(8)

ORIGINAL

2. Class A 2 Canadian.

ATTESTATION PAPER.

1st Depot Bn 1st C.O. R.

No. C. Coy. 3032999.

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

auth Stat Dec d/- 17-8-18
Pt I O. 7 d/- 24-1-19
13 CRT

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname?	GRAVES alias FOSTER
1a. What are your Christian names?	William Henry
1b. What is your present address?	145 N. Division St., Buffalo, N.Y., U.S.
2. In what Town, Township or Parish, and in what Country were you born?	Sorel, Quebec, Canada
3. What is the name of your next-of kin?	Joseph Graves
4. What is the address of your next-of-kin?	Sorel, Quebec, Canada
4a. What is the relationship of your next-of-kin?	Brother
5. What is the date of your birth?	July, 15th, 1882
6. What is your Trade or Calling?	Painter
7. Are you married?	Single
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 Naval or W.G. Military Force? If so, state particulars of former Service.	Yes U.S. Army 9 yrs (Cook)
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
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?	
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?	

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

alias Henry FOSTER
20/2/19

I, William Graves, 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.

William Graves (Signature of Recruit)

Date January, 17th 1918 W E Robinson (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

alias Henry FOSTER
20/2/19

I, William Graves, 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.

William Graves (Signature of Recruit)

Date January, 17th 1918. W E Robinson (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 Toronto, Canada this 17th day of January, 1918 191 .

[signature] (Signature of Justice)

M. F. W. 23.
750 M.—1-17.
II. Q. 1772-39-841.

N.B.—ATTENTION IS DRAWN TO THE FACT THAT ANY PERSON MAKING A FALSE ANSWER TO ANY OF THE ABOVE QUESTIONS IS LIABLE TO A PENALTY OF SIX MONTHS' IMPRISONMENT.

alias:- Henry Foster 625 Lc

Description of William Graves 20/2/19 on Enlistment.

Apparent Age 35 years 6 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height	5 ft. 6½ ins.
Chest measurement. Girth when fully expanded	36½ ins.
Chest measurement. Range of expansion	3½ ins.
Complexion	Medium
Eyes	Brown
Hair	Brown

Religious denominations.

Church of England	
Presbyterian	
Methodist	
Baptist or Congregationalist	
Roman Catholic	R.C.
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).

Scar l. shin.
Mole on throat

Hearing O.A R.D. 20 L.D. 20
Nose Spur left. throat O.K.
Wax both ears

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.

DECLARED FIT BY MEDICAL BOARD
TORONTO MOBILIZATION CENTRE

Date January. 17th 191 8

Place Toronto, Canada

Medical Officer. M. O.
PRESIDENT

*Insert here "fit" or "unfit."

NOTE.—Should the Medical Officer consider the Recruit unfit, he will fill in the foregoing Certificate only in the case of those who have been attested, and will briefly state below the cause of unfitness:—

CERTIFICATE OF OFFICER COMMANDING UNIT.

alias Henry Foster 625 Lc

William Graves 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.

20/2/19

Lt.-Col. (Signature of Officer)
O. C. 1st Depot Bn., 1st C. O. R.

Date JAN 18 1918 191 .

WH
22/8/19

REGIMENTAL DOCUMENTS

NAME Pte FOSTER HENRY REGT. NO. 3032999 UNIT 1/1 C.O.R. H. Q. FILE 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)					DEATH
	IDENTITY FORM (M.F.W. 54 or A.F.B. 103)					Category
	TRAINING HISTORY SHEET (M.F.W. 113)					
2X	FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)				15102	
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
1	MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					
1	MEDICAL EXAMINATION (M.F.W. 129)					Demob
	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)					
2	PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					2
	PARTICULARS OF CHARACTER (A.F.W. 3226)					4-12
1	COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					4-12
1	Death Cert					12-12
1	AFI 1237					
2	MFB 313a					
1	MFW67					
2	MFB 483					
1	MFW192					
	Misc					
1	P.880					
1	R149					
1	Casualty					

W 2313
100M-11-18
17/2-39-1577

DUPLICATE

To be made out in duplicate. H.Q. 54-21-23-53

PARTICULARS OF FAMILY OF AN OFFICER OR MAN ENLISTED IN C. E. F.

INSTRUCTIONS.

(a) This form is only required for men joining units for Overseas Service and must be completed immediately the man is warned for draft overseas.

(b) Care must be taken to see that a man is allotted his correct Regimental Number. No numbers must be duplicated and once it has been allotted to a man, even if he is subsequently discharged, the same number must never be allotted to another man.

(c) All questions, etc., must be answered.

(d) One copy of the form is to be forwarded by Officer Commanding unit for each Officer and man to Officer Commanding Division or District at least seven days before man leaves his station to proceed overseas, for transmission to Accountant and Paymaster General, Ottawa.

(e) Duplicate copy is to be forwarded direct to Officer in charge of Records, C.E.F. London, immediately after arrival in England.

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(1) Name of Overseas Unit which Soldier joins 1st Depot Bn. 1st C.O.R.

(2) Regimental Number 3032900

(3) Full Name of Soldier William Graves alias Henry FOSTER
auth Stat-Dec dt 17.8.18
Pt II O.7. dt 24-1-19 of 13th CRT

(4) Place of Birth Sorel, Quebec.

(5) Are you married, or not? NO for Lt-Col i/c Records, Lieut. ONIFC 20/2/19

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

(b) Present Postal Address

(7) Are you a widower?

(8) Have you any children?

If so, give number of boys and girls

Also their names and ages

M. F. W. 67.

500M.—9-16.
1772-39-954.

(SEE OTHER SIDE.)

(9) Is your Father alive? NO

If so, state name and address

(10) Is your Mother alive? NO

If so, state name and address

(11) If your Mother is a widow

Are you her sole support, or not?

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

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

Joseph Graves, (Brother).

Post Office, Sorel, Quebec.

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

(15) Are you insured? NO

If so, in what Company?

Have you made arrangements for payment of your Insurance premium

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

John [illegible] Lt.-Col.
Officer Commanding
O. C. 1st Depot Bn., 1st C. O. R.

Date JAN 23 1918

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 HENRY 2. Surname FOSTER

3. Rank Spr. 4. Original Unit 1st C. D. R. 5. Reg. No. 3032999

6. Address, in full, to which future payments of gratuity are to be forwarded Arthur Centre, R. I.

7. Date of enlistment in the C.E.F.

8. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge Not applicable

9. Relationship of such dependent Not applicable

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

11. Is said dependent now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? Not applicable.

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

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

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

15. Give total length of time which you served on active service, whether in Canada or Overseas, setting out particulars of units on whose strength you served

16. Were you at the time of enlistment a civil employee of the Dominion Government? If so, state Department Not applicable.

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

5434. Wt. /30P. 150,000(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?

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 Not applicable.

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

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

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

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

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

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

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

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

Signature of Applicant: Henry Foss.

Place of Residence: Carter Centre, R.I. U.S.A.

Declared before me at: Knotty Ash.

This 28th day of Feb. 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.

R.S. Carter Major
O.C. 13th Coy. C.R.T.D.

POST DISCHARGE PAY.

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

Certified Correct.

District Paymaster.

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

NAME OF SOLDIER FOSTER. ~~W.~~ H. 3032999 DISTRICT

REGIMENT RANK No.

M.F.B. 465.
200M.—6-18.
1772-39-950.

INSTRUCTIONS

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

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

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

M one missing

Condition on first Examination	Date		Amalgam	Temporary Filling (a) G. P. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhœa	Synthetic Porcelain	Extracting	DENTURES U	DENTURES L	DENTURES P	Gold Clasp	Gold Filling	CROWNS Gold	CROWNS Porcelain	Bridge Work	OPERATOR	Military District	REMARKS
Jravi	July 25																				E. D. Emmah	4	return
	✓	✓																			✓		Tath lost by accident
	✓	✓																		3-6	✓		(Kiss affray) replaced by bridge. Athle

Recommended for discharge
July 25/19
[illegible] Capt.

CASE HISTORY SHEET.

Military Hospital. Ste Anne de Bellevue Station

No. 3032999 Rank Spr. Name Graves alias Foster Wm Henry. Age 34

Unit DD4 Completed years of service Where and how long

Date of admission 1-6-19/11 6-19 Date of discharge ~~25~~ 28 7/19

Diagnosis Paral. Lt side Face Place of origin

CONDITION ON ADMISSION AND PROGRESS OF CASE

Patient was leaving canteen at Knotty Ash Camp Eng on the evening of 2/3/19, & was set upon by several men dressed in khaki. In the mixup was cut by double edged knife in left neck. Treated at American Camp Hosp & #5 Can Gen. On admission to this Hosp. has healed linear scar 5" long running horizontally ½" below lobe of left ear. There is paresis of practically all the fibres of left facial nerve. Patient claims that left vision is very weak — can count fingers at 1 foot distance. Rt eye has good vision. Difficulty in mastication is due entirely to lax left buccal wall. To have R.D test & eye test.

FAMILY HISTORY

(Tuberculosis, mental or nervous diseases.)

TREATMENT

(Especially any specific or special form.)

CONDITION ON DISCHARGE,

(and disposal made of case.)

Date

Medical Officer i/c case.

M. F. B. 313a.
200M. - 5-18.
1772-39-439.

CASE HISTORY SHEET.

Ste Annes Military Hospital. Ste Anne de Bellevue, P.Q. Station.

No. 3032999 Rank Spr. Name Foster, William H Age 35

Unit D.D.#4 C.R.T. Completed years of service Where and how long } C. 1-17-19 E. 2-2-18 F. 3-28-18 13/12.

Date of admission 6-1-19 Date of discharge ~~7-24-19~~ 28/7/19

Diagnosis CUT THROAT Place of origin Knotty Ash Camp

CONDITION ON ADMISSION AND PROGRESS OF CASE

Cut Throat

Incised wound 6" long across Liverpool 6" long across Left side of neck and face. He was cut by a knife by some one unkown while in Knotty Ask Camp. Wound is deep and not yet healed and very adherent. He is unable to close left eye as he has no power in lower lid. His eye is continually watering causing blurring of vision. Left side of face shows complete paralysis, would suggest T. to C.

1/6/19 Admitted to Ste Anne de Bellevue Hospital. ~~Two weeks furlough.~~

2/7/19 OPERATION. Anaesthetist - Capt. Evans, Surgeon-Capt. Bleakley. ~~Scar excision six inches long from left cheek to point of~~ in left neck. - incision running horizontal ½" below lobe of left ear. Some deep scar tissue was removed and thick ~~scar near exit of left facial nerve was stretched.~~ Deep tissues were brought together to fill out contour. Skin closed with silk.

12/7/19 ~~The facial paralysis has practically all disappeared.~~ Patient can shut left eye and use upper lip. The action of left forehead muscle is rather sluggish still. The ~~improvement throughout is remarkable.~~ ~~Patient~~ under dental treatment.

June 12/19 Vision normal in each eye, although he only admits 2/10 in l. eye. Malinger or functional amblyopia. S.H.McKee, Col.

July 2/19 OPERATION Removal of deep scar tissue followed by almost complete recovery from facial paresis. Still affection of L. forehead. Practically no disfigurement. Dental Bridge inserted. Discharge to duty G.S. C.W.Waldron, Major CAMC.

FAMILY HISTORY

(Tuberculosis, mental or nervous diseases)

TREATMENT

(Especially any specific or special form)

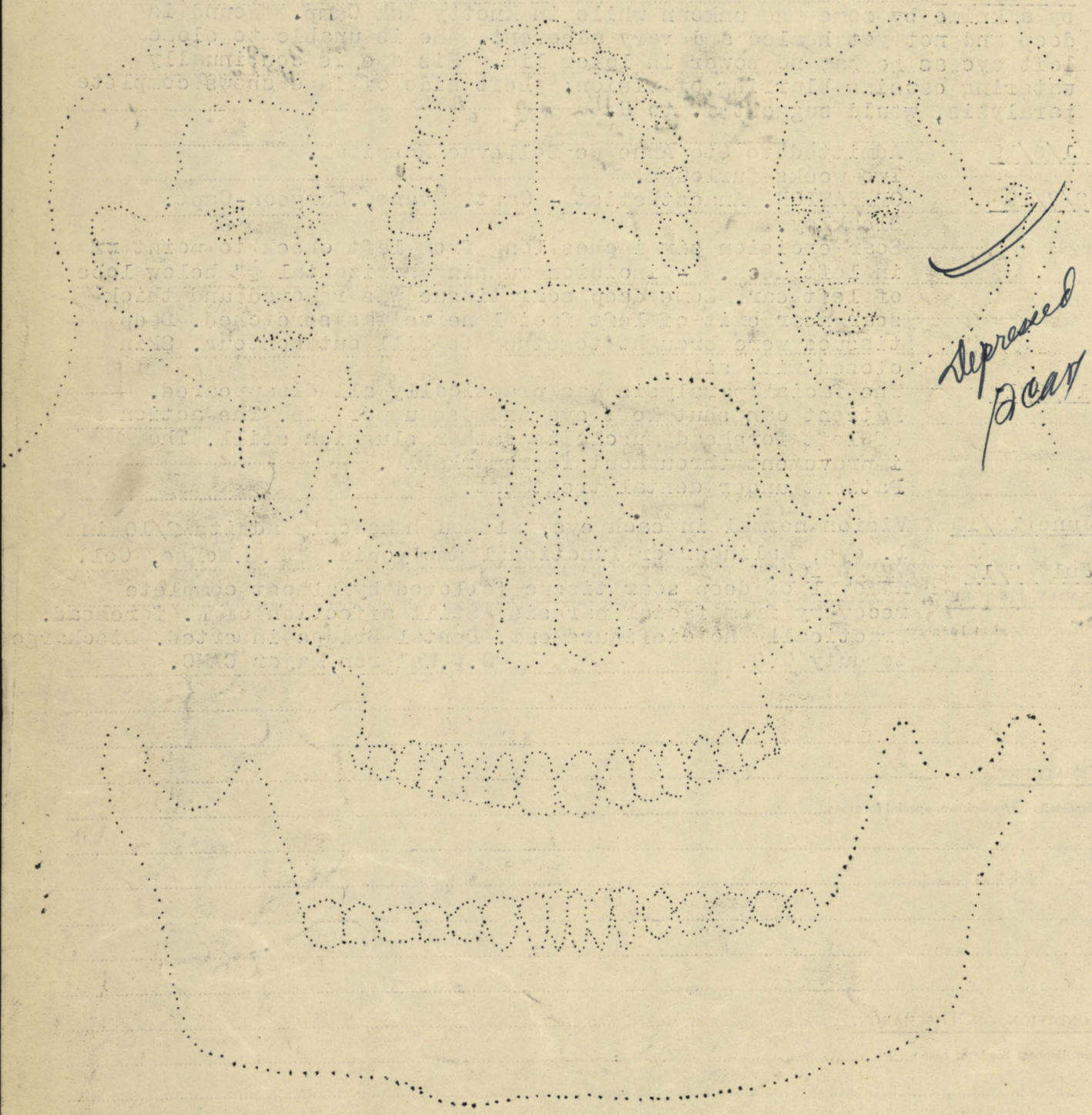
CONDITION ON DISCHARGE

(and disposal made of case.)

Date

Medical Officer i/c case.

M. F. B. 313a.
200M. - 5-18.
1772-39-439.


Depressed
Scar

CASE HISTORY SHEET.

Ste Annes Military Hospital. Ste Anne de Bellevue, P.Q. Station.

No. 3032999 Rank Spr. Name Foster, William H Age 35

Unit D.D.#4 C.A.M.C. Completed years of service 1-6-19 Yrs. Where and how long } C. 1-17-19 E. 2-2-18 F. 3-28-18 13/12.

Date of admission ~~6-1-19~~ Date of discharge ~~7-24-19~~ 25-7-19

Diagnosis CUT THROAT Place of origin Knotty Ash Camp?

CONDITION ON ADMISSION AND PROGRESS OF CASE

Cut Throat

Incised wound 6" long across Liverpool 6" long across Left side of neck and face. He was cut by a knife by some one unkown while in Knotty Ash Camp. Wound is deep and not yet healed and very adherent. He is unable to close left eye as he has no power in lo er lid. His eye is continually watering causing blurring of vision. Left side of face shows complete paralysis, w uld suggest T. to C.

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FAMILY HISTORY
(Tuberculosis, mental or nervous disease)

TREATMENT
(Especially any specific or special form)

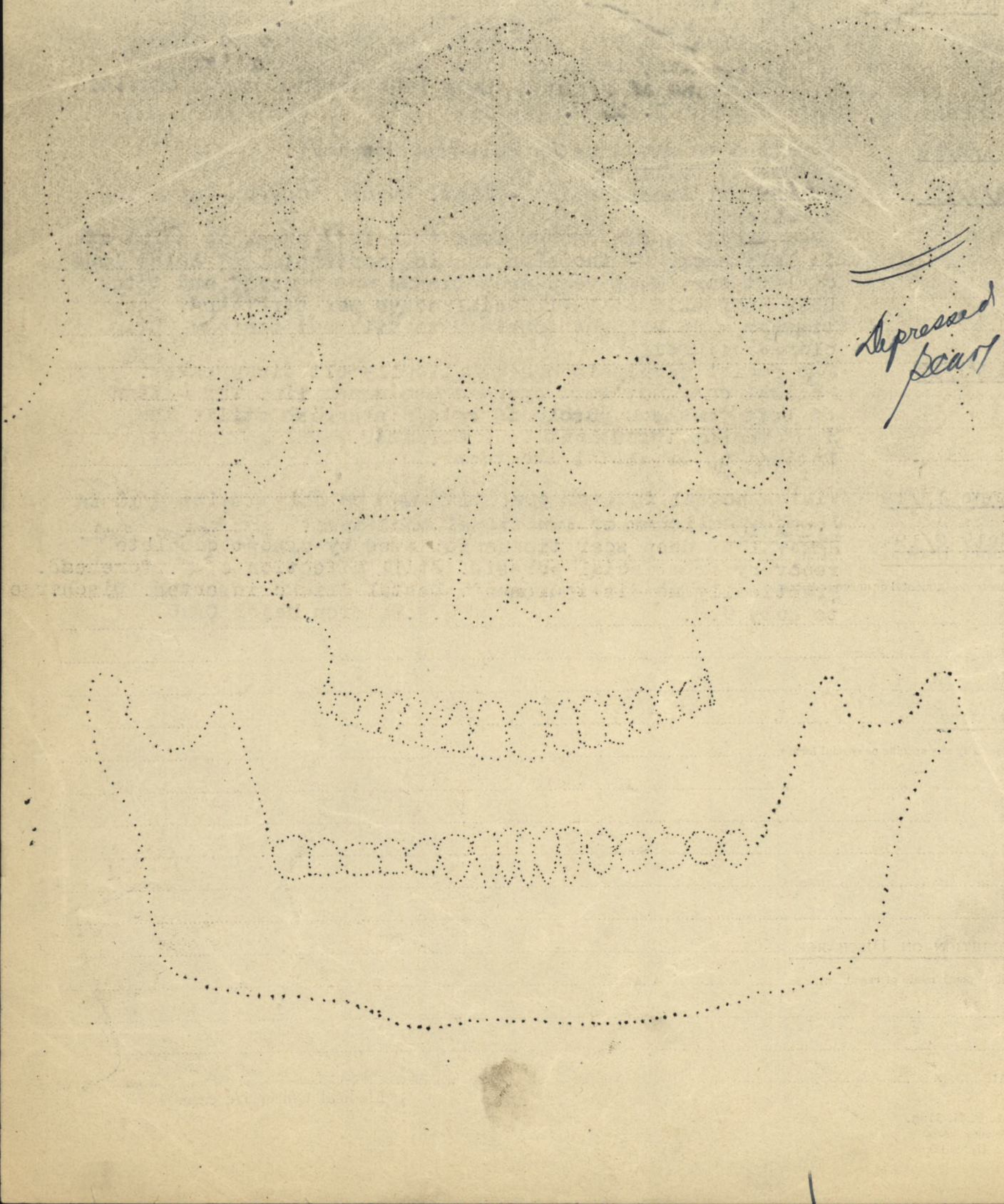
CONDITION ON DISCHARGE,
(and disposal made of case.)

Date .....

.....
Medical Officer i/c case.

M. F. B. 313a.
200M. - 5-18.
1772-39-439.

F39379


Depressed
Scar

Number 3032999 Rank Spr.

Surname FOSTER

Christian Name Henry.

Units Can Dly Inf Theatre of War France

Date of Service 29-3-18.

Remarks

Latest Address Artic Centre,
R.I. U.S.A.

Roll No. B

200m.-2-21.M. Page 17395

LEDGER NO. 254 SERIAL NO. F39379 37

REG. NO. 3092999 NAME Foster. Wm H

RANK Spr CORPS H4 D.D. AGE 35 SERVICE 6 1/12 E 2/12 F 3/12

HOSPITALS	DATE OF ADMISSION
1 St Anne de Bellevue M. Hosp	1-6-19
2	
3	

DIAGNOSIS O/B ~~but Throat~~ Wound face Neck.

TRANSFERRED TO

DISPOSITION to unit 28-7-19 CATEGORY

M.F.W. 2553.
1126-D.P.-50M-12-18.
1772-39-1332.

P.T.O.

REMARKS:	HOSPITALS.	DATE.	DIAGNOSIS.

Form R. 149. alias FOSTER ~~William~~ Henry

Name ~~GRAVES~~ Rank Spr. Reg. No 3032999

Unit 13th C.R.T. J GRAVES.

Next of Kin Sorel. Que. CANADA.

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
4-7	49 C.C. St.		Appendicitis	2271		33308
12-7	Rejoined Unit		Fdo-	A394		Str Base
27-3-19	5 C.G.H. Kirkdale Incision				H844	
			Wds Neck	B485		9111
21-5	Invalided to Canada			B530		9012
	S.L. 503 M.D. 4					

Date		Movement	Place	Casualty	List No.	Notified N/K O.		W.O. List
		21.2.19						
		H 861						
		726 Hawes						

NAME Foster W REGT. No. 3032999

RANK AND UNIT Pte. (13) CRy.

NEXT OF KIN

CABLE		NATURE OF CASUALTY
No.	DATE	

M. F. W. 42—100 M.—8-18.
H.Q. 1772-39-893.

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
B 485	5 Can Gen Kirkdale	27-3-19	Incision Neck
B 530	Inv. to Canada	21-5-19	" " "
			S.L. 503 M.D. 4

C. See also card for 3032999 Pte. William Graves Auth. S.D. in the Field (Stamped 17-1-19)

H. Q.

M. D. No. 24.

Surname Foster,

T. O. S. 19

Christian names Henry

D. O. Pt. II of

Regtl. No. 3032999 Rank Sapper

S. O. S. Dis 30-7 1919

Unit 1st Cen. Ont. Regt. 1st Dpo Bn

Reason Demob.

Auth. Do. 212 of 31-7-19 H.Q. Ed.

Next of kin Graves, Joseph

Relationship Brother

Address Sorel, P.Q.

Also notify:

BORN—Place Canada, Sorel P.Q. Date July 15, 1882

ATTESTED—Place Toronto, Ont. Date Jan 17, 1918

O/S

R/C 30-5-19 368/18 Sm.

W. 22—50M.-3-19. 1772-39-839.

Surname	Christian Name or Names	Reg. No.
FOSTER	H	3032999
Rank 1. Spr.	Unit 1 CRT 13	
2.	2.	
3.	3.	
4.	4.	

Cas List.	Hospital and Diagnosis.	Date
31-3-19 B485	5 CGH Kirkdale	27-3-19
	Inc. Wd. Neck L	
27.5.19. B530	Invalided to Canada	21.5.19

Cas. List.	Hospital and Diagnosis.	Date

*Name FOSTER, Henry. Rank Spr. Regtl. No. 3032999

Fyle Depot 19-F.431

Original unit 1st COR Present unit D.D.#4 M. or S.S Age 36 Religion R.C. Ref. H.Q.

Port, ship, and date of arrival S.S."ARAGUAYA" PORTLAND 30-5-19.

Next of kin (B) J.Graves, Sorel, P.Q.

Address on leave

Address on discharge

Transportation issued Yes / No Date Character on discharge

Previous occupation Painter Date and place of enlistment Toronto.17-1-18.

Diagnosis Date of Medical Boards

Date.	Remarks	Pt. 2 Order No.
2-6-19	T.O.S. from O/S 21-5-19. Posted to Hosp.Sect.1-6-19.	153-2.
30-7-19	S.O.S Hosp . sect. on. trans. to. cas. co. 29-7-19	D.O. 210 p.3

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

(over)

Date.	Remarks.	Pt. 2 Order No.
31-7-19.	Discharged. 30-7-19. Demob. R.O. 1420.	212.

M.F.W. 192
150M—6-18.
1772-39-1243.

MEDICAL EXAMINATION UPON LEAVING THE SERVICE OF OFFICERS AND OTHER RANKS WHO HAVE NO DISABILITY.

Officers and Other Ranks leaving the service for reasons other than medical unfitness are to be reported on this form. Where there is evidence of any undetermined or progressive disability, this form will not be used, but the case will be referred to a Medical Board for completion of M.F.B. 227.

No. 3032999 Rank Sapper Surname FOSTER (Give name in full) Henry

Unit or Corps D.D. #4 Birthplace Chippewa Falls Wis.

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

1. **GENERAL DESCRIPTION:**

Physique good Weight 150 lbs. Height 5 ft. 5 in. Color of Eyes Grey

Nutrition good

Pulse 77

Condition of arteries good

Vision Rt. 20 Left 20

Hearing (conversational voice) Rt. 20 ft.

Left 20 ft.

Identification marks, scars, or deformities. (Give cause and date of origin.)
Scar left cheek
Cut. 1919

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

2. Has Officer or Other Rank ever suffered from, or has he now, any affection of the following systems? (Answer "Yes" or "No"). (Subjective evidence may be sufficient in certain cases.)

Nervous System yes Genito Urinary System no Cardio-Vascular System no

Special Senses no Integumentary System yes Respiratory System no

Disturbance of mentality no Muscular System no Digestive System no

Osseous and Joint System no Any other general condition no

3. If the answer to any part of Section 2 above is "Yes," here give full particulars, with cause and date of origin; and also a description of the present condition.

Transverse Scar 6" long beneath left ear middle point 3/4" below ear.
Operation - Removal of deep scar tissue followed by almost complete recovery from facial paresis. Still affection of left forehead. Practically no disfigurement. Dental bridge inserted.

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

[OVER]

EXAMINATIONS.

THIS SECTION FOR USE OVERSEAS—

Examined at.....(Canada)

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

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

Signautre .....

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

THIS SECTION FOR USE IN CANADA—

STAMP MEDICAL BOARD
M, D. No. 4,
MONTREAL,
JUL 29 1919

Examined at.....(Canada)

Date ..... Signed C B Malcolm Capt M.O.

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

Signature Henry Foster

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

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

[OVER]

M.F.W. 129.
1033 (D.P.) 500M-11-18.
1772-39-1142.

C.A.D.C. 5009A

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) FOSTER. H.

REGIMENT 13th CRT. RANK Spr No. 3032999

Date of Examination in England Apl 2. 19 Date of Examination in France

DIRECTIONS TO DENTAL OFFICERS

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

PRESENT DENTAL REQUIREMENTS

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

HAS HE EVER REFUSED DENTAL TREATMENT? No

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

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

Signature of Dental Officer L D Steele Capt CADC

No 1 Case

Foster H.

G-18002

FORM OF WILL

I, ~~Joseph Graves.~~ alias William Graves. (Name in full)

Regimental Number 3033900 serving in 1st Depot Bn. 1st C.O.R.

of the Canadian Expeditionary Force, do hereby revoke all former Wills by me made and declare this to be my last Will.

I devise all my real estate unto

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

absolutely, and my personal estate I bequeath to

Joseph Graves. Post Office at Sorel, Province of Quebec,	Name and Address of person or persons to receive personal estate* (*See note*).

NOTE

This space for the appointment of Executor if necessary.

IMPORTANT NOTE

This must be signed and Dated by THE SOLDIER HIMSELF.

this 23rd day of January A.D. 1918

William Graves. Signature of Soldier.

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

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

THE TWO WITNESSES MUST SIGN HERE

Signature of First Witness R Okey Lieut.

Address of Witness "C" CO. 1ST DEPOT BN. 1ST C.O.R.

Occupation of Witness

Signature of Second Witness A Leach Lieut

Address of Witness "C" CO. 1ST DEPOT BN. 1ST C.O.R.

Occupation of Witness

M. F. W. 82.
300M.-12-16.
1772-39-983.

FORM OF WILL

M. F. W. 54. (A. F. B. 103.
500M.—9-16
H. Q. 1772-39-920.

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

Casualty Form—Active Service.

Unit, Regiment or Corps 5th Dfl 1st DEPOT BATTALION 1st C.O.R. to 12th Res Bn

Regimental No. 3032999 Rank Private. Name ~~GRAVES William~~ FOSTER, Henry

Enlisted (a) ~~IXthXXJan'y~~ 17.1.18 Terms of Service (a) C. E. F. Dur of War Service reckons from (a) 17th January 1918.

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) Painter.

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	5-2-18	
		Arrived	England	16-2-18	"Scandinavian."
18 ~~25~~-2-18	12th.Res.Bn.	T.O.S.12th.Res.Bn.	West Sandling	5-2-18	PartII ~~48.~~ 42.
15-3-18	do.	S.O.S.to C.R.Troops.	Witley.	15-3-18	PartII 64. E S Hoag Lieut.i/c Records, 12th.Res.Bn.
15-3-18	C.R.T.D	Taken on Strength	Purfleet	15-3-18	Pt II Do 74
16/3/18	C.R.T. DEPOT.	S.O.S. C.R.T.DEPOT ON POSTING TO 13 th.C.R.T.	PURFLEET	16/3/18	Part II D.O.75 Lieut for O.C.
16/3/18	O.C.13th. Bn.C.R.T.	TAKEN ON STRENGTH FROM C.R.T.DEPOT.PURFLEET	E Kingwell Canadian Railway Troops Depot. PURFLEET	@ 16/3/18	Part II D.O.4.

(a) In the case of a man who has re-engaged for, or enlisted into Section D. Army Reserve, particulars of such re-engagement or enlistment will be entered.
(b) e.g. Signaller, Shoeing Smith, etc., etc., also special qualifications in technical Corps duties.

[P.T.O.

CERTIFIED CORRECT. 6 APR 1918 CAN. RECORDS LONDON.

3032999 Spr ~~Graves W.~~ FOSTER, H.

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
28-3-18	13th. Bn. CRT	Proceeded Overseas	Purfleet	28-3-18	Part ii D.O. 16 A Stewart Lt. for Capt. Adjt. 13th. Bn. Can R'y Troops. WSP
		Landed In France FIELD 29-3-18 Pt II DO No. 17 dated 19.4.18			
7-7-18	O.C. 13th. CRT.	Evacuated Sick. To	49 C.C.S.	2-7-18	B 213.
12-7-18	49 C.C.S.	Appendicitis. Adm. To	do Duty	do 12-7-18	APA 36 A 5547. G 432 KH 17-1728
14-7-18	O.C. 13th CRT.	Rejoins Unit.	Field	12-7-18	B 213.
25-7-18	do	Sentenced to 10 days F.P. No. 1., 25-7-18, for "W.O.A.S., (1) Breaking Camp sometime between 10 pm 23-7-18. and 5.30 am. 24-7-18. (2) Absent without leave from Reveille until 9 pm 24-7-18." Forfeits 1 days pay by R.W.	do	23-7-18	B 2069 Pt. II DO. 61, d/1-8-18.
28-7-18	do	To F.P. Camp. Bermicourt	do	26-7-18	B 213.
4-8-18	do	Returns to Unit	do	3-8-18	B 213.
21-12-18	do	Absent without leave	do	15-12-18	B 213.
20-1-19	A.A.G.	Having declared his true name to be HENRY FOSTER will in future be known as such, all documents to be altered accordingly	do	—	KE 37384/Z. 205, DO 7. d/24-1-19
29/1/19	C.G.B.D.	Transferred to England for [illegible] [illegible] [illegible]		30/1/19	[illegible] E 11 W.O. 10/1/19

Lieut. for Lt.-Col., A.A.G.
Canadian Section, G. H. Q. 3rd Echelon, B. E. F.

Army Form B. 103. Regimental Number.....

Casualty Form—Active Service.

Regiment or Corps.....

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

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...			
13/2/19	C.P.S.D.	Taken on strength	Knotty Ash 13/2/19		Pt II 39
2-6-19	MONTREAL	T.O.S.D.D.# 4	MONTREAL	21-5-19	D.O.PT. 11.153- P3
31-7-19.	S.O.S. Disch. Demob. RO.1420		Montreal.	30-7-19.	DO/Pt.11/212
		Geo Fletcher Lt for Captain, Officer i/c Discharge Section, District Depot No. 4.			

(*a*) In the case of a man who has re-engaged for, or enlisted into Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.

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

(6228) W.13863/M1477 2,400,000 1/17 McA & W Ltd Forms B./103/4 (E. 856)

[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				

CANADIAN EXPEDITIONARY FORCE
Discharge Certificate

This is to Certify that No. 3032999 (Rank) Private

Name (in full) FOSTER, Henry enlisted in

the 1st Depot Battalion, 1st Central Ont. Regt.

CANADIAN EXPEDITIONARY FORCE at TORONTO, Ont. on the 7th.

day of January 1918.

HE served in - - - - - - - - - - FRANCE - - - - - - - - - - - - -

and is now discharged from the service by reason of - - - - - - - - - - - - - - -

- - - - - - - - - - - - - - - - ON DEMOBILIZATION - - - - - - -

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

Age 37 years

Height 5 feet 5¼ inches.

Complexion Medium

Eyes Brown

Hair Brown

Marks or Scars

Scar left cheek.

Henry Foster.
Signature of Soldier

G H Fletcher Lt for Captain,
Issuing Officer
Officer i/c Discharge Section, District Depot No. 4.

Rank

Appointment

Date of Discharge July 30th.1919.

Signed at MONTREAL.QUEBEC this 30th day of July 1919

in Military District No. 4.

File Reference No. DD4 19-F- 431.

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. W. 39a
200m.—2-18.
H.Q. 1772-39-882

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

No. ..... (Rank) ..... Name .....

Unit .....

Address on Discharge .....

Character and Conduct .....

.....

Former Occupation .....

Special Qualifications of Value in Civil Life .....

.....

Medals and Decorations .....

.....

Remarks .....

.....

Signed at ..... this ..... day of 19

.....

Name of Officer

.....

Rank

.....

Appointment

On demobilization the particulars called for on the back of this certificate will not be completed.

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.

Form R 122.
10287—65M—28-7-17.

5th Drft Ist C O R To 12th Res Bn Alias FOSTER Henry

ET.

Rank Name GRAVES, William Stat. Dec. D/17-1-19 Filed in Envelope. Reg'l No. 3032999

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

Place and Date of Enlistment Toronto. January 17th.1918. Place of Birth Sorel.

Name and Address, Next-of-Kin Joseph Graves, Quebec, Canada

Sorel, Quebec, Canada. Relationship Brother

Assigned Pay Monthly $ Payable to

Relationship

Separation Allowance $ Payable to

Relationship

Discharge, Date and Place Reason Character

N/E. R.B. No. 123/52
File R.L.
Category Can MU

Rg

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
C		Arrived in England		16-2-18	S/S SCANDINAVIAN
18.2.18	12th Res.	T.O.S. from Canada	Pte W. Sling	5.2.18	D.O. 42
15.3.18	✓	S.O.S. to Rlwy. Troops, Purfleet	Pte Witley	15.3.18	— 64 (CRT Depot Pte DO 74 d/ 15/3/18 Spo
16-3-18	13 CRT	TOS from CRT Depot	Spo Pifleet	16-3-18	" 4 Dep CRT Pte DO 75 d/16 3/18 Spo
28-3-18	" "	Proc o/s	" — —	28-3-18	" 16
19-4-18	" "	Landed in France	" Field	29-3-18	" 17
24-1-19	"	Having declared his true name to be Henry FOSTER, will in future be known as such, all documents to be altered accordingly.	" "		— 7.

1 CoR
a5

A.F.B. 103 CHECKED
3 APR 1918

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.
5-2-19	13th C.R.T.	Sentenced to 28 days FP No 1 for WOAS (1) AWL from 21-30 hrs 15-12-18 to 21-30 hrs 8-1-19. (2) Being in Chapelle-lez-Herlaimont without a pass (3) Being in an estaminet during prohibited hours forfeits 25 days by RCW	Spr Field	11-1-19	Pt II DO 11
4-2-19	Do.	Posted to C.R.T.D.	" "	30-1-19	-1- 10 & C.R.T.D. DO 39 / 13 2/19
13-2-19	C.R.T.D.	On Comm Kemnel Park Rhyl	" Knotty Ash	5-2-19	-1- 39
"	"	Off Comm	" "	19-2-19	-1- 39
5-5-19	-	S.O.S. to Gen-Depot	- -	1-5-19	-118 & D/O 105 G.D. 14/5/19
27.5.19	CRS CL	Invalided to Canada (ex No 5 Can Gen Hosp) SL 503 No 4	Hurkdale	21.5.19	CLB 530 Incision Wds. Neck
7-6-19	Gen Dep	Invalided to Canada	Witley	21-5-19	Pt II 123

P. 559

MARRIED OR SINGLE Single

PLACE OF BIRTH Sorel, Quebec, Canada.

NAME AND ADDRESS OF NEXT OF KIN Joseph Graves
Sorel, Quebec, Canada.

RELATIONSHIP OF NEXT OF KIN Brother.

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

FOSTER. HENRY.

REG'L NO. 3032999 RANK Pte. NAME ~~Graves~~, ~~William~~ ✓

IF IN PERMT. CORPS WHAT UNIT 1st Depot Bn. 1st CO.R UNIT TRANSFERRED TO 12 Res. Bn DATE 5.2.18 AUTHORITY BO 48

PERMANENT FORCE ALLOWANCES TRANSFERRED TO C.R.T.D. DATE 1/4/18 AUTHORITY 74.

PLACE OF ATTESTATION Toronto Ont. TRANSFERRED TO DATE AUTHORITY

DATE OF ATTESTATION 17/1/18 TRANSFERRED TO DATE AUTHORITY

ASSIGNED PAY MONTHLY $ DATE EFFECTIVE

PAYABLE TO 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)

DATE	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
MONTH	PARTICULARS				CR. 1		CR. 2		PARTICULARS					DR. 1	DR. 2	DR. 3	DR. 4	BALANCE		DEFER-RED. PAY	SEP. ALLCE. ENG.														
1918. ~~1st Feb.~~	Balance from Canada																	11	60	Canada															
Jan 31 Arch	P. Pay				34	10			aR 1588	28/1/18	12 Res Bn			26	77																				
Feby	"				30	80			✓ 1687	15/3/18	✓			12	17					30															
														38	94																				
					64	90								38	94																				
									Dn 1925	22/3/18	CR 2D			14	60			22	96																
					64	90								53	54																				

DATE	PAY				FIELD ALLOWANCE				WORKING OR SPECIAL PAY				ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS								CASH PAYMENTS				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
	No. OF DAYS	RATE	AMOUNT $	AMOUNT C.	No. OF DAYS	RATE	AMOUNT $	AMOUNT C.	No. OF DAYS	RATE	AMOUNT $	AMOUNT C.				1 No.	1 DATE	2 No.	2 DATE	3 No.	3 DATE	4 No.	4 DATE	1	2	3	4				CREDIT	DEBIT			

P 820
12474—375M—13-2-18.

* Strike out whichever inapplicable.

ASSIGNED PAY. * 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. HENRY. GRAVES

NUMBER:– 3032999

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		Pte

UNIT AND TRANSFERS

ORIGINAL UNIT:– 1st Off 1 COR

DATE ACCOUNT FIRST OPENED:– 1/1/18

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO
			1 CoRD
4/4	1/4/18		6 Rytd

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
7/7/19	474	Kenmel Park.	~~38 93~~ 38 93			Ledger Bal	287 –
11/7/19.		London.	~~43 80~~ ✓			L P C Bal.	153 18
11/7/19		Encroachment Dep/pay.	~~38 93~~ ✓				133 82
17/7/19		London.	~~2 93~~				
27/7/19	6319	C R W.	~~9 73~~ 3382				

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBSCE ALLCE
	1 –	– 10		

PARTICULARS OF RENDERING NON-EFFECTIVE 1/4/19 Transferred to Canada L3924 Knotty Ash to K.A. M.D.5.

MONTH 1918	PARTICULARS	CR. 1	CR. 2.	PARTICULARS	DR. 1	DR 2.	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
Mar 31	Bal. Ford.								22 96	30 –	
Apl.	F. P.	33		A.R. 111 9/4/18 13TH C.R.T.	3 57						
				" " 206 27/4/18 " "	2 68				49 71		
		33			6 25						
May	F. P.	34 10		A.R. 333 10/5/18. 13. C.R.T.	2 68					60 –	
				" 413 25/5/18 " "	2 68				78 45		
		34 10			5 36						
June	F. P.	33 –		A.R. 491 10/6/18. 13. C.R.T.	3 57						
				" 572 25/6/18 " "	3 57				104 31	75 –	
		33 –			7 14						
July	F. P.	34 10		A.R. 669. 20/7/18. 13. C.R.T.	3 57				134 84	90.	
		34 10			3 57						
Aug	F. P.	34 10		10 days F.P.I. 25/7/18. A.W.L. 25/7/18. 1 day. R.W. to 6/8/18 13. C.R.T.		12 10					
				A.R. 756 6/8/18. 13. C.R.T.	1 78					105	
				" 834 23/8/18 " "	3 57				151 49		
		34 10			5 35	12 10					
Sept	F. P.	33 –		A.R. 978. 9/9/18 " "	3 57				180 92	Bal agreed 20/9/18	
		33 –			3 57						
Oct.	F. P.	34 10		1007. 5/10/18 " "	3 73				211 29		
				1093 19/10/18 " "	3 73				207 56		
		34 10			7 46						
Nov.	F. P.	33		1193 7/11/18 " "	3 73						
Dec	F. P.	34 10		1279. 25/11/18 " "	9 33					158	
Jan	F. P.	34 10		1484 15/1-/18 " "	3 73						
				1443 15/1-/18 " "	13 06				278 91		
		101 20			29 85						

NUMBER 2032999 RANK Spr NAME Foster N.

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
31.1.19	Brought Fward								27 8 91		
Feb.	P.P.	30 80		4561. 29/1/19 Staples.	4 66						
				28 days F.P.1. 11-1-19 AWL. from 21.30 hrs 15-12-18 till 21.37 hrs 8-1-19. Forfeit 28 days pay RW Bo. 11. 5-2-19. 13 CRY.		58 30			24 6 75		
Mar	L.P	34 10							28 0 85		
	Init on def. pay.	6 15							28 7 00		
		71 05			4 66	58 30					
				63.19 27/2/19 C.R.J.D.	9 73 ✓				27 7 27		
				6 London 11/2/19 C.R.J.	43 80 ✓				23 3 47		
				Encroachment on Def Pay 11/2/19	38 93 ✓				19 4 54		Encroachment on Deferred Pay £38.93
				8180 17/3/19 6 RJD Ends L.P.C. 170	19 47				17 5 07		
				6. Ldn. 17/3/19 6 RJ. 170	2 43				17 3 64		
				H.H. 17/3/19 Kinmel Pk 170	38 93				13 4 71		
		71 05			154 95	58 30			13 3 71		
		71 05			157 95	58 30					
April				6 P. 6318 Y. 17.4.19 Ldn. ADVISED 17/	73 —				60 71		
				954. 14.4.19. 6 RJ.	48 64				12 07		
				89 w/6 w 10/- Lipool end	4 87				7 17		
				1937/73. 10/- " "	4 87				2 30		
	S.F. from 15/4/19 to 25/4/19 D.O. 100. 15/4/19	7 30		3064. 13.5.19 6 RJ. 98	4 87				4 73		
				3503. 19.5.19 " 104	9 73				5 00		
		7 30			146 01	— —		— —			

Sos. 21/5/19. SL. 503

D0/212

This space to be for numbers.

WAR SERVICE BADGE
Class "A" No. 29646 ISSUED

Proceedings on Discharge.

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

No.	3032999
Rank	Pte.
Name	~~STEVEN~~, FOSTER, Henry
Note—The name must agree strictly with that on enlistment unless changed subsequently by authority.	
Corps (Squadron, Battery or Company)	1-1 COR
Date of Discharge	July 30-1919
Place of Discharge	MONTREAL, QUE.

1. DESCRIPTION AT THE TIME OF DISCHARGE.

		Descriptive Marks
Age	37 years	
Height	5 feet 5½ inches	
Complexion	Medium	
Eyes	Brown	
Hair	Brown	Scar left cheek.
Trade	Painter.	
Intended place of residence (To be given as fully as practicable.)	Arlee Centre RI U.S.A	

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

RO 1420 & RO 1894. ON DEMOB.

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

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

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

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

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

M. F. B. 218.
50m.—3-16.
H. Q. 1772-39-113.

(OVER)

4736

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

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

6. Medals and Decorations.....

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

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

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

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

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

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

(Place) MONTREAL, QUE. Henry Fortis .....*(Signature of Soldier.)*

(Date) JUL 30 1919 G A Parker Sgt *(Signature of Witness.)*

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

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

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

.....*(Signature of Soldier.)*

10. **Statement of Service.**

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

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

11. **Confirmation of Discharge.**

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

(Place) MONTREAL, QUE.

(Date) JUL 30 1919

G.W. Fletcher Lt for Captain,

(Signature) Officer i/c Discharge Section, District Depot No. 4.

Reservations referred to at Para. 8.

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

NO RESERVATIONS

Henry Foster.

(OVER)

List of Discharge Documents.

Reg. Conduct Sheet, Militia form B. 263.	Attestation Paper, Militia Form B. 235.
Squadron / Battery / Company } Conduct Sheet, " B. 263a.	Proceedings on Discharge " B. 218.
Copies of Convictions, by C. P. in MS.	In the case of recruits who are rejected on final approval, the discharge documents will consist of
Med. Hist. Sheet, Militia Form B. 313	*(a)* Proceedings on Discharge.
Medical Report for Invalid* " B. 227.	*(b)* Attestation.
Statement of Man's Account on Transfer and Last Pay Certificate, " D. 877.	*(c)* Medical History Sheet (in the event of such having been prepared.)
*Only if discharged "Medically unfit."	

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

Forms
I. 1237
14

Army Form I. 1237.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
	3032999	Spr.	Foster.	William

Year.	Unit.	Age.	Service.
	C.R.Y.	35	13/12

Station and Date.

5. C.G.H.
Lpool
Mch 27th

Disease Cutthroat

Incised wound 6" long across 6" long across Lt side of neck & face. He was cut by a knife by some one unknown while in Knotty ash camp. Wound is deep. not yet healed & very adherent. He is unable to close left eye as he has no power in lower lid. His eye is continually watering causing blurring of vision. Left side of face shows complete paralysis. Would suggest I to C

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

(A 1014) W3081/P/1296 3,450m 7/18 Drayton Mill Forms/I. 1237/14 (E. 3420)

[P.T.O.

Station and Date.

650 G-116

THIS FORM WILL BE USED FOR ALL RANKS

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.

5 Can. Genl. Hosp.

STATION Liverpool DATE April 10-19.

1. 1 (a) Unit C.R.I. Res. (b) Regimental No. 3032999 (c) Rank Spr.

(d) Surname Graves alias Foster (e) Christian name William - Henry -

(f) Home address Artic Centre, R.I. U.S.A.

(g) Next of Kin Joseph Foster (h) Relationship Brother

(i) Address of Next of Kin Shannock, R.I. U.S.A.

2. Age last birthday Thirty four Date of birth July 15 - 1884

3. Enlistment, or Appointment (if an Officer) (a) Place Toronto (b) Date Jan 17 - 18.

4. Personal description:

(a) Height 5' 5" (b) Weight 150 (stripped) (c) Complexion Dark

(d) Colour of hair black (e) Colour of eyes grey (f) Identification marks, Scars, etc.

Scar left cheek extending below ear to near mid line of spine.

5. Former trade or occupation Cook and waiter.

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
	1	80

	Periods From	Periods To
Canada	Jan 17 - 18	Feb. 2 - '18
England	Feb. 16 - 18	Mar 28 - 18
	Feb '19 -	Present time
France or other theatres of War	Mar 28 - 18	Feb - '19

7. Original disease, or injury Incised Wound left side of face & neck involving facial nerve -

(a) Date of origin March 2 - 19 (b) Place of origin Knotty Ash

(c) Cause Attack by highway robbers.

M. F. B. 227.

300M.—8-18.
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.)

(a) Complete paralysis L side of face.

(b) Defective vision Left eye.

(c) Limited ~~power~~ of rotating head.

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.)

Man is well nourished & in apparent good general health. Heart & lungs negative. Has incised wound six inches long across left side face & neck. not yet healed. Facial nerve L. side severed. Cannot close left eye & has no use of left facial muscles. Slight use of muscles of mastication left side.

Man states sight of left side is gradually going. Cannot masticate food on left side. Can only rotate head to right to limited extent

(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 No.

Osseous and Joint Systems No. Any other general condition No.

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

Man states on March 2nd '19 was proceeding to his tent in Kantty Ash camp when he was attacked by six men in uniform, wounded with knife & robbed. Was sent to American Hospital at Kantty Ash & discharged therefrom after healing was in progress. Admitted to 5 Can Gen Hosp. March 27 - 1919.

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*).)

None

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

Not applicable

11.—(*a*) Did the disabling condition have its origin before enlistment? No

(*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.)

Not applicable

12. Was the disability caused, or aggravated; (*a*) by intemperance, or improper conduct; or (*b*) by unreasonable refusal to accept treatment? 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? (a) Permanent (b) six months.
(c) Two months

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

Surgical, Wound stitched & dressed.

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit? Yes
(If the answer is "yes" state nature of treatment required and probable duration)

Requires dressing of wound, massage of face.

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

17. Recommendations

Invalided to Canada

J. R. Faibairn Capt.
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 Henry 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 nothing.

Pte Henry Foster 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.

No — No 9. Cloudiness of vision due to watering of the eye. Vision clears for a time on wiping the eye with lids.

19. Is the invalid fit for

(a) General service,	(Category A)	~~(Yes or No.)~~
(b) Service abroad, not general service,	(" B)	~~(Yes or No.)~~
(c) Home service (Canada only),	(" C)	~~(Yes or No.)~~ not app
(d) Temporarily unfit.	(" D)	~~(Yes or No.)~~ ~~not app~~ 2 to 6.
(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.)

Dressings & massage.

~~(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.)

Patient be invalided to Canada.

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.

No. 5 CANADIAN GENERAL HOSPITAL LIVERPOOL

H L Burris Lt Col President.

PLACE

DATE Apl 12th 1919

S W Blackman Major. } 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.

.....President.

PLACE

DATE } Members

APPROVED BY

Geo F. L Fuller Capt Cam

Assistant Director of Medical Services.

for DATE 26. 4. 19

APPROVED BY

Director-General of Medical Services.

DATE

ORIGINAL -C' Coy. 3032999 4

MILITARY SERVICE ACT, 1917.

MEDICAL HISTORY SHEET.

IMPORTANT.—If the man's name does not appear upon the schedule of men reporting for service, or if he has not made an application for exemption or a report for service, or, although having made one, he does not know the number, he will be instructed that the copy of this medical history sheet (which will be handed to him) must be attached by him to a report for service or claim for exemption which he may make on application to any Postmaster in Canada, or be sent by him after he has noted upon it the number on the receipt he obtained from the Postmaster to a Registrar or Deputy Registrar under the Military Service Act. In any event the duplicate medical history sheet will be sent by the Medical Board to the District Officer Commanding unless instructions have been given by the latter to forward it direct to a Registrar or Deputy Registrar

1. Surname Graves alias FOSTER Christian name William. Henry

2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule 1st Draft 77-8-18 Pte 20.7.4.34-148 CRT

3. Consecutive number on schedule of men reporting for service (if he appears on it) 1025

4. Address (including street and number, if any) 145 North Division St., Buffalo, N. Y. U.S.

for Lt.-Col. 1/c Records Lieut.

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 17th day of January 1918 1917, by the undersigned medical board sitting at Toronto, Canada

5. Age as stated 35 Years 6 Months. 6. Apparent age 35 Years 6 Months

7. Height 5 Feet 5½ Inches. 8. Weight 149½ Pounds.

9. Chest measurement { Minimum 33 Ins. / Maximum 36½ Ins. } 10. Complexion Medium { Eyes Brown / Hair D. Brown. }

11. Physical development. Good { Good / Fair / Poor } 12. Smallpox marks Nil

13. Number of vaccination marks { Right arm / Left arm 1 } 14. When vaccinated last 1910

15. Distinctive marks and marks indicating congenital peculiarities or previous disease Wax both ears Spur left

16. Slight defects but not sufficient to cause rejection

The man denies having had { Rheumatism / Tuberculosis / Syphilis } We find no evidence of past { Rheumatism / Tuberculosis / Syphilis }

(Strike out disease admitted or suspected.)

We have examined the above named man in accordance with the C. E. F. Regulations for medical examinations, and he is placed in Category **A2**

17. (a) Vision R. 20 L. 20

(b) Hearing. R. Normal L. Normal

Ear Nose --- Throat Normal

Signature of Man W. Graves

Ear Nose & Throat Specialist President.

E. R. Franklin Capt Member. E. M. Hooper Lt. Member.

Date	Result	Vaccinations	Date	Result	Anti-Typhoid Inoculations, Etc.
25/1/18	good	E Shaneday Capt M.O.	21/1/18	E Shaneday Capt	M.O.
		M.O.	25/1/18		M.O.
		M.O.			M.O.

Joined 17th day of January 1918 191 at Toronto, Canada

	Corps	Reg'tl Number	Habits	Date
Joined on enlistment	1st Depot Bat.	1st C. O. R.		
Transferred to 13th Bn CRT	12 Res 2 25-3-18	3032999		

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station	Date	Disease	Result
No 8 Can Gen Hospital	10/6/19	Wounds right C Fascia Forearm & Thorax & pleural Cavities & fleshy muscles	Fit for discharge

STANDING MEDICAL BOARD M, D. No. 4, MONTREAL 20 JUN 1919

N.B.—This sheet is 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.

300M.—10-17.

1772-39-439.

Surname Graves ~~William~~ Christian Name William

alias Foster Henry

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital: Day	Month	Year	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.
No. 5 CANADIAN GENERAL HOSPITAL LIVERPOOL.		26 MAR 1919						Cut. Throat		Paralysis Lt side of face caused by incised wound.	J. Phinney Contr
"ARAGUAYA."		21	5	19	31	5	19	- Do -		As above.	E. W. Bleakley Capt. Amc.
St. Anne de Bellevue Mil Hosp.		1	6	19	~~25~~ 28	7	19	"	59	Depressed scar L cheek & neck - facial paresis operation - Depressed scars excised & closure. Removal of deep scar tissue followed by almost complete recovery from facial paresis. still affection of L. forehead. practically no disfigurement. Dental Bridge inserted. Discharge to duty G.S. Cat. A.	C. W. Waldron Major Amc.

AUDITOR | PAYMASTER

M. OR S.

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

REGT. No. 3032999 RANK Pte NAME (IN FULL) FOSTER. Henry

NEXT OF KIN — RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? — DATE EFFECTIVE

TO WHOM PAID Nil. — RELATIONSHIP

ADDRESS

PARTICULARS	EFFECTIVE DATE	AUTHORITY
T.O.S	21-5-19	DO 153 P 2
posted to Overseas	1-6-19	DO 153. P. 2
Qua. Ld.	25-7-19	LO 206 P 3

ORIGINAL UNIT C.E.F. 1st C.D.D. — IF IN P.F. WHAT UNIT?

PLACE OF ATTESTATION Toronto

DATE OF ATTESTATION 17. 1. 18

ASSIGNED PAY $ Nil

PAYABLE TO WSG

ADDRESS Box 189. Artic Centre. R.I. U.S.A.

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE

TRANSFERRED TO — DATE — AUTHORITY

TRANSFERRED TO O/S France — DATE — AUTHORITY

DATE EFFECTIVE

RELATIONSHIP

EFFECTIVE

ANY CHANGE IN ASSIGNEE OR ADDRESS

DO 212 - III

DISCHARGED — PLACE Montreal — DATE 30-7-19. — REASON DD4-19 - 7431 — AUTHORITY — IF ENTITLED TO POST DISCHARGE PAY

MONTH	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $	C.	OTHER CREDITS $	C.	$	C.	TOTAL CREDITS $	C.	ACQUITTANCE ROLLS COL. NO. 1 NO.	DATE	COL. NO. 2 NO.	DATE	COL. NO. 3 NO.	DATE	CASH PAYMENTS COL. NO. 1 $	C.	COL. NO. 2 $	C.	COL. NO. 3 $	C.	ASSIGNED PAY $	C.	REGIMENTAL CHARGES $	C.	OTHER CHARGES $	C.	$	C.	TOTAL DEBITS $	C.	BALANCE DEBIT $	C.	BALANCE CREDIT $	C.	PARTICULARS OR REMARKS
BALANCE FROM PREVIOUS ACCOUNT							153	18	153	18																								153	18	Overseas Rate per Emplt PC 1538
1/4/19	30	1.10	33	00					33	00	5750	11/3	Brot		C.D		12 67 / 4 64 / 4 87		Forwarded 30/6 ~~50 00~~		50	00									79	21			106	97	
May	31	1.10	34	00					34	00	5957 / 6237 / 6286	14/4 / 30/4 / 12/4					4 87 / 5 78 / 4 87														59	32			81	65	
June	30	1.10	33	00					33	00	6064 / 6500 / 6544	13/5 / 19/5 / 27/5	Bros		20		3 78 / 4 87 / 7 00		15	00											37 60 / 15	00			99	65	
July	30	1.10	33	00	35	00	70	00	138	00	6068	23	6333	30			18	00	222	65											237	65					
			Other Credits		W.S.C.		S.A.		Total 391	18	War Service Gratuity																Other Charges		W.S.G.		S.A.		Total 48	18	Balance Soldier Dependant			
					280	00			280	00																	70	00	—		70	00	210	00			
31/8/19																											70				70		140				1518208
30.9.19																											70				70		70				1629495
30/9/19																											~~70~~				~~70~~						~~1664648~~ Earned 280-28
																											280	—									Sheet # 17 (b)
																															87	60					~~Earned~~ Forwd. 87.60 = 29-10-9
																																					15.00 Credited = 210-16-9
																																					Cash. 10th 31/5/20 DD 1046
31/3/20			10						10																								17	60			Refund Expenses 1/9/19 HH.

Suspend all payments until observation adjusted. Ledger 87 60

100M-1-19.—L. L. 53962-M. & D. 9723.
M. F. W. 2596.
1772-39-1390.