20-8-16 cand Dm

D

ATTESTATION PAPER.

No. 282908

Folio.

219 TH. BATT

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

DUPLICATE

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname? — Foster
1a. What are your Christian names? — George Washington
1b. What is your present address? — Aylesford N.S.
2. In what Town, Township or Parish, and in what Country were you born? — Aylesford N.S.
3. What is the name of your next-of kin? — Mrs Lida May Foster
4. What is the address of your next-of-kin? — Aylesford Kingston N.S.
4a. What is the relationship of your next-of-kin? — Wife
5. What is the date of your birth? — 17th September 1874
6. What is your Trade or Calling? — Teamster
7. Are you married? — no
8. Are you willing to be vaccinated or re-vaccinated and inoculated? — Yes
9. Do you now belong to the Active Militia? — Yes
10. Have you ever served in any Military Force? If so, state particulars of former Service. — 68th Regt 6 camps
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

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, George W 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.

Geo W Foster (Signature of Recruit)

Date March 10th 1916 Rheyans (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, George W 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.

Geo W Foster (Signature of Recruit)

Date March 10th 1916 Rheyans (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 Berwick this 23rd day of March 1916.

J C Parker (Signature of Justice)

a Justice of the Peace, County of Kings

M. F. W. 23.
600M.—2-16.
H. Q. 1772-39-841.

Description of George W. Foster on Enlistment.

Apparent Age 42 years ..... months.

(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height	5	5 ft. 5½ ins.
Chest measurement. Girth when fully expanded		35 ins.
Range of expansion		3 ins.

Complexion Dark

Eyes Blue

Hair Dark Brown

Religious denominations:

- Church of England
- Presbyterian
- Methodist
- Baptist or Congregationalist Baptist
- 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).

CERTIFICATE OF MEDICAL EXAMINATION.

I have examined the above-named Recruit and find that he does not present any of the causes of rejection specified in the Regulations for Army Medical Services.

He can see at the required distance with either eye; his heart and lungs are healthy; he has the free use of his joints and limbs, and he declares that he is not subject to fits of any description.

I consider him* fit for the Canadian Over-Seas Expeditionary Force.

Date March 23 1916. G. J. McNally

Place Berwick Major RO acty. 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 Washington 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.

[signature] Lieut. Colonel (Signature of Officer)
Comd'g. 219th, "Overseas" Highland B'n, C.E.F.

Date March 23rd 1916.

DISCHARGE DOCUMENTS

R. O. No. .....

H. Q. No. .....

Name FOSTER, GEORGE W.

Regt. No. 282908 Rank Pte

Corps 219th Battalion 68th

15043

Phys Unfit

C

H

Proceedings of Court of Inquiry or on men reported Missing on Active Service.....

Attestation Papers.....2

Declaration of change of name.....

Authority for special enlistments.....

Documents of re-enlisted men.....

Regimental Conduct Sheet.....1

Compulsory Stoppages.....

Casualty Forms.....1

Proceedings on discharge.....1

Corps History Sheet.....

Date and No. of Deposit Receipt for Purchase Money and Amount.....

Parchment Certificate.....

Medical Report for Invalids.....1

Medical History Sheet.....2

Proceedings of Regt. Court Martial.....

Copies of Convictions by Civil Power.....

Company Conduct Sheet.....1

Clothing Transfer Certificate.....1

Inventory of Kit.....

Last Pay Certificate.....1

MFB 339 1

MFM 67 2

MFW 84 1

M. F. W. 62.
50m.—9-16.
H. Q. 1772—39 935.

SURNAME. Foster. Deceased. 30-6-1924 Auth. S.C.R. 28-7-24

CARD NO. ✓

CHRISTIAN NAMES George, Washington

S.O.S. Dis. 22/3/18 6 (auth. pt II 95 of 5/4/18) (B Unit MHCC)

REGL. No. 282908 RANK Pte

UNIT ~~219 th~~ "B" Unit M.H.C.C. Bn

FORMER CORPS 68 th. Regt. 6 camps

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL Foster Miss Lila. May

RELATIONSHIP TO SOLDIER Daughter

ADDRESS Aylesford, Kings Co. N.S.

COUNTRY OF BIRTH Canada Aylesford. N.S. DATE Sept 17th 1874

PLACE OF ATTESTATION Berwick. N.S. DATE Mar 23rd 1916

Trans from 219th Bn to "B" Unit M. [illegible] H.C.C. 3/7/17. Auth No 6 SS. Cor. S. Mthly M.D.6 15/7/17.

L. L. 90389.—M. & D. 6312. M. F. W. 22. 100m.—1-16. H. Q. 1772-39-839.

MARRIED SINGLE Yes WIDOWER

TRADE OR CALLING Teamster RELIGION Baptist

DESCRIPTION.

APPARENT AGE 42 YEARS — MONTHS

HEIGHT 5' FEET 5' ½ INCHES

CHEST MEASUREMENT 38 INCHES EXPANSION 3 INCHES

COMPLEXION Dark EYES Blue HAIR D. Brown

DISTINGUISHING MARKS Not stated

MEDICAL EXAMINATION. PLACE Berwick, N.S. DATE May 23rd 1916

Present Address Aylesford, N.S.

No. 282908 RANK Pte. NAME Foster? Geo. W?

T.O.S. 2-3-16 D.B. 224 / 1-27-3-16. UNIT 219th Battalion, C. E. F.

M. D. 6.

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916	1916			
Mar. 2	Mar. 31	✓		
apl		✓		
may		✓		
June		✓	Trnsfd to staff, 1-8-16.	D.O. 126 of 3-8-16
July		✓		
aug		✓		
sept		✓		
Oct	ns a/c	✓	Trnsfd to special service	D.O. 182 of 9-10-16.

No 282908 RANK Pte NAME Foster G. W.

~~T.O.S.~~ trans from UNIT #6 Special Service Co
219th Bn. 1-10-16
(D.O. 2. 19-10-16)

M.D. 6.

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC. PARTICULARS	AUTHORITY
1916	1916			
Oct 1	Oct 31	n.		
nov		n.		
Dec		✓		
1917	1917	✓	forfeits 15 days -	Jan paylist.
Jan				
Feb		✓		
mar		✓	[illegible]	[illegible]
apr.		✓		
May		✓		
June		✓	a.w.r. from 30-5-17 to 8-6-17	
July 1.	July 3	✓	24 hrs. det. + forfeits 13 days pay D.O. 138 of 11-6-17.	
			trans to "B" unit M.H.C.C. 3-7-17 D.O. 157. 3-7-17.	

L-L. Job 5470—M. & D. 6888

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

M. F. W. 12
50m.—7-16
H. Q. 1772-39-316

To Whom Mrs E. Van Buskirk

Address Aylesford
Kings Co
N.S.

Rate 20.00

By Whom Assigned Foster G. H.

Regtl. No. 282908

Rank Pte

Corps 219 Bn Staff.

OCT 1_ 1916

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				

"D"
282908

MEDICAL HISTORY SHEET

ORIGINAL

Surname Foster *Christian Name* George Washington

Examined { on 23rd day of March 1916
at Berwick

Birthplace { City or Town Aylesford
County Kings Co N.S.

Apparent age 42 years

Trade or occupation teamster

Height 5 Feet 5 1/2 Inches.

Weight 155 Lbs.

Chest measurement { Minimum 32 inches.
Maximum expansion 35 inches.

Physical development normal

Small-Pox Marks none

Vaccination Marks { Arm Right. Left.
Number 1

When Vaccinated last 1876

(*a*) Marks indicating congenital peculiarities or previous disease none

(*b*) Slight defects but not sufficient to cause rejection none

Approved by ~~G. J. McNally~~ Lt Churchill Capt

Rank ~~Major R.O. Atty~~ M.O.

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.
11-8-16	Good	Lt Churchill M.O.
		M.O.
		M.O.

Date.	Result.	Anti-Typhoid Inoculations, Etc.
18/5/16	Good	Lt Churchill M.O.
6-6-16	Good	Lt C. M.O.
		M.O.

Enlisted on 2nd *day of* March 1916 *at* Berwick

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	219th. "Overseas" Highland Bn. C. E. F.			2/3/16
Transferred to		282908		

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.

400M.—1-16.
H. Q. 1772-39-439.

Surname Yeaxlee Christian Name George W

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				

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

PAYMENTS.

M. F. W. 12a.
50m.—6-16.
1772—39—819.

Sheet No. 2 Mrs. E. Van Buskirk

Name of Soldier Pte Foster G. N.

282908 219 Bn. Staff.

L. L. Job 4503.—Req. 6832.

20.00

OCT 1. 1916

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May				
June				
July				Div. PM #6 requested to
Aug.				recover overpayment Nov 7/16
Sept.				acct. cancelled
Oct.		T26716	20	Trans. to No 6 Special Bath
Nov.				per P. M. L. M. D. No 6 27/10/16
Dec.				S. T. L 6 11/16
Jan.	1917			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier_____

PAYMENTS.

Month.	Year.	Cheque No.	Amt.	Remarks.
Aug.	1918			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1919			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1920			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				

M. by ...
Checked by ...
No. Last D. O. Pt. II ...
Date ...

"B" UNIT M. H. C. COMMAND.

CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

This form to be used for all Ranks (Vide Articles 122, 130 and 141, Financial Instructions, 25715c, C.E.F., 1916).

Regimental No. 282908 Rank Pte Name Lester L. W.

Corps 6. B. S. Coy. who was* Discharged

On 22-3-18 191..., to ...

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from 1-3-18 191..., to 22-3-18 191..., the inclusive date of transfer or discharge.

Dr.	$	c.	Cr.	$	c.
Bal. Dr. from prev. month			Bal. Cr. from prev. month	17	38
Advances by Cheques No.			Regt'l Pay 22 days at $ 1 c	22	
No. 14939	15	87	Field Allow. 22 days at $ c 10	2	20
Assigned Pay and Sep'n Allce. No. 14940	75		Separation Allowances* (Monthly) Feby & March	50	
			Subs. 1-3-18 to 22-3-18	17	60
Other charges			Other Allowances* Clothing	13	
Payment on transfer or discharge No. 14941	47	18	Other Credits* Trans. Warrant deducted but not paid	15	87
Balance Cr. (to be paid by the new unit)			Bal. Dr. (to be deducted by new unit)		
Total	138	05	Total	138	05

*Give particulars.

A monthly stoppage of $ 20.00 (†) has ... (‡) been paid on account of Assigned Pay for the month of Dec 1918 and Sep'n Allce. for month of March 1918 (to) Assignee Mrs E Van Buskirk

(Address) Millville King Co N.S.

(†) Insert amount to be assigned, whether it has been paid or not.
(‡) Insert "not" if amount has not been paid for period of account.

M.D. No. 6
No. 13

On Transfer of an Officer

Outfit Allowance of $ ... has been paid by Paymaster, Military District No. ...

REMARKS:—

State (1) date of enlistment ...

(2) if married and if a Separation Allowance Card has been submitted Yes

(3) cause of discharge Mid unfit authority ...

(4) authority for transfer ...

NOTE.—Separation Allowance and Assigned pay Card and Index Card (M. F. W. 71) are to accompany the original Last Pay Certificate on transfer.

I have carefully examined this statement of account and find it to be a correct extract from the Pay-list of the unit.

Date 22-3-18

Place Halifax N.S.

[signature] Paymaster "B" Unit M. H. C. Command.

N.B.—For purposes of transfer this form is to be made out in quadruplicate. Original copy to paymaster of new unit; duplicate to District Paymaster; triplicate to accompany the pay-list at the end of the month, and quadruplicate for retention as a record.

For purposes of discharge it is to be made out in triplicate. Original copy to accompany discharge papers; duplicate to accompany pay-list at the end of the month, and triplicate for retention as a record.

If a man on discharge is entitled to three months' Post Discharge Pay, Last Pay certificate will be made out in quadruplicate. The original Last Pay Certificate will be forwarded with other documents to Paymaster Post Discharge Pay and triplicate, with his discharge documents.

M. F. W. 44.

100M.—1-18.
H. Q. 1772-39-903.

2-3-16

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L. L. Job 310—M. & D. 6574.

MILITIA AND DEFENCE

M. F. W. 11.
50m.—4-16.
H. Q. 1772-39-818.

SEPARATION ALLOWANCE

Name Mrs. Elijah Van Buskirk.

Address Aylesford
Kings Co
N.S.

Relation to Soldier wife, child or mother } Guardian

Name of Soldier Foster Geo. W.

Regtl. No. 282908

Rank Pte.

Corps ~~219th. Battn.~~

~~Transferred to Spec.~~ Dev. Battn. 1/10/16 (DPMK 27/10/16)

To what Corps belonging when called out } 19 Mich. MSTC 3/7/17 DPMK 7/7/17 W 1918 7/7/17

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
Apl.				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				

CONSOLIDATED 5 ACCOUNT

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 219th O.S.H. Bn C.E.F.

(2) Regimental Number 282908

(3) Full Name of Soldier George Washington Foster

(4) Place of Birth Aylesford Kings Co Nova Scotia

(5) Are you married, or not? yes

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

(b) Present Postal Address Aylesford Kings Co N. S.

(7) Are you a widower? yes

(8) Have you any children? yes

If so, give number of boys and girls one boy four girls

Also their names and ages (Boy) Forest 9 yrs May 17 yrs Alice 14 yrs Elsie 12 yrs Greita 5 yrs

M. F. W. 67.

300M.—5-16.
1772-39-954.

(SEE OTHER SIDE.)

(9) Is your Father alive? no

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

(10) Is your Mother alive? no

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

.....

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

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

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

.....

.....

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

.....

.....

.....

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

yes

.....

(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. Colonel.
Comd'g. 219th. "Overseas" Highland Bn. C.E.F.
Officer Commanding.

Date.....

2-3-16

MILITIA AND DEFENCE

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

PAYMENTS.

M. F. W. 11a.
50m.—4-16.
1772—39—818.

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Sheet No. 2. Mrs Elizah Van Buskirk Guardian

Name of Soldier Foster Geo. W. Pte

L. L. Job 310.—Req. 6574.

Month.	Year.	Cheque No.	Amt.		Remarks.
April	1916				
May		I 7518	59		59
June		26475	20		20
July		B 9612	20		20
Aug.		A 14690	20		20
Sept.		~~O 17904~~	~~20~~ 12		~~72~~ O. 17904 Cancelled
Oct.		Y. 21291	12		12 O24187 ~~Cancelled~~
Nov.		~~Q 24187~~	~~36~~		36 (3) Children per Doctors certificate
Dec.		H 27483	20		20 attached to corres. Oct 18. 1916.
Jan.	1917	n. 27969	56	—	~~56~~ mailed 3-1-17
Feb.		W. 33456	20		~~20~~
March		X 36733	20		20
April		R 920	20		20
May		R 4333	20		20 v. B.
June		V. 7373.	40		20 339
July		U ~~9983~~ 9983	~~20~~ 20		20 ~~Cancel U 9983 18/7/17~~ not cancelled
Aug.		X	~~20~~	X	~~20~~ X no ch pendg DML 7/7/17 WB 18/7/17
Sept.					
Oct.			x	x	
Nov.			x	x	
Dec.				x	
Jan.	1918				
Feb.					
March					
April					
May					
June					
July					

MILITIA AND DEFENCE

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier.....

PAYMENTS.

Month.	Year.	Cheque No.	Amt.	Remarks.
Aug.	1918			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1919			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1920			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				

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

M. F. W. 54. (A. F. B. 103.)
250M.—1-16.
H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps (4) 219th C. S. H. Bn. C. E. F.

Regimental No. (1) 282908 Rank (2) Pte. Name (3) George Washington Foster

C. E. F.

Enlisted (a) (5) 22-3-16 Terms of Service (a) (6) C. E. F. Service reckons from (a) (7) 22-3-16

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) (8) Efficient Teamster

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.
1/7/17		Taken on Strength "B" Unit M. H. C. C. Part II D.O. 176	Halifax	1/7/17	W. Christie CAPT. & ADJUTANT FOR MAJOR O. C. "B" UNIT M. H. C. C.
22/3/18		Discharged Part II D.O. 95	do.	22/3/18	W. Christie CAPT. & ADJUTANT FOR MAJOR O. C. "B" UNIT M. H. C. C.

(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				

AUDITOR | PAYMASTER

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

M. OR S.

REGT. NO. 282908 RANK Pte NAME (IN FULL) Foster George W

NEXT OF KIN | RELATIONSHIP | PARTICULARS | EFFECTIVE DATE | AUTHORITY

ORIGINAL UNIT C.E.F. | IF IN P.F. WHAT UNIT? | BLOCK LETTERS SURNAME FIRST

ADDRESS

PLACE OF ATTESTATION | TRANSFERRED TO | DATE | AUTHORITY

DATE OF ATTESTATION | TRANSFERRED TO | DATE | AUTHORITY

IS SEPARATION ALLOWANCE PAID? | DATE EFFECTIVE

ASSIGNED PAY $ | DATE EFFECTIVE

TO WHOM PAID | RELATIONSHIP

PAYABLE TO Victoria Vale Anna. Co N.S. | RELATIONSHIP | ANY CHANGE IN ASSIGNEE OR ADDRESS

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. NO. OF DAYS	RATE	AMOUNT $ C.	OTHER CREDITS $ C.	$ C.	TOTAL CREDITS $ C.	ACQUITTANCE ROLLS COL. NO. 1 NO. DATE	COL. NO. 2 NO. DATE	COL. NO. 3 NO. DATE	CASH PAYMENTS COL. NO. 1 $ C.	COL. NO. 2 $ C.	COL. NO. 3 $ C.	ASSIGNED PAY $ C.	REGIMENTAL CHARGES $ C.	OTHER CHARGES $ C.	$ C.	TOTAL DEBITS $ C.	BALANCE DEBIT $ C.	CREDIT $ C.	PARTICULARS OR REMARKS
BALANCE FROM PREVIOUS ACCOUNT																				
20-2-23	61	70	W SG			140 –						133 –	✓		SA 7 –		140 –	~~0~~	~~0~~	CK No. [illegible] $133.00
6-6-23	61	30	~~Dep~~ portion			60 –						⊙ 53 –								⊙ CK No. G65 } 9/6/23 $53.00
												× 7 –					60.00			× CK No. G64 } 7.00

200M-3-19.—L. L. 58786-M. & D. 9985.
M. F. W. 2596.
1772-39-1390.

Date of Enlistment

2-3-16

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Date of Assignment

RATE OF SEPARATION ALLOWANCE

20	25.00 1/12/17		

P.C. 3257

RATE OF ASSIGNMENT

PARTICULARS OF SEPARATION ALLOWANCE

No. 282908

Rank Pte. Promoted Reverted Discharge

Soldier's Name Geo. W. Foster

Battalion B Unit M. H. C.

Beneficiary Mrs. Elizah Van Buskirk

Relationship guardian

Address Aylesford, Kings Co. N. S.

PARTICULARS OF ASSIGNMENT

Name

Address

Change of Address

1

2

3

4

Date 1917	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
Dec 31		339 xxx			06254-G-12 account suspended - no check pendy. DPMS. 7/7/17. W.B 18/7/17 Last S.A. Cheque July 1917.

M. F. W. 128
400M.—6-17—1772-39-1141
L. L. 22320—M. & D. 7993.

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
400M.—6-17—1772-39-1141
L. L. 22320—M. & D. 7993.

B. P. C.

(Medical Officers will please read this Form carefully before using it. See instructions, page 4.)

FORM TO BE USED FOR WARRANT OFFICERS, N.C.O'S, AND MEN

ASSISTANT DIRECTOR FEB 16 1918 5th. DIVISION. MEDICAL SERVICES.
63-F-164
DEPT. OF MILITIA AND DEFENCE FEB 24 1918 RECEIVED

MEDICAL HISTORY OF AN INVALID

STATION U.S. Sanatorium, Kentville N.S. DATE Feb. 5th / 1918

1. (a) Unit B-unit. (b) Regimental No. 282908 (c) Rank Pte.

(d) Surname Foster (e) Christian name George W.

2. Age last birthday 53 yrs. Date of birth Sept. 17th / 1865

3. Enlisted at Millville, Kings Co., N.S. on March 2nd / 1916.

4. Personal description:

(a) Height 5 ft 6 3/4 in. (b) Weight 134 lbs. (stripped) (c) Complexion fair.

(d) Colour of hair gray (e) Colour of eyes blue (f) Identification marks

Scar on inner side of left knee.

5. Address after discharge (for the use of the Board of Pension Commissioners.)

Millville, Kings Co., Nova Scotia.

6. Former trade or occupation Teamster.

7. (a) Service

	Years	Days
	1 yr.	10 months.

	Periods From	To
219th Batt.	March 2 / 1916	Oct. 1916
Special Service no b.	Oct. / 1916.	July / 1917
B-unit.	July / 1917	

MILITARY DISTRICT NO. 6 HALIFAX, N. S. FEB 17 1918 M. D. NO. 6 39-F-208

(b) Has he been Overseas? no.

8. Present disease or disability (use authorized nomenclature if possible). Pulmonary Tuberculosis.

(a) Date of origin Oct. 1916 (b) Place of origin Halifax, N. S.

(c) Cause* T.B. infection & exposure to weather.

*(Here include original disease or injury)

9. Present condition. (Important, to be a full description of the present disabling condition or conditions).

Loss of strength	+	Physical Findings:- Right:- Dullness to 4th rib and 7th Vert. Spine, slight to base.
Loss of weight	+	breathing distant over front and back. Vocal Reson. increased over front & back. On coughing
Loss of appetite	0	there are a few fine rales to 4th Vert. Spine.
Fever	0	Left:- Dullness to 3rd rib and 7th Vert. Spine, slight to base and 9th Vert. Spine.
Cough	+	
Expectoration	sl+	breathing distant over front & back. Vocal resonance increased over front and back.
Pleurisy	sl+	
Night Sweats	0	On coughing occasional fine rales to 2nd rib.
Haemoptysis	0	This patient is in the 2nd Stage of Pulmonary Tuberculosis. The debility
Shortness of Breath	+	is not marked.
Tubercle Bacilli	0	

[After describing all abnormalities, anatomical and functional, contributing to present incapacity (see section 11) state whether such incapacity is directly due to (a) weakness, (b) loss (complete or partial) of an organ or member or of its functions, or (c) to the necessity for rest of the body or of some of its parts.]

B. P. C. PUBLIC FALSE DOCKET 2

M. F. B. 227.
150M.-6-17.
1772-39-117.

10. History ;

Here give a description of wounds, scars, deformities, and signs and symptoms of abnormal conditions present and not indicated in answer 8. This section cannot be completed without stripping the soldier and subjecting him to a thorough physical examination

Scar on inner side of left knee.

11. To what extent, state in percentages, is capacity to earn a livelihood in the untrained labour market reduced ? If there is more than one disabling condition, estimate the incapacity due to each, and that due to all combined.

75% for the necessity of rest and to prevent recurrence of the disease.

12. Did the disability arise on or off duty ? on duty.

13. Was a Court of Inquiry held ? No.

14. If the disabling condition had its origin before enlistment, has it been aggravated on service ?

Yes..... Not applicable.

(If the answer is in the affirmative, state in percentages, to what extent the soldier is incapacitated by that aggravation.)

15. Was the disability caused or aggravated by negligence, by vice or by misconduct, or by unreasonable refusal to accept treatment ? Yes 40% by being absentee 54 days.

(If the answer is in the affirmative, state in percentages, to what extent the patient is incapacitated by that causation or aggravation. In answering this question, conduct sheets should be considered. If treatment has been refused, the circumstances surrounding the refusal should be described on page 4.)

16. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one ? 6 months.

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

Sanatorium, Nova Scotia.

18. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit ?

Yes.

19. Can the former trade or occupation be resumed ? No.

20. Recommendations That # 282908 Pte. G. W. Foster be placed in Category E as he refuses further treatment and has signed waivers. His refusal is unreasonable.

F. M. Sinclair Lt. RAMC.

Medical Officer by whom the case is brought forward.

STATEMENT OF THE SOLDIER.

(Sections 8, 9 and 10 are to be read to the soldier.)

I, the undersigned Pte. Foster. have heard the description of my disability read, and am satisfied (~~or not satisfied~~) with it. (If dissatisfied, statement should follow.) I complain in addition of

G W Foster

Signature of soldier examined.

OPINION OF THE MEDICAL BOARD

21. Does the Board concur with the preceding report? If not, give differing opinions, with reasons, quoting the number of the answer criticized.

Yes.

22. Is the soldier fit for

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

23. It is certified that the soldier

(a) Does require treatment.
~~(b) Does not require treatment.~~
(c) Should pass under his own control.
~~(d) Should not pass under his own control.~~

(Strike out condition not applicable).

24. It is recommended that the soldier be discharged. (When not for discharge add special recommendation).

The board recommends that # 282908 Pte George W. Foster be placed in Category D iii for further Sanatorium treatment but since he refuses and has signed waivers he is to be placed in Category E for discharge.

E. C. de Ahlt Maj Arve President.

R. J. Collins M. D. } Members.

STATION U.S. Sanatorium, Kentville N.S.

DATE Feb 5th 1918.

APPROVED BY

DATE 15.2.18

E. F. Moore Major
for Assistant Director of Medical Services.

APPROVED BY

DATE

Director-General of Medical Services.

B. P. C. FOLIO
FALSE DOCKET
1

This patient entered the Sanatorium and improved very much. He however left for his home, was married & returned for a short time. He later went home and has been an absentee ever since. (R.J.C)

TO BE COMPLETED WHEN TREATMENT IS REFUSED

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

Witness [illegible] Signed [illegible]

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

INSTRUCTIONS

1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of pages 1 and 2 of this Form. The President of the Board of Medical Officers is responsible for the proper completion of the space, of page 3, reserved for recording the Proceedings of a Board of Medical Officers.
3. In answering the questions, Medical Officers will carefully obtain and record the soldier's statements concerning his condition. They will distinguish observations made by themselves from hearsay. They will distinctly state the authority for statements not resulting from their personal observation; it must be made clear whether such statements are obtained from the soldier concerned, from witnesses, or from documents.
4. If a complete answer to any question requires more space than that reserved for it, the answer may be continued on the blank space on this page.
5. The nomenclature of diseases to be followed is that described in "List of Diseases" printed in the order in which they appear in the Annual Report on the Health of the Army, published in London, (1915), by Messrs. Harrison and Sons.

* N. B—This Form being applicable to any Board of Officers or Committee or Court of Inquiry, this blank to be filled in accordingly.

The signature of each Officer composing the Board, &c., should be attached to the end of the proceedings.

PROCEEDINGS of a * Medical Board

assembled at Wellington Barracks. Halifax

on the 8-11-1916

by order of A.D. M.S. 6th Division

for the purpose of examining and reporting upon the physical condition and fitness for service of No 282908 Pte G. W. Foster

PRESIDENT.

Major Dugald Stewart

MEMBERS.

Capt N.P. Freeman

The Board having assembled pursuant to order, proceed to examine the above mentioned man and find that he is over forty four Years of age and is unfit for Overseas Service and Recommend that he be transferred to Special Service in Class C

Wellington Barracks
Halifax. N.S.
Nov. 8th 1916

Dugald Stewart
Major A.M.C.

63-7-164.

N.P. Freeman Capt A.M.C.

M. F. B. 303.
150M.—7-16.
H. Q. 1772—39—133.

MEDICAL HISTORY OF AN INVALID.

1. Station. Halifax
2. Regiment or Corps. 219th Battn
3. Regimental No. and Rank. 282908
4. Name. George W. Foster
5. Age last Birthday. 5-2
6. Enlisted on March 2nd, 16
   at Berwick N.S.
7. Former Trade or Occupation. Teamster

8. General remarks on his :—
   (a) Conduct.
   (b) Habits.
   (c) Temperance.

conduct sheets not available

(For this purpose the Company defaulter sheets will be obtained from the man's Commanding Officer.)

Date. 20, 6, 17.

9. Service. Years. Days.

	PERIODS.	
	FROM.	TO.
219th Battn Spec. Service Co.	March 2nd Sept	Sept

MILITARY DISTRICT No. HALIFAX, N. S. JUN 29 1917 M. D. No. 6 59-F-208

10. (a) Disease or disability. Pulmonary Tuberculosis
    (b) Date of origin. Nov. 1916
    (c) Place of origin. Halifax.
    (d) Cause. Exposure at Aldershot.

11. Present Condition. (Most Important).
(To include full description of present disabling condition or conditions.)

Patient poorly nourished + anaemic Shortness of breath + marked on exertion loss of weight + appetite etc. Haemoptysis Exam. Dulness over the upper right lobe with harsh + prolonged expiratory breathing crackling rales heard posteriorly over the lower part of the upper left lobe

12. (a) Is the disability the result of service or climate? yes
    (b) Has it been aggravated by intemperance, vice or misconduct? no.

M. F. B. 227.

150 M—5-16.
1772-39-117.

13. (a) For purpose of Identification. (Here a full description of wounds, scars, deformities, etc., is to be given.)

Scar on inside of left knee joint

(b) In case of wounds, or other injuries, state whether sustained on or off duty. If not received in action, was a Court of Inquiry held?

not applicable

(c) In the event of the disability being attributed to exposure on duty, state clearly the nature of such exposure, and whether it was exceptional or otherwise.

Exposure to the weather at Aldershot camp.

14. Treatment

Hospital Rock Head Nov - Dec 1916
Rest at Home Dec 31st/16 June 20th, 17.

15. If the disabling condition had its origin before enlistment, has it been aggravated by service, and to what extent?

not applicable

16. What is the probable duration of the disability or of each disabling condition, if more than one contributes?

Permanent

17. To what extent will it prevent his earning a full livelihood in the general labour market? Please state in fractions.

1/2

18. State if for discharge on account of unfitness for Service.

No; for further treatment
Cat. B. III

J. Stanley Chisholm
Captain
Medical Officer by whom the case is brought forward.

OPINION OF THE MEDICAL BOARD.

Does the Board concur with the preceding report? If not, give differing opinion. yes

10. yes

11. yes

12. yes

15. yes

16. yes

17. yes.

18 Is he unfit for Military Service. yes.

Recommendations:

The Board recommends that #282908 Pte George W. Foster 219th Bn. be given the benefit of Sanatorium treatment Category D iii

Signatures :—

..... President.

Station. Halifax

Date. June 20/17.

John K. McLeod Capt. and Members.

A. E. Mackintosh Capt. AMC

Date. 26-6-17.

A. E. Mackintosh Capt for Asst. Director of Medical Services.

Approved.

Date.

Director-General of Medical Services.

Militia Form B. 227.

150 m—5-16.
H. Q. 1772—39—117.

DETAILED MEDICAL HISTORY OF INVALID.

Station

Corps

Regimental No. Rank

Name

Disability

Date

Hospital or Station transferred to for final disposal.

Date of final disposal

How finally disposed of

The original Report is invariably to accompany the discharge documents of invalids.

(At Station or Hospital where finally disposed of.)

Station and Hospital ..... Arrived from .....

Date .....

If admitted. Index No.	If under treatment. From	From	Disease.	How fully disposed of.	Date of Discharge, &c.
Date					

Summary of Causes of invaliding, or remarks as to remand to Regiment, Station or Depôt.

Date of final Medical Board or decision.

.....
Administrative Medical Officer.

74-F-92

This space to be for numbers

Proceedings on Discharge.

(When forwarded for confirmation these proceedings should be accompanied by the documents specified on fourth page).

No.	# 282908
Rank	Private
Surname	Foster.
Christian Name	George, W.
Corps (Squadron, Battery or Company)	219th Battalion, C.E.F.
Date of Discharge	March 22nd. 1918.
Place of Discharge	Halifax, N. S.

NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.

1. DESCRIPTION AT THE TIME OF DISCHARGE.

		Descriptive Marks
Age	53 years 6 months.	
Height	5' feet 5' inches.	
Complexion	Sandy	
Eyes	Grey.	
Hair	Brown	
Trade	Farmer + Teamster	
Intended place of residence (To be given as fully as practicable.)	Millville Kings Co. N.S.	

2. The above-named man is discharged in consequence of

Being no longer physically fit for war service.

N.B.—The cause of discharge must be worded as prescribed in the King's Regulations and be identified with that on the character certificate. If discharged by superior authority, the number and date of the letter to be quoted.

To be in the handwriting of the Commanding Officer, who will himself make identical entries on the character certificate and initial them.

3. Conduct and character while in the service have been, according to the records, etc.

Good

N.B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldiers and the Officer Commanding his Squadron, Battery or Company.

4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)

Farmer + especially as a Teamster

M. F. B. 218.

100M.—1-17.
H. Q. 1772-39-113.

(OVER)

KCD.
26.12.19

5. He is in possession of the following number of G. C. Badges:

No reference to G. C Badges is to be made on either the discharge or character certificate.

6. Medals and Decorations.....

To be copied by the Commanding Officer on to the parchment Discharge Certificate.

7. His account is correctly balanced, and signed by the Officer Commanding his Company. (*Squadron or Battery*), and I have impartially enquired into all matters brought before me in accordance with Regulations.

(Place)..... .....

(Date)..... *Commanding* .....

8. **Certificate to be signed by the Soldier on Discharge**

I hereby acknowledge that I received all my Pay, Allowances and Clothing, and all just demands, up to the present date, subject to the reservations of the claims noted on the third page.

(Place) Berwick NS L U Foster (*Signature of Soldier.*)

(Date) ~~[illegible]~~ 25th '18 Geo. J. McNally M.D. (*Signature of Witness.*)

When a soldier is absent through illness or any other cause and it is not desirable to forward these proceedings to him for signature, a manuscript copy should be sent for the man to sign, and when returned, should be attached here.

9. **Additional Certificate in the case of a Soldier who takes his discharge on his own request.**

I hereby declare that I do of my own free will request to be discharged from His Majesty's Service.

L U Foster (*Signature of Soldier.*)

10. **Statement of Service.**

Service toward Engagement to.....(the date to which the Record of Service is completed).....years.....days.

Total.....years.....days.

11. **Confirmation of Discharge.**

The discharge of the above-named man is hereby confirmed.

(Place) Halifax NS

(Date) 5 4/18

(*Signature*) [signature] CAPT. & ADJUTANT FOR MAJOR G. C. "B" UNIT M. H. C. C.

Reservations referred to at Para. 8.

(To be signed by the soldier. When there are none, it is to be so stated, and signed by the soldier.)

I have not received any pay for months of Jan. Feb. + March 1918 also back pay amounting to 11.80 for December 1917. and 6 weeks board.

L W Lake

L. J. McNally M.D.
witness

March 25th 1918

(OVER)

List of Discharge Documents.

Reg. Conduct Sheet,	Militia form B. 263.
Squadron / Battery / Company } Conduct Sheet,	" B. 263a.
Copies of Convictions, by C. P.	in MS.
Med. Hist. Sheet,	Militia Form B. 313
Medical Report for Invalid*	" B. 227.
Statement of Man's Account on Transfer and Last Pay Certificate,	" D. 877.

*Only if discharged "Medically unfit."

Attestation Paper,	Militia Form B. 235.
Proceedings on Discharge	" B. 218.

In the case of recruits who are rejected on final approval, the discharge documents will consist of

(a) Proceedings on Discharge.

(b) Attestation.

(c) Medical History Sheet (in the event of such having been prepared.)

N. B.—In the case of a man discharged by purchase, the date and number of Deposit Receipt with amount of same is to be noted hereon.