

ATTESTATION PAPER.

No. 343057

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?..... Joseph Graeme
- 1b. What is your present address?..... 443 McLaren St
- 2. In what Town, Township or Parish, and in what Country were you born?..... Ottawa
- 3. What is the name of your next-of-kin?..... Dr. A.L.Foster
- 4. What is the address of your next-of-kin?..... 443 McLaren St., Ottawa, Ont.
- 4a. What is the relationship of your next-of-kin?..... Father
- 5. What is the date of your birth?..... Feb. 28 1898,
- 6. What is your Trade or Calling?..... Clerk
- 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?..... No  
If so, state particulars of former Service.
- 11. Do you understand the nature and terms of your engagement?..... Yes
- 12. Are you willing to be attested to serve in the }  
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? }..... Yes
- 13. Have you ever been discharged from any Branch of His Majesty's Forces as medically unfit? .. No
- 14. If so, what was the nature of the disability? ..
- 15. Have you ever offered to serve in any Branch of His Majesty's Forces and been rejected? .. No
- 16. If so, what was the reason? ..

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Joseph Graeme 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.

Date May 4 1917 Joseph Graeme Foster (Signature of Recruit)  
Roy Anderson (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Joseph Graeme 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.

Date May 4 1917 Joseph Graeme Foster (Signature of Recruit)  
Roy Anderson (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 Ottawa, Ont. this 4th day of May, 1917.

Richard Harrison (Signature of Justice)

Description of Joseph Graeme Foster on Enlistment.

Apparent Age 19 years 2 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 35 ins.  
 Range of expansion 3 ins.

Complexion Fair

Eyes blue

Hair Light brown

Religious denominations. { Church of England.....  
 Presbyterian.....  
 Methodist X.....  
 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.)

Scars; One outer side left Indx finger

Moles; One left side neck.

Vac. One left

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 April 9th 191 7

Place Ottawa

*Clairmont*  
*A. Davis* 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:—

CERTIFICATE OF OFFICER COMMANDING UNIT.

Joseph Graeme 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.

*William Harris* Major (Signature of Officer)  
 O.O. 72nd (Queen's) Battery, C.F.A., C.E.F.

Date May 4th 191 7.

B. 28  
27-2-19

Proceedings of Court of Inquiry or on men reported Missing on Active Service.....

Attestation Papers..... 2

Declaration of change of name.....

Authority for special enlistments.....

Documents of re-enlisted men.....

Regimental Conduct Sheet..... 1

Compulsory Stoppages.....

Casualty Forms.....

Proceedings on discharge..... 3

Corps History Sheet.....

Date and No. of Deposit Receipt for Purchase Money and Amount.....

Discharge Certificate..... 1

Medical Report for Invalids.....

Medical History Sheet..... 2

Proceedings of Regt. Court Martial.....

Copies of Convictions by Civil Power.....

Company Conduct Sheet..... 1

Clothing Transfer Certificate.....

Inventory of Kit.....

Last Pay Certificate..... 2

M.F.W. 129 - 2

M.F.C. 574 - 3

M.F.W. 67 - 2

M.F.W. 2532 - 3

M.F.W. 122 - 1

# DISCHARGE DOCUMENTS

Name FOSTER Joseph Graine

Regt. No. 343057 Rank.....

Corps C.S.C.

*Demob.*

*Box 21  
15245*

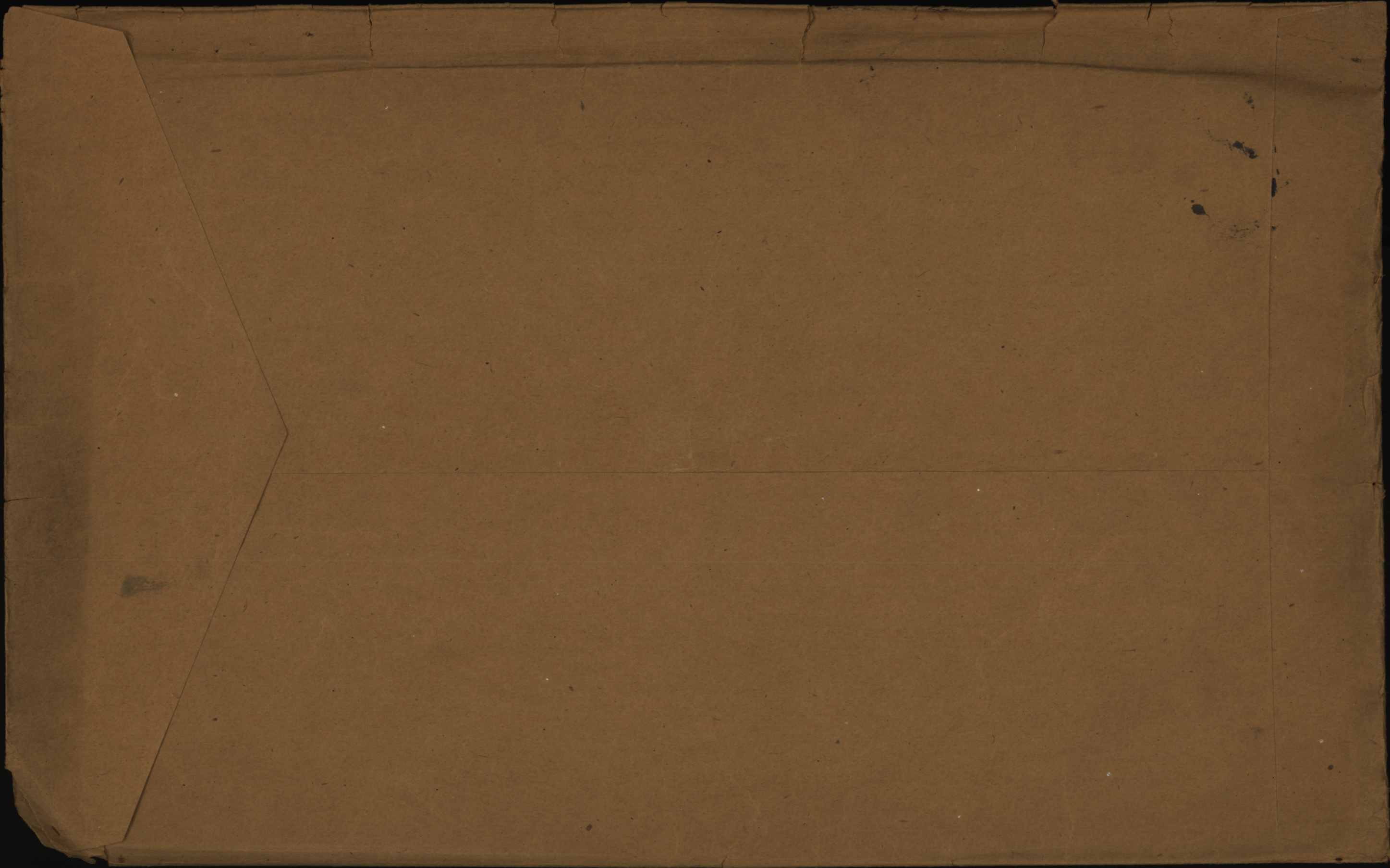
R. O. No.....

H. Q. No.....



*Miss [unclear]*

50M-9-16  
H. Q. 177-39-835



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..... **72nd (Queen's) Battery, C.E.F.**

(2) Regimental Number..... **343057**

(3) Full Name of Soldier..... **Foster, Joseph Graeme**

(4) Place of Birth..... **Ottawa, Ont.**

(5) Are you married, or not?..... **Not**

(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..... **--**

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

If so, state name and address .....Dr. A. J. Foster, 443 McLaren St., Ottawa.

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

If so, state name and address.....Mrs. Jeanette Foster, 443 McLaren St.,  
.....Ottawa, Ont......

(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.

*Robert Harris*  
O.C. 72nd (Queen's) Officer Commanding.

Date.....May 5th, 1917......

No 343057 RANK

Plt.

NAME

Foster Jos. G.

T. O. S. 4-5-17

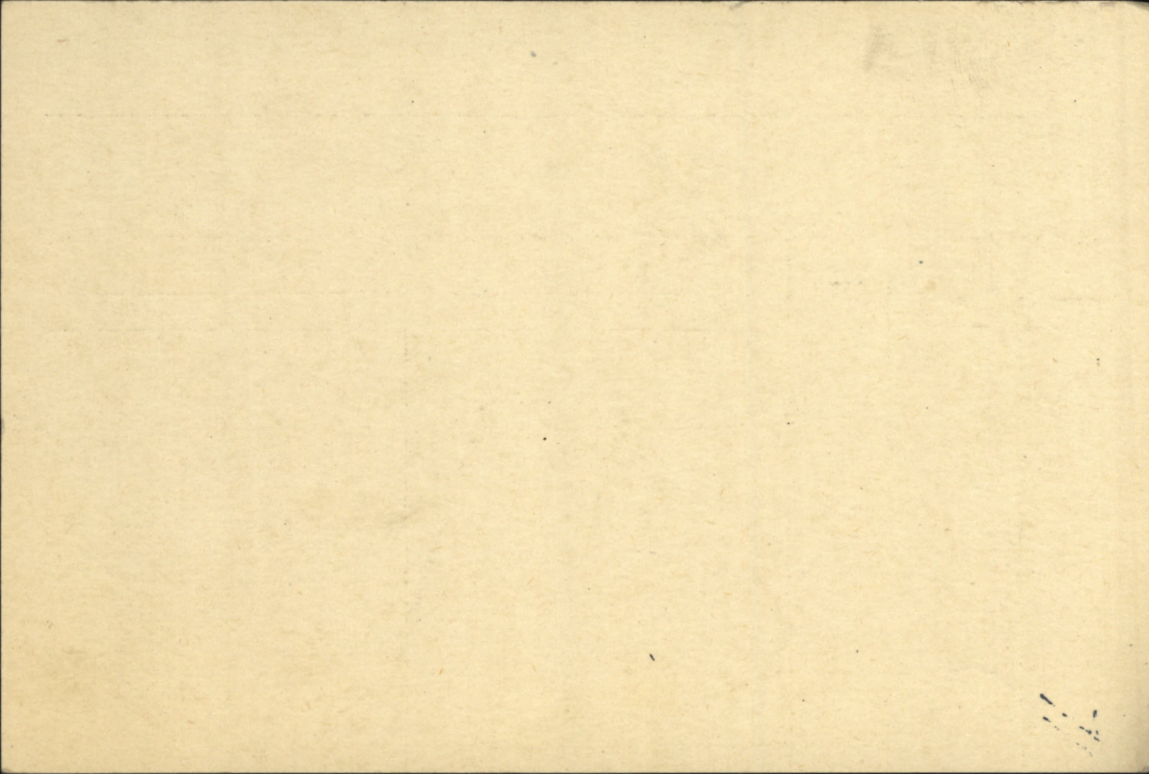
UNIT

72<sup>nd</sup> Depot Battery Co. F. A. Co. E. F.

D.O. 24 of 5-2-17

M. D. 3

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1917 May 4	1917 May 31	n.		
	June	n.		
	July.	n.		
Aug.	Aug 25-	✓	Harvest-Jurloigh, without pay. 25-8-17 to 5-10-17.	D.O 235 of 25-8-17
Sept.	no/a/c.			
Oct. 20	Oct. 31	n.		
	Nov.	n.		
	Dec.	n.		
Jan 1	1918 Jan. 17.	no	Prom. Bomb. Lt 4-1-18 Transf to 74 <sup>th</sup> Bty. 17-1-18	D.O 5 of 5-1-18 D.O 18 of 18-1-18





No 343057 RANK

Pte.

NAME

Foster, J

S.

T. O. S.

Trans from 72<sup>nd</sup> Battery.  
18-1-18 D.O. B. B. 69.  
D.O. 21 of 21-1-18.

UNIT

74<sup>th</sup> Depot Battery

M. D. 3,

PAID  
FROMPAID  
TOSIG.  
OR  
REC'T

PROMOTIONS, TRANSFERS, DISCHARGES, ETC.

PARTICULARS

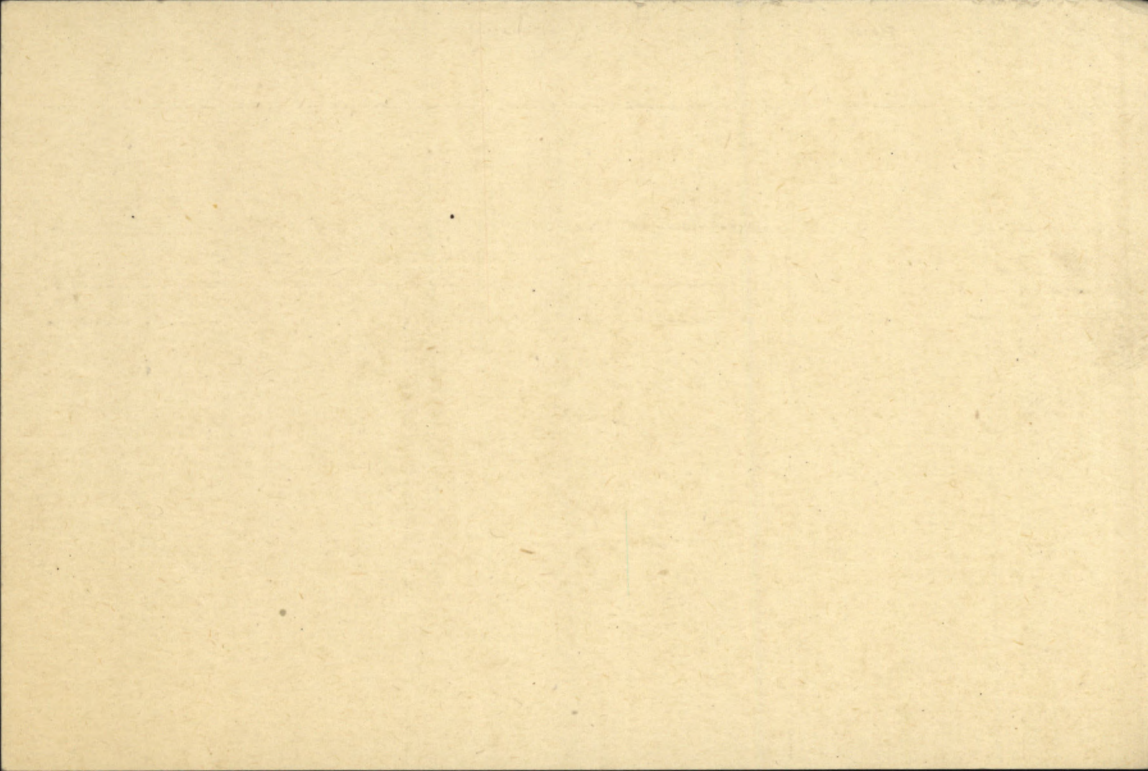
AUTHORITY

1918

1918

✓

a.w.c. 18-21-1-18. Forfeit  
3 days pay.  
Trans. to m. A. C. 25-1-18D.O. 25 of 25-1-18.  
D.O. 26 of 25-1-18.



SURNAME. *Foster*

CHRISTIAN NAMES *Joseph Graeme*

REGL. NO. *343057*

RANK *Pte Sergt.*

UNIT ~~*72nd. Bty*~~ ~~*74th Bty*~~ *Perm. Cond. Staff.*

FORMER CORPS *Rif*

CARD NO. *35*  
*Sos. dem. ab 31-1-19*  
*DO 32 1-12 19*  
FOLL.  
*Cl. + Ser Com*

NEXT OF KIN.

NAMES IN FULL *Foster, Dr. A. L.*

RELATIONSHIP TO SOLDIER *Father*

ADDRESS *443 Mc Laren St, Ottawa, Ont*

CHANGE OF ADDRESS

COUNTRY OF BIRTH *Canada, Ottawa Ont*

DATE *July 28<sup>th</sup> 1898*

PLACE OF ATTESTATION *Ottawa, Ont*

DATE *May 4<sup>th</sup> 18*

*O/S 14-8-18 1392*  
*Transferred from 72nd Bty to 74th Bty with*  
L. L. 25989. M. & D. 8191.

*P.C. 16-3-18-4/3-1-18*  
*Letter 9/2 2.3-1-18*

*26-9-18*  
*P.C. 28 11-18-18*  
*R/E 214*  
M. F. W. 22. 100M.-8-17. H. G. 1772-39-339.

MARRIED

SINGLE

yes

WIDOWER

TRADE OR CALLING

clerk

RELIGION

Methodist

DESCRIPTION.

APPARENT AGE

19

YEARS

2

MONTHS

HEIGHT

5-

FEET

9

INCHES

CHEST MEASUREMENT

35-

INCHES

EXPANSION

3

INCHES

COMPLEXION

Fair

EYES

Blue

HAIR

Light Brown

DISTINGUISHING MARKS

MEDICAL EXAMINATION. PLACE

DATE

Present Address 443 McQueen St. Ottawa Ont





# CANADIAN EXPEDITIONARY FORCE

## Discharge Certificate

This is to Certify that No. 343057 (Rank) Sergeant.

Name (in full) Joseph Grane Fochi enlisted in  
the 72nd Battery, C. F.A. transferred to Clearing Services Command

CANADIAN EXPEDITIONARY FORCE at Ottawa, Ont. on the 24th  
day of May 1917.

HE served in Canada  
and is now discharged from the service by reason of demobilization of Forces  
alt. C.O. 1421.

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

Age 20 yrs 11 mos.  
Height 5 feet 9 inches  
Complexion Fair  
Eyes Blue  
Hair Bl. Brown

Marks or Scars one outer side left  
index finger - mole -  
one left side neck  
Vacc. one left arm.

Signature of Soldier J. Fochi

W. M. ... Lt. Col.  
O. C. ... Services Command.  
Issuing Officer ...  
Rank Serjeant

Date of Discharge Jan 31st 1919

Signed at Quebec C. F. this thirty first day of January 1919  
in Military District No. 2

File Reference No. \_\_\_\_\_

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

*Lieut. Col.*

Rank

Appointment

On Demobilization, the particulars called for on the back of this Certificate will not be completed. P.O. 14/21  
A-12-18.



# ORIGINAL MEDICAL HISTORY SHEET

243067

Surname Foster Christian Name Joseph Graeme

Examined { on 26 day of April 1917  
 at Ottawa  
 Birthplace { City or Town Ottawa  
 County Carleton  
 Approved by [Signature]  
 Rank A. P. Davis Cap M.O.

Apparent age 19  
 Trade or occupation Clerk  
 Height 5 feet 9 Inches  
 Weight 145 lbs.  
 Chest measurement { Minimum 32 inches  
 Maximum expansion 35 inches  
 Physical development good  
 Small-pox Marks none

Vaccination Marks { Arm Right Left   
 Number one  
 When Vaccinated last child  
 (a) Marks indicating congenital peculiarities or previous disease /

(b) Slight defects but not sufficient to cause rejection  
VA D 30  
VL D 30 Small left varicocele  
Large varicocele  
giving no trouble

Enlisted on 26 day of April 1917 at Ottawa

	CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment	<u>72 Battery</u>	<u>343057</u>	<u>Good</u>	<u>26-4-17</u>
Transferred to				

### EXAMINED OR DISCHARGED BY A MEDICAL BOARD

STATION	DATE	DISEASE	RESULT
<p><b>MEDICAL BOARD, M. D. No. 3</b>                  Passed as Medically Fit. Date <u>Nov 22/17</u>  <u>[Signature]</u> PRESIDENT</p>			<u>at</u>

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.



# 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. 343057 Rank Sergeant Surname Poster Joseph Craun  
(Given name in full)

Unit or Corps Company James Crawford Birthplace Atlanta, Ga.

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

**1. GENERAL DESCRIPTION:**

Physique good Weight 135 lbs. Height 5 ft. 9 in. Colour of Eyes blue  
 Nutrition good  
 Pulse 80  
 Condition of arteries good  
 Vision Rt. 20/20 Left 20/20  
 Hearing (conversational voice) Rt. 20 ft.  
 Left 20 ft.

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

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.**

Large varicella giving no trouble (left)

# 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 *Quebec P. Q.* ..... (Canada)

Date *January 30<sup>th</sup> 1919* ..... Signed *J. G. Foster* ..... 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 *J. G. 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.)

# 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. 343057 Rank Sergeant Surname Wester Joseph Orsme  
(Given name in full)

Unit or Corps Seamanship Services Command Birthplace Widdoway, Ont.

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

**1. GENERAL DESCRIPTION:**

Physique good Weight 135 lbs. Height 5.9 ft. Colour of Eyes blue  
 Nutrition good  
 Pulse 80  
 Condition of arteries good  
 Vision Rt. 20/20 Left 20/20  
 Hearing (conversational voice) Rt. 20 ft. Left 20 ft.

Identification marks, scars, or deformities.  
 (Give cause and date of origin.)  
 Scar: on outer side left  
 under finger.  
 Wound: on left side neck.

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 Sytem yes 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 yes

**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.**

Large varicelle giving no trouble. (left)

# 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 *Quebec P.Q.* (Canada)

Date *January 30 1919* Signed *E. Dubé Bl. Curé* 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 *H. J. Pater* .....

(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 CONTINGENT EXPEDITIONARY FORCE

## LAST PAY CERTIFICATE

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

Regimental No. **343057** Rank **Sgt.** Name **Foster, J.G.**

Corps. **Perm. Cond. Staff** who was\* **Discharged**

On **31-9-19** 191... to 191...

\*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from 191... to 191..., the inclusive date of transfer or discharge.

Dr.	\$	c.	Cr.	\$	c.
Bal. Dr. from prev. month			Bal. Cr. from prev. month		
Advances } No.....			Regt'l Pay <b>31</b> days at \$ <b>1</b> <b>35</b>	<b>41</b>	<b>85</b>
by } No.....			Field Allow. <b>31</b> days at \$.....	<b>15</b>	<b>4 65</b>
Cheques } No.....			Separation Allowances* (Monthly)		
Assigned Pay and Sep'n Allce. No.....			Other Allowances <b>*Xmas Allce</b>		<b>25</b>
Other charges			Other Credits*		
Payment on transfer or discharge No.....	<b>46</b>	<b>75</b>	Bal. Dr. (to be deducted by new unit)		
Balance Cr. (to be paid by the new unit)					
<b>Total</b>	<b>46</b>	<b>75</b>	<b>Total</b>	<b>46</b>	<b>75</b>

\* Give particulars.

A monthly stoppage of \$..... (†) has..... (‡) been paid on account of Assigned

{ Pay for the month of..... 191... } (to) Assignee.....  
 { and Sep'n Allce. for month of..... 191... }

(Address) *for record purposes only not to be used for payment*

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

### On Transfer of an Officer

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

**REMARKS:—**

- State (1) date of enlistment .....
- (2) if married and if a Separation Allowance Card has been submitted **No** .....
- (3) cause of discharge **Med. Unfit** authority .....
- (4) authority for transfer .....

NOTE.—Separation Allowance and Assigned pay Card and Index Card (M. F. W. 71) are to accompany the original Last Pay Certificate on transfer.

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

Date **31-1-19**

Place **Quebec**

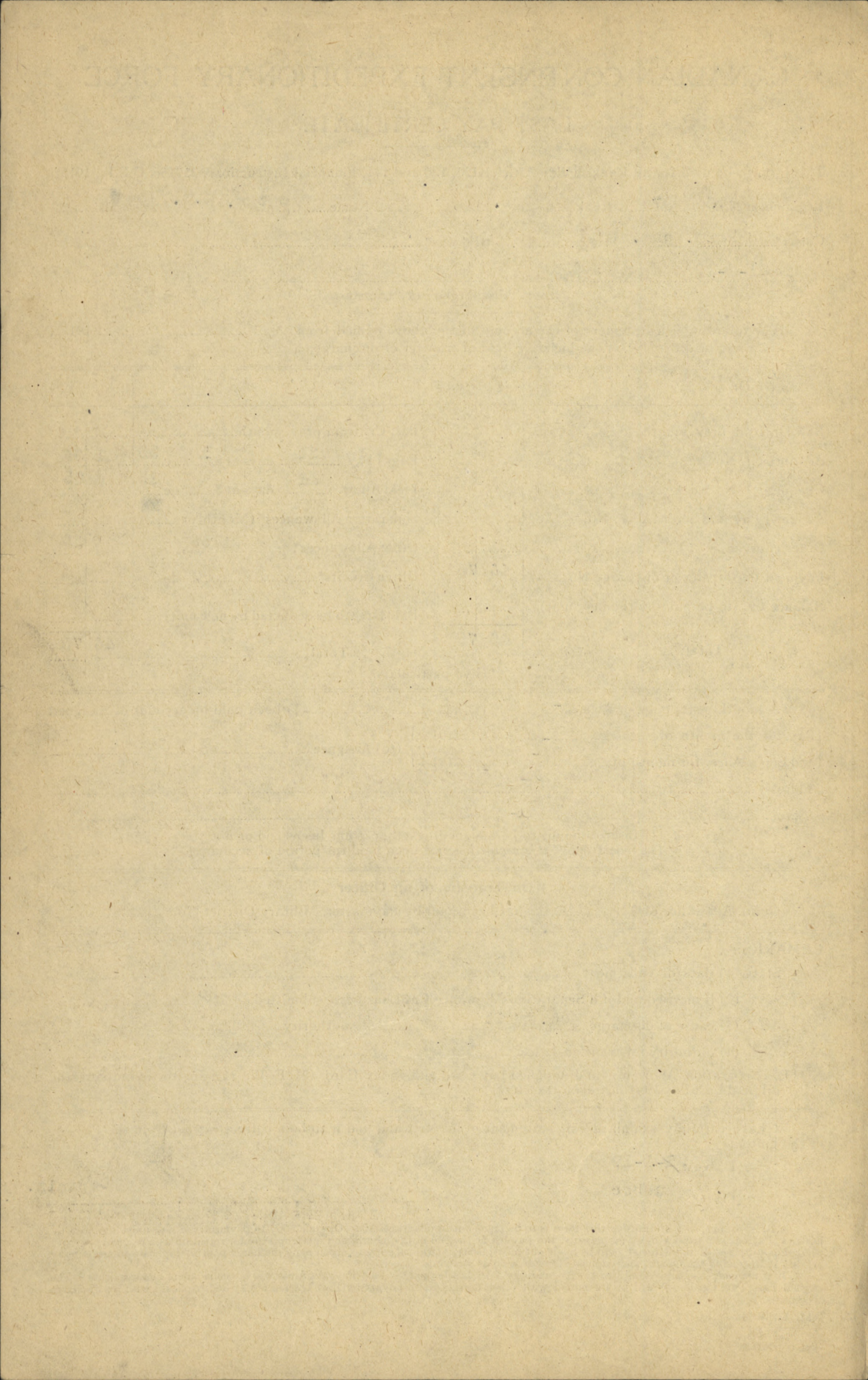
*J. G. Foster* **Captain.**  
*for A/Chief Conducting Paymaster*  
*Clearing Services Command*

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

For purposes of discharge it is to be made out in triplicate. Original copy to accompany discharge papers; duplicate to accompany pay-list at the end of the month, and triplicate for retention as a record.

If a man on discharge is entitled to three months' Post Discharge Pay, Last Pay certificate will be made out in quadruplicate. The original Last Pay Certificate will be forwarded with other documents to Paymaster Post Discharge Pay and triplicate, with his discharge documents.

M. F. W. 44.





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. <b>343057</b>													
Rank <b>Sergeant</b>													
Surname <b>FOSTER.</b>													
Christian Name <b>Joseph Graeme</b>													
<small>NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.</small>													
Corps (Squadron, Battery or Company) <b>Clearing Services Command, C.E.F.</b>													
Date of Discharge <b>January 31st, 1919.</b>													
Place of Discharge <b>Quebec, Que.</b>													
<b>1. DESCRIPTION AT THE TIME OF DISCHARGE.</b>													
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(To be given as fully as practicable.) } <b>OTTAWA, Ont.</b>													
2. The above-named man is discharged in consequence of													
<b>Demobilization- Routine Order No. <sup>1420</sup><del>1421</del>.</b>													
<small>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.</small>													
<small>To be in the handwriting of the Commanding Officer, who will himself make identical entries on the character certificate and initial them.</small>	3. Conduct and character while in the service have been, according to the records, etc.												
	<small>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.</small>												
	4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)												

M. F. B. 218.

100M.-1-17.  
H. Q. 1772-39-113.

(OVER)

5. He is in possession of the following number of G. C. Badges: - - - - **N I L** - - - -

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

6. Medals and Decorations.....

- - - - - **N I L** - - - - -

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) **Quebec, P.Q.**.....

**Lieut.-Colonel.**

(Date) **Jan. 31st, 1919.**.....

Commanding **Clearing Services Command.**  
**C. E. F.**

8. Certificate to be signed by the Soldier on Discharge

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

(Place) **Quebec, P.Q.**.....

(Signature of Soldier.)

(Date) **Jan. 31st, 1919.**.....

(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) **1** years **272** days.

Total **1** years **272** days.

11. Confirmation of Discharge.

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

(Place) **Quebec, P.Q.**.....

(Signature)

**W. Marriot**

**Lieut.-Colonel.**

(Date) **Jan. 31st, 1919.**.....

**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.)

*W. J. Foster*

*J. Cuthbert*  
Witness

<p>Militia Form B. 233 Attestation Paper</p>	<p>Militia Form B. 203 Reg. Conduct Sheet</p>
<p>B. 218 Proceedings on Discharge</p>	<p>B. 203 Conduct Sheet Squadron Battery Company</p>
<p>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 (in the event of such having been prepared).</p>	<p>Copies of Convictions, by C. P. in MS. Med. Hist. Sheet Militia Form B. 313 Medical Report for Invalid* B. 227 Statement of Man's Account on Transfer and Last Pay Certificate D. 877 *Only if discharged "Medically unfit"</p>

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.

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

## List of Discharge Documents.

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

Additional Certificate in the case of a soldier who takes his discharge on his own request.

I hereby declare that I am free from all military obligations and that I have no claims against the Government.

Statement of Recruits.

Conditions of Discharge.

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

(Place Signature Here)