

#2770504

ATTESTATION PAPER.

No. 2770504
Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- 1. What is your surname?..... **Foster**
- 1a. What are your Christian names?..... **Hiram Nephi**
- 1b. What is your present address?..... **1725, E. Crown St. Spokane Wash, U.S.A.**
- 2. In what Town, Township or Parish, and in what Country were you born?..... **Chesterfield, Idaho U.S.A.**
- 3. What is the name of your next-of kin?..... **Elsie Foster**
- 4. What is the address of your next-of-kin?..... **1725, E. Crown St, Spokane, Wasg.**
- 4a. What is the relationship of your next-of-kin?..... **Wife.**
- 5. What is the date of your birth?..... **Nov. 22nd, 1882**
- 6. What is your Trade or Calling?..... **Bridgeman**
- 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?..... **No.**
If so, state particulars of former Service.
- 11. Do you understand the nature and terms of your engagement?..... **Yes**
- 12. Are you willing to be attested to serve in the } **Yes**
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? }
- 13. Have you ever been discharged from any Branch of His Majesty's Forces as medically unfit? .. **No.**
- 14. If so, what was the nature of the disability? .. **-----**
- 15. Have you ever offered to serve in any Branch of His Majesty's Forces and been rejected? .. **No.**
- 16. If so, what was the reason?..... **-----**

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, **Hiram Nephi 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.

H. N. Foster (Signature of Recruit)

Date **August 13th, 1918** 191 . *W. D. Mackay* (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, **Hiram Nephi 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.

W. D. Mackay (Signature of Recruit)

Date **August 13th 1918** 191 . *H. N. Foster* (Signature of Recruit)

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 **Winnipeg** this **20th**, day of **August**, 191 **8**

Lawson (Signature of Justice)
Officer i/c Recruiting.

Description of Hiram Nephi Foster on Enlistment.

Apparent Age 37 years 9 months.
 (To be determined according to the instructions given in the Regulations for Army Medical Services.)

Distinctive marks, and marks indicating congenital peculiarities or previous disease.

(Should the Medical Officer be of opinion that the recruit has served before, he will, unless the man acknowledges to any previous service, attach a slip to that effect, for the information of the Approving Officer.)

Height 5 ft. 8 ins.

Chest measurement { Girth when fully expanded 38 ins.
 Range of expansion 2 1/2 ins.

Complexion Sallow

Eyes Grey

Hair Dk. Brown

Religious denominations. { Church of England.....
 Presbyterian.....
 Methodist.....
 Baptist or Congregationalist Yes,
 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 he declares that he is not subject to fits of any description.

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

Date August 20th 1918.

Place Exhibition Grds. Wpg.

H. Philpotts
H. Burnett
 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.

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

Leane Cornell
 Major
 (Signature of Officer)

Date August 20th 1918.

13-8
5-3-19

DISCHARGE DOCUMENTS

R. O. No.....

H. Q. No.....

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

Attestation Papers..... 2

Declaration of change of name.....

Authority for special enlistments.....

Documents of re-enlisted men.....

Regimental Conduct Sheet.....

Compulsory Stoppages.....

Casualty Forms..... 1

Proceedings on discharge..... 1

Corps History Sheet.....

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

~~Purchase~~ Certificate..... 1

Medical Report for Invalids.....

Medical History Sheet..... 1

Proceedings of Regt. Court Martial.....

Copies of Convictions by Civil Power.....

Company Conduct Sheet.....

Clothing Transfer Certificate.....

Inventory of Kit.....

Last Pay Certificate..... 1

M.F.W 192 — 1

M.F.W 129 — 1

M.F.W 178 — 1

Name FOSTER Niram Nephi

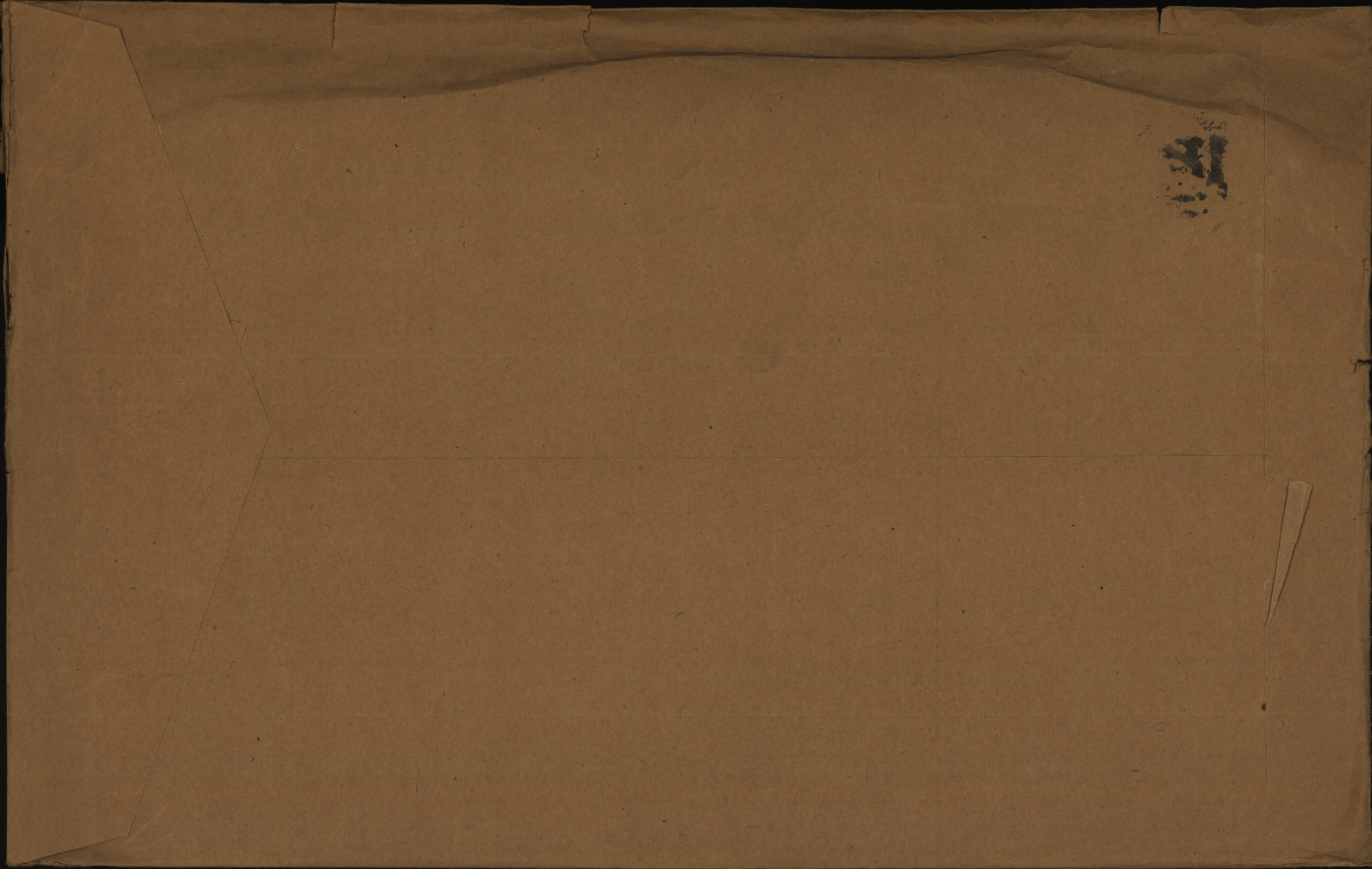
Regt. No. 277650 Rank Pte

Corps 260th Bn.

Demob

15123





#2770504
MEDICAL HISTORY SHEET

CLASS A II

Surname *Foster* Christian Name *Francis Nephi*

Examined { on *16* day of *August* 1918
 at *Winnipeg*

Approved by _____
 Rank _____ M.O. *B Co*

Birthplace { City or Town *Chesterfield*
 County *Ida. U.S.A.*

Apparent age *37 yrs.*

Trade or occupation *Bridgeman*

Height *5* feet *8* Inches

Weight *152* lbs.

Chest measurement { Minimum *35 1/2* inches
 Maximum expansion *38* inches

Physical development *Good*

Small-pox Marks _____

Vaccination Marks { Arm *Right* Left
 Number *Nil*

When Vaccinated last _____

(a) Marks indicating congenital peculiarities or previous disease *Scar. R. Knee*
Scar. L. Knee. Scar. R. wrist

(b) Slight defects but not sufficient to cause rejection

Nil

Date	Fit or Unfit	Examined For	RE-ENGAGEMENT
		APPROVED FIT	
		<i>J. N. Taylor Capt</i>	PRESIDENT M.O.
		<i>J. M. G. Gifford</i>	MEMBER M.O.
			MEMBER M.O.
		Vision R. Eye <i>20/30</i>	M.O.
		" L. Eye <i>20/30</i>	M.O.
		Hearing R. Ear <i>N</i>	M.O.
		" L. Ear <i>N</i>	M.O.

Date	Result	VACCINATIONS
<i>20/9/18</i>		<i>J. M. G. Gifford</i> M.O.
		M.O.
		M.O.
Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<i>2/9/18</i>		<i>J. M. G. Gifford</i> M.O.
<i>30/9/18</i>		<i>B. G. G.</i> M.O.
<i>5/10/18</i>		<i>B. G. G.</i> M.O.

Enlisted on *12* day of *August* 1918 at *Spokane Wash. U.S.A.*

	CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment	<i>Siberian Unit</i> <i>C.E.F.</i>	<i>2770504</i>		<i>Aug, 13th, 1918</i>
Transferred to				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

STATION	DATE	DISEASE	RESULT

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

Eyes. Grey. Hair. D Brown. Complexion. Sallow.

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

DISTRICT

B Co
IND 70
NAME OF SOLDIER *Foster M.A.*
REGIMENT *Siberian Amib. R. Private* No. *2790501*



INSTRUCTIONS

1. On examination the condition of patient's mouth to be marked on diagram in red ink.
2. On first line of report record of same to be made in red ink.

Only such entries to be made on this sheet as will show:

1. Condition on examination (in red).
2. Condition on leaving Canada.
3. Condition on discharge.

Condition on first Examination	Date	Amalgam Temporary Filling (a) G. P. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhoecia	Synthetic Porcelain	Extracting	DENTURES			Gold Clasp	Gold Filling	CROWNS		Bridge Work	OPERATOR	Military District	REMARKS	
											U	L	P			Gold	Porcelain					
		<i>1/15</i>																				<i>prophylaxis</i>
<i>ing</i>	<i>73 18</i>																		<i>Capt. Hollister 10</i>			<i>Prophylaxis</i>
<i>ing</i>	<i>24 18</i>																		<i>Capt. Hollister 10</i>			<i>Complete</i>
																						<i>Certified Council Ranking C.A. & S. M. A. 10 D.A. McCauley Capt.</i>

P&A.

2/11/19 CC.

6155.

MEDICAL EXAMINATION UPON LEAVING THE SERVICE OF OFFICERS AND OTHER RANKS WHO HAVE NO DISABILITY.

Officers and Other Ranks leaving the service for reasons other than medical unfitness are to be reported on this form. Where there is evidence of any undetermined or progressive disability, this form will not be used, but the case will be referred to a Medical Board for completion of M.F.B. 227.

No. 2770501 Rank PLT Surname Foster
(Given name in full) Hiram Nephe
Unit or Corps 260 Bn C.F.S. Birthplace Chutesfield, Idaho

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

1. GENERAL DESCRIPTION:

Physique Good Weight 160 lbs. Height 5 ft. 8 1/2 in. Colour of Eyes Blue
Nutrition Good
Pulse 60
Condition of arteries Normal
Vision Rt. 20/20 Left 20/20
Hearing (conversational voice) Rt. 15 ft.
Left 15 ft.

Identification marks, scars, or deformities.
(Give cause and date of origin).
Scars front R. breast
scars R. knee.
Both before enlistment

Opinion as to general health and physical condition Both Good

2. Has Officer or Other Rank ever suffered from, or has he now, any affection of the following systems? (Answer "Yes" or "No") (Subjective evidence may be sufficient in certain cases.)

Nervous System No Genito Urinary System No Cardio-Vascular System No
Special Senses No Integumentary System No Respiratory System No
Disturbance of mentality No Muscular System No Digestive System No
Osseous and Joint System No Any other general condition No

3. If the answer to any part of Section 2 above is "Yes," here give full particulars, with cause and date of origin; and also a description of the present condition.

EXAMINATIONS.

THIS SECTION FOR USE OVERSEAS—

Examined at (Overseas)

Date Signed M.O.

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to or during service.

Signature

(If not satisfied, M.F.B. 227 will be completed by Medical Board.)

THIS SECTION FOR USE IN CANADA—

Examined at (Canada)

Date JAN 17 1919 Signed Samuel Cosman M.O.

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to, or during service.

Signature H. W. Kettle

(If not satisfied, M.F.B. 227 will be completed by Medical Board.)

(This space to be used, if necessary, in connection with Section 3, overleaf, only.)

By order of O.C. Discharge Section
For C.R. file

MEDICAL EXAMINATION UPON LEAVING THE SERVICE OF OFFICERS AND OTHER RANKS WHO HAVE NO DISABILITY.

34-2-382

Officers and Other Ranks leaving the service for reasons other than medical unfitness are to be reported on this form. Where there is evidence of any undetermined or progressive disability, this form will not be used, but the case will be referred to a Medical Board for completion of M.F.B. 227.

No. 2770504 Rank Pk Surname Joker
(Given name in full)

Unit or Corps 260th Bn. C.E.R. Birthplace Leicesterfield, Idaho

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

1. GENERAL DESCRIPTION:

Physique Good Weight 160 lbs. Height 5 ft. 8^{1/2} in. Colour of Eyes Blue
Nutrition Good
Pulse 60
Condition of arteries Natural
Vision Rt. no Left no
Hearing (conversational voice) Rt. 15 ft.
Left 15 ft.

Identification marks, scars, or deformities.
(Give cause and date of origin).
Scarfront R wrist.
Scar R knee.
Both before enlistment.

Opinion as to general health and physical condition Both good

2. Has Officer or Other Rank ever suffered from, or has he now, any affection of the following systems? (Answer "Yes" or "No") (Subjective evidence may be sufficient in certain cases.)

Nervous System No Genito Urinary System No Cardio-Vascular System No
Special Senses No Integumentary System No Respiratory System No
Disturbance of mentality No Muscular System No Digestive System No
Osseous and Joint System No Any other general condition No

3. If the answer to any part of Section 2 above is "Yes," here give full particulars, with cause and date of origin; and also a description of the present condition.

EXAMINATIONS.

THIS SECTION FOR USE OVERSEAS—

Examined at(Overseas).....

Date Signed M.O.

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to or during service.

Signature

(If not satisfied, M.F.B. 227 will be completed by Medical Board.)

THIS SECTION FOR USE IN CANADA—

Examined at VICTORIA, B. C.(Canada).....

Date JAN 17 1919 Signed Dauglas Ross M.O. Wap

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to, or during service.

Signature H. M. Foster

(If not satisfied, M.F.B. 227 will be completed by Medical Board.)

(This space to be used, if necessary, in connection with Section 3, overleaf, only.)

Opinion as to general health and physical condition.....
Has Officer or Other Rank ever suffered from, or has he now, any affection of the following systems? (Answer "Yes" or "No") (Substantive evidence may be sufficient in certain cases.)
Nervous System.....
Genito-Urinary System.....
Cardio-Vascular System.....
Special Senses.....
Integumentary System.....
Respiratory System.....
Digestive System.....
Muscular System.....
Disturbance of mentality.....
Osseous and Joint System.....
Any other general condition.....

If the answer to any part of Section 3 above is "Yes", give full particulars with cause and date of onset; and also a description of the present condition.

[OVER]

Demobilization Pay M. D. No. 11
 CANADIAN CONTINGENT EXPEDITIONARY FORCE

M. D. 11
 No. 52

LAST PAY CERTIFICATE

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

Regimental No. 2770504 Rank Pte Name Foster, Abram N.
 Corps #11 District Dept who was* Discharged
 On January 21st 1919, to.....
 *Insert "discharged" or "transferred."

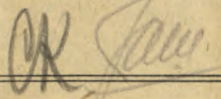
The following is a statement of the account of the above named from 16-1-19 191...,
 to 21-1-19 191..., the inclusive date of transfer or discharge.

Dr.		\$	c.	Cr.		\$	c.
Bal. Dr. from prev. month.....				Bal. Cr. from prev. month <u>L.P.C.</u>		<u>15</u>	<u>70</u>
Advances } No.....				Regt'l Pay <u>6</u> days at \$ <u>1</u> c.....		<u>6</u>	<u>-</u>
Cheques } No.....				Field Allow. <u>6</u> days at \$..... c <u>10</u>			<u>60</u>
Assigned Pay and Sep'n Allee. No.....		<u>20</u>	<u>-</u>	Separation Allowances* (Monthly).....			
Other charges.....				Other Allowances* <u>Clothing</u>		<u>35</u>	<u>-</u>
Payment on transfer or discharge No. <u>25104</u>		<u>37</u>	<u>30</u>	Other Credits*.....			
Balance Cr. (to be paid by the new unit).....				Bal. Dr. (to be deducted by new unit).....			
Total.....		<u>57</u>	<u>30</u>	Total.....		<u>57</u>	<u>30</u>

* Give particulars.

A monthly stoppage of \$ 20.00 (†) has..... (‡) been paid on account of Assigned
 { Pay for the month of January 1919 }
 { and Sep'n Allee. for month of Feb. 1919 } (to) Assignee Mrs Euphemia Foster

(Address) 1725 Brown Ave. E.
Spokane, Wash., USA.

CHECKED BY


(†) 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 yes.
- (3) cause of discharge..... authority PO#
- (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 January 21, 1919.
 Place VICTORIA, B. C.


 Captain
 Demobilization Pay Paymaster.

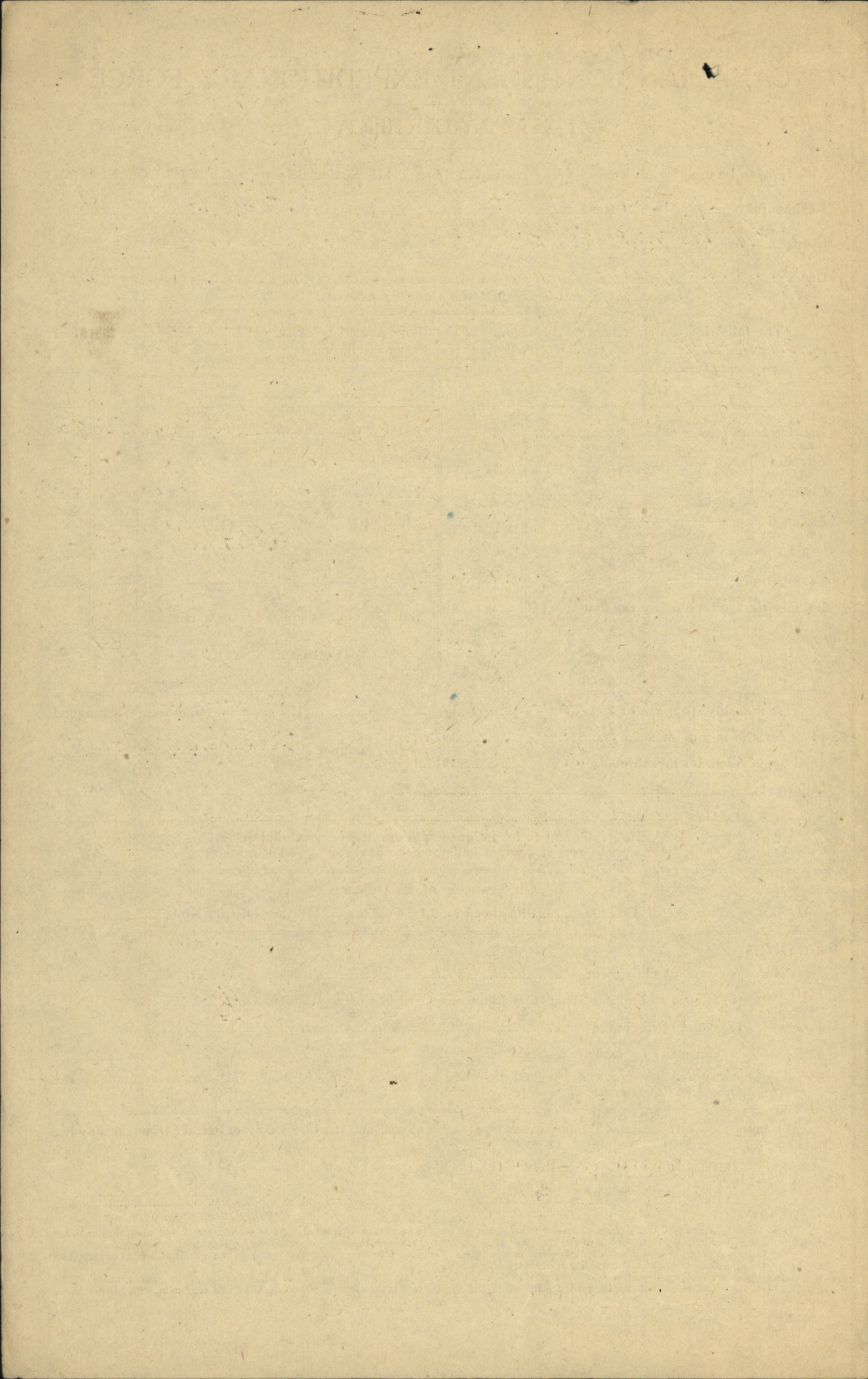
N.B.—For purposes of transfer this form is to be made out in quadruplicate. Original copy to paymaster of new unit; duplicate to District Paymaster; triplicate to accompany the pay-list at the end of the month, and quadruplicate for retention as a record.

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.

S.A. + A.P. paid by Ottawa.

M. F. W. 44.



FORM OF WILL.

I, Hiram Nephry Foster (Name in full)
Regimental Number 2776504 serving in Liberia unit
of the Canadian Expeditionary Force, do hereby revoke all former Wills by me
made and declare this to be my last Will.

I bequeath all my real estate unto

Mrs. Elsie Foster Name and Address
1725 E. Crown Spokane of person or
Washington U.S.A. persons to whom
it is to go.

absolutely, and my personal estate I bequeath to

Mrs. Elsie Foster Name and Address
1725 E. Crown Spokane of person or
Washington U.S.A. persons to receive
personal estate*
(See note).

**IMPORTANT
NOTE**
This must be Signed
and Dated by
THE SOLDIER
HIMSELF.

this 20 day of August A. D. 1918

H. N. Foster Signature of Soldier.

*N.B.—Personal estate includes pay, effects, money in bank, insurance policy, in fact everything
except real estate.

Signed and acknowledged by the Testator as and for his last Will in the presence
of us both 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.

**THE TWO
WITNESSES
MUST
SIGN HERE**

Signature of First Witness Leanne...
Address of Witness Exhibition Bldg. 1079.
Occupation of Witness Major, Recruiting Officer
Signature of Second Witness W.D. MacFarlane
Address of Witness Exhibition Bldg. 1079.
Occupation of Witness Journalist

FORM OF WILL

I, the undersigned, being of legal age, sound mind and memory, do hereby declare this to be my last will...

I bequeath all my real estate unto... [Handwritten name]

And I do hereby give, devise and bequeath unto... [Handwritten name]

IN WITNESS WHEREOF, I have hereunto set my hand and seal at the city of... [Handwritten name]

Witness my hand and seal this... day of... 19... [Handwritten name]

Signature of first witness... [Handwritten name]
Signature of second witness... [Handwritten name]
Signature of third witness... [Handwritten name]
Occupation of witness...

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate



This is to Certify that No. 2770504 (Rank) Private

Name (in full) Hiram Nephi Foster enlisted in
the 260th Battalion

CANADIAN EXPEDITIONARY FORCE at Winnipeg on the 13th
day of August 1918.

HE served in Canada

and is now discharged from the service by reason of demobilization under
R.O. 1420 (C) of 12-12-18.

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

Age 38 years

Height 5' 8"

Complexion Sallow

Eyes Grey

Hair Dark Brown

H. N. Foster
Signature of Soldier

Marks or Scars Scar front R.
wrist. Scar Rt. knee.

Date of Discharge 21-1-19.

V. A. Maclean Issuing Officer
Rank Captain
for O.C. District Depot XI
Appointment

Signed at Victoria B.C. this 21st day of January 1919

in Military District No. Eleven

File Reference No. D.D. 36155

N.B.—As no duplicate of this Certificate will be issued, any person finding same is requested to forward it in an unstamped envelope to the Secretary, Militia Council, Ottawa, Canada.

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

No. (Rank) Name

Unit

Address on Discharge

Character and Conduct

Former Occupation

Special Qualifications of Value in Civil Life

Medals and Decorations

Remarks

Signed at this day of 19

.....
Name of Officer

.....
Rank

.....
Appointment

On demobilization the
particulars called for on
the back of this cer-
tificate will not be com-
pleted.

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

M. F. W. 54. (A. F. B. 10s.

500M.—9-16

H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps Siberian Unit C.E.F.

Regimental No. 2770504 Rank Private Name D. O. Webster ~~Hiram Nephi.~~

Enlisted (a) 13-8-18 Terms of Service (a) 6 Mths Service reckons from (a) 13-8-

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

Extended Re-engaged Qualification (b) Bridges

THIS HAS BEEN CHECKED WITH ATTESTATION PAPER

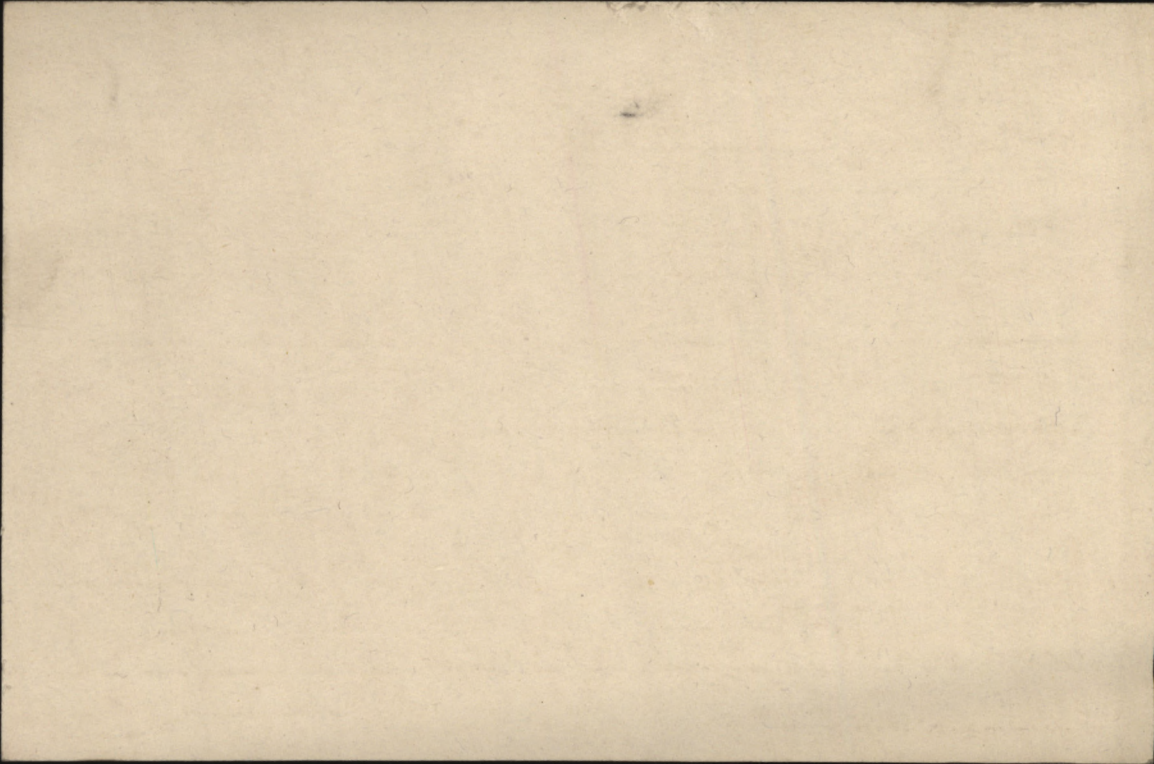
Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
12-10-18	Und. No 10	T.O.S. 260th Bn. C.R., C.E.F.(S.)	Victoria	13-10-18	260th D.O. Pt. II. No. 28 D/310-18 Asst. Adj. 260th Bn. Can. Rifles, C.E.F.(S.)
16-1-19	Br. C.A.R.	O. S. District Depot, M. D. XI.	Victoria, B. C.	16-1-19	D. O. Part 11, 16/176/1919
Discharged		On demobilization R.O. 1420. C. of 12.12.18	Victoria B.C.	21.1.19	D.O. 22/117 of 22.1.19. for. W.A. Maclean Capt. O. C. District Depot., XI

(a) In the case of a man who has re-engaged for, or enlisted into Section D. Army Reserve, particulars of such re-engagement or enlistment will be entered.
(b) e.g. Signaller, Shoing Smith, etc., etc., also special qualifications in technical Corps duties.

Surname Foster H. Q.
Christian names Hiram Nephi M. D. No. 10.....
Regtl. No. 2720504 Rank Plt. T. O. S. Aug. 13th 1918
Unit ~~C. E. S. (260th Br. Siberia)~~ D. O. Pt. II. 6 of 21-8-18
Reason RU S. O. S. 2-1-1919
Auth. 0022 22-1-19 201120

Next of kin Foster Mrs. Elsie Relationship Wife
Address 1725 G. Crown St. Also notify:
Spokane, Wash.
U.S.A.

BORN—Place U.S.A., Chesterfield Idaho Date Nov. 25th 1882
ATTESTED—Place Winnipeg, Man. Date Aug. 20th 1918
O/S..... R/C 13



*Name Foster, Hinam Nephi Rank Pte Regtl. No. 2770504
 Original unit 266th Present unit 266th M. or ♂ Age 38 Religion Bapt. Fyle Depot 6155
 Ref. H.Q.

Port, ship, and date of arrival
 Next of kin (Wife) E. Foster 1725 E. Crown St. Spokane Wash. U.S.A.

Address on leave
 Address on discharge 760. Fort Street Victoria B.C.

Transportation issued Yes No Date Character on discharge

Previous occupation Budgman Date and place of enlistment Winnipeg 13.8.18.

Diagnosis Demobilization Date of Medical Boards 17.1.19

Date.	Remarks	Pt. 2 Order No.
JAN 16 1919	Trans from 11. BN C G REGT T.O.S. 16/1/19 post. Sub. Dep. Sub. Sec. Willows	16/76. B
22.1.19	Discharge Section 20.1.19	22/116.

*—Name will be given in full; surname first.

Date.

Remarks.

Pt. 2 Order No.

Paymaster
Auditor

M. or S.

CASUALTIES, AFFECTING PAY AND ALLOWANCES

Name and Address of Next of Kin (Married) Wife
*Mr Euphemia Foster, 1425 Crown Ave. E.
 Spokane Wa U.S.A. General Delivery Victoria B.C.*

Separation Allowance \$ _____ Effective Date _____

By Whom Paid _____

Payable to _____ Relationship _____

Address _____

Regimental No. *2770504* Rank *Capt* Name *Foster Edwin Naphtz*
 If in P.F. What Unit _____ P.F. Allowances _____ Original Unit C.E.F. *260th Batt*
 Place of Attestation *Spokane Wa* Transferred to *11th Coy R* Date *20-12-18* Authority *DD # 91-1*
 Date of Attestation *30-7-18* Transferred to _____ Date _____ Authority _____
 Assigned Pay \$ *15⁰⁰* Date Effective *1-12-18* Authority *2.F. 2. 2583*
 Payable to *Mr E. Foster* Relationship *Wife*
 Address *1425 Crown Ave. E. Spokane Wa. U.S.A. General Delivery Victoria*
 Stop-Payment Form (Assigned Pay) Rendered (Date) _____ Effective _____
 Discharged. Date and Place _____ Authority _____

PARTICULARS	EFFECTIVE DATE	AUTHORITY

L. L. Job 48205
M. & D. 20-9-18-12M

MONTH	PAY		OTHER CREDITS	ASSIGNED PAY CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS				CASH PAYMENTS				ASSIGNED PAY CANADA	ASSIGNED PAY OTHER COUNTRIES	OTHER CHARGES	REGIMENTAL CHARGES	TOTAL DEBITS	BALANCE		DEFERRED PAY	PAY AVAILABLE FOR ISSUE	SEP. ALL'CE	REMARKS							
	No. OF DAYS	RATE				AMOUNT	No.	DATE	No.	DATE	No.	DATE	No.						DATE	No.					DATE	No.	DATE	No.	DATE	DEBIT	CREDIT
1918																															
Nov	30	1.00	33 00		29 10	9/11	25/14		10 00	9 00															<i>Oct 31-10-18. L.P.C. 1020 ✓</i>						
Nov		.10			33 00	28/15			7 00																<i>A.W.I. (2 Days) J.O. #49-4 ✓</i>						
Dec	20		22 .		22 .	29/15	9/20		5 00	5 00															<i>A.W.I. (8 Days) J.O. #61-8 ✓</i>						

Carried Forward

Regimental No. Rank Name

MONTH	PAY			OTHER CREDITS		ASSIGNED PAY CREDITS		TOTAL CREDITS		ACQUITTANCE ROLLS				CASH PAYMENTS				ASSIGNED PAY CANADA	ASSIGNED PAY OTHER COUNTRIES	OTHER CHARGES	REGIMENTAL CHARGES	TOTAL DEBITS	BALANCE		DEFERRED PAY	PAY AVAILABLE FOR ISSUE		SEP. ALL'GE	REMARKS					
	No. OF DAYS	RATE	AMOUNT		\$	C	\$	C	\$	C	COL. No. 1	COL. No. 2	COL. No. 3	COL. No. 4	\$	C	\$						C	\$		C	DEBIT			CREDIT	\$	C	\$	C
			No.	DATE							No.	DATE	No.	DATE																				

Carried Forward

This space to be for numbers.

14-10-41



Proceedings on Discharge.

(When forwarded for confirmation these proceedings should be accompanied by the documents specified on fourth page.)

No.	2770504
Rank	Private
Surname	Foster
Christian name	Hiram Reple
NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.	
Corps (Squadron, Battery or Company)	260 th Battalion
Date of discharge	21 st Jan. 1919.
Place of discharge	Victoria B.C.

1. DESCRIPTION AT THE TIME OF DISCHARGE.

	Descriptive marks
Age..... 38 years..... — months.	
Height..... 5 feet..... 8 inches.	Scar front R wrist
Complexion	Scar R. knee.
Eyes	
Hair	
Trade	
Intended place of residence	
(To be given as fully as practicable.)	

2. The above-named man is discharged in consequence of *demobilization*

Authority for discharge *Under R.O. 1420 (C) of 12-12-18.*

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 handwriting 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.

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.
200M.—5-18.
H. Q. 1772-39-113.

(OVER)

m/s.

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.....

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, and that I have received my permanent discharge certificate.

(Place).....

(Date).....

H. M. Foster

(Signature of Soldier.)

J. Baver

(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.

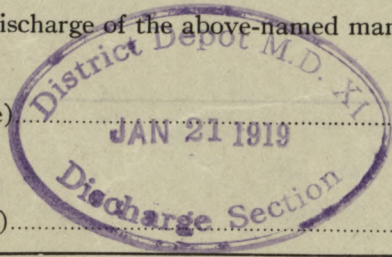
The discharge of the above-named man is hereby confirmed.

(Place).....

(Date).....

(Signature).....

H. A. Maclean
for G. O. District Depot, XI

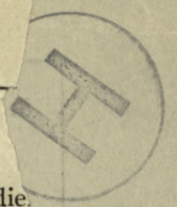


Reservations referred to at Para. 8.

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

Separation allowance for December 1918
& to date of discharge. This is being
taken up by Paymaster W D X

n forth



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.)

List of Discharge Documents.

Reg. Conduct Sheet, Militia form B. 263 Squadron } Battery } Conduct Sheet, " B. 263a Company } or Field Conduct Sheet " W. 178 Copies of Convictions, by C. P. in MS. Med. Hist. Sheet, Militia form B. 313 Casualty Form " W. 54 Medical Report for Invalid§ " B. 227 Dental History Sheet " B. 465 Last Pay Certificate " W. 44 Duplicate Discharge Certificate " W. 39A ‡Form of Will " W. 82 §Only if discharged "Medically unfit." ‡Only if man has not been overseas.	Attestation Paper Militia Form W. 23 or Particulars of Recruit " W. 133 Proceedings on Discharge " B. 218
In the case of recruits who are rejected on final approval, the discharge documents will consist of (a) Proceedings on Discharge (b) Attestation. (c) Medical History Sheet.	

Documents not accompanying this form should be crossed out.

I hereby certify that the following documents are unobtainable.

Officer Commanding.

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.

no deen
M. OR S. Married

PM rec 16.9.19

Demobilization Pay M.D. No. 11

AUDITOR No. PAYMASTER

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

REGT. No. 2770504 RANK PTE NAME (IN FULL) FOSTER, HIRAM N.

NEXT OF KIN	RELATIONSHIP	PARTICULARS	EFFECTIVE DATE	AUTHORITY	ORIGINAL UNIT C.E.F.	IF IN P.F. WHAT UNIT?	(BLOCK LETTERS SURNAME FIRST)
ADDRESS		Selection SPC adj to	15.1.19		260th Bn		
IS SEPARATION ALLOWANCE PAID?	DATE EFFECTIVE				PLACE OF ATTESTATION	TRANSFERRED TO	DATE AUTHORITY
Y	1-1-19				DATE OF ATTESTATION	TRANSFERRED TO	DATE AUTHORITY
TO WHOM PAID	RELATIONSHIP				ASSIGNED PAY \$ 20	DATE EFFECTIVE	
Euphemia Foster	Wife					1-1-19	
ADDRESS					PAYABLE TO	RELATIONSHIP	ANY CHANGE IN ASSIGNEE OR ADDRESS
1725 Brown Ave E Spokane Wn					Euphemia Foster	Wife	
					ADDRESS		
					1725 Brown Ave E		
					Spokane Wn		
					STOP PAYMENT FORM RENDERED, DATE	EFFECTIVE	
					DISCHARGED	PLACE	DATE
							21/1/19
							REASON
							AUTHORITY
							IF ENTITLED TO POST DISCHARGE PAY

MONTH	PAY AND F.A.		OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS			CASH PAYMENTS			ASSIGNED PAY	REGI-MENTAL CHARGES	OTHER CHARGES	TOTAL DEBITS	BALANCE		PARTICULARS OR REMARKS	
	NO. OF DAYS	RATE			AMOUNT	COL. NO. 1	COL. NO. 2	COL. NO. 3	COL. NO. 1	COL. NO. 2					COL. NO. 3	DEBIT		CREDIT
15.1.19	✓ 1.00		✓ 15.70	✓ 15.70														
	6.110	✓ 6.60	✓ 135 - 15.70 121 -	57.30	25104		37.30				20 - 20 - 60 -		97.30	20 -		15.70		
				78.30									137.30	59 -				
31/12/19 to balance																		
																59.00		

Certified that all payments have been made on this account for which covering authority has been received to date.

[Signature]
Lieut.,
Paymaster, Demobilization Pay
M.D. No. 11

4/22

Referred to 25-2-19 Pm 7049.22-219
WSP
M.D. SA Pm 7049 17-2-19
WSP.

JADx
February
1919

Date of Enlistment 30-7-18 Rep. 30-8-18.

MILITIA AND DEFENCE

F 9631.

Date of Assignment

Separation and Assigned Pay Branch

Nov 18th 1918.

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

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RATE OF ASSIGNMENT

15 ⁰⁰	20		
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1-12-18

PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

No.
 Rank Promoted Reverted Discharge
 Soldier's Name
 Battalion Siberian Dpt.
 Beneficiary Mrs Euphemia Foster
 Relationship Wife
 Address 1725 Crown Ave., E. Spokane Wash., U.S.A.

Name
 Address
 Change of Address
 1 MRS. EUPHEMIA FOSTER,
 1725 CROWN AVE. E.
 2 SPokane, WASH. U.S.A.
 3 A-C 2770504 PTE HIRAM NEPHI FOSTER
 FIFTEEN DOLLARS
 4 Royal Hotel, 736 King St. Victoria. B. C.

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
Nov	3 87043	30	15	45	6235. H-10 REMARKS 06255-H-37 Ch. 10657 a.c.o 23/11/18 S.A. + A.P. for Nov PAY S. A. FOR ONE MONTH Ch. S.A. for Dec. with increase for Sept + Oct. included REQUEST, M. C. M.P. 054503. 10-12-18 M.P. 054521. 16-12-18 7c closed auth M. 10-11 M.P. 066791
Dec	3 95548		15	15	
Dec	0 1267	40	5	45	
Jan	2 75392	30	20	50	
Feb	4 72444	30	20	50	

M. F. W. 128
40066-517-1772-38-111
L. L. 2320-M. & D. 7893.

AUTHORITY FOR NEW ACCT. } File No 06255-H-37.
Chesler
21-11-18.

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

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RATE OF ASSIGNMENT

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PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

No. _____

Name

Rank

Promoted

Reverted

Discharge

Address

Soldier's Name

Change of Address

Battalion

1

Beneficiary

2

Relationship

3

Address

4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS

M. F. W. 128.
400M. 6-17-1772 89-1141
L. L. 23320-M. & D. 7893.