

3 M. D.

Regtl. No. 3324710

PARTICULARS OF RECRUIT
DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class 1)

1. Surname Foster

2. Christian name James Wilbert

3. Present address Lanark Ont

4. Military Service Act letter and number Pc 958726
(If man is defaulter, i.e., has not registered under Proclamation, this fact should be stated, together with date of apprehension, or surrender)

5. Date of birth 23rd July 1893

6. Place of birth Lanark Ont
(town, township or county and country)

7. Married, widower or single Single

8. Religion Presbyterian

9. Trade or calling Farmer

10. Name of next-of-kin Mrs Sarah Jane Foster

11. Relationship of next-of-kin Mother

12. Address of next-of-kin Lanark Ont

13. Whether at present a member of the Active Militia No

14. Particulars of previous military or naval service, if any Nil

15. Medical Examination under Military Service Act :—
(a) Place Perth Ont (b) Date 1st Nov (c) Category All

DECLARATION OF RECRUIT

I, James Wilbert Foster, do solemnly declare that the above particulars refer to me, and are true.

James W. Foster

(Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age 25 yrs. 3 mths.

Height 5 ft. 8 1/2 ins.

Chest measurement } fully expanded 37 ins.
range of expansion 3 1/2 ins.

Complexion Ruddy

Eyes Grey

Hair Brown

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

Nil

A. M. Dussault
Lieut. Col.
2nd. Depot Bn. E. O. R.
O. C. Depot Btin.
Regt.

Place OTTAWA Date JUN 22 1918

Original

Form No. 2534-10

DECLARATION OF RECRUIT

Class 1

Forster

James Wilbert

Rank

TO 383730

23rd July 1938

Rank

Single

Residential

Rank

and 23rd July 1938

Forster

Rank

TO 383730

23rd July 1938

Rank

All (Category) 1st Nov

DECLARATION OF RECRUIT

I, James Wilbert Forster, do solemnly declare that the

(Signature of Recruit)

DESCRIPTION OF CALLING UP

1	23	23	23
2	23	23	23
3	23	23	23
4	23	23	23
5	23	23	23
6	23	23	23
7	23	23	23
8	23	23	23
9	23	23	23
10	23	23	23

Forster

Rank

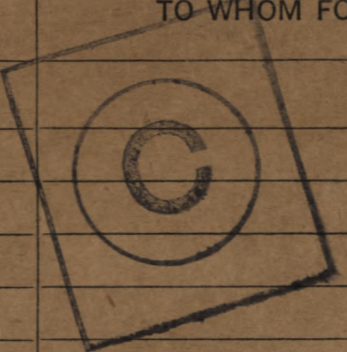

DECLARATION OF RECRUIT

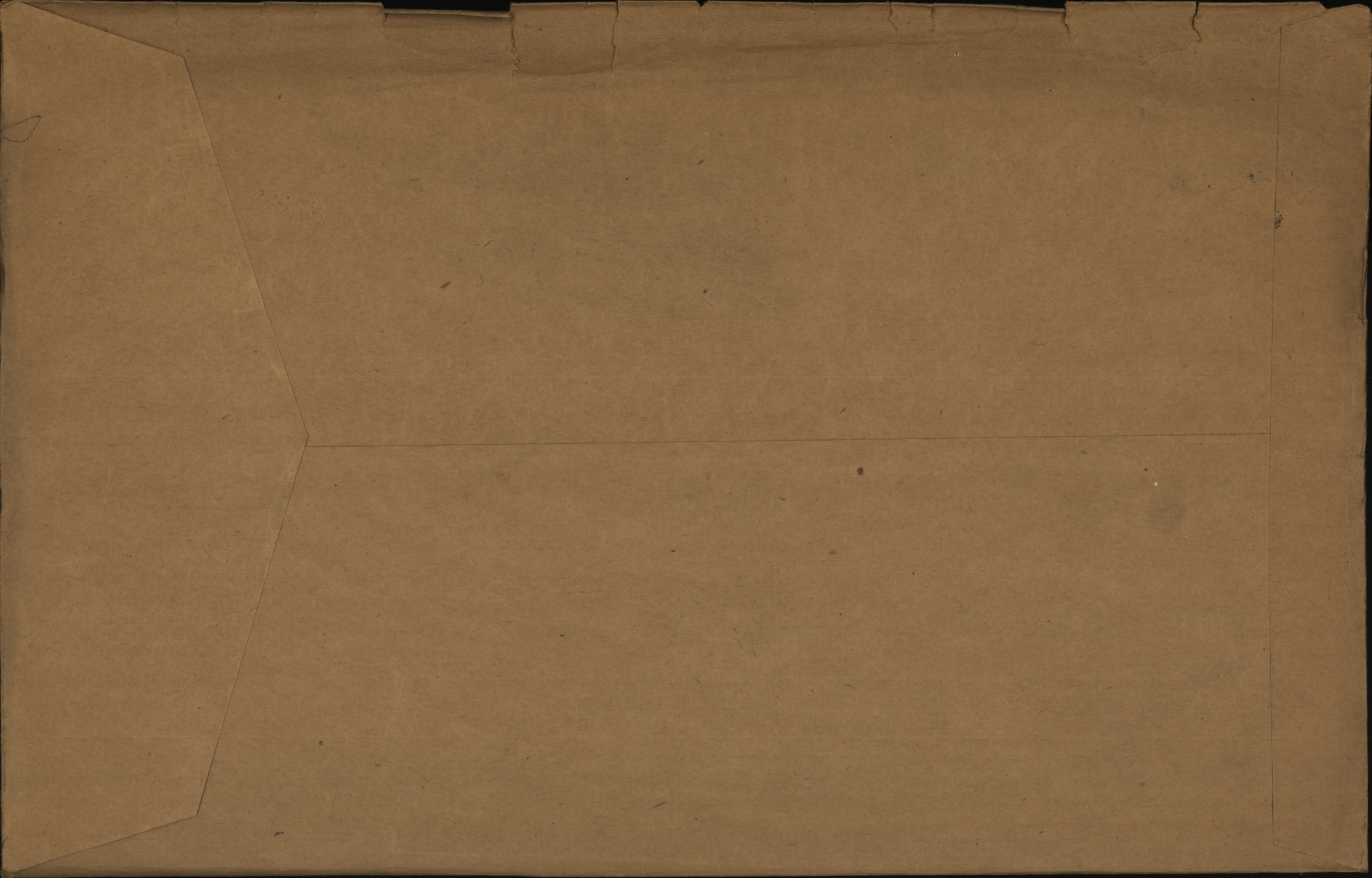
REGIMENTAL DOCUMENTS

NAME **Foster James Wilbert**

Ple
REGT. NO. **3324710**

UNIT **2nd Dpo Bn** *EOR.*
H. Q. FILE NO. _____

CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY	
2 ATTESTATION PAPER (M.F.W. 23, 133, or 51)					DEATH	
1 CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category	
1 TRAINING HISTORY SHEET (M.F.W. 113)						
/ FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					15182	
REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)						
COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)						
/ 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)						
/ MEDICAL EXAMINATION (M.F.W. 129)						
TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)						
PROCFEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)						
DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)					DESERTION	
/ LAST PAY CERTIFICATE (M.F.W. 44)						
/ PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 263)						
PARTICULARS OF CHARACTER (A.F.W. 3226)						
/ COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)						
						



MILITARY SERVICE ACT, 1917.

x32713

MEDICAL HISTORY SHEET. 3324710

1. Surname..... Foster Christian name..... James Wilbert
 2. Number of report for service or claim for exemption according to Postmaster's Receipt or schedule PC. 958728
 3. Consecutive number on schedule of men reporting for service (if he appears on it)
 4. Address (including street) and number if any) Lanark Ont., Box 65

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 20th day of Dec., 1918, by the undersigned medical board sitting at Ottawa, Ont.

5. Age as stated. 26 Years. 4 Months. 6. Apparent age. 26 Years. 4 Month
 7. Height. ✓ Feet. 7 1/2 Inches. 8. Weight. 125 Pounds.
 9. Chest measurement { Minimum 33 Ins. 10. Complexion. Medium { Eyes. Blue
 { Maximum 35 Ins. { Hair. Brown
 11. Physical development Good { Good. Fair. Poor 12. Smallpox marks None
 13. Number of vaccination marks { Right arm 0 14. When vaccinated last never
 { Left arm 0
 15. Distinctive marks and marks indicating congenital peculiarities or previous disease None

16. Slight defects but not sufficient to cause rejection
 The man denies having had { Rheumatism, Epilepsy, We find no evidence of past { Rheumatism, Epilepsy, Tuberculosis, Syphilis, Nervous or Mental disorder. Asthma. Tuberculosis, Syphilis, Nervous or Mental disorder. Asthma
 (Strike out disease admitted or suspected)

We have examined the above named man in accordance with the C. E. F. Regulations for medical examinations, and he is placed in Category A II
 17. (a) Vision. R. 6/6 L. 6/6
 (b) Hearing. R. W L. W

Signature of Man James W. Foster

L. V. Gauthier Capt Member. W. S. Graham Capt Member. President.

Date	Result	VACCINATIONS	Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
		M. O.			M. O.
		M. O.			M. O.
		M. O.			M. O.

Joined..... day of..... 19..... at.....

	CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment				
Transferred to.....				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION	DATE	DISEASE	RESULT

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

If raised in category, record category in a square The M. O. will initial and date.

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

THIS SECTION FOR USE OVERSEAS

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

No. 3324710 Rank Pte Surname Foster
(Given name in full)
 Unit or Corps 2 Dep't Bn E.O.R. Co. Birthplace James Wilbert Newark, Ont.

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

1. GENERAL DESCRIPTION:

Physique Good Weight 175 lbs. Height 5 ft. 7 1/2 in. Colour of Eyes Blue
 Nutrition Good
 Pulse 72
 Condition of arteries Good
 Vision Rt. 6/6 Left 6/6
 Hearing (conversational voice) Rt. 20 ft. Left 20 ft.

Identification marks, scars, or deformities.
 (Give cause and date of origin.)
None

Opinion as to general health and physical condition Good

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

Nervous System No Genito Urinary System No Cardio-Vascular System No
 Special Senses No Integumentary System No Respiratory System No
 Disturbance of mentality No Muscular System No Digestive System No
 Osseous and Joint System No Any other general condition No

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

EXAMINATIONS.

THIS SECTION FOR USE OVERSEAS—

Examined at (Overseas)

Date Signed M.O.

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

Signature

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

THIS SECTION FOR USE IN CANADA—

Examined at *Shaw's Out* (Canada)

Date *Dec 21/18* Signed *L. V. Gutteridge* M.O.

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

Signature *James W. Foster*

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

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

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 3324910 (Rank) Private

Name (in full) James Wilbert Foster enlisted in
the 2nd. Depot Battalion, E.O.F.

CANADIAN EXPEDITIONARY FORCE at Ottawa on the 22nd.
day of June 1918

HE served in No Service

and is now discharged from the service by reason of Demobilization

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

Age 36 year 4 months.

Height 5 ft. 7 1/2 inches

Complexion Medium

Eyes Blue

Hair Dark Brown

Marks or Scars

Nil

J W Foster

Signature of Soldier

[Signature]

Issuing Officer

Date of Discharge December 21st. 1918

Rank COL
O. C. 2ND. DEPOT BN. E. O. F.

Appointment

Signed at Ottawa this 21st. day of December 1918

in Military District No. 3

File Reference No. 1-P-132

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.

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 PARTICULARS
CALL FOR ON BACK OF WILL
BE COMPLETED. D. O. 1919
BE COMPLETED. D. O. 1919
CALL FOR ON BACK OF WILL
ON DEMOBILIZATION PARTICULARS

Rank _____ Name *Foster James Wilbert* Regt'l No. *3324710*

T.O.S. *21.6.18* B.O. No. *172* Serial No. *PC 958758*

Examined at *Perth Ont.* Date *1-11-17.* Co. *A 336*

Nationality *Can.* Born at *Sanark Ont.* Date *23-7-93* Age *25* yrs. *3* mos.

Height *5* ft. *8.5* ins. Chest *34/37.5* ins. Weight _____ lbs.

Complexion *Ruddy.* Eyes *Grey.* Hair *Brown.*

Distinctive Marks *Nil.*

Category *F11.*

Married or Single *S.* Religion *Presbyterian* Occupation *Farmer.*

Next of Kin *Mrs Sarah J. Foster* S.O.S. Date *DEC 20 1918* B.O. No. *357*

Sanark Ont. Overseas. Date _____ B.O. No. _____

(Mother) Tr. to _____ Date _____ B.O. No. _____

Surname: *Foster*
Christian names: *James Wilbert*
Regtl. No. *3324712* Rank: *Pvt*
Unit: *East Out Regt Inf Br*

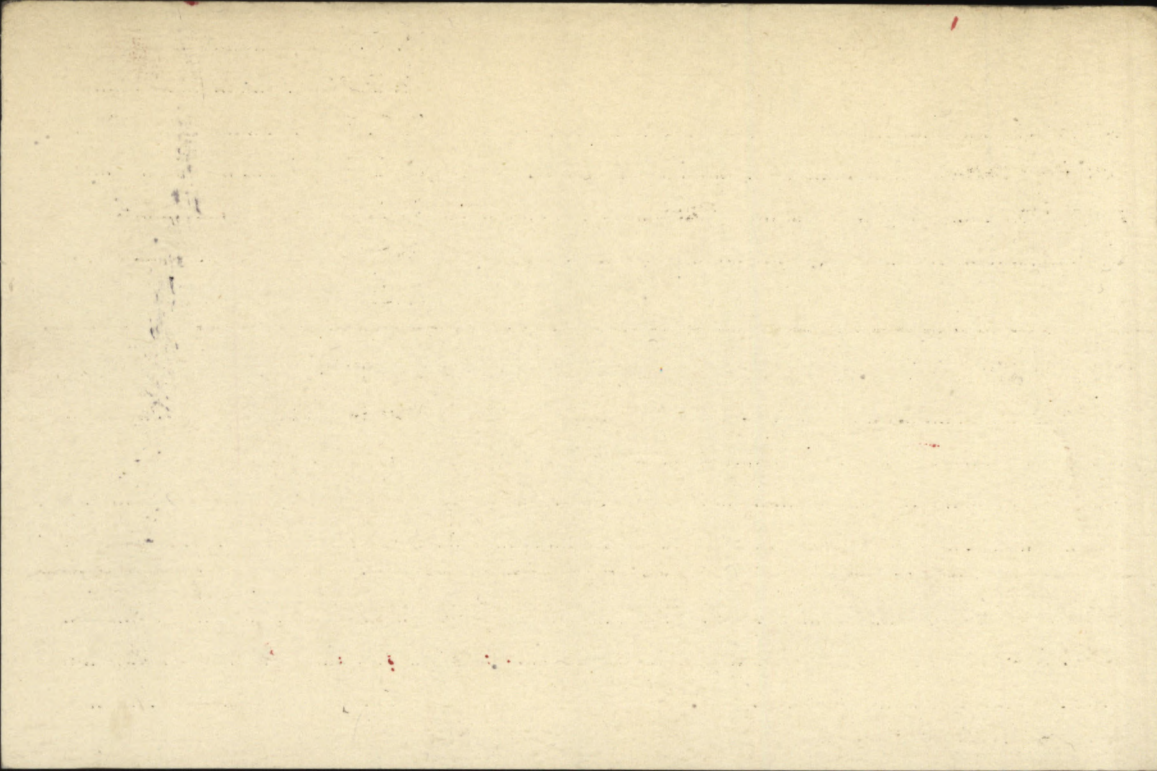
H. Q.
M. D. No. *3*
T. O. S. *June 21, 1918*
D. O. Pt. II *172* of *21-6-18*
S. O. S. *21-12-1918*
Reason: *demob.*
Auth. *DD 357 23/12/18 2/200*

Next of kin: *Foster, Mrs. Sarah Jane*
Address: *Lanark, Ont.*

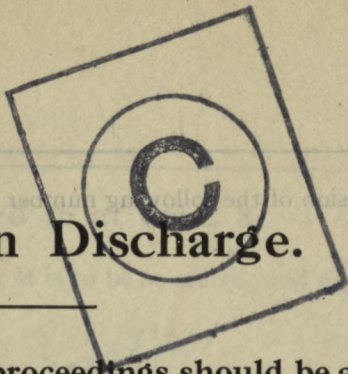
Relationship: *Mother*
Also notify:

BORN—Place: *Canada, Lanark, Ont.*
ATTESTED—Place: *Ottawa, Ont.*
O/S.....

Date: *July 23rd 1893*
Date: *Aug 22nd 1918*
R/C.....



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. **3324710**

Rank **Private**

Surname **Foster,**

Christian name **James Wilbert**
NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.

Corps (Squadron, Battery or Company) **2nd. DEPOT BATTALION,
Eastern Ontario Regiment.**

Date of discharge **December 21st. 1918**

Place of discharge **OTTAWA**

1. DESCRIPTION AT THE TIME OF DISCHARGE.

	Descriptive marks
Age..... 26years..... 4months.	
Height..... 5feet..... 7½inches.	
Complexion Medium	
Eyes Blue	
Hair Brown	Nil
Trade Farmer	
Intended place of residence (To be given as fully as practicable.)	Lanard, Ont

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

Demobilization

Authority for discharge **R. O. 1528**

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.

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.)

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

M. F. B. 218.

200M.—5-18.
H. Q. 1772-39-113.

(OVER)

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

Nil

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

6. Medals and Decorations.....

Nil

Nil

Nil

Nil

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.

OTTAWA

(Place).....

(Date)..... Dec. 21st. 1918

Commanding.....

O. C. 2nd Depot Batt. E. O. R.

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.

OTTAWA

(Place)..... (Signature of Soldier.)

(Date)..... (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.

Nil

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

11. Confirmation of Discharge.

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

OTTAWA

(Place).....

(Signature).....

O. C. 2nd Depot Batt. E. O. R.

(Date)..... December 21st. 1918

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.)

J. W. Foster

111

Reg. Conduct Sheet	Slide Form B. 101
Squadron	
Battery	B. 223
Company	
Field Conduct Sheet	H. 173
Copies of Conventions by C.T.	H. 175
Med. Hist. Sheet	Slide Form B. 215
Casualty Form	W. 24
Medical Report for Issuing	B. 173
Dental History Sheet	B. 402
1st Pay Certificate	H. 24
Duplicate Discharge Certificate	W. 29
Form of Will	H. 25
Form of Discharge - Medical	
Form of Discharge - Non-Medical	

Documents not accompanying this form should be moved out.

I hereby certify that the following documents are responsible:

Other Comments:

N.B.—In the case of a man discharged by purchase the date and number of deposit receipt with amount of same as to be noted hereon.

List of Discharge Documents.

Reg. Conduct Sheet, Militia form B. 263

Squadron }
Battery } Conduct Sheet, " B. 263a
Company }

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.*