

DUPLICATE
ATTESTATION PAPER.

No. *471074*
Folio. *a.w.*

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

1. What is your surname? *Foster.*
- 1a. What are your Christian names? *Zebina,*
- 1b. What is your present address? *Greenwood, N.S.*
2. In what Town, Township or Parish, and in what Country were you born? *Greenwood, N.S.*
3. What is the name of your next-of-kin? *Mrs. Maude Foster,*
4. What is the address of your next-of-kin? *Greenwood, N.S.*
- 4a. What is the relationship of your next-of-kin? *wife,*
5. What is the date of your birth? *FEB. 26, 1871*
6. What is your Trade or Calling? *farmer*
7. Are you married? *yes*
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? *6 yrs. YO 69, Reg. Annapolis*
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*

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *Zebina 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... *Feb. 11* 191*6*
Zebina Foster (Signature of Recruit)
J. R. Wallace (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *Zebina 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... *February 11th.* 191*6*
Zebina Foster (Signature of Recruit)
J. R. Wallace (Signature of Witness)

C. Q. M. S.
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 *Halifax, N.S.*, this *11th.* day of *February* 191*6*
H. M. [Signature] (Signature of Justice)

No. _____
Description of _____ on Enlistment.

Apparent Age.....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.....ft.....ins.

Chest measurement { Girth when fully expanded.....ins.
 Range of expansion.....ins.

Complexion.....

Eyes.....

Hair.....

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

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 declares that he is not subject to fits of any description.

I consider him*.....for the **Canadian Over-Seas Expeditionary Force.**

Date:.....191

Place.....

[Signature]
 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.

.....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].....(Signature of Officer)

Date.....191

REGIMENTAL DOCUMENTS

Cpl. NAME *Foster, Gebina*

REGT. NO. *471047* UNIT *6, 9, S. 6.* H. Q. FILE NO. _____

CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
ATTESTATION PAPER (M.F.W. 23, 133, or 51)	<div data-bbox="749 240 1268 554" style="border: 1px solid black; padding: 5px; transform: rotate(-15deg);"> WILL DISPATCH TO M. D. JUN 12 1920 </div>	<div data-bbox="1139 545 1341 748" style="border: 1px solid black; border-radius: 50%; width: 60px; height: 60px; display: flex; align-items: center; justify-content: center; margin: 0 auto;"> M </div>		<div data-bbox="2105 462 2278 545" style="font-size: 1.5em; font-weight: bold;">1551</div>	DEATH
CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category
TRAINING HISTORY SHEET (M.F.W. 113)					
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)					
MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					
DENTAL HISTORY SHEET (M.F.B. 465)					
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)					
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. 3225)					
COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
<i>1 A.F.B. 122</i>					
<i>2 misc</i>					
<i>loss bond</i>					
<i>133/11</i>					
<i>sp. to</i>					
					<div data-bbox="1240 1044 1571 1321" style="border: 1px solid black; border-radius: 50%; width: 100px; height: 100px; display: flex; align-items: center; justify-content: center; margin: 0 auto;"> H </div>
					<div data-bbox="475 1469 793 1653" style="border: 1px solid red; padding: 5px; transform: rotate(-15deg);"> M + W³ 26-4 </div>
					<div data-bbox="2336 1238 2610 1589" style="font-size: 1.5em;"> 1 19-12 19-12 5-12 T </div>



JL 9

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).

MILITARY DEFENCE
MAR 23 1918
H.C. 649-5-2791

No.	# 471047
Rank	Corporal
Surname	Foster,
Christian Name	Zebina
NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.	
Corps (Squadron, Battery or Company)	C.A.S.C.,
Date of Discharge	February 15th, 1918.
Place of Discharge	Halifax, N.S.
1. DESCRIPTION AT THE TIME OF DISCHARGE.	
Age..... <i>58</i> years..... months.	Descriptive Marks
Height..... <i>6</i> feet..... inches.	
Complexion <i>Medium dark</i>	
Eyes <i>Grey</i>	
Hair <i>Brown</i>	
Trade <i>Farmer</i>	
Intended place of residence } <i>Greenwood Kings Co N.S.</i> (To be given as fully as practicable.)	
2. The above-named man is discharged in consequence of Being no longer physically fit for war service.	
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.	
To be in the hand writing of the Commanding Officer, who will himself make identical entries on the character certificate and initial them.	3. Conduct and character while in the service have been, according to the records, etc. Good.
	N.B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldiers and the Officer Commanding his Squadron, Battery or Company.
	4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)

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:

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

6. Medals and Decorations.....

Three horizontal dashed lines for listing medals and decorations.

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).....

(Date)..... Commanding

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) Greenwood Zebina Foster (Signature of Soldier.)

(Date) Jan 31 1918 Maudie Foster (Signature of Witness.)

When a soldier is absent through illness or any other cause and it is not desirable to forward these proceedings to him for signature, a manuscript copy should be sent for the man to sign, and when returned, should be attached here.

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

I hereby declare that I do of my own free will request to be discharged from His Majesty's Service.

.....(Signature of Soldier.)

10. Statement of Service.

Service toward Engagement to.....(the date to which the Record of Service is completed).....years.....days.

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

11. Confirmation of Discharge.

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

(Place) Salisbury

(Date) 18/3/18

(Signature) [Handwritten Signature]

CAPT. & ADJUTANT
FOR MAJOR G. C. "B" BATT. M. F. C. C.

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.)

Sir:-

I have signed papers as
as requested.

Neither my wife or I have received
any pay since Jan 1918

Zelina Foster

MAR 25 1918

438
253-18

(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.

Reg. Conduct Sheet, Militia form B. 263.	Attestation Paper, Militia Form B. 235.
Squadron } Battery } Conduct Sheet, " B. 263a. Company }	Proceedings on Discharge " B. 218.
Copies of Convictions, by C. P. in MS.	<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>
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."	

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 at his own request.

I hereby declare that I do of my own free will request to be discharged from the Militia Service.

Statement of Soldier

Statement of Officer

Confirmation of Discharge

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

Place
Signature

21089

NE

Handwritten mark

Medical Report on an Invalid.

Station Shorncliffe Military Hospital,

Date Dec, 5th, 1916.

- 1. Unit. **C.A.S.C.**
- 2. Regimental No. **471074**
- 3. Rank **Pte**
- 4. Name **Foster Z.**
- 5. Age last birthday **57**
- 6. Enlisted } on **Jan, 1st, 1916.**
} at **Halifax.**
- 7. Former Trade { **Farmer.**
} or Occupation

8. Disability.

Fractured Fibula.

Statement of Case.

Note.—The answers to the following questions are to be filled in by the Officer in medical charge of the case. In answering them he will carefully discriminate between the man's unsupported statements and evidence recorded in his military and medical documents. He will also carefully distinguish cases entirely due to venereal disease.

- 9. Date of origin of disability. **Nov, 5th, 1916.**
- 10. Place of origin of disability. **Shorncliffe.**
- 11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case.
During storm, Nov, 5th while holding tent, was thrown off his feet causing a fracture of fibula (simple) 3 inches above ankle joint. Moore Barracks Hospital 3 weeks.

19. Do you recommend

- (a) Fit for duty? -----
- (b) Fit for base duty? -----
- (c) Invalided to Canada? -----
- (d) Discharge as permanently unfit? -----

Officer in medical charge of case.

- 12. (a) Give your opinion as to the causation of the disability. **a. Fracture of Fibula.**
- (b) If you consider it to have been caused by wounds received or illness contracted (1) in the presence of the enemy (2) on active service, explain the specific conditions to which you attribute it. (See notes on page 3). **Ordinary Military Service.**

Handwritten notes:
19-2-17
182

13. What is his present condition?

Weight should be given in all cases when it is likely to afford evidence of the progress of the disability.

Fractured Fibula, 3 inches above Ankle joint. Displacement with poor Union, much pain and tenderness over site of fracture. Swelling of foot.
Left Varicocele for six years.
Much too old for Military Service.

14. If the disability is an injury, was caused

- (a) In the presence of the enemy?
- (b) On active service?
- (c) On duty?
- (d) Off duty?

Yes.

15. Was a Court of Inquiry held on the injury?

If so—(a) When?

Nov, 6th.

(b) Where?

Moore Barracks Hospital,

(c) Opinion?

Accidental.

16. Was an operation performed? If so, what?

No.

17. If not, was an operation advised and declined?

Not applicable

18. *In case of loss or decay of teeth.* Is the loss of teeth the result of wounds, injury or disease, directly* attributable to active service?

Not applicable.

19. Do you recommend

- (a) Fit for duty? ---
- (b) Fit for base duty? ----
- (c) Invalided to Canada? Invalid to Canada.
- (d) Discharge as permanently unfit? ----

Jas & Bloom Capt
Officer in medical charge of case.

I have satisfied myself of the general accuracy of this report, and concur therewith, except† Shorncliffe.

Station _____

J. W. Campbell
Officer in charge of Hospital.

Date 6-12-16.

* Loss of teeth on, or immediately after, active service, should be attributed thereto, unless there is evidence that it is due to some other cause.

† Delete this word if no exceptions are to be made.

Not that the **decide**

(ii.)

(iii.) contract disability

(iv.) and disc

20. (a) res tra (2)

(b) to att

21. H va

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23. If m

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Opinion of the Medical Board.

NOTES.—(i.) Clear and decisive answers to the following questions are to be carefully filled in by the Board, as it is essential that the Members of the Pensions and Claims Board should be in possession of the most reliable information to enable them to decide upon the man's claim to pension.

(ii.) Expressions such as "may," "might," "probably," &c., should be avoided.

(iii.) The rates of pensions vary according to whether the disability is attributed to wounds or injuries received or illness contracted (1) in the presence of the enemy, (2) on active service. It is therefore essential when assigning the cause of the disability to differentiate between them (see Articles 641 to 648 of the Canadian Pay and Allowance Regulations).

(iv.) In answering question 20 the Board should be careful to discriminate between disease resulting from military conditions and disease to which the soldier would have been equally liable in civil life.

20. (a) State whether the disability is the result of injuries received or illness contracted, (1) in the presence of the enemy, (2) on active service.

no
yes
accident

(b) If due to one of these causes, to what specific conditions do the Board attribute it?

21. Has the disability been caused or aggravated by

- (a) Intemperance?
- (b) Misconduct?

no
no

22. Is the disability permanent?

no

23. If not permanent, what is its probable minimum duration?

Three months

To be stated in months.

24. To what extent is his capacity for earning a full livelihood in the general labour market lessened at present?

not applicable

In defining the extent of his inability to earn a livelihood, estimate it at $\frac{1}{4}$, $\frac{1}{2}$, $\frac{3}{4}$, or total incapacity.

25. If an operation was advised and declined, was the refusal unreasonable?

not applicable

26. Do the Board recommend

- (a) Fit for duty?
- (b) Fit for base duty?
- (c) Invalided to Canada?
- (d) Discharge as permanently unfit?

no
no
yes
no

APPROVED
J. Morrison
CAPT. C.A.M.C.
for G.O.C. CANADIANS.

27. Remarks.

This man has a weakness of leg following fracture of fibula which he should completely recover in three months. Owing to this and his age he should be returned to Canada

Signatures:—

W. Bethune Capt. President.

Station *Shorncliffe* }
Date *29/12/16* } Members.

Approved.
Station **SHORNCLIFFE—**
(18, Westbourne Gardens, Folkestone)
Date **29 DEC 1916**

W. Arnold
FOR A.O.C. CANADIANS, MOBILIZED
Administrative Medical Officer. *19-2-17*

PENSIONS AND CLAIMS BOARD, Canadian Expeditionary Force, assembled at
 Prior Park, Bath, England, on the _____ day of _____ 191____

Members of Board.

Proceedings.

The Board having considered the evidence of the man marginally noted, and the documents submitted, hereto attached, which form part of these Presents, marked

20. (a) State whether the disability is the result of injuries received or illness contracted in the presence of the enemy, or in active service. It is therefore essential when assigning the cause of the disability to discriminate between them (see Articles 641 to 648 of the Canadian Pay and Allowance Regulations).
 (b) In answering question 20 the Board should be careful to discriminate between disease resulting from military conditions and disease to which the soldier would have been equally liable in civil life.

(A) If due to one of these causes, to what specific conditions do the Board attribute it?

21. Has the disability been caused or aggravated by

- (a) Intemperance?
- (b) Misconduct?

22. Is the disability permanent?

23. If not permanent, what is its probable minimum duration?

To be stated in months.

24. To what extent is his capacity for earning a full livelihood in the general labour market lessened at present?

In defining the extent of his inability to earn a livelihood, estimate it at $\frac{1}{2}$, $\frac{1}{3}$, or total incapacity.

25. If an operation was advised and declined, was the refusal unreasonable?

26. Do the Board recommend

- (a) Fit for duty?
- (b) Fit for base duty?
- (c) Invalided to Canada?
- (d) Discharge as permanently unfit?

27. Remarks.

Signatures:—

 President.

Signed at Prior Park, Bath, this _____ day

 of _____ Members.

191____

 President.

 Administrative Medical Officer.

 Date.

[Handwritten notes and signatures, including 'APPROVED' and 'for G.O.C. CANADIANS']

X. Ray Department,
Moore Barracks, Canadian
Hospital, Record No.....

8/11/16.

M.B.C.H.

Ward 5 Bed 13 A/D No. 21757

Record No. 2745

#471074 Pte. Foster, Z. C.A.S.C.

V-shaped fracture fibula,
left, 7 cm. above tip of malleolus.
No displacement.

W. H. Engler
Capt. C.A.M.C.

O. i/c X. Ray Department,
Moore Barracks, Canadian
Hospital.

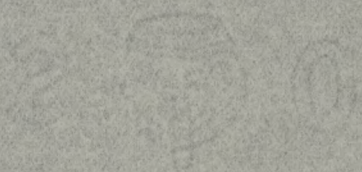
M.B.G.H.

Ward 5 Bed 13 A.D. No. 2178V

Record No. 2745

RAYLOVE Pte. Foster, E. C.A.S.C.

V-shaped fracture tibiae,
left, 7 cm. above tip of malleolus.
No displacement.



Capt. C.A.M.C.
in the X-ray Department,
Moore Barracks, Canadian
Hospital.

X-ray Department
Moore Barracks, Canadian
Hospital, Vancouver
B.C.

X. Ray Department,
Moore Barracks, Canadian
Hospital, Record No.

M.B.C.H.

11/12/16

Ward 5 Bed A/D 21757

Record 2745

#47104 Pte. Foster, Z.

C.A.S.C.

: V shaped fracture fibula, left.
? C/M above tip of Malleolus. No
displacement. Arterial scleroses of
posterior tibial artery.

W H Payer
CAPT. C.A.M.C.

©. i/c X. Ray Department,
Moore Barracks, Canadian
Hospital.

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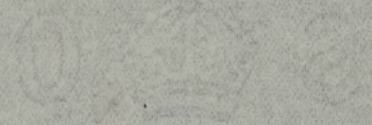
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1914

THE STATE OF NEW YORK
IN SENATE
January 14, 1914
REPORT OF THE
COMMISSIONERS OF THE
LAND OFFICE
IN RESPONSE TO A RESOLUTION
PASSED BY THE SENATE
MAY 15, 1913

1914



1914

Ew

668

MILITIA AND DEFENCE
ASSIGNED PAY
OVERSEAS CONTINGENTS

M. F. W. 12.
15m. - 3-16.
H. Q. 1772-39-819.

To Whom *Mrs. Maude Foster.*

wife

By Whom Assigned

Foster Gebina.

Address

*Greenwood.
Kings Co.*

Regtl. No.

471074.

Rank

Pte

Corps

64th Batta. C/67.

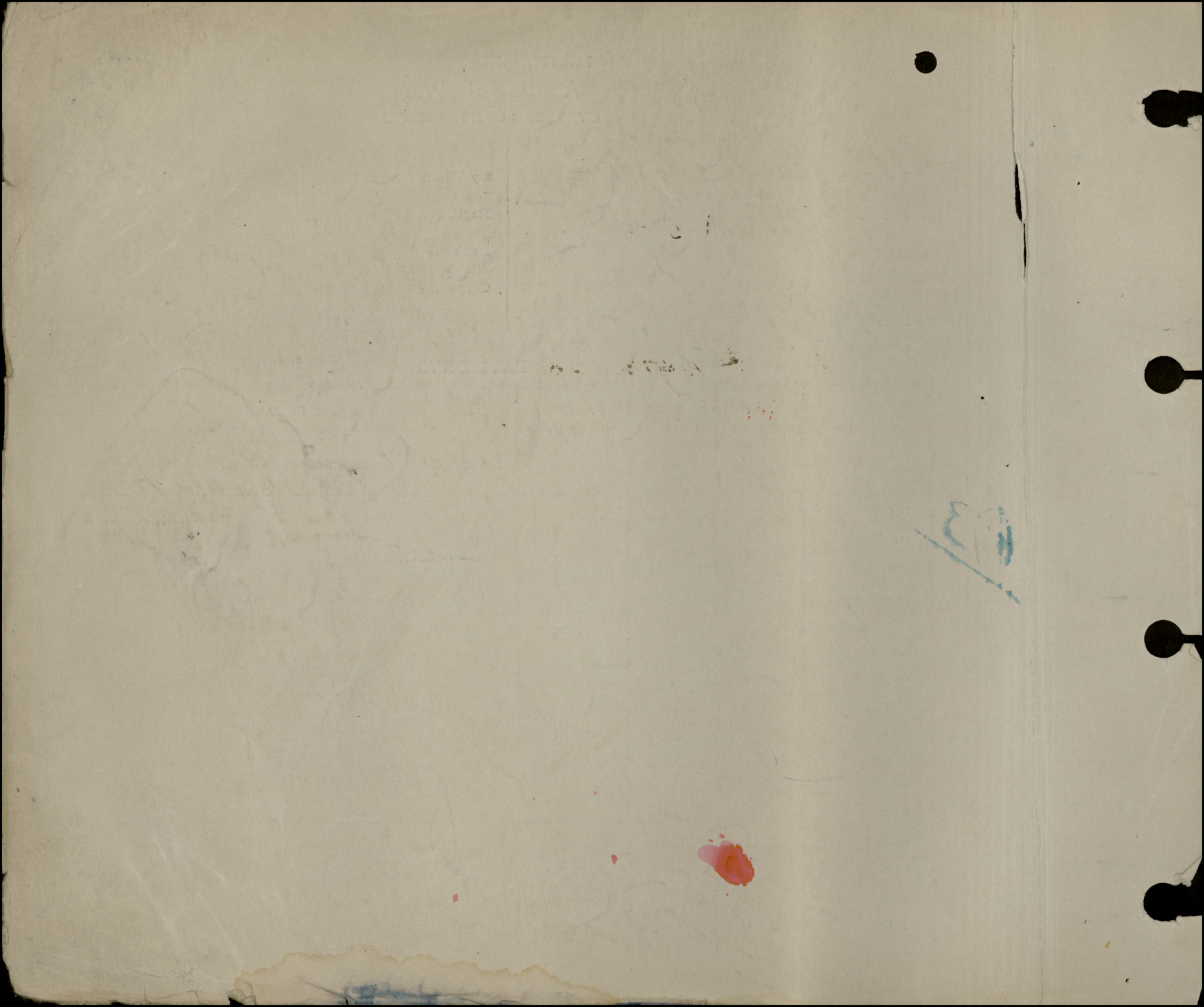
Rate

~~*24⁰⁰*~~ *APR 1 1918* *U.S.*

20⁰⁰ May 16 p.b. 973 - 25⁷⁶ APR.
APR 1 1918 9 M. 30⁷⁶ PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			<p><i>Stop Payments</i> <i>Feb 1/17</i> <i>Discharged to Canada</i> <i>3M 8/1/17 etc. 5/2/17</i></p>
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				

COPIED
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CASU.



S.O.S. 15-2-18. Phys. Unfit.

649-F-3791

✓ ✓ ✓ ✓ 64th BW
FOSTER, Zebina No, 471074 Pte. *Med 2-5-22*

M & D. widow Mrs. Maude Foster,
R.R.No.3,
Greenwood, Kings Co., N.S.

P & S.

"

"

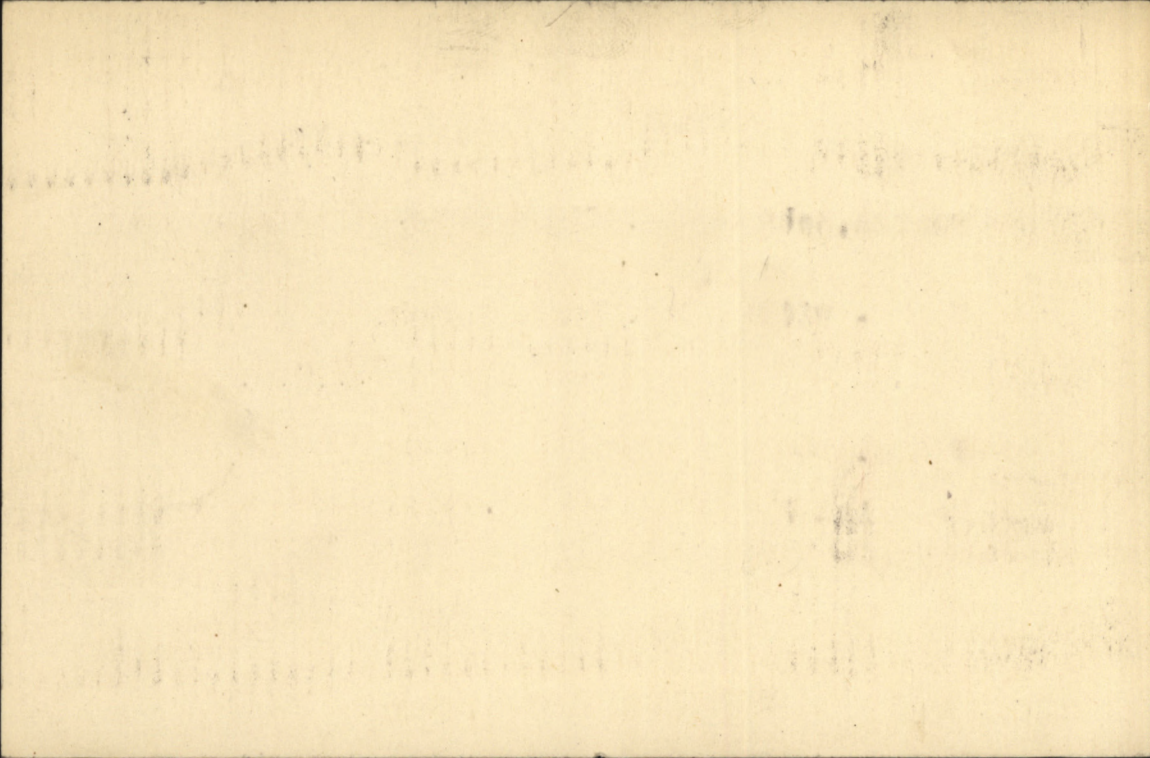
Memorial X "

"

} *Held*

*Not Eligible for 14-15 Star
Eligible for "13" in service in England only*

*ms.
71049*



No. 471074 RANK *Plt*

NAME *Foster, Zebina*

T. O. S. 20-1-16 UNIT *64th Battalion*
Feb payroll.

M. D. *6*

			PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
PAID FROM	PAID TO	SIG. OR REC'T	PARTICULARS	AUTHORITY
<i>1916 Jan 20</i>	<i>1916 Feb. 29 Mar.</i>	<i>✓ ✓</i>		

UNIT SAILED
MAR 31 1916



NAME *Foster, Gebina.*

RANK & No. *Pt.*

471074

CORPS *64th.*

Batt.

ENLISTMENT, PLACE *Halifax N.S.*

DATE *Feb. 11, 1916.*

FORMER CORPS *Co. 69 Regt. Annapolis. byls.*

COUNTRY OF BIRTH *Canada Greenwood N.S.*

NEXT OF KIN *Foster, Mrs. Maude, (Wife).*

ADDRESS OF NEXT OF KIN *Greenwood, N.S.*

DISCHARGE, PLACE

DATE

R/C. 23.1.17

M. F. W. 22. 100 m.—9-15.

Sailed from Halifax Rev SS Adriatic 31/3/16

MARRIED *yes* SINGLE WIDOWER

TRADE OR CALLING *Farmer* RELIGION *Not stated*

DESCRIPTION.

APPARENT AGE *Not stated* YEARS MONTHS

HEIGHT *"* FEET INCHES

CHEST MEASUREMENT *"* INCHES EXPANSION INCHES

COMPLEXION *"* EYES HAIR

DISTINGUISHING MARKS *"*

MEDICAL EXAMINATION. PLACE *Not Stated* DATE

REMARKS:

NAME Foster, Z.

RANK AND CORPS Plt

64th BATTN. C.A.S.C.

REGT'L NO 471074

H. Q. FILE NO. 649-

FOLLOWS

NO.

FOLLOWS

CABLE

No.

DATE

NATURE OF CASUALTY

7. 309

16-1-17

Sailed from Liverpool for Canada per the S. S.
"Northumberland" Jan. 13th 1917 "Trac. Tibula"

LIST No	HOSPITAL	DATE OF ADMISSION	REMARKS
354	Moose Barracks Showcliffe	7-11-16	Frac L. Tibula & Tibia
362-	Mil. Showcliffe -	23-11-16	" " "
389	Disch.	13-1-17	Frac. L. Fibula.

Name FOSTER Zebina Rank Pte.

Reg. No. 471074

Unit C.A.S.C. TRAINING DEPOT (64th Battn.)

Next of Kin Canada.

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1916						
Nov. 7	Moore Bks. C.H.S'cliffe		Frac. L. Fibula & Tibia	354	ER	
"	Cas. now reported to be	"	Frac. L. Fibula	361		
Nov. 23	Mil. Hosp. S'cliffe		do	362		
Jan. 13	Discharged		Do	389	ER	

649-7-3791

Dev

Number

471074

Rank

Ute

Ham
Surname

FOSTER

Christian Name

Jehina Zebina

Units

64th BuCANGY

Theatre of War

England D

Date of Service

9-4-16

Remarks

Widow -

Mrs Maude Foster

R.R. #3,

Greenwood,

Kings Co., N.S.

Latest Address

G. P.O.

Greenwood

T. S.

Roll No.

A Page 3684

DESP. APR 30 1923

REGN. NO. 10177

ADMITTING CARD.

Regt. No. 471074 A. & D. No. 21757

Rank *Pte*
Name *Foster Zebina*

Corps *Lease I.D.*

Religion *Bapt.* Age *57*

M. H. Rec'd M. H. Requested M. H. Ret'd

Disease *Fracture of Tibula ~~Distal~~*

Admitted *6/11/16*

Discharged

Place in Hospital *5.*

Transferred *NOV 20 1916. Bevan Hosp. Bangor*

Results

4/12. Halfoot

no. 50. 1130

REMARKS:

MEDICAL HISTORY SHEET.

Orig. recd. from /.../1916
Dup. recd. from *Case* 7/11/1916

Orig. sent to /.../1916
Dup. sent to *Case (Duddy)* 8/11/1916

Received from Registrar this Orig. /.../1916
Dup.

..... Ward

Surname

Christian Name or Names

Reg. No.

Foster,

3

471074

Rank

Unit

Co.

Troop

Batty.

Hospital

G.A.S.C. Train. Dep.

Date of Admission

Moore B.F.S.

7.11.16.

Transferred

Shoncliffe Mil.

Hosp. 23-11-16.

Hosp.

Hosp.

Hosp.

Diagnosis

Frac. L. Fibula & Tibia.

(1)

Later Diagnosis (if changed)

(2)

(3)

Additional Diagnosis: if more than one state present

DISPOSITION

Date

Wid 13-1-17

14.11.16 #354

29-11-16 #362

22-1-17 389

REMARKS

A.M.D. 2 Dept.

Beh. of D.G.M.S. O.M.F.C. London

10/7

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.

2.

3.

4.

5.

6.

7.

POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

0625-9-2-1.

Name Foster, Zebina
Surname

Christian Name

Regimental Number 471074

Rank A/Cpl.

Address (in full) Kingston Station,

Unit C. A. S. C.

Kings Co.,

Original Unit

N.S.

District where paid M.D.6.

Date of Discharge 15-2-18.

P. D. P. Filing Number 12-89-6.

Rates:—Regimental pay \$ 1.00 per diem: Field Allowance \$.10 per diem. Separation Allowance \$ 25.00 per month.

L. L. 22573—M. & D. 800A.

Total Credits 91 days	FIRST PAYMENT			SECOND PAYMENT			FINAL PAYMENT			Balance Over-payments to be Recovered	Total Amount Paid
	Cheque No. A	Date	Amount 30 days	Cheque No. B	Date	Amount 30 days	Cheque No. C	Date	Amount 31 days		
175 10	1202	16-3-18	33 00	1160	16-4-18	71 40	1047	16-5-18	59 10	11 60	163 50

Remarks: Overpaid S.A.

M. F. W. 127.
50M-617.
1772 39-1140.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
21757 Year 1916.	471074	Pte	Foster	Zecina
		Unit.	Age.	Service.
		CASC	57	"12
Station and Date.	Disease			
MOORE BARRACKS. CANADIAN HOSPITAL SHORNCLIFFE.	Fr Lt Fibula + Tibia			
Nov 6. 16.	Complaint			
	1 Swelling of Ankle			
	2 Inability to use ankle.			
	Patient states that he was thrown over a tent peg and injured his ankle Examination shows the ankle very much swollen & tender			
	X. Ray shows a V shaped fracture of fibula no displacement.			
	General health is good.			
20-11-16	Skin left leg externally discolored half way up leg. Very little tenderness. Still using crutches. Complaints of Left Varicocoe when on his feet - suspensory recommended.			
	Transfer to Bever Hospital Sandgate			
	DeLaunay Capt Comd			
	Transferred to Bever Hosp 20/11/16			

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

Station
and Date.

20-1-16
MILITIA AND DEFENCEM. F. W. 11.
20m.—11-15.
H. Q. 1772-39-818.

SEPARATION ALLOWANCE

Name *Mrs. Maude Foster* Name of Soldier *Foster Z*
 Address *Greenwood Kings Co.* Regtl. No. *480*
N.S. Rank *Pte.*
 Corps *64th O.S. Batta C.E.F.*
 Relation to Soldier }
 wife, child or mother } *wife*
 To what Corps belonging }
 when called out }

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
Apl.				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March		<i>7 33866</i>	<i>47</i>	

ACCOUNT CLOSED
 DATE.....PER.....
W

1911
10/1

1911
10/1

CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

Temporary

Made by... Checked by... No. Last D.O. Pt II... Date

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

Regimental No. 471074 Rank Plt Name Foster Jehina

Corps. 64 Bn who was* Discharged

On 15-2-18 191, to

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from 1-2-18 191, to 15-2-18 191, the inclusive date of transfer or discharge.

Table with columns: Dr., \$, c., Cr., \$, c. Rows include Bal. Dr. from prev. month, Advances by Cheques, Assigned Pay and Sep'n Allee, Other charges, Payment on transfer or discharge, Balance Cr. (to be paid by the new unit), Total.

*Give particulars.

A monthly stoppage of \$20.00 (†) has... (‡) been paid on account of Assigned Pay for the month of Feb 1918... (to Assignee) McNaught Foster (Address) Greenwood Kings Co NS

(†) 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... (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 13-3-18 Place Halifax NS Paymaster [Signature] CAPT.

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.

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

Sheet No. 2.

Maudie FosterWife
PAYMENTS.

Name of Soldier

Foster J.
Plt

L. L. Job 89002.—Req. 6213.

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916	81116	20 - 20	
May		415342	20 - 20	
June		M 9237	20 20	
July		E 7544	20 20	
Aug.		S 12396	20 20	
Sept.		D 15444	20 20	
Oct.		M 19607	20 20	
Nov.		P 21647	20 20	
Dec.		P 25229	20 20	
Jan.	1917	28680	20	
Feb.		431696	20	
March			20	
April			20	
May			20	
June			20	
July			20	
Aug.			20	
Sept.			20	
Oct.			20	
Nov.			20	
Dec.			20	
Jan.	1918		20	
Feb.			20	
March			20	
April			20	
May			20	
June			20	
July			20	

W 31696 cancelled
acc closed pursuant
Capt Hammond 11th Cont

ACCOUNT CLOSED
DATE..... PER W.....

MILITIA AND DEFENCE
SEPARATION ALLOWANCE
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

PAYMENTS.

Name of Soldier _____

Month.	Year.	Cheque No.	Amt.	Remarks.
Aug.	1918			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1919			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1920			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				

CASE HISTORY SHEET.

3389
11/11

Campbell Hospital.

Halifax Station.

No. 471070 Rank Sgt Cpl Name Foster Zelina Age 58

Unit J.S.C. Completed years of service } 3/12 e 1 1/2 e 1 1/2 f
Where and how long

Date of admission AUG 17 1919 Date of discharge 4-10-19

Diagnosis Carbuncle neck Place of origin Canada

CONDITION ON ADMISSION AND PROGRESS OF CASE

Origin 2 wks ago -
Throat carbuncle back neck
12.8.19 - Operation - general anesthetic
Excision and cauterizing -
General condition not very good.
Exam. urine. neg.
Aug 30 Condition improving

FAMILY HISTORY

(Tuberculosis, mental or nervous diseases.)

Unimportant

TREATMENT

(Especially any specific or special form.)

Antiseptic dressing to neck

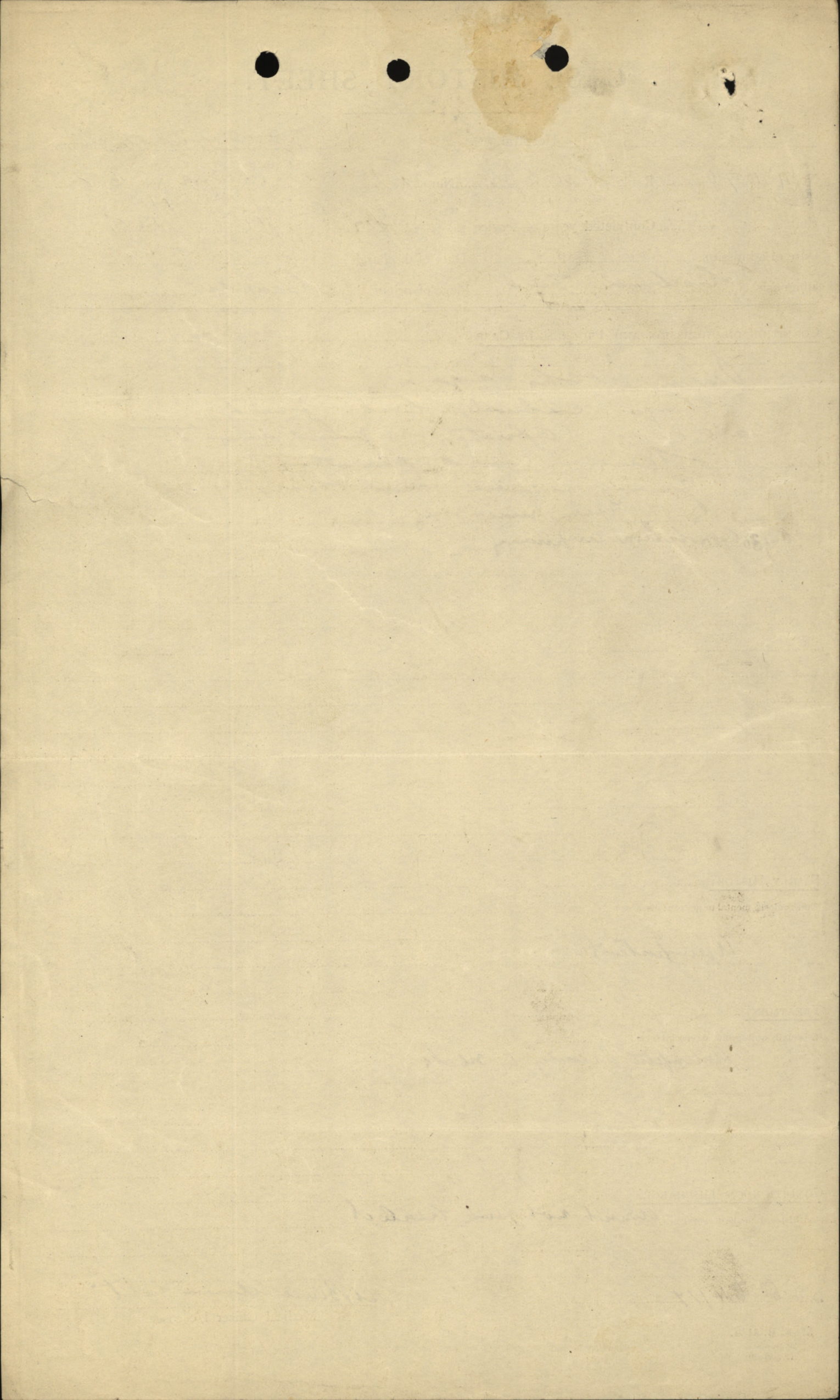
CONDITION ON DISCHARGE

(and disposal made of case.)

wound not quite healed

Date Oct 4/19

W. Bone Lt. Col. Capt.
Medical Officer i/c case.



MILITIA AND DEFENCE

ASSIGNED PAY

669

M. F. W. 12a.
15m.-3-16.
H. Q. 1772-39-819.

No. 2. Mrs Maude Foster Wife. OVERSEAS CONTINGENTS
PAYMENTS.

Name of Soldier Foster Rebina

471074

64th Stn

M. & D. 6555.

Month.	Year.	Cheque No.	Amt.	Remarks.
				824.00 <u>20.00</u> May 16
April	1916	V 1574	24	
May		V 5899	20	20.00
June		J 8407	20	
July		H 8419	20	
Aug.		214557	20	
Sept.		D 16473	20	
Oct.		D 20928	20	
Nov.		B 26088	20	
Dec.		633761	20	
Jan.	1917	A 40331	20	
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

Rtd. March 10/1/11
\$204.50 X 15/2/17 aw.
Stop Feb 1/17

(A)

(B)



MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

PAYMENTS.

Name of Soldier.....

Month.	Year.	Cheque No.	Amt.	Remarks.
Aug.	1918			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1919			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1920			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				

CLINICAL CHART.

Corps I. S. C. Hospital Station Camp Hill.
 No. 471074 Rank and Name X Cpl. Foster Zabeau Age 59. Service 3/2 C 1/2 E 1/2 F
 Disease Carbuncle Date of Admission 11/8/19 Date of Discharge Oct 4/19 Result recovery Serial No. A. & D. Book

Dates of Observation		August																														
Days of Disease		12 14 15 16 17 18 19 20 21 22 23 24																														
Temperature Fahrenheit	TIME																															
	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.		
107°	8	6	4	2	8	6	4	2	8	6	4	2	8	6	4	2	8	6	4	2	8	6	4	2	8	6	4	2	8	6	4	2
106°	8	6	4	2	8	6	4	2	8	6	4	2	8	6	4	2	8	6	4	2	8	6	4	2	8	6	4	2	8	6	4	2
105°	8	6	4	2	8	6	4	2	8	6	4	2	8	6	4	2	8	6	4	2	8	6	4	2	8	6	4	2	8	6	4	2
104°	8	6	4	2	8	6	4	2	8	6	4	2	8	6	4	2	8	6	4	2	8	6	4	2	8	6	4	2	8	6	4	2
103°	8	6	4	2	8	6	4	2	8	6	4	2	8	6	4	2	8	6	4	2	8	6	4	2	8	6	4	2	8	6	4	2
102°	8	6	4	2	8	6	4	2	8	6	4	2	8	6	4	2	8	6	4	2	8	6	4	2	8	6	4	2	8	6	4	2
101°	8	6	4	2	8	6	4	2	8	6	4	2	8	6	4	2	8	6	4	2	8	6	4	2	8	6	4	2	8	6	4	2
100°	8	6	4	2	8	6	4	2	8	6	4	2	8	6	4	2	8	6	4	2	8	6	4	2	8	6	4	2	8	6	4	2
99°	8	6	4	2	8	6	4	2	8	6	4	2	8	6	4	2	8	6	4	2	8	6	4	2	8	6	4	2	8	6	4	2
98°	8	6	4	2	8	6	4	2	8	6	4	2	8	6	4	2	8	6	4	2	8	6	4	2	8	6	4	2	8	6	4	2
97°	8	6	4	2	8	6	4	2	8	6	4	2	8	6	4	2	8	6	4	2	8	6	4	2	8	6	4	2	8	6	4	2
Pulse per Minute	74		70		72		74																									
Respirations per Minute											20		20																			
Motions																																

Operated upon.

Signature J. W. Alcorn Capt In charge of case.

A.G.R. Rank Name **FOSTER, Zebina.** ✓ Reg'l No. **471074** ✓
 Unit **64th Bn.** ✓ *If in perm. Corps, What Unit?* **Halifax, N.S.,** Married or Single **Married** ✓
 Place and Date of Enlistment **11th Feb., 1916.** ✓ Place of Birth **Greenwood, N.S.,** ✓
Canada. ✓
 Name and Address, Next-of-Kin **Mrs. Maude Foster,** ✓
Greenwood N.S., Canada. ✓ Relationship **Wife.** ✓

Assigned Pay Monthly \$ Payable to **C.C.A.C.**

Relationship

N/E. R.B. No. **2355**

Separation Allowance \$ Payable to

File R.L.

Relationship

Category **Muban**

Discharge, Date and Place Reason Character

*mt
26-4-17*

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.				
		<i>Arrived in England.</i>	<i>S.S. Advuatic</i>	<i>9-4-16</i>	
<i>2-6-16</i>	<i>oc bh</i>	<i>S.S. Trans to bat S.S. TD.</i>	<i>Shorncliffe</i>	<i>2-6-16</i>	<i>M.F. 130.</i>
<i>10-6-16</i>	<i>casero</i>	<i>T.O.S.</i>	<i>- - -</i>	<i>2-6-16</i>	<i>" 162.</i>
<i>7-11-16</i>	<i>casero</i>	<i>Adm Moore Bks Hoop</i>	<i>"</i>	<i>6-11-16</i>	<i>" 362 Trace of Fibula ^{c.l. 354}</i>
<i>29-11-16</i>	<i>bh - -</i>	<i>Trans to Mil Hos</i>	<i>- - -</i>	<i>23-11-16</i>	<i>to L 362. Trace of Fibula ^{amended to}</i>
<i>15-1-17</i>	<i>b.A.S. TD</i>	<i>S.S. on reporting to b.b. Ho.</i>			<i>bh 361</i>
		<i>from S'cliff Mil Hos.</i>	<i>- - -</i>	<i>2-1-17</i>	<i>P.I. DO 15</i>
<i>11-1-17</i>	<i>CCAC.</i>	<i>T.O.S. as Local Cas.</i>	<i>Hastings</i>	<i>2-1-17</i>	<i>Pt. II 18.</i>
<i>22-1-17</i>	<i>b.h.b.A.S. TD</i>	<i>Dis Mil Hos</i>	<i>S'cliff</i>	<i>13-1-17</i>	<i>b.L. 389 (Trace of Fib</i>
<i>22-1-17</i>	<i>CCAC.</i>	<i>S.O.S. to Canada for dis.</i>	<i>Hastings</i>	<i>13-1-17</i>	<i>Pt. II 36</i>

Army Form B. 103.

Casualty Form—Active Service.

Regimental Number 91458

Regiment or Corps Can. Army Service Corps.

Rank Private Surname Foster Christian Name Gibina

Religion _____ Age on Enlistment _____ years _____ months.

Enlisted (a) Jan. 1/16. Terms of Service (a) _____ 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 i/c Records.

Date	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
	From whom received				
		Embarked ... Disembarked ...			
<u>28 ⁶/₁₁</u>		<u>Taken on strength</u> <u>"B" Unit M.H.C.C.</u> <u>Part II D.O. 45</u>	<u>Halifax</u>	<u>28 ⁶/₁₁</u>	
<u>15 ²/₁₈</u>		<u>Discharged</u> <u>Part II D.O. 59</u>	<u>Halifax</u>	<u>15 ²/₁₈</u>	

M. Gibina
CAPT. & ADJUTANT
FOR MAJOR G. C. "B" UNIT M. H. C. C.

M. Gibina
CAPT. & ADJUTANT
FOR MAJOR G. C. "B" UNIT M. H. C. C.

(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.]

DISCHARGE OR TRANSFER.

471074 RANK *S.P.t.* NAME *Zoster Zebina*

UNIT . . . *I.S.C.*

IS FOR DISCHARGE TO

TRANSFER TO *Ward M & O.*

CERTIFIED FREE FROM INFECTIOUS
DISEASE VENERAL OR VERMIN.

DOCUMENTS COMPLETED HEREWITH.

DATE, *11/8/19*

REGISTRAR

QUARTERMASTER

SERGEANT-MAJOR

M.O.I./ *Genl. Zebina*
WARD *X. Z.*

RECEIVED AT TRAINING



NAME

NAME

UNIT

OF TRAINING

OF TRAINING

RECEIVED AT TRAINING
OFFICE OF THE DIRECTOR
OF THE ARMY

RECEIVED AT TRAINING

.....
.....
.....
.....

