Unit 177th O.S. B.N.C.E. Rank Lieut Name Foster Robt L.

DUPLICATE

OFFICERS' DECLARATION PAPER

CANADIAN OVER-SEAS EXPEDITIONARY FORCE

9-11-16 Board B.H.

QUESTIONS TO BE ANSWERED BY OFFICER

[ANSWERS]

1. (a) What is your Surname? Fosler
   (b) What are your Christian Names? Robert Leighton
2. (a) Where were you born? (State place and country) Simcoe, Ontario, Canada.
   (b) What is your present address? 76 Albany Avenue, Toronto
3. What is the date of your birth? July 5, 1896
4. What is (a) the name of your next-of-kin? James Milton Fosler
   (b) the address of your next-of-kin? 76 Albany Ave. Toronto Ont
   (c) the relationship of your next-of-kin? father
5. What is your profession or occupation? law student
6. What is your religion? Baptist
7. Are you willing to be vaccinated or re-vaccinated and inoculated? Yes
8. To what Unit of the Active Militia do you belong? 20th Regiment, Halton Rifles
9. State particulars of any former Military Service C.O.T.C. (2 years) 1914-16.
10. Are you willing to serve in the

CANADIAN OVER-SEAS EXPEDITIONARY FORCE? Yes

The undersigned hereby declares that the above answers made by him to the above questions are true.

R. Fosler (Signature of Officer.)

Taken on strength (place) Barrie Ont

(date) July 19, 1916

J. A. Smythe Lt.-Col.
Comd'g 177th Batt'n C.E.F.
(Signature of Commanding Officer.)

CERTIFICATE OF MEDICAL EXAMINATION

I have examined the above-named Officer in accordance with the Regulations for Army Medical Services.

I consider him* fit for the CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

Date July 19 1916

Place Barrie

J. Walling Capt. R.A.M.C.
Medical Officer.

*Insert here "fit" or "unfit

M. F. W. 51
100m.—4-16.
H. Q. 1772. 39-917

30/7/19.

REGIMENTAL DOCUMENTS

NAME Foster Robert Leighton REGT. NO. [illegible] UNIT 1st D.B. 2nd C.D.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)	Ret 19/8/19	Pers	30/7/19	Pers — 954 D.B.	DEATH
2	CASUALTY FORM (M.F.W. 54 or A.F.B. 103)		~~Pers 11-12-19~~			Category
	TRAINING HISTORY SHEET (M.F.W. 113)					
	FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)				15343	
	REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)		Medo 13/11/20			
	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)					Category
3	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)					
	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)					DESERTION
	LAST PAY CERTIFICATE (M.F.W. 44)					
	PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					
	PARTICULARS OF CHARACTER (A.F.W. 3226)					
	COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
7	Disp. Cert.					
1	m F.W. 2591					
	17/8/22					

Ref. S.S. Regina 18/7/19.

W. 2589
100M-11-18
17-2-89-1377

DUPLICATE

To be made out in duplicate.

H.Q. 54-21-23-53

PARTICULARS OF FAMILY OF AN OFFICER OR MAN ENLISTED IN C. E. F.

INSTRUCTIONS.

(a) This form is only required for men joining units for Overseas Service and must be completed immediately the man is warned for draft overseas.

(b) Care must be taken to see that a man is allotted his correct Regimental Number. No numbers must be duplicated and once it has been allotted to a man, even if he is subsequently discharged, the same number must never be allotted to another man.

(c) All questions, etc., must be answered.

(d) One copy of the form is to be forwarded by Officer Commanding unit for each Officer and man to Officer Commanding Division or District at least seven days before man leaves his station to proceed overseas, for transmission to Accountant and Paymaster General, Ottawa.

(e) Duplicate copy is to be forwarded direct to Officer in charge of Records, C.E.F. London, immediately after arrival in England.

---

(1) Name of Overseas Unit which Soldier joins: 208th O.SS. Battalion, C.E.F.
1st Depot Bn. 2nd C.O.R.

(2) Regimental Number: Lieutenant.

(3) Full Name of Soldier: FOSTER, Robert Leighton.

(4) Place of Birth: Simcoe, Ontario.

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

(6) If married, state,
(a) Full name of your wife: NO.

(b) Present Postal Address: NO.

(7) Are you a widower? NO.

(8) Have you any children? NO.

If so, give number of boys and girls: NO.

Also their names and ages: NO.

M. F. W. 67.

500M.—9-16.
1772-39-954.

(SEE OTHER SIDE.)

(9) Is your Father alive ? Yes, Jas. M. Foster,

If so, state name and address 76 Albany Ave., Toronto.

(10) Is your Mother alive ? Yes, M.G. Foster,

If so, state name and address 76 Albany Ave., Toronto.

(11) If your Mother is a widow NO.

Are you her sole support, or not ? NO.

(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.

NO.

(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.

NO.

(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.

NO.

(15) Are you insured ? Yes.

If so, in what Company ? Order Canadian Home Circles,

Have you made arrangements for payment of your Insurance premium yes.

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

Herbert Lessing Officer Commanding.

Date February 25th, 1917.

Liu 7

1 21

MEDICAL HISTORY SHEET

Surname Foster Christian Name Robt. Leighton

Examined { on 19 day of July 1916. at Barry.

Birthplace { City or Town Simcoe County Norfolk.

Apparent age 20

Trade or occupation Law Student

Height 5' feet 9½ Inches

Weight 148 lbs.

Chest measurement { Minimum 31 inches Maximum expansion 35 inches

Physical development good

Small-pox Marks none

Vaccination Marks { Arm Right Left Number —

When Vaccinated last never.

(a) Marks indicating congential peculiarities or previous disease —

(b) Slight defects but not sufficient to cause rejection

Vision 17/20.

Approved by [signature]

Rank Captain M.O.

Date	Fit or Unfit	Examined for Re-Engagement
		M.O.
	Fit B. 1.	M.O.
		M.O.
		M.O.
		M.O.
NOV 25 1917		Standing Med. Board Hamilton, Ont. M.O.
		M.O.

Date	Result	Vaccinations
		M.O.
		M.O.
		M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.
		M.O.
		M.O.
		M.O.

Enlisted on 19 day of July 1916 at Barrie

	Corps	Regt'l Number	Habits	Date
Joined on enlistment	177 O.S. Bn		good	July 19/16.
Transferred to	208th Bn C.E.F. 22.9.16. 1st Depot. Bn 2nd C.O.R. 2nd Res Bn.			22.9.16. 15-10-17. 8.12.17.

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

Station	Date	Disease	Result
Toronto	April 20 th	Heart Eyesight Right Arm	~~X2~~ C2 CI
Folkestone	11-12-17.	Defective Vision	Fit for S.S.
Seaford	3-6-18	Fit	A. J. Miller Capt
Witley	3-7-19	Def. Vision	B. W. St. Naylor Capt

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

M. F. B. 313.
500M.—3-16.
H. Q. 1772-39-439.

1916
1896
6 23

Surname Martin Christian Name Robert Augustus

1ST

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

EYE, EAR, NOSE AND THROAT CLINIC.

Witley Camp Surrey 3-7 1919

No. Rank Lieut Name Foster R.L.

Unit P.W. Wing

WITHOUT GLASSES WITH GLASSES (as per prescription below)

	SPH	CYL	AXIS
Visual Acuity Rt 6/60 with			6/12
Visual Acuity Lt 6/60 with			6/9

~~Category Recommended is:-~~ B

Glasses not ordered.

Original Disease or Injury Myopia

Date of Origin. adolescence

Place of Origin

Cause

Present disability Defective Vision

Remarks.

CONDITION WAS ..... PRESENT PREVIOUS TO ENLISTMENT AND ..... not

BEEN CAUSED BY SERVICE. HAS ..... not BEEN AGGRAVATED BY SERVICE.

FOR LONG BOARD

~~FOR SHORT BOARD~~.

J.P. Brannen

Capt CAMC
Eye and Ear Specialist
Witley Camp. Surrey.

C.A.D.C. 309A

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

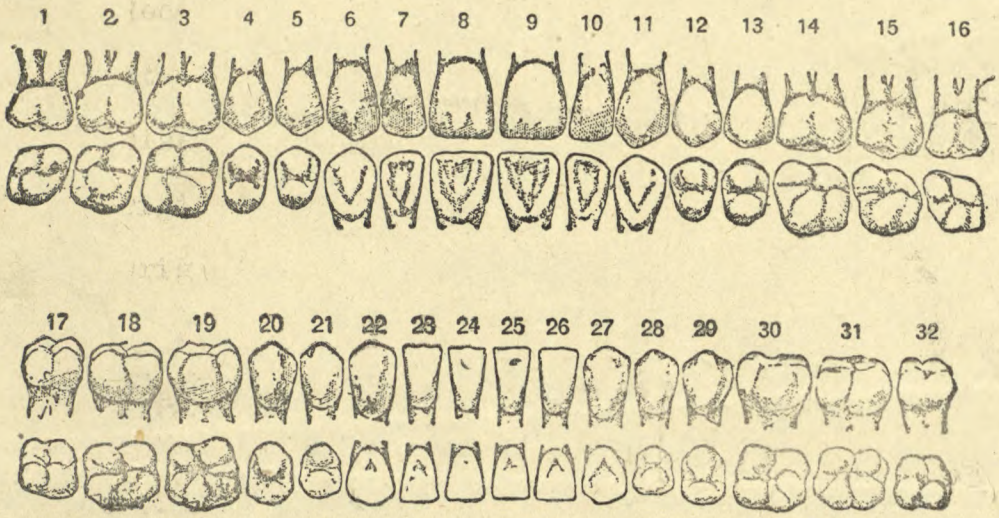
DIRECTIONS TO DENTAL OFFICERS

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

NAME OF SOLDIER (Block Letters) FOSTER Robert Leighton

REGIMENT C. E. RANK Lieut No. —

Date of Examination in England 3-7-19 Date of Examination in France



PRESENT DENTAL REQUIREMENTS

1. FILLINGS
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 yes
- (b) In England yes
- (c) In France

Signature of Dental Officer A A Gaudfat Major

Forms R. 150.
3232. 15 M. 14/12/16.

Surname FOSTER **Christian Names** Robert Leighton.

Rank Lieut.

Promotion

Name and Address of Next-of-Kin
James Milton Foster (Father)
76 Albany Ave, Toronto.

~~**Unit**~~ C.O.R.Draft.

Place of birth Simcoe, Ont.

Married (Yes or No)

Appointments

M

Date of leaving Canada 17.11.17. **Date and Cause of Resignation**

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
			29-4-18	C	
~~16.12.17~~	~~2nd.Res.Bn.~~	~~Attached on arr.from Canada.~~		~~8.12.17~~	Amended by Pt II ord. 2, 2nd Jan 1918 2nd Res. Bn. ~~Pt.II.O.329 amd.by Pt.2.O.333~~
2.1.18.	2nd Res.	T.O.S. on arr from Can: (date of embarkation)		17.11.17	Pt II ord. 2.
28.1.18	H.Q.s O.M.F.C.	Qualified Distinguished in Anti Gas at 10th Course C.T.W.S. ending 18 January 1918.			Weekly list 20
14.2.18.	2nd Res.	S.O.S. on posting to 8th Res. Bn		15.2.18.	Pt II ord 44. Appendix.
2.5.18.	8th Res.	S.O.S. on posting to 2nd C.O.R.D.		29.4.18.	Pt II ord. 122.
7.5.18	2nd C.O.R.D.	T.O.S. on posting from 8th Res: + det: pend: transfer to C.E.F.D.		29.4.18.	Pt II ord. 108.
14-5-18	W.O	From 2nd C.O.R. to be Temp Lt Can Eng. 29.4.18			Ton: Gay: 30686. T.O.S. CEYD. Pt II O/110
21-5-18	2nd C.O.R.D.	S.O.S on trans: to C.E.F.D.		29-4-18.	Pt. II O/120
21-5-18	1st C.E.R.B.	On Strength 1st C.E.R.B. A Sig Coy.		21-5-18	Pt. II O/1.
7.11.18	do	On Command (Spec. Wireless Course) Henry Stratford		7.11.18	Pt II O. 147.
		off command.		6.12.18	" 172.
16.1.19	C.E.R.D.	T.O.S. on posting from 1st C.E.R.B. + shown detached to Khaki University Basingstoke		23.12.18	Pt. II O/16.

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				
20.6.19	Khaki Univ. of Can	Ceases to be attchd. on return to his unit		27.1.19	Pt. II of 141.
2.7.19.	1st Div. C.C.C.	S.O.S. pending R.T.C.		2.7.19	Pc.2.0.61.
		Sailed for Canada		15.7.19	Sail List-89.
21.7.19	C.E.R.D.	S.O.S. the O.M.F.C. on transfer to Canada		15.7.19	Pt. II of 202
15.7.19.	1st Div. C.C.C.	S.O.S having gone to Canada		14.7.19	Pt. 2.0.66.

20851

Army Form B. 103. Regimental Number.....

Casualty Form—Active Service.

Regiment or Corps.....

Rank Lieut Surname Foster Christian Name R L

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

Enlisted (a)..... Terms of Service (a) Dep War Service reckons from (a).....

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

Extended { ..... } Re-engaged { ..... } Qualification (b)..... or Corps Trade and Rate.....

.....Signature of Officer.

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				
		Embarked ...			
		Disembarked...			
8.5.18	CETD	TOS of CETD on transfer	Seaford	29.4.18	Part II Order No
		from 8th CRB			(AG 16/8-F-626)
8.11.18	1st CERB	On Com. Spec. Wireless	Seaford	6.11.18	Pt II O No 147
		Course Fenny Stratford			
10.12.18	1st CERB	Off Com Fenny Stratford	Seaford	6.12.18	Pt 2 S.O. 173
16-1-19	1st CERB	Leave Lemm Wadi Sellye	Seaford	23.12.18	Pt 2 D.O. 12
		Brought on S.O.S. to CERD			
					Capt. C.E. Adjutant 1st C.E.R.B.
S.O.S. O.M.F.C. TO C.E.F.					
PT. II ORDER No. 66 DATED 14.1.19		OFFICER i/c RECORDS "P" WING C.C.C. WITLEY			

(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.

[P.T.O.

[M1101] W6135/M768 1000m 9/16s 153 G & S Forms/B.103/4. E./354.

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				
16-1-19	C E R D.	To be pte from 1st Cdn Det Khaki Coll.	Seaford.	23-12-18	D.O.16.
					Lt for off. Command. C.E. Regtl. Depot.
		EMBARKED S.S REGINA			
		LIVERPOOL JULY. 15th 1919			
		DISEMBARKED ... JULY 23/19	50, CEF	26.7.19	
			20, CEF	27.7.19	
			Rec. Depot	1.12.20	

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

M. F. W. 54. (A. F. B. 103.)
500M.—9-1[illegible]
H. Q. 1772-28-[illegible]

Casualty Form—Active Service.

M. 177 Bn. 29.7.16
SOS. to 2 OR Bn. 22.9.16
SOS. 26.4.17

Unit, Regiment or Corps: 1st. Depot Battalion 2nd.C.O.R.

Regimental No. ..... Rank: Lieut. Name: FOSTER, Robert Leighton.

C. E. F.

Enlisted (a): July 19-1916 Terms of Service (a): B. OF W. Service reckons from (a): July 19-1916.

Six months after.

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

UIC.

Extended ..... Re-engaged ..... Qualification (b): Law Student.

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	NOV 20 1917		
		Disembarked	DEC 8 1917		
13.12.17	2nd Res.	T.O.S. from Canada	W. Sandling	8.12.17.	Part 2 DO 329.
FEB 14 1918	2nd Res.	Transferred to 8th Res Bn.	E. Sandling	15.2.18.	Part 2. DO #44. Geoffrey E. Walls Capt. ADJUTANT 2ND CANADIAN RESERVE BATTALION
15-2-18	8th.Res	T.O.S. from 2nd.Res Bn.	E.Sandling	15-2-18	Part 2 D.O.#46
2-5-18.	8th Res.	S.O.S. on posting to 2nd CoR D. pending transfer to C.E.F.D.	Willey.	29-4-18.	H.O. # 122 [illegible] Adjutant 8th Canadian Reserve Bn.
7 5 18	2nd COR Depot	T.O.S on posting from 8th Res Bn and detached to the C.E.F.D Seaford	Willey	29. 4 18	Pt II DO # 108
21. 5. 18	" "	Cease shown detached to the C.E.F.D. Seaford & SOS on transfer to the C.E.F.D	"	29. 4 18	" " " # 130

Record Officer
M062 2nd CORDepot

(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.

[D.T.S.]

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				
30 7/19	M.H.Q. Ottawa	T.O.S. C.E.F. in Canada on General Demobilization	M.D. No. 2	15/7/19	C.E.F. R.O. No. 2100-19
7-8-19	M.H.Q. Ottawa	S.O.S. C.E.F. in Canada on General Demobilization	M.D. No. 2	26-7-19	C.E.F. R.O. No. 2110-19

H. Winter Capt
for Director Personal Services

Surname	Christian Name	Serial No.
FOSTER	R. L.	

Rank	Unit
Lieut.	C.E.

Medical Board held at	Date	Condition found by Board
Witley Area.	3-7-19.	Myopia.

Fit Garr. Duty. Unfit Home service.

Remarks.

Surname Christian Name

Rank Unit

Casualty List

D.M.S.1347. 5M-10-10-18.

No. Rank Lieut Name Foster R. L.

T.O.S. Unit 177th Battalion

transfd from 20th Regt 19-9-16 D.O. #101 - 6-9-16

M.D. 2

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916	1916			
July 19	Aug. 31	"		
	Sept.	"		
	Oct.	"	transfd to 208th Bn. 22-9-16	D.O. # 140 - 25 - 10 - 16.

SURNAME. Foster

CARD NO. f2

CHRISTIAN NAMES Robert Leighton

FOLL. S.O.S. Demob 26-7-19 S.O.R. 250 of 13-8-19 Ret to act m-of # 221 R.O. 2110-7-8-19

REGL. NO.

RANK Lieut.

UNIT ~~174th~~ 1st Depot 1st C.O.R. (2nd R.D.)

FORMER CORPS 20th Regt. Halton Rifles. C.D.T.C. 2 yrs.

NEXT OF KIN.

NAMES IN FULL Foster James Milton

RELATIONSHIP TO SOLDIER Father

ADDRESS 46 Albany Ave, Toronto Ont

CHANGE OF ADDRESS

COUNTRY OF BIRTH Canada Simco Ont. DATE July 5th 1896

PLACE OF ATTESTATION Barrie Ont. DATE July 19th 1916

Trans from 177th Bn to 1st Depot 1st C.O.R. (2nd R.D.) Outl 1st Depot 1st C.O.R. (2nd R.D.) S.L. 15-11-17.

L. L. 6945. M. & D. 6994.

M. F. W. 22. 100M.—8-16. H. Q. 1772-39-339.

R/C. 24-7-19 $\frac{372}{4}$ Lieut

Sailed with 1st Depot 1st CMR (2nd RD) From Halifax per S.S. "Scotian" 26-11-17

MARRIED SINGLE WIDOWER

TRADE OR CALLING Law Student RELIGION Baptist.

DESCRIPTION.

APPARENT AGE YEARS MONTHS

HEIGHT FEET INCHES

CHEST MEASUREMENT INCHES EXPANSION INCHES

COMPLEXION EYES HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION. PLACE Barrie, Ont. DATE July 19th, 1916

Present Address 46 Albany Ave., Toronto, Ont

No. RANK Lieut. NAME Foster R. L.

T.O.S. 22-9-16 (D.O. 180 of 23-10-16) UNIT 208th Battalion C.E.F.

M.D. 2

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916	1916			
Sept 22	Oct 31	✓		
Nov		✓		
1917 Dec	1917	✓		
Jan		✓		
Feb		✓		
Mar		✓		
apr 1	apr 26	✓	Discharged 26/4/17	A.O. 98 of apr. 1917
			a/c closed by Paymaster. S	

Number..... Rank LIEUT. B

Surname FOSTER

Christian Names ROBERT LEIGHTON

Unit..... Theatre of War ENG.

Date of Service 17.11.17 14.7.19

Remarks.....

Latest Address G.P.O. Vancouver B.C.

Roll No. 166 Glengrove Ave., E. Toronto, Ont. 7/25

Page 281

CANADIAN EXPEDITIONARY FORCE

J.T. 2-37
C.W.

Certificate of Service

ISSUED TO OFFICERS AND NURSING SISTERS

This is to Certify that (Rank) Lieutenant

(Name in full) Robert Leighton POTTER

Enlisted in 177th Battalion

CANADIAN EXPEDITIONARY FORCE, on the xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx

day of xxxxxxxxxxxxxxxxxxxx 191 xx AND WAS APPOINTED to COMMISSIONED RANK

in 177th Battalion

CANADIAN EXPEDITIONARY FORCE on the Nineteenth day

of July 191 6.

He SERVED in CANADA, England with the 177th Battalion, 208th Battalion., 1st Depot Battalion., 2nd Central Ont. Regt'al Depot, 2nd Res. Battalion., 8th Res. Battalion., C.E.T.D., 1st Canadian Engineers Reserve Battalion,

and was STRUCK OFF THE STRENGTH on the Twenty-Sixth day

of July 191 9 by reason of General Demobilization

Dated at Ottawa, this Twenty-Seventh day

of December 191 9.

L. Cannell

for Director of Personal Services. Lieut.

S.M.

M. F. W. 2618a
30m.—4-19.
1772-39-1428.

FORM P. 15.
5986—25M—19/1/17

ASSIGNED PAY.

UNIT.

RANK

NAME OF | DATE | AUTHORITY

Beneficiary

Address

2 Ro. Bn

Pay. 2.60
F.R. 1
mess 3.60

Lee

Amount. $

Separation Allowance issued. Yes or No.....

1917-18

DATE	PARTICULARS	CK. NO.	CR.	DR.
1917				
Dec 28	Pd Ta. 1-31 12/17 mess. 8 12/17	No 16298	104 60	
	" "	Bank 34869		148
28	Cr. Bal. 30 11/17 V-218.	Can.	43 60	
1918. Jan 8	Outfit Allee	11646		
Jan.	Pay R.		111 60	
21		Bank 39287		111
Feb	Pay R.		100 80	
20		Bank 40776		100
Mar	Pay R.		111 60	
21		Bank 41434		111

UNIT.			RANK.		NAME.
NAME OF	DATE	AUTHORITY		Mess DATE AUTHORITY	97741
2 Ro. Bn		Can. 2.60 F.R. 1 mess 3.60	Lieut	8/12/17 R. Canada. AGI(a) 21-1-1 d/21/12/17	Name Foster Initials Robt Leighton Bank ~~of Montreal~~ Dominion Bank Cornwall

s or No.....

1917-18

Aff 17/18 Cr.

TICULARS		CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialled by P.M. in every case.	INITIALS
..8/12/17	No 16298		104 60					
"	Bank	34869		148 20		Dr 43 60		
T. 218.	Can.		43 60			—		
ee		11646					£20.10.11 $100.00	
y R.			111 60					
	Bank	39287		111 60		—		
y R.			100 80					
	Bank	40776		100 80		—		
y R.			111 60					
	Bank	41434		111 60		—		

FORM P. 15.
5986—25M—19/1/17

ASSIGNED PAY.	UNIT.			RANK.		
	NAME OF	DATE	AUTHORITY		DATE	AUTHORITY
Beneficiary						
Address						
Amount. $						
Separation Allowance issued. Yes or No.....						

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	To

TE	AUTHORITY	RANK.	DATE	AUTHORITY	NAME.
					Name
					Initials
					Bank

CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialled by P.M. in every case.	INITIALS

FORM P. 15.
5986—25M—19/1/17

ASSIGNED PAY.

UNIT.

RANK

NAME OF	DATE	AUTHORITY
2 Res. Can. Engrs.	Pay 2. F.A. .60 Mess 1. $3.60	

Beneficiary

Address

Amount. $

Separation Allowance issued. Yes or No.....

Add. Outfit Al

DATE	PARTICULARS	CK. NO.	CR.	DR.
Apr. 23	Pay R.	Bank 0950	108	108
May 22	Pay R.	Bank 2469	111 60	111
June 12 21	Pay R.	Bank. 3991.	108	108
Jul 16 23	Jul Pay	Bank. 5425.	111 60	111
Aug 12 24	Aug Pay.	Bank 6968.	111 60	111
Sept 13 25	Sept Pay.	Bank 8953.	108	108
Oct 15 22	Oct Pay.	Bank. 10681	111 60	111
Nov	Pay R.		190	
	Adpt Allw 12/9/18 - 31/10/18		50	
25		Bank 12440		140
Dec 11	Add. Outfit Allw 12/8	10677	100	
	Pay R		124	
14		Bank 13663		224
18	Trav allw. 6-7/18	10732		
Jan 24	Pay R.	Bank	124	124
Feb	Pay R	Bank 17031	112	112

UNIT.			RANK.			NAME.
NAME OF	DATE	AUTHORITY		~~DATE~~	AUTHORITY	
2 Res. Can. Engrs.	Pay 2. F.A. .60 Mess 1. $3.60		Lieut	Mess Fr Can. 6 12 17.	AG. 1a-21-1-1/4/17.	Name Foster Initials Robt Leighton Bank Dominion BK Cornhill EC

s or No.....

Add. Outfit Allce 1 12/18

TICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialled by P.M. in every case.	INITIALS
yR.		108					
Bank	0950		108				
yR.		111 60					
Bank	2469		111 60			Trans. To Ledger 1.1.17.	
R.		108					
Bank.	3991.		108				
		111 60					
Bank.	5425.		111 60				
		111 60					
Bank	6968.		111 60				
		108					
Bank	8953.		108				
		111 60					
Bank.	10681		111 60				
		190					
lce 13 9/18 - 31 10/18		90					
Bank	12440		140				
12/18	10077	100					
		124					
Bank	13663		224				
	10732					6-11-0	3184
		124					
Bank			124				
		112					
Bank	17031		112			Forward	

FORM P. 15.
5986—25M—19/1/17

ASSIGNED PAY.	UNIT.			RANK.		
	NAME OF	DATE	AUTHORITY		DATE	AUTHORITY
Beneficiary						
Address						
Amount. $						
Separation Allowance issued. Yes or No.....						

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	S To b
	Balce Forward		Nil			Nil	
Mar 19	Sub. 27/-28 2/19	14026					13
Mar	Pay R.		124				
22	Bank	18635		124			
apr.	Pay R.		120				
23	Bank			120			
23	Sub. 1-31 3/19.	917					12
May 8	1-30 4/19	1654					12
15	May Pay (R.		124				
21	Bank	2561.		124			
June 7	Sub. 1-31 5/19	3019					12
21	June Pay (R.		120				
21.	Bank.			120			
July 11	Subs 1-30 6/19	4187					12
5.	Adv July P.A.	Bank. 4881.		124			
21	July Pay. (R.		124				

Tot

ATE	AUTHORITY	RANK.	DATE	AUTHORITY	NAME.
					Name
					Initials
					Bank

CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialled by P.M. in every case.	INITIALS
ard	Nil			Nil		
4026					13-11-3	
	1.24					
18635		124				
	120					
		120				
917					12-14-9 62cr	
1654					12.6.7	
	124					
2561.		124				
3019					12-14-9	
	120					
		120				
4183					£12.6.7 60.00	
4881.		124				
	124					

RETURNED TO CANADA
L.P.C. TO 31.7.19
TRANSFER TO N.E. LEDGER
05/7/19

Lodged Aug 14th '19.

Regina 23/7/19

AUDITOR | PAYMASTER

26

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

M. OR S. | REGT. NO. | RANK LIEUT. | NAME (IN FULL) FOSTER, ROBERT LEIGHTON. (BLOCK LETTERS SURNAME FIRST)

NEXT OF KIN | RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? No | DATE EFFECTIVE

TO WHOM PAID | RELATIONSHIP

ADDRESS

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ORIGINAL UNIT C.E.F. C.E.R.D. | IF IN P.F. WHAT UNIT? Dominion Bank, Toronto.

PLACE OF ATTESTATION | TRANSFERRED TO | DATE | AUTHORITY

DATE OF ATTESTATION 19/7/16. | TRANSFERRED TO | DATE | AUTHORITY

ASSIGNED PAY $ Nil. | DATE EFFECTIVE

PAYABLE TO | RELATIONSHIP | ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE | EFFECTIVE

DISCHARGED | PLACE | DATE 26/7/19 | REASON Demob | AUTHORITY D0225 | IF ENTITLED TO POST DISCHARGE PAY yes.

MONTH	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $	C.	OTHER CREDITS $	C.			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.			TOTAL DEBITS $	C.	BALANCE DEBIT $	C.	CREDIT $	C.	PARTICULARS OR REMARKS
BALANCE FROM PREVIOUS ACCOUNT																																					23/7/19
31/7/19					Nil.												90	00									17	00									Gr. Cond P.M. 1st bay W.S.G.
																															107	00	107	00			R.L. Mosey. 15-21/7/19
Aug		30																									107	00			122		122				
																											15										T.O.S. D.O. 218
					W.S.G.																						W.S.G.						AMOUNT DUE SOLDIER DEPENDENT			Ofc. P.M. 27-31-7-19.
183 days	3				549				549																		122				122		427				
																	AR 96 Aug 21 1045323.										93				215		334				
																	AR 123 Sept 23 1048804										90				305		244				
																	AR 147 Oct 22 1464988										93				398		151				
																	177 Nov 26 1751351										61				459		90				
																	200 Dec 23 1752404										90				549		0				
					549				549																		549				549						

W.S.G. PAID IN FULL

Dudley LIEUT.

FOR PAYMASTER WAR SERVICE GRATUITY

100M-1-19.—L. L. 53962-M. & D. 9723.
M. F. W. 2596.
1172-39-1390.

D. a. I
6 9 19

Proceedings of an Officer or Nursing Sister
Struck off Strength
OF THE
Canadian Expeditionary Force.

1. RANK Lieut.
2. NAME FOSTER Robert Leighton
3. UNIT C.E.
4. DATE STRUCK OFF STRENGTH | PLACE Toronto 31/1/28
5. REASON SOS 26-7-19 RO 2110-19

Demobilization

6. AUTHORITY
7. PROPOSED RESIDENCE

G.P.O. Vancouver B.C.

This folder should contain the following documents :—

1. Declaration Paper, M. F. W. 51, or Attestation Paper, M. F. W. 23.
2. Casualty Form, A. F. B. 103 or M. F. W. 54.
3. Medical History Sheet, M. F. B. 313 or A. F. B. 178.
4. Proceedings of Medical Boards, A. F. A. 179 or M. F. B. 227.
5. Medical Report, M. F. W. 129.
6. Dental History Sheet, M. F. B. 465.
7. Last Pay Certificate, M. F. W. 44.
8. Certificate as to Missing Documents.

1. Triplicate Declaration Paper (M.F.W. 51), or Triplicate Attestation Paper (M.F.W. 23).
2. Casualty Form (A.F.B. 103).
3. Medical History Sheet (M.F.B.313 or A.F.B.178)
4. Proceedings of Med. Board (M.F.B.227 or M.F.W.129)
5. Dental Certificate (C.A.D.C. 5009a).
6. Proceedings on Striking off Strength (M.F.W. 2591).
7. Last Pay Certificate (P.41)
8. War Service Gratuity Form (M.F.W. 2595).
9. Sundry Documents.

Group B
Checked by No.
Date 13/7/19

M. F. W. 2591.
(923) Wt. /45P 3/19 15M D.St.

Proceedings of an Officer or Nursing Sister Struck off Strength

OF THE

Canadian Expeditionary Force.

1. RANK

2. NAME

3. UNIT

4. DATE STRUCK OFF STRENGTH | PLACE

5. REASON

6. AUTHORITY

7. PROPOSED RESIDENCE

This folder should contain the following documents:

1. Declaration Paper, M. F. W. 51, or Attestation Paper, M. F. W. 23.
2. Casualty Form, A. F. B. 104 or M. F. W. 51.
3. Medical History Sheet, M. F. B. 213 or A. F. B. 178.
4. Proceedings of Medical Boards, A. F. A. 179 or M. F. B. 227.
5. Medical Report, M. F. W. 129.
6. Dental History Sheet, M. F. B. 105.
7. Last Pay Certificate; M. F. W. 14.
8. Certificate as to Missing Documents.

M. F. W. 2501.