

ORIGINAL.

ATTESTATION PAPER.

No. 412043

Folio.

412043

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

1. What is your name?..... *Rodger Foster*
2. In what Town, Township or Parish, and in what Country were you born?..... *Manchester England*
3. What is the name of your next-of-kin?..... *Mary Coralla (sister)*
4. What is the address of your next-of-kin?..... *Manchester England*
5. What is the date of your birth?..... *2nd Sept 1894*
6. What is your Trade or Calling?..... *farmer*
7. Are you married?..... *no*
8. Are you willing to be vaccinated or re-vaccinated?..... *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*

*Rodger Foster* (Signature of Man).

*L.T.M. Laughlin maj* (Signature of Witness).

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *Rodger Foster*, do solemnly declare that the above answers made by me to the above questions 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.

*Rodger Foster* (Signature of Recruit)

Date *18/2* 1915 *L.T.M. Laughlin maj* (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *Rodger 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.

*Rodger Foster* (Signature of Recruit)

Date *18/2* 1915 *L.T.M. Laughlin maj* (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 *Port Hope* this *23rd* day of *Feb* 1915

*J. Bohalt J.P.* (Signature of Justice)

I certify that the above is a true copy of the Attestation of the above-named Recruit.

*J. Bohalt J.P.* (Approving Officer)



Description of Rodger Foster on Enlistment.

Apparent Age 20 years.....months.  
 (To be determined according to the instructions given in the Regulations for Army Medical Services.)

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.)

Height.....5 ft. 4 ins.

Chest measurement { Girth when fully expanded.....34 ins.  
 Range of expansion.....2 1/2 ins.

Complexion.....Fair

Eyes.....Blue

Hair.....Light

Religious denominations. { Church of England.....yes  
 Presbyterian.....  
 Wesleyan.....  
 Baptist or Congregationalist.....  
 Other Protestants.....  
 (Denomination to be stated.)  
 Roman Catholic.....  
 Jewish.....

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.....Jan 10<sup>th</sup> 1915

Place.....Port Hope

R. H. Sheldrake  
 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.

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

[Signature] Lt.-Col. (Signature of Officer)  
 Commanding 39th Battalion, C. E. F.

Date.....MAR 6 - 1915 1915

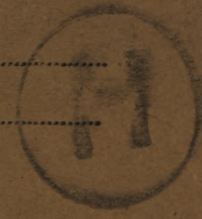


AT 16-11-18

DISCHARGE DOCUMENTS

R. O. No. ....

H. Q. No. ....



- Proceedings of Court of Inquiry or on men reported Missing on Active Service.....
- Attestation Papers..... 1
- Declaration of change of name.....
- Authority for special enlistments.....
- Documents of re-enlisted men.....
- Regimental Conduct Sheet.....
- Compulsory Stoppages.....
- Casualty Forms..... 2
- Proceedings on discharge.....
- Corps History Sheet.....
- Date and No. of Deposit Receipt for Purchase Money and Amount.....
- Parchment Certificate.....
- 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.....

Name FOSTER RODGER

Regt. No 412043 Rank Pte.

Corps 21st Bn. Form. 39th Bn. C.E.F. 15355

*Killed in Action 15/17-9-16*



*[Handwritten signature]*

*MIX 23-10-20*

3  
 4-12  
 4-12  
 5-12  
 ---  
 3

*A7B122- 1*  
*less band 1*  
*A791237-1*  
*1 pay card*







Rank

21st  
39th Bn

Name

FOSTER Roger

If in perm. Corps,  
What Unit?

Reg'l No.

412043

P-56

Married or Single

Single

Place and Date of Enlistment

Port Hope, 18 Feb 1915

Place of Birth

England

Name and Address, Next-of-Kin

Mary Coralla

Manchester England Relationship

Sister

Assigned Pay Monthly \$

~~22.47~~

Payable to

Relationship

Separation Allowance \$

Payable to

Entered on N.E. Card Index

Checked by

Relationship

Discharge, Date and Place

17.9.16

Reason

K. Fed.

Character

C.R.P. 335.5/10/16



Date		PAY			Field Allowance			Other Credits	Total Credits	Voucher		Cash Payments	Assigned pay	Other Charges	Total Debits	Balance	Remarks, Casualties, etc.
From	To	No. of Days	Rate	Amount	No. of Days	Rate	Amount			No.	Date						
July 1	July 31	31	1	31	31	.10	310		3410	31	3250			3250	160		
Aug 1	Aug 31	31	1	31	31	.10	310	86	3496	60	487			3283	373	adj. in exch.	
Sept 1	Sept 30	30	1	30	30	.10	300		33	101	2796			3283	213		
Oct 1	Oct 31	31	10	31	31	10	310		3410		1751		1400	3151	522	14 days P.P. #2 B.O. 161	
11/1/15	30/11/15	30	1	30	30	.10	300		33		268.22			268	3664		
12/1/15	12/31/15	31		31	31		310		3410		535.22			535	6429		
1916	Jan 31	31		31	31		310		3410		27.00			27.00	6429		
1/4/16	29/2/16	29		29	29		290		3190		785			785	11310		
1/3/16	31/3/16	31		31	31		310		3410		1154			1154	8685		
				29			290		3190		523			523	13977		
				31			310		3410		262			523	16864		
				275			2750	86	30336		12072		1400	13472	16864		

Statement of  
MAR 22 1917  
Account rendered

Cash found in  
effects nr

BALANCE TRANSFERRED TO NEW LEDGER.

checked C. H. B.







Original

# MEDICAL HISTORY SHEET.

4  
#12043

Surname Foster Christian Name Roger

Examined { on 11 day of Jan 1915  
at Paul Hope  
Birthplace { City or Town Manchester England Rank Lieut M.O.  
County \_\_\_\_\_

Approved by Rh Shields  
Rank Lieut M.O.

Apparent age 20  
Trade or occupation Laborer M.O.  
Height 5 Feet 4 Inches M.O.  
Weight \_\_\_\_\_ Lbs. M.O.  
Chest measurement { Minimum 36 inches M.O.  
Maximum expansion 40 inches M.O.  
Physical development good M.O.  
Small-Pox Marks \_\_\_\_\_ M.O.

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT,

Vaccination Marks { Arm \_\_\_\_\_ Right \_\_\_\_\_ Left X  
Number 1  
When Vaccinated last 12 years M.O.  
(a) Marks indicating congenital peculiarities or previous disease \_\_\_\_\_ M.O.

Date	Result	VACCINATIONS.
<u>3-3-15</u>	<u>good</u>	<u>Rh Shields</u> M.O.

(b) Slight defects but not sufficient to cause rejection \_\_\_\_\_ M.O.  
\_\_\_\_\_ M.O.

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>1-11-15</u>	<u>good</u>	<u>Rh Shields Lieut</u> M.O.
<u>Jan 21/15</u>	<u>"</u>	<u>" " "</u> M.O.

Enlisted on 10 day of Jan 1915 at Paul Hope

	CORPS.	REG'T NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>39<sup>th</sup> Bn CEH</u>	<u>412043</u>		
Transferred to.. .....				

## EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.

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.



Surname..... Christian Name.....

STATION.	Date of Arrival at the Station.	DATES OF						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.
		Admission into Hospital.			Discharge from Hospital.						
		Day	Month	Year	Day	Month	Year				
Moore Bks Can. Hosp	9/7/15	9	7	15	22	7	15	Scabies Scabies	13		W. C. Cochrane
No 15 Cas Bly Station		15	4	16	18	4	16	Spr. L ankle	3.	Reg. Unit	A 212-224



MEDICAL CASE SHEET.\*

No. in Admission and Discharge Book. # 2174	Regimental No. A12043	Rank. Pte	Surname. Foster	Christian Name. Rodger
Year 1915	Unit. 39th Bn	Age. 20	Service. 7/12	

Station and Date.	Disease
Moore Barracks	Scabies

Mo. Shorncliffe Complaint - Itching of body - worse at night

Treatment - Sulphur Oint  
" Baths

W. H. Haigh  
Capt. Caene

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



Station  
and Date.

MEDICAL CASE SHEETS

Handwritten notes and numbers are present throughout the page, including the number '4114' on the right side and various illegible scribbles and faint markings.



Surname

Christian Name or Names

Reg. No.

*Foster*

*R.J.*

*401289*

Rank

Unit

Co.

Troop

Batty

*Rte*  
Hospital

*#60R*

Date of Admission

*# 3 Sta N. Rouer*  
Transferred *Co. Depot*

*16.9.16*

Hosp. *16.9.16*

Hosp.

Hosp.

Hosp.

Diagnosis

*epw L. Hand*

(1)

Later Diagnosis (if changed)

(2)

(3)

Additional Diagnosis: if more than one state present

DISPOSITION

Date

*26.9.16 A236 (11902)*

*Dis 17.9.16*

REMARKS

*28.9.16 A238*

A.M.D. 2 Dept.  
Bch. of D.G.M.S. O.M.F.C. London

*1*



# EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.

2.

3.

4.

5.

6.

7.



Surname

Christian Name or Names

Reg. No.

Foster

R.

412043

Rank

Unit

Co.

Troop

Batty

Pte

21st. Batt.

Hospital

Date of Admission

Transferred 4 Can. Fld. Amb. Div. Rest. Hosp. 8-4-16

# 17 Cas. Cpl. Sta. Hosp. 14.4.16

# 15 " " " Hosp. 15.4.16

Hosp.

Diagnosis

Rt ?

Sprained left Thumb.

(1) Later Diagnosis (if changed)

(2)

Killed in Action

(3)

15/17. 9.16

Additional Diagnoses: If more than one state present

DISPOSITION

Rejoined Unit

Date

18-4-16

REMARKS

e.l. 26-4-16.	A 204
4.5.16.	a 211
5.5.16.	a 212
e.l. 23-5-16	A 224
5.10.16	A 335

A.M.D. 2 DEPT.  
Beh. of D.G.M.S. O.M.F.C. London.

3710 P.  
A



EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.

2.

3.

4.

5.

6.

7.



No.

RANK Pte.

NAME Foster Rodger

T. O. S.

UNIT 46th Newham Regt  
3rd US Contingent

M. D. 3

PAID FROM	PAID TO	SIG OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1915 Jan 10	1915 Jan 31	L	39th Bn Devta	
Feb		L		
Mar		L		
April		✓		
May 1st	May 10	✓		







No. *12043*

RANK

*Pte*

NAME

*Foster, R.*

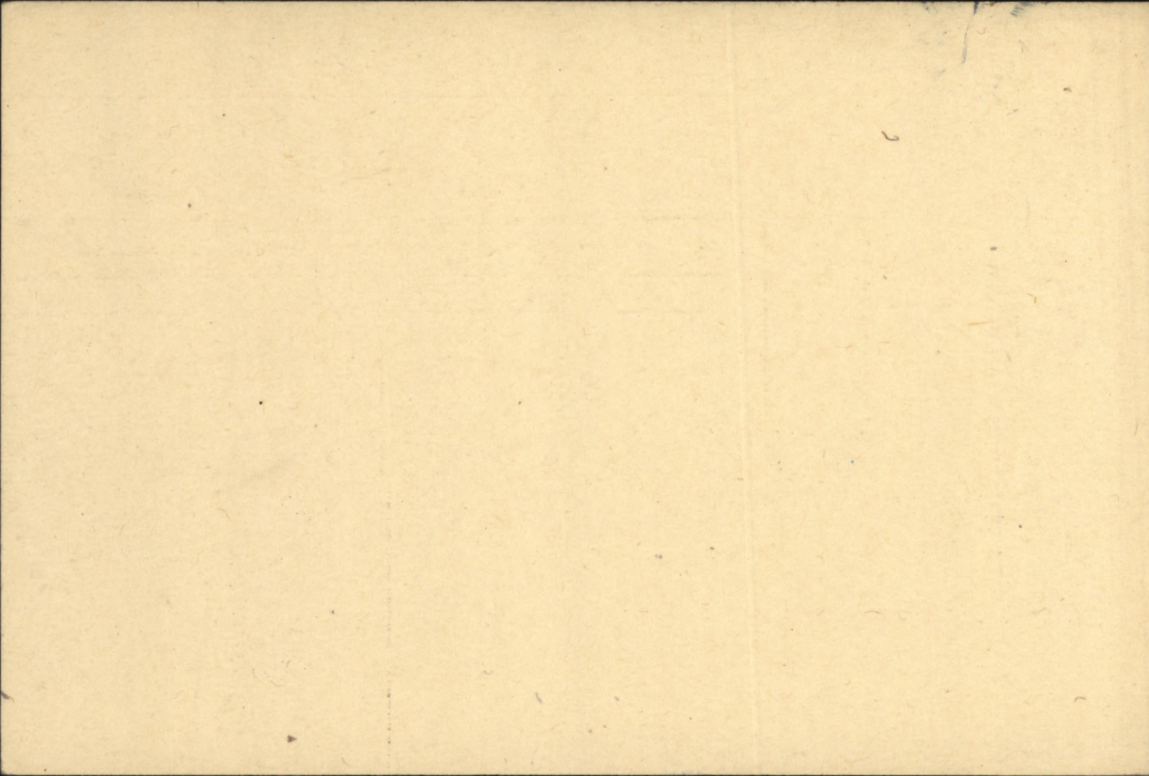
T. O. S.

UNIT *39th Battalion.*M. D. *3.*

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
<i>1915 "May"</i>	<i>1915 May 31</i>	<i>v</i>		
<i>June</i>		<i>v</i>		
<i>July</i>		<i>v</i>		

UNIT SAILED  
JUN 24 1915







~~From Montreal per S.S. Mexicana 17/6/15-~~

MARRIED

SINGLE *Yes.*

WIDOWER

TRADE OR CALLING

*Farmer*

RELIGION

*Church of England*

DESCRIPTION.

APPARENT AGE

*20*

YEARS

MONTHS

HEIGHT

*5*

FEET

*4*

INCHES

CHEST MEASUREMENT

*34*

INCHES

EXPANSION

*2 1/2*

INCHES

COMPLEXION

*Fair*

EYES

*Blue*

HAIR

*Light*

DISTINGUISHING MARKS

*not stated.*

MEDICAL EXAMINATION.

PLACE

*Port Hope Ont.*

DATE

*Jan. 10th. 1915*

*Present address, not stated.*



649F3532

SURNAME. *Foster.*

CARD NO. ✓

CHRISTIAN NAMES *Rodger*

FOLL.

REGL. No. *412043* RANK *Pte.*

UNIT *39th.*

*Bn.*

FORMER CORPS *nil.*

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL *Foster, Mary Coralla*

RELATIONSHIP TO SOLDIER *sister*

ADDRESS *Manchester Eng.*

COUNTRY OF BIRTH *England, Manchester*

DATE *Sep. 2nd. 1894*

PLACE OF ATTESTATION *Port Hope Ont.*

DATE *Feb. 23rd. 1915*

*6/517-6-15 <sup>128</sup>/<sub>6</sub>*



MOORE BARRACKS, CANADIAN HOSPITAL, SHORNCLIFFE.

ADMITTING CARD.

Regt. No. 412043 A. & D. No. 2174  
Rank Pte  
Name Foster Rodger  
Corps 39 Bn - B. Coy  
Religion C of E Age 20  
M. H. Rec'd 9.7.15 M. H. Requested M. H. Ret'd 20.7.15.  
Disease Scabies  
Admitted 9.7.15  
Discharged 22.7.15  
Place in Hospital ~~21~~ 22.  
Transferred  
Results



REMARKS:



Rodger.

Name FOSTER. ~~R.~~ Rank Pte.

Reg. No. 412043.

Unit 21st. Battalion.

Next of Kin Canada.

R/S. 7. 768

Date	Movement	Place	Casualty	List No.	Notified N/K J.	W.O. List
8- 4-16.	No. 4. C.F.A.D.R.S.	Spd L	Thumb	A204		
14- 4-16.	No. 17. Cas Clg Stn		do	A211		
15- 4-16.	No. 15. Cas Clg Stn <sup>1</sup> / <sub>2</sub>		do	A212		
18- 4-16.	REJOINED UNIT.		do	A224		
15th to 17th-9-16.	Reported from Base- KILLED IN ACTION.			A335	2153	5-10-16

1107+







✓ ✓ ✓ ✓  
FOSTER, Rodger 412043 (Pte)

21st Bn. *H.A.F.*  
649-F-3532

*O.K. for 14/15 Star. Pte. 21st Bn.*

MEDALS AND DECORATIONS. (Brother) Edward Foster,  
7 Croft St.,  
Newton Heath,  
Manchester

PLAQUES AND SCROLL (Brother) same as above.

*(Serial no. 761489.)*

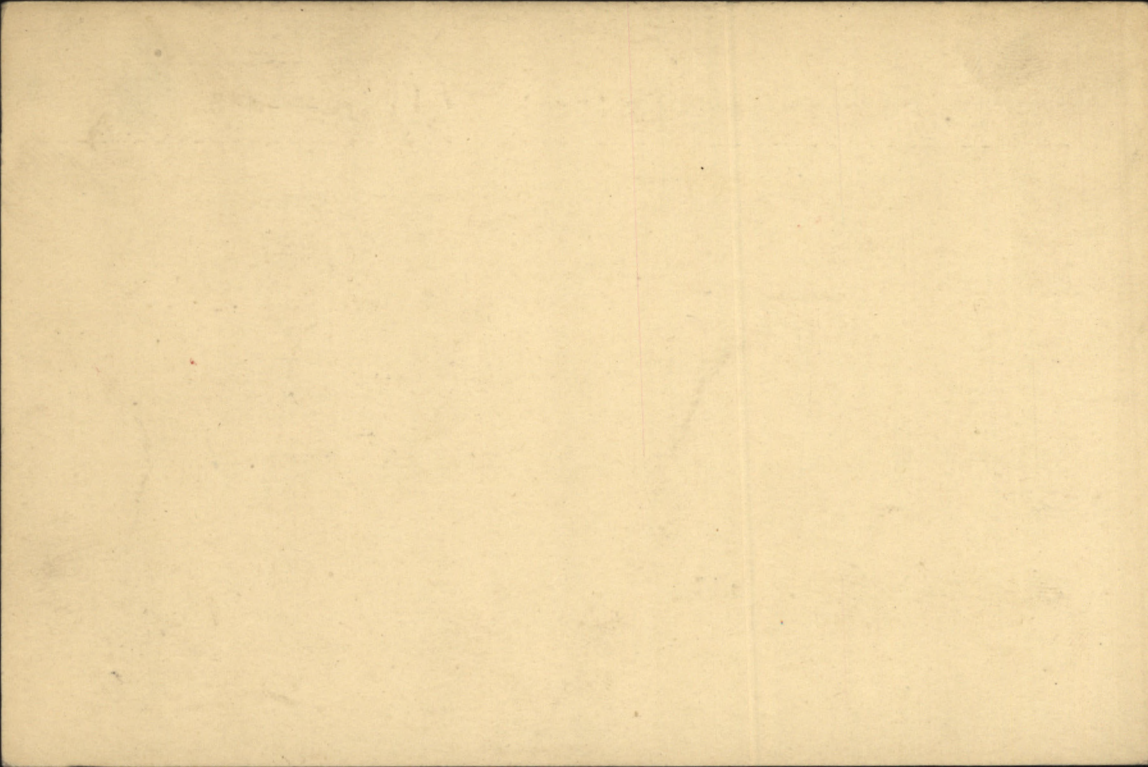
MEMORIAL CROSS. (nil)

Scroll Desp. *DEC 1 1920* Reqn. No. *5303*

Plaque Desp. *SEP 15 1920* Reqn. No. *29107* *Q6908*

*used*







LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
A204.	4 C. F. A. D. R. S. Ex " "	8-4-16	Sprained L. Thumb.
A211.	17 C. as. Col. St. Ex " "	14-4-16	" R. "
A212.	15 " " "	15-4-16	" L. Thumb
A224	O/C 21 <sup>st</sup> Bn Reports Rejoined Unit	18-11-16	" " "
a 335'	Report		
a 335'	Reported from Base	15/17-9-16	Killed in action



NAME

Hosler R. odger

REGT'L. No. 412043

RANK AND CORPS

Pte. 21st Bn.

## CABLE

NO.

DATE

## NATURE OF CASUALTY

02153

5-10-16

Killed in action between Sept 15<sup>th</sup> & 14<sup>th</sup> /16 ✓

AFB20900

36-9-16

" " " " " " " "

Rosen



*mrr*

Number

412043

Rank

Pte. *B*

Surname

FOSTER

Christian Name

Rodger

Units

21st. Bn. Can. Inf.

Theatre of War

France

Date of Service

10/11/15

Remarks

Latest Address

(B) Edward Foster,  
9 Croft St.,  
Newton Heath,  
Manchester.

Roll No.

*Blage 15651*





DESP AUG 26 1922  
REGN. No. 6V3379







MOTIONS, &c.

EFFECTIVE DATE: 17/9/16  
 AUTHORITY: C.L.A. 335 5/10/16

REG'L. No. *H12043* RANK *Pte.* NAME *Foster Boyd*

IF IN PERMT. CORPS } UNIT *221st Bn* TRANSFERRED TO *Non Effective Br* DATE *18/9/16* AUTHORITY *C.L.A. 335 5/10/16*

PERMANENT FORCE ALLOWANCES TRANSFERRED TO DATE AUTHORITY

PLACE OF ATTESTATION *Port Hope, Ont* TRANSFERRED TO DATE AUTHORITY

DATE OF ATTESTATION *18 Feb 1915* TRANSFERRED TO DATE AUTHORITY

ASSIGNED PAY MONTHLY \$ *Nil* DATE EFFECTIVE

PAYABLE TO RELATIONSHIP

ASSIGNED PAY MONTHLY \$ DATE EFFECTIVE

PAYABLE TO RELATIONSHIP

STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) EFFECTIVE REASON *Killed in Action 17/9/16 C.L.A. 335 5/10/16*

DISCHARGE DATE AND PLACE REASON AND AUTHORITY

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE) *10-11-16 18/9/16*

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)



HOSPITAL, &c.

NAME OF HOSPITAL

Entered on N.E. Card Index  
 Checked by *R. H. ...*

23525  
 4704  
 4706  
 329.35

ACQUITTANCE ROLLS

2		3		4	
No.	DATE	No.	DATE	No.	DATE

CASH PAYMENTS				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
1	2	3	4				CREDIT	DEBIT			
						1347216864					
		262									
		261			38	56119603					<i>L.M.S. chgs. incl.</i>
		255									
		255				51022503					
		511									
		511				51125292					
		261									
		261				26128441					
		262	262			52421327					
		262									
		262				26234365					
					1430	143032935					<i>13 days pay overpaid 1/10/16        Transfd to N.E. Br. 18/9/16</i>
											<i>Chs 4771-4772-4773-4774-4775</i>
											<i>Ch 0169-10/4/18 Nil 33/10</i>
		23525				23525	9410				
		4704				4704	4706				<i>carried fwd</i>
		28229									

Statement of  
 MAR 22 1917  
 Account rendered

P.T.O.

Small Ledger Sheet.











O.P.2.  
Accounts Branch.  
Credit Note.

No Accty No. 3/6/16

Amount

Reg. No. 412043 Rank Pte. Name FOSTER R. ~~329.35~~ <sup>06</sup> 329.35

Unit \_\_\_\_\_ Grant To reverse part transfer voucher S.154

Particulars Credit balance transferred to Ottawa. ~~was entered in error and deleted~~ #329.35 ~~Standard~~  
~~#28217.~~

Posted in Cr. 2. Colm.

Sm Bouts 19/2/20  
Pay Sert.

Issued by

Date 19/2/20

H. G. McQuarrie  
Accts. BCH.

Certified

[Signature]  
o.i/c Accts. BCH.



Credit Note  
Accounts Branch  
O.T. 27

No.

Amount

Rec. No.

Bank Name

Unit

Branch

Particulars

Posted in O.T. 27

Pay Ser.

Issued by

Date

Authorized

o.i/c. [Signature]



Rank

Name FOSTER Rodger

Reg'l No. 412043

Unit 39th Bn

If in perm. Corps, What Unit?

Married or Single Single

Place and Date of Enlistment Port Hope, 18 Feb 1915

Place of Birth England

Name and Address, Next of Kin

Mrs Coralla Foster 74 Foster Port Hope Ont Canada  
Manchester England

Relationship

Sister-in-law

Assigned Pay Monthly \$

Payable to

Relationship

N E R B Serial

N/E. R.B. No.  
File R.L. 25-F-768  
Category K.H.

Separation Allowance \$

Payable to

Relationship

Discharge, Date and Place

EWING

Reason

Character

RL25-4768  
139-40

MIX 10/20  
23

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				
7 9/15	OC. 39th Bn	Arrived Awarded 14 days' F.P.N. 1/2	England Horncliffe	37/15 7 9/15	Part II. No 161.
10 11/15	- - -	overseas to 21st Inv.	W. Sandring	9 11/15	Part II. No 9 P20217, + Pt. II - 9
20-11-15	" 21st	Taken on strength from Eng	In the field	10-11-15	Part II. No 9.
26-4-16	21st Bn	Adm Ho 4 ban 7ld Amb	Div Rest Stat	8-4-16	b.p.a 206 Upained f. Thumb
4-5-16	"	Transf to Ho 14 Ban C Stat	In the field	14/4/16	" 211 " R "
5-4-16	"	" Ho 15 Ban C Stat	"	15/4/16	" 212 " R "
22-5-16	"	Rejoined Unit	"	18-4-16	" 224 " R "
30-9-16	"	Killed in Action	"	15/17/9/16	Part II 53.
5/10/16	"	ditto	"	15/7/9/16	CRA 3350N



