

ATTESTATION PAPER.

No. 525229

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname?.....	Foster.	13. Have you ever been discharged from any Branch of His Majesty's Forces as medically unfit? No. 14. If so, what was the nature of the disability? No. 15. Have you ever offered to serve in any Branch of His Majesty's Forces and been rejected? No. 16. If so, what was the reason? No.
1a. What are your Christian names?.....	Godfrey Rushmore.	
1b. What is your present address?.....	c/o P. Welch & Co. Vancouver, B.C.	
2. In what Town, Township or Parish, and in what Country were you born?.....	Beckley. Sussex. Eng.	
3. What is the name of your next-of-kin?.....	Marguerite M. Foster.	
4. What is the address of your next-of-kin?.....	23. Parkhurst Road. Bexhill on Sea. Eng.	
4a. What is the relationship of your next-of-kin?.....	Wife.	
5. What is the date of your birth?.....	12th January 1881.	
6. What is your Trade or Calling?.....	Farmer.	
7. Are you married?.....	Yes.	
8. Are you willing to be vaccinated or re-vaccinated and inoculated?.....	Yes.	
9. Do you now belong to the Active Militia?.....	No.	
10. Have you ever served in any Military Force?.. If so, state particulars of former Service.	Yes; Seven years West Kent Yeomanry;	
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, Godfrey R. 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.

Date 25th April 1917. Godfrey R. Foster (Signature of Recruit)
J. M. Deven (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Godfrey R. 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.

Date 25th April 1917. Godfrey R. Foster (Signature of Recruit)
J. M. Deven (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 Vancouver this twenty-fifth day of April 1917.
C. M. Deven (Signature of Justice)

Description of FOSTER, GODFREY RUSHMORE. on Enlistment.

Apparent Age.....36.....years.....months.
 (To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height.....5 ft. 9½ ins.

Chest measurement. { Girth when fully expanded.....37½ ins.
 Range of expansion.....33 ins.

Complexion.....Dark.

Eyes.....Dark Grey.

Hair.....Dark Brown.

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

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

(Should the Medical Officer be of opinion that the recruit has served before, he will, unless the man acknowledges to any previous service, attach a slip to that effect, for the information of the Approving Officer).

2. Vac L arm.
 Scar over L malar bone.
 Three scars on nose.
 Mole L side of neck.
 Mole L side of penis.
 Feet moderately flat.

Normal R. L. Normal.

VISION: Right 20 Left 20
20 20

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 comm.* for the Canadian Over-Seas Expeditionary Force.

Date.....April 25th.....191 7.

Place.....VANCOUVER, B. C.

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:—

MOBILIZATION BOARD
 VANCOUVER CENTRE

A. R. Buller Capt President
D. P. Melchior Capt
E. J. Saunders Capt

CERTIFICATE OF OFFICER COMMANDING UNIT.

Godfrey Rushmore 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.

J. Macpherson.....(Signature of Officer)
 Major

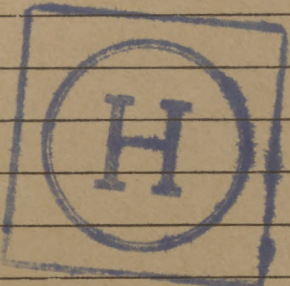
Date.....APR 28 1917.....191 7.

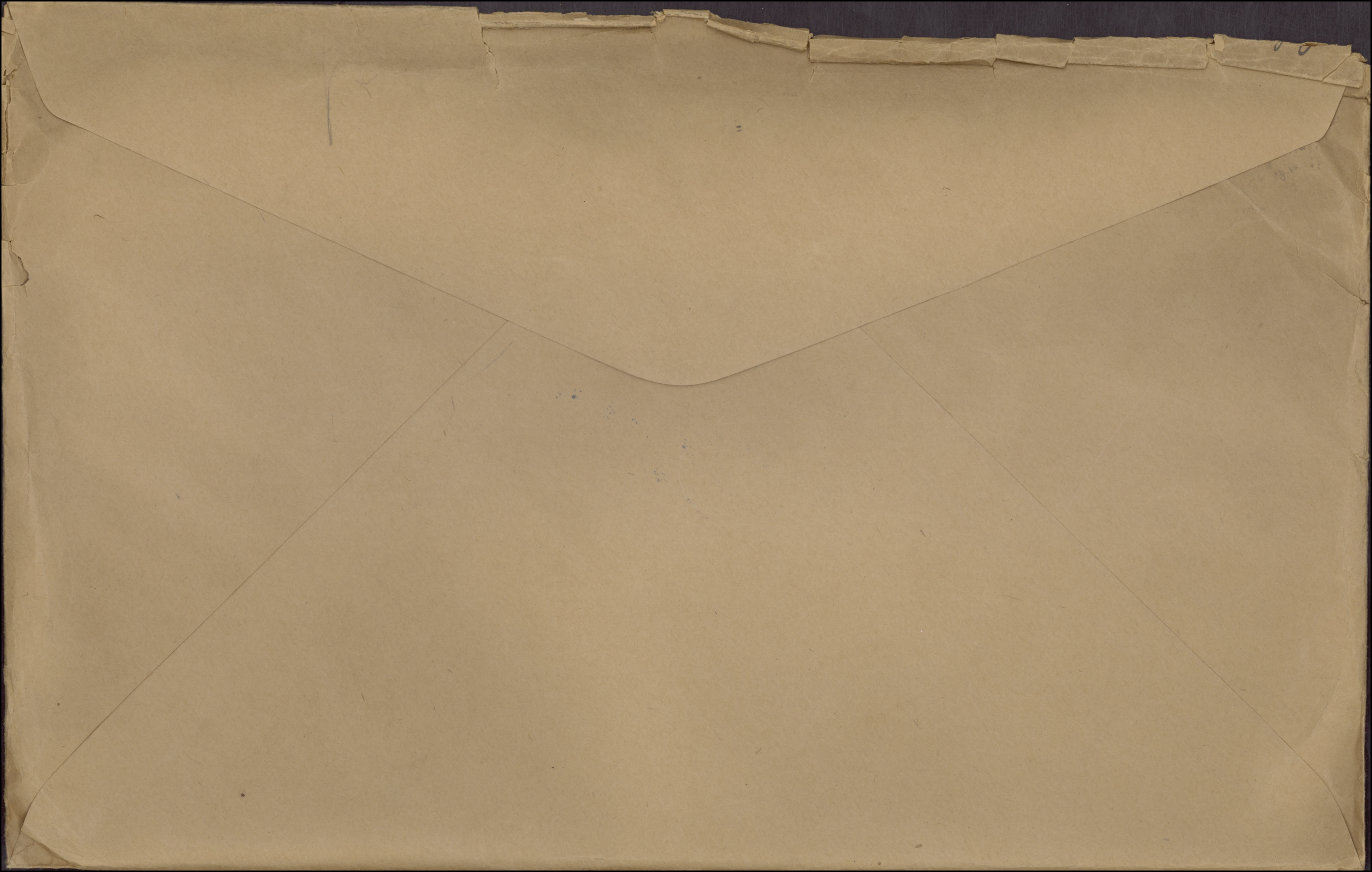
O. G. A. M. C. Training Depot No. 11, C. E. F.

REGIMENTAL DOCUMENTS

Sgt NAME *Zoller Godfrey Rushman* REGT. NO. *220-229* UNIT *P.O.M.C.* H. Q. FILE NO.

CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
3 ATTESTATION PAPER (M.F.W. 23, 133, or 51)		<i>Filed 2-20-20</i>			DEATH
1 CASUALTY FORM (M.F.W. 54 or A.F.B. 103)		<i>Ret 20-3-20</i>		15054	Category <i>H</i>
1 TRAINING HISTORY SHEET (M.F.W. 113)		<i>Ret 24-8-20</i>			
1 FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)		<i>M</i>			
1 REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)					
1 COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					
2 MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
1 DENTAL HISTORY SHEET (M.F.B. 465)					Category <i>Demob.</i>
3 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)					
1 PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)					
1 DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)					DESERTION
1 LAST PAY CERTIFICATE (M.F.W. 44)					
1 PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					2
1 PARTICULARS OF CHARACTER (A.F.W. 3226)					13-11
1 COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					13-11
<i>has hand</i>					11-11
<i>50991937</i>					
<i>8122</i>					
3 <i>P.M.B.</i>					
1 <i>Deut. Cert-1</i>					
1 <i>M7N67</i>					





NAME

Goster, G.

RANK AND CORPS

Pte

REG'TL No. *525229*

H. Q. FILE No. 649.

R.
C. A. M. C. (Engl.)

NATURE OF CASUALTY

FOLLOWS
NO.

FOLLOWS

CABLE

NO.

DATE

LIST No.

HOSPITAL

DATE OF
ADMISSION

REMARKS

49	More Barr. Cam, Shosnc.	17-7-17	Def. Does per list: 67. mumps.
80	to Cam. Con, Monts Nntm ^{Kent.} N.Y. The	23-8-17	" " Lt. Fort.
630	Discharged	12-10-17	Def. Does.

A. & D. No. 29454 Ward 19-5-31-5

Unit CA M C Westgr Sick or Wounded.

Regtl. No. 525229 Pl. of Act'n

Rank Pvt Name Foster Godfrey R

Age 36 Religion Pres

Service Compl'd 3/12 Time with Field Force

Diagnosis Mumps to Deferritis of Testes

Admitted July 16th 17 Discharged

Transferred 22.8.17 Mowks Harton

Uncovered

Record further remarks on back.

1030

operation performed by Col Hutchinson
Removal head of malabarical L foot Aug 7-8/5

Unit
Regt. No.
Rank
Service Comp'd
Admitted
Transferred
Remarks
Sick or Wounded

Rushmore.

Name **FOSTER. Godfrey** Rank **Pte.**Reg. No. **525229**Unit **C.A.M.C. Depot.**Next of Kin **Marguerite M. Foster, 23 Parkhurst Rd, Bexhill-on-Sea. Eng.**

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

1917**17-7 Moore Barr. Can. Hosp. S'cliffe. Mumps. 49***has now reported to be "Def. Toes"***23-8 Can. Con. Hosp. Monks Horton. Def. Toes. 80.****12-10 DISCHARGED:-***No**C 38**2002 763*

No. 525229 RANK Pte

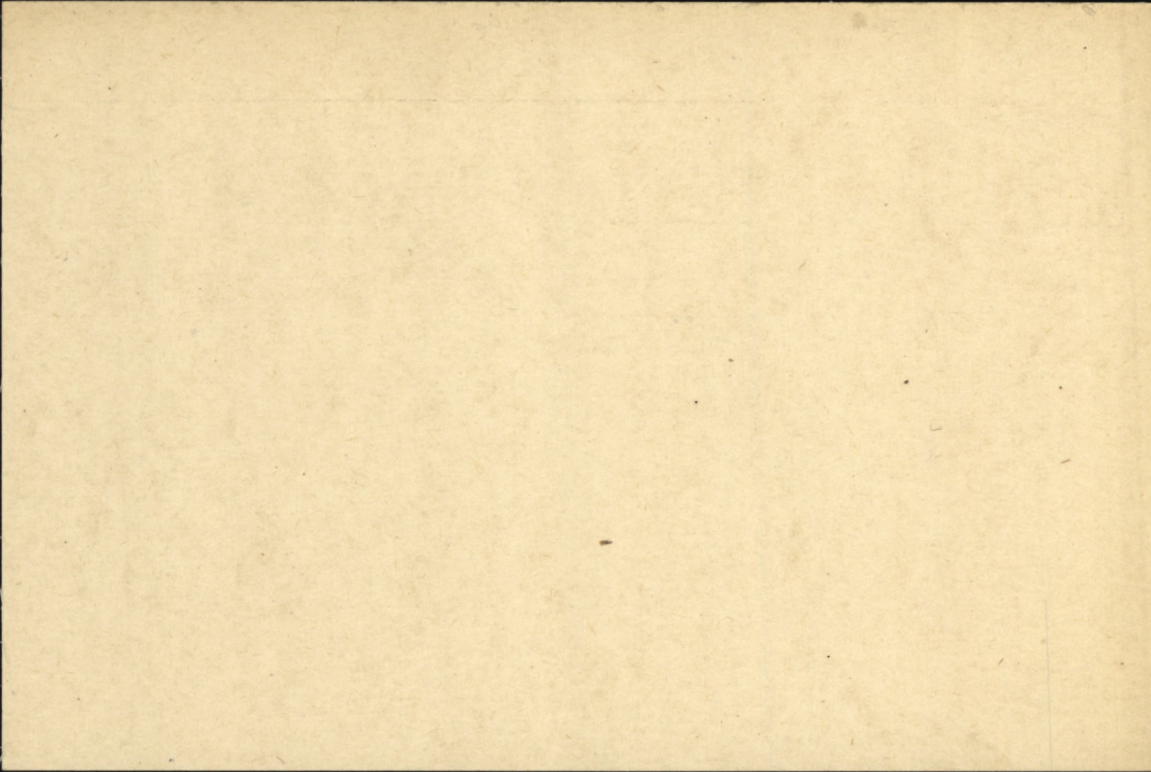
NAME Foster, Godfrey. R

T. O. S. 25-4-17. UNIT A. M. C. Training Depot # 11.

2099 of 27-4-17.

M. D. 11.

			PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
PAY FROM	PAID TO	SIG. OR REC'T	PARTICULARS	AUTHORITY
1917 Apr 25	1917 Apr 20	✓	Recess 30-6-17.	20137 of 13-6-17.
May		✓		
June		✓		



SURNAME.

Foster

CHRISTIAN NAMES

Godfrey Rushmore

REGL. No.

525229

RANK

Platoon

UNIT

C. A. M. C. (I. N. no. 11.) 8th R. I. O.

FORMER CORPS

Imp. Forces (7 yrs)

CARD NO.
S.O.S. in the
13-6-19
FOLL.
19.0.165 of 15-7-19

NEXT OF KIN.

NAMES IN FULL

Foster, Mrs. Marguerite M

RELATIONSHIP TO SOLDIER

wife

ADDRESS

*23 Parkhurst Road.
Bexhill-on-Sea.
Eng.*

CHANGE OF ADDRESS

COUNTRY OF BIRTH

England, Beckley Sussex

DATE

Jan. 12th 1881.

PLACE OF ATTESTATION

Vancouver. B. C.

DATE

Apr. 25th, 1914

0/8-25-6-17. ⁸⁹¹/₂

MARRIED *yes*

SINGLE

WIDOWER

TRADE OR CALLING

Farmer

RELIGION

Church of England

DESCRIPTION.

APPARENT AGE

36

YEARS

— MONTHS

HEIGHT

5-

FEET

9 1/2

INCHES

CHEST MEASUREMENT

39 1/2

INCHES

EXPANSION

3

INCHES

COMPLEXION

Dark

EYES

dk grey

HAIR

dk brown

DISTINGUISHING MARKS

2 Vacc L. arm. Scar over L. malar bone. 3 scars on nose. Mole L. side of face. Mole L. side of penis feet moderately flat.

MEDICAL EXAMINATION.

PLACE

Vancouver. B.C.

DATE

Apr. 25th 1914

Present Address

*40 P. Welch & Co.
Vancouver. B.C.*

14213

afgt. ~~afgt.~~ B

Number 525229

Rank

Surname

FOSTER

Christian Name

Godfrey Rushmore

Units

62nd

Theatre of War

England

Date of Service

5-7-17

Remarks

Latest Address

24 Parkhurst Rd.

Bexhill-on-sea, Sussex

Roll No.

A Page 31174

Eng.

200m.-2-21.1.

Next of kin _____
 Address on leave _____
 Address on discharge _____
 Transportation issued Yes No Date _____ Character on discharge _____
 Previous occupation _____ Date and place of enlistment _____
 Diagnosis _____ Date of Medical Boards _____

Date	Remarks

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

Surname

Christian Name or Names

Reg. No.

Foster
Rank

G.R.
Unit

525229
Co. Troop Batty.

Pte.
Hospital

C.A.M.C. Eng. Depot.
Date of Admission

Transferred Moore Barracks

Hosp. 17-7-17

Can. Conv. Monk's Horton. Kent. Hosp. 23-8-17.

Hosp.

Hosp.

Diagnosis

~~Mumps~~ Mumps

(1)
Later Diagnosis (if changed)

Def. Joes. Head
RW

(2)

(3)

Additional Diagnosis: if more than one state present

DISPOSITION

Date

Disch. - 12-10-17

C.L. 21-7-17 49

REMARKS

11. 8. 17. 67 vs. C 49. 21. 7. 17. Casty. now repts. to be.
27-8-17. # 80. Def. Joes.
17-10-17. C 38(2)

A.M.B. 2 Dept.

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

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.

2.

3.

4.

5.

6.

7.

*EWS*D/E 25-4-17
MILITIA AND DEFENCEM. F. W. 11.
50m.—6-16.
H. Q. 177-39-313.

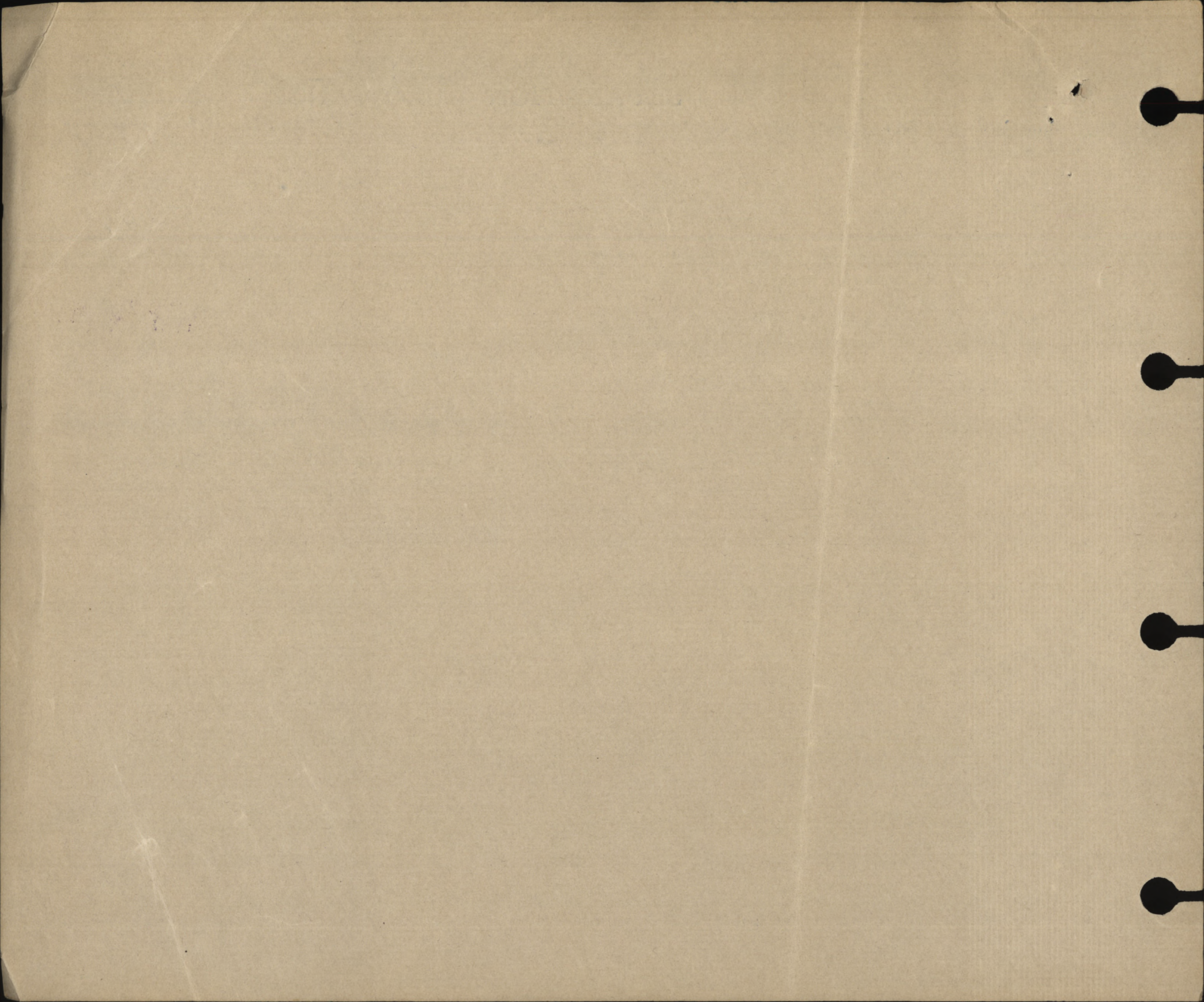
SEPARATION ALLOWANCE

Name *Marquerite M. Foster* Name of Soldier *Foster, Godfrey R*
 Address *23 Parkhurst Rd* Regtl. No. *525229*
Bexhill-on-Sea Rank *Pte*
England Corps *A.M.C. J.D No 11*
 Relation to Soldier }
 wife, child or mother } *Wife*
 To what Corps belonging }
 when called out }

PAYMENTS

ENGLISH

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			<i>Duplicate Sent to England for payments</i> MAY 22 1917
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
Apl.				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				



15

Ward 8

C.E.

Forms I. 1237
12

MOORE BARRACKS,

CANADIAN HOSPITAL,

SHORNHOVE

MEDICAL CASE SHEET.*

7

MONKS HORTON

No. in Admission and Discharge Book. 29454 Year 1917.	Regimental No.	Rank.	Surname.	Christian Name.
	525299.	Pte	Foster	Godfrey R.
		Unit.	Age.	Service.
		C. A. M. C.	36	12. 2
			Farmer	
Station and Date. M B C H 16-7-17.	Disease Mumps Deformity of toes. Adm. with swelling of left parotid with slight constitutional disturbances. T. Routine.			
4/8/17.	Mumps has been mild & uncomplicated. Quarantine period up. Pat. states he has had pain in head of 1st metatarsal left for several years, preventing him marching. Exam. by St. Col. Hutchison who instructs that he be sent to surgical division for operation. Categ. A II. Transfer Wed 5.			
	W. S. Shannon Capt.			
H-8-17	Head of 1st metatarsal left enlarged on dorsal aspect and unable to march on account of pain there. For operation. Ester S. A. De Launcean Capt came			
7/8/17	O. Resider has 1st metatarsal L foot but swollen due to injury many years ago. Wound without drainage, removed but not removed. J. Alex Hutchison			
15-8-17	Stitches removed - healed - good result			
20-8-17	Transferred to C. A. H. Monks Horton category D 3 De Launcean Capt came			

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

Station
and Date.

Canadian Convalescent Hospital,
Monks Horton, Kent.

Monks Horton

22/8/17

Foot tender - Complaints of general weakness
and diz 3 y spells following the mumps.
for three or four weeks Cont. - Walmer.

CANADIAN WAR HOSPITAL,
THE BEACH, WALMER.

McMaster

23/8/17

~~No march or drill for week. Massage left foot~~

24

Massage left foot. Visit Quin Co. I. & A.

~~Sept. 4~~

~~No march or drill
Massage left foot. Visit Quin Co. I. & A.~~

Sept. 4.

Visit this & vada. I. & A. S.

" 10

bandage left foot. slip massage

" 17

Varicoid - Superficial bandage.

generally much improved still complains
of trembling in limbs pains in heart etc

To West Cliff for exam ears - ~~Mr. D~~

2-10-17

For Short Form Board for Retard. ~~Mr. D~~
MOM Even Capt.

3-10-17

4/10/17

Boarded Short Form
Finding B¹¹

MILITIA AND DEFENCE

M. F. W. 11a.

50m.-6-16.

1772-39-313.

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

Sheet No. 2.

*Marguerite M. Foster**Wife*
PAYMENTS.

Name of Soldier

Foster, Godfrey R

L. L. Job 4503.-Req. 6832.

Pte

Month.	Year.	Cheque No.	Amt.	525229	Remarks.
April	1916				<i>Duplicate sent to England for payments</i>
May					
June					
July					
Aug.					
Sept.					
Oct.					
Nov.					
Dec.					
Jan.	1917				
Feb.					
March					
April					
May					
June					
July					
Aug.					
Sept					
Oct.					
Nov.					
Dec.					
Jan.	1918				
Feb.					
March					
April					
May					
June					
July					

MAY 22 1917

MILITIA AND DEFENCE
SEPARATION ALLOWANCE
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

PAYMENTS.

Name of Soldier _____

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.				

13-1-0.
WEST CLIFF CANADIAN EYE & EAR HOSPITAL.
FOLKESTONE. ..Oct. 4....1917.

SPECIAL REPORT ON EARS.

No. *525229* RANK. *Pte.*

NAME. *Foster G. R.*

UNIT. *C.A.M.C. Monks Horton*

FROM: OFFICER COMMANDING.

TO: *C. C. Monks Horton*

NOSE: NASO-PHARYNX: *- slight discharge*

LARYNX:

EARS:

RIGHT

HEARING

LEFT

<i>21ft</i>	-	VOICE	<i>21ft</i>
<i>+</i>		SCHWABACH	<i>+</i>
		WEBER	
<i>+</i>		RINNE	<i>+</i>
<i>2048</i>		UPPER LIMIT	<i>2048</i>
<i>32</i>		LOWER	<i>32</i>

REMARKS:

HE IS *fit* FIT FOR OVERSEAS SERVICE.
CONDITION WAS *was* PRESENT PREVIOUS TO ENLISTMENT AND HAS.....
BEEN CAUSED BY SERVICE.

RECOMMEND PATIENT FOR CATEGORY... *A*

J. A. Stewart Capt C.A.M.C.
FOR O.C. WEST CLIFF CANADIAN EYE & EAR HOSPITAL.

V.

WEST CLIFF CANADIAN EYE AND EAR
HOSPITAL FOLKESTONE, KENT.
4 OCT. 1917



540



O. C.

C. A. M. C.

Monks Horton

164



SEPARATION ALLOWANCE

Name *Marquerite M. Foster* Name of Soldier *Foster, Godfrey R*
 Address *23 Parkhurst Road* Regtl. No. *525229*
Bexhill-on-Sea Rank *Pte*
England. Corps *A.M.C. I.D. No 11*
 Relation to Soldier }
 wife, child or mother } *Wife*
 To what Corps belonging }
 when called out }

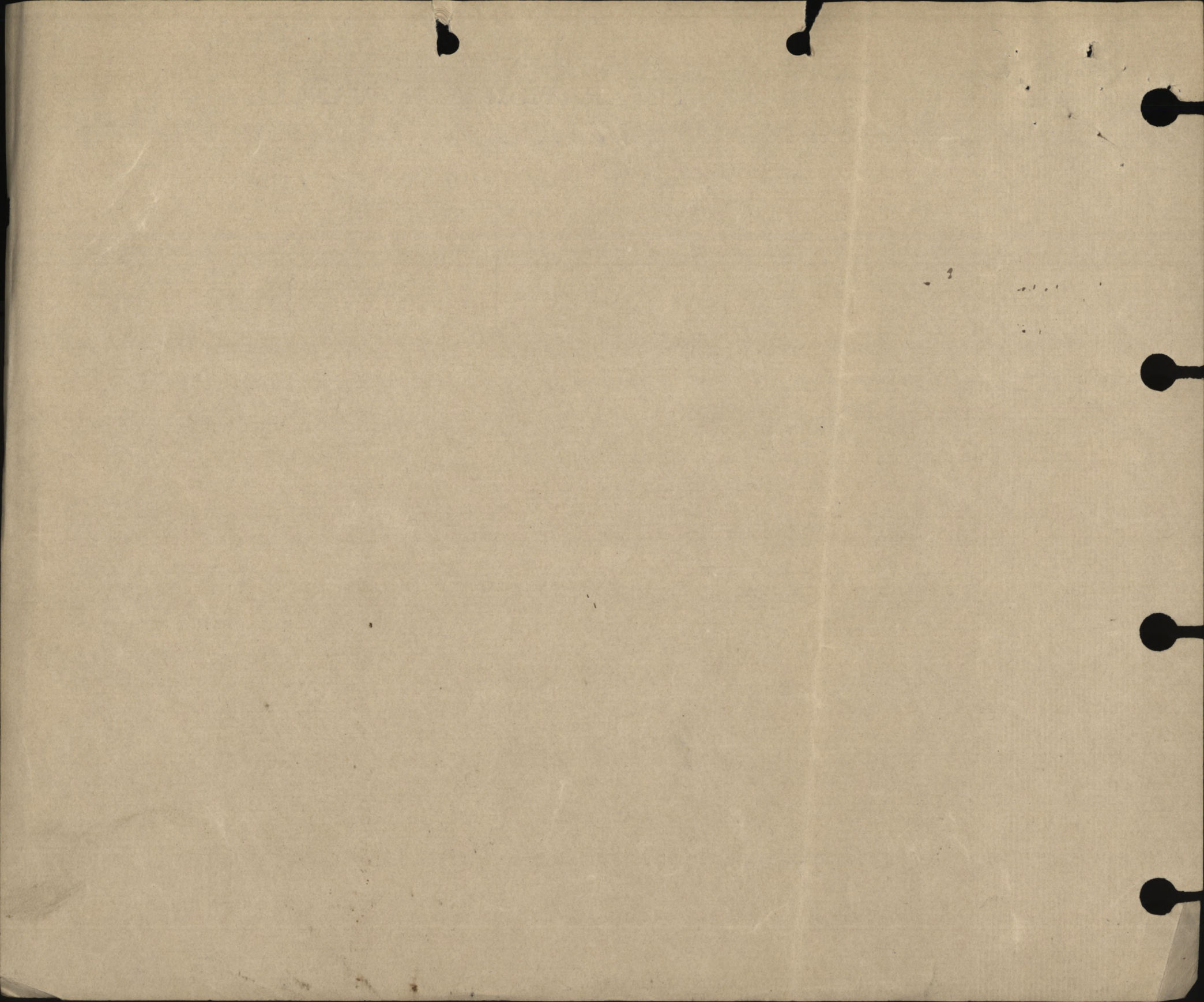
#20.

PAYMENTS



Notes (Ames)
Grandhayes
12/14/17
Adm

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			<i>was sent. 6-7-17.</i>
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				<i>Authority General Auditor 12/7/17</i>
March				<i>20th off 25.4 17</i>
Apl.				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				



15-1-0.

WEST CLIFF CANADIAN EYE & EAR HOSPITAL.

FOLKESTONE... *Oct 4th* ...1917.

SPECIAL REPORT
ON EYES.

No. *525229.*
RANK *Pte.*
NAME *Doster GR*
IN OR OUT PATIENT *out*
UNIT *CAME*

FROM: OFFICER COMMANDING.

TO: *OC. Monks Horton*

RIGHT VISION: *6/pr*
LEFT VISION: *6/pr*

REMARKS:-

This man has an astigmatism but I don't think sufficient to account for his disability.

HE IS... ~~.....~~ FIT FOR OVERSEAS SERVICE. GLASSES HAVE *not* BEEN ORDERED. CONDITION WAS... ~~.....~~ PRESENT PREVIOUS TO ENLISTMENT AND IS... *not caused* ... BY SERVICE.

RECOMMEND PATIENT FOR *A.*

R. Schulz

C.A.I.C.

FOR O.C. WEST CLIFF CANADIAN EYE & EAR HOSPITAL.

V.

U.S. GOVERNMENT PRINTING OFFICE
4 JUL 1917
HOSPITAL, FOLKESTONE, KENT 20

174

W. G.

(174)

C. G. M. C.

Monks Horton.



MILITIA AND DEFENCE

Duplicate

M. F. W. 11a.
50m.-6-16.
1772-39-313.

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

Sheet No. 2.

Marguerite M. Foster

Wife

Name of Soldier

Foster, Godfrey R

PAYMENTS. *Rte*

L. L. Job 4503.-Req. 6832.

Month.	Year.	Cheque No.	Amt.	Remarks.	
<i>Notes from 13/10/17</i>	April	1916			
	May				
	June				
	July				
	Aug.				
	Sept.				
	Oct.				
	Nov.				
	Dec.				
	Jan.	1917			
	Feb.				
	March				
April					
May					
June					
July		<i>A 19297</i>	<i>64 00</i>	<i>Apr. 25 to July 31 £13.3/-</i>	
Aug.		<i>A 19384</i>	<i>20</i>	<i>-</i>	
Sept.		<i>A 122614</i>	<i>20</i>	<i>-</i>	
Oct.					
Nov.					
Dec.					
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.				

no card X

Canadian Pay Office.
 Received by Pay III.
JUL 3 1917
 and Passed for action to
 Sub-Div. Date

A.	
B.	
C.	
D.	11/7/17
E.	
F.	16/7/17
G.	
H.	
PE's	
Obs.	

Sub 6/7/17

C.A.M.C. original

MEDICAL HISTORY SHEET

Surname Zoster Christian Name Godfrey Rushmore

Examined on APR 25 1917 day of 191

Approved by MOBILIZATION BOARD VANCOUVER CENTRE G.S.P.

Examined at VANCOUVER, B.C.

Rank 2nd Lieut President

Birthplace { City or Town Bickley
County Sussex England

Rank 2nd Lieut President

Apparent age 36

Date 28/4/17 Fit or Unfit Fit for C.A.M.C.

Trade or occupation Farmer

(Feet moderately flat) M.O.

Height 5 feet 9 1/2 Inches

M.O.

Weight 148 lbs.

M.O.

Chest measurement { Minimum 34 1/2 inches

M.O.

{ Maximum expansion 37 1/2 inches

M.O.

Physical development Good

M.O.

Small-pox Marks none

M.O.

Vaccination Marks { Arm Right Left
Number - 2

Date Result VACCINATIONS

When Vaccinated last 1902

28/4/17 Ed Bunting Capt C.A.M.C. M.O.

(a) Marks indicating congenital peculiarities or previous disease

M.O.

(b) Slight defects but not sufficient to cause rejection

M.O.

ATTENTION DENTAL CORPS

28/4/17 Ed Bunting Capt C.A.M.C. M.O.

16/5/17 Ed Bunting Capt C.A.M.C. M.O.

26/3/17 Ed Bunting Capt C.A.M.C. M.O.

Enlisted on APR 25 1917 day of 191 at Vancouver

CORPS	REG'T NUMBER	HABITS	DATE
<u>A.M.C.</u> TRAINING DEPOT NO.	<u>525229</u> 11. C.E.F.		<u>APR 25 1917</u>

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

STATION	DATE	DISEASE	RESULT
<u>9th H.A.M.B.</u>	<u>6/10/17</u>	<u>Old injury left foot</u>	<u>150 7 B Wilson Capt</u>
<u>Cowden Camp</u>	<u>2-5-18.</u>	<u>Flat feet.</u>	<u>130 7 B Wilson Capt</u>
<u>" "</u>	<u>18-8-18</u>	<u>" "</u>	<u>130 7 B Wilson Capt</u>
<u>Cowden</u>	<u>18-12-18</u>	<u>do</u>	<u>130 7 B Wilson Capt</u>
<u>Cowden</u>	<u>26.3.19</u>	<u>Flat feet</u>	<u>130 7 B Wilson Capt</u>

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. VISION: Right 20 Left 20 Hearing normal 1/6/19 Flat feet Vancouver 130 Ed Bunting Capt C.A.M.C.

Surname *Foster* Christian Name *Geoffrey Richard*

STATION	Date of Arrival at the Station	DATES OF						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
		Admission into Hospital			Discharge from Hospital						
		Day	Month	Year	Day	Month	Year				
<i>VICTORIA B.C.</i> Moore Barracks Hptl, Shorncliffe.	APR 25 1917 29454				22	8	17	Mumps Deformity of Jaws	39	Mild - uncomplicated - Recovery Resection 7-8-17 exostosis head 1st left metatarsal - due to old injury. Good result. Transferred to C&A Monks Horton Category A3	<i>De Quackling</i> "Capt came"
Canadian Convalescent Hospital, Monks Horton, Kent.		22	8	17	11	10	17	———— 11/12/18 A.F.B. 179 Complete PA mainly M	49	Disch. to Hosp Lep. Category A3 Registrar Capt. C.A.M.C.	

WAR SERVICE GRATUITY and SEPARATION ALLOWANCE

Payable to FOSTER, Godfrey Rualmore ⁵²⁵²²⁹
 Dependent Mrs Marguerite Foster
 Address 24 Parkhurst Rd.
Beachill-on-Sea. Sussex.
 Address (wife)

Date	Cheque No.	Gratuity	Payments	Balance Due.	Remarks
June 13	23483		21 8 5		1st Grat. plus L.P.C. & CC All.
" 13	23484		6 7 4		1st S.A. " credit
" 18	L.P.C.	2 14 7			L.P.C. Credit.
" 18	PA. 13/6/19	6 2			PA. "
" 18	SA do	4 1			SA "
" 18	CC. All	4 0 0			CC "
July 7	—	71 18 4			Gratuity Credit
" 7	—	30 16 5		82 3 10	SA " "
" 14	54504		14 7 8		2nd Grat.
" 14	54505		6 3 3	61 12 11	2nd S.A.
Aug. 11	63920		14 7 8		3rd
" 11	63921		6 3 3	41 2 0	3rd
Sept 1	86860		14 7 8		
" 1	86861		6 3 3	20 11 1	
Oct. 7	112277		14 7 8		
" 7	112278		6 3 5	0	Final
		109 19 7	109 19 7		

PL. NO.

Form 1313

WAR SERVICE GRATUITY and SEPARATION ALLOWANCE

1

Department

Address

Date

Check No.

Gratuity

Payment

Balance Due

Remarks

12/1/41

12/1/41

12/1/41

12/1/41

12/1/41

12/1/41

12/1/41

12/1/41

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..... **A.M.C. Training Depot No, 11 C.E.F.**

(2) Regimental Number **525229**

(3) Full Name of Soldier..... **Godfrey Rushmore Foster**

(4) Place of Birth **Beckley, Sussex, England**

(5) Are you married, or not? **Yes**

(6) If married, state,

(a) Full name of your wife..... **Marguerite Melanie Foster**

(b) Present Postal Address..... **24 Parkhurst Road**

..... **Bexhill-on-Sea, Sussex, England**

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

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

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

Also their names and ages..... **"**

(9) Is your Father alive?.....No.....

If so, state name and address"

(10) Is your Mother alive?.....Yes.....

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

.....Hicks Place Robertsbridge, Sussex, England.....

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

Are you her sole support, or not?.....No.....

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

"

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

"

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

Yes

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

If so, in what Company?.....Prudential Insurance Coy,.....

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

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

MAY 16 1917

Date.....

J. Macpherson

Officer Commanding

O. C. A. M. C. Training Depot No. 11, C.E.F.

C.R. Rank **FOSTER. Godfrey Rushmore.** Reg'l No. **525229.**
 Unit **Dft. AMC. TD. No. 11 to CAMC. TD.** If in perm. Corps, }
 What Unit? } **Married or Single** **Married.**
 Place and Date of Enlistment **Vancouver. B.C. Apr. 25th, 1917.** Place of Birth **Sussex, England.**
 Name and Address, Next-of-Kin **Marguerite Foster.**
23 Parkhurst Road, Bexhill-on-Sea, England. Relationship **Wife.**

Assigned Pay Monthly \$ Payable to

Separation Allowance \$ Payable to *alst*

Relationship

Relationship



Discharge, Date and Place Reason Character

H. W. & V., Ld.-9546-16.

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 5 7 17 S/S JUSTICIA.					
6-7-17	Camb	Dep J.O.S. from Canada	W. Hauger	4-7-17	PT II O. 187
21-7-17	CAMC Eng.	Adm Moore Barracks	Haap S.cliffe	17-7-17	CL 49 Dep Loc
27-8-17	do	Trans to b.b. Haap	RE Marks Horton	27-8-17	CL 80
16-10-17	b L. b.	Disch do	do	12-10-17	CLC 38
19-10-17	b AMB Dep	SD on posting to b.R. b.S. Hk Buxton	S.cliffe	19-10-17	PT II D.O. 292 CR. x. spec Haap PT II D.O. 264 22/10/17
11-2-18	b.R. b.S. Hk	App'td A/sqf with pay	Pte Buxton	1-2-18	- 11
1-4-18	P.P. b.R. b.S. Hk	J.O.S. from b.R. b.S. Hk Buxton	Bexhill	30-3-18	- 58. b.R. b.S. Hk Buxton PT II O. 27 d/1-4-18.
13-9-18	"	App'td A/sqf with pay	"	21-6-18	- 181.
30-4-19	Camb has boy	J.O.S. from P.P. b.R. b.S. Hk	Bexhill	25-4-19	Do 100

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.				
28.4.19	P.P. CREX. II.	SOS to Camceoy	apt Roxhill	28.4.19	DO 80.
6.6.19	"H" wece	S.O.S from "	" Wisley	23.5.19	— 52.
10.7.19.	H. Wing ccc	S.O.S being discharged in B.D.	apt. Willey	13.5.19	— 63.
		discharged in B. Isles 13-6-19 KR 0	Para 392	Sec xxv Cath. Discharges Board Demobilization CR 5222 NR 863	
15.7.19	Camceoy	S.O.S. O.M.F.C. Having been discharged in B' Isles	apt Willey	13.6.19	DO 165.

B. boy.

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. R.
 REGIMENT C. A. M. C. RANK Sgt. No. 525229
 Date of Examination in England 31/5/19 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 27,
- 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 not hetherford Capt.

UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION

Case No. 100-44334
C. R. ...
F. R. ...

8/15/49

MEMORANDUM FOR THE DIRECTOR

TO : SAC, NEW YORK

FROM : SAC, NEW YORK

27

(a) ...

(b) ...

(c) ...

(d) ...

(e) ...

(f) ...

(g) ...

(h) ...

(i) ...

ASSIGNED PAY: ENGLAND or CANADA. SEPARATION ALLOWANCE: ENGLAND or CANADA. NAME: **FOSTER, Godfrey Rushmore**

EFFECTIVE DATE: **1/7/17** EFFECTIVE DATE: **1/7/17** **1/9/18** NUMBER: **525229**

AMOUNT: **15⁰⁰** AMOUNT: **30⁰⁰** **30⁰⁰** PARTICULARS OF RANK OR APPOINTMENT

NAME, ADDRESS, RELATIONSHIP & AUTHORITY: **Mrs. Marguerite Foster, Wife, Same, 23 Parkhurst Rd, Bexhill-on-Sea, Sussex**

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
D.O. 11. 11/2/18	1/2/18	a/cpl.
D.O. 191. 13/9/18	21/6/18	a/Sgt

UNIT AND TRANSFERS

ORIGINAL UNIT: **C.A.M.C.D.** DATE ACCOUNT FIRST OPENED: **1/8/17**

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'5'0	UNIT TRANSFERRED TO
			R.H. Buxton

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS

DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT
25/5	8308	11000	19 47			June Bal	47 36
2/6	10128	23	14 60			Extracts	34 07
						L/C Bal	132 9

PARTICULARS OF RENDERING NON-EFFECTIVE: **Disin England 11/6/19 28RD**

MONTH 1918	PARTICULARS	CR. 1	CR. 2	PARTICULARS 19	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
Jan	bal. Ind.								37 13		
Apr	Capl. Pay	36 00		a 8871 £ 8-4-5			15		16 13		25
		36 00		AR 268-26/4/18	(F2) 2 43		15		18 56		25
May	Capl. Pay	37 20		a 92870 £ 8-4-5			15		3 64		25
				AR 501-14/5/18 P.P.C.R.X. Hosp	(F4) 2 43				1 21		
				" 816 28/5/18 ..	7 14 4 87				3 66		
June	Capl. Pay	37 20		B 37347. 8-4-5			15		32 34		25
		36 00		1150 do 14 6. ca.	9 73				7 61		
				1532 do 28/6 ca	9 73		15		17 26		
July	b.p.	36			19 46				3 508		
		37 20		B 98551. 8-4-5			15		20 08		25
				1881 " 17/7 CI	14 60				5 48		
				2256 " 27/7 C8	9 73				4 25		
		37 20			24 33		15				
Aug	Capl. P.	37 20		C 44149. 8-4-5			15		17 95		25
				2976 " 14/8	3 14 60				3 35		
				3693 " 28/8	9 9 73		15		6 38		25
		37 20			24 33						
Sept	b. p.	36		D 18551. £ 8-4-5			15		14 62		25
				S 29 " 13/9	1 9 73				4 89		
				By Capl. Sgt's Pay 21/6/18 to 30/9/18 @ 30d					35 49		
									16 02		
		66 60		S 133 " 27/9	14 19 47		15				25

NUMBER 525229 RANK

appt.

NAME

FOSTER G.R.

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
Oct	Sq. P.	46.50		M1549. 18-4-5			15		16.02 ✓		
				269. P.P.C.R. 15/10 22	14.60				47.52		25
				349 - 29/10 39	14.60				32.92		
		46.50			29.20		15		18.32 ✓		
Nov	Sq. P.	45.00		\$90347 11-6-1			15		48.32		40
				459 - 14/11 9	14.60				33.72		
Dec	"	46.50		650343 9-4-11			15		55.22		30
				534 - 28/11 34	19.47				35.75		
				14965 G. Hall 5/12 48	7.30				28.45		
Jan 19	"	46.50		26935 9-4-11	41.37		15		69.95		30
		138			41.37		45				
Feb.	"	42.		2946. 9-4-11			15		96.95		30
				5728. P.P.C.R. 18/12. 1	34.07				62.88		
				1113 - 14/1 16	19.47				43.41		
				1176 - 24/1 46	9.73				33.68		
				1466 - 12/2 83	14.60				19.08		
				1668 - 26/3 109	9.73				9.35		
Mar	✓	46.50		48737 9-4-11			15		40.85		30
				14703 - 10/3 119	9.73				31.12		
		88.50			97.33		30				
Apr	✓	45.-		235843 9-4-11			15		61.12		30
				477 14/4 Beakell 20	9.73						
May		46.50		44025 9-4-11 264			15				30
				" 751 29/4 Beakell 53	9.73						
				" 943 2/5 Camber 62	43.80				29.36		
		91.50			63.26		30				
June 1 st to 12 th		18		Separata 82565 2/9/11					47.36		12
				AR8508 24/5 E.P.C. 6	19.47				27.89		
				" 10128 3/6 Beakell 10	14.60				13.29		
		18			34.07						12

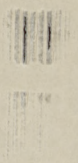
1st to 12th

SHORT FORM.
 PROCEEDINGS ON DISCHARGE.
 (Demobilization.)



1. No.	025229		
2. Rank.	Sgt-		
3. Name.	Foster Godfrey Rushmore		
4. Unit.	C.A.M.C		
5. Date of Discharge	13/6/19	Place	2 C.D.D
6. Reason for Discharge	<p style="text-align: center; color: blue;">K. R. & O. Para. 392 Sec. XXV (Being Demobilized in England-C.R.O. 5222)</p>		
7. Authority.	DB		11-6-19
8. Proposed Residence after Discharge	24 Parkhurst Rd. Bexhill-on-Sea, Sussex W 8 20		
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. ?	A 7132079		
	Godfrey R. Foster		Sgt
	Signature of Soldier.		
10.	CONFIRMATION.		
	The discharge of the above named man is hereby confirmed.		
	<div style="display: flex; align-items: center;"> <div style="border: 2px solid black; border-radius: 50%; padding: 10px; margin-right: 20px;"> <p style="text-align: center; font-weight: bold; font-size: small;">CANADIAN DISCHARGE DEPT</p> <p style="text-align: center; font-weight: bold; font-size: small;">LONDON</p> </div> <div> <p>Place.....</p> <p>Date..... 13/6/19</p> </div> </div>		
	Signature.....	(O. C. Discharging Unit.)	

LIST OF DISSEMINATED DOCUMENTS



Association of Public Relations	1964
or Partnership of General	1964
Field Control Board	1964
Company Form	1964
Law Firm (Address)	1964
(Address) that would be used in the	1964
Medical Report	1964
Department of Medical Affairs	1964
Medical Report	1964
Department of Public Health	1964
Company Form	1964

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

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

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

500M.—9-16
H. Q. 1772-99-970.

Casualty Form—Active Service.

A. M. C.

Unit, Regiment or Corps..... TRAINING DEPOT No. 11, C.E.F.

Regimental No. 525229 Rank Private Name FOSTER, Godfrey Rushmore
C. E. F.

Enlisted (a) 25/4/1917 Terms of Service (a) C.E.F. Service reckons from (a) April 25th 1917

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) Farmer

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				
	Embarked	HMT F8261	Halifax	June 24/17	
	Disembarked	"	Liverpool	July 1917	
1.4.17	C.A.M.C. D.	TAKEN ON STRENGTH	Westenhanger	22.6.17	P.O. No. 187.
19.10.17	"	Posted to C.R. Co. Buxton No leave at this Depot.	S'cliffe	19.10.17	P.O. No. 292 A Mackay Lewis
22/10/17	Cellub D	S.O.S. C.R. x Sp. Hoop	Buxton	19/10/17	D.O. Pt. 11. 264 = 22-10-17
12/2/18	Camed.	Appointed acting Corporal with Pay & allowances effective 1-2-18.	Buxton	11/2/18	D.O. Pt. 12 dated 11-2-17.
29/3/18	Camed.	S.O.S. on Posted to Princess Patricia CRX Hoop.	Beech	30/3/18	D.O. Pt. 11. 26 = 1-4-18 Philip Burnett Lt. Col. O.O.

(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.

CANADIAN RED CROSS SPECIAL HOSPITAL, BUXTON.

[P.T.O.]

Casualty Form - Active Service.

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
1-4-18	OC PPCRCH	TOS on Posting from CROSH Buxton	Cooden Camp	30-3-18	Pt ii D/O 58 d/1-4-18
13-9-18	OC PPCRCH	appointed to a Sgt with pay & allowances	Cooden Camp	21-6-18	Pt ii D/O 181 d/13-9-18
28-4-19	OC PRCRCH	S.O.S on Posting to Lanc. Depot Preston	Cooden Camp.	28-4-19	P. H. O. 80 d/28-4-19.

G. D. Horne
ADJUTANT

PRINCESS PATRICIA CANADIAN
HOSPITAL

DISCHARGED IN ENGLAND,
K. R. & O. PAR. 392, SEC. XXV.

J. A. Madley
Captain
Officer Commanding,
No. 2 Canadian Discharge Depot.

CLINICAL CHART.

Army Form B. 181
MOORE BARRACKS,

Corps C.A.M.C.

(To be attached to Case Sheet.)

Military Hospital

CANADIAN HOSPITAL,

No. 52529 Rank and Name Pts. Foster, Godfrey R.

Age 36

Service 3 1/2

SHORNCLIFFE

Disease Mumps Date of admission 16-7-17

Date of discharge 22-8-17

Result Cured

*Community
25000*

Dates of Observation	16	17	18	19	20	21	Aug 78																						
Days of Disease	1	2	3	4	5	6																							
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	
	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°	4 pm	4 pm	4 pm	4 pm	4 pm	4 pm																							
106°																													
105°																													
104°																													
103°																													
102°																													
101°																													
100°																													
99°																													
98°																													
97°																													
Pulse per Minute	78	76	76	60	68	68																							
Respirations per Minute	22	20	18	18	18	18																							
Motions per 24 hours																													

29464

Operation.

Signature De Laugheant
Capt. Carr In charge of case.

REQUISITION *urine*
DATE *July 17th*
REG. NO. *525229*
NAME: *Foster Plt G.*
UNIT *C. A. M. C.*
WARD *19*
DIAGNOSIS *mumps*
EXAM REQUIRED. *Routine.*

REPORT
COLOUR *Ambr*
S.G. *1024*
REACTION *acid*
SUGAR *0*
ALBUMEN *0*
MISROSCOPIC

Capt. C. A. M. C.
Officer i/o Laboratory.



1000
 1000
 1000
 1000
 1000

1000
 1000

PROCEEDINGS OF A MEDICAL BOARD.

Dated at MONK HORTON Oct 6th 1917.

No. 525-229 Rank PTE Name FOSTER, GODFREY R

Local Unit C.A.M.C. Overseas Unit _____ Age 36

Examination held at CAN CON HSPRT MONK HORTON

DISABILITY.
Overseas-Local I DEFORMITY OF TOES FOOT LEFT
(SCRATCH ONE OUT). II Varicocele
PRESENT CONDITION.

*Old scar on dorsum of foot as result of injury
two years ago. Also scar where bunion had
been operated on. Both feet rather flat.
States he is unable to march long distances on
account of pain in arch and front toe.
Has marked varicocele -*

BOARD RECOMMENDS :-

1. Fit for Duty B II
2. Fit for duty after weeks' physical training.
3. Fit for Temporary Base Duty weeks
4. Fit for Permanent Base Duty
5. Discharge

Signatures :-

(Fr Wilson) President.
(Hamichell, Lt.)
Members (.....
(.....
(.....
(.....
(.....

APPROVED

Dated 7 OCT 1917 1917. [Signature] For A.D.M.S.
FOR A.D.M.S. CANADIANS, SHORNOLIFFE

PROCEEDINGS OF A MEDICAL BOARD.

Dated at Monte Herton, Oct 12 1917
No. 24122 Rank Pvt Name Foster, Godfrey R

Local Unit C.A.M.C. Overseas Unit Age 24

Examination held at CAN CON HORT MONTE HERTON
DISABILITY I
DEFORMITY OF TOES - NOT FIT
PRESENT CONDITION

The Board is advised by the Surgeon General that the applicant has been in the service of the Army for some time and has been found to be unfit for service on account of a deformity of the toes. The Board has considered the evidence and has concluded that the applicant is not fit for service.

BOARD RECOMMENDS:-

- 1. Fit for duty
- 2. Fit for duty after weeks physical training.
- 3. Fit for temporary base duty weeks
- 4. Fit for permanent base duty
- 5. Discharge

Signatures:-

President [Signature]

Members [Signature]

APPROVED

Dated 10 OCT 1917 1917. For A.D.M.S. [Signature]

Reserved for M.H.C.

Regt. No. 525229 Rank. A/Sgt Surname. FOSTER Christian Name. SODFREY RUSHMORE
 Unit or Corps—(a) Overseas from United Kingdom..... (b) in United Kingdom. C.A.M.E.
 Born at—Town. BECKLEY County or Province. SUSSEX Country. ENGLAND
 Date of Birth—Day. 12 Month. JANUARY Year. 1881 Age. 37 yrs. 11 months.
 Joined at. VANCOUVER B.C. Date. 25/4/17
 Former trade or occupation. FARMER

Permanent Marks or any peculiarity that will serve for future identification:—

SMALL MOLE LEFT SIDE OF NECK.
ONE SCAR NOSE

Height—feet. 5 inches. 9 1/2 Colour of eyes. BLUE

Signature of Soldier (for identification purposes).....

Godfrey R. Foster

Medical Report

Read carefully the instructions on last page of this form.

1. DISABILITY.

Group the disabilities, placing those resulting from separate causes in separate groups.

Disabilities Group (a)

FLAT FEET

Disabilities Group (b)

VARICOCELE LEFT

Disabilities Group (c)

NOT APPLICABLE

2. CAUSE OF DISABILITY

		Place of origin.	Date of origin.
(i.) As to Group (a) above.	<u>PRIOR TO ENLISTMENT</u>		
(ii.) As to Group (b) above.	<u>PRIOR TO ENLISTMENT</u>		
(iii.) As to Group (c) above.	<u>N.A.</u>	<u>V.A.</u>	<u>N.A.</u>

3. Is the disability due to disease contracted or injuries received prior to Active Service?

(i.) As to Group (a) above? YES If yes, has Active Service aggravated it? YES
 (ii.) As to Group (b) above? YES If yes, has Active Service aggravated it? YES
 (iii.) As to Group (c) above? N.A. If yes, has Active Service aggravated it? N.A.

4. Is the disability due to disease contracted or injuries received while on Active Service?

(i.) As to Group (a) above? NO
 (ii.) As to Group (b) above? NO
 (iii.) As to Group (c) above? N.A.

5. MEDICAL HISTORY. Total Service $20\frac{1}{2}$ U.K. $19\frac{1}{2}$ FRANCE
 Came from Canada with Comp. draft. Had flat feet and Varicocele before enlistment. Admitted Moore Barracks 16/9/17 mumps and deformity of toes. Mumps uncomplicated recovery. 7/8/17 operated on Epistaxis 1st metatarsal left foot. Admitted Monks Horton 22/8/17 disc 11/10/17 cut Bii.

6. PRESENT CONDITION.

Subjective.
 Complains shortness of breath and pains in chest. expectoration in damp weather. Can not ^{walk} any distance on account of pains in feet, mostly left. On marching Pain in left groin. Varicocele has become worse since enlistment.
 Objective. Exam. feet flat left markedly flat. large left Varicocele. Heart negative. Lungs few bubbling rales over left bronchi. Other systems negative.

7. OPERATION. (i.) Was one performed? **Yes** (ii.) If so, state what. **Epistaxis removed 1st metatarsal left foot**
 (iii.) Was one advised and declined? **No**

NOTE.—Loss of teeth on or immediately after Active Service should be attributed thereto, unless there is evidence to the contrary.

8. (i.) Is there loss or decay of teeth attributable to Active Service? **No**
 (ii.) If so, describe. **N.A.**

9. DO YOU RECOMMEND:—

(a) Fit for duty? (state category) **Bii**

(b) Invalid to Canada? **No**

(c) Discharge from the Service as permanently unfit? **No**

Date of Report **11/12/18** 191...
 Station **Coorden**

Signed **P. H. M. M. M. M. M.**
 Officer in medical charge of case.

I have satisfied myself of the general accuracy of the above Report, and concur therein *except
 **not in Hospital** (Officer i/c Hospital) Strike out one (S.M.O. Brigade) of these
 Dated at Station, on 191.....
 *Delete if inapplicable.

Proceedings of a Medical Board on the Soldier mentioned in Part I.

10. Is the disability fully described in Part I. (1)? *yes*
If not, describe it.

11. Is the cause of the disability fully described in Part I. (2)? *yes*
If not, describe it.

12. From the medical information now adduced, was the disability caused or aggravated by:—
(a) Negligence of the Soldier { Caused? *no*
Aggravated? *no* }
(b) Misconduct of the Soldier { Caused? *no*
Aggravated? *no* }

13. THE ENTIRE DISABILITY.—Without regard to his regular occupation, to what extent is his capacity lessened at present for earning a full livelihood in the general market for untrained labour?
(Estimate at none, 5%, 10%, 15%, 20%, etc.) *five per cent N.A. over*

14. THE DISABILITY DUE TO SERVICE.—(See Part I. (3). Aggravation on Active Service of a disability existing previous to joining is to be included in this estimate.)
What part of the entire disability estimated next above (13) is due to causes arising during Active Service?
(Estimate at none, 1/10, 2/10, 3/10, etc., or all.) *one tenth N.A. over*

15. Permanency of the Disability due to Service estimated next above in (14).
(i.) Is it permanent? *yes*
(ii.) If not permanent, what is its probable minimum duration (in months)? *N.A. over*

16. If an operation was advised and declined, do you consider the refusal to have been unreasonable? *not refused*

17. Can the former trade or occupation be resumed? *yes*

18. REMARKS:—
Ante. A.G. telegram 9083 of 11.1.18

19. RECOMMENDATION:—
(a) Fit for duty? (state category) *fit not plus*
(b) Invalid to Canada? *no*
(c) Discharge from Service as permanently unfit? *no*

Date of Board *18-12-18.*

Station *P.P.C. R.E.M.*

Approved *Woodin* A.D.M.S.

Dated at *Inverloch, Capr pr*

Captain G.A.M.C.
for A.D.M.S., Canadians.

Signatures of the Board } *W. W. Phelps President.*
Capo came
W. W. Phelps
Capo came



MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" issued by the B.P.C. and instructions issued by Militia H.Q., Ottawa, will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of Sections 1 to 17 of this Form and will obtain the signature of the invalid to the "Statement," page 3. The President of the Board of Medical Officers is responsible for the proper completion of sections reserved for recording the "Opinion of the Medical Board."
3. In answering the questions, Medical Officers will carefully obtain and record the invalid'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 invalid concerned, from witnesses, or from documents, Regimental or otherwise.
4. Special care is required in answering question 9. Read the questions carefully. All questions must be answered.
5. If space provided under any section is insufficient add another sheet. Such sheets must be initialled by the Medical Board.
6. A note will be made of attached papers by the Medical Board under the section "Opinion of Medical Board."
7. Under no circumstances may information other than that in sections 7, 8, 9 and 10 be communicated to the invalid, directly or indirectly.
8. The nomenclature of diseases must be followed, if possible, as 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 & Sons.

STATION Witley DATE 25-3-19

1. 1 (a) Unit C.A.M.C. (b) Regimental No. 525229 (c) Rank A. Sgt.
 (d) Surname Foster (e) Christian name Godfrey Rushmore
 (f) Home address Montreal Que
 (g) Next of Kin Mrs M M Foster (h) Relationship Wife
 (i) Address of Next of Kin 24 Parkhurst Rd Bexhill-on-Sea

2. Age last birthday 38 Date of birth 12. 1. 1881

3. Enlistment, or Appointment (if an Officer) (a) Place Vancouver (b) Date 25-4-17

4. Personal description:
 (a) Height 5' 9 1/2" Est (b) Weight 159 Est (c) Complexion Dark
(stripped)
 (d) Colour of hair Brown (e) Colour of eyes Blue (f) Identification marks, Scars, etc. Small mole left side of neck. Scar irregular on nose.

5. Former trade or occupation FARMER.

6. Service (The information should be secured from personal documents, but if documents are not available the invalid's statement may be taken and note must be made to that effect. Periods of service in Canada, England, France or elsewhere should be noted).	Years	Days
	<u>3</u>	<u>450</u>

	PERIODS	
	From	To
Canada	<u>25.4.17</u>	<u>4.5.17</u>
England.....	<u>12.5.17</u>	<u>25.3.19</u>
France or other theatres of War.....		

7. Original disease, or injury I FLAT FEET
II VARICOCE LT.

(a) Date of origin 1. } Prior to Service (b) Place of origin 2. } Canada
 (c) Cause 1. } unknown

C.R. B.P.C.
 REFER
 20 JUN 1919
 REPLIED TO

8. Present disability— (Here state the exact nature of the disability resulting from the disabling conditions: e.g. (a) Weakness—slight, moderate, marked, etc; (b) Loss, complete or partial, of an organ or member, or of its functions; (c) Necessity for rest of the body, or of some of its parts, for therapeutic reasons; (d) Any other restrictions in choice of occupation.)

(FLAT FEET & VARICOCELE L)

Partial loss of function feet, Weakness moderate left testicle.

9. Present condition—(a) (Before completing this section the invalid should be stripped, and subjected to a thorough physical examination. Important, to be a full description of the present disabling condition, or conditions only. "History" must be recorded in Section 10. Describe all abnormalities, anatomical and functional, contributing to present disability; objective findings to be stated first, then subjective findings.)

Objective: General appearance good.

Pulse— Both flat left more pronounced than right. Both everted. Varicocele, large left side

Subj. Pain in feet and calf of legs on long walking or standing. Pain great toe left about year of operation. Varicocele pain dragging sensation testicle and left groin.

(b) Has the invalid now any affection of the following systems, not described in Section 9 (a) above? (Answer Yes or No.—if the answer to any part is Yes, give a brief description of the present condition.)

Nervous System... no Cardio-Vascular System... no Genito-Urinary System... no
Special Senses... no Respiratory System... yes Integumentary System... no
Disturbances of Mentality... no Digestive System... no Muscular System... no
Osseous and Joint Systems... no Any other general condition... no

Soldier states has had pain in chest sometimes of breath in damp weather. Chest exam negative.

10. (a) History (of the condition referred to in Section 9 (a).)

M-H-S. Shows admitted to Moors Barrack. Mumps & diphtheria does mild uncomplicated. Resection exostosis head of 1st left metatarsal due to old injury "good result" Trans to Moors Horton Cat (D) thru - 22-8-17. discharged (B) two 11, 10, 17. Coodeu. (Boarded) 2-5-18. Flat feet (B) 2
" " 15-9-18 " " (B) 2
" " 19-12-18 " " (B) 2
" " 26-3-19. Flat feet. Varicocele (B) 11

10.—(b) (Here give a complete history, as obtained from invalid, with dates of origin, of any affection from which the invalid, has suffered either prior to or since enlistment, and not included in Section 10 (a).)

1906. Pneumonia & Pleurisy - 10 wks in bed.
1911. Left 1st Metatarsal - injured by horse stepping on it.
U.S.S. Mumps. 16.7-17. to 22-8.17.

(c) (Here give a description of wounds, scars and deformities.)

Scar over 1st left Metatarsal plantar part when operated on.
Large left Varicocoe

11.—(a) Did the disabling condition have its origin before enlistment? 1. yes 2. yes

(b) If so, has it been aggravated by Service? (If aggravated, give a description, as far as it is possible to do so, of the disabling condition at time of enlistment.)

- 1 - yes
- 2 - yes

12. Was the disability caused, or aggravated; (a) by intemperance, or improper conduct; or (b) by unreasonable refusal to accept treatment? L (a) no (B) no II (C) no (D) no

The regimental documents will be referred to.
(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.)

13. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one? I Permanent. II Permanent till operation.

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

Wears suppensory for varicocoe
Left foot operated on at more Barracks for old injury
& exostosis.

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit? ~~no~~ ~~yes~~ ~~no~~ ~~yes~~

16. Can the former trade or occupation be resumed? yes
(If not, briefly state why)

17. Recommendations

J. Thomas Carter
Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

(Sections 7, 8, 9 and 10 are to be read to the invalid and either "satisfied" or "not satisfied" struck out).

I, the undersigned, *Godfrey R Foster* have heard the description of my disability and present condition read, and am satisfied (or not satisfied) with it. (If dissatisfied, statement should follow.)

I complain in addition of

Godfrey R Foster Rank. *Sgt*
Signature of invalid examined.

OPINION OF THE MEDICAL BOARD

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

Concur.

19. Is the invalid fit for

- (a) General service,
- (b) Service abroad, not general service,
- (c) Home service (Canada only),
- (d) Temporarily unfit.
- (e) Unfit for service in Categories A, B and C

- (Category A) (Yes or No.)
- (" B) (Yes or No.)
- (" C) (Yes or No.)
- (" D) (Yes or No.)
- (" E) (Yes or No.)

Yes B & C

20. It is certified that the invalid

(a) ~~Does require treatment.~~ (Give the nature of the condition and of the treatment required and its probable duration.)

- (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.)

21. It is recommended that the invalid be ~~discharged.~~

(When not for discharge add special recommendation.)

RTC. Auth. A.G. Tel 9085 of 11/11/19.

Before signing the President of the Medical Board will read the statement signed by the invalid and differing opinions regarding Sections 7, 8, 9 and 10, as recorded in Section 18, to the invalid and if no change is indicated, will initial the statement. If, as a result of differing opinions regarding Sections 7, 8, 9 and 10 only, recorded in Section 18, the invalid is dissatisfied with the statement previously made, remarks of the Medical Board will be added here.

[Signature]
President.

PLACE.....

Witley

DATE.....

June 1, 1919

[Signature]
Members

TO BE COMPLETED WHEN TREATMENT IS REFUSED

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

Witness.....

Signed.....

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

PLACE.....

DATE.....

President

Members

APPROVED BY

APPROVED BY

[Signature]
Assistant Director of Medical Services.

Director-General of Medical Services.

DATE.....

DATE.....

