

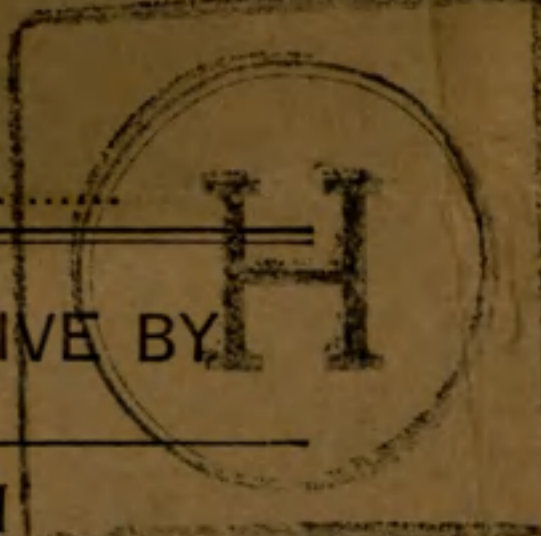
C.E.F. REGIMENTAL DOCUMENTS

NAME **ADAIR WILLIAM**

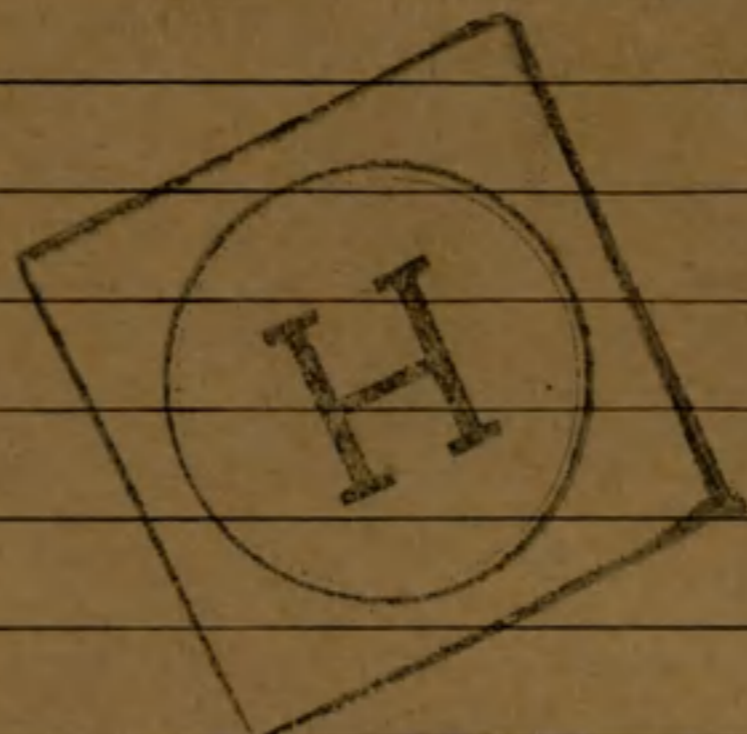
REGT. No. **1069343**

UNIT **1 C.M.R.H. Q.**

FILE No. **1008**



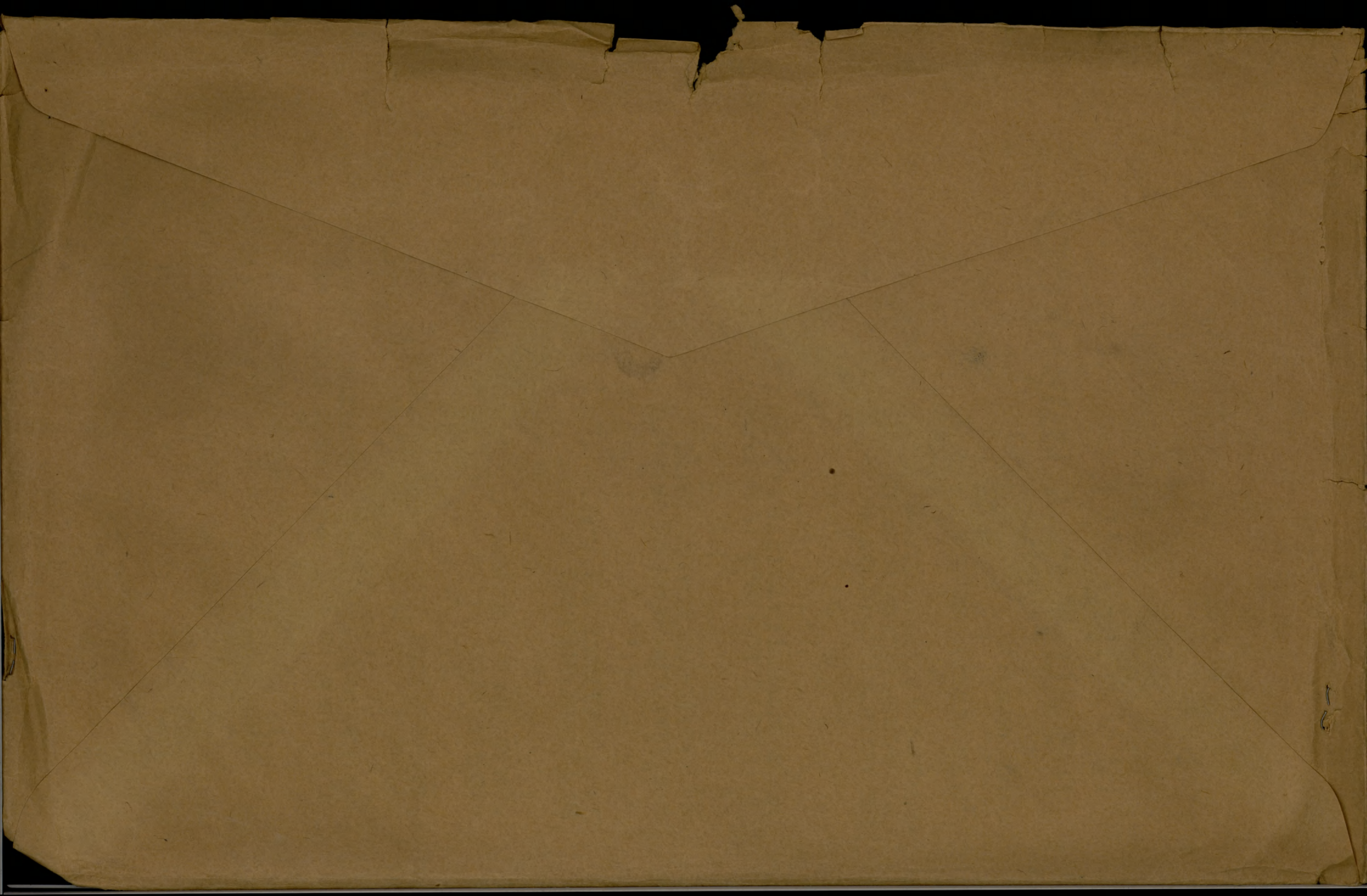
CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
ATTESTATION PAPER (M.F.W. 23, 133 or 51)					DEATH
CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					CATEGORY
TRAINING HISTORY SHEET (M.F.W. 113)					
FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
REGT. CONDUCT SHEET (M.B.W. 263 or A.F.B. 120)					
COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					
MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 173)					DISCHARGE
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)					DEMOB
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					



401892

copy
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CANADIAN FILE



ATTESTATION PAPER.

No. 1069343

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION. (ANSWERS.)

- 1. What is your surname? *Adair*
- 1a. What are your Christian names? *William*
- 1b. What is your present address? *Forres P.O. Sask. CBX*
- 2. In what Town, Township or Parish, and in what Country were you born? *Collingwood, Ont.*
- 3. What is the name of your next-of-kin? *Mrs Annis Adair CBX*
- 4. What is the address of your next-of-kin? *Rob. Roy, Ont. J. Dely*
- 4a. What is the relationship of your next-of-kin? *Mother*
- 5. What is the date of your birth? *17th Dec. 1893*
- 6. What is your Trade or Calling? *Farmer*
- 7. Are you married? *No*
- 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? If so, state particulars of former Service. *27th Light Horse (14 days)*
- 11. Do you understand the nature and terms of your engagement? *Yes*
- 12. Are you willing to be attested to serve in the } CANADIAN OVER-SEAS EXPEDITIONARY FORCE? } *Yes*

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *William Adair*, do solemnly declare that the above are answers made by me to the above questions and that they are true, and that I am willing to fulfil the engagements by me now made, and I hereby engage and agree to serve in the Canadian Over-Seas Expeditionary Force, and to be attached to any arm of the service therein, for the term of one year, or during the war now existing between Great Britain and Germany should that war last longer than one year, and for six months after the termination of that war provided His Majesty should so long require my services, or until legally discharged.

Date *11th Jan* 1917. *William Adair* (Signature of Recruit)
S. D. Peterson (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *William Adair*, 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 *11th Jan* 1917. *William Adair* (Signature of Recruit)
S. D. Peterson (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 *Maple Creek* this *11th* day of *Jan* 1917.
J. J. Sawthrop (Signature of Justice)

Description of Adair, William, on Enlistment.

Apparent Age 33 years months.
 (To be determined according to the instructions given in the Regulations for Army Medical Services.)

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

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

Height 5 7 7 1/2 ins.

Nil.

Chest measurement { Girth when fully expanded 35 1/2 ins.
 Range of expansion 3 1/2 ins.

Complexion Fair.

Eyes Grey.

Hair Black.

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

CERTIFICATE OF MEDICAL EXAMINATION.

I have examined the above-named Recruit and find that he does not present any of the causes of rejection specified in the Regulations for Army Medical Services.

He can see at the required distance with either eye; his heart and lungs are healthy; he has the free use of his joints and limbs, and he declares that he is not subject to fits of any description.

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

Date January 11th 1917

Place Maple Creek, Sask.

[Signature]

Medical Officer.

*Insert here "fit" or "unfit."

NOTE.—Should the Medical Officer consider the Recruit unfit, he will fill in the foregoing Certificate only in the case of those who have been attested, and will briefly state below the cause of unfitness:—

A. J. Fettes } MOBILIZATION
F. B. Jones } MEDICAL BOARD

CERTIFICATE OF OFFICER COMMANDING UNIT.

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

[Signature]

Lieutenant Colonel (Signature of Officer)
 O.G. 249th O.S. BATTALION C.E.F.

Date 12th January 1917

War Service Badge

Class "A" No.

12750

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE



Class "A" No.

War Service Badge

THIS IS TO CERTIFY that No. 1069343 (Rank) Pt.

Name (in full) Adair William enlisted in

the 249th Batt.

CANADIAN EXPEDITIONARY FORCE at Maple Creek on the 11th

day of January 19 17

HE served in 1st C.M.R. Bn.

and is now discharged from the service by reason of

Demobilization.

~~Medical Unfitness.~~

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

Age 25 Yrs.

Height 5' 7 1/2"

Complexion Fair

Eyes Grey

Hair Black.

W Adair

Signature of Soldier

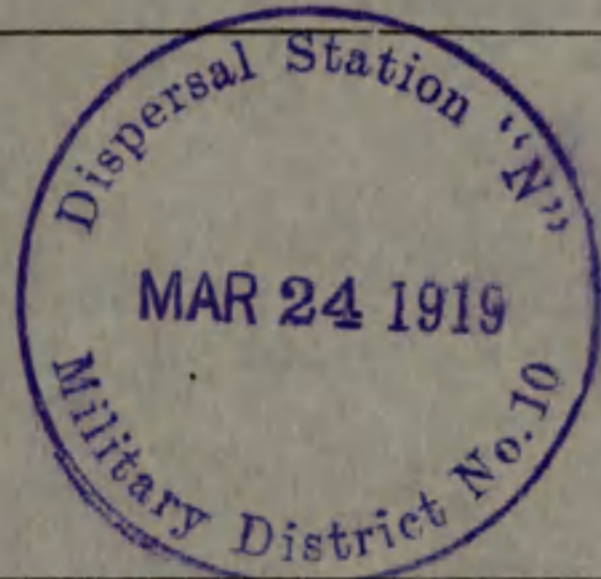
Marks or Scars

Nil

C. Hillier

Issuing Officer

Date of Discharge



Major

O. C. Dispersal Station

Rank

Brandon, Man.

Date 24 March 19 19

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.

DISCHARGE CERTIFICATE



- 1.—That discharge certificate must be carried when wearing uniform.
- 2.—That in form can be worn only thirty (30) days after discharge, or when duly authorized in writing, and
- 3.—That wearing of uniform renders him liable to usual military discipline, as if on the strength of a unit.



Major
O. C. Discharge Station
1917

A2 Reg. No. 1069343

MEDICAL HISTORY SHEET


Surname Adair Christian Name William

ORIGINAL

Examined { on 11 day of Jan 1917
at Maple Creek
Birthplace { City or Town Collingwood
County Ontario

Approved by A. J. Fettes M.B.
Rank F. S. James M.O.

Apparent age 23
Trade or occupation Farmer
Height 5 feet 7 1/2 Inches
Weight 145 lbs.
Chest measurement { Minimum 32 inches
Maximum expansion 3 1/2 inches
Physical development Good
Small-pox Marks nil

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT
		 M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Vaccination Marks { Arm / Right Left
Number 1

Date	Result	VACCINATIONS
<u>22/4/17</u>		<u>A. J. Fettes</u> M.O.
<u>7/2/18</u>		<u>W. James</u> M.O.
		M.O.

When Vaccinated last 1909
(a) Marks indicating congenital peculiarities or previous disease nil

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>9/5/17</u>		<u>W. James</u> M.O.
<u>30/7/17</u>		<u>W. James</u> M.O.
<u>7/2/18</u>	<u>OK</u>	<u>W. James</u> M.O.
<u>11/2/18</u>	<u>OK</u>	<u>W. James</u> M.O.
<u>17/2/18</u>	<u>OK</u>	<u>W. James</u> M.O.

(b) Slight defects but not sufficient to cause rejection nil

Enlisted on 11th day of January 1917 at Maple Creek

	CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment	<u>249th O.S.B.</u>	<u>1069343</u>		<u>11/1/17</u>
Transferred to	<u>10th Canadian Res. Bn.</u> <u>1st C.M.R.</u>			<u>4 MAR 1918</u> <u>MAY 1 0 1918</u>

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

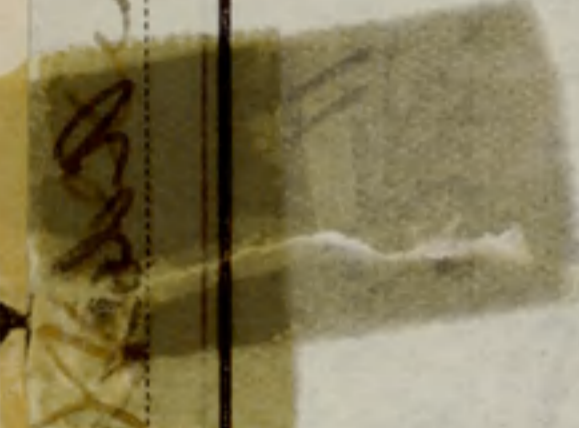
STATION	DATE	DISEASE	RESULT

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.

Christian Name

Surname

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



U

Admission # 11/74

rip

with D. ...

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

DISTRICT VALCARTIER
CAMP

NAME OF SOLDIER ADAIR, W

REGIMENT 249th

RANK Pte

No. 1069343



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.

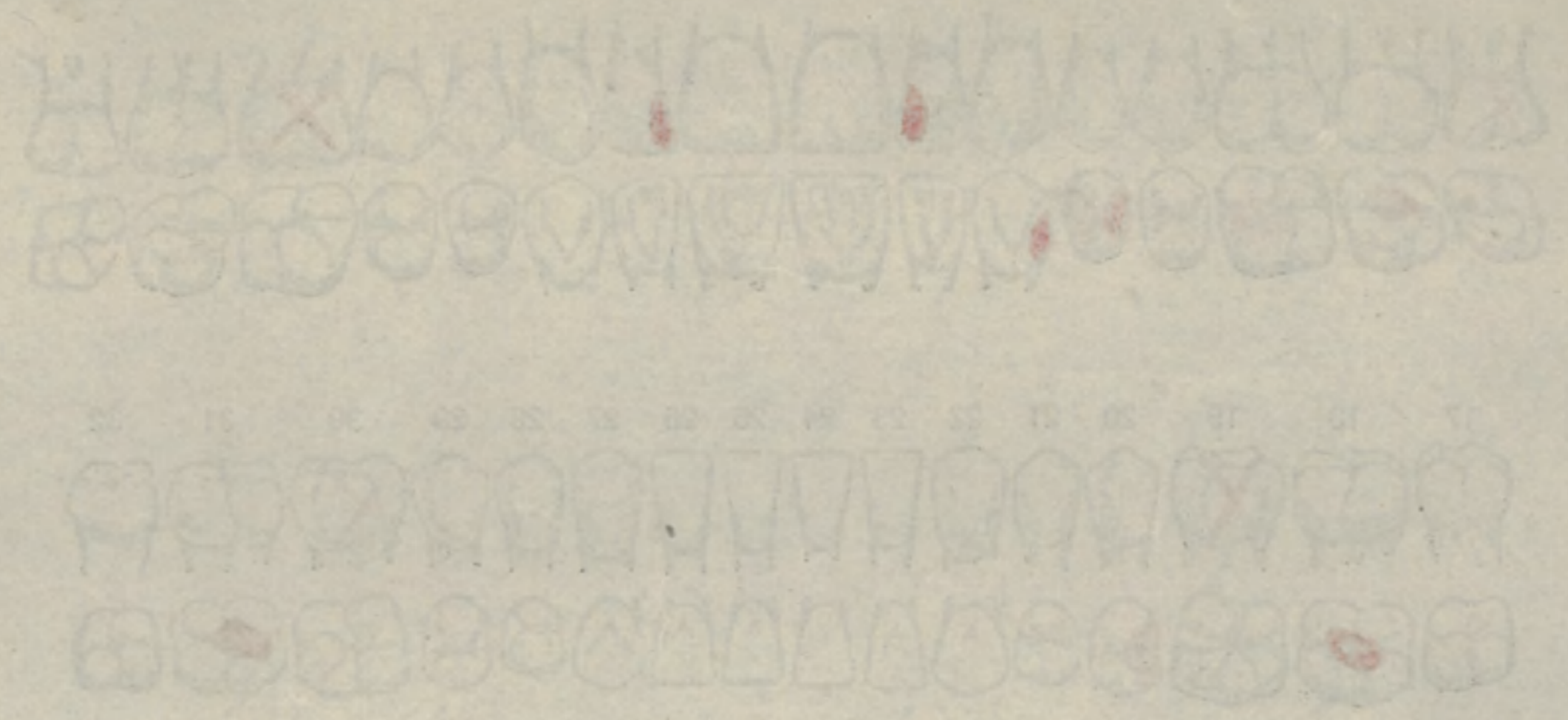
Condition on first Examination	Date	Amalgam Temporary Filling (a) G. F. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhœa	Synthetic Porcelain	Extracting	Dentures			Gold Clasp	Gold Filling	Crowns		Bridge Work	OPERATOR	Military Dist.	REMARKS
											U	L	P			Gold	Porcelain				
	1917 Aug. 14	2 2.30 6.18.20 31								4 1.14 19.30				2 7.10					Blew sealant Crest	V.C.	Carry 5.
	Aug 14	1/2																		V.C.	Discharged 14-8-17

INSTRUCTIONS

1. On examination the condition of patient's teeth to be marked on chart in red ink.
2. On part line a report record of work to be made in red ink.

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

1. Condition on examination in year
2. Condition on leaving Canada
3. Condition on discharge



PATIENT'S NAME	DATE	DENTIST	DENTAL SERVICE	DENTAL WORK	DENTAL FEE	DENTAL PLAN	DENTAL HISTORY	DENTAL TREATMENT	DENTAL NOTES	DENTAL X-RAYS	DENTAL LABORATORY	DENTAL SUPPLIES	DENTAL EQUIPMENT	DENTAL MATERIALS	DENTAL PROCEDURES	DENTAL RESULTS	DENTAL COMMENTS	DENTAL SIGNATURE	DENTAL DATE	
Mr. [Faint Name]	1917	[Faint Name]	[Faint Name]	[Faint Name]	[Faint Name]	[Faint Name]	[Faint Name]	[Faint Name]	[Faint Name]	[Faint Name]	[Faint Name]	[Faint Name]	[Faint Name]	[Faint Name]	[Faint Name]	[Faint Name]	[Faint Name]	[Faint Name]	[Faint Name]	[Faint Name]
Mr. [Faint Name]	1918	[Faint Name]	[Faint Name]	[Faint Name]	[Faint Name]	[Faint Name]	[Faint Name]	[Faint Name]	[Faint Name]	[Faint Name]	[Faint Name]	[Faint Name]	[Faint Name]	[Faint Name]	[Faint Name]	[Faint Name]	[Faint Name]	[Faint Name]	[Faint Name]	[Faint Name]

DENTAL HISTORY SHEET
 PREPARED BY THE
 CANADIAN PATIENTS' ASSOCIATION

To be made out in duplicate.

H.Q. 54-21-23-53

PARTICULARS OF FAMILY OF AN OFFICER OR MAN ENLISTED IN C. E. F.

INSTRUCTIONS.

- (a) This form is only required for men joining units for Overseas Service and must be completed immediately the man is warned for draft overseas.
- (b) Care must be taken to see that a man is allotted his correct Regimental Number. No numbers must be duplicated and once it has been allotted to a man, even if he is subsequently discharged, the same number must never be allotted to another man.
- (c) All questions, etc., must be answered.
- (d) One copy of the form is to be forwarded by Officer Commanding unit for each Officer and man to Officer Commanding Division or District at least seven days before man leaves his station to proceed overseas, for transmission to Accountant and Paymaster General, Ottawa.
- (e) Duplicate copy is to be forwarded direct to Officer in charge of Records, C.E.F. London, immediately after arrival in England.

(1) Name of Overseas Unit which Soldier joins. *249th O/S BATT*

(2) Regimental Number *1069343*

(3) Full Name of Soldier *William Adair*

(4) Place of Birth *Collingwood Ont*

(5) Are you married, or not? *No*

(6) If married, state, (a) Full name of your wife *[Signature]*

(b) Present Postal Address *[Signature]*

(7) Are you a widower? *[Signature]*

(8) Have you any children? *[Signature]*

If so, give number of boys and girls.....

Also their names and ages.....

(9) Is your Father alive? No
If so, state name and address

(10) Is your Mother alive? Yes
If so, state name and address Ammie Adair

Rob Roy, out-cow. (Gen. Delivery)

(11) If your Mother is a widow Yes
Are you her sole support, or not? Yes

(12) If sole support of widowed mother, state what amount you have given her per month prior to your enlistment, also reason she has no other support than yourself.
\$5.00 per month

(13) If you have no wife, father, mother or children, state the name and relationship with full postal address of your next of kin, to whom you would desire any communication to be sent concerning you.
.....
.....
.....

(14) If you have a wife, or children, or a widowed mother who depends on you as her sole support, have you applied to the Paymaster of your unit for Separation Allowance? If not, this must be done.
Yes

(15) Are you insured? No
If so, in what Company?

Have you made arrangements for payment of your Insurance premium.....

If not, and it is a monthly premium, you can assign the amount in addition to any other assignment you wish to make.

Date April 19th 1917

Sgt C. B. Keenlyside
Officer Commanding
Co 249th of S. B. Co

DEPARTMENT OF MILITIA AND DEFENCE.

WAR SERVICE GRATUITY.

Declaration required of Officers, Warrant Officers and Men who claim War Service Gratuity under Order-in-Council (P.C. 3165), dated 21st December, 1918.

A complete reply must be given to every question in this Declaration. There must be no blanks and no dashes. If any questions are not applicable, the words "NOT APPLICABLE" must be written out.

On completion, if soldier discharged in Canada, this Declaration is to be returned to THE DISTRICT PAYMASTER OF THE DISTRICT IN WHICH THE SOLDIER WAS DISCHARGED, or if soldier discharged in England to be returned to Paymaster General O.M.F. of C., 7, Millbank, London, S.W.

1. Christian names *William Edward* 2. Surname *Adair*
3. Rank *Private* 4. Original Unit *249th Bn* 5. Reg. No. *1069343*
6. Address, in full, to which future payments of gratuity are to be forwarded.....
William Adair
Forest Park
7. Date of enlistment in the C.E.F. *11-1-17*
8. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge *not applicable*
9. Relationship of such dependent..... *not applicable*
10. Address, in full, of such dependent..... *not applicable*
11. Is said dependent now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier?..... *not applicable*
12. Were you at any time on the strength for pay and allowances of a unit of the C.E.F. which was out of Canada or the United States when such pay and allowances were issuable? If so, give particulars of one such unit and dates of service overseas with such unit:—
.....
13. Were you on the strength for pay and allowances of the Clearing Services Command, having been at any time on duty outside of Canada or the United States?.....
14. Were you on active service only in Canada or the United States? If so, give particulars of unit and dates of such service.....
15. Give total length of time which you served on active service, whether in Canada or Overseas, setting out particulars of units on whose strength you served.....
16. Were you at the time of enlistment a civil employee of the Dominion Government? If so, state Department..... *No*
17. Were you a member of the Permanent Force at the time of enlistment in the C.E.F.?..... *No*

18. Have you had more than one enlistment? If so, give particulars of discharges and re-enlistments, and under what regimental numbers and units. *no*
19. Have you already received any payment of Post Discharge Pay or War Service Gratuity? If so, state amount you and your dependents have already received and by whom paid. *no*
20. Have you been issued with a War Service Badge? If so what class?
21. Have you, during the present war, served in the Imperial Forces?
22. Are you entitled to receive, or have you received any gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled. *no*
23. (a) Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England? *no*
 (b) If so, was such reversion in consequence of misconduct or inefficiency?
24. Are you now serving in the C.E.F.? If not, give:—(a) Date of discharge
 (b) Reason for discharge. *DEMobilIZATION*
25. Are you at present a member of and in receipt of pay and allowances from any Canadian naval or land forces? If so, give unit.
26. Did you at any time serve at the front in an actual theatre of war? If so, give particulars of one unit in which you served at the front, and dates of such service with that unit.
27. (a) Are you receiving treatment from the Department of Soldiers' Civil Re-establishment?
 (b) If so, are you in receipt of full pay and allowances from that Department?

And I make this solemn declaration, conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under oath and in virtue of the Canadian Evidence Act.

Signature of Applicant: *W. Adair*
 Place of Residence: *Forest, Sask.*
 Declared before me at: *Branshott*
 This *first* day of *March* 19*19*

Signature of Barrister of the Supreme Court Stipendiary Magistrate, Notary Public, Justice of the Peace, or Commissioner for the Administration of Oaths under P.C. 2767, dated 11th Nov., 1918.

Burnett Lewis
 LIEUT.-COL.
 CMDG. 1ST C.M.R. BN.

POST DISCHARGE PAY.

Date paid.	Paid Soldier	Paid Dependent	War Service Gratuity	Net amount due
			\$ 350 ⁰⁰	\$ 280 ⁰⁰
			70 ⁰⁰	

Certified Correct. *[Signature]* District Paymaster.

Forest, Sask.

FORM OF WILL

I, William Adair (Name in full)

Regimental Number 1069343 serving in 249th OVERSEAS BATTALION C.E.F.

of the Canadian Expeditionary Force, do hereby revoke all former Wills by me made and declare this to be my last Will.

I devise all my real estate unto

Ms. Hughie Adair
Port Hope
Ontario } Name and Address of person or persons to whom it is to go.

absolutely, and my personal estate I bequeath to

Ms. Hughie Adair
Port Hope
Ontario } Name and Address of person or persons to receive personal estate* (See note).

NOTE

This space for the appointment of Executor if necessary.

IMPORTANT NOTE

This must be signed and Dated by THE SOLDIER HIMSELF.

this 19 day of April A.D. 1917

William Adair 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.

Signature of First Witness Mathew P. Larsson Pte

Address of Witness 249th O/S Batt C.E.F.

THE TWO WITNESSES

Occupation of Witness Soldier

MUST SIGN HERE

Signature of Second Witness C.D. W. 5 Pte

Address of Witness 249th OVERSEAS BATTALION C.E.F.

Occupation of Witness Soldier

FORM OF WILL

Forest, Sask.

3.

Faint, illegible text, likely bleed-through from the reverse side of the page.

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Faint, illegible text, likely bleed-through from the reverse side of the page.

Faint, illegible text, likely bleed-through from the reverse side of the page.

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. 1069343 Rank Private Surname ADAIR
(Given name in full)

William
Unit or Corps 16th M.R. Birthplace Bollingwood Ont.

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

1. GENERAL DESCRIPTION:

Physique Good Weight 145 est lbs. Height 5 7/8 ft. Colour of Eyes Brown
Nutrition Good
Pulse 72 Regular
Condition of arteries Soft
Vision Rt. 6/20 Left 4/20
Hearing (conversational voice) Rt. 20 ft. Left 20 ft.

Identification marks, scars, or deformities.
(Give cause and date of origin.)
Scar on medial side of Rt leg (Childhood)

Opinion as to general health and physical condition 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 yes Respiratory System yes
Disturbance of mentality no Muscular System no Digestive System no
Osseous and Joint System no Any other general condition yes

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.

- (1) Measles: and pneumonia in childhood
- Arthritic attacks for 2 to 14 yrs of age
- (2) Scabies A.F.B. 103
- (3) Influenza ditto no disability apparent

EXAMINATIONS.



THIS SECTION FOR USE OVERSEAS—

Examined at... *Bramshott* (Overseas)

Date ... *15/2/19*

Signed *J. Mullock* 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 *W. Adair*

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

THIS SECTION FOR USE IN CANADA—

Examined at..... (Canada)

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

[OVER]

Adair

CANADIAN ARMY DENTAL CORPS, O.M.F.C. DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) ADAIR W.M.
REGIMENT 1st C.M.P. RANK P6 No. 1069343

Date of Examination in England _____ Date of Examination in France Jan 15/9



DIRECTIONS TO DENTAL OFFICERS

1. This form will be made out for each individual at the time of Demobilization in England or France.
2. Figures as per chart will be used to designate teeth concerned.
3. In reference to Partial Dentures, the numbers of teeth thereon will be stated.

PRESENT DENTAL REQUIREMENTS

1. FILLINGS
2. EXTRACTIONS
3. CROWNS
4. DENTURES
 - (a) Full Upper
 - (b) Part Upper
 - (c) Full Lower
 - (d) Part Lower

HAS HE EVER REFUSED DENTAL TREATMENT? no

HAS HE EVER RECEIVED DENTAL TREATMENT? (Reply by "Yes" where applicable to any or all of a, b or c.)

- (a) In Canada yes
- (b) In England
- (c) In France

Signature of Dental Officer [Handwritten Signature]

UNITED STATES ARMY DIGITAL CORPS OFFICE
DIGITAL CERTIFICATE FOR DEMONSTRATION

Case Number: _____
Name of Service: _____
Requester: _____
Date of Issue: _____

UNITED STATES ARMY
DIGITAL CORPS OFFICE

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

UNITED STATES ARMY DIGITAL CORPS OFFICE

1. Name
2. Service
3. Country
4. Duration
- (a) 1st Year
- (b) 2nd Year
- (c) 3rd Year
- (d) 4th Year

CERTIFICATE OF SERVICE

(Issued following loss of Permanent Discharge Certificate M.F.W. 39)

This is to Certify that No. **1069343**.....(Rank).....**Private**

(Name in full).....**AADAIR, William**.....

Enlisted in.....**249th Battalion**.....

Canadian Expeditionary Force, on the.....**11th**.....day

of.....**January**.....**19**....

He served in.....**CANADA ENGLAND & FRANCE**.....

with the.....**1st C.M.R.**.....

and was discharged at.....**Regina, Sask,**.....

on the.....**24th**.....day of.....**March**....19.. **19**

by reason of.....**DEMOBILIZATION**.....

His conduct and character while in the Service were **Good**....

Medals and Decorations, etc.....**BRITISH WAR & VICTORY MEDALS**

Description on Discharge

Age.....**25 Years**.....

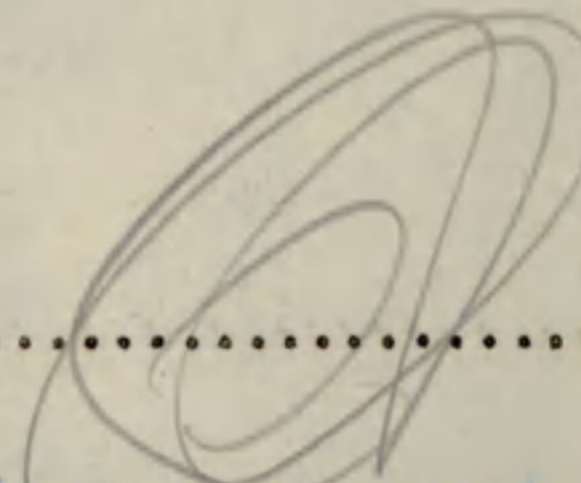
Height.....**5'7½"**.....

Complexion.....**Fair**.....

Eyes.....**Grey**.....

Hair.....**Black**.....

H.Q. **649-A-1825**.....


.....**(W. E. L. Coleman), Major,**
Officer i/c Records,
for Adjutant-General,
Ottawa.....day of.....19..
17th.....**September**..... **36**

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

M. F. W. 54. (A. F. B. 103.)

350M.—5-16

H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps.....

Regimental No. 1069343. Rank Private Name Adair, William.

Enlisted (a) 11/1/17 Terms of Service (a) DURATION OF WAR Service reckons from (a) 11/1/17

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) (Farmer)

CERTIFIED CORRECT.
 MAR 6 1918
 MAY 1 1918
 RECORDS, LONDON.

Date	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
		EMBARKED Halifax	Canada	FEB 18 1918	H. M. S. Scotia
		DISEMBARCKED Liverpool	England	4/3/18	
MAR 6 1918		Taken on the Strength of the 15th Can	Res Battn. BRAMSHOTT.	MAR 4 1918	PART II. DAILY ORDERS No. 65
MAY 1 1918	O.C. 15th RES. BN.	STRUCK OFF STRENGTH TO I.B.M.R.	BRAMSHOTT	MAY 1 0 1918	PART II. DAILY ORDERS No. 131 Campbell ADJUTANT. 15th RESERVE BATTALION.
11.5.18	C.I.B.D	Landed + 405. 1 Cmb	C.I.B.D.	11.5.18	NR 667 D.O. 44
"	"	Desp. to G.C.R.C.	"	23.5.18	" 1233
23.5.18	C.C.R.C	Arrived	C.C.R.C	23.5.18	NR 9721
20.7.18	"	On Strength	"	26.7.18	" 1112
12.8.18	"	"	"	10.8.18	" 1229
18.8.18	Wash	Wound	Unit	14.8.18	B 213
6.9.18	86 FA.	Scabies	136 FA.	5.9.18	H 6705
8.9.18	13 "	"	14 "	7.9.18	H 8023
16.10.18	24 FA.	"	1/3 Lowland FA.	14.10.18	A 1082- L3221
19.10.18	8 Corpoo Skin Centre	"	Unit	17.10.18	A 1173- L9013

(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, Shoeing Smith, etc., etc., also special qualifications in technical Corps duties.



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				
20-10-18	Unit	Joined	Unit	18-10-18	B213
17-11-18	8th FA	Admitted to (Influenza)	CCD	17-11-18	M 6950
19-11-18	H Gen	Influenza	6 Con Dep.	19-11-18	M 7288
22-11-18	22 Gen	"	"	"	M 7563
22-11-18	6 Con Dep	"	Adm	22-11-18	M 7790
26-11-18	"	"	Adm	"	M 8506
23-11-18	Unit	P.M.O.	Hosp	17-11-18	B 213
23-11-18	"	Joined Unit	Field	16-11-18	B 213
5-12-18	B/B.A.	Adm	CIBD	5-12-18	N.R. 529
24-11-18	H Cdn. CCD	Influenza	Base 32	16-11-18	M 9121 A 2514
26-11-18	5 Con Dep	"	5 Con Dep	26-11-18	M 9070 W 4167
2-12-18	5 " "	"	Medical Board	2-12-18	M 9904 W 4658
12-12-18	CIBD	Repd to C.C.R.C	CIBD	12-12-18	To B. D. 1493
14-12-18	CERC	Repd to	Unit	14-12-18	N.R. D 2140
29-12-18	Unit	Joined	"	24-12-18	B 213

D.C.Cdn. S.O.S. for demobilisation to C.F.C.

Dep. Proc to England
Le Havre

N/R.
Pt. 2. S. 17/19.

Atkinson
 Lieut. for Lt. Col A.A.S.
 Cdn. Sect. G.H.Q.

8-3-19 re 1st Cmb S.O.S. on proceeding to Canada
 Bramshott.

3rd Cdn Div. A 120-39
 Pt II ord No. 21

War Service Badge
 Class "A" No. 72750

for Lt. Col. re 1st Cmb Bn.
 20524.3.19

11-3-19
 Reprints
 Reprints

GC. Rank Name ADAIR. William. Reg'l No. I069343
 Unit Dft, 249th Bn. If in perm. Corps, }
What Unit? } Married or Single Single.
 Place and Date of Enlistment Maple Creek. 11th. Jan. 1917. Place of Birth Collingwood. Ont.
 Name and Address, Next-of-Kin Mrs. Annie Adair,
Rob-Roy. Ont. (Gen. Del .) Relationship Mother.
 Assigned Pay Monthly \$ Payable to Relationship
 Separation Allowance \$ Payable to Relationship



N/E. R. 10,014
 File
 O.F.
 Unit

Discharge, Date and Place Reason Character
 H. W. & V., Ld.—9546-16.

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS Taken from Official Documents.
Date.	From whom received.				
		Arrived in England		4-3-18	S/S SAXONIA
⁶ 24. 3, 18	15 Res	T. O. S FROM Canada	4.3.18.	P+ U O	65
11-5-18	✓	S. O. S. to CMR, O'ceas	Que	B' Shott	10-5-18 P. 131 103 18 18
13 3 19	1	CMR PROC, TO ENGLAND		12.2-19, D O,	12 B' Shott
11/3/19		Proc. to Canada. Seil 22 dish N.		12/3/19	AO 21

10
 16
 27

MILITIA AND DEFENCE
ASSIGNED PAY
OVERSEAS CONTINGENTS

Mrs
To Whom *Annie Adair*
Address *Rob Roy Cwt.*

By Whom Assigned *Adair Wm*
Regtl. No. *1069343*
Rank *Pte.*
Corps *249 Bn.*

Rate *15⁰⁰*

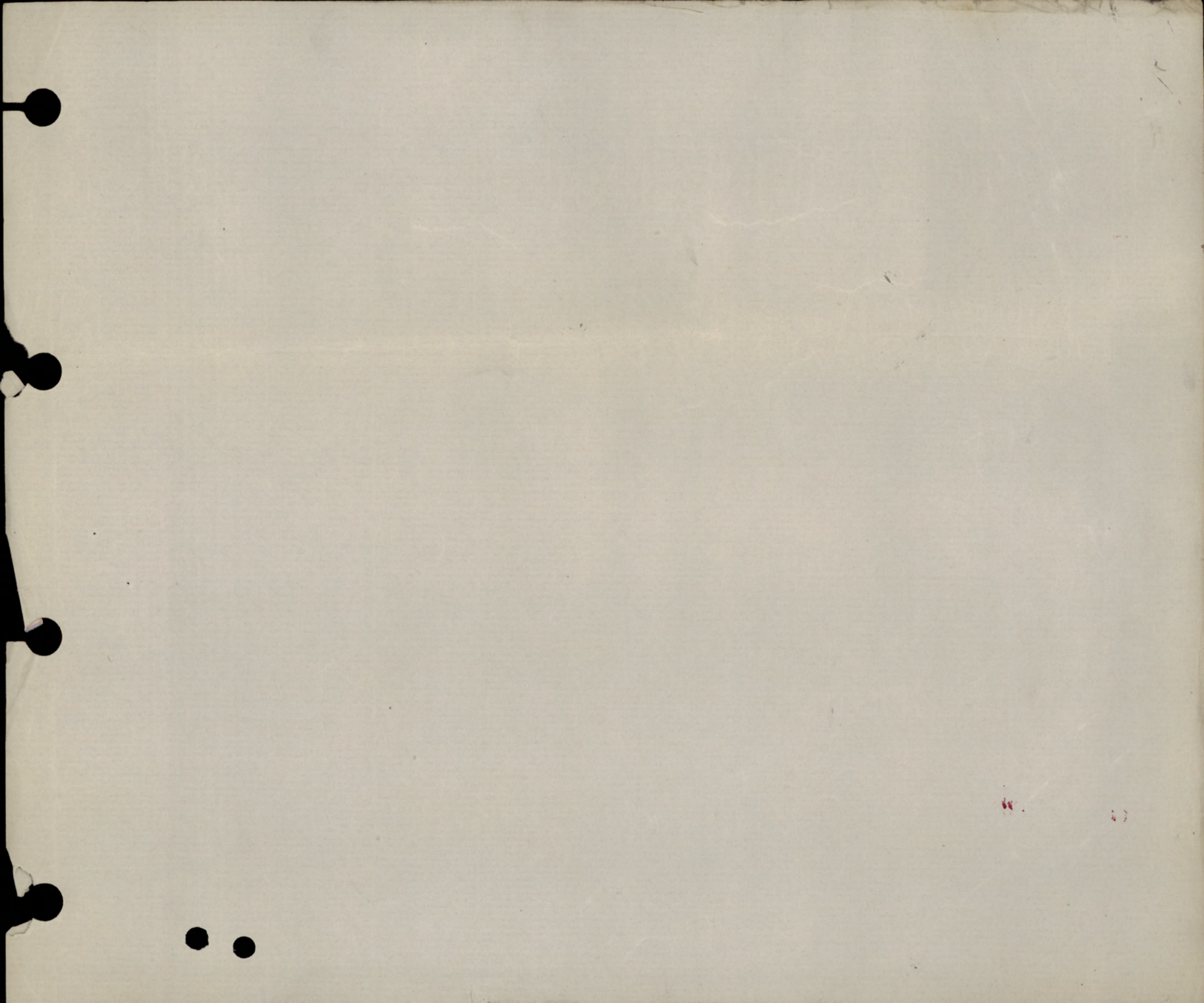
JUL 1 1917

JUL 1 1917

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				





MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

M. F. W. 12a.
 18m.-4-17.
 1772-39-819.

Mrs *Annie Adair*
 Sheet No. 2. _____
 (Assignee)

PAYMENTS.

Name of Soldier *Adair W.*
1069343 Pte. 249 Bn.

L. L. Job 1927-M. & D. 7814.

Month.	Year.	Cheque No.	Amt.	Remarks.
			<i>15⁰⁰</i>	<i>JUL 1 1917</i>
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1917			
Feb.				
March				
April				
May				
June				
July		<i>F27675</i>	<i>15</i>	
Aug.		<i>B 28223</i>	<i>15</i>	
Sept.			<i>15</i>	
Oct.				
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

is also closed payments to be taken over by Camp paymaster Valcarlos as unit did not proceed O/S File B.2.249 C.A.K. 519117

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

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.				
Oct.				
Nov.				

Date of Enlistment 11-1-17

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

A

2
95

1 July 18

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

15.00			
-------	--	--	--

PARTICULARS OF SEPARATION ALLOWANCE

No.				
Rank	Promoted	Reverted	Discharge	
Soldier's Name				
Battalion	249 th Bn			
Beneficiary				
Relationship				
Address				

PARTICULARS OF ASSIGNMENT

Name			
Address			
Change of Address			
1	MRS. ANNIE ADAIR,		
	ROB ROY,		
2	ONT.	15	15.00
3	% 1069343 PTE WILLIAM ADAIR		
	FIFTEEN DOLLARS		
4			

Date	Cheque No.	Amount S/A	Amount A/P	Total
1918 July	Y 26098		15	15 ✓
AUG	F 28065		15	15
SEP	H 35155		15	15
OCT	F 41782		15	15
NOV	F 49887		15	15
DEC	B 62341		15	15
JAN	B 69360		15	15
FEB	F 76539		15	15
MAR	D 82339		15	15
			<u>135</u>	<u>135</u>

89-W-24
 File 099-W-70 N.R. 249
 REMARKS
 (17874)

AUDITED.

A/c Closed 31/3/19
 Ret'd per... Baltic
 Date 20/3/19 M.F.W. 187-26/19
 Clerk J. Gollan

M. F. W. 128.
 400M.-5-17-1772-39-1141
 L. L. 22320-M. & D. 7993.

AUTHORITY } 2m4-5-18
 FOR }
 NEW ACCT. } Wagnier 4-7-18

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

--	--	--	--

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 39-1141
L. L. 23320—M. & D. 7993.

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

Jul 1st 17

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

<i>15-</i>			
------------	--	--	--

*621A
1777*

PARTICULARS OF SEPARATION ALLOWANCE

No. *1069343*

Rank *Pte* Promoted Reverted Discharge

Soldier's Name *W. Adair*

Battalion *249 Battr*

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name *Mrs Annie Adair*

Address *Rob Roy Ont*

Change of Address

1

2

3

4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
<i>Sept 30-17.</i>			<i>30</i>	<i>30</i>	<i>Account closed Bu did not go overseas.</i>
			<i>30</i>	<i>30</i>	

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

--	--	--	--

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.
FORM 6-7-1-72-81-1141
L. L. 2320-M. & D. 1993.

Surname

Christian Name or Names

Reg. No.

Adair

W.

1069343

Rank

Unit

Pte.

Sask 16.M.R.

Cas. List.



12-9-18 a/316²

13. 6. 7. Amb

5.9.18

Scabies

14. 9. 18 a/318

14 6. 7. Amb.

8.9.18

27.11.18 @381¹

4. Gen. Garniers.

19.11.18.

Influenza & Scabies

29.11.18 a/383¹

6. Cou Dep Etapes.

22.11.18

11-12-18 a393

5. Cou Dep Bayuse

26-11-18.

17-12-18 a/397-1

Disc:-

3-12-18

A.M.D. 2 DEPT.

Dep. of B.G.M.S. G.M.F.C. London.

Cas. List.

NAME

Adair Wm.

REGT'L No.

1069343

H. Q. FILE No. 649.

RANK AND CORPS

Pte 249th Qn

FOLLOWS

No.

CABLE

NATURE OF CASUALTY

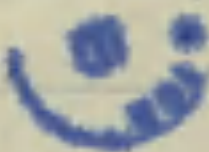
NO.

DATE

FOLLOWS



LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
142	M.H.C. Regina	21-5-17	Isolation Inpt. fl. 2
167	" " " "	16-6-17	Trans to 249th ft.
A316 ⁽²⁾	#13 Can. Fed. Amb.	5-9-18	Scabies
A318.	14 " " "	8-9-18	"
A381-1	#4 Gen. Carriers	19-11-18	Influenza
A383.	6 Convo Dep. Etaples	22-11-18	"
A393	5 Convo. Depo. Cayent	26-11-18	"
A397	Disc	3-12-18	Scabies +



Name **ADAIR**William
Rank **Plt**

Reg. No. 1069343

Unit **1 C M R**

Next of Kin

Canada

1918	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
5-9	13 C of A	Scabies		A316		36250
8-9	14 Do	do		A318		36494
19-11-18	H. G. H. Camp	do	Influenza	A381		57955
22-11	6. C. J. Camp	do	do	A383		58957
26-11	5. C. J. Camp	do	do	A393		6173-14
3-12	Discharged	do	do	A397		6248-15
				A		

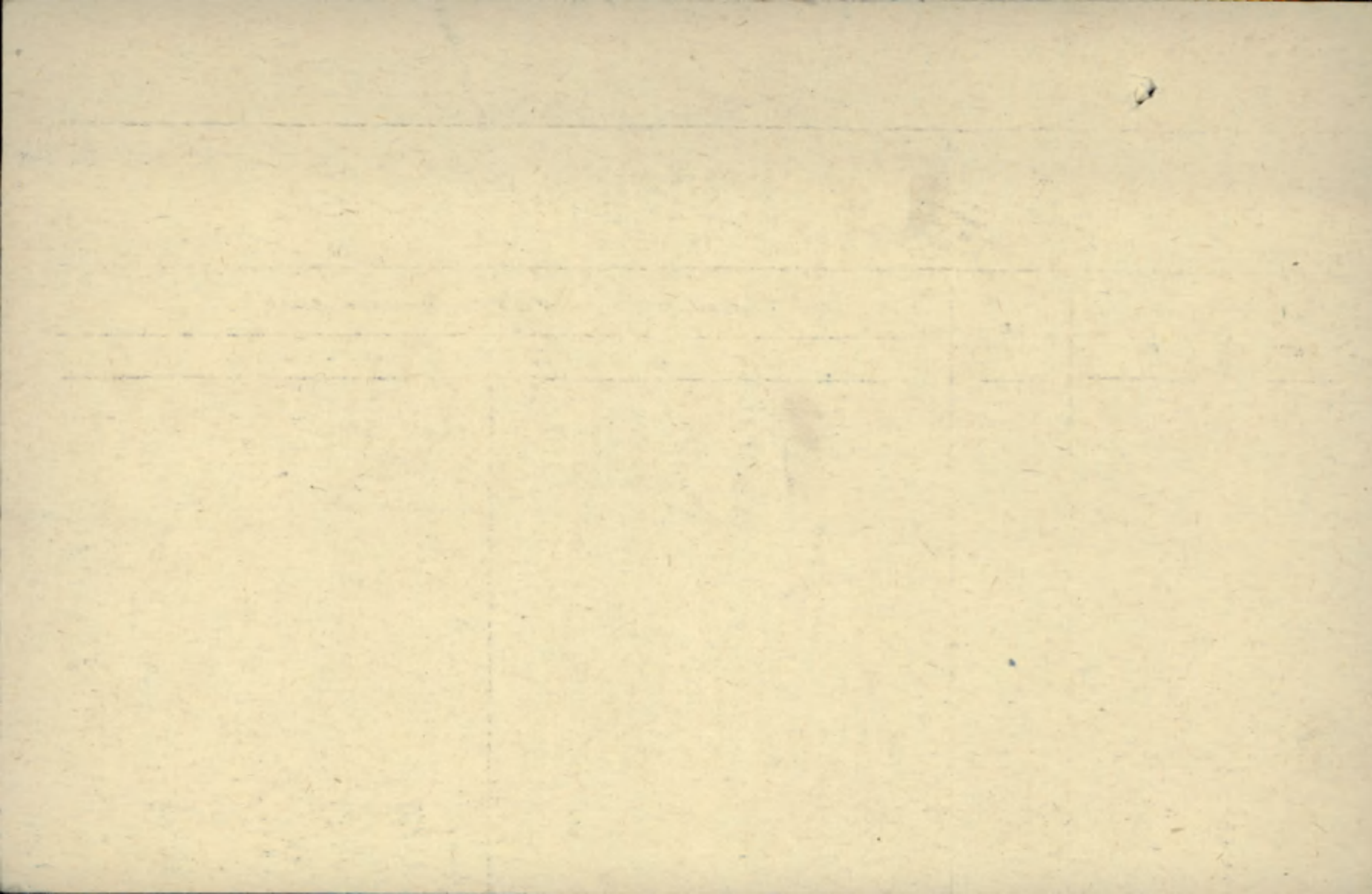
No. 1069343. RANK *Pte.*

NAME *Adair, Wm.*

T.O.S. "15th Apr 18-1917" UNIT *249th Battalion.*

M. D. *12*

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
<i>Jan. 1917</i>	<i>Jan. 31 1917</i>	<i>N.</i>		
	<i>Feb.</i>	<i>v.</i>		
	<i>Mar.</i>	<i>v.</i>		
	<i>Apr.</i>	<i>v.</i>		
	<i>May</i>	<i>v.</i>		
<i>June 17</i>	<i>June 30</i>	<i>v.</i>	<i>From "H" unit - Ind. # 2. 17/17</i>	<i>No. 150 26-6-17</i>
	<i>July</i>	<i>v.</i>		
	<i>Aug.</i>	<i>v.</i>		
	<i>Sept.</i>	<i>v.</i>		
	<i>Oct.</i>	<i>v.</i>		
	<i>Nov.</i>	<i>v.</i>		
	<i>Dec.</i>	<i>v.</i>		
<i>1918</i>	<i>1918</i>	<i>v.</i>		
	<i>Jan.</i>	<i>v.</i>		
	<i>Feb.</i>	<i>v.</i>		



SURNAME.

Adair

(49-A 7825)

(10m) CARD NO.

CHRISTIAN NAMES

William

FOLL.

REGL. NO.

1069343

RANK

Pte.

UNIT

249th (Draft)

Bn.

FORMER COPPS

Nil.

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Adair, Mrs. Annie

RELATIONSHIP TO SOLDIER

Mother

ADDRESS

Rob Roy, Ont.

COUNTRY OF BIRTH

Canada Callingham, Ont.

DATE

Dec. 17th 1893

PLACE OF ATTESTATION

Maple Creek, Sask.

DATE

Jan. 11th 1914

Promoted to Pte. 20.3.19 286
From Halifax per S. Magantic & Saxonia 26/3/18.

Pte 10(m) 73

MARRIED

SINGLE *yes*

WIDOWER

TRADE OR CALLING

Farmer

RELIGION

Presbyterian

DESCRIPTION.

APPARENT AGE

23

YEARS

MONTHS

HEIGHT

5-

FEET

4 1/2

INCHES

CHEST MEASUREMENT

35 1/2

INCHES

EXPANSION

3 1/2

INCHES

COMPLEXION

Fair

EYES

Grey

HAIR

Black.

DISTINGUISHING MARKS

nil.

MEDICAL EXAMINATION.

PLACE

Maple Creek Sask.

DATE

Jan. 11th 1914

Present Address

Forres, Sask.

Name Adair Enl 11-1-17.

Date of Embarkation for England 18-2-18

Proceeded to France. 10-5-18 Returned to England. 12-2-19

Date returned to Canada. 12-3-19

P.R. 2855.

demob.
"Bhkd"
(over)
28-5-18

Cas. Sheer.

5-9-18 - Scabies - Lo duty 17-10-18

16-11-18 - Influenza - P. U. G. - Lo duty 15-12-18

LIST OF DISCHARGE DOCUMENTS.

Attestation Paper, Triplicate..... Militia Form W. 23
 or Particulars of Recruit..... Militia Form W. 133
 Field Conduct Sheet..... Militia Form W. 178 or A.F.B. 122
 Casualty Form..... Militia Form W. 54 or A.F.B. 103
 Last Pay Certificate..... Militia Form W. 44
 Certificate that missing documents are unobtainable.....
 Medical History Sheet..... Militia Form B. 313 or A.F.B. 178
 Proceedings of Medical Board..... M.F.B. 227, A.F.B. 179 or A.F.A. 45
 Dental History Sheet..... Militia Form B. 465
 Medical Report..... M. F. W. 129 or D. M. S. 1375
 Regimental Conduct Sheet..... Militia Form B. 263
 Company Conduct Sheet..... Militia Form B. 263a

1. Triplicate Attestation Paper (M.F.W. 23), or Particulars of Recruit (M.F.W. 133).
2. Casualty Form (M.F.W. 103).
3. Medical History Sheet (M.F.B. 313 or A.F.B. 178).
4. Proceedings of Med. Board (M.F.B. 227 or M.F.W. 129).
5. Dental Certificate (M.F.D. 5000a).
6. Field Conduct Sheet (A.F.B. 122).
7. Proceedings on Discharge (M.F.B. 218a).
8. Discharge Certificate (M.F.W. 39) (Enclosed in special envelope (260M)).
9. Copy of Discharge Certificate (M.F.W. 39a).
10. Dispersal Certificate (M.F.W. 39b).
11. Equipment Statement Q.M.G. Form (D.O.S. 2) and Clothing.
12. Last Pay Certificate (P. 851). ** duplicate*
13. Pay Book (S.B. 64).
14. War Service Gratitude (Form M.F.W. 2595).
15. Sundry Documents.

Group.....
 Checked by No. *18 J.H.P.*
 Date *11-3-19*

17750
 13-1-19
 CLASS "A" NO. 1069343
 SHORT FORM.
 PROCEEDINGS ON DISCHARGE.
 (Demobilization.)
 2504
 J.A. 0
 3/5/19

1. No.	1069343	
2. Rank.	Private	
3. Name.	Adair William	
4. Unit.	16th MB	
5. Date of Discharge	MAR 24 1919	Place <i>Regina</i>
6. Reason for Discharge	<i>Demobilization</i>	
7. Authority.	<i>5092</i>	
8. Proposed Residence after Discharge	<i>Halifax Dock</i>	
9. CERTIFICATE TO BE SIGNED BY SOLDIER.		
I hereby acknowledge that at the undernoted place and date I received my discharge Certificate		
M. F. W.?	<i>39</i>	
	<i>W Adair</i>	
	Signature of Soldier.	
10. CONFIRMATION.		
The discharge of the above named man is hereby confirmed.		
Place	<i>Brandon Man</i>	
Date	MAR 24 1919	
	<i>C. Whittier</i>	
	Signature (O. C. Discharging Unit.)	

M.F.B. 218a-300m-11-18-1772-39-113.
Enb. R.M.S. "Baltic"
Liverpool 12 Mar. 19.
Disembarked Halifax. 20-3-19.

335

* N. B.—This Form being applicable to any Board of Officers or Committee or Court of Inquiry, this blank to be filled in accordingly.

The signature of each Officer composing the Board, &c., should be attached to the end of the proceedings.

PROCEEDINGS of a * Medical Board

assembled at Regina Sask

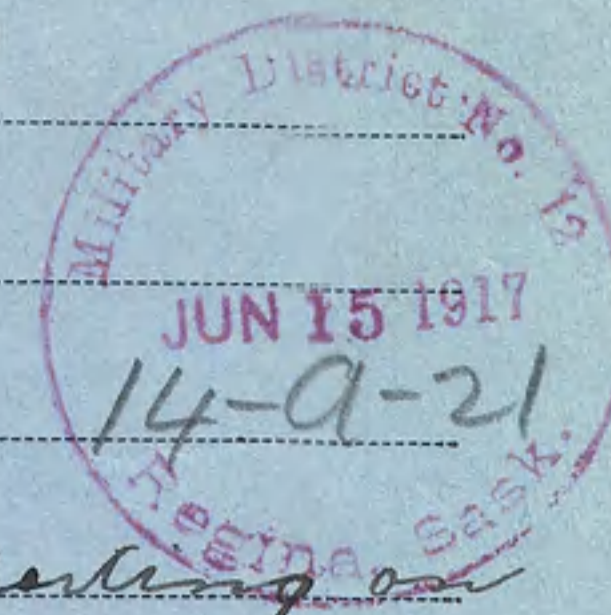
on the 8/6/17

by order of A. D. M. S.

for the purpose of examining and reporting on

the condition of 1069343 Pte

Adair Wm. H. Unit M.A.C.



DEPT MILITIA & DEFENCE JUN 23 1917

a/ PRESIDENT. E. E. Kells Lt. A.M.C.

MEMBERS.

H. C. George Lt. A.M.C.

The Board having assembled pursuant to order, proceed to

examine Pte William Adair # 1069343 ~~H. Unit~~ H. Unit
late 249th Batt and find him

- (I) Physically fit
- (II) Placed in category A.1 for D.S. service

[Signature] APPROVED Major. A.M.C.
A. A. D. M. S., M. D. 12.

APPROVED
June 29/17.
[Signature] D.G.M.S.

E. E. Kells Lt
H. C. George Lt

Disc. List
30-6-17
[Signature]

Baltic

AUDITOR 25 PAYMASTER 25

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

REGT. No. 1069348 RANK Pte NAME (IN FULL) Adams Wm

Mo of S. NEXT OF KIN RELATIONSHIP ADDRESS IS SEPARATION ALLOWANCE PAID? No DATE EFFECTIVE TO WHOM PAID RELATIONSHIP ADDRESS

PARTICULARS EFFECTIVE DATE AUTHORITY

ORIGINAL UNIT C.E.F. 249 PLACE OF ATTESTATION TRANSFERRED TO Dio Stm N DATE OF ATTESTATION 11-1-17 TRANSFERRED TO DATE EFFECTIVE 1-4-19 ASSIGNED PAY \$ 15.00 PAYABLE TO Mrs A Adams Mother ADDRESS Post Roy, Ont. Crossachs 26.6.19.

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE DISCHARGED PLACE M.Dio DATE MAR 25 1919 REASON D AUTHORITY D092 IF ENTITLED TO POST DISCHARGE PAY

25

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		\$	C.	NO.	DATE	NO.	DATE	NO.	DATE	\$	C.	\$	C.	\$	C.	\$	C.	\$	C.			
			\$	C.																				\$	C.
	282-19																							88 50	Pr a to est date of disch
	13614/9	32	10	35	20	35	00						487												
						70	00						5 00					15 00							
						228	70		74653				203 83												
	153 days at Min					350	00																		
	Apr 27												555650	70											
	May 27												593893	70											
	June 27												773719	70											
	July 27												799448	01	13										

ASSIGNED PAY:	ENGLAND OR CANADA:	SEPARATION ALLOWANCE:	ENGLAND OR CANADA:	NAME: <i>ADAIR William</i>			
EFFECTIVE DATE: <i>1/7/18</i>		EFFECTIVE DATE: <i>1/3/19</i>		NUMBER: <i>1069343</i>			
AMOUNT: <i>15⁰⁰</i>		AMOUNT: <i>15⁰⁰</i>		PARTICULARS OF RANK OR APPOINTMENT			
NAME, ADDRESS, RELATIONSHIP & AUTHORITY				AUTHORITY			
<i>Mrs. William Adair, Mother, 100 Bay, Ont.</i>				DATE EFFECTIVE			
				RANK OR APPOINTMENT			
				UNIT AND TRANSFERS			
				ORIGINAL UNIT: <i>249th Bn</i>			
				DATE ACCOUNT FIRST OPENED: <i>1/3/18</i>			
				AUTHORITY			
				DATE EFFECTIVE			
				DATE LEDGER SHEET T'S'D			
				UNIT TRANSFERRED TO			
				<i>1st C.M.R.</i>			
				<i>15/4/19 leave Sect</i>			
EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS				UPON CLEARANCE OF VOUCHERS, ENTRIES WILL BE CANCELLED BY INSERTION OF DATE CHARGED IN RED INK			
DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT
<i>1/7/18</i>	<i>231</i>	<i>B'Shatt</i>	<i>285</i>	<i>2/3/18</i>	<i>236</i>	<i>L.P. Co. Bal</i>	<i>8850</i>
							<i>8850</i>
DAILY RATES OF PAY AND ALLOWANCES							
AUTHORITY				PAY	F.A.	P.F.A.	SUBS CE ALL'CE
				<i>1 00</i>	<i>10</i>		

PARTICULARS OF RENDERING NON-EFFECTIVE: *Ad to Gen 28/2/19. B'Shatt of 3259 18/2/19 - mds 12 - B'Shatt*

MONTH	PARTICULARS	CR 1	CR 2	PARTICULARS	DR 1	DR 2	DR 3	DR 4	BALANCE	DEFERRED	SEPARATION
<i>March 1918</i>	<i>Balance fwd.</i>								<i>39 25</i>	<i>15</i>	
<i>Apr</i>	<i>P.P.</i>	<i>33</i>		<i>AR 14 15 hrs 5/4/18</i>	<i>29 20</i>						
				<i>AR 236 12/4/18</i>	<i>1 18</i>						
				<i>AR 286 15 hrs 30/4/18</i>	<i>73 0</i>				<i>34 57</i>		
		<i>33</i>			<i>37 68</i>						
<i>May</i>	<i>6</i>	<i>34 10</i>		<i>AR 452 15 hrs 18/5/18</i>	<i>15 00</i>						
				<i>AR 562 18/5/18</i>	<i>4 46</i>				<i>49 12</i>	<i>45</i>	
		<i>34 10</i>			<i>19 55</i>						
<i>June</i>	<i>-</i>	<i>33</i>		<i>AR 730 14/6/18</i>	<i>35 7</i>				<i>78 55</i>	<i>60</i>	
		<i>33</i>			<i>3 57</i>						
<i>July</i>	<i>-</i>	<i>34 10</i>		<i>AR 1927 1/7/18 b.c. sig bo.</i>	<i>4 46</i>			<i>15</i>			
				<i>AR 1283 26/7 3rd Dist wing</i>	<i>8 03</i>				<i>85 16</i>	<i>60</i>	
		<i>34 10</i>			<i>12 49</i>			<i>15</i>			
<i>Aug</i>	<i>•</i>	<i>34 10</i>		<i>AR 1439 11/8</i>	<i>3 57</i>			<i>15</i>	<i>100 69</i>	<i>60</i>	
		<i>34 10</i>			<i>3 57</i>			<i>15</i>			
<i>Sept</i>	<i>-</i>	<i>33</i>		<i>AR 961 1/9 8th C.I.B.</i>	<i>3 57</i>			<i>15</i>	<i>115 12</i>	<i>60</i>	
				<i>AR 777 12/9 Town Major Branch</i>	<i>4 46</i>				<i>110 66</i>	<i>60</i>	<i>Regius</i>
		<i>33</i>			<i>8 03</i>						
<i>Oct</i>	<i>✓</i>	<i>34 10</i>		<i>Can ad.</i>				<i>15</i>			
				<i>AR 934 1st C.M.R. 26/9/18</i>	<i>4 66</i>				<i>125 10</i>		
				<i>AR 1093 10/10 Town Major R.</i>	<i>4 66</i>				<i>140 44</i>		
		<i>34 10</i>			<i>9 32</i>			<i>15</i>			
<i>Nov</i>	<i>✓</i>	<i>33</i>		<i>AR 2790 9/11 8 6 2 B.</i>	<i>3 73</i>			<i>15</i>			
				<i>b. ad.</i>							
				<i>AR 4780 20/11/18</i>	<i>13 99</i>			<i>15</i>			
		<i>33</i>			<i>17 72</i>						

NUMBER 1069343 RANK

Plt

NAME ADAIR. W.

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4.	BALANCE	DEFERRED	SEPARATION
	<u>Bealford</u>	<u>33</u>			<u>177</u>			<u>15</u>	<u>12044</u>		
<u>Dec</u>	<u>Pras</u>	<u>3410</u>		<u>b.a.p.</u>				<u>15</u>			
<u>Jan</u>	<u>✓</u>	<u>3410</u>		<u>AR 6353¹⁴/12 C & R D.</u>	<u>466</u>						
		<u>10130</u>		<u>b.a.p.</u>	<u>4238</u>			<u>15</u>	<u>15476</u>	<u>60-</u>	
<u>Feb</u>	<u>✓</u>	<u>3080</u>		<u>AR 4991²/1/19 86 & R</u>	<u>373</u>						
	<u>Int</u>	<u>263</u>		<u>✓ 5331¹²/</u>	<u>373</u>						
				<u>✓ 5880²⁶/1/19</u>	<u>373</u>						
				<u>b.a.p.</u>	<u>11.19</u>			<u>15</u>	<u>16150</u>	<u>60</u>	
				<u>✓ 231¹⁷/</u> - <u>Bwing</u>	<u>73</u>				<u>8850</u>		
		<u>3345</u>		<u>84.19</u>	<u>84.19</u>			<u>15</u>			
<u>800 to Can 12/3/19 12K 3X</u>											