Unit C.A.M.C. *Rank* Nur.Sis. *Name* Foster, Georgie Perkins,

OFFICERS' DECLARATION PAPER

TRIPLICATE

CANADIAN OVER-SEAS EXPEDITIONARY FORCE

QUESTIONS TO BE ANSWERED BY OFFICER

[ANSWERS]

1. (*a*) What is your Surname ? Foster,
   (*b*) What are your Christian Names ? Georgie Perkins,
2. (*a*) Where were you born ? (State place and country) St. John, N.B.
   (*b*) What is your present address ? ~~Kingston~~
3. What is the date of your birth ? 1881, Dec., 24, ~~1916~~
4. What is (*a*) the name of your next-of-kin ? H.F. Purdington,
   (*b*) the address of your next-of-kin ? St. John, N.B. Canada.
   (*c*) the relationship of your next-of-kin ? Cousin.
5. What is your profession or occupation ? Prof. Nurse.
6. What is your religion ? C. of E.
7. Are you willing to be vaccinated or re-vaccinated and inoculated ? Yes.
8. To what Unit of the Active Militia do you belong ? Nil.
9. State particulars of any former Military Service Nil.
10. Are you willing to serve in the
    CANADIAN OVER-SEAS EXPEDITIONARY FORCE ? Yes.

The undersigned hereby declares that the above answers made by him to the above questions are true.

G.P. Foster Nur.Sis. A.
(*Signature of Officer.*)

Taken on strength (place) Kingston, Ont.

(date) Jan., 6th 1917.

[signature] Lieut-Col. A.M.C.
(*Signature of Commanding Officer.*)

CERTIFICATE OF MEDICAL EXAMINATION

I have examined the above-named Officer in accordance with the Regulations for Army Medical Services.

I consider ~~him~~* her fit for the CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

Date Jan., 11, 1917. 191

Place Kingston, Ont.

[signature] Lieut-Col A.M.C.
Medical Officer.

*Insert here "fit" or "unfit"

M. F. W. 51
100m.—4-16.
H. Q. 1772. 39-917

...MENTAL DOCUMENTS

NAME Foster Georgie Perkins REGT. NO. 7/2215 UNIT ..... H. Q. FILE NO. .....

CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
ATTESTATION PAPER (M.F.W. 23, 133, or 51)					DEATH
CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category
TRAINING HISTORY SHEET (M.F.W. 113)					
FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)				15035	
COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					
MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
DENTAL HISTORY SHEET (M.F.B. 465)					Category
MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					
MEDICAL EXAMINATION (M.F.W. 129)					
TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)					
PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)					
DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)					DESERTION
LAST PAY CERTIFICATE (M.F.W. 44)					
PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					
PARTICULARS OF CHARACTER (A.F.W. 3226)					
COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
1 MZW 67					
1 MZW 67					
1 Dup Dup					
1 F & D					
3 Disp Ltr					
1 Com Land					
1 Rel					
1 Rel					

2
2-6
2-6

W. 2589
100M-11-15

Form R. 149.

E.R.B.

Name FOSTER ✓ Rank N/S ✓ Reg. No.

Unit Georgie ✓ Perkins ✓
CAMC ~~3rd CCH~~ 2CCCS.

Next of Kin Canada

Date 1918	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
4-12	14th Stat Hosp Boulogne HA 6150			~~1160~~		
			Influenza			
16-12	Granted 21 days S.L. HA 6402 ✓			1170		

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

Form R. 149.

Name FOSTER N/Str.

P Georgie Rank Perkins

Unit CAMC 3 CGH Reg. No.

Next of Kin

Canada

Date 1918	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
20-2	14 Gen. Hos. Wimereux (20050/1)					
			NYD (Q)	918		
28-3-18	Disch: to Duty (518/2)			946		
	Acc Diag 9418	Brockton		997		

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

NAME Foster G. P.

REGT'L. No.

H. Q. FILE No. 649

RANK AND CORPS Pvt/Str. C.A.M.C. 3 C.G.H.

FOLLOWS No. FOLLOWS

CABLE

No. | Date

NATURE OF CASUALTY

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
918-2.	14 Gen. Kimerent	20-2-18	D. & D "O"
946-2	Disc. To Duty	28-3-18	Bronchitis as per list 997-2
1160(1)	4 Stat. Boulogne	4-12-18	(Can. Cont) Influenza.
1170(2)	Sick.	16-12-18	" "

Number _____ Rank N/S.

Surname Foster

Christian Name Georgia Perkins

Units S.S. Mle Theatre of War France

Date of Service _____

Remarks _____

Latest Address 2416 Martinez Ave.
Berkeley

Roll No. B 22424 Calif

5m-1-22. M304.

Temp Card

DESP. MAY 12 1923
REGN. NO 12384

No. Rank N. S. Name Foster. G. P.

T. O. S. Unit Army Medical Corps

M. D. 3

Paid From	Paid To	Sig. or Rec't	Promotions, Transfers, Discharges, etc.	
			Particulars	Authority
1917 Jan 6	1917 Jan 31	L		

SURNAME. Fosters

CHRISTIAN NAMES Georgie Perkins

REGL. No. RANK Nursing Sister

UNIT C. A. M. C. (Reinf.)

FORMER CORPS Nil

CARD NO.

FOLL.

NEXT OF KIN.

NAMES IN FULL Puddington, H. F.

RELATIONSHIP TO SOLDIER Cousin

ADDRESS St. John, N. B.

CHANGE OF ADDRESS

COUNTRY OF BIRTH Canada St. John, N. B. DATE Dec. 24th 1881

PLACE OF ATTESTATION Kingston, Ont. DATE Jan. 6th 1917

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

M. F. W. 22. 100M.—11-16. H. Q. 1772-39-339.

MARRIED SINGLE WIDOWER

TRADE OR CALLING Prof Nurse RELIGION Church of England

DESCRIPTION.

APPARENT AGE YEARS MONTHS

HEIGHT FEET INCHES

CHEST MEASUREMENT INCHES EXPANSION INCHES

COMPLEXION EYES HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION. PLACE Kingston, Ont DATE Jan 11th 1917

Present Address St. John, N.B.

Surname. Christian Name.

FOSTER G. P.

Rank. Unit.

N/Str. C.A.M.C.~~-S-O-C-H.~~2 CCCS.

Date of admission.

No. 14 General Hospital, Wimereux. 20-2-18.

~~Hospital~~ No.14 Stationary Hospital, Boulogne 4-12-18

Granted 21 days sick leave. 16-12-18

Transferred ..... Hosp.

..... Hosp.

..... Hosp.

..... Hosp.

Diagnosis. ~~N.Y.D.-(Q).~~

Bronchitis.

Later diagnosis. Influenza.

Disposition. Dis. to duty:- 28-3-18.

~~Discharged~~:-16-12-18

27-2-18 917-2.

3-4-18. 946-2.

1-6-18 997-2.note.

10-12-18 1160.

21-12-18 1170-2.

Remarks.

C.L. .....

C.L. .....

C.L. .....

C.L. .....

C.L. .....

C.L. .....

A.M.D. 2 DEPT.

Bch. of D.G.M.S. O.M.F.C. London.

D. M. S. 1347.

Surname | Christian Name | Reg. No.

Rank | Unit

MEDICAL BOARD held at | Date | Serial No.

(1)

Other Medical Boards at | Date | Serial No.

(2)

(3)

(4)

(5)

Condition found by Board

Disposition Recommended

(1)

(2)

(3)

(4)

(5)

PENSIONS & CLAIMS BOARD held at | Date.....

Disposition

Remarks

Indicate by a P.T.O. if continued on other side.

Forms R. 150. C.T.
3232. 15 M. 14/12/16.

Surname FOSTER **Christian Names** Georgie Perkins ~~15-3-17 M.B.H.~~

Rank Nursing Sister

Promotion T.O.S. 6.1.17

Unit C.A.M.C.

Place of birth St John, N.B. Canada.

Married (Yes or No)

Appointments

Date of leaving Canada

Name and Address of Next-of-Kin
H.F.Puddington, (Cousin)
St John, N.B. Canada.

Date and Cause of Resignation

Report

Date	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
		T.O.S. Canc. to Can. G. on arr. fr. Can			
19.2.17	Dms.	& posted to Canc. T.S.		3.2.17	CO. 245.
24.2.17	Dms.	Posted to Moore Bks H. Sheliffe		21.2.17	CO. 271. Pt II ord. 57. M.B.H
20.4.17	Dms.	Posted to Canc.	Depot.	17.4.17	Co. 509
25.4.17	Dms.	Posted to "3 C. Gen.	Hp.	18.4.17	CO. 552
15.12.17	3.C.G.Hp	Granted 14 days leave		3.12.17	Pt II 978
27.2.18	A.M.S	adm 14 Gen Hosp	Bramerend Discharged	20.2.18 28.3.18	CL 918. NYD P. Bronchitis CL 997. " 946 "
10-7-18	3 C.G.H.	Reposted to 2 Can. Cas. Clg. Stat.		28.6.18	Pt II of 38
18-7-18	2 CCCS	T.O.S. on posting from 3 CGH.		29-6-18	Pt II of 32
21-9-18	- do -	Granted 14 days leave from		14-9-18	Pt II. ord. 43.
10-12-18	AMS.	adm 14 Stationary Hosp.	Boulogne Discharged	4-12-18 16-12-18	CL. 1160 Influenza. " 1170
12-12-18	2CCCS.	S.O.S. on reposting to 3 Can. Gen. Hosp.		21-11-18	Pt II. ord. 55
11-12-18	3 CGH.	T.O.S. reposted from 2 Can Cas. Clg. Stat		22-11-18	Pt II. ord. 82

A.F.B. 103.
7 JUL. 1917

A.F.B. 103.
4 SEP 1918

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				
		Discharged 14 Stat Hosp	Boulogne		
21-12-18	AMS.	Granted 21 days sick leave		16-12-18	Ch. 1170 Influenza
19-3-19	3 C.G.Hp.	S.O.S. reposted to 6 Can. Gen. Hp.		28-2-19	P.T. Ford. 12.
19-3-19	6 C.G.Hp.	T.O.S. reposted from 3 Can. Gen. Hp.		1-3-19	P.T. Ford. 9.
3-5-19	do	Granted 14 days leave		14-4-19	" " 15.
4-7-19	do	S.O.S. to Canad. Ca. Corp.		21-5-19	" " 23.
24-5-19	11 C.G.H.	T.O.S. on reporting from 6 C.G.H.		22-5-19	Pl-II 0. 49.
19-7-19	do	S.O.S. on returning to B'Isles.		10-7-19	" 69
15-7-19	HQ OMFC	Retires to British Isles		10-7-19	C.O.G.O. R.O. 5715

21457

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 Georgie Perkins 2. Surname Fosler

3. Rank N.S 4. Original Unit C.A.M.C. 5. Reg. No. not applicable

6. Address, in full, to which future payments of gratuity are to be forwarded
Georgie P. Fosler
Bank of Montreal London

7. Date of enlistment in the C.E.F. Jan 15th 1917

8. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge none

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:—

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 XI G.S.H 5 weeks
3 Can. Gen Hosp 16 mts — 2 CCS 5 mts
3 Can Gen 2 mts # 6 C.G.H 2 mts.

16. Were you at the time of enlistment a civil employee of the Dominion Government? If so, state Department no

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

5434. Wt. /30P. 250,000(3). 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?~~.....

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?.....

(b) If so, was such reversion in consequence of misconduct or inefficiency?.....not applicable

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: George P Foster

Place of Residence: c/o W. Widmott Cotfield Bedford Eng

Declared before me at: Shornecliffe

This 7th day of July 1919

Questions 12, 13, 14, 20, 24, 25 26, 27. Not Answered.

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.

Wallace. Lieut-Colonel

COLONEL, C.A.M.C.
OFFICER I/c No. XI CANADIAN GENERAL HOSPITAL
MOORE BARRACKS, SHORNCLIFFE

POST DISCHARGE PAY.

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

Certified Correct.

District Paymaster.

Form P. 812B.
79691 6m 22/8/19 D.671

58 Castle Rd
Letter 18/11/19

FILE NO 12353

WAR SERVICE GRATUITY and SEPARATION ALLOWANCE

N/S

Payable to FOSTER. Georgina Perkins

Address 58 Castle Road.
Bedford.

Dependent

Address

Date 1919	Cheque No.	Gratuity	Paymen	Balance Due	Remarks
Augt 8	65302		18 9 10		1st Inst.
" 25	Grat Bk	94 6 3			
" 25	—		2 1 1	73 15 4	O/P P.O.O. (P.M.G)
Sept 1	86859		16 8 9	57 6 7	2nd Inst less "
Oct. 7	112276		18 9 10	38 16 9	3rd "
Nov. 13.	135400		18 9 10	20 6 11	4th "
Dec. 3.	145623.		20 6 11	0	
		94 6 3	94 6 3		

c/o W. Wilmott
Corfield, Bedford

ORIGINAL

FORM OF WILL.

Please file

I, Georgie Perkins Foster, (Name in full)

Regimental Number ~~Nursing Sister~~ serving in C.A.M.C., 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 bequeath all my real estate unto

Will left with,
Mr. H.F.Puddington,
St. Joh, N.B. Canada.

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

absolutely, and my personal estate I bequeath to

Will left with:-
Mr. H.F.Puddington,
St. Joh, N.B. Canada.

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

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

this 11th day of January. A. D. 191 7

G.P. Foster
Nur.Sis. 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 A Gardner's
Address of Witness Kingston
Occupation of Witness Physician
Signature of Second Witness Wilfred Wilson
Address of Witness 199 University Ave Kingston
Occupation of Witness Clerk

M. F. W. 82
300M-5-16.
1772-39-983.

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.

---

(1) Name of Overseas Unit which Soldier joins ..... C.A.M.C.

(2) Regimental Number ..... Nursing Sister.

(3) Full Name of Soldier ..... Foster, Georgie Perkins,

(4) Place of Birth ..... St. Joh, N.B. Canada.

(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 ? ..... ---

(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.)

ORIGINAL

(9) Is your Father alive? No.

If so, state name and address ---

(10) Is your Mother alive? No.

If so, state name and address 0----

(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.

H.F. Puddington,

St. John, N.B. Canada.

(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? 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.

Lieut-Col. A.M.C.
Officer Commanding.

Date Jan., 11th, 1917.

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. ..... Rank N/S Surname FOSTER

(Given name in full) GEORGIE PERKINS

Unit or Corps Canada Birthplace St Johns N. 13.

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

1. GENERAL DESCRIPTION:

Physique Good Weight 150 lbs. Height 5 ft. 5½ in. Colour of Eyes Brown.

Nutrition Good

Pulse 72

Condition of arteries normal

Vision Rt. 6/18 6/12 Left 6/12 6/6 with glasses

Hearing (conversational voice) Rt. Nor. ft.

Left Nor. ft.

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

Scar on second finger of left hand (infection)

Opinion as to general health and physical condition In good health & 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 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.

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.

This sister had Bronchitis when on duty at No. 3. Can: Gen: Hosp: Boulogne - in March 1918 - she was sick for 5 weeks.

She got an infection of second finger of left hand while on duty at No: 2. C.C.S. at Mowaux in September 1918 - She was ill for three weeks.

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

[OVER]

EXAMINATIONS.

THIS SECTION FOR USE OVERSEAS—

Examined at Shorncliffe Kent (Overseas)

Date 2nd July 1919 Signed G.S. Duncan 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.S. Frobt Nursing Sister

(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.

MEDICAL HISTORY SHEET.

ORIGINAL

Surname Foster, *Christian Name* Georgie Perkins,

Examined { on 6th day of January. 1917
at Kingston, Ont.

Birthplace { City or Town St. John,
County New Brunswick, Canada.

Apparent age 35.

Trade or occupation Prof. Nurse.

Height 5 Feet 5½ Inches.

Weight 150 Lbs.

Chest measurement { Minimum inches.
Maximum expansion inches.

Physical development Good.

Small-Pox Marks No.

Vaccination Marks { Arm Right. Left.
Number Nil.

When Vaccinated last childhood.

(*a*) Marks indicating congenital peculiarities or previous disease Nil.

(*b*) Slight defects but not sufficient to cause rejection Nil.

Approved by [signature]

Rank Lieut-Col. A.M.C. M.O.

Date	Fit or Unfit	Examined for Re-engagement,
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Date	Result	Vaccinations.
21.1.17	good	[signature] Lt Col M.O.
		M.O.
		M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.
9.1.17	good	[signature] Lt Col M.O.
13.1.17	good	[signature] Lt Col M.O.
23.1.17	good	[signature] Lt Col. M.O.

Enlisted on 6th *day of* January 1917 *at* Kingston, Ont.

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	A.M.C.			
Transferred to..				

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 Service, on the man becoming non-effective ; the date and cause being stated on next page.

M. F. B. 313.

50M—9-14.
H. Q. 1772-39-439.

Surname..... Christian Name.....

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				

C.A.D.C. 5009A

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

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

REGIMENT CAME RANK NS No.

Date of Examination in England 23/5/19 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 ✓
2. EXTRACTIONS ✓
3. CROWNS ✓
4. DENTURES
   - (a) Full Upper ✓
   - (b) Part Upper ✓
   - (c) Full Lower ✓
   - (d) Part Lower ✓

HAS HE EVER REFUSED DENTAL TREATMENT? NO

HAS HE EVER RECEIVED DENTAL TREATMENT? (Reply by "*Yes*" where applicable to any or all of *a*, *b* or *c*.)

- (a) In Canada ✓
- (b) In England ✓
- (c) In France ✓

Signature of Dental Officer W Warmoun

W.H.3.48
W.H.

CANADIAN EXPEDITIONARY FORCE

Certificate of Service

ISSUED TO OFFICERS AND NURSING SISTERS

This is to Certify that (Rank) Nursing Sister

(Name in full) Georgia Perkins FOSTER

Enlisted in The Canadian Army Medical Corps

CANADIAN EXPEDITIONARY FORCE, on the xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx

xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx day of xxxxxxxxxxxxxxxxxxxxxxxx 191 xx AND WAS APPOINTED to COMMISSIONED RANK

in The Canadian Army Medical Corps

CANADIAN EXPEDITIONARY FORCE on the Sixth day

of January 1917.

SHE SERVED in CANADA, ENGLAND & FRANCE with the

Canadian Army Medical Corps.

and was STRUCK OFF THE STRENGTH on the Tenth day

of July 1919 by reason of General Demobilization

Dated at Ottawa, this Sixth day

of April xxxx 1923.

W. F. Lothrop Major,

for Director of Personal Services.

M. F. W. 2618a
10M.—3-20
1772-39-1428

FORM P.15
7847 10M 11-2-19 D.565

ASSIGNED PAY.

UNIT. NAME OF: 6 Trnl

RATE OF P. AND A.: Pay 2.00 Sd; F.A. 1.00 "; Messing 1.00 "

RANK. DATE AUTHORITY: Pte.

NAME.

Beneficiary

Address

Amount $50.00 Can. Gave. 18/19

Separation Allowance Issued. Yes or No.....

Name Foster
Initials G. P.
Bank of Montreal
Trafalgar Square

Relieves from O.W.Bof 6 in Br. Isles 10/7/19 - Tod. ca, 8-7-921 d/9/7/19

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES TO BE INITIALED BY P.M. IN EVERY CASE	INITIALS
June 18	June Pay (R), A. Pay Can.		120			Nil		
					50		Ptd to cease Eff. 11/7/19	
25 July	Pay fr. Bank (10 Days Only). A.F. Can.		40	70		0	Fr b of E Ledger 12. From Ledy 3 14 7/19.	
					50	D.R. 10		
Sept cr per a/c to WSC.		Vo 231	10 -			— 0 —		

War Service Grat. Clear. Cert. issued 11/7/19 D. Bal. 10.00

FORM P.15

7847 10M 11-2-19 D.565

ASSIGNED PAY.

UNIT. NAME OF

RATE OF P. AND A.

RANK.

DATE AUTHORITY

NAME.

Beneficiary

Address

Amount $

Separation Allowance Issued. Yes or No.....

Pay

F.A.

Messing

Name

Initials

Bank

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES TO BE INITIALED BY P.M. IN EVERY CASE	INITIALS

FORM P. 15. 12519—16M—1-3-18 H.W.V.Ld.—3717-18.

ASSIGNED PAY.

UNIT. NAME OF: 6 a h b T B

RATE OF P. AND A.: Pay 2 ×× pd; F.A. -60 "; Messing 1 ×× "

RANK. h S — DATE 13 2/17 — AUTHORITY fr can. D h S 60.245 19 2/17

NAME. Name Foster. Initials G C. Bank of Montreal Trafalgar Sq

Beneficiary

Address can

Amount. $ 50 ××

Separation Allowance issued. Yes or No.....

add outfit allce 1/2/19

DATE 1918	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialed by P.M. in every case.	INITIALS
Apr 18	a. P. can				50 ..			
	apl Pay (R)		108					
24	Bank	1187		58				
May 19	May Pay (R)		111 60					
13	A P. can				50			
23	Bank	2683		61 60				
June	June Pay (R)		108					
14	A. P. can.				50			
24	Bank	4166		58				
July	July Pay R		111 60					
16	A P can				50			
24	Bank	5626		61 60				
Aug	Aug Pay R		111 60					
14	A P can				50			
24	Bank	7258		61 60				
Sep	Sept Pay R.		106					
12	A P can				50			
24	Bank	9187		58				
Oct	Oct Pay R.		111 60					
15	A P can				50			
24 30	Bank.	10404		61 60				
Nov	Nov. Pay (R.)		140					
	a P Can				50			
26	Bank	12521		90				

b. forwd

FORM P. 15. 12519—16M—1-3-18 H.W.V.Ld.—3717-18.

ASSIGNED PAY. | UNIT. NAME OF | RATE OF P. AND A. | RANK. DATE AUTHORITY | NAME.

Beneficiary
Address
Amount. $50. Can
Separation Allowance issued. Yes or No.....

Pay 2.00 Pd
F.A. 1.00 "
Messing 1.00 "

A/S.

Name Foster
Initials G. P.
Bank of Montreal Traf Sqr.

add outfit allce 17/19 $100

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialed by P.M. in every case.	INITIALS
Dec.	Dec. Pay (R)		124					
	a. P can				50			
18	Bank.	13792		74				
Jany 22	a. P can				50			
	Pay (R)		124					
28	Bank	15564		74				
Feb 7	add outfit allce Vo 59		100					
	Do " Do Cash	16009		100				
11	a. Pay Can				50			
	Pay R		112					
25	Bank	17078		62				
Mar	Pay R		124					
	a. Pay can.				50			
24	Bank	18651		74				
April 11	Rations 8/19 - 31/3/19	0759					5-15-7.	
"	april Pay (R)		120					
14	a. Pay can				50			
26.	Bank.	1044		70				
May 10	Rations 1-30/4/19	01027					£3-9-0	
12.	May Pay (R)		124					
	a Pay Can				50			
27	Bank	2593.		74				
June 17	Rations 1-12/5/19	01141					£1-7-7	
	carry forward							

FORM P.15
2227—10M—1/1/17

ASSIGNED PAY. | UNIT. | RANK. | NAME.

UNIT. NAME OF | DATE | AUTHORITY

RANK. DATE | AUTHORITY

Beneficiary
Address
Amount. $50 ban 1 2/18
Separation Allowance issued. Yes or No.....

C.A.M.C.T.S. | Pay $2.00 p/d J.A. 60 Mess 1.00 | n/s | 13/7 | fCanada DMS.C.0245 4/1917

Name Foster
Initials G.P.
Bank of Montreal
Trafalgar Sq 1/18

1917-18

DATE 1917	PARTICULARS		CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialled by P.M. in every case.	INITIALS
April 21	April Pay (R)			108 —					
25		Bank	3003		108				
May 22	May Pay (R)			111 60			111 60		
23		Bank	5986		111 60				
June 14	June Pay (R)			108			108		
22		Bank	9004		108				
July 19	July Pay (R)			111 60					
21		Bank	13092		111 60				
Aug. 18	Aug. Pay (R)			111 60					
21		Bank	17361		111 60				
Sept 17	Sept Pay (R)			108			108		
21		Bank	21863		108				
Oct 9	October Pay (R)			111 60					
20		Bank	26291		111 60				
Nov 16	November Pay (R)			108					
20		Bank	30763		108				
Dec 7	Dec Pay (R)			111 60					
14		Bank	35096		111 60				
Jan	Jan Pay (R)			111 60					
22		Bank	39501		111 60				
Feb 11	Feb Pay (R)			100 80					
11	A P. ban					50			
20		Bank	40996		50 80				
Mar	March Pay (R)			111 60					
11	A P. ban.					50			
22		Bank			61 60				

FORM P. 15
2227—10M—1/1/17

ASSIGNED PAY.	UNIT. NAME OF	DATE	AUTHORITY	RANK.	DATE	AUTHORITY	NAME.
Beneficiary Address Amount. $ Separation Allowance issued. Yes or No.....			Pay $2.00 pd F.a .60 Mess 1.00	N. S			Name Foster Initials G. T. Bank of Montreal Trafalgar Sq 1/18

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialled by P.M. in every case.	INITIALS

FORM P. 15
2227—10M—1/1/17

ASSIGNED PAY.

UNIT. NAME OF / DATE / AUTHORITY: C.A.M.C.Y.S.

RANK. R/S

Mess: DATE 13.2.14 / AUTHORITY: Heron Canada S.M.S.C.O.# 245 d/19-2-14.

NAME.

Beneficiary

Address

Amount. $

Separation Allowance issued. Yes or No.....

Name Foster

Initials G. O.

Bank of Montreal

1916-17

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialled by P.M. in every case.	INITIALS
1917								
March 1	P&AC @ 2-60 fr 1 2/17 - 28 2/17 28 days Mess fr 13 2/17 16 days - Bank	22011		88 80				
2	Po Tac R/S rates & Mess fr 13 2/17 fr 1 2/17 D.M.S.C.O. # 245 d/19-2-17 L.P.C. No 18937		88 80					
March 20	March Pay. R.		111 60					
23	Bank	24818		111 60				

FORM P.15
2227—10M—1/1/17

ASSIGNED PAY.	UNIT. NAME OF	DATE	AUTHORITY	RANK.	DATE	AUTHORITY	NAME.	
Beneficiary							Name	
Address							Initials	
							Bank	
Amount. $								
Separation Allowance issued. Yes or No.....								

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialled by P.M. in every case.	INITIALS	

CERTIFIED CORRECT
SEP 1918
MILITARY RECORD OFFICE
ORIGINAL

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

Casualty Form—Active Service.

M. F. W. 54.
150M. 10-15.
H.Q. 1772-32-920.

W.S.B. class "E"

Unit, Regiment or Corps C.A.M.C., C.E.F.

Regimental No. ..... Rank Nur.Sis. Name Foster, Georgie Perkins,
C. E. F.

Enlisted (a) 4/4/17 Terms of Service (a) Duration. Service reckons from (a) 4/4/17 3.2.17

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) Prof. Nurse C3m

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.
		Embarked	Canada	3/2/17	
		Disembarked	England	13/2/17	
22/2/17	C.A.M.C. T.S.	TAKEN ON STRENGTH from Canada	Westerhanger	3/2/17	Pt. II D. 53
21/2/17	C.A.M.C.S.S.	S.O.S. on transfer to the Moore Brks Hospl.	Westerhanger	21/2/17	Pt. II D.O. 54 J. Gillespie CAPT, ASST. ADJUTANT. FOR O.C, C.A.M.C. TRAINING SCHS
26/2-17.	C.A.M.C.S.S.	Transferred to Moore Barracks Canadian Hospital.	Shorncliffe	21-2-17.	Pt. II D.O. 57.
23/4-17.	O.C. M.B.C.H.	S.O.S. on posting to C.A.M.C.D.	"	17-4-17.	Pt. II D.O. 113 [illegible] Lieut. Colonel, Officer i/c Hospital.
24/4/17	Canada	Taken on strength	Westerhanger	17/4/17	Pt 2 DO 114

(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				
30/4/17	Canada	Admitted proceeding overseas to 703 C.G.H.	Shorncliffe	18/4/17	Pt 2 - 56120 (6.6.552)
					Capt. Adjutant For O.C. C.A.M.C. Reserve Depot
21-4-17	3. C.G.H.	Reinforcement W.O./121/Dfts/5411(AMD1) dated 13-4-17 N.R.11238.		17-4-17	B.213 Pt.11.36 25-5-17.
8-12-17.	do	Granted 14 days leave		3-12-17	B 213 Pt 78 dated 15-12-17.
22-12-17	do	Refoinded Unit	~~14xGen.Hpl.~~	20-12-17	B.213.
19-2-18	14 Gen.	NYD Adm.	14Gen.Hpl.	19-2-18	W 3034.
30-3-18	3.CGH.	Rejoined on discharge from hospital.		28-3-18	B.213.
29-6-18	do	S.O.S. on reposting to No.2. Cdn.Cas.Clg.Stn. (Auth:- DGMS.DG.8/18 d/- 1-7-18.)		28-6-18	B.213.K.M. 21421 Pt.11. O. No.38 d/- 1918.
30-6-18	2.CCCS.	T.O.S. from No.3. Cdn. Gen. Hosp.	Field.	29-6-18	B.213 Ptll. O. 32.D/- 18-7-18.
14-9-18	2 CCS.	Granted 14 days Leave	UK	14-9-18	B213. Pt II DO 43 d/21-9-18
5/10/18	✓	RETURNED FROM LEAVE	Fels	1/10/18	B213
16-11-18	-"-	SO.Son reposting to No 3 Can Gen Hpl (Auth DMS. Cdn Sec GRO 1st Ech M850 d/14/11/18)		21-11-18	B213. Km 20421 Pt II 55 d/ 1918
23-11-18.	3C G H	T.O.S. of No 3 Can. Gen Hk. on reposting from No 2 Can Cas Clg Stat. D.M.S Can Sect. M850 d. 4.12.18.		22-11-18.	B213. KM 20421. T.O. No 82 of 1918.
4.12.18.	14 Stat.	Influenza M. ad	14 Stat.	4.12.18	W3034 h 9639

Army Form B. 103—II.
Part II.

(SERVICE AND CASUALTY FORM Part II).

Regiment or Corps C.A.M.C. Regimental Number

*Substantative Rank N/Sister Surname Foster. Christian Names G. P.

*Acting Rank

(* To be entered in pencil to facilitate alteration.)

To be folded on this line.

Nothing to be written in this margin.

W 1889—PP1150 500,000 5/18 G.W.P.Co (3490)

(A) Report: Date.	(A) Report: From whom received	(B) Authority of Part II. of Orders	(C) Record of promotions, appointments, reductions, casualties, transfers, postings, &c. All acting as well as substantive promotions to be shown, for method of entry of which see A.C.I. 1816 of 1917. Corps and unit to which transferred and posted to be invariably named.	(D) Place of casualty	(E) Date of promotion, reduction, reversion, casualty, &c.	(F) Remarks, and initials and rank of an officer
16.12.18	14 Stn Hosp.		21 days Sick leave France.		16.12.18	W3034 A133 S.
26.12.18	3 C.G.H.		Rejoined from Hosp.		23.12.18	B213
1.3.19.	"		Reported to No 6 C.G.H.		28.2.19	B213 K.R. 20421 Pte No 12.
2.3.19	6 C.G.H.		T.O.S. of No 6 C.G.H. for No 3 C.G.H.		1.3.19	B213 K.R. 20421 Pte No 9.919
21.4.19	"	1st 15th/1919	14 days leave.		14.4.19	B213
4.5.19	"		Returned from Leave.		1.5.19	B213
			Proceeded to England.			
24.5.19	6 C.X.I Can. Gen. Hosp.		T.O.S. from No. 6. C.G.H. France	Shorncliffe	22.5.19	A.F.W.D.O. #49.
19.7.19	— " —		S.O.S. on retirement on British Sales Auth. A.F.W.D.C.R.D. #5725 15.7.19.	"	10.7.19	A.F.W.D.O. #69.

Newell. Capt.
LIEUT.
FOR LT COL.
A.A.G.

Graham
CAPT. & ADJT.
For O/C No. XI CAN. GEN. HOSPITAL
MOORE BARRACKS, SHORNCLIFFE

(A) Report		(B)	(C)	(D)	(E)	(F)
Date.	From whom received.	Authority of Part II. of Orders	Record of promotions, appointments, reductions, casualties, transfers, postings, &c. All acting as well as substantive promotions to be shown, for method of entry of which see A.C.I. 1816 of 1917. Corps and unit to which transferred and posted to be invariably named.	Place of casualty	Date of promotion, reduction, reversion, casualty, &c.	Remarks, and initials and rank of an officer

Nothing to be written in this margin.

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

~~4123~~ F 43224

Date of Assignment 1-2-18

RATE OF SEPARATION ALLOWANCE

AUTHORITY FOR NEW ACC'T. 2 M 28-18

RATE OF ASSIGNMENT

50cc			

PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank A Sister Promoted Reverted Discharge

Soldier's Name Foster Georgie P.

Battalion C.A.M.C.

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name Bank of B.N. America

Address St John N.B.

Change of Address

1

2

3

4

Make copy

Date	Cheque No.	Amount S/A	Amount A/P	Total		REMARKS
						Fyle 06254-G-19 M.R. 508
Feb 1918	C 78489		50	50	R	
Mar	M 78254		50	50	R	acct Closed Per 3 M. on file 14-7-19
Apr.	G 12984		50	50	R	M R O 110510- a.g.B. 15-8-19
May	Q 19745		50	50		
June	M 22429		50	50	C	
July	M 29784		50	50	C	
Aug.	M 37800		50	50	C	
Sept	R 49489		50	50	C	
Oct	R 54029		50	50	C	
Nov	M 56838		50	50	C	
Dec	V 66691		50	50	C	
Jan	Q 75375		50	50	C	
Feb	Y 72428		50	50	M	
Mar	L 85110		51	50	M	
Apr	O 4886		50	50	M	
May	M 6099		50	50	C	
June	M 9931		50	50	C	
July	M 12389		50	50	C	
AUG	H 13232		50	50		Can. O. 12615-21 8/19.
			900	900		

AUDITED

M.R.O. 1a

La Tuscarora
M. F. W. 128.
4'OM. 6-17—1772-39-1141
L. L. 22320—M. & D. 1903. 28-2-18

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

Beneficiary

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.
4'0m.—6-17—1772-39-1141
L. L. 22320—M. & D. 7993.