2nd M. D. 2nd Depot Battalion 1st Central Ont. Regiment

Regtl. No. 3236200

PARTICULARS OF RECRUIT

DUPLICATE

DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class one)

1. Surname: Foster
2. Christian name: John
3. Present address: 1173 Dufferin St., Toronto, Ont.
4. Military Service Act letter and number: 5L5991
5. Date of birth: Jan. 2nd-1891
6. Place of birth (town, township or county and country): Toronto, Ont.
7. Married, widower or single: Single
8. Religion: Baptist
9. Trade or calling: Expressmen.
10. Name of next-of-kin: Bella Foster
11. Relationship of next-of-kin: Mother
12. Address of next-of-kin: 1173 Dufferin St., Toronto, 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: Toronto, Ont. (b) Date: Nov. 10-17. (c) Category: A. 2.

DECLARATION OF RECRUIT

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

John Foster (Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age	26 yrs.	6 mths.
Height	ft.	ins.
Chest measurement	fully expanded	Max.34 ins.
	range of expansion	2&1-2 ins.
Complexion		Fair
Eyes		Brown
Hair		Brown

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

Geo R Rodgers Major

O. C. 2nd Depot Btln.

1st Central Ontario Regt.

Place Toronto, Ont. Date Jan. 5th, 18.

M. F. W. 133.
500 M.—8-17.
1772—39—1158.

M. D. ..... Depot Battalion ..... Regiment

Regtl. No. .....

PARTICULARS OF RECRUIT

DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class .....)

1. Surname .....
2. Christian name .....
3. Present address .....
4. Military Service Act letter and number .....
5. Date of birth .....
6. Place of birth .....
(town, township or county and country)
7. Married, widower or single .....
8. Religion .....
9. Trade or calling .....
10. Name of next-of-kin .....
11. Relationship of next-of-kin .....
12. Address of next-of-kin .....
13. Whether at present a member of the Active Militia .....
14. Particulars of previous military or naval service, if any .....
15. Medical Examination under Military Service Act —

(a) Place ..... (b) Date ..... (c) Category .....

DECLARATION OF RECRUIT

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

(Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age ..... yrs. ..... mths.

Height ..... ft. ..... ins.

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

Complexion .....

Eyes .....

Hair .....

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

O. C. ..... Depot Btln.

..... Regt.

Place ..... Date .....

M. F. W. 133.
700 M.—8-17.
1172—30—1138.

AC:19
11-8

REGIMENTAL DOCUMENTS

NAME Foster John (Pte) REGT. NO. 3230200 UNIT 1st C.O.R. H. Q. FILE NO.

	CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
2	ATTESTATION PAPER (M.F.W. 23, 133, or 51)					DEATH
2	CASUALTY FORM (M.F.W. 54 or A.F.B. 103)		M			Category
	TRAINING HISTORY SHEET (M.F.W. 113)				15192	
1	FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
	REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)					
	COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					
2	MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
1	DENTAL HISTORY SHEET (M.F.B. 465) cert.					Category
	MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					Demob.
1	MEDICAL EXAMINATION (M.F.W. 129)					
	TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)					
	PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)					
	DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)		H			DESERTION
	LAST PAY CERTIFICATE (M.F.W. 44)					
1	PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					
	PARTICULARS OF CHARACTER (A.F.W. 3226)					
1	COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
2	Disp. cert.					1
	A122					19-12
	Pay card					19-12
						3-12
						1
				405162		

W. 2539
100M-11-18
1772-39-1377

Form R 122.
10287—65M—28-7-17.

Rank Name FOSTER, John Reg'l No. 3230200

Unit 151st Dft 2nd Bn 1st C.O.R If in perm. Corps, What Unit? Married or Single Single

Place and Date of Enlistment Toronto, Jany 5-1918 Place of Birth Toronto Ont.

Name and Address, Next-of-Kin Bella Foster

1173 Dufferin St, Toronto Ont. Relationship Mother

Assigned Pay Monthly $ Payable to

Relationship

Separation Allowance $ Payable to

Relationship

Discharge, Date and Place Reason Character

N/E. R.B. No.
File R.L.
Category OR Can

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.		25 9 18.	Themistocles
11.10.18	8 Res	Taken on strength.	Witley Mt	25.9.18	DO 284
13.2.19	2 Wing	TOS of Perm Cadre	Rhyl -	19-1-19	DO 37 (8 Res Bn Do 89 Dp 30-3-19)
1-7-19	— " —	SOS to Can SL 97	— " —	2-7-19	DO 155
		SL 97 - I-240 d/2-7-19.			

Report.		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.
Date.	From whom received.				

P. 880.

DEPARTMENT OF MILITIA AND DEFENCE.

Certified this document checked with Regimental documents

WAR SERVICE GRATUITY.

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

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

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

1. Christian names John 2. Surname Foster

3. Rank Pte 4. Original Unit 2-1 C.O.R. 5. Reg. No. 3230200

6. Address, in full, to which future payments of gratuity are to be forwarded 1173 Dufferin St Toronto

7. Date of enlistment in the C.E.F. Jan 5. 1918

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

9. Relationship of such dependent mother

10. Address, in full, of such dependent 1173 Dufferin St Toronto

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

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

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

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

15. Give total length of time which you served on active service, whether in Canada or Overseas, setting out particulars of units on whose strength you served 18 months

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

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

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

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

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

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

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

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

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

(b) If so, was such reversion in consequence of misconduct or inefficiency?

24. Are you now serving in the C.E.F.? If not, give:—(a) Date of discharge JUL 11 1919 (b) Reason for discharge DEMOBILIZATION

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

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

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

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

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

Signature of Applicant: John Foster

Place of Residence: 1173 Dufferin St Toronto

Declared before me at: Kinmel Park Rhyl

This 20th day of May 1919

Questions No. 12-13-14-20-24-25-26 & 27 are unanswered

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

A. Woolley Dodd Maj

POST DISCHARGE PAY.

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

Certified Correct

District Paymaster.

DUPLICATE ORIGINAL

To be made out in duplicate.

H.Q. 54-21-23-53

M.S.A.

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.

---

(1) Name of Overseas Unit which Soldier joins..... 2nd Bn. 1st. C.O.R.

(2) Regimental Number ..... 3230200 Foster

(3) Full Name of Soldier..... Foster John

(4) Place of Birt ..... Toronto Ont.

(5) Are you married, or not ? ..... Single

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

(b) Present Postal Address.....

(7) Are you a widower ? .....

(8) Have you any children ?.....

If so, give number of boys and girls.....

Also their names and ages.....

M. F. W. 67.

500M.—9-16.
1772-39-954.

(SEE OTHER SIDE.)

(9) Is your Father alive ?..... Yes .....

If so, state name and address ..... Foster .Richard 1173 Duffrien St. Toronto Ont.

(10) Is your Mother alive ?..... Yes .....

If so, state name and address..... Foster.Bella .....

Same .....

(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.

Geo K Rodgers Major

Officer Commanding.

O. C. 2nd Depot Bn., 1st C. O. R.

JAN 12 1918

Date..... 1/5/1918 .....

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

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

Casualty Form—Active Service.

M.S.A.

Unit, Regiment or Corps 2nd bn., 1st Central Ont., Reg.

Regimental No. 3230200 Rank Pte Name John Foster
C. E. F.

Enlisted (a) Jan.5/18 Terms of Service (a) D of W & ~~6 Mcs.~~ Service reckons from (a) Jan.5th.1918.

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

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

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
		2nd D. Bn., S.O.S. on TRANSFER to 1st C.O.R. over seas via Quebec	TORONTO, Part II D.O.	FEB 16 1918	# 40

FEB-9 1918

SEP 10 1918

J. M. Livingston
O. I. C. Records, 2nd Depot Bn., 1st C. O. R.

S.O.S. Proceeding Overseas.

Embarked	Quebec	10-9-18
Arrived	London	25-9-18

A. G. Bennett Lieut. Adjt. for O. C. 2nd Ont. Q. Detachment.

H. M. T. "Themistocles"

S.O.S. to Canada Part II D.O. K.P.C.

#155 1-7-19

A. C. Boyd

EMBKD. SOUTH MPTON ARR. HALIFAX. JULY 8 '19

(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				
JUL 2 1919	O. S.	T. O. S. No. 2 DISTRICT DEPOT, TORONTO	1919	PART II P. 196	
JUL 11 1919	S. O. S.	(DISCHARGED FROM H. M. S.)	No. 2 DIS. DEPOT,	PART II P. 196	

W. C. Roberts Lieut.
For O. C. No. 2 District Depot.

CASE HISTORY SHEET.

No. 3230200 Rank Pte Name Foster John Age 26

Unit COR Completed years of service Where and how long Canada 4 months

Date of admission 3-5-18 Date of discharge 18-6-18

Diagnosis Urethritis Place of origin Quebec

CONDITION ON ADMISSION AND PROGRESS OF CASE

Had a purulent discharge from urethra positive for gonococci.

FAMILY HISTORY Negative for t b.

(Tuberculosis, mental or nervous diseases.)

TREATMENT Urotropin grs 5 t i d Irrigation t i d

(Especially any specific or special form)

CONDITION ON DISCHARGE, Micpl Urinalysis & Swab Neg.

(and disposal made of case.)

Fit to return to unit. Category 4 2

35010

Date 15-6-18

J A Key Capt.

Medical Officer i/c case.

M. F. B. 313a.
50M.-11-17.
1772—39-439.

a 2

CLINICAL CHART.

(To be pasted into Case Book opposite Patient's case.)

Corps C O R — Hospital Station Quebec

No. 3230200 Rank and Name Pte Foster John Age 24 Service 4 months

Disease Trenchitis — Date of Admission 3-5-18 Date of Discharge 15-6-18 Result ~ — Case Book 337 Folio B

Dates of Observation																																					
Days of Disease																																						
Temperature Fahrenheit	TIME a.m.	p.m.	TIME a.m.	p.m.	TIME a.m.	p.m.	TIME a.m.	p.m.	TIME a.m.	p.m.	TIME a.m.	p.m.	TIME a.m.	p.m.	TIME a.m.	p.m.	TIME a.m.	p.m.	TIME a.m.	p.m.	TIME a.m.	p.m.	TIME a.m.	p.m.	TIME a.m.	p.m.	TIME a.m.	p.m.	TIME a.m.	p.m.	TIME a.m.	p.m.	TIME a.m.	p.m.	TIME a.m.	p.m.	TIME a.m.	p.m.
107°	8 6 4 2																																				
106°	8 6 4 2																																				
105°	8 6 4 2																																				
104°	8 6 4 2																																				
103°	8 6 4 2																																				
102°	8 6 4 2																																				
101°	8 6 4 2																																				
100°	8 6 4 2																																				
99°	8 6 4 2																																				
98°	8 6 4 2																																				
97°	8 6 4 2																																				
	8 6																																				
Pulse per Minute																																					
Respirations per Minute																																					
Motions																																					

No Temperature

M. F. B. 288.

50m.—7-16.
H. Q. 1772-39-513.

Signature J A Key Capt. In charge of case.

CLINICAL CHART.

(To be pasted into Case Book opposite Patient's case.)

Hospital Station _____ Case Book _____

Ward _____ Service _____

Bed _____ Age _____

Date of Admission _____ Date of Discharge _____ Result _____

Ward and Name _____

No. _____

Date _____

Temperature Degrees

Hour of Observation	Pulse	97°	98°	99°	100°	101°	102°	103°	104°	105°	106°	107°

Army Form B. 103—2.
Part II.

(SERVICE AND CASUALTY FORM Part II).

Regiment or Corps 1 St C O R D Regimental Number 3230260

*Substantative Rank Surname Foster Christian Names John

*Acting Rank
(*To be entered in pencil to facilitate alteration.)

(A) Report. Date.	(A) Report. From whom received.	(B) Authority of Part II. of Orders.	(C) Record of promotions, appointments, reductions, casualties, transfers, postings, &c. All acting as well as substantive promotions to be shown, for method of entry of which see A.C.I. 1816 of 1917. Corps and unit to which transferred and posted to be invariably named.	(D) Place of casualty.	(E) Date of promotion, reduction, reversion, casualty, &c.	(F) Remarks, and initials and rank of an officer.
			Arrived in England S/S Thermistocles		25-9-18	
11-10-18	8 Res	Do 284	Taken on Strength	Witley	25-9-18	
13-2-19	2 Wing	" 37	Tos of Pen Cadre	Rhyl	19-1-19	

for Lt Col. i/c Records, C. [illegible]

To be folded on this line.

Nothing to be written in this margin.

(B26383.) Wt. W. 9893—P. 2068. 500,000. 3/19. S. & S., Ltd. E. 4602.

(A) Report.		(B)	(C)	(D)	(E)	(F)
Date.	From whom received.	Authority of Part II. of Orders.	Record of promotions, appointments, reductions, casualties, transfers, postings, &c. All acting as well as substantive promotions to be shown, for method of entry of which see A.C.I. 1816 of 1917. Corps and unit to which transferred and posted to be invariably named.	Place of casualty.	Date of promotion, reduction, reversion, casualty, &c.	Remarks, and initials and rank of an officer.

Nothing to be written in this margin.

#11 certified copy

Original & Co

MILITARY SERVICE ACT, 1917.

MEDICAL HISTORY SHEET.

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

M.S.A.

1. Surname Foster Christian name John

2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule 515991

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

4. Address (including street and number, if any) 1173 Dufferin St., Toronto, Ont.

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 10th day of Nov. 1917, by the undersigned medical board sitting at Toronto, Ont.

5. Age as stated 26 Years 6 Months. 6. Apparent age 26 Years 6 Months

7. Height 5 Feet 8 Inches. 8. Weight 147&1-2 Pounds.

9. Chest measurement { Minimum 37&1-2 Ins. Maximum 34 Ins. 10. Complexion Fair { Eyes Brown Hair Brown

11. Physical development Good { Good Fair Poor 12. Smallpox marks nil

13. Number of vaccination marks { Right arm 1 Left arm nil 14. When vaccinated last childhood

15. Distinctive marks and marks indicating congenital peculiarities or previous disease deformed nail on left great toe

16. Slight defects but not sufficient to cause rejection nil

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

(Strike out disease admitted or suspected.)

We have examined the above named man in accordance with the C. E. F. Regulations for medical examinations, and he is placed in Category A 2.

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

(b) Hearing. R. normal L. normal nose & Throat normal

F. Mennitt, Maj. *President.*

F. Robertson, Lt. *Member.* A. McNilligan, Lt. *Member.*

Date	Result	Vaccinations	Date	Result	Anti-Typhoid Inoculations, Etc.
10/1/18		Elect Lat Lt M.O.	5/1/18		[illegible] Elect Lat Lt M.O.
		M.O.	10/1/18		[illegible] Elect Lat Lt M.O.
		M.O.	18/1/18		[illegible] Elect Lat Lt M.O.

Joined 5th *day of* Jan. *191*8 *at* Toronto, Ont.

	Corps	Reg'tl Number	Habits	Date
Joined on enlistment	2nd dep. bn., 1st. C.O.R.	3230200		
Transferred to				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station	Date	Disease	Result
Kinmel Park.	22/5/19	Att	[illegible]

Signature of Man John Foster

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

M. F. B. 313.

300M.—10-17.

1772-39-439.

Surname Foster Christian Name John

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital: Day	Dates of Admission into Hospital: Month	Dates of Admission into Hospital: Year	Dates of Discharge from Hospital: Day	Dates of Discharge from Hospital: Month	Dates of Discharge from Hospital: 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.

Regional No...... **MEDICAL HISTORY OF—** A.F. B.178.

Regimental No. 322020 *Region*.....

Surname Foster *Christian Names* John

TABLE I.—General Table.

Birthplace { Parish Toronto
County Ontario

Examined { on.....day of.....191...,
at.....

Declared Age 26 years 6 mos days.

Trade or Occupation Expressman

Height.....feet.....inches. Weight.....lbs.

Colour of Hair brown Complexion fair

,, Eyes brown

Chest Measurement { Girth when fully expanded 34 inches.
Range of expansion 2½ inches.

Physical development .....

Vaccination Marks { Arm, RIGHT. | LEFT.
Number ..... | .....

When Vaccinated.....

Vision { R.E.—V=..... With Glasses { R. .....
L.E.—V=..... L. .....

Identification Marks, such as Tattoo, Moles, Scars, etc.:—

.....

.....

Defects or **Ailments :**

.....

.....

Examined and found—

Fit for Grade { I.
II.
III.
IV. fit

(Strike out those which do not apply.)

Signature Geo. P. Rodgers.

Chairman of Medical Board. Major

Re-examined for posting at .....

On.....day of .....191...

Enlisted { at .....
on.....day of.....19...

	Corps.	Regtl. No.
Joined on enlistment		
Transferred to	.....	.....
	.....	.....
	.....	.....
	.....	.....

TABLE III.—Boards, Courts of Enquiry, Vaccination, Inoculations, etc.; Examinations for Field or Foreign Service; Extension, Re-engagement, or Prolongation of Service, Issue or Surgical Appliances, Particulars of Dental Treatment, etc.

Date.	Brief details and Signature.
.....	.....
.....	.....
.....	.....
.....	.....
.....	.....
.....	.....
.....	.....
.....	.....
.....	.....
.....	.....
.....	.....
.....	.....
.....	.....
.....	.....
.....	.....
.....	.....
.....	.....
.....	.....
.....	.....
.....	.....

Special Remarks : state if a discharged Soldier

.....

.....

.....

.....

TABLE IV.—Service Table.

Station or Troopship.	Date of arrival or embarkation.	Date of Departure or disembarkation.
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....

Became non-effective by .....

on.....day of.....191...

(Signature).....

(Rank).....

M333 Wt.12046/437 400,000 7/18 CL&P 324.

TABLE II.—Only for admissions to Hospital or to the Sick List in Case of Warrant Officers treated in quarters.

Name of Hospital.	Admitted to Hospital.			Discharged from Hospital.			Disease.	Number of days in Hospital.	Remarks bearing on the cause, nature, or treatment of the case likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet.	Signature of Medical Officer.
	Day	Month	Year	Day	Month	Year				

C.A.D.C. 5009A

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) FOSTER J. WD2

REGIMENT 8 RES RANK Pte No. 3730200

Date of Examination in England 22/5/19 | Date of Examination in France

DIRECTIONS TO DENTAL OFFICERS

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

PRESENT DENTAL REQUIREMENTS

1. FILLINGS 8 9 17
2. EXTRACTIONS
3. CROWNS
4. DENTURES
   - (a) Full Upper
   - (b) Part Upper
   - (c) Full Lower
   - (d) Part Lower

HAS HE EVER REFUSED DENTAL TREATMENT ?

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

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

KINMEL PARK, NORTH WALES.

Signature of Dental Officer H. B. Findley Capt.

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

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

No. 323020 Rank Pte Surname Fowles
(Given name in full) John

Unit or Corps C.O.R. Birthplace Toronto Ont.

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

1. GENERAL DESCRIPTION:

Physique Good Weight 142 lbs. Height 5 ft. 8 in. Colour of Eyes Brown

Nutrition Good

Pulse 72

Condition of arteries Good

Vision Rt. N Left N

Hearing (conversational voice) Rt. N ft.

Left N ft.

Identification marks, scars, or deformities. (Give cause and date of origin).

Nil

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.

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

[OVER]

EXAMINATIONS

THIS SECTION FOR USE OVERSEAS—

Examined at Kinmel Park (Overseas)

Date 22/5/19 Signed H.R. Robinson 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 John Foster

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

THIS SECTION FOR USE IN CANADA—

Examined at .....(Canada)

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

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

Signature .....

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

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

[OVER]

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

THIS IS TO CERTIFY that No. 3230200 (Rank) Pte.

Name (in full) FOSTER. John enlisted in

the 1st C.O.R.

CANADIAN EXPEDITIONARY FORCE at Toronto on the 5th

day of January 1918

HE served in 8th Res. United Kingdom

and is now discharged from the service by reason of Demobilization.
~~Medical Unfitness.~~

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

Age 28 years

Height

Complexion Fair

Eyes Brown

Hair Brown

Marks or Scars

Nil

J. Foster
Signature of Soldier

Date of Discharge

No. 2 DISTRICT DEPOT
JUL 11 1919
TORONTO

Issuing Officer

Capt
For Rank
O.C. No. 2 District Depot.

Date JUL 11 1919 19

N.B.—As no duplicate of this Certificate will be issued, any person finding same is requested to forward it in an unstamped envelope to the Secretary, Militia Council, Ottawa, Canada.

M.F.B. 39A.
1049-D.P.-300M-11-18.
H.Q. 1772-89-882.

DISCHARGE CERTIFICATE

CANADIAN EXPEDITIONARY FORCE

M.S.A.

SURNAME. Foster

CARD NO. 9.2 +

SOS. 11 7 19 Dendr

FOLL. D 8 15/19/2 BD

CHRISTIAN NAMES John

REGL. NO. 3230/200. RANK Pte.

UNIT 1st Cen. Ont. Regt. 2nd Dpo Bn.

FORMER CORPS Nil

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL Foster, Mrs. Bella

RELATIONSHIP TO SOLDIER Mother

ADDRESS 1173 Dufferin St., Toronto, Ont.

COUNTRY OF BIRTH Canada, Toronto, Ont. DATE Jan 2nd. 1891.

PLACE OF ATTESTATION Toronto, Ont. DATE Jan 5th 1918.

O/S 13-9-18 1441/4

R/C 9-7-19 367/139 Pte

L. L. 10437. M. & D. 7253. M. F. W. 22. 100M.—11-16. H. Q. 1772-39-339.

MARRIED SINGLE WIDOWER

TRADE OR CALLING RELIGION

DESCRIPTION.

APPARENT AGE YEARS MONTHS

HEIGHT FEET INCHES

CHEST MEASUREMENT INCHES EXPANSION INCHES

COMPLEXION EYES HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION. PLACE DATE

No. 3230200 RANK Pte. NAME Foster J.

T. O. S. 5. 1. 18. UNIT 2nd. Depot Bn. 1st. C. D. R. (Que. Detch.)
Unit not stated.

M. D. 5.

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1918. June. 5.	1918. June. 30.	✓	AWL. 7 Days C. B. with Pack drill Forfeit 1 Day Pay	June Paylist.

35010.

REG. NO. 3230200. NAME (SURNAME FIRST) Foster, John

RANK Pte. CORPS C.O.R.

AGE 26. SERVICE Can. 4/12.

NAME OF HOSPITAL Military PLACE Quebec

DATE OF ADMISSION 3. 5. 18.

DISEASE Urethritis.

DISCHARGE 15. 6. 18.

OPERATION

DISCHARGED TO DUTY Yes.

TRANSFERRED TO

DISCHARGED BY MEDICAL BOARD

100M—9-17—H.Q. 1211-8-30.

REMARKS .....

No. 3230200 RANK Pte. NAME Foster John.

T. O. S. 5-1-18 UNIT 2nd Depot Battalion 1st C. O. R.
Jan. Paylist.

M. D. 2.

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1918	1918			
Jan. 5	Jan. 31	✓	M. S. 9.	D. O. 5, 5-1-18.
Feb 1	Feb 16	✓	Trans, P/S via Que.	D035, 4 2-18.
Feb 17	Feb 28	✓	MDO.	
	Mar.	✓		
	Apr.	✓		
	May.	✓		
June 1	June 4	✓	Oseas 4-4-18	June Paylist

Number 3230200 Rank Pte.

Surname FOSTER

Christian Name John

Units 1st C. M. R. Theatre of War England

Date of Service 25/9/18

Remarks

Latest Address 1173 Dufferin St.
Toronto, Ont.

Roll No. R Page 3473

200m.-2-21.M.

DEP. OCT 22 1928
REGN. NO. 405-27

P 820
12474—375M—13-2-18.

K Pk

AUTHORITY
A.P. NOM. ROLL.

* Strike out whichever inapplicable.

ASSIGNED PAY.	~~ENGLAND or~~ CANADA.	SEPARATION ALLOWANCE.
EFFECTIVE DATE:–	1. 9. 18	EFFECTIVE DATE:–
AMOUNT:–	15.00	AMOUNT:–

NAME, ADDRESS, RELATIONSHIP & AUTHORITY | WHEN PAYEE OF A.P. IS THE SAM WORD "SAME" ONLY TO BE WR

Wm Bella Foster (Mother)
1173 Dufferin St.
Toronto, Ont.

~~Stopped effective 1-1-19.~~
Stopped. eff 1-6-19.

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS | UPON CLEARANCE OF VOUCHERS, E BY INSERTION OF DATE CHARGED

DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R.	UNIT PA
~~13 11/18~~	~~2373~~	~~Kem Pk.~~	~~4.95~~			
~~2 12/18~~	~~9031~~	~~✓~~	~~48.99~~			
14-5-19	10306	Kinmel Pk.	~~7.30~~			
24-	12015	✓ ✓	~~14.60~~			

Dis. to Can 1-6-19

PARTICULARS OF RENDERING NON-EFFECTIVE:– ~~Transferred to C~~

MONTH	PARTICULARS	CR. 1	CR. 2	
10.9.18	Bal. from Canada			
Sept	11-30 Pte Pay	22		AP
		22		
Oct	✓	34 10		A
				17 1/10
		34 10		
Nov	P Pay.	33		AP
				AR 2373
Dec	P Pay.	34 10		AP
				9031
		67 10		
Feb				A135
				N563
				290
		—		
Feb	P. Pay 1/1/19 to 28/2/19	64 90		
				CAP
Mch.	P.P.	34 10		~~CAP.~~
				AP 1861
				AR. 2385
		99		
Apl.	✓	33		
May	✓	34 10		AR 2555
				7034
				6337
				10699
	Carrd Ford	67 10		

50.25
67.10
117.33
30
87.33
53.72
33.61

Checked J. Bartholomew 5/11/18

38.95
67.10
106.05

7.30
7.30
9.73
9.73
7.30
14.60
30.00
85.96
Cr. Bal. 20.09
A. Lawl 26/5/19

SEPARATION ALLOWANCE. | ENGLAND OR CANADA.

EFFECTIVE DATE:-

AMOUNT:-

NAME:- FOSTER - John

NUMBER:- 3230200.

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
L.P.C. from Canada	11-9-18	Pte

UNIT AND TRANSFERS

ORIGINAL UNIT:- Draft No. 151 2nd C.O.R

DATE ACCOUNT FIRST OPENED:- 11.9.18

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO
			8 Res Bn.
	1-1-19	27-2-19	Canada Seet

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
L.P.C. from Canada	1 -	1 [illegible]		

L.P.C.

AY-BOOKS | UPON CLEARANCE OF VOUCHERS, ENTRIES WILL BE CANCELLED BY INSERTION OF DATE CHARGED IN RED INK

AMOUNT	DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT
~~4 10~~				
~~4 87~~				
~~7 30~~				
~~14 60~~				

Dis-to Can 1-6-19 Disp. auth M.L.B. 9678 Elliott Kimmel 26-5-19 Pte m.o. 6th 20th

EFFECTIVE:- ~~Transferred to Canada~~ called 2nd C.O.R. N.R. 742-4 12/18 - L.P.C. 23.6.1.

	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
								29 -		
	22		A.P.				15	36 -		
	22						15			
	34 10		A.P.				15			
			17/10 Kimmel (3)	~~4 84~~				50 23		
	34 10			4 87			15 -			
	33		A.P.				15			
			AR 2373. 13/11/18 ✓ (7)	4 93						
	34 10		A.P.				15			
			9031 2/12/18 ✓ (2)	~~48 79~~				33 61		
	67 10			53 72			30 -			
			a135. 9/1/19 Endorsed. ✓ (1)	9 73						
			N563 24/12 Endorsed. ✓ (2)	9 73						
			2908 28/11/19 Kimmel (7)	9 73				442		
	—			29 19			—			
To 28/2/19	64 90			✓				69 32		
			Cap Jan & Feb				30	39 32		
	34 10		~~Cap.~~				15	58 42		
			AP 1861 13/2/19 Khyl. (2)	~~4 87~~				53 55		
			AR 2385 21/4/19 " 5	~~14 60~~				38 95		
	94			14 47			45			
	33		A.P.				15	36 95		
	34 10		AR 2555 14/4 ✓ (2)	7 30				83 75		
			7034 13/3. ✓ (4)	7 30				76 45		
			6337. 28/4 ✓ (7)	~~14 60~~ 9 73				66 72		
			10699 26/3 ✓ (11)	9 73				56 99		
			A.P. May.	34 06			15	41 99		
Ford.	67 10		Carried Ford.	34 06			30			

NUMBER 3230200 RANK Pte NAME FOSTER J.

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2
1919						
April/May	Brot Ford	67 10		Brot Ford	34 06	
				10306. 14/5 Kimmel (14)	7 30	
		67 10			41 36	
June				13483. 2/6 ✓ (2)	9 73	
				15397 20/6 ✓ Eud. (3)	9 73	
				12015. 24/5 ✓ (6)	14 60	
		—			34 06	
				DN AR 8 Res 20S 11 9/18 Co Ave 29 00 should be 22 00 LPC 10/6/19	6 60	
					6 60	

J. R. Carr 2/11/19 [illegible]

FOSTER J.

ARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4.	BALANCE	DEFERRED	SEPARATION
Brot Ford.	34 06			30	41 99		
14/5 Kimmel (14)	7 30				34 69		
	41 36			30			
2/6 ✓ (2)	9 73				24 96		
20/6 ✓ Eud. (3)	9 73				15 23		
24/5 ✓ (6)	14 60				— 63		
Jos 11 9/18 Co Bal 29 00	34 06			—			
es should be 22 00 LPC 10/6/19	6 60				5 97		
	6 60						

[illegible] 2/11/19 [illegible] 97

"OLYMPIC" 7.7.19

DISPERSAL "I"

AUDITOR | PAYMASTER

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

M. & R S.

REGT. No. 3230200 RANK Pte NAME (IN FULL) FOSTER, J. (BLOCK LETTERS SURNAME FIRST)

NEXT OF KIN — RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? — DATE EFFECTIVE

TO WHOM PAID — RELATIONSHIP

ADDRESS N/S

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ORIGINAL UNIT C.E.F. 151 B. — IF IN P.F. WHAT UNIT? 1173 Dufferin St Toronto.

PLACE OF ATTESTATION — TRANSFERRED TO — DATE — AUTHORITY

DATE OF ATTESTATION 5.7.18. — TRANSFERRED TO — DATE — AUTHORITY Ont.

ASSIGNED PAY $ 15.00 — DATE EFFECTIVE Closed by Ottawa 31.7.19

PAYABLE TO Mrs Bella Foster — RELATIONSHIP — ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS 1173 Dufferin St Toronto Ont

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE — EFFECTIVE

DISCHARGED PLACE Toronto DATE 11.7.19 REASON Demob AUTHORITY D.O.196 IF ENTITLED TO POST DISCHARGE PAYS

MONTH	PAY AND F.A. NO. OF DAYS	PAY AND F.A. RATE	PAY AND F.A. AMOUNT $	PAY AND F.A. AMOUNT C.	OTHER CREDITS $	OTHER CREDITS C.			TOTAL CREDITS $	TOTAL CREDITS C.	ACQUITTANCE ROLLS COL. NO. 1 NO.	ACQUITTANCE ROLLS COL. NO. 1 DATE	ACQUITTANCE ROLLS COL. NO. 2 NO.	ACQUITTANCE ROLLS COL. NO. 2 DATE	ACQUITTANCE ROLLS COL. NO. 3 NO.	ACQUITTANCE ROLLS COL. NO. 3 DATE	CASH PAYMENTS COL. NO. 1 $	CASH PAYMENTS COL. NO. 1 C.	CASH PAYMENTS COL. NO. 2 $	CASH PAYMENTS COL. NO. 2 C.	CASH PAYMENTS COL. NO. 3 $	CASH PAYMENTS COL. NO. 3 C.	ASSIGNED PAY $	ASSIGNED PAY C.	REGIMENTAL CHARGES $	REGIMENTAL CHARGES C.	OTHER CHARGES $	OTHER CHARGES C.			TOTAL DEBITS $	TOTAL DEBITS C.	BALANCE DEBIT $	BALANCE DEBIT C.	BALANCE CREDIT $	BALANCE CREDIT C.	PARTICULARS OR REMARKS
BALANCE FROM PREVIOUS ACCOUNT																																						T.O.S. 2.7.19. D.O. 146 SUBS. 10. D.O.
31.5.19									20 09	20 09																										20 09		Less Bal. Emp. L.C.C.
~~31.5.19~~																	1946		Less Bal. Emp. L.C.C.																	P.O. 1.6.19 to 16.7.19
16.7.1946	1.10	3	0	60																																		
					35	00																					30	00										Clothing allow.
					70	00																																1st Pay. n.i.g. June & July
																	4 87 116 56	6 00													175 69 ~~200 12~~					Boat. & Rail.
					153	60			153	60							Cheque																					
					W.S.G.																								W.S.G.								AMOUNT DUE SOLDIER DEPENDENT	
																													70	00							W.G. as above
																													5	50							5 days 1 month on
122 Days			280		280												11.7.19																75	50	204	50	1st W.S.G. Paid ~~1922~~ C.D.
																	QR 116 Cpl	19	1274840				64	50									140		140		
																	" 29 Sgt	4	1381989				70										210		70		
																	" 152 Pte	1	1392084				70										280		—		
					280																								204	50			75	50	280				W.S.G. PAID IN FULL

Written on S.G. 16.8.19

CAPTAIN FOR PAYMASTER WAR SERVICE GRATUITY

100M-1-19.—L. L. 53962-M. & D. 9723.
M. F. W. 2596.
1272-30-1390.

Date of Enlistment 5-1-18.

MILITIA AND DEFENCE

Separation and Assigned Pay Branch F. 6954

OVERSEAS CONTINGENTS

Date of Assignment 1 Sept 1918

10 L 2 7 18 S.K.

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

15.00			

PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank Promoted Reverted Discharge

Soldier's Name

Battalion 2nd Depot Bn. 1st C.O.R. Dft 151.

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name

Address

Change of Address

1

2 MRS. BELLA FOSTER, 1173 DUFFERIN ST., TORONTO, ONT. 15 15.00

3 % 3230200 PTE JACK FOSTER FIFTEEN DOLLARS

4

06256-J-107

	Date		Cheque No.	Amount S/A	Amount A/P	Total		REMARKS
	Sept.	M	724		15	15	C	65-28 mailed 9.10.18
	Oct.	R	5-4063		15	15	C	
	Nov	N	56871		15	15	C	
	Dec	V	66712		15	15	C	
1919	Jan	Q	75-401		15	15	C	
	Feby	Y	72453		15	15	C	
	March	L	85129		15	15	C	
	April	O	4902		15	15	C	
	May	N	6109		15	15	C	
	June	M	9934		15	15	C	
	July	M	12393		15	15	C	
					165	165		

M. F. W. 128.
400m.—4-17—1772 39-1141
L. L. 22320—M. & D. 7933.

A/c Closed 31-7-19

Ret'd per Olympic

Date 7-7-19. M.F.W.187 M.D.2

Clerk G.J.B. 18-7-19

M.R.O 100149

AUDITED

AUTHORITY FOR NEW ACCT. M. D. 2 B 12 M. Shipley 30/9/18.

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Date of Assignment

CANCELLED 6.8.60

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—1772-39-141
L. L. 22320—M. & D. 1983.

AUTHORITY FOR NEW ACC'T. .....

No. 585 M.D.No. 5. LABORATORY, QUE.

No. 3032200 RANK Private NAME Foster J.

CORPS 1st Depot WARD 10 DATE JUN 6 1918

EXAMINATION OF Urine FOR GONOCOCCI ON Discharge.

Urine = Negative
Smear = Positive

~~TO OR~~ FROM HOSPITAL.

RESULT

District Laboratory of Hygiene
JUN 6 1918
Mil. Dist. No. 5, Quebec, P.Q.

Capt. A.M.C.
Officer i/c Laboratory.

No. 499 M.D.No.5. LABORATORY.
QUEBEC .P.Q.

No. 323207 RANK. Private NAME Foster J.

CORPS. 1st C.O.R. WARD. 10 DATE. MAY 3 1918

EXAMINATION OF. Spec. FOR GONOCOCCI. on admission

RESULT. Positive.

Capt. A.M.C.
Officer i/c Laboratory.

No. _____ Chicago, _____ 19__

Pay to the order of _____ $ _____

_____ Dollars

To _____ Bank _____

_____

_____

Memo _____

Equitable Trust Company

Chicago, Illinois

No. 597 M.D. No. 5 LABORATORY. QUE.

No. 3230200 RANK Private NAME Foster J.

CORPS. 15th C.O.R. WARD. 10 DATE JUN 15 1918

EXAMINATION OF Urine & Swab FOR GONOCOCCI ON Discharge

~~TO (OR~~) FROM HOSPITAL. RESULT Urine - Negative Swab - Negative

District Laboratory of Hygiene
JUN 15 1918
Mil. Dist. No. 5, Quebec, P.Q.

Harry Morley
Capt. A.M.C.
Officer i/c Laboratory.

M.D.2

SERVICE GROUP 33 SHORT FORM.

PROCEEDINGS ON DISCHARGE.

OCCUPATIONAL GROUP 7 (Demobilization.)

M H A

Toronto
Mother
Express mag

1. No. 3230200 Bapt

2 Rank. PTE

3. Name. FOSTER John

4. Unit. 1 COR & Res 151-D

5 Date of Discharge JUL 11 1919 Place TORONTO, ONT.

6 Reason for Discharge

DEMOBILIZATION

7. Authority. No.2, D.D., Part II, D.O.No. 196

8. Proposed Residence after Discharge Dominion Bank of Canada
Toronto
Ont.

9. CERTIFICATE TO BE SIGNED BY SOLDIER.

I hereby acknowledge that at the undernoted place and date I received my discharge Certificate

M. F. W.?

J. Foster
Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place No. 2 DISTRICT DEPOT

Date JUL 11 1919

TORONTO

Signature
(O. C. Discharging Unit.)

M.F.B. 218a—300M.-11-18—1772-39-113.

For
O.C. No. 2 District Depot.

LIST OF DISCHARGE DOCUMENTS.

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

Group A
Checked by No. 20
Date 29-6-19