1. A.2. English. ORIGINAL

ATTESTATION PAPER.

No. 2590980

#2. C. A. S. C. Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname? ... FOSTER.
1a. What are your Christian names? ... George Arnold.
1b. What is your present address? ... 72 Woodycrest Ave., Toronto, Canada.
2. In what Town, Township or Parish, and in what Country were you born? ... Manchester, England.
3. What is the name of your next-of kin? ... Beatrice A. Foster.
4. What is the address of your next-of-kin? ... 72 Woodycrest Ave., Toronto, Canada.
4a. What is the relationship of your next-of-kin? ... Mother.
5. What is the date of your birth? ... May 31st, 1897.
6. What is your Trade or Calling? ... Clerk.
7. Are you married? ... Single.
8. Are you willing to be vaccinated or re-vaccinated and inoculated? ... Yes.
9. Do you now belong to the Active Militia? ... No.
10. Have you ever served in any Military Force? (Naval or.) ... No.
If so, state particulars of former Service.
11. Do you understand the nature and terms of your engagement? ... Yes.
12. Are you willing to be attested to serve in the Canadian Over-Seas Expeditionary Force? ... Yes.
13. Have you ever been discharged from any Branch of His Majesty's Forces as medically unfit? ... No.
14. If so, what was the nature of the disability? ...
15. Have you ever offered to serve in any Branch of His Majesty's Forces and been rejected? ... No.
16. If so, what was the reason? ...

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, George Arnold Foster., do solemnly declare that the above are answers made by me to the above questions and that they 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.

G A Foster (Signature of Recruit)

Date October 1st, 1917. 191 . (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, George Arnold 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.

G A Foster (Signature of Recruit)

Date October 1st, 1917. 191 . (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 Toronto, Canada. this 1st day of October, 1917.

(Signature of Justice)

M. F. W. 23.
750 M.—1-17.
H. Q. 1772-39-841.

N.B.—ATTENTION IS DRAWN TO THE FACT THAT ANY PERSON MAKING A FALSE ANSWER TO ANY OF THE ABOVE QUESTIONS IS LIABLE TO A PENALTY OF SIX MONTHS' IMPRISONMENT.

Description of George Arnold Foster. on Enlistment.

Apparent Age 20 years 4 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5 ft. 8½ ins.

Chest measurement.
- Girth when fully expanded 34 ins.
- Range of expansion 4 ins.

Complexion Fair.

Eyes Grey.

Hair Brown.

Religious denominations.
- Church of England C. of E.
- Presbyterian
- Methodist
- Baptist or Congregationalist
- Roman Catholic
- Jewish
- Other denominations (Denomination to be stated.)

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).

Small mole on left side of neck.

Hearing O. K. V-R.20. L. 20

Nose and throat, O. K.

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.

DECLARED FIT BY MEDICAL BOARD
TORONTO MOBILIZATION CENTRE

Date September 28th, 1917. 191 .

Place Toronto, Canada.

R. Morrison Capt M.O.
PRESIDENT
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.

George Arnold 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.

F. R. Coyne Lieut
(Signature of Officer)

Officer Commanding
No. 2 Overseas A.S.C. Training Depot, C.E.F.

Date OCT 2 1917 191 .

C.E.F.

FOSTER GEORGE ARNOLD 2590980 4 C.M.R. 15019

DEMOB.

H

4/05/58

Reg. No. 1590980 Name Foster Geo

Rank Pte Corps C.A.S.C Age 20 Service C/52

Ledger No. Serial No.

HOSPITALS	DATE	DIAGNOSIS
Base Toronto	15-11-17	Infected wds arms
Invs to duty	24-11-17	
Base Toronto	10-12-17	Pleurisy + Intercostal
Duty	22-12-17	Neuralgia

P. T. O.

HOSPITALS	DATE	DIAGNOSIS

M. F. W. 4333.
75M.—9-19.
1772-39-1332.

Form K 149.

George Arnold

Name FOSTER Rank Pte Reg No. 2590980.

Unit 4 C. M.R.

Next of Kin Canada

Date		Movement	Place	Casualty	List No.	Notified N/K O.	W O. List
1918							
19	11	7 C.G.H. Etaples		Myalgia Left	A. 380		5789/5
25	11	6 C.D. Etaples		do.	A 385		5968/13
28	11	Discharged to 3 Can. B.D.		do.	A 391		6056/3
3	12	7 C.G.H. Etaples		Influenza	A. 394		6147/9.
19	12	6 Convl. Etaples		do	A. 409		6527/8
5.11.19		Discharged		do	A 419		6748/7

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

NAME Foster G. A. REGT. No. 2590980

RANK AND UNIT Pte. 1st C. O. R.

NEXT OF KIN

CABLE	
No.	DATE

NATURE OF CASUALTY

M. F. W. 42—100M.—8-18.
H.Q. 1772-39-893.

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
a 380	7 Cas. Gen. Etaples	19-11-18	Myalgia, Legs
a 388 (3)	#6 Conv. Dpo. Etaples	25-11-18	" "
a 391	Disch.	28-11-18	
a 394 (1)	#1 Gen. Gen. Etaples	3-12-18	Influenza
a 409 (2)	6 Conv. Dpo. Etaples	14-12-18	" "
a 419 (2)	Disch.	5-1-19	" "

No. 2s·90980 RANK Pte NAME Foster G A

T. O. S. Transf from Toronto mob. Centre 2-10-17 DO 295 UNIT Can. Army Service Corps # 2 Training Depot.

M. D. 2–

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1917 Oct 2	1917 Oct 31	~		
	Nov	~		
	Dec	~		
1918	1918			
	Jan.	~	Trans Ottawa 14-1-18	DO 15, 15-1-18

SURNAME. Foster

CHRISTIAN NAMES George Arnold

REGL. No. 2590980 RANK Pte.

UNIT ~~C.A.M.C. (T.D. No2)~~ No 2 D.D.

FORMER CORPS Nil.

CARD No. 13 4

Soa demob 20-3-19

FOLL. Do 83 24-3-19

NEXT OF KIN.

NAMES IN FULL Foster, Mrs. Beatrice

RELATIONSHIP TO SOLDIER Mother

ADDRESS 72 Woody Crest Ave., Toronto, Ont.

CHANGE OF ADDRESS

COUNTRY OF BIRTH England Manchester DATE May 21st 1897

PLACE OF ATTESTATION Toronto, Ont. DATE Oct 1st 1917

O/S. 21-2-18. 1103/4

RTC 17. 3. 19 281/73 Pte.

L. L. 10437. M. & D. 7253.

M. F. W. 22. 100M.—11-16. H. Q. 17 2-39-339.

MARRIED SINGLE Yes WIDOWER

TRADE OR CALLING Clerk RELIGION Church of England

DESCRIPTION.

APPARENT AGE 20 YEARS 4 MONTHS

HEIGHT 5 FEET 8 1/4 INCHES

CHEST MEASUREMENT 34 INCHES EXPANSION 4 INCHES

COMPLEXION Fair EYES Grey HAIR Brown

DISTINGUISHING MARKS Small mole on lt side of neck.

MEDICAL EXAMINATIO PLACE Toronto, Ont. DATE Sept. 28th 1917

Present Address 72 Woody Crest Ave., Toronto, Ont.

*Name L FOSTER George Arnold Rank Pte. Regtl. No. 2590980 W

Original unit ● Present unit 4th C.M.R. M. or S. Age 21 Religion C.E. Fyle Depot Ref. H.Q.

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

Next of kin Mother Beatrice A Foster 72 Woodycrest Ave. Toronto Ont.

Address on leave

Address on discharge

Transportation issued Yes No Date Character on discharge

Previous occupation Clerk Date and place of enlistment Toronto Oct 1-17

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.	8 3
20-3-19	Discharged "On Demob" entitled to WSG.	83

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

(over)

Date.	Remarks.	Pt. Order No.

M.F.W. 192
150M—6-18.
1772-39-1243.

Surname	Christian Name or Names	Reg. No.
FOSTER	G.A.	2590980

Rank	Unit
Pte.	1CO 4CMR

Cas. List.	
25-11-18A380	7 CGH Etaples 19-11-18. Myalgia Legs. R.
~~24-12-18.A388~~ 7.12.18@391	③ 6th Convel. D. Etaples 25-11-18. Mis- 29.11.18.
11-12-18@394	7 Can. G. Etaples 3-12-18 Influenza Ad/
31.12.18 a 409-2	6 C.C.D. Etaples 19.12.18.
18-1-19 QH19.2	Disch 5-1-19.

A.M.D. 2 Dept.
Bch. of D.G.M.S. O.M.F.C. London

D.M.S.1300. 50M-30-8-18.

Cas. List.

Form R 122.
2353—100M—9-12-16.

ET.

Rank Name **FOSTER, George Arnold** Reg'l No. **2590980**

Unit **C.A.S.C. to 1st C.O.R.** If in perm. Corps, What Unit? Married or Single **Single.**

Place and Date of Enlistment **Toronto. October. 1st. 1917.** Place of Birth **Manchester, England**

Name and Address, Next-of-Kin **Beatrice A. Foster**

72, Woodycrest Ave, Toronto. Ontario. Canada Relationship **Mother.**

Assigned Pay Monthly $ Payable to Relationship

Separation Allowance $ Payable to Relationship

Discharge, Date and Place Reason Character

N/E. R.B. M.D. 13797
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	A.F.B. 103 CHECKED 15 AUG. 1918		Arrived in England. 4.3.18. Cretic		
23.3.18	3rd Res.	T.D.S. from Canada	Pte. Witley	4.3.18	D.O. 82
12.8.18	3 Res	S.O.S 104 CMR c/s	" "	12.8.18	P.4 224 (99.19.4.18 4 CMR
22.2.19	4 CMR	Arrd in England	" Field	20.2.19	— 16
L 28 d	8-3-19	MD1		7-3-19	D.19 d/ 7-3-19 4 CMR

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.					

FORM OF WILL

I, George Arnold Foster (Name in full)

Regimental Number 2590980 serving in No. 2 Overseas A.S.C. Training Depot, C.E.F.

of the Canadian Expeditionary Force, do hereby revoke all former Wills by me made and declare this to be my last Will.

I devise all my real estate unto my mother

Mrs. Beatrice A. Foster,
72 Woodycrest Ave.,
Toronto, Ont., Can.

Name and Address of person or persons to whom it is to go.

absolutely, and my personal estate I bequeath to

Mrs. Beatrice A. Foster,
72 Woodycrest Ave.,
Toronto, Ont., Can.

Name and Address of person or persons to receive personal estate* (*See note*).

NOTE
This space for the appointment of Executor if necessary.

IMPORTANT NOTE
This must be signed and Dated by THE SOLDIER HIMSELF.

this Second day of October A.D. 1917

Geo A Foster Signature of Soldier.

*N.B. Personal estate includes pay, effects, money in bank, insurance policy, in fact everything except real estate.

Signed and acknowledged by the Testator as and for his last Will in the presence of us both present at the same time, who in his presence, at his request, and in the presence of each other have hereunto subscribed our names as Witnesses.

THE TWO WITNESSES MUST SIGN HERE

Signature of First Witness W. S. McKay

Address of Witness Oakville, Ont, Can.

Occupation of Witness Clerk.

Signature of Second Witness J S Kemp

Address of Witness 678 Gladstone Ave., Toronto, Ont, Canada

Occupation of Witness Clerk

M. F. W. 82.
300M.-12-16.
1772-39-983.

FORM OF WILL

MEDICAL HISTORY SHEET

A2
ORIGINAL

Surname Foster Christian Name George Arnold.

Examined on 28th day of September 191 7
at Toronto, Canada.

Birthplace City or Town Manchester
County England

Apparent age 20 yrs 4 mos.

Trade or occupation Clerk.

Height 5 feet 8¼ Inches

Weight 120½ lbs.

Chest measurement Minimum 30 inches
Maximum Expansion 34 inches

Physical development Good

Small-pox Marks nil

Vaccination Marks Arm Right Left 3
Number 3

When Vaccinated last Infan Childhood

(a) Marks indicating congential peculiarities or previous disease nil

(b) Slight defects but not sufficient to cause rejection
Hearing O. K. V-R.20. L. 20
Nose and throat, O. K.

Approved by DECLARED FIT BY MEDICAL BOARD TORONTO MOBILIZATION CENTRE
Rank M.O. M.O. PRESIDENT

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
5/10/17		A.R. Thomson Lieut. M.O.
		M.O.
		M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.
5/10/17		A.R. Thomson Lieut. M.O.
10/10/17		M.O.
18/10/17		M.O.

Enlisted on 1st day of October, 1917. 191 at Toronto, Canada.

	Corps	Regt'l Number	Habits	Date
Joined on enlistment	#2. C.A.S.C.	590980		1/10/17
Transferred to OTTAWA o/s	DEPOT C.A.S.C. 3rd Re/Bn HQMR			14/1/18 4.3.18.

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

Station	Date	Disease	Result

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

M. F. B. 313.
500M.—3-16.
H. Q. 1772-39-439.

Surname Foster Christian Name George Arnold.

STATION	Date of Arrival at the Station	Dates of Admission into Hospital			Dates of Discharge from Hospital			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
		Day	Month	Year	Day	Month	Year				
Base Hospital	Toronto	15	11	17	24	11	17	Infected arm	10	Cured Sgd	V H K Moorehouse
" "	"	10	12	17	22	12	17	Interpostae Neuralgia Pleurisy	13	Recovered	G. C Livingstone

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. 2479050 Rank Pte Surname Foster George Arnold
(Given name in full)

Unit or Corps 7 C.M.R. Birthplace Manchester Eng.

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

1. GENERAL DESCRIPTION: Est Est

Physique Good Weight 145 lbs. Height 5 ft. 9 in. Colour of Eyes Blue

Nutrition Good

Pulse 78 Regular

Condition of arteries Soft

Vision Rt. 6/12 t Left 6/12 t

Hearing (conversational voice) Rt. 20 ft.

Left 20 ft.

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

3 vaccination marks
Lt arm.

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 Yes Genito Urinary Sytem No Cardio-Vascular System No

Special Senses No Integumentary System Yes Respiratory System No

Disturbance of mentality No Muscular System Yes Digestive System No

Osseous and Joint System No Any other general condition Yes

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

D.C.T. Lt arm 15-11-17 to 24-11-17
Intercostal neuralgia 10-12-17 to 22-12-17
Myalgia legs 16-11-18 to 29-11-18
Influenza 3-12-18 to 19-12-18

No disability

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

[OVER]

EXAMINATIONS.

THIS SECTION FOR USE OVERSEAS—

Examined at Bramshott (Overseas)

Date 28-2-19 Signed J. P. Duggan 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 G. A. Foster

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

THIS SECTION FOR USE IN CANADA—

Examined at ..... (Canada)

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

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

Signature .....

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

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

[OVER]

M.F.W. 120.
1933 (D.P.) 500M-11-18.
1772-39-1142.

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

DISTRICT 3.

NAME OF SOLDIER Foster G.A. RANK Pte. No. 2590980

REGIMENT C.A.S.C.

INSTRUCTIONS

1. On examination the condition of patient's mouth to be marked on diagram in red ink.
2. On first line of report record of same to be made in red ink.

Only such entries to be made on this sheet as will show :

1. Condition on examination (in red).
2. Condition on leaving Canada.
3. Condition on discharge.

	Date	Amalgam	Temporary Filling (a) G. P. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhœa	Synthetic Porcelain	Extracting	Dentures U	Dentures L	Dentures P	Gold Clasp	Gold Filling	Crowns Gold	Crowns Porcelain	Bridge Work	OPERATOR	Military Dist.	REMARKS
Condition on first Examination	1918 Jan 28									(5)	2 3.19									Examined by Capt McIntyre		

M.F.H. 2000M-1-51 1772-89 950

PENRYN HISTORY SOCIETY

DUPLICATE

To be made out in duplicate.

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.

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(1) Name of Overseas Unit which Soldier joins..... No. 2 Overseas A.S.C. Training Depot, C.E.F.

(2) Regimental Number ..... 2590980.

(3) Full Name of Soldier..... Foster, George Arnold.

(4) Place of Birt ..... Manchester England.

(5) Are you married, or not ? ..... No.

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

(b) Present Postal Address.....

(7) Are you a widower ? ..... No.

(8) Have you any children ?..... No.

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. George Foster.

If so, state name and address 72 Woodycrest Avenue, Toronto, Ont. Canada.

(10) Is your Mother alive ? Yes. Mrs. Beatrice A. Foster

If so, state name and address 72 Woodycrest Avenue, Toronto, Ont. Canada

(11) If your Mother is a widow No.

Are you her sole support, or not ? No.

(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.

Nil.

(15) Are you insured ? No.

If so, in what Company ?

Have you made arrangements for payment of your Insurance premium

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

G B Coyne Lieut
for *Officer Commanding.*

Date Oct. 2nd, 1917.

No. 2 Overseas A.S.C. Training Depot, C.E.F.

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

War Service Badge
Class "A" No. .....

THIS IS TO CERTIFY that No. 2590980 (Rank) Private

Name (in full) George Arnold Foster enlisted in

the #2 A.S.C

CANADIAN EXPEDITIONARY FORCE at Toronto on the 1st

day of October 19 17

HE served in 4th. C.M.R.

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 21 yrs 6 month.

Height 5 ft 8½ in

Complexion Fair

Eyes Grey

Hair Brown

Marks or Scars 3 Vaccinations
marks left Arm

G. A. Foster,
Signature of Soldier

Date of Discharge No. 2 DISTRICT DEPOT
MAR 20 1919
TORONTO

F. W. Wyatt Lt.
Issuing Officer

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

Date MAR 20 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.

DISCHARGE CERTIFICATE

CANADIAN EXPEDITIONARY FORCE

4 CMR

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

M. F. W. 54.
150M. 10-15.
H.Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps ~~No. 2 Overseas A.S.C. Training Depot, C.E.F.~~ C.A.S.C. to 1st C.D.R.

Regimental No. 2590980 Rank Pte. Name Foster, George Arnold

Enlisted (a) 1/10/17 Terms of Service (a) ~~C. E. F.~~ DURATION OF WAR ~~AND 6 MONTHS.~~ Service reckons from (a) 1/10/17

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) Clerk.

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.
		~~Ptc to M.D 3 Ottawa~~ OTTAWA No 1 DEPOT C.A.S.C. 14-1-18			no Records
		Embarked	Canada	21.2.18.	
		Disembarked	England ✓	4.3.18.	
13/3/18.	O.C. 3rd Res.	2.O.C from # 2 C.A.S.C.	Witley ✓	4.3.18.	Pte 11 D.O. 82.
13/8/18.	O.C. 3rd Res. Bn. C.E.F.	Transferred to 4th. CMR	Witley ✓	13/8/18.	Pt II Bn O. 224

A B Harris Lt. Col.
O.C. 3rd RESERVE BN. C.E.F.

CERTIFIED COPY
16 JUN 1919
CAN. RECORDS, LONDON

13-8-18	CIBD	Landed & TOS 4th CMR Bn		13-8-18	NR.1347. DO.99
15-8-18	do	Left for CCRC	Field	15-8-18	NR.1347.
15-8-18	CCRC	Joined CCRC	do	15-8-18	NR.1255.
17-8-18	do	Left for Unit	do	17-8-18	NR.1391.
	4th CMR	Joined Unit	do		B.213

(a) In the case of a man who has re-engaged for, or enlisted into Section D. Army Reserve, particulars of such re-engagement or enlistment will be entered.
(b) e.g. Signaller, Shoeing Smith, etc., etc., also special qualifications in technical Corps duties.

[P.T.O.

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213. Army Form A. 36, or other official documents.
Date	From whom received				
17.11.18	S.O.A.G.	Myalgia Sep. Cdn. 16.11.18 to	C.C.S.	16.11.18	M.6955
19.11.18	7 Can Gen	" " —— Cdn	7 Can Gen	19.11.18	M.7297 to 6 Can Dep. 25.11.18 – M.8522
29.11.18	C.R.B.D.	D.O.S. A ——	C.R.B.D.	29.11.18	AR 523.
4.12.18	"	S.O.S. —— to	7 Can Gen	4.12.18	" 588.
3.12.18	7 Can Gen	Influenza —— adm	7 " "	3.12.18	M.9775 to 6 Can Dep. 19.12.18 – M.2631
19.12.18	6 Can Dep	" —— "	6 Can Dep	19.12.18	M.2638.
6.1.19	C.R.B.D.	D.O.S. A ——	C.R.B.D.	6.1.19	AR 574.
	O.C. Cdn. Cmp. Le Havre	~~S.O.S. for demobilisation to C.F.C.~~ Depot proc to Eng			N/R. Pt. 2. O/S 15/19.
20.2.19				20.2.19	C. A. Howell Lieut. for Lt. Col A.A. Cdn. Sect. G.H.Q.
	L.O.R. In proc to Canada Pt. II Nominal #19 – 8.3.19				L. C. Wilson CAPT. & ADJT. FOR O.C. CDN. CONV. OF RIFLES BN.
	3.19 SAILED FROM LIVERPOOL				H. P. Sully CAPT. ADJUTANT H.M.T. Carmania

(2)

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.

Unit, Regiment or Corps .....

Regimental No. 2590980 Rank Pte. C. E. F. Name Foster George G

Enlisted (*a*) ..... Terms of Service (*a*) ..... Service reckons from (*a*) .....

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		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				
MAR 8 1919	O. S.	T. O. S. No. 2 DISTRICT DEPOT, TORONTO.		1919	PART II D. O. 83
MAR 20 1919	O. S.	(DISCHARGED FROM H. M. S.) No. 2 DIS. DEPOT,			PART II D. O. 83

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

(*a*) In the case of a man who has re-engaged for, or enlisted into Section D. Army Reserve, particulars of such re-engagement or enlistment will be entered.
(*b*) *e g.* Signaller, Shoeing Smith, etc., etc., also special qualifications in technical Corps duties.

(P.T.O.

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				

C.A. [redacted] 5009A

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

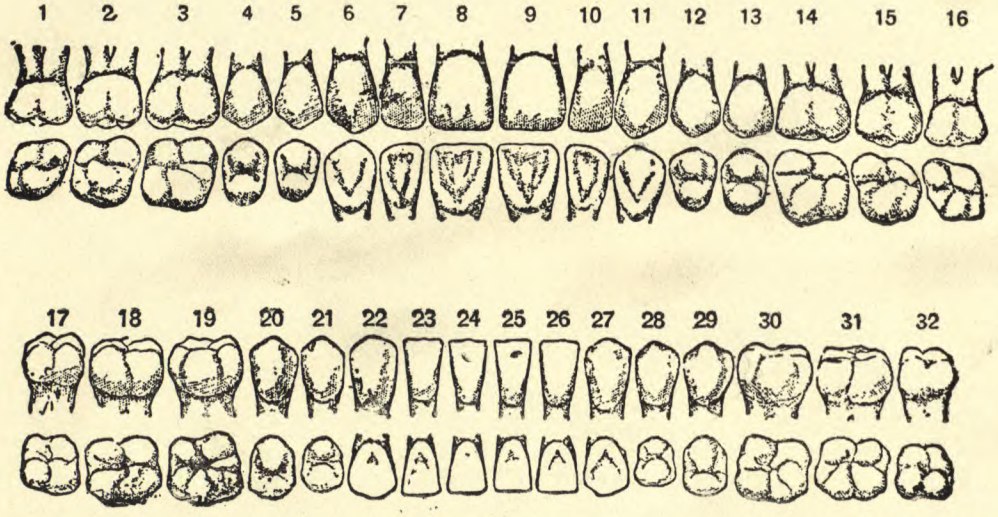
DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) FOSTER. G.A.

REGIMENT 4TH CMR. RANK PTE. No. 2590980

Date of Examination in England 28-2-19. 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 5, 14, 20, 21,
2. EXTRACTIONS 3 31,
3. CROWNS
4. DENTURES
   - (a) Full Upper
   - (b) Part Upper Nil.
   - (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 ← yes
- (b) In England ← "
- (c) In France

BRAMSHOTT CAMP HANTS.

Signature of Dental Officer M.A. McKenzie Capt

P. 559.
MARRIED OR SINGLE Single

PLACE OF BIRTH Manchester, Eng.

NAME AND ADDRESS OF NEXT OF KIN Betrice A. Foster
72 Woodaycrest Ave Toronto, Ont.

RELATIONSHIP OF NEXT OF KIN Mother

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

ADMISSIONS TO HOSPITAL, &c.

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

REG'L. No. 2590980 RANK Pte. NAME Foster, George Arnold

IF IN PERMT. CORPS | WHAT UNIT | UNIT C.A.S.C. Draft TRANSFERRED TO 3 Res Bn DATE AUTHORITY

PERMANENT FORCE ALLOWANCES TRANSFERRED TO DATE AUTHORITY

PLACE OF ATTESTATION Toronto, Ont. TRANSFERRED TO DATE AUTHORITY

DATE OF ATTESTATION 1/10/17 TRANSFERRED TO DATE AUTHORITY

ASSIGNED PAY MONTHLY $ 70.00 ✓ DATE EFFECTIVE 1/3/18

PAYABLE TO Betrice A. Foster, 72 Woodaycrest av. Toronto, Ont. 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)

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

DATE	PAY No. OF DAYS	PAY RATE	PAY AMOUNT $	PAY AMOUNT c.	FIELD ALLOWANCE No. OF DAYS	FIELD ALLOWANCE RATE	FIELD ALLOWANCE AMOUNT $	FIELD ALLOWANCE AMOUNT c.	WORKING OR SPECIAL PAY No. OF DAYS	WORKING OR SPECIAL PAY RATE	WORKING OR SPECIAL PAY AMOUNT $	WORKING OR SPECIAL PAY AMOUNT c.	ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS 1 No.	1 Date	2 No.	2 Date	3 No.	3 Date	4 No.	4 Date	CASH PAYMENTS 1	2	3	4	ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE CREDIT	BALANCE DEBIT	PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
MONTH	PARTICULARS				CR. 1		CR. 2		PARTICULARS				DR. 1		DR. 2	DR. 3	DR. 4	BALANCE		DEFERRED PAY		SEPARATION ALLOWANCE, ENGAGEMENT													
FEB 28 1918	Bal from Canada																	35	30																
Mar 31	R Pay			34	10			Mar	AP							20																			
					34	10												49																	
																		69	40																

Max

DATE	PAY				FIELD ALLOWANCE				WORKING OR SPECIAL PAY				ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS								CASH PAYMENTS				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
	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				CREDIT	DEBIT		

P 820
12474—375M—13-2-18.

* Strike out whichever inapplicable.

ASSIGNED PAY.	* ~~ENGLAND~~ OR CANADA.	SEPARATION ALLOWANCE.	* ENGLAND OR CANADA.
EFFECTIVE DATE:- 1.3.18		EFFECTIVE DATE:-	
AMOUNT:- 20.00		AMOUNT:-	

NAME:- FOSTER George Arnold. A

NUMBER:- 2590980

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.

Betrice A. Foster
72 Woodycrest Ave
Toronto Ont.
(N.R.) Mother
~~Stopped~~ eff 1/3/19

3745 Grant to Brantford

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
Can L.O.C.		Pte

UNIT AND TRANSFERS

ORIGINAL UNIT:- Draft 2 C.A.S.C.

DATE ACCOUNT FIRST OPENED:- 1.3.18

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO
			3 Res Bn
99	1.9.18	20.9	4th C.M.R.

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
16/2	1816		~~7 16~~				
24/2	263		~~9 73~~				
			17 19				

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
Can L.O.C.	1 -	10		

PARTICULARS OF RENDERING NON-EFFECTIVE:- Transto Canada 28/2/19 NR 3745 Brantford 26/2/19 Brantford MD 2 Ledger 52.77 ~~2.77~~ 35.58

1918 MONTH	PARTICULARS	CR. 1	CR. 2.	PARTICULARS	DR. 1	DR 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
Mar	Blee Fwd.								49 40		
apr	P. P	33		AR" 135 12/4 3rd Res Bn	24 33						
				" 47 4/4 " " "	4 87						
				Can ap.				20 -			
				" 312 26/4 3rd Res Bn	4 87						
				G 4005 - 2nd/1102 "A" 15/3 batt Rolls	1 20						
				AR 3864 15/3 batt.	4 87				22 26		
		33 00			40 14			20			
May	" "	34 10		" 520 10/5 3rd Res Bn	4 87						
				Can a.p.				20			
				ar 734 21/5/18 - -	7 30				24 19		
		34 10			12 17			20			
June	P Pay	32 -		Can a.p.				20 -			
				ar 859 12/6/18 3 Res	4 87						
				" 987 25/6/18 -	7 30				25 02		
		33			12 17			20			
July	P Pay	34 10		Can a.p.				20			
				G 95 26/6/18 2 Res ar.	56						
				ar 1137 12/7/18 -	4 87						
				" 1233 22/7 3 Res	11 00				19 09		
		34 10			20 08			20			
Aug	P Pay	34 10		Can a.p.				20			
				ar 1508 14/8/18 3 Res	4 87						
				" 886 30/8/18 8 Bde	3 57				24 75		
		34 10			8 44			20 -			

Forward

COMPILED BY A.R. Morgan
CHECKED BY

NUMBER 2590980 RANK Pte NAME FOSTER George Arnold

MONTH	PARTICULARS	Cr. 1.	Cr. 2.	PARTICULARS	Dr. 1	Dr. 2	Dr. 3.	Dr. 4.	BALANCE	DEFERRED	SEPARATION
1918				Balance from August					24 75		
Sept	P. Pay	33 -		Car				20 -			
				AR. 1306 27/9/18 8 Dys	4 46				33 29		
Oct	"	33 -			4 46			20 -			
		34 10						20			
				185 2 13/10 "	3 73						
				249 30/10 4 c. M.R.	7 46				36 20		
Nov	"	34 10		5090 30/11 c. f. B.D.	11 19			20			
Dec		67 10			13 99						
Jan	"	34 10		a c.				40			
								20	63 41		
		101 20			13 99			60			
17 Feby	✓	30 80		85.00 21/12 1 COR	7 46	/					
				393 4/1 "	4 66	-					
				8217 23/1 "	4 66	-					
				Cars	16 78	-		20			
				5319 3/2 1 COR.	4 66	4 44			52 77		
					21 44	-					
				263 24/2 "	9 43	31 17			43 04		
		30 80			31 17			20 -			
Apl				AR. 1816 16/2	7 46				35 58		
					7 46						
				S.O.S. 8/3/17							
				S/R. 28 — 1 C.O.R							

AUDITOR	PAYMASTER
[illegible]	a

7997

20

"CARMANIA" 17:3:19

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

M. OR S.

REGT. No. 2590980 RANK Pte. NAME (IN FULL) FOSTER, J. G. A. (BLOCK LETTERS SURNAME FIRST)

NEXT OF KIN RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? Nil DATE EFFECTIVE

TO WHOM PAID RELATIONSHIP

ADDRESS

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ORIGINAL UNIT C.E.F. 4 CMR IF IN P.F. WHAT UNIT? Same

PLACE OF ATTESTATION TRANSFERRED TO DATE AUTHORITY

DATE OF ATTESTATION 1-10-17 TRANSFERRED TO DATE AUTHORITY

ASSIGNED PAY $ 20 00 DATE EFFECTIVE 31.3.19 Closed by Ottawa

PAYABLE TO Beatrice A Foster RELATIONSHIP

ANY CHANGE IN ASSIGNEE OR ADDRESS 21/5/19 5 Mount Noel Ave Toronto

ADDRESS ~~72 Woodycrest Ave~~ ~~Toronto Ont.~~

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE EFFECTIVE

DISCHARGED PLACE Toronto DATE 20:3:19 REASON Demob AUTHORITY DO 83 IF ENTITLED TO W.S.G. Yes

MONTH	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $ c.	OTHER CREDITS $ c.	$ c.	TOTAL CREDITS $ c.	ACQUITTANCE ROLLS COL. No. 1	COL. No. 2	COL. No. 3	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.	BALANCE CREDIT $ c.	PARTICULARS OR REMARKS
BALANCE FROM PREVIOUS ACCOUNT 28/2/19					35 58	35 58													35 58	Bal on LPC
																				1
1.3.19 to 23.3.19	23	1 10	25 30																	P&A 1-3-19 to 23/3/19
				35 00																Cloth. allce
				70 00																1st pay WSG
													20 00							Mar
										4 87	5 00									Train & Boat
						130 30 Cr.				136 01							165 88			T.O.S. 8/3 D.O. 83
													70 00							SUBS........TO........D.O........
			WSG												3 30			Due Soldier		70.00 WSG as pd above
																				3.30 [illegible]
122 dys			280			280				Mar 20							73 30	206 70		1st W. S. G. Paid by #2 D.D.
										Ap 30	258812		66 70				140	140		Man called for cheque 29.4.19
										May 26	356762		70				210	70		
										June 13	682435		70				280			W.S.G. PAID IN FULL
						280							276 70		3 30		280			

CAPTAIN
FOR PAYMASTER WAR SERVICE GRATUITY

100M-1-19.—L. L. 53962-M. & D. 9723.
M. F. W. 2595.
1772-39-1390.

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINENTS

F

~~4425~~ 4314

Date of Assignment Mar. 1, 1918

RATE OF SEPARATION ALLOWANCE

AUTHORITY FOR NEW ACC'T. N. R.

RATE OF ASSIGNMENT

$20.00			

PARTICULARS OF SEPARATION ALLOWANCE

No. 2590980

Rank Pte. Promoted Reverted Discharge

Soldier's Name Foster, George Arnold.

Battalion No. 2 C/S A.S.C. F.D. C.E.F.

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name Beatrice A Foster, Mother.

Address 72 Woodycrest Ave., Toronto, Ont.

Change of Address

1

2

3

4

Date	Cheque No.	Amount S/A	Amount A/P	Total		REMARKS
Mar/1918	M 77128		20	20	R	
Apr.	S 12977		20	20	d	
May	Q 19737		20	20		
June	M 22420		20	20	c	
July	M 29776		20	20	c	
Aug.	M 37792		20	20	c	
Sept	R 49480		20	20	c	
Oct	R 54021		20	20	c	
Nov	N 56830		20	20	c	
Dec	V 66685		20	20	c	
Jan	Q 75368		20	20	c	
Feb	Y 72422		20	20	M	
Mar	L 85104		20	20	M	
			260	260	M	

A/c Closed 31/3/19

Ret'd per Carmania

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

Clerk J. Mahon

AP 260

M.O.3. MRO. 82758

M. Holland 3/4/18

M. F. W. 128
400M.—6-17—172-39-1141
L. L. 22320—M. & D. 7993.

AUDITED

M. R. O. 1a

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Date of Assignment

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank Promoted Reverted Discharge

Soldier's Name

Battalion

Eeneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name

Address

Change of Address

1

2

3

4

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

M. F. W. 128.
40DM.—7-17—1772:9-1141
L. L. 22320—M. & D. 7993.

OG.3 M ble
D.a.3.

SHORT FORM.

War Service Badge
Class "A" No. 138852

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

1. No. 2590980

2 Rank. Private

3. Name. George Arnold Foster

4. Unit. 4th CMR

5 Date of Discharge | MAR 20 1919 | Place ~~Edmonton, Alta~~ TORONTO, ONT.

6 Reason for Discharge Demob.

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

8. Proposed Residence after Discharge 72 Woodycrest Ave
Toronto Ont

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.?

G. A. Foster.
Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place TORONTO, ONT.

Date MAR 20 1919

Signature [illegible]
For O.C. No. 2 District Depot.
(O. C. Discharging Unit.)

M.F.B. 218a—300M.-11-18—1772-39-113.

amk 14-4-19

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 (260M)).
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 13

Checked by No. 18

Date 4-3-19