214th OS Baltn ORIGINAL 33486

ATTESTATION PAPER.

No. 268084

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname?	Foster
1a. What are your Christian names?	Hugh McLeod
1b. What is your present address?	Invermay. SASK.
2. In what Town, Township or Parish, and in what Country were you born?	Hartford. S.D. U.S.A.
3. What is the name of your next-of kin?	Frank Foster
4. What is the address of your next-of-kin?	Invermay. SASK.
4a. What is the relationship of your next-of-kin?	Father
5. What is the date of your birth?	May 28th 1898
6. What is your Trade or Calling?	Farmer
7. Are you married?	No.
8. Are you willing to be vaccinated or re-vaccinated and inoculated?	Yes.
9. Do you now belong to the Active Militia?	No
10. Have you ever served in any Military Force? If so, state particulars of former Service.	No.
11. Do you understand the nature and terms of your engagement?	Yes.
12. Are you willing to be attested to serve in the CANADIAN OVER-SEAS EXPEDITIONARY FORCE?	Yes.

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Hugh McLeod Foster, do solemnly declare that the above are answers made by me to the above questions and that they are true, and that I am willing to fulfil the engagements by me now made, and I hereby engage and agree to serve in the **Canadian Over-Seas Expeditionary Force**, and to be attached to any arm of the service therein, for the term of one year, or during the war now existing between Great Britain and Germany should that war last longer than one year, and for six months after the termination of that war provided His Majesty should so long require my services, or until legally discharged.

Hugh McLeod Foster (Signature of Recruit)

Date December 1st 1916. F. J. Newbold (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Hugh McLeod 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.

Hugh McLeod Foster (Signature of Recruit)

Date December 1st 1916. F. J. Newbold (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 Saskatoon. SASK. this 1st day of December 1916.

H. McLeod (Signature of Justice)

M. F. W. 23
750M—3-16
H. Q. 1772-39-341

33486

Description of Hugh McLeod Foster on Enlistment.

Apparent Age 18 years 7 months.

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

Height	5 ft. 11½ ins.
Chest measurement. Girth when fully expanded	36 ins.
Chest measurement. Range of expansion	3 ins.
Complexion	Fair
Eyes	Grey
Hair	Dark Brown
Religious denominations. Church of England	
Presbyterian	X
Methodist	
Baptist or Congregationalist	
Roman Catholic	
Jewish	
Other denominations (Denomination to be stated.)	

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

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

NIL.

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 December 1st 1916.

Place Saskatoon. SASK.

Chas G Cox
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:—

G A Wright Capt.
R H Lowe M D
R J Macdonald M D

CERTIFICATE OF OFFICER COMMANDING UNIT.

MOBILIZATION MEDICAL BOARD

Hugh McLeod Foster having been finally approved and inspected by me this day, and his Name, Age, Date of Attestation, and every prescribed particular having been recorded, I certify that I am satisfied with the correctness of this Attestation.

J H Kraus Lt.Col. (Signature of Officer)
Commanding 214th Overseas Battalion.C.E.F.

Date December 1st 1916.

REGIMENTAL DOCUMENTS

NAME Foster, Hugh McLeod REGT. NO. 268084 UNIT C.A.M.C. H. Q. FILE NO.

	CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
1	ATTESTATION PAPER (M.F.W. 23, 133, or 51) R14					DEATH
1	CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category
	TRAINING HISTORY SHEET (M.F.W. 113)					
	FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)				15128	
	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)		AeR 12-6-23			
	MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
	DENTAL HISTORY SHEET (M.F.B. 465)					Category
	MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)			M24 26-6-23		Being a minor
	MEDICAL EXAMINATION (M.F.W. 129)					
1	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)		H			DESERTION
1	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)					
	COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
1	A.F.B. 122					
1	Form R.&O. 6064					
1	misc					
1	[illegible]					
1	M.F.W. 67					
1	R122				Box H	
1	PC				3231	
						1
						15 11
						15 11
						3-11
						1

W 2589
100M-11-18
1772-39-1572

2680084	FOSTER	HUGH, McLEOD
I.D. number **No. d'identification**	**Surname** **Nom de famille**	**Given names** **Prénoms**

PERSONNEL RECORDS CENTRE
CENTRE DES DOCUMENTS DU PERSONNEL

Location
Lieu 3231

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 214th OVERSEAS BATTALION C. E. F.

(2) Regimental Number 268084

(3) Full Name of Soldier Hugh McLeod Foster.

(4) Place of Birth Hartford, S.D. U.S.A.

(5) Are you married, or not? No.

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

(b) Present Postal Address ~

(7) Are you a widower? ~

(8) Have you any children? ~

If so, give number of boys and girls ~

Also their names and ages ~

M. F. W. 67.

5 M.—9-16.
1772-39-954.

(SEE OTHER SIDE.)

(9) Is your Father alive? Yes.

If so, state name and address Mark A. Foster Invermay Sask.

(10) Is your Mother alive? Yes.

If so, state name and address Ida Foster.

(11) If your Mother is a widow ✓

Are you her sole support, or not? ✓

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

✓

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

✓

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

✓

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.

J. H. Hearn
Officer Commanding.

Date 6th April, '17

Lt. Col.
Commanding 214th Overseas Battalion, C.E.F.

214th Ot Battn
268064
Original 33486

MEDICAL HISTORY SHEET.

McCaw

Surname Foster. *Christian Name* Hugh McLeod.

Examined on 20th day of Dec 1916 at Saskatoon

Birthplace City or Town Hartford County South Dakota

Apparent age 18 yrs 7 months

Trade or occupation Farmer

Height 5 Feet 11 1/2 Inches.

Weight 141 Lbs.

Chest measurement Minimum 33 inches. Maximum expansion 3 inches.

Physical development Fair

Small-Pox Marks

Vaccination Marks Arm Right. 0 Left. 0 Number 0

When Vaccinated last never

(a) Marks indicating congenital peculiarities or previous disease

(b) Slight defects but not sufficient to cause rejection

Approved by [signature]

Rank Capt M.O.

Date.	Fit or Unfit.	Examined for Re-engagement.
		G A Wright Capt. M.O.
		R H Lowe M.D. M.O.
		R J Macdonald M.D. M.O.
		M.O.
		M.O.
		M.O.
		M.O.

MOBILIZATION MEDICAL BOARD

Date.	Result.	Vaccinations.
25/11/16		[signature] M.O.
		M.O.
		M.O.

Date.	Result.	Anti-Typhoid Inoculations, Etc.
26/11/16		[signature] M.O.
2/1/17		[signature] M.O.
9/1/17		[signature] M.O.

Enlisted on 20 *day of* December 1916 *at* Saskatoon

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	214 Ot B	268064	good	
Transferred to	15th Canadian Res. Battn			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.

N. B.—This sheet to be disposed of in accordance with instructions in the Regulations for Army Medical Service, on the man becoming non-effective; the date and cause being stated on next page.

M. F. B. 313.

400M.—1-16.
H. Q. 1772-39-439.

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Surname Foster Christian Name Hugh McLeod

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.
Braunstock		1	5	17	29	5	17	Pneumonia	30	Complete recovery Straight forward Pneumonia with no complications.	E K Martin Capt [illegible]
M C H Epsom		29	5	17	22	6	17	– Do –	24	Chest clear is very flat Breathing poor P T III + breathing excercises since admission require hardening Discharged to Com Depot D I [signature] CAPT. C.A.M.C. "G" DIVISION.	

N C 33486

Canadian Form D.M.S. 1375.

Medical Examination upon leaving the Service of an Officer fit for general service or a Soldier fit for duty.

☞ *Officers leaving the Service upon being found unfit for general service by a Medical Board, and Soldiers leaving the Service upon being found otherwise than fit for duty by a Medical Board, are not to be reported on this Form.*

Rank Private Name Hugh McLeod Surname F O S T E R

Unit or Corps C.A.M.C. (If a soldier) Regtl. No. 236084

Born at Hartford, S.D. U.S.A. on, date May. 28. 1900

Signature (for identification) Hugh Mc. Leod. Foster.

The examination is to be made jointly by two Medical Officers.

1. **PHYSIQUE**—Any deformity, maiming or lameness? If so, describe. None.

Weight 170 lbs.

Height 6 ft. 1 in.

2. **NUTRITION AND DIATHESIS?** Good

After searching inquiry and thorough examination is any evidence found of disease or impairment of the parts indicated below? If so, describe.

3. **NERVOUS SYSTEM?** No.

4. **RESPIRATORY SYSTEM?** No.

5. **HEART?**

Abnormal Sounds? None.

Abnormal Size? None.

Pulse Rate? 72. Intermittence or irregularity? None.

6. **ARTERIES.**—Any hardening? No.

7. **DIGESTIVE SYSTEM?** No.

8. **GENITO-URINARY SYSTEM?** No.

Urinalysis—s.g.? 10.20. Reaction? Acid Albumen? no. Sugar? no.

9. **SKIN, MIDDLE EAR, EYE** or any other part? No.

10. Is there any evidence of impairment of health or physical condition not mentioned above? If so describe. No.

11. Opinion as to the health and physical condition of the one examined? Good.

Examined at Pusborough Barracks Signed W.M. Robb Capt M.O.

Date January 13th 1918. Signed A B Thomson Capt M.O.

☞ *If any disease or impairment of health or physical condition is discovered, this report should be sent at once to the O.C. concerned for the Officer or Soldier to be sent before a Medical Board for regular boarding.*

Canadian Form D.M.S. 1275.

Medical Examination upon leaving the Service of an Officer fit for general service or a Soldier fit for duty.

Officers leaving the Service upon being found unfit for general service by a Medical Board, and Soldiers leaving the Service upon being found otherwise than fit for duty by a Medical Board, are not to be reported on this Form.

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

Unit or Corps ..... (If a soldier) Regd. No. .....

Born at ..... on, date .....

Signature (for identification) [illegible]

The examination is to be made jointly by two Medical Officers.

1. PHYSIQUE—Any deformity, maiming or lameness? If so, describe.

Weight ..... lbs.

Height ..... in.

2. NUTRITION AND DIATHESIS?

After searching inquiry and thorough examination is any evidence found of disease or impairment of the parts indicated below? If so, describe.

3. NERVOUS SYSTEM?

4. RESPIRATORY SYSTEM?

5. HEART?

Abnormal Sounds?

Abnormal Size?

Pulse Rate? Intermittence or irregularity?

6. ARTERIES—Any hardening?

7. DIGESTIVE SYSTEM?

8. GENITO-URINARY SYSTEM?

Urinalysis, s.g.? ..... Reaction? ..... Albumen? ..... Sugar .....

9. SKIN, MIDDLE EAR, EYE or any other part?

10. Is there any evidence of impairment of health or physical condition not mentioned above? If so, describe.

11. Opinion as to the health and physical condition of the one examined?

Examination ..... Signed ..... M.O.

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

If any disease or impairment of health or physical condition is discovered, this report should be sent at once to the O.C. concerned for the Officer or Soldier to be sent before a Medical Board for regular boarding.

No card

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Canadian Form D.M.S. 1375.

Medical Examination upon leaving the Service of an Officer fit for general service or a Soldier fit for duty.

☞ *Officers leaving the Service upon being found unfit for general service by a Medical Board, and Soldiers leaving the Service upon being found otherwise than fit for duty by a Medical Board, are not to be reported on this Form.*

Rank Private Name Hugh McLeod Surname FOSTER

Unit or Corps C.A.M.C. (If a soldier) Regtl. No. 238084

Born at Hartford, S.D. U.S.A. on, date May 28 1900

Signature (for identification) Hugh McLeod Foster.

The examination is to be made jointly by two Medical Officers.

1. **PHYSIQUE**—Any deformity, maiming or lameness? If so, describe. None.

Weight 170 lbs.

Height 6 ft. 1 in.

2. **NUTRITION AND DIATHESIS?** Good.

After searching inquiry and thorough examination is any evidence found of disease or impairment of the parts indicated below? If so, describe.

3. **NERVOUS SYSTEM?** No.

4. **RESPIRATORY SYSTEM?** No.

5. **HEART?**

Abnormal Sounds? None.

Abnormal Size? None.

Pulse Rate? 72. Intermittence or irregularity? None.

6. **ARTERIES.**—Any hardening? No

7. **DIGESTIVE SYSTEM?** No.

8. **GENITO-URINARY SYSTEM?** No.

Urinalysis—s.g.? 10.20. Reaction? Acid Albumen? None. Sugar? None.

9. **SKIN, MIDDLE EAR, EYE** or any other part? No.

10. Is there any evidence of impairment of health or physical condition not mentioned above? If so describe. No.

11. Opinion as to the health and physical condition of the one examined? Good.

Examined at Risborough Barracks. Signed Wm Robb Capt M.O.

Date January 13th, 1918. Signed H.B. Thomson Capt M.O.

☞ *If any disease or impairment of health or physical condition is discovered, this report should be sent at once to the O.C. concerned for the Officer or Soldier to be sent before a Medical Board for regular boarding.*

Medical Examination upon leaving the Service

of an Officer fit for general service or a Soldier fit for duty.

CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

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

Regimental No. 268004 Rank Pte. Name Foster, H.L.

Corps No. 12 Casualty Unit who was* Discharged

On 28-2-18 191..., to .....

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from 16-1-18 191..., to 28-2-18 191..., the inclusive date of transfer or discharge.

Dr.	$	c	Cr.	$	c
Bal. Dr. from prev. month	56	56	Bal. Cr. from prev. month		
Advances by Cheques No.			Regt'l Pay 42 days at $ 1 c 00	42	00
Advances by Cheques No.			Field Allow. 42 days at $ c 10	4	20
Assigned Pay No.			Other Allowances* Cloth. alloc.	16	50
Other Charges*					
Payment on transfer or discharge No. 110/107	13	34	Other Credits* Subs.	7	20
Balance Cr. (to be paid by the new unit)			Bal. Dr. (to be deducted by new unit)		
Total	69	90	Total	69	90

*Give Particulars.

A monthly stoppage of $ 15.00 (†) has ..... (‡) been paid on account of Assigned Pay for the month of February 1918 to (Assignee) F. Foster.

(Address) Ivorny, Sask.

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

On Transfer of an Officer.

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

REMARKS:—

State (1) date of enlistment.....

(2) if married and if a Separation Allowance Card has been submitted No

(3) cause of discharge and authority D.O. 56

If discharged from the Contingent, state if Stop Payment advice for Assigned Pay has been forwarded, and date .....

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

Date 28-2-18

Place Regina, Sask.

Geo. Mowsey Captain,
No. 12 Casualty Unit.
Paymaster

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

M. F. W. 44.

30M.—10-17.
H. Q. 1772-39-903.

FORM OF WILL.

I, Hugh McLeod Foster. (Name in full)

Regimental Number 268084. serving in 214th OVERSEAS BATTALION C. E. F.

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

I bequeath all my real estate unto

(My Mother) Ida Foster
Inverness,
Sask. Canada.

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

absolutely, and my personal estate I bequeath to

(My Mother) Ida Foster,
Inverness Sask.
Canada.

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

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

this 6 day of April A. D. 1917

Hugh McLeod Foster 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 Frank Carnes,
Address of Witness 26806, 214th OVERSEAS BATTALION C. E. F.
Occupation of Witness Soldier.
Signature of Second Witness W. Bacon 268040
Address of Witness 214th OVERSEAS BATTALION C. E. F.
Occupation of Witness Soldier

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

Retd from Mil. 12
Home Roll 19.

F-163

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

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

Casualty Form—Active Service.

33486

Unit, Regiment or Corps 214th O.S. Battn

Regimental No. 268084 Rank Private Name Hugh McLeod Foster

Enlisted (a) 1/12/16 Terms of Service (a) C.E.F. Dofw. Service reckons from (a) 1/12/16

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

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

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	Halifax	APR 16 1917	HMT 'Grampian'
		Disembarked	Liverpool	Apl. 29th 1917.	HMT 'Grampian'
					Vreciam G. Gough Capt. Adjt. for C.C. Segregation Camp 214th OVERSEAS BATTALION C.E.F.
10.5.17	OC 15th C.R. Bn	Taken on the Strength of the 15th Can Res. Battn.	Bramshott.	29/4/17	Pt II 124
23.6.17	OC. 15th Can Res Battn.	Struck off Strength on Posting to S.R.D. on Proceeding to 2nd C.C.D. Hastings Cab D I	Bramshott.	22/6/17	Parb II 168 D/23.6.17

22 JAN 1918 TAKEN ON STRENGTH C.D.D, BUXTON Pt. 11 ORDER No. 18 F.W. Lock Lt. for Lieut,-Col. Commanding Canadian Discharge Depôt.

31 JAN 1918 EMBARKED FOR CANADA FROM LIVERPOOL F.W. Lock Lt. for Lieut,-Col. Commanding Canadian Discharge Depôt.

(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.

33486

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
22.6.17	O.C. S.R.D.	T.O.S. & on Cmd 2nd C.C.D. E. Hoope CAPT & ADJT., FOR O.C. SASK. REGTL. DEPOT.	Bramshott	25.6.17	Pt. II D.O. 117
11 AUG 1917	OC. 2ndCCD	Ceases to be attached to 2nd C.C.D. on return to 15th Res. Bn. Bramshott	10 AUG 1917		Pt, 2 D.O. No. 153 J. E. Raphael for OC. 2nd CCD.
11-8-17	OC 15th Can Res Bn	T.O.S. 15th Can Res Bn	Bramshott	10.8.17	Pt. II 216
15th Res	OCT 25 1917	S.O.S. to S.R.D.	BRAMSHOTT.	OCT 25 1917	Pt II 291
13/8/17	OC S.R.D.	S.O.S. to 15 Res Bn	Bshott ~~13/8/17~~	13/8/17	D.O. 166
26/10/17	do.	T.O.S and Pld. Depot Coy	Bshott	26/10/17	D.O. 240
6/11/17	"	S.O.S. to C.A.M.C. Westenhanger	Bramshott	6/11/17	D.O. 251
					J. W. Bramshott Lieut. & ADJT., FOR O.C. SASK. REGTL. DEPOT.
16/11/17	CAMCD	T.O.S from Sask. Reg Depot	Shorncliffe	6/11/17	Pt 2 D.O. 320
21-1-18	CAMCD	On Command to 1st C.D.D. pending return to Canada	Shorncliffe	21-1-18	Part2 D.O. 21 J. P. Blaynes Lieut. CAPT. ASST. ADJUTANT FOR O.C., O.A.M.C. DEPT.

2nd CANADIAN COMMAND DEPOT JUL 6 1917 CENTRAL REGISTRY Ref.

DEPARTMENT OF VETERANS AFFAIRS

To Copy for HO file

Ottawa 4, Ont
Date MAY 26, 1969

Attention of

NAME FOSTER Hugh M. SERVICE NUMBER 268084 WW 1 C.P.C. No. 214262 W.V.A. No. NAVY ARMY X R.C.A.F.

The DEPARTMENT has received information from

:PME [redacted] CPC REGINA SASK. MAY 23, 1969

(State authority and source of information of death)

regarding the death of the above mentioned veteran.

Particulars are as follows:

Date of Death MAY 15, 1969
Cause of Death
Place of Death Not stated

Name and Address of next of kin (if known)

Copies to: W.S.R.
V. I.
~~PAY~~
~~D/O~~
H.O.

Destroy form if advice of death already received.

E.C. Richards
for
Chief, Central Registry

DVA 24

POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

0625-5-H-3

Name Foster, Hugh McLeod
(Surname) (Christian Name)

Regimental Number 268084 Rank Pte. Address (in full) Invermay,

Unit 214th Bn. Sask.

Original Unit

District where paid M.D.12.

Date of Discharge 28-2-18.

P. D. P. Filing Number 2-141-12.

Rates:—Regimental pay $ 1.00 per diem: Field Allowance $ .10 per diem. Separation Allowance $ per month.

L. L. 22573—M. & D. 8009.

Total Credits 91 days	FIRST PAYMENT			SECOND PAYMENT			FINAL PAYMENT			Balance Over-payments to be Recovered	Total Amount Paid
	Cheque No. A	Date	Amount 30 days	Cheque No. B	Date	Amount 30 days	Cheque No. C	Date	Amount 31 days		
100 10	1690	5-6-18	33 00	1615	5-7-18	33 00	1398	5-8-18	31 66	2 44	97 66

M. F. W. 127.
50m—6 17.
1772-39-1140.

Remarks: 12th Dist. Depot Supp.

File No. 06255-H14 Passed to Inv. 8-11-19 W84

WAR SERVICE GRATUITY.

Register No. L1259

S.H.

Reg. No. 268084 Pte

Name Foster, H. McL.

Address Inverness

Dependent

Address

Dec'n No. ..... W.S.G. File No .....

Award ..... days at $ ..... per day $

S. A. ..... months at $ ..... per mo. $ ..... $

Less P. D. P. Credited $

Less further debit balance $

Net due pay as below

Pay Soldier $ 179.90

Pay Dependent $

R.H. McGilton

J.H. Neville

Clerk A. McGregor

Days 122 Rate 70. Due 280.

Less P.D.P. credited 100.10

Less further Dr. Bal. or overpayment.

Net 179.90

Rg. 134 2.12.19

Date	Ck. Order	Ck. No.	Amount	Remarks.	Date	Ck. Order	Ck. No.	Amount.
26/11/19	45826	27/11/19 542366	179.90		1			
2					2			
3					3			
4					4			
5					5			
6					6			

495-D.P.-100M-6-19 (10248).

GEN'L AUDITOR
Posting checked by
Copy
Date 26/11/19

R Evans 8/11/19

L. L. Job 4503 M. & D. 6832

ASSIGNED PAY. ASSIGNED PAY. ASSIGNED PAY.

MILITIA AND DEFENCE

M. F. W. 11.
50m.—6-16.
H. Q. 1772-39-818.

SEPARATION ALLOWANCE

Name Mrs Frank Foster

Address Invermay Sask.

Relation to Soldier wife, child or mother } DI 15.00 April 1917

APR 1917

Name of Soldier Foster Hugh McCloud

Regtl. No. 268084

Rank Pte.

Corps 214th O/S Btn.

To what Corps belonging when called out }

PAYMENTS

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

CONSOLIDATED ACCOUNT 7

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

M. F. W. 12a.
50m.—7-16
1772—39—819.

Sheet No. 2. Mrs Frank Foster
(Assignee)

PAYMENTS.

Name of Soldier Foster Hugh McCloud
268084 - Pte - 214th B/S Btn.

L. L. Job 5470—Req. 6888.

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			$15.00 April 1917. APR 1917
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1917			
Feb.				
March				
April				
May		K12325	30	30 Ch
June		Y15872	15.	15 B.
July		BZ3335	15.	Ba
Aug.		H28901	15	33
Sept.		35834	15.	5
Oct.		41398	15	
Nov.		47717	15	15.00 99.
Dec.		J57343	15	
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier_____

PAYMENTS.

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

Form R 122.
2353—100M—9-12-16.

33486

DL.

Rank Name FOSTER Hugh McLeod. Reg'l No. 268084.

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

214th. Bn. to Sask. Regt.

Place and Date of Enlistment Sask. Dec 1st. 1916. Place of Birth Hartford.S.D. U.S.A

Name and Address, Next-of-Kin Frank. Foster.

Invermay. Sask. Relationship Father.

Assigned Pay Monthly $ Payable to

Relationship

Separation Allowance $ Payable to

Relationship

N/E. R.B. NS 2-102
File R.L.
Category A Con

Discharge, Date and Place Reason Character Ste

H. W. V., Ld.—9:46-16.

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 29 4 17. SS. GRAMPAIN,			
10.5.17	15th Res.	Taken on strength.	B'shot	29.4.17	P.II Do 124.
5.6.17	✓	Adm. L. M. Hospital.	✓	2.5.17	L.C. 55. Seriously ill. Pneumonia
23.6.17.	✓	S.O.S to S.R.D on proceed. to 2nd L.C.D Hurdings	✓	22.6.17	P.II Do 168
4.6.17.	✓	Adm. L.C.H. Woodcote Pk.	Epsom.	30.5.17	L.C. 75. Pneumonia
7.7.17.	✓	Discharged L. L. Hosp.	Epsom	22.6.17	L.C. 91
25.6.17.	S.R.D.	T.O.S from Conv. 2nd L.C.D.	B'shot	22.6.17	Do 117.
10.5.17.	15th Res.	Removed from Seriously ill list	✓	9.5.17.	L.C. 56. Do 125.
13.8.17.	S.R.D.	Ceases on Conv. 2nd L.C.D T.O.S to 15th Res Bn	Pte. B'shot	10.8.17	Do 166. + Do 216. 15th Res

G' Sask.

33486

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.
26-10-17.	Sask R.D.	T.O.S. from 15th Res	Pte B'shott	26-10-17.	Pt II 240. 15th Res Pt II 2914/25 10/17
6-11-17.	Sask R.D.	S.O.S. to C.A.M.C. Westenhanger	Pte — " —	6-11-17	— " — 251 | cancd. Pt II D.O. 321
21-1-18	C.A.M.C.	On com to C.D.D. Buxton	" S'cliffe	21-1-18	— 21.
14-2-18	"	S.O.S on return to Canada for disposal, by A.G. Ottawa	" "	31-1-18	— 45.
		MINOR. BORN — (under eighteen years 8-1-18)			
	Dis Depot	For Duty	Regina MD 12	9.2.18	NR 442

NAME Foster Hugh McLeod

REGT'L NO 268084.

H. Q. FILE No. 649-

RANK AND CORPS Pte 15th Rds Bn. Form 214th Bty

FOLLOWS No.

FOLLOWS

CABLE

No.	Date	NATURE OF CASUALTY
M3591.	3-5-17.	Seriously ill Military Hospital Bramshott May 2nd 1917 Pneumonia
M4053	9-5-17	Removed from seriously ill list Can Mil Hop Bramshott May 9th 1917

L. L. 12767—M. & D. 7390.

M. F. W. 42—50M.—12-16.
H. Q. 1772-39-893.

LIST No	HOSPITAL	DATE OF ADMISSION	REMARKS
56	Can. Mil, Branchett	2-5-17	Ser. ill pneumonia
68.	Can. Mil Bramshott	9-5-17.	seriously ill list Pneumonia. (Removed from
75. to	Can. Conv. Woodcote Pk Epsom	30-5-17.	" — L. 26-6-17.
91.	" " " " "	22-6-17	" Disch. 27-7-17

CARD NO. J

S.O.S. Dis 28-2-18

FOLL.

SURNAME. Foster

CHRISTIAN NAMES Hugh McLeod

REGL. No. 268084 RANK Pte.

UNIT 214th Bn.

FORMER CORPS Mil.

NEXT OF KIN.

NAMES IN FULL Foster, Frank

RELATIONSHIP TO SOLDIER Father

ADDRESS Invermay. Sask.

CHANGE OF ADDRESS

COUNTRY OF BIRTH U.S.A. Hartford. S. D. DATE May 28th 1898

PLACE OF ATTESTATION Saskatoon, Sask. DATE Dec. 1st 1916

R/C. 13-2-18

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

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

From Halifax Per S.S. "Grampian" 18-4-17.

MARRIED SINGLE yes WIDOWER

TRADE OR CALLING Farmer RELIGION Presbyterian

DESCRIPTION.

APPARENT AGE	18	YEARS	7	MONTHS	
HEIGHT	5'	FEET	11½	INCHES	
CHEST MEASUREMENT	36	INCHES	EXPANSION	3	INCHES
COMPLEXION Fair		EYES Grey	HAIR Lt. Brown		
DISTINGUISHING MARKS	Nil				

MEDICAL EXAMINATION. PLACE Saskatoon, Sask. DATE Dec. 1st 1916

Present address Invermay, Sask.

FORM R. 149.
7106—250m—7/2/17.

McLeod

33486

Name FOSTER, Hugh *Rank* Pte. *Reg. No.* 268084

Unit 15th. Res. Batt'n.

Next of Kin Canada.

Date 1917	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
2-5	Mil. Hos. Bramshot. Seriously Ill.		Pneumonia.	55/M3591/4-5		
9-5	MH. Bramshott reports Remvd from SER ILL List.			56M4053		
30-5	CCH. Woodcote Pk. Epsom		Pneumonia	75		
22.6.17	Discharged.	do.	do.	91		

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

No. 268084 Rank Pte Name Foster. Hugh McLeod

T.O.S. 1-12-16 Unit 214th Battalion C.E.F.
es 301 of 26-12-16

M.D./0

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916	1916			
Dec. 1 1917	Dec. 31 1917	✓		
Jan.		✓		
Feb.		✓		
Mar.		✓		

Number 268084 Rank Pte

Surname FOSTER

Christian Name Hugh McLeod.

Units S. R. Theatre of War England.

Date of Service 29-4-17.

Remarks

Latest Address Inverway, Sask.

Roll No. A Page 3474

200m.-2-21.M.

DESP. MAY 2 1923
REGN. NO. 10492

33486

FORM D.M.S. 1300.
137—50m—28/2/17.

Surname: Foster
Christian Name or Names: H. McL.
Reg. No.: 268084

Rank: Pte.
Unit: 15th. Can. Res. Bn.
Co.
Troop
Batty.

Hospital: Can. Mil. Bramshott — Conv. Epsom.
Date of Admission: 2-5-17 30-5-17

Transferred
Hosp.
Hosp.
Hosp.
Hosp.

Diagnosis: Pneumonia. ser. ill.
Qr.

(1)
Later Diagnosis (if changed)
(2)
(3)

Additional Diagnosis: if more than one state present

DISPOSITION

Date: Dis 22.6.17

C.L. 5-5-17 #55
10.5-17 58
" 4-6-17 #75
4.7.17 91

REMARKS

Rem. from. ser. ill list 9.5.17

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

EPITOME OF HOSPITAL TREATMENT.

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

MARRIED OR SINGLE S.

PLACE OF BIRTH Hartford Conn. U.S.A.

NAME AND ADDRESS OF NEXT OF KIN Frank Yoski
Inverway Sask

RELATIONSHIP OF NEXT OF KIN

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
		Strength

ADMISSIONS TO HOSPITAL, &c.

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

REG'L NO. 468084 RANK Pte NAME Yoski A. McL.

IF IN PERMT. CORPS WHAT UNIT UNIT 214th Bn. 15th Bde.

PERMANENT FORCE ALLOWANCES

PLACE OF ATTESTATION Saskatoon

DATE OF ATTESTATION 1. IV. 16.

ASSIGNED PAY MONTHLY $ 15.00 DATE EFFECTIVE 1/4/17. Mrs F. Yoski

PAYABLE TO Inverway Sask. RELATIONSHIP Father

ASSIGNED PAY MONTHLY $ DATE EFFECTIVE

PAYABLE TO RELATIONSHIP

SEP 14 1918

STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) Stopped EFFECTIVE 1-2-18 SB REASON Discharged to Canada

DISCHARGE DATE AND PLACE 17-1-18 Canada REASON AND AUTHORITY A.G.3 a/2-2F-904-8/1/18

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE) B.2

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

TRANSFERRED TO	DATE	AUTHORITY
Can. C. D.	1-1-18.	321 7/6/17
n.t. C.	1-7-18	

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
1 MAY 1917														3 88 10	3 88 10																				Bal from Canada.
May	31	1st	34 10												34 10																3 88 10				
June	30		33												33	202	31/5							24 33			15				15		30	42 20			
July	31		34 10												34 10												15				39 33		33 87			
Aug	31		34 10												34 10												15				15		54 97			
Sept	30		33												33												15				15		7 40 7			
			198 30											38 10	206 40									24 33	9 73		15 90				24 73		82 34			

M	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR3	DR4	BALANCE	DEFER RED.	SER. ALLCE.	PAY ENG.
Oct	Bal Fwd.	~~82 34~~							82 34			
	Pt Pay	34 10						15				
				AR 794 - 15/9/17 - 15 days	17 17							
		34 10		AR 853 15th Bde - 30/9/17	1 14 60			15	71 67			
Nov	"	33		AP				15				
Dec	"	34 10		AR 1008 - 31/10/17 15 Bde	9 73							
				" 908 15-10-17 " "	9 73							
		67 10			19 46			15				

PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR3	DR4	BALANCE	DEFER RED.	SER. ALLCE.	PAY ENG.
Bl. Forwd	67 10			19 46			15				
			AR W.O.R. 45/7. 29/6/17. 2nd Con Sep	9 98							
			" " 476 14/7/17. " "	34 07							
			" " 600 27-7-17 266 D.	9 98						38 28	
Dec.			CAP	73 49			15 30				

268084. Pte. Foster N. Mc L

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
1918 Jan 1st	17 days		18	70																															

MONTH PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	REPER-RED. PAY	SER. ALLCE. ENG.
			Balance					38 38		
			Loan A.P.			15				
		1067 17/12	Cameo	19 47	✓					
		936 12/11	Cambrai	7 30	✓			56 98		
		366 15/5	9th Stoke	2 44				51 51		
		984 28/11	Cambrai	7 30	✓			43 47		
	18 70			36 51		15		5 87		
March			AR 19572 25/8. B.G. of Bucks (19) (22)	4 87						
10			2 x AR 11846 Balance 14-1-18.	9 73 / 14 60	✓			9 13		
June	Sail Bal. 8462 (11)		9 13. / 9 13							

Stopped 1/1/18.
A.F.M. FORM RETURNED
DISCHARGED TO Canada 17/1/18.
PAY BOOK VERIFIED 17/1/18.
BAL 1.84 L.P.R. REN'D 17/1/18.
AUTH Cambs 1/1/18 - 28 3a - 2.
21. 904. 8/1/18.
H. W. Williams 2/Lt.

Amounted L.P.R. Rendered to Lieut-
AR-366- 1918-*2 4th Notts & Derby in Wood-
Debit-Balance - 89.13 25/4/18.

Endorsed on L.P.R. AR 19572 22 87

33486

13.34

This space to be left blank for the Chelsea Number.

Army Form B. 268.

Proceedings on Discharge.

(When forwarded for confirmation the documents named on page 4 should be enclosed.)

No. 268084 Army Rank Pte.

Name Foster Hugh

(The name must agree strictly with that on enlistment, unless changed subsequently by authority.)

Corps Cam C.

Battalion, Battery, Company, Depôt, &c. 214th.

(If attached to the Regular Establishment of the Special Reserve or Permanent Staff of the Territorial Force, &c., or to General Staff of the Army, it should be so stated.)

Date of discharge 18 February 1918

Place of discharge Regina

1. *Description at the time of discharge.*

Age 17 years 2 months

Height 6 feet 2 inches

Chest measurement { girth when fully expanded ins. / range of expansion ins.

Complexion

Eyes

Hair

Trade Farmer

Intended place of residence (To be given as fully as practicable) Invermay (12)

Descriptive marks.

A4

(The measurements and description should be carefully taken on the day the man leaves his unit, but in the case of men sent home from abroad for discharge, the age and intended place of residence should be left blank to be filled in by the Officer who confirms the discharge at home.)

2. The above-named man is discharged in consequence of Under Age - C.E.F.R.O. No. 83 dy. 22.1.18

Being a Minor Authority, K. R. & O. Para 392 Sec. VIa and Army Council Instructions 1186 of 1916.

(The cause of discharge must be worded as prescribed in the King's Regulations and be identical with that on the discharge certificate. If discharged by superior authority, the No. and date of the letter to be quoted.)

To be filled in on the soldier quitting the Colours.

3. Military character :— Very Good

4. Character awarded in accordance with King's Regulations :—

Certified that the above is an accurate copy of the character given by me on Army Form B. 2067* and that Army Form D. 489 was awarded in this case.

16.5.52
18.1.52
4.10.51
A.S.

Initials of Commanding Officer.

Army Form B. 2088 has been issued to*

* Strike out if not applicable.

E. R. J.

D. D. & L., London, E.C.
A4502 Wt. W17176 M291 500,000 2/16 Sch. 33
Forms B. 268 40

[OVER.

5. He is in possession of the following number of G.C. badges (if the man is a N.C.O. and enlisted prior to 1st July, 1881, the number he would have been entitled to had he not been promoted should be stated).

Is it probable that he will be entitled to another good conduct badge before the confirmation of these proceedings?

Classification for service, or proficiency pay... ... ... Class _____

6. Campaigns, Medals and Decorations

Local Casualty

Certificate of education .....

7. His accounts are correctly balanced, and I have impartially inquired into all matters brought before me in accordance with Regulations.

(Place) Regina

(Date) 28. 2. 18

R. Hamilton Lieut.

Commanding ~~O/C No. 12 Casualty Unit.~~ *Battn.* *Regiment.*

8. *Certificate to be signed by the soldier on discharge.*

I hereby acknowledge that I have received all my pay and allowances (including clothing allowance), and all just demands up to the present date, subject to the reservations of the claims noted on the 3rd page.

(Place) Regina

(Date) 28. 2. 18

H Mc Foster *(Signature of Soldier.)*

Gbt Burchell 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 at 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 towards engagement to _____ (the date to which the record of service is completed) 1 years 89 days.

Further service „ „ _____ (the date of confirmation of discharge) ... ... _____ „ _____ „

Total ... 1 „ 89 „

11. *Confirmation of discharge.*

The discharge of the above-named man is hereby confirmed for 28. 2. 18 (date)

(Place) Regina

(Date) 28. 2. 18

Signature R. Hamilton Lieut. ~~O/C No. 12 Casualty Unit.~~

Commanding officers (or the Paymaster if at Netley) will issue to every discharged soldier whose claim to pension, either on account of service or disability, is to be brought under the consideration of the Chelsea Board, a memorandum for his guidance on Army Form D. 401, and will at the same time transmit to the Secretary, Royal Hospital Chelsea, a descriptive return of the man on Army Form D. 400.

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.)

H Mc Foster.

LIST OF DISCHARGE DOCUMENTS.

1. Proceedings on discharge. (Army Form B. 268.)
2. Proceedings on transfer to reserve (if any). (Army Form B. 2056.)
3. Duplicate attestation.
4. Army Form B. 97 (if any).
5. Declaration of change of name (if any).
6. Re-engagement paper (if any). Army Form B. 136).
7. Authority for continuance, or extension, of service (if any). Army Form B. 221.)
8. Court of Inquiry on an injury (if any) (Army Form A 2.)
9. Regimental conduct sheet. (Army Form B. 120).
10. Company conduct sheet. (Army Form B. 121.)
11. Copies of convictions by Civil Power (if any).
12. Medical history sheet. (Army Form B. 178).
13. Medical report on invalid (if any). (Army Form B. 179).
14. Copy of receipt for purchase money (if any).
15. Attestation of fraudulently enlisted man for corps in which he has not been held to serve (if any).
16. Detailed statement of former service allowed to reckon towards pension (if any).
17. Copy of 3rd page attestation (in the case of men from abroad entitled to deferred pay who go to Netley or the discharge depot for discharge).
18. Descriptive return (Army Form D. 400), where required. See section 11 on second page.
19. Active service casualty form. (Army Form B. 103).
20. Employment sheet. (Army Form B. 2066).

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

1. Duplicate attestation. (On third page the date and cause of discharge will be entered and signed by the competent military authority).
2. Medical history sheet (if any). (Army Form B. 178).

Instructions as to the preparation, dispatch, and custody, of discharge documents.

1. When a soldier is to be discharged, the documents retained with the duplicate attestation will be placed inside this form. Should any of the documents be missing, an explanation of the deficiency, signed by the commanding officer, must be substituted for the missing document. The officer in charge of records will then extract from the original attestation, any documents required to complete the list of discharge documents enumerated in the margin, which will then be placed in this form in the sequence given.

2. When men are discharged from the colours at home as medically unfit, or with claims to pension, Army Form B. 268 will be sent confirmed, together with the duplicate attestation and documents retained therein to the officer in charge of records 10 days in advance of the date for discharge in the case of invalids, and 14 days in other cases. This officer will then extract from the original attestation any documents required to complete the list of discharge documents enumerated in the margin, place them in this form, and after carefully checking the duplicate attestation with the original forward the whole to the Secretary, Royal Hospital, Chelsea. When such men are discharged abroad, the same procedure will be adopted as above, with the exception that the discharge documents will be sent to the officer in charge of records immediately after discharge takes place (except in the case of men who are granted gratuities on discharge from local battalions or companies, Royal Artillery.

3. When soldiers are sent home from abroad for discharge, the documents retained with the duplicate attestation will be placed inside this form and sent home with the men for transmission to the officer who carries out the discharge, together with the following additional forms :—

(*a*) Discharge certificate (Army Form B. 2079 or Army Form B. 264).
(*b*) Character Certificate (Army Form B. 2067) if entitled.
(*c*) Copy company conduct sheet (Army Form B. 121) when required under King's Regulations.

The duplicate attestation and documents retained therein will be sent to the officer in charge of records, who will extract from the original attestation any documents required to complete the list of discharge documents enumerated in the margin and place them in this form.

4. The discharge documents of re-enlisted pensioners, on re-discharge, will be sent to the officer in charge of records, who will extract from the original attestation any documents required to complete the list of discharge documents enumerated in the margin, place them inside this form, and forward the whole to the Secretary, Royal Hospital, Chelsea, irrespective of the cause of discharge.

5. The original and duplicate attestations of recruits who are rejected before, or on, final approval will be retained by the approving officer for one year, when they will be destroyed.

6. In all other cases the discharge documents will be sent, directly the discharge is carried out, to the officer in charge of records of the unit concerned.

7. Postage need not be paid, and receipts are not required, in the case of documents sent to Chelsea or to the War Office,

8. When the discharge documents of men not entitled to pension are sent to the officer who will have final charge of them, they are to be accompanied by Army Form B. 279, and that officer will, if they are found to be correct, sign and return Army Form B. 279. Should any document be missing, he must at once apply for it.

9. The officers having final charge of the discharge documents will arrange them according to regimental numbers, and enter the names in the alphabetical index, Army Book No. 129.

DENTAL CERTIFICATE

The following certificate will be attached to the Medical History sheets of all Other Ranks being returned to Canada for disposal.

269084 Pte. Foster N.M.

Date of Examination	Present Dental condition	In case of loss or decay of teeth, is the loss due to wounds, injury or di disease directly attributed to Active Service	Has he ever declined Dental Treatment	Recommendation.
Jan 14/18	OK		No	

Reference AG Canadians 3.1.22

R. D. Frank

Capt C.A.D.C.
Dental Officer C.A.M.C. Depot.

Form R. & O. 6064.
26008—36 Books.

1/12

REFER TO FILE.

In reply please quote No. 100930
and date of letter

THE CANADIAN DISCHARGE DEPOT,

BUXTON.

STATEMENT ON DISCHARGE.

STATEMENT OF...Name Lock, Wm.

Reg. No. 266084 Rank Gr

Unit C.A.M.C.

Place Buxton Date 28/1/18

To OFFICER i/c, EMBARKATION, at Buxton

I hereby request my Discharge in Canada

I desire to make the following remarks, on the understanding that this statement may be produced as evidence in any subsequent inquiry, in regard to the following matters:—

Complaints, if any, will be noted hereon, opposite the corresponding headings.

CLOTHING—

FOOD, AND TREATMENT AT DISCHARGE DEPOT—

PAY—

I understand that it is my privilege to make these remarks, and with the exception of the points raised, I hereby affirm that I have no complaints to make regarding my treatment at the Canadian Discharge Depot, Buxton.

I also certify that any delay in the carrying out of my Discharge has been explained to my satisfaction.

Signature Wm. Lock

Rank Gr

Witnesses F. W. Lock. Lieut.
(Adjutant, C.D.D., Buxton).

Attachment [illegible]
(O.C., C.D.D. Buxton).

N.B.—This statement will be prepared in duplicate, and disposed of as follows:—
ORIGINAL—To be forwarded with Discharge Documents.
DUPLICATE—To be filed, for reference, by the O.C., Canadian Discharge Depot, BUXTON.

Form R. & O. 6084
28008—39 Books

REFER TO FILE

In reply please quote No. 100930
and date of letter

THE CANADIAN DISCHARGE DEPOT,

BUXTON

STATEMENT ON DISCHARGE.

STATEMENT OF...Name

Reg. No. Rank

Unit

Place Date

To OFFICER i/c EMBARKATION, at

I hereby request my Discharge in

I desire to make the following remarks, on the understanding that this statement may be produced as evidence in any subsequent inquiry, in regard to the following matters:—

CLOTHING—

FOOD AND TREATMENT
AT DISCHARGE DEPOT—

PAY—

I understand that it is my privilege to make these remarks, and with the exception of the points raised, I hereby affirm that I have no complaints to make regarding my treatment at the Canadian Discharge Depot, Buxton.

I also certify that any delay in the carrying out of my Discharge has been explained to my satisfaction:

Signature

Rank

Witnesses

(Adjutant, C.D.D., Buxton)

(Q.L., C.D.D., Buxton)

N.B.—This statement will be prepared in duplicate and disposed of as follows:
ORIGINAL—To be forwarded with Discharge Documents.
DUPLICATE—To be filed for reference by the O.C. Canadian Discharge Depot, BUXTON.

Complaints, if any, will be noted hereon opposite the correspondingly indicated signature.

C.A.D.C.5009-10M.
3494-30-8-17.

268084
Pte. Foster. H.M.
C.A.M.C.

DENTAL CERTIFICATE.

The following Certificates will be attached to the Medical History Sheets of all Other Ranks being returned to Canada for disposal.

Date of Examination.	Present Dental Condition.	In case of loss or decay of teeth. Is the loss due to wounds, injury or disease directly attributed to Active Service?	Has he ever declined Dental Treatment.	Recommendation.
21. ~~16~~ 1.18	2 extracts 2 filling	—	—	Public expense

F. [illegible]
Capt. C.A.D.C.

Date of Examination.	Present Dental Condition.	In case of loss of teeth, is the loss due to wounds, injury or disease directly attributed to Active Service?	Has he ever declined Dental Treatment.	Recommendation.

06 255-H-14

7.1259

NOV 4 1919

F. R.

DEPT MILITIA & DEFENCE

OCT 11 1919

H.Q.

CANADA

DEPARTMENT OF MILITIA AND DEFENCE.

WAR SERVICE GRATUITY.

OTTAWA, CANADA.

pc. 6-11-19 E.W.

Declaration required of Officers, Warrant Officers and Men who claim War Service Gratuity under Orders-in-Council (P.C. 3165), dated 21st December, 1918, as amended by P.C. 285, dated 8th February 1919, and P.C. 1168, dated 23rd June 1919.

If the applicant will enquire at the local Branch of the Canadian Patriotic Fund he will be informed if there is an official who will take this Declaration free of charge.

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 in.

On completion this Declaration is to be returned to THE ASSISTANT DIRECTOR PAY SERVICES OF THE DISTRICT IN WHICH THE SOLDIER WAS DISCHARGED.

1. Reg. No. 268084 2. Rank Pte 3. Original C.E.F. Unit 214, Batt

4. Christian Names Hughey McL. 5. Surname Foster.

6. Address, in full, to which future payments of gratuity are to be forwarded

Hughey McLeod Foster
Invermay. Sask. Canada

7. Give the following particulars of service with Pay and Allowances for each enlistment which you have had in the Naval or Land Forces of Canada or the British Empire on or since the 4th August, 1914. Answer in the following order in space allotted.

	Regt. No.	Rank on Enlistment.	Unit. (State whether Active Militia, Permanent Force, C.E.F. or Naval. If R.A.F. state Wing.)
		CANADIAN SERVICE.	
1st Enl.	268084	Pte.	
2nd Enl.			
3rd Enl.			
4th Enl.			
		IMPERIAL SERVICE.	
Imp. Enl.			

ACCOUNTS SECTION NOV 3 1919 PASSED TO F. R.

	Date of Enlistment.	Date of Discharge.	Rank on Discharge.	Unit from which discharged.	Place of Discharge.	Reason for Discharge.
		CANADIAN SERVICE.				
1st Enl.	1st Dec 1916	28th Feb 1918.	Pte	C.A.M.C.	Regina	under age
2nd Enl.						
3rd Enl.						
4th Enl.						
		IMPERIAL SERVICE.				
Imp. Enl.						

S. A. & A. P.

OCT 14 1919

F. R.

11

M. F. W. 2595 (b) 26/11/19
494-D.P.-100M-6-19.
1772-39-1339.

8. (a) Did you revert overseas to a rank lower than the temporary substantive rank held by you on your arrival in England? No (b) If so, give date and ranks and state if such reversion was in consequence of misconduct or inefficiency —

9. 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

10. 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?

11. Have you been issued with a War Service Badge? If so, give number and class
Class B. 630992

12. 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 —

13. 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, from where paid, and on what dates I have received 100.10. One hundred dollars and ten cents. The last Cheque being dated august 15th. 1919. Cheque duly received from M.D. No. 12. Post discharg

14. Are you entitled to receive, or have you received any payment in the nature of Post Discharge Gratuity from the Imperial Forces? If so, state amount received, or to which you are entitled——

15. Were you at the time of enlistment a civil employee of the Dominion or a Provincial Government? If so, state what Government, what Department, and whether civil pay was issued on your account while you were on active service No.

16. (a) Are you receiving treatment from the Department of Soldiers' Civil Re-Establishment? No
(b) If so, are you in receipt of full pay and allowances from that Department? No

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

18. Relationship of such dependent

19. Present address, in full, of such dependent —

20. Is said dependent now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? If so, give his regimental number, rank, unit and full name —

REMARKS

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 by virtue of the Canada Evidence Act.

Signature of applicant: Hugh M Foster

Place of Residence: Invermay Sask Can

Declared before me at: Town of Wadena, Sask

This 7th day of October 1919

Signature of Barrister of the Supreme Court, Stipendiary Magistrate, Notary Public, Justice of the Peace, or Commisioner for the Administration of Oaths.

James F. F. Saul
a Justice of the Peace in for Province of Saskatchewan

NOTICE.—If the dependent has not forwarded a Statutory Declaration to Ottawa, in connection with Separation Allowance, it will be necessary to forward one with this application. These are for wife, M.F.W. 148, mother, M.F.W. 147, and guardian, M.F.W. 149, and may be obtained from the Assistant Director Pay Services, or the Patriotic Fund. Guardian forms must be completed by the present guardian.

Space below this line to be used only by the Assistant Directors Pay Service.

POST DISCHARGE PAY.

Dates paid.	Amounts paid soldier.	Amount paid dependent.
5-6-18	33.00	
5-7-18	33.00	
5-8-18	31-66	
	$97-66	

REMARKS

Lt Balance of $2.44 recovered per Supp LPC.

Certified correct H Scott

Assistant Director Pay Services, Mil. Dist. No. 12

Date

PAYMASTER
WAR SERVICE GRATUITY
OCT 27 1919
MILITARY DIST. NO. 12.

10

33486

To English Board

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

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

MEDICAL HISTORY OF AN INVALID

B.P.C. FEB 21 1918 Mil. Dist. No. 12 ORIGINAL

NO. 12 CASUALTY UNIT

STATION REGINA DATE

1. (a) Unit ..... (b) Regimental No. 268084 (c) Rank Pte

(d) Surname Foster (e) Christian name Hugh

DEPT. MILITIA & DEFENCE MAR 15 1918 649-F-5108

2. Age last birthday 17 years Date of birth May 28/1900

3. Enlisted at Inverness on Sept 5th/1916

4. Personal description :—

(a) Height 5-11½ (b) Weight 150 (stripped) (c) Complexion Fair

(d) Colour of hair Brown (e) Colour of eyes Brown Grey (f) Identification marks None

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

Inverness Dist.

6. Former trade or occupation Farmer

7. (a) Service

Years	Days

Periods	
From	To

(b) Has he been overseas? Yes England

8. Present disease or disability (use authorized nomenclature if possible) Under age

(a) Date of origin Not applicable (b) Place of origin Not applicable

(c) Cause* Not applicable

*(Here include original disease or injury)

If further space is needed for this or other answer, use page 4

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

Fairly well developed. Fairly well nourished man. States that he is only 17 years of age and looks no older. Systems all normal.

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

M. F. B. 227.

75M.-12-17.
1772-39-117.

W162-15-3/18

33486

483-15-3-18 E I

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

INSTRUCTIONS

1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of pages 1 and 2 of this Form. The President of the Board of Medical Officers is responsible for the proper completion of the space, of page 3, reserved for recording the Proceedings of a Board of Medical Officers.
3. In answering the questions, Medical Officers will carefully obtain and record the soldier's statements concerning his condition. They will distinguish observations made by themselves from hearsay. They will distinctly state the authority for statements not resulting from their personal observation ; it must be made clear whether such statements are obtained from the soldier concerned, from witnesses, or from documents.
4. Special care is required in answering question 14. Please read the questions carefully. All questions must be answered.
5. The nomenclature of diseases to be followed is that described in "List of Diseases" printed in the order in which they appear in the Annual Report on the Health of the Army, published in London, (1915), by Messrs. Harrison and Sons.

33486

10. History :

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

none

11. What is the extent (state in percentages) of the disability in earning a livelihood in the untrained labour market ? If there is more than one disabling condition, estimate the disability, due to each, and that due to all combined.

0 %

12. Did the disability arise on or off duty ? no applicable

13. Was a Court of Inquiry held ? not applicable

14. If the disabling condition had its origin before enlistment, has it been aggravated on service ? not applicable

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

no applicable

15. Was the disability caused or aggravated by negligence, by vice or by misconduct, or by unreasonable refusal to accept treatment ? not applicable

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

16. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one ? not applicable

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

none

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

no

19. Can the former trade or occupation be resumed ? yes

20. Recommendations

That he be given a category A4

Chas G Cox Capt

Medical Officer by whom the case is brought forward.

STATEMENT OF THE SOLDIER.

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

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

H M Foster

Signature of soldier examined.

33486

OPINION OF THE MEDICAL BOARD

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

Yes

22. Is the soldier fit for

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

23. It is certified that the soldier

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

No

(b) Does not require treatment.
(c) Should pass under his own control.
(d) Should not pass under his own control.
(Strike out condition not applicable).

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

That he be placed in category A4

J. Murchison Capt. President

[illegible] Capt.
M. C. Roberts Capt. } Members.

STATION Regina

DATE 19-2-18

APPROVED BY

DATE 20-2-18

W. Carnold Capt
Assistant Director of Medical Services.

APPROVED BY

DATE

Director-General of Medical Services.

Date of Enlistment

1 Lt 7 19

S.K.

RATE OF SEPARATION ALLOWANCE

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Date of Assignment

Apr 1, 917.

RATE OF ASSIGNMENT

15			

PARTICULARS OF SEPARATION ALLOWANCE

No. 268084

Rank Pte. Promoted Reverted Discharge

Soldier's Name Hugh McCloud Foster,

Battalion 214th Pioneers Battn.

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name Mrs. Frank Foster,

Address Inverness, Sask.

Change of Address

1

2

3

4

062558 H-4

Date 1917	Cheque No.	Amount S/A	Amount A/P	Total	
Dec 31 1918			135	135	
Jan	A 58892		15	15	P
Feb 7	95911		15	15	H

REMARKS

a.p. # 165.00

A/c Closed 28-2-18

Retd per Olympic

Date 14-2-18 F. X. 25-2-18

Clerk M. G. Hill

M.R.O. 2B 25-2-18

Acct Closed 28-2-18

M. F. W. 128
400m.—6-17—1772-39-1141
L. L. 22320—M. & D. 7983.

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Date of Assignment

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank Promoted Reverted Discharge

Soldier's Name

Battalion

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name

Address

Change of Address

1

2

3

4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS

M. F. W. 128
400M.—6-17—1772-39-1141
L. L. 22820—M. & D. 7993.