

#5

ENGINEER DEPOT  
BROCKVILLE, ONT.

E Co.

ORIGINAL

2 M. B. 1st Depot Battalion 1st Central Ont. Regiment

Regtl. No. 3036672

# PARTICULARS OF RECRUIT

## DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class One)

1. Surname..... F O S T E R,  
George Leslie

2. Christian name.....

3. Present address..... 128 Concord Ave. Toronto, Ont.  
827804

4. Military Service Act letter and number.....

5. Date of birth..... 26th May 1896  
Toronto, Ont.

6. Place of birth.....  
(town, township or county and country)

7. Married, widower or single..... Single

8. Religion..... Presbyterian

9. Trade or calling..... Ship Fitter

10. Name of next-of-kin..... Mrs. *Kathleen* FOSTER

11. Relationship of next-of-kin..... Mother

12. Address of next-of-kin..... 128 Concord Ave. Toronto, Ont.  
No.

13. Whether at present a member of the Active Militia..... No.

14. Particulars of previous military or naval service, if any..... None

15. Medical Examination under Military Service Act:—  
(a) Place Toronto, Ont. (b) Date 18th Sept. 1917. (c) Category A=2

### DECLARATION OF RECRUIT

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

*Geo. Leslie Foster* (Signature of Recruit)

### DESCRIPTION ON CALLING UP

Apparent age.....	21	yrs.	11	mths.	} Distinctive marks, and marks indicating congenital peculiarities or previous disease. 1 vaccination mark on left arm scar on left temple scar corner of right eye
Height.....	5	ft.	5½	ins.	
Chest measurement } fully expanded.....			33	ins.	
	range of expansion.....		4	ins.	
Complexion.....			Fair		
Eyes.....			Blue		
Hair.....			L. Brown		

*John M. ...*  
O. C. 1st Depot Bth.

Place Toronto, Ont. Date 8th May 1918.

C

# PARTICULARS OF RECRUIT DRAFTED UNDER MILITARY SERVICE ACT, 1911

Class	
1. Surname	
2. Christian name	
3. Present address	
4. Military service 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 he possess a member of the British Empire	
14. Particulars of previous military or naval service, if any	
15. Medical Examination under Military Service Act	
16. Place of birth (a) Ontario, Ont. (b) ... (c) ...	

## DECLARATION OF RECRUIT

I, the undersigned, do hereby declare that the above particulars refer to me, and are true.

(Signature of Recruit)

## DESCRIPTION ON CALLING UP

Appearance	Age	Weight	Height	Chest (fully expanded)	Range of expansion	Complexion	Color of hair	Color of eyes	Color of skin

REGIMENTAL DOCUMENTS

NAME SAR FOSTER GEORGE LESLIE REGT. NO. 3036672 UNIT Qn Engrs. H. Q. FILE NO.

CONTENTS

DATE RECEIVED

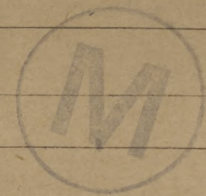
TO WHOM FORWARDED

DATE FORWARDED

M. F. W. 2505  
REFERENCE

NON-EFFECTIVE BY

- 1 ATTESTATION PAPER (M.F.W. 23, 133, or 51)
- 2 CASUALTY FORM (M.F.W. 54 or A.F.B. 103)
- TRAINING HISTORY SHEET (M.F.W. 113)
- 1 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)
- 1 DENTAL HISTORY SHEET (M.F.B. 465)
- MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)
- 1 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)
- 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 *Diap Cert*
- 1 *Dent "*
- 1 *SCR 132*
- 1 *Binn*



15033

DEATH

Category

DISCHARGE

Category

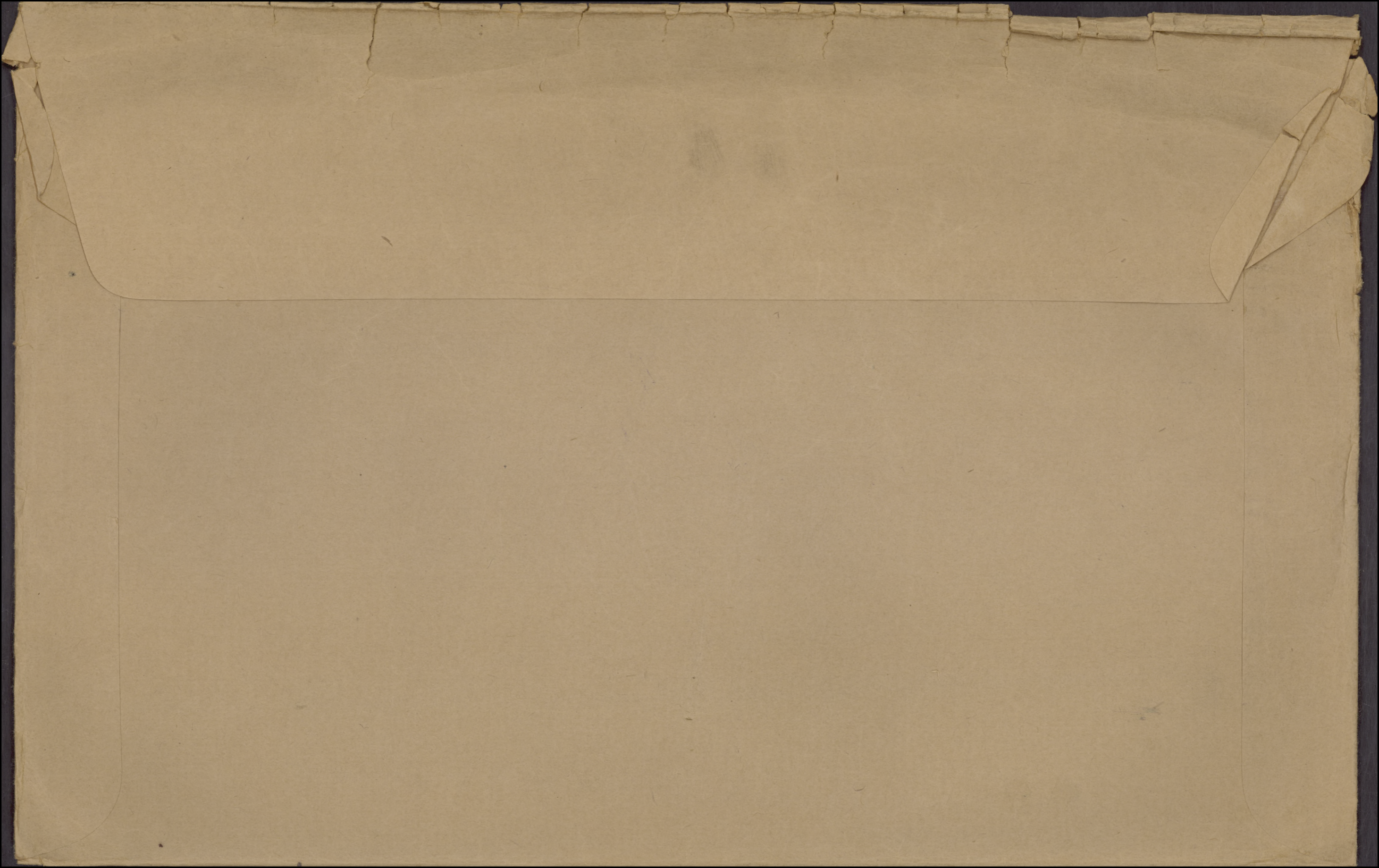
*Demob*

DESERTION



*4-12*  
*4-12*  
*12-12*

*405160*



NAME.

Foster, George Leslie

RANK.

Pte. 14

REC. FILE.

3 1110 21 47 12 1/2 2

NO.

303 6672 T. O. S.

May 8, 1918

CORPS

1st. C. O. 1st. Sp. Bn. (C. B. I. F. I. N.)

No. 129

ENLISTMENT, PLACE.

Toronto, Ont.

DATE.

May 8, 1918.

BIRTH  
DISCHARGE, PLACE,

Canada, Toronto Ont.

DATE.

May 26, 1896.

REASON.

SOS - 30-6-19 Disch

D.O. 185 - 46-19.

DD4

ADDRESS ON DISCHARGE.

## DOCUMENTS.

NEXT OF KIN

ADDRESS

Foster, Mrs. Catherine

RELATIONSHIP

Mother

128 Concord Ave. Toronto, Ont.

0/5 27-6-18  $\frac{1300}{7}$ R/C. 28-6-19  $\frac{353}{13}$  Spr.

**CHARGED OUT****RETURNED****CHARGED OUT****RETURNED**

TO

DATE

BY

RECEIVED  
BY

DATE

TO

DATE

BY

RECEIVED  
BY

DATE

REG. NO.

3036672

NAME

Foster G

29667

(SURNAME FIRST)

RANK

Pvt

CORPS

1st Co R ✓

AGE

29

SERVICE

NAME OF HOSPITAL

Palish Camp

PLACE

Nigeria

DATE OF ADMISSION

May 25 - 18

DISEASE

Tonsillitis

DISCHARGE

May 26 - 18

OPERATION

DISCHARGED TO DUTY

Yes

TRANSFERRED TO

DISCHARGED BY MEDICAL BOARD

REMARKS .....

A series of horizontal lines for writing, consisting of a solid top line, a dashed midline, and a solid bottom line, repeated down the page.



14813

~~Pte~~  
~~Sp~~

Number 3036672

Rank

Surname

FOSTER

Christian Name

George Leslie

Units

C. E.

Theatre of War

France

Date of Service

13-9-18

Remarks

Latest Address

128 Concord Ave  
Toronto Ont

Roll No.

Page 17060

200m.-2-21. v1.



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 *George Leslie* 2. Surname *Foster*  
3. Rank *Sap.* 4. Original Unit *C. C.* 5. Reg. No. *306672. 3036672*

6. Address, in full, to which future payments of gratuity are to be forwarded  
*128 Concord Avenue  
Toronto Ont.*

7. Date of enlistment in the C.E.F. *8/5/18*

8. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge. *nil*

9. Relationship of such dependent. *nil*

10. Address, in full, of such dependent. *nil*

11. Is said dependent now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? *nil*

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:—

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?

14. Were you on active service only in Canada or the United States? If so, give particulars of unit and dates of such service.

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. *Can. 1 mth  
Eng. 2 1/2 mths France 8 1/2 mths.*

16. Were you at the time of enlistment a civil employee of the Dominion Government? If so, state Department *nil*

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

5134. Wt. /30P. 250,000(8). 2/19. S.O., F.Rd.  
6111. Wt. /P17. 25,000. 4/19. 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?~~

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? *no*

(b) If so, was such reversion in consequence of misconduct or inefficiency? *no*

24. Are you now serving in the C.E.F. ~~.....~~ If not, give:—(a) Date of discharge

(b) Reason for discharge ~~.....~~

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 ~~.....~~

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. ~~.....~~

27. (a) Are you receiving treatment from the Department of Soldiers' Civil Re-establishment? ~~.....~~

(b) If so, are you in receipt of full pay and allowances from that Department? ~~.....~~

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: *G. Leslie Hoater*

Place of Residence: *128 Concord Ave Toronto Ont.*

Declared before me at: *Witley Camp, Surrey*

This *30* day of *May* 19*19*

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.

*John Richardson*  
COLONEL,  
COMMANDANT, CANADIAN EMBARKATION CAMP.

QUESTIONS No. 12, 13, 14, 20, 24, 25, 26 AND 27, ARE UNANSWERED.

POST DISCHARGE PAY.

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

Certified Correct.

District Paymaster.

BT.

Rank \_\_\_\_\_ Name **FOSTER Geo, Leslie.** Reg'l No. **3036672**  
 Unit **75th Dft Engineers** If in perm. Corps, }  
 What Unit? } Married or Single **Single**  
 Place and Date of Enlistment **Toronto, 8th May 1918.** Place of Birth **Toronto**  
 Name and Address, Next-of-Kin **Mrs. Catherine Foster.**  
**128, Concord Ave, Toronto, Ont.** Relationship **Mother.**

Assigned Pay Monthly \$ \_\_\_\_\_ Payable to \_\_\_\_\_ Relationship \_\_\_\_\_  
 Separation Allowance \$ \_\_\_\_\_ Payable to \_\_\_\_\_ Relationship \_\_\_\_\_



Discharge, Date and Place \_\_\_\_\_ Reason \_\_\_\_\_ Character \_\_\_\_\_

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place	Date.	REMARKS Taken from Official Documents
Date.	From whom received.				
		Arrived in England		15-7-18	S/S VALACIA
17-7-18	2nd, CERB	T.O.S. on Arrival from Canada	Seaford	15.7.18	DC-48
13.9.18	" "	S.O.S. to C.P. Pool of	Seaford	13-9-18	0098 CERF DO. 39 d. 28/9/18
4.3.19	CERP.	Sos to CERP	" Fld	4.3.19	2012 2004 4-3-19
25.5.19	P.B.E. Unit	Proc. to England for demobilization	Le Havre	16.5.19	D.O. 27 + 6. being 38/25/19
9.7.19	C. Living	L.C.S. to Canada	Whitby	18.6.19	DD 73
				87-F-31	18.6.19

103 CHECKED  
 18 SEP. 1918



DEPARTMENT OF VETERANS AFFAIRS

WAR VETERANS ALLOWANCE DISTRICT AUTHORITY

Address \_\_\_\_\_

*Toronto*

The Public Archives Records Centre,  
Tunney's Pasture,  
Ottawa 3, Ontario.

MARK YOUR REPLY:

Attention: Reference Section.

For attention of:

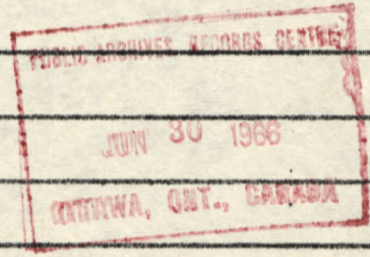
Re: FOSTER George Leslie  
(Surname) (Christian Names)

Service No. 3036672

Veteran is stated to have served during S. African War( ) World War I (✓)

To enable this WAR VETERANS ALLOWANCE DISTRICT AUTHORITY to determine the eligibility of the above-named, will you kindly furnish the following particulars:

1. UNITS (including that of discharge) HIGHEST RANK IN UNIT:
- (a) Can Engps Lammer
  - (b) \_\_\_\_\_
  - (c) \_\_\_\_\_
  - (d) \_\_\_\_\_
  - (e) \_\_\_\_\_
  - (f) \_\_\_\_\_  
(If other than CEF please so designate following applicable unit)



2. THEATRES OF SERVICE
- (a) South African War  
Date and port of embarkation \_\_\_\_\_
  - (b) World War I (If Canada only, state if with territorial limitations).  
Canada - Britain - France  
Date(s) embarked for U.K. \_\_\_\_\_  
IF CANADA AND U.K. ONLY  
Date(s) disembarked in Canada from U.K. \_\_\_\_\_  
Period(s) of desertion in U.K. \_\_\_\_\_

- 3. Any other military service. Nil
- 4. Date and place of all enlistments. 8 May 1918 - Toronto, Ont
- 5. Date of all discharges and reason. 30 June 1919 - demob.
- 6. Date and place of birth as per attestation paper. 26 May 1896 - Toronto, Ont.
- 7. Marital status; If married, name in full of wife. Single
- 8. Religion. Presbyterian
- 9. Decorations, if any. Nil

DEPARTMENT OF VETERANS AFFAIRS  
WAR VETERANS ALLOWANCE DISTRICT AUTHORITY

Address \_\_\_\_\_

The Public Archives Records Centre,  
Truoney's Pasture,  
Ottawa 3, Ontario.

ASK YOUR REPLY:

For attention of:

Attention: Reference Section.

Name: \_\_\_\_\_  
(Surname) (Christian Name)

Service No. \_\_\_\_\_

Veteran is stated to have served during: ( ) African War ( ) World War I ( )

To enable this WAR VETERANS ALLOWANCE DISTRICT AUTHORITY to determine the eligibility of the above-named, will you kindly furnish the following particulars:

1. UNITS (including that of discharge) HIGHEST RANK IN UNIT:

- (a) \_\_\_\_\_
  - (b) \_\_\_\_\_
  - (c) \_\_\_\_\_
  - (d) \_\_\_\_\_
  - (e) \_\_\_\_\_
  - (f) \_\_\_\_\_
- (If other than CEF, please so designate following applicable unit)

2. TERRITORIES OF SERVICE

- (a) South African War  
Date and port of embarkation \_\_\_\_\_
- (b) World War I - (If Canada only, state if with territorial limitations).  
Date(s) embarked for U.K. \_\_\_\_\_  
Date(s) disembarked in Canada from U.K. \_\_\_\_\_  
Period(s) of description in U.K. \_\_\_\_\_

IF CANADA  
AIT  
U.K. ONLY

3. Any other military service.

4. Date and place of all enlistments.

5. Date of all discharges and reasons.

6. Date and place of birth as per attestation paper.

7. Marital status; if married, name in full of wife.

8. Religion.

9. Recommendations, if any.

Head, Reference Section.

VA 18.



# CLINICAL CHART.

(To be pasted into Case Book opposite Patient's case.)

Corps 1st C.O.R.

Hospital Station Polish Camp, Mezieres

No. 3036672 Rank and Name Pte. FOSTER, GEORGE Age 22 Service \_\_\_\_\_

Disease Tonsillitis Date of Admission May 25/18 Date of Discharge May 26/18 Result \_\_\_\_\_ Case Book \_\_\_\_\_ Folio \_\_\_\_\_

Dates of Observation																																			
Days of Disease																																			
Temperature Fahrenheit	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME			
	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.			
107°	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8		
106°	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	
105°	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8
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101°	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8
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98°	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8
97°	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8
Pulse per Minute	78	76	76																																
Respirations per Minute	20	20	20																																
Motions	0	0	0																																

Signature Ge. Hugh Capt In charge of case.

CLINICAL CHART.

(To be pasted into Case Book opposite Patient's case.)

Corps 1  
 No. 3507  
 Rank and Name Private  
 Date of Admission 1917  
 Date of Discharge 1917  
 Result Discharged  
 Case Book 100  
 Folio 100  
 Service 1st  
 Hospital Station 100

Date of Discharge	Date of Admission	Time	Temp	Pulse	Respiration	Blood Pressure	Weight	Height	Color	Mucous Membranes	Tongue	Throat	Lungs	Heart	Abdomen	Genitals	Neurological	Mental	Special	Remarks	
																					Time
107																					
106																					
105																					
104																					
103																					
102																					
101																					
100																					
99																					
98																					
97																					

In charge of case 100  
 Signature 100

Polish Camp Hospital  
Magnum Camp

# CASE HISTORY SHEET.

No. 3036672 Rank Pte. Name Foster, George Age 22  
Unit 1st Co. R. Completed years of service \_\_\_\_\_ Where and how long \_\_\_\_\_  
Date of admission May 25/18 Date of discharge May 26th/18.  
Diagnosis Tonsillitis Place of origin \_\_\_\_\_

## CONDITION ON ADMISSION AND PROGRESS OF CASE.

Brought into hospital for observation.

May 26th:  
Throat cleared up.

## FAMILY HISTORY.

(Tuberculosis, mental or nervous diseases.)

negative.

## TREATMENT.

(Especially any specific or special form.)

Throat swab taken, Painted with mandelic paint, aspirin  
Hot saline irrigation 9hr.

## CONDITION ON DISCHARGE.

(and disposal made of case.)

Discharged fit for duty.

Date May 26th/18.

S. C. Pugh Capt.  
Medical Officer in case.

24667

1880  
1881  
1882

1883  
1884  
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1886  
1887  
1888

1889  
1890  
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1896  
1897

1898

1899

1900

1901

1902

CASE HISTORY SHEET





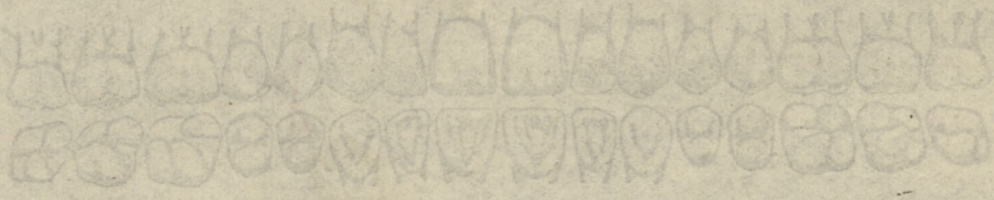
**INSTRUCTIONS**

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

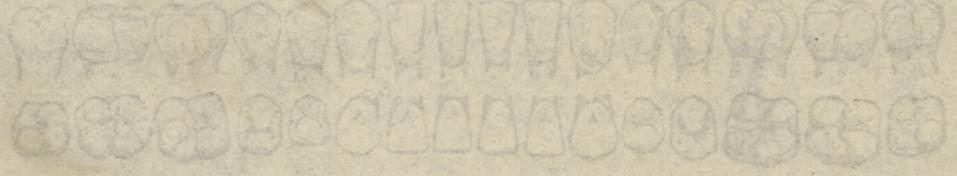
Only such entries to be made on this sheet as will show

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

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16



17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32



MARKS

DATE

AGE

SEX

PLATE

TOOTH

EXAMINATION

DISCHARGE

REMARKS

DATE

EXAMINATION

DISCHARGE

REMARKS

DATE

EXAMINATION

DISCHARGE

REMARKS

DATE

EXAMINATION

DISCHARGE

REMARKS

DATE

EXAMINATION

DISCHARGE

REMARKS

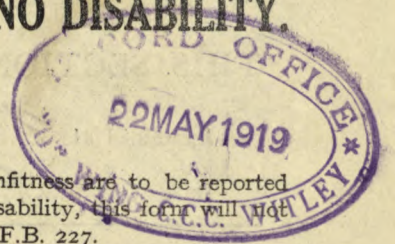
DEPARTMENT OF HEALTH  
 CANADA  
 DENTAL HISTORY SHEET

NO. OF SHEET

DATE OF EXAMINATION

NAME

# 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. 3036672 Rank Spr. Surname FOSTER  
 (Given name in full) GEORGE LESLIE  
 Unit or Corps P.B.C.C.E. Birthplace Toronto Ont.

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

**I. GENERAL DESCRIPTION:**

Physique Sound Weight 135 lbs. Height 5-6 ft. Colour of Eyes Blue  
 Nutrition Sound  
 Pulse 72 Regular  
 Condition of arteries Soft  
 Vision Rt. 72 Left 72  
 Hearing (conversational voice) Rt. 30 ft. Left 30 ft.

Identification marks, scars, or deformities.  
 (Give cause and date of origin).  
1 scar L.  
Scar on arm

Opinion as to general health and physical condition .....

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 ..... Genito Urinary System ..... Cardio-Vascular System .....  
 Special Senses ..... Integumentary System ..... Respiratory System .....  
 Disturbance of Mentality ..... Muscular System ..... Digestive System .....  
 Osseous and Joint System ..... Any other general condition .....

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.

1 scar on arm, Scar on arm

# EXAMINATIONS

## THIS SECTION FOR USE OVERSEAS—

Examined at Willy (Overseas)

Date 22/5/19 Signed C. B. [unclear] 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 [unclear]

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

## THIS SECTION FOR USE IN CANADA—

Examined at ..... (Canada)

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

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

Signature .....

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

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

*H. [unclear]*

*OES*

*me*



P.B. 7

0

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

# DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

DIRECTIONS TO DENTAL OFFICERS

NAME OF SOLDIER (Block Letters) Foster G. L.

REGIMENT P. B. Co. C. E. RANK Spr No. 3036672

Date of Examination in England MAY 191919 Date of Examination in France \_\_\_\_\_

1. This form will be made out for each individual at the time of Demobilization in England or France.

2. Figures as per chart will be used to designate teeth concerned.

3. In reference to Partial Dentures the numbers of teeth thereon will be stated



## PRESENT DENTAL REQUIREMENTS

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

*baef 04*  
 .....Lient. Col.  
 A. D. P. E. U. D. 4

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 -

Signature of Dental Officer

*J. V. Ross Capt.*

1. CANADIAN ARMY DEPARTMENT  
2. REPORT ON THE  
3. INVESTIGATION OF THE  
4. ...

...  
...  
...

...  
...  
...

- (a) ...
- (b) ...
- (c) ...
- (d) ...
- (e) ...
- (f) ...
- (g) ...
- (h) ...
- (i) ...
- (j) ...

# CANADIAN EXPEDITIONARY FORCE

## DISCHARGE CERTIFICATE

War Service Badge

Class "A" No. ....

THIS IS TO CERTIFY that No. 3036642 (Rank) Sapper

Name (in full) George Leslie Foster enlisted in  
the Can Eng'rs

CANADIAN EXPEDITIONARY FORCE at Toronto on the 8<sup>th</sup>

day of May 19 18

HE served in P. B. Coy. C.E. in France

Demobilization.

and is now discharged from the service by reason of

Medical Unfitness.

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

Age 23

Height 5' 6"

Complexion Fair

Eyes Brown

Hair Dark

G. L. Foster  
Signature of Soldier.

Marks or Scars None

[Signature]  
Issuing Officer.

Date of Discharge



[Signature] Lieutenant  
Officer i/c Discharge Section, Dispersal Station "F"

Rank

Date June 30 19 19

NB.- 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.



DEPARTMENT OF VETERANS AFFAIRS  
MINISTÈRE DES AFFAIRES DES ANCIENS COMBATTANTS

DEATH NOTIFICATION  
AVIS DE DÉCÈS

TO:  
À:

DATE .. 9 . 11 . 1971 ..

NAME FOSTER GEORGE L. Service No. CPC No.  
NOM ..... Matricule No° .. 3036672. .... CCP No° .. NIL .....

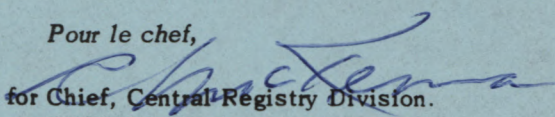
WVA No.  
AAC No° .. 235875. ....

Information Received from:  
Information reçue de: ..... LETTER FROM SOLICITOR. ....

Date of Death  
Date du Décès .. SEPTEMBER 26 1971 ..

Place  
Endroit .. NOT STATED. ....

Distribution: WSR-DASG  
VI - ASS  
DO - BD  
HO - BC

Pour le chef,  
  
for Chief, Central Registry Division.  
Dépôt central des dossiers.



#2

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

M. F. W. 54. (A. F. B. 103.

500M.—9-16

H. Q. 1772-39-9-0.

## Casualty Form—Active Service.

Unit, Regiment or Corps..... C.E.Regimental No. 3036672 Rank Spr. Name FOSTER, G.L.  
C. E. F.

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

Date of promotion to } Date of appointment } Numerical position on }  
present rank } to lance rank } 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				
4-7-19.	O/S	T.O.S. DD#4. Disp. Stn "F"	Montreal	18-6-19.	D.O.PT.II#185
4-7-19.		S.O S. DD#4. Demob.	"	30-6-19.	D.O.PT.II#185 R.O.1420.

*G.H. Petcher*  
Lieutenant,  
Assistant Adjutant,  
District Depot No. 4.

(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.]







Casualty Report

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				
14-9-18	C.C.R.P.	Join strength on arrival in France	France	14-9-18	R.R. 758 P.O. No. 11099
17-9-18	C.C.R.C.	Joined from Base	C.C.R.P.	17-9-18	R.R. 1463
20-1-19	C.C.R.C.	S.O.S. of C.E.R. Pool to P.B.Co.C.E.	20-1-19	20-1-19	R&R 2347 D.O. No. 12 dated -3-1919.
20-1-19	"	J.O.S. P. Bloy, C.E.	Fla	21-1-19	R.R. 11914
8-3-19	P.B. Coy, C.E.	On command to No. 8 Cdn. <sup>Stat.</sup> Hos. Dunkirk	Hos. Dunkirk	1-3-19	B213.
14-4-19	865 Hos.	Despatched to	C.G.B.D.	17-4-19	T39910 (KA)
17-4-19	C.G.B.D.	T.O.S. from 865 Hos.	C.P.A.	16-4-19	NR(2444)
16/5/19	C.C.C.	Have.	Have.	16/5/19	Part II O. 27 of 1919.
23/5/19	"O" Wing	J. O. S.	Witley	17/5/19	D.O. # 38

PROCEEDED TO ENGLAND

Capt. G. Carson  
for Lt.-Col., A. A. G.  
Canadian Section, G. H. O. 3rd Echelon, B. E. F.  
WITLEY JUN 14 1919, D. O. PT. 2 No.

"O" WING  
S. C. S., O. M. F. C., ON  
PROCEEDING TO CANADA  
H. M. T. SATURNIA  
E. M. B. GL. GOW 1569  
DISEMB. MONTREAL - 8 0 19

J. H. Watson  
Lieut.,  
OFFICER I/c RECORDS,  
"O" Wing C.C.C.



NUMBER 3036672 RANK Spt. NAME FOSTER, G. L.

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
1919											
Jan	Food.			Food.					62.37		
				2466. 11-1-19- C.P.P.	373				58.64		
				573. 30-1-19. L. L. L.	746				51.18		
				2236. 30-1-19. O.S.B.	373				47.45		
				1090. 15-2-19. L. L. L.	746				39.90		
				579. 5-3-19. B.C.S.H.	466				35.33		
Feb		64.90		CAP				30	70.23		
				394. 25/2/19. H.C.S.	746				162.77		
				618. 19-3-19. S.B.S.H.	466				58.11		
		64.90			391.6			30			
Apr	May	67.10		CAP				30	94.21		
				32. 3/4/19. S.C.S.H.	1369				80.21		
				1805. 19/4/19. C.P.P.	456				76.96		
				48. 14/4/19. S.C.S.H.	456				92.40		
		67.10		6108. 13/5/19. H.C.S.	698				63.42		
					2979			30			
				4453. cec. 23/4	2920				3622		
				7855. Owing Mithy End. 10/6/19	973				5649		
				3380. 10/8/19	436				2213		
					4329						

sol 18-6-19 Lt 87

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

*F 9.1.19  
C.C.C.*



M. OR S. *W* REGT. No. *703661* RANK *1st Lt.* NAME (IN FULL) *FOSTER, GEORGE, LESLIE*  
 NEXT OF KIN \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ ORIGINAL UNIT C.E.F. *C.C.* IF IN P.F. WHAT UNIT? \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ PARTICULARS *1.0.9.* EFFECTIVE DATE *18/6/19* AUTHORITY *18/6/19* PLACE OF ATTESTATION \_\_\_\_\_ TRANSFERRED TO \_\_\_\_\_ DATE \_\_\_\_\_ AUTHORITY \_\_\_\_\_  
 IS SEPARATION ALLOWANCE PAID? *nil* DATE EFFECTIVE \_\_\_\_\_ ASSIGNED PAY \$ *15.00* DATE EFFECTIVE *1/1/19* PLACE OF ATTESTATION \_\_\_\_\_ TRANSFERRED TO \_\_\_\_\_ DATE \_\_\_\_\_ AUTHORITY \_\_\_\_\_  
 TO WHOM PAID *nil* RELATIONSHIP \_\_\_\_\_ PAYABLE TO *Mrs. Catherine Foster* RELATIONSHIP *Wife* ADDRESS *128 Concord Ave. Toronto Ont. Canada*  
 ADDRESS \_\_\_\_\_ STOP PAYMENT FORM ASSIGNED PAY RENDERED DATE \_\_\_\_\_ EFFECTIVE \_\_\_\_\_ DISCHARGED \_\_\_\_\_ PLACE \_\_\_\_\_ DATE \_\_\_\_\_ REASON \_\_\_\_\_ AUTHORITY \_\_\_\_\_ IF ENTITLED TO POST DISCHARGE PAY \_\_\_\_\_

MONTH	PAY AND F.A.		OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS			CASH PAYMENTS			ASSIGNED PAY	REGI-MENTAL 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	
																	<i>Salvonia</i>
<i>1/1/19</i>				<i>27.17</i>													<i>27.17</i>
<i>1/1/19</i>	<i>10</i>	<i>3.70</i>	<i>3.70</i>	<i>30.87</i>													<i>30.87</i>
				<i>162.33</i>													<i>162.33</i>
			<i>Other Credits</i>														<i>Balance Soldier Dependant</i>
			<i>W. S. C. S. A.</i>														
			<i>2.80</i>	<i>2.80</i>													
<i>30/7/19</i>																	
<i>30/9/19</i>																	<i>1084664</i>
<i>30/9/19</i>																	<i>1518210</i>
																	<i>1629235</i>
																	<i>AW Capt. Foster</i>



Date of Enlistment *not given*

MILITIA AND DEFENCE

Date of Assignment

# Separation and Assigned Pay Branch **F**

OVERSEAS CONTINGENTS

6645 *1 July 1918*

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

<i>\$1500</i>			
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*One*

PARTICULARS OF SEPARATION ALLOWANCE

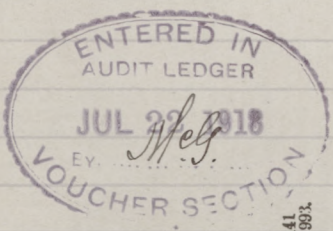
PARTICULARS OF ASSIGNMENT

No. \_\_\_\_\_  
 Rank \_\_\_\_\_ Promoted \_\_\_\_\_ Reverted \_\_\_\_\_ Discharge \_\_\_\_\_  
 Soldier's Name *GL Foster*  
 Battalion *Canadian Engineers Dpt 75*  
 Beneficiary \_\_\_\_\_  
 Relationship \_\_\_\_\_  
 Address \_\_\_\_\_

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Change of Address \_\_\_\_\_  
 1 *MRS. CATHERINE FESTER,* *F6645*  
*128 CONCORD AVE.,*  
 2 *TORONTO, ONT.* *15* *15.00*  
 3 *% 3036672 SPR GEORGE L. FOSTER*  
 4 *FIFTEEN DOLLARS*

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
<i>1918 July</i>	<i>K 2865</i>		<i>15</i>	<i>15</i>	<i>P. mous m 18/18</i>
<i>Aug</i>	<i>M 35143</i>		<i>15</i>	<i>15</i>	
<i>Sep</i>	<i>R 46672</i>		<i>15</i>	<i>15</i>	
<i>Oct</i>	<i>P 51208</i>		<i>15</i>	<i>15</i>	
<i>Nov</i>	<i>L 59547</i>		<i>15</i>	<i>15</i>	
<i>Dec</i>	<i>V 64731</i>		<i>15</i>	<i>15</i>	
<i>Jan</i>	<i>Q 72812</i>		<i>15</i>	<i>15</i>	
<b>FEB</b>	<i>U 79940</i>		<i>15</i>	<i>15</i>	
<b>MAR</b>	<i>B 82922</i>		<i>15</i>	<i>15</i>	
<b>APR</b>	<i>O 3178</i>		<i>15</i>	<i>15</i>	
<i>May</i>	<i>L 8428</i>		<i>15</i>	<i>15</i>	
<b>JUN</b>	<i>m 9016</i>		<i>15</i>	<i>15</i>	
<b>JUL</b>			<i>180</i>	<i>180</i>	

*06254-G.72*



M. F. W. 128.  
 470M. 6-17-1772-39-1141.  
 L. L. 22220-M. & D. 7993.

*Ac D# 4*

A/c Closed *30-6-19*  
 Ret'd per *Saterma*  
 Date *29/6/19* M.F.W. 187 *4/7/19*  
 Clerk *F. Charbonneau*

*Ac ROLA. 92893 Dest recd 4/7/19*

**AUDITED.**

**AUTHORITY** *m 0 3. B 5.*  
**FOR** *l. P. Pritchard.*  
**NEW ACCT.** *22/7/18.*

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

# Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

--	--	--	--

PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

No.

Name

Rank

Promoted

Reverted

Discharge

Address

Soldier's Name

Change of Address

Battalion

1

Beneficiary

2

Relationship

3

Address

4

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

M. F. W. 128.  
 4004. 6-17-172-89-1141  
 L. L. 22320-M. & D. 1983.



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

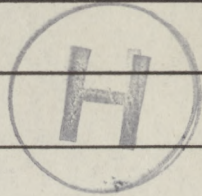
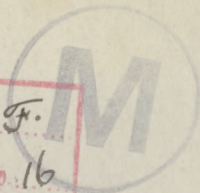
24706

SHORT FORM.

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

Dispersal Area...  
Occupational Group... 16



1. No. 3036672

2. Rank. Apr

3. Name. George Leslie Foster

4. Unit. P. B. Coy. C. E.

5. Date of Discharge 30-6-19 Place Montreal Que.

6. Reason for Discharge Demobilization

7. Authority. R.O.1420 D.D.#4 D.O.Pt.II-185.

8. Proposed Residence after Discharge  
128 Concord Ave. Toronto

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. ? B. 39. Montreal

June 30 19

Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place. H. M. MONTREAL

Date. EMB GLS-GOW 186 June 30

DISEMB. MONTREAL 86 19

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

EB

MEMORANDUM

To the Honorable Secretary of the Board of Education  
 State of Michigan  
 Lansing, Michigan

I have the honor to acknowledge the receipt of your letter of the 10th inst. in relation to the proposed revision of the Michigan State Constitution.

The Board of Education has the honor to inform you that it has considered the same and has decided to refer the same to the Board of Education of the State of Michigan for their consideration.

Very respectfully,  
 J. W. Smith, Secretary

J. W. Smith

Secretary of the Board of Education

Michigan State Board of Education

J. W. Smith

1776	DECLARATION OF INDEPENDENCE
1781	TREATY OF PHILADELPHIA
1787	CONSTITUTIONAL CONVENTION
1789	ADOPTION OF THE CONSTITUTION
1791	ADOPTION OF THE BILL OF RIGHTS
1796	GEORGE WASHINGTON'S SECOND TERM
1800	ADAM SMITH'S THEORY OF WEALTHS
1801	THOMAS JEFFERSON'S POLICY
1803	LOUISIANA PURCHASE
1804	MONROE DOCTRINE
1809	JAMES MADISON'S POLICY
1812	WAR OF 1812
1815	TREATY OF GENTLY
1817	JAMES MONROE'S POLICY
1819	ADAM SMITH'S THEORY OF WEALTHS
1820	ADAM SMITH'S THEORY OF WEALTHS
1823	MONROE DOCTRINE
1824	ADAM SMITH'S THEORY OF WEALTHS
1825	ADAM SMITH'S THEORY OF WEALTHS
1826	ADAM SMITH'S THEORY OF WEALTHS
1827	ADAM SMITH'S THEORY OF WEALTHS
1828	ADAM SMITH'S THEORY OF WEALTHS
1829	ADAM SMITH'S THEORY OF WEALTHS
1830	ADAM SMITH'S THEORY OF WEALTHS
1831	ADAM SMITH'S THEORY OF WEALTHS
1832	ADAM SMITH'S THEORY OF WEALTHS
1833	ADAM SMITH'S THEORY OF WEALTHS
1834	ADAM SMITH'S THEORY OF WEALTHS
1835	ADAM SMITH'S THEORY OF WEALTHS
1836	ADAM SMITH'S THEORY OF WEALTHS
1837	ADAM SMITH'S THEORY OF WEALTHS
1838	ADAM SMITH'S THEORY OF WEALTHS
1839	ADAM SMITH'S THEORY OF WEALTHS
1840	ADAM SMITH'S THEORY OF WEALTHS
1841	ADAM SMITH'S THEORY OF WEALTHS
1842	ADAM SMITH'S THEORY OF WEALTHS
1843	ADAM SMITH'S THEORY OF WEALTHS
1844	ADAM SMITH'S THEORY OF WEALTHS
1845	ADAM SMITH'S THEORY OF WEALTHS
1846	ADAM SMITH'S THEORY OF WEALTHS
1847	ADAM SMITH'S THEORY OF WEALTHS
1848	ADAM SMITH'S THEORY OF WEALTHS
1849	ADAM SMITH'S THEORY OF WEALTHS
1850	ADAM SMITH'S THEORY OF WEALTHS

**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

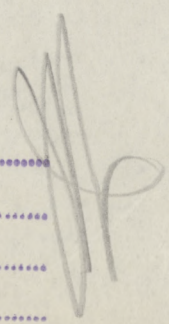
1. Triplicate Attestation Paper (M.F.W. 23), or Particulars of Recruit (M.F.W. 133).
2. Casualty Form (A.F.B. 103).
3. Medical History Sheet (M.F.B. 313 or A.F.B. 178).
4. Proceedings of Med. Board (M.F.B. 227 or M.F.W. 129)
5. Dental Certificate (C.A.D.C. 5009a),
6. Field Conduct Sheet (A.F.B. 122 )
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). + *Dupe*
13. Pay Book (A.B. 64).
14. War Service Gratuity (Form M.F.W. 2595),
15. Sundry Documents.

Group..... *B*

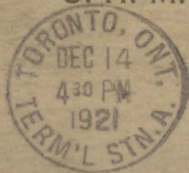
Checked by No..... *9*

*14 JUN 1919*

Date..... ~~6161 100 51~~



O. H. M. S.



FO



HELP THE MUSKOGEE  
HOSPITAL  
FOR CONSUMPTIVES

SECRETARY, MILITIA COUNCIL,

DIRECTOR OF RECORDS,

OTTAWA, ONT.

H. Q. Reference

No. **3036672** Rank **SAPPER** Unit **P.B. CO. CAN ENG**

Surname **FOSTER**

Christian names **GEORGE LESLIE**

Kindly forward Medals, to which I am entitled by reason of my  
service in **FRANCE**

(Theatre of War)

with **P.B. CO CANADIAN ENGINEERS.**

(Unit with which served in Theatre of War)

No. **128**

Street **CONCORD AVE.**

Town **TORONTO**

County **ONTARIO**

DEC 15 1921

*G. Foster*  
(Signature)

(WRITE IN BLOCK LETTERS AND IN INK)