CERTIFIED TRUE COPY
SUBSTITUTED FOR TRIPLICATE
K. R. & O. PARA. 1904.

Copy. ~~Duplicate~~

ATTESTATION PAPER.

No. 424797

Folio. 8th 31138

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

Copy +

25

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

1. What is your name? — Harry Valentine Foster
2. In what Town, Township or Parish, and in what Country were you born? — Strathclair Man.
3. What is the name of your next-of-kin? — Robt. Foster (father)
4. What is the address of your next-of-kin? — Strathclair Man.
5. What is the date of your birth? — June 14th 1887
6. What is your Trade or Calling? — Labourer.
7. Are you married? — No
8. Are you willing to be vaccinated or re-vaccinated? — Yes
9. Do you now belong to the Active Militia? — No
10. Have you ever served in any Military Force? — No.
    If so, state particulars of former Service.
11. Do you understand the nature and terms of your engagement? — Yes
12. Are you willing to be attested to serve in the Canadian Over-Seas Expeditionary Force? — Yes

H. V. Foster (Signature of Man).

W. H. Carey Sgt (Signature of Witness).

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Harold Valentine Foster, do solemnly declare that the above answers made by me to the above questions 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.

H. V. Foster (Signature of Recruit)

Date 4th Sept 1915 W. H. Carey Sgt (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, ~~Harold Valentine 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.

H. V. Foster (Signature of Recruit)

Date 4th Sept 1915. W. H. Carey Sgt (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 Sewell this 4th day of Sept 1915.

Frank J. Clark (Signature of Justice)

I hereby certify that this is a true copy of the original Attestation paper signed by the Recruit.

I certify that the above is a true copy of the Attestation of the above-named Recruit.

Frank J. Clark (Approving Officer)

Lieut-Col. O. C. 15th Overseas Battalion.

Lt Col

M. F. W. 23.
200 M.—5 15.
H. Q. 1772-39-811

27 OCT. REC'D

COPIED Archives Ottawa

Description of Harry Valentine Foster on Enlistment.

Apparent Age 28 years 3 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5 ft. 3 1/4 ins.

Chest measurement: Girth when fully expanded 35 ins.; Range of expansion 4 ins.

Complexion Dark

Eyes Grey

Hair Black.

Religious denominations:
- Church of England
- Presbyterian X
- Wesleyan
- Baptist or Congregationalist
- Other Protestants (Denomination to be stated.)
- Roman Catholic
- Jewish

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 Sept 4th 1915

Place Strathclair Man. R. B. Collins M. D. 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:—

COPIED Archives COPIÉ

CERTIFICATE OF OFFICER COMMANDING UNIT.

Harry Valentine 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.

Frank J. Clark (Signature of Officer)

Date 4th Sept. 1915.

REGIMENTAL DOCUMENTS

NAME FOSTER HARRY VALENTINE REGT. NO. 4243[illegible]7 UNIT 31st Bn. NO.

	CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
2	ATTESTATION PAPER (M.F.W. 23, 133, or 51)		[illegible]			DEATH
2	CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category H
	TRAINING HISTORY SHEET (M.F.W. 113)					
1	FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
1	REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)		[illegible]		15096	
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
	DENTAL HISTORY SHEET (M.F.B. 465)					Category
1	MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					Demob.
	MEDICAL EXAMINATION (M.F.W. 129)					
	TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)					
	PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)					
	DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)					DESERTION
	LAST PAY CERTIFICATE (M.F.W. 44)					
1	PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					
	PARTICULARS OF CHARACTER (A.F.W. 3226)					
1	COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
1	Disc Doc Cover.		H			
2 +	Form C.D.3.					
1	C.A.D.C. 5009					
2	Miscell					
1	Casualty					
1	P.I.V.V.					

W. 2589
100M-11-18
1772-39-1377

424 791
I.D. number
No. d'identification

FOSTER
Surname
Nom de famille

HARRY VALENTINE
Given names
Prénoms

OPEN ATIA

Dec'd 6 January 1923

15096

PERSONNEL RECORDS CENTRE
CENTRE DES DOCUMENTS DU PERSONNEL

Location
Lieu 3230

ORIGINAL

"M" WING. C.C.O.

MEDICAL HISTORY SHEET.

Surname Foster Christian Name Harry Valentine

Examined { on 4th day of Sept 1915. at Strathcona man

Birthplace { City or Town Strathclair County Manitoba

Apparent age 28 3/12 Years

Trade or occupation Labourer.

Height 5 Feet 3 1/2 Inches.

Weight Lbs.

Chest measurement { Minimum 31 inches Maximum expansion 4 inches.

Physical development

Small-Pox Marks

Vaccination Marks { Arm Right. Left. Number

When Vaccinated last

(a) Marks indicating congenital peculiarities or previous disease

(b) Slight defects but not sufficient to cause rejection

CANADIAN

Approved by W Ross

Rank Captain. A.M.Corps. M.O

25

(The Medical History Sheets of all men proceeding overseas are to be delivered by the Officer commanding their unit to the Medical Officer when they leave England.)

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.	
9 15	Good.	WR	M.O.
7/3/17		E H W	M.O.
			M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.	
9 15			
9 15	Good.	WR	M.O.
7/3/17	3rd B	E H W	M.O.
			M.O.

Enlisted on 4 day of September 191 5 at Sewell Camp man

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	45th Overseas	424494	L	4/9/15
Transferred to..	Battn CDF.			
	31st Bn.			
	2nd Res Batn (Quebec)			
	~~2nd M.G. Bde~~			(8/4/17 ~~4/3/17~~

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.
Shorncliffe		G.S.W. L. side	To Canada H.S. M.C. Mtrl Coll

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.

100M.—5-15.
H. Q. 1772-39-439

Surname Foster Christian Name Harry Valentine

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital. Day	Month	Year	Dates of Discharge from Hospital. Day	Month	Year	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.
Reading War.	30	9	16	21	12	16	G.S.W. left Back	83	R.B. Rumsey Enclosed Specimen To Analyse; 2. Tetanus Serum Dr.	Dr. Rumsey
C.C.H. Epsom	21	12	16	31	1	17	—		to Cadet Pit	W. Brown Capt

F. 837

P. 880.

DEPARTMENT OF MILITIA AND DEFENCE.

WAR SERVICE GRATUITY.

Declaration required of **Officers, Warrant Officers** and Men who claim War Service Gratuity under Order-in-Council (P.C. 3165), **dated 21st December, 1918.**

A complete reply must be given to **every question in this** Declaration. **There must be** no blanks and no dashes. If any questions are not applicable, **the words "NOT APPLICABLE"** must be written out.

On **completion, if soldier discharged in Canada,** this Declaration is to be returned to THE DISTRICT PAYMASTER OF THE DISTRICT IN WHICH THE SOLDIER WAS DISCHARGED, or if soldier discharged in England to be returned to Paymaster General O.M.F. of C., 7, Millbank, London, S.W.

1. Christian names Harry Valentine 2. Surname Foster

3. Rank Pte 4. Original Unit 45th Bn 5. Reg. No. 424797

6. Address, in **full,** to which future payments of gratuity are **to be** forwarded Union Bank of Canada. Starbuck. Man.

7. Date of enlistment in the C.E.F. 4th September 1915 ✓

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

9. Relationship of such **dependent** not applicable

10. Address, in full, of such dependent not applicable

11. **Is said dependent now, or was said dependent at any time in receipt of** Separation Allowance on account of another soldier? No.

12. Were you at any **time on the strength** for pay and allowances of a unit of the C.E.F. which was out of Canada or the United States when such pay and allowances were issuable? If so, give particulars of one such unit and dates of service overseas with such unit:—

13. Were you **on the strength** for pay and allowances of the Clearing Services Command, having been at any time on duty outside of Canada or the United States?

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

15. Give total length of time which you served on active service, whether in Canada or Overseas, setting out particulars of units on whose strength you served 3 years 7 months.
1.9.15 - 6.5.16, 45th Bn., 6.5.16 - 21st Bn.

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

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

5434. Wt. /30P. 250,000(8). 2/19. S.O.,F.Rd.

18. Have you had more than one enlistment? If so, give particulars of discharges and re-enlistments, and under what regimental numbers and units. No

19. Have you already received any payment of Post Discharge Pay or War Service Gratuity? If so, state amount you and your dependents have already received and by whom paid No

20. ~~Have you been issued with a War Service Badge? If so what class?~~

21. Have you, during the present war, served in the Imperial Forces? No

22. Are you entitled to receive, or have you received any gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled No.

23. (a) Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England? No

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

~~24. Are you now serving in the C.E.F.?~~ If not, give:—(a) Date of discharge 26-5-19 (b) Reason for discharge

25. Are you at present a member of and in receipt of pay and allowances from any Canadian naval or land forces? If so, give unit

26. Did you at any time serve at the front in an actual theatre of war? If so, give particulars of one unit in which you served at the front, and dates of such service with that unit

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

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

And I make this solemn declaration, conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under oath and in virtue of the Canadian Evidence Act.

Signature of Applicant: H. V. Foster

Place of Residence: ~~Witley Camp Surrey~~ Strathclair Man.

Declared before me at: Witley Camp Surrey

This Fourteenth day of April 1919.

Signature of Barrister of the Supreme Court Stipendiary Magistrate, Notary Public, Justice of the Peace, or Commissioner for the Administration of Oaths under P.C. 2767, dated 11th Nov., 1918.

"QUESTIONS 12-13-14-20-24-25
26 & 27 ARE UNANSWERED"
A. S. Lawton
Major
27th. (CITY OF WINNIPEG) BATTALION.

POST DISCHARGE PAY.

Date paid.	Paid Soldier	Paid Dependent	War Service Gratuity	Net amount due
			420 00	350 00
			70 00	

Certified Correct.

District Paymaster.

Eur

"M" WING, C.C.A.

EYE, EAR, NOSE AND THROAT CLINIC.

Witley Camp, Surrey.

Date 17-4 1919.

Reg No. 424797 Rank Pte. Name Fisher

Unit 315th

	WITHOUT GLASSES.	WITH GLASSES. (As per prescription below)	
		SPH.	CYL. AXIS.
Visual acuity Rt.	6/18 with	6/6	
Visual acuity Lt.	6/24 with	6/6	
Category recommended is	A		
Glasses not ordered.			
Original disease or injury.	Myopia		
Date of origin.	Childhood		
Place of origin.			
Cause.	Congenital		
Present Disability.			
Remarks.			

CONDITION WAS ..... PRESENT PREVIOUS TO ENLISTMENT AND HAS not BEEN CAUSED BY SERVICE

HAS .... not BEEN AGGRAVATED BY SERVICE

D. A. Maunsell
Captain. R.A.M.C.
Eye and Ear Specialist.
Witley Camp, Surrey.

A.D.M.S. CIRCULAR LETTER No.15
May 1918.

1. MEDICAL HISTORY SHEETS OF CANADIANS.

There is still laxity on the part of Commanding Officers in regard to Medical History Sheets, and the importance of this document does not seem to be fully recognized by all concerned.

In addition to affording Medical Officer valuable information regarding the previous Medical History of a patient, the Medical History Sheet is one of the records on which all claims for disability pensions, of both Officers and soldiers are considered, and the failure of Officers concerned to give adequate attention to the preparation and maintenance of this document may not only lead to less thorough understanding of a case admitted to Hospital, but it may also lead to an injustice being done to the Officer or soldier in the future in the matter of pensions.

The Medical History Sheet should contain a complete and concise description of injuries or illnesses, treatment and progress of the case, in its different stages. Full particulars of vaccinations, inoculations, dental treatment, laboratory examinations and reports of specialists, are to be recorded on this form as well as findings of Medical Boards, and changes in categories of soldiers.

All ranks arriving in England from Canada should be accompanied by both original and duplicate Medical History Sheets and the duplicate is to be forwarded with the other documents called for to the Officer i/c Records, Canadians, the original being retained in the custody of the C.O. concerned.

Whilst in the United Kingdom, and unless the Officer or soldier is in Hospital, the original Medical History Sheets are invariable to be kept with the unit or formation with which the Officer or soldier is serving, and the C.O. of that formation is responsible for seeing that this is done, and that the document is at all times available to Medical Officers or others concerned, whose duty it is to enter current information on the sheet. The C.O. is also responsible for seeing that all proper entries are made by Medical Officers as long as this document is in his custody.

If, while in the United Kingdom, the Officer or soldier is admitted to Hospital, the C.O. is responsible for seeing that the original Medical History Sheet is at once forwarded to the Hospital concerned. In most cases it will be possible to despatch it with the patient, but if not it should be despatched not later than the following day.

When the Officer or soldier proceeds Overseas, the original Medical History Sheet is to be at once despatched to the Officer i/c Records, Canadians, where it will be retained until the Officer or soldier returns from Overseas, when it will be forwarded to the Hospital concerned if the Officer or soldier is a casualty.

If, upon admission of an Officer or soldier to Hospital in England, the original Medical History Sheet is not promptly despatched to the Hospital, the Officer i/c the Hospital will take immediate steps to obtain it from the C.O. concerned, and if it is not forthcoming, he will report the matter to the Administrative Medical Officer i/c the Area, in order that full investigation can be made by the Area Headquarters and responsibility placed.

C.A.D.C. [redacted]

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

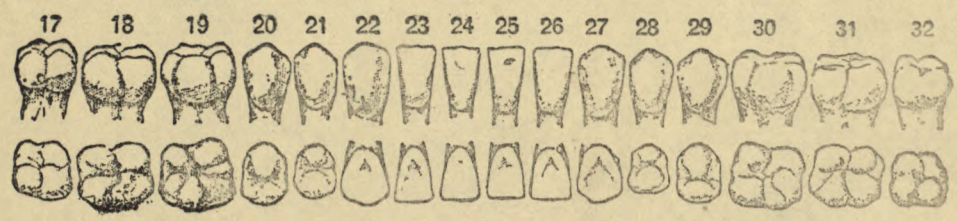
DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) FOSTER H.V.

REGIMENT 24th Battalion RANK Pte No. 424792

Date of Examination in England 30/4/19 | Date of Examination in France



DIRECTIONS TO DENTAL OFFICERS

1. This form will be made out for each individual at the time of Demobilization in England or France.
2. Figures as per chart will be used to designate teeth concerned.
3. In reference to Partial Dentures the numbers of teeth thereon will be stated.

PRESENT DENTAL REQUIREMENTS

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

HAS HE EVER REFUSED DENTAL TREATMENT ?

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 yes
- (c) In France

Signature of Dental Officer [signature] Capt

Number 424797 Rank Pte

Surname FOSTER

Christian Name Harry Valentine

Units 31st Bn Can Inf Theatre of War France

Date of Service 4-5-16.

Remarks

Latest Address Strathclair Man.;

Roll No. B Page 17395

200m.-2-21.M.

DESP OCT 7 1922
REGN. NO. 12719

H. Q. FILE No. 649-

NAME Foster, Harry Valentine

REGT'L. No. 424484

RANK AND CORPS Pte 31st Bn (from 45th)

CABLE NO.	CABLE DATE	NATURE OF CASUALTY
02223	6-10-16	Admn War Shock Reading Oct 1st/16 wounded severely back.

L. L. Job 86907- -M. & D. 16065.

M. F. W. 42—50m.-10-15.
H. Q. 1772—39-893.

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
B 186	Reading War. Reading	1-10-16	G.S.W. back sev.
B. 257.	Can. Div. Conv, Woodcote Pk Epsom	22-12-16	G.S.W. Back sev.
B. 300	Disch.	31-1-17.	G.S.W. Back sev

R. 149.

Name (FOSTER *Rank* Pte *Reg. No.* 424797

Unit (Harry Valatine)
31st Battalion

Next of Kin Canada

1916 Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1-10	Reading War Hosp. Reading		GSW Back Sev.			
22-12	C.D.C.H.	WOODCOTE PK. EPSOM	DO.	B257 B186	02223	7-10
31-1-17.	DO Discharged		Do.	B300		

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

No. Rank Pte Name Foster, Harry V

T. O. S. 4-9-15 Unit 45th Battalion, C.E.F.

B.O. 220 of 16/9/15.

M. D. 10

Paid From	Paid To	Sig. or Rec't
1915	1915	
Sept. 4.	Sept. 30.	✓
Oct.		✓
Nov.		✓
1916 Dec.	1916	✓
Jan.		✓
Feb.		✓
Mar.		✓

PROMOTIONS, TRANSFERS, DISCHARGES, ETC.

Particulars	Authority

UNIT SAILED
MAR 13 1916

M.M. R-2 31430 M-105 os demob 26-5-19.
3-19

NAME Foster, Harry Valentine D0150-30-5-19

RANK & NO. 424797

CORPS 46th L. D.D.D. Battalion

ENLISTMENT, PLACE Dewell DATE Sept. 4th. 1915 S.

FORMER CORPS Nil.

COUNTRY OF BIRTH Canada, Strathclair, Man.

NEXT OF KIN Foster, Robt. (father).

ADDRESS OF NEXT OF KIN Strathclair, Man.

DISCHARGE, PLACE DATE

Sailed from Halifax 335 Rlc. 22-5-19 330/26. Ple
Per S.S. Baltic 14/7/16 "

M. F. W. 22. 100 m.—9-15.

L. L. 85779—M. & D.—6011. H. Q. 1772-39-839.

REMARKS:

D.M.S. 1300.

Surname: Foster. Christian Name or Names: H. Reg. No. 424,797.

Rank: Pte. Unit: 31st Btn. Co. Troop Batty.

Hospital: Reading War. Reading. Date of Admission 1-10-16.

Transferred Can Convl Epsom. Hosp. 22 12 16

Hosp.

Hosp.

Hosp.

Diagnosis G.S.W. Back (sev.)

(1)
Later Diagnosis (if changed)

(2)

(3)

Additional Diagnosis: if more than one state present

DISPOSITION

Invalid 31-1-17 Date

C.L., 6-10-16. B166 (2)

" 1.1.17 B257.

- 22-2-17 B300

REMARKS

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

R

EPITOME OF HOSPITAL TREATMENT.

	Hospital	Adm.
1.		
2.		
3.		
4.		
5.		
6.		
7.		

Foster

P. 85.

FORM OF WILL.

113750

I, Harry Valentine Foster (Name in full)
Regimental Number 424797 serving in 21st Res. Bn (Alberta)
of the Canadian Expeditionary Force, do hereby revoke all former Wills by me made and declare this to be my last Will.

I bequeath all my real estate unto

~~———————~~	Name & Address of person or persons to whom it is to go.

absolutely, and my personal estate I bequeath to

Robert Foster (Father) Strathclair Manitoba	Name & Address of person or persons to receive personal estate* *(see note).*

In Witness whereof I have hereunto set my hand
this 8 day of April A.D. 1916.7

H V Foster 424797 Signature.

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

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

Name of Witness L C Brisley 696791
~~H. V. Foster. 424797.~~
Address of Witness 21st Res. Bn (Alberta)
Occupation of Witness Soldier
Name of Witness A Richmond 800557
Address of Witness 21st Res. Bn (Alberta)
Occupation of Witness Soldier

P. 85. 10,000. 23-9-16.

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

M. F. W. 54. (A. F. B. 103.
500M.—9-16
H. Q. 1772-39-910.

Casualty Form—Active Service.

Unit, Regiment or Corps. 31st Bn

Regimental No. 424797 Rank Pte C. E. F. Name Foster Harry V

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

Date of promotion to present rank ..... Date of appointment to lance rank ..... Numerical position on roll of N. C. Os. .....

Extended ..... Re-engaged ..... Qualification (b) .....

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
23-7-19	Alta R. Pers.	S.O.S. of 9th M.G. to Can.		13-5-19	A01.

[signature]
Lieut.
for D. of R.

COPIED Archives COPIED

(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				

W. S. B, CLASS. "A"

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

Casualty Form—Active Service.

Unit, Regiment or Corps 45TH. BATT'N. C.E.F.

Regimental No. 424494 Rank Pte. Name Foster Harry Valentine

Enlisted (a) 4/9/15 Terms of Service (a) D. of W. and 6 months Service reckons from (a) 4/9/15.

Date of promotion to present rank. | Date of appointment to lance rank | Numerical position on roll of N. C. Os.

Extended Re-engaged Qualification (b)

Report: Date	Report: From whom received	Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
		Embarked Canada		13/3/16	S.S. "Lapland"
		Disembarked England		25/3/16	
6.5.16	Bn. H.Q. 34	Transfd. to 31st. Battn.	France	4.5.16	PWD. 37. Eld Dawe Captain Adjutant 45th Battalion, C.E.F.
8/5/16.	C.B.D.	Arr. C.B.Depot, (To 31st)	France	8/5/16.	Nom.Roll Pt. 2 Orders 20 D/14/5/16.
26/5/16	O.C.B.D.	Left for unit	Field	31/5/16	R.R. S.C.L. 193.
8/6/16.	O.C.31st.	Joined unit.	Field.	31/6/16.	N.R.,D.C.S. 203.
30/9/16	H.Q. 13th Bn	N.Y.D. severe To England H.C.C.C.	Field	30/9/16	(3451) W3083 P.R.O. 50 9/10/16

27 OCT. RECD

(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.

CERTIFIED CORRECT.
Canadian Record Office,
Westminster
7, Millbank, S.W.

M.F.W. 54.
150M. 10-15.
H.Q. 1772-39-930.

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For Officer i/c Can. Records,
Canadian Section G.H.Q.
G.H.Q. 3rd Echelon

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.
9.10.16		Taken on strength C.C.A.C. Pt. II D.O. No. 443		1.10.16	
31.1.17		ATTACHED TRANSFERRED FROM C.C.A.C. TO 21st Res Bn PART II D.O. No.			
		H J Cleverley Lt for O C Cdo			
5.2.17	O.C. 21st Res Bn	Taken on Strength 21st Res. Bn (Alberta)	Seaford	1.2.17	P.C. II D.O. # 27 of 5.2.17 A S Munro Lieut. & Asst. Adjt. 21st. Reserve Battalion. (Alberta).
~~MAR - 1 1917~~	~~O.C. 21st Res. Bn~~	~~S.O.S. on Str. to C.M.G.S.~~	~~Seaford~~	~~MAR - 1 1917~~	~~P.C. II D.O.~~ ~~Lieut. & Asst. Adjt.~~ ~~21st. Reserve Battalion. (Alberta)~~
18/4/17	21ST RES. Bn.	PROCEEDED OVERSEAS FOR SERVICE WITH 31st BATTALION.	BRAMSHOTT.	18/4/17	Pt. II D.O. No. 98 W Hewitt Lieut. 21ST RES. Bn.
19.4.17.	CBD	Arrd CBD	Havre	19.4.17.	NR.
19.5.17.	OC. 31st	" Unit	Field	14.5.17.	B.213
15.12.17.		Awarded Good Con Badge		15.12.17	Pro Forma
29.12.17		14 days leave		29.12.17	" Pro Forma
28/12/18		Granted 14 days leave UK		24/12/18	B213 Pro Forma d 9/1/19
9/1/19	CBD	TOS from leave	CBD	9/1/19	NR 578
12/1/19		Cert for Unit	Duild	12/1/19	" 01501
25/1/19	31st Bn	Rejd Unit		16/1/19	B213

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CERTIFIED CORRECT 19 MAY 1917 A.D.C. HEADQUARTERS LONDON.

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

WAR SERVICE BADGE
CLASS "A" No. 189282

THIS IS TO CERTIFY that No. 424797 (Rank) Private
Name (in full) Foster, Harry Valentine enlisted in
the 45th Battalion
CANADIAN EXPEDITIONARY FORCE at Sewell Man. on the Fourth
day of September 1915
HE served in 31st Canadian Battalion France
and is now discharged from the service by reason of Demobilization.
~~Medical Unfitness~~ Demobilization R.O. 1420 (c).

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

Age 31 years 10 months
Height 5 ft. 3¼ in.
Complexion Dark
Eyes Grey
Hair Black

Marks or Scars

Foster H.V.
Signature of Soldier.

Date of Discharge

Dispersal Station "M"
MAY 26 1919
Military District No. 10

Issuing Officer.

Lieut
Rank

Date 26/5/19 19

N.B.- AS NO DUPLICATE OF THIS CERTIFICATE WILL BE ISSUED, ANY PERSON FINDING SAME IS REQUESTED TO FORWARD IT IN AN UNSTAMPED ENVELOPE TO THE SECRETARY, MILITIA COUNCIL, OTTAWA, CANADA.

M.F.B. 39A.

1.—That discharge certificate must be carried when wearing uniform.

2.—That uniform can be worn only thirty (30) days after discharge, or when duly authorized in writing, and

3.—That wearing of uniform renders him liable to usual military discipline, as if on the strength of a unit.

KF

R—122

Rank Pte Name FOSTER Harry Valentine Reg'l No. 424797

Unit 45th. Battalion If in perm. Corps, What Unit? Married or Single Single

Place and Date of Enlistment Sewell, Sept. 4th, 1915. Place of Birth Strathclair, Manitoba.

Name and Address, Next-of-Kin Robert Foster,

Strathclair, Manitoba, Canada. Relationship Father.

Assigned Pay Monthly $ Payable to

Relationship

Separation Allowance $ Payable to

Relationship

Discharge, Date and Place Reason Character 105

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M/E. R.S. No. 15241 File R.L. CAN.OR Category

Report. Date.	Report. From whom received.	Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS. Taken from Official Documents.
		Arrived in England.	S.S. Lapland	25.3.16	Inf'n form A-55
6.5.16	OC 45	Embarked for France.	31st Bn	4.5.16	Pt. II O. 37. AFB-103
14.5.16	31st Bn	Taken on Strength 31st Bn	In the Field	8.5.16	Pte O 20
9.10.16	"	Hd to CCAC.	Folkestone	30.9.16	" 50
6.10.16	"	Reading Hospital	Reading	1.10.16	C.S.B. 18 b. G.S.W. Back Sev O.N.
9.10.16	CCAC	T.O.S.	P'stone	1.10.16	P.H.O 442
1.1.17	31st	Granted 6. D. 6. Hosp. W'cote Pk.	Epsom	22.12.16	6. L. D 257
2.2.17	CCAC	Rcpts from Epsom CCAC T.O.S.	Hastings	1.2.17	P.H.O 56
8.2.17	21st Res Bn	T.O.S. from CCAC	Seaford	1.2.17	DO # 27.

424797 Foster, H. V.

Report. Date.	Report. From whom received.	Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS Taken from Official Documents.
18-4-17	21st Res Bn	SOS to 31st Bn	B'Sholt	18-4-17	Pte 024 4/23-4-17 31st Bn
5-1-18	31st Bn.	Awd good conduct Badge M.M.	Field	15-12-17	" " "
22.4.19.	~~C.R.L.~~ ~~Witley~~	To S from 31st 62-M-18.	Hagre. Witley.	13-5-19.	Do 4 D.
15-4-19	Witley	TOS from 31 Bn	Witley	13-4-19	DOS
23.7.19	Cyc Pl	SOS H 6 M & 6 having sailed to Canada	London	13 5 19	after Order Alberta Personnel 8/7/19
5-8-19	31st Bn	Awarded Military Medal.	Pte	Lon Gaz	31430 3/11/19 A. O. 8.

3 - MAY 1917 I.G.B. I.G.3 CHECKED

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MARRIED OR SINGLE S.

PLACE OF BIRTH Strathclair Man. Canada

NAME AND ADDRESS OF NEXT OF KIN Robt. Foster Strathclair. Man. Canada

RELATIONSHIP OF NEXT OF KIN Father

NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF KIN

SEPARATION ALLOWANCE MONTHLY $ EFFECTIVE (DATE)

PAYABLE TO

RELATIONSHIP OF DEPENDANT

CASUALTIES, PROMOTIONS, &c.

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ADMISSIONS TO HOSPITAL, &c.

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

REG'L NO. 424797 RANK Private NAME Foster Harry Valentine

IF IN PERMT. CORPS WHAT UNIT UNIT 45th Bn. TRANSFERRED TO 3rd Bn DATE 7/5/16 AUTHORITY B.O 37

PERMANENT FORCE ALLOWANCES TRANSFERRED TO C.B. A.B. DATE 6/9/16 AUTHORITY C.R.O. 186/16 B.O 27 5/11/17

PLACE OF ATTESTATION Sewell TRANSFERRED TO 2nd Res DATE 11/3/17 AUTHORITY

DATE OF ATTESTATION 4 Sept. 1915 TRANSFERRED TO 31st Bn. DATE 21/6/17 AUTHORITY B.O 98.

ASSIGNED PAY MONTHLY $ DATE EFFECTIVE

PAYABLE TO ~~Mrs. Jno. Fowler. barberry. Man. Canada~~ RELATIONSHIP

ASSIGNED PAY MONTHLY $ DATE EFFECTIVE

PAYABLE TO RELATIONSHIP

STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) EFFECTIVE REASON

DISCHARGE DATE AND PLACE REASON AND AUTHORITY

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

C 9 HHB

DATE 1916	PAY No. OF DAYS	PAY RATE	PAY AMOUNT $	PAY AMOUNT c.	FIELD ALLOWANCE No. OF DAYS	FIELD ALLOWANCE RATE	FIELD ALLOWANCE AMOUNT $	FIELD ALLOWANCE AMOUNT c.	WORKING OR SPECIAL PAY No. OF DAYS	WORKING OR SPECIAL PAY RATE	WORKING OR SPECIAL PAY AMOUNT $	WORKING OR SPECIAL PAY AMOUNT c.	ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS 1 NO	1 DATE	2 NO	2 DATE	3 NO	3 DATE	4 NO	4 DATE	CASH PAYMENTS 1	2	3	4	ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE CREDIT	BALANCE DEBIT	PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
May 1			15	31											15 31															15 31					
1-7	7	1st	7	-	7	10c		70						15 31	23 01															23 01					
8-31	24	1.00	24	-	24	10	2	40							26 40															49 41					
June 1-30	30		30		30		3	-							33 -			1121	17/1.	3498 3258	31-5-16 20-5-16			2 55	4 26				11 07	71 34					
July 1-31	31		31		31		3	10							34 10.	1165	29.6	1214	13.7.					2 56.	2 62				5 18	100 26.					
Aug 1-31	31		31				3	10							34 10	1265	20.7	1328	17.8.					2 61	2 62				5 23.	129 13					
Sept 1-30	30	1.00	30		30	10	3	00							33 00	1381	30/8							2 62					2 62	159 51					
6 St. 1-5.	5	"	5	-	5	-		50							5 50															165 01					
															189 11														24 10				16/16	
6-31	26		26				2	60							28 60					1437	23/9/16					262			262	190 99					
Oct	30		30		30		3	00							33 00															223 99		165	58 99		
Dec	31		31		31		3	10							34 10															258 09					
			24	50			24	50																											
Jan	31	1.00	34	10											34 10	Ep. 142. 23/1/17 Ep. 251. 8/1.				6.12. 1/2. Reading				4 87	4 87	243			12 17	280 02		195	85 07		
Feb	28	1.00 10	30	80											30 80	1265	23/1/17							2 43					2 43	308 39		210			
			349	71											349 71									15 09	12 66	13 57				41 32					

Checked ... 10 R Ward

B.C.B.A.B. 6/16 C.R.O. 186/16

434797 Pte Foster Harry Valentine Nil

DATE 1917	PAY No. OF DAYS	PAY RATE	PAY AMOUNT $	PAY AMOUNT c.	FIELD ALLOWANCE No. OF DAYS	FIELD ALLOWANCE RATE	FIELD ALLOWANCE AMOUNT $	FIELD ALLOWANCE AMOUNT c.	WORKING OR SPECIAL PAY No. OF DAYS	WORKING OR SPECIAL PAY RATE	WORKING OR SPECIAL PAY AMOUNT $	WORKING OR SPECIAL PAY AMOUNT c.	ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS 1 No.	1 DATE	2 No.	2 DATE	3 No.	3 DATE	4 No.	4 DATE	CASH PAYMENTS 1	2	3	4	ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE CREDIT	BALANCE DEBIT	PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
			34	97 1											34 97 1									15 09	12 66	13 57			41 32	30 83 9		210		Trans to 21 Res 11.2.17
1 to 3/11	10	11	11	-											11 -															31 39				D.O 27. 24/1/17
Oct 11/31	21		23	10											23 10	131	14-2	233	29-3					38 94	19 47					77 88	26 46 1/		225		
																250	26-2	286	15-3					14 60	4 87						29 76 1		240	8 76 1	
Apl	30		33												33																				
May	31		34	10											34 10	55	21/4							2 44						4 87	326 84		285	41 84	Transfd 31st Bn 11/7/17
																16	4/4							2 43										
June	30		33												33																348 84				
21-30	10		11												11	109	29/5			2 Bns	27 2 10/5			73 40	37 00	3 68				124 07	9 81	350 03		270	
			477	91											477 91					CBR	364 8/5			26 7		4 46									
July	31		34	10											34 10																384 13				
Aug	31		34	16											34 16	252	12/6							7 14						981	408 42		300	108 42	
																357	27/6							26 7										
Sept	30		33												33	442	11-7	656	22-8				RR	26 7	26 7					29 90	401 52		315		
																527	26-7	584	8-8				332 21-9	26 8	26 8		29 20								

MONTH	PARTICULARS	CR.1	CR.2	PARTICULARS	DR.1	DR.2	DR.3	DR.4	BALANCE	DEFERRED PAY	SERVICE ALLCE. ENG.
Sept	30	~~401 52~~							401 52	315	
Oct	11 Pay	34 10		OR 743 8/9 31 Bn	2 68						
				R 5089 1/11 31 Bn	24 33				408 61	330	
		34 10			27 01						
Nov	" "	33		OR 1013 20/10 "	4 46						
Dec	" "	34 10		" 941 6/10 "	3 57						
				" 876 20/9 "	2 67				466 01	360	
1918		67 10			10 70						
Jan	" "	34 10		" 2434 23/12 FC 2	97 33						
				" 1090 4/11 31 Bn	3 57						
				" 1158 25/11 "	13 38						
				" 2047 24/12 "	7 14				377 69	375	
		34 10			1324 42						
FEB 1918	" "	30 80		" 2112 14/1 "	5 35						
				" 2180 28/1 "	2 68				400 46	390	
		30 80			8 03						
Mch	" "	34 10		" 2278 24/2 "	8 03				434 56		
				" 2369 16/3 "	3 57						
				" 2438 21/3 "	4 46				418 50	405	
		34 10			16 06						
					16 06						

MONTH	PARTICULARS	CR.1	CR.2	PARTICULARS	DR.1	DR.2	DR.3	DR.4	BALANCE	DEFERRED PAY	SERVICE ALLCE. ENG.

P 820
12474—375M—13-2-18.

* Strike out whichever inapplicable.

ASSIGNED RAY * ENGLAND OR CANADA.	SEPARATION ALLOWANCE. * ENGLAND OR CANADA.
EFFECTIVE DATE:–	EFFECTIVE DATE:–
AMOUNT:–	AMOUNT:–

NAME, ADDRESS, RELATIONSHIP & AUTHORITY | WHEN PAYEE OF A.P. IS THE SAME AS PAYEE OF S.A. THE WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE.

NAME:– FOSTER Harry Valentine

NUMBER:– 424797

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		Pte

UNIT AND TRANSFERS

ORIGINAL UNIT:– 4 5th Bn

DATE ACCOUNT FIRST OPENED:– 1 May 16

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO
			31 Bn

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS | UPON CLEARANCE OF VOUCHERS, ENTRIES WILL BE CANCELLED BY INSERTION OF DATE CHARGED IN RED INK

DATE OF PAYMENT	NUMBER OF A.R	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R	UNIT PAID BY	AMOUNT
~~4/4/19~~	~~293~~		~~366~~				
~~8/4~~	~~551~~	M Way ccc	~~487~~				
~~20/4~~	~~603~~	" 5719	~~4867~~				

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
	1	10		

PARTICULARS OF RENDERING NON-EFFECTIVE 20/4 Ds to ban 8/19 Auth Bshot to Bhott A 7240 14/9 Mt to Or Stat #618 21/

MONTH	PARTICULARS	CR 1	CR 2.	PARTICULARS	DR. 1	DR 2.	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
31 MAR 1918	Bal forwd								418 50	405	
APR 1918	PP	33							451 50	420	
MAY 1918	"	33 34 10		AR 13 22/4 31Bn	3 57						
				" 22 " "	3 57						
				" 242 30/5 "	7 14 8 92				469 54	435	
JUN 1918	"	34 10 33		" 293 12/6 "	16 06 3 57					450	
				" 336 27/6 "	4 46				494 51		
JUL 1918	"	33 34 10		" 402 10/7 "	8 03 3 57						
				R 151 17/7 "	29 20						
				AR 568 24/7 "	4 46				491 38	465	
AUG 1918	"	34 10		" 775 21/8 "	37 23 3 57				521 91	480	
SEP	"	34 10 33		" 807 30/8 "	3 57 3 57				22 29		
				" 1018 19/9 "	3 57						
				" 1289 25/9 "	3 57				544 20	495	agreed.
		33			10 71				26 64		
OCT 1918	"	34 10		✓ 1671 16/10 "	3 73						
		34 10		✓ 2281 27/10 "	3 73				570 84	510	agreed 29/12/18
NOV 1918	✓	67 10			7 46				101 20	520	
	✓	34 10		✓ 2832 15/11 "	3 73				672 04 23 28	500	
				✓ 3311 26/11 "	13 06						
				✓ 3711 17/12 ✓	6 49				648 76	505	
		101 20			23 26 23 28					570	
FEB				CP 93649 29/12	9 73						
				AR 484 23/12 6 NB	73						
				✓ 7928 15/1 CSBD	8 88 73 4 66						
	P. Day	6490		✓ 4851 20/1 6 NB	3 73						
				✓ 5150 8/2 "	91 12 3 73						
				✓ 5776 26/2 31 Bn	3 73						
					98 58						

1919 NUMBER 424797 RANK NAME Foster H. V.

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
					98 58				648 76	570	
				By transport "A" Warrant 60/98825 Victoria	1 46				647 90	585	
				AR. 6507 13/3 31 Bn	3 65				713 66 / 121 94	600	
				✓ 6817 21/3 ✓	18 25				591 72		
		6 H 90			121 94			—	84 18		
									675 90		
April	Ste Vay	33		AR. 273 3/4 6 Bde	3 65				66 92		
	Int on Dep Bal	51 18		✓ 551 16/4 M.W. ccc	4 87						
				✓ 653 20/4 ✓	4 8 67						
				✓ 1937 5/5 ✓ End	9 73						
					66 92				608 98		
		8 H 18			66 92			—			

S&T to Canada Mtl 10 13/5/19 Last L. 62 a RD

591.72
84 18
675.90
57 19
618.71
Ostrom

WAR SERVICE BADGE
CLASS "A" No. 189282

SHORT FORM.

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

D.A.—M
O.G.—2

1. No. 424797
2. Rank. Private
3. Name. Foster, Harry Valentine
4. Unit. 31st Battalion
5. Date of Discharge 26/5/19 Place Winnipeg
6. Reason for Discharge Demobilization

MEDICAL DOCUMENTS FORWARDED TO S[illegible] OF P. B. C. ON JUN 4 1919

7. Authority. D.O. 150
8. Proposed Residence after Discharge Strathclair, Manitoba

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.?

Foster H.V.
Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Dispersal Station No. Military District No. MAY 26 1919

Place H.M.T. [illegible]OTHLAND

Date H.EMB. LIVERPOOL 13-5-19

H.EMB. HALIFAX 23 5 19

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

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M.F.B. 218a—300M.-11-18—1772-39-113.

LIST OF DISCHARGE DOCUMENTS.

Attestation Paper, Triplicate	Militia Form W. 23
or Particulars of Recruit	Militia Form W. 133
Field Conduct Sheet	Militia Form W. 178 or A.F.B. 122
Casualty Form	Militia Form W. 54 or A.F.B. 103
Last Pay Certificate	Militia Form W. 44
Certificate that missing documents are unobtainable	
Medical History Sheet	Militia Form B. 313 or A.F.B. 178
Proceedings of Medical Board	M.F.B. 227, A.F.B. 179 or A.F.A. 45
Dental History Sheet	Militia Form B. 465
Medical Report	M. F. W. 129 or D. M. S. 1375
Regimental Conduct Sheet	Militia Form B. 263
Company Conduct Sheet	Militia Form B. 263a

1. Triplicate Attestation Paper (M.F.W. 23). or Particulars of Recruit (M.F.W. 133).
2. Casualty Form (A.F.B. 103).
3. Medical History Sheet (M.F.B. 313 or A.F.B. 178).
4. Proceedings of Med. Board (M.F.B. 227 or M.F.W. 129)
5. Dental Certificate (C.A.D.C. 5009a).
6. Field Conduct Sheet (A.F.B. 122.)
7. Proceedings on Discharge (M.F.B. 218a)
8. Discharge Certificate (M.F.W. 39)
   (Enclosed in special envelope (260M)).
9. Copy of Discharge Certificate (M.F.W. 39a).
10. Dispersal Certificate (C.D. 3).
11. Equipment and Clothing } Statement Q.M.G. Form (D.O.S. 2).
12. Last Pay Certificate (P. 851). Dup.
13. Pay Book (A.B. 64).
14. War Service Gratuity (Form M.F.W. 2595).
15. Sundry Documents.

Group B

Checked by No.

Date 10 MAY 1919

ORIGINAL.

THIS FORM WILL BE USED FOR ALL RANKS

MEDICAL HISTORY OF AN INVALID

(25)

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 April 18th 1919

1. 1 (a) Unit 31st Battalion (b) Regimental No. 424797 (c) Rank Pte

(d) Surname ~~Foster~~ FOSTER (e) Christian name HARRY VALENTINE

(f) Home address Strathclair Manitoba

(g) Next of Kin Robert Foster (h) Relationship Father

(i) Address of Next of Kin Strathclair Manitoba

2. Age last birthday 31 Date of birth 14. 6. 1887

3. Enlistment, or Appointment (if an Officer) (a) Place Swl Camp. (b) Date 1st Sept 1915

4. Personal description: Ex Ex

(a) Height 5 ft 4 in (b) Weight 130 (stripped) (c) Complexion Dark

(d) Colour of hair Black (e) Colour of eyes Brown (f) Identification marks, Scars, etc. 2 Scars L. Lumbar Region

5. Former trade or occupation Carpenter

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
	3	230

	Periods	
	From	To
Canada	1st Sept. 1915	13th March 1916
England	13th March 1916	6th May 1916
France or other theatres of War	6th May 1916	26 Sept. 1916
	26 Sept. 1916	18 April 1917
	18 April 1917	12 April 1919

7. Original disease, or injury 1 Myopia (Both Eyes)
2 Retraction & Sclerosis of Both M.Rs

(a) Date of origin 1 Prior to Enlist 2 Prior to Enlist (b) Place of origin 1 Unknown 2 Unknown

(c) Cause 1. Congenital
2. Unknown

M. F. B. 227.
400M.—11-18.
1772-39-117.

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.)

① Def. Vision - both eyes

~~Defective Hearing - very slight.~~

② Partial loss of function in Both ears.

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 Signs

① Specialists report - See 10 A.

② Specialists report See 10 A. W.S.L.

Subjective Symptoms

① Complains of blurring of vision but says he can read ordinary print without difficulty

② Says he has no trouble with hearing

(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 (If pulse rate is abnormal, B. P. will be taken.) — Genito-Urinary System No (Albumen and Sugar will be excluded.)

Special Senses No — Respiratory System No — Integumentary System No

Disturbances of Mentality No — Digestive System No — Muscular System Yes

Osseous and Joint Systems No — Any other general condition No

Laceration of Muscles by Gunshot. Left Lumbar region - No disability

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

① He states Eyes have never bothered him in any way Except for an occasional blurring of vision

② Nil

Specialists Report ① Visual Acuity R 6/18 Lt 6/24 Myopia 17.4.19
Condition was present previous to enlistment & has not been caused by service or aggravated by Service A.A.M. Macneil Capt Eye Specialist

Specialists Report (2) Both M.T. Retracted & Sclerosed
Hearing Rt 24 feet Lt 24 feet.
Condition was present before enlistment and has not been caused by service Has been aggravated by service Capt. A.A.M.
17.4.19 Wm A Macdonald Capt Ear Specialist

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*).)

G.S.W. Left Lumbar region 30.9.16

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

Scars of Wound and Operation for removal of bullet Sound & Non adherent

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) No. (2) Yes.

12. Was the disability caused, or aggravated; (*a*) by intemperance, or improper conduct; or (*b*) by unreasonable refusal to accept treatment? (a) No (b) 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? (1) Permanent (2) Permanent

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

(1) Nil (2) Nil

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit? 42, No

(If the answer is "yes" state nature of treatment required and probable duration)

16. Can the former trade or occupation be resumed? Yes

(If not, briefly state why)

17. Recommendations

N a.

W. H. Hills Capt CAMC

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 M T 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

M T Foster Pte Rank.

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.

Yes.

19. Is the invalid fit for

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

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.)

Invalided for RTC Auth AG Jul 9 0 83 11-11-18

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.

A D Smith Capt CAMC — *President.*

PLACE Witley — Members

DATE 19-4-19 — W D Mayhew Capt CAMC

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.

.....*President.*

PLACE.....

DATE..... } Members

APPROVED BY — APPROVED BY

W Leuntt ~~Capt~~ C.A.M.C.

For *Assistant Director of Medical Services.* — *Director-General of Medical Services.*

DATE April 19th 1919. — DATE.....

(AES).

HEADQUARTERS C.A.M.C. 22 APR 1919 CANADIAN TROOPS, WITLEY.

Army Form B. 103. Sheet 2

Regimental Number 424797

Casualty Form—Active Service.

Regiment or Corps 31st Edn Bn

Rank Pte Surname Foster Christian Name H J

Religion ..... Age on Enlistment .....years.....months

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

Date of promotion to present rank..... Date of appointment to lance rank.....

Extended {.....} Re-engaged {.....} Qualification (*b*).....

{.....} {.....} or Corps Trade and rate.....

Occupation..... .....Signature of Officer

Report		Record of promotions, reductions, transfers, casualties, &c., 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 of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents.
Date	From whom received				
		Embarked ...			
		Disembarked ...			
12 AVR 1919	Emb. Camp.	Proceeded to England.	12 AVR 1919	N.R. Pt.2 O.No. d/.....	

Brandreath LIEUT. FOR LT COL. A.A.G.

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(*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*) Signaller, Shoeing-Smith, &c.

W 8685—M2733 2000m 9.17 (3.3611) C. P. & S., Ltd., Form B./103 E/1807. P.T.O.

Report		Record of promotions, reductions, transfers, casualties, &c., 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 of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents.
Date	From whom received				
13-5-19	S.O.S. OF O.M.F.O. ON PROCEEDING TO CANADA.	D.O. Pt II No 33		D/13-5-19	
	for discharge	O Melanson LIEUT. FOR OFFICER COMMANDING, "M" WING, C.C.C.			
	H.M.T. NORTHLAND				
	EMB. LIVERPOOL 13-5-19				
	DISEMB. HALIFAX 23 5 19				
	13.5.19 T.O.S. Dispersal Station M	50 Ra 150 " 2			
	and Dispersed 26-5-19 do " 3				
	M. E. Patton Lieut. for O. C. ~~10~~ District Depot.				
5-8-19	31st Bn.	Awarded the Military Medal. Authl. L.G. 31430 6/3-7-19			a-08.
					A Lapointe Lieut. for D/R.

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4 835

NORTHLAND

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

AUDITOR 26 | PAYMASTER G

M. OR S. | REGT. No 424494 RANK Pte NAME (IN FULL) Foster A V

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

ADDRESS

IS SEPARATION ALLOWANCE PAID? Nil | DATE EFFECTIVE

TO WHOM PAID | RELATIONSHIP

ADDRESS

26

ORIGINAL UNIT C.E.F. 15 | IF IN P.F. WHAT UNIT? | (BLOCK LETTERS SURNAME FIRST)

PLACE OF ATTESTATION | TRANSFERRED TO Dis Stn M | DATE MAY 13 1919 | AUTHORITY D, O, 150

DATE OF ATTESTATION 4 September 1915 | TRANSFERRED TO | DATE | AUTHORITY

ASSIGNED PAY $ Nil | DATE EFFECTIVE

PAYABLE TO | RELATIONSHIP | ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS Union Bank Strathcona Man

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE | EFFECTIVE

DISCHARGED | PLACE M. D. 10 | DATE MAY 26 1919 | REASON D | AUTHORITY D, O, 150 | IF ENTITLED TO POST DISCHARGE PAY

MONTH	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $	C.	OTHER CREDITS $	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.		TOTAL DEBITS $	C.	BALANCE DEBIT $	C.	CREDIT $	C.	PARTICULARS OR REMARKS
BALANCE FROM PREVIOUS ACCOUNT							618 71	618 71																								618 71	6th BAL. ENG. L. P. C. 618 71 Pte. 4/6/19
1/5th 2/6	33	1 10	36	30	70 00 35 00			141 30							9 73	4 87 5 00		74 041									76 001					Clothing Allce. 1st payment W.S.G.
																																	Advances – Boat – Train
																																	A. P. chgd. on Eng. L. P. C. to
		W S G												War Service Gratuity,				W S G										Soldier				
183 Days			420	00				420 00										70 00										350 00				1st Payment W S G as above
																				7 70								342 30				D. 7th Depta
July 22															497321	1140												202 30				2nd 3rd W S G.
							Aug 26-19								1277494	70												132 30			6	70 4th
							Sept 26-19								1244532	70												62 30			6	70 5th
							6th 26								1690018	62 30												—			6	62 30 6th
								420										412 30		7 70								420				
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AUDITED OCT. 2 1919 Audit Clerk M.D. 10.

200M-3-19.—L. ... 5878-1... & D. 9983.
M. F. W. 2.96.
1772-39-1390.