B127859
FOULSHAM
ARTHUR

OCCUPATIONAL HISTORY FORM

THIS FORM IS TO BE COMPLETED FOR EACH MEMBER OF THE ARMED FORCES. THE INFORMATION SOUGHT IS FOR THE USE OF GENERAL ADVISORY COMMITTEE ON DEMOBILIZATION AND REHABILITATION, A COMMITTEE SET UP BY THE GOVERNMENT OF CANADA TO STUDY PLANS FOR ESTABLISHING IN INDUSTRIAL LIFE THE MEMBERS OF THE ARMED FORCES, AFTER DISCHARGE. ACCURACY AND COMPLETENESS IN ANSWERING WILL BE OF MUCH HELP TO THE COMMITTEE.

PLEASE READ CAREFULLY THE INSTRUCTIONS GIVEN ON THE INSIDE OF COVER BEFORE COMPLETING FORM

PLEASE LEAVE BLANK

Section A—GENERAL INFORMATION

1. (a) Print name in full ARTHUR PARSHAM (b) Reg'l. No. B 620142
2. (a) Arm of service Army (b) Unit T.B.T.C. (B) (c) Rank Pte.
3. (a) Date of birth Nov. 1918 (b) Have you any dependents? Yes 3 (c) Place of residence at time of enlistment R.R. Kenora, Ont. Stratton, Ont.
4. (a) Place of enlistment Camp Borden, Ont. (b) Date of enlistment 21/5/42

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school 13 (b) Were you attending school or college up to the time of enlistment? No
6. State definitely highest standing reached at public, technical or high school (for instance—"4 years, Public School", "two years, High School", "Junior Matriculation", or "4 years technical course in printing", etc.) Completed High School
7. If you attended a university, give name of university and standing or degree secured —
8. (a) Did you ever enter upon a trade apprenticeship? Yes (b) If so, for what occupation? Painter & Decorator (c) Did you finish it? Yes (d) If you did not finish it, how long did you serve at it? —
9. (a) What languages do you speak fluently? English (b) What languages do you read well? English

Section C—EMPLOYMENT CONDITION AT TIME OF ENLISTMENT

10. (a) State whether you were WORKING or NOT WORKING at time of enlistment. (Enter here only "Working" or "Not Working", as case may be; particulars are asked for below) Working (b) At time of enlistment of what trade union or professional society were you a member? No

Section D—PARTICULARS CONCERNING THOSE WHO WERE UNEMPLOYED AT TIME OF ENLISTMENT

QUESTIONS 11 TO 17 REFER ONLY TO THOSE WHO ANSWER "NOT WORKING" IN QUESTION 10 (a)

11. Had you ever been employed fairly regularly since leaving school? —
12. (a) If answer to 11 be "Yes", state exact trade or occupation at which you actually worked — (b) State how long you had worked at this trade or occupation —
13. If answer to 11 be "No", state exact trade or occupation for which you feel qualified —
14. If you had been employed after leaving school, state when you last worked fairly regularly before enlistment —
15. Give details of last employer, if any: Name — Address —
16. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) —
17. (a) If your last employment was in a business of your own, state nature and address of business — (b) Date of discontinuing it —

Section E—PARTICULARS CONCERNING THOSE WHO WERE EMPLOYED AT TIME OF ENLISTMENT

QUESTIONS 18 TO 23 REFER ONLY TO THOSE WHO ANSWER "WORKING" IN QUESTION 10 (a). PLEASE READ THESE QUESTIONS AND REPLY TO THOSE APPLYING TO YOU AT TIME OF ENLISTMENT

IF YOU WERE AN EMPLOYEE WORKING FOR AN EMPLOYER UP TO THE TIME OF ENLISTMENT, PLEASE ANSWER QUESTIONS 18 TO 21

18. Name of employer National Steel Car Co. Address Malton, Ont.
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) Aircraft
20. (a) Your specific occupation Gun Carpenter (b) Number of years' experience at this occupation with any employer 7
21. (a) Did your employer promise definitely to give you employment on discharge? No. (b) Did your employer refuse to promise you employment on discharge? No. (c) Do you wish to return to your former employment? Yes.

IF YOU WERE WORKING ON YOUR OWN UP TO THE TIME OF ENLISTMENT, THAT IS TO SAY, OPERATING A FARM, A STORE, AN AGENCY, OR IN PROFESSIONAL PRACTICE, OR AS A PARTNER IN ANY SUCH LINE, PLEASE ANSWER QUESTIONS 22 AND 23

22. (a) State nature of business, or professional practice — (b) Where was it located? —
23. (a) Number of years engaged in this business — (b) Have you made, or will you make plans to return to the same or a similar business on discharge? —

Section F—PARTICULARS OF FARMING EXPERIENCE

24. (a) Do you wish to engage in farming after the war? No (b) Do you feel competent to operate a farm? No (c) If so, in what kind of farming? No
25. (a) Were you born on a farm? No (b) How many years' actual farming experience have you had? No (c) In what provinces did you have experience? —

Section G—MISCELLANEOUS

26. Have you made any arrangements other than indicated above, for re-establishment in civil life after discharge? No.
27. If so, state nature of your plans (for example, do you plan to return to school, or have you been assured of a job, etc.) —
28. State any employment preference or ambition you may have, other than indicated elsewhere in this form No.

DATE May 21st 1942 SIGNATURE A. Parsham

NO FILE

FOR COMPLETION AND RETURN BY

Form P. 64

Mrs. Ellen Foulshan,
254 Cote Noir Rd.
MacKayville, St. Lambert,
Montreal, Que.

Any further communication on this subject should be addressed to:—

THE ADMINISTRATOR OF ESTATES,
DEPARTMENT OF NATIONAL DEFENCE,
OTTAWA, ONTARIO.

and the following number quoted:—

H.Q. 405-F-11.089 FD 434

DEPARTMENT OF NATIONAL DEFENCE

ESTATES BRANCH

OTTAWA, ONT.

July 8, 1944

For the purpose of record and in the event of there being any Service estate available for distribution (according to law) on account of the late

FOULSHAM, Arthur, Pte.

B.127859 C.A.

ESTATES BRANCH NOV 4 1944 H.Q. OTTAWA DEPARTMENT OF NATIONAL DEFENCE

it is necessary that certain information regarding the deceased and his relatives should be furnished the Estates Branch. You are asked therefore to read the enclosed memorandum before completing pages 2 and 3 of this form. The particulars required are to be carefully filled in and the Declaration on page 4 should then be signed in the presence of a Clergyman, Priest, Local Magistrate, Commissioner for Oaths, Notary Public or a Commissioned Officer of any of His Majesty's Forces who should be asked to complete and sign the Certificate. This form should then be returned to the above address.

If there is insufficient space for complete particulars to be given opposite any question on pages 2 and 3 of this form, the space under "additional remarks" on page 4 should be used.

A Stevenson Capt
for Administrator of Estates.

CS/CF

M.F.W. 77
5M—1-44 (3371)
H.Q. 1772-39-972

4

ANSWER IN FULL ALL APPLICABLE QUESTIONS

STATEMENT of the Names, Ages and Addresses or Dates of Death, of all the relatives that the deceased ever had in each of the degrees specified below:

Degrees of Relationship	RELATIVES required to be accounted for		INFORMANT'S STATEMENT: NAME IN FULL of any Relative, if any, in each degree specified	Age	ADDRESS IN FULL of each surviving Relative, opposite his or her name, and date of death of each deceased relative
1	Widow of the Deceased.....				
2	Children of the Deceased and dates of their Births.....				
3	Father of the Deceased.....		Frank Foulsham	56	Mackayville, St Laurent. 254 Cote Noir Rd.
4	Mother of the Deceased.....		Ellen Foulsham	66	" " "
5	Brothers of the Deceased	Full Blood	Charles Francis Foulsham	28	298 Woodland Ave Verdun Que.
		Half Blood			
6	Sisters of the Deceased	Full Blood	Ellen Foulsham	24	254 Cote Noir Rd. Mackayville St Lambert Que.
		Half Blood			

7	Names of brothers or sisters (whether of the full or the half blood) of the Deceased, *who are dead*, and date of death of each.	Names and ages of their children (if any)	Address of their children

8	Full names of the deceas
9	Date of his birth.
10	Place and date of his ma
11	Place and date of his par
12	Place where deceased wa
13	State, in order, the Provi resided before enlistment
14	Nature of employment b
15	State whether he owned so, where situated.
16	Name place where dece permanent home.
17	Did he leave a Will? If
18	If married, and domiciled in the U.S.A. or in a Co community of property contract dealing with pr
19	Did he have a Bank, Pos give name and address o Do you wish it administ
20	Amount of War Savings where located.
21	Amount of Victory Loa whether registered or be
22	If deceased had life in payable under each poli therein.
23	Describe other assets, if space on page 4 if neces
24	Did the deceased after (a) His own separa (b) Service clothing An itemized account f hereto, and if same "approved" and si particulars.
25	Have you or any other part thereof? If amount paid, and b
	(NOTE:—The Gov and burial is made Ove zone, and if a relative h authorized in the Regu the Government nor is

ANSWER FULLY EACH QUESTION ON THIS PAGE

PARTICULARS AS TO IDENTITY

8	Full names of the deceased.	Arthur Doubleday
9	Date of his birth.	30th of Nov 1916
10	Place and date of his marriage.	—
11	Place and date of his parents' marriage.	1st April 1913

PARTICULARS OF DOMICILE

12	Place where deceased was born.	Montreal
13	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each.	(a) Ontario - about six years. (b) (c) (d)
14	Nature of employment before enlistment.	Coppersmith - as much as is known
15	State whether he owned the premises in which he lived, and, if so, where situated.	No
16	Name place where deceased stated he intended to make his permanent home.	Not known

PARTICULARS OF ESTATE

17	Did he leave a Will? If in your custody, please forward.	Not known.
18	If married, and domiciled in the Province of Quebec or in a State in the U.S.A. or in a Country under the laws of which there is community of property between spouses,—was there a marriage contract dealing with property?	not married
19	Did he have a Bank, Post Office or other deposit account? If so, give name and address of bank, etc., and the amount on deposit. Do you wish it administered with the pay account?	Not known
20	Amount of War Savings Certificates held by deceased. Indicate where located.	Not known
21	Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.	Not known
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	London Life Insurance Co $2000. Surrendered while on military service.
23	Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary.	—

OTHER PARTICULARS

24	Did the deceased after enlistment incur any debts for:— *(a)* His own separate board and lodging while on service. *(b)* Service clothing and equipment. An itemized account for each such debt should be attached hereto, and if same is correct you should mark the bill "approved" and sign same. If believed incorrect, give particulars.	No knowledge.
25	Have you or any other relative paid the funeral expenses or any part thereof? If so, attach itemized accounts showing amount paid, and by whom.	No.

(NOTE:—The Government pays funeral expenses within the amounts authorized in the Regulations, where death occurs and burial is made Overseas as well as where death occurs and burial is made in Canada or elsewhere in the North American zone, and if a relative has already paid those expenses the Government will reimburse such relative to the extent of the amount authorized in the Regulations. Any amount of such expenses in excess of those authorized in the Regulations is not payable by the Government nor is it chargeable against the service estate of the deceased.)

5

(PLEASE TURN OVER)

tives that the deceased ever

ADDRESS IN FULL
of each surviving Relative, opposite his or her name, and date of death of each deceased relative

Mackayville, St Lambert.
254 Cote Nor Rd.

" " "

298 Woodland Ave
Verdun Que.

254 Cote Noir Rd.
Mackayville
St Lambert Que

Address of their children

DECLARATION

*Insert degree of relationship for example, "Widow", "Father", "Brother", etc.

I hereby declare that all the particulars shown on this form are correct, and a true and complete statement of all the relatives that the deceased ever had in the degrees specified; and that I am the

*Father. of the deceased.

N.B.—To be signed in full in the presence of a Clergyman, Priest, Local Magistrate, Commissioner or Notary Public or Commissioned Officer of any of His Majesty's Forces.

Mr Tirand Foulsham — Signature of Informant

254 Cote Nair Rd.- MacKayville St. Lambert P.Q. — Address

CERTIFICATE

I hereby certify that to the best of my knowlege and belief Frank Foulsham { Name of informant } is the* father of the Deceased above described, and I believe the above Declaration and the Statement of Relatives and of Particulars made by the Informant and signed in my presence to be complete and correct.

*See above.

Dated at Montreal P.Q. this 27th day of October 1944

Signature of Clergyman, Priest, Magistrate, Commissioner or Notary Public or Commissioned Officer of any of His Majesty's Forces.

A. N. MacLatchie. Qualification A. N. Mac LATCHIE Commissioner of the Superior Court District of Montreal

Address Room 1120 Sun Life Bldg Montreal P.Q.

NOTE.—Before granting the above Certificate, care should be taken to see that the informant gives particulars concerning the death of any Relative stated by him or her to have died, and that the full name and address and age of each surviving Relative specified is stated in its proper place in the Statement opposite.

(If the deceased has no living relatives of the degrees shown on page 2, the names and addresses and relationship of other relatives should be set out below.)

USE SPACE BELOW FOR ANY ADDITIONAL REMARKS YOU MAY WISH TO MAKE

Note. -

My son had been away from home for about 6 years before his enlistment.

He was employed at Malton Ont. but to the best of my knowledge he ~~left~~ did not leave any personal effects or Bank acct when he left to enlist.

He was at home for only a very few days before he proceeded O/S.

Mr Tirand Foulsham

A. N. MacLatchie.

A. N. Mac LATCHIE Commissioner of the Superior Court District of Montreal

elve.....Checked E.....Card J.....Observations.....

ORIGINAL
DUPLICATE
TRIPLICATE

M.F.M. 2
A.F.B. 271
500M—7-41 (1131)
H.Q. 1772-39-1645

(To be completed in triplicate. Copy designation to be shown by striking out terms not applicable.)

Unit PRINCE OF WALES RANGERS (AF) Regimental Number B.127859

ACTIVE FORMATIONS AND UNITS OF THE CANADIAN ARMY

ATTESTATION PAPER

WSG COMPLETED

01 Pte

1. Surname FOULSHAM
2. Christian Names ARTHUR
3. Present address 254 Cote Noir Rd.,Mackayville,Montreal,Quebec Canada
4. Date of birth Nov.18,1918
5. Place of birth Canada (Country) Quebec (County or Province) Montreal (Town or Township)
6. Religion (state denomination) Church of England
7. Trade or Calling Coppersmith & Aircraft Welder
8. Married, Widower or Single Single
9. Name of next of kin Mrs.Ellen Foulsham
10. Relationship Mother
11. Address of next of kin 254 Cote Noir Rd,Mackayville,Montreal,Quebec
12. Do you belong to, or have you served in a Reserve Formation or Unit of The Canadian Army? No

Temp(B)Training Centre "B", Camp Niagara, Ont. May-June 1942
(If Yes, Give Unit and Dates of Service)

13. Have you served in (*a*) an Active Formation or Unit of The Canadian Army? (Yes or No)

No (*b*) Any other Naval, Military, or Air
(If Yes, Give Regimental No. and Unit)

Force? B.620142 Temp(B)T/C "B" No Camp Niagara - Prince George,B.C., 21.5.42- 6.12.42
(Yes or No) (If Yes, specify Unit and Period of Service)

14. Did you serve during the Great War 1914-1918? No

(If Yes, specify Regimental No., Unit and Dates of Service)

DECLARATION TO BE MADE BY MAN ON ATTESTATION

I, ARTHUR FOULSHAM, do solemnly declare that the above particulars are true, and I hereby engage to serve in any Active Formation or Unit of The Canadian Army so long as an emergency, i.e., war, invasion, riot or insurrection, real or apprehended, exists, and for the period of demobilization after said emergency ceases to exist, and in any event for a period of not less than one year, provided His Majesty should so require my services.

Date 7.12.42 A. Foulsham
Witness: (Signature of recruit)

OATH TO BE TAKEN BY MAN ON ATTESTATION

I, ARTHUR FOULSHAM do sincerely promise and swear (or solemnly declare) that I will be faithful and bear true allegiance to His Majesty.

A. Foulsham (Signature of Recruit)

CERTIFICATE OF MAGISTRATE, JUSTICE OF THE PEACE OR ATTESTING OFFICER

The Recruit above-named was cautioned by me that if he made any false answers to any of the above questions he would be liable to be punished as provided by law.

The above questions and answers 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 Prince George,B.C. this Seventh day of December 19 42

L.O. Smith, Capt. — Signature of Magistrate, Justice or Attesting Officer.

Prince of Wales Rangers,CA(A) — Officer or Rank and Unit or appointment.

N.B.—ATTENTION IS DRAWN TO THE FACT THAT ANY PERSON MAKING A FALSE ANSWER TO ANY OF THE ABOVE QUESTIONS IS LIABLE TO A PENALTY OF SIX MONTHS' IMPRISONMENT

FINGERPRINTED

Record of Service of FOULSHAM (Surname) ARTHUR (Christian Names) Regimental Number B.127859

Qualifications

Military: Nil

Business or Professional: Nil

Trade or Civil: Coppersmith & Welder

Technical: Nil

Languages: English

Educational Qualifications

High School or Collegiate: Nil (years completed)

Graduation or Matriculation: Nil (specify)

*College: Nil

*University: Nil

*(Name of institution, courses or years completed, and degrees obtained to be shown)

All enlisted personnel will be taken on as Private soldiers, appointments and promotions to higher rank to be shown as provided in the space below.

Report Date	Report From whom received	Record of Promotions, Reductions, Transfers, Casualties, Reports, etc., from date taken on Strength of Canadian Army. (Active)	Rank Shown	Effective Date	Unit	Place	Authority Part II D.O. No. Cas. List, etc.	Authority Dated
5104-		Joined on appointment Having served as Member H.D. with the Prince of Wales Rangers CA(A) is allotted Active Regimental No.B.127859	Pte.	7.12.42	P.W.R.	Pr.George	D.O.#230 m	18.12.42
—		SOS to D.D. 3A Kingston, Ontario	"	29.12.42	" "	" "	D.O.#237	28.12.42
12		TOS.No.3A District Depot O/T from Prince George B.C, for records and pay wef.30-12 42 & for all other purposes wef.2-1-43	"	30-12-42	3A DD	K'ton	D.O.2	2-1-43
		Granted Embarkation Leave from 2-1-43 to 5-1-43 & Ration Allowance from 2-1-43 to 5-1-43 inclusive.	"	2-1-43	"	"	D.O.2	2-1-43.
		SOS. ~~on proceeding~~ to Port of Embarkation	"	10-1-43	"	"	D.O.12	10-1-43.

For additional entries use M.F.M. 1 and 2 (a)

Name in full Ar

Place Mackay

Part 1.

1. Age 24

a. Rheumatism

b. Tuberculosis

c. Bronchitis or

d. Heart diseas

e. Kidney or bl

f. Stomach or

g. Rupture

h. Varicose vei

i. Foot trouble

j. Nasal troub

Part 2.

1. Identificatio

2. small

2. Height 5.

4. Complexion

6. Chest measu

7. Vision,

With Glass

9. Condition o

10. The abnorm

Small

Mld. c

Part 3. V

reported in the

and Instruction

Special remark

Date

X-

5.9.42 RAF

5.9.42 RAF

26.9.42 RAF

2 Dec 42 Re

24.12.42 Re

For additional entries use M.F.M. 1 and 2 (a)

INSTRUCTIONS

1. Only a duly qualified and licensed medical practitioner in Canada who has been appointed by the Minister of National War Services as an " examining physician," in accordance with the National War Services Regulations, 1940 (Recruits), may examine the man and complete this form and certificate.

2. The " examining physician " must examine the man and complete this form and certificate herein contained in accordance with the " Physical Standards and Instructions for the Medical Examination of Recruits ", copy of which will be supplied to each " examining physician ".

3. The " examining physician," immediately upon completing this form and certificate must mail or deliver it in person to the Divisional Registrar of the Administrative Division of the Department of National War Services in which the man resides. The address of the Divisional Registrar appears in the upper left hand portion of the man's " Notice-Medical Examination."

4. Payment for the examination of each man will be made by the Department of National War Services, Ottawa, to the duly appointed examining physician concerned. Examining physicians will not submit any other account; this properly completed form and certificate will serve in lieu of an account. Payment will be made as soon as possible after the end of the month.

5. The Divisional Registrar of the Administrative Division in which the man examined resides, immediately upon receipt of this form properly completed, will stamp hereupon the date the form has been received by him and will prepare or have prepared, four exact and typewritten copies of this original, showing upon the four copies the date the original was received from the examining physician. Each such copy will be certified as a true and correct copy by the Divisional Registrar or by a person duly appointed by him for this purpose.

The Divisional Registrar will retain the first typewritten copy. He will attach a copy to the original form and certificate received from the examining physician and will immediately forward both original form and certificate and the copy to the Department of National War Services, Ottawa. He will forward a copy to the representative of the Department of National Defence; and the last copy, if the man has been found fit for military training and is being notified to report to a military training centre, to the Officer Commanding the military training centre to which the man has been instructed to report. If the last typewritten copy is not so disposed of, it shall be retained by the Divisional Registrar.

6. No copy of this form is to be in the possession of any unauthorized person.

Section 12 (3) of the National War Services Regulations, 1940 (Recruits), reads as follows:—

" (3) In any case in which any doubt arises as to the accuracy of the examining physician's certificate of unfitness for military training of any man so certified by him, the Divisional Registrar may give the man concerned another notice requiring him to submit himself for another examination, in which case the man shall report at such place and time as will be indicated to him by the Divisional Registrar for examination by three examining physicians appointed by the Minister. Such three examining physicians will examine the man, and if they do not confirm the certificate given in the case of the man concerned by the examining physician who first examined him, shall issue another certificate which will be final and conclusive."

Section 36 of the National War Services Regulations, 1940 (Recruits), reads as follows:—

" Any examining physician who, in furnishing information under these regulations, knowingly makes any inaccurate statement or signs an inaccurate certificate shall be guilty of an offence and liable on summary conviction to imprisonment for a term not exceeding six months or to a fine not exceeding one hundred dollars or to both such imprisonment and such fine."

(See National War Services Regulations, 1940 (Recruits).)

NOT FOR EXAMINING PHYSICIAN

The space below is reserved for Training Centre Medical Officer

Record in detail any disease or disability not previously described:—

Category : A.

Signature J. Leighton Lt. R.C.A.M.C.
Training Centre Medical Officer.

Training Centre No. or Name .....

N.P.A.M. No. .....

Station	Admission to Hospital			Discharged from Hospital			Disease	Remarks: If mild or severe; if completely recovered from. If an accident, state whether Court of Inquiry was held. Date of issue of surgical appliances supplied.
	Day	Month	Year	Day	Month	Year		

Dept. of National War Services
ADMINISTRATIVE DIVISION "B"
TORONTO, ONT.
MAY 1942
I HEREBY CERTIFY THIS TO BE A TRUE AND CORRECT COPY
P. A. Irwin
DIVISIONAL REGISTRAR

DO NOT FORWARD THIS FORM TO OTTAWA

This completed form MUST be returned immediately to the Divisional Registrar concerned.

(See man's "Notice-Medical Examination" for Registrar's address)

MEDICAL EXAMINATION AND CERTIFICATE FORM

DEPARTMENT OF NATIONAL WAR SERVICES

NATIONAL RESOURCES MOBILIZATION ACT, 1940

Notice of Call Serial No:—	← **IMPORTANT—EXAMINING PHYSICIAN. Please see man's "Notice-Medical Examination" and insert serial number here**
B.61443	

This form to be used by divisional registrars for copies of original medical examination and certificate forms.

PART I

Name in full FOULSHAM (Print in block letters) (Surname) ARTHUR (Given Names)

Born: Place MONTREAL (City, town or village) Canadian Province (or other country) QUEBEC Date Nov. 18/18

Permanent Postal Address 110 Rosemount Ave. (Street and Number) Weston (Rural Route and Post Office) (Town or City) Ontario (Province)

The following questions must be answered "Yes" or "No".

Have you ever suffered from any of the following:—

Rheumatism no Tuberculosis no Bronchitis or Asthma no Heart Disease no

Kidney or Bladder Disease no Stomach or Intestinal Trouble no Rupture no Varicose Veins no

Trouble with feet no Nasal Trouble no Ear Trouble no Eye Disease no Fits no

Nervous or Mental Disease no Syphilis no Gonorrhoea no Have you ever worn Glasses? no

Have you ever been rejected for Military Service? no Are you in receipt of disability pension or compensation? no ("Yes" or "No") If so, from whom?

Place Weston (City, town or village) Province Ontario Date May 9/42

(Signed): A. Foulsham

Man examined must sign here in presence of examining physician: → **Signature of man.**

PART II

Examiner's remarks. Give a clear and concise history of any of the above conditions where the answer is "Yes"

Physical examination (the man must be stripped)

1. Height 5 feet 10½ inches. 2. Weight 150 pounds
3. Complexion fair Colour of eyes blue Colour of hair brown 4. Development good {good / fair / poor} Strike out inapplicable words.
5. Chest measurement—Girth on full expansion 36½ inches
   Range of expansion 1 inches
6. (*a*) Vision without glasses—Right eye 20/20 left eye 20/20
   (*b*) If in possession of glasses: Vision with glasses—Right eye left eye
7. Hearing, right ear normal left ear normal
8. Mouth and teeth good
   Describe dentures, if any none
9. If the above named man suffers from any disability, whether congenital or pathological, which places him in a category lower than "A", a clear and concise description of such disability is to be given here:—

PART III

I have examined the man in accordance with the "Physical Standards and Instructions for the Medical Examination of Recruits" and certify that he is fit for:—

Category "A" A
" "B I"
" "B II"
" "C I"
" "C II"
" "D"
" "E"

(Signed):
Signature F. Cruickshank (Examining Physician)

Address 186 Main St. N. Weston, Ont.

Date Rovd. May 12/42

(Important: See other side)

N.W.S. Form No. 1AR

(To be completed

O.H.F.
Completed
21/5/42

N.R.M.A. Ser

1. Taken on
2. Surname
3. Christian
4. Present
5. Place of
6. Date of B
8. Physical
   Complexi
9. Married,
10. Next-of-K
11. Trade or
12. Previous
13. Preferenc
14. Employm

A. Attached
   Complete

B. Attached
   Complete
   Qualities
   Transferr

C. Medical C

(To be completed in triplicate)

M.F.M. 103
100M—12-41 (2629)
H.Q. 1772-39-1828

O-H.F.
Completed
21/5/42

MILITIA ACT
THE NATIONAL RESOURCES MOBILIZATION ACT, 1940

N.R.M.A. PERSONNEL

ENROLMENT FORM

N.R.M.A. Serial Number of Notice of Call B.61443 Regimental Number B.620142

1. Taken on Strength of No. 2 N.R.M.A. Clearing Depot Toronto, Ontario.
2. Surname (Block Letters) FOULSHAM
3. Christian Names (in full) Arthur
4. Present Address 110 Rosemount Ave., Weston, Ontario, Canada.
5. Place of Birth Canada (Country) Quebec (County or Province) Montreal (Town or Township)
6. Date of Birth Nov. 18, 1918 7. Religion—Denomination Church of England
8. Physical Description: Height 5' 10" Weight 150 lbs Eyes Blue Hair Brown
   Complexion Fair Identification marks Nil
9. Married, Single, Widower? Single
10. Next-of-Kin Mrs. Ellen Foulsham (Name) Relationship Mother
    254 Cote Noirex Rd., Mackayville, Montreal, P.Q. Quebec, Canada. (Address)
11. Trade or Occupation Coppersmith & Airoraft Welder.
12. Previous Naval, Military or Air Service Nil (State Units and Dates of Service)
13. Preference, if any, for, R.C.N.? Army? (Arm of Service) R.C.A.F.? Yes
14. Employment in War Industry, if any National Steel Car., Malton, Ontario, Canada.

J. Foulsham
(Signature of Man)

George Hyde Lieut
(Signature and Rank of Enrolment Officer)

May 21st, 194
(Date of Signature)

TRAINING CENTRE PARTICULARS

A. Attached to Basic T.C. No. "B" BTC at Camp Niagara Date 21-5-42
   Completed ..... Days Basic Training.

(Date, Signature, and Rank of Recording Officer)

B. Attached to Advanced T.C. No. ..... at ..... Date .....
   Completed ..... Days Advanced Training.
   Qualities of Leadership, Positive ..... Becoming Evident? ..... Dormant? .....
   Transferred to ..... (R.C.N. formation or unit of the C.A., R.C.A.F.) Date .....

(Date, Signature, and Rank of Recording Officer)

C. Medical Category on acceptance at Basic Training Centre "A"

RECORD OF SERVICE of FOULSHAM (Surname) Arthur (Christian Names) Regimental Number B.620142

QUALIFICATIONS

1. Naval, Military, or Air: Nil
2. Business or Professional: Nil
3. Trade or Civil: Coppersmith & Aircraft Welder
4. Technical: Nil
5. Languages, etc.: English (mother tongue) Can speak? English Can read and write? English Can drive a car? Yes Repair a motor? No Cooking experience? No Hobby? No

EDUCATIONAL QUALIFICATIONS

6. High School or Collegiate: Public School Entrance (years completed) Graduation or Matriculation: Nil (specify)
7. *College: Nil
8. *University: Nil

*(Name of institution, courses or years completed, and degrees obtained to be shown)

All N.R.M.A. Personnel will be taken on as Private soldiers, appointments and promotions to higher rank to be shown as provided in the space below.

Report		Record of Promotions, Reductions, Transfers, Casualties, Reports, etc., from date taken on Strength of Field Force.	Rank Shown	Effective Date	Unit	Place	Authority	
Date	From whom received						Part II D.O. No. Cas. List, etc.	Dated
		Joined on TRANSFER from N.R.M.A. Clearing Depot No. TOS Temporary "B" BTC	Pte.	21-5-42	"B" BTC	Camp Niagara	D.O. 1	21-5-42
		Granted furlough from 7.11.42 to 20.11.42 plus 7 days ordinary leave for travelling time to draw Ration Allowance at the rate of fifty cents per diem while on leave(21days)Trans.Warrant#A41454 issued	Pte.	7.11.42	PofWRang	Pr.George	D.O.#196	7.11.42
		Returned from Furlough	"		"	"	D.O.#213	28.11.42
		SOS.Temp.(B) T/C "B" on transfer to PWR as member H.D.	"	22.9.42	"	"	D.O.#77	23.9.42
		TOS.PWR as member H.D. from Temp.(B) T/C "B".	"	23.9.42	"	"	D.O.#160	23.9.42
		Having been enlisted in the Prince of Wales Rangers, CA(A) on 7.12.42 are discharged from Prince of Wales Rangers members H.D.	"	6.12.42	"	"	D.O.#230	18.12.42

Regtl. No. B.620142 Rank Pte. Surname FOULSHAM Christian Names Arthur

VACCINATIONS, INOCULATIONS, BOARDS, RECLASSIFICATION OF MEDICAL CATEGORY

Date	Brief Details and Signature	Date	Brief Details and Signature	Date	Brief Details and Signature
AUG 9 1942	T.A.B.T. VACC. J.C.C. Dawson capt				
SEP 5 1942	3/ J.C.C. Dawson capt				
SEP 26 1942	3/ P.S. Clement maj.				
SEP 5 1942	X-RAY CHEST NEGATIVE J.C.C. Dawson capt.				

STATION	Date of Arrival at Station	Dates of Admission into Hospital: Day	Month	Year	Dates of Discharge from Hospital: Day	Month	Year	DISEASE	Number of days in Hospital	Remarks on nature of the disease; how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease. 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.	Signature of Medical Officer

Page 4

CERTIFICATE OF MEDICAL EXAMINATION

Name in full Arthur Foulsham Place Prince George B.C.

Place Mackayville, Montreal, Quebec. Date July 1st 1942

Part 1. Information obtained from the recruit.

1. Age 24 2. Have you ever suffered from any of the following diseases?

a. Rheumatism	No	k. Ear disease	No
b. Tuberculosis or pleurisy	No	l. Eye disease	No
c. Bronchitis or asthma	No	m. Fits	No
d. Heart disease	No	n. Nervous or mental disease	No
e. Kidney or bladder disease	No	o. Syphilis	No
f. Stomach or bowel trouble	No	p. Gonorrhoea	No
g. Rupture	No	q. Have you ever worn glasses?	No
h. Varicose veins	No	r. Are you now or have you in the past received disability pension or compensation? If so, give details	No
i. Foot trouble	No		
j. Nasal trouble	No		

A. Foulsham.
Signature of Applicant.

Part 2. Information obtained by medical examination. THE RECRUIT MUST BE STRIPPED

1. Identification marks or scars. (If operative obtain history).

2 small light brown birth marks outer rt. arm

2. Height 5 feet 9½ inches. 3. Weight 148 pounds.
4. Complexion Medium Eyes Blue Hair Lt. brown
5. Development Good (Good / Fair / Poor)
6. Chest measurement—Girth on full expansion 36 inches.
   Range of expansion 2 inches.
7. Vision, right 20/20 left 20/20
   With Glasses— right left
8. Hearing, right CV-20 left CV-20
9. Condition of mouth and teeth Good
10. The abnormalities (congenital and pathological) found on examination are as follows

Small degree pes cavus rt. foot-plus slight atrophy calf muscles.
Mild callus head metatarsal rt. Urine negative and reflexes normal

Part 3. We, the examiners, find no evidence of the diseases mentioned in Question 2, Part 1, except as reported in the remarks. We have examined the Recruit in accordance with the pamphlet "Physical Standards and Instructions for the medical examination of recruits" and he is found fit for Category A1,

Special remarks when category lower than A

H.H. Stringer Capt. B.B. Moscovitch Capt. C.N. Young Capt.
President F.H. Stringer, Capt. Member B.B. Moscovitch Capt. Member C.N. Young, Capt.

VACCINATIONS, INOCULATIONS, BOARDS, RECLASSIFICATION OF MEDICAL CATEGORY

Date	Brief details and signature	Date	Brief details and signature
5.9.42	X-RAY CHEST NEGATIVE		
6.8.42	TABT-Vacc.		
5.9.42	TABT		
26.9.42	TAB T 3		
2 Dec 42	Re-exam Cat A1 H.H. Stringer Maj		
24.12.42	Re-exam Cat A1 H.H. Stringer Maj.		

Regtl. No. B.127859 Rank Pte Surname FOULSHAM Christian Name ARTHUR

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.	Signature of Medical Officer
		Day	Month	Year	Day	Month	Year				

(10). Have you a common-law wife—whom you have been regularly supporting and publicly representing as your wife for at least 2 years immediately prior to appointment or enlistment?.....

If so, state her full name and Postal Address.....

N/A

(11) Is your father alive? Yes

If so, state name and address, occupation Mr.Frank Foulsham,254 Cote Noir Rd., Mackayville,Montreal,Quebec Cook

(12) If your father is a widower and is totally incapacitated from earning a living—are you his sole or partial support? N/A

(13) If sole or partial support of father who is a widower, totally incapacitated from earning a living —state what amount per month you have given him prior to appointment or enlistment.....

N/A

Also state reason he has no other means of support if partially supported by you, what is your reason for not providing full support? N/A

(14) Is your mother alive? Yes

If so, state name and address Mrs.Ellen Foulsham

254 Cote Noir Road,Mackayville,Montreal,Quebec

(15) If your mother is a widow, are you her sole or partial support? N/A

(16) If sole or partial support of widowed mother—state what amount per month you have given her prior to appointment or enlistment N/A

Also state reason why she has no other means of support, if partially supported by you what is your reason for not providing full support? N/A

(17) Are you contributing to the support of any dependents, other than those shown above? N/A
This may include any brothers 16 years of age or under, or any sisters 17 years of age or under, solely supported and maintained as bona fide members of your household before your appointment or enlistment.

If so, state the following particulars:—

Relationship N/A

Full Name .....

Postal Address .....

Amount contributed monthly during the past six months N/A

.....

(18) Are you insured? Yes

If so, in what Company? London Life

(Give number of policy)

Have you made arrangements for payment of your Insurance Premium? No
If not, and it is a monthly premium, you may assign the amount in addition to any other assignment you wish to make, provided the total assignment is not in excess of the maximum monthly amount which may be assigned.

I hereby certify that the information given by me on this form is correct in each and every particular.

A. Foulsham
(Signature of officer or man)

Date 7.12.42

R.C.Money Major & Lt.Col.
Officer Commanding Prince of Wales Rangers(AF)

Date 7.12.42

N.B. If parent(s) of the officer or other rank concerned has (have) been replaced by foster parent(s), questions relating to fathers and/or mothers above should be altered and answered as applicable.

To be made out in duplicate

M.F.M. 5
200M—2-41 (9495-6)
H.Q. 1772-39-1651

PARTICULARS OF FAMILY OF AN OFFICER OR OTHER RANK OF THE CANADIAN ARMY (AF) OR R.C.A.F. (ON ACTIVE SERVICE)

INSTRUCTIONS.

(*a*) This form is to be completed immediately an officer or other rank is appointed to, or enlisted in, the Canadian Army (AF) or R.C.A.F. ON ACTIVE SERVICE.

(*b*) All questions, etc., must be completed.

(*c*) Both copies of the form are to be forwarded by the Officer Commanding the unit for each officer and other rank, to the Paymaster, or Officer acting as such. The latter will transmit one copy, through the District, Command, or Camp Paymaster, to the Officer i/c Records, N.D.H.Q., Ottawa. The other copy will be retained by the Paymaster of the unit, when transferred to another unit the copy retained by the Paymaster will be sent to the Paymaster of the individual's new unit.

---

(1) Name of Officer or Other Rank FOULSHAM
(Surname first—Christian names in full—Block capitals)
ARTHUR

(2) Regimental or Official Number and Rank B.127859

(3) Unit PRINCE OF WALES RANGERS (AF)

(4) Are you married? No

(5) If married, state,

(*a*) Full name of your wife N/A

(*b*) Present postal address of wife N/A

(6) If married, have you been regularly supporting your wife? If not—state reasons
N/A

(7) Are you a widower? No

(8) Have you any children? No Number of boys N/A Girls N/A

Names and ages
N/A

(9) If Dependents' Allowance is claimed in respect of children—state whether you have been regularly supporting them N/A

Give particulars of Guardians to whom Dependents' Allowance should be paid—if authorized.

Name N/A

Postal Address

[SEE OTHER SIDE]

M.F.M. 1 & 2A
40/P & S/119 (12/42)

Statement of the Service of No. B 127859 Rank Pte. Sheet No.

Name Fadsham Arthur

REPORT Date	REPORT From whom received	Record of Promotions, Reductions, Transfers, Casualties, Reports, etc. (Continuation of Folio 2, M.F.M. 1 or M.F.M. 2)	Rank Shown	Effective Date	Unit	Place	Authority Part II D.O. No. Cas. List, etc.	Authority Dated
		S.O.S. C.A.(A.F.) CANADA ON						
	/	EMBARKATION ON 4 Feb 43						
	/	T.O.S. C.A.(A.F.) OVERSEAS ON						
	/	TRANSFER ON 5 Feb 43						
	/	AND DISEMBARKED ON 13 Feb 43						
	/	T.O.S. — 5 C.I.R.U. 14 Feb 43		19 Feb 43	5 C.I.R.U.	U.K.	14	Feb. 19/43
	/	Prov Leave with rateen allervance	Pte	17/26 Feb 43	5 CIRU	UK	15	22 Feb 43
SOS	/	S.O.S to ICSBD.	Pte	12 May 43	5 CIRU	U.K	41	14 May 43
✓	TOS /	T.O.S P.P.C.L.I X.H List BD from 5 CIRU	Pte	12 May 43	X LIST PPCLI	U.K	1-A	19 May 43
	/	Embarked & S.O.S Can Army UK	Pte	29 Jun 43	X List PPCLI	NA	11-A	22 Jul 43
	/	T.O.S Can Army (M)	Pte	30 Jun 43	X List PPCLI	NA	11-A	22 Jul 43
	/	Disembarked	Pte	11 Jul 43	X List PPCLI	NA	11-A	22 Jul 43
	/	Posted from x 4 PPCLI (ARC) to x-4 PPCLI (4 Bn)	Pte	29 July 43	x list PPCLI	NA	15A	19 Aug 43
SOS								
	TOS /	TOS from x-4 LSC. (P.P.C.L.I) 4 BN)	Pte	4 Aug 43	PPCLI	NA	38	31 Aug 43
	/	To draw $1.50	Pte	1 July 43	PPCLI	NA	40	23 Sep 43
C101 SOS	/	S.O.S to x 3 list P.P.C.L.I on adm to Hosp (Sickness)	Pte	4 Oct 43	PPCLI	NA	44	21 Oct 43
C81	TOS /	T.O.S x 3 PPCLI from PPCLI on adm. to	Pte	8 Oct. 43.	X LIST. P.P.C.L.I	N.A.	26A.	21 Oct. 43
C81 SOS	/	S.O.S To PPCLI disch Hosp	Pte	12 Oct. 43	X P.P.C.L.I	NA	28A	7 Nov. 43
	TOS /	TOS from x3 list (disch Hosp)	Pte	13 Oct 43	PPCLI	NA	45	30 Oct 43

Statement of the Service of No..... Rank..... Sheet No.....

Name.....

REPORT		Record of Promotions, Reductions, Transfers, Casualties, Reports, etc. (Continuation of Folio 2. M.F.M. 1 or M.F.M. 2)	Rank Shown	Effective Date	Unit	Place	Authority	
Date	From whom received						Part II D.O. No. Cas. List. etc.	Dated
	1	KILLED	Pte	23May44	PPCLI		CLA446	1 JUN 44

PPCLI

SERVICE AND CASUALTY FORM

PART I (For all ranks)

M.F.M. 4 (Part I)
A.F.B. 103 (Part I)
150M—5-41 (512)
H.Q. 1772-39-1649

Unit P.P.C.L.I. ~~Prince of Wales Rangers C.A. (A)~~ Regimental Number B.127859

	(17) Regiment or Corps	Unit (Battn., etc)
1. Surname FOULSHAM		
2. Christian Names Arthur	Prince of Wales R.	P.P.C.L.I.
3. *Substantive Rank and Appointment		
*Acting Temporary or Local Rank	C.I.C	
giving date		

*To be entered in pencil to facilitate alteration.

4. Place of birth Montreal, Quebec, Canada	(18) Medical		
5. Date of birth as declared on attestation (A) 18 Nov. 1918	Category	Date	Authority
6. Date of enlistment 7.12.42	A1	2.12.42	Med. Board
7. Place of enlistment Prince George, B.C.			
8. Residence at time of enlistment Montreal, Quebec.			
9. (B) Special conditions (if any) of enlistment or rate of pay			
10. (C) Any subsequent variations of conditions of service			
11. Religion Church of England			
12. If married, state date	(19) Next of kin (entries to be made in pencil) Mother		
13. Trade on enlistment Coppersmith & Welder	Mrs. Ellen Foulsham (mother)		
14. Corps, trade and grade	254 Cote Nord Rd		
15. (D) Qualifications	Montreal, Quebec		
16. (E) Miscellaneous entries	(20) E. Canada		
	(21) E.		
	(22) E.		

NOTES—

(A) Here enter particulars of any subsequent claim as to actual age after verification of birth certificate.
(B) Whether for home service only, enlisted at special rates of pay, etc.
(C) If to be retained on home service, period if specified to be stated; also authority and on what grounds: see (A) above.
(D) Signaller, Farrier, etc.
(E) Instructions regarding allotment of these sub-heads will be made as may be necessary after mobilization.

(a) Report: Date	(a) Report: From whom received	(b) Unit	(c) Record of all casualties regarding promotions (acting, temporary, local or substantive), appointments, transfers, postings, attachments, &c., forfeiture of pay, wounds, accidents, admission to and discharge from Hospital, Casualty Clearing Stations, &c. Date of disembarkation and embarkation from a theatre of war (including furlough, &c.) in accordance with para. 2 of Note to Table I of Appendix III of Field Service Regulations, Volume I	(d) Place of Casualty	(e) Date of Casualty	(f) Army rank as at (e)	(g) Army Form or other authority for entry to be shown
			S.O.S. C.A.(A.F.) CANADA ON				
			EMBARKATION ON 4 Feb 43.				
			T.O.S. C.A.(A.F.) OVERSEAS ON				
			TRANSFER ON 5 Feb 43.				
			AND DISEMBARKED ON 13 Feb 43				
			T.O.S. — 5 C.I.R.U.	U.K.	4 Feb 43	Pte.	D.O.14 D/19 Feb 43.
			Pte (6 days and allowances) 15-24 Feb 43	"	15 Feb 43	"	15 / 22 Feb "
		5 C.I.R.U.	S.O.S. to I.C.S.B.D.	U.K.	12 May 43	Pte	71 14 May 43.
May 13/43		I.C.S.B.D.	T.O.S. 5 C.I.R.U.	Field	13 May 43	"	2 d/19 May 43.
		TOS	X-4 List PPCLI	"	12 June 43	"	1/A 14 May 43
12 Jul 43			POSTED TO X4 LIST PPCLI (A.R.D.)		12 Jul 43	"	9A 15-7-43
			SOS CA (U.K.) ON EMBARKATION AT —		29 JUN 43	"	11-A d/22-7-43
		TOS CA (M.U.)	ON TRANSFER ON 30 JUN 43 AND DISEMBARKED AT		ON 11 Jul 43	"	" "
			POSTED TO X-4 LIST (4 BN)	"	29 Jul 43	"	15A/43
		S.O.S.	X-4 LIST PPCLI (4 BN)	M	3 AUG 43	"	
		T.O.S.	PPCLI F.U.	"	4 AUG 43	"	36/43
			GRINCR RATE OF PAY OF 1.50	"	1 Jul 43	"	H0/43
		PPCLI	SOS PPCLI ON ADM TO HOSP	"	7 OCT 43	"	44/43
	SICK	X4 LIST	ADM TO 5 CFA	"	"	"	26A/43
		"	T.O.S. X3 LIST PPCLI	"	8 OCT 43	"	26A/43
			SOS X3 list on disch	-	12 Feb Oct 43		38A/43.
		PPCLI	TOS from X3 list		13 Feb Oct 43		45/43
			admtd 5 CFA	"	7 "		33/9/43
			Disch		10 "	"	"
Feb 10 21			SOS - Killed in Action	Field	23 May 44	Pte	39/44

FORM 6

DOMINION BUREAU OF STATISTICS—QUEBEC DEATH TRANSCRIPT

Do not write in this space

1. PLACE OF DEATH — Municipal county: IN THE FIELD (ITALY) — Official name of civil municipality or township: — *Place an X over the word which applies to this municipality or this territory*: City | Town | Village | Parish | Township

Street: — No. — Hospital or Institution:

2. LENGTH OF STAY

(a) In hospital or institution	Years	Months	Days	(b) In municipality where death occurred	Years	Months	Days	(c) In Province	Years	Months	Days	(d) In Canada (if immigrant)	Years	Months	Days

3. NAME OF DECEASED

Surname: POULSOM (*Block letters*)

Given names: Arthur

Do not write in this space

4. RESIDENCE

Street: Cote Noir Road No. 254

Official name of civil municipality or township: MacKayville, Montreal

Municipal county: — Province: Quebec

5. SEX	6. NATIONALITY (Citizenship)	7. RACIAL ORIGIN	8. Single, Married, Widowed or Divorced (*Write the word*)
M			SINGLE

9. If married give name of wife or husband of deceased:

10. BIRTHPLACE (Province or Country): Quebec

11. DATE OF BIRTH: November (Month) 18th (Day) 1918 (Year)

12. AGE OF DECEASED	Years	Months	Days	If less than one day old
	25			....hrs. or....min.

OCCUPATION

13. Trade, profession or kind of work, as **spinner, teamster, office clerk,** etc.: Coppersmith & Aircraft Welder.

14. Kind of industry or business, as **cotton-mill, lumbering, bank,** etc.:

15. Date deceased last worked at this occupation:

16. Total years spent in this occupation:

17. NAME	18. BIRTHPLACE (Province or Country)
FATHER	
MOTHER (Maiden Name)	

19. Place of burial, cremation or removal: Italy

20. Date of burial: ....19....

21. PLACE OF REGISTRATION OF THIS BURIAL

(a) Name of parish or church:

(b) Civil municipality of:

(c) Municipal county:

(d) Date: ....19.... (Month) (Day) (Year)

CONFIDENTIAL MEDICAL CERTIFICATE OF DEATH

22. Date of death: May (Month) 23rd (Day) 1944 (Year)

23. I HEREBY CERTIFY that I attended deceased from ....19.... to ....19....

and last saw h....alive on ....19....

24. CAUSE OF DEATH

I

Immediate cause — Give disease, injury or complication which caused death, **not** the mode of dying, such as heart failure, asphyxia, asthenia, etc.: (a) Killed in Action.

due to

Morbid conditions, if any, giving rise to immediate cause (stated in order proceeding backwards from immediate cause): (b)....

due to

(c)....

II

Other morbid conditions (if important) contributing to death but **not causally related to immediate cause.**:

III If a communicable disease is mentioned on this certificate, give (a) Date of appearance....19....

(b) Duration of disease....days

25. If a woman, was there a puerperal condition?....

26. Was there a surgical operation?....Date of....19....

State findings....Was there an autopsy?....

27. If death was due to external causes (violence) fill in also the following:—

Accident, suicide or homicide....Date....19....

(State which)

Manner of injury....

(How sustained)

Nature of injury....

Specify whether injury occurred in **industry, in home, or in public place**....

OVERSEAS CASUALTY CANADIAN ARMY

Signed....**M.D.**

Address....**Date**....19....

28. Signature of person who fills in the form (curate, coroner, hospital authority, etc.)

G Jones Lt/S.

This signature authorizes the collector to accept this form as authentic.

29. Name of clergyman in charge of Register of Civil Status in which registration of this burial was made.

(Voir l'autre côté pour le français)

MAR 27 1945

Director of Records, Dept. of National Defence.

OFFICIAL CANADIAN ARMY OVERSEAS CASUALTY NOTIFICATION

NUMBER B127859 RANK Private SERVICE UNIT The Princess Patricia's Canadian Light Infantry (CA)

NAME FOULSHAM, Arthur

DATE OF BIRTH
DAY 18th MONTH November YEAR 1918 Enlistment: 7-12-42

MARITAL STATUS Single Religion: Church of England

NEXT OF KIN AS SHOWN ON M.F.M. 1, 2 & 5 RELATIONSHIP Mother NAME Mrs. Ellen Foulsham

ADDRESS 254 Cote Noir Rd. MacKayville St. Lambert, Montreal, Quebec D.A.B.

ADDITIONAL PERSON TO BE NOTIFIED ADDRESS

PARENTS NAME

ADDRESS (IF SOLDIER MARRIED OVERSEAS)

AUTHORITY CAS. SIG. NO. Canrecords 6338 H.Q.405-F-11089

CASUALTY DETAILS Killed in Action DATE 23-5-44

LAST WILL ATTACHED TO NOTIFICATION TO A. OF E.? YES/NO PER

M.F.M.5. ATTACHED TO NOTIFICATION TO A. OF E.? YES/NO

DATE 7-6-44

OFFICER I/C RECORDS

6

COPY FOR DOCUMENT FILE

23-5-44

(O.C.L.-491)

AWARDS—CANADIAN ARMY (ACTIVE) (1601)

FB

500M—1-44 (3467)
1772-4-8

FILE NO. 405-F-11089

SURNAME (IN BLOCK LETTERS)	CHRISTIAN NAMES	REG. NO.	RANK ON DISCHARGE	C.A.S.F. UNIT
FOULSHAM,	Arthur	B-127859	Pte.	P.P.C.L.I.

WAR SERVICE BADGE (CLASS) NO. DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED
1939-45 Star Italy Star War Medal CVSM & Clasp	6746 24/3/50

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION NO. DATE OF DESPATCH

(1) MEDALS

PERSON ENTITLED TO Mrs. Ellen FOULSHAM (MOTHER)

ADDRESS: ~~254 Cote Noit Road,~~ 2950 Grande Allee MacKayville, St. Lambert, Montreal, P.Q.

(1)

MEMORIAL BAR

DATE DESP.....

REGN. NO 1615

(2) MEMORIAL CROSS

WIDOW

ADDRESS:

(2)

(3) MEMORIAL CROSS

MOTHER Mrs. Ellen FOULSHAM, (ENGLISH)

(1601)

ADDRESS: 254 Cote Noir Rd., MacKayville, St. Lambert, Montreal, Que.

(3)

DESP. JUL 19 1944

REGN No. 591

No B.127859 Rank Private Name FOULSHAM, Arthur

Unit P.P.C.L.I. Date of death 23rd May, 1944.

Died at Italy

Cause Killed in action.

Death occurred on strength of Forces.HQ 405-F-11089 d 7-6-44

N/K Mrs. Ellen Foulsham Relationship Mother

Address 2950 Grand Allee, MacKayville, St.Lambert, Montreal, P.Q.

Remains buried in Cemetery

2 CIB Cemetery MR 760167 Ppcli Sec Italy

Grave location 1/25000 Sheet 160 II NW Pignataro Interna

OVER

DEATH CERT. TO N.K.

BURIAL REPORT TO N.K. AUG 8 1945

RETURN TO BUR. OF STAT. MAR 27 1945

ROYAL MESSAGE DESP'D. JUN 30 1944

CAN. MESSAGE DESP'D. 14-6-44

H I & CR Form Despd. OCT 31 1946

Photographs Despatched FEB 11 1948

REBURIAL

Cassino Military Cem.
Cassino, Italy.
Plot 9, Row A, Grave 14

File No 4/05-F-11089

VERIFICATION FORM

WAR SERVICE MEDALS 1939-45

No. B127859 Name FAULSHAM ARTHUR

Rank on Discharge Pte Date of Discharge 23-5-44

Authority for Discharge or Retirement Deceased

Served in:

				Non-qualifying service
Canada	from 7-12-42	to	4-2-43	
	from	to		
United Kingdom	from 5-2-43	to	30-6-43	
	from	to		
Italy	from 1-7-43	to	23-5-44	Killed in Action
Northwest Europe	from	to		
---------	from	to		
---------	from	to		

Eligible for award of:

1939 - 45 Star ok

Italy Star ok

~~France-Germany Star~~

Defence Medal NE

War Medal ok

Canadian Volunteer Service Medal ok

with clasp ok

M

Verified by Evelyn Bailey

Date 9-7-46

Carded JUL 10 1946

HA 165

NRD

File Copy

405-F-11089

Quote No.....

DEPARTMENT OF NATIONAL DEFENCE

ARMY

Ottawa, Canada,
7th June, 1944.

Commissioner of Income Tax,
Department of National Revenue,
Ottawa, Ontario.

National Registration Division,
Department of Labour,
Ottawa, Ontario.

The undermentioned Canadian Army Casualty is forwarded for your information, please:

Regimental No. B127859 Rank. Private

Surname. FOULSHAM

Christian Names. Arthur

Nature of Casualty. Killed in Action

Date of Casualty. 23-5-44

Address at time of enlistment. Cote Noir Rd. MacKayville, Montreal Quebec

Date of Enlistment: 7-12-42

Date of Birth. 18-11-18

Marital Status (On enlistment). Single

Marital Status (Present). Single

Occupation. Coppersmith Aircraft Welder

Name and address of Next-of-Kin. Mrs. Ellen Foulsham
254 Cote Noir Rd., MacKayville, St. Lambert, Montreal, Que.

5—

(C.L. Laurin) Colonel,
Director of Records,
for Adjutant-General.

14th June 1944.

Mrs. Ellen Foulsham,
254 Cote Noir Rd.,
MacKayville,
St. Lambert,Montreal,P.Q.

Dear Mrs. Foulsham:

It is with deep regret that I learned of the death of your son B127859 Private Arthur Foulsham who gave his life in the Service of his Country in the Mediterranean Theatre of War on the 23rd day of May, 1944.

From official information we have received, your son was killed in action against the enemy. You may be assured that any additional information received will be communicated to you without delay.

The Minister of National Defence and the members of the Army Council have asked me to express to you and your family their sincere sympathy in your bereavement.

We pay tribute to the sacrifice he so bravely made.

Yours sincerely,

H. F. G. LETSON
Major - General
Adjutant - General

JUN 10 1944

GR/PER

(H.F.G.Letson),
Major-General,
Adjutant-General.

7

405-F-11089
(Records G)

CERTIFICATE OF DEATH

THIS IS TO CERTIFY that according to information received at the Department of National Defence from the overseas authorities, No. B.127859, Private Arthur FOULSHAM, of the Princess Patricia's Canadian Light Infantry, Canadian Army, was killed in action on the 23rd of May, 1944.

(C. L. Laurin) Colonel,
Director of Records.

Officer authorized to sign certificates of death and/or presumption of death for the Canadian Army.

Department of National Defence,
Ottawa, Canada.
October 27th, 1944.

12

RECORDS OFFICE OVERSEAS.

CANADIAN MILITARY HEADQUARTERS.

GRAVES REGISTRATION CARD.

NAME FOULSHAM, Arthur

PLACE & DATE OF BIRTH Montreal, Quebec 18 Nov.1918

RANK Pte.

REGIMENTAL NO B.127859

UNIT P.P.C.L.I.

NEXT OF KIN & ADDRESS MOTHER-Mrs. Ellen FOULSHAM, 254 Cote Noir Road Mackayville, Montreal, Quebec.

PARTICULARS OF HOSPITALISATION

DATE OF ADMISSION

PLACE OF DEATH ITALY.

HRSXX DATEOF DEATH - 23 May 44

CAUSE OF DEATH KILLED

PARTICULARS OF BURIAL

DATE OF BURIAL 25 May 44.

CEMETERY 2 CIB Cemetery 760167 PPCLI Sec Italy. 1/25000 Sh 160 II NW.

PLOT NO ROW NO GRAVE NO

DEATH CERTIFICATE NO

DATE OF REGN OF DEATH CERT:

RELIGION C.of E.

DATE 5 Feb. 45.

Dated DR 2(c)

D.C. Bignell Lt.
(B.E.WILLAN) Capt.,
for Officer i/c Records,
CANADIAN MILITARY HEADQUARTERS.

Extracted from Burial Records,
RECORDS OFFICE OVERSEAS.
ACTON, LONDON W.3.

6

405-F-110889

FIELD SERVICE

Army Form B. 2090A.

REPORT of Death of an Officer or a Soldier to be forwarded to the War Office with the least possible delay after receipt of notification of death. See Table II, Appendix III, Field Service Regulations, Vol. I.

REGIMENT OR CORPS: P.P.C.L.I. — Squadron, Troop, Battery or Company:

Officer's Personal No. (if known) / Soldier's Army No.: B-127859 — Rank: PTE.

Surname: FOULSHAM — Christian Names: A.

Died — Date: 23 MAY 44 — Place: ITALY

Cause of Death*: KILLED IN ACTION

Nature and Date of Report: W-3011C — 26 MAY 44

By whom made: UNIT

* Specially state if killed in action, or died from wounds received in action, or from illness due to field operations or to fatigue, privation or exposure while on military duty, or from injury while on military duty.

Burial — Place: 2 CIB CEMETERY 760167 PPCLI SEC ITALY 1/25000 Sheet 160 II NW PIGNATARO INTERNA — Date: 25 MAY 44

By whom reported: R.E. EATON H/CAPT (PPCLI)

State whether he leaves a Will or not — (a) in Army Book 64: NOT KNOWN — (b) as a separate document: NOT KNOWN

All private documents and effects received from the front or hospital, as well as A. B. 64, should be examined, and if any will is found it should be at once forwarded to the War Office.

Any report received as to verbal expressions by a deceased officer or soldier of his wishes as to the disposal of his estate should be forwarded to the War Office at once, supported by a certified statement of the person who actually received the information.

In the case of a soldier a duplicate of this report is to be sent to the Paymaster at the Base, together with the deceased's A. B. 64 (after withdrawal of any will from the latter), for transmission to the Paymaster who compiles the soldier's account.

Station and Date: FIELD 13 JUN 44 — Signature of Officer in charge of Section Adjutant-General's Office at the Base: Geo Lynch Lieut

17

Wt. 46939/917 500M. 3/40 M. & S., Ltd. 51-6239

The Administrator of Estates.

Regimental No. B127859 Rank. Pte.

FOULSHAM Arthur
Surname Christian Names

Unit. The Princess Patricia's Canadian Light Infantry

Date of Death. 23-5-44 Place of Death. Overseas (mediterranean)

Next-of-Kin. Mrs. Ellen Foulsham Relationship. Mother

Address. 254 Cote Noir Rd. MacKayville, St. Lambert, Montreal, Que.

ESTATES BRANCH
JUN 22 1944
H.Q.
OTTAWA.
NATIONAL DEFENCE

N.F.M.5. Copy herewith

Will Original Will d/3-12-42 herewith

Date. 20-6-44

HMG/NJH

(C.L. Laurin) Colonel,
Director of Records,
For Adjutant-General.

3

H.Q. 405-F-11,089 D.R. 2(D)

6th August, 1945.

Mrs. Ellen Foulsham,
254 Cote Noir Rd.,
MacKayville, St. Lambert,
Montreal, P.Q.

Dear Madam:

Information has just been received from overseas that the remains of your son, B127859 Private Arthur Foulsham, have now been carefully exhumed from the original place of interment and reverently reburied in grave 14, row A, plot 9, of Cassino Military Cemetery, Cassino, Italy. Marked map is enclosed. This is a recognized military burial ground and will receive care and maintenance in perpetuity.

The grave will have been marked with a temporary cross which will be replaced in due course by a permanent headstone suitably inscribed. While it cannot now be stated when this work of permanent commemoration will begin, before any action is taken you will be communicated with and an opportunity will be given you to submit a short personal inscription of your own choice for engraving on the headstone. Therefore, if you should change your address would you be good enough to inform the undersigned.

Yours faithfully,

for C.L. Laurin, Colonel,
Director of Records,
for Adjutant-General.

B.B./EFH

19

Read this whole Form and Instructions on other side before commencing to complete.

WILL

M.F.M. 10
200M—6-41 (693)
H.Q. 1772-39-1656

(1) I, Arthur Foulsham (Name in Full), of the City (City, Town, Village, Township)

Address in civil life.

of Montreal, in the County / District of Machayville

Province of Quebec, Coppersmith& Aircraft Welder (Civil Occupation)

Regimental No B127859, Unit Prince of Wales Rangers, do hereby revoke all former Wills by me made and declare this to be my LAST WILL.

Relationship, names and address of beneficiaries, and what each is to receive.

(2) I GIVE, DEVISE AND BEQUEATH unto my mother, Mrs.Ellen Foulsham, 254 Cote Noir Rd. Machayville,Montreal,Quebec, all my real andpersonal estate whatsoever or wheresoever situate for her own sole use and benefit.

Relationship, names and address of residuary beneficiaries.

(3) I GIVE, DEVISE AND BEQUEATH all the rest and residue of my estate, both real and personal, of whatsoever kind and wheresoever situate unto ____

(4) I appoint Mr.Frank Foulsham, 254 Cote Noir Rd.Machayville, (Name) (Address) Montreal,Quebec.

Cook (Civil Occupation), to be the Executor of this my Last Will.

IN WITNESS WHEREOF I have hereunto set my hand this 3rd day of December 19 42

Signed and acknowledged by the Testator, in the presence of us present at the same time who in his presence, at his request, and in the presence of each other have hereunto subscribed our names as witnesses.

A. Foulsham (Signature of soldier)

First witness sign here.

(5) Signature Ella Ellis

Civil Address 164 Chapel Street, Ottawa,Ontario

Civil Occupation Office Clerk

Second witness sign here.

Signature George B. LeGier

Civil Address 20 Geoffrey St. Toronto, Ontario

Civil Occupation Salesman

(Witnesses are not to be beneficiaries.)

2

[OVER]

25M-12-44 (6215)
H.Q. 1064-81-3

DEPARTMENT OF NATIONAL DEFENCE

NAVY ═══ ARMY ═══ AIR FORCE

STATEMENT OF WAR SERVICE GRATUITY

4
ARMY

DECEASED MEMBER'S NAME: Arthur (CHRISTIAN NAMES) FOULSHAM (SURNAME)

REGISTER NO. D-3469
FILE NO. 405-F-11089
DATE 10-4-45
SERVICE NO. B-127859
FINAL RANK OR RATING Pte.
DATE OF DISCHARGE 23-5-44

PAYEE Mrs. Ellen FOULSHAM,
ADDRESS 254 Grande Allee, Mackayville, Quebec

DATE OF TERMINATION OF OVERSEAS SERVICE 23-5-44

		$	¢
A. TOTAL QUALIFYING SERVICE	NO. OF DAYS 534/30 EQUAL TO 17 COMPLETE PERIODS AT $7.50 (510)	127.50	
B. QUALIFYING OVERSEAS SERVICE	No. of Days 474 LESS 24 INELIGIBLE DAYS, EQUAL TO 450 DAYS @ 25c. PER DAY	112.50	
	SEE PAR. 2 OVERLEAF FOR EXPLANATION	240.00	
C. SUPPLEMENT FOR OVERSEAS SERVICE			
DAILY RATES AT DISCHARGE			
PAY	$ 1.50		
SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE	$ 1.25		
ADDITIONAL PAY	$		
	$		
	$		
DEPENDENTS' ALLOWANCE 1/30 OF $ 25.00	$ .83		
TOTAL	$ 3.58 X7 = $ 25.06		
NO. OF DAYS 474/183	X $ 25.06	64.91	
D. WAR SERVICE GRATUITY		304.91	
E. DEDUCTIONS — OVERPAYMENT OF PAY AND ALLOWANCES	$		
OVERPAYMENT OF DEPENDENTS' ALLOWANCE AND ASSIGNED PAY	$		
OTHER DEDUCTIONS	$		
F. TOTAL AMOUNT PAYABLE		304.91	

G. YOUR PORTION OF GRATUITY IS— 100%

DEPENDENTS' ALLOWANCE IN ISSUE TO YOU $_____ OF $ = $

TOTAL DEPENDENTS' ALLOWANCE IN ISSUE $

RECEIVED
APR 17 1945
WAR SERVICE GRATUITY DIVISION, ARMY TREASURY

△T

CERTIFICATE I CERTIFY THAT THE AMOUNT HAS BEEN CORRECTLY COMPUTED AND IS PAYABLE IN ACCORDANCE WITH THE TERMS OF THE WAR SERVICE GRANTS ACT, 1944 AND THE REGULATIONS ISSUED THEREUNDER.

PREPARED BY	CHECKED BY
[illegible]	

TREASURY	
CHECKED BY	DATE
[illegible]	24-4-45

[illegible]
SERVICE REPRESENTATIVE

TL

DISTRIBUTION OF SERVICE ESTATES

ARMY

Estates Form "P. 4"

Name: FOULSHAM, Arthur No.: B.127869
Surname Christian Names

Pte. C.A. O/B 23-5-44
Rank Unit Date of Death

AMOUNT

L.P.C. $ 62.03

Date: 12-3-45

Other Credits.....

Total 62.03

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
All	Mother	Mrs. Ellen Foulsham, 254 Cote Noir Rd., MacKayville St.Lambert, MONTREAL, Que., (Sole beneficiary under will)	62.03

P4. TO TREAS. 16-4-45 D4
TO BE FORWARDED BY REG. MAIL DIRECT.

AUTHORITY

H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	731	00	00	001	$62.03

CLASSIFIED BY
Original Signed by
K. L. McCUAIG

EXAMINED BY

For Chief Treasury Officer

DISTRIBUTION APPROVED AND AUTHORIZED

Original signed by

(L. M. FIRTH) Lt.-Colonel
Administrator of Estates

AUDITED FOR PAYMENT

23

For Chief Treasury Officer

50M—8-44 (5426)
H.Q. 1772-80-2

MFM 510
40/P & S/254 (3444)

CANADIAN ACTIVE SERVICE FORCE
OVERSEAS
LAST PAY CERTIFICATE
(All Ranks)

District.....

Dispersal Area.....

Regtl No. B.127859 Rank and Name FOULSHAM. A. PTE.

of (Unit).....on.....

~~X(Transfer~~ or Discharge).....to.....on 23rd May 1944.

Reason Death Authority : C.C.L."A"446 d/1st June/44.

The following is a statement of the account of the above-named from 1st May to 31st May 1944. the inclusive date of transfer or discharge.

Particulars	Dr Amount		Particulars	Cr Amount	
Balance Dr from last account	5	14	Balance Cr from last account		
First Monthly Payment AR7.d/3.5.44.	4	47	Regimental Pay 31 days @ $1.50	46	50
Casual Payments AR10 d/15.5.44.	8	94	Tradesmen's Pay.....days at.....$		
Payments on Transfer or Discharge			Additional Pay (Give particulars).....days at.....$		
Assigned Pay	23	00			
Regimental Charges			Allowances (Give particulars).....days at.....$		
Public Stoppages (Give particulars) :					
			Cash Effectives J.V.835		24
			# Cash Credits O.R.133810	56	84
To Balance Cr Free	62	03			
To Balance Cr Deferred			By Balance Dr		
Total	103	58	Total	103	58

BALANCE GIVEN IS SUBJECT TO ANY CHARGES AND/OR CREDITS ENDORSED ON THE REVERSE HEREOF

Remarks:

Assnd Pay $23.00 (M) stopped eff: June/44

Assnd Pay $8.40 (6th V.L.) cancelled eff: May/44.

and the amount recredited is included in bal: b/f at 1st May/44

Bank of Montreal Cheque No. 01427 d/22nd November/43 for £12..14..4

ESTATES BRANCH DEC 26 NATIONAL DEFENCE OTTAWA

Compiled by M.Durham.

Checked by E.V.Collins

Date 27th November, 1944

Certified correct E.E.Swanbrook
for Chief Treasury Officer, Overseas

14

DS.

Form No. 1

Register No. ..... Nominal Roll No. .....

H.Q. File No. 40S-F-1089

TO: P.M.G.

CANADIAN ARMY (ACTIVE)
COMPUTATION OF SERVICE
WAR SERVICE GRANT

Regt. No.	Rank When S.O.S.	Surname	Christian Name in Full
B127859	PTE	FOULSHAM	ARTHUR

Reason for Termination of Service:

1st Enlistment ..... KILLED IN ACTION ..... CARO ( )

2nd Enlistment ..... CARO ( )

3rd Enlistment ..... CARO ( )

TOTAL SERVICE

1st Enlistment	2nd Enlistment	3rd Enlistment
T.O.S. 7 DEC 42	T.O.S.	T.O.S.
S.O.S. 23 MAY 44 MD 05	S.O.S. MD	S.O.S. MD
Total Days 534	Total Days	Total Days

534 DAYS

TOTAL SERVICE

	Total Service	Less Non-qualifying Service	Net Service
WESTERN HEMISPHERE	60	Nil	60
OVERSEAS SERVICE	474	Nil	474
Totals	534	Nil	534
Add Non-qualifying Service			Nil
TOTAL SERVICE			534

EMBARKATION DETAILS:

1. Date S.O.S. Overseas 23 MAY 44

2. Date S.O.S. Overseas .....

REMARKS:

KILLED IN ACTION
23 MAY 44

NRMA Form attached

Computer's Signature .....

Checker's Signature .....

Date Computed .....

Certified that entitlement to benefits under the War Service Grants Act, 1944, has been established based on service shown herein.

(E.L. Laurin) Colonel,
Director of Records

DETAILS OF NON-QUALIFYING SERVICE

WESTERN HEMISPHERE

Forfeits for		to	Eff. Date	Days	Total
				TOTAL	

OVERSEAS

T.O.S. 5 FEB 43 T.O.S. _____ T.O.S. _____

S.O.S. 23 MAY 44 S.O.S. _____ S.O.S. _____

Form No. 1

Register No. ..... Nominal Roll No. .....

TO: P.M.G. N.R.M.A. M.D. File No. 405-F-110899

CANADIAN ARMY (ACTIVE)
COMPUTATION OF SERVICE
WAR SERVICE GRANT

Regt. No.	Rank When S.O.S.	Surname	Christian Name in Full
B-62014	PTE	FOULSHAM	ARTHUR

Reason for Termination of Service:

1st Enlistment To Join C.A.A. CARO ( )

2nd Enlistment CARO ( )

3rd Enlistment CARO ( )

TOTAL SERVICE

1st Enlistment	2nd Enlistment	3rd Enlistment
T.O.S. 21 MAY 42	T.O.S.	T.O.S.
S.O.S. 6 DEC 42 MD 11	S.O.S. MD	S.O.S. MD
Total Days 200	Total Days	Total Days

TOTAL SERVICE 200 DAYS

	Total Service	Less Non-qualifying Service	Net Service
WESTERN HEMISPHERE	200	Nil	200
OVERSEAS SERVICE	NIL	Nil	Nil
Totals	200	Nil	
Add Non-qualifying Service			Nil
TOTAL SERVICE			200

(200 days)

EMBARKATION DETAILS:

1. Date S.O.S. Overseas N/C

2. Date S.O.S. Overseas .....

REMARKS:

N.R.M.A.
NO SERVICE IN
THE ALUTIAN ISLANDS

ae 2/5

Computer's Signature R Stewart

Checker's Signature H.L. Gault

Date Computed 3 Apr 45

Certified that entitlement to benefits under the War Service Grants Act, 1944, has been established based on service shown herein.

D.C. Laurin
(C.L. Laurin) Colonel,
Director of Records

4

No. B-127859 RANK Pte. NAME FOULSHAM, Arthur

* Married
* Widower
* Single

Place of { *~~Appointment~~ / * Enlistment } Camp Niagara, Ont. Date of { * Appointment / * Enlistment } 21.5.42

RATE OF PAY

D. O. No.	Date	Rank	Group	P. F. or A. S.	Daily Rate	If Liable Pen. Ded.	REMARKS
1	21.5.42	Pte.		AS	1.30		eff. 21.5.42

ASSIGNMENTS

Name & Address of Assignee	Effective Date	Amount
(Mrs) Ellen FOULSHAM (Mother) 254 Cotenoir Rd. MacKayville St. Lambert, Montreal P.Q.	1.6.42	20.00
Total.....		

DEPENDENTS' ALLCES. No. Deps.....

Date Application Forwarded	Relationship	Amount Awarded	Effective Date
25.5.42	Mother	20.00	21.5.42

* Outfit / * Clothing } Allce. $.....Paid on.....

Rehabilitation Grant $.....Paid on.....

* Delete words which are inapplicable.

M. F. M. 14

200M—10-41 (2231)
H.Q. 1772-39-1662

In Receipt of Pension under Pension Act or Militia Pension Act (1910) $.....P.A.

Occupational Form Completed.....

Part II D.O. No.	Part II D.O. Date	
160	23.9.	42 TOS P.W.R. (H.D.) from TEMP. B.T.C."B" eff. 23 9.42.
230	18.12.	42 TOS P.W.R. (C.A.)A. from P.W.R. (H.D.) eff. 7.12.42.
237	28.12.	42 SOS P.W.R.on ~~proceeding overseas~~ eff 29.12.42.
2	2-1-43.	T.O.S. D.D.3A on trans from P.W.R. 20-12-42
2	2/1/43.	Emb. Lv. 2-1-43 to 6-1-43. (4 days)
10	10-1-43	A.S.S. - D.D.3A on trans. to Port of Embarkation 10-1-43
14	19.2.43	TOS SCIRCUMF 14.2.43
15	22.2.43	7 days P.L + 48 hrs from 17 to 26 Feb 43
72	12.5.43	S.O.S. to #1 Cdo. Spec. Base Depot. M.E.F. 12.5.43
11A	19/5/43	T.O.S. No 2 R.H.U. No. 1 C.S.B.D. wef 13.5.43 X 4 list
9A	12/7/43	Posted to x4 list- P.P.L & L.I. "BD" wef. 12/7/43
11A	22/7/43	S.O.S. to Cdo Army "UK." " 29/6/43
		T.O.S. " " "M" " 30/6/43
		Disembarked " 11/7/43

Solely for use on Active Service. This Will page must **NOT** be used until you have been placed under orders for Active Service.

WILL

(For use if the soldier has not already made a Will or wishes to alter one already made. See instructions on page 23).

Signature.....

Rank, Regt'l Number.....

Date.....

B 12702 9
FOULSHAM A.

Militia Book M-1. (Part I)
40/P&S/279 (12/42)

SOLDIER'S SERVICE BOOK

(Soldier's Pay Book, Militia Book M. 1 (Part II). will be issued for active service.)

Every entry in this book (other than those on page 24 of this part of Militia Book M. 1, connected with the making of a Soldier's short form of Will) is to be made under the superintendence of the Officer Commanding the Squadron, battery or company to which the man belongs or is attached.

Alterations in any of the entries will be initialled by an officer.

INSTRUCTIONS TO SOLDIER

1. You will be held **personally responsible** for the custody of this book.

2. You will **always carry this book** on your person when on duty, and on active service.

3. You must produce this book whenever called upon to do so by a competent authority, viz.: Officer, Warrant Officer, N.C.O., Military Policeman or Civilian Police.

4. You must not alter or make any entry in this book (except as regards short form of Will on page 24; see instructions on pages 20 to 23), and disobedience of this order will be treated as a serious offence,

5. Should you consider that any entry is lacking or incorrect, or should you lose the book, you will report the matter to your immediate military superior.

6. You will be permitted to retain this book after discharge as a record of your services, but should you lose the book after discharge it cannot be replaced.

(1) SOLDIER'S NAME AND DESCRIPTION ON ATTESTATION

Regtl. No. B-127859

Surname (in capitals) FOULSHAM

Christian Names (in full) ARTHUR

Date of Birth 18 NOV. 1918

Place of Birth MONTREAL - QUE.

Trade on Enlistment COPPERSMITH, WELDER

Nationality of Father at birth ENGLISH

Nationality of Mother at birth ENGLISH

Religion C OF E.

Enlisted at PRINCE GEORGE

Date 7 Dec. 1942

Particulars of former service (if any) i.e. Regtl. No., Corps and period.

Signature of Soldier A. Foulsham

Signature of Officer

Place FIELD Date 19 APRIL 43

(II) NEXT OF KIN

Any change becoming known is to be duly noted with date of

NOTE.—No entry in these pages has any legal

Nearest degree of relationship		Names	Date
1st	Wife		
	Children		
2nd	Father	Frank Foulsham	
	Mother	ELLEN Foulsham	
3rd	*Brothers and Sisters	CHARLES FRANCIS	
		HELEN FOULSHAM	
4th	Other Relations (stating) relationship)		

*State whether brothers are older or younger.

NOW LIVING

such change and reported by O.C. Unit to the Officer i/c Records.

effect as a Will (see pages 20 to 23)

Latest known Address in full
254 Cote Nour Road. MacRayville, Montreal Que.
254 Cote Nour Road. MACRAYVILLE, Montreal QUE
298 - Woodland Ave. Verdun QUEBEC.
254 Cote Nour Road Montreal PQ

(III) RANK and APPOINTMENT

Date	Rank and Appointment	Substantive, Temporary, Acting or Local (with or without pay)	Authority of Part II Orders	Signature of Officer
7-Dec-42	Pte.			

(IV) Certificate Applicable to all Arms, to be completed and signed by the C.O. Bn., etc., before a Soldier proceeds Overseas

TRAINED (passed Recruit's Course as laid down for his arm of the Service) *except that he requires further training in:—** Completed Basic & Advanced Flag & all T.O.E.T.S 11 May 43 A.A.B.

Qualified in addition as under :—

Date 19 April 43

* If no further training required, strike out words in italics and initial.

B-1378:9

FOULSHAM A.

(VII) EDUCATIONAL QUALIFICATIONS

Certificate, Specialist Qualifications, etc.	Place	Date	Signature of Officer
Nil.			

(VIII) TRADE RECORD

(For men in receipt of tradesmen's rates of pay only)

Trade	Group	Class	Remarks, e.g., On enlistment; Re-classified; Re-mustered, etc.	Date	Signature of Officer

B-12789

FOULSHAM A.

(IX) EMPLOYMENT WHILST SERVING

Period		Nature of Employment	Remarks and Signature of O.C. Coy., etc.
From	To		

To include (1) Regimental, (2) as Skilled Tradesmen, (3) as Specialist, e.g., Signaller or M. Gunner.

12

(X) MEDICAL CLASSIFICATION

Date	Category or Grade	Medical Examiner of Recruits, or other Medical Authority	Signature of Medical Officer
1-July-42	A	Medical Board	
24-Dec-42	A-1	Medical Board	

13

(XIV) PROTECTIVE INOCULATIONS

Nature of Vaccine, "T.A.B." Cholera, Plague, etc.	Date	Signature of Medical Officer
T.A.B. 1/1	9-AUG-42	A Wood Capt RAMC
2	5 SEPT 42	
3	26-10-42	
Typhus 1st i.c.c.	18.11.43	Cunliffe Capt
" (2) i.c.c.	26-1-43	
" (3) i.c.c.	7-1-44	
TABT ½ cc	9.3.44	Cunliffe Capt
TYPHUS 1.C.C.	12.4.44	Cunliffe Capt

(XV) VACCINATION

Date Vaccinated	Signature of Medical Officer
9-AUG-42.	A Wood Capt RAMC.
25-3-44	(Cunliffe Capt)

(XVI) MISCELLANEOUS ENTRIES

(For entries for which space is not otherwise provided)

NOTE.—No entry on this page has any legal effect as a WILL

Particulars	Date	Signature of Officer
X-RAY CHEST (NEG.)	5-SEPT 42	A Wood Capt
P.L. (1)	17-FEB-43	
"M" TEST (REV) COMP	24-FEB 43	
"Q" CARD COMP.	1-MAR 43	
D.M. GAS	26 APR 43	W Sharpe Lt.
CAP GAS	26 APR 43	G Roberts Lt
CAP: Test Sight Resp	12.6.43	D A Mann Lt.

FINGERPRINTED—CAIB

Solely for use on Active Service. This Will page must **NOT** be used until you have been placed under orders for Active Service.

WILL

(For use if the soldier has not already made a Will or wishes to alter one already made. See instructions on page 23).

Signature.....

Rank, Regt'l Number.....

Date.....

19

A. [illegible]
[illegible]SHAM
[illegible]
B-127[illegible]
[illegible]

CFA 187
40/P & S/2180 (4066)

CANADIAN MILITARY HEADQUARTERS

ESTATES BRANCH
INVENTORY

of personal effects received by
Casualty Section, No. 1 CKSD

50

No., RANK and NAME ..... B-127859 Pte. Foulsham A. (Deceased) .....

RECEIVED FROM ..... Cdn Sec GHQ 2nd Echelon A.A.I. .....

B-126252 Pte. Sislfosky A.

CHECKED BY ..... L-17349 Cpl. Bailey N.S. ..... DATE 11 July 44 .....

	Letters		
	Snapshots		
	Sundry Papers		
2	Leather Wallets		
1	Div Patch		
1	Pair Scissors		
1	Pair Cuff Links		
1	Red Identification Disc		
1	5 Franc Note		
1	1 Lire Note		
1	Trinket		
2	French Coins 60 Centimes		
2	Italian Coins 70 Centimes		
3	Coins Value 25 Cents to C.P.M.		
4	Coins Value 4 Cents (Copper)		
1	Receipt 6th Victory Loan($50.00) to Officer i/c Estates		

13

ORIGINAL } To Officer i/c Estates with
DUPLICATE } original inventory, if any.

TRIPLICATE — with effects.

..... N.S. Bailey Cpl .....
for OC 1 Cdn KSD