REINFORCEMENTS C.A.S.C. CLASS A

Class A 2

Original

ATTESTATION PAPER.

No. 2,115,306

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?	J ames ~~Thomas~~ Traverse.
1b. What is your present address?	C alg. Cen.Del.
2. In what Town, Township or Parish, and in what Country were you born?	F ontenelle Iowa.U.S .A .
3. What is the name of your next-of kin?	Mrs.Salina Foster
4. What is the address of your next-of-kin?	Fontanelle Iowa U.S .A.
4a. What is the relationship of your next-of-kin?	Mother
5. What is the date of your birth?	Dec 1st 1895.
6. What is your Trade or Calling?	Motor Driver.
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
13. Have you ever been discharged from any Branch of His Majesty's Forces as medically unfit?	no
14. If so, what was the nature of the disability?	no
15. Have you ever offered to serve in any Branch of His Majesty's Forces and been rejected?	no
16. If so, what was the reason?	no

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, James ~~Thomas~~ 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.

J. T. Foster (Signature of Recruit)

Date May 26 1917. C W Deane (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, James Traverse 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.

James Thomas Foster (Signature of Recruit)

Date May 26 1917. C W Deane (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 CALGARY this 26th day of May 1917

[illegible] Major (Signature of Justice)

M. F. W. 26.
750 M.—1-17.
H. 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.

No. 1 Overseas C.A.S.C. Training JUN 8 1917 ORDERLY ROOM

Description of Traverse James ~~Thomas~~ Foster on Enlistment.

Apparent Age 21 years 6 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5 ft 9 ins.

Chest measurement: Girth when fully expanded 37 ins.; Range of expansion 4 ins.

Complexion Fair

Eyes Blue

Hair Fair

Religious denominations:
- Church of England
- Presbyterian
- Methodist Yes.
- 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).

Eyes R. W/20
L. W/20

Ears R. 1
L. 3

W. H. Hawkins
Lieut - A.M.C.

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 May 26th. 1917 191 .

Place Calgary, Alberta.

W. H. Hawkins
Lieut. C.A.M.C.
Medical Officer.

*Insert here "fit" or "unfit."

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

APPROVED by MOBILIZATION BOARD
CALGARY, ALTA. MAY 28 1917
Major C. A. M. C. President.

MOBILIZATION MEDICAL BOARD APPROVED JUN 2 1917
PRESIDENT
MEMBER

CERTIFICATE OF OFFICER COMMANDING UNIT.

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

(Signature of Officer)
Lieut.
A/Adjutant No. 1 Overseas C.A.S.C. Training Depot.

Date JUN 8 - 1917 191 .

15-4-17 Pte

REGIMENTAL DOCUMENTS

NAME Foster James Traverse REGT. NO. 2115306 UNIT 60 S.B. 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)					DEATH
3	CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category
	TRAINING HISTORY SHEET (M.F.W. 113)					
1	FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122) 1892				15181	
	REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)					
	COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					
1	MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
1	DENTAL HISTORY SHEET (M.F.B. 465)					Category Demob.
2	MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					
	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)					DESERTION
	DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)					
	LAST PAY CERTIFICATE (M.F.W. 44)					
1	PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					
	PARTICULARS OF CHARACTER (A.F.W. 3226)					
1	COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
1	M F W 192				2	
2	Misc				6-12	
	K 144				6-12	
	M F W 67				12-12	
1	Casualty Form					
	Letter					
3	a 79/237					
1	a F W. 3172					
1	X Ray					
1	R / V /					

W 2589
1/11A-11-18
1572-13-1977

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

METHODIST MOTOR DRIVER

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..... No. 1 OVERSEAS C.A.S.C. TRAINING DEPOT.

(2) Regimental Number 211306

(3) Full Name of Soldier..... ########## FOSTER, JAMES TRAVERSE

(4) Place of Birth..... FONTANELLE, IOWA, 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.

300M.—5-16.
1772-39-954.

(SEE OTHER SIDE.)

(9) Is your Father alive ?.....YES.....JOHN WILLIAM FOSTER.....

If so, state name and address .....FONTANELLE, IOWA, U.S.A.....

(10) Is your Mother alive ?.....YES.....SELINA FOSTER.....

If so, state name and address.....FONTANELLE, IOWA, U.S.A.....

.....

(11) If your Mother is a widow.....NO.....

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 ?.....YES.....

If so, in what Company ?.....WOODMEN OF THE WORLD.....

Have you made arrangements for payment of your Insurance premium.....NO.....

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

--

R P McQuat Lieut

.....Officer Commanding.

Date.....JUN 15 1917

O. C. No. 1 Overseas C. A. S. C. Training Depot

ORIGINAL CLASS A II

REINFORCEMENTS C.A.S.C. C.A.

ORIGINAL

MEDICAL HISTORY SHEET.

2115306

Surname Foster Christian Name James ~~Thomas~~ Traverse

Examined on 26 day of May 1917 at Calgary

Birthplace City or Town Fontanelle County Iowa

Apparent age 21 — 6

Trade or occupation Motor Driver

Height 5 Feet 8 Inches.

Weight 168 Lbs.

Chest measurement Minimum 33 inches. Maximum expansion 4 inches.

Physical development Good

Small-Pox Marks None

Vaccination Marks Arm Right. Left. ✓ Number One

When Vaccinated last 1916 JUN 9 - 1917

(a) Marks indicating congenital peculiarities or previous disease

Vision R. Eye None 20/20

(b) Slight defects but not sufficient to cause rejection

Hearing R. Ear None JUN 9 - 1917

L. Ear JUN 15 1917

Approved by P.B. Grant

Rank Lieut Comm M.O.

Date.	Fit or Unfit.	Examined for Re-engagement.
21.10.18	B II	C.W. Bastin Capt. M.O.
		APPROVED by MOBILIZATION BOARD M.O.
		CALGARY, ALTA. MAY 28 1917 M.O.
		Clive A. Slaptin M.O.
		Major C. A. M. C. President. M.O.
		M.O.
		M.O.

JUN 1918

Date.	Result.	Vaccinations.
	+	P.B. Grant Lt. M.O.
		M.O.
20/8/18	Tab 2	C.W.B. M.O.

Date.	Result.	Anti-Typhoid Inoculations, Etc.
	+	Tab 1 P.B.G. M.O.
	+	Tab 2 P.B.G. M.O.
	+	Tab 3 P.B.G. M.O.

TAB 20/8/18

Enlisted on 26 day of May 1917 at Calgary

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	No. 1 Overseas C.A.S.C. Training Depot.			26th May 1917
Transferred to	21st Res Bn 9/10/17 31st Bn	2115306	MOBILIZATION MEDICAL BOARD APPROVED FIT	JUN 2 1917

2 JAN 18 L. Gunn Capt. President

Malcolm Capt. Member

[illegible] Member

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.
Cooden	15.10.18	G.S.W. Rt Buttock	B II C.W. Phillips Capt. Camc

CANADIAN

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.

200M—11-15.
H. Q. 1772 39-439.

Surname Foster Christian Name J. J.

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital. Day	Month	Year	Dates of Discharge from Hospital. Day	Month	Year	DISEASE.	Number of days in Hospital.	Remarks on nature of the disease: how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer.
WEST CLIFF CANADIAN EYE AND EAR HOSPITAL, FOLKESTONE.		9	8	17	30	8	17	Nasal Obstruct Hypertrophied Inf. Turbinates		Turbinates operated on. Result good.	
No. 4 Canadian Gen. Hospital, Basingstoke.		28	5	18.	9	9	18	S.W. Rt. Buttock	104	F.B. still present in pelvis. Complains of pain in posterior & lateral thigh muscles on walking. Walks with slight limp. All muscles react to electric stimuli. Systems normal.	
Princess Patricia Canadian Red Cross Hospital, Cooden Camp, Bexhill,		9	SEP	1918	14	10	18	———	42	To duty	A. J. Macallum Capt CAMC

C.A.D.C. 5009 A

10

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) FOSTER J T.

REGIMENT A R D RANK PTE No. 2115306

Date of Examination in England 16 12 18 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 4 12 13 14 15
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 Yes
- (c) In France

Signature of Dental Officer G. F. Jackson Capt.

Forms
I. 1237
12

Army Form I. 1237.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
Mr J. 3295	2115306.	Pte	Foster.	J.T.

Year	Unit.	Age.	Service.
	31 Bn Cans – C –	22	12/12 5/12

Station and Date.

May 28

Disease G.S.W. R. Buttock

OCCUPATION ~~M~~ Farmer.

ENLISTED Calgary May 1916

ENGLAND July – 1916.

FRANCE Jan. 1918

WOUNDED May 22 – 1918.

HOSPITALS 3 Can ccs – 6 gen
No 4 Can.

OPERATIONS

"Wd explored F B not located M F C".

REMARKS

"F. B. not found".

SUMMARY OF F.M.C.&.M.H.S.

"Deep excised wd Rt. Buttock, fairly clean. packed"

PRESENT CONDITION.

Wd Shrap & excision 6" long 3" deep & gaping

No. 4 Canadian Gen. Hospital, Basingstoke.

Mrs. J. W. Foster, Fontanelle Iowa U.S.A.

Mother.

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

Wt. W 6604/M 2870—1,500,000—8/17—H & Sp. (10938). Forms/I. 1237/12. (E239) [P.T.O.

Station and Date.

about 3" in Rt Gluteal muscles in vertical planes running from 3" from coxyx to fold of Gluteus Max. 2½" from mid-line

Two canal tubes inserted. Wd pulled together & adhesive

Lungs. No lesion found. Heart. Complains of pain in precordia after long marches. Apex slightly down. No murmurs. Nerv. Dig. S. No lesion. Urine.

A J Macallum

June 11. Large vertical end in Rt buttock closing in rapidly. F. B. still in pelvic cavity. X Ray attached. Pus discharge much less. Sinus discharging

A J Macallum

June 22 Wd. Rt. Buttock healing quickly. Sinus healed. Wd about 1½" long

A J M

June, 30 V.= 6/6. Fundi normal.

W K Conway Wing

19/7/18 Wd. healed. Movements of thigh & leg OK. except Extension at hip-joint which is a little weak

Forms
I. 1237
12

Army Form I. 1237.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
M2 T3795	2115306	Pte	Foster	J.T.
Year	Unit.		Age.	Service.
1918	31st Btn		22	

Station and Date.

Basingstoke
6-8-18

Disease GSW. Rt. Buttock

Right buttock, thigh, leg and foot show no disturbance of sensation to cotton wool or to pin prick except a slight hypoaesthesia for a narrow strip along the outer middle thigh.

Electrical Reactions -

To Faradism - All the muscles of the anterior and posterior thigh, and all the leg muscles respond.

To Galvanism All these muscles respond briskly and KCC > ACC.

There is no Reaction of Degeneration in any of the leg or thigh muscles.

E.P. Lewis Capt. Camb.

Aug 20. F.B. still present in pelvis. Walks in limp as states has pain down back of thigh muscles & also leg {Rt. side} when he walks

J. Macalley
Capt.

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

(44502) Wt. W 11203—M 1150. 1,450,000. 6/12 16. C.F.& S. Forms/I. 1237/12. (E239)

P.T.O.

Station
and Date.

T 118

Princess Patricia Canadian Red Cross Hospital,
Cooden Camp, Bexhill,

9 SEP 1918

21.10.18 To Duty B II

C H Bost Capt

Forms
I. 1237
11

WEST CLIFF CANADIAN EYE AND EAR HOSPITAL, FOLKESTONE.

Army Form I. 1237.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
5335	2115306	Pte.	Foster	James T.

Year	Unit.	Age.	Service.
1917	C.A.S.C. R.D.	21	3/12 UK.

Station and Date.

Disease Nasal Obstruction

9.8.17. Categ A.2.

Difficulty in breathing
Deflected septum Hy Inf Turbs.
14/8/17 Spray nose tid Dobells
Ung Mentholis tid
Aug 25 Excuse for. P.D.
" 27. Nose now healed - Patient complains of his throat but ~~[illegible]~~ can find no reason for this.

30/8/17 M.H.S. recd
Hosp Rep A II

R A Hughes
Capt

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

(23205) Wt.W 4234—M 627. 1,000,000, 8/16. C.F.&S. Forms/I. 1237/11.

P.T.O.

Station and Date.	

Fontanelle Iowa U.S.A.

FORM OF WILL

I, James Traverse Foster, (Name in full)

Regimental Number 2115306 serving in No. 1 Overseas C.A.S.C. Training Depot 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

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

absolutely, and my personal estate I bequeath to

Miss Erla Foster, (SISTER) Fontanelle, Iowa, U.S.A.	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 5th day of June A.D. 1917

James Traverse 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 [signature]

Address of Witness No. 1 Overseas C.A.S.C. Training Depot. WINNIPEG. MAN.

Occupation of Witness Soldier

Signature of Second Witness [signature]

Address of Witness No. 1 Overseas C.A.S.C. Training Depot. WINNIPEG. MAN.

Occupation of Witness Soldier

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

No. 10 DISTRICT DEPOT DISCHARGE SECTION

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

2 Blues.

This is to Certify that No. 2115306 (Rank) Private

Name (in full) James Travers Foster enlisted in

the C.A.S.C.

CANADIAN EXPEDITIONARY FORCE at Calgary on the 26th

day of May 1917

HE served in France. 31st Baker 5 months.

and is now discharged from the service by reason of Demobilization R.O. 1420 (c)

☆ C.O. 74 - 891 D.O. 86 ☆

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

Age 23 Years

Height 5' 10"

Complexion Fair

Eyes Blue

Hair Fair

Marks or Scars

Tattoo back forearm

Right arm initials

Left arm (mother)

J. J. Foster

Signature of Soldier

A. Forbes.

Issuing Officer

Major

Officer Commanding No. 10 District Depot

Rank

Appointment

Date of Discharge 31-3-19

Signed at Winnipeg this 31st day of March 1919

in Military District No. 10

File Reference No. 44 / 931

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 this side will not be completed.

WAR SERVICE BADGE
CLASS "A" NO. 160717 ISSUED

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

M. F. W. 54. (A. F. B. 10s.
500M.—9-16
H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps W. I. C. S. C. A. S. C. Training Depot

Regimental No. 2115306 Rank Pte C. E. F. Name Foster, James Traverse

Enlisted (a) 26.5.17 Terms of Service (a) ..... Service reckons from (a) .....

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

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

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
8.2.19	T.O.S. No. 10 DISTRICT DEPOT D.O. 63 PARA. 2 A. E. Patton Lt Col. Major Officer Commanding No. 10 District Depot				
		*Discharged 31-3-19, * C, O, 74/891 D. O, 83 Officer Commanding No. 10 District Depot Major			

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

[P.T.O.

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				

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

M. F. W. 54. (A. F. B. 103.)
350M.—5-16
H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps No. 1 Overseas C.A.S.C. Training Depot.

Regimental No. 2115306 Rank Private Name FOSTER, James Traverse

Enlisted (a) May 26/17 Terms of Service (a) ~~C.E.F.~~ C. E. F. D of W Service reckons from (a) May 26, 1917.

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

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

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 H. M. T. F8261	Halifax	22/6/17	
		Disembarked H. M. T. F8261	Liverpool	5/7/17	✓
JUL 9 1917	O.C., C.A.S.C.R.D.	Taken on strength of C.A.S.C.R.D.	Shorncliffe	JUL 5 1917	✓ PART II. ORDER No. 56
23-8-17	O.C., C.A.S.C.R.D.	Tsfrd. to CASC Corps Depot	Shorncliffe	23-8-17	PART II. ORDER No. 101 W. D. Parry Lieut. for O.C., C.A.S.C.R.D.
25-8-17	CASC C.D.	SOS on posting from CASCRD	Shorncliffe	23-8-17	PII 169
30-8-17	"	S.O.S. on posting to CASC D.D.	"	30-8-17	PII 174

A. C. Wolstone
LIEUT. & ADJT.
CORPS DEPÔT, C.A.S.C.

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

[P.T.O.

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
31.8.7	OC Casc B.D	T.O.S. on posting from from Casc Coln Depot	Shorncliffe	30/8/7 ✓	Part II order No 109
OCT 9 1917	O.C. A.S.C.B.D.	Tsfrd: to 21st Res. Battn	Shorncliffe.	OCT 9 1917 ✓	PART II. ORDERS No. 34 W. H. Barry Lieut for O.C., C.A.S.C. B.D.
10/10/17	21st Res Bn	T.O.S. ex C. à. S. C.	Bramshott ✓	9/10/17.	Pte D0 273.
JAN 1918	21ST RES. BN.	PROCEEDED OVERSEAS FOR SERVICE WITH 31ST BATTALION.	BRAMSHOTT.	2 JAN 18 ✓	Pt. II D.O. No. 2 ON O.C. 21st & Adjutant. 21st Reserve Battalion Fr.
3/1/18. O.C. 2nd. CBD. Arrvd. CBD. Reinf.			3/1/18. N.R. P.II O. No 2 d/7/1/18.		
7.1.18	C.C.R.C.	arrd C.C.R.C.	7.1.18 R.R.		
	Unit	Joined Unit	FIELD		
17.5.18	6 ~~C.G.A.~~	2W. Battock ✓	Sdm. 13.1.18	B 2/3.	
			Wam. 6 C.G.A.	17.5.18	7 3414
			C.C.S.	"	
	3C. C.G.S.	G.S.W.(R) Battock	Do ~~14 R.R.~~	~~17.5.18~~	~~7 3907~~
14.5.18	6 Gen Hsp.	" "	adm. 6 Gen Hsp.	14.5.18	7 4544
17.5.18	"	Sev.(Wd) & posted to.	A.R.S.	17.5.18	W 3083/5463
		A.R.S., Bramshott	Esseguibo		Pte 39-5/6/18

J. W. Hogan Major for Lt.-Col., A.A.G.
Canadian Section G.H.Q. 3rd Echelon B.E.F.

Army Form B. 103. 2 Regimental Number 2115306

Casualty Form—Active Service.

Regiment or Corps .....

Rank Private Surname Foster Christian Name James Traverse

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

Enlisted (a) May 26/17 Terms of Service (a) D of W Service reckons from (a) May 26 1917

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

Extended { ..... } Re-engaged { ..... } Qualification (b) Motor Driver

or Corps Trade and Rate .....

Occupation .... Signature of Officer.

Report: Date	Report: From whom received	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.
		Embarked ...			
		Disembarked...			
5-6-18	A. R. D.	T. O. S. posted from 31st Bn O/S	Bramshott	29.5.18	Pt 2 D.O. 151
					L E Candy LIEUT: FOR LT: COL: I/C RECORDS, C.O.M.F
24-10-18	2nd C.C.D.	ttached to 2nd C.C.D.	Bramshott	21-10-18	Pt. II No. 257
18 NOV 1918	OC. 2ndCCD	Ceases to be attached to 2nd C. C. D. on return to Alberta Res. Bn. Depot	Bramshott	18 NOV 1918	Pt. 2 D. O. No. 273 [signature] for OC. 2nd CCD.
25 NOV 1918	O.C. A.R.D.	POSTED TO Depot Co.	BRAMSHOTT	23-11-18	PART II D.O. 299

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

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

W. 11814—M1188 1000m 1/17 (27227) S P & Co, Ltd. Forms B./103/4 E./354.

[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				
11 DEC 1918	O.C. A.R.D.	ON COMMAND TO Ch.D.D.Buxton Cancelled	BRAMSHOTT	11-12-18	PART II D.O. 316 ..... LT. O.I/c RECORDS ALBERTA REGIMENTAL DEPOT.
14 DEC 1918	O.C. A.R.D.	The marriage of the marg. noted took place at Edinburgh 30-11-18.	BRAMSHOTT	30-11-18	PART II D.O. 317
25-12-18.	A.R.D. Cancelled	On Cmd to C.D.D. Buxton	Bramshott	26-12-18	D.O. 327 Lieut for MAJOR. COMMDG. ALBERTA REGIMENTAL DEPOT.
2-1-19	"	Granted leave from 30-12-18 to 7-1-19 Ry warr. 180773-4	B'shott	30-12-18	Pt II D.O. 1
10.1.19	A.R.D.	On command C.O.D. Buxton		10.1.19	D.O. 8 R.E. Ashley ..... LT. O.I/c RECORDS ALBERTA REGIMENTAL DEPOT.
11-1-19 FEB 8 1919		Attached C.D.D. Buxton for return to Canada, Part 11 Order No. 9 Ceases to be attached C.D.D. Buxton on embarking for Canada. J.W. Lock Lt. for Lt. Col. Commanding Canadian Discharge Depot.			
		Embarked	Liverpool	8-2-19.	SS Metagama
		Disembarked	St John	16-2-19.	

A3

Form R 122.
2353—100M—9-12-16.

CR Rank Name FOSTER. James Traverse. Reg'l No. 2115306.

Unit 12th Dft. to. CASC. . TD. If in perm. Corps, What Unit? Married or Single Single.

Place and Date of Enlistment Calgary. May 26th, 1917. Place of Birth Iowa, U.S.A.

Name and Address, Next-of-Kin Mrs. Salina Foster.

Fentanelle, Iowa, U.S.A. Relationship Mother.

Assigned Pay Monthly $ Payable to

Relationship

Separation Allowance $ Payable to

Relationship

Discharge, Date and Place Reason Character

N/E. R.B. No. 10425
File R.L.
Category CAN.OR

H. W. & V., Ld.—9546-16.

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 5-7-17. S/S JUSTICIA				
9. 7. 17	CASC RD	TOS from Canada	Pte	S'Cliffe	4 7 17	Pte DO 56.
16.8.17	CASC Eng.	Adm Westcliff Can. E&E. hosp.	"	Folkestone	10.8.17	CL 125 "Nasal Obstruction"
23.8.17	CASC RD.	S.O.S. to CACCD (In hosp over 14 days)	"	S'Cliffe	23.8.17	Pte DO # 101 (CASCCD Pte DO 169 d/25 8/17)
1.9.17 (K)	CASC Eng	Dis. Westcliffe Can E&E. Hp.	"	Folkestone	30.8.17	CL 138 "Nasal Obstruction"
30.8.17	CASC CD.	S.O.S. to CASC DD.	"	S'Cliffe	"	Pte DO 174
31.8.17	CASCDD	TOS from Corps Dep	Pte	—	30.8.17	— 109
10-10-17	21st Res Bn.	TOS on trans from CASC	✓	Bshott	9-10-17	— 273 PPK II O 34 d/9-10-17 CASC BD.
3.1.18	✓	S.O.S to 31st Bn Oseas	✓	✓	2.1.18	— 2 DO 2 d/7.1.18 of 31st Bn.
7.6.18 Can-C. 1761	A.R. 31st Can-C. 1761	Admitted to Genl Hospl.	"	Rouen	24.5.18	Wounded G.S.W. bullock R

CASC K2

A.F.B. 103 CHECKED 18 JAN 1918

2115306 Foster, J. T.

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
5.6.18	A.R.D.	T.O.S. posted from 31st B. o/s.	Pte Bramshott	29.5.18	Pte 2 O. 151 & 39 31st B. 7/5/6/18.
25.10.18	"	On Com to 2nd C. C. D.	"	21.10.18	" 273 & 252 2nd C C D 7/24/10/18
19.11.18	"	Ceases from 2 CCD	"	18.11.18	--294 & 2/CCD. 273/18/18
20.11.18	"	Permission to Marry	"	20.11.18	DO 295
10.1.19.	ARD	o/comd. to CDD Buxton	"	10.1.19	DO 8.
24.2.19	"	Ceases of comd and SOS to CEA Canada MD 10	" Ripon	8.2.19	DO 43.

C.

SURNAME. Foster.

CARD NO. 6/

CHRISTIAN NAMES James Traverse.

FOLL. S.O.S. Demob. 31.3.19 10
D.O. 86: 27.3.19 #10 D.D.

REGL. No. 2115306. RANK Ote

UNIT No 1 C.A.S.C. (T.D.) (12th R.D.)

FORMER CORPS Nil.

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL Foster, Mrs. Salina.

RELATIONSHIP TO SOLDIER Mother.

ADDRESS Fontanelle, Ia., U.S.A.

COUNTRY OF BIRTH U.S.A. Fontanelle, Ia. DATE Dec. 1st. 1895.

PLACE OF ATTESTATION Calgary, Alta. DATE May 26th. 1917.

O/S. 25-6-17 897/3.

R/C. 17-2-19 268/4 L/Cpl.

L. L. 10437. M. & D. 7253. M. F. W. 22. 100M.—11-16. H. Q. 17 2-39-339.

FROM HALIFAX PER S 'JUSTICIA' 25-6-17

MARRIED SINGLE yes. WIDOWER

TRADE OR CALLING Motor Driver. RELIGION Methodist.

DESCRIPTION.

APPARENT AGE 21 YEARS 6 MONTHS

HEIGHT 5 FEET 9 INCHES

CHEST MEASUREMENT 37 INCHES EXPANSION 4 INCHES

COMPLEXION Fair. EYES Blue. HAIR Fair.

DISTINGUISHING MARKS Nil.

MEDICAL EXAMINATION. PLACE Calgary, Alta. DATE May 26th. 1917.

Present Address - Gen. Del. Calgary Alta.

REGT'L. No. 2115306

NAME Foster, James Traverse

H. Q. FILE No 649

RANK AND CORPS Pte. 31st Bu. form #1 C.A.S.C. (F.D.) 12 R.D.

FOLLOWS No.

FOLLOWS

CABLE No.	CABLE Date	NATURE OF CASUALTY
N.O.K.		Mrs Salina Foster mother Fontanelle Ia. W.S.A.
H152 1-1	2-6-18	Adm. #4 Gen. H May 29th 1918 G.S.W. R. Buttk. ✓ Also H.L. B228-1
Q276 1-2	4-6-18	Dang ill 4 Gen H Basingstoke June 3rd/18 ✓
H159 7-9	11-6-18	Prev rept dang ill, now ser ill 4 Gen H June 8th 1918 ✓
H180 3-4	25-6-18	Still Ser. ill #4 Gen. H. June 22nd 1918 ✓
H203 4-2	11-7-18	Still ser ill 4 Gen Hosp July 9th 1918 ✓
Q363 1-3	15-7-18	Rem from ser ill list #4 Gen H July 13th/18 ✓
B264	15-7-18	" " " " " " " "

L. L. 31493. M. & D. 8476.

M. F. W. 42—100M.—28-11-17.

H. Q. 1772-39-893.

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
125	West-Cliff C E & E Folkestone	10-8-17	Nasal obstruction
138	" " Disch	30-8-17	" "
B230	#4 C. Gen Basingstoke	3-6-18	Dang ill GSW Rt buttock alta R
B235	" " " " "	8-6-18	Prev, dang ill, now, ser ill, "
B247-1	" " " " "	22-6-18	Still ser ill GSW R Buttock
B260(1)	" " " " "	9-7-18	" " " " " " "
B317-1	Princess Pato Can. Red. Cross. Bexhill	10.9.18	GSW. R. Buttock
B356(2)	Disch.	21-10-18	" " "

Number 2115306 Rank Pte

Surname FOSTER

Christian Name James Traverse

Units 31st Bn. Can. Inf. Theatre of War France

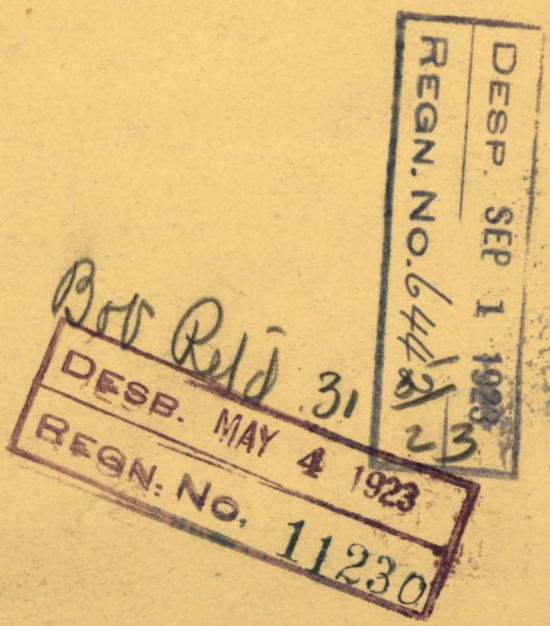
Date of Service 2-1-18

Remarks

Latest Address Montanelle, Iowa.
U. S. A.

Roll No. B Page 17124 370 Ross Ave
Winnipeg
Man.

200m.-2-21.M.


DESP. SEP 1 1923
REGN. NO. 6482/23
Bot Reld 31
DESP. MAY 4 1923
REGN. NO. 11230

No. 2115306. RANK Pte. NAME Foster James Travers.

~~T. O. S.~~ Trans from C.A.S.C. (M.D. 13) June. Paylist. UNIT Can. Army Service Corps #1 Training Depot.

M. D. 10.

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC. PARTICULARS	AUTHORITY
1917. June. 1.	1917. June. 30.	n.	Proceeding op with 12th. Rein. Draft.	DO. 153 of 29. 6. 17.

No. 323. Rank Pte. Name Foster J. S.

T. O. S. 26. 5. 17. Unit Reinforcements C.A.S.C.
50-235.

M. D. 13.

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1917. May 26.	1917. May. 31.	✓		

Form DMS 1401
5289 100M 9/3/17.

No. 4 Canadian Gen. Hospital, HOSPITAL.
AT Basingstoke.

A. & D. CARD

A. & D. No. M2 T32. 95. PL. OF ACTION France
RANK Pte 211 53.06. UNIT 31. Bn Can C SICK OR WOUNDED
NAME Foster J T. AGE 22. RELIGION Meth.
PLACE IN HOSPITAL Hut.
DIAGNOSIS G.S.W. R Buttock
ADMITTED 28-5-18 FROM H.S. Esseguibo
DISCHARGED TO
TRANSFERRED 9.9.18 D.B.C.C.P. Bexhill.
SERVICE AT HOME 7 mos IN FIELD 5 mos
RESULTS

(See Document Card for M.H. Sheet and other Documents.)
(P.T.O.)

REMARKS.

FORM R. 149.
7106—250m—7/2/17.

Traverse

Name FOSTER James *Rank* Pte. *Reg. No.* 2115306

Unit CASC.R.D.S'CLIFFE

Next of Kin U.S.A.

Date 1917.	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
W.C.C.E.&E.H.F'stone (15-8)			Nas.Obs.	125		
30-8	Dischared		do	138		

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

Form R. 149.

James Traverse.

Name FOSTER. Rank Pte. Reg. No. 2115306

Unit 31st. Bn. Mrs Salina Foster
Fontanelle Iowa

Next of Kin N.S.A.

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1918						
24-5-	6 Gen. Hosp. Rouen.	G.S.W.R. Btk.	A		H152	1761
29-5-	4 C.G.H. Basingstoke	G.S.W.R.F. Buttock	B		228	18811
3-6	Dangerously Ill " "	" "	B	230	Q 276	9528
8-6	Now Seriously Ill	— do	B	235	H 159	9756
22-6-	Still Seriously Ill.	— do	B	247	H180.	155
9-7-	do do do	— do	B	260	H203	486.
13-7	Removed from Serious. Ill List	— do	B	264	Q363	522
10.9	P.P.C.R.C Berkhill	G.S.W. Buttock R.	B	317		Tel R.75.
21-10-	Discharged	— do	B	356		26417
						8976

Rcd 21/10 SF 21/10 to 2/11/18 2nd CCD B/shot

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

FORM D.M.S. 1300.
8137—50m– 28/2/17.

Surname	Christian Name or Names	Reg. No.
Foster.	J.T.	2115306

Rank	Unit	Co.	Troop	Batty.
Pte.	(31.) Alta.	C.A.S.C.	Eng.	

Hospital: Westcliff. Eye. & Ear. — Date of Admission: 10-8-17.

Transferred: 4. G. Y. Basingstoke.. — Hosp. 29.5.18.

Princess Pats Beaulieu — Hosp. 10.9.18

Hosp.

Hosp.

Diagnosis

(1) Nasal. Obs.

Later Diagnosis (if changed)

(2) GSW. Rt. Buttock. Rw

(3)

Additional Diagnosis: if more than one state present

DISPOSITION Dis. 30-8-17 Date

C.L. 16-8-17. 125

1-9-17 138

REMARKS

1.6.18 B.228 ①

4.6.18 B230 ① Dang. ill. 3-6-18

10.6.18 B235 ① Now Ser. ill - 8.6.18.

24.6.18 B247 ① Still Ser. ill. 22.6.18

10.7.18 B260 ① Still Ser. ill - 9.7.18.

15.7.18 B264 ① Removed from Ser. ill - 13.7.18.

13.9.18 B317 Dis 21.10.18

29.10.18 B356 ②

A.M.D. 2 Dept.

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

EPITOME OF HOSPITAL TREATMENT.

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

*Name Foster, Jas. Traverse Rank Pte. Regtl. No. 2115306

Original unit C.A.S.C. Present unit Depot Fyle Depot

M. or S. / Age 23 Religion Meth. Ref. H.Q.

Port, ship, and date of arrival St.John S. S. "Metegama 16.2.19

Next of kin (Mother) Mrs. Salina Foster, Fantanelle Iowa U.S.A.

Address on leave

Address on discharge

Transportation issued Yes / No Date Character on discharge

Previous occupation Meter Driver Date and place of enlistment Calgary May 26/17

Diagnosis Date of Medical Boards MAR 7 1919 OK 36

MAR 15 1919

Date.	Remarks	Pt. 2 Order No.
8.2.19	T.O.S.#10 D.D. & Posted to Cas.Coy.	D.O.63-2
	14 days landing leave with Subs.	

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

(over)

Date.	Remarks.	Pt. 2 Order No.

M.F.W. 192
150M—6-18.
1772-39-1243.

P. 559
MARRIED OR SINGLE S.

PLACE OF BIRTH Iowa, U. S. A.

NAME AND ADDRESS OF NEXT OF KIN Salina Foster,
Fontanelle, Iowa, U. S. A.

RELATIONSHIP OF NEXT OF KIN Mother.

NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF KIN

SEPARATION ALLOWANCE MONTHLY $ EFFECTIVE (DATE)

PAYABLE TO

RELATIONSHIP OF DEPENDANT

CASUALTIES, PROMOTIONS, &c.

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ADMISSIONS TO HOSPITAL, &c.

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

REG'L NO. 2115306 RANK Pte. NAME Foster, James Traverse,

IF IN PERMT. CORPS WHAT UNIT UNIT C.A.S.C. R.D. TRANSFERRED TO 31st Bn. DATE 1-2-18 AUTHORITY 2 7/118
12 W Draft.

PERMANENT FORCE ALLOWANCES TRANSFERRED TO DATE AUTHORITY

PLACE OF ATTESTATION Calgary Alta TRANSFERRED TO DATE AUTHORITY

DATE OF ATTESTATION 26. 5. 17. 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
1917														10	10																10				Bal. from Can.
July 1-31	31	1.00	3	10											3	10															44	10			
Aug	31	"	3	10											3	10															78	20			
Sept	30	"	33												33		1962	77	86	15	8															
																								H87	H86					973	10	147			

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED PAY	SER. ALLCE.	ENG.
19.7												
Oct.	Bae For to 47								101 47			
	P.P.	34 10		1350 m/s 17 NSF	2 43				135 57			
				AR								
		34 10		685 30/9/17 AR	4 87				128 27			
					64 10				193 37			
Nov.	P.P.	33		AR 504 bad 6. 15.9.17	24 33				63 26			
Dec.	"	34 10		Dr. AR. 530 21st Res 12/10/17	4 84							
				" 641 " 15.11.17	9 73							
				" 593 " 30.10.17	24 33				132 11			
		64 10			63 26							

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE
1918									132 11
									34 10
									166 21
Jan.	P.P.	34 10		DR AR 1337 Westcliffe 6.6. 29.8.17	2 43				41 37
				DR AR 754 21st Res. 20.12.17	19 47				
				" 700 " 30.11.17	19 47				124 84 105
		34 10			41 37				

CANADIAN ASSIGNED PAY AUDITED
AUDIT CLERK
DATE 1.2.18

2115306 Pte Foster J T

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED PAY	SER ALLCE ENG.
									124 84 (8 altered to 4)	105	
FEB 1918	P P	30 80		AR 2155 14/1 31 Bn	5 35						
				" 2191 28/1 "	2 68				147 61	170	
		30 80.			8 03						
Mch.	"	34 10		" 2287 24/2 "	8 03				181 71		
				" 2376 16/3 "	3 57						
				" 2446 21/3 "	4 46				~~17_~~ 165 65	135	
		34 10			16 06 16 06						

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:- 1/1/19 ~~18~~	EFFECTIVE DATE:-
AMOUNT:- 1/5-	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.
Barbara H Foster Fontanelle, Iowa USA (Wife)	
A/Zn Form returned to P/m	Granted perm to marry URD295 20/11/18

NAME:- FOSTER James Traverse
NUMBER:- 2115306

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		Pte

UNIT AND TRANSFERS

ORIGINAL UNIT:- 12dft CA S&R D
DATE ACCOUNT FIRST OPENED - 1 July 17

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO
			31 Bn
151 5/6	29/5	1/6/18	ARD

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
~~31/12/18~~	~~5648~~	~~2 CCD~~	~~24 33~~			Amended LPC rend'd	
~~27/4/18~~		~~London~~	~~73~~				
~~27/4/18~~		~~Encroach on Def Pay~~	~~97 73~~	19486			

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
	1	10		
			11	

~~973~~

PARTICULARS OF RENDERING NON-EFFECTIVE:- Issued to Canada 30/11/18 Auth AR 493 C/Slee #184 amended L/C

MONTH	PARTICULARS	CR 1	CR 2.	PARTICULARS	DR. 1	DR 2.	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
31 MAR 1918	Bal forwd								165 65	135	
APR 1918	P P	33							198 65	150	
MAY 1918	"	33 34 10		AR 33 22/4 31 Bn	3 57						
				" 124 5/5 "	4 46				224 72	165	
JUN 1918	P Pay	34 10 33 .			8 03						
				AR 1967 4 CGH 5.6.18	4 87				252 83	180	
		33 .			4 87						
JUL	P Pay	34 10		AR 3289 " 3.7.18	4 87				282 08	195	
		34 10			4 87						
AUG	" "	34 10		AR 3975 " 6.8.18	4 87				311 31	210	
		34 10			4 87						
SEP	"	33 .		" 5260 " 5.9.18	4 87						
				" 4859 PPR+ Hos. Bexhill. 11.9.18	9 73				329 71	a/c agreed	
		33			14 60				5 80		
OCT 1918		34 10		" 7177 9/10 "	9 73						
	5721/10 - 2/11/18 = 12 days 2 CCD 252 24/10/18	8 76		✓ 9014 21/10 "	24 33				338 51	240	
		42 86			34 06				40 50 379 01 194 90		
NOV	P Pay	37		- 5648 14/11 " 2 CCD	24 57						
	Int on DEF Pay	7 50									
				Encroach Def Pay 29/11/18 Auth. 2ft 00.					184 35	~~973~~	
				CP 71120 27/11	73						
				" 71103 "	97 33				184 11		
					194 90						
FEB		40 50		AR. 1116 - 25/1/19 (Endorsed) Bux.	9 73				174 38		
					9 73						

CANADIAN ASSIGNED PAY AUDITED
AUDIT CLERK
10/6/19

338.51
40 50
379.01
194 66
184 35

NUMBER RANK NAME

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION

47

WAR SERVICE BADGE

CLASS "A" NO. 160717 ISSUED

This space to be for numbers.

Proceedings on Discharge.

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

No.	2115306
Rank	Private.
Surname	Foster.
Christian name NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.	James Traverse.
Corps (Squadron, Battery or Company)	C.A.S.C.
Date of discharge	31-3-19
Place of discharge	Winnipeg.

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age 23 years ... months.	Descriptive marks
Height 5 feet 10 inches.	
Complexion Fair.	Tattoo both forearms; right arm initials, left arm "Mother"
Eyes Blue	
Hair Fair.	
Trade Farmer	
Intended place of residence (To be given as fully as practicable.)	Pontabelle, Iowa, U.S.A.

2. The above-named man is discharged in consequence of *Demobilisation R.O. 1420 (c)*

☆ C.O. 74 - 891 D.O.86 ☆

Authority for discharge.....

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 soldiers and the Officer Commanding his Squadron, Battery or Company.

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

M. F. B. 218.

200M.—5-18.
H. Q. 1772-39-113.

(OVER)

RCD OE 4-11-19

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

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

6. Medals and Decorations.....

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

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

(Place).....

(Date).....

.....

Commanding.....

8. Certificate to be signed by the Soldier on Discharge

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

(Place).....Winnipeg. J J Foster *(Signature of Soldier.)*

(Date).....24-3-19 Comarke *(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).....Winnipeg.

(Signature)..... Major.

(Date).....31-3-19. O.C. No 10 District Depot.

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.)

None J. T. Foster

List of Discharge Documents.

Reg. Conduct Sheet,	Militia form	B. 263
Squadron / Battery / Company } Conduct Sheet,	"	B. 263a
or		
Field Conduct Sheet	"	W. 178
Copies of Convictions, by C. P.		in MS.
Med. Hist. Sheet,	Militia form	B. 313
Casualty Form	"	W. 54
Medical Report for Invalid§	"	B. 227
Dental History Sheet	"	B. 465
Last Pay Certificate	"	W. 44
Duplicate Discharge Certificate	"	W. 39A
‡Form of Will	"	W. 82

§Only if discharged "Medically unfit."

‡Only if man has not been overseas.

Attestation Paper	Militia Form	W. 23
or		
Particulars of Recruit	"	W. 133
Proceedings on Discharge	"	B. 218

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

(a) Proceedings on Discharge

(b) Attestation.

(c) Medical History Sheet.

Documents not accompanying this form should be crossed out.

I hereby certify that the following documents are unobtainable.

Officer Commanding.

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.

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.

S.S. Metegama.

STATION Winnipeg, Man. DATE 17th March 1919.

1. 1 (a) Unit C.A.S.C. 31st. (b) Regimental No. 2115306 (c) Rank Pte.

(d) Surname FISTER (e) Christian name James Traverse

(f) Home address Fontenelle P.O. Iowa U.S.A.

(g) Next of Kin Mrs. Barbara Foster (h) Relationship Wife

(i) Address of Next of Kin Fontenelle P.O. Iowa, U.S.A.

2. Age last birthday 23 Date of birth 1st Dec 1915

3. Enlistment, or Appointment (if an Officer) (a) Place Winnipeg, Man. (b) Date 26th May/17

4. Personal description:

(a) Height 5ft9" (b) Weight 155 lbs (stripped) (c) Complexion Fair

(d) Colour of hair Fair (e) Colour of eyes Blue (f) Identification marks, Scars, etc.

Tatto J.T.F. right forearm. "Mother" in flowers left forearm.

5. Former trade or occupation Farmer

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

	Periods	
	From	To
Canada	May 26/1917 Feb. 8/1919	June 23/1917 Mar. 17/1919
England	June 23/1917 May 27/1918	Jan 3/1918 Feb 8/1919
France or other theatres of War	Jan 3/1918	May 27/1918

7. Original disease, or injury Injury to right buttock

(a) Date of origin 22nd May 1918 (b) Place of origin Arras

(c) Cause Shrapnel Fragments

M. F. B. 227.

400M.—11-18.
1772-39-117.

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

Difficulty in walking

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.)

Walks lamely with the aid of a stick fromm stiffness of the right buttock muscles. Can walk six miles at slow pace during the day with result of fatigue of right hip. There is a 5" scar in right buttock adherent to underlying tissues, with some loss of tissue and slight atrophy of glutei muscles. Circumference of both thighs equal, and tissues firm and in good condition. Feeling of numbness on posterior surface of thigh for 6 or 7 inches below fold of buttock There is a slight constant ache and pain on change of weather preventing sleep. Can only flex right thigh on abdomen to right angle because of interference with buttock muscles by wound. Other movements of hip normal. Sitting on right side causes soreness. X Ray report attached.

(*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*).)

X Ray examination at Tuxedo Man. Mil Hosp. March 7/19 states large M.F. in pelvic cavity in front of scarum opposite third segement. Examination at Bramshott - Nov 15/1918 states all muscles react electric stimuli.

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*).)

Nasak obstruction pre-existed enlistmeny. Radial operation July 9th 1917 at Westcliffe Hospital Good results.

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

See Sec. 9(a)

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? (a) No. (b) No.

The regimental documents will be referred to.

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

13. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one? Minimum period of six months.

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

In Hospitals France & England about six months Operation dressings electrical examination. Physical training.

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

Not for a period of six months. Consideration of advisability for removal of metallic fragments can be taken up later.

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

17. Recommendations Category C. 3.

(SGD) John H. R. Bond. 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 (Sgd) J.T. Foster. have heard the description of my disability and present condition read, and am satisfied (or not satisfied) with it. (If dissatisfied, statement should follow.)

I complain in addition of

(Sgd) J.T. Foster. Rank. Pte.
Signature of invalid examined.

OPINION OF THE MEDICAL BOARD

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

YES

19. Is the invalid fit for

(*a*) General service,	(Category A)	~~(Yes or No.)~~
(*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.)~~

20. It is certified that the invalid

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

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

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

Category C. 3.

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.

(Sgd) John H.R. Bond. Capt. *President.*

PLACE Winnipeg, Man. (Sgd) E.L. MacIntyre. Capt. } Members

DATE March 17th 1919.

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..... } Members

DATE.....

APPROVED BY

(Sgd) H.C. Panton. Capt.
For. *Assistant Director of Medical Services.*

DATE 20th March 1919.

APPROVED BY

Director-General of Medical Services.

DATE.....

10.45.

2 Pl. 10 K 12/Ster

680. CS 186. W.503/P.36. 20,000 Pads. 10/17. N.P.A. Ltd. E. 1955.

Army Form W. 3172.
(In pads of 50.)

4 Can. Gen. Hospital.

Ward H. Upper No. of Bed Date

Regl. No.	Rank and Name.	Corps.	Part to be X-Rayed.
2115306	Pte. Foster	31 Cans	G.S.W. R Buttock

SHORT HISTORY OF CASE.
(To be completed by M.O. i/c case.)

Large exploratory & shrap wd 6" x 3" x 3" Rt gluteal muscles 3" from mid line. For localization of shrap

Signature of M.O. A J Macallum

Date May 31

REPORT ON RESULT OF X-RAY EXAMINATION.
(To be completed by Radiographer.)

No. of Plate 3277.

A piece of metal about 3/4" diam. lies within pelvic cavity, close to R. sacro-iliac joint and just below the brim of true pelvis. No bone-lesion shown. (Skin marked).

Signature of Radiographer A.H. Rolph. Capt

Date 1/6/18.

H246

AUDITOR | PAYMASTER

M. ~~OR S.~~

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

REGT. No. 211536 RANK Pte NAME (IN FULL) Foster, J G

11

NEXT OF KIN — RELATIONSHIP

ADDRESS

Sa Pending Receipt of Letter re Date of Marriage

IS SEPARATION ALLOWANCE PAID? yes. DATE EFFECTIVE 1/1/19

TO WHOM PAID — RELATIONSHIP

Mrs. Barbara H. Foster (W)

ADDRESS

~~Fontanelle~~ Stock Exchange Hotel

~~Iowa. U.S.A. W.Pg~~

Gen Dell W.Pg 19/6/19

PARTICULARS	EFFECTIVE DATE	AUTHORITY
F.P.C.		

ORIGINAL UNIT C.E.F. Cas.6 — IF IN P.F. WHAT UNIT? — (BLOCK LETTERS SURNAME FIRST)

PLACE OF ATTESTATION — TRANSFERRED TO — DATE — AUTHORITY

DATE OF ATTESTATION — TRANSFERRED TO — DATE — AUTHORITY

ASSIGNED PAY $ 15.00 (P.M.) DATE EFFECTIVE 1/1/19

PAYABLE TO — RELATIONSHIP — ANY CHANGE IN ASSIGNEE OR ADDRESS

~~Mrs Barbara H. Foster~~ ~~(wife)~~ Gen Dely W.Pg 19/6/19

ADDRESS

Fontanelle

~~Iowa~~. U.S.A.

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE — EFFECTIVE

DISCHARGED — PLACE MD 10 — DATE 31/3/19 — REASON D — AUTHORITY D086 — IF ENTITLED TO POST DISCHARGE PAY Yes

MONTH	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $	AMOUNT C.	OTHER CREDITS $	OTHER CREDITS C.	$	C.	TOTAL CREDITS $	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							114	75	114	75																								114	75	122 Days W Pg
1/12/18 to 31/3	121	1.10	133	10	30 / 60 - / 11 20 - / 35 -		114	75	349	05	23666		26773 / 28297		23700 / 26774		194	95	18	01 / 35 -		60 / 30	30 / 15 -			1 09				349	05 / 35 -					Pays: C/ 114 75 for pay on 1/12/18 Arrears to be paid from 1/1/19 to date of marriage T.O. Feb 2 Vol 2 D 0 2 Pages 2 to 5 Inc Mar 107 M.S. Bonds Mar 35 00 Deed 086
			133	10	136 20	229 50	498	80									194	95	53	01	90 - / 45 -					1 09			384	05			114	75	
April 1	122		280 · /		120 · /	400 - /					130056						70 - /												70						70 1st Instmt W.S.S.
											130055 /								30 /										30				300		30 " " " S.A.
May 2											559898 /						70 · /												70						70 2nd " "
											899 /								30 - /										30				200		30 2nd " " S.A.
7					31 - /																												231		S.A. 30/1/18 to 31/12/18 D.P.M.F.388
7																							565003			31 /			31				200		adj. of above
June 2											579438	70 · /																	70						70 3rd pay. W.S.S.
											739 /								30 · /										30				100		30 " " " S.A.
July 2											778826 /	70 · /																	70						70 4th " "
											827 /								30 · /				Allotment Cut						30				=	=	30 " " " S.A.
																													~~431~~						
			280 /		151 · /	431 = /											280 · /		120 /							31 · /			431						

C/c Closed

Suspend all Pts.

AUDITED 31 MAR 1919 Audit Clerk M.D. 10

T.O. C.C. 13/8/19 D.O. 226

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

No. 215306 Name Foster. J. J. Sqn., Batty., or Company } Corps Date of enlistment } 26/5/17 G.C. Badges } Service or Proficiency Pay }

Date of last entry in Company Conduct Sheet } Nil No. and date of last drunk } Nil Period not reckoning towards freedom from extra fine } Sheet 1 Signature O.C. Company, etc. } Character Good

Place	Date of offence	Rank	Cases of Drunkenness	Offence	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	Remarks

Army Form B. 199

[P.T.O.

W. 16575/M. 237. 3,000M. J. P. & Co., Ltd. (C 1309). Forms/B122/4.

Place	Date of offence	Rank	Cases of Drunkenness	Offence	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	Remarks

Manitoba Military HOSPITAL.

REQUISITION FOR TREATMENT OR EXAMINATION. DATE. Mar. 13th 1919.

Reg'tal No. 2115306 Rank. Pte Name. FOSTER. J.T. Unit.....

Bed..... Ward.....

Injury or disease... F.B. Right Hip. Part affected.....

Treatment or Exam.

X Ray right hip.

Report.

There is a large M.F. in the right side of the true pelvis lying in the curve of the sacrum opposite the third segment.

10 M. D. MAR 19 1918 HEADQUARTERS WINNIPEG

Signed, T.A. Goodchild,
Capt CAMC.

Signed, J.A. McMillan.

3271

3277

X RAY DEPT.
4th Can. Gen. Hosp.
Case 3277.
Date 1. 6. 18.

Pte J. T. Foster.
211306. - 31st Bn. Can.
R. Bullock.

N. upper.