NAME ARMSTRONG. Adolphus A. REGT. NO. 817990. II REGT. NO. 817 990 UNIT 140 . Battie H. Q. FILE NO. DATE M. F. W. 2505 TO WHOM FORWARDED NON-EFFECTIVE BY DATE RECEIVED CONTENTS FORWARDED REFERENCE DEATH ATTESTATION PAPER (M.F.W. 23, 133 or 51) CASUALTY FORM (M.F.W. 54 or A.F.B. 103) CATEGORY TRAINING HISTORY SHEET (M.F.W. 113) FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122) REGT. CONDUCT SHEET (M.B.W. 263 or A.F.B. 120) COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121) DISCHARGE MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178) DENTAL HISTORY SHEET (M.F.B. 465) CATEGORY MEDICAL REPORT (M.F.B. 227 or A.F.B. 179) MEDICAL EXAMINATION (M.F.W. 129) TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2) PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2) DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115) DESERTION LAST PAY CERTIFICATE (M.F.W. 44) PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268) PARTICULARS OF CHARACTER (A.F.W. 3226) COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A) CARDS PAY-SHEETS

MEDICAL HISTORY SHEET.

Surname ARMSTRONG Christian Name ADOEPHUS HENRY Approved by (on 20th, day of March 1916. Examined at Saint John, N. B. City or Town Oromocto Rank Birthplace Date. Fit or Unfit. EXAMINED FOR RE-ENGAGEMENT. Apparent age..... 44 years .....M.O. Trade or occupation Blacksmith .M.O. Height 5 Feet 82 Inches. Weight..... \_M.O. Minimum 34 inches. Chest measurement { ...M.O. Maximum expansion. 3 ... inches. ...M.O. Physical development Good ...M.O. M.O. Left. Vaccination Marks VACCINATIONS. Number None When Vaccinated last Never .M.O. (a) Marks indicating congenital peculiarities or M.O. previous disease.... M.O. Date. Result. ANTI-TYPHOID INCCULATIONS, ETC. (b) Slight defects but not sufficient to cause rejection ...M.O. Right Eye :-D.20. \_M.O. Left Eye :-D.20 Enlisted on 15th day of March 191 6 at\_ CORPS. REGT'L NUMBER. DATE. Joined on enlistment 140th.0.3. 817,990. Batt. C.E.F. Transferred to... EXAMINED OR DISCHARGED BY A MEDICAL BOARD. STATION. DATE. DISEASE.

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.

Name Christian

DATES OF Remarks on nature of the disease: how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations. Number of Date of Arrival Signature Discharge from Hospital. Admission into Hospital. DISEASE. days in STATION. at the of Medical Officer. Hospital. Station. Day Month Year Day Month Year Surname

Criginal not available
Fill in only.—Unit, Number, Rank and Name.

M. F. W. 54. (А. F. Б. 195. 500м.—9-16 H. Q. 1772-39-970.

## Casualty Form—Active Service.

No seed of the end of the		Unit, Regiment or Corps	o* Bat	talio	·	
Regime	ntal No. 8 1	7990 Rank pt. Nam	e arms	long	adolphus Hen	
		Terms of Service (a)				
Date of	promotion to sent rank		The state of the s		of N. C. Os.	
Extende	ed	Re-engaged.	Qualification (b)	)		
-	Report	Record of promotions, reductions, transfers, casualties, etc., during active service, as re-			Remarks	
Date	From whom received	ported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	taken from Army Form B. 213, Army Form A. 36, or other official documents	
6-16	140 th Bm	8.0. S. " med - Vinfit".		19-6-16	P I Order # 115.	
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<sup>1)</sup> In the case of a man who has re-engaged for, or enlisted into Section D. Army Reserve, particulars of such re-engagement or enlistment will be entered.
(b) e.g. Signaller, Shoeing Smith, etc., etc., also special qualifications in technical Corps dutie.

	Report	Record of promotions, reductions, transfers, casualties, etc., during active service, as re-			Remarks	
Date	From whom received	ported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	taken from Army Form B. 213, Army Form A. 36, or other official documents	
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Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

### OUESTIONS TO BE PUT BEFORE ATTESTATION.

1. What is y	our surname?	Armstrong
		Adolphus Hewry
		Oromocto N. B.
2. In what what Cour	Town, Township or Parish, and in atry were you born?	Oromocto N. B.
3. What is th	ne name of your next-of kin?	Mrs. Annie Armstrong.
4. What is th	e address of your next-of-kin?	Oromocto N. B.
4a. What is th	e relationship of your next-of-kin?.	Wife.
5. What is th	e date of your birth?	
6. What is yo	our Trade or Calling?	Blacksmith
7. Are you	married ?	
	willing to be vaccinated or reand inoculated?	
	w belong to the Active Militia?	No.
10. Have you If so, st	ever served in any Military Force?	No.
	derstand the nature and terms of gement?	Yes.
12. Are you w Canadian	illing to be attested to serve in the OVER-SEAS EXPEDITIONARY FORCE?	Yes.
D	ECIADATION TO BE MAD	E DV MAN ON ATTECTATION

I,.....Ado.lphus...Henry...Armstrong........, 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 discharged.

Date March 21st. 1916 191 .

(Signature of Recruit) ...(Signature of Witness)

#### OATH TO BE TAKEN BY MAN ON ATTESTATION.

I,.......Adolphus Henry Armstrong......, do make Oath, that I will be faithful and bear true Allegiance to His Majesty King George the Fifth, His Heirs and Successors, and that I will as in duty bound honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity, against all enemies, and will observe and obey all orders of His Majesty, His Heirs and Successors, and of all the Generals and Officers set over me. So help me God.

Date March 21st. 1916191

M. Lemshey (Signature of Recruit)

....(Signature of Witness)

#### CERTIFICATE OF MAGISTRATE.

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

The above questions were then read to the Recruit in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said Recruit has made and signed the declaration and taken the oath

before me, at West St. John N. Bhis 21st. day of March 1916 191 6.

.. (Signature of Justice)

M. F. W. 23. 400M.—1 -15. H. Q. 1772-39-841.

# Description of Adolphus Henry Armstrong on Enlistment.

Apparent Ageyearsmonths.  (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.
lations for Army Medical Services.)	(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	no vaccination taus.
Girth when fully expanded. ins.	
Complexion Fair.	
Eyes Pale Blue	
Hair Reddish Brown.	
Church of England	
Presbyterian	
Methodist	
Methodist.  Baptist or Congregationalist.  Roman Catholic.	
Roman Catholic.	The state of the s
Jewish.	
Other denominations (Denomination to be stated.)	
He can see at the required distance with eit free use of his joints and limbs, and he declares that  I consider him*	her eye; his heart and lungs are healthy; he has the he is not subject to fits of any description.
CERTIFICATE OF OFFIC	ER COMMANDING UNIT.
	having been finally approved and of Attestation, and every prescribed particular having correctness of this Attestation.
/ CDA	Beerhelde (Signature of Officer)

NAME Armstrong adolphus H No. 817990 RANK UNIT 40 th Sattalion C 2.30 T.O.S. 15-3-16 So 40-22-3-16) M. D.6 PROMOTIONS, TRANSFERS, DISCHARGES, ETC. PAID PAID SIG. OR FROM TO REC'T AUTHORITY PARTICULARS mar. 15 Mar. 31. DO 1150f19/6/16 Disch. M. 4. 19/6/16 UNIT SAILED SEP 2 5 1918 Ic closed by Payment S.

15-3-16

MILITIA AND DEFENCE

SEPARATION ALLOWANCE

Name annie amstrong Name of Soldier amstrong G. H.
Address

Regtl. No. 8/7990

Rank Ote

Relation to Soldier

wife, child or mother

M. F. W. 11. 15m.-3-16.

H. Q. 1772-39-818

To what Corps belonging

when called out

#### **PAYMENTS**

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
Apl.				ACCOUNTE, PER. M. DATE, JULIUS, PER. M. DATE, PE
May				(2)
June				
July				L H
Aug.				1 De OER.
Sept.				0000
Oct.				
Nov.				
Dec.				DATIST
Jan.	1916			
Feb.				
March				

M. F. W. 11a. 15m.—3-16. H. Q. 1772-39-818.

## SEPARATION ALLOWANCE

OVERSEAS CONTANGENTS

Sheet No. 2. Amie amstrong AYMENTS.
L. L. Job 95618-M. & D. 6555.

Name of Soldier amstrong a. N.

1. 1. 500 50010 M. Co 17. 1000.		0 0	V Og			-
	Month.	Year.	Cheque No.	Amt.	Remarks.	
	April	1916	11693	30	30	
	May		R6166	20	20	
	June	2	5001	20	20 0' 6 201-6	
	July	-		X	D 200.1916 0,1112 24161	
	Aug.				lecall 7° - overpt my 30/6/16 3	
	Sept.				Recall 72 overpt my 30/6/16 \$  Refunded 72 when BUR	
	Oct.				Oferfunded 7 Ender BUR	
	Nov.					
	Dec.				ACCOUNT CLOSED	
	Jan.	1917			1916 N. W	
	Feb.				ACCOUNT CLOSED  DATE 1916 PER WY	
	March				30	
	April					-
	May					
	June					
	July Aug.					
	Sept.					
	Oct.					
	Nov.					
	Dec.					
	Jan.	1918				
	Feb.					
	March					
	April					
	May					
	June					
	July					

MILITIA AND DEFENCE

## SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

PAYMENTS.

Name of Soldier

PAYMENTS.										
Month.	Year.	Cheque No.	Amt.		Remarks.					
Aug.	1918									
Sept.										
Oct.										
Nov.										
Dec.										
Jan.	1919									
Feb.										
March										
April										
May										
June										
July										
Aug.										
Sept.										
Oct.										
Nov.										
Dec.										
Jan.	1920									
Feb.										
March										
April										
May										
June										
July										
Aug.										
Sept.		7								
Oct.										
Nov.										
			THE REAL PROPERTY.		Total Control of the					