calling? — Teamster
7. Are you married? — No
8. Are you willing to be vaccinated or re-vaccinated? — Yes
9. Do you now belong to the Active Militia? — No.
10. Have you ever served in any Military Force? If so, state particulars of former Service. — 19th Hussars 8 yrs reserve 4 yrs.
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

1881 / 34

E. Foster (Signature of Man).

J. M. Strachan Capt. (Signature of Witness).

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Edward 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.

E. Foster (Signature of Recruit)

Date 18th Sept. 1914. J. M. Strachan Capt. (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Edward 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.

E. Foster (Signature of Recruit)

Date 18th Sept 1914. J. M. Strachan Capt. (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 Valcartier this 21st day of Sept. 1914.

A. W. McNally Capt (Signature of Justice)

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

A. W. McNally Capt (Approving Officer)

100 M.—8-14.
H.Q. 1772-1-13.

7 Bn
11th Irish Fusiliers
B Co

Description of Edward Foster on Enlistment.

Apparent Age 25 years 3 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5 ft. 8 ins.

Chest measurement.
Girth when fully expanded 37 ins.
Range of expansion 3 ins.

Complexion Fair

Eyes Blue

Hair Iron Grey

Religious denominations.
Church of England ✓
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).

Tattoo right arm crossed flags + elephant.

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 5 Sept 1914. R. S. Gardner Lt Col AMC

Place Valcartier Camp 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.

E. Foster having been finally approved and inspected by me this day, and his Name, Age, Date of Attestation, and every prescribed particular having been recorded, I certify that I am satisfied with the correctness of this Attestation.

A W McNally Capt (Signature of Officer)

Date Sept 22d 1914.

REGIMENTAL DOCUMENTS

NAME Foster Edward or Edgar REGT. NO. 163-49 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)					DEATH
	CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category
	TRAINING HISTORY SHEET (M.F.W. 113)				14910	
	FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
	REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)					
	COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					
1	MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
1	DENTAL HISTORY SHEET (M.F.B. 465)					Category
1	MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					Deserter
	MEDICAL EXAMINATION (M.F.W. 129)					
1	TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)					
	PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)					
	DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)					DESERTION
1	LAST PAY CERTIFICATE (M.F.W. 44)					
1	PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					1
	PARTICULARS OF CHARACTER (A.F.W. 3226)					
	COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					14 - 11
2	Casualty Card					
1	Med Off					14 - 11
1	W.S.B.					11 - 11
1	R123					

W. 2589
100M-11-18
1772-39-1327

3227

362

MEDICAL HISTORY SHEET.

Surname Foster. *Christian Name* Edward.

Examined { on 24th day of Sept. 1914
at Valcartier Camp

Approved by [signature]

Rank Capt Paymr M.O.

Birthplace { City or Town Lakenheath
County Suffolk. England

Apparent age 35 3/12

Trade or occupation Teamster

Height 5 Feet 8 Inches.

Weight 160 Lbs.

Chest measurement { Minimum 37 inches.
Maximum expansion 3 inches.

Physical development Good

Small-Pox Marks

Vaccination Marks { Arm Right. 2 Left. -
Number 2.

When Vaccinated last 1907.

(a) Marks indicating congenital peculiarities or previous disease /

(b) Slight defects but not sufficient to cause rejection 3 Intns missing

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.
		M.O.
		M.O.
		M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.
7 IX 14		Sick M.O.
19 IX 14.		w/sick. M.O.
		M.O.

Enlisted on 24th *day of* Sept. 1914 *at* Valcartier Camp

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment		16549		
Transferred to..				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.
Liverpool.	20/3/19.	GSW Shoulder (left)	Bn III C. Stewart Capt

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—8-14.
H. Q. 1772—39—439.

Surname Yolen Christian Name Edward

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital. Day	Month	Year	Dates of Discharge from Hospital. Day	Month	Year	DISEASE.	Number of days in Hospital.	Remarks on nature of the disease: how induced: if mild or severe: if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer.

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 E.

REGIMENT 1st RES RANK PTE No. 16549

Date of Examination in England 24 FEB 1919 Date of Examination in France

DIRECTIONS TO DENTAL OFFICERS

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

PRESENT DENTAL REQUIREMENTS

1. FILLINGS
2. EXTRACTIONS
3. CROWNS
4. DENTURES
   - (*a*) Full Upper
   - (*b*) Part Upper
   - (*c*) Full Lower
   - (*d*) Part Lower

HAS HE EVER REFUSED DENTAL TREATMENT? 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 YES
- (*c*) In France

Signature of Dental Officer H. B. Beatty Capt

THE BOARD OF PENSION COMMISSIONS FOR CANADA.

BRITISH BRANCH.

103, OXFORD STREET, W.1.

TELEPHONE: "MUSEUM, 3510."

IN REPLY PLEASE REFER TO 35-F-432. Medical.

3rd Oct. 1919.

To :—

CANADIAN RECORD OFFICE.

From :—

BRITISH BRANCH, B.P.C.

No.16549.
ex-Private
FOSTER E.
1st R.Battn.

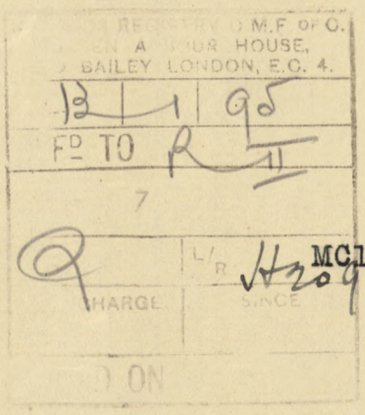
Attached please find following documents (indicated by X) in the case of the marginally noted man.

	M.F.W. 129—Medical Board Proceedings.
X	M.E.B. 227— „ „ „
	A.F.B. 179— „ „ „
	Short Form for Categorization
	A.F.B. 178—Medical History Sheet.
X	M.F.B. 313— „ „ „
	C.A.D.C. 5009A—Dental Certificate
	M.F.B. 465—Dental History Sheet
	Medical Case Sheets.
	Specialists' Reports.
	Laboratory Reports.

Please complete Minute 11 and return by post,

THE MANAGER,
FOR THE BOARD OF PENSION
COMMISSIONERS FOR CANADA,
British Branch.

Per J Howell



MINUTE 11.

Receipt is acknowledged of the return complete of the above mentioned documents.

Date_____

_____Capt.
for Lt.-Col. i/c Records.
O.M.F.C.

B.P.C. Form 252 (British).

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 16548 (Rank) Private

Name (in full) FOSTER, Edgard enlisted in

the 7th Battalion

CANADIAN EXPEDITIONARY FORCE at Vancouver.,B.C. on the 28th

day of August 19 14

HE served in FRANCE (with 7th Battalion)

and is now discharged from the service by reason of XXXXXXXXXX

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

Age 37 Years 9 months

Height 5'9"

Complexion Fair

Eyes Blue

Hair Iron grey.

Marks or Scars Tattoo crossed flags & Elephant, right arm.

G.S.W. scar left shoulder.

1914-15 STAR

BRITISH WAR & VICTORY MEDALS

Signature of Soldier

Issuing Officer

Rank

Appointments.

Date of Discharge London.,Eng. April 15th, 1919.

Signed at this day of 19

in Military District No. February 1st, 20

File Reference No.

N.B.—As no duplicate of this Certificate will be issued, any person finding same is requested to forward it in an unstamped envelope to the Secretary, Militia Council, Ottawa, Canada.

M F. W. 39a.
250m —6-18.
H. Q. 1772-39-882.

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

3490

(8915)—Wt. W4862—540.—600.000.—9-14.—G. A. T. & S., Ltd. Forms B. 103/1.

Army Form B. 103.

Casualty Form—Active Service.

Regiment or Corps 7th Canadian Bffrs (1st BC)

Regimental No. 1654 Rank Pte Name Foster F. C.

Enlisted (a) 23/9/14 Terms of Service (a) Dur of War Service reckons from (a) 23/9/14

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

Extended ____ Re-engaged ____ Qualification (b) ____

Report 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.
2.5.15	O.C. 7th Bn.	Missing	field	24.4.15.	a 7B 213 2/5/15
16.12.18	BCRD	Pres. Refd. P of W from Repatriated + TOS.	BCRD	7.12.18	Pte to 299 d. 12.18 for Major i/c Records Capt. Lieut
16-12-18	BCRD	Ceases to be on Command Dover. Furlough 2 Months	Seaford	7-12-18	Pt. 2. D.O. 299.
21-2-19	B.C.R.D.	S.O.S. on posting to Res.	Seaford	21-2-19	Pt. 2. D.O. 58

CAPT.
OFFICER i/c RECORDS
CANADIAN SECTION G. H. Q.

(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.

For O.C. B.C. REGL. DEPOT.

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				
24/2/19	15 Res	TAKEN ON STRENGTH OF 1st CAN. RES. BATTN.	Seaford	27/2/19	Pt II Do #46.
12-4-19	1st Res	On command to C.D.D. London pending discharge British Isles.	Seaford 11-4-19		Pt2 D.O.87

J. L. Goddard Captain,
Adjutant, 1st Canadian Reserve Battalion.

DISCHARGED IN ENGLAND,
K.R. & O. PAR. 392, SEC. XXV.

per B Matt Jr Captain
Officer Commanding.
No. 2 Canadian Discharge Depôt.

29247 THE MORTIMER SYSTEMS
OTTAWA, CANADA

F 9

NAME FOSTER Edward

Regimental No. 16549

Unit 7th Battalion

Date of enlistment 18th Sept. 1914.

Place of birth. Lakenheath, Eng.

Married (yes or no) No.

Amount of pay assigned monthly $ Nil

To whom payable

Name and address of next-of-kin

Mrs. Emma Foster - Mother,
Lakenheath, Suffolk, Eng;

Date and place discharged

Reason for discharge

Character on discharge

Date From	Date To	PAY No. of Days	PAY Rate	PAY Amount	Field Allowance No. of Days	Field Allowance Rate	Field Allowance Amount	Other Credits	Total Credits	Voucher No.	Voucher Date	Cash Payments	Assigned pay	Other Charges	Total Debits	Remarks, Casualties, etc.
22/9/14	31/10/14	40	1.00	40 00	40	.10	4 00		44 00			44 00			44 00	
1/11/14	30/11/14	30	1.00	30 -	30	.10	3 -		33 -			5 -		25 -	30 -	1/11/14 forfeits 25 days.
1/12	31/12	31	1	31	31	1	3 10	3 -	37 10			30			30	
1/1/15	31/1/15	31	1	31	31	1	3 10	7 10	40 20			40			40	
1/2/15	28/2/15	28	1.00	28 -	28	.10	2 80	1 20	32 10			~~30~~			~~30~~	
1/3/15	31/3/15	31	1.00	31 00	31	.10	3 10	32 00	66 10			7 00			7 00	
1/4/15	30/4/15	30	1	30	30	.10	3	59 10	92 10			5			5	
1/5/15	31/5/15	31	1	31	31	.10	3 10	87 10	121 20			—			—	
1/6/15	30/6/15	30	1	30	30	.10	3	121 20	154 20							
July 1	July 31	31	1	31	31	.10	3 10	154 20	188 30					2 50	2 50	Cas. List 101 — Prisoner
22/9/14	31/7/15	Exchange						3 49	189 29							
								185 80								
1.8.15	31.8.15	31	1	31	31	10	3 10	189 29	223 39						—	
Sep	1-30	30	1	30	30	1	3	223 39	256 39						—	
1-10-15	31-10-15	31	1	31	31	1	3 10	256 39	290 49							
Nov	1-30	30	1	30	30	1	3	290 49	323 49							
Dec	1-31	31	1	31	31	1	3 10	323 49	357 59							
Jany	1-31	31	1	31	31	1	3 10	357 59	391 69							
Jan	1-29	29	1.00	29 -	29	10	2 90	391 69	423 59			2 43			2 43	Fet CRY
				526			526 42	3 49	582 69	(one)		133 43		27 50	160 93	#421.16 bal. fwd

16549. Pte Foster E. 7 Bn

Date		PAY			Field Allowance			Other Credits	Total Credits	Voucher		Cash Payments	Assigned pay	Other Charges	Total Debits	Remarks, Casualties, etc.
From	To	No. of Days	Rate	Amount	No. of Days	Rate	Amount			No.	Date					
				526			5260	349	582 09			133 43		27 50	160 93	$421.16 bal. fwd.
Mch	1. 31	31	101	31	31	10	3 10	421 16	455 26			2 43			2 43	Mch ORX
Apl	1. 30	30	"	30	30	"	3 -	452 83	485 83			2 43			2 43	Apl "
May	1. 31	31	"	31	31	"	3 10	483 40	517 50			2 43			2 43	May "
June								515 07				2 43			2 43	June "
July												2 43				
				557			5570	349	616 19			135 86		27 50	163 36	$452.83 br. bal. to Nk.

Form P. 812A.
7777 15m. 12/12/18 D509

War Service Gratuity

C.R. FILE NO. 1968

~~ASSIGNED~~ PAY and/or SEPARATION ALLOWANCE

Payable to FOSTER Edward 16549

Address Lakenheath, Nr Brandon
Suffolk

Name

From Canada: No. Rank Unit

Rank	Authority	Unit

ASSIGNED PAY

Authority Dol. Effect

" "

" "

" "

Month	Cheque No.	Gratuity ~~Assigned~~ Pay	Payments Amount Separation Allce.	Amt due Total A.P. and S.A.	✓	REMARKS
DEC. 191						
~~JAN.~~ April 11th	3457		14 7 8	14 7 8	✓	Gratuity
FEB. May 5		86 6 0 ✓				
MARCH " 13	13195		14 7 8 ✓	57 10 8	✓	
APRIL June 12	31520		14 7 8 ✓	43 3 -	✓	
MAY July 11	47614		14 7 8 ✓	28 15 4	✓	
JUNE Aug 9	70156		14 7 8 ✓	14 7 8	✓	5th
JULY ~~Sept~~ 1	86856		14 7 8 ✓	0 — 0	✓	
AUG.		86 6 0 ✓	86 6 0 ✓			
SEPT.						
OCT						
NOV.						
DEC.						
JAN.						
FEB.						
MAR.						
APRIL						
MAY						
JUNE						
JULY						
AUG.						

CARD NO. C

SURNAME. Foster.

CHRISTIAN NAMES Edward.

REGL. No. 16549. RANK Pte.

UNIT 7th. Bn.

FORMER CORPS 19th. Hussars 5 yrs. Reserve 4 yrs.

S.O.S. 12-4-15
D.O. 102 FOLL. 2-5-19
dis in B.S. 12th Can. R. of K.

Ref. (D.O.)

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL Foster, Mrs. Emma.

RELATIONSHIP TO SOLDIER Mother.

ADDRESS Lakenheath, Suffolk, Eng.

COUNTRY OF BIRTH England Lakenheath Suffolk DATE July 27th 1890.

PLACE OF ATTESTATION Valcartier, P.Q. DATE Sept. 23rd 1914.

O/S. 7-10-14 7/9

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

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

From Quebec per S.S. Ruthenia 4/10/14

MARRIED SINGLE Yes. WIDOWER

TRADE OR CALLING Teamster. RELIGION Church of England.

DESCRIPTION.

APPARENT AGE 35 YEARS 3 MONTHS

HEIGHT 5 FEET 8 INCHES

CHEST MEASUREMENT 37 INCHES EXPANSION 3 INCHES

COMPLEXION Fair. EYES Blue. HAIR Iron Grey.

DISTINGUISHING MARKS Tattoo right arm: crossed flags & elephant.

MEDICAL EXAMINATION. PLACE Valcartier, P. Q. DATE Sept. 5th. 1914.

Present Address — Not stated.

C (V)

Ref (F.O.)

CARD NO. C

SURNAME. Foster.

CHRISTIAN NAMES Edward.

S.O.S. 12-4-15
D.O.102 FOLL. 2-5-19
dis in B.S. 1st Can. R. of R.

REGL. No. 165-49. RANK Pte.

UNIT 7th. Bn.

FORMER CORPS 19th. Hussars 5 yrs. Reserve 4 yrs.

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL Foster, Mrs. Emma.

RELATIONSHIP TO SOLDIER Mother.

ADDRESS Lakenheath, Suffolk, Eng.

COUNTRY OF BIRTH England Lakenheath Suffolk DATE July 27th 1870.

PLACE OF ATTESTATION Valcartier, P.Q. DATE Sept. 23rd 1914.

O/S. 7-10-14 7/9

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

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

From Quebec per [redacted] S.S. Ruthenia 4/10/14

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COMPLEXION Fair. EYES Blue. HAIR Iron Grey.

DISTINGUISHING MARKS Tattoo right arm: crossed flags & elephant.

MEDICAL EXAMINATION. PLACE Valcartier, P.Q. DATE Sept. 5th. 1914.

Present Address — Not stated.

R. 149.

Name FOSTER Edward *Rank* Pte. *Reg. No.* 16549

Unit 7th. Battalion File No.R.L. 25-F-1100

Next of Kin Mrs.E.Foster, Lakenheath, Suffolk,

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
28/11/18	Prev.rptd.Missing now Unoffly.rptd.			61	M	
	Pris.of War at	GIESSEN		101	6	
	Offly.rptd.P.of War captured at St.					
	Julien, Acc.to Ger.List rec.thro'				30/11/18 M	
	Geneva 23½July from Can.Red X Soc.			126	4437	
	BULLET WD LF. SHOULDER CLEVICAL BONE BROKEN					
	Trans to MAINZ			A264	H210	V.17
	Prev. Reh P. of W. at Mainz now released & at					PW.376.
7-12-18.	Rest Camp Dover			B392	RL 558.	11/12/18

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

No. 16549 RANK Pte NAME Foster. E.

T. O. S. UNIT 7th. Battalion (1st. Quick Firers of Canada)

M. D. Sal.

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1914	1914			
Aug 28	Sept 21	✓		
Sept 22	Oct. 31	✓		

UNIT SAILED
OCT 3 1914

Number 165749 Rank Pte

Surname F.O.S.T.E.R

Christian Names Edward

Unit 7th Bn. Cavalry Theatre of War France

Dates of Service 1-7-10-14 9-2-15 12-4-19

Remarks

Latest Address ~~c/o Mr. Miller, Lakenheath~~
~~Mr Brandon, Lutford~~ Eng.
c/o M.W. Botham
Bradford Ont.

Roll No. 13
Page 348

S 308 53 Lenin

D.M.S. 1300.

Surname	Christian Name or Names	Reg. No.
Foster	E.	16549

Rank	Unit	Co.	Troop	Batty.
Pte	4th Battn.	B. C.		

Hospital — Date of Admission

Transferred — Hosp.

Hosp.

Hosp.

Hosp.

Diagnosis

(1) GSW. Lt. Shldr. Clavicle Bone Broken. not sev

Later Diagnosis (if changed)

(2)

(3)

Additional Diagnoses: If more than one state present

DISPOSITION — Date

C.L. 1. 7. 15 #91

C.L. 30. 7. 15 F.26

REMARKS

Previously unofficially now reported according to German list) Prisoner of War at Giessen. Captured at St Julien.

15-7-18 @ 2640 now transferred to Mainz.

11-12-18 B399 Now Released & at Rest Camp Dover 7-12-18

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.		

SHORT FORM.

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

9/1322.

1. No. 16549

2. Rank Pte.

3. Name Foster ~~Edward~~ Edgar

4. Unit 7 Batt. & Res Batt

5. Date of Discharge 12/4/19. Place 2nd ADD

6. Reason for Discharge

K.R. & O. Para 392 Sec. XXV

(Being Demobilized in England-C.R.O. 5229)

7. Authority D.B. 2-F-1762. 3-4-19.

8. Proposed Residence after Discharge

Lakar Heath.

Mr. Brandon. Suffolk.

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.?~~ AFB 2879

E. Foster

Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place No. 9 CANADIAN CONVALESCENT HOSPITAL LONDON

Date 12/4/19

Signature R Mott Jr for (O. C. Discharging Unit.)

Sta 18-12-50

M.F.B. 218a—50M -12-18—1772-39-113.

SHORT FORM.

PROCEEDINGS ON DISCHARGE.

(Demobilisation.)

1. No.	
2. Rank	
3. Name	
4. Unit	
5. Date of Discharge	Place
6. Reason for Discharge	
Authority	
8. Proposed Residence after Discharge	
9. CERTIFICATE TO BE SIGNED BY SOLDIER.	
I hereby acknowledge that at the undermentioned place and date I received my discharge Certificate	
M. F. W. 2.	
Signature of Soldier.	
10. CONFIRMATION.	
The discharge of the above named man is hereby confirmed.	
Place	
Date	
Signature	
(O. C. Discharging Unit.)	

M.F.W. 2(a)—3-19-19—1,000,000—D.R.

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

Edgar Pte

3490

Rank and Name	FOSTER ~~Edward~~
Regimental No.	16549
Unit	7th., Batt.
Date of enlistment	Sept. 18th., 1914
Place of birth	England
Married (Yes or No)	No
If in Permanent Force	
Promotions or appointments	

Name and Address of Next-of-kin

Mrs. Emma Foster (Mother)
Lakenheath, Suffolk, England

Date and place of discharge

Reason for discharge

Character on discharge

N/E. R.B. No. 16663
File R.L. 23-F-322
Category Eng 079

Rel Gift 20/5/19

N/E R.B.3

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
14/5/15	W.O.	MISSING.	Base.		11 N.N.K Cas Rep 61.
1/16	W.O.	Unofficially reported prisoner of war.	Giessen Germany		C.R. 101 on
7/30/15	W.O.	German list. Pris War.			Cas list # 126 on nk
		German Identification Report d/25-8-16 gives date of Capture as		24-4-15	Ypres.
11.12.18	7th Bn "RRR"	Reported P/of War in Germany now released and at Rest Camp Dover.		7.12.18	R.R.B. 392.
16.12.18	BCRD	Pres Rep. Post War Hos. Repatriated & T.O.S	BCRD	7.12.18	Pte O 299 d/6/12/18.
24-2-19	1st Res	D.S. from B.R.C.W.	" "	21-2-19	-46- B.R.C.W. Pte O. 58 d/27-2-19
12-4-19	"	On conv C.W.H. London to cases on conv C.W.H. London	" "	11-4-19	-87
2-5-19	"	D.S.O.S. on Discharge in B.D.	" "	12-4-19	-102. Aut K.R.O. para 392. Sec XXV

P.M.G. Nfd

P.T.O.

FOSTER Ed 16549

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				
11/11/14	OC 7 Bn	Forfeits 4 days pay. Abs. without leave. 21 days detention. Abs without leave whilst a defaulter	W Down S.	11/11/14	Pte 16549

DUPLICATE. B 6.

For use of A.P. and S.A. Branch, Ottawa.

P. 831 A.

LAST PAY CERTIFICATE.

Military District ~~~~

Dispersal Area ~~~~

No. 16519 Rank Pte Name FOSTER Edward Unit .....

Nominated for embarkation to Canada: Date 13/4/19 Ry 2 6 R Honiton 11/4/19

CREDIT.	$	¢	DEBIT.	$	¢
BALANCE FORWARD as at 31-3-19 191	7 41	60	CASH PAYMENTS:—		
EARNINGS:—			Date 29-3-19 A.R. No. 7212 Paying Unit Sanford Amount 24 33		
From 1-4-19 to 12-4-19					
12 days at $ 1/10	13	20			
..... days at $					
..... days at $					
				24	33
ANY OTHER CREDIT:—			OTHER CHARGES:—		
Interest on Deferred Pay 31/3/19	39	18			
			WAR LOAN INSTALMENTS CHARGED:—		
			X ASSIGNED PAY for period from 1-4-19 to 30-4-19 at $ 10 per month in favour of:—	15	
			Name Mrs Annie Mccal		
			Address Lakenheath Suffolk		
			Relationship Mother		
			X SEPARATION ALLOWANCE, if any, in favour of same party as Assignment at $ ..... per month		
X BALANCE DEBIT			X BALANCE CREDIT	1 64	65
	£2	98		£2	98

of which £1 330 00 to def'd pay

"VICTORY" WAR LOAN

Amount Subscribed - $.....

Amount Paid - - .....

Balance due - .....

I hereby Certify that I am satisfied that the balance of my account as shown on this statement is correct.

.....
(Signature of Soldier.)

BALANCE GIVEN IS SUBJECT TO ANY CHARGES AND/OR CREDITS ENDORSED ON THE REVERSE HEREOF.

THESE PAYMENTS TO DEPENDENTS:— X (Strike out whichever inapplicable.)

XHave been stopped. Effective 1-5-19 191 and will only be re-opened on receipt of instructions from P.M.G., Ottawa, or Military District Paymaster, Canada.

or

XBeing a Canadian payment, cancellation or otherwise of future payments will be dealt with by Ottawa.

COMPILED BY W.R. Cruttenden

CHECKED BY .....

Date 12-4-19 191

CERTIFIED CORRECT .....

~~Capt.~~ Lieut.

FOR BRIGADIER GENERAL
PAYMASTER GENERAL, O.M.F.C.

MA.

not on roll
mc 7
19.6.19

THIS FORM WILL BE USED FOR ALL RANKS

MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

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

STATION Seaford. DATE 12/3/19.

1. 1 (a) Unit 1st Res. (b) Regimental No. 165464 (c) Rank Pte.

(d) Surname FOSTER. (e) Christian name EDWARD.

(f) Home address Laken Heath Suffolk. Eng.

(g) Next of Kin Mrs. C. Miller (h) Relationship Mother.

(i) Address of Next of Kin Laken Heath Suffolk. Eng.

2. Age last birthday 38 yrs. Date of birth 28/7/1881.

3. Enlistment, or Appointment (if an Officer) (a) Place Vancouver. (b) Date 24/9/14.

4. Personal description:

(a) Height 5'8" Estimated (b) Weight 15-0 (stripped) Estimated (c) Complexion Medium.

(d) Colour of hair Grey. (e) Colour of eyes Blue (f) Identification marks, Scars, etc. Scar Left Shoulder. Tattoo Rt Forearm Flags. Elephant and Clasped Hands.

5. Former trade or occupation Teamster.

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
	Four	177.

	Periods From	Periods To
Canada	24—9—14	20—11—14
England	29—11—14	19—1—15.
	5—12—18	20—3—19.
France or other theatres of War	19—1—15	5—12—18

7. Original disease, or injury Compound Fracture of Left Scapula.

(a) Date of origin 24—4—15. (b) Place of origin St Julian France

(c) Cause G. S. W. Left Shoulder.

M. F. B. 227.

400M.—11-18.
1772-89-117.

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*).)

(1) No illnesses

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

left shoulder drooping. Scar over left scapula with irregularity of bony surfaces.

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

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

n.a.

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

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

Wound was dressed usually every third day until healed.

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? Yes
(If not, briefly state why)

17. Recommendations

A B Ferguson Capt Dent Corps
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 Pte Edward 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

Pte Edward Foster Rank.
Signature of invalid examined.

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.)

Pain and Stiffness in left shoulder (moderate.)

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

Objective The normal contours of left shoulder is changed, being displaced downwards. There is considerable irregularity to the bony prominences corresponding to the spine of the scapula. There is also a small scar deeply pitted and adherent in this region. There is also another insignificant scar in left axilla. Movements of shoulder are free and practically normal.

Subjective. His left shoulder becomes painful and stiff especially when lifting or when bearing any weight on shoulder.

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

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

Special Senses.....no.....Respiratory System.....no.....Integumentary System.....no.....

Disturbances of Mentality.....no.....Digestive System.....no.....Muscular System.....no.....

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

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

Was wounded in left shoulder by a rifle bullet at St Julien 24th Ap. 1915. while in action. Was taken Prisoner about five hours afterwards. ~~Was~~ Wound caused a compound fracture of scapula. The bullet entered in the axilla and came out in region of spine of scapula. Wound kept discharging pieces of bone for several months and was finally healed about Sept 1, 1915.

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.

8.

There is marked loss of power of shoulder movements, especially when arm is raised to shoulder level or higher. There is marked deformity of left shoulder in contrast to the appearance of wounds.

19. Is the invalid fit for

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

20. It is certified that the invalid

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

(*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.)

Board for discharge in England
Auth. A.G. form 10452.

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.

C. Douglas Hewlett Capt. *President.*

PLACE Seaford.

DATE 20/3/19.

} Members

TO BE COMPLETED WHEN TREATMENT IS REFUSED

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

Witness..... Signed.....

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

.....*President*

PLACE.....

DATE.....

} Members

APPROVED BY

H.C. Wallace Capt.
Assistant Director of Medical Services.

DATE.....

APPROVED BY

Director-General of Medical Services.

DATE.....

OFFICE STANDING MEDICAL BOARD
25 MAR 1919
SEAFORD, SUSSEX.

P. 559.

MARRIED OR SINGLE S.

PLACE OF BIRTH Lakenheath Eng.

NAME AND ADDRESS OF NEXT OF KIN Mrs Emma Foster
Lakenheath Suffolk Eng.

RELATIONSHIP OF NEXT OF KIN

NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF KIN

SEPARATION ALLOWANCE MONTHLY $ EFFECTIVE (DATE)

PAYABLE TO

RELATIONSHIP OF DEPENDANT

CASUALTIES, PROMOTIONS, &c.

PARTICULARS	EFFECTIVE DATE	AUTHORITY
Pris of War.		6/2/101

ADMISSIONS TO HOSPITAL, &c.

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

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	No.
1916			55 7				55 70						Bal fwd from Small Sheet	3 49	6/6/19							
Apl	30	1pc	30		10	B									33							
May	31		31				3 10								34 10							
June																						
Sept.	12		12				12 20								134 20							
1/31/Oct-	31		31				3 10								34 10							
Nov to																						
Jan 31/17	92		92				9 20								101 20							
4/Feb 28	28		28				2 80								30 80							
March	31		34 10												34 10							
apr.	30		33												33							
may	31		34 10												34 10							
Jan	30		33												33							
Jul	31		34 10												34 10							

OMOTIONS, &c.

EFFECTIVE DATE	AUTHORITY
	6/2/01

HOSPITAL, &c.

NAME OF HOSPITAL

REG'L. No. 16549 RANK Pte NAME Foster Edward.

IF IN PERMT. CORPS WHAT UNIT } UNIT 7 Bn. TRANSFERRED TO DATE AUTHORITY

PERMANENT FORCE ALLOWANCES TRANSFERRED TO DATE AUTHORITY

PLACE OF ATTESTATION TRANSFERRED TO DATE AUTHORITY

DATE OF ATTESTATION 18th Sept. 1914. TRANSFERRED TO DATE AUTHORITY

ASSIGNED PAY MONTHLY $ 15.00 DATE EFFECTIVE 1-11-17.

PAYABLE TO Mrs Emma Miller, Lakenheath, Suffolk RELATIONSHIP Mother

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)
Can'd & CRX. 10- 1/2/16.

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

Germany.

ACQUITTANCE ROLLS 2 No.	2 Date	3 No.	3 Date	4 No.	4 Date	CASH PAYMENTS CRX.	2	3	4	ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE CREDIT	BALANCE DEBIT	PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
Sheet						135 86					27 50	163 36	457 83				
						2 43							483 40				
						2 43							515 07				
						9 12							639 85				
						2 43							671 22				
						7 29							763 13				
						2 43							793 50				
							2 44						825 16				
							2 43						855 73				
							244						887 39				
													920 39				
													954 49				

16549 Pte. Foster, E.

DATE	PAY				FIELD ALLOWANCE				WORKING OR SPECIAL PAY				ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS								CASH PAYMENTS			
	No. of Days	Rate	Amount $	Amount c.	No. of Days	Rate	Amount $	Amount c.	No. of Days	Rate	Amount $	Amount c.				1 No.	1 Date	2 No.	2 Date	3 No.	3 Date	4 No.	4 Date	1	2	3	4
Aug 31	1	10	34	10											34 10												
Sep 30			33												33												

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	CR. 1	DR. 2	DR 3	DR 4	BALANCE	DEPOT REMITTED PAY	DEPOT REMITTED ALLOTMENTS	MONTH	PARTICULARS	CR. 1	CR. 2
OCT 1917	Balce FORWARD ~~1021 59~~								1021 59						
	ytds pay	34 10													
Oct		34 10		7R 4984 27/10/17 London	200 00				855 69						
Nov		33 —		B 23833	200										
Dec		34 10		C 17249				15	892 79						
		67 10						30							
JAN 1918		34 10		C 65220				15	911 89						
		34 10						15							
FEB 1918		30 80		L 78474				15	927 69						
		30 80						15							
MAR 1918		34 10		D 37076				15	946 79						

$200 Remtd 8/1918

946 79

ASH PAYMENTS			Assigned Pay	Other Charges	Total Debits	BALANCE		Pay Withheld or Deferred	Pay Available for Issue	REMARKS
2	3	4				Credit	Debit			
							95449			
							98859			
							102159			

CR.1	CR.2	PARTICULARS	DR.1	DR.2	DR.3	DR.4	BALANCE	DEPD. SHIP. REG. ALL. PAY ENCL.

P 820
12474—375M—13-2-18.

* Strike out whichever inapplicable.

ASSIGNED PAY — * ENGLAND OR ~~CANADA~~.	SEPARATION ALLOWANCE. — * ENGLAND OR CANADA.
EFFECTIVE DATE:- 1st Nov 1917	EFFECTIVE DATE:-
AMOUNT:- 15-00	AMOUNT:-

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

Mrs Emma Miller (mother)
Lakenheath Suffolk Eng.

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	
29/3/19	½ pd.	Seaford	£5	24 72					

PARTICULARS OF RENDERING NON-EFFECTIVE: Discharge in England 13/4/19. Ry. 2. 6.

MONTH	PARTICULARS	CR 1	CR 2.	PARTICULARS
	1918 Balce FORWARD			
April	Pte Paytalice	33-		A 15238
				FR 1256 8-4-18
		33		
MAY 1918	do	34/10		6h no. A 836621. £3-1
		34/10		
JUN 1918	do	33		B47420 £3.
		33		
JUL 1918	do	34/10		C 14219.
		34/10		
AUG 1918	do	34/10		C 58018
		34/10		
SEP 1918	"	33		C 75818.
		33		
OCT 1918	"	34/10		D 50019
		34/10		
		33		£18420
NOV 1918				A.R. 4194 Dvsn. Dec a/c. C.75819
	Dec. + Jan.	68 20		F 2618.
		101 20		A.R. 5009 6/2/18 to D. Base
Feby		3080		
Feb & March	Book 300 marked. Money RX		243	Cash 98728. Pd. 263420 E.A.P. March. G 36413
		34/10		
		6490	243	

P.T.O.

* ~~ENGLAND~~ OR ~~CANADA~~.	SEPARATION ALLOWANCE.	* ENGLAND OR CANADA.
19.7	EFFECTIVE DATE:-	
	AMOUNT:-	

NAME:- FOSTER Edward

NUMBER:- 165-49

NSHIP & AUTHORITY | WHEN PAYEE OF A.P. IS THE SAME AS PAYEE OF S.A. THE WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE.

iller (mother)
Suffolk Eng.

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		Pte

UNIT AND TRANSFERS

ORIGINAL UNIT:- 7th Bn

DATE ACCOUNT FIRST OPENED ~~19~~ 22-9-14

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO
			PJ War

SERVICE PAY-BOOKS | UPON CLEARANCE OF VOUCHERS, ENTRIES WILL BE CANCELLED BY INSERTION OF DATE CHARGED IN RED INK

AID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R	UNIT PAID BY	AMOUNT
~~£5 7 4 2~~					

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
	1 —	10		6 5

RING NON-EFFECTIVE: Discharge in England. 13/4/19. Rly. 2. 6DD London. 11/4/19. 6r Calais RR $ 4/8H —

TICULARS	CR. 1	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
WARD										
lee	33 -		A 15238			15		946 79	330.	
			FR 12556 8-4-18 Pqw	199 80				7 64 88 99		
	33			199 80						
	34 10		6r No. A 80621. £ 3-1-8			15.		784 09		
	34 10					15				
	33		B 47 ~~49~~ 20 £ 3.1.8.			15		802 09		
	33					15				
	34 10		C 14219.			15		821 19		
	34 10					15				
	34 10		C 58018			15		836 29	330.	
	34 10					15				
	33		C 75818.			15		858 29	330 -	
	33					15				
	34 10		D 50419			15		877 39	330	
	34 10					15				
	33		£ 18420			15		978 59		
			~~AR~~ 4194 Down. 6/12. Dec ~~af~~ C 73219	97 33		15		116 99		
Dan.	68 20		F 2664 18.			15				
	101 20		AR 5009 9/4/18 6 D. Boulogne	4 66				831 60		
	30 80			101 99		45				
~~Expnd. Money~~ RR		2 43	Cash 9878. 4/1	97 33						
	34 10		Ful. 26340			15				
			E.A.P. March. G 36213.			15		771 60		
	6A 90	2 43		97 33		30				

P.T.O.

NUMBER 16549 RANK Pte NAME FOSTER E.

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE
				Forward.					7716
April.	17/4/19	13 20		A&R. EAP. A 78906			15.		
	Iron defaulter 31/3/19	39 18		Less 787 bft. marked.	78465				
				Stack 0/32. 3/B. 1 Res.	2533				Nil
		52 98			80998		15		

NAME FOSTER E.

2.	PARTICULARS	Dr. 1	Dr. 2	Dr. 3.	Dr. 4.	BALANCE	DEFERRED	SEPARATION
	Forward.					77160		
	Appr. EAP. A 8906			15.				
	Rear. 787 bt. marked.	78765						
	Track 07/12. 3/B. 1 Res.	2533				Nil		
		80798		15				