ORIGINAL

FIRST DEPOT BATTALION, ALBERTA REG'T

M. D. 13 Depot Battalion Regiment

Regtl. No. 3205107

PARTICULARS OF RECRUIT

DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class A2)

1. Surname: Foster
2. Christian name: Floyd
3. Present address: 342 14th Ave West, Calgary
4. Military Service Act letter and number:
5. Date of birth: 3rd Nov 1894
6. Place of birth (town, township or county and country): Leamington Ont
7. Married, widower or single: Single
8. Religion: Church of Eng
9. Trade or calling: Automobile Mechanic
10. Name of next-of-kin: Reginald Foster
11. Relationship of next-of-kin: Father
12. Address of next-of-kin: ~~342 14th Ave West, Calgary Alta~~ Leamington Ont R.R. 5
13. Whether at present a member of the Active Militia: no
14. Particulars of previous military or naval service, if any: no
15. Medical Examination under Military Service Act:—

(a) Place Calgary (b) Date Nov 7th / 17th (c) Category A2

DECLARATION OF RECRUIT

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

Floyd Foster
(Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age	23	yrs	2 mths.
Height	6	ft	1 ins.
Chest measurement	fully expanded	36	ins.
	range of expansion	3	ins.
Complexion	Fair		
Eyes	Blue		
Hair	L Brown		

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

None Recorded.

O. C. R. Armour Lt. Col.
Depot Btln.
Commanding 1st Depot Batt'n, Alta. Reg't
Regt.

Place Calgary Date Jan 3rd 1918

M. F. W. 133.
500 M.—8-17.
1772—39—1158.

PARTICULARS OF RECRUIT

DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class)

1. Surname
2. Christian name
3. Present address
4. Military Service Act letter and number
5. Date of birth
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 ex-member of the Active Militia
14. Particulars of previous military or naval service, if any
15. Medical Examination under Military Service Act:
(a) Place (b) Date

DECLARATION OF RECRUIT

I,

above particulars refer to me, and are true.

(Signature of recruit)

DESCRIPTION ON CALLING UP

Apparent age
Height
Chest { measurement / range of expansion
Complexion
Eyes
Hair

P. 880.

DEPARTMENT OF MILITIA AND DEFENCE.

WAR SERVICE GRATUITY.

Declaration required of Officers, Warrant Officers and Men who claim War Service Gratuity under Order-in-Council (P.C. 3165), dated 21st December, 1918.

A complete reply must be given to every question in this Declaration. There must be no blanks and no dashes. If any questions are not applicable, the words "NOT APPLICABLE" must be written out.

On completion, if soldier discharged in Canada, this Declaration is to be returned to THE DISTRICT PAYMASTER OF THE DISTRICT IN WHICH THE SOLDIER WAS DISCHARGED, or if soldier discharged in England to be returned to Paymaster General O.M.F. of C., 7, Millbank, London, S.W.

1. Christian names Lloyd 2. Surname Foster

3. Rank Pte. 4. Original Unit 1st Depot Bn. 5. Reg. No. 320507

6. Address, in full, to which future payments of gratuity are to be forwarded
342, 14th Ave. West
Calgary Alberta Canada.

7. Date of enlistment in the C.E.F. 3-1-18

8. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge Not Applicable

9. Relationship of such dependent Not Applicable

10. Address, in full, of such dependent Not Applicable

11. Is said dependent now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? Not Applicable

12. Were you at any time on the strength for pay and allowances of a unit of the C.E.F. which was out of Canada or the United States when such pay and allowances were issuable? If so, give particulars of one such unit and dates of service overseas with such unit:—
49th. Bn. May 23rd. 1918 to Feb. 1919.

13. Were you on the strength for pay and allowances of the Clearing Services Command, having been at any time on duty outside of Canada or the United States? Not Applicable

14. Were you on active service only in Canada or the United States? If so, give particulars of unit and dates of such service No.

15. Give total length of time which you served on active service, whether in Canada or Overseas, setting out particulars of units on whose strength you served
1st Depot Bn. 4 Months.
49th. Bn. 4 Months

16. Were you at the time of enlistment a civil employee of the Dominion Government? If so, state Department Not applicable

17. Were you a member of the Permanent Force at the time of enlistment in the C.E.F.? No.

5431. Wt. /30P. 150,000(8). 2/19. S.O., F.Rd.

18. Have you had more than one enlistment? If so, give particulars of discharges and re-enlistments, and under what regimental numbers and units. No.

19. Have you already received any payment of Post Discharge Pay or War Service Gratuity? If so, state amount you and your dependents have already received and by whom paid No.

20. Have you been issued with a War Service Badge? If so what class? No.

21. Have you, during the present war, served in the Imperial Forces? No.

22. Are you entitled to receive, or have you received any gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled No.

23. (a) Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England? Not Applicable

(b) If so, was such reversion in consequence of misconduct or inefficiency? Not Applicable

24. Are you now serving in the C.E.F.? Yes If not, give:—(a) Date of discharge March 19th 1919 (b) Reason for discharge Not applicable

25. Are you at present a member of and in receipt of pay and allowances from any Canadian naval or land forces? If so, give unit 49th Bn. C.E.F.

26. Did you at any time serve at the front in an actual theatre of war? If so, give particulars of one unit in which you served at the front, and dates of such service with that unit Yes 49th. Bn. Oct 30th. 1918 to Feb. 1919.

27. (a) Are you receiving treatment from the Department of Soldiers' Civil Re-establishment? No.

(b) If so, are you in receipt of full pay and allowances from that Department? No.

And I make this solemn declaration, conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under oath and in virtue of the Canadian Evidence Act.

Signature of Applicant: Floyd Foster

Place of Residence: 342 14th Ave West Calgary, Alta

Declared before me at: Bromsthatt. Hants.

This 25th day of Feb 1919

Signature of Barrister of the Supreme Court Stipendiary Magistrate, Notary Public, Justice of the Peace, or Commissioner for the Administration of Oaths under P.C. 2767, dated 11th Nov., 1918.

C. Y. Weaver
Major

49th CANADIAN BATTALION (EDMONTON REGT)

POST DISCHARGE PAY.

Date paid.	Paid Soldier	Paid Dependent	War Service Gratuity	Net amount due

Certified Correct.

District Paymaster.

REGIMENTAL DOCUMENTS

NAME FOSTER FLOYD PTE. REGT. NO. 3205107 UNIT 49th BN. H. Q. FILE NO.

	CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
1	ATTESTATION PAPER (M.F.W. 23, 133, or 51)	49				DEATH
1	CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category
	TRAINING HISTORY SHEET (M.F.W. 113)				14950	
1	FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)		M			
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)					Category
	MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					Demob.
2	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)		H			
	DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)					DESERTION
	LAST PAY CERTIFICATE (M.F.W. 44)					
1	PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					
	PARTICULARS OF CHARACTER (A.F.W. 3226)					
1	COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
1	D.D. Cover					1
1	M F W 192					19-11
2 1	F DC3					19-11
1	C a D C 5009a					5-11
1	M F W 67					
	R 149					1
1	Cas. Card					
1	a + D					
1	a 7 13 181					
1	a 7 1 1235					
1	misc					

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

Form DMS 1401.

A. & D. CARD

A/11. 12. Can Gen HOSPITAL.

AT

A. & D. No. 4825 PL. OF ACTION

RANK Pte REG. No. 3205104 UNIT 21st Res. B Co. SICK OR WOUNDED

NAME Foster F. AGE 23 RELIGION C of E.

PLACE IN HOSPITAL Annex

DIAGNOSIS Mumps

ADMITTED 24. 6. 18. FROM

DISCHARGED JUL 17 1918 TO Lim

TRANSFERRED

SERVICE AT HOME 6/12 IN FIELD

RESULTS 3/365.

(See Document Card for M.H. Sheet and other Documents.)

P.T.O.

REMARKS.

Form R. 149.

Floyd.

Name FOSTER, Rank Pte Reg. No. 3205107.

Unit 21st Res.

Next of Kin Canada.

Date 1918.		Movement	Place	Casualty	List No.	Notified N/K O.		W.O. List
25.	6	12 Can Cyl. Bramshott		Mumps C	248			20348
17-	7	Discharged		do	265			6632

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

Number 3205-107 Rank Pte

Surname FOSTER

Christian Name Floyd

Units 49th Can Inf Theatre of War France

Date of Service 30-10-18

Remarks 1118 - 14th ave W.

Latest Address ~~342 - 14th Ave. W.~~ Calgary Alta

Roll No. B Page 16360

[illegible] .-2-21. .

DES. SEP 2 1922
REGN. NO. A35756

MSA

SURNAME. Foster

CHRISTIAN NAMES Floyd

REGL. No. 3205107 RANK Pte

UNIT ~~Alta. Regt. 1st Dpo Bn~~ No 2. D.D.

FORMER CORPS Nil

~~B~~ 2. CARD NO. 4

~~SOS demob 20-3-19~~

D083 FOLL. 24-3-19

NEXT OF KIN.

NAMES IN FULL Foster, Reginald

RELATIONSHIP TO SOLDIER Father

ADDRESS Leamington, Ont

CHANGE OF ADDRESS

COUNTRY OF BIRTH Canada, Leamington, Ont DATE Nov. 3rd. 1894.

PLACE OF ATTESTATION Calgary. Alta DATE Jan 3rd. 1918

RHC 17. 3/19 28" Ts. Pte

L. L. 26989 M. & D. 8191. M. F. W. 22. 100M.—8-17. H. Q. 1772-39-339.

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

NAME Foster F

RANK AND CORPS Pte 21st B

REGT'L. No. 3205107

H. Q. FILE No. 649

CABLE		NATURE OF CASUALTY
NO.	DATE	

FOLLOWS

NO.

FOLLOWS

L. L. 31493. M. & D. 8476.

M. F. W. 42–100M.—28-11-17.
H. Q. 1772-39-893.

LIST NO.	HOSPITAL	DATE OF ADMISSION	REMARKS Alta R
C248-1	#12 C Gen Bramshott	25-6-18	Mumps
C265-1	Dise. " " "	17-7-18	"

D.M.S. 1300-50M-21-11-17.

SURNAME	CHRISTIAN NAME OR NAMES	REG. NO.
Foster	F.	3205107

RANK	UNIT	CO.	TROOP	BATTY
Pte	Allá 21 R.			

HOSPITAL	DATE OF ADMISSION
12 C. G. B'stott	25-6-18.

1. HOSP.

2. HOSP.

3. HOSP.

4. HOSP.

DIAGNOSIS Mumps. R.

1.

2.

3.

DISPOSITION

Cl. 28.6.18 C248

19-7-18 C/2657

DATE

REMARKS

Disc:- 17-7-18

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.		

*Name L FOSTER ~~FOSTER~~ FLOYD Rank Pte. Regtl. No. 3205107 W.

Original unit Present unit 49th Bn M. or S. Age 24 Religion C. E. Fyle Depot Ref. H.Q.

Port, ship, and date of arrival Halifax Carmania 16-3-19

Next of kin Father Reginald Foster Leamington Ont.

Address on leave

Address on discharge

Transportation issued Yes No Date Character on discharge

Previous occupation Automobile Mechanan Date and place of enlistment Calgary Jan 3-18

Diagnosis Date of Medical Boards

Date. T.O.S.	Remarks	Pt. 2 Order No.
8-3-19	Posted to Disp. Station I. 17-3-19.	83
~~20~~ 19-3-19	Discharged "On Demob" entitled to WSG.	83

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

(over)

Date.	Remarks.	Pt. 2 Order No.

M.F.W. 192.
150M—6-18.
1772-39-1243.

CANADIAN EXPEDITIONARY FORCE

War Service Class "A" No. 134102

DISCHARGE CERTIFICATE

THIS IS TO CERTIFY that No. 3205107 (Rank) PTE.

Name (in full) FOSTER FLOYD enlisted in

the 1ST. DEPOT. BN. ALTA.

CANADIAN EXPEDITIONARY FORCE at CALGARY on the 7TH.

day of NOVEMBER 1917

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 24

Height 6 FT 1 IN

Complexion FAIR

Eyes BLUE

Hair LIGHT BROWN

Marks or Scars NIL

Floyd Foster

Signature of Soldier

Issuing Officer

Date of Discharge No. 2 DISTRICT DEPOT MAR 19 1919 TORONTO

For

Rank O.C. No. 2 District Depot.

Date MAR 19 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.

Uniform is not to be worn after expiration of one month from date of discharge, except by special permission of G. O. C. District.

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

M. F. W. 54. (A. F. B. 103.)
350m.—5-16
H. Q. 1772-39-920.

War Service Badge
Class "A" No.

Casualty Form—Active Service.

Unit, Regiment or Corps 2nd Dft. 1st ~~Depot~~ B'n Alta Regt.

Regimental No. 3205107 Rank pte Name ~~Foster~~, ~~Floyd~~ Floyd.

Enlisted (a) 3/1/18 Terms of Service (a) C. E. F. Dof War Service reckons from (a) 3/1/18

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) Mechanic

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
				10-6-18	H. M. T.
		Embarked Halifax		24-5-18	"Tiresias"
		Disembarked London			
27.5.18 JUN 8 1918	21st Res. Bn	Taken on strength on arrival from Canada.	BRAMSHOTT.	24.5.18 ~~MAY 28 1918~~	Pt. II D.O. No. ~~135~~ 124.
30 OCT 1918	21st Res. Bn	PROCEEDED OVERSEAS FOR SERVICE WITH 49TH BATTALION.	BRAMSHOTT.	30 OCT 1918	Pt. II D.O. No. 258

CERTIFIED CORRECT. 7 NOV 1918 CAN. RECORDS, LONDON

Wm Irvine
Lieut. & Asst. Adjt. Lr.
21st Reserve Battalion (Alberta)

8.3.19 5.3.19 SAILED FROM LIVERPOOL

SOS on proceeding to Canada 5/3/19
Auth. 3rd Cdn. Div. A 120-39
W. P. Sally CAPT.
ADJUTANT H. M. T. Carmania
Stud Lieut.
for C.O. 49th Bn

(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.

3205107 Foster T.

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				
1-11-18	C.I.B.D	Landed in France & T.O.S.	49th Bn	31-10-18	NR D.O.112, d/5-11-18.
8-11-18	-do-	To C.C.R.C.		8-11-18	NR 1157
10-11-18	C.C.R.C	T.O.S.		10-11-18	NR 1792
14-11-18	"	Tollmit	—	14-11-18	" 2025
16-11-18	Unit	Joined	—	13-11-18.	B213.
		O.C. Cdn. S.O.S. for demobilisation to ~~C.F.C.~~			N/R.
		Conc. Camp.	A.D. Depot Ripon	8/2/19	B.2.0/S.13, d/1919
		Le Havre			

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

MAR ~~8~~ 1919 O.S. T. O. S. No. 2 DISTRICT DEPOT, TORONTO. 1919 PART II D. O. 83

MAR ~~20~~ 19 1919 S. O. S. (DISCHARGED FROM H. M. S.) No. 2 DIS. DEPOT, PART II D. O. 83

Lieut.
For O. C. No. 2 District Depot.

28-7-19 | 49th Bn | Ceases to be attached to the 4th C-m-R-Bn and S.O.S. of the 6 m L C on proceeding to Canada, with effect 8-3-19. (auth. Sailing List No. 28.)

A. O. 10.

Lieut.
for O/C.

Form R 122.
2353—100M—9-12-16.

LTR

Rank Name FOSTER, Floyd Reg'l No. 3205107

2nd Dft. 1st Bn ALBERTA If in perm. Corps What Unit? Married or Single Single.

Unit

Place and Date of Enlistment Calgary, Jan. 3rd, 1918. Place of Birth ~~Regin~~ Leamington Ontario

Name and Address, Next-of-Kin Reginald Foster

Box 45 Leamington ~~Box~~ Ontario Relationship Father.

Assigned Pay Monthly $ Payable to

Relationship

Separation Allowance $ Payable to

Relationship

Discharge, Date and Place Reason Character

N/E. R.B. No. 15500
File R.L.
Category CAN. OR

H. W. V., Ld.—9546-16.

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.
C.		Arrived in England		24-5-18	S/S TEIRESIAS
27.5.18	21st Res. B.	T.O.S. on arrl from Canada	B'shott	24-5-18	Pt 20-124
31.10.18	"	S.O.S. to 49 B. o/s.	"	30.10.18	" 258 & 49 Bn 112 8/5/18
8 3 19.	49.	— 4 CMR	—	8 3 19	- 23
		28 - I. 8.3.19.			
28.7.19	- - -	Lease alt. to 4th C.M.R. & S.O.S. of O.M.F.C. to Can.	London S.L. 28	8.3.19	A.O. 10

AF. B1030 dd 5.11.18. LP.

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.					

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. 3205107 Rank PTE Surname FOSTER
(Given name in full) FLOYD

Unit or Corps 49TH BN. Birthplace LEMINGTON ONT.

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

1. GENERAL DESCRIPTION:

Physique Good Weight 175 (Estimated) lbs. Height 6 ft. 1 in. Colour of Eyes Blue

Nutrition Good

Pulse 74 Regular

Condition of arteries Soft

Vision Rt. 6/9 + Left 6/9 +

Hearing (conversational voice) Rt. 20 ft.

Left 20 ft.

Identification marks, scars, or deformities. (Give cause and date of origin.)
old scar middle finger left hand accident March 1914

Opinion as to general health and physical condition Good

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

Nervous System No Genito Urinary System 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~~ Yes Hhck

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. Hhck.

Mumps in June 1918. Made a complete recovery.

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

[OVER]

EXAMINATIONS.

THIS SECTION FOR USE OVERSEAS—

Examined at Bramshott (Overseas)

Date 11-2-19 Signed H. W. Martin Capt. 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 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. 129.
1033 (D.P.) 500M-11-18.
1772-39-1142.

NOV 5 1917

M.S.A. 15.

ORIGINAL

MILITARY SERVICE ACT, 1917. 3205107

MEDICAL HISTORY SHEET.

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

1. Surname FOSTER. Christian name FLOID.

2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule.....

3. Consecutive number on schedule of men reporting for service (if he appears on it).....

4. Address (including street and number, if any)... 342 14th. Ave. W. Calgary.

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the ..... day of October. 1917, by the undersigned medical board sitting at Calgary.

5. Age as stated 22 Years 11½ Months. 6. Apparent age 22 Years ..... Months

7. Height 6 Feet 1. Inches. 8. Weight 175. Pounds.

9. Chest measurement { Minimum 33 Ins. / Maximum 36 Ins. } 10. Complexion Fair. { Eyes Blue. / Hair Light. }

11. Physical development. Good. { Good / Fair / Poor } 12. Smallpox marks None.

13. Number of vaccination marks { Right arm —/— / Left arm One. } 14. When vaccinated last 1909.

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

16. Slight defects but not sufficient to cause rejection Two Stiff toes on left foot.

The man denies having had { Rheumatism / Tuberculosis / Syphilis } We find no evidence of past { Rheumatism / Tuberculosis / Syphilis }

(Strike out disease admitted or suspected.)

Hearing R. Ear Normal
L. Ear Normal
Eyesight R. Eye 20/20
L. Eye 20/20

We have examined the above named man in accordance with the C. E. F. Regulations for medical examinations, and he is placed in Category [a11]

R C Robertson President.

S. F. Learmonth Member. Chas. Blakeman Member.

Date	Result	Vaccinations		Date	Result	Anti-Typhoid Inoculations, etc.	
12/1/18		J. H. Egbert Capt. C.A.M.C.	M.O.	1/1/18		J. H. Egbert Capt. C.A.M.C.	M.O.
			M.O.	1/1/18		J. H. Egbert Capt. C.A.M.C.	M.O.
			M.O.	12/1/18		J. H. Egbert Capt. C.A.M.C.	M.O.

Joined 3rd day of January 1918 at Calgary

	Corps	Reg'tl Number	Habits	Date
1st Depot Batt				
Joined on enlistment	Alta Regt	3205107		Jan 3 1918
Transferred to.....	49 R Bn			30 1018

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station	Date	Disease	Result

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 noted on next page.

Signature of Man

Surname Foster Christian Name Floyd

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital Day	Month	Year	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.
No 12 CAN. GENERAL HOSPITAL											
	–	24	6	18	17	7	18	Mumps.	25	no complications Discharged to line A Category	[illegible]

Forms
I. 1237
12

Army Form I. 1237.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
4825	3205107	Pte	Foster	F

Year	Unit.	Age.	Service.
1918	21 Res	23	6/12

Station and Date.	Disease Mumps
Bramshott 24-6-18	Reported sick 24/6/18 with pain & swelling left Parotid region, no sore throat, face painful while masticating food. did not feel sick.
	Exam. swelling & pain left Parotid gland. Throat negative.
17/7/18.	no complications. Recovered. Discharged to lines A Category
	[illegible]

*The first and last entries will be signed, and transfers from one Medical Officer to another, attested by their signatures.

(44502) Wt.W 11203—M 1150. 1,450,000. 6/12/16. C.F.& S. Forms/I. 1237/12. (E239)

P.T.O.

Station
and Date.

To be made out in duplicate.

ORIGINAL

H.Q. 54-21-23-53

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.

---

(1) Name of Overseas Unit which Soldier joins... First Depot Battalion Alta Regt.

(2) Regimental Number ... 3205107

(3) Full Name of Soldier... Floyd Foster

(4) Place of Birth... Lemington, Ont

(5) Are you married, or not? ... Single

(6) If married, state,
(a) Full name of your wife...

(b) Present Postal Address... 342-14th Ave West Calgary

(7) Are you a widower? ...

(8) Have you any children?...

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

Also their names and ages...

M. F. W. 67.

500M.—9-16.
1772-39-954.

(SEE OTHER SIDE.)

(9) Is your Father alive ?..... Yes

If so, state name and address ..... Leanington, Ont. Reginald Foster,

(10) Is your Mother alive ?..... No

If so, state name and address.....

.....

(11) If your Mother is a widow.....

Are you her sole support, or not ?.....

(12) If sole support of widowed mother, state what amount you have given her per month prior to your enlistment, also reason she has no other support than yourself.

.....

.....

(13) If you have no wife, father, mother or children, state the name and relationship with full postal address of your next of kin, to whom you would desire any communication to be sent concerning you.

.....

.....

.....

(14) If you have a wife, or children, or a widowed mother who depends on you as her sole support, have you applied to the Paymaster of your unit for Separation Allowance ? If not, this must be done.

.....

(15) Are you insured ?..... Yes

If so, in what Company ?..... Canada Life Insurance Co Western Mutual Assn. Los Angeles, Calf

Have you made arrangements for payment of your Insurance premium..... Yes

If not, and it is a monthly premium, you can assign the amount in addition to any other assignment you wish to make.

C. A. Moore. Lt. Col.

Commanding 1st Depot Batt'n Alta. Reg't

Officer Commanding.

Date..... Jamary 31st 1918

P 820
12474—375M—13-2-18.

* Strike out whichever may not apply.

	ENGLAND OR CANADA.	SEPARATION ALLOWANCE.	ENGLAND OR CANADA.
EFFECTIVE DATE:-		EFFECTIVE DATE:-	
AMOUNT:-		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.

300 8 Brans

per 13

NAME:- Foster Floyd.

NUMBER:- 3205107.

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
DO 129 21st Res	24.5.18	Private

UNIT AND TRANSFERS

ORIGINAL UNIT:- 2nd Draft. 1st Depot B" Alta Regt.

DATE ACCOUNT FIRST OPENED:- ~~24~~ 1/5/18

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO
DO 124. 21st Res	24.5.18		21st Can Regt.

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
~~4-1-19~~	~~543~~	~~Fwd~~	~~3 72~~				
~~11-2-19~~	~~3969~~	~~Balance~~	~~34 08~~				
			37.80				

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
DO 129. 21st Res	1 - -	10		

PARTICULARS OF RENDERING NON-EFFECTIVE: To Canada 1-3-19 AR 2008 Brantford 12-2-19 To Brantford Dm 213 SSB 18/4/15 SSB 1/4/16

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4.	BALANCE	DEFERRED	SEPARATION
May 1 ~~24~~	Balance			from Canada					~~47 50~~		
to June 30	P. Pay ~~38~~ 61 days.	67 10 ~~44 6~~		A.R. 609 21 Res. 15.6.18	4 87						
				" 527 " 30.5.18	4 87						
				" 1696 12 CGH 25.6.18	4 87				100 29	30.	
		67 10			14 61						
JUL	P Pay	34 10		" 1024 21 Res 22.7.18	4 87				85 72	45	
		34 10			4 87						
AUG	"	34 10		~~A.R. 2. Campbellton N.B. 2.4.18~~	~~10~~						
				~~" 2 " " 19.4.18~~	~~10~~						
				" 1192 21 Res 15.8.18	4 73						
				" 1824 " " 31.8.18	24 33				85 76	60	
		34 10			34 06						
SEP	"	33		" 1443 " " 15.9.18	29 20						
				" 2. Campbellton NB 2/5/18	10.						
				" 1504 21 Res 23.9.18	9 73				69 83		
		33			~~38~~ 93				183 93		
									21 90		
OCT 1918	✓	34 10		" 1615 " 7/10	19 47						
		34 10		✓ 1801 " 31/10	2 43				82 03	90	c/forward
					21 40				101 20		
NOV 1918	✓	67 10			21 90				183 23		
	✓	34 10		✓ 4406 7/11 C 2nd	4 66				27 74		
				✓ 3082 14/11 72B	13 06						
				Q 4005 10/10 21 Res	1 12						
				" 9/10 "	1 42						
				AR 4102 7/12 72B	3 73						
				✓ 4716 19/12 ✓	3 73				155 51		
		101 20			24 73						

NUMBER 3205107 RANK NAME Foster J

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
									155 51		
FEB	PP	30 80		AR 5770 15/1 7 2B	5 60				34 24	150 00	
	Lost on def pay	3 44		BW 5460 "/1 ✓	3 43				189 75		
				AR 3969 "/2 ~	34 07				~~146 32~~		
		34 24			43 40			—	146 35		
	S. O. S. to Canada 8-3-19 Sail L. 28. Alta										

Copy

SHORT FORM.

War Service Branch Class "A" No. 134702

PROCEEDINGS ON DISCHARGE.

Occupational Group. 20 (Demobilization.)
Disposal Area. I 2.

1. No. 3205107

2 Rank. PTE.

3. Name. FOSTER FLOYD

4. Unit. 49TH BN.

5 Date of Discharge | MAR 19 1919 | Place (CALGARY) TORONTO.

6 Reason for Discharge DEMOB.

7. Authority. No.2, D.D., Part II, D.O.No. 83.

8. Proposed Residence after Discharge CALGARY

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.?

Floyd Foster

Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place Toronto

Date MAR 19 1919

Signature [illegible] For (O. C. Discharging Unit.)

O.C. No. 2 District Depot.

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. Triplicate 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. 5009a).
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 (269M)).
9. Copy of Discharge Certificate (M.F.W. 39a).
10. Dispersal Certificate (C.D. 3).
11. Equipment and Clothing } Statement Q.M.G. Form (D.O.S. 2).
12. Last Pay Certificate (P. 851). Duplicate
13. Pay Book (A.B. 64).
14. War Service Gratuity (Form M.F.W. 2595),
15. Sundry Documents.

Group B

Checked by No. 10

PW

Date 7.3.19

"CARMANIA" 17:3:19

31982

AUDITOR | PAYMASTER

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

M. OR S. | REGT. No. 3205107 | RANK Pte. | NAME (IN FULL) (BLOCK LETTERS, SURNAME FIRST) FOSTER F. 20

NEXT OF KIN — RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? — DATE EFFECTIVE

TO WHOM PAID Nil ✓ — RELATIONSHIP

ADDRESS

Dec ✓

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ORIGINAL UNIT C.E.F. 1 D. Bn. — IF IN P.F. WHAT UNIT? 342, 19th Cyr West Calgary Alberta Can.

PLACE OF ATTESTATION — TRANSFERRED TO — DATE — AUTHORITY

DATE OF ATTESTATION 3/1/18 — TRANSFERRED TO — DATE — AUTHORITY

ASSIGNED PAY, $ — DATE EFFECTIVE

PAYABLE TO Nil ✓ — RELATIONSHIP — ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE — EFFECTIVE

DISCHARGED — PLACE Toronto. — DATE 20:3:19 ✓ — REASON Demob. — AUTHORITY D.O. 83 — IF ENTITLED TO POST ~~DISCHARGE~~ PAY W.S.G. Yes ✓

MONTH	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $	AMOUNT C.	OTHER CREDITS $	OTHER CREDITS C.	$	C.	TOTAL CREDITS $	TOTAL CREDITS C.	ACQUITTANCE ROLLS COL. NO. 1 NO.	DATE	COL. NO. 2 NO.	DATE	COL. NO. 3 NO.	DATE	CASH PAYMENTS COL. NO. 1 $	C.	COL. NO. 2 $	C.	COL. NO. 3 $	C.	ASSIGNED PAY $	C.	REGIMENTAL CHARGES $	C.	OTHER CHARGES $	C.	$	C.	TOTAL DEBITS $	C.	BALANCE DEBIT $	C.	CREDIT $	C.	PARTICULARS OR REMARKS
Balance from previous account	28-2-19 ✓								146 35 ✓	146 35 ✓																								146 35		Bal Eng 2 Pte. ✓
	23-3-19	23	1.10 ✓ less adj ✓	30 80 ✗																																Pte 1-3-19 to 23-3-19 overpaid 5.50 ✓
					35 00 ✓																															Blocking Allce ✓
					70 00 ✓												48 7 ✓	5 00 ✓																	1st Payt W.S.G. ✓
												6th 70 30					272 28 ✓																	Boat & Train Money. ✓
									135 80 ✗																						282 15 ✗					
122 days ✓	W.S.G. 280 ✓								280 ✓			Date Mar 20											70 00 ✓		3 30 ✓										SUBS. TO D.O. SUBS. TO D.O. 70 00 W.S.G. paid as above ✓ 3.30 ~~over~~ Duff 3 days ✓
																									5 50 ✓						78 80		201 20 ✓		✗ 5.50 ~~overcredited~~ 5 days Pte. ✓
												Apr 17	255503				61 20 ✓														140 - ✓		140 - ✓		
																									1 10 ✓										1 days Pte overpaid see voucher
												May 17	353536				68 90 ✓														210 ✓	70 ✓			W.S.G. PAID IN FULL
												June 13	68432				70 ✓														280 ✓				CAPTAIN FOR PAYMASTER WAR SERVICE GRATUITY
									280 ✓								270 10 ✓						9 90 ✓								280 Fitz				

60m.-11-18. L. L. 51777. M. & D. 9585.

MONTH	PAY AND F. A.				OTHER CREDITS				TOTAL CREDITS		ACQUITTANCE ROLLS						CASH PAYMENTS						ASSIGNED PAY		REGIMENTAL CHARGES		OTHER CHARGES				TOTAL DEBITS		BALANCE				PARTICULARS OR REMARKS
	NO. OF DAYS	RATE	AMOUNT								COL. NO. 1		COL. NO. 2		COL. NO. 3		COL. NO. 1		COL. NO. 2		COL. NO. 3										DEBIT		CREDIT		
			$	C.	$	C.	$	C.	$	C.	NO.	DATE	NO.	DATE	NO.	DATE	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	

CLINICAL CHART.

(To be attached to Case Sheet.)

Army Form B. 181.

Corps 21 Div

Military Hospital Bramshott

No. 320507 Rank and Name Pte Foster F Age 23 Service 6/12

Disease Mumps Date of admission 24-6-18 Date of discharge 17.7.18 Result Recovered

Dates of Observation	25	26																														
Days of Disease																																
Temperature, Fahrenheit	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.
107°																																
106°																																
105°																																
104°																																
103°																																
102°																																
101°																																
100°																																
99°																																
98°																																
97°																																
Pulse per Minute	84																															
Respirations per Minute	20																															
Motions per 24 Hours																																

Wt. W3728/M2313—2,000,000—6/17—H. & Sp. (10693)—A.F.B. 181/5 (E. 735)

Signature [illegible] In charge of case.

Army Form B. 181.

CLINICAL CHART.

(To be attached to Case Sheet.)

Corps_____ Military Hospital_____

No._____ Rank and Name_____ Age_____ Service_____

Disease_____ Date of admission_____ Date of discharge_____ Result_____

Dates of Observation

Days of Disease

Temperature, Fahrenheit

Time A.M. P.M.

107° 106° 105° 104° 103° 102° 101° 100° 99° 98° 97°

8 6 4 2

Pulse per Minute

Respirations per Minute

Motions per 24 Hours

Wt. W3728/M2818—2,000,000—6/17—H. & Sp. (10693)—A.F.B. 181/5 (E. 735)

Signature_____ _____ In charge of case.

Regtl. No. Rank and Name 320507 Pte Foster H Corps 21 Res

Disease Mumps Hospital Bramshott

To Officer i/c Laboratory. Ward Annex 12

Please carry out an examination of the accompanying specimen of Urine

with special regard to Examination

Date June 24/18 O. i/c Ward.

LABORATORY REPORT.

React acid
Alb neg

Sp gr 1025
Sugar neg

Date of Examination 25/6/18

A. Montgomery Capt
O. i/c Laboratory.

W.3212. 50M-4-4-18.